Western Cape Government

Department of Health

# Annual Report

2022-2023

# SERVICE DELIVERY

## Primary Care Contacts

| 2020/2021 | 2021/2022 | 2022/2023 |
|---|---|---|
| 9.9 million | 10.9 million | 12.1 million |

## School Health Services


| 2020/2021 | 2021/2022 | 2022/2023 |
|---|---|---|
| 12 652 | 108 570 | 202 309 |

## Chronic medication parcels distributed via the Chronic Dispensing Unit

| 2020/2021 | 2021/2022 | 2022/2023 |
|---|---|---|
| 2 929 148 | 2 958 568 | 3 100 705 |

# SERVICE DELIVERY

## Contacts in home and community-based care settings

| 2020/2021 | 2021/2022 | 2022/2023 |
|---|---|---|
| 5 167 549 | 7 441 782 | 7 342 376 |

## Baby deliveries

| 2020/2021 | 2021/2022 | 2022/2023 |
|---|---|---|
| 101 055 | 96 319 | 90 613 |

## Patients transported with EMS (of which percentage Priority 1)


| 2020/2021 | 2021/2022 | 2022/2023 |
|---|---|---|
| 558 723 (18%) | 618 352 (20%) | 645 497 (22%) |

# SERVICE DELIVERY

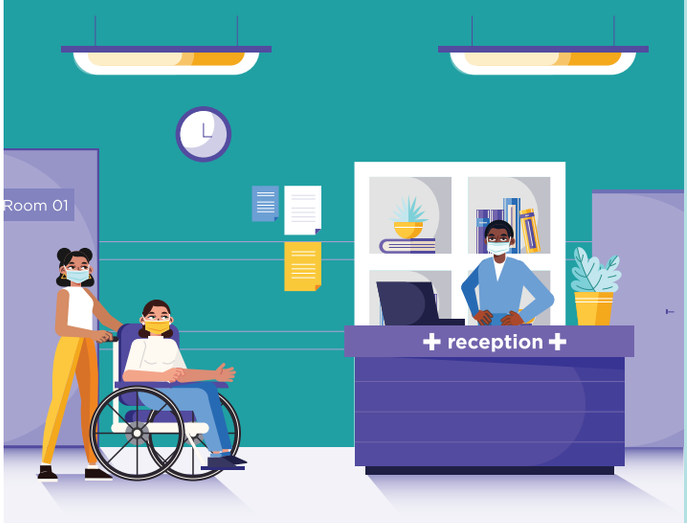
## Admissions across 33 district hospitals

| 2020/2021 | 2021/2022 | 2022/2023 |
|---|---|---|
| 245 553 | 275 166 | 291 492 |

## Admissions across 16 regional and specialized hospitals


| 2020/2021 | 2021/2022 | 2022/2023 |
|---|---|---|
| 112 608 | 120 275 | 127 403 |

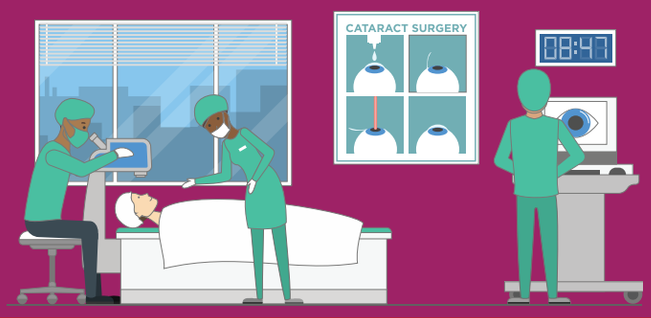
## Admissions in 3 central/ tertiary hospitals




| 2020/2021 | 2021/2022 | 2022/2023 |
|---|---|---|
| 107 102 | 122 915 | 130 325 |

# SERVICE DELIVERY

## Cataract operation performed




| 2020/2021 | 2021/2022 | 2022/2023 |
|---|---|---|
| 2 240 | 5 123 | 7 582 |

## Patients on antiretroviral treatment

| 2020/2021 | 2021/2022 | 2022/2023 |
|---|---|---|
| 299 357 | 308 008 | 321 841 |

## Mothers to child HIV transmission rate at 10 weeks

| 2020/2021 | 2021/2022 | 2022/2023 |
|---|---|---|
| 0.33% | 0.51% | 0.26% |

## Drug-sensitive TB patients started on treatment

| 2020/2021 | 2021/2022 | 2022/2023 |
|---|---|---|
| 19 883 | 27 101 | 30 950 |

# ORGANISATIONAL ENVIRONMENT

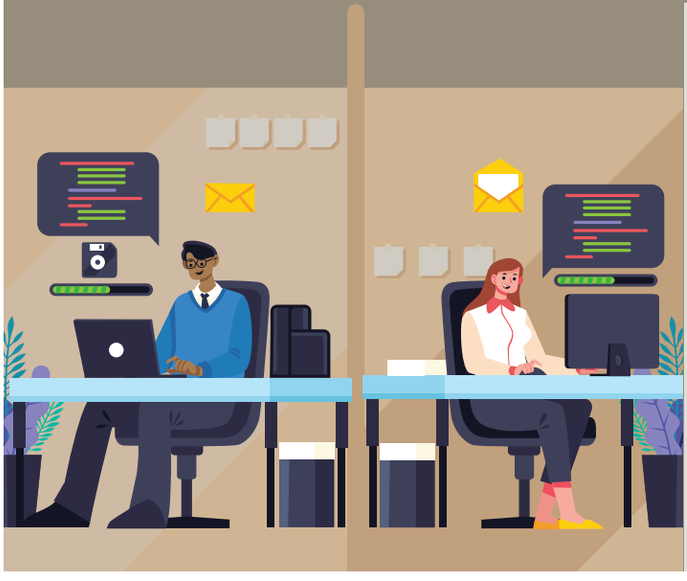
## Staff members

| 2020/2021 | 2021/2022 | 2022/2023 |
|---|---|---|
| 33 615 | 33 612 | 33 359 |

## Health professionals

| 2020/2021 | 2021/2022 | 2022/2023 |
|---|---|---|
| 65% | 65% | 65% |

## Administrative support staff



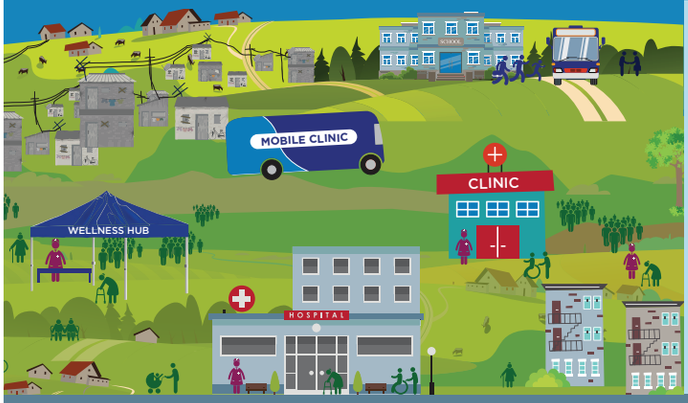
| 2020/2021 | 2021/2022 | 2022/2023 |
|---|---|---|
| 35% | 35% | 35% |

# TOTAL EXPENDITURE

## Programme 1: Administration

| 2020/2021 Actual expenditure R'000 | 2021/22 Actual expenditure R'000 | 2022/23 Actual expenditure R'000 |
|---|---|---|
| 1 183 351 | 1 414 302 | 1 056 592 |

## Programme 2: District Health Services




| 2020/2021 Actual expenditure R'000 | 2021/22 Actual expenditure R'000 | 2022/23 Actual expenditure R'000 |
|---|---|---|
| 11 384 719 | 11 641 741 | 12 036 821 |

## Programme 3: Emergency Medical Services

| 2020/2021 Actual expenditure R'000 | 2021/22 Actual expenditure R'000 | 2022/23 Actual expenditure R'000 |
|---|---|---|
| 1 154 636 | 1 240 109 | 1 302 918 |

## Programme 4: Provincial Hospital Services

| 2020/2021 Actual expenditure R'000 | 2021/22 Actual expenditure R'000 | 2022/23 Actual expenditure R'000 |
|---|---|---|
| 4 056 532 | 4 270 446 | 4 506 521 |

# TOTAL EXPENDITURE

## Programme 5: Central Hospital Services


| 2020/2021 Actual expenditure R'000 | 2021/22 Actual expenditure R'000 | 2022/23 Actual expenditure R'000 |
|---|---|---|
| 7 234 638 | 7 500 949 | 7 927 831 |

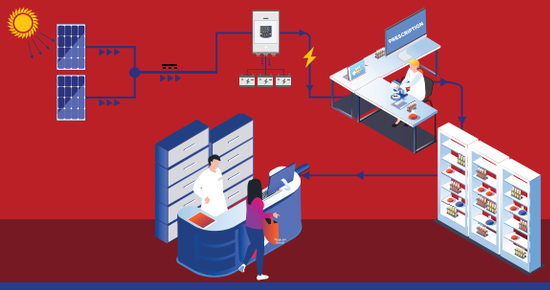
## Programme 6: Health Sciences and Training

| 2020/2021 Actual expenditure R'000 | 2021/22 Actual expenditure R'000 | 2022/23 Actual expenditure R'000 |
|---|---|---|
| 317 814 | 343 840 | 383 735 |

## Programme 7: Health Care Support Services

| 2020/2021 Actual expenditure R'000 | 2021/22 Actual expenditure R'000 | 2022/23 Actual expenditure R'000 |
|---|---|---|
| 532 961 | 546 146 | 585 229 |

## Programme 8: Health Facilities Management



| 2020/2021 Actual expenditure R'000 | 2021/22 Actual expenditure R'000 | 2022/23 Actual expenditure R'000 |
|---|---|---|
| 1 098 889 | 958 721 | 1 115 356 |

## TOTAL

| 2020/2021 Actual expenditure R'000 | 2021/22 Actual expenditure R'000 | 2022/23 Actual expenditure R'000 |
|---|---|---|
| 26 963 540 | 27 916 254 | 28 915 003 |

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# PART A:
## General Information

# PART A: General Information

## Department's General Information

*FULL NAME OF DEPARTMENT*

Western Cape Government: Health[1]

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*POSTAL ADDRESS OF HEAD OFFICE*

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[1] In the Government Gazette, 23 February 2023, on request of the Premier of the Western Cape, the Department name was changed as of 01 April 2023 to Department of Health and Wellness. For this reporting period the current Department name remains as Western Cape: Government: Health.

# List of Abbreviations/Acronyms

| | | | |
|---|---|---|---|
| AGSA | Auditor-General of South Africa | MEC | Member of the Executive Council |
| AIDS | Acquired Immune Deficiency Syndrome | MMC | Medical Male Circumcision |
| B-BBEE | Broad-Based Black Economic Empowerment | MPSA | Minister of Public Service and Administration |
| BEC | Bid Evaluation Committee | MTEF | Medium-Term Expenditure Framework |
| BSC | Bid Specification Committee | N/A | Not applicable / Not available / No answer |
| CD | Chief Director | NDoH | National Department of Health |
| CDC | Community Day Centre | NDP | National Development Plan |
| CEO | Chief Executive Officer | NGO | Non-Government Organisation |
| CHC | Community Health Centre | NPO | Non-Profit Organisation |
| COVID-19 | Coronavirus Disease 2019 | OHS | Occupational Health and Safety |
| CSD | Central Supplier Database | OPD | Outpatient Department |
| DoH | Department of Health | OSD | Occupation Specific Dispensation |
| DORA | Division of Revenue Act | PCR | Polymerase Chain Reaction |
| DORB | Division of Revenue Bill | PD | People Development |
| DPSA | Department of Public Service Administration | PERSAL | Personnel and Salary Information System |
| EC | Emergency Centres | PES | Provincial Equitable Share |
| ECSS | Emergency and Clinical Services Support | PFS | Provincial Forensic Services |
| EHWP | Employee Health and Wellness Programme | PFMA | Public Finance Management Act |
| EMS | Emergency Medical Services | PHC | Primary Health Care |
| EPWP | Expanded Public Works Programme | PM | People Management |
| FPL | Forensic Pathology Laboratory | SABS | South African Bureau of Standards |
| HIV | Human Immunodeficiency Virus | SCM | Supply Chain Management |
| HOD | Head of Department | SCOPA | Standing Committee on Public Accounts |
| HPCSA | Health Professions Council of South Africa | SHERQ | Safety, Health, Environment, Risk and Quality |
| HR | Human Resources | SMS | Senior Management Service |
| ICRM | Ideal Clinic Realization and Maintenance | STI | Sexually Transmitted Infection |
| IDMS | Infrastructure Delivery Management System | TB | Tuberculosis |
| IE | Irregular Expenditure | WCG | Western Cape Government |
| IFS | Interim Financial Statement | WCGH | Western Cape Government: Health |

# Foreword by the MEC

The year under review will be remembered as one of resilience and growth.

By the beginning of the 2022/23 financial year, the Western Cape had experienced four COVID-19 waves, and we were on the precipice of a resurgence. Thankfully, the fourth wave, caused by the Omicron variant, suggested a de-coupling of the relationship between infection and deaths, resulting in a much lower number of hospitalisations and deaths compared to previous waves. Across the world, since 2020, health Departments had to reprioritise their resources to manage the COVID-19 pandemic, resulting in disruption to routine clinical services. As we entered the 2022/23 financial year, our goal was the recovery of routine clinical services while we continued to manage the ongoing impact of COVID-19.

One of the immediate effects we experienced was the increased backlog of our elective surgeries. COVID-19 had severely impacted our ability to perform elective surgeries, and by June 2022, the Western Cape had a significant surgical backlog. This prompted us to allocate additional funds to surgical services, which we were able to utilise to decrease our surgical waiting lists and provide much needed elective surgeries to our patients. Without our dedicated management and staff, we would not have been able to achieve this. Our investments in the Robotic Surgery Programme also played a crucial role in reducing recovery times in our facilities.

Coupled with these pressures was also the impact COVID-19 had on the well-being of residents. The population's mental health was compromised by various factors linked to an individual's well-being and socio-economic status. Since the start of the pandemic, there has been an increasing trend in the number of mental health admissions in the Western Cape. Adding to the mental health pressure caused by COVID-19 is the soaring prevalence of substance abuse, which resulted in further hospital admissions and additional strain on our health services. To address this, the Department allocated an additional R30 million in the 2022/23 financial year to further capacitate our mental health services.

While our Department has made great strides in normalising our service platform, it was during the financial year under review where South Africa began to experience more extended periods of load shedding. Load shedding severely disrupts our health services and forces us to use generators to ameliorate its impact. This requires additional expenditure on diesel for the generators, and by the end of February 2023, we had already spent more than R100 million on fuel supplies in 2022/23. This was a significant burden to our budget which could have otherwise been spent on service delivery. One bright moment in our efforts to deal with load shedding is that we successfully negotiated with Eskom and the City of Cape Town to exempt five hospitals from experiencing load shedding.

We also invested in innovation to strengthen service delivery. A key success in this regard was the rollout of the Health Emergency Centre Tracking Information System (HECTIS). HECTIS is an information system that is premised on the clinical processes in our Emergency Centres. The system tracks a patient as they receive care in an Emergency Centre, from the moment when they enter and are triaged by a nurse through every step in the clinical process. This innovation is the only one of its kind to exist in both the public and private sector in South Africa.

In 2022/23, the Western Cape started the process to establish a Violence Prevention Unit, following the successes seen in the Cardiff Model for Violence Prevention. Following the Cardiff Model, the Department of Health will share its extensive data with partners to develop strategic and operational plans to address safety in the Western Cape. We will address all aspects of violence, including gender-based violence, children at risk of violence and alcohol harms reduction.

With 75% of the Western Cape population using our facilities, we recognised that we need to further our capacity through infrastructure. By the end of the financial year, there were a total of 285 infrastructure projects in various stages of implementation. These will lay the foundation for long-term sustainability and efficiency for future generations to come.

Additionally, learning from the COVID-19 pandemic, the only way to be effective with our interventions is to increase our cooperation with health stakeholders. Therefore, we hosted both an External Health Indaba and a Private Sector Health Indaba to engage with health stakeholders, share our strategic thinking and strategise how best to use our partnerships. Our relationships in this regard will be crucial in our efforts towards achieving Universal Health Coverage.

As we look forward, I know that the year under review provided us with an opportunity to determine the future of our public healthcare system in a post-COVID-19 world.

The work which was achieved in the 2022/23 financial year would not have been possible if it were not for the hardworking employees who I am proud to oversee as the political head of the Department of Health. My gratitude is owed to Dr Cloete and his team for ensuring that our Department maintains its service delivery and good governance, even when the demands on our platforms are intensified. Health care is truly everybody's business and I know that the Department, in conjunction with our health stakeholders, will continue to deliver the excellence for which we are known.

Dr Nomafrench Mbombo
Western Cape Minister of Health

# Report of the Accounting Officer

Name: Dr Keith Cloete

Title: Head of Department

# Overview of Operations

## Service Delivery

The Department provided:

- School Health Services: 202 309 (2021/22: 108 570) learners were seen through the Integrated School Health Programme,
- Primary Health Care (PHC) headcounts: 12 062 108 (2021/22: 10 949 858),
- Hospital outpatient headcounts: 1 682 629 (2021/22: 1 571 944) and hospital emergency headcounts: 995 726 (2021/22: 885 693),
- Chronic Disease Medication Distribution: 3 100 705 ( 2021/22: 2 958 568) medicine parcels were distributed via the Chronic Dispensing Unit to new and existing patients,
- Home and community-based care: There were 7 342 376 (2021/22: 7 441 782) contacts in home and community-based care settings,
- 90 631 (2021/22: 96 319) maternal deliveries occurred,
- 645 497 (2021/22: 618 352) patients were transported with emergency care services, of which 22% were priority 1 cases,
- 291 492 (2021/22: 275 166) patients were admitted* across 33 District Hospitals,
- 127 403 (2021/22: 120 275) patients were admitted* across 16 Regional and Specialised Hospitals,
- 130 325 (2021/22: 122 915) patients were admitted* in Central and Tertiary Hospitals,
- 7 582 (2021/22: 5 123) cataract operations were performed,
- 157 457 (2021/22: 140 500) total operations were performed, of which 60% were longer than 30 minutes,
- 321 841 (2021/22: 308 008) patients were in care on antiretroviral treatment, of which 2.2% were children under 15 years,
- HIV was transmitted from mothers to infants in 0.88% (2021/22: 0.75%) of cases at birth and 0.26% (2021/22: 0.51%) at 10 weeks, and
- 30 950 patients were reported by facilities as started on drug sensitive tuberculosis (DS-TB) treatment during 2022/23 (2021/22: 27 101) of which 10.3% were children under 5 years of age. Of those who started treatment in 2021, 75.4% successfully completed treatment, 19.3% lost to follow up and 4.0% died.

**Separations are used as a proxy for admissions.*

## Organisational Environment

The Department employs 33 359 staff members who are comprised of 65% health professionals and 35% administrative support staff, with 89% of employees employed in a permanent capacity. The length of service ranges from newly appointed staff to 40 years. Women made up 72% of all employees with 56% senior management positions held by women. The age profile includes 3% under 25 years, 45% aged 25 to 40 years, 39% aged 41 to 55 years, 10% aged 56 to 60 years and 3% aged 61 to 65 years. In terms of the race, 37% of employees were Black, 12% White, 49% Coloured and 2% Indian.

## The Built Environment and Technology

In 2022/23, the Department made moderately good progress in improving infrastructure that supports the Department's health care. The following capital infrastructure projects achieved Practical Completion during the financial year:

- Karl Bremer Hospital – Nurses Home repairs and renovations Phase Two,
- Ceres Hospital – New Acute Psychiatric Ward,
- False Bay Hospital and Brooklyn Chest Hospital Fencing projects,
- Gansbaai Clinic – Upgrade and additions,
- Gouda Clinic – Replacement,
- Laingsburg Ambulance Station – Upgrade and additions,
- Murraysburg Ambulance Station Upgrade and additions, including wash bay,
- Nelspoort Hospital – Repairs to wards,
- Nyanga CDC – Pharmacy compliance and general maintenance,
- Observatory – Groote Schuur Hospital – Building management system upgrade,
- Tygerberg Hospital – 11kV Generators replacement,
- Sandy Point Satellite Clinic – Replacement,
- Villiersdorp Clinic – Replacement, and
- Avian Park Clinic – New.

*Tygerberg Hospital – 11kV Generator Panel Upgrade*


*Ceres Hospital – New Acute Psychiatric Ward*

*Gouda Clinic - Replacement*

In addition to the abovementioned capital infrastructure projects, the following major scheduled maintenance projects achieved Practical Completion in 2022/23:

- Stikland Hospital – Road upgrades,
- Clanwilliam Hospital – Acute Psychiatric Unit upgrade and maintenance,
- Groote Schuur Hospital – Replacement of nurse call system,
- Groote Schuur Hospital – Upgrade of access control,
- Tygerberg Hospital – Emergency Centre south-west corner lifts 35 and 36 upgrade,
- Tygerberg Hospital – External lighting maintenance,
- Tygerberg Hospital – Lifts upgrade at Protea Court, X Block, Casualty West, and
- Tygerberg Hospital – Public toilets upgrade, including flush master replacement.

# Overview of the Financial Results

## Departmental Receipts

Patient Fees are the main source of revenue for the Department and the tariffs charged are as per the Uniformed Patient Fees Schedule (UPFS), which is determined by the Department of Health (NDoH). These fees are reviewed annually, and the revised tariffs come into effect at the start of each financial year. The Department ended the 2022/23 financial year with a revenue surplus of R170,878 million. A breakdown of the sources of revenue and performance for 2022/23 is provided in the table below.

| Departmental Receipts | 2022/23 | | | 2021/22 | | |
|---|---|---|---|---|---|---|
| | Estimate | Actual amount collected | (Over) under collection | Estimate | Actual amount Collected | (Over) under collection |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Sale of Goods & Services other than capital assets | 365 352 | 401 010 | (35 658) | 352 197 | 367 542 | (15 345) |
| Transfers received | 17 129 | 17 253 | (124) | 15 976 | 16 123 | (147) |
| Interest, dividends and rent on land | 2 031 | 1 735 | 296 | 2 981 | 3 854 | (873) |
| Sale of capital assets | - | - | - | 350 | 355 | (5) |
| Financial transactions in assets and liabilities | 12 741 | 148 133 | (135 392) | 25 313 | 38 570 | (13 257) |
| **TOTAL** | **397 253** | **568 131** | **(170 878)** | **396 817** | **426 444** | **(29 627)** |

## Programme Expenditure

The Department recorded an under expenditure of R180,030 million in the 2022/23 financial year.
Please refer to Notes to the Appropriation Statement on page 249 to 252 for reasons.

| Programme Name | 2022/23 | | | 2021/22 | | |
|---|---|---|---|---|---|---|
| | Final Appropriation | Actual Expenditure | (Over) / Under Expenditure | Final Appropriation | Actual Expenditure | (Over) / Under Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Programme 1: Administration | 1 110 842 | 1 056 592 | 54 250 | 1 515 048 | 1 414 302 | 100 746 |
| Programme 2: District Health Services | 12 050 513 | 12 036 821 | 13 692 | 11 641 741 | 11 641 741 | - |
| Programme 3: Emergency Medical Services | 1 303 037 | 1 302 918 | 119 | 1 240 450 | 1 240 109 | 341 |
| Programme 4: Provincial Hospital Services | 4 506 521 | 4 506 521 | - | 4 279 912 | 4 270 446 | 9 466 |
| Programme 5: Central Hospital Services | 7 932 824 | 7 927 831 | 4 993 | 7 500 949 | 7 500 949 | - |
| Programme 6: Health Sciences and Training | 412 895 | 383 735 | 29 160 | 366 958 | 343 840 | 23 118 |
| Programme 7: Health Care Support Services | 585 229 | 585 229 | - | 559 630 | 546 146 | 13 484 |
| Programme 8: Health Facilities Management | 1 193 172 | 1 115 356 | 77 816 | 1 085 475 | 958 721 | 126 754 |
| **TOTAL** | **29 095 033** | **28 915 003** | **180 030** | **28 190 163** | **27 916 254** | **273 909** |

## Virements/Rollovers

All virements applied are depicted on page 230 to 248 of the Annual Financial Statements. Virements were applied to ensure that no unauthorised expenditure occurred per Main Division. All virements were approved by the Accounting Officer. Note that rollovers were requested amongst others for the following conditional grant and equitable share allocations: Health Facility Revitalisation Conditional Grant, Bursaries and Expanded Public Works Programme (EPWP), a provincial priority allocation.

| Main division | | R'000 | Reason |
|---|---|---|---|
| From | To | | |
| Programme 1: Administration | Programme 2: District Health Service | 1 031 | To address over expenditure because of Thefts and Losses. |
| | Programme 4: Provincial Hospital Services | 330 | |
| | Programme 7: Health Support Services | 128 | |
| Programme 1: Administration | Programme 4: Provincial Hospital Services | 606 | To address over expenditure because of services pressures and the burden of disease. Virements were applied to ensure that no unauthorised expenditure occurred. |
| | Programme 7: Health Support Services | 203 | |

## Unauthorised, Fruitless & Wasteful Expenditure

No unauthorised expenditure has been recorded after the application of virements. Fruitless and wasteful expenditure of R18,115.84 was incurred in the current financial year.

# Future Plans

The Department's Strategic Plan 2020 to 2025 outlines strategic priorities and can be viewed on the website link https://www.westerncape.gov.za/dept/health/documents/plans/2020

## Mental Health

COVID-19 had a significant impact on all healthcare services, including mental health services. There has been a noticeable increase in the number of mental admissions, particularly female mental healthcare users and adolescents. The Western Cape is experiencing an increase in mental health pressures throughout the service delivery platform with limited human resources to address patient load and pressure areas.

Three projects have been identified to strengthen the health system response to the mental health burden namely:

- Project 1: The appointment of additional staff that can deliver mental healthcare services as well as training and equipment for psychologists and registered counsellors in the rural and metro areas,
- Project 2: Equitable Non-profit Organisation (NPO) funding – Shortfall of the funding gap for Community Mental Health NPOs who care for persons with a profound or severe intellectual disability. The Metro NPOs currently delivering this service are being funded at higher rates compared to the NPOs in the rural areas (the funding gap is R7.3m). The Metro funding norm is higher than the Rural and the number of people adversely affected in the rural areas includes almost 1000 people receiving day care services, and approximately 240 who receive 24-hour- residential care, and
- Project 3: Additional hospital beds to be made available at Lentegeur Hospital and George Regional Hospital (10 beds each).

## Eliminating Tuberculosis

Tuberculosis (TB) remains the leading cause of death attributable to communicable diseases in South-Africa. The COVID-19 pandemic reversed many years of progress prompting the Province to initiate an emergency response plan to improve treatment outcomes.

Several strategies have been put into place to address clinical aspects of TB detection, treatment, linkage to care as well as adherence support. However, due to multiple factors, treatment success is low with a high loss to follow-up rate. Additional funding for community interventions and telehealth support will strengthen current TB interventions through empowerment, focused on high-burden areas guided by GIS mapping to identify hotspot areas. Implementation of targeted universal test and treat (TUTT) is planned over the next year to improve TB case detection.

The project will contribute to achieving the broader provincial priority of person-centred quality care across the whole of society, as well as the National Development Goal of a long and healthy life for all citizens.

## Violence Prevention

High levels of violent crime, resulting in the general lack of safety experienced by most communities in the Western Cape, constitute one of our most serious and complex challenges. Safety deeply affects our residents' lives, including their ability to participate and thrive in the economy, to move about freely without fear, to attend school and recreational activities, to access government services and to feel safe and supported inside their own homes.

Considering the complexity of violent crime, its effect on our progress in every other respect and the interconnected and holistic responses which must be explored, the Western Cape Government is putting its full might behind improving safety in the coming years.

The Violence Prevention Unit (VPU) will seek to address the root causes of violent crime in our society. The strategies adopted by the VPU will be informed by evidence and will be implemented using data and technology.

## Reducing the surgical backlogs

COVID-19 had a significant impact on surgical lists and a substantial backlog developed in all areas. Additional funds were made available during the previous financial year for extra surgical lists to reduce this backlog.

## Perinatal Outcomes

The Perinatal Working Group made recommendations for strengthening perinatal services to reduce maternal and early neonatal mortality. These recommendations will be implemented over time, depending on financial resources.

### Vaccine Integration

Strengthening the Routine Vaccination Programme is a provincial priority as part of its Primary Prevention Strategy. Integrating the COVID-19 vaccination programme into routine care is part of this approach.

### HIV/AIDS

Lost to follow up remains high and retention in care remains at unsatisfactory levels. Differentiated Models of Care (DMOC) strategies and electronic tools are being explored as ways of improving our performance in these areas. Recovery of HIV testing to pre-pandemic levels is in process and we are also targeting testing high-risk groups as part of our strategy. Condom distribution needs to be improved and creative methods are being explored to improve our performance in this space.

### Community-Oriented Primary Care

Community-Oriented Primary Care forms the bedrock of strengthening comprehensive primary care services and this will be expanded and strengthened over time. This will allow the strengthening of population outreach, intersectoral collaboration and community engagement.

## Public-Private Partnerships

### New Public-Private Partnerships

#### Tygerberg Hospital Redevelopment Project (an envisioned Public-Private Partnership)

The redevelopment of Tygerberg Hospital has long been envisaged and forms part of the Department's strategy to improve infrastructure for the people of the Western Cape. Because of the size of the project, Western Cape Government Health (WCGH) initiated an investigation of innovative approaches to procurement, one of which is a Public-Private Partnership. With respect to the latter, a transaction advisor was appointed in October 2013. To determine the suitable procurement route, a feasibility study for the redevelopment project was undertaken, which considered clinical, financial, technical, legal and socio-economic aspects of the redevelopment of Tygerberg Hospital. Provincial stakeholders and the National Department of Health (NDoH) reviewed proposals. The process of consultation and refinement of the Feasibility Study commenced in 2017. This was concluded in 2022, after which National Treasury issued Treasury Approval: 1 on 4 November 2022.

Market Sounding and Request for Qualification Invitations are planned for 2023 when the Request for Proposals process begins. This process aims to obtain Treasury Approval: 2A from National Treasury, after which the appointment of a preferred bidder will earn Treasury Approval: 2B. Treasury Approval: 3 will be achieved after finalising output specifications, performance standards, payment mechanism and the PPP Agreement.

After signing the agreement with the preferred bidder, the design and construction of the hospital will start. The PPP agreement is envisaged to be for 20 years.

# Discontinued Activities

## Rural Health Services (RHS)

- The additional HealthNET 40-seater bus service to transport patients between George and Cape Town ended,
- Rx Solution rollout discontinued due to NDoH standardisation of pharmacy systems, and
- Limited bid funding to reduce the backlog in surgery stopped.

During this reporting period, COVID-19 activities were discontinued as a stand-alone service and have been integrated into the day-to-day activities of comprehensive health services.

## Metro Health Services (MHS)

COVID-19 activities discontinued as a stand-alone service and have been integrated into the day-to-day activities of comprehensive health services.

## Emergency and Clinical Services Support

### Emergency Medical Services

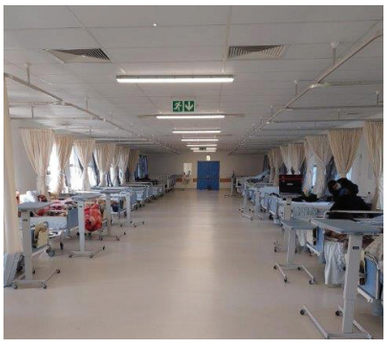
The very successful mitigation strategy of contracting private providers to assist with the increased demand for inter-facility transport services during the COVID-19 surge periods came to a planned ending. This was due to the end of the financial year as well as the lifting of the National State of Disaster by The Presidency. As these services were contracted on the disaster conditions related to COVID-19 and the associated impact on inter-facility transport services, there were material changes to the conditions of the contract.

### Forensic Pathology Services

With the construction of Observatory Forensic Pathology Institute (OFPI), the intention was that the Salt River Forensic Pathology Laboratory would be closed during the 2022/23 financial year. This closure had however been deferred to allow for the commissioning and operationalisation of the Observatory Forensic Pathology Institute.

# New or Proposed Activities

## Rural Health Services (RHS)



### Transitional Care

- 10-bed Transitional Care service piloted at Sonstraal Hospital opened 1 November 2022,
- Implementation of Contracting Units for Primary Healthcare Services, and
- NDoH piloted the Implementation of Contracting Units for the Primary Healthcare Project in 2023 at Knysna/Bitou.

### Termination of Pregnancy Services

The Department started a termination of pregnancy service in the Central Karoo health district in December 2022. This will be for pregnancies up to nine weeks gestation and is the first programme of its kind in the Central Karoo.

### Mental Health Services

To strengthen the mental healthcare services in the George Ecosystem, an additional 10 psychiatry beds will be commissioned at George Regional Hospital, and a social worker will be added to the district health service component. The Paarl Ecosystem will add a psychologist to Paarl Hospital and the West Coast District Health Service will acquire a social worker and a professional nurse. In the Worcester Ecosystem, staff (nurses, counsellor, and therapists) will be added to the Cape Winelands and Overberg District Health Services.

### Surgical Services

Each regional hospital will employ a slightly different model to increase surgical services. George Regional Hospital will fund an additional theatre for four days a week, as well as overtime for weekend surgery. Paarl Hospital will add a team that relieves other theatres so that no surgical time is lost due to staff lunch. Worcester Hospital will acquire additional anaesthetic skills and purchase staff overtime on weekends.

### Obstetric and Neonatal Services

Service model: sessional work by sonographers and specialist outreach sessions. A professional nurse has also been budgeted for. A mobile ultrasound machine is also budgeted for.

### Occupational Health Services

All posts allocated were filled to strengthen the Rural Health Service Model.

## Metro Health Services (MHS)

### Primary Health Care

- Ten facilities were transferred from City Health to Metro Health Services (MHS) in July 2022,
- The Du Noon CHC Memorandum of Understanding started from June 2022,
- Medical and surgical Termination of Pregnancy services were expanded, and
- Service delivery in the Atlantis basin was redesigned.

### Hospital and Transitional Care

- Paediatric services were started at False Bay Hospital,
- The Freesia Ward at Lentegeur Hospital was opened for transitional care in April 2023, and
- Brackengate Hospital transitioned from being a COVID-19 hospital to a transitional care facility in July 2022.

### Occupational Health Services

Posts allocated are in the process of being filled – two occupational health nurses appointed from 1 May 2023.

## Groote Schuur Hospital (GSH)

### Nuclear Medicine

GSH has acquired a Positron Emission Tomography and Computed Tomography (PE/CT) machine for both diagnostic and therapeutic services. It is internationally recognised that nuclear medicine and molecular imaging play an integral role in the management of oncology patients. Positron emission tomography/computed tomography is currently the standard of care for imaging in oncology and it is fast becoming the gold standard for infection imaging. It is also used for various other non-cancer indications such as cardiac viability studies and brain imaging. Positron Emission Tomography and Computed Tomography is an essential hybrid imaging modality used to stage, plan therapy, evaluate treatment response, assist with surveillance of disease and to guide treatment decisions in most cancers for example lymphoma, lung, breast and prostate cancer.

### Surgical High Care

Using internal resources, four general surgical high care beds have been opened, in addition to the existing 10 medical high care beds and 10 trauma high care beds. This enables greater access to advanced monitoring, airway management and nursing care for both pre- and post-operative complex surgical patients.

### Cryobiopsy Service (Pulmonology)

In 2023, the Division of Pulmonology added the cryobiopsy service as part of its new suite of interventional services. This is a first for both the private and public sector. Cryobiopsy involves a biopsy of lung structures using a 'freeze-and-extract technique'. This avoids the need for surgical intervention. Recent data has suggested that the technique results in a greater yield of tissue compared to other methods, with less incidence of procedure-related adverse events and mortality. Interventional services offered by the unit had already included endobronchial ultrasound guided biopsy of the mediastinal nodes (EBUS), image guided biopsy of pleural and pulmonary lesions, and bronchial thermoplasty for asthma.

### Vredenburg Renal Service (Nephrology)

The Vredenburg Dialysis Unit was formally launched, with support and governance from Groote Schuur Hospital in response to the growing demand for access to haemodialysis in the Province.

Locating the dialysis unit at Vredenburg Hospital not only increased the number of patients with access to dialysis in the Province but ultimately availed additional dialysis slots for those patients requiring dialysis in Vredenburg and surrounding areas. The initiative is a PPP championed by the Department.

The unit has a capacity of 12 haemodialysis slots and has been well received by patients who previously had to travel long distances to access the service, resulting in major disruptions in their day-to-day lives.

### Airway lists

GSH has commenced airway surgical lists, using novel high-flow ventilation techniques. High-Frequency Jet Ventilation (HFJV) allows for optimal and safe ventilation of patients during complex shared airway surgery, where the use of the airway is required both for ventilation as well as being the site of the surgical incision. This technique is used in ear, nose and throat, cardiothoracic and pulmonology surgery.

### Oncology

Breast cancer is the most common cancer in women worldwide, and in South Africa. Human Epidermal Growth Factor Receptor 2-positive cancer is a particularly aggressive form and affects approximately 15 to 20% of women with breast cancer. GSH shifted internal funds to be able to fund trastuzumab for a very limited number of patients. A governance structure was identified, and a standard operating procedure developed to govern the identification of patients and the treatment regime.

## Challenges

### Theatre Emergency Board

The demand for emergency theatre services remains challenging in the context of also maintaining an acceptable minimum elective surgery. GSH is in the process of renovating its trauma theatres and will utilise the renovated theatres to increase emergency trauma surgery, finances permitting.

### Emergency Services

After the COVID-19 pandemic, the medical and psychiatric emergency services have been extremely challenging and have required resources for additional beds, theatre slates and intensive care unit spaces.

## Red Cross War Memorial Children's Hospital (RCWMCH)

### Paediatric Surge

Health facilities have experienced an annual surge in paediatric gastroenteritis and respiratory viral illness. However, in 2022/2023 at the tail-end of the COVID-19 pandemic, RCWMCH experienced an unprecedented paediatric surge season with exceptionally high numbers of respiratory tract infections, gastroenteritis, and other communicable diseases. However, unlike previous years, there has been a notable increase in baseline malnutrition, resulting in more severe disease presentation. In the aftermath of the pandemic, we also noted a significant re-emergence of vaccine-preventable diseases, such as measles, mumps and bordetella pertussis. This surge of paediatric disease placed incredible strain on hospital staff as well as hospital resources. A similar trend was experienced across the Province.

### Solid Organ Transplants

RCWMCH is one of the leading sites for paediatric solid organ transplant in the country. 2022/2023 saw the reintroduction of paediatric solid organ transplant after a period of de-escalation during the COVID-19 pandemic. Ten renal transplants, five liver and one heart transplant were successfully performed in 2022.

### Surgical Services

During the COVID-19 pandemic, theatre capacity was restricted. The hospital again partnered with the Children's Hospital Trust to augment the surgical throughput for children. The Weekend Waiting List Initiative (WWLI), funded by approximately R2 million, contributed to 33 additional theatre lists in 2022, benefitting 233 children who would otherwise have waited anything from six months to two years for their surgery. Eighty-four children had general surgical procedures, 52 Ear, Nose and Throat (ENT) procedures and the remaining 87 comprised either orthopaedic, MRI or plastic/burns procedures.

### Paediatric Palliative Care

The hospital recognised that the paediatric palliative care service needed additional focus for the many patients with acute and underlying chronic palliative conditions. For this purpose, a dedicated Pain and Palliative Care Professional Nurse was appointed, and the clinic started in March 2023 at RCWMCH in the hope of providing these patients with an improved quality of life.

### Imaging

The hospital's Magnetic Resonance Imaging (MRI) scanner reached its end of life. A new MRI was procured, through our provincial budget to the value of approximately R35 million. The Siemens Magnetom Lumina 3T scanner MRI was commissioned in June 2022. The first child was scanned on 20 June 2022. This state-of-the-art high-resolution scanner has expanded our diagnostic imaging capabilities while at the same time, being more cost-effective and efficient.

### Critical Care

The hospital acquired a sophisticated digital patient monitoring system for our intensive care patients – IntelliSpace Critical Care and Anaesthesia (ICCA). The ICCA is a fully electronic clinical information system providing support software and analysis tools in a clinical space. It became fully operational in the Paediatric Intensive Care Unit at RCWMCH in 2022. This has assisted in centralising patient information, providing continuity of care, and contributing to an overall improvement in safe patient management.

### Security and Power Supply Upgrades for the Paediatric Mental Health Service

The new closed-circuit television (CCTV) system and uninterruptable power supply (UPS) upgrade at the Division of Child and Adolescent Psychiatry was commissioned in February 2023. The CCTV system was necessary to assist with monitoring and safeguarding patients and staff. The UPS upgrade was required to allow for continuity of service during periods of load shedding.

### Infrastructure – Therapeutic Playgrounds

The Children's Hospital Trust (CHT) donated approximately R12.4 million to the hospital for the Therapeutic Playground Project initiative. This developed four play areas specifically designed for recreation and rehabilitation, accommodating children of all ages and various abilities. Three are based on the RCWMCH establishment and one at the Division of Child and Adolescent Psychiatry in Rondebosch. These play areas were designed in consultation with the multidisciplinary team at RCWMCH, to ensure that children of varying abilities can experience holistic physical, sensory and social stimulation in a safe environment.

## Tygerberg Hospital (TBH)

### Robotic Surgery

In February 2022, Tygerberg Hospital became the first government hospital in South Africa to perform robotic surgery at a tertiary academic centre.

The Tygerberg Hospital robotic surgery system is used by surgeons from the specialist disciplines of Colorectal Surgery, Urology, Gynaecology and Hepatobiliary Surgery. The system's versatility and its use by multiple surgical specialities has maximised the number of patients who benefit from this sophisticated medical technology. The main diseases that the programme focuses on are colorectal, liver, prostate, kidney and bladder cancers, and women with severe endometriosis.

The Da Vinci Surgical System gives surgeons an advanced set of instruments to use in performing robotic assisted minimally invasive (keyhole) surgery. The operation is not performed by a robot alone; instead, the system gives surgeons an advanced set of tools or instruments that the surgeon guides from a dedicated console via fibre optic cables. The Da Vinci system thus 'translates' a surgeon's hand movements at the console in real time, bending and rotating the instruments while performing the procedure. The tiny surgical instruments move inside the patient like a human hand, but with far greater precision and with a significantly greater range of motion.

Patients will benefit from the multiple technological advances found in this latest Da Vinci robot, namely:

- Better visualisation and magnification of tissues by the Da Vinci camera (facilitating more precise surgery),
- Being able to do major surgery through multiple small incisions instead of a big skin incision, leading to less post-operative pain and a faster return to normal activities after surgery when compared to standard 'big incision' surgery,
- Fewer post-operative complications such as hernias,
- Built-in visualisation systems that allow for checking the blood supply of an organ and thus decrease the chance of major complications when compared to traditional surgery, and
- Ability to see the operation three dimensionally and thus have better depth perception when compared to traditional laparoscopic surgery, where the image is two dimensional.

## Emergency and Clinical Services Support

### Emergency Medical Services

Due to the success of the private vendor contract in mitigating the impact of increased demand on the limited EMS resource, the Department has sought to procure supplementary inter facility transport services. These are to be used during periods of high demand and diminishing service levels. Learning from the second, third, and fourth COVID-19 waves, a three-year contract is being put in place which should significantly aid response times during periods of peak demand.

### Community First Aid Responder Intern Programme

The newly developed Community First Aid Responder Intern Programme (CFAR)has been rolled out within the Emergency Medical Services (EMS) of the Western Cape. The programme aims to strengthen first responder capacity and capabilities in vulnerable communities across the Province. Still in its infancy, it builds upon the highly successful Emergency First Aid Responder (EFAR) programme that was, for many years, spearheaded by WCGH EMS staff, who believed that stronger relationships with local communities were vital. A 12-month programme as part of the provincial EPWP rollout, the programme will expose and equip first responders with vital emergency services skills, including first aid, basic firefighting and disaster management principles.

## Forensic Pathology Services

In 2022, the Forensic Toxicology Unit (FTU) within the Forensic Pathology Service started post-mortem drug testing for Forensic Pathology Services facilities. This is the first government laboratory to provide validated drug testing in the country, thus leading the way in transforming toxicology in South Africa. The laboratory received 1 202 post-mortem toxicology cases in 2022 requiring drugs and/or carboxyhaemoglobin analysis. Of these, 730 cases were for drugs analyses, of which 52.7% tested positive for one or more drugs. The turnaround time for results was drastically improved from several years at the National Laboratory, to an average of 60 to 90 days within the Forensic Toxicology Unit, enabling expedited communication of cause of death information to families.

Within their research capacity, the Unit published a journal article in *BMC Public Health*, highlighting the detection of terbufos pesticide in paediatric deaths in Cape Town, which is the first published identification of this toxic organophosphate in local deaths.

*Knysna FPL - Replacement*

In 2023, the FTU rolled out drug testing to all 16 forensic pathology services mortuaries in the Province. The goal for the 2023/24 financial year is to enhance drug and pesticide testing capabilities for Forensic Pathology Services. In addition, the Unit is collaborating with other entities in WCGH, as well as the University of Cape Town, South African Police Services, National Prosecuting Authority and various clinical and forensic facilities to support drug testing in other drug-facilitated crimes, especially as part of a patient's package of care in sexual offenses, which will improve patient outcomes and support these investigations.

These initiatives will contribute to public health by providing data on drug use trends and identifying potential drug-related health risks and will have a positive impact on public health and services within the Western Cape.

During the 2023/24, financial year it is planned that the new Knysna Forensic Pathology Laboratory will be commissioned.

## Telemedicine Policy Framework

With the success of the VECTOR project during COVID-19, we will expand the telemedicine project to include diabetic and TB patients. The intention is to provide appropriate care to a subset of the population via telemedicine services. This will avoid stable patients having to come into our facilities to seek medical care.

The provincial call centre has been performing telehealth services, responding to various priorities. These include recalling TB patients who are initially lost to follow up and TB patients on treatment who have become lost to follow up, TB contact screening and vulnerable COVID-19 positive patients.

The TB strengthening intervention focusses on ensuring that all clients with TB receive their results and are successfully started on TB treatment. Clients are also offered monthly calls to provide support for the duration of their treatment journey and are also asked about household contacts and advised on further testing for family members who are at risk of getting TB.

Telehealth has been identified as a key lever to support equity in access to health care. Various outreach models based on telehealth tools for remote consultation, are being explored to improve access to specialist care, especially in the rural areas of the Province where clients would otherwise be required to travel to the Cape Town area for specialist and tertiary care. This also provides opportunities for skills building and education amongst clinicians and students.

The Telehealth Policy for the WCGH was concluded during 2022 and further work on the readiness the healthcare system is being explored.

During COVID-19, we successfully instituted a system of delivering chronic medication to people's homes to decongest our facilities. This proved so successful that we will continue with this activity in the future. We also instituted an e-locker system at some of our community health centres (CHCs) in the Metro. This system allows people to collect their chronic medication at any time of the day or night from a secured area within the CHC. This is a convenient and patient-centric service that also allows us to further decongest our facilities.

### Diagnosis Related Groups

Diagnosis Related Groups (DRGs) is a patient classification system that standardises payments to hospitals and thus encourages cost containment. In other words, the hospital will be reimbursed based on the care given and the resources used to treat a typical patient, and this reimbursement should cover all charges related to the inpatient stay from admission through to discharge.

While 99% of the Province's admission data can be assigned to a DRG, these are not reliable due to challenges with system uptake and comprehensiveness of International Classification of Disease (ICD) coding. To date, 4 636 patient records have been audited across various hospitals of the Province. There is a total of 767 DRGs available whereby 333 DRGs (43%) have been identified from the audited data. A noteworthy finding is the notable change of up to almost 60% in the DRGs when comparing the admission data to the audited data. This finding supports the unreliability of using admission data for DRG allocation due to challenges with system uptake and comprehensiveness of ICD coding. The current clinical coding audit activity is to identify and audit patient admissions that could potentially fall into the remaining 434 DRGs that are needed.

Costing activities include assigning costs to the DRGs using various costing methods like patient-level costing, normative costing and activity-based costing (ABC). These costing activities are done in parallel to the coding activities and make use of the same patient records. Another approach to the costing of services that has been identified is the creation of global fees. The idea is to create standard fees for a range of services which would guarantee revenue and aid in budget strengthening. The Global Fees project will be a collaborative effort between the DRG Unit and Management Accounting.

### Malnutrition in children

The WCGH has completed a stunting baseline survey. Through the survey, a baseline was established for the profile of malnutrition in infants and children under 5 (i.e., stunting, underweight, wasting, overweight and obesity). The survey also identified the drivers of childhood malnutrition in the Province inclusive of the direct and underlying drivers of dietary intake, health status, economic indicator, food security,

mother and childcare and WASH Water, Sanitation and Hygiene). Over the next period, we will develop an action plan to respond to the findings of the survey.

## Violence Prevention Unit

With the organisational development phase completed in 2022/23, the Violence Prevention Unit (VPU) will be formally established in 2023/24. This brand-new Directorate will be located in the Chief Directorate: Emergency and Clinical Services Support.

The establishment of this unit underscores the increasing recognition of violence and injuries as important public health concerns. Violence extracts an unacceptable toll on the public health service, accounting for more than 45% of all trauma admissions seen at public emergency centres in the Western Cape in 2021.

The Violence Prevention Unit will utilise a public health approach in providing strategic direction, oversight and coordination of violence prevention initiatives within the Western Cape Government, in alignment with the Western Cape Safety Plan. This unit will not assume complete responsibility for violence prevention in the Province and will work in partnership with key stakeholders, in a manner that espouses the principles of Whole of Government and Whole of Society approaches.

## Differentiated Models of Care

During 2022/23, we coordinated the development of an updated Framework for Differentiated Models of Care (DMOCs). These guidelines focus on clients with or at risk of chronic conditions. DMOCs aim to accommodate the reality of our clients' lives by providing the services they need in more accessible places e.g., in community settings, workplaces and private pharmacies and/or at more convenient times. This guideline presents 13 DMOCs for consideration by Primary Healthcare (PHC) Services that would select models appropriate to their context. Services that could be delivered at these sites include health promotion and disease prevention e.g., immunisations, screening for and monitoring of chronic conditions, counselling and adherence support and the collection of chronic medication. DMOCs can decrease overcrowding in our PHC facilities, improving the experience of both clients and staff. Future plans are to support the implementation of DMOCs by our services.

## Clinical Governance Evaluation

We continue focusing on the development of the tools and processes comprising the Clinical Governance Evaluation (CGE). The CGE aims to promote quality improvement in our PHC services. Information derived from the Provincial Health Data Centre (PHDC) is summarised in reports which enable facility and district management to assess their clinical outputs and outcomes. The CGE process promotes a multidisciplinary approach in the reviewing of outcomes and the drafting, implementation and monitoring of quality improvement plans. During the 2022/23 period, modules for diabetes and cervical screening were successfully piloted at 34 provincial and 12 City of Cape Town facilities. Modules for other conditions are in the process of development.

## Make Every Contact Count Strategy

The 'Make Every Contact Count (MECC): Supporting Self-Management Through Healthy Conversations' is underpinned by the evidence based MECC approach. The MECC strategy outlines a proposed paradigm shift for the way in which the WCGH employees and partners deliver counselling services. In this strategy, counselling is not limited to mental health conditions or behavioural or therapeutic counselling. It is a combination of preventive and promotive practice that include treatment literacy, adherence support, behavioural counselling as well as psychosocial support for all patients receiving health care. It highlights the position that all cadres of staff play in adapting how they engage with patients, with clear roles and functions for specific cadres. An implementation plan is in development.

## Targeted Universal Test and Treat (TUTT)

Targeted Universal Test and Treat (TUTT) is aimed at quality TB screening and early linkage to care, using a Targeted Universal TB Testing (TUTT) approach. TUTT services will be implemented using a phased approach starting at healthcare facilities and will be scaled up according to facility readiness over the next year. Implementation at community level will be initiated in selected high-burden areas pending availability of resources. This will include targeting of 'hotspot' areas, key populations and congregate settings such as workplaces and schools.

## Service Package for Strategic Interventions: Mental Health Support (Project 1 of Mental Health Bid)

A Mental Health Package of Care will be developed to provide a guideline as to what the services of the team should include. This is a draft package that is subject to change as advised by districts. The main objective of the package is to provide guidance on the following:

- Screening and assessment of patients to improve early identification of mental health conditions,
- Provision of psychosocial rehabilitation interventions. i.e., individual counselling, group sessions, and promotion and prevention campaigns to either enhance or maintain functioning in the four life areas (living, learning, working and social) across the mental health continuum,
- Implementation of psychosocial rehabilitation through a wellness lens that addresses mental health concerns in all patients including those with HIV, TB, chronic conditions, and
- Appropriate referrals.

It is acknowledged that addressing mental health requires a whole-system approach, and the integrated mental health teams within WCGH will implement psychosocial interventions for all patients across the mental health continuum. The project will help strengthen the health system as part of working towards the broader provincial priority of person-centred quality care.

# Supply Chain Management

## Unsolicited Bid Proposals for the Year Under Review

No unsolicited bids were considered during the year under review.

## SCM Processes and Systems to Prevent Irregular Expenditure

The Department applies all Supply Chain Management (SCM) frameworks and prescripts as issued by the Provincial and National Treasury. Departmental transversal contracts reduce the risk for all institutions within the Department and managing this risk centrally at the head office level ensures that procurement transactions at institutions are compliant to the SCM prescripts. The Quotation Committees promote the segregation of duties and serves as a control measure for the proactive identification of possible irregular transactions below R1 million. The Devolved Internal Control Units perform oversight and maintain adherence to governance and compliance prescripts in terms of the Accounting Officer System, SCM delegations and other relevant prescripts and legislation.

## Challenges Experienced in SCM

### *Staff*

The Department had to advertise several SCM posts during the 2022/23 period due to normal and ill-health retirements. The Department notes that SCM expertise is becoming a scarce skill. To this end, the Department has made additional positions available for SCM training specialists to assist in the upskilling of SCM staff. These positions are currently in recruitment and selection status.

### *Legislation*

It should be noted that the Department has minimal control over National legislation on SCM. Any change in legislation which impact on SCM affects the regulations, existing prescripts, procurement practices and policies applied in departments. Of particular interest in this regard, is the proposed Procurement Bill, which, if enacted, will require a host of changes in the legislative instruments which govern SCM practices in departments. This may increase the potential risks for irregular expenditure in future due to inconsistent applications and interpretations of these instruments. To date, the final version of the draft Procurement Bill has not been presented for public comment.

### *Suppliers*

The public sector-wide increase in corruption and fraud creates mistrust within the business community. Unsuccessful bidders are challenging awards more frequently and aggressively, and this situation negatively impacts on available resources (and staff) due to the significant increase in complaints. If the

situation continues, the reprioritising of resources to attend to investigations may have detrimental consequences on service delivery.

The second matter refers to the availability of quality medical products in South Africa. Portside delays (this refers to goods that could not be dispatched from overseas or goods that arrived in South African but could not be released due to technicalities) both overseas and in South Africa, create inventory shortages and results in additional procurement transactions, which is detrimental from a risk and resources perspective. Additionally, the medical product market in South Africa is not as established and mature as its international counterparts in terms of quality and logistics.

### *Procurement systems*

The lack of a coherent enterprise management system for public procurement is hampering the availability and access to data for effective management of departmental SCM systems. This situation prohibits data-led management decision making, and results in disparate systems and a lack of integration. This compromises the value-added aspect of procurement and may negatively impact on the future implementation of the National Health Insurance Bill.

## Gifts & Donations

Cash donations to the value of R447 344.08 were received by the Department for the 2022/23 financial year. These are disclosed in the Annexures to the Financial Statements, pages 295 to 319.

## Exemptions & Deviations

No deviations or exemptions from the Modified Cash Statement were provided by National Treasury for the 2022/23 financial year.

## Events after the Reporting Date

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

## Other

There are no other material facts or circumstances that affect the understanding of the financial affairs of the Department.

## Acknowledgements

The end of 2022/23 financial year marks 36 months since the onset of the COVID-19 pandemic and having traversed multiple waves of the pandemic, the Department has emerged more resilient and agile buoyed by system capabilities that have been built over a period of more than 20 years. Despite having to deal with the increased service demand due to the adverse impact that COVID-19 had in displacing routine health services, the Department continued to meet and exceed its targets as detailed in this annual report. As the Head of Department, I am immensely proud to lead such a dedicated and high-performing team. My gratitude also goes to the different stakeholders that continue to partner with us in delivering the best healthcare service to the population of the Western Cape.

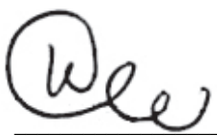
## Conclusion

Emerging from COVID-19, the Department continues to implement the Reset Strategy 'Health is Everybody's Business' as we build forward to Universal Health Coverage (UHC) and the realisation of the goals of Healthcare 2030. This provided the rationale for the Department to be renamed the Department of Health and Wellness going forward. Our reset agenda outlines our aspirations to become 'a health system that is people-centric, trusted and equitable' which provides the 'right care, at the right time, in the right place, at the right price' and 'providing care that puts people first' through a system built on a caring and competent, empowered workforce, clean governance and innovative and accessible service delivery; a 'Health System for YOU'.

The COVID-19 period has accelerated maturation across the whole system in the Western Cape, allowing for a platform to address social determinants in a meaningful way, and the Department has proved itself to be a trusted steward that is strategically placed to hold and convene meaningful reform across multiple systems to attain our goal of greater health and well-being for the people of the Western Cape.

## Approval & Sign-off

The Annual Financial Statements set out on pages 230 to 319 have been approved by the Accounting Officer.



Dr Keith Cloete
Director-General: Western Cape Department of Health

31 May 2023

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

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

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

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

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

The Annual Financial Statements (Part F) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines issued by 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 31 March 2023.

Yours faithfully

Dr Keith Cloete
Director-General: Western Cape Department of Health

31 May 2023

# Strategic Overview

## Vision

Access to person-centred quality care

## Mission

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

## Values

Innovation

Caring

Competence

Accountability

Integrity

Responsiveness

Respect


# Legislative & Other Mandates

## Legislative Mandate

### *National*

Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996)

Criminal Procedure Act, 1977 (Act No. 51 of 1977), Sections 212 4(a) and 212 8(a)

Disaster Management Act, 2002 (Act No. 57 of 2002)

Mental Health Care Act, 2002 (Act No. 17 of 2002)

National Health Act, 2003 (Act No. 61 of 2003)

National Roads Traffic Act, 1996 (Act No. 93 of 1996)

Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973)

Sterilisation Act, 1998 (Act No. 44 of 1998)

### *Provincial*

Regulations Governing Private Health Establishments, P.N. 187/2001

Regulations Governing the Financial Prescripts in terms of Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016)

Regulations Governing the Procedures for the Nomination of Members for Appointment to Boards and Committees Act, 2017 (PN 219/2017)

Regulations relating to the Criteria and Process for the Clustering of Primary Health Care Facilities, 2017 in terms of the Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016)

Western Cape Ambulance Services Act, 2010 (Act No. 3 of 2010)

Western Cape District Health Councils Act, 2010 (Act No. 5 of 2010)

Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016)

Western Cape Independent Health Complaints Committee Act, 2014 (Act No. 2 of 2014)

Western Cape Independent Health Complaints Committee Regulations, 2014 in terms of the Western Cape Independent Health Complaints Committee Act, 2014 (Act No. 2 of 2014)

## Other Mandates

### *International*

2030 Agenda for Sustainable Development, 2015 (Goal 3)

Political declaration of the United Nations High-Level meeting on Universal Health Coverage United Nations (UHCUN) Universal Health Coverage (UHC) Statement, 2019

### *National*

National Development Plan, 2012

Medium Term Strategic Framework 2019/24

### *Provincial*

2019–2024 Provincial Strategic Plan, 2020

Healthcare 2030

# Organisational Structure

The organisational structure reflects the senior management service (SMS) members as at 31 March 2023. See the organogram on the next page. The budget programme managers are as follow:

Ms A Nkosi, Chief Director: Strategy

Programme 1: Administration

Dr S Kariem, Deputy Director-General: Chief of Operations

Programme 2: District Health Services

Dr Programme 3: Emergency Medical Services

Dr Programme 4: Provincial Hospital Services

Programme 5: Central Hospital Services

Mrs B Arries, Chief Director: People Management

Programme 6: Health Sciences and Training

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

Programme 7: Health Care Support Services

Programme 8: Health Facilities Management

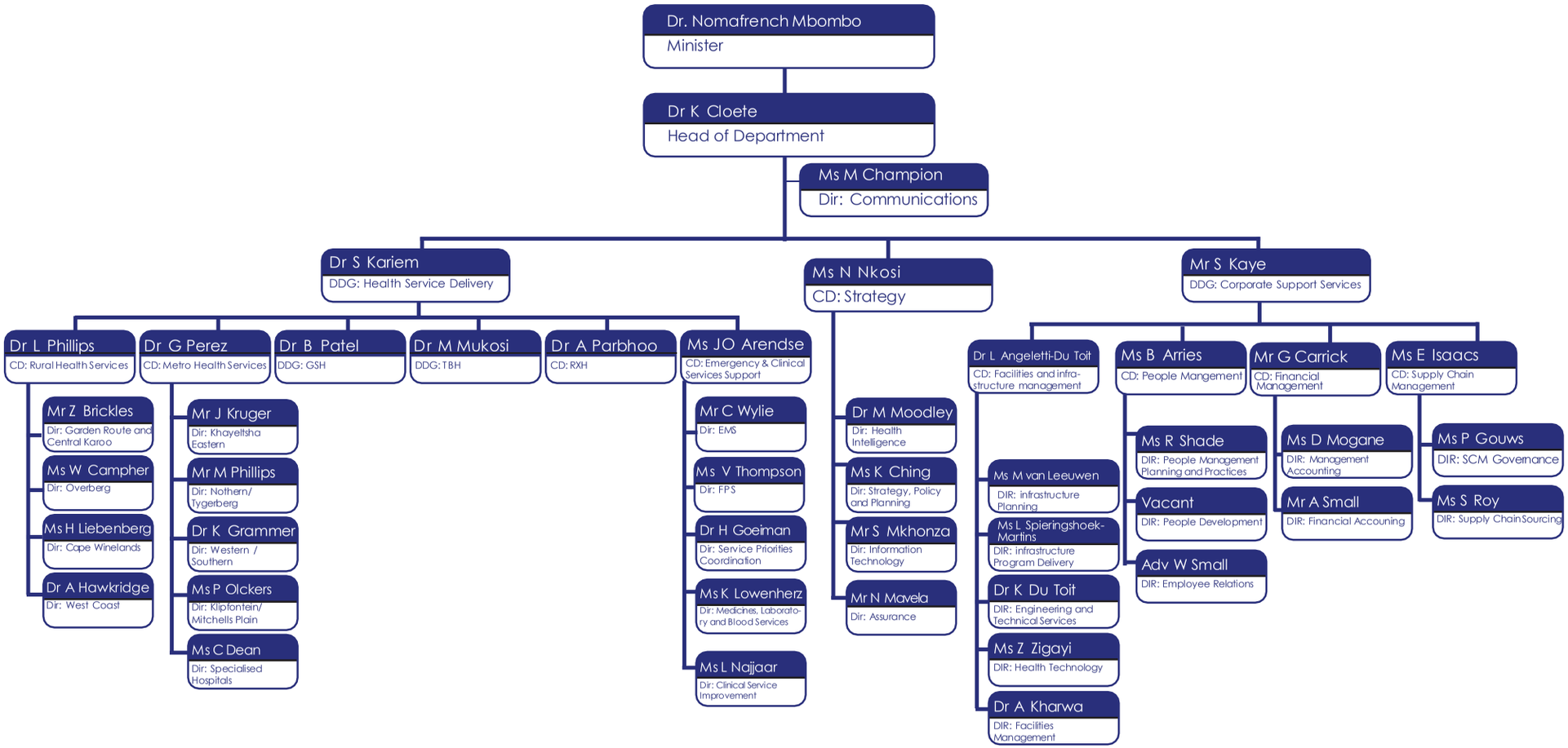
# Entities

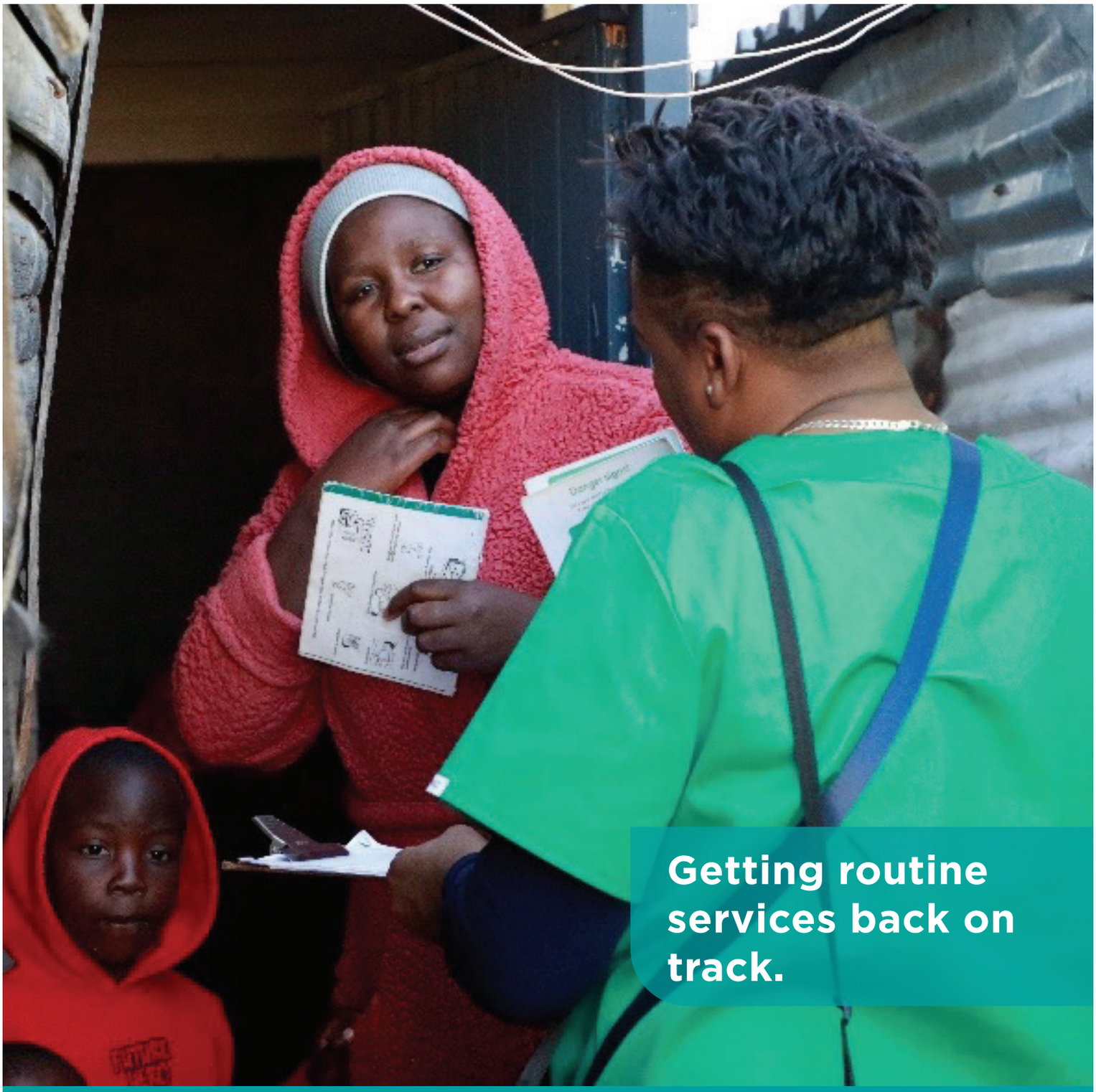
There are no entities reporting to the Minister/MEC.

Western Cape Government
Health
FOR YOU

# Organisational Organogram

## Structure as at March 2023





**Getting routine services back on track.**

# PART B:
## Performance Information

# PART B: Performance Information

## Auditor General's Report: Predetermined Objectives

The Auditor-General of South Africa (AGSA) performed 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 page 220 of the Report of the Auditor-General, in Part F: Financial Information.

## Overview of Departmental Performance

## Service Delivery Environment

Statistics South Africa estimated the population of the Western Cape to be 7,2 million in 2022, with 74.9% of the population served by public health services.[2] About 66% of the Western Cape population is from the City of Cape Town. The demand for healthcare services has continued to grow and this is unlikely to change in the short to medium term, given the trends in the social determinants of health, the economic challenges the country is facing and the impact of the COVID-19. The ongoing COVID-19 has affected the economy in a way that resulted in poorer socio-economic well-being for South Africans. The unemployment rate in the Province decreased on both the official and expanded definitions. Specifically, the official rate dropped from 25.2% in quarter 1 of 2022 to 21.6% in quarter 1 of 2023, while the expanded rate declined from 29.0% in quarter 1 of 2022 to 25.9% in quarter 1 of 2023.[3]

### Services Provided

*Primary Health Care*

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

*Primary Care*

Primary Care is ambulatory in nature and includes child and adult curative care, preventive services, antenatal care, postnatal care, family planning, mental health, TB, HIV and AIDS and chronic disease

[2] Statistics South Africa 2022. Midyear population estimates 2022. Statistics South Africa 2022 (P0302)
[3] Quarterly Labour Force Survey. Quarter 1 2023. Stats SA, Statistical release (P021)

management. It is driven by clinical nurse practitioners based at fixed and non-fixed facilities throughout the Province. There are (at the end of March 2023) 256 fixed PHC facilities comprising 182 fixed clinics, 63 community day centres (CDCs) and 11 community health centres (CHCs). Of these facilities, 58 clinics and 14 CDCs are under the authority of the City of Cape Town. In addition, there are 17 specialised clinics, 67 satellite clinics, 9 health posts and 98 mobile services. In 2022/23, a total of 12 062 108 contacts occurred in primary care settings with an additional 7 342 376 contacts in home- and community-based care settings, 202 309 learners were seen in schools and 3 100 705 chronic disease medicine parcels were distributed via the Chronic Dispensing Unit.

### *Intermediate Care (excl. COVID-19 Intermediate Care Facilities)*

The intermediate care component facilitates recovery from an acute illness or complications of a long-term condition. There are 29 intermediate care facilities in the Province, which includes provincially managed and provincially aided facilities. This equates to 1 233 beds, of which 79% are found in the Metro. These facilities provide post-acute and rehabilitative care, which include comprehensive assessment, structured care planning, active therapy, treatment and/or an opportunity to recover, thus enabling users to regain skills and abilities in daily living. Intermediate care supports people in their transition from an acute hospital to the primary living environment and includes end-of-life care.

### *Hospital Care*

### *District Hospitals*

The 33 district hospitals in the Province provide emergency care, adult and child inpatient and outpatient care, obstetric care as well as a varying quantum of general specialist services, with a total of 3 067 beds. In 2022/23, there were 291 492 inpatient separations, 662 831 outpatients and 711 537 emergency cases seen in district hospitals.

### *Regional Hospitals*

Four regional hospitals provide a full package of general specialist services whilst an additional maternity hospital provides maternal and neonatal services. A total of 1 450 beds are available. Collectively these hospitals had 115 844 inpatient separations, 228 467 outpatients and 170 809 emergency cases seen in 2022/23.

### *Specialised Hospitals*

The specialised hospitals category includes six tuberculosis (TB) hospitals, four psychiatric hospitals and one rehabilitation hospital. In 2022/23, there were 926 TB beds available across the Province, and there were 3 961 inpatient separations and 2 915 outpatients seen. In 2022/23, there were 6 823 inpatient separations and 30 636 outpatients seen across psychiatric hospitals. The psychiatric hospital platform has 1 804 beds.

The Western Cape Rehabilitation Centre (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. In 2022/23, the Western Cape Rehabilitation Centre had 775 inpatient separations and saw 2 558 outpatients. A further 6 673 outpatients were seen at the Orthotic and Prosthetic Centre.

### *Dental Hospital*

The Oral Health Centre (OHC) provided dental services to the community of the Western Cape. This service included primary, secondary, tertiary and quaternary levels of oral health care 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 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). In 2022/23, there were 85 227 oral health patient visits in the Western Cape.

### *Central and Tertiary Hospitals*

Tertiary and quaternary services are provided at two central hospitals and one tertiary hospital. The two central hospitals serving the Province are Groote Schuur Hospital and Tygerberg Hospital. There were 2 393 beds available and in 2022/23, they had 112 161 inpatient separations, and saw 577 826 outpatients in outpatient departments and 74 670 patients at emergency centres. The combined bed occupancy rate was 86.8% reflecting a full utilisation of services. The patient day equivalents (as a proxy for service volume provided) achieved was 972 683. These hospitals also provided access to the package of care for tertiary services funded by the National Tertiary Services Grant.

Red Cross War Memorial Children's Hospital is a tertiary hospital and provides specialist paediatric services, with a total of 292 beds. Inpatient separations for 2022/23 amounted to 18 164. Furthermore, 85 490 patients were seen in outpatient departments as well as 38 710 patients in emergency centres. The bed occupancy rate for the hospital for the period under review was 75.9%. The patient day equivalents achieved for the year was 122 025. Together with Groote Schuur and Tygerberg Hospitals, Red Cross Hospital provided access to the package of care for tertiary services funded by the National Tertiary Services Grant.

### *Emergency Medical Services*

Ambulance, rescue and patient transport services are provided from 49 stations (excluding 4 satellite bases) in 5 rural districts and 4 Cape Town substructures with a fleet of 269 ambulances and 1 700 operational personnel. A total of 645 497 emergency cases were attended to in 2022/23.

### *Forensic Pathology*

Specialised Forensic Pathology services are rendered via 17 forensic pathology laboratories (FPLs) across the Province responsible for establishing the circumstances and causes surrounding unnatural or undetermined death. The Forensic Pathology Service is currently being rendered to the estimated 7,2 million population of the Western Cape.

In 2022/23, a total of 11 077 incidents were logged, resulting in 10 879 Forensic Pathology Service cases. A total of 198 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 35 minutes. A total of 40 response vehicles travelled 1 014 220 km during body transportation.

In total, 10 864 cases were opened whilst 10 744 case files were closed (98.90%).

The average number of days from admission to release of a body is 17.67 days (7.63 days excluding paupers). A total of 252 bodies were unidentified at the end of March 2023 whilst 290 bodies were released for pauper burial during the period under review.

In 2022, the Forensic Toxicology Unit (FTU) within the Forensic Pathology Service, started post-mortem drug testing for Forensic Pathology Services facilities. This is the first government laboratory to provide validated drug testing in the country, thus leading the way in transforming toxicology in South Africa. The laboratory received 1 202 post-mortem toxicology cases in 2022 requiring drugs and/or carboxyhaemoglobin analysis. Of these, 730 cases were for drugs analyses, of which 52.7% tested positive for one or more drugs. The turn-around time for results was drastically improved from several years at the National Laboratory, to an average of 60 to 90 days within the FTU, enabling expedited communication of cause of death information to families.

## 2022/23 Services Delivery Challenges

The COVID-19 pandemic had a major impact on the provision of comprehensive services across the platform. This has led to significant backlogs in many areas and added pressure onto the health system. The health service platform had to deal with these backlogs whilst simultaneously dealing with the current workload. Hospital occupancies have been exceptionally high, particularly in the metropole. In addition, the trauma burden has remained relentless adding further pressure to the health service platform.

Mental health and emergency services have been particularly challenging and even large hospitals like Groote Schuur have required additional resources for additional beds, theatre time and ICU spaces.

Additional funding had been allocated to deal with the backlog of elective surgical cases. This allowed hospitals to employ additional staff to open more theatre lists.

Additional funding had also allowed the service platform to employ additional staff to deal with some of the mental health service pressures in both the metropole and the rural areas.

Transitional care facilities at Brackengate and Sonstraal Hospital, where patients could be cared for in a multi-disciplinary team, allowed for some decongestion of the acute service platform to open up spaces for other acutely ill patients to be admitted.

At Groote Schuur Hospital, challenges had been experienced with managing the Theatre Emergency Board.

The demand for emergency theatre services remains challenging, in the context of also maintaining an acceptable minimum of booked surgical services for waiting list patients requiring elective care. The Hospital is in the process of renovating the Trauma Theatre and will utilise the renovated theatres to support an increased flow of the emergency board, financial resources allowing.

The continuous electrical load shedding is perhaps the biggest challenge that the health service platform faces. Load shedding has had a significant impact on the entire health system. About 10 hospitals have been exempted from load shedding as they were considered to be crucial to the delivery of health services.

The PHC facilities, particularly in the rural areas, do not all have generators, and this is having a significant impact on our ability to render comprehensive clinical services. Patients would often have to return to the healthcare facility or alternatively might have to wait at the facility before being attended to. In the metropole area, whilst not ideal, it is possible to redirect patients to another nearby facility.

Theatre procedures also have to be carefully planned in order not to compromise patient care during load shedding. Teams of technical staff often have to be on standby during periods of load shedding to ensure that, where generators are available, the switchover to generator power takes place smoothly.

# Service Delivery Improvement Plan

## Background

The National Department of Health initiated the Ideal Clinic Programme as a way of systematically improving and correcting deficiencies in Primary Health Care clinics in the public sector. An 'ideal clinic' is a clinic with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and adequate bulk supplies that use applicable clinical policies, protocols, guidelines as well as partner and stakeholder support, to ensure the provision of quality health services to the community. A clinic is evaluated through the Ideal Clinic Dashboard to determine its ideal clinic status and version 18 is in use currently. The dashboard consists of 211 elements which are linked to 10 components and the National Core Standards for Health Establishments. Each element is assigned a specific weight i.e., vital, essential and important. The average score according to the weights assigned to the 211 elements determines whether a clinic has qualified for one of the three ideal clinic categories: silver, gold or platinum.

Furthermore, the Department has several other programmes that can be used to assess the level of satisfaction of the communities with the health care and services they receive at clinics across the Province. These include but are not limited to the Patient Experience of Care and complaints management. The Patient Experience of Care Survey measures the overall satisfaction rate which is assessed across several functional areas in the health facilities. Complaints management is intended for facilities to achieve a set target for resolution within 25 working days rate.

## Programme Priorities

The programme priority is for all clinics to progressively achieve ideal clinic status. Each year, all facilities ought to have a status determination conducted by the District Perfect Permanent Team for Ideal Clinic Realisation (PPTICRM). Each year, districts should identify facilities selected for 'scale-up', i.e., those facilities to achieve at least silver status. With each status determination, quality improvement plans are developed to address failed elements. Within the Patient EC and Complaints Management programmes, the priority is to continuously strive towards achieving the set targets of the programmes as outlined above.

## Monitoring and Evaluation of the Programme

Progress with the Ideal Clinic Programme is monitored through a web-based application that tracks the various elements on the dashboard. The application allows managers at all levels (District, Provincial and National) to monitor progress made. Similarly, the Patient Experience of Care and Complaints Management programmes have very structured processes by which to monitor performance and put in place interventions to improve, where applicable.

## Targets and Actual Achievements

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

Western Cape Government Health commenced with the Ideal Clinic Realisation and Maintenance (ICRM) in April 2016 and set targets for Ideal Clinics. The number of primary healthcare facilities which achieved ideal clinic status in the 2022/23 financial year is 148. Thus, the percentage of facilities which achieved ideal clinic status out of those who participated in the programme is 84% compared to the 66% and 76% achievement in 2020/21 and 2021/22 respectively. Looking at the fact that the performance on ICRM achievement continues to increase year on year, it is important to analyse the best practices contributing to this trajectory to put measures in place to sustain these gains. A contributory factor for the increased performance in 2021/22 and 2022/23 is the re-introduction of non-COVID-19 services and the attempt to integrate COVID-19 management with other mainstream health services.

*** Actual Achievement and Targets for Ideal Clinics**

| | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|---|---|---|---|---|
| No. of clinics | 158 | 108 | 169 | 176 |
| No. of clinics with IC status | 134 | 71 | 129 | 148 |
| % of clinics with IC status | 85% | 66% | 76% | 84% |
| **Target** | **70%** | **80%** | **90%** | **79.1%** |

**Note**

The total number of clinics, community day centres and community health centres participating in ICRM assessments varies year on year (denominator) due to facilities undergoing maintenance and/or renovations and therefore being unable to participate in the ICRM assessments for a particular year. The number of Primary Healthcare facilities which participated in the ICRM in 2022/23 is 176.

***** *The Ideal Clinic indicator reflected in this section excludes City of Cape Town facilities and facilities that did not conduct an assessment. It therefore differs to the Ideal clinic indicator in Part B which includes all fixed City of Cape Town facilities and provincial facilities irrespective of whether they conducted an assessment or not.*

| * Breakdown per Type of Ideal Category for Clinics which Achieved IC Status | | | | |
|---|---|---|---|---|
| | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
| No. of clinics | 158 | 108 | 169 | 176 |
| No. of clinics with IC status | 134 | 71 | 129 | 148 |
| No. of clinics with silver status | 61 | 7 | 10 | 1 |
| No. of clinics with gold status | 62 | 17 | 16 | 15 |
| No. of clinics with platinum status | 11 | 47 | 103 | 132 |

### Patient Experience of Care

In terms of Patient Experience of Care, the performance of the Province for the 2022/23 financial year has been slightly below the target in terms of client satisfaction rate, as shown below. It is noteworthy that 2022/23 was the first year for the implementation of the Patient Experience of Care in the Western Cape and some teething challenges were encountered which would have affected the overall performance. For example, some facilities could not obtain the required sample of participants and so those survey results could not be formally reported on. Also, the reporting system itself posed some challenges which have not been adequately addressed even at this stage. Going forward, the Province is exploring the possibility of using a different platform for hosting the Patient Experience of Care survey information to avoid similar reporting system challenges in this year.

| FY | Target | Actual Performance | Below Target |
|---|---|---|---|
| 2022/23 | 80% | 74% | 6% |

## Conclusion

Western Cape Government Health has embraced these programmes as a systematic approach to improving service delivery and quality of care. This is evidenced by the fact that the number of clinics participating in ICRM and those achieving ideal clinic status is progressively increasing over the years since Western Cape Government Health first participated in ICRM. Similarly, the performance of the Province on Patient Experience of Care and complaints management is encouraging, although it is noted that some improvement is required.

The re-introduction of non-COVID-19 services in mainstream health services has contributed to renewed commitment on ICRM and other programmes. The focus has been and will be to strengthen quality improvement activities with the aim of rendering services that respond to the needs and expectations of the receivers of such services.

# Organisational Environment

## Resignations and/or appointments in senior management service

The following changes occurred in the senior management service during 2022/23 because of attrition:

*Terminations and transfers out of WCG: Health*

- CW Bester, Director, West Coast, 30 April 2022 (Retirement)
- HJ Human, Chief Executive Officer, Western Cape Rehab Centre, 31 August 2022 (Retirement)
- KN Vallabhjee, Chief Director, Strategy & Health Support, Head Office, 30 September 2022 (Retirement)
- RJ Roman, Director, Employer Relations, Head Office, 31 December 2022 (Retirement)

*New appointments*

- CX Wylie, Director, Emergency Medical Service (EMS), 1 April 2022

*Promotions and Transfers in*

- H Liebenberg, Director, Cape Winelands, 1 June 2022
- AJ Hawkridge, Director, West Coast, 1 July 2022
- CG Carrick, Chief Director, Financial Management, Head Office, 1 December 2022
- W Small, Director, Employer Relations, Head Office, 1 January 2023

# Organisational Design

The Department embarked on the Management Efficiency and Alignment Project (MEAP), with the intention to enhance health system efficiencies by addressing duplication of functions; ensuring appropriate delegation of authority at the right level within the system; reducing the administrative burden of doing business; and refining the balance between centralisation and decentralisation. As an outcome of the Management Efficiency and Alignment Project, the macrostructure of the Department was finalised and implemented in March 2021.

As a natural progression from the Management Efficiency and Alignment Project, the Micro Design Process (MDP) was initiated to continue aligning the Department at the next levels. The Micro Design Process will unfold in two parts following due consultation with Organised Labour, Staff as well as the Department of Public Service and Administration (DPSA). First, micro-level components will be logically placed aligned to the approved Macro Structure to create operational coherence in terms of reporting lines, budget consolidation and team cohesion. Once this is completed, the second part of the MDP will be implemented to optimise functions and business processes of different components, in response to the departmental strategic direction. This will be done in a staggered approach (rather than full departmental re-alignment) in order of priority as determined by the Top Executive Committee.

Key factors taken into consideration for optimisation of functions in the Department that will form part of continuous improvement are:

- Healthcare 2030,
- Reset Agenda – Health is Everybody's Business,
- Lessons learnt in terms of operational efficiency during COVID-19,
- Service Redesign (with the sub-district model as a key focus), and
- Establishment of the Violence Prevention Unit (VPU) as a new departmental mandate.

## Strike Actions

During the current reporting period, employees participated in a strike action for various purposes as depicted in the table below:

| Date | Responsible Union | Purpose |
|---|---|---|
| 18 May 2022 | NEHAWU | Utilising of outsourced organisations and non-filling of vacant positions<br><br>Working conditions and challenges with management at the institution |
| 24 May 2022 | NEHAWU | Utilising of outsourced organisations and non-filling of vacant positions<br><br>Working conditions and challenges with management at the institution |
| 04 August 2022 | COSATU | Against violence in Cape Town and the Western Cape and high petrol prices |
| 23–24 August 2022 | SAFTU<br>COSATU | Section 77 Protest Action: National Stay-Away or Socio-Economic Strike |
| 07 October 2022 | COSATU | Section 77 Protest Action: National Stay-Away or Socio-Economic Strike |
| 31 October 2022 | NEHAWU<br>HOSPERSA<br>NUPSAW<br>DENOSA<br>PSA<br>SAMATU | Section 69 of the LRA: Public service wage negotiations |
| 08–10 November 2022 | PSA | Section 64(1)(d) of the LRA: Public service wage negotiations |
| 24–25 November 2022 | HOSPERSA | Section 69 of the LRA: Public service wage negotiations |
| 06–10 March 2023 | NEHAWU | Section 69 of the LRA: Public service wage negotiations |

At this stage, not all disciplinary actions and recovery of monies, where warranted, have been implemented.

## Embed Good Governance & Values-Driven Leadership Practices

COMPETENT, ENGAGED, CARING AND EMPOWERED EMPLOYEES

**Caring for the Carer**

*Refer to section Employee Health and Wellness Programme in part D under 'Employee Health & Wellness Programme'.*

## Organisational Culture

*Refer to section 'Organisational Culture' in part D.*

## Managers Who Lead

### *Leadership and Management Development*

A connected leader is central to our brand and culture journey. Our governance reforms and redesign (Health is Everybody's Business, 2022) require a paradigm shift from a disproportionate reliance on command and control to a more inclusive, participatory, consensus-building leadership, which is responsive and accountable, driving locally led change and decision-making.[4] [5]

Strengthening connected leadership at all levels and enhancing stewardship capability of managers at all levels in the health system are imperatives for our service redesign journey toward a people-centric, trusted and equitable health system and healthier society.

As per our Leadership Development Strategy our focus remains on the distributed leadership model directed at:

- Developing leaders and teams,
- Embodying the organisational values and behaviours, toward a value-driven organisation,
- Nurture creativity to enable innovation, and
- A system that enables and sustains the development of high performing individuals connecting within teams.

Current leadership training programmes, including the Postgraduate diplomas in Health Management at Stellenbosch University and the University of Cape Town (UCT) Oliver Tambo Fellowship Health Leadership Programme, target our emerging leaders to:

- Develop a learning organisation approach building resilience, adaptability and innovation, and
- Connect and collaborate to ensure alignment of and opportunities to continuously improve the supporting processes, practices, and systems.

The training programmes, the Aurum Management Development Programme and Free to Grow, Engaged Leadership Programme, focus on building the capability and development of facility and operational managers providing technical and functional capabilities, mentorship, coaching and support. In addition, they embed a culture through fostering effective communication and listening with empathy.

[4] https://www.westerncape.gov.za/news/health-everybodys-business

[5] https://www.westerncape.gov.za/news/private-sector-health-indaba-health-everybody%E2%80%99s-business

The following leadership and management development interventions took place in 2022/23:

| Leadership and Management Development Interventions | Number Trained |
|---|---|
| Art of Management | 23 |
| Coaching for Leadership Development | 13 |
| Engaging Leadership Development Program | 141 |
| Finance for Non-Financial Managers | 15 |
| Introduction to Leading Change | 1 |
| Introduction to Strategic Planning and Management | 2 |
| Junior Management Development Programme | 7 |
| Leadership Development | 52 |
| Listen like a Leader | 8 |
| Management and Leadership skills | 1 |
| Management Development Programme | 66 |
| Mentoring and coaching | 33 |
| Middle Management Development Programme | 28 |
| Operations Management Framework | 1 |
| Postgraduate Diploma in Health Care (OTFP) | 15 |
| Postgraduate Diploma in Healthcare Management: SU | 11 |
| Programme Management: Monitoring and Evaluation Approach | 8 |
| Project Management | 102 |
| South African Federation of Healthcare Engineering (SAFHE) Conference | 4 |
| South African Public Sector Structures, Functions and Finance | 1 |
| Supervisory practices for Junior Managers | 106 |
| Women in management | 46 |
| Work | 11 |
| **TOTAL** | **695** |

# Key Policy Developments & Legislative Changes

## National Policy and Legislative Changes

Disaster Management Act: Declaration of a National State of Disaster: COVID-19, 15 March 2020

Disaster Management Act: Classification of a National Disaster: COVID-19, 15 March 2020

Disaster Management Regulations, 18 May 2020

Competition Act, 1998 (Act no. 89 of 1998) as amended: COVID-19 block exemptions for the Healthcare Sector, 19 March 2020

Lockdown regulation amendments, 26 March 2020

# Institutional impacts and outcomes

The table below provides the baseline and 2025 targets that were set as part of the WCGH Strategic Plan 2020 to 2025.[6]

| **Impact** | **In 2025, Western Cape residents will live a longer and healthier life than they did in 2019** | |
|---|---|---|
| **Outcome 1** | **A Provincial health system that by design supports wellness** | |
| **Indicator** | **Baseline** | **2025 Target** |
| Life expectancy at birth | 68 years | 70 years |
| **Outcome 2** | **The children of the Province have the health resilience to flourish** | |
| **Indicator** | **Baseline** | **2025 Target** |
| Maternal Mortality Ratio | 68.3/100 000 | 60/100 000 |
| Under-5 mortality Rate | 23.3/1000 | 17/1000 |
| **Outcome 3** | **People with long-term conditions are well managed** | |
| **Indicator** | **Baseline** | **2025 Target** |
| ART viral load suppression | 82% | 90% |
| *Non-communicable diseases (NCDs)* | *Metrics for an NCD outcome are currently being developed, as the Department refines the design of its NCD interventions.* | |
| **Outcome 4** | **A high-performance provincial health system for people** | |
| **Indicator** | **Baseline** | **2025 Target** |
| Unqualified audit opinion | Unqualified | Clean Audit |
| Cultural Entropy [7] | 17.9% | 14% |
| *Access* | *Metrics for an access outcome is currently being developed as the Department refines its Universal Health Care Strategy 2025.* | |

[6] https://www.westerncape.gov.za/dept/health/documents/plans/2020/51693

[7] Cultural entropy is the measure of internal dysfunction/discord that causes internal challenges within the organisation. The 2023 Barrett Survey, which was administered to 8 949 employees reported a 15% cultural entropy score for the Department.

# Performance Information by Programme

## Programme 1: Administration

Purpose

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

### *Sub-Programme* 1.1. Office of the MEC

Rendering advisory, secretarial and office support services

### *Sub-Programme* 1.2. Management

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

### *Changes to Planned Targets*

No changes were made to planned targets

### Performance Indicators

Achievement against target is calculated as follows: Performance/Target. Due to many of the Department of Health indicators being demand driven and therefore unpredictable, achieving exactly 100% is not always possible. The Department therefore deems anything within 5% of target as being achieved. The 3 categories of achievement against target are as follows: Achieved = 95 % or more of target achieved; Partially Achieved = 50 % or more but less than 95 %; Not Achieved = below 50 %.

| **OUTCOME** | **A high-performance Provincial health system for people** | | | | | |
|---|---|---|---|---|---|---|
| **Output** | **Technically efficient Provincial health system** | | | | | |
| **Output Indicator** | **Audit opinion of Provincial DoH** | | | | | |
| **Audited Actual Performance 2019/20** | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** |
| **Clean** | **Clean** | **Clean** | **Unqualified** | **Clean** | **Clean** |
| **Reasons for deviation** | | | | | |
| **Note**<br>The Department continued to improve its systems of governance and internal controls which resulted in retaining the clean audit outcome for the fourth financial year in a row. The audit outcome reflected is for the 2021/22 financial year as issued by the Office of the Auditor General on 26 July 2023. | | | | | |

## Strategies to Overcome Under-Performance

There was no under-performance against the indicator target.

### *Linking Performance with Budgets*

| Sub-Programme | 2022/23 | | | 2021/22 | | |
|---|---|---|---|---|---|---|
| | Final Appropriation | Actual Expenditure | (Over)/Under Expenditure | Final Appropriation | Actual Expenditure | (Over)/Under Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Office of the MEC | 9 301 | 9 241 | 60 | 9 071 | 8 673 | 398 |
| Management | 1 101 541 | 1 047 351 | 54 190 | 1 505 977 | 1 405 629 | 100 348 |
| **TOTAL** | **1 110 842** | **1 056 592** | **54 250** | **1 515 048** | **1 414 302** | **100 746** |

The political leadership provided by the Office of the Member of the Executive Committee (MEC) including oversight over the departmental statutory structures, positively contributed to overall governance in the Department. This, coupled with the strategic leadership and whole system governance by the Department's senior management and the critical contribution of administration and frontline staff, resulted in the Department achieving the fourth consecutive clean audit, an achievement which has been recognised by the Auditor-General in their 2021/22 audit report.

Despite achieving its target, the Administration programme underspent by R54 million (4.88%) which is an improvement on the previous financial year's underspend of R100 million (6.65%). The underspend can mainly be attributed to the following:

- Compensation of Employees: Savings due to delays in the filling of funded vacancies, in-year attrition rates as well as administrative delays relating to job evaluations and creation of posts via the Organisation Development Interventions (ODI) processes mainly in the Information Management and Health Intelligence directorates.
- Goods and Services: Savings in COVID-19 funds were due to less tests conducted as the COVID-19 continued to subside whilst there was also a change from the more expensive laboratory-based PCR tests to COVID-19 rapid antigen tests. Furthermore, the National Department of Health (NDoH) received funds from the Global Fund to procure SARS-CoV-2 Rapid Antigen Test kits which resulted in savings. Debt collection costs also contributed to the under expenditure since debt collection services have not caught up to pre-COVID-19 levels as clients are struggling to pay their outstanding accounts. There were also savings under audit fees.
- Transfers and Subsidies: Savings in medico-legal claims were due to delays in administrative due diligence processes to pay all outstanding court orders where the Department had conceded merits, and this resulted in fewer medico-legal payments being processed than anticipated.

# 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 to the population of the Western Cape Province

*Sub-Programme 2.1. District Management*

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

*Sub-Programme 2.2. Community Health Clinics*

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

*Sub-Programme 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

*Sub-Programme 2.4. Community-Based Services*

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

*Sub-Programme 2.5. Other Community Services*

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

*Sub-Programme 2.6. HIV and AIDS*

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

*Sub-Programme 2.7. Nutrition*

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

*Sub-Programme 2.8. Coroner Services*

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

### *Sub-Programme 2.9. District Hospitals*

Rendering a district hospital service at sub-district level

### *Sub-Programme 2.10. Global Fund*

Strengthening and expanding the HIV and AIDS prevention, care and treatment programmes

### *District Health Services*

### *Changes to Planned Targets*

No changes were made to planned targets

### *Performance Indicators*

Achievement against target is calculated as follows: Performance/Target. Due to many of the Department of Health indicators being demand driven and therefore unpredictable, achieving exactly 100% is not always possible. The Department therefore deems anything within 5% of target as being achieved. The 3 categories of achievement against target are as follows: Achieved = 95 % or more of target achieved; Partially Achieved = 50 % or more but less than 95 %; Not Achieved = below 50 %.

| OUTCOME | A provincial health system that by design supports wellness | | | | |
|---|---|---|---|---|---|
| **Output** | **Service Redesign** | | | | |
| **Output Indicator** | **Management endorsed prevention strategy by 2022/23** | | | | |
| **Audited Actual Performance 2019/20** | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** |
| **New Indicator** | **New Indicator** | **Approved strategy** | **Endorsed strategy** | **Endorsed Strategy** | **None** |
| **Reasons for deviation** | | | | | |
| Target achieved. | | | | | |
| **Note** | | | | | |

| OUTCOME | A high-performance provincial health system for people | | | | | |
|---|---|---|---|---|---|---|
| **Output** | **Technically efficient provincial health system** | | | | | |
| **Output Indicator** | **Patient Experience of Care satisfaction rate** | | | | | |
| **Audited Actual Performance 2019/20** | | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** |
| **New Indicator** | | **New Indicator** | **New Indicator** | **80.5%** | **74.1%** | **(6.4%)** |
| N | New indicator | New indicator | New indicator | 24 720 | 780 153 | 755 433 |
| D | New indicator | New indicator | New indicator | 30 694 | 1 052 657 | 1 021 963 |
| **Reasons for deviation** | | | | | | |
| Target partially achieved. | | | | | | |
| **Note** | | | | | | |
| Patient experience of Care satisfaction rate: The target was set based on the number of questionnaires completed and not on the number of questions completed as reported, hence the disparity between the numerator and denominator target versus performance.<br>A new Nationally prescribed system (webDHIS), process and form were introduced during the 2022/23 financial year. Therefore, in the absence of a baseline, targets were based on the previous Client Satisfaction survey. Services had to adapt to the process in a short time, which impacted performance. The webDHIS is not user friendly and there were issues working with and accessing the system. The requirement for a consent form also acted as a deterrent for participation in the survey. | | | | | | |
| **Output Indicator** | **Patient Safety Incident (PSI) case closure rate** | | | | | |
| **Audited Actual Performance 2019/20** | | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** |
| **93.4%** | | **92.6%** | **97.3%** | **98.0%** | **98.2%** | **0.2%** |
| N | 1 334 | 983 | 1 381 | 943 | 2 201 | 1 258 |
| D | 1 429 | 1 061 | 1 420 | 962 | 2 241 | (1 279) |
| **Reasons for deviation** | | | | | | |
| Target achieved. Timeous response and closure of PSI incidents have improved performance in this indicator. | | | | | | |
| **Note** | | | | | | |

| Output Indicator | | Severity assessment code (SAC) 1 incident reported rate within 24 hours rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **59.4%** | | **64.0%** | **50.0%** | **78.1%** | **63.1%** | **(15.0%)** |
| N | 19 | 48 | 20 | 57 | 217 | 160 |
| D | 32 | 75 | 40 | 73 | 344 | (271) |
| **Reasons for deviation**<br>Target partially achieved. | | | | | | |
| **Note**<br>Performance improved through the year even though the annual target was not achieved. The reporting of SAC 1 incidents has increased due to a change in definition to broaden the incidents that fall into this category. The reporting of the large number of the newly defined SAC 1 incidents on multiple systems is contributing to late reporting, especially over weekends when key staff are not available. Although there were challenges with reporting to the next level within 24 hours, all SAC 1 incidents are reported and managed at a high level within the facility.<br>The Department continues to strengthen reporting pathways, incident reviews and notification processes. | | | | | | |

| Output Indicator | | Ideal Clinic status obtained rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **76.3%** | | **Not reported** | **75.5%** | **79.1%** | **80.9%** | **1.8%** |
| N | 203 | Not reported | 200 | 208 | 207 | (1) |
| D | 266 | Not reported | 265 | 263 | 256 | (7) |
| **Reasons for deviation**<br>Target achieved. | | | | | | |
| **Note**<br>Performance slightly better than planned. | | | | | | |

## *Strategies to Overcome Under-Performance*

- Severity assessment code (SAC) 1 Incidents reported within 24 hours.

  The definition of SAC 1 incidents was changed during the year to include abscondments. The impact of this change could not yet be quantified at the time when the targets for the 2022/23 and 2023/24 Annual Performance Plan was finalised. It will therefore only be possible for the Department to adjust the targets in the 2024/25 Annual Performance Plan to include patient abscondments.

  Ongoing training is provided by the districts to ensure SAC 1 incidents are reported to the next level within 24 hours. Factors that impacted on achieving this include the time staff spend on conducting investigations and recommendations which delayed reporting as well as the overlapping or duplicate reporting required for the Early Warning System which was introduced last year and caused confusion about what must be reported where.

- Patient Experience of Care satisfaction rate

  A new Nationally prescribed process and form were introduced during the 2022/23 financial year. The tool provided by the National Department of Health to calculate sample sizes for the surveys (on which the target was based) uses a different algorithm to the reports showing the survey outcome. The Western Cape has reported this discrepancy to the National Department of Health and is awaiting change to the sample size tool to be in line with the reporting tool.

### *Primary Health Care*

### *Changes to Planned Targets*

No changes were made to planned targets

*Performance Indicators*

| OUTCOME | All children in the Province have the health resilience to flourish | | | | | |
|---|---|---|---|---|---|---|
| **Output** | **Women's Health services** | | | | | |
| **Output Indicator** | **Antenatal 1st visit before 20 weeks rate** | | | | | |
| | **Audited Actual Performance 2019/20** | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** |
| | **71.9%** | **70.6%** | **72.6%** | **73.6%** | **74.3%** | **0.6%** |
| N | 80 989 | 75 756 | 75 814 | 79 760 | 75 064 | (4 696) |
| D | 112 718 | 107 250 | 104 478 | 108 318 | 101 053 | (7 265) |
| **Reasons for deviation** | | | | | | |
| Target achieved. | | | | | | |
| **Note** | | | | | | |
| Performance better than planned. Figures before rounding off: Planned 73.64%, Actual 74.28%, Deviation 0.65% | | | | | | |
| **Output Indicator** | **Mother postnatal visit within 6 days rate** | | | | | |
| | **Audited Actual Performance 2019/20** | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** |
| | **62.0%** | **55.4%** | **59.0%** | **62.8%** | **62.4%** | **(0.5%)** |
| N | 62 058 | 55 985 | 56 830 | 62 681 | 56 512 | (6 169) |
| D | 100 151 | 101 055 | 96 319 | 99 765 | 90 631 | 9 134 |
| **Reasons for deviation** | | | | | | |
| Target achieved. | | | | | | |
| **Note** | | | | | | |
| This is a demand-driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service.<br>Figures before rounding off: Planned 62.83%, Actual 62.35%, Deviation 0.47% | | | | | | |
| **Output Indicator** | **Delivery in 10 to 19 years in facility rate** | | | | | |
| | **Audited Actual Performance 2019/20** | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** |
| | **11.3%** | **11.0%** | **11.5%** | **10.7%** | **11.5%** | **(0.8%)** |
| N | 11 360 | 11 155 | 11 084 | 10 676 | 10 430 | 246 |
| D | 100 151 | 101 055 | 96 319 | 99 765 | 90 631 | 9 134 |
| **Reasons for deviation** | | | | | | |
| Target partially achieved. | | | | | | |
| **Note** | | | | | | |
| Total deliveries as well as deliveries for women aged 10 to19 years decreased compared to previous years, however, total deliveries decreased at a higher rate resulting in a higher than anticipate outcome for this indicator. A few hotspot areas have been identified for cross-sectoral intervention development. | | | | | | |

| Output Indicator | | Couple year protection rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **62.6%** | | **48.3%** | **56.9%** | **57.9%** | **50.2%** | **(7.8%)** |
| N | 1 175 237 | 922 098 | 1 104 549 | 1 142 710 | 991 110 | (151 600) |
| D | 1 876 409 | 1 907 810 | 1 940 948 | 1 972 454 | 1 975 502 | 3 048 |

**Reasons for deviation**

Target partially achieved.

**Note**

The lower-than-expected distribution of particularly norethisterone enanthate injections, oral pills and male condoms had an impact on the overall performance for this indicator. In some areas it appears that clients are starting to prefer long-acting reversible contraception (LARC) such as intrauterine contraceptive devices (IUCDs) and subdermal implants, over short-acting methods. The main influencing factor on the couple year protection rate was the National stock out of male condoms that occurred during the year. Figures before rounding off: Planned 57.93%, Actual 50.17%, Deviation -7.76%

| Output Indicator | | Maternal mortality in facility ratio | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **47.1** | | **78.3** | **66.9** | **69.9** | **62.3** | **7.6** |
| N | 49 | 82 | 67 | 74 | 58 | 16 |
| D | 1.040 | 1.047 | 1.001 | 1.059 | 0.931 | 0.128 |

**Reasons for deviation**

Target achieved.

**Note**

Performance better than target with fewer maternal deaths reported than were expected. COVID-19 had an impact on maternal outcomes, and it seems as if this is now stabilising towards pre-COVID-19 levels.

| Output | Child health services | | | | | |
|---|---|---|---|---|---|---|
| Output Indicator | | Infant 1st PCR test positive at birth rate | | | | |
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **New Indicator** | | **0.8%** | **0.8%** | **0.8%** | **0.9%** | **(0.1%)** |
| N | New indicator | 132 | 122 | 132 | 122 | 10 |
| D | New indicator | 16 857 | 15 189 | 17 547 | 13 861 | 3 686 |

**Reasons for deviation**

Target partially achieved.

**Note**

The number of test positives are in line with the target and previous performance, however, the total number of tests at birth is lower. This may be due to the lower number of births and fewer tests being conducted. Due to the small numbers reported, slight variations also have an impact on overall performance. The impact of the COVID-19 pandemic on access to services and health-seeking behaviour as well as worsening socio-economic circumstances has resulted in clients becoming more transient and therefore adherence to treatment becomes more challenging – in this case, HIV-positive pregnant mothers who do not adhere to treatment resulting in an increased risk of transmission to their babies.

| Output Indicator | | Infant 1st PCR test positive around 10 weeks | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **0.2%** | | **0.3%** | **0.5%** | **0.5%** | **0.3%** | **0.2%** |
| N | 23 | 47 | 70 | 72 | 30 | 42 |
| D | 13 925 | 14 404 | 13 605 | 14 607 | 11 752 | 2 855 |

**Reasons for deviation**

Target achieved.

**Note**

Performance better than target with fewer children testing positive. This indicates a good adherence to test and treat guidelines.

Figures before rounding off: Planned 0.49%, Actual 0.26%, Deviation 0.24%.

| Output Indicator | | Immunisation under 1-year coverage | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **82.2%** | | **82.9%** | **83.2%** | **86.0%** | **75.7%** | **(10.3%)** |
| N | 91 377 | 91 343 | 91 482 | 96 077 | 84 637 | (11 440) |
| D | 111 145 | 110 196 | 109 948 | 111 776 | 111 856 | 80 |

**Reasons for deviation**

Target partially achieved.

**Note**

The measles outbreak and campaign influenced performance as the measles booster was prioritised and children had to return for routine immunisations at a later date. Campaign measles vaccine doses are not counted as part of routine immunisations thereby reducing the number of children completing their routine immunisations under one year. Consent was a challenge, as some parents did not want to have vaccines co-administered and in general, anti-vaccination sentiments have increased in certain areas.

| Output Indicator | | Measles 2nd dose coverage | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **77.4%** | | **78.1%** | **79.2%** | **82.5%** | **77.7%** | **(4.8%)** |
| N | 86 800 | 86 926 | 87 614 | 91 037 | 85 709 | (5 328) |
| D | 112 075 | 111 304 | 110 684 | 110 397 | 110 314 | (83) |

**Reasons for deviation**

Target partially achieved.

**Note**

The measles outbreak and campaign may have influenced performance as the measles booster was prioritised and children had to return for routine immunisations. Campaign measles vaccine doses are not counted as part of routine immunisations thereby reducing the number of children reported to have completed their routine measles second dose. Consent was a challenge, as some parents did not want to have vaccines co-administered and in general, anti-vaccination sentiments have increased in certain areas.

| Output Indicator | | Vitamin A 12–59 months coverage | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **51.7%** | | **41.5%** | **49.7%** | **50.0%** | **55.1%** | **5.1%** |
| N | 470 469 | 376 291 | 448 687 | 455 757 | 492 947 | 37 190 |
| D | 910 232 | 906 788 | 902 142 | 912 032 | 895 218 | (16 814) |

**Reasons for deviation**

Target achieved.

**Note**

Performance better than target. Services used the measles campaign as an opportunity to follow up on missed vitamin A doses.

| Output Indicator | | Neonatal death in facility rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **8.5** | | **8.7** | **8.0** | **7.8** | **9.4** | **(1.6)** |
| N | 847 | 870 | 765 | 784 | 839 | (55) |
| D | 99.93 | 100.48 | 95.86 | 100.53 | 89.22 | 11.31 |

**Reasons for deviation**

Target partially achieved.

**Note**

Overall number of neonatal deaths is consistent with historical performance however the lower-than-expected births (denominator) has an impact on overall performance. An increase in premature births occurred in some areas. A pertussis outbreak in the last financial year contributed to increased neonatal mortality. More severe respiratory and diarrhoeal surges could have increased mortality in this group as well.

| Output Indicator | | ART child remain in care rate (12 months) | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **66.2%** | | **62.3%** | **61.1%** | **62.7%** | **60.2%** | **(2.5%)** |
| N | 511 | 480 | 400 | 447 | 373 | (74) |
| D | 772 | 770 | 655 | 713 | 620 | (93) |

**Reasons for deviation**

Target achieved with minor deviation of overall performance.

**Note**

The cohort reflected here are clients who started treatment in the 2021 calendar year and their treatment status 12 months into treatment. This is in accordance with WHO reporting.

This is a demand-driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service.

| Output Indicator | | ART child viral load suppressed rate (12 months) | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **68.5%** | | **71.4%** | **66.0%** | **71.8%** | **66.0%** | **(5.8%)** |
| N | 196 | 175 | 128 | 183 | 97 | (86) |
| D | 286 | 245 | 194 | 255 | 147 | (108) |

**Reasons for deviation**

Target partially achieved.

**Note**

Socio-economic challenges influencing health-seeking behaviour and therefore attendance at appointments and poor client contact information impact on patient tracing. The cohort reflected here are clients who started treatment in the 2021 calendar year and their viral load suppression 12 months into treatment. This is in accordance with WHO reporting.

| OUTCOME | People with long-term conditions are well managed |
|---|---|
| **Output** | **HIV/AIDS, STI and Tuberculosis Services** |
| **Output Indicator** | **ART adult remain in care rate (12 months)** |

| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
|---|---|---|---|---|---|---|
| **57.9%** | | **56.3%** | **55.9%** | **57.2%** | **53.3%** | **(3.9%)** |
| N | 25 190 | 22 177 | 17 240 | 19 570 | 16 555 | (3 015) |
| D | 43 479 | 39 403 | 30 816 | 34 202 | 31 075 | (3 127) |

**Reasons for deviation**

Target partially achieved.

**Note**

Socio-economic challenges influencing health-seeking behaviour and therefore attendance at appointments and poor client contact information impact on patient tracing. The cohort reflected here are clients who started treatment in the 2021 calendar year and their treatment status 12 months into treatment. This is in accordance with WHO reporting.

| Output Indicator | | ART adult viral load suppressed rate (12 Months) | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **92.3%** | | **91.2%** | **91.4%** | **92.4%** | **92.4%** | **0.0%** |
| N | 12 368 | 10 845 | 7 001 | 10 314 | 5 289 | (5 025) |
| D | 13 402 | 11 886 | 7 658 | 11 160 | 5 723 | (5 437) |

**Reasons for deviation**

Target achieved.

**Note**

Socio-economic challenges influencing health-seeking behaviour and therefore attendance at appointments and poor client contact information impact on patient tracing. Nevertheless, of those tested, the percentage performance was in line with the target. The cohort reflected here are clients who started treatment in the 2021 calendar year and their viral load suppression 12 months into treatment. This is in accordance with WHO reporting.

| Output Indicator | | HIV positive 15–24 years (excl. ANC) rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **Data not reported** | | **1.7%** | **1.4%** | **1.5%** | **1.3%** | **0.2%** |
| N | Data not reported | 5 224 | 5 342 | 5 808 | 5 207 | 601 |
| D | Data not reported | 304 028 | 387 640 | 391 912 | 408 367 | 16 455 |

**Reasons for deviation**

Target achieved.

**Note**

Overall performance better than target with a lower number of clients testing HIV positive.

| Output Indicator | | All DS-TB client death rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **3.8%** | | **3.9%** | **4.3%** | **3.5%** | **4.0%** | **(0.6%)** |
| N | 1 685 | 1 550 | 1 407 | 1 509 | 1 420 | 89 |
| D | 44 077 | 40 240 | 32 778 | 43 465 | 35 090 | (8 375) |

**Reasons for deviation**

Target partially achieved.

**Note**

The impact of the COVID-19 pandemic on access to services and health-seeking behaviour as well as worsening socio-economic circumstances has resulted in clients becoming more transient and therefore adherence to treatment becomes more challenging. The cohort reflected here are clients who started treatment in the 2021 calendar year and their treatment status at 12 months after starting treatment. This is in accordance with WHO reporting. Figures before rounding off: Planned 3.47%, Actual 4.05%, Deviation -0.57%.

| Output Indicator | | All DS-TB client LTF rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **17.7%** | | **18.6%** | **17.1%** | **13.7%** | **19.3%** | **(5.6%)** |
| N | 7 811 | 7 468 | 5 603 | 5 953 | 6 777 | (824) |
| D | 44 077 | 40 240 | 32 778 | 43 465 | 35 090 | (8 375) |

**Reasons for deviation**

Target partially achieved.

**Note**

The impact of the COVID-19 pandemic on access to services and health-seeking behaviour as well as worsening socio-economic circumstances has resulted in clients becoming more transient and therefore adherence to treatment becomes more challenging and poor client contact information impacted on tracing efforts to get those lost to follow up back into care. In some rural areas, retention of staff and rotation of staff due to staff shortages had an impact on the continuation of care. The cohort reflected here are clients who started treatment in the 2021 calendar year and their treatment status at 12 months after starting treatment. This is in accordance with WHO reporting.

| Output Indicator | | All DS-TB client treatment success rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **77.3%** | | **76.5%** | **77.3%** | **81.0%** | **75.4%** | **(5.6%)** |
| N | 34 084 | 30 769 | 25 327 | 35 207 | 26 466 | (8 741) |
| D | 44 077 | 40 240 | 32 778 | 43 465 | 35 090 | (8 375) |
| **Reasons for deviation**<br>Target partially achieved. | | | | | | |
| **Note**<br>The impact of the COVID-19 pandemic on access to services and health-seeking behaviour as well as worsening socio-economic circumstances has resulted in clients becoming more transient and therefore adherence to treatment becomes more challenging. The increase in the client death rate and loss to follow-up rate resulted in a corresponding decrease in performance for this indicator. The cohort reflected here are clients who started treatment in the 2021 calendar year and their treatment status at 12 months after starting treatment. This is in accordance with WHO reporting. | | | | | | |

## *Strategies to Overcome Under Performance*

- Delivery 10 to 19 years in facility rate

  Although there was a decrease in the number of deliveries in women aged 10 to 19, the higher decrease in total deliveries (denominator) impacted on the performance for this indicator.

  A few hotspot areas have been identified for cross-sectoral intervention development. Challenges were experienced with the provision of reproductive health services at schools. Healthcare workers were allowed to provide education but prevented by the National School Health Policy to issue contraceptive methods at schools.

  The implementation of targeted adolescent- and youth-friendly services is intended to encourage youths to visit facilities. This will include improving access to sexual reproductive health services such as condoms, contraception, etc.

- Couple year protection rate

  The main influencing factor on the couple year protection rate was the National shortage of male condoms that occurred during the year. In some areas, the primary healthcare facilities did not have sufficient infrastructure capacity to store the additional condoms that were subsequently distributed by the Cape Medical Depot and stock had to be returned.

  Health education around the importance of condom use is provided on a continuous basis (both at primary healthcare facilities and by community-based services) but some clients remain reluctant to use this method.

  The Department will review current condom distribution methods and investigate ways to improve this.

- Infant 1st PCR test positive at birth rate

  There was a decrease in the number of births for this financial year which impacted on the outcome of this indicator.

  The 'Make Every Contact Count' strategy will be implemented to encourage health seeking behaviour, with Community Health Workers visiting the postnatal mothers to improve linkage to care.

- Immunisation under 1-year coverage

  The measles immunisation campaign impacted on routine immunisation services as the measles booster was prioritised and children had to return to health facilities for their routine vaccinations. Performance is expected to improve with the completion of the campaign.

  Some parents were reluctant to give consent for the co-administration of vaccine and in general there has been an increase in anti-vaccination sentiments. This is being addressed by continuous communication campaigns and health education and promotion provided at primary healthcare facilities and in communities by community health workers.

  Seasonal workers in farming communities are transient and it is not always possible for the health service to trace these clients.

- Measles 2nd dose coverage

  The measles immunisation campaign impacted on routine immunisation services as the measles booster was prioritised and children had to return to health facilities for their routine vaccinations. Performance is expected to improve with the conclusion of the campaign.

  Some parents were reluctant to give consent for the co-administration of vaccine and in general there has been an increase in anti-vaccination sentiments. This is being addressed by continuous communication campaigns and health education and promotion provided at primary health care facilities and in communities by community health workers.

  Seasonal workers in farming communities are transient and it is not always possible for the health service to trace these clients.

- Neonatal death in facility rate

  The overall number of neonatal deaths is consistent with historical performance; however, the lower-than-expected births (denominator) had an impact on the overall performance for this indicator. An increase in premature births occurred in some areas. Other possible contributing factors are late 'health seeking' behaviours of some patients, more birth complications reported from some areas, a high born-before-arrival rate in some rural areas and an increase in low-birth-weight babies. Increased capacity of health workers to implement 'Helping Babies Breathe' and the Essential Steps in the Management of Obstetric Emergencies (ESMOE). Encourage mothers to seek care as early as possible when they suspect they are pregnant or to confirm their pregnancy, preferable before 14 weeks or by 20 weeks of gestation. Early contact and regular contact with the health service will allow early identification of at-risk mothers and babies.

- ART Child viral load suppressed rate (12 months)
  Socio-economic challenges influencing health seeking behaviour and poor client contact information impacts on tracing. The Department is investigating ways to improve contact tracing efforts using electronic tools. The 100-facilities project aims to enhance support for the improvement of the second 95 (provide antiretroviral therapy) which will positively impact viral load suppression and remaining in care.

- ART adult remain in care rate (12 months)
  Socio-economic challenges influencing health seeking behaviour and poor client contact information impact on tracing. The Department in investigating ways to improve contact tracing efforts using electronic tools.

- All DS-TB client death rate and All DS-TB client LTF rate and All DS-TB client Treatment Success Rate

The impact of the COVID-19 pandemic on access to services and health seeking behaviour, as well as worsening socio-economic circumstances has resulted in clients becoming more transient and therefore adherence to treatment becomes more challenging. Incorrect contact information (including addresses, telephone or mobile numbers, etc.) also hampers our ability to trace clients. The Department is investigating ways to improve contact tracing efforts using electronic tools. The TB recovery plan, specifically the implementation of TuTT (Targeted Universal TB Testing), is intended to improve early detection and initiation on treatment. Telehealth will also be used to trace clients who are initial loss to follow up.

The increase in the client death rate and loss to follow-up rate led to a corresponding decrease in the treatment success rate. In some rural areas, retention of staff and rotation of staff due to staff shortages had an impact on the continuation of care. Linkages to home and community-based services should be used more optimally to ensure all diagnosed TB clients are initiated on treatment and remain in care until their treatment is completed successfully. Strengthening of referral pathways and linkage to care has been identified as a departmental priority. In some rural areas, access to non-profit organisation supporting partners will help to address this.

### *District Hospitals*

### *Changes to Planned Targets*

No changes were made to planned targets

*Performance Indicators*

| OUTCOME | | All children in the Province have the health resilience to flourish | | | | |
|---|---|---|---|---|---|---|
| **Output** | | **Child Health services** | | | | |
| **Output Indicator** | | **Live births under 2500 g in facility rate** | | | | |
| **Audited Actual Performance 2019/20** | | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** |
| **11.2%** | | **11.0%** | **11.1%** | **11.1%** | **11.4%** | **(0.3%)** |
| **N** | 4 146 | 4 227 | 4 209 | 4 327 | 4 078 | 249 |
| **D** | 37 111 | 38 567 | 37 846 | 39 055 | 35 810 | (3 245) |
| **Reasons for deviation** | | | | | | |
| Target achieved. | | | | | | |
| **Note** | | | | | | |
| This is a demand-driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service. | | | | | | |
| **Output Indicator** | | **Child under 5 years diarrhoea case fatality rate** | | | | |
| **Audited Actual Performance 2019/20** | | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** |
| **0.1%** | | **0.1%** | **0.2%** | **0.1%** | **0.1%** | **0.1%** |
| N | 2 | 2 | 8 | 4 | 2 | 2 |
| D | 3 269 | 2 154 | 3 920 | 3 139 | 3 679 | (540) |
| **Reasons for deviation** | | | | | | |
| Target achieved. | | | | | | |
| **Note** | | | | | | |
| Performance better than target with fewer deaths reported due to diarrhoea. The Paediatric service experienced a surge in admissions with severe illness in both diarrhoeal disease and pneumonia. This is a knock-on effect of COVID-19, social disruptions, food security and less breastfeeding therefore children are presenting with poor immunity and severe illness. Figures before rounding off: Planned 0.13%, Actual 0.05%, Deviation 0.07%. | | | | | | |
| **Output Indicator** | | **Child under 5 years pneumonia case fatality rate** | | | | |
| **Audited Actual Performance 2019/20** | | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** |
| **0.1%** | | **0.1%** | **0.2%** | **0.1%** | **0.11%** | **(0%)** |
| N | 9 | 7 | 10 | 7 | 11 | (4) |
| D | 7 657 | 4 998 | 6 609 | 6 770 | 10 085 | (3 315) |
| **Reasons for deviation** | | | | | | |
| Target partially achieved. | | | | | | |
| **Note** | | | | | | |
| A higher number of pneumonia episodes were reported this year compared to previous years due to a more severe pneumonia surge driven by viruses such as respiratory syncytial virus (RSV). The paediatric service experienced a surge in admissions with severe illness in both diarrhoeal disease and pneumonia. This is a knock-on effect of COVID-19, social disruptions, food security and less breastfeeding therefore children are presenting with poor immunity and more severe illness. Figures before rounding off: Planned 0.10%, Actual 0.11%, Deviation 0.01% | | | | | | |

| Output Indicator | | Child under 5 years severe acute malnutrition case fatality rate | | | | | |
|---|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **New indicator** | | **New indicator** | **New indicator** | **7.9%** | **1.1%** | **6.8%** |
| N | New indicator | New indicator | New indicator | 6 | 4 | 2 |
| D | New indicator | New indicator | New indicator | 76 | 380 | (304) |

**Reasons for deviation**

Target achieved.

**Note**

A positive performance as fewer deaths reported due to severe acute malnutrition. Targets not aligned with revised denominator which changed from 'Death in facility 1 month to five years' to 'Severe acute malnutrition inpatient under 5 years' this year. Performance reported based on this same definition in FY2021/22 was 1.8% (7/400).

If reviewing performance based on previous definition denominator of SAM deaths/death in facility 1 mnth to 5 yrs = 4/60 (6.7%) is still lower than target with fewer severe acute malnutrition related deaths reported.

| Output Indicator | | Death under 5 years against live birth rate | | | | | |
|---|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | *Non- Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **1.1%** | | **1.1%** | **1.2%** | **1.2%** | **1.3%** | **(0.1%)** |
| N | 1 106 | 1 150 | 1 117 | 1 194 | 1 184 | 10 |
| D | 99 923 | 100 482 | 95 862 | 99 226 | 89 217 | 10 009 |

**Reasons for deviation**

Target partially achieved.

**Note**

The number of deaths reported is lower than expected and aligns with historical performance. The lower-than-expected number of births (denominator) has an impact on overall performance. Outbreaks such as pertussis and more severe respiratory and diarrhoea surges have contributed to increased child mortality rates.*This indicator reflects all facilities but was reported in FY2021/22 for district hospitals only and therefore historical performance has not been audited but included for comparison to current year performance.

| OUTCOME | A high-performance provincial health system for people | | | | | |
|---|---|---|---|---|---|---|
| **Output** | **Technically efficient provincial health system** | | | | | |
| **Output Indicator** | **Complaint resolution within 25 working days rate** | | | | | |
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **90.3%** | | **88.6%** | **94.4%** | **91.9%** | **92.7%** | **0.8%** |
| N | 1 071 | 575 | 759 | 627 | 995 | 368 |
| D | 1 186 | 649 | 804 | 682 | 1 073 | 391 |

**Reasons for deviation**

Target achieved.

**Note**

Performance better than planned. Timeous response and rapid resolution of complaints have improved the performance in this indicator. Figures before rounding off: Planned 91.94%, Actual 92.73%, Deviation 0.80%.

| Output | | Accessible health services | | | | |
|---|---|---|---|---|---|---|
| **Output Indicator** | | **Average length of stay** | | | | |
| **Audited Actual Performance 2019/20** | | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** |
| **3.4** | | **3.5** | **3.6** | **3.4** | **3.6** | **(0.1)** |
| N | 983 215 | 863 124 | 996 248 | 940 196 | 1 038 889 | (98 693) |
| D | 288 405 | 245 553 | 275 166 | 273 872 | 291 492 | 17 620 |
| **Reasons for deviation**<br>Target achieved. | | | | | | |
| **Note**<br>This is a demand-driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service.<br>Figures before rounding off: Planned 3.43%, Actual 3.56%, Deviation 0.13%. | | | | | | |
| **Output Indicator** | | **Inpatient bed utilisation rate** | | | | |
| **Audited Actual Performance 2019/20** | | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** |
| **90.6%** | | **78.5%** | **90.0%** | **86.7%** | **92.8%** | **6.1%** |
| N | 983 215 | 863 124 | 996 248 | 940 196 | 1 038 889 | (98 693) |
| D | 1 084 747 | 1 099 561 | 1 107 440 | 1 084 181 | 1 119 578 | 35 397 |
| **Reasons for deviation**<br>Performance is positive but bed pressures are persistently unpredictable and unrelenting. | | | | | | |
| **Note**<br>This is a demand-driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service. | | | | | | |

## *Strategies to Overcome Under-performance*

- Child under 5 years pneumonia case fatality rate

  Paediatric services experienced a surge in pneumonia, both in admissions with severe illness in acute settings as well as ambulatory cases treated in primary healthcare facilities. This is a knock-on effect of COVID-19, social disruptions, food security and less breastfeeding resulting in children presenting with poor immunity.

  Home- and community-based services and facility staff will continue with training in the community and at primary healthcare facilities to ensure mothers and/or caregivers recognise danger signs and seek health care timeously. The knock-on effect of COVID-19 will be mitigated over time as and when social conditions improve.

- Death under 5 years against live birth rate

  The number of deaths reported is lower than expected and aligns with historical performance. The lower-than-expected births (denominator) had an impact on overall performance for this indicator.

*Linking Performance with Budgets*

| Sub-Programme | 2022/23 | | | 2021/22 | | |
|---|---|---|---|---|---|---|
| | Final Appropriation | Actual Expenditure | (Over)/Under expenditure | Final Appropriation | Actual Expenditure | (Over)/Under expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| District Management | 445 992 | 400 239 | 45 753 | 420 489 | 399 037 | 21 452 |
| Community Health Clinics | 1 618 980 | 1 620 896 | (1 916) | 1 586 125 | 1 587 192 | (1 067) |
| Community Health Centres | 2 765 384 | 2 701 133 | 64 251 | 2 677 090 | 2 638 871 | 38 219 |
| Community-Based Services | 480 410 | 476 128 | 4 282 | 249 526 | 244 181 | 5 345 |
| Other Community Services | 198 475 | 198 474 | 1 | 1 | - | 1 |
| HIV/AIDS | 1 944 318 | 1 942 368 | 1 950 | 2 285 946 | 2 269 352 | 16 594 |
| Nutrition | 60 652 | 65 321 | (4 669) | 58 366 | 56 756 | 1 610 |
| Coroner Services | 1 | - | 1 | 1 | - | 1 |
| District Hospitals | 4 536 300 | 4 632 262 | (95 962) | 4 364 196 | 4 446 352 | (82 156) |
| Global Fund | 1 | - | 1 | 1 | - | 1 |
| **TOTAL** | **12 050 513** | **12 036 821** | **13 692** | **11 641 741** | **11 641 741** | **-** |

This programme's level of underspending is within acceptable norms.

The biggest unintended saving (under expenditure) occurred within compensation of employees due to staff shortages and challenges with filling of posts (both in the departmental as well as the non-profit organisational spheres), resulting in posts remaining vacant for long periods, particularly in specialised fields.

Late delivery of equipment due to the COVID-19 backlog in supply chain processes also resulted in the under expenditure.

# Programme 3: Emergency Medical Services

*Purpose*

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

*Sub-Programme 3.1: Emergency Transport*

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

*Sub-Programme 3.2: Planned Patient Transport*

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)

*Performance Indicators*

Achievement against target is calculated as follows: Performance/Target. Due to many of the Department of Health indicators being demand driven and therefore unpredictable, achieving exactly 100% is not always possible. The Department therefore deems anything within 5% of target as being achieved. The 3 categories of achievement against target are as follows: Achieved = 95 % or more of target achieved; Partially Achieved = 50 % or more but less than 95 %; Not Achieved = below 50 %.

| OUTCOME | A high-performance provincial health system for people | | | | | |
|---|---|---|---|---|---|---|
| **Output** | **Accessible health services** | | | | | |
| **Output Indicator** | **EMS P1 urban response under 15 minutes rate** | | | | | |
| | **Audited Actual Performance 2019/20** | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** |
| | **37.5%** | **36.2%** | **29.9%** | **36.0%** | **24.6%** | **(11.4%)** |
| N | 42 883 | 33 651 | 8 736 | 9 420 | 7 980 | (1 440) |
| D | 114 330 | 93 081 | 29 217 | 26 167 | 32 396 | (6 229) |

**Reasons for deviation**

Target partially achieved.

**Note**

In 2021/22 the indicator definition reporting calculation type changed from cumulative year end (annual target/performance is an aggregation of all the quarterly targets/performances) to non-cumulative (annual target/performance only reflecting the last quarter) resulting in a deceptive decrease in P1 urban incidents. The total number of P1 urban incidents for the year actually increased from 93 081 (2020/21) to 110 815 (2021/2) to 133 450 (2022/23). Resource constraints have been causing longer delays in servicing the demand. Changes on the Health service platform has increased inter-facility transfer (IFT) caseload and impacted on the allocation of resources between IFT and Primary.

| Output Indicator | EMS P1 urban response under 30 minutes rate | | | | | |
|---|---|---|---|---|---|---|
| | **Audited Actual Performance 2019/20** | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** |
| | **66.7%** | **65.7%** | **58.7%** | **62.0%** | **53.2%** | **(8.8%)** |
| N | 72 858 | 61 178 | 17 161 | 16 224 | 17 234 | 1 010 |
| D | 109 293 | 93 081 | 29 217 | 26 167 | 32 396 | (6 229) |

**Reasons for deviation**

Target partially achieved. base.

**Note**

In 2021/22 the indicator definition reporting calculation type changed from cumulative year end (annual target/performance is an aggregation of all the quarterly targets/performances) to non-cumulative (annual target/performance only reflecting the last quarter) resulting in a deceptive decrease in P1 urban incidents. The total number of P1 urban incidents for the year actually increased from 93 081 (2020/21) to 110 815 (2021/2) to 133 450 (2022/23).

The cap on operational overtime at 30% has impacted on the Departments ability to not only fill the gaps but also rostering additional resources. This coupled with the delays at the South African Police Services (SAPS) to accompany ambulances into Red Zones further affected our vehicle availability. As a result, our timeous servicing of Red Zone areas has remained challenging. We were compelled to focus on the priority 1 inter-facility transfer (IFT) demand due to the lowered resource.

| Output Indicator | | EMS P1 rural response under 60 minutes rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **88.0%** | | **88.1%** | **78.3%** | **86.0%** | **76.5%** | **(9.5%)** |
| N | 8 691 | 6 911 | 2 056 | 1 945 | 1969 | 24 |
| D | 9 871 | 7 846 | 2 626 | 2 262 | 2 573 | (311) |

**Reasons for deviation**

Target partially achieved.

**Note**

In 2021/22 the indicator definition reporting calculation type changed from cumulative year end (annual target/performance is an aggregation of all the quarterly targets/performances) to non-cumulative (annual target/performance only reflecting the last quarter) resulting in a deceptive decrease in P1 rural incidents. The total number of P1 rural incidents for the year actually increased from 7 846 (2020/21) to 9 978 (2021/2) to 10 241 (2022/23). The absence of a private service provider in our rural areas has once again proven to impact on our ability to maintain or improve our response times. Due to the 30% limit on overtime claims, the initiatives in the smaller towns were affected and often left the towns with no resources available to service the demand.

| Output Indicator | | EMS incident mission time under 120 minutes rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **55.2%** | | **55.8%** | **52.3%** | **54.0%** | **50.2%** | **(3.8%)** |
| N | 339 963 | 311 801 | 323 357 | 81 645 | 80 023 | (1 622) |
| D | 616 350 | 558 723 | 618 352 | 151 194 | 159 318 | (8 124) |

**Reasons for deviation**

Target partially achieved.

**Note**

In 2022/23 the indicator definition reporting calculation type changed from cumulative year end (annual target/performance is an aggregation of all the quarterly targets/performances) to non-cumulative (annual target/performance only reflecting the last quarter) resulting in a deceptive decrease in EMS incidents. The total number of EMS incidents for the year actually increased from 558 723 (2020/21) to 618 352 (2021/2) to 645 497 (2022/23).

The increase in inter-facility transfer (IFT) requests has severely affected our already stretched crew mandates. The effect it had on our vehicle availability can be seen through our performance against this indicator. The longer delays at health facilities coupled with the limited rostered resources severely affected our Emergency Communication Centre time. Lower resource levels impacted on our ability to service the demand timeously.

## *Strategies to Overcome Under-Performance*

Throughout the reporting year, we have been focussing on strengthening our relationship with our Western Cape communities and the Health Services platform. These engagements have been focused on increasing staff safety and improving efficiency within processes.

In terms of the communities, the engagements focussed on addressing staff attacks in certain areas as well as the support required from the community in Red Zone areas. Through establishing workable relationships, we have been able to implement various initiatives to allow for safe passage through certain identified areas. With our new Community First Aid Responder (CFAR) programme, we aim to improve community involvement and empower communities by building emergency care resilience within the local community.

In terms of the Health Services platform, we focused on three key aspects, namely improving communication between EMS and health facilities to ensure EMS can meet facility priorities while sharing current service platform pressures; improving the implementation rate of online bookings made by health facilities using a web application which ultimately improves the registration time of inter-facility requests and increases data accuracy level, in turn, this contributed to the correct resource being dispatched; and to improve service delivery of obstetric and maternal care within the health platform through the use of grant funding, made available by the Department, to focus on patients who presented with obstetric complaints. The latter initiative focussed on many of the aspects outlined above, and with focussed attention allowed for incremental improvement of care. The initiative achieved many milestones and will allow the application of these learnings to other parts of EMS.

### *Linking Performance with Budgets*

| Sub-Programme | 2022/23 | | | 2021/22 | | |
|---|---|---|---|---|---|---|
| | Final Appropriation | Actual Expenditure | (Over)/Under expenditure | Final Appropriation | Actual Expenditure | (Over)/Under expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Emergency Transport | 1 190 479 | 1 188 752 | 1 727 | 1 132 964 | 1 142 402 | (9 438) |
| Planned Patient Transport | 112 558 | 114 166 | (1 608) | 107 486 | 97 707 | 9 779 |
| **TOTAL** | **1 303 037** | **1 302 918** | **119** | **1 240 450** | **1 240 109** | **341** |

EMS has managed its finances exceptionally well in the context of the expanded projects mentioned above. This is evidenced in its near 'break-even' status for the 2022/23 fiscal year.

An increase in the fleet contributed to an increase in the fuel and maintenance cost. This, together with the increase of kilometres travelled during the year, has put additional strain on the budget.

Increased pressures on the service platform and non-increase in staffing levels have resulted in an increased expenditure on overtime as a mitigation measure.

Grant allocation in the discipline of Obstetric and Maternal Health allowed the service to focus additional services and incrementally improve services in this area.

The need for critical care retrieval services has increased over the last five years. This has led to EMS implementing a stronger strategic focus on specialised transportations. As a result, we have procured specialised equipment and trained Advanced Life Support Paramedics in the operation of these. This has, however, had a direct influence on the increase of cost in the medical consumable line. We believe that this is a necessary expense to provide world-class care to our sickest patients.

# Programme 4: Provincial Hospital Services

*Purpose*

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

*Sub-Programme 4.1: General (Regional) Hospitals*

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

*Sub-Programme 4.2: Tuberculosis Hospitals*

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

*Sub-Programme 4.3: Psychiatric/Mental Hospitals*

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

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

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

*Sub-Programme 4.5: Dental Training Hospitals*

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

*Regional Hospitals*

*Changes to Planned Targets*

No changes were made to planned targets

*Performance Indicators*

Achievement against target is calculated as follows: Performance/Target. Due to many of the Department of Health indicators being demand driven and therefore unpredictable, achieving exactly 100% is not always possible. The Department therefore deems anything within 5% of target as being achieved. The 3 categories of achievement against target are as follows: Achieved = 95 % or more of target achieved; Partially Achieved = 50 % or more but less than 95 %; Not Achieved = below 50 %.

| OUTCOME | The children of the Province have the health resilience to flourish | | | | | |
|---|---|---|---|---|---|---|
| **Output** | **Child Health services** | | | | | |
| **Output Indicator** | **Live births under 2 500 g in facility rate** | | | | | |
| | **Audited Actual Performance 2019/20** | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** |
| | **15.0%** | **14.9%** | **15.3%** | **14.9%** | **15.9%** | **(1.0%)** |
| N | 4 333 | 4 223 | 4 017 | 4 171 | 4 094 | 77 |
| D | 28 943 | 28 428 | 26 200 | 27 973 | 25 752 | 2 221 |
| **Reasons for deviation** | | | | | | |
| Target partially achieved. | | | | | | |
| **Note** | | | | | | |
| Fewer babies weighed less than 2 500 g at birth than was anticipated, but, due to an overall decrease in deliveries and therefore births, the proportion was slightly higher than anticipated. | | | | | | |
| **Output Indicator** | **Child under 5 years diarrhoea case fatality rate** | | | | | |
| | **Audited Actual Performance 2019/20** | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** |
| | **0.7%** | **0.3%** | **0.5%** | **0.3%** | **0.7%** | **(0.4%)** |
| N | 7 | 2 | 5 | 3 | 8 | (5) |
| D | 1 032 | 632 | 1 041 | 886 | 1 152 | (266) |
| **Reasons for deviation** | | | | | | |
| Target not achieved. | | | | | | |
| **Note** | | | | | | |
| The Paediatric service experienced a surge in admissions with severe illness in both diarrhoeal disease and pneumonia. This is a knock-on effect of COVID-19, social disruptions, food security and less breastfeeding. Children are presenting with poor immunity. | | | | | | |

| Output Indicator | | Child under 5 years pneumonia case fatality rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **0.2%** | | **0.7%** | **0.5%** | **0.5%** | **0.5%** | **0.0%** |
| N | 4 | 8 | 7 | 9 | 12 | (3) |
| D | 1 752 | 1 217 | 1 538 | 1 647 | 2 274 | (627) |

**Reasons for deviation**

Target achieved.

**Note**

The Paediatric service experienced a surge in admissions with severe illness in both diarrhoeal disease and pneumonia. This is a knock-on effect of COVID-19, social disruptions, food security and less breastfeeding. Children are presenting with poor immunity and severe illness.

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

| Output Indicator | | Child under 5 years severe acute malnutrition case fatality rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **New indicator** | | **New indicator** | **New indicator** | **2.2%** | **4.2%** | **(2.0%)** |
| N | New indicator | New indicator | New indicator | 3 | 5 | (2) |
| D | New indicator | New indicator | New indicator | 134 | 119 | 15 |

**Reasons for deviation**

Target partially achieved.

**Note**

There were 11% fewer severe acute malnutrition admissions at regional hospitals than anticipated and only two more deaths. The combined effect results in a higher case fatality rate. Poor nutrition is a knock-on effect of COVID-19, social disruptions, food security and less breastfeeding. Children are presenting with poor immunity and severe illness.

| Output Indicator | Death under 5 years against live birth | | | | |
|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **269** | **308** | **271** | **291** | **266** | **25** |

**Reasons for deviation**

Target achieved, despite greater severity of illness amongst admitted children.

**Note**

| Output Indicator | Maternal mortality in facility | | | | |
|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **Not reported** | **Not reported** | **Not reported** | **13** | **11** | **2** |

**Reasons for deviation**

Target achieved.

**Note**

Positive performance as fewer maternal deaths than anticipated. COVID-19 had an impact on maternal outcomes, and it seems as if this is now stabilising towards pre-COVID-19 levels.

| OUTCOME | | A high-performance provincial health system for people | | | | |
|---|---|---|---|---|---|---|
| **Output** | | **Technically efficient provincial health system** | | | | |
| **Output Indicator** | | **Complaint resolution within 25 working days rate** | | | | |
| **Audited Actual Performance 2019/20** | | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** |
| **96.4%** | | **97.6%** | **99.1%** | **97.0%** | **99.5%** | **2.5%** |
| N | 323 | 279 | 340 | 255 | 400 | 145 |
| D | 335 | 286 | 343 | 263 | 402 | 139 |

**Reasons for deviation**

Target achieved.

**Note**

Timeous response and rapid resolution of complaints have improved the performance in this indicator.

| Output Indicator | | Patient Experience of Care satisfaction rate | | | | |
|---|---|---|---|---|---|---|
| **Audited Actual Performance 2019/20** | | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** |
| **New indicator** | | **New indicator** | **New indicator** | **81.9%** | **78.5%** | **(3.4%)** |
| N | New indicator | New indicator | New indicator | 1 239 | 37 911 | 36 672 |
| D | New indicator | New indicator | New indicator | 1 513 | 48 312 | 46 799 |

**Reasons for deviation**

Target achieved.

**Note**

Patient experience of Care satisfaction rate: The target was set based on the number of questionnaires completed and not on the number of questions completed as reported, hence the disparity between the numerator and denominator target versus performance. A new Nationally prescribed system (webDHIS), process and form were introduced during the 2022/23 financial year. Therefore, in the absence of a baseline, targets were based on the previous Client Satisfaction Survey. Services had to adapt to the process in a short time, which impacted performance. The webDHIS is not user friendly, and there were issues working with and accessing the system. The requirement for a consent form also acted as a deterrent for participation in the survey. This is a demand-driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target.

| Output Indicator | | Patient Safety (PSI) Incident case closure rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **91.7%** | | **97.3%** | **95.6%** | **96.3%** | **94.9%** | **(1.4%)** |
| N | 759 | 709 | 859 | 709 | 947 | 238 |
| D | 828 | 729 | 899 | 736 | 998 | (262) |

**Reasons for deviation**

Target achieved.

**Note**

Timeous response and closure of PSI incidents have improved the performance in this indicator. This is a demand-driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target.

| Output Indicator | | Severity assessment code (SAC) 1 incident reported rate within 24 hours rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **81.0%** | | **83.3%** | **95.5%** | **90.6%** | **65.9%** | **(24.7%)** |
| N | 34 | 25 | 21 | 29 | 58 | 29 |
| D | 42 | 30 | 22 | 32 | 88 | (56) |

**Reasons for deviation**

Target partially achieved.

**Note**

The reporting of SAC 1 incidents has increased, due to a change in definition to broaden the incidents that fall into this category. The reporting of the large number of the newly defined SAC 1 incidents on multiple systems is contributing to late reporting, especially over weekends when key staff are not available. Although there were challenges with reporting to the next level within 24 hours, all SAC 1 incidents are reported and managed at a high level within the facility.

The Department continues to strengthen reporting pathways, incident reviews and notification processes.

| Output | | Accessible health services | | | | |
|---|---|---|---|---|---|---|
| Output Indicator | | Average length of stay | | | | |
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **4.0** | | **4.1** | **4.2** | **4.3** | **3.9** | **0.3** |
| N | 468 801 | 421 713 | 451 206 | 462 243 | 456 211 | 56 099 |
| D | 118 333 | 102 332 | 108 711 | 108 403 | 115 844 | 7441 |

**Reasons for deviation**

Target achieved.

**Note**

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

Figures before rounding off: Planned 4.26, Actual 3.94, Deviation 0.33.

| Output Indicator | | Inpatient bed utilization rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| 89.5% | | 80.3% | 86.0% | 88.1% | 86.3% | (1.8%) |
| N | 468 801 | 421 713 | 451 206 | 462 243 | 456 211 | 56 099 |
| D | 523 832 | 524 928 | 524 928 | 524 905 | 528 578 | 3 673 |
| **Reasons for deviation**<br>Target achieved. | | | | | | |
| **Note**<br>This is a demand-driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target.<br>Figures before rounding off: Planned 88.06%, Actual 86.31%, Deviation -1.75%. | | | | | | |

### *Strategies to Overcome Under-Performance*

- Child under 5 years diarrhoea case fatality rate

Paediatric services experienced a surge in diarrhoea, both in admissions with severe illness in acute settings as well as ambulatory cases treated in primary healthcare facilities. This is a knock-on effect of COVID-19, social disruptions, food security and less breastfeeding. Children are presenting with poor immunity.

Home and community-based services and facility staff will continue with training in the community and at primary healthcare facilities to ensure mothers and/or caregivers recognise danger signs and seek healthcare timeously.

The knock-on effect of COVID-19 will be mitigated over time as and when social conditions improve.

- Child under 5 years severe acute malnutrition case fatality

Paediatric services experienced a surge in ambulatory severe acute malnutrition cases treated in primary health care facilities and more severely ill patients being admitted to hospital. This is a knock-on effect of COVID-19, social disruptions, food security and less breastfeeding. Children are presenting with poor immunity.

Home community-based services and facility staff will continue with training in the community and at primary health care facilities to ensure mothers and/or caregivers recognise danger signs and seek health care timeously.

The knock-on effect of COVID-19 will be mitigated over time as and when social conditions improve.

- Severity assessment code (SAC) 1 incident reported rate within 24 hours rate

The definition of SAC 1 incidents was changed during the year to include abscondments. The impact of this change could not yet be quantified at the time when the targets for the 2023/24 Annual Performance Plan was finalised. It will therefore only be possible for the Department to adjust the targets

in the 2024/25 Annual Performance Plan to include patient abscondments.

Constant training is provided to ensure SAC 1 incidents are reported to the next level within 24 hours. Factors that impacted on achieving this include the time staff spend on conducting investigations and recommendations (which delay reporting), reporting on weekends were often delayed until Mondays (this is being addressed) and the overlapping or duplicate reporting required for the Early Warning System which was introduced last year and caused confusion with regards to what must be reported where.

All other indicators were achieved or exceeded.

### *Specialised Hospitals*

### *Changes to Planned Targets*

No changes were made to planned targets

### *Performance Indicators*

| **OUTCOME** | **A high-performance provincial health system for people** | | | | | |
|---|---|---|---|---|---|---|
| **Output** | **Technically efficient provincial health system** | | | | | |
| **Output Indicator** | **Complaint resolution within 25 working days rate** | | | | | |
| **Audited Actual Performance 2019/20** | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** | |
| **100.0%** | **98.0%** | **99.4%** | **97.4%** | **98.4%** | **1.0%** | |
| N 171 | 98 | 160 | 114 | 185 | 71 | |
| D 171 | 100 | 161 | 117 | 188 | 71 | |
| **Reasons for deviation**<br>Target achieved. Timeous response and rapid resolution of complaints have improved the performance in this indicator. | | | | | | |
| **Note**<br>Timeous response and rapid resolution of complaints have improved the performance in this indicator. | | | | | | |
| **Output Indicator** | **Patient Experience of Care satisfaction rate** | | | | | |
| **Audited Actual Performance 2019/20** | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** | |
| **New indicator** | **New indicator** | **New indicator** | **83.0%** | **79.9%** | **(3.0%)** | |
| N New indicator | New indicator | New indicator | 453 | 18 560 | 18 107 | |
| D New indicator | New indicator | New indicator | 546 | 23 224 | 22 678 | |
| **Reasons for deviation**<br>Target achieved. | | | | | | |
| **Note**<br>Patient experience of Care satisfaction rate: The target was set based on the number of questionnaires completed and not on the number of questions completed as reported, hence the disparity between the numerator and denominator target versus performance. A new Nationally prescribed system (webDHIS), process and form were introduced during the 2022/23 financial year. | | | | | | |

Therefore, in the absence of a baseline, targets were based on the previous Client Satisfaction survey. Services had to adapt to the process in a short time, which impacted performance. The webDHIS is not user friendly, and there were issues working with and accessing the system. The requirement for a consent form also acted as a deterrent for participation in the survey. This is a demand-driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service. The marginal deviation is considered as having achieved the planned target. Figures before rounding off: Planned 82.97%, Actual 79.92%, Deviation 3.05%.

| Output Indicator | | Patient Safety Incident (PSI) case closure rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **99.2%** | | **94.5%** | **95.6%** | **97.7%** | **97.9%** | **0.2%** |
| N | 1 473 | 1 243 | 1525 | 1 290 | 1 475 | 185 |
| D | 1 485 | 1 316 | 1596 | 1 321 | 1 507 | (186) |

**Reasons for deviation**

Target achieved. Timeous response and closure of PSI incidents have improved the performance in this indicator.

**Note**

Timeous response and closure of PSI incidents have improved the performance in this indicator.

| Output Indicator | | Severity assessment code (SAC) 1 incident reported rate within 24 hours rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **82.4%** | | **95.5%** | **83.3%** | **84.6%** | **30.0%** | **(54.6%)** |
| N | 28 | 63 | 5 | 22 | 33 | 11 |
| D | 34 | 66 | 6 | 26 | 110 | (84) |

**Reasons for deviation**

Target not achieved.

**Note**

The reporting of SAC 1 incidents has increased due to a change in definition to broaden the incidents that fall into this category. The reporting of the large number of the newly defined SAC 1 incidents on multiple systems is contributing to late reporting, especially over weekends when key staff are not available. Although there were challenges with reporting to the next level within 24 hours, all SAC 1 incidents are reported and managed at a high level within the facility.

The Department continues to strengthen reporting pathways, incident reviews and notification processes.

## *Strategies to Overcome Under Performance*

Severity assessment code (SAC) 1 incident reported rate within 24 hours rate

The definition of SAC 1 incidents was changed during the year to include abscondments. The impact of this change could not yet be quantified at the time when the targets for the 2022/23 and 2023/24 Annual Performance Plan was finalised. It will therefore only be possible for the Department to adjust the targets in the 2024/25 Annual Performance Plan to include patient abscondments.

Constant training is provided to ensure SAC 1 incidents are reported to the next level within 24 hours. Factors that impacted on achieving this include the time staff spend on conducting investigations and recommendations (which delay reporting), reporting on weekends were often delayed until Mondays

(this is being addressed) and the overlapping/duplicate reporting required for the Early Warning System which was introduced last year and caused confusion about what must be reported where.

All other indicators were achieved or exceeded.

### *Linking Performance with Budgets*

| Sub-Programme | 2022/23 | | | 2021/22 | | |
|---|---|---|---|---|---|---|
| | Final Appropriation | Actual Expenditure | (Over)/Under expenditure | Final Appropriation | Actual Expenditure | (Over)/Under expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| General (Regional) Hospitals | 2 551 854 | 2 547 499 | 4 355 | 2 407 810 | 2 392 886 | 14 924 |
| Tuberculosis Hospitals | 388 258 | 403 479 | (15 221) | 369 170 | 368 662 | 508 |
| Psychiatric/ Mental Hospitals | 1 095 225 | 1 088 472 | 6 753 | 1 051 252 | 1 073 505 | (22 253) |
| Sub-acute, Step-down and Chronic Medical Hospitals | 264 891 | 259 732 | 5 159 | 254 135 | 242 928 | 11 207 |
| Dental Training Hospitals | 206 293 | 207 339 | (1 046) | 197 545 | 192 465 | 5 080 |
| **TOTAL** | **4 506 521** | **4 506 521** | **-** | **4 279 912** | **4 270 446** | **9 466** |

This programme is within budget after the application of virements. Some savings (under expenditure) occurred within compensation of employees, transfers and subsidies, and equipment. This was offset against the over-expenditure in Goods and Services (especially Agency and Support Services, Medical Supplies, and Consumables). Challenges were experienced with the filling of posts resulting in posts remaining vacant for long periods particularly in specialised fields. Late delivery of equipment due to the COVID-19 backlog resulting in higher-than-normal pressure on international markets to supply also resulted in under expenditure. There are ongoing increased psychiatric admissions driven mainly by increased substance abuse in the community. The resulting pressure on psychiatric hospitals has contributed to over-expenditure within the psychiatric hospitals' component.

# Programme 5: Central Hospital Services

*Purpose*

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

*Sub-Programme 5.1: Central Hospital Services*

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

*Sub-Programme 5.2: Provincial Tertiary Hospital Services*

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

*Central Hospitals*

*Changes to Planned Targets*

No changes were made to planned targets

*Performance Indicators*

Achievement against target is calculated as follows: Performance/Target. Due to many of the Department of Health indicators being demand driven and therefore unpredictable, achieving exactly 100% is not always possible. The Department therefore deems anything within 5% of target as being achieved. The 3 categories of achievement against target are as follows: Achieved = 95 % or more of target achieved; Partially Achieved = 50 % or more but less than 95 %; Not Achieved = below 50 %.

| **OUTCOME** | | **The children of the Province have the health resilience to flourish** | | | | | |
|---|---|---|---|---|---|---|---|
| **Output** | | **Child health services** | | | | | |
| **Output Indicator** | | **Live births under 2 500 g in facility rate** | | | | | |
| **Audited Actual Performance 2019/20** | | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** | |
| **35.0%** | | **34.8%** | **34.5%** | **35.4%** | **34.8%** | **0.6%** | |
| N | 3 794 | 3 782 | 3 844 | 3 883 | 3 465 | 418 | |
| D | 10 825 | 10 865 | 11 156 | 10 970 | 9 966 | 1 004 | |
| **Reasons for deviation**<br>Target achieved. | | | | | | | |
| **Note** | | | | | | | |

| Output Indicator | | Child under 5 years diarrhoea case fatality rate | | | | | |
|---|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **0.2%** | | **0.4%** | **0.7%** | **0.2%** | **0.2%** | **0.0%** |
| N | 1 | 1 | 3 | 1 | 1 | 0 |
| D | 425 | 266 | 435 | 402 | 411 | (9) |

**Reasons for deviation**

Target achieved.

**Note**

We noted increased severity of illness among children with diarrhoea, pneumonia and malnutrition, as evidenced by high bed occupancy and demand for critical care beds. Poor socio-economic conditions are the reason why children present with poorer immunity and higher severity of illness.

| Output Indicator | | Child under 5 years pneumonia case fatality rate | | | | | |
|---|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **0.4%** | | **0.3%** | **0.3%** | **0.3%** | **0.2%** | **0.1%** |
| N | 5 | 3 | 3 | 3 | 3 | 0 |
| D | 1 319 | 888 | 1 031 | 1 040 | 1 561 | (521) |

**Reasons for deviation**

Target achieved.

**Note**

We noted increased severity of illness among children with diarrhoea, pneumonia and malnutrition, as evidenced by high bed occupancy and demand for critical care beds. Poor socio-economic conditions are the reason why children present with poorer immunity and higher severity of illness.

| Output Indicator | | Child under 5 years severe acute malnutrition case fatality rate | | | | | |
|---|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **New Indicator** | | **New Indicator** | **New Indicator** | **0.9%** | **5.3%** | **(4.3%)** |
| N | New indicator | New indicator | New indicator | 1 | 2 | (1) |
| D | New indicator | New indicator | New indicator | 106 | 38 | 68 |

**Reasons for deviation**

Target not achieved.

**Note**

One more death than anticipated. We noted increased severity of illness among children with diarrhoea, pneumonia and malnutrition, as evidenced by high bed occupancy and demand for critical-care beds. Poor socio-economic conditions are the reason why children present with poorer immunity and higher severity of illness.

There is a drop in the number of SAM cases admitted as more cases are accepted at District Hospital level, however, those admitted arrive with more severe illness. Figures before rounding off: Planned 0.94%, Actual 5.26%, Deviation 4.32%.

| Output Indicator | Deaths under 5 years against live birth | | | | | |
|---|---|---|---|---|---|---|
| | Audited Actual Performance 2019/20 | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| | 461 | 441 | 443 | 458 | 451 | 7 |

**Reasons for deviation**

Target achieved.

**Note**

Hospitals are still experiencing a high demand for acute inpatient services for children with advanced disease, as evidenced by high bed occupancy and demand for critical-care beds.

| Output Indicator | Maternal Mortality in facility | | | | | |
|---|---|---|---|---|---|---|
| | Audited Actual Performance 2019/20 | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| | Not reported | Not reported | Not reported | 36 | 26 | 10 |

**Reasons for deviation**

Target achieved.

**Note**

There were much fewer maternal deaths than anticipated.

| OUTCOME | A high-performance Provincial health system for people | | | | | |
|---|---|---|---|---|---|---|
| **Output** | **Technically efficient Provincial health system** | | | | | |
| **Output Indicator** | **Complaint resolution within 25 working days rate** | | | | | |
| | Audited Actual Performance 2019/20 | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| | 95.5% | 88.0% | 90.1% | 91.3% | 92.1% | 0.8% |
| N | 555 | 410 | 562 | 543 | 673 | 130 |
| D | 581 | 466 | 624 | 610 | 731 | 121 |

**Reasons for deviation**

Target achieved.

**Note**

Timeous response and rapid resolution of complaints have improved the performance of this indicator.

| Output Indicator | Patient Experience of Care satisfaction rate | | | | | |
|---|---|---|---|---|---|---|
| | Audited Actual Performance 2019/20 | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| | New indicator | New indicator | New indicator | 80.3% | 82.0% | 1.7% |
| N | New indicator | New indicator | New indicator | 1 007 | 23 521 | 22 514 |
| D | New indicator | New indicator | New indicator | 1 254 | 28 679 | 27 425 |

**Reasons for deviation**

Target achieved.

**Note**

Patient satisfaction rates remain high. Patient experience of Care satisfaction rate: The target was set based on the number of questionnaires completed and not on the number of questions completed as reported, hence the disparity between the numerator and denominator target versus performance.

A new Nationally prescribed system (webDHIS), process and form were introduced during the 2022/23 financial year. Therefore, in the absence of a baseline, targets were based on the previous Client Satisfaction Survey. Services had to adapt to the process in a short time, which impacted performance. The webDHIS is not user friendly, and there were issues working with and accessing the system. The requirement for a consent form also acted as a deterrent for participation in the survey.

questionnaires completed and not on the number of questions completed as reported, hence the disparity between the numerator and denominator target versus performance.

A new Nationally prescribed system (webDHIS), process and form were introduced during the 2022/23 financial year. Therefore, in the absence of a baseline, targets were based on the previous Client Satisfaction Survey. Services had to adapt to the process in a short time, which impacted performance. The webDHIS is not user friendly, and there were issues working with and accessing the system. The requirement for a consent form also acted as a deterrent for participation in the survey.

| Output Indicator | | Patient Safety Incident (PSI) case closure rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **92.9%** | | **97.2%** | **96.6%** | **89.0%** | **97.2%** | **8.2%** |
| N | 1 053 | 771 | 1 184 | 901 | 1 427 | 526 |
| D | 1 134 | 793 | 1 226 | 1 012 | 1 468 | (456) |

**Reasons for deviation**

Target achieved.

**Note**

Timeous response and closure of PSI incidents have improved the performance in this indicator.

| Output Indicator | | Severity assessment code (SAC) 1 incident reported rate within 24 hours rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **66.7%** | | **0.0%** | **100.0%** | **100.0%** | **53.3%** | **(46.7%)** |
| N | 2 | 0 | 1 | 3 | 72 | 69 |
| D | 3 | 0 | 1 | 3 | 135 | (132) |

**Reasons for deviation**

Target partially achieved.

**Note**

The reporting of SAC 1 incidents has increased, due to a change in definition to broaden the incidents that fall into this category.

The reporting of the large number of the newly defined SAC 1 incidents on multiple systems is contributing to late reporting, especially over weekends when key staff are not available. Although there were challenges with reporting to the next level within 24 hours, all SAC 1 incidents are reported and managed at a high level within the facility.

The Department continues to strengthen reporting pathways, incident reviews and notification processes.

| Output | | Accessible health services | | | | |
|---|---|---|---|---|---|---|
| Output Indicator | | Average length of stay | | | | |
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **6.4** | | **7.1** | **7.0** | **7.0** | **6.7** | **0.3** |
| N | 768 750 | 657 069 | 732 976 | 749 100 | 755 184 | (6 084) |
| D | 120 416 | 92 564 | 105 283 | 107 014 | 112 161 | 5 147 |

**Reasons for deviation**

Target achieved.

**Note**

This is a demand-driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service.

| Output Indicator | | Inpatient bed utilisation rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **89.3%** | | **76.2%** | **84.5%** | **87.0%** | **86.8%** | **(0.2%)** |
| N | 768 750 | 657 069 | 732 976 | 749 100 | 755 184 | (6 084) |
| D | 861 129 | 862 103 | 866 970 | 861 129 | 870 255 | 9 126 |
| **Reasons for deviation**<br>Target achieved. | | | | | | |
| **Note**<br>This is a demand-driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service. Performance is positive but bed pressures are persistently getting unpredictable and unrelenting. This is a demand-driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service. | | | | | | |

### *Strategies to Overcome Under Performance*

There was no significant under performance for the year, except for severe acute malnutrition deaths which were adversely affected by COVID-19, and the reporting time for SAC 1 incidents.

- Severity assessment code (SAC) 1 Incidents reported within 24 hours:

  The definition of SAC 1 incidents was changed during the year to include abscondments. The impact of this change could not yet be quantified at the time when the targets for the 2022/23 and 2023/24 Annual Performance Plan was finalised. It will therefore only be possible for the Department to adjust
- the targets in the 2024/25 Annual Performance Plan to include patient abscondments.

  Ongoing training is provided by the districts to ensure SAC 1 incidents are reported to the next level within 24 hours. Factors that impacted on achieving this include the time staff spend on conducting investigations and recommendations which delayed reporting and the overlapping or duplicate reporting required for the Early Warning System which was introduced last year and caused confusion regarding what must be reported where.

- Child under 5 years severe acute malnutrition case fatality rate

  We will endeavour to put in place pro-active plans to mitigate any possible future outbreaks and its impact on hospital services, as far as possible.

All other targets were either achieved or exceeded.

## *TERTIARY HOSPITALS*

### *Changes to Planned Targets*

No changes to planned targets

### *Performance Indicators*

| OUTCOME | The children of the Province have the health resilience to flourish | | | | | |
|---|---|---|---|---|---|---|
| **Output** | **Child health services** | | | | | |
| **Output Indicator** | **Child under 5 years diarrhoea case fatality rate** | | | | | |
| **Audited Actual Performance 2019/20** | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** | |
| **0.3%** | **0.2%** | **0.4%** | **0.5%** | **0.8%** | **(0.3%)** | |
| N | 4 | 2 | 6 | 4 | 10 | (6) |
| D | 1 184 | 828 | 1 408 | 865 | 1 268 | (403) |

**Reasons for deviation**

Target partially achieved.

**Note**

The paediatric service experienced a surge in admissions with severe illness in both diarrhoeal disease and pneumonia. This is a knock-on effect of social disruptions, load shedding, food insecurity and less breastfeeding. Children are presenting with poor immunity and severe disease as an aftereffect of the COVID-19 pandemic.

| Output Indicator | Child under 5 years pneumonia case fatality rate | | | | | |
|---|---|---|---|---|---|---|
| **Audited Actual Performance 2019/20** | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** | |
| **0.5%** | **0.1%** | **0.3%** | **0.4%** | **0.5%** | **(0.1%)** | |
| N | 11 | 2 | 6 | 9 | 14 | (5) |
| D | 2 225 | 1 630 | 1 940 | 2 130 | 2 959 | (829) |

**Reasons for deviation**

Target partially achieved.

**Note**

The paediatric service experienced a surge in admissions with severe illness in both diarrhoeal disease and pneumonia. This is a knock-on effect of social disruptions, load shedding, food security and less breastfeeding. Children are presenting with poor immunity and an increased severity of illness.

| Output Indicator | Child under 5 years severe acute malnutrition case fatality rate | | | | | |
|---|---|---|---|---|---|---|
| **Audited Actual Performance 2019/20** | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual achievement** | |
| **New indicator** | **New indicator** | **New indicator** | **1.0%** | **6.8%** | **(5.8%)** | |
| N | New indicator | New indicator | New indicator | 1 | 3 | (2) |
| D | New indicator | New indicator | New indicator | 96 | 44 | 52 |

**Reasons for deviation**

Target not achieved.

**Note**

There were two more deaths than anticipated. Paediatric services experienced a surge in admissions for severe illness. This is a knock-on effect of social disruptions, load shedding, food insecurity and less breastfeeding. Children are presenting with poor immunity and severe illness.

| Output Indicator | Deaths under 5 years against live birth | | | | |
|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **124** | **99** | **127** | **146** | **117** | **29** |

**Reasons for deviation**

Target achieved.

**Note**

Fewer under 5 deaths occurred than were anticipated despite the severity of illness amongst admitted children.

| OUTCOME | A high-performance Provincial health system for people | | | | |
|---|---|---|---|---|---|
| **Output** | **Technically efficient Provincial health system** | | | | |
| **Output Indicator** | **Complaint resolution within 25 working days rate** | | | | |
| Audited Actual Performance 2019/20 | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **93.9%** | **100.0%** | **100.0%** | **95.0%** | **100.0%** | **5.0%** |
| N 124 | 59 | 135 | 133 | 137 | 4 |
| D 132 | 59 | 135 | 140 | 137 | (3) |

**Reasons for deviation**

Target achieved.

**Note**

Timeous response and rapid resolution of complaints have improved the performance of this indicator.

| Output Indicator | Patient Experience of Care satisfaction rate | | | | |
|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **New indicator** | **New indicator** | **New indicator** | **80.2%** | **73.1%** | **(7.0%)** |
| N New indicator | New indicator | New indicator | 202 | 5 553 | 5 351 |
| D New indicator | New indicator | New indicator | 252 | 7 594 | 7 342 |

**Reasons for deviation**

Target partially achieved.

**Note**

Patient experience of Care satisfaction rate: The target was set based on the number of questionnaires completed and not on the number of questions completed as reported, hence the disparity between the numerator and denominator target versus performance.A new Nationally prescribed system (webDHIS), process and form were introduced during the 2022/23 financial year. Therefore, in the absence of a baseline, targets were based on the previous Client Satisfaction Survey. Services had to adapt to the process in a short time, which impacted performance. The webDHIS is not user friendly, and there were issues working with and accessing the system. The requirement for a consent form also acted as a deterrent for participation in the survey and the form is not child friendly. Performance might be related to decreased access of patients and visitors due to COVID-19. Figures before rounding off: Planned 80.16%, Actual 73.12%, Deviation 7.04%.

| Output Indicator | | Patient Safety Incident (PSI) case closure rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **95.3%** | | **98.2%** | **98.4%** | **90.0%** | **99.6%** | **9.6%** |
| N | 201 | 218 | 185 | 99 | 228 | 129 |
| D | 211 | 222 | 188 | 110 | 229 | (119) |

**Reasons for deviation**

Target achieved.

**Note**

Timeous response and closure of PSI incidents have improved the performance in this indicator.

| Output Indicator | | Severity assessment code (SAC) 1 incident reported rate within 24 hours rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **100.0%** | | **75.0%** | **100.0%** | **71.4%** | **0.0%** | **71.4%** |
| N | 2 | 3 | 1 | 5 | 0 | (5) |
| D | 2 | 4 | 1 | 7 | 1 | 6 |

**Reasons for deviation**

Target not achieved. Only 1 incident was reported. SAC 1 incidents must be reported to the next level within 24 hours but the reporting of SAC 1 incidents on multiple systems is contributing to late reporting, especially over weekends when key staff are not available. Although there were challenges with reporting to the next level within 24 hours, all SAC 1 incidents are reported and managed at a high level within the facility.

The Department continues to strengthen reporting pathways, incident reviews and notification processes.

**Note**

Only 1 incident was reported. SAC 1 incidents must be reported to the next level within 24 hours but the reporting of SAC 1 incidents on multiple systems is contributing to late reporting, especially over weekends when key staff are not available. Although there were challenges with reporting to the next level within 24 hours, all SAC 1 incidents are reported and managed at a high level within the facility. The Department continues to strengthen reporting pathways, incident reviews and notification processes.

| Output | | Accessible health services | | | | |
|---|---|---|---|---|---|---|
| Output Indicator | | Average length of stay | | | | |
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **3.9** | | **4.6** | **4.3** | **4.4** | **4.4** | **0.0** |
| N | 75 804 | 66 818 | 76 387 | 74 460 | 80 625 | 6 165 |
| D | 19 586 | 14 538 | 17 632 | 16 923 | 18 164 | 1 241 |

**Reasons for deviation**

Target achieved.

**Note**

This is a demand-driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service.

| Output Indicator | | Inpatient bed utilisation rate | | | | |
|---|---|---|---|---|---|---|
| Audited Actual Performance 2019/20 | | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual achievement |
| **76.3%** | | **67.3%** | **74.9%** | **75.0%** | **75.9%** | **0.9%** |
| N | 75 804 | 66 818 | 76 387 | 74 460 | 80 625 | 6 165 |
| D | 99 291 | 99 291 | 102 029 | 99 291 | 106 287 | 6 996 |
| **Reasons for deviation**<br>Target achieved. | | | | | | |
| **Note**<br>This is a demand driven indicator which means it is not possible for the Department to predict with absolute accuracy the number of people that will require a health service. | | | | | | |

## *Strategies to Overcome Under Performance*

There was no significant under performance for the year except for the mortality of children with pneumonia, diarrhoea and severe acute malnutrition (SAM), Patient Experience of Care satisfaction rate and the reporting of SAC 1 incidents.

- Patient Experience of Care satisfaction rate

A new Nationally prescribed process and form were introduced during the 2022/23 financial year. The tool provided by the National Department of Health to calculate sample sizes for the surveys (on which the target was based) uses a different algorithm to the reports showing the survey outcome. The Western Cape has reported this discrepancy to the National Department of Health and is awaiting change to the sample size tool to be in line with the reporting tool.

- Severity assessment code (SAC) 1 Incidents reported within 24 hours

The definition of SAC 1 incidents was changed during the year to include abscondments. The impact of this change could not yet be quantified at the time when the targets for the 2022/23 and 2023/24 Annual Performance Plan was finalised. It will therefore only be possible for the Department to adjust the targets in the 2024/25 Annual Performance Plan to include patient abscondments.

Ongoing training is provided by the districts to ensure SAC 1 incidents are reported to the next level within 24 hours. Factors that impacted on achieving this include the time staff spend on conducting investigations and recommendations which delayed reporting and the overlapping or duplicate reporting required for the Early Warning System which was introduced last year and caused confusion regarding what must be reported where.

There will be a concerted effort to expedite reporting where possible but noting that frequently accurate reporting would require at least 72 hours.

- Child under 5 years severe acute malnutrition, pneumonia and diarrhoea case fatality rates

A strategy to improve community-based services and the referral system to ensure early admission of children with SAM, will be implemented. We will endeavour to put in place proactive plans to mitigate any possible future outbreaks and their impact on hospital services, as far as possible.

All other targets were either achieved or exceeded.

*Linking Performance with Budgets*

| Sub-Programme | 2022/23 | | | 2021/22 | | |
|---|---|---|---|---|---|---|
| | Final Appropriation | Actual Expenditure | (Over)/Under expenditure | Final Appropriation | Actual Expenditure | (Over)/Under expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Central Hospital Services | 6 924 339 | 6 930 659 | (6 320) | 6 542 436 | 6 542 436 | - |
| Provincial Tertiary Hospital Services | 1 008 485 | 997 172 | 11 313 | 958 513 | 958 513 | - |
| **TOTAL** | **7 932 824** | **7 927 831** | **4 993** | **7 500 949** | **7 500 949** | **-** |

Programme 5 targets have largely been achieved or exceeded and thus positively contributed to the Department's strategic objectives.

There was a slight underspend of the budget at the tertiary hospital because of a concerted effort to curb expenditure as much as possible. This was offset by a slight overspend at central hospital level.

# Programme 6: Health Sciences & Training

*Purpose*

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

*Sub-Programme 6.1: Nurse Training College*

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

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

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

*Sub-Programme 6.3: Bursaries*

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

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

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

*Sub-Programme 6.5: Training (Other)*

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

*Changes to Planned Targets*

No changes were made to planned targets

Performance Indicators

Achievement against target is calculated as follows: Performance/Target. Due to many of the Department of Health indicators being demand driven and therefore unpredictable, achieving exactly 100% is not always possible. The Department therefore deems anything within 5% of target as being achieved. The 3 categories of achievement against target are as follows: Achieved = 95 % or more of target achieved; Partially Achieved = 50 % or more but less than 95 %; Not Achieved = below 50 %.

| OUTCOME | A high-performance provincial health system that is for people | | | | |
|---|---|---|---|---|---|
| Output | Technically efficient provincial health system | | | | |
| Output Indicator | Bursaries awarded for scarce and critical skills | | | | |
| Audited Actual Performance 2019/20 | Audited Actual Performance 2020/21 | Audited Actual Performance 2021/22 | Planned Annual Target 2022/23 | Actual Achievement 2022/23 | Deviation from planned target to actual Achievement |
| 2 090 | 1 503 | 1 249 | 1 420 | 1 349 | (716) |
| **Reasons for deviation**<br>Target achieved. | | | | | |
| **Note**<br>861 Full-Time Bursaries for prospective employees and 488 Part-Time Bursaries for current employees were awarded. There were fewer pay outs as the registrations for the academic year 2023 commenced late due to the late release of matric results on 20 January 2023. This meant that the Directorate People Development staff were not able to sign all new bursary contracts or receive proof of registration documents from the affected universities before the end of the 2022/23 financial year. In addition, nursing students declined bursary offers in favour of NSFAS funding. This is a demand-driven indicator which means it is not possible for the Department to predict with complete accuracy the number of people that will accept a bursary. The marginal deviation is therefore considered as having achieved the planned target. | | | | | |

## *Strategies to Overcome Under Performance*

The Department will undertake to award more bursaries next year to remediate the under-performance by reviewing the allocation per category and by targeting final-year students in categories of scarcity and communicate with higher education institutions to ensure timeous registration of students before the end of the financial year to ensure expenditure on bursaries.

## *Linking* Performance with Budgets

| Sub-Programme | 2022/23 | | | 2021/22 | | |
|---|---|---|---|---|---|---|
| | Final Appropriation | Actual Expenditure | (Over)/Under expenditure | Final Appropriation | Actual Expenditure | (Over)/Under expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Nursing Training College | 95 666 | 97 511 | (1 845) | 79 378 | 83 539 | (4 161) |
| Emergency Medical Services (EMS) Training College | 34 415 | 32 874 | 1 541 | 33 597 | 31 633 | 1 964 |
| Bursaries | 69 027 | 58 107 | 10 920 | 63 301 | 56 368 | 6 933 |
| Primary Health Care Training | 1 | - | 1 | 1 | - | 1 |
| Training (Other) | 213 786 | 195 243 | 18 543 | 190 681 | 172 300 | 18 381 |
| **TOTAL** | **412 895** | **383 735** | **29 160** | **366 958** | **343 840** | **23 118** |

The underspend of R29 million (7.06%) can mainly be attributed to:

- Compensation of Employees: Despite budgeting for relief staff to cover for nurses in the service who were identified for postgraduate specialty training, a scarce skill in the Department, these appointments did not take place. The training did not take place because the Council for Higher Education (CHE) did not accredit all the specialty training programmes and therefore Higher Education Institutions (HEIs) were not able to deliver the postgraduate nurses training. In addition, community services nurses, funded from the Expanded Public Works Programme (EPWP), could not be appointed from February 2023 as planned as they have not yet completed their training. They will complete their training in July 2023 and be ready for placement thereafter.
- Goods and Services: Supply Chain Management challenges significantly delayed the implementation of contracts with training providers. This meant that training could not be implemented as planned and resulted in savings on the logistical costs associated with EPWP training.
- Transfers and subsidies: A surplus was realised within full-time bursaries due to fewer pay-outs as the registrations for the academic year 2023 commenced late due to the late release of matric results on 20 January 2023. This meant that the Directorate People Development staff were not able to sign all new bursary contracts or receive proof of registration documents from the affected universities before the end of the 2022/23 financial year. Nursing students had also declined bursaries in favour of NSFAS funding.

The expenditure contributed to the achievement of the following outputs: 86 undergraduate and 43 post-basic level students graduating from the Nurse Training College; enrolment of 56 students on the Emergency Diploma programme and 60 students on the Rescue Training Courses at the Emergency Medical Services (EMS) Training College; the training of 3 513 health professionals on clinical skills development and the funding of 1 488 interns on the structured youth development programmes including 57 graduate interns which is an important source of talent into the Department. In addition, a total of 1 349 bursaries were allocated to health and related professionals.

# Programme 7: Health Care Support Services

*Purpose*

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

*Sub-Programme 7.1. Laundry Services*

Rendering laundry and related technical support service to health facilities

*Sub-programme 7.2. Engineering Services*

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

*Sub-Programme 7.3. Forensic Services*

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

*Sub-Programme 7.4. Orthotic and Prosthetic Services*

Rendering specialised orthotic and prosthetic services; please note, this service is reported in Sub-Programme 4.4

Sub-Programme 7.5. Cape Medical Depot

Managing and supplying pharmaceuticals and medical supplies to health facilities

*Engineering Services*

*Changes to Planned Targets*

No changes to planned targets

*Performance Indicators*

Achievement against target is calculated as follows: Performance/Target. Due to many of the Department of Health indicators being demand driven and therefore unpredictable, achieving exactly 100% is not always possible. The Department therefore deems anything within 5% of target as being achieved. The 3 categories of achievement against target are as follows: Achieved = 95 % or more of target achieved; Partially Achieved = 50 % or more but less than 95 %; Not Achieved = below 50 %.

| OUTCOME | | A high-performance Provincial health system for people | | | | |
|---|---|---|---|---|---|---|
| **Output** | | **Technically efficient Provincial health system** | | | | |
| **Output Indicator** | | **Percentage of hospitals achieving Provincial benchmark for energy consumption** | | | | |
| **Audited Actual Performance 2019/20** | | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual Achievement** |
| **Not required to report** | | **75.0%** | **73.1%** | **75.0%** | **82.7%** | **7.7%** |
| N | Not required to report | 39 | 38 | 39 | 43 | 4 |
| D | Not required to report | 52 | 52 | 52 | 52 | - |
| **Reasons for deviation** | | | | | | |
| Target achieved. | | | | | | |
| **Note** | | | | | | |
| The impact of load shedding which may have resulted in electricity saving in some facilities but a concomitant consumption of other energy sources e.g., diesel for generators, has not been factored into performance due to the scope and complexity linked thereto. | | | | | | |
| **Output Indicator** | | **Percentage of hospitals achieving Provincial benchmark for water utilisation** | | | | |
| **Audited Actual Performance 2019/20** | | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual Achievement** |
| | **75.0%** | **76.9%** | **53.8%** | **69.2%** | **65.4%** | **(3.8%)** |
| N | 39 | 40 | 28 | 36 | 34 | (2) |
| D | 52 | 52 | 52 | 52 | 52 | - |
| **Reasons for deviation** | | | | | | |
| The target was partially achieved with 34 out of the planned 36 hospitals achieving the target. | | | | | | |
| **Note** | | | | | | |
| The monitoring and verification of the water consumption is challenging due to inaccuracy of some municipal metering devices. Furthermore, at some facilities the billing includes other buildings on the premises besides the hospital. | | | | | | |

## *Strategies to Overcome Under Performance*

Percentage of hospitals achieving provincial benchmark for water utilisation

The under-performance of the water utilisation will be reduced by implementing remote monitoring through an Operations & Maintenance contract. This will assist in identifying areas of high utilisation and verifying the consumption of water. The Department will also continue to engage with municipalities to correct inaccuracies in the billing and metering devices.

## *Forensic Pathology Services*

### *Changes to Planned Targets*

No changes were made to planned targets

### *Performance Indicators*

| OUTCOME | | A high-performance provincial health system for people | | | | | |
|---|---|---|---|---|---|---|---|
| **Output** | | **Technically efficient provincial health system** | | | | | |
| **Output Indicator** | | **Percentage of child death cases reviewed by the child death review board** | | | | | |
| **Audited Actual Performance 2019/20** | | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual Achievement** | |
| **71.5%** | | **82.4%** | **78.8%** | **89.5%** | **78.2%** | **(11.3%)** | |
| N | 1 058 | 996 | 1 124 | 1 349 | 1 053 | (296) | |
| D | 1 479 | 1 209 | 1 426 | 1 507 | 1 346 | (161) | |
| **Reasons for deviation**<br>Target partially achieved. | | | | | | | |
| **Note**<br>Not all cases could be discussed and reviewed because they are still under investigation.<br>In addition, staffing pressures in Metro East have impacted performance. | | | | | | | |

### *Strategies to Overcome Under Performance*

78.2% (1 053) of the 1 346 cases admitted during 2022/23 were reviewed, against the target of 89.5%. The Child Death Review process had initially also been impacted by the COVID-19 pandemic and had subsequently been moved to online platforms. This will continue in the 2023/24 fiscal year. Service pressures specifically within the Metro is impacting case review and the Department will continue to conduct a recruitment drive to recruit staff.

All in progress and outstanding reviews will be discussed by the Child Death Review boards to confirm in forthcoming meetings whether manner of death findings could be concluded.

The reason for the major reduction in admission of sudden unexpected deaths in children to the Forensic Pathology Service is largely attributed to a reduction in the number deaths deemed to be due to natural causes the detail of which will require research.

### *Medicine Supply*

### *Changes to Planned Targets*

No changes were made to planned targets

### Performance Indicators

| OUTCOME | | A high-performance provincial health system for people | | | | | |
|---|---|---|---|---|---|---|---|
| **Output** | | **Technically efficient provincial health system** | | | | | |
| **Output Indicator** | | **Percentage of pharmaceutical stock available** | | | | | |
| **Audited Actual Performance 2019/20** | | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual Achievement** | |
| **84.2%** | | **89.8%** | **92.5%** | **95.2%** | **92.5%** | **(2.7%)** | |
| N | 583 | 693 | 727 | 675 | 715 | 40 | |
| D | 692 | 772 | 786 | 709 | 773 | 64 | |
| **Reasons for deviation**<br>Target achieved with a marginal deviation. | | | | | | | |
| **Note**<br>Stock outs are due to poor supplier performance resulting in part or no delivery by the supplier. This is a demand driven indicator which means it is not possible for the department to predict with 100% accuracy the contractor performance. The marginal deviation is therefore considered as having achieved the planned target. | | | | | | | |

### *Strategies to Overcome Under Performance*

In terms of medicine supply, the strategies to mitigate and improve stock availability include, but are not limited to:

- Weekly reports with respect to low stock holding or poor performance by suppliers are circulated to all TEXCO members, facilities managers, physicians and pharmacists to seek clinical expertise with respect to alternative medicines or substitutes that could be utilised,
- Close and focused contract management of contracted suppliers which includes performance penalties for part or non-delivery of orders,
- Placement of orders against contracted suppliers for poor delivery performance,
- Active engagement with the National Department of Health with respect to poor supplier performance, and
- Substitution, where possible, of items which are not available on contract once clinical expertise from the Provincial Pharmaceutical and Therapeutics Committee is gained.

*Linking Performance with Budgets*

| Sub-Programme | 2022/23 | | | 2021/22 | | |
|---|---|---|---|---|---|---|
| | Final Appropriation | Actual Expenditure | (Over)/Under expenditure | Final Appropriation | Actual Expenditure | (Over)/Under expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Laundry Services | 130 308 | 134 772 | (4 464) | 119 179 | 122 025 | (2 846) |
| Engineering Services | 125 425 | 121 198 | 4 227 | 126 175 | 121 651 | 4 524 |
| Forensic Services | 248 825 | 252 109 | (3 284) | 235 186 | 228 457 | 6 729 |
| Orthotic and Prosthetic Services | 1 | - | 1 | 1 | - | 1 |
| Cape Medical Depot | 80 670 | 77 150 | 3 520 | 79 089 | 74 013 | 5 076 |
| **TOTAL** | **585 229** | **585 229** | **-** | **559 630** | **546 146** | **13 484** |

Programme 7 is within budget after the application of virements. The budget allocation facilitated the rendering of health care support services. This was achieved by consistently providing the health services with linen and laundry services, maintenance to buildings, engineering installations and health technology, specialised forensic pathology and clinical forensic medicine services, specialised orthotic and prosthetic services and the management and supply of pharmaceuticals. Efficient and effective health care support services positively contribute towards ensuring a technically efficient Provincial health system and thereby to the Departmental outcome to provide a high-performance Provincial health system for people.

# Programme 8: Health Facilities Management

*Purpose*

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

*Sub-Programme 8.1. Community Health Facilities*

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

*Sub-Programme 8.2. Emergency Medical Rescue Services*

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

*Sub-Programme 8.3. District Hospital Services*

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

*Sub-Programme 8.4. Provincial Hospital Services*

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

*Sub-Programme 8.5. Central Hospital Services*

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

*Sub-Programme 8.6. Other Facilities*

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

*Changes to Planned Targets*

No changes were made to planned targets

## *Performance Indicators*

*Achievement against target is calculated as follows: Performance/Target. Due to many of the Department of Health indicators being demand driven and therefore unpredictable, achieving exactly 100% is not always possible. The Department therefore deems anything within 5% of target as being achieved. The 3 categories of achievement against target are as follows: Achieved = 95 % or more of target achieved; Partially Achieved = 50 % or more but less than 95 %; Not Achieved = below 50 %.*

| OUTCOME | A high-performance Provincial health system for people | | | | | |
|---|---|---|---|---|---|---|
| **Output** | **Technically efficient Provincial health system** | | | | | |
| **Output Indicator** | **Percentage of health facilities with completed capital infrastructure projects** | | | | | |
| **Audited Actual Performance 2019/20** | | **Audited Actual Performance 2020/21** | **Audited Actual Performance 2021/22** | **Planned Annual Target 2022/23** | **Actual Achievement 2022/23** | **Deviation from planned target to actual Achievement** |
| **Not required to report** | | **Not required to report** | **Not required to report** | **100%** | **66.7%** | **(33.3%)** |
| N | Not required to report | Not required to report | Not required to report | 6 | 4 | (2) |
| D | Not required to report | Not required to report | Not required to report | 6 | 6 | - |

**Reasons for deviation**

Target was partially achieved, with four of the six targeted projects achieving.

**Note**

Practical Completion, namely: Tygerberg Hospital - 11kV Generators Replacement, Sandy Point Satellite Clinic (Replacement), Ceres Hospital (New Acute Psych Ward), and Villiersdorp Clinic (Replacement). The two targeted projects that did not achieve Practical Completion are: Ladismith Clinic (Replacement), and Knysna FPL (Replacement), both due to slow contractor progress. Practical Completion is anticipated in Quarter 2 of 2023/24.Other projects completed in 2022/23 but not targeted are: Avian Park Clinic (New); Groote Schuur Hospital (BMS upgrade); Karl Bremer Hospital (Nurses Home repairs and renovations Ph2); Nyanga CDC (Pharmacy Compliance & general maintenance); Murraysburg EMS (Upgrade & Additions); Nelspoort Hospital - Repairs to Wards; Gouda Clinic (Replacement); and Laingsburg EMS (Upgrade & Additions).

## *Strategies to Overcome Under Performance*

Performance continues to be consistently monitored and the Department remains focused on the following overall strategies with respect to infrastructure planning and delivery:

- Continue to overcommit on projects per financial year to overcome unforeseen circumstances to contribute to spending the allocated budget,
- Prioritise the already established pipeline of projects in planning, which assists with cashflow planning,
- Utilise alternative implementing strategies e.g., Framework Agreements and Management Contractor for infrastructure projects,
- Finalise the appointment of additional Implementers,
- Use of standard designs to shorten design processes,

- Continue with the implementation of the Infrastructure Delivery Management System (IDMS) through the Framework for Infrastructure Delivery and Procurement Management (FIDPM) and One Information Delivery Management System, and
- Reallocation of infrastructure budget to Health Technology and Engineering as soon as the risk of infrastructure under expenditure is raised.

*Linking* Performance with Budgets

| Sub-Programme | 2022/23 | | | 2021/22 | | |
|---|---|---|---|---|---|---|
| | Final Appropriation | Actual Expenditure | (Over)/Under Expenditure | Final Appropriation | Actual Expenditure | (Over)/Under expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Community Health Facilities | 156 618 | 161 693 | (5 075) | 128 074 | 104 599 | 23 475 |
| Emergency Medical Rescue Services | 55 888 | 27 326 | 28 562 | 15 740 | 6 834 | 8 906 |
| District Hospital Services | 137 082 | 153 779 | (16 697) | 133 580 | 127 893 | 5 687 |
| Provincial Hospital Services | 144 491 | 173 364 | (28 873) | 87 237 | 52 899 | 34 338 |
| Central Hospital Services | 477 624 | 454 999 | 22 625 | 461 058 | 448 317 | 12 741 |
| Other Facilities | 221 469 | 144 195 | 77 274 | 259 786 | 218 179 | 41 607 |
| **TOTAL** | **1 193 172** | **1 115 356** | **77 816** | **1 085 475** | **958 721** | **126 754** |

Programme 8 recorded an under expenditure of R77 million or 6.52% (in 2021/22 it was R126 million or 11.68 %) in the 2022/23 financial year. The underspend can mainly be attributed to:

- Compensation of Employees: Extended vacancy periods of professional staff posts,
- Goods and Services: Delayed implementation of maintenance projects which is linked to extended vacancy period of professional staff and slow onsite performance of current projects, and
- Payments for capital assets: Delayed implementation of infrastructure projects, more specifically through extended time needed to appoint the management contractors to implement in-house large-scale projects; delays in municipal approvals including Land Acquisitions & Land User Management Submission (LUMS) applications; delays in the appointment of professional service providers as well as poor performance by current providers, and slow onsite performance of current infrastructure projects; Global Logistical Network challenges resulting in the delayed delivery of key equipment needed to complete projects.

The Programme 8 budget allocation made it possible to render support to health care services by consistently providing it with good quality, fit-for-purpose infrastructure and health technology, albeit in a challenging and changing environment. Good quality infrastructure and health technology directly links to the output to ensure a technically efficient Provincial health system and thereby contributes to the outcome of providing a high-performance Provincial health system that is for people.

# Transfer Payments

## Transfer payments made

The total transfer payments made and spent equates to R1, 581,576,000 for the year 2022/23, see tables below for a breakdown of the payments.

| Transfers to Municipalities | | | | | | |
|---|---|---|---|---|---|---|
| Type of Organisation | Purpose for which the funds were used | Compliance with PFMA [S38(1)(J)] | Amount Transferred (R'000) | Amount Spent (R'000) | Reasons for Under Expenditure | Geographical Area |
| City of Cape Town | | | | | | |
| Municipality | Rendering of personal Primary Health Care, including maternal child and infant health care, antenatal care, STI treatment, tuberculosis treatment and basic medical care. Also, nutrition and HIV/AIDS | Yes | 629 993 | 629 993 | N/A | City of Cape Town District |
| Municipality | Vehicle Licenses | Yes | 15 | 15 | N/A | Emergency Medical Group |

| Transfers to Departmental Agencies and Accounts | | | | | | |
|---|---|---|---|---|---|---|
| Type of Organisation | Purpose for which the funds were used | Compliance with PFMA [S38(1)(J)] | Amount Transferred (R'000) | Amount Spent (R'000) | Reasons for Under Expenditure | Geographical Area |
| Health & Welfare SETA | | | | | | |
| Statutory body | People Development | Yes | 6 873 | 6 873 | N/A | Departmental |
| Radio & Television | | | | | | |
| Licensing Authorities | Television and Radio Licenses | Yes | 495 | 495 | N/A | Departmental |

| Transfers to Non-Profit Institutions | | | | | | |
|---|---|---|---|---|---|---|
| Type of Organisation | Purpose for which the funds were used | Compliance with PFMA [S38(1)(J)] | Amount Transferred (R'000) | Amount Spent (R'000) | Reasons for Under Expenditure | Geographical Area |
| Various Institutions | | | | | | |
| Community Based Programmes | E vision and ICT development Project | Yes | 2 509 | 2 509 | N/A | City of Cape Town District |
| Various Institutions | | | | | | |
| Non-profit institutions | Community Health Clinics: Vaccines and Tuberculosis treatment | Yes | 197 | 197 | N/A | Central Karoo District |
| Various Institutions | | | | | | |
| Non-profit Institutions | Tuberculosis Treatment | **TOTAL** | **2 044** | **2 044** | N/A | |
| | | Yes | 1 049 | 1 049 | N/A | Cape Winelands District |
| | | Yes | 794 | 794 | N/A | Garden Route District |
| | | Yes | 201 | 201 | N/A | West Coast District |
| Aquarius Healthcare | | | | | | |
| Chronic Care | Intermediate care facility - adult & children | Yes | 51 601 | 51 601 | N/A | City of Cape Town District |
| Booth Memorial | | | | | | |
| Various Institutions | | | | | | |
| Provincially Aided hospital | Intermediate care facility – adult | Yes | 31 184 | 31 184 | N/A | City of Cape Town District |
| St Joseph | | | | | | |
| Provincially Aided hospital | Intermediate care facility – children | Yes | 11 773 | 11 773 | N/A | City of Cape Town District |
| Various Institutions | | | | | | |
| Non-profit Institutions | Chronic Care: Caring for elderly patients, assisting with wound care, feeding etc. after being discharged. | **TOTAL** | **9 672** | **9 672** | N/A | |
| | | Yes | 1 821 | 1 821 | N/A | Garden Route District |
| | | Yes | 4 594 | 4 594 | N/A | West Coast District |
| | | Yes | 3 257 | 3 257 | N/A | Overberg District |
| Various Institutions | | | | | | |
| Non-Profit Institutions | TB Adherence and Counselling | **TOTAL** | **3 878** | **3 878** | N/A | |
| | | Yes | 432 | 432 | N/A | Khayelitsha/Eastern SS Area |
| | | Yes | 322 | 322 | N/A | Northern/Tygerberg SS Area |
| | | Yes | 3 124 | 3 124 | N/A | West Coast District |
| Various Institutions | | | | | | |
| Non-Profit Institutions | Home Based care | **TOTAL** | **21 376** | **21 376** | N/A | |
| | | Yes | 981 | 981 | N/A | Khayelitsha/Eastern SS |
| | | Yes | 7 085 | 7 085 | N/A | Klipfontein/M Plain SS |
| | | Yes | 3 058 | 3 058 | N/A | Northern/Tygerberg SS |
| | | Yes | 10 252 | 10 252 | N/A | Western/Southern SS |

| Transfers to Non-Profit Institutions | | | | | | |
|---|---|---|---|---|---|---|
| Type of Organisation | Purpose for which the funds were used | Compliance with PFMA [S38(1)(J)] | Amount Transferred (R'000) | Amount Spent (R'000) | Reasons for Under Expenditure | Geographical Area |
| Various Institutions | | | | | | |
| Non-Profit Institutions | Mental Health | **TOTAL** | **66 728** | **66 728** | N/A | |
| | | Yes | 3 930 | 3 930 | N/A | Cape Winelands District |
| | | Yes | 439 | 439 | N/A | Central Karoo District |
| | | Yes | 489 | 489 | N/A | Garden Route District |
| | | Yes | 5 137 | 5 137 | N/A | Overberg District |
| | | Yes | 19 772 | 19 772 | N/A | Khayelitsha/Eastern SS Area |
| | | Yes | 15 576 | 15 576 | N/A | Klipfontein/Mitchell's Plain SS Area |
| | | Yes | 11 969 | 11 969 | N/A | Northern/Tygerberg SS Area |
| | | Yes | 9 416 | 9 416 | N/A | Western/Southern SS |
| Various Institutions | | | | | | |
| Non-Profit Institutions | Anti-retroviral treatment, home-based care, step-down care, HIV counselling and testing, etc. | **TOTAL** | **378 474** | **378 474** | N/A | |
| | | Yes | 51451 | 51451 | N/A | Cape Winelands District |
| | | Yes | 11 753 | 11 753 | N/A | Central Karoo District |
| | | Yes | 45 905 | 45 905 | N/A | Garden Route District |
| | | Yes | 28 590 | 28 590 | N/A | Overberg District |
| | | Yes | 35 367 | 35 367 | N/A | West Coast District |
| | | Yes | 53 297 | 53 297 | N/A | Khayelitsha/Eastern SS Area |
| | | Yes | 44 241 | 44 241 | N/A | Klipfontein/M Plain SS Area |
| | | Yes | 75 102 | 75 102 | N/A | Northern/Tygerberg SS Area |
| | | Yes | 32 768 | 32 768 | N/A | SS Area |
| Various Institutions | | | | | | |
| Nutrition | Rendering of a Nutrition intervention service to address malnutrition in the Western Cape | **TOTAL** | **3 899** | **3 899** | N/A | |
| | | Yes | 155 | 155 | N/A | Central Karoo District |
| | | Yes | 819 | 819 | N/A | Garden Route District |
| | | Yes | 1 299 | 1 299 | N/A | Khayelitsha/ Eastern SS Area |
| | | Yes | 389 | 389 | N/A | Klipfontein/Mitchell's Plain SS Area |
| | | Yes | 759 | 759 | N/A | Northern/ Tygerberg SS Area |
| | | Yes | 478 | 478 | N/A | Western/Southern SS Area |
| Carel Du Toit & Philani | | | | | | |

| Transfers to Non-Profit Institutions | | | | | | |
|---|---|---|---|---|---|---|
| Type of Organisation | Purpose for which the funds were used | Compliance with PFMA [S38(1)(J)] | Amount Transferred (R'000) | Amount Spent (R'000) | Reasons for Under Expenditure | Geographical Area |
| Non-Profit Institutions | Hearing Screening Rehab Workers and mentoring in Speech-Language and Audiology Services for children | Yes | 1 978 | 1 978 | N/A | Klipfontein/ Mitchell's Plain SS area |
| Open Circle & Hurdy Gurdy | | | | | | |
| Non-Profit Institutions | Residential care for people with autism or intellectual disability and with challenging behaviour | Yes | 3 675 | 3 675 | N/A | City of Cape Town District |
| Maitland Cottage | | | | | | |
| Step-down Care | Paediatric orthopaedic care | Yes | 14 754 | 14 754 | N/A | City of Cape Town District |
| Various Institutions | | | | | | |
| Non-Profit Institutions | Expanded Public Works Programme (EPWP) funding used for training and Home-Based Care | Yes | 64 672 | 64 672 | N/A | Various |
| Various Institutions | | | | | | |
| Non-Profit Institutions | Wellness strategies focus 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 | **TOTAL** | **10 220** | **10 220** | N/A | |
| | | Yes | 2 555 | 2 555 | N/A | Khayelitsha/ Eastern SS Area |
| | | Yes | 2 555 | 2 555 | N/A | Klipfontein/ Mitchell's Plain SS Area |
| | | Yes | 2 555 | 2 555 | N/A | Northern/ Tygerberg SS Area |
| | | Yes | 2 555 | 2 555 | N/A | Western/Southern SS Area |
| Chief Director: Rural DHS | | | | | | |
| Non-Profit Institutions | Monies were used Mobility training for the blind by South African Mobility for the Blind Trust (SAMBT) | Yes | 226 | 226 | N/A | Garden Route District |

| Transfers to Households | | | | | | |
|---|---|---|---|---|---|---|
| Type of Organisation | Purpose for which the funds were used | Compliance with PFMA [S38(1)(J)] | Amount Transferred (R'000) | Amount Spent (R'000) | Reasons for Under Expenditure | Geographical Area |
| Employee Social Benefits – cash residents | | | | | | |
| Various Claimants | Injury on duty, Leave Gratuity, Retirement Benefit, Severance Package | Yes | 59 460 | 59 460 | N/A | Departmental |
| Various Claimants | | | | | | |
| Various Claimants | Claims against the state: households | Yes | 163 463 | 163 463 | N/A | Departmental |
| Various Claimants | | | | | | |
| Tertiary Institutions | Bursaries | Yes | 42 288 | 42 288 | N/A | Departmental |
| Various Claimants | | | | | | |
| Various Claimants | Payment made as act of grace | Yes | 49 | 49 | N/A | Departmental |
| Western Cape on Wellness (WoW) | | | | | | |
| Community Based Programmes | Cash donation made to the Health Foundation for the Department's WOW healthy lifestyles initiatives within communities | Yes | 80 | 80 | N/A | City of Cape Town District |

# Conditional Grants

## District Health Programmes Grant

This grant consists of two components namely the HIV/AIDS & TB Control Component and District Health Component. 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 |
| **Component Name** | District Health Programmes Grant |
| **Grant Purpose** | To enable the health sector to develop and implement an effective response to HIV and AIDS.<br>To enable the health sector to develop and implement an effective response to TB.<br>To ensure provision of quality community outreach services through ward-based primary health care outreach teams.<br>To improve efficiencies of the ward based primary health care outreach teams programme by harmonising and standardising services and strengthening performance monitoring.<br>To enable the health sector to develop and implement an effective response to support the effective implementation of the National Strategic Plan on Malaria Elimination 2019–2023.<br>To enable the health sector to prevent cervical cancer by making available human papillomavirus (HPV) vaccinations for Grade 7 schoolgirls in all public and special schools and progressive integration of HPV into the integrated school health programme.<br>To enable the health sector to roll out COVID-19 vaccine. |

| | | | |
|---|---|---|---|
| **Transferring Department** | National Department of Health | | |
| **Component Name** | District Health Programmes Grant: Comprehensive HIV/AIDS Component | | |
| **Grant Purpose** | To enable the health sector to develop and implement an effective response to HIV/AIDS.<br>Prevention and protection of health workers from exposure to hazards in the workplace.<br>To enable the health sector to develop and implement an effective response to TB. | | |
| **Expected Outputs**<br><br>**HIV/AIDS** | **Performance Indicators** | **Annual Target** | **Actual Achieved** |
| | No. of male condoms distributed | 89 956 044 | 55 420 700 |
| | No. of female condoms distributed | 1 169 660 | 1 258 400 |
| | No. of HTA intervention sites | 180 | 180 |
| | No. of peer educators receiving stipends | 100 | 100 |
| | Male Urethritis Syndrome treated – new episode | 40 965 | 52 720 |
| | No. of individuals who received an HIV service or referral at High Transmission Area sites | 88 189 | 66 683 |

| | | | |
|---|---|---|---|
| | No. of individuals from key populations reached with individual or small group HIV-prevention interventions designed for the target population | 120 | 1 409 |
| | No. of active lay counsellors on stipend | 705 | 705 |
| | No. of clients tested (including antenatal) | 2 000 000 | 1 549 728 |
| | No. of health facilities offering MMC | 74 | 74 |
| | No. of MMC performed | 21 887 | 13 326 |
| | No. of people started on PrEP | 31 660 | 16 977 |
| | New sexual assault case HIV negative issued with Post Exposure Prophylaxis | 5 548 | 3 288 |
| | Antenatal clients initiated on ART | 6 811 | 2 686 |
| | Number of infant PCR test around 10 weeks | 14 607 | 11 752 |
| | No. of new patients started on treatment | 53 515 | 28 618 |
| | No. of patients on ART remaining in care | 366 877 | 321 841 |
| | HIV new positive screened for TB | 34 258 | 30 115 |
| | Patients on ART initiated on Tuberculosis Preventative Therapy | 22 839 | 11 063 |
| | No. of doctors trained on HIV/AIDS, TB, STIs and other chronic diseases | 120 | 158 |
| | No. of nurses trained on HIV/AIDS, TB, STIs and other chronic diseases | 1 200 | 2 555 |
| | No. of non-professional trained on HIV/AIDS, TB, STIs and other chronic diseases | 600 | 1 460 |
| | ART patients decanted to Differentiated Model of Care (DMoC) (FAC-PUP, AC, EX-PUP). | 234 676 | 373 166 |
| | ART patients enrolled to FAC-PUP | 46 531 | - |
| | ART patients enrolled to AC | 23 266 | - |
| | ART patients enrolled to EX-PUP | 162 859 | - |
| **TB control component** | Number of people tested for TB using GeneXpert | 240 959 | 304 202 |
| | Number of eligible HIV-positive patients tested for TB using urine lipoarabinomannan assay (LAM) test | 45 000 | 27 987 |
| | DS-TB treatment start rate (under 5 yrs. and 5 yrs. and older combined) | 63% | 92.7% |
| | TB Rifampicin Resistant / MDR/ pre-XDR treatment start rate | 90% | 73% |
| **Amount per amended DORA (R'000)** | R 1 852 863 | | |
| **Amount received (R'000)** | R 1 852 863 | | |
| **Reasons if amount per DORA was not received** | All amounts received | | |
| **Amount spend by the Department (R'000)** | R 1 852 863 | | |

| | |
|---|---|
| **Reasons for under Expenditure** | Grant allocation fully spent |
| **Reasons for target deviation and measures taken to improve performance HIV/AIDS** | The HIV/AIDS programme was challenged by supply chain and procurement issues for male condoms due to South African Bureau of Standards challenges. As a result, all Provinces had orders only partially fulfilled. During this period in the Western Cape, more female condoms were issued to mitigate STI spread. We have however seen an increase in MUS treated during this time, which could be attributable to increase case finding as well as increased prevalence of the STI.<br>The Province continues to underperform on number of people tested as well as starting ART and PrEP. This could be related to low number of PrEP sites or coverage and some facilities lacking NIMART trained nurses to initiate treatment. NIMART training has been discussed with the People Development Centre, which remains constricted with capacity to only offer training to 20 officials at a time.<br>Regarding MMC, the Province only achieved 57% of its annual MMC targets. Performance was discussed with National Department of Health as part of quality improvement measures. The current tender only included males 15 years and older. Improved MMC rates are anticipated with the new tender including boys 10 to 14 years old. Additionally, the updated tender will be supported by the Provincial tender for the procurement of MMC kits. |
| **TB Control** | Challenges across the TB programme include confidence of clinicians to use U-LAM, as well as data capturing for use of the U-LAM test. The Province is still using the proxy of test kits issued by CMD for U-LM uptake. It is hoped that the roll-out of the CIR across all facilities will address this reporting challenge.<br>RR TB start rate is still below target. One reason could be that many patients present to facilities when they are very ill with advanced TB disease, some of whom die before treatment can be initiated. Overall, the TB programme is still challenged by high loss to follow up rate strongly influenced by social drivers. The Province is taking a whole-of-society approach to addressing TB with service design changes including counselling strategy, and<br>differentiated models of care being examined as mechanisms to support the current diagnostic and treatment modalities available to adult and paediatric patients. |

| | | | |
|---|---|---|---|
| **Transferring Department** | National Department of Health | | |
| **Component Name** | District Health Programmes Grant: District Health Component | | |
| **Grant Purpose** | To enable the health sector to develop and implement an effective response to support the implementation of the National Strategic Plan on Malaria Elimination 2019–2023.<br>To enable the health sector to prevent cervical cancer by making available HPV vaccinations for Grade 5 schoolgirls in all public and special schools and progressive integration of HPV into the integrated school health programme.<br>To ensure provision of quality community outreach services through ward-based primary health care outreach teams by ensuring community health workers receive remuneration, tools of trade and training in line with scope of work.<br>To enable the health sector to roll out COVID-19 vaccine. | | |
| **Expected Outputs** | **Performance Indicators** | **Annual Target** | **Actual Achieved** |
| **HPV** | 80 per cent of Grade 5 schoolgirls aged 9 years and above vaccinated for HPV first dose in public or special schools | 80% of girls vaccinated | 7% |
| | | 80% schools visited per calendar year | 76% |
| | 80 per cent of Grade 5 schoolgirls aged 9 years and above vaccinated for HPV second dose in public or special schools | 80% | 71% |
| | 80 per cent of public and special schools with Grade 5 girls visited | 80% | 90% |
| **Community Health Workers** | Number of community health workers receiving a stipend | 3 981 | 3876 |
| | Number of community health workers trained | 3 981 | 0 |
| | Number of HIV clients lost to follow-up traced | 23 824 | 52 828 |
| | Number of TB clients lost to follow-up traced | 2 191 | 10 280 |
| **COVID-19** | Number of vaccine doses administered, broken down by type of vaccine | Pfizer vaccine (2 doses)<br>800 000 x 2<br>= 1 600 000 | 160 120 |
| | | J&J (1 dose)<br>= 200 000 | 47 513 |
| | | Pfizer (2 doses) for 12-17 years<br>= 660 000 | 47 439 |
| | | Booster doses (1 dose Pfizer)<br>= 1 819 000 | 298 079 |
| | Number of healthcare workers rolling out the vaccine funded through the grant | 524 | 340 |
| | Number of clients fully vaccinated | 995 380<br>(20% of population over | 93 980 |

| | | | |
|---|---|---|---|
| | | 18 years) | |
| | | 330 000 (50% of 12-17 years) | 26 232 |
| **Amount per amended DORA (R'000)** | R 415 431 | | |
| **Amount received (R'000)** | R 415 431 | | |
| **Reasons if amount per DORA was not received** | All amounts received | | |
| **Amount spend by the Department (R'000)** | R 415 431 | | |
| **Reasons for under expenditure** | Grant allocation fully spent | | |
| **Reasons for target deviation and measures taken to improve performance HPV** | Services were over-extended having to respond to the measles outbreak (campaign 6 months – <15-years) as well as the HPV campaign.<br>Poor return of consent forms, hesitancy to sign consent for measles & HPV vaccines.<br>The second round: 2023 provides opportunity for catch-up of the HPV vaccine. | | |
| **Reasons for target deviation and measures taken to improve performance Community Health Workers** | The Province contracts NPOs to appoint CHWs and deliver community-based services. A new service package was developed and advertised in December 2022 to align NPO delivered services to the departmental vision of Community-Oriented Primary Care (COPC) and comprehensive and integrated health and wellness service delivery. NPOs contracted in FY 2023/24 will provide services as outlined by the new package. | | |
| **Reasons for target deviation and measures taken to improve performance COVID-19** | Mid-February 2022, the Department issued Circular 15/2022 to provide guidance on Integrating COVID-19 vaccination as part of routine care on the health service platform (in facility and community-based platform). The integrated vaccination approach was followed in financial year 2022/23 whilst NPO partners continue to provide strategic outreaches to schools, old-age homes, churches etc. | | |

## Human Resource Training Grant

| | | | |
|---|---|---|---|
| **Transferring Department** | National Department of Health | | |
| **Grant Name** | Human Resource Training Grant: Statutory Human Resource Component & Training Component | | |
| **Grant Purpose** | To appoint statutory positions in the health sector for systematic realisation of the human resources for health strategy and the phase-in of National Health Insurance.<br>Support Provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform. | | |
| **Expected Outputs** | **Performance indicators** | **Annual Target** | **Actual Achievement** |
| | Number of Registrars | 143 | 143 |
| | Medical Officer Community Service | 71 | 71 |
| | Pharmacist Community Service | 13 | 13 |
| | Clinical Psychology Interns | 2 | 2 |
| | Number of Medical Specialists | 39 | 37 |
| | Number of Medical Interns | 384 | 398 |
| | Number of Clinical Supervisors: Professional Nurses | 412 | 412 |
| | Number of Clinical Supervisors: Radiographers | 53 | 53 |
| **Amount per amended DORA (R'000)** | R 899 442 | | |
| **Amount received (R'000)** | R 899 442 | | |
| **Reasons if amount per DORA was not received** | Full amount was received | | |
| **Amount spend by the Department (R'000)** | R 899 442 | | |
| **Reasons for under expenditure** | Grant allocation fully spent | | |
| **Reasons for target deviation and measures taken to improve Performance** | 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.<br>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.<br>A significant contribution by the equitable share is required to bridge this funding gap.<br>In the management of the Human Resource Training Grant, the Western Cape complied with the Division of Revenue Act requirements and submitted all the required reports as prescribed. | | |
| **Monitoring mechanism by the receiving Department** | Quarterly reports and Annual reports, as prescribed by the DORA, are submitted to the National Department of Health, the National Treasury, and the Provincial Treasury. Financial management of the grant aligns with Public Finance Management Act principles. | | |

## National Tertiary Services Grant

| | | | |
|---|---|---|---|
| **Transferring Department** | National Department of Health | | |
| **Grant Purpose** | Ensure the provision of tertiary health services in South Africa.<br>To compensate tertiary facilities for the additional costs associated with the provision of these services. | | |
| **Expected Outputs** | **Performance Indicators** | **Annual Target** | **Actual Achieved 2022/23** |
| | Number of approved and funded tertiary services provided by the Western Cape Department of Health | 46 | 46 |
| | Day patient separations – Total | 6480 | 10387 |
| | Inpatient days – Total | 682849 | 1216707 |
| | Inpatient separations – Total | 81393 | 103066 |
| | Outpatient first attendances | 144693 | 174880 |
| | Outpatient follow-up attendances – Total | 349789 | 533260 |
| **Amount per amended DORA (R'000)** | R 3 401 057 | | |
| **Amount received (R'000)** | R 3 401 057 | | |
| **Reasons if amount per DORA was not received** | Full amount received | | |
| **Amount spend by the Department (R'000)** | R 3 401 057 | | |
| **Reasons for under expenditure** | Grant allocation fully spent | | |
| **Reasons for target deviation and measures taken to improve Performance** | 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 under-performance 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. | | |
| **Monitoring mechanism by the receiving Department** | Submission of Monthly In-Year Monitoring (IYM) and Finance Variance Reports as well as Quarterly Reports to various spheres of government including NDoH in terms of section 11(4)(b) and section 12(2)(c) in respect of schedule 4, 5, or 7 allocations of DoRA. | | |

## Health Facility Revitalisation Grant

The funding allocation for infrastructure was mainly provided through the Health Facility Revitalisation Grant, as stipulated in the Division of Revenue Act, Act No. 5 of 2022 and the relevant Grant Framework, with a small portion emanating from the Provincial Equitable Share.

The strategic goal of the grant is "To enable Provinces to plan, manage and transform health infrastructure in line with National and provincial policy objectives". In the 2022/23 financial year, the Department continued to use the Health Facility Revitalisation Grant in line with its Healthcare 2030.

| | | | |
|---|---|---|---|
| **Transferring Department** | National Department of Health | | |
| **Grant Purpose** | To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organisational development systems and quality assurance.<br>To enhance capacity to deliver health infrastructure.<br>To accelerate the fulfilment of the requirements of occupational health and safety. | | |
| **Expected Outputs** | **Performance Indicators** | **Annual Target** | **Actual Achievement** |
| | Number of primary health care facilities constructed or revitalised [8] | 3 | 2 |
| | Number of hospitals constructed or revitalised [9] | 1 | 1 |
| | Number of facilities maintained, repaired and/or refurbished [10] | 9 | 6 |
| **Amount per amended DORA (R'000)** | R 853 090 | | |
| **Amount received (R'000)** | R 853 090 | | |
| **Reasons if amount per DORA was not received** | N/A | | |
| **Amount spent by the Department (R'000)** | R 838 636 | | |
| **Reasons for under expenditure** | Delayed implementation of infrastructure projects, more specifically through extended time needed to appoint the management contractors to implement in-house large-scale projects.<br>Delays in municipal approvals including Land Acquisitions & Land User Management Submission (LUMS) applications.<br>Delays in the appointment of Professional Service Providers as well as poor performance by current providers. | | |

8 This figure refers to PHC facilities where capital infrastructure projects, categorised as New or Replaced infrastructure assets or as Upgrade and Additions, achieved Practical Completion (or equivalent) in 2022/23

9 This figure refers to hospitals where capital infrastructure projects, categorised as New or Replaced infrastructure assets or as Upgrade and Additions, achieved Practical Completion in 2022/2

10 This figure includes facilities where projects categorised as Renovations, Rehabilitation or Refurbishments or Scheduled Maintenance achieved Practical Completion (or equivalent) in 2022/23

| | |
|---|---|
| | Slow onsite performance of current infrastructure projects.<br>Global Logistical Network challenges resulting in the delayed delivery of key equipment needed to complete projects. |
| **Reasons for target deviation** | Number of PHC facilities constructed or revitalised.<br>During 2022/23, projects were completed at two of the three facilities targeted, namely: Sandy Point Satellite Clinic, and Villiersdorp Clinic. The replacement of Ladismith Clinic did not achieve Practical Completion due to slow contractor progress. |
| | Number of facilities maintained, repaired and/or refurbished.<br>During 2022/23 projects categorised as Renovations, Rehabilitation Refurbishments or Scheduled Maintenance were completed at six of the nine facilities targeted, namely: Tulbagh Clinic, Pearly Beach Satellite Clinic, Stellenbosch Hospital, New Somerset Hospital, Stikland Hospital, and Groote Schuur Hospital. Projects at the following three facilities, included in the target, did not achieve Practical Completion: Worcester Ambulance Station due to changes to Principal Agent by the Architectural firm and delayed decanting due to defects, Paarl Hospital due to poor performance initially by the installation team but there is vast improvement after the replacement of the team, and Red Cross War Memorial Children Hospital due to additional building work required after the contractor had left the site, which was then undertaken by the lift contractor. |
| **Measures taken to improve performance** | Performance continues to be consistently monitored and the Department remains focused on the following overall strategies with respect to infrastructure planning and delivery:<br>▪ Continue to over commit on projects per financial year to overcome unforeseen circumstances which could contribute to underspending of the allocated budget;<br>▪ Prioritise established pipeline of projects, which assists with cashflow planning;<br>▪ Utilise alternative implementing strategies e.g., Framework Agreements and Management Contractor for infrastructure projects;<br>▪ Finalise the appointment of additional Implementing partners;<br>▪ Use of standard designs to shorten design processes;<br>▪ Continue with the implementation of the Infrastructure Delivery Management System (IDMS) through the Framework for Infrastructure Delivery and Procurement Management (FIDPM) and One IDMS; and<br>▪ Reprioritisation of funds as soon as the risk of infrastructure under expenditure is raised. |
| **Monitoring mechanism by the receiving Department** | Monthly infrastructure projects progress review and maintenance management review meetings with Western Cape Government Infrastructure, as the Implementing Agent, project meetings and site meetings. In addition to this, monthly Cash Flow Meetings continue to ensure that cash flows on a project level are monitored. The Implementing Agent also records progress on BizProjects and provides project documents on MyContent. In addition to this, the Department uses the Project Management Information System to update project information and progress, with some of the information being integrated from BizProjects. |

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 the National Treasury and the National Department of Health as stipulated.

## EPWP Integrated Grant for Provinces

The strategic goal of the grant is 'To provide funding for job creation efforts in specific areas, where labour intensive delivery methods can be optimised'.

The DORA and its Grant Frameworks are reviewed annually. Provincial departments are afforded an opportunity to comment on these documents. However, as the EPWP Integrated Grant for Provinces resides within the domain of the National Department of Public Works, WCGH was not approached to review and comment on the Grant Framework for the EPWP Integrated Grant for Provinces. The Grant Framework for 2022/23, published on 1 July 2022, unfortunately reflects a change to one of the outputs. The Department was required to submit final input to the 2022/23 Annual Performance Plan by mid-February 2022 and, with the Grant Frameworks only published in July 2022, the 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 a target was not published for the output that was changed, only performance with respect to this is reported.

| | | | |
|---|---|---|---|
| **Transferring Department** | National Department of Public Works | | |
| **Grant Purpose** | To incentivise provincial departments to expand work creation efforts through the use of labour-intensive delivery methods in the following identified focus areas, in compliance with the Expanded Public Works Programme (EPWP) guidelines:<br>• Road maintenance and the maintenance of buildings<br>• Low traffic volume roads and rural roads<br>• Other economic and social infrastructure<br>• Tourism and cultural industries<br>• Sustainable land-based livelihoods<br>• Waste management | | |
| **Expected Outputs (including one previous Output)** | **Performance indicators** | **Annual target** | **Actual achievement** |
| | Number of people employed and receiving income through the EPWP | 49 | 34 |
| | Number of days worked per work opportunity created | No target set due to late change to outputs | 264 |
| | Number of full-time equivalents (FTEs) to be created through the grant | 14 | 10 |
| | Increased average duration of the work opportunities created | Average duration of 1 year (with option to extend for an additional year) | 12 months |
| **Amount per amended DORA (R'000)** | R 2 106 | | |

| | |
|---|---|
| **Amount received (R'000)** | R 2 106 |
| **Reasons if amount per DORA was not received** | N/A |
| **Amount spend by the Department (R'000)** | R 2 106 |
| **Reasons for under Expenditure** | N/A |
| **Reasons for target deviation and measures taken to improve performance** | Although 41 people were appointed at the beginning of the financial year, there were some shifts in these positions during the financial year. The reduction at the end of the financial year is due to 4 people appointed in permanent positions and 10 resignations (to accept positions in private sector. People are appointed for the financial year. Attempts were made to fill vacant posts during the year but this was not successful. |
| **Monitoring mechanism by the receiving Department** | Projects are monitored at various levels:<br>One project manager (not EPWP appointment) and two supervisors (EPWP appointees) oversee projects.<br>Written feedback received from facilities. Attendance registers maintained daily.<br>Weekly and monthly progress reports submitted by Team Leaders.<br>Reporting on EPWP Reporting System (EPWPRS) on all activities e.g., attendance, training. |

No administration costs were incurred by the Department with respect to the EPWP Integrated Grant for Provinces. Provincial Treasury confirmed that all transfers were deposited into the accredited bank account of the Provincial Treasury. In the management of the EPWP Integrated Grant for Provinces, the Department complied with the Division of Revenue Act requirements and submitted all the required reports as prescribed.

### National Health Insurance Grant

| | | | |
|---|---|---|---|
| **Transferring Department** | National Department of Health | | |
| **Grant Name** | National Health Insurance Grant<br>Health Practitioners Contractors<br>Mental Health | | |
| **Grant Purpose** | Implementation of strategic purchasing platform for primary healthcare providers<br>Enhance access to healthcare services for cancer patients<br>Strengthen mental healthcare service delivery in primary health care and community-based mental health services<br>Improved forensic mental health services | | |
| **Expected Outputs** | **Performance Indicators** | **Annual Target** | **Actual Achievement** |
| **Health Practitioners** | Health Professionals appointed for number of sessions per week | 23 Medical practitioners | 23 |
| | | 5 Dentists | 5 |
| | | 5 Dental Assistants | 5 |
| | Number of health practitioners contracted for number of sessions per week | Medical practitioners = 590 sessions per week | 593 |
| | | Dentists = 147 sessions per week | 129 |

| | | | |
|---|---|---|---|
| | | Dental Assistants = 174 sessions per week | 130 |
| | Number of patients treated at primary health care facilities within Comprehensive Package of Care | 3 patients treated per session within Comprehensive care package | All Health Practitioners: 2.82 Medical Practitioners: 3.32 Dentists: 1.73 Dental Assistants: 1.6 |
| **Mental Health** | Number of health practitioners contracted per category | 3 psychiatrists | 2 |
| | | 2 psychologists | 2 |
| | | 18 Registered Counsellors | 17 |
| | | 1 Occupational Therapist | 0 |
| | Number of patients screened and treated at primary health care and community-based level | 27 300 | 17 090 |
| | Percentage reduction in the backlog of forensic mental evaluations | (240 of the 360) 60% | 76 |
| | Number of state patients reviewed as out-patients at Valkenberg | 240 | 138 |
| **Amount per amended DORA (R'000)** | R 34 964 | | |
| **Amount received (R'000)** | R 34 964 | | |
| **Reasons if amount per DORA was not received** | Grant allocation fully spent | | |
| **Amount spend by the Department (R'000)** | R 34 964 | | |
| **Reasons for under expenditure** | None to report | | |
| **Reasons for target deviation and measures taken to improve performance Mental Health** | Delay in filling of psychiatrist and occupational therapist positions.<br>Many clients do not honour sessions booked with registered counsellors and the psychiatrist resulting in wasted time. | | |
| **Monitoring mechanism by the receiving Department** | Quarterly Progress Reports and Annual Performance Evaluation Report | | |

## Social Sector EPWP Incentive Grant for Provinces

| | | | |
|---|---|---|---|
| **Transferring Department** | Western Cape Government Treasury | | |
| **Grant Purpose** | ▪ To incentivise Provincial Social Sector Departments to increase job creation by focusing on the strengthening and expansion of social sector programmes that have employment potential | | |
| **Expected Outputs** | **Performance indicators** | **Annual target** | **Actual achievement** |
| | Number of Emergency Care Officers receiving stipends | 109 | 109 |
| | Number of Forensic Pathology Assistants receiving stipends | 100 | 100 |
| **Amount per amended DORA (R'000)** | R 10 291 | | |
| **Amount received (R'000)** | R 10 291 | | |
| **Reasons if amount per DORA was not received** | N/A | | |
| **Amount spend by the department (R'000)** | R 10 291 | | |
| **Reasons for under expenditure** | N/A | | |
| **Reasons for target deviation and measures taken to improve performance** | N/A | | |
| **Monitoring mechanism by the receiving Department** | Appointed SAC contract responsible for implementation and monitoring of Social Sector Incentive Grant | | |

# Donor Funds

## Public Service

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

| | |
|---|---|
| **Name of Donor** | EU-Primcare SPS |
| **Full amount of the fund** | R369 360 |
| **Period of the commitment** | Once off commitment from April 2017 |
| **Purpose of the fund** | ▪ The National Department of Health in conjunction with the Council for Scientific & Industrial Research (CSIR) have developed a National Health Patient Registration System. The purpose of this system is to be able to store and track patients/beneficiaries across all the Provinces. The benefit of this is that patients/beneficiaries will only need to be registered once country-wide, even if they cross provincial boundaries. A patient will therefore consistently be identified regardless of the Province at which they present.<br><br>▪ The Western Cape Department of Health (WCGH) is the only Province in the country that has developed and implemented a Patient Master Index (PMI) that spans all hospitals, and the majority of the provincial clinics and local government clinics. As a result, the National Department of Health has requested this Province to enhance the CLINICOM Patient Administration System to enable the integration with the National Health Patient Registration System. |
| **Expected Outputs** | Development of an interface between the CLINICOM Patient Master Index (PMI) used in the Western Cape and the Health Patient Registration System. |
| **Actual Achievement** | The development proceeded after an official order was generated and issued to Health System Technologies (HST).<br><br>The first phase of the Project went live in June 2020. In this phase of work HST have completed the development work for all Clinicom PMI information and updates to be sent to the HPRS system. The feed has been live since June 2020.<br><br>The 2nd phase of the work remains incomplete i.e., the bi-directional data feed from HPRS to send "incoming messages" to Clinicom. In this phase of work the HPRS PMI information will be shared with the Clinicom PMI, together with the National unique patient / beneficiary number.<br><br>Meetings have been held with the NDoH to progress this work. Western Cape are awaiting follow-up from the National DoH IT Chief Director & her team, to nominate a technical working group to complete the 2nd phase of the work. |
| **Amount received in current period (R'000)** | R 0 |
| **Amount spent by the Department (R'000)** | R 0 |
| **Reasons for under Expenditure** | 1st phase of work completed. Phase 2 work to complete the bi-directional feed is dependent on the NDoH nominating their technical working group team members to work with Western Cape & HST to complete the work. Monies not spent have been rolled over to next period. |
| **Monitoring mechanisms by the donor** | Via the office of Chief Director, Milani Wolmarans |
| **Funds received in cash or in kind?** | Cash |

## USAID – G2G DONOR FUNDS

| | |
|---|---|
| **Name of Donor** | **USAID – G2G DONOR FUNDS** |
| **Full amount of the fund** | R151 480 000 ($10 million) |
| **Period of the commitment** | 1 August 2021–31 July 2026 |
| **Purpose of the fund** | Overall Objective:<br>Implementation of the G2G programmes in the Western Cape Department of Health that support the identification, initiation and retention of patients on HIV, TB and COVID-19 treatment and prevention in ways that integrate with the Western Cape's community-orientated primary-care programme.<br><br>Specific Objectives:<br>• Strengthening health service delivery and implementing an efficient and well-coordinated response to infectious conditions such as HIV/AIDS, TB and COVID-19 in the Western Cape Province;<br>• Meaningfully addressing barriers confronting client and health worker behaviours to promote long lasting health outcomes and sustainable health care systems; and<br>• Operationalising innovative public health best practices that are based on community-oriented care, draws from market-based solutions, and holistically addresses the social determinants of health. |
| **Expected Outputs** | The Programme Outcome is the uptake, adoption or use of outputs by the project beneficiaries |
| **Actual Achievement** | To complete the Milestones as listed in G2G workplan:<br>Milestone 1: Develop 14-month Work Plan<br>Milestone 2: Proof of implementing G2G cross-level initiative to promote the programme priorities<br>Milestone 3: Integration of HIV and TB case finding, back-to-care and screening services as part of innovation in vaccine delivery<br>Milestone 4: Adoption of differentiated models of care programme<br>Milestone 5: Implementation of a telehealth program to reach patients outside of facilities with services<br>Milestone 6: Semi-Annual Performance Report<br>Milestone 7: 14-month Performance Report |
| **Amount received in current period (R'000)** | R13 520 |
| **Amount spent by the Department (R'000)** | R18 964 (total to date) |
| **Reasons for under Expenditure** | Over-expenditure:<br>Delay in transfer of funds from National Treasury |
| **Monitoring mechanisms by the donor** | Via the office of Chief Directorate Emergency and Clinical Services Support: Directorate Service Priority Coordination |
| **Funds received in cash or in kind?** | Cash |

# Capital Investments

## Progress made on implementing capital investment

Expenditure on capital investment during 2022/23 equated to 82%. This is largely due to surpluses within Health Maintenance, the late filling of professional posts to enable faster implementation of related projects was a contributor to slow spending. Minimal time provided (at adjusted appropriation) to realistically implement additional management contractor Capital Projects to mitigate projected under expenditure. Global Logistical Network challenges resulting in the delayed delivery of high value Health Technology (equipment) which is manufactured outside of South Africa. Linked to surpluses within Capital and Scheduled Maintenance, delays in municipal approvals including Land Acquisitions & Land User Management Submission (LUMS) applications and Professional Service Provider appointments have contributed to the allocation not being spent. Further contributors were poor performance by current Service Providers as well as slow onsite performance.

During 2022/23 the decision was taken to increase investment in certain projects within WCGHs control and also align it to the grant's objectives. Health Technology was identified as such a category, as implementation is not only within the control of the Department because the grant also made provision for this to be done.

The table below reflects the capital expenditure versus the appropriation for 2021/22 and 2022/23. Under expenditure for 2021/22 was approximately 12%, whilst during 2022/23 it decreased to 6%.

*Capital Expenditure versus the appropriation for 2021/22 and 2022/23*

| Project category | 2022/23 | | | 2021/22 | | |
|---|---|---|---|---|---|---|
| | Final Appropriation | Actual Expenditure | (Over)/Under expenditure | Final Appropriation | Actual Expenditure | (Over)/Under expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| New and Replacement Assets | 156 369 | 98 601 | 57 768 | 81 067 | 70 236 | 10 831 |
| Existing Infrastructure Assets | 535 026 | 469 068 | 65 958 | 573 364 | 460 073 | 113 291 |
| Upgrades and Additions | 86 363 | 58 484 | 27 879 | 41 897 | 48 912 | -7 015 |
| Rehabilitation, Renovations and Refurbishments | 84 346 | 79 509 | 4 837 | 91 646 | 96 313 | -4 667 |
| Maintenance and Repairs | 364 317 | 331 076 | 33 241 | 439 821 | 314 848 | 124 973 |
| Infrastructure Transfer Capital | - | - | - | - | - | - |
| Non-Infrastructure | 501 777 | 547 687 | -45 910 | 431 044 | 428 412 | 2 632 |
| **TOTAL** | **1 193 172** | **1 115 356** | **77 816** | **1 085 475** | **958 721** | **126 754** |

## Infrastructure projects completed in 2022/23 compared to target

The table below reflects the capital infrastructure projects that were planned to achieve completion in 2022/23 and reasons for deviations.

*Capital infrastructure projects that were planned to achieve completion in 2022/23 and reasons for deviations*

| Projects scheduled for Practical Completion in 2022/23 | Practical Completion (or equivalent) Achieved / Not Achieved in 2022/23 | Comments / Reasons for Deviations |
|---|---|---|
| Ceres - Ceres Clinic - Acquisition of building | No | Project cancelled as WCGI undertook and funded the acquisition. |
| Ceres - Ceres Hospital - New Acute Psychiatric Ward | Yes | Practical Completion was achieved on 28 November 2022. |
| Darling - Darling Ambulance Station - Upgrade and Additions incl. wash bay | No | Delayed due to longer than anticipated design stage, municipal approval and tender process. Project is currently underway, with Practical Completion anticipated in Quarter 3 of 2023/24. |
| Hanover Park - Hanover Park CHC Demolitions | No | Community participation Meeting was delayed therefore tender award was delayed. Anticipated construction end date is in Quarter 3 of 2023/24. |
| Knysna - Knysna FPL – Replacement | No | Project was delayed due to slow contractor progress. Practical Completion is anticipated to be achieved in Quarter 2 of 2023/24. |
| Ladismith - Ladismith Clinic – Replacement | No | Project was delayed due to slow contractor progress. Practical Completion is anticipated to be achieved in Quarter 2 of 2023/24. |
| Laingsburg - Laingsburg Ambulance Station - Upgrade and Additions (Alpha) | Yes | Practical Completion was achieved on 1 November 2022. |
| Maitland - EMS Head Office (Repl) - Replacement | No | Design stages were protracted, and milestones were not met on time. Anticipated construction end date is in Quarter 2 of 2024/25. |
| Murraysburg - Murraysburg Ambulance Station - Upgrade and Additions incl. wash bay | Yes | Practical Completion was achieved on 16 September 2022. |
| Observatory - Observatory FPL - Completion Works | No | Design stages were protracted, and milestones were not met on time. Thereafter, procurement stage was also protracted. Anticipated construction end date is Quarter 2 of 2023/24. |
| Observatory - Groote Schuur Hospital — Emergency stabilisation work to Creche | No | Project cancelled in Quarter 2 of 2022/23. Work will now be undertaken as a maintenance activity. |
| Paarl - Paarl CDC - Enabling work incl. fencing to secure new site | No | Project was delayed due to specification and construction clarification. Anticipated construction end date is Quarter 1 of 2023/24. |
| Parow - Tygerberg Hospital - 11kV Generators Replacement | Yes | Practical Completion was achieved on 11 August 2022. |
| St Helena Bay - Sandy Point Satellite Clinic – Replacement | Yes | Practical Completion achieved on 24 October 2022. |
| Various Facilities 8.3 – Fencing | Yes | Practical Completion was achieved on 11 November 2022. |
| Villiersdorp - Villiersdorp Clinic – Replacement | Yes | Practical Completion achieved on 21 December 2022. |

## Current Infrastructure Projects

The table below lists the capital infrastructure projects per Sub-Programme that are currently in progress i.e., WCNN with an allocation in 2023/24 (including projects in planning, design and construction) and the expected date of Practical Completion. The start date is the date when the strategic brief was issued, and the finish date is the anticipated Practical Completion (or equivalent) date.

*Performance Measures for Capital Infrastructure Programme per Sub-Programme*

| Performance Measures for Capital Infrastructure Programme per Sub-Programme | | | | | |
|---|---|---|---|---|---|
| **No.** | **District** | **SP** | **Project** | **Start** | **Finish** |
| 1 | Cape Winelands | 8.1 | CI810013: De Doors – De Doorns CDC – Upgrade and Additions | 9-Apr-14 | 30-Nov-24 |
| 2 | Cape Winelands | 8.1 | HCI810020: Ceres – Ceres CDC – Enabling work and rehabilitation | 12-Jan-23 | 30-May-24 |
| 3 | Cape Winelands | 8.1 | CI810074: Paarl – Paarl CDC – New | 28-Feb-17 | 31-Oct-25 |
| 4 | Cape Winelands | 8.1 | CI810090: Stellenbosch – Kayamandi Clinic – Upgrade and Additions (Alpha) | 2-Jun-22 | 31-Jul-26 |
| 5 | Cape Winelands | 8.1 | CI810091: Klapmuts – Klapmuts Clinic – Upgrade and Additions (Alpha) | 30-May-23 | 31-May-26 |
| 6 | Cape Winelands | 8.1 | CI810162: Paarl – Windmeul Clinic – Upgrade and Additions (Alpha) | 1-Jun-16 | 15-Apr-24 |
| 7 | Central Karoo | 8.1 | CI810059: Matjiesfontein – Matjiesfontein Satellite Clinic – Replacement | 19-Dec-14 | 31-Mar-27 |
| 8 | City of Cape Town | 8.1 | HCI810021: Gugulethu – Gugulethu 2 CDC – New | 31-May-23 | 31-May-28 |
| 9 | City of Cape Town | 8.1 | CI810021: Elsies River – Elsies River CHC – Replacement | 25-May-16 | 31-Mar-28 |
| 10 | City of Cape Town | 8.1 | CI810021-0001: Elsies River – Elsies River CHC – Enabling work incl. fencing | 1-Feb-22 | 31-Mar-27 |
| 11 | City of Cape Town | 8.1 | CI810038: Hanover Park – Hanover Park CHC – Replacement | 30-Jun-16 | 31-Jul-27 |
| 12 | City of Cape Town | 8.1 | CI810043: Hout Bay – Hout Bay CDC – Replacement and Consolidation | 21-Jun-18 | 30-Apr-28 |
| 13 | City of Cape Town | 8.1 | CI810048: Bothasig – Bothasig CDC – Upgrade and Additions | 26-Apr-17 | 30-Apr-24 |
| 14 | City of Cape Town | 8.1 | CI810055: Maitland – Maitland CDC – Replacement | 13-Dec-17 | 30-Jun-28 |
| 15 | City of Cape Town | 8.1 | CI810055-0001: Maitland – Maitland CDC – Fencing to secure new site | 1-Feb-22 | 31-Dec-24 |
| 16 | City of Cape Town | 8.1 | CI810060-0001: Mfuleni – Mfuleni CDC – Fencing to secure new site | 12-Aug-22 | 30-Dec-24 |
| 17 | City of Cape Town | 8.1 | CI810062: Philippi – Weltevreden CDC – New | 30-Nov-17 | 30-Jun-27 |
| 18 | City of Cape Town | 8.1 | CI810071-0001: Lotus River – Lotus River CDC (Repl.) – Fencing to secure new site | 30-Jun-24 | 31-Aug-28 |

| Performance Measures for Capital Infrastructure Programme per Sub-Programme | | | | | |
|---|---|---|---|---|---|
| **No.** | **District** | **SP** | **Project** | **Start** | **Finish** |
| 19 | City of Cape Town | 8.1 | CI810080: Ravensmead – Ravensmead CDC – Replacement | 1-Aug-15 | 31-Mar-25 |
| 20 | City of Cape Town | 8.1 | CI810132: Khayelitsha – Khayelitsha (Site B) CHC – Upgrade and Additions (Alpha) | 30-May-23 | 31-Mar-27 |
| 21 | City of Cape Town | 8.1 | CI810146-0001: Gugulethu - Gugulethu 2 CDC - Fencing to secure new site | 16-Aug-22 | 31-Dec-24 |
| 22 | City of Cape Town | 8.1 | CI810240: Khayelitsha – Nolungile CDC – Rehabilitation (Alpha) | 1-Mar-21 | 30-Sep-25 |
| 23 | City of Cape Town | 8.1 | CI810248: Green Point – Green Point CDC – Pharmacy refurbishment and general maintenance | 21-Dec-18 | 31-Mar-26 |
| 24 | City of Cape Town | 8.1 | CI810251: Bonteheuwel – Vanguard CHC – Upgrade and Additions (Alpha) | 30-May-23 | 31-Jan-27 |
| 25 | City of Cape Town | 8.1 | CI810260: Nyanga – Nyanga CDC – Rehabilitation (Alpha) | 21-Apr-21 | 31-Aug-26 |
| 26 | City of Cape Town | 8.1 | CI810263: Kraaifontein – Scottsdene CDC – Upgrade and Additions (Alpha) | 30-Jun-23 | 30-Nov-26 |
| 27 | City of Cape Town | 8.1 | CI810274: Retreat – Retreat CHC – Rehabilitation (Alpha) | 21-Jan-21 | 28-Feb-27 |
| 28 | City of Cape Town | 8.1 | CI810279: Hanover Park – Hanover Park CHC – Demolitions | 30-Jun-16 | 30-Sep-23 |
| 29 | City of Cape Town | 8.1 | CI810286: Gugulethu – Gugulethu CHC – MOU rehabilitation | 30-Sep-21 | 30-Nov-28 |
| 30 | Garden Route | 8.1 | HCI810004: Knysna – Hornlee Clinic – Replacement | 20-Sep-22 | 28-Feb-24 |
| 31 | Garden Route | 8.1 | CI810068: Mossel Bay – George Road Sat. Clinic – Replacement | 15-Feb-21 | 31-Aug-24 |
| 32 | Garden Route | 8.1 | CI810307: Calitzdorp – Calitzdorp Clinic – R, R and R (Alpha) | 30-Jul-18 | 31-May-24 |
| 33 | Garden Route | 8.1 | CI810308: Zoar – Amalienstein Clinic – R, R and R (Alpha) | 30-Jul-18 | 31-May-24 |
| 34 | Overberg | 8.1 | CI810271: Grabouw – Grabouw CHC – Entrance and Records upgrade | 30-Aug-19 | 30-Nov-26 |
| 35 | Various | 8.1 | HCI810024: Primary Health Care – Hybrid Inverters Ph1 | 1-Feb-23 | 31-Mar-24 |
| 36 | Various | 8.1 | HCI810025: Primary Health Care – Hybrid Inverters Ph2 | 1-Feb-23 | 31-Mar-25 |
| 37 | Various | 8.1 | CI810130: Various Facilities 8.1 – Pharmacies rehabilitation | 30-Jun-15 | 31-Aug-26 |
| 38 | West Coast | 8.1 | HCI810032: Piketberg – Piketberg Clinic – Upgrade and Additions (Alpha) | 30-Mar-23 | 31-Dec-26 |
| 39 | West Coast | 8.1 | CI810086: Saldanha – Diazville Clinic – Replacement | 21-Nov-17 | 31-Jan-27 |
| 40 | West Coast | 8.1 | CI810096: Vredenburg – Vredenburg CDC – New | 30-Nov-17 | 31-May-28 |
| 41 | Cape Winelands | 8.2 | CI820050: Paarl – Paarl Ambulance Station – Upgrade and Additions incl wash bay | 28-Dec-22 | 31-Mar-27 |
| 42 | City of Cape Town | 8.2 | HCI820003: Maitland –- Pinelands Ambulance Station (Repl.) – Relocation to Alexandra Hospital site | 14-Oct-22 | 15-Feb-24 |

| Performance Measures for Capital Infrastructure Programme per Sub-Programme | | | | | |
|---|---|---|---|---|---|
| **No.** | **District** | **SP** | **Project** | **Start** | **Finish** |
| 43 | City of Cape Town | 8.2 | HCI820006: Pinelands – Pinelands Ambulance Station – Communication Centre relocation | 1-Jun-23 | 31-Dec-24 |
| 44 | City of Cape Town | 8.2 | CI820057: Maitland – EMS Head Office (Repl.) – Replacement | 24-Feb-22 | 30-Aug-24 |
| 45 | City of Cape Town | 8.2 | CI820059: Montague Gardens – Pinelands Ambulance Station Workshop (Repl.) – Acquisition for replacement | 5-Aug-22 | 31-Mar-24 |
| 46 | Overberg | 8.2 | CI820027: Villiersdorp – Villiersdorp Ambulance Station – Replacement | 26-Jun-17 | 30-Sep-23 |
| 47 | West Coast | 8.2 | HCI820005: Clanwilliam - Clanwilliam Ambulance Station - Entrance R, R and R (Alpha) | 30-Aug-23 | 31-Dec-24 |
| 48 | West Coast | 8.2 | CI820033: Darling - Darling Ambulance Station - Upgrade and Additions incl wash bay | 1-Jun-16 | 31-Jul-23 |
| 49 | Cape Winelands | 8.3 | CI830034: Montagu - Montagu Hospital – Rehabilitation | 1-Mar-19 | 31-Aug-26 |
| 50 | Cape Winelands | 8.3 | CI830044: Robertson - Robertson Hospital - Acute Psychiatric Ward and New EC | 2-Oct-18 | 31-Jan-26 |
| 51 | Cape Winelands | 8.3 | CI830120: Ceres - Ceres Hospital - Hospital and Nurses Home Repairs and Renovation | 28-Feb-18 | 31-Mar-26 |
| 52 | Cape Winelands | 8.3 | CI830122: Stellenbosch - Stellenbosch Hospital - Hospital and Stores Repairs and Renovation | 26-Oct-17 | 30-Apr-24 |
| 53 | Central Karoo | 8.3 | CI830002: Beaufort West - Beaufort West Hospital – Rationalisation | 9-Oct-18 | 30-Jun-26 |
| 54 | City of Cape Town | 8.3 | CI830015: Eerste River - Eerste River Hospital - Acute Psychiatric Unit | 23-Feb-15 | 31-Jan-25 |
| 55 | City of Cape Town | 8.3 | CI830021: Khayelitsha - Khayelitsha Hospital - Acute Psychiatric Unit | 23-Feb-15 | 21-Nov-24 |
| 56 | City of Cape Town | 8.3 | CI830119: Bellville - Karl Bremer Hospital - Hospital Repairs and Renovation | 19-Dec-17 | 30-Apr-28 |
| 57 | City of Cape Town | 8.3 | CI830121: Somerset West - Helderberg Hospital - Repairs and Renovation (Alpha) | 30-Nov-17 | 31-Oct-24 |
| 58 | City of Cape Town | 8.3 | CI830124: Fish Hoek - False Bay Hospital - Fire Compliance Completion and changes to internal spaces | 24-Dec-18 | 28-Feb-27 |
| 59 | City of Cape Town | 8.3 | CI830127: Bellville - Karl Bremer Hospital - Demolitions and parking | 19-Dec-17 | 30-Jun-25 |
| 60 | City of Cape Town | 8.3 | CI830131: Atlantis - Wesfleur Hospital - Record Room extension | 24-Dec-18 | 30-Nov-25 |
| 61 | City of Cape Town | 8.3 | CI830142: Eerste River - Eerste River Hospital - Upgrade of Linen Bank and Waste Management Area | 14-Oct-19 | 30-Apr-25 |
| 62 | City of Cape Town | 8.3 | CI830144: Mitchells Plain - Mitchells Plain Hospital - Fire doors | 13-Aug-19 | 30-Apr-24 |
| 63 | City of Cape Town | 8.3 | CI830150: Bellville - Karl Bremer Hospital - New Acute Psychiatric Unit | 13-May-22 | 29-Feb-28 |
| 64 | Garden Route | 8.3 | CI830067: Mossel Bay - Mossel Bay Hospital - Entrance, Admissions and EC | 15-Oct-18 | 31-Oct-26 |
| 65 | Garden Route | 8.3 | CI830176: Ladismith - Ladismith (Alan Blyth) Hospital - R, R and R (Beta) | 30-Jul-18 | 30-Dec-24 |
| 66 | Overberg | 8.3 | CI830117: Swellendam - Swellendam Hospital - Acute Psychiatric Ward | 1-Jun-16 | 31-Dec-24 |

| Performance Measures for Capital Infrastructure Programme per Sub-Programme | | | | | |
|---|---|---|---|---|---|
| **No.** | **District** | **SP** | **Project** | **Start** | **Finish** |
| 67 | Overberg | 8.3 | CI830123: Caledon - Caledon Hospital - Acute Psychiatric Unit and R & R | 3-Jul-17 | 31-Aug-24 |
| 68 | Various | 8.3 | HCI830020: District Hospitals - Photovoltaic Panels installation | 1-Feb-23 | 31-Mar-25 |
| 69 | Various | 8.3 | CI830073: District Hospitals - Pharmacies rehabilitation (Alpha) | 30-Jun-15 | 28-Feb-26 |
| 70 | West Coast | 8.3 | HCI830018: Malmesbury - Swartland Hospital (Repl) - Replacement (FIDPM Stage 2) | 31-Dec-23 | 31-Dec-25 |
| 71 | West Coast | 8.3 | CI830116: Piketberg - Radie Kotze Hospital - Hospital layout improvement | 1-Jun-16 | 31-Jul-25 |
| 72 | West Coast | 8.3 | CI830185: Malmesbury - Swartland Hospital (Repl) - Fencing of new site | 1-Oct-23 | 31-Mar-26 |
| 73 | Cape Winelands | 8.4 | CI840053: Worcester - Worcester Hospital - Fire Compliance | 1-Apr-15 | 31-May-23 |
| 74 | Cape Winelands | 8.4 | CI840061: Worcester - Worcester Hospital - Relocation of MOU | 14-Feb-18 | 31-Mar-24 |
| 75 | Cape Winelands | 8.4 | CI840089: Paarl - Paarl Hospital - New Obstetric Theatre in Maternity Unit | 4-Nov-19 | 31-Jan-25 |
| 76 | City of Cape Town | 8.4 | CI840008: Green Point - New Somerset Hospital - Upgrading of theatres and ventilation | 22-May-15 | 31-May-24 |
| 77 | City of Cape Town | 8.4 | CI840010: Green Point - New Somerset Hospital - Acute Psychiatric Unit | 23-Feb-15 | 23-Jan-25 |
| 78 | City of Cape Town | 8.4 | HCI840012: Mitchells Plain - Lentegeur Hospital - R, R & R to accommodate Child and Adolescent beds | 14-Sep-22 | 31-Mar-24 |
| 79 | City of Cape Town | 8.4 | HCI840013: Maitland - Alexandra Hospital - R, R and R to Wards 1-10, 15 and 16 | 15-Sep-22 | 31-Mar-24 |
| 80 | City of Cape Town | 8.4 | CI840016: Observatory - Valkenberg Hospital - Forensic Precinct Enabling Work | 1-Apr-10 | 31-Aug-27 |
| 81 | City of Cape Town | 8.4 | CI840019: Observatory - Valkenberg Hospital - Forensic Precinct - Admission, Assessment, High Security | 13-Aug-09 | 31-Dec-29 |
| 82 | City of Cape Town | 8.4 | CI840025: Belhar - Belhar Regional Hospital – New | 15-Jun-22 | 30-Sep-32 |
| 83 | City of Cape Town | 8.4 | CI840055: Manenberg - Klipfontein Regional Hospital - Replacement Ph1 | 3-Dec-18 | 31-Aug-33 |
| 84 | City of Cape Town | 8.4 | CI840067: Maitland - Alexandra Hospital - Repairs and Renovation (Alpha) | 18-Mar-18 | 31-Dec-25 |
| 85 | City of Cape Town | 8.4 | CI840070: Maitland - Alexandra Hospital - Wards renovations to enable Valkenberg Hospital Forensic Precinct decanting | 1-Mar-18 | 31-May-26 |
| 86 | City of Cape Town | 8.4 | CI840097: Stikland - Stikland Hospital - Rehabilitation of water reticulation system | 30-Jul-22 | 31-Jul-27 |
| 87 | Garden Route | 8.4 | CI840083: George - George Hospital - Wards R, R and R (Alpha) | 10-Jul-19 | 30-Jun-27 |
| 88 | Various | 8.4 | HCI840019: Provincial Hospitals - Photovoltaic Panels installation | 1-Feb-23 | 31-Mar-25 |
| 89 | West Coast | 8.4 | HCI840017: Paarl - Sonstraal Hospital - Upgrade and Additions (Alpha) | 1-Aug-23 | 31-Mar-25 |
| 90 | City of Cape Town | 8.5 | HCI850002: Parow - Tygerberg Hospital - Replacement (PPP) | 1-Apr-12 | 30-Jun-30 |

| Performance Measures for Capital Infrastructure Programme per Sub-Programme | | | | | |
|---|---|---|---|---|---|
| **No.** | **District** | **SP** | **Project** | **Start** | **Finish** |
| 91 | City of Cape Town | 8.5 | CI850005: Observatory - Groote Schuur Hospital - EC Upgrade and Additions | 3-Jul-10 | 28-Feb-27 |
| 92 | City of Cape Town | 8.5 | CI850005-0001: Observatory - Groote Schuur Hospital - EC Upgrade and Additions - Patient bed lift installation | 1-Apr-23 | 31-Mar-26 |
| 93 | City of Cape Town | 8.5 | HCI850013: Parow - Tygerberg Hospital - Repair and remedial works to Theatres Block C | 30-Mar-23 | 31-Mar-24 |
| 94 | City of Cape Town | 8.5 | HCI850015: Parow - Tygerberg Hospital - New warehouse (Alpha) | 21-Oct-22 | 28-Feb-24 |
| 95 | City of Cape Town | 8.5 | HCI850020: Rondebosch - Red Cross War Memorial Children Hospital - Linen Bank relocation | 31-Aug-23 | 31-Aug-25 |
| 96 | City of Cape Town | 8.5 | CI850031: Parow - Tygerberg Hospital - Replacement - Enabling Work | 1-Mar-23 | 30-Apr-28 |
| 97 | City of Cape Town | 8.5 | CI850048: Parow - Tygerberg Hospital - Medical Gas Upgrade | 2-May-17 | 30-Jun-26 |
| 98 | City of Cape Town | 8.5 | CI850056: Observatory - Groote Schuur Hospital - R and R to OPD (Alpha) | 9-Feb-21 | 31-Dec-27 |
| 99 | City of Cape Town | 8.5 | CI850074: Parow - Tygerberg Hospital - Hot water system upgrade | 28-Feb-19 | 31-Mar-25 |
| 100 | City of Cape Town | 8.5 | CI850075: Parow - Tygerberg Hospital - Balance of 11kV (MV), 400V (LV) network upgr., incl. earthing, lightning protection | 29-Mar-19 | 28-Feb-26 |
| 101 | City of Cape Town | 8.5 | CI850078-0001: Parow - Tygerberg Hospital - Rehabilitation of various wards (Alpha) - Block A | 2-Jun-19 | 31-Aug-31 |
| 102 | City of Cape Town | 8.5 | CI850078-0008: Parow - Tygerberg Hospital - Rehab of various wards - Block C, Ward J1EC and Trauma | 30-Nov-21 | 31-Jul-27 |
| 103 | City of Cape Town | 8.5 | CI850082-0003: Parow - Tygerberg Hospital - External and Internal Logistics – Signage | 14-May-19 | 31-Aug-24 |
| 104 | City of Cape Town | 8.5 | CI850083: Parow - Tygerberg Hospital - Fire Safety | 15-Apr-19 | 31-Jan-29 |
| 105 | City of Cape Town | 8.5 | CI850083-0001: Parow - Tygerberg Hospital - Fire Safety - South-eastern Block incl mechanical work | 15-Apr-19 | 31-Jul-25 |
| 106 | City of Cape Town | 8.5 | CI850088-0001: Parow - Tygerberg Hospital - Perimeter security upgrade - Southern boundary | 15-Apr-19 | 30-Apr-24 |
| 107 | City of Cape Town | 8.5 | CI850092: Parow - Tygerberg Hospital - Repurposing of Bank and Post Office Building | 13-Nov-20 | 31-Mar-24 |
| 108 | City of Cape Town | 8.5 | CI850103: Observatory - Groote Schuur Hospital - Ventilation and AC refurb incl mech installation (Alpha) | 25-Jul-17 | 30-Jun-24 |
| 109 | City of Cape Town | 8.5 | CI850104: Observatory - Groote Schuur Hospital - Ventilation and AC refurb incl mech installation (Beta) | 25-Jul-17 | 31-Mar-25 |
| 110 | City of Cape Town | 8.5 | CI850116: Observatory - Groote Schuur Hospital - NMB lift upgrade H1 and Hoist | 30-Sep-21 | 31-Oct-25 |
| 111 | City of Cape Town | 8.5 | CI850117: Observatory - Groote Schuur Hospital - NMB lift upgrade H2 and H3 | 30-Sep-21 | 31-Oct-25 |
| 112 | City of Cape Town | 8.5 | CI850118: Observatory - Groote Schuur Hospital - OMB SL16 and SL19, New Workshop lift upgrade and Hoist | 30-Sep-21 | 30-Sep-25 |
| 113 | City of Cape Town | 8.5 | CI850124: Observatory - Groote Schuur Hospital - Electrical system upgrade - Replace 11kV switchgear | 15-Feb-23 | 31-Aug-27 |
| 114 | City of Cape Town | 8.5 | CI850128: Observatory - Groote Schuur Hospital - Vent and AC refurb incl mech installation Floor C Part 2 | 25-Jul-17 | 31-Mar-26 |
| 115 | City of Cape Town | 8.5 | CI850129: Observatory - Groote Schuur Hospital - Vent and AC refurb incl mech installation Floor D Part 1 | 25-Jul-17 | 31-Mar-26 |
| 116 | City of Cape Town | 8.5 | CI850130: Observatory - Groote Schuur Hospital - Vent and AC refurb incl mech installation Floor D Part 2 | 25-Jul-17 | 30-Jun-27 |
| 117 | City of Cape Town | 8.5 | CI850131: Observatory - Groote Schuur Hospital - Vent and AC refurb incl mech installation Floor E | 25-Jul-17 | 31-Mar-26 |

| Performance Measures for Capital Infrastructure Programme per Sub-Programme | | | | | |
|---|---|---|---|---|---|
| **No.** | **District** | **SP** | **Project** | **Start** | **Finish** |
| 118 | City of Cape Town | 8.5 | CI850132: Observatory - Groote Schuur Hospital - Vent and AC refurb incl mech installation Floor F | 25-Jul-17 | 1-Apr-25 |
| 119 | City of Cape Town | 8.5 | CI850133: Observatory - Groote Schuur Hospital - Vent and AC refurb incl mech installation Floor G | 25-Jul-17 | 15-Dec-26 |
| 120 | City of Cape Town | 8.5 | CI850134: Observatory - Groote Schuur Hospital - Vent and AC refurb incl mech installation Floors A, B | 25-Jul-17 | 30-Jun-24 |
| 121 | Cape Winelands | 8.6 | CI860025: Worcester - WCCN Boland Overberg Campus - Training Facility at Keerom | 1-Apr-12 | 31-Jan-27 |
| 123 | Cape Winelands | 8.6 | CI860100: Worcester - Cape Winelands District Office - Lift upgrade 1892, 1893 | 15-Nov-22 | 31-Mar-25 |
| 124 | City of Cape Town | 8.6 | HCI860005: Parow - Parow WC Health Warehouse - Mezzanine R, R & R | 30-Aug-22 | 5-Jan-24 |
| 125 | City of Cape Town | 8.6 | HCI860007: Parow - Tygerberg Regional Laundry - New linen warehouse | 25-Oct-22 | 28-Feb-24 |
| 126 | City of Cape Town | 8.6 | HCI860008: Goodwood - Goodwood Clinical Engineering Workshop - New warehouse (Alpha) | 30-Dec-23 | 30-Dec-24 |
| 127 | City of Cape Town | 8.6 | CI860014: Parow - Cape Medical Depot - Replacement (Stages 3-7) | 31-Dec-23 | 31-Mar-28 |
| 128 | City of Cape Town | 8.6 | CI860016: Pinelands - Orthotic and Prosthetic Centre – Upgrade | 17-Dec-14 | 30-Apr-24 |
| 129 | City of Cape Town | 8.6 | CI860057: Mitchells Plain - Lentegeur Laundry - Upgrade and Additions to Dirty Linen Area | 15-Oct-19 | 31-Mar-25 |
| 130 | City of Cape Town | 8.6 | CI860094: Observatory - Observatory FPL - Completion Works | 18-Nov-21 | 30-Jun-23 |

## Facilities that were Closed or Downgraded in 2022/23

### *Facilities closed in 2022/23*

| Facility Name | Ownership and comment |
|---|---|
| Honeyside Satellite Clinic | City of Cape Town owned facility |
| Maria Pieterse Satellite Clinic | WCG owned facility |
| Newfields Satellite Clinic | City of Cape Town owned facility |
| Sandy Point Satellite Clinic | WCG owned facility<br>Note: This facility was replaced and renamed. Name of replacement facility is Steenberg's Cove Satellite Clinic |
| Somerset Street Satellite Clinic | WCG owned facility |

*City of Cape Town facilities closed, and services amalgamated with WCGH's facilities in 2022/23*

| City of Cape Town Facilities closed, and services amalgamated with WCGH facilities | Services amalgamated with WCGH facility |
|---|---|
| Dirkie Uys Clinic | Goodwood CDC |
| Durbanville Clinic | Durbanville CDC |
| Heideveld Clinic | Heideveld CDC |
| Kasselsvlei Clinic | Bellville South CDC |
| Nolungile Clinic | Nolungile CDC |
| Nyanga Clinic | Nyanga CDC |
| Parow Clinic | Parow CDC |
| Ravensmead Clinic | Ravensmead CDC |
| Scottsdene Clinic | Scottsdene CDC |
| Fisantekraal Clinic | Fisantekraal CDC (new facility listed under facilities opened in 2022/23) |

## Facilities opened in 2022/23

| Facility Name | Comment |
|---|---|
| Avian Park Clinic | New facility |
| Fisantekraal CDC | New facility |
| Steenberg's Cove Satellite Clinic | This facility replaced the Sandy Point Satellite Clinic (referred to as closed above) |

## Reclassification of facilities in 2022/23

| Facility Name | Reclassification |
|---|---|
| Fagan Street Clinic | Reclassified as Fagan Street Satellite Clinic<br>Note: This is a City of Cape Town owned facility – ownership has remained unchanged |
| Zandvliet Intermediate Care | Reclassified as a Non-profit Organisation |

Four mobile clinics closed down in 2022/23 and one new mobile opened. These are not reported on as mobiles are not considered capital in nature.

## Current State of Capital Assets

As stipulated in the Government Immovable Asset Management Act, the Department annually prepares a User Asset Management Plan. According to the Department's 2023/24 User Asset Management Plan, the current state of the Department's capital assets is as below.

*Current condition of State-owned Facilities*

| Current Condition of State-owned Facilities | | |
|---|---|---|
| **Condition Status** | **Number of Facilities** | **Percentage** |
| C5 | 23 | 6% |
| C4 | 122 | 34% |
| C3 | 18 | 52% |
| C2 | 25 | 7% |
| C1 | 1 | 1% |

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

*Condition rating of State-owned Facilities*

| Current Condition of State-owned Facilities | | |
|---|---|---|
| **Condition Status** | **General Description** | **Rating** |
| Excellent | The appearance of building/accommodation is brand new. No apparent defects. No risk to service delivery. | C5 |
| Good | The building is in good condition. It exhibits superficial wear and tear, with minor defects and minor signs of deterioration to surface finishes. Slight risk to service delivery. Low cost implication. | C4 |
| Fair | The condition of building is average, deteriorated surfaces require attention, services are functional, but require attention. Backlog of maintenance work exists. Medium cost implications. | C3 |
| Poor | The general appearance is poor, building has deteriorated badly. Significant number of major defects exist. 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 2022/23.

*Summary of the budget and expenditure, per maintenance category 2022/23.*

| Maintenance Per Category | 2022/23 | | |
|---|---|---|---|
| | Final Appropriation | Actual Expenditure | (Over)/Under expenditure |
| | R'000 | R'000 | R'000 |
| **Maintenance – Day-to-Day** | | | |
| Health Facilities Revitalisation Grant | 21 800 | 12 770 | 9 030 |
| PES: Infrastructure | 77 751 | 66 038 | 11 713 |
| PES: Tygerberg | 20 522 | 26 592 | -6 070 |
| **Maintenance – Day-to-Day (Management Contract)** | | | |
| PES: Infrastructure | - | 1 331 | -1 331 |
| PES: Tygerberg | 9 169 | 10 649 | -1 480 |
| **Maintenance – Emergency** | | | |
| PES: Infrastructure | 22 712 | 20 223 | 2 489 |
| **Maintenance – Routine** | | | |
| Health Facilities Revitalisation Grant | - | 2 810 | -2 810 |
| PES: Infrastructure | 50 291 | 42 151 | 8 140 |
| PES: Tygerberg | 2 743 | 2 758 | -15 |
| **Maintenance – Scheduled** | | | |
| Health Facility Revitalisation Grant | 70 158 | 67 317 | 2 841 |
| PES: Infrastructure | 18 254 | 15 878 | 2 376 |
| PES: Tygerberg | 70 917 | 62 514 | 8 403 |
| **TOTAL** | **364 317** | **331 033** | **33 284** |

### Scheduled Maintenance projects completed in 2022/23

The following Scheduled Maintenance projects achieved Practical Completion in 2022/23:

- Bellville Stikland Hospital – Roads upgrade;
- Bonnievale — Happy Valley Clinic – Fencing and platforming;
- Clanwilliam Hospital – Acute Psychiatric Unit upgrade and maintenance;
- Green Point – New Somerset Hospital – Parking upgrade;
- Observatory – Groote Schuur Hospital – Replacement of nurse call system;

- Observatory – Groote Schuur Hospital – Upgrade access control;
- Parow – Tygerberg Hospital – Emergency Centre south-west corner lifts 35 and 36 upgrade;
- Parow – Tygerberg Hospital – External lighting maintenance;
- Parow – Tygerberg Hospital – Lifts upgrade at Protea Court, X Block, Casualty West;
- Parow – Tygerberg Hospital – Maintenance to X-Block tunnel;
- Parow – Tygerberg Hospital – Public toilets upgrade incl. flush master replacement;
- Parow – Tygerberg Hospital – UPS farm rehabilitation;
- Pearly Beach – Pearly Beach Satellite Clinic – General maintenance;
- Stellenbosch – Stellenbosch Hospital – Enabling work for lift installation;
- Stellenbosch – Stellenbosch Hospital – Lift upgrade; and
- Tulbagh – Tulbagh Clinic – Structural repair.

## 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 the majority Capital Infrastructure and all Scheduled Maintenance projects is conducted by Western Cape Government Infrastructure, as an Implementing Agent of WCGH. Accordingly, procurement for these projects is conducted by Supply Chain Management (SCM) in Western Cape Government Infrastructure. The implementation of Day-to-day, Professional Day-to-day Routine and Emergency Maintenance at health facilities is the responsibility of WCGH and procurement thereof is through WCGH. During the 2022/23 financial year, procurement of these three forms of maintenance was conducted 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 Directorate: SCM in WCGH,
- Professional Day-to-day Maintenance: Continuation of works already contracted via a Framework Contract for a Management Contractor, and
- Emergency Maintenance: Procured by WCGH (Directorate: Engineering and Technical Services), in alignment with the procedure outlined in the Maintenance Protocol.

## Maintenance Backlog & Planned Measures to reduce the Backlog

The current maintenance backlog is reflected in the table below, which has been extracted from the Department's 2023/24 User Asset Management Plan (U-AMP). The U-AMP is the primary strategic document used by the Department with respect to health infrastructure planning.

| Health Facilities Maintenance Backlog | | | |
|---|---|---|---|
| **Backlog** | **2023/24** | **2024/25** | **2025/26** |
| | **R'000** | **R'000** | **R'000** |
| Estimated Value of Buildings | 64 705 176 300 | 64 705 176 300 | 71 175 693 930 |
| Estimated Value of Buildings Escalated @10% P.A. | 64 705 176 300 | 71 175 693 930 | 78 293 263 323 |
| Cost of Maintenance Required @ 3.5% P.A. | 2 264 681 171 | 2 491 149 288 | 2 740 264 216 |
| Actual Maintenance Budget including Rehabilitation, Renovations & Refurbishments and Scheduled, Routine, Emergency and Day-To-Day Maintenance of health facilities | 835 224 000 | 876 048 000 | 808 098 000 |
| Estimated Total Backlog as of March 2022 and increased year-upon-year as result of backlogs not addressed | 1 429 457 171 | 3 044 558 458 | 4 976 724 674 |

**Note**

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

While the above figures are only estimations, they do indicate a sharp increase in the maintenance budget required by WCGH to address the maintenance backlog, thereby ensuring that all facilities are returned to optimal condition. Such budget is not currently available and the Chief Directorate: Facilities and Infrastructure Management therefore analyses the situation annually. Further refinement of the life-cycle approach to render a more scientific process is continuing, including investigating the possibility to use Western Cape Government Infrastructure' asset management system and assessing its current data quality. To improve service efficiency and better utilisation of scarce skills in the delivery of maintenance services, Maintenance Hub and Spoke Blueprints[11] for both infrastructure and clinical engineering have been prepared.

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

Phased implementation of the Engineering Maintenance Hub and Spoke has commenced with further roll-out to Garden Route/Central Karoo, followed by Cape Winelands/Overberg and thereafter to the West Coast. Implementation of the Health Technology Hub and Spoke is underway. Scheduled Maintenance projects are currently being prioritised using Facility Condition Assessments undertaken by Western Cape Government Infrastructure 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 User Asset Management Plan.[12]

## 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 its major focus on performance, governance and planning.

[12]https://mygov.westerncape.gov.za/myhealth/files/atoms/files/WCGH%20UAMP%202023-24.pdf

**Good governance for our citizens.**

# 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 & Strategy

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

In compliance with the Public Sector Risk Management Framework and to further embed risk management within the Department, the Western Cape Government Department of Health has adopted an Enterprise Risk Management Policy Statement which sets out its overall intention with regards to Enterprise Risk Management. In addition, the Department adopted an Enterprise Risk Management Policy and Strategy for the period 2021/22 to 2024/2025. The Enterprise Risk Management Implementation Plan gives effect to the departmental Enterprise Risk Management Policy and Strategy and outlines the roles and responsibilities of management and staff in embedding risk management in the Department.

### Risk Assessments

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

### Risk Management Committee

The Department has an established Departmental Risk Management Committee to assist the Accounting Officer in executing his responsibilities relating to risk management. The Department continued with the implementation of the Enterprise Risk Management Policy and Strategy for 2021/22 to 2024/25. The Departmental Risk Management Committee in the main evaluated the effectiveness of the mitigating strategies implemented to address the risks of the Department and recommended further action where relevant. Material changes in the risk profile of the Department are escalated to the Accounting Officer and the Top Executive Management (TEXCO) where appropriate.

### Role of the Audit Committee

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

## Progress with the Management of Risk

Risk management has become embedded in the day-to-day management practices within the Department. In 2022/23, there were 12 departmental strategic risks identified. The quality of the conversations around risks has significantly improved.

The following table lists the 12 strategic risks with their residual ratings as at 31 March 2023.

| Strategic Risk | Residual Rating |
|---|---|
| Inability to mobilise the necessary financial, human and other resources | Low |
| Disease Outbreak | Moderate |
| Fragmented PHC services in the City of Cape Town | Moderate |
| Medicine Availability including vaccines | Low |
| Inadequate models of care | Moderate |
| Unsafe care by community mental health facilities | High |
| Climate Change | High |
| Inadequate built environment | Moderate |
| Staff Safety and Wellbeing | High |
| Fraud, Corruption and Theft | Low |
| Escalating medico legal claims | High |
| ICT Risks | Moderate |

During the year under review, the Department identified overall Contract Management as an emergent risk. Over and above being compliant with prescripts, risk management is an important part of modern management and assisting the organisation achieve its objectives. Furthermore, within the Department, risk management is a critical lever to the Resurgence, Recovery and Reset strategy over the next decade towards realising the Healthcare 2030 vision and drawing from lessons learnt from COVID-19. Going forward, there are important capabilities related to foresight, health intelligence and surveillance as well as combined assurance that we need to strengthen to enable a robust, more proactive and meaningful Risk Management approach.

# Fraud & Corruption

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

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

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

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

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

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

For the year under review, Provincial Forensic Services Unit issued a Case Movement Certificate for the Department noting the following:

| Cases | Number of cases |
|---|---|
| Open cases as at 1 April 2022 | 2 |
| New cases (2022/23) | 9 |
| Closed cases (2022/23) | (3) |
| Open cases as at 31 March 2023 | 8 |

The following table further analyses the closed cases indicated above:

| Nature and investigation outcome of the closed cases |
|---|
| In 1 case the investigation was concluded with no adverse findings. |
| In 1 case the allegations of fraud (forgery and uttering) were substantiated (the matter was reported to the SAPS). |
| In 1 case the allegations of fraud, corruption and non-compliance were substantiated (the matter was reported to SAPS). |

## Minimising Conflict of Interest

To minimize conflict of interest, all officials in Supply Chain Management (SCM) signs the following documents annually:

- The Code of Conduct document as issued by National Treasury,
- The Departmental Non-Disclosure Agreement, and
- Electronic disclosure of financial interest by all officials as per Public Service Regulations of 2016.

All members of the different SCM committees must complete a declaration of interest. In instances where officials have declared an interest, they must excuse themselves from the process. In addition, the Central Supplier Database also runs a real-time check on the Companies and Intellectual Property Commission's website and the governmental payroll system (PERSAL). This is to determine any possible conflict of interest. The Provincial Treasury regularly receives this information and communicates such with the relevant departments on a quarterly basis. Any potential conflict of interest is then subsequently investigated in the Department, appropriately addressed, and reported in the annual financial statements.

## Code of Conduct

Chapter 2, Part 1 of the Public Service Regulations of 2016 provides the guidelines to employees as to what is expected of them from an ethical point of view, both in their individual capacity and in their relationship with others. It promotes the Department's determination to uphold the strong ethics and integrity, as well as the eradication of corruption as part of the governance framework, which is fundamental to good organisational performance. The primary purpose of the Code of Conduct is to promote exemplary conduct and avert unacceptable conduct. Notwithstanding this, an employee who contravenes the Code of Conduct or fails to comply, may be found guilty in terms of Section 20 (t) of the Public Service Act, 1994 and may be disciplined in accordance with the Public Service Coordinating Bargaining Council Resolution 1 of 2003 which is the Disciplinary Code and Procedures for the Public Service.

The Directorate: Employee Relations conducts Code of Conduct information sessions on an annual basis for all employees. For this reporting period, 316 employees were sensitised to the Code of Conduct. The Code of Conduct is also available on the Western Cape Government website. New appointees are expected to attend a compulsory induction programme which entails the Public Service Code of Conduct Training before their probation can be approved. An employee who contravenes any provision of the Code of Conduct if found guilty of misconduct, may be subjected to disciplinary action.

The Department established an Ethics Committee in line with Chapter 2, Part 3 of the Public Service Regulations of 2016, and the role of the Ethics Committee is to provide oversight on ethics management in the Department. The Ethics Committee functions are dealt with by the Corporate Executive Committee and was discussed six times as an agenda point for this reporting period. All Public Servants occupy a position of trust. With this trust comes a high level of responsibility by which the Public Service Regulations issued in 2016 expects all employees to comply with its standards. Chapter 2, Part 1 addresses employee behaviour in the workplace, encourages the employee to report any maladministration and corrupt activities and promotes the Department's determination to uphold strong ethics and integrity, and the eradication of corruption as part of the governance framework, which is fundamental to good organisational performance. The primary purpose of the Code of Conduct is to promote exemplary conduct and avert unacceptable conduct.

## Health Safety & Environmental Issues

Refer to section Employee Health and Wellness Programme in part D under "Safety, Health, Environment, Risk & Quality (SHERQ)".

## Portfolio Committees

Not applicable.

# Standing Committee on Public Accounts Resolutions

No Standing Committee on Public Accounts resolutions as per the report of the Public Accounts Committee on the Annual Report of the Department of Health for the year ended 31 March 2022, dated 23 March 2023.

# Prior Modifications to Audit Reports

## Finance

No matters to report.

## Information Management

No matters to report.

## Human Resources

No matters to report.

# Internal Control Unit

## Finance

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

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

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

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

For the 2022/23 financial year the Department will report R6.291 million IE which equates to only 0.06% of the Goods and Services Budget and confirms that the Department's compliance controls are predominantly working effectively.

## Information Management

The Department collects and collates performance information from numerous service points within facilities ranging from mobile PHC (Primary Health Care) Facilities to large Central Hospitals, Forensic Pathology Laboratories, Emergency Medical Stations as well as all the schools where school health services are provided. We also receive information from municipally managed primary health care facilities in the Cape Town Metropole and some private facilities. Although it is the responsibility of each Facility Manager, sub-district Manager, District Manager, Budget and Health Programme Manager to ensure compliance with 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 excellent quality.

To ensure this, the Performance Information Compliance Unit was established at the Provincial Office in 2013 consisting of a manager supported by a team of twelve people to focus on data management. In addition, six Records Management Support Unit (RMSU) staff were employed in 2014/15. These teams are deployed to Districts to perform internal assessments, identify shortcomings and develop remedial actions to mitigate these shortcomings.

The teams are responsible for ensuring the facilities comply with information management and records management guidelines, policies, standard operating procedures and other departmental prescripts to ensure valid, verifiable data, safe and secure records. Due to the limited capacity, multiple facilities and broad scope of performance information, the focus is on public health facilities and support offices in the districts and sub-districts.

Facilities are selected for assessment based on previous audit and assessment findings, special requests from Districts and facilities for interventions and those identified through routine data monitoring as posing a substantial risk. Standardised assessment tools are used to identify compliance issues that are a risk for the Department. After the assessment, remedial actions are developed or revised and implemented in collaboration with the facility and sub-district. 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 support, together with the assessments, is instrumental in the clean audit the Department has achieved for the past 4 years.

## Human Resources

The Department intends to maintain its track record of a clean audit report in respect of PM compliance. The People Management, Compliance and Training sub-directorate aims to provide effective support services to line managers and People Management (PM) offices in institutions, districts, and regions.

To achieve this, the sub-directorate conducts continuous monitoring and evaluation of compliance by using various tools such as developed reports, investigations, informal and formal training, and evaluation of capacity. During the period under review, the sub-directorate provided a daily PM Client Service to advise Institutional managers and PM staff on the correct application of PM practices and policies. They also provided a PM COVID-19 Helpdesk Client Service to institutions regarding PM procedures and processes related to newly diagnosed COVID-19 cases.

The sub-directorate conducted PM compliance investigations, which included analysing self-reporting Human Resource Audit Action Plan (HRAAP) instruments submitted from institutions, sample testing all aspects of PM compliance at certain institutions and identifying areas of concern or non-compliance.

The sub-directorate also provided training to PM officials based on the results of their investigations, as well as person – to - person and informal training. They also provided relief functions and training to institutions that had capacity constraints.

The sub-directorate monitored and guided institutions on pension administration and aided assistance to PM clerks and managers, internal and external clients, and pensioners with complex pension cases, funeral benefits, and general queries.

Full leave audits were performed on a continuous basis on retirement files of staff aged between 64 and 65 years who will be retiring within the year, and PM offices were proactively correcting any leave discrepancies.

The sub-directorate was also tasked with investigating HR related grievances from individuals as well as investigations commissioned by the Public Service Commissioner.

Finally, the sub-directorate provided regular input for various PM circulars, including the RWOEE policy, Debt Policy, and Commuted overtime policy.

# Internal Audit & Audit Committees

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

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

Internal Audit work completed during the year under review for the Department included four assurance engagements and five 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,
- Review of the AGSA management report,
- Review of the AGSA audit report,
- Departmental In year Monitoring,
- Departmental Risk Management,
- Internal Control,
- Pre-determined objectives, and
- Ethics, Fraud and Corruption.

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 |
|---|---|---|---|---|---|---|
| Dr G Lawrence (Chairperson) | M.Med, MB.ChB. | External | N/A | 01 Jan 2023 (2nd term) | N/A | 7 |
| Mr F Barnard | BProc BCompt (Honours); CTA; Postgrad Dip Audit; MCom (Tax); CA (SA) | External | N/A | 01 Jun 2021 (2nd term) | N/A | 7 |
| Ms J Gunther | CIA; AGA; Masters in Cost Accounting; BCompt; CRMA | External | N/A | 01 Jan 2022 (1st term) | N/A | 7 |
| Ms M Geduld-Jeftha | BCompt, BCompt Honours, Professional Accountant (SA), FCCA, M.Inst D | External | N/A | 01 Jan 2020 (1st term) | Contract expired 31 Dec 2022 | 5 |
| Mr T Arendse | CTA, CA (SA) | External | N/A | 01 Jan 2023 (1st Term) | N/A | 2 |

# Audit committee report

We are pleased to present our report for the financial year ended 31 March 2023.

## Audit Committee Responsibility

The Audit Committee reports that it has complied with its responsibilities arising from Section 38 (1) (a) (ii) of the Public Finance Management Act and Treasury Regulation 3.1. The Audit Committee also reports that it has adopted appropriate formal terms of reference as its Audit Committee Charter and has regulated its affairs in compliance with its charter.

## The Effectiveness of Internal Control

The Department is required to develop and maintain systems of internal control that would improve the likelihood of achieving its objectives, to adapt to changes in the environment it operates in and to promote efficiency and effectiveness of operations, supports reliable reporting and compliance with laws and regulations. The WCG adopted a Combined Assurance Framework which identifies and integrates assurance providers. The first line of assurance is management assurance, requiring of line management to maintain effective internal controls and execute those procedures on a day-to-day basis by means of supervisory controls and taking remedial action where required. The second line of assurance is internal assurance provided by functions separate from direct line management, entrusted with assessing adherence to policies, procedures, norms, standards and frameworks. The third level of

assurance is independent assurance providers that are guided by professional standards requiring the highest levels of independence.

A risk-based Combined Assurance Plan was developed for the Department, facilitated by Internal Audit, who is also an independent assurance provider. Internal Audit provides the Audit Committee and Management with reasonable assurance that the internal controls are adequate and effective. This is achieved by an approved risk-based internal audit plan, Internal Audit assessing the adequacy of controls mitigating the risks and the Audit Committee monitoring implementation of corrective actions.

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

## Assurance Engagements:

- Transfer Payments
- Soft facilities management
- Adverse Incidents Monitoring
- Departmental Internal Control Assessments

The areas for improvements, as noted by internal audit during performance of their work, were agreed to by management. The Audit committee continues to monitor the current actions and previously reported actions on an on-going basis.

## In-Year Monitoring Monthly/Quarterly Report

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

## Evaluation of Financial Statements

The Audit Committee has:

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

## Compliance

The Audit Committee has reviewed the Department's processes for compliance with legal and regulatory provisions. Feedback on new provisions that have an impact on the Department are provided quarterly by the Department to the Audit Committee.

## Performance Information

The Audit Committee has reviewed the information on predetermined objectives as reported in the Annual Report.

## Report of the Auditor-General South Africa

The Audit Committee has 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.

Despite challenging circumstances and the increasing demand on resources, the Audit Committee commends the Department on maintaining an unqualified audit opinion with no findings. The Department's achievement of this outcome for the fifth consecutive year is highly commendable.

The Audit Committee wishes to express their appreciation to the management of the Department, the AGSA and the WCG Corporate Assurance Branch for the information and cooperation that they provided to enable the Audit Committee to perform its tasks.

**Dr Gilbert Lawrence**
**Chairperson of the Department of Health Audit Committee**
**26 July 2023**

# B-BBEE Compliance Performance Information

| Has the Department / Public Entity applied any relevant Code of Good Practice (B-BBEE Certificate Levels 1 – 8) with regards to the following: | | |
|---|---|---|
| **Criteria** | **Response Yes/No** | **Discussion (include a discussion on your response and indicate what measures have been taken to comply)** |
| Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law | Yes | Not applicable |
| Developing and implementing a preferential procurement policy | Yes | Not applicable |
| Determining qualification criteria for the sale of state-owned enterprises | Yes | Not applicable |
| Developing criteria for entering into partnerships with the private sector | Yes | Not applicable |
| Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment | Yes | Not applicable |

## Statutory Bodies

Statutory bodies in health allow for co-operative governance, meaning a constant and meaningful working relationship between all stakeholders, being Government, Political and Civil Society ("stakeholders"). Equally important is that different statutory bodies need to operate in collaboration with one another to ensure that the health needs of the communities they represent are assessed and responded to in a comprehensive manner, as the purpose of the statutory bodies is to give a voice to and represent the interests of the communities on matters pertaining to health service delivery to the users of health facilities. These statutory bodies are the Hospital Facility Boards, Clinic Committees, District Health Councils and the Mental Health Review Boards.

The COVID-19 pandemic and the lockdown restrictions had a negative impact on the functioning of some statutory bodies. In order to address this and strengthen communication between the Department and communities, the Department has developed a "reset strategy", of which part is a redesign of the health system to be more people-centred and focused on a collaborative approach.

Further, some achievements have been made since promulgation of the legislation governing the constitution and functioning of hospital boards and clinic committees, the Western Cape Health Facility Boards and Committees Act, 2016. Similarly, the Mental Health Review Boards, governed by the Mental Health Care Act of 2002, make a positive contribution to service delivery in the mental health facilities through their continuous engagement with health facilities and the broader Department to highlight areas requiring attention and improvement. Currently the two Mental Health Review Boards appointed by the Minister of Health are correctly constituted and are functional. Clinic Committees (CC) and

Hospital Facility Boards (HFB) have been constituted and trained as below,

| Metro District | | | |
|---|---|---|---|
| | **Total Clinic Committees & Hospital Facility Boards** | **Constituted Clinic Committees & Hospital Facility Boards** | **Number of Clinic Committees & Hospital Facility Boards trained** |
| Clinic Committees | 45 | 42 | 33 |
| Khayelitsha Eastern Substructure | 11 | 9 | 8 |
| Klipfontein Mitchell's Plain Substructure | 14 | 13 | 12 |
| Northern Tygerberg Substructure | 9 | 9 | 3 |
| Southern Western Substructure | 11 | 11 | 10 |
| Hospital Boards | 20 | 19 | 2 |
| **Rural Districts** | | | |
| | **Total Clinic Committees & Hospital Facility Boards** | **Constituted Clinic Committees & Hospital Facility Boards** | **Number of Clinic Committees & Hospital Facility Boards trained** |
| Clinic Committees | 104 | 93 | 68 |
| Overberg District | 14 | 14 | 14 |
| Cape Winelands District | 33 | 29 | 25 |
| West Coast District | 22 | 16 | 10 |
| Central Karoo District | 6 | 6 | 6 |
| Garden Route District | 29 | 28 | 13 |
| Hospital Facility Boards | 25 | 18 | 6 |

**Building a capable workforce that is enabled and well-developed.**

# PART D:
## Human Resource Management

# PART D: Human Resources

## Legislation that governs People Management

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

*Occupational Health and Safety Act (85 of 1993)*

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

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

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

*Labour Relations Act (66 of 1995)*

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

*Basic Conditions of Employment Act (75 of 1997)*

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

*Skills Development Act (97 of 1998)*

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

*Employment Equity Act (55 of 1998)*

To promote equality, eliminate unfair discrimination in employment and - ensure the implementation of employment equity measures to redress the effects of discrimination; to achieve a diverse and efficient workforce broadly representative of the demographics of the Province.

*Public Finance Management Act (1 of 1999)*

To regulate financial management in the National government and provincial governments; to ensure that all revenue, expenditure, assets and liabilities of those governments are managed efficiently and effectively; to provide for the responsibilities of persons entrusted with financial management in those governments; and to provide for matters connected therewith.

*Skills Development Levy Act (9 of 1999)*

To provide any public service employer in the National or provincial sphere of Government with exemption from paying a skills development levy, and for exemption from matters connected therewith.

*Promotion of Access to Information Act (2 of 2000)*

To give effect to the constitutional right of access to any information held by the State and any information that is held by another person and that is required for the exercise or protection of any rights, and to provide for matters connected therewith.

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

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

# Introduction

People Management fulfils both a strategic and tactical role in supporting healthcare service delivery in the Department. The PM response remains focussed on the key strategic imperatives of the Healthcare 2030 strategy, aimed at addressing person-centred quality health service, of which employees are the most critical enabler; Universal Health Coverage (UHC), aimed at realising the constitutional right to healthcare promoted through four fundamental principles of i) service delivery capability, ii) governance capability iii) workforce capability and iv) learning capability and the; Departmental Strategic Plan 2020 – 2025 that stipulates a capacitated workforce is a key enabler that will contribute to population outcomes and the achievement of Healthcare 2030.

Cognisant of the soft exit from COVID-9 in this reporting period, PM shifted focus towards the departmental reset and recovery strategy, Health is Everyone's Business. This strategy outlined the emerging priorities for health service re-design, knowledge creation and management; organisational culture; strategic purchasing as well as the re-design of management controls. PM's contribution is evident in the provision of a workforce that is capable, enabled, and well-developed for the health system of the future. At the same time, PM continues to support leaders and managers to create a supportive environment, collaborate on innovative PM processes and foster a progressive organisational culture. As an outcome of the reset agenda, person-centredness also has meaning internally for our employees. Our collective leadership approach should be one that nurtures our employees, so that they feel cared for (engaged) and at the same time, enables good performance towards service delivery.

The contribution of PM is evident in the provision of a workforce that is capable, enabled, and well-developed for the health system of the future. At the same time, PM also supports leaders and managers to create a supportive environment, innovative PM processes and progressive organisational culture where employees are cared for and engaged, whilst ensuring performance and delivery outcomes.

# Value of Human Capital in the Department

## The Status of Human Resources in the Department

The Department employs 33 359 staff members who are comprised of 65% health professionals and 35% administrative support staff. 89% of the employees are employed in a permanent capacity.

## Overview of the workforce

## Departmental Overview

72% are females and 28% are males.

37% are Black; 12 % are White, 49% are Coloured and 2% are Indian.

56% of senior management positions are held by females.

238 persons are classified as disabled.

89% of the staff is employed on a full-time permanent basis.

The length of service ranges from newly appointed staff to forty years.

The age profile of the workforce is:

- 3% under 25 years

- 45% aged 25 to 40 years
- 39% aged 41 to 55 years
- 10%-aged 56 to 60 years
- 3% aged 61 to 65 years

### SMS Overview

- 4 % African Female
- 8% African Male
- 29% Coloured Female
- 18% Coloured Male
- 3% Indian Female
- 3% Indian Male
- 20% White Female
- 15% White Male

PM 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 coordination, monitoring and evaluation, and provincial oversight of people management.
- Regional/district offices (decentralised level) provide 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 the staff is managed and where the implementation of PM policies occurs.

## People Management Priorities for 2022/23 & the Impact of these Priorities

Western Government Health has a staff establishment of 33 359 employees that attend to millions of patients annually within a stressful, busy and resource-constrained environment. Given the strategic imperatives, the PM impact and contribution will continue to focus on workforce planning and fostering a progressive organisational culture that contributes to the strategic direction; talent attraction and retention; employee growth and development, performance, delivery and diligence as well as proactively engaging employees in terms of resilience, personal health and wellbeing.

Therefore, the core PM delivery areas of the Department are:

- The Micro Design Process,
- PM Systems and Tools for enablement,
- PM Policy Review,
- Occupational Health and Safety,
- Accreditation of WCCN and EMS College, and
- City of Cape Town (Take-over of Health Facilities).

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

## Scarce Skills

Scarce skills are identified through a process of examining service delivery challenges and the difficulties in filling posts due to scarcity of health and allied, and support professionals. Proactive research is conducted into attrition, projected retirements and the supply and availability of qualified health and allied, and support professionals over the short to medium term period. This informs People Management planning and interventions such as the allocation of bursary funding and the implementation of the Occupation Specific Dispensation (OSD), to enable a continuous supply of skills to meet service delivery requirements.

During 2022/23 the scarce skills identified are: nursing specialties, radiography specialties (sonography and nuclear medicine), forensic pathology specialists, technicians and engineers.

## Clean HR Audit

The Department achieved a clean audit report in 2022/23.

## Labour Relations

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

Disciplinary transgressions of a serious nature, such as sexual harassment, discrimination and financial misconduct cases emanating from external stakeholders reports such as Provincial Forensic Services, Public Service Commission National Corruption Hotline and so forth are being dealt with by the Directorate: Employee Relations, to ensure efficiency and consistency in the handling of such cases. There is continuous capacity building of managers and employees which aims to enable productive and peaceful working environments and to effectively deal with labour related matters.

The Western Cape Public Health and Social Development Sectoral Bargaining Chamber had six meetings and two Task Team meetings for the reporting period, where negotiations and consultations with organised labour took place. The Department have 62 active Institutional Management Labour Committees which allows parties at institutional level to deal with workplace issues in a constructive and meaningful manner.

## Employment Equity

A new Employment Equity Plan has been adopted by the Department for the period of 1 September 2022-31 August 2027. The quarterly Employment Equity Consultative Forum meetings have been held during the reporting period. The Department of Employment and Labour has received the Annual Employment Equity Report, which details progress in addressing practices and policy to support the achievement of EE goals. Where under representation exist in the workforce analysis of the Employment Equity plan, affirmative action steps will be taken to address the underrepresentation.

There are still important issues that require attention, including succession planning and employee retention, work environment and facilities. The new Employment Equity Plan responds to these considering the strategic direction for People Management on workforce capability and capacity in order to achieve a diverse, capable workforce in addition to meeting numerical and sector targets.

## Organisational Culture


In support of Healthcare 2030, there is a compelling vision calling for the transformation of our health care system. This impacts on how we render our services (service redesign), how to become more efficient (org realignment) and how we collectively lead as well as live and work together (org culture). The Organisational Culture and Leadership Transformation journey has been underway in the Department for several years to co-create a people-centred health system with a social learning orientation that is enabled through dispersed leadership. Several leadership development initiatives have been implemented with the goal of creating a workplace culture where employees feel engaged, empowered, included and are appreciated for their contributions and their diversity. This culture change is monitored and measured on an on-going basis to gauge the shift towards a more positive workplace culture. Two organisational surveys are conducted in the Department at different intervals:

- Barrett Values Survey – Assessment of Organisational Culture & Values
- Employee Engagement Survey – Assessment of Staff Satisfaction at Work

Since the inception of the Organisational Culture and Leadership Transformation Journey, significant shifts have occurred. The organisational culture has shifted positively overall, where the entropy levels (measure of the internal dysfunction/ discord that causes internal challenges within the organisation) has decreased from 21% in 2015 to 15% in 2019. The lower the entropy score, the better, more aligned, efficient and healthy functioning the organisation is. The latest Barrett Values Survey that was conducted in 2022/23*:*

- Whilst there was a consistency of 15% entropy, there was an increase in the value matches, from 7 to 8, which is a positive shift in terms of values alignment,
- In addition, Department's composite culture score is 71, which is an improvement from 67 in 2019/20 Barrett Values Survey, and
- The culture score combines 3 indices from the Barrett Values Survey to establish the overall organisational health of the Department, namely 1) how well aligned the values are, 2) how balanced the focus of the Department is and 3) the entropy score. Taken together, the

organisational health of the Department can be determined and compared to other sectors and industries globally.

As per the Departments survey cycle, the Employee Engagement Survey will be conducted in 2023/24.

## Employee Health & Wellness Programme

The Employee Health and Wellness Programme (EHWP) provides employees with access to professional counselling and wellness services, to help them manage personal and work-related problems that impact their wellbeing, productivity, and performance at work. By facilitating early risk identification and treatment, it proactively improves productivity. EHWP assists employees with maintaining work-life balance and has multifaceted benefits, including improving productivity and, most importantly, improved patient-centred care. The EHWP is well-positioned to look after healthcare workers' mental health and ensure that their skills and expertise can be retained within the private and public health sectors.

## Employee Health and Wellness Programme

EHWP has evolved, with the services available to all employees and their immediate household members, Support to managers is available using formal referrals, conflict mediation, managerial consultancy and leadership coaching services. The EHWP encompass the following:

- Individual wellness (physical and psycho-social),
- Organisational wellness; and work-life balance interventions,
- Group Therapy for Specific Occupations,
- Occupational Therapeutic Services,
- Psychiatric Assessments,
- Strategic Leadership Development (Individual and Group Coaching), and
- Occupational Health Risk Assessments.

The total Engagement rate for the year under review, has reached 41% of the eligible population and this is attributable to a corresponding increase for four of the total six contributors, which were:

- Participation in health and education training sessions,
- Referrals for CISD incidents,
- Participation in awareness sessions, and
- The coaching benefits.

The overall engagement of the EHWP has increased from 31,41% to 41% and this was largely due to an increase in the majority of the contributors to engagement, namely, the Group (CISD) interventions, advocacy & awareness and the health education and training sessions as well as the coaching benefit. However, there was a decline in the key pillar of the Total Engagement Rate (TER), individual utilisation as well as the onsite clinic utilisation.

Work-related, trauma, relationships, family, and legal issues presented as the primary problem clusters in the period under review, with legal problems being the only problem cluster that has increased in incidence in the period under review. The top problem types associated with this profile are bereavement stemming from the loss of loved ones, conflict in personal relationships, absenteeism and extended leave and child behavioural issues.

## HIV and AIDS, STIs & 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 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 HIV Testing Services programme therefore offers an integrated approach to well-being.

The HIV Testing Services Programme has evolved, and the Department is currently procuring a new service provider to provide a more comprehensive programme in the department for the 2023/24 financial year. A total number of 300 employees were tested during the 2022/23 financial year. The programme was negatively affected by limited testing opportunities post COVID-19. Employees that tested positive for HIV were provided with on-site counselling and referred to the medical aid schemes HIV and AIDS programme as well as the Employee Wellness Programme to mitigate any risks.

## Safety, Health, Environment, Risk & Quality (SHERQ)

### *Provincial Safety, Health, Environment, Risk and Quality (SHERQ) Policy*

The Department's Safety, Health, Environment, Risk and Quality (SHERQ) programme is guided by the Provincial SHERQ Policy. 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. The primary objective of a SHERQ policy should be to prevent or reduce work-related accidents, occupational diseases, and embody the organisational commitment to workplace health and safety.

The SHERQ policy was first adopted in 2014, reviewed 2016, and the third review of the policy which started in 2019. The SHERQ policy has been adopted and accepted by top management and unions in 2022/23. The purpose of the SHERQ policy is:

- The SHERQ policy addresses the WCGH's legal responsibility and commitment to provide a safe working environment in which the health and safety of health-care workers, healthcare users, students, contractors, visitors, and volunteers are prioritised in all facilities falling under WCGH&W's control.
- This policy covers aspects relating to Safety, Health, Environment, Risk and Quality of services while ensuring sustained quality service delivery.

The scope of the SHERQ policy covers:

- This policy shall apply to the WCGH (employer), all its healthcare workers and workplaces, as well as persons other than WCGH healthcare workers (mandatories, healthcare users, students, interns, visitors, contractors, and volunteers) across all WCGH operations and facilities.

The objectives of this policy are to ensure that:

- A safe and healthy environment is provided for healthcare workers and persons other than WCGH healthcare workers (mandatories, healthcare users, students, visitors, contractors, and volunteers) as appropriate.

- To implement standardised measures aimed at improving and sustaining optimum quality services for patients and employees.
- A framework for Occupational Health and Safety, IPC and QA activities and services within WCGH is provided.

### *HIRA and Occupational Hygiene Assessments 2022/23*

The Occupational Health and Safety programme has evolved within the Department post pandemic. The Department focused on developing health & safety baselines for health facilities. The risk management programme has focused on two critical areas in terms of Health/hazard risk assessments (HIRA) and Occupational Hygiene Assessments.

Health/hazard risk assessments (HIRA) is one of the essential tasks to be undertaken by the employer to ensure a safe working environment. A risk assessment is simply a careful examination of what could cause harm to employees in your workplace. It also helps decide what precautions, training and skills need to be implemented to reduce workplace incidents, injuries and fatalities.

Occupational Hygiene is the discipline of anticipating, recognising, evaluating and controlling health hazards in the working environment. Legislation dictates that Occupational Hygiene surveys and assessments must be conducted by an Approved Inspection Authority (AIA) to help employers comply with the requirements of the Occupational Health and Safety Act.

| Occupational Hygiene Assessments 2022/23 | Number of Health facilities |
|---|---|
| Metro | 30 out of 67 Health Facilities<br>(45% for proxy/sample assessment) |
| Rural | 99 out of 205 Health Facilities<br>(48% for proxy/sample assessment) |
| **Total** | **129** |

| Additional HIRA Assessments 2022/23 | Number of Health facilities |
|---|---|
| Metro/Rural | 128 (includes 3 Tertiary Hospitals) |
| EMS | 61 sites |
| **Total** | **318** |

*Additional HIRA assessments covered sites that could not be covered in the previous financial year.*

## Diversity Management

The Department acknowledges the need to engage on matters of diversity in the workplace to leverage diversity as a strength. There are measures which has been put in place to create awareness, build capacity, strengthen accessibility and accommodation to embrace diversity inclusive of race, gender, disability, culture and language among others.

### *Disability*

The WCGH ascribes to the National JOBACCESS Strategic Framework on the Retention and Employment of Persons with Disabilities. The Department acknowledges that there are many challenges with employees with disabilities. The Department endeavours to provide guidance and assistance through disability management. The ultimate aim is to ensure that all employees with disabilities, irrespective of race, sex, or creed, can enjoy their fundamental freedoms and human rights.

During the 2022/2023 reporting period, the number of employees with a disability has increased to 238 towards the numerical target of 2% of the employment of persons with disabilities.

The Department continues with the implementation of the JOBACCESS Strategic Framework for disability.

There is a marginal increase in the numerical target for disability. There has been significant progress in breaking down the stereotypical understanding of disability employment within the Department. The change in mindset has caused a shift in the occupational categories of Occupational Specific Dispensation (OSD) and Non-OSD. Non-OSD was reported at 76% whilst OSD was at 24% of the current disability workforce profile. A further breakdown in the occupational category of non-OSD, only 32% are reported at lower-level positions, 67% of positions are administrative, supervisory, and middle management and 1% of positions are in engineering and related.

The impact towards achieving the 2% employment target (to date) can be attributed to continuous advocacy, awareness, and disability management of employees who report temporary or permanent impairments thus contributing to positive change in the employee's perception of disability.

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

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

### *Gender*

The WCGH Transformation journey provides the roadmap towards an endearing, inclusive culture within the Western Cape Government Health and Wellness where the Gender Equality Strategic Framework outlines key strategic areas to mobilise for gender transformation and empowerment.

The key strategic areas that drive gender equality are encapsulated in four critical pillars namely, creating an enabling environment, equal opportunities, a barrier free workplace and gender

mainstreaming. These align to the Department's Transformation strategy, Leadership Development strategy, the Departmental strategy, and the vision of healthcare 2030 where person centred care of both patients and employees is the core driving force. This further aligns to the WCGHs 2020-2025 Strategic Plan where Gender Equality and Women's Empowerment are among other priorities.

The implementation of the Gender Equality Strategic Framework is ongoing where notable shifts are evident in the culture change and leadership journey evolving the approach to embracing diversity and strengthening the leadership pipeline.

During the 2022/23 and the previous reporting period the WCGH consistently achieved 56% of women in Senior Management. Measures have been implemented to sustain the target achieved and promote an organisational culture that embraces diversity as a strength promoting inclusivity. These include among others:

- Diversity and Inclusion sensitisation, advocacy, and awareness at all levels,
- Diversity Mainstreaming which includes mainstreaming of gender into policy, processes, and programmes,
- Leadership Development initiatives aiming to strengthen the leadership pipeline and dispersed leadership,
- Monitoring and evaluation of Gender at all levels including SMS level, and
- Continued departmental audits in respect of Gender and Youth.

The WCGH has further adopted the 365 days of Activism for no violence to ensure a sustained approach in providing support, raising awareness on gender-based violence, human trafficking, and Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/questioning, Asexual + (LGBTIQA+) sensitisation, and Bullying in the workplace further aligning to the Provincial Gender-based Violence Implementation Plan activities for the WCGH and the Code of Good Practice for the prevention and Elimination of Harassment in the Workplace.

The promotion and support for breastfeeding in the workplace as per the approved breastfeeding in the workplace policy further provides an enabling environment for lactating mothers in alignment to the four critical pillars of the Gender Equality Strategic Framework.

## Change Management (CM)

Given that change is a continuous endeavour in the life cycle of any organisation, the Department has a dedicated component that focusses on Change Management support and guidance. This service includes the advice and guidance to managers on the impact of changes on staff and teams under the leadership and how best to communicate, engage and give feedback to staff on the changes affecting them. There are toolkits, guides as well as on-going upskilling / support from the Change team and it is an embedded practice in the Department.

Changes taking place in the Department range from the introduction of technology or systems, organisational re-alignment (structure and process) changes, infrastructure projects as well as organisational culture change. During this reporting period, the following initiatives that took place in the Department received Change Management support:

*Organisational Re-alignment Projects:*

- Decommissioning of Brackengate Field Hospital as COVID-19 Facility
- SCM Clinical Sourcing transformation

*Infrastructure Projects:*

- Tygerberg Laundry Revitalisation Project - ongoing

*Technology-Led Change Projects:*

- CAReS – Clinical Appointment Referral Electronic System- ongoing

*Organisational Culture Initiatives:*

- Organisational Culture Initiative for Tygerberg Hospital - ongoing

## Nursing

### *Nursing Information Management System*

The Nursing Information Management System has three modules namely: nursing agency module, staff module and Internal overtime pool module.

#### The NIMS Agency Module

The NIMS Nursing Agency module is an electronic booking system utilized to request and order supplementary nursing staff from private nursing agencies on contract with the Western Cape Government Health facilities. NIMS assists in managing Nursing Agency expenditure.

The NIMS Staff Module standardizes the capturing of all staff information, streamlining and regulating all processes for capturing staff information per facility, allocations and all types of leave.

On-going support in terms of new training, activations, desktop support and upskilling in the various NIMS Modules is provided to the WCGH facilities and the nursing agencies. A generic email was set-up nims@westerncape.gov.za.

Training Manuals, pamphlets and step-by-step guides were developed to facilitate the training on these modules. QR codes on all new NIMS pamphlets enables access to NIMS via your mobile device or computer through http://nims.westerncape.gov.za.

All nursing agencies and health facilities continue to receive desktop support and face to face training. A Bid Committee has been established for the new Nursing Agency contract which will be advertised shortly as the current contract comes to an end at the end August 2023. In terms of the Staff Module, we are ready to implement as health facilities request these functions.

### *Formal Nursing – Utilization of Clinical Platform*

During the 2022 academic year, 2183 nursing students, enrolled in undergraduate and postgraduate nursing programmes were placed for clinical learning experiences across the accredited health facilities in the Province using the Provincial coordinated clinical placement system.

Due to the changing landscape of nursing education and practice in South Africa as a result of the implementation of the new nursing qualifications aligned to National Qualifications Framework (NQF) Act, 2008 and Higher Education Act 1997( as amended), and a delay in the accreditation of Higher Education Institutions and Western Cape College of Nursing (WCCN) with South Africa Nursing Council (SANC) and Council of Higher Education, there was no post graduate specialty nursing training at Western Cape College of Training in the 2022 academic year.

Stellenbosch University, Cape Peninsula University of Technology and University of the Western Cape received accreditation for some of the Post Graduate Diploma (PGD) Nursing programmes and 99 PGD students commenced with specialty training in 2023 and funding was made available from programme 6.1 for 39 relief posts.

The WCCN had a first intake of 1-year Higher Certificate in Nursing 147 students on 24 January 2023 and 4-year bachelor's in nursing 50 students on the 6th March 2023.

### *Nursing Practice*

The authorisation to prescribe and dispense medicines by Clinical Nurse Practitioners (CNP's) and Professional Nurses are ongoing to comply with the legislative requirements and to promote access to service delivery.

A database of authorised Nurse Practitioners has been developed and is monitored for compliance on annual bases by the sub-directorate Nursing Practice. Nursing staffing (nurse-patient ratios) monitored to ensure proper planning, allocation, and utilization of nurses in the clinical areas and to optimize the provisioning of quality patient care.

The Nursing Practice sub-directorate participated in Interprofessional clinical governance structures such as Provincial Coordinated Governance Committees (PCGCs) and played a critical role in the development of clinical service standards to improve the quality-of-service delivery.

Management of the commencement and completion process of nursing community service was done.

During the period under review, 346 Community Service Practitioners were placed in the service platform to do their Community Service.

Monitoring the competence of the Community Service Nurse Practitioners was done to ensure readiness to practice independently. Scope of Practice of Advance Psychiatric Nurse, Trauma and Emergency, Midwifery and Clinical Forensic nurses were evaluated, and recommendations made for improvement.

National Strategic Direction for Nursing and Midwifery Education and Practice 2020/21-2025/26. Clinical governance implementation plan developed and aligned with the National Annual Performance Plan.

Continuous Professional Development (CPD) Pilot project was implemented with 207 participants and achieved 100% compliance with both training and practical.

## Workforce Planning Framework & Key Strategies to Attract & Recruit a Skilled & Capable Workforce

Workforce planning for the health services remains a complex exercise as it needs to be responsive to the healthcare platform both in the short and longer term, to deliver optimal health care. A dedicated team currently has this function as its focus. The workforce planning framework has been mandated by the Department of Public Service and Administration (DPSA) and provide a baseline for the HR planning process. An analysis is conducted of the external and internal environment, strategic direction of the Department, workforce trends and changes of the macro environment and what is available in the existing workforce. A gap analysis is done to determine the workforce priorities that would have the greatest impact. These are reflected in the HR Plan submitted to the DPSA, the Workplace Skills Plan and influences the talent management and development processes in the Department.

## Employee Performance Management Framework

A Performance Management and Development System (PMDS), prescribed by the Department of Public Service Administration (DPSA), has been operational since 2003. The system is managed on a decentralised basis where each district is responsible for the completion of its processes. The Head Office (HO) component oversees the process and concludes the final report by ensuring correctness of all moderating processes. The HO component also plays a policy management and oversight role in this regard. The new Directive's from DPSA for salary levels 1-12 and SMS members were successfully implemented with effect from 1 April 2018. The Department has introduced PERMIS as from 1 April 2020 and it is still a phased in process. Grade progression for OSD and Non-OSD employees is decentralized but HO has an oversight role and is responsible for implementation of grade progression for HO staff. Grievances regarding the processes linked to performance is dealt with by HO component for the Department.

## 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 to ensure wide participation and buy-in from managers. Topics that were addressed during the reporting period include:

- Work Arrangements: A Hybrid Model
- Policy on State Residential Accommodation
- Input was provided to the following transversal draft policies and strategies namely the WCG Headhunting Policy
  WCG Framework for Attraction and Retention of Talent, the WCG Work Arrangements Guide, the WCG Onboarding Guide, and the WCG People Strategy.

## Challenges Faced by the Department

### *Financial Challenges*

The greatest challenge is not with the design of an organisation and post structure itself, but rather the available budget to fund the post structure. The personnel budget is not sufficient to fund all posts on the approved organisation and post structure of the Department and is managed via the Approved Post List (APL) on an annual basis. The current funded approved staff establishment reflects a 7% vacancy rate.

Budget constraints are deemed to continue for the 2023/24 Medium-Term Expenditure Framework period given the state of the economy and other related factors. This means that the Department will have to do more with less. This includes improving the productivity and efficiency amongst staff in all functional areas and on all levels within the Department. To protect the core business of the Department, which is health service delivery and patient care, the impact of budget constraints needs to be minimised in clinical functional areas and optimised within the administrative areas.

As a further effort to become more efficient, the Micro Design Process is underway to review of the functional and process alignment for the micro level in the WCGH in partnership with the Directorate Organisation Design at the Department of the Premier.

### *Competencies*

A connected leader is central to our brand and culture journey. Our governance reforms and redesign (Health is everybody's business, 2022) require a paradigm shift from a disproportionate reliance on command and control to a more inclusive, participatory, consensus-building leadership, which is responsive and accountable, driving locally led change and decision-making.

Strengthening connected leadership at all levels and enhancing stewardship capability of managers at all levels in the health system are imperatives for our service redesign journey toward a people-centric, trusted and equitable health system and healthier society.

As per our Leadership Development Strategy our focus remains on the distributed leadership model directed at:

- Developing leaders and teams.
- Embodying the organisational values and behaviours, toward a value-driven organisation.
- Nurture creativity to enable innovation.

- A system that enables and sustains the development of high performing individuals connecting within teams.

Current leadership training programmes, including the Post Graduate Diplomas in Health Management at the University of Stellenbosch and the University of Cape Town (UCT) Oliver Tambo Fellowship Health Leadership Programme, target our emerging leaders to:

- Develop a learning organisation approach building resilience, adaptability, and innovation.
- Connect and collaborate, to ensure alignment of and opportunities to continuously improve the supporting processes, practices, and systems.

The training programmes, the Aurum Management Development Programme and Free to Grow, Engaged Leadership Programme, focus on building the capability and development of facility and operational managers providing technical and functional capabilities, mentorship, coaching and support; In addition, they embed a culture through fostering effective communication and listening with empathy.

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

Full-time bursaries address scarce skills to ensure continuous availability of health and support professions, while part-time bursaries are offered to existing staff to ensure they develop the critical competencies required. A total of 1351 bursaries, including full-time and part-time, were allocated, based on service need and the availability of funding.

***Number of clinical training interventions:***

*Health and allied health professionals: 4127*

*Non-professionals: 1466*

***Total: 5587***

Full-time bursaries for prospective health occupations: 863 (217 newly awarded; 646 maintenance).

Part-time bursaries to develop competencies of existing staff: 488 (245 newly awarded; 243 maintenance).

Another focus area is the development of functional competencies in operational support services.

People Development also coordinates the structured youth development programme, stimulating internship, learnership and training opportunities for young recent matriculants, student interns requiring work integrated learning and unemployed graduates. The programmes are based on departmental

need and the availability of interns and learners provide a pipeline of talent into entry level posts, dependent on the availability of funded posts and a formal competitive process. A total of 1488 was provided.

People Development is responsible for the coordination and placement of Medical Interns and Community Service health and allied health professionals.
Pharmacist Interns (23) and Clinical Psychology interns (16) were also placed in the services.

***During the 2023 cycle that commenced on 1 January 2023, a total of 653 medical interns were placed at our 11 health facility complexes:***

| | |
|---|---|
| *First year medical interns* | *332* |
| *Second year medical interns* | *321* |

The College of Emergency Care is in the accreditation phase of their formal training programmes. They were involved extensively in clinical training, developing the competencies in basic, intermediate, and advanced life support of emergency medical care personnel and the updates on Ambulance Emergency Technician (ANT)) and Emergency Care Practitioner Clinical Practice Guidelines.

***In addition, 604 community service placements were facilitated through Metro and Rural Health Services. The breakdown is as follows:***

| | |
|---|---|
| *Allied Health Professions* | *147* |
| *Medical Officers* | *228* |
| *Nursing professionals* | *229* |

### *Managing of Grade Progression & Accelerated Pay Progression*

With the implementation of all the occupational specific dispensation 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. Audits have been conducted at the Substructures of Metro Health Services and have been rolled out at RXH and will be further rolled out within the Department. In terms of a DPSA directive no pay progression was implemented with effect from 1 July 2021. Since July 2022 pay progression has once again been implemented to qualifying employees.

### *Recruitment of Certain Health Professionals*

The recruitment of qualified and competent health professionals poses a challenge due to the scarcity of specialists in rural areas and the restrictive appointment measures that are imposed on certain of the occupations. The limited number of funded medical intern and community service posts for health professionals is a challenge given that the need for posts exceeds the supply.

### *Age of Workforce*

45% of the workforce is between the ages 25 years to 40 years and 39% between the ages 41years 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 WCGH 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. Analysis indicates that the WCGH may experience a shortage of skilled staff in the near future due to a relatively high percentage (13%) nearing retirement (65 years) or early retirement age (55 years). However, retirees mainly fall into the 60 year – 64-year age group.

## Future Human Resource Plans/Priorities

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

- Transformation of the Organisational Culture
- Development of a People Management Strategy
- Flexible Workplace Practices
- Leadership and Management Development (aligned to Dispersed Leadership Principles)
- Clinical Skills Development
- Workforce forecasting and development to address the shortage of scarce and critical skills
- Organisational Re-alignment of the Department
- Employee Health and Wellness Programme
- Address Staff Burnout and Wellbeing
- Diversity and Inclusion Practices (inclusive of EE, Disability, Youth, Women & Gender)
- Occupational Health and Safety Capacity Building and Compliance
- Dispute Management and Prevention
- Building/transforming Workplace Relations
- Managerial Capacity Building and outreach to effectively manage employee relations and
- Capacity Building to ensure sound people management practices.

# Human Resource Oversight Statistics

## Personnel related Expenditure

The following tables summarises final audited expenditure by Budget Programme and by salary bands. In particular, it indicates the amount spent on personnel in terms of each of the Programmes or salary bands within the WCGH. The figures for expenditure per Budget Programme are drawn from the Basic Accounting System 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 WCGH. Programmes will be referred to by their number from here on.

| 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 2022/23**

| Programmes | Total Expenditure R'000 | Personnel Expenditure R'000 | Training Expenditure R'000 | Goods & Services R'000 | Personnel Expenditure as a % of Total Expenditure | Average Expenditure per Employee R'000 | No. of Employees |
|---|---|---|---|---|---|---|---|
| Programme 1 | 1 056 592 | 408 483 | 1 566 | 1 | 38,66% | 572 | 714 |
| Programme 2 | 12 036 821 | 6 526 652 | 15 884 | 366 862 | 54,22% | 479 | 13 616 |
| Programme 3 | 1 302 918 | 793 815 | 1 068 | 17 | 60,93% | 411 | 1 933 |
| Programme 4 | 4 506 521 | 3 189 650 | 3 624 | 84 199 | 70,78% | 488 | 6 539 |
| Programme 5 | 7 927 831 | 5 205 194 | 2 866 | 101 772 | 65,66% | 556 | 9 355 |
| Programme 6 | 383 735 | 174 315 | 24 440 | - | 45,43% | 723 | 241 |
| Programme 7 | 585 229 | 362 797 | 1 038 | 6 | 61,99% | 439 | 827 |
| Programme 8 | 1 115 356 | 59 525 | 1 082 | 156 | 5,34% | 692 | 86 |
| **TOTAL** | **28 915 003** | **16 720 431** | **51 568** | **553 013** | **57,83%** | **502** | ***33 311** |

**Note**

- The number of employees refers to all individuals remunerated during the reporting period, including the Minister.
- * The number is accumulative of the average number of employees per programme for the period 1 April 2022 to 31 March 2023 and not a snapshot at a specific date.
- Expenditure of sessional, periodical, extra-ordinary appointments and admin interns is included in the expenditure, but their numbers are not included in the personnel totals which inflate the average personnel cost per employee by a small margin.
- The total number of employees is the average of employees that were in service for the period 1 April 2022 to 31 March 2023.
- The average is calculated using the number of staff as of the 15th of each month, April 2022 - February 2023 and 31 March 2023.
- Goods & Services: Consist of the SCOA items Agency and Outsourced Services: Admin and Support Staff, Nursing Staff and Professional Staff.

| Personnel Expenditure by Salary Band for 2022/23 | | | | |
|---|---|---|---|---|
| **Salary Bands** | **Personnel Expenditure R'000** | **% of Total Expenditure** | **Average Expenditure per Employee R'000** | **No. of Employees** |
| Lower Skilled (Levels 1 - 2) | 685 242 | 4,10% | 225 | 3046 |
| Skilled (Level 3 - 5) | 3 664 039 | 21,93% | 284 | 12894 |
| Highly Skilled Production (Levels 6 - 8) | 3 628 038 | 21,71% | 429 | 8459 |
| Highly Skilled Supervision (Levels 9 - 12) | 8 641 154 | 51,71% | 977 | 8846 |
| Senior and Top Management (Levels 13 - 16) | 92 274 | 0,55% | 1398 | 66 |
| **TOTAL** | **16 710 747** | **100.00%** | **502** | *** 33 311** |

**Note**

- The number of employees refers to all individuals remunerated during the reporting period, excluding the Minister.
- * The number is accumulative of the average number of employees per programme for the period 1 April 2022 to 31 March 2023 and not a snapshot at a specific date.
- Expenditure of sessional, periodical, extra-ordinary appointments and admin interns is included in the expenditure, but their numbers are not included in the personnel totals which inflate the average personnel cost per employee by a small margin.
- The Senior Management cost includes commuted overtime of health professionals which inflates the average personnel cost per employee.
- The total number of employees is the average of employees that were in service for the period 1 April 2022 to 31 March 2023. The average is calculated using the number of staff as of the 15th of each month, April 2022 - February 2023 and 31 March 2023.

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

**Salaries, Overtime, Housing Allowance & Medical Assistance by Programme for 2022/23**

| Programmes | Salaries | | Overtime | | Housing Allowance | | Medical Assistance | |
|---|---|---|---|---|---|---|---|---|
| | Amount R'000 | As a % of Personnel Costs | Amount R'000 | As a % of Personnel costs | Amount R'000 | As a % of Personnel costs | Amount R'000 | As a % of Personnel costs |
| Programme 1 | 362 691 | 2,17% | 1 620 | 0,01% | 9 186 | 0,05% | 19 154 | 0,11% |
| Programme 2 | 5 913 591 | 35,39% | 402 956 | 2,41% | 167 322 | 1,00% | 301 849 | 1,81% |
| Programme 3 | 663 277 | 3,97% | 51 658 | 0,31% | 27 804 | 0,17% | 54 747 | 0,33% |
| Programme 4 | 2 695 361 | 16,13% | 256 437 | 1,53% | 83 983 | 0,50% | 155 422 | 0,93% |
| Programme 5 | 4 062 971 | 24,31% | 555 904 | 3,33% | 112 154 | 0,67% | 207 777 | 1,24% |
| Programme 6 | 173 588 | 1,04% | 2 587 | 0,02% | 3 631 | 0,02% | 6 739 | 0,04% |
| Programme 7 | 296 998 | 1,78% | 27 288 | 0,16% | 11 944 | 0,07% | 22 775 | 0,14% |
| Programme 8 | 57 241 | 0,34% | 44 | 0,00% | 700 | 0,00% | 1 349 | 0,01% |
| **TOTAL** | **14 225 718** | **85.13%** | **1 298 494** | **7.77%** | **416 724** | **2.49%** | **769 812** | **4.61%** |

**Note**

- Salaries, overtime, housing allowance and medical assistance are calculated as a percentage of the total personnel expenditure.
- The table does not make provision for other expenditures such as Pensions, Bonuses and Other Allowances which make up the total personnel expenditure. Salaries, Overtime, Housing Allowances and Medical Assistance amount to R16 710 747 472 of the total personnel expenditure.
- Expenditure of sessional, periodical and abnormal appointments is included in the expenditure.
- Expenditure of the joint staff on the establishment of universities (on their conditions of service) is excluded in the above.

| Salaries, Overtime, Housing Allowance & Medical Assistance by Salary Band for 2022/23 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Salary Band | Salaries | | Overtime | | Housing Allowance | | Medical Assistance | |
| | Amount R'000 | As a % of Personnel costs | Amount R'000 | As a % of Personnel costs | Amount R'000 | As a % of Personnel costs | Amount R'000 | As a of Personnel costs |
| Lower Skilled (Levels 1 - 2) | 559 559 | 3,35% | 10 732 | 0,06% | 42 408 | 0,25% | 72 543 | 0,43% |
| Skilled (Level 3 - 5) | 3 037 843 | 18,18% | 103 394 | 0,62% | 186 376 | 1,12% | 336 426 | 2,01% |
| Highly Skilled Production (Levels 6 - 8) | 3 209 701 | 19,21% | 97 445 | 0,58% | 114 527 | 0,69% | 206 366 | 1,23% |
| Highly Skilled Supervision (Levels 9 - 12) | 7 327 072 | 43,85% | 1 086 857 | 6,50% | 73 413 | 0,44% | 153 812 | 0,92% |
| Senior and Top Management (Level 13 - 16) | 91 544 | 0,55% | 65 | 0,00% | 0 | 0,00% | 665 | 0,00% |
| **TOTAL** | **14 225 718** | **85.13%** | **1 298 494** | **7.77%** | **416 724** | **2.49%** | **769 812** | **4.61%** |

**Note**

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

## Employment & Vacancies

| Employment & Vacancies by Programme as at the 31 March 2023 | | | | |
|---|---|---|---|---|
| **Programmes** | **No. of Funded Posts** | **No. of Posts filled** | **Vacancy Rate %** | **No. of persons additional to the establishment** |
| Programme 1 | 825 | 693 | 16,00% | 16 |
| Programme 2 | 14 194 | 13 384 | 5,71% | 1 274 |
| Programme 3 | 2 076 | 1 939 | 6,60% | 0 |
| Programme 4 | 7 343 | 6 803 | 7,35% | 715 |
| Programme 5 | 10 008 | 9 359 | 6,48% | 474 |
| Programme 6 | 342 | 231 | 32,46% | 36 |
| Programme 7 | 922 | 847 | 8,13% | 24 |
| Programme 8 | 127 | 103 | 18,90% | 4 |
| **TOTAL** | **35 837** | ***33 359** | **6.91%** | **2 543** |

**Note**

- The number of employees refers to all individuals remunerated during the reporting period, excluding the Minister.
- * Number of staff as at 31 March 2023.
- Expenditure of sessional, periodical, extra-ordinary appointments and admin interns is included in the expenditure, but their numbers are not included in the personnel totals which inflates the average personnel cost per employee by a small margin.
- The Senior Management cost includes commuted overtime of health professionals which inflates the average personnel cost per employee.

| Employment & Vacancies by Salary Band as at 31 March 2023 | | | | |
|---|---|---|---|---|
| **Salary bands** | **No. of Funded Posts** | **No. of Posts filled** | **Vacancy Rate %** | **No. of persons additional to the establishment** |
| Lower Skilled (Levels 1 - 2) | 3 290 | 3 048 | 7,36% | 84 |
| Skilled (Level 3 - 5) | 13 767 | 12 884 | 6,41% | 500 |
| Highly Skilled Production (Levels 6 - 8) | 9 106 | 8 421 | 7,52% | 763 |
| Highly Skilled Supervision (Levels 9 - 12) | 9 603 | 8 940 | 6,90% | 1 196 |
| Senior and Top Management (Levels 13 - 16) | 71 | 66 | 7,04% | 0 |
| **TOTAL** | **35 837** | ***33 359** | **6.91%** | **2 543** |

**Note**

- Nature of appointments periodical, abnormal and admin interns is excluded.
- Vacancy rate is based on funded vacancies.
- * The number of employees refers to all individuals remunerated during the reporting period, excluding the Minister.
  * Number of staff as at 31 March 2023.

| Employment & Vacancies by Critical Occupations as at 31 March 2023 | | | | |
|---|---|---|---|---|
| **Salary bands** | **No. of Funded Posts** | **No. of Posts filled** | **Vacancy Rate %** | **No. of persons additional to the establishment** |
| Clinical Technologist | 89 | 85 | 4,49% | 0 |
| Industrial Technician | 82 | 61 | 25,61% | 1 |
| Medical Ort & Prosthetist | 17 | 16 | 5,88% | 0 |
| Medical Physicist | 13 | 12 | 7,69% | 0 |
| Pharmacists | 477 | 459 | 3,77% | 82 |
| **TOTAL** | **678** | **633** | **6.64%** | **83** |

**Note**

- The information in this section is provided as a snapshot of the end of the financial year under review.
- Nature of appointment periodical and abnormal is excluded.
- Vacancy rate is based on funded vacancies.

## Job Evaluation

Job evaluation was introduced as a way of ensuring that work of equal value is remunerated equally. Within a Nationally determined framework, executing authorities are required to evaluate each new post in his or her organisation or re-evaluate any post where the post mandate or content has significantly changed. The job evaluation process determines the grading and salary level of a post. Job Evaluation and Staff Performance Management differ in the sense that Job Evaluation refers to the value/weighting of the activities that are associated with the post.

| Job Evaluations 2022/23 | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Salary band** | **No. of posts** | **No. of jobs evaluated** | **% of posts evaluated** | **Posts upgraded** | | **Posts downgraded** | |
| | | | | **No.** | **% of Posts Evaluated** | **No.** | **% of Posts Evaluated** |
| Lower Skilled (Levels 1 - 2) | 3 048 | 0 | 0,00% | 0 | 0,00% | 0 | 0,00% |
| Skilled (Level 3 - 5) | 12 884 | 1 | 0,01% | 0 | 0,00% | 0 | 0,00% |
| Highly Skilled Production (Levels 6 - 8) | 8 421 | 0 | 0,00% | 0 | 0,00% | 0 | 0,00% |
| Highly Skilled Supervision (Levels 9 - 12) | 8 940 | 14 | 0,16% | 0 | 0,00% | 0 | 0,00% |
| Senior Management Service Band A (Levels 13) | 52 | 1 | 1,92% | 0 | 0,00% | 0 | 0,00% |
| Senior Management Service Band B (Levels 14) | 9 | 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** | **33 359** | **16** | **0,05%** | **0** | **0,00%** | **0** | **0,00%** |

**Note**

- Most posts on the approved establishment were evaluated during previous reporting years and the job evaluation results are thus still applicable.

| Profile of Employees whose Salary Positions Were Upgraded due to their Posts Being Upgraded, in 2022/23 | | | | | |
|---|---|---|---|---|---|
| **Gender** | **African** | **Indian** | **Coloured** | **White** | **TOTAL** |
| Female | 0 | 0 | 0 | 0 | 0 |
| Male | 0 | 0 | 0 | 0 | 0 |
| **TOTAL** | **0** | **0** | **0** | **0** | **0** |
| Employees with a disability | 0 | 0 | 0 | 0 | 0 |

**Note**

- None for the reporting period.

| Employees who have been Granted Higher Salaries than those determined by Job Evaluation in 2022/23 | | | | | |
|---|---|---|---|---|---|
| **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** |
| 0 | 0 | 0 | 0 | 0 | 0 |
| Total number of employees whose salaries exceed the level determined by job evaluation (including awarding of higher notches) | | | | | 0 |
| | | | | **% of total employed** | **0,00%** |

| Employees who have been Granted Higher Salaries than those determined by Job Evaluation per race group, for 2022/23 | | | | | |
|---|---|---|---|---|---|
| **Gender** | **African** | **Indian** | **Coloured** | **White** | **TOTAL** |
| Female | 0 | 0 | 0 | 0 | 0 |
| Male | 0 | 0 | 0 | 0 | 0 |
| **TOTAL** | **0** | **0** | **0** | **0** | **0** |
| Employees with a disability | 0 | 0 | 0 | 0 | 0 |

## Employment Changes

Turnover rates indicate trends in the employment profile of the WCGH 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 2022/23**

| Salary band | No. of employees per band as at 31 March 2022 | Turnover rate 2021/22 | Appointments | Transfers into the Department | Terminations out of the Department | Transfers out of the Department | Turnover rate 2022/23 |
|---|---|---|---|---|---|---|---|
| Lower Skilled (Levels 1 - 2) | 3047 | 6,10% | 281 | 0 | 152 | 3 | 5,09% |
| Skilled (Level 3 - 5) | 13167 | 9,00% | 1187 | 10 | 1245 | 49 | 9,83% |
| Highly Skilled Production (Levels 6 - 8) | 8510 | 18,99% | 1235 | 19 | 1483 | 19 | 17,65% |
| Highly Skilled Supervision (Levels 9 - 12) | 8822 | 20,04% | 1614 | 17 | 1688 | 52 | 19,72% |
| Senior Management Service Band A (Levels 13) | 52 | 5,77% | 1 | 0 | 3 | 0 | 5,77% |
| Senior Management Service Band B (Levels 14) | 9 | 11,11% | 0 | 0 | 1 | 0 | 11,11% |
| 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** | **33 612** | **14,16%** | **4 318** | **46** | **4 572** | **123** | **13,97%** |

**Note**

- Transfers refer to the lateral movement of employees from one Public Service Department to another (Both Provincially & Nationally).

## Annual Turnover Rates by Critical Occupation for 2022/23

| Critical occupation | No. of employees per band as at 31 March2022 | Turnover rate 2021/22 | Appointments | Transfers into the Department | Terminations out of the Department | Transfers out of the Department | Turnover rate 2022/23 |
|---|---|---|---|---|---|---|---|
| Clinical Technologist | 86 | 27,91% | 14 | 0 | 14 | 1 | 17,44% |
| Industrial Technician | 64 | 9,38% | 7 | 1 | 10 | 0 | 15,63% |
| Medical O r t & Prosthetist | 16 | 12,50% | 0 | 0 | 0 | 0 | 0,00% |
| Medical Physicist | 12 | 25,00% | 0 | 0 | 1 | 0 | 8,33% |
| Pharmacists | 445 | 19,78% | 111 | 0 | 94 | 0 | 21,12% |
| **TOTAL** | **623** | **19,74%** | **132** | **1** | **119** | **1** | **19,26 %** |

**Note**

- Transfers refer to the lateral movement of employees from one Public Service Department to another (Both Provincially & Nationally).

## Staff leaving the employ of the Department in 2022/23

| Exit category | No. | % of Total Exits | No. of exits as a % of total No. of employees as at 31 March 2023 |
|---|---|---|---|
| Contract Expiry | 2 163 | 47,31% | 6,48% |
| Death | 90 | 1,97% | 0,27% |
| Dismissal: ill Health | 73 | 1,60% | 0,22% |
| Dismissal: Incapacity | 7 | 0,15% | 0,02% |
| Dismissal: Misconduct | 55 | 1,20% | 0,16% |
| Resignation | 1 656 | 36,22% | 4,96% |
| Retirement | 480 | 10,50% | 1,44% |
| Other | 48 | 1,05% | 0,14% |
| **TOTAL** | **4 572** | **100.00%** | **13,71%** |

**Note**

- The table identifies the various exit categories for those staff members who have left the employment of the department.
- 1 840 of the 2 163 contract expiries were employees from the medical professions, pharmacy interns, community service and registrars.

## Reasons Why Staff Resigned in 2022/23

| Termination types | No. | % of Total Terminations |
|---|---|---|
| Absconded | 1 | 0,06% |
| Age | 14 | 0,85% |
| Bad Health | 12 | 0,72% |
| Better Remuneration | 319 | 19,26% |
| Domestic Problems | 1 | 0,06% |
| Further Studies | 16 | 0,97% |
| Housewife | 3 | 0,18% |

| Reasons Why Staff Resigned in 2022/23 | | |
|---|---|---|
| **Termination types** | **No.** | **% of Total Terminations** |
| Marriage | 2 | 0,12% |
| Nature of Work | 39 | 2,36% |
| Other Occupation | 244 | 14,73% |
| Own Business | 1 | 0,06% |
| Personal Grievances | 38 | 2,29% |
| No Reason Given | 966 | 58,33% |
| **TOTAL** | **1 656** | **100.00%** |

**Note**

- Reasons as reflected on PERSAL.

| Different Age Groups of Staff Who Resigned in 2022/23 | | |
|---|---|---|
| **Age group** | **No.** | **% of Total Resignations** |
| Ages <20 | 0 | 0,00% |
| Ages 20 to 24 | 35 | 2,11% |
| Ages 25 to 29 | 257 | 15,52% |
| Ages 30 to 34 | 391 | 23,61% |
| Ages 35 to 39 | 263 | 15,88% |
| Ages 40 to 44 | 218 | 13,16% |
| Ages 45 to 49 | 162 | 9,78% |
| Ages 50 to 54 | 127 | 7,67% |
| Ages 55 to 59 | 107 | 6,46% |
| Ages 60 to 64 | 90 | 5,43% |
| Ages 65 > | 6 | 0,36% |
| **TOTAL** | **1 656** | **100.00%** |

| Granting of Employee Initiated Severance Packages by Salary Band for 2022/23 | | | | |
|---|---|---|---|---|
| **Salary band** | **No. of applications Received** | **No. of applications referred to the Minister of Public Service and Administration (MPSA)** | **No. of applications supported by the MPSA** | **No. of packages approved by Department** |
| Lower Skilled (Levels 1 - 2) | 0 | 0 | 0 | 0 |
| Skilled (Level 3 - 5) | 0 | 0 | 0 | 0 |
| Highly Skilled Production (Levels 6 - 8) | 0 | 0 | 0 | 0 |
| Highly Skilled Supervision (Levels 9 - 12) | 0 | 0 | 0 | 0 |
| Senior & Top Management (Levels 13 - 16) | 0 | 0 | 0 | 0 |
| **TOTAL** | **0** | **0** | **0** | **0** |

| Promotions by Salary Band for 2022/23 | | | | | |
|---|---|---|---|---|---|
| **Salary band** | **Employees as at 31 March 2022** | **Promotions to another salary level** | **Salary band promotions as a % of employees by salary Level** | **Progressions to another notch within a salary level** | **Notch progression as a % of employees** |
| Lower Skilled (Levels 1 - 2) | 3047 | 0 | 0,00% | 2 108 | 69,18% |
| Skilled (Level 3 - 5) | 13167 | 322 | 2,45% | 8 103 | 61,54% |
| Highly Skilled Production (Levels 6 - 8) | 8510 | 795 | 9,34% | 44 65 | 52,47% |
| Highly Skilled Supervision (Levels 9 - 12) | 8822 | 575 | 6,52% | 3 808 | 43,16% |
| Senior & Top Management (Levels 13 - 16) | 66 | 4 | 6,06% | 38 | 57,58% |
| **TOTAL** | **33 612** | **1 696** | **5,05%** | **18 522** | **55,11%** |

| Promotions by Critical Occupation in 2022/23 | | | | | |
|---|---|---|---|---|---|
| **Critical occupation** | **No. of employees as at 31 March 2022** | **Promotions to another salary level** | **Salary level promotions as a % of employees** | **Progressions to another notch within a salary Level** | **Notch progression as a % of employees** |
| Clinical Technologist | 86 | 15 | 17,44% | 40 | 46,51% |
| Industrial Technician | 64 | 7 | 10,94% | 38 | 59,38% |
| Medical Ort & Prosthetist | 16 | 6 | 37,50% | 7 | 43,75% |
| Medical Physicist | 12 | 0 | 0,00% | 7 | 58,33% |
| Pharmacists | 445 | 14 | 3,15% | 171 | 38,43% |
| **TOTAL** | **623** | **42** | **6,74%** | **263** | **42,22%** |

## Employment Equity

| Total Number of Employees per Occupational Band, including employees with disabilities, as at the 31 March 2023 | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Occupational levels | Male | | | | Female | | | | Foreign Nationals | | TOTAL |
| | African | Coloured | Indian | White | African | Coloured | Indian | White | M | F | |
| Top management (levels 14-16) | 1 | 3 | 0 | 2 | 1 | 4 | 2 | 1 | 0 | 0 | 14 |
| Senior management (levels 13) | 4 | 8 | 2 | 8 | 2 | 15 | 0 | 12 | 0 | 0 | 51 |
| Professionally qualified/ Experienced Specialist/ Mid-management (Levels 11-12) | 66 | 271 | 91 | 467 | 112 | 471 | 134 | 640 | 42 | 46 | 2 340 |
| Skilled technical/ Academically qualified workers/ Junior management, supervisors, foremen and superintendents (Levels 8- 10) | 310 | 752 | 22 | 157 | 1 004 | 2 988 | 72 | 767 | 12 | 15 | 6 099 |
| Semi-skilled and discretionary decision making (Level 4-7) | 1 388 | 2 442 | 27 | 178 | 4 706 | 5 821 | 51 | 562 | 7 | 6 | 15 188 |
| Unskilled and defined decision making (Levels 1-3) | 838 | 987 | 4 | 38 | 2 771 | 1 473 | 3 | 27 | 1 | 0 | 6 142 |
| **Sub-total** | **2 607** | **4 463** | **146** | **850** | **8 596** | **10 772** | **262** | **2 009** | **62** | **67** | **29 834** |
| Temporary employees | 211 | 324 | 111 | 362 | 752 | 801 | 203 | 678 | 46 | 37 | 3 525 |
| **TOTAL** | **2 818** | **4 787** | **257** | **1 212** | **9 348** | **11 573** | **465** | **2 687** | **108** | **104** | ***33 359** |

**Note**

- Nature of appointments periodical, abnormal and admin interns is excluded.
- Total number of employees includes employees additional to the establishment.
- Number of staff as at 31 March 2023.

| Total Number of Employees with Disabilities per Occupational Band, as at the 31 March 2023 | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Occupational levels | Male | | | | Female | | | | Foreign Nationals | | TOTAL |
| | African | Coloured | Indian | White | African | Coloured | Indian | White | M | F | |
| 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 | 1 | 0 | 3 | 1 | 6 | 0 | 0 | 13 |
| Skilled technical / Academically qualified workers / Junior management/ supervisors, foremen and superintendents (Levels 8- 10) | 1 | 8 | 0 | 4 | 0 | 12 | 4 | 10 | 0 | 0 | 39 |
| Semi-skilled and discretionary decision making (Level 4-7) | 10 | 39 | 1 | 10 | 17 | 30 | 1 | 17 | 0 | 1 | 126 |
| Unskilled and defined decision making (Levels 1-3) | 12 | 12 | 0 | 5 | 7 | 14 | 0 | 4 | 0 | 0 | 54 |
| **Sub-Total** | **23** | **61** | **1** | **20** | **24** | **59** | **6** | **37** | **0** | **1** | **232** |
| Temporary employees | 0 | 1 | 1 | 2 | 0 | 1 | 0 | 1 | 0 | 0 | 6 |
| **TOTAL** | **23** | **62** | **2** | **22** | **24** | **60** | **6** | **38** | **0** | **1** | **238** |

**Note**

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

## Recruitment in 2022/23

| Occupational levels | Male | | | | Female | | | | Foreign Nationals | | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | M | F | |
| Top Management (Levels 14-16) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Senior Management (Levels 13) | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Professionally qualified/ Experienced Specialists / Mid-management (Levels 11-12) | 7 | 24 | 13 | 32 | 21 | 59 | 18 | 73 | 5 | 5 | 257 |
| Skilled technical/ Academically qualified workers/ Junior management/ supervisors, foremen and superintendents (Levels 8- 10) | 36 | 39 | 1 | 0 | 80 | 92 | 4 | 27 | 3 | 0 | 282 |
| Semi-skilled and discretionary decision making (Level 4-7) | 104 | 131 | 3 | 5 | 366 | 324 | 8 | 43 | 3 | 2 | 989 |
| Unskilled and defined decision making (Levels 1-3) | 75 | 91 | 1 | 1 | 267 | 113 | 1 | 1 | 0 | 0 | 550 |
| **Sub-Total** | **222** | **285** | **18** | **39** | **734** | **588** | **31** | **144** | **11** | **7** | **2079** |
| Temporary employees | 142 | 191 | 60 | 170 | 520 | 552 | 131 | 429 | 25 | 19 | 2239 |
| **TOTAL** | **364** | **476** | **78** | **209** | **1 254** | **1 140** | **162** | **573** | **36** | **26** | **4 318** |

**Note**

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

## Promotions in 2022/23

| Occupational levels | Male | | | | Female | | | | Foreign Nationals | | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | M | F | |
| Top Management (Levels 14-16) | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Senior Management (Levels 13) | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 3 |
| Professionally qualified/ Experienced Specialists/ Mid-management (Levels 11-12) | 6 | 16 | 3 | 17 | 4 | 24 | 5 | 29 | 0 | 0 | 104 |
| Skilled technical/ Academically qualified workers/ Junior management/ supervisors, foremen and superintendents (Levels 8- 10) | 44 | 111 | 3 | 22 | 125 | 347 | 17 | 105 | 2 | 2 | 778 |
| Semi-skilled and discretionary decision making (Level 4-7) | 83 | 136 | 4 | 2 | 172 | 261 | 3 | 11 | 2 | 0 | 674 |
| Unskilled and defined decision making (Levels 1-3) | 8 | 16 | 0 | 2 | 9 | 16 | 0 | 1 | 0 | 0 | 52 |
| **Sub-Total** | **141** | **280** | **10** | **45** | **310** | **648** | **25** | **147** | **4** | **2** | **1 612** |
| Temporary Employees | 2 | 6 | 2 | 2 | 8 | 48 | 1 | 13 | 2 | 0 | 84 |
| **TOTAL** | **143** | **286** | **12** | **47** | **318** | **696** | **26** | **160** | **6** | **2** | **1 696** |

**Note**

- Total number of employees includes employees additional to the establishment.
- Promotions refer to the total number of employees who have advanced to a higher post level within the Department.

## Terminations in 2022/23

| Occupational levels | Male | | | | Female | | | | Foreign Nationals | | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | M | F | |
| Top Management (Levels 14-16) | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Senior Management (Levels 13) | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 3 |
| Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12) | 7 | 27 | 8 | 41 | 7 | 33 | 9 | 77 | 7 | 4 | 220 |
| Skilled technical / Academically qualified workers / Junior management/ supervisors, foremen and superintendents (Levels 8- 10) | 45 | 68 | 0 | 22 | 84 | 248 | 7 | 73 | 2 | 1 | 550 |
| Semi-skilled and discretionary decision making (Level 4-7) | 115 | 164 | 4 | 14 | 298 | 393 | 3 | 55 | 3 | 1 | 1 050 |
| Unskilled and defined decision making (Levels 1-3) | 55 | 58 | 1 | 6 | 81 | 93 | 0 | 2 | 0 | 0 | 296 |
| **Sub-Total** | **222** | **318** | **14** | **84** | **470** | **767** | **19** | **208** | **12** | **6** | **2 120** |
| Temporary employees | 185 | 206 | 58 | 181 | 685 | 587 | 93 | 421 | 20 | 16 | 2 452 |
| **TOTAL** | **407** | **524** | **72** | **265** | **1 155** | **1 354** | **112** | **629** | **32** | **22** | **4 572** |

**Note**

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

## Disciplinary Actions in 2022/23

| Occupational levels | Male | | | | Female | | | | Foreign Nationals | | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | Male | Female | |
| **TOTAL** | **39** | **33** | **2** | **3** | **17** | **18** | **0** | **0** | **0** | **0** | **112** |

**Note**

- The disciplinary actions total refers to formal outcomes only and not headcount.

| Skills Development in 2022/23 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Occupational Levels | Male | | | | Female | | | | |
| | African | Coloured | Indian | White | African | Coloured | Indian | White | Total |
| Top Management (Levels 14-16) | 0 | 3 | 0 | 2 | 1 | 3 | 1 | 1 | 11 |
| Senior Management (Levels 13) | 3 | 8 | 2 | 6 | 1 | 14 | 0 | 9 | 43 |
| Professionally qualified/ Experienced Specialists/ Mid-management (Levels 11-12) | 40 | 94 | 23 | 94 | 38 | 194 | 53 | 156 | 692 |
| Skilled technical/ Academically qualified workers/ Junior management/ supervisors, foreman and superintendents (Levels 8- 10) | 81 | 232 | 9 | 41 | 324 | 1 048 | 23 | 290 | 2 048 |
| Semi-skilled and discretionary decision making (Level 4-7) | 241 | 529 | 8 | 28 | 778 | 1 277 | 23 | 113 | 2 997 |
| Unskilled and defined decision making (Levels 1-3) | 114 | 174 | 1 | 1 | 297 | 234 | 0 | 5 | 826 |
| **Sub-Total** | **479** | **1 040** | **43** | **172** | **1 439** | **2 770** | **100** | **574** | **6 617** |
| Temporary employees | 48 | 189 | 15 | 32 | 169 | 431 | 28 | 76 | 988 |
| **TOTAL** | **527** | **1229** | **58** | **204** | **1608** | **3201** | **128** | **650** | **7 605** |

## 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 are presented here.

**Signing of Performance Agreements per SMS Level as at the 31 May 2022**

| 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 % of SMS members per Level |
|---|---|---|---|---|
| Head of Department (HoD) | 1 | 1 | 1 | 100,00% |
| Salary Level 16 (Excl. HoD) | 0 | 0 | 0 | 0,00% |
| Salary level 15 | 4 | 4 | 4 | 100,00% |
| Salary level 14 | 9 | 9 | 9 | 100,00% |
| Salary level 13 | 57 | 52 | 50 | 96,15% |
| **TOTAL** | **71** | **66** | **64** | **96,97%** |

**Note**

- The allocation of performance-related rewards (cash bonus) for Senior Management Service members is dealt with later in the report.

**Reasons for Not Concluding the Performance Agreements of all SMS Members**

Reason for staff not completing by 31 May 2022:

Approval was granted from DPSA, for the deviation from the prescribed deadline for the signing of signing of Performance Agreements in respect of the following 2 SMS members for the 2021/2022 performance cycle:

Ms SM Roy – Signed on 11 August 2022 (Returned June 2022 from maternity leave)

Mr DD Newman-Valentine- Signed on 11 August 2022

**Disciplinary steps taken against SMS Members for not having concluded Performance Agreements**

N/A

## Filing of SMS Posts

| SMS Posts as at 30 September 2022 | | | | | |
|---|---|---|---|---|---|
| **SMS level** | **Total No. of funded SMS posts per level** | **Total No. of SMS posts filled per Level** | **% of SMS posts filled per level** | **Total No. of SMS posts vacant %** | **% of SMS posts vacant per level** |
| Head of Department (HoD) | 1 | 1 | 100,0% | 0 | 0,00% |
| Salary Level 16 (Excl. HoD) | 0 | 0 | 0,00% | 0 | 0,00% |
| Salary Level 15 | 4 | 4 | 100,00% | 0 | 0,00% |
| Salary Level 14 | 9 | 9 | 100,00% | 0 | 0,00% |
| Salary Level 13 | 57 | 53 | 92,98% | 11 | 19,30% |
| **TOTAL** | **71** | **67** | **94,37%** | **4** | **5,63%** |

**Note**
- The number of funded SMS posts per level.
- 61 SMS staff as 30 September 2021 and 66 as at 31 March 2022 as per guide.

| SMS Post Information as at the 31 March 2023 | | | | | |
|---|---|---|---|---|---|
| **SMS level** | **Total No. of funded SMS posts per level** | **Total No. of SMS posts filled per Level** | **% of SMS posts filled per level** | **Total No. of SMS posts vacant per Level** | **% of SMS posts vacant per level** |
| Head o f Department (HoD) | 1 | 1 | 100,00% | 0 | 0,00% |
| Salary Level 16 (Excl. HoD) | 0 | 0 | 0,00% | 0 | 0,00% |
| Salary Level 15 | 4 | 4 | 100,00% | 0 | 0,00% |
| Salary Level 14 | 9 | 9 | 100,00% | 0 | 0,00% |
| Salary Level 13 | 57 | 52 | 91,23% | 5 | 8,77% |
| **TOTAL** | **71** | **66** | **92,96%** | **5** | **7,04%** |

| Advertising and Filling of SMS Posts as at the 31 March 2023 | | | |
|---|---|---|---|
| **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 (Excl. HoD) | 0 | 0 | 0 |
| Salary Level 15 | 0 | 0 | 0 |
| Salary Level 14 | 2 | 2 | 0 |
| Salary Level 13 | 5 | 3 | 0 |
| **TOTAL** | **7** | **5** | **0** |

| Reasons for Non-Compliance with the timeframes for filling the vacant funded SMS Posts | |
|---|---|
| **SMS level** | **Reasons for non-compliance** |
| Head of Department (HoD) | N/A |
| Salary Level 16 (Excl. HoD) | N/A |
| Salary Level 15 | N/A |
| Salary Level 14 | N/A |
| Salary Level 13 | **Director: Project Office (TBH)** became vacant on 01 September 2019. Interviews were held on 3 previous occasions (27 February 2020, 19 May 2021 &16 March 2022). 2 Nominated candidates declined the offer, and 1 candidate could not be appointed due to the results of his credentials. A 4th round of interviews took place on 17 March 2023. Appointment to serve on Cabinet 19 April 2023.<br><br>**1 x Chief Executive Officer (Alexandra Hospital)** vacant since 01 September 2020. Clarity on the role of this post as well as the management structure at the facility must be obtained and then the post will be advertised. The Department is busy with the Micro Design Process. The Chief Director MHS has implemented a management arrangement to oversee the function to ensure service delivery. Post now in process to be advertised.<br><br>**1 x D: EMS** vacant since 01 June 2019. Post was advertised in November 2019 but due to the impact of COVID-19 on services the panel could not adhere to the timeframes to conclude on the R&S within the 12 months after the post became vacant. It was decided to re-advertise the post. Post was re-advertised in August 2021 and the successful candidate assumed duty 01 April 2022. |

| 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 2022/23 | | | |
|---|---|---|---|
| **Salary bands** | **Employees as at 31 March 2022** | **Progressions to another notch within a salary Level** | **Notch progressions as a % of employees by salary band** |
| Lower Skilled (Levels 1 - 2) | 3 047 | 2 108 | 69,18% |
| Skilled (Level 3 - 5) | 13 167 | 8 103 | 61,54% |
| Highly Skilled Production (Levels 6 - 8) | 8 510 | 4 465 | 52,47% |
| Highly Skilled Supervision (Levels 9 - 12) | 8 822 | 3 808 | 43,16% |
| Senior and Top Management (Levels 13 - 16) | 66 | 38 | 57,58% |
| **TOTAL** | **33 612** | **18 522** | **55,11%** |

**Note**

- Sessional and abnormal appointments are excluded in this table.
- 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.
- To qualify for a notch progression there are certain criteria that is: new appointees only qualify for the notch after completion of 24 months, nurses qualify biennially 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 2022/23 | | | |
|---|---|---|---|
| **Critical occupation** | **Employees as at 31 March 2022** | **Progressions to another notch within a salary level** | **Notch progressions as a % of employees by salary band** |
| Clinical Technologist | 86 | 40 | 46,51% |
| Industrial Technician | 64 | 38 | 59,38% |
| Medical Ort & Prosthetist | 16 | 7 | 43,75% |
| Medical Physicist | 12 | 7 | 58,33% |
| Pharmacists | 445 | 171 | 38,43% |
| **TOTAL** | **623** | **263** | **42,22%** |

**Note**

- The nature of appointments periodical and abnormal is excluded.

| Performance Reward by Race, Gender & Disability for 2022/23 | | | | | |
|---|---|---|---|---|---|
| Race & gender | Beneficiary profile | | | Cost | |
| | No. of Beneficiaries | No. of employees in group | % of total group | Cost (R'000) | Per capita cost (R'000) |
| **African** | | | | | |
| Male | 0 | 2 929 | 0,00% | 0 | 0 |
| Female | 0 | 9 333 | 0,00% | 0 | 0 |
| **Indian** | | | | | |
| Male | 0 | 262 | 0,00% | 0 | 0 |
| Female | 0 | 422 | 0,00% | 0 | 0 |
| **Coloured** | | | | | |
| Male | 0 | 4 814 | 0,00% | 0 | 0 |
| Female | 0 | 11 774 | 0,00% | 0 | 0 |
| **White** | | | | | |
| Male | 0 | 1 292 | 0,00% | 0 | 0 |
| Female | 0 | 2 786 | 0,00% | 0 | 0 |
| Employees with Disabilities | 0 | 232 | 0,00% | 0 | 0 |
| **TOTAL** | **0** | **33 612** | **0,00%** | **0** | **0** |

**Note**
- In terms of the DPSA directive, all performance rewards have been withdrawn.

| Performance Rewards per Salary Band for 2022/23 (excl. SMS Members) | | | | | | |
|---|---|---|---|---|---|---|
| Salary bands | Beneficiary profile | | | Cost | | |
| | No. of Beneficiaries | No. of employees in group | % of total per salary band | Cost (R'000) | Average cost per beneficiary | Cost as a % of the total personnel expenditure |
| Lower Skilled (Levels 1 - 2) | 0 | 3 047 | 0,00% | 0 | 0 | 0,00% |
| Skilled (Level 3 - 5) | 0 | 13 167 | 0,00% | 0 | 0 | 0,00% |
| Highly Skilled Production (Levels 6 - 8) | 0 | 8 510 | 0,00% | 0 | 0 | 0,00% |
| Highly Skilled Supervision (Levels 9 - 12) | 0 | 8 821 | 0,00% | 0 | 0 | 0,00% |
| **TOTAL** | **0** | **33 546** | **0,00%** | **0** | **0** | **0,00%** |

**Note**
- In terms of the DPSA directive, all performance rewards have been withdrawn.

## Performance Rewards, per Salary Band for SMS Members in 2022/23

| Salary bands | Beneficiary profile | | | Cost | | | |
|---|---|---|---|---|---|---|---|
| | No. of Beneficiaries | No. of employees in group | % of total per salary band | Cost (R'000) | Average cost per beneficiary | Cost as a % of the total personnel expenditure | Personnel expenditure per band (R'000) |
| Senior Management Service Band A (Level 13) | 0 | 52 | 0,00% | 0 | 0 | 0,00% | 66 597 |
| Senior Management Service Band B (Level 14) | 0 | 9 | 0,00% | 0 | 0 | 0,00% | 14 257 |
| Senior Management Service Band C (Level 15) | 0 | 4 | 0,00% | 0 | 0 | 0,00% | 6 903 |
| Senior Management Service Band D (Level 16) | 0 | 1 | 0,00% | 0 | 0 | 0,00% | 4 516 |
| **TOTAL** | **0** | **66** | **0,00%** | **0** | **0** | **0,00%** | **92 274** |

**Note**

- In terms of the DPSA directive, all performance rewards have been withdrawn.

## Performance Rewards, per Salary Band for Critical Occupation in 2022/23

| Salary bands | Beneficiary profile | | | Cost | | |
|---|---|---|---|---|---|---|
| | No. of Beneficiaries | No. of employees in group | % of total per salary band | Cost (R'000) | Average cost per beneficiary | Cost as a % of the total personnel expenditure |
| Clinical Technologist | 0 | 86 | 0,00% | 0 | 0 | 0,00% |
| Industrial Technician | 0 | 64 | 0,00% | 0 | 0 | 0,00% |
| Medical Ort & Prosthetist | 0 | 16 | 0,00% | 0 | 0 | 0,00% |
| Medical Physicist | 0 | 16 | 0,00% | 0 | 0 | 0,00% |
| Pharmacists | 0 | 445 | 0,00% | 0 | 0 | 0,00% |
| **TOTAL** | **0** | **623** | **0,00%** | **0** | **0** | **0,00%** |

**Note**

- In terms of the DPSA directive, all performance rewards have been withdrawn.

## RACE

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 2022/23**

| Salary bands | 31 March 2022 | | 31 March 2023 | | Change | |
|---|---|---|---|---|---|---|
| | No. | % of Total | No. | % of Total | No. | % of Change |
| Lower Skilled (Levels 1 - 2) | 0 | 0,00% | 0 | 0,00% | 0 | 0,00% |
| Skilled (Level 3 - 5) | 6 | 2,88% | 3 | 1,42% | -3 | -50,00% |
| Highly Skilled Production (Levels 6 - 8) | 29 | 13,94% | 30 | 14,15% | 1 | 3,00% |
| Highly Skilled Supervision (Levels 9 - 12) | 173 | 83,17% | 179 | 84,43% | 6 | 3,00% |
| Senior and Top Management (Levels 13 - 16) | 0 | 0,00% | 0 | 0,00% | 0 | 0,00% |
| **TOTAL** | **208** | **100.00%** | **212** | **100,00%** | **4** | **2,00%** |

**Note**

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

**Foreign Workers by Major Occupation in 2022/23**

| Salary bands | 31 March 2022 | | 31 March 2023 | | Change | |
|---|---|---|---|---|---|---|
| | No. | % of Total | No. | % of Total | No. | % 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 | 0,48% | 0 | 0,00% | -1 | -100,00% |
| Professionals and managers | 149 | 71,63% | 154 | 72,64% | 5 | 3,00% |
| Service workers | 6 | 2,88% | 5 | 2,36% | -1 | -17,00% |
| Senior officials and managers | 0 | 0,00% | 0 | 0,00% | 0 | 0,00% |
| Technical and associated professionals | 52 | 25,00% | 53 | 25,00% | 1 | 2,00% |
| **TOTAL** | **208** | **100,00%** | **212** | **100,00%** | **4** | **2.00%** |

**Note**

- The table above excludes non-citizens with permanent residence in the Republic of South Africa.
- Nature of appointment sessional, periodical, abnormal and admin interns 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 indicate the use of sick leave and incapacity leave. In both cases, the estimated cost of the leave is also provided.

**Sick Leave from 1 January 2022 to 31 December 2022**

| Salary bands | Total days | % of days with medical certification | No. of employees using sick leave | Total No. of employees 31-12-2022 | % of total employees using sick Leave | Average days per employee | Estimated cost (R'000) |
|---|---|---|---|---|---|---|---|
| Lower Skilled (Levels 1 - 2) | 32 872 | 88,56% | 2 825 | 3 047 | 92,71% | 11 | 14 416 |
| Skilled (Level 3 - 5) | 133 515 | 86,34% | 12 188 | 12 960 | 94,04% | 10 | 89 643 |
| Highly Skilled Production (Levels 6 - 8) | 86 597 | 85,54% | 8 069 | 8 530 | 94,60% | 10 | 92 608 |
| Highly Skilled Supervision (Levels 9 - 12) | 67 521 | 83,20% | 72 14 | 8 914 | 80,93% | 8 | 139 836 |
| Senior and Top Management (Levels 13 - 16) | 287 | 80,84% | 37 | 66 | 56,06% | 4 | 998 |
| **TOTAL** | **320 792** | **85,69%** | **30 333** | **33 517** | **90,50%** | **10** | **337 500** |

**Note**

- The three-year sick leave cycle started in January 2022.
- Nature of appointment sessional, periodical, abnormal and admin interns is not included.
- Annual leave cycle is from 1 January to 31 December of each year.
- Sick Leave reported in this table includes all categories of leave of 51, 52 and 53 (Incapacity).

| Incapacity Leave (incl. temporary & permanent) from 1 January 2022 to 31 December 2022 | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Salary bands** | **Total days** | **% days with medical certification** | **No. of employees using incapacity leave** | **Total No. of employees** | **% of total employees using incapacity leave** | **Average days per employee** | **Estimated cost (R'000)** |
| Lower Skilled (Levels 1 - 2) | 2 900 | 100,00% | 63 | 3 047 | 2,07% | 46 | 1 279 |
| Skilled (Level 3 - 5) | 13 313 | 100,00% | 282 | 12 960 | 2,18% | 47 | 8 811 |
| Highly Skilled Production (Levels 6 - 8) | 11 396 | 100,00% | 213 | 8 530 | 2,50% | 54 | 12 118 |
| Highly Skilled Supervision (Levels 9 - 12) | 8 110 | 100,00% | 179 | 8 914 | 2,01% | 45 | 17 069 |
| Senior and Top Management (Levels 13 - 16) | 0 | 100,00% | 0 | 66 | 0,00% | 0 | 0 |
| **TOTAL** | **35 719** | **100,00%** | **737** | ***33 517** | **2,20%** | **48** | **39 277** |

**Note**

- The leave dispensation as determined in the "Leave Determination", together 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 investigate the - nature and extent of the employee's incapacity. Such investigations must be conducted 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).
- * Staff as at 23 December 2022.

| Annual Leave from the 1 January 2022 to 31 December 2022 | | | |
|---|---|---|---|
| **Salary bands** | **Total days Taken** | **Total number of employees using annual leave** | **Average days per employee** |
| Lower Skilled (Levels 1 - 2) | 67 665 | 3 053 | 22 |
| Skilled (Level 3 - 5) | 305 622 | 13 420 | 23 |
| Highly Skilled Production (Levels 6 - 8) | 209 992 | 9 034 | 23 |
| Highly Skilled Supervision (Levels 9 - 12) | 220 150 | 9 285 | 24 |
| Senior and Top Management (Levels 13 - 16) | 1 872 | 68 | 28 |
| **TOTAL** | **805 301** | **34 860** | **23** |

**Note**

- Nature of appointment sessional, periodical, abnormal and admin interns is not included.
- Annual leave cycle is from 1 January to 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 in 2000 requires management of annual leave to prevent high levels of accrued leave from having to be paid at the time of termination of service.

| Capped Leave from 1 January 2022 to 31 December 2022 | | | | | | |
|---|---|---|---|---|---|---|
| **Salary bands** | **Total capped leave available as at 31/12/21** | **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 31/12/22** | **Total capped leave available as at 31/12/22** |
| Lower Skilled (Levels 1 - 2) | 121 | 91 | 3 | 30 | 8 | 92 |
| Skilled (Level 3 - 5) | 15 963 | 2 083 | 99 | 21 | 841 | 13 443 |
| Highly Skilled Production (Levels 6 - 8) | 46 246 | 5 243 | 211 | 25 | 1 375 | 38 050 |
| Highly Skilled Supervision (Levels 9 - 12) | 42 320 | 4 511 | 180 | 25 | 1 297 | 36 441 |
| Senior and Top Management (Levels 13 -16) | 599 | 75 | 5 | 15 | 15 | 559 |
| **TOTAL** | **105 248** | **12 003** | **498** | **24** | **3 536** | **88 585** |

**Note**

- 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. This forms part of that specific salary band and ultimately the Departmental total.
- Nature of appointment sessional, periodical, abnormal and admin interns is not included.
- Annual leave cycle is from 1 January to 31 December of each year.

| Leave Pay-Outs for 2022/23 | | | |
|---|---|---|---|
| **Reasons** | **Total amount (R'000)** | **No. of employees** | **Average per employee (R'000)** |
| Leave pay-outs for 2022/23 due to non-utilisation of leave for the previous cycle | 459 | 16 | 29 |
| Capped leave pay-outs on termination of service for 2022/23 | 19 808 | 227 | 87 |
| Current leave pay-outs on termination of service 2022/23 | 25 999 | 1 678 | 15 |
| **TOTAL** | **46 266** | **1 921** | **24** |

**Note**

- Capped leave is only paid out in case of normal retirement, termination of services due to ill health and death.
- The average is calculated as per total amount (R'000) divide by no. of employees 46 266/1 921= 24.

## HIV and AIDS & Health Promotion Programmes

| Steps Taken to Reduce the Risk of Occupational Exposure, 1 April 2022 to 31 March 2023 |
|---|
| **Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)** |
| 4 employees were diagnosed with TB in this period. |
| **Key steps taken to reduce the risk** |
| Education and awareness sessions on HIV/AIDS, TB and STIs were taken into consideration in reducing the risk. |

| Details of Health Promotion and HIV and AIDS programmes 1 April 2022 to 31 March 2023 | | |
|---|---|---|
| **HIV and AIDS & Health Promotion programmes** | | |
| **Question** | **Yes** | **No** |
| **Has the Department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.** | X | |
| Mrs Bernadette Arries, Chief Director: People Management | | |
| **Question** | **Yes** | **No** |
| **Does the Department have a dedicated unit, or has it designated specific staff members to promote the health and well-being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.** | X | |
| Health and Wellness within the Directorate: People Practices and Administration, Health and Wellness at Head Office level:<br>• Deputy Director: Ms Michelle Buis (Employee Wellness, Diversity & Disability Manager),<br>• Assistant Director: Ms Londiwe Tsosane (Employee Health and Wellness),<br>• Assistant Director: Mr Nabeel Ismail (SHERQ),<br>• Practitioners: Ms Caldine Van Willing, Mr Marshall Engle and Mr Bernard Malesa,<br>• Clerk: Mr Brandon Botha,<br>• Budget: As there were no service providers appointed, no dedicated budget was available as HIV/AIDS, STI and TB testing and screening was provided via GEMS at no cost. | | |
| **Question** | **Yes** | **No** |
| **Has the Department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of this programme?** | X | |
| The Department follows an integrated approach whereby internal and external services are used. An independent service provider, Metropolitan Health, has been appointed for the period 2020-2023.<br>Programmes and Services offered are as follows:<br>1. Counselling and Support Services:<br>• 24/7/365 Telephone Counselling. The service is available to all employees and their household members,<br>• Face to face counselling (6 session model) per issue,<br>• Case Management,<br>• Trauma/Critical Incident management, and<br>• HIV and AIDS Counselling.<br>2. Life Management Services:<br>• Family Care,<br>• Financial Wellness, and<br>• Legal Information and Advice. | | |

3. Managerial Consultancy and Referral Services:
   - Managerial Consultancy, and
   - Formal referral Programme.
4. Psychosocial Interventions:
   - Targeted Psycho-Social Interventions based on identified needs and trends.
5. Electronic Wellness Information System (EWIS):
   - EWIS is an innovative online Healthcare Service to help improve Employee Health and Wellness.

| Question | Yes | No |
|---|---|---|
| **Has the Department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.** | X | |

Health Departmental Committee:

- Ms Michelle Buis: Head Office,
- Ms Londiwe Tsosane: Head Office,
- Ms Caldine Van Willing: Head Office,
- Mr Nabeel Ismail: Head Office,
- Mr Marshall Engle: Head Office,
- Ms Mercy Lazarus & Ms Lisl Mullins: Groote Schuur Hospital,
- Mr Zakhele Mhlanga: Tygerberg Hospital,
- Ms Galiema Haroun: Red Cross Hospital,
- Ms P Solani, and G Engelbrecht: Associated Psychiatric Hospitals,
- Ms Wendy Swart: Cape Winelands District,
- Ms Nijma Petersen: Lentegeur Hospital,
- Mr Eustace Sass: Overberg District,
- Ms Portia Kotze & Mr Riaan van Staden: West Coast District,
- Mr Robert Joubert & Ms Lindiwe Mguzulwa: Garden Route/Central Karoo Districts,
- Mr Riaan Van Staden: MHS,
- Mr James Williams: Mowbray Maternity Hospital,
- Ms Nuruh Davids: RHS,
- Mr Allen Pretorius: Klipfontein/Mitchells Plain,
- Ms Michelle Page: Southern/Western,
- Mr Brandon Hendricks: Eastern Khayelitsha,
- Ms Zandile Ramaota: Northern Tygerberg,
- Ms Liesl Meter & Ms Emma Hoffmeyer: Emergency Medical Services,
- Ms Candice Machelm: Forensic Pathology Services,
- Mr Ricardo Petersen: Paarl Hospital.

| Question | Yes | No |
|---|---|---|
| **Has the Department reviewed its employment policies and practices to ensure that these do not unfairly discriminate against employees based on their HIV status? If so, list the employment policies/practices so reviewed.** | X | |

HIV and AIDS, STI, and TB is a transversal issue in the Western Cape Government. The WCG: Health has been appointed as the primary driver of the process and has a dual role to play (i.e., oversight and management of the departmental programme as well as managing and coordinating the programme within the Province). The transversal Employee Health and Wellness Policies were approved in April 2016.

| Question | Yes | No |
|---|---|---|
| **Has the Department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.** | X | |

Key elements – HIV/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 workplace HIV and AIDS/STI policy.
- To prevent occupational exposure to potentially infectious blood and blood products and to manage occupational exposures that occurred.
- To provide HIV counselling and testing services for those employees who wish to determine their own HIV status.
- To determine the impact of HIV and AIDS on the Department to plan accordingly.
- To promote the use of and to provide South African Bureau of Standards approved male and female condoms.
- Awareness raising of available services.
- Education and training.
- Counselling.
- Critical incident stress debriefing (CISD).
- Reporting and evaluating.

| Question | Yes | No |
|---|---|---|
| **Does the Department encourage its employees to undergo voluntary counselling and testing? If so, list the results that you have you achieved.** | X | |

Yes, The Department encourages voluntary counselling and testing. For the period 1 April 2022 - 31 March 2023 no service provider has been in place. The Department is in the process of advertising and appointing a new service provider within the new financial year 2023/2024. 300 employees underwent counselling and testing. There has been a significant decrease in testing opportunities and other challenges within the programme e.g., interim arrangement with GEMS providing the health screening services deemed not successful.

Government Medical Aid Scheme (GEMS) has been conducting the screening services in the interim period however they experienced many challenges in performing this task.

The results of the screening service is as follows:

| Department of Health total number of employees | Tested | Positive | Negative |
|---|---|---|---|
| TOTAL | 300 | 3 | 297 |

| Question | Yes | No |
|---|---|---|
| **Has the Department developed measures/indicators to monitor and evaluate the impact of its Health Promotion Programme? If so, list these measures/indicators?** | X | |

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 HIV Testing Service providers serves to monitor and evaluate the effectiveness of the programme.

Reports provided by the Employee Health and Wellness service provider/s serves to monitor and evaluate the effectiveness of this programme and to identify trends and challenges within the Department in order to develop and implement tailor- made interventions to address trends identified.

## Labour Relations

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

| Collective Agreements for 2022/23 |
|---|
| No collective agreements for this reporting period. |

| Misconduct & Disciplinary Hearings finalised in 2022/23 | | |
|---|---|---|
| **Outcomes of disciplinary hearings** | **No.** | **% of Total Hearings** |
| Correctional counselling | 0 | 0,00 % |
| Verbal warning | 0 | 0,00 % |
| Written warning | 2 | 1,79 % |
| Final written warning | 3 | 2,68% |
| Suspended without pay | 9 | 8,04% |
| Demotion | 0 | 0,00 % |
| Dismissal | 55 | 49,11% |
| Desertion | 41 | 36,61 % |
| Not guilty | 2 | 1,79 % |
| Case withdrawn | 0 | 0,00% |
| **TOTAL** | **112** | **100,00%** |
| **% of total employment** | | **0.34%** |
| **Note**<br>• Outcomes of disciplinary hearings refer to formal cases only. | | |

| Types of Misconduct Addressed in Disciplinary Hearing for 2022/23 | | |
|---|---|---|
| **Outcomes of disciplinary hearings** | **No.** | **% of Total** |
| Absent from work without reason or permission | 8 | 7,15 % |
| Code of conduct (improper/unacceptable manner) | 8 | 7,15 % |
| Insubordination | 3 | 2,68 % |
| Fails to comply with or contravenes acts | 4 | 3,58 % |
| Negligence | 1 | 0,89 % |
| Misuse of WCG property | 6 | 5,35 % |
| Steals, bribes or commits fraud | 29 | 25,89 % |
| Substance abuse | 2 | 1,79 % |
| Sexual harassment | 6 | 5,35 % |
| Discrimination | 1 | 0,89 % |

| Types of Misconduct Addressed in Disciplinary Hearing for 2022/23 | | |
|---|---|---|
| **Outcomes of disciplinary hearings** | **No.** | **% of Total** |
| Assault or threatens to assault | 3 | 2,68 % |
| Desertions | 41 | 36,6 % |
| Protest Action | 0 | 0,00 % |
| Social grant fraud | 0 | 0,00 % |
| **TOTAL** | **112** | **100,00%** |

| Grievances Lodged in 2022/23 | | |
|---|---|---|
| **Outcomes of disciplinary hearings** | **No.** | **% of Total** |
| Number of grievances resolved | 118 | 51.08% |
| Number of grievances not resolved | 81 | 35,06% |
| Pending | 32 | 13,85% |
| **TOTAL** | **231** | **100,00%** |

**Note**

- Number of grievances resolved means the grievance outcome was to the satisfaction of the employee.
- Number of grievance unresolved means the grievance outcome was not to the satisfaction of the employee.
- Pending means cases that are still being finalised.

| Disputes Lodged with Councils in 2022/23 | | |
|---|---|---|
| **Conciliations** | **No.** | **% of total** |
| Deadlocked | 54 | 96,43% |
| Settled | 0 | 0% |
| Withdrawn | 2 | 3,57% |
| **TOTAL NO. OF DISPUTES LODGED** | **56** | **100,00%** |
| **Arbitrations** | **No.** | **% of total** |
| Upheld in favour of employee | 30 | 81,08% |
| Dismissed in favour of employer | 2 | 5,41% |
| Settled | 5 | 13,51% |
| **TOTAL NO. OF DISPUTES LODGED** | **37** | **100,00%** |

**Note**

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

| Strike Action in 2022/23 | |
|---|---|
| Total number of persons working days lost | 211 |
| Total cost of working days lost (R'000) | R276 812 |
| Amount recovered as a result of no work no pay (R'000) | R276 812 |

| Precautionary Suspensions in 2022/23 | |
|---|---|
| Number of people suspended | 37 |
| Number of people whose suspension exceeded 60 days | 19 |
| Average number of days suspended | 66 days |
| Cost of suspension (R'000) | R3 096 759 |

**Note**

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

## Skills Development

This section highlights the efforts of WCGH with regards to skills development. The tables below reflect the training needs at the beginning of the period under review, and the actual training provided.

**Training Needs Identified for 2022/23**

| Occupational category | Gender | No. ff employees as of 31 March 2022 | 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 | 97 | 0 | 38 | 0 | 38 |
| | Male | 144 | 0 | 25 | 0 | 25 |
| Professionals | Female | 10 419 | 3 | 9 686 | 0 | 9 686 |
| | Male | 3348 | 7 | 1 872 | 0 | 1 872 |
| Technicians and associate Professionals | Female | 825 | 0 | 680 | 0 | 680 |
| | Male | 576 | 0 | 330 | 0 | 330 |
| Clerks | Female | 2 809 | 0 | 2 351 | 0 | 2 351 |
| | Male | 1 508 | 0 | 1 249 | 0 | 1 249 |
| Service and sales workers | Female | 7 916 | 0 | 8 695 | 0 | 8 695 |
| | Male | 1 960 | 0 | 2 329 | 0 | 2 329 |
| 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 | 10 | 0 | 2 | 0 | 2 |
| | Male | 162 | 0 | 58 | 0 | 58 |

| Training Needs Identified for 2022/23 | | | | | | |
|---|---|---|---|---|---|---|
| Occupational category | Gender | No. ff employees as of 31 March 2022 | Training needs identified at start of the reporting period | | | |
| | | | Learnerships | Skills Programmes and other short courses | Other forms of training | TOTAL |
| Elementary occupations | Female | 2 239 | 0 | 1 764 | 0 | 1 764 |
| | Male | 1 599 | 0 | 1 107 | 0 | 1 107 |
| **Sub-Total** | **Female** | **24 315** | **3** | **23 216** | **0** | **23 216** |
| | **Male** | **9 297** | **7** | **6 970** | **0** | **6 970** |
| **TOTAL** | | **33 612** | **10** | **30 186** | ***1 188** | **30 186** |
| Employees with disabilities | Female | 125 | 0 | 96 | 0 | 96 |
| | Male | 107 | 0 | 0 | 0 | 0 |

**Note**

- The above table identifies the training needs at the start of the reporting period as per the Department's Workplace Skills Plan.
- Source: Quarterly Monitoring and Evaluation Reports.
- Other forms of training - (Interns, Adult Basic Education and Training, Home-based carers).

| Training Provided in 2022/23 | | | | | | |
|---|---|---|---|---|---|---|
| Occupational category | Gender | No. of employees as of 31 March 2023 | 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 | 98 | 0 | 46 | 0 | 46 |
| | Male | 138 | 0 | 34 | 0 | 34 |
| Professionals | Female | 10 439 | 82 | 3 173 | 0 | 3 255 |
| | Male | 3 367 | 59 | 1 108 | 0 | 1 167 |
| Technicians and associate professionals | Female | 849 | 0 | 2 211 | 0 | 2 211 |
| | Male | 686 | 0 | 453 | 0 | 453 |
| Clerks | Female | 2 744 | 0 | 2 600 | 0 | 2 600 |
| | Male | 1 469 | 0 | 1 118 | 0 | 1 118 |
| Service and sales workers | Female | 7 797 | 0 | 2 582 | 0 | 2 582 |
| | Male | 1 918 | 0 | 727 | 0 | 727 |
| 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 | 10 | 0 | 4 | 0 | 4 |
| | Male | 156 | 0 | 43 | 0 | 43 |
| Elementary occupations | Female | 2 240 | 0 | 591 | 0 | 591 |
| | Male | 1 448 | 0 | 500 | 0 | 500 |
| **Sub-Total** | **Female** | **24 177** | **82** | **11 207** | **0** | **11 289** |
| | **Male** | **9 182** | **59** | **3 983** | **0** | **4 042** |
| **TOTAL** | | **33 359** | **141** | **15 190** | ***1693** | **15 331** |
| Employees with disabilities | Female | 129 | 0 | 44 | 0 | 44 |
| | Male | 108 | 0 | 39 | 0 | 39 |

**Note**

- The above table identifies the number of training courses attended by individuals during the period under review.
- Source: Quarterly Monitoring and Evaluation Reports.
- Other forms of training reflect the training of non-employees (Interns, Adult Basic Education and Training, Community Health Workers).

## Injury on Duty

The table below provides basic information on the injury on duty.

| Injuries on Duty for 2022/23 | | |
|---|---|---|
| **Nature of injury on duty** | **No.** | **% of total** |
| Required basic medical attention only | 1237 | 51,69% |
| Temporary disablement | 1069 | 44,67% |
| Permanent disablement | 86 | 3,59% |
| Fatal | 1 | 0,04% |
| **TOTAL** | **2 393** | **100,00%** |
| | **% of total employed** | **7,2%** |

**Note**

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

## Utilisation of consultants

| Consultant/Contractor | Amount R'000 | Purpose |
|---|---|---|
| Alexander Forbes Health (Pty) LTD | 188 | Evaluation of PILIR and Incapacity cases |
| Alloro Africa Enviro Services | 137 | Provision of services related to the NEWSTER 50 machine for medical waste pulp |
| Audit Committee | 336 | Monitoring of internal controls and risk management process independently as part of its quarterly review of the Department |
| BCX | 2 100 | PERSAL system data analysis |
| Break Through HR Solutions | 393 | Facilitating of a patient satisfaction survey, data analysis and feedback to Institution |
| Deloitte Consulting | 8 | Provision of an online recruiting system |
| Department of Cultural Affairs and Sport | 39 | The rendering of translation Services |
| Department of the Premier | 4 707 | Information Technology related services |
| Dots Africa | 1 445 | Conducting background screening and reference checks for Recruitment and Selection purposes as Directed by DPSA |
| Firewire System Solutions | 115 | Repairs/maintenance of Nurse Call System in wards/therapy areas |
| Folio Online | 3 737 | Telephonic and on-site interpretation services |
| Health System Technologies | 734 | Maintenance of computer systems like HIS / Assisted the Hospital Fees (Billing) Department with electronic submissions |
| Independent Health Complaints Committee | 88 | Address patient complaints in respect of the quality of care they received |
| Kantar Public/Kantar TNS | 1 076 | Market Research and consultancy services performed |
| Lentegeur Facilities Management | 93 045 | Provision of integrated management services for Western Cape Rehabilitation Centre and Lentegeur Psychiatric Hospital |
| Mental Health Review Board | 2 818 | Services rendered by the Board members of the mental health review board |
| Managed Integrity Evaluation (MIE) (Pty LTD) | 533 | Verification of personal credentials, qualifications and criminal records to minimise CV fraud |
| Mpower Consulting Services | 140 | Organisational Improvement, Change and Culture Transformation Project at Tygerberg Hospital |
| South African Bureau of Standards Commercial | 1 358 | South African Bureau of Standards payments for Dosimeter monitoring (Radiation Protection Fees) |
| Safenet Africa cc | 13 | Provision of Health and Safety Training |
| South African Medical Research Council | 3 | Foodfinder Web Based Dietary Analysis Software |
| The Assessment Toolbox | 120 | Competency Assessments for SMS members |
| Treetops Management and Development | 25 | Competency assessments for filling of posts level 9 and up |
| University Of Cape Town | 4 108 | Contract with UCT for rendering Pharmaco- vigilance, MIC Hotline service WCGHSC0152/2018 and COVID-19 related material |
| University Of Cape Town Lung Institute | 574 | Development of a wound care guide as well as the development of COVID-19 programme-based material |
| Western Cape College of Nursing | 24 | Honorarium payment for Student Representative Council WCCN |
| **TOTAL** | **117 864** | |

**Managing public finances with efficiency.**

# PART E:
## PFMA Compliance Report

# Part E: PFMA Compliance Report

## Information on Irregular, Fruitless and Wasteful, Unauthorised Expenditure and Material Losses

### Irregular expenditure

| Reconciliation of Irregular Expenditure | 2022/2023 | 2021/2022 |
|---|---|---|
| | R'000 | R'000 |
| Opening balance | 45 405 | 58 359 |
| Prior Period Errors | - | 897 |
| As Restated | 45 405 | 59 256 |
| Add: Irregular expenditure confirmed | 6 291 | 10 342 |
| Less: Irregular expenditure condoned | (585) | (24 193) |
| Less: Irregular expenditure not condoned and removed | - | - |
| Less: Irregular expenditure recoverable | - | - |
| Less: Irregular expenditure not recovered and written off | - | - |
| **CLOSING BALANCE** | **51 111** | **45 405** |

| Reconciling Notes | 2022/2023 | 2021/2022 |
|---|---|---|
| | R'000 | R'000 |
| Irregular expenditure that was under assessment in 2021/22 | - | 1 528 |
| Irregular expenditure that relates to 2021/22 and identified in 2022/23 | - | - |
| Irregular expenditure for the current year | 6 291 | 8 814 |
| **TOTAL** | **6 291** | **10 342** |

| Details of current and previous year Irregular Expenditure (Under assessment, determination, and investigation) | 2022/2023 | 2021/2022 |
|---|---|---|
| | R'000 | R'000 |
| Irregular expenditure under assessment | 50 530 | - |
| Irregular expenditure under determination | - | - |
| Irregular expenditure under investigation | - | - |
| **TOTAL** | **50 530** | **-** |

| Irregular expenditure condoned | 2022/2023 | 2021/2022 |
|---|---|---|
| | R'000 | R'000 |
| Irregular expenditure condoned | 585 | 24 193 |
| **TOTAL** | **585** | **24 193** |

No irregular expenditure removed (not condoned) during this reporting period.

No irregular expenditure of current and previous year recovered during this reporting period.

No Irregular expenditure of current and previous year written off (irrecoverable) during this reporting period.

## Additional disclosure relating to Inter-Institutional Arrangements

No non-compliance cases where an institution is involved in an inter-institutional arrangement (where such institution is not responsible for the non-compliance) was found during this reporting period.

No non-compliance cases where an institution is involved in an inter-institutional arrangement (where such institution is responsible for the non-compliance) was found during this reporting period.

| Details of current and previous years disciplinary or criminal steps taken as a result of Irregular Expenditure |
|---|
| **Disciplinary steps taken** |
| There were seven instances where disciplinary steps were undertaken by the Department in the form of formal disciplinary hearings during the 2022-23 financial year as a result of Irregular Expenditure which resulted in three dismissals, one demotion, one written warning and two resignations before the hearings could be finalised. |

## Fruitless and Wasteful Expenditure

| Reconciliation of Fruitless and Wasteful Expenditure | 2022/2023 | 2021/2022 |
|---|---|---|
| | R'000 | R'000 |
| Opening balance | 12 | 2 |
| Add: Fruitless and Wasteful Expenditure confirmed | 18 | 12 |
| Less: Fruitless and Wasteful Expenditure written off | - | (2) |
| Less: Fruitless and Wasteful Expenditure recoverable | - | - |
| **CLOSING BALANCE** | **30** | **12** |

| Reconciling Notes | 2022/2023 | 2021/2022 |
|---|---|---|
| | R'000 | R'000 |
| Fruitless and Wasteful Expenditure that was under assessment in 2021/22 | - | - |
| Fruitless and Wasteful Expenditure that relates to 2021/22 and identified in 2022/23 | - | - |
| Fruitless and Wasteful Expenditure for the current year | 18 | 12 |
| **TOTAL** | **18** | **12** |

No current and previous years Fruitless and Wasteful Expenditure (Under assessment, determination, and investigation) during this reporting period.

No current and previous years Fruitless and Wasteful Expenditure recovered during this reporting period.

No current and previous years Fruitless and Wasteful Expenditure not recovered and written off during this reporting period.

| Details of current and previous year disciplinary or criminal steps taken as a result of Fruitless and Wasteful Expenditure |
|---|
| **Disciplinary steps taken** |
| No disciplinary or criminal steps as a result of Fruitless and Wasteful Expenditure was undertaken during this reporting period. |

## Unauthorised expenditure

No unauthorised expenditure incurred.

## Additional disclosure relating to material losses in terms of PFMA Section 40(3)(b)(i) &(iii)

| Material losses through criminal conduct | 2022/2023 | 2021/2022 |
|---|---|---|
| | R'000 | R'000 |
| Theft | 22 | - |
| Other material losses | - | - |
| Less: Recovered | - | - |
| Less: Not recovered and written off | - | - |
| **TOTAL** | 22 | - |
| **Note** | | |

No other material losses were reported in this reporting period.

No other material loses were recovered in this reporting period.

### Other material losses written off

| Nature of losses | 2022/2023 | 2021/2022 |
|---|---|---|
| | R'000 | R'000 |
| Government vehicle damages and losses | 1 997 | 716 |
| Redundant stock (CMD & HIV Aids) | 1 318 | 18 |
| **TOTAL** | **3 315** | **734** |

# Information on late and/or non-payment of suppliers

The tables below provide Information on the late and or non-payment of suppliers.

| The late and or non-payment of suppliers | Number of invoices | Consolidated Value |
|---|---|---|
| | Number | R'000 |
| Valid invoices received | 196 243 | 13 589 230 |
| Invoices paid within 30 days or agreed period | 195 206 | 13 529 569 |
| Invoices paid after 30 days or agreed period | 1 037 | 59 661 |
| Invoices older than 30 days or agreed period (unpaid and without dispute) | 228 | 3 720 |
| Invoices older than 30 days or agreed period (unpaid and in dispute) | 330 | 2 112 |
| **Note**<br>Reasons for late payment: Misfiled, misplaced and unrecorded invoices | | |

# Information on Supply Chain Management

## Procurement *by other means*

| Project description | Name of supplier | Type of procurement by other means | Contract number | Value of contract R'000 |
|---|---|---|---|---|
| Screws and rod | Medtronic Africa | Emergency Procurement: Consignment Stock | 1451280 | 1 112 |
| Nuclear Medicine Radiopharmaceutical Consumables to Central Hospitals | ACE Amersham Soc Ltd | Multi Source | TBH 508/2021R | 108 683 |
| Nuclear Medicine Radiopharmaceutical Consumables to Central Hospitals | Axim Nuclear & Oncology Pty Ltd | Multi Source | TBH 508/2021R | 74 100 |
| Nuclear Medicine Radiopharmaceutical Consumables to Central Hospitals | K3 Medical Pty Ltd | Multi Source | TBH 508/2021R | 43 166 |
| Nuclear Medicine Radiopharmaceutical Consumables to Central Hospitals | Pet Labs Pharmaceuticals | Multi Source | TBH 508/2021R | 30 083 |
| Knowledge Translation Unit Services | Desmond Tutu Foundation | Limited Bid - Sole Supplier | WCGHSL 302/2021 | 15 000 |
| Oscillator Circuits | Respiratory Care Africa | Limited Bid - Sole Supplier | CHTRV 05/2021 | 14 914 |
| Anaesthetic Machines | Drager Sa | Limited Bid - Sole Supplier | TBH 201/2022 | 8 171 |
| Heart Lung Machine | Viking Cardiovascular | Single Source | TBH 207/2022 | 7 186 |
| Aio Computer | Computron World | Multi Source | RFQ-1022-2022-08-33488 TAK 112-2022 | 5 322 |
| Two Digital Mobile Radiographic Units | Axim | Limited Bid - Sole Supplier | TBH 206/2022 | 4 728 |
| Surveillance Camera | Piezo Corp | Single Source | 1460540 | 3 704 |
| Portable Defibrillators with Aed function and pacing | Ssem Mthembu Medical | Limited Bid - Sole Supplier | TBH 210/2022 | 3 584 |
| Pneumatic Air Tube | Landson Agencies | Limited Bid - Sole Supplier | TBH 503/2022 | 2 781 |
| Full Comprehensive Maintenance Contract for Various Medical Equipment | Fresenius Medical Care | Limited Bid - Sole Supplier | TBH 504/2022 | 2 353 |
| BATTERY DRIVEN DRILL/SAW SYSTEMS X 4 | Kingfisher Medical Supplies | Limited Bid - Sole Supplier | TBH 202/2022 | 2 305 |
| The Upgrade of Fifteen (15) External Speech Processors of the Cochlear Implant Systems | Southern Ear Nose and Throat (Pty) Ltd | Limited Bid - Sole Supplier | TBH 502/2022 | 1 799 |
| Cctv Camera System | Piezo Corp | Limited Bid - Sole Supplier | 1411227 | 1 750 |

| Project description | Name of supplier | Type of procurement by other means | Contract number | Value of contract R'000 |
|---|---|---|---|---|
| Donor Breast Milk For 12 Months | Milk Matters | Limited Bid - Sole Supplier | TBH 501/2022 | 1 608 |
| DESKTOP AIO COMPUTERS LENOVO M90a (I7) | Computron World | Multi Source | RFQ-1022-2022-07-27405 TAK 47/2022R | 1 487 |
| Human Membranes | Placenta | Limited Bid - Sole Supplier | CHTRV 03/2022 | 1 361 |
| **TOTAL** | | | | **335 199** |

## Contract Variations and Expansions

| Project Description | Name of Supplier | Contract modification type (Expansion or Variation) | Contract number | Original contract value | Value of previous contract expansion/s or variation/s (if applicable) | Value of current contract expansion or variation |
|---|---|---|---|---|---|---|
| | | | | R'000 | R'000 | R'000 |
| Engaging Leadership Five Day Short Course Programme for Health Managers | Free to Grow SA (Pty) Ltd. | Extension | WCGHSC 0126/2017 | 12 006 | 0 | 1 311 |
| Cleaning Service for various Health Facilities | Dynamic Exclusive Maintenance Services (Pty) Ltd. and Top 'N Nos CC | Extension | WCGHSC0140/2018 | 29 253 | 32 | 1 360 |
| Cleaning Service | Top 'N Nos CC | Extension | WCGHSC0103/2017 | 14 296 | 0 | 3 257 |
| Gardening and Groundsman Services | Shabba Man Trading | Extension | WCGHSC0178/2018 | 1 444 | 138 | 138 |
| Fabrication, supply, delivery and installation of Office Furniture and Public Seating | Mobilia Office Furniture (Pty) Ltd. Rodlin Design SA (Pty) Ltd. | Extension | WCGHSC0165/2018 | 285 953 | 0 | 300 251 |
| Supply and delivery of photocopy paper for all | Lynamics Bidtiq T/A RC Suppliers | Extension | WCGHSC0186/2019 | 29 414 | 0 | 1 471 |
| Spectacles, lenses and optometrist Services | Vdm Optometrist | Extension | TBH 502/2018 | 3 640 | 0 | 450 |
| Medical equipment including dialysis machine | Frsenius Medical Care | Extension | TBH 518-2016 | 2 707 | 0 | 345 |
| Cleaning Service | Dynamic Exclusive Maintenance Services (Pty) Ltd. | Extension | WCGHSC0101/1/2018 - extension | 9 444 | 0 | 3 457 |
| Laundry Equipment | Amlazi Equipment Services (Pty) Ltd. | Expansion | WCGHGC0232/2020 - expansion | 118 827 | 1 382 | 3 533 |
| Cleaning Service | Dynamic Exclusive Maintenance Services (Pty) Ltd. | Expansion | WCGHSC0140/2018 - expansion | 29 253 | 0 | 32 |
| Cleaning Service | Top 'N Nos CC | Extension | WCGHSC0103/2017 - extension | 14 296 | 0 | 1 086 |
| Gardening & Groundsman Services | Shabba Man Trading | Extension | WCGHSC0178/2018 - extension | 1 444 | 138 | 138 |
| Cleaning Service | Dynamic Exclusive Maintenance Services (Pty) Ltd. | Expansion | WCGHSC0140/2018 - expansion | 29 253 | 0 | 19 |

| Project Description | Name of Supplier | Contract modification type (Expansion or Variation) | Contract number | Original contract value | Value of previous contract expansion/s or variation/s (if applicable) | Value of current contract expansion or variation |
|---|---|---|---|---|---|---|
| | | | | R'000 | R'000 | R'000 |
| Claims in respect of state departments including Injury-On Duty and Road Accident Fund | Batsumi Claims Management Solutions (Pty) Ltd. | Extension | WCGHSC 0059/1/2017 | 107 004 | 0 | 42 801 |
| Debt Collection Service for The Department Of Health | Vericred (Pty) Ltd. | Extension | WCGHSC 0102/2/2019 | 13 200 | 0 | 6 544 |
| Security Services | Sechaba Protection Services | Expansion | WCDOH371/1/2013 | 111 344 | 111 | 171 |
| One Extra Injector and consumables | Tecmed Pharma | Expansion | TBH 503-2021 | 6 850 | 0 | 2 429 |
| Rendering of a Printing Service | Brand Universe (Pty) Ltd. | Expansion | WCGHSC0091/2018 | 18 644 | 0 | 3 107 |
| Rendering of a Courier Service To the Cape Medical Depot (CMD) | Kawari Wholesaler & Distributor | Expansion | WCGHSC0040/2016 | 72 146 | 0 | 18 221 |
| Training for Health Care Professionals In Palliative Care | Hospice Palliative Association of SA | Extension | WCGHSC 0183/2019 | 11 305 | 0 | 1 884 |
| Casting and Splinting | Allenco Medical & Dental Supplies CC | Extension | WCGHCO09/2018 | 17 000 | 0 | 3 800 |
| The Comprehensive Maintenance, Service and Repairs to The Reverse Osmosis Water Treatment Plant with Pre-Filtration and Equipment At Tbh | Alternate Water Solutions | Extension | TBH 506/2018 | 5 343 | 0 | 4 312 |
| The Appointment of a Service Provider for Basic and Post-Basic Pharmacist Assistant Training | Health Science Academy (Pty) Ltd. | Extension | WCGHSC 0229/2019 | 3 107 | 0 | 1 036 |
| Security Services | City Security Services | Expansion | WCGHSC 0015/2015 | 159 022 | 0 | 121 |
| Security Services | City Security Services | Expansion | WCGHSC 0015/2015 | 159 022 | 0 | 214 |
| Cleaning Services | Dynamic Exclusive Maintenance Services | Expansion | WCGHSC0207/2019 | 3 440 | 0 | 563 |
| Gardening Service | Shabba Man Trading T/A Shabba Man | Extension | WCGH SC 0178/2018 | 1 444 | 138 | 138 |
| Rendering of Outreach and Support Primary Health Care Services To: Fixed Satellite Clinics And Old Age Homes | Dr HA Alberts/Dr JP Hayers/Dr Strauss/Dr Burger Van Zyl | Extension | WCGHSL 0184/2019 | 14 734 | 0 | 3 600 |

| Project Description | Name of Supplier | Contract modification type (Expansion or Variation) | Contract number | Original contract value | Value of previous contract expansion/s or variation/s (if applicable) | Value of current contract expansion or variation |
|---|---|---|---|---|---|---|
| | | | | R'000 | R'000 | R'000 |
| Rendering Of Medical Practitioner Services To Kannaland | Dr Pauw & Partners | Extension | WCGHSL 0189/2019 | 7 909 | 0 | 2 813 |
| Process and Collect Claims In Respect Of State Departments Including Injury-On Duty and Road Accident Fund | Batsumi Claims Management Solutions (Pty) Ltd. | Expansion | WCGHSC 0059/1/2017 | 107 004 | 0 | 19 309 |
| Security Services | City Security Services | Expansion | WCGHSC 0015/2015 | 159 022 | 0 | 184 |
| Cremation & Burial Services | Alijac Hiring Services | Extension | WCGHSC 0036/2016 | 5 592 | 0 | 1 285 |
| Cremation & Burial Services | Avbob Funeral Services | Extension | WCGHSC 0036/2016 | 5 592 | 0 | 731 |
| Health Care Risk Waste | Averda SA | Extension | WCDOH 46/2013 | 32 887 | 7 327 | 915 |
| Health Care Risk Waste | Averda SA | Extension | WCDOH 490/2014 | 10 007 | 4 181 | 1 202 |
| Health Care Risk Waste | Compass Medical Waste | Extension | WCGHSC 0090/2017 | 60 000 | 0 | 8 270 |
| PABX Private Automatic Branch Exchange | Northern Telecom Enterprises | Extension | WCGHSL0247/2020 | 1 223 | 0 | 611 |
| Supply, Print and Delivery of Patient Records to All Institutions | Lexlines | Expansion | WCGHSC0109/2017 | 29 066 | 0 | 16 |
| Business Solution for EMS: for A Period of Three (3) Years | Dimension Data | Extension | RFB800/2010 | 254 456 | 0 | 140 366 |
| Servicing of Hospital Standby Generators | Emergency Diesel Power CC | Extension | WCGHIS0084/2021 | 5 395 | 0 | 599 |
| Refreshment of Technology | Dimension Data | Extension | OR-013434 | 254 456 | 0 | 15 517 |
| Security Services | Distinctive Choice Security 447 CC | expansion | WCPT TR 01/2017/18 | 621 381 | 0 | 38 |
| Transaction Advisor | Arup (Pty) Ltd. | Expansion. | WCDOH 393/2013 | 28 271 | 0 | 9 395 |
| Cleaning of Premises | Dems | Extension | OR-056814 | 15 824 | 0 | 1 152 |
| Security Services | City Security Services | Expansion | WCGHSC 0015/2015 | 159 022 | 0 | 10 |
| Cleaning Service | Dimension Data | Extension | RFB800 | 254 456 | 0 | 1 282 |
| Cleaning Service | Spic N Span Cleaning Contractors | Extension | WCGH SC 0230/2019 | 2 382 | 100 | 100 |
| Cleaning Service | Top N Nos | Extension | WCGH SC 0176/2018 | 7 120 | 225 | 225 |
| Cleaning Service | DEM Cleaning Services | Extension | WCGH SC 0101/2018 | 9 444 | 0 | 1 152 |
| Provision of Health Lifestyles Training, Support and Research Services Delivered By The University Of Cape | UCT-Led Academic Consortium | Extension | WCGHSL 0222/2019 | 4 679 | 0 | 1 436 |

| Project Description | Name of Supplier | Contract modification type (Expansion or Variation) | Contract number | Original contract value | Value of previous contract expansion/s or variation/s (if applicable) | Value of current contract expansion or variation |
|---|---|---|---|---|---|---|
| | | | | R'000 | R'000 | R'000 |
| Town- Led Academic Consortium | | | | | | |
| Catering & Cleaning at Residences & Tuition Site, WCCN Southern Cape Campus, George | Feedem Group | Extension | WCGHSC0112/2019 | 20 368 | 0 | 3 322 |
| Cleaning | Dynamic Exclusive Maintenance Services (Pty) Ltd. | Extension | WCGHSC0101/1/2018 | 9 444 | 1 152 | 2 305 |
| Security Services | City Security Services | expansion | WCGHSC 0015/2015 | 15 022 | 0 | 92 |
| Cleaning Service | Zara Cleaning Services | Extension | WCGHSC 070/1/2019 | 25 901 | 0 | 4 710 |
| Servicing of Hospital Standby Generators | Emergency Diesel Power CC | Extension | WCGHIS0084/2017 | 5 395 | 0 | 300 |
| The Supply and Delivery of Nuclear Medicine Radiopharmaceutical Consumables | Aec Amersham Soc Ltd. | Extension | TBH 508/2021R | 108 683 | 0 | 49 702 |
| The Supply and Delivery of Nuclear Medicine Radiopharmaceutical Consumables | Axim Nuclear & Oncology | Extension | TBH 508/2021R | 74 100 | 0 | 15 757 |
| The Supply and Delivery of Nuclear Medicine Radiopharmaceutical Consumables | K3 Medical | Extension | TBH 508/2021R | 43 166 | 0 | 8 554 |
| The Supply and Delivery of Nuclear Medicine Radiopharmaceutical Consumables | Pet Labs Pharmaceuticals | Extension | TBH 508/2021R | 30 083 | 0 | 17 258 |
| Expansion and Incorporation of Existing Mini Contract (Tbh 23/2021) | Alternate Water Solutions | expansion | TBH 506/2018 | 5 343 | 0 | 2 426 |
| Cleaning Services | Zara Cleaning Services | Extension | WCGH SC 070/1/2019 | 25 901 | 0 | 4 710 |
| Cleaning Services | Top N Nos CC | Extension | WCGH SC 0218/2019 | 2 686 | 0 | 284 |
| Revision of a Pharmacovigilance or Adverse Drug Reaction Monitoring Programme | University of Cape Town | Extension | WCGHSC 0308/2021 | 8 911 | 2 499 | 862 |

| Project Description | Name of Supplier | Contract modification type (Expansion or Variation) | Contract number | Original contract value | Value of previous contract expansion/s or variation/s (if applicable) | Value of current contract expansion or variation |
|---|---|---|---|---|---|---|
| | | | | R'000 | R'000 | R'000 |
| Supply and Delivery Of Toilet Paper, Plastic Bags, Plastic Aprons, Cleaning Materials and Laundry Chemicals | AC Disposable & Cleaning Products (Pty) Ltd., PTA Agencies (Pty) Ltd., Dynachem (Pty) Ltd. Caprichem SACCS (Pty) Ltd., Easipack (Pty) Ltd., Hychem (Pty) Ltd., Lamb's Chemical Manufacturers Cc, Medi-Core Technologies (Pty) Ltd., Orlichem (Pty) Ltd. and Ottery Industrial Suppliers (Pty) Ltd. | Extension | WCGHGC0180/201 | 127 669 | 0 | 15 020 |
| Security Services | All 4 Security Services CC | Extension | WCPT TR 01/2017/18 | 621 381 | 0 | 61 699 |
| Security Services | Distinctive Choice | Extension | WCGHSC 0015/2015 | 159 022 | 0 | 46 |
| Dental Laboratory Services | Northern Telecoms Enterprises | Extension | WCGHSL0247/2020 | 1 223 | 611 | 94 |
| Eyecare Services | Eyesave Atlantis (Pty) Ltd. | Extension | WCGHCC029/2018 | 78 000 | 0 | 6 500 |
| Dental Laboratory Services | Ar Dental Laboratory | Extension | WCGHCC068/2018 | 9 500 | 0 | 1 580 |
| Diagnostic Kits | Abbott Laboratories South Africa (Pty) Ltd. | Extension | WCGHCC030/2016 | 90 000 | 0 | 36 852 |
| Ophthalmology Consumables | Grobir Medical Suppliers (Pty) Ltd. | Extension | WCGHCC065/2019 | 15 000 | 0 | 1 921 |
| Needles and syringes | Becton Dickson (Pty Ltd.) | Extension | WCDOH6/2018 | 9 300 | 0 | 17 154 |
| Cleaner | Zara Cleaning Services | Extension | PM – 031647 | 15 130 | 0 | 404 |
| Cleaners | Top N' Nos CC | Extension | OR-021202 | 3 402 | | 767 |
| **TOTAL** | | | | **4 809 595** | **18 034** | **865 482** |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# PART F:
## Financial Information

# Report of the auditor-general to the Western Cape Provincial Parliament on vote no. 6: Western Cape Department of Health

## Report on the audit of the financial statements

### Opinion

1. I have audited the financial statements of the Western Cape Department of Health set out on pages 230 to 294, which comprise the appropriation statement, statement of financial position as at 31 March 2023, statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as 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 2023, 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 1 of 1999 (PFMA) and the Division of Revenue Act 5 of 2022 (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 responsibilities of the auditor-general for the audit of the financial statements section of my report.

4. I am independent of the department in accordance with the International Ethics Standards Board for Accountants' *International code of ethics for professional accountants (including International Independence Standards)* (IESBA code) as well as other 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 matter

6. I draw attention to the matter below. My opinion is not modified in respect of this matter.

#### Material impairment

7. As disclosed in note 22.3 to the financial statements, accrued departmental revenue was significantly impaired. The impairment allowance amounted to R326 million (2021-22: R262 million).

### Other matters

8. I draw attention to the matters below. My opinion is not modified in respect of these matters.

#### Unaudited supplementary schedules

9. The supplementary information set out in pages 295 to 319 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.

## National Treasury Instruction No. 4 of 2022/2023: PFMA Compliance and Reporting Framework

10. On 23 December 2022 National Treasury issued Instruction Note No. 4: PFMA Compliance and Reporting Framework of 2022-23 in terms of section 76(1)(b), (e) and (f), 2(e) and (4)(a) and (c) of the PFMA, which came into effect on 3 January 2023. The PFMA Compliance and Reporting Framework also addresses the disclosure of unauthorised expenditure, irregular expenditure and fruitless and wasteful expenditure (UIFW expenditure). Among the effects of this framework is that irregular and fruitless and wasteful expenditure incurred in previous financial years and not addressed is no longer disclosed in the disclosure notes of the annual financial statements. Only the current year and prior year figures are disclosed in note 23 to the financial statements. The movements in respect of irregular expenditure and fruitless and wasteful expenditure are no longer disclosed in the notes to the annual financial statements of the Western Cape Department of Health. The disclosure of these movements (e.g. condoned, recoverable, removed, written off, under assessment, under determination and under investigation) are now required to be included as part of other information in the annual report of the department. I do not express an opinion on the disclosure of irregular expenditure and fruitless and wasteful expenditure in the annual report.

## 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 as prescribed by the National Treasury and the requirements of the PFMA and Dora, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

12. In preparing the financial statements, the accounting officer is responsible for assessing the department's ability to continue as a going concern; disclosing, as applicable, matters relating to going concern; and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the department or to cease operations or has no realistic alternative but to do so.

## Responsibilities of the auditor-general 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

15. In accordance with the Public Audit Act 25 of 2004 (PAA) and the general notice issued in terms thereof, I must audit and report on the usefulness and reliability of the reported performance against predetermined objectives for selected programmes presented in the annual performance report. The accounting officer is responsible for the preparation of the annual performance report.

16. I selected the following programmes presented in the annual performance report for the year ended 31 March 2023 for auditing. I selected programmes that measure the department's performance on its primary mandated functions and that are of significant national, community or public interest.

| Programme | Page numbers | Purpose |
|---|---|---|
| Programme 2 - district health services | 48 to 65 | To render facility-based district health services (at clinics, community health centres and district hospitals) and community-based district health services to the population of the Western Cape Province. |
| Programme 4 - provincial hospital services | 70 to 78 | To delivery hospital services, which are accessible, appropriate, and effective and provide general specialist services, including a specialised rehabilitation service, dental service, psychiatric service, as well as providing a platform for training health professionals and conducting research. |

17. I evaluated the reported performance information for the selected programmes against the criteria developed from the performance management and reporting framework, as defined in the general notice. When an annual performance report is prepared using these criteria, it provides useful and reliable information and insights to users on the department's planning and delivery on its mandate and objectives.

18. I performed procedures to test whether:

- the indicators used for planning and reporting on performance can be linked directly to the department's mandate and the achievement of its planned objectives
- the indicators are well defined and verifiable to ensure that they are easy to understand and apply consistently and that I can confirm the methods and processes to be used for measuring achievements
- the targets can be linked directly to the achievement of the indicators and are specific, time bound and measurable to ensure that it is easy to understand what should be delivered and by when, the required level of performance as well as how performance will be evaluated
- the indicators and targets reported on in the annual performance report are the same as what was committed to in the approved initial or revised planning documents
- the reported performance information is presented in the annual performance report in the prescribed manner
- there are adequate supporting evidence for the achievements reported and for the reasons provided for any over/under achievement of targets.

19. I performed the procedures for the purpose of reporting material findings only and not to express an assurance opinion.

20. I did not identify any material findings on the reported performance information of the selected programmes.

## Other matter

21. I draw attention to the matter below.

## Achievement of planned targets

22. The annual performance report includes information on reported achievements against planned targets and provides explanations for over/under achievements.

23. The department plays a key role in delivering services to South Africans. The annual performance report includes the following service delivery achievements against planned targets:

| Key service delivery indicators not achieved | Planned target | Reported achievement |
|---|---|---|
| **Programme 2**<br>Targets achieved: 13 out of 32 (41%)<br>Budget spent: 99,9% | | |
| Patient experience of care satisfaction rate | 80,5% | 74,1% |
| Severity assessment code (SAC) 1 incident reported within 24 hours rate | 78,1% | 63,1% |
| Mother postnatal visit within 6 days rate | 62,8% | 62,4% |
| Delivery 10 to 19 years in facility rate | 10,7% | 11,5% |
| Couple year protection rate | 57,9% | 50,2% |
| Infant polymerase chain reaction (PCR) test positive at birth rate | 0,8% | 0,9% |
| Immunisation under 1 year coverage | 86,0% | 75,7% |
| Measles 2nd dose coverage | 82,5% | 77,7% |
| Neonatal death in facility rate | 7,8 | 9,4 |
| Antiretroviral therapy (ART) child remain in care rate (12 months) | 62,7% | 60,2% |
| ART child viral load suppressed rate (12 months) | 71,8% | 66,0% |
| ART adult remain in care rate (12 months) | 57,2% | 53,3% |
| All drug sensitive tuberculosis (DS-TB) client death rate | 3,5% | 4,0% |
| All DS-TB client liver function test (LTF) rate | 13,7% | 19,3% |
| All DS-TB client treatment success rate | 81,0% | 75,4% |
| Live births under 2500g in facility rate | 11,1% | 11,4% |
| Child under 5 years pneumonia case fatality rate | 0,1% | 0,11% |
| Death under 5 years against live birth rate | 1,2% | 1,3% |
| Average length of stay | 3,4 | 3,6 |

| Key service delivery indicators not achieved | Planned target | Reported achievement |
|---|---|---|
| **Programme 4**<br>Targets achieved: 7 out of 16 (44%)<br>Budget spent: 100% | | |
| Live birth under 2500g in facility rate | 14,9% | 15,9% |
| Child under 5 years diarrhoea case fatality rate | 0,3% | 0,7% |
| Child under 5 years severe acute malnutrition case fatality rate | 2,2% | 4,2% |
| Patient experience of care satisfaction rate (regional) | 81,9% | 78,5% |
| Patient safety (PSI) Incident case closure rate | 96,3% | 94,9% |
| Severity assessment code (SAC) 1 incident reported within 24 hours rate (regional) | 90,6% | 65,9% |
| Inpatient bed utilisation | 88,1% | 86,3% |
| Patient experience of care satisfaction rate (specialised) | 83,0% | 79,9% |
| Severity assessment code (SAC) 1 incident reported within 24 hours rate (specialised) | 84,6% | 30,0% |

24. Reasons for the underachievement of targets are included in the annual performance report on pages 48 to 65 and 70 to 78.

## Report on compliance with legislation

25. In accordance with the PAA and the general notice issued in terms thereof, I must audit and report on compliance with applicable legislation relating to financial matters, financial management and other related matters. The accounting officer is responsible for the department's compliance with legislation.

26. I performed procedures to test compliance with selected requirements in key legislation in accordance with the findings engagement methodology of the Auditor-General of South Africa (AGSA). This engagement is not an assurance engagement. Accordingly, I do not express an assurance opinion or conclusion.

27. Through an established AGSA process, I selected requirements in key legislation for compliance testing that are relevant to the financial and performance management of the department, clear to allow consistent measurement and evaluation, while also sufficiently detailed and readily available to report in an understandable manner. The selected legislative requirements are included in the annexure to this auditor's report.

28. I did not identify any material non-compliance with the selected legislative requirements.

## Other information in the annual report

29. The accounting officer is responsible for the other information included in the annual report. The other information referred to 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 on in this auditor's report.

30. My opinion on the financial statements, the report on the audit of the annual performance report and the report on compliance with legislation, do not cover the other information included in the annual report and I do not express an audit opinion or any form of assurance conclusion on it.

31. My responsibility is to read this other information and, in doing so, consider whether it 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.

32. 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 on that fact.

33. I have nothing to report in this regard.

## Internal control deficiencies

34. I considered internal control relevant to my audit of the financial statements, annual performance report and compliance with applicable legislation; however, my objective was not to express any form of assurance on it.

35. I did not identify any significant deficiencies in internal control.

Auditor General

Cape Town

31 July 2023

AUDITOR-GENERAL
SOUTH AFRICA

*Auditing to build public confidence*

# Annexure to the auditor's report

The annexure includes the following:

- the auditor-general's responsibility for the audit
- the selected legislative requirements for compliance testing.

## Auditor-general's responsibility for the audit

### Professional judgement and professional scepticism

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 selected requirements in key legislation.

### Financial statements

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
- conclude on the appropriateness of the use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists relating to events or conditions that may cast significant doubt on the ability of the department to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify my opinion on the financial statements. My conclusions are based on the information available to me at the date of this auditor's report. However, future events or conditions may cause a department to cease operating as a going concern
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

### Communication with those charged with governance

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.

I also provide the accounting officer with a statement that I have complied with relevant ethical requirements regarding independence and to communicate with them all relationships and other matters that may reasonably be thought to bear on my independence and, where applicable, actions taken to eliminate threats or safeguards applied.

## Compliance with legislation – selected legislative requirements

The selected legislative requirements are as follows:

| Legislation | Sections or regulations |
|---|---|
| Public Finance Management Act 1 of 1999 (PFMA) | Section 1<br>Section 38(1)(a)(iv); 38(1)(b); 38(1)(c); 38(1)(c)(i); 38(1)(c)(ii); 38(1)(d); 38(1)(h)(iii)<br>Section 39(1)(a); 39(2)(a)<br>Section 40(1)(a); 40(1)(b); 40(1)(c)(i)<br>Section 43(4); 44; 44(1) & (2) ; 45(b) |
| Treasury Regulations for departments, trading entities, constitutional institutions and public entities | Treasury Regulation 4.1.1; 4.1.3<br>Treasury Regulation 5.1.1; 5.2.1; 5.2.3(a); 5.3.1<br>Treasury Regulation 6.3.1(a); 6.3.1(b); 6.3.1(c); 6.3.1(d); 6.4.1(b)<br>Treasury Regulation 7.2.1<br>Treasury Regulation 8.1.1; 8.2.1; 8.2.2; 8.2.3; 8.4.1<br>Treasury Regulation 9.1.1; 9.1.4<br>Treasury Regulation 10.1.1(a); 10.1.2<br>Treasury Regulation 11.4.1; 11.4.2; 11.5.1<br>Treasury Regulation 12.5.1<br>Treasury Regulation 15.10.1.2(c)<br>Treasury Regulation 16A3.1; 16A3.2; 16A3.2(a); 16A6.1; 16A6.2(a), (b) & (e); 16A6.3(a); 16A6.3(a)(i); 16A6.3(b); 16A6.3(c); 16A6.3(d); 16A6.3(e); 16A6.4; 16A6.5; 16A6.6; 16A7.3; 16A7.7; 16A8.2; 16A8.3; 16A8.3(d); 16A8.4; 16A9; 16A9.1; 16A9.1(c); 16A9.1(b)(ii); 16A 9.1(d); 16A 9.1(e); 16A9.1(f); 16A9.2; 16A 9.2(a)(ii) & (iii)<br>Treasury Regulation 17.1.1<br>Treasury Regulation 18.2 |
| Division of Revenue Act 5 of 2022 | Section 11(6)(a)<br>Section 12(5)<br>Section 16(1)<br>Section 16(3)<br>Section 16(3)(a)(i)<br>Section 16(3)(a)(ii)(bb) |
| Public service regulation | Public service regulation 13(c); 18; 18(1) & (2); 25(1)(e)(i); 25(1)(e)(iii) |
| Prevention and Combating of Corrupt Activities Act 12 of 2004 | Section 29<br>Section 34(1) |
| Construction Industry Development Board (CIDB) Act 38 of 2000 | Section 18(1) |
| Construction Industry Development Board Regulations | CIDB regulation 17; 25(1); 25(5) & 25(7A) |
| Preferential Procurement Policy Framework Act 5 of 2000 | Section 1(i); 2.1(a); 2.1(b); 2.1(f) |

| Legislation | Sections or regulations |
|---|---|
| State Information Technology Agency Act 88 of 1998 | Section 7(3)<br>Section 7(6)(b)<br>Section 20(1)(a)(I) |
| State Information Technology Agency Regulations | Regulation 8.1.1(b); 8.1.4; 8.1.7<br>Regulation 9.6; 9.4<br>Regulation 12.3<br>Regulation 13.1(a)<br>Regulation 14.1; 14.2 |
| Preferential Procurement Regulations, 2017 | Paragraph 4.1; 4.2<br>Paragraph 5.1; 5.3; 5.6; 5.7<br>Paragraph 6.1; 6.2; 6.3; 6.5; 6.6; 6.8<br>Paragraph 7.1; 7.2; 7.3; 7.5; 7.6; 7.8<br>Paragraph 8.2; 8.5<br>Paragraph 9.1; 9.2<br>Paragraph 10.1; 10.2<br>Paragraph 11.1; 11.2<br>Paragraph 12.1; 12.2 |
| Preferential Procurement Regulations, 2022 | Paragraph 3.1<br>Paragraph 4.1; 4.2; 4.3; 4.4<br>Paragraph 5.1; 5.2; 5.3; 5.4 |
| PFMA Supply Chain Management (SCM) Instruction No. 09 of 2022/2023 | Paragraph 3.1; 3.3(b); 3.3(c); 3.3(e); 3.6 |
| National Treasury Instruction No.1 of 2015/16 | Paragraph 3.1; 4.1; 4.2 |
| National Treasury SCM Instruction Note 03 2021/22 | Paragraph 4.1; 4.2(b); 4.3; 4.4(a) to (d); 4.6<br>Paragraph 5.4<br>Paragraph 7.2; 7.6 |
| National Treasury SCM Instruction 4A of 2016/17 | Paragraph 6 |
| National Treasury SCM Instruction Note 03 2019/20 | Paragraph 5.5.1(vi)<br>Paragraph 5.5.1(x) |
| National Treasury SCM Instruction Note 11 2020/21 | Paragraph 3.1; 3.4(a) & (b); 3.9; 6.1; 6.2; 6.7 |
| National Treasury SCM Instruction Note 2 of 2021/22 | Paragraph 3.2.1; 3.2.2; 3.2.4(a) & (b); 3.3.1; 3.2.2<br>Paragraph 4.1 |
| PFMA SCM Instruction 04 of 2022/23 | Paragraph 4(1); 4(2); 4(4) |
| Practice Note 5 of 2009/10 | Paragraph 3.3 |
| PFMA SCM Instruction 08 of 2022/23 | Paragraph 3.2<br>Paragraph 4.3.2; 4.3.3 |

| Legislation | Sections or regulations |
|---|---|
| Competition Act 89 of 1998 | Section 4(1)(b)(ii) |
| National Treasury Instruction Note 4 of 2015/16 | Paragraph 3.4 |
| National Treasury instruction 3 of 2019/20 - Annexure A | Section 5.5.1 (iv) and (x) |
| Second amendment of National Treasury Instruction 05 of 2020/21 | Paragraph 4.8; 4.9; 5.1; 5.3 |
| Erratum National Treasury Instruction 5 of 2020/21 | Paragraph 1<br>Paragraph 2 |
| Practice Note 7 of 2009/10 | Paragraph 4.1.2 |
| Practice Note 11 of 2008/09 | Paragraph 3.1<br>Paragraph 3.1(b) |
| National Treasury Instruction Note 1 of 2021/22 | Paragraph 4.1 |
| Public Service Act 103 of 1994 | Section 30(1) |
| National Health Act 61 of 2003 | Section 13 |
| Norms and standards regulations applicable to different categories of health establishments | Regulation 6 |

## *WESTERN CAPE DEPARTMENT OF HEALTH*
## *VOTE 6*

## *APPROPRIATION STATEMENT*
## *for the year ended 31 March 2023*

| Appropriation per programme | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2022/23 | | | | | | | 2021/22 | |
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | 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 | 1 113 140 | - | (2 298) | 1 110 842 | 1 056 592 | 54 250 | 95.1% | 1 515 048 | 1 414 302 |
| 2 DISTRICT HEALTH SERVICES | 12 049 482 | - | 1 031 | 12 050 513 | 12 036 821 | 13 692 | 99.9% | 11 641 741 | 11 641 741 |
| 3 EMERGENCY MEDICAL SERVICES | 1 303 037 | - | - | 1 303 037 | 1 302 918 | 119 | 100.0% | 1 240 450 | 1 240 109 |
| 4 PROVINCIAL HOSPITAL SERVICES | 4 505 585 | - | 936 | 4 506 521 | 4 506 521 | - | 100.0% | 4 279 912 | 4 270 446 |
| 5 CENTRAL HOSPITAL SERVICES | 7 932 824 | - | - | 7 932 824 | 7 927 831 | 4 993 | 99.9% | 7 500 949 | 7 500 949 |
| 6 HEALTH SCIENCES AND TRAINING | 412 895 | - | - | 412 895 | 383 735 | 29 160 | 92.9% | 366 958 | 343 840 |
| 7 HEALTH CARE SUPPORT SERVICES | 584 898 | - | 331 | 585 229 | 585 229 | - | 100.0% | 559 630 | 546 146 |
| 8 HEALTH FACILITIES MANAGEMENT | 1 193 172 | - | - | 1 193 172 | 1 115 356 | 77 816 | 93.5% | 1 085 475 | 958 721 |
| Programme sub total | **29 095 033** | **-** | **-** | **29 095 033** | **28 915 003** | **180 030** | **99.4%** | **28 190 163** | **27 916 254** |
| Statutory Appropriation | - | - | - | - | - | - | - | - | - |
| | - | - | - | - | - | - | - | - | - |
| | - | - | - | - | - | - | - | - | - |
| TOTAL | **29 095 033** | **-** | **-** | **29 095 033** | **28 915 003** | **180 030** | **99.4%** | **28 190 163** | **27 916 254** |
| Reconciliation with Statement of Financial Performance | | | | | | | | | |
| Add: | | | | | | | | | |
| Departmental receipts | | | | 170 878 | | | | 29 627 | |
| NRF Receipts | | | | - | | | | - | |
| Aid assistance | | | | 13 520 | | | | 379 | |
| Actual amounts per Statement of Financial Performance (Total | | | | **29 279 431** | | | | **28 220 169** | |
| Add: Aid assistance | | | | | 13 575 | | | | 5 388 |
| Prior year unauthorised expenditure approved without funding | | | | | | | | | |
| Actual amounts per Statement of Financial Performance Expenditure | | | | | **28 928 578** | | | | **27 921 642** |

AUDITOR-GENERAL SOUTH AFRICA
Auditing to build public confidence

31 July 2023

# APPROPRIATION STATEMENT
## for the year ended 31 March 2023

| Appropriation per economic classification | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2022/23 | | | | | | | 2021/22 | |
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| **Current payments** | **26 217 373** | **-** | **(2 825)** | **26 214 548** | **26 211 518** | **3 030** | **100.0%** | **25 643 857** | **25 393 374** |
| Compensation of employees | 16 959 034 | - | (2 128) | 16 956 906 | 16 720 431 | 236 475 | 98.6% | 16 279 773 | 16 179 921 |
| Salaries and wages | 14 986 832 | - | (2 128) | 14 984 704 | 14 767 244 | 217 460 | 98.5% | 14 430 013 | 14 330 918 |
| Social contributions | 1 972 202 | - | - | 1 972 202 | 1 953 187 | 19 015 | 99.0% | 1 849 760 | 1 849 003 |
| Goods and services | 9 258 339 | - | (697) | 9 257 642 | 9 491 087 | (233 445) | 102.5% | 9 364 084 | 9 213 453 |
| Administrative fees | 322 | - | - | 322 | 118 | 204 | 36.6% | 309 | 246 |
| Advertising | 36 070 | - | - | 36 070 | 33 923 | 2 147 | 94.0% | 20 219 | 25 034 |
| Minor assets | 56 379 | - | - | 56 379 | 34 786 | 21 593 | 61.7% | 94 687 | 36 755 |
| Audit costs: External | 25 272 | - | - | 25 272 | 20 799 | 4 473 | 82.3% | 24 253 | 22 572 |
| Bursaries: Employees | 11 781 | - | - | 11 781 | 11 966 | (185) | 101.6% | 11 306 | 11 313 |
| Catering: Departmental activities | 5 035 | - | - | 5 035 | 5 188 | (153) | 103.0% | 4 805 | 1 626 |
| Communication (G&S) | 63 455 | - | - | 63 455 | 51 560 | 11 895 | 81.3% | 60 142 | 55 068 |
| Computer services | 104 892 | - | - | 104 892 | 142 368 | (37 476) | 135.7% | 108 902 | 138 044 |
| Consultants: Business and advisory services | 133 473 | - | - | 133 473 | 128 777 | 4 696 | 96.5% | 121 967 | 117 864 |
| Infrastructure and planning services | 26 455 | - | - | 26 455 | 28 679 | (2 224) | 108.4% | 42 946 | 40 035 |
| Laboratory services | 934 383 | - | - | 934 383 | 1 010 382 | (75 999) | 108.1% | 1 130 700 | 1 152 732 |
| Legal services | 17 048 | - | - | 17 048 | 11 690 | 5 358 | 68.6% | 14 598 | 15 988 |
| Contractors | 657 734 | - | (1 506) | 656 228 | 626 945 | 29 283 | 95.5% | 604 850 | 578 199 |
| Agency and support / outsourced services | 633 993 | - | - | 633 993 | 693 135 | (59 142) | 109.3% | 607 865 | 681 754 |
| Entertainment | 277 | - | - | 277 | 112 | 165 | 40.4% | 273 | 71 |
| Fleet services (including government motor transport) | 219 738 | - | - | 219 738 | 237 788 | (18 050) | 108.2% | 210 593 | 182 726 |
| Inventory: Food and food supplies | 66 623 | - | - | 66 623 | 75 180 | (8 557) | 112.8% | 67 331 | 70 593 |
| Inventory: Medical supplies | 1 950 175 | - | - | 1 950 175 | 2 128 135 | (177 960) | 109.1% | 2 061 966 | 2 030 158 |
| Inventory: Medicine | 1 899 252 | - | - | 1 899 252 | 1 832 591 | 66 661 | 96.5% | 1 816 761 | 1 762 680 |
| Inventory: Other supplies | 14 501 | - | - | 14 501 | 15 954 | (1 453) | 110.0% | 14 078 | 14 325 |
| Consumable supplies | 551 020 | - | 809 | 551 829 | 646 397 | (94 568) | 117.1% | 545 379 | 592 030 |
| Consumable: Stationery, printing and office supplies | 107 649 | - | - | 107 649 | 121 840 | (14 191) | 113.2% | 107 129 | 111 201 |
| Operating leases | 30 968 | - | - | 30 968 | 21 183 | 9 785 | 68.4% | 32 018 | 22 667 |
| Property payments | 1 518 475 | - | - | 1 518 475 | 1 455 853 | 62 622 | 95.9% | 1 487 291 | 1 392 076 |
| Transport provided: Departmental activity | 7 156 | - | - | 7 156 | 1 555 | 5 601 | 21.7% | 1 919 | 23 381 |
| Travel and subsistence | 47 549 | - | - | 47 549 | 34 036 | 13 513 | 71.6% | 48 245 | 31 857 |
| Training and development | 70 319 | - | - | 70 319 | 51 568 | 18 751 | 73.3% | 57 064 | 34 468 |
| Operating payments | 34 082 | - | - | 34 082 | 33 578 | 504 | 98.5% | 33 950 | 33 538 |
| Venues and facilities | 2 662 | - | - | 2 662 | 2 306 | 356 | 86.6% | 2 491 | 1 007 |
| Rental and hiring | 31 601 | - | - | 31 601 | 32 695 | (1 094) | 103.5% | 30 047 | 33 445 |

## WESTERN CAPE DEPARTMENT OF HEALTH
## VOTE 6

## APPROPRIATION STATEMENT
## for the year ended 31 March 2023

| Appropriation per economic classification | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Transfers and subsidies** | **1 689 437** | **-** | **(6 151)** | **1 683 286** | **1 581 576** | **101 710** | **94.0%** | **1 546 076** | **1 503 799** |
| Provinces and municipalities | 659 104 | - | - | 659 104 | 630 008 | 29 096 | 95.6% | 660 129 | 657 240 |
| Provinces | 18 | - | - | 18 | 15 | 3 | 83.3% | 18 | 15 |
| Provincial agencies and funds | 18 | - | - | 18 | 15 | 3 | 83.3% | 18 | 15 |
| Municipalities | 659 086 | - | - | 659 086 | 629 993 | 29 093 | 95.6% | 660 111 | 657 225 |
| Municipal agencies and funds | 659 086 | - | - | 659 086 | 629 993 | 29 093 | 95.6% | 660 111 | 657 225 |
| Departmental agencies and accounts | 7 513 | - | - | 7 513 | 7 368 | 145 | 98.1% | 7 210 | 7 107 |
| Departmental agencies | 7 513 | - | - | 7 513 | 7 368 | 145 | 98.1% | 7 210 | 7 107 |
| Non-profit institutions | 706 778 | - | - | 706 778 | 678 860 | 27 918 | 96.0% | 697 100 | 659 837 |
| Households | 316 042 | - | (6 151) | 309 891 | 265 340 | 44 551 | 85.6% | 181 637 | 179 615 |
| Social benefits | 77 035 | - | - | 77 035 | 59 460 | 17 575 | 77.2% | 72 805 | 77 799 |
| Other transfers to households | 239 007 | - | (6 151) | 232 856 | 205 880 | 26 976 | 88.4% | 108 832 | 101 816 |
| **Payments for capital assets** | **1 188 223** | **-** | **-** | **1 188 223** | **1 112 933** | **75 290** | **93.7%** | **989 398** | **1 008 249** |
| Buildings and other fixed structures | 327 078 | - | - | 327 078 | 236 662 | 90 416 | 72.4% | 214 610 | 215 501 |
| Buildings | 327 078 | - | - | 327 078 | 236 662 | 90 416 | 72.4% | 214 610 | 215 501 |
| Machinery and equipment | 847 874 | - | - | 847 874 | 870 855 | (22 981) | 102.7% | 774 369 | 790 889 |
| Transport equipment | 213 205 | - | - | 213 205 | 243 350 | (30 145) | 114.1% | 198 150 | 214 255 |
| Other machinery and equipment | 634 669 | - | - | 634 669 | 627 505 | 7 164 | 98.9% | 576 219 | 576 634 |
| Heritage assets | - | - | - | - | - | - | - | - | - |
| Specialised military assets | - | - | - | - | - | - | - | - | - |
| Land and sub-soil assets | - | - | - | - | - | - | - | - | - |
| Software and other intangible assets | 13 271 | - | - | 13 271 | 5 416 | 7 855 | 40.8% | 419 | 1 859 |
| **Payment for financial assets** | **-** | **-** | **8 976** | **8 976** | **8 976** | **-** | **100.0%** | **10 832** | **10 832** |
| **Total** | **29 095 033** | **-** | **-** | **29 095 033** | **28 915 003** | **180 030** | **99.4%** | **28 190 163** | **27 916 254** |

## APPROPRIATION STATEMENT
### for the year ended 31 March 2023

**Programme 1: ADMINISTRATION**

| | 2022/23 | | | | | | | 2021/22 | |
|---|---|---|---|---|---|---|---|---|---|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| **Sub programme** | | | | | | | | | |
| 1 **OFFICE OF THE MEC** | 9 301 | - | - | 9 301 | 9 241 | 60 | 99.4% | 9 071 | 8 673 |
| 2 **MANAGEMENT** | 1 103 839 | - | (2 298) | 1 101 541 | 1 047 351 | 54 190 | 95.1% | 1 505 977 | 1 405 629 |
| **Total** | **1 113 140** | **-** | **(2 298)** | **1 110 842** | **1 056 592** | **54 250** | **95.1%** | **1 515 048** | **1 414 302** |
| | | | | | | | | | |
| **Economic classification** | | | | | | | | | |
| **Current payments** | **890 183** | **-** | **-** | **890 183** | **840 983** | **49 200** | **94.5%** | **1 388 630** | **1 291 634** |
| Compensation of employees | 427 291 | - | - | 427 291 | 408 483 | 18 808 | 95.6% | 400 032 | 395 323 |
| Salaries and wages | 375 285 | - | - | 375 285 | 355 074 | 20 211 | 94.6% | 350 386 | 344 122 |
| Social contributions | 52 006 | - | - | 52 006 | 53 409 | (1 403) | 102.7% | 49 646 | 51 201 |
| Goods and services | 462 892 | - | - | 462 892 | 432 500 | 30 392 | 93.4% | 988 598 | 896 311 |
| Administrative fees | 318 | - | - | 318 | 64 | 254 | 20.1% | 305 | 246 |
| Advertising | 11 087 | - | - | 11 087 | 11 120 | (33) | 100.3% | 10 640 | 9 979 |
| Minor assets | 2 532 | - | - | 2 532 | 1 275 | 1 257 | 50.4% | 6 405 | 4 321 |
| Audit costs: External | 25 272 | - | - | 25 272 | 20 799 | 4 473 | 82.3% | 24 253 | 22 572 |
| Catering: Departmental activities | 752 | - | - | 752 | 444 | 308 | 59.0% | 745 | 144 |
| Communication (G&S) | 10 620 | - | - | 10 620 | 11 535 | (915) | 108.6% | 10 344 | 10 020 |
| Computer services | 93 171 | - | - | 93 171 | 129 500 | (36 329) | 139.0% | 99 197 | 124 961 |
| Consultants: Business and advisory services | 11 760 | - | - | 11 760 | 7 061 | 4 699 | 60.0% | 11 221 | 12 955 |
| Laboratory services | 40 000 | - | - | 40 000 | 29 043 | 10 957 | 72.6% | 341 000 | 279 885 |
| Legal services | 17 048 | - | - | 17 048 | 11 690 | 5 358 | 68.6% | 14 598 | 15 988 |
| Contractors | 175 023 | - | - | 175 023 | 148 619 | 26 404 | 84.9% | 156 861 | 142 098 |
| Agency and support / outsourced services | 156 | - | - | 156 | 67 | 89 | 42.9% | 198 | 201 |
| Entertainment | 84 | - | - | 84 | 33 | 51 | 39.3% | 83 | 14 |
| Fleet services (including government motor transport) | 4 801 | - | - | 4 801 | 6 043 | (1 242) | 125.9% | 4 605 | 3 878 |
| Inventory: Medical supplies | 34 836 | - | - | 34 836 | 33 316 | 1 520 | 95.6% | 279 305 | 239 417 |
| Inventory: Medicine | - | - | - | - | - | - | - | - | 2 |
| Consumable supplies | 951 | - | - | 951 | 601 | 350 | 63.2% | 6 238 | 5 302 |
| Consumable: Stationery, printing and office supplies | 6 141 | - | - | 6 141 | 3 289 | 2 852 | 53.6% | 5 044 | 5 159 |
| Operating leases | 1 681 | - | - | 1 681 | 779 | 902 | 46.3% | 1 565 | 919 |
| Property payments | 8 242 | - | - | 8 242 | 2 202 | 6 040 | 26.7% | 2 384 | 7 905 |
| Travel and subsistence | 8 387 | - | - | 8 387 | 6 006 | 2 381 | 71.6% | 6 315 | 5 650 |
| Training and development | 1 934 | - | - | 1 934 | 1 566 | 368 | 81.0% | 1 814 | 535 |
| Operating payments | 7 173 | - | - | 7 173 | 5 608 | 1 565 | 78.2% | 4 560 | 3 218 |
| Venues and facilities | 789 | - | - | 789 | 1 825 | (1 036) | 231.3% | 789 | 812 |
| Rental and hiring | 134 | - | - | 134 | 15 | 119 | 11.2% | 129 | 130 |

## WESTERN CAPE DEPARTMENT OF HEALTH
## VOTE 6

## APPROPRIATION STATEMENT
## for the year ended 31 March 2023

| Economic classification | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Transfers and subsidies** | **193 474** | **-** | **(2 298)** | **191 176** | **173 892** | **17 284** | **91.0%** | **75 875** | **73 907** |
| Departmental agencies and accounts | 619 | - | - | 619 | 487 | 132 | 78.7% | 594 | 486 |
| Departmental agencies | 619 | - | - | 619 | 487 | 132 | 78.7% | 594 | 486 |
| Households | 192 855 | - | (2 298) | 190 557 | 173 405 | 17 152 | 91.0% | 75 281 | 73 421 |
| Social benefits | 11 697 | - | - | 11 697 | 10 451 | 1 246 | 89.3% | 11 226 | 9 514 |
| Other transfers to households | 181 158 | - | (2 298) | 178 860 | 162 954 | 15 906 | 91.1% | 64 055 | 63 907 |
| **Payments for capital assets** | **29 483** | **-** | **-** | **29 483** | **41 717** | **(12 234)** | **141.5%** | **50 242** | **48 460** |
| Machinery and equipment | 29 483 | - | - | 29 483 | 41 560 | (12 077) | 141.0% | 50 242 | 48 446 |
| Transport equipment | 11 791 | - | - | 11 791 | 18 109 | (6 318) | 153.6% | 11 242 | 14 707 |
| Other machinery and equipment | 17 692 | - | - | 17 692 | 23 451 | (5 759) | 132.6% | 39 000 | 33 739 |
| Software and other intangible assets | - | - | - | - | 157 | (157) | - | - | 14 |
| **Payment for financial assets** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **301** | **301** |
| **Total** | **1 113 140** | **-** | **(2 298)** | **1 110 842** | **1 056 592** | **54 250** | **95.1%** | **1 515 048** | **1 414 302** |

## APPROPRIATION STATEMENT
for the year ended 31 March 2023

**Programme 2: DISTRICT HEALTH SERVICES**

| | 2022/23 | | | | | | | 2021/22 | |
|---|---|---|---|---|---|---|---|---|---|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| **Sub programme** | | | | | | | | | |
| 1 **DISTRICT MANAGEMENT** | 445 503 | - | 489 | 445 992 | 400 239 | 45 753 | 89.7% | 420 489 | 399 037 |
| 2 **COMMUNITY HEALTH CLINICS** | 1 618 941 | - | 39 | 1 618 980 | 1 620 896 | (1 916) | 100.1% | 1 586 125 | 1 587 192 |
| 3 **COMMUNITY HEALTH CENTRES** | 2 765 269 | - | 115 | 2 765 384 | 2 701 133 | 64 251 | 97.7% | 2 677 090 | 2 638 871 |
| 4 **COMMUNITY BASED SERVICES** | 480 410 | - | - | 480 410 | 476 128 | 4 282 | 99.1% | 249 526 | 244 181 |
| 5 **OTHER COMMUNITY SERVICES** | 198 475 | - | - | 198 475 | 198 474 | 1 | 100.0% | 1 | - |
| 6 **HIV/AIDS** | 1 944 318 | - | - | 1 944 318 | 1 942 368 | 1 950 | 99.9% | 2 285 946 | 2 269 352 |
| 7 **NUTRITION** | 60 652 | - | - | 60 652 | 65 321 | (4 669) | 107.7% | 58 366 | 56 756 |
| 8 **CORONER SERVICES** | 1 | - | - | 1 | - | 1 | - | 1 | - |
| 9 **DISTRICT HOSPITALS** | 4 535 912 | - | 388 | 4 536 300 | 4 632 262 | (95 962) | 102.1% | 4 364 196 | 4 446 352 |
| 10 **GLOBAL FUND** | 1 | - | - | 1 | - | 1 | - | 1 | - |
| **Total** | **12 049 482** | **-** | **1 031** | **12 050 513** | **12 036 821** | **13 692** | **99.9%** | **11 641 741** | **11 641 741** |
| | | | | | | | | | |
| **Economic classification** | | | | | | | | | |
| **Current payments** | **10 613 420** | **-** | **(3)** | **10 613 417** | **10 670 854** | **(57 437)** | **100.5%** | **10 207 603** | **10 247 298** |
| Compensation of employees | 6 627 943 | - | (3) | 6 627 940 | 6 526 651 | 101 289 | 98.5% | 6 365 645 | 6 309 815 |
| Salaries and wages | 5 875 512 | - | (3) | 5 875 509 | 5 765 239 | 110 270 | 98.1% | 5 657 398 | 5 590 856 |
| Social contributions | 752 431 | - | - | 752 431 | 761 412 | (8 981) | 101.2% | 708 247 | 718 959 |
| Goods and services | 3 985 477 | - | - | 3 985 477 | 4 144 203 | (158 726) | 104.0% | 3 841 958 | 3 937 483 |
| Advertising | 24 296 | - | - | 24 296 | 22 110 | 2 186 | 91.0% | 8 865 | 14 921 |
| Minor assets | 25 141 | - | - | 25 141 | 11 741 | 13 400 | 46.7% | 20 478 | 10 641 |
| Catering: Departmental activities | 2 448 | - | - | 2 448 | 3 134 | (686) | 128.0% | 2 427 | 991 |
| Communication (G&S) | 31 086 | - | - | 31 086 | 21 556 | 9 530 | 69.3% | 28 544 | 24 931 |
| Computer services | 3 485 | - | - | 3 485 | 5 567 | (2 082) | 159.7% | 3 318 | 4 186 |
| Consultants: Business and advisory services | 13 264 | - | - | 13 264 | 12 027 | 1 237 | 90.7% | 6 987 | 5 956 |
| Laboratory services | 528 780 | - | - | 528 780 | 608 110 | (79 330) | 115.0% | 471 401 | 549 461 |
| Contractors | 119 316 | - | - | 119 316 | 127 718 | (8 402) | 107.0% | 115 558 | 126 896 |
| Agency and support / outsourced services | 399 698 | - | - | 399 698 | 434 902 | (35 204) | 108.8% | 390 368 | 432 595 |
| Entertainment | 103 | - | - | 103 | 39 | 64 | 37.9% | 103 | 24 |
| Fleet services (including government motor transport) | 36 930 | - | - | 36 930 | 39 081 | (2 151) | 105.8% | 35 731 | 29 933 |
| Inventory: Food and food supplies | 46 676 | - | - | 46 676 | 54 262 | (7 586) | 116.3% | 46 861 | 50 210 |
| Inventory: Medical supplies | 537 428 | - | - | 537 428 | 600 151 | (62 723) | 111.7% | 539 909 | 546 728 |
| Inventory: Medicine | 1 431 407 | - | - | 1 431 407 | 1 384 296 | 47 111 | 96.7% | 1 391 467 | 1 344 296 |

## WESTERN CAPE DEPARTMENT OF HEALTH
## VOTE 6

## APPROPRIATION STATEMENT
## for the year ended 31 March 2023

| Economic classification | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Inventory: Other supplies | 589 | - | - | 589 | - | 589 | - | 554 | - |
| Consumable supplies | 156 410 | - | - | 156 410 | 208 066 | (51 656) | 133.0% | 181 461 | 187 722 |
| Consumable: Stationery, printing and office supplies | 55 578 | - | - | 55 578 | 73 775 | (18 197) | 132.7% | 57 433 | 59 309 |
| Operating leases | 15 190 | - | - | 15 190 | 10 229 | 4 961 | 67.3% | 14 355 | 9 681 |
| Property payments | 489 405 | - | - | 489 405 | 472 669 | 16 736 | 96.6% | 462 981 | 485 151 |
| Transport provided: Departmental activity | 1 293 | - | - | 1 293 | 796 | 497 | 61.6% | 1 241 | 1 339 |
| Travel and subsistence | 19 713 | - | - | 19 713 | 13 942 | 5 771 | 70.7% | 20 379 | 15 840 |
| Training and development | 22 917 | - | - | 22 917 | 15 884 | 7 033 | 69.3% | 17 922 | 11 549 |
| Operating payments | 7 869 | - | - | 7 869 | 6 816 | 1 053 | 86.6% | 8 667 | 7 333 |
| Venues and facilities | 1 067 | - | - | 1 067 | 387 | 680 | 36.3% | 192 | 125 |
| Rental and hiring | 15 388 | - | - | 15 388 | 16 945 | (1 557) | 110.1% | 14 756 | 17 665 |
| **Transfers and subsidies** | **1 305 875** | **-** | **-** | **1 305 875** | **1 243 609** | **62 266** | **95.2%** | **1 298 789** | **1 263 023** |
| Provinces and municipalities | 659 086 | - | - | 659 086 | 629 995 | 29 091 | 95.6% | 660 111 | 657 227 |
| Provinces | - | - | - | - | 2 | (2) | - | - | 2 |
| Provincial agencies and funds | - | - | - | - | 2 | (2) | - | - | 2 |
| Municipalities | 659 086 | - | - | 659 086 | 629 993 | 29 093 | 95.6% | 660 111 | 657 225 |
| Municipal agencies and funds | 659 086 | - | - | 659 086 | 629 993 | 29 093 | 95.6% | 660 111 | 657 225 |
| Departmental agencies and accounts | - | - | - | - | 8 | (8) | - | - | - |
| Departmental agencies | - | - | - | - | 8 | (8) | - | - | - |
| Non-profit institutions | 623 502 | - | - | 623 502 | 595 760 | 27 742 | 95.6% | 617 181 | 580 003 |
| Households | 23 287 | - | - | 23 287 | 17 846 | 5 441 | 76.6% | 21 497 | 25 793 |
| Social benefits | 22 684 | - | - | 22 684 | 17 612 | 5 072 | 77.6% | 20 915 | 25 139 |
| Other transfers to households | 603 | - | - | 603 | 234 | 369 | 38.8% | 582 | 654 |
| **Payments for capital assets** | **130 187** | **-** | **-** | **130 187** | **121 324** | **8 863** | **93.2%** | **134 537** | **130 608** |
| Buildings and other fixed structures | - | - | - | - | 68 | (68) | - | - | 41 |
| Buildings | - | - | - | - | 68 | (68) | - | - | 41 |
| Machinery and equipment | 122 187 | - | - | 122 187 | 120 530 | 1 657 | 98.6% | 134 513 | 130 555 |
| Transport equipment | 59 797 | - | - | 59 797 | 70 590 | (10 793) | 118.0% | 56 066 | 63 932 |
| Other machinery and equipment | 62 390 | - | - | 62 390 | 49 940 | 12 450 | 80.0% | 78 447 | 66 623 |
| Software and other intangible assets | 8 000 | - | - | 8 000 | 726 | 7 274 | 9.1% | 24 | 12 |
| **Payment for financial assets** | **-** | **-** | **1 034** | **1 034** | **1 034** | **-** | **100.0%** | **812** | **812** |
| **Total** | **12 049 482** | **-** | **1 031** | **12 050 513** | **12 036 821** | **13 692** | **99.9%** | **11 641 741** | **11 641 741** |

## APPROPRIATION STATEMENT
### for the year ended 31 March 2023

**Programme 3: EMERGENCY MEDICAL SERVICES**

| | 2022/23 | | | | | | | 2021/22 | |
|---|---|---|---|---|---|---|---|---|---|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| **Sub programme** | | | | | | | | | |
| 1 **EMERGENCY TRANSPORT** | 1 190 479 | - | - | 1 190 479 | 1 188 752 | 1 727 | 99.9% | 1 132 964 | 1 142 402 |
| 2 **PLANNED PATIENT TRANSPORT** | 112 558 | - | - | 112 558 | 114 166 | (1 608) | 101.4% | 107 486 | 97 707 |
| **Total** | **1 303 037** | **-** | **-** | **1 303 037** | **1 302 918** | **119** | **100.0%** | **1 240 450** | **1 240 109** |
| | | | | | | | | | |
| **Economic classification** | | | | | | | | | |
| **Current payments** | **1 184 923** | **-** | **(1 506)** | **1 183 417** | **1 175 083** | **8 334** | **99.3%** | **1 131 228** | **1 113 527** |
| Compensation of employees | 789 158 | - | - | 789 158 | 793 815 | (4 657) | 100.6% | 764 966 | 772 964 |
| Salaries and wages | 669 521 | - | - | 669 521 | 676 088 | (6 567) | 101.0% | 651 262 | 660 604 |
| Social contributions | 119 637 | - | - | 119 637 | 117 727 | 1 910 | 98.4% | 113 704 | 112 360 |
| Goods and services | 395 765 | - | (1 506) | 394 259 | 381 268 | 12 991 | 96.7% | 366 262 | 340 563 |
| Administrative fees | - | - | - | - | 51 | (51) | - | - | - |
| Minor assets | 1 122 | - | - | 1 122 | 1 486 | (364) | 132.4% | 996 | 872 |
| Catering: Departmental activities | 337 | - | - | 337 | 478 | (141) | 141.8% | 337 | 219 |
| Communication (G&S) | 8 502 | - | - | 8 502 | 6 094 | 2 408 | 71.7% | 8 159 | 6 460 |
| Consultants: Business and advisory services | 107 | - | - | 107 | 179 | (72) | 167.3% | 103 | 110 |
| Contractors | 165 063 | - | (1 506) | 163 557 | 144 382 | 19 175 | 88.3% | 152 000 | 120 806 |
| Agency and support / outsourced services | 766 | - | - | 766 | 657 | 109 | 85.8% | 737 | 724 |
| Entertainment | 3 | - | - | 3 | - | 3 | - | 3 | - |
| Fleet services (including government motor transport) | 155 138 | - | - | 155 138 | 169 573 | (14 435) | 109.3% | 148 113 | 129 703 |
| Inventory: Medical supplies | 11 803 | - | - | 11 803 | 18 633 | (6 830) | 157.9% | 11 115 | 16 029 |
| Inventory: Medicine | 1 704 | - | - | 1 704 | 1 370 | 334 | 80.4% | 1 605 | 1 519 |
| Consumable supplies | 18 984 | - | - | 18 984 | 19 198 | (214) | 101.1% | 18 179 | 23 388 |
| Consumable: Stationery, printing and office supplies | 1 725 | - | - | 1 725 | 1 268 | 457 | 73.5% | 1 657 | 1 356 |
| Operating leases | 1 163 | - | - | 1 163 | 260 | 903 | 22.4% | 1 117 | 259 |
| Property payments | 17 329 | - | - | 17 329 | 13 700 | 3 629 | 79.1% | 16 002 | 15 505 |
| Transport provided: Departmental activity | 5 625 | - | - | 5 625 | 18 | 5 607 | 0.3% | - | 21 223 |
| Travel and subsistence | 4 802 | - | - | 4 802 | 2 654 | 2 148 | 55.3% | 4 609 | 1 336 |
| Training and development | 1 498 | - | - | 1 498 | 1 067 | 431 | 71.2% | 1 438 | 557 |
| Operating payments | 59 | - | - | 59 | 200 | (141) | 339.0% | 57 | 61 |
| Venues and facilities | 25 | - | - | 25 | - | 25 | - | 25 | - |
| Rental and hiring | 10 | - | - | 10 | - | 10 | - | 10 | 436 |

## WESTERN CAPE DEPARTMENT OF HEALTH
## VOTE 6

## APPROPRIATION STATEMENT
## for the year ended 31 March 2023

| Economic classification | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Transfers and subsidies** | **915** | **-** | **-** | **915** | **1 250** | **(335)** | **136.6%** | **880** | **1 082** |
| Provinces and municipalities | 18 | - | - | 18 | 13 | 5 | 72.2% | 18 | 13 |
| Provinces | 18 | - | - | 18 | 13 | 5 | 72.2% | 18 | 13 |
| Provincial agencies and funds | 18 | - | - | 18 | 13 | 5 | 72.2% | 18 | 13 |
| Departmental agencies and accounts | - | - | - | - | - | - | - | - | 20 |
| Departmental agencies | - | - | - | - | - | - | - | - | 20 |
| Households | 897 | - | - | 897 | 1 237 | (340) | 137.9% | 862 | 1 049 |
| Social benefits | 897 | - | - | 897 | 1 237 | (340) | 137.9% | 862 | 1 049 |
| **Payments for capital assets** | **117 199** | **-** | **-** | **117 199** | **125 079** | **(7 880)** | **106.7%** | **107 569** | **124 727** |
| Machinery and equipment | 117 199 | - | - | 117 199 | 125 079 | (7 880) | 106.7% | 107 569 | 124 727 |
| Transport equipment | 103 268 | - | - | 103 268 | 111 407 | (8 139) | 107.9% | 95 267 | 96 700 |
| Other machinery and equipment | 13 931 | - | - | 13 931 | 13 672 | 259 | 98.1% | 12 302 | 28 027 |
| **Payment for financial assets** | **-** | **-** | **1 506** | **1 506** | **1 506** | **-** | **100.0%** | **773** | **773** |
| **Total** | **1 303 037** | **-** | **-** | **1 303 037** | **1 302 918** | **119** | **100.0%** | **1 240 450** | **1 240 109** |

## APPROPRIATION STATEMENT
for the year ended 31 March 2023

**Programme 4: PROVINCIAL HOSPITAL SERVICES**

| | 2022/23 | | | | | | | 2021/22 | |
|---|---|---|---|---|---|---|---|---|---|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| **Sub programme** | | | | | | | | | |
| 1 **GENERAL (REGIONAL) HOSPITALS** | 2 551 648 | - | 206 | 2 551 854 | 2 547 499 | 4 355 | 99.8% | 2 407 810 | 2 392 886 |
| 2 **TUBERCULOSIS HOSPITALS** | 387 635 | - | 623 | 388 258 | 403 479 | (15 221) | 103.9% | 369 170 | 368 662 |
| 3 **PSYCHIATRIC/MENTAL HOSPITALS** | 1 095 118 | - | 107 | 1 095 225 | 1 088 472 | 6 753 | 99.4% | 1 051 252 | 1 073 505 |
| 4 **SUB-ACUTE, STEP DOWN AND CHRONIC MEDICAL HOSPITALS** | 264 891 | - | - | 264 891 | 259 732 | 5 159 | 98.1% | 254 135 | 242 928 |
| 5 **DENTAL TRAINING HOSPITALS** | 206 293 | - | - | 206 293 | 207 339 | (1 046) | 100.5% | 197 545 | 192 465 |
| **Total** | **4 505 585** | **-** | **936** | **4 506 521** | **4 506 521** | **-** | **100.0%** | **4 279 912** | **4 270 446** |
| | | | | | | | | | |
| **Economic classification** | | | | | | | | | |
| **Current payments** | **4 430 156** | **-** | **606** | **4 430 762** | **4 442 446** | **(11 684)** | **100.3%** | **4 208 453** | **4 212 111** |
| Compensation of employees | 3 212 437 | - | - | 3 212 437 | 3 189 650 | 22 787 | 99.3% | 3 066 527 | 3 061 817 |
| Salaries and wages | 2 830 398 | - | - | 2 830 398 | 2 807 971 | 22 427 | 99.2% | 2 702 984 | 2 698 111 |
| Social contributions | 382 039 | - | - | 382 039 | 381 679 | 360 | 99.9% | 363 543 | 363 706 |
| Goods and services | 1 217 719 | - | 606 | 1 218 325 | 1 252 796 | (34 471) | 102.8% | 1 141 926 | 1 150 294 |
| Administrative fees | 4 | - | - | 4 | - | 4 | - | 4 | - |
| Advertising | 169 | - | - | 169 | 118 | 51 | 69.8% | 162 | 32 |
| Minor assets | 10 517 | - | - | 10 517 | 5 458 | 5 059 | 51.9% | 9 860 | 4 696 |
| Catering: Departmental activities | 416 | - | - | 416 | 543 | (127) | 130.5% | 416 | 123 |
| Communication (G&S) | 5 000 | - | - | 5 000 | 4 706 | 294 | 94.1% | 4 992 | 4 970 |
| Computer services | 1 687 | - | - | 1 687 | 1 636 | 51 | 97.0% | 1 621 | 1 155 |
| Consultants: Business and advisory services | 103 657 | - | - | 103 657 | 104 088 | (431) | 100.4% | 99 479 | 96 633 |
| Laboratory services | 90 897 | - | - | 90 897 | 93 574 | (2 677) | 102.9% | 81 378 | 83 378 |
| Contractors | 40 788 | - | - | 40 788 | 41 376 | (588) | 101.4% | 39 782 | 39 869 |
| Agency and support / outsourced services | 94 988 | - | - | 94 988 | 107 619 | (12 631) | 113.3% | 90 974 | 110 845 |
| Entertainment | 18 | - | - | 18 | 18 | - | 100.0% | 18 | 14 |
| Fleet services (including government motor transport) | 6 417 | - | - | 6 417 | 6 609 | (192) | 103.0% | 6 157 | 4 968 |
| Inventory: Food and food supplies | 8 405 | - | - | 8 405 | 8 860 | (455) | 105.4% | 9 601 | 9 233 |
| Inventory: Medical supplies | 293 848 | - | - | 293 848 | 317 224 | (23 376) | 108.0% | 271 428 | 261 734 |
| Inventory: Medicine | 105 028 | - | - | 105 028 | 95 791 | 9 237 | 91.2% | 96 690 | 90 348 |
| Inventory: Other supplies | 1 200 | - | - | 1 200 | 746 | 454 | 62.2% | 1 130 | 686 |
| Consumable supplies | 131 745 | - | 606 | 132 351 | 160 837 | (28 486) | 121.5% | 128 883 | 134 623 |
| Consumable: Stationery, printing and office supplies | 17 287 | - | - | 17 287 | 17 269 | 18 | 99.9% | 17 127 | 16 839 |
| Operating leases | 6 266 | - | - | 6 266 | 4 242 | 2 024 | 67.7% | 6 015 | 4 584 |
| Property payments | 278 644 | - | - | 278 644 | 264 845 | 13 799 | 95.0% | 255 580 | 268 421 |
| Transport provided: Departmental activity | 215 | - | - | 215 | 741 | (526) | 344.7% | 656 | 818 |
| Travel and subsistence | 4 842 | - | - | 4 842 | 4 116 | 726 | 85.0% | 4 644 | 4 070 |
| Training and development | 5 891 | - | - | 5 891 | 3 625 | 2 266 | 61.5% | 5 653 | 3 141 |

## WESTERN CAPE DEPARTMENT OF HEALTH
## VOTE 6

## APPROPRIATION STATEMENT
## for the year ended 31 March 2023

| Economic classification | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Operating payments | 1 569 | - | - | 1 569 | 931 | 638 | 59.3% | 1 516 | 1 096 |
| Venues and facilities | 30 | - | - | 30 | 19 | 11 | 63.3% | 30 | 4 |
| Rental and hiring | 8 191 | - | - | 8 191 | 7 805 | 386 | 95.3% | 8 130 | 8 014 |
| **Transfers and subsidies** | **21 440** | **-** | **-** | **21 440** | **13 848** | **7 592** | **64.6%** | **20 557** | **17 534** |
| Non-profit institutions | 3 850 | - | - | 3 850 | 3 674 | 176 | 95.4% | 3 695 | 3 610 |
| Households | 17 590 | - | - | 17 590 | 10 174 | 7 416 | 57.8% | 16 862 | 13 924 |
| Social benefits | 17 590 | - | - | 17 590 | 10 105 | 7 485 | 57.4% | 16 862 | 13 924 |
| Other transfers to households | - | - | - | - | 69 | (69) | - | - | - |
| **Payments for capital assets** | **53 989** | **-** | **-** | **53 989** | **49 897** | **4 092** | **92.4%** | **50 590** | **40 489** |
| Machinery and equipment | 53 989 | - | - | 53 989 | 49 610 | 4 379 | 91.9% | 50 590 | 40 388 |
| Transport equipment | 11 905 | - | - | 11 905 | 12 991 | (1 086) | 109.1% | 10 982 | 11 725 |
| Other machinery and equipment | 42 084 | - | - | 42 084 | 36 619 | 5 465 | 87.0% | 39 608 | 28 663 |
| Software and other intangible assets | - | - | - | - | 287 | (287) | - | - | 101 |
| **Payment for financial assets** | **-** | **-** | **330** | **330** | **330** | **-** | **100.0%** | **312** | **312** |
| **Total** | **4 505 585** | **-** | **936** | **4 506 521** | **4 506 521** | **-** | **100.0%** | **4 279 912** | **4 270 446** |

## APPROPRIATION STATEMENT
### for the year ended 31 March 2023

**Programme 5: CENTRAL HOSPITAL SERVICES**

| | 2022/23 | | | | | | | 2021/22 | |
|---|---|---|---|---|---|---|---|---|---|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| **Sub programme** | | | | | | | | | |
| 1 **CENTRAL HOSPITAL SERVICES** | 6 924 339 | - | - | 6 924 339 | 6 930 659 | (6 320) | 100.1% | 6 542 436 | 6 542 436 |
| 2 **PROVINCIAL TERTIARY HOSPITAL SERVICES** | 1 008 485 | - | - | 1 008 485 | 997 172 | 11 313 | 98.9% | 958 513 | 958 513 |
| **Total** | **7 932 824** | **-** | **-** | **7 932 824** | **7 927 831** | **4 993** | **99.9%** | **7 500 949** | **7 500 949** |
| | | | | | | | | | |
| **Economic classification** | | | | | | | | | |
| **Current payments** | **7 832 069** | **-** | **(807)** | **7 831 262** | **7 856 955** | **(25 693)** | **100.3%** | **7 387 534** | **7 407 075** |
| Compensation of employees | 5 278 146 | - | (807) | 5 277 339 | 5 205 194 | 72 145 | 98.6% | 5 105 078 | 5 076 060 |
| Salaries and wages | 4 691 606 | - | (807) | 4 690 799 | 4 636 277 | 54 522 | 98.8% | 4 559 554 | 4 538 438 |
| Social contributions | 586 540 | - | - | 586 540 | 568 917 | 17 623 | 97.0% | 545 524 | 537 622 |
| Goods and services | 2 553 923 | - | - | 2 553 923 | 2 651 761 | (97 838) | 103.8% | 2 282 456 | 2 331 015 |
| Advertising | 41 | - | - | 41 | - | 41 | - | 39 | - |
| Minor assets | 9 708 | - | - | 9 708 | 8 425 | 1 283 | 86.8% | 11 277 | 11 832 |
| Catering: Departmental activities | 90 | - | - | 90 | 1 | 89 | 1.1% | 90 | 2 |
| Communication (G&S) | 3 929 | - | - | 3 929 | 5 116 | (1 187) | 130.2% | 3 770 | 5 401 |
| Computer services | 3 706 | - | - | 3 706 | 1 595 | 2 111 | 43.0% | 1 637 | 4 751 |
| Consultants: Business and advisory services | 2 603 | - | - | 2 603 | 2 401 | 202 | 92.2% | 2 498 | 2 088 |
| Laboratory services | 273 564 | - | - | 273 564 | 279 568 | (6 004) | 102.2% | 235 825 | 239 258 |
| Contractors | 141 310 | - | - | 141 310 | 146 211 | (4 901) | 103.5% | 122 958 | 128 455 |
| Agency and support / outsourced services | 123 441 | - | - | 123 441 | 133 946 | (10 505) | 108.5% | 108 553 | 122 027 |
| Entertainment | 2 | - | - | 2 | - | 2 | - | 2 | 2 |
| Fleet services (including government motor transport) | 1 174 | - | - | 1 174 | 1 217 | (43) | 103.7% | 1 126 | 999 |
| Inventory: Food and food supplies | 11 542 | - | - | 11 542 | 12 058 | (516) | 104.5% | 10 869 | 11 150 |
| Inventory: Medical supplies | 1 063 544 | - | - | 1 063 544 | 1 142 678 | (79 134) | 107.4% | 951 382 | 959 359 |
| Inventory: Medicine | 360 986 | - | - | 360 986 | 351 131 | 9 855 | 97.3% | 326 880 | 326 508 |
| Inventory: Other supplies | 10 336 | - | - | 10 336 | 11 190 | (854) | 108.3% | 10 708 | 11 857 |
| Consumable supplies | 173 689 | - | - | 173 689 | 178 377 | (4 688) | 102.7% | 155 414 | 177 404 |
| Consumable: Stationery, printing and office supplies | 21 908 | - | - | 21 908 | 17 868 | 4 040 | 81.6% | 21 485 | 22 721 |
| Operating leases | 4 437 | - | - | 4 437 | 2 600 | 1 837 | 58.6% | 2 339 | 3 443 |
| Property payments | 336 815 | - | - | 336 815 | 347 408 | (10 593) | 103.1% | 304 073 | 295 649 |
| Transport provided: Departmental activity | 23 | - | - | 23 | - | 23 | - | 22 | 1 |
| Travel and subsistence | 1 415 | - | - | 1 415 | 1 525 | (110) | 107.8% | 1 358 | 857 |
| Training and development | 3 062 | - | - | 3 062 | 2 866 | 196 | 93.6% | 3 817 | 2 166 |

## WESTERN CAPE DEPARTMENT OF HEALTH
## VOTE 6

## APPROPRIATION STATEMENT
## for the year ended 31 March 2023

| Economic classification | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Operating payments | 1 257 | - | - | 1 257 | 729 | 528 | 58.0% | 1 206 | 859 |
| Venues and facilities | 60 | - | - | 60 | - | 60 | - | 60 | - |
| Rental and hiring | 5 281 | - | - | 5 281 | 4 851 | 430 | 91.9% | 5 068 | 4 226 |
| **Transfers and subsidies** | **37 426** | **-** | **-** | **37 426** | **32 848** | **4 578** | **87.8%** | **35 663** | **38 136** |
| Non-profit institutions | 14 754 | - | - | 14 754 | 14 754 | - | 100.0% | 14 159 | 14 159 |
| Households | 22 672 | - | - | 22 672 | 18 094 | 4 578 | 79.8% | 21 504 | 23 977 |
| Social benefits | 22 672 | - | - | 22 672 | 17 759 | 4 913 | 78.3% | 21 504 | 23 977 |
| Other transfers to households | - | - | - | - | 335 | (335) | - | - | - |
| **Payments for capital assets** | **63 329** | **-** | **-** | **63 329** | **37 221** | **26 108** | **58.8%** | **77 160** | **55 146** |
| Machinery and equipment | 58 058 | - | - | 58 058 | 33 031 | 25 027 | 56.9% | 77 160 | 54 202 |
| Transport equipment | 3 732 | - | - | 3 732 | 3 776 | (44) | 101.2% | 3 442 | 3 645 |
| Other machinery and equipment | 54 326 | - | - | 54 326 | 29 255 | 25 071 | 53.9% | 73 718 | 50 557 |
| Software and other intangible assets | 5 271 | - | - | 5 271 | 4 190 | 1 081 | 79.5% | - | 944 |
| **Payment for financial assets** | **-** | **-** | **807** | **807** | **807** | **-** | **100.0%** | **592** | **592** |
| **Total** | **7 932 824** | **-** | **-** | **7 932 824** | **7 927 831** | **4 993** | **99.9%** | **7 500 949** | **7 500 949** |

## APPROPRIATION STATEMENT
### for the year ended 31 March 2023

**Programme 6: HEALTH SCIENCES AND TRAINING**

| | 2022/23 | | | | | | | 2021/22 | |
|---|---|---|---|---|---|---|---|---|---|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| **Sub programme** | | | | | | | | | |
| 1 **NURSE TRAINING COLLEGE** | 95 666 | - | - | 95 666 | 97 511 | (1 845) | 101.9% | 79 378 | 83 539 |
| 2 **EMERGENCY MEDICAL SERVICES (EMS) TRAINING COLLEGE** | 34 415 | - | - | 34 415 | 32 874 | 1 541 | 95.5% | 33 597 | 31 633 |
| 3 **BURSARIES** | 69 027 | - | - | 69 027 | 58 107 | 10 920 | 84.2% | 63 301 | 56 368 |
| 4 **PRIMARY HEALTH CARE (PHC) TRAINING** | 1 | - | - | 1 | - | 1 | - | 1 | - |
| 5 **TRAINING (OTHER)** | 213 786 | - | - | 213 786 | 195 243 | 18 543 | 91.3% | 190 681 | 172 300 |
| **Total** | **412 895** | **-** | **-** | **412 895** | **383 735** | **29 160** | **92.9%** | **366 958** | **343 840** |
| | | | | | | | | | |
| **Economic classification** | | | | | | | | | |
| **Current payments** | **274 779** | **-** | **-** | **274 779** | **253 037** | **21 742** | **92.1%** | **239 419** | **217 958** |
| Compensation of employees | 190 609 | - | - | 190 609 | 174 316 | 16 293 | 91.5% | 162 612 | 158 887 |
| Salaries and wages | 170 649 | - | - | 170 649 | 160 440 | 10 209 | 94.0% | 146 477 | 146 436 |
| Social contributions | 19 960 | - | - | 19 960 | 13 876 | 6 084 | 69.5% | 16 135 | 12 451 |
| Goods and services | 84 170 | - | - | 84 170 | 78 721 | 5 449 | 93.5% | 76 807 | 59 071 |
| Administrative fees | - | - | - | - | 3 | (3) | - | - | - |
| Advertising | 477 | - | - | 477 | 575 | (98) | 120.5% | 513 | 102 |
| Minor assets | 777 | - | - | 777 | 361 | 416 | 46.5% | 746 | 369 |
| Bursaries: Employees | 11 781 | - | - | 11 781 | 11 966 | (185) | 101.6% | 11 306 | 11 313 |
| Catering: Departmental activities | 597 | - | - | 597 | 212 | 385 | 35.5% | 597 | 37 |
| Communication (G&S) | 876 | - | - | 876 | 314 | 562 | 35.8% | 841 | 658 |
| Computer services | 1 042 | - | - | 1 042 | 1 935 | (893) | 185.7% | 1 401 | 1 247 |
| Consultants: Business and advisory services | 462 | - | - | 462 | 99 | 363 | 21.4% | 443 | 31 |
| Contractors | 151 | - | - | 151 | 2 831 | (2 680) | 1874.8% | 1 144 | 1 951 |
| Agency and support / outsourced services | 6 123 | - | - | 6 123 | 8 670 | (2 547) | 141.6% | 5 876 | 7 154 |
| Entertainment | 3 | - | - | 3 | 1 | 2 | 33.3% | 3 | - |
| Fleet services (including government motor transport) | 2 219 | - | - | 2 219 | 1 987 | 232 | 89.5% | 2 130 | 1 819 |
| Inventory: Medical supplies | 461 | - | - | 461 | 500 | (39) | 108.5% | 434 | 595 |
| Inventory: Medicine | 13 | - | - | 13 | 2 | 11 | 15.4% | 12 | 3 |
| Consumable supplies | 2 355 | - | - | 2 355 | 1 725 | 630 | 73.2% | 1 241 | 1 011 |
| Consumable: Stationery, printing and office supplies | 856 | - | - | 856 | 1 547 | (691) | 180.7% | 822 | 1 195 |
| Operating leases | 844 | - | - | 844 | 1 929 | (1 085) | 228.6% | 2 399 | 1 644 |
| Property payments | 17 246 | - | - | 17 246 | 16 426 | 820 | 95.2% | 13 626 | 13 081 |
| Travel and subsistence | 4 403 | - | - | 4 403 | 1 424 | 2 979 | 32.3% | 7 531 | 1 216 |
| Training and development | 32 566 | - | - | 32 566 | 24 439 | 8 127 | 75.0% | 24 129 | 15 193 |

## WESTERN CAPE DEPARTMENT OF HEALTH
## VOTE 6

## APPROPRIATION STATEMENT
## for the year ended 31 March 2023

| Economic classification | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Operating payments | 154 | - | - | 154 | 1 584 | (1 430) | 1028.6% | 148 | 420 |
| Venues and facilities | 691 | - | - | 691 | 75 | 616 | 10.9% | 1 395 | - |
| Rental and hiring | 73 | - | - | 73 | 116 | (43) | 158.9% | 70 | 32 |
| **Transfers and subsidies** | **129 433** | **-** | **(3 853)** | **125 580** | **114 880** | **10 700** | **91.5%** | **113 472** | **107 216** |
| Provinces and municipalities | - | - | - | - | - | - | - | - | - |
| Departmental agencies and accounts | 6 894 | - | - | 6 894 | 6 873 | 21 | 99.7% | 6 616 | 6 601 |
| Departmental agencies | 6 894 | - | - | 6 894 | 6 873 | 21 | 99.7% | 6 616 | 6 601 |
| Non-profit institutions | 64 672 | - | - | 64 672 | 64 672 | - | 100.0% | 62 065 | 62 065 |
| Households | 57 867 | - | (3 853) | 54 014 | 43 335 | 10 679 | 80.2% | 44 791 | 38 550 |
| Social benefits | 621 | - | - | 621 | 1 047 | (426) | 168.6% | 596 | 1 295 |
| Other transfers to households | 57 246 | - | (3 853) | 53 393 | 42 288 | 11 105 | 79.2% | 44 195 | 37 255 |
| **Payments for capital assets** | **8 683** | **-** | **-** | **8 683** | **11 965** | **(3 282)** | **137.8%** | **6 265** | **10 864** |
| Machinery and equipment | 8 683 | - | - | 8 683 | 11 965 | (3 282) | 137.8% | 5 870 | 10 076 |
| Transport equipment | 3 111 | - | - | 3 111 | 3 720 | (609) | 119.6% | 2 870 | 3 280 |
| Other machinery and equipment | 5 572 | - | - | 5 572 | 8 245 | (2 673) | 148.0% | 3 000 | 6 796 |
| Software and other intangible assets | - | - | - | - | - | - | - | 395 | 788 |
| **Payment for financial assets** | **-** | **-** | **3 853** | **3 853** | **3 853** | **-** | **100.0%** | **7 802** | **7 802** |
| **Total** | **412 895** | **-** | **-** | **412 895** | **383 735** | **29 160** | **92.9%** | **366 958** | **343 840** |

## APPROPRIATION STATEMENT
for the year ended 31 March 2023

### Programme 7: HEALTH CARE SUPPORT SERVICES

| | 2022/23 | | | | | | | 2021/22 | |
|---|---|---|---|---|---|---|---|---|---|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| **Sub programme** | | | | | | | | | |
| 1 **LAUNDRY SERVICES** | 130 103 | - | 205 | 130 308 | 134 772 | (4 464) | 103.4% | 119 179 | 122 025 |
| 2 **ENGINEERING SERVICES** | 125 323 | - | 102 | 125 425 | 121 198 | 4 227 | 96.6% | 126 175 | 121 651 |
| 3 **FORENSIC SERVICES** | 248 801 | - | 24 | 248 825 | 252 109 | (3 284) | 101.3% | 235 186 | 228 457 |
| 4 **ORTHOTIC AND PROSTHETIC SERVICES** | 1 | - | - | 1 | - | 1 | - | 1 | - |
| 5 **CAPE MEDICAL DEPOT** | 80 670 | - | - | 80 670 | 77 150 | 3 520 | 95.6% | 79 089 | 74 013 |
| **Total** | **584 898** | **-** | **331** | **585 229** | **585 229** | **-** | **100.0%** | **559 630** | **546 146** |
| | | | | | | | | | |
| **Economic classification** | | | | | | | | | |
| **Current payments** | **558 992** | **-** | **(1 115)** | **557 877** | **556 509** | **1 368** | **99.8%** | **531 462** | **518 882** |
| Compensation of employees | 372 536 | - | (1 318) | 371 218 | 362 797 | 8 421 | 97.7% | 353 449 | 348 158 |
| Salaries and wages | 319 202 | - | (1 318) | 317 884 | 313 143 | 4 741 | 98.5% | 306 406 | 301 370 |
| Social contributions | 53 334 | - | - | 53 334 | 49 654 | 3 680 | 93.1% | 47 043 | 46 788 |
| Goods and services | 186 456 | - | 203 | 186 659 | 193 712 | (7 053) | 103.8% | 178 013 | 170 724 |
| Minor assets | 1 960 | - | - | 1 960 | 1 314 | 646 | 67.0% | 2 380 | 1 010 |
| Catering: Departmental activities | 332 | - | - | 332 | 287 | 45 | 86.4% | 192 | 108 |
| Communication (G&S) | 3 181 | - | - | 3 181 | 2 074 | 1 107 | 65.2% | 3 286 | 2 463 |
| Computer services | 1 795 | - | - | 1 795 | 1 898 | (103) | 105.7% | 1 722 | 1 681 |
| Consultants: Business and advisory services | 1 611 | - | - | 1 611 | 1 148 | 463 | 71.3% | 1 202 | 57 |
| Laboratory services | 1 142 | - | - | 1 142 | 87 | 1 055 | 7.6% | 1 096 | 750 |
| Contractors | 15 999 | - | - | 15 999 | 15 805 | 194 | 98.8% | 16 543 | 18 120 |
| Agency and support / outsourced services | 8 821 | - | - | 8 821 | 7 118 | 1 703 | 80.7% | 11 159 | 8 208 |
| Entertainment | 9 | - | - | 9 | 12 | (3) | 133.3% | 9 | 9 |
| Fleet services (including government motor transport) | 13 059 | - | - | 13 059 | 13 278 | (219) | 101.7% | 12 731 | 11 426 |
| Inventory: Medical supplies | 8 255 | - | - | 8 255 | 8 484 | (229) | 102.8% | 8 179 | 5 738 |
| Inventory: Medicine | 114 | - | - | 114 | 1 | 113 | 0.9% | 107 | 4 |
| Inventory: Other supplies | 2 376 | - | - | 2 376 | 4 018 | (1 642) | 169.1% | 1 686 | 1 782 |
| Consumable supplies | 66 829 | - | 203 | 67 032 | 71 545 | (4 513) | 106.7% | 53 607 | 59 852 |
| Consumable: Stationery, printing and office supplies | 4 058 | - | - | 4 058 | 6 564 | (2 506) | 161.8% | 3 485 | 4 534 |
| Operating leases | 1 313 | - | - | 1 313 | 1 067 | 246 | 81.3% | 1 339 | 957 |
| Property payments | 32 932 | - | - | 32 932 | 36 207 | (3 275) | 109.9% | 35 768 | 31 551 |
| Travel and subsistence | 3 259 | - | - | 3 259 | 3 684 | (425) | 113.0% | 2 892 | 2 466 |
| Training and development | 1 429 | - | - | 1 429 | 1 038 | 391 | 72.6% | 1 373 | 1 015 |

## WESTERN CAPE DEPARTMENT OF HEALTH
## VOTE 6

## APPROPRIATION STATEMENT
### for the year ended 31 March 2023

| Economic classification | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Operating payments | 15 458 | - | - | 15 458 | 15 120 | 338 | 97.8% | 17 676 | 16 028 |
| Venues and facilities | - | - | - | - | - | - | - | - | 66 |
| Rental and hiring | 2 524 | - | - | 2 524 | 2 963 | (439) | 117.4% | 1 581 | 2 899 |
| **Transfers and subsidies** | **874** | **-** | **-** | **874** | **708** | **166** | **81.0%** | **840** | **2 649** |
| Households | 874 | - | - | 874 | 708 | 166 | 81.0% | 840 | 2 649 |
| Social benefits | 874 | - | - | 874 | 708 | 166 | 81.0% | 840 | 2 649 |
| **Payments for capital assets** | **25 032** | **-** | **-** | **25 032** | **26 566** | **(1 534)** | **106.1%** | **27 088** | **24 375** |
| Machinery and equipment | 25 032 | - | - | 25 032 | 26 510 | (1 478) | 105.9% | 27 088 | 24 375 |
| Transport equipment | 19 601 | - | - | 19 601 | 22 757 | (3 156) | 116.1% | 18 281 | 20 266 |
| Other machinery and equipment | 5 431 | - | - | 5 431 | 3 753 | 1 678 | 69.1% | 8 807 | 4 109 |
| Software and other intangible assets | - | - | - | - | 56 | (56) | - | - | - |
| **Payment for financial assets** | **-** | **-** | **1 446** | **1 446** | **1 446** | **-** | **100.0%** | **240** | **240** |
| **Total** | **584 898** | **-** | **331** | **585 229** | **585 229** | **-** | **100.0%** | **559 630** | **546 146** |



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## APPROPRIATION STATEMENT
for the year ended 31 March 2023

**Programme 8: HEALTH FACILITIES MANAGEMENT**

| | 2022/23 | | | | | | | 2021/22 | |
|---|---|---|---|---|---|---|---|---|---|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| **Sub programme** | | | | | | | | | |
| 1 **COMMUNITY HEALTH FACILITIES** | 156 618 | - | - | 156 618 | 161 693 | (5 075) | 103.2% | 128 074 | 104 599 |
| 2 **EMERGENCY MEDICAL RESCUE SERVICES** | 55 888 | - | - | 55 888 | 27 326 | 28 562 | 48.9% | 15 740 | 6 834 |
| 3 **DISTRICT HOSPITAL SERVICES** | 137 082 | - | - | 137 082 | 153 779 | (16 697) | 112.2% | 133 580 | 127 893 |
| 4 **PROVINCIAL HOSPITAL SERVICES** | 144 491 | - | - | 144 491 | 173 364 | (28 873) | 120.0% | 87 237 | 52 899 |
| 5 **CENTRAL HOSPITAL SERVICES** | 477 624 | - | - | 477 624 | 454 999 | 22 625 | 95.3% | 461 058 | 448 317 |
| 6 **OTHER FACILITIES** | 221 469 | - | - | 221 469 | 144 195 | 77 274 | 65.1% | 259 786 | 218 179 |
| **Total** | **1 193 172** | **-** | **-** | **1 193 172** | **1 115 356** | **77 816** | **93.5%** | **1 085 475** | **958 721** |
| | | | | | | | | | |
| **Economic classification** | | | | | | | | | |
| **Current payments** | **432 851** | **-** | **-** | **432 851** | **415 651** | **17 200** | **96.0%** | **549 528** | **384 889** |
| Compensation of employees | 60 914 | - | - | 60 914 | 59 525 | 1 389 | 97.7% | 61 464 | 56 897 |
| Salaries and wages | 54 659 | - | - | 54 659 | 53 012 | 1 647 | 97.0% | 55 546 | 50 981 |
| Social contributions | 6 255 | - | - | 6 255 | 6 513 | (258) | 104.1% | 5 918 | 5 916 |
| Goods and services | 371 937 | - | - | 371 937 | 356 126 | 15 811 | 95.7% | 488 064 | 327 992 |
| Minor assets | 4 622 | - | - | 4 622 | 4 726 | (104) | 102.3% | 42 545 | 3 014 |
| Catering: Departmental activities | 63 | - | - | 63 | 89 | (26) | 141.3% | 1 | 2 |
| Communication (G&S) | 261 | - | - | 261 | 165 | 96 | 63.2% | 206 | 165 |
| Computer services | 6 | - | - | 6 | 237 | (231) | 3950.0% | 6 | 63 |
| Consultants: Business and advisory services | 9 | - | - | 9 | 1 774 | (1 765) | 19711.1% | 34 | 34 |
| Infrastructure and planning services | 26 455 | - | - | 26 455 | 28 679 | (2 224) | 108.4% | 42 946 | 40 035 |
| Contractors | 84 | - | - | 84 | 3 | 81 | 3.6% | 4 | 4 |
| Agency and support / outsourced services | - | - | - | - | 156 | (156) | - | - | - |
| Entertainment | 55 | - | - | 55 | 9 | 46 | 16.4% | 52 | 8 |
| Inventory: Medical supplies | - | - | - | - | 7 149 | (7 149) | - | 214 | 558 |
| Consumable supplies | 57 | - | - | 57 | 6 048 | (5 991) | 10610.5% | 356 | 2 728 |
| Consumable: Stationery, printing and office supplies | 96 | - | - | 96 | 260 | (164) | 270.8% | 76 | 88 |
| Operating leases | 74 | - | - | 74 | 77 | (3) | 104.1% | 2 889 | 1 180 |
| Property payments | 337 862 | - | - | 337 862 | 302 396 | 35 466 | 89.5% | 396 877 | 274 813 |
| Travel and subsistence | 728 | - | - | 728 | 685 | 43 | 94.1% | 517 | 422 |
| Training and development | 1 022 | - | - | 1 022 | 1 083 | (61) | 106.0% | 918 | 312 |

## WESTERN CAPE DEPARTMENT OF HEALTH
## VOTE 6

## APPROPRIATION STATEMENT
## for the year ended 31 March 2023

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Economic classification** | | | | | | | | | |
| Operating payments | 543 | - | - | 543 | 2 590 | (2 047) | 477.0% | 120 | 4 523 |
| Rental and hiring | - | - | - | - | - | - | - | 303 | 43 |
| **Transfers and subsidies** | **-** | **-** | **-** | **-** | **541** | **(541)** | **-** | **-** | **252** |
| Households | - | - | - | - | 541 | (541) | - | - | 252 |
| Social benefits | - | - | - | - | 541 | (541) | - | - | 252 |
| **Payments for capital assets** | **760 321** | **-** | **-** | **760 321** | **699 164** | **61 157** | **92.0%** | **535 947** | **573 580** |
| Buildings and other fixed structures | 327 078 | - | - | 327 078 | 236 594 | 90 484 | 72.3% | 214 610 | 215 460 |
| Buildings | 327 078 | - | - | 327 078 | 236 594 | 90 484 | 72.3% | 214 610 | 215 460 |
| Machinery and equipment | 433 243 | - | - | 433 243 | 462 570 | (29 327) | 106.8% | 321 337 | 358 120 |
| Other machinery and equipment | 433 243 | - | - | 433 243 | 462 570 | (29 327) | 106.8% | 321 337 | 358 120 |
| **Total** | **1 193 172** | **-** | **-** | **1 193 172** | **1 115 356** | **77 816** | **93.5%** | **1 085 475** | **958 721** |

***WESTERN CAPE DEPARTMENT OF HEALTH***
***VOTE 6***

## *NOTES TO THE APPROPRIATION STATEMENT*
***for the year ended 31 March 2023***

### 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, and Annexure 1A-D of the Annual Financial Statements.

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

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

### 3. Detail on payments for financial assets

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

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

4.1

| Per programme: | Final Budget | Actual Expenditure | Variance | Variance as a % of Final Budget |
|---|---|---|---|---|
| | R'000 | R'000 | R'000 | % |
| **ADMINISTRATION** | 1 110 842 | 1 056 592 | 54 250 | 4.9% |

The under-spending can mainly be attributed to:

• **Compensation of Employees:**
- Savings on Approved Post List (APL) due to delays in the filling of funded vacancies.
- The in-year attrition rates and the administrative delays relating to job evaluations and creation of posts via the Organisation Development Interventions (ODI) processes mainly in the Information Management and Health Impact Assessment Directorates.

• **Goods and Services:**
- Laboratory Services - budget provision was made for SARS-CoV-2 (COVID 19) testing through the National Health Laboratory Service (NHLS). National Department of Health (NDOH) received funds from the Global Fund to procure SARS-CoV-2 Rapid Antigen Test kits. These rapid Ag test kits have been donated to Provinces since Nov 2021. The use of COVID-19 rapid Ag tests instead of the more expensive laboratory based PCR tests resulted in a saving.
- Savings as a result of Debt Collection Agencies not being able to claim more since the Covid-19 pandemic due to financial hardships, resulting in the Debt Collectors not being able to operate fully and struggling to actively follow up on processed outstanding accounts.
- Legal services via State Attorney Services-Department of Justice. State attorneys act in service of the state and represent the State and State Departments in all lawsuits and transactions for and against the State. The expenditure was lower than anticipated.
- Audit Fees. The Department made provision for the audit hours required during the statutory audits. The actual costs were lower than anticipated.

• **Transfers and subsidies:**
- The medical-legal claims relates to claims instated against the Department where merits have been conceded to the claimant, however, fewer Medico-legal payments were processed than anticipated.

| | | | | |
|---|---|---|---|---|
| **DISTRICT HEALTH SERVICES** | 12 050 513 | 12 036 821 | 13 692 | 0.1% |

This programme's level of under-spending is within acceptable norms.

| | | | | |
|---|---|---|---|---|
| **EMERGENCY MEDICAL SERVICES** | 1 303 037 | 1 302 918 | 119 | 0.0% |

This programme's level of under-spending is within acceptable norms.

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## WESTERN CAPE DEPARTMENT OF HEALTH
## VOTE 6

## NOTES TO THE APPROPRIATION STATEMENT
## for the year ended 31 March 2023

| | | | | |
|---|---|---|---|---|
| **PROVINCIAL HOSPITAL SERVICES** | 4 506 521 | 4 506 521 | - | 0.0% |
| This programme is within budget after the application of virements. | | | | |

| | | | | |
|---|---|---|---|---|
| **CENTRAL HOSPITAL SERVICES** | 7 932 824 | 7 927 831 | 4 993 | 0.1% |
| This programme's level of under-spending is within acceptable norms. | | | | |

| | | | | |
|---|---|---|---|---|
| **HEALTH SCIENCES AND TRAINING** | 412 895 | 383 735 | 29 160 | 7.1% |

The under-spending can mainly be attributed to:

• **Compensation of Employees:**
- Despite budgeting for relief staff, these appointments did not take place. The relief staff were expected to cover for nurses in the service who were identified for post-graduate specialty training, a scarce skill in the Department. The Council for Higher Education (CHE) did not accredit all the specialty training programmes and therefore Higher Education Institutions (HEI)s were not able to deliver the post-graduate nurses training.
- Community Services Nurses, funded from the Expanded Public Works Programme (EPWP), could not be appointed from February 2023 as planned as they have not yet completed their training. They will complete their training in July 2023 and be ready for placement thereafter.

• **Goods and Services:**
- Supply Chain Management challenges significantly delayed the implementation of contracts with training providers. This meant that training could not be implemented as planned and also resulted in savings on the logistical costs associated with EPWP training.

• **Transfers and subsidies:**
- A surplus was realised within full-time bursaries due to fewer pay outs as the registrations for the academic year 2023 commenced late due to the late release of matric results on 20 January 2023. This meant that the Directorate People Development staff were not able to sign all new bursary contracts or receive proof of registration documents from the affected universities before the end of the 2022/23 financial year.

| | | | | |
|---|---|---|---|---|
| **HEALTH CARE SUPPORT SERVICES** | 585 229 | 585 229 | - | 0.0% |
| This programme is within budget after the application of virements. | | | | |

| | | | | |
|---|---|---|---|---|
| **HEALTH FACILITIES MANAGEMENT** | 1 193 172 | 1 115 356 | 77 816 | 6.5% |

The under-spending can mainly be attributed to:

• **Compensation of Employees:**
- Extended vacancy periods of professional staff posts.

• **Goods and services:**
- Delayed implementation of maintenance projects linked to:
  - extended vacancy period of professional staff which are required to be part of the various Supply Chain Management committees and
  - slow onsite performance of current projects.

• **Payments for capital assets:**
- Delayed implementation of infrastructure projects, more specifically though:
  - extended time needed to appoint the management contractors to implement in house large scale projects,
  - delays in municipal approvals including Land Acquisitions & Land User Management Submission (LUMS) applications,
  - related to Professional Service Providers, there has been delays in their appointments as well as poor performance by current providers,
  - slow onsite performance of current infrastructure projects and
  - Global Logistical Network challenges resulting in the delayed delivery of key equipment needed to complete projects.

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## WESTERN CAPE DEPARTMENT OF HEALTH
## VOTE 6

## NOTES TO THE APPROPRIATION STATEMENT
## for the year ended 31 March 2023

4.2

| Per economic classification: | Final Budget | Actual Expenditure | Variance | Variance as a % of Final Budget |
|---|---|---|---|---|
| | R'000 | R'000 | R'000 | % |
| **Current expenditure** | | | | |
| Compensation of employees | 16 956 906 | 16 720 431 | 236 475 | 1% |
| Goods and services | 9 257 642 | 9 491 087 | (233 445) | -3% |
| **Transfers and subsidies** | | | | |
| Provinces and municipalities | 659 104 | 630 008 | 29 096 | 4% |
| Departmental agencies and accounts | 7 513 | 7 368 | 145 | 2% |
| Non-profit institutions | 706 778 | 678 860 | 27 918 | 4% |
| Households | 309 891 | 265 340 | 44 551 | 14% |
| **Payments for capital assets** | | | | |
| Buildings and other fixed structures | 327 078 | 236 662 | 90 416 | 28% |
| Machinery and equipment | 847 874 | 870 855 | (22 981) | -3% |
| Software and other intangible assets | 13 271 | 5 416 | 7 855 | 59% |
| **Payments for financial assets** | **8 976** | **8 976** | - | **0%** |

The variance between the total budget and expenditure of **R180.030m** is equivalent to **0.6%** of the Department's budget, which is within the acceptable norm of 2 per cent. Reasons for variances on economic classifications are extensively addressed under each programme. Economic classification variances not covered in the programmes above are as follows:

**• Compensation of Employees:**
- Savings on Approved Post List (APL) due to delays in the filling of funded vacancies.

**• Goods and Services:**
Over-expenditure mainly due to the following items:
- Medical supplies - due to the full commissioning of non-COVID 19 services including addressing the backlog in respect of theatre lists.
- Agency services - of which management is working on intervention plans to reduce dependency on Agency services. The Head Office Budget and People Management teams have started detailed engagements with services sectors to look at ways to strengthen management oversight and control over agency staff costs.
- Consumable supplies - Increases in patient catering/groceries and the rising fuel prices further contributed to the projected pressure as fuel costs influence price increases across all commodities, hence the over expenditure, as well as the increase in diesel usage to cater for load shedding.
- Laboratory Services – Increase in the number of people tested using GeneXpert (GXP). There is an increase in TB diagnoses with many patients presenting with advanced disease- suggests delayed presentation in keeping with post-COVID effect. GXP positivity remains very high. Services have been escalated post COVID with an increase in patient load, resulting in an upwards trend for laboratory tests.

**• Transfers and subsidies:**
Under-spending can mainly be attributed to:
***Non-Profit Institutions (NPI)***, explained as follows:
- The Department of Health's core function is to provide accessible and quality health care to the communities in the Western Cape. Contracted NPI render mainly home and community-based care services with a number of interventions. Community Health Workers are appointed by the contracted NPI to render community-based district health services and the transfer payments to NPI include the cost of salaries for these categories of staff. Not all NPI vacant funded posts were filled in the Metro Health Services sector.
- Savings in the Comprehensive HIV/AIDS component in respect of Voluntary Medical Male Circumcision (VMMC) programme as well as the HIV Testing Services (HTS) programme. VMMC savings is due to the low uptake in medical male circumcisions, the new VMMC tender will include 10-14 year olds which should see an increase in the number of MMCs performed in the 2023/24 Financial Year. HTS savings due to vacancies in Lay Counsellors and the implementation of the new counselling strategy.

***Municipalities***, explained as follows:
- Expenditure in line with claims received from City of Cape Town. City of Cape Town experienced difficulties in procuring nutritional products as they could not buy from the National contract.
- A number of joint health facilities were provincialised from the City of Cape Town during the 2022/23 financial year. As a result, a percentage of Comprehensive HIV/AIDS component related expenditure has been expensed against the newly provincialised facilities' Equitable Share budgets. The unspent allocation within the transfer payment was used towards related expenditure within the equitable share. All necessary approval requests were obtained. The Transfers to Municipalities for the 2023/24 financial year budget allocation has been appropriately reduced.

**• Payments for capital assets:**
Over-spending can mainly be attributed to Machinery and Equipment, explained as follows:
- higher than expected daily tariffs to lease vehicles from Government Motor Transport (GMT). The daily tariff is charged to recover the replacement costs and GMT overhead costs over the economic life cycles of vehicles.

Under-spending can mainly be attributed to Software and other intangible assets:
- Implementation of software programme in respect of Chronic Dispensing Unit, Home delivery, which did not realise.

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## WESTERN CAPE DEPARTMENT OF HEALTH
## VOTE 6

## NOTES TO THE APPROPRIATION STATEMENT
### for the year ended 31 March 2023

4.3

| Per conditional grant | Final Budget | Actual Expenditure | Variance | Variance as a % of Final Budget |
|---|---|---|---|---|
| | R'000 | R'000 | R'000 | % |
| National Tertiary Services Grant | 3 401 057 | 3 401 057 | - | 0.0% |
| **Human Resources & Training Grant of which** | **899 442** | **899 442** | **-** | **0.0%** |
| *Statutory Human Resources Component* | 356 963 | 356 963 | - | 0.0% |
| *Training and Development Component* | 542 479 | 542 479 | - | 0.0% |
| **District Health Programmes Grant of which** | **2 268 294** | **2 268 294** | **-** | **0.0%** |
| *District Health Component* | 415 431 | 415 431 | - | 0.0% |
| *Comprehensive HIV/AIDS Component* | 1 852 863 | 1 852 863 | - | 0.0% |
| Health Facility Revitalisation Grant | 853 090 | 838 636 | 14 454 | 1.7% |
| National Health Insurance Grant | 34 964 | 34 964 | - | 0.0% |
| Expanded Public Works Programme Integrated Grant for Provinces | 2 106 | 2 106 | - | 0.0% |
| Social Sector Expanded Public Works Programme Incentive Grant for Provinces | 10 291 | 10 291 | - | 0.0% |

**Health Facility Revitalisation Grant**

The under expenditure within the Health Facility Revitalisation Grant is as a result of:

- Extended vacancy periods of professional staff posts.
- Extended time needed to appoint the management contractors to implement in house large scale projects.
- Delays in municipal approvals including Land Acquisitions & Land User Management Submission (LUMS) applications.
- Related to Professional Service Providers, there has been delays in their appointments as well as poor performance by current providers.
- Slow onsite performance of current infrastructure projects.
- Global Logistical Network challenges resulting in the delayed delivery of key equipment needed to complete projects.

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***WESTERN CAPE DEPARTMENT OF HEALTH***
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## *STATEMENT OF FINANCIAL PERFORMANCE*
***for the year ended 31 March 2023***

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| **REVENUE** | | | |
| Annual appropriation | 1 | 29 095 033 | 28 190 163 |
| Departmental revenue | 2 | 170 878 | 29 627 |
| Aid assistance | | 13 520 | 379 |
| **TOTAL REVENUE** | | **29 279 431** | **28 220 169** |
| **EXPENDITURE** | | | |
| **Current expenditure** | | **26 219 855** | **25 394 077** |
| Compensation of employees | 4 | 16 720 431 | 16 179 921 |
| Goods and services | 5 | 9 491 087 | 9 213 453 |
| Aid assistance | 3 | 8 337 | 703 |
| **Transfers and subsidies** | | **1 586 674** | **1 503 799** |
| Transfers and subsidies | 7 | 1 581 576 | 1 503 799 |
| Aid assistance | 3 | 5 098 | - |
| **Expenditure for capital assets** | | **1 113 073** | **1 012 934** |
| Tangible assets | 8 | 1 107 657 | 1 011 075 |
| Intangible assets | 8 | 5 416 | 1 859 |
| **Payments for financial assets** | 6 | 8 976 | 10 832 |
| **TOTAL EXPENDITURE** | | **28 928 578** | **27 921 642** |
| **SURPLUS FOR THE YEAR** | | **350 853** | **298 527** |
| **Reconciliation of Net Surplus for the year** | | | |
| Voted funds | | **180 030** | **273 909** |
| Annual appropriation | | 165 576 | 217 409 |
| Conditional grants | | 14 454 | 56 500 |
| Departmental revenue and NRF receipts | 13 | 170 878 | 29 627 |
| Aid assistance | 3 | (55) | (5 009) |
| **SURPLUS FOR THE YEAR** | | **350 853** | **298 527** |

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## *WESTERN CAPE DEPARTMENT OF HEALTH*
## *VOTE 6*

## *STATEMENT OF FINANCIAL POSITION*
### *as at 31 March 2023*

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| **ASSETS** | | | |
| **Current assets** | | **335 782** | **461 456** |
| Cash and cash equivalents | 9 | 13 760 | 375 780 |
| Prepayments and advances | 10 | 4 449 | 2 834 |
| Receivables | 11 | 312 509 | 77 833 |
| Aid assistance receivable | 3 | 5 064 | 5 009 |
| **Non-current assets** | | **737** | **1 111** |
| Receivables | 11 | 737 | 1 111 |
| **TOTAL ASSETS** | | **336 519** | **462 567** |
| **LIABILITIES** | | | |
| **Current liabilities** | | **324 718** | **452 953** |
| Voted funds to be surrendered to the Revenue Fund | 12 | 180 030 | 273 909 |
| Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund | 13 | 29 487 | 27 110 |
| Payables | 14 | 114 972 | 151 705 |
| Aid assistance unutilised | 3 | 229 | 229 |
| **TOTAL LIABILITIES** | | **324 718** | **452 953** |
| **NET ASSETS** | | **11 801** | **9 614** |

| | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| **Represented by:** | | |
| Recoverable revenue | 11 801 | 9 614 |
| **TOTAL** | **11 801** | **9 614** |

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## *WESTERN CAPE DEPARTMENT OF HEALTH*
## *VOTE 6*

## *STATEMENT OF CHANGES IN NET ASSETS*
### *as at 31 March 2023*

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| **Recoverable revenue** | | | |
| Opening balance | | 9 614 | 12 716 |
| Transfers: | | **2 187** | **(3 102)** |
| Irrecoverable amounts written off | *6.2* | (5 639) | (10 098) |
| Debts revised | | (65) | 170 |
| Debts recovered (included in departmental revenue) | | 872 | 1 063 |
| Debts raised | | 7 019 | 5 763 |
| **Closing balance** | | **11 801** | **9 614** |
| **TOTAL** | | **11 801** | **9 614** |

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***WESTERN CAPE DEPARTMENT OF HEALTH***
***VOTE 6***

## *CASH FLOW STATEMENT*
***for the year ended 31 March 2023***

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| **CASH FLOWS FROM OPERATING ACTIVITIES** | | | |
| Receipts | | **29 676 684** | **28 616 631** |
| Annual appropriation funds received | 1.1 | 29 095 033 | 28 190 163 |
| Departmental revenue received | 2 | 566 396 | 422 235 |
| Interest received | 2.2 | 1 735 | 3 854 |
| Aid assistance received | 3 | 13 520 | 379 |
| Net (increase)/decrease in net working capital | | (273 024) | 100 084 |
| Surrendered to Revenue Fund | | (839 663) | (658 611) |
| Current payments | | (26 219 855) | (25 394 077) |
| Payments for financial assets | | (8 976) | (10 832) |
| Transfers and subsidies paid | | (1 586 674) | (1 503 799) |
| **Net cash flow available from operating activities** | 15 | **748 492** | **1 149 396** |
| **CASH FLOWS FROM INVESTING ACTIVITIES** | | | |
| Payments for capital assets | 8 | (1 113 073) | (1 012 934) |
| Proceeds from sale of capital assets | 2.3 | - | 355 |
| (Increase)/decrease in non-current receivables | 11 | 374 | 753 |
| **Net cash flow available from investing activities** | | **(1 112 699)** | **(1 011 826)** |
| **CASH FLOWS FROM FINANCING ACTIVITIES** | | | |
| Increase/(decrease) in net assets | | 2 187 | (3 102) |
| **Net cash flows from financing activities** | | **2 187** | **(3 102)** |
| Net increase/(decrease) in cash and cash equivalents | | (362 020) | 134 468 |
| Cash and cash equivalents at beginning of period | | 375 780 | 241 312 |
| **Cash and cash equivalents at end of period** | 9 | **13 760** | **375 780** |

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***WESTERN CAPE DEPARTMENT OF HEALTH***
***VOTE 6***

## *NOTES TO THE ANNUAL FINANCIAL STATEMENTS*
***for the year ended 31 March 2023***

**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**<br>The financial statements have been prepared in accordance with the Modified Cash Standard. |
| **2.** | **Going concern**<br>The financial statements have been on a going concern basis. |
| **3.** | **Presentation currency**<br>Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department. |
| **4.** | **Rounding**<br>Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000). |
| **5.** | **Foreign currency translation**<br>Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt. |
| **6.** | **Comparative information** |
| **6.1** | **Prior period comparative information**<br>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**<br>A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement. |

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|---|---|
| **7.** | **Revenue** |
| **7.1** | **Appropriated funds**<br>Appropriated funds comprises of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation).<br>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.<br>Appropriated funds are measured at the amounts receivable.<br>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**<br>Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise.<br>Departmental revenue is measured at the cash amount received.<br>In-kind donations received are recorded in the notes to the financial statements on the date of receipt and are measured at fair value.<br>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**<br>Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when:<br>• it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and<br>• the amount of revenue can be measured reliably.<br>The accrued revenue is measured at the fair value of the consideration receivable.<br>Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents.<br>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**<br>Salaries and wages are recognised in the statement of financial performance on the date of payment. |
| **8.1.2** | **Social contributions**<br>Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment.<br>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. |

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| **8.2** | **Other expenditure**<br>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.<br>Donations made in kind are recorded in the notes to the financial statements on the date of transfer and are measured at cost or fair value. |
| **8.3** | **Accruals and payables not recognised**<br>Accruals and payables not recognised are recorded in the notes to the financial statements at cost or fair value at the reporting date. |
| **8.4** | **Leases** |
| **8.4.1** | **Operating leases**<br>Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment. Operating lease payments received are recognised as departmental revenue.<br>The operating lease commitments are recorded in the notes to the financial statements. |
| **8.4.2** | **Finance leases**<br>Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment. Finance lease payments received are recognised as departmental revenue.<br>The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions.<br>Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of:<br>• cost, being the fair value of the asset; or<br>• 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**<br>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.<br>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**<br>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. |

| | |
|---|---|
| **10.** | **Cash and cash equivalents**<br>Cash and cash equivalents are stated at cost in the statement of financial position.<br>Bank overdrafts are shown separately on the face of the statement of financial position as a current liability.<br>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**<br>Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.<br>Prepayments and advances are initially and subsequently measured at cost.<br>A prepayment will be expensed when the goods and services are received in terms of the signed agreement with a non-governmental entity. An advance will be expensed when the goods are received in terms of the signed agreement with a governmental entity. |
| **12.** | **Loans and receivables**<br>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**<br>Investments are recognised in the statement of financial position at cost. |
| **14.** | **Financial assets** |
| **14.1** | **Financial assets (not covered elsewhere)**<br>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.<br>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**<br>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**<br>Payables recognised in the statement of financial position are recognised at cost. |

| | |
|---|---|
| **16.** | **Capital assets** |
| **16.1** | **Immovable capital assets**<br>Immovable assets reflected in the asset register of the department are recorded in the notes to the financial statements at cost or fair value where the cost cannot be determined reliably. Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition. Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment.<br>Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.<br>Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements. |
| **16.2** | **Movable capital assets**<br>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.<br>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.<br>All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.<br>Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.<br>Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use. |
| **16.3** | **Intangible capital assets**<br>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.<br>Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project.<br>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.<br>All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.<br>Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.<br>Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use. |

| | |
|---|---|
| **16.4** | **Project costs: Work-in-progress**<br>Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid.<br>Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register.<br>Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion. |
| **17.** | **Provisions and contingents** |
| **17.1** | **Provisions**<br>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**<br>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**<br>Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department. |
| **17.4** | **Capital commitments**<br>Capital commitments are recorded at cost in the notes to the financial statements. |

| | |
|---|---|
| **18.** | **Unauthorised expenditure**<br>Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.<br>Unauthorised expenditure is recognised in the statement of changes in net assets until such time as the expenditure is either:<br>• approved by Parliament or the Provincial Legislature with funding and the related funds are received; or<br>• approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or<br>• transferred to receivables for recovery.<br>Unauthorised expenditure recorded in the notes to the financial statements comprise of<br>• unauthorised expenditure that was under assessment in the previous financial year;<br>• unauthorised expenditure relating to previous financial year and identified in the current year; and<br>• Unauthorised incurred in the current year. |
| **19.** | **Fruitless and wasteful expenditure**<br>Fruitless and wasteful expenditure receivables are recognised in the statement of financial position when recoverable. The receivable is measured at the amount that is expected to be recovered and is de-recognised when settled or subsequently written-off as irrecoverable.<br>Fruitless and wasteful expenditure is recorded in the notes to the financial statements when and at amounts confirmed, and comprises of .<br>• fruitless and wasteful expenditure that was under assessment in the previous financial year;<br>• fruitless and wasteful expenditure relating to previous financial year and identified in the current year; and<br>• fruitless and wasteful expenditure incurred in the current year. |
| **20.** | **Irregular expenditure**<br>Losses emanating from irregular expenditure are recognised as a receivable in the statement of financial position when recoverable. The receivable is measured at the amount that is expected to be recovered and is de-recognised when settled or subsequently written-off as irrecoverable.<br>Irregular expenditure is recorded in the notes to the financial statements when and at amounts confirmed and comprises of:<br>• irregular expenditure that was under assessment in the previous financial year;<br>• irregular expenditure relating to previous financial year and identified in the current year; and<br>• irregular expenditure incurred in the current year. |
| **21.** | **Changes in accounting estimates and errors**<br>Changes in accounting estimates are applied prospectively in accordance with MCS requirements.<br>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**<br>Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements. |
| **23.** | **Capitalisation reserve**<br>The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the National/Provincial Revenue Fund when the underlying asset is disposed and the related funds are received. |
| **24.** | **Recoverable revenue**<br>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. |
| **25.** | **Related party transactions**<br>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.<br>The full compensation of key management personnel is recorded in the notes to the financial statements. |
| **26.** | **Employee benefits**<br>The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is recorded in the Employee benefits note.<br>Accruals and payables not recognised for employee benefits are measured at cost or fair value at the reporting date.<br>The provision for employee benefits is measured as the best estimate of the funds required to settle the present obligation at the reporting date. |
| **27.** | **Principal-Agent arrangements**<br>The Department of Health is party to a principal-agent arrangement and uses the Department of Transport and Public Works as an implementing agent. The Department of Transport and Public Works publishes and awards tenders and monitor the construction of infrastructure as required by the Department of Health in terms of a service level agreement. The Department of Transport and Public Works sign the contracts with the contractors for Department of Health's projects. The Department of Transport and Public Works is not reimbursement for this function by the Department of Health. Invoices for completed capital works and maintenance are issued by the relevant service provider and addressed to the Department of Transport & Public Works for payment. The expense and the assets for capital work-in-progress are reflected in the financial statements of the Department of Health. Once the projects are completed, it is transferred to the Department of Transport and Public Works in terms of section 42 of the PFMA for disclosure in their financial statements. |

*WESTERN CAPE DEPARTMENT OF HEALTH*
*VOTE 6*

## *NOTES TO THE ANNUAL FINANCIAL STATEMENTS*
*for the year ended 31 March 2023*

# 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:

| | 2022/23 | | 2021/22 | |
|---|---|---|---|---|
| | Final Appropriation | Actual Funds Received | Final Appropriation | Appropriation received |
| | R'000 | R'000 | R'000 | R'000 |
| Administration | 1 110 842 | 1 110 842 | 1 515 048 | 1 515 048 |
| District health Services | 12 050 513 | 12 050 513 | 11 641 741 | 11 641 741 |
| Emergency Medical services | 1 303 037 | 1 303 037 | 1 240 450 | 1 240 450 |
| Provincial Hospital Services | 4 506 521 | 4 506 521 | 4 279 912 | 4 279 912 |
| Central Hospital Services | 7 932 824 | 7 932 824 | 7 500 949 | 7 500 949 |
| Health Sciences and Training | 412 895 | 412 895 | 366 958 | 366 958 |
| Health Care Support | 585 229 | 585 229 | 559 630 | 559 630 |
| Health Facility Management | 1 193 172 | 1 193 172 | 1 085 475 | 1 085 475 |
| **Total** | **29 095 033** | **29 095 033** | **28 190 163** | **28 190 163** |

## 1.2. Conditional grants

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Total grants received | 31 | 7 469 244 | 6 990 040 |
| Provincial grants included in total grants received | | **7 469 244** | **6 990 040** |

# 2. Departmental revenue

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Sales of goods and services other than capital assets | 2.1 | 401 010 | 367 542 |
| Interest, dividends and rent on land | 2.2 | 1 735 | 3 854 |
| Sales of capital assets | 2.3 | - | 355 |
| Transactions in financial assets and liabilities | 2.4 | 148 133 | 38 570 |
| Transfer received | 2.5 | 17 253 | 16 123 |
| **Total revenue collected** | | **568 131** | **426 444** |
| Less: Own revenue included in appropriation | 13 | (397 253) | (396 817) |
| **Total** | | **170 878** | **29 627** |

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

| | | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Total revenue collected | | 568 131 | 426 444 |
| Less: | Interest, dividends, rent on land | (1 735) | (3 854) |
| | Sales of Capital Assets | - | (355) |
| **Departmental revenue received** | | **566 396** | **422 235** |

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## 2.1. Sales of goods and services other than capital assets

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Sales of goods and services produced by the department | | **398 245** | **366 860** |
| Sales by market establishment | | 5 701 | 5 519 |
| Administrative fees | | 10 833 | 7 176 |
| Other sales | | 381 711 | 354 165 |
| Sales of scrap, waste and other used current goods | | 2 765 | 682 |
| **Total** | 2 | **401 010** | **367 542** |

**Other Sales**
This revenue item is primarily comprised of Patient Fees, Services to State Departments (e.g. Department of Justice), Medical Aid Claims and Road Accident Fund Claims. The increase is due to improved collections in individual patient fee debt, Department of Justice Fees as well as a growth in Tuition Fees related to the college.

## 2.2. Interest, dividends and rent on land

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Interest | | 1 735 | 3 854 |
| **Total** | 2 | **1 735** | **3 854** |

## 2.3. Sales of capital assets

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| **Tangible capital assets** | | - | **355** |
| Machinery and equipment | | - | 355 |
| **Total** | 2 | **-** | **355** |

## 2.4. Transactions in financial assets and liabilities

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Receivables | | 144 336 | 37 271 |
| Other receipts including Recoverable Revenue | | 3 797 | 1 299 |
| **Total** | 2 | **148 133** | **38 570** |

Increase relates to expenditure recouped in respect of 2021/22 stock issued by the new Non-Pharmaceutical Warehouse to institutions during the current financial year.

## 2.5. Transfers received

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Higher education institutions | | 16 817 | 16 123 |
| Public corporations and private enterprises | | 436 | - |
| **Total** | 2 | **17 253** | **16 123** |

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### 2.5.1. Donations received in-kind (*not included in the main note or sub note*)

| | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Computer Equipment | 5 876 | 3 706 |
| Consumables | 56 732 | 84 402 |
| Furniture & Office Equipment | 1 348 | 1 476 |
| Other Machinery & Equipment | 30 902 | 82 969 |
| Building & Other Fixed Structure | 65 | - |
| Transport Assets | 282 | - |
| **Total** | **95 205** | **172 553** |

See Annexure 1E for more details of Donations received in kind.

### 2.6. Cash received not recognised *(not included in the main note)*

| Name of entity | 2022/23 Amount received R'000 | 2022/23 Amount paid to the revenue fund R'000 | 2022/23 Balance R'000 |
|---|---|---|---|
| Victoria Hospital | 3 | - | 3 |
| Paarl Hospital | 2 | - | 2 |
| Mowbray Maternity Hospital | 4 | - | 4 |
| Red Cross Hospital | 3 | - | 3 |
| **Total** | **12** | **-** | **12** |

| Name of entity | 2021/22 Amount received R'000 | 2021/22 Amount paid to the revenue fund R'000 | 2021/22 Balance R'000 |
|---|---|---|---|
| *None* | - | - | - |
| **Total** | **-** | **-** | **-** |

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## 3. Aid assistance

| | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Opening balance | (4 780) | 229 |
| Transferred from statement of financial performance | (55) | (5 009) |
| **Closing balance** | **(4 835)** | **(4 780)** |

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

| | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Donor Funding received during the year | 13 520 | 379 |
| Statement of Financial Performance (Current expenditure) | (8 337) | (703) |
| Capital Expenditure (Note 8.1) | (140) | (4 685) |
| Transfers made to Non Profit Organisations | (5 098) | - |
| **Closing Balance** | **(55)** | **(5 009)** |

### 3.1. Analysis of balance by source

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Aid assistance from other sources | | (4 835) | (4 780) |
| **Closing balance** | *3* | **(4 835)** | **(4 780)** |

### 3.2. Analysis of balance

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Aid assistance receivable | | (5 064) | (5 009) |
| Aid assistance unutilised | | 229 | 229 |
| **Closing balance** | *3* | **(4 835)** | **(4 780)** |
| | | | |
| Aid assistance not received | | 6 845 | 5 311 |

**Aid assistance not received**

Relates to Government-to-Government funding from USAID, the expenditure of which is claimable by the department on achieving the pre-determined milestones.

### 3.3. Aid assistance expenditure per economic classification

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Current | | 8 337 | 703 |
| Capital | *8* | 140 | 4 685 |
| Transfers and subsidies | | 5 098 | - |
| **Total aid assistance expenditure** | | **13 575** | **5 388** |

## 4. Compensation of employees

### 4.1. Analysis of balance

| | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Basic salary | 10 531 157 | 10 209 604 |
| Performance award | 1 899 | 1 844 |
| Service based | 11 615 | 13 366 |
| Compensative/circumstantial | 1 598 549 | 1 530 053 |
| Periodic payments | 21 875 | 28 349 |
| Other non-pensionable allowances | 2 602 149 | 2 547 702 |
| **Total** | **14 767 244** | **14 330 918** |

A cost-of-living adjustment of 3% as well as a non-pensionable monthly allowance for both Senior Manager Service and all other employer salary levels was the primary driver behind the increase in employee costs.

### 4.2. Social contributions

| **Employer contributions** | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Pension | 1 179 702 | 1 133 850 |
| Medical | 770 806 | 712 448 |
| Bargaining council | 2 517 | 2 520 |
| Insurance | 162 | 185 |
| **Total** | **1 953 187** | **1 849 003** |
| | | |
| **Total compensation of employees** | **16 720 431** | **16 179 921** |
| | | |
| Average number of employees | **35 616** | **35 927** |

Average number of employees is based on total number of employees at the end of each month per the PERSAL salary system.

## 5. Goods and services

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Administrative fees | | 118 | 246 |
| Advertising | | 33 923 | 25 034 |
| Minor assets | 5.1 | 34 786 | 36 755 |
| Bursaries (employees) | | 11 966 | 11 313 |
| Catering | | 5 188 | 1 626 |
| Communication | | 51 560 | 55 068 |
| Computer services | 5.2 | 142 368 | 138 044 |
| Consultants: Business and advisory services | | 128 777 | 117 864 |
| Infrastructure and planning services | | 28 679 | 40 035 |
| Laboratory services | | 1 010 382 | 1 152 732 |
| Legal services | | 11 690 | 15 988 |
| Contractors | | 626 945 | 578 199 |
| Agency and support / outsourced services | | 693 135 | 681 754 |
| Entertainment | | 112 | 71 |
| Audit cost - external | 5.3 | 20 799 | 22 572 |
| Fleet services | | 237 788 | 182 726 |
| Inventories | 5.4 | 4 051 860 | 3 877 756 |
| Consumables | 5.5 | 768 237 | 703 231 |
| Operating leases | | 21 183 | 22 667 |
| Property payments | 5.6 | 1 455 853 | 1 392 076 |
| Rental and hiring | | 32 695 | 33 445 |
| Transport provided as part of the departmental activities | | 1 555 | 23 381 |
| Travel and subsistence | 5.7 | 34 036 | 31 857 |
| Venues and facilities | | 2 306 | 1 007 |
| Training and development | | 51 568 | 34 468 |
| Other operating expenditure | 5.8 | 33 578 | 33 538 |
| **Total** | | **9 491 087** | **9 213 453** |

**Advertising**
Increase mainly related to marketing campaigns performed by Health Programs during the period (e.g. measles campaign).

**Fleet Services**
Higher fuel costs are as a result of global inflation on crude oil prices is main driver for increase in this expenditure item.

**Laboratory services**
Reduction in expenditure mainly driven by a decrease in Covid-19 related testing.

**Contractors**
Main driver in costs was further maintenance and development on the EMS CAD system.

## 5.1. Minor assets

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| **Tangible capital assets** | | 34 537 | **36 750** |
| Machinery and equipment | | 34 537 | 36 750 |
| **Intangible capital assets** | | 249 | **5** |
| Software | | 249 | 5 |
| **Total** | 5 | **34 786** | **36 755** |

## 5.2. Computer services

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| SITA computer services | | 22 121 | 23 443 |
| External computer service providers | | 120 247 | 114 601 |
| **Total** | 5 | **142 368** | **138 044** |

## 5.3. Audit cost - external

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Regularity audits | | 20 799 | 22 572 |
| **Total** | 5 | **20 799** | **22 572** |

Reduction in audit fee can be attributed to initiatives implemented by the Auditor General as well as the Department that ensures that the audit is concluded efficiently within the regulated timeframes.

## 5.4. Inventories

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Food and food supplies | | 75 180 | 70 593 |
| Medical supplies | | 2 128 135 | 2 030 158 |
| Medicine | | 1 832 591 | 1 762 680 |
| Laboratory supplies | | 15 954 | 14 325 |
| **Total** | 5 | **4 051 860** | **3 877 756** |

## 5.5. Consumables

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Consumable supplies | | **646 397** | **592 030** |
| Uniform and clothing | | 81 254 | 80 772 |
| Household supplies | | 333 582 | 303 073 |
| Building material and supplies | | 86 357 | 83 398 |
| Communication accessories | | 794 | 802 |
| IT consumables | | 1 428 | 1 375 |
| Other consumables | | 142 982 | 122 610 |
| Stationery, printing and office supplies | | 121 840 | 111 201 |
| **Total** | *5* | **768 237** | **703 231** |

**Other consumables**

This item comprises mainly Medical and Domestic Gas as well as other fuel products. To mitigate the risks of Loadshedding the department has been forced to increase it's spend on diesel for generators.

## 5.6. Property payments

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Municipal services | | 426 364 | 400 678 |
| Property management fees | | 678 685 | 669 837 |
| Property maintenance and repairs | | 350 804 | 321 561 |
| **Total** | *5* | **1 455 853** | **1 392 076** |

## 5.7. Travel and subsistence

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Local | | 33 895 | 31 857 |
| Foreign | | 141 | - |
| **Total** | *5* | **34 036** | **31 857** |

| **Local – Travel and Subsistence** | **2022/23** | **2021/22** |
|---|---|---|
| Accommodation | 13 528 | 16 350 |
| Air Transport | 2 302 | 610 |
| Road & Rail Transport | 12 807 | 12 430 |
| Subsistence | 5 258 | 2 467 |
| | **33 895** | **31 857** |

Travel required for the performance of various officials' duties outside of their normal place of work.

## 5.8. Other operating expenditure

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Professional bodies, membership and subscription fees | | 2 489 | 1 472 |
| Resettlement costs | | 3 236 | 3 659 |
| Other | | 27 853 | 28 407 |
| **Total** | 5 | **33 578** | **33 538** |

**Other**

Relates mainly to courier charges in respect of the distribution of pharmaceuticals by the Cape Medical Depot as well as the Chronic Dispensing unit.

## 6. Payments for financial assets

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Material losses through criminal conduct | | **22** | - |
| Theft | 6.3 | 22 | - |
| Other material losses written off | 6.1 | 3 315 | 734 |
| Debts written off | 6.2 | 5 639 | 10 098 |
| **Total** | | **8 976** | **10 832** |

## 6.1. Other material losses written off

| **Nature of losses** | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Government vehicle damages & losses | | 1 997 | 716 |
| Stock losses (CMD & HIV AIDS) | | 1 318 | 18 |
| **Total** | 6 | **3 315** | **734** |

## 6.2. Debts written off

| **Nature of debts written off** | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| **Other debt written off** | | | |
| Salary overpayment | | 1 515 | 1 687 |
| Medical bursaries | | 3 852 | 8 012 |
| Supplier debtors | | 12 | 11 |
| Tax | | 126 | 145 |
| Other minor incidents | | 133 | 243 |
| Interest | | 1 | - |
| **Total debt written off** | 6 | **5 639** | **10 098** |

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### 6.3. Details of theft

| Nature of theft | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Laptop | | 22 | - |
| **Total** | 6 | **22** | - |

## 7. Transfers and subsidies

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Provinces and municipalities | 32 | 630 008 | 657 240 |
| Departmental agencies and accounts | Annex 1B | 7 368 | 7 107 |
| Non-profit institutions | Annex 1C | 678 860 | 659 837 |
| Households | Annex 1D | 265 340 | 179 615 |
| **Total** | | **1 581 576** | **1 503 799** |

### 7.1. Donations made in kind (*not included in the main note)*

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Furniture & Office Equipment | | 52 | |
| Other Machinery & Equipment | | 722 | |
| **Total** | Annex 1G | **774** | |

The area marked in grey are not required to be completed for this reporting cycle in terms National Treasury guidelines.

## 8. Expenditure for capital assets

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| **Tangible capital assets** | | **1 107 657** | **1 011 075** |
| Buildings and other fixed structures | 29 | 236 662 | 215 501 |
| Machinery and equipment | 27 | 870 995 | 795 574 |
| **Intangible capital assets** | | **5 416** | **1 859** |
| Software | 28 | 5 416 | 1 859 |
| **Total** | | **1 113 073** | **1 012 934** |

### 8.1. Analysis of funds utilised to acquire capital assets - Current year

| | 2022/23 | | |
|---|---|---|---|
| Name of entity | Voted funds R'000 | Aid assistance R'000 | Total R'000 |
| **Tangible capital assets** | **1 107 517** | **140** | **1 107 657** |
| Buildings and other fixed structures | 236 662 | - | 236 662 |
| Machinery and equipment | 870 855 | 140 | 870 995 |
| **Intangible capital assets** | **5 416** | - | **5 416** |
| Software | 5 416 | - | 5 416 |
| **Total** | **1 112 933** | **140** | **1 113 073** |

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## 8.2. Analysis of funds utilised to acquire capital assets - Prior year

| | 2021/22 | | |
|---|---|---|---|
| | Voted funds | Aid assistance | Total |
| Name of entity | R'000 | R'000 | R'000 |
| **Tangible capital assets** | **1 006 390** | **4 685** | **1 011 075** |
| Buildings and other fixed structures | 215 501 | - | 215 501 |
| Machinery and equipment | 790 889 | 4 685 | 795 574 |
| **Intangible capital assets** | **1 859** | **-** | **1 859** |
| Software | 1 859 | - | 1 859 |
| **Total** | **1 008 249** | **4 685** | **1 012 934** |

## 8.3. Finance lease expenditure included in Expenditure for capital assets

| | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| **Tangible capital assets** | | |
| Machinery and equipment | 236 595 | 204 878 |
| **Total** | **236 595** | **204 878** |

## 9. Cash and cash equivalents

| | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Consolidated Paymaster General Account | 395 604 | 705 428 |
| Disbursements | (383 190) | (331 303) |
| Cash on hand | 1 346 | 1 655 |
| **Total** | **13 760** | **375 780** |

## 10. Prepayments and advances

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Travel and subsistence | | 2 092 | 835 |
| Advances paid (Not expensed) | 10.1 | 2 357 | 1 999 |
| **Total** | | **4 449** | **2 834** |

**Analysis of Total Prepayments and advances**

| | | |
|---|---|---|
| Current Prepayments and advances | 4 449 | 2 834 |
| Non current Prepayments and advances | - | - |
| **Total** | **4 449** | **2 834** |

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## 10.1. Advances paid (Not expensed)

| | | 2022/23 | | | | |
|---|---|---|---|---|---|---|
| | Note | Amount as at 1 April 2022 | Less: Amounts expensed in current year | Add / Less: Other | Add Current year advances | Amount as at 31 March 2023 |
| | | R'000 | R'000 | R'000 | R'000 | R'000 |
| Other entities | | 1 999 | (63 211) | - | 63 569 | 2 357 |
| **Total** | *10* | **1 999** | **(63 211)** | **-** | **63 569** | **2 357** |

| | | 2021/22 | | | | |
|---|---|---|---|---|---|---|
| | Note | Amount as at 1 April 2021 | Less: Amounts expensed in current year | Add / Less: Other | Add Current year advances | Amount as at 31 March 2022 |
| | | R'000 | R'000 | R'000 | R'000 | R'000 |
| Other entities | | 8 705 | (71 312) | - | 64 606 | 1 999 |
| **Total** | *10* | **8 705** | **(71 312)** | **-** | **64 606** | **1 999** |

Advances paid (Not expensed) primarily relates to transfers to Non-Profit institutions for which expenditure claims are still outstanding at year-end.

## 10.2. Advances paid (Expensed)

| | 2022/23 | | | | |
|---|---|---|---|---|---|
| | Amount as at 1 April 2022 | Less: Received in the current year | Add / Less: Other | Add Current year advances | Amount as at 31 March 2023 |
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| Other entities | 6 295 | (442) | (30) | 6 757 | 12 580 |
| **Total** | **6 295** | **(442)** | **(30)** | **6 757** | **12 580** |

| | 2021/22 | | | | |
|---|---|---|---|---|---|
| | Amount as at 1 April 2021 | Less: Received in the current year | Add / Less: Other | Add Current year advances | Amount as at 31 March 2022 |
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| Other entities | 13 380 | (5 085) | (6 000) | 4 000 | 6 295 |
| **Total** | **13 380** | **(5 085)** | **(6 000)** | **4 000** | **6 295** |

Advances paid (expensed) relates to Motor Vehicles ordered from Government Motor Transport, but not received at year end. This amount is included in the Expenditure for Capital Asset: Machinery and Equipment (refer to Note 8).

## 11. Receivables

| | | 2022/23 | | | 2021/22 | | |
|---|---|---|---|---|---|---|---|
| | | Current | Non-current | Total | Current | Non-current | Total |
| | Note | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Claims recoverable | 11.1 | 12 574 | - | 12 574 | 11 033 | - | 11 033 |
| Staff debt | 11.2 | 11 618 | 10 | 11 628 | 8 154 | 31 | 8 185 |
| Other receivables | 11.3 | 288 317 | 727 | 289 044 | 58 646 | 1 080 | 59 726 |
| **Total** | | **312 509** | **737** | **313 246** | **77 833** | **1 111** | **78 944** |

### 11.1. Claims recoverable

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| National departments | | 2 154 | 3 762 |
| Provincial departments | | 1 050 | 3 647 |
| Local governments | | 9 370 | 3 624 |
| **Total** | 11 | **12 574** | **11 033** |

### 11.2. Staff debt

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Salary Reversal Control Account | | 1 818 | 682 |
| Salary Tax Debt | | 262 | 178 |
| Salary Deductions/Recalls | | 13 | 1 |
| Debt Account | | 9 535 | 7 324 |
| **Total** | 11 | **11 628** | **8 185** |

### 11.3. Other receivables

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Disallowance Miscellaneous | | 253 | 292 |
| Disallowance Damage and losses | | 2 172 | 1 879 |
| Bursaries for Health Workers | | 162 | - |
| Supplier Debtors | | 7 686 | 5 902 |
| Medical Bursaries | | 9 716 | 7 974 |
| Depot Pharmaceutical Control Account | | 269 055 | 43 679 |
| **Total** | 11 | **289 044** | **59 726** |

The increase in the Depot Pharmaceutical Control Account is due to higher inventory levels on hand at year end. This can be partly attributed to the fact that the department's new non-pharmaceutical warehouse is now fully operational and the fact that global inflation has increased cost of both pharmaceutical and non-pharmaceutical stock.

### 11.4. Impairment of receivables

| | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Estimate of impairment of receivables | 2 471 | 1 806 |
| **Total** | **2 471** | **1 806** |

Impairment for the current year is based on percentage of debts written off in the previous financial reporting period, in addition all debts less than R2000 are also included in the impairment value as these would be deemed uneconomical to recover.

## 12. Voted funds to be surrendered to the Revenue Fund

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Opening balance | | 273 909 | 250 013 |
| Transferred from statement of financial performance (as restated) | | 180 030 | 273 909 |
| Conditional grants surrendered by the provincial department | 12.1 | - | |
| Paid during the year | | (273 909) | (250 013) |
| **Closing balance** | | **180 030** | **273 909** |

### 12.1. Reconciliation on unspent conditional grants

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Total conditional grants received | 1.2 | 7 469 244 | 6 990 040 |
| Total conditional grants spent | | (7 454 790) | (6 933 540) |
| Unspent conditional grants to be surrendered | | **14 454** | **56 500** |
| Less: Paid to the Provincial Revenue Fund by Provincial department | | | **(56 500)** |
| Approved for rollover | | | (56 500) |
| Not approved for rollover | | | - |
| Add: Received from provincial revenue fund by national department | 12 | | - |
| **Due to / (by) the Provincial Revenue Fund** | | **14 454** | - |

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

| | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Opening balance | 27 110 | 9 264 |
| Transferred from statement of financial performance (as restated) | 170 878 | 29 627 |
| Own revenue included in appropriation | 397 253 | 396 817 |
| Paid during the year | (565 754) | (408 598) |
| **Closing balance** | **29 487** | **27 110** |

The areas marked in grey are not required to be completed for this reporting cycle in terms National Treasury guidelines.

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## 14. Payables - current

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Advances received | 14.1 | 101 998 | 144 148 |
| Clearing accounts | 14.2 | 12 974 | 6 958 |
| Other payables | 14.3 | - | 599 |
| **Total** | | **114 972** | **151 705** |

### 14.1. Advances received

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Other institutions | | 101 998 | 144 148 |
| **Total** | 14 | **101 998** | **144 148** |

The majority of this balance relates to medical scheme payments received in terms of the vaccine billing performed by the WCDOH&W as well as its external partners. The reduction of the balance from previous financial year relates to funds paid over to NDOH in terms of vaccine funds due to them.

### 14.2. Clearing accounts

| Description | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Patient Fee Deposits | | 5 | 218 |
| Sal: Pension Fund | | 74 | - |
| Sal: GEHS refunds control account | | 9 310 | 6 087 |
| Sal: Income Tax | | 3 417 | 423 |
| Sal: Bargaining Councils | | 2 | - |
| Sal: ACB Recalls | | 166 | 230 |
| **Total** | 14 | **12 974** | **6 958** |

### 14.3. Other payables

| Description | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Bursaries for Health workers | | - | 599 |
| **Total** | 14 | **-** | **599** |

## 15. Net cash flow available from operating activities

| | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Net surplus/(deficit) as per Statement of Financial Performance | 350 853 | 298 527 |
| Add back non-cash/cash movements not deemed operating activities | 397 639 | 850 869 |
| (Increase)/decrease in receivables | (234 676) | 9 925 |
| (Increase)/decrease in prepayments and advances | (1 615) | 6 315 |
| Increase/(decrease) in payables – current | (36 733) | 83 844 |
| Proceeds from sale of capital assets | - | (355) |
| Expenditure on capital assets | 1 113 073 | 1 012 934 |
| Surrenders to RDP Fund/Donors | (839 663) | (658 611) |
| Own revenue included in appropriation | 397 253 | 396 817 |
| **Net cash flow generating** | **748 492** | **1 149 396** |

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

| | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Consolidated Paymaster General account | 395 604 | 705 428 |
| Disbursements | (383 190) | (331 303) |
| Cash on hand | 1 346 | 1 655 |
| **Total** | **13 760** | **375 780** |

## 17. Contingent liabilities and contingent assets

### 17.1. Contingent liabilities

| **Liable to** | *Note* | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Claims against the department | *Annex 2* | 88 731 | 86 770 |
| **Total** | | **88 731** | **86 770** |

**Medico Legal Claims (Excluded from Contingent Liabilities above)**

The department had 394 active Medico Legal cases on hand at year-end. Of this population, 315 (2021/22: 308 cases) have been assessed as having poor merits or it is not possible to estimate the amount of the obligation with sufficient reliability, and therefore have not provided for them under Contingent Liabilities. The remaining 79 cases with strong merits have been provided for under provisions (71 cases) and payables (8 cases) respectively.

(Note that not all of the 315 cases, necessarily have poor merits, but some are potentially indefensible for which an estimate of the possible obligation cannot be made with sufficient reliability).

### 17.2. Contingent assets

| **Nature of contingent asset** | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Civil | 711 | 199 |
| **Total** | **711** | **199** |

**Other Contingent Assets – not included in balance above**

At this stage the Department is not able to reliably measure the contingent asset in terms of the Government Employees Housing Scheme of the Individually Linked Savings Facility (ILSF), relating to resignations and termination of service. Furthermore, the Department is not able to reliably measure the contingent asset in terms of Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR) cases under investigation.

## 18. Capital commitments

| | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Buildings and other fixed structures | 469 379 | 113 930 |
| Machinery and equipment | 147 815 | 155 377 |
| **Total** | **617 194** | **269 307** |

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## 19. Accruals and payables not recognised

### 19.1. Accruals

| | 2022/23 | | | 2021/22 |
|---|---|---|---|---|
| | 30 Days | 30+ Days | Total | Total |
| **Listed by economic classification** | R'000 | R'000 | R'000 | R'000 |
| Goods and services | 175 463 | 38 215 | 213 678 | 166 816 |
| Transfers and subsidies | 73 976 | - | 73 976 | 88 207 |
| Capital assets | 2 092 | - | 2 092 | 3 540 |
| **Total** | **251 531** | **38 215** | **289 746** | **258 563** |

| **Listed by programme level** | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Administration | 8 879 | 40 406 |
| District Health Services | 147 005 | 109 645 |
| Emergency Health Services | 8 679 | 18 153 |
| Provincial Hospital Services | 31 330 | 30 529 |
| Central Hospital Services | 92 337 | 56 366 |
| Health Science and Training | 43 | 1 482 |
| Health Care Support Services | 451 | 1 142 |
| Health Facility Management | 1 022 | 840 |
| **Total** | **289 746** | **258 563** |

### 19.2. Payables not recognised

| | 2022/23 | | | 2021/22 |
|---|---|---|---|---|
| | 30 Days | 30+ Days | Total | Total |
| **Listed by economic classification** | R'000 | R'000 | R'000 | R'000 |
| Goods and services | 213 735 | 5 781 | 219 516 | 132 894 |
| Transfers and subsidies | 2 982 | - | 2 982 | 6 351 |
| Capital assets | 2 116 | 51 | 2 167 | 1 258 |
| Other | 75 118 | - | 75 118 | 29 845 |
| **Total** | **293 951** | **5 832** | **299 783** | **170 348** |

| **Listed by programme level** | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Administration | | 98 487 | 40 062 |
| District Health Services | | 77 188 | 50 473 |
| Emergency Health Services | | 1 060 | 1 321 |
| Provincial Hospital Services | | 31 964 | 19 630 |
| Central Hospital Services | | 70 913 | 44 961 |
| Health Science and Training | | 1 727 | 355 |
| Health Care Support Services | | 18 161 | 12 577 |
| Health Facility Management | | 283 | 969 |
| **Total** | | **299 783** | **170 348** |

| ***Included in the above totals are the following:*** | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Confirmed balances with other departments | Annex 4 | 22 494 | 2 162 |

| | | |
|---|---|---|
| **Total** | **22 494** | **2 162** |

## 20. Employee benefits

| | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Leave entitlement | 494 196 | 501 244 |
| Service bonus | 331 653 | 322 352 |
| Performance awards | - | - |
| Capped leave | 130 610 | 148 137 |
| Other | 20 971 | 30 071 |
| **Total** | **977 430** | **1 001 804** |

| **Leave Entitlement** | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Leave Entitlement on PERSAL at year end | 498 158 | 494 262 |
| Add: Negative Leave credits included | 22 669 | 21 885 |
| Less: Leave captured after year end | (26 631) | (14 903) |
| **Recalculated** | **494 196** | **501 244** |
| **Other** | | |
| Payables (Mainly overtime) | 9 670 | 18 343 |
| Long Service Awards | 10 728 | 11 193 |
| Provision for MEC exit gratuity | 573 | 535 |
| | **20 971** | **30 071** |

At this stage the department is not able to reliably measure the long term portion of the long service awards.

## 21. Lease commitments

### 21.1. Operating leases

| | 2022/23 | |
|---|---|---|
| | Machinery and equipment | Total |
| | R'000 | R'000 |
| Not later than 1 year | 21 461 | 21 461 |
| Later than 1 year and not later than 5 years | 14 323 | 14 323 |
| **Total lease commitments** | **35 784** | **35 784** |

| | 2021/22 | |
|---|---|---|
| | Machinery and equipment | Total |
| | R'000 | R'000 |
| Not later than 1 year | 20 412 | 20 412 |
| Later than 1 year and not later than 5 years | 19 646 | 19 646 |
| **Total lease commitments** | **40 058** | **40 058** |

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

### 21.2. Finance leases

| | 2022/23 | |
|---|---|---|
| | Machinery and equipment | Total |
| | R'000 | R'000 |
| Not later than 1 year | 236 082 | 236 082 |
| Later than 1 year and not later than 5 years | 458 442 | 458 442 |
| Later than 5 years | 2 726 | 2 726 |
| **Total lease commitments** | **697 250** | **697 250** |

| | 2021/22 | |
|---|---|---|
| | Machinery and equipment | Total |
| | R'000 | R'000 |
| Not later than 1 year | 207 467 | 207 467 |
| Later than 1 year and not later than 5 years | 283 646 | 283 646 |
| Later than 5 years | 363 | 363 |
| **Total lease commitments** | **491 476** | **491 476** |

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

## 22. Accrued departmental revenue

| | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Sales of goods and services other than capital assets | 986 934 | 791 379 |
| **Total** | **986 934** | **791 379** |

### 22.1. Analysis of accrued departmental revenue

| | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Opening balance | 791 379 | 627 059 |
| Less: amounts received | 331 301 | (313 321) |
| Add: amounts recorded | 767 970 | 706 748 |
| Less: amounts written off/reversed as irrecoverable | (241 114) | (229 107) |
| **Closing balance** | **986 934** | **791 379** |

### 22.2. Accrued departmental revenue written off

| Nature of losses | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Patient Fees | 241 114 | 229 107 |
| **Total** | **241 114** | **229 107** |

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## 22.3. Impairment of accrued departmental revenue

| | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Estimate of impairment of accrued departmental revenue | 326 000 | 262 000 |
| **Total** | **326 000** | **262 000** |

Estimated impairment of patient fees debt is attributable to the following main drivers:

| | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Road Accident Fund due to the rules for shared accountability | 204 000 | 163 000 |
| Individual Debt due to unaffordability | 96 000 | 75 000 |
| Debt older than 3 years | 22 000 | 21 000 |
| Medical Aid Debt due to depleted benefits; | 4 000 | 3 000 |
| | **326 000** | **262 000** |

The department calculates the impairment on the accrued departmental revenue based on the estimates of recoverability of the main drivers of patient debt (e.g. Private Patient Fees Debt, RAF debt etc) and utilising current events as well as historical data trends of the preceding 12 months.

## 23. Unauthorised, Irregular and Fruitless and wasteful expenditure

| | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Irregular expenditure - current year | 6 291 | 10 342 |
| Fruitless and wasteful expenditure - current year | 18 | 12 |
| **Total** | **6 309** | **10 354** |

Information on any criminal or disciplinary steps taken as a result of unauthorised expenditure, irregular expenditure and fruitless and wasteful expenditure is included in the annual report under the PFMA Compliance Report.

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## 24. 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.

The Department of Health received Security Advisory Services and Security Operations from the Department of Community Safety in the Western Cape.

## 25. Key management personnel

| | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Member of the Executive Council (MEC) | 2 096 | 1 978 |
| **Officials:** | | |
| Management | 21 728 | 22 344 |
| **Total** | **23 824** | **24 322** |

## 26. Provisions

| | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Medical Legal Claims | 516 250 | 426 535 |
| Infrastructure Retentions | 31 920 | 24 896 |
| Civil Claims | 1 598 | - |
| **Total** | **549 768** | **451 431** |

**Medical Legal Claims**

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.

**Infrastructure Retentions**

Progress billings related to infrastructure projects that will be paid once conditions specified in the contract are met.

## 26.1. Reconciliation of movement in provisions - Current year

| | 2022/23 | | | |
|---|---|---|---|---|
| | Medico Legal Claims | Infrastructure Retentions | Civil Claims | Total provisions |
| | R'000 | R'000 | R'000 | R'000 |
| Opening balance | 426 535 | 24 896 | - | 451 431 |
| Increase in provision | 288 643 | 16 536 | 1 598 | 306 777 |
| Settlement of provision | (143 549) | (7 085) | - | (150 634) |
| Unused amount reversed | (30 054) | - | - | (30 054) |
| Change in provision due to change in estimation of inputs | (25 325) | (2 427) | - | (27 752) |
| **Closing balance** | **516 250** | **31 920** | **1 598** | **549 768** |

### Reconciliation of movement in provisions - Prior year

| | 2021/22 | | |
|---|---|---|---|
| | Medico Legal Claims | Infrastructure Retentions | Total provisions |
| | R'000 | R'000 | R'000 |
| Opening balance | 351 185 | 85 488 | 436 673 |
| Increase in provision | 186 032 | 18 561 | 204 593 |
| Settlement of provision | (47 642) | (79 153) | (126 795) |
| Unused amount reversed | (17 890) | - | (17 890) |
| Change in provision due to change in estimation of inputs | (45 150) | - | (45 150) |
| **Closing balance** | **426 535** | **24 896** | **451 431** |

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## 27. Movable Tangible Capital Assets

### MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2023

| | 2022/23 | | | |
|---|---|---|---|---|
| | Opening balance | Additions | Disposals | Closing balance |
| | R'000 | R'000 | R'000 | R'000 |
| **MACHINERY AND EQUIPMENT** | **4 672 043** | **606 565** | **(131 603)** | **5 147 005** |
| Transport assets | 3 504 | 105 | (114) | 3 495 |
| Computer equipment | 484 470 | 111 889 | (37 053) | 559 306 |
| Furniture and office equipment | 150 211 | 17 077 | (3 500) | 163 788 |
| Other machinery and equipment | 4 033 858 | 477 494 | (90 936) | 4 420 416 |
| **TOTAL MOVABLE TANGIBLE CAPITAL ASSETS** | **4 672 043** | **606 565** | **(131 603)** | **5 147 005** |

**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 that are under investigation:** | | |
| Machinery and equipment | 15 029 | 421 579 |
| **Total** | **15 029** | **421 579** |

## 27.1. MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2022

| | 2021/22 | | | | |
|---|---|---|---|---|---|
| | Opening balance | Prior period error | Additions | Disposals | Closing balance |
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| **MACHINERY AND EQUIPMENT** | **4 264 824** | **(9 631)** | **619 641** | **(202 791)** | **4 672 043** |
| Transport assets | 4 612 | (190) | 558 | (1 476) | 3 504 |
| Computer equipment | 437 200 | (6 763) | 69 268 | (15 235) | 484 470 |
| Furniture and office equipment | 142 375 | (186) | 14 885 | (6 863) | 150 211 |
| Other machinery and equipment | 3 680 637 | (2 492) | 534 930 | (179 217) | 4 033 858 |
| **TOTAL MOVABLE TANGIBLE CAPITAL ASSETS** | **4 264 824** | **(9 631)** | **619 641** | **(202 791)** | **4 672 043** |

### 27.1.1. Prior period error

| | 2021/22 R'000 |
|---|---|
| **Nature of prior period error** | |
| **Relating to 2020/21 *[affecting the opening balance]*** | **(9 631)** |
| Incorrect Classifications | (9 631) |
| **Relating to 2021/22** | **(200)** |
| Additions overstated | (200) |
| **Total prior period errors** | **(9 831)** |

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## 27.2. Minor assets

### MOVEMENT IN MINOR CAPITAL ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2023

| | Machinery and equipment | Total |
|---|---|---|
| | R'000 | R'000 |
| Opening balance | 633 315 | 633 315 |
| Additions | 54 181 | 54 181 |
| Disposals | (18 397) | (18 397) |
| **Total Minor assets** | **669 099** | **669 099** |

| | Machinery and equipment | Total |
|---|---|---|
| Number of minor assets at cost | 371 925 | 371 925 |
| **Total number of minor assets** | **371 925** | **371 925** |

**Minor capital assets under investigation**

| | Number | Value |
|---|---|---|
| **Included in the above total of the minor capital assets per the asset register that are under investigation:** | | **R'000** |
| Machinery and equipment | 49 898 | 81 035 |
| **Total** | **49 898** | **81 035** |

### MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2022

| | Machinery and equipment | Total |
|---|---|---|
| | R'000 | R'000 |
| Opening balance | 631 011 | 631 011 |
| Prior period error | (3 756) | (3 756) |
| Additions | 36 162 | 36 162 |
| Disposals | (30 102) | (30 102) |
| **Total Minor assets** | **633 315** | **633 315** |

| | Machinery and equipment | Total |
|---|---|---|
| Number of minor assets at cost | 371 070 | 371 070 |
| **Total number of minor assets** | **371 070** | **371 070** |

### 27.2.1. Prior period error

| Nature of prior period error | 2021/22 R'000 |
|---|---|
| **Relating to 2020/21 *[affecting the opening balance]*** | **(3 756)** |
| Incorrect Classification | (3 756) |
| **Relating to 2021/22** | **(258)** |
| Additions overstated | (258) |
| **Total prior period errors** | **(4 014)** |

## 28. Intangible Capital Assets

### MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2023

| | 2022/23 | | | |
|---|---|---|---|---|
| | Opening balance | Additions | Disposals | Closing balance |
| | R'000 | R'000 | R'000 | R'000 |
| **SOFTWARE** | 20 859 | 1 407 | - | 22 266 |
| **TOTAL INTANGIBLE CAPITAL ASSETS** | **20 859** | **1 407** | **-** | **22 266** |

### 28.1. MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2022

| | 2021/22 | | | | |
|---|---|---|---|---|---|
| | Opening balance | Prior period error | Additions | Disposals | Closing balance |
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| **SOFTWARE** | 20 325 | (259) | 1 859 | (1 066) | 20 859 |
| **TOTAL INTANGIBLE CAPITAL ASSETS** | **20 325** | **(259)** | **1 859** | **(1 066)** | **20 859** |

### 28.1.1. Prior period error

| Nature of prior period error | 2021/22 R'000 |
|---|---|
| **Relating to 2020/21 *[affecting the opening balance]*** | **(259)** |
| Incorrect Classification | (259) |
| **Total prior period errors** | **(259)** |

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## 29. Immovable Tangible Capital Assets

### MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2023

| | 2022/23 | | | |
|---|---|---|---|---|
| | Opening balance | Additions | Disposals | Closing balance |
| | R'000 | R'000 | R'000 | R'000 |
| **BUILDINGS AND OTHER FIXED STRUCTURES** | **2 011 219** | **281 797** | **-** | **2 293 016** |
| Non-residential buildings | 1 995 600 | 281 211 | - | 2 276 811 |
| Other fixed structures | 15 619 | 586 | - | 16 205 |
| **TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS** | **2 011 219** | **281 797** | **-** | **2 293 016** |

### 29.1. MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2022

| | 2021/22 | | | | |
|---|---|---|---|---|---|
| | Opening balance | Prior period error | Additions | Disposals | Closing balance |
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| **BUILDINGS AND OTHER FIXED STRUCTURES** | **1 592 428** | **(35 798)** | **501 031** | **(46 442)** | **2 011 219** |
| Non-residential buildings | 1 577 791 | (35 229) | 499 453 | (46 415) | 1 995 600 |
| Other fixed structures | 14 637 | (569) | 1 578 | (27) | 15 619 |
| **TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS** | **1 592 428** | **(35 798)** | **501 031** | **(46 442)** | **2 011 219** |

### 29.1.1. Prior period error

| Nature of prior period error | 2021/22 R'000 |
|---|---|
| Relating to 2020/21 *[affecting the opening balance]* | **(35 798)** |
| Other fixed Structures: Incorrect classification | (569) |
| Immovable Assets: Assets transferred in previous years | (35 229) |
| **Total prior period errors** | **(35 798)** |

### 29.2. Immovable tangible capital assets: Capital Work-in-progress

### CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2023

| | | 2022/23 | | | |
|---|---|---|---|---|---|
| | | Opening balance 1 April 2022 | Current Year WIP | Ready for use (Assets to the AR) / Contracts terminated | Closing balance 31 March 2023 |
| | *Note Annex 6* | R'000 | R'000 | R'000 | R'000 |
| Buildings and other fixed structures | | 435 440 | 227 229 | (275 664) | 387 005 |
| **Total** | | **435 440** | **227 229** | **(275 664)** | **387 005** |

| Payables not recognised relating to Capital WIP | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|
| Payables | - | - |
| **Total** | **-** | **-** |

**CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2022**

| | 2021/22 | | | | |
|---|---|---|---|---|---|
| | Opening balance 1 April 2021 | Prior period error | Current Year WIP | Ready for use (Assets to the AR) / Contracts terminated | Closing balance 31 March 2022 |
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| Buildings and other fixed structures | 725 100 | (5 334) | 191 834 | (476 160) | 435 440 |
| **Total** | **725 100** | **(5 334)** | **191 834** | **(476 160)** | **435 440** |

### 29.3. Prior period error

| Nature of prior period error | 2021/22 R'000 |
|---|---|
| Relating to 2020/21 (affecting the opening balance) | **(5 334)** |
| Projects incorrectly capitalised | (5 334) |
| **Total** | **(5 334)** |

## 30. Prior period errors

### 30.1. Correction of prior period errors

| | 2021/22 | | |
|---|---|---|---|
| | Amount bef error correction | Prior period error | Restated |
| | R'000 | R'000 | R'000 |
| ***Assets:*** | | | |
| Movable tangible capital assets | 4 681 874 | (9 831) | 4 672 043 |
| Minor tangible Assets | 637 329 | (4 014) | 633 315 |
| Intangible Assets | 21 118 | (259) | 20 859 |
| Immovable tangible capital assets | 2 047 017 | (35 798) | 2 011 219 |
| Capital Work in Progress | 440 774 | (5 334) | 435 440 |
| **Net effect** | **7 828 112** | **(55 236)** | **7 772 876** |

***WESTERN CAPE DEPARTMENT OF HEALTH***
***VOTE 6***

***NOTES TO THE ANNUAL FINANCIAL STATEMENTS***
***for the year ended 31 March 2023***

## 31. Statement of conditional grants received

| | GRANT ALLOCATION | | | | | SPENT | | | | 2021/22 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NAME OF GRANT | Division of Revenue Act/Provincial Grants | Roll Overs | DORA Adjustments | Other Adjustments | Total Available | Amount received by department | Amount spent by department | Under / (overspending) | % of available funds spent by dept | Division of Revenue Act | Amount spent by department |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| National Tertiary Services Grant | 3 401 057 | - | - | - | 3 401 057 | 3 401 057 | 3 401 057 | - | 100% | 3 272 981 | 3 272 981 |
| **Human Resources & Training Grant of which** | **899 442** | **-** | **-** | **-** | **899 442** | **899 442** | **899 442** | **-** | **100%** | **801 376** | **801 376** |
| *Statutory Human Resources Component* | *356 963* | - | - | - | 356 963 | *356 963* | *356 963* | - | 100% | *271 646* | *271 646* |
| *Training Component* | *542 479* | - | - | - | 542 479 | *542 479* | *542 479* | - | 100% | *529 730* | *529 730* |
| **District Health Programmes Grant of which** | **2 268 294** | **-** | **-** | **-** | **2 268 294** | **2 268 294** | **2 268 294** | **-** | **100%** | **2 170 876** | **2 170 876** |
| *District Health Component* | *415 431* | - | - | - | 415 431 | *415 431* | *415 431* | - | 100% | | |
| *Community Outreach Services Component* | - | - | - | - | - | - | - | - | - | *186 830* | *186 830* |
| *Comprehensive HIV/AIDS Component* | *1 852 863* | - | - | - | 1 852 863 | *1 852 863* | *1 852 863* | - | 100% | *1 701 235* | *1 701 235* |
| *Tuberculosis Component* | - | - | - | - | - | - | - | - | - | *65 696* | *65 696* |
| *Mental Health Services Component* | - | - | - | - | - | - | - | - | - | *18 841* | *18 841* |
| *Human Papillomavirus (HPV)* | - | - | - | - | - | - | - | - | - | *21 584* | *21 584* |
| *Covid-19 Component* | - | - | - | - | - | - | - | - | - | *156 690* | *156 690* |
| *Oncology Component* | - | - | - | - | - | - | - | - | - | *20 000* | *20 000* |
| Health Facility Revitalisation Grant | 796 590 | 56 500 | - | - | 853 090 | 853 090 | 838 636 | 14 454 | 98% | 714 865 | 658 365 |
| National Health Insurance Grant | 43 605 | - | (8 641) | - | 34 964 | 34 964 | 34 964 | - | 100% | 17 779 | 17 779 |
| Expanded Public Works Programme Integrated Grant for Provinces | 2 106 | - | - | - | 2 106 | 2 106 | 2 106 | - | 100% | 2 041 | 2 041 |
| Social Sector Expanded Public Works Programme Incentive Grant for Provinces | 10 291 | - | - | - | 10 291 | 10 291 | 10 291 | - | 100% | 10 122 | 10 122 |
| | **7 421 385** | **56 500** | **(8 641)** | **-** | **7 469 244** | **7 469 244** | **7 454 790** | **14 454** | | **6 990 040** | **6 933 540** |

## 32. Statement of conditional grants and other transfers paid to municipalities

| | 2022/23 | | | | | | | 2021/22 | |
|---|---|---|---|---|---|---|---|---|---|
| | GRANT ALLOCATION | | | | TRANSFER | | | | |
| NAME OF MUNICIPALITY | DoRA and other transfers | Roll Overs | Adjustments | Total Available | Actual Transfer | Funds Withheld | Re-allocations by National Treasury or National Department | DoRA and other transfers | Actual Transfer |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| City of Cape Town | 685 086 | - | (26 000) | 659 086 | 629 993 | - | - | 660 111 | 657 225 |
| PD: Vehicle Licences | 18 | - | - | 18 | 15 | - | - | 18 | 15 |
| | 685 104 | - | (26 000) | 659 104 | 630 008 | - | - | 660 129 | 657 240 |

## 33. Broad Based Black Economic Empowerment performance

Information on compliance with the B-BBEE Act is included in the annual report under the section titled B-BBEE Compliance Performance Information.

## 34. COVID-19 Response expenditure

| | Note | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| Compensation of employees | | 230 274 | 481 863 |
| Goods and services | | 116 457 | 763 509 |
| Transfers and subsidies | | 399 | 23 638 |
| Expenditure for capital assets | | 388 | 22 355 |
| Other | | 3 | - |
| **Total** | *Annex 8* | **347 521** | **1 291 365** |

The above relates to expenditure incurred against the various funding specifically allocated in response to the COVID-19 Pandemic.

AUDITOR-GENERAL SOUTH AFRICA
*Auditing to build public confidence*
31 July 2023

## ANNEXURE 1A
## STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS PAID TO MUNICIPALITIES

| NAME OF MUNICIPALITY | GRANT ALLOCATION | | | | TRANSFER | | | SPENT | | | | 2021/22 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | DoRA and other transfers | Actual Transfer |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| City of Cape Town | 685 086 | - | (26 000) | 659 086 | 629 993 | - | - | 629 993 | 629 993 | - | 100% | 660 111 | 657 225 |
| PD: Vehicle Licences | 18 | - | - | 18 | 15 | - | - | 15 | 15 | - | 100% | 18 | 15 |
| **Total** | 685 104 | - | (26 000) | 659 104 | 630 008 | - | - | 630 008 | 630 008 | - | | 660 129 | 657 240 |

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## ANNEXURE 1B
## STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

| DEPARTMENT/AGENCY/ACCOUNT | TRANSFER ALLOCATION | | | | TRANSFER | | 2021/22 | |
|---|---|---|---|---|---|---|---|---|
| | Adjusted budget | Roll Overs | Adjustments | Total Available | Actual Transfer | % of Available funds transferred | Final Budget | Actual Transfer |
| | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Health&Welfare Seta | 6 894 | - | - | 6 894 | 6 873 | 100% | 6 616 | 6 601 |
| COM:Licences | 619 | - | - | 619 | 495 | 80% | 594 | 486 |
| Aerodrome Licences | - | - | - | - | - | - | - | 20 |
| **Total** | 7 513 | - | - | 7 513 | 7 368 | | 7 210 | 7 107 |

## ANNEXURE 1C
## STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

| NON-PROFIT INSTITUTIONS | TRANSFER ALLOCATION | | | | EXPENDITURE | | 2021/22 | |
|---|---|---|---|---|---|---|---|---|
| | Adjusted Budget | Roll Overs | Adjustments | Total Available | Actual Transfer | % of Available funds transferred | Final Budget | Actual Transfer |
| | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| **Transfers** | | | | | | | | |
| District Management | 2 509 | - | - | 2 509 | 2 509 | 100% | 2 403 | 2 403 |
| COPC Wellness | 10 220 | - | - | 10 220 | 10 220 | 100% | 9 808 | 9 808 |
| Community Health Clinics | 200 | - | - | 200 | 197 | 99% | 192 | 192 |
| Tuberculosis | 2 366 | - | - | 2 366 | 2 044 | 86% | 2 271 | 1 714 |
| Aquaries Healthcare (Chronic Care) | 51 802 | - | - | 51 802 | 51 601 | 100% | 49 714 | 48 134 |
| Booth Memorial (Chronic Care) | 31 132 | - | - | 31 132 | 31 184 | 100% | 29 877 | 29 907 |
| Garden Route District Office (Chronic Care) | 1 575 | - | - | 1 575 | 1 821 | 116% | 1 480 | 1 416 |
| Overberg District Office (Chronic Care) | 2 905 | - | - | 2 905 | 3 257 | 112% | 2 700 | 3 508 |
| West Coast District Office (Chronic Care) | 3 849 | - | - | 3 849 | 4 594 | 119% | 4 400 | 3 532 |
| ST Joseph (Chronic Care) | 11 773 | - | - | 11 773 | 11 773 | 100% | 11 298 | 11 298 |
| TB Adherence Support | 4 675 | - | - | 4 675 | 3 878 | 83% | 3 666 | 3 544 |
| Home Base Care | 41 036 | - | - | 41 036 | 21 376 | 52% | 35 524 | 18 175 |
| Mental Health | 54 454 | - | - | 54 454 | 66 728 | 123% | 56 351 | 66 483 |
| HIV and AIDS | 399 090 | - | - | 399 090 | 378 474 | 95% | 371 142 | 351 637 |
| Lentegeur Field Hospital [Emergency Fund: COVID-19] | - | - | - | - | - | - | 15 000 | 15 000 |
| Chief Director: Metro DHS [Emergency Fund: COVID-19] | - | - | - | - | - | - | 1 744 | 1 744 |
| Chief Director: Metro DHS [Vaccine COVID-19 Programme] | - | - | - | - | - | - | 10 000 | 3 910 |
| Athlone Stadium Vaccine Centre [Vaccine COVID-19 Programme] | - | - | - | - | - | - | 173 | 204 |
| Nutrition | 3 938 | - | - | 3 938 | 3 899 | 99% | 3 779 | 3 061 |
| Klipfontein/Mitchells Plain substructure | 1 978 | - | - | 1 978 | 1 978 | 100% | 1 898 | 1 822 |
| Alexandra Hospital | 3 850 | - | - | 3 850 | 3 675 | 95% | 3 695 | 3 610 |
| Maitland Cottage | 14 754 | - | - | 14 754 | 14 754 | 100% | 14 159 | 14 159 |
| EPWP | 64 672 | - | - | 64 672 | 64 672 | 100% | 62 065 | 62 065 |
| Chief Director: Metro DHS (Priority Funding) | - | - | - | - | - | - | 2 511 | 2 511 |
| Chief Director: Rural DHS (Priority Funding) | - | - | - | - | - | - | 50 | - |
| Chief Director: Health Programme | - | - | - | - | - | - | 1 200 | - |
| Chief Director: Rural DHS | - | - | - | - | 226 | - | - | - |
| **Total** | 706 778 | - | - | 706 778 | 678 860 | | 697 100 | 659 837 |

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## ANNEXURE 1D

## STATEMENT OF TRANSFERS TO HOUSEHOLDS

| HOUSEHOLDS | TRANSFER ALLOCATION | | | | EXPENDITURE | | 2021/22 | |
|---|---|---|---|---|---|---|---|---|
| | Adjusted Budget | Roll Overs | Adjustments | Total Available | Actual Transfer | % of Available funds transferred | Final Budget | Actual Transfer |
| | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| **Transfers** | | | | | | | | |
| Employee social benefits-cash residents | 77 035 | | | 77 035 | 59 460 | 77% | 72 805 | 77 799 |
| Claims against the state: households | 181 480 | | (2 298) | 179 182 | 163 463 | 91% | 64 433 | 64 433 |
| Bursaries | 57 246 | | (3 853) | 53 393 | 42 288 | 79% | 44 195 | 37 255 |
| Payments made as an act of grace | 201 | | | 201 | 49 | 24% | 124 | 48 |
| Donations and gifts: cash | 80 | | | 80 | 80 | 100% | 80 | 80 |
| **Total** | 316 042 | - | (6 151) | 309 891 | 265 340 | | 181 637 | 179 615 |

## ANNEXURE 1E
## STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

| Name of organisation | Nature of gift, donation or sponsorship | 2022/23 R'000 | 2021/22 R'000 |
|---|---|---|---|
| **Received in cash** | | | |
| Victoria Hospital | Donation in respect of Patient Care | 3 | - |
| Paarl Hospital | Donation in respect of Patient Care | 2 | - |
| Mowbray Maternity Hospital | Donation in respect of personal experience | 4 | - |
| Red Cross Hospital | Donation in respect of personal experience | 3 | - |
| Witzenberg sub-district (Cape Winelands region) | Donation in respect of appointment of professional nurse | 436 | - |
| **Subtotal** | | **448** | **-** |
| | | | |
| **Received in kind** | | | |
| Gifts & Donations sponsorships received for the year ending 31 March 2022 | | | 172 553 |
| Alan Blyth Hospital | Other Machinery & Equipment | 81 | |
| Beaufort West Hospital | Computer Equipment | 254 | |
| Beaufort West Hospital | Consumables | 235 | |
| Beaufort West Hospital | Other Machinery & Equipment | 520 | |
| Beaufort West Hospital (Laingsburg) | Consumables | 3 | |
| Beaufort West Hospital (Nelspoort) | Consumables | 3 | |
| Beaufort West Hospital (Prince Albert) | Consumables | 3 | |
| Brewelskloof Hospital | Computer Equipment | 155 | |
| Brewelskloof Hospital | Consumables | 8 | |
| Brewelskloof Hospital | Other Machinery & Equipment | 81 | |
| Brooklyn Chest Hospital | Buildings & Other Fixed Structure | 65 | |
| Brooklyn Chest Hospital | Computer Equipment | 243 | |
| Brooklyn Chest Hospital | Consumables | 198 | |

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## ANNEXURE 1E (CONTINUED)

## STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

| | | |
|---|---|---|
| Brooklyn Chest Hospital | Furniture & Office Equipment | 20 |
| Brooklyn Chest Hospital | Other Machinery & Equipment | 801 |
| Caledon Hospital | Computer Equipment | 82 |
| Caledon Hospital | Other Machinery & Equipment | 343 |
| Cape Medical Depot | Consumables | 41 102 |
| Cape Winelands District | Consumables | 75 |
| Cape Winelands District | Other Machinery & Equipment | 337 |
| Ceres Hospital | Computer Equipment | 116 |
| Ceres Hospital | Other Machinery & Equipment | 41 |
| Ceres Hospital | Transport Assets | 282 |
| Citrusdal Hospital | Computer Equipment | 119 |
| Citrusdal Hospital | Other Machinery & Equipment | 37 |
| Citrusdal Hospital (Clanwilliam Clinic) | Other Machinery & Equipment | 41 |
| Citrusdal Hospital (Elandsbaai Clinic) | Other Machinery & Equipment | 41 |
| Citrusdal Hospital (Graafwater Clinic) | Other Machinery & Equipment | 41 |
| City of Cape Town (delivered direct to Clinics) | Computer Equipment | 510 |
| City of Cape Town (delivered direct to Clinics) | Consumables | 46 |
| City of Cape Town (delivered direct to Clinics) | Other Machinery & Equipment | 1 351 |
| Drakenstein Sub-structure | Computer Equipment | 170 |
| Drakenstein Sub-structure | Other Machinery & Equipment | 203 |
| Eerste River Hospital | Consumables | 429 |
| Eerste River Hospital | Other Machinery & Equipment | 122 |
| Emergency Medical Services | Computer Equipment | 231 |
| Emergency Medical Services | Consumables | 44 |
| False Bay Hospital | Computer Equipment | 40 |
| False Bay Hospital | Other Machinery & Equipment | 23 |
| Garden Route District | Computer Equipment | 458 |

## ANNEXURE 1E (CONTINUED)
## STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

| | | |
|---|---|---|
| Garden Route District | Consumables | 142 |
| Garden Route District | Other Machinery & Equipment | 490 |
| George Hospital | Consumables | 85 |
| George Hospital | Other Machinery & Equipment | 122 |
| Groote Schuur Hospital | Consumables | 2 565 |
| Groote Schuur Hospital | Other Machinery & Equipment | 421 |
| Groote Schuur Hospital | Consumables | 250 |
| Groote Schuur Hospital | Furniture & Office Equipment | 54 |
| Groote Schuur Hospital | Other Machinery & Equipment | 1 824 |
| Harry Comay Hospital | Other Machinery & Equipment | 203 |
| Head Office - People Development | Computer Equipment | 21 |
| Helderberg Hospital | Other Machinery & Equipment | 1 047 |
| Hermanus Hospital | Computer Equipment | 116 |
| Hermanus Hospital | Consumables | 184 |
| Hermanus Hospital | Other Machinery & Equipment | 81 |
| Karl Bremer Hospital | Computer Equipment | 324 |
| Karl Bremer Hospital | Other Machinery & Equipment | 1 259 |
| Karl Bremer Hospital (Bishop Lavis) | Other Machinery & Equipment | 75 |
| Karl Bremer Hosptial (Kraaifontein) | Other Machinery & Equipment | 75 |
| Khayelitsha Eastern Sub-structure | Consumables | 46 |
| Khayelitsha Eastern Sub-structure | Other Machinery & Equipment | 296 |
| Khayelitsha Hospital | Computer Equipment | 485 |
| Khayelitsha Hospital | Consumables | 126 |
| Khayelitsha Hospital | Furniture & Office Equipment | 4 |
| Khayelitsha Hospital | Other Machinery & Equipment | 163 |
| Knysna Hospital | Other Machinery & Equipment | 156 |
| Knysna Hospital (Crags Clinic) | Other Machinery & Equipment | 41 |
| Knysna Hospital (Knysna Clinic) | Other Machinery & Equipment | 41 |

***WESTERN CAPE DEPARTMENT OF HEALTH***
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## ANNEXURE 1E (CONTINUED)
## STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

| | | |
|---|---|---|
| Knysna Hospital (Kranshoek Clinic) | Other Machinery & Equipment | 41 |
| Knysna Hospital (Kwanokathula Clinic) | Other Machinery & Equipment | 41 |
| Knysna Hospital (Sedgefield Clinic) | Other Machinery & Equipment | 41 |
| Lentegeur Hospital | Computer Equipment | 40 |
| Lentegeur Hospital | Other Machinery & Equipment | 122 |
| Metro Health Services | Computer Equipment | 834 |
| Metro Health Services | Furniture & Office Equipment | 9 |
| Mitchells Plain Hospital | Computer Equipment | 324 |
| Mitchells Plain Hospital | Consumables | 47 |
| Mitchells Plain Hospital | Other Machinery & Equipment | 866 |
| Mitchells Plain Hospital (Hanover Park) | Other Machinery & Equipment | 10 |
| Montagu Hospital | Computer Equipment | 113 |
| Montagu Hospital | Consumables | - |
| Montagu Hospital | Other Machinery & Equipment | 41 |
| Mossel Bay Hospital | Other Machinery & Equipment | 163 |
| Mowbray Hospital | Computer Equipment | 40 |
| Mowbray Hospital | Consumables | 5 |
| Mowbray Hospital | Other Machinery & Equipment | 1 390 |
| Northern Tygerberg Sub-structure | Consumables | 69 |
| Northern Tygerberg Sub-structure | Other Machinery & Equipment | 351 |
| Oudtshoorn Hospital | Consumables | 10 |
| Oudtshoorn Hospital | Other Machinery & Equipment | 122 |
| Overberg District | Consumables | 47 |
| Overberg District | Other Machinery & Equipment | 230 |
| Paarl Hospital | Consumables | 36 |
| Paarl Hospital | Furniture & Office Equipment | 4 |
| Paarl Hospital | Other Machinery & Equipment | 132 |
| Red Cross Hospital | Consumables | 455 |

## ANNEXURE 1E (CONTINUED)
## STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

| | | |
|---|---|---|
| Red Cross Hospital | Furniture & Office Equipment | 996 |
| Red Cross Hospital | Other Machinery & Equipment | 12 335 |
| Riversdal Hospital | Consumables | 13 |
| Riversdal Hospital | Other Machinery & Equipment | 148 |
| Riversdal Hospital (Still Bay Clinic) | Consumables | 1 |
| Somerset Hospital | Computer Equipment | 68 |
| Somerset Hospital | Consumables | 81 |
| Somerset Hospital | Furniture & Office Equipment | 147 |
| Somerset Hospital | Other Machinery & Equipment | 261 |
| Southern Western Sub-structure | Consumables | 47 |
| Southern Western Sub-structure | Other Machinery & Equipment | 115 |
| Stellenbosch Hospital | Computer Equipment | 129 |
| Stellenbosch Hospital | Consumables | 59 |
| Stellenbosch Hospital | Furniture & Office Equipment | 33 |
| Stellenbosch Hospital | Other Machinery & Equipment | 41 |
| Swartland Hospital | Computer Equipment | 146 |
| Swartland Hospital | Other Machinery & Equipment | 330 |
| Swartland Hospital (Bergriver SD) | Other Machinery & Equipment | 36 |
| Swellendam Hospital | Computer Equipment | 103 |
| Swellendam Hospital | Consumables | 51 |
| Swellendam Hospital | Other Machinery & Equipment | 244 |
| Swellendam Hospital (Otto du Plessis) | Consumables | 61 |
| Tygerberg Hospital | Consumables | 2 |
| Tygerberg Hospital | Other Machinery & Equipment | 2 713 |
| Valkenberg Hospital | Other Machinery & Equipment | 142 |
| Victoria Hospital | Computer Equipment | 485 |
| Victoria Hospital | Consumables | 156 |
| Victoria Hospital | Furniture & Office Equipment | 81 |

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## ANNEXURE 1E (CONTINUED)
## STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

| | | | |
|---|---|---|---|
| Victoria Hospital | Other Machinery & Equipment | 41 | |
| Vredenburg Hospital | Computer Equipment | 150 | |
| Vredenburg Hospital | Other Machinery & Equipment | 122 | |
| Vredenburg Hospital (Saldanha SD) | Other Machinery & Equipment | 84 | |
| Vredendal Hospital | Computer Equipment | 40 | |
| Vredendal Hospital | Consumables | 91 | |
| Vredendal Hospital | Other Machinery & Equipment | 122 | |
| Vredendal Hospital (Matzikama SD) | Other Machinery & Equipment | 57 | |
| WC Rehab Centre | Computer Equipment | 40 | |
| WC Rehab Centre | Other Machinery & Equipment | 41 | |
| Wesfleur Hospital | Computer Equipment | 40 | |
| Wesfleur Hospital | Consumables | 12 | |
| Wesfleur Hospital | Other Machinery & Equipment | 41 | |
| West Coast - Bree River SDO | Consumables | 51 | |
| West Coast - Bree River SDO (Piketberg) | Consumables | 9 | |
| West Coast District | Consumables | 47 | |
| Western Cape Health Warehouse | Consumables | 9 408 | |
| Worcester Hospital | Consumables | 430 | |
| Worcester Hospital | Other Machinery & Equipment | 122 | |
| **Subtotal** | | 95 205 | 172 553 |
| **TOTAL** | | **95 653** | **172 553** |

## ANNEXURE 1F
## STATEMENT OF AID ASSISTANCE RECEIVED

| Name of donor | Purpose | Opening balance | Revenue | Expenditure | Paid back on / by 31 March 2023 | Closing balance |
|---|---|---|---|---|---|---|
| | | R'000 | R'000 | R'000 | R'000 | R'000 |
| **Received in cash** | | | | | | |
| EU Donor Fund | HEALTH PATIENT REGISTRATION SYSTEM – HPRS | 229 | - | - | - | 229 |
| USAID Donor Fund | HEALTH SERVICE DELIVERY | (5 009) | 13 520 | (13 575) | - | (5 064) |
| **TOTAL** | | **(4 780)** | **13 520** | **(13 575)** | **-** | **(4 835)** |

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## ANNEXURE 1G
## STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS MADE

| **Nature of gift, donation or sponsorship**<br>*(Group major categories but list material items including name of organisation)* | **2022/23**<br>**R'000** | **2021/22**<br>**R'000** |
|---|---|---|
| **Made in kind** | | |
| Gifts & Donations sponsorships made for the year ending 31 March 2022 | | 1 078 |
| Albertinia Versorgingsdiens: Other Machinery & Equipment | - | |
| Bertha Arendse: Other Machinery & Equipment | 14 | |
| Cathrine Mathilda: Other Machinery & Equipment | 18 | |
| Courage to Care: Other Machinery & Equipment | 15 | |
| Deon David le Roux: Other Machinery & Equipment | 78 | |
| Desiree van der Westerhuizen: Furniture & Office Equipment | 3 | |
| Facility Board: Other Machinery & Equipment | 15 | |
| Garlandale Football Club: Furniture & Office Equipment | 65 | |
| Gerenique Isaacs: Other Machinery & Equipment | 19 | |
| Goukam Health: Other Machinery & Equipment | 15 | |
| Huis Stilbaai: Other Machinery & Equipment | 14 | |
| Huis Wallace Anderson: Other Machinery & Equipment | 57 | |
| Huis Zenobia du Toit: Other Machinery & Equipment | 14 | |
| Kauthar Tofah: Other Machinery & Equipment | 56 | |
| Laodicea Pentecostal Church: Furniture & Office Equipment | 15 | |
| NPO Feeding Scheme: Furniture & Office Equipment | 2 | |
| NPO Huis Ebenhaeser: Other Machinery & Equipment | 3 | |
| NPO Place of Safety: Other Machinery & Equipment | 15 | |
| NPO Sewing Project: Furniture & Office Equipment | 30 | |
| NSRI: Other Machinery & Equipment | 2 | |
| Plumrus: Other Machinery & Equipment | 4 | |

## ANNEXURE 1G (CONTINUED)

## STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS MADE

| | | |
|---|---|---|
| Riversdal Droom: Other Machinery & Equipment | 107 | |
| Stuart Arendse: Other Machinery & Equipment | 29 | |
| Susan Isaacs: Furniture & Office Equipment | 15 | |
| Susan Isaacs: Other Machinery & Equipment | 1 | |
| Woodside Special Care: Furniture & Office Equipment | 2 | |
| Woodside Special Care: Other Machinery & Equipment | 11 | |
| Work Centre for people with Disabilities: Other Machinery & Equipment | 128 | |
| **TOTAL** | **774** | **1,078** |

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## ANNEXURE 2
## STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2023

| Nature of liability | Opening balance 1 April 2022 | Liabilities incurred during the year | Liabilities paid / cancelled / reduced during the year | Liabilities recoverable (Provide details hereunder) | Closing balance 31 March 2023 |
|---|---|---|---|---|---|
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| **Claims against the department** | | | | | |
| Medico Legal | 500 | - | (500) | - | - |
| Civil and legal | 86 270 | 4 136 | (1 675) | - | 88 731 |
| **TOTAL** | **86 770** | **4 136** | **(2 175)** | **-** | **88 731** |

## ANNEXURE 3
## CLAIMS RECOVERABLE

| Government entity | Confirmed balance outstanding | | Unconfirmed balance outstanding | | Total | | Cash-in-transit at year end 2022/23 | |
|---|---|---|---|---|---|---|---|---|
| | 31/03/2023 | 31/03/2022 | 31/03/2023 | 31/03/2022 | 31/03/2023 | 31/03/2022 | Receipt date up to six (6) working days after year end | Amount |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | | R'000 |
| **Department** | | | | | | | | |
| **PROVINCE OF THE WESTERN CAPE** | | | | | | | | |
| Department of Transport & Public Works | - | - | 90 | 2 092 | 90 | 2 092 | | |
| Department of Community Safety | - | - | 42 | 40 | 42 | 40 | | |
| Department of the Premier | - | 8 | 6 | 8 | 6 | 16 | | |
| Department of Social Development | 657 | - | - | 671 | 657 | 671 | | |
| Department of Cultural Affairs and Sport | - | - | 139 | - | 139 | - | | |
| Department of Provincial Treasury | - | - | - | 40 | - | 40 | | |
| Department of Education | - | 26 | 56 | - | 56 | 26 | | |
| **PROVINCE OF THE EASTERN CAPE** | | | | | - | - | | |
| Department of Health | - | - | - | 181 | - | 181 | | |
| **GAUTENG PROVINCE** | | | | | - | - | | |
| Department of Health | - | - | - | 185 | - | 185 | | |
| **NORTHERN CAPE PROVINCE** | | | | | | | | |
| Department of Health | - | - | 60 | 60 | 60 | 60 | | |
| **NORTH WEST PROVINCE** | | | | | | | | |
| Department of North West Health | - | - | - | 44 | - | 44 | | |
| **KWA-ZULU NATAL** | | | | | | | | |
| Department of Health | - | 265 | - | - | - | 265 | | |

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## ANNEXURE 3 (C0NTINUED)
## CLAIMS RECOVERABLE

| | | | | | | |
|---|---|---|---|---|---|---|
| **MPUMALANGA PROVINCE** | | | | | | |
| Department of Mpumalanga | - | - | - | 27 | - | 27 |
| **NATIONAL DEPARTMENTS** | | | | | | |
| Department of Correctional Services | - | - | 48 | 27 | 48 | 27 |
| South African Social Security Agency | 1 127 | - | 666 | 3 220 | 1 793 | 3 220 |
| Justice and Constitutional Development | - | - | 313 | 411 | 313 | 411 |
| National Health Department | - | - | - | 23 | - | 23 |
| Department of Defence Force | - | - | - | 81 | - | 81 |
| **Subtotal** | **1 784** | **299** | **1 420** | **7 110** | **3 204** | **7 409** |
| **Other Government Entities** | | | | | | |
| City of Cape Town (Cape Medical Depot) | - | - | 8 814 | 3 624 | 8 814 | 3 624 |
| City of Cape Town (WCH Warehouse) | - | - | 556 | - | 556 | - |
| **Subtotal** | **-** | **-** | **9 370** | **3 624** | **9 370** | **3 624** |
| **TOTAL** | **1 784** | **299** | **10 790** | **10 734** | **12 574** | **11 033** |

## ANNEXURE 4
## INTERGOVERNMENT PAYABLES

| GOVERNMENT ENTITY | Confirmed balance outstanding | | Unconfirmed balance outstanding | | Total | | Cash-in-transit at year end 2022/23 * | |
|---|---|---|---|---|---|---|---|---|
| | 31/03/2023 | 31/03/2022 | 31/03/2023 | 31/03/2022 | 31/03/2023 | 31/03/2022 | Payment date up to six (6) working days after year end | Amount |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | | R'000 |
| **DEPARTMENTS** | | | | | | | | |
| **Current** | | | | | | | | |
| **WESTERN CAPE GOVERNMENT** | | | | | - | - | | |
| Government Motor Transport | 17 365 | - | - | - | 17 365 | - | | |
| Department of the Premier | 1 713 | 186 | - | - | 1 713 | 186 | 31/03/2023 | 19 |
| Department of Transport and Public Works | 1 413 | - | - | - | 1 413 | - | 31/03/2023 | 315 |
| Department of Cultural Affairs and Sport | - | 65 | - | - | - | 65 | | |
| | | | | | - | - | | |
| **EASTERN CAPE PROVINCE** | | | | | - | - | | |
| Department of Health | 102 | - | - | - | 102 | - | 31/03/2023 | 43 |
| | | | | | - | - | | |
| **FREE STATE PROVINCE** | | | | | - | - | | |
| Department of Health | - | 1 911 | - | - | - | 1 911 | | |
| | | | | | - | - | | |
| **NATIONAL** | | | | | - | - | | |
| South African Police Services | 9 | - | - | - | 9 | - | 31/03/2023 | 61 |
| Department of Justice and Constitutional Development | 1 892 | - | - | - | 1 892 | - | | |
| **TOTAL INTERGOVERNMENT PAYABLES** | **22 494** | **2 162** | **-** | **-** | **22 494** | **2 162** | | **438** |

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## ANNEXURE 5
## INVENTORIES

| Inventories for the year ended 31 March 2023 | Medical Supplies R'000 | Total R'000 |
|---|---|---|
| Opening balance | 885 776 | 885 776 |
| Add: Adjustments to prior year balances | 100 116 | 100 116 |
| Add: Additions/Purchases – Cash | 5 006 329 | 5 006 329 |
| Add: Additions - Non-cash | 28 247 | 28 247 |
| (Less): Disposals | (13 339) | (13 339) |
| (Less): Issues | (5 165 836) | (5 165 836) |
| Add: Adjustments | 227 687 | 227 687 |
| **Closing balance** | **1 068 980** | **1 068 980** |

| Inventories for the year ended 31 March 2022 | Medical Supplies R'000 | Total R'000 |
|---|---|---|
| Opening balance | 820 249 | 820 249 |
| Add: Adjustments to prior year balances | 5 347 | 5 347 |
| Add: Additions/Purchases – Cash | 4 629 816 | 4 629 816 |
| Add: Additions - Non-cash | 181 624 | 181 624 |
| (Less): Disposals | (22 786) | (22 786) |
| (Less): Issues | (1 281 138) | (1 281 138) |
| (Less): Adjustments | (3 447 336) | (3 447 336) |
| **Closing balance** | **885 776** | **885 776** |

## ANNEXURE 6
## MOVEMENT IN CAPITAL WORK IN PROGRESS

### Movement in capital work in progress for the year ended 31 March 2023

| | Opening balance | Current year CWIP | Ready for use (Asset Register) / Contract terminated | Closing balance |
|---|---|---|---|---|
| | R'000 | R'000 | R'000 | R'000 |
| **BUILDINGS AND OTHER FIXED STRUCTURES** | | | | |
| Non-residential buildings | 435 440 | 227 229 | (275 664) | 387 005 |
| **TOTAL** | **435 440** | **227 229** | **(275 664)** | **387 005** |

### Movement in capital work in progress for the year ended 31 March 2022

| | Opening balance | Prior period error | Current year CWIP | Ready for use (Asset Register) / Contract terminated | Closing balance |
|---|---|---|---|---|---|
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| **BUILDINGS AND OTHER FIXED STRUCTURES** | | | | | |
| Non-residential buildings | 725 100 | (5 334) | 191 834 | (476 160) | 435 440 |
| **TOTAL** | **725 100** | **(5 334)** | **191 834** | **(476 160)** | **435 440** |

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## ANNEXURE 7A
## INTERENTITY ADVANCES PAID (Note 10)

| ENTITY | Confirmed balance outstanding | | Unconfirmed balance outstanding | | TOTAL | |
|---|---|---|---|---|---|---|
| | 31/3/2023 | 31/03/2022 | 31/3/2023 | 31/03/2022 | 31/3/2023 | 31/03/2022 |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| **OTHER ENTITIES** | | | | | | |
| **Metro Health Services:** | | | | | | |
| Aquirius | - | - | 46 | 389 | 46 | 389 |
| Athlone YMCA | - | - | 14 | 65 | 14 | 65 |
| Baphumelele | - | - | - | 11 | - | 11 |
| Cape Flats YMCA | - | - | - | 47 | - | 47 |
| Caring Network (Wallacedene) | - | - | 157 | 69 | 157 | 69 |
| Courage to Care | - | - | 70 | 61 | 70 | 61 |
| Deaf | - | - | 11 | - | 11 | - |
| Etafeni | - | - | - | 10 | - | 10 |
| In The Public Interest | - | - | - | 2 | - | 2 |
| Kheth Impilo Tb Enhanced | - | - | 79 | 158 | 79 | 158 |
| La Leche | - | - | 1 | 8 | 1 | 8 |
| Lifeline Childline | - | - | 68 | 42 | 68 | 42 |
| Masincedane | - | - | 54 | 53 | 54 | 53 |
| Omega | - | - | 20 | - | 20 | - |
| Opportunities to Serve Ministries | - | - | 59 | 6 | 59 | 6 |
| Partners in Sexual Health Metro | - | - | 47 | 105 | 47 | 105 |
| Philani | - | - | 71 | 177 | 71 | 177 |
| Reliable Action | - | - | - | 21 | - | 21 |
| Sacla | - | - | 4 | 1 | 4 | 1 |
| Spades Yda | - | - | 251 | 251 | 251 | 251 |

## ANNEXURE 7A (CONTINUED)
## INTERENTITY ADVANCES PAID (Note 10)

| | | | | | | |
|---|---|---|---|---|---|---|
| St Lukes | - | - | - | 184 | - | 184 |
| Tb/Hiv Care Association (Metro) | - | - | 861 | 24 | 861 | 24 |
| Tehillah | - | - | 93 | 82 | 93 | 82 |
| The Parents Centre | - | - | 1 | - | 1 | - |
| Touch | - | - | 123 | 49 | 123 | 49 |
| Touching Nations | - | - | 102 | 125 | 102 | 125 |
| Tygerberg Hospice | - | - | 19 | 7 | 19 | 7 |
| Wolanani | - | - | 70 | 47 | 70 | 47 |
| | | | | | | |
| **Rural Health Services:** | | | | | | |
| ACVV | - | - | - | 3 | - | 3 |
| Bergrivier Motivated Women | - | - | - | 1 | - | 1 |
| Bredasdorp Kindersorg | - | - | 57 | - | 57 | - |
| Hawston Health and Welfare | - | - | 69 | - | 69 | - |
| Matzicare | - | - | 10 | - | 10 | - |
| Mfesane | - | - | - | 1 | - | 1 |
| | | | | | | |
| **TOTAL** | **-** | **-** | **2 357** | **1 999** | **2 357** | **1 999** |

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## ANNEXURE 7B
## INTERENTITY ADVANCES RECEIVED (Note 14)

| | Confirmed balance outstanding | | Unconfirmed balance outstanding | | TOTAL | |
|---|---|---|---|---|---|---|
| | 31/3/2023 | 31/03/2022 | 31/3/2023 | 31/03/2022 | 31/3/2023 | 31/03/2022 |
| **ENTITY** | **R'000** | **R'000** | **R'000** | **R'000** | **R'000** | **R'000** |
| **OTHER ENTITIES** | | | | | | |
| **Current** | | | | | | |
| Spectramed | 8 | 8 | - | - | 8 | 8 |
| Fishmed | 8 | 8 | - | - | 8 | 8 |
| Golden Arrow | 12 | 12 | - | - | 12 | 12 |
| Discovery (Management Accounting) | 80 | 80 | - | - | 80 | 80 |
| Vaccination Payments | 54 128 | 88 744 | - | - | 54 128 | 88 744 |
| RAF Unknown (Management Accounting) | - | - | 31 931 | 37 847 | 31 931 | 37 847 |
| COID/WCA Unknown | - | - | 10 434 | 10 558 | 10 434 | 10 558 |
| Vericred Unknown | - | - | 109 | 247 | 109 | 247 |
| State Departments/Unknown | - | - | 5 181 | 6 644 | 5 181 | 6 644 |
| HWSETA | - | - | 107 | - | 107 | - |
| **TOTAL** | **54 236** | **88 852** | **47 762** | **55 296** | **101 998** | **144 148** |
| **Current** | 54 236 | 88 852 | 47 762 | 55 296 | 101 998 | 144 148 |
| **Non-current** | - | - | - | - | - | - |

## ANNEXURE 8
## COVID 19 RESPONSE EXPENDITURE
**Per quarter and in total**

| Expenditure per economic classification | 2022/23 | | | | | 2021/22 |
|---|---|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 | Total | Total |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| **Compensation of employees** | **64 816** | **57 633** | **60 118** | **47 707** | **230 274** | **481 863** |
| **Goods and services** | **30 986** | **43 137** | **12 867** | **29 467** | **116 457** | **763 509** |
| ADVERTISING | - | - | - | - | - | 1 |
| MINOR ASSETS | - | - | - | 11 | 11 | 3 709 |
| COMMUNICATION | 1 | 1 | - | - | 2 | 69 |
| COMPUTER SERVICES | - | - | - | - | - | 27 |
| CONSULT:BUSINESS&ADVISORY SERV | - | - | - | - | - | 577 |
| LABORATORY SERVICES | 19 781 | 6 805 | 2 552 | 1 853 | 30 991 | 281 110 |
| CONTRACTORS | 379 | 26 | 15 | - | 420 | 2 439 |
| AGENCY&SUPRT/OUTSOURCED SERVICES | 2 735 | 6 048 | 1 630 | 3 851 | 14 264 | 99 920 |
| FLEET SERVICES(F/SER) | 26 | 70 | - | 106 | 202 | 238 |
| INV:FOOD & FOOD SUPPLIES | 5 | 26 | 126 | 149 | 306 | 286 |
| INV:MEDICAL SUPPLIES | 2 800 | 23 914 | 2 900 | 17 803 | 47 417 | 298 575 |
| INV: MEDICINE | 185 | 1 288 | 932 | 1 440 | 3 845 | 6 070 |
| CONS SUPPLIES | 2 156 | 647 | 955 | 564 | 4 322 | 23 361 |
| CONS:STA,PRINT&OFF SUP | 2 | 223 | 51 | 25 | 301 | 1 323 |
| OPERATING LEASES | - | - | - | - | - | 1 |
| PROPERTY PAYMENTS | 2 832 | 4 066 | 3 697 | 3 615 | 14 210 | 32 927 |
| INV:OTHER SUPPLIES | - | - | - | 29 | 29 | - |
| TRAVEL AND SUBSISTENCE | 83 | 22 | 5 | 21 | 131 | 10 110 |
| TRAINING & DEVELOPMENT | 1 | 1 | 4 | - | 6 | 5 |
| OPERATING PAYMENTS | - | - | - | - | - | 2 590 |
| RENTAL & HIRING | - | - | - | - | - | 160 |
| VENUES AND FACILITIES | - | - | - | - | - | 11 |

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## ANNEXURE 8 (CONTINUED)
## COVID 19 RESPONSE EXPENDITURE

| | | | | | | |
|---|---|---|---|---|---|---|
| **Transfers and subsidies** | **114** | **18** | **93** | **174** | **399** | **23 638** |
| NPI:OTH NON PROFIT INSTITUTIONS | - | - | - | - | - | 20 857 |
| H/H:EMPLOYEE SOCIAL BENEFITS | 114 | 18 | 93 | 174 | 399 | 2 781 |
| **Expenditure for capital assets** | **31** | **138** | **-** | **219** | **388** | **22 355** |
| OTHER MACHINERY & EQUIPMENT | - | - | - | 32 | 32 | 21 853 |
| TRANSPORT EQUIPMENT | 31 | 138 | - | 187 | 356 | 502 |
| **Other expenditure not listed above** | **-** | **3** | **-** | **-** | **3** | **-** |
| THEFTS AND LOSSES | - | 3 | - | - | 3 | - |
| **TOTALCOVID 19 RESPONSE EXPENDITURE** | **95 947** | **100 929** | **73 078** | **77 567** | **347 521** | **1 291 365** |

## ANNEXURE 9

### TRANSPORT ASSETS AS PER FINANCE LEASE REGISTER:

**Movable Tangible Capital Assets**

**Transport assets as per finance lease register year ended 31 March 2023:**

| | Opening balance | Current year adjustments to prior year balances | Additions | Disposals | Closing balance |
|---|---|---|---|---|---|
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| GG Motor vehicles | 577 589 | - | 151 272 | (85 496) | 643 364 |

**Transport assets as per finance lease register year ended 31 March 2022:**

| | Opening balance | Current year adjustments to prior year balances | Additions | Disposals | Closing balance |
|---|---|---|---|---|---|
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| GG Motor vehicles | 536 214 | - | 95 928 | (54 553) | 577 589 |

The Western Cape Department of Health utilised 1721 Government motor vehicles during the period ended 31 March 2023, and 1718 Government motor vehicles during the previous financial year ended 31 March 2022. The motor vehicles are leased under a finance agreement unique to the Western Cape Government and the annexure aims to improve the minimum reporting requirements as per the Modified Cash Standard.

Western Cape Government
Health
FOR YOU

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