

ITEM NUMBER: C 61/08/24

RECOMMENDATION FROM THE EXECUTIVE MAYOR: 13 AUGUST 2024

MC 68/08/24 COMMUNITY SERVICES AND HEALTH: 2023/24 THIRD QUARTER'S PROGRESS REPORT ON THE DIRECTORATE AND DEPARTMENTS' PERFORMANCE (LSU R0428; P1061)

It is **RECOMMENDED** that the 2023/24 third quarter progress report on the Community Services and Health directorate and departments' performance, be noted.



REPORT TO: MAYCO AND COUNCIL

13 AUGUST 2024

1 ITEM NUMBER: MC 68/08/24

2 SUBJECT

COMMUNITY SERVICE AND HEALTH: 2023/24 THIRD QUARTER'S PROGRESS REPORT ON THE DIRECTORATE AND DEPARTMENTS' PERFORMANCE

*IINKONZO ZOLUNTU NEZEMPILO: INGXELO ENGENKQUBELA
NGOKUMALUNGA NENDLELA YOKUSEBENZA KWECANDELO LOLAWULO
NAMASEBE YEKOTA YESITHATHU KOWAMA2023/24*

GEMEENSKAPSDIENSTE EN GESONDHEID: VORDERINGSVERSLAG OOR DIE DIREKTORAAT EN DEPARTEMENTE SE PRESTASIE GEDURENDE DIE DERDE KWARTAAL VAN 2023/24

3 **RECOMMENDATION FROM THE COMMUNITY SERVICES AND HEALTH PORTFOLIO COMMITTEE: 05 AUGUST 2024 (AGENDA ITEM CSH 24/08/24)**

Mr G Phyfer introduced the report and highlighted that the 2023/2024 fourth quarter's progress report on the directorate and departments' performance would be submitted to the Community Services and Health Portfolio Committee meeting scheduled for 02 September 2024.

RECOMMENDATION

It is **RECOMMENDED** that:

- a) The Community Services and Health directorate's 2023/2024 third quarter's progress report be submitted to the Executive Mayor together with the Mayoral Committee together with a summary of the concerns and queries raised by the Portfolio Committee and the directorate's responses thereto;
 - b) the Executive Mayor together with the Mayoral Committee evaluate and review the 2023/24 third quarter's progress report and submit the report to Council for noting;
 - c) Council note the 2023/24 third quarter's progress report.
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AANBEVELING

Daar word **AANBEVEEL** dat:

- a) Die direktoraat gemeenskapsdienste en gesondheid se vorderingsverslag vir die derde kwartaal van 2023/24 aan die uitvoerende burgemeester tesame met die burgemeesterskomitee voorgelê word saam met 'n opsomming van die kwessies en vrae wat deur die portefeuljekomitee uitgelig is en die direktoraat se antwoorde daarop;
- b) Die uitvoerende burgemeester tesame met die burgemeesterskomitee die vorderingsverslag vir die derde kwartaal van 2023/24 evalueer en hersien en die verslag vir kennisname aan die Raad voorlê;
- c) Die Raad kennis neem van die vorderingsverslag vir die derde kwartaal van 2023/24.

IZINDULULO

KUNDULULWE ukuba:

- a) Emva koko, ingxelo yenkqubela yekota yesithathu yangowama2023/2024 yecandelo leeNkonzo zoLuntu nezeMpilo mayingeniswe kuSodolophu weSigqeba ekunye neKomiti yeSigqeba sakhe kunye nesishwankathelo seenkxalabo nemibuzo ephakanyiswe yikomiti yemicimbi yeSebe kunye neempendulo zecandelo.
- b) USodolophu weSigqeba ekunye neKomiti yeSigqeba sakhe mabahlole kwaye baphonononge ingxelo engenqubela yekota yesithathu yangowama2023/24 aze angenise ingxelo kwiBhunga ukuze liyiqwalasele;
- c) IBhunga maliqwalasele ingxelo engenqubela yekota yesithathu yangowama2023/24.

LSU R0428



REPORT TO: SECTION 79 PORTFOLIO COMMITTEES
MAYCO

1. ITEM NUMBER : CSH 24/08/24

2. SUBJECT

P1061

COMMUNITY SERVICE AND HEALTH: 2023/24 THIRD QUARTER'S PROGRESS REPORT
ON THE DIRECTORATE AND DEPARTMENTS' PERFORMANCE

ISIHLOKO

IINKONZO ZOLUNTU NEZEMPILO: INGXELO ENGENKQUBELA NGOKUMALUNGA
NENDLELA YOKUSEBENZA KWECANDELO LOLAWULO NAMASEBE YEKOTA
YESITHATHU KOWAMA2023/24

ONDERWERP

GEMEENSKAPSDIENSTE EN GESONDHEID: VORDERINGSVERSLAG OOR DIE
DIREKTORAAT EN DEPARTEMENTE SE PRESTASIE GEDURENDE DIE DERDE KWARTAAL
VAN 2023/24

3. DELEGATED AUTHORITY

In terms of delegation *[System of Delegations as adopted by Council on 21 March 2022, PART 7-Delegation 1, paragraphs (7) and (8)].*

This report is FOR DECISION BY

- Committee name** : COMMUNITY SERVICES & HEALTH
- The Executive Mayor together with the Mayoral Committee (MAYCO)
- Council

4. DISCUSSION

The Portfolio Committee must monitor and evaluate the impact and performance during the third quarter of the 2023/24 financial year. This report will cover the period from 1 January – 31 March 2024. The indicators actual performance are reported cumulatively.

Once considered by the Portfolio Committee the report will be submitted to the Executive Mayor together with the Mayoral Committee for review and evaluation and Council for noting.

[This is in terms of delegation (C34/10/23), PART 7-Delegation 1 (4)].

Below is a summary of the directorate’s performance as at 31 March 2024:

Indicators met or exceeded: 26
Indicators not applicable: 11
Indicators not met: 7
Total number of indicators: 44
Result: 26/33 = 78.8%

Financial Implications

- None
- Opex
- Capex
 - Capex: New Projects
 - Capex: Existing projects requiring additional funding
 - Capex: Existing projects with no additional funding requirements

Policy and Strategy

- Yes
- No

- Legislative Vetting Yes No
- Legal Implications Yes No
- Staff Implications Yes No
- Risk Implications Yes The risks for approving and/or not approving the recommendations are listed below:
- No Report is for decision and has no risk implications.
- No Report is for noting only and has no risk implications.
- POPIA Compliance Yes It is confirmed that this report and the content of the annexures have been checked and considered for POPIA compliance.

5. RECOMMENDATIONS

- a) It is recommended that the Portfolio Committee monitor and evaluate the impact and performance of the 2023/2024 third quarter's progress report in relation to its functional area. **Thereafter, the PC report must be submitted to the Executive Mayor together with the Mayoral Committee together with a summary of the concerns and queries raised by the committee, and the directorate's responses thereto;**
- b) It is recommended that the Executive Mayor together with the Mayoral Committee evaluate and review the 2023/24 third quarter's progress report and submit the report to Council for noting;
- c) It is recommended that Council note the 2023/24 third quarter's progress report.

IZINDULULO

Kundululwe ukuba:

a) IKomiti yeMicimbi yeSebe mayibek'iliso kwaye iphengulule impembelelo nendlela yokusebenza ngokumalunga nengxelo engenqubela yekota yesithathu kowama2023/24 ngokujoliswe kwinkalo yayo yokusebenza. **Emva koko ingxelo yePC kufuneka ingeniswe kuSodolophu weSigqeba kunye nakwiKomiti yeSigqeba sakhe kwakhona nesishwankathelo seenkxalabo nemibuzo ephakanyiswe yikomiti emva koko neependulo zecandelo lolawulo;**

b) USodolophu weSigqeba kunye neKomiti yeSigqeba sakhe mabavavanye kwaye baphengulule ingxelo engenqubela yekota yesithathu kowama2023/24 kwaye iyingenise kwiBhunga ukuze iqwalaselwe;

c) IBhunga maliqwalasele ingxelo engenqubela yekota yesithathu kowama2023/24.

AANBEVELING

a) Daar word aanbeveel dat die portefeuljekomitee die impak en prestasie van die vorderingsverslag vir die derde kwartaal van 2023/24 in verband met sy funksionele gebied monitor en evalueer. **Die portefeuljekomiteeverslag moet daarna aan die uitvoerende burgemeester tesame met die burgemeesterskomitee voorgelê word, tesame met 'n opsomming van die kommer en navrae wat deur die komitee geopper is en die direktoraat se antwoorde daarop;**

b) Daar word aanbeveel dat die uitvoerende burgemeester tesame met die burgemeesterskomitee die vorderingsverslag vir die derde kwartaal van 2023/24 evalueer en hersien, en die verslag ter kennisname aan die Raad voorlê;

c) Daar word aanbeveel dat die Raad van die vorderingsverslag vir die derde kwartaal van 2023/24 kennis neem.

ANNEXURES 2023/24 THIRD QUARTER'S PROGRESS REPORT ON DIRECTORATE PERFORMANCE

FOR FURTHER DETAILS CONTACT

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DIRECTORATE		FILE REF NO	

Approval Form

Supported for inclusion on the agenda



CSH Q3 Performance Report

Report Reference: 526077
Meeting: Section 79 Portfolio Committee - Community Services and Health
Meeting Date: 05.08.2024
Meeting Venue: Committee Room A

Contact Person: Glen Phyfer
Contact Telephone: 0214174112
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Item	Section	Approver	Approval	Approved Date	Approver Comments
01	Author	Glen Phyfer	Approved	03.06.2024 11:39:39	Approved
02	Director/Directorate Support Manager/Chief	FREDERICK BISSCHOFF	Approved	03.06.2024 12:18:31	
03	Executive Director	Zukiswa Mandlana	Approved	10.06.2024 16:48:47	
04	Legal Compliance	Joan Mari Holt	Approved with Comments	21.06.2024 11:47:20	For information.

ECS Officer:

Well above Above On target Below Well below 

N/A - Not Applicable

KEY PERFORMANCE INDICATOR	BASELINE	2023/2024 (QUARTER 3)			REASON FOR VARIANCE	REMEDIAL ACTION
		TARGET	ACTUAL	STATUS		
CSC						
PRIORITY: PUBLIC SPACE, ENVIRONMENT AND AMENITIES						
OBJECTIVE: 9. HEALTHY AND SUSTAINABLE ENVIRONMENT						
9.C Severe/Moderate dehydration in children under the age of five presenting at City health facilities with diarrhoea (%)	<5.2%	A/T	N/A	N/A	N/A	N/A
OBJECTIVE: 11. QUALITY AND SAFE PARKS AND RECREATION FACILITIES SUPPORTED BY COMMUNITY PARTNERSHIPS						
11.A Recreation and Parks open spaces mowed according to Annual Mowing Plan (%)	1	A/T	N/A	N/A	N/A	N/A
FUNCTIONAL						
PRIORITY: SAFETY						
OBJECTIVE: 6. STRENGTHEN PARTNERSHIPS FOR SAFER COMMUNITIES						
Clients seeking help for substance abuse at the City Matrix sites, returning for a second session (return rate). (%)	0.63	63	68.00%		Target exceeded.	N/A
PRIORITY: PUBLIC SPACE, ENVIRONMENT AND AMENITIES						
OBJECTIVE: 9. HEALTHY AND SUSTAINABLE ENVIRONMENT						
Days when air pollution exceeds RSA Ambient Air Quality Standards (number)	= 68	= 51	11		A number of the monitoring stations were not functioning optimally at the time of reporting.	Matter has been taken up with Water & Sanitation, Scientific Services. Efforts are ongoing to bring the other stations back on line.
Health hazards identified escalated to internal line departments (%)	0.95	95	100.00%		Target exceeded.	No remedial action required.
Persons living with diabetes, attending CCT Health facilities, having an HbA1C (long term blood glucose test) evaluated in the past year (%)	New Indicator	67	78.02%		Well executed diabetes management programmes that have heightened awareness, encouraged regular testing and promoted treatment adherence among individuals.	No remedial action required.
OBJECTIVE: 11. QUALITY AND SAFE PARKS AND RECREATION FACILITIES SUPPORTED BY COMMUNITY PARTNERSHIPS						
Identified facilities maintained in line with the Netball Priority/Legacy Infrastructure Programme (number)	New	A/T	N/A	N/A	N/A	N/A
National Grant funding spend (%)	0.5	50	22.60%		Commitments are at 83%. The delay experienced with the synthetic pitch tender during Q2 had a knock on effect on expenditure during Q3. The budget is still to be spent by 30 June 2024. Value at risk was identified and budget shifts were initiated towards projects with short life-cycles, (Seawinds Roof Replacement, Gugulethu Cemetery Fencing and Dunoon Sportsfield Floodlights). These projects will all be completed by 30 June 2024. Anticipated expenditure is 93%. Current commitments are at 83%.	Virements have been completed and the budget will be committed and implementation will commence during April 2024.
R&P Facilities conditional inspections report (number)	New indicator	3	3		N/A	N/A
R&P Facilities inspected monthly (%)	1	95	97.68%		N/A	N/A
Reading programmes held (number)	459	397	404		N/A	N/A
PRIORITY: A RESILIENT CITY						
OBJECTIVE: 14. A RESILIENT CITY						
HIV+ve TB patients on ARV's (%)	0.9	90	95.05%		Target exceeded.	N/A
Non-compliant samples (SANS 241 standards) escalated to relevant departments (%)	>95%	98	100.00%		Target exceeded.	No remedial action required.
PRIORITY: A MORE SPATIALLY INTEGRATED AND INCLUSIVE CITY						
OBJECTIVE: 15. A MORE SPATIALLY INTEGRATED AND INCLUSIVE CITY						
Engagements with people living on the street, aimed at reintegration (number)	18091	14319	26520		The increase in number of engagements is heavily influenced by legal requests that necessitated additional screenings and follow-ups with people living on the street (rough sleepers) . These requests are aligned to eviction applications currently in process. SDECD (CACD) ensures adequate response to the requests and has thus increased the EPWP intake to increase capacity for engagements.	None
Give Dignity awareness initiatives (number)	90	66	81		Target Exceeded due to increase of hotspots which necessitated the need to increase awareness raising sessions in the areas.	None
PRIORITY: A CAPABLE AND COLLABORATIVE CITY GOVERNMENT						
OBJECTIVE: 16. A CAPABLE AND COLLABORATIVE CITY GOVERNMENT						
Eligible ECD registration applications processed on the ECD Modernization tool (%)	1	100	100.00%		None	None
IT initiatives implemented that improve the ease of doing business (number)	4	A/T	N/A	N/A	N/A	N/A
C88-OUTCOME						
PRIORITY: SAFETY						
OBJECTIVE: 6. STRENGTHEN PARTNERSHIPS FOR SAFER COMMUNITIES						
HS3.5 Utilisation rate of available Community Halls (%)	0.2	A/T	N/A	N/A	N/A	N/A
PRIORITY: PUBLIC SPACE, ENVIRONMENT AND AMENITIES						
OBJECTIVE: 11. QUALITY AND SAFE PARKS AND RECREATION FACILITIES SUPPORTED BY COMMUNITY PARTNERSHIPS						
HS 3.7 Municipal cemetery plots available (%)	0.06	A/T	N/A	N/A	N/A	N/A
HS3.6 Library visits per library (average number)	65000	A/T	N/A	N/A	N/A	N/A
C88-OUTPUT						
PRIORITY: ECONOMIC GROWTH						
OBJECTIVE: 1. INCREASED JOBS AND INVESTMENT IN THE CAPE TOWN ECONOMY						
LED3.11 Time taken to finalise business license applications (average days)	160	140	36.01		A contributing factor to the drastic improved result is the amendment of reporting to only reflect applications received and finalised in current financial year as per updated National Treasury Technical Indicator Description Sheet.	Will monitor and review the target depending on the trend and outcomes of the conversation with National Treasury.
Number of work opportunities created through Public Employment Programmes (incl. EPWP, CWP and other related employment programmes) 1.G/LED1.21	5320	3665	5526		Target exceeded.	None.
PRIORITY: A CAPABLE AND COLLABORATIVE CITY GOVERNMENT						

KEY PERFORMANCE INDICATOR	BASELINE	2023/2024 (QUARTER 3)			REASON FOR VARIANCE	REMEDIAL ACTION
		TARGET	ACTUAL	STATUS		
OBJECTIVE: 16. A CAPABLE AND COLLABORATIVE CITY GOVERNMENT						
Total Capital Expenditure as a percentage of Total Capital Budget 16.D/FM1.11	0.49	48.9	32.86%	⊗	1. Integrated Recreational & Parks Facilities: which was initially delayed due to late receipt of quotes from contractors. This issue has since been resolved, and a purchase order has been created. The quotation for disabled-friendly play equipment will be received in April 2024 as implementation 2. Cemetery upgrade (Gugulethu Wall the quote received was higher than the available funds. Use funds from another project was moved to complete the entire wall. Followed a veriment process. 3. Community Services and Health: Facility Upgrades: The Pool upgrades quotes had to be verified against works to ensure that all is on par as per the outcome of assessments done at the pools. 4. Retreat Homeless Accommodation Extension Project, which is behind schedule due to delays experienced with the award of the prefab tender. The tender is now active and has been awarded. Orders for the continuation of the detailed design and construction will be placed in April 2024. 5. Fisantekraal Synthetic Pitch Project: The contractor who commenced in only commenced in January 2024 as result of a contractual interpretation that delayed the project by two months. There were further delays with the sourcing of local labour but These delays have since been resolved and the project is planned to be completed by June 2024. 6. Turfhall Stadium – Floodlights Project, which was initially delayed due to consultation and queries raised by professional services regarding the quotation. However, these queries have since been resolved and orders have been placed.	Project managers together with the support of finance manager/head will: • Continue to closely monitor (through monthly meeting with PMs) and ensure that projects are implemented within the prescribed timelines by ensuring all payment certificates are received timeously. • Process all outstanding purchase orders once contracts are available. • Identify challenges and process virements where applicable, to ensure maximum capital spend at year-end.
C88-COMPLIANCE						
PRIORITY: ECONOMIC GROWTH						
OBJECTIVE: 1. INCREASED JOBS AND INVESTMENT IN THE CAPE TOWN ECONOMY						
C81 Number of new business license applications	Report	Report	1497	Report	No target set - reporting purposes only	No target set - reporting purposes only
PRIORITY: PUBLIC SPACE, ENVIRONMENT AND AMENITIES						
OBJECTIVE: 11. QUALITY AND SAFE PARKS AND RECREATION FACILITIES SUPPORTED BY COMMUNITY PARTNERSHIPS						
C52 Maintained sports fields and facilities (number)	Report	A/T	N/A	N/A	N/A	N/A
C53 Square meters of maintained public outdoor recreation space	Report	A/T	No	N/A	N/A	N/A
C54 Municipality-owned community halls (number)	Report	A/T	N/A	N/A	N/A	N/A
PRIORITY: A CAPABLE AND COLLABORATIVE CITY GOVERNMENT						
OBJECTIVE: 16. A CAPABLE AND COLLABORATIVE CITY GOVERNMENT						
C20 (ENV) Number of permanent environmental health practitioners employed by the municipality	149	Report	202	Report	No target set - reporting purposes only	No target set - reporting purposes only
C88-KOI						
PRIORITY: ECONOMIC GROWTH						
OBJECTIVE: 1. INCREASED JOBS AND INVESTMENT IN THE CAPE TOWN ECONOMY						
Individuals connected to apprenticeships and learnerships through municipal interventions LED1.31	N/A	N/A	0	N/A	N/A	N/A
PRIORITY: A CAPABLE AND COLLABORATIVE CITY GOVERNMENT						
OBJECTIVE: 16. A CAPABLE AND COLLABORATIVE CITY GOVERNMENT						
Active suspensions longer than three months (Number) GG5.11	New Indicator	= 0.8	0	☑	NA	NA
Days of sick leave taken by employees (Number) C15	Report	Report	15.185	Report	NA	NA
Official complaints responded to through the municipal complaint management system (%) GG2.31	0.9	90	78.88%	⊗	A backlog arose in December and January. This will negatively influence SDBIP results in the short term. Corporate has updated the target days, which are eventually reflecting correctly on SAP. This will also negatively influence the SDBIP result in the short term.	The Department is adding resources to "catch up". Departments are encouraged to escalate challenges.
Quarterly salary bill of suspended officials GG5.12	New Indicator	155	0	☑	NA	NA
Staff vacancy rate GG1.21	= 10	= 10	17.92%	⊗	City result. CSH is better than that result (10.14%).	City result. CSH is better than that result (10.14%).
Temporary employees employed (Number) C17	Report	Report	468	Report	NA	NA
Vacant posts filled within 3 months (%) GG1.22	0.35	35	30.32%	⊗	NA	NA
KOI						
PRIORITY: ECONOMIC GROWTH						
OBJECTIVE: 1. INCREASED JOBS AND INVESTMENT IN THE CAPE TOWN ECONOMY						
Full Time Equivalent (FTE) work opportunities created (number)	812	812	1603.95	☑	Target exceeded.	None.
Unemployed apprentices (number)	N/A	N/A	0	N/A	N/A	N/A
Unemployed trainees and unemployed bursary opportunities (excluding apprentices) (number)	21	19	61	☑	Reason for Variance: Target exceeded, as there were "roll-over" contracts rom previous year	Remedial Action: Performance to be monitored on ongoing basis
PRIORITY: A CAPABLE AND COLLABORATIVE CITY GOVERNMENT						
OBJECTIVE: 16. A CAPABLE AND COLLABORATIVE CITY GOVERNMENT						
Absenteeism of all staff (%)	= 5%	= 5	3.21%	☑	NA	NA
Adherence to service standards (%) 16.K	0.9	90	78.88%	⊗	A backlog arose in December and January. This will negatively influence SDBIP results in the short term. Corporate has updated the target days, which are eventually reflecting correctly on SAP. This will also negatively influence the SDBIP result in the short term.	The Department is adding resources to "catch up". Departments are encouraged to escalate challenges.
Assets verified (%)	0.6	60	27.64%	⊗	Departments had to procure scanning devices to meet the target and cover the gap. The devices only arrived at the end of March.	Expedite the process and supplement with manual verifications.
Budget spent on implementation of Workplace Skills Plan (%) (WSP) (Proxy for NKPI) 16.J	0.6	60	71.80%	☑	Training programmes implemented earlier than anticipated.	Budget cash flows to be amended during Q4.
Completion rate of tenders processed as per the demand plan (%)	0.7	70	95.00%	☑	Target exceeded.	None.
Declarations of Interest completed (%)	0.75	75	99.63%	☑	NA	NA

KEY PERFORMANCE INDICATOR	BASELINE	2023/2024 (QUARTER 3)			REASON FOR VARIANCE	REMEDIAL ACTION
		TARGET	ACTUAL	STATUS		
Employees from the Employee Equity (EE) designated groups in the three highest levels of management (%) 16.1	0.75	75	83.33%	✔	NA	NA
External audit actions completed as per audit action plan (%)	1	100	N/A	N/A	N/A	N/A
Internal Audit Recommendations Resolved (%)	0.75	75	N/A	N/A	N/A	N/A
Occupational Health and Safety investigations completed (%)	1	100	93.06%	●	<p>City Health (1 Incident): Reasons for variance: The Clinic Manager was initially not familiar with the OHS Act in relation to EPWPs and was only made aware of the process too late to submit the investigation in time. LIS (1 Incident): Reason for Variance: According to LIS, it was not clearly communicated by COID Admin office that they needed to investigate the matter if the IOD is retracted by the injured person. The Department was of the opinion that since the affidavit (sent by the injured employee) has been submitted the case, the should have been closed / deleted. SD&ECD (Community, Arts & Culture Development) : Reason for Variance : The Annexure 1 was first submitted without required ticks indicated on the form from the investigator on the 10th day, and when it was sent back to the investigator to correct it took her 10 days to return it. This reduced the timeframe. The annexure was then resubmitted and uploaded by Corporate, still within the time frame of 30 days. The ticks was actioned on SAP. It was only when the Dept. did a spot check on the system (after the 30 days) that the system registered it as been late. Recreation and Parks (2 Incidents) :- Reason for Variance: The IODs were handled by a relatively new appointee who has no extensive knowledge in the management of IOD's resulting to the incorrect process followed.</p>	<p>City Health: Remedial Action : Training regarding IOD and OHS Act will be held with the Clinic Managers to avoid the future occurrence of such incidents. This will be done together with the EPWP office and the OHS team. LIS: Remedial Action : None listed. SD&ECD (Community, Arts & Culture Development) : Remedial Action : Recommend refresher training to all managers dealing with IODS as well as the investigators and the admin staff to prevent this happening again. 4) Recreation and Parks (2 Incidents) :- Remedial Action : Ongoing training will be provided to all new appointees immediately to reduce this occurrence.</p>
Operating budget spend (%)	0.71	71	68.40%	●	<p>1. The demand for items linked to programme implementation was lower for the first 3 quarters, line indicated there will be virements done. The invoices for Pharmaceutical supplies were received to late for processing in the month. 2. Contracted Services under expenditure, against: a) Laboratory Services – Medical, due to invoices received late and misalignment of the period; b) The underspend relates to delays with some building-related works at Arts & Culture monuments and memorials and Rec & Parks facilities. Some works are in progress now; c) Slow implementation of some operating ward allocation projects</p>	<p>1. The YTD budget will be seasonalised in line with the actual expenditure 2. Monitor and complete outstanding work and process payment before the end of Q4.</p>
Vacancy rate (%)	= 10%	= 10	10.14%	●	<p>Reason for Variance: We are performing better than the CCT average. Filling of certain vacant positions are being put on hold due to Business Improvement initiatives in certain departments. This will continue to impact the result, until concluded.</p>	<p>Remedial Action: Progress was made in Q3, and a number of staff assuming duty on 1 April will cause the performance result to improve drastically. The HRBP has met with the Corporate HR Manager of Strategic Staffing to highlight challenges and to do forward planning. The HRBP has also highlighted the challenges in the HR Collaboration meeting.</p>