Sector: Health Programme / Sub programme / Performance Measures Target for 2013/14							
rogramme / Sub programme / Performance Measures	Target for 2013/14 as per Annual Performance Plan (APP)	1 <sup>st</sup> Quarter Planned output as per APP	1 <sup>st</sup> Quarter Preliminary output	1st Quarter Actual output ⋅ validated	2 <sup>nd</sup> Quarter Planned output as per APP	2 <sup>nd</sup> Quarter Preliminary output	
QUARTERLY OUTPUTS							
PROGRAMME 1: ADMINISTRATION							
Percentage expenditure of the annual equitable share budget allocation	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Amended Human Resource Plan submitted timeously to DPSA	Yes	No	No	N	Yes	Y	
PROGRAMME 2: DISTRICT HEALTH SERVICES							
District Health Services							
PHC utilisation rate	2.54	2.54	2.43	2.45	2.54	2.48	
PHC headcount total	15 252 132	3 813 033	3 647 555	3 675 689	3 813 033	3 717 458	
PHC utilisation rate – under 5 years	4.03	4.03	3.90	4.11	4.03	3.75	
PHC headcount under 5 years total	2 263 406	565 852	548 796	577 555	565 852	526 671	
PHC supervisor visit rate (fixed clinic/CHC/CDC)	93.9%	93.9%	76.1%		93.9%	82.8%	
Provincial PHC expenditure per headcount	R 161	R 161	R 141	R 157	R 161	R 156	
Provincial PHC expenditure per uninsured person	R 526	R 526	R 441	R 495	R 526	R 49	
Complaints resolution within 25 working days rate (from users of PHC services)	73.3%	73.3%	83.2%		73.3%	87.9%	
Percentage of PHC facilities assessed for compliance against the 6 priorities of the core standards (NID: Facility core standards self- assessment rate in PHC facilities)	9.6%	0.0%	0.0%	0.0%	0.0%	0.0%	
Number of PHC facilities assessed for compliance against the 6 priorities of the core standards							
District Hospitals							
Number of usable district hospital beds	2 678	2 678	2 660	2 658	2 678	2 657	
Delivery by caesarean section rate (in district hospitals)	24.6%	24.6%	23.4%	24.1%	24.6%	26.1%	
Inpatient separations - total (in district hospitals)	264 977	66 244	67 139	66 694	66 244	69 153	
Patient day equivalents [PDE] total (in district hospitals)	1 276 052	319 013	326 962	321 259	319 013	325 291	
OPD headcount total (in district hospitals)	1 180 584	295 146	318 288	314 036	295 146	322 935	
Average length of stay (in district hospitals)	3.2	3.2	3.3	3.2	3.2	3.1	
Inpatient bed utilisation rate (based on usable beds in district hospitals)	86.7%	86.7%	91.0%	89.3%	86.7%	89.8%	
Expenditure per patient day equivalent [PDE] (in district hospitals)	R 1 451	R 1 451	R 1 185	R 1 458	R 1 451	R 1 48	
Complaint resolution within 25 working days rate (from users of district hospitals)	79.2%	79.2%	68.1%	71.7%	79.2%	75.9%	
Hospital patient satisfaction rate (in district hospitals) Percentage of district hospitals assessed for compliance against	86.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
the 6 priorities of the core standards (NID: Facility core standards selfassessment rate in district hospitals)	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Number of hospitals assessed for compliance against the 6 priorities of the core standards (district hospitals)	100.0%	100.0%	404.00/	95.0%	100.0%	62.50	
Mortality and morbidity review rate (in district hospitals)	100.0%	100.0%	121.8%	85.9%	100.0%	63.59	
HIV and AIDS, STI and TB control							
HIV prevalence in women aged 15 - 24 years	11.5%	0.0%	0.0%		0.0%	0.0%	
Total clients remaining on ART(TROA) at the end of the month	157 123	144 234	133 267	138 828	149 107	143 215	
Male condom distribution rate	54.13	54.13	45.03	58.52	54.13	55.43	
TB (new pulmonary) defaulter rate	6.5%	6.5%	7.3%		6.5%	7.39	
TB AFB sputum result turnaround time under 48 hours rate	72.2%	72.1%	69.8%		72.2%	76.19	
HIV testing coverage	28.4%	28.4%	32.2%		28.4%	32.29	
Percentage of HIV-TB coinfected patients placed on ART (NID: Percentage of HIV-TB coinfected patients initiated on ART initiated)	69.6%	69.6%	64.5%	64.5%	69.6%	68.49	
TB (new pulmonary) cure rate	82.0%	82.0%	82.6%	82.6%	82.0%	82.49	
TB (new pulmonary) cure rate PTB 2 month smear conversion rate	82.0% 76.7%	82.0% 76.7%	82.6% 72.8%		82.0% 76.7%	82.49 73.49	

Programme / Sub programme / Performance Measures	Target for 2013/14 as per Annual Performance Plan (APP)	1 <sup>st</sup> Quarter Planned output as per APP	1 <sup>st</sup> Quarter Preliminary output	1st Quarter Actual output - validated	2 <sup>nd</sup> Quarter Planned output as per APP	2 <sup>nd</sup> Quarter Preliminary output
MCWH&N						
Immunisation coverage under 1 year	90.4%	90.4%	61.6%	80.4%	90.4%	79.4%
Vitamin A coverage 12 – 59 months (OR 1-4 years)	40.6%	40.6%	61.9%	55.8%	40.6%	29.8%
Pneumococcal vaccine (PCV) 3rd dose coverage	90.1%	90.1%	64.4	80.5	90.1%	81.9
Rotavirus (RV) 2nd dose coverage	89.6%	89.6%	79.0	82.8	89.6%	81.5
Measles 1st dose under 1 year coverage (annualised)	93.1%	93.1%	63.3	82.9	93.1%	82.5
Infant 1st tested PCR positive within 2 months rate	1.9%	1.9%	1.8	1.6	1.9%	1.9
Child under 5 years diarrhoea with dehydration incidence	79.3	75.5	95.3	86.3	39.7	27.6
Child under 5 years pneumonia incidence	65.8	78.1	75.1	79.3	68.7	56.2
Child under 1 year mortality in facility rate	8.97	-	-	-	-	-
Inpatient death under 1 year rate	2.5%	0.0%	0.0%		0.0%	0.0%
Inpatient death under 5 years rate	1.5%	0.0%	0.0%	0.0%	0.0%	0.0%
Maternal Mortality in facility ratio (MMR)	60.0	-	-	-	-	-
Cervical cancer screening coverage	64.1%	54.7%	55.8%		64.4%	68.6%
Delivery in facility under 18 years	6.5%	6.5%	5.9%		6.5%	6.6%
Antenatal 1st visit before 20 weeks rate	61.0%	61.0%	57.1%		61.0%	60.9%
Couple year protection rate	42.4%	0.0%	0.0%	0.0%	0.0%	0.0%
Disease Prevention and Control						
Malaria fatality rate (annual)	0.0%	0.0%	0.0%		0.0%	0.0%
Cholera fatality rate (annual)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Cataract surgery rate (annual)	1 400	-	-	-	-	-
PROGRAMME 3: EMERGENCY MEDICAL SERVICES						
Emergency Medical Services and Patient Transport						
Rostered ambulances per 10 000 people	0.29	0.29	0.26	0.26	0.29	0.27
EMS operational ambulance coverage per 10 000 people	0.44	-	-	-	-	-
Total number of EMS emergency cases	468 496	117 124	123 531	121 569	117 124	124 004
EMS P1 urban response under 15 minutes rate	75.0%	75.0%	72.7%		75.0%	72.1%
EMS P1 rural response under 40 minutes rate	90.0%	90.0%	86.6%		90.0%	85.3%
EMS P1call response under 60 minutes rate	97.0%	97.0%	92.2%		97.0%	94.8%
EMS all calls response under 60 minutes rate	80.0%	80.0%	68.6%		80.0%	71.7%
Percentage of ambulance patients transferred between facilities	21.8%	21.8%	21.5%	22.0%	21.8%	23.2%
PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES						
General (regional) hospitals						
Number of usable beds (in regional hospitals)	1 375	1 375	1 365	1 365	1 375	1 369
Inpatient separations – total (in regional hospitals)	107 943	26 491	28 478	28 248	27 724	29 922
Patient day equivalents [PDE] total (in regional hospitals)	555 272	139 947	142 074	140 812	138 819	148 367
OPD headcount total (in regional hospitals)	242 529	60 633	65 561	62 841	63 058	67 302
Delivery by caesarean section rate (in regional hospitals)	39.6%	39.3%	43.0%	42.4%	39.7%	40.2%
Expenditure per patient day equivalent [PDE(in regional hospitals) [2011/12 Rands]	R 2 117	R 2 117	R 1 801	R 2 002	R 2 117	R 1 975
Bed utilisation rate (based on usable beds in regional hospitals)	84.3%	84.3%	86.1%	86.1%	84.3%	90.8%
Average length of stay (in regional hospitals)	3.9	4.0	3.8	3.8	3.8	3.8
Complaint resolution within 25 working days rate (from users of regional hospitals)	92.20%	92.58%	95.08%	94.51%	92.58%	83.54%
Hospital patient satisfaction rate (in regional hospitals)	80.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Percentage of regional hospitals assessed for compliance against the 6 priorities of the core standards	-	-	-	-	-	-
(NID: Facility core standards self-assessment rate in regional						
Number of hospitals assessed for compliance against the 6 priorities of the core standards (regional hospitals)						
Mortality and morbidity review rate (in regional hospitals)	100.0%	100.0%	103.6%	107.1%	100.0%	101.2%

Programme / Sub programme / Performance Measures	Target for 2013/14 as per Annual Performance Plan (APP)	1 <sup>st</sup> Quarter Planned output as per APP	1 <sup>st</sup> Quarter Preliminary output	1st Quarter Actual output · validated	2 <sup>nd</sup> Quarter Planned output as per APP	2 <sup>nd</sup> Quarter Preliminary output
Sub-programme 4.2: Tuberculosis Hospitals						
Number of usable beds (in TB hospitals)	1 054	1 054	1 006	1 004	1 054	1 041
Inpatient separations –total (in TB hospitals)	3 896	974	948	923	974	966
Patient day equivalents [PDE] – total (in TB hospitals)	306 325	76 581	66 327	66 526	76 581	76 396
OPD headcount total (in TB hospitals)	5 958	1 490	1 889	1 751	1 490	1 947
Expenditure per patient day equivalent [PDE] total (in TB hospitals) [2011/12 Rands]	R 644	R 644	R 655	R 720	R 644	R 629
Bed utilisation rate (based on usable beds in TB hospitals)	79.3%	79.3%	71.6%	71.9%	79.3%	79.7%
Average length of stay (in TB hospitals)	78.3	78.3	69.3	71.4	78.3	78.4
Complaints resolution within 25 working days rate (from users of TB hospitals)	76.5%	76.5%	88.9%	90.0%	76.5%	100.0%
Hospital patient satisfaction rate (in TB hospitals)	85.6%	0.0%	0.0%	0.0%	0.0%	96.4%
Percentage of TB hospitals assessed for compliance against the 6 priorities of the core standards	40.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(NID: Facility core standards self-assessment rate in TB hospitals)						
Number of hospitals assessed for compliance against the 6 priorities of the core standards (TB hospitals)						
Morbidity and mortality review rate (in TB hospitals)	100.0%	100.0%	150.0%	150.0%	100.0%	138.5%
Psychiatric Hospitals						
Number of usable beds (in psychiatric hospitals)	1 698	1 698	1 698	1 698	1 698	1 698
Inpatient separations – total (in psychiatric hospitals)	6 166	1 569	1 575	1 598	1 599	1 632
Patient day equivalents [PDE] total (in psychiatric hospitals)	560 228	139 461	143 687	142 660	142 269	147 319
OPD total headcount (in psychiatric hospitals)	27 235	6 637	10 427	10 078	7 403	10 569
Expenditure per patient day equivalent [PDE] total (in psychiatric hospitals) [2011/12 Rands]	R 1 090	R 1 090	R 999	R 1 054	R 1 090	R 1 102
Inpatient bed utilisation rate (based on usable beds in psychiatric	88.9%	87.3%	90.5%	89.9%	89.0%	92.8%
Average length of stay (in psychiatric hospitals)	89.4	88.3	89.0	87.2	88.4	88.1
Complaint resolution within 25 working days rate (from users of psychiatric hospitals)	87.4%	90.0%	90.5%	86.4%	90.0%	100.0%
Hospital patient satisfaction rate (in psychiatric hospitals)	85.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Percentage of psychiatric hospitals assessed for compliance against the 6 priorities of the core standards	-	-	-	-	-	-
Percentage of psychiatric hospitals assessed for compliance against the 6 priorities of the core standards (NID: Facility core standards self-assessment rate in psychiatric Number of hospitals assessed for compliance against the 6 priorities of the core standards	-	-	-	-	-	-
(psychiatric hospitals)						
Mortality and morbidity review rate (in psychiatric hospitals)	100.0%	100.0%	120.0%	120.0%	100.0%	120.0%
Number of useable beds (in step-down facilities)	145	145	145	145	145	145
Inpatient bed utilisation rate (in step-down facilities)	82.6%	83.3%	83.5%	80.5%	84.5%	85.6%
Total number of patient days (in step-down facilities)	43 694	11 023	11 046	10 657	11 181	11 330

Programme / Sub programme / Performance Measures	Target for 2013/14 as per Annual Performance Plan (APP)	1 <sup>st</sup> Quarter Planned output as per APP	1 <sup>st</sup> Quarter Preliminary output	1st Quarter Actual output ∙ validated	2 <sup>nd</sup> Quarter Planned output as per APP	2 <sup>nd</sup> Quarter Preliminary output
Rehabilitation Hospitals						
Number of usable beds (in rehabilitation hospitals)	156	156	156	156	156	156
Inpatient separations –total (in rehabilitation hospitals)	893	236	189	213	217	252
Patient day equivalents [PDE] total (in rehabilitation hospitals)	46 695	11 664	11 935	11 767	11 695	11 777
OPD headcount total (in rehabilitation hospitals)	10 659	2 544	2 918	2 868	2 906	2 702
Expenditure per patient day equivalent [PDE] (in rehabilitation hospitals) [2011/12 Rands]	R 2 233	R 2 233	R 2 003	R 1 967	R 2 233	R 2 088
Inpatient bed utilisation rate (based on usable beds in rehabilitation hospitals)	75.8%	73.8%	77.0%	75.9%	73.6%	76.4%
Average length of stay (in rehabilitation hospitals)	48.3	45.6	58.0	50.8	49.5	43.2
Complaint resolution within 25 working days rate (from users of rehabilitation hospitals)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hospital patient satisfaction rate (in rehabilitation hospitals)	92.8%	0.0%	0.0%	0.0%	0.0%	0.0%
Percentage of rehabilitation hospitals assessed for compliance against the 6	-	-	-	-	-	-
(NID: Facility core standards self-assessment rate in rehabilitation Number of hospitals assessed for compliance against the 6 priorities of the core standards(rehabilitation hospitals)						
Mortality and morbidity review rate (in rehabilitation hospitals)	100.0%	100.0%	150.0%	150.0%	100.0%	100.0%
Dental Training Hospitals						
Number of oral health patient visits per annum	115 100	31 050	33 336	29 421	35 525	31 065
Number of removable oral health prosthetic devices manufactured (dentures)	4 460	1 350	911	1 146	1 300	959
PROGRAMME 5: CENTRAL HOSPITAL SERVICES						
Central Hospital Services						
Delivery by Caesarean section rate (in central hospitals)	47.7%	47.7%	47.5%	47.6%	47.7%	49.8%
Number of usable beds (in central hospitals)	2 359	2 359	2 329	2 329	2 359	2 329
Inpatient separations – total (in central hospitals)	121 482	30 371	29 718	29 197	30 371	30 615
OPD headcount - total (in central hospitals)	731 245	182 811	183 008	175 499	182 811	185 565
Patient day equivalents [PDE] total (in central hospitals)	1 004 309	251 077	250 432	246 916	251 077	258 972
Inpatient bed utilisation rate (based on usable beds in central	84.7%	84.7%	85.3%	84.9%	84.7%	88.8%
Expenditure per patient day equivalent [PDE] (in central hospitals)	R 3 440	R 3 440	R 3 476	R 3 558	R 3 440	R 3 346
Average length of stay (in central hospitals)	6.0	6.0	6.1	6.2	6.0	6.2
Complaint resolution within 25 working days rate (in central	80.0%	80.0%	79.7%	83.8%	80.0%	86.2%
Hospital patient satisfaction rate (in central hospitals)	90.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Percentage of assessments for compliance against the 6 priorities of the core standards (includes external assessment) (NID: Facility Core standards self-assessment rate in central	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Number of hospitals assessed for compliance against the 6 priorities of the core standards (Central Hospital)						
Mortality and Morbidity review rate (in Central Hospitals)	78.6%	72.2%	175.0%	105.6%	83.3%	108.3%

Programme / Sub programme / Performance Measures	Target for 2013/14 as per Annual Performance Plan (APP)	1 <sup>st</sup> Quarter Planned output as per APP	1 <sup>st</sup> Quarter Preliminary output	1st Quarter Actual output - validated	2 <sup>nd</sup> Quarter Planned output as per APP	2 <sup>nd</sup> Quarter Preliminary output
Groote Schuur Hospital						
Delivery caesarean section rate (in Groote Schuur Hospital)	56.0%	56.0%	58.6%	55.4%	56.0%	57.3%
Number of usable beds (in Groote Schuur Hospital)	975	975	945	945	975	945
Inpatient separations – total (in Groote Schuur Hospital)	51 602	12 901	12 213	11 955	12 901	12 761
OPD total headcount - total (in Groote Schuur Hospital)	387 014	96 754	95 133	91 648	96 754	98 019
Patient day equivalents [PDE] total (in Groote Schuur Hospital)	451 282	112 821	108 197	107 027	112 821	112 822
Inpatient bed utilisation rate (based on usable beds in Groote Schuur Hospital)	87.0%	87.0%	84.9%	84.8%	87.0%	88.8%
Expenditure per patient day equivalent [PDE] (in Groote Schuur	R 3 652	R 3 652	R 3 867	R 3 851	R 3 652	R 3 715
Average length of stay (in Groote Schuur Hospital)	6.0	6.0	6.0	6.1	6.0	6.0
Complaint resolution within 25 working days rate (from users of Groote Schuur Hospital)	80.0%	79.5%	86.9%	88.5%	79.5%	91.3%
Hospital patient satisfaction rate (in Groote Schuur Hospital)	90.0% 100.0%	0.0%	0.0% 0.0%		0.0% 0.0%	
Percentage of assessments for compliance against the 6 priorities of the core standards (includes external assessment)	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(NID: Facility Core standards self-assessment rate in central Number of hospitals assessed for compliance against the 6 priorities of the core standards (Groote Schuur Hospital)						
Mortality and morbidity review rate (in Groote Schuur Hospital)	83.3%	75.0%	93.8%	112.5%	87.5%	131.3%
Tygerberg Hospital						
Delivery caesarean section rate (in Tygerberg Hospital)	44.0%	44.0%	43.6%	44.7%	44.0%	46.8%
Number of usable beds (in Tygerberg Hospital)	1 384	1 384	1 384	1 384	1 384	1 384
Inpatient separations – total (in Tygerberg Hospital)	69 880	17 470	17 505	17 242	17 470	17 855
OPD total headcount - total (in Tygerberg Hospital)	344 231	86 058	87 875	83 851	86 058	87 546
Patient day equivalents [PDE] total (in Tygerberg Hospital)	553 027	138 257	142 235	139 889	138 257	146 150
Inpatient bed utilisation rate (based on usable beds in Tygerberg	83.0%	83.0%	85.6%	84.9%	83.0%	88.8%
Expenditure per patient day equivalent [PDE] (in Tygerberg	R 3 267	R 3 267	R 3 179	R 3 333	R 3 267	R 3 061
Average length of stay (in Tygerberg Hospital)	6.0	6.0	6.2	6.2	6.0	6.3
Complaint resolution within 25 working days rate (from users of Tygerberg Hospital)	80.0%	79.4%	73.1%		79.4%	
Hospital patient satisfaction rate (in Tygerberg Hospital)	90.0%	0.0%	0.0%		0.0%	
Percentage of assessments for compliance against the 6 priorities of the core standards (includes external assessment) (NID: Facility Core standards self-assessment rate in central	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Number of hospitals assessed for compliance against the 6 priorities of the core standards (Tygerberg Hospital) Mortality and morbidity review rate (in Tygerberg Hospital)	75.0%	70.0%	240.0%	100.0%	80.0%	90.0%
Red Cross War Memorial Children's Hospital (tertiary)						
Delivery caesarean section rate (in Red Cross War Memorial Children's Hospital [RCWMCH])	Not applicable	Not applicable	-	-	Not applicable	-
Number of usable beds (in RCWMCH Hospital)	270	270	271	271	270	271
Inpatient separations – total (in RCWMCH Hospital)	20 191	5 048	5 835	5 718	5 048	5 564
OPD total headcount - total (in RCWMCH Hospital)	121 938	30 485	31 248	30 000	30 485	32 070
Patient day equivalents [PDE] total (in RCWMCH Hospital)	137 074	34 269	35 950	34 911	34 269	34 855
Inpatient bed utilisation rate (based on usable beds in RCWMCH	84.0%	84.0%	88.7%		84.0%	84.1%
Expenditure per patient day equivalent [PDE] (in RCWMCH	R 3 707	R 3 707	R 3 050		R 3 707	R 3 567
Average length of stay (in RCWMCH Hospital)	4.1	4.1	3.8	3.7	4.1	3.7
Complaint resolution within 25 working days rate (from users of RCWMCH Hospital)	80.0%	80.0%	100.0%	53.3%	80.0%	65.2%
Hospital patient satisfaction rate (in RCWMCH Hospital)	90.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Percentage of assessments for compliance against the 6 priorities of the core standards (includes external assessment)	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(NID: Facility Core standards self-assessment rate in central hospitals)						
Number of hospitals assessed for compliance against the 6 priorities of the core standards (Tygerberg Hospital)						
Mortality and morbidity review rate (in RCWMCH Hospital)	90.0%	100.0%	150.0%	150.0%	66.6%	100.0%

Programme / Sub programme / Performance Measures	Target for 2013/14 as per Annual Performance Plan (APP)	1 <sup>st</sup> Quarter Planned output as per APP	1 <sup>st</sup> Quarter Preliminary output	1st Quarter Actual output - validated	2 <sup>nd</sup> Quarter Planned output as per APP	2 <sup>nd</sup> Quarter Preliminary output
PROGRAMME 6: HEALTH SCIENCES AND TRAINING						
Intake of nurse students (1st year at nursing college)	250	250	268	268	-	-
Intake of nurse students (1st to 4th year at HEIs and nursing	2 200	2 200	2 243	2 243	-	-
Basic nurse students graduating (at nursing college)	230	-	-	-	30	35
Basic nurse students graduating (at nursing college and HEIs)	550	-	-	-	50	37
Students with bursaries from the province	2 500	2 500	2 546	2 546	-	-
EMC intake on accredited HPCSA courses	132	-	-	-	132	159
Intake of Home Community Based Carers (HCBCs)	1 400	-	-	-	1 400	-
Intake of data-capturer interns	120	120	163	163	-	-
Intake of pharmacy assistants	100	-	-	-	100	-
Intake of Assistant to Artisan (ATA) interns	120	120	127	127	-	-
Intake of HR and finance interns	130	130	130	130	-	-
PROGRAMME 7: HEALTH CARE SUPPORT SERVICES						
Laundry Services						
Average cost per item laundered in-house	R 4.37	R 4.39	R 2.99	R 3.77	R 4.54	R 5.07
Average cost per item laundered outsourced	R 3.03	R 3.03	R 3.09	R 3.10	R 3.03	R 3.11
Engineering Services						
Percentage of engineering emergency cases addressed within 48	90.9%	90.4%	88.9%	86.8%	90.4%	93.5%
Percentage of maintenance budget spent	100.0%	100.0%	71.9%	74.9%	100.0%	87.8%
Percentage of clinical engineering maintenance jobs completed	77.5%	77.5%	78.8%	93.6%	77.5%	92.8%
Percentage of maintenance jobs (excluding clinical engineering jobs) completed	91.0%	91.0%	74.2%	81.5%	91.0%	90.3%
Forensic Pathology Services						
Percentage of FPS cases responded to within 40 minutes	78.0%	78.0%	85.0%	82.5%	78.0%	77.9%
Percentage of cases examined within 3 days	77.0%	77.0%	69.7%	67.8%	77.0%	65.1%
Percentage of FPS cases released within 5 days (excluding unidentified persons)	80.0%	80.0%	73.7%	73.6%	80.0%	72.1%
Cape Medical Depot						
Percentage of pharmaceutical stock available	97%	97%	92%	92%	97%	95%
PROGRAMME 8: HEALTH FACILITIES MANAGEMENT						
Health Facilities Management						
Percentage of preventive maintenance (Equitable Share) budget spent	100.0%	100.0%	0.0%	0.0%	100.0%	122.8%
Percentage of scheduled maintenance (Equitable Share) budget spent	100.0%	100.0%	184.1%	176.5%	100.0%	97.2%
Percentage of health infrastructure component budget spent	100.0%	100.0%	102.5%	115.4%	100.0%	97.4%
Percentage of hospital revitalisation component budget spent	100.0%	100.0%	64.4%	58.9%	100.0%	53.2%
Percentage of Equitable Share capital budget spent	100.0%	100.0%	124.8%	112.5%	100.0%	95.2%
Percentage of Health Technology budget spent	100.0%	100.0%	49.3%	38.0%	100.0%	37.1%
Percentage of strategic briefs completed	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Percentage of capital projects completed	100.0%	100.0%		0.0%	100.0%	0.0%
· Soonlage of capital projects completed	100.076	100.076	200.076	0.076	100.076	0.076

Telephone No: 021 483 3647/4473