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PROVINCIAL GOVERNMENT
OF THE WESTERN CAPE
DEPARTMENT OF HEALTH

*ANNUAL
REPORT
2009/2010*

POPULAR VERSION



DEPARTMENT
of HEALTH

Provincial Government of the Western Cape

*Information in this booklet is based on the 2009/10
Annual Performance Plan and Annual Report.*

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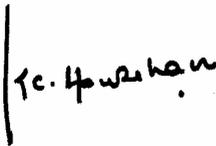
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Foreword

This is the first user-friendly version of the Western Cape Department of Health Annual Report published in the spirit of deepening democracy and encouraging greater public participation.

The information contained in this version of the annual report is taken directly from the full annual report. However, it is presented in plain language to make it more understandable.

I hope that this publication will now reach a wider audience so the communities that we serve will have a better understanding of what the Department of Health in the Western Cape has delivered during the 2009/10 financial year.

A handwritten signature in black ink, reading "C. Househam". The signature is written in a cursive style and is enclosed within a vertical line on the left side.

Professor Craig Househam
Head Health; Western Cape
Date: 18 August 2010

Introduction

2009/10 has been a challenging year for the Department. Service pressures continued unabated. Two epidemics made heavy demands on local health care and on hospital beds for seriously ill people. The H1N1 influenza epidemic in July-August significantly impacted on pregnant women and the diarrhoeal season in the first part of 2010 was further complicated by a major outbreak of measles at the same time.

I am proud to say that the Western Cape Department of Health has continued to offer valuable service to the people. In 2009/10 approximately 15.8 million people received medical treatment at primary health care clinics. The ambulance services transported almost 462 000 patients to health facilities. Hospitals saw nearly 630 000 patients at their emergency centres, 1.67 million patients in their outpatient departments and treated over 550 000 short-term patients in 2009/10. Over 6 000 cataract operations were done in 2009/10. 23 291 new patients were started on HIV and AIDS treatment (anti-retro-viral treatment (ART)). At present 75 000 patients are receiving ART. Approximately 2.7 million patients receive treatment at their homes through the community-based carer programme.

Important successes in the year included the following :

- Approximately 2,47 million prescriptions were prepacked by the central dispensing unit. This has made a huge difference in reducing the waiting times at pharmacies at our clinics.
- As a result of one of our programmes, the mother-to-child transmission (PMTCT) programme, only 3.6% of HIV positive mothers passed on the HIV infection to their babies.
- The TB cure rate is 79.4%, the highest in the country
- Two new vaccines have been introduced to protect children against pneumonia and rotavirus infections (mainly diarrhoea).

We did not have sufficient funds to meet the increasing need for medical services. The rise in the cost of medicines and equipment is far greater than that provided for in the budget. The state's decision to increase payment to health professionals has helped us to keep skilled staff. However, it has greatly increased the salary bill. It costs far more to provide the same amount of services, at a time when we need to increase the services we offer. It is only because we underspent on buildings and equipment that we were able to come out with the money granted by the central and provincial government. Clearly, we need an increase in the budget for running costs.

In 2009/10, chief specialists were appointed in Metro East and West to manage general specialist services, ensure adequate outreach and support to district health services and improve the quality of clinical care. The Department has created structures and processes to improve communication, strengthen relationships and improve working across the different institutions and between clinicians and managers.

The department constantly tries to improve its service by making sure that targets are being met. We thank staff at all levels for enabling the Western Cape Department of Health to make a significant contribution to the people of this province and the country.

Core functions and Responsibilities

The core function and responsibility of the Western Cape Department of Health is to deliver a comprehensive package of health services to the people of the province.

Vision:

Equal access to quality health care.

Mission:

To improve the health of all people in the Western Cape and beyond, by ensuring the provision of a balanced health care system, in partnership with all stakeholders, within the context of optimal socio-economic development.

Values:

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

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

Broad policies, Priorities and Strategic goals

The policies, priorities and strategic goals of the Western Cape Department of Health are guided by

- the Millenium Development Goals and the Ten Point Plan of the National Department of Health,
- the Priorities of the Provincial Cabinet, and
- the Healthcare 2010 framework for the Western Cape Department of Health

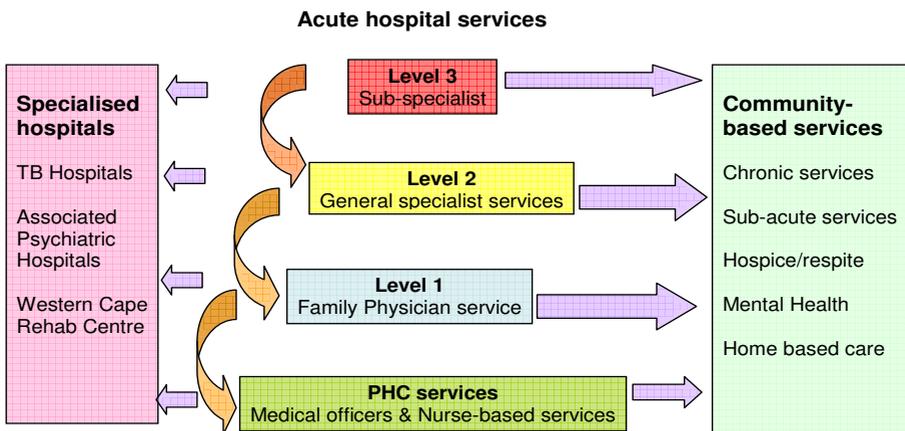
The department aims to provide equal access to quality health service within the allocated health budget. The focus will be on primary level services, community based care and preventative health within districts. The services at district level will be strengthened and supported by specialist services in regional hospitals and well equipped and appropriately staffed tertiary services in central hospitals.

The macro - service delivery model is provided below.

The Comprehensive Service Plan (CSP) defines future health services, based on Healthcare 2010, in the Western Cape. The diagram below shows the three main streams of clinical service delivery:

- community based services
- acute services
- specialised services.

The diagram does not include the ambulances and HealthNET transport needed to transfer patients between institutions.



Overview of the service delivery environment

Close to 10.9% of South Africa's population (5 342 832) live in the Western Cape. The population here has grown by 16.7% between Census 2001 and Community Survey 2007. As a result there were about 3% more patients per year treated at public health care facilities in 2009/10.

About 73% of those living in the Western Cape rely on state health services.

This is a summary of the Western Cape Provincial Department of Health services:

- Primary health care services - 479 facilities in 32 sub-districts and 6 districts (5 rural districts and 4 sub-structures in the district of metropolitan Cape Town).

- Hospital services are provided by -
 - o 34 district hospitals,
 - o 8 regional hospitals (including the level 2 services provided at the central (tertiary) hospitals),
 - o 6 tuberculosis hospitals,
 - o 4 psychiatric hospitals,
 - o 1 rehabilitation centre, and
 - o 3 central (tertiary) hospitals.

- Emergency Medical Services (EMS) – 50 ambulance stations with 251 ambulances

- Forensic pathology services - 18 mortuaries and 46 response vehicles

- Training for health care workers and professionals (in conjunction with universities)

- Regulation of private hospitals in the province.

- Support services and infrastructure for the services mentioned above.

The following free services are offered to all excluding patients on medical aid:

- Family planning services
- Infectious diseases management
- Ending pregnancies
- Legal services related to medical attention
- Oral (Dental) health services (scholars and mobile clinics only)
- Immunisations
- Primary health care services and
- Antiretroviral (ARV) services for AIDS patients.

The following categories of people are entitled to free medical services:

- Children under the age of six years
- Pregnant women
- Involuntary (certified) psychiatric patients
- Children attending school who are referred to hospitals
- Hospital personnel employed before 1976
- Children who have been placed in care
- Health facility boarders, live-in children and babies, relatives and donors
- People receiving social grants / pensions and
- Unemployed people.

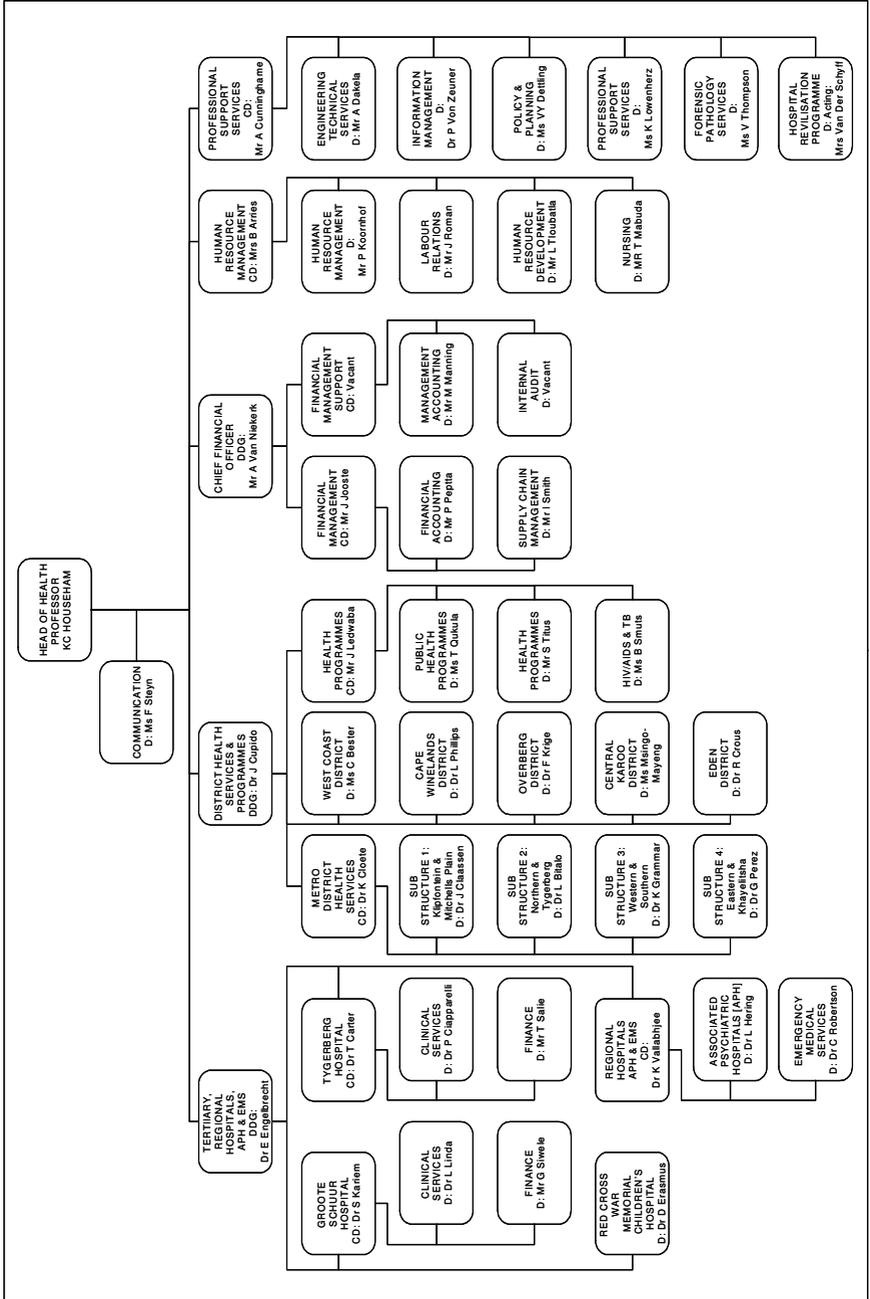
Overview of the organisational environment

A chart of senior management in the Western Cape Department of Health is provided on the next page. Retirements and new appointments in senior management during 2009/10 include:

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

Professional Support Services will be divided into two in 2010/11: Strategy and Health Support and Infrastructure Management. This will come into effect in the following financial year.

Organogram of Senior Management in the Western Cape Department of Health



Overview of financial resources

The National Treasury divides its funding for the Department of Health into 8 programmes:

- Programme 1: Administration R 282 511 000
- Programme 2: District Health Services R 3 728 359 000
- Programme 3: Emergency Medical Services R 534 298 000
- Programme 4: Provincial Hospital Services R 2 501 116 000
- Programme 5: Central Hospital Services R 2 276 872 000
- Programme 6: Health Sciences and Training R 194 725 000
- Programme 7: Health Care Support Services R 205 736 000
- Programme 8: Health Facilities Management R 740 099 000

The total budget for the department was R 10 463 716 000.

Donor funding

- TB/HIV Global Fund (R 824 000)
- European Union Funds (R 9 573 000)
- Belgium Funding (R 372 000)

Conditional grants

- *National Tertiary Services Grant (R 1 583 991 000)*
 - for highly specialised services in the central hospitals.
- *Health Professions Training and Development (R 362 935 000)*
 - for health professional training, recruiting health specialists, student training and shifting teaching activities from central hospitals to regional and district hospitals.
- *HIV and AIDS Grant (R 383 538 000)*
 - for voluntary counselling and testing services, preventing mothers passing on HIV to their babies, and antiretroviral treatment for HIV positive patients.
- *Forensic Pathology Services Grant (R 74 543 000)*
 - for the investigation of persons who have died from unnatural causes

- *Hospital Revitalisation Grant (R 420 060 000)*
 - for upgrading the physical infrastructure at Vredenburg, Worcester, George and Paarl Hospitals and building two new hospitals in Khayelitsha and Mitchell's Plain.
- *Infrastructure Grant to Province (R 145 634 000)*
 - for improving the infrastructure at clinics and hospitals not included in the above mentioned programme.
- *Emergency Medical Services Grant (R 3 238 000)*
 - for preparations for the FIFA World Cup 2010.

Trading entities

The Western Cape Medical Supplies Centre (previously known as the Cape Medical Depot) is responsible for stocking pharmaceutical, medical and surgical, and other related supplies in stock.

Transfer payments

Transfer payments were made in 2009/10 to:

- Bursaries, medical-legal claims and leave payouts.
- The City of Cape Town and some rural municipalities to provide primary health care services for HIV and AIDS prevention
- Non-governmental organisations for community-based response programmes.
- to pay for lay counsellors doing home-based care for those living with HIV and AIDS.
- The Service Education and Training Authority (SETA) for administration costs.
- S.A. Red Cross Air Mercy Services for the transfer of critically ill patients .
- The Western Cape Medical Supply Centre capital account.

Primary health care services

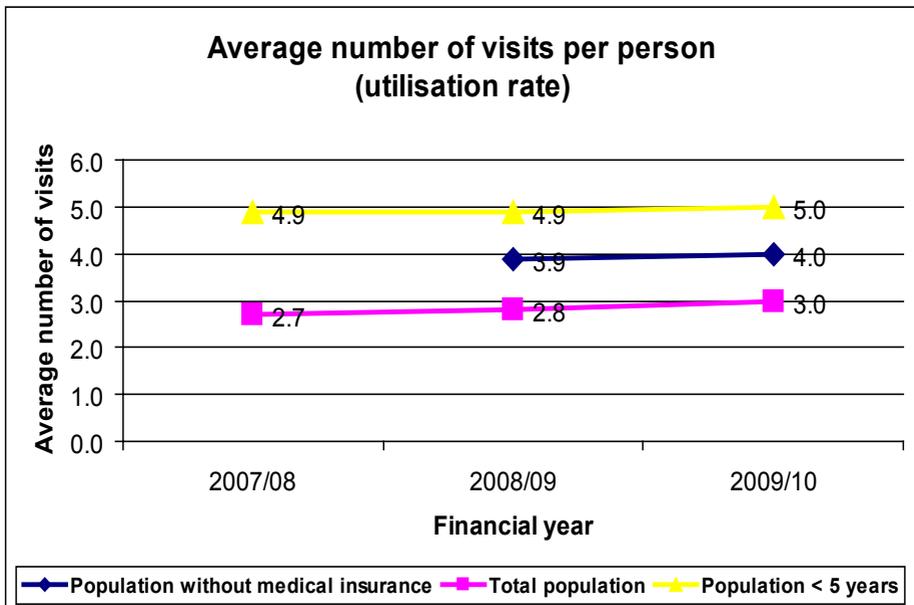
Professional nurses and doctors provide primary health care at 479 facilities in the province.

These include mobile clinics, satellite clinics, clinics, community day centres and community health centres. Apart from mobile and satellite clinics, the facilities are open for 8 hours every week day. Some community health centres offer a 24-hour service every day.

All PHC services are available in 32 sub-districts. A doctor is on duty at least once a week at 96% of the fixed PHC facilities.

In 2009/10 15.8 million people received PHC services and a further 2.7 million clients received home-based care.

The diagram below shows the average number of times each person in the province visits a primary health care facility during the course of a year.



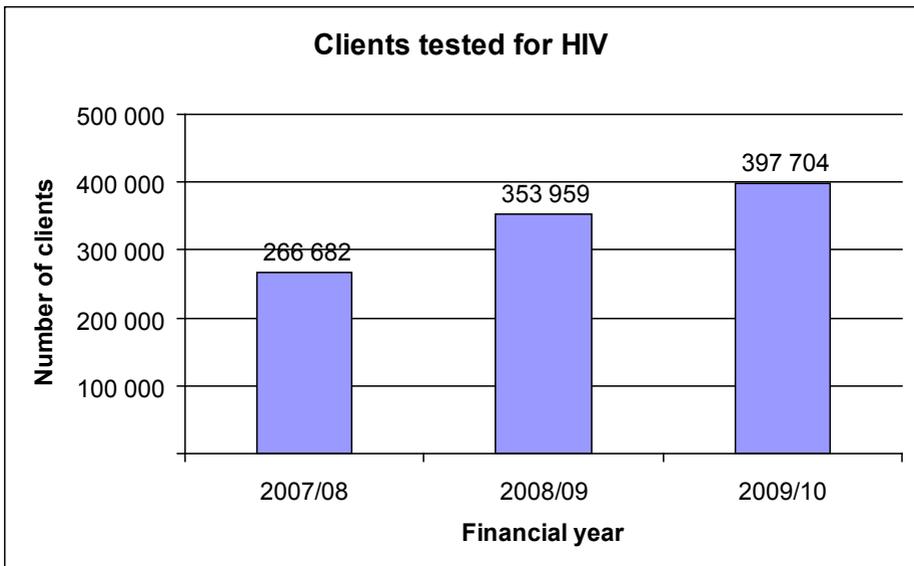
HIV and AIDS

HIV Counselling and Testing

All fixed PHC facilities in the province, as well as 83 non-medical sites, provide HIV counselling and testing services. HIV testing is now offered to all patients who use the PHC facilities.

In 2009/10, 3.3% of the PHC clients (who were not pregnant) agreed to have an HIV test. Most of the clients (96.7%) who received counselling agreed to be tested.

The diagram below shows the increase in the number of clients tested for HIV over the last 3 years:

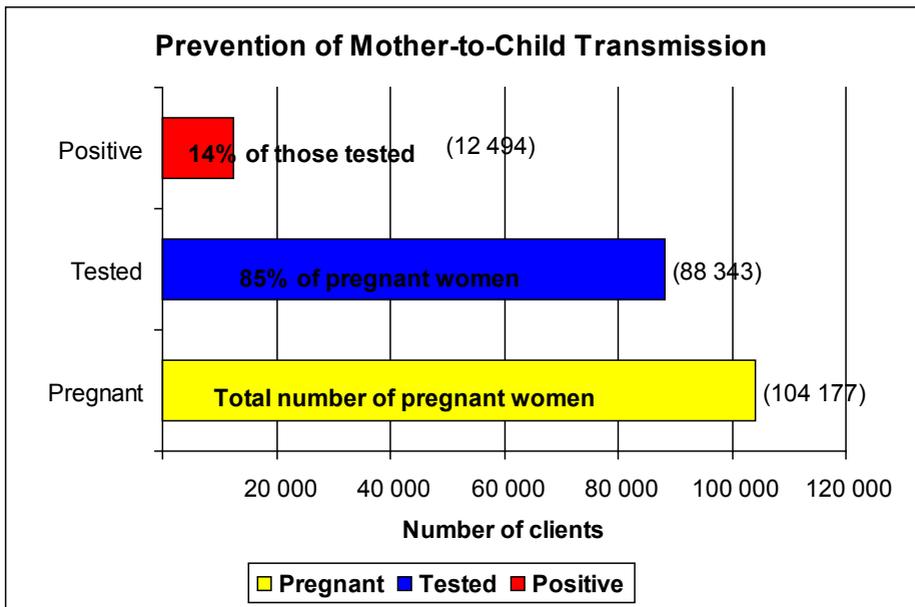


The department sees HIV prevention as vital. Some ways of doing this are: increase local responses to the HIV epidemic, media campaigns, peer education programmes and post exposure prophylaxis (treatment after exposure to HIV) for survivors of rape and sexual assault.

Prevention of Mother-to-Child Transmission

All state hospitals and midwife obstetric (childbirth) units offer treatment to prevent mothers from passing on HIV to their babies

The diagram below shows the number of pregnant women treated at PHC facilities during 2009/10, the number of pregnant women who agreed to have an HIV test done and the number of pregnant women who tested HIV positive:



Antiretroviral medication is offered to the mother during pregnancy and whilst giving birth. 89.8% of positive HIV women received nevirapine (a treatment for AIDS) during labour.

The babies of HIV positive women also receive antiretroviral medication and 98.3% of these babies received nevirapine within 72 hours after birth.

The percentage of babies who test positive for HIV at 6 weeks after birth decreased to only 3.6% in 2009/10.

HIV treatment

On 1 December 2009 President Zuma announced a new way of addressing the HIV and AIDS epidemic. Key elements of the new approach include:

- Nurse-based testing and treatment
- Making antiretroviral (ART) services available at all PHC facilities
- Focusing on district level readiness to provide treatment rather than formal approval of individual facilities by the National Department of Health.

At the end of March 2010, 66 of the 81 ART service points in the Western Cape Province showed that they had met the necessary standards. 75 002 patients received ART treatment at these sites. During 2009/10 23 291 new patients started taking antiretrovirals.

Sexually transmitted infections (STIs)

In 2009/10, there was an increase of 4.3% of sexually transmitted infections for every 1 000 people. The percentage of sexually transmitted infections that were diagnosed and treated in the sexual partners of clients with an STI, increased to 21.7%.

Condom distribution

The province placed the condoms it received from the National Department of Health in a large number of public and non-public sector sites. Nearly 74 million male condoms were distributed in 2009/10 – in other words, 38.8 condoms per male client aged 15 years and older. In addition, 1.1 million female condoms were distributed. The majority of these were sent to the Metro District (Cape Town) but more condoms were also sent to the rural districts than before.

Since many more condoms are needed, the national Department of Health must increase the number it supplies.

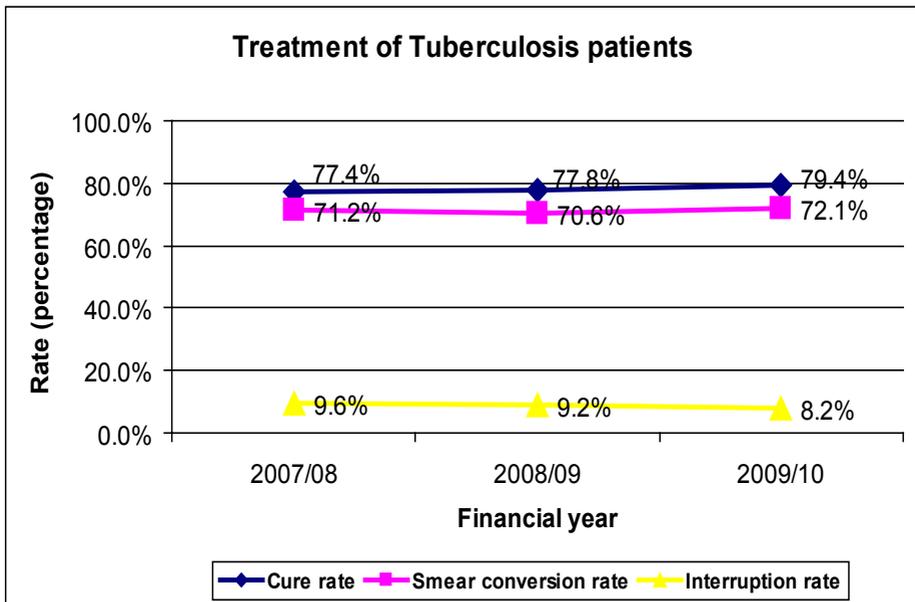
Tuberculosis

Tuberculosis (TB) is still a serious public health problem in the Western Cape Province and highest cause of early death.

The Western Cape currently has the highest TB cure rate in South Africa (a new smear positive TB cure rate of 79.4%). The overall treatment success rate of 83.5% for the Western Cape is very encouraging since it is close to the national and global target of more than 85% for 2011.

Over the past years, the number of TB patients who do not take their pills regularly over the full period that they should, has dropped to 8.2%. This is vital to reduce drug resistance in TB therefore more effort must be made to reach the national and global 2011 target of less than 5%.

The following diagram summarises this information on the treatment of TB patients:



During 2009/10 83% of TB patients had someone supporting them by directly observing that they were taking their pills.

Only 54.1% of the test results of TB sputa specimens arrive at facilities within 48 hours. The information on the current collection system makes it difficult to identify specific problems and plan action. In 2010/11 we will investigate why sputa specimen results are being delayed.

There are several projects to make communities more aware of TB.

Multi-drug resistant (MDR) and Extreme drug resistant (XDR) TB

Drug resistance refers to patients that cannot be treated with the usual drugs used in the treatment of TB, because the TB bacteria in their bodies are not affected by these medicines. The commonest reason for this is when patients do not take their treatment regularly.

The Khayelitsha pilot model of walk-in treatment of MDR-TB cases has shown that MDR-TB patients can be treated successfully at primary health care level. 80% of Khayelitsha MDR patients are now treated at PHC clinics. This has greatly reduced the pressure on TB hospital beds. Early results show that patients are started on treatment much earlier and that fewer patients stop taking their medication.

TB and HIV integration

The Western Cape continues to test a large percentage of TB patients for HIV (more than 90% are tested in the Cape Town Metro District). About one-third of those who tested HIV positive were started on antiretroviral therapy. More than 90% of the HIV positive patients were put on medicines to prevent bacterial infections. In addition, HIV positive clients are screened for TB and more people living with HIV are being given therapy that will help prevent TB.

Maternal and Women's Health

One of the United Nations' Millennium Development Goals (MDGs) calls on countries to bring down the rate of death in childbirth by 75% by 2015.

Antenatal care

68.4% of all PHC facilities in the Western Cape provide basic antenatal care to clients.

Currently 46.4% of antenatal clients (pregnant women) visit a PHC facility within the first 20 weeks of their pregnancy. The five rural districts are close to or achieved the target of 60% but only 38.4% of the target was achieved in Cape Town. The reason is that too few local government facilities are providing services for pregnant women, and not all of them offer services every day.

Women year protection rate (WYPR)

The services will have to focus on persuading clients to use long acting contraceptive methods such as intra-uterine contraceptive devices (IUCDs), and male and female sterilisations so that more women are protected by family planning methods (currently 29.2%).

Cervical cancer screening

Although cervical cancer can be prevented, many women still die from it. In 2009/10 districts, in partnership with non-governmental organisations, put greater efforts to persuade women to be screened .

However, the target was not reached. Since all women, 30 years and older should be screened once every ten years, it means that only 57% of these women are being screened.

Termination of pregnancy (TOP) (Abortion)

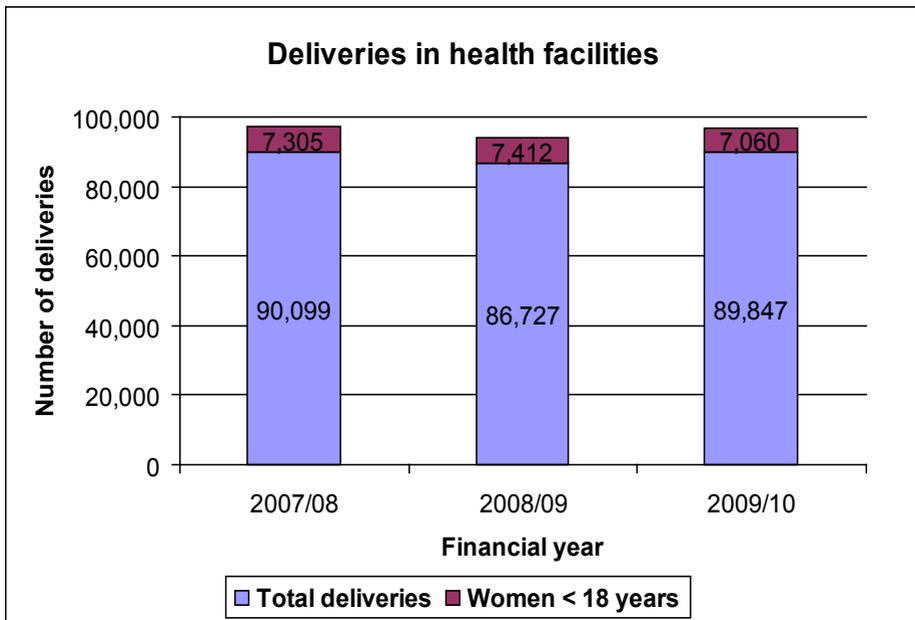
Forty facilities (36 hospitals and 4 community health centres) may do abortions. However, only 29 facilities are doing so (26 hospitals and 3 community health centres).

A quick survey of TOP services conducted in 2009 showed that the TOP programme is not keeping up with the demand. Some of the reasons are: too few trained staff, long waiting lists and health professionals who are unwilling to do abortions for religious or ethical reasons.

Deliveries

97.5% of births in the Western Cape take place in a health facility.

7.3% of the mothers were younger than 18 years. This information is showed below:



Child Health

Another of the Millennium Development goals is to reduce child deaths by two thirds by 2015. The two programmes to address this are the Expanded Programme on Immunisation (EPI) and Child Health Problem Identification Programme (CHPIP). The CHPIP reviews deaths of children under 5 years.

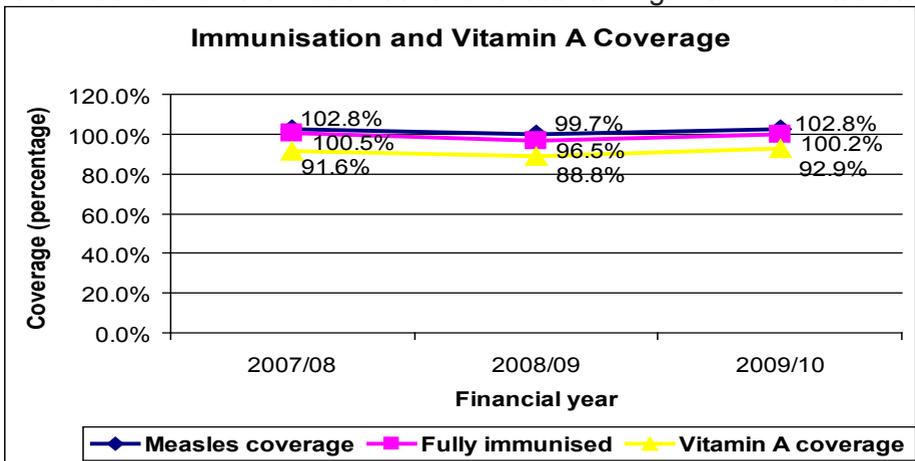
There was a major outbreak of measles towards the end of 2009 which continued into 2010, mainly in the Metro District and Drakenstein sub-district. This was despite the high immunisation rate of children at the age of nine months.

Immunisation and Vitamin A supplementation

New vaccines introduced by the Western Cape based on national policy:

- Tetanus and reduced diphtheria (Td) vaccine from 1 February 2008.
- In 2009/10 the pentaxim vaccine (5 vaccines combined in one dose) replaced the diphtheria, tetanus, whooping cough and type b influenza vaccine and the oral polio vaccine (OPV). The OPV will still be given at birth and at 6 weeks.
- Pneumococcal vaccines to combat pneumonia were introduced in July 2009.
- Rotavirus vaccine (a vaccine to protect children against a severe stomach infection caused by a virus) was started in November 2009.

The diagram below shows the number of children older than one year of age who have had the measles vaccine, those who have had all of the vaccines and those taking vitamin A tablets:



Screening for developmental disabilities

When children come to PHC facilities for their vaccinations at 6 weeks, 9 months and 18 months of age, they are also screened to see whether their development is normal. This makes it possible to take early action where necessary.

An external consultant found that that most facilities screen children every day. A few screen children only once a week.

Nutrition

The baby friendly hospital initiative (BFHI) is an important way of keeping babies alive. At units where babies are born, staff encourage mothers to use safe infant feeding practices and emphasise the importance of breastfeeding. The total number of accredited BFHI units in the province is 20 (including two private facilities).

Health facilities do routine checks to see whether children are gaining weight and are not underweight or severely underweight. The road-to-health chart is used as the primary tool to do so. The records show that there were approximately 574 more children who were malnourished in 2009/10. It is not clear whether this is because there is an actual increase in malnutrition. It could be because more effort is being made to identify these children.

PHC facilities also encourage healthy eating.

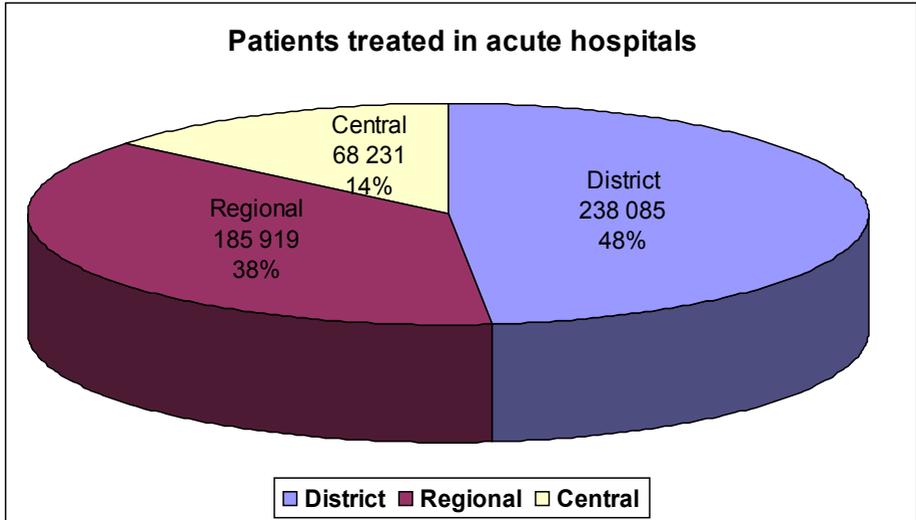
Nutrition supplements, for instance, are provided to malnourished children. Increasing efforts to work with community based services, other sectors and departments to meet the needs of children who are malnourished. Poverty and unemployment are direct causes of malnutrition.

Early neonatal death rate

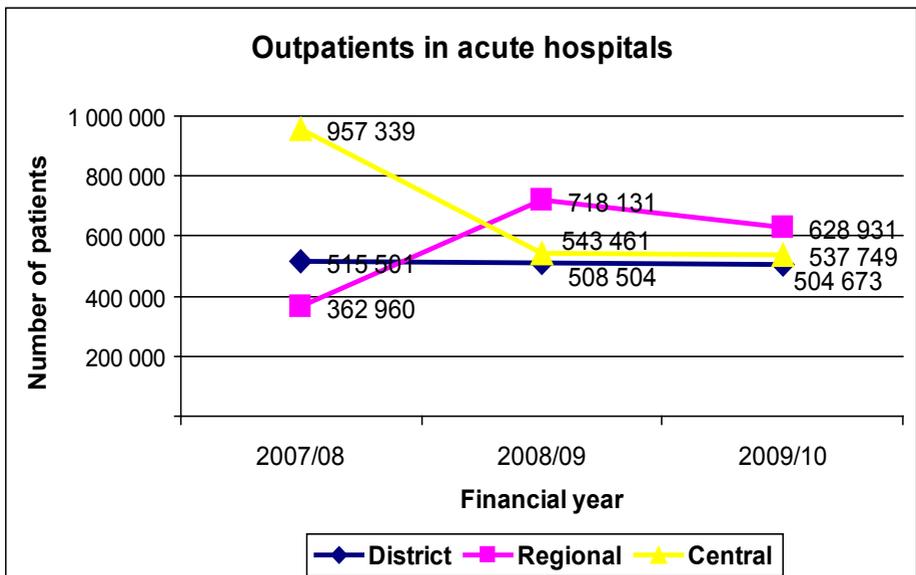
The early neonatal death rate (ENNDR) refers to the percentage of babies who die within seven days of being born (early neonatal death rate (ENNDR)) The ENNDR for babies weighing more than 1 kg at prenatal problem identification programme (PPIP) sites was 4.1%.

Acute Hospital Services

District, regional and central hospitals offer acute care (short-term treatment). A total of 492 235 patients were treated in these hospitals during 2009/10.



Outpatient and Emergency Services

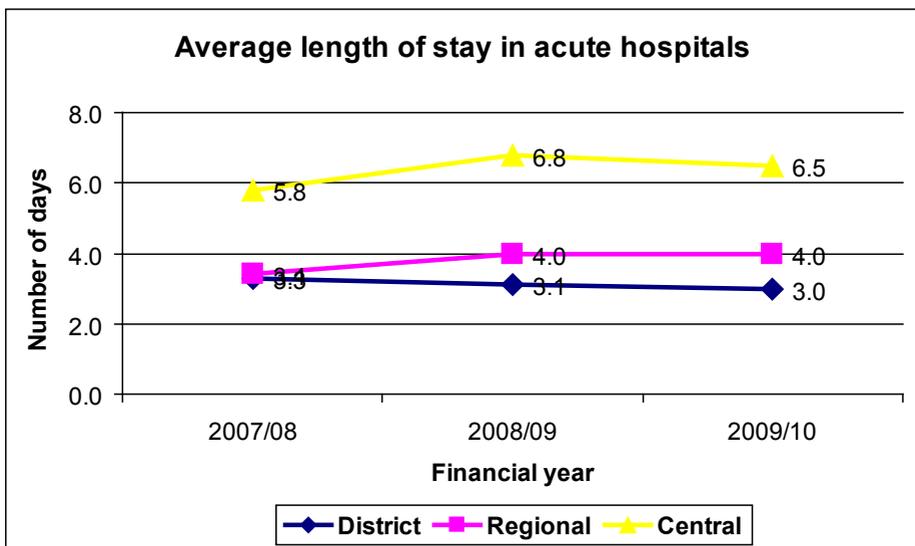


There is an increase in the number of outpatients in regional hospitals. This is because level 2 services (general specialist services) in central hospitals are now reported as part of regional hospital services. Only highly specialised services are reported under central hospitals.

During 2009/10 a total of 631 728 emergency patients were seen in district and regional hospitals. This is a 12.1% increase from 2007/08.

Average length of stay

The diagram shows the average number of days patients spend in acute hospitals:

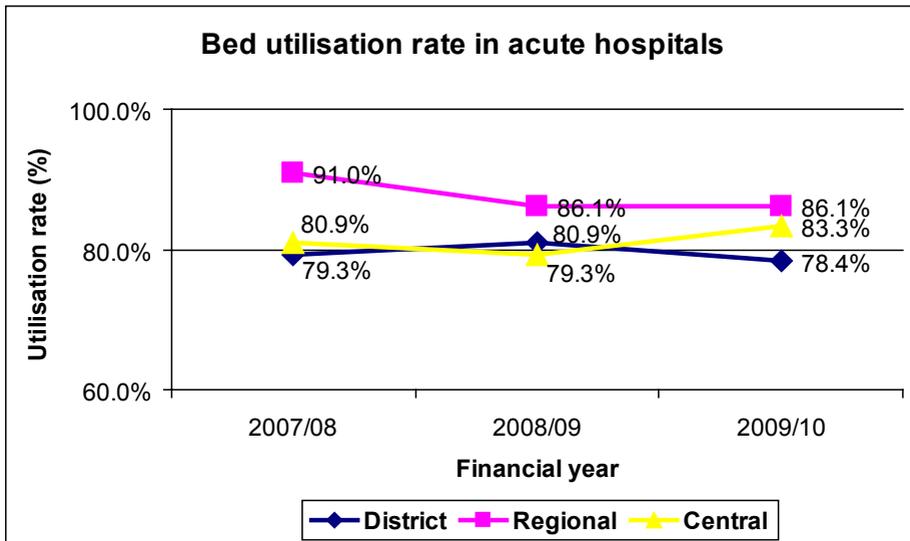


It is expected that patients would stay longer in central hospitals than regional hospitals - and regional hospitals than in district hospitals because the severity of these patients vary accordingly.

Bed utilisation rate

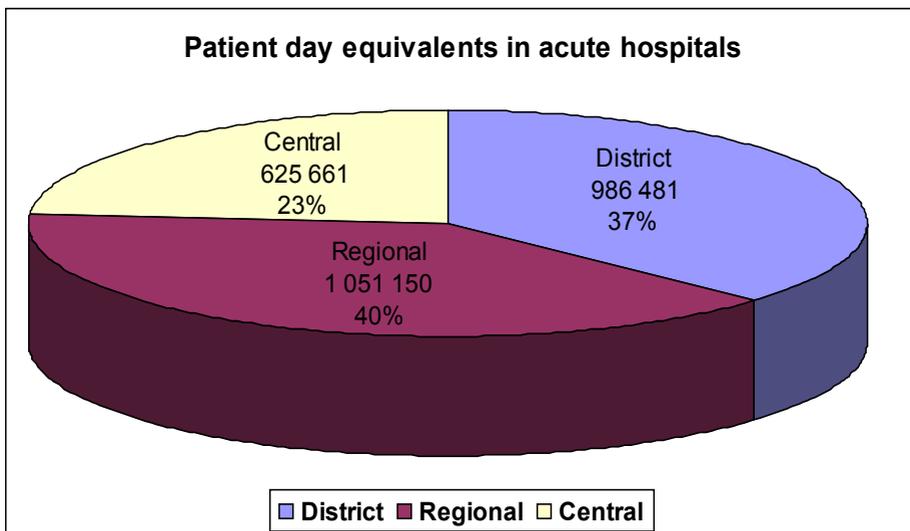
The bed utilisation rate is worked out on the percentage of hospital beds that are occupied by patients in the course of a year. The number of beds in acute hospitals, per hospital type, is:

- District hospitals: 2 464 beds,
- Regional hospitals: 2 364 beds, and
- Central hospitals: 1 468 beds.



Patient day equivalent

Patient day equivalent is used to give an idea of the number of patients that were treated by the hospital for the year. The patients admitted to the hospital each day during the year are added together. The number of outpatients and emergency patients at the hospital are also included in this figure.



The cost to treat a patient for one day in an acute hospital is as follows:

- District hospitals: R 1 184
- Regional hospitals: R 1 438
- Central hospitals: R 3 332

These costs were converted to 2007/08 terms so they could be compared with the targets set in the provincial Annual Performance Plan.

Quality of care

All acute regional and central hospitals (100%) are conducting a patient satisfaction survey in line with the requirements of the National Department of Health. Only 58.8% (20 of the 34) district hospitals are conducting these surveys.

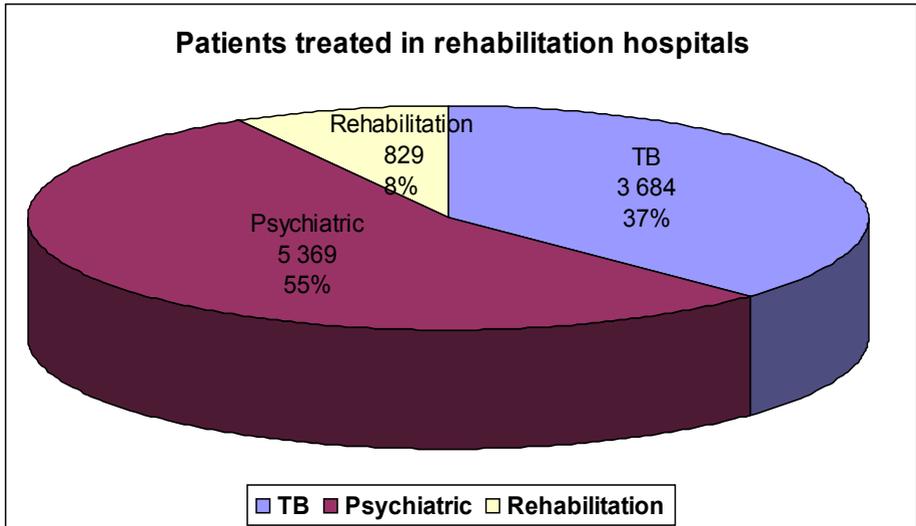
All acute regional and central hospitals have monthly meetings to discuss the deaths of patients at their hospitals, identify what factors could have been avoided and what actions can be taken to do so. At present 73% (25 of 34) district hospitals have such meetings on a monthly basis.

There were 2 052 public complaints related to district, regional and central hospitals during 2009/10. Of these, 1 668 (81%) of the complaints were resolved within 25 days.

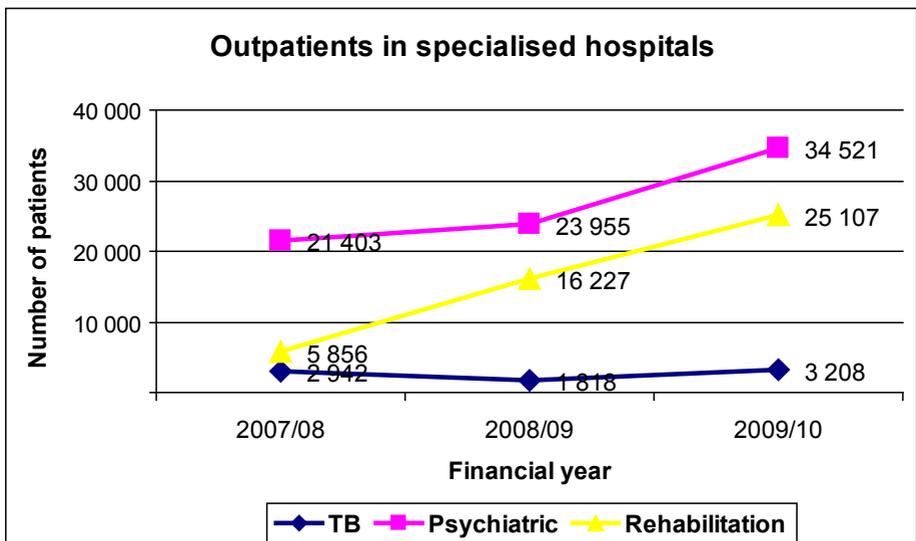
Of the patients admitted to surgery wards (113 083), 1.8% died (1.2% in district hospitals, 1.7% in regional hospitals and 3.3% in central hospitals). The higher death rate in central hospitals is expected because their patients are generally more seriously ill.

Specialised Hospital Services

Tuberculosis (TB), psychiatric and rehabilitation hospitals offer specialised hospital services. A total of 9 882 patients were treated in these hospitals during 2009/10.



Outpatient Services

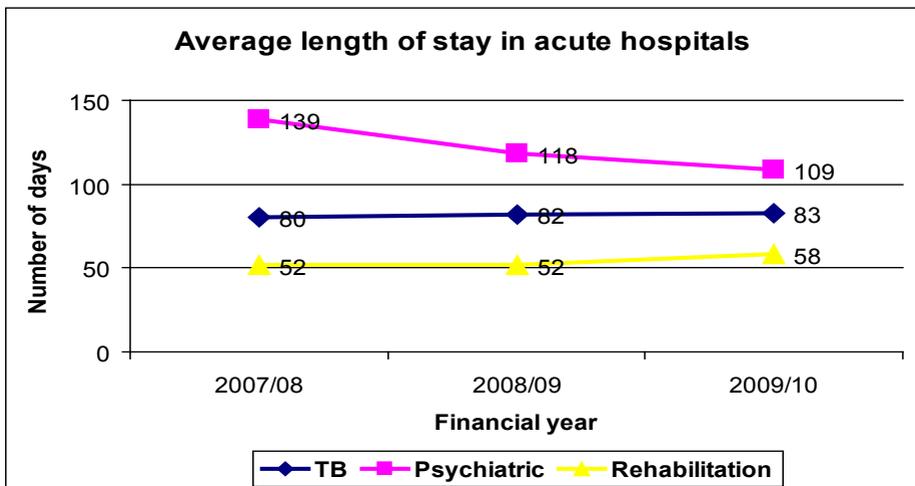


Psychiatric hospitals are seeing more outpatients for two main reasons: The number of acutely ill patients admitted has increased and these patients need to be followed up on discharge in the outpatient clinics to make sure they are stable. Secondly, the community teams are referring more patients to the outpatient section.

The Western Cape Rehabilitation Centre has started to record the number of clients seen by physiotherapists, occupational therapists, social workers, clinical psychologists and dieticians separately, using the provincial software programme (Clinicom). The new method of data classification, therefore, makes it seem as if there are more patients.

Average length of stay

The average number of days patients spend in specialised hospitals depends on the type of service offered:

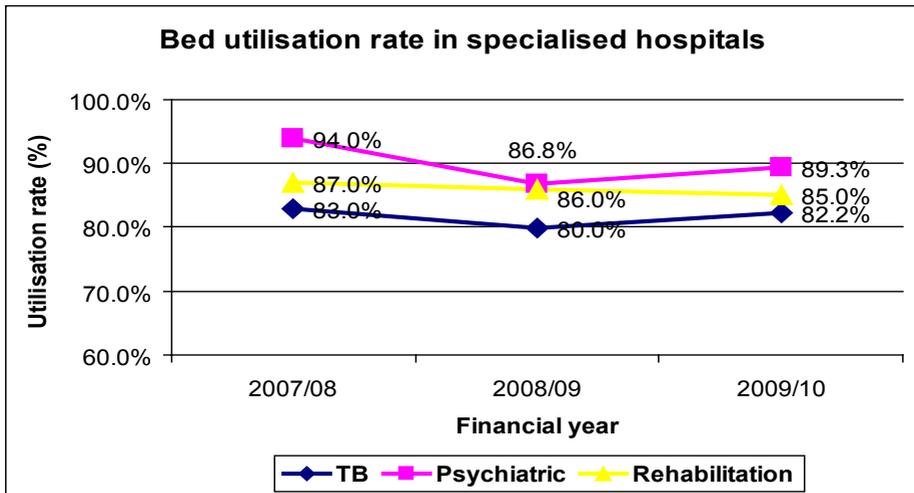


Please note that very different types of patients are involved. In the psychiatric hospitals, the acutely ill patients do not stay in hospital for as long as the chronic psychiatric and intellectually disabled patients. In the TB hospitals, the extreme drug resistant (XDR) and multi-drug resistant (MDR) patients stay for much longer than the “normal” TB patients.

Bed utilisation rate

The bed utilisation rate gives the percentage of hospital beds that are occupied by patients over the year. The number of beds in specialised hospitals, per hospital type, is:

- Tuberculosis hospitals: 1 016 beds,
- Psychiatric hospitals: 1 792 beds, and
- Rehabilitation hospitals: 156 beds.



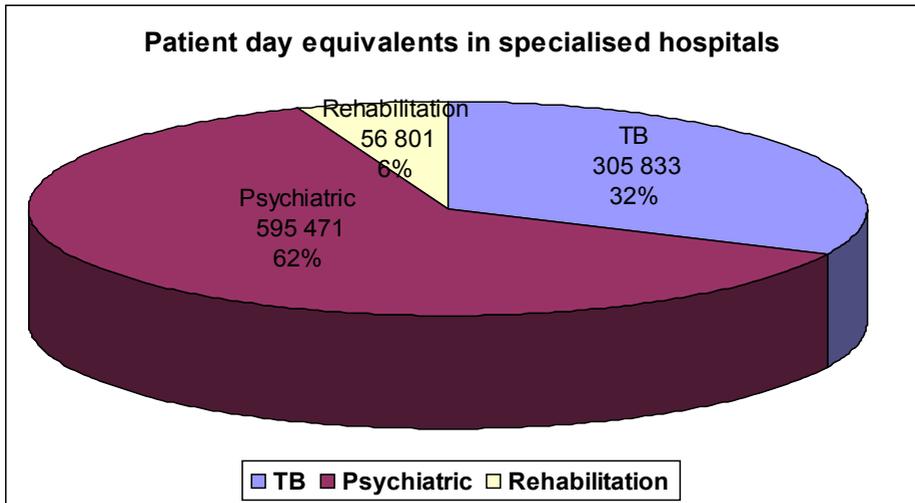
Patient day equivalent

Patient day equivalent is used to give an idea of the number of patients that were treated by the hospital for the year. The patients admitted to the hospital each day during the year are added together. The number of outpatients and emergency patients at the hospital are also included in this figure.

The cost per patient day equivalent, i.e. the cost to treat a patient for one day in a specialised hospital, is provided below:

- Tuberculosis hospitals: R 459,
- Psychiatric hospitals: R 649, and
- Rehabilitation hospitals: R 1 150.

These figures were converted to 2007/08 terms so they could be compared with the targets set in the provincial Annual Performance Plan.



Quality of care

The National Department of Health requires all specialised hospitals (tuberculosis, psychiatric and rehabilitation) to do an annual patient satisfaction survey.

Meetings about hospital deaths and diseases treated are held monthly at 4 of the 6 TB hospitals and at 1 of the 4 psychiatric hospitals.

The public made 281 complaints related to specialised hospitals during 2009/10. Of these, 194 (69%) of the complaints were dealt with satisfactorily within 25 days.

Other specialised services

4 408 devices to assist the disabled were manufactured. Only 0.8% (35) had to be adapted or replaced.

Specialised dental services were provided to 175,200 patients, which involved surgery in an operating theatre in 1,578 cases. Dentures were provided to 3,026 patients.

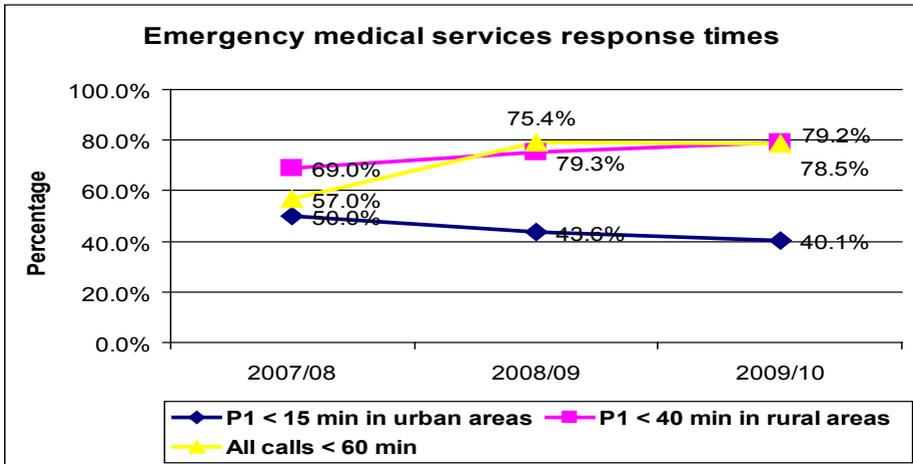
Emergency Medical Services

There are 6 emergency communication centres in the Western Cape, 50 ambulance stations and a fleet of 251 ambulances. These ambulances travelled approximately 16 million kilometres during 2009/10,

The HealthNET system has a fleet of 76 vehicles that it uses to transport patients in all 6 districts to other hospitals. 113 830 patient were transported last year and there are approximately 3 000 patients from rural areas that are transported to the central hospitals in Cape Town per month. The Red Cross Air Mercy Service transported an additional 1 025 patients.

The diagram below summarises response times using the following criteria:

- Priority 1 calls responded to within 15 minutes in urban areas,
- Priority 1 calls responded to within 40 minutes in rural areas,
- All calls responded to within 60 minutes in urban and rural areas.



The department is working hard to address the factors that slow down response times. It is difficult to get accurate information on response times because the same means of measurement is not used in all cases.

Forensic Pathology Services

Since 1 April 2006 Forensic Pathology Services (FPS) falls under the Provincial Departments of Health. The Department of Health is fully responsible for these services including maintenance and any upgrading needed.

There are 18 mortuaries in the province. During the 2009/10 financial year 9 237 bodies were examined in the Western Cape in order to establish the cause of death. Most of these (5 606 or 61%) were done in the Metro District, while 3,631(39%) were done in the rural districts.

They have 65 vehicles, of which 44 travelled 935 509 kilometres to transport bodies.

A response vehicle takes an average of about 37 minutes to collect a body from the scene from the time the request is logged.

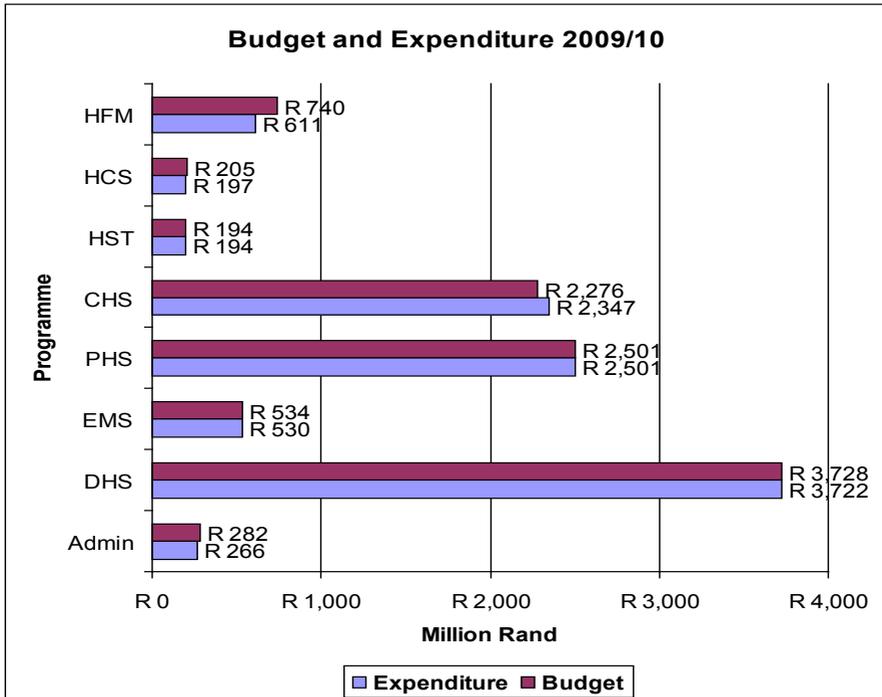
It takes just over 5 days from the time of admission to the release of the body. Unidentified bodies take much longer. At the end of March 2010 there were 179 bodies that were still unidentified and during the year a total of 863 bodies were released for pauper burial.

The South African Police Service is responsible for the formal identification process.

Finance

The Auditor-General has checked the 2009/10 financial statements of the department and declared them an accurate picture of the financial position as at 31 March 2010.

The department spent R 10,371 million of its R 10,463 million budget (R92 million not spent).



Admin = Administration

DHS = District Health Services

EMS = Emergency Medical Services

PHS = Provincial Hospital Service

CHS = Central Hospital Services

HST = Health Sciences & Training

HCS = Health Care Support Services

HFM = Health Facilities Management

There was under-spending in the following areas:

- *Hospital Revitalisation Grant (R 42 million):*
There were delays in obtaining permission from the National Department of Health to use roll-over funds and in the tender process for Worcester Hospital.
- *Infrastructure Grant to Provinces (R 71 million):*
The lack of staff in both the Department of Health and Department of Transport and Public Works delayed the planning process
- *Forensic Pathology Grant (R 7 million):*
The building contractors were unable to finish because they went bankrupt.
- *Global Fund (R 5 million):*
Some invoices were not received in time. There were also delays in placing orders in the Metro District and underspending by some municipalities because of the time taken to approve community based projects.

Over-spending on the equitable share portion of the budget (R 35 million)

- the cost of goods and services in central hospitals increased as a result of inflation;
- the National Tertiary Services Grant and the Health Professionals Training and Development Grant were inadequate and
- the salary increases for certain health professionals groups were inadequately funded.

Revenue generation

The department raised R 413 million during the year – R 22 million more than the target set by the department.

Asset management

All hospitals and institutions (including the four non-governmental provincially aided hospitals, Harry Comay, DP Marais and Sonstraal TB Hospitals and Uniondale District Hospital, which now fall under the Department) are keeping asset registers.

All 6 health districts (5 rural districts and 4 sub-structures in the district of metropolitan Cape Town) have an up-to-date primary health care asset register.

Western Cape Medical Supplies Centre

The 2009/10 financial statements of the Western Cape Medical Supplies Centre were audited independently of the department's financial statements by the Office of the Auditor-General. The Auditor-General has declared them an accurate picture of their financial position as at 31 March 2010.

Hospitals and institutions pay a levy on the goods they receive to meet the cost of running the Western Cape Medical Supplies Centre

The budget to purchase goods for resale in the 2009/10 financial year was R 420,000,000 but R 464,296,000 was spent. The actual sales for the year were R492,032,000 which resulted in a gross profit of R 27,736,000.

Infrastructure

There was significant under-spending on projects that fall under the Infrastructure Grant to Provinces, the Hospital Revitalisation Programme, the maintenance budget and the equitable share budget for infrastructure. Some of the main reasons include inadequate capacity within the Department of Health and the Department of Public Works and the length of time taken to complete design work.

Construction started on the following new and replacement projects:

- New ambulance station at Ceres Hospital.
- New clinic in Grassy Park.
- New community day centre in Kwanokuthula (Plettenberg Bay).
- New ambulance station in Kwanokuthula (Plettenberg Bay).
- New community day centre in Malmesbury (Wesbank).
- New ambulance station at Vredendal Hospital.

12 upgrades and additions at various institutions were also completed during the year with a further 7 projects being in the construction phase. The major projects that were completed included the following:

- New Emergency Centre at Eerste River Hospital.
- Phase 1 of the fire detection project at Groote Schuur Hospital.
- Phase 1 of the security upgrade at Groote Schuur Hospital.
- Upgrade of the anaesthesia department at Groote Schuur Hospital.
- Phase 2 upgrade at Riversdale Hospital.
- Modernised Emergency Centre at Somerset Hospital as part of the World Cup preparations.
- Renovation of the Shipley building at Somerset Hospital.
- Electric fence at Tygerberg Hospital.
- Upgrade of lifts at Tygerberg Hospital.
- Security fence on the east side at Tygerberg Hospital.

Services that other authorities had previously provided need extensive infrastructure upgrades by the Department of Health. These include:

- Emergency medical services previously run by local authorities.
- Primary health care services previously provided by local authorities.
- Forensic pathology service previously under the South African Police Service.

Other infrastructure projects include the upgrading of district hospitals and the construction of new district hospitals in Khayelitsha and Mitchell's Plain, the upgrading of Red Cross War Memorial Children's Hospital thanks to the generosity of the Children's Hospital Trust, and the upgrading of tuberculosis hospitals.

Maintenance

Funds for upkeep have always been limited. This inevitably leads to a deterioration of buildings and other assets.

The Directorate: Engineering and Technical Support Services is responsible for:

- Hospital equipment repairs and maintenance.
- Clinical engineering.
- Engineering services repairs and maintenance.
- Operation of plant and machinery.
- In-house building repairs and maintenance.
- In-house minor building projects.

Individual institutions have to do day-to-day upkeep of health facilities. This includes hospitals, primary health care facilities, ambulance stations and forensic mortuaries.

Capital repair and rehabilitation requirements are jointly identified by the facility and the Directorate: Engineering and Technical Support and is normally undertaken by the Department of Transport and Public Works.

Capital infrastructure initiative to reduce the backlog:

- Constructing new hospitals to replace the most dilapidated infrastructure.
- Disposing of surplus property to fund the reconstruction of hospitals.
- Upgrading existing district hospitals.
- Hospital revitalisation is already in progress at George, Worcester, Vredenburg, Paarl and Valkenberg Hospitals. All of these hospitals needed extensive attention to their buildings.
- Rationalisation of primary health care services and the construction of new community day centres and community health centres. Apart from the projects listed above, other projects currently underway include: the upgrading of TC Newman CDC (Paarl), Happy Valley Clinic (Bonnievale), and extensions to Mitchell's Plain CHC.

Human resources

At the end of March 2010, the Western Cape Department of Health had 28 055 staff members. The cost involved (R 5 billion) amounted to 56% of the department's total expenditure.

The overall vacancy rate, based on the staff establishment, was 6.5%. The vacancy rate for some specific categories of staff and the number of staff employed in each category is given below:

Category of staff	Number employed	Vacancy rate
Medical officers	1,230	7.03%
Dentists (including dental specialists)	91	4.21%
Medical specialists	1,134	4.71%
Professional nurses	5,201	5.56%
Enrolled nurses	2,199	2.27%
Enrolled nursing auxiliaries	4,156	4.90%
Pharmacists	334	27.71%
Clinical psychologists	70	6.67%
Other allied health professionals and technicians	865	11.19%
Managers, administrators and all other staff	10,173	8.36%

The staff turnover rate was 14%. Staff left the department mainly because their contracts had come to an end (54%) or because they had reached retirement age (9%).

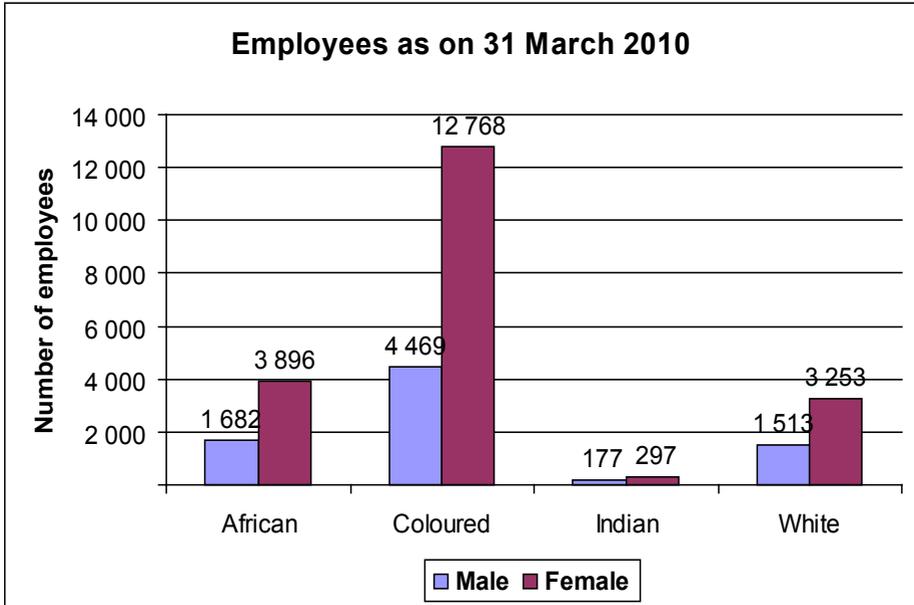
5 385 staff members received performance rewards.

On average, 21 476 staff members took 8 days of sick leave. 852 of the staff members took incapacity leave at an average of 27 days each. The average number of days taken as annual leave was 23 days.

Labour relations

There were 833 misconduct and disciplinary hearings, which resulted in final written warnings (24%), written warnings (39%), or verbal warnings (19%). 43 disciplinary hearings resulted in a dismissal (5.2%).

Demographic profile of staff



Human resource development

In 2009/10 a total of 951 student nurses were in training at the Western Cape College of Nursing and a further 300 nursing students were at nursing schools in the province.

Several learners completed emergency medical services training, including 17 critical care assistants (paramedic course), 84 ambulance emergency assistants and 101 basic ambulance assistants.

Bursaries were given to 1 740 nursing professionals, 350 health professionals, 46 other professionals and 425 support services personnel. 303 of the nursing professionals with bursaries graduated during the year. A further 108 health professionals and 130 support services personnel with bursaries also graduated during the year.

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