

ANNUAL REPORT 2021-2022



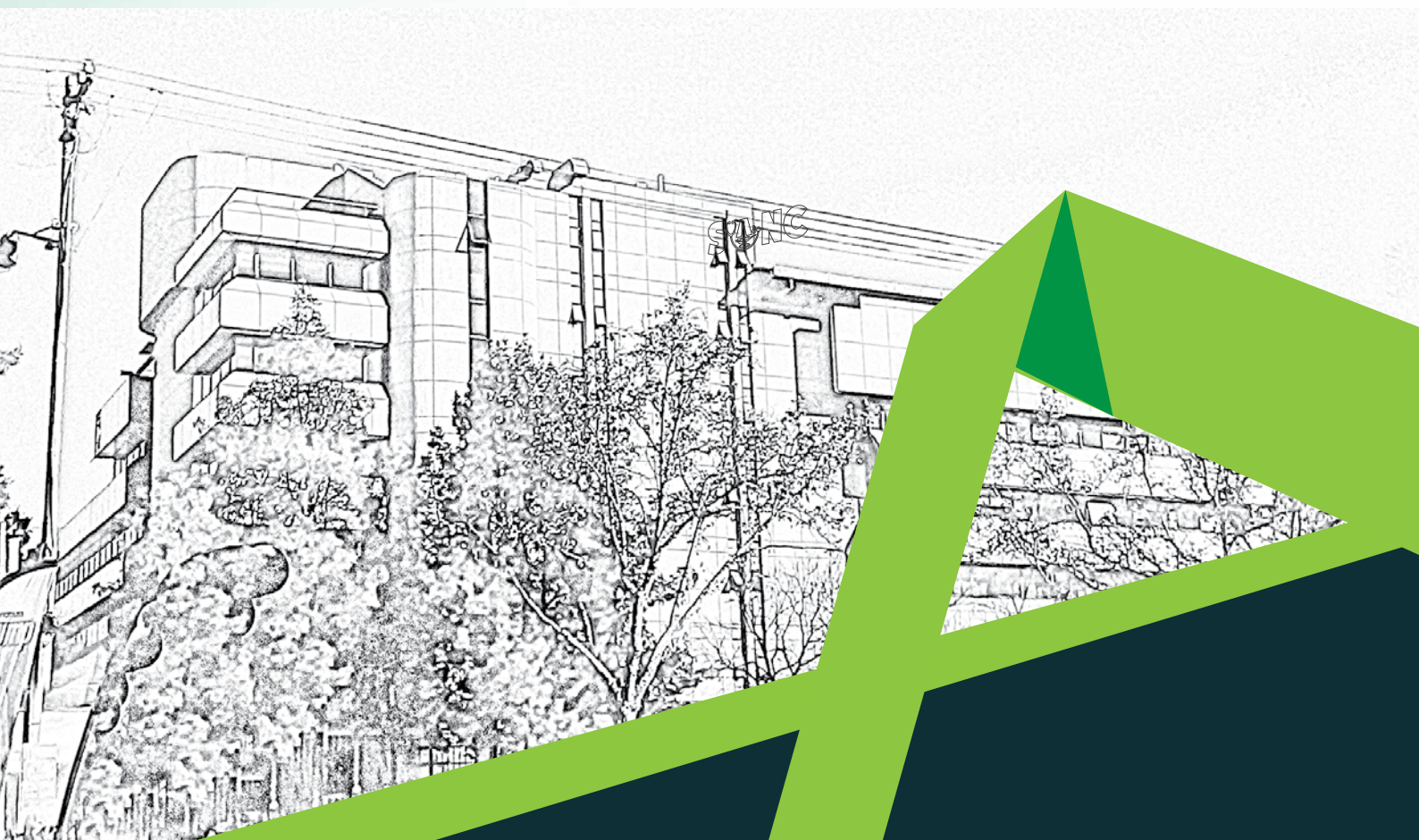
South African Nursing Council
Regulating nursing, advocating for the public





GENERAL

INFORMATION



Glossary

APC	– Annual Practising Certificate
APP	– Annual Performance Plan
CCMA	– Commission for Conciliation, Mediation and Arbitration
CFO	– Chief Financial Officer
CHE	– Council on Higher Education
CPD	– Continuing Professional Development
EFT	– Electronic Funds Transfer
ERP	– Enterprise Resource Planning
HEQSF	– Higher Education Qualifications Sub-Framework
HR	– Human Resources
HRRC	– Human Resources and Remuneration Committee
IA	– Internal Audit
ICT	– Information and Communication Technology
M&E	– Monitoring and Evaluation
MMS	– Membership Management System
NDoH	– National Department of Health
NEI	– Nursing Education Institution
OHS	– Occupational Health and Safety
OHSC	– Office of Health Standards Compliance
PERSAL	– Personnel and Salaries Management System
PIC	– Preliminary Investigating Committee
PMO	– Project Management Office
PPE	– Personal Protective Equipment
POPIA	– Promotion of Access to Information Act
SANC	– South African Nursing Council
SAQA	– South African Qualifications Authority
SEIAS	– Socio-Economic Impact Analysis System



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Message by the SANC Chairperson

Dr Matlou Molepo



We never would have thought that the year 2021 would be ushered in with South Africa still in lockdown and in the throes of the destruction caused by the COVID-19 virus.

The World Health Organisation (WHO) estimates that between 80 000 and 180 000 health and care workers could have died from COVID-19 in the period between January 2020 to May 2021. It being a year later, these figures will look vastly different, but it remains clear that healthcare workers, and Nurses specifically, have been deeply affected while at the forefront of the fight against the pandemic. The South African Nursing Council (SANC) salutes the Nurses and extends its deepest sympathy and condolences on the loss of those Nurses who have succumbed to the virus.

The SANC has finalised the design and wording of the Nurses' Wall of Remembrance. This Wall will be unveiled in the new Financial Year in honour of those Nurses who have sacrificed their lives during the pandemic. Nurses of South Africa: You are the true heroes and heroines.

The Council of the SANC has just finalised the fourth year of its five-year tenure, 2018 – 2023. The focus of the past

Financial Year has, amongst others, been on the streamlining of governance processes and procedures, with many important milestones reached, including but not limited to areas such as Business Continuity, Compliance Universe, launch of SADC Nursing and Midwifery Regulators' Forum, policy development and review, and annual review of the Council Strategic Risk Register as well as quarterly reporting thereon. The past financial year was also the year that the SANC established its own Internal Audit Department, resulting in a three-year risk-based Internal Audit Plan that was approved by Council.

There are several other milestones that have been reached as can be seen from feedback within this report. To this extent, I express my gratitude to the SANC Council members, the SANC Management and employees for the commitment and continued support to our strategic objectives.

DR MATLOU MOLEPO
SANC CHAIRPERSON



Message by the SANC Registrar and Chief Executive Officer (CEO)

Ms Sizeni Mchunu

The Financial Year 2021/2022 had significant achievements and milestones, despite the SANC having had to adapt to doing business differently, given the challenges and limitations posed by the COVID-19 pandemic.

The SANC established the Learner Affairs Department which is overseeing all Registration and Examination/Assessment matters as well as the Monitoring and Evaluation Section within the Provider Affairs Department, which will ensure continuous monitoring and evaluation of accredited Nursing Education Institutions (NEIs) so that they maintain their accreditation standards, requirements, and conditions.

The SANC is prioritising the accreditation of new postgraduate diploma Nursing programmes, which will enhance a pool of Nurse Specialists and Midwife Specialists in the country.

During the period under review, the SANC also conducted several virtual briefing sessions with Nursing formations, to determine an approach regarding the implementation of the Continuing Professional Development (CPD) pilot roll-out. The SANC is committed to promoting life-long learning, safe, ethical, competent, and evidence-based practice as well as providing opportunities for Practitioners to pursue and achieve professional growth throughout their careers.

In an effort to change the way in which the SANC connects with its stakeholders/clients, the SANC launched a new, dynamic, and interactive website which will assist to optimize service delivery through technology as an enabler to core business. The new website also has the LiveChat option which enables the clients to talk to the SANC's Client Service agents on the website during office hours. Look out for other user-friendly functionalities via the new website that will be gradually introduced during the next financial year.

As of July 2021, the SANC was also affected by the implementation of certain sections of the POPI Act, 2013 hence we had to comply with the provisions of the Act to ensure that the Nurse Practitioners' personal information is

protected. The Nurse Practitioners' personal information will not be disclosed to any third party unless there is a signed consent form to authorize disclosure of such information to the third party. This provision also changed the way in which the SANC publishes the examination results - the results will no longer be published on the SANC website but will be sent directly to individual candidates and Nursing Education Institutions only.

The SANC is continuously participating in and engaging with its counterparts on International, National and Regional platforms to ensure that we remain relevant and share the knowledge and professional experiences to improve the quality of our core services which are Nursing Education and Training and Nursing Practice. The SANC successfully launched an inaugural Southern African Development Community (SADC) Nursing and Midwifery Regulators' Forum which is aimed at forging healthy and productive relationships with other sister Regulatory Bodies.

A concerted drive to improve internal controls and financial management processes, has resulted in the SANC achieving a clean audit opinion for the year under review.

My sincere appreciation to the Council and Committee Members, SANC Management and Staff for always offering support and valuable contributions in realizing the SANC strategic objectives.

Thank you to all the Nurse Practitioners for making the health of the patients their primary priority.

MS SIZENI MCHUNU
REGISTRAR AND CHIEF EXECUTIVE OFFICER (CEO)

REPORT OF THE CHIEF FINANCIAL OFFICER

By: Mr Thamsanqa Ndadana - Chief Financial Officer



1. OVERVIEW

The SANC is a body which is responsible for regulating the Nursing profession in the Republic of South Africa and it generates revenue from mandatory annual registration fees as well as other various services that it offers to the profession. Revenue is usually in the form of fees which are prescribed in the Fees and Fines Regulations and these fees are adjusted on an annual basis for inflation and other factors. This revenue is augmented through the sale of distinguishing devices to the qualified Nurse Practitioners. The Council also invests excess funds with the major banks, and it earns interest on these investments. The interest earned on the investments is used towards funding the operations of the Council.

The 2022 financial year was a tough financial year as the COVID-19 pandemic remained with us throughout the financial year. The decrease in the lockdown levels throughout the financial year yielded some positive benefits as it saw increased levels of economic activity. As much as this increase in economic activity was appreciated, the COVID-19 pandemic will leave a long-lasting impact on the world economy, and it will take years for things to return to normal. The Council was not spared, and it had to use its limited resources to ensure that it remained focused on delivering on its core strategic objectives. As the signs of economic recovery appeared on the horizon, the political instability started rearing its ugly head and this culminated in Russia invading Ukraine on 24 February 2022. This war will likely worsen the economic climate and economic recovery will be lower than expected if it does occur at all. The world is likely to enter what the economists refer to as stagflation, a period of high unemployment and slow economic growth, and the Council may need to revise its strategy to ensure that it remains operational for the foreseeable future. Despite the sluggish economy, the Council managed to realise a net surplus of R37.8 million (2021: R54.4 million) during the year. This decrease in net surplus is equivalent to a 31% decrease year-on-year. This decrease in net surplus is expected to be short-term in nature as it is a result of temporary economic challenges that engulfed the world economy at large. The Council does have adequate financial resources in place to counter any major economic shocks that may occur in the interim.

The interventions and programmes that the 16th Council has implemented have started to bear fruit and the Council is on its way to successfully execute its 5-year strategic objectives.

2. REVENUE

Total revenue generated amounted to R149.3 million (2021: R149.6 million), this represented a slight decrease of 0.2% year on year. This is a major improvement from a decrease of 2% which was experienced during the 2020/21 financial year. The relaxation of the lockdown levels has had a huge impact on the operations of the Council. The Council is still funded mainly through the annual fees from Nurse Practitioners which totalled R122.0 million (2021: R122.4 million) during the year under review. Expressed as a percentage of total revenue, annual fees amounted to 82% (2021: 82%) of the total revenue generated by the Council.

The restoration fees increased to R11.7 million (2021: R11.4 million) and this represents a 3% increase year-on-year. The increase in restoration fees can be attributed mainly to the Nurse Practitioners who were found to be practising the profession whilst not in good standing with the profession during the Personnel and Salary System (PERSAL) deductions and bulk payments from the private Nursing Education Institutions (NEIs). The PERSAL deductions apply to the public sector Nurse Practitioners, and they were implemented after the signing of Resolution 3 of 2019 between the recognised public sector trade unions and the National Department of Health. The Council receives its annual fees directly as a payroll deduction from the public health, social development and other participating employers. The Nurse Practitioners who are practising whilst not registered with the Council are identified through a verification process which the Council performs on data received from the participating employers. The results of the verification exercise are communicated with each participating employer which is requested to take the necessary action and ensure that the provisions of the Nursing Act are adhered to at all times. It is illegal in the Republic of South Africa for any Nurse Practitioner to practise the Nursing profession whilst their affairs are not in good standing with the Council.

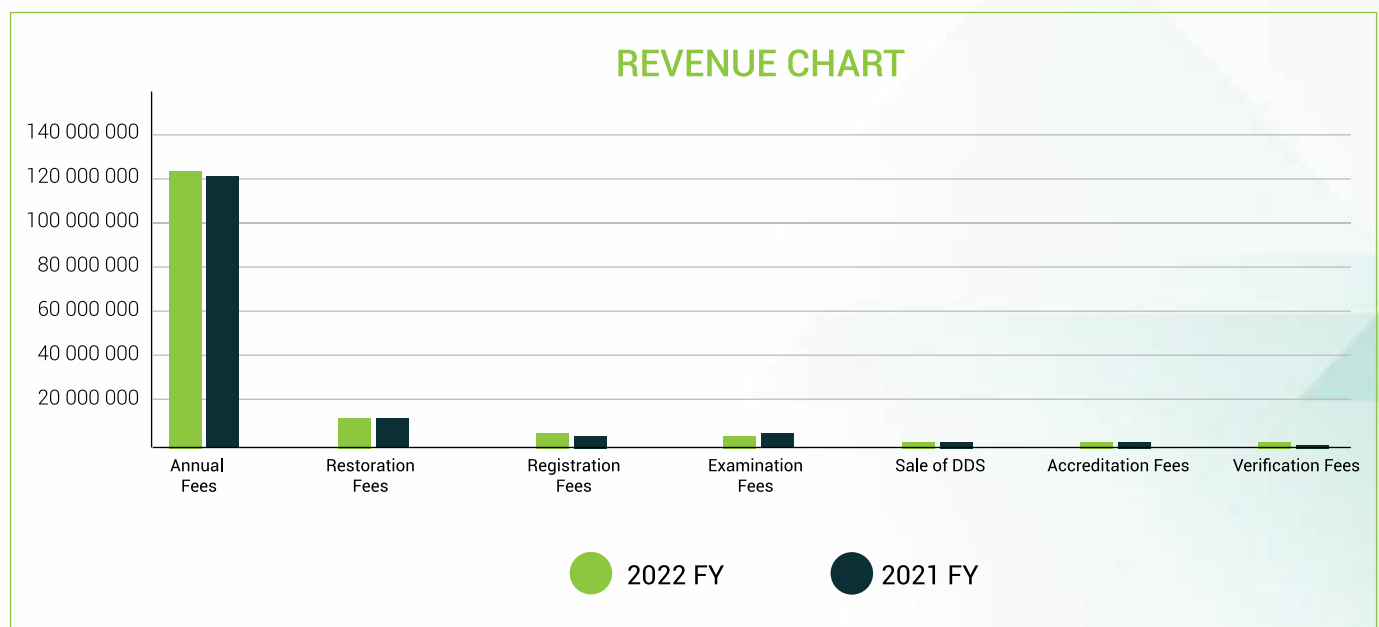
Registration and verification fees increased from R5.3 million in the 2020/21 financial year to R6.5 million during the current financial year. The increase is mainly attributable to the impact of the lifting of some of the COVID-19 lockdown restrictions. Examination fees and accreditation fees still remained under pressure during this period due to the restrictions on access to the health establishments that were in place during some parts of the financial year. The intake of new students has remained low during the period, and this has had a huge impact on examination fees. Examination fees were R4.3 million (2021: R6.6 million) and the accreditation fees were R1.9 million (2021: R1.9 million).

The examination fees decreased significantly by 35% whilst the accreditation fees decreased by less than 1% year-on-year. The Council has taken steps to address the levelling off revenue, but the result of this intervention is expected to start bearing fruit in the new financial year.

Revenue from the sale of distinguishing devices increased to R2.7 million (2021: R2.0 million) during the year. The lifting of some of the lockdown restrictions had a positive impact as the Nurse Practitioners could also travel to the Council.

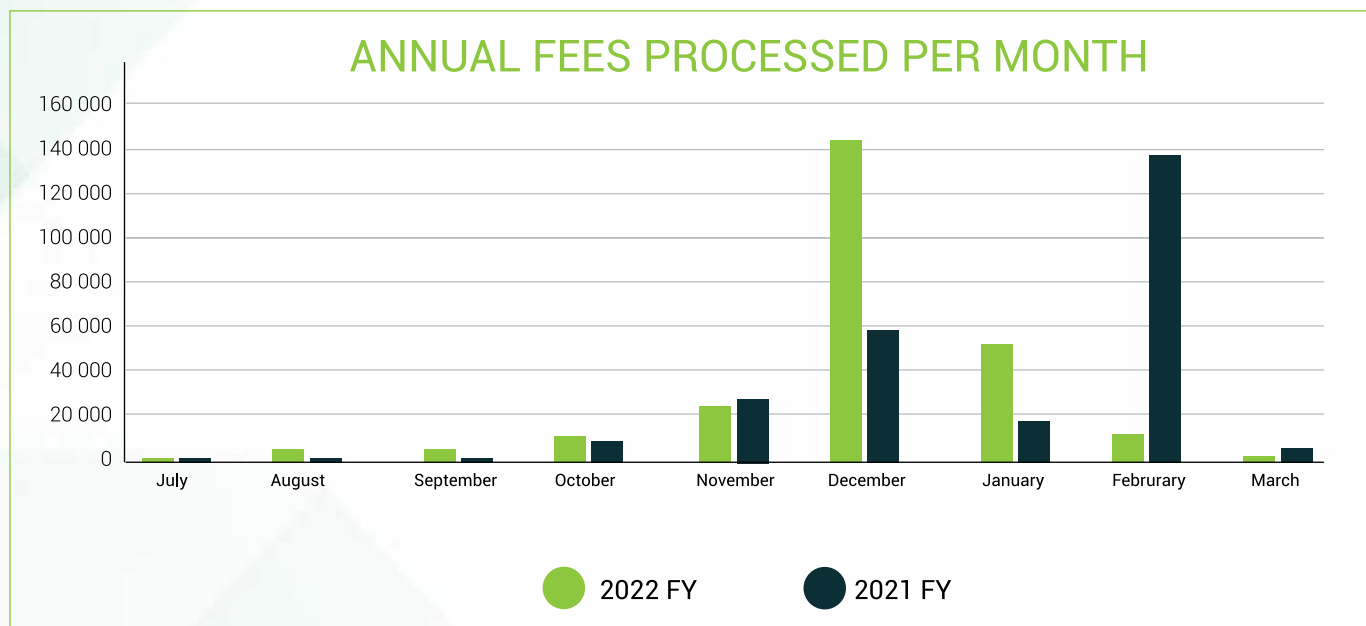
The Council continues to evaluate the effects of the global challenges and has put adequate measures in place to ensure that Council revenue begins to show some positive growth.

REVENUE CHART FOR 31 MARCH 2022



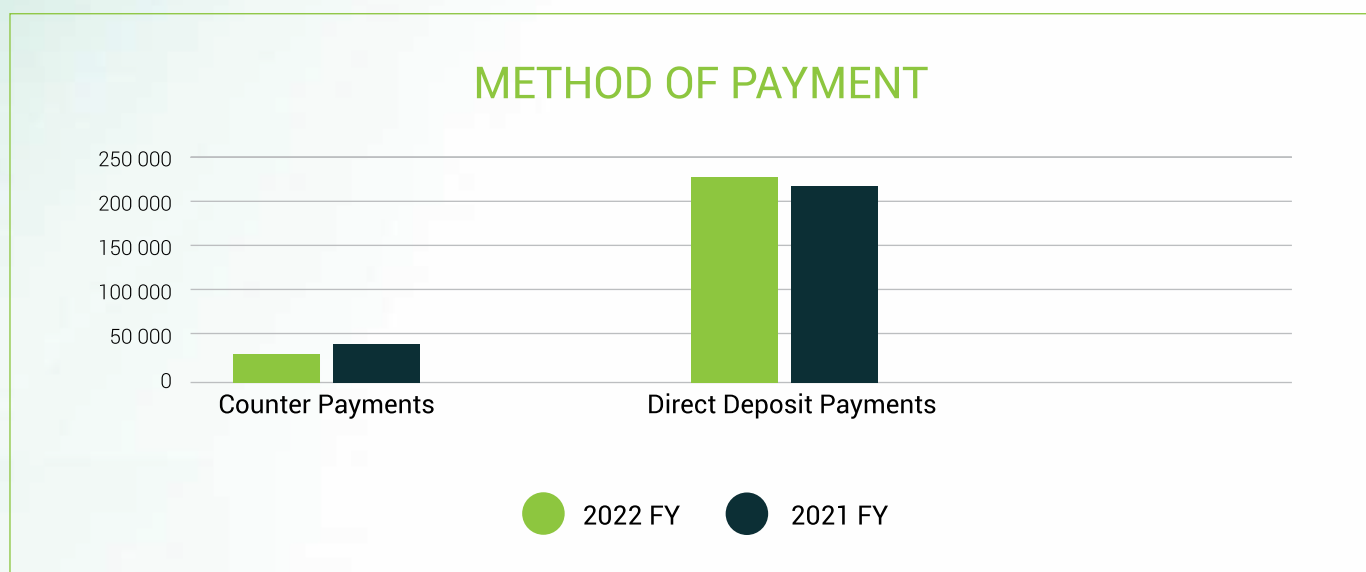
3. ANNUAL FEES

The annual fee payment period opens on the 01st of July of each year. This runs until the 31st of December of the year concerned. The annual fees for the following Annual Practising Certificate (APC) season must be paid within this period. In other words, the fees must reach the bank account of the Council within this period. Any fees that are received late are not accepted by the Council and the affected Nurse Practitioners are removed from the register. The annual fees are paid through a direct bank deposit or at the Council premises. The payment through the electronic direct bank deposit is a preferred method of payment for the Council however, some Nurse Practitioners still prefer making cash deposits at the bank. Cash deposits are not only costly for the Council, but they also increase risks for the financial institutions which handle such cash deposits. A large number of Nurse Practitioners still prefer making their way to the premises of the Council to make payments. Making payments at the Council premises has an advantage for the Nurse Practitioners as it allows the Nurse Practitioners concerned to avoid postal challenges. Some of the items that are sent through the post, including Annual Practising Certificates (APCs), do not reach the Nurse Practitioners due to the challenges with the postal system or due to the incorrect and outdated information that the Council has in respect of the Nurse Practitioners in the register. Until the postal system challenges are addressed, or until a new system is developed, some Nurse Practitioners will continue making their way to the Council premises. The APCs are still returned undelivered, and this costs the Council lots of money. A new Membership Management System (MMS) is under development, and it will address some of these challenges. The chart on page 10 depicts the number of APCs processed from July to March of each comparative year.



Nurse Practitioners prefer making payments towards the end of December and the PERSAL deductions are also made during the same period. The peak periods are in the months of November through to December. The peaks in the month of January and February are not common but these were caused by the late submission of the supporting documentation by the departments that participate in the PERSAL deductions. As could be seen from the figure above, there has been a significant improvement in the timely submission of the PERSAL related information to the Council.

A total of 258 911 (2021: 262 959) APCs were processed in the 2021/22 financial year. This payment method is utilised by all the departments which deduct the annual fees through PERSAL as well as the Nursing Education Institutions and individual Nurse Practitioners. The use of the direct deposit payment method has increased to 223 077 (86%) (2021: 219 645) (84%) whilst the over-the-counter payments decreased to 35 834 (14%) (2021: 43 314) (16%). The decrease in over-the-counter payments is in line with the Council's expectations, however, due to the postal challenges, some Nurse Practitioners will still make their way to the Cecilia Makiwane Building. The table below summarises the methods of payments used by the Nurse Practitioners during 2022 and 2021 financial years.



4. EXPENDITURE

Expenditure increased by 12% year-on-year. This increase can be attributed mainly to the filling of the vacant positions as well as the newly created positions within the Council. Water and electricity costs, materials costs, recruitment costs, meetings and events costs, inspection costs, security costs, courier costs and computer services costs also increased during the period under review. A number of positions were created by the Council in order to allow the Council to deliver on its strategic objectives. Overall, the employee costs remain the highest cost element within the Council, and it is expected to remain as such over the short to medium term as there is still a high number of vacant positions that are expected to be filled during the 2022/23 financial year. The Council has put measures in place to rein in the overall costs within the organisation. The increase in expenses is mainly due to the lifting of some of the lockdown restrictions in the 2021/22 financial year which resulted in the opening up of the economy. The Council has put measures in place to ensure that all critical vacancies are filled urgently.

5. FINANCE INCOME

The finance income decreased by 4% in 2022 because of a prevailing low interest rate environment. A significant decrease in interest rates was experienced during the period under review.

6. WORKING CAPITAL

The Council has managed to maintain a healthy cash balance during the financial year despite the harsh economic climate that was brought about by the outbreak of the COVID-19 pandemic, and it is able to settle its liabilities as they fall due. The COVID-19 pandemic caused a number of challenges worldwide, but the lifting of the lockdown restrictions provided some needed relief. Unfortunately, the war in Ukraine has started erasing some of the gains that were realised during the lifting of the lockdown restrictions. The uncertainty still hovers over the world economy, and nobody can foretell with certainty what the future holds. The Council has put measures in place to ensure that all supported invoices are settled in line with the provisions of the Nursing Act, 2005 (Act No. 33 of 2005). The development of the MMS is in progress, and it was expected that the first phase would go live before the end of the 2021/22 financial year, however, this was not accomplished due to unexpected delays which were encountered in the process. The cash and cash equivalent balances increased by R29.4 million during the 2021/22 financial year.

7. CAPITAL INVESTMENTS

The Council invested in new laptops, office furniture and intangible assets to the value of R4.1 million. The Council also spent R2.9 million towards the MMS. The MMS is expected to greatly improve the service delivery to the Nurse Practitioners and other stakeholders of the South African Nursing Council. The Council has developed a plan to ensure that spending on critical projects is achieved.



SOUTH AFRICAN NURSING COUNCIL COUNCILLORS' STATEMENT OF RESPONSIBILITY *for the year ended 31 March 2022*

The Councillors are responsible for the preparation and fair presentation of the financial statements comprising the statement of financial position as at 31 March 2022, the statement of comprehensive income, the statement of changes in equity and statement of cash flows for the year then ended and the notes to the financial statements which include a summary of significant accounting policies and other explanatory notes, and the report of the South African Nursing Council, in accordance with International Financial Reporting Standards.

The Councillors are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error and for maintaining adequate accounting records and an effective system of risk management as well as the preparation of supplementary schedule included in these financial statements.

The Councillors have reviewed the Council's cash flow forecast for the year to 31 March 2023, and in the light of this review and the current financial position, they are satisfied that the Council has access to adequate resources to continue in operational existence for the foreseeable future.

The external auditors are responsible for independently auditing and reporting on the Council's annual financial statements in the course of executing their statutory duties. The external auditors' unqualified report is presented on pages 8 to 10.

The annual financial statements set out on pages 80 to 118, which have been prepared on the going concern basis, were approved by the Council on 29 July 2022 and were signed on their behalf by:



Dr M C Molepo (Chairperson)



Dr S M Zuma (Vice-Chairperson)

STRATEGIC OVERVIEW



VISION

Excellence in professionalism and
advocacy for health care users

MISSION

We serve and protect health care
users by regulating Nursing
and Midwifery professions

VALUES

Advocacy • Caring • Quality • Professionalism
• Innovation • Relevance

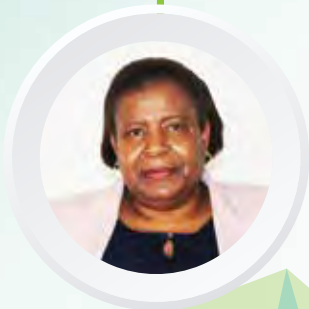
SANC MANDATE

Statutory professional body mandated to regulate
the Nursing and Midwifery professions by
establishing and maintaining Nursing education
and training as well as practice standards, while
advocating for the interests of the public.

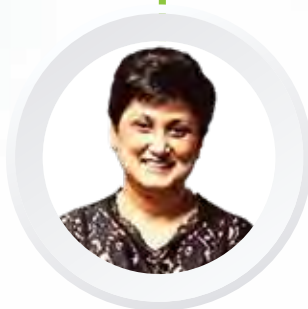
SANC EXECUTIVE STRUCTURE



Ms Sizeni Mchunu
Registrar and Chief Executive Officer



Ms Jeanneth Nxumalo
Acting Deputy Registrar:
Professional Affairs



Dr Krishnee Kissoonduth
Corporate Services Executive



Mr Thamsanqa Ndadana
Chief Financial Officer

COUNCIL STRUCTURE

By: Mr Mokete Penane - Company Secretary



GOVERNANCE FRAMEWORK

The SANC adheres to a governance framework as informed by, but not limited to the Nursing Act, 2005 (Act No 33 of 2005), and the King IV Report on Corporate Governance, 2016.

EXECUTIVE AUTHORITY

The Council is accountable to the Minister of Health as its Executive Authority who, in turn, accounts to Parliament and the Parliamentary Portfolio Committee on Health. Section 4(1)(p) of the Nursing Act, 2005 (Act No. 33 of 2005) stipulates that the Council submits to the Minister the following:

- i) A five-year Strategic Plan within six months of the Council coming into office which includes details as to how the Council plans to achieve its objectives under this Act;
- ii) A report every six months on the status of Nursing and on matters of public importance compiled by the Council in the course of the performance of its functions under this Act; and
- iii) An Annual Report within six months of the end of the financial year.

COMPANY SECRETARY

The Company Secretary is a central source of information and advice on matters of good governance to the Council and the SANC. The Company Secretary is responsible for coordinating meetings of the Council and its Sub-Committees. The Company Secretary is accountable to the Council for ensuring that governance procedures are followed, reviewed regularly and are in compliance with applicable laws and regulations. The Company Secretary is ultimately responsible for corporate governance issues, setting annual plans for the Council and related Committees and keeping the governance body abreast of new applicable legislation and governance prescripts. The Council has access to the Company Secretary.

COUNCIL COMPOSITION

The Council consists of 25 members, of whom 14 must be registered in terms of Section 31(1)(a) and (b) of the Nursing Act, 2005 (Act No. 33 of 2005), appointed by the Minister of Health taking into account their expertise in Nursing education, Nursing, community health, primary health care, occupational health and mental health.

Following from a process of nomination by fellow practitioners, qualifying members are appointed by the Minister of Health in terms of Section 5 of the Nursing Act, 2005 (Act No. 33 of 2005) as follows:

• Section 5 (1) (a)

Fourteen members who are registered in terms of Section 31(1)(a) and (b).

• Section 5 (1) (b)

- (i) One person must be an officer of the National Department of Health;
- (i) One person must have special knowledge of the law;
- (ii) One person must have special knowledge of financial matters;
- (iii) One person must have special knowledge of pharmacy matters;
- (iv) One person must have special knowledge of education matters;
- (v) One person must have knowledge of consumer affairs,
- (vi) Three persons must represent communities; and
- (vii) One person must be registered in terms of Section 31 (1) (c) and 31 (1) (d).

The Chairperson is appointed by the Minister of Health after consultation with the Council. At the first meeting of the Council the members must elect a Vice-Chairperson from the categories mentioned in Section 31(1)(a) and (b). The term of office for the Council is five years.

THE 16TH COUNCIL OF THE SANC: 2018 – 2023

The current (16th) Council has a five-year tenure which began on 23 August 2018 and ends on 22 August 2023. The members of Council during this year under review were:

Appointed in terms of Section 5 (1) (a) of the Act

No	Name	Term of Office
1.	Dr M C Molepo: Chairperson of the Council	23 August 2018 – 22 August 2023
2.	Dr S M Zuma: Vice-Chairperson of the Council	23 August 2018 – 22 August 2023
3.	Dr H Ally	23 August 2018 – 22 August 2023
4.	Prof A Makhene	23 August 2018 – 22 August 2023
5.	Dr S Z Mthembu	23 August 2018 – 22 August 2023
6.	Dr H C de Swardt	23 August 2018 – 22 August 2023
7.	Dr L Nkondo-Mtembu	23 August 2018 – 22 August 2023
8.	Mr J T Ntshabele	23 August 2018 – 22 August 2023
9.	Ms T M Magoro	23 August 2018 – 22 August 2023
10.	Dr N M Geyer	23 August 2018 – 22 August 2023
11.	Dr P M Orton	23 August 2018 – 22 August 2023
12.	Prof S E Duma	23 August 2018 – 22 August 2023
13.	Dr E Kaye-Petersen	23 January 2020 – 22 August 2023
14.	Ms P Mapotse ¹	16 April 2019 – 22 August 2023

¹Resigned as a Council member with effect from 30 December 2021.

Appointed in terms of Section 5 (1) (b) (i) of the Act

No	Name	Term of Office
15.	Ms V Taschl ²	21 February 2022 – 22 August 2023

²Replaced by Ms C Mbuyane with effect from 21 February 2022.

Appointed in terms of Section 5 (1) (b) (ii) of the Act

No	Name	Term of Office
16.	Ms T A Kaseke	23 August 2018 – 22 August 2023

Appointed in terms of Section 5 (1) (b) (iii) of the Act

No	Name	Term of Office
17.	Mr R Tshimomola	16 April 2019 – 22 August 2023

Appointed in terms of Section 5 (1) (b) (iv) of the Act

No	Name	Term of Office
18.	Mr M S Choma	23 August 2018 – 22 August 2023

Appointed in terms of Section 5 (1) (b) (v) of the Act

No	Name	Term of Office
19.	Prof D I Gihwala	23 August 2018 – 22 August 2023

Appointed in terms of Section 5 (1) (b) (vi) of the Act

No	Name	Term of Office
20.	Mr L L Rabotapi	23 August 2018 – 22 August 2023

Appointed in terms of Section 5 (1) (b) (vii) of the Act

No	Name	Term of Office
21.	Mr M J Matsomela	23 August 2018 – 22 August 2023
22.	Ms S F Molokoane-Machika	23 August 2018 – 22 August 2023
23.	Ms D Q Ngidi	23 August 2018 – 22 August 2023

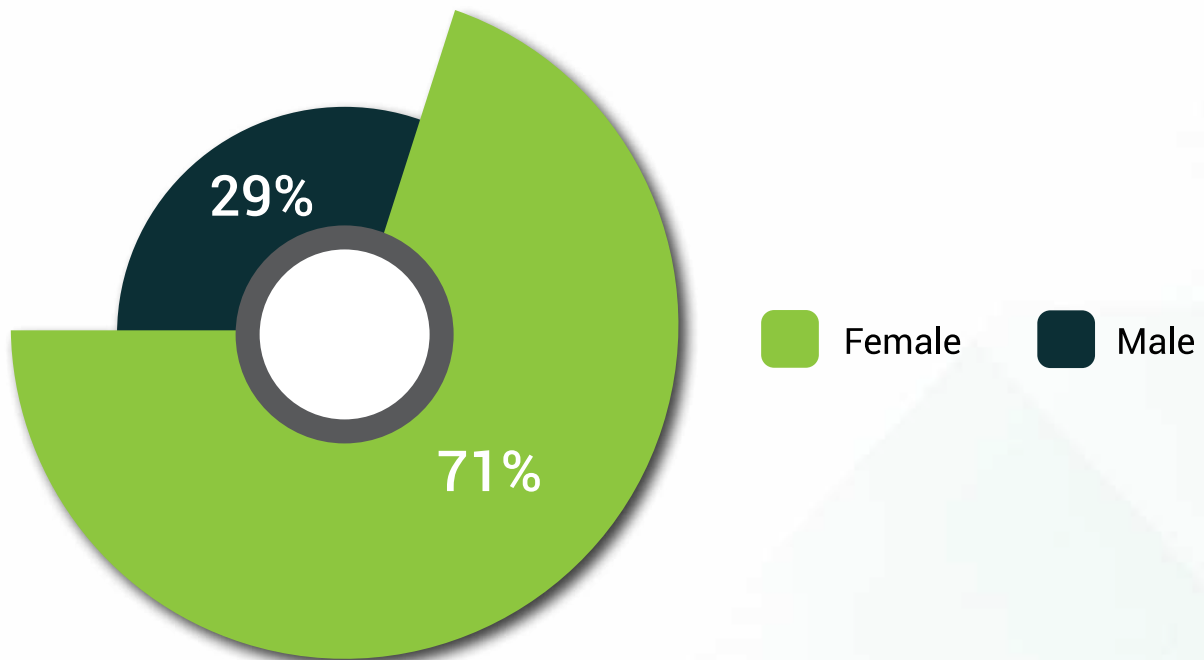
Appointed in terms of Section 5 (1) (b) (viii) of the Act

No	Name	Term of Office
24.	Ms Z M Ramaila	23 August 2018 – 22 August 2023

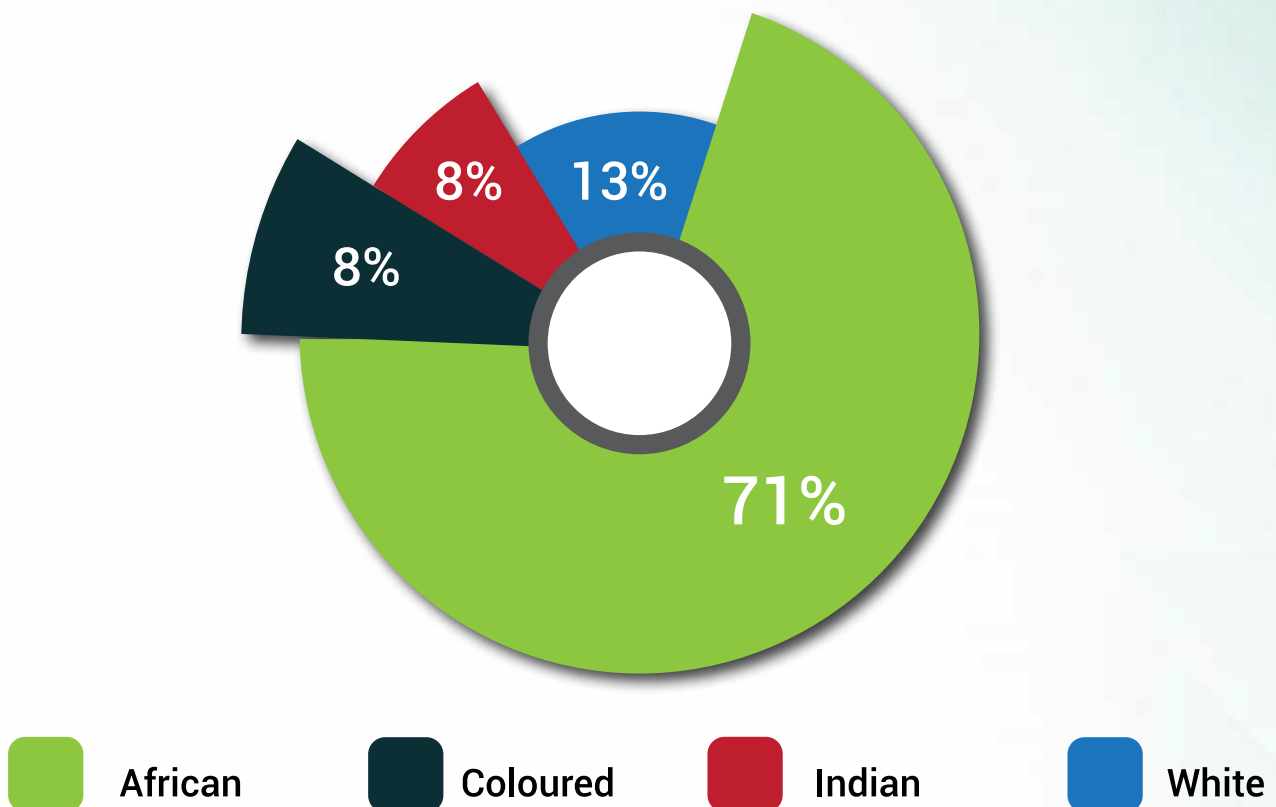
Appointed in terms of Section 5 (1) (b) (viii) of the Act

No	Name	Term of Office
25.	Ms F Newton	23 August 2018 – 22 August 2023

GENDER PROFILE OF COUNCIL MEMBERS:



RACIAL PROFILE OF COUNCIL MEMBERS:



The SANC Council: 2018 - 2023



Dr Matlou Molepo
Chairperson



Dr Sibusiso Zuma
Vice-Chairperson and
Chairperson of Preliminary
Investigating Committee



Ms Sizeni Mchunu
Registrar and Chief Executive
Officer (CEO)



Dr Hafisa Ally



Mr Simon Choma



Prof Sinegugu Duma
Chairperson of Education
Committee



Dr Nelouise Geyer



Prof Dherendra Gihwala



Ms Trudy Kaseke
Chairperson of Laws,
Practice and Standards Committee



Dr Elizabeth Kaye-Petersen



Ms Thukane Magoro
Chairperson of Human Resources
and Remuneration Committee



Prof Agnes Makhene
Chairperson of Professional
Conduct Committee



Mr Molefe Matsomela
Chairperson of Information and
Communication Technology
Governance Committee



Ms Paulinah Mapotse



Ms Catherine Mbuyane



Ms Sophy Molokoane-Machika



Dr Sindisiwe Mthembu



Ms Florrie Newton



Ms Duduzile Ngidi



Dr Lulama Nkondo-Mtembu



Mr Tshidiso Ntshabele
Chairperson of Impairment
Committee



Dr Penelope Orton



Mr Lehlohonolo Rabotapi



Ms Ziphora Ramaila
Chairperson of Communication
and Marketing Committee

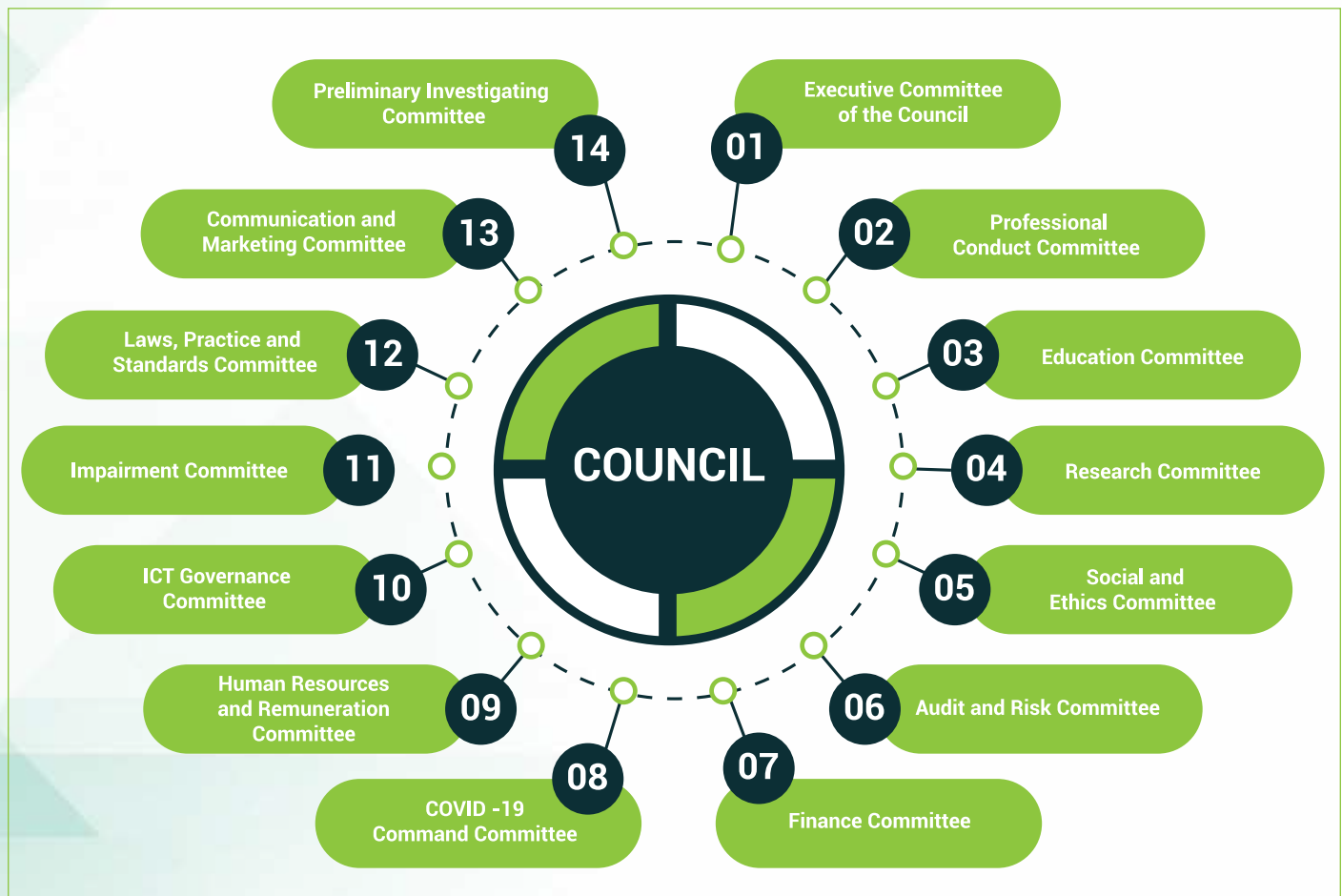


Dr Hester De Swardt



Mr Rabelani Tshimomola
Chairperson of Finance Committee

THE COUNCIL STRUCTURE:



THE COUNCIL CHARTER

The Council has approved the Council Charter which regulates how the Council and individual members discharge their responsibilities according to the principles of good governance. The Charter aims to ensure that all Council Members understand their duties and responsibilities, as well as the laws, regulations and best practices governing their conduct. It also details the division of responsibilities at the Council level and between the Council and Management.

THE CHARTER OF GOOD CONDUCT FOR COUNCILLORS

The members of the Council sign a Charter of Good Conduct for Councillors, binding them to fulfil their fiduciary responsibility to act only in the interest of the Council. To ensure decorum, members of Council also have to adhere to the approved Rules of Conduct of Business during the course of running Council meetings.

KEY OUTPUTS FOR THE YEAR UNDER REVIEW

The key outputs of the Council for the year under review are highlighted on page 31.

COUNCIL MEETING ATTENDANCE

COUNCIL YEAR-TO-DATE ATTENDANCE SCHEDULE FOR PERIOD 1 APRIL 2021 TO 31 MARCH 2022

The Nursing Act, 2005 (Act No. 33 of 2005) stipulates that meetings of the Council must be held at least four times a year at such times and places as the Council may determine. Meetings of the Council and its committees are scheduled annually in advance. The Council is also permitted, in terms of the Nursing Act, 2005 (Act No. 33 of 2005) to hold special meetings. Meetings of the Council are scheduled in advance, and special meetings are convened as specific circumstances dictate. The Council held 8 scheduled meetings and 6 special meetings during the year under review.

			COUNCIL														
			29/04/2021	29/06/2021	30/06/2021	30/07/2021	23/09/2021	29/09/2021	30/09/2021	28/10/2021	30/11/2021	27/01/2022	28/01/2022	08/03/2022	30/03/2022	31/03/2022	TOTAL
Council Members	Chairperson	Dr M C Molepo	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	14
	Vice-Chairperson	Dr S M Zuma	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	0	0	12
		Dr H Ally	✓	✓	✓	✓	✓	✓	✓	0	0	✓	✓	✓	✓	✓	12
		Mr M S Choma	0	✓	✓	✓	0	✓	✓	0	0	✓	✓	✓	✓	✓	10
		Prof S E Duma	✓	✓	✓	✓	✓	✓	✓	✓	0	✓	✓	✓	✓	✓	13
		Dr N M Geyer	✓	✓	✓	✓	✓	✓	✓	✓	0	✓	✓	✓	✓	✓	13
		Prof D I Gihwala	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	14
		Ms T A Kaseke	✓	✓	✓	✓	✓	0	0	0	✓	✓	✓	0	✓	✓	10
		Dr E Kaye-Petersen	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	14
		Ms T M Magoro	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	14
		Prof A Makhene	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	14
		Ms P Mapotse	0	✓	✓	✓	✓	✓	0	✓	0	■	■	■	■	■	6
		Mr M J Matsomela	✓	✓	✓	✓	✓	✓	✓	✓	✓	0	0	✓	✓	✓	12
		Ms C Mbuyane	■	■	■	■	■	■	■	■	■	■	■	✓	✓	✓	3
		Ms S F Molokoane-Machika	♪	✓	✓	✓	✓	0	✓	✓	✓	✓	✓	✓	✓	♪	10
		Dr S Z Mthembu	0	✓	✓	✓	✓	✓	✓	✓	0	✓	✓	✓	✓	✓	12
		Ms F Newton	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	14
		Ms D Q Ngidi	✓	✓	✓	✓	✓	✓	✓	0	✓	✓	✓	✓	✓	✓	13
		Dr L L Nkonzo-Mtembu	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	14
		Mr J T Ntshabele	✓	✓	✓	✓	✓	✓	✓	✓	✓	0	0	✓	✓	✓	12
		Dr P M Orton	✓	✓	✓	0	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13
		Mr L L Rabotapi	✓	✓	✓	✓	✓	✓	✓	0	✓	✓	✓	✓	✓	✓	13
		Ms Z M Ramaila	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	14
		Dr H C de Swardt	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	14
		Mr R Tshimomola	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	14

Legend

In attendance

Not a member

Absent

Apology

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ATTENDANCE OF THE EXECUTIVE COMMITTEE MEETINGS FROM 1 APRIL 2021 TO 31 MARCH 2022

The Executive Committee of the Council held 1 scheduled meeting during the year under review.

			EXECUTIVE COMMITTEE	
			28/02/2022	TOTAL
Council Members	Chairperson	Dr M C Molepo	✓	1
	Vice-Chairperson	Dr S M Zuma	✓	1
		Dr E Kaye-Petersen	✓	1
		Mr M J Matsomela	✓	1
		Ms C Mbuyane	✓	1
		Mr J T Ntshabele	✓	1
		Dr P M Orton	✓	1
		Mr R Tshimomola	✓	1

Legend

In attendance

Not a member

Absent

Apology

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ATTENDANCE OF AUDIT AND RISK COMMITTEE MEETINGS FROM 1 APRIL 2021 TO 31 MARCH 2022

The Audit and Risk Committee held 4 scheduled meetings and 3 special meetings (which includes 1 special joint meeting with the Finance Committee) during the year under review.

		AUDIT AND RISK COMMITTEE							
		26/05/2021	10/06/2021	23/07/2021	13/09/2021	23/11/2021	25/11/2021	17/03/2022	TOTAL
Chairperson									
Independent member	Ms M E Sikhosana	✓	✓	✓	✓	✓	⊖	✓	6
Independent member	Mr G Labane¹	✓	✓	✓	✓	✓	✓	■	6
Independent member	Ms Z L Ngwepe	✓	✓	✓	⊖	✓	⊖	⊖	4
Independent member	Mr K J Sello	✓	✓	✓	✓	✓	✓	✓	7
Council member	Ms T A Kaseke	✓	✓	✓	✓	✓	✓	✓	7
Council member	Mr L L Rabotapi	✓	✓	✓	✓	⊖	✓	✓	6

Legend

In attendance

Not a member

Absent

Apology

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⊖

¹ Resigned as ARC member with effect from 01 February 2022.

ATTENDANCE OF FINANCE COMMITTEE MEETINGS FROM 1 APRIL 2021 TO 31 MARCH 2022

The Finance Committee held 4 scheduled meetings and 1 special joint meeting with the Audit and Risk Committee during the year under review.

		FINANCE COMMITTEE					
		07/06/2021	10/09/2021	16/09/2021	15/11/2021	09/03/2022	TOTAL
Chairperson	Mr R Tshimomola	✓	✓	⊖	✓	✓	4
Council member	Ms S F Molokoane – Machika	⊖	⊖	✓	✓	♪	2
Vice-Chairperson	Dr H Ally	⊖	✓	✓	✓	✓	4
Council member	Mr M S Choma	✓	✓	✓	✓	⊖	4
Council member	Mr S Maharaj	✓	✓	✓	✓	✓	5
Independent member							

Legend

In attendance

Not a member

Absent

Apology

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ATTENDANCE OF HUMAN RESOURCES AND REMUNERATION COMMITTEE MEETINGS FROM 1 APRIL 2021 TO 31 MARCH 2022

The Human Resources and Remuneration Committee held 4 scheduled meetings during the year under review.

		HUMAN RESOURCES AND REMUNERATION COMMITTEE				
		04/06/2021	24/08/2021	29/10/2021	16/02/2022	TOTAL
Chairperson	Ms T M Magoro	✓	✓	✓	✓	4
Council member	Mr M J Matsomela	✓	✓	✓	✓	4
Vice-Chairperson	Ms S F Molokoane-Machika	⊖	✓	⊖	♪	1
Council member	Dr S Z Mthembu	✓	⊖	✓	✓	3
Council member	Mr C Marais	✓	✓	♪	✓	3
Independent member	Prof S Singh	✓	✓	✓	✓	4
Independent member						

Legend

In attendance

Not a member

Absent

Apology

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ATTENDANCE OF THE INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) GOVERNANCE COMMITTEE MEETINGS FROM 1 APRIL 2021 TO 31 MARCH 2022

The Information and Communication Technology (ICT) Governance Committee held 4 scheduled meetings during the year under review.

		ICT GOVERNANCE COMMITTEE				
		02/06/2021	02/09/2021	25/11/2021	07/03/2022	TOTAL
Chairperson	Mr M J Matsomela	✓	✓	✓	✓	4
Council member	Ms T M Magoro	✓	✓	✓	✓	4
Vice-Chairperson	Prof D I Gihwala	✓	✓	✓	✓	4
Council member	Ms Z M Ramaila	✓	✓	✓	✓	4
Independent member	Mr Faizal Docrat ²	✓	✓	■	■	2
Independent member	Dr Charles Motau	✓	✓	⊖	⊖	2

Legend

In attendance

Not a member

Absent

Apology

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² Resigned as ICT Governance Committee member with effect from 12 June 2021.

ATTENDANCE OF EDUCATION COMMITTEE MEETINGS FROM 1 APRIL 2021 TO 31 MARCH 2022

The Education Committee held 8 scheduled meetings and 3 special meetings during the year under review.

			EDUCATION COMMITTEE											
			19/05/2021	20/05/2021	11/06/2021	29/06/2021	26/08/2021	27/08/2021	22/10/2021	11/11/2021	12/11/2021	10/03/2022	11/03/2022	TOTAL
Council Members	Chairperson	Prof S E Duma	✓	✓	✓	✓	✓	✓	✓	⊖	✓	✓	✓	10
	Vice-Chairperson	Prof A Makhene	✓	✓	⊖	✓	✓	✓	✓	✓	✓	✓	✓	10
		Prof D I Gihwala	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11
		Dr E Kaye-Petersen	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11
		Ms C Mbuyane	■	■	■	■	■	■	■	■	■	✓	✓	2
		Dr S Z Mthembu	✓	✓	✓	✓	✓	✓	⊖	✓	✓	✓	✓	10

Legend

In attendance

Not a member

Absent

Apology

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ATTENDANCE OF IMPAIRMENT COMMITTEE MEETINGS FROM 1 APRIL 2021 TO 31 MARCH 2022

The Impairment Committee held 4 scheduled meetings and 3 special meetings during the year under review.

			IMPAIRMENT COMMITTEE							
			03/05/2021	04/05/2021	03/08/2021	18/10/2021	19/10/2021	20/10/2021	14/02/2022	TOTAL
Council Members	Chairperson	Mr J T Ntshabele	✓	✓	✓	✓	✓	✓	✓	7
	Vice-Chairperson	Prof S E Duma	✓	✓	⊖	✓	✓	✓	✓	6
		Ms F Newton	✓	✓	✓	✓	✓	✓	✓	7
		Dr P M Orton	✓	✓	✓	✓	✓	✓	✓	7

Legend

In attendance

Not a member

Absent

Apology

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ATTENDANCE OF LAWS, PRACTICE AND STANDARDS COMMITTEE MEETINGS FROM 1 APRIL 2021 TO 31 MARCH 2022

The Laws, Practice and Standards Committee held 4 scheduled meetings during the year under review.

			LAWS, PRACTICE AND STANDARDS COMMITTEE				
			27/05/2021	28/05/2021	18/08/2021	08/11/2021	23/02/2022
Council Members	Chairperson	Ms T A Kaseke	✓	✓	✓	✓	⊖
	Vice-Chairperson	Dr E Kaye-Petersen	✓	✓	✓	✓	✓
		Dr N Geyer	✓	✓	✓	✓	✓
		Ms C Mbuyane	■	■	■	■	⊖
		Dr P M Orton	✓	✓	✓	✓	✓
		Dr S M Zuma	✓	✓	✓	✓	✓

Legend

In attendance

Not a member

Absent

Apology

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ATTENDANCE OF COMMUNICATION AND MARKETING COMMITTEE MEETINGS FROM 1 APRIL 2021 TO 31 MARCH 2022

The Communication and Marketing Committee held 4 scheduled meetings and 1 special meeting during the year under review.

			COMMUNICATION AND MARKETING COMMITTEE					
			17/05/2021	23/06/2021	19/08/2021	18/11/2021	21/02/2022	TOTAL
Council Members	Chairperson	Ms Z M Ramaila	✓	⊖	✓	✓	✓	4
	Vice-Chairperson	Mr J T Ntshabele	✓	✓	✓	✓	✓	5
		Ms F Newton	✓	✓	✓	✓	✓	5
		Prof D I Gihwala	✓	✓	✓	✓	✓	5
		Ms D Q Ngidi	✓	✓	✓	✓	✓	5
		Dr H C de Swardt ³	✓	⊖	✓	✓	✓	4

Legend

In attendance

Not a member

Absent

Apology

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³ Dr de Swardt was appointed as the Chairperson of the Committee on 31 March 2022.

ATTENDANCE OF PRELIMINARY INVESTIGATING COMMITTEE MEETINGS FROM 1 APRIL 2021 TO 31 MARCH 2022

The Preliminary Investigating Committee held 4 scheduled hearings during the year under review.

			PRELIMINARY INVESTIGATING COMMITTEE								
			25/05/2021	26/05/2021	16/08/2021	17/08/2021	09/11/2021	10/11/2021	03/02/2022	04/02/2022	TOTAL
Council Members	Chairperson	Dr S M Zuma	✓	✓	⊖	✓	✓	✓	✓	✓	7
	Vice-Chairperson	Dr H C de Swardt	✓	✓	✓	✓	✓	✓	✓	✓	8
		Mr L L Rabotapi	✓	✓	✓	✓	✓	✓	✓	✓	8
		Ms T A Kaseke	✓	✓	✓	✓	✓	✓	✓	✓	8
		Ms Z M Ramaila	✓	✓	✓	✓	✓	✓	✓	✓	8

Legend

In attendance

Not a member

Absent

Apology

✓

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⊖

Legend

In attendance

Not a member

Absent

Apology

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ATTENDANCE OF PROFESSIONAL CONDUCT COMMITTEE FROM 1 APRIL 2021 TO 31 MARCH 2022

The Professional Conduct Committee held 07 scheduled hearings during the year under review.

			PROFESSIONAL CONDUCT COMMITTEE							
			10/05/2021	21/06/2021	24/08/2021	06/09/2021	04/10/2021	02/12/2021	14/03/2022	TOTAL
Council Members	Chairperson	Prof A Makhene	✓	✓	✓	✓	✓	✓	✓	7
	Vice-Chairperson	Dr H Ally	○	○	○	✓	✓	○	✓	3
		Mr M S Choma	✓	✓	✓	✓	✓	✓	✓	7
		Dr N Geyer	✓	✓	✓	✓	✓	○	✓	6
		Dr L L Nkonzo-Mtembu	✓	✓	✓	✓	✓	✓	✓	7
		Ms P Mapotse	✓	✓	✓	✓	✓	✓	■	6

Legend

In attendance

Not a member

Absent

Apology

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ATTENDANCE OF RESEARCH COMMITTEE FROM 1 APRIL 2021 TO 31 MARCH 2022

The Research Committee held 2 out of 4 scheduled meetings during the year under review.

			RESEARCH COMMITTEE		
			14/06/2021	27/10/2021	TOTAL
Council Members	Chairperson	Dr P M Orton	✓	✓	2
	Vice-Chairperson	Dr S Z Mthembu	✓	✓	2
		Prof A Makhene	✓	✓	2

Legend

In attendance

Not a member

Absent

Apology

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ATTENDANCE OF COVID-19 COMMAND COMMITTEE FROM 1 APRIL 2021 TO 31 MARCH 2022

Meetings of the COVID-19 Command Committee are held on a bi-annual basis. The Committee held 1 meeting during the year under review.

			COVID-19 COMMAND COMMITTEE	
			27/07/2021	TOTAL
Council Members	Chairperson	Ms T M Magoro	✓	1
	None	Dr E Kaye-Petersen	✓	1
		Dr H C de Swardt	✓	1
		Ms Z M Ramaila	✓	1
		Mr J T Ntshabele	✓	1
		Mr L L Rabotapi	✓	1
		Dr S M Zuma	✓	1

Legend

In attendance
Not a member
Absent
Apology

✓
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COUNCIL COMMITTEES, THEIR ROLE AND MANDATE

Section 15 of the Nursing Act, 2005 (Act No. 33 of 2005) stipulates that the Council may from time to time establish such Committees as it may think necessary to investigate and report to the Council on any matter falling within the scope of its functions. The Chairperson of the Council serves as ex officio member of the Committees of the Council.

Each Committee of the Council is constituted with formal Terms of Reference or Charter which will determine, amongst other things, the membership, purpose, powers and authority of the Committee, the scope of its mandate and its relationship to the Council. The Council has established the following Council Committees:

- Executive Committee of the Council;
- Audit and Risk Committee;
- Communication and Marketing Committee;
- COVID-19 Command Committee;
- Education Committee;
- Finance Committee;
- Human Resources and Remuneration Committee;
- Impairment Committee;
- Information and Communication Technology Governance Committee;
- Laws, Practice and Standards Committee;
- Preliminary Investigating Committee;
- Professional Conduct Committee;
- Research Committee; and
- Social and Ethics Committee.

1.1 EXECUTIVE COMMITTEE OF THE COUNCIL

Mandate of the Committee

The Committee may perform all the functions of the Council between Council meetings except for rescinding or amending decisions of Council. This implies that it may determine and execute policy subject to subsequent ratification by the Council.

Membership

The membership of the Committee during the year of review consisted of:

- Dr M C Molepo – Chairperson
- Dr S M Zuma – Vice-Chairperson
- Dr E Kaye-Petersen
- Mr M J Matsomela
- Mr J T Ntshabele
- Dr P M Orton
- Mr R Tshimomola.

Key outputs for the year under review

- Nomination and appointment of new members of the Executive Committee;
- The Draft 2021/2022 National Department of Health (NDoH) Dashboard Assessment Report dealing with compliance with the Nursing Act, 2005; and
- Council and the Council Committees Performance Evaluation for the 2021/2022 Financial Year.

In addition, the Committee approved the following documents recommended to the Committee by the Laws, Practice and Standards Committee:

- CPD documents; and
- CPD Pilot roll-out implementation plan.

1.2 LAWS, PRACTICE AND STANDARDS COMMITTEE

Mandate of the Committee

The Committee is established in terms of Section 15 of the Nursing Act, 2005 (Act No. 33 of 2005) to deal with all matters of professional/Nursing practice including but not limited to the following:

- Developing a regulatory framework for Nursing Practice;
- Reviewing all draft regulations developed by other functional areas of the Council;
- Determining, developing, and reviewing the Scopes of Practice for all categories of Nurse practitioners;
- Developing standards for Nursing practice, ethical codes and rules for Nursing practice;
- Providing comments on draft legislation that has an impact on the Nursing profession;
- Developing and implementing of CPD system for Nurses; and
- Establishing a mechanism for implementing the transition of practitioners from current to new categories of Nurses in terms of the Nursing Act, 2005 (Act No. 33 of 2005) and regulations.

Membership

The membership of the Committee during the year under review consisted of:

- Ms T A Kaseke – Chairperson
- Dr E Kaye-Petersen – Vice-Chairperson
- Dr S M Zuma
- Dr N Geyer
- Dr P M Orton
- Ms C Mbuyane.

Key outputs for the year under review

During the year under review, the Committee recommended the following draft position statements to the Council for approval:

- Allocation of non-specialised Nurses in specialised units;
- Assessing, diagnosing of patients and the related keeping, supplying and prescribing of medicines by Nurses;
- Direct and Indirect supervision of Nurses;
- Issuing of sick notes by Professional Nurse Practitioners;
- Use of Registered Nurses and Midwives as assistant surgeons; and
- Use of Tele-Health consultation by Professional Nurse Practitioners.

In addition, the Committee recommended to Council the following documents for approval:

- Regulations regarding distinguishing devices for Nurses and Midwives;
- Regulations relating to the Scope of Practice for Nurses and Midwives
- Nursing Practice standards;
- Nursing Practice Standards Pilot roll out implementation plan;
- CPD implementation documents and processes; and
- CPD pilot roll out implementation plan.

1.3 EDUCATION COMMITTEE

Mandate of the Committee

The Committee is responsible for:

- Developing and reviewing regulations and policies for Nursing education and training;
- Determining, developing and reviewing standards, for Nursing education and training;
- Developing and reviewing the assessment and moderation system for Nursing education and training;
- Developing and reviewing qualification frameworks for Nursing;
- Investigating and managing complaints and non-compliances in respect of Nursing Education Institutions;
- Monitoring and evaluating the implementation of regulations and policies in Nursing education;
- Communicating to Nursing education institutions and relevant stakeholders with regards to information pertaining to Nursing education standards and training;
- Providing support to Nursing education institutions to facilitate delivery of quality Nursing education; and
- Identify research priorities and needs and collaborate with relevant stakeholders.

Membership

The membership of the Committee during the year under review consisted of:

- Prof S E Duma – Chairperson
- Prof A Makhene – Vice-Chairperson
- Prof D I Gihwala
- Dr E Kaye-Petersen from 23 January 2020
- Dr S Z Mthembu
- Ms C Mbuyane.

Key outputs for the year under review

During the period under review, the Committee recommended a number of Accreditation and Registration matters to the Council for approval. Furthermore, the Committee recommended the following documents to the Council for approval:

- Draft Monitoring and Evaluation (M&E) Policy and Tools;
- Draft policy for Registration of Internationally Qualified Nurses and Midwives and/or Foreign Qualifications;
- Reviewed Assessment and Moderation Policy;
- Accreditation of NEIs, Programmes and Facilities;
 1. Nursing Education Institutions= Forty-one (41)
 2. Programmes
 - Undergraduate = 16
 - Postgraduate = 29
 3. Clinical facilities = 1270
- Nursing Educating and Training guidelines for the following programmes;
 1. Higher Certificate in Nursing
 2. Diploma in Nursing
 3. Bachelor of Nursing
- Nursing Education and Training Standards; and
- Reviewed Education Committee Charter.

1.4 AUDIT AND RISK COMMITTEE**Mandate of the Committee**

The Committee provides an independent oversight of:

- The effectiveness of the SANC's assurance functions and services, with particular focus on combined assurance arrangements, including internal audit services and external audit assurance service provider;
- The integrity of the annual financial statements and, to the extent delegated by the Council, other external reports issued by the SANC;
- Compliance with legislative requirements;
- The effectiveness of risk management and ethics; and
- The Council has delegated full responsibility for risk monitoring and oversight to the Audit and Risk Committee until a separate Risk Committee (established by Council on 31 March 2021) is fully functional.

Membership

The membership of the Committee during the year under review consisted of:

- Ms M E Sikhosana – Chairperson (External independent member)
- Mr K Sello – External independent member
- Mr G Labane – External independent member
- Ms Z L Ngwepe – External independent member
- Ms T A Kaseke.
- Mr L L Rabotapi.

Key outputs for the year under review

During the year under review, the Committee recommended the following documents for Council approval:

- Draft Audit and Risk Committee Charter;
 - Draft Three-year Internal Audit Strategic Plan and Annual Plan;
 - Draft Combined Assurance Framework and Plan;
 - Draft Risk Management Framework;
 - Draft Enterprise Risk Management Policy;
 - Draft Strategic Risk Register;
 - Draft Risk Management Implementation Plan;
 - Draft Fraud Management Policy and Procedure;
 - Draft Business Continuity Management Policy;
 - Draft Business Continuity Plan;
 - Draft Compliance Management Framework;
 - Draft Compliance Policy;
 - Draft Compliance Manual and Plan;
 - Draft SANC 2022/23 Annual Performance Plan;
 - Draft 2020/2021 Annual Report;
 - Audited Annual Financial Statements (AFS) for the 2020/2021 Financial Year; and
 - Independent Auditors Report for the 2020/2021 Financial Year.
-

1.5 PRELIMINARY INVESTIGATING COMMITTEE

Mandate of the Committee

The Committee is mandated in terms of Sections 46, 47, 50 and 52 of the Nursing Act, 2005 (Act No. 33 of 2005) to deal with all cases of alleged unprofessional conduct against Nurse practitioners who are registered in terms of the Act.

Membership

The membership of the Committee during the year under review consisted of:

- Dr S M Zuma – Chairperson
- Mr L L Rabotapi
- Ms Z M Ramaila
- Dr H C de Swardt
- Ms TA Kaseke.

Key output for the year under review

During the year under review, the Committee recommended the Circular for consistent provision of personal protective equipment to Nurse Practitioners to Council for approval:

- PIC meetings conducted as scheduled;
 - PIC reports compiled and submitted to Council; and
 - Total number of cases dealt with is one hundred and six (106).
-

1.6 PROFESSIONAL CONDUCT COMMITTEE

Mandate of the Committee

The Committee is responsible for:

- Holding inquiries in terms of the Nursing Act, 2005 (No. 33 of 2005);
- Considering all matters in the best interest of the public and the profession;
- Establishing a legislative framework for professional conduct;
- Ensuring compliance with the legislative framework;
- Reporting and referring any non-compliance or any other matter to the relevant bodies;
- Ensuring that findings of the Professional Conduct Committee are published in a Government Gazette; and
- Appointing experts or assessors in terms of Section 47(11).

Membership

The membership of the Committee during the year under review consisted of:

- Prof A Makhene – Chairperson
- Dr H Ally – Vice-Chairperson
- Mr M S Choma
- Dr L L Nkonzo-Mtembu
- Ms P Mapotse
- Dr N Geyer.

Key outputs for the year under review

- Please see legal section of the Annual Report, page 63 that deals with key outputs in detail.

1.7 IMPAIRMENT COMMITTEE**Mandate of the Committee**

The Committee is mandated in terms of Section 51 of the Nursing Act, 2005 (Act No. 33 of 2005) to conduct inquiries into alleged impairment or unfitness to practice for persons registered in terms of the Act.

Membership

The membership of the Committee during the year of review consisted of:

- Mr J T Ntshabele – Chairperson
- Prof S E Duma
- Dr P M Orton
- Ms F Newton.

Key outputs for the year under review

During the year under review, the Committee recommended the following draft documents to Council for approval;

- Terms of Reference of the Impairment Committee;
- Financial Assistance Policy reviewed and submitted to Council for approval;
- IC meetings conducted as scheduled;
- IC Reports compiled and submitted to Council; and
- Total number of cases dealt with: 118.

1.8 FINANCE COMMITTEE**Mandate of the Committee**

The Finance Committee is a Committee of Council that is responsible for the oversight over the Finance functions of the Council. The Committee is currently made up of four Council members and one external independent member. There is currently a vacancy for one external member. The Committee meets at least once per quarter, and it submits a report to the Council on its activities for the quarter. The Finance Committee operates in terms of the written Charter which is approved by Council. In terms of the Finance Committee Charter, the Finance Committee is responsible for the following:

- The Committee should monitor and review the overall financial strategy and ensure that it is aligned with the SANC's strategy and business requirements;
- The Committee should ensure ongoing effectiveness and efficiency in management of the organisation financial resources;
- The Committee should ensure that the SANC remains sustainable through development of appropriate budgets that are approved by the Council;
- The Committee should ensure accuracy and efficiency of financial management in line with best practice; and
- The Committee should ensure that financial risks are identified, properly assessed and adequately managed in order to reduce the SANC's exposure thereto, to an acceptable level.

Membership

The membership of the Committee during the year of review consisted of:

- Mr R Tshimomola – Chairperson
- Dr H Ally
- Mr M S Choma
- Ms S F Molokoane-Machika
- Mr S Maharaj – External Independent Member.

Key outputs for the year under review

During the year under review, the Committee recommended the following documents to the Council for approval: Supply Chain Management Policy and Procedure Manual;

- Treasury and Banking Management Policy;
- Budget Policy;
- Telephone Policy;
- Travel Management Policy;
- Asset Management Policy;
- SANC Parking Bay Policy;
- Unauthorised, Irregular, and Fruitless and Wasteful Expenditure Policy;
- Finance Delegations of Authority;
- Annual Finance Workplan;
- Refund Policy;
- Security Policy;
- Unidentified Deposits Policy;
- SANC 2022/2023 budget;
- Finance Committee Charter;
- Tender for provision of Cleaning Services to the South African Nursing Council for a period of three years;
- Tender for the Appointment of a Service Provider for the Provision of Voice over Internet Protocol (VOIP) System; and
- Write-off of long outstanding debtors in the Pretoria Service Account.

1.9 COMMUNICATION AND MARKETING COMMITTEE

Mandate of the Committee

The purpose of the Committee is to:

- Ensure effective and auditable governance of marketing and communication matters at the SANC in line with relevant provisions of the Act;
- Ensure effective, accurate and timeous communication with all the relevant SANC stakeholders; and
- Promote a positive image of the SANC.

Membership

The membership of the Committee during the year under review consisted of:

- Ms Z M Ramaila – Chairperson
- Mr J T Ntshabele - Vice-Chairperson
- Prof D I Gihwala
- Ms F Newton
- Ms D Q Ngidi
- Dr H C de Swardt.

Key outputs for the year under review

- Reviewed Communication and Marketing Committee Charter;
- SANC Communication Policy reviewed and approved;
- SANC Media Policy reviewed and approved;
- SANC Language Policy reviewed and approved;
- SANC Marketing and Branding Policy reviewed and approved;
- SANC CSI Policy reviewed and approved; and
- SANC Event Management Policy reviewed and approved.

1.10 HUMAN RESOURCES AND REMUNERATION COMMITTEE

Mandate of the Committee

The Human Resources and Remuneration Committee is responsible for:

- Reviewing and making recommendations to the Council regarding the SANC's Human Resources Strategy, in respect to the alignment of that strategy to:
 1. the SANC's strategic and operational plans; and
 2. the SANC's organisational structure;
- Reviewing and making recommendations to the Council regarding the SANC's Human Resources Policies and practices, including in respect of the effectiveness of policies and practices to support the Human Resources Strategy;
- Reviewing and making recommendations to the Council regarding the SANC's Remuneration Policies and practices; and
- Developing a Performance Management and Development System (PMDS) for the SANC.

Membership

The membership of the Committee during the year under review consisted of:

- Ms T M Magoro – Chairperson
- Mr M J Matsomela
- Ms S F Molokoane-Machika
- Dr S Z Mthembu
- Mr C Marais – Remuneration Specialist
- Prof S Singh – External Independent member.

Key outputs for the year under review

- Reviewed and approved SANC HR Strategy;
- Reviewed and approved PMDS Policy;
- Reviewed and approved SANC Conditions of Service;
- Reviewed and approved HRRC Charter;
- Reviewed and approved SANC Remuneration Policy;
- Reviewed and approved the SANC Overtime Policy;
- Reviewed and approved Grievance Policy;
- Reviewed and approved Disciplinary Policy;
- Approval of the new Learning and Development Policy;
- Reviewed and approved Code of Conduct and Ethics Policy; and
- Approval of the new Graduate Internship Policy.

1.11 INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) GOVERNANCE COMMITTEE

Mandate of the Committee

The Committee advises the Council and Management on all matters relating to the ICT and is responsible for:

- The investigating, consideration and steering of high level/impact ICT projects;
- The prioritising of proposed high-level projects;
- The constant reviewing of approved projects;
- Facilitating the achievement of optimal ICT management;
- Enhancing the understanding and satisfaction with the value of ICT investments; and
- Fusing the ICT and business strategies, goals, and resources, and achieving competitive advantage through ICT.

Membership

The membership of the Committee during the year under review consisted of:

- Mr M J Matsomela – Chairperson
- Prof D I Gihwala
- Ms T M Magoro
- Ms Z M Ramaila
- Mr F Docrat – External Independent member
- Dr C Motau – External Independent member.

Key outputs for the year under review

- Review and approval of the SANC Fourth Industrial Revolution Positioning Document 2019 – 2023;
- Review and approval of the SANC Disaster Recovery Policy;
- Review and approval of the Protection of Personal Information (POPI) Policy;
- Review and approval of the Records Management Policy;
- Review and approval of the ICT Governance Committee Charter;
- The recommendation to Council for approval of the appointment of interns in the ICT Department, which was subsequently approved by Council on 30 September 2021; and
- The recommendation to Council for approval of the Change Request from a service provider which was subsequently approved by Council on 30 November 2021.

1.12 RESEARCH COMMITTEE

Mandate of the Committee

The Committee is responsible for the SANC's research priorities and the development and support of the research initiatives from stakeholders. This includes:

- Support to the Council in line with Section 41 of the Nursing Act, 2005 (Act No. 33 of 2005) in ensuring that the prescribed ethical conduct pertaining to research related to the practice of Nursing is adhered to;
- Oversee the scientific review of research proposals in order to ensure that only well-designed and scientifically sound research is submitted and approved;
- Guide the development of the SANC's strategic research priorities and objectives and monitor research performance within the framework of the SANC's Strategic Planning process;
- Consider and make recommendations on matters of policy relating to research, including matters referred to it by the Council;
- Review and oversee the implementation on the SANC's Policy on Research Ethics;
- Advise the Council on research and research training matters as they arise;
- Enable effective management of research and research requests at SANC; and
- Identify research priorities and needs and collaborate with relevant stakeholders.

Membership

The membership of the Committee during the year under review consisted of:

- Dr P M Orton – Chairperson
- Prof A Makhene
- Dr S Z Mthembu.

Key outputs for the year under review

- Research Proposal Template;
- Content of the information letter;
- Consent to participate in the study;
- Workflow for applications/request to undertake research on/at the SANC including using use of the SANC database or communication platforms;
- Research Proposal evaluation tool; and
- Draft SANC Research Agenda.

1.13 COVID-19 COMMAND COMMITTEE

Mandate of the Committee

The Council took a resolution to establish the COVID–19 Command Committee to oversee the management of the COVID-19 pandemic by the SANC, by:

- Providing an oversight on OHS and Disaster Management Act, and COVID-19 regulations;
- Ensuring compliance to the OHS Act and to ensure compliance to the relevant legislative framework; and
- Providing the report to the Council on the management of COVID-19 in the SANC.

Membership

The membership of the Committee during the year of review consisted of:

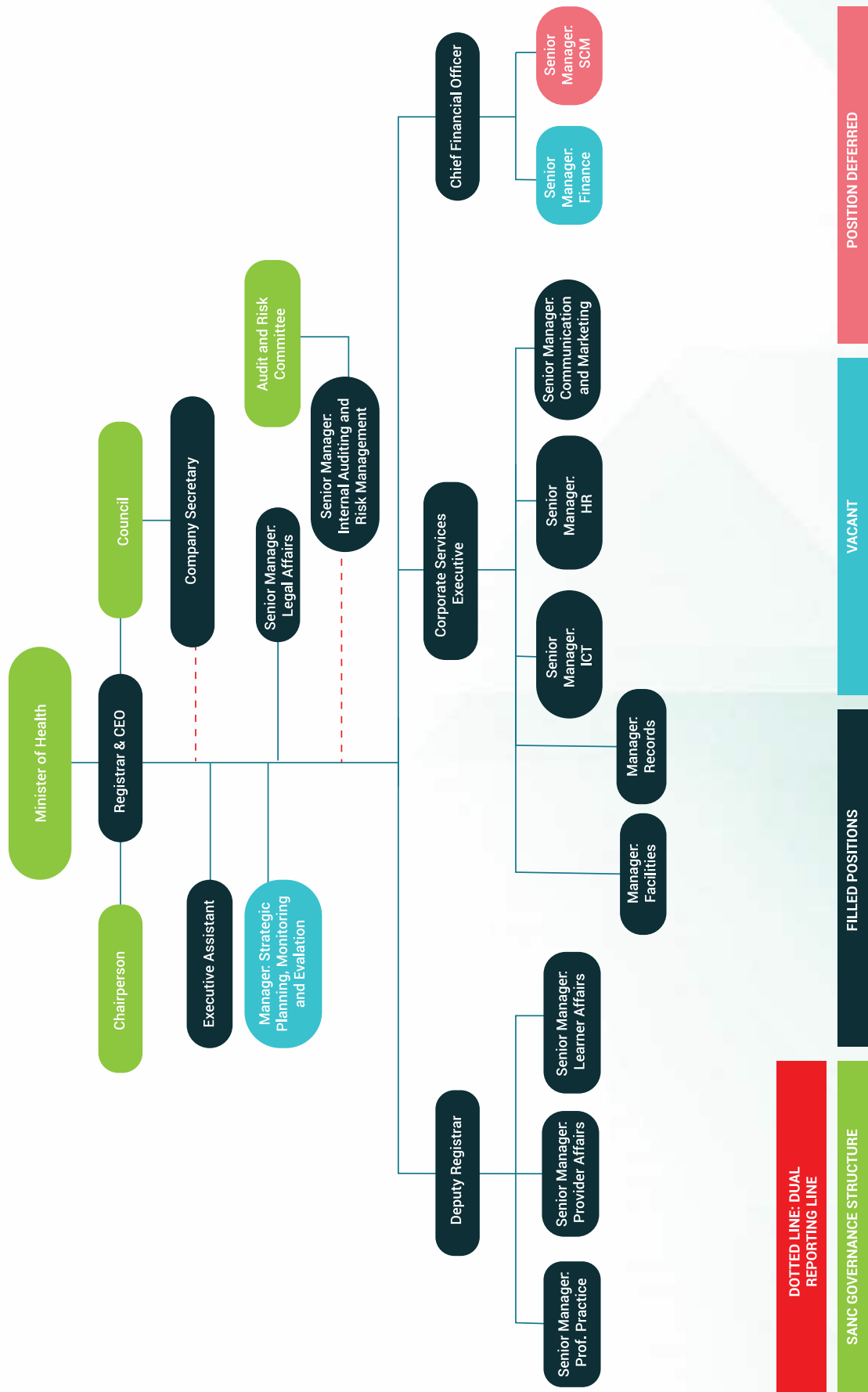
- Ms T M Magoro – Chairperson
- Dr E Kaye-Petersen
- Dr H C de Swardt
- Ms Z M Ramaila
- Mr J T Ntshabele
- Mr L L Rabotapi
- Dr S M Zuma.

Key outputs for the year under review

The Chairperson of the Committee, Ms M Magoro, presented the following progress reports to the Council for noting:

- The Legislative Framework governing the management of COVID-19 in the workplace;
- The Status of COVID-19 prevention measures in the workplace;
- COVID-19 Statistics in terms of positive cases in the SANC workplace;
- COVID-19 expenditure report: and
- Commencement of audit visits and inspections.

SOUTH AFRICAN NURSING COUNCIL ORGANISATIONAL STRUCTURE



DOTTED LINE: DUAL
REPORTING LINE

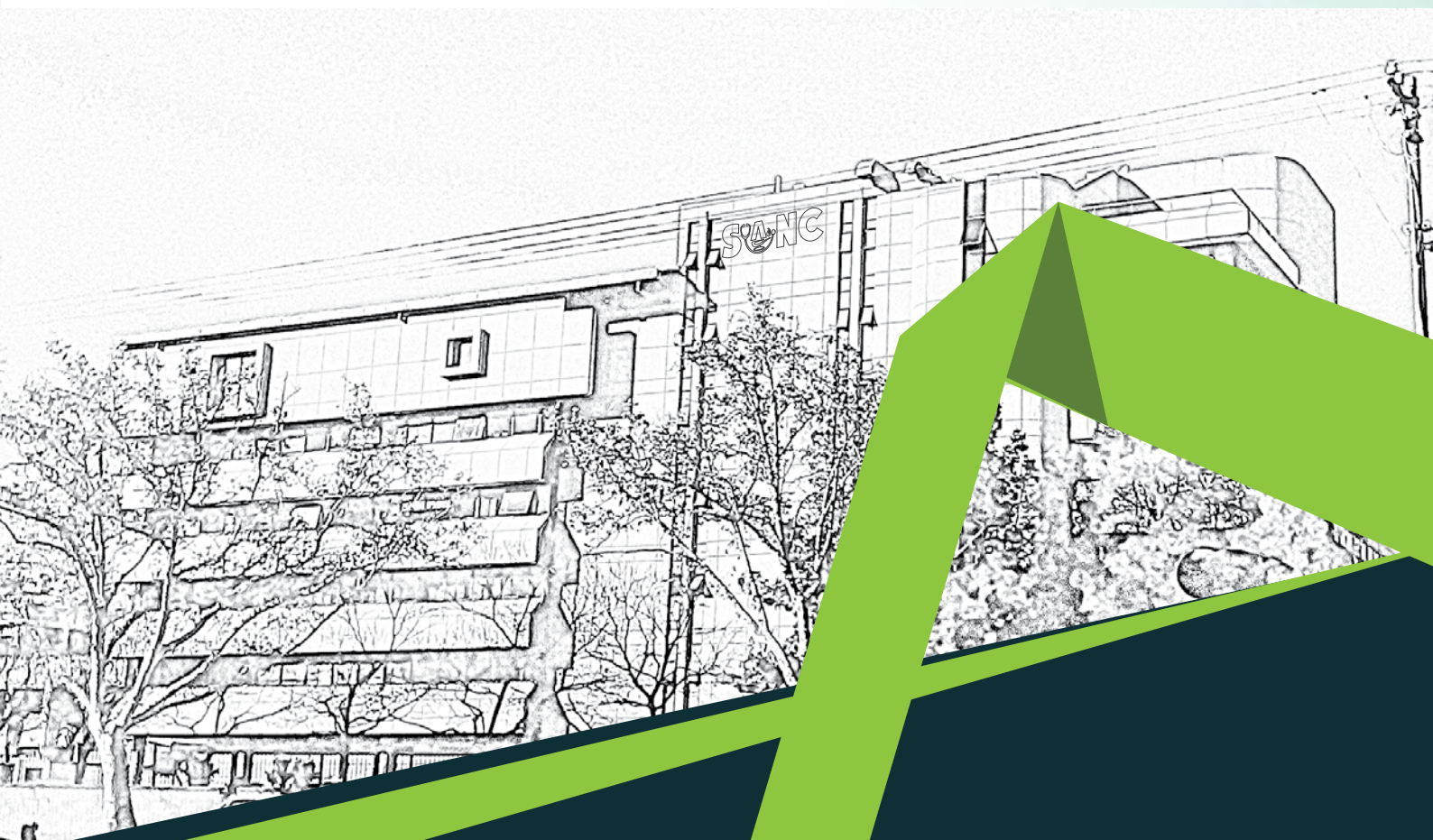
SANC GOVERNANCE STRUCTURE

FILLED POSITIONS

VACANT

POSITION DEFERRED

ORGANISATIONAL PERFORMANCE



EXECUTIVE SUMMARY OF PERFORMANCE AGAINST THE ANNUAL PERFORMANCE PLAN: 2021/2022

INTRODUCTION

Section 24(3)(b) of the Nursing Act, 2005 (Act No. 33 of 2005), stipulates that "when the annual budget is tabled, it must be accompanied by amongst other things: measurable performance objectives for revenue from each source and for each programme in the budget, taking into account the Council's strategic plan."

The Annual Performance Plan (APP) 2021/2022 of the South African Nursing Council (SANC) is derived from the SANC 5-year Strategic Plan 2018-2023.

The Office of the Registrar and CEO is responsible for the development of the Annual Performance Plan in consultation with the Executive and Senior Management of the SANC. Additionally, the Registrar coordinates, quality assures, monitors, evaluates and reports progress of the APP.

The collated performance information is ultimately presented to the Council on a quarterly basis through quarterly Organisational Performance Reports. This is a crucial process that allows the Council to constantly measure progress against set targets and the desired outcomes in order to ensure that the objects of the SANC are realised through its Strategic Plan.

Prior to the submission of quarterly reports to the Council, the Audit and Risk Committee (ARC) reviews and advises management on the submitted performance information to ensure that the Council, stakeholders and the public are provided with accurate progress on the SANC initiatives and projects at the end of the financial year.

1. PERFORMANCE REPORTING

The SANC has utilised the standards illustrated in Table 1, approved by the Council, to assess the extent of the achievement against the set targets




Performance Reporting			
a)	Green		Performance target achieved
b)	Amber		Performance target partially achieved
c)	Red		Performance target not achieved

Table 1. Performance standards

2. OVERALL ORGANISATIONAL PERFORMANCE: 2021/2022

2.1 Overall, the SANC had a total number of **35 (100%)** planned targets for 2021/2022 Financial Year. Out of **35** planned targets, **23 (66%)** were achieved, **6 (17%)** were partially achieved and **6 (17%)** were not achieved. Table 2 Figure 1, illustrate the overall organisational performance 2021/2022.

Planned targets	Achieved targets	Partially achieved targets	Not achieved targets
35	23	6	6
100%	66%	17%	17%

Table 2: Overall Programme Performance

2.2 The following chart depicts the overall organisational performance for 2021/2022 Financial Year.

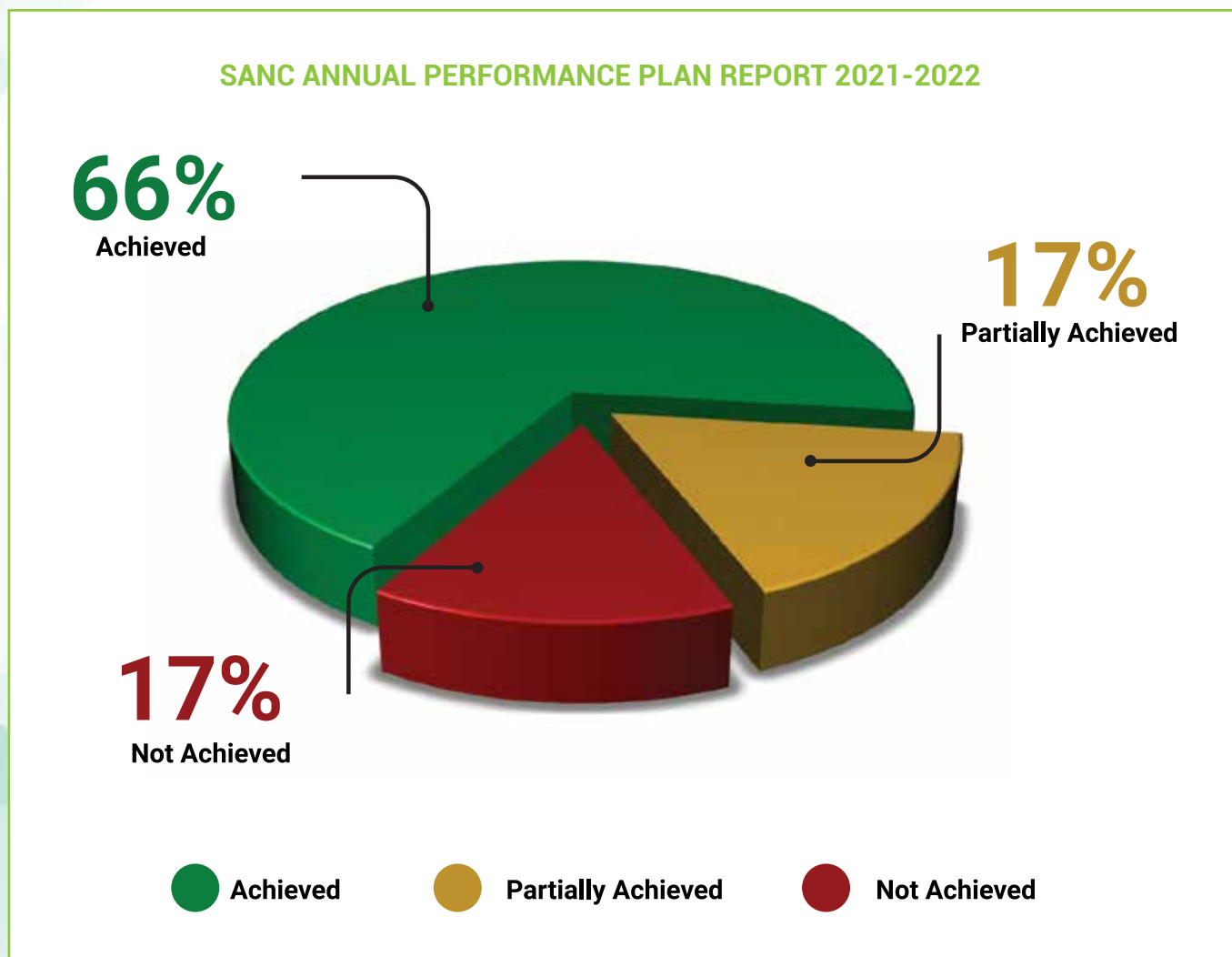


Figure 1: Overall organisational performance

The SANC has made strides in improving its organisational performance in comparison with 2020/2021 financial year. During 2020/2021 the SANC achieved 51% of its performance targets, whilst 18% were partially achieved and 31% of the targets were not achieved. This was largely influenced by factors associated with the COVID-19 pandemic, in the main.

A notable improvement of 15% is reported during the 2021/2022 financial year. The Management of the SANC commits itself to continued improvement of its performance towards achievements of the objects of the Council as per the provisions of Section 3(a) to (j) of the Nursing Act, 2005 (Act No. 33 of 2005).

Table 1 below reflects the performance against the set annual targets:

NO	ANNUAL TARGET	STATUS	COMMENT
LEADERSHIP MANAGEMENT			
1.	Governance assessment tool developed	Achieved	
2.	Business Continuity Plan Developed	Achieved	
3.	Compliance Universe Requirements Manual and Plan approved	Achieved	
4.	SADC Nursing and Midwifery Regulators Forum launched	Achieved	
5.	4 X Quarterly Performance Reports produced	Achieved	
6.	1x 2020/2021 Annual Report produced	Achieved	
7.	Approved 2022/2023 Annual Performance Plan	Achieved	
8.	Approved 2022/23 budget	Achieved	
9.	Research Standard Operating Procedures developed and approved	Partially achieved	See Par. 1
10.	Servant Leadership Implementation Plan approved by Council and implemented	Partially achieved	See Par. 2
EDUCATION AND TRAINING (NOW PROVIDER AFFAIRS) DEPARTMENT			
11.	Approved Nursing Education and Training Standards	Achieved	
12.	Education and Training Monitoring and Evaluation policy developed and approved	Achieved	
13.	Approved guidelines for the governance of Public Colleges of Nursing and private higher education institutions	Partially achieved	See Par. 3
14.	Approved guidelines for education and training undergraduate programs	Achieved	
15.	Received Nursing Programmes evaluated within 3 months of submission	Partially achieved	See Par. 4
16.	Conducted site visits two months after completion of programmes	Not achieved	See Par. 5
PROFESSIONAL PRACTICE DEPARTMENT			
17.	Nursing Practice Standards approved	Achieved	
18.	Inspection tools piloted	Achieved	
19.	90% of unprofessional conduct complaints received, attended to	Achieved	
20.	90% of complaints of unfitness to practice received, attended to	Achieved	

NO	ANNUAL TARGET	STATUS	COMMENT
LEGAL AFFAIRS DEPARTMENT			
21.	100% of received complaints within prescribed timeframes	Achieved	
INTERNAL AUDIT AND RISK DEPARTMENT			
22.	Reviewed and approved Strategic Risk Register	Achieved	
23.	4x Quarterly Strategic risk reports submitted to Audit and Risk Committee	Achieved	
24.	Combined Assurance Framework and plan approved and implemented	Achieved	
25.	2022/23 Approved Three Year Risk-based Internal Audit Plan and Annual Plan	Achieved	
26.	100% of Quarterly internal audit projects completed	Achieved	
FINANCE AND ADMINISTRATION DIVISION			
27.	Unqualified Audit Opinion	Achieved	
28.	Annual Financial Statements submitted to Council within prescribed time frames	Achieved	
INFORMATION AND COMMUNICATION TECHNOLOGY DEPARTMENT			
29.	Three of five stages of Membership Management System implemented	Not achieved	See Par. 6
HUMAN RESOURCES DEPARTMENT			
30.	Phase 1 of the HR Strategy implemented	Partially achieved	See Par. 7
COMMUNICATION AND MARKETING DEPARTMENT			
31.	2 X Stakeholder Forums hosted on an e-platform	Not achieved	See Par. 8
32.	11 X SANC Newsletters issued	Partially achieved	See Par. 9
33.	Phase 2 of #bethatnurse campaign launched	Not achieved	See Par. 10
34.	Nursing Excellence Awards hosted	Not achieved	See Par. 11
35.	New Call Centre system procured and implemented	Not achieved	See Par. 12

COMMENTS:**Par. 1: Research Standard Operating Procedures (RSOP) developed and approved**

The RSOP is an administrative tool that is not meant to be presented to the Committee and Council for approval. The target, however included such approval by error. This SOP was developed, consulted with the Research Committee and adopted by management, therefore achieved. It is reflected as partially achieved just to ensure that reporting is in with how the target was phrased.

Par. 2: Servant Leadership implementation Plan approved by Council and implemented

The process to procure the services of the statistician was arduous. The SANC's original document required a Statistician who has at least 5 years' experience of data analysis in the health field. The procurement was not successful. A deviation was then requested and approved to approach the Human Research Sciences Council (HRSC) to provide the names that met our requirements. HRSC responded and gave the SANC names but there was further delay because most statistician don't have companies and only issue quotations on request mostly from students. The process had to start *de novo*. Evaluation of the received quotations will be on 23 May 2022.

Par. 3: Approved guidelines for the governance of Public Colleges of Nursing and private (Nursing) higher education institutions

The draft guidelines were developed by the SANC. Considering that Public Colleges of Nursing have been designated to offer programmes in higher education and private Nursing education institutions are registered as higher education institutions by the Department of Higher Education and Training, it was imperative for the SANC to consult the DHET on the draft guidelines. This was collaboratively embarked upon in order to avoid duplication of the process as well as overlapping requirements. Upon consultation, the DHET indicated that it was developing regulations that would address the governance of Public and Private Nursing Education Institutions (NEIs). It was agreed to put the process on hold until DHET consults the SANC on the way forward.

Par. 4: 100% Nursing Programmes (received) evaluated within 3 months of submission

About 25% of received programmes were not evaluated within 3 months due to the influx of programmes following the promulgation of relevant regulations that were long awaited by the sector.

Par. 5: Conduct site visits two months after completion of programmes

The target was not achieved in line with the audit visit plan. The Audit and Monitoring visits were not conducted in line with the plan due to COVID-19 restrictions and inaccessibility to health establishments.

Par. 6: Three of five stages of Membership Management System implemented

Pilot planning for the online Continued Professional Development (CPD) can only commence after the implementation of Phase 1 and the development of the integrated CPD solution (Phase 2). Phase 1 has not been launched.

- Progress on the MMS Project was adversely impacted by a planned mediation process with the service provider.
- A Change Request in the project as requested by the service provider and supported by the SANC PMO was approved by Council on 30 November 2021. This approval effectively postpones the commencement of the CPD pilot initiative until the completion of Phases 1 and 2 of the MMS Project.
- The Professional Practice Department has subsequently commenced with a manual pilot project which will further inform the automated/on-line CPD solution that is to be integrated into the MMS solution.

Par. 7: Phase 1 of the HR Strategy implemented

All targets applicable to Phase 1 in the HR Strategy commenced in June upon approval of the HR Strategy, creating a cumulative delay and therefore not at the beginning of the financial year and therefore not all the targets were concluded by the end of Quarter 4 of 2021/2022.

Par. 8: 2 X Stakeholder Forums hosted on an e-platform

Stakeholder Forums (SHFs) are hosted in the year that the Nursing Indaba is not hosted. The Nursing Indaba could not be hosted in the previous FY due to COVID-19 and was carried over to this FY. The Nursing Indaba is designated as a hybrid meeting with Council members and certain SANC staff attending in person. The country was on adjusted alert level 1 from 1 October 2021. It was not possible to predict well in advance when alert levels would be implemented as it was dependent on the spread of the COVID-19 virus (unknown variant). The Indaba was thus rolled over to this Financial Year (FY) from the previous FY due to COVID-19. The SHFs hence did not materialise as the Nursing Indaba was rolled over to be hosted to this FY when the SHFs were due. Preparations for the Indaba were all completed: Programme was drafted with suggested topics and graphic designs are ready to proceed.

Par. 9: 11 X SANC Newsletter issued

The original 11 x editions per year were reviewed by Council who decided that the Council will issue a newsletter every two months. As a result, 5 x Newsletters were issued instead of the original 11.

Par. 10: Phase 2 of #bethatnurse campaign launched

Magazine advertisements in 5 magazines have not been achieved due to issues with the tax matters of some of the magazines. Billboards were not erected at hospitals due to the high cost, but this was replaced by the #bethatnurse video that was circulated via Played Content in wards and waiting rooms at provincial hospitals with the support of the NDoH. Posters to North-West, Mpumalanga and Eastern Cape were not couriered during Q4 of the APP 2021/2022, it was attended to in the previous FY.

Par. 11: Nursing Excellence Awards hosted

The award ceremony is a physical event that could not be held due to COVID-19 restrictions.

Par. 12: New Call Centre system procured and implemented

Interdependency – Information and Communication Technology Department/Project Management Office (ICT/PMO). Procurement not successful. Bid cancellation due to the service provider not including all costs for the system as per the specification. Bid will be re-advertised during 1st quarter of 2022/2023 financial period.



3. PERFORMANCE PER PROGRAMME

The SANC has determined to have four programmes, each consisting of sub-programmes, as follows:

3.1 Governance - Leadership Management, which is inclusive of Company Secretariat, Legal Affairs and Internal Auditing and Risk Management;

3.2 Professional Affairs, inclusive of Provider Affairs, Learner Affairs and Professional Practice;

3.3 Finance and Administration – Financial Accounting, Management Accounting and Supply Chain Management; and

3.4 Corporate Services, consisting of Information and Communication Technology, Communication and Marketing, Human Resources, Facilities and Records & Registry.

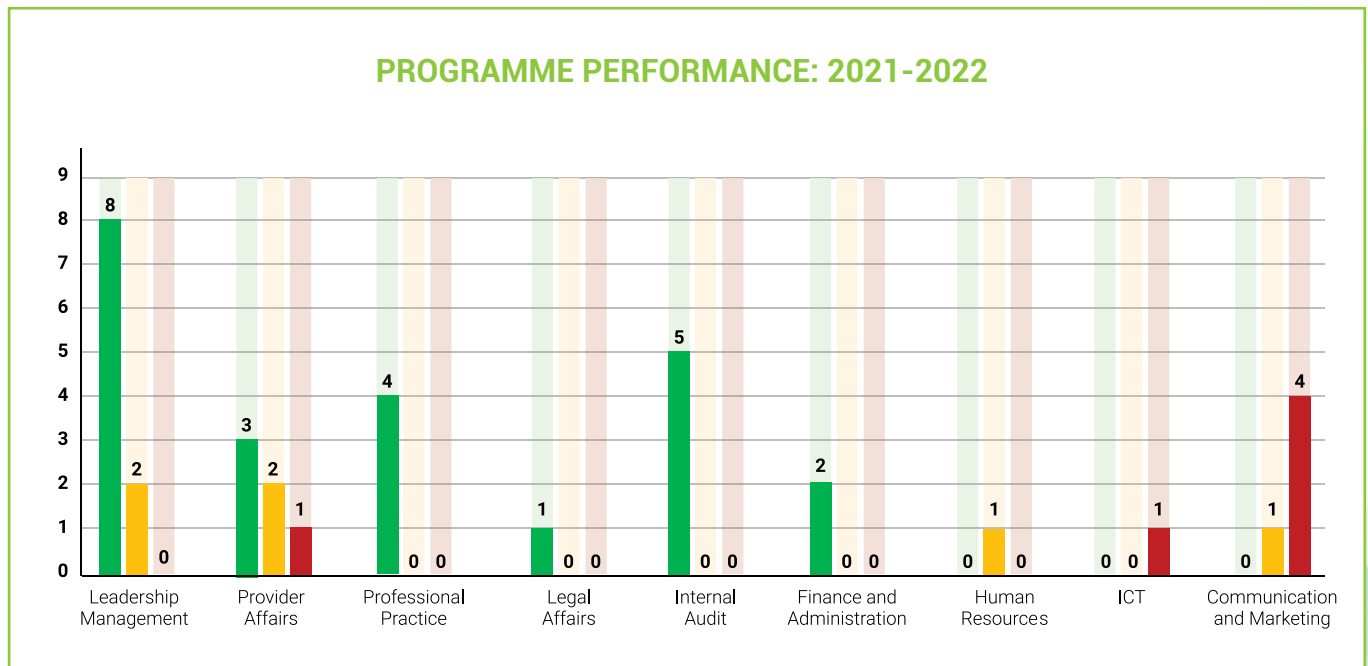


Figure: 2 Programme Performance

4. BREAKDOWN OF PERFORMANCE PER PROGRAMME

4.1 PROGRAMME: 1 GOVERNANCE

The Governance Programme had a total number of **16** planned targets, through its three (3) sub-programmes, namely:

- **Sub-programme 1.1:** Leadership Management (including Company Secretariat)
- **Sub-programme 1.2:** Legal Affairs
- **Sub-programme 1.3:** Internal Audit and Risk Management.

Out of **16 (100%)** planned annual targets, **14 (87%)** were achieved and **2 (13%)** were partially achieved.

GOVERNANCE: ANNUAL PERFORMANCE 2021/2022

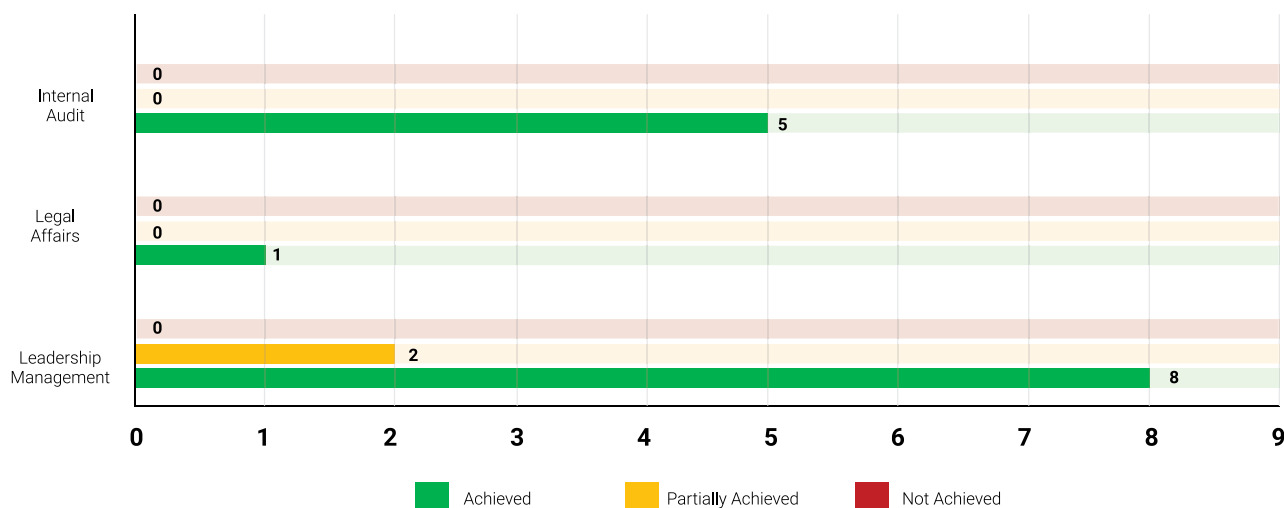


Figure 3: Programme 1 Performance

4.2 PROGRAMME 2: PROFESSIONAL AFFAIRS

The Professional Affairs Programme had a total number of **10** planned targets, through its two (2) sub-programmes, namely:

- **Sub-programme 2.1:** Provider Affairs
- **Sub-programme 2.2:** Professional Practice.

Out of **10 (100%)** planned annual targets, **7 (70%)** were achieved, **2 (20%)** were partially achieved and **1 (10%)** was not achieved.

PROFESSIONAL AFFAIRS DIVISION: ANNUAL PERFORMANCE 2021-2022

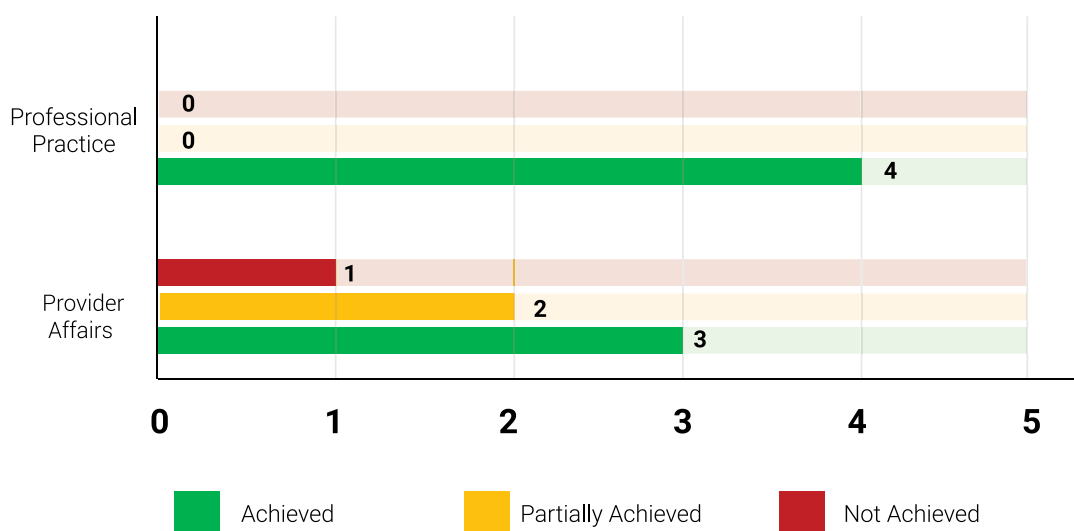


Figure 4: Programme 2: Professional Affairs Performance

4.3 PROGRAMME 3: FINANCE AND ADMINISTRATION

The Finance Programme had a total number of **2 (100%)** planned annual targets and the programme achieved **100%** performance.

FINANCE AND ADMINISTRATION DIVISION: ANNUAL PERFORMANCE 2021-2022

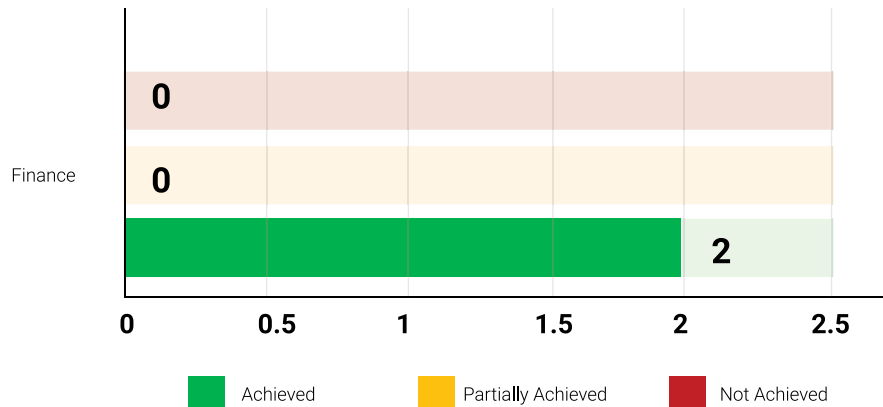


Figure 5: Programme 3: Finance and Administration Performance

4.4 PROGRAMME 4: CORPORATE SERVICES

The Corporate Services Division had a total number of **7** planned targets, through its three (3) sub-programmes, namely:

- **Sub-programme 4.1:** Information and Communication Technology
- **Sub-programme 4.2:** Human Resources
- **Sub-programme 4.3:** Communication and Marketing.

Out of **7 (100%)** planned annual targets, **none** were achieved, **2 (29%)** were partially achieved and **5 (71%)** were not achieved.

CORPORATE SERVICES DIVISION: ANNUAL PERFORMANCE 2021-2022

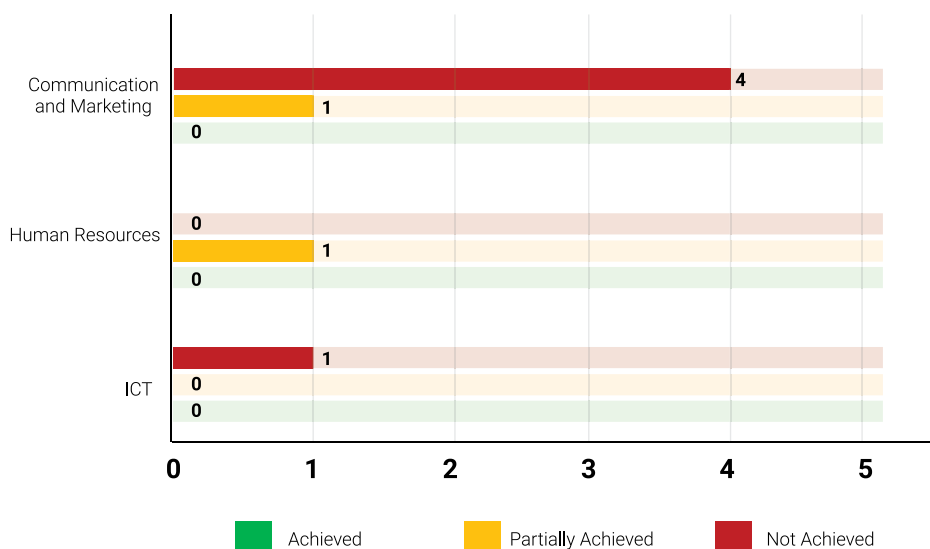


Figure 6: Programmes 4: Corporate Services Performance

KEY POLICY AND RELATED DOCUMENTS DEVELOPMENT

During the year under review, the Council approved the following policy documents:

- Amendment to the Nursing Act, 2005 (Act No 33 of 2005);
- Council 2021/2022 Work Plan;
- Draft Asset Management Policy;
- Draft Budget Policy;
- Draft Combined Assurance Plan;
- Draft Compliance Management Framework;
- Draft Enterprise Risk Management Framework;
- Draft Monitoring and Evaluation (M&E) Policy and Tools;
- Draft policy for Registration of Internationally Qualified Nurses and Midwives and/or Foreign Qualifications;
- Draft Professional Practice Strategy relating to 2019/2020 – 2022/2023;
- Draft Risk Management Procedure;
- Draft SANC 2020/2021 Annual Report;
- Draft SANC 2022/2023 budget;
- Draft SANC 2022/23 Annual Performance Plan;
- Draft Supply Chain Management Policy and Procedure;
- Draft Telephone Policy;
- Draft Travel Management Policy;
- Draft Treasury and Banking Management Policy;
- Reviewed Disciplinary Policy;
- Reviewed Graduate Internship Policy.
- Reviewed Grievance Policy;
- Reviewed Protection of Personal Information (POPI) Policy;
- Reviewed SANC Disaster Recovery Policy;
- Reviewed SANC Fourth Industrial Revolution Positioning Document 2019 – 2023;
- Reviewed SANC HR Strategy;
- Reviewed SANC Parking Bay Policy;
- Reviewed Assessment and Moderation Policy;
- Reviewed Financial Assistance Policy;
- Reviewed PMDS Policy;
- Reviewed SANC Communication Policy;
- Reviewed SANC Conditions of Service Policy;
- Reviewed SANC CSI Policy;
- Reviewed SANC Event Management Policy;
- Reviewed SANC Language Policy;
- Reviewed SANC Marketing and Branding Policy;
- Reviewed SANC Media Policy;
- Reviewed SANC Overtime Policy;
- Reviewed SANC Remuneration Policy;
- Reviewed Unauthorised, Irregular, and Fruitless and Wasteful Expenditure Policy;
- SANC Policy on Policies;
- Supply Chain Management Policy and Procedure Manual; and
- The Council Charter.

LEGISLATIVE CHANGES

It is imperative that the South African Nursing Council (SANC) takes cognisance of and complies with all relevant legislation. The SANC, being a statutory body, and operating under the Nursing Act, 2005 (Act No. 33 of 2005), is acutely aware of all legislative changes that will have any effect on the functioning and operations of the Council.

The SANC, by operating in and regulating in the spheres of professional practice and Nursing education and training as its two core competencies, subscribes to multiple legislative prescripts in all forms from Acts to Regulations and policies. In the year under review, similar to the previous year, the overwhelming legislative changes came by way of Regulations under the Disaster Management Act, 2002 (Act No. 57 of 2002) and had a profound effect not only on the country and the citizens but also on the SANC. The SANC has to comply with all such Regulations not only as an employer but also as a regulator. Compliance with these Regulations required an immense effort and attention as the Regulations kept changing throughout the financial year at hand. The above had not only an operational effect on the Council but also a financial effect on staffing and deliverables.

The South African Qualifications Authority (SAQA) published a Policy 'policy and criteria for recognising the professional body and registering a professional designation'. The same is still in the process of discussion and a Fees Task Team has been appointed to attempt to find a sustainable and fair fee structure for Professional Bodies.

With the implementation of the Protection of Personal Information Act, 2013 (POPI Act No. 4 of 2013) – (POPIA), the SANC has proceeded to initiate and has put all policies, plans and documents in place in order to be compliant with the POPI Act which took effect on the 1st of July 2021.

INTERNAL LEGISLATIVE CHANGES

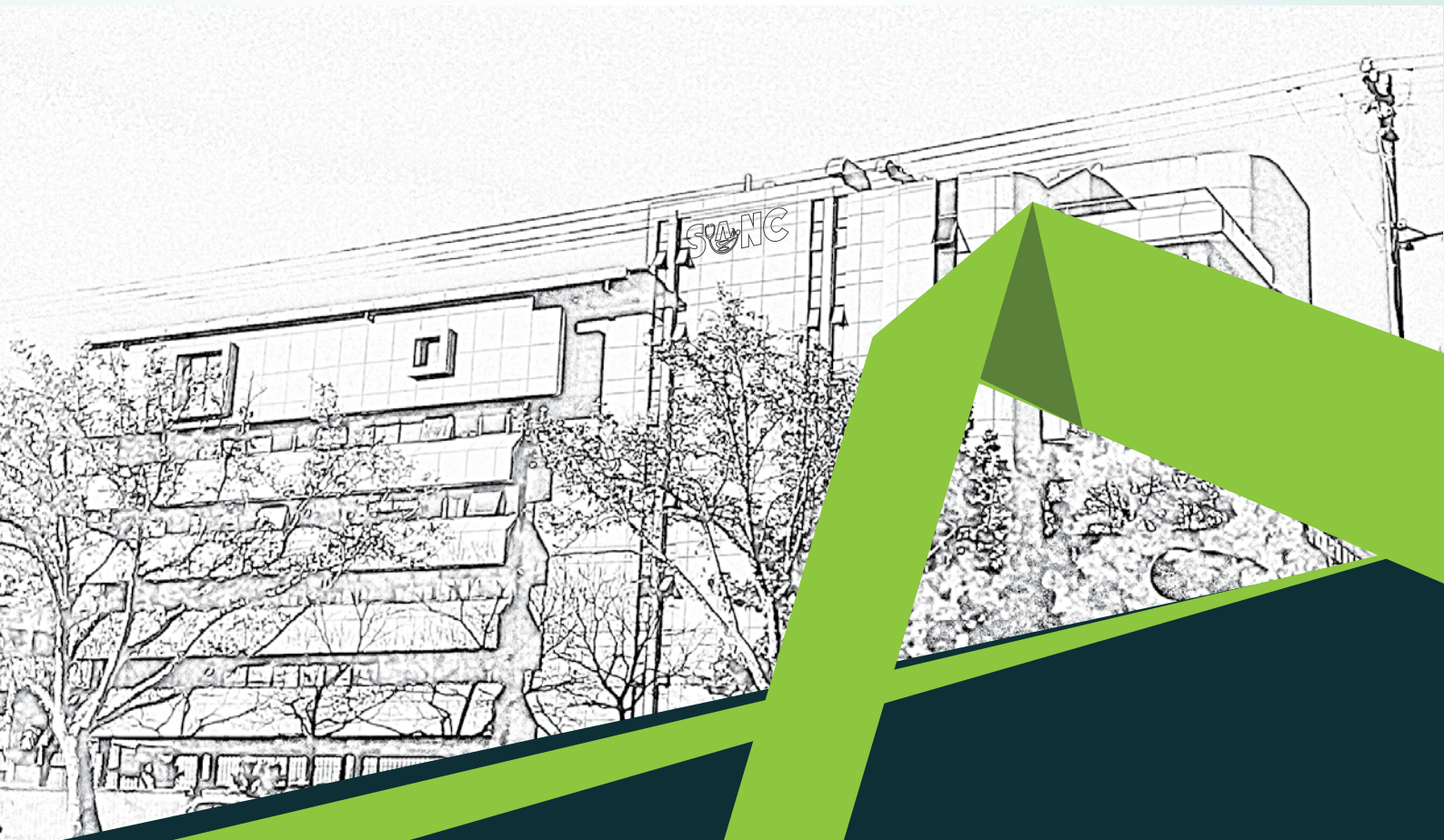
The SANC, mandated by the Nursing Act, 2005 (Act No. 33 of 2005), is responsible for either publishing Regulations or consultation with the Minister responsible for publication of Regulations. The SANC engaged with the National Department of Health (NDoH) regarding regulations as follows:

- **20 August 2021:** Regulations relating to certificate of need for Health Establishments and Health Agencies. Input was given into Regulations relating to certificate of need for health establishments and health agencies;
- **21 September 2021:** Regulations relating to the licensing of a private practice and the conditions under which a registered person may practice as a private practitioner. Letter to NDoH with a final review and publication for public comments and track-changed Regulations with comments from State Law Advisors;
- **10 October 2021:** Regulations relating to the regulations regarding distinguishing devices for all Nurses and Midwives. Regulations processed by Legal Affairs Department and sent to NDoH to publish for public comments; and
- **20 January 2022:** Regulations relating to the scope of practice for Nurses and Midwives. Regulations processed by Legal Affairs Department and sent to NDoH for public comments on 20 January 2022.

The SANC has further undertaken the review of the Nursing Act, 2005 (Act No. 33 of 2005) and such has been submitted to the NDoH for review and consideration as a proposed amendment to the Act, and this project is ongoing.

EXECUTIVE

OVERVIEW



PROVIDER AFFAIRS

Ms Jeanneth Nxumalo - Senior Manager: Provider Affairs



1. OVERVIEW

The Department of Provider Affairs within the SANC is comprised of two sections, namely, Accreditation and Monitoring & Evaluation. The Accreditation Section is responsible for the evaluation of curricula submitted by Nursing Education Institutions (NEIs) for both undergraduate and postgraduate programmes. The Section is also responsible to conduct audit, focus and investigation visits to NEIs and associated clinical facilities. The Monitoring and Evaluation Section is responsible for conducting quality control inspections to accredited NEIs to ensure compliance with the criteria, standards and requirements of the SANC. The Monitoring and Evaluation Section is newly established and only started with the quality control visits in January 2022.

The Provider Affairs Department supports the Education Committee of Council which is established in terms of Section 15 of the Nursing Act, 2005 (Act No. 33 of 2005). The Committee makes recommendations to the Council on matters of Nursing education and training. It also considers complaints regarding Nursing Education Institutions, and the Department may conduct investigation visits. The Committee had four ordinary and two special meetings during the financial year. The meetings were held virtually due to the COVID-19 pandemic.

In line with the Council's five-year Strategy, strategic objective no. 7 (S07) regarding Regulating Nursing Education and Training, the Provider Affairs Department has achieved the 2021 - 2022 set targets in line with the initiatives discussed below:

2. APPROVED NURSING EDUCATION AND TRAINING STANDARDS

The Nursing Education and Training Standards were reviewed. A workshop was conducted with a few stakeholders followed by a broader consultation with all education and training stakeholders. Comments were analysed and some inputs were incorporated to the standards. The education and training guidelines were approved by Council in the virtual meeting held on 30-31 March 2022.

3. EDUCATION AND TRAINING MONITORING AND EVALUATION (M & E) POLICY DEVELOPED AND APPROVED

The Monitoring and Evaluation (M & E) Policy and the implementation tools were developed and approved by Council at the virtual meeting held on 27-28 January 2022. The quality control inspections were started during the last quarter. Table 1 below indicates the number of NEIs and clinical facilities where quality control inspections were conducted.

TABLE 1. Quality control inspections conducted during the period January - March 2022

NEIs	Clinical facilities	Total
02	05	07

4. DEVELOPED NURSING EDUCATION AND TRAINING GUIDELINES FOR UNDERGRADUATE PROGRAMMES

The Nursing education and training guidelines for Higher Certificate in Auxiliary Nursing, Diploma in Nursing and Bachelor of Nursing were developed. A broader consultation was done with education and training stakeholders. Comments were analysed and some inputs were incorporated into the guidelines. The education and training guidelines were approved by Council at the virtual meeting held on 30-31 March 2022.

5. APPROVED GUIDELINES FOR THE GOVERNANCE OF PUBLIC NURSING COLLEGES AND PRIVATE HIGHER EDUCATION INSTITUTIONS

The draft guidelines were developed by the SANC. Considering that Public Colleges of Nursing have been designated to offer programmes in higher education and private Nursing education institutions have been registered as higher education institutions, it was imperative for the SANC to consult the Department of Higher Education and Training (DHET) on the draft guidelines. This was collaboratively embarked upon in order to avoid duplication of the process. Upon consultation, the DHET indicated that it was developing regulations that would address the governance of Public and Private NEIs. It was agreed to put the process on hold until DHET consults the SANC on the way forward.

6. NURSING PROGRAMMES (RECEIVED), EVALUATED WITHIN 3 MONTHS OF SUBMISSION

About 25% not evaluated within 3 months due to the influx of programmes versus available staff.

TABLE 2. Accredited Nursing Education Institutions and Nursing programmes during the period January 2022 - March 2022

TYPE OF	NURSING PROGRAMMES	TOTAL
Accredited Nursing Education Institutions	Higher Certificate in Nursing (Government Notice No. R. 169 of 8 March 2013)	37
	Diploma in Nursing (Government Notice No. R. 171 of 8 March 2013)	02 (04) already counted under Higher Certificate)
	Bachelor of Nursing (Government Notice No. R. 174 of 8 March 2013)	02
	Advanced Diploma in Midwifery (Government Notice No. R. 1497 of 22 November 2019)	NEIs already accredited
Accredited Nursing programmes	Higher Certificate in Nursing (Government Notice No. R. 169 of 8 March 2013)	06
	Diploma in Nursing (Government Notice No. R. 171 of 8 March 2013)	03
	Bachelor of Nursing (Government Notice No. R. 174 of 8 March 2013)	03
	Advanced Diploma in Midwifery (Government Notice No. R. 1497 of 22 November 2019)	04
	Postgraduate Diploma programmes in Nursing (Government Notice No. R.635 of 5 June 2020)	29
	Breakdown of the Postgraduate Diploma programmes:	
	1. Mental Health	02
Analysed clinical facilities	2. Primary Care	04
	3. Occupational Health	01
	4. Perioperative Nursing	03
	5. Health Services Management	05
	6. Midwifery	02
	7. Nursing Education	03
	8. Critical Care (Adult)	04
	9. Emergency Nursing	01
	10. Child Nursing	01
	11. Oncology and Palliative Nursing	02
	12. Nephrology	01
		1340

7. SITE VISITS CONDUCTED TWO MONTHS AFTER COMPLETION OF PROGRAMME EVALUATION

TABLE 3: Number of NEIs and clinical facilities audited during the period January-March 2022

Audit visits	Nursing Education Institution	Clinical Facilities	Total
	03	15	18

LEARNER AFFAIRS

Ms Agnes Mnguni - Senior Manager: Learner Affairs



1. OVERVIEW

The Learner Affairs Department supports the Education Committee (EDCO) of the Council, which was established in terms of Section 15 of the Nursing Act, 2005 (Act No. 33 of 2005).

The Learner Affairs Department comprises of the Registration and the Assessment Sections. The Registration Section is responsible for all statutory registrations in accordance with the Nursing Act, 2005 (Act No.33 of 2005), which include processing of applications for registrations of the internationally qualified Nurses and Midwives, including South African Nurses with foreign qualifications.

The Assessment Section is responsible for management of examinations conducted by the SANC.

Alignment of the Learner Affairs Strategy with the SANC overall strategy is based on the Strategic Focus Area (SFA 2) and the Strategic objective seven (7), "Regulating Nursing education and training" with special focus on the initiatives as indicated below:

2. THE DEVELOPMENT AND IMPLEMENTATION OF THE LICENSURE EXAMINATION (PROFESSIONAL ENTRANCE EXAMINATION)

Subsequent to the benchmarking exercise with African and American Nursing regulatory bodies towards development of the licensure examination, the Supply Chain Management (SCM) processes to appoint a service provider to conduct the Nursing practice/task analysis towards the development of a Licensure Examination Framework is underway. The progress is reported to the Education Committee (EDCO) on a quarterly basis.

3. STATUTORY REGISTRATION PROCESSES

The registrations were conducted, implemented, monitored, and reported quarterly to EDCO (See Tables 1 -5 below).

Table 1 below depicts the number of learners who were registered during the period January-December 2021 for both basic and additional qualifications. The table further depicts that the number of students enrolled for the new Nursing programmes is gradually increasing. The number of students registered for the legacy programmes are those that failed three times and had to terminate and resume the programme afresh (Bridging programme). Whereas the number of students registered for the Four-year programme are those that terminated and resumed training because they are not affected by the pronouncement by the Minister of Higher Education and Training that the end-date for enrolment of students for legacy qualifications is 31 December 2019.

TABLE 1: Registered learners in 2021

Leaners registered - New Nursing qualifications	Total counts per year
Higher Certificate in Nursing	337
Diploma in Nursing	1261
Bachelor of Nursing	634
Learners registered - Nursing qualifications	
Four-year Diploma/Degree program	23
Bridging course for Enrolled Nurses leading to registration as a General Nurse/Psychiatric Nurse	431
TOTAL	2686

Table 2 below depicts the number of Nurses who were registered during the period January–December 2021 after completion of the basic qualifications. The table further depicts that many Nurses are still qualifying from legacy basic qualifications.

TABLE 2: Basic qualifications registered in 2021

Basic qualifications	Total counts per year
Enrolled Nurse	64
Enrolled Nursing Auxiliaries	103
	Emanating from terminations from R.425 Degree or Diploma
Bridging course for Enrolled Nurses leading to registration as a General Nurse	4667
Diploma in Psychiatric Nursing for registration as a Psychiatric Nurse	87
Diploma in Midwifery for registration as a Midwife	869
Community Service Practitioner	3012
Registered Nurses post community service	3309
TOTAL	12 111

Table 3 below depicts the number of Assessors and Moderators registered during January – December 2021.

TABLE 3: Assessors and Moderators registered in 2021

Assessors and Moderators	Total counts per year
Assessors	645
Moderators	616

Table 4 below depicts the number of replacement certificates issued in January - December 2021.

TABLE 4: Replacement certificates issued in 2021

Replacement certificates	Total counts per year
Enrolled Nurses	131
Enrolled Nursing Auxiliaries	145
Bridging course for Enrolled Nurses leading to registration as a General Nurse	102
Diploma in Psychiatric Nursing for registration as a Psychiatric Nurse	6
Diploma in Midwifery for registration as a Midwife	34
Diploma in Community Nursing Science	6
Registered Nurses post community service	194
Additional qualifications	22
TOTAL	640

Table 5 below depicts the number of Nurses registered for additional qualifications during the period January – December 2021 and further that the three (3) additional qualifications that were registered most in 2021 were Nursing Administration, Nursing Education and Clinical Nursing Science, Health Assessment, Treatment and Care.

TABLE 5: Additional qualifications registered in 2021

Additional qualifications	Total counts per year
Nursing Administration	1076
Nursing Education	656
Clinical Nursing Science, Health Assessment, Treatment and Care	653
Child Nursing	3
Community Health Nursing	120
Midwifery and Neonatal Nursing Science	109
Occupational Health Nursing	164
Psychiatric Nursing	39
Operating Theatre Nursing	67
Orthopaedic Nursing	13
Oncology Nursing	15
Critical Care Nursing – General	118
Critical Care - Nephrology Nursing	10
Critical Care - Emergency	89
Critical care Nursing - Child	2
Trauma and Emergency Nursing	26
Nephrology Nursing	6
TOTAL	3166

4. ASSESSMENT AND MODERATION POLICY

The policy was reviewed and approved by Council at its virtual meeting on 27 – 28 January 2022. Although the SANC is migrating towards the Licensure Examination, the current policy remains relevant until the last examination related to legacy Nursing programmes is conducted in November 2023.

5. POLICY DOCUMENT FOR REGISTRATION OF INTERNATIONALLY QUALIFIED NURSES AND MIDWIVES AND/OR FOREIGN QUALIFICATION WITH THE SOUTH AFRICAN NURSING COUNCIL

The policy was reviewed and approved by the Council at its virtual meeting on 30-31 March 2022.

6. GUIDELINES FOR NURSING EDUCATION INSTITUTIONS: REQUIREMENTS FOR PROCESSING OF LEARNER APPLICATIONS IN TERMS OF THE NURSING ACT, 2005 (ACT NO.33 OF 2005)

The guidelines were reviewed and approved by Council at its virtual meeting held on 30-31 March 2022. These guidelines provide the Nursing Education Institutions with the processes to be followed when they submit various applications to the South African Nursing Council for registration purposes of learners/students. It is envisaged that the delays in processing applications from Nursing Education Institutions would be addressed if the NEIs follow these guidelines meticulously.

7. THE SANC NATIONAL EXAMINATIONS

The Examination Section is still conducting assessments for the legacy qualifications. Licensure examinations will be conducted on completion of the Nursing practice/task analysis. In the meantime, the South African Nursing Council conducts the Professional Entrance Examinations for the Higher Certificate Nursing Auxiliary learners.

The legacy national examinations were conducted in line with the approved schedule in May and November 2021. The statistics are depicted under Table 6 below.

TABLE 6: Examinations statistics for the year 2021

Replacement certificates			
Type of Examination No.	Number wrote	Number passed	%
Professional Entrance Examination for Higher Certificate in Nursing R.169	178	177	99%
First year examination for the Bridging Course leading to registration as a General Nurse R.683	771	493	64%
Final year examination for the Bridging Course leading to registration as a General Nurse R.683	3696	2809	76%
Final examination for the Diploma in Psychiatric Nursing R.880	8	6	75%
Final examination for the Diploma in Midwifery	373	256	68.6%
Examination in Clinical Nursing Science, Health Assessment, Treatment and Care R.48	114	81	71%
Admission examination for foreign applicants leading to registration as a Nurse	118	67	56.8%

Table 7 below depicts that the number of Nurses who requested verifications of qualifications and/or transcripts of training to be sent to other countries were mostly to the United Kingdom followed by United States of America and Agencies.

TABLE 7: Verification and Transcript Statistics – Calendar Year 2021

Country	Jan	Feb	Marc	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Australia	4	1	4	2	1	2	7	10	4	8	8	7	58
Canada	1	0	1	1	0	2	1	2	0	3	2	4	17
Riyadh/Dubai	3	2	2	2	4	0	0	7	3	3	3	2	31
Namibia	1	0	0	0	0	1	0	1	0	0	1	0	4
New Zealand	1	4	2	0	0	3	4	1	0	3	4	3	25
Ireland	4	2	6	2	5	2	11	4	2	3	6	8	55
Texas	1	0	0	2	3	3	0	0	0	1	0	1	11
United Arab Emirates	4	3	2	2	3	0	6	0	0	3	5	2	30
United Kingdom	15	2	14	15	18	11	20	12	20	12	20	12	171
United States of America	6	16	21	8	22	13	24	24	18	23	24	12	65
Agencies	2	2	6	4	4	3	0	11	5	6	10	12	65
Other Countries	4	2	4	2	3	2	4	5	5	2	3	3	39
MONTH TOTALS	46	34	62	40	63	42	77	77	57	67	86	66	571

Note: The above figures indicate the number of persons who have requested that verifications of qualifications and/or transcripts of training be sent to the countries indicated only and NOTHING ELSE. It is specifically stated that Nurses are not required to notify the Council if they do leave the country. The fact that a Nurse has requested a verification be sent does not necessarily mean that she/he has taken up the offer of a position in another country.

PROFESSIONAL PRACTICE

By: Dr Joyce Muswede- Senior Manager: Professional Practice



1. OVERVIEW

The Professional Practice Department of the SANC handles all Professional/Nursing Practice matters of practitioners who are registered in terms of Section 31 (1) of the Nursing Act, 2005 (Act No. 33 of 2005). The Department has four sections: Inspectorate, Impairment, Preliminary Investigations and CPD. The Department supports three Committees and one sub-Committee of Council, i.e. The Laws, Practice and Standards Committee, Impairment Committee (IC), the Preliminary Investigating Committee (PIC) and the CPD sub-Committee. In line with the strategic objective of Regulating Nursing Practice, the Department has achieved the 2021-2022 set targets for Professional Practice initiatives, and these are indicated hereunder:

2. DEVELOPMENT OF NURSING PRACTICE STANDARDS

During the year under review, Council appointed a diverse Technical Working Group (TWG) to ensure an inclusive process in Nursing Practice Standards development. The TWG consisted of representatives from Nursing Practice Directorates in Provincial Departments of Health, Private Hospitals Groups, and the Office of Health Standards Compliance (OHSC). The TWG developed version two (2) of the standards, incorporating best practices from benchmarking exercises conducted. Socio Economic Impact Analysis System (SEIAS) was conducted, and approval was granted by the Presidency. Consultations on developed standards were conducted with stakeholders and comments from stakeholders informed the development of version three (3) of the Nursing Practice Standards document. The standards, together with inspection tools/ measures were approved by Council in January 2022. Council further approved piloting of the approved standards in purposefully sampled health establishments. The purpose of the pilot is to test the feasibility of standards and measures, as well as internal processes developed. The pilot commenced in February 2022 and is currently underway, conducted by the Inspectorate section. Lessons learnt from the pilot will inform the necessary revisions and finalisation of the Nursing Practice Standards, and these will be used to inspect all health establishments to improve quality of the Nursing care provision.

3. ESTABLISHMENT OF THE INSPECTORATE SECTION

Section 4 (1) (d) of the Nursing Act, 2005 (Act No. 33 of 2005), mandates the SANC to conduct inspections and investigations of health establishments in order to ensure compliance with the Act as well as the rules and standards determined by the Council. During the year under review, recruitment of Manager Inspectorate was finalised. The Manager Inspectorate resumed duties on 1st April 2021 to manage the Inspectorate section as envisaged in the strategy and two Professional Advisors were successfully recruited. The team commenced with piloting the Nursing Practice Standards as approved by Council in February 2022. Recruitment of the Administrative support to further capacitate the section is underway.

4. REGULATION OF PRIVATE NURSE PRACTITIONERS

Regulations relating to conditions under which a registered person may practice as a private practitioner were developed and approved by Council during the year under review. The Regulations were submitted to the NDoH for consideration and the publication was published for comments.

5. MANAGING UNPROFESSIONAL CONDUCT - PRELIMINARY INVESTIGATIONS

The Preliminary Investigations (PI) section receives and processes complaints of alleged unprofessional conduct in terms of the Nursing Act, 2005 (Act No. 33 of 2005). The media, members of the public, and Managers in both private and public healthcare establishments and other institutions are welcome to report cases. Only cases relating to Nurses whose names are in the SANC Nurses Register are investigated. Preliminary Investigating Committee meetings were conducted as scheduled quarterly, reports were compiled and served at both PIC and the Council. The tables below reflect a statistical summary of cases that were received and processed by the SANC during the year under review:

TABLE 1: CASES RECEIVED

FINANCIAL YEAR 2021/22	Q1	Q2	Q3	Q4	TOTAL
Complaints attended to	23	6	8	18	55
Complaints outside SANC jurisdiction	3	1	2	7	13
TOTAL	26	7	10	25	68

TABLE 2: CASES PRESENTED TO THE COMMITTEE

CASES	Q1	Q2	Q3	Q4	TOTAL
Midwifery	7	6	10	7	30
General	7	9	8	9	33
Unprofessional conduct	1	0	0	9	10
Education and training	12	10	9	2	33
TOTAL CASES	27	25	27	27	106

TABLE 3: COMMITTEE DECISIONS

DECISIONS	Q1	Q2	Q3	Q4	TOTAL
No case	3	3	3	4	13
Professional Conduct Committee (PCC)	8	7	10	11	36
Fined	3	2	-	-	5
In abeyance/deferred	9	10	9	9	37
TOTAL	23	22	22	24	91

TABLE 4: PERSONS WHO REPORTED CASES

CASES REPORTED BY	Q1	Q2	Q3	Q4	TOTAL
Members of the public	10	13	13	13	49
Nursing Managers/Other	3	1	1	1	6
Internal (SANC)	1	1	1	1	4
Media	1	1	1	2	5
TOTAL	15	16	16	17	64

TABLE 5: PLACE OF INCIDENCE

REPORTED FROM	Q1	Q2	Q3	Q4	TOTAL
Private institution	2	5	5	5	17
Public institution	2	10	10	10	32
Internal	14	10	10	9	43
TOTAL	18	25	25	24	92

TABLE 6: NUMBER OF NURSES REFERRED TO THE PROFESSIONAL CONDUCT COMMITTEE

PROFESSIONAL NURSES	ENROLLED NURSES	ENROLLED AUXILLIARY NURSES	TOTAL
69	14	17	100

INSPECTIONS IN LOCO CONDUCTED = 3.

6. MANAGING UNFITNESS TO PRACTICE - IMPAIRMENT

The Impairment section receives and processes complaints of alleged unfitness to practice as prescribed in section 51 of Nursing Act. Employers, colleagues, and the public report cases of unfitness to practice to the Council. SANC balances the interest of the public and the wellness of the Nurse Practitioners by ensuring that Practitioners with physical or mental health challenges or any other such condition which renders them impaired are assisted and rehabilitated. Impairment Committee meetings were conducted as scheduled, reports on managed cases compiled and served at IC and Council. The tables below outline the annual statistical report of the managed cases.

TABLE 1: CASES PRESENTED TO THE COMMITTEE

CASES	NUMBER OF RESPONDENTS				TOTAL
	Q1	Q2	Q3	Q4	
Cases in progress (submitting quarterly and six-monthly reports)	16	17	12	27	72
New cases	4	3	3	-	10
Limitation to practice	-	-	3	-	3
Administrative removal / suspension	3	2	-	3	8
Student terminated	-	1	-	-	1
Restored	-	3	3	-	6
Discharged/closed	1	-	2	-	3
Inquiries	3	3	9	-	15
Referred to PIC	-	-	-	-	-
TOTAL	27	29	32	30	118

TABLE 2: CATEGORIES OF NURSES WHO ARE UNDER IMPAIRMENT REVIEW

CATEGORY	GENDER	Q1	Q2	Q3	Q4	TOTAL
Registered Nurse	F	20	22	26	24	92
	M	2	2	2	2	8
Enrolled Nurse	F	4	4	4	4	16
	M	-	-	-	-	-
Enrolled Nursing Auxiliary	F	-	-	-	-	-
	M	-	-	-	-	-
Learner		1	1			2
TOTAL		27	29	32	30	118

TABLE 3: REMOVAL FROM THE REGISTER DUE TO NON-COMPLIANCE

CATEGORY	GENDER	Q1	Q2	Q3	Q4	TOTAL
Registered Nurse	F	6	6	6	6	24
	M	2	2	2	2	8
Enrolled Nurse	F	1	1	1	1	4
	M	1	1	1	1	4
Enrolled Nursing Auxiliary	F	-	-	-	-	
	M	-	-	-	-	
TOTAL		10	10	10	10	40

7. CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Introduction of Continuing Professional Development (CPD) to Nurses and Midwives is a priority for the SANC. Development of the CPD system processes (the CPD Framework, CPD Rules, CPD process, Criteria and Guidelines for CPD Service Providers, CPD forms and CPD evaluators) was done in collaboration with the key stakeholders amongst other representatives from the National Department of Health (NDoH); Nursing Education Institutions (NEIs); Provincial Departments of Health, Private Healthcare Institutions and Registered Nurses and Midwives.

Following the approval of internal processes by Council, the SANC commenced with briefing sessions from August to November 2021. The purpose of conducting briefing sessions was to update stakeholders on the progress made and share an approach to the implementation of the SANC CPD pilot roll-out. The briefing sessions were conducted virtually due to COVID-19 and stakeholders included all practitioners and Nurse Managers from public health establishments, Nursing Education Institutions, private hospital groups as well as Nursing formations and associations.

A CPD Pilot roll-out plan was developed and approved by Council. The pilot roll-out will be conducted in one district per province. The purpose of the pilot is to test the feasibility of internal CPD processes and procedures developed, and how they interphase with the external environment. Practising Midwives were purposefully sampled for the pilot roll-out. The pilot commenced in February 2022 in Johannesburg Health District in Gauteng Province as planned. The pilot roll-out is conducted in partnership with the Nursing Practice Directorate from the office of the Chief Nursing Officer in the NDoH. The next province to be piloted is KwaZulu- Natal and discussions are underway. Lessons learnt from the pilot roll-out will assist in improving the CPD processes in the Membership Management System (MMS) before a countrywide CPD roll-out for Nurses and Midwives.

8. POLICY/ REGULATORY MATTERS

- 8.1 Distinguishing Devices Regulations were reviewed, approved by Council and submitted to the NDoH to be published for comments.
- 8.2 Six (6) position statements were developed and approved by Council, to guide the Profession on a variety of Nursing Practice related matters:
 - 8.2.1 Position statement on the allocation of non-specialised Nurses in specialised units;
 - 8.2.2 Position statement relating to assessing, diagnosing of patients and the related keeping, supplying and prescribing of medicines by Nurses;
 - 8.2.3 Position statement on direct and indirect supervision of Nurses;
 - 8.2.4 Position statement on issuing of sick notes by professional Nurse Practitioners;
 - 8.2.5 Position statement on the use of Registered Nurses and Midwives as assistant surgeons; and
 - 8.2.6 Position statement on the use of Tele-Health consultation by Professional Nurse Practitioners
- 8.3 The SANC conducted stakeholder awareness on the existence of the Impairment Committee of Council through information sharing on all available platforms e.g the SANC Website, Stakeholder Forum and the SANC eNewsletters.

LEGAL AFFAIRS

By: Mr. Benjamin Grobler – Senior Manager: Legal Affairs



The core functions of the Legal Affairs Department are to:

- Provide corporate legal support services to the SANC;
- Institute and defend all litigation matters on behalf of and against the SANC;
- Assist with the drafting of all relevant legislation;
- Conduct inspections and investigations of accredited and illegal Nursing Education Institutions;
- Conduct any other inspection or investigation ordered by the Registrar and CEO;
- Lead the prosecution in an inquiry into any complaint of unprofessional conduct or misconduct against any practitioner in terms of the Nursing Act, 2005 (Act No. 33 of 2005);
- Render legal support to all standing or working Committees of the Council or the Administration;
- Facilitate all appeals in terms of Section 15(4) of the Nursing Act, 2005 (Act No. 33 of 2005); and
- Attend to all appeals in terms of Section 57 of the Nursing Act, 2005 (Act No. 33 of 2005).

The Legal Affairs Department of the South African Nursing Council consists of a staff complement of seven staff members. The Professional Conduct hearings do form a large part of the Legal Affairs Department's work; however, it is by no means all that the Legal Affairs Department is responsible for.

The Legal Affairs Department is responsible for assisting in various targets on the SANC Annual Performance Plan (APP) but is solely responsible for Program four (4) on the APP which relates to Strategic Objective 8: Regulate Nursing Practice, in which Professional Practice Hearings by the Professional Conduct Committee falls. This performance indicator was achieved and below follows a breakdown of hearings held:

PROFESSIONAL CONDUCT COMMITTEE (PCC) MATTERS

CRITICAL MILESTONES:

In adhering to this function in terms of the Nursing Act, 2005 (Act No. 33 of 2005), the Legal Affairs Department also rendered services to the following Committees of Council:

1. Professional Conduct Committee

The function of the Committee is to conduct inquiries or formal hearings into any complaint or allegation of unprofessional conduct or misconduct, referred to it by the Preliminary Investigation Committee in terms of Section 46 of the Nursing Act, 2005. The committee will then make a finding and decide on an appropriate sanction based on the evidence before the Committee in terms of Section 47(1) of the Act.

During the period under review, the Committee had six (06) sittings: first in KwaZulu-Natal province where five (05) cases were considered, two (02) were finalized, one (01) postponed, one (01) withdrawn and one (01) filed for an appeal.

Second was Gauteng province, where the SANC had six (06) cases: One (01) was finalised and five (05) were postponed.

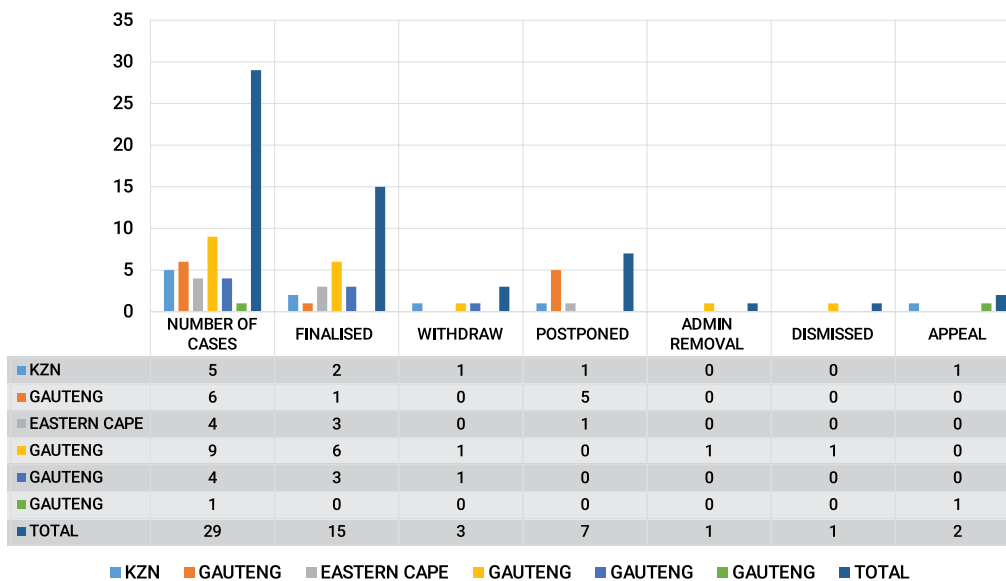
Third was Eastern Cape province, with four (04) cases: Three were finalised and one (01) was postponed.

Fourth was Gauteng province, where the SANC had nine (09) cases: Six (06) cases were finalised, one (01) withdrawn, one (01) dismissed and one (01) administratively removed.

Fifth was Gauteng province, where the SANC had a special Professional Conduct Hearing with four (04) cases of which three (03) were finalised and one (01) was withdrawn.

Sixth was Gauteng province where the SANC had a maternity case that started in May 2021 and was finalised in November 2021 with permanent removal. The Midwife is appealing the decision of the Professional Conduct Committee.

PROFESSIONAL CONDUCT CASES HEARD BY THE PCC 2021 - 2022



LITIGATION MATTERS

During the period under review, the SANC attended to various legal matters, all of which were successfully defended by the SANC. These ranged from urgent applications to various other forms of applications, brought against the SANC mainly by Nursing Education Institutions and bodies representing same. Very few matters were brought against the SANC by individuals and usually if an individual is the applicant, they are represented by either a trade union or other form of organization.

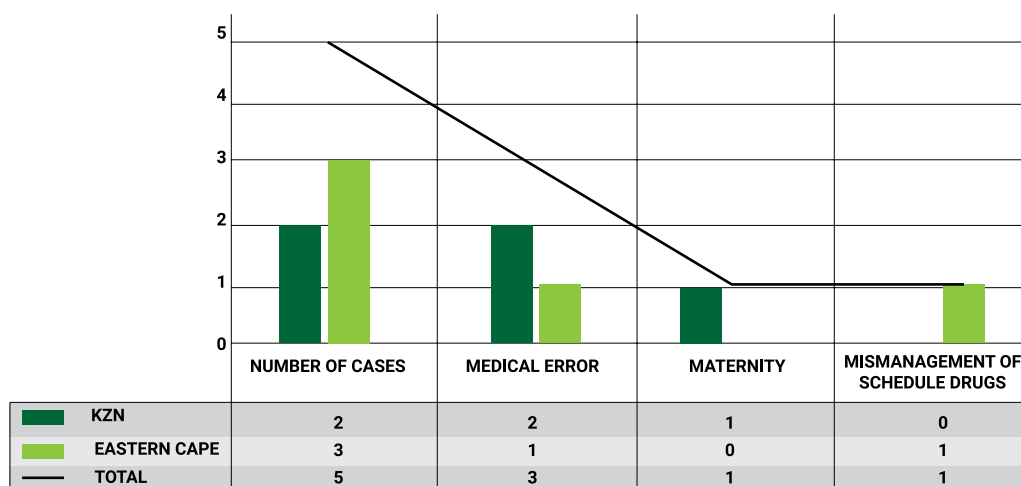
The SANC wins most of the cases with costs, however recouping such costs is usually a very difficult if not impossible task. One matter that warrants noting is an aging matter that is once again before the Labour Court for review after it was heard a second time in the CCMA.

APPEALS

1. Appeals in terms of Section 15 (4) of the Nursing Act, 2005

The SANC had received 15 appeals in terms of section 15 (4) of the Nursing Act, 2005 against the decision of the Professional Conduct Committee. Some of these appeals were heard and finalized, some sanctions were appealed, and the cases transferred to appeal in terms of Section 57 of the Nursing Act, 2005. In Eastern Cape the SANC had three (03) cases: Two (02) medical error related and one (01) mismanagement/theft of schedule drugs. The SANC had two (02) cases in KwaZulu-Natal, one (01) regarding maternity and one (01) regarding medical error.

APPEALS IN TERMS OF SECTION 15(4) OF THE NURSING ACT, 2005 (ACT NO. 33 OF 2005)



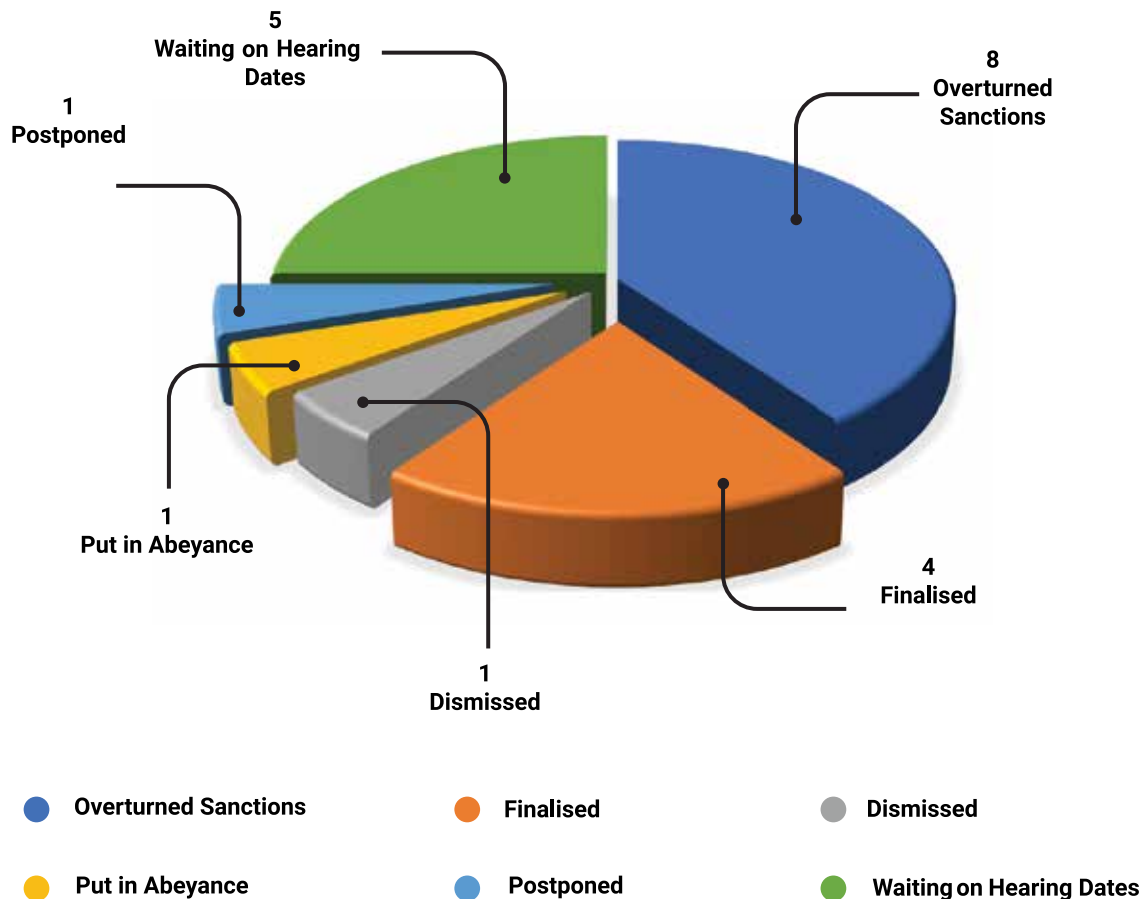
2. Appeals in terms of Section 57 of the Nursing Act, 2005 (Act No. 33 of 2005)

For the period 2021-2022, the South African Nursing Council had received twenty (20) appeals in terms of Section 57 of the Nursing Act, 2005 which are appeals to the Appeals Committee appointed by the Minister of Health in terms of Section 57 of the Nursing Act.

There are eight (08) Professional Conduct cases in which sanctions were overturned by the Council of the SANC, five (05) of these cases are now under appeal in terms of Section 57 of the Nursing Act, 2005. Defendants and their Representatives have been notified about the Council's decision. The Minister of Health has been notified about the decision of the SANC's Council and a request to appoint an Appeals Committee in terms of Section 57 of the Nursing Act, 2005.

The Legal Affairs Department was dealing with additional matters under Section 57 of the Nursing Act, 2005, that have been attended to as follows: Four (04) cases have been finalised, one (01) case has been dismissed, one (01) postponed, one (01) put in abeyance and five (05) cases are awaiting a hearing date.

APPEALS IN TERMS OF SECTION 57 OF THE NURSING ACT, 2005



CORPORATE SERVICES

By: Dr Krishnee Kissoonduth – Corporate Services Executive



Following the Council's approval of a reviewed fit-for-purpose organisational structure, a new position as mentioned above, was created and filled from 1 May 2021 and the Division overseen by the incumbent provides targeted support to, amongst others, the achievement of the core mandate of the SANC, through Information and Communication Technology Management, Communication and Marketing Management, Human Resources Management, Records and Registry Management and Facilities Management.

INFORMATION AND COMMUNICATION TECHNOLOGY (ICT)

By: Mr Maredi Alex Makgolane - Senior Manager: ICT



1. OVERVIEW

The Information and Communication Technology (ICT) Department is within the Corporate Services Division and comprises of the ICT Operations Section and Project Management Office (PMO). The Department is mandated by the Council to give effect to goal numbers 1, 2, 3 and 4 in the SANC Strategic Plan 2018-2023, in line with the 2019/2023 SANC ICT Strategy:

- Goal Number 1:** Strengthen cybersecurity posture;
- Goal Number 2:** Improve ICT capacity and capability (IT agility);
- Goal Number 3:** Improve Business systems and processes; and
- Goal Number 4:** Competent and motivated resources.

2. PROJECT MANAGEMENT OFFICE (PMO)

To realise the ICT-related strategic goals, the PMO is mandated to perform business process re-engineering of core business applications and related business processes, the automation and optimisation of the SANC technology environment and the adoption of value-add solutions to improve the image of the Council, service delivery, data security and operational effectiveness.

The Project Management Office managed thirteen strategic projects in 2021/2022, while focussing on the following key projects listed hereunder to improve customer service satisfaction, data integrity, business process integration and operational effectiveness:

No.	Project Description	Status as at 31 March 2022
1.	Membership Management System (MMS) – Nurse Register	Implementation stage
2.	Enterprise Resource Planning (ERP) System	Procurement stage
3.	Call Centre System - Customer Care	Procurement stage
4.	Queue Management System	Implementation stage – process mapping
5.	LiveChat (additional licenses)	Procurement stage

3. MEMBERSHIP MANAGEMENT SYSTEM (MMS) – NURSE REGISTER

The MMS is a multi-year project consisting of four (04) phases: phases 0 to 3 is planned to be fully implemented in the year 2024. The project is currently at the implementation stage with phase 0 being completed and planned to be launched during the 2nd quarter of the 2022/2023 financial year.

The PMO is revitalising the ICT infrastructure environment to ensure that there is operational effectiveness and minimal impact on business disruptions:

4. ICT OPERATIONS

The ICT Operations Section is mandated to deliver against strategic goals number one (01), two (02) and four (04) of the SANC ICT Strategy. During the period under review, the Section has successfully migrated and synchronised 98% of the SANC end users to Office 365 cloud solution.

The ICT Operations Section has also implemented security measures to ensure that the SANC ICT environment is secured against malicious cyber attacks.

The ICT Operations Section is revitalising its ICT infrastructure environment to ensure that there is operational effectiveness and minimal business disruptions, and the related projects were at the stage listed hereunder on 31 March 2022.

No.	Project Description	Status
1.	Server hardware equipment refresh	Procurement stage
2.	Internet connectivity secondary link	Procurement stage
3.	Cloud automated backup solution	Procurement stage



COMMUNICATION AND MARKETING

By: Ms Adri Van Eeden – Senior Manager: Communication and Marketing



1. OVERVIEW

Within the SANC Council's five-year strategic plan 2018-2023 the following Strategic Objectives (SO) bear reference to the Communication and Marketing Department's operational targets for the past Financial Year:

Strategic Objective 6 - Improve service delivery; and

Strategic Objective 14 - Promote the image of the Nursing profession within the context of being a regulator.

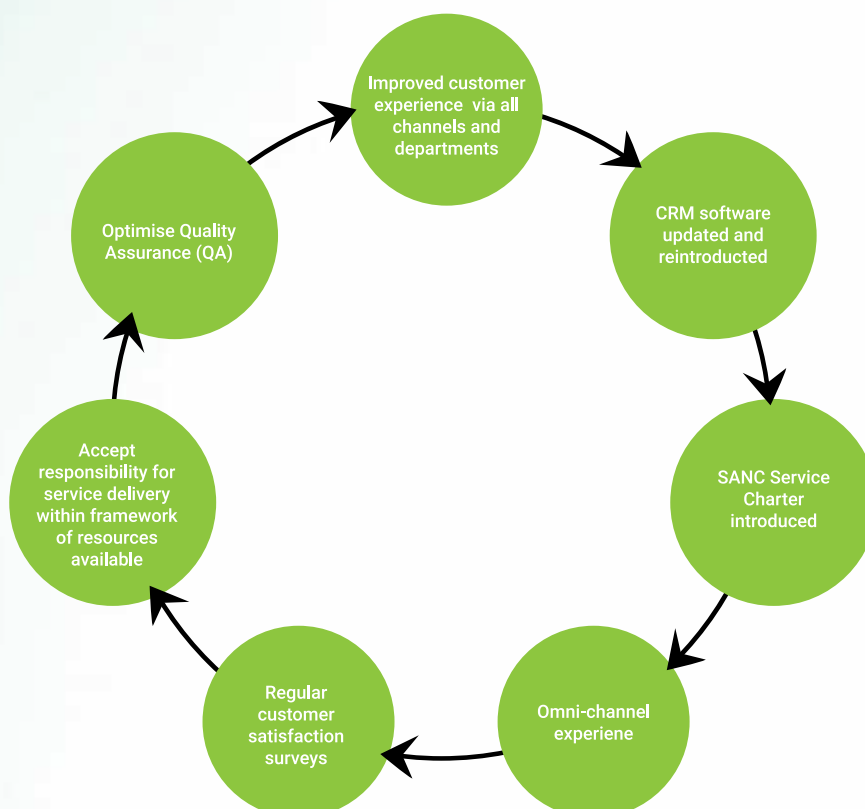
2. IMPROVE SERVICE DELIVERY

With the introduction of new service delivery channels such as LiveChat and Facebook, the SANC is experiencing a definitive shift in the service and communication channels that its clients use.

The SANC is in the process of developing a Service Standards Charter, applicable to the entire organization. The SANC Service Standards Charter will stipulate the Council's service standards, contact details as well as mechanisms of redress within the service areas.

Consequently, the SANC has developed and is embarking on a change management programme in the new Financial Year to improve its service delivery across all platforms and in support of the requirements of the SANC Service Charter.

SANC Customer Service Vision



Service Delivery Initiatives

Several initiatives have been introduced to assist the SANC with service delivery to clients:

- Service Standards Charter draft is at an advanced stage;
- Change Management Plan for Service Delivery for SANC Staff has been developed, to be introduced in the 2022/23 Financial Year;
- Queuing and Rating system for Reception and Cash Management finalised, to be introduced in the 2022/23 Financial Year;
- Procurement of additional LiveChat licenses for all Client Services Agents has started and will be finalised in the 2022/23 Financial Year;
- New Nurses welcome pack providing key information to newly registered Nurses e.g. about APCs, ordering distinguishing devices, service emails, etc.; and
- Service email keyrings with the details of the service email mailboxes are distributed at the SANC's reception, at events, during hospital visits, etc.

3. PROMOTING THE IMAGE OF THE NURSING PROFESSION WITHIN THE CONTEXT OF BEING A REGULATOR: STAKEHOLDER ENGAGEMENT

The Communication and Marketing Department successfully delivered on several activities to support stakeholder engagement, with the aim of promoting the image of the Nursing profession:

Newsletter

The SANC's electronic newsletter, the #SANCnews was issued every second month as of May 2021.

#bethatnurse campaign

The #bethatnurse campaign focussed on marketing Nursing, Nurses and their selfless work thus highlighting and cultivating pride in the profession of Nursing and reminded Nurses and the public that Nurses make a difference, every day, in their day-to-day actions.

The campaign utilised channels like social media, the SANC website, posters, events, radio advertisements, advertisement in Nursing-oriented newsletters, Played Content over televisions within the provincial hospitals and promotional material to communicate the message and the #bethatnurse slogan.

Communication to stakeholders

Consistent communication with stakeholders is the norm at the SANC and is optimised using several platforms simultaneously e.g. Facebook, emails, SANC website, Circulars, YouTube, videos, Stakeholder Forum, etc.

Nursing as a Career

Promoting the Study of Nursing as a career is an important focus area for the SANC. During the past Financial Year due to the regulations around the COVID-19 pandemic, there were no career days and exhibitions that could be attended physically, hence the SANC developed a video and pamphlet to fill this gap. The information was included on the SANC's YouTube channel, **SANCTV** as well as on its Facebook page and website. Advertising in *Post Matric* magazine ensured that the message directly reached 129 000 matric pupils.

Events

Several events were hosted and supported, mostly electronically due to COVID-19: World Aids Day 2021, commemoration of the SANC's 77th Birthday on 8 November 2021 and International Nurses Day on 12 May 2021.

The 2021/22 Nursing Indaba could not be hosted due to COVID-19, as was the case with the Nursing Excellence Awards. The SANC Council approved the formation of a Nursing Excellence Awards Committee to deal with the guidelines, award categories and nominations. The Terms of Reference of this Committee have been developed and shared with Council.

SANC Mandate

Awareness regarding the mandate of the SANC was reinforced by way of an updated video and information in the #SANCnews as well as the relevant social media pages.

APC Marketing Plan

The Annual Practicing Certificate (APC) payment is a major activity starting from 1 July to 31 December each year. The Communication and Marketing Department is instrumental in communicating the deadline for payment to Nurses and as such an APC Marketing Plan is put into effect each year.

Media Engagement

Daily media and social media scanning took place through Newsclip and Amasocial and was reported on daily to Council members and Management. Media articles that require noting by the Professional Conduct Department have been forwarded to the relevant Senior Manager for consideration.

Media releases have been issued on International Nurses Day, 12 May 2021 as well as a joint media release with the Health Professions Council of South Africa, Office of Health Standards Compliance, South African Health Products Regulatory Authority and the South African Pharmacy Council regarding the looting and violence targeting health care facilities. The SANC Media Protocol has been followed strictly during engagement with the media.

SANC website

The new SANC website was launched on 19 April 2021 and has since been updated consistently and regular analytical reports provided to monitor the effectivity of the site and assist with usage patterns.

MMS Project

Marketing material and communication have been developed in preparation for the Phase 0 launch of the MMS project. Phase 0 will focus on allowing Nurses to update their personal and contact details online via the SANC website.

New registered Nurses

Welcome packs have been designed and finalised for all Nurse Practitioners who are registering with the SANC for the first time. A welcome pack consists of:

- Welcome letter and information leaflet;
- Nursing Act booklet;
- Fridge magnet with key SANC contact details;
- Corporate profile details;
- SANC Values infographic;
- SANC Service Emails pamphlet;
- #bethatnurse bumper sticker; and
- SANC branded pen.

The welcome packs will be couriered to newly registered Nurses, assisting them with key information regarding the SANC, APC payment, ordering of distinguishing devices, etc.

Wall of Remembrance

The design of and wording on the SANC's Wall of Remembrance, in honour of the Nurses who have lost their lives during the fight against the COVID-19 pandemic, have been finalised and approved by Council and building will commence in the new financial year.

SANC Museum

The SANC is planning a museum on the ground floor of its offices in Pretoria. The design of the Museum was finalised during the past Financial Year.

Internal Communication

The SANC follows a strict code of communicating all information internally, first, to ensure staff can assist in the event of an enquiry from clients. Communication to SANC staff is done via emails, intranet, posters and through staff events like the Men's and Women's Health Days

A Change Management Plan for Service Delivery has been developed and approved in the financial year under review for launch in the new financial year and will be underscored by the approved SANC Values Campaign. Both campaigns will focus on effective service delivery.

HUMAN RESOURCES

By: Mr Zephrus Molewa - Senior Manager: Human Resources



1. OVERVIEW

Within the SANC Council's five-year Strategic Plan 2018-2023, the following Strategic Objectives (SOs) bear reference to the Human Resources Department's operational targets for the past Financial Year:

Strategic Objective 1 - Ensure effective governance; and

Strategic Objective 2 - Position the SANC to become an employer of choice.

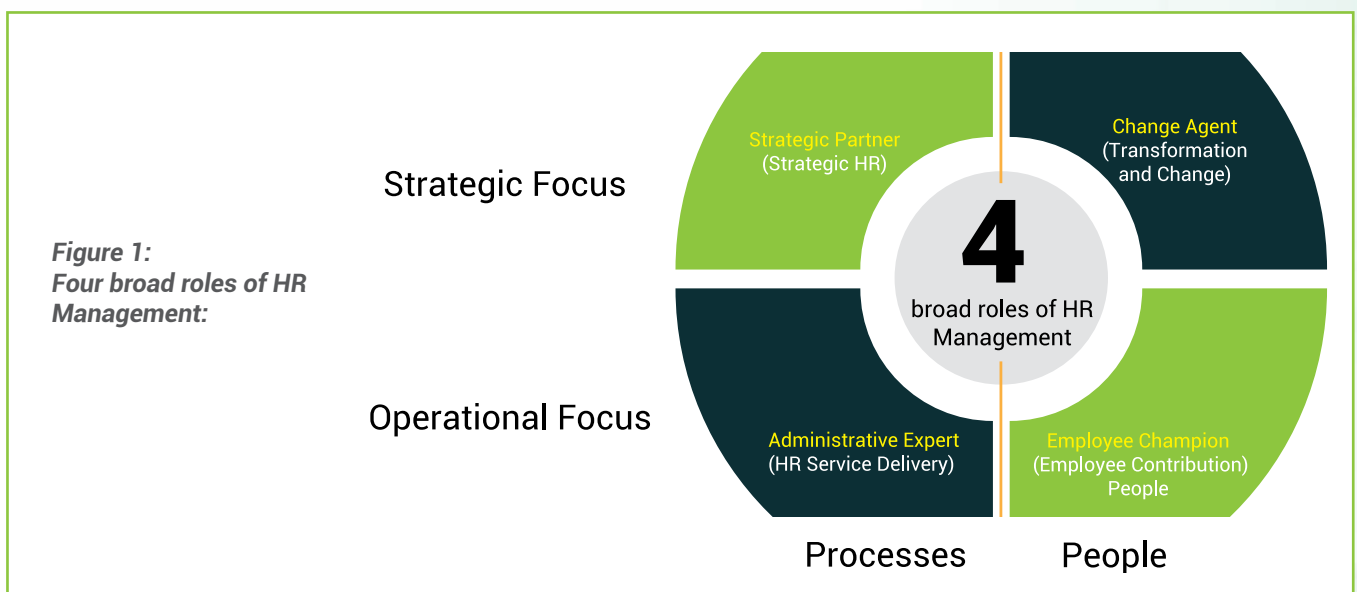
The HR Department is the custodian of the overall Human Resources function at the SANC. The key functions of the Department, supported by line managers, are to attract, retain, engage, motivate and develop talented employees and create a conducive, safe and healthy working environment. This will enable a high-performance culture to support the SANC Strategic Objective of positioning the organisation to become an employer of choice. The Human Resources Department prioritized the approval by Council of the Human Resources Strategy and the achievement of targets related to the implementation of Phase 1 of the Human Resources Strategy.

Over the years, the SANC HR Department has evolved from a transactional and administrative orientated Department to focussing on more strategic functions. The HR Department continuously implemented employee value proposition initiatives such as the Performance Management Development System Policy to promote employee development in the SANC.

The HR Departmental structure was reviewed as part of the overall organisational structure review. The structure makes provision for the following four Sections: Employment Practice and HR Administration, Employee Relations and Compliance, Learning and Development and Organisational Development and Workforce Planning.

2. STRATEGIC ROLES OF THE HUMAN RESOURCES DEPARTMENT

The HR function at the SANC was repositioned to undertake the following four (4) broad roles as depicted in Figure 1 below, which are transformational in nature:



3. CRITICAL MILESTONES/ACHIEVEMENTS

The Human Resources Department achieved the following critical milestones in the categories outlined below:

3.1. HR STRATEGY AND PRIORITIES

The Human Resources Strategy 2021-2023 was approved by Council on 30 June 2021, which aimed to strategically drive all people management practices, methods and processes in support of the organisational goals, values and objectives.

The HR Department provided quarterly progress reports to the HRRC on the achievement of HR deliverables in 2021/2022 in the HR Strategy: Phase 1. The HR Strategy has the following strategic objectives:

- **STRATEGIC OBJECTIVE 1:** To build value for the HR Stakeholders and ensure a Unique Employee Value Proposition;
- **STRATEGIC OBJECTIVE 2:** To provide innovative, professional, credible and consistent HR Services and Solutions;
- **STRATEGIC OBJECTIVE 3:** To enable SANC to provide service excellence to stakeholders;
- **STRATEGIC OBJECTIVE 4:** To create a Learning Organisation; and
- **STRATEGIC OBJECTIVE 5:** To build a culture of high performance and employee engagement.

3.2. EMPLOYEE VALUE PROPOSITION (EVP) AND REMUNERATION

The SANC is affiliated to the South African Reward Association (SARA) to remain abreast of best HR practices and the latest developments in the EVP and employee remuneration fields.

The reviewed Remuneration Policy was approved by Council on 30 September 2021 and aims to attract and retain talented employees who contribute towards a high performing organisation and support the strategic objectives of being an employer of choice. The SANC successfully concluded the 2021/2022 Cost of Living Adjustment (COLA) Agreement with the labour unions and implemented the Agreement in September 2021. The appointment of a service provider to review and develop job profiles and conduct an official job grading, remuneration benchmarking, pay scale design and review the organisational development policies and procedures over a six-month period, is currently in progress through a Supply Chain Management process.

3.3. ORGANISATIONAL DEVELOPMENT AND WORKFORCE PLANNING

The SANC established the Organisational Development and Workforce Planning Section within the HR Department in line with the approved HR Strategy. The post of the Manager: Organisational Development and Workforce Planning, as the Head of the Section, was filled in 2021/2022. The recruitment process was initiated in 2021/2022 to fill the position of the Senior Practitioner post as an administrative and technical support role to the Section.

The following has been achieved:

- Implementation of the organisational structure that was approved by the Council on 27-28 March 2019, was implemented in phases due to service delivery requirements. The implementation is in progress with the finalization of the micro-structure at an advanced stage of completion and sign-off.
- Participated in the Change Management Task Team following from the Senior Management Team resolution to establish the Task Team to lead change management initiatives. The Change Management Team Task provided progress reports to the Senior Management Team and finalized the Organisational Wide Change Management Framework and Migration and Placement Procedure that was approved by the Senior Management Team Committee.
- Although not a HR deliverable in Phase 1 of the HR Strategy 2021/2022 but a deliverable in Phase 2 of the HR Strategy 2022/2023, the HR Department initiated the Supply Chain Management Process in 2021/2022 to source and appoint a service provider to conduct the Organisational Culture and Climate Assessment to establish a culture that supports the mandate and strategy of the SANC and improve employee engagement levels.
- This was viewed as necessary considering the number of new employees that had joined the organisation in recent years and the need to conduct an organisational health index survey.

3.4. LEARNING AND DEVELOPMENT

The SANC established the Learning and Development Section within the HR Department in line with the approved HR Strategy. Following from the establishment, the Manager: Learning and Development position was filled in 2020/2021 as the Head of the Section. The recruitment process was initiated in 2021/2022 to fill the Senior Practitioner post as an administrative and technical support role to the section.

The following has been achieved:

- Conducted an assessment on compliance, governance and best practices in learning and development and developed the Implementation Plan.
- Developed a Learning and Development Policy that was approved by Council on 31 March 2022.
- Developed the Talent Management Policy and Succession Planning Program that served at the Human Resources and Remuneration Committee in February 2022.
- Reviewed the Performance Management and Development System (PMDS) Policy that was approved by Council on 30 June 2021 and developed the Standard Operating Procedure for Performance Contracting and the Quality Assurance of Performance Agreements, that was approved by the Senior Management Team in September 2021.
- Implemented the Performance Management and Development System (PMDS) Policy in so far as Performance Agreements 2021/2022 and the biannual review assessment 2021/2022, was concerned through workshops, administrative and technical support.
- Developed, implemented, and timeously submitted the Workplace Skills Plan and Annual Training Report 2021/2022 to the relevant Sector Education and Training Authority.
- Established the Learning and Development Committee in compliance with the regulations of the Skills Development Act, No 97 of 1998 and relevant legislation.

3.5. EMPLOYMENT PRACTICE AND HR ADMINISTRATION

The SANC established the Employment Practice and HR Administration Subsection within the HR Department in line with the approved HR Strategy. Following from the establishment, the recruitment process for the Assistant Manager: Employment Practice and HR Administration as the Head of the Subsection was initiated. The recruitment process was initiated in 2021/2022 to fill the Senior Practitioner post as an administrative and technical support role to the Subsection.

- The positions of the Corporate Services Executive and Chief Financial Officer were successfully filled during the 2021/2022 financial year.
- The position of the Deputy Registrar: Professional Affairs was not filled in 2021/2022 as the SANC could not attract qualifying and suitable applicants despite headhunting efforts. The recruitment process was at an advanced stage of finalization at the end of the financial year.
- The position of the Registrar and Chief Executive Officer was advertised in collaboration with the National Department of Health. The recruitment and selection process is underway.
- The SANC Conditions of Service was reviewed and approved by the Council on 30 June 2021.

3.6. EMPLOYEE RELATIONS, WELLNESS AND COMPLIANCE

The SANC established the Employee Relations and Compliance Section within the HR Department in line with the approved HR Strategy. Following from the establishment, the Manager: Employee Relations and Compliance position was filled as the Head of the Section. The recruitment process was initiated to fill the Senior HR Practitioner post as an administrative and technical support role to the Section.

The following has been achieved:

- The SANC maintained labour peace and good employer-employee relations which included implementation of the following:
- Settlement and implementation of the Cost-of-Living Adjustment for the 2021/2022 financial year.
- Continuous consultation and Bargaining Forum meetings with the recognised Labour Union on HR Policies, Procedures, Condition of Services, review of the organisational structure and employee benefits.
- The SANC appointed a Service Provider to provide Employee Assistance Program Services to staff and immediate family members, as per the provisions of Phase 1 of the HR Strategy 2021/2022.
- The SANC conducted an overall organisational audit to ensure that employees comply to Condition of Services matters.

3.7. HUMAN RESOURCES INFORMATION SYSTEMS (HRIS) AND RECORDS MANAGEMENT

The SANC is currently utilising the SAGE VIP Payroll for managing the payroll in the institution. The SANC is currently utilising the SAGE Employee Self Services (ESS) as an employee self-service application that enables SANC employees to update personal information, apply for leave and view their pay advice.

The HR Department has pursued the achievement of a higher level of data integrity in reports as well as the automation of current manual processes. In this regard and as part of the e-Business Transformation Project, the SANC is in the process of implementing an integrated SAGE 300 system. This system will integrate the Finance, Supply Chain Management and the Human Resources Department and support pertinent reporting on a higher standard of data integrity.

The HR Department, as a custodian of employee administration and records management, initiated a personnel file auditing and indexing project to ensure completeness, accuracy, compliance and an auditable environment.

INTERNAL AUDIT AND RISK MANAGEMENT DEPARTMENT

By: Ms Moseme Matlala – Senior Manager: Internal Audit



1. OVERVIEW

The Internal Audit and Risk Management Department consists of two functions, Internal Audit and Risk Management. The Risk Management function is responsible for rendering risk management support to all internal stakeholders to ensure that key risks of the SANC are identified, assessed and mitigated. It is further responsible for the implementation of the fraud management strategy within the SANC. The Internal Audit function is responsible for providing independent, objective assurance and consulting services designed to add value and improve the SANC's operations. It helps the SANC to accomplish its objectives by bringing a systematic, disciplined approach to evaluating and improving the effectiveness of risk management, control and governance processes. The Internal Audit function reports administratively to the Registrar and CEO and functionally to the Audit and Risk Committee.

2. INTERNAL AUDIT FUNCTION

The purpose, authority and responsibilities of the Internal Audit function are defined in the internal audit charter as approved by the Audit and Risk Committee. The scope of work of Internal Audit is to review and report on the adequacy and effectiveness of the SANC's risk management, control and governance processes as designed, and represented by management to ensure that:

- Risks are appropriately identified and managed;
- Significant financial, managerial and operating information is accurate, reliable and timely;
- Employees' actions are in compliance with the policies, standards, procedures, instructions, code of ethics and applicable laws, regulations and contractual obligations;
- Resources are acquired economically, used efficiently, and adequately protected;
- Objectives are achieved;
- Quality and continuous improvement are fostered in the SANC's control process; and
- Significant legislative or regulatory issues impacting the SANC are recognised and addressed appropriately.

The Internal Audit function developed a risk-based Internal Audit Strategic Plan and Annual Plan that was approved by the Audit and Risk Committee. The risk based Internal Audit Annual Plan was executed during the financial year and audit reports, which included recommendations to strengthen and improve internal controls, were presented to management and the Audit and Risk Committee.

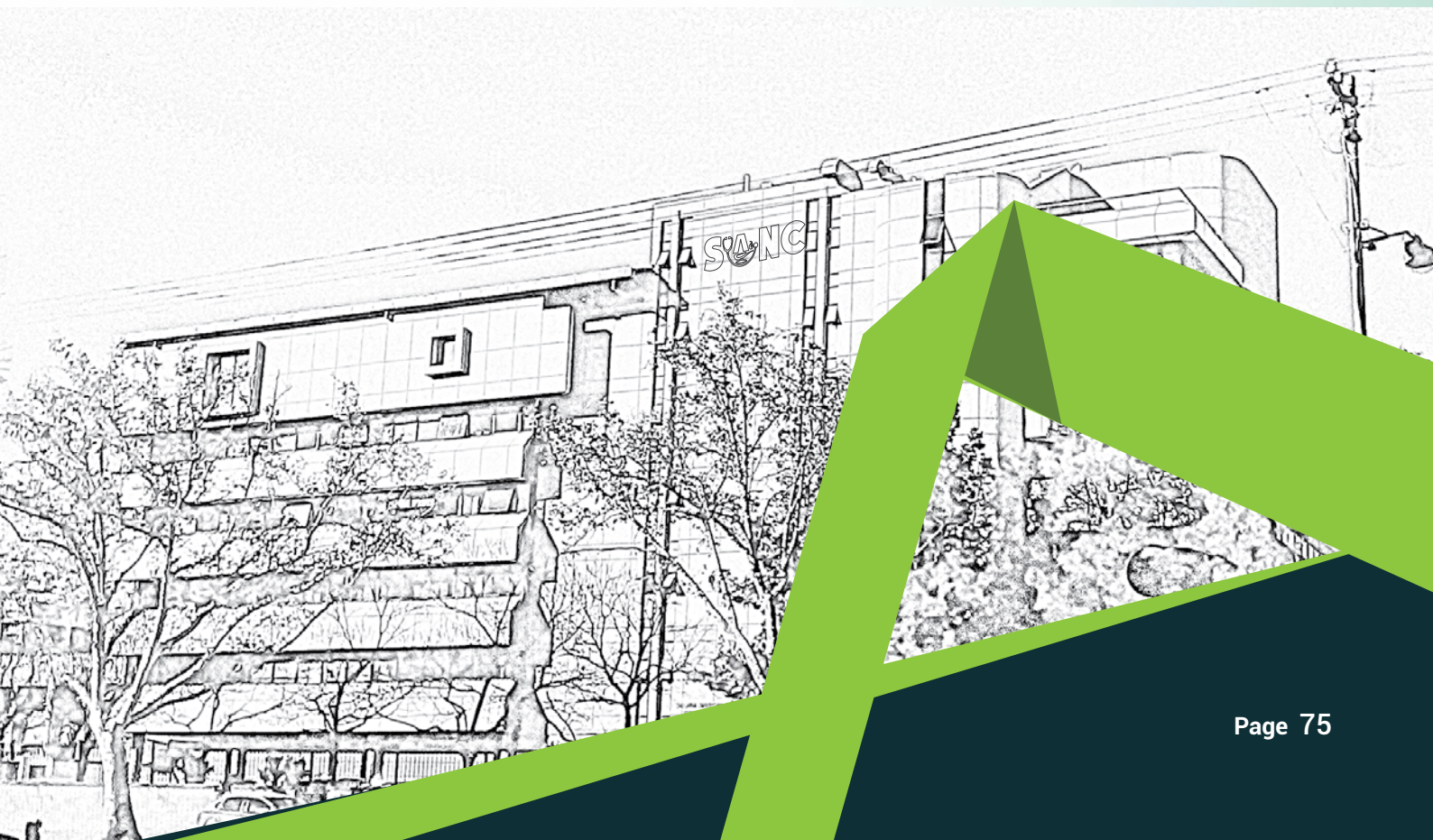
The internal audit scope of work completed during the financial year covered the following areas:

- Annual Financial Statements;
- ICT Governance and System Development Lifecycle;
- Organisational Performance Information;
- Tender process;
- ICT Expenditure and Contract Management;
- Governance and Compliance; and
- Risk Management.

Internal Audit function also developed the audit findings tracking tool to follow-up on the implementation of action plans for findings raised by both internal and external auditors. Quarterly follow-up audits were conducted to ensure that commitments made by management to resolve the audit findings are implemented. The progress on the execution of the internal audit plan and the implementation of action plans were reported to the Audit and Risk Committees on a quarterly basis.

CORPORATE

GOVERNANCE



RISK MANAGEMENT

The SANC has adopted an enterprise-wide approach to its risk management. The Risk Management Policy and Framework provide the risk management methodology, which directs how risk is identified, evaluated, managed, monitored and reported across the organisation.

To achieve best-practice standards, the SANC has aligned its Risk Management Framework to the requirements of the King Report on Corporate Governance for South Africa, (King IV) and the ISO 31000:2018 Risk Management Standards.

To ensure continuous improvement to our risk governance processes, the Enterprise Risk Management Framework is reviewed and adapted to respond to changes in the internal and external environment to ensure the effective management of risk.

Strategic, operational and project risk assessments are conducted on a regular basis to identify and analyse risks that impact on the overall achievement of the Council's strategic objectives. Risk response strategies are developed and monitored to ensure that key risks are mitigated within acceptable levels and reported to the Audit and Risk Committee on a quarterly basis.

Emerging risks are regularly identified, monitored and reported through the appropriate channels.

The SANC has developed the Combined Assurance Framework in line with the King Report on Corporate Governance, King IV, which was approved by Council. The assurance model was adopted to promote collaboration between management, internal and external assurance providers and ensure that there is an integrated approach to adequately manage organisational risks. The Combined Assurance Model aims to:

- Optimise assurance coverage by coordinating the efforts of management, internal and external assurance providers;
- Systematic assessment of key risks associated with strategic objectives and the responses thereto;
- Support the ARC in assessing the effectiveness of internal financial control; and
- Provide a context of the impact of inadequate and ineffective control, on the overall control environment.

The SANC established the Combined Assurance Forum for the implementation of the Combined Assurance Plan during the 2021/22 financial year and reported progress on the implementation of the plan to the Audit and Risk Committee.

FRAUD MANAGEMENT

The SANC has a zero-tolerance approach to fraud and corruption. A Fraud Management Framework and Fraud Management Policy and Procedure have been developed for the prevention, detection and response to fraud and corruption incidents. The focus is on creating staff and stakeholder fraud and ethics awareness, which aims to ensure that all stakeholders are aware of the impact of fraud and corruption and the processes in place to report such occurrences.

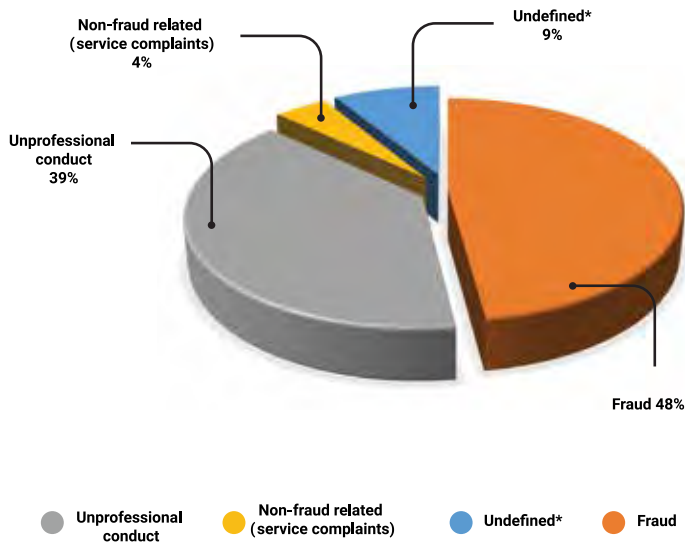
The SANC's Whistle Blowing Hotline, 0800 20 12 16, is in place for reporting suspected fraudulent or unethical behaviour through an outsourced toll-free hotline managed by an independent service provider. The Hotline is promoted as one of the SANC's initiatives of encouraging the reporting of any form of fraudulent and/or corrupt activity. All the fraud cases received through the fraud hotline and other reporting channels are investigated and reported quarterly to the Audit and Risk Committee and the Council.

Cases reported through the Fraud Hotline during the 2021/22 financial year were as follows:

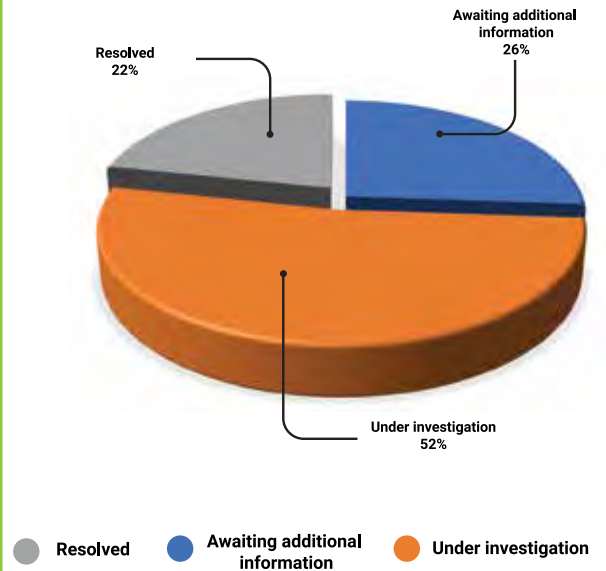
Category	Number of cases received	Status		
		Awaiting additional information	Under investigation	Resolved
Fraud	11	3	7	1
Unprofessional conduct	9	1	5	3
Non-fraud related (service complaints)	1	-	-	1
Undefined*	2	2	-	-
Total	23	6	12	5

* Undefined cases refer to cases reported through the Fraud Hotline, where a reporter failed to provide details of their report.

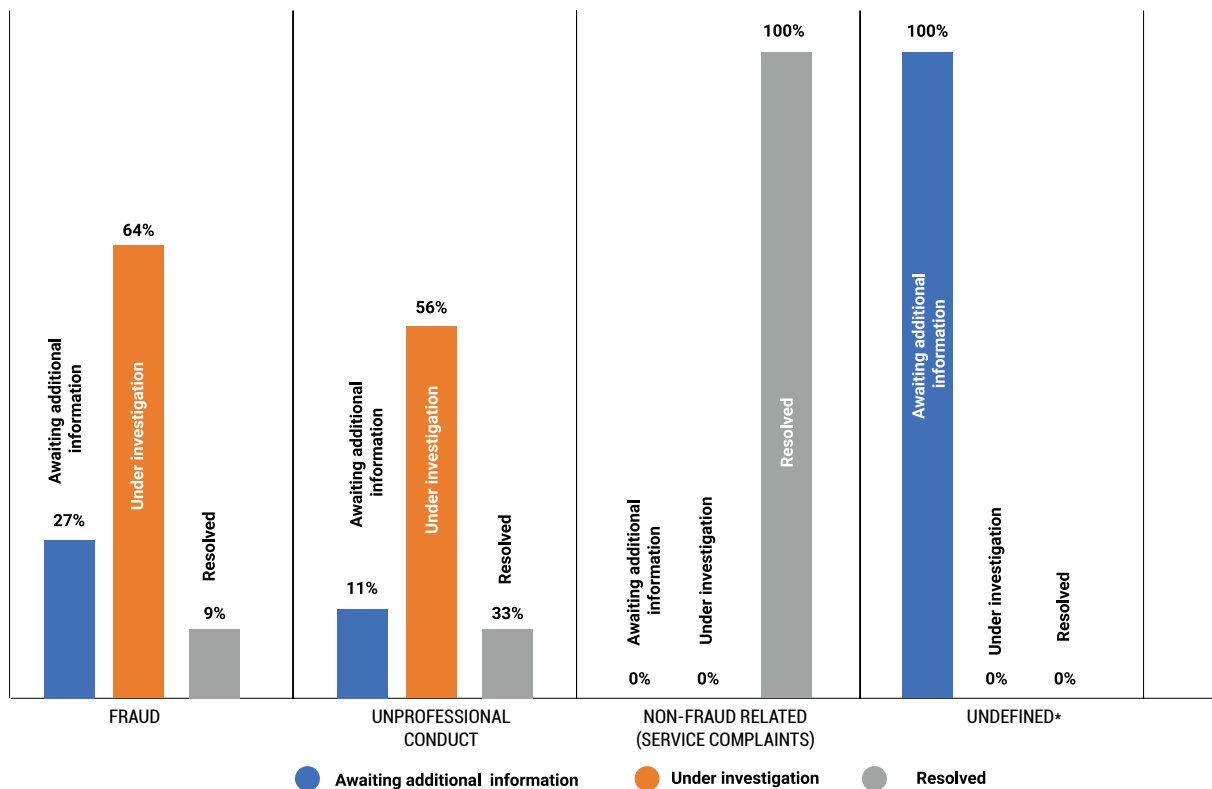
PERCENTAGE OF REPORTED CASES



STATUS OF CASES REPORTED 2021/22



STATUS OF CASES PER CATEGORY





OCCUPATIONAL HEALTH AND SAFETY

OCCUPATIONAL HEALTH AND SAFETY (OHS) AND THE IMPACT OF COVID-19

The SANC continued to provide and maintain as far as reasonably practical, a working environment that is safe and without risk to the health of its employees in line with Section 8 of the Occupational Health and Safety Act, 1993 (Act No 85 of 1993).

The SANC developed and implemented measures in compliance to the COVID-19 regulations and relevant legislations to minimise the spread of the virus and the impact on the service delivery operations. As part of the measures, the SANC conducted the COVID-19 compliance assessment and implemented operational measures to ensure business continuity, health and safety of employees and stakeholders.



BROAD-BASED BLACK ECONOMIC EMPOWERMENT (B-BBEE) COMPLIANCE

The Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003) ("BBBEE Act") provides the legislative framework for BBBEE in South Africa. Codes of Good Practice may be issued by the Minister of Trade and Industry under the BBBEE Act, and such Codes may be "generic" (i.e. of general application) or apply to a specific sector of the economy (so called sector codes that are developed by stakeholders in the relevant sector).

The primary purpose of the BBBEE Act and the Codes is to address the legacy of apartheid and promote the economic participation of Black People in the South African economy.

The SANC complied to the provisions of the Employment Equity Act to facilitate transformation in the workplace.

FINANCIAL

INFORMATION

South African Nursing Council General Information

for the year ended 31 March 2022

Country of incorporation and domicile	Republic of South Africa
Nature of business and principal activities	Regulatory body that sets, maintains and regulates standards of nursing education and nursing practice in the Republic of South Africa.
Councillors	Refer to Councillors' report for this information
Registered office	602 Pretorius Street Arcadia Pretoria 0083
Postal address	P. O. Box X132 Pretoria 0001
Auditors	Nexia SAB&T Incorporated
Company Secretary	Mr Mokete Penane
Level of assurance	These annual financial statements have been audited in compliance with the applicable requirements of the Nursing Act, 2005 (Act No. 33 of 2005).
Preparer/Compiler	The annual financial statements were internally compiled by the Financial Accountant, Mr Thulani Shabane.
Supervised by	The annual financial statements were prepared under the direction and supervision of the Chief Financial Officer, Mr Thamsanqa Ndadana.



SAN
South African Nursing
Association

THE SOUTH AFRICAN NURSING ASSOCIATION

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Statement of Profit or Loss and Other Comprehensive Income	92
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Detailed Income Statement	117 - 118

The Councillors have pleasure in submitting their report on the annual financial statements of South African Nursing Council for the year ended 31 March 2022.

1. NATURE OF BUSINESS

The South African Nursing Council (Council) is engaged in setting, maintaining and regulating standards of Nursing education and Nursing practice in the Republic of South Africa. The Council was established by section 2 of the Nursing Act, 1978 (Act No. 50 of 1978) and continues to exist as a juristic person, notwithstanding the repeal of that Act by the current Nursing Act (Act No. 33 of 2005).

There have been no material changes to the nature of the Council's business from the prior year.

2. REVIEW OF FINANCIAL RESULTS AND ACTIVITIES

The annual financial statements have been prepared in accordance with International Financial Reporting Standards and the requirements of the Nursing Act (Act No. 33 of 2005). The accounting policies have been applied consistently compared to the prior year.

Full details of the financial position, results of operations and cash flows of the Council are set out in these annual financial statements.

3. COUNCILLORS

16th Council Members

1. Dr M C Molepo (Chairperson)
2. Dr S M Zuma (Vice-Chairperson)
3. Prof A Makhene
4. Dr S Z Mthembu
5. Dr H C De Swardt
6. Dr L L Nkondo-Mtembu
7. Prof D I Gihwala
8. Mr J T Ntshabele
9. Ms T M Magoro
10. Dr Nelouise-Marie Geyer
11. Dr P M Orton
12. Prof S E Duma
13. Ms T A Kaseke
14. Mr M S Choma
15. Mr L L Rabotapi
16. Ms D Q Ngidi
17. Mr M J Matsomela
18. Ms S F Molokoane-Machika
19. Ms Z M Ramaila
20. Ms F Newton
21. Dr E Kaye-Petersen
22. Dr H Ally
23. Ms P Mapotse (Resigned on 30 December 2021)
24. Mr R Tshimomola
25. Ms V Taschl (Was replaced by Ms C Mbuyane)
26. Ms C Mbuyane (Appointed on 21 February 2022)

4. IMPACT OF COVID-19 ON ANNUAL FINANCIAL STATEMENTS

Since 31 December 2019, the spread of COVID-19 has severely impacted many local economies around the globe. In many countries, businesses are being forced to cease or limit operations for long or indefinite periods of time. Measures taken to contain the spread of the virus, including travel bans, quarantines, social distancing, and closures of non-essential services have triggered significant disruptions to businesses worldwide, resulting in an economic slowdown. However, the SANC members are at the forefront of the battle against COVID-19, therefore the operations of the Council have not been significantly disrupted. At such a time, the Council continues to provide support to its members in any way possible. The Council also has adequate cash resources that can compensate for any revenue decrease.

The duration and impact of the COVID-19 pandemic, as well as the effectiveness of Government measures remains unclear at this time. It is not possible to reliably estimate the duration and severity of these consequences, as well as their impact on the financial position and results of the Council for future periods. Furthermore, management is not aware of any circumstances which exist that would impede the Council's ability to continue as a going concern..

5. EVENTS AFTER THE REPORTING PERIOD

The Councillors are not aware of any material event which occurred after the reporting date and up to the date of this report.

6. GOING CONCERN

The annual financial statements have been prepared on the basis of accounting policies applicable to a going concern. This basis presumes that funds will be available to finance future operations and that the realisation of assets and settlement of liabilities, contingent obligations and commitments will occur in the ordinary course of business.

7. EXTERNAL AUDITORS

Nexia SAB&T are the appointed auditors for a five-year term beginning in the 2019 Financial Year.

We are pleased to present our report for the financial year ended 31 March 2022.

The Audit and Risk Committee is an independent committee appointed by the Council. The committee operates in terms of an approved Charter to discharge its delegated duties.

COMPOSITION AND ATTENDANCE OF COMMITTEE MEETINGS

The Audit and Risk Committee comprises of four independent non-Council members and two Council members appointed in terms of the Nursing Act, 2005 (Act No.33 of 2005).

The Audit and Risk Committee meetings are attended by the Registrar and Chief Executive Officer, the Chief Financial Officer, Senior Manager Internal Auditing, the Manager Risk and management representatives of the various departments of the SANC. The external auditors attend the Audit and Risk Committee meetings by invitation and may independently meet with the Audit and Risk Committee as and when required.

The Audit and Risk Committee Charter provides for the committee to meet at least four times per annum. The Committee held four ordinary meetings and three special meetings during the financial year.

The table below outlines the Audit and Risk Committee members and the number of meetings attended by each member during the year ended 31 March 2022:

NAME OF MEMBER	MEMBERSHIP	NUMBER OF MEETINGS ATTENDED	TERM OF OFFICE EXPIRY
1. Ms M E Sikhosana	Independent member (Chairperson)	6	18 March 2025
2. Ms T Z Kaseke	Council member	7	31 August 2023
3. Mr L L Rabotapi	Council member	6	31 August 2023
4. Mr K J Sello	Independent member	7	18 March 2025
5. Mr G Labane	Independent member	6	10 December 2023
6. Ms Z Ngwepe	Independent member	4	10 December 2023

Note: Mr G Labane resigned on the 02 February 2022.

RESPONSIBILITIES OF THE AUDIT AND RISK COMMITTEE

The Audit and Risk Committee's Charter outlines the following governance responsibilities of the committee. The Charter outlines the following governance responsibilities of the committee:

- Council-wide risk management governance;
- Efficacy of the internal audit function;
- External audit governance responsibilities;
- Efficacy of the financial management and financial reporting systems, particularly relating to internal and/or external audit responsibilities;
- Oversight over the efficacy of the ethics and compliance management of the organisation and
- Oversight over the application and effectiveness of combined assurance model.

EXTERNAL AUDIT

Nexia SAB&T is the external audit firm responsible for performing the external regulatory audit function for the 2021/22 financial year. The Audit and Risk Committee has satisfied itself that the audit firm and the designated auditor are in good standing with the Independent Regulatory Board for Auditors.

The Audit and Risk Committee is satisfied with the independence and objectivity of the external auditor, including the consideration of the auditor's previous appointments, the extent of other work undertaken, and compliance with criteria relating to independence or conflict of interest as prescribed by the Independent Regulatory Board for Auditors. The external auditors did not undertake any other work except external audit work during the current financial year.

The audit and Risk Committee liaised with the external auditors during the year and has reviewed the implementation plan to address the external audit findings raised in previous years. As a result, the Audit and Risk Committee is satisfied that the matters previously raised by the external auditors have been adequately resolved.

INTERNAL AUDIT

The Audit and Risk Committee is responsible for ensuring that the Internal Audit function is independent and has the necessary resources, standing and authority within the organisation to enable it to fulfil its duties. The internal audit activities have been outsourced to BDO PS Advisory (Pty) Ltd and managed by the Senior Manager Internal Auditing and Risk Management.

During the year internal audit unit operated in terms of the approved internal audit charter, developed a risk-based internal audit plan, and reported quarterly to the Audit and Risk Committee. The internal audit unit has reviewed the system of internal control, performance information and risk management during the financial year. The internal audit activity operated efficiently and addressed some pertinent risk areas in its audits.

The Audit and Risk Committee has assessed the effectiveness of the internal audit function. The committee is satisfied that the internal audit function was independent and objective and discharged its functions and responsibilities, in terms of prevailing internal audit standards, the Internal Audit Charter and the Internal Audit Plan.

COUNCIL-WIDE RISK MANAGEMENT

The Audit and Risk Committee supports the Council with its governance responsibility for the effective implementation of risk management within the organisation. Management is accountable to the Audit and Risk Committee for designing, implementing and monitoring the Council-wide risk management process and for integrating it into the day-to-day activities of the SANC.

The SANC has adopted an enterprise-wide approach to manage risk, which is defined in its Enterprise Risk Management (ERM) Framework. The framework provides a consistent approach to which risks are identified, evaluated, managed and reported in the organisation.

Management have committed to continuous improvement of the organisations risk maturity through the implementation of various strategies to manage the risk exposure of the SANC. The effectiveness of such strategies are monitored and reported on in the quarterly risk and combined assurance reports to the Audit and Risk Committee.

THE EFFECTIVENESS OF INTERNAL CONTROLS

The Audit and Risk Committee has reviewed the external auditors' reports on the audited annual financial statements and the internal auditor' reports on the adequacy and effectiveness of internal controls. The Committee noted the control deficiencies arising from both the internal and external auditors' reports and has considered the appropriateness of management's responses.

An assessment of internal and external audit findings indicates that while controls are in place and effective in most areas, some weaknesses were identified in other areas of the business and the control environment requires improvement. The Committee has expressed concerns about the delays in the implementation of the Membership Management System (Nurse register). Management has committed to taking the necessary measures to address the control weaknesses identified by both the internal and external auditors. The implementation of the management action plans is monitored on a regular basis and reported as such to the Council.

EVALUATION OF AUDITED ANNUAL FINANCIAL STATEMENTS

The Audit and Risk Committee has:

- Reviewed and discussed the audited annual financial statements included in the annual report, with the external auditors and the Registrar and CEO;
- Reviewed the external auditor's management letter and management's responses thereto; and
- Reviewed significant adjustments resulting from the audit after the 2021/22 audit was finalised.

The Audit and Risk Committee accepts the external auditor's conclusions on the annual financial statements as well as the audit opinion and that the audited annual financial statements be read together with the report of the external auditors.

Special appreciation also goes to the internal audit team and external auditors for their support and professionalism in the performance of their mandate.



MS ME SIKHOSANA
Chairperson of the Audit and Risk Committee



INDEPENDENT AUDITOR'S REPORT

To the Councillors of South African Nursing Council

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of The South African Nursing Council set out on pages 91 to 116, which comprise the statement of financial position as at 31 March 2022, and the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the financial statements present fairly, in all material respects, the financial position of The South African Nursing Council, and its financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standards and the requirements of the Nursing Act (Act No. 33 of 2005).

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the council in accordance with the section 290 and 291 of the Independent Regulatory Board for Auditors' Code of Professional Conduct for Registered Auditors (Revised January 2018), parts 1 and 3 of the of the Independent Regulatory Board for Auditors' Code of Professional Conduct for Registered Auditors (Revised November 2018) (together the IRBA Codes) and independence requirements applicable to performing audits of financial statements in South Africa. We have fulfilled our other ethical responsibilities in accordance with the IRBA Codes and in accordance with other ethical requirements applicable to performing audits in South Africa. The IRBA Codes are consistent with the corresponding sections of the International Ethics Standards Board for Accountants' International Code of Ethics for Professional Accountants (including International Independence Standards) respectively. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

The councillors are responsible for the other information. The other information comprises the information included in the document titled "South African Nursing Council Annual Financial Statements for the year ended 31 March 2022", which includes the Councillors' Report as required by the Companies Act of South Africa. The other information does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express an audit opinion or any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Councillors for the Financial Statements

The councillors are responsible for the preparation and fair presentation of the financial statements in accordance with International Financial Reporting Standards and the requirements of the Nursing Act (Act No. 33 of 2005), and for such internal control as the Councillors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Councillors are responsible for assessing the council's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Councillors either intend to liquidate the council or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the council's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Councillors.
- Conclude on the appropriateness of the Councillors' use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the council's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the council to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the councillors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Nexia SAB&T

Nexia SAB&T
Per Caroline Chigora
Director
Registered Auditor
31 July 2022
Centurion

	Note(s)	2022 R	2021 *Restated R	2020 *Restated R
ASSETS				
Non-Current Assets				
Property, plant and equipment	2	59 041 784	62 355 097	65 500 568
Intangible assets	3	5 305 294	2 246 358	1 333 225
Other financial assets	4	1 182 241	982 980	813 073
		65 529 319	65 584 435	67 646 866
Current Assets				
Inventories	5	496 403	1 060 877	1 368 470
Trade and other receivables	6	10 345 004	6 663 116	2 859 745
Cash and cash equivalents	7	689 992 683	660 639 334	601 972 509
		700 834 090	668 363 327	606 200 724
Total Assets		766 363 409	733 947 762	673 847 590
EQUITY AND LIABILITIES				
Equity				
Reserves	9	74 484 820	74 285 559	72 185 791
Retained income		604 183 140	567 275 583	515 939 607
		678 667 960	641 561 142	588 125 398
LIABILITIES				
Non-Current Liabilities				
Retirement benefit obligation	10	25 279 000	25 309 000	22 934 000
Current Liabilities				
Trade and other payables	11	7 634 540	12 268 833	9 306 302
Deferred income	12	53 925 563	54 009 562	52 714 549
Employee benefit obligation	13	856 346	799 225	767 341
		62 416 449	67 077 620	62 788 192
Total Liabilities		87 695 449	92 386 620	85 722 192
Total Equity and Liabilities		766 363 409	733 947 762	673 847 590

Statement of Profit or Loss and Other Comprehensive Income for the year ended 31 March 2022

	Note(s)	2022 R	2021 R
Revenue	14	149 317 016	149 624 894
Other income	15	231 203	505 734
Operating expenses		(137 181 398)	(122 076 502)
Net surplus from operations	16	12 366 821	28 054 126
Investment income	17	27 469 565	28 559 746
Interest expense	18	(2 044 000)	(2 178 000)
Net Surplus for the year		37 792 386	54 435 872
Other comprehensive income:			
Items that will not be reclassified to profit or loss:			
Remeasurements on net defined benefit liability/asset	10	(884 829)	(3 099 896)
Gains on property revaluation		-	1 929 860
Total items that will not be reclassified to profit or loss		(884 829)	(1 170 036)
Items that may be reclassified to profit or loss:			
Fair Value Through Other Comprehensive Income (FVTOCI) financial assets adjustments	9	199 261	169 908
Total items that may be reclassified to profit or loss		199 261	169 908
Other comprehensive income for the year		199 261	169 908
Total comprehensive income for the year		37 106 818	53 435 744

Statement of Changes in Equity for the year ended 31 March 2022

	Revaluation reserve	Reserve for valuation of investments	Total reserves	Retained income	Total equity
	R	R	R	R	R
Opening balance as previously reported	71 703 889	481 902	72 185 791	503 040 750	575 226 541
Adjustments					
Prior period errors-deferred income cleared to revenue	-	-	-	12 898 857	12 898 857
Balance at 01 April 2020 as restated	71 703 889	481 902	72 185 791	515 939 607	588 125 398
Surplus for the year	-	-	-	54 435 872	54 435 872
Other comprehensive income	1 929 860	169 908	2 099 768	(3 099 896)	(1 000 128)
Total comprehensive income for the year	1 929 860	169 908	2 099 768	51 335 976	53 435 744
Balance at 01 April 2021	73 633 749	651 810	74 285 559	567 275 583	641 561 142
Surplus for the year	-	-	-	37 792 386	37 792 386
Other comprehensive income	-	199 261	199 261	(884 829)	(685 568)
Total comprehensive income for the year	-	199 261	199 261	36 907 557	37 106 818
Balance at 31 March 2022	73 633 749	851 071	74 484 820	604 183 140	678 667 960

Note(s)

9

Retained earnings have been restated, refer to note 26 for details

Statement of Cash Flows for the year ended 31 March 2022

	Note(s)	2022 R	2021 R
Cash flows from operating activities			
Cash receipts from customers		145 635 128	145 821 523
Cash paid to suppliers and employees		(136 677 356)	(113 030 327)
Cash generated from operations	19	8 957 772	32 791 196
Interest income		27 364 268	28 423 236
Dividends income		52 702	92 068
Net cash from operating activities		36 374 742	61 306 500
Cash flows from investing activities			
Acquisition of property, plant and equipment	2	(3 781 827)	(1 550 973)
Acquisition of intangible assets	3	(3 239 566)	(1 088 702)
Net cash utilised by investing activities		(7 021 393)	(2 639 675)
Cash flows from financing activities			
Total cash movement for the year		29 353 349	58 666 825
Cash and cash equivalent at the beginning of the year		660 639 334	601 972 509
Total cash at end of the year	7	689 992 683	660 639 334

Summary of Significant Account Policies

1. STATEMENT OF COMPLIANCE

The principal accounting policies applied in the preparation of these annual financial statements are set out below.

The annual financial statements have been prepared in accordance with International Financial Reporting Standards (IFRS) and its interpretations adopted by the International Accounting Standards Board (IASB). The annual financial statements comply with International Financial Reporting Standards.

1.1 Basis of preparation

The annual financial statements have been prepared on the historical cost basis, except for land and buildings and financial instruments measured at revalued amounts and fair values respectively. They are presented in South African Rand as a functional currency, rounded to the nearest rand..

1.2 Significant judgements and key sources of estimation uncertainty

In preparing the annual financial statements in accordance with IFRS, management is required to make judgements, estimates and assumptions that affect the application of policies and the reported amounts represented in the annual financial statements and related disclosures. Use of available information and the application of judgement is inherent in the formation of estimates. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgements about carrying values of assets and liabilities that are not readily apparent from other sources. Actual results may differ from these estimates which could be material to the annual financial statements.

The estimates and underlying assumptions are reviewed on an on-going basis and where applicable, adjustments are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and further periods if the revision affects both current and future periods. Significant judgements and assumptions include:

Prior year comparatives

When there is an amendment to the classification and presentation of items in the Annual Financial Statement, prior year comparatives are also reclassified and restated in line with the amendment. The nature and reason for reclassification and amendment are also disclosed.

Where there has been a change in accounting policy in the current year, a retrospective adjustment is made as far as practicable and the prior year comparatives are restated accordingly. Similarly, when accounting errors have been identified in the current year which relate to the prior year, the correction is made retrospectively as far as practicable and the prior year comparatives are restated accordingly, refer to note 26.

Calculation of expected credit loss (ECL)

When measuring expected credit loss (ECL), the Council uses reasonable and supportable forward-looking information, which is based on assumptions for the future movement of different economic drivers and how these drivers will affect each other.

Loss given default is an estimate of the loss arising on default. It is based on the difference between the contractual cash flows due and those that the lender would expect to receive, taking into account cash flows from collateral and integral credit enhancements.

Probability of default constitutes a key input in measuring ECL. Probability of default is an estimate of the likelihood of default over a given time horizon, the calculation of which includes historical data, assumptions and expectations of future conditions.

Defined benefit obligations

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimates are revised and in any future periods affected. Information about significant areas of estimation uncertainty and critical judgements in applying accounting policies that have the most significant effect on the amounts recognised in the Financial Statements is included in Note 10.

1.3 Financial instruments

Financial instruments held by the Council are classified in accordance with the provisions of IFRS 9 Financial Instruments.

A financial instrument is any contract that gives rise to a financial asset of one entity, and a financial liability or equity instrument of another entity.

Equity instrument is defined as any contract that evidences a residual interest in the assets of an entity after deducting all of its liabilities.

Broadly, the classification possibilities, which are adopted by the Council, as applicable, are as follows: Financial assets which are equity instruments:

- Designated as at fair value through other comprehensive income.

Financial assets which are debt instruments:

- Amortised cost.

Financial assets are derecognised when the contractual rights to the cash flows from the financial asset expire or when it is transferred, and the transfer qualifies for derecognition.

Financial liabilities:

- Amortised cost

Financial instruments presents the financial instruments held by the Council based on their specific classifications refer note 8 for details.

All regular way purchases or sales of financial assets are recognised and derecognised on a trade date basis. Regular way purchases or sales are purchases or sales of financial assets that require delivery of assets within the time frame established by regulation or convention in the marketplace.

The specific accounting policies for the classification, recognition and measurement of each type of financial instrument held by the council are presented below:

All assets and liabilities for which fair value is measured or disclosed in the financial statements are categorised within the fair value hierarchy. This is described, as follows, based on the lowest level input that is significant to the fair value measurement as a whole:

- Level 1-quoted (unadjusted) market prices in active markets for identical assets or liabilities.
- Level 2-valuation techniques for which the lowest level input that is significant to the fair value measurement is directly or indirectly observable.
- Level 3-valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable.

Trade and other receivables

Classification

Trade and other receivables, excluding, when applicable, VAT and prepayments, are classified as financial assets subsequently measured at amortised cost (note 6).

They have been classified in this manner because their contractual terms give rise, on specified dates to cash flows that are solely payments of principal and interest on the principal outstanding, and the council's business model is to collect the contractual cash flows on trade and other receivables.

Recognition and measurement

Trade and other receivables are recognised when the Council becomes a party to the contractual provisions of the receivables. They are measured, at initial recognition, at fair value plus transaction costs, if any.

They are subsequently measured at amortised cost.

The amortised cost is the amount recognised on the receivable initially, minus principal repayments, plus cumulative amortisation (interest) using the effective interest method of any difference between the initial amount and the maturity amount, adjusted for any loss allowance.

Impairment

The Council recognises a loss allowance for expected credit losses on trade and other receivables, excluding VAT and prepayments. The amount of expected credit losses is updated at each reporting date.

The Council measures the loss allowance for trade and other receivables at an amount equal to lifetime expected credit losses (lifetime ECL), which represents the expected credit losses that will result from all possible default events over the expected life of the receivable.

1.3 Financial instruments (continued)

Measurement and recognition of expected credit losses

The Council makes use of a provision matrix as a practical expedient to the determination of expected credit losses on trade and other receivables. The provision matrix is based on historic credit loss experience, adjusted for factors that are specific to the debtors, general economic conditions and an assessment of both the current and forecast direction of conditions at the reporting date, including the time value of money, where appropriate.

Write off policy

The Council writes off a receivable when there is information indicating that the counterparty is in severe financial difficulty and there is no realistic prospect of recovery, e.g. when the counterparty has been placed under liquidation or has entered into bankruptcy proceedings. Receivables written off may still be subject to enforcement activities under the Council recovery procedures, taking into account legal advice where appropriate. Any recoveries made are recognised in surplus or deficit.

Credit risk

Details of credit risk are included in the trade and other receivables note (note 6) and the financial instruments note (note 8).

Investments in equity instruments

Classification

Investments in equity instruments are presented in note 4. They are classified as mandatorily at fair value through other comprehensive income.

The designation as at fair value through other comprehensive income is never made on investments which are either held for trading or contingent consideration in a business combination.

Recognition and measurement

Investments in equity instruments are recognised when the Council becomes a party to the contractual provisions of the instrument. The investments are measured, at initial recognition, at fair value. Transaction costs are added to the initial carrying amount for those investments which have been designated as at fair value through other comprehensive income. All other transaction costs are recognised in surplus or deficit.

Investments in equity instruments are subsequently measured at fair value with changes in fair value recognised in other comprehensive income (and accumulated in equity in the reserve for valuation of investments) Details of the valuation policies and processes are presented in note

Dividends received on equity investments are recognised in surplus or deficit when the Council's right to received the dividends is established, unless the dividends clearly represent a recovery of part of the cost of the investment. Dividends are included in investment income (note 17).

Impairment

Investments in equity instruments are not subject to impairment provisions.

Trade and other payables

Classification

Trade and other payables (note 11), excluding VAT and amounts received in advance, are classified as financial liabilities subsequently measured at amortised cost.

Recognition and measurement

They are recognised when the Council becomes a party to the contractual provisions, and are measured, at initial recognition, at fair value plus transaction costs, if any.

They are subsequently measured at amortised cost using the effective interest method.

The effective interest method is a method of calculating the amortised cost of a financial liability and of allocating interest expense over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash payments (including all fees and points paid or received that form an integral part of the effective interest rate, transaction costs and other premiums or discounts) through the expected life of the financial liability, or (where appropriate) a shorter period, to the amortised cost of a financial liability.

1.3 Financial instruments (continued)

If trade and other payables contain a significant financing component, and the effective interest method results in the recognition of interest expense, then it is included in surplus or deficit in interest paid (note 18).

Trade and other payables expose the Council to liquidity risk and possibly to interest rate risk. Refer to note 8 for details of risk exposure and management thereof.

Offsetting

Financial assets and financial liabilities are not offset unless the Council has a legally enforceable right to offset the amounts recognised and intends either to settle on a net basis, or to realise the asset and settle the liability simultaneously.

Cash and cash equivalents

Cash and cash equivalents comprise cash on hand and demand deposits, and other short-term highly liquid investments that are readily convertible to a known amount of cash and are subject to an insignificant risk of changes in value. These are initially and subsequently measured at fair value.

Cash and cash equivalents comprise cash held at the bank. The carrying amount of these assets approximates their fair value.

1.4 Revenue from contracts with customers

Revenue is measured based on the consideration specified in a contract with a customer and excludes amounts collected on behalf of third parties. The Council recognises revenue when it transfers control of a product or service to a customer.

1.5. New Standards and Interpretations

Standards and interpretations not yet effective

The Council has chosen not to early adopt the following standards and interpretations, which have been published and are mandatory for the Council's accounting periods beginning on or after 01 April 2022 or later period:

Definition of accounting estimates: Amendments to IAS 8

The definition of accounting estimates was amended so that accounting estimates are now defined as "monetary amounts in annual financial statements that are subject to measurement uncertainty."

The effective date of the amendment is for years beginning on or after 01 January 2023.

The Council expects to adopt the amendment for the first time in the 2024 annual financial statements.

Classification of Liabilities as Current or Non-Current - Amendment to IAS 1

The amendment changes the requirements to classify a liability as current or non-current. If an entity has the right at the end of the reporting period, to defer settlement of a liability for at least twelve months after the reporting period, then the liability is classified as non-current.

If this right is subject to conditions imposed on the entity, then the right only exists, if, at the end of the reporting period, the entity has complied with those conditions.

In addition, the classification is not affected by the likelihood that the entity will exercise its right to defer settlement. Therefore, if the right exists, the liability is classified as non-current even if management intends or expects to settle the liability within twelve months of the reporting period. Additional disclosures would be required in such circumstances.

The effective date of the amendment is for years beginning on or after 01 January 2023.

The Council expects to adopt the amendment for the first time in the 2024 annual financial statements.

1.6 Revenue

Revenue comprises the consideration received or receivable on contracts entered into with customers in the ordinary course of the Council's activities. Revenue is shown net of taxes and discounts. Revenue is recognised at the amount of the transaction price that is allocated to each performance obligation and this is determined at an amount that depicts the consideration to which the Council expects to be entitled in exchange for transferring the good and services promised to the customer. The transaction prices recognised by the Council are published in the Government Gazette in terms of the Nursing Act (Act No. 33 of 2005)

Revenue is recognised when control is transferred to the customer. The appropriate time when control is transferred has been determined as follows

Verification fees, Confirmation fees, Enrollment and application fees	When verification letter is issued, confirmation letter is issued, learner certificate is issued and on receipt of application.
Annual fees	When the Annual Practising Certificate (APC) is issued
Restoration fees	When the relevant nurse practitioner has been reinstated into the register of nurses
Registration fees	When registration has been confirmed to the nurse practitioner
Examination fees	When the results of the examination have been released
Distinguishing devices	When the devices are dispatched / collected by the nurse practitioner
Application fees for accreditation	Acknowledgement of receipt of application documents
Other fees	Point in time

1.7 Property, plant and equipment

The cost of an item of property, plant and equipment is recognised as an asset when:

- it is probable that future economic benefits associated with the item will flow to the Council; and
- the cost of the item can be measured reliably.

Property, plant and equipment is initially measured at cost. Costs include costs incurred initially to acquire or construct an item of property, plant and equipment and costs incurred subsequently to add to, replace part of, or service it. If a replacement cost is recognised in the carrying amount of an item of property, plant and equipment, the carrying amount of the replaced part is derecognised.

Property, plant and equipment is carried at cost less accumulated depreciation and any impairment losses except for land and buildings which are carried at revalued amounts.

Property, plant and equipment are depreciated on the straight line basis over their expected useful lives to their estimated residual value. The residual value, useful life and depreciation method of each asset are reviewed at the end of each reporting period. If the expectations differ from previous estimates, the change is accounted for as a change in accounting estimate.

Land and buildings are carried at revalued amount, being the fair value at the date of revaluation less any subsequent accumulated depreciation and subsequent accumulated impairment losses. Revaluations are made with sufficient regularity such that the carrying amount does not differ materially from that which would be determined using fair value at the end of the reporting period.

Any increase in the carrying amount of land and buildings, as a result of a revaluation, is recognised in other comprehensive income and accumulated in the revaluation surplus in equity. The increase is recognised in profit to the extent that it reverses a revaluation decrease of the same asset previously recognised in losses.

Property, plant and equipment (continued)

Any decrease in the carrying amount of land and buildings, as a result of a revaluation, is recognised in losses in the current period. The decrease is debited in other comprehensive income to the extent of any credit balance existing in the revaluation surplus in respect of that asset.

The revaluation surplus in equity related to a specific item of land and buildings is transferred directly to retained earnings when the asset is derecognised.

The useful lives of items of property, plant and equipment have been assessed as follows:

Item	Average useful life
Land	Indefinite
Buildings	50 years
Motor vehicles	5 years
Office equipment	5-6 years
IT equipment	3 years

The residual value, useful life and depreciation method of each asset are reviewed at the end of each reporting year. If the expectations differ from previous estimates, the change is accounted for prospectively as a change in accounting estimate.

Each part of an item of property, plant and equipment with a cost that is significant in relation to the total cost of the item is depreciated separately.

The depreciation charge for each year is recognised in surplus or deficit unless it is included in the carrying amount of another asset.

Impairment tests are performed on property, plant and equipment when there is an indicator that they may be impaired. When the carrying amount of an item of property, plant and equipment is assessed to be higher than the estimated recoverable amount, an impairment loss is recognised immediately in surplus or deficit to bring the carrying amount in line with the recoverable amount.

An item of property, plant and equipment is derecognised upon disposal or when no future economic benefits are expected from its continued use or disposal. Any gain or loss arising from the derecognition of an item of property, plant and equipment, determined as the difference between the net disposal proceeds, if any, and the carrying amount of the item, is included in surplus or deficit when the item is derecognised.

The gain or loss arising from derecognition of an item of property, plant and equipment is included in profit or loss when the item is derecognised. The gain or loss arising from derecognition of an item of property, plant and equipment is determined as the difference between the net disposal proceeds, if any, and the carrying amount of the item.

1.8 Intangible assets

An intangible asset is recognised when:

- it is probable that the expected future economic benefits that are attributable to the asset will flow to the Council; and
- the cost of the asset can be measured reliably.

Intangible assets are initially recognised at cost.

Expenditure on research (or on the research phase of an internal project) is recognised as an expense when it is incurred.

An intangible asset arising from development (or from the development phase of an internal project) is recognised when:

- it is technically feasible to complete the asset so that it will be available for use or sale.
- there is an intention to complete and use or sell it.
- there is an ability to use or sell it.
- it will generate probable future economic benefits.
- there are available technical, financial and other resources to complete the development and to use or sell the asset.
- the expenditure attributable to the asset during its development can be measured reliably.

1.8 Intangible assets (continued)

Intangible assets are carried at cost less any accumulated amortisation and any impairment losses.

Intangible assets comprise of computer software and are initially recognised at cost. Intangible assets are subsequently carried at cost less any accumulated amortisation and any impairment losses.

Reassessing the useful life of an intangible asset with a finite useful life after it was classified as indefinite is an indicator that the asset may be impaired. As a result the asset is tested for impairment and the remaining carrying amount is amortised over its useful life.

Internally generated brands, mastheads, publishing titles, customer lists and items similar in substance are not recognised as intangible assets.

Amortisation is provided to write down the intangible assets, on a straight line basis, to their residual values as follows:

Item	Useful life
Computer software	10 years

1.9 Inventories

Inventories comprise distinguishing devices and are valued at the lower of cost and net realisable value. Cost is determined using the first-in-first out basis. Net realisable value is the estimated selling price in the ordinary course of business less the estimated costs of completion and selling expenses.

The cost of inventories comprises of all costs of purchase, and other costs incurred in bringing the inventories to their present location and condition.

When inventories are sold, the carrying amount of those inventories are recognised as an expense in the period in which the related revenue is recognised.

1.10 Impairment of non-financial assets

The Council assesses at each end of the reporting period whether there is any indication that an asset may be impaired. If any such indication exists, the Council estimates the recoverable amount of the asset.

If there is any indication that an asset may be impaired, the recoverable amount is estimated for the individual asset. If it is not possible to estimate the recoverable amount of the individual asset, the recoverable amount of the cash-generating unit to which the asset belongs is determined.

The recoverable amount of an asset or a cash-generating unit is the higher of its fair value less costs to sell and its value in use.

If the recoverable amount of an asset is less than its carrying amount, the carrying amount of the asset is reduced to its recoverable amount. That reduction is an impairment loss.

The Council assesses at each reporting date whether there is any indication that an impairment loss recognised in prior periods for assets may no longer exist or may have decreased. If any such indication exists, the recoverable amounts of those assets are estimated.

The increased carrying amount of an asset other than attributable to a reversal of an impairment loss does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset in prior periods.

An impairment loss of an asset or reversal of an impairment loss of an assets is recognised immediately in profit or loss except in a case of revalued assets where any reversal of an impairment loss of a revalued asset is treated as a revaluation increase.

1.11 Employee benefits

Short-term employee benefits

The cost of short-term employee benefits, (those payable within 12 months after the service is rendered, such as paid vacation leave, bonuses, and non-monetary benefits such as medical care), are recognised in the period in which the service is rendered and are not discounted.

The cost of employee entitlements to salaries, annual leave etc., which the Council has a present obligation to pay as a result of employees' services provided to the reporting date is recognised as a liability.

Defined contribution plans

Payments to the defined contribution plans are recognised as an expense when employees have rendered the service entitling them to the contributions.

Defined benefit plans

The Council provides post-employment medical aid benefits to some of their retirees. The total value of the contractual liability is recognised at year end.

For defined benefit plans the cost of providing the benefits is determined using the projected unit credit method. Actuarial valuations are conducted on an annual basis by independent actuaries separately for each plan. Consideration is given to any event that could impact the funds up to the end of the reporting period where the interim valuation is performed at an earlier date.

Actuarial gains and losses are recognised in the year in which they arise, in other comprehensive income. Gains or losses on the curtailment or settlement of a defined benefit plan is recognised when the council is demonstrably committed to curtailment or settlement

The amount recognised in the Statement of Financial Position represents the present value of defined benefit obligation as adjusted for unrecognised actuarial gains and losses and unrecognised past service costs, and reduces the fair value of plan assets

Any asset is limited to unrecognised actuarial losses and past service costs, plus the present value of available refunds and reduction in future contributions to the plan.

The Council recognises all actuarial gains and losses arising from the defined medical aid benefit plan and defined pension plan in other comprehensive income and profit or loss respectively.

1.12 Provisions and contingencies

Provisions are recognised when:

- the council has a present obligation as a result of a past event;
- it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation; and
- a reliable estimate can be made of the obligation.

The amount of a provision is the present value of the expenditure expected to be required to settle the obligation.

Where some or all of the expenditure required to settle a provision is expected to be reimbursed by another party, the reimbursement shall be recognised when, and only when, it is virtually certain that reimbursement will be received if the entity settles the obligation. The reimbursement shall be treated as a separate asset. The amount recognised for the reimbursement shall not exceed the amount of the provision.

Provisions are not recognised for future operating losses.

Contingent liabilities are not recognised and are disclosed in Note 20.

	2022 R			2021 R		
2. Property, plant and equipment						
	2022			2021		
	Cost or revaluation	Accumulated depreciation	Carrying value	Cost or revaluation	Accumulated depreciation	Carrying value
Land	15 710 000	-	15 710 000	15 710 000	-	15 710 000
Buildings	36 625 000	(2 154 412)	34 470 588	36 625 000	-	36 625 000
Office equipment	17 766 961	(12 977 728)	4 789 233	17 748 560	(10 042 810)	7 705 750
Motor vehicles	973 594	(398 143)	575 451	973 594	(203 425)	770 169
Computer equipment	9 611 202	(6 114 690)	3 496 512	7 282 753	(5 738 575)	1 544 178
Total	80 686 757	(21 644 973)	59 041 784	78 339 907	(15 984 810)	62 355 097

Reconciliation of property, plant and equipment - 2022

	Opening balance	Additions	Disposals	Change in useful life	Depreciation	Total
Land	15 710 000	-	-	-	-	15 710 000
Buildings	36 625 000	-	-	-	(2 154 412)	34 470 588
Office equipment	7 705 750	749 766	(517 314)	296 267	(3 445 236)	4 789 233
Motor vehicles	770 169	-	-	-	(194 718)	575 451
Computer equipment	1 544 178	3 032 061	(28 261)	-	(1 051 466)	3 496 512
	62 355 097	3 781 827	(545 575)	296 267	(6 845 832)	59 041 784

Reconciliation of property, plant and equipment - 2021

	Opening balance	Additions	Revaluations	Depreciation	Total
Land	18 721 390	-	(3 011 390)	-	15 710 000
Buildings	33 547 500	-	4 941 250	(1 863 750)	36 625 000
Office equipment	10 589 945	691 524	-	(3 575 717)	7 705 750
Motor vehicles	194 836	705 033	-	(129 700)	770 169
Computer equipment	2 446 897	154 416	-	(1 057 137)	1 544 178
	65 500 568	1 550 973	1 929 860	(6 626 304)	62 355 097

Land and Buildings are carried at revalued amounts while all the other assets are carried at cost.

Properties are revalued every 3 years and the last revaluation took place in the current year based on valuation performed by Mr D.R. Riley, an independent valuator from Property Partnership CC using the Income capitalisation method of valuation for land and building and comparable sales method of valuation for vacant land and the last valuation was done on 31 March 2021. The Council is of the opinion that the assumptions upon which the last valuation were based have not resulted in any material change in the value of the asset.

The useful life of Office equipment was re-assessed at 01 April 2021 due to the ageing of these assets while they are still in use and the Council expecting to replace them at some future date. The useful life was increased on an average of 2 to 3 years from 01 April 2021. This revision resulted in a decrease in depreciation by R296 267 in the current year.

Figures in Rand	2022	2021
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3. Intangible assets

	2022		2021	
	Cost / Valuation	Accumulated amortisation	Carrying value	Cost / Valuation
Asset under construction	3 992 268	-	3 992 268	1 088 702
Application Systems	2 421 369	(1 108 343)	1 313 026	2 085 369
Total	6 413 637	(1 108 343)	5 305 294	3 174 071
			(927 713)	2 246 358

Reconciliation of intangible assets - 2022

	Opening balance	Additions	Amortisation	Total
Asset under construction	1 088 702	2 903 566	-	3 992 268
Application Systems	1 157 656	336 000	(180 630)	1 313 026
	2 246 358	3 239 566	(180 630)	5 305 294

Reconciliation of intangible assets - 2021

	Opening balance	Additions	Amortisation	Total
Asset under construction	-	1 088 702	-	1 088 702
Application Systems	1 333 225	-	(175 569)	1 157 656
	1 333 225	1 088 702	(175 569)	2 246 358

Note on intangible assets

Intangible assets relates to purchased applications software which includes Canon Document Management System, Sage 300, Assetware and Caseware amongst others.

	2022 R	2021 R
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3. Intangible assets (continued)

The Council is currently developing a Membership Management System, the contract was concluded with the service provider to develop the System, SpesNet (Pty) Ltd on 08 June 2020 and the activities commenced during September 2020. It is estimated that the project will be completed during 2022/23 financial year. The total contract cost of the project is R34 155 365 (excluding VAT), payments are scheduled per agreed milestones which are categorised in phases. Phase 1a was completed on the 26 April 2021 and sign-off certificate was received with a cost of R1 280 826, at 31 March 2021 a certificate was received confirming 85% (R1 088 702) of the work that was completed as at 31 March 2021 relating to phase 1a. Phase 1b was completed on 27 August 2021 and signed-off certificate was received with a cost of R1 280 826. Payroll expenditure from project office directly responsible for the development of the Membership Management System was capitalised to the intangible asset (asset under construction), 90% from the Project Manager and 100% business analyst with a total cost of R1 430 616.

4. Other financial assets

Designated at fair value through Other Comprehensive Income

• Sanlam Limited	809 073	667 093
Level 1 listed on the Johannesburg Stock Exchange-11 206 shares in Sanlam Limited trading at R72.20		
• Old Mutual PLC	155 790	142 456
Level 1 listed on the Johannesburg Stock Exchange-11 112 shares in Old Mutual PLC at R 14.02		
• Old Mutual bonus shares Quilter	98 971	122 491
Level 1 Listed on the Johannesburg Stock Exchange-3 704 shares in Old Mutual at R26.72		
• Nedbank bonus shares	118 407	50 940
Level 1 listed on the Johannesburg Stock Exchange-502 shares in Nedbank at R235.87		
	1 182 241	982 980

© Listed shares traded on a stock exchange

Financial assets at fair value through OCI consist of listed shares and are recognised at fair value, which is the quoted market value of the shares on the JSE and is equal to the carrying amount.

5. Inventories

Distinguishing devices	543 956	1 108 430
Provision for slow moving inventory	543 956 (47 553)	1 108 430 (47 553)
	496 403	1 060 877

Inventories are valued at the lower of cost, on a first-in-first-out basis, and net realisable value.

Inventory comprises of badges, brooches, bars and epaulettes for practitioners.

During the current financial year, R2 243 713 (2021 R1 757 029) was incurred as an expense relating to the procurement of inventory items.

Inventories were tested for impairment for possible write down to their net realisable value. Nothing was written down to net realisable value in the current year as they were found not to be impaired.

	2022 R	2021 R
6. Trade and other receivables		
Trade receivables	478 693	697 989
Other receivables	159 685	143 976
Prepayments	7 988 760	4 227 023
Deposits	7 924	7 924
Vat asset	1 755 699	1 799 430
Advances on credit cards	432 936	359 747
Less expected credit loss allowance	(478 693)	(572 973)
Trade receivables at amortised cost	10 345 004	6 663 116
Total trade and other receivables	10 345 004	6 663 116

The lifetime expected loss provision for trade receivables is as follows:

31 March 2022	Current	30 days past due	60 days past due	+90 days past due	Total
Expected loss rate	0 %	0 %	0 %	100 %	-
Gross carrying amount	-	-	-	478 693	478 693
Loss provision	-	-	-	(478 693)	(478 693)
31 March 2021	Current	30 days past due	60 days past due	+90 days past due	Total
Expected loss rate	0 %	0 %	0 %	82 %	-
Gross carrying amount	-	-	-	697 989	697 989
Loss provision	-	-	-	(572 973)	(572 973)

The SANC raises lifetime expected credit losses for all trade receivables

No trade and other receivables were pledged as security for liabilities

Trade and trade receivables impaired

As of 31 March 2022, trade and receivables of R478 693 (2021: R572 973) were impaired.

Reconciliation of provision for impairment of trade and other receivables

	2022 R	2021 R
Expected credit loss allowance at beginning of the year	572 973	984 144
Impairment loss raised / (reversed) during the year	(94 280)	(411 171)
Expected credit loss allowance at end of the year	478 693	572 973

Exposure to credit risk

Trade receivables inherently expose the Council to credit risk, being the risk that the Council will incur financial loss if customers fail to make payments as they fall due.

There have been no significant changes in the credit risk management policies and processes since the prior reporting period.

A loss allowance is recognised for all trade receivables, in accordance with IFRS 9 Financial Instruments, and is monitored at the end of each reporting period. In addition to the loss allowance, trade receivables are written off when there is no reasonable expectation of recovery, for example, when a debtor has been placed under liquidation. Trade receivables which have been written off are not subject to enforcement activities.

	2022 R	2021 R
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6. Trade and other receivables (continued)

The Council's historical credit loss experience does not show significantly different loss patterns for different customer segments. The provision for credit losses is therefore based on past due status without disaggregating into further risk profiles. The loss allowance provision is determined as follows:

	2022	2022	2021	2021
	Estimated gross carrying amount at default	Loss allowance (Lifetime expected credit loss)	Estimated gross carrying amount at default	Loss allowance (Lifetime expected credit loss)
Expected credit loss rate:				
More than 120 days past due:(2022 100%) (2021 82%)	478 693	478 693	697 989	(572 973)

7. Cash and cash equivalents

Cash and cash equivalents consist of:

Cash on hand	1 972	2 466
Bank balances	1 215 360	122 608 678
Short-term deposits	688 775 351	538 028 190
	689 992 683	660 639 334

		2022 R	2021 R
8. Financial instruments			
Categories of financial instruments			
Categories of financial assets-at amortised cost			
	Note(s)		
Trade and other receivables	6	478 693	697 989
Cash and cash equivalents	7	689 992 683	660 639 334
Listed investment -at fair value through other comprehensive income (FVTOCI)	4	1 182 241	982 980
		691 653 617	662 320 303

Categories of financial liabilities-at amortised cost

2022

	Note(s)		
Trade and other payables	11	1 084 393	1 219 823

Fair value of financial assets and liabilities

As at 31 March 2022, the carrying amount of cash and cash equivalents, trade and other receivables, trade and other payables and short-term borrowings approximated their fair values due to the short-term maturities of these assets and liabilities. FVTOCI assets constitute listed equity instruments which are fairly valued by reference to published prices quoted in an active market.

The fair value hierarchy of financial instruments measured at fair value is provided below

Financial Assets	Level 1		Level 2		Level 3	
	2022 R	2021 R	2022 R	2021 R	2022 R	2021 R
Other financial assets	1 182 241	982 980	-	-	-	-
Trade and other receivables	-	-	-	-	478 693	697 989
Cash and cash equivalents	-	-	-	-	689 992 683	660 639 334
Trade and other payables	-	-	-	-	1 084 393	1 219 823

Liquidity risk

The Council's risk to liquidity is a result of the funds available to cover future commitments. The Council manages liquidity risk through an ongoing review of future commitments.

The table above analyses the Council's financial liabilities into relevant maturity groupings based on the remaining period at the statement of financial position date to the contractual maturity date. The amounts disclosed in the table are the contractual undiscounted cash flows

Trade and other payables	1 084 393	1 219 823
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	2022 R	2021 R
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8. Financial instruments (continued)

Credit risk

Credit risk is the risk of financial loss to the Council if a counterparty to a financial instrument fails to meet its contractual obligations

Credit risk arises mainly from trade receivables.

For trade receivables, the Council has applied the simplified approach in IFRS 9 to measure the loss allowance at lifetime ECL. The Council determines the expected credit losses on these items by using a loss-rate approach, estimated based on historical credit loss experience based on the past due status of the debtors, adjusted as appropriate to reflect current conditions and estimates of future economic conditions.

The Council does not hold any collateral or other credit enhancements to cover its credit risks associated with its financial assets. In order to minimise credit risk, the Council only deposits cash with major banks with high quality credit standing.

9. Reserve

Revaluation reserve

• Opening balance	73 633 749	71 703 889
• Revaluation surplus	-	1 929 860
	73 633 749	73 633 749

Fair value adjustment

• Opening balance	651 810	481 902
• Fair value adjustment through OCI	199 261	169 908
	851 071	651 810

Total Reserves

74 484 820 74 285 559

10. Retirement benefits

Defined benefit plan

The Council provides post-retirement medical aid benefits to former employees and widow(er) members who participated in the Bestmed, Bonitas and Medshield Schemes.

The actuarial valuation of the post-employment medical aid liability performed as at reported a contractual liability amounting to R25 279 000 (2021: R25 309 000).

Present value of the defined benefit obligation-wholly unfunded	25 279 000	25 309 000
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Changes in the present value of the defined benefit obligation are as follows

Present value of the defined benefit obligation-wholly unfunded	25 309 000	22 934 000
Expected benefit payments	(2 921 000)	(2 902 896)
Interest cost	2 044 000	2 178 000
Remeasurement losses-actual losses	847 000	3 099 896
	25 279 000	25 309 000

	2022 R	2021 R
10. Retirement benefits (continued)		
Amount recognised in profit or loss		
Interest cost	2 044 000	2 178 000
Amount recognised in other comprehensive income		
Remeasurement lossess-actuarial losses	847 000	3 099 896
	2 891 000	5 277 896

Key assumptions used

Assumptions used on last valuation on Thursday, 31 March 2022.

General inflation	6.34 %	4.56 %
Medical inflation	7.84 %	6.06 %
Discount rate	10.57 %	8.56 %
Real rate (Gap)	2.53 %	2.36 %
Average retirement age(years)	60	60

Sensitivity analysis

The sensitivity analyses indicated in the below table have been determined based on the exposure to medical aid inflation rate for defined benefit obligation at the statement of financial position date. The analysis is prepared assuming the amount of liability outstanding at the statement of financial position date was outstanding for the whole period under review. A 1% increase or decrease is used, since this represents the normal change, if any, per interest rate review period by the Reserve Bank of South Africa. There were no changes in the methods and assumptions used during the period under review. A positive number below indicates an increase in profit. For a 1% increase there would be an equal and opposite impact on the profit or loss.

Summary of the results of this analysis on the interest cost for the year ending 31 March 2022

Assumption	Change	Interest Cost (R)	% Change
Central assumptions		2 044 000	
Health care inflation	(1)%	1 477 000	(7)%
	1 %	1 624 000	9 %
Discount rate	1 %	1 597 000	(10)%
	(1)%	1 430 000	12 %
Post-retirement mortality	+1 year /-1year	1 258 000	5 %

Summary of the results of this analysis on the interest cost for the year ending 31 March 2021

Assumption	Change	Interest Cost (R)	% Change
Central assumptions		2 178 000	
Health care inflation	1 %	2 325 000	7 %
	(1)%	2 044 000	(6)%
Discount rate	1 %	2 247 000	3 %
	(1)%	2 097 000	(4)%
Post-retirement mortality	+1 year /-1year	2 281 000	5 %

Valuation

The effective date of the valuation was 31 March 2022. The valuation was performed by Independent Actuaries and Consultants, a member of the Actuarial Society of South Africa with 35 years of experience. Independent Actuaries and Consultants are not connected to the Council.

	2022 R	2021 R
11. Trade and other payables		
Financial instruments:		
Trade payables	1 084 393	1 219 823
PAYE Control account	38 880	1 367 803
Leave accrual	5 568 662	6 228 664
Accruals	812 408	2 883 800
Sundry payables	130 197	568 743
Total trade and other payables	7 634 540	12 268 833

Note

12. Deferred income

Income received in advance	31 609 720	30 320 260
Examination fees	1 080 311	2 155 220
Restoration fees	1 461 953	2 226 521
Registration fees	9 560 889	8 001 619
Annual practising certificate	6 017 099	7 993 917
Other deferred income	1 366 987	423 249
Donor funds	2 828 604	2 888 776
	53 925 563	54 009 562

Only the amount for income received in advance has been restated refer to note 26 for details.

13. Employee benefit obligations

13 th cheque payable to employees	856 346	799 225
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Employee benefits relate to a 13th cheque

14. Revenue

Revenue

Annual fees	122 035 442	122 352 372
Restoration fees	11 715 213	11 448 085
Examination fees	4 335 499	6 561 301
Registration fees	5 104 173	4 378 958
Accreditation fees	1 863 715	1 876 879
Verification fees	1 421 285	912 041
Enrollment and application fees	165 357	53 861
Sale of distinguishable devices	2 676 332	2 041 397
	149 317 016	149 624 894

15. Other income

Admission of guilt fee	-	10 800
Refunds admin fees	19 794	9 055
Sale of waste paper	3 312	3 383
Parking fees	20 891	20 550
Insurance claims and other minor income	32 753	50 775
Donor fund income	60 173	-
Impairment loss reversal	94 280	411 171
	231 203	505 734

	2022 R	2021 R
15. Other income (continued)		
16. Net surplus before tax		
Operating surplus for the year is stated after accounting for the following:		
Auditor's remuneration - external		
Audit fees	324 056	308 624
Auditor's remuneration - internal	638 398	210 188
Employee costs		
Salaries, wages, bonuses and other benefits	90 888 933	82 361 130
Pension costs-defined contribution plans	5 248 806	5 071 787
Total employee costs	96 137 739	87 432 917
Depreciation and amortisation		
Depreciation of property, plant and equipment	6 549 565	6 626 303
Amortisation of intangible assets	180 630	175 569
Total depreciation and amortisation	6 730 195	6 801 872
Other		
Transport and freight	3 142 360	3 063 734
Legal fees	1 873 437	2 085 727
Utility charges	3 125 338	2 440 263
Software expenses	1 890 702	2 262 723
Consulting fees	130 255	200 387
17. Investment income		
Dividend income		
Equity instruments at fair value through other comprehensive income:		
Listed investments - Local	52 702	92 068
Total dividend income	52 702	92 068
Interest income		
Investments in financial assets:		
Bank and other cash	27 364 268	28 423 235
Interest income on Escrow Agreement	52 595	44 443
Total interest income	27 416 863	28 467 678
Total investment income	27 469 565	28 559 746
18. Interest paid		
Retirement benefits	2 044 000	2 178 000

	2022 R	2021 R
19. Cash generated from operations		
Net surplus for the period	37 792 386	54 435 872
Adjustments for:		
Depreciation and amortisation	6 730 195	6 801 873
Interest income accrued on escrow contract	(52 595)	(44 442)
Loss due to scrapping of intangible assets	-	(92 068)
Dividend income	(52 702)	-
Interest income	(27 364 268)	(28 423 236)
Interest accrued on retirement benefit	2 044 000	2 178 000
Loss on scrapping / disposal of property, plant and equipment	545 575	-
Bad debts recovered-impairment reversal	(94 280)	(411 170)
Payments made on retirement benefit	(2 958 829)	(2 902 896)
Changes in working capital:		
Inventories	564 474	307 593
Trade and other receivables	(3 535 013)	(3 347 759)
Trade and other payables and employee benefit obligation	(4 577 172)	2 994 416
Deferred income	(83 999)	1 295 013
	8 957 772	32 791 196

20. Contingent liabilities

The South African Nursing Council have embarked on a mediation process to iron out some contractual issues relating to the Membership Management System project. The estimated cost of the mediation is approximately R250 000.

Seven employees who were dismissed in January and May 2013 respectively after completion of an internal disciplinary hearings being conducted because of improper conduct during a protected strike during November 2011. The CCMA dismissed their application. The employees took the matter on review to the Labour Court, and the matter was referred back to the CCMA and the following ruling was given, four employees dismissed fairly and three to be re-employed. Unknown but possible depending on whether settlement is reached on payment rather than reinstatement due to breach of trust relationship between employees and employer. Legal costs could amount to R250 000.

A union leader issued summons against the Council, and its then Security (the SANC former security service provider) and the Minister of Police for alleged injuries suffered during the illegal entry to the building in 2017. Damages claimed are to the amount of R400 000. The SANC liability in this matter is to be determined by court, but the unlawful arrest lies against the Minister of Police.

Based on legal advice, the Council does not expect the outcome of the above matters to have a material effect on its financial position.

	2022 R	2021 R
21. Commitments		
Authorised expenditure		
Expenditure contracted for but not recognised in the financial statements because the goods and services have not yet been rendered is as follows:		
• e-Business transformation project	30 163 097	31 687 722
• Operational services	49 633 669	4 204 543
• Open orders	997 850	-
• Capital expenditure	120 013	-
Total	80 914 629	35 892 265

Expenditure not yet contracted for but approved for future expenditure:

Expenditure not yet contracted for but approved for future expenditure:

Capital expenditure	6 703 757	37 460 442
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Contracted expenditure relates to contracts entered into with suppliers for a period ranging from 3 to 5 years to provide goods and services which include maintenance and support contracts for equipment , internal audit services and transport of examination papers amongst others.

Expenditure not yet contracted relates to capital expenditure approved by Council

22. Current tax

The Council is exempt from taxation in terms of section 10(1) (cA)(i) of the Income Tax Act.

23. Related parties

Key management remuneration

2022

	Annual salary	Allowances*	Contributions to medical and pension funds	Acting Allowance	Total
Registrar & Chief Executive Officer	2 035 345	20 200	169 131	-	2 224 676
Chief Financial Officer	1 706 022	-	153 429	-	1 859 451
Corporate Services Executive (Started 01 May 2021)	1 607 236	13 200	149 824	-	1 770 260
Senior Manager: Legal Affairs	1 189 094	11 850	94 006	-	1 294 950
Senior Manager: Human Resources	1 427 295	10 800	136 388	-	1 574 483
Senior Manager: Professional Practice	1 193 285	16 500	102 646	-	1 312 431
Senior Manager: Communication and Marketing	1 237 682	10 800	96 855	-	1 345 337
Senior Manager: Education & Training	1 223 281	13 200	111 255	311 863	1 659 599
Company Secretary	1 168 382	10 200	102 014	-	1 280 596
Senior Manager: Internal Audit	1 158 371	14 950	93 374	-	1 266 695
Senior Manager: Information & Communication Technology	1 159 742	14 000	110 654	-	1 284 396
Senior Manager: Learner Affairs (Started 01 June 2021)	973 243	8 800	85 420	-	1 067 463
				-	
	16 078 978	144 500	1 404 996	311 863	17 940 337

	2022 R	2021 R
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23. Related parties (continued)

2021

	Annual salary	Allowances*	Pension paid or receivable	Total
Registrar & Chief Executive Officer	2 068 226	18 000	161 580	2 247 806
Chief Financial Officer	1 790 864	-	27 840	1 818 704
Senior Manager: Finance (resigned on the 31 December 2020)	446 598	-	15 080	461 678
Senior Manager: Legal Affairs	1 140 525	-	90 479	1 231 004
Senior Manager: Human Resources	1 459 966	-	129 338	1 589 304
Senior Manager: Communication and Marketing	1 163 450	-	92 297	1 255 747
Senior Manager: Education and Training	1 191 128	-	109 577	1 300 705
Company Secretary	377 295	850	33 040	411 185
Senior Manager: Internal Audit (Appointed on 07 December 2020)	380 169	850	30 160	411 179
Senior Manager: Information & Communication Technology (Appointed on 01 December 2020)	374 415	3 400	35 920	413 735
	10 392 636	23 100	725 311	11 141 047

Non-executive (16th Council)

2022

Makhene A	161 436	121 077
Nkondo-Mtembu LL	113 739	77 049
Zuma SM (Vice-Chairperson)	128 415	88 056
De Swardt HC	95 394	58 704
Gihwala DI	128 415	95 394
Ntshabele JT	117 406	58 704
Magoro TM	117 408	84 387
Geyer NM	183 450	99 063
Orton PM	143 091	80 718
Duma SE	124 746	80 718
Rabotapi LL	106 401	99 063
Matsomela MJ	117 408	29 352
Ramaila ZM	121 077	80 718
Newton F	99 063	62 373
Tshimomola R	73 380	88 285
Ally H	91 725	69 711
Kaye-Petersen E	150 429	99 063
Molepo M (Chairperson)	88 274	-
Ngidi D	66 042	-
	2 227 299	1 372 435

24. Going concern

The annual financial statements have been prepared on the basis of accounting policies applicable to a going concern. This basis presumes that funds will be available to finance future operations and that the realisation of assets and settlement of liabilities, contingent obligations and commitments will occur in the ordinary course of business.

25. Events after the reporting period

The Councilors are not aware of any material event which occurred after reporting date and up to the date of this report.

26. Prior period errors

26.1. Deferred income

The Council embarked on an exercise to identify and clear the transactions that made up the deferred income account balance. The amounts below relate to the amounts that were identified and corrected during the year under review as well as the revenue categories to which they belong.

Balance previously reported at 31 March 2020	65 613 406
Adjustments to accreditation fees	(611 080)
Adjustments to examination fees	(9 088 919)
Adjustments to registration fees	(3 150 728)
Adjustments to annual fees	(27 120)
Adjustments to restoration fees	(20 184)
Adjustment to sale of distinguishing devices	(826)
Balance at 31 March 2020 restated	52 714 549

26.2. Retained earnings

The errors that were identified during the clearing of the deferred income account affected the retained earnings balance. The errors have been corrected retrospectively by restating comparative figures in the current years' financial statements.

Balance previously reported at 31 March 2020	503 040 750
Accreditation fees	611 080
Examination fees	9 088 919
Registration fees	3 150 728
Annual fees	27 120
Restorations	20 184
Sale of distinguishing devices	826
Balance at 31 March 2020 restated	515 939 607

	Note(s)	2022 R	2021 R
Revenue			
Sale of distinguishable devices		2 676 332	2 041 397
Annual fees-registered and enrolled nurses		122 035 442	122 352 372
Restoration fees		11 715 213	11 448 085
Examination fees		4 335 499	6 561 301
Enrollment and application fees		165 357	53 861
Verification fees		1 421 285	912 041
Accreditation fees		1 863 715	1 876 879
Registration fees		5 104 173	4 378 958
	14	149 317 016	149 624 894
Other income			
Admission of guilt fine		-	10 800
Insurance claims and other minor income		32 753	50 775
Donor fund income		60 173	-
Sale of waste paper		3 312	3 383
Parking fees		20 891	20 550
Impairment loss reversal		94 280	411 171
Refunds admin fees		19 794	9 055
	15	231 203	505 734
Expenses (Refer to page 118)		(137 181 398)	(122 076 502)
Operating surplus	16	12 366 821	28 054 126
Investment income	17	27 469 565	28 559 746
Interest paid	18	(2 044 000)	(2 178 000)
Surplus for the year		37 792 386	54 435 872

	Note(s)	2022 R	2021 R
Operating expenses			
Advertising		(644 224)	(507 239)
Amortisation		(180 630)	(175 569)
Auditor's remuneration - external audit	16	(324 056)	(308 624)
Auditor's remuneration - internal audit	16	(638 398)	(210 188)
Bank charges		(845 874)	(832 615)
Cleaning		(918 407)	(755 102)
Consulting fees		(130 255)	(200 387)
Computer expenses		(1 936 536)	(1 131 036)
Meeting expenses-Members' allowances and reimbursive expenses		(2 572 388)	(1 606 641)
Provident fund administrative costs		(6 070 051)	(5 248 805)
Depreciation		(6 549 565)	(6 626 303)
Transport and freight		(3 142 360)	(3 063 734)
Employee costs		(90 888 933)	(82 361 130)
Catering and refreshments		(662 401)	(417 220)
Loss on scrapping of property,plant and equipment		(545 573)	-
Hire of equipment and venue		(84 260)	(80 978)
Recruitment costs and employee assistance		(768 149)	(363 666)
Insurance		(222 046)	(179 013)
Software expenses		(1 890 702)	(2 262 723)
General expenses		(1 216 100)	(756 159)
Gifts and promotional items		(223 064)	(809 814)
Motor vehicle expenses		(36 161)	(23 900)
Utility charges		(3 125 338)	(2 440 263)
Meeting expenses-accommodation		(827 252)	(470 563)
Meeting expenses-translation and transcribing services		(411 430)	(208 540)
Legal expenses		(1 873 437)	(2 085 727)
Postage		(1 147 172)	(823 538)
Printing and stationery		(1 237 291)	(1 465 033)
Functions, seminars and workshops		(196 939)	(24 363)
Foreign exchange differences		-	1 389
Repairs and maintenance		(1 295 236)	(1 361 157)
Publications		(8 772)	(15 351)
Security		(1 258 945)	(813 755)
Meeting expenses-transport allowances		(386 171)	(228 511)
Subscriptions		(64 256)	(11 138)
Meeting expenses-examiners and invigilators		(1 095 721)	(1 571 155)
Telephone and fax		(499 225)	(459 703)
Training		(17 370)	(27 910)
Purchase of materials		(2 243 713)	(1 757 029)
Travel - local		(1 002 997)	(393 309)
		(137 181 398)	(122 076 502)

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South African Nursing Council

Regulating nursing, advocating for the public