

QUARTERLY PERFORMANCE REPORTS: 2017/18 - 2nd Quarter									
Western Cape									
Sector: Health									
Programme / Sub programme / Performance Measures	Target for 2017/18 as per Annual Performance Plan (APP)	1 st Quarter Planned output as per APP	1 st Quarter Preliminary output	1st 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
QUARTERLY OUTPUTS									
Programme 1: Administration									
2 Percentage of hospitals with broadband access	100.0%	81.1%	81.13%	79.6%	86.8%	83.3%	88.7%	92.5%	92.5%
3 Percentage of fixed PHC facilities with broadband access	95.2%	89.7%	90.0%	87.6%	91.6%	91.4%	91.0%	93.4%	93.3%
Programme 2: District Health Services									
District Health Services									
1 Ideal clinic status determinations conducted by Perfect Permanent Team for Ideal Clinic Realisation and Maintenance (PPTICRM) rate (fixed clinic/CHC/CDC)	81.0%	0.0%	-	-	63.2%	384.2%	515.8%	63.7%	112.9%
2 OHH registration visit coverage (annualised)	Not applicable in Western Cape	Not applicable in Western Cape	Not applicable in Western Cape	Not applicable in Western Cape	Not applicable in Western Cape	Not applicable in Western Cape	Not applicable in Western Cape	Not applicable in Western Cape	Not applicable in Western Cape
3 PHC utilisation rate - Total	2.3	2.3	2.2	2.2	2.3	2.3	2.3	2	2.4
4 Complaint resolution rate (PHC facilities)	95.6%	95.5%	93.7%	97.0%	95.3%	97.0%	97.6%	95.6%	96.9%
5 Complaint resolution within 25 working days rate (PHC facilities)	95.0%	95.3%	96.6%	94.1%	95.1%	94.4%	95.3%	95.0%	97.3%
District Hospitals									
1 Percentage of Hospitals that achieved an overall	63.6%	75.0%	0.0%	75.0%	100.0%	60.0%	0.0%	47.6%	0.0%
2 Average length of stay (district hospitals)	3.2	3.3	3.3	3.3	3.2	3.3	3.4	3.2	3.3
3 Inpatient bed utilisation rate (district hospitals)	84.7%	87.5%	87.9%	88.7%	85.2%	92.8%	92.3%	82.6%	89.4%
4 Expenditure per patient day equivalent (PDE) (district hospitals)	R 2 264	R 2 264	R 1 788	R 2 210	R 2 272	R 2 257	R 2 246	R 2 262	R 2 330
5 Complaint resolution rate (district hospitals)	93.3%	93.0%	96.1%	99.0%	93.9%	96.3%	97.7%	93.1%	95.2%
6 Complaint resolution within 25 working days rate	90.0%	90.4%	93.3%	91.6%	89.6%	88.9%	88.5%	90.3%	96.3%
HAST									
1.1.1 TB programme success rate	81.1%	81.0%	78.9%	79.7%	81.3%	80.6%	1	1	1
2.1.1 ART retention in care after 12 months	72.3%	70.8%	65.9%	50.6%	70.9%	47.2%	1	1	1
2.1.2 ART retention in care after 48 months	61.8%	59.8%	53.5%	40.2%	59.9%	37.8%	1	1	1
1 ART client remain on ART end of month - total	237 504	224 672	234 535	238 017	228 971	237 694	243857.0	232494.0	249637.0
2 TB/HIV co-infected on ART rate	87.8%	87.8%	90.0%	90.5%	87.9%	90.3%	0.9	87.8%	0.9
3 HIV test done - Total	1 373 615	340 325	338 811	349 046	343 968	325 487	370943.0	3438580.0%	386822.0
4 Male condom distribution	111 774 598	27 861 440	25 496 400	29 610 800	27 965 586	22 702 800	24 516 600	27 960 653	34 797 600
5 Medical male circumcision - Total	22 040	5 388	2 967	3 766	5 699	6 392	5 692	5 497	4 163
6 TB client 5 years and older start on treatment rate	94.6%	94.5%	92.4%	91.7%	94.8%	98.8%	91.60%	94.70%	84.80%
7 TB client treatment success rate	81.1%	81.0%	78.9%	79.7%	81.3%	80.6%	80.70%	81.30%	78.10%
8 TB client lost to follow up rate	8.4%	9.6%	10.6%	10.6%	9.5%	10.4%	10.40%	9.50%	11.40%
9 TB client death rate	3.3%	3.8%	3.8%	3.8%	3.8%	4.0%	4.10%	3.80%	3.80%
10 TB MDR treatment success rate	42.8%	41.8%	34.2%	35.7%	41.4%	44.8%	43.80%	44.00%	43.60%
MCWH & N									
1 Antenatal 1st visit before 20 weeks rate	69.2%	67.2%	68.3%	68.2%	68.8%	69.9%	70.40%	70.50%	71.30%
2 Mother postnatal visit within 6 days rate	63.4%	62.0%	60.3%	57.2%	63.9%	61.9%	61.30%	64.10%	62.60%
3 Antenatal client start on ART rate	85.9%	85.7%	89.5%	99.9%	86.1%	87.9%	91.60%	86.00%	91.10%

Programme / Sub programme / Performance Measures	Target for 2017/18 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
4 Infant 1st PCR test positive around 10 weeks rate	0.9%	0.9%	0.6%	0.6%	0.9%	0.8%	0.70%	0.90%	0.70%
5 Immunisation under 1 year coverage	83.8%	90.9%	86.0%	78.9%	91.0%	84.9%	82.30%	83.30%	87.40%
6 Measles 2nd dose coverage	74.5%	78.2%	88.9%	78.9%	78.9%	82.9%	81.10%	74.40%	81.70%
7 DTaP-IPV-HepB-Hib 3rd dose - Measles 1st dose drop-out rate	4.6%	4.7%	-8.8%	5.4%	4.7%	-6.7%	-	4.60%	-
8 Diarrhoea case fatality rate	0.3%	0.2%	0.4%	0.5%	0.3%	0.7%	0.40%	0.20%	0.00%
9 Pneumonia case fatality under 5 years rate	0.4%	0.5%	0.2%	0.2%	0.5%	0.5%	0.40%	0.30%	0.30%
10 Severe acute malnutrition case fatality under 5 years rate	0.5%	0.7%	0.0%	3.3%	0.9%	2.3%	1.70%	0.00%	1.50%
11 School Grade 1 - learners screened	58 765	16 588	17 327	19 221	14 055	9 272	8976	14 422	19 268
12 School Grade 8 - learners screened	8 860	2 631	4 662	3 452	2 056	3 269	3 556	2 179	3 143
13 Delivery in 10 to 19 years in facility rate	8.7%	8.7%	10.1%	9.9%	8.7%	11.8%	12.10%	8.80%	10.90%
14 Couple year protection rate (Int)	76.9%	76.2%	72.9%	81.2%	76.2%	71.4%	74.40%	77.00%	95.40%
15 Cervical cancer screening coverage (annualised)	56.5%	54.4%	54.7%	53.9%	58.6%	62.1%	62.90%	57.00%	65.70%
18 Vitamin A dose 12 - 59 months coverage	49.5%	51.0%	48.3%	47.6%	52.0%	47.3%	48.00%	49.30%	55.70%
19 Infant exclusively breastfed at DTaP-IPV-HepB-Hib 3rd dose rate	34.3%	34.3%	28.7%	29.8%	34.2%	31.8%	-	34.20%	-
20 Maternal mortality in facility ratio	61	54	37	79	58	42	72	54.1	18.34
21 Neonatal death in facility rate	5.6	5.5	10.6	9.8	5.6	9.0	8	5.6	7.63
Disease Prevention and Control									
1 Cataract surgery rate	1 760	1 763	1 419	1 567	1 736	1 555	1 569	1 880	1 823
2 Malaria case fatality rate	1.2%	0.0%	2.8%	1.9%	2.6%	0.0%	0.00%	0.00%	0.00%
Programme 3: Emergency Medical Services									
1 EMS P1 urban response under 15 minutes rate	65.0%	65.0%	63.5%	62.1%	65.0%	62.7%	62.60%	65.00%	59.20%
2 EMS P1 rural response under 40 minutes rate	79.0%	79.0%	82.0%	80.6%	79.0%	80.3%	80.10%	79.00%	79.80%
3 EMS inter-facility transfer rate	38.1%	38.1%	34.0%	31.5%	38.1%	31.7%	31.40%	38.10%	32.30%
4 Total number of EMS emergency cases	533 324	133 331	21 840	122 258	133 331	124 983	124 366	133 331	121 947
Programme 4: Provincial Hospital Services									
General (regional) Hospital									
1 Percentage of Hospitals that achieved an overall performance ≥75% compliance with the national core standard (Regional hospitals)	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%
2 Average length of stay (Regional Hospitals)	3.9	3.9	3.9	3.9	3.9	3.9	4	3.8	4
3 Inpatient bed utilisation rate (Regional Hospitals)	89.0%	89.6%	91.0%	89.5%	89.6%	89.5%	88.70%	87.20%	89.40%
4 Expenditure PDE (Regional Hospital)	R 3 119	R 2 744	R 2 783	R 2 897	R 2 752	R 3 093	R 3 118	R 2 798	R 3,054
5 Complaint Resolution rate (regional hospitals)	99.4%	98.9%	100.0%	100.0%	98.9%	100.0%	100.00%	100.00%	100.00%
6 Complaint resolution within 25 working days rate (regional hospitals)	98.4%	97.8%	100.0%	98.9%	97.9%	95.7%	97%	96.80%	100.00%
7 Mortality and morbidity review rate (regional hospitals)	83.3%	84.3%	82.4%	117.6%	84.3%	64.7%	102.00%	84.30%	102.90%
Tuberculosis hospitals									
1 Percentage of Hospitals that achieved an overall performance ≥75% compliance with the national core standard (TB hospitals)	66.7%	0.0%	0.0%	100.0%	0.0%	100.0%	0.00%	66.70%	0.00%
2 Average length of stay (TB Hospitals)	72.1	70.1	68.2	67.1	66.1	66.8	67.3	71.3	62.9
3 Inpatient bed utilisation rate (TB Hospitals)	76.6%	75.6%	71.9%	71.7%	78.1%	73.6%	72.80%	75.20%	75.60%
4 Expenditure PDE (TB Hospital)	R 1 056	R 1 071	R 1 083	R 1 104	R 1 036	R 1 133	R 1,088	R 1,076	R 1,078
5 Complaint Resolution rate (TB hospitals)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%	100.00%	100.00%
6 Complaint resolution within 25 working days rate (TB hospitals)	94.4%	90.9%	100.0%	100.0%	94.1%	100.0%	100.00%	90.90%	100.00%
7 Mortality and morbidity review rate (TB hospitals)	88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%	72.20%	100.00%
Psychiatric hospitals									
1 Percentage of Hospitals that achieved an overall performance ≥75% compliance with the national core standard (Psychiatric Hospitals)	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%
2 Average length of stay (Psychiatric Hospitals)	86.4	83.9	91.8	89.5	85.0	91.5	89.5	85.4	89.1
3 Inpatient bed utilisation rate (Psychiatric Hospitals)	90.8%	90.4%	88.9%	88.8%	91.3%	91.4%	90.80%	90.90%	90.60%
4 Expenditure PDE (Psychiatric Hospitals)	R 1 590	R 1 601	R 1 469	R 1 526	R 1 596	R 1 592	R 1,560	R 1,583	R 1,603

Programme / Sub programme / Performance Measures	Target for 2017/18 as per Annual Performance Plan (APP)	1 st Quarter Planned output as per APP	1 st Quarter Preliminary output	1st 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
5 Complaint Resolution rate (Psychiatric Hospitals)	99.0%	96.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
6 Complaint resolution within 25 working days rate (Psychiatric Hospitals)	98.1%	92.3%	100.0%	100.0%	100.0%	96.7%	100.0%	100.0%	95.80%
7 Mortality and morbidity review rate (Psychiatric Hospitals)	91.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	83.30%	100.00%
8 Inpatient bed utilisation rate (step down facilities)	83.5%	84.7%	84.4%	80.3%	85.7%	83.6%	81.40%	80.10%	88.60%
Rehabilitation hospitals									
1 Percentage of Hospitals that achieved an overall performance ≥75% compliance with the national core standard (rehabilitation hospitals)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%
2 Average length of stay (rehabilitation hospitals)	56.0	53.5	56.9	54.3	56.6	58.4	56.5	62.6	59.3
3 Inpatient bed utilisation rate (rehabilitation hospitals)	77.8%	76.7%	73.2%	73.2%	81.9%	78.8%	77.80%	76.00%	77.50%
4 Expenditure PDE (rehabilitation hospitals)	R 2 933	R 2 933	R 2 739	R 2 765	R 2 933	R 2 853	R 2 890	R 2 933	R 2 923
5 Complaint Resolution rate (rehabilitation hospitals)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%
6 Complaint resolution within 25 working days rate (rehabilitation hospitals)	95.2%	100.0%	100.0%	100.0%	90.9%	100.0%	100.0%	90.90%	100.00%
7 Mortality and morbidity review rate (rehabilitation hospitals)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%
Dental training hospitals									
1 Oral health patient visits at dental training hospitals	122 260	37 000	35 181	33 226	38 904	31 103	33968	23 976	34 913
1 Number of removable oral health prosthetic devices	3 895	1 010	899	947	1 350	1 377	1573	1 080	2 304
Programme 5: Central and Tertiary Hospitals									
Central Hospitals									
1 Percentage of Hospitals that achieved an overall performance ≥75% compliance with the national core standard (Central Hospitals)	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%
2 Average length of stay (Central Hospitals)	6.2	6.1	6.6	6.5	6.3	6.5	6.5	6.1	6.3
3 Inpatient bed utilisation rate (Central Hospitals)	86.2%	86.5%	87.0%	87.1%	87.3%	90.4%	89.40%	84.40%	87.90%
4 Expenditure PDE (Central Hospitals)	R 5 170	R 5 170	R 4 796	R 4 979	R 5 013	R 5 098	R 5,096	R 5,170	R 5,202
5 Complaint Resolution rate (Central Hospitals)	92.6%	92.5%	94.5%	99.5%	92.5%	100.0%	99.50%	92.50%	98.20%
6 Complaint resolution within 25 working days rate (Central Hospitals)	83.0%	82.9%	82.6%	91.8%	82.5%	89.3%	91.00%	89.30%	92.90%
7 Mortality and morbidity review rate (Central Hospitals)	94.0%	90.5%	100.0%	100.0%	95.2%	100.0%	100.0%	90.50%	100.00%
Groote Schuur Hospital									
1 Percentage of Hospitals that achieved an overall performance ≥75% compliance with the national core standard (Groote Schuur Hospital)	Yes	No	No	No	No	No	No	No	No
2 Average length of stay (Groote Schuur Hospital)	6.0	6.0	6.2	6.1	6.1	6.2	6.1	5.9	5.9
3 Inpatient bed utilisation rate (Groote Schuur Hospitals)	85.0%	85.6%	85.7%	86.4%	86.3%	86.4%	87.80%	82.80%	86.50%

Programme / Sub programme / Performance Measures	Target for 2017/18 as per Annual Performance Plan (APP)	1 st Quarter Planned output as per APP	1 st Quarter Preliminary output	1st 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
4 Expenditure PDE (Grootte Schuur Hospital)	R 5 642	R 5 642	R 5 060	R 5 180	R 5 532	R 5 515	R 5 515	R 5 642	R 5 603
5 Complaint Resolution rate (Grootte Schuur Hospital)	96.0%	96.0%	95.1%	99.0%	96.0%	100.0%	100.0%	96.00%	100.00%
6 Complaint resolution within 25 working days rate (Grootte Schuur Hospital)	89.8%	90.0%	83.6%	95.1%	89.3%	97.0%	97.90%	93.10%	94.20%
7 Mortality and morbidity review rate (Grootte Schuur Hospital)	91.7%	88.9%	100.0%	100.0%	88.9%	100.0%	100.0%	88.90%	100.00%
Tygerberg Hospital									
1 Percentage of Hospitals that achieved an overall performance ≥75% compliance with the national core standard (Tygerberg Hospital)	Yes	No	No	No	No	No	No	No	No
2 Average length of stay (Tygerberg Hospital)	6.3	6.3	6.9	6.7	6.4	6.7	6.7	6.2	6.6
3 Inpatient bed utilisation rate (Tygerberg Hospital)	87.0%	87.2%	87.8%	87.6%	88.0%	91.1%	90.60%	85.50%	88.90%
4 Expenditure PDE (Tygerberg Hospital)	R 4 810	R 4 810	R 4 590	R 4 820	R 4 625	R 4 770	R 4 769	R 4 810	R 4 885
5 Complaint Resolution rate (Tygerberg Hospital)	88.0%	87.9%	93.8%	100.0%	87.9%	100.0%	98.90%	87.90%	96.70%
6 Complaint resolution within 25 working days rate (Tygerberg Hospital)	73.8%	73.6%	81.3%	87.5%	73.6%	80.4%	83.90%	83.80%	91.80%
7 Mortality and morbidity review rate (Tygerberg Hospital)	95.8%	91.7%	100.0%	100.0%	100.0%	100.0%	100.0%	91.70%	100.00%
Red Cross War Memorial Children's Hospital									
1 Percentage of Hospitals that achieved an overall performance ≥75% compliance with the national core standard (RCWMCH)	Yes	No	No	No	No	No	No	No	No
2 Average length of stay (RCWMCH)	4.0	4.0	3.9	3.89	4.1	3.86	3.9	3.9	3.7
3 Inpatient bed utilisation rate (RCWMCH)	82.0%	82.5%	81.8%	82.3%	83.6%	82.6%	80.30%	79.60%	80.10%
4 Expenditure PDE (RCWMCH)	R 5 885	R 5 885	R 5 559	R 5 480	R 5 659	R 5 871	R 5 980	R 5 885	R 6 140
5 Complaint Resolution rate (RCWMCH)	96.0%	95.3%	100.0%	100.0%	95.3%	100.0%	100.0%	95.30%	100.00%
6 Complaint resolution within 25 working days rate (RCWMCH)	89.5%	88.4%	92.1%	92.7%	90.7%	93.8%	92.30%	95.10%	87.50%
7 Mortality and morbidity review rate (RCWMCH)	91.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.70%	100.00%
Programme 7: Health Care Support Services									
Laundry Services									
1.1.1 Average cost per item laundered in-house	R 5.18	R 5.16	R 5.05	R 4.77	R 5.24	R 5.14	R 5.28	R 5.18	R 4.49
1 Average cost per item laundered outsourced	R 3.93	R 3.79	R 3.71	R 3.69	R 3.79	R 3.65	R 3.75	R 4.02	R 3.81
Engineering Services									
1 Threshold (provincial benchmark) achieved for clinical engineering maintenance jobs completed	Yes	Yes	No	No	Yes	No	Yes	Yes	No
2 Threshold (provincial benchmark) achieved for engineering maintenance jobs completed	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes
Forensic Pathology Services									
1 Number of Post - Mortem Examinations per FTE Pathologist	350	89	201	202	89	229	220	88	223
Cape Medical Depot									
Percentage of pharmaceutical stock available	95.1%	95.1%	93.1%	91.8%	95.1%	91.8%	92.80%	95.10%	93.70%
Programme 8: Health Facilities Management									
1.1.1 Percentage of Programme 8 capital infrastructure budget spent (excluding maintenance)									
3 Percentage of Programme 8 Maintenance budget spent	100.0%	13.4%	26.6%	23.2%	31.2%	46.0%	39.40%	53.70%	57.60%
4 Percentage of Programme 8 health technology budget spent	100.0%	1.9%	11.1%	9.9%	6.5%	30.9%	25.20%	13.60%	48.20%
Information submitted by: Dr E.H.Engelbrecht									
Telephone No: 021 483 3478									