

ANNUAL REPORT 2010 REGISTRAR'S PORTFOLIO

OVERVIEW AND OPERATING CONTEXT

The Registrar's portfolio consists of the following divisions:

- Academic Administration;
- Central Administration;
- Corporate Governance;
- General Administration;
- Health and Wellness (reported in a separate section):
 - Primary Healthcare Clinic;
 - Office for HIV and AIDS;
 - Occupational Healthcare.

Academic Administration

Academic Administration refers to the management and governance of the academic life cycle of the student, from application to graduation. The current student data system is ITS. The Faculty Coordination Committee (chaired by the Registrar) oversees the governance of academic administration and meets monthly. The following specialised committees are operational: Faculty Coordination Committee, Admission Committee, Registration Committee, Timetable Committee and Graduation Committee, chaired by the Registrar. In addition to this, various specialised operational committees exist within Academic Administration to attend to operational matters.

Central Administration

Central Administration consists of Committee Administration, the Language Unit and Study Material Collection services (including centralised printing of Study Guides). The Director also acts as the procession master at graduation ceremonies.

Corporate Governance

This division assists the Registrar with general corporate management, legal compliance, the management of contracts/agreements, the management of records including the Electronic and Document Management System.

General Administration

General Administration is responsible for the management of the University's printing contract, Op-scanners, the computer laboratories, the Audio Visual Unit, postal services and graphic design.

STRATEGIC FOCUS

Although the institutional strategic thrusts for 2010 do have implications for the portfolio, the following two strategic goals are applicable:

- Institutional efficiency and effectiveness;
- Preferred student experience.

Within the portfolio, the strategic focus is on the following:

- Standard/trendsetting administration and governance;
- Quality specialised service delivery;

- Technologically advanced service delivery;
- Campus equality: service delivery;
- Culture integration and UJ values.

The measurable targets for 2010 were as follows:

- Sustainable excellence in student satisfaction surveys (registration and graduations);
- Online registration target of at least 80%;
- Student data integrity final external audit report: significant decrease of fatal errors significantly from 333 to a maximum of 200.

STRATEGY, POLICY FRAMEWORK AND GOVERNANCE

The Registrar is the Compliance Officer of the University. Therefore, the legislative policy framework and strategy relevant to the University is also relevant to this portfolio. The following are added:

- Legislation, regulations and policies related to the access and protection of information, including personal information (related to both employees and students), management of agreements and contracts, xx
- Legislation, regulations and directives related to financial management;
- Legislation related to Human Resource Management;
- Directives for student, employee and space data integrity and prescribed external audits and submissions to the Department of Higher Education and Training.

RISKS AND MANAGEMENT OF RISKS

Academic administration

A Risk Mitigation Strategy for academic administration, focusing on the academic life cycle of the student, was developed during the first semester of 2007 and continuously refined as was the case in 2010. The updated interventions and mitigation strategy serve at the MEC and if necessary at the MEC Risk Management Committee for consideration. The risks related to academic administration (with specific focus on student data integrity) are governed by Central Academic Administration and managed within the faculties, as well as by the following centralised committees (chaired by the Registrar):

- Central Coordinating Academic Administration Committee (monthly meetings);
- Central Admission Committee (undergraduate);
- Registration Committee;
- Academic Timetable Committee;
- Graduation Committee.

Risk management within academic administration focuses *inter alia* on at least the following:

Applications and admission of undergraduate applicants

- Compliance with the legal, University and programme-specific admission requirements is monitored;
- The Student Enrolment Centre was established towards the end of 2009 and became operational in 2010;
- A centralised process for the management of undergraduate applications, selection and the process for granting of admission status, was approved by the Senate Executive Committee at its first meeting in 2010;

- This process was implemented in 2010 for the first time, including the roll-out of the electronic document management system *ImageNow* resulting in a tracking system for undergraduate applications;
- This centralised process (with some faculties conducting their own selection process) reduced the risks of lost documentation;
- The University's Admission Policy and Business Rules on admission of students are emphasised throughout this process and risks are mitigated accordingly;
- A Management Report on applications and admissions is generated and can be downloaded from the Higher Education Data Analyser (HEDA) system daily from June;
- Application and admission risks are managed by both decentralised faculty systems as well as by centralised governance processes;
- Skills development sessions were held throughout the academic year to ensure compliance;
- The University experienced a 100% increase in undergraduate applications in 2010 (n=63 400 applications for 13 000 places as opposed to 27 215 the previous year). This resulted in high risk and requiring daily interventions by means of special meetings of the Admissions Committee;
- An MEC Registration Committee was approved in 2010 to monitor enrolment risks and this committee met once in 2010 to monitor the nature and scope of undergraduate applications;
- Statutory compliance of student documents upon registration: The list of documents to be submitted by the student for scanning is checked by the respective Heads of Faculties Administration. The electronic error list is generated and managed accordingly.

Management of late applications ("walk-ins")

- The annual workshop on the management of late applications and registration in general was held in April 2010;
- The strategy was refined after having been circulated to the faculties and serving at both the MEC Academic and MEC Operations Committee;
- The strategy was ultimately approved by the Senate Executive Committee (SENEX) at its third meeting in 2010;
- In addition to the refinement of the processes related to the management of queues, late applications and general reputation management, the strategy also included additional generators to mitigate power failures, the integrity of the student data system (ITS) and utilising marquee tents for the management of "walk-ins".

Registration

- The online registration process that was piloted in 2008, partially implemented in 2009 was mandatory for 2010 resulting in a 86% online registration achievement;
- The online registration system resulted in improved governance of student data integrity as reflected by the audited Student Data Hemis reports reflecting a significant decrease in "fatal errors";
- Management of registration fees during registration: the financial policy in this regard is adhered to;
- The January 2010 online registration was disrupted for at least one hour at the start of each registration day due to problems encountered on the ITS student system operational server. This resulted in registration delays, long queues and frustration among staff and students. The frustration was exacerbated by

extended electricity disruptions on all campuses. The available onsite emergency generator power was insufficient to support online registration from University computer laboratories. During the registration period, the risk was mitigated by working extended hours and extending the registration period with a negative impact on effective teaching and learning in the first week of the first semester. On request of the University, ITS stationed a database expert onsite to limit the disruption time by shutting down and restarting the operational server. ITS, Solaris Sun Computers and Oracle were requested to investigate the root cause of the disruption. The investigation pointed to a hardware defect that was subsequently corrected. Since then no re-occurrence of the previous disruption was experienced.

Printing of summative assessment papers (test and examination papers)

- The business rules and procedures are emphasised regarding at least the following: typing of tests/examination papers, the safekeeping and duplication/copying, as well as transport of these papers;
- Security is upgraded during official examination periods and provision is made for electricity failures during examinations;
- The system's test (10% test) where a mark has been changed with more than 9% is executed by the HEMIS coordinator. The Faculty Coordinator within Central and Academic Administration is responsible for correction and mitigation management. When appropriate, the process of investigation (including forensic investigation) is initiated.

Validation of student academic data

- Validation of academic data: the validity and reliability of student data on the academic structure is validated by the HEMIS coordinator on a continuous basis. The 2% test on graduates is executed in accordance with the Department of Education's HEMIS rules in this regard (currently known as the 0% test);
- The Department of Higher Education and Training's revised Directives for external auditing of student, staff and academic programme data is executed and the content of the revised directives was also included in the Skills Development Programme for academic administration employees;
- Annual internal student data Hemis auditing is conducted by the internal auditors. These reports serve at MEC, the MEC Risk Committee and ultimately at the Council Audit and Risk Committee.
- The University complied with the external auditing requirements related to the above directives.

Certification of qualifications

- The University's Policy and subsequent business rules in this regard are adhered to;
- The external audit on Certification was conducted and reflected no exceptions.

Academic timetable

- The Timetable Committee oversees the governance of lecturing and examination timetables;
- The standardised timetable has been implemented on all the campuses with the exception of APK;
- Approximately 50 academic modules on APK reflected an enrolment figure of between 1000 and 3800 per module resulting in a challenge for the lecturing timetable.

System management ITS

- The business rules on access control are enforced. The changing of marks by both academic employees and academic administration employees is managed by means of a process of authorisation. Incidents of transgression are managed in accordance with the University's disciplinary process.

Graduations

- A Graduation Committee is responsible for the planning of graduation ceremonies. The risk management principles related to Events Management is also adhered to. Negative incidents are reported to the Registrar and mitigation strategies are deployed. The Graduation Committee reflects on the ceremonies and revises the procedures when applicable. Graduation risks are also considered by the Management Executive Committee after each series of graduations.

General operational internal controls

- ITS access, verification of duties on risk ITS modules (i.e. changing of assessment marks), declaration of conflict and management of risk via ITS logfile and monitoring compliance in high risk environments such as:
 - ITS access reports;
 - Confidentiality reports;
 - Graduates: sign-off accuracy;
 - 10% assessment marks deviation list and verification;
 - Examination policy and procedure compliance;
- Applications:
 - Electronic document management system rollout in 2010 for the management of application;
 - Biographic data integrity;
 - HEDA application reports;
 - Verification of documents scanned by Metrofile;
- Registration and management of "walk-ins":
 - Registration and management of 'walk-ins' workshops;
 - Management of logistics framework and schedule;
 - System cycles on ITS;
 - Final strategy approved by SENEX;
- Certification:
 - System cycle on ITS;
 - Access verification;
- Graduation:
 - Works schedule and system cycles on ITS;
 - ITS verification;
 - Printing of certificate: procedure and internal control;
- ITS Academic Structure:
 - Monthly data quality verification;
 - Security when updating the structure;
- Timetabling:
 - Timetable Committee chaired by the Registrar;
 - Timetable sign-off by Heads of Academic Department;
 - Policy and procedure on amendment of timetable;
- Examinations:
 - 10% fault list control after marks had been published;

- HEDA error reports;
- Regulations printing of examination papers;
- Audits on the printing of examination papers process;
- Compliance with Faculty Rules and Regulations;
- ITS access control for super users;
- Training:
 - One training officer responsible for the full scope of training related to Academic Administration and data integrity;
 - Electronic STT training programmes on system;
 - Academic Administration Training Committee;
- HEMIS student data integrity
 - HEMIS circulars;
 - Valpac error reports;
 - HEDA error reports;
 - Audit reports including final external audit report.

Corporate governance

The management of contracts and agreements is the main risk. The following is relevant:

- Electronic record management system in place for the management of contracts and agreements;
- Internal audit report reflecting no exceptions in 2010.

Copyright and the management thereof is also a significant risk. The University has a blanket license with DALRO. The following strategies were put in place to mitigate the risks:

- Compliance with the DALRO guidelines, policy and procedures when duplicating material under the blanket license agreement.
- Several workshops on these guidelines were conducted under the auspices of the University's Skills Development division.
- Guidelines on copyright reporting are accessible on the Library's web page.
- Copyright warnings are prominently displayed at all photocopying facilities in the library.
- The library's electronic databases have their own licenses which govern reproduction.
- Training on referencing is included in the library's information literacy and information management courses. A guide to referencing techniques is also available on the library web page.
- Turnitin software is used to assist with detecting plagiarism.

PERFORMANCE

Academic Administration

The quality is reflected in the following tracking sources:

- Management reports related to the academic life cycle i.e. application report, registration report, examination (assessment) report and graduation report were generated and served MEC, MECA and the relevant Senate Committee, as well as SENEX and if appropriate, at Senate;
- Student/client satisfaction questionnaires were developed in 2007 and refined and the results are reflected in the above reports;

- Student satisfaction regarding registrations: the response rate improved from 18% to 23% for the traditional manual registration process and the overall satisfaction rate improved;
- Student satisfaction regarding the online registration process: the online registration increased from 15 000 in 2009 to 33 979 in 2010 and 60% of the students that registered online took less than 20 minutes to register;
- Student satisfaction regarding the graduation process maintained an average of 85% with a decrease in satisfaction related to the management of queries by the faculties (from 86% to 76%);
- The training officer within Academic Administration is responsible for the training of all academic administration employees at central and faculty level and new training programmes were developed resulting in a total of 35 electronic STT training programmes being available;
- Governance workshops were conducted with the relevant roleplayers, i.e. staff dealing with applications, registration, graduation, etc. Where applicable a workshop is held with all role-players (i.e. Registration workshop) to obtain the input of all roleplayers on what has to be done differently the following year;
- Three student Hemis reports were submitted on time to the DoHET. The “fatal errors” in accordance with the DoHET business have decreased significantly to a total of 147 in 2010 (these errors relate to “statistical credit average” of graduates and should decrease more as the number on online registrations increase). The target was therefore exceeded;
- Development of specialised functionalities i.e. electronic calculator APS, admission status of applicants on the website and further refinement of the application and registration processes;
- The quality of academic administration governance is reflected in the annual external HEMIS audit reports (PWC) and can be classified as a “pocket of excellence” at UJ and leaders in South Africa, especially related to the process of online registration. As far as the process of application is concerned, further refinement from a paper-driven process fraught with errors to a “state of the art” electronic-based process in 2010, resulting in a trustworthy electronic application audit trail system to justify final decisions taken by the University related to admission or non-admission of an applicant. Compliance with the strategic thrust of being “trendsetters” is therefore confirmed;
- Timetabling also resides within Academic Administration. This remains a challenge with 676 active qualifications and 3643 active modules accommodated on all four campuses in 438 lecturing venues with a total of 28 000 lecturing seats. Regrettably, the rollout of the standardised timetable on APK to make provision for at least three lecturing periods per module per week was not possible in 2010.

Central Administration

- Following the promulgation of the UJ Statute in August 2010, the Director: Central Administration was responsible for the revision of all the charters for statutory structures/committees aligned with the Statute, as well as the refinement of the performance review system for all these structures/committees in accordance with the feedback received from the relevant internal stakeholders.
- The Senate Academic Freedom Committee was approved by Senate in 2010 for commencement in 2011.

- The principle of “declaration of interest” was reinforced at all statutory structures and committees.
- The Manager Committee Administration continued with a University-wide in-service training programme (offered via the HR Skills Development Programme) to employees involved in committee administration in faculties/divisions and thus improving the quality of committee administration across the University.
- The Delegation of Authority for Senate and Senate Committees were revised in 2010 resulting in Senate dealing with less operational matters.
- A revised process for the Consideration of Confidential Business was approved by MEC in 2010.
- Sustained excellence in committee administration is reflected in the performance review results of all statutory structures/committees in 2010 and therefore the committee administration division can be classified as a national trendsetter.
- Sustained excellence in service delivery by the Language Unit is reflected with reference to their interpretations services, translation and editing of approximately 500 documents per year (charters, policies, etc.)
- The Head of the Language Unit plays a significant national leadership role in the forum “Roundtable on African Languages”, the Special Ministerial Interest Group on Multi-linguism in Higher Education and PanSALB.
- Leadership at Campus Fora to promote the implementation of the Language Policy and decisions taken on the naming of facilities etc.
- UJ Culture Integration week is supported by the Language Unit by means of a language debate led by Dr Neville Alexander in 2010;
- Guidelines for the four languages were developed in 2009 and published as a user-manual with intensified rollout of this initiative in 2010.
- International Mother Tongue Day was celebrated at the University for the first time and a basic conversational language pamphlet was distributed at the same time.
- The director oversees the tender processes related to the printing of study guides at the University; were centralised to improve governance in this regard.
- An average of 200000 study guides, reading/resource packs and 50000 CDs are annually produced and distributed to students via the collection stores.

Corporate Governance

The following performance and achievements are highlighted:

- Development of a governance structure on intranet and posting of all UJ Policies, Rules, Regulations, etc. This governance grid is revised annually and the governance website was constructed in 2010 and is updated by this division.
- Contract management: a manual process of contract management was converted into an electronic system in 2008 resulting in the third internal audit conducted in 2010 reflecting significant governance improvement and no exceptions. Any UJ employee can access a contract on the system (subject to security standards/legislation and access to ImageNow).
- A total of 395 contracts were scanned, imported and captured in the Electronic Document and Records Management System in 2010 and these include 197 revised/updated or new contracts, 198 historical contracts and archiving of 293 expired contracts. Input was given. A total of close to 2000 contracts are on the system and input was given to approximately 500 contracts/agreements in 2010.

- DALRO Copyright: the agreement was initiated in 2007 and is managed by this division annually.
- Senate membership is continuously updated in accordance with the Human Resource Report submitted that reflects promotions to full professor level, appointment of new professors, Heads of Academic Schools and Departments, Vice-Deans or members of the Executive Leadership Group.
- Management and governance of elections at Senate and Senate Committees, based on the principle of preferential voting.
- Management of the web-based process to apply for Access to Information in accordance with the PAI-Act and automatic generation of the report for submission to the Human Rights Commission on an annual basis. An average of 1000 requests was managed and it needs to be mentioned that UJ is the only HEI in SA that has submitted annual reports to the Human Rights Commission in this regard.
- Continuous revision, in consultation with the relevant staff, of the academic administration documentation, i.e. application form, registration agreement, supporting documents to comply with new legislations (i.e. Credit Act, POPI Act, etc.).
- Revision of academic regulations on an annual basis.
- Qualification Verification System: oversees the general faculty governance for submission of an average of 2000 requests annually.
- Records Management: further rollout of the principle/process of the storage/archiving of paper records (agreement with Metrofile). This has been conducted throughout the university over a period of two years resulting in better utilisation of space and compliance with King 111 governance/carbon footprint principles and direct access to information in accordance with the relevant retrieval process/principles. Business processes are documented within the electronic environment resulting in improved business sustainability. The focus in 2010 was on Human Resources (scanning and archiving of all employee files from the former RAU, TWR and Vista), Student Debtors and Bursary documents, NSFAS application forms, faculties with reference to examination scripts and other manual student records, Finance Expenditure and Payroll and Operations.
- Rollout of the electronic record and document management system in the Student Enrolment Centre for the application process. It can be confirmed that this division is the national trendsetter in this regard.
- Development of an electronic training (STT: system technology Training) programme for employees on the above mentioned process.

General Administration

The achievements are highlighted:

- Printing stations are operational on all the campuses for students to use and for the printing of all the summative assessments (tests and examination papers).
- Four multiple choice reader scanners were operational and a total of approximately 30 000 answer from 500 tests/examinations were scanned.
- Computer laboratories were significantly expanded on SWC resulting in a total of 69 laboratories and 4361 workstations at UJ in 2010.
- An increased service delivery to accommodate Edulink-based teaching and assessment.

- Quarterly computer laboratory reports are released to reflect the demand for and current utilisation of these laboratories.
- Management of the cycle that exists for the replacement of computers and executed on time.
- Sustained excellence in service delivery by the Audio Visual Unit with only 23 fulltime permanent employees rendering services in the 438 lecture venues, as well as in many other venues where functions take place and where audio visual services are required as reflected in the report of Advancement and Innovation.
- Installation of all audio visual equipment resulting from the SWC upgrade plan on time.
- Execution of the 2010 cycle/upgrade plan of audio visual equipment during the recess period in December 2010.
- An average of 3000 assistance requests is managed per week across campuses during the academic calendar.
- Sustained excellence in service delivery by the Postal Services that are available on each campus (DFC service is outsourced to BDS Xerox) and a total of 12 permanent employees are responsible for the service delivery.
- The workload peaks during the third quarter due to the amount of postal applications received.
- Sustained excellence in service delivery rendered by four permanent employees.
- A total of approximately 5000 graphic design projects were produced of which 45% are for academics and 55% for marketing/information pamphlets and publications.

Portfolio Stakeholder Performance

Internal Stakeholders

The most important internal stakeholder is the student registered at the University as well as the applicants. Sustained excellence in service delivery to the students, applicants and graduates is therefore important. Satisfaction surveys are conducted at the end of registration and graduation. These survey results are reflected in the cycle reports that not only serve at the various governance structures, but are also posted on intranet as a circular to the University community at large. In addition to this, the charters of the various committees in this portfolio (i.e. Registration Committee) make provision for UJ-SRC representation.

The other internal stakeholder group are the employees, especially those involved in the academic life cycle of the student and these employees are represented in the various academic administration committees. A dual model exists related to academic administration: the Heads of Faculty Administration report first and foremost to the relevant executive dean, but also to the Registrar via the Director Academic Administration. This dual model works well not only in the interest of good governance, but also in the interest of integrated stakeholder communication, team work and collective leadership.

As reflected in the portfolio report, the rollout of the Electronic Records and Document Management System within those divisions that currently participate, also requires collective leadership and teamwork to succeed.

External Stakeholders

The external stakeholders are as follows:

- Department of Higher Education and Training

The Registrar is the first point of communication regarding the submission of quarterly and annual reports: HEMIS audit reports (student, employee and space data), the submission of new academic programmes as well as those with name changes and/or significant content changes, general compliance and any query received from them;

- Higher Education Quality Committee (HEQC) and Council for Higher Education (CHE)

Once new or amended academic programmes have been approved by DoHET, they are submitted online by the Registrar for accreditation purposes. In addition to this, the HEQC Audit report and subsequent further communication on the Quality Improvement Plans related to this audit are submitted via the relevant member of MEC.

- Higher Education South Africa (HESA)

Communication to HESA takes place on any matter related to the Matriculation Board, including the governance related to the NSC results and electronic results.

- PriceWaterHouseCoopers

This portfolio is intensely involved in all the external audits conducted for external submissions to DoHET as well as other external audits such as Certification of qualifications, printing of summative assessment papers, etc.

- Deloitte

The internal auditor has conducted various internal audits related to this portfolio, such as contract management.

- Dippenaar & Reinecke

Dippenaar and Reinecke are the official service providers for graduation attire as their contract was renewed via the tender system of the University.

- Qualification Verification System (QVS)

QVS is the current service provider for *inter alia* the verification of qualifications and servicing of alumni when academic transcripts are requested.

- ITS provider of student system software

ITS is a strategic partner to support the academic administration from applications to graduations and to ensure overall student data integrity based on all the new functionalities developed in 2010. ITS also sponsors the annual ITS User Group conference and thus ensuring cutting edge technology in accordance with the needs of the user-groups or customers. As the recognised leading institution, the University of Johannesburg exerts considerable decision-making power in the expansion of service delivery and the nature and scope of new enhancements/functionalities.

- Tshwane University of Technology (TUT)

An agreement exists between the two institutions to co-partner the development of new ITS local software functionalities and thus sharing the costs.

- Metrofile

An agreement exists with Metrofile for the archiving of documentation.

Sustainability performance

The following contributions are relevant:

- Academic Administration moving from “cloning of student data of the three former institutions in 2005” to a *state of the art* achievement of 86% online registration in 2010 and targeting 94% for 2011.
- Further ITS enhancements and increased ITS functionalities:
 - Online registration system: totally integrated system including the back office validation and checks required for registration: developed in 2008, refined in 2009 and fully operational in 2010;
 - Online payment system: credit and check card payment system linked to the registration system or can be used for fee payments throughout the year;
 - Online application system combined with electronic document management system (ImageNow);
 - SMS and e-mail communication system: to enhance the communication turnaround time with students we have developed and SMS and communication module within ITS;
 - Infoslips: the sending of secure emails to students with all their information on a monthly basis (timetables, statements, proof of registration, biographical details, test/exam results and any other important information), resulting thus significantly reduction of paper postal services and not only contribution to carbon footprint initiatives, but also reducing the postal serves budget significantly;
 - Online data update system: students can update changes in address, contact detail, etc. via the student portal on ITS as opposed to a paper-based postal service as well as telephone costs;
 - Integrated document management system within ITS: ImageNow and ITS interface developed to manage the academic life cycle phases: refined in 2010;
 - Online verification and academic record service: companies or individuals can use the QVS integrated service online to verify qualifications obtained or to track academic performance: further refinement in 2010;
 - Impro access control system: an intercampus access control system interfaced with ITS to allow students on all campuses;
 - Integrita: fingerprint identification system interface with ITS developed in 2009 and piloted in 2010;
 - MAMS system: capturing of assignment, test and examination marks by lecturers online into ITS and thus not only reducing the paper-driven process, but also significantly improving governance in this regard;
 - Integrated HEDA reporting system: 400 error reporting systems developed over the past three years to verify data integrity/completeness on ITS and refined in 2010; this is also used for reporting prior to the final date of verification and auditing to make provision for timely correction of errors in the interest of good governance.
- Further rollout of the Electronic Record and Document Management System: significant progress has been made as justified in the report related to Corporate Governance. This project not only contributes significantly to a “paperless business world”, but also improves the general state of corporate business, electronic-based viewing and retrieval systems as well as clearing many square metres in offices.
- Paperless meetings: prior to 2009, the statutory committee structures and meetings of the University were paper-based. In 2009 a phased approach for moving towards paperless meetings was initiated, whereby agenda packs were

circulated electronically (email or on CD) to the members. The process started with the MEC and MEC committees and the Senate and Senate committees (excluding the Senate Higher Degrees Committee – which was still being distributed in hard copy due to the fact that documentation was submitted in hard copy). The agendas for Council and Council committees were distributed in a mix of hard copy and paperless agendas. In 2010 the practice of having a mixed-model for statutory committee meetings continued, with the Senate Higher Degrees Committee agendas also being changed from hard copy to paperless format. The final phase of moving towards paperless meetings has been commenced for 2011, with Council and Council EXCO agendas to be distributed in paperless format from the second quarter of 2011. It is envisaged that by the end of 2011 all the statutory structure/committee meetings will be paperless. The initiative to move towards paperless meetings has also been cascaded down within the institution and employees are encouraged to implement paperless meetings at all levels within the University.

EMPLOYMENT PROFILE

Four directors are responsible for each division and the total employee figure is 183 employees of which 85% are permanent and 15% are contract posts. The equity profile is as follows: 67% black, 55% female and three disabled.

All the line managers participated in the UJ workshops related to Culture Integration and held the same in their divisions. Culture integration/diversity activities take place quarterly and the division participated in the University's culture integration activities.

Performance management was implemented in 2008 across all the divisions, initially focusing on the first three post levels and fully implemented in 2010 across the portfolio. The Academic Administration division also conducts a performance management process that includes the Heads of Faculty Administration being involved in assessing their performance resulting in a trustworthy reflection of the status of academic administration governance and performance at both central and faculty levels.

CONCLUSION

The various divisions have performed well. The measurable targets for 2010 were related to academic administration and were all achieved.

- Sustainable excellence in student satisfaction surveys: at least 80% for registrations and at least 80% for graduations (note: the survey on graduations focuses not only on academic administration, but also other logistical services i.e. parking): two population groups (traditional manual and online registration) were relevant reflecting that 60% of those that registered online took less than 20 minutes to register in the University computer laboratories;
- Online registration target of at least 80%: the achievement rate was 86%;
- Student data integrity final external audit report: significant decrease of fatal errors significantly from 333 to a maximum of 200: achievement rate of 147 fatal errors.

TARGETS AND WAY FORWARD

A portfolio Scorecard has been developed for 2011 reflecting the detailed performance indicators for each division, based on the institutional strategic thrusts relating to “sustained excellence” and “leadership that matters.”

Academic Administration

- Undergraduate application turnaround time from data capturing to confirmation of admission status (excluding FADA & FHS): 20 days;
- Online Registration target 2011: 90%;
- Student data: less than 100 fatal errors reflected in the audited HEMIS report;
- Administration of graduates: less than 20 errors reflected in submissions.

Central Administration

- Committee administration performance reflected in committee/structure annual reviews: at least 4.5;
- Study material submitted via tender process on time;
- Implementation of the Language Policy as determined and assessed by the Senate Language Committee.

Corporate Governance

- PAIA turnaround time of responses: 5 working days;
- Contract management internal audit report: at least 80% compliance;
- ImageNow/document management rollout in Student Enrolment Centre: 90%;
- UJ Annual Report submitted to DoHET: with substantial compliance with the principle of integrated reporting and reporting on sustainability.

General Administration

- Client satisfaction with computer laboratories 80% (not more than 20% complaints received in relation to service delivery);
- Client satisfaction with audio visual assistance: 80% (not more than 20% complaints received in relation to service delivery);
- Life cycle management of equipment (computers and data projectors): full compliance.

Human Resource Management

- All vacancies at management level (in accordance with Registrar Exco membership) filled with designated candidate(s);
- Management of overtime within approved budget;
- Management of temporary appointments within budget;
- Turnover rate of not more than 8%;
- Transformation-related complaints received less than three per year.

Financial Management

- Budget variance expenditure not more than 2%;
- Capital expenditure within budget;
- Encumbrances transferred to next year: compliance with institutional indicator.

PEOPLE FOCUSED AND SOCIALLY COHESIVE COMMUNITY: HEALTH AND WELLNESS

OVERVIEW

Introduction

Four Health and Wellness divisions exist at the University. They render extensive services to the University community, with limited human resource capacity. It can be categorically stated that UJ complies with its social responsibility with reference to healthcare service delivery. The divisions are:

- Primary Healthcare, also known as campus health;
- Institutional Office for HIV and AIDS (IOHA);
- Occupational Healthcare;
- Employee Wellness.

The strategic focus remains on sustained excellence in services delivery and preferred student experience, as well as a people focused and socially cohesive community.

Governance

The Primary Healthcare clinic, Institutional Office for HIV and AIDS and the Occupational Healthcare divisions report to the Registrar. Employee Wellness resides within the Human Resource Management Division. Each division has a committee with institutional representation. Quarterly reports are generated and serve at the MEC, the relevant MEC Committees. The HIV and AIDS report also serves at SENEX and Council.

Primary Healthcare clinic

Fully functional primary healthcare practices exist on all four campuses. Staffing is limited as the service delivery focuses on its social responsibility as public primary healthcare services are available. The divisional Primary Healthcare Committee meets quarterly and one strategic workshop was held. The Manager is a member of several University committees (i.e. Committee for Persons with Disability, HIV and AIDS Committee, etc.). Patient data files and registers and minutes of clinic meetings are kept in accordance with University's requirements. The nature of service delivery is as follows:

- Voluntary Counselling and Testing: all four of the campuses are Department of Health accredited sites;
- Reproductive healthcare to both students and employees;
- Travel medicine (the Manager is registered as a travel medicine practitioner);
- Coordination of medical sport at major sporting events;
- Providing and maintaining first aid kits for UJ sport clubs and student societies;
- Preventative medicine: vaccination programmes to students.

Office for HIV and Aids

The Institutional Office for HIV and AIDS (IOHA) is located at all four campuses of the University of Johannesburg and renders services to mainly students. Two HIV Coordinators, one Administrative Assistant and one Project Coordinator were

appointed on a contract basis in 2010. The Training Officer and Administrative Assistant have since resigned. The equity staff profile comprises: two coloureds (male and female), one Indian (female) and one white (female). The manager acts as the chairperson of the University's HIV and AIDS Committee which gives direction for the HIV and AIDS programme for the year. The Registrar, the executive manager of the Institutional Office for HIV and AIDS and the manager of the Campus Healthcare Services, act as the executive committee for consideration of urgent matters.

All HIV and AIDS activities at UJ are monitored by the HIV and AIDS Committee, under the auspices of the Registrar, to ensure the quality delivery of services. IOHA submits quarterly and annual reports to the Registrar. The Institutional Office for HIV and AIDS also functions within the broader South African National AIDS Council (SANAC) framework and aligns its functions with the SA Strategic Plan for HIV & AIDS & STIs (2007-2011), the Higher Education Policy Framework for HIV in South Africa (HEAIDS 2008), the UJ HIV & AIDS Policy and other health-related policies within UJ.

The HIV and AIDS programme of the university consists of a number of similar activities happening on all campuses on an on-going basis i.e. condom and information leaflet distribution, voluntary counselling and testing (VCT) as well as training of learner peer educators who then participate in annual projects on HIV-awareness, campus and community outreach and national directives (i.e. Candle Light memorial). The training of staff peer educators (managed by the HR Wellness Unit) and the observation of UJ World Aids Day also formed part of the activities in 2010

The Higher Education strategy against HIV and AIDS (HE-AIDS), a programme of Higher Education South Africa (HESA), which has its aims to reduce the threat of the spread of HIV and AIDS in the higher education sector, to mitigate its impact through planning and capacity development and to manage the impact of the epidemic in a way that reflects the ethical, social, knowledge transmission and production that is the mission of higher education institutions in society. The Higher Education Policy Framework for HIV (HEPF) was launched in 2008 by the Department for Education (DOE) and Higher Education South Africa. The HEPF aims to achieve measurable change in six result areas namely:

- Leadership commitment and reporting;
- Prevention, care and support;
- HR workplace programme;
- Curriculum integration, research and community engagement;
- Corporate marketing and communications; and
- Monitoring and evaluation.

Occupational Healthcare

The purpose of an Occupational Health Practice is the surveillance of the work environment, identification and assessment of health hazards, surveillance of employee health in relation to work, to prevent illness, promote the health and psycho-social well-being of employees individually and collectively, in accordance with highest professional standards and ethical principles.

Occupational Health is the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations by preventing departures from health, controlling risks and the adaptation of work to people, and people to their jobs (ILO / WHO 1950). The service is available across campuses.

The purpose of an Occupational Health Practice is the surveillance of the work environment, identification and assessment of health hazards, surveillance of employee health in relation to work, to prevent illness, promote the health and psycho-social well-being of employees individually and collectively, in accordance with highest professional standards and ethical principles.

Occupational Health is the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations by preventing departures from health, controlling risks and the adaptation of work to people, and people to their jobs (ILO / WHO 1950). The service is available across campuses.

At UJ comprehensive Health Risk Auditing and - mitigation, Medical Surveillance of those exposed to occupational and environmental stress factors, resilience building, patient advocacy and close collaboration with stakeholders serves a safe and healthy Teaching and Learning environment. Sustained excellence, infused with UJ values and thrusts, guide service delivery as we run the marathon towards the goal of distinction.

The Occupational Health Committee oversees the governance and operates in line with its charter. This serves as the primary forum where Occupational Health and Safety risks to our own staff (in addition to our clientele - the UJ population) are voiced and addressed. The staff is advised and provided with protective immunizations owing their exposures at work. Personal protective equipment, such as N-95 masks, alcohol hand rub, impervious gloves and ultraviolet lamps have been provided.

Nursing Professionals who practice under (s) 38 of the Nursing Act are appointed in writing. Copies were kept of all professional registrations at the SA Nursing Council.

Standing medical protocols, signed off by the consulting Doctor, are made available to clinicians. Indemnity insurance has been compulsory and copies the current registrations were kept. Post-exposure prophylactic measures in case of needle stick injuries were kept ready: medication, blood tests; HIV insurance and Injury-on-duty procedures.

Emergency egress, signage and fire extinguishers are in place. Assembly points are located.

POLICY FRAMEWORK AND GOVERNANCE

The Health and Wellness divisions function in accordance with the national health legislation, regulations, imperatives and strategies. Institutional policies and strategies also exist. The following are highlighted:

- National Health Act and related regulations, policies, strategies;

- Medicine Act and subsequent regulations and policies;
- Occupational Health and Safety Act and related regulations;
- Policies on the testing for HIV;
- Higher Education South Africa (HESA) Policy Framework for HIV and AIDS;
- Nursing Act and subsequent regulations;
- Pharmacy Act and subsequent regulations;
- Institutional policies and procedures related to health and wellness professional interventions and procedures resulting in “standard operating procedures”;
- HIV and AIDS Policy;
- Occupational Health Policy;
- Occupational Health and Risk Assessment Policy;
- Medical Emergency Procedures;
- Ionising Radiation Policy;
- Disaster Management Policy (also related to Operations);
- Human Resource Management policies, directives and procedures related to employee wellness.

PERFORMANCE

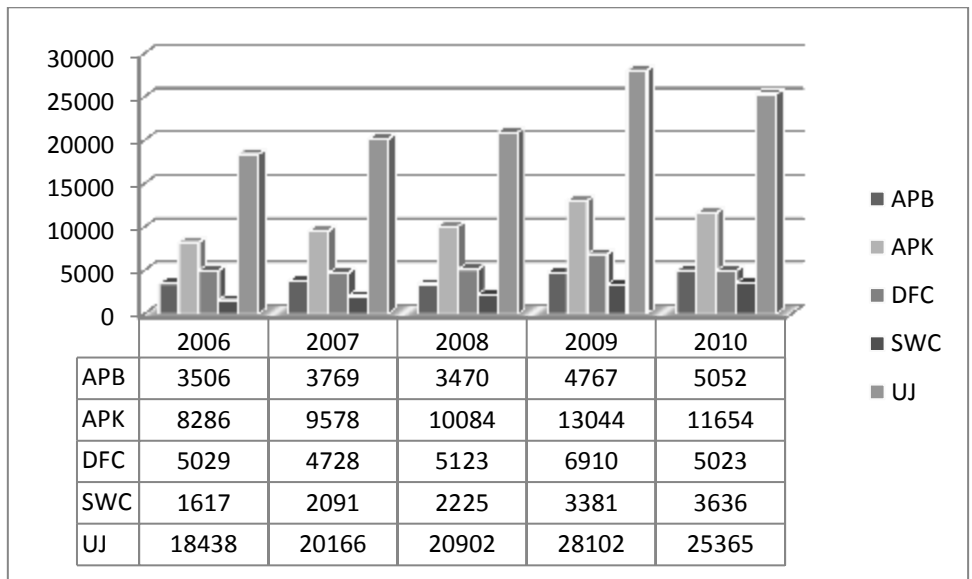
Primary Healthcare

A number of achievements characterised the past five year period, namely:

- Further standardisation of service delivery on all four campuses resulting in increased campus equivalence in this regard;
- Improved staffing on all four clinics: receptionists at APB, DFC and SWC as well as four additional counsellors;
- Expansion of travel medicine to staff and students on all four campuses;
- Partnerships with local health authorities and Department of Health in Gauteng to improve services;
- Quality assurance, standardisation of policies and procedures, as well as the introduction of a patient satisfaction survey.

There was a gradual increase in primary healthcare consultations from 2006 to 2010. Based on 234 consultation days for 2010, APK had an average of 50 consultations per day compared to 22 per day at APB, 21 per day at DFC and 16 daily SWC. The figure below reflects the number of consultations.

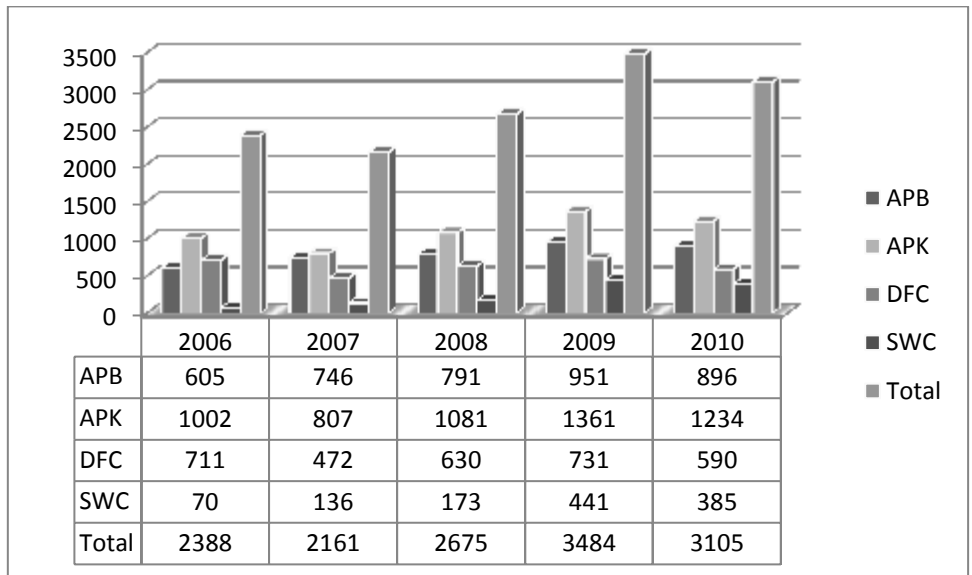
Figure one: Consultation at clinics (HCT) included: January 2006 to December 2010



HIV/AIDS counselling at Campus Health Services

The number of positive patients (employees and students) in 2006 was 35 of which 10 were males and 25 were females, with a prevalence of 1.5%. The number of positive patients almost doubled in 2010 to 68, with 17 positive males and 51 positive females, with a prevalence of 2.2 %.

Figure two: HCT statistics PHC practice, 2006-2010



Stakeholder engagement performance Primary Healthcare Practice

Campus Health Services has established a reputable and sustainable working relationship with the local authority clinics, as well as the Gauteng Department of Health.

Sustainability performance Primary Healthcare Practice

- Carbon Footprint: awareness amongst staff members to reduce usage of paper and to avoid non-essential printing of documents. An electronic patient management system was implemented towards paperless patient record management as well as a paperless clinical environment;
- Energy usage: Clinic lights are switched off over night and over weekends to reduce electrical power usage;
- Hazardous and non-hazardous waste management: medical waste is managed by an accredited medical waste company to comply with the legislation in this regard.

Office for HIV and AIDS

Task team leaders submitted written reports to the Chairperson of the HIV & AIDS Committee on project progress for 2010. The “ImageNow” electronic document management system is utilised to monitor the HEPF project.

In keeping with the University’s commitment to assist in the HE-AIDS goal, the HIV and AIDS Committee is sub-divided into sub-committees/task teams reporting back on our progress in the result areas listed above. The “ImageNow” system is utilised to monitor the HEPF project.

For the 2010 HIV and AIDS report, the HE-AIDS result areas, as outlined in the Higher Education Policy Framework for HIV in SA, are used as sub-headings.

a) Leadership commitment and reporting

Reporting

HIV and AIDS quarterly and annual reports are submitted by the Registrar at MEC, Senate and Council as well as other relevant management structures. Task team leaders submitted written narrative reports to the Chairperson of the HIV and AIDS Committee on project progress for 2010.

Leadership participation in HIV campaigns

- MEC members participated in the annual Candlelight memorial ceremony and the launch of the HIV Statues during Diversity Week;
- The HIV and AIDS committee granted funding to the SRC in support of their “Woman Empowerment” project that was run in August at the Kingsway Campus;
- The SRC participated in the Candlelight memorial in May;
- SASCO ran the “Graduate Alive’ campaign in collaboration with IOHA in August.

Other

- The UJ HIV and AIDS policy was aligned with the HEPF and approved by the MEC in December 2010;
- The HIV and AIDS Committee reviewed its strategic plan and charter for alignment with the HEPF in November and these documents will be submitted for final approval by the MEC;
- A Colloquium to discuss the UJ Knowledge, Attitude, Perceptions and Behaviour (KAPB) and sero-prevalence study results was held in June 2010.
The following outcomes were achieved:

The development of an implementation strategy for prevention, care and support for students and staff;
Renewed commitment amongst stakeholders with regards to collaborative partnerships and program planning was rekindled.

b) Prevention, care and support

Voluntary counselling and testing (VCT)

VCT services are offered free of charge to both students and staff at Campus Health on all four campuses. The four VCT lay counsellors are permanently placed at the Campus Health Clinics and are further supported by the intern psychologists from The Centre for Psychological Services and Career Development (PSYCAD), who render this service as part of their internship. PSYCAD reported that the number of VCT intern psychologists has decreased from twelve in 2009 to ten in 2010. 3105 individuals used VCT services provided by Campus Health in 2010 and the calculated HIV prevalence value of 2% has increased slightly when compared to what was reported in 2009. Detailed statistics is provided in the VCT section of the Campus Health report. The number of students that accessed VCT, offered by New Start (external service provider contracted by UJ), during the Institutional Office for HIV & AIDS (IOHA) VCT week and UJ World AIDS Day, was 1999 and the calculated HIV prevalence value of 1.3% was reported. In total 5104 students accessed VCT services at UJ in 2010. Campus Health reported that it would conduct provider-initiated counselling and testing (PICT) at the four UJ campuses to help increase the VCT statistics.

Condom distribution

Condoms at UJ are distributed by the cleaning services on a monthly basis at all UJ campuses and condoms are provided by the Society for Family Health (SFH). The control points are the Institutional Office for HIV and AIDS at APB and DFC, Campus Health at SWC and the Elite Cleaning Services at APK. Female condoms are distributed from Campus Health due to the complex nature related to the usage thereof. A total of 390 700 condoms were reportedly distributed at UJ in 2010. This is a significant increase of 225 700 compared to 2009. The increase is as a result of the Project Promote partnership with the South African Business Coalition against HIV and AIDS (SABCOHA) and the Department of Health.

Student Peer Education (LINK Programme)

Student Peer education programmes at the UJ are managed by the Institutional Office for HIV & AIDS (IOHA) and is effective on all four UJ campuses.

The UJ Student Peer Education Programme interviews, selects and then trains student volunteers on how to educate their peers on HIV and AIDS related matters and to promote healthy behaviour amongst the general student population. These students also participate in leadership, diversity and team building workshops.

- IOHA participated in the first year orientation programme which included educating students about HIV and AIDS. 8250 First year students participated in the programme;
- Condom/STI week, 8-12 February. APB, DFC, APK and SWC hosted an annual Condom and STI week during the week of Valentine's Day. This was a joint effort between IOHA and Campus Health. An estimated 600 students and staff participated in the event;

- UJ Candlelight Ceremony for Hope entitled: “Shout for Life” was held on 7 May. MEC and the SRC participated in this special event and an estimated 200 students attended. New Start conducted VCT on the day and 107 students tested for HIV;
- Digital stories film festival was held 3-6 May, in partnership with Engender Health, at all four campuses followed by discussions;
- The APK LINK provided an information desk for students during Care week in May;
- 770 Residence students at APB, SWC and DFC campuses were trained in HIV and AIDS;
- APB LINK was invited by the French Department to conduct information sessions on basic HIV information. 90 Students attended the sessions;
- The launch of the new “LINK Club” took place in July. Two hundred (200) new LINK volunteers were selected across the four campuses. Information sessions were held for these students during August and September;
- VCT week, 23-27 August. New Start was contracted by IOHA to conduct the testing on all UJ campuses during this week. 1201 students and staff received VCT and 1,3% of testees tested positive and were referred internally or externally for follow-up. During the VCT week, members of the SRC, House Committees and SASCO participated in the testing campaign;
- IOHA in partnership with the Department of Public Governance hosted an HIV stigma Knockout tournament on 27 August at the SWC. An estimated 400 students participated in the event;
- Tshepang Trust STOP in collaboration with IOHA conducted STOP conversations workshops with 170 students across campuses;
- UJ World AIDS Day was observed on 18 September at the SOWETO Campus. An estimated 250 staff and students participated in the event;
- Awards Ceremony, 20 October. Peer educators received certificates in recognition of their successful participation in the peer education programme for the year.

Effective Care and Support

216 persons received information regarding HIV and AIDS and were referred to other UJ services for further assistance. 14 students joined a support group, supervised by IOHA.

c) Human Resources workplace programme

- Staff peer educators promoted the programme at their various departments during February and participated in a TB awareness campaign during March;
- Wellness Day events for staff took place at all four UJ campuses during the months of July and August. HR Wellness partnered with various internal and external service providers (including three of the medical aid schemes) to provide health screenings and information for staff;
- Staff peer educators exhibit an HIV and AIDS information desk for staff and launched the “meet your campus SPE’s “campaign at APK;
- IOHA in partnership with the Department of Occupational Safety rolled-out an HIV information, education and communication campaign for staff and students pertaining to the reporting of rape incidence on campus, how to prevent exposure to HIV and other blood borne diseases when cleaning blood spills (aimed at

cleaning services) and the prevention and reporting of needle stick injuries (aimed at staff and students working in clinical laboratories). This campaign was rolled-out across UJ Campuses and permanent fixtures were placed in strategic places around campuses;

- A HR Workplace Strategy workshop for HIV and AIDS took place on 15 July 2010. This was as a result of the KAPB and sero-prevalence report;
- A Staff Peer Education strategy workshop took place on 22 and 23 November. The aim was to review the current programme and align it with the HR Workplace Strategy, the HE Policy Framework for HIV directives and the KAPB and sero-prevalence study results.

d) Corporate marketing and communication

The Communication key result area focuses on the enhancement of the Institutional HIV and AIDS programme and the prominent exposure and visibility thereof through awareness. The following performance is relevant:

- The IOHA website link was placed on every faculty homepage, including Edulink;
- Media coverage of the KAPB and sero-Prevalence study, the VCT week and the HIV exhibition in the U @ UJ publication, including the UJ website;
- AIDS Forums advertised on the UJ website for 2010 were:
 - Sex and sexuality presented by Engender Health;
 - HIV and Human Rights presented by Engender Health;
 - HIV in the workplace presented by BMW SA;
 - HIV in the university presented by IOHA;
 - Gender and HIV presented by UJ Department of Sociology;
 - HIV Heritage: Past, Present and Future presented by the AIDS Law Project team.
- Four HIV Statues were launched/unveiled during Diversity week in September;
- The AM.I HIV communication campaign was rolled-out in November/December 2010.

e) Monitoring and evaluation

The key result area focuses primarily on the effectiveness of the institutional response in mitigating the impact of HIV and AIDS within the university. The following activities were undertaken to achieve this goal:

- A policy audit on UJ policies were conducted to identify any infringements related to human rights issues;
- Task team leaders submitted quarterly progress reports.

f) Curriculum integration, research and community engagement

Curriculum Integration and Research

• HIV and AIDS Exhibition

The various faculties at the University of Johannesburg organised and presented an innovative exhibition to showcase their HIV-related research, projects and curriculum integration interventions. This event aimed to encourage academia at UJ and other tertiary institutions to mainstream HIV and AIDS into their curriculum and projects and to ensure that students were better prepared, both professionally and personally, to deal with HIV and AIDS.

• HIV E-resource

An HIV E-resource was launched by Edulink in collaboration with Academic departments and IOHA. The purpose of the on-line resource is to assist academic staff with innovative material and information that could be utilised in the classroom to encourage the creation of space for HIV into the curriculum.

Community Engagement performance IOA

- Art for Girls 2010 was hosted by IOHA (DFC and APB LINK), in collaboration with the Lefelo la Tlhokomelo Community Care Centre. Eighty schoolgirls were encouraged to express themselves through art and the topic: *My future as a woman in South Africa* was discussed by the group;
- The SOWETO LINK shared basic facts of HIV & AIDS and taught the boys at the Carl Sithole Community Centre the art of collage-making and utilising this technique to express their feelings and thoughts;
- LINK.Com was launched in February 2010 and continued throughout the year. The project involved The LINK peer educators from the Bunting Road and Doornfontein campuses and peer educators from the Reproductive Health & HIV Research Unit (RHRU). Together they trained 150 schoolchildren to be “peer educators” within their communities and, in particular, to reach out to children in their own age group;
- The APB LINK talked to 55 learners from the Progressive Primary School in Braamfontein about HIV, prevention and treatment.
- The Warrior of Light project was initiated by the APB and DFC LINK, to mark the 67 Minutes Day, held in celebration of Nelson Mandela’s birthday on 18 July. Clothes and old books were collected and donated to the Salvation Army centre in Braamfontein;
- The SOWETO LINK educated learners in Grades 10 and 11 at the TJ High School in SOWETO, about the basic facts of HIV and AIDS;
- The APK LINK conducted an HIV & AIDS presentation at the Methodist Church;
- The APK LINK visited the Family Worship Centre Hospice;
- The SWC LINK donated clothing to the Carl Sithole Centre in SOWETO in August;
- The APB and DFC LINK hosted an “Art for AIDS” project in August, where 25 girls from the Community Centre in Esselen Street were trained on utilising collage-making, as a means to express their perceptions around HIV & AIDS.

HEAIDS activities

The HEAIDS sector level activities were completed in September 2010. Final sector level research reports were disseminated to relevant UJ stakeholders:

- Development of an HIV policy framework for the sector with support to institutions in developing/refining institutional policies and implementation plans;
- Development of a funding model to ensure sustained intervention;
- The roles of educators (including academic staff) in mitigating the impact of HIV;
- Piloting of an HIV module at 23 Teacher Education Facilities;
- A sero-prevalence research study, KAPB and Risk assessment of the HE sector;
- Design and development of a workplace programme for institutional staff, including a framework for workplace programmes;
- Good and Innovative practices in HIV prevention; and
- Graduate competency with regards to HIV & AIDS in the place of work.

Institutional level activities, funded by the EU/DOE, HESA, HEAIDS, were concluded in February 2010 and UJ's final feedback on its reports (including the audit report) was positive. The following outcomes were achieved through this grant:

- Campus Health facilities were expanded to accommodate more counsellors and interns to conduct VCT services;
- A management information system was developed for Campus Health to ensure accurate data capturing and monitoring of services;
- Additional staff were appointed in IOHA and Campus Health;
- Staff peer education programme was established;
- Research paper entitled: *Resilience and HIV* was presented at an International conference in England by Prof P. Fourie (Political Science Department);
- Research information management system (RIMS) was established to capture all HIV -related research conducted at UJ.

Additional activities

- Dr Nesha Haniff from the University of Michigan, trained 20 LINK mentors;
- Faculty-based HIV training was conducted with students from the following departments: Multimedia and Fine Arts (FADA - APB); Somatology (Health Science - DFC); Centre for Small Business Development (Management - SWC); and Metallurgy (Engineering - DFC). In total a 180 students were trained;
- Staff members from IOHA presented papers entitled: *The Social Networking Approach to behavioural Change in HIV* and *Reflections by researchers about their two year journey on a HIV project* at the HEAIDS National conference held in March 2010.

Stakeholder engagement performance IOA

The following are relevant:

- Higher Education – AIDS (located within HESA);
- Department of Health and Social Development;
- Society for Family Health;
- New Start;
- Reproductive Health and HIV Research Unit (RHRU);
- HIVSA;
- Essellen Community Centre in Hillbrow;
- Carl Sithole Community Centre in SOWETO;
- Centre for the study of AIDS;
- University of Stellenbosch;
- University of the Free State
- HIVSA;
- Engender Health;
- University of Michigan;
- Soul City;
- Dimage;
- South African Youth Awareness Council (SAYAC);
- AIDS Consortium;
- Thembaletu Clinic: Right to Care;
- Tshepang Trust;
- Thaba Jabula Secondary School;

- BMW South Africa.

Occupational Healthcare Practice

The UJ Occupational Health Practice is positioned optimally within the institution compared to its peers in the Higher Education Institutional landscape. The dynamics surrounding health, health risk and the environments in which UJ operates, demand solutions as they arise. High risk environments are continually audited for risk on an approved audit plan and in line with legislation. Campus health risk profiles have been compiled. Renewed prominence of research commands the continual re-assessment of altering facilities. New equipment and substances (whether biological, chemical or radio-active) may have exposure effects on employees and students.

Institutional Effectiveness and Audit preparation

The Self-evaluation Report has been receiving priority attention: workshops and consultation with the Quality Unit occurred. The Practice is set for the peer review in May 2012. A client satisfaction survey was conducted and 94% positive narrative feedback received. Policy development and reviews have been slow due to ever-increasing scope of work.

Programmes

The UJ Resilience Programme now encompasses three tiers: ELG, PA's of the ELG and 50 HoD's from both academic and non-academic divisions. The in-house model adopted for this purpose provides for a professional assessment of clinical, psychological & biometric health. Risk stratification and virtual coronary angiogram scanning were aimed at (early) detection of risk and ameliorating the health of key human resources.

Many clients were oblivious to the negative impact of a stress hormone, cortisol, which opposes insulin. Early detection of raised insulin levels has enabled clinicians to treat both the elevated cortisol levels and optimize insulin receptor sensitivity to prevent pre-diabetes.

Screening of other early markers of disease (which some clients were unaware of) led to further investigations and prompt preventative intervention.

A growing need for support has become evident to this Practice (from clientele across all tiers of the institution): symptoms of work-overload, anxiety/despondency and burnout seem to be increasing. Employees under severe stress appear NOT to disengage, but attempt to persevere until they become symptomatic.

The HIV Workplace Programme component offered here included blood tests, consultations with the Doctor, monthly supplements, referrals and special investigations. Eleven employees were enrolled into a fit-for-purpose solution to address individual profiles and needs. Where required, an incapacity process was facilitated in partnership with HR.

Medical Surveillance and Biological Monitoring programmes were conducted according to a Surveillance matrix and in consultation with the visiting Occupational Medicine Practitioner. It has been directed towards selected "at risk" groups. Groups *inter alia* included radiation workers, painters, drivers, food handlers and employees

exposed to hazardous chemical and biological agents. Medical and biological monitoring was undertaken for *students at risk* to the same standard as for employees. While all attempts have been made to cover risk group surveillance, no approval existed for pre-employment and exit medical assessments. HR advised against such assessments. Appointments proceeded without the legal provision of a pre-placement medical assessment within 14 days of being appointed.

Vaccinations were administered to food handlers, employees exposed to blood (e.g. Health Care workers and Medical Responders at Protection Services) and official travelers, depending on their individual Occupational Risk Exposure Profiles.

Projects

FIFA: much time was devoted to comprehensive medical, disaster and risk planning and preparation for the 2010 event. Activities included: providing a medical questionnaire to accommodation agencies for prospective visitors to UJ, drafting a FIFA Medical Emergency SOP and writing a Health Plan for submission to the City of Johannesburg's Joint Operations Centre. It required the acquisition of service providers for Food Hygiene monitoring and for full time medical stations at the three campuses - including triaging and transporting FIFA patients. Extensive collaboration existed with internal and external stakeholders up to successful completion.

Influenza campaign: 600 vaccinations were administered to employees across all four campuses free of charge. The Occupational Health Practice is a registered Viral Watch sentinel site for the National Institute for Communicable Diseases (NICD). This partnership ensures that suspect cases of pandemic Influenza which may be traced during screening at clinic visits, are tested. Free and immediate access to results follows. Close collaboration exists and guidance is immediately accessible in case of any outbreak of communicable disease.

Radiography project: monthly assessment of dosimeter badges issued to all radiation workers at the Radiography department revealed one high reading, indicating exposure. An investigation was done and all employees booked for medical screening. They were urged to wear the detection devices in the prescribed manner.

Water Quality was investigated upon discovery that the chlorinator at APK was not functional. Results of samples taken from municipal supply, the borehole and a tap sample (a mixture of the two sources) were normal. The quarterly testing of borehole water and functionality of the plant was allocated to the UJ Project manager.

Tobacco Control: national legislation has been amended. A workshop with all stakeholders and consultants resulted in a draft policy. Approval will precede the creation of designated smoking areas, new signage and enforcement towards a healthier population and living the standard as an example to students and the community.

Emergency preparedness

This Practice facilitated Basic Life Support training for Medical Responders from Protection Services and Nursing Professionals. All qualifications are endorsed by the American Heart Association.

Comprehensive Event Risk Management places UJ in the lead amongst peers. In collaboration with Protection Services, the Occupational Health Practice liaises between event organizers and the contracted Paramedic Service Provider (Netcare911) to advise and oversee appropriate medical stand-by for cultural and academic events – based on event risk factors. During 2010, 33 events were risk-assessed and stand-by mediated according to Metropolitan Council's Event Management requirements.

The new UJ ambulance was equipped and medical disposables and oxygen supplied. Linen was bought and biohazardous waste management taken care of. An Infection Control procedure was written for the two ambulances. Bactericidal agents were provided for disinfecting the vehicles after transporting each patient and on a weekly schedule.

While the Disaster Management portfolio belongs with the coordinator: Protection Services, the Occupational Health contribution has included the development of a Roving Triage Plan to supplement the central Emergency Operations Plan. The Triage Plan describes the roles of Health Care Workers in the event of the need for medical rescue at UJ Disaster sites.

The Disaster Room has been maintained and Crash Carts for each campus clinic acquired and stocked. A new set of medical emergency protocols have been created and print folders, signed by the UJ Doctor, have been issued to the four clinics. These 'standing orders' will be followed by clinicians in emergencies.

Continual monitoring of local and international Emerging Infectious Disease took place in collaboration with Health agencies such as WHO, CDC, NICD and DOH.

Occupational Health Risk Assessment

Occupational Health Risk Auditing of all high risk environments at UJ proceeded according to an approved, systematic Audit Plan.

Food Hygiene monitoring of all tenants at UJ sites took place by announced and unannounced audits, training and *ad hoc* audits. Reports were received and assessed by this Practice. Substandard performance during the round of audits in May (64% vs. the norm of 85%) were followed by an advisory to the MEC Risk Committee. A task team was elected to investigate. Awareness levels were raised amongst food tenants and the average score on September increased to 73%. The task team strategy is awaited.

Biohazardous Occupational Exposure Risk: pre-exposure vaccine prophylaxes were administered to at-risk groups of staff; e.g. health professionals, medical responders and sewerage workers.

Travel Health risk was addressed by offering pre-travel medical assessments, vaccines and travel kits. Travel alerts were sent to the travelling population where appropriate. Medical management and casualty evacuation liaison was required between International SOS, the travel insurer and family: one researcher contracting Malaria abroad after declining chemoprophylaxis offered to him by this Practice. An

employee contracted Dengue Fever (non-vaccine-preventable disease) after being bitten by a mosquito in India. This risk is associated with travel and research at UJ, and the awareness amongst the risk group is only slowly improving. Those who do attend pre-travel assessments feel very positive about the service and continually requests assistance before travel. This allows the clinician to react to emergencies abroad and monitor health upon return.

Radiation Risk Control: UJ was privileged to have a temporary Radiation Protection Officer (RPO) for the second year. Excellent pre-existing knowledge and partnership with NECSA/NNR/DOH positioned Dr Dazmen Mavunda well. He audited all radiation sources and equipment, facilitated licensing and acquisition of equipment for academic purposes, and made recommendations to this Practice.

The Occupational Health Practice's role in radiation matters provided for employees and M-Zone students who worked with radio-active sources at the UJ were duly registered with the Directorate of Radiation Control at the Department of Health, after undergoing the prescribed medical examination. This Practice also administered the dosimetry service to those exposed at UJ: film badges are issued and accumulative exposure assessed monthly.

Occupational Injuries and Diseases are managed by the Practice in compliance with Department of Labour requirements. A high prevalence of finger, knee, hand and ankle injuries occurred in 2010. The majority was reported from the Garden Service, taking into consideration work type and risk profile. The injury types most seen were 'fall on the same level', 'fall at different levels' and 'cut by'. No cases of Occupational Disease occurred. Occupational Health Risks were captured on the *UJ* Risk Register.

Stakeholder engagement performance: Occupational Healthcare Practice ***Internal stakeholders***

The primary clientele of the Practice was employees. A secondary group of persons at risk consisted of students, contractors and visitors to campus sites. Emphasis is placed on employee health, but invariably includes all persons-at-risk. Occupational Health '*Clients*' received 82% of all interventions for baseline- or periodic medical examinations based on their Occupational Risk Exposure Profiles. Occupational Health '*Patients*' received 18% of interventions and reported to the Practice when they were unwell, whether physically or emotionally.

Subject matters experts such as Dr Amina Nel (who provided assessments on water quality), Protection Services (who are first responders to medical emergencies and then consult us if required; transport of patients to hospitals and event risk planning co-ordination). Our colleagues at the Primary Health service (which provides a point of entry for medical assistance and receives risk assessments, protective equipment and Medical Management Guidelines from this Practice) and the Occupational Safety Department are consulted where overlap occurs during planning, incidents and assessments. PsyCAD delivered a service to employees which were referred to them for exposure to work stressors. The Biokinetics clinic at APB supported members of the UJ Resilience Programme with assessments and exercise facilities.

External stakeholders

Occupational Hygienists (auditors of Health Risk), the Netcare911 teams (medical event risk), City of Johannesburg's (COJ) Event Management Forum (event risk planning), the National Institute for Communicable Diseases (liaison in outbreaks; medical guidelines and testing) and LTL Food Hygiene auditors. The COJ Environmental Health department made contact with us after inspections to food premises and their Public Health Department during a localized outbreak of meningitis. The Department of Health's Communicable Diseases division would be the contact point for Notifiable disease, the Directorate of Radiation Control at the Department of Health in case of radiation inspections and enquiries and the National Laser Centre in case of emergencies or enquiries regarding lasers at the Photonics lab. The SA Society of Travel Medicine provides national travel alerts and case studies, and FIDDSA keeps us in touch with Infection Control developments. Centers for Disease Control and World Health Organization are often accessed for international trends in disease outbreaks and safe travel.

Sustainability performance Occupational Healthcare Practice

Sustainability reporting reflects duty of care to the environment, society and economic considerations. The governance of the division, Social Responsibility and Environmental Sustainability are discussed below.

International foundations are derived from the World Health Organization, the International Commission on Occupational Health, International Labour Organization, and South African legal-ethical framework. The UJ Occupational Health Committee Charter governs the UJ Occupational Health Committee. It consists of all permanent and temporary staff in its domain and is functioning in accordance with its approved charter. A policy framework is in place. The direct reporting line is into the Health & Wellness structure within the Registrar's portfolio.

Quality Management is in accordance with the UJ Self Evaluation process, this Practice has attended workshops and consulted with the Quality Unit. We are poised to host a peer review in May 2012. Quality is *inter alia* sought in maintaining equipment and stock levels, compliance to the Department of Health permit requirements and for dispensing licenses, calibration of equipment before use e.g. audiometer; maintaining surface, hand and air hygiene in clinic facilities e.g. ultra-violet lights and surface disinfectants and hand hygiene. Optimal stacking and storage practices, daily cleaning of clinics and scheduling of consultations were upheld. Prompt feedback was given to clients. Continuous radio contact is kept with control rooms to assess the need to become involved in medical emergencies. Courteous and prompt reply to emails and telephonic requests resulted in multiple positive narrative feedback comments.

Health Risk Auditing remains fundamental. The approved UJ Health Risk Audit Plan has been adhered to as in the past. Risk, as assessed by Occupational Hygienists, is ranked and quantified. The outcomes include immediate attention to high risk, assimilation into the Practice Risk register and the central UJ Risk Register. Detailed feedback to audited environments on risk range, impacts and mitigatory measures result in accurate budget planning and continuous attention to a safe work and learning environment. Correct Personal Protective Equipment, signage, bio-safety training and Medical Surveillance are advised.

Incorrect storage and waste management of hazardous chemical substances could result in explosion, contamination and overexposure. The Occupational Safety department manages the portfolio for all Waste Management. Bilateral collaboration exists between Occupational Safety and Occupational Health divisions. Chemical storage spaces for APK and DFC, placed away from laboratory complexes have been recommended and planned in detail. The budgets for those projects were turned down pending upgrades.

Upon *relocation of the Photovoltaic pilot plant* to Stellenbosch, remaining electrical and chemical risk at the facility prompted an *ad hoc* Occupational Hygiene/electrical survey commissioned by this Practice. Access to the area was restricted pending the corrective measures. The relocation of this plant has lowered risk to the entire APK campus and was thus welcomed, due to the fact that highly toxic gases were utilized inside the building complex. The MEC Risk Committee has declared that this risk be removed from the UJ Risk Register because the pilot plant's status has changed to a 'UJ Subsidiary'.

The Occupational Health Practice was involved in planning surrounding an extensive *survey by UJ on fume cupboards*, chemical storage and ventilation ducting. The findings uncovered widespread poor fume extraction capacity and unsafe conditions in many areas. High risks were made known to the line management and the MEC Risk Committee. Remedial action followed to mitigate immediate risk. An Indoor Air Quality audit was commissioned to assess exposures at moderate risk areas. Results were submitted to the Project Manager for inclusion into specifications for upgrading of all fume cupboards.

Emergency response: the low emergency awareness level places the university population at risk. Re-instatement of a Disaster Committee is advised to streamline systems, planning and awareness. In the interim focused collaboration with internal and external stakeholders has been maintained, triage plans revised and simulations conducted. Medical Emergency Protocols were written by this Practice to suit UJ resources and provide for Codes of Practice. Crash carts have been acquired, equipped and shipped to all campuses. The UJ ambulance is stocked and medical responders are offered updates on training via the Netcare911 contract. All Nursing Professionals are encouraged and sponsored to update their Basic Life Support skills. Disaster Risk has received renewed attention at the MEC Risk Committee, where all potential hazards have been submitted, accompanied by medical management guidelines.

The Standard Operating Procedure on Hazardous Radiation incidents was reviewed by this Practice in association with the Radiation Protection Officer. It was presented to our line manager. It details UJ's management of a radio-active contamination incident.

Emergency Medical Response on site: medical response by Netcare within the 'golden hour' – is often dependent on traffic and a search for the patient in complex campus venues. Therefore the immediate response of paramedics and health professionals has become critical! This Practice is alert to proceedings at the control room and becomes involved when appropriate. Medical equipment and Life Support bags are always ready for response to a scene.

Dedicated attention was paid to *Medical Event Risk* as noted earlier.

Social responsibilities

Sound event risk planning resulted in 'contained' events, taking the wishes and safety of the community into consideration, e.g. RAG. Duty of care was exercised through regular auditing of the risk of emissions, radio-active contamination and effluent in order to prevent untoward contamination of the environment.

Environmental sustainability

The Constitution of the Republic of SA grants everyone the right to an environment that is not harmful to their health or well-being and to have the environment protected through reasonable legislative and other measures. Where harm cannot altogether be prevented, it must be minimized and redressed appropriately.

Environmental duty of care received precedence at this Practice: during the planned programme of assessment of Health Risk, environmental factors were included in assessments. Risk ranking encompassed environmental risk and mitigating measures were advised. Waste management of radio-active waste, emissions or effluent was addressed in addition. The entire Occupational Health Risk profile per audit thus assimilated Environmental Health Risk into its risk ratings and recommendations.

At the UJ clinics, optimal waste management practices exist for biohazardous medical waste, expired medicine and medical disposables. Recycling of cartridges, paper and batteries take place. All biohazardous waste from the UJ ambulance is received and managed from here.

Environmental management practices at UJ should be a commitment and should include: zero environmental liability, reduced carbon footprint (e.g. only essential international travel); minimal and safe emissions of particulates and gases emanating from laboratories and engine rooms, reduced water and electricity usage, minimized waste (reduce, reuse and recycle) and 100% legal compliance.

Employee wellness

The Human Resource division is responsible for employee wellness programmes and the Employee Assistance Programme is outsourced to Independent Counselling and Advisory Services (ICAS). Employees and contracted service providers make use of the primary healthcare services, as well as occupational healthcare services. The Wellness Unit undertook HIV/AIDS (Re Abua/Let's talk) engagements with staff together with the HIV and AIDS Office and Campus Health. 71 staff are reported as having engaged the external care provider ICAS in 2010. The renewal of the Employee Wellness Unit includes the position of a Wellness Specialist whose priorities for 2011 include putting plans in place for the HIV and AIDS Workplace Programme and the Employee Assistance Programme as part of the Employee Wellness strategy.

CONCLUSION AND WAY FORWARD

Service delivery is up to standard despite expectations from especially students to expand service delivery. The focus for 2011 will be on the following:

- Sustaining excellence in service delivery within the scope of resources available;
- Focus on HIV Counselling and Testing (HCT) to increase the uptake amongst staff and students;
- Increase awareness and focus on PAP smears for HIV positive patients and the strengthening of partnerships with local authorities to improve this service to staff and students;
- Standardisation of stock management;
- Focus on HCT to increase the uptake amongst staff and students by 5% from the 2010 baseline;
- Maintain 0% clinical adverse events;
- To develop client satisfaction questionnaires and to achieve a satisfaction rate of at least 85% in all the divisions;
- Continual professional development: compliance with legal requirements;
- Compliance with the legal requirements related to continual professional development.

The measurable targets for each division are as follows:

Primary Healthcare

- Patient satisfaction rate at least 85%;
- Adverse clinical events 0%;
- Increased HCT uptake in the clinic of 5%.

Occupational Health

- Compliance with approved health risk plan at least 90%;
- Compliance medical surveillance and biological monitoring at least 90%;
- Client satisfaction rate at least 85%.

HIV/AIDS Office

- Client satisfaction rate of at least 85%;
- Increased membership of peer volunteer programmes both staff and students of at least 5% compared to previous year;
- Increase HCT uptake among students with at least 2500 and employees with at least 300 (these targets include the uptake during awareness campaigns).

Marie Muller (Prof)
Registrar