



No. 0235 of 2023: Fifth Session, Sixth Legislature



GAUTENG PROVINCIAL LEGISLATURE

ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

Wednesday, 14 June 2023

ANNOUNCEMENTS

none

TABLINGS

none

COMMITTEE REPORTS

1. The Chairperson of the Health and Wellness Portfolio Committee, Dr. M R Phaladi-Digamela, tabled the Committee's Oversight Report on the Fourth Quarterly Performance Report of the Department of Health for the 2022/2023 financial year, as attached:

COMMITTEES QUARTER OVERSIGHT REPORT ON DEPARTMENT / ENTITY PERFORMANCE

**Portfolio Committee on Health Committee and Wellness Oversight Report on the Fourth quarterly Report of the
Department of Health for the 2022/23 Financial Year**

Committee Details		Department / Entity Details	
Name of Committee	Health Committee	Name of Department / Entity	Department of Health
Which Financial Year	2022/23	Dept. Budget Vote Nr.	4
Which Quarter	4 th	Hon. MEC	MEC Nobantu Nkomo-Ralehoko
Committee Approvals			
	Name	Date Considered by Committee	
Hon. Chairperson	Hon. Rebecca Phaladi-Digamela	13 June 2023	
Adoption and Tabling			
Date of Final Adoption by Committee		Scheduled date of House Tabling	
13 June 2023		15 June 2023	

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i. ABBREVIATIONS

Abbreviation	Full Wording
APP	Annual Performance Plan
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Classes
ART	Anti-Retroviral therapy/ treatment
ARV	Anti-retroviral
CAPEX	Capital Expenditure
CHC	Community Health Centre
CHW	Community Health Worker
CCMT	Comprehensive Care Management and Treatment
CCMDD	Central Chronic Medication Distribution
DID	Department of Infrastructure
DHS	District Health System
DCST	District Clinical Specialist Teams
EMS	Emergency Medical Service
EPI	Expanded Programme for Immunization
FY	Financial Year
GSSC	Gauteng Shared Services Centre
GPA	Gauteng Programme of Action
GDH	Gauteng Department of Health
DHS	District Health System
DCST	District Clinical Specialist Teams
EMS	Emergency Medical Service

Abbreviation	Full Wording
EPI	Expanded Programme for Immunization
FY	Financial Year
GSSC	Gauteng Shared Services Centre
GPA	Gauteng Programme of Action
GDH	Gauteng Department of Health
HIV	Human Immune Virus
ICT	Information and Communication Technology
MDR	Multi Drugs Resistance
MMC	Male Medical Circumcision
MTEF	Medium Term Expenditure Framework
NCD	Non-Communicable diseases
NDOH	National Department of Health
NHLS	National Health Laboratory Service
NSDA	Negotiated Service Delivery Agreement
NIART	Nurse initiated Antiretroviral Therapy
NSP	National Strategic Plans
OSD	Occupational Specific Dispensation
PAC	Picture Archiving and Communications
PCR	Patient Day Equivalent
PFMA	Public Finance Management Act
PEP	Post Exposure Prophylaxis
PHC	Primary Health Care
PICT	Provider-Initiated Counselling and Testing
PMTCT	Prevention of Mother to Child Transmission
QHP	Quality Health care Programme me s
RAF	Road Accident Fund
SALGA	South African Local Government Association
SCM	Supply Chain Management
STP	Strategic Transformation Plan
STIs	Sexual Transmitted Infections
TB	Tuberculosis
UPFS	Uniform Patients Fee Schedule

Abbreviation	Full Wording
XDR	Extreme Drug Resistance
WBOT	Ward Based Outreach Teams

ii. SUMMARY

ii. Summary of the report

Strategic Priorities

High level summary of Committee's overall assessment of the Department / Entity achievement of relevant strategic priorities for the period under Review

The total appropriation adjusted budget for the department for the 2022/23 FY is **R61 351 556 000**. By the end of the 4th quarter the department spent **R58 642 414 000, (95.6%)** of its overall appropriation adjusted budget for 2022/23 FY. The department reported an underspending of 2.4 billion in the year under review with the main contributor to the under expenditure being programme 8 as it has more contractual obligation. As envisaged by the committee, by the end of the current financial year, administration programme is overspending at 125.3% and the main contributor is accrual on payment of medico legal claims against the state. The committee is of the view that the mediation plan that has been put in place in order to explore other avenues of mediation and further decreasing the medico legal claims that are straining the budget of the department is not working and further mediation is required in this regard.

Eight main programmes are being funded under Vote 4 which are Administration; District Health Services; Emergency Medical Services, Provincial Hospitals; Central Hospitals; Health Sciences and Training; Health Care Support Services and Health Facilities Management. Reporting should provide progress of the fourth quarter performance against performance targets reflected in the 2022/23 Financial Year Annual Performance Plan. The department has set **154** targets relevant to addressing performance on service delivery for the quarter under review. Of the set **154** targets, 78 has been achieved. The target performance is noted to be not aligned with the expenditure for the quarter under review. The department is noted to have spent 95.6% and the target performance is 51% in the current quarter noting a decline in performance of 10% from the previous quarter.

Patterns of underspending and overspending are observed in the department's programme during the quarter under review. Overspending is observed on administration 125.3%, Emergency Medical Services by 112% and Healthcare Support Services 101%.

Underspending is observed on the following programmes:

- District Health Services 92.4%

ii. Summary of the report

Provincial Hospital Services by 98.2%

Central Hospital Services by 97.8%

- Health Sciences and Training by 58.5%

- Health Facility Management by 74.9%

Department / Entity APP Achievement

An overall Summary of whether the Committee thinks the Department / Entity Non-Financial Performance is sound and prudent

The Committee is concerned with the Department's expenditure patterns. The Department was not consistent in its spending; whilst other programmes were experiencing an under-expenditure, others were overspending significantly. Programme 1 overspent by 125.3%, Programme 3 by 112% and programme 7 by 101% whilst Programme 6 and 8 recorded under expenditure by 58.5% and 74.9% respectively.

An analysis on whether (and if so, the extent to which) the Department / Entity Programmes / Projects are indeed achieving its Strategic Objectives / Service Delivery Outcomes for the period under review.

The programmes of the Department were aligned with the key priorities which are: to provide affordable access to quality health care while promoting health and wellbeing, to phase in national health insurance, with a focus on upgrading public health facilities, producing more health professionals and reducing the relative cost of private health care, increase average male and female life expectancy at birth to 70 years, progressively improve TB prevention and cure, reduce maternal, infant and child mortality, to significantly reduce prevalence of non-communicable chronic diseases, to deploy primary healthcare teams to provide care to families and communities, everyone must have access to an equal standard of care regardless of their income and to fill posts with skilled, committed and competent individuals. Moreover, the Department's programmes were aligned with the Growing Gauteng Together (GGT) strategy.

Department / Entity Project Management

Overall Summary on management and delivery of Department / Entity Projects

None

Financial Performance

ii. Summary of the report

An overall Summary of whether the Committee thinks the Department / Entity Financial Performance is sound and prudent

The Department spent **R58 642 414 000, (95.6%)** of its adjusted appropriation budget for 2022/23 FY. The committee is noting concerning discrepancies in financial management of the department with the following programmes:

- Programme 1; Administration spent 125.3% of its expenditure for the quarter review.
- Programme 3; Emergency Medical Services spent 112% expenditure for quarter under review.
- Programme 6, Health Science and Training spent 58.5% expenditure for the quarter under review.
- Programme 7; Healthcare Support spent 101% expenditure for the quarter under review.
- Programme 8; Health Facility Management spent 74.9% expenditure for the quarter under review.

The department has reported that an amount of **R20 280 billion** medico legal cases claim liability in the year under review. The department did not meet a target to decrease the liability to below 15.5 billion in the quarter under review.

Resolutions Management

An overall Summary of the Committee's assessment of Department / Entity Resolutions Management

The committee is noting an improvement in compliance with timeframes in responding to resolutions.

Petitions Management

An overall Summary of the Committee's assessment of Department / Entity Petitions Management

The Department complies with the timeframes when responding to petitions.

Public Engagements

An overall Summary of the Committee's assessment of Department / Entity Public Engagements

The Department conducted the following campaigns in the quarter under review:

- 23 physical activities programmes established in all 5 districts.
- A Food Control Forum was established to serve as an interim regulatory arm and will be launched on 7th June 2023 during the World Food Safety Day in City of Tshwane.
- 3 consultative meeting held and continuing monthly.
- Food control blitz was done on the 22 March 2023 at Kwa-Thema Hostel

ii. Summary of the report	
<ul style="list-style-type: none"> Health Promotion Garden was launched at Eagle Day Care Early Childhood Centre (ECD) in Alexandra on the 10th of February 2023 (TISH) 	
International Agreements	
<i>Overall Summary on Department / Entity implementation of relevant Internal Agreements / Treaties [Only if applicable] [Applicable only to OCPOL / OoP]</i>	
	N/A
GEYODI Empowerment	
<i>Overall Summary on Department / Entity achievement on actual GEYODI empowerment in communities</i>	
In the quarter under review, 60242 women empowered, 24384 youth and 1248 people with disabilities.	
Fiduciary Compliance	
<i>Overall Summary on Department / Entity Compliance with fiduciary requirements</i>	
The Department was compliant with the fiduciary requirements.	
Capacitated Department / Entity	
<i>An overall Summary of whether the Committee thinks the Department / Entity is adequately capacitated and resourced to carry out its functions and discharge its mandates</i>	
The Committee believes that the Department was adequately capacitated and resourced to carry out its functions; however, the department needs to improve on the following areas: filing of vacant positions and ensuring that unfunded posts are attended to based on the facility demand study and assessment. Ensuring quality healthcare service for all	
Any other Committee Focus Area (if relevant / applicable and Requirement)	
<i>High level summary of any other area of Department / Entity performance with respect to its Quarter Report that the Committee wishes to report on, which is not already included in any of the above Focus Areas.</i>	
	None
Summary of Committee Findings	
<i>High level summary of Committee findings. Broadly, which aspects do they relate to</i>	
i.	The department spending across its programmes is still a concern for the committee. Beyond the measure that were put in the previous financial year. However, these patterns are still noted with concerns.

ii. Summary of the report

- ii. The irregular expenditure
- iii. The target performance versus the financial performance. The committee is concerned as there is no proper alignment
- iv. The nonperformance in critical target that will improve health of citizens and increase life expectancy

Summary of Committee Recommendations

High level summary of Committee Recommendations. Broadly, which aspects do they relate to

- i. The Department must continuously review and strengthen its spending pattern
- ii. The department to outline plans and strategy on how to address the accruals
- iii. The department to ensure proper alignment of its financial performance against the target performance.
- iv. The department to ensure that there is proper working strategy in place in order to expedite the delays in projects and address the underperformance in programme 8.

iii. INTRODUCTION

The Health Portfolio Committee has a responsibility to conduct oversight and scrutinise the health department's quarterly performance. Quarterly reports provide the Committee with an assessment of Sector Oversight Model (SOM), the Committee evaluated the department's 4th quarterly performance report ensuring that by the end of the 4th quarter the department should have spent 100% of its overall appropriation budget allocation.

The report seeks to provide an overview of the 4th Quarter performance of the Gauteng Department of Health for the 2022/23 Financial Year. This process will assist the Committee to assess whether the department will achieve their planned targets and to complete projects against the allocated budget and timeframes.

iv. PROCESS FOLLOWED

- i. The Department's fourth quarterly report was formally referred to the Portfolio Committee on the 30th April 2023 by the Speaker Ms LM Mkgwe for consideration, deliberation, and report. The Committee then embarked on an assessment and scrutiny of the 4th quarterly report for 2022/23 FY.
- ii. The Committee held a preparatory meeting on the 19th May 2023 where the Committee Researcher made a presentation on the analysis of the Department's 2022/23 FY 4th Quarterly Report.
- iii. On the 2nd June 2023, the Gauteng Department of Health and Wellness led by the MEC Nobantu Nkomo-Ralehoko presented the Department's fourth Quarterly Report.
- iv. On the 13th of June 2023, the Committee considered, deliberated, and adopted the report.

1. OVERSIGHT ON DEPARTMENT / ENTITY ACHIEVEMENT OF STRATEGIC PRIORITIES

1.1 THE DETAILS ON Department / Entity achievement on relevant Strategic Priorities for the period under review]

The Department had achieved 51% of its targets noting a decrease in performance of 10% from previous quarter. from the set targets of 154 in the quarter under review.

Complaint resolution within 25 working days at 99.3% against the target of 95%, Ideal Clinic status obtained rate 97.6%, number of CHC's providing 24hrs services is at 38%, people living with HIV tested and initiated on treatment, child under 5 years pneumonia, diarrhoea, and acute malnutrition case fatality, infant PCT test positive around 10 weeks, school Grade 1 and grade 8 learners screened.

2 OVERSIGHT ON DEPARTMENT / ENTITY ACHIEVEMENT OF APP TARGETS

2.1 THE DETAILS ON DEPARTMENT / ENTITY APP PERFORMANCE

Number of APP targets relevant for this Quarter

154 targets

Number of APP targets for this Quarter that have been achieved during this Quarter

78 targets achieved.

Percentage of APP targets for this Quarter that have been achieved during this Quarter

51%

Percentage of APP achievement for the previous Quarter (for Comparison)

61%

Main areas in the APP that have experienced non-achievement or over achievement during this Quarter

The Department had recorded an over-achievement in the following areas: Complaint resolution within 25 working days at 99.3% against the target of 95%, number of CHC's providing 24hrs services is at 38%, people living with HIV tested and initiated on treatment, child under 5 years pneumonia, diarrhoea, and acute malnutrition case fatality, infant PCT test positive around 10 weeks, school Grade 1 and grade 8 learners screened.

The department recorded non-achievement in the following areas: Percentage of service providers invoices without dispute paid within 30 days, Rand Value of Medico Legal claims, Percentage of CHCs implementing PACS, Percentage of CHC's with Integrated Health Information system, Percentage of hospitals with Integrated Health Information systems, on Patient Severity Assessment Code incident reported within 24hrs at 85% against the target of 95.3%, patients remaining on ART, TB patients lost to follow-up, TB treatment success rate, antenatal visit before 20 weeks, mothers postnatal visit within 6 days, immunization under one coverage. EMS P1 Urban response time under 30 minutes rate and EMS Rural response under 60 minutes response rate

Main reasons provided by the Department / Entity for non-achievement or over achievement of its APP during this Quarter

On the percentage of the budget spent on township enterprise, the department could not provide the report due to a system challenge in the Gauteng Department of Treasury leading to inability to generate reports. Once the system is running, the report will be shared with the committee.

2.1 THE DETAILS ON DEPARTMENT / ENTITY APP PERFORMANCE

Percentage of service providers invoices without dispute paid within 30 days, the department reported this was due to the shortage of cash resulting from medico legal payment and settlement of old accruals. In mitigating this, the department will request Gauteng Treasury for a cash bail out.

Clients remain on ART at 90% was not achieved at 65.5% due to high loss in follow-up, in mitigating this the department to intensify tracing by Community Healthcare worker and facilities to be encourage on education about referrals.

In order to mitigate the non-achievement in EMS response time in the quarter under review. The department reported that it is difficult to mitigate as the resources are diverted to where there is most need and the organization is bound to respond or provide service to outstanding calls.

Immunisation under one coverage 90% target not achieved due to parents not honouring appointments, the department reported that they will conduct outreach immunisation campaigns especially to hard-to-reach areas, conduct outreach campaigns visiting day care centres and informal settlements and further do weekly monitoring of service uptake against set targets.

Measures in place (with timeframes) to correct the deviation in targets for this Quarter and to prevent recurrence of such or similar deviation

The Department reported that they will be implementing intervention measure on the non-achievement target to improve performance in the next quarter.

A summarized analysis on the Department / Entity performance per Programme for the period under review

The Department's performance in terms of its achievement of targets is not satisfactory and not inline with the budget spent.

Programme 1: Administration recorded a 0% achievement of targets.

Programme 2; District Health Services 43% achievements of targets

Programme 3; Emergency Medical Services 0% achievements of targets

Programme 4; Provincial Hospital Services 60% achievements of targets

Programme 5; Central Hospital Services 36% achievements of targets

Programme 6; Health Science and Training 100% achievements of targets

Programme 7; Healthcare support services 67% achievements of targets

Programme 8; Health Facilities Management 0% achievements of targets

Summarized information on any unplanned / emerging priorities reported on by the Department / Entity during the period under review

2.1 THE DETAILS ON DEPARTMENT / ENTITY APP PERFORMANCE

None

Summarized information on how the Department / Entity maintains portfolios of evidence to verify its reported performance information

The Department reported that budget has been requested from MTEC for the procurement of service providers to verify data, audit records and investigate possible fraudulent claims

3. OVERSIGHT ON DEPARTMENT / ENTITY PROJECT MANAGEMENT

3.1 THE DETAILS ON [DEPARTMENT / ENTITY PROJECT MANAGEMENT

None

4 OVERSIGHTS ON DEPARTMENT / ENTITY FINANCIAL PERFORMANCE

4.1 THE DETAILS ON DEPARTMENT / ENTITY FINANCIAL PERFORMANCE
Actual amount (in Rands) allocated to the Department / Entity as budget for this entire Financial Year
R61 351 556 000
Actual amount projected by the Department / Entity to be spent only during the Q under review
R14 979 936 000
Actual amount (in Rands) spent by the Department / Entity only during the Q under review
R12 820 304 000
Total actual amount (in Rands) spent by the Department / Entity (Year to Date), i.e. from the beginning of this FY to the end of this Q under review
R58 642 414 000
Percentage (% of total budget allocation) of budget expenditure for this Q under Review only
85.6%
Percentage (% of total budget allocation) of budget expenditure (Year to Date), i.e. from the beginning of this FY to the end of this Q under review
95.6%
An analysis of how the % budget expenditure compares with the % APP achievement
The Department spent 95.6% of its budget allocation and 51% achievement of targets. The committee is noting an improvement performance even though targets are not met, and further improvement need to be done to collate target performance against budget spent.
If there was over / under spending of greater than 3% of projection, what were the main challenges that led to the over / under spending
The department has projected to spend R61 351 556 000 of the overall Vote 4 budget appropriation, with the department spending R58 642 414 000 which makes the total percentage 95.6% of the appropriation allocation for 2022/23 FY. The department has complied with the provisions of the Sector Oversight Model by spending 95.6% in the quarter under review, reflecting an underspending of 4.4%. The budget appropriation is within target limit because ideal expenditure should have been 100% of the total appropriation budget for the year under review.

4.1 THE DETAILS ON DEPARTMENT / ENTITY FINANCIAL PERFORMANCE

Over-expenditure exceeding 3% was noted in the following programmes:

Programme 1; Administration spent **R411 977 000** exceeding the **R371 598 0000** which was allocated for the quarter under review, marking an 125.3% expenditure on the allocated budget for the financial year. The over expenditure resulted from the accruals from the previous years and payment of medico legal claims.

Programme 3; Emergency Medical Services was allocated **R362 713 000** for the quarter under review and **R 396 262 000** was spent, marking 112% expenditure on the allocated budget for the quarter under review.

Underspending exceeding 3% was noted in the following programmes:

Programme 2: District Health Services was allocated **R5 235 252 000** for the quarter under review and **R4 308 417 000** was spent marking **92.4% expenditure of the overall allocated budget for the quarter under review.**

Programme 6; Health Science and Training was allocated **R293 284 000** for the quarter under review and **R147 130 000** was spent marking 58.5% expenditure on the allocated budget for the quarter under review.

Programme 8; Health Facility Management was allocated **R607 570 000** for the quarter under review and **R490 816 000** was spent marking **74.9%** expenditure on the allocated budget for the quarter under review.

Mitigating measures by the Department / Entity to remedy over / under expenditure

The department reported that implementation of Turning the Tide Plan has experienced sluggish pace and urgent interventions are required and further encouraged by the committee to ensure improved performance across programmes. This strategy aims and improving area of no and underperformance by the department. The department is further encouraged to intensify this intervention for further improved performance with more emphasise on programme 8 in addressing the slow progress in projects and underspending thereof.

The Department / Entity's achievement with respect to GEYODI responsive budgeting / procurement for the period under review

The Department did not achieve its target in the quarter under review, achieving 47.1% in women at SMS level.

The Department / Entity's achievement with respect to township economy / SMME / local procurement for the period under review

No report was provided in the quarter under review due to system challenges.

A summary for the period under review with respect to payment of service providers within 15-30 days

4.1 THE DETAILS ON DEPARTMENT / ENTITY FINANCIAL PERFORMANCE

The Department reported to have paid 41% invoices within 30 days in the quarter under review.

A summary for the period under review with respect to fruitless, wasteful and irregular expenditure

None

A summary for the period under review with respect to efficiency / value for money in all SCM / procurement processes

The Department has liability of R20.2 billion in the quarter under review to pay medico legal claims against the department

A summary for the period under review with respect to reduction of fraud and corruption in all SCM / procurement processes

No report was provided under this indicator.

A summary for the period under review with respect to ongoing clean audits

The Department obtained an unqualified report in the previous financial year

A summary for the period under review with respect to spending on conditional grants (where applicable)

No report was provided under this indicator

Program / Sub Programme level financial performance

Programme 1; Administration spent R411 977 000 exceeding the R371 598 0000 which was allocated for the quarter under review, marking an 125.3% expenditure on the allocated budget for the financial year. The over expenditure resulted from the accruals from the previous years and payment of medico legal claims.

Programme 2: District Health Services was allocated R5 235 252 000 for the quarter under review and R4 308 417 000 was spent marking 92.4% expenditure of the overall allocated budget for the quarter under review.

Programme 3; Emergency Medical Services was allocated R362 713 000 for the quarter under review and R 396 262 000 was spent, marking 112% expenditure on the allocated budget for the quarter under review.

Programme 4; Provincial Hospital Services was allocated R2 682 684 000 for the quarter under review and R2 380 431 000 was spent, marking 98.2% expenditure.

Programme 5; central hospital services was allocated R5 319 344 000 for the quarter under review and R4 598 315 000 was spent, marking 97.8% expenditure.

Programme 6; Health Science and Training was allocated R293 284 000 for the quarter under review and R147 130 000 was spent marking 58.5% expenditure on the allocated budget for the quarter under review.

4.1 THE DETAILS ON DEPARTMENT / ENTITY FINANCIAL PERFORMANCE

Programme 7; Healthcare Support Services was allocated R107 491 000 for the quarter under review and R86 956 000 was spent marking 101% expenditure.
Programme 8; Health Facility Management was allocated R607 570 000 for the quarter under review and R490 816 000 was spent marking 74.9% expenditure on the allocated budget for the quarter under review.

5 OVERSIGHT ON DEPARTMENT / ENTITY RESOLUTIONS AND PETITIONS MANAGEMENT

5.1 THE DETAILS ON DEPARTMENT / ENTITY RESOLUTIONS MANAGEMENT

How many Responses / Actions to Resolutions were due by the Department / Entity during the Quarter under review	With respect to all Resolutions that were due in the Quarter under review, how many Resolutions have been successfully responded to by the Department / Entity
-----------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------

23	None
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What is the Committees perception of the Quality and Timeliness of Department / Entity responses to Committee Resolutions

The Department did submit two set of resolutions which were analysed by the committee. However there is still more outstanding and overdue for submission.

With respect to the Resolutions / Action due during the Quarter under review but still overdue, what reasons have been provided by the Department / Entity [with mitigating measures to submission]

The committee has made follow up and one report from the outstanding report has been submitted and will be analysed in the next quarter

5.2 THE DETAILS ON DEPARTMENT / ENTITY PETITIONS MANAGEMENT

How many Responses / Actions to Petitions due by the Department / Entity during the Quarter under review	With respect to all Petitions that were due in the Quarter under review, how many Petitions have been successfully responded to by the Department / Entity
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None	None
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What is the Committees perception of the Quality and Timeliness of Department / Entity responses to referred Petitions

N/A

With respect to the Petitions / Action due during the Quarter under review but not yet responded to by the Department / Entity, what reasons have been provided by the Department / Entity [with mitigating measures to submission]

None

6 OVERSIGHT ON DEPARTMENT / ENTITY PUBLIC ENGAGEMENT

6.1 THE DETAILS ON DEPARTMENT / ENTITY PUBLIC ENGAGEMENTS

The steps / measures the Department / Entity has taken to meaningfully involve the public / stakeholders in the course of its work / service delivery, during the period under review

- 23 physical activities programmes established in all 5 districts.
- A Food Control Forum was established to serve as an interim regulatory arm and will be launched on 7th June 2023 during the World Food Safety Day in City of Tshwane.
- 3 consultative meeting held and continuing monthly.
- Food control blitz was done on the 22 March 2023 at Kwa Thema Hostel

Summary of Public Education programmes of the Department / Entity during the period under review

- 1 Health Promotion Garden was launched at Eagle Day Care Early Childhood Centre (ECD) in Alexandra on the 10th of February 2023 (TISH)
- Education was also given to community members. 250 pamphlets issued at Kwa -Thema CCC and 60 at Kwa -Thema hostel

Feedback sessions conducted by the Department / Entity during the period under review

None

7. OVERSIGHT ON INTERNATIONAL TREATISE / AGREEMENTS

7.1 DETAILS ON IMPLEMENTATION OF INTERNATIONAL AGREEMENTS / TREATIES [Applicable only to OCPOL / OoP]

N/A

8 OVERSIGHT ON DEPARTMENT / ENTITY GEYODI EMPOWERMENT

8.1 DETAILS ON DEPARTMENT / ENTITY GEYODI EMPOWERMENT

In the quarter under review, 60242 women empowered, 24384 youth and 1248 people with disabilities.

9. OVERSIGHT ON DEPARTMENT / ENTITY COMPLIANCE WITH FIDUCIARY REQUIREMENTS

9.1 DETAILS ON DEPARTMENT / ENTITY COMPLIANCE WITH FIDUCIARY REQUIREMENTS

GPL	The Department does fully comply with the requirements of the GPL in submitting reports, responses to house resolutions, petitions and any other information required. The committee is still noting outstanding House Resolutions from the previous financial year even the committee is noting some improvement
Auditor General (AGSA)	The Department was compliant with the AGSA requirements when submitting financial statements and any other information required by the office.
Public Service Commission (PSC)	The Department is compliant with PSC and responsive with the recommendation made, update reporting is provided to the committee for monitoring
Compliance with relevant fiduciary Legislation [e.g. PFMA]	The Department does not seem to fully comply with the requirements of the PFMA in its financial expenditure. This was because the Department's spending was either significantly above or below the acceptable spending percentage.

10 OVERSIGHTS ON A CAPACITATED PUBLIC SERVICE

10.1 THE DETAILS ON A CAPACITATED DEPARTMENT / ENTITY

Detailed information on the current vacancies (at all staff levels)

85794

Current vacancy rate

10187

Current acting positions (at all Staff levels)

18

Terminations during the period under review

9837

New appointments during the period under review

4369

Detailed information on the GEYODI / HDI empowerment for the period under review

In the quarter under review, 60242 women empowered, 24384 youth and 1248 people with disabilities.

Detailed information on any suspensions for the period under review

None

11 OVERSIGHT ON ANY OTHER COMMITTEE FOCUS AREA

11.1 THE DETAILS ON ANY OTHER COMMITTEE FOCUS AREA

Any other area of Department / Entity performance with respect to its Quarter Report that the Committee wishes to report on, which is not already included in any of the above Focus Areas.

The department to continue implementing and intensify the six months intervention plan for priority programmes to assist in improving performance further and help address gaps in provision of support services for improved clinical outcomes and prevention of negative outcomes of audits/assessments by oversight bodies

12 COMMITTEE FINDINGS / CONCERNS

12.1 DETAILED COMMITTEE FINDINGS / CONCERNS

- i. The Committee is concerned with the nonperformance in set targets which is not aligned with the budget spent.
- ii. The Committee is still concerned that the department still has no strategy in place to trace patients lost to follow-up
- iii. The Committee is concerned with the “patients experience of care satisfaction rate” that was not achieved at all levels of hospital services due to lack of access and unavailable medicines
- iv. The committee is concern that the Medico legal claims mediation strategy is not addressing the cause that leads to these claims.
- v. Committee is concerned with the continues nonperformance in ambulance response time
- vi. Committee is concerned with the slow progress in implementing the Health Information System

13 COMMITTEE RECOMMENDATIONS

13.1 DETAILED COMMITTEE RECOMMENDATIONS

Based on the information set out herein-above as well as the Committee Concerns, the Committee therefore recommends as follows:

Ref Number	Recommendation	Type of response expected	Due Date
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13.1 DETAILED COMMITTEE RECOMMENDATIONS

COH / Q4PR / 001	The department should provide detailed report outlining planned strategies to ensure alignment of target performance to budget expenditure	Written Response	28 July 2023
COH / Q4PR / 002	Detailed report on planned strategies including implementation plan in order to improve loss to follow-up to patients on treatment	Written Response	28 July 2023
COH / Q4PR / 003	The department to provide a report on these incidents where patients were denied access and were not provided with necessary medication. This report should also include mitigation strategy to ensure that the similar incident is avoided in future.	Written Response	28 July 2023
COH / Q4PR / 004	The department to provide a detailed report outlining the mediation strategy on the medico legal claims against the state and further detailing and outlining the professionals responsible and the consequence management in place	Written Response	28 July 2023
COH / Q4PR / 005	The department to provide a proper strategy to address the challenge in ambulance response time, further outlining a strategy to ensure that the logged is allocated accordingly.	Written Response	28 July 2023
COH / Q4PR / 006	The department to provide a detailed report on the delays in the implementation of the Health Information system and further outline the financial impact caused by these delays	Written Response	28 July 2023

14. ACKNOWLEDGEMENTS

The Chairperson wishes to thank the Hon. MEC for Health and Wellness, Nobantu Nkomo-Ralehoko and her team, for the preparation of the Fourth Quarterly report for 2022/23 Financial Year and the efforts made in taking the Committee through the details of the report and responding to questions raised by members.

Highly appreciated is the selfless role of the Committee Members of the Health Portfolio Committee for their dedication and commitment: M Letsie, M J Kanyane, M Mfikoe, J Bloom, B Makhene, N Radebe, A Fuchs, N Du Plessis, and A Alberts.

Last but not least, I would like to acknowledge the support staff: Group Committee Co-ordinator Ms Z Pantshwa-Mbalo; Senior Researcher, Dr S Nenweli; Researcher, Dr M Mokonoto; Senior Committee Coordinator; Ms N Ngidi; Committee Coordinator, Ms N August; Committee Administrator, Ms T Msomi; Service Officer, Mr I Ngcobo, Hansard staff, Mr M Makwela, Information Officer Mr W Nsibande, Communication Officer Mr A Mokoka and Public Outreach Officer Mr N Buthelezi.

15. ADOPTION

In accordance with Rule 117 (2) (c) read together with Rule 164, the Health Portfolio Committee hereby recommends that the report on the Gauteng Department of Health 4th Quarterly Report for the 2022/23 Financial Year, be adopted by the House, taking into account the Committee concerns and recommendations made in this report.