

QUARTERLY PERFORMANCE REPORTS: 2016/17 - 4th Quarter
Western Cape
Sector: Health

Programme / Sub programme / Performance Measures	Target for 2016/17 as per Annual Performance Plan (APP)	1 st Quarter Planned output as per APP	1 st Quarter Preliminary output	1 st Quarter Actual output - validated	2 nd Quarter Planned output as per APP	2 nd Quarter Preliminary output	2 nd Quarter Actual output - validated	3 rd Quarter Planned output as per APP	3 rd Quarter Preliminary output	3 rd Quarter Actual output - validated	4 th Quarter Planned output as per APP	4 th Quarter Preliminary output
QUARTERLY OUTPUTS												
PROGRAMME 1: ADMINISTRATION												
1.1.1 Percentage of the annual equitable share budget allocation spent	100.0%	-	-	-	-	-	-	-	-	-	100.0%	99.3%
2.1.1 Timeous submission of a Human Resource Plan for 2015 - 2019 to DPSA	Yes	-	Yes	Yes	-	-	-	-	-	-	-	Yes
3.1.1 Cultural entropy level for WCG: Health	Survey conducted every 2nd year	-	-	-	-	-	-	-	-	-	Survey conducted every 2nd year	-
3.1.2 Number of value matches in the Barrett survey	Survey conducted every 2nd year	-	-	0	-	-	-	-	-	-	Survey conducted every 2nd year	-
1 Audit opinion from Auditor-General of South Africa	Unqualified	-	-	0.0	-	-	-	-	-	-	Unqualified	Unqualified
2 Percentage of hospitals with broadband access	46.3%	42.9%	50.0%	50.0%	42.9%	57.1%	57.1%	42.9%	64.3%	92.9%	58.3%	75.0%
3 Percentage of fixed PHC facilities with broadband access	25.3%	26.1%	67.6%	66.7%	26.1%	72.5%	73.5%	26.1%	80.9%	100.0%	22.9%	98.5%
4 Percentage of selected pharmacies where JAC roll-out has been completed	96.0%	96.0%	92.0%	92.0%	96.0%	96.0%	96.0%	96.0%	96.0%	100.0%	96.0%	100.0%
PROGRAMME 2: DISTRICT HEALTH SERVICES												
District Health Services												
1 Number of districts piloting NHI interventions	1	-	-	-	-	-	-	-	-	-	1	-
2 Establish NHI consultation fora	1	-	-	-	-	-	-	-	-	-	1	-
3 Percentage of fixed PHC facilities scoring above 70% on the ideal clinic dashboard	14.6%	5.0%	2.6%	0.0%	13.6%	0.0%	0.0%	18.8%	0.0%	0.0%	11.6%	0.0%
4 Client satisfaction survey rate (PHC)	84.4%	1.1%	0.0%	4.0%	1.9%	13.1%	25.3%	46.3%	24.9%	36.6%	35.2%	4.4%
5 Client satisfaction rate (PHC)	81.6%	79.6%	0.0%	93.3%	79.6%	80.3%	78.7%	80.4%	82.7%	84.2%	82.6%	89.3%
6 OHH registration visit coverage (annualised)	Not applicable in W Cape	Not applicable in W Cape	Not applicable in W Cape	Not applicable in W Cape	Not applicable in W Cape	Not applicable in W Cape	Not applicable in W Cape	Not applicable in W Cape	Not applicable in W Cape	Not applicable in W Cape	Not applicable in W Cape	-
7 Number of districts with fully fledged district clinical specialist teams (DCSTs)	Not applicable in W Cape	Not applicable in W Cape	Not applicable in W Cape	Not applicable in W Cape	Not applicable in W Cape	Not applicable in W Cape	Not applicable in W Cape	Not applicable in W Cape	Not applicable in W Cape	Not applicable in W Cape	Not applicable in W Cape	-
8 PHC utilisation rate (annualised)	2.3	2.2	2.3	2.3	2.3	2.3	2.3	2.2	2.4	2.2	2.3	2.2
9 Complaint resolution rate (PHC)	92.4%	91.9%	92.2%	93.6%	92.8%	97.6%	97.2%	92.6%	96.0%	97.7%	92.1%	94.7%
10 Complaint resolution within 25 working days rate (PHC)	95.3%	94.8%	97.2%	97.8%	95.7%	97.9%	96.3%	95.0%	97.8%	96.3%	95.4%	94.6%
11 PHC utilisation rate under 5 years (annualised)	4.1	4.0	4.4	4.4	4.1	4.1	4.2	4.0	4.0	3.8	4.1	4.0

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12 Provincial PHC expenditure per uninsured person in 2014/15 Rand	R 632	R 632	R 589	R 607	R 632	R 624	R 623	R 632	R 667	R 668	R 632	R 605
13 Provincial PHC expenditure per uninsured person	R 750	R 750	R 699	R 720	R 750	R 741	R 739	R 750	R 792	R 792	R 750	R 718
District Hospitals												
1 National core standards self-assessment rate (district hospitals)	100.0%	0.0%	5.9%	14.7%	2.9%	14.7%	17.6%	58.8%	35.3%	44.1%	38.2%	14.7%
2 Quality improvement plan after self-assessment rate (district hospitals)	97.1%	0.0%	50.0%	20.0%	0.0%	40.0%	50.0%	55.9%	25.0%	100.0%	41.2%	180.0%
3 Percentage of hospitals compliant with all extreme and vital measures of the national core standards (district hospitals)	8.8%	0.0%	50.0%	20.0%	0.0%	0.0%	0.0%	5.9%	0.0%	6.7%	2.9%	20.0%
4 Client satisfaction survey rate (district hospitals)	100.0%	0.0%	0.0%	0.0%	5.9%	14.7%	11.8%	61.8%	14.7%	35.3%	32.4%	14.7%
5 Client satisfaction rate (district hospitals)	88.9%	0.0%	0.0%	0.0%	0.0%	89.2%	86.2%	0.0%	83.7%	88.2%	88.9%	87.0%
6 Average length of stay (district hospitals)	3.3	3.3	3.2	3.2	3.3	3.2	3.2	3.3	3.2	3.2	3.3	3.3
7 Inpatient bed utilisation rate (district hospitals)	90.4%	90.9%	86.3%	85.3%	90.3%	86.4%	85.7%	90.2%	83.9%	83.4%	90.1%	82.5%
8 Expenditure per PDE (district hospitals)	R 2 015	R 2 032	R 1 928	R 1 968	R 2 037	R 2 069	R 2 113	R 2 044	R 2 152	R 2 191	R 2 044	R 2 231
9 Complaint resolution rate (district hospitals)	93.2%	92.8%	96.0%	95.4%	93.3%	93.6%	97.5%	93.5%	94.1%	100.0%	93.1%	98.2%
10 Complaint resolution within 25 working days rate (district hospitals)	92.4%	92.8%	91.1%	90.1%	93.1%	90.9%	89.8%	92.0%	92.9%	91.1%	91.8%	95.0%
11 Expenditure per PDE in 2014/15 Rand (district hospitals)	R 1 698	R 1 712	R 1 624	R 1 659	R 1 716	R 1 744	R 1 781	R 1 723	R 1 814	R 1 846	R 1 723	R 1 880
12 Mortality and morbidity review rate (district hospitals)	80.4%	84.1%	90.2%	88.2%	82.1%	91.2%	90.2%	76.2%	76.5%	84.3%	79.2%	82.4%
HAST												
1.1.1 TB programme success rate	83.7%	84.5%	81.0%	81.4%	83.5%	80.4%	80.8%	83.2%	80.0%	80.3%	83.5%	78.9%
2.1.1 ART retention in care after 12 months	74.8%	72.1%	68.9%	69.3%	73.0%	68.5%	69.7%	73.9%	69.6%	71.9%	74.8%	71.2%
2.1.2 ART retention in care after 48 months	63.4%	0.0%	-	-	0.0%	-	-	0.0%	-	0.0%	63.4%	59.6%
1 Total adults remaining on ART	214 978	185 872	198 484	201 432	195 458	204 405	207 551	204 970	212 331	212 695	214 978	216 540
2 Total children remaining on ART	8 521	7 735	8 075	8 049	8 008	7 842	8 041	8 269	7 913	7 996	8 521	7 717
3 TB/HIV co-infected client on ART rate	88.3%	87.5%	89.4%	89.5%	89.3%	88.2%	85.0%	87.6%	86.9%	90.4%	88.8%	96.9%
4 Client tested for HIV (including ANC)	1 247 532	290 363	323 867	327 902	338 582	336 908	354 006	311 968	373 005	342 665	306 618	336 518
5 TB symptom 5 years and older screened rate	14.6%	14.4%	24.8%	25.1%	14.8%	30.5%	30.5%	14.5%	31.9%	32.0%	14.7%	34.1%
6 Male condom distribution rate (annualised)	42.9	40.6	48.8	52.1	43.4	50.2	51.5	43.5	46.3	45.4	44.1	39.4
7 Medical male circumcision performed - total	23560	6022	2522	2932	6010	3540	3619	5642	2975	2567	5886	2097
8 TB new client treatment success rate	86.0%	85.4%	83.8%	83.8%	86.9%	83.6%	83.9%	84.5%	83.2%	83.3%	87.4%	82.5%
9 TB client lost to follow up rate	7.9%	7.1%	9.6%	9.6%	7.6%	9.3%	9.4%	8.7%	9.5%	9.5%	8.3%	10.0%
10 TB death rate	2.7%	2.7%	2.7%	2.7%	2.6%	3.3%	3.3%	2.7%	3.1%	3.0%	2.8%	3.0%
11 TB MDR confirmed treatment initiation rate	84.2%	-	0.0%	0.0%	-	-	103.4%	-	94.3%	79.9%	-	85.5%
12 TB MDR treatment success rate	44.3%	45.5%	41.8%	42.6%	43.7%	45.2%	45.2%	44.0%	34.3%	41.1%	43.8%	42.6%
MCWH & N												
1.1.1 Under 5 mortality rate (StatsSA)	23	-	-	0	-	0	0	-	0	0	23	22
1 Antenatal 1st visit before 20 weeks rate	66.9%	66.8%	68.0%	68.2%	67.0%	69.3%	70.0%	66.7%	71.6%	70.9%	67.0%	69.0%
2 Mother postnatal visit within 6 days rate	77.4%	76.7%	54.1%	56.9%	77.6%	56.1%	60.7%	77.7%	61.3%	61.7%	77.6%	64.6%
3 Antenatal client initiated on ART rate	77.2%	77.4%	81.5%	91.4%	77.0%	83.5%	93.4%	77.1%	91.1%	87.6%	77.3%	90.6%
4 Infant 1st PCR test positive around 10 weeks rate	1.3%	1.3%	0.7%	0.7%	1.3%	0.8%	0.9%	1.3%	1.0%	0.8%	1.3%	1.2%

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5 Immunisation coverage under 1 year (annualised)	98.3%	97.7%	89.4%	89.3%	96.9%	78.3%	81.9%	97.7%	80.1%	75.8%	100.9%	75.1%
6 Measles 2nd dose coverage (annualised)	79.9%	78.1%	119.2%	113.3%	80.2%	94.6%	94.6%	78.7%	85.8%	83.6%	82.5%	81.9%
7 DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	2.6%	2.6%	-63.5%	-54.8%	2.6%	-22.3%	-23.9%	2.6%	-9.5%	-3.4%	2.6%	3.1%
8 Child under 5 years diarrhoea case fatality rate	0.2%	0.1%	0.4%	0.4%	0.1%	0.2%	0.3%	0.1%	0.2%	0.2%	0.3%	0.2%
9 Child under 5 years pneumonia case fatality rate	0.3%	0.3%	0.3%	0.4%	0.3%	0.1%	0.2%	0.3%	0.4%	0.6%	0.2%	0.1%
10 Child under 5 years severe acute malnutrition case fatality rate	1.7%	1.8%	0.0%	0.0%	1.8%	2.1%	2.7%	1.5%	1.4%	0.7%	1.6%	0.8%
11 School Grade 1 screening coverage (annualised)	45 890	12 573	70.0%	73.0%	14 601	25.3%	12 991	9 330	11 233	13 818	9 385	9 908
12 School Grade 8 screening coverage (annualised)	7 845	1 779	25.4%	18.0%	2 172	10.1%	1 719	2 301	1 395	1 402	1 593	3 288
13 Couple year protection rate (annualised)	58.4%	59.6%	60.1%	58.7%	59.2%	61.2%	59.2%	57.3%	54.1%	54.4%	57.4%	50.8%
14 Cervical cancer screening coverage (annualised)	57.6%	54.8%	52.3%	52.4%	61.7%	57.7%	61.9%	56.4%	59.8%	50.8%	57.4%	52.3%
15 Human Papilloma Virus vaccine 1st dose coverage	33 613	18 436	36 135	36 135	5 059	0	0	5 059	0	0	5 059	0
16 Human Papilloma Virus vaccine 2nd dose coverage	32 497	4 747	0	0	12 766	34 305	34 941	4 747	0	0	10 237	0
17 Vitamin A dose 12 - 59 months coverage (annualised)	48.1%	47.4%	55.4%	53.6%	48.3%	46.9%	49.5%	46.8%	36.7%	35.8%	50.1%	56.8%
18 Infant exclusively breastfed at HepB 3rd dose rate	28.2%	22.5%	30.7%	31.7%	22.4%	34.6%	33.2%	22.4%	34.1%	32.3%	44.9%	29.4%
19 Maternal mortality in facility ratio (annualised)	42	44	38	51	49	58	57	41	42	68	36	14
20 Inpatient early neonatal death rate	5	5	7	7	5	6	6	5	8	8	5	7
21 Measles 1st dose under 1 year coverage (annualised)	101.0%	100.3%	116.5%	113.2%	99.5%	92.9%	95.3%	100.4%	93.2%	92.2%	103.9%	91.1%
22 Pneumococcal vaccine (PCV) 3rd dose coverage (annualised)	100.6%	100.0%	93.0%	92.5%	99.2%	87.3%	90.2%	100.0%	85.4%	82.2%	103.2%	81.4%
23 Rotavirus (RV) 2nd dose coverage (annualised)	102.0%	102.0%	86.4%	88.7%	103.1%	92.6%	93.1%	101.4%	90.7%	89.8%	101.4%	86.4%
Disease Prevention and Control												
1 Client screened for hypertension	8 210	2 053	16 857	27 983	2 053	81 335	95 778	2 053	136 787	130 527	2 053	158 043
2 Client screened for diabetes	41 049	10 262	13 437	22 345	10 262	67 790	75 392	10 262	101 924	94 366	10 262	107 894
3 Client screened for mental health	0.1%	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%

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1.1.1 Actual (usable) beds in tuberculosis hospitals	1026	-	-	0	-	0	-	-	-	0	1026	1026
1 National core standards self-assessment rate (TB hospitals)	83.3%	-	0.0%	33.3%	-	25.0%	16.7%	-	16.7%	33.3%	83.3%	0.0%
2 Quality improvement plan after self-assessment rate (TB hospitals)	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	-	200.0%	33.3%	100.0%	0.0%
3 Percentage of hospitals compliant with all extreme and vital measures of the national core standards (TB hospitals)	0.0%	0.0%	0.0%	0.0%	0.0%	-	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%
4 Patient satisfaction survey rate (TB hospitals)	100.0%	-	0.0%	0.0%	0.0%	0.0%	16.7%	-	75.0%	50.0%	100.0%	16.7%
5 Patient satisfaction rate (TB hospitals)	91.4%	0.0%	0.0%	0.0%	0.0%	0.0%	-	0.0%	-	-	91.4%	96.3%
6 Average length of stay (TB hospitals)	69.3	65.9	65.5	65.1	71.5	67.1	64.7	67.5	59.6	59.1	72.8	69
7 Inpatient bed utilisation rate (TB hospitals)	75.8%	72.2%	75.4%	75.0%	76.2%	76.2%	75.6%	78.8%	75.4%	72.5%	75.9%	68.5%
8 Expenditure per PDE (TB hospitals)	R 1 011	R 1 061	R 986	R 974	R 1 005	R 1 012	R 1 023	R 973	R 1 038	R 1 068	R 1 010	R 1 071
9 Complaint resolution rate (TB hospitals)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
10 Complaint resolution within 25 working days rate (TB hospitals)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	81.8%	100.0%	100.0%	100.0%	100.0%
11 Expenditure per PDE in 2014/15 Rand (TB hospitals)	R 852	R 894	R 831	R 821	R 847	R 852	R 863	R 820	R 874	R 900	R 851	R 903
12 Mortality and morbidity review rate (TB hospitals)	93.1%	94.4%	94.4%	94.4%	94.4%	100.0%	100.0%	88.9%	100.0%	88.9%	94.4%	100.0%
Psychiatric Hospitals												
1.1.1 Actual (usable) beds in psychiatric hospitals	1700	-	-	-	-	-	-	-	-	-	1700	1700
1.1.2 Actual (usable) beds in step-down facilities	150	-	-	-	-	-	-	-	-	-	150	150
1 National core standards self-assessment rate (psychiatric hospitals)	100.0%	-	-	-	-	-	-	-	75.0%	50.0%	100.0%	50.0%
2 Quality improvement plan after self-assessment rate (psychiatric hospitals)	100.0%	-	-	-	-	-	-	-	44.4%	100.0%	100.0%	50.0%
3 Percentage of hospitals compliant with all extreme and vital measures of the national core standards (psychiatric hospitals)	100.0%	-	-	-	-	-	-	-	25.0%	50.0%	100.0%	0.0%
4 Patient satisfaction survey rate (psychiatric hospitals)	100.0%	-	-	-	-	-	-	-	75.0%	50.0%	100.0%	0.0%
5 Patient satisfaction rate (psychiatric hospitals)	91.9%	0.0%	0.0%	0.0%	0.0%	0.0%	-	-	-	-	91.9%	91.2%
6 Average length of stay (psychiatric hospitals)	89.9	89.3	84.3	84.3	87.0	85.4	85.8	88.1	90.0	86.7	96.0	93.2
7 Inpatient bed utilisation rate (psychiatric hospitals)	90.5%	91.0%	91.2%	90.4%	91.6%	91.3%	90.7%	91.7%	90.8%	89.9%	87.9%	86.7%
8 Expenditure per PDE (psychiatric hospitals)	R 1 483	R 1 492	R 1 418	R 1 463	R 1 488	R 1 389	R 1 414	R 1 476	R 1 467	R 1 495	R 1 476	R 1 553
9 Complaint resolution rate (psychiatric hospitals)	99.0%	96.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.0%	100.0%	100.0%	100.0%
10 Complaint resolution within 25 working days rate (psychiatric hospitals)	99.0%	96.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.3%	100.0%	100.0%

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11 Expenditure per PDE in 2014/15 Rand (psychiatric hospitals)	R 1 250	R 1 258	R 1 195	R 1 233	R 1 254	R 1 170	R 1 192	R 1 244	R 1 236	R 1 260	R 1 244	R 1 309
12 Mortality and morbidity review rate (psychiatric hospitals)	91.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	83.3%	100.0%	75.0%	83.3%	87.5%
13 Inpatient bed utilisation rate (step-down facilities)	88.1%	88.0%	83.7%	84.1%	92.3%	82.3%	82.0%	86.8%	72.1%	82.2%	85.5%	86.9%
Rehabilitation Services												
1.1.1 Actual (usable) beds in rehabilitation hospitals	156	-	-	0	-	0	-	-	-	-	156	156
1 National core standards self-assessment rate (rehabilitation hospitals)	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	0.0%	0.0%	100.0%	100.0%
2 Quality improvement plan after self-assessment rate (rehabilitation hospitals)	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	0.0%	0.0%	100.0%	100.0%
3 Percentage of hospitals compliant with all extreme and vital measures of the national core standards (rehabilitation hospitals)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	0.0%	0.0%	0.0%	0.0%
4 Patient satisfaction survey rate (rehabilitation hospitals)	100.0%	-	0.0%	0.0%	0.0%	0.0%	0.0%	-	100.0%	0.0%	100.0%	100.0%
5 Patient satisfaction rate (rehabilitation hospitals)	95.2%	-	-	0.0%	0.0%	0.0%	-	-	-	-	95.2%	98.2%
6 Average length of stay (rehabilitation hospitals)	53.7	51.2	56.6	54.8	54.2	68.4	57.4	59.6	64.2	59.0	50.5	67.2
7 Inpatient bed utilisation rate (rehabilitation hospitals)	75.9%	74.8%	77.5%	76.7%	80.0%	79.3%	78.6%	74.1%	79.1%	76.2%	74.5%	76.5%
8 Expenditure per PDE (rehabilitation hospitals)	R 2 702	R 2 703	R 2 799	R 2 602	R 2 702	R 2 439	R 2 500	R 2 702	R 2 549	R 2 687	R 2 702	R 2 507
9 Complaint resolution rate (rehabilitation hospitals)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
10 Complaint resolution within 25 working days rate (rehabilitation hospitals)	95.2%	100.0%	100.0%	100.0%	90.9%	100.0%	100.0%	90.9%	100.0%	100.0%	100.0%	77.8%
11 Expenditure per PDE in 2014/15 Rand (rehabilitation hospitals)	R 2 277	R 2 278	R 2 359	R 2 193	R 2 277	R 2 055	R 2 106	R 2 277	R 2 148	R 2 264	R 2 277	R 2 113
12 Mortality and morbidity review rate (rehabilitation hospitals)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%
Dental Training Hospitals												
1.1.1 Oral health patient visits at dental training hospitals	122 250	37 000	38 381	35 840	38 904	32 126	34 808	23 976	32 841	22 967	22 370	27 314
2. Number of removable oral health prosthetic devices manufactured (dentures)	3 890	1 010	1 004	1 224	1 350	1 197	1 579	1 080	1 895	1 399	450	318
PROGRAMME 5: CENTRAL HOSPITAL SERVICES												
Central Hospital Services												
1.1.1 Actual (usable) beds in central hospitals	2 359	-	-	-	-	-	-	-	-	-	2 359	2 359
1 National core standards self-assessment rate (central hospitals)	100.0%	-	-	-	-	-	-	-	-	-	100.0%	100.0%
2 Quality improvement plan after self-assessment rate (central hospitals)	100.0%	-	0.0%	0.0%	-	0.0%	0.0%	-	0.0%	0.0%	100.0%	50.0%
3 Percentage of hospitals compliant with all extreme and vital measures of the national core standards (central hospitals)	100.0%	-	0.0%	0.0%	-	0.0%	0.0%	-	0.0%	0.0%	100.0%	0.0%
4 Patient satisfaction survey rate (central hospitals)	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	-	-	0.0%	100.0%	100.0%
5 Patient satisfaction rate (central hospitals)	90.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	-	-	-	90.0%	96.6%
6 Average length of stay (central hospitals)	6.2	6.2	6.5	6.5	6.4	6.5	6.4	6.1	6.4	6.5	6.2	6.5
7 Inpatient bed utilisation rate (central hospitals)	86.5%	86.9%	87.7%	87.5%	87.6%	89.8%	89.1%	84.7%	87.3%	85.7%	86.7%	80.3%
8 Expenditure per PDE (central hospitals)	R 4 870	R 4 870	R 4 382	R 4 569	R 4 723	R 4 636	R 4 724	R 4 870	R 4 823	R 5 053	R 5 027	R 5 171
9 Complaint resolution rate (central hospitals)	88.5%	88.6%	96.1%	98.7%	88.6%	91.6%	100.0%	88.2%	100.0%	100.0%	88.6%	95.5%

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10 Complaint resolution within 25 working days rate (central hospitals)	86.6%	86.6%	93.9%	91.4%	86.6%	90.0%	82.3%	86.6%	91.3%	89.1%	86.6%	95.3%
11 Expenditure per PDE in 2014/15 Rand (central hospitals)	R 4 104	R 4 104	R 3 693	R 3 851	R 3 980	R 3 907	R 3 981	R 4 104	R 4 064	R 4 258	R 4 237	R 4 358
12 Mortality and morbidity review rate (central hospitals)	94.0%	95.2%	100.0%	100.0%	100.0%	100.0%	100.0%	81.0%	100.0%	66.7%	100.0%	92.9%
Groote Schuur Hospital												
1.1.1 Actual (usable) beds in Groote Schuur Hospital	975	-	-	-	-	-	-	-	-	-	975	975
1 National core standards self-assessment (Groote Schuur Hospital)	Yes	No	No	No	No	No	No	No	No	No	Yes	Yes
2 Quality improvement plan after self-assessment (Groote Schuur Hospital)	Yes	No	No	No	No	No	No	No	No	No	Yes	Yes
3 Hospital compliant with all extreme and vital measures of the national core standards (Groote Schuur Hospital)	Yes	No	No	No	No	No	No	No	No	No	Yes	No
4 Patient satisfaction survey (Groote Schuur Hospital)	Yes	No	No	No	No	No	No	No	No	No	Yes	Yes
5 Patient satisfaction rate (Groote Schuur Hospital)	90.0%	-	-	0.0%	0.0%	0.0%	-	-	-	-	90.0%	96.1%
6 Average length of stay (Groote Schuur Hospital)	6.1	6.1	6.1	6.1	6.2	5.9	5.9	6.0	6.1	6.2	6.1	6.2
7 Inpatient bed utilisation rate (Groote Schuur Hospital)	85.2%	85.8%	85.8%	85.2%	86.5%	85.2%	87.2%	83.0%	87.6%	86.8%	85.4%	80.4%
8 Expenditure per PDE (Groote Schuur Hospital)	R 5 255	R 5 255	R 4 577	R 4 896	R 5 152	R 4 906	R 5 049	R 5 255	R 5 243	R 5 468	R 5 362	R 5 448
9 Complaint resolution rate (Groote Schuur Hospital)	96.0%	96.4%	100.0%	100.0%	96.4%	98.6%	100.0%	95.6%	100.0%	100.0%	95.6%	100.0%
10 Complaint resolution within 25 working days rate (Groote Schuur Hospital)	90.0%	89.8%	93.1%	93.6%	89.8%	88.6%	84.0%	89.8%	91.1%	90.7%	90.7%	96.0%
11 Expenditure per PDE in 2014/15 Rand (Groote Schuur Hospital)	R 4 428	R 4 428	R 3 857	R 4 126	R 4 342	R 4 134	R 4 255	R 4 428	R 4 418	R 4 608	R 4 519	R 4 591
12 Mortality and morbidity review rate (Groote Schuur Hospital)	91.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	66.7%	100.0%	83.3%
Tygerberg Hospital												
1.1.1 Actual (usable) beds in Tygerberg Hospital	1384	-	-	-	-	-	-	-	-	-	1384	1384
1 National core standards self-assessment (Tygerberg Hospital)	Yes	No	No	No	No	No	No	No	No	No	Yes	Yes
2 Quality improvement plan after self-assessment (Tygerberg Hospital)	Yes	No	No	No	No	No	No	No	No	No	Yes	No
3 Hospital compliant with all extreme and vital measures of the national core standards (Tygerberg Hospital)	Yes	No	No	No	No	No	No	No	No	No	Yes	No
4 Patient satisfaction survey (Tygerberg Hospital)	Yes	No	No	No	No	No	No	No	No	No	Yes	Yes
5 Patient satisfaction rate (Tygerberg Hospital)	90.0%	-	-	-	-	-	-	-	-	-	90.0%	97.6%
6 Average length of stay (Tygerberg Hospital)	6.3	6.2	6.8	6.7	6.4	6.9	6.8	6.2	6.6	6.6	6.3	6.6
7 Inpatient bed utilisation rate (Tygerberg Hospital)	87.4%	87.6%	89.1%	89.1%	88.4%	91.6%	90.4%	85.9%	87.1%	85.0%	87.6%	80.3%
8 Expenditure per PDE (Tygerberg Hospital)	R 4 572	R 4 572	R 4 234	R 4 322	R 4 396	R 4 431	R 4 472	R 4 572	R 4 488	R 4 718	R 4 762	R 4 948
9 Complaint resolution rate (Tygerberg Hospital)	80.0%	79.8%	88.5%	96.5%	79.8%	83.3%	100.0%	79.8%	100.0%	100.0%	80.6%	82.4%
10 Complaint resolution within 25 working days rate (Tygerberg Hospital)	82.0%	82.3%	95.7%	87.8%	82.3%	92.0%	80.2%	82.3%	91.9%	86.5%	81.0%	92.9%
11 Expenditure per PDE in 2014/15 Rand (Tygerberg Hospital)	R 3 853	R 3 853	R 3 568	R 3 642	R 3 704	R 3 734	R 3 769	R 3 853	R 3 782	R 3 976	R 4 013	R 4 170
12 Mortality and morbidity review rate (Tygerberg Hospital)	95.8%	91.7%	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%	100.0%	100.0%	100.0%

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Red Cross War Memorial Childrens Hospital												
1.1.1 Actual (usable) beds in RCWMCH	272	-	-	-	-	-	-	-	-	-	272	272
1 National core standards self-assessment (RCWMCH)	Yes	No	No	No	No	No	No	No	No	No	Yes	Yes
2 Quality improvement plan after self-assessment (RCWMCH)	Yes	No	No	No	No	No	No	No	No	No	Yes	No
3 Hospital compliant with all extreme and vital measures of the national core standards (RCWMCH)	Yes	No	No	No	No	No	No	No	No	No	Yes	No
4 Patient satisfaction survey (RCWMCH)	Yes	No	No	No	No	No	No	No	No	No	Yes	Yes
5 Patient satisfaction rate (RCWMCH)	90.0%	-	-	0.0%	-	0.0%	-	-	-	-	90.0%	92.8%
6 Average length of stay (RCWMCH)	4.0	4.0	4.0	4.0	4.1	4.2	4.2	3.9	4.0	4.0	4.0	3.9
7 Inpatient bed utilisation rate (RCWMCH)	83.0%	83.6%	85.9%	83.2%	84.3%	80.1%	80.4%	80.9%	78.4%	74.6%	83.2%	72.3%
8 Expenditure per PDE (RCWMCH)	R 5 485	R 5 485	R 4 801	R 5 054	R 5 274	R 5 265	R 5 437	R 5 485	R 5 923	R 6 417	R 5 713	R 6 078
9 Complaint resolution rate (RCWMCH)	96.0%	95.5%	100.0%	100.0%	95.5%	100.0%	100.0%	95.5%	100.0%	100.0%	97.7%	100.0%
10 Complaint resolution w ithin 25 working days rate (RCWMCH)	83.0%	83.3%	92.3%	93.5%	83.3%	96.6%	95.7%	83.3%	97.2%	97.0%	81.0%	94.4%
11 Expenditure per PDE in 2014/15 Rand (RCWMCH)	R 4 622	R 4 622	R 4 046	R 4 259	R 4 444	R 4 437	R 4 582	R 4 622	R 4 992	R 5 408	R 4 815	R 5 122
12 Mortality and morbidity review rate (RCWMCH)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)												
1.1.1 Number of bursaries awarded for scarce and critical skills categories	2472	2472	2447	2447	-	-	-	-	-	-	-	-
1 Number of bursaries awarded for first year medicine students	50	50	50	49	-	-	-	-	-	-	-	-
2 Number of bursaries awarded for first year nursing students	195	195	195	195	-	0	-	-	-	-	-	-
3 Intake of nurse students (1st to 4th year at HEIs and nursing college)	2280	2280	2237	1970	-	0	-	-	-	-	-	-
4 Basic professional nurse students graduating (at nursing college)	260	260	36	27	-	0	-	-	-	-	-	215
5 Basic nurse students graduating (at HEIs and nursing college)	470	470	36	27	-	0	-	-	-	-	-	412
6 EMC intake on accredited HPCSA courses	96	24	30	30	24	30	30	24	-	0	24	30
7 Intake of home community based carers (HCBCs)	800	800	0	626	-	0	-	-	-	-	-	256
8 Intake of data capturer interns	160	160	202	220	-	0	-	-	-	-	-	-
9 Intake of pharmacy assistants	120	120	0	-	-	0	-	-	-	-	-	123
10 Intake of assistant to artisan (ATA) interns	120	120	118	119	-	0	-	-	-	-	-	-
11 Intake of HR and finance interns	160	160	160	153	-	0	-	-	-	-	-	-
12 Intake of emergency medical care (EMC) assistant interns	140	140	138	162	-	0	-	-	-	-	-	-
13 Intake of forensic pathology service (FPS) assistant interns	20	20	11	13	-	0	-	-	-	-	-	-
PROGRAMME 7: HEALTH CARE SUPPORT SERVICES												
Laundry Services												
1.1.1 Average cost per item laundered in-house	R 4.89	R 4.55	R 4.82	R 4.55	R 5.04	R 4.51	R 4.62	R 4.48	R 4.38	R 4.51	R 5.45	R 4.69
1 Average cost per item laundered outsourced	R 3.88	R 3.69	R 3.51	R 3.50	R 3.69	R 3.54	R 3.54	R 4.07	R 3.57	R 3.53	R 4.07	R 3.61
Engineering Services												

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1.1.1 Percentage reduction in energy consumption at provincial hospitals (compared to 2014/15 baseline)	2.9%	-	-	0.0%	-	0.0%	-	-	-	-	2.9%	2.7%
1 Percentage of engineering emergency cases addressed w ithin 48 hours	97.9%	96.3%	100.0%	100.0%	98.0%	100.0%	100.0%	99.2%	100.0%	100.0%	97.8%	100.0%
2 Percentage of clinical engineering maintenance jobs completed	92.0%	73.5%	47.6%	55.4%	97.9%	82.6%	83.8%	107.0%	118.5%	135.7%	86.9%	129.3%
3 Percentage of engineering maintenance jobs completed	84.0%	79.7%	82.5%	100.7%	86.0%	77.4%	84.5%	90.5%	59.9%	73.7%	80.8%	76.8%
4 Percentage of selected hospitals utilising more water than the provincial benchmark	50.0%	-	-	-	-	-	0.0%	-	-	-	50.0%	34.0%
Forensic Pathology Services												
1.1.1 Percentage of FPS cases released w ithin 5 days (excluding unidentified persons)	72.4%	68.5%	71.0%	70.9%	71.4%	65.1%	63.3%	76.2%	72.7%	72.0%	74.0%	67.1%
1 Percentage of FPS cases responded to w ithin 40 minutes	76.0%	73.8%	75.5%	74.4%	77.5%	77.9%	77.3%	79.9%	70.8%	71.7%	73.0%	74.1%
2 Percentage of FPS cases examined w ithin 3 days	71.6%	67.0%	71.4%	71.6%	65.2%	61.8%	61.0%	74.5%	72.1%	69.9%	81.0%	69.1%
3 Toxicology service commissioned	No	-	-	-	-	-	-	-	-	-	No	No
Cape Medical Depot												
1.1.1 Percentage of pharmaceutical stock available	97.0%	96.9%	94.6%	94.6%	96.9%	91.5%	91.5%	96.9%	96.4%	92.8%	97.4%	92.4%
1 Percentage of pharmaceutical orders finalised (processed) w ithin 3 working days	80.0%	80.0%	93.6%	93.6%	80.0%	100.0%	100.0%	80.0%	100.0%	99.5%	80.0%	99.99%
2 Percentage of pharmaceutical demander queries resolved w ithin 2 working days	81.1%	81.2%	96.3%	96.3%	81.2%	94.0%	95.3%	81.2%	96.8%	92.1%	81.0%	73.36%
PROGRAMME 8: HEALTH FACILITIES MANAGEMENT												
Health Facilities Management												
1.1.1 Percentage of Programme 8 capital infrastructure budget spent (excluding maintenance)	100.0%	100.0%	67.4%	93.3%	100.0%	109.0%	108.4%	100.0%	106.5%	117.2%	100.0%	91.2%
1.1.2 Percentage of Programme 8 capital infrastructure projects completed	100.0%	-	-	-	-	-	-	-	-	-	100.0%	66.7%
1 Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District (Eden District)	6	-	-	-	-	-	-	-	-	-	6	5
2 Number of health facilities that have undergone major and minor refurbishment (excluding facilities in NHI Pilot District (Eden District))	52	-	-	-	-	-	-	-	-	-	52	58
3 Establish service level agreements (SLAs) w ith Departments of Public Works (and any other Implementing Agent)	Yes	-	Yes	-	-	-	-	-	-	-	Yes	Yes
4 Percentage of Programme 8 Scheduled Maintenance budget spent	100.0%	100.0%	72.2%	84.6%	100.0%	111.6%	106.5%	100.0%	74.4%	85.8%	100.0%	58.2%
5 Percentage of Routine and Professional Day-to-day Maintenance budget spent	100.0%	100.0%	167.9%	252.9%	100.0%	229.4%	163.1%	100.0%	162.4%	145.0%	100.0%	55.9%
6 Percentage of Programme 8 health technology budget spent	100.0%	100.0%	177.3%	207.6%	100.0%	464.8%	282.5%	100.0%	227.3%	248.3%	100.0%	142.3%

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Information submitted by: Dr E.H.Engelbrecht												