

QUARTERLY PERFORMANCE REPORTS: 2016/17 - 1st 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 |
|---|---|---|--|
| QUARTERLY OUTPUTS | | | |
| PROGRAMME 1: ADMINISTRATION | | | |
| 1.1.1 Percentage of the annual equitable share budget allocation spent | 100.0% | - | - |
| 2.1.1 Timeous submission of a Human Resource Plan for 2015 - 2019 to DPSA | Yes | - | Yes |
| 3.1.1 Cultural entropy level for WCG: Health | Survey conducted every 2nd year | - | - |
| 3.1.2 Number of value matches in the Barrett survey | Survey conducted every 2nd year | - | - |
| 1 Audit opinion from Auditor-General of South Africa | Unqualified | - | - |
| 2 Percentage of hospitals with broadband access | 46.3% | 42.9% | 50.0% |
| 3 Percentage of fixed PHC facilities with broadband access | 25.3% | 26.1% | 66.7% |
| 4 Percentage of selected pharmacies where JAC roll-out has been completed | 96.0% | 96.0% | 92.0% |
| PROGRAMME 2: DISTRICT HEALTH SERVICES | | | |
| District Health Services | | | |
| 1 Number of districts piloting NHI interventions | 1 | - | - |
| 2 Establish NHI consultation fora | 1 | - | - |
| 3 Percentage of fixed PHC facilities scoring above 70% on the ideal clinic dashboard | 14.6% | 5.0% | 2.6% |
| 4 Client satisfaction survey rate (PHC) | 84.4% | 1.1% | 0.0% |
| 5 Client satisfaction rate (PHC) | 81.6% | 79.6% | 0.0% |
| 6 OHH registration visit coverage (annualised) | 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 |
| 8 PHC utilisation rate (annualised) | 2.3 | 2.2 | 2.3 |
| 9 Complaint resolution rate (PHC) | 92.4% | 91.9% | 92.2% |
| 10 Complaint resolution within 25 working days rate (PHC) | 95.3% | 94.8% | 97.2% |
| 11 PHC utilisation rate under 5 years (annualised) | 4.1 | 4.0 | 4.4 |
| 12 Provincial PHC expenditure per uninsured person in 2014/15 Rand | R 632 | R 632 | R 589 |
| 13 Provincial PHC expenditure per uninsured person | R 750 | R 750 | R 699 |
| District Hospitals | | | |
| 1 National core standards self-assessment rate (district hospitals) | 100.0% | 0.0% | 5.9% |
| 2 Quality improvement plan after self-assessment rate (district hospitals) | 97.1% | 0.0% | 50.0% |
| 3 Percentage of hospitals compliant with all extreme and vital measures of the national core standards (district hospitals) | 8.8% | 0.0% | 50.0% |
| 4 Client satisfaction survey rate (district hospitals) | 100.0% | 0.0% | 0.0% |
| 5 Client satisfaction rate (district hospitals) | 88.9% | 0.0% | 0.0% |
| 6 Average length of stay (district hospitals) | 3.3 | 3.3 | 3.2 |
| 7 Inpatient bed utilisation rate (district hospitals) | 90.4% | 90.9% | 86.3% |
| 8 Expenditure per PDE (district hospitals) | R 2 015 | R 2 032 | R 1 928 |
| 9 Complaint resolution rate (district hospitals) | 93.2% | 92.8% | 96.0% |

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| 10 Complaint resolution within 25 working days rate (district hospitals) | 92.4% | 92.8% | 91.1% |
| 11 Expenditure per PDE in 2014/15 Rand (district hospitals) | R 1 698 | R 1 712 | R 1 624 |
| 12 Mortality and morbidity review rate (district hospitals) | 80.4% | 84.1% | 90.2% |
| HAST | | | |
| 1.1.1 TB programme success rate | 83.7% | 84.5% | 81.0% |
| 2.1.1 ART retention in care after 12 months | 74.8% | 72.1% | 68.9% |
| 2.1.2 ART retention in care after 48 months | 63.4% | 0.0% | - |
| 1 Total adults remaining on ART | R 214 978 | R 185 872 | R 198 484 |
| 2 Total children remaining on ART | 8 521 | 7735 | 8075 |
| 3 TB/HIV co-infected client on ART rate | 88.3% | 87.5% | 89.4% |
| 4 Client tested for HIV (including ANC) | 1 247 532 | 290 363 | 323 867 |
| 5 TB symptom 5 years and older screened rate | 14.6% | 14.4% | 24.8% |
| 6 Male condom distribution rate (annualised) | 46.0 | 43.6 | 48.8 |
| 7 Medical male circumcision performed - total | 33741 | 8625 | 2522 |
| 8 TB new client treatment success rate | 86.0% | 85.4% | 83.8% |
| 9 TB client lost to follow up rate | 7.9% | 7.1% | 9.6% |
| 10 TB death rate | 2.7% | 2.7% | 2.7% |
| 11 TB MDR confirmed treatment initiation rate | 0.0% | 0.0% | 0.0% |
| 12 TB MDR treatment success rate | 44.3% | 45.5% | 41.8% |
| MCWH & N | | | |
| 1.1.1 Under 5 mortality rate (StatsSA) | 23 | - | - |
| 1 Antenatal 1st visit before 20 weeks rate | 66.9% | 66.8% | 68.0% |
| 2 Mother postnatal visit within 6 days rate | 77.4% | 76.7% | 54.1% |
| 3 Antenatal client initiated on ART rate | 77.2% | 77.4% | 81.5% |
| 4 Infant 1st PCR test positive around 10 weeks rate | 1.3% | 1.3% | 0.7% |
| 5 Immunisation coverage under 1 year (annualised) | 98.3% | 97.7% | 89.4% |
| 6 Measles 2nd dose coverage (annualised) | 79.9% | 78.1% | 119.2% |
| 7 DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate | 2.6% | 2.6% | -63.5% |
| 8 Child under 5 years diarrhoea case fatality rate | 0.2% | 0.1% | 0.4% |
| 9 Child under 5 years pneumonia case fatality rate | 0.3% | 0.3% | 0.3% |
| 10 Child under 5 years severe acute malnutrition case fatality rate | 1.7% | 1.8% | 0.0% |
| 11 School Grade 1 screening coverage (annualised) | 41.5% | 43.3% | 70.0% |
| 12 School Grade 8 screening coverage (annualised) | 11.1% | 10.6% | 25.4% |
| 13 Couple year protection rate (annualised) | 61.1% | 62.3% | 60.1% |
| 14 Cervical cancer screening coverage (annualised) | 57.6% | 54.8% | 52.3% |
| 15 Human Papilloma Virus vaccine 1st dose coverage | 79.4% | 81.8% | 80.5% |
| 16 Human Papilloma Virus vaccine 2nd dose coverage | 76.8% | 21.1% | 0.0% |
| 17 Vitamin A dose 12 - 59 months coverage (annualised) | 48.1% | 47.4% | 55.4% |
| 18 Infant exclusively breastfed at HepB 3rd dose rate | 28.2% | 22.5% | 30.7% |
| 19 Maternal mortality in facility ratio (annualised) | 42 | 44 | 38 |
| 20 Inpatient early neonatal death rate | 5 | 5 | 7 |
| 21 Measles 1st dose under 1 year coverage (annualised) | 101.0% | 100.3% | 116.5% |
| 22 Pneumococcal vaccine (PCV) 3rd dose coverage (annualised) | 100.6% | 100.0% | 93.0% |
| 23 Rotavirus (RV) 2nd dose coverage (annualised) | 102.0% | 102.0% | 86.4% |
| Disease Prevention and Control | | | |
| 1 Client screened for hypertension | 8210 | 2053 | 16857 |
| 2 Client screened for diabetes | 41049 | 10262 | 13437 |
| 3 Client screened for mental health | 0.1% | 0.1% | 0.0% |

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|---|---|---|--|
| 4 Cataract surgery rate in uninsured population (annualised) | 1661 | 1684 | 1829 |
| 5 Malaria case fatality rate | 2.3% | 1.7% | 0.0% |
| PROGRAMME 3: EMERGENCY MEDICAL SERVICES | | | |
| 1.1.1 Number of WCG: Health operational ambulances registered and licensed | 248 | - | - |
| 1 EMS P1 urban response under 15 minutes rate | 67.0% | 67.0% | 58.7% |
| 2 EMS P1 rural response under 40 minutes rate | 84.0% | 84.0% | 79.8% |
| 3 EMS inter-facility transfer rate | 40.0% | 40.0% | 41.4% |
| 4 EMS operational ambulance coverage | 0.40 | 0.40 | 0.35 |
| 5 Rostered ambulances per 10 000 people | 25.9% | 25.9% | 23.3% |
| 6 Total number of EMS emergency cases | 554 519 | 138 630 | 126 822 |
| 7 EMS P1 call response under 60 minutes rate | 98.0% | 98.0% | 95.0% |
| 8 EMS all calls response under 60 minutes rate | 70% | 70% | 65% |
| PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES | | | |
| General (Regional) Hospitals | | | |
| 1.1.1 Actual (usable) beds in regional hospitals | 1 393 | - | - |
| 1 National core standards self-assessment rate (regional hospitals) | 100.0% | - | 0.0% |
| 2 Quality improvement plan after self-assessment rate (regional hospitals) | 100.0% | - | 0.0% |
| 3 Percentage of hospitals compliant with all extreme and vital measures of the national core standards (regional hospitals) | 100.0% | - | 0.0% |
| 4 Patient satisfaction survey rate (regional hospitals) | 100.0% | - | 0.0% |
| 5 Patient satisfaction rate (regional hospitals) | 91.9% | - | - |
| 6 Average length of stay (regional hospitals) | 3.90 | 3.90 | 3.95 |
| 7 Inpatient bed utilisation rate (regional hospitals) | 84.7% | 86.7% | 89.5% |
| 8 Expenditure per PDE (regional hospitals) | R 3 039 | R 2 927 | R 2 674 |
| 9 Complaint resolution rate (regional hospitals) | 99.3% | 98.9% | 100.0% |
| 10 Complaint resolution within 25 working days rate (regional hospitals) | 98.3% | 98.9% | 96.8% |
| ADDITIONAL PROVINCIAL INDICATORS | | | |
| 11 Expenditure per PDE in 2014/15 Rand (regional hospitals) | R 2 561 | R 2 620 | R 2 253 |
| Tuberculosis Hospitals | | | |
| 1.1.1 Actual (usable) beds in tuberculosis hospitals | 1026.0 | - | - |
| 1 National core standards self-assessment rate (TB hospitals) | 83.3% | - | 0.0% |
| 2 Quality improvement plan after self-assessment rate (TB hospitals) | 100.0% | - | - |

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| 3 Percentage of hospitals compliant with all extreme and vital measures of the national core standards (TB hospitals) | 0.0% | 0.0% | 0.0% |
| 4 Patient satisfaction survey rate (TB hospitals) | 100.0% | - | 0.0% |
| 5 Patient satisfaction rate (TB hospitals) | 91.4% | 0.0% | 0.0% |
| 6 Average length of stay (TB hospitals) | 69.3 | 65.9 | 65.5 |
| 7 Inpatient bed utilisation rate (TB hospitals) | 75.8% | 72.2% | 75% |
| 8 Expenditure per PDE (TB hospitals) | R 1 011 | R 1 061 | R 986 |
| 9 Complaint resolution rate (TB hospitals) | 100.0% | - | 100.0% |
| 10 Complaint resolution within 25 working days rate (TB hospitals) | 100.0% | 100.0% | 100.0% |
| 11 Expenditure per PDE in 2014/15 Rand (TB hospitals) | R 852 | R 894 | R 831 |
| 12 Mortality and morbidity review rate (TB hospitals) | 93.1% | 94.4% | 94.4% |
| Psychiatric Hospitals | | | |
| 1.1.1 Actual (usable) beds in psychiatric hospitals | 1700 | - | - |
| 1.1.2 Actual (usable) beds in step-down facilities | 150 | - | - |
| 1 National core standards self-assessment rate (psychiatric hospitals) | 100.0% | 0.0% | 0.0% |
| 2 Quality improvement plan after self-assessment rate (psychiatric hospitals) | 100.0% | - | 0.0% |
| 3 Percentage of hospitals compliant with all extreme and vital measures of the national core standards (psychiatric hospitals) | 100.0% | - | 0.0% |
| 4 Patient satisfaction survey rate (psychiatric hospitals) | 100.0% | 0.0% | 0.0% |
| 5 Patient satisfaction rate (psychiatric hospitals) | 91.9% | - | - |
| 6 Average length of stay (psychiatric hospitals) | 89.9 | 89.3 | 84.3 |
| 7 Inpatient bed utilisation rate (psychiatric hospitals) | 90.5% | 91.0% | 91.2% |
| 8 Expenditure per PDE (psychiatric hospitals) | R 1 483 | R 1 492 | R 1 418 |
| 9 Complaint resolution rate (psychiatric hospitals) | 99.0% | 96.2% | 100.0% |
| 10 Complaint resolution within 25 working days rate (psychiatric hospitals) | 99.0% | 96.0% | 100.0% |
| 11 Expenditure per PDE in 2014/15 Rand (psychiatric hospitals) | R 1 250 | R 1 258 | R 1 195 |
| 12 Mortality and morbidity review rate (psychiatric hospitals) | 91.7% | 100.0% | 100.0% |

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| 13 Inpatient bed utilisation rate (step-down facilities) | 88.1% | 88.0% | 83.7% |
| Rehabilitation Services | | | |
| 1.1.1 Actual (usable) beds in rehabilitation hospitals | 156 | - | - |
| 1 National core standards self-assessment rate (rehabilitation hospitals) | 100.0% | - | 0.0% |
| 2 Quality improvement plan after self-assessment rate (rehabilitation hospitals) | 100.0% | - | 0.0% |
| 3 Percentage of hospitals compliant with all extreme and vital measures of the national core standards (rehabilitation hospitals) | 0.0% | 0.0% | 0.0% |
| 4 Patient satisfaction survey rate (rehabilitation hospitals) | 100.0% | - | 0.0% |
| 5 Patient satisfaction rate (rehabilitation hospitals) | 95.2% | - | - |
| 6 Average length of stay (rehabilitation hospitals) | 53.7 | 51.2 | 56.6 |
| 7 Inpatient bed utilisation rate (rehabilitation hospitals) | 75.9% | 74.8% | 77.5% |
| 8 Expenditure per PDE (rehabilitation hospitals) | R 2 702 | R 2 703 | R 2 799 |
| 9 Complaint resolution rate (rehabilitation hospitals) | 100.0% | 100.0% | 100.0% |
| 10 Complaint resolution within 25 working days rate (rehabilitation hospitals) | 95.2% | 100.0% | 100.0% |
| 11 Expenditure per PDE in 2014/15 Rand (rehabilitation hospitals) | R 2 277 | R 2 278 | R 2 359 |
| 12 Mortality and morbidity review rate (rehabilitation hospitals) | 100.0% | 100.0% | 100.0% |
| Dental Training Hospitals | | | |
| 1.1.1 Oral health patient visits at dental training hospitals | 122250 | 37000 | 38381 |
| 0 Number of removable oral health prosthetic devices manufactured (dentures) | 3890 | 1010 | 1004 |
| PROGRAMME 5: CENTRAL HOSPITAL SERVICES | | | |
| Central Hospital Services | | | |
| 1.1.1 Actual (usable) beds in central hospitals | 2359 | - | - |
| 1 National core standards self-assessment rate (central hospitals) | 100.0% | - | 0.0% |
| 2 Quality improvement plan after self-assessment rate (central hospitals) | 100.0% | - | 0.0% |
| 3 Percentage of hospitals compliant with all extreme and vital measures of the national core standards (central hospitals) | 100.0% | - | 0.0% |
| 4 Patient satisfaction survey rate (central hospitals) | 100.0% | 0.0% | 0.0% |
| 5 Patient satisfaction rate (central hospitals) | 90.0% | - | - |
| 6 Average length of stay (central hospitals) | 6.2 | 6.2 | 6.5 |
| 7 Inpatient bed utilisation rate (central hospitals) | 86.5% | 86.9% | 87.7% |
| 8 Expenditure per PDE (central hospitals) | R 4 870 | R 4 870 | R 4 382 |
| 9 Complaint resolution rate (central hospitals) | 88.5% | 88.6% | 96.1% |
| 10 Complaint resolution within 25 working days rate (central hospitals) | 86.6% | 86.6% | 93.9% |
| 11 Expenditure per PDE in 2014/15 Rand (central hospitals) | R 4 104 | R 4 104 | R 3 693 |

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| 12 Mortality and morbidity review rate (central hospitals) | 94.0% | 95.2% | 100.0% |
| Groote Schuur Hospital | | | |
| 1.1.1 Actual (usable) beds in Groote Schuur Hospital | 975 | - | - |
| 1 National core standards self-assessment (Groote Schuur Hospital) | Yes | No | No |
| 2 Quality improvement plan after self-assessment (Groote Schuur Hospital) | Yes | No | No |
| 3 Hospital compliant with all extreme and vital measures of the national core standards (Groote Schuur Hospital) | Yes | No | No |
| 4 Patient satisfaction survey (Groote Schuur Hospital) | Yes | No | No |
| 5 Patient satisfaction rate (Groote Schuur Hospital) | 90.0% | - | - |
| 6 Average length of stay (Groote Schuur Hospital) | 6.1 | 6.1 | 6.1 |
| 7 Inpatient bed utilisation rate (Groote Schuur Hospital) | 85.2% | 85.8% | 85.8% |
| 8 Expenditure per PDE (Groote Schuur Hospital) | R 5 255 | R 5 255 | R 4 577 |
| 9 Complaint resolution rate (Groote Schuur Hospital) | 96.0% | 96.4% | 100.0% |
| 10 Complaint resolution within 25 working days rate (Groote Schuur Hospital) | 90.0% | 89.8% | 93.1% |
| 11 Expenditure per PDE in 2014/15 Rand (Groote Schuur Hospital) | R 4 428 | R 4 428 | R 3 857 |
| 12 Mortality and morbidity review rate (Groote Schuur Hospital) | 91.7% | 100.0% | 100.0% |
| Tygerberg Hospital | | | |
| 1.1.1 Actual (usable) beds in Tygerberg Hospital | R 1 384 | - | - |
| 1 National core standards self-assessment (Tygerberg Hospital) | Yes | No | No |
| 2 Quality improvement plan after self-assessment (Tygerberg Hospital) | Yes | No | No |
| 3 Hospital compliant with all extreme and vital measures of the national core standards (Tygerberg Hospital) | Yes | No | No |
| 4 Patient satisfaction survey (Tygerberg Hospital) | Yes | No | No |
| 5 Patient satisfaction rate (Tygerberg Hospital) | 90.0% | - | - |
| 6 Average length of stay (Tygerberg Hospital) | 6.3 | 6.2 | 6.8 |
| 7 Inpatient bed utilisation rate (Tygerberg Hospital) | 87.4% | 87.6% | 89.1% |
| 8 Expenditure per PDE (Tygerberg Hospital) | R 4 572 | R 4 572 | R 4 234 |
| 9 Complaint resolution rate (Tygerberg Hospital) | 80.0% | 79.8% | 88.5% |
| 10 Complaint resolution within 25 working days rate (Tygerberg Hospital) | 82.0% | 82.3% | 95.7% |
| 11 Expenditure per PDE in 2014/15 Rand (Tygerberg Hospital) | R 3 853 | R 3 853 | R 3 568 |
| 12 Mortality and morbidity review rate (Tygerberg Hospital) | 95.8% | 91.7% | 100.0% |
| Red Cross War Memorial Childrens Hospital | | | |
| 1.1.1 Actual (usable) beds in RCWMCH | 272 | - | - |
| 1 National core standards self-assessment (RCWMCH) | Yes | No | No |
| 2 Quality improvement plan after self-assessment (RCWMCH) | Yes | No | No |
| 3 Hospital compliant with all extreme and vital measures of the national core standards (RCWMCH) | Yes | No | No |
| 4 Patient satisfaction survey (RCWMCH) | Yes | No | No |
| 5 Patient satisfaction rate (RCWMCH) | 90.0% | - | - |
| 6 Average length of stay (RCWMCH) | 4.0 | 4.0 | 4.0 |
| 7 Inpatient bed utilisation rate (RCWMCH) | 83.0% | 83.6% | 85.9% |
| 8 Expenditure per PDE (RCWMCH) | R 5 485 | R 5 485 | R 4 801 |

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| 9 Complaint resolution rate (RCWMCH) | 96.0% | 95.5% | 100.0% |
| 10 Complaint resolution within 25 working days rate (RCWMCH) | 83.0% | 83.3% | 92.3% |
| 11 Expenditure per PDE in 2014/15 Rand (RCWMCH) | R 4 622 | R 4 622 | R 4 046 |
| 12 Mortality and morbidity review rate (RCWMCH) | 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 |
| 1 Number of bursaries awarded for first year medicine students | 50 | 50 | 50 |
| 2 Number of bursaries awarded for first year nursing students | 195 | 195 | 195 |
| 3 Intake of nurse students (1st to 4th year at HEIs and nursing college) | 2280 | 2280 | 2237 |
| 4 Basic professional nurse students graduating (at nursing college) | 260 | 260 | 36 |
| 5 Basic nurse students graduating (at HEIs and nursing college) | 470 | 470 | 36 |
| 6 EMC intake on accredited HPCSA courses | 96 | 24 | 30 |
| 7 Intake of home community based carers (HCBCs) | 800 | 800 | 0 |
| 8 Intake of data capturer interns | 160 | 160 | 202 |
| 9 Intake of pharmacy assistants | 120 | 120 | 0 |
| 10 Intake of assistant to artisan (ATA) interns | 120 | 120 | 118 |
| 11 Intake of HR and finance interns | 160 | 160 | 160 |
| 12 Intake of emergency medical care (EMC) assistant interns | 140 | 140 | 138 |
| 13 Intake of forensic pathology service (FPS) assistant interns | 20 | 20 | 11 |
| 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 |
| 1 Average cost per item laundered outsourced | R 3.88 | R 3.69 | R 3.51 |
| Engineering Services | | | |
| 1.1.1 Percentage reduction in energy consumption at provincial | 2.9% | - | - |
| 1 Percentage of engineering emergency cases addressed w | 97.9% | 96.3% | 100.0% |
| 2 Percentage of clinical engineering maintenance jobs | 92.0% | 73.5% | 47.6% |
| 3 Percentage of engineering maintenance jobs completed | 84.0% | 79.7% | 82.5% |
| 4 Percentage of selected hospitals utilising more water than the provincial benchmark | 50.0% | - | - |

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| Forensic Pathology Services | | | |
| 1.1.1 Percentage of FPS cases released w ithin 5 days (excluding | 72.4% | 68.5% | 71.0% |
| 1 Percentage of FPS cases responded to w ithin 40 minutes | 76.0% | 73.8% | 75.5% |
| 2 Percentage of FPS cases examined w ithin 3 days | 71.6% | 67.0% | 71.4% |
| 3 Toxicology service commissioned | No | - | - |
| Cape Medical Depot | | | |
| 1.1.1 Percentage of pharmaceutical stock available | 97.0% | 96.9% | 94.6% |
| 1 Percentage of pharmaceutical orders finalised (processed) w ithin 3 working days | 80.0% | 80.0% | 93.6% |
| 2 Percentage of pharmaceutical demander queries resolved w | 81.1% | 81.2% | 96.3% |
| 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% |
| 1.1.2 Percentage of Programme 8 capital infrastructure projects completed | 100.0% | - | - |
| 1 Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District (Eden District) | 6 | - | - |
| 2 Number of health facilities that have undergone major and minor refurbishment (excluding facilities in NHI Pilot District (Eden District)) | 52 | - | - |
| 3 Establish service level agreements (SLAs) w ith Departments of Public Works (and any other Implementing Agent) | Yes | - | Yes |
| 4 Percentage of Programme 8 Scheduled Maintenance budget spent | 100.0% | 100.0% | 72.2% |
| 5 Percentage of Routine and Professional Day-to-day Maintenance budget spent | 100.0% | 100.0% | 167.9% |
| 6 Percentage of Programme 8 health technology budget spent | 100.0% | 100.0% | 177.3% |
| <p>Information submitted by:.....Head Official:.....</p> <p>Signed by:.....</p> <p>Date:...../...../.....</p> | | | |