



Western Cape
Government

Health



Annual Performance Plan 2015 - 2016

TABLE OF CONTENTS

FOREWORD BY THE MEC FOR HEALTH	I
STATEMENT BY THE HEAD OF DEPARTMENT	II
OFFICIAL SIGN-OFF	III
PART A: STRATEGIC OVERVIEW	2
1. VISION	2
2. MISSION	2
3. VALUES	2
4. STRATEGIC GOALS	2
5. SITUATIONAL ANALYSIS	4
5.1. PERFORMANCE ENVIRONMENT	4
5.2. ORGANISATIONAL ENVIRONMENT	12
5.3. OVERVIEW OF PROVINCIAL SERVICE DELIVERY*	27
6. LEGISLATIVE & OTHER MANDATES	29
6.1. CONSTITUTIONAL MANDATES	29
6.2. LEGISLATIVE MANDATES	29
6.3. POLICY MANDATES	38
6.4. RELEVANT COURT RULINGS	40
6.5. PLANNED POLICY INITIATIVES	40
7. OVERVIEW OF THE 2015/16 BUDGET AND MTSF ESTIMATES	45
7.1. ECONOMIC CONTEXT	45
7.2. EXPENDITURE ESTIMATES	46
7.3. RELATING EXPENDITURE TRENDS TO SPECIFIC GOALS	48
8. DEPARTMENTAL RISKS	49
PART B: STRATEGIC OBJECTIVES	54
9. PROGRAMME 1: ADMINISTRATION	54
9.1. PURPOSE	54
9.2. STRUCTURE	54
9.3. PROGRAMME PRIORITIES	54
9.4. STRATEGIC OBJECTIVES - ANNUAL TARGETS	55
9.5. PERFORMANCE INDICATORS AND ANNUAL TARGETS	56
9.6. QUARTERLY TARGETS FOR 2015/16	56
9.7. RECONCILING PERFORMANCE TARGETS WITH BUDGET AND MTEF	57
9.8. RISK MANAGEMENT	59
10. PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)	61
10.1. PURPOSE	61
10.2. STRUCTURE	61

10.3. PROGRAMME PRIORITIES	62
10.4. SERVICE DELIVERY SITES*	62
10.5. DHS	63
10.6. DISTRICT HOSPITALS	68
10.7. HIV/AIDS, STI'S AND TUBERCULOSIS (HAST)	73
10.8. MATERNAL, CHILD AND WOMEN'S HEALTH (NCWH) & NUTRITION	78
10.9. DISEASE PREVENTION AND CONTROL (DPC)	85
10.10. RECONCILING PERFORMANCE TARGETS WITH BUDGET AND MTEF	88
10.11. RISK MANAGEMENT	90
11. PROGRAMME 3: EMERGENCY MEDICAL SERVICES	94
11.1. PURPOSE	94
11.2. STRUCTURE	94
11.3. PROGRAMME PRIORITIES	94
11.4. SITUATIONAL ANALYSIS INDICATORS	94
11.5. STRATEGIC OBJECTIVES - ANNUAL TARGETS	96
11.6. PERFORMANCE INDICATORS AND ANNUAL TARGETS	97
11.7. QUARTERLY TARGETS FOR 2015/16	97
11.8. RECONCILING PERFORMANCE TARGETS WITH BUDGET AND MTEF	98
11.9. RISK MANAGEMENT	100
12. PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES	103
12.1. PURPOSE	103
12.2. STRUCTURE	103
12.3. PROGRAMME PRIORITIES	103
12.4. GENERAL (REGIONAL) HOSPITALS	104
12.5. TUBERCULOSIS HOSPITALS	107
12.6. PSYCHIATRIC HOSPITALS	110
12.7. REHABILITATION HOSPITALS	113
12.8. DENTAL TRAINING HOSPITALS	115
12.9. RECONCILING PERFORMANCE TARGETS WITH BUDGET AND MTEF	117
12.10. RISK MANAGEMENT	119
13. PROGRAMME 5: CENTRAL HOSPITAL SERVICES	123
13.1. PURPOSE	123
13.2. STRUCTURE	123
13.3. PROGRAMME PRIORITIES	123
13.4. CENTRAL HOSPITALS	124
13.5. TERTIARY HOSPITALS	133
13.6. RECONCILING PERFORMANCE TARGETS WITH BUDGET AND MTEF	136
13.7. RISK MANAGEMENT	138
14. PROGRAMME 6: HEALTH SCIENCE AND TRAINING	141
14.1. PURPOSE	141
14.2. STRUCTURE	141
14.3. PROGRAMME PRIORITIES	141
14.4. STRATEGIC OBJECTIVES - ANNUAL TARGETS	141

14.5. PERFORMANCE INDICATORS AND ANNUAL TARGETS	143
14.6. QUARTERLY TARGETS FOR 2015/16	144
14.7. RECONCILING PERFORMANCE TARGETS WITH BUDGET AND MTEF	144
14.8. RISK MANAGEMENT	146
15. PROGRAMME 7: HEALTH CARE SUPPORT SERVICES	148
15.1. PURPOSE	148
15.2. STRUCTURE	148
15.3. LAUNDRY SERVICES	148
15.4. ENGINEERING SERVICES	150
15.5. FORENSIC PATHOLOGY SERVICES	153
15.6. CAPE MEDICAL DEPOT	154
15.7. RECONCILING PERFORMANCE TARGETS WITH BUDGET AND MTEF	156
15.8. RISK MANAGEMENT	158
16. PROGRAMME 8: HEALTH FACILITIES MANAGEMENT	162
16.1. PURPOSE	162
16.2. STRUCTURE	162
16.3. PROGRAMME PRIORITIES	162
16.4. STRATEGIC OBJECTIVES - ANNUAL TARGETS	164
16.5. PERFORMANCE INDICATORS AND ANNUAL TARGETS	165
16.6. QUARTERLY TARGETS FOR 2015/16	165
16.7. RECONCILING PERFORMANCE TARGETS WITH BUDGET AND MTEF	165
16.8. RISK MANAGEMENT	169
16.9. CAPITAL INFRASTRUCTURE PROGRAMME	171
PART C: LINKS TO OTHER PLANS	199
LINKS TO LONG-TERM INFRASTRUCTURE AND OTHER PLANS	199
TABLE C.1: NEW AND REPLACEMENT ASSETS	199
TABLE C.2: MAINTENANCE AND REPAIRS	203
TABLE C.3: UPGRADES AND ADDITIONS	205
TABLE C.4: REHABILITATION, RENOVATIONS AND REFURBISHMENTS	209
CONDITIONAL GRANTS	221
TABLE C.5: CONDITIONAL GRANTS	221
PUBLIC ENTITIES	224
TABLE C.6: PUBLIC ENTITIES	224
PUBLIC - PRIVATE PARTNERSHIPS	224
CONCLUSIONS	225
ANNEXURES	226
ANNEXURE A: TECHNICAL INDICATOR DESCRIPTIONS	227
ANNEXURE B: LIST OF FACILITIES	338
ABBREVIATIONS	352
LIST OF SOURCES	358

FOREWORD BY THE MEC FOR HEALTH

I feel privileged to be given the opportunity to lead the Health Department in the Western Cape. The public health sector is complex. I intend spending the next few months visiting health facilities to meet and listen to staff and patients; engage with stakeholders to better understand the health needs of our people and the challenges faced by the health service. It's also an opportunity to invite innovative ideas and solutions from the people working on the ground as well as the patients experiencing the service.

I have studied the long term vision and strategic framework of the Department as espoused in Healthcare 2030 and I am fully supportive of its direction. The challenge for the Department is to make Healthcare 2030 a reality. We will use the five year planning cycle that coincides with my term to identify the first set of priorities in this regard.

My preliminary set of priorities that I will focus on includes:

- a) Developing strategies to improve the quality of care and make the service more patient-centric. The patient experience, including waiting times at our facilities, must be improved.
- b) The Department will become more supportive and caring for the staff especially those working at the coalface of health service delivery.
- c) Encouraging an active citizenry through increased individual and community involvement, both to take responsibility for their own healthy lifestyles and wellness as well as be involved in the governance of health services. With regards to the latter, I will be reviewing the variety of existing forums and structures to give this greater effect. The desire for a healthy population will require the whole of society to work closely together. This will include our partners such as the NPOs, private sector, HEIs and organized labour.
- d) Primary Health Care and the District Health Service must be continuously strengthened as the base of the health service.
- e) Mothers and children are the bedrock of our society and our future and their health must also receive priority.

These priorities will be further developed as I better my understanding of the issues and listen to the various inputs through my visits and engagements.

I take this opportunity to thank Professor Househam for his sterling leadership of the Department for more than a decade. He can comfortably retire knowing that he has built a sustainable leadership and Department that can continue the good outcomes he and his team has achieved. I also thank each of the staff members as well as our partners for your efforts in enabling the Department to achieve the good health outcomes in this province.

I endorse the Annual Performance Plan 2015/16 and am committed to the implementation thereof.



A handwritten signature in black ink, appearing to read 'Nomafrench Mbombo'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Nomafrench Mbombo

Western Cape Minister of Health

STATEMENT BY THE HEAD OF DEPARTMENT

The Department enters the next medium term (2015 – 2019) period with a budget allocation that is projected to shrink in real terms. When this is juxtaposed against an escalating burden of disease and consequent service pressures, it makes for a seriously challenging environment.

Despite the resource constrained environment, we have to creatively find the space to focus and implement those key leverage points that will set us on the path to Healthcare 2030. Strengthening the health system to build resilience to sustain and improve on the current good systems, policies and practices is the key vehicle to achieving the desirable outcomes. This requires, amongst others, a range of interventions from strengthening the local management and supervision at facility level to building the cohesion between the various segments of the health service from the direct patient facing entities to the enabling support services.

More specifically, the Department needs to focus on prevention and promotion, quality and efficiency. The preventative interventions will range from upstream interventions that address the broader societal issues within the Western Cape Government Strategic Goal of Improving Wellness, Safety and reducing Social Ills to more specific measures to optimise the opportunity of engaging patients and their relatives within the health service. The most important risk factors to be addressed are smoking, alcohol abuse, unhealthy eating, lack of exercise and unsafe sex which account for the majority of chronic illnesses as well as injuries from interpersonal violence and road traffic accidents.

Improving the quality of care is the nub of Healthcare 2030. This will involve both improving the clinical and health outcomes as well as improving the patient experience. The Department will redouble its efforts to reduce the waiting times as well as improve the experience of waiting within health facilities. Compliance with the national core standards especially at PHC facilities will be enabled.

Given the budget pressures, increasing efficiency and productivity in every corner of the Department is mandatory to get the best value for the health rand.

The new Strand Nomzamo and Mfuleni CDCs, hybrid theatre and new Linear Accelerator Suite at Groote Schuur Hospital, and the last phase of the Worcester Hospital revitalisation will be completed in 2015/16 and its operation will have to be funded for any additional costs through internal reprioritisation.

The change management project will be expanded from the current 38 facilities to 80 facilities in 2015/16. This project addresses multiple objectives including strengthening local leadership and management, supporting frontline staff, translating the organisational values into daily behaviours and actions, encouraging and incentivising innovation, enhancing problem - solving capability and building a culture of reciprocal accountability between the district and facility management.

In conclusion, the retirement of Professor Househam leaves big shoes to fill. He has provided strong leadership for more than a decade and leaves a legacy of strong systems and practices, a capable collective leadership and a proven track record on many fronts including amongst the best health outcomes in the country, strong fiscal discipline of operating within the allocated budget envelope and achieving an unqualified audit for ten years. A new leadership at the political and administrative level will use the opportunity to review the functioning of the Department to build on his achievements and creatively take the Department to an even higher level. I thank Professor Househam for his invaluable contribution and wish him well in his retirement.



A handwritten signature in black ink that reads "Beth Engelbrecht". The signature is written in a cursive, flowing style.

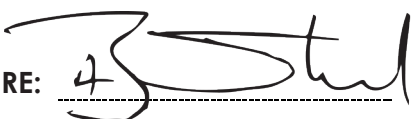
Dr Beth Engelbrecht
Designated Head of Department

OFFICIAL SIGN-OFF

It is hereby certified that this Annual Performance Plan:

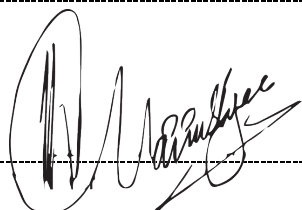
- a) Was developed by the management of Western Cape Government (WCG): Health.
- b) Was prepared in line with the current Strategic Plan of WCG: Health under the guidance of Minister Nomafrench Mbombo.
- c) Accurately reflects the performance targets which WCG: Health will endeavour to achieve given the resources made available in the budget for 2015/16.

Mr A van Niekerk
Chief Financial Officer

SIGNATURE: 

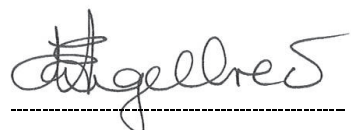
DATE: 19 FEBRUARY 2015

Dr KN Vallabhjee
Chief Director: Strategy and Health Support

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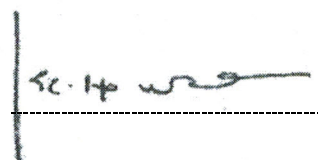
DATE: 19 FEBRUARY 2015

Dr B Engelbrecht
Designated Head of Department

SIGNATURE: 

DATE: 19 FEBRUARY 2015

Professor KC Househam
Accounting officer

SIGNATURE: 

DATE: 19 FEBRUARY 2015

APPROVED BY:

Minister Nomafrench Mbombo
Executive Authority

SIGNATURE: 

DATE: 19 FEBRUARY 2015



Part A

Strategic Overview

PART A: STRATEGIC OVERVIEW

1. Vision

Access to person-centred quality care

2. Mission

We undertake to provide equitable access to quality health services in partnership with the relevant stakeholders within a balanced and well-managed health system to the people of the Western Cape and beyond

3. Values

1. Innovation
2. Caring
3. Competence
4. Accountability
5. Integrity
6. Responsiveness
7. Respect

4. Strategic Goals

Healthcare 2030 provides a powerful vision for the future of health care in the Province and its implementation success depends on well thought out incremental milestones over the next fifteen years. The budget realities over the next five years pose a significant challenge to the Department's service delivery reforms. The realisation of a people-centric, effective health system that inspires public trust, depends on significant allocative and technical efficiency gains in the next fifteen years which will require tough decisions if the Department remains true to the tenets of 2030.

In moving forward towards the vision of 2030, three key leverage points have been identified as central to the trajectory of the Department over the next five years:

- The re-orientation of the organisational culture to being people-centric;
- Integrated PHC Services;
- Information and Communication Technology (ICT) that enables integration and continuity within the health system.

Their effectiveness in taking the health system forward will depend heavily on the Department's capability to innovate, particularly with the severe resource constraints being forecast for the medium term. The strategic goals for the next five years are detailed in Table A.1 below.

Table A.1: 2015 - 2019 Strategic Goals of the Western Cape Government-Health

STRATEGIC GOAL 1 To promote health and wellness	
Goal Statement:	To promote health and wellness with the aim of increasing the life expectancy of citizens in the Western Cape.
Outcome 1.1.	Comprehensive, efficient health services
Priority Strategies	<ul style="list-style-type: none"> ▪ Strengthen the continuum of care across the health system ▪ Person-centred approach to care provision ▪ Improving the waiting experience ▪ Comply with the National Core Standards ▪ Nurturing a culture of continuous quality improvement
Outcome 1.2.	Effective PHC Services as part of a resilient, comprehensive health system
Priority Strategies	<ul style="list-style-type: none"> ▪ Service Re-design ▪ Strengthening Care Pathway Co-ordination ▪ Enhancing the health system's capability for prevention ▪ Strengthen strategies to retain patients, with a chronic condition, in care
STRATEGIC GOAL 2 : To embed good governance and values-driven leadership practices	
Goal Statement:	To embed good governance and values-driven leadership practices that enables integrated service delivery and person-centred care
Outcome 2.1.	Competent, engaged, caring and empowered employees
Priority Strategies	<ul style="list-style-type: none"> ▪ Caring for the Carer Initiative ▪ Behaviour Change Programme
Outcome 2.2.	Managers who Lead
Priority Strategies	<ul style="list-style-type: none"> ▪ Management and leadership capacity development initiative
Outcome 2.3.	Basic Coverage of core ICT systems
Priority Strategies	<ul style="list-style-type: none"> ▪ Roll-out and operationalization of Clinicom, PHCIS & JAC ▪ Development of a data harmonising approach to integrate data from all systems ▪ Develop an approach to encourage and manage innovation in ICT
Outcome 2.4.	Create an enabling built environment
Priority Strategies	<ul style="list-style-type: none"> ▪ Build health facilities that are conducive to healing and service excellence at the same time being sustainable, flexible, energy efficient, environmentally friendly and affordable
Outcome 2.5.	Unqualified Audit
Priority Strategies	<ul style="list-style-type: none"> ▪ Continuously improve alignment of practice to policy in financial, human resources and information management. ▪ Establish systems to comply with the regularity framework, for example medical waste management

5. Situational Analysis

5.1. Performance Environment

DEMOGRAPHIC PROFILE

The 2014 mid-year population estimates from Statistics South Africa (Stats SA), show that the population of the Western Cape Province was 6 116 324 or 11.3 per cent of the total South African population (Stats SA 2 Mid-Year Population Estimates, released July 2014). The Cape Town Metro District has the greatest proportion at 64.2 per cent and the smallest land surface area (2 502 km²). Hence the Metro District has a higher population density which significantly impacts on the planning process. Significant urban sprawl or expansion of the population away from the central urban areas that occurred as a result of apartheid has been further aggravated by the location of informal settlements at the periphery since 1994. The consequences of this are higher cost of infrastructure, the lack of access to services, and the lack of mobility and social interaction for poor communities. The population distribution for the remainder of the Province is relatively sparse: 13.5 per cent Cape Winelands District, 9.9 per cent Eden District, 6.7 per cent West Coast District, 4.4 per cent Overberg District and 1.2 per cent Central Karoo District.

Population Structure, Growth and Migration

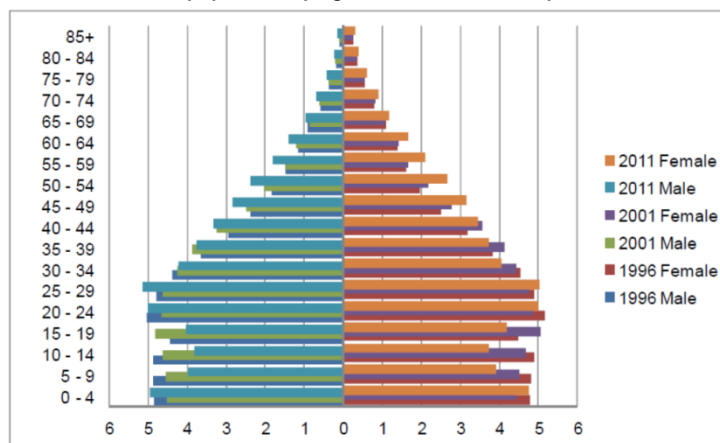
Overall projections show a steady increase in the total provincial population for both males and females. The population distribution shows a population that is ageing as noted by an increase in the population above the age of 50 years in both males and females between the 1996 and 2011 Census, with the increase being more substantial in females, see Figure A.1. The decrease in population between the ages of 5 and 19 years could be due to a decline in fertility in the province. Another reason could be that children of migrants are sent back to the parent's areas of origin, as soon as they reach school going age. The age distribution of in-migrants confirms that there is little in-migration at older ages and that the majority of migrants are young adults (20 to 35 years of age), and this may also account for the increase in children under 5 years of age as parents tend to migrate with their very young children. Overall, Statistics South Africa noted a net increase in migration to the Western Cape of about 3 per cent in the periods between 2001 and 2006 (n=299 055) and 2006 and 2011 (n=307 411). Approximately 40 per cent of the migrants are coming from the Eastern Cape, 26 per cent from outside the country and 17 per cent from Gauteng. Two thirds of the migrants settle within the Metro, and Eden (11 per cent) and Cape Winelands (10 per cent) are the two commonest rural districts for migrant settlements.

Table 2: Population Estimates

District	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Cape Winelands District Municipality	738 407	755 091	772 249	789 963	808 041	826 439	845 237	864 555	884 150	903 117
Central Karoo District Municipality	67 419	68 306	69 235	70 218	71 231	72 267	73 336	74 453	75 568	76 629
City of Cape Town Metropolitan Municipality	3 588 710	3 656 003	3 723 769	3 792 089	3 860 589	3 929 343	3 998 422	4 067 774	4 136 346	4 200 877
Eden District Municipality	548 459	557 525	566 752	576 227	585 832	595 542	605 380	615 400	625 850	635 731
Overberg District Municipality	247 019	253 302	259 652	266 109	272 624	279 189	285 810	292 494	299 430	306 109
West Coast District Municipality	383 358	391 772	400 438	409 411	418 608	428 012	437 652	447 580	457 527	467 271
Western Cape	5 573 372	5 681 998	5 792 096	5 904 017	6 016 926	6 130 791	6 245 836	6 362 257	6 478 871	6 589 734
Uninsured population per year										
Cape Winelands District Municipality	531 515	541 874	552 374	563 048	573 815	584 674	595 646	606 748	617 870	628 442
Central Karoo District Municipality	47 670	48 599	49 541	50 498	51 464	52 438	53 422	54 417	55 415	56 363
City of Cape Town Metropolitan Municipality	2 727 237	2 780 391	2 834 266	2 889 033	2 944 283	3 000 001	3 056 296	3 113 265	3 170 328	3 224 577
Eden District Municipality	450 167	458 941	467 834	476 874	485 993	495 190	504 483	513 886	523 305	532 260
Overberg District Municipality	177 229	180 683	184 184	187 743	191 334	194 955	198 613	202 315	206 023	209 549
West Coast District Municipality	235 027	239 608	244 251	248 970	253 732	258 533	263 385	268 294	273 212	277 887
Western Cape	4 168 845	4 250 097	4 332 449	4 416 165	4 500 621	4 585 791	4 671 844	4 758 926	4 846 153	4 929 077
% Uninsured population per year										
Cape Winelands District Municipality	71.98%	71.76%	71.53%	71.28%	71.01%	70.75%	70.47%	70.18%	69.88%	69.59%
Central Karoo District Municipality	70.71%	71.15%	71.55%	71.92%	72.25%	72.56%	72.85%	73.09%	73.33%	73.55%
City of Cape Town Metropolitan Municipality	75.99%	76.05%	76.11%	76.19%	76.27%	76.35%	76.44%	76.53%	76.65%	76.76%
Eden District Municipality	82.08%	82.32%	82.55%	82.76%	82.96%	83.15%	83.33%	83.50%	83.62%	83.72%
Overberg District Municipality	71.75%	71.33%	70.93%	70.55%	70.18%	69.83%	69.49%	69.17%	68.81%	68.46%
West Coast District Municipality	61.31%	61.16%	61.00%	60.81%	60.61%	60.40%	60.18%	59.94%	59.71%	59.47%
Western Cape	74.80%	74.80%	74.80%	74.80%	74.80%	74.80%	74.80%	74.80%	74.80%	74.80%

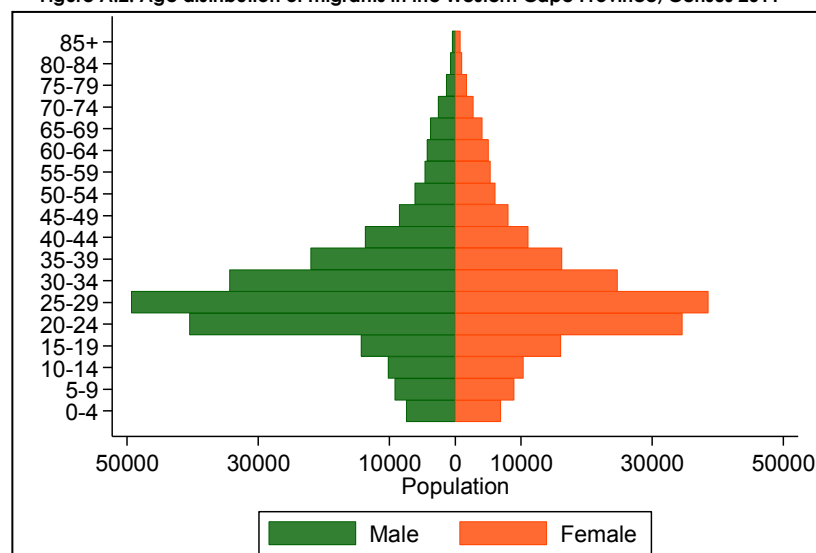
Note: The percentage uninsured population reported in the General household survey of 2012 was applied across all years
Source: StatsSA data from the National Department of Health and Information Management Circular H28 of 2014

Figure A.1: Distribution of population by age and sex, Western Cape - 1996, 2001 & 2011



Source: Census 2011 Municipal Report- Western Cape/Statistics South Africa. Pretoria: Statistics South Africa, 2012

Figure A.2: Age distribution of migrants in the Western Cape Province, Census 2011



SOCIO-ECONOMIC PROFILE

According to the South African Index of Multiple Deprivation (SAIMD), 72 per cent (18/25) of the municipalities in the Western Cape are in the highest quintile of multiple deprivations, and therefore defined as the least deprived municipalities in South Africa. Prince Albert and Laingsburg Municipalities are in third quintile and the most deprived of all municipalities in the Western Cape. The most deprived wards within the Western Cape are within the City of Cape Town Municipality, particularly the townships on the Cape Flats alongside the N2, and in the Karoo. More detailed analysis also suggests that approximately half of the fifty most deprived wards in the Province are most deprived in four or more of the following domains: income and material deprivation, employment deprivation, health deprivation, education deprivation, and living environment deprivation.

An alternate method to measuring poverty and deprivation is the multidimensional poverty index (MPI), which assesses the intensity of poverty in a specific area. Stats SA produced the South African MPI (SAMPI) in 2014 using 2001 and 2011 census data, see table below. Stats SA derived the SAMPI score from the proportion of households defined as multi-dimensionally poor using a poverty cut-off (the poverty headcount), and the average proportion of indicators in which poor households are deprived

(the intensity of the poverty experienced). The Province had the lowest poverty headcount of all provinces in 2001 and 2011, with the headcount decreasing from 6.7 per cent in 2001 to 3.6 per cent in 2011. While it had the lowest headcount, the intensity of poverty in the Western Cape was second highest only to Gauteng in both Census years. Within the Province, Bitou Municipality had the highest poverty headcount at 6.3 per cent, followed closely by Knysna at 6.2 per cent in 2011.

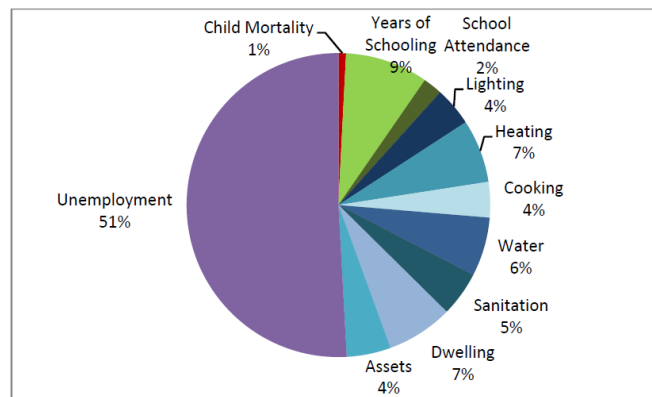
Table A.3: Poverty measures for Census 2001 and Census 2011 for Municipalities in the Western Cape.

	CENSUS 2001			CENSUS 2011		
	Headcount	Intensity(A)	SAMPI(HxA)	Headcount	Intensity(A)	SAMPI(HxA)
BITOU	9.0%	43.8%	0.04	6.3%	41.8%	0.03
KNYSNA	10.1%	44.3%	0.04	6.2%	42.9%	0.03
OVERSTRAND	6.8%	44.6%	0.03	4.6%	42.8%	0.02
CITY OF CAPE TOWN	7.4%	45.6%	0.03	3.9%	42.8%	0.02
OUTSHOORN	7.0%	40.2%	0.03	3.9%	41.2%	0.02
STELLENBOSCH	4.0%	43.1%	0.02	3.8%	42.0%	0.02
THEWATERSKLOOF	8.4%	46.0%	0.04	3.7%	41.9%	0.02
MATZIKAMA	4.8%	39.6%	0.02	3.4%	42.4%	0.01
GEORGE	7.8%	44.2%	0.03	3.3%	42.6%	0.01
MOSELBAY	4.6%	42.5%	0.02	3.2%	43.6%	0.01
CEDERBERG	3.4%	39.3%	0.01	2.8%	42.9%	0.01
BREEDE VALLEY	4.7%	43.7%	0.02	2.8%	41.8%	0.01
PRINCE ALBERT	6.3%	41.5%	0.03	2.5%	42.4%	0.01
SWELLENDAM	3.5%	39.9%	0.01	2.5%	41.4%	0.01
BEAUFORT WEST	6.2%	40.8%	0.03	2.5%	40.5%	0.01
KANNALAND	5.0%	39.0%	0.02	2.5%	38.5%	0.01
SALDANHA BAY	5.6%	43.2%	0.02	2.2%	41.0%	0.01
DRAKENSTEIN	5.3%	45.2%	0.02	2.1%	42.5%	0.01
CAPE AGULHAS	3.4%	41.8%	0.01	2.1%	40.7%	0.01
LANGEBERG	4.1%	41.6%	0.02	1.7%	42.4%	0.01
WITZENBERG	5.8%	42.5%	0.02	1.7%	40.6%	0.01
HESSEQUA	3.4%	39.7%	0.01	1.5%	39.5%	0.01
LAINGSBURG	5.4%	38.0%	0.02	1.5%	37.3%	0.01
SWARTLAND	2.6%	39.8%	0.01	1.0%	40.6%	0.00
BERGRIVIER	1.4%	39.4%	0.01	1.0%	43.7%	0.00
WESTERN CAPE	6.7%	44.9%	0.03	3.6%	42.6%	0.02

Source: The South African MPI: Creating a multidimensional poverty index using Census data / Statistics South Africa. Pretoria: Statistics South Africa, 2014

Figure A.3 shows the contribution of the different indicators to poverty in the Western Cape. Economic activity, measured by unemployment, was the greatest contributor (51 per cent), whilst indices for the standard of living and education contributed less.

Figure A.3: Contribution of weighted indicators to poverty in Western Cape



Source: The South African MPI: Creating a multidimensional poverty index using Census data / Statistics South Africa. Pretoria: Statistics South Africa, 2014

EPIDEMIOLOGICAL PROFILE

Leading Causes of Premature Mortality

The leading cause of premature mortality (measured in years of life lost, YLL) in 2011 in all districts except West Coast was HIV and AIDS. This was followed by tuberculosis (TB) in all districts with the exception of Cape Metropole District, where interpersonal violence ranked second and TB third, and West Coast where HIV and AIDS ranked second and ischaemic heart disease third (Figure A.4).

Factors Contributing to the Major Causes of Mortality

Unsafe sex, alcohol abuse, smoking, diet/obesity and lack of physical activity accounts for over 60% of the DALY (disability adjusted life years) burden in South Africa (Schneider et al 2007). DALYs are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences. One DALY can be thought of as one lost year of "healthy" life (World Health Organisation). These behaviours cause morbidity and disability and influencing these behaviours would have the most significant impact on health services.

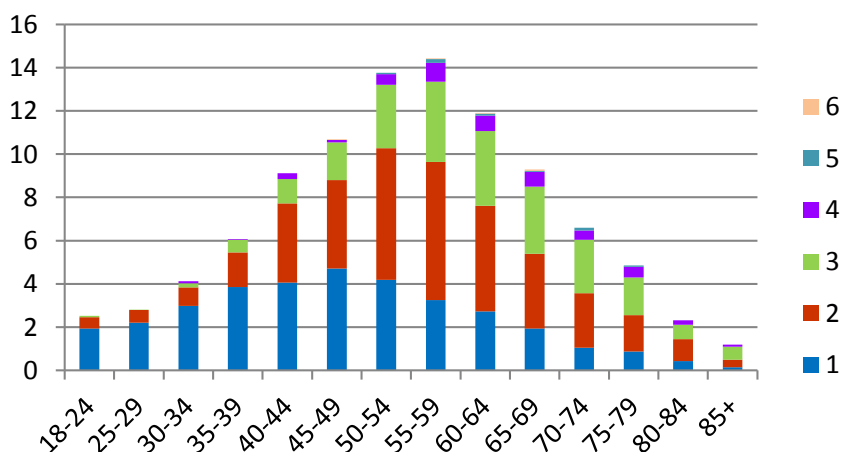
Figure A.4: League table of top five leading causes of premature mortality, Western Cape Districts 2011

Rank	CAPE WINELANDS	CENTRAL KAROO	CAPE TOWN	EDEN	OVERBERG	WEST COAST	WESTERN CAPE
1	HIV/AIDS (12.1%)	HIV/AIDS (14.9%)	HIV/AIDS (13.0%)	HIV/AIDS (12.3%)	HIV/AIDS (9.3%)	Tuberculosis (11.7%)	HIV/AIDS (12.4%)
2	Tuberculosis (9.8%)	Tuberculosis (11.4%)	Interpersonal violence (9.7%)	Tuberculosis (10.1%)	Tuberculosis (8.5%)	HIV/AIDS (8.7%)	Tuberculosis (8.6%)
3	Interpersonal violence (6.6%)	COPD (7.5%)	Tuberculosis (7.7%)	Ischaemic heart disease (7.0%)	Ischaemic heart disease (8.0%)	Ischaemic heart disease (8.3%)	Interpersonal violence (8.3%)
4	Cerebrovascular disease (6.0%)	Interpersonal violence (5.5%)	Ischaemic heart disease (6.7%)	Cerebrovascular disease (6.7%)	Interpersonal violence (6.5%)	Cerebrovascular disease (6.4%)	Ischaemic heart disease (6.6%)
5	COPD (5.6%)	Lower respiratory infections (5.3%)	Lower respiratory infections (4.7%)	Interpersonal violence (5.3%)	Cerebrovascular disease (6.1%)	Interpersonal violence (5.6%)	Cerebrovascular disease (5.1%)

Multi-morbidity

Multi-morbidity is the co-existence of more than one chronic condition in one person. In South Africa in particular, multi-morbidity due to co-morbid non-communicable and infectious diseases is a major challenge to the existing health model of healthcare delivery, which provides vertical services for chronic diseases such as HIV and TB (Tolu Oni et al. Chronic Diseases and multi-morbidity, BMC public Health, 2014). Although data on the burden of multi-morbidity in the Western Cape is limited, a cross sectional survey of chronic disease patients (n=184) across 10 PHC facilities in the Cape Metropole found that 53.9 per cent of patients had at least one co-morbidity, and over 20 per cent had three or more co-morbid conditions (Isaacs AA, A snapshot of non-communicable disease profiles and their prescription costs. S Afr Fam Pract 2014; 56(1)43-49), see the Figure A.4.

Figure A.5: Proportion of PHC Chronic Care Visits by Age Category and Number of Co-morbidities



Priority Health Programmes

Based on the quadruple burden of disease, priority Health Programmes have been identified and key indicators relating to these are described in detail below.

TB, HIV and AIDS

The HSRC household survey conducted in 2012 showed that the proportion of respondents aged 15 years and older, who had used a condom at last sexual intercourse, had dropped in the Western Cape. The 2012 antenatal HIV and syphilis sentinel prevalence survey showed that the prevalence of HIV in 15 to 24 year old pregnant respondents had reduced from 11.6 per cent in 2011 to 10.4 per cent in 2012. Consistent with previous antenatal surveys, the Metro District accounted for approximately 70 per cent of the epidemic in the Western Cape, with nearly 50 per cent of the burden experienced by women between 25 and 34 years of age across the Province. The Western Cape has the third highest number of new TB infections in South Africa (746 cases per 100 000). Although a reduction in TB cases is observed, the proportion of new pulmonary tuberculosis (PTB) cases diagnosed with a high pre-treatment bacillary load is still 53 per cent.

Maternal and Child Health

Trends in infant and child mortality rates in the Western Cape from 2008 to 2011 are shown in Table A.4. Child mortality rates have dropped markedly in 2011 in the Western Cape and City of Cape Town. Year-on-year variations within the remaining districts are difficult to interpret due to the relatively small numbers represented in the data. In 2011, the leading cause of death in children under five years was neonatal, with prematurity being the leading cause. This was followed by pneumonia, diarrhoea and injuries. Prematurity also plays an important role in post neonatal deaths from pneumonia and diarrhoea. Other risk factors include the absence of breast feeding and increasing malnutrition. Morbidity and mortality may be significantly reduced if these high risk children are identified early and missed opportunities avoided through better use of the Road to Health Card and the promotion of Integrated Management of Childhood Illness (IMCI), when mothers and their children attend both preventive and curative health services.

Table A.4: Infant and under-five mortality rate (per 1 000 live births)

DISTRICT	Infant mortality rate				Under-five mortality rate			
	IMR (< 1yr)				U5MR (< 5yr)			
	2008	2009	2010	2011	2008	2009	2010	2011
CAPE WINELANDS	22.7	25.1	25.1	20.7	29.9	31.0	31.3	26.0
CENTRAL KAROO	44.0	40.5	33.4	34.4	58.4	51.5	43.6	41.0
CAPE TOWN METRO	21.0	21.7	22.2	17.1	25.9	26.2	27.4	21.6
EDEN	23.2	23.6	18.9	19.7	29.1	28.2	23.5	23.8
OVERBERG	27.9	28.5	32.4	30.4	34.9	33.5	45.5	38.4
WEST COAST	28.2	23.2	29.9	22.3	33.8	26.6	35.1	28.2
WESTERN CAPE	22.3	22.7	23.1	19.1	27.7	27.5	28.6	24.1

SOURCE: Groenewald P, Msemburi W, Morden E, Zinyakatira N, Neethling I, Daniels J, Evans J, Cornelius K, Berteler M, Martin LJ, Dempers J, Thompson V, Vismer M, Coetzee D, Bradshaw D. Western Cape Mortality Profile 2011. Cape Town: South African Medical Research Council, 2014. ISBN 978-1-920618-23-0

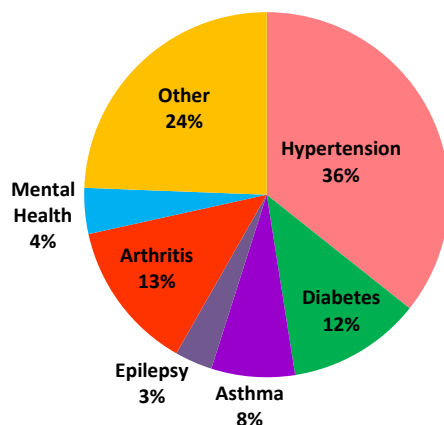
In 2011 9% of deaths in children under 5 years of age were due to injuries. Interim findings from the most recent Confidential Enquiry Into Maternal Deaths (2011 to 2012) show the institutional maternal mortality rate (iMMR) in the Western Cape was 78.64 per 100 000 live births. Leading causes of maternal deaths in the Western Cape were non-pregnancy related infections (35 per cent), medical and surgical disorders (20 per cent), hypertension (14.4 per cent), pregnancy-related sepsis (9.6 per cent) and obstetric haemorrhage (8 per cent). The proportion of deaths due to medical and surgical disorders continue to increase (11 per cent in 2008 to 2010 compared to 20.0 per cent in 2011 and 2012), highlighting the need to improve obstetric services that manage pregnant women with pre-existing conditions.

Non-Communicable Diseases

Based on findings from the South Africa National Health and Nutritional Examination Survey, self-reported prevalence of hypertension and diabetes in the Western Cape was 21.2 per cent (95 per cent confidence interval (CI) 17.8 - 25.0) and 6.7 per cent (95 per cent CI 5.2 - 8.6), respectively. Similarly, data from a study on chronic disease patients presenting at primary health care (PHC) facilities within the Cape Town Metro District (Western), showed that 36 per cent of patients were hypertensive, 12 per cent diabetic and 4 per cent were mental health patients, see Figure A.6. This study also demonstrated the high burden chronic diseases places on the services, as over 82 per cent of patients attending the ten PHC facilities surveyed were attending for chronic conditions. The Chronic Disease Unit (CDU) provides scripts to stable chronic disease patients across the Province. On average, 260 000 scripts are issued monthly and 75 per cent of these are to clients residing within the Cape Town Metro District.

Mental health is included in the non-communicable disease burden, and for the Province in the 2013/14 financial year, there was a 7.6 per cent re-admission rate for psychiatric conditions.

Figure A.7: Disease Profile of Patients at PHC Facilities mirrors population prevalence rates



Injuries

In 2011, the greatest contributors to injury-related deaths were interpersonal violence and transport injuries (Figure A.7). The Metro and Central Karoo had the highest mortality rates due to interpersonal violence at 41.6 and 41.1 deaths per 100 000 respectively. In the remaining districts, rates ranged from 27.6 to 33.5 deaths per 100 000. Transport injury mortality rates were highest in the Cape Winelands (30 per 100 000), Central Karoo (29.4 per 100 000) and West Coast (28.5 per 100 000) while Eden had the lowest (23 per 100 000). A project investigating injury morbidity at three high-burden sites in the Province (Elsies River, Khayelitsha and Nyanga) found that over a one week period in 2012, 38.5 per cent of cases reporting to the emergency centres (EC) were due to injuries. Of these injury cases, 60.4 per cent was as a result of violence, 22.9 per cent unintentional injuries and 11.2 per cent were transport-related injuries.

5.2. Organisational Environment

ORGANISATIONAL STRUCTURE

The current approved organisation and post structure of the Department is based on a combination of the Comprehensive Service Plan (CSP) establishment and amendments that have occurred to accommodate service delivery needs and a more integrated way of functioning. Further alignment may be required with the proposed Healthcare 2030 model. The establishment makes provision for the core and support functions required to achieve the strategic objectives of the Department. The alignment of employee functioning with the job purpose and functions of the current organisational design is being monitored. Priority projects are identified annually to address efficiency, based on service needs and operational requirements. The organisational structure (see organogram A) reflects the senior management service (SMS) members as at 1 January 2015. It is important to note that the designated Head of Department has been appointed and is due to take office on 1 April 2015 and organogram B reflects the structure as of 1 April 2015.

ORGANISATIONAL CAPACITY

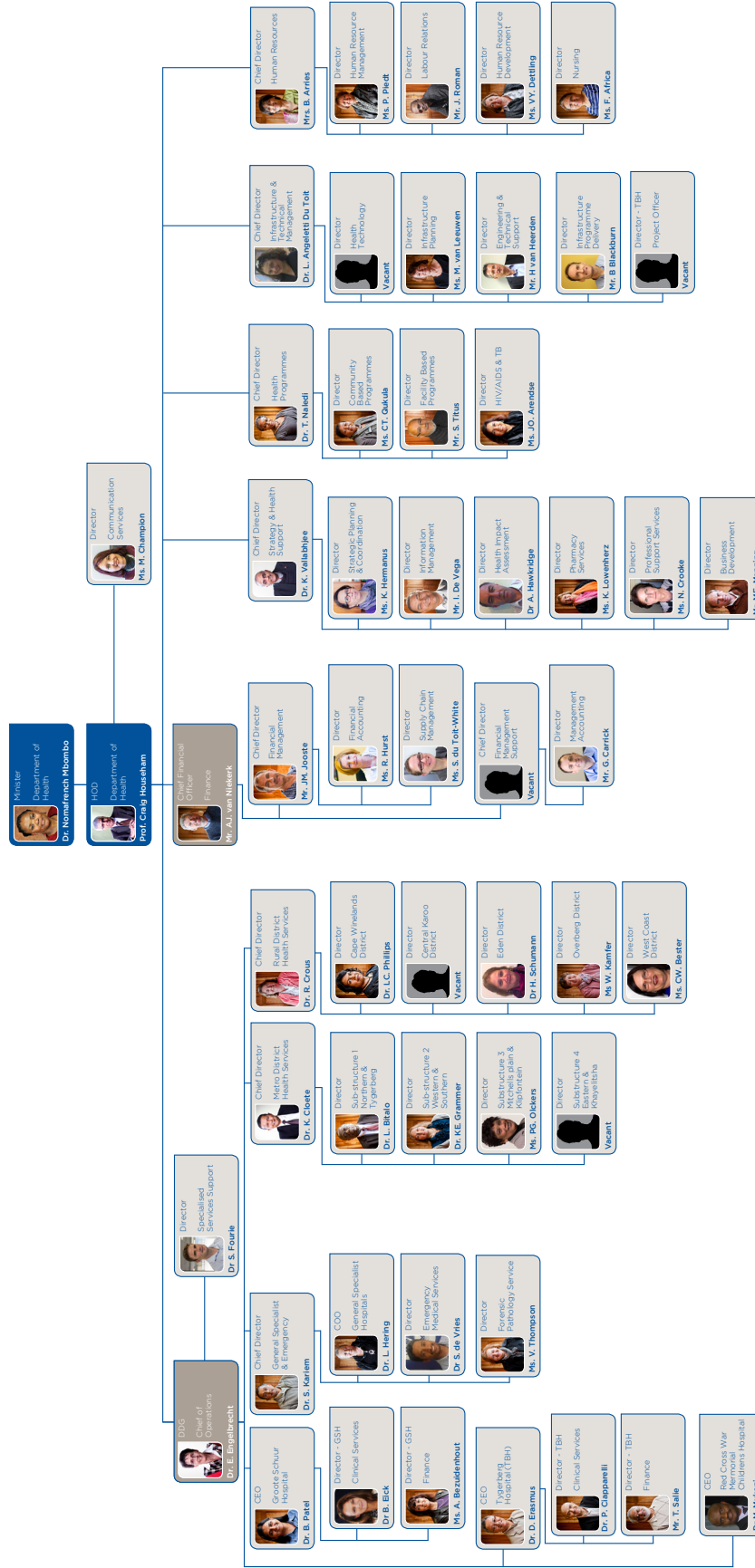
With reference to figure A.8, the average vacancy rate of Programme 1 was a result of the implementation of various ODI interventions. The high vacancy rate for Programmes 7 and 8 amounts to 27 posts in the category: engineering which is a scarce skill and difficult to recruit. Although the Department has an overall vacancy rate of 4.7 per cent, it should be noted that 0.26 per cent of these posts are being used for staff appointed on short- and medium term contracts, and special projects, additional to the approved establishment, this translates into 4.44 per cent of the posts being vacant. The Department has an approved post list (APL) restriction of 95.5 per cent therefore the vacancy rate of 4.44 per cent is acceptable and within target.

Organisational Organogram

Structure as from 1 January 2015

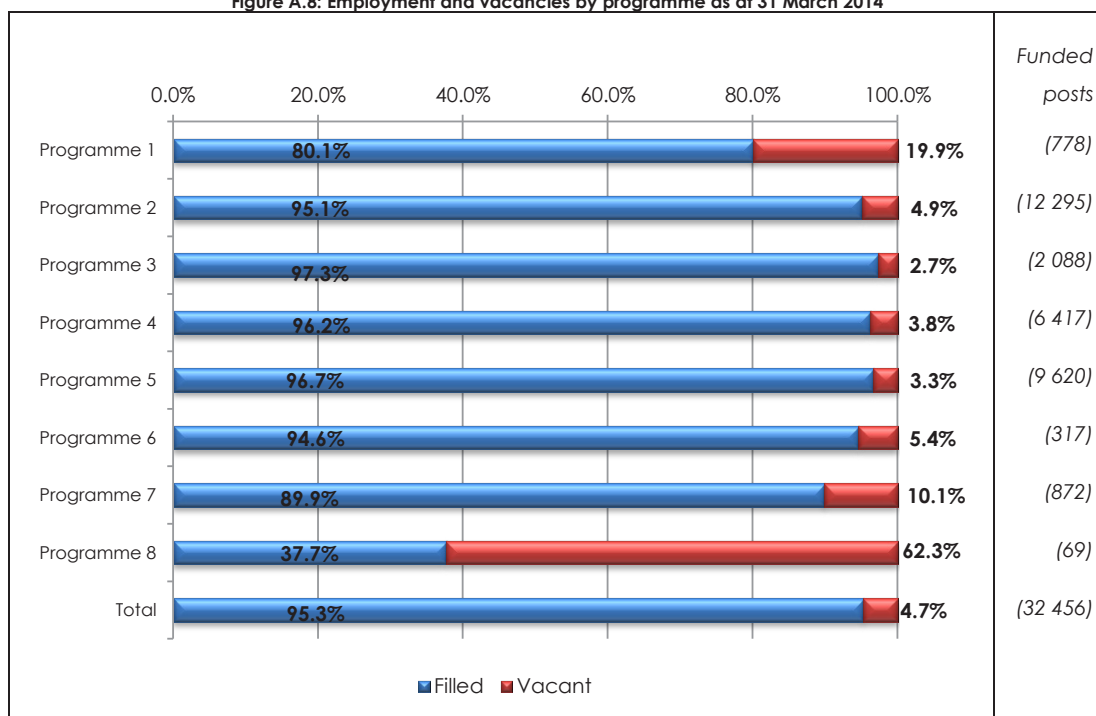


BETTER TOGETHER.



Prof Househam is retiring at the end of 2014/15. Dr Englabrecht has been appointed as HOD designate

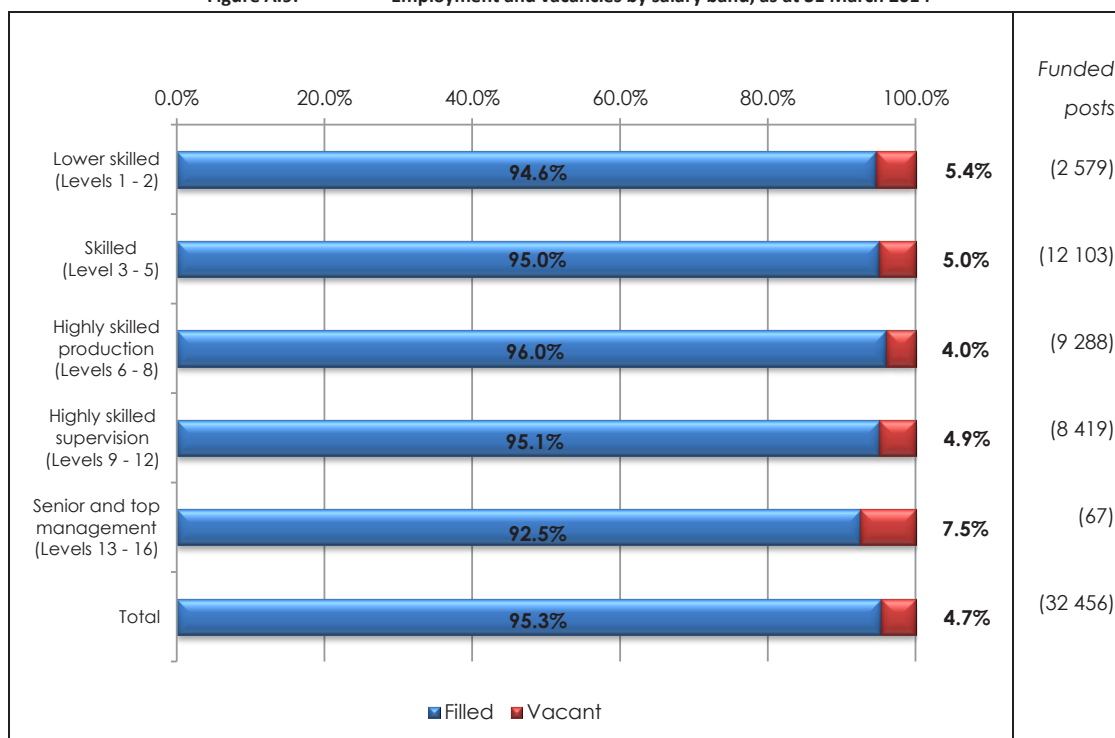
Figure A.8: Employment and vacancies by programme as at 31 March 2014



Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- Vacancy rate is based on funded vacancies.
- The above average vacancy rate of Programme 1 was a result of the implementation of various ODI interventions. The majority of these posts were advertised and were in the process of being filled.
- The high vacancy rate for Programmes 7 and 8 amounts to 27 posts in the category: engineering, which is a scarce skill and difficult to recruit.

Figure A.9: Employment and vacancies by salary band, as at 31 March 2014



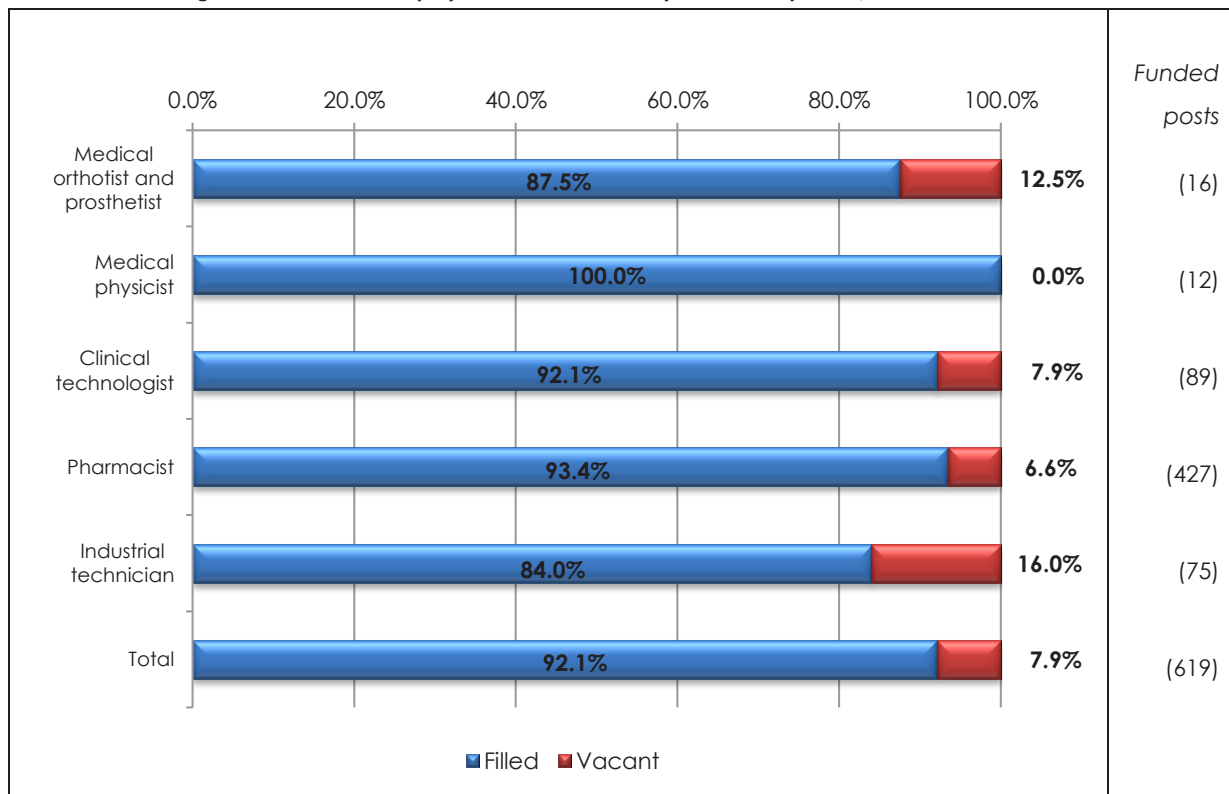
Notes:

- Nature of appointment sessional is excluded.

- This table provides the same statistical information as Table A.17 but broken into salary bands.

The figure below, refers to scarce skills in MTEF Period 2009/2014

Figure A.10: Employment and vacancies by critical occupations, as at 31 March 2014



Notes:

- Nature of appointment sessional is excluded.
- Nature of appointments periodical and abnormal is also excluded. No posts.
- The abovementioned table refers to scarce skills in MTEF Period 2009/2014.

An analysis of the core competencies of the current workforce of the Department indicates that availability of staff with the following competencies is limited:

- Nursing in specific specialty areas such as: emergency care, theatre and intensive care, advanced psychiatry, advanced midwifery and paediatrics;
- Family physicians specifically speciality areas within the rural areas;
- Radiographers in specialty areas (ultrasound, oncology and nuclear medicine);
- Engineering technicians;
- Forensic pathology officers; and
- Emergency care technicians and paramedics.

Competent health practitioners are required to deliver health care that is responsive to the needs, preferences and expectations of people accessing health services. Influencing the development of a comprehensive, harmonised medical, nursing and allied health curriculum that will improve patient-centred care and capacity for holistic and compassionate care is therefore an imperative. Health education has concentrated on disease aspects. The broader and important aspects of cultural context, psychosocial factors, medical ethics, and communication and relational skills, among others, have been neglected. There is a need to emphasise not only technical quality but also the experiential elements of care and the values of Western Cape Government Health. These will be developed and enhanced through a change management strategy.

Table A.5: Public health personnel as at 31 March 2014

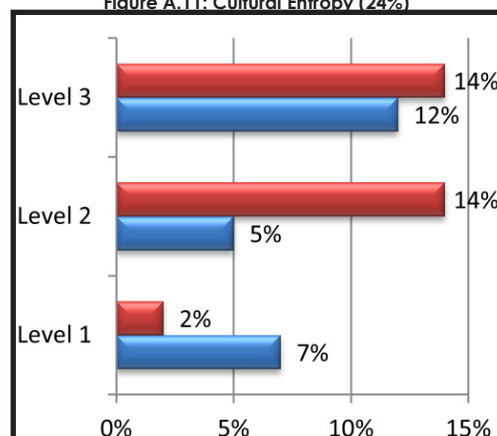
PUBLIC HEALTH PERSONNEL							
Categories	Number employed	% of total employed	Number per 1 000 people	Number per 1 000 uninsured people	Vacancy rate	% of total personnel budget	Annual cost per staff member
Medical officers	1 984	6.4%	0.331	0.424	3.4%	16.0%	561 263
Medical specialists	661	2.1%	0.110	0.141	2.9%	9.4%	836 099
Dental specialists	6	0.0%	0.001	0.001	0.0%	0.1%	1 315 970
Dentists	87	0.3%	0.015	0.019	5.4%	0.8%	385 097
Professional nurse	5 978	19.3%	0.997	1.277	4.5%	23.2%	319 805
Staff nurses	2 483	8.0%	0.414	0.531	4.8%	5.5%	192 738
Nursing assistant	4 116	13.3%	0.686	0.880	2.6%	7.8%	163 025
Pharmacists	400	1.3%	0.067	0.085	6.3%	2.3%	436 681
Physiotherapists	137	0.4%	0.023	0.029	1.4%	0.5%	245 314
Occupational therapists	164	0.5%	0.027	0.035	5.8%	0.6%	260 412
Psychologists	79	0.3%	0.013	0.017	0.0%	0.4%	343 402
Radiographers	451	1.5%	0.075	0.096	2.6%	1.8%	303 995
Emergency medical staff	1 907	6.2%	0.318	0.408	2.4%	5.0%	231 968
Dieticians	88	0.3%	0.015	0.019	2.2%	0.3%	261 692
Other allied health professionals and technicians	1 461	4.7%	0.244	0.312	6.1%	4.4%	243 213
Other staff	11 015	35.5%	1.836	2.354	5.5%	22.1%	157 241
Grand total	31 017	100.0%	5.171	6.628	4.4%	100.0%	257 480

ORGANISATIONAL FACTORS THAT IMPACT ON SERVICE DELIVERY

Organisational Culture

The Barrett Survey was conducted in 2013 and found cultural entropy to be relatively high at 24 per cent in Western Cape Government: Health. Cultural entropy is a measure of the degree of dysfunction in a system and represents the proportion of votes for potentially limiting values (Blue bar, see Figure A.11). A cultural entropy level of 10 per cent or lower indicates a healthy organisation. The Department's cultural entropy score reflects significant issues

Figure A.11: Cultural Entropy (24%)



performance and how people work together. At level 1 the negative values (blue bar) outweigh the positive values (red bar, see Figure A.11) indicating that any good work here is being overwhelmed by problems.

There are five potentially limiting values in the top values of the current culture: red tape, control, hierarchy, cost reduction and confusion. Looking at these values the following issues can be identified:

- Unwieldy systems, processes and structures, along with restrictions on expenditure, frustrate people's efforts.
- There is a lack of clear and open communication.
- Internal divisions and power struggles impede group cooperation.
- People lack empowerment and are over-worked.
- Employees feel criticised and used.

In addition, when we look at matches between those values which are most important to employees and those they most experience at work, there is only one value match, 'accountability'. In a highly aligned culture, one would expect to see three or four matching, personal and current culture values. This suggests that employees feel little personal connection in their working environment.

Employee Wellness

The impact of employee wellness on productivity levels is an on-going challenge. In 2013/14 ICAS Report supervisors were most likely to refer employees for problems with absenteeism at 19.83 per cent and conflict amongst staff at 15.52 per cent, see Figure A.12. In 2013/14 6.6 per cent of employees had problems which had a severe impact on their work. This is comparable to the ICAS average of 5.6 per cent for the same period.

A 'severe work impact' is characterised by a serious impairment in the occupational functioning of the individual and may include absenteeism, conflict, compromised performance and/or a disciplinary process. Figure A.13 illustrates work impact per problem cluster, where human resource issues and organisational issues were most likely to have a 'severe work impact'. Relocation related problems had a 'significant work impact', which involves occasional absences, "presenteeism", conflicts with colleagues and/or managers. The problem clusters for child and family care, and HIV most commonly had a 'moderate work impact'. This implies a slight difficulty with functioning, forgetting more often and possibly missing deadlines. Legal issues and the information and resource clusters were more likely to be associated with a 'minimal work impact', where employees were most likely to display proactive help seeking behaviour.

Figure A.12: Work Performance Difficulties

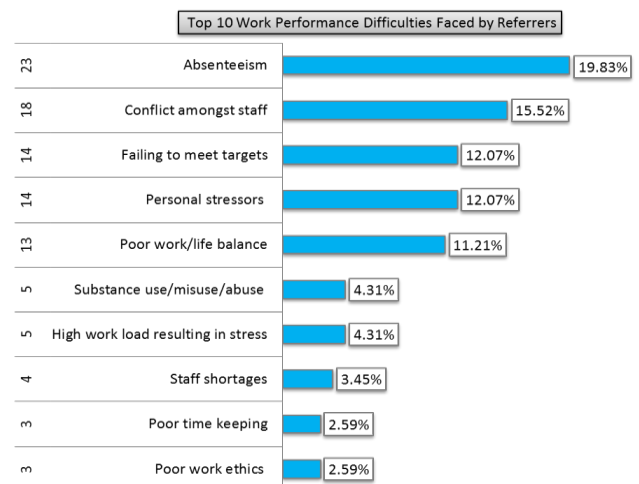
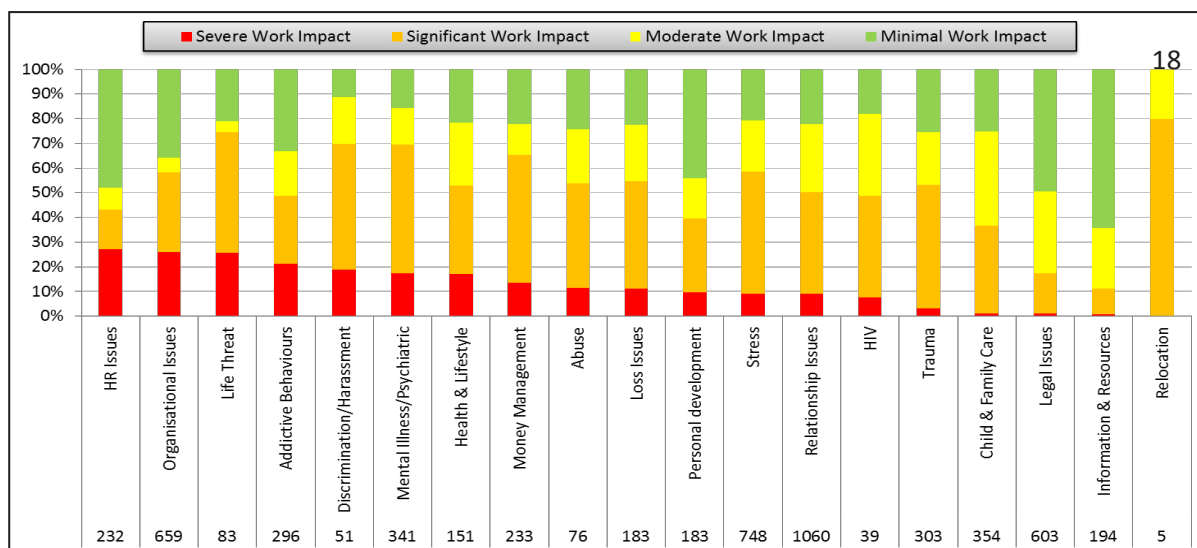


Figure A.13: Work Impact per Problem Cluster 2013/14



ICT in Western Cape Government: Health

WCG Health has excellent ICT building blocks which are all currently maturing in order to support a new paradigm of using individual level patient data to support clinical care, routine reporting, and health intelligence. ICT progress to date includes:

- Only province in South Africa with a single Hospital Information System (HIS) across nearly all hospitals.
- Nearly all primary care clinics are on one of two platforms (PHCIS or PreHMIS).
- All core systems are linkable via the Clinicom number which is shared, thus we are the only department in the country with a functional unique patient identifier for each patient, allowing the patient care record to be viewed irrespective of the treatment centre.
- Electronic dispensing covers 43 per cent of all issues, and is expanding rapidly.
- All laboratory data are available electronically.
- PACS/RIS, EMS, ECM and other domains are potentially linkable.
- Data harmonisation project demonstrated the viability and utility of an individual-patient-level health data centre, which will create true intelligence and system independence.
- Complete electronic disease data for HIV, TB, and good progress being made on other chronic diseases, pregnancies and births.
- A single view that will include amongst others the demographic data, diagnosis, labs results and prescribed medicines of recent visits of the patient, is being developed.
- Unqualified performance information audits with reduced findings.

Infrastructure Developments in Western Cape Government: Health

There have been considerable contextual changes in the planning and delivery of provincial government health infrastructure in the Western Cape: The Infrastructure Delivery Management System, or IDMS, with its relatively complex set of sub-systems and processes has begun implementation and institutionalisation in WCG: Health; national and provincial legislation has progressively imposed increased compliance obligations; there has been a change in focus from the delivery of new infrastructure to ensuring that the maintenance of existing infrastructure is appropriately carried out.

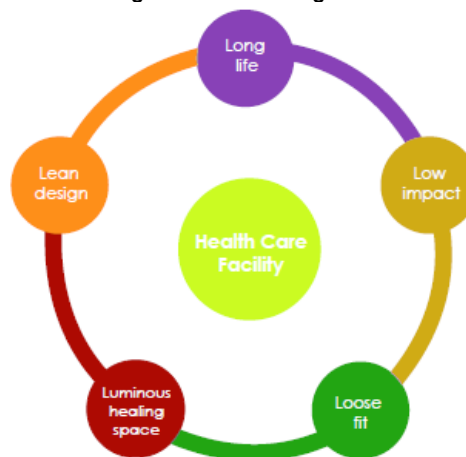
An important recent change, impacting on all provinces, during 2014 by National Treasury is the introduction of the Performance-Based Incentive (PBI) process for the HFRG. This process requires that provinces bid for HFRG allocations two years in advance and includes financial incentives for provinces that implement best practices in delivering infrastructure. This process is further elaborated in the

paragraph dealing with resource considerations below.

The primary objective of the infrastructure programme is to promote and advance the health and well-being of health facility users in the Province in a sustainable responsible manner. This objective is being met through what has been termed the "5Ls Agenda":

- Long life (Sustainability).
- Loose fit (Flexibility and adaptability).
- Low impact (Reduction of carbon footprint).
- Luminous healing space (Enlightened healing environment).
- Lean Design and Construction (Collaborative and integrated).

Figure A.14: The 5Ls Agenda



The above 5Ls Agenda is implemented through a set of principles, which are embedded in the management of any infrastructure project embarked upon by WCG: Health through its implementing agent – these principles, are:

- **Affordability:** Avoid "state-of-the art" design and construction and rather aim for what is appropriate and easily maintainable.
- **Green Building:** Particularly in terms of energy and water, materials, land use and ecology, indoor environmental quality, transport, emissions.
- **Flexibility:** Facility design should take account of changing needs, workloads, healthcare policies, etc.
- **Standardisation of design and construction:** Health infrastructure projects will be based on standard designs, drawings and technical specifications, as well as on space planning norms and standards. At the planning stage, such standardisation eliminates or reduces the need for both conceptual development of a design and the need for detailed design work and thereby substantially reduces redundancy and the cost of professional fees. At procurement stage it facilitates the packaging of projects to improve procurement efficiencies; at construction stage, benefits would include reduced costs due to economies of scale for procurement of material and equipment, increased pace of construction due to contractor's knowledge of requirements and processes, etc. The pursuing of standardised unit layouts also assists in reducing healthcare team orientation to different facilities and in streamlining maintenance.
- **Healing Environment:** The building itself is part of the therapeutic setting and process (e.g. light, air quality, way finding, ergonomics).
- **Innovation in Delivery,** including new contracting arrangements and the use of new technology for construction.
- **Life-cycle Costing,** including:
 - Estimation, at the planning stage, of all costs involved in the acquisition, operation including utilities, maintenance and disposal of an immovable asset.

- Building maintenance plan.
- Life-cycle plan and budget. (High-level plan include the analysis of what must be done with the healthcare buildings in a ten-year time frame namely maintenance, renovations, replacement, etc.)
- Balancing once-off capital expenditure against future on-going operational costs.
- Operational efficiency.

Dependencies/Partnerships

CITY OF CAPE TOWN

The Department has a service level agreement with the City of Cape Town Municipality (local government) for the provision of personal primary health care in the Cape Town Metro District. These services have been provincialised in the rural districts.

NON-PROFIT ORGANISATIONS (NPOS)

The Department has service level agreements with several NGOs for the rendering of intermediate care and home and community based care (HCBC).

SOUTH AFRICAN POLICE SERVICES (SAPS)

An MOU governs the relationship with SAPS in forensic pathology and emergency medical services

TRANSPORT AND PUBLIC WORKS

The Department also has a service delivery agreement with the Western Cape Government (WCG) Transport and Public Works (TPW), as WCG TPW is the implementing agent for health infrastructure delivery.

CENTRE FOR e INNOVATION (CEI)

There is a dependence on CEI to ensure that the WCG Health has the necessary infrastructure to be able to communicate, transact and input meaningful day to day data through its information systems. In essence they are to ensure that there is sufficient connectivity, proper data centre with sufficient server capacity to host WCG health systems and data, a full back up infrastructure in case of downtime that may be experienced. The department is also reliant on CEI to support its ±20 000 computer users on a day to day basis. CEI is equally charged to ensure that WCG benefits from a shared services offering by ensuring that software licenses etc. are provided at a cost effective manner in order to reduce cost of ICT. Currently an MOU with service schedules are used to manage this relationship.

HIGHER EDUCATION INSTITUTIONS (HEIS)

The province has a multilevel agreement (MLA) with four HEIs for the training of health sciences students on its service platform. A separate bilateral agreement governs the relationship with each of the universities under the principles of the MLA. In 2009 there were 6,5m student hours on the service platform.

IMBALANCES IN SERVICE STRUCTURES AND STAFF MIX

There are imbalances in the staff mix at certain facilities, for example within the community day centres

and clinics within the rural area where there is a shortage of staff nurses and an oversupply of nursing assistants. A further problem area is professional nurses in the general field performing in specialty areas due to a lack of staff with post basic qualifications. Significant progress has been made with the employment of family physicians that are critical in strengthening services and clinical governance within the DHS.

PERFORMANCE AGAINST PROVINCIAL HUMAN RESOURCE PLAN

The National Department of Health published the Human Resources for Health South Africa: HRH Strategy for the Health Sector: 2012 - 2017, in October 2011, which will provide a framework for further development of the provincial Human Resource Plan.

The eight themes which form the framework of the HRH Strategy, and also guide the provincial Human Resource Plan are:

1. Leadership, governance and accountability.
2. Health workforce information and health workforce planning.
3. Re-engineering of the workforce to meet service needs.
4. To upscale and revitalise education, training and research.
5. Strengthen and professionalise the management of HR and prioritise workforce needs.
6. Ensure professional quality care through oversight, regulation and continuing professional development.
7. Improve access to health professionals and health care in rural and remote areas.

Current Deployment of Staff

Employees are deployed across facilities, districts and management offices according to the role and functions of each post, team and structure for optimal accountability and decentralised effectiveness and efficiency. There are 3 intermediate management structures, offices of the chief directorates for DHS (metro and rural separate) and Genses. The central office of the department provide for policies, tools, systems, norms and standards, support implementation and monitor and evaluate implementation and impact.

Accuracy of Staff Establishments at all levels, against the Service Requirements

On an annual basis during February/March the Approved Post Lists of health facilities are reviewed and reconciled to determine the service need taking the budget constraints into account. Where needed based on the above analysis posts are abolished and created. This practice also continues throughout the year based on a needs analysis. Governance mechanisms are in place to ensure order, coherence and organisational effectiveness and efficiency. The staff establishment is compared against the operational and service delivery needs of the Annual Performance Plan. Where changes need to be made, requests are forwarded to the Directorate: HRM for organisational structure investigations.

Staff Recruitment and Retention systems and Challenges

The main challenges are to secure sufficient funding for the staff establishment and to recruit suitably qualified and skilled staff to be appointed against the funded vacant posts. The attrition rate for health professionals is within the acceptable norm excluding the first three years of employment (after obtaining their qualifications). Notwithstanding the above, the Department has shown the ability to fill these vacancies on a year-on-year basis from the existing capacity found within the labour market. However, the regular loss of health professionals creates a challenge for maintaining the continuity of services with an extra burden on on-going training to rebuild capacity.

The recruitment of qualified and skilled professionals poses a challenge due to the scarcity of skills in specialist areas and the restrictive appointment measures that are imposed on certain of the occupations through the various new occupational specific dispensations e.g. engineers, professional nurses in specialty fields and emergency medical staff. These issues need to be addressed at a national level.

The average age of initial entry into the Department by professionals is approximately 23 to 26 years, e.g. medical officers after completing their studies and compulsory in-service duties. The challenge remains to retain these occupational groups in a permanent capacity.

Corporate management capacity is often challenged by a relatively small pool of experienced staff in finance, supply chain management, HR, as well as general facility management. Several strategies are underway to respond to this challenge.

The following interventions to address the challenges have been identified:

1. Review the recruitment policy and strategy.
2. Develop a retention strategy.
3. Link career paths to succession planning.
4. Prepare strategies to address the approaching loss of staff due to retirement.
5. Roll-out change management interventions targeted at leadership and management development.
6. Internships programme.

Absenteeism and Staff Turnover

SICK LEAVE

The management of normal sick leave remains problematic, and impacts on service delivery. The majority of employees utilising sick leave can be found within levels 3 to 12 of which the highest incidence is found in salary levels 3 to 5. The workload, operational responsibilities and accountability are thought to play a role in the use of sick leave within these groups.

The loss of person-hours through absenteeism does have a negative impact on service delivery and financial resources. However, it is encouraging to note the increase in managerial utilisation and in the number of formally referred cases to ICAS in the period under review. This indicates that managers are developing the emotional intelligence to identify troubled employees and are also being proactive about their own wellbeing.

Two hundred and sixty five (265) employees have profiled themselves on the eCare service, which is 0.9 per cent of the total number of employees. The top three health concerns amongst users are back pain, hay fever/allergic rhinitis and headache/migraine. It is encouraging to note that employees made use of the ask-the-professional service in this annual period. More awareness of the eCare service is needed amongst all employees to ensure the enrolment rate reaches the required 20 per cent to draw conclusions about the health wellbeing of Western Cape Government: Health as an organisation.

INCAPACITY LEAVE

The new sick leave cycle started 1 January 2013, which means that an employee must first utilise 36 working days sick leave before incapacity leave will be applicable. The incapacity leave cases will therefore be less in the first year of the three year cycle.

The Health Risk Manager is an outsourced service by the Department of the Premier (DotP) assisting the departments in assessing incapacity leave requests. The current Health Risk Manager was only appointed with effect from 1 November 2013 and the backlog caused by a delay in finalising the tender is being addressed. Consequently, there have been delays in the process. Quarterly PILIR

Steering Committee Meetings take place with the Health Risk Manager and problem areas are identified and addressed.

STAFF TURNOVER

The average staff turnover rate for the Department in the 2013/14 financial year was 12.29 per cent (including fixed-term contractual appointments such as community service, interns and registrars) and 6.42 per cent excluding fixed-term contractual appointments such as community service, interns and registrars. This is a slight increase of 0.06 per cent than the previous reporting period.

Annual staff losses occur as a result of employees completing their training, completing community service contracts as well as transferring to other departments. This is deemed to be a natural turnover rate.

Over and above these losses, unwanted turnover is experienced due to factors not indicated above. This is especially true in specialised nursing, medical, allied health and technological occupations as they provide the core service. In addition, there are employees leaving from support services such as finance and human resources which also have a negative impact of the services.

The following challenges are experienced in reducing the turnover rate:

- Providing a conducive working environment in certain facilities (e.g. aging physical infrastructure)
- Budget constraints.
- Skills development of existing staff.
- Ability to compete with private sector and overseas remuneration rates especially for specialists, speciality nurses, medical officers, engineers, paramedics and specialised radiographers.

The following are some of the initiatives that have been identified to address these challenges:

- Implement recruitment and retention strategies that are applicable to each occupational group, which may include a bursary system.
- Develop, implement and monitor succession planning.
- Conduct an attrition analysis and provide remedial measures.
- Strengthen strategic partnerships with the private sector and health facility boards to enhance improvement of working conditions.
- Implement targeted career path strategies and talent management.
- Establish internships and student training posts for positions such as clinical technologists.
- Continue to align individual performance plans/competency gaps with training plans.
- Mentoring should be formalised as a key strategy to improve and develop the skills within management, technical or clinical categories.
- Post course assessments to determine the impact of training

Human Resource Information from the Provincial District Health Expenditure Review (DHER)

The tables A.6 and A.7 reflect the significant variations between districts with regards to professional nurses and medical doctors. The data is however difficult to interpret as it does not take into account outreach and support staff that are based elsewhere in the health system, this is of particular relevance in rural settings.

District	Uninsured Population	Total Population
West Coast	2520.7	3036.9
Overberg	2186.9	2634.8
Cape Winelands	2022.9	2627.2
Eden District	3018.5	3551.2
City of Cape Town	2298.6	3013.7
Central Karoo	1566.8	1828.2

District	Uninsured Population	Total Population
West Coast	59935.8	72211.8
Overberg	45681.8	55038.4
Cape Winelands	17026.3	22112.1
Eden District	20153.9	23710.5
City of Cape Town	15276.1	20029.0
Central Karoo	13317.5	15540.0

Progress on the Roll-out of the Workload Indicator Staffing Need (WISN) Tool

1. The WISN tool forms part of the National Health Insurance (NHI) project with the aim to strengthen the performance of the public health system. Key areas of the service will be identified for application of the tool. It is envisaged that the WISN methodology could potentially improve the efficiency in estimating the requirement and deployment of health workforce at facility level by avoiding staff overload and under-utilisation of key health staff.
2. The Department is currently in the process of piloting the WISN project within the Eden District. Retrospective service delivery data will be used to determine gaps within the supply and demand at health facilities. Operational efficiency (optimal spending between different categories of health workers and productivity of the existing workforce) will be monitored to ensure value for money.
3. WISN is also an excellent tool to determine whether the current organisational and post structures align to the need for services. In this regard the WISN software provides a useful tool in calculating both current and future human resource requirements as well as indicating the current work load pressure.
4. The objective of the exercise is to determine the following:
 - How many health workers of a particular type are required to cope with the workload of a given health facility.
 - Estimate staffing to deliver the expected services.
 - Calculate workload and time required to accomplish tasks of individual staff categories.
 - Compare staffing between health facilities and administrative areas.
 - Understand workload of staff across facilities.
 - Establish fair workload distribution amongst staff.
 - Assess the workload pressure of facility based health workers.
5. It is the opinion of the technical task team that the WISN methodology can best be used in conjunction with other staffing models to specifically focus on determining the variation in workload among facilities which might result from the physical location and accessibility of the facility, health seeking behaviour, morbidity pattern, quality of services/package and other related factors.
6. It was decided to initially focus on primary health care and to pilot the project in the Mossel Bay, George, Knysna and Plettenberg Bay sub-districts of the Eden District in the Department of Health, Western Cape.
7. A project team to deal with WISN has been established. Workshops and information sessions have been conducted. The project team is collating information that informs the WISN software. It is envisaged that the project in the Eden District will be concluded by the end of April 2015.

Employee Health and Wellness Programme (EHWP)

The Employee Health and Wellness Programme has been well established in the Department. It plays an important role in the management of organisational risk associated with employee personal and work related challenges. The programme aims to meet the wellness needs of employees, through preventative and curative measures, which includes the promotion of the physical, social, emotional, occupational, spiritual, financial and intellectual wellness of individuals. It recognises that employees play a fundamental change management role in improving the patient experience.

The programme acknowledges that employee well-being contributes to the ability to deliver quality person-centred care and to function effectively within society. It is based on the premise that employees working in the public health sector are faced with challenges that include long working hours, a highly pressurised working environment, high patient load, occupational diseases, and in many categories experiencing trauma cases on a daily basis. Six of the country's most violent neighbourhoods are found in the Western Cape. This therefore means that employees on a daily basis are exposed to

violence in the workplace when they are rendering care for their patients, coupled with limited resources at institutions. In addition, employees experience emotional, financial, family and other psychosocial problems that impact on their performance in the workplace on a daily basis. The services are available to all employees and their families, free of charge, 24 hours per day, 365 days per year, in all areas of the Province. The services include telephone and face-to-face counselling, as well as access to life management services and management support. There is an on-going marketing campaign, to ensure that employees are aware of the programme services.

Since the implementation in 2005, employee engagement with the programme has consistently been above the public sector benchmark indicating that the service effectively responds to the needs of the employee and the Department as a whole. The overall engagement rate, which includes uptake of all services provided, amounted to 22.1 per cent during the period of 2013/14, which is an increase from 19.5 per cent for the previous period. Annualised individual usage of the core counselling and advisory services was 10.7 per cent during the most recent period, compared to 8.9 per cent during the previous period. This is higher than the sector benchmark of 7.5 per cent.

This is an indication that employees pro-actively engage in the programme and manage their wellness. There has been a shift in employee issues from practical concerns to more sensitive work and personal issues such as addictive behaviour, organisational issues and stress, which indicates a growing trust in the programme. Training conducted in the period reached 2 096 employees and covered topics such as:

- How to manage various personalities within a team in order to work together
- Preventing burn out (Self-care)
- Managing that Angry Customer
- Parenting Skills and relationship enhancement session
- Managing alcoholism, drug abuse and gambling within the organization
- Conflict mediation

5.3. Overview of Provincial Service Delivery

MTSF 2014-19 IMPACT INDICATORS

Table A.8: Outcome Targets Committed by the Health Sector

IMPACT INDICATOR	BASELINE (2009 ¹)	BASELINE (2012 ²)	2019 TARGETS (SOUTH AFRICA)	2012 BASELINE (PROVINCE)	2019 TARGET (PROVINCE)
Life expectancy at birth: Total	56.5 years	60.0 years (increase of 3.5 years)	63.0 years by March 2019 (increase of 3 years)	65.8 years (source: StatsSA)	67.5 years
Life expectancy at birth: Male	54.0 years	57.2 years (increase of 3.2 years)	60.2 years by March 2019 (increase of 3 years)	63.7 years (source: StatsSA)	65 years
Life expectancy at birth: Female	59.0 years	62.8 years (increase of 3.8 years)	65.8 years by March 2019 (increase of 3 years)	67.9 years (source: StatsSA)	70 years
Under-5 Mortality Rate (U5MR)	56 per 1 000 live births	41 per 1 000 live births (25% decrease)	23 per 1 000 live births by March 2019 (20% decrease)	24.1 per 1 000 live births (source: StatsSA) (2011 Mortality Report)	20 per 1 000 live births
Neonatal Mortality Rate	-	14 per 1 000 live births	6 per 1 000 live births	8.2 per 1 000 live births (source: neonatal deaths from 2011 Mortality Report and StatsSA live births)	5 per 1 000 live births
Infant Mortality Rate (IMR)	39 per 1 000 Live births	27 per 1 000 live births (25% decrease)	18 per 1 000 live births	19.1 per 1 000 live births (source: StatsSA) (2011 Mortality Report)	18 per 1 000 live births
Child under 5 years diarrhoea case Fatality rate³	-	4.2%	<2%	0.37% in 2011/12 (Source: SINJANI)	0.2%
Child under 5 years severe acute malnutrition case fatality rate	-	9%	<5%	3.99% In 2011/12 (Source: SINJANI)	3.0%

¹ Medical Research Council (2013); Rapid Mortality Surveillance (RMS) Report 2012

² Medical Research Council (2013); Rapid Mortality Surveillance (RMS) Report 2012

³ Please note this was for diarrhoea with dehydration. Indicator changed in 2013/14 to include all diarrhoeal deaths)

IMPACT INDICATOR	BASELINE (2009 ¹)	BASELINE (2012 ²)	2019 TARGETS (SOUTH AFRICA)	2012 BASELINE (PROVINCE)	2019 TARGET (PROVINCE)
Maternal Mortality Ratio	304 per 100 000 live births	269 per 100 000 live births	Downward trend <100 per 100 000 live births by March 2019	78.64 per 100 000 live births (IMMR, from 10th interim report on confidential enquiries into Maternal Deaths in SA, 2011 and 2012)	65 per 100 000 live births

ACCESS TO HEALTH PERSONNEL IN 2014/15

Table A.9: Public health personnel as at 31st March 2014

Public health personnel							
Categories	Number employed	% of total employed	Number per 1 000 people	Number per 1 000 uninsured people	Vacancy rate	% of total personnel budget	Annual cost per staff member
Medical officers	1 984	6.4%	0.331	0.424	3.4%	16.0%	561 263
Medical specialists	661	2.1%	0.110	0.141	2.9%	9.4%	836 099
Dental specialists	6	0.0%	0.001	0.001	0.0%	0.1%	1 315 970
Dentists	87	0.3%	0.015	0.019	5.4%	0.8%	385 097
Professional nurse	5 978	19.3%	0.997	1.277	4.5%	23.2%	319 805
Staff nurses	2 483	8.0%	0.414	0.531	4.8%	5.5%	192 738
Nursing assistant	4 116	13.3%	0.686	0.880	2.6%	7.8%	163 025
Pharmacists	400	1.3%	0.067	0.085	6.3%	2.3%	436 681
Physiotherapists	137	0.4%	0.023	0.029	1.4%	0.5%	245 314
Occupational therapists	164	0.5%	0.027	0.035	5.8%	0.6%	260 412
Psychologists	79	0.3%	0.013	0.017	0.0%	0.4%	343 402
Radiographers	451	1.5%	0.075	0.096	2.6%	1.8%	303 995
Emergency medical staff	1 907	6.2%	0.318	0.408	2.4%	5.0%	231 968
Dieticians	88	0.3%	0.015	0.019	2.2%	0.3%	261 692
Other allied health professionals and technicians	1 461	4.7%	0.244	0.312	6.1%	4.4%	243 213
Other staff	11 015	35.5%	1.836	2.354	5.5%	22.1%	157 241
Grand total	31 017	100.0%	5.171	6.628	4.4%	100.0%	257 480

Data Source:

This table should be for provincial health personnel. If data is available, another table for local government personnel should also be added, as well as a third table showing public health personnel in total (provincial plus local government).

1. Populations should be those of resident people.
2. Interns and community service should be included.
3. This group comprises 'health therapists' (e.g. physiotherapists, speech therapists, occupational therapists, clinical psychologists, environmental health practitioners, dental therapists) and specialised auxiliary service staff.

6. Legislative & Other Mandates

The Department is directly responsible for implementing, managing or overseeing the issues emanating from the following legislative and policy mandates

6.1. Constitutional Mandates

The rendering of health services is a legislative competency by virtue of Schedule 4, Part A of the Constitution of the Republic of South Africa, 1996. In addition the following obligates the Department to render certain services:

- Schedule 5, Part A of the Constitution empowers the Department with exclusive legislative competence on ambulance services.
- Section 27(1)(a) of the Constitution obligates the Department to provide basic health services, including reproductive health care.
- Section 27(3) provides that emergency medical treatment may not be refused.
- Section 28(c) prescribes that children have the right to basic health services.

6.2. Legislative Mandates

The following national and provincial legislation prescribes the specific services to be rendered by the Department. Some of the legislation has a very specific and direct impact on the Department whereas others have a more peripheral impact.

NATIONAL LEGISLATION

1. **Allied Health Professions Act, 63 of 1982 as amended**
This Act sets out regulations of health practitioners like chiropractors, homeopaths and others, and for the establishment of the council to regulate these professions.
2. **Atmospheric Pollution Prevention Act, 45 of 1965**
To provide for the prevention of the pollution of the atmosphere, for the establishment of a National Air Pollution Advisory Committee, and for matters incidental thereto.
3. **Basic Conditions of Employment Act, 75 of 1997 [BCEA]**
The BCEA provides for the minimum conditions of employment that employers must comply with in their workplaces.
4. **Births and Deaths Registration Act, 51 of 1992**
The Act regulates the registration of births and deaths and to provide for incidental matters.
5. **Broad Based Black Economic Empowerment Act, 53 of 2003**
The piece of legislation deals with the promotion of black economic empowerment in the manner that the State awards contracts for the service to be rendered, and matters incidental thereto.
6. **Children's Act, 38 of 2005**
The Act give effect to certain rights of children as contained in the Constitution; set out principles relating to the care and protection of children; defining parental responsibilities and rights; further; make provisions for regarding children's courts

7. Chiropractors, Homeopaths and Allied Health Service Professions Act, 63 of 1982

The Act abolishes Chiropractors, Homeopaths and Allied Health Service Professions Interim Council; establishes the Allied Health Professions Council of South Africa and further provides for establishment of the professional board; further, regulates the relationship between the new Council and professional boards

8. Choice on Termination of Pregnancy Act, 92 of 1996

The Act determines the circumstances and conditions under which the pregnancy of a woman may be terminated; and to provide for matters connected therewith.

9. Compensation for Occupational Injuries and Diseases Act, 130 of 1993 [COIDA]

The Act provides for compensation for disablement caused by occupational injuries or diseases course of their employment, and for death resulting from such injuries or disease.

10. Constitution of the Western Cape, 1 of 1998

This Constitution applies to the Western Cape. It is subject to the national Constitution, it is the highest law in the Western Cape.

Section 78(2)(a) deals with protecting and promoting the interest of children in the Western Cape, insofar as health services.

Section 81 (h)(ii) places a duty on the Western Cape Government to adopt and implement policies to actively promote and maintain the welfare of its communities by ensuring proper realisation of the right of access to:

(a) Health care services;

(b) Basic health care services, which provides a healthy environment for all children, frail and elderly persons.

11. Construction Industry Development Board Act, 38 of 2000

To provide for the establishment of the Construction Industry Development Board to implement an integrated strategy for the reconstruction, growth and development of the construction industry and to provide for matters connected therewith.

12. Correctional Services Act, 8 of 1959

Section 12(1) places a duty on the Department of Health to provide, within its available resources, adequate health care services, based on the principles of primary health care. This is so, to allow every inmate to lead a healthy life.

13. Council for the Built Environment Act (No 43 of 2000)

To provide for the establishment of a juristic person to be known as the Council for the Built Environment; to provide for the composition, functions, powers, assets, rights, duties and financing of such a council; and to provide for matters connected therewith.

14. Criminal Procedure Act, 51 of 1977

The purpose of the Act is to regulate procedures and related matters in criminal proceedings: It affects health insofar as:

(a) Mental health issues dealing with the criminal capacity of the accused and the witness;

(b) Examinations in terms of Sexual offences; and

(c) Drawing of blood samples by district surgeons/surgeons and medical practitioners.

15. Dental Technicians Act, 19 of 1979

The Act consolidates and amends laws relating to the profession of dental technician; regulates the profession of dental technologist and matters incidental thereof.

16. Division of Revenue Act (Annually)

Provides for the equitable sharing of nationally-raised revenue among the national, provincial and local spheres of government and to outline the responsibilities of all three spheres pursuant to such division. The Division of Revenue Act is primarily directed at supporting the principles of co-operative government and strengthening inter-governmental relations, as stipulated in the Constitution.

17. Domestic Violence Act, 116 of 1998

The Act provides for the issuing of protection orders with regard to domestic violence and further provides remedies currently available to victims of domestic violence.

18. Drugs and Drug Trafficking Act, 140 of 1992

The Act provides for the prohibition of the use or possession of, or the dealing in, drugs and of certain acts relating to the manufacturer or supply of certain substances or the acquisition or conversion of the proceeds of certain crimes, for the obligation to report certain information to the police.

19. Employment Equity Act, 55 of 1998 [EEA]

The EEA sets out the measures that must be put into operation in the workplace in order to eliminate discrimination and promote affirmative action.

20. Environment Conservation Act, 73 of 1998

The Act provides for the effective protection and controlled utilization of the environment and for matters incidental thereto.

21. Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972

The Act provides for the control and safety standards of products for sale, manufacturing and importation of foodstuffs.

22. Government Immovable Asset Management Act, 19 of 2007

To provide for a uniform framework for the management of an immovable asset that is held or used by a national or provincial department, to ensure the coordination of the use of an immovable asset with the service delivery objective.

23. Hazardous Substances Act, 15 of 1973

The Act provides for the control of hazardous substances in particular those emitting radiation.

24. Health Professions Act, 56 of 1974

The Act provides for regulating health professions including medical practitioners, dentists, psychologists and related professions, further, guides the profession and protects the public.

25. Higher Education Act, 101 of 1997

To regulate higher education, provide for establishment, composition and functions of a Council on Higher Education, governance and funding of public higher education institutions.

26. Human Tissue Act, 65 of 1983

The Act provides for the administration of matters pertaining to human tissue and needs to be considered in conjunction with section 8 of the National Health Act, 2003 which regulates matters pertaining to decision making affecting personal health and treatment of a person, and section 68 of the same Act on the examination of the bodies of the deceased persons and removal of donated tissues or cells from persons and incidental matters.

- 27. Inquests Act, 58 of 1959**
The Act provides for holding of inquests in cases of deaths or alleged deaths occurring from natural causes. The Act works in tandem with the application and administration of the Exhumation Ordinance 12 of 1980, in so far as application of exhumation and reburial through a court of law.
- 28. Intergovernmental Relations Framework, Act 13 of 2005**
To establish a framework for national, provincial and local governments in order to promote and facilitate intergovernmental relations and provide for mechanisms and procedures and to facilitate settlement of intergovernmental disputes.
- 29. Institution of Legal Proceedings against Certain Organs of State Act, 40 of 2002**
To regulate prescription and to harmonise periods of prescription of debts for which certain organs of state are liable; to make provision for notice requirements in connection with institutions of legal proceedings against certain organs of state in respect of recovery of debt.
- 30. International Health Regulations Act, 28 of 1974**
Adopted by the World Health Organisation to provide for the protection of airports deemed to be sanitary and prescribe penalties for any contravention and failure to comply with related WHO prescripts and incidental matters thereto.
- 31. Labour Relations Act, 66 of 1995 [LRA]**
To give effect to section 27 of the Constitution, regulate the organisational rights of trade unions, to promote and facilitate collective bargaining at the workplace, to promote employee participation in decision-making process by establishing workplace forums; and to give effect to International law obligations of the Republic that relates to labour relations.
- 32. Local Government: Municipal Demarcation Act, 27 of 1998**
Applicable to health department only in so far as the establishment of the district health councils in terms of section 31 of the Health Act, 2003 (Act No. 61 of 2003) read with the Western Cape District Health Councils Act, 2010 (Act No. 5 of 2010).
- 33. Local Government: Municipal Systems Act, 32 of 2000**
Applicable to health department for the administration and the functioning of the Western Cape District Act, 2010 (Act No. 5 of 2010) in terms of section 31 of the National Health Act, 2003 (Act No. 61 of 2003).
- 34. Medical Schemes Act, 131 of 1998**
To consolidate laws relating to registered medical schemes, further, provides for the establishment of the Council for Medical Schemes as a juristic person; further provides for the registration and control of certain activities of medical schemes and appointment of registrar.
- 35. Council for Medical Schemes Levies Act, 58 of 2000**
This Act provides legal framework for the Council to charge medical schemes certain fees.
- 36. Medicines and Related Substances Act, 101 of 1965**
This legislation provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy. The Act also provides for transparency in the pricing of medicines.

37. Medicines and Related Substances Control Amendment Act, 90 of 1997

The Act provides for the registration of medicines intended for human and animal use, registration of medical devices, establishment of a Medicines Control Council, scheduled substances and medical devices. Further, control of manufacturers, wholesalers and distributors.

38. Mental Health Care Act, 17 of 2002

The Act provides for care, treatment and rehabilitation of persons who are mentally ill, establish the Review Boards in respect of health establishment and set out different procedures to be followed.

39. Municipal Finance Management Act, 56 of 2003

The Act secures sound and sustainable management of the fiscal and financial affairs of municipalities and municipal entities. It establishes norms and standards, and ensuring accountability, responsibility and transparency in municipal affairs. It provides for budgetary and financial planning processes. 39.

40. National Building Regulations and Building Standards Act (No 103 of 1977)

To provide for the promotion of uniformity in law relating to the erection of buildings in areas of jurisdiction of local authorities; for the prescribing of building standards; and for matters connected therewith.

41. National Environmental Management Act, 1998

To provide for cooperative, environmental governance by establishing principles for decision-making on matters affecting environment, institutions that will promote cooperative governance and procedures for environmental functions exercised by organs of state.

42. National Health Act, 61 of 2003 [NHA]

The Act provides for a structured uniform health system in the Republic and obligations imposed by the Constitution and other laws on the national, provincial and local governments on health services.

43. National Health Amendment Act, 2013

To amend the National Health Act, 2003 so as to provide for the establishment of the Office of Health Standards Compliance and, for the purpose of appointment of health officers and inspectors to be issued with certificates.

44. National Health Laboratories Service Act, 37 of 2000

Provides for a statutory body that offers laboratory services to the public health sector.

45. Non Profit Organisations Act, 71 of 1977

To establish an administrative and regulatory framework within which non-profit organisations can conduct their affairs by provisioning of Service Level Agreements by the Department to provide the specialised services on health matters.

46. Nuclear Energy Act, 46 of 1999

The inspector carrying on with inspection or investigation to ascertain the likelihood of danger or harmful effects to the health of persons.

47. Nursing Act, 33 of 2005

The Act regulates the nursing profession, promote the provision of nursing services to the inhabitants and serve and protect the public in matters involving health services.

- 48. Occupational Diseases in Mines and Works Act, 78 of 1973**
Provides for medical examinations on persons suspected of having contracted occupational diseases especially in controlled mines and works and for compensation in respect of those diseases.
- 49. Occupational Health and Safety Act, 85 of 1993 [OHSA]**
The Legislation set out the requirements that employers must comply with in order to create a safe working environment for employees in the workplace.
- 50. Older Persons Act, 13 of 2006**
Deal effectively with the plight of older persons by establishing a framework aimed at empowerment and protection of older persons, maintenance of their status, rights, well-being, safety and security.
- 51. Pharmacy Act, 53 of 1974, as amended**
The Act provides for the establishment of the South African Pharmacy Council, general powers to extend the control of council to the public sector, provides for pharmacy education and training, requirements for registration, provide for investigative and disciplinary powers of the council.
- 52. Preferential Procurement Policy Framework Act, 5 of 2000**
The Act provides for the implantation of the policy on preferential procurement pertaining to historically disadvantages entrepreneurs.
- 53. Prevention and Combating of Corrupt Activities Act 12 of 2004**
The Act provides for the strengthening of measures to prevent and combat corruption and corrupt activities. To provide for offence of corruption and offences relating to corrupt activities, to provide for investigative measures.
- 54. Prevention and Treatment of Drug Dependency Act, 20 of 1992**
Provide for the establishment of a Drug Advisory Board, establishment of programmes for the prevention and treatment of drug dependency, establishment of treatment centres and hostels, registration of institutions as treatment centres and hostels and incidental matters.
- 55. Promotion of Access to Information Act, 2 of 2000 [PAIA]**
PAIA amplifies the constitutional provisions pertaining to accessing information under the control of various bodies.
- 56. Promotion of Administrative Justice Act, 3 of 2000**
PAJA amplifies the constitutional provisions pertaining to Administrative law by codifying it.
- 57. Promotion of Equality and Prevention of Unfair Discrimination Act, 4 of 2000**
This Act provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.
- 58. Protected Disclosures Act, 26 of 2000**
This Act provides for the protection of "whistle-blowers" in the fight against corruption.

59. Protection of Personal Information Act, 2013 (Act No. 4 of 2013) (POPI)

To promote the protection of personal information processed by public and private bodies. To establish minimum requirements for processing of information, flow of personal information across borders and to establish information Regulator. It affects health insofar as the processing and safekeeping of patient information and files.

60. Public Audit Act, 25 of 2005

The Act gives effect to the provisions of the Constitution in establishing and assigning functions to an Auditor-General. Provision is made for the auditing of institutions in the public sector; and for the accountability arrangements of the Auditor-General.

61. Public Finance Management Act, 1 of 1999 [PFMA]

The PFMA provides for the administration of State funds by functionaries, their responsibilities and incidental matters.

62. Public Service Act, 1994

The Act provides for the administration of public sector employees in its national and provincial spheres, provides for the powers of the Minister to employ and dismiss and incidental matters thereto.

63. Road Accident Fund Act, 56 of 1996

To provide victims of road accident with road accident benefit scheme and an Administrator to administer and implement the scheme, provide for a set of defined benefits on a "no-fault basis" to persons for bodily injury or death caused from road accidents, to exclude liability of certain persons liable for damages in terms of Common Law; and to provide for social security and provision of medical report by medical practitioners.

64. Sexual Offences Act, 23 of 1957

The Act provides for the consolidation and amending laws relating to brothels and unlawful carnal intercourse and other acts in relation thereto.

65. Skills Development Act, 97 of 1998

The Act provides measures employers are required to take to improve the level of skills of employees in workplaces.

66. Skills Development Levies Act, 9 of 1999

The Act provides measures employers are required to take to improve the level of skills of employees in workplaces.

67. South African Medical Research Council Act, 58 of 1991

The Act provides for the establishment of South African Medical Research Council and its role in relation to health research.

68. South African Police Services Act, 68 of 1978

The Act provides for the establishment, organisation, regulation and control of the South African Police Service.

69. State Information Technology Agency Act, 88 of 1998

This Act provides for the creation and administration of an institution responsible for the State's information technology system.

70. Sterilisation Act, 44 of 1998

The Act provides for the framework for sterilisation including persons with mental health conditions and challenges.

71. Tobacco Products Control Act, 83 of 1993

The Act provides for the control of tobacco products, prohibition of smoking in public places and advertisements of tobacco products, sponsoring of events by tobacco industry.

72. Traditional Health Practitioners Act, 35 of 2004

The Act provides for the establishment of Interim Traditional Health Practitioners Council of South Africa, provide for the regulatory framework for efficacy, safety and quality of traditional health care services; provide for management of control of registration, training and conduct of practitioners.

73. University of Cape Town (Private) Act, 8 of 1999

The Act provides anew for governance of the University of Cape Town and to bring it into line with Higher Education Act, 1997.

PROVINCIAL LEGISLATION

1. Western Cape Ambulance Services Act, 3 of 2010

The Act provides for the regulation of the delivery of ambulance services in the province. Further, establishes the Western Cape Ambulance Services Board and further provides for the accreditation, registration and licensing of ambulance services.

2. Western Cape District Health Councils Act, 5 of 2010

The Act provides for matters relating to district health councils so as to give effect to section 31 of the National Health Act, 2003 (Act 61 of 2003). Further, it establishes district health councils in consultation with the MEC responsible for local government in the province and municipal council of the relevant metropolitan or district municipality.

3. Western Cape Health Care Waste Management Act, 7 of 2007

The Act provides for the effective handling, storage, collection, transportation, treatment and disposal of health care waste. Further, provides for the prohibition of illegal dumping of health care waste and the co-disposal of health care waste with general household.

4. Western Cape Health Facility Boards Act, 7 of 2001

The Act provides for the establishment, functions, powers and procedures of health facility boards and incidental matters thereof.

5. Western Cape Health Facility Boards Amendment Act, 2012 (Act No. 7 of 2012)

The Act provides for the amendment of the Western Cape Health Facility Boards Act, 2001 so as to regulate the manner in which the Provincial Department of Health monitors its financial affairs of health facility boards. Further, provides for procedure that will ensure sound financial governance of the boards and matters connected therewith.

6. Western Cape Health Services Fees Act, 5 of 2008

The Act provides for a schedule of fees to be prescribed for health services rendered in the province by the department. Further, repeals the Hospital Ordinance, 1946, and provide for incidental matters.

- 7. Western Cape Independent Health Complaints Committee Act, 2 of 2014**
The Act provides that for the establishment of the Independent Health Complaints Committee; provide for a system for referral of complaints to the Committee for consideration and matters incidental thereto.
- 8. Western Cape Land Administration Act, 6 of 1998**
To provide for the acquisition of immovable property and the disposal of land which vests in it by the Western Cape Provincial Government and for matters incidental thereto.
- 9. Exhumation Ordinance, 12 of 1980. Health Act, 63 of 1977**
The Exhumation Ordinance deals with prohibiting desecration, destruction and damaging of graves in cemeteries and receptacles containing bodies; including matters that are incidental to Schedule 4 and 5 of the Constitution of the Republic of South Africa, 1996. It further regulates the exhumation, disturbance, removal and re-interment of bodies and remains of the deceased persons.
- 10. Regulations Governing Private Health Establishments. Published in PN 187 of 2001**
The Minister of Health, in terms of section 44 of the Health Act, 1977 (Act 63 of 1977), may grant a private health establishment exemption from all or any of the provisions of the Regulations, but only if good grounds exist for doing that subject to Regulation 27.
- 11. Training of Nurses and Midwives Ordinance 4 of 1984**
The Ordinance provides for training of nurses and midwives and empowers the Administrator to introduce diplomas and certificates that may be issued by the nursing colleges. Commencement of section 51 of the National Health Act, 2003 was determined and proclaimed by the President to come into effect on 27 February 2012 so that the Minister may, in consultation with the Minister of Education, establish academic complexes to educate and train health care personnel and conduct research in health services.
- 12. Western Cape Health Facility Boards and Committees Bill, 2014 (Still being drafted)**
The draft bill will provide for the establishment, functions, powers and procedures of hospital boards and primary health care facility committee.
- 13. Regulations Governing the Financial Prescripts in terms of Western Cape Health Facility Boards Act, 2001**
To regulate proper governance and financial control of health facility boards (Drafting stage)
- 14. Regulations Governing the submissions of nominations for membership of Health Facility Boards in terms of the Western Cape Health Facility Boards Act, 2001,**
To provide for a procedure for inviting nominations for membership of board before appointment to the board in terms of section 6(1)(a) of the Act. Furthermore, to publish a notice in the Provincial Gazette for representatives of the community to serve on the boards (Fully functional)
- 15. Draft Regulations Relating to the Functioning of the District Health Councils in terms of the Western Cape District Health Councils Act, 2010**
To provide proper functioning and administration of the district health councils (Drafting stage)
- 16. Draft Western Cape Independent Health Complaints Committee Regulations, 2014.**
(Drafting stage – published for comment)

6.3. Policy Mandates

INTERNATIONAL POLICIES

1. Millennium Development Goals

The goals that have relevance for the Health Sector are:

- Reduce infant and under five child mortality rates;
- Improve maternal health;
- Combat HIV and AIDS, malaria and other diseases.

2. UN Convention on the Rights of People with Disabilities, ratified 3 November 2007

The Convention protects the rights and dignity of people with disabilities, Article 25 makes specific provision for the attainment of the highest standards of health without discrimination.

NATIONAL POLICIES

1. Medium Term Strategic Framework (MTSF) 2014 – 2019

Social determinants of health addressed; health system strengthened; health information systems improved; prevent and reduce the disease burden and promote health; financing of universal health coverage achieved; human resource production, development and management improved; management positions and appointments reviewed and accountability mechanisms strengthened; improve quality through the use of evidence; and meaningful public-private partnerships.

2. National Development Plan 2030

Address social determinants of health; reduce burden of disease to manageable levels; build human resources for the health sector of the future; strengthen the national health system; and implement national health insurance.

3. Negotiated Service Delivery Agreement

Contribute to Government's vision of a long and healthy life for all South Africans by increasing life expectancy; decreasing maternal and child mortality; combating HIV and AIDS and decreasing the burden of disease from tuberculosis; and strengthening health system effectiveness.

4. National Health Systems Priorities: The Ten Point Plan

Provision of strategic leadership and creation of a social compact for better health outcomes; implementation of National Health Insurance (NHI); improving the quality of health services; overhauling the health care system and improve its management; improving human resources management, planning and development; revitalisation of infrastructure; accelerated implementation of HIV and AIDS, and sexually transmitted infections' National Strategic Plan 2007-11 and increase focus on TB and other communicable diseases; mass mobilisation for better health for the population; review of the drug policy; and strengthening research and development.

5. National Health Insurance

To provide improved access to quality health services for all South Africans irrespective of whether they are employed or not; to pool risks and funds so that equity and social solidarity will be achieved through the creation of a single fund; to procure services on behalf of the entire population and efficiently mobilise and control key financial resources; and to strengthen the under-resourced and strained public sector so as to improve health systems performance.

6. Primary Health Care Re-engineering

Primary Health Care Re-engineering takes on a three-stream approach, in the form of ward-based PHC outreach teams, school health and clinical specialist teams. The focus is on proactively engaging people on matters that affect their health and wellbeing, thus creating the capability for disease prevention; health promotion and wellness generation.

7. Operation Phakisa – Ideal Clinic Initiative of South Africa

The Operation Phakisa approach to improving service delivery is based on the government of Malaysia's Big Fast Results methodology which has a track record of achieving impressive results in very short timeframes. Through this process 8 work streams have been identified to fast track delivery on Minister Motsoaledi's Ideal Clinic Initiative. The work streams cover Service delivery; Waiting times; Infrastructure (including maintenance and equipment); Human resources for health; Financial management; Supply chain management; Scale up and sustainability of the Ideal Clinics across the country; and lastly, Institutional arrangements. Priorities have been set for each of these streams.

8. Human Resources for Health

Leadership, governance and accountability; health workforce information and health workforce planning; re-engineering of the workforce to meet service needs; scaling up and revitalising education, training and research; creating the infrastructure for workforce and service development (academic health complexes and nursing colleges); strengthening and professionalising the management of human resources and prioritise health workforce needs; ensuring professional quality care through oversight, regulation and continuing professional development; and improving access to health professionals and health care in rural and remote areas.

9. National Environmental Health Policy (GN 951 in GG 37112 of 4 December 2013)

Strengthening capacity and development of environmental health personnel; training and improved learning; formulating an institutional framework; resource allocation for environmental health services (EHS); planning for proper implementation; planning for human settlements; protecting children; HIV and AIDS, TB, malaria and environmental health; environmental health information systems; EHS delivery within the framework of sustainable development; and climate change and health.

10. National Health Act: Publication of Health Infrastructure Norms and Standards Guidelines (No R116 of 17 February 2014) and GN 512 of 30 June 2014

The guidelines are for public reference information and for application by Provincial Departments of Health in the planning and implementation of public sector health facilities. The approved guidelines will be applicable to the planning, design and implementation of all new building projects. Any deviations from the voluntary standards should be motivated during the Infrastructure Delivery Management Systems (IDMS) gateway approval process. The guidelines should not be seen as requirements necessitating the alteration and upgrading of all existing healthcare facilities

11. National Health Act: Policy on Management of Public Hospitals (12 August 2011)

To ensure the management of hospitals is underpinned by the principles of effectiveness, efficiency and transparency. Specific objectives are to ensure implementation of applicable legislation and policies to improve functionality of hospitals; appointment of competent and skilled hospital managers; development of accountability frameworks; and training of managers in leadership, management and governance.

PROVINCIAL POLICIES

1. Provincial Strategic Plan (PSP) 2014-2019

The Western Cape Government has identified the following five provincial strategic goals (PSG) as set out in the Provincial Strategic Plan for the Province over the next five years:

- PSG 1: Creating Opportunities for growth and jobs
- PSG 2: Improve education outcomes and opportunities for youth development
- PSG 3: Increase wellness, safety and tackle social ills
- PSG 4: Build a quality living environment resilient to climate change
- PSG 5: Embed good governance and integrated service delivery through partnerships and spatial alignment

The Department is the lead for PSG 3 and works in partnership with the Departments of Social Development and Community Safety and Culture and Sports.

2. Western Cape Infrastructure Delivery Management System (IDMS)

Aims to improve client ownership and oversight, package infrastructure projects in a manner which reduces programme management complexities, reduces costs and meets the objectives of client departments, proactively manages risks and ensure greater efficiency in service delivery.

3. Healthcare 2030

Healthcare 2030 was endorsed by the provincial cabinet of the Western Cape Government in 2014, signalling the third wave of health care reform in the Province. The document outlines the Department's vision for the health system and provides a strategic framework to direct developments in the public health sector for the next 15 years. Healthcare 2030 is intended to enhance the health system's responsiveness to people's needs and expectations; with careful consideration given to a person-centred, integrated and continuity of care and life course approach.

6.4. Relevant Court Rulings

There are currently no specific court rulings that have a significant, ongoing impact on the operations or service delivery obligations of the Department.

6.5. Planned Policy Initiatives

THE RE-DESIGN OF PRIMARY HEALTH CARE SERVICES

The social dimensions of disease create the need for continuity, coupled with more comprehensive and person-centred approaches to care. There is a need to strengthen the capability for early detection and treatment, the reduction of unhealthy lifestyles and the ability to address the underlying social determinants of disease. Healthcare 2030 proposes a set of service delivery reforms clearly intended to make the health system more people-centric. Primary Health Care (PHC) is recognised as having a pivotal role in enhancing the health system's responsiveness to people's needs and expectations; with careful consideration given to "person-centredness", integrated care provisioning, continuity of care and the life course "approach". Healthcare 2030 conceptualises Primary Health Care Services as spanning three distinct but complementary care settings, which collectively provide a comprehensive array of services. The three settings are:

- Home and Community Based Care (HCBC)

HCBC is embedded in the local context and is rendered in the living, learning, working, social and/or play spaces of the people we serve. It is innately designed to foster stable, long-term personal relationships, with households, that builds understanding, empathy and trust; pivotal to continuity and person centredness of the health system. HCBC recognises people's capacity for self-help and involves a comprehensive array of context sensitive interventions that positively influences environmental and personal factors such as psychosocial abilities, coping abilities, lifestyle issues, behaviour patterns and habits. It is a collection of activities that supports the actions people take to maintain health and well-being; prevent illness and accidents; care for minor ailments and long-term conditions; and recover from periods of acute illness and hospitalisation. This is complimented by capacity for rehabilitative and palliative care being introduced into HCBC to further enhance the comprehensiveness of the care provided in this setting.

- **Intermediate Care**

Intermediate Care refers to in-patient transitional care for children and adults, which facilitates optimal recovery from an acute illness or complications of a long-term condition; enabling users to regain skills and abilities in daily living, with the ultimate discharge destination being home or an alternate supported living environment. It involves post-acute, rehabilitative and end-of-life care, which includes comprehensive assessment, structured care planning, active therapy, treatment and/or an opportunity to recover. It allows for a seamless transition between acute care and the living environment; particularly where the person's ability to self-care is significantly compromised, a supported discharge thus becomes crucial to a successful recovery process. The focus of this service element is on improving people's functioning so that they can resume living at home and enjoy the best possible quality of life.

- **Primary Care**

Primary Care services are ambulatory in nature. A comprehensive range of curative and preventative services are provided with a complementary capacity for rehabilitative and palliative care. There is sufficient evidence available to demonstrate the benefits of generalist ambulatory care in terms of the prevention of ill health and death; and improved health equity. It is particularly the case where services are organised in a dense network of close-to-patient service points.

The PHC service re-design initiatives over the next five years will be focused on enhancing the system's capability for prevention and health promotion; as well as giving effect to the National Departments' work stream priorities for Operation Phakisa. The intention is to take a more proactive approach to care provisioning by bringing care closer to where people live, making quality, person-centred health services directly and permanently available.

THE VOICE OF THE PATIENT – TOWARDS PERSON-CENTRED, QUALITY HEALTH CARE

A people-centric health system that inspires public trust recognises people as partners in designing and managing their own health and that of the broader community. Re-orienting care around people's needs and expectations, making care more socially relevant to producing better health outcomes is fundamental to the notion of placing the person at the centre of care. Over the next 5 years a number of patient feedback initiatives are likely to take effect in addition to the current complaints and compliments system. These include:

- The SMS Complaints Hotline which is now been implemented across the whole provincial service platform.
- The Independent Health Complaints Committee will be established, in accordance with the Western Cape Independent Health Complaints Committee Act, 2 of 2014. The Department is currently in the process of developing the regulations.
- The Western Cape Health Facility Boards and Committees Bill is in the drafting phase and is intended to enhance peoples' involvement in the governance processes of hospitals and primary health care facilities. This is a significant milestone in strengthening community involvement in PHC services.

THE C²AIR² CLUB CHALLENGE

A person centred health system necessitates employees that are competent, engaged, caring and empowered; to this end, the Department has launched the C²AIR² Club Challenge at 38 of its facilities in August 2013. The C²AIR² Club Challenge is a unique and innovative change initiative to ensure satisfied patients, through healthy, caring and committed employees who provide a quality healthcare service.

The programme:

- Is an innovative way of changing organisational behaviour and culture;
- Builds "change fitness" and problem-solving capability;
- Gives staff enough support in their everyday dealings with patients;
- Recognises and rewards committed employees for going the extra mile;
- Improves staff morale and enables employees to have fun;
- Focuses on team work, shared vision and values;
- Shifts mind-sets, putting patient satisfaction at the forefront.

Over the next five years the Department intends expanding the initiative significantly within the organisation.

OCCUPATIONAL HEALTH AND SAFETY (OHS)

Competent, engaged, caring and empowered employees are more likely in a work environment that proactively addresses its inherent health and well-being risks. The next 5 years will see greater emphasis on the protection of healthcare workers through the following initiatives:

- The development of an OHS management framework
- The Development of an OHS service delivery model
- Consolidation and strengthening of OHS services to employees and patients
- OHS capacity building within the Department
- Empower employees to prevent and promote OHS
- Surveillance system for OHS

LEADERSHIP AND MANAGEMENT DEVELOPMENT STRATEGY

Healthcare 2030 calls for distributed leadership that is dynamic, inspires change, provides strategic direction, builds cohesion and motivates people. The Department will be focusing on building the leadership and management capabilities of its present and future mid-level leaders. A Leadership and Management Development Strategy is being formulated to enhance the competencies, of managers at all levels:

- To manage effectively and to develop leaders who embody the organisational values;
- Enable innovation;
- Draw on the inherent capabilities of employees;
- Are not dependent on hierarchical forms of power but rather interpersonal power; and
- Are visibly collaborative in their relationships with employees and external stakeholders.

Mindful of a number of existing management capacity development initiatives, both inside and outside the Province, the Leadership and Management Development Strategy seeks to identify development needs, implement a relevant, sustainable and evidence-based model of intervention, and then to evaluate its effectiveness. The Department is partnering with a consortium of the Western Cape Higher Education Institutions (HEIs), the universities of the Western Cape, Cape Town and Stellenbosch, to implement the following within a phased approach:

- Develop a competency framework and define capabilities of managers at all levels. This will draw on the work of existing projects.

- Review of the current management competencies required within each context; at district, facility and clinical management level etc.
- Assess gaps in the competencies and reasons for gaps.
- Develop and implementing evidence-based interventions that address the gaps aimed at the individuals and the systems surrounding the individuals;
- Evaluation of the Leadership and Management Strategy and review of the impact on strengthening the health systems.

INFORMATION COMMUNICATION TECHNOLOGY (ICT) STRATEGY

ICT has been identified as a leverage point for the Province and the Department has identified the following principles to guide health information and information technology developments over the next five years:

- Pragmatic choice of solutions that can scale while minimising infrastructure dependencies
- Data centre managed by the Department should be the hub that ensures interoperability, and shifts reporting to the centre for system independence
- Real-time or near-real time updating of the data centre whenever possible
- HIS ever-greening, to avoid large capital expenditure on a new HIS and build on the success of a uniform and widely implemented HIS.
- A new clinical-facing module that is easily accessed and extended, to drive convergence of the primary health care and hospital care
- Efficiency, reliance on back-end systems and condensed targeted EMR interaction rather than trying to create paperless hospitals and PHC facilities within the medium term
- Strengthening the capacity within the Department to encourage and manage innovation in ICT.

SG 3: INCREASING WELLNESS, SAFETY AND REDUCING SOCIAL ILLS

The lifestyle changes required to reduce all the components of the burden of disease and social ills are dependent partially on behaviour change, something that is not easy to achieve at a population level. For successful behaviour change the individual's responsibility for action needs to be supported by a conducive structural environment that makes living the desired behaviours the easy choice. For an example for chronic diseases to be prevented and reduced the environment should allow for affordable, easy access to healthy foods; opportunities and facilities for physical activity and structural and social disincentives for undesirable behaviour. The tobacco legislation is one such example of disincentives such as high cost due to high taxation, restrictions of smoking areas, banning of advertising etc.

The overall lack of wellness (physically, psychologically, financially, spiritually and socially) in the province results in increased pressure on services for health, social services, community safety and policing, education, and human settlements. In complex, socially challenging environments, there is no choice but to closely collaborate as a whole of government and whole of society. This requires most importantly the will to create enabling environments in order to influence individual behaviours and lifestyle choices as well as initiate broad system and community wide improvements to build sustainable human development and improve wellness and the quality of life through resilient communities and active citizenry.

The province has identified the following as potential leverage points over the next 5 years, to improve wellness in communities through an integrated whole government approach:

1. Developing and piloting an integrated service delivery model in the Drakenstein Municipality, with a concentrated effort and pooling of resources by all departments to reduce social ills and increase wellness will increase. The pilot will identify the method, the costs, the success factors and the expected outcomes that can be achieved and provide a replicable model.
2. Addressing alcohol and its impact on communities has been identified and a joint leverage point

together with the City of Cape Town. A design lab approach will be used in 2015/16 to plan and deliver evidenced based interventions over the 5 year period.

3. Parenting Programme (first 1000 days), a focused programme on tracking every pregnant women (100 000 by year 5) from antenatal care – delivery – post natal care – ECD and schooling that can reduce alcohol and smoking in pregnancy, provide good prenatal and post natal care, improve breastfeeding rates, link children & parents to required health and social services, improve father involvement, parenting skills and bonding and readiness for ECD enrolment.

7. Overview of the 2015/16 Budget and MTSF Estimates

7.1. Economic Context

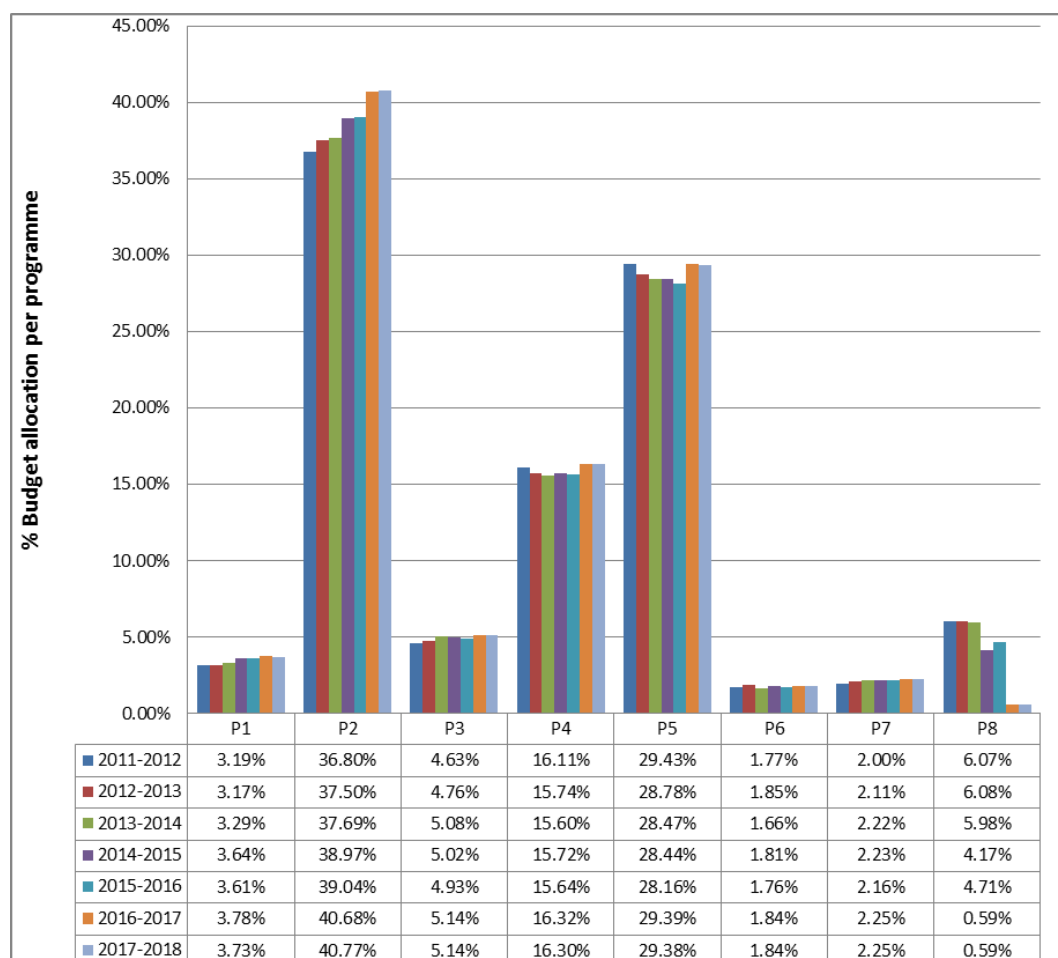
According to the 2014 Provincial Economic Review and Outlook (PERO), the South African economy continues to experience very sluggish growth of 1.7 per cent compared to the 1.9 per cent and 2.6 per cent recorded in 2013 and 2012, respectively. This poor performance is largely driven by prolonged labour unrest, weak consumer demand and energy supply constraints. A turn-around strategy is necessary by implementing reforms in education, increasing labour and product markets competitiveness, boosting productivity and improving service delivery.

The Western Cape economy is also exposed to downside risk since it is services oriented. Economic output in the Western Cape expanded at a slower pace in 2013 compared to 2012 (in line with the national economy). Growth is predicted to remain flat in 2015 as opposed to the national economy where growth is predicted to slow even further. Pervasive social ills, such as high levels of crime, substance abuse, abuse of women and children, are affected by and affect the level of economic development.

RESOURCE TRENDS OVER THE PAST THREE YEARS

The following graph illustrates the expenditure trend over the reporting period.

Figure A.15: Budget allocation per programme over the reporting period, expressed as a percentage of the departmental budget



LEVELS OF FUNDING AND SUSTAINABILITY OF HEALTH SERVICES

New priorities, such as the full commissioning of Mitchell's Plain Hospitals and certain new and expanded facilities, are funded through reprioritisation. The funding for performance awards (SPMS) has been maintained at 50 per cent of the amount allowed. This applies to all levels of staff. In general 7 per cent inflation has been allowed for goods and services. Stringency measures will be strengthened to prevent over-expenditure. The cost of agency services, which forms part of goods and services, will be closely monitored. Funding for Transfer Payments is equal to the latest available projection for 2014/15 plus 5.8 per cent. In spite of the fiscal pressure the allocations to property maintenance and equipment are not reduced compared to current levels in real terms, as this is considered to be a high priority.

REVIEW OF RESOURCE (BUDGET) TRENDS

Through reprioritisation and increased allocations from Treasury the Department was able to allocate sufficient budgets to programmes and facilities to achieve its strategic goals, objectives and service transformation plan.

CHANGES IN FUNDING LEVELS

The Department must continue to rigorously scrutinise its business processes and ensure that they are appropriately adapted to ensure efficiency to enable optimal health service benefits with the available resources. The following important initiative is not funded:

- The possible transfer of personal primary health care services in the Cape Town Metro District from the City of Cape Town Municipality to the provincial government.

7.2. Expenditure Estimates

Table A.10: Summary of Payments and Estimates

Programme R'000	Outcome			Main appro- piation 2014/15	Adjusted appro- piation 2014/15	Revised estimate 2014/15	Medium-term estimate			
	Audited 2011/12	Audited 2012/13	Audited 2013/14				% Change from Revised estimate			
							2015/16	2014/15	2016/17	2017/18
1. Administration	410 028	445 048	511 447	631 388	600 079	600 080	695 453	15.89	730 526	774 468
2. District Health Services	4 875 956	5 509 868	6 039 262	6 757 798	6 784 724	6 762 115	7 334 850	8.47	7 719 352	8 214 865
3. Emergency Medical Services	637 208	675 514	819 748	871 000	875 364	874 202	930 512	6.44	979 291	1 029 434
4. Provincial Hospital Services	2 149 535	2 299 618	2 499 888	2 724 608	2 737 267	2 726 165	2 968 301	8.88	3 126 853	3 286 531
5. Central Hospital Services	4 011 137	4 247 459	4 565 421	4 930 597	4 925 116	4 946 314	5 316 764	7.49	5 572 894	5 854 362
6. Health Sciences and Training	231 451	276 551	264 193	314 296	314 296	312 672	335 118	7.18	349 911	367 681
7. Health Care Support Services	272 962	324 720	339 151	385 885	379 191	374 808	405 397	8.16	423 033	439 687
8. Health Facilities Management	799 486	822 079	877 852	722 539	814 386	745 764	826 287	10.80	702 169	705 694
Total payments and estimates	13 387 763	14 600 857	15 916 962	17 338 111	17 430 423	17 342 120	18 812 682	8.48	19 604 029	20 672 722

Note:

Programme 1: MEC total remuneration package: R1 821 577 with effect from 1 April 2014.
Programmes 1, 2, 3, 4, 5 and 7: National Conditional grant: Health Professions Training and Development – R489 689 000 (2015/16), R510 716 000 (2016/17) and R542 703 000 (2017/18).

Economic classification R'000	Outcome			Main appro- piation 2014/15	Adjusted appro- piation 2014/15	Revised estimate 2014/15	Medium-term estimate			
	Audited 2011/12	Audited 2012/13	Audited 2013/14				% Change from Revised estimate			
							2015/16	2014/15	2016/17	2017/18
Payments for capital assets	896 801	875 661	837 567	673 068	766 368	712 837	743 978	4.37	604 705	535 776
Buildings and other fixed structures	551 486	522 567	415 566	331 077	341 245	295 341	428 531	45.10	298 634	229 000
Buildings	551 486	522 567	415 566	331 077	341 245	295 341	428 531	45.10	298 634	229 000
Machinery and equipment	345 154	352 054	420 399	341 794	422 283	417 038	308 209	(26.10)	306 031	306 713
Transport equipment	90 651	82 096	105 152	117 296	125 906	127 306	128 500	0.94	134 835	141 294
Other machinery and equipment	254 503	269 958	315 247	224 498	296 377	289 732	179 709	(37.97)	171 196	165 419
Software and other intangible assets	161	1 040	1 602	197	2 840	458	7 238	1480.35	40	63
<i>Of which: "Capitalised Goods and services" included in Payments for capital assets</i>	551 634									
Payments for financial assets	3 524	4 670	4 325			4 791		(100.00)		
Total economic classification	13 387 763	14 600 857	15 916 962	17 338 111	17 430 423	17 342 120	18 812 682	8.48	19 604 029	20 672 722

7.3. Relating Expenditure Trends to Specific Goals

Table A.12: Trends in Provincial Public Health Expenditure (R'000)

Expenditure	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Current prices							
Total excluding capital	12 588 277	13 778 778	15 039 110	16 596 356	17 986 395	18 901 860	19 967 028
Total Capital	799 486	822 079	877 852	745 764	826 287	702 169	705 694
Grand Total	13 387 763	14 600 857	15 916 962	17 342 120	18 812 682	19 604 029	20 672 722
Total per person	2 428	2 591	2 765	2 951	3 136	3 204	3 313
Total per uninsured person	3 112	3 321	3 544	3 782	4 020	4 106	4 246
Constant 2013/14 prices							
Total excluding capital	15 046 748	15 471 021	16 138 389	16 596 356	16 723 475	16 425 172	16 267 716
Total Capital	668 859	732 159	818 056	745 764	888 686	808 046	866 170
Grand Total	15 715 607	16 203 179	16 956 445	17 342 120	17 612 162	17 233 219	17 133 887
Total per person	2 851	2 876	2 946	2 951	2 936	2 816	2 746
Total per uninsured person	3 653	3 686	3 776	3 782	3 764	3 610	3 519
% of Total spent on:-							
District Health Services	36.42%	37.74%	37.94%	38.99%	38.99%	39.38%	39.74%
Provincial Hospital Services ²	16.06%	15.75%	15.71%	15.72%	15.78%	15.95%	15.90%
Central Hospital Services	29.96%	29.09%	28.68%	28.52%	28.26%	28.43%	28.32%
Other Health Services	11.59%	11.79%	12.15%	12.47%	12.58%	12.66%	12.63%
Capital	5.97%	5.63%	5.52%	4.30%	4.39%	3.58%	3.41%
Health as % of total public expenditure (current prices)	43.2%	41.2%	39.2%	35.9%	33.9%	31.6%	30.3%

Table A.13: CPIX multipliers for adjusting current prices to constant 2013/14 Rands

2010/11	1.195
2011/12	1.123
2012/13	1.073
2013/14	1.000
2014/15	0.930
2015/16	0.869
2016/17	0.815
2017/18	0.765

Source: Office of the CFO

8. Departmental Risks

RISK STATEMENT 1: Shortage Of Skilled Staff	
Risk	Inadequate competency levels
Root Cause	<ul style="list-style-type: none"> Shortage of highly skilled professionals Inability to offer competitive remuneration packages
Impact	<ul style="list-style-type: none"> Compromised ability to deliver on the Department's mandate
Strategic Goal Impact	<ul style="list-style-type: none"> Promote Health and Wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Allocation of bursaries per scarce-skilled profession as a recruitment strategy In the process of developing an on-line exit interview questionnaire to assist in identifying the reasons for exits and to inform future interventions Development and implementation of recruitment and retention policies Work in partnership with universities to recruit and retain highly skilled staff Strengthen organisational culture and staff wellbeing Succession planning Improve the working environment
RISK STATEMENT 2: Fragmented PHC Services	
Risk	Inefficient health service
Root Cause	<ul style="list-style-type: none"> Dual authority in the City of Cape Town District Programmatic approach to priority diseases
Impact	<ul style="list-style-type: none"> Poor health outcomes
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> Integration of PHC services Health systems approach
RISK STATEMENT 3: Staff Safety	
Risk	Increased staff safety related, adverse incidents
Root Cause	<ul style="list-style-type: none"> Volatility in the community e.g. gang violence, inter-personal violence High prevalence of infectious diseases e.g. HIV/AIDS and TB Inadequate Occupational Health and Safety measures Inadequate security measures
Impact	<ul style="list-style-type: none"> Compromised employee wellness
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> Safety guidelines and protocols that empower staff to make decisions around their own safety Raise employee awareness on safety in the workplace Ensuring optimal security measures are in place at health facilities Engage the SAPS and community safety stakeholders on ways in which closer collaboration and interagency partnerships could assist in securing the physical safety of staff Robust OHS measures in place

RISK STATEMENT 4: Resource Constraints	
Risk	Inability to render comprehensive quality health services
Root Cause	<ul style="list-style-type: none"> Allocative and technical inefficiencies⁴ Escalating burden of disease Escalating costs of labour, goods and services Fiscal envelope based on nominal growth Aging infrastructure
Impact	<ul style="list-style-type: none"> Poor health outcomes Compromised ability to deliver on the department's mandate
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Priority setting Establish and embed mechanisms to enhance efficiencies Applying lean management principles to reduce waste in the system Rational prescribing⁵ Laboratory cost containment measures, e.g. Electronic Gatekeeping System Explore alternative financing options
RISK STATEMENT 5: Medico Legal Claims	
Risk	Increasing litigation against the department as a result of malpractice and negligence
Root Cause	<ul style="list-style-type: none"> Increasing service pressures Inadequate clinical governance mechanisms Technical inefficiencies
Impact	<ul style="list-style-type: none"> Compromised quality of care Escalating expenditure Compromised public trust in the health system (reputational damage)
Strategic Goal Impact	<ul style="list-style-type: none"> Promote Health and Wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> Adverse incidence reporting system Strengthen clinical governance and antibiotic stewardship Contingency plans in place for service surges
RISK STATEMENT 6: Pharmaceutical Stock-outs	
Risk	Unavailability of essential pharmaceutical goods and services
Root Cause	<ul style="list-style-type: none"> Supplier challenges e.g. global shortages of ingredients Lack of timeous and good contract management Inability to secure alternatives Late or inadequate awarding of national pharmaceutical contracts
Impact	<ul style="list-style-type: none"> Compromises the quality of care Compromises public trust in the health system
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Engage National Department of Health on timeous awarding of national tenders Monitor stocks out regularly Monitor vaccine supply Provide alternatives to the essential medicines, where possible Tight contract management with suppliers Create provincial contracts for items that have been excluded from the revised national tenders, where possible
RISK STATEMENT 7: ICT Systems Disruption	
Risk	Dysfunctional communication and information systems
Root Cause	<ul style="list-style-type: none"> Inadequate and ageing technology infrastructure and resources Inadequate technical capacity within the Western Cape Government
Impact	<ul style="list-style-type: none"> Compromised service delivery
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Develop a robust IT disaster recovery plan Monitor the responsiveness of the Helpdesk and support systems to IT system failures Constantly review and address out-dated infrastructure by conducting regular hardware and ICT audits

⁴Allocative inefficiency is a situation in which the distribution of resources between alternatives is not optimal in terms of costs and benefits. Technical inefficiency occurs whereby more inputs or resources are used to produce an output, often referred to as "the waste in a system".

⁵Rational prescribing simply means "prescribing the right drug, in adequate dose for the sufficient duration & appropriate to the clinical needs of the patient at lowest cost".

RISK STATEMENT 8: Fire Within Health Facilities	
Risk	Fire damage to state property and safety threat to building occupants
Root Cause	<ul style="list-style-type: none"> ▪ Inadequate safety measures ▪ Constant trade-off between securing a building from a safety perspective versus maintaining the integrity of fire escapes etc. ▪ Building maintenance backlog and infrastructure budget constraints
Impact	<ul style="list-style-type: none"> ▪ Service disruption ▪ Property damage ▪ Traumatized and/or injured staff and patients
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Develop and implement the Provincial Safety, Health, Environment, Risk, and Quality Management (SHERQ) Policy to support and guide facilities ▪ Ensure that design and construction of infrastructure is compliant through phased fire compliance ▪ Monitor and evaluate operational compliance with fire regulations ensuring that disaster plans and fire drills are in place ▪ Ensure compliance of the physical environment and physical entities such as fire detectors, fire extinguishers, alarms, sprinkler systems, fire doors, and fire exits are in order ▪ Establish Health and Safety committees, appoint and train emergency representatives (fire, first aid and floor marshals), in accordance with the National Core Standards
RISK STATEMENT 9: Vandalism And Theft	
Risk	Damage to and loss of state property
Root Cause	<ul style="list-style-type: none"> ▪ Inadequate security measures ▪ Volatility in the community ▪ High crime prevalence
Impact	<ul style="list-style-type: none"> ▪ Compromises the quality of care ▪ Property damage ▪ Escalates maintenance and repair expenditure
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Business continuity plans in place to minimise the impact on service delivery ▪ Installation of vandal-proof infrastructure including fixtures and fittings, as far as possible ▪ Improve security services and contract management at facility level
RISK STATEMENT 10: Fraud	
Risk	Unfair or unlawful access to public fund
Root Cause	<ul style="list-style-type: none"> ▪ Inadequate (compliance with) internal controls ▪ Lack of commitment to values of the organisation
Impact	<ul style="list-style-type: none"> ▪ Exacerbates resource constraints ▪ Compromises public trust in the health system
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Monitor the implementation of the fraud prevention plan ▪ Ensure PERSAL is accurate to prevent ghost employees ▪ Embark upon change management initiative that emphasises the values of the organisation (Strengthening the DICU, ICU processes – IA, CA, etc.)
RISK STATEMENT 11: Labour Unrest	
Risk	Strike action
Root Cause	<ul style="list-style-type: none"> ▪ Labour disputes
Impact	<ul style="list-style-type: none"> ▪ Service disruption ▪ Compromises patient and staff safety ▪ Exacerbates resource constraints and staff shortages
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Maintaining good practices and relations with organised labour through robust structures of engagement ▪ In the event of a strike ensure contingency plans are in place to minimise service disruption

RISK STATEMENT 12: Load Shedding	
Risk	Disruption in the supply of electricity
Root Cause	<ul style="list-style-type: none"> ▪ Eskom infrastructure ▪ Shortage in supply of diesel to support back-up power supply
Impact	<ul style="list-style-type: none"> ▪ Service disruption ▪ Compromised quality of care ▪ Increased supply of and maintenance to alternative sources of power supply ▪ Increased diesel storage ▪ Cost of diesel supply ▪ Damage to electrical and electronic equipment (including medical) due to power surge
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Backup power supply in place for priority services ▪ Reduce dependency on Eskom by investing in alternative energy sources ▪ Business continuity plans in place to minimise the impact on service delivery ▪ Ensures adequate diesel supply and storage
RISK STATEMENT 13: Ebola	
Risk	Ebola Outbreak
Root Cause	<ul style="list-style-type: none"> ▪ Failure in outbreak prevention strategies
Impact	<ul style="list-style-type: none"> ▪ Fatalities ▪ Increased pressure on the health system
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Ebola outbreak preparedness plan in place ▪ Ebola surveillance strategies in place
RISK STATEMENT 14: Affordability of the infrastructure requirements of Healthcare 2030	
Risk	Affordability of delivering on required infrastructure in order to meet objectives of Healthcare 2030.
Root Cause	<ul style="list-style-type: none"> ▪ Limited financial resources ▪ Inappropriate and over-designed infrastructure that is too complex and costly to construct and maintain. ▪ Current condition and functional limitations of existing health infrastructure portfolio
Impact	<ul style="list-style-type: none"> ▪ Compromised healthcare services.
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Embed good governance and values-driven leadership practices.
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Develop standard health infrastructure designs which are appropriate to a developing economy ▪ Ensure compliance to standard designs, where appropriate and possible. ▪ Explore alternative finance options. ▪ Application of Prioritisation Tool for capital projects. ▪ Increase resources for maintenance of existing facilities.



Part B

Programme And Sub-Programme Plans

PART B: STRATEGIC OBJECTIVES

9. Programme 1: ADMINISTRATION

9.1. Purpose

To conduct the strategic management and overall administration of the Department of Health

9.2. Structure

SUB-PROGRAMME 1.1: OFFICE OF THE MEC

Rendering of advisory, secretarial and office support services

SUB-PROGRAMME 1.2: MANAGEMENT

Policy formulation, overall management and administration support of the Department and the respective regions and institutions within the Department.

To make limited provision for maintenance and accommodation needs.

9.3. Programme Priorities

The priorities of the key management components that provide strategic leadership and support are described below.

FINANCE

- To promote efficient use of financial resources

HUMAN RESOURCES

- The revision, maintenance and implementation of the comprehensive Human Resource Plan
- Transformation of the organisational culture to reduce entropy levels within the department
- Sound HR Management Administration
- Strategies to address shortage of scarce and critical skilled staff

INFORMATION MANAGEMENT

- The roll-out of patient administration and medicine management systems
- The roll-out of patient appointment systems to all patient administration systems
- Timeous quality data with information to support decision-making

PHARMACY SERVICES

- Expansion of the Chronic Dispensing Unit's (CDU) services

9.4. Strategic Objectives - Annual Targets

Table B.1: Data Elements with Actual and Projected Performance Values

Source	Data Element	Element ID	Audited / Actual performance			Estimated performance	Medium term targets		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
BAS	Annual expenditure on equitable share budget	1	9 664 344 000	10 654 461 000	11 517 782 000	12 080 528 000	13 025 869 000	13 916 531 000	13 916 531 000
BAS	Total BAS annual equitable share budget allocation	2	9 690 810 000	10 730 229 000	11 544 801 000	12 080 528 000	13 025 869 000	13 916 531 000	13 916 531 000
Submission of HR plan	Revised Human Resource Plan for 2015 – 2019 submitted timeously to DPSA	3	Not required to report	Not required to report	Not required to report	Not required to report	Yes	Yes	Yes
Barrett values survey	Votes for potentially limiting values (PL) in current culture	4	3 593	Survey conducted every 2nd year	3 982	Survey conducted every 2nd year	4 140	Survey conducted every 2nd year	3 822
Barrett values survey	Participants in the survey X 10 possible values	5	13 780	Survey conducted every 2nd year	16 220	Survey conducted every 2nd year	18 000	Survey conducted every 2nd year	18 200
Barrett values survey	Value matches in the Barrett values survey	6	1	Survey conducted every 2nd year	1	Survey conducted every 2nd year	1	Survey conducted every 2nd year	1
PHCIS softw are suite project plan	PHC facilities w here the roll-out of the PHCIS softw are suite has been completed	7	Not required to report	Not required to report	34	47	67	97	127
PHCIS softw are suite project plan	PHC facilities on the PHCIS softw are suite roll-out plan	8	Not required to report	Not required to report	189	189	189	189	189
Audit Report from AGSA	Audit opinion expressed in Audit Report of AGSA	9	Unqualified	Unqualified	Unqualified	Unqualified	Unqualified	Unqualified	Unqualified
Sintelligent	Hospitals with minimum 2 Mbps connectivity	10	Not required to report	Not required to report	Not required to report	20	25	45	54
SINJANI	Number of hospitals	11	54	54	54	54	54	54	54
Sintelligent	Fixed PHC facilities w ith minimum 512 kbps connectivity	12	Not required to report	Not required to report	Not required to report	6	150	187	207
SINJANI	Number of fixed PHC facilities	13	292	284	280	278	277	277	277
JAC project plan	Selected pharmacies w here JAC roll-out has been completed	14	21	29	47	74	94	100	100
JAC project plan	Selected pharmacies on JAC roll-out plan	15	30	33	100	100	100	100	100

Notes

Element ID 4, 5 & 6: The Barret Survey conducted every alternate year in the Western Cape Government.

Element ID 13: The actual number of facilities in the Province did not decrease between 2011/12 and 2012/13 - an incorrect figure was reported in 2011/12. The amalgamation of City of Cape Town and provincial facilities in the Metro, coupled with the reclassification of some fixed clinics as satellite clinics in the rural areas, has led to a gradual decrease in the overall number of fixed PHC facilities in the Province.

Element ID 14: An "unqualified" audit opinion implies the Department did not receive a qualified, disclaimer or adverse audit opinion. Only "matters of emphasis" was reported in the Audit Report from the AGSA.

Table B.2: Provincial strategic objectives and annual targets for Administration [ADMIN 1]

Strategic objective	Programme performance indicator	Data source / Element ID	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
STRATEGIC GOAL: Embed good governance and values-driven leadership practices.										
1.1 Promote efficient use of financial resources.	1.1.1 Percentage of the annual equitable share budget allocation spent		100.0%	99.7%	99.3%	99.8%	100.0%	100.0%	100.0%	100.0%
	Numerator	1	16 482 058 000	9 664 344 000	10 654 461 000	11 517 782 000	12 080 528 000	13 025 869 000	13 916 531 000	13 916 531 000
	Denominator	2	16 482 058 000	9 690 810 000	10 730 229 000	11 544 801 000	12 080 528 000	13 025 869 000	13 916 531 000	13 916 531 000
2.1 Develop and implement a comprehensive Human Resource Plan.	2.1.1 Timeous submission of a Human Resource Plan for 2015 - 2019 to DPSA	Element	Yes	Not required to report	Not required to report	Not required to report	Not required to report	Yes	Yes	Yes
3.1 Transform the organisational culture.	3.1.1 Cultural entropy level for WCG: Health		21.0%	26.1%	Survey conducted every 2nd year	24.5%	Survey conducted every 2nd year	23.0%	Survey conducted every 2nd year	21.0%
	Numerator	4	3 884	3 593	-	3 982	-	4 140	-	3 822
	Denominator	5	18 400	13 780	-	16 220	-	18 000	-	18 200
	3.1.2 Number of value matches in the Barrett survey	Element	2	1	Survey conducted every 2nd year	1	Survey conducted every 2nd year	1	Survey conducted every 2nd year	1
4.1 Roll-out electronic patient administration systems to PHC facilities.	4.1.1 Percentage of PHC facilities w here PHCIS softw are suite has been rolled-out		100.0%	Not required to report	Not required to report	18.0%	24.9%	35.4%	51.3%	67.2%
	Numerator	7	187	-	-	34	47	67	97	127
	Denominator	8	187	-	-	189	189	189	189	189

Notes

Indicator 1.1.1: The estimated numerator and denominator targets for 2019/20 are subject to change based on the economic factors.

9.5. Performance Indicators and Annual Targets

Table B.3: Performance indicators for Administration [ADMIN 2]

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
SECTOR SPECIFIC INDICATORS										
1. Audit opinion from Auditor-General of South Africa Element	Annual	9	Categorical	Unqualified	Unqualified	Unqualified	Unqualified	Unqualified	Unqualified	Unqualified
2. Percentage of hospitals with broadband access Numerator Denominator	Quarterly	10 11	%	Not required to report -	Not required to report 54	Not required to report 54	37.0% 20 54	46.3% 25 54	83.3% 45 54	100.0% 54 54
3. Percentage of fixed PHC facilities with broadband access Numerator Denominator	Quarterly	12 13	%	Not required to report -	Not required to report 284	Not required to report 280	2.2% 6 278	54.2% 150 277	67.5% 187 277	74.7% 207 277
ADDITIONAL PROVINCIAL INDICATORS										
4. Percentage of selected pharmacies where JAC roll-out has been completed Numerator Denominator	Quarterly	14 15	%	70.0% 21 30	87.9% 29 33	47.0% 47 100	74.0% 74 100	94.0% 94 100	100.0% 100 100	100.0% 100 100

Notes

Indicator 1: An "unqualified" audit opinion implies the Department did not receive a qualified, disclaimer or adverse audit opinion. Only "matters of emphasis" was reported in the Audit Report from the AGSA.

9.6. Quarterly Targets for 2015/16

Table B.4: Quarterly targets for 2015/16 [ADMIN 3]

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets			
			2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
1.1.1 Percentage of the annual equitable share budget allocation spent Numerator Denominator	1 2	Quarterly	100.0% 13 025 869 000 13 025 869 000	100.0% 13 025 869 000 13 025 869 000	100.0% 13 025 869 000 13 025 869 000	100.0% 13 025 869 000 13 025 869 000	100.0% 13 025 869 000 13 025 869 000
2.1.1 Timous submission of a Human Resource Plan for 2015 - 2019 to DPSA Element	3	Annual	Yes	-	-	-	Yes
3.1.1 Cultural entropy level for WCG: Health Numerator Denominator	4 5	Annual	23.0% 4 140 18 000	-	-	-	23.0% 4 140 18 000
3.1.2 Number of value matches in the Barrett survey Element	6	Annual	1	-	-	-	1
4.1.1 Percentage of PHC facilities where PHCIS software suite has been rolled-out Numerator Denominator	7 8	Quarterly	35.4% 67 189	27.5% 52 189	30.2% 57 189	32.8% 62 189	35.4% 67 189
SECTOR SPECIFIC INDICATORS							
1. Audit opinion from Auditor-General of South Africa Element	9	Annual	Unqualified	-	-	-	Unqualified
2. Percentage of hospitals with broadband access Numerator Denominator	10 11	Quarterly	46.3% 25 54	38.9% 21 54	40.7% 22 54	42.6% 23 54	46.3% 25 54
3. Percentage of fixed PHC facilities with broadband access Numerator Denominator	12 13	Quarterly	54.2% 150 277	15.2% 42 277	28.2% 78 277	41.2% 114 277	54.2% 150 277
ADDITIONAL PROVINCIAL INDICATORS							
4. Percentage of selected pharmacies where JAC roll-out has been completed Numerator Denominator	14 15	Quarterly	94.0% 94 100	79.0% 79 100	84.0% 84 100	89.0% 89 100	94.0% 94 100

Notes

Indicator 1: An "unqualified" audit opinion implies the Department did not receive a qualified, disclaimer or adverse audit opinion. Only "matters of emphasis" was reported in the Audit Report from the AGSA.

9.7. Reconciling Performance Targets with Budget and MTEF

EXPENDITURE ESTIMATES

Table B.5: Summary of Payments and Estimates – Programme 1: Administration

Sub-programme R'000	Outcome			Main appro- p-riation 2014/15	Adjusted appro- p-riation 2014/15	Revised estimate 2014/15	Medium-term estimate			
	Audited	Audited	Audited				% Change from Revised estimate			
	2011/12	2012/13	2013/14				2015/16	2014/15	2016/17	2017/18
1. Office of the MEC	8 493	6 421	6 310	6 786	6 786	6 989	6 968	(0.30)	7 441	7 780
2. Management	401 535	438 627	505 137	624 602	593 293	593 091	688 485	16.08	723 085	766 688
Central Management	401 535	438 627	505 137	624 602	593 293	593 091	688 485	16.08	723 085	766 688
Total payments and estimates	410 028	445 048	511 447	631 388	600 079	600 080	695 453	15.89	730 526	774 468

Notes

Sub-programme 1.1: MEC total remuneration package: R1 821 577 with effect from 1 April 2014.

Sub-programme 1.2: 2015/16: Conditional grant: Health Professions Training and Development: R5 130 000 (Compensation of employees).

Table B.6: Payments and Estimates by Economic Classification – Programme 1

Economic classification R'000	Outcome			Main appro- priation	Adjusted appro- priation	Revised estimate	Medium-term estimate			
	Audited 2011/12	Audited 2012/13	Audited 2013/14				% Change from Revised estimate			
							2015/16	2014/15	2016/17	2017/18
Current payments	370 553	422 480	471 493	544 671	542 247	538 620	585 844	8.77	617 438	649 397
Compensation of employees	157 965	186 918	215 664	271 328	251 677	249 347	270 064	8.31	284 298	298 594
Salaries and wages	140 304	165 925	191 241	241 355	222 150	219 820	241 069	9.67	253 753	266 474
Social contributions	17 661	20 993	24 423	29 973	29 527	29 527	28 995	(1.80)	30 545	32 120
Goods and services	212 588	235 562	255 829	273 343	290 570	289 273	315 780	9.16	333 140	350 803
<i>of which</i>										
Administrative fees	958	965	886	1 022	1 022	1 033	991	(4.07)	1 045	1 101
Advertising	12 270	18 701	30 203	22 317	28 917	33 203	30 998	(6.64)	32 704	34 437
Minor assets	1 410	1 333	1 919	2 032	2 021	2 082	1 278	(38.62)	1 345	1 417
Audit cost: External	21 283	25 111	23 258	26 645	26 645	26 645	25 927	(2.69)	27 353	28 803
Catering: Departmental activities	800	923	1 216	1 463	1 447	1 266	1 391	9.87	1 467	1 547
Communication	6 802	7 165	7 834	7 758	7 724	8 041	9 036	12.37	9 533	10 039
Computer services	64 463	70 158	66 354	75 068	78 542	65 616	79 269	20.81	83 629	88 061
Cons/prof: Business and advisory services	8 687	8 431	15 540	16 396	19 396	20 262	16 882	(16.68)	17 811	18 755
Cons/prof: Legal costs	5 894	5 220	6 405	6 146	6 146	7 038	8 234	16.99	8 687	9 148
Contractors	68 488	77 294	83 638	94 013	100 815	106 375	123 540	16.14	130 336	137 242
Agency and support/outsourced services	91	176								
Entertainment	106	144	131	169	161	135	156	15.56	164	172
Fleet services (including government motor transport)	2 451	3 665	3 371	3 832	3 832	3 572	3 772	5.60	3 979	4 190
Inventory: Materials and supplies	157	251	75	138	138	8	7	(12.50)	7	8
Inventory: Medical supplies			10	16	16	2	5	150.00	6	6
Consumable supplies	982	71	161	270	270	184	145	(21.20)	151	160
Consumable: Stationery, printing & office supplies	1 245	2 963	2 870	3 556	3 520	3 568	3 825	7.20	4 035	4 246
Operating leases	2 812	892	807	801	801	804	883	9.83	932	981
Property payments	5 806	3 717	364	483	483	414	219	(47.10)	230	245
Travel and subsistence	4 814	5 357	6 417	6 347	6 142	7 211	7 364	2.12	7 767	8 183
Training and development	1 532	741	848	885	790	669	638	(4.63)	673	708
Operating payments	833	1 817	845	958	958	994	985	(0.91)	1 037	1 093
Venues and facilities	693	411	82	118	118	64	82	28.13	88	92
Rental and hiring	11	56	2 595	2 910	666	87	153	75.86	161	169
Transfers and subsidies to	21 946	11 263	31 504	76 022	46 015	46 712	94 165	101.59	97 438	109 003
Departmental agencies and accounts		7	4	7	7	8	7	(12.50)	7	9
Entities receiving transfers		7	4	7	7	8	7	(12.50)	7	9
Other		7	4	7	7	8	7	(12.50)	7	9
Non-profit institutions			2 000	1 500	1 500	1 500	1 000	(33.33)		
Households	21 946	11 256	29 500	74 515	44 508	45 204	93 158	106.08	97 431	108 994
Social benefits	6 000		6 393	7 328	7 321	8 017	8 398	4.75	8 861	9 331
Other transfers to households	15 946	11 256	23 107	67 187	37 187	37 187	84 760	127.93	88 570	99 663
Payments for capital assets	17 507	10 423	8 391	10 695	11 817	14 686	15 444	5.16	15 650	16 068
Machinery and equipment	17 464	10 236	7 669	10 521	11 643	14 527	15 426	6.19	15 631	16 027
Transport equipment	11 062	2 091	1 544	2 045	4 289	4 289	4 815	12.26	5 072	5 368
Other machinery and equipment	6 402	8 145	6 125	8 476	7 354	10 238	10 611	3.64	10 559	10 659
Software and other intangible assets	43	187	722	174	174	159	18	(88.68)	19	41
Payments for financial assets	22	882	59			62		(100.00)		
Total economic classification	410 028	445 048	511 447	631 388	600 079	600 080	695 453	15.89	730 526	774 468

PERFORMANCE AND EXPENDITURE TRENDS

Programme 1 is allocated 3.70 per cent of the vote in 2015/16 in comparison to the 3.46 per cent allocated in the revised estimate of the 2014/15 budget. This amounts to a nominal increase of R95.373 million or 15.89 per cent.

9.8. Risk Management

RISK STATEMENT 1: Shortage Of Skilled Staff	
Risk	Inadequate competency levels
Root Cause	<ul style="list-style-type: none"> Shortage of highly skilled professionals Inability to offer competitive remuneration packages
Impact	<ul style="list-style-type: none"> Compromised ability to deliver on the Department's mandate
Strategic Goal Impact	<ul style="list-style-type: none"> Promote Health and Wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Allocation of bursaries per scarce-skilled profession as a recruitment strategy In the process of developing an on-line exit interview questionnaire to assist in identifying the reasons for exits and to inform future interventions Development and implementation of recruitment and retention policies Work in partnership with universities to recruit and retain highly skilled staff Strengthen organisational culture and staff wellbeing Succession planning Improve the working environment
RISK STATEMENT 2: Resource Constraints	
Risk	Inability to render comprehensive quality health services
Root Cause	<ul style="list-style-type: none"> Allocative and technical inefficiencies Escalating burden of disease Escalating costs of labour, goods and services Fiscal envelope based on nominal growth Aging infrastructure
Impact	<ul style="list-style-type: none"> Poor health outcomes Compromised ability to deliver on the department's mandate
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Priority setting Establish and embed mechanisms to enhance efficiencies Applying lean management principles to reduce waste in the system Rational prescribing Laboratory cost containment measures, e.g. Electronic Gatekeeping System Explore alternative financing options
RISK STATEMENT 3: ICT Systems Disruption	
Risk	Dysfunctional communication and information systems
Root Cause	<ul style="list-style-type: none"> Inadequate and ageing technology infrastructure and resources Inadequate technical capacity within the Western Cape Government
Impact	<ul style="list-style-type: none"> Compromised service delivery
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Develop a robust IT disaster recovery plan Monitor the responsiveness of the Helpdesk and support systems to IT system failures Constantly review and address out-dated infrastructure by conducting regular hardware and ICT audits
RISK STATEMENT 4: Fire Within Health Facilities	
Risk	Fire damage to state property and safety threat to building occupants
Root Cause	<ul style="list-style-type: none"> Inadequate safety measures Constant trade-off between securing a building from a safety perspective versus maintaining the integrity of fire escapes etc. Building maintenance backlog and infrastructure budget constraints
Impact	<ul style="list-style-type: none"> Service disruption Property damage Traumatized and/or injured staff and patients
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Develop and implement the Provincial Safety, Health, Environment, Risk, and Quality Management (SHERQ) Policy to support and guide facilities Ensure that design and construction of infrastructure is compliant through phased fire

	<ul style="list-style-type: none"> compliance Monitor and evaluate operational compliance with fire regulations ensuring that disaster plans and fire drills are in place Ensure compliance of the physical environment and physical entities such as fire detectors, fire extinguishers, alarms, sprinkler systems, fire doors, and fire exits are in order Establish Health and Safety committees, appoint and train emergency representatives (fire, first aid and floor marshals), in accordance with the National Core Standards
RISK STATEMENT 5: Vandalism And Theft	
Risk	Damage to and loss of state property
Root Cause	<ul style="list-style-type: none"> Inadequate security measures Volatility in the community High crime prevalence
Impact	<ul style="list-style-type: none"> Compromises the quality of care Property damage Escalates maintenance and repair expenditure
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> Business continuity plans in place to minimise the impact on service delivery Installation of vandal-proof infrastructure including fixtures and fittings, as far as possible Improve security services and contract management at facility level
RISK STATEMENT 6: Fraud	
Risk	Unfair or unlawful access to public fund
Root Cause	<ul style="list-style-type: none"> Inadequate (compliance with) internal controls Lack of commitment to values of the organisation
Impact	<ul style="list-style-type: none"> Exacerbates resource constraints Compromises public trust in the health system
Strategic Goal Impact	<ul style="list-style-type: none"> Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Monitor the implementation of the fraud prevention plan Ensure PERSAL is accurate to prevent ghost employees Embark upon change management initiative that emphasises the values of the organisation (Strengthening the DICU, ICU processes – IA, CA, etc.)
RISK STATEMENT 7: Labour Unrest	
Risk	Strike action
Root Cause	<ul style="list-style-type: none"> Labour disputes
Impact	<ul style="list-style-type: none"> Service disruption Compromises patient and staff safety Exacerbates resource constraints and staff shortages
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Maintaining good practices and relations with organised labour through robust structures of engagement In the event of a strike ensure contingency plans are in place to minimise service disruption
RISK STATEMENT 8: Load Shedding	
Risk	Disruption in the supply of electricity
Root Cause	<ul style="list-style-type: none"> Eskom infrastructure Shortage in supply of diesel to support back-up power supply
Impact	<ul style="list-style-type: none"> Service disruption Compromised quality of care Increased supply of and maintenance to alternative sources of power supply Increased diesel storage Cost of diesel supply Damage to electrical and electronic equipment (including medical) due to power surge
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Backup power supply in place for priority services Reduce dependency on Eskom by investing in alternative energy sources Business continuity plans in place to minimise the impact on service delivery Ensures adequate diesel supply and storage

10. Programme 2: DISTRICT HEALTH SERVICES (DHS)

10.1. Purpose

To render facility-based district health services (at clinics, community health centres and district hospitals) and community-based district health services (CBS) to the population of the Western Cape Province

10.2. Structure

SUB-PROGRAMME 2.1: DISTRICT MANAGEMENT

Management of District Health Services, corporate governance, including financial, human resource management and professional support services e.g. infrastructure and technology planning and quality assurance (including clinical governance)

SUB-PROGRAMME 2.2: COMMUNITY HEALTH CLINICS

Rendering a nurse-driven primary health care service at clinic level including visiting points and mobile clinics

SUB-PROGRAMME 2.3: COMMUNITY HEALTH CENTRES

Rendering a primary health care service with full-time medical officers, offering services such as: mother and child health, health promotion, geriatrics, chronic disease management, occupational therapy, physiotherapy, psychiatry, speech therapy, communicable disease management, mental health and others

SUB-PROGRAMME 2.4: COMMUNITY BASED SERVICES

Rendering a community based health service at non-health facilities in respect of home-based care, community care workers, caring for victims of abuse, mental- and chronic care, school health, etc.

SUB-PROGRAMME 2.5: OTHER COMMUNITY SERVICES

Rendering environmental and port health services (port health services have moved to the National Department of Health)

SUB-PROGRAMME 2.6: HIV/AIDS

Rendering a primary health care service in respect of HIV/Aids campaigns

SUB-PROGRAMME 2.7: NUTRITION

Rendering a nutrition service aimed at specific target groups, combining direct and indirect nutrition interventions to address malnutrition

SUB-PROGRAMME 2.8: CORONER SERVICES

Rendering forensic and medico-legal services in order to establish the circumstances and causes surrounding unnatural death; these services are reported in Sub-Programme 7.3: Forensic Pathology Services.

SUB-PROGRAMME 2.9: DISTRICT HOSPITALS

Rendering of a district hospital service at sub-district level

SUB-PROGRAMME 2.10: GLOBAL FUND

Strengthen and expand the HIV and AIDS prevention, care and treatment Programmes

NOTE: Tuberculosis (TB) hospitals are funded from Programme 4.2 but are managed as part of the district health system and are the responsibility of the district directors. The narrative and tables for TB hospitals is in Sub-Programme 4.2.

10.3. Programme Priorities

- Improving service delivery
- Improving quality of care and clinical governance

10.4. Service Delivery Sites

Table B.7: District Health Service facilities by health district in 2013/14 [DHS 1]

Health district	Facility type	No.	2013/14 Uninsured Population	Uninsured Population per fixed PHC facility	PHC facilities headcounts	District hospital separations	Per capita (uninsured) utilisation
CITY OF CAPE TOWN METRO DISTRICT	Non fixed clinics	21	2 944 283	22 137	9 496 087	136 286	3.23
	Fixed clinics	84					
	CHCs	9					
	CDCs	40					
	Sub-total: Fixed clinics + CHCs + CDCs	133					
	District hospitals	9					
CAPE WINELANDS	Non fixed clinics	34	573 815	11 954	1 696 266	26 268	2.96
	Fixed clinics	42					
	CHCs	0					
	CDCs	6					
	Sub-total: Fixed clinics + CHCs + CDCs	48					
	District hospitals	4					
CENTRAL KAROO (Rural development node)	Non fixed clinics	9	51 464	5 718	195 138	10 378	3.79
	Fixed clinics	8					
	CHCs	0					
	CDCs	1					
	Sub-total: Fixed clinics + CHCs + CDCs	9					
	District hospitals	4					
EDEN	Non fixed clinics	35	485 993	11 853	1 455 591	39 932	3.00
	Fixed clinics	34					
	CHCs	0					
	CDCs	7					
	Sub-total: Fixed clinics + CHCs + CDCs	41					
	District hospitals	6					
OVERBERG	Non fixed clinics	23	191 334	8 697	670 274	19 704	3.50
	Fixed clinics	20					
	CHCs	0					
	CDCs	2					
	Sub-total: Fixed clinics + CHCs + CDCs	22					
	District hospitals	4					
WEST COAST	Non fixed clinics	40	253 732	9 397	823 613	39 395	3.25
	Fixed clinics	26					
	CHCs	0					
	CDCs	1					
	Sub-total: Fixed clinics + CHCs + CDCs	27					
	District hospitals	7					
PROVINCE	Non fixed clinics	162	4 500 621	16 074	14 336 969	271 963	3.19
	Fixed clinics	214					
	CHCs	9					
	CDCs	57					
	Sub-total: Fixed clinics + CHCs + CDCs	280					
	District hospitals	34					

Source: SINJANI (facility list, PHC headcount, district hospital separations); Circular H28 of 2014 (uninsured population)

Notes

1. Non-fixed clinics include mobile and satellite clinics. Visiting points have been excluded.
2. Fixed clinics include both provincial and local government facilities. Clinics, CHCs and CDCs make up fixed PHC facilities.
3. PHC facility headcounts and district hospital separations are used for per capita utilisation.
4. Number of facilities as reported in 2013/14 Annual Report.

10.5. DHS

SITUATIONAL ANALYSIS INDICATORS

Table B.8: Data Elements for Situation Analysis Indicators

Source	Data Element	Element ID	Province wide value	Cape Town District	Cape Winelands District	Central Karoo District	Eden District	Overberg District	West Coast District
			2013/14	2013/14	2013/14	2013/14	2013/14	2013/14	2013/14
NHI Business Plan	Districts piloting NHI interventions	1	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
Terms of reference	Established NHI consultation fora	2	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
Minutes of meeting	Districts consulted by NHI consultative fora	3	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
SINJANI	Fixed PHC facilities that conducted national core standards self-assessment during the financial year	4	79	28	0	9	3	21	18
SINJANI	Fixed PHC facilities (fixed clinics + CHCs + CDCs)	5	280	133	48	9	41	22	27
DHS - NCS system	Fixed PHC facilities that developed a quality improvement plan during the financial year	6	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
Still being developed	Fixed PHC facilities scoring above 80% on the ideal clinic dashboard	7	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
SINJANI	Fixed PHC facilities that conducted a patient satisfaction survey during the financial year	9	72	21	6	9	20	10	6
SINJANI	Questionnaires with 1 or 2 recorded for pleased with treatment (PHC facilities)	10	31 363	21 356	2 834	736	2 321	2 381	1 735
SINJANI	Questionnaires with answer provided for pleased with treatment (PHC facilities)	11	40 349	28 728	3 166	945	2 636	2 692	2 182
Not applicable in W Cape	Outreach households (OHH) registration visit	12	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	Outreach households (OHH) in population	13	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	Districts with fully fledged district clinical specialist teams (DCSTs)	14	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
SINJANI	PHC total headcount	15	14 336 969	9 496 087	1 696 266	195 138	1 455 591	670 274	823 613
StatsSA (Circular H28 of 2014)	Total population	16	6 016 926	3 860 590	808 041	71 231	585 832	272 624	418 608
SINJANI	Complaints resolved (PHC facilities)	17	1 455	850	167	12	196	135	95
SINJANI	Complaints received (PHC facilities)	18	1 556	932	174	12	198	143	97
SINJANI	Complaints resolved within 25 working days (PHC facilities)	19	1 354	803	143	8	184	125	91
SINJANI	PHC headcount under 5 years	20	2 147 046	1 304 723	328 860	32 459	226 052	110 188	144 764
StatsSA (Circular H28 of 2014)	Population under 5 years	21	532 097	342 126	74 599	6 469	49 516	23 293	36 094
BAS	Provincial expenditure on PHC services expressed in 2013/14 rands (Sub-programmes 2.1, 2.2, 2.3, 2.4 and 2.5)	22	2 711 390 918	1 666 326 369	362 026 714	60 811 263	310 190 428	144 778 690	167 257 454
BAS	Provincial expenditure on PHC services (Sub-programmes 2.1, 2.2, 2.3, 2.4 and 2.5)	23	2 711 390 918	1 666 326 369	362 026 714	60 811 263	310 190 428	144 778 690	167 257 454
StatsSA (Household Survey)	Uninsured population in the province	24	4 500 621	2 944 283	573 815	51 464	485 993	191 334	253 732

Notes

Element ID 4: The Cape Winelands District did not conduct any national core standard self-assessments for primary health care facilities during 2013/14.

Element ID 12 - 14: These indicators (and therefore data elements) are prescribed by the National Department of Health based on the outreach team-model. However, a different model is being implemented in the Western Cape and the Province is therefore not able to set targets for these national indicators (and data elements). The province has a system where general specialists appointed at regional hospitals support and strengthen the district health system (DHS). A range of family physicians within the DHS embed clinical governance.

Element ID 14: Whilst every district has clinical specialists supporting and strengthening it, its formulation is dictated by system need and not necessarily aligned to the DCTS definition and composition.

Table B.9: Situation Analysis Indicators for District Health Services [DHS 2]

Programme performance indicator	Frequency	Data source / Element ID	Type	Province wide value	Cape Town District	Cape Wine lands District	Central Karoo District	Eden District	Overberg District	West Coast District
				2013/14	2013/14	2013/14	2013/14	2013/14	2013/14	
SECTOR SPECIFIC INDICATORS										
1. Number of districts piloting NHI interventions Element	Annual	1	No	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
2. Establish NHI consultation fora Element	Annual	2	Yes/No	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
3. Number of districts consulted by NHI consultative fora Element	Annual	3	No	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
4. National core standards self-assessment rate (PHC facilities) Numerator Denominator	Quarterly	4 5	%	28.2% 79 280	21.1% 28 133	0.0% 0 48	100.0% 9 9	7.3% 3 41	95.5% 21 22	66.7% 18 27
5. Quality improvement plan after self-assessment rate (PHC facilities) Numerator Denominator	Quarterly	6 4	%	Not required to report - 79	Not required to report - 28	Not required to report - 0	Not required to report - 9	Not required to report - 3	Not required to report - 21	Not required to report - 18
6. Percentage of fixed PHC facilities scoring above 80% on the ideal clinic dashboard Numerator Denominator	Quarterly	7 8	%	Implementation delayed - -	Implementation delayed - -	Implementation delayed - -	Implementation delayed - -	Implementation delayed - -	Implementation delayed - -	Implementation delayed - -
7. Patient satisfaction survey rate (PHC facilities) Numerator Denominator	Quarterly	9 5	%	25.7% 72 280	15.8% 21 133	12.5% 6 48	100.0% 9 9	48.8% 20 41	45.5% 10 22	22.2% 6 27
8. Patient satisfaction rate (PHC facilities) Numerator Denominator	Annual	10 11	%	77.7% 31 363 40 349	74.3% 21 356 28 728	89.5% 2 834 3 166	77.9% 736 945	88.1% 2 321 2 636	88.4% 2 381 2 692	79.5% 1 735 2 182
9. OHH registration visit coverage (annualised) Numerator Denominator	Quarterly	12 13	%	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 - -
10. Number of districts with fully fledged district clinical specialist teams (DCSTs) Element	Quarterly	14	No	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
11. PHC utilisation rate (annualised) Numerator Denominator	Quarterly	15 16	No	2.4 14 336 969 6 016 926	2.5 9 496 087 3 860 590	2.1 1 696 266 808 041	2.7 195 138 71 231	2.5 1 455 591 585 832	2.5 670 274 272 624	2.0 823 613 418 608
12. Complaint resolution rate (PHC facilities) Numerator Denominator	Quarterly	17 18	%	93.5% 1 455 1 556	91.2% 850 932	96.0% 167 174	100.0% 12 12	99.0% 196 198	94.4% 135 143	97.9% 95 97
13. Complaint resolution within 25 working days rate (PHC facilities) Numerator Denominator	Quarterly	19 17	%	93.1% 1 354 1 455	94.5% 803 850	85.6% 143 167	66.7% 8 12	93.9% 184 196	92.6% 125 135	95.8% 91 95
ADDITIONAL PROVINCIAL INDICATORS										
14. PHC utilisation rate under 5 years (annualised) Numerator Denominator	Quarterly	20 21	No	4.0 2 147 046 532 097	3.8 1 304 723 342 126	4.4 328 860 74 599	5.0 32 459 6 469	4.6 226 052 49 516	4.7 110 188 23 293	4.0 144 764 36 094
15. Provincial PHC expenditure per uninsured person in 2013/14 Rand Numerator Denominator	Quarterly	22 24	R	R 602 2 711 390 918 4 500 621	R 566 1 666 326 369 2 944 283	R 631 362 026 714 573 815	R 1 182 60 811 263 51 464	R 638 310 190 428 485 993	R 757 144 778 690 191 334	R 659 167 257 454 253 732
16. Provincial PHC expenditure per uninsured person Numerator Denominator	Quarterly	23 24	R	R 602 2 711 390 918 4 500 621	R 566 1 666 326 369 2 944 283	R 631 362 026 714 573 815	R 1 182 60 811 263 51 464	R 638 310 190 428 485 993	R 757 144 778 690 191 334	R 659 167 257 454 253 732

Notes

Indicator 9 & 10:

These indicators are prescribed by the National Department of Health based on the outreach team-model. However, a different model is being implemented in the Western Cape and the Province is therefore not able to set targets for these national indicators. The province has a system where general specialists appointed at regional hospitals support and strengthen the district health system (DHS). A range of family physicians within the DHS embed clinical governance.

Indicator ID 10:

Whilst every district has clinical specialists supporting and strengthening it, its formulation is dictated by system need and not necessarily aligned to the DCTS definition and composition.

STRATEGIC OBJECTIVES - ANNUAL TARGETS

Table B.10: Data Elements with Actual and Projected Performance Values for District Health Services

Source	Data Element	Element ID	Audited / Actual performance			Estimated performance	Medium term targets			
			2011/12	2012/13	2013/14		2014/15	2015/16	2016/17	2017/18
NHI Business Plan	Districts piloting NHI interventions	1	Not required to report	Not required to report	Not required to report	1	1	1	1	
Terms of reference	Established NHI consultation fora	2	Not required to report	Not required to report	Not required to report	0	0	1	1	
Minutes of meeting	Districts consulted by NHI consultative fora	3	Not required to report	Not required to report	Not required to report	0	0	3	6	
SINJANI	Fixed PHC facilities that conducted national core standards self-assessment during the financial year	4	122	20	79	152	193	221	230	
SINJANI	Fixed PHC facilities (fixed clinics + CHCs + CDCs)	5	292	284	280	278	277	277	277	
DHIS - NCS system	Fixed PHC facilities that developed a quality improvement plan during the financial year	6	Not required to report	Not required to report	Not required to report	64	171	207	216	
Still being developed	Fixed PHC facilities scoring above 80% on the ideal clinic dashboard	7	Implementation delayed	Implementation delayed	Implementation delayed	Implementation delayed	Implementation delayed	Implementation delayed	Implementation delayed	
Still being developed	Fixed PHC facilities that conducted an ideal clinic assessment during the current financial year	8	Implementation delayed	Implementation delayed	Implementation delayed	Implementation delayed	Implementation delayed	Implementation delayed	Implementation delayed	
SINJANI	Fixed PHC facilities that conducted a patient satisfaction survey during the financial year	9	20	23	72	93	109	109	109	
SINJANI	Questionnaires with 1 or 2 recorded for pleased with treatment (PHC facilities)	10	2 850	4 236	31 363	26 349	29 104	29 720	30 213	
SINJANI	Questionnaires with answer provided for pleased with treatment (PHC facilities)	11	3 423	4 845	40 349	32 334	35 306	35 469	35 665	
Not applicable in W Cape	Outreach households (OHH) registration visit	12	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	Outreach households (OHH) in population	13	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	Districts with fully fledged district clinical specialist teams (DCSTs)	14	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	
SINJANI	PHC total headcount	15	15 535 613	14 792 882	14 336 969	14 251 726	14 375 878	14 524 796	14 646 786	
StatsSA (Circular H28 of 2014)	Total population	16	5 792 096	5 904 017	6 016 926	6 130 791	6 245 836	6 362 257	6 478 871	
SINJANI	Complaints resolved (PHC facilities)	17	332	716	1 455	1 828	1 858	1 886	1 923	
SINJANI	Complaints received (PHC facilities)	18	412	775	1 556	1 957	1 982	2 015	2 049	
SINJANI	Complaints resolved within 25 working days (PHC facilities)	19	252	606	1 354	1 699	1 741	1 768	1 805	
SINJANI	PHC headcount under 5 years	20	2 427 241	2 217 431	2 147 046	2 122 328	2 136 899	2 164 118	2 190 976	
StatsSA (Circular H28 of 2014)	Population under 5 years	21	535 722	534 091	532 097	528 578	523 745	518 727	515 433	
BAS	Provincial expenditure on PHC services expressed in 2013/14 rands (Sub-programmes 2.1, 2.2, 2.3, 2.4 and 2.5)	22	2 705 642 037	2 773 507 605	2 711 390 918	2 773 170 835	2 808 642 364	2 805 514 106	2 788 956 207	
BAS	Provincial expenditure on PHC services (Sub-programmes 2.1, 2.2, 2.3, 2.4 and 2.5)	23	2 409 695 382	2 584 588 000	2 711 390 918	3 012 448 000	3 290 814 000	3 484 588 000	3 665 124 000	
StatsSA (Household Survey)	Uninsured population in the province	24	4 332 449	4 416 165	4 500 621	4 585 791	4 671 844	4 758 926	4 846 153	

Notes

- Element ID 2 & 3: Awaiting guidelines from the National Department of Health to provide detail on the consultation fora that should be established.
- Element ID 5: The actual number of facilities in the Province did not decrease between 2011/12 and 2012/13 - an incorrect figure was reported in 2011/12. The amalgamation of City of Cape Town and provincial facilities in the Metro, coupled with the reclassification of some fixed clinics as satellite clinics in the rural areas, has led to a gradual decrease in the overall number of fixed PHC facilities in the Province.
- Element ID 7: The implementation of the ideal clinic dashboard has been delayed until the report from the Ideal Clinic Laboratory is finalised and a feasibility study has been conducted. In the interim, the Western Cape will continue to focus on conducting national core standard self-assessments and implementing quality improvement plans based on the results. There is a large degree of overlap between the ideal clinic dashboard and the NCS for PHC facilities and therefore the later could be safely used as a proxy while the ideal clinic work streams and its related strategies and targets are being developed in 2015/16 and any duplication of effort is being addressed.
- Element ID 8: Patient satisfaction surveys are not being conducted by facilities that fall under the authority of the City of Cape Town. In some rural districts (Cape Winelands and West Coast), the surveys have not been rolled out to all fixed PHC facilities and are only conducted at community day centres.
- Element ID 11 - 13: These indicators (and therefore data elements) are prescribed by the National Department of Health based on the outreach team-model. However, a different model is being implemented in the Western Cape and the Province is therefore not able to set targets for these national indicators (and data elements). The province has a system where general specialists appointed at regional hospitals support and strengthen the district health system (DHS). A range of family physicians within the DHS embed clinical governance.
- Element ID 13: Whilst every district has clinical specialists supporting and strengthening it, its formulation is dictated by system need and not necessarily aligned to the DCSTs definition and composition.

Table B.11: Provincial Strategic Objectives and Annual Targets for District Health Services [DHS 3]

Note: No provincial strategic objectives specified for District Health Services.

PERFORMANCE INDICATORS AND ANNUAL TARGETS

Table B.12: Performance indicators for District Health Services [DHS 4]

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets			
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
SECTOR SPECIFIC INDICATORS											
1. Number of districts piloting NHI interventions Element	Annual	1	No	Not required to report	Not required to report	Not required to report	1	1	1	1	
2. Establish NHI consultation fora Element	Annual	2	Yes/No	Not required to report	Not required to report	Not required to report	0	0	1	1	
3. Number of districts consulted by NHI consultative fora Element	Annual	3	No	Not required to report	Not required to report	Not required to report	0	0	3	6	
4. National core standards self-assessment rate (FHC facilities) Numerator Denominator	Quarterly	4 5	%	41.8% 122 292	7.0% 20 284	28.2% 79 280	54.7% 152 278	69.7% 193 277	79.8% 221 277	83.1% 230 277	
5. Quality improvement plan after self-assessment rate (FHC facilities) Numerator Denominator	Quarterly	6 4	%	Not required to report - 122	Not required to report - 20	Not required to report - 79	42.1% 64 152	88.5% 171 193	93.6% 207 221	93.9% 216 230	
6. Percentage of fixed FHC facilities scoring above 80% on the ideal clinic dashboard Numerator Denominator	Quarterly	7 8	%	Implementation delayed - -	Implementation delayed - -	Implementation delayed - -	Implementation delayed - -	Implementation delayed - -	Implementation delayed - -	Implementation delayed - -	
7. Patient satisfaction survey rate (FHC facilities) Numerator Denominator	Quarterly	9 5	%	6.8% 20 292	8.1% 23 284	25.7% 72 280	33.5% 93 278	39.4% 109 277	39.4% 109 277	39.4% 109 277	
8. Patient satisfaction rate (FHC facilities) Numerator Denominator	Annual	10 11	%	83.3% 2 850 3 423	87.4% 4 236 4 845	77.7% 31 363 40 349	81.5% 26 349 32 334	82.4% 29 104 35 306	83.8% 29 720 35 469	84.7% 30 213 35 665	
9. OHI registration visit coverage (annualised) Numerator Denominator	Quarterly	12 13	%	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 - -	
10. Number of districts with fully fledged district clinical specialist teams (DCSTs) Element	Quarterly	14	No	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	
11. FHC utilisation rate (annualised) Numerator Denominator	Quarterly	15 16	No	2.7 15 535 613 5 792 096	2.5 14 792 882 5 904 017	2.4 14 336 969 6 016 926	2.3 14 251 726 6 130 791	2.3 14 375 878 6 245 836	2.3 14 524 796 6 362 257	2.3 14 646 786 6 478 871	
12. Complaint resolution rate (FHC facilities) Numerator Denominator	Quarterly	17 18	%	80.6% 332 412	92.4% 716 775	93.5% 1 455 1 556	93.4% 1 828 1 957	93.7% 1 858 1 982	93.6% 1 886 2 015	93.8% 1 923 2 049	
13. Complaint resolution within 25 working days rate (FHC facilities) Numerator Denominator	Quarterly	19 17	%	75.9% 252 332	84.6% 606 716	93.1% 1 354 1 455	92.9% 1 699 1 828	93.7% 1 741 1 858	93.7% 1 768 1 886	93.9% 1 805 1 923	
ADDITIONAL PROVINCIAL INDICATORS											
14. FHC utilisation rate under 5 years (annualised) Numerator Denominator	Quarterly	20 21	No	4.5 2 427 241 535 722	4.2 2 217 431 534 091	4.0 2 147 046 532 097	4.0 2 122 328 528 578	4.1 2 136 899 523 745	4.2 2 164 118 518 727	4.3 2 190 976 515 433	
15. Provincial FHC expenditure per uninsured person in 2013/14 Rand Numerator Denominator	Quarterly	22 24	R	R 625 2 705 642 037 4 332 449	R 628 2 773 507 605 4 416 165	R 602 2 711 390 918 4 500 621	R 605 2 773 170 835 4 585 791	R 601 2 808 642 364 4 671 844	R 590 2 805 514 106 4 758 926	R 575 2 788 956 207 4 846 153	
16. Provincial FHC expenditure per uninsured person Numerator Denominator	Quarterly	23 24	R	R 556 2 409 695 382 4 332 449	R 585 2 584 588 000 4 416 165	R 602 2 711 390 918 4 500 621	R 657 3 012 448 000 4 585 791	R 704 3 290 814 000 4 671 844	R 732 3 484 588 000 4 758 926	R 756 3 665 124 000 4 846 153	

Notes

Indicator 2 & 3: Awaiting guidelines from the National Department of Health to provide detail on the consultation fora that should be established.

Indicator 6: The implementation of the ideal clinic dashboard has been delayed until the report from the Ideal Clinic

Laboratory is finalised and a feasibility study has been conducted. In the interim, the Western Cape will continue to focus on conducting national core standard self-assessments and implementing quality improvement plans based on the results.

Indicator 7: Patient satisfaction surveys are not being conducted by facilities that fall under the authority of the City of Cape Town. In some rural districts (Cape Winelands and West Coast), the surveys have not been rolled out to all fixed PHC facilities and are only conducted at community day centres.

Indicator 9 & 10: These indicators are prescribed by the National Department of Health based on the outreach team-model. However, a different model is being implemented in the Western Cape and the Province is therefore not able to set targets for these national indicators. These indicators are prescribed by the National Department of Health based on the outreach team-model. However, a different model is being implemented in the Western Cape and the Province is therefore not able to set targets for these national indicators. The province has a system where general specialists appointed at regional hospitals support and strengthen the district health system (DHS). A range of family physicians within the DHS embed clinical governance.

Indicator ID 10: Whilst every district has clinical specialists supporting and strengthening it, its formulation is dictated by system need and not necessarily aligned to the DCTS definition and composition.

QUARTERLY TARGETS FOR 2015/16

Table B.13: Quarterly targets for District Health Services for 2015/16 [DHS 5]

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets				
			2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
SECTOR SPECIFIC INDICATORS								
1. Number of districts piloting NHI interventions	Element 1	Annual	1	0	0	0	0	1
2. Establish NHI consultation fora	Element 2	Annual	0	0	0	0	0	0
3. Number of districts consulted by NHI consultative fora	Element 3	Annual	0	0	0	0	0	0
4. National core standards self-assessment rate (PHC facilities)	Numerator 4 Denominator 5	Quarterly	69.7%	7.6%	15.2%	23.1%	23.8%	
			193 277	21 277	42 277	64 277	66 277	
5. Quality improvement plan after self-assessment rate (PHC facilities)	Numerator 6 Denominator 4	Quarterly	88.5%	90.5%	90.5%	87.5%	87.9%	
			171 193	19 21	38 42	56 64	58 66	
6. Percentage of fixed PHC facilities scoring above 80% on the ideal clinic dashboard	Numerator 7 Denominator 8	Quarterly	Implementation delayed	Implementation delayed	Implementation delayed	Implementation delayed	Implementation delayed	
			- -	- -	- -	- -	- -	
7. Patient satisfaction survey rate (PHC facilities)	Numerator 9 Denominator 5	Quarterly	39.4%	4.3%	8.7%	13.0%	13.4%	
			109 277	12 277	24 277	36 277	37 277	
8. Patient satisfaction rate (PHC facilities)	Numerator 10 Denominator 11	Annual	82.4%	0	0	0	82.4%	
			29 104 35 306	0 0	0 0	0 0	29 104 35 306	
9. OHI registration visit coverage (annualised)	Numerator 12 Denominator 13	Quarterly	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	
			- -	- -	- -	- -	- -	
10. Number of districts with fully fledged district clinical specialist teams (DCSTs)	Element 14	Quarterly	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	
11. PHC utilisation rate (annualised)	Numerator 15 Denominator 16	Quarterly	2.3	2.3	2.3	2.3	2.3	
			14 375 878 6 245 836	3 642 578 1 561 459	3 645 871 1 561 459	3 536 473 1 561 459	3 550 956 1 561 459	
12. Complaint resolution rate (PHC facilities)	Numerator 17 Denominator 18	Quarterly	93.7%	93.8%	93.8%	93.7%	93.7%	
			1 858 1 982	380 405	424 452	487 520	567 605	
13. Complaint resolution within 25 working days rate (PHC facilities)	Numerator 19 Denominator 17	Quarterly	93.7%	93.7%	93.6%	93.8%	93.7%	
			1 741 1 858	356 380	397 424	457 487	531 567	
ADDITIONAL PROVINCIAL INDICATORS								
14. PHC utilisation rate under 5 years (annualised)	Numerator 20 Denominator 21	Quarterly	4.1	4.1	4.1	4.0	4.0	
			2 136 899 523 745	541 450 130 936	541 940 130 936	525 678 130 936	527 831 130 937	
15. Provincial PHC expenditure per uninsured person in 2013/14 Rand	Numerator 22 Denominator 24	Quarterly	R 601	R 582	R 611	R 614	R 598	
			2 808 642 364 4 671 844	679 276 882 1 167 961	713 822 965 1 167 961	717 157 032 1 167 961	698 385 485 1 167 961	
16. Provincial PHC expenditure per uninsured person	Numerator 23 Denominator 24	Quarterly	R 704	R 681	R 716	R 719	R 701	
			3 290 814 000 4 671 844	795 891 247 1 167 961	836 368 003 1 167 961	840 274 444 1 167 961	818 280 306 1 167 961	

Notes

- Indicator 6: The implementation of the ideal clinic dashboard has been delayed until the report from the Ideal Clinic Laboratory is finalised and a feasibility study has been conducted. In the interim, the Western Cape will continue to focus on conducting national core standard self-assessments and implementing quality improvement plans based on the results.
- Indicator 7: A Departmental decision was made that PSS will be completed by the third quarter so that we have the reports ready to be captured on SINJANI. Thus doing the majority of PSS in Q4 is not in keeping. The same should apply to all tables in all service programmes.
- Indicator 9 & 10: These indicators are prescribed by the National Department of Health based on the outreach team-model. However, a different model is being implemented in the Western Cape and the Province is therefore not able to set targets for these national indicators. The province has a system where general specialists appointed at regional hospitals support and strengthen the district health system (DHS). A range of family physicians within the DHS embed clinical governance.
- Indicator ID 10: Whilst every district has clinical specialists supporting and strengthening it, its formulation is dictated by system need and not necessarily aligned to the DCTS definition and composition.

10.6. District Hospitals

SITUATIONAL ANALYSIS INDICATORS

Table B.14: Data Elements for Situation Analysis Indicators

Source	Data Element	Element ID	Province wide value	Cape Town District	Cape Winelands District	Central Karoo District	Eden District	Overberg District	West Coast District
			2013/14	2013/14	2013/14	2013/14	2013/14	2013/14	2013/14
SINJANI	Number of district hospitals	2	34	9	4	4	6	4	7
SINJANI	Hospitals that conducted a national core standards self-assessment during the financial year (district hospitals)	3	16	3	2	4	1	4	2
SINJANI	Hospitals that developed a quality improvement plan during the financial year (district hospitals)	4	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
DHS - NCS system	Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards (district hospitals)	5	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
SINJANI	Hospitals that conducted a patient satisfaction survey during the financial year (district hospitals)	6	24	6	3	2	5	4	4
SINJANI	Questionnaires with 1 or 2 recorded for pleased with treatment (district hospitals)	7	8 334	3 358	494	187	1 480	1 497	1 318
SINJANI	Questionnaires with answer provided for pleased with treatment (district hospitals)	8	9 260	3 831	588	216	1 637	1 612	1 376
SINJANI	Patient days (Inpatient days + 1/2 Day patients) (district hospitals)	9	863 755	478 457	71 409	31 813	120 545	53 834	107 698
SINJANI	Inpatient separations (district hospitals)	10	271 963	136 286	26 268	10 378	39 932	19 704	39 395
SINJANI	Inpatient bed days available (Usable beds total x 30.42) (district hospitals)	11	973 562	490 462	93 815	43 805	144 556	71 487	129 437
SINJANI	Mental health admissions (district hospitals)	12	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
BAS	Expenditure in district hospitals (sub-programme 2.9)	13	2 210 739 273	1 357 046 674	162 188 610	73 524 910	265 725 969	123 479 731	228 773 379
SINJANI	OPD headcount (district hospitals)	14	852 631	455 725	70 921	38 785	101 593	56 144	129 463
SINJANI	Emergency headcount (district hospitals)	15	444 530	250 206	48 047	4 887	73 936	38 589	28 865
SINJANI	Patient day equivalent (PDE) (district hospitals)	16	1 296 142	713 767	111 065	46 370	179 054	85 412	160 474
SINJANI	Complaints resolved (district hospitals)	17	976	545	50	23	137	178	43
SINJANI	Complaints received (district hospitals)	18	1 039	589	53	25	137	182	53
SINJANI	Complaints resolved within 25 working days (district hospitals)	19	883	499	43	14	112	175	40
BAS	Expenditure in district hospitals expressed in 2013/14 Rand (sub-programme 2.9)	20	2 210 739 273	1 357 046 674	162 188 610	73 524 910	265 725 969	123 479 731	228 773 379
SINJANI	Mortality and morbidity reviews conducted per discipline (district hospitals)	21	319	91	47	32	60	43	46
SINJANI	Possible mortality and morbidity reviews (district hospitals) X number of disciplines within district hospitals	22	340	90	40	40	60	40	70

Notes

- Element ID 21: District hospitals are deemed to have one discipline and during 2013/14 it was agreed that 10 morbidity and mortality reviews should be held for each discipline. Therefore, during 2013/14, planned morbidity and mortality reviews were calculated as number of district hospitals x 10.

Table B.15: Situation analysis indicators for District Hospitals [DHS 6]

Programme performance indicator	Frequency	Data source / Element ID	Type	Province wide value	Cape Town District	Cape Winelands District	Central Karoo District	Eden District	Overberg District	West Coast District
				2013/14	2013/14	2013/14	2013/14	2013/14	2013/14	2013/14
SECTOR SPECIFIC INDICATORS										
1. National core standards self-assessment rate (district hospitals)	Quarterly		%	47.1%	33.3%	50.0%	100.0%	16.7%	100.0%	28.6%
Numerator		3		16	3	2	4	1	4	2
Denominator		2		34	9	4	4	6	4	7
2. Quality improvement plan after self-assessment rate (district hospitals)	Quarterly		%	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
Numerator		4		-	-	-	-	-	-	-
Denominator		3		16	3	2	4	1	4	2
3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards (district hospitals)	Quarterly		%	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
Numerator		5		-	-	-	-	-	-	-
Denominator		3		16	3	2	4	1	4	2
4. Patient satisfaction survey rate (district hospitals)	Quarterly		%	70.6%	66.7%	75.0%	50.0%	83.3%	100.0%	57.1%
Numerator		6		24	6	3	2	5	4	4
Denominator		2		34	9	4	4	6	4	7
5. Patient satisfaction rate (district hospitals)	Annual		%	90.0%	87.7%	84.0%	86.6%	90.4%	92.9%	95.8%
Numerator		7		8 334	3 358	494	187	1 480	1 497	1 318
Denominator		8		9 260	3 831	588	216	1 637	1 612	1 376
6. Average length of stay (district hospitals)	Quarterly		Days	3.2	3.5	2.7	3.1	3.0	2.7	2.7
Numerator		9		863 755	478 457	71 409	31 813	120 545	53 834	107 698
Denominator		10		271 963	136 286	26 268	10 378	39 932	19 704	39 395
7. Inpatient bed utilisation rate (district hospitals)	Quarterly		%	88.7%	97.6%	76.1%	72.6%	83.4%	75.3%	83.2%
Numerator		9		863 755	478 457	71 409	31 813	120 545	53 834	107 698
Denominator		11		973 562	490 462	93 815	43 805	144 556	71 487	129 437
8. Mental health admission rate (district hospitals)	Quarterly		%	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
Numerator		12		-	-	-	-	-	-	-
Denominator		10		271 963	136 286	26 268	10 378	39 932	19 704	39 395
9. Expenditure per PDE (district hospitals)	Quarterly		R	R 1 706	R 1 901	R 1 460	R 1 586	R 1 484	R 1 446	R 1 426
Numerator		13		2 210 739 273	1 357 046 674	162 188 610	73 524 910	265 725 969	123 479 731	228 773 379
Denominator		16		1 296 142	713 767	111 065	46 370	179 054	85 412	160 474
10. Complaint resolution rate (district hospitals)	Quarterly		%	93.9%	92.5%	94.3%	92.0%	100.0%	97.8%	81.1%
Numerator		17		976	545	50	23	137	178	43
Denominator		18		1 039	589	53	25	137	182	53
11. Complaint resolution within 25 working days rate (district hospitals)	Quarterly		%	90.5%	91.6%	86.0%	60.9%	81.8%	98.3%	93.0%
Numerator		19		883	499	43	14	112	175	40
Denominator		17		976	545	50	23	137	178	43
ADDITIONAL PROVINCIAL INDICATORS										
12. Expenditure per PDE in 2013/14 Rand (district hospitals)	Quarterly		R	R 1 706	R 1 901	R 1 460	R 1 586	R 1 484	R 1 446	R 1 426
Numerator		20		2 210 739 273	1 357 046 674	162 188 610	73 524 910	265 725 969	123 479 731	228 773 379
Denominator		16		1 296 142	713 767	111 065	46 370	179 054	85 412	160 474
13. Mortality and morbidity review rate (district hospitals)	Quarterly		%	93.8%	101.1%	117.5%	80.0%	100.0%	107.5%	65.7%
Numerator		21		319	91	47	32	60	43	46
Denominator		22		340	90	40	40	60	40	70

STRATEGIC OBJECTIVES - ANNUAL TARGETS

Table B.16: Data elements with actual and projected performance values for District Hospitals

Source	Data Element	Element ID	Audited / Actual performance			Estimated performance	Medium term targets		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
SINJANI	Actual (usable) beds (district hospitals)	1	2 477	2 657	2 684	2 834	2 905	2 905	2 905
SINJANI	Number of district hospitals	2	34	34	34	34	34	34	34
SINJANI	Hospitals that conducted a national core standards self-assessment during the financial year (district hospitals)	3	24	7	16	27	34	34	34
SINJANI	Hospitals that developed a quality improvement plan during the financial year (district hospitals)	4	Not required to report	Not required to report	Not required to report	19	34	34	34
DHS - NCS system	Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards (district hospitals)	5	Not required to report	Not required to report	Not required to report	7	13	24	29
SINJANI	Hospitals that conducted a patient satisfaction survey during the financial year (district hospitals)	6	31	33	24	32	34	34	34
SINJANI	Questionnaires with 1 or 2 recorded for pleased with treatment (district hospitals)	7	6 863	7 173	8 334	9 203	9 552	9 656	9 774
SINJANI	Questionnaires with answer provided for pleased with treatment (district hospitals)	8	8 165	8 244	9 260	10 307	10 640	10 697	10 802
SINJANI	Patient days (Inpatient days + 1/2 Day patients) (district hospitals)	9	766 201	842 491	863 755	856 667	921 925	935 958	949 965
SINJANI	Inpatient separations (district hospitals)	10	246 329	260 187	271 963	282 687	300 559	305 874	312 088
SINJANI	Inpatient bed days available (Usable beds total x 30.42) (district hospitals)	11	904 204	961 941	973 562	1 034 523	1 060 441	1 060 441	1 060 441
SINJANI	Mental health admissions (district hospitals)	12	Not required to report	Not required to report	Not required to report	4 488	4 850	4 856	4 860
BAS	Expenditure in district hospitals (sub-programme 2.9)	13	1 673 529 000	2 018 179 000	2 210 739 273	2 501 660 000	2 695 525 000	2 836 671 000	2 982 150 000
SINJANI	OPD headcount (district hospitals)	14	921 914	878 760	852 631	810 604	826 857	841 353	856 845
SINJANI	Emergency headcount (district hospitals)	15	328 266	405 856	444 530	515 551	565 648	576 607	588 218
SINJANI	Patient day equivalent (PDE) (district hospitals)	16	1 182 929	1 270 696	1 296 142	1 298 719	1 386 094	1 408 611	1 431 653
SINJANI	Complaints resolved (district hospitals)	17	519	863	976	1 148	1 179	1 200	1 227
SINJANI	Complaints received (district hospitals)	18	620	937	1 039	1 219	1 253	1 277	1 301
SINJANI	Complaints resolved within 25 working days (district hospitals)	19	436	736	883	1 081	1 103	1 126	1 173
BAS	Expenditure in district hospitals expressed in 2013/14 Rand (sub-programme 2.9)	20	1 879 063 704	2 165 697 126	2 210 739 273	2 302 954 458	2 300 575 392	2 283 862 685	2 269 250 850
SINJANI	Mortality and morbidity reviews conducted per discipline (district hospitals)	21	Not required to report	Not required to report	319	328	341	345	346
SINJANI	Possible mortality and morbidity reviews (district hospitals) X number of disciplines within district hospitals	22	Not required to report	Not required to report	340	386	386	386	386

Notes

- Element ID 4: There are about 22 extreme measures and 100 vital measures against which facilities are assessed. Compliance means 100% compliance with all extreme measures and 90% of the vital measures.
- Element ID 13: The OPD figure reported in the 2013/14 Annual Report reflected the sum of the OPD and emergency headcount at district hospitals. This figure was changed to reflect only the OPD headcount.
- Element ID 21: District hospitals are deemed to have one discipline, therefore planned morbidity and mortality reviews are calculated as number of district hospitals x 12. However, during 2013/14 it was agreed that 10 morbidity and mortality meetings should be held for each discipline and consequently the number of planned meetings for the year was calculated 34 x 10 = 340.

Table B.17: Provincial strategic objectives and annual targets for District Hospitals [DHS 7]

Note: No provincial strategic objectives specified for District Hospitals

PERFORMANCE INDICATORS AND ANNUAL TARGETS

Table B.18: Performance indicators for District Hospitals [DHS 8]

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
SECTOR SPECIFIC INDICATORS										
1. National core standards self-assessment rate (district hospitals)	Quarterly		%	70.6%	20.6%	47.1%	79.4%	100.0%	100.0%	100.0%
Numerator		3		24	7	16	27	34	34	34
Denominator		2		34	34	34	34	34	34	34
2. Quality improvement plan after self-assessment rate (district hospitals)	Quarterly		%	Not required to report	Not required to report	Not required to report	70.4%	100.0%	100.0%	100.0%
Numerator		4		-	-	-	19	34	34	34
Denominator		3		24	7	16	27	34	34	34
3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards (district hospitals)	Quarterly		%	Not required to report	Not required to report	Not required to report	25.9%	38.2%	70.6%	85.3%
Numerator		5		-	-	-	7	13	24	29
Denominator		3		24	7	16	27	34	34	34
4. Patient satisfaction survey rate (district hospitals)	Quarterly		%	91.2%	97.1%	70.6%	94.1%	100.0%	100.0%	100.0%
Numerator		6		31	33	24	32	34	34	34
Denominator		2		34	34	34	34	34	34	34
5. Patient satisfaction rate (district hospitals)	Annual		%	84.1%	87.0%	90.0%	89.3%	89.8%	90.3%	90.5%
Numerator		7		6 863	7 173	8 334	9 203	9 552	9 656	9 774
Denominator		8		8 165	8 244	9 260	10 307	10 640	10 697	10 802
6. Average length of stay (district hospitals)	Quarterly		Days	3.1	3.2	3.2	3.0	3.1	3.1	3.0
Numerator		9		766 201	842 491	863 755	856 667	921 925	935 958	949 965
Denominator		10		246 329	260 187	271 963	282 687	300 559	305 874	312 088
7. Inpatient bed utilisation rate (district hospitals)	Quarterly		%	84.7%	87.6%	88.7%	82.8%	86.9%	88.3%	89.6%
Numerator		9		766 201	842 491	863 755	856 667	921 925	935 958	949 965
Denominator		11		904 204	961 941	973 562	1 034 523	1 060 441	1 060 441	1 060 441
8. Mental health admission rate (district hospitals)	Quarterly		%	Not required to report	Not required to report	Not required to report	1.6%	1.6%	1.6%	1.6%
Numerator		12		-	-	-	4 488	4 850	4 856	4 860
Denominator		10		246 329	260 187	271 963	282 687	300 559	305 874	312 088
9. Expenditure per PDE (district hospitals)	Quarterly		R	R 1 415	R 1 588	R 1 706	R 1 926	R 1 945	R 2 014	R 2 083
Numerator		13		1 673 529 000	2 018 179 000	2 210 739 273	2 501 660 000	2 695 525 000	2 836 671 000	2 982 150 000
Denominator		16		1 182 929	1 270 696	1 296 142	1 298 719	1 386 094	1 408 611	1 431 653
10. Complaint resolution rate (district hospitals)	Quarterly		%	83.7%	92.1%	93.9%	94.2%	94.1%	94.0%	94.3%
Numerator		17		519	863	976	1 148	1 179	1 200	1 227
Denominator		18		620	937	1 039	1 219	1 253	1 277	1 301
11. Complaint resolution within 25 working days rate (district hospitals)	Quarterly		%	84.0%	85.3%	90.5%	94.2%	93.5%	93.8%	95.6%
Numerator		19		436	736	883	1 081	1 103	1 126	1 173
Denominator		17		519	863	976	1 148	1 179	1 200	1 227
ADDITIONAL PROVINCIAL INDICATORS										
12. Expenditure per PDE in 2013/14 Rand (district hospitals)	Quarterly		R	R 1 588	R 1 704	R 1 706	R 1 773	R 1 660	R 1 621	R 1 585
Numerator		20		1 879 063 704	2 165 697 126	2 210 739 273	2 302 954 458	2 300 575 392	2 283 862 685	2 269 250 850
Denominator		16		1 182 929	1 270 696	1 296 142	1 298 719	1 386 094	1 408 611	1 431 653
13. Mortality and morbidity review rate (district hospitals)	Quarterly		%	Not required to report	Not required to report	93.8%	85.0%	88.3%	89.4%	89.6%
Numerator		21		-	-	319	328	341	345	346
Denominator		22		-	-	340	386	386	386	386

Notes

Indicator 3: There are about 22 extreme measures and 100 vital measures against which facilities are assessed. Compliance means 100% compliance with all extreme measures and 90% of the vital measures. Certain extreme and vital measures deal with issues that require a longer time-frame to address, e.g. infrastructure, budget, capacity and processes that is beyond the control of facility management.

Indicator 13: District hospitals are deemed to have one discipline, therefore planned morbidity and mortality reviews are calculated as number of district hospitals x 12. However, during 2013/14 it was agreed that 10 morbidity and mortality meetings should be held for each discipline and consequently the number of planned meetings for the year was calculated as 34 x 10 = 340. Several of the bigger district hospitals conducted 11 or 12 meetings during the year (i.e. 2013/14), which resulted in rates of more than 100%.

QUARTERLY TARGETS FOR 2015/16

Table B.19: Data Elements for Situation Analysis Indicators

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets			
			2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4
SECTOR SPECIFIC INDICATORS							
1. National core standards self-assessment rate (district hospitals)		Quarterly	100.0%	11.8%	20.6%	32.4%	35.3%
	Numerator	3	34	4	7	11	12
	Denominator	2	34	34	34	34	34
2. Quality improvement plan after self-assessment rate (district hospitals)		Quarterly	100.0%	100.0%	100.0%	100.0%	100.0%
	Numerator	4	34	4	7	11	12
	Denominator	3	34	4	7	11	12
3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards (district hospitals)		Quarterly	38.2%	25.0%	42.9%	36.4%	41.7%
	Numerator	5	13	1	3	4	5
	Denominator	3	34	4	7	11	12
4. Patient satisfaction survey rate (district hospitals)		Quarterly	100.0%	11.8%	20.6%	32.4%	35.3%
	Numerator	6	34	4	7	11	12
	Denominator	2	34	34	34	34	34
5. Patient satisfaction rate (district hospitals)		Annual	89.8%				89.8%
	Numerator	7	9 552	0	0	0	9 552
	Denominator	8	10 640	0	0	0	10 640
6. Average length of stay (district hospitals)		Quarterly	3.1	3.1	3.1	3.0	3.1
	Numerator	9	921 925	231 278	231 685	223 440	235 523
	Denominator	10	300 559	73 685	75 207	75 067	76 600
7. Inpatient bed utilisation rate (district hospitals)		Quarterly	86.9%	87.2%	87.4%	84.3%	88.8%
	Numerator	9	921 925	231 278	231 685	223 440	235 523
	Denominator	11	1 060 441	265 110	265 110	265 110	265 111
8. Mental health admission rate (district hospitals)		Quarterly	1.6%	1.6%	1.6%	1.6%	1.6%
	Numerator	12	4 850	1 189	1 214	1 211	1 236
	Denominator	10	300 559	73 685	75 207	75 067	76 600
9. Expenditure per PDE (district hospitals)		Quarterly	R 1 945	R 1 883	R 1 995	R 1 929	R 1 971
	Numerator	13	2 695 525 000	646 901 328	689 267 213	661 427 187	697 929 272
	Denominator	16	1 386 094	343 590	345 517	342 848	354 139
10. Complaint resolution rate (district hospitals)		Quarterly	94.1%	94.1%	94.1%	94.1%	94.1%
	Numerator	17	1 179	201	320	312	346
	Denominator	18	1 253	213	340	332	368
11. Complaint resolution within 25 working days rate (district hospitals)		Quarterly	93.5%	93.6%	93.6%	93.6%	93.6%
	Numerator	19	1 103	188	299	292	324
	Denominator	17	1 179	201	320	312	346
ADDITIONAL PROVINCIAL INDICATORS							
12. Expenditure per PDE in 2013/14 Rand (district hospitals)		Quarterly	R 1 660	R 1 607	R 1 703	R 1 647	R 1 682
	Numerator	20	2 300 575 392	552 117 037	588 275 452	564 514 560	595 668 342
	Denominator	16	1 386 094	343 590	345 517	342 848	354 139
13. Mortality and morbidity review rate (district hospitals)		Quarterly	88.3%	87.6%	87.6%	87.6%	90.5%
	Numerator	21	341	85	85	85	86
	Denominator	22	386	97	97	97	95

10.7. HIV/Aids, STI's and Tuberculosis (HAST)

SITUATIONAL ANALYSIS INDICATORS

Table B.20: Data Elements for Situation Analysis Indicators

Source	Data Element	Element ID	Province wide value	Cape Town District	Cape Winelands District	Central Karoo District	Eden District	Overberg District	West Coast District
			2013/14	2013/14	2013/14	2013/14	2013/14	2013/14	2013/14
ETR.net	All TB cases treatment success (outcome cohort)	1	37 560	23 062	5 518	500	3 930	1 750	2 800
ETR.net	All TB cases (outcome cohort)	2	45 425	27 598	7 130	621	4 399	2 138	3 539
Tier.net / iKapa	ART clients retained in care after 12 months	3	20 379	13 609	2 780	174	1 968	802	1 046
Tier.net / iKapa	ART clients initiated on treatment (12 month cohort)	4	28 180	18 098	4 248	252	2 969	1 063	1 550
Tier.net / iKapa	ART clients retained in care after 48 months	5	8 477	5 811	1 136	82	810	325	313
Tier.net / iKapa	ART clients initiated on treatment (48 month cohort)	6	15 485	9 631	2 659	105	1 958	486	646
SINJANI	Clients remaining on ART at the end of the reporting period (children and adults)	7	156 703	114 331	17 129	1 154	12 592	6 060	5 437
SINJANI	Client tested for HIV (including ANC)	8	1 069 977	658 274	127 524	13 840	124 300	57 338	88 701
SINJANI	Client 5 years and older screened for TB symptoms	9	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
SINJANI	PHC headcount 5 years and older	10	12 189 923	8 191 364	1 367 406	162 679	1 229 539	560 086	678 849
SINJANI	Male condoms distributed	11	127 606 318	90 486 717	14 642 181	851 580	10 362 366	4 708 078	6 555 396
StatsSA (Circular H28 of 2014)	Male population 15 years and older	12	2 160 523	1 393 847	286 073	24 377	207 248	101 396	147 582
SINJANI	Female condoms distributed	13	2 852 235	2 288 151	240 304	30 453	114 482	29 318	149 527
StatsSA (Circular H28 of 2014)	Female population 15 years and older	14	2 274 720	1 447 155	305 435	27 508	227 909	101 724	164 989
SINJANI	Medical male circumcisions (MMCs) conducted	15	16 602	5 302	3 134	442	4 425	2 225	1 074
ETR.net	New TB cases treatment success (outcome cohort)	16	11 720	6 601	1 798	195	1 507	608	1 011
ETR.net	New TB cases (outcome cohort)	17	13 805	7 636	2 238	225	1 736	718	1 252
ETR.net	New TB cases defaulted (outcome cohort)	18	1 103	599	177	14	137	48	128
ETR.net	New TB clients died during treatment (outcome cohort)	19	401	213	74	9	41	20	44
EDRWeb	TB MDR confirmed client start on treatment (case finding cohort)	20	1 037	750	48	0	119	28	92
EDRWeb	TB MDR confirmed client (case finding cohort)	21	Data system to be established with NHLS	Data system to be established with NHLS	Data system to be established with NHLS	Data system to be established with NHLS	Data system to be established with NHLS	Data system to be established with NHLS	Data system to be established with NHLS
EDRWeb	TB MDR client successfully treated (outcome cohort)	22	352	247	44	0	36	16	9
EDRWeb	TB MDR confirmed client start on treatment (outcome cohort)	23	1 076	796	121	0	73	25	61

Notes

Element ID 16 - 19: Historical information was updated to reflect revised information from the ETR.net

Element ID 21: Data is not routinely available from the National Health Laboratory Services (NHLS) in a format that can be easily processed by the Department. A system must be developed and agreed with the NHLS to obtain data in a usable format, i.e. in line with the information systems used by the Department of Health.

Element ID 23: 2013/14 reports on the outcomes for the cohort of patients who started their treatment during 2010. The EDRWeb database only extends back to 2010.

Table B.21: Situation Analysis Indicators for HAST [DHS 10]

Programme performance indicator	Frequency	Data source / Element ID	Type	Province wide value	Cape Town District	Cape Winelands District	Central Karoo District	Eden District	Overberg District	West Coast District
				2013/14	2013/14	2013/14	2013/14	2013/14	2013/14	2013/14
SECTOR SPECIFIC INDICATORS										
1. Total clients remaining on ART (TROA) Element	Quarterly	7	No	156 703	114 331	17 129	1 154	12 592	6 060	5 437
2. Client tested for HIV (including ANC) Element	Quarterly	8	No	1 069 977	658 274	127 524	13 840	124 300	57 338	88 701
3. TB symptom 5 years and older screened rate Numerator	Quarterly	9	%	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
Denominator		10		12 189 923	8 191 364	1 367 406	162 679	1 229 539	560 086	678 849
4. Male condom distribution rate (annualised) Numerator	Quarterly	11	No	59.1	64.9	51.2	34.9	50.0	46.4	44.4
Denominator		12		127 606 318	90 486 717	14 642 181	851 580	10 362 366	4 708 078	6 555 396
5. Female condom distribution rate (annualised) Numerator	Quarterly	13	No	1.3	1.6	0.8	1.1	0.5	0.3	0.9
Denominator		14		2 852 235	2 288 151	240 304	30 453	114 482	29 318	149 527
6. Medical male circumcision performed - total Element	Quarterly	15	No	16 602	5 302	3 134	442	4 425	2 225	1 074
7. TB new client treatment success rate Numerator	Quarterly	16	%	84.9%	86.4%	80.3%	86.7%	86.8%	84.7%	80.8%
Denominator		17		11 720	6 601	1 798	195	1 507	608	1 011
8. TB client lost to follow up rate Numerator	Quarterly	18	%	8.0%	7.8%	7.9%	6.2%	7.9%	6.7%	10.2%
Denominator		17		1 103	599	177	14	137	48	128
9. TB death rate Numerator	Quarterly	19	%	2.9%	2.8%	3.3%	4.0%	2.4%	2.8%	3.5%
Denominator		17		401	213	74	9	41	20	44
10. TB MDR confirmed treatment initiation rate Numerator	Quarterly	20	%	1 037	750	48	0	119	28	92
Denominator		21		Data system to be established with NHLS	Data system to be established with NHLS	Data system to be established with NHLS	Data system to be established with NHLS	Data system to be established with NHLS	Data system to be established with NHLS	Data system to be established with NHLS
11. TB MDR treatment success rate Numerator	Quarterly	22	%	32.7%	31.0%	36.4%	0	49.3%	64.0%	14.8%
Denominator		23		352	247	44	0	36	16	9
				1 076	796	121	0	73	25	61

Notes

Indicator 7 - 9: Historical information was updated to reflect revised information from the ETR.net

Indicator 10: Data is not routinely available from the National Health Laboratory Services (NHLS) in a format that can be easily processed by the Department. A system must be developed and agreed with the NHLS to obtain data in a usable format, i.e. in line with the information systems used by the Department of Health.

Indicator 11: 2013/14 reports on the outcomes for the cohort of patients who started their treatment during 2010. The EDRWeb database only extends back to 2010.

STRATEGIC OBJECTIVES - ANNUAL TARGETS

Table B.22: Data Elements with Actual and Projected Performance Values for HAST

Source	Data Element	Element ID	Audited / Actual performance			Estimated performance	Medium term targets		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
ETR.net	All TB cases treatment success (outcome cohort)	1	40 537	39 443	37 560	36 561	37 987	38 221	38 721
ETR.net	All TB cases (outcome cohort)	2	49 230	47 680	45 425	44 818	45 967	46 336	46 684
Tier.net / iKapa	ART clients retained in care after 12 months	3	15 644	18 603	20 379	24 226	27 994	28 768	29 804
Tier.net / iKapa	ART clients initiated on treatment (12 month cohort)	4	20 026	25 142	28 180	33 656	34 893	35 000	35 000
Tier.net / iKapa	ART clients retained in care after 48 months	5	5 269	5 683	8 477	9 639	16 449	18 659	24 328
Tier.net / iKapa	ART clients initiated on treatment (48 month cohort)	6	8 581	9 878	15 485	18 508	25 154	27 716	34 643
SINJANI	Clients remaining on ART at the end of the reporting period (children and adults)	7	115 087	134 212	156 703	166 455	188 983	205 983	222 301
SINJANI	Client tested for HIV (including ANC)	8	901 480	934 997	1 069 977	1 089 940	1 103 372	1 106 841	1 110 677
SINJANI	Client 5 years and older screened for TB symptoms	9	Not required to report	Not required to report	Not required to report	308 844	383 882	427 698	472 733
SINJANI	PHC headcount 5 years and older	10	13 108 372	12 575 451	12 189 923	12 129 398	12 238 979	12 360 677	12 455 811
SINJANI	Male condoms distributed	11	102 346 532	113 929 651	127 606 318	127 305 160	130 893 367	133 820 488	136 898 788
StatsSA (Circular H28 of 2014)	Male population 15 years and older	12	2 053 050	2 106 076	2 160 523	2 216 129	2 272 522	2 330 401	2 386 855
SINJANI	Female condoms distributed	13	1 516 976	1 863 238	2 852 235	3 063 347	3 167 181	3 245 772	3 329 281
StatsSA (Circular H28 of 2014)	Female population 15 years and older	14	2 172 634	2 222 922	2 274 720	2 327 868	2 382 174	2 438 152	2 495 397
SINJANI	Medical male circumcisions (MMCs) conducted	15	Not required to report	Not required to report	16 602	21 986	22 899	23 560	24 212
ETR.net	New TB cases treatment success (outcome cohort)	16	12 742	12 438	11 720	11 226	11 748	12 238	12 702
ETR.net	New TB cases (outcome cohort)	17	15 094	14 387	13 805	13 429	13 893	14 386	14 835
ETR.net	New TB cases defaulted (outcome cohort)	18	1 021	1 021	1 103	1 078	1 017	992	961
ETR.net	New TB clients died during treatment (outcome cohort)	19	486	443	401	382	376	352	333
EDRWeb	TB MDR confirmed client start on treatment (case finding cohort)	20	1 069	1 102	1 037	1 143	1 250	1 273	1 310
EDRWeb	TB MDR confirmed client (case finding cohort)	21	Data system to be established with NHLS	Data system to be established with NHLS	Data system to be established with NHLS	Data system to be established with NHLS	Data system to be established with NHLS	Data system to be established with NHLS	Data system to be established with NHLS
EDRWeb	TB MDR client successfully treated (outcome cohort)	22	Not required to report	Not required to report	352	395	475	507	534
EDRWeb	TB MDR confirmed client start on treatment (outcome cohort)	23	Not required to report	Not required to report	1 076	1 069	1 197	1 222	1 123

Notes

Element ID 16 - 19: Historical information was updated to reflect revised information from the ETR.net

Element ID 21: Data is not routinely available from the National Health Laboratory Services (NHLS) in a format that can be easily processed by the Department. A system must be developed and agreed with the NHLS to obtain data in a usable format, i.e. in line with the information systems used by the Department of Health.

Element ID 23: 2014/15 reports on the outcomes for the cohort of patients who started their treatment during 2011. The EDRWeb database only extends back to 2010 when 21 patients were recorded as starting treatment.

Table B.23: Provincial Strategic Objectives and Annual Targets for HAST [DHS 11]

Strategic objective	Programme performance indicator	Data source / Element ID	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
STRATEGIC GOAL: Promote health and wellness.										
1.1 Improve the TB programme success rate.	1.1.1 TB programme success rate		85.0%	82.3%	82.7%	82.7%	81.6%	82.6%	82.5%	82.9%
	Numerator	1	40 800	40 537	39 443	37 560	36 561	37 987	38 221	38 721
	Denominator	2	48 000	49 230	47 680	45 425	44 818	45 967	46 336	46 684
2.1 Improve the proportion of ART clients who remain in care.	2.1.1 ART retention in care after 12 months		85.0%	78.1%	74.0%	72.3%	72.0%	80.2%	82.2%	85.2%
	Numerator	3	29 750	15 644	18 603	20 379	24 226	27 994	28 768	29 804
	Denominator	4	35 000	20 026	25 142	28 180	33 656	34 893	35 000	35 000
	2.1.2 ART retention in care after 48 months		70.0%	61.4%	57.5%	54.7%	52.1%	65.4%	67.3%	70.2%
	Numerator	5	24 500	5 269	5 683	8 477	9 639	16 449	18 659	24 328
	Denominator	6	35 000	8 581	9 878	15 485	18 508	25 154	27 716	34 643

PERFORMANCE INDICATORS AND ANNUAL TARGETS

Table B.24: Performance Indicators for HAST [DHS 12]

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
SECTOR SPECIFIC INDICATORS										
1. Total clients remaining on ART (TROA) Element	Quarterly	7	No	115 087	134 212	156 703	166 455	188 983	205 983	222 301
2. Client tested for HIV (including ANC) Element	Quarterly	8	No	901 480	934 997	1 069 977	1 089 940	1 103 372	1 106 841	1 110 677
3. TB symptom 5 years and older screened rate Numerator Denominator	Quarterly	9 10	%	Not required to report	Not required to report	Not required to report	2.5%	3.1%	3.5%	3.8%
				-	-	-	308 844	383 882	427 698	472 733
4. Male condom distribution rate (annualised) Numerator Denominator	Quarterly	11 12	No	49.9	54.1	59.1	57.4	57.6	57.4	57.4
				102 346 532	113 929 651	127 606 318	127 305 160	130 893 367	133 820 488	136 898 788
5. Female condom distribution rate (annualised) Numerator Denominator	Quarterly	13 14	No	0.7	0.8	1.3	1.3	1.3	1.3	1.3
				1 516 976	1 863 238	2 852 235	3 063 347	3 167 181	3 245 772	3 329 281
6. Medical male circumcision performed - total Element	Quarterly	15	No	Not required to report	Not required to report	16 602	21 986	22 899	23 560	24 212
7. TB new client treatment success rate Numerator Denominator	Quarterly	16 17	%	84.4%	86.5%	84.9%	83.6%	84.6%	85.1%	85.6%
				12 742	12 438	11 720	11 226	11 748	12 238	12 702
8. TB client lost to follow up rate Numerator Denominator	Quarterly	18 17	%	6.8%	7.1%	8.0%	8.0%	7.3%	6.9%	6.5%
				1 021	1 021	1 103	1 078	1 017	992	961
9. TB death rate Numerator Denominator	Quarterly	19 17	%	3.2%	3.1%	2.9%	2.8%	2.7%	2.4%	2.2%
				486	443	401	382	376	352	333
10. TB MDR confirmed treatment initiation rate Numerator Denominator	Quarterly	20 21	%	1 069	1 102	1 037	1 143	1 250	1 273	1 310
				Data system to be established with NHLS	Data system to be established with NHLS	Data system to be established with NHLS	Data system to be established with NHLS	Data system to be established with NHLS	Data system to be established with NHLS	Data system to be established with NHLS
11. TB MDR treatment success rate Numerator Denominator	Quarterly	22 23	%	Not required to report	Not required to report	32.7%	37.0%	39.7%	41.4%	47.6%
				-	-	352	395	475	507	534
				-	-	1 076	1 069	1 197	1 222	1 123

Notes

Indicator 7 - 9: Historical information was updated to reflect revised information from the ETR.net

Indicator 10: Data is not routinely available from the National Health Laboratory Services (NHLS) in a format that can be easily processed by the Department. A system must be developed and agreed with the NHLS to obtain data in a usable format, i.e. in line with the information systems used by the Department of Health.

Indicator 11: 2014/15 reports on the outcomes for the cohort of patients who started their treatment during 2011. The EDRWeb database only extends back to 2010 when 21 patients were recorded as starting treatment.

QUARTERLY TARGETS FOR 2015/16

Table B.25: Quarterly targets for HAST for 2015/16 [DHS 13]

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets				
			2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS								
1.1.1 TB programme success rate	Numerator	1	Quarterly	82.6%	82.6%	82.6%	82.6%	82.6%
	Denominator	2		37 987	9 625	9 634	9 345	9 383
				45 967	11 647	11 658	11 308	11 354
2.1.1 ART retention in care after 12 months	Numerator	3	Annual	80.2%				80.2%
	Denominator	4		27 994	0	0	0	27 994
				34 893	0	0	0	34 893
2.1.2 ART retention in care after 48 months	Numerator	5	Annual	65.4%				65.4%
	Denominator	6		16 449	0	0	0	16 449
				25 154	0	0	0	25 154
SECTOR SPECIFIC INDICATORS								
1. Total clients remaining on ART (TROA)	Element	7	Quarterly	188 983	168 769	176 433	183 318	188 983
2. Client tested for HIV (including ANC)	Element	8	Quarterly	1 103 372	262 768	283 632	282 215	274 758
3. TB symptom 5 years and older screened rate	Numerator	9	Quarterly	3.1%	3.1%	3.1%	3.1%	3.1%
	Denominator	10		383 882	97 268	97 356	94 435	94 822
				12 238 979	3 101 128	3 103 931	3 010 794	3 023 126
4. Male condom distribution rate (annualised)	Numerator	11	Quarterly	57.6	57.6	57.6	57.6	57.6
	Denominator	12		130 893 367	33 165 924	33 195 906	32 199 829	32 331 708
				2 272 522	575 814	576 335	559 041	561 331
5. Female condom distribution rate (annualised)	Numerator	13	Quarterly	1.3	1.3	1.3	1.3	1.3
	Denominator	14		3 167 181	802 504	803 230	779 128	782 319
				2 382 174	603 598	604 144	586 016	588 416
6. Medical male circumcision performed - total	Element	15	Quarterly	22 899	2 061	5 496	5 954	9 388
7. TB new client treatment success rate	Numerator	16	Quarterly	84.6%	84.6%	84.6%	84.6%	84.6%
	Denominator	17		11 748	2 977	2 979	2 890	2 902
				13 893	3 520	3 523	3 418	3 432
8. TB client lost to follow up rate	Numerator	18	Quarterly	7.3%	7.3%	7.3%	7.3%	7.3%
	Denominator	17		1 017	258	258	250	251
				13 893	3 520	3 523	3 418	3 432
9. TB death rate	Numerator	19	Quarterly	2.7%	2.7%	2.7%	2.7%	2.7%
	Denominator	17		376	95	95	92	94
				13 893	3 520	3 523	3 418	3 432
10. TB MDR confirmed treatment initiation rate	Numerator	20	Quarterly	1 250	317	317	308	308
	Denominator	21		Data system to be established w ith NHLS	Data system to be established w ith NHLS	Data system to be established w ith NHLS	Data system to be established w ith NHLS	Data system to be established w ith NHLS
11. TB MDR treatment success rate	Numerator	22	Quarterly	39.7%	39.6%	39.5%	39.8%	39.9%
	Denominator	23		475	120	120	117	118
				1 197	303	304	294	296

10.8. Maternal, Child and Women's Health (NCWH) & Nutrition

SITUATIONAL ANALYSIS INDICATORS

Table B.26: Data elements for situation analysis indicators

Source	Data Element	Element ID	Province wide value	Cape Town District	Cape Wineyards District	Central Karoo District	Eden District	Overberg District	West Coast District
			2013/14	2013/14	2013/14	2013/14	2013/14	2013/14	2013/14
StatsSA	Children under 5 years w ho died (StatsSA)	1	2 981	1 963	416	47	226	129	200
StatsSA	Live births (StatsSA)	2	104 102	71 582	13 303	1 078	9 608	2 837	5 694
SINJANI	Antenatal 1st visits before 20 w eeks	3	60 384	35 369	9 250	811	7 166	3 032	4 756
SINJANI	Antenatal 1st visit total	4	99 069	64 885	12 814	1 204	9 538	4 035	6 593
SINJANI	Mother postnatal visit w ithin 6 days after delivery	5	79 000	68 297	4 847	250	2 701	1 361	1 544
SINJANI	Delivery in facility total	6	95 337	63 042	14 029	1 097	9 254	2 950	4 965
SINJANI	Antenatal client start on ART	7	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
SINJANI	Antenatal client eligible for ART initiation	8	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
SINJANI	Infant 1st PCR test positive around 6 w eeks	9	242	137	24	6	22	16	37
SINJANI	Infant 1st PCR test around 6 w eeks	10	12 617	9 211	1 405	90	968	493	450
SINJANI	Immunised fully under 1 year new	11	89 202	57 549	12 635	993	8 749	3 785	5 491
StatsSA (Circular H28 of 2014)	Population under 1 year	12	105 611	65 005	15 651	1 589	10 598	4 744	8 023
SINJANI	Measles 2nd dose (at 18 months)	13	75 502	47 397	10 927	1 036	7 783	3 366	4 993
StatsSA (Circular H28 of 2014)	Population aged 1 year	14	106 212	67 309	15 205	1 391	10 120	4 688	7 500
SINJANI	DTaP-IPV/Hib 3rd dose	15	90 964	59 842	12 371	1 052	8 396	3 450	5 853
SINJANI	Measles 1st dose under 1 year	16	92 674	60 637	12 657	1 021	8 746	3 836	5 777
SINJANI	DTaP-IPV/Hib 3 to Measles 1st dose drop-out	17	-1 710	-795	-286	31	-350	-386	76
SINJANI	Child under 5 years diarrhoea death	18	12	4	5	0	2	0	1
SINJANI	Child under 5 years diarrhoea admitted	19	7 528	4 022	1 485	122	862	249	788
SINJANI	Child under 5 years pneumonia death	20	27	23	2	0	1	0	1
SINJANI	Child under 5 years pneumonia admitted	21	6 395	3 059	1 027	98	1 248	443	520
SINJANI	Child under 5 years severe acute malnutrition death	22	14	5	3	0	6	0	0
SINJANI	Child under 5 years severe acute malnutrition admitted	23	634	198	134	16	127	110	49
School Health Data.xls or SINJANI	School Grade R learners screened	24	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
School Health Data.xls or SINJANI	School Grade R learners	25	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
School Health Data.xls or SINJANI	School Grade 1 learners screened	26	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
School Health Data.xls or SINJANI	School Grade 1 learners	27	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
School Health Data.xls or SINJANI	School Grade 8 learners screened	28	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
School Health Data.xls or SINJANI	School Grade 8 learners	29	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
SINJANI	Contraceptive years equivalent	30	1 086 831	728 078	138 803	9 339	105 683	44 408	60 519
SINJANI	• Male sterilisations	30.1	837	617	85	4	84	13	34
SINJANI	• Female sterilisations	30.2	7 412	4 112	1 125	135	1 539	271	230
SINJANI	• Medroxyprogesterone injection	30.3	859 995	477 518	154 491	11 482	91 611	53 060	71 833
SINJANI	• Norethisterone enanthate injection	30.4	328 898	242 203	26 917	1 638	34 608	10 264	13 268
SINJANI	• Oral pill cycles	30.5	477 189	300 775	65 981	4 469	46 775	25 010	34 179
SINJANI	• IUCD inserted	30.6	9 289	6 965	814	3	990	213	304
SINJANI	• Subdermal implant	30.7	0	0	0	0	0	0	0
SINJANI	• Male condoms	30.8	127 606 318	90 486 717	14 642 181	851 580	10 362 366	4 708 078	6 555 396
SINJANI	• Female condoms	30.9	2 852 235	2 288 151	240 304	30 453	114 482	29 318	149 527
StatsSA (Circular H28 of 2014)	Female population 15 - 49 years	31	1 676 161	1 066 393	233 963	19 816	161 959	72 604	121 425
SINJANI	Cervical cancer screening in w oman 30 years and older	32	87 397	53 592	11 875	1 234	12 098	3 673	4 925
StatsSA (Circular H28 of 2014)	Female population 30 years and older + 10	33	151 456	97 485	19 546	1 728	15 121	6 834	10 742
SINJANI	Girls 9 years and older that received HPV 1st dose	34	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
SINJANI	Grade 4 girl learners ≥ 9 years	35	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
SINJANI	Vitamin A dose 12 - 59 months	36	378 972	190 851	77 849	6 479	52 461	22 618	28 714
StatsSA (Circular H28 of 2014)	Population 12 - 59 months X 2 (Population 1 - 4 years X 2)	37	852 972	554 240	117 897	9 760	77 835	37 097	56 142
SINJANI or Maternal Death Notification Register	Maternal death in facility	38	66	47	5	0	10	2	2
SINJANI	Live birth in facility	39	96 273	63 366	14 068	1 084	9 490	3 129	5 136
SINJANI	Inpatient death early neonatal	40	496	312	54	10	64	34	22
SINJANI	PCV 3rd dose	41	91 952	59 924	12 701	993	8 776	3 866	5 692
SINJANI	RV 2nd dose	42	92 665	61 273	12 431	1 059	8 615	3 442	5 845

Notes

- Element ID 1: The data in the reports from Stats SA is three years behind. In other words, what is being reported in 2014/15 refers to the information recorded for 2011.
- Element ID 2: The source for this information is Stats SA and the figures will therefore not correspond with the data on the provincial database, SINJANI, which only includes deaths that occurred at public health facilities.
- Element ID 30: The formula to calculate contraceptive years was adapted to make provision for sub-dermal implants and female condoms. Historical data was updated to reflect the new formula.

Table B.27: Situation analysis indicators for MCWH and Nutrition [DHS 14]

Programme performance indicator	Frequency	Data source / Bement ID	Type	Province wide value	Cape Town District	Cape Winelands District	Central Karoo District	Eden District	Overberg District	West Coast District
				2013/14	2013/14	2013/14	2013/14	2013/14	2013/14	
SECTOR SPECIFIC INDICATORS										
1. Antenatal 1st visit before 20 weeks rate	Quarterly	%		61.0%	54.5%	72.2%	67.4%	75.1%	75.1%	72.1%
Numerator	3			60 384	35 369	9 250	811	7 166	3 032	4 756
Denominator	4			99 069	64 885	12 814	1 204	9 538	4 035	6 593
2. Mother postnatal visit within 6 days rate	Quarterly	%		82.9%	108.3%	34.5%	22.8%	29.2%	46.1%	31.1%
Numerator	5			79 000	68 297	4 847	250	2 701	1 361	1 544
Denominator	6			95 337	63 042	14 029	1 097	9 254	2 950	4 965
3. Antenatal client initiated on ART rate	Quarterly	%		Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
Numerator	7			-	-	-	-	-	-	-
Denominator	8			-	-	-	-	-	-	-
4. Infant 1st PCR test positive around 6 weeks rate	Quarterly	%		1.9%	1.5%	1.7%	6.7%	2.3%	3.2%	8.2%
Numerator	9			242	137	24	6	22	16	37
Denominator	10			12 617	9 211	1 405	90	968	493	450
5. Immunisation coverage under 1 year (annualised)	Quarterly	%		84.5%	88.5%	80.7%	62.5%	82.6%	79.8%	68.4%
Numerator	11			89 202	57 549	12 635	993	8 749	3 785	5 491
Denominator	12			105 610.501	65 005	15 651	1 589	10 598	4 744	8 023
6. Measles 2nd dose coverage (annualised)	Quarterly	%		71.1%	70.4%	71.9%	74.5%	76.9%	71.8%	66.6%
Numerator	13			75 502	47 397	10 927	1 036	7 783	3 366	4 993
Denominator	14			106 212	67 309	15 205	1 391	10 120	4 688	7 500
7. DTap-IPV/Hib 3 - Measles 1st dose drop-out rate	Quarterly	%		-1.9%	-1.3%	-2.3%	2.9%	-4.2%	-11.2%	1.3%
Numerator	17			-1 710	-795	-286	31	-350	-386	76
Denominator	15			90 964.000	59 842	12 371	1 052	8 396	3 450	5 853
8. Child under 5 years diarrhoea case fatality rate	Quarterly	%		0.2%	0.1%	0.3%	0.0%	0.2%	0.0%	0.1%
Numerator	18			12	4	5	0	2	0	1
Denominator	19			7 528	4 022	1 485	122	862	249	788
9. Child under 5 years pneumonia case fatality rate	Quarterly	%		0.4%	0.8%	0.2%	0.0%	0.1%	0.0%	0.2%
Numerator	20			27	23	2	0	1	0	1
Denominator	21			6 395	3 059	1 027	98	1 248	443	520
10. Child under 5 years severe acute malnutrition case fatality rate	Quarterly	%		2.2%	2.5%	2.2%	0.0%	4.7%	0.0%	0.0%
Numerator	22			14	5	3	0	6	0	0
Denominator	23			634	198	134	16	127	110	49
11. School Grade R screening coverage (annualised)	Quarterly	%		Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
Numerator	24			-	-	-	-	-	-	-
Denominator	25			-	-	-	-	-	-	-
12. School Grade 1 screening coverage (annualised)	Quarterly	%		Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
Numerator	26			-	-	-	-	-	-	-
Denominator	27			-	-	-	-	-	-	-
13. School Grade 8 screening coverage (annualised)	Quarterly	%		Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
Numerator	28			-	-	-	-	-	-	-
Denominator	29			-	-	-	-	-	-	-
14. Couple year protection rate (annualised)	Quarterly	%		64.8%	68.3%	59.3%	47.1%	65.3%	61.2%	49.8%
Numerator	30			1 086 831	728 078	138 803	9 339	105 683	44 408	60 519
Denominator	31			1 676 161	1 066 393	233 963	19 816	161 959	72 604	121 425
15. Cervical cancer screening coverage (annualised)	Quarterly	%		57.7%	55.0%	60.8%	71.4%	80.0%	53.7%	45.8%
Numerator	32			87 397	53 592	11 875	1 234	12 098	3 673	4 925
Denominator	33			151 456	97 485	19 546	1 728	15 121	6 834	10 742
16. Human Papilloma Virus vaccine 1st dose coverage	Quarterly	%		Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
Numerator	34			-	-	-	-	-	-	-
Denominator	35			-	-	-	-	-	-	-
17. Vitamin A dose 12 – 59 months coverage (annualised)	Quarterly	%		44.4%	34.4%	66.0%	66.4%	67.4%	61.0%	51.1%
Numerator	36			378 972	190 851	77 849	6 479	52 461	22 618	28 714
Denominator	37			852 972	554 240	117 897	9 760	77 835	37 097	56 142
18. Maternal mortality in facility ratio	Quarterly	No per 100 000		69	74	36	0	105	64	39
Numerator	38			66	47	5	0	10	2	2
Denominator / 100 000	39			0.963	0.634	0.141	0.011	0.095	0.031	0.051
19. Inpatient early neonatal death rate	Quarterly	%		5	5	4	9	7	11	4
Numerator	40			496	312	54	10	64	34	22
Denominator / 1 000	39			96.273	63.366	14.068	1.084	9.490	3.129	5.136
ADDITIONAL PROVINCIAL INDICATORS										
20. Measles 1st dose under 1 year coverage (annualised)	Quarterly	%		87.8%	93.3%	80.9%	64.3%	82.5%	80.9%	72.0%
Numerator	16			92 674	60 637	12 657	1 021	8 746	3 836	5 777
Denominator	12			105 611	65 005	15 651	1 589	10 598	4 744	8 023
21. Pneumococcal vaccine (PCV) 3rd dose coverage (annualised)	Quarterly	%		87.1%	92.2%	81.2%	62.5%	82.8%	81.5%	70.9%
Numerator	41			91 952	59 924	12 701	993	8 776	3 866	5 692
Denominator	12			105 611	65 005	15 651	1 589	10 598	4 744	8 023
22. Rotavirus (RV) 2nd dose coverage (annualised)	Quarterly	%		87.7%	94.3%	79.4%	66.6%	81.3%	72.5%	72.9%
Numerator	42			92 665	61 273	12 431	1 059	8 615	3 442	5 845
Denominator	12			105 611	65 005	15 651	1 589	10 598	4 744	8 023

Notes

Indicator 14: The formula to calculate contraceptive years was adapted to make provision for sub-dermal implants and female condoms. Historical data was updated to reflect the new formula.

STRATEGIC OBJECTIVES - ANNUAL TARGETS

Table B.28: Data elements with actual and projected performance values for MCWH and Nutrition

Source	Data Element	Element ID	Audited / Actual performance			Estimated performance	Medium term targets		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
StatsSA	Children under 5 years w ho died (StatsSA)	1	3 088	2 931	2 981	2 462	2 365	2 272	2 183
StatsSA	Live births (StatsSA)	2	111 362	106 759	104 102	102 270	102 270	102 270	102 270
SINJANI	Antenatal 1st visits before 20 w eeks	3	54 488	55 525	60 384	61 694	64 429	65 838	67 862
SINJANI	Antenatal 1st visit total	4	96 959	95 510	99 069	100 500	101 996	101 912	102 640
SINJANI	Mother postnatal visit within 6 days after delivery	5	Not required to report	Not required to report	79 000	75 049	75 714	76 743	77 723
SINJANI	Delivery in facility total	6	93 199	93 480	95 337	96 864	96 256	96 154	96 553
SINJANI	Antenatal client start on ART	7	Not required to report	Not required to report	Not required to report	6 629	7 229	7 682	8 204
SINJANI	Antenatal client eligible for ART initiation	8	Not required to report	Not required to report	Not required to report	9 277	9 572	9 875	10 216
SINJANI	Infant 1st PCR test positive around 6 w eeks	9	230	216	242	175	181	174	169
SINJANI	Infant 1st PCR test around 6 w eeks	10	11 836	12 748	12 617	12 596	12 642	12 695	12 757
SINJANI	Immunised fully under 1 year new	11	93 820	94 724	89 202	89 809	95 041	94 922	95 272
StatsSA (Circular H28 of 2014)	Population under 1 year	12	107 539	106 516	105 611	103 781	101 299	98 837	97 444
SINJANI	Measles 2nd dose (at 18 months)	13	80 618	74 783	75 502	76 353	80 181	81 411	82 852
StatsSA (Circular H28 of 2014)	Population aged 1 year	14	107 449	106 834	106 212	105 064	103 498	101 918	100 954
SINJANI	DTaP-IPV/Hib 3rd dose	15	Not required to report	Not required to report	90 964	97 142	102 976	103 015	103 446
SINJANI	Measles 1st dose under 1 year	16	97 039	97 217	92 674	93 046	98 573	98 364	98 522
SINJANI	DTaP-IPV/Hib 3 to Measles 1st dose drop-out	17	Not required to report	Not required to report	-1 710	4 096	4 403	4 651	4 925
SINJANI	Child under 5 years diarrhoea death	18	Not required to report	Not required to report	12	18	16	15	15
SINJANI	Child under 5 years diarrhoea admitted	19	Not required to report	Not required to report	7 528	8 301	8 179	8 039	7 912
SINJANI	Child under 5 years pneumonia death	20	Not required to report	Not required to report	27	38	34	31	29
SINJANI	Child under 5 years pneumonia admitted	21	Not required to report	Not required to report	6 395	6 727	6 478	6 243	6 020
SINJANI	Child under 5 years severe acute malnutrition death	22	Not required to report	Not required to report	14	25	26	21	20
SINJANI	Child under 5 years severe acute malnutrition admitted	23	Not required to report	Not required to report	634	624	617	607	601
School Health Data.xls or SINJANI	School Grade R learners screened	24	Not required to report	Not required to report	Not required to report	6 220	6 238	6 300	6 350
School Health Data.xls or SINJANI	School Grade R learners	25	Not required to report	Not required to report	Not required to report	65 698	65 861	66 023	66 186
School Health Data.xls or SINJANI	School Grade 1 learners screened	26	Not required to report	Not required to report	Not required to report	26 205	26 720	26 989	27 266
School Health Data.xls or SINJANI	School Grade 1 learners	27	Not required to report	Not required to report	Not required to report	110 329	110 374	110 419	110 464
School Health Data.xls or SINJANI	School Grade 8 learners screened	28	Not required to report	Not required to report	Not required to report	21	69	100	150
School Health Data.xls or SINJANI	School Grade 8 learners	29	Not required to report	Not required to report	Not required to report	78 541	79 086	79 637	80 194
SINJANI	Contraceptive years equivalent	30	913 935	966 575	1 086 831	1 250 019	1 288 021	1 312 354	1 337 400
SINJANI	• Male sterilisations	30.1	773	768	837	869	925	944	966
SINJANI	• Female sterilisations	30.2	6 507	6 662	7 412	6 996	7 198	7 232	7 332
SINJANI	• Medroxyprogesterone injection	30.3	852 882	816 742	859 995	829 975	846 620	858 430	871 236
SINJANI	• Norethisterone enanthate injection	30.4	305 891	301 266	328 898	328 976	335 857	340 238	344 748
SINJANI	• Oral pill cycles	30.5	450 954	443 432	477 189	525 224	537 664	544 496	551 259
SINJANI	• IUCD inserted	30.6	3 799	4 281	9 289	7 469	6 921	6 932	6 912
SINJANI	• Subdermal implant	30.7	0	0	0	59 434	63 518	64 964	66 100
SINJANI	• Male condoms	30.8	102 346 532	113 929 651	127 606 318	127 305 160	130 893 367	133 820 488	136 898 788
SINJANI	• Female condoms	30.9	1 516 976	1 863 238	2 852 235	3 063 347	3 167 181	3 245 772	3 329 281
StatsSA (Circular H28 of 2014)	Female population 15 - 49 years	31	1 622 898	1 648 915	1 676 161	1 704 472	1 733 187	1 762 676	1 791 676
SINJANI	Cervical cancer screening in w oman 30 years and older	32	83 235	81 012	87 397	91 322	94 930	97 577	100 249
StatsSA (Circular H28 of 2014)	Female population 30 years and older = 10	33	143 031	147 185	151 456	155 833	160 334	164 764	169 331
SINJANI	Girls 9 years and older that received HPV 1st dose	34	Not required to report	Not required to report	Not required to report	33 858	34 782	35 765	36 788
SINJANI	Grade 4 girl learners ≥ 9 years	35	Not required to report	Not required to report	Not required to report	42 434	43 204	43 858	44 558
SINJANI	Vitamin A dose 12 - 59 months	36	311 397	322 634	378 972	365 958	371 919	381 783	388 644
StatsSA (Circular H28 of 2014)	Population 12 - 59 months X 2 (Population 1 - 4 years X 2)	37	856 366	855 150	852 972	849 594	844 892	839 779	835 977
SINJANI or Maternal Death Notification Register	Maternal death in facility	38	26	57	66	73	64	58	53
SINJANI	Live birth in facility	39	90 689	94 655	96 273	96 532	97 029	96 936	97 356
SINJANI	Inpatient death early neonatal	40	513	595	496	507	479	442	412
SINJANI	PCV 3rd dose	41	88 468	94 604	91 952	93 063	99 118	98 910	99 110
SINJANI	RV 2nd dose	42	87 574	92 256	92 665	94 612	100 898	100 693	100 953

Notes

- Element ID 1: The data in the reports from Stats SA is three years behind. In other words, what is being reported in 2014/15 refers to the information recorded for 2011.
- Element ID 2: The source for this information is Stats SA and the figures will therefore not correspond with the data on the provincial database, SINJANI, which only includes deaths that occurred at public health facilities.
- Element ID 28: Eden District is the only district in the Province that will provide Grade 8 screening, as part of the National Health Insurance (NHI) project.
- Element ID 30: The formula to calculate contraceptive years was adapted to make provision for sub-dermal implants and female condoms. Historical data was updated to reflect the new formula.

Table B.29: Provincial strategic objectives and annual targets for MCWH and Nutrition [DHS 15]

Strategic objective	Programme performance indicator	Data source / Element ID	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
STRATEGIC GOAL: Promote health and wellness.										
1.1 Reduce mortality in children under 5 years.	1.1.1 Under 5 mortality rate (StatsSA)		18.0	27.7	27.5	28.6	24.1	23.1	22.2	21.3
	Numerator	1	1 999	3 088	2 931	2 981	2 462	2 365	2 272	2 183
	Denominator / 1 000	2	99.347	111.362	106.759	104.102	102.270	102.270	102.270	102.270

Notes

- Indicator 1.1.1.1: The data in the reports from Stats SA is three years behind. In other words, what is being reported in 2014/15 refers to the information recorded for 2011.

PERFORMANCE INDICATORS AND ANNUAL TARGETS

Table B.30: Performance Indicators for MCWH and Nutrition (DHS 16)

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
SECTOR SPECIFIC INDICATORS										
1. Antenatal 1st visit before 20 weeks rate	Quarterly	3	%	56.2%	58.1%	61.0%	61.4%	63.2%	64.6%	66.1%
Numerator		54 488		55 525	60 384	61 694	61 694	64 429	65 838	67 862
Denominator		96 959		95 510	99 069	100 500	101 996	101 912	102 640	
2. Mother postnatal visit within 6 days rate	Quarterly		%	Not required to report	Not required to report	82.9%	77.5%	78.7%	79.8%	80.5%
Numerator		5		-	-	79 000	75 049	75 714	76 743	77 723
Denominator		6		93 199	93 480	95 337	96 864	96 256	96 154	96 553
3. Antenatal client initiated on ART rate	Quarterly		%	Not required to report	Not required to report	Not required to report	71.5%	75.5%	77.8%	80.3%
Numerator		7		-	-	-	6 629	7 229	7 682	8 204
Denominator		8		-	-	-	9 277	9 572	9 875	10 216
4. Infant 1st PCR test positive around 6 weeks rate	Quarterly		%	1.9%	1.7%	1.9%	1.4%	1.4%	1.4%	1.3%
Numerator		9		230	216	242	175	181	174	169
Denominator		10		11 836	12 748	12 617	12 596	12 642	12 695	12 757
5. Immunisation coverage under 1 year (annualised)	Quarterly		%	87.2%	88.9%	84.5%	86.5%	93.8%	96.0%	97.8%
Numerator		11		93 820	94 724	89 202	89 809	95 041	94 922	95 272
Denominator		12		107 539	106 516	105 611	103 781	101 299	98 837	97 444
6. Measles 2nd dose coverage (annualised)	Quarterly		%	75.0%	70.0%	71.1%	72.7%	77.5%	79.9%	82.1%
Numerator		13		80 618	74 783	75 502	76 353	80 181	81 411	82 852
Denominator		14		107 449	106 834	106 212	105 064	103 498	101 918	100 954
7. DTap-IPV/Hib 3 - Measles 1st dose drop-out rate	Quarterly		%	Not required to report	Not required to report	-1.9%	4.2%	4.3%	4.5%	4.8%
Numerator		17		-	-	-1 710	4 096	4 403	4 651	4 925
Denominator		15		-	-	90 964	97 142	102 976	103 015	103 446
8. Child under 5 years diarrhoea case fatality rate	Quarterly		%	Not required to report	Not required to report	0.2%	0.2%	0.2%	0.2%	0.2%
Numerator		18		-	-	12	18	16	15	15
Denominator		19		-	-	7 528	8 301	8 179	8 039	7 912
9. Child under 5 years pneumonia case fatality rate	Quarterly		%	Not required to report	Not required to report	0.4%	0.6%	0.5%	0.5%	0.5%
Numerator		20		-	-	27	38	34	31	29
Denominator		21		-	-	6 395	6 727	6 478	6 243	6 020
10. Child under 5 years severe acute malnutrition case fatality rate	Quarterly		%	Not required to report	Not required to report	2.2%	4.0%	4.2%	3.5%	3.3%
Numerator		22		-	-	14	25	26	21	20
Denominator		23		-	-	634	624	617	607	601
11. School Grade R screening coverage (annualised)	Quarterly		%	Not required to report	Not required to report	Not required to report	9.5%	9.5%	9.5%	9.6%
Numerator		24		-	-	-	6 220	6 238	6 300	6 350
Denominator		25		-	-	-	65 698	65 861	66 023	66 186
12. School Grade 1 screening coverage (annualised)	Quarterly		%	Not required to report	Not required to report	Not required to report	23.8%	24.2%	24.4%	24.7%
Numerator		26		-	-	-	26 205	26 720	26 989	27 266
Denominator		27		-	-	-	110 329	110 374	110 419	110 464
13. School Grade 8 screening coverage (annualised)	Quarterly		%	Not required to report	Not required to report	Not required to report	0.0%	0.1%	0.1%	0.2%
Numerator		28		-	-	-	21	69	100	150
Denominator		29		-	-	-	78 541	79 086	79 637	80 194
14. Couple year protection rate (annualised)	Quarterly		%	56.3%	58.6%	64.8%	73.3%	74.3%	74.5%	74.6%
Numerator		30		913 935	966 575	1 086 831	1 250 019	1 288 021	1 312 354	1 337 400
Denominator		31		1 622 898	1 648 915	1 676 161	1 704 472	1 733 187	1 762 676	1 791 676
15. Cervical cancer screening coverage (annualised)	Quarterly		%	58.2%	55.0%	57.7%	58.6%	59.2%	59.2%	59.2%
Numerator		32		83 235	81 012	87 397	91 322	94 930	97 577	100 249
Denominator		33		143 031	147 185	151 456	155 833	160 334	164 764	169 331
16. Human Papilloma Virus vaccine 1st dose coverage	Quarterly		%	Not required to report	Not required to report	Not required to report	79.8%	80.5%	81.5%	82.6%
Numerator		34		-	-	-	33 858	34 782	35 765	36 788
Denominator		35		-	-	-	42 434	43 204	43 858	44 558
17. Vitamin A dose 12 – 59 months coverage (annualised)	Quarterly		%	36.4%	37.7%	44.4%	43.1%	44.0%	45.5%	46.5%
Numerator		36		311 397	322 634	378 972	365 958	371 919	381 783	388 644
Denominator		37		856 366	855 150	852 972	849 594	844 892	839 779	835 977
18. Maternal mortality in facility ratio	Quarterly		No per 100 000	29	60	69	76	66	60	54
Numerator		38		26	57	66	73	64	58	53
Denominator / 100 000		39		0.907	0.947	0.963	0.965	0.970	0.969	0.974
19. Inpatient early neonatal death rate	Quarterly		No per 1 000	6	6	5	5	5	5	4
Numerator		40		513	595	496	507	479	442	412
Denominator / 1 000		39		90.689	94.655	96.273	96.532	97.029	96.936	97.356

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets			
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
ADDITIONAL PROVINCIAL INDICATORS											
20. Measles 1st dose under 1 year coverage (annualised)	Quarterly		%	90.2%	91.3%	87.8%	89.7%	97.3%	99.5%	101.1%	
Numerator		16		97 039	97 217	92 674	93 046	98 573	98 364	98 522	
Denominator		12		107 539	106 516	105 611	103 781	101 299	98 837	97 444	
21. Pneumococcal vaccine (PCV) 3rd dose coverage (annualised)	Quarterly		%	82.3%	88.8%	87.1%	89.7%	97.8%	100.1%	101.7%	
Numerator		41		88 468	94 604	91 952	93 063	99 118	98 910	99 110	
Denominator		12		107 539	106 516	105 611	103 781	101 299	98 837	97 444	
22. Rotavirus (RV) 2nd dose coverage (annualised)	Quarterly		%	81.4%	86.6%	87.7%	91.2%	99.6%	101.9%	103.6%	
Numerator		42		87 574	92 256	92 665	94 612	100 898	100 693	100 953	
Denominator		12		107 539	106 516	105 611	103 781	101 299	98 837	97 444	

Notes

Indicator 13: Eden District is the only district in the Province that will provide Grade 8 screening, as part of the National Health Insurance (NHI) project.

Indicator 14: The formula to calculate contraceptive years was adapted to make provision for sub-dermal implants and female condoms. Historical data was updated to reflect the new formula.

QUARTERLY TARGETS FOR 2015/16

Table B.31: Quarterly Targets for MCWH and Nutrition for 2015/16 [DHS 13]

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets			
			2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
1.1.1 Under 5 mortality rate (StatsSA)	Numerator Denominator / 1 000	1 2	Annual 23 2 365 102.270	- - -	- -	- -	23 2 365 102.270
SECTOR SPECIFIC INDICATORS							
1. Antenatal 1st visit before 20 weeks rate	Numerator Denominator	3 4	Quarterly 63.2% 64 429 101 996	63.2% 16 325 25 844	63.2% 16 340 25 867	63.2% 15 850 25 091	63.2% 15 914 25 194
2. Mother postnatal visit within 6 days rate	Numerator Denominator	5 6	Quarterly 78.7% 75 714 96 256	78.7% 19 184 24 389	78.7% 19 202 24 412	78.7% 18 626 23 679	78.7% 18 702 23 776
3. Antenatal client initiated on ART rate	Numerator Denominator	7 8	Quarterly 75.5% 7 229 9 572	75.5% 1 832 2 425	75.5% 1 833 2 428	75.5% 1 778 2 355	75.5% 1 786 2 364
4. Infant 1st PCR test positive around 6 weeks rate	Numerator Denominator	9 10	Quarterly 1.4% 181 12 642	1.4% 46 3 203	1.4% 46 3 206	1.4% 45 3 110	1.4% 44 3 123
5. Immunisation coverage under 1 year (annualised)	Numerator Denominator	11 12	Quarterly 93.8% 95 041 101 299	94.4% 23 916 25 325	94.4% 23 898 25 325	89.8% 22 742 25 325	96.7% 24 485 25 324
6. Measles 2nd dose coverage (annualised)	Numerator Denominator	13 14	Quarterly 77.5% 80 181 103 498	78.0% 20 177 25 875	77.9% 20 162 25 875	74.1% 19 186 25 875	79.8% 20 656 25 873
7. DTPa/IPV/Hib 3 - Measles 1st dose drop-out rate	Numerator Denominator	17 15	Quarterly 4.3% 4 403 102 976	4.3% 1 108 25 913	4.3% 1 107 25 894	4.3% 1 054 24 641	4.3% 1 134 26 529
8. Child under 5 years diarrhoea case fatality rate	Numerator Denominator	18 19	Quarterly 0.2% 16 8 179	0.2% 4 2 072	0.2% 4 2 074	0.2% 4 2 012	0.2% 4 2 021
9. Child under 5 years pneumonia case fatality rate	Numerator Denominator	20 21	Quarterly 0.5% 34 6 478	0.5% 9 1 641	0.5% 9 1 643	0.5% 8 1 594	0.5% 8 1 600
10. Child under 5 years severe acute malnutrition case fatality rate	Numerator Denominator	22 23	Quarterly 4.2% 26 617	4.5% 7 156	4.5% 7 156	3.9% 6 152	3.9% 6 153
11. School Grade R screening coverage (annualised)	Numerator Denominator	24 25	Quarterly 9.5% 6 238 65 861	9.6% 1 581 16 465	9.6% 1 582 16 465	9.3% 1 535 16 465	9.4% 1 540 16 466
12. School Grade 1 screening coverage (annualised)	Numerator Denominator	26 27	Quarterly 24.2% 26 720 110 374	24.5% 6 770 27 594	24.5% 6 776 27 594	23.8% 6 573 27 594	23.9% 6 601 27 592
13. School Grade 8 screening coverage (annualised)	Numerator Denominator	28 29	Quarterly 0.1% 69 79 086	0.1% 17 19 772	0.1% 17 19 772	0.1% 17 19 772	0.1% 18 19 770
14. Couple year protection rate (annualised)	Numerator Denominator	30 31	Quarterly 74.3% 1 288 021 1 733 187	75.3% 326 360 433 297	75.4% 326 655 433 297	73.1% 316 854 433 297	73.4% 318 152 433 296
15. Cervical cancer screening coverage (annualised)	Numerator Denominator	32 33	Quarterly 59.2% 94 930 160 334	60.0% 24 053 40 084	60.1% 24 075 40 084	58.3% 23 353 40 084	58.5% 23 449 40 082
16. Human Papilloma Virus vaccine 1st dose coverage	Numerator Denominator	34 35	Quarterly 80.5% 34 782 43 204	81.0% 8 753 10 801	81.0% 8 746 10 801	77.1% 8 323 10 801	83.0% 8 960 10 801
17. Vitamin A dose 12 – 59 months coverage (annualised)	Numerator Denominator	36 37	Quarterly 44.0% 371 919 844 892	44.3% 93 591 211 223	44.3% 93 520 211 223	42.1% 88 996 211 223	45.4% 95 812 211 223
18. Maternal mortality in facility ratio	Numerator Denominator / 100 000	38 39	Quarterly 66 64 0.970	65 16 0.246	65 16 0.246	67 16 0.239	67 16 0.240
19. Inpatient early neonatal death rate	Numerator Denominator / 1 000	40 39	Quarterly 5 479 97.029	5 121 24.585	5 121 24.608	5 118 23.869	5 119 23.967
ADDITIONAL PROVINCIAL INDICATORS							
20. Measles 1st dose under 1 year coverage (annualised)	Numerator Denominator	16 12	Quarterly 97.3% 98 573 101 299	97.9% 24 805 25 325	97.9% 24 786 25 325	93.1% 23 587 25 325	100.3% 25 395 25 324
21. Pneumococcal vaccine (PCV) 3rd dose coverage (annualised)	Numerator Denominator	41 12	Quarterly 97.8% 99 118 101 299	98.5% 24 942 25 325	98.4% 24 923 25 325	93.7% 23 718 25 325	100.8% 25 535 25 324
22. Rotavirus (RV) 2nd dose coverage (annualised)	Numerator Denominator	42 12	Quarterly 99.6% 100 898 101 299	100.3% 25 390 25 325	100.2% 25 371 25 325	95.3% 24 144 25 325	102.6% 25 993 25 324

10.9. Disease Prevention and Control (DPC)

SITUATIONAL ANALYSIS INDICATORS

Table B.32: Data Elements for Situation Analysis Indicators

Source	Data Element	Element ID	Province wide value	Cape Town District	Cape Winelands District	Central Karoo District	Eden District	Overberg District	West Coast District
			2013/14	2013/14	2013/14	2013/14	2013/14	2013/14	2013/14
Datay system to be established	Clients, not on treatment for hypertension, screened for hypertension - 25 years and older	1	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established
Datay system to be established	Clients, not on treatment for diabetes, screened for diabetes - 5 years and older	2	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established
Datay system to be established	Clients screened for mental disorders at PHC level	3	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established
SINJANI	PHC total headcount	4	14 336 969	9 496 087	1 696 266	195 138	1 455 591	670 274	823 613
Datay system to be established	Client treated for mental disorders at PHC level	5	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established
SINJANI	Cataract surgery total	6	7 692	5 328	1 268	98	998	0	0
StatsSA (Circular H28 of 2014)	Uninsured population	7	4 500 621	2 944 283	573 815	51 464	485 993	191 334	253 732
CDC.xlsm or SINJANI	Deaths from malaria	8	2	2	0	0	0	0	0
CDC.xlsm or SINJANI	Malaria cases reported	9	123	94	7	0	8	11	3
Minutes of meetings	Provincial multi-sectoral communicable disease control (CDC) stakeholder committee established	10	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
SINJANI	Fixed PHC facilities that conducted a chronic disease audit	11	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
SINJANI	Fixed PHC facilities (fixed clinics + CHCs + CDCs)	12	280	133	48	9	41	22	27

Notes

Element ID 1, 2, 3 & 5: The implementation of the revised National Indicator Dataset (NIDS) has been postponed by the National Department of Health to 1 April 2016. Since these data elements are not currently collected (i.e. no baseline information is available), it is not possible to set realistic targets.

Table B.33: Situation Analysis Indicators for Disease Prevention and Control [DHS 18]

Programme performance indicator	Frequency	Data source / Element ID	Type	Province wide value	Cape Town District	Cape Winelands District	Central Karoo District	Eden District	Overberg District	West Coast District
				2013/14	2013/14	2013/14	2013/14	2013/14	2013/14	2013/14
SECTOR SPECIFIC INDICATORS										
1. Client screened for hypertension - 25 years and older	Quarterly	Element 1	No	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established
2. Client screened for diabetes - 5 years and older	Quarterly	Element 2	No	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established
3. Client screened for mental disorders	Quarterly	Numerator	%	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established
		Denominator		-	-	-	-	-	-	-
				14 336 969	9 496 087	1 696 266	195 138	1 455 591	670 274	823 613
4. Client treated for mental disorders - new	Quarterly	Numerator	%	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established
		Denominator		-	-	-	-	-	-	-
				1 709	1 810	2 210	1 904	2 054	0	0
5. Cataract surgery rate in uninsured population (annualised)	Quarterly	Numerator		7 692	5 328	1 268	98	998	0	0
		Denominator / 1 000 000		4.501	2.944	0.574	0.051	0.486	0.191	0.254
6. Malaria case fatality rate	Annually	Numerator	%	1.6%	2.1%	0.0%	0	0	0	0
		Denominator		2	2	0	0	8	11	3
				123	94	7	0	8	11	3

Notes

Indicators 1 - 4: The implementation of the revised National Indicator Dataset (NIDS) has been postponed by the National Department of Health to 1 April 2016. Since the data elements required to calculate the indicators are not currently collected (i.e. no baseline information is available), it is not possible to set realistic targets.

STRATEGIC OBJECTIVES - ANNUAL TARGETS

Table B.34: Data Elements with Actual and Projected Performance Values for Disease Prevention and Control

Source	Data Element	Element ID	Audited / Actual performance			Estimated performance	Medium term targets		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Data system to be established	Clients, not on treatment for hypertension, screened for hypertension - 25 years and older	1	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established
Data system to be established	Clients, not on treatment for diabetes, screened for diabetes - 5 years and older	2	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established
Data system to be established	Clients screened for mental disorders at PHC level	3	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established
SINJANI	PHC total headcount	4	15 535 613	14 792 882	14 336 969	14 251 726	14 375 878	14 524 796	14 646 786
Data system to be established	Client treated for mental disorders at PHC level	5	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established
SINJANI	Cataract surgery total	6	6 748	7 122	7 692	7 912	8 061	8 221	8 382
StatsSA (Circular H28 of 2014)	Uninsured population	7	4 332 449	4 416 165	4 500 621	4 585 791	4 671 844	4 758 926	4 846 153
CDC.xlsm or SINJANI	Deaths from malaria	8	1	0	2	3	3	3	3
CDC.xlsm or SINJANI	Malaria cases reported	9	54	68	123	140	130	130	130
Minutes of meetings	Provincial multi-sectoral communicable disease control (CDC) stakeholder committee established	10	Not required to report	Not required to report	Not required to report	Not required to report	Yes	Yes	Yes
SINJANI	Fixed PHC facilities that conducted a chronic disease audit	11	Not required to report	Not required to report	Not required to report	Not required to report	192	200	210
SINJANI	Fixed PHC facilities (fixed clinics + CHCs + CDCs)	12	292	284	280	278	277	277	277

Notes

Element ID 1, 2, 3 & 5: The implementation of the revised National Indicator Dataset (NIDS) has been postponed by the National Department of Health to 1 April 2016. Since these data elements are not currently collected (i.e. no baseline information is available), it is not possible to set realistic targets

Element ID 5: The actual number of facilities in the Province did not decrease between 2011/12 and 2012/13 - an incorrect figure was reported in 2011/12. The amalgamation of City of Cape Town and provincial facilities in the Metro, coupled with the reclassification of some fixed clinics as satellite clinics in the rural areas, has led to a gradual decrease in the overall number of fixed PHC facilities in the Province.

Table B.35: Provincial strategic objectives and annual targets for Disease Prevention and Control [DHS 19]

Note: No provincial strategic objectives specified for District Health Services.

PERFORMANCE INDICATORS AND ANNUAL TARGETS

Table B.36: Performance indicators for Disease Prevention and Control [DHS 20]

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets			
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
SECTOR SPECIFIC INDICATORS											
1. Client screened for hypertension - 25 years and older Element	Quarterly	1	No	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established
2. Client screened for diabetes - 5 years and older Element	Quarterly	2	No	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established
3. Client screened for mental disorders Numerator	Quarterly	3	%	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established
Denominator		4		-	-	-	-	-	-	-	-
4. Client treated for mental disorders - new Numerator	Quarterly	5	%	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established
Denominator		3		-	-	-	-	-	-	-	-
5. Cataract surgery rate in uninsured population (annualised) Numerator	Quarterly	6	No per million	1 558	1 613	1 709	1 725	1 725	1 727	1 730	
Denominator / 1 000 000		7		6 748	7 122	7 692	7 912	8 061	8 221	8 382	
6. Malaria case fatality rate Numerator	Annually	8	%	1.9%	0.0%	1.6%	2.1%	2.3%	2.3%	2.3%	
Denominator		9		1	0	2	3	3	3	3	
ADDITIONAL PROVINCIAL INDICATORS											
7. Establish a provincial multi-sectoral communicable disease control (CDC) stakeholder committee Element	Annually	10	Yes / No	Not required to report	Not required to report	Not required to report	Not required to report	Yes	Yes	Yes	
8. Percentage of fixed FHC facilities that conducted a chronic disease audit Numerator	Annually	11	%	Not required to report	Not required to report	Not required to report	Not required to report	69.3%	72.2%	75.8%	
Denominator		12		-	-	-	-	192	200	210	
				292	284	280	278	277	277	277	

Notes

Indicators 1 - 4:

The implementation of the revised National Indicator Dataset (NIDS) has been postponed by the National Department of Health to 1 April 2016. Since the data elements required to calculate the indicators are not currently collected (i.e. no baseline information is available), it is not possible to set realistic targets.

QUARTERLY TARGETS FOR 2015/16

Table B.37: Quarterly Targets for Disease Prevention and Control for 2015/16 [DHS 21]

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets			
			2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4
SECTOR SPECIFIC INDICATORS							
1. Client screened for hypertension - 25 years and older Element	1	Quarterly	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established
2. Client screened for diabetes - 5 years and older Element	2	Quarterly	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established
3. Client screened for mental disorders Numerator	3	Quarterly	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established
Denominator	4		-	-	-	-	-
4. Client treated for mental disorders - new Numerator	5	Quarterly	Data system to be established	Data system to be established	Data system to be established	Data system to be established	Data system to be established
Denominator	3		-	-	-	-	-
5. Cataract surgery rate in uninsured population (annualised) Numerator	6	Quarterly	1 725	1 668	1 978	1 640	1 616
Denominator / 1 000 000	7		8 061	1 948	2 310	1 916	1 887
6. Malaria case fatality rate Numerator	8	Annually	2.3%	3.0%	3.0%	3.1%	0.0%
Denominator	9		3	1	1	1	0
7. Establish a provincial multi-sectoral communicable disease control (CDC) stakeholder committee Element	10	Annually	Yes	-	-	-	Yes
8. Percentage of fixed FHC facilities that conducted a chronic disease audit Numerator	11	Annually	69.3%	0.0%	0.0%	0.0%	69.3%
Denominator	12		192	0	0	0	192
			277	277	277	277	277

10.10. Reconciling Performance Targets with Budget and MTEF

EXPENDITURE ESTIMATES

Table B.38: Summary of payments and estimates – Programme 2: District Health Services

Sub-programme R'000	Outcome			Main appropriation 2014/15	Adjusted appropriation 2014/15	Revised estimate 2014/15	Medium-term estimate			
	Audited 2011/12	Audited 2012/13	Audited 2013/14				% Change from Revised estimate			
							2015/16	2014/15	2016/17	2017/18
1. District Management	252 402	256 990	273 897	305 523	309 512	303 099	320 008	5.58	336 701	353 443
2. Community Health Clinics	952 880	1 037 606	958 255	1 032 204	1 045 380	1 041 422	1 084 722	4.16	1 149 635	1 208 626
3. Community Health Centres	1 057 458	1 126 712	1 315 348	1 535 913	1 522 971	1 487 870	1 697 915	14.12	1 799 989	1 894 443
4. Community Based Services	146 955	163 280	163 891	178 081	176 908	180 056	188 168	4.51	198 262	208 611
5. Other Community Services				1	1	1	1		1	1
6. HIV and AIDS	660 578	738 079	927 547	1 082 794	1 082 794	1 082 794	1 209 001	11.66	1 355 690	1 522 959
7. Nutrition	23 807	28 693	35 606	35 031	37 507	38 771	40 213	3.72	42 402	44 631
8. Coroner Services				1	1	1	1		1	1
9. District Hospitals	1 673 529	2 018 179	2 210 739	2 462 372	2 482 578	2 501 660	2 695 525	7.75	2 836 671	2 982 150
10. Global Fund	108 347	140 329	153 979	125 878	127 072	126 441	99 296	(21.47)		
Total payments and estimates	4 875 956	5 509 868	6 039 262	6 757 798	6 784 724	6 762 115	7 334 850	8.47	7 719 352	8 214 865

Note

Sub-programmes 2.1, 2.2, 2.3 & 2.9: 2015/16: National Conditional grant: Health Professions Training and Development: R59 686 000 (Compensation of employees).

Sub-programmes 2.2: 2015/16: National Conditional grant: National Health Insurance Grant – R7 204 000 (Goods and services R6 804 000 and Transfers and subsidies R400 000).

Due to the reclassification of services rendered some Sub-programme 2.2: Community Health Clinics moved to Sub programme 2.3: Community Health Centres in the 2013/14 financial year.

Sub-programme 2.6: 2015/16: National Conditional grant: Comprehensive HIV and AIDS – R1 138 481 000 (Compensation of employees R457 354 000; Goods and services R430 975 000, Transfers and subsidies R249 681 000 and Payments for capital assets R471 000).

PERFORMANCE AND EXPENDITURE TRENDS

Programme 2 is allocated 38.99 per cent of the vote in 2015/16 in comparison to the 38.99 per cent allocated in the revised estimate of the 2014/15 budget. This amounts to a nominal increase of R572.735 million or 8.47 per cent.

R7.204 million has been allocated to Programme 2 in respect of the National Health Insurance Grant in 2015/16, and R7.543 million in 2016/17 and R8.016 million in 2017/18.

Sub-programmes 2.1 – 2.5, Primary Health Care Services, is allocated 44.87 per cent of the Programme 2 allocation in 2015/16 in comparison to the 44.55 per cent that was allocated in the revised estimate of the 2014/15 budget. This amounts to a nominal increase of R278.366 million or 9.24 per cent.

Sub-programme 2.6: HIV and AIDS is allocated 16.48 per cent of the Programme 2 allocation in 2015/16 in comparison to the 16.01 per cent allocated in the revised estimate of the 2014/15 budget. This amounts to a nominal increase of R126.207 million or 11.66 per cent.

Sub-programme 2.7: Nutrition is allocated 0.55 per cent of the Programme 2 allocation in 2015/16 in comparison to the 0.57 per cent of the revised estimate of the 2014/15 budget. This amounts to a nominal increase of 3.72 per cent or R1.442 million.

Sub-programme 2.9: District hospitals are allocated 36.75 per cent of the Programme 2 allocation in 2015/16, in comparison to the 37.00 per cent allocated in the revised estimate of the 2014/15 budget. This amounts to a nominal increase of 7.75 per cent or R193.865 million.

Sub-programme 2.10: Global fund are allocated 1.35 per cent of the Programme 2 allocation in 2015/16, in comparison to the 1.87 per cent allocated in the revised estimate of the 2014/15 budget. This amounts to a nominal decrease of R27.145 million or (21.47) per cent.

10.11. Risk Management

RISK STATEMENT 1: Shortage Of Skilled Staff	
Risk	Inadequate competency levels
Root Cause	<ul style="list-style-type: none"> ▪ Shortage of highly skilled professionals ▪ Inability to offer competitive remuneration packages
Impact	<ul style="list-style-type: none"> ▪ Compromised ability to deliver on the Department's mandate
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote Health and Wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Allocation of bursaries per scarce-skilled profession as a recruitment strategy ▪ In the process of developing an on-line exit interview questionnaire to assist in identifying the reasons for exits and to inform future interventions ▪ Development and implementation of recruitment and retention policies ▪ Work in partnership with universities to recruit and retain highly skilled staff ▪ Strengthen organisational culture and staff wellbeing ▪ Succession planning ▪ Improve the working environment
RISK STATEMENT 2: Fragmented PHC Services	
Risk	1. Inefficient health service
Root Cause	<ul style="list-style-type: none"> ▪ Dual authority in the City of Cape Town District ▪ Programmatic approach to priority diseases
Impact	<ul style="list-style-type: none"> ▪ Poor health outcomes
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Integration of PHC services ▪ Health systems approach

RISK STATEMENT 3: Staff Safety	
Risk	2. Increased staff safety related, adverse incidents
Root Cause	<ul style="list-style-type: none"> Volatility in the community e.g. gang violence, inter-personal violence High prevalence of infectious diseases e.g. HIV/AIDS and TB Inadequate Occupational Health and Safety measures Inadequate security measures
Impact	<ul style="list-style-type: none"> Compromised employee wellness
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> Safety guidelines and protocols that empower staff to make decisions around their own safety Raise employee awareness on safety in the workplace Ensuring optimal security measures are in place at health facilities Engage the SAPS and community safety stakeholders on ways in which closer collaboration and interagency partnerships could assist in securing the physical safety of staff Robust OHS measures in place
RISK STATEMENT 4: Resource Constraints	
Risk	Inability to render comprehensive quality health services
Root Cause	<ul style="list-style-type: none"> Allocative and technical inefficiencies Escalating burden of disease Escalating costs of labour, goods and services Fiscal envelope based on nominal growth Aging infrastructure
Impact	<ul style="list-style-type: none"> Poor health outcomes Compromised ability to deliver on the department's mandate
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Priority setting Establish and embed mechanisms to enhance efficiencies Applying lean management principles to reduce waste in the system Rational prescribing Laboratory cost containment measures, e.g. Electronic Gatekeeping System Explore alternative financing options
RISK STATEMENT 5: Medico Legal Claims	
Risk	Increasing litigation against the department as a result of malpractice and negligence
Root Cause	<ul style="list-style-type: none"> Increasing service pressures Inadequate clinical governance mechanisms Technical inefficiencies
Impact	<ul style="list-style-type: none"> Compromised quality of care Escalating expenditure Compromised public trust in the health system (reputational damage)
Strategic Goal Impact	<ul style="list-style-type: none"> Promote Health and Wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> Adverse incidence reporting system Strengthen clinical governance and antibiotic stewardship Contingency plans in place for service surges
RISK STATEMENT 6: Pharmaceutical Stock-outs	
Risk	Unavailability of essential pharmaceutical goods and services
Root Cause	<ul style="list-style-type: none"> Supplier challenges e.g. global shortages of ingredients Lack of timeous and good contract management Inability to secure alternatives Late or inadequate awarding of national pharmaceutical contracts
Impact	<ul style="list-style-type: none"> Compromises the quality of care Compromises public trust in the health system
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Engage National Department of Health on timeous awarding of national tenders Monitor stocks out regularly Monitor vaccine supply Provide alternatives to the essential medicines, where possible Tight contract management with suppliers Create provincial contracts for items that have been excluded from the revised national tenders, where possible

RISK STATEMENT 7: ICT Systems Disruption	
Risk	Dysfunctional communication and information systems
Root Cause	<ul style="list-style-type: none"> Inadequate and ageing technology infrastructure and resources Inadequate technical capacity within the Western Cape Government
Impact	<ul style="list-style-type: none"> Compromised service delivery
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Develop a robust IT disaster recovery plan Monitor the responsiveness of the Helpdesk and support systems to IT system failures Constantly review and address out-dated infrastructure by conducting regular hardware and ICT audits
RISK STATEMENT 8: Fire Within Health Facilities	
Risk	Fire damage to state property and safety threat to building occupants
Root Cause	<ul style="list-style-type: none"> Inadequate safety measures Constant trade-off between securing a building from a safety perspective versus maintaining the integrity of fire escapes etc. Building maintenance backlog and infrastructure budget constraints
Impact	<ul style="list-style-type: none"> Service disruption Property damage Traumatised and/or injured staff and patients
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Develop and implement the Provincial Safety, Health, Environment, Risk, and Quality Management (SHERQ) Policy to support and guide facilities Ensure that design and construction of infrastructure is compliant through phased fire compliance Monitor and evaluate operational compliance with fire regulations ensuring that disaster plans and fire drills are in place Ensure compliance of the physical environment and physical entities such as fire detectors, fire extinguishers, alarms, sprinkler systems, fire doors, and fire exits are in order Establish Health and Safety committees, appoint and train emergency representatives (fire, first aid and floor marshals), in accordance with the National Core Standards
RISK STATEMENT 9: Vandalism And Theft	
Risk	Damage to and loss of state property
Root Cause	<ul style="list-style-type: none"> Inadequate security measures Volatility in the community High crime prevalence
Impact	<ul style="list-style-type: none"> Compromises the quality of care Property damage Escalates maintenance and repair expenditure
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> Business continuity plans in place to minimise the impact on service delivery Installation of vandal-proof infrastructure including fixtures and fittings, as far as possible Improve security services and contract management at facility level
RISK STATEMENT 10: Fraud	
Risk	Unfair or unlawful access to public fund
Root Cause	<ul style="list-style-type: none"> Inadequate (compliance with) internal controls Lack of commitment to values of the organisation
Impact	<ul style="list-style-type: none"> Exacerbates resource constraints Compromises public trust in the health system
Strategic Goal Impact	<ul style="list-style-type: none"> Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Monitor the implementation of the fraud prevention plan Ensure PERSAL is accurate to prevent ghost employees Embark upon change management initiative that emphasises the values of the organisation (Strengthening the DICU, ICU processes – IA, CA, etc.)

RISK STATEMENT 11: Labour Unrest	
Risk	Strike action
Root Cause	<ul style="list-style-type: none"> Labour disputes
Impact	<ul style="list-style-type: none"> Service disruption Compromises patient and staff safety Exacerbates resource constraints and staff shortages
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Maintaining good practices and relations with organised labour through robust structures of engagement In the event of a strike ensure contingency plans are in place to minimise service disruption
RISK STATEMENT 12: Load Shedding	
Risk	Disruption in the supply of electricity
Root Cause	<ul style="list-style-type: none"> Eskom infrastructure Shortage in supply of diesel to support back-up power supply
Impact	<ul style="list-style-type: none"> Service disruption Compromised quality of care Increased supply of and maintenance to alternative sources of power supply Increased diesel storage Cost of diesel supply Damage to electrical and electronic equipment (including medical) due to power surge
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Backup power supply in place for priority services Reduce dependency on Eskom by investing in alternative energy sources Business continuity plans in place to minimise the impact on service delivery Ensures adequate diesel supply and storage
RISK STATEMENT 13: Ebola	
Risk	Ebola Outbreak
Root Cause	<ul style="list-style-type: none"> Failure in outbreak prevention strategies
Impact	<ul style="list-style-type: none"> Fatalities Increased pressure on the health system
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> Ebola outbreak preparedness plan in place Ebola surveillance strategies in place
RISK STATEMENT 14: Affordability of the infrastructure requirements of Healthcare 2030	
Risk	Affordability of delivering on required infrastructure in order to meet objectives of Healthcare 2030.
Root Cause	<ul style="list-style-type: none"> Limited financial resources Inappropriate and over-designed infrastructure that is too complex and costly to construct and maintain. Current condition and functional limitations of existing health infrastructure portfolio
Impact	<ul style="list-style-type: none"> Compromised healthcare services.
Strategic Goal Impact	<ul style="list-style-type: none"> Embed good governance and values-driven leadership practices.
Measures to Mitigate Impact	<ul style="list-style-type: none"> Develop standard health infrastructure designs which are appropriate to a developing economy Ensure compliance to standard designs, where appropriate and possible. Explore alternative finance options. Application of Prioritisation Tool for capital projects. Increase resources for maintenance of existing facilities.

11. Programme 3: EMERGENCY MEDICAL SERVICES

11.1. Purpose

To render pre-hospital emergency medical services including inter-hospital transfers, and planned patient transport; including clinical governance and co-ordination of emergency medicine within the Provincial Health Department

11.2. Structure

SUB-PROGRAMME 3.1: EMERGENCY TRANSPORT

To render emergency medical services including ambulance services, special operations, communications and air ambulance services

SUB-PROGRAMME 3.2: PLANNED PATIENT TRANSPORT

To render planned patient transport including local outpatient transport (within the boundaries of a given town or local area) and inter-city/town outpatient transport (into referral centres)

11.3. Programme Priorities

- Improving service delivery.
- Improving quality of care and clinical governance.

11.4. Situational Analysis Indicators

Table B.40: Data Elements for Situation Analysis Indicators

Source	Data Element	Element ID	Province wide value	Cape Town District	Cape Winelands District	Central Karoo District	Eden District	Overberg District	West Coast District
			2013/14	2013/14	2013/14	2013/14	2013/14	2013/14	2013/14
WCG Health EMS ambulance licensing	WCG: Health rostered ambulances registered and licensed as per the National Ambulance Act	1	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
CAD system	Rostered ambulances per hour (Calculation- Total ambulance personnel hours worked for the reporting period / (365 x 2 X 24) i.e. hours per day for the reporting period)	2	161	77	22	10	21	14	17
CAD system	EMS P1 urban response under 15 minutes	3	130 899	79 009	13 262	4 048	19 232	5 920	9 428
CAD system	EMS P1 urban calls (responses)	4	184 584	114 573	19 101	4 484	25 898	8 561	11 967
CAD system	EMS P1 rural response under 40 minutes	5	25 234	4 690	9 713	658	5 087	2 030	3 056
CAD system	EMS P1 rural calls (responses)	6	29 588	4 832	11 601	1 037	6 048	2 439	3 631
CAD system	EMS inter-facility transfer	7	169 450	139 883	12 858	1 637	5 543	5 160	4 369
CAD system	EMS clients total	8	514 901	280 254	76 238	12 636	69 745	32 180	43 848
CAD system	EMS operational ambulances	9	248	111	40	15	30	23	29
StatsSA (Circular H28 of 2014)	Total population	10	6 016 926	3 860 589	808 041	71 231	585 832	272 624	418 608
CAD system	Patients transported by ambulance (EMS emergency cases)	11	514 901	280 254	76 238	12 636	69 745	32 180	43 848
CAD system	EMS P1 response under 60 minutes	12	206 626	115 689	29 255	5 287	30 793	10 462	15 140
CAD system	EMS P1 calls (responses) total	13	214 172	119 405	30 702	5 521	31 946	11 000	15 598
CAD system	EMS all calls response under 60 minutes	14	482 035	248 609	73 285	14 861	67 880	33 104	44 296
CAD system	EMS all calls (responses) total	15	616 645	345 187	91 897	15 542	79 293	36 047	48 679

Notes

Element ID 1: This is a new indicator as from 2015/16 and refers to the number of ambulances within the EMS fleet that meet the requirements for licensing according to the National DoH requirements.

Element ID 2: The number of rostered ambulances was incorrectly reported as 166 in the 2013/14 Annual Report. This figure has been corrected.

Table B.41: Situation Analysis Indicators for EMS [EMS 1]

Programme performance indicator	Frequency	Data source / Element ID	Type	Province wide value	Cape Town District	Cape Winelands District	Central Karoo District	Eden District	Overberg District	West Coast District
				2013/14	2013/14	2013/14	2013/14	2013/14	2013/14	
SECTOR SPECIFIC INDICATORS										
1. EMS P1 urban response under 15 minutes rate	Quarterly		%	70.9%	69.0%	69.4%	90.3%	74.3%	69.2%	78.8%
Numerator		3		130 899	79 009	13 262	4 048	19 232	5 920	9 428
Denominator		4		184 584	114 573	19 101	4 484	25 898	8 561	11 967
2. EMS P1 rural response under 40 minutes rate	Quarterly		%	85.3%	97.1%	83.7%	63.5%	84.1%	83.2%	84.2%
Numerator		5		25 234	4 690	9 713	658	5 087	2 030	3 056
Denominator		6		29 588	4 832	11 601	1 037	6 048	2 439	3 631
3. EMS inter-facility transfer rate	Quarterly		%	32.9%	49.9%	16.9%	13.0%	7.9%	16.0%	10.0%
Numerator		7		169 450	139 883	12 858	1 637	5 543	5 160	4 369
Denominator		8		514 901	280 254	76 238	12 636	69 745	32 180	43 848
ADDITIONAL PROVINCIAL INDICATORS										
4. EMS operational ambulance coverage	Quarterly		Per 10 000	0.41	0.29	0.50	2.11	0.51	0.84	0.69
Numerator		9		248	111	40	15	30	23	29
Denominator / 10 000		10		601.693	386.059	80.804	7.123	58.583	27.262	41.861
5. Rostered ambulances per 10 000 people	Quarterly		Per 10 000	0.27	0.20	0.27	1.40	0.36	0.51	0.41
Numerator		2		161	77	22	10	21	14	17
Denominator / 10 000		10		601.693	386.059	80.804	7.123	58.583	27.262	41.861
6. Total number of EMS emergency cases	Quarterly		No	514 901	280 254	76 238	12 636	69 745	32 180	43 848
Element		11								
7. EMS P1 call response under 60 minutes rate	Quarterly		%	96.5%	96.9%	95.3%	95.8%	96.4%	95.1%	97.1%
Numerator		12		206 626	115 689	29 255	5 287	30 793	10 462	15 140
Denominator		13		214 172	119 405	30 702	5 521	31 946	11 000	15 598
8. EMS all calls response under 60 minutes rate	Quarterly		%	78.2%	72.0%	79.7%	95.6%	85.6%	91.8%	91.0%
Numerator		14		482 035	248 609	73 285	14 861	67 880	33 104	44 296
Denominator		15		616 645	345 187	91 897	15 542	79 293	36 047	48 679

Notes

- Indicator 2: Responses in the Cape Town District serviced farming areas located in or around the city. This together with the relatively low call volume translates into a better resourced service when compared to other rural districts. The extended time allocation (namely 40 minutes) further facilitates this achievement.
- Indicator 4: Operational coverage is highest in the Central Karoo as it is a difficult terrain to service due to the vast distances and small mostly unemployed communities. Thus there are relatively many ambulances for few citizens.
- Indicator 4 and 5: Due to rural distances between towns and health facilities being much greater than in the metropole in combination with the relatively lower population per sq.km in rural areas, ambulance coverage is greater in rural areas in order to maintain adequate coverage for rural communities.
- Indicator 6: The number of EMS cases is proportional to the population within a given geographic area.

11.5. Strategic Objectives - Annual Targets

Table B.42: Data elements with actual and projected performance values for Emergency Medical Services

Source	Data Element	Element ID	Audited / Actual performance			Estimated performance	Medium term targets			
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
WCG Health EMS ambulance licensing database	WCG: Health rostered ambulances registered and licensed as per the National Ambulance Act	1	Not required to report	Not required to report	Not required to report	134	146	155	170	
CAD system	Rostered ambulances per hour (Calculation- Total ambulance personnel hours worked for the reporting period / (365 x 2 X 24) i.e. hours per day for the reporting period)	2	142	165	161	167	172	177	184	
CAD system	EMS P1 urban response under 15 minutes	3	76 129	109 720	130 899	144 225	148 551	153 008	178 510	
CAD system	EMS P1 urban calls (responses)	4	109 332	164 131	184 584	192 299	198 068	204 010	233 696	
CAD system	EMS P1 rural response under 40 minutes	5	14 419	22 454	25 234	27 678	28 509	29 364	34 143	
CAD system	EMS P1 rural calls (responses)	6	16 357	25 757	29 588	30 754	31 676	32 627	37 821	
CAD system	EMS inter-facility transfer	7	130 181	146 737	169 450	123 825	127 539	125 654	125 251	
CAD system	EMS clients total	8	473 384	478 365	514 901	538 368	554 519	571 155	596 438	
CAD system	EMS operational ambulances	9	254	255	248	253	260	260	260	
StatsSA (Circular H28 of 2014)	Total population	10	5 792 096	5 904 017	6 016 926	6 130 791	6 245 836	6 362 257	6 478 871	
CAD system	Patients transported by ambulance (EMS emergency cases)	11	471 652	478 365	514 901	538 368	554 519	571 155	596 438	
CAD system	EMS P1 response under 60 minutes	12	Not required to report	Not required to report	206 626	178 443	183 796	189 310	194 717	
CAD system	EMS P1 calls (responses) total	13	Not required to report	Not required to report	214 172	223 053	229 745	236 637	243 396	
CAD system	EMS all calls response under 60 minutes	14	401 046	405 580	482 035	506 740	521 943	537 601	581 481	
CAD system	EMS all calls (responses) total	15	520 131	524 398	616 645	633 425	652 428	672 001	719 194	

Notes

Element 2: From 2012/13 onwards, rostered ambulances include volunteer hours worked by ambulance personnel. These were previously excluded.

Elements 3 – 6, 12 & 13: From 1 April 2012 all maternity cases are classified as priority 1 cases resulting in a significant increase in the number of P1 cases. As from July 2014, review of this classification has resulted in the number of P1 cases being reduced.

Table B.43: Provincial strategic objectives and annual targets for Emergency Medical Services [EMS 2]

Strategic objective	Programme performance indicator	Data source / Element ID	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
STRATEGIC GOAL: Embed good governance and values-driven leadership practices.										
1.1 Ensure registration and licensing of ambulances as per the statutory requirements.	1.1.1 Percentage of WCG: Health rostered ambulances registered and licensed		94.8%	Not required to report	Not required to report	Not required to report	80.4%	85.1%	87.7%	92.5%
	Numerator	1	181	-	-	-	134	146	155	170
	Denominator	2	191	142	165	161	167	172	177	184

Notes

Indicator 1.1.1: This is a new indicator as from 2015/16 and with the National Health Act: Regulations: Emergency Medical Services, likely to take effect in 2015 MTEF.

11.6. Performance Indicators and Annual Targets

Table B.44: Performance Indicators for Emergency Medical Services [EMS 3]

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
SECTOR SPECIFIC INDICATORS										
1. EMS P1 urban response under 15 minutes rate	Quarterly		%	69.6%	66.8%	70.9%	75.0%	75.0%	75.0%	76.4%
Numerator		3		76 129	109 720	130 899	144 225	148 551	153 008	178 510
Denominator		4		109 332	164 131	184 584	192 299	198 068	204 010	233 696
2. EMS P1 rural response under 40 minutes rate	Quarterly		%	88.2%	87.2%	85.3%	90.0%	90.0%	90.0%	90.3%
Numerator		5		14 419	22 454	25 234	27 678	28 509	29 364	34 143
Denominator		6		16 357	25 757	29 588	30 754	31 676	32 627	37 821
3. EMS inter-facility transfer rate	Quarterly		%	27.5%	30.7%	32.9%	23.0%	23.0%	22.0%	21.0%
Numerator		7		130 181	146 737	169 450	123 825	127 539	125 654	125 251
Denominator		8		473 384	478 365	514 901	538 368	554 519	571 155	596 438
ADDITIONAL PROVINCIAL INDICATORS										
4. EMS operational ambulance coverage	Quarterly		Per 10 000	0.44	0.43	0.41	0.41	0.42	0.41	0.40
Numerator		9		254	255	248	253	260	260	260
Denominator / 10 000		10		579.210	590.402	601.693	613.079	624.584	636.226	647.887
5. Rostered ambulances per 10 000 people	Quarterly		Per 10 000	0.25	0.28	0.27	0.27	0.27	0.28	0.28
Numerator		2		142	165	161	167	172	177	184
Denominator / 10 000		10		579.210	590.402	601.693	613.079	624.584	636.226	647.887
6. Total number of EMS emergency cases	Quarterly		No	471 652	478 365	514 901	538 368	554 519	571 155	596 438
Element		11								
7. EMS P1 call response under 60 minutes rate	Quarterly		%	Not required to report	Not required to report	96.5%	80.0%	80.0%	80.0%	80.0%
Numerator		12		-	-	206 626	178 443	183 796	189 310	194 717
Denominator		13		-	-	214 172	223 053	229 745	236 637	243 396
8. EMS all calls response under 60 minutes rate	Quarterly		%	77.1%	77.3%	78.2%	80.0%	80.0%	80.0%	80.9%
Numerator		14		401 046	405 580	482 035	506 740	521 943	537 601	581 481
Denominator		15		520 131	524 398	616 645	633 425	652 428	672 001	719 194

11.7. Quarterly Targets for 2015/16

Table B.45: Quarterly targets for Emergency Medical Services for 2014/15 [EMS 4]

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets			
			2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
1.1.1 Percentage of WCG: Health rostered ambulances registered and licensed		Annual	85.1%	-	-	-	84.9%
Numerator	1		146				146
Denominator	2		172				172
SECTOR SPECIFIC INDICATORS							
1. EMS P1 urban response under 15 minutes rate		Quarterly	75.0%	75.0%	75.0%	75.0%	75.0%
Numerator	3		148 551	37 138	37 138	37 138	37 137
Denominator	4		198 068	49 517	49 517	49 517	49 517
2. EMS P1 rural response under 40 minutes rate		Quarterly	90.0%	90.0%	90.0%	90.0%	90.0%
Numerator	5		28 509	7 127	7 127	7 127	7 128
Denominator	6		31 676	7 919	7 919	7 919	7 919
3. EMS inter-facility transfer rate		Quarterly	23.0%	23.0%	23.0%	23.0%	23.0%
Numerator	7		127 539	31 885	31 885	31 885	31 884
Denominator	8		554 519	138 630	138 630	138 630	138 629
ADDITIONAL PROVINCIAL INDICATORS							
4. EMS operational ambulance coverage		Quarterly	0.42	0.42	0.42	0.42	0.42
Numerator	9		260	260	260	260	260
Denominator / 10 000	10		624.584	624.584	624.584	624.584	624.584
5. Rostered ambulances per 10 000 people		Quarterly	27.5%	27.5%	27.5%	27.5%	27.5%
Numerator	2		172	172	172	172	172
Denominator / 10 000	10		624.584	624.584	624.584	624.584	624.584
6. Total number of EMS emergency cases		Quarterly	554 519	138 630	138 630	138 630	138 629
Element	11						
7. EMS P1 call response under 60 minutes rate		Quarterly	80.0%	80.0%	80.0%	80.0%	80.0%
Numerator	12		183 796	45 949	45 949	45 949	45 949
Denominator	13		229 745	57 436	57 436	57 436	57 437
8. EMS all calls response under 60 minutes rate		Quarterly	80.0%	80.0%	80.0%	80.0%	80.0%
Numerator	14		521 943	130 486	130 486	130 486	130 485
Denominator	15		652 428	163 107	163 107	163 107	163 107

11.8. Reconciling Performance Targets with Budget and MTEF

EXPENDITURE ESTIMATES

Table B.46: Summary of payments and estimates – Programme 3: Emergency Medical Services

Sub-programme R'000	Outcome			Main appro- priation 2014/15	Adjusted appro- priation 2014/15	Revised estimate 2014/15	Medium-term estimate			
	Audited 2011/12	Audited 2012/13	Audited 2013/14				% Change from Revised estimate	2015/16	2016/17	2017/18
1. Emergency Medical Services	585 119	622 802	755 571	800 502	805 866	806 756	858 554	6.42	903 459	949 669
2. Planned Patient Transport	52 089	52 712	64 177	70 498	69 498	67 446	71 958	6.69	75 832	79 765
Total payments and estimates	637 208	675 514	819 748	871 000	875 364	874 202	930 512	6.44	979 291	1 029 434

Notes

Sub-programme 3.1: 2015/16: National Conditional grant: Health Professions Training and Development: R3 060 000 (Compensation of employees).

Table B.47: Payments and estimates by economic classification – Programme 3: Emergency Medical Services

Economic classification R'000	Outcome			Main appro- priation 2014/15	Adjusted appro- priation 2014/15	Revised estimate 2014/15	Medium-term estimate			
	Audited	Audited	Audited				% Change from Revised estimate			
	2011/12	2012/13	2013/14				2015/16	2014/15	2016/17	2017/18
Current payments	519 336	573 883	722 184	759 260	760 394	756 522	813 041	7.47	855 871	899 331
Compensation of employees	398 136	434 223	486 359	513 829	510 829	506 933	543 344	7.18	571 342	599 724
Salaries and wages	341 193	369 076	416 708	439 433	436 933	433 421	466 062	7.53	489 929	514 127
Social contributions	56 943	65 147	69 651	74 396	73 896	73 512	77 282	5.13	81 413	85 597
Goods and services	121 200	139 660	235 825	245 431	249 565	249 589	269 697	8.06	284 529	299 607
<i>of which</i>										
Advertising	5									
Minor assets	2 856	2 773	792	1 966	1 466	1 466	2 163	47.54	2 281	2 402
Catering: Departmental activities	59	126	172	252	252	182	200	9.89	211	222
Communication	10 469	8 602	6 365	6 433	8 067	8 067	7 422	(8.00)	7 833	8 247
Computer services	55	62	50	52	52	52	57	9.62	61	64
Cons/prof. Business and advisory services	22	466	120	164	164	33	34	3.03	36	38
Contractors	7 898	8 219	93 121	80 167	83 167	83 102	91 261	9.82	96 281	101 384
Agency and support/ outsourced services	255	354	472	661	661	550	604	9.82	639	671
Entertainment	5	4	3	5	5	3	3		4	4
Fleet services (including government motor transport)	106 955	83 155	106 947	114 798	114 798	113 827	122 203	7.36	128 924	135 755
Inventory: Materials and supplies	1 455	1 080	1 097	1 083	1 083	1 429	1 571	9.94	1 660	1 746
Inventory: Medical supplies	4 240	8 287	6 760	9 000	9 000	8 947	9 740	8.86	10 273	10 823
Inventory: Medicine	483	462	563	530	530	605	399	(34.05)	421	444
Consumable supplies	9 444	12 002	7 873	16 913	16 913	16 404	17 413	6.15	18 371	19 343
Consumable: Stationery, printing & office supplies	804	2 473	1 432	1 544	1 544	2 343	2 688	14.72	2 836	2 985
Operating leases	(29 719)	2 265	2 370	2 564	2 564	3 160	3 478	10.06	3 666	3 859
Property payments	3 486	6 494	5 361	6 479	6 479	6 686	7 454	11.49	7 861	8 279
Travel and subsistence	1 902	1 850	1 666	1 872	1 872	1 745	1 919	9.97	2 025	2 133
Training and development	301	824	528	828	828	846	931	10.05	981	1 034
Operating payments	150	136	63	57	57	67	74	10.45	78	82
Venues and facilities	75	26	70	63	63	74	82	10.81	86	91
Rental and hiring						1	1		1	1
Transfers and subsidies to	35 458	46 226	42 106	50 013	50 013	50 095	52 927	5.65	55 836	58 798
Departmental agencies and accounts			12	12	12	15	13	(13.33)	13	14
Entities receiving transfers			12	12	12	15	13	(13.33)	13	14
Other			12	12	12	15	13	(13.33)	13	14
Non-profit institutions	35 281	45 818	41 728	49 449	49 449	49 449	52 317	5.80	55 194	58 120
Households	177	408	366	552	552	631	597	(5.39)	629	664
Social benefits	177	408	366	552	552	631	597	(5.39)	629	664
Payments for capital assets	81 639	53 951	54 337	61 727	64 957	65 935	64 544	(2.11)	67 584	71 305
Buildings and other fixed structures	81									
Buildings	81									
Machinery and equipment	81 558	53 951	54 337	61 727	64 957	65 935	64 544	(2.11)	67 584	71 305
Transport equipment	72 591	45 379	47 561	54 029	54 029	55 007	57 941	5.33	60 855	63 819
Other machinery and equipment	8 967	8 572	6 776	7 698	10 928	10 928	6 603	(39.58)	6 729	7 486
<i>Of which: "Capitalised Goods and services" included in Payments for capital assets</i>	81									
Payments for financial assets	775	1 454	1 121			1 650		(100.00)		
Total economic classification	637 208	675 514	819 748	871 000	875 364	874 202	930 512	6.44	979 291	1 029 434

PERFORMANCE AND EXPENDITURE TRENDS

Programme 3: Emergency Medical Services is allocated 4.95 per cent of the vote in 2015/16 in comparison to the 5.04 per cent allocated in the revised estimate of the 2014/15 budget. This amounts to a nominal increase of R56.310 million or 6.44 per cent.

11.9. Risk Management

RISK STATEMENT 1: Shortage Of Skilled Staff	
Risk	Inadequate competency levels
Root Cause	<ul style="list-style-type: none"> ▪ Shortage of highly skilled professionals ▪ Inability to offer competitive remuneration packages
Impact	<ul style="list-style-type: none"> ▪ Compromised ability to deliver on the Department's mandate
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote Health and Wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Allocation of bursaries per scarce-skilled profession as a recruitment strategy ▪ In the process of developing an on-line exit interview questionnaire to assist in identifying the reasons for exits and to inform future interventions ▪ Development and implementation of recruitment and retention policies ▪ Work in partnership with universities to recruit and retain highly skilled staff ▪ Strengthen organisational culture and staff wellbeing ▪ Succession planning ▪ Improve the working environment
RISK STATEMENT 2: Staff Safety	
Risk	3. Increased staff safety related, adverse incidents
Root Cause	<ul style="list-style-type: none"> ▪ Volatility in the community e.g. gang violence, inter-personal violence ▪ High prevalence of infectious diseases e.g. HIV/AIDS and TB ▪ Inadequate Occupational Health and Safety measures ▪ Inadequate security measures
Impact	<ul style="list-style-type: none"> ▪ Compromised employee wellness
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Safety guidelines and protocols that empower staff to make decisions around their own safety ▪ Raise employee awareness on safety in the workplace ▪ Ensuring optimal security measures are in place at health facilities ▪ Engage the SAPS and community safety stakeholders on ways in which closer collaboration and interagency partnerships could assist in securing the physical safety of staff ▪ Robust OHS measures in place
RISK STATEMENT 3: Resource Constraints	
Risk	Inability to render comprehensive quality health services
Root Cause	<ul style="list-style-type: none"> ▪ Allocative and technical inefficiencies ▪ Escalating burden of disease ▪ Escalating costs of labour, goods and services ▪ Fiscal envelope based on nominal growth ▪ Aging infrastructure
Impact	<ul style="list-style-type: none"> ▪ Poor health outcomes ▪ Compromised ability to deliver on the department's mandate
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Priority setting ▪ Establish and embed mechanisms to enhance efficiencies ▪ Applying lean management principles to reduce waste in the system ▪ Rational prescribing ▪ Laboratory cost containment measures, e.g. Electronic Gatekeeping System ▪ Explore alternative financing options
RISK STATEMENT 4: Medico Legal Claims	
Risk	Increasing litigation against the department as a result of malpractice and negligence
Root Cause	<ul style="list-style-type: none"> ▪ Increasing service pressures ▪ Inadequate clinical governance mechanisms ▪ Technical inefficiencies
Impact	<ul style="list-style-type: none"> ▪ Compromised quality of care ▪ Escalating expenditure ▪ Compromised public trust in the health system (reputational damage)
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote Health and Wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Adverse incidence reporting system ▪ Strengthen clinical governance and antibiotic stewardship ▪ Contingency plans in place for service surges

RISK STATEMENT 5: Pharmaceutical Stock-outs	
Risk	Unavailability of essential pharmaceutical goods and services
Root Cause	<ul style="list-style-type: none"> Supplier challenges e.g. global shortages of ingredients Lack of timeous and good contract management Inability to secure alternatives Late or inadequate awarding of national pharmaceutical contracts
Impact	<ul style="list-style-type: none"> Compromises the quality of care Compromises public trust in the health system
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Engage National Department of Health on timeous awarding of national tenders Monitor stocks out regularly Monitor vaccine supply Provide alternatives to the essential medicines, where possible Tight contract management with suppliers Create provincial contracts for items that have been excluded from the revised national tenders, where possible
RISK STATEMENT 6: ICT Systems Disruption	
Risk	Dysfunctional communication and information systems
Root Cause	<ul style="list-style-type: none"> Inadequate and ageing technology infrastructure and resources Inadequate technical capacity within the Western Cape Government
Impact	<ul style="list-style-type: none"> Compromised service delivery
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Develop a robust IT disaster recovery plan Monitor the responsiveness of the Helpdesk and support systems to IT system failures Constantly review and address out-dated infrastructure by conducting regular hardware and ICT audits
RISK STATEMENT 7: Fire Within Health Facilities	
Risk	Fire damage to state property and safety threat to building occupants
Root Cause	<ul style="list-style-type: none"> Inadequate safety measures Constant trade-off between securing a building from a safety perspective versus maintaining the integrity of fire escapes etc. Building maintenance backlog and infrastructure budget constraints
Impact	<ul style="list-style-type: none"> Service disruption Property damage Traumatized and/or injured staff and patients
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Develop and implement the Provincial Safety, Health, Environment, Risk, and Quality Management (SHERQ) Policy to support and guide facilities Ensure that design and construction of infrastructure is compliant through phased fire compliance Monitor and evaluate operational compliance with fire regulations ensuring that disaster plans and fire drills are in place Ensure compliance of the physical environment and physical entities such as fire detectors, fire extinguishers, alarms, sprinkler systems, fire doors, and fire exits are in order Establish Health and Safety committees, appoint and train emergency representatives (fire, first aid and floor marshals), in accordance with the National Core Standards
RISK STATEMENT 8: Vandalism And Theft	
Risk	Damage to and loss of state property
Root Cause	<ul style="list-style-type: none"> Inadequate security measures Volatility in the community High crime prevalence
Impact	<ul style="list-style-type: none"> Compromises the quality of care Property damage Escalates maintenance and repair expenditure
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> Business continuity plans in place to minimise the impact on service delivery Installation of vandal-proof infrastructure including fixtures and fittings, as far as possible Improve security services and contract management at facility level

RISK STATEMENT 9: Fraud	
Risk	Unfair or unlawful access to public fund
Root Cause	<ul style="list-style-type: none"> Inadequate (compliance with) internal controls Lack of commitment to values of the organisation
Impact	<ul style="list-style-type: none"> Exacerbates resource constraints Compromises public trust in the health system
Strategic Goal Impact	<ul style="list-style-type: none"> Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Monitor the implementation of the fraud prevention plan Ensure PERSAL is accurate to prevent ghost employees Embark upon change management initiative that emphasises the values of the organisation (Strengthening the DICU, ICU processes – IA, CA, etc.)
RISK STATEMENT 10: Labour Unrest	
Risk	Strike action
Root Cause	<ul style="list-style-type: none"> Labour disputes
Impact	<ul style="list-style-type: none"> Service disruption Compromises patient and staff safety Exacerbates resource constraints and staff shortages
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Maintaining good practices and relations with organised labour through robust structures of engagement In the event of a strike ensure contingency plans are in place to minimise service disruption
RISK STATEMENT 11: Load Shedding	
Risk	Disruption in the supply of electricity
Root Cause	<ul style="list-style-type: none"> Eskom infrastructure Shortage in supply of diesel to support back-up power supply
Impact	<ul style="list-style-type: none"> Service disruption Compromised quality of care Increased supply of and maintenance to alternative sources of power supply Increased diesel storage Cost of diesel supply Damage to electrical and electronic equipment (including medical) due to power surge
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Backup power supply in place for priority services Reduce dependency on Eskom by investing in alternative energy sources Business continuity plans in place to minimise the impact on service delivery Ensures adequate diesel supply and storage
RISK STATEMENT 12: Ebola	
Risk	Ebola Outbreak
Root Cause	<ul style="list-style-type: none"> Failure in outbreak prevention strategies
Impact	<ul style="list-style-type: none"> Fatalities Increased pressure on the health system
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> Ebola outbreak preparedness plan in place Ebola surveillance strategies in place
RISK STATEMENT 13: Affordability of the infrastructure requirements of Healthcare 2030	
Risk	Affordability of delivering on required infrastructure in order to meet objectives of Healthcare 2030.
Root Cause	<ul style="list-style-type: none"> Limited financial resources Inappropriate and over-designed infrastructure that is too complex and costly to construct and maintain. Current condition and functional limitations of existing health infrastructure portfolio
Impact	<ul style="list-style-type: none"> Compromised healthcare services.
Strategic Goal Impact	<ul style="list-style-type: none"> Embed good governance and values-driven leadership practices.
Measures to Mitigate Impact	<ul style="list-style-type: none"> Develop standard health infrastructure designs which are appropriate to a developing economy Ensure compliance to standard designs, where appropriate and possible. Explore alternative finance options. Application of Prioritisation Tool for capital projects. Increase resources for maintenance of existing facilities.

12. Programme 4: PROVINCIAL HOSPITAL SERVICES

12.1. Purpose

Delivery of hospital services, which are accessible, appropriate, effective and provide general specialist services, including a specialised rehabilitation service, dental service, psychiatric service, as well as providing a platform for training health professionals and conducting research.

12.2. Structure

SUB-PROGRAMME 4.1: GENERAL (REGIONAL) HOSPITALS

Rendering of hospital services at a general specialist level and providing a platform for the training of health workers and conducting research

SUB-PROGRAMME 4.2: TUBERCULOSIS HOSPITALS

To convert present Tuberculosis hospitals into strategically placed centres of excellence in which a small percentage of patients may undergo hospitalisation under conditions, which allow for isolation during the intensive level of treatment, as well as the application of the standardized multi-drug and extreme drug-resistant protocols

SUB-PROGRAMME 4.3: PSYCHIATRIC/MENTAL HOSPITALS

Rendering a specialist psychiatric hospital service for people with mental illness and intellectual disability and providing a platform for the training of health workers and conducting research

SUB-PROGRAMME 4.4: SUB-ACUTE, STEP DOWN AND CHRONIC MEDICAL HOSPITALS

Rendering specialised rehabilitation services for persons with physical disabilities including the provision of orthotic and prosthetic services

SUB-PROGRAMME 4.5: DENTAL TRAINING HOSPITALS

Rendering an affordable and comprehensive oral health service and providing a platform for the training of health workers and conducting research

12.3. Programme Priorities

- Improving service delivery
- Improving quality of care and clinical governance

12.4. General (Regional) Hospitals

STRATEGIC OBJECTIVES - ANNUAL TARGETS

Table B.46: Data elements with actual and projected performance values for General (Regional) Hospitals

Source	Data Element	Element ID	Audited / Actual performance			Estimated performance	Medium term targets		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
SINJANI	Actual (usable) beds (regional hospitals)	1	1 355	1 375	1 373	1 389	1 389	1 389	1 389
SINJANI	Number of regional hospitals	2	5	5	5	5	5	5	5
SINJANI	Hospitals that conducted a national core standards self-assessment during the financial year (regional hospitals)	3	Not required to report	Not required to report	5	5	5	5	5
SINJANI	Hospitals that developed a quality improvement plan during the financial year (regional hospitals)	4	Not required to report	Not required to report	Not required to report	5	5	5	5
DHIS - NCS system	Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards (regional hospitals)	5	Not required to report	Not required to report	Not required to report	3	3	4	5
SINJANI	Hospitals that conducted a patient satisfaction survey during the financial year (regional hospitals)	6	5	5	5	5	5	5	5
SINJANI	Questionnaires with 1 or 2 recorded for pleased with treatment (regional hospitals)	7	3 102	2 434	3 115	3 000	3 150	3 200	3 250
SINJANI	Questionnaires with answer provided for pleased with treatment (regional hospitals)	8	3 424	2 898	3 491	3 500	3 500	3 500	3 500
SINJANI	Patient days (Inpatient days + 1/2 Day patients) (regional hospitals)	9	425 307	423 968	438 392	440 721	441 000	441 795	442 605
SINJANI	Inpatient separations (regional hospitals)	10	107 713	108 914	117 015	118 238	119 485	120 755	121 069
SINJANI	Inpatient bed days available (Usable beds total x 30.42) (regional hospitals)	11	494 508	500 957	500 226	507 041	507 041	507 041	507 041
SINJANI	Mental health admissions (regional hospitals)	12	Not required to report	Not required to report	Not required to report	1 850	1 885	1 921	1 957
BAS	Expenditure in regional hospitals	13	1 134 042 000	1 217 963 000	1 336 141 000	1 475 435 000	1 628 734 000	1 713 340 000	1 803 416 000
SINJANI	OPD headcount (regional hospitals)	14	235 530	243 365	258 146	263 051	268 049	273 142	278 331
SINJANI	Emergency headcount (regional hospitals)	15	156 676	154 144	156 145	159 112	162 135	165 215	168 355
SINJANI	Patient day equivalent (PDE) (regional hospitals)	16	556 383	556 471	576 489	581 442	584 395	587 914	591 500
SINJANI	Complaints resolved (regional hospitals)	17	399	443	413	295	300	300	300
SINJANI	Complaints received (regional hospitals)	18	405	445	415	300	305	305	305
SINJANI	Complaints resolved within 25 working days (regional hospitals)	19	328	389	380	290	295	295	295
BAS	Expenditure in regional hospitals expressed in 2013/14 Rand	20	1 273 319 531	1 306 989 603	1 336 141 000	1 358 241 972	1 390 091 118	1 379 445 587	1 372 299 613
SINJANI	Mortality and morbidity reviews conducted per discipline (regional hospitals)	21	Not required to report	Not required to report	227	170	170	170	170
SINJANI	Possible mortality and morbidity reviews (regional hospitals) x number of disciplines within regional hospitals	22	Not required to report	Not required to report	170	204	204	204	204

Notes

Element ID 1: Bed changes in Family medicine speciality at George hospital effective from August 2014.

Element ID 7 & 8: The number of questionnaires evaluated is variable and is dependent on the response rate from the patients.

Element ID 17: An electronic system was implemented in 2011/12 and as a result the data for the year was incomplete.

Element ID 21 & 22: In New Somerset, Paarl, George and Worcester Hospitals, four disciplines can hold a maximum of 12 monthly Mortality and Morbidity Review Meetings per year (192 in total). In Mowbray Maternity Hospital only one discipline can hold a maximum of 12 monthly Mortality and Morbidity Review meetings per year.

Table B.47: Provincial Strategic Objectives and Annual Targets for General (Regional) Hospitals [PHS 1]

Strategic objective	Programme performance indicator	Data source / Element ID	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
STRATEGIC GOAL: Promote health and wellness.										
1.1 Provide quality general/regional hospital services.	1.1.1 Actual (usable) beds in regional hospitals	Element 1	1 389	1 355	1 375	1 373	1 389	1 389	1 389	1 389

Notes

Indicator 1.1.1: Bed changes in Family medicine speciality at George Hospital effective from August 2014.

PERFORMANCE INDICATORS AND ANNUAL TARGETS

Table B.48: Performance Indicators for General (Regional) Hospitals [PHS 2]

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
SECTOR SPECIFIC INDICATORS										
1. National core standards self-assessment rate (regional hospitals)	Quarterly		%	Not required to report	Not required to report	100.0%	100.0%	100.0%	100.0%	100.0%
Numerator		3		-	-	5	5	5	5	5
Denominator		2		5	5	5	5	5	5	5
2. Quality improvement plan after self-assessment rate (regional hospitals)	Quarterly		%	Not required to report	Not required to report	Not required to report	100.0%	100.0%	100.0%	100.0%
Numerator		4		-	-	-	5	5	5	5
Denominator		3		-	-	5	5	5	5	5
3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards (regional hospitals)	Quarterly		%	Not required to report	Not required to report	Not required to report	60.0%	60.0%	80.0%	100.0%
Numerator		5		-	-	-	3	3	4	5
Denominator		3		-	-	5	5	5	5	5
4. Patient satisfaction survey rate (regional hospitals)	Quarterly		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Numerator		6		5	5	5	5	5	5	5
Denominator		2		5	5	5	5	5	5	5
5. Patient satisfaction rate (regional hospitals)	Annual		%	90.6%	84.0%	89.2%	85.7%	90.0%	91.4%	92.9%
Numerator		7		3 102	2 434	3 115	3 000	3 150	3 200	3 250
Denominator		8		3 424	2 898	3 491	3 500	3 500	3 500	3 500
6. Average length of stay (regional hospitals)	Quarterly		Days	3.9	3.9	3.7	3.7	3.7	3.7	3.7
Numerator		9		425 307	423 968	438 392	440 721	441 000	441 795	442 605
Denominator		10		107 713	108 914	117 015	118 238	119 485	120 755	121 069
7. Inpatient bed utilisation rate (regional hospitals)	Quarterly		%	86.0%	84.6%	87.6%	86.9%	87.0%	87.1%	87.3%
Numerator		9		425 307	423 968	438 392	440 721	441 000	441 795	442 605
Denominator		11		494 508	500 957	500 226	507 041	507 041	507 041	507 041
8. Mental health admission rate (regional hospitals)	Annual		%	Not required to report	Not required to report	Not required to report	1.6%	1.6%	1.6%	1.6%
Numerator		12		-	-	-	1 850	1 885	1 921	1 957
Denominator		10		107 713	108 914	117 015	118 238	119 485	120 755	121 069
9. Expenditure per PDE (regional hospitals)	Quarterly		R	R 2 038	R 2 189	R 2 318	R 2 538	R 2 787	R 2 914	R 3 049
Numerator		13		1 134 042 000	1 217 963 000	1 336 141 000	1 475 435 000	1 628 734 000	1 713 340 000	1 803 416 000
Denominator		16		556 383	556 471	576 489	581 442	584 395	587 914	591 500
10. Complaint resolution rate (regional hospitals)	Quarterly		%	98.5%	99.6%	99.5%	98.3%	98.4%	98.4%	98.4%
Numerator		17		399	443	413	295	300	300	300
Denominator		18		405	445	415	300	305	305	305
11. Complaint resolution within 25 working days rate (regional hospitals)	Quarterly		%	82.2%	87.8%	92.0%	98.3%	98.3%	98.3%	98.3%
Numerator		19		328	389	380	290	295	295	295
Denominator		17		399	443	413	295	300	300	300
ADDITIONAL PROVINCIAL INDICATORS										
12. Expenditure per PDE in 2013/14 Rand (regional hospitals)	Quarterly		R	R 2 289	R 2 349	R 2 318	R 2 336	R 2 379	R 2 346	R 2 320
Numerator		20		1 273 319 531	1 306 989 603	1 336 141 000	1 358 241 972	1 390 091 118	1 379 445 587	1 372 299 613
Denominator		16		556 383	556 471	576 489	581 442	584 395	587 914	591 500
13. Mortality and morbidity review rate (regional hospitals)	Quarterly		%	Not required to report	Not required to report	133.5%	83.3%	83.3%	83.3%	83.3%
Numerator		21		-	-	227	170	170	170	170
Denominator		22		-	-	170	204	204	204	204

Notes

Indicator 11: From 2013/14, due to a change in the National Indicator Dataset definition, the indicator reflects complaints resolved within 25 working days, not calendar days.

Indicator 12: In New Somerset, Paarl, George and Worcester Hospitals, four disciplines can hold a maximum of 12 monthly Mortality and Morbidity Review Meetings per year (192 in total). In Mowbray Maternity Hospital only one discipline can hold a maximum of 12 monthly Mortality and Morbidity Review meetings per year.

QUARTERLY TARGETS FOR 2015/16

Table B.49: Quarterly Targets for General (Regional) Hospitals for 2015/16 [PHS 5]

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets			
			2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
1.1.1 Actual (usable) beds in regional hospitals	Element 1	Quarterly	1 389	1 389	1 389	1 389	1 389
SECTOR SPECIFIC INDICATORS							
1. National core standards self-assessment rate (regional hospitals)		Quarterly	100.0%	0.0%	0.0%	0.0%	100.0%
Numerator	3		5	0	0	0	5
Denominator	2		5	5	5	5	5
2. Quality improvement plan after self-assessment rate (regional hospitals)		Quarterly	100.0%				100.0%
Numerator	4		5	0	0	0	5
Denominator	3		5	0	0	0	5
3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards (regional hospitals)		Quarterly	60.0%				60.0%
Numerator	5		3	0	0	0	3
Denominator	3		5	0	0	0	5
4. Patient satisfaction survey rate (regional hospitals)		Quarterly	100.0%	0.0%	0.0%	0.0%	100.0%
Numerator	6		5	0	0	0	5
Denominator	2		5	5	5	5	5
5. Patient satisfaction rate (regional hospitals)		Annual	90.0%	-	-	-	90.0%
Numerator	7		3 150				3 150
Denominator	8		3 500				3 500
6. Average length of stay (regional hospitals)		Quarterly	3.7	3.7	3.7	3.7	3.7
Numerator	9		441 000	110 000	110 000	110 000	111 000
Denominator	10		119 485	29 660	29 971	29 990	29 864
7. Inpatient bed utilisation rate (regional hospitals)		Quarterly	87.0%	86.8%	86.8%	86.8%	87.6%
Numerator	9		441 000	110 000	110 000	110 000	111 000
Denominator	11		507 041	126 760	126 760	126 760	126 761
8. Mental health admission rate (regional hospitals)		Annual	1.6%	1.6%	1.6%	1.6%	1.6%
Numerator	12		1 885	467	466	482	470
Denominator	10		119 485	29 660	29 971	29 990	29 864
9. Expenditure per PDE (regional hospitals)		Quarterly	R 2 787	R 2 826	R 2 804	R 2 805	R 2 715
Numerator	13		1 628 734 000	407 183 500	407 183 500	407 183 500	407 183 500
Denominator	16		584 395	144 102	145 192	145 152	149 949
10. Complaint resolution rate (regional hospitals)		Quarterly	98.4%	98.9%	98.9%	96.8%	98.2%
Numerator	17		300	92	93	60	55
Denominator	18		305	93	94	62	56
11. Complaint resolution within 25 working days rate (regional hospitals)		Quarterly	98.3%	98.9%	97.8%	98.3%	98.2%
Numerator	19		295	91	91	59	54
Denominator	17		300	92	93	60	55
ADDITIONAL PROVINCIAL INDICATORS							
12. Expenditure per PDE in 2013/14 Rand (regional hospitals)		Quarterly	R 2 379	R 2 412	R 2 394	R 2 394	R 2 318
Numerator	20		1 390 091 118	347 522 780	347 522 780	347 522 780	347 522 778
Denominator	16		584 395	144 102	145 192	145 152	149 949
13. Mortality and morbidity review rate (regional hospitals)		Quarterly	83.3%	84.3%	84.3%	84.3%	80.4%
Numerator	21		170	43	43	43	41
Denominator	22		204	51	51	51	51

12.5. Tuberculosis Hospitals

STRATEGIC OBJECTIVES - ANNUAL TARGETS

Table B.50: Data elements with actual and projected performance values for Tuberculosis Hospitals

Source	Data Element	Element ID	Audited / Actual performance			Estimated performance	Medium term targets		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
SINJANI	Actual (usable) beds (TB hospitals)	1	1 033	1 021	1 026	1 026	1 026	1 026	1 026
SINJANI	Number of TB hospitals	2	6	6	6	6	6	6	6
SINJANI	Hospitals that conducted a national core standards self-assessment during the financial year (TB hospitals)	3	Not required to report	Not required to report	1	5	6	6	6
SINJANI	Hospitals that developed a quality improvement plan during the financial year (TB hospitals)	4	Not required to report	Not required to report	Not required to report	4	5	6	6
DHIS - NCS system	Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards (TB hospitals)	5	Not required to report	Not required to report	Not required to report	0	1	2	4
SINJANI	Hospitals that conducted a patient satisfaction survey during the financial year (TB hospitals)	6	5	6	6	6	6	6	6
SINJANI	Questionnaires with 1 or 2 recorded for pleased with treatment (TB hospitals)	7	361	469	398	523	530	535	540
SINJANI	Questionnaires with answer provided for pleased with treatment (TB hospitals)	8	427	534	444	575	575	575	575
SINJANI	Patient days (Inpatient days + 1/2 Day patients) (TB hospitals)	9	291 028	286 498	270 148	272 717	275 000	278 000	280 000
SINJANI	Inpatient separations (TB hospitals)	10	3 979	3 764	3 664	3 669	3 750	3 800	3 850
SINJANI	Inpatient bed days available (Usable beds total x 30.42) (TB hospitals)	11	377 086	375 413	373 466	374 531	374 531	374 531	374 531
SINJANI	Mental health admissions (TB hospitals)	12	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals
BAS	Expenditure in TB hospitals	13	198 767 000	213 244 000	225 222 000	246 121 000	264 503 000	278 089 000	292 200 000
SINJANI	OPD headcount (TB hospitals)	14	8 360	6 302	7 924	9 116	9 200	9 200	9 200
SINJANI	Emergency headcount (TB hospitals)	15	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
SINJANI	Patient day equivalent (PDE) (TB hospitals)	16	293 815	288 599	272 789	275 756	278 067	281 067	283 067
SINJANI	Complaints resolved (TB hospitals)	17	43	53	44	40	40	40	40
SINJANI	Complaints received (TB hospitals)	18	43	68	44	45	45	45	45
SINJANI	Complaints resolved within 25 working days (TB hospitals)	19	40	47	44	38	38	38	38
BAS	Expenditure in TB hospitals expressed in 2013/14 Rand	20	223 178 598	228 831 000	225 222 000	226 571 738	225 747 894	223 895 224	222 348 003
SINJANI	Mortality and morbidity reviews conducted per discipline (TB hospitals)	21	Not required to report	Not required to report	66	50	50	50	50
SINJANI	Possible mortality and morbidity reviews (TB hospitals) x number of disciplines within TB hospitals	22	Not required to report	Not required to report	50	72	72	72	72

Notes

Element ID 7 & 8: The number of questionnaires evaluated is variable and is dependent on the response rate from the patients.

Element ID 17: An electronic system was implemented in 2011/12 and as a result the data for the year was incomplete.

Element ID 22: The TB hospitals only have one discipline that can hold a maximum of 12 monthly Mortality and Morbidity Review meetings per year (72 in total).

Table B.51: Provincial Strategic Objectives and Annual Targets for Tuberculosis Hospitals [PHS 3]

Strategic objective	Programme performance indicator	Data source / Element ID	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
STRATEGIC GOAL: Promote health and wellness.										
1.1 Provide quality tuberculosis hospital services.	1.1.1 Actual (usable) beds in tuberculosis hospitals	Element 1	1 026	1 033	1 021	1 026	1 026	1 026	1 026	1 026

PERFORMANCE INDICATORS AND ANNUAL TARGETS

Table B.52: Performance Indicators for Tuberculosis Hospitals [PHS 4]

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
SECTOR SPECIFIC INDICATORS										
1. National core standards self-assessment rate (TB hospitals)	Quarterly		%	Not required to report	Not required to report	16.7%	83.3%	100.0%	100.0%	100.0%
Numerator		3		-	-	1	5	6	6	6
Denominator		2		6	6	6	6	6	6	6
2. Quality improvement plan after self-assessment rate (TB hospitals)	Quarterly		%	Not required to report	Not required to report	Not required to report	80.0%	83.3%	100.0%	100.0%
Numerator		4		-	-	-	4	5	6	6
Denominator		3		-	-	1	5	6	6	6
3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards (TB hospitals)	Quarterly		%	Not required to report	Not required to report	Not required to report	0.0%	16.7%	33.3%	66.7%
Numerator		5		-	-	-	0	1	2	4
Denominator		3		-	-	1	5	6	6	6
4. Patient satisfaction survey rate (TB hospitals)	Quarterly		%	83.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Numerator		6		5	6	6	6	6	6	6
Denominator		2		6	6	6	6	6	6	6
5. Patient satisfaction rate (TB hospitals)	Annual		%	84.5%	87.8%	89.6%	91.0%	92.2%	93.0%	93.9%
Numerator		7		361	469	398	523	530	535	540
Denominator		8		427	534	444	575	575	575	575
6. Average length of stay (TB hospitals)	Quarterly		Days	73.1	76.1	73.7	74.3	73.3	73.2	72.7
Numerator		9		291 028	286 498	270 148	272 717	275 000	278 000	280 000
Denominator		10		3 979	3 764	3 664	3 669	3 750	3 800	3 850
7. Inpatient bed utilisation rate (TB hospitals)	Quarterly		%	77.2%	76.3%	72.3%	72.8%	73.4%	74.2%	74.8%
Numerator		9		291 028	286 498	270 148	272 717	275 000	278 000	280 000
Denominator		11		377 086	375 413	373 466	374 531	374 531	374 531	374 531
8. Mental health admission rate (TB hospitals)	Quarterly		%	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals
Numerator		12								
Denominator		10								
9. Expenditure per FDE (TB hospitals)	Quarterly		R	R 677	R 739	R 826	R 893	R 951	R 989	R 1 032
Numerator		13		198 767 000	213 244 000	225 222 000	246 121 000	264 503 000	278 089 000	292 200 000
Denominator		16		293 815	288 599	272 789	275 756	278 067	281 067	283 067
10. Complaint resolution rate (TB hospitals)	Quarterly		%	100.0%	77.9%	100.0%	88.9%	88.9%	88.9%	88.9%
Numerator		17		43	53	44	40	40	40	40
Denominator		18		43	68	44	45	45	45	45
11. Complaint resolution within 25 working days rate (TB hospitals)	Quarterly		%	93.0%	88.7%	100.0%	95.0%	95.0%	95.0%	95.0%
Numerator		19		40	47	44	38	38	38	38
Denominator		17		43	53	44	40	40	40	40
ADDITIONAL PROVINCIAL INDICATORS										
12. Expenditure per FDE in 2013/14 Rand (TB hospitals)	Quarterly		R	R 760	R 793	R 826	R 822	R 812	R 797	R 785
Numerator		20		223 178 598	228 831 000	225 222 000	226 571 738	225 747 894	223 895 224	222 348 003
Denominator		16		293 815	288 599	272 789	275 756	278 067	281 067	283 067
13. Mortality and morbidity review rate (TB hospitals)	Quarterly		%	Not required to report	Not required to report	132.0%	69.4%	69.4%	69.4%	69.4%
Numerator		21		-	-	66	50	50	50	50
Denominator		22		-	-	50	72	72	72	72

Notes

Indicator 11: From 2013/14, due to a change in the National Indicator Dataset definition, the indicator reflects complaints resolved within 25 working days, not calendar days.

Indicator 12: The TB hospitals only have one discipline that can hold a maximum of 12 monthly Mortality and Morbidity Review meetings per year (72 in total).

QUARTERLY TARGETS FOR 2015/16

Table B.53: Quarterly Targets for Tuberculosis Hospitals for 2015/16 [PHS 5]

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets				
			2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS								
1.1.1 Actual (usable) beds in tuberculosis hospitals	Element 1	Quarterly	1 026	1 026	1 026	1 026	1 026	1 026
SECTOR SPECIFIC INDICATORS								
1. National core standards self-assessment rate (TB hospitals)		Quarterly	100.0%	0.0%	0.0%	50.0%	50.0%	
Numerator	3		6	0	0	3	3	
Denominator	2		6	6	6	6	6	
2. Quality improvement plan after self-assessment rate (TB hospitals)		Quarterly	83.3%			100.0%	66.7%	
Numerator	4		5	0	0	3	2	
Denominator	3		6	0	0	3	3	
3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards (TB hospitals)		Quarterly	16.7%			0.0%	33.3%	
Numerator	5		1	0	0	0	1	
Denominator	3		6	0	0	3	3	
4. Patient satisfaction survey rate (TB hospitals)		Quarterly	100.0%	0.0%	0.0%	50.0%	50.0%	
Numerator	6		6	0	0	3	3	
Denominator	2		6	6	6	6	6	
5. Patient satisfaction rate (TB hospitals)		Annual	92.2%	-	-	-	92.2%	
Numerator	7		530				530	
Denominator	8		575				575	
6. Average length of stay (TB hospitals)		Quarterly	73.3	73.4	73.3	73.3	73.3	
Numerator	9		275 000	67 406	72 571	69 787	65 236	
Denominator	10		3 750	918	990	952	890	
7. Inpatient bed utilisation rate (TB hospitals)		Quarterly	73.4%	72.0%	77.5%	74.5%	69.7%	
Numerator	9		275 000	67 406	72 571	69 787	65 236	
Denominator	11		374 531	93 633	93 633	93 633	93 632	
8. Mental health admission rate (TB hospitals)		Quarterly	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	
Numerator								
Denominator								
9. Expenditure per PDE (TB hospitals)		Quarterly	R 951	R 970	R 901	R 937	R 1 002	
Numerator	13		264 503 000	66 125 750	66 125 750	66 125 750	66 125 750	
Denominator	16		278 067	68 157	73 380	70 565	65 965	
10. Complaint resolution rate (TB hospitals)		Quarterly	88.9%	83.3%	90.9%	90.9%	90.9%	
Numerator	17		40	10	10	10	10	
Denominator	18		45	12	11	11	11	
11. Complaint resolution w ithin 25 working days rate (TB hospitals)		Quarterly	95.0%	90.0%	90.0%	100.0%	100.0%	
Numerator	19		38	9	9	10	10	
Denominator	17		40	10	10	10	10	
ADDITIONAL PROVINCIAL INDICATORS								
12. Expenditure per PDE in 2013/14 Rand (TB hospitals)		Quarterly	R 812	R 828	R 769	R 800	R 856	
Numerator	20		225 747 894	56 436 974	56 436 974	56 436 974	56 436 972	
Denominator	16		278 067	68 157	73 380	70 565	65 965	
13. Mortality and morbidity review rate (TB hospitals)		Quarterly	69.4%	66.7%	72.2%	72.2%	66.7%	
Numerator	21		50	12	13	13	12	
Denominator	22		72	18	18	18	18	

12.6. Psychiatric Hospitals

STRATEGIC OBJECTIVES - ANNUAL TARGETS

Table B.54: Data Elements with Actual and Projected Performance Values for Psychiatric Hospitals

Source	Data Element	Element ID	Audited / Actual performance			Estimated performance	Medium term targets			
			2011/12	2012/13	2013/14		2014/15	2015/16	2016/17	2017/18
SINJANI	Actual (usable) beds (psychiatric hospitals)	1	1 698	1 698	1 698	1 680	1 680	1 680	1 680	
SINJANI	Actual (usable) beds (step-down facilities)	2	145	145	145	145	145	145	145	
SINJANI	Number of psychiatric hospitals	3	4	4	4	4	4	4	4	
SINJANI	Hospitals that conducted a national core standards self-assessment during the financial year (psychiatric hospitals)	4	Not required to report	Not required to report	4	4	4	4	4	
SINJANI	Hospitals that developed a quality improvement plan during the financial year (psychiatric hospitals)	5	Not required to report	Not required to report	Not required to report	4	4	4	4	
DHS - NCS system	Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards (psychiatric hospitals)	6	Not required to report	Not required to report	Not required to report	3	3	4	4	
SINJANI	Hospitals that conducted a patient satisfaction survey during the financial year (psychiatric hospitals)	7	4	4	4	4	4	4	4	
SINJANI	Questionnaires with 1 or 2 recorded for pleased with treatment (psychiatric hospitals)	8	497	573	631	560	570	580	580	
SINJANI	Questionnaires with answer provided for pleased with treatment (psychiatric hospitals)	9	582	679	747	610	620	630	630	
SINJANI	Patient days (Inpatient days + 1/2 Day patients) (psychiatric hospitals)	10	542 738	548 596	555 745	567 804	570 500	575 350	580 282	
SINJANI	Inpatient separations (psychiatric hospitals)	11	5 822	6 079	6 080	6 196	6 213	6 331	6 450	
SINJANI	Inpatient bed days available (Usable beds total x 30.42) (psychiatric hospitals)	12	619 838	619 838	619 838	613 267	613 267	613 267	613 267	
SINJANI	Mental health admissions (psychiatric hospitals)	13	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	
BAS	Expenditure in psychiatric hospitals	14	605 036 398	650 020 271	699 522 813	745 114 800	795 051 400	838 788 400	880 957 200	
SINJANI	OPD headcount (psychiatric hospitals)	15	26 621	28 611	41 034	41 814	42 608	43 418	44 243	
SINJANI	Emergency headcount (psychiatric hospitals)	16	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	
SINJANI	Patient day equivalent (PDE) (psychiatric hospitals)	17	551 611	558 133	569 423	581 742	584 703	589 823	595 030	
SINJANI	Complaints resolved (psychiatric hospitals)	18	116	151	100	93	101	102	102	
SINJANI	Complaints received (psychiatric hospitals)	19	119	152	101	95	103	103	103	
SINJANI	Complaints resolved within 25 working days (psychiatric hospitals)	20	82	133	93	90	99	100	100	
BAS	Expenditure in psychiatric hospitals expressed in 2013/14 Rand	21	679 344 030	697 533 288	699 522 813	685 930 722	678 560 090	675 325 946	670 359 598	
SINJANI	Mortality and morbidity reviews conducted per discipline (psychiatric hospitals)	22	Not required to report	Not required to report	48	44	44	44	44	
SINJANI	Possible mortality and morbidity reviews (psychiatric hospitals) X number of disciplines within psychiatric hospitals	23	Not required to report	Not required to report	40	48	48	48	48	
SINJANI	Patient days (step-down facilities)	24	42 729	44 365	43 504	44 331	45 173	46 031	46 906	
SINJANI	Usable beds total x 30.42 (step-down facilities)	25	52 931	52 931	52 931	52 931	52 931	52 931	52 931	

Notes

- Element ID1: Beds (18) closed at Lentegeur hospital as of November 2014 in the general IDS ward.
- Element ID 8 & 9: The number of questionnaires evaluated is variable and is dependent on the response rate from the patients.
- Element ID 12: Decrease due to the reduction in beds at Lentegeur Hospital.
- Element ID 13: As per the definition provided by the National Department of Health, this element is applicable to acute hospitals only.
- Element ID 17: An electronic system was implemented in 2011/12 and as a result the data for the year was incomplete.
- Element ID 18 & 19: Based on actual performance due to improved management of complaints resolved.
- Element ID 22: The psychiatric hospitals only have one discipline that can hold a maximum of 12 monthly Mortality and Morbidity Review meetings per year (48 in total).

Table B.55: Provincial Strategic Objectives and Annual Targets for Psychiatric Hospitals [PHS 3]

Strategic objective	Programme performance indicator	Data source / Element ID	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
STRATEGIC GOAL: Promote health and wellness.										
1.1 Provide quality psychiatric hospital services.	1.1.1 Actual (usable) beds in psychiatric hospitals		1 680	1 698	1 698	1 698	1 680	1 680	1 680	1 680
	Element	1								
	1.1.2 Actual (usable) beds in step-down facilities		145	145	145	145	145	145	145	145
	Element	2								

PERFORMANCE INDICATORS AND ANNUAL TARGETS

Table B.56: Performance indicators for Psychiatric Hospitals [PHS 4]

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
SECTOR SPECIFIC INDICATORS										
1. National core standards self-assessment rate (psychiatric hospitals)	Quarterly		%	Not required to report	Not required to report	100.0%	100.0%	100.0%	100.0%	100.0%
Numerator		4		-	-	4	4	4	4	4
Denominator		3		4	4	4	4	4	4	4
2. Quality improvement plan after self-assessment rate (psychiatric hospitals)	Quarterly		%	Not required to report	Not required to report	Not required to report	100.0%	100.0%	100.0%	100.0%
Numerator		5		-	-	-	4	4	4	4
Denominator		4		-	-	4	4	4	4	4
3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards (psychiatric hospitals)	Quarterly		%	Not required to report	Not required to report	Not required to report	75.0%	75.0%	100.0%	100.0%
Numerator		6		-	-	-	3	3	4	4
Denominator		4		-	-	4	4	4	4	4
4. Patient satisfaction survey rate (psychiatric hospitals)	Quarterly		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Numerator		7		4	4	4	4	4	4	4
Denominator		3		4	4	4	4	4	4	4
5. Patient satisfaction rate (psychiatric hospitals)	Annual		%	85.4%	84.4%	84.5%	91.8%	91.9%	92.1%	92.1%
Numerator		8		497	573	631	560	570	580	580
Denominator		9		582	679	747	610	620	630	630
6. Average length of stay (psychiatric hospitals)	Quarterly		Days	93.2	90.2	91.4	91.6	91.8	90.9	90.0
Numerator		10		542 738	548 596	555 745	567 804	570 500	575 350	580 282
Denominator		11		5 822	6 079	6 080	6 196	6 213	6 331	6 450
7. Inpatient bed utilisation rate (psychiatric hospitals)	Quarterly		%	87.6%	88.5%	89.7%	92.6%	93.0%	93.8%	94.6%
Numerator		10		542 738	548 596	555 745	567 804	570 500	575 350	580 282
Denominator		12		619 838	619 838	619 838	613 267	613 267	613 267	613 267
8. Mental health admission rate (psychiatric hospitals)	Quarterly		%	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals
Numerator		13								
Denominator		11								
9. Expenditure per PDE (psychiatric hospitals)	Quarterly		R	R 1 097	R 1 165	R 1 228	R 1 281	R 1 360	R 1 422	R 1 481
Numerator		14		605 036 398	650 020 271	699 522 813	745 114 800	795 051 400	838 788 400	880 957 200
Denominator		17		551 611	558 133	569 423	581 742	584 703	589 823	595 030
10. Complaint resolution rate (psychiatric hospitals)	Quarterly		%	97.5%	99.3%	99.0%	97.9%	98.1%	99.0%	99.0%
Numerator		18		116	151	100	93	101	102	102
Denominator		19		119	152	101	95	103	103	103
11. Complaint resolution within 25 working days rate (psychiatric hospitals)	Quarterly		%	70.7%	88.1%	93.0%	96.8%	98.0%	98.0%	98.0%
Numerator		20		82	133	93	90	99	100	100
Denominator		18		116	151	100	93	101	102	102
ADDITIONAL PROVINCIAL INDICATORS										
12. Expenditure per PDE in 2013/14 Rand (psychiatric hospitals)	Quarterly		R	R 1 232	R 1 250	R 1 228	R 1 179	R 1 161	R 1 145	R 1 127
Numerator		21		679 344 030	697 533 288	699 522 813	685 930 722	678 560 090	675 325 946	670 359 598
Denominator		17		551 611	558 133	569 423	581 742	584 703	589 823	595 030
13. Mortality and morbidity review rate (psychiatric hospitals)	Quarterly		%	Not required to report	Not required to report	120.0%	91.7%	91.7%	91.7%	91.7%
Numerator		22		-	-	48	44	44	44	44
Denominator		23		-	-	40	48	48	48	48
14. Inpatient bed utilisation rate (step-down facilities)	Quarterly		%	80.7%	83.8%	82.2%	83.8%	85.3%	87.0%	88.6%
Numerator		24		42 729	44 365	43 504	44 331	45 173	46 031	46 906
Denominator		25		52 931	52 931	52 931	52 931	52 931	52 931	52 931

Notes

Indicator 11: From 2013/14, due to a change in the National Indicator Dataset definition, the indicator reflects complaints resolved within 25 working days, not calendar days.

Indicator 12: The psychiatric hospitals only have one discipline that can hold a maximum of 12 monthly Mortality and Morbidity Review meetings per year (48 in total).

QUARTERLY TARGETS FOR 2015/16

Table B.57: Quarterly targets for Psychiatric Hospitals for 2015/16 [PHS 5]

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets				
			2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS								
1.1.1 Actual (usable) beds in psychiatric hospitals	Element 1	Quarterly	1 680	1 680	1 680	1 680	1 680	1 680
1.1.2 Actual (usable) beds in step-down facilities	Element 2	Quarterly	145	145	145	145	145	145
SECTOR SPECIFIC INDICATORS								
1. National core standards self-assessment rate (psychiatric hospitals)		Quarterly	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Numerator	4	4	0	0	0	0	4
	Denominator	3	4	4	4	4	4	4
2. Quality improvement plan after self-assessment rate (psychiatric hospitals)		Quarterly	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Numerator	5	4	0	0	0	0	4
	Denominator	4	4	4	4	4	4	4
3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards (psychiatric hospitals)		Quarterly	75.0%	0.0%	0.0%	0.0%	0.0%	75.0%
	Numerator	6	3	0	0	0	0	3
	Denominator	4	4	4	4	4	4	4
4. Patient satisfaction survey rate (psychiatric hospitals)		Quarterly	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Numerator	7	4	0	0	0	0	4
	Denominator	3	4	4	4	4	4	4
5. Patient satisfaction rate (psychiatric hospitals)		Annual	91.9%					91.9%
	Numerator	8	570	0	0	0	0	570
	Denominator	9	620	0	0	0	0	620
6. Average length of stay (psychiatric hospitals)		Quarterly	91.8	91.3	91.9	92.1	92.0	92.0
	Numerator	10	570 500	141 730	142 730	143 020	143 020	143 020
	Denominator	11	6 213	1 553	1 553	1 553	1 554	1 554
7. Inpatient bed utilisation rate (psychiatric hospitals)		Quarterly	93.0%	92.4%	93.1%	93.3%	93.3%	93.3%
	Numerator	10	570 500	141 730	142 730	143 020	143 020	143 020
	Denominator	12	613 267	153 317	153 317	153 317	153 317	153 316
8. Mental health admission rate (psychiatric hospitals)		Quarterly	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals
	Numerator							
	Denominator							
9. Expenditure per PDE (psychiatric hospitals)		Quarterly	R 1 360	R 1 359	R 1 367	R 1 356	R 1 356	R 1 356
	Numerator	14	795 051 400	198 762 850	198 762 850	198 762 850	198 762 850	198 762 850
	Denominator	17	584 703	146 211	145 409	146 541	146 542	146 542
10. Complaint resolution rate (psychiatric hospitals)		Quarterly	98.1%	96.2%	100.0%	96.2%	100.0%	100.0%
	Numerator	18	101	25	26	25	25	25
	Denominator	19	103	26	26	26	26	25
11. Complaint resolution within 25 working days rate (psychiatric hospitals)		Quarterly	98.0%	96.0%	96.2%	100.0%	100.0%	100.0%
	Numerator	20	99	24	25	25	25	25
	Denominator	18	101	25	26	25	25	25
ADDITIONAL PROVINCIAL INDICATORS								
12. Expenditure per PDE in 2013/14 Rand (psychiatric hospitals)		Quarterly	R 1 161	R 1 160	R 1 167	R 1 158	R 1 158	R 1 158
	Numerator	21	678 560 090	169 640 023	169 640 023	169 640 023	169 640 021	169 640 021
	Denominator	17	584 703	146 211	145 409	146 541	146 542	146 542
13. Mortality and morbidity review rate (psychiatric hospitals)		Quarterly	91.7%	100.0%	100.0%	83.3%	83.3%	83.3%
	Numerator	22	44	12	12	10	10	10
	Denominator	23	48	12	12	12	12	12
14. Inpatient bed utilisation rate (step-down facilities)		Quarterly	85.3%	87.3%	86.3%	85.3%	82.5%	82.5%
	Numerator	24	45 173	11 559	11 416	11 288	10 910	10 910
	Denominator	25	52 931	13 233	13 233	13 233	13 232	13 232

12.7. Rehabilitation Hospitals

STRATEGIC OBJECTIVES - ANNUAL TARGETS

Table B.58: Data elements with actual and projected performance values for Rehabilitation Services

Source	Data Element	Element ID	Audited / Actual performance			Estimated performance	Medium term targets		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
SINJANI	Actual (usable) beds (rehabilitation hospitals)	1	156	156	156	156	156	156	156
SINJANI	Number of rehabilitation hospitals	2	1	1	1	1	1	1	1
SINJANI	Hospitals that conducted a national core standards self-assessment during the financial year (rehabilitation hospitals)	3	Not required to report	Not required to report	1	1	1	1	1
SINJANI	Hospitals that developed a quality improvement plan during the financial year (rehabilitation hospitals)	4	Not required to report	Not required to report	Not required to report	1	1	1	1
DHIS - NCS system	Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards (rehabilitation hospitals)	5	Not required to report	Not required to report	Not required to report	0	0	0	0
SINJANI	Hospitals that conducted a patient satisfaction survey during the financial year (rehabilitation hospitals)	6	1	1	1	1	1	1	1
SINJANI	Questionnaires with 1 or 2 recorded for pleased with treatment (rehabilitation hospitals)	7	152	220	230	202	204	206	208
SINJANI	Questionnaires with answer provided for pleased with treatment (rehabilitation hospitals)	8	157	237	247	220	220	220	220
SINJANI	Patient days (Inpatient days + 1/2 Day patients) (rehabilitation hospitals)	9	42 012	42 986	44 176	45 900	46 000	46 250	46 250
SINJANI	Inpatient separations (rehabilitation hospitals)	10	859	889	869	850	860	865	865
SINJANI	Inpatient bed days available (Usable beds total x 30.42) (rehabilitation hospitals)	11	56 946	56 946	56 946	56 946	56 946	56 946	56 946
SINJANI	Mental health admissions (rehabilitation hospitals)	12	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals
BAS	Expenditure in rehabilitation hospitals	13	106 262 602	109 142 729	119 218 187	126 960 200	137 656 600	145 083 600	153 585 800
SINJANI	OPD headcount (rehabilitation hospitals)	14	10 980	10 363	10 239	4 459	4 500	4 500	4 500
SINJANI	Emergency headcount (rehabilitation hospitals)	15	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
SINJANI	Patient day equivalent (PDE) (rehabilitation hospitals)	16	45 672	46 440	47 589	47 386	47 500	47 750	47 750
SINJANI	Complaints resolved (rehabilitation hospitals)	17	25	30	43	36	42	42	42
SINJANI	Complaints received (rehabilitation hospitals)	18	25	30	43	36	42	42	42
SINJANI	Complaints resolved within 25 working days (rehabilitation hospitals)	19	22	29	43	34	40	40	40
BAS	Expenditure in rehabilitation hospitals expressed in 2013/14 Rand	20	119 313 259	117 120 480	119 218 187	116 875 818	117 487 089	116 809 817	116 870 281
SINJANI	Mortality and morbidity reviews conducted per discipline (rehabilitation hospitals)	21	Not required to report	Not required to report	12	12	11	11	11
SINJANI	Possible mortality and morbidity reviews (rehabilitation hospitals) X number of disciplines within rehabilitation hospitals	22	Not required to report	Not required to report	10	12	12	12	12

Notes

Element ID 7 & 8: The number of questionnaires evaluated is variable and is dependent on the response rate from the patients.

Element ID 13: The expenditure includes only that of the Western Cape Rehabilitation Centre (WCRC) and the relevant portion of the public private partnership (PPP) budget. The total cost of the PPP is managed as a separate entity against sub-programme 4.4, which artificially inflates the cost per PDE of this sub-programme since approximately 60% of the PPP funding is for the benefit of Lentegeur Hospital (sub-programme 4.3). The budgets of WCRC and Lentegeur will be used to calculate the cost per PDE and for monitoring and evaluation purposes, the costs of the PPP is divided proportionally between the two sub-programmes for accurate reflection of the total cost of the services.

Element ID 14: From 2014/15 Orthotic & Prosthetic services excluded from OPD headcount for rehabilitation hospitals.

Element ID 17: An electronic system was implemented in 2011/12 and as a result the data for the year was incomplete.

Element ID 22: The rehabilitation hospital only has one discipline that can hold a maximum of 12 monthly Mortality and Morbidity Review meetings per year.

Table B.59: Provincial strategic objectives and annual targets for Rehabilitation Services [PHS 3]

Strategic objective	Programme performance indicator	Data source / Element ID	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance 2014/15	Medium term targets		
				2011/12	2012/13	2013/14		2015/16	2016/17	2017/18
STRATEGIC GOAL: Promote health and wellness.										
1.1 Provide quality rehabilitation hospital services.	1.1.1 Actual (usable) beds in rehabilitation hospitals	Element 1	156	156	156	156	156	156	156	156

PERFORMANCE INDICATORS AND ANNUAL TARGETS

Table B.60: Performance indicators for Rehabilitation Services [PHS 4]

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance 2014/15	Medium term targets		
				2011/12	2012/13	2013/14		2015/16	2016/17	2017/18
SECTOR SPECIFIC INDICATORS										
1. National core standards self-assessment rate (rehabilitation hospitals)	Quarterly		%	Not required to report	Not required to report	100.0%	100.0%	100.0%	100.0%	100.0%
Numerator		3		-	-	1	1	1	1	1
Denominator		2		1	1	1	1	1	1	1
2. Quality improvement plan after self-assessment rate (rehabilitation hospitals)	Quarterly		%	Not required to report	Not required to report	Not required to report	100.0%	100.0%	100.0%	100.0%
Numerator		4		-	-	-	1	1	1	1
Denominator		3		-	-	1	1	1	1	1
3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards (rehabilitation hospitals)	Quarterly		%	Not required to report	Not required to report	Not required to report	0.0%	0.0%	0.0%	0.0%
Numerator		5		-	-	-	0	0	0	0
Denominator		3		-	-	1	1	1	1	1
4. Patient satisfaction survey rate (rehabilitation hospitals)	Quarterly		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Numerator		6		1	1	1	1	1	1	1
Denominator		2		1	1	1	1	1	1	1
5. Patient satisfaction rate (rehabilitation hospitals)	Annual		%	96.8%	92.8%	93.1%	91.8%	92.7%	93.6%	94.5%
Numerator		7		152	220	230	202	204	206	208
Denominator		8		157	237	247	220	220	220	220
6. Average length of stay (rehabilitation hospitals)	Quarterly		Days	48.9	48.4	50.8	54.0	53.5	53.5	53.5
Numerator		9		42 012	42 986	44 176	45 900	46 000	46 250	46 250
Denominator		10		859	889	869	850	860	865	865
7. Inpatient bed utilisation rate (rehabilitation hospitals)	Quarterly		%	73.8%	75.5%	77.6%	80.6%	80.8%	81.2%	81.2%
Numerator		9		42 012	42 986	44 176	45 900	46 000	46 250	46 250
Denominator		11		56 946	56 946	56 946	56 946	56 946	56 946	56 946
8. Mental health admission rate (rehabilitation hospitals)	Quarterly		%	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals
Numerator		12								
Denominator		10								
9. Expenditure per PDE (rehabilitation hospitals)	Quarterly		R	R 2 327	R 2 350	R 2 505	R 2 679	R 2 898	R 3 038	R 3 216
Numerator		13		106 262 602	109 142 729	119 218 187	126 960 200	137 656 600	145 083 600	153 585 800
Denominator		16		45 672	46 440	47 589	47 386	47 500	47 750	47 750
10. Complaint resolution rate (rehabilitation hospitals)	Quarterly		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Numerator		17		25	30	43	36	42	42	42
Denominator		18		25	30	43	36	42	42	42
11. Complaint resolution within 25 working days rate (rehabilitation hospitals)	Quarterly		%	88.0%	96.7%	100.0%	94.4%	95.2%	95.2%	95.2%
Numerator		19		22	29	43	34	40	40	40
Denominator		17		25	30	43	36	42	42	42
ADDITIONAL PROVINCIAL INDICATORS										
12. Expenditure per PDE in 2013/14 Rand (rehabilitation hospitals)	Quarterly		R	R 2 612	R 2 522	R 2 505	R 2 466	R 2 473	R 2 446	R 2 448
Numerator		20		119 313 259	117 120 480	119 218 187	116 875 818	117 487 089	116 809 817	116 870 281
Denominator		16		45 672	46 440	47 589	47 386	47 500	47 750	47 750
13. Mortality and morbidity review rate (rehabilitation hospitals)	Quarterly		%	Not required to report	Not required to report	120.0%	100.0%	91.7%	91.7%	91.7%
Numerator		21		-	-	12	12	11	11	11
Denominator		22		-	-	10	12	12	12	12

Notes

Indicator 11: The expenditure includes only that of the Western Cape Rehabilitation Centre (WCRC) and the relevant portion of the public private partnership (PPP) budget. The total cost of the PPP is managed as a separate entity against sub-programme 4.4, which artificially inflates the cost per PDE of this sub-programme since approximately 60% of the PPP funding is for the benefit of Lentegeur Hospital (sub-programme 4.3). The budgets of WCRC and Lentegeur will be used to calculate the cost per PDE and for monitoring and evaluation purposes, the costs of the PPP is divided proportionally between the two sub-programmes for accurate reflection of the total cost of the services.

Indicator 11: From 2013/14, due to a change in the National Indicator Dataset definition, the indicator reflects complaints resolved within 25 working days, not calendar days.

Indicator 12: The rehabilitation hospital only has one discipline that can hold a maximum of 12 monthly Mortality and Morbidity Review meetings per year.

QUARTERLY TARGETS FOR 2015/16

Table B.61: Quarterly targets for Rehabilitation Services for 2015/16 [PHS 5]

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets			
			2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
1.1.1 Actual (usable) beds in rehabilitation hospitals	Element 1	Quarterly	156	156	156	156	156
SECTOR SPECIFIC INDICATORS							
1. National core standards self-assessment rate (rehabilitation hospitals)		Quarterly	100.0%	0.0%	0.0%	0.0%	100.0%
Numerator	3		1	0	0	0	1
Denominator	2		1	1	1	1	1
2. Quality improvement plan after self-assessment rate (rehabilitation hospitals)		Quarterly	100.0%	0.0%	0.0%	0.0%	100.0%
Numerator	4		1	0	0	0	1
Denominator	3		1	1	1	1	1
3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards (rehabilitation hospitals)		Quarterly	0.0%	0.0%	0.0%	0.0%	0.0%
Numerator	5		0	0	0	0	0
Denominator	3		1	1	1	1	1
4. Patient satisfaction survey rate (rehabilitation hospitals)		Quarterly	100.0%	0.0%	0.0%	0.0%	100.0%
Numerator	6		1	0	0	0	1
Denominator	2		1	1	1	1	1
5. Patient satisfaction rate (rehabilitation hospitals)		Annual	92.7%				92.7%
Numerator	7		204	0	0	0	204
Denominator	8		220	0	0	0	220
6. Average length of stay (rehabilitation hospitals)		Quarterly	53.5	53.5	53.5	53.5	53.5
Numerator	9		46 000	11 500	11 500	11 500	11 500
Denominator	10		860	215	215	215	215
7. Inpatient bed utilisation rate (rehabilitation hospitals)		Quarterly	80.8%	80.8%	80.8%	80.8%	80.8%
Numerator	9		46 000	11 500	11 500	11 500	11 500
Denominator	11		56 946	14 237	14 237	14 237	14 235
8. Mental health admission rate (rehabilitation hospitals)		Quarterly	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals	Only applicable to acute hospitals
Numerator							
Denominator							
9. Expenditure per PDE (rehabilitation hospitals)		Quarterly	R 2 898	R 2 898	R 2 898	R 2 898	R 2 898
Numerator	13		137 656 600	34 414 150	34 414 150	34 414 150	34 414 150
Denominator	16		47 500	11 875	11 875	11 875	11 875
10. Complaint resolution rate (rehabilitation hospitals)		Quarterly	100.0%	100.0%	100.0%	100.0%	100.0%
Numerator	17		42	10	11	11	10
Denominator	18		42	10	11	11	10
11. Complaint resolution within 25 working days rate (rehabilitation hospitals)		Quarterly	95.2%	100.0%	90.9%	90.9%	100.0%
Numerator	19		40	10	10	10	10
Denominator	17		42	10	11	11	10
ADDITIONAL PROVINCIAL INDICATORS							
12. Expenditure per PDE in 2013/14 Rand (rehabilitation hospitals)		Quarterly	R 2 473	R 2 473	R 2 473	R 2 473	R 2 473
Numerator	20		117 487 089	29 371 772	29 371 772	29 371 772	29 371 773
Denominator	16		47 500	11 875	11 875	11 875	11 875
13. Mortality and morbidity review rate (rehabilitation hospitals)		Quarterly	91.7%	100.0%	100.0%	66.7%	100.0%
Numerator	21		11	3	3	2	3
Denominator	22		12	3	3	3	3

12.8. Dental Training Hospitals

STRATEGIC OBJECTIVES - ANNUAL TARGETS

Table B.62: Data elements with actual and projected performance values for Dental Training Hospitals

Source	Data Element	Element ID	Audited / Actual performance			Estimated performance	Medium term targets		
			2011/12	2012/13	2013/14		2015/16	2016/17	2017/18
SINJANI	Oral health patient visits at dental training hospitals	1	112 424	105 439	114 848	115 030	115 216	115 405	115 598
SINJANI	Prosthetic units (dentures) manufactured and issued	2	5 436	4 285	4 722	4 750	4 800	4 891	4 984

Notes

Element ID 1 & 2: This is mostly a student driven service. In addition, there were staff capacity challenges during 2012/13 - vacant anaesthetists and registrar posts resulted in targets not being achieved. These posts have subsequently been filled.

Table B.63: Provincial strategic objectives and annual targets for Dental Training Hospitals [PHS 3]

Strategic objective	Programme performance indicator	Data source / Element ID	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance 2014/15	Medium term targets		
				2011/12	2012/13	2013/14		2015/16	2016/17	2017/18
STRATEGIC GOAL: Promote health and wellness.										
1.1 Provide quality dental training hospital services.	1.1.1 Oral health patient visits at dental training hospitals Element	1	128 579	112 424	105 439	114 848	115 030	115 216	115 405	115 598

Notes

Indicator 11: This is mostly a student driven service. In addition, there were staff capacity challenges during 2012/13 - vacant anaesthetists and registrar posts resulted in targets not being achieved. These posts have subsequently been filled.

PERFORMANCE INDICATORS AND ANNUAL TARGETS

Table B.64: Performance indicators for Dental Training Hospitals

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance 2014/15	Medium term targets		
				2011/12	2012/13	2013/14		2015/16	2016/17	2017/18
ADDITIONAL PROVINCIAL INDICATORS										
1. Number of removable oral health prosthetic devices manufactured (dentures) Element	Quarterly	2	No	5 436	4 285	4 722	4 750	4 800	4 891	4 984

Note: There are no prescribed national indicators

QUARTERLY TARGETS FOR 2015/16

Table B.65: Quarterly targets for Dental Training Hospitals for 2015/16

Programme performance indicator	Data source / Element ID	Frequency	Annual target 2015/16	Quarterly targets			
				Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
1.1.1 Oral health patient visits at dental training hospitals Element	1	Quarterly	115 216	31 997	31 993	25 976	25 250
ADDITIONAL PROVINCIAL INDICATORS							
1. Number of removable oral health prosthetic devices manufactured (dentures) Element	2	Quarterly	4 800	1 400	1 300	1 100	1 000

Note: There are no prescribed national indicators

12.9. Reconciling Performance Targets with Budget and MTEF

EXPENDITURE ESTIMATES

Sub-programme R'000	Outcome			Main appro- pria- tion 2014/15	Adjusted appro- pria- tion 2014/15	Revised estimate 2014/15	Medium-term estimate			
	Audited 2011/12	Audited 2012/13	Audited 2013/14				% Change from Revised estimate		2015/16	2016/17
1. General (Regional) Hospitals	1 134 042	1 217 963	1 336 141	1 475 521	1 482 563	1 475 435	1 628 734	10.39	1 713 340	1 803 416
2. Tuberculosis Hospitals	198 767	213 244	225 222	241 071	243 140	246 121	264 503	7.47	278 089	292 200
3. Psychiatric/Mental Hospitals	576 957	621 038	668 413	718 616	721 655	712 473	759 235	6.56	801 004	841 173
4. Sub-acute, Step down and Chr	134 342	138 125	150 328	156 550	156 579	159 602	173 473	8.69	182 868	193 370
5. Dental Training Hospitals	105 427	109 248	119 784	132 850	133 330	132 534	142 356	7.41	151 552	156 372
Total payments and estimates	2 149 535	2 299 618	2 499 888	2 724 608	2 737 267	2 726 165	2 968 301	8.88	3 126 853	3 286 531

Note:

Sub-programme 4.1, 4.3 & 4.5: 2015/16: National Conditional grant: Health Professions Training and Development: R119 711 000 (Compensation of employees).

Economic classification R'000	Outcome			Main appro- priation 2014/15	Adjusted appro- priation 2014/15	Revised estimate 2014/15	Medium-term estimate			
	Audited	Audited	Audited				% Change from Revised estimate			
	2011/12	2012/13	2013/14				2015/16	2014/15	2016/17	2017/18
Current payments	2 118 074	2 266 642	2 462 997	2 683 145	2 688 403	2 673 148	2 916 325	9.10	3 070 499	3 226 900
Compensation of employees	1 535 899	1 659 075	1 791 500	1 962 440	1 962 049	1 947 361	2 106 786	8.19	2 216 442	2 327 586
Salaries and wages	1 358 265	1 465 294	1 584 158	1 736 711	1 736 320	1 723 078	1 868 543	8.44	1 965 466	2 063 704
Social contributions	177 634	193 781	207 342	225 729	225 729	224 283	238 243	6.22	250 976	263 882
Goods and services	582 175	607 567	671 497	720 705	726 354	725 787	809 539	11.54	854 057	899 314
<i>of which</i>										
Administrative fees	21	45	48	47	47	4	4		4	4
Advertising	39	28	40	48	48	47	50	6.38	54	56
Minor assets	7 270	7 555	7 148	7 874	7 874	10 341	11 243	8.72	11 863	12 491
Catering: Departmental activities	308	308	303	371	371	289	277	(4.15)	293	308
Communication	13 137	15 118	14 202	14 703	15 203	16 414	17 468	6.42	18 430	19 404
Computer services	2 348	874	922	1 073	1 073	2 155	2 133	(1.02)	2 251	2 368
Cons/prof: Business and advisory services	47 141	48 399	51 977	55 142	55 142	54 655	60 125	10.01	63 432	66 793
Cons/prof: Laboratory services	50 578	55 686	62 825	66 491	65 991	63 785	69 282	8.62	73 094	76 967
Cons/prof: Legal costs			207	11	11					
Contractors	25 948	24 043	25 688	26 404	25 404	22 394	25 088	12.03	26 465	27 869
Agency and support/ outsourced services	42 333	49 408	54 120	58 818	60 518	60 083	65 811	9.53	69 425	73 107
Entertainment	11	10	4	7	7	4	10	150.00	10	10
Fleet services (including	6 862	4 909	4 930	5 035	5 035	5 141	5 491	6.81	5 794	6 100
Inventories: Food and food supplies	2 282	3 152	4 193	4 298	4 298	4 910	5 509	12.20	5 811	6 120
Inventories: Materials and supplies	8 791	8 264	5 005	5 660	5 660	7 680	7 905	2.93	8 338	8 781
Inventories: Medical supplies	149 185	147 405	163 654	171 305	175 402	169 692	195 350	15.12	206 094	217 019
Inventories: Medicine	51 679	52 726	52 875	57 874	57 124	58 488	63 005	7.72	66 475	69 992
Inventories: Other supplies	1 570	2 922	3 238	3 306	3 306	2 977	3 589	20.56	3 786	3 987
Consumable supplies	47 367	51 647	62 735	64 132	63 432	68 795	75 845	10.25	80 012	84 257
Consumable: Stationery, printing	6 846	9 523	8 891	9 488	9 488	13 173	15 160	15.08	15 993	16 841
Operating leases	6 150	3 272	3 860	3 963	3 963	4 101	4 826	17.68	5 087	5 357
Property payments	103 384	111 847	134 937	153 882	156 184	150 254	169 799	13.01	179 136	188 626
Transport provided: Departmental	263	745	1 123	1 158	1 158	961	1 016	5.72	1 075	1 131
Travel and subsistence	2 820	3 030	3 517	3 772	3 772	3 715	4 094	10.20	4 321	4 548
Training and development	4 172	4 206	3 467	4 231	4 231	3 832	4 388	14.51	4 628	4 875
Operating payments	1 629	2 251	877	966	966	1 240	1 312	5.81	1 384	1 459
Venues and facilities	28	60	12	6	6	12	13	8.33	14	15
Rental and hiring	13	134	699	640	640	645	746	15.66	788	829
Transfers and subsidies to	4 109	7 103	7 705	8 378	10 378	13 750	14 075	2.36	14 849	15 638
Departmental agencies and accounts		43	55	63	63	70	69	(1.43)	72	77
Entities receiving transfers		43	55	63	63	70	69	(1.43)	72	77
Other		43	55	63	63	70	69	(1.43)	72	77
Non-profit institutions					2 000	2 000	2 116	5.80	2 232	2 351
Households	4 109	7 060	7 650	8 315	8 315	11 680	11 890	1.80	12 545	13 210
Social benefits	4 058	6 868	7 650	8 315	8 315	11 680	11 635	(0.39)	12 276	12 927
Other transfers to households	51	192					255		269	283
Payments for capital assets	27 014	25 239	28 915	33 085	38 486	38 915	37 901	(2.61)	41 505	43 993
Buildings and other fixed structures	56									
Buildings	56									
Machinery and equipment	26 880	25 158	28 884	33 080	38 481	38 915	37 901	(2.61)	41 505	43 993
Transport equipment	1 060	5 064	7 849	8 099	8 099	8 071	8 176	1.30	8 588	9 003
Other machinery and equipment	25 820	20 094	21 035	24 981	30 382	30 844	29 725	(3.63)	32 917	34 990
Software and other intangible assets	78	81	31	5	5					
<i>Of which: "Capitalised Goods and services" included in Payments for capital assets</i>	60									
Payments for financial assets	338	634	271			352		(100.00)		
Total economic classification	2 149 535	2 299 618	2 499 888	2 724 608	2 737 267	2 726 165	2 968 301	8.88	3 126 853	3 286 531

PERFORMANCE AND EXPENDITURE TRENDS

Programme 4: Provincial Hospital Services is allocated 15.78 per cent of the vote during 2015/16 in comparison to the 15.72 per cent allocated in the revised estimate of the 2014/15 budget. This amounts to a nominal increase of R242.136 million or 8.88 per cent.

Sub-programme 4.1: General (Regional) Hospitals is allocated 54.87 per cent of the Programme 4 budget 2015/16 in comparison to the 54.12 per cent allocated in the revised estimate of the 2014/15 budget. This amounts to a nominal increase of R153.299 million or 10.39 per cent.

Sub-programme 4.2: TB Hospitals is allocated 8.91 per cent of the Programme 4 budget in 2015/16 in comparison to the 9.03 per cent that was allocated in the revised estimate of the 2014/15 budget. This is a nominal increase of R18.382 million or 7.47 per cent.

Sub-programme 4.3: Psychiatric Hospitals are allocated 25.58 per cent of the Programme 4 budget in

2015/16 in comparison to the 26.13 per cent that was allocated in the revised estimate of the 2014/15 budget. This amounts to a nominal increase of R46.762 million or 6.56 per cent.

Sub-programme 4.4: Rehabilitation Hospitals is allocated 5.84 per cent of the Programme 4 budget in 2015/16 in comparison to the 5.85 per cent that was allocated in the revised estimate of the 2014/15 budget. This amounts to a nominal increase of R13.871 million or 8.69 per cent.

Sub-programme 4.5: Dental Training Hospitals is allocated 4.80 per cent of the Programme 4 budget for 2015/16 in comparison to the 4.86 per cent that was allocated in the revised estimate of the 2014/15 budget. This amounts to a nominal increase of R9.822 million or 7.41 per cent.

12.10. Risk Management

A combined risk table has been developed for Programme 4. Each facility within the Programme will address their specific risks within this framework. Specific risk areas within relevant sub-programmes have been identified and are highlighted in the risk table below.

RISK STATEMENT 1: Shortage Of Skilled Staff	
Risk	Inadequate competency levels
Root Cause	<ul style="list-style-type: none"> ▪ Shortage of highly skilled professionals ▪ Inability to offer competitive remuneration packages
Impact	<ul style="list-style-type: none"> ▪ Compromised ability to deliver on the Department's mandate
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote Health and Wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Allocation of bursaries per scarce-skilled profession as a recruitment strategy ▪ In the process of developing an on-line exit interview questionnaire to assist in identifying the reasons for exits and to inform future interventions ▪ Development and implementation of recruitment and retention policies ▪ Work in partnership with universities to recruit and retain highly skilled staff ▪ Strengthen organisational culture and staff wellbeing ▪ Succession planning ▪ Improve the working environment
RISK STATEMENT 2: Staff Safety	
Risk	4. Increased staff safety related, adverse incidents
Root Cause	<ul style="list-style-type: none"> ▪ Volatility in the community e.g. gang violence, inter-personal violence ▪ High prevalence of infectious diseases e.g. HIV/AIDS and TB ▪ Inadequate Occupational Health and Safety measures ▪ Inadequate security measures
Impact	<ul style="list-style-type: none"> ▪ Compromised employee wellness
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Safety guidelines and protocols that empower staff to make decisions around their own safety ▪ Raise employee awareness on safety in the workplace ▪ Ensuring optimal security measures are in place at health facilities ▪ Engage the SAPS and community safety stakeholders on ways in which closer collaboration and interagency partnerships could assist in securing the physical safety of staff ▪ Robust OHS measures in place

RISK STATEMENT 3: Resource Constraints	
Risk	Inability to render comprehensive quality health services
Root Cause	<ul style="list-style-type: none"> ▪ Allocative and technical inefficiencies ▪ Escalating burden of disease ▪ Escalating costs of labour, goods and services
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Priority setting ▪ Establish and embed mechanisms to enhance efficiencies ▪ Applying lean management principles to reduce waste in the system ▪ Rational prescribing ▪ Laboratory cost containment measures, e.g. Electronic Gatekeeping System ▪ Explore alternative financing options
RISK STATEMENT 4: Medico Legal Claims	
Risk	Increasing litigation against the department as a result of malpractice and negligence
Root Cause	<ul style="list-style-type: none"> ▪ Increasing service pressures ▪ Inadequate clinical governance mechanisms ▪ Technical inefficiencies
Impact	<ul style="list-style-type: none"> ▪ Compromised quality of care ▪ Escalating expenditure ▪ Compromised public trust in the health system (reputational damage)
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote Health and Wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Adverse incidence reporting system ▪ Strengthen clinical governance and antibiotic stewardship ▪ Contingency plans in place for service surges
RISK STATEMENT 5: Pharmaceutical Stock-outs	
Risk	Unavailability of essential pharmaceutical goods and services
Root Cause	<ul style="list-style-type: none"> ▪ Supplier challenges e.g. global shortages of ingredients ▪ Lack of timeous and good contract management ▪ Inability to secure alternatives ▪ Late or inadequate awarding of national pharmaceutical contracts
Impact	<ul style="list-style-type: none"> ▪ Compromises the quality of care ▪ Compromises public trust in the health system
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Engage National Department of Health on timeous awarding of national tenders ▪ Monitor stocks out regularly ▪ Monitor vaccine supply ▪ Provide alternatives to the essential medicines, where possible ▪ Tight contract management with suppliers ▪ Create provincial contracts for items that have been excluded from the revised national tenders, where possible
RISK STATEMENT 6: ICT Systems Disruption	
Risk	Dysfunctional communication and information systems
Root Cause	<ul style="list-style-type: none"> ▪ Inadequate and ageing technology infrastructure and resources ▪ Inadequate technical capacity within the Western Cape Government
Impact	<ul style="list-style-type: none"> ▪ Compromised service delivery
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Develop a robust IT disaster recovery plan ▪ Monitor the responsiveness of the Helpdesk and support systems to IT system failures ▪ Constantly review and address out-dated infrastructure by conducting regular hardware and ICT audits

RISK STATEMENT 7: Fire Within Health Facilities	
Risk	Fire damage to state property and safety threat to building occupants
Root Cause	<ul style="list-style-type: none"> ▪ Inadequate safety measures ▪ Constant trade-off between securing a building from a safety perspective versus maintaining the integrity of fire escapes etc. ▪ Building maintenance backlog and infrastructure budget constraints ▪ Ensure that design and construction of infrastructure is compliant through phased fire compliance ▪ Monitor and evaluate operational compliance with fire regulations ensuring that disaster plans and fire drills are in place ▪ Ensure compliance of the physical environment and physical entities such as fire detectors, fire extinguishers, alarms, sprinkler systems, fire doors, and fire exits are in order ▪ Establish Health and Safety committees, appoint and train emergency representatives (fire, first aid and floor marshals), in accordance with the National Core Standards
RISK STATEMENT 8: Vandalism And Theft	
Risk	Damage to and loss of state property
Root Cause	<ul style="list-style-type: none"> ▪ Inadequate security measures ▪ Volatility in the community ▪ High crime prevalence
Impact	<ul style="list-style-type: none"> ▪ Compromises the quality of care ▪ Property damage ▪ Escalates maintenance and repair expenditure
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Business continuity plans in place to minimise the impact on service delivery ▪ Installation of vandal-proof infrastructure including fixtures and fittings, as far as possible ▪ Improve security services and contract management at facility level
RISK STATEMENT 9: Fraud	
Risk	Unfair or unlawful access to public fund
Root Cause	<ul style="list-style-type: none"> ▪ Inadequate (compliance with) internal controls ▪ Lack of commitment to values of the organisation
Impact	<ul style="list-style-type: none"> ▪ Exacerbates resource constraints ▪ Compromises public trust in the health system
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Monitor the implementation of the fraud prevention plan ▪ Ensure PERSAL is accurate to prevent ghost employees ▪ Embark upon change management initiative that emphasises the values of the organisation (Strengthening the DICU, ICU processes – IA, CA, etc.)
RISK STATEMENT 10: Labour Unrest	
Risk	Strike action
Root Cause	<ul style="list-style-type: none"> ▪ Labour disputes
Impact	<ul style="list-style-type: none"> ▪ Service disruption ▪ Compromises patient and staff safety ▪ Exacerbates resource constraints and staff shortages
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Maintaining good practices and relations with organised labour through robust structures of engagement ▪ In the event of a strike ensure contingency plans are in place to minimise service disruption

RISK STATEMENT 11: Load Shedding	
Risk	Disruption in the supply of electricity
Root Cause	<ul style="list-style-type: none"> ▪ Eskom infrastructure ▪ Shortage in supply of diesel to support back-up power supply
Impact	<ul style="list-style-type: none"> ▪ Service disruption ▪ Compromised quality of care ▪ Increased supply of and maintenance to alternative sources of power supply ▪ Increased diesel storage ▪ Cost of diesel supply ▪ Damage to electrical and electronic equipment (including medical) due to power surge
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Backup power supply in place for priority services ▪ Reduce dependency on Eskom by investing in alternative energy sources ▪ Business continuity plans in place to minimise the impact on service delivery ▪ Ensures adequate diesel supply and storage
RISK STATEMENT 12: Ebola	
Risk	Ebola Outbreak
Root Cause	<ul style="list-style-type: none"> ▪ Failure in outbreak prevention strategies
Impact	<ul style="list-style-type: none"> ▪ Fatalities ▪ Increased pressure on the health system
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Ebola outbreak preparedness plan in place ▪ Ebola surveillance strategies in place
RISK STATEMENT 13: Affordability of the infrastructure requirements of Healthcare 2030	
Risk	Affordability of delivering on required infrastructure in order to meet objectives of Healthcare 2030.
Root Cause	<ul style="list-style-type: none"> ▪ Limited financial resources ▪ Inappropriate and over-designed infrastructure that is too complex and costly to construct and maintain. ▪ Current condition and functional limitations of existing health infrastructure portfolio
Impact	<ul style="list-style-type: none"> ▪ Compromised healthcare services.
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Embed good governance and values-driven leadership practices.
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Develop standard health infrastructure designs which are appropriate to a developing economy ▪ Ensure compliance to standard designs, where appropriate and possible. ▪ Explore alternative finance options. ▪ Application of Prioritisation Tool for capital projects. ▪ Increase resources for maintenance of existing facilities.

13. Programme 5: CENTRAL HOSPITAL SERVICES

13.1. Purpose

To provide tertiary and quaternary health services and to create a platform for the training of health workers and research

13.2. Structure

SUB-PROGRAMME 5.1: CENTRAL HOSPITAL SERVICES

Rendering of general and highly specialised medical health and quaternary services on a national basis and maintaining a platform for the training of health workers and research.

SUB-PROGRAMME 5.2: PROVINCIAL TERTIARY HOSPITAL SERVICES

Rendering of general specialist and tertiary health services on a national basis and maintaining a platform for the training of health workers and research.

13.3. Programme Priorities

- Improving service delivery
- Improving quality of care and clinical governance

13.4. Central Hospitals

STRATEGIC OBJECTIVES - ANNUAL TARGETS

Table B.66: Data elements with actual and projected performance values for Central Hospital Services

Source	Data Element	Element ID	Audited / Actual performance			Estimated performance	Medium term targets		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
SINJANI	Actual (usable) beds (central hospitals)	1	2 541	2 599	2 359	2 359	2 359	2 359	2 359
SINJANI	Number of central hospitals	2	3	3	2	2	2	2	2
SINJANI	Hospitals that conducted a national core standards self-assessment during the financial year (central hospitals)	3	3	3	2	2	2	2	2
SINJANI	Hospitals that developed a quality improvement plan during the financial year (central hospitals)	4	Not required to report	Not required to report	Not required to report	2	2	2	2
DHIS - NCS system	Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards (central hospitals)	5	Not required to report	Not required to report	Not required to report	0	2	2	2
SINJANI	Hospitals that conducted a patient satisfaction survey during the financial year (central hospitals)	6	3	3	2	2	2	2	2
SINJANI	Questionnaires with 1 or 2 recorded for pleased with treatment (central hospitals)	7	5 066	4 800	2 791	2 811	2 934	3 088	3 168
SINJANI	Questionnaires with answer provided for pleased with treatment (central hospitals)	8	5 504	5 273	3 127	3 131	3 260	3 431	3 520
SINJANI	Patient days (inpatient days + 1/2 Day patients) (central hospitals)	9	758 432	781 591	729 091	740 334	739 813	737 644	735 473
SINJANI	Inpatient separations (central hospitals)	10	134 818	135 344	118 351	119 950	120 126	119 777	119 427
SINJANI	Inpatient bed days available (Usable beds total x 30.42) (central hospitals)	11	927 506	953 240	856 566	861 129	861 129	861 129	861 129
SINJANI	Mental health admissions (central hospitals)	12	1 745	1 755	1 627	1 724	1 770	1 818	1 867
BAS	Expenditure in central hospitals	13	3 999 498 436	4 232 774 953	3 977 522 141	4 304 117 000	4 593 747 000	4 832 146 000	5 081 607 000
SINJANI	OPD headcount (central hospitals)	14	822 871	810 417	704 582	715 843	722 154	726 762	729 491
SINJANI	Emergency headcount (central hospitals)	15	138 562	150 784	97 664	98 318	99 500	101 000	102 521
SINJANI	Patient day equivalent (PDE) (central hospitals)	16	1 078 910	1 101 991	996 506	1 011 721	1 013 698	1 013 565	1 012 810
SINJANI	Complaints resolved (central hospitals)	17	447	788	900	1 078	1 085	1 092	1 098
SINJANI	Complaints received (central hospitals)	18	487	811	900	1 094	1 101	1 108	1 114
SINJANI	Complaints resolved within 25 working days (central hospitals)	19	313	650	760	916	922	928	934
BAS	Expenditure in central hospitals expressed in 2013/14 Rand	20	4 490 697 411	4 542 168 238	3 977 522 141	3 962 243 244	3 920 669 000	3 890 461 015	3 866 821 254
SINJANI	Mortality and morbidity reviews conducted per discipline (central hospitals)	21	Not required to report	Not required to report	66	75	77	77	77
SINJANI	Planned mortality and morbidity reviews (central hospitals) X number of disciplines within central hospitals	22	Not required to report	Not required to report	70	77	84	84	84

Notes

- All elements: From 2013/14 onwards Red Cross War Memorial Children's Hospital, and all ITS related service outputs, is reported under Programme 5.2 as provincial tertiary hospital services. This includes separations (ID 10), patient day equivalents (ID 16), OPD headcount (ID 14), emergency headcount (ID 15), patient days (ID 9), inpatient bed days (ID 11) and expenditure (ID 13 & 20) amongst others
- Element ID 1, 9 & 10: Although the estimated number of usable beds in central hospitals appears to decrease in 2013/14 as a result of Red Cross War Memorial Children's Hospital being reported under Prog 5.2. The number of beds actually increased with the addition of 74 beds at Tygerberg Hospital in 2012/13 to accommodate the change in drainage areas with the commissioning of the Khayelitsha District Hospital.
- Element ID 7 & 8: The number of questionnaires evaluated is variable and is dependent on the response rate from the patients.
- Element ID 9: The decrease in the patient days from 2014/15 through the 2015 MTEF period is due to the initiative to bring the bed utilisation rate in Tygerberg Hospital down to the provincial benchmark of 85 per cent.
- Element ID 11: Inpatient beds days available changes with the number of actual beds.
- Element ID 12: Mental health admissions will change with the growth in population as well as the expected burden of disease.
- Element ID 14 - 18: The service outputs from RCWMCH are reported under Programme 5.2 from 2013/2014 onwards.
- Element ID 17 & 18: The systems and opportunities for patients to register complaints were strengthened. More complaints registered do not necessarily mean that the quality of the services is decreasing.
- Element ID 19: An electronic system was implemented in 2011/12 and due to the strict algorithm applied to assess whether complaints were resolved within 25 calendar days, the percentage decreased. The change was in line with changes in the National Indicator Dataset definitions. With effect from April 2013, the number of complaints resolved within 25 working days is reported instead of those resolved within 25 calendar days.

Element ID 21 & 22: Morbidity and Mortality reviews are held at least 10 times per year for each of the key service disciplines in the hospitals.

Table B.67: Provincial strategic objectives and annual targets for Central Hospital Services [C&THS 1]

Strategic objective	Programme performance indicator	Data source / Element ID	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance 2014/15	Medium term targets		
				2011/12	2012/13	2013/14		2015/16	2016/17	2017/18
STRATEGIC GOAL: Promote health and wellness.										
1.1 Provide access to the full package of central hospital services.	1.1.1 Actual (usable) beds in central hospitals		Quarterly	2 541	2 599	2 359	2 359	2 359	2 359	2 359
		Element 1								

Notes

Indicator 1.1.1: The increase in usable beds in 2012/13 is due to the addition of 74 beds at Tygerberg Hospital to accommodate the change in drainage areas with the commissioning of the Khayelitsha District Hospital. The decrease in usable beds from 2013/14 onwards is as a result of the exclusion of Red Cross War Memorial Children's Hospital beds. The hospital is now reported under Sub-programme 5.2.

PERFORMANCE INDICATORS AND ANNUAL TARGETS

Table B.68: Performance indicators for Central Hospital Services [C&THS 2]

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
SECTOR SPECIFIC INDICATORS										
1. National core standards self-assessment rate (central hospitals)	Quarterly		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Numerator		3		3	3	2	2	2	2	2
Denominator		2		3	3	2	2	2	2	2
2. Quality improvement plan after self-assessment rate (central hospitals)	Quarterly		%	Not required to report	Not required to report	Not required to report	100.0%	100.0%	100.0%	100.0%
Numerator		4		-	-	-	2	2	2	2
Denominator		3		3	3	2	2	2	2	2
3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards (central hospitals)	Quarterly		%	Not required to report	Not required to report	Not required to report	0.0%	100.0%	100.0%	100.0%
Numerator		5		-	-	-	0	2	2	2
Denominator		3		3	3	2	2	2	2	2
4. Patient satisfaction survey rate (central hospitals)	Quarterly		%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Numerator		6		3	3	2	2	2	2	2
Denominator		2		3	3	2	2	2	2	2
5. Patient satisfaction rate (central hospitals)	Annual		%	92.0%	91.0%	89.3%	89.8%	90.0%	90.0%	90.0%
Numerator		7		5 066	4 800	2 791	2 811	2 934	3 088	3 168
Denominator		8		5 504	5 273	3 127	3 131	3 260	3 431	3 520
6. Average length of stay (central hospitals)	Quarterly		Days	5.6	5.8	6.2	6.2	6.2	6.2	6.2
Numerator		9		758 432	781 591	729 091	740 334	739 813	737 644	735 473
Denominator		10		134 818	135 344	118 351	119 950	120 126	119 777	119 427
7. Inpatient bed utilisation rate (central hospitals)	Quarterly		%	81.8%	82.0%	85.1%	86.0%	85.9%	85.7%	85.4%
Numerator		9		758 432	781 591	729 091	740 334	739 813	737 644	735 473
Denominator		11		927 506	953 240	856 566	861 129	861 129	861 129	861 129
8. Mental health admission rate (central hospitals)	Quarterly		%	1.3%	1.3%	1.4%	1.4%	1.5%	1.5%	1.6%
Numerator		12		1 745	1 755	1 627	1 724	1 770	1 818	1 867
Denominator		10		134 818	135 344	118 351	119 950	120 126	119 777	119 427
9. Expenditure per PDE (central hospitals)	Quarterly		R	R 3 707	R 3 841	R 3 991	R 4 254	R 4 532	R 4 767	R 5 017
Numerator		13		3 999 498 436	4 232 774 953	3 977 522 141	4 304 117 000	4 593 747 000	4 832 146 000	5 081 607 000
Denominator		16		1 078 910	1 101 991	996 506	1 011 721	1 013 698	1 013 565	1 012 810
10. Complaint resolution rate (central hospitals)	Quarterly		%	91.8%	97.2%	100.0%	98.5%	98.5%	98.6%	98.6%
Numerator		17		447	788	900	1 078	1 085	1 092	1 098
Denominator		18		487	811	900	1 094	1 101	1 108	1 114
11. Complaint resolution within 25 working days rate (central hospitals)	Quarterly		%	70.0%	82.5%	84.4%	85.0%	85.0%	85.0%	85.1%
Numerator		19		313	650	760	916	922	928	934
Denominator		17		447	788	900	1 078	1 085	1 092	1 098
ADDITIONAL PROVINCIAL INDICATORS										
12. Expenditure per PDE in 2013/14 Rand (central hospitals)	Quarterly		R	R 4 162	R 4 122	R 3 991	R 3 916	R 3 868	R 3 838	R 3 818
Numerator		20		4 490 697 411	4 542 168 238	3 977 522 141	3 962 243 244	3 920 669 000	3 890 461 015	3 866 821 254
Denominator		16		1 078 910	1 101 991	996 506	1 011 721	1 013 698	1 013 565	1 012 810
13. Mortality and morbidity review rate (central hospitals)	Quarterly		%	Not required to report	Not required to report	94.3%	97.4%	91.7%	91.7%	91.7%
Numerator		21		-	-	66	75	77	77	77
Denominator		22		-	-	70	77	84	84	84

Notes

Indicator 8: Mental health admissions will change with the growth in population as well as the expected burden of disease.

Indicator 11: An electronic system was implemented in 2011/12 and due to the strict algorithm applied to assess whether complaints were resolved within 25 calendar days, the percentage decreased. The definition of this indicator changed to align with changes in the National Indicator Dataset definition. The percentage of complaints resolved within 25 working days will be reported instead of those resolved within 25 calendar days with effect from April 2013. In 2014/15 the denominator was changed again to reflect the number of complaints resolved instead of the number of complaints received (as reported previously).

QUARTERLY TARGETS FOR 2015/16

Table B.69: Quarterly targets for Central Hospital Services for 2015/16 [C&THS 3]

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets				
			2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS								
1.1.1 Actual (usable) beds in central hospitals	Element 1	Quarterly	2 359	2 359	2 359	2 359	2 359	2 359
SECTOR SPECIFIC INDICATORS								
1. National core standards self-assessment rate (central hospitals)		Quarterly	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Numerator	3		2	0	0	0	0	2
Denominator	2		2	2	2	2	2	2
2. Quality improvement plan after self-assessment rate (central hospitals)		Quarterly	100.0%					100.0%
Numerator	4		2	0	0	0	0	2
Denominator	3		2	0	0	0	0	2
3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards (central hospitals)		Quarterly	100.0%					100.0%
Numerator	5		2	0	0	0	0	2
Denominator	3		2	0	0	0	0	2
4. Patient satisfaction survey rate (central hospitals)		Quarterly	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Numerator	6		2	0	0	0	0	2
Denominator	2		2	2	2	2	2	2
5. Patient satisfaction rate (central hospitals)		Annual	90.0%					90.0%
Numerator	7		2 934	0	0	0	0	2 934
Denominator	8		3 260	0	0	0	0	3 260
6. Average length of stay (central hospitals)		Quarterly	6.2	6.1	6.1	6.1	6.1	6.3
Numerator	9		739 813	182 965	188 249	185 499	183 100	183 100
Denominator	10		120 126	29 803	30 621	30 438	29 264	29 264
7. Inpatient bed utilisation rate (central hospitals)		Quarterly	85.9%	85.0%	87.4%	86.2%	85.1%	85.1%
Numerator	9		739 813	182 965	188 249	185 499	183 100	183 100
Denominator	11		861 129	215 283	215 283	215 283	215 280	215 280
8. Mental health admission rate (central hospitals)		Quarterly	1.5%	1.5%	1.4%	1.5%	1.5%	1.5%
Numerator	12		1 770	443	443	443	441	441
Denominator	10		120 126	29 803	30 621	30 438	29 264	29 264
9. Expenditure per PDE (central hospitals)		Quarterly	R 4 532	R 4 564	R 4 393	R 4 575	R 4 601	R 4 601
Numerator	13		4 593 747 000	1 148 436 750	1 148 436 750	1 148 436 750	1 148 436 750	1 148 436 750
Denominator	16		1 013 698	251 621	261 454	251 038	249 585	249 585
10. Complaint resolution rate (central hospitals)		Quarterly	98.5%	98.2%	98.2%	98.2%	99.6%	99.6%
Numerator	17		1 085	271	271	271	272	272
Denominator	18		1 101	276	276	276	273	273
11. Complaint resolution within 25 working days rate (central hospitals)		Quarterly	85.0%	84.9%	84.9%	84.9%	85.3%	85.3%
Numerator	19		922	230	230	230	232	232
Denominator	17		1 085	271	271	271	272	272
ADDITIONAL PROVINCIAL INDICATORS								
12. Expenditure per PDE in 2013/14 Rand (central hospitals)		Quarterly	R 3 868	R 3 895	R 3 749	R 3 904	R 3 927	R 3 927
Numerator	20		3 920 669 000	980 167 251	980 167 251	980 167 251	980 167 247	980 167 247
Denominator	16		1 013 698	251 621	261 454	251 038	249 585	249 585
13. Mortality and morbidity review rate (central hospitals)		Quarterly	91.7%	100.0%	100.0%	66.7%	100.0%	100.0%
Numerator	21		77	21	21	14	21	21
Denominator	22		84	21	21	21	21	21

STRATEGIC OBJECTIVES - ANNUAL TARGETS

Table B.70: Data elements with actual and projected performance values for Grootte Schuur Hospital

Source	Data Element	Element ID	Audited / Actual performance			Estimated performance	Medium term targets		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
SINJANI	Actual (usable) beds (Grootte Schuur Hospital)	1	941	945	975	975	975	975	975
SINJANI	Hospitals that conducted a national core standards self-assessment during the financial year (Grootte Schuur Hospital)	3	Yes	Yes	Yes	Yes	Yes	Yes	Yes
SINJANI	Hospitals that developed a quality improvement plan during the financial year (Grootte Schuur Hospital)	4	Not required to report	Not required to report	Not required to report	Yes	Yes	Yes	Yes
DHS - NCS system	Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards (Grootte Schuur Hospital)	5	Not required to report	Not required to report	Not required to report	No	Yes	Yes	Yes
SINJANI	Hospitals that conducted a patient satisfaction survey during the financial year (Grootte Schuur Hospital)	6	Yes	Yes	Yes	Yes	Yes	Yes	Yes
SINJANI	Questionnaires with 1 or 2 recorded for pleased with treatment (Grootte Schuur Hospital)	7	2 567	2 715	2 090	2 091	2 196	2 340	2 412
SINJANI	Questionnaires with answer provided for pleased with treatment (Grootte Schuur Hospital)	8	2 902	3 063	2 370	2 331	2 440	2 600	2 680
SINJANI	Patient days (Inpatient days + 1/2 Day patients) (Grootte Schuur Hospital)	9	296 950	289 397	297 539	303 581	302 850	303 206	303 561
SINJANI	Inpatient separations (Grootte Schuur Hospital)	10	50 334	47 371	49 012	49 614	49 648	49 706	49 764
SINJANI	Inpatient bed days available (Usable beds total x 30.42) (Grootte Schuur Hospital)	11	343 442	344 354	351 351	355 914	355 914	355 914	355 914
SINJANI	Mental health admissions (Grootte Schuur Hospital)	12	1 394	1 400	1 276	1 386	1 423	1 462	1 501
BAS	Expenditure in Grootte Schuur Hospital	13	1 696 343 041	1 750 969 758	1 902 848 379	2 051 170 000	2 176 554 000	2 284 206 000	2 404 858 000
SINJANI	OPD headcount (Grootte Schuur Hospital)	14	388 930	359 998	372 146	377 171	382 197	383 556	384 005
SINJANI	Emergency headcount (Grootte Schuur Hospital)	15	39 419	37 632	40 601	40 106	41 000	42 000	43 000
SINJANI	Patient day equivalent (PDE) (Grootte Schuur Hospital)	16	439 733	421 940	435 121	442 673	443 916	445 058	445 896
SINJANI	Complaints resolved (Grootte Schuur Hospital)	17	179	369	466	598	604	607	609
SINJANI	Complaints received (Grootte Schuur Hospital)	18	199	370	466	604	610	613	615
SINJANI	Complaints resolved within 25 working days (Grootte Schuur Hospital)	19	141	300	415	508	513	516	518
BAS	Expenditure in Grootte Schuur Hospital expressed in 2013/14 Rand	20	1 904 679 655	1 878 956 313	1 902 848 379	1 888 246 643	1 857 644 270	1 839 061 649	1 829 963 637
SINJANI	Mortality and morbidity reviews conducted per discipline (Grootte Schuur Hospital)	21	Not required to report	Not required to report	27	33	33	33	33
SINJANI	Planned mortality and morbidity reviews (Grootte Schuur Hospital) X number of disciplines within Grootte Schuur Hospital	22	Not required to report	Not required to report	30	33	36	36	36

Notes

- Element ID 1: The number of usable beds increased in 2013/14 to absorb specialist services from GF Jooste Hospital.
- Element ID 7 & 8: The number of questionnaires evaluated is variable and is dependent on the response rate from the patients.
- Element ID 9 & 10: Patient days and separations will vary with the number of actual beds.
- Element ID 12: Mental health admissions will change with the growth in population as well as the expected burden of disease.
- Element ID 14 & 15: Additional beds were opened to absorb specialist services from GF Jooste Hospital. OPD services were strengthened accordingly.
- Element ID 16: Service outputs increased as the number of usable beds increased in 2013/14 to absorb specialist services from GF Jooste Hospital.
- Element ID 17 & 18: The systems and opportunities for patients to register complaints were strengthened. More complaints registered does not necessarily mean that the quality of the services is decreasing.
- Element ID 19: An electronic system was implemented in 2011/12 and due to the strict algorithm applied to assess whether complaints were resolved within 25 calendar days, the percentage decreased. The change was in line with changes in the National Indicator Dataset definitions. With effect from April 2013, the number of complaints resolved within 25 working days is reported instead of those resolved within 25 calendar days.
- Element ID 21 & 22: Morbidity and Mortality reviews are held at least 11 times per year for each of the key service disciplines in the hospital.

Table B.71: Provincial strategic objectives and annual targets for Groote Schuur Hospital [C&THS 4]

Strategic objective	Programme performance indicator	Data source / Element ID	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance	Medium term targets			
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
STRATEGIC GOAL: Promote health and wellness.											
1.1	Provide access to the full package of central hospital services at Groote Schuur Hospital.	1.1.1 Actual (usable) beds in Groote Schuur Hospital Element	1	Quarterly	941	945	975	975	975	975	975

Notes

Indicator 1.1.1: The increase in the number of beds in 2012/13 and 2013/14 is to absorb some services previously rendered by GF Jooste Hospital.

PERFORMANCE INDICATORS AND ANNUAL TARGETS

Table B.72: Performance indicators Groote Schuur Hospital [C&THS 5]

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
SECTOR SPECIFIC INDICATORS										
1. National core standards self-assessment (Groote Schuur Hospital) Element	Quarterly	3	Yes / No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. Quality improvement plan after self-assessment (Groote Schuur Hospital) Element	Quarterly	4	Yes / No	Not required to report	Not required to report	Not required to report	Yes	Yes	Yes	Yes
3. Hospital compliant with all extreme and vital measures of the national core standards (Groote Schuur Hospital) Element	Quarterly	5	Yes / No	Not required to report	Not required to report	Not required to report	No	Yes	Yes	Yes
4. Patient satisfaction survey (Groote Schuur Hospital) Element	Quarterly	6	Yes / No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5. Patient satisfaction rate (Groote Schuur Hospital) Numerator	Annual	7	%	88.5%	88.6%	88.2%	89.7%	90.0%	90.0%	90.0%
Denominator		8		2 567	2 715	2 090	2 091	2 196	2 340	2 412
6. Average length of stay (Groote Schuur Hospital) Numerator	Quarterly	9	Days	5.9	6.1	6.1	6.1	6.1	6.1	6.1
Denominator		10		296 950	289 397	297 539	303 581	302 850	303 206	303 561
7. Inpatient bed utilisation rate (Groote Schuur Hospital) Numerator	Quarterly	9	%	86.5%	84.0%	84.7%	85.3%	85.1%	85.2%	85.3%
Denominator		11		343 442	344 354	351 351	355 914	355 914	355 914	355 914
8. Mental health admission rate (Groote Schuur Hospital) Numerator	Quarterly	12	%	2.8%	3.0%	2.6%	2.8%	2.9%	2.9%	3.0%
Denominator		10		1 394	1 400	1 276	1 386	1 423	1 462	1 501
9. Expenditure per PDE (Groote Schuur Hospital) Numerator	Quarterly	13	R	R 3 858	R 4 150	R 4 373	R 4 634	R 4 903	R 5 132	R 5 393
Denominator		16		1 696 343 041	1 750 969 758	1 902 848 379	2 051 170 000	2 176 554 000	2 284 206 000	2 404 858 000
10. Complaint resolution rate (Groote Schuur Hospital) Numerator	Quarterly	17	%	89.9%	99.7%	100.0%	99.0%	99.0%	99.0%	99.0%
Denominator		18		439 733	421 940	435 121	442 673	443 916	445 058	445 896
11. Complaint resolution within 25 working days rate (Groote Schuur Hospital) Numerator	Quarterly	19	%	78.8%	81.3%	89.1%	84.9%	84.9%	85.0%	85.1%
Denominator		17		179	369	466	598	604	607	609
ADDITIONAL PROVINCIAL INDICATORS										
12. Expenditure per PDE in 2013/14 Rand (Groote Schuur Hospital) Numerator	Quarterly	20	R	R 4 331	R 4 453	R 4 373	R 4 266	R 4 185	R 4 132	R 4 104
Denominator		16		1 904 679 655	1 878 956 313	1 902 848 379	1 888 246 643	1 857 644 270	1 839 061 649	1 829 963 637
13. Mortality and morbidity review rate (Groote Schuur Hospital) Numerator	Quarterly	21	%	Not required to report	Not required to report	90.0%	100.0%	91.7%	91.7%	91.7%
Denominator		22		-	-	27	33	33	33	33
				-	-	30	33	36	36	36

Notes

Indicator 8: Mental health admissions will change with the growth in population as well as the expected burden of disease

Indicator 11: An electronic system was implemented in 2011/12 and as a result the data for the year was incomplete. The definition of this indicator changed to align with changes in the National Indicator Dataset definition. The

percentage of complaints resolved within 25 working days was reported, instead of those resolved within 25 calendar days with effect from April 2013. In 2014/15 the denominator was changed again to reflect the number of complaints resolved instead of the number of complaints received (as reported previously).

QUARTERLY TARGETS FOR 2015/16

Table B.73: Quarterly targets for Groote Schuur Hospital for 2015/16 [C&THS 6]

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets			
			2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
1.1.1 Actual (usable) beds in Groote Schuur Hospital	Element 1	Quarterly	975	975	975	975	975
SECTOR SPECIFIC INDICATORS							
1. National core standards self-assessment (Groote Schuur Hospital)	Element 3	Quarterly	Yes	No	No	No	Yes
2. Quality improvement plan after self-assessment (Groote Schuur Hospital)	Element 4	Quarterly	Yes	No	No	No	Yes
3. Hospital compliant with all extreme and vital measures of the national core standards (Groote Schuur Hospital)	Element 5	Quarterly	Yes	No	No	No	Yes
4. Patient satisfaction survey (Groote Schuur Hospital)	Element 6	Quarterly	Yes	No	No	No	Yes
5. Patient satisfaction rate (Groote Schuur Hospital)	Numerator 7 Denominator 8	Annual	90.0% 2 196 2 440	0 0	0 0	0 0	90.0% 2 196 2 440
6. Average length of stay (Groote Schuur Hospital)	Numerator 9 Denominator 10	Quarterly	6.1 302 850 49 648	6.1 74 610 12 254	6.1 78 015 12 782	6.0 76 068 12 698	6.2 74 157 11 914
7. Inpatient bed utilisation rate (Groote Schuur Hospital)	Numerator 9 Denominator 11	Quarterly	85.1% 302 850 355 914	83.9% 74 610 88 979	87.7% 78 015 88 979	85.5% 76 068 88 979	83.3% 74 157 88 977
8. Mental health admission rate (Groote Schuur Hospital)	Numerator Denominator	Quarterly	2.9% 1 423 49 648	2.9% 356 12 254	2.8% 356 12 782	2.8% 356 12 698	3.0% 355 11 914
9. Expenditure per PDE (Groote Schuur Hospital)	Numerator 13 Denominator 16	Quarterly	R 4 903 2 176 554 000 443 916	R 4 931 544 138 500 110 357	R 4 744 544 138 500 114 689	R 4 947 544 138 500 109 988	R 4 998 544 138 500 108 882
10. Complaint resolution rate (Groote Schuur Hospital)	Numerator 17 Denominator 18	Quarterly	99.0% 604 610	98.7% 151 153	98.7% 151 153	98.7% 151 153	100.0% 151 151
11. Complaint resolution within 25 working days rate (Groote Schuur Hospital)	Numerator 19 Denominator 17	Quarterly	84.9% 513 604	84.8% 128 151	84.8% 128 151	84.8% 128 151	85.4% 129 151
ADDITIONAL PROVINCIAL INDICATORS							
12. Expenditure per PDE in 2013/14 Rand (Groote Schuur Hospital)	Numerator 20 Denominator 16	Quarterly	R 4 185 1 857 644 270 443 916	R 4 208 464 411 068 110 357	R 4 049 464 411 068 114 689	R 4 222 464 411 068 109 988	R 4 265 464 411 066 108 882
13. Mortality and morbidity review rate (Groote Schuur Hospital)	Numerator 21 Denominator 22	Quarterly	91.7% 33 36	100.0% 9 9	100.0% 9 9	66.7% 6 9	100.0% 9 9

STRATEGIC OBJECTIVES - ANNUAL TARGETS

Table B.74: Data elements with actual and projected performance values for Tygerberg Hospital

Source	Data Element	Element ID	Audited / Actual performance			Estimated performance	Medium term targets		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
SINJANI	Actual (usable) beds (Tygerberg Hospital)	1	1 310	1 384	1 384	1 384	1 384	1 384	1 384
SINJANI	Hospitals that conducted a national core standards self-assessment during the financial year (Tygerberg Hospital)	3	Yes	Yes	Yes	Yes	Yes	Yes	Yes
SINJANI	Hospitals that developed a quality improvement plan during the financial year (Tygerberg Hospital)	4	Not required to report	Not required to report	Not required to report	Yes	Yes	Yes	Yes
DHS - NCS system	Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards (Tygerberg Hospital)	5	Not required to report	Not required to report	Not required to report	No	Yes	Yes	Yes
SINJANI	Hospitals that conducted a patient satisfaction survey during the financial year (Tygerberg Hospital)	6	Yes	Yes	Yes	Yes	Yes	Yes	Yes
SINJANI	Questionnaires with 1 or 2 recorded for pleased with treatment (Tygerberg Hospital)	7	860	731	701	720	738	748	756
SINJANI	Questionnaires with answer provided for pleased with treatment (Tygerberg Hospital)	8	894	768	757	800	820	831	840
SINJANI	Patient days (Inpatient days + 1/2 Day patients) (Tygerberg Hospital)	9	375 622	410 956	431 552	436 753	436 963	434 438	431 912
SINJANI	Inpatient separations (Tygerberg Hospital)	10	61 893	67 459	69 339	70 336	70 478	70 071	69 663
SINJANI	Inpatient bed days available (Usable beds total x 30.42) (Tygerberg Hospital)	11	478 202	505 215	505 215	505 215	505 215	505 215	505 215
SINJANI	Mental health admissions (Tygerberg Hospital)	12	351	355	351	338	347	356	366
BAS	Expenditure in Tygerberg Hospital	13	1 766 986 695	1 941 195 862	2 074 673 762	2 252 947 000	2 417 193 000	2 547 940 000	2 676 749 000
SINJANI	OPD headcount (Tygerberg Hospital)	14	315 264	334 384	332 436	338 672	339 957	343 206	345 486
SINJANI	Emergency headcount (Tygerberg Hospital)	15	56 328	56 576	57 063	58 212	58 500	59 000	59 521
SINJANI	Patient day equivalent (PDE) (Tygerberg Hospital)	16	499 486	541 276	561 385	569 048	569 782	568 507	566 914
SINJANI	Complaints resolved (Tygerberg Hospital)	17	199	292	434	480	481	485	489
SINJANI	Complaints received (Tygerberg Hospital)	18	219	313	434	490	491	495	499
SINJANI	Complaints resolved within 25 working days (Tygerberg Hospital)	19	110	240	345	408	409	412	416
BAS	Expenditure in Tygerberg Hospital expressed in 2013/14 Rand	20	1 983 999 420	2 083 086 931	2 074 673 762	2 073 996 602	2 063 024 730	2 051 399 365	2 036 857 617
SINJANI	Mortality and morbidity reviews conducted per discipline (Tygerberg Hospital)	21	Not required to report	Not required to report	39	42	44	44	44
SINJANI	Planned mortality and morbidity reviews (Tygerberg Hospital) X number of disciplines within Tygerberg Hospital	22	Not required to report	Not required to report	40	44	48	48	48

Notes

- Element ID 1: An additional 74 beds were added in 2012/13 to accommodate the change in drainage areas with the commissioning of the Khayelitsha District Hospital. As a result, there were corresponding increases in patient separations (ID 10) and patient days (ID 9) and OPD Headcounts (ID 14) during the same period.
- Element ID 7 & 8: The number of questionnaires evaluated is variable and is dependent on the response rate from the patients.
- Element ID 12: Mental health admissions will change with the growth in population as well as the expected burden of disease.
- Element ID 14: An additional 74 beds were added in 2012/13 to accommodate the change in drainage areas with the commissioning of the Khayelitsha District Hospital. As a result, there were corresponding increases in OPD headcounts.
- Element ID 16: An additional 74 beds were added in 2012/13 to accommodate the change in drainage areas with the commissioning of the Khayelitsha District Hospital. As a result, there were corresponding increases in patient day equivalents.
- Element ID 17: The systems and opportunities for patients to register complaints were strengthened. More complaints registered do not necessarily mean that the quality of the services is decreasing.
- Element ID 19: An electronic system was implemented in 2011/12 and a strict algorithm is applied to assess whether complaints were resolved within 25 days. The electronic system was implemented during the course of 2011/12 and as a result data for the year was incomplete. The definition of this data element changed to align with changes in the National Indicator Dataset definitions. With effect from April 2013, the number of complaints resolved within 25 working days is reported instead of those resolved within 25 calendar days.
- Element ID 21 & 22: Morbidity and Mortality reviews are held at least 11 times per year for each of the key service disciplines in the hospital.

Table B.75: Provincial strategic objectives and annual targets for Tygerberg Hospital [C&THS 4]

Strategic objective	Programme performance indicator	Data source / Element ID	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
STRATEGIC GOAL: Promote health and wellness.										
1.1 Provide access to the full package of central hospital services at Tygerberg Hospital.	1.1.1 Actual (usable) beds in Tygerberg Hospital	Element 1	Quarterly	1 310	1 384	1 384	1 384	1 384	1 384	1 384

Notes

Indicator 1.1.1: The increase in bed numbers in 2012/13 is as a result of the transfer of beds from Groote Schuur and Red Cross War Memorial Children's Hospitals to Tygerberg Hospital to accommodate the change in drainage areas with the commissioning of the Khayelitsha District Hospital.

PERFORMANCE INDICATORS AND ANNUAL TARGETS

Table B.76: Performance indicators for Tygerberg Hospital [C&THS 5]

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
SECTOR SPECIFIC INDICATORS										
1. National core standards self-assessment (Tygerberg Hospital) Element	Quarterly	3	%	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. Quality improvement plan after self-assessment (Tygerberg Hospital) Element	Quarterly	4	%	Not required to report	Not required to report	Not required to report	Yes	Yes	Yes	Yes
3. Hospital compliant with all extreme and vital measures of the national core standards (Tygerberg Hospital) Element	Quarterly	5	%	Not required to report	Not required to report	Not required to report	No	Yes	Yes	Yes
4. Patient satisfaction survey (Tygerberg Hospital) Element	Quarterly	6	%	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5. Patient satisfaction rate (Tygerberg Hospital) Numerator	Annual	7	%	96.2%	95.2%	92.6%	90.0%	90.0%	90.0%	90.0%
Denominator		8		860	731	701	720	738	748	756
6. Average length of stay (Tygerberg Hospital) Numerator	Quarterly	9	Days	6.1	6.1	6.2	6.2	6.2	6.2	6.2
Denominator		10		61 893	67 459	69 339	70 336	70 478	70 071	69 663
7. Inpatient bed utilisation rate (Tygerberg Hospital) Numerator	Quarterly	9	%	78.5%	81.3%	85.4%	86.4%	86.0%	86.0%	85.5%
Denominator		11		375 622	410 956	431 552	436 753	436 963	434 438	431 912
8. Mental health admission rate (Tygerberg Hospital) Numerator	Quarterly	12	%	0.6%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
Denominator		10		351	355	351	338	347	356	366
9. Expenditure per PDE (Tygerberg Hospital) Numerator	Quarterly	13	R	R 3 538	R 3 586	R 3 696	R 3 959	R 4 242	R 4 482	R 4 722
Denominator		16		1 766 986 695	1 941 195 862	2 074 673 762	2 252 947 000	2 417 193 000	2 547 940 000	2 676 749 000
10. Complaint resolution rate (Tygerberg Hospital) Numerator	Quarterly	17	%	90.9%	93.3%	100.0%	98.0%	98.0%	98.0%	98.0%
Denominator		18		199	292	434	480	481	485	489
11. Complaint resolution within 25 working days rate (Tygerberg Hospital) Numerator	Quarterly	19	%	55.3%	82.2%	79.5%	85.0%	85.0%	84.9%	85.1%
Denominator		17		110	240	345	408	409	412	416
ADDITIONAL PROVINCIAL INDICATORS										
12. Expenditure per PDE in 2013/14 Rand (Tygerberg Hospital) Numerator	Quarterly	20	R	R 3 972	R 3 848	R 3 696	R 3 645	R 3 621	R 3 608	R 3 593
Denominator		16		1 983 999 420	2 083 086 931	2 074 673 762	2 073 996 602	2 063 024 730	2 051 399 365	2 036 857 617
13. Mortality and morbidity review rate (Tygerberg Hospital) Numerator	Quarterly	21	%	Not required to report	Not required to report	97.5%	95.5%	91.7%	91.7%	91.7%
Denominator		22		-	-	39	42	44	44	44

Notes

Indicator 8: Mental health admissions will change with the growth in population as well as the expected burden of disease.

Indicator 11: An electronic system was implemented in 2011/12 and a strict algorithm is applied to assess whether

complaints were resolved within 25 days. The electronic system was implemented during the course of 2011/12 and as a result data for the year was incomplete.

The definition of this indicator changed to align with changes in the National Indicator Dataset definition. The percentage of complaints resolved within 25 working days will be reported instead of those resolved within 25 calendar days with effect from April 2013. In 2014/15 the denominator was changed to reflect the number of complaints resolved instead of the number of complaints received (as reported previously).

QUARTERLY TARGETS FOR 2015/16

Table B.77: Quarterly targets for Tygerberg Hospital for 2015/16 [C&THS 6]

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets				
			2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS								
1.1.1 Actual (usable) beds in Tygerberg Hospital	Element 1	Quarterly	1 384	1 384	1 384	1 384	1 384	1 384
SECTOR SPECIFIC INDICATORS								
1. National core standards self-assessment (Tygerberg Hospital)	Element 3	Quarterly	Yes	No	No	No	No	Yes
2. Quality improvement plan after self-assessment (Tygerberg Hospital)	Element 4	Quarterly	Yes	No	No	No	No	Yes
3. Hospital compliant with all extreme and vital measures of the national core standards (Tygerberg Hospital)	Element 5	Quarterly	Yes	No	No	No	No	Yes
4. Patient satisfaction survey (Tygerberg Hospital)	Element 6	Quarterly	Yes	No	No	No	No	Yes
5. Patient satisfaction rate (Tygerberg Hospital)		Annual	90.0%					90.0%
	Numerator 7		738	0	0	0	0	738
	Denominator 8		820	0	0	0	0	820
6. Average length of stay (Tygerberg Hospital)		Quarterly	6.2	6.2	6.2	6.2	6.2	6.3
	Numerator 9		436 963	108 355	110 234	109 431	108 943	108 943
	Denominator 10		70 478	17 549	17 839	17 740	17 350	17 350
7. Inpatient bed utilisation rate (Tygerberg Hospital)		Quarterly	86.5%	85.8%	87.3%	86.6%	86.3%	86.3%
	Numerator 9		436 963	108 355	110 234	109 431	108 943	108 943
	Denominator 11		505 215	126 304	126 304	126 304	126 303	126 303
8. Mental health admission rate (Tygerberg Hospital)		Quarterly	0.5%	0.5%	0.5%	0.5%	0.5%	0.6%
	Numerator		347	87	87	87	86	86
	Denominator		70 478	17 549	17 839	17 740	17 350	17 350
9. Expenditure per FDE (Tygerberg Hospital)		Quarterly	R 4 242	R 4 278	R 4 117	R 4 284	R 4 295	R 4 295
	Numerator 13		2 417 193 000	604 298 250	604 298 250	604 298 250	604 298 250	604 298 250
	Denominator 16		569 782	141 264	146 765	141 050	140 703	140 703
10. Complaint resolution rate (Tygerberg Hospital)		Quarterly	98.0%	97.6%	97.6%	97.6%	99.2%	99.2%
	Numerator 17		481	120	120	120	121	121
	Denominator 18		491	123	123	123	122	122
11. Complaint resolution within 25 working days rate (Tygerberg Hospital)		Quarterly	85.0%	85.0%	85.0%	85.0%	85.1%	85.1%
	Numerator 19		409	102	102	102	103	103
	Denominator 17		481	120	120	120	121	121
ADDITIONAL PROVINCIAL INDICATORS								
12. Expenditure per FDE in 2013/14 Rand (Tygerberg Hospital)		Quarterly	R 3 621	R 3 651	R 3 514	R 3 657	R 3 666	R 3 666
	Numerator 20		2 063 024 730	515 756 183	515 756 183	515 756 183	515 756 181	515 756 181
	Denominator 16		569 782	141 264	146 765	141 050	140 703	140 703
13. Mortality and morbidity review rate (Tygerberg Hospital)		Quarterly	91.7%	100.0%	100.0%	66.7%	100.0%	100.0%
	Numerator 21		44	12	12	8	12	12
	Denominator 22		48	12	12	12	12	12

13.5. Tertiary Hospitals

There is one provincial tertiary hospital in the Western Cape, namely Red Cross War Memorial Children's Hospital (270 beds). Maitland Cottage Home is a provincially-aided health facility which operates as an extension of Red Cross War Memorial Children's Hospital and provides for specialist orthopaedic surgery, post-operative care and rehabilitation for children with orthopaedic conditions. The facility has 85 beds and performs over 500 surgical procedures per annum.

STRATEGIC OBJECTIVES - ANNUAL TARGETS

Table B.78: Data elements with actual and projected performance values for Provincial Tertiary Hospital Services – Red Cross War Memorial Children’s Hospital (RCWMCH)

Source	Data Element	Element ID	Audited / Actual performance			Estimated performance	Medium term targets		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
SINJANI	Actual (usable) beds (RCWMCH)	1	290	270	270	272	272	272	272
SINJANI	Hospitals that conducted a national core standards self-assessment during the financial year (RCWMCH)	3	Yes	Yes	Yes	Yes	Yes	Yes	Yes
SINJANI	Hospitals that developed a quality improvement plan during the financial year (RCWMCH)	4	Not required to report	Not required to report	Not required to report	Yes	Yes	Yes	Yes
DHIS - NCS system	Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards (RCWMCH)	5	Not required to report	Not required to report	Not required to report	No	Yes	Yes	Yes
SINJANI	Hospitals that conducted a patient satisfaction survey during the financial year (RCWMCH)	6	Yes	Yes	Yes	Yes	Yes	Yes	Yes
SINJANI	Questionnaires with 1 or 2 recorded for pleased with treatment (RCWMCH)	7	1 639	1 354	1 411	1 489	1 512	1 554	1 571
SINJANI	Questionnaires with answer provided for pleased with treatment (RCWMCH)	8	1 708	1 442	1 515	1 654	1 680	1 727	1 745
SINJANI	Patient days (Inpatient days + 1/2 Day patients) (RCWMCH)	9	85 860	81 238	82 503	82 327	83 395	84 388	84 487
SINJANI	Inpatient separations (RCWMCH)	10	22 591	20 514	22 101	21 688	21 946	21 638	21 663
SINJANI	Inpatient bed days available (Usable beds total x 30.42) (RCWMCH)	11	105 862	103 671	98 713	99 291	99 291	99 291	99 291
SINJANI	Mental health admissions (RCWMCH)	12	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
BAS	Expenditure in RCWMCH	13	536 168 700	540 609 334	578 965 747	632 782 000	713 056 000	730 239 000	761 689 000
SINJANI	OPD headcount (RCWMCH)	14	118 677	116 035	118 631	119 052	119 588	120 844	121 408
SINJANI	Emergency headcount (RCWMCH)	15	42 815	56 576	41 642	40 254	40 258	40 842	41 058
SINJANI	Patient day equivalent (PDE) (RCWMCH)	16	139 691	138 775	135 927	135 429	136 677	138 283	138 642
SINJANI	Complaints resolved (RCWMCH)	17	69	127	145	131	139	143	146
SINJANI	Complaints received (RCWMCH)	18	69	128	145	142	151	155	159
SINJANI	Complaints resolved within 25 working days (RCWMCH)	19	62	110	105	171	152	122	124
BAS	Expenditure in RCWMCH expressed in 2013/14 Rand	20	602 018 336	580 124 994	578 965 747	582 520 458	608 578 695	587 930 572	579 603 109
SINJANI	Mortality and morbidity review s conducted per discipline (RCWMCH)	21	Not required to report	Not required to report	10	10	11	11	11
SINJANI	Planned mortality and morbidity review s (RCWMCH) X number of disciplines within RCWMCH	22	Not required to report	Not required to report	10	11	12	12	12

Notes

- Element ID 7 & 8: The number of questionnaires evaluated is variable and is dependent on the response rate from the patients.
- Element ID 12: Red Cross War Memorial Children’s Hospital is a paediatric hospital, admitting patients under the Paediatric discipline, with very few inpatients admitted under the mental health discipline.
- Element ID 14 & 15: The strengthening of the district health service platform with the opening of Khayelitsha and Mitchells Plain Hospitals assisted to reduce the number of emergency headcounts.
- Element ID 17 & 18: The systems and opportunities for patients to register complaints were strengthened. More complaints registered do not necessarily mean that the quality of the services is decreasing.
- Element ID 19: An electronic system was implemented in 2011/12 and a strict algorithm is applied to assess whether complaints were resolved within 25 days. The electronic system was implemented during the course of 2011/12 and as a result data for the year was incomplete. The definition of this data element changed to align with changes in the National Indicator Dataset definitions. With effect from April 2013, the number of complaints resolved within 25 working days is reported instead of those resolved within 25 calendar days.
- Element ID 21 & 22: Red Cross War Memorial Children’s Hospital has one key discipline that can hold a maximum of 12 mortality and morbidity meetings per year.

Table B.79: Provincial strategic objectives and annual targets for Provincial Tertiary Hospital Services – RCWMCH [C&THS 1]

Strategic objective	Programme performance indicator	Data source / Element ID	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance	Medium term targets			
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
STRATEGIC GOAL: Promote health and wellness.											
1.1	Provide access to the full package of central hospital services at RCWMCH	1.1.1 Actual (usable) beds in RCWMCH Element	1	Quarterly	290	270	270	272	272	272	272

Notes

Indicator 1.1.1: The decrease in bed numbers in 2012/13 is as a result of the transfer of 20 beds from Red Cross War Memorial Children's Hospital to Tygerberg Hospital to accommodate the change in drainage areas with the commissioning of Khayelitsha Hospital. The hospital commissioned two additional intensive care unit (ICU) beds in 2014.

PERFORMANCE INDICATORS AND ANNUAL TARGETS

Table B.80: Performance indicators for Provincial Tertiary Hospital Services – RCWMCH [C&THS 2]

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
SECTOR SPECIFIC INDICATORS										
1. National core standards self-assessment (RCWMCH) Element	Quarterly	3	%	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. Quality improvement plan after self-assessment (RCWMCH) Element	Quarterly	4	%	Not required to report	Not required to report	Not required to report	Yes	Yes	Yes	Yes
3. Hospital compliant with all extreme and vital measures of the national core standards (RCWMCH) Element	Quarterly	5	%	Not required to report	Not required to report	Not required to report	No	Yes	Yes	Yes
4. Patient satisfaction survey (RCWMCH) Element	Quarterly	6	%	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5. Patient satisfaction rate (RCWMCH) Numerator	Annual	7	%	96.0%	93.9%	93.1%	90.0%	90.0%	90.0%	90.0%
Denominator		8		1 639	1 354	1 411	1 489	1 512	1 554	1 571
6. Average length of stay (RCWMCH) Numerator	Quarterly	9	Days	3.8	4.0	3.7	3.8	3.8	3.9	3.9
Denominator		10		85 860	81 238	82 503	82 327	83 395	84 388	84 487
7. Inpatient bed utilisation rate (RCWMCH) Numerator	Quarterly	9	%	81.1%	78.4%	83.6%	82.9%	84.0%	85.0%	85.1%
Denominator		11		85 860	81 238	82 503	82 327	83 395	84 388	84 487
8. Mental health admission rate (RCWMCH) Numerator	Quarterly	12	%	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Denominator		10		105 862	103 671	98 713	99 291	99 291	99 291	99 291
9. Expenditure per PDE (RCWMCH) Numerator	Quarterly	13	R	R 3 838	R 3 896	R 4 259	R 4 672	R 5 217	R 5 281	R 5 494
Denominator		16		536 168 700	540 609 334	578 965 747	632 782 000	713 056 000	730 239 000	761 689 000
10. Complaint resolution rate (RCWMCH) Numerator	Quarterly	17	%	100.0%	99.2%	100.0%	92.3%	92.1%	92.3%	91.8%
Denominator		18		69	127	145	131	139	143	146
11. Complaint resolution within 25 working days rate (RCWMCH) Numerator	Quarterly	19	%	89.9%	86.6%	72.4%	130.5%	109.4%	85.3%	84.9%
Denominator		17		62	110	105	171	152	122	124
ADDITIONAL PROVINCIAL INDICATORS										
12. Expenditure per PDE in 2013/14 Rand (RCWMCH) Numerator	Quarterly	20	R	R 4 310	R 4 180	R 4 259	R 4 301	R 4 453	R 4 252	R 4 181
Denominator		16		602 018 336	580 124 994	578 965 747	582 520 458	608 578 695	587 930 572	579 603 109
13. Mortality and morbidity review rate (RCWMCH) Numerator	Quarterly	21	%	Not required to report	Not required to report	100.0%	90.9%	91.7%	91.7%	91.7%
Denominator		22		-	-	10	10	11	11	11

Notes

Indicator 6: In general the length of stay has decreased as the hospital focusses on day cases, especially day surgery cases.

Indicator 8: This indicator is not applicable to Red Cross War Memorial Children's Hospital, which is a paediatric hospital, admitting patients under the Paediatric discipline, with very few inpatients admitted under the mental health disciplines.

Indicator 11: An electronic system was implemented in 2011/12 and as a result the data for the year was incomplete. The definition of this indicator changed to align with changes in the National Indicator Dataset definition. The percentage of complaints resolved within 25 working days will be reported instead of those resolved within 25 calendar days with effect from April 2013. In 2014/15 the denominator was changed again to reflect the number of complaints resolved instead of the number of complaints received (as reported previously).

QUARTERLY TARGETS FOR 2015/16

Table B.81: Quarterly targets for Provincial Tertiary Hospital Services – RCWMCH for 2015/16 [C&THS 3]

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets			
			2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
1.1.1 Actual (usable) beds in RCWMCH	Element 1	Quarterly	272	272	272	272	272
SECTOR SPECIFIC INDICATORS							
1. National core standards self-assessment (RCWMCH)	Element 3	Quarterly	Yes	No	No	No	Yes
2. Quality improvement plan after self-assessment (RCWMCH)	Element 4	Quarterly	Yes	No	No	No	Yes
3. Hospital compliant with all extreme and vital measures of the national core standards (RCWMCH)	Element 5	Quarterly	Yes	No	No	No	Yes
4. Patient satisfaction survey (RCWMCH)	Element 6	Quarterly	Yes	No	No	No	Yes
5. Patient satisfaction rate (RCWMCH)	Numerator 7	Annual	90.0%				90.0%
	Denominator 8		1 512	0	0	0	1 512
			1 680	0	0	0	1 680
6. Average length of stay (RCWMCH)	Numerator 9	Quarterly	3.8	3.8	3.9	3.7	3.7
	Denominator 10		83 395	21 758	21 170	19 660	20 807
			21 946	5 662	5 452	5 281	5 551
7. Inpatient bed utilisation rate (RCWMCH)	Numerator 9	Quarterly	84.0%	87.7%	85.3%	79.2%	83.8%
	Denominator 11		83 395	21 758	21 170	19 660	20 807
			99 291	24 823	24 823	24 823	24 822
8. Mental health admission rate (RCWMCH)	Numerator 12	Quarterly	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
	Denominator 10		0				
			0				
9. Expenditure per PDE (RCWMCH)	Numerator 13	Quarterly	R 5 217	R 5 046	R 5 060	R 5 434	R 5 351
	Denominator 16		713 056 000	178 264 000	178 264 000	178 264 000	178 264 000
			136 677	35 326	35 230	32 806	33 315
10. Complaint resolution rate (RCWMCH)	Numerator 17	Quarterly	92.1%	92.1%	92.1%	92.1%	91.9%
	Denominator 18		139	35	35	35	34
			151	38	38	38	37
11. Complaint resolution within 25 working days rate (RCWMCH)	Numerator 19	Quarterly	109.4%	108.6%	108.6%	108.6%	111.8%
	Denominator 17		152	38	38	38	38
			139	35	35	35	34
ADDITIONAL PROVINCIAL INDICATORS							
12. Expenditure per PDE in 2013/14 Rand (RCWMCH)	Numerator 20	Quarterly	R 4 453	R 4 307	R 4 319	R 4 638	R 4 567
	Denominator 16		608 578 695	152 144 674	152 144 674	152 144 674	152 144 673
			136 677	35 326	35 230	32 806	33 315
13. Mortality and morbidity review rate (RCWMCH)	Numerator 21	Quarterly	91.7%	100.0%	100.0%	66.7%	100.0%
	Denominator 22		11	3	3	2	3
			12	3	3	3	3

13.6. Reconciling Performance Targets with Budget and MTEF

EXPENDITURE ESTIMATES

Sub-programme R'000	Outcome			Main appropriation 2014/15	Adjusted appropriation 2014/15	Revised estimate 2014/15	Medium-term estimate			
	Audited 2011/12	Audited 2012/13	Audited 2013/14				% Change from Revised estimate			
							2015/16	2014/15	2016/17	2017/18
1. Central Hospital Services	4 011 137	4 247 459	3 977 523	4 285 485	4 289 275	4 304 117	4 593 747	6.73	4 832 146	5 081 607
2. Provincial Tertiary Hospital Services			587 898	645 112	635 841	642 197	723 017	12.58	740 748	772 755
Total payments and estimates	4 011 137	4 247 459	4 565 421	4 930 597	4 925 116	4 946 314	5 316 764	7.49	5 572 894	5 854 362

Notes

Sub-programme 5.1: 2015/16: National Conditional grant: National Tertiary Services: R2 594 901 000 (Compensation of employees R1 813 029 000 and Goods and services R781 872 000).

Sub-programme 5.1 & 5.2: 2015/16: National Conditional grant: Health Professions Training and Development: R288 226 000 (Compensation of employees).

Red Cross War Memorial Children's Hospital was reclassified as a Provincial Tertiary Hospital and moved from Sub programme 5.1

13.7. Risk Management

RISK STATEMENT 1: Shortage Of Skilled Staff	
Risk	Inadequate competency levels
Root Cause	<ul style="list-style-type: none"> ▪ Shortage of highly skilled professionals ▪ Inability to offer competitive remuneration packages
Impact	<ul style="list-style-type: none"> ▪ Compromised ability to deliver on the Department's mandate
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote Health and Wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Allocation of bursaries per scarce-skilled profession as a recruitment strategy ▪ In the process of developing an on-line exit interview questionnaire to assist in identifying the reasons for exits and to inform future interventions ▪ Development and implementation of recruitment and retention policies ▪ Work in partnership with universities to recruit and retain highly skilled staff ▪ Strengthen organisational culture and staff wellbeing ▪ Succession planning ▪ Improve the working environment
RISK STATEMENT 2: Staff Safety	
Risk	5. Increased staff safety related, adverse incidents
Root Cause	<ul style="list-style-type: none"> ▪ Volatility in the community e.g. gang violence, inter-personal violence ▪ High prevalence of infectious diseases e.g. HIV/AIDS and TB ▪ Inadequate Occupational Health and Safety measures ▪ Inadequate security measures
Impact	<ul style="list-style-type: none"> ▪ Compromised employee wellness
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Safety guidelines and protocols that empower staff to make decisions around their own safety ▪ Raise employee awareness on safety in the workplace ▪ Ensuring optimal security measures are in place at health facilities ▪ Engage the SAPS and community safety stakeholders on ways in which closer collaboration and interagency partnerships could assist in securing the physical safety of staff ▪ Robust OHS measures in place
RISK STATEMENT 3: Resource Constraints	
Risk	Inability to render comprehensive quality health services
Root Cause	<ul style="list-style-type: none"> ▪ Allocative and technical inefficiencies ▪ Escalating burden of disease ▪ Escalating costs of labour, goods and services ▪ Fiscal envelope based on nominal growth ▪ Aging infrastructure
Impact	<ul style="list-style-type: none"> ▪ Poor health outcomes ▪ Compromised ability to deliver on the department's mandate
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Priority setting ▪ Establish and embed mechanisms to enhance efficiencies ▪ Applying lean management principles to reduce waste in the system ▪ Rational prescribing ▪ Laboratory cost containment measures, e.g. Electronic Gatekeeping System ▪ Explore alternative financing options
RISK STATEMENT 4: Medico Legal Claims	
Risk	Increasing litigation against the department as a result of malpractice and negligence
Root Cause	<ul style="list-style-type: none"> ▪ Increasing service pressures ▪ Inadequate clinical governance mechanisms ▪ Technical inefficiencies
Impact	<ul style="list-style-type: none"> ▪ Compromised quality of care ▪ Escalating expenditure ▪ Compromised public trust in the health system (reputational damage)
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote Health and Wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Adverse incidence reporting system ▪ Strengthen clinical governance and antibiotic stewardship ▪ Contingency plans in place for service surges

RISK STATEMENT 5: Pharmaceutical Stock-outs	
Risk	Unavailability of essential pharmaceutical goods and services
Root Cause	<ul style="list-style-type: none"> ▪ Supplier challenges e.g. global shortages of ingredients ▪ Lack of timeous and good contract management ▪ Inability to secure alternatives ▪ Late or inadequate awarding of national pharmaceutical contracts
Impact	<ul style="list-style-type: none"> ▪ Compromises the quality of care ▪ Compromises public trust in the health system
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Engage National Department of Health on timeous awarding of national tenders ▪ Monitor stocks out regularly ▪ Monitor vaccine supply ▪ Provide alternatives to the essential medicines, where possible ▪ Tight contract management with suppliers ▪ Create provincial contracts for items that have been excluded from the revised national tenders, where possible
RISK STATEMENT 6: ICT Systems Disruption	
Risk	Dysfunctional communication and information systems
Root Cause	<ul style="list-style-type: none"> ▪ Inadequate and ageing technology infrastructure and resources ▪ Inadequate technical capacity within the Western Cape Government
Impact	<ul style="list-style-type: none"> ▪ Compromised service delivery
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Develop a robust IT disaster recovery plan ▪ Monitor the responsiveness of the Helpdesk and support systems to IT system failures ▪ Constantly review and address out-dated infrastructure by conducting regular hardware and ICT audits
RISK STATEMENT 7: Fire Within Health Facilities	
Risk	Fire damage to state property and safety threat to building occupants
Root Cause	<ul style="list-style-type: none"> ▪ Inadequate safety measures ▪ Constant trade-off between securing a building from a safety perspective versus maintaining the integrity of fire escapes etc. ▪ Building maintenance backlog and infrastructure budget constraints
Impact	<ul style="list-style-type: none"> ▪ Service disruption ▪ Property damage ▪ Traumatized and/or injured staff and patients
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Develop and implement the Provincial Safety, Health, Environment, Risk, and Quality Management (SHERQ) Policy to support and guide facilities ▪ Ensure that design and construction of infrastructure is compliant through phased fire compliance ▪ Monitor and evaluate operational compliance with fire regulations ensuring that disaster plans and fire drills are in place ▪ Ensure compliance of the physical environment and physical entities such as fire detectors, fire extinguishers, alarms, sprinkler systems, fire doors, and fire exits are in order ▪ Establish Health and Safety committees, appoint and train emergency representatives (fire, first aid and floor marshals), in accordance with the National Core Standards
RISK STATEMENT 8: Vandalism And Theft	
Risk	Damage to and loss of state property
Root Cause	<ul style="list-style-type: none"> ▪ Inadequate security measures ▪ Volatility in the community ▪ High crime prevalence
Impact	<ul style="list-style-type: none"> ▪ Compromises the quality of care ▪ Property damage ▪ Escalates maintenance and repair expenditure
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Business continuity plans in place to minimise the impact on service delivery ▪ Installation of vandal-proof infrastructure including fixtures and fittings, as far as possible ▪ Improve security services and contract management at facility level

RISK STATEMENT 9: Fraud	
Risk	Unfair or unlawful access to public fund
Root Cause	<ul style="list-style-type: none"> Inadequate (compliance with) internal controls Lack of commitment to values of the organisation
Impact	<ul style="list-style-type: none"> Exacerbates resource constraints Compromises public trust in the health system
Strategic Goal Impact	<ul style="list-style-type: none"> Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Monitor the implementation of the fraud prevention plan Ensure PERSAL is accurate to prevent ghost employees Embark upon change management initiative that emphasises the values of the organisation (Strengthening the DICU, ICU processes – IA, CA, etc.)
RISK STATEMENT 10: Labour Unrest	
Risk	Strike action
Root Cause	<ul style="list-style-type: none"> Labour disputes
Impact	<ul style="list-style-type: none"> Service disruption Compromises patient and staff safety Exacerbates resource constraints and staff shortages
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Maintaining good practices and relations with organised labour through robust structures of engagement In the event of a strike ensure contingency plans are in place to minimise service disruption
RISK STATEMENT 11: Load Shedding	
Risk	Disruption in the supply of electricity
Root Cause	<ul style="list-style-type: none"> Eskom infrastructure Shortage in supply of diesel to support back-up power supply
Impact	<ul style="list-style-type: none"> Service disruption Compromised quality of care Increased supply of and maintenance to alternative sources of power supply Increased diesel storage Cost of diesel supply Damage to electrical and electronic equipment (including medical) due to power surge
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Backup power supply in place for priority services Reduce dependency on Eskom by investing in alternative energy sources Business continuity plans in place to minimise the impact on service delivery Ensures adequate diesel supply and storage
RISK STATEMENT 12: Ebola	
Risk	Ebola Outbreak
Root Cause	<ul style="list-style-type: none"> Failure in outbreak prevention strategies
Impact	<ul style="list-style-type: none"> Fatalities Increased pressure on the health system
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> Ebola outbreak preparedness plan in place Ebola surveillance strategies in place
RISK STATEMENT 13: Affordability of the infrastructure requirements of Healthcare 2030	
Risk	Affordability of delivering on required infrastructure in order to meet objectives of Healthcare 2030.
Root Cause	<ul style="list-style-type: none"> Limited financial resources Inappropriate and over-designed infrastructure that is too complex and costly to construct and maintain. Current condition and functional limitations of existing health infrastructure portfolio
Impact	<ul style="list-style-type: none"> Compromised healthcare services.
Strategic Goal Impact	<ul style="list-style-type: none"> Embed good governance and values-driven leadership practices.
Measures to Mitigate Impact	<ul style="list-style-type: none"> Develop standard health infrastructure designs which are appropriate to a developing economy Ensure compliance to standard designs, where appropriate and possible. Explore alternative finance options. Application of Prioritisation Tool for capital projects. Increase resources for maintenance of existing facilities.

14. Programme 6: HEALTH SCIENCES AND TRAINING

14.1. Purpose

To create training and development opportunities for actual and potential employees of the Department of Health

14.2. Structure

SUB-PROGRAMME 6.1: NURSE TRAINING COLLEGE

Training of nurses at undergraduate and post-basic level, target group includes actual and potential employees.

SUB-PROGRAMME 6.2: EMERGENCY MEDICAL SERVICES (EMS) TRAINING COLLEGE

Training of rescue and ambulance personnel, target group includes actual and potential employees.

SUB-PROGRAMME 6.3: BURSARIES

Provision of bursaries for health science training programmes at undergraduate and postgraduate levels, target group includes actual and potential employees.

SUB-PROGRAMME 6.4: PRIMARY HEALTH CARE (PHC) TRAINING

Provision of PHC related training for personnel, provided by the regions.

SUB-PROGRAMME 6.5: TRAINING (OTHER)

Provision of skills development interventions for all occupational categories in the Department, target group includes actual and potential employees.

14.3. Programme Priorities

- Upscale and revitalise education and training, in line with an effective and appropriate staffing model
- Implementation of a change management strategy
- Competent leadership and management development
- Continuous competence based clinical skills development
- Professional human resource capacity at all levels

14.4. Strategic Objectives - Annual Targets

Table B.82: Data elements with actual and projected performance values for Health Sciences and Training

Source	Data Element	Element ID	Audited / Actual performance			Estimated performance	Medium term targets		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Bursary Information Management system (BIMS)	Bursaries awarded for scarce and critical skills categories	1	Not required to report	Not required to report	Not required to report	Not required to report	2 915	2 830	2 780
BIMS	Bursaries awarded for first year medicine students	2	35	45	35	38	40	42	44
BIMS	Bursaries awarded for first year nursing students	3	550	430	370	300	300	300	320
HEI survey.xls	Intake of nurse students (1st to 4th year at HEIs and nursing college)	4	2 496	2 391	2 243	2 570	2 570	2 570	2 570
HEI survey.xls	Basic nurse students graduating (at nursing college)	5	206	209	238	240	230	220	210
HEI survey.xls	Basic nurse students graduating (at HEIs and nursing college)	6	474	336	411	600	550	550	550
EMC information system	Intake of EMC staff on accredited HPCSA courses	7	134	112	159	174	174	174	174
EPWP web based database	Registration of home community based carers	8	1 919	2 000	1 400	1 200	800	800	800
EPWP web based database	Intake of data capturer interns	9	149	148	163	140	140	140	140
EPWP web based database	Intake of pharmacist assistants	10	110	96	96	85	85	85	85
EPWP web based database	Intake of assistant to artisan (ATA) interns	11	115	120	127	120	120	120	120
EPWP web based database	Intake of HR and finance interns	12	111	186	130	140	150	160	170
EPWP web based database	Intake of emergency medical care assistants	13	0	120	125	140	140	140	140
EPWP web based database	Intake of forensic pathology service assistants	14	0	0	0	20	40	60	80

Notes

- Element ID 2 & 3: The allocation is based on service needs but importantly, particularly with Nursing, the availability of vacant funded posts when nursing bursars graduate. The reduction in the allocation of nursing bursaries is due to a reduction in the availability of vacant funded nursing posts over the past few years where the supply of graduate nurses outstripped the demand for entry level nurses (the shortages of nurses are in the specialty categories).
- Element ID 4: The intake of nurse students at HEIs is inclusive of UWC and intake of Diploma Nursing Students for the 2014 academic year at CPUT on the premises of WCCN (1st year B Tech – the first of its kind in the Western Cape). The reduced intake for 2012/13 and 2013/14 are a result of drop outs in the programme particularly in the first year. The measures put in place by the College to support the students have since mitigated against the risk and reduced first year failures. The intake is in line with Departmental needs based on HR planning and the existing number of nurses expected to exit the service on retirement.
- Element ID 5: The number of posts for nursing graduates is insufficient, with the result that the number of student nurses who will be trained is reducing over the 2015 MTEF period.
- Element ID 6: The projected decrease after 2014/15 is due to reduced student intakes as a result of reduced funding.
- Element ID 7: The revised downward targets from 2011/12 onwards reflect a National Department of Health's decision to disband accredited short course training. However, additional intake of 174 estimated as from 2014/15 through the 2015 MTEF period due to added training infrastructure in place and training need.
- Element ID 8: The reduced training targets from 2013/14 onwards is due to training saturation on the formal qualification of home community based carers (HCBC) and the focus will now be on the Practical Application of Care Kit (PACK) which will improve standardisation of care. The numbers of HCBCs contracted by the Department through NGOs has steadily increased from 2500 to 3500 in the last 6 years on the CBS platform. A critical mass of the HCBCs has been trained on the NQF formal qualifications, levels 1 to 4. An integrated training plan will address formal training for new entrants on the newly revised Community Care Worker National Vocational Qualification, and identify HCBCs for training in the Mentor Mother, the Rehabilitation Care Worker and training on PACK.
- Element ID 9: The increase in data-capturer interns in 2013/14 reflects two intakes in that year due to budget availability and service capacity to absorb the additional interns.
- Element ID 10: The intake of pharmacist's assistants is over a two-year training cycle from the Learner Basic to the Learner Post Basic Pharmacist Assistant. The intake of Learner Basic 2011/12 resulted in a drop out of students for the following year intake of Learner Post Basic in 2012/13. Subsequently attrition has been built into the planned 2013/14 intake of 96 through to the projected second year of Post-Basic intake at 85 (a projected drop out of 11 after the Basic programme).
- Element ID 11: The high intake for 2013/14 reflects initial funding for 127 Assistant to Artisan (ATA) interns. The intake and funding were subsequently reduced due to infrastructural challenges of supervision and mentorship.
- Element ID 12: The actual performance of 186 in 2012/13 reflected the additional amount of the Premier's Advancement of Youth (PAY) interns the Department had accommodated at short notice. The intake of HR and finance interns as a potential recruitment measure to deal with the scarce finance and HR skills is a priority programme. Additional budget has been set aside to grow the number of interns incrementally as per the Departmental need from 2014/15 on.

Table B.83: Provincial strategic objectives and annual targets for Health Sciences and Training [HST 1]

Strategic objective	Programme performance indicator	Data source / Element ID	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
STRATEGIC GOAL: Embed good governance and values-driven leadership practices.										
1.1 Implement a Human Resource Development (HRD) strategy.	1.1.1 Number of bursaries awarded for scarce and critical skills categories		2 750	Not required to report	Not required to report	Not required to report	Not required to report	2 915	2 830	2 780
	Element	1								

14.5. Performance Indicators and Annual Targets

Table B.90: Performance indicators for Health Sciences and Training [HST 2]

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
SECTOR SPECIFIC INDICATORS										
1. Number of bursaries awarded for first year medicine students	Annual		No	35	45	35	38	40	42	44
Element		2								
2. Number of bursaries awarded for first year nursing students	Annual		No	550	430	370	300	300	300	320
Element		3								
ADDITIONAL PROVINCIAL INDICATORS										
3. Intake of nurse students (1st to 4th year at HEIs and nursing college)	Annual		No	2 496	2 391	2 243	2 570	2 570	2 570	2 570
Element		4								
4. Basic professional nurse students graduating (at nursing college)	Annual		No	206	209	238	240	230	220	210
Element		5								
5. Basic nurse students graduating (at HEIs and nursing college)	Annual		No	474	336	411	600	550	550	550
Element		6								
6. EMC intake on accredited HPCSA courses	Annual		No	134	112	159	174	174	174	174
Element		7								
7. Intake of home community based carers (HCBCs)	Annual		No	1 919	2 000	1 400	1 200	800	800	800
Element		8								
8. Intake of data capturer interns	Annual		No	149	148	163	140	140	140	140
Element		9								
9. Intake of pharmacy assistants	Annual		No	110	96	96	85	85	85	85
Element		10								
10. Intake of assistant to artisan (ATA) interns	Annual		No	115	120	127	120	120	120	120
Element		11								
11. Intake of HR and finance interns	Annual		No	111	186	130	140	150	160	170
Element		12								
12. Intake of emergency medical care (EMC) assistant interns	Annual		No	0	120	125	140	140	140	140
Element		13								
13. Intake of forensic pathology service (FPS) assistant interns	Annual		No	0	0	0	20	40	60	80
Element		14								

14.6. Quarterly Targets for 2015/16

Table B.84: Quarterly targets for Health Sciences and Training for 2015/16 [HST 3]

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets			
				2015/16	Quarter 1	Quarter 2	Quarter 3
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS:							
1.1.1 Number of bursaries awarded for scarce and critical skills categories Element	1	Annual	2 915	-	-	-	2 915
SECTOR SPECIFIC INDICATORS:							
1. Number of bursaries awarded for first year medicine students Element	2	Annual	40	-	-	-	40
2. Number of bursaries awarded for first year nursing students Element	3	Annual	300	-	-	-	300
ADDITIONAL PROVINCIAL INDICATORS:							
3. Intake of nurse students (1st to 4th year at HEIs and nursing college) Element	4	Annual	2 570	-	-	-	2 570
4. Basic professional nurse students graduating (at nursing college) Element	5	Annual	230	-	-	-	230
5. Basic nurse students graduating (at HEIs and nursing college) Element	6	Annual	550	-	-	-	550
6. EMC intake on accredited HFCSA courses Element	7	Annual	174	-	-	-	174
7. Intake of home community based carers (HCBCs) Element	8	Annual	800	-	-	-	800
8. Intake of data capturer interns Element	9	Annual	140	-	-	-	140
9. Intake of pharmacy assistants Element	10	Annual	85	-	-	-	85
10. Intake of assistant to artisan (ATA) interns Element	11	Annual	120	-	-	-	120
11. Intake of HR and finance interns Element	12	Annual	150	-	-	-	150
12. Intake of emergency medical care (EMC) assistant interns Element	13	Annual	140	-	-	-	140
13. Intake of forensic pathology service (FPS) assistant interns Element	14	Annual	40	-	-	-	40

14.7. Reconciling Performance Targets with Budget and MTEF

EXPENDITURE ESTIMATES

Sub-programme R'000	Outcome			Main appro- priation 2014/15	Adjusted appro- priation 2014/15	Revised estimate 2014/15	Medium-term estimate			
	Audited 2011/12	Audited 2012/13	Audited 2013/14				% Change from Revised estimate			
							2015/16	2014/15	2016/17	2017/18
1. Nurse Training College	51 968	73 034	79 031	86 914	87 627	89 817	96 164	7.07	100 469	105 596
2. Emergency Medical Services (EMS) Training College	15 616	18 875	23 186	28 685	28 685	28 685	31 486	9.76	32 830	34 338
3. Bursaries	75 804	72 448	52 716	78 675	78 675	78 675	83 573	6.23	88 169	92 842
4. Primary Health Care (PHC)				1	1	1	1		1	1
5. Training (Other)	88 063	112 194	109 260	120 021	119 308	115 494	123 894	7.27	128 442	134 904
Total payments and estimates	231 451	276 551	264 193	314 296	314 296	312 672	335 118	7.18	349 911	367 681

Notes

Sub-programme 6.5: 2015/16: National Conditional grant: Social Sector EPWP Incentive Grant for Provinces – R1 000 000 (Transfers and subsidies R1 000 000).

Economic classification R'000	Outcome			Main appro- piation 2014/15	Adjusted appro- piation 2014/15	Revised estimate 2014/15	Medium-term estimate			
	Audited	Audited	Audited				% Change from Revised estimate			
	2011/12	2012/13	2013/14				2015/16	2014/15	2016/17	2017/18
Current payments	115 169	172 269	164 096	178 455	175 822	173 790	192 748	10.91	202 420	212 715
Compensation of employees	51 060	85 735	105 463	114 744	111 744	108 153	123 071	13.79	129 141	135 617
Salaries and wages	44 360	76 430	95 706	104 591	101 591	98 000	112 030	14.32	117 516	123 393
Social contributions	6 700	9 305	9 757	10 153	10 153	10 153	11 041	8.75	11 625	12 224
Goods and services	64 109	86 534	58 633	63 711	64 078	65 637	69 677	6.16	73 279	77 098
<i>of which</i>										
Advertising	107	166	32	21	21	21	43	104.76	45	48
Minor assets	275	396	156	454	454	816	839	2.82	885	932
Bursaries: Employees	7 782	7 121	7 279	7 958	7 958	7 958	8 754	10.00	9 235	9 725
Catering: Departmental activities	647	1 721	2 060	1 624	1 624	2 153	2 225	3.34	2 327	2 442
Communication	748	904	873	906	906	889	996	12.04	1 050	1 106
Computer services	16	63				1	1		1	1
Cons/prof. Business and advisory services	2 191	3 618	2 562	403	403	617	685	11.02	723	761
Contractors	913	76	33	40	40	1 167	1 019	(12.68)	1 075	1 132
Agency and support/ outsourced services	1 922	3 600	4 647	5 476	5 476	6 134	7 287	18.80	7 689	8 095
Entertainment	3			4	4	4	4		5	5
Fleet services (including government motor transport)	1 248	804	1 288	1 323	1 323	1 368	1 444	5.56	1 523	1 605
Inventory: Materials and supplies	673	338	101	124	124	87	99	13.79	105	110
Inventory: Medical supplies	137	166	47	66	66	235	259	10.21	273	287
Inventory: Medicine	6	4	1	1	1	11	8	(27.27)	8	8
Consumable supplies	4 972	5 668	6 876	7 460	7 460	8 103	8 102	(0.01)	8 545	8 997
Consumable: Stationery, printing & office supplies	786	726	806	882	882	1 276	1 186	(7.05)	1 251	1 317
Operating leases	1 046	505	493	336	336	498	459	(7.83)	484	509
Property payments	3 759	8 518	7 438	9 766	9 766	9 561	10 730	12.23	11 321	11 921
Travel and subsistence	4 772	12 103	7 611	4 675	5 755	8 374	6 530	(22.02)	6 847	7 197
Training and development	26 120	28 098	13 960	20 180	19 467	14 382	16 901	17.51	17 683	18 583
Operating payments	5 828	10 970	162	201	201	390	347	(11.03)	363	382
Venues and facilities	147	969	2 157	1 747	1 747	1 527	1 687	10.48	1 766	1 856
Rental and hiring	11		51	64	64	65	72	10.77	75	79
Transfers and subsidies to	113 231	102 435	97 345	129 254	131 174	131 224	133 793	1.96	139 584	146 838
Departmental agencies and accounts	3 116	3 541	4 113	4 335	4 335	4 345	4 569	5.16	4 820	5 085
Entities receiving transfers	3 116	3 541	4 113	4 335	4 335	4 345	4 569	5.16	4 820	5 085
SETA	3 116	3 541	4 111	4 333	4 333	4 343	4 567	5.16	4 818	5 083
Other			2	2	2	2	2		2	2
Higher education institutions	6 025	1 194	3 480	3 773	3 773	3 773	3 992	5.80	4 211	4 435
Non-profit institutions	37 202	32 238	43 970	50 000	51 920	51 920	50 000	(3.70)	51 183	53 742
Households	66 888	65 462	45 782	71 146	71 146	71 186	75 232	5.68	79 370	83 576
Social benefits	4	256	345	429	429	469	413	(11.94)	436	459
Other transfers to households	66 884	65 206	45 437	70 717	70 717	70 717	74 819	5.80	78 934	83 117
Payments for capital assets	1 908	1 725	2 674	6 587	7 300	7 576	8 577	13.21	7 907	8 128
Machinery and equipment	1 908	1 725	2 674	6 587	7 300	7 576	8 577	13.21	7 907	8 128
Transport equipment	469	1 312	1 822	2 201	2 201	2 471	2 043	(17.32)	2 155	2 269
Other machinery and equipment	1 439	413	852	4 386	5 099	5 105	6 534	27.99	5 752	5 859
Payments for financial assets	1 143	122	78			82		(100.00)		
Total economic classification	231 451	276 551	264 193	314 296	314 296	312 672	335 118	7.18	349 911	367 681

PERFORMANCE AND EXPENDITURE TRENDS

Programme 6: Health Sciences and Training is allocated 1.78 per cent of the vote in 2015/16 in comparison to the 1.80 per cent that was allocated in the revised estimate of the 2014/15 budget. This amounts to a nominal increase of R22.446 million or 7.18 per cent.

14.8. Risk Management

RISK STATEMENT 1: Shortage Of Skilled Staff	
Risk	Inadequate competency levels
Root Cause	<ul style="list-style-type: none"> Shortage of highly skilled professionals Inability to offer competitive remuneration packages
Impact	<ul style="list-style-type: none"> Compromised ability to deliver on the Department's mandate
Strategic Goal Impact	<ul style="list-style-type: none"> Promote Health and Wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Allocation of bursaries per scarce-skilled profession as a recruitment strategy In the process of developing an on-line exit interview questionnaire to assist in identifying the reasons for exits and to inform future interventions Development and implementation of recruitment and retention policies Work in partnership with universities to recruit and retain highly skilled staff Strengthen organisational culture and staff wellbeing Succession planning Improve the working environment
RISK STATEMENT 2: Resource Constraints	
Risk	Inability to render comprehensive quality health services
Root Cause	<ul style="list-style-type: none"> Allocative and technical inefficiencies Escalating burden of disease Escalating costs of labour, goods and services Fiscal envelope based on nominal growth Aging infrastructure
Impact	<ul style="list-style-type: none"> Poor health outcomes Compromised ability to deliver on the department's mandate
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Priority setting Establish and embed mechanisms to enhance efficiencies Applying lean management principles to reduce waste in the system Rational prescribing Laboratory cost containment measures, e.g. Electronic Gatekeeping System Explore alternative financing options
RISK STATEMENT 3: ICT Systems Disruption	
Risk	Dysfunctional communication and information systems
Root Cause	<ul style="list-style-type: none"> Inadequate and ageing technology infrastructure and resources Inadequate technical capacity within the Western Cape Government
Impact	<ul style="list-style-type: none"> Compromised service delivery
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Develop a robust IT disaster recovery plan Monitor the responsiveness of the Helpdesk and support systems to IT system failures Constantly review and address out-dated infrastructure by conducting regular hardware and ICT audits
RISK STATEMENT 4: Fire Within Health Facilities	
Risk	Fire damage to state property and safety threat to building occupants
Root Cause	<ul style="list-style-type: none"> Inadequate safety measures Constant trade-off between securing a building from a safety perspective versus maintaining the integrity of fire escapes etc. Building maintenance backlog and infrastructure budget constraints
Impact	<ul style="list-style-type: none"> Service disruption Property damage Traumatized and/or injured staff and patients
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Develop and implement the Provincial Safety, Health, Environment, Risk, and Quality Management (SHERQ) Policy to support and guide facilities Ensure that design and construction of infrastructure is compliant through phased fire

	<ul style="list-style-type: none"> compliance Monitor and evaluate operational compliance with fire regulations ensuring that disaster plans and fire drills are in place Ensure compliance of the physical environment and physical entities such as fire detectors, fire extinguishers, alarms, sprinkler systems, fire doors, and fire exits are in order Establish Health and Safety committees, appoint and train emergency representatives (fire, first aid and floor marshals), in accordance with the National Core Standards
RISK STATEMENT 5: Vandalism And Theft	
Risk	Damage to and loss of state property
Root Cause	<ul style="list-style-type: none"> Inadequate security measures Volatility in the community High crime prevalence
Impact	<ul style="list-style-type: none"> Compromises the quality of care Property damage Escalates maintenance and repair expenditure
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> Business continuity plans in place to minimise the impact on service delivery Installation of vandal-proof infrastructure including fixtures and fittings, as far as possible Improve security services and contract management at facility level
RISK STATEMENT 6: Fraud	
Risk	Unfair or unlawful access to public fund
Root Cause	<ul style="list-style-type: none"> Inadequate (compliance with) internal controls Lack of commitment to values of the organisation
Impact	<ul style="list-style-type: none"> Exacerbates resource constraints Compromises public trust in the health system
Strategic Goal Impact	<ul style="list-style-type: none"> Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Monitor the implementation of the fraud prevention plan Ensure PERSAL is accurate to prevent ghost employees Embark upon change management initiative that emphasises the values of the organisation (Strengthening the DICU, ICU processes – IA, CA, etc.)
RISK STATEMENT 7: Labour Unrest	
Risk	Strike action
Root Cause	<ul style="list-style-type: none"> Labour disputes
Impact	<ul style="list-style-type: none"> Service disruption Compromises patient and staff safety Exacerbates resource constraints and staff shortages
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Maintaining good practices and relations with organised labour through robust structures of engagement In the event of a strike ensure contingency plans are in place to minimise service disruption
RISK STATEMENT 8: Load Shedding	
Risk	Disruption in the supply of electricity
Root Cause	<ul style="list-style-type: none"> Eskom infrastructure Shortage in supply of diesel to support back-up power supply
Impact	<ul style="list-style-type: none"> Service disruption Compromised quality of care Increased supply of and maintenance to alternative sources of power supply Increased diesel storage Cost of diesel supply Damage to electrical and electronic equipment (including medical) due to power surge
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Backup power supply in place for priority services Reduce dependency on Eskom by investing in alternative energy sources Business continuity plans in place to minimise the impact on service delivery Ensures adequate diesel supply and storage

15. Programme 7: HEALTH CARE SUPPORT SERVICES

15.1. Purpose

To render support services required by the Department to realise its aims.

15.2. Structure

SUB-PROGRAMME 7.1: LAUNDRY SERVICES

To render laundry and related technical support service to health facilities

SUB-PROGRAMME 7.2: ENGINEERING SERVICES

Rendering routine, day-to-day and emergency maintenance service⁶ to buildings, engineering installations and medical equipment.⁷

SUB-PROGRAMME 7.3: FORENSIC SERVICES

(This function has been transferred from sub-programme 2.8)

To render specialised forensic pathology and medico-legal services in order to establish the circumstances and causes surrounding unnatural death. It includes the provision of the Inspector of Anatomy functions, in terms of Chapter 8 of the National Health Act and its Regulations.

SUB-PROGRAMME 7.4: ORTHOTIC AND PROSTHETIC SERVICES

To render specialised orthotic and prosthetic services; please note this service is reported in Sub-programme 4.4.

PROGRAMME 7.5: CAPE MEDICAL DEPOT

The management and supply of pharmaceuticals and medical supplies to health facilities

Please note, sub-programme 7.5 has been renamed since 2013, in line with the incorporation of the trading entity into the Department.

⁶ Routine maintenance: regular on-going maintenance necessary to keep infrastructure operating safely and to prevent premature failure including repairs; Day-to-day maintenance: maintenance that takes place on an adhoc basis including minor repairs and replacements; Emergency maintenance: repairs which are unforeseen and require urgent attention due to the presence of, or the imminent risk of, an extreme or emergency situation arising from one or more of the following: human injury or death; human suffering or deprivation of human rights; serious damage to property or financial loss; livestock or animal injury, suffering or death; serious environmental damage or degradation; or interruption of essential services.

⁷ Medical devices requiring calibration, maintenance, repair, user training, and decommissioning – activities usually managed by clinical engineers. This term typically excludes implantable, disposable or single-use medical devices.

15.3. Laundry Services

PROGRAMME PRIORITIES

- Improve the efficiency of in-house laundry services

STRATEGIC OBJECTIVES - ANNUAL TARGETS

Table B.85: Data elements with actual and projected performance values for Laundry Services

Source	Data Element	Element ID	Audited / Actual performance			Estimated performance	Medium term targets		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
BAS	Expenditure on in-house laundries excluding capital	1	56 224 819	57 167 185	63 260 438	70 165 285	62 596 543	69 795 146	77 447 573
Laundry returns.xls	Items laundered in-house	2	14 901 058	15 826 075	14 376 272	15 387 124	15 494 194	15 649 136	15 805 627
BAS	Expenditure on outsourced laundry services	3	18 026 171	21 008 525	22 685 064	25 844 702	31 140 481	34 532 856	37 822 230
Private laundry returns.xls	Items laundered outsourced	4	6 213 350	6 946 078	7 118 224	8 026 305	8 072 643	8 072 643	8 072 643

Notes

- Element ID 1: The increased expenditure from 2013/14 onwards is due to the inclusion of all budget items (excluding capital). The method of calculation and the definition have been amended to include budget items that were previously excluded to enable more accurate reporting. The projected decrease in expenditure during the 2015 MTEF is due to the closing of the George Regional Laundry (end of September 2014).
- Element ID 2: From 2013/14 only pieces laundered at regional laundries (Tygerberg, Lentegour and George) are reported to align with the reported expenditure for in-house laundries, which only relates to regional laundries. George Laundry was closed at the end of September 2014.
- Element ID 3: The estimated expenditure increased for 2014/15 as the George Regional Laundry ceased operations in September 2014, with this work now outsourced.
- Element ID 4: The increased number of items laundered outsourced in 2012/13 is due to Khayelitsha Hospital being operationalised. The laundry service for this facility was initially outsourced but moved to in-house during the first quarter of 2014/15. The number of outsourced pieces increases in 2014/15 due to George Regional Laundry ceasing operations in September 2014.

Table B.86: Provincial strategic objectives and annual targets for Laundry Services [HCSS 1]

Strategic objective	Programme performance indicator	Data source / Element ID	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
STRATEGIC GOAL: Embed good governance and values-driven leadership practices.										
1.1 Provide an efficient and effective laundry service.	1.1.1 Average cost per item laundered in-house		R 5.92	R 3.77	R 3.61	R 4.40	R 4.56	R 4.04	R 4.46	R 4.90
	Numerator	1	95 450 056	56 224 819	57 167 185	63 260 438	70 165 285	62 596 543	69 795 146	77 447 573
	Denominator	2	16 123 320	14 901 058	15 826 075	14 376 272	15 387 124	15 494 194	15 649 136	15 805 627

Notes

- Indicator 1: The majority of costs in the regional laundries are fixed costs (compensation of employees). An increase in the number of pieces laundered will have a positive impact on the cost per piece as is evident from the results for 2012. It is forecasted that there would be a reduction in the cost per piece laundered in 2015/16 compared to 2014/15 due to George Regional Laundry ceasing operations in 2014/15.

PERFORMANCE INDICATORS AND ANNUAL TARGETS

Table B.87: Performance indicators for Laundry Services [HCSS 2]

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
ADDITIONAL PROVINCIAL INDICATORS										
1. Average cost per item laundered outsourced	Quarterly		R	R 2.90	R 3.02	R 3.19	R 3.22	R 3.86	R 4.28	R 4.69
	Numerator	3		18 026 171	21 008 525	22 685 064	25 844 702	31 140 481	34 532 856	37 822 230
	Denominator	4		6 213 350	6 946 078	7 118 224	8 026 305	8 072 643	8 072 643	8 072 643

QUARTERLY TARGETS FOR 2015/16

Table B.88: Quarterly targets for Laundry Services for 2015/16 [HCSS 3]

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets			
			2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
1.1.1 Average cost per item laundered in-house		Quarterly	R 4.04	R 4.19	R 4.31	R 3.85	R 3.81
Numerator	1		62 596 543	16 068 373	16 775 830	14 845 200	14 907 140
Denominator	2		15 494 194	3 834 934	3 892 304	3 855 896	3 911 060
ADDITIONAL PROVINCIAL INDICATORS:							
1. Average cost per item laundered outsourced		Quarterly	R 3.86	R 3.63	R 3.89	R 3.96	R 3.96
Numerator	3		31 140 481	7 319 103	8 094 751	7 839 978	7 886 649
Denominator	4		8 072 643	2 018 959	2 083 057	1 981 429	1 989 198

15.4. Engineering Services

PROGRAMME PRIORITIES

- Obtain approval and commence with the implementation of the *Blueprint: Organisation and Establishment for the Provisioning of Day-to-day, Routine and Emergency Building Maintenance Services* and the *Blueprint on the Organisation and Establishment for the Provision of Health Technology Services by the Department of Health*, as funds are made available.
- Ensure compliance with the Health Risk Waste regulation.
- Continue with a phased approach to ensure fire compliance at all facilities.
- Full implementation of PTI 16B with respect to routine and day-to-day maintenance.

STRATEGIC OBJECTIVES - ANNUAL TARGETS

Table B.89: Data elements with actual and projected performance values for Engineering Services

Source	Data Element	Element ID	Audited / Actual performance			Estimated performance	Medium term targets		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
BAS	Sub-programme 7.2 expenditure	1	91 863 841	87 580 686	107 356 000	108 715 000	117 581 000	120 913 000	127 077 000
BAS	Sub-programme 7.2 budget	2	92 599 000	95 259 000	103 400 000	111 419 000	117 581 000	120 913 000	127 077 000
Annexure 1 system	Annexure 1 forms approved within 48 hours	3	Not required to report	218	190	191	214	224	232
Annexure 1 system	Annexure 1 forms received	4	Not required to report	218	202	208	229	236	243
Clinical engineering job card system	Clinical engineering jobs completed (job cards closed)	5	Not required to report	10 851	12 182	11 880	11 071	11 678	12 329
Clinical engineering job card system	Clinical engineering job cards issued (job cards opened)	6	Not required to report	11 672	12 820	13 500	12 089	12 693	13 328
Engineering maintenance job card system	Engineering maintenance jobs completed (job cards closed)	7	Not required to report	12 775	12 039	12 757	12 544	13 407	14 397
Engineering maintenance job card system	Engineering maintenance jobs issued (job cards opened)	8	Not required to report	14 944	14 677	15 069	14 509	15 235	15 996
Utilities consumption spread sheet	Selected hospitals with kw h/bed/day higher than provincial benchmark	9	Not required to report	Not required to report	Not required to report	14	16	20	20
Utilities consumption spread sheet	Hospitals selected to monitor kw h/bed/day consumption	10	Not required to report	Not required to report	Not required to report	27	35	50	50
Utilities consumption spread sheet	Selected hospitals exceeding provincial benchmark for average maximum energy demand per hospital bed per month	11	Not required to report	Not required to report	Not required to report	11	12	15	15
Utilities consumption spread sheet	Hospitals selected to monitor average maximum energy demand per hospital bed per month	12	Not required to report	Not required to report	Not required to report	27	35	50	50
Utilities consumption spread sheet	Selected hospitals exceeding provincial benchmark for average water consumption per hospital bed per day	13	Not required to report	Not required to report	Not required to report	14	16	20	20
Utilities consumption spread sheet	Hospitals selected to monitor average water consumption per hospital bed per day	14	Not required to report	Not required to report	Not required to report	27	35	50	50

Notes

Element ID 1 & 2: The expenditure and budget for this indicator increased in 2013/14 as routine (preventative) maintenance became a departmental priority. The introduction of Treasury Instruction 16B negatively impacted on expenditure in 2012/13.

Element ID 3 & 4: The data and systems related to this indicator were reviewed and improved during 2012/13; more realistic targets have subsequently been set. As the number of emergencies cannot be predicted, estimates for the

MTEF are based on historical information.

Element ID 5 & 6: During 2012/13 the method of collecting data was improved, which was implemented in 2013/14. Only job cards opened and closed within a specific financial year were reported on from 2013/14 onwards (i.e. job cards opened in a previous financial year were not reported on). Other new facilities, such as Du Noon Community Health Centre, Delft Symphony Way Community Day Centre and Karl Bremer new Emergency Centre have become operational during 2014/15 and these have been taken into consideration in the projections for 2015 MTEF period. Preventative maintenance work on equipment has been intensified, resulting in a decrease in the number of requests for repairs and this is reflected in the forecasting for 2015/16. An increase is forecasted for 2016/17 and 2017/18 to make provision for equipment maintenance work to be undertaken at relatively new facilities such as Khayelitsha Hospital, Mitchell's Plain Hospital and Du Noon Community Health Centre.

Element ID 7 & 8: The newly constructed Khayelitsha and Mitchell's Plain Hospitals, which became fully operational in 2012/13 and 2013/14 respectively, did not require much engineering maintenance work during 2013/14 but that some work would be required at these facilities with effect from 2014/15; hence the increase in the number of engineering maintenance jobs registered in 2014/15. Performance in 2014/15 is negatively impacted due to the implementation of PTI 16B. Forecasting for 2015/16 onwards is based on historical trends. During 2013/14 the method of collecting data was improved whereby only job cards opened and closed within a specific financial year are reported on. This was implemented with effect from 2014/15 (i.e. job cards opened in a previous financial year and not yet closed will not be carried forward to the following financial year).

Element ID 9 to 14: Various mechanisms are being introduced to reduce utilities consumption at health facilities. The targets for the 2015 MTEF have been set accordingly.

Table B.90: Provincial strategic objectives and annual targets for Engineering Services [HCSS 1]

Strategic objective	Programme performance indicator	Data source / Element ID	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
STRATEGIC GOAL: Embed good governance and values-driven leadership practices.										
1.1 Provide an efficient and effective maintenance service.	1.1.1 Percentage of maintenance budget spent		100.0%	99.2%	91.9%	103.8%	97.6%	100.0%	100.0%	100.0%
	Numerator	1	140 102 393	91 863 841	87 580 686	107 356 000	108 715 000	117 581 000	120 913 000	127 077 000
	Denominator	2	140 102 393	92 599 000	95 259 000	103 400 000	111 419 000	117 581 000	120 913 000	127 077 000

Notes

Indicator 1.1.1: The expenditure and budget for this indicator increased in 2013/14 as routine (preventative) maintenance became a departmental priority. The introduction of Treasury Instruction 16B negatively impacted on expenditure in 2012/13.

PERFORMANCE INDICATORS AND ANNUAL TARGETS

Table B.91: Performance indicators for Engineering Services [HCSS 2]

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
ADDITIONAL PROVINCIAL INDICATORS										
1. Percentage of engineering emergency cases addressed within 48 hours	Annual		%	Not required to report	100.0%	94.1%	91.8%	93.4%	94.9%	95.5%
Numerator		3		-	218	190	191	214	224	232
Denominator		4		-	218	202	208	229	236	243
2. Percentage of clinical engineering maintenance jobs completed	Annual		%	Not required to report	93.0%	95.0%	88.0%	91.6%	92.0%	92.5%
Numerator		5		-	10 851	12 182	11 880	11 071	11 678	12 329
Denominator		6		-	11 672	12 820	13 500	12 089	12 693	13 328
3. Percentage of engineering maintenance jobs completed	Annual		%	Not required to report	85.5%	82.0%	84.7%	86.5%	88.0%	90.0%
Numerator		7		-	12 775	12 039	12 757	12 544	13 407	14 397
Denominator		8		-	14 944	14 677	15 069	14 509	15 235	15 996
4. Percentage of selected hospitals utilising more energy than the provincial benchmark	Annual		%	Not required to report	Not required to report	Not required to report	51.9%	45.7%	40.0%	40.0%
Numerator		9		-	-	-	14	16	20	20
Denominator		10		-	-	-	27	35	50	50
5. Percentage of selected hospitals exceeding the provincial benchmark for average maximum energy demand per hospital bed per month	Annual		%	Not required to report	Not required to report	Not required to report	40.7%	34.3%	30.0%	30.0%
Numerator		11		-	-	-	11	12	15	15
Denominator		12		-	-	-	27	35	50	50
6. Percentage of selected hospitals utilising more water than the provincial benchmark	Annual		%	Not required to report	Not required to report	Not required to report	51.9%	45.7%	40.0%	40.0%
Numerator		13		-	-	-	14	16	20	20
Denominator		14		-	-	-	27	35	50	50

Notes

- Indicator 1: The data and systems related to this indicator were reviewed and improved during 2012/13; more realistic targets have subsequently been set. As the number of emergencies cannot be predicted, estimates for the MTEF are based on historical information. Data integrity and systems testing continues with the aim to further improve these.
- Indicator 2: In 2012/13, the actual outcome of 93 per cent was due to additional job cards which were rolled over from the previous financial year. Subsequently, the method of collecting data was improved to only report on job cards opened and closed within a specific financial year, hence the reduced performance and target from 2013/14 onwards (i.e. job cards opened in a previous financial year will not be reported on).
- Indicator 3: During 2013/14 the method of collecting data was improved, and implemented from 2014/15. Only job cards opened and closed within a specific financial year are reported on during that financial year from 2014/15 onwards (i.e. job cards opened in a previous financial year and not yet closed will not be carried forward to the following financial year). Targets have been set accordingly.
- Indicators 4 to 6: These indicators were introduced with effect from 2014/15. The aim is to include all hospitals by 2016/17. It is important to note that performance reflecting a lower percentage is desired as it indicates that more hospitals are utilising less resources i.e. energy, energy demand, and water respectively.

QUARTERLY TARGETS FOR 2015/16

Table B.92: Quarterly targets for Engineering Services for 2015/16 [HCSS 3]

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets				
			2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS								
1.1.1 Percentage of maintenance budget spent	Numerator	1	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Denominator	2	117 581 000	24 786 931	33 700 617	32 129 098	26 964 354	26 964 354
ADDITIONAL PROVINCIAL INDICATORS:								
1. Percentage of engineering emergency cases addressed within 48 hours	Numerator	3	93.4%	89.3%	86.0%	98.4%	98.3%	59
	Denominator	4	214	50	43	62	59	59
2. Percentage of clinical engineering maintenance jobs completed	Numerator	5	91.6%	85.0%	95.0%	95.0%	90.0%	2 681
	Denominator	6	12 089	2 643	3 584	2 884	2 979	2 979
3. Percentage of engineering maintenance jobs completed	Numerator	7	86.5%	82.1%	87.2%	92.5%	85.1%	2 820
	Denominator	8	12 544	3 293	3 612	2 819	3 312	3 312
4. Percentage of selected hospitals utilising more energy than the provincial benchmark	Numerator	9	45.7%	-	-	-	45.7%	16
	Denominator	10	16	-	-	-	35	35
5. Percentage of selected hospitals exceeding the provincial benchmark for average maximum energy demand per hospital bed per month	Numerator	11	34.3%	-	-	-	34.3%	12
	Denominator	12	12	-	-	-	35	35
6. Percentage of selected hospitals utilising more water than the provincial benchmark	Numerator	13	45.7%	-	-	-	45.7%	16
	Denominator	14	16	-	-	-	35	35

Notes:

Indicator 1.1.1: Quarterly targets have been set based on expenditure trends of past five years.

15.5. Forensic Services

PROGRAMME PRIORITIES

- To ensure access to a forensic pathology service

STRATEGIC OBJECTIVES - ANNUAL TARGETS

Table B.93: Data elements with actual and projected performance values for Forensic Pathology Services

Source	Data Element	Element ID	Audited / Actual performance			Estimated performance	Medium term targets		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
FPS system	Cases released within 5 days after admission (EXCLUDE unidentified deceased)	1	5 182	7 079	7 177	7 464	7 763	8 073	8 396
FPS system	Bodies released (EXCLUDE unidentified deceased)	2	6 984	9 032	9 646	10 032	10 433	10 850	11 284
FPS system	Cases responded to within 40 minutes (from receipt of call to arrival on FPS related death scenes)	3	5 548	6 940	7 266	7 557	7 878	8 190	8 525
FPS system	Forensic pathology scenes attended (body receipt and deferral)	4	7 144	9 076	9 340	9 714	10 100	10 500	10 926
FPS system	Cases examined within 3 days (from admission until post-mortem is completed)	5	5 519	7 622	7 217	7 372	7 776	8 086	8 443
FPS system	Forensic pathology cases examined	6	7 740	9 779	9 984	10 383	10 800	11 230	11 680
FPS system	Toxicology samples have been processed	7	Not required to report	Not required to report	Not required to report	No	No	No	Yes

Notes

All elements: The 2011/12 reported figures for all elements are for a 10 month period, from date of implementation on 1 June 2011 to 31 March 2012.

Strategic objective	Programme performance indicator	Data source / Element ID	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
STRATEGIC GOAL: Promote health and wellness.										
1.1	Ensure access to a Forensic Pathology Service.	1.1.1 Percentage of FPS cases released w ithin 5 days (excluding unidentified persons)	74.4%	74.2%	78.4%	74.4%	74.4%	74.4%	74.4%	74.4%
		Numerator	9 081	5 182	7 079	7 177	7 464	7 763	8 073	8 396
		Denominator	12 204	6 984	9 032	9 646	10 032	10 433	10 850	11 284

PERFORMANCE INDICATORS AND ANNUAL TARGETS

Table B.95: Performance indicators for Forensic Pathology Services (HCSS 2)

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
ADDITIONAL PROVINCIAL INDICATORS:										
1.	Percentage of FPS cases responded to w ithin 40 minutes	Quarterly	%	77.7%	76.5%	77.8%	77.8%	78.0%	78.0%	78.0%
	Numerator	3		5 548	6 940	7 266	7 557	7 878	8 190	8 525
	Denominator	4		7 144	9 076	9 340	9 714	10 100	10 500	10 926
2.	Percentage of FPS cases examined w ithin 3 days	Quarterly	%	71.3%	77.9%	72.3%	71.0%	72.0%	72.0%	72.3%
	Numerator	5		5 519	7 622	7 217	7 372	7 776	8 086	8 443
	Denominator	6		7 740	9 779	9 984	10 383	10 800	11 230	11 680
3.	Toxicology service commissioned	Annual	No	Not required to report	Not required to report	Not required to report	No	No	No	Yes
	Denominator	7								

Notes

Indicator 3: Although the full commissioning will only occur in 2017/18, the Department will in the meantime engage in the necessary preparation work of developing service standards and procurement of prioritised equipment.

QUARTERLY TARGETS FOR 2015/16

Table B.96: Quarterly targets for Forensic Pathology Services for 2015/16 (HCSS 3)

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets			
			2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
1.1.1	Percentage of FPS cases released within 5 days (excluding unidentified persons)	Quarterly	74.4%	74.4%	74.4%	74.4%	74.4%
	Numerator	1	7 763	1 941	1 941	1 941	1 940
	Denominator	2	10 433	2 608	2 608	2 608	2 609
ADDITIONAL PROVINCIAL INDICATORS:							
1.	Percentage of FPS cases responded to within 40 minutes	Quarterly	78.0%	78.0%	78.0%	78.0%	77.9%
	Numerator	3	7 878	1 970	1 970	1 970	1 968
	Denominator	4	10 100	2 525	2 525	2 525	2 525
2.	Percentage of FPS cases examined within 3 days	Quarterly	72.0%	72.0%	72.0%	72.0%	72.0%
	Numerator	5	7 776	1 944	1 944	1 944	1 944
	Denominator	6	10 800	2 700	2 700	2 700	2 700
3.	Toxicology service commissioned	Annual	No	-	-	-	No
	Denominator	7					

15.6. Cape Medical Depot

PROGRAMME PRIORITIES

- Ensuring adequate infrastructure for the Cape Medical Depot (CMD), including a computerised system implemented for the relevant warehouse functions with respect to the procurement, warehousing and accounting requirements to meet its own as well as its clients' needs. The investigation and feasibility study with respect to the replacement/upgrade of the computerised system (MEDSAS), as well as the infrastructure currently in use at the CMD is the primary priority for the 2015/16 year.
- On-going quality improvement efforts include:

- primary priority for the 2015/16 year.
- On-going quality improvement efforts include:
 - Improving service delivery to facilities.
 - The timely purchase and distribution of adequate stock.
- New performance indicators to measure efficiency with regards to the processing of pharmaceutical orders and responses to demander (facility) queries have been completed. However, the performance indicators for non-pharmaceutical orders are currently being developed.
- The expansion of CDU services, particularly in the rural districts.

STRATEGIC OBJECTIVES - ANNUAL TARGETS

Table B.97: Data elements with actual and projected performance values for the Cape Medical Depot

Source	Data Element	Element ID	Audited / Actual performance			Estimated performance	Medium term targets			
			2011/12	2012/13	2013/14		2014/15	2015/16	2016/17	2017/18
MEDSAS	Pharmaceutical items that are in stock at the CMD	1	735	640	746	735	735	735	735	
MEDSAS	Pharmaceutical items on the stock register	2	758	743	787	758	758	758	758	
MEDSAS	Pharmaceutical orders finalised w ithin 3 w orking days	3	Not required to report	Not required to report	Not required to report	320 000	320 000	320 000	320 000	
MEDSAS	Pharmaceutical orders received	4	Not required to report	Not required to report	Not required to report	400 000	400 000	400 000	400 000	
CMD Helpdesk	Pharmaceutical demander queries resolved w ithin 2 w orking days	5	Not required to report	Not required to report	Not required to report	240	240	240	240	
CMD Helpdesk	Pharmaceutical demander queries received	6	Not required to report	Not required to report	Not required to report	300	300	300	300	

Table B.98: Provincial strategic objectives and annual targets for the Cape Medical Depot [HCSS 1]

Strategic objective	Programme performance indicator	Data source / Element ID	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14		2014/15	2015/16	2016/17
STRATEGIC GOAL: Embed good governance and values-driven leadership practices.										
1.1	Ensure optimum pharmaceutical stock levels to meet the demand.	1.1.1 Percentage of pharmaceutical stock available	97.0%	97.0%	86.1%	94.8%	97.0%	97.0%	97.0%	97.0%
		Numerator	1	735	735	640	746	735	735	735
		Denominator	2	758	758	743	787	758	758	758

Notes

Indicator 1.1.1: The under-performance in 2012/13 is due to the late award of pharmaceutical tenders by the National Department of Health, together with the 90-day lead-time for new contractors at the commencement of a contract, which significantly affected the supply of pharmaceuticals.
MTEF targets: 3 per cent stock unavailability takes irregular supplies from manufacturers into account

PERFORMANCE INDICATORS AND ANNUAL TARGETS

Table B.99: Performance indicators for the Cape Medical Depot [HCSS 2]

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14		2014/15	2015/16	2016/17
ADDITIONAL PROVINCIAL INDICATORS										
1.	Percentage of pharmaceutical orders finalised (processed) within 3 w orking days	Quarterly	%	Not required to report	Not required to report	Not required to report	80.0%	80.0%	80.0%	80.0%
		Numerator	3	-	-	-	320 000	320 000	320 000	320 000
		Denominator	4	-	-	-	400 000	400 000	400 000	400 000
2.	Percentage of pharmaceutical demander queries resolved w ithin 2 w orking days	Quarterly	%	Not required to report	Not required to report	Not required to report	80.0%	80.0%	80.0%	80.0%
		Numerator	5	-	-	-	240	240	240	240
		Denominator	6	-	-	-	300	300	300	300

QUARTERLY TARGETS FOR 2015/16

Table B.100: Quarterly targets for the Cape Medical Depot for 2015/16 [HCSS 3]

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets				
			2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS								
1.1.1 Percentage of pharmaceutical stock available		Quarterly	97.0%	97.0%	97.0%	97.0%	97.0%	97.0%
	Numerator	1	735	735	735	735	735	735
	Denominator	2	758	758	758	758	758	758
ADDITIONAL PROVINCIAL INDICATORS:								
1. Percentage of pharmaceutical orders finalised (processed) within 3 working days		Quarterly	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
	Numerator	3	320 000	80 000	80 000	80 000	80 000	80 000
	Denominator	4	400 000	100 000	100 000	100 000	100 000	100 000
2. Percentage of pharmaceutical demander queries resolved within 2 working days		Quarterly	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
	Numerator	5	240	60	60	60	60	60
	Denominator	6	300	75	75	75	75	75

15.7. Reconciling Performance Targets with Budget and MTEF

EXPENDITURE ESTIMATES

Sub-programme R'000	Outcome			Main appro- piation 2014/15	Adjusted appro- piation 2014/15	Revised estimate 2014/15	Medium-term estimate			
	Audited 2011/12	Audited 2012/13	Audited 2013/14				% Change from Revised estimate			
							2015/16	2014/15	2016/17	2017/18
1. Laundry Services	67 090	84 900	69 859	79 496	75 026	77 426	82 134	6.08	86 421	91 124
2. Engineering Services	91 864	87 580	107 355	113 643	111 419	108 715	117 581	8.16	120 913	127 077
3. Forensic Services	101 473	107 592	114 819	132 783	132 783	132 261	145 923	10.33	154 310	156 793
4. Orthotic and Prosthetic Services				1	1	1	1		1	1
5. Cape Medical Depot	12 535	44 648	47 118	59 962	59 962	56 405	59 758	5.94	61 388	64 692
Total payments and estimates	272 962	324 720	339 151	385 885	379 191	374 808	405 397	8.16	423 033	439 687

Notes

Sub-programme 7.2: 2015/16: National Conditional grant: Expanded Public Works Programme Integrated Grant for Provinces: R2 580 000 (Compensation of employees R1 914 000; Goods and services R613 000 and Payments for capital assets R53 000).

Sub-programme 7.3: 2015/16: National Conditional grant: Health Professions Training and Development: R13 876 000 (Compensation of employees).
The ordinance through which the Cape Medical Depot (CMD) was created was abolished in the 2012/13 financial year; consequently the CMD has thus become part of the Department, Sub-programme 7.5: Cape Medical Depot.

Economic classification R'000	Outcome			Main appro- priation	Adjusted appro- priation	Revised estimate	Medium-term estimate			
	Audited	Audited	Audited				% Change from Revised estimate			
	2011/12	2012/13	2013/14				2014/15	2014/15	2014/15	2016/17
Current payments	250 452	312 685	322 474	365 985	357 845	349 689	377 972	8.09	395 271	415 453
Compensation of employees	140 190	180 930	199 425	226 970	218 506	210 717	228 096	8.25	237 171	248 976
Salaries and wages	120 706	155 795	172 163	195 606	187 023	180 034	198 822	10.44	206 328	216 553
Social contributions	19 484	25 135	27 262	31 364	31 483	30 683	29 274	(4.59)	30 843	32 423
Goods and services	110 262	131 755	123 049	139 015	139 339	138 972	149 876	7.85	158 100	166 477
<i>of which</i>										
Advertising			7							
Minor assets	1 518	1 411	1 840	1 943	1 943	1 889	1 957	3.60	2 061	2 172
Audit cost: External		1 669								
Catering: Departmental activities	128	142	82	150	150	225	232	3.11	243	256
Communication	1 999	2 783	2 737	2 970	2 963	2 997	3 285	9.61	3 464	3 647
Computer services	2 478	4 138	2 106	3 077	3 077	3 706	2 316	(37.51)	2 444	2 573
Cons/prof. Business and advisory services	100	350	32	119	119	84	1 057	1158.33	1 115	1 174
Cons/prof. Laboratory services	477	423	436	537	537	538	592	10.04	624	658
Contractors	7 652	9 399	9 473	9 070	10 470	11 894	13 173	10.75	13 897	14 635
Agency and support/ outsourced services	7 718	7 785	8 267	10 222	10 522	10 433	11 624	11.42	12 260	12 908
Entertainment	7	9	8	12	12	5	9	80.00	9	10
Fleet services (including government motor transport)	9 737	10 682	8 552	9 714	9 946	9 136	9 652	5.65	10 182	10 720
Inventory: Materials and supplies	9 605	9 554	9 716	10 090	10 072	10 068	11 732	16.53	12 374	13 029
Inventory: Medical supplies	1 127	2 916	2 697	2 813	2 813	3 753	3 746	(0.19)	3 956	4 164
Inventory: Medicine				7 436	7 436	7 438	8 181	9.99	8 630	9 088
Inventory: Other supplies	399	500	601	783	783	820	898	9.51	947	994
Consumable supplies	14 589	29 918	17 508	20 505	20 027	21 686	26 088	20.30	27 519	28 973
Consumable: Stationery, printing & office supplies	913	1 844	1 892	2 199	2 183	2 669	2 636	(1.24)	2 780	2 929
Operating leases	5 965	662	663	807	807	764	878	14.92	929	977
Property payments	41 701	31 810	44 296	42 175	42 597	39 680	40 745	2.68	42 981	45 264
Travel and subsistence	1 389	2 071	2 236	2 627	2 616	2 600	2 831	8.88	2 987	3 145
Training and development	433	562	617	625	625	660	678	2.73	714	753
Operating payments	2 211	13 002	9 025	10 830	9 330	7 402	6 992	(5.54)	7 378	7 770
Venues and facilities	(4)	24	34	77	77	74	84	13.51	89	93
Rental and hiring	120	101	224	234	234	451	490	8.65	517	545
Transfers and subsidies to	12 702	1 025	347	384	384	751	584	(22.24)	614	649
Departmental agencies and accounts	12 535									
Entities receiving transfers	12 535									
Other	12 535									
Households	167	1 025	347	384	384	751	584	(22.24)	614	649
Social benefits	167	993	347	384	384	751	584	(22.24)	614	649
Other transfers to households		32								
Payments for capital assets	9 785	10 939	14 880	19 516	20 962	22 757	26 841	17.95	27 148	23 585
Buildings and other fixed structures	4 231		140							
Buildings	4 231		140							
Machinery and equipment	5 554	10 939	14 726	19 516	20 962	22 757	26 841	17.95	27 148	23 585
Transport equipment	780	7 113	9 992	11 396	11 342	12 419	13 525	8.91	14 194	14 871
Other machinery and equipment	4 774	3 826	4 734	8 120	9 620	10 338	13 316	28.81	12 954	8 714
Software and other intangible assets			14							
<i>Of which: "Capitalised Goods and services" included in Payments for capital assets</i>	4 231									
Payments for financial assets	23	71	1 450			1 611		(100.00)		
Total economic classification	272 962	324 720	339 151	385 885	379 191	374 808	405 397	8.16	423 033	439 687

PERFORMANCE AND EXPENDITURE TRENDS

Programme 7 is allocated 2.15 per cent of the vote in 2015/16 in comparison to the 2.16 per cent allocated in the revised estimate of the 2014/15 budget. This amounts to a nominal increase of R30.589 million or 8.16 per cent.

Sub-programme 7.1: Laundry Services is allocated 20.26 per cent of the 2015/16 Programme 7 budget in comparison to the 20.66 per cent that was allocated in the revised estimate of the 2014/15 budget. This is a nominal increase of R4.708 million or 6.08 per cent.

Sub-programme 7.2: Engineering Services is allocated 29.00 per cent of the Programme 7 budget in 2015/16 in comparison to the 29.01 per cent that was allocated in the revised estimate of the 2014/15

budget. This is a nominal increase of R8.866 million or 8.16 per cent.

Sub-programme 7.3: Forensic Pathology Services is allocated 36.00 per cent of the Programme 7 budget in 2015/16 in comparison to the 35.29 per cent that was allocated in the revised estimate of the 2014/15 budget. This amounts to a nominal increase of R13.662 million or 10.33 per cent in nominal terms.

Sub-programme 7.5: Cape Medical Depot is allocated 14.74 per cent of the Programme 7 budget in 2015/16 in comparison to the 15.05 per cent of the Programme 7 budget that was allocated in the adjusted estimate of the 2014/15 budget. This amounts to a nominal increase of R3.353 million or 5.94 per cent.

15.8. Risk Management

RISK STATEMENT 1: Shortage Of Skilled Staff	
Risk	Inadequate competency levels
Root Cause	<ul style="list-style-type: none"> ▪ Shortage of highly skilled professionals ▪ Inability to offer competitive remuneration packages
Impact	<ul style="list-style-type: none"> ▪ Compromised ability to deliver on the Department's mandate
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote Health and Wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Allocation of bursaries per scarce-skilled profession as a recruitment strategy ▪ In the process of developing an on-line exit interview questionnaire to assist in identifying the reasons for exits and to inform future interventions ▪ Development and implementation of recruitment and retention policies ▪ Work in partnership with universities to recruit and retain highly skilled staff ▪ Strengthen organisational culture and staff wellbeing ▪ Succession planning ▪ Improve the working environment
RISK STATEMENT 2 Resource Constraints	
Risk	Inability to render comprehensive quality health services
Root Cause	<ul style="list-style-type: none"> ▪ Allocative and technical inefficiencies ▪ Escalating burden of disease ▪ Escalating costs of labour, goods and services ▪ Fiscal envelope based on nominal growth ▪ Aging infrastructure
Impact	<ul style="list-style-type: none"> ▪ Poor health outcomes ▪ Compromised ability to deliver on the department's mandate
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Priority setting ▪ Establish and embed mechanisms to enhance efficiencies ▪ Applying lean management principles to reduce waste in the system ▪ Rational prescribing ▪ Laboratory cost containment measures, e.g. Electronic Gatekeeping System ▪ Explore alternative financing options
RISK STATEMENT 3: ICT Systems Disruption	
Risk	Dysfunctional communication and information systems
Root Cause	<ul style="list-style-type: none"> ▪ Inadequate and ageing technology infrastructure and resources ▪ Inadequate technical capacity within the Western Cape Government
Impact	<ul style="list-style-type: none"> ▪ Compromised service delivery
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Develop a robust IT disaster recovery plan ▪ Monitor the responsiveness of the Helpdesk and support systems to IT system failures ▪ Constantly review and address out-dated infrastructure by conducting regular hardware and ICT audits

RISK STATEMENT 4: Fire Within Health Facilities	
Risk	Fire damage to state property and safety threat to building occupants
Root Cause	<ul style="list-style-type: none"> ▪ Inadequate safety measures ▪ Constant trade-off between securing a building from a safety perspective versus maintaining the integrity of fire escapes etc. ▪ Building maintenance backlog and infrastructure budget constraints
Impact	<ul style="list-style-type: none"> ▪ Service disruption ▪ Property damage ▪ Traumatized and/or injured staff and patients
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Develop and implement the Provincial Safety, Health, Environment, Risk, and Quality Management (SHERQ) Policy to support and guide facilities ▪ Ensure that design and construction of infrastructure is compliant through phased fire compliance ▪ Monitor and evaluate operational compliance with fire regulations ensuring that disaster plans and fire drills are in place ▪ Ensure compliance of the physical environment and physical entities such as fire detectors, fire extinguishers, alarms, sprinkler systems, fire doors, and fire exits are in order ▪ Establish Health and Safety committees, appoint and train emergency representatives (fire, first aid and floor marshals), in accordance with the National Core Standards
RISK STATEMENT 5 Vandalism And Theft	
Risk	Damage to and loss of state property
Root Cause	<ul style="list-style-type: none"> ▪ Inadequate security measures ▪ Volatility in the community ▪ High crime prevalence
Impact	<ul style="list-style-type: none"> ▪ Compromises the quality of care ▪ Property damage ▪ Escalates maintenance and repair expenditure
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Business continuity plans in place to minimise the impact on service delivery ▪ Installation of vandal-proof infrastructure including fixtures and fittings, as far as possible ▪ Improve security services and contract management at facility level
RISK STATEMENT 6: Fraud	
Risk	Unfair or unlawful access to public fund
Root Cause	<ul style="list-style-type: none"> ▪ Inadequate (compliance with) internal controls ▪ Lack of commitment to values of the organisation
Impact	<ul style="list-style-type: none"> ▪ Exacerbates resource constraints ▪ Compromises public trust in the health system
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Monitor the implementation of the fraud prevention plan ▪ Ensure PERSAL is accurate to prevent ghost employees ▪ Embark upon change management initiative that emphasises the values of the organisation (Strengthening the DICU, ICU processes – IA, CA, etc.)
RISK STATEMENT 7: Labour Unrest	
Risk	Strike action
Root Cause	<ul style="list-style-type: none"> ▪ Labour disputes
Impact	<ul style="list-style-type: none"> ▪ Service disruption ▪ Compromises patient and staff safety ▪ Exacerbates resource constraints and staff shortages
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Maintaining good practices and relations with organised labour through robust structures of engagement ▪ In the event of a strike ensure contingency plans are in place to minimise service disruption

RISK STATEMENT 8: Load Shedding	
Risk	Disruption in the supply of electricity
Root Cause	<ul style="list-style-type: none"> ▪ Eskom infrastructure ▪ Shortage in supply of diesel to support back-up power supply
Impact	<ul style="list-style-type: none"> ▪ Service disruption ▪ Compromised quality of care ▪ Increased supply of and maintenance to alternative sources of power supply ▪ Increased diesel storage ▪ Cost of diesel supply ▪ Damage to electrical and electronic equipment (including medical) due to power surge
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Backup power supply in place for priority services ▪ Reduce dependency on Eskom by investing in alternative energy sources ▪ Business continuity plans in place to minimise the impact on service delivery ▪ Ensures adequate diesel supply and storage
RISK STATEMENT 9. Disruption of the laundry service	
Risk	Disruption of the laundry service.
Root Cause	<ul style="list-style-type: none"> ▪ Breakdown of equipment. ▪ Linen losses due to theft. ▪ Industrial action. ▪ Utility outages. ▪ Unavailability of products and / or services from suppliers.
Impact	<ul style="list-style-type: none"> ▪ Inadequate supply of clean linen to institutions. ▪ Increased risk of infection. ▪ Compromised service delivery.
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Embed good governance and values-driven leadership practices.
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Maintenance contracts on new equipment. ▪ Implementation and monitoring of linen control policies and security measures. ▪ Regular engagement between management and stakeholders. ▪ Appropriate maintenance to equipment. ▪ Continuous liaison with and monitoring of suppliers and service providers (outsource laundry providers). ▪ Improve utilities efficiency.
RISK STATEMENT 10. Infrastructure and medical equipment maintenance backlog	
Risk	Continuously increasing infrastructure and medical equipment maintenance backlog.
Root Cause	<ul style="list-style-type: none"> ▪ Fragmented maintenance budget and systems. ▪ Inadequate financial and human resources. ▪ Potential for fraud and corruption.
Impact	<ul style="list-style-type: none"> ▪ Deteriorating health infrastructure and medical equipment. ▪ Compromised healthcare services. ▪ Compromised health and safety of staff and patients including fire protection. ▪ Shortened life-cycle of infrastructure and medical equipment.
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Embed good governance and values-driven leadership practices.
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Approval and implementation of 'Hub & Spoke' models⁸. ▪ Implement Maintenance Contract on major and life-support medical equipment. ▪ Implementation of improved contracting strategies in line with IDMS. ▪ Training specifically aimed at creating awareness, and combatting of, fraud and corruption. ▪ On-going Routine Maintenance budget allocation for new facilities.

⁸ The 'Hub & Spoke model' implies that a central consolidator, referred to as the 'Hub', will provide a single face to Health Facilities while seamless extensions of the 'Hub' – referred to as 'Spoke' – are leveraged to provide the certain services across multiple health facility locations. The 'Hub' is responsible for management responsibilities which include customer relationship, regulatory compliance and uniform standards of delivery and management of human & financial resources. The 'Spoke' is a delivery centre that can be scaled up or down based on workload requirements.

RISK STATEMENT 11: Pharmaceutical Stock-outs	
Risk	Unavailability of essential pharmaceutical goods and services
Root Cause	<ul style="list-style-type: none"> ▪ Supplier challenges e.g. global shortages of ingredients ▪ Lack of timeous and good contract management ▪ Inability to secure alternatives ▪ Late or inadequate awarding of national pharmaceutical contracts
Impact	<ul style="list-style-type: none"> ▪ Compromises the quality of care ▪ Compromises public trust in the health system
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Promote health and wellness ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Engage National Department of Health on timeous awarding of national tenders ▪ Monitor stocks out regularly ▪ Monitor vaccine supply ▪ Provide alternatives to the essential medicines, where possible ▪ Tight contract management with suppliers ▪ Create provincial contracts for items that have been excluded from the revised national tenders, where possible

16. Programme 8: HEALTH FACILITIES MANAGEMENT

16.1. Purpose

The provision of new health facilities and the refurbishment, upgrading and maintenance of existing facilities, including health technology

16.2. Structure

SUB-PROGRAMME 8.1: COMMUNITY HEALTH FACILITIES

Plan, design, construction, upgrade, refurbishment, additions and maintenance of community health centres, community day centres, and clinics

SUB-PROGRAMME 8.2: EMERGENCY MEDICAL RESCUE SERVICES

Plan, design, construction, upgrade, refurbishment, additions, and maintenance of emergency medical services facilities

SUB-PROGRAMME 8.3: DISTRICT HOSPITAL SERVICES

Plan, design, construction, upgrade, refurbishment, additions, and maintenance of district hospitals

SUB-PROGRAMME 8.4: PROVINCIAL HOSPITAL SERVICES

Plan, design, construction, upgrade, refurbishment, additions, and maintenance of provincial hospitals

SUB-PROGRAMME 8.5: CENTRAL HOSPITAL SERVICES

Plan, design, construction, upgrade, refurbishment, additions, and maintenance of central hospitals

SUB-PROGRAMME 8.6: OTHER FACILITIES

Plan, design, construction, upgrade, refurbishment, additions, and maintenance of other health facilities, including forensic pathology facilities and nursing colleges

16.3. Programme Priorities

The Chief Directorate: Infrastructure and Technical Management is continuing with the institutionalisation of the Standard for an Infrastructure Delivery Management System (IDMS), Standard for a Construction Procurement System (CPS) and Provincial Treasury Instruction (PTI) 16B. Linked to this is the capacitation of the Chief Directorate, which is now reaching completion. Within this context, the following priorities have been identified:

- Complete feasibility study for Tygerberg Hospital redevelopment project and, dependant on outcome, procure project
- Develop and implement Health Technology Strategy and Standard Equipment List per facility type⁹
- Strengthen and improve the primary health care infrastructure and medical equipment in all Geographic Service Areas (GSAs)¹⁰
- Modernise emergency centres at hospitals
- Provide / upgrade acute psychiatric units at hospitals
- Focus on maintenance and fire compliance of existing health facilities

⁹ Schedules 1 to 6 at the end of this section provide details on HT projects that are planned or underway.

¹⁰ Schedule 1 at the end of this section details primary healthcare capital projects that are planned or underway.

For priorities per sub-programme, refer to infrastructure schedules below

16.4. Strategic Objectives - Annual Targets

Table B.101: Data elements with actual and projected performance values for Health Facilities Management

Source	Data Element	Element ID	Audited / Actual performance			Estimated performance	Medium term targets		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
BAS	Programme 8 capital infrastructure expenditure (excluding maintenance)	1	544 568 673	517 686 087	425 339 929	295 562 000	438 531 000	308 634 000	239 000 000
BAS	Programme 8 capital infrastructure budget (excluding maintenance)	2	540 022 000	586 322 000	514 935 000	341 476 000	438 531 000	308 634 000	239 000 000
BAS	Practical completion certificates (or relevant equivalent) issued for capital infrastructure projects	3	Not required to report	19	1	12	12	25	26
BAS	Practical completion certificates (or relevant equivalent) planned / scheduled for issue for capital infrastructure projects	4	Not required to report	10	6	15	12	25	26
Aw ailing clarification on definition from NDoH	Health facilities that have undergone major and minor refurbishment	5	Aw ailing clarification on definition from NDoH	Aw ailing clarification on definition from NDoH	Aw ailing clarification on definition from NDoH	Aw ailing clarification on definition from NDoH	Aw ailing clarification on definition from NDoH	Aw ailing clarification on definition from NDoH	Aw ailing clarification on definition from NDoH
Service level agreement	Service level agreement (SLA) established with Department of Transport and Public Works (and any other implementing agent)	6	Yes	Yes	Yes	Yes	Yes	Yes	Yes
BAS	Programme 8 expenditure on maintenance (preventative and scheduled)	7	Not required to report	Not required to report	Not required to report	223 183 000	266 091 000	273 111 000	362 363 000
BAS	Programme 8 total maintenance budget	8	Not required to report	Not required to report	Not required to report	239 984 000	266 091 000	273 111 000	362 363 000
BAS	Programme 8 expenditure on preventative maintenance on new buildings completed since 2006	9	Not required to report	10 284 996	20 465 000	29 822 000	36 042 000	36 010 000	36 204 000
BAS	Programme 8 budget for preventative maintenance on new buildings completed since 2006	10	Not required to report	11 465 000	20 465 000	29 822 000	36 042 000	36 010 000	36 204 000
BAS	Programme 8 health technology expenditure	11	98 096 203	87 151 501	245 750 000	184 952 000	68 566 000	64 384 000	45 500 000
BAS	Programme 8 health technology budget allocation	12	116 692 000	136 367 000	219 823 000	190 859 000	68 566 000	64 384 000	45 500 000
Project Management Information System (FMS) Project Portfolio Office (FPO)	Strategic briefs issued to implementing department	13	Not required to report	Not required to report	8	11	12	12	12
FMS (FPO)	Strategic briefs planned / scheduled for issue to implementing department	14	Not required to report	Not required to report	8	11	12	12	12
User Asset Management Plan (U-AMP)	Facilities in Eden District with condition rating of C4 to C5	15	Not required to report	Not required to report	Not required to report	27	33	36	39
U-AMP	Facilities in Eden District	16	Not required to report	Not required to report	Not required to report	46	46	46	46

Notes

Notes:

Element ID 1 & 2: The budget allocation is in line with the allocations from National Department of Health and Provincial Treasury. The Division of Revenue Act stipulated with effect from 2013/14 that higher percentages of the grant should be allocated to maintenance. In addition to this, funding was shifted to Health Technology in 2013/14 as a mitigating strategy. It is very difficult to align actual expenditure to the budget allocation, as capital projects are generally multi-year. The biggest contributing factors to the under expenditure in 2012/13 and 2013/14 were progress on Vredenburg Hospital Phase 2B (poor contractor performance), delays on Lentegeur Regional Laundry (due to strike action) and slow progress on Tygerberg Hospital PPP (due to finalisation of Healthcare 2030). The Performance-Based Incentive (PBI) process for the Health Facilities Revitalisation Grant (HFRG) will apply to budgets from 2016/17 onwards. The aim is to achieve better value for money from investment in provincial infrastructure by institutionalising proper planning within provinces. Provinces will be required to bid for HFRG allocations two years in advance and financial incentives will be built into the grant for provinces that implement best practices in delivering infrastructure. Figures utilised for 2016/17 onwards are therefore based on the latest planning with respect to human resources costs and planned project needs.

Element ID 3 & 4: It is important to note that most capital projects are multi-year projects and completion would depend on various factors such as size (this could vary from a small upgrade / addition to the development of a brand new hospital), duration, complexity etc. As a result of this, the number of projects to be completed during each year will vary from year to year hence the erratic targets. The over performance in 2012/13 is due to some projects, planned to achieve completion in 2011/12, being delayed or extended whilst others had to be prioritised for earlier completion. The measurement of this indicator has subsequently been amended to be project specific per year and therefore other projects that were completed during this period are not reported on. Under performance in 2013/14 was mainly due to scope changes on the new Du Noon CDC and projects commencing later than planned i.e. tender dates revised.

Element ID 8: The Division of Revenue Act stipulated with effect from 2013/14 that higher percentages of the grant should be allocated to maintenance. This requirement will have a similar impact over the duration of the 2015 MTEF period. The budget allocation is in line with the allocations from National Department of Health and

Provincial Treasury.

Element ID 9 & 10: The expenditure and allocation for preventive maintenance in 2012/13 was low due to it being in the introductory phase. As agreed with Provincial Treasury, it grew steadily from 2013/14 since the Department prioritised the maintenance of existing health facilities. Equitable share roll-over of R8.252 million was allocated for 2014/15, hence the peak.

Element ID 11 & 12: The allocation for Health Technology peaked at R219.823 million in 2013/14 due to the equipping of Khayelitsha and Mitchell's Plain Hospitals. Under expenditure in 2011/12 was due to the late delivery of equipment for George Hospital, delays in roll-out of digital radiology at Khayelitsha Hospital as well as the timing of deliveries and challenges with storage of equipment for this facility. Under expenditure in 2012/13 was due to health technology equipment purchases that were not all paid by 31 March 2013 due to late deliveries, hence the accruals in 2013/14. Additional funding was allocated to Health Technology during the 2013/14 adjustment budget process as a mitigating strategy. The allocation for Health Technology for the 2015 MTEF is reduced as this is aligned to Health Technology requirements planned.

Element ID 13 & 14: It is important to note that the number of strategic briefs to be prepared is guided by departmental strategic direction and priorities as well as limiting factors such as the availability of sites and funding.

Element ID 15 & 16: This indicator was introduced in 2014/15 to track improvement of facilities in the Eden District which has been identified as pilot for the NHI.

Table B.102: Provincial Strategic Performance Objectives and Annual Targets for Health Facilities Management [HFM 1]

Strategic objective	Programme performance indicator	Data source / Element ID	Strategic plan target 2019/20	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
STRATEGIC GOAL: Embed good governance and values-driven leadership practices.										
1.1 Efficient and effective management of infrastructure.	1.1.1 Percentage of Programme 8 capital infrastructure budget spent (excluding maintenance)		100.0%	100.8%	88.3%	82.6%	86.6%	100.0%	100.0%	100.0%
		Numerator	3 263 929 000	544 568 673	517 686 087	425 339 929	295 562 000	438 531 000	308 634 000	239 000 000
	Denominator	3 263 929 000	540 022 000	586 322 000	514 935 000	341 476 000	438 531 000	308 634 000	239 000 000	
	1.1.2 Percentage of Programme 8 capital infrastructure projects completed		100.0%	Not required to report	190.0%	16.7%	80.0%	100.0%	100.0%	100.0%
	Numerator	3	23	-	19	1	12	12	25	26
	Denominator	4	23	-	10	6	15	12	25	26

Notes

Indicator 1.1.1: Capital projects are multi-year projects and this has an impact on expenditure. Some projects are delayed and others proceed faster than planned, which directly impacts on expenditure. Over expenditure in 2011/12 is due to good progress made on Khayelitsha and Mitchell's Plain Hospital projects. However, slow progress in terms of projects and execution thereof impacted on performance in 2012/13 and 2013/14. Targets for 2015 MTEF are based on performance trends of the past five years.

Indicator 1.2.1: The over performance in 2012/13 is due to some projects, planned to achieve completion in 2011/12, being delayed or extended whilst others had to be prioritised for earlier completion. The measurement of this indicator has subsequently been amended to be project specific per year and therefore other projects that were completed during this period are not reported on.

16.5. Performance Indicators And Annual Targets

Table B.103: Performance indicators for Health Facilities Management [HFM 2]

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
SECTOR SPECIFIC INDICATORS										
1. Number of health facilities that have undergone major and minor refurbishment Element	Annual	5	No	Awaiting clarification on definition from NDoH	Awaiting clarification on definition from NDoH	Awaiting clarification on definition from NDoH	Awaiting clarification on definition from NDoH	Awaiting clarification on definition from NDoH	Awaiting clarification on definition from NDoH	Awaiting clarification on definition from NDoH
2. Establish service level agreements (SLAs) with Departments of Public Works (and any other implementing agent) Element	Annual	6	Yes / No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
ADDITIONAL PROVINCIAL INDICATORS										
3. Percentage of Programme 8 maintenance budget spent on maintenance (preventative and scheduled) Numerator Denominator	Quarterly	7 8	%	Not required to report -	Not required to report -	Not required to report -	93.0% 223 183 000	100.0% 266 091 000	100.0% 273 111 000	100.0% 362 363 000
4. Percentage of preventative maintenance budget spent Numerator Denominator	Quarterly	9 10	%	Not required to report -	89.7% 10 284 996	100.0% 20 465 000	100.0% 29 822 000	100.0% 36 042 000	100.0% 36 010 000	100.0% 36 204 000
5. Percentage of Programme 8 health technology budget spent Numerator Denominator	Quarterly	11 12	%	84.1% 98 096 203	63.9% 87 151 501	111.8% 245 750 000	96.9% 184 952 000	100.0% 68 566 000	100.0% 64 384 000	100.0% 45 500 000
6. Percentage of strategic briefs completed Numerator Denominator	Annual	13 14	%	Not required to report -	Not required to report -	100.0% 8	100.0% 11	100.0% 12	100.0% 12	100.0% 12
7. Percentage of facilities in Eden District with a condition rating of C4 to C5 Numerator Denominator	Annual	15 16	%	Not required to report -	Not required to report -	Not required to report -	58.7% 27	71.7% 33	78.3% 36	84.8% 39

Notes

- Indicator 1: Detailed definition required before targets can be set.
- Indicator 2: Not considered a valuable indicator as this is more a compliance issue.
- Indicator 4: The 2012/13 was the year in which preventative maintenance was introduced and therefore also the year of establishment and testing of the programme. Under expenditure in 2012/13 was due to planning required and initiating of processes. Targets for 2015 MTEF are based on performance trends of the past five years.
- Indicator 5: Contributing factors for under expenditure in 2011/12 were delays in roll-out of digital radiology and challenges related to delivery and storage of equipment for Khayelitsha Hospital. Health Technology performance is closely linked to infrastructure as equipping can only take place after completion has been achieved, expenditure was affected in 2012/13 due to delays on projects e.g. Lentegeur Regional Laundry. Late delivery of health technology for Mitchell's Plain further negatively impacted on expenditure. Over-expenditure in 2013/14 was planned as mitigating factor for the expected under expenditure on capital projects. Targets for 2015 MTEF are based on performance trends of the past five years.

16.6. Quarterly Targets For 2015/16

Table B.104: Quarterly Targets for Health Facilities Management for 2015/16 [HFM 3]

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets			
			2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
1.1.1 Percentage of Programme 8 capital infrastructure budget spent (excluding maintenance)		Quarterly	100.0%	100.0%	100.0%	100.0%	100.0%
	Numerator	1	438 531 000	88 436 753	119 917 071	137 141 282	93 035 893
	Denominator	2	438 531 000	88 436 753	119 917 071	137 141 282	93 035 893
1.1.2 Percentage of Programme 8 capital infrastructure projects completed		Quarterly	100.0%	100.0%	100.0%	100.0%	100.0%
	Numerator	3	12	2	1	4	5
	Denominator	4	12	2	1	4	5
SECTOR SPECIFIC INDICATORS							
1. Number of health facilities that have undergone major and minor refurbishment	Element	5	Annual	Awaiting clarification on definition from NDoH	Awaiting clarification on definition from NDoH	Awaiting clarification on definition from NDoH	Awaiting clarification on definition from NDoH
2. Establish service level agreements (SLAs) with Departments of Public Works (and any other implementing agent)	Element	6	Annual	Yes	-	-	Yes
SECTOR SPECIFIC INDICATORS							
3. Percentage of Programme 8 maintenance budget spent on maintenance (preventative and scheduled)		Quarterly	100.0%	100.0%	100.0%	100.0%	100.0%
	Numerator	7	266 091 000	54 088 704	63 337 164	78 193 542	70 471 590
	Denominator	8	266 091 000	54 088 704	63 337 164	78 193 542	70 471 590
4. Percentage of preventative maintenance budget spent		Quarterly	100.0%	100.0%	100.0%	100.0%	100.0%
	Numerator	9	36 042 000	1 836 686	9 742 993	9 137 245	15 325 077
	Denominator	10	36 042 000	1 836 686	9 742 993	9 137 245	15 325 077
5. Percentage of Programme 8 health technology budget spent		Quarterly	100.0%	100.0%	100.0%	100.0%	100.0%
	Numerator	11	68 566 000	2 989 714	6 351 979	10 026 050	49 198 257
	Denominator	12	68 566 000	2 989 714	6 351 979	10 026 050	49 198 257
6. Percentage of strategic briefs completed		Annual	100.0%	-	-	-	100.0%
	Numerator	13	12				12
	Denominator	14	12				12
7. Percentage of facilities in Eden District with a condition rating of C4 to C5		Annual	71.7%	-	-	-	71.7%
	Numerator	15	33				33
	Denominator	16	46				46

16.7. Reconciling Performance Targets with Budget and MTEF

EXPENDITURE ESTIMATES

Sub-programme R'000	Outcome			Main appropriation 2014/15			Medium-term estimate			
	Audited 2011/12	Audited 2012/13	Audited 2013/14				% Change from Revised estimate			
				2015/16	2014/15	2016/17	2017/18			
1. Community Health Facilities	90 664	100 537	176 571	190 408	247 962	214 422	221 813	3.45	190 228	190 048
2. Emergency Medical Rescue Services	28 299	18 615	16 481	7 788	9 898	8 871	24 411	175.18	14 108	17 428
3. District Hospital Services	430 525	416 211	291 238	190 940	182 632	164 287	166 821	1.54	198 076	177 679
4. Provincial Hospital Services	158 000	123 880	143 984	124 011	134 940	120 413	188 894	56.87	89 000	94 814
5. Central Hospital Services	66 533	71 415	205 925	155 513	186 219	185 479	126 765	(31.66)	100 588	104 279
6. Other Facilities	25 465	91 421	43 653	53 879	52 735	52 292	97 583	86.61	110 169	121 446
Total payments and estimates	799 486	822 079	877 852	722 539	814 386	745 764	826 287	10.80	702 169	705 694

Notes

Sub-programme 8.1 – 8.6: 2015/16: National Conditional grant: Health Facility Revitalisation: R804 142 000 (Compensation of employees R40 210 000; Goods and services R307 699 000 and Payments for capital assets R456 233 000).

Economic classification R'000	Outcome			Main appropriation 2014/15	Adjusted appropriation 2014/15	Revised estimate 2014/15	Medium-term estimate			
	Audited	Audited	Audited				% Change from Revised estimate			
	2011/12	2012/13	2013/14				2015/16	2014/15	2016/17	2017/18
Current payments	176 215	205 169	246 674	299 187	321 056	308 416	358 866	16.36	357 485	436 669
Compensation of employees	15 267	13 024	16 994	31 067	35 442	35 080	46 172	31.62	48 704	51 091
Salaries and wages	14 466	12 461	15 891	28 661	32 617	32 255	42 627	43.15	44 963	47 166
Social contributions	801	563	1 103	2 406	2 825	2 825	3 545	1408.92	3 741	3 925
Goods and services	160 948	192 145	229 680	268 120	285 614	273 336	312 694	14.40	308 781	385 578
<i>of which</i>										
Advertising	11	4								
Minor assets	18 675	12 415	15 071	30 348	39 478	39 478	40 376	2.27	29 073	16 253
Catering: Departmental activities	73	186	87	6	16	16	34	112.50	35	38
Communication	62	50	47	132	148	148	186	25.68	195	209
Computer services	335	219	6 505							
Cons/prof: Business and advisory services	4 314	65	761	6 815	1 744	1 744	2 350	34.75	3 335	2 662
Cons/prof: Infrastructure & planning		13 542	8 788							
Contractors	124	1	1 008	1 360	1 360	1 360		(100.00)		
Agency and support/outsourced services	9	179	140							
Entertainment	4		9	28	17	17	19	11.76	19	20
Fleet services (including Inventory: Materials and supplies)			19				70		74	78
Inventory: Materials and supplies	789	1 266	86	1	3	3	7	133.33	7	8
Inventory: Medical supplies	1 784	7 614	9 982							
Inventory: Other supplies			13							
Consumable supplies	5 824	6 714	4 296							
Consumable: Stationery, printing & office supplies	511	745	1 708	504	747	747	412	(44.85)	452	548
Operating leases	52	14								
Property payments	127 564	147 468	177 924	226 755	240 000	227 722	266 091	16.85	273 111	362 363
Transport provided: Departmental activity		164								
Travel and subsistence	352	674	637	840	683	683	1 357	98.68	1 433	1 500
Training and development	400	665	2 494	1 275	1 338	1 338	1 685	25.93	934	1 781
Operating payments	24	82	17		80	80	57	(28.75)	60	63
Venues and facilities		18								
Rental and hiring	41	60	88	56			50		53	55
Transfers and subsidies to	9 773	34	26 523	1 925	261	270	10 000	3 603.70	10 000	10 000
Non-profit institutions			26 500	1 900	231	231	10 000	4229.00	10 000	10 000
Households	9 773	34	23	25	30	39		(100.00)		
Social benefits		34	23	25	30	39		(100.00)		
Other transfers to households	9 773									
Payments for capital assets	613 498	616 876	604 655	421 427	493 069	437 078	457 421	4.65	334 684	259 025
Buildings and other fixed structures	544 569	517 686	398 883	330 520	341 245	295 331	428 531	45.10	298 634	229 000
Buildings	544 569	517 686	398 883	330 520	341 245	295 331	428 531	45.10	298 634	229 000
Machinery and equipment	68 889	98 977	205 294	90 907	149 181	141 466	21 670	(84.68)	36 029	30 003
Transport equipment			4	12			35		37	39
Other machinery and equipment	68 889	98 977	205 290	90 895	149 181	141 466	21 635	(84.71)	35 992	29 964
Software and other intangible assets	40	213	478		2 643	281	7 220	2469.40	21	22
<i>Of which: "Capitalised Goods and services" included in Payments for capital assets</i>	544 569									
Total economic classification	799 486	822 079	877 852	722 539	814 386	745 764	826 287	10.80	702 169	705 694

PERFORMANCE AND EXPENDITURE TRENDS

The performance targets for infrastructure delivery are generally calculated in accordance with the funding available in the MTEF budget allocations. Should these allocations not be realised, or should the allocations for the outer years be reduced or not follow a similar pattern, the performance targets will not be met.

National Treasury introduced into the 2014 Division of Revenue Act (DoRA), the Performance-Based Incentive (PBI) process for the Health Facility Revitalisation Grant (HFRG). The aim is to achieve better value for money from investment in provincial infrastructure by institutionalising proper planning within

provinces. Provinces will be required to bid for HFRG allocations two years in advance and financial incentives will be built into the grant for provinces that implement best practices in delivering infrastructure. In terms of this process, provincial departments across the country are firstly, allocated what is referred to as a Baseline Budget; secondly, those departments who complied with the submission requirements of DoRA 2013 will be eligible to bid for unallocated 2015/16 funding, referred to as the PBI allocation. This bidding will take place through the following submissions:

- Project Proposals for capital projects proposed to be in the planning phase in 2015/16.
- Concept Reports for capital projects proposed to be in construction in 2015/16.

It is important to note that the portion of the budget allocated to salaries of relevant infrastructure personnel will continue to be provided to provinces through the HFRG and is therefore being excluded from the PBI process. In light of the foregoing, it is anticipated that adequate funding will be made available annually to proceed with infrastructure projects planned for the province; it is further anticipated that there will be an increase in the budget at least equal to inflation beyond the MTEF period and that there will be no unfunded priorities.

Programme 8 is allocated 4.39 per cent of the vote in 2015/16 in comparison to the 4.30 per cent that was allocated in the revised estimate of the 2014/15 budget. This translates into a nominal increase of R80.523 million or 10.80 per cent.

The equitable share budget for Programme 8 has been reduced according to the need for infrastructure funds and due to the fact that the Department is allowed to use the Health Facility Revitalisation Grant (HFRG) partially for maintenance and equipment. In addition to this, the budget has also been brought in line with the capacity of WCGTPW as Implementing Agent on the one hand and their 2015/16 Infrastructure Programme Implementation Plan (IPIP), confirming their ability to implement WCGH's Infrastructure Programme Management Plan (IPMP) on the other.

The budget allocation for routine maintenance, which was introduced with effect from 2012/13, was set low for the first year, as this was the introductory phase. It was, however, always envisioned to substantially increase this allocation in 2013/14 and gradually increase it to make provision for the addition of new facilities as they are completed. This plan was agreed with Provincial Treasury in 2011/12.

The budget for scheduled maintenance was increased in 2013/14. The reason for this is that maintenance projects were prioritised during 2013/14 as part of a mitigating strategy. As stipulated in DoRA, provision for scheduled maintenance is made under the Health Facility Revitalisation Grant.

The allocation for Health Technology projects was higher in 2012/13 and 2013/14 than in subsequent years due to the need to fully equip the new Khayelitsha and Mitchell's Plain Hospitals. In addition, various facilities will be equipped through Health Technology during 2015/16 e.g. Groote Schuur Hospital (Radiotherapy upgrade), Khayelitsha Hospital (PACS-RIS, digital radiology), Nomzamo Clinic in Strand, Mitchell's Plain Hospital (PACS-RIS, digital radiology), Somerset Hospital (Theatre Complex upgrade) and the Tygerberg Hospital (Ophthalmology).

16.8. Risk Management

RISK STATEMENT 1. Affordability of the infrastructure requirements of Healthcare 2030	
Risk	Affordability of delivering on required infrastructure in order to meet objectives of Healthcare 2030.
Root Cause	<ul style="list-style-type: none"> ▪ Limited financial resources ▪ Inappropriate and over-designed infrastructure that is too complex and costly to construct and maintain. ▪ Current condition and functional limitations of existing health infrastructure portfolio
Impact	<ul style="list-style-type: none"> ▪ Compromised healthcare services.
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Embed good governance and values-driven leadership practices.
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Develop standard health infrastructure designs which are appropriate to a developing economy ▪ Ensure compliance to standard designs, where appropriate and possible. ▪ Explore alternative finance options. ▪ Application of Prioritisation Tool for capital projects. ▪ Increase resources for maintenance of existing facilities.
RISK STATEMENT 2. Ad hoc / urgent projects	
Risk	Prioritising projects not included in MTEF infrastructure planning cycle.
Root Cause	<ul style="list-style-type: none"> ▪ Unforeseen operational response to service pressure ▪ Changes in strategic objectives ▪ Changes in burden of disease
Impact	<ul style="list-style-type: none"> ▪ Delays on planned projects ▪ Cost escalation ▪ Compromised infrastructure service delivery
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Embed good governance and values-driven leadership practices.
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Improved synergy with operational units and Directorate: Strategic Planning. Develop standard infrastructure response to deal with ad hoc / urgent projects. ▪ All projects to follow the IDMS prescripts as per the standard for infrastructure delivery in the Western Cape.
RISK STATEMENT 3. Lack of suitable sites	
Risk	Lack of suitable sites for construction of new facilities.
Root Cause	<ul style="list-style-type: none"> ▪ Site procurement processes. ▪ Increased legislative requirements. ▪ Lack of inter-governmental co-operation. ▪ Lack of available sites specifically within developed areas.
Impact	<ul style="list-style-type: none"> ▪ Project delays. ▪ Uncertainty on planned deliverables. ▪ Compromised service delivery.
Strategic Goal Impact	<ul style="list-style-type: none"> ▪ Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> ▪ Integrated planning with other government departments and local authorities. ▪ Increase site request timeframe to ten years. ▪ Use of Capital Project Prioritisation Tool. ▪ Optimise building footprint.
RISK STATEMENT 4. Under expenditure of DoRA Grant	
Risk	4.1 Under expenditure of DoRA Grant which will have detrimental effect on future infrastructure budget and ultimately ability to deliver required infrastructure.
Root Cause	<ul style="list-style-type: none"> ▪ Compromised project implementation due to capacity and capability within WCGH as well as Implementing Department ▪ Capacity, capability and commitment of professional service providers, contractors and suppliers to deliver projects within time, quality and budget. ▪ Changes / additions to project scope. ▪ Fluctuating currency exchange rate.
Impact	<ul style="list-style-type: none"> ▪ Delay of future projects. ▪ Increased infrastructure backlog. ▪ Cost escalation. ▪ Compromised service delivery ▪ Reduced future grant allocations

Strategic Goal Impact	<ul style="list-style-type: none"> Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Rigorous Programme Management and monitoring of Implementing Department Implementation of the IDMS Assist WCGH user departments in developing Business Cases / Briefs. Provide projected cash-flows aligned with deliverables / programme for each project. Improve Strategic Briefs and Business Plan. Ensure compliance to standardisation, where appropriate and possible. Relevant training to up-skill existing staff. Structured and formalised career- pathing. Policy for recruitment and retention of scarce skills.
RISK STATEMENT 5: Shortage Of Skilled Staff	
Risk	Inadequate competency levels
Root Cause	<ul style="list-style-type: none"> Shortage of highly skilled professionals Inability to offer competitive remuneration packages
Impact	<ul style="list-style-type: none"> Compromised ability to deliver on the Department's mandate
Strategic Goal Impact	<ul style="list-style-type: none"> Promote Health and Wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Allocation of bursaries per scarce-skilled profession as a recruitment strategy In the process of developing an on-line exit interview questionnaire to assist in identifying the reasons for exits and to inform future interventions Development and implementation of recruitment and retention policies Work in partnership with universities to recruit and retain highly skilled staff Strengthen organisational culture and staff wellbeing Succession planning Improve the working environment
RISK STATEMENT 6: Resource Constraints	
Risk	Inability to render comprehensive quality health services
Root Cause	<ul style="list-style-type: none"> Allocative and technical inefficiencies Escalating burden of disease Escalating costs of labour, goods and services Fiscal envelope based on nominal growth Aging infrastructure
Impact	<ul style="list-style-type: none"> Poor health outcomes Compromised ability to deliver on the department's mandate
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Priority setting Establish and embed mechanisms to enhance efficiencies Applying lean management principles to reduce waste in the system Rational prescribing Laboratory cost containment measures, e.g. Electronic Gatekeeping System Explore alternative financing options
RISK STATEMENT 7: ICT Systems Disruption	
Risk	Dysfunctional communication and information systems
Root Cause	<ul style="list-style-type: none"> Inadequate and ageing technology infrastructure and resources Inadequate technical capacity within the Western Cape Government
Impact	<ul style="list-style-type: none"> Compromised service delivery
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Develop a robust IT disaster recovery plan Monitor the responsiveness of the Helpdesk and support systems to IT system failures Constantly review and address out-dated infrastructure by conducting regular hardware and ICT audits
RISK STATEMENT 8: Fire Within Health Facilities	
Risk	Fire damage to state property and safety threat to building occupants
Root Cause	<ul style="list-style-type: none"> Inadequate safety measures Constant trade-off between securing a building from a safety perspective versus maintaining the integrity of fire escapes etc. Building maintenance backlog and infrastructure budget constraints
Impact	<ul style="list-style-type: none"> Service disruption Property damage Traumatised and/or injured staff and patients
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices

Measures to Mitigate Impact	<ul style="list-style-type: none"> Develop and implement the Provincial Safety, Health, Environment, Risk, and Quality Management (SHERQ) Policy to support and guide facilities Ensure that design and construction of infrastructure is compliant through phased fire compliance Monitor and evaluate operational compliance with fire regulations ensuring that disaster plans and fire drills are in place Ensure compliance of the physical environment and physical entities such as fire detectors, fire extinguishers, alarms, sprinkler systems, fire doors, and fire exits are in order Establish Health and Safety committees, appoint and train emergency representatives (fire, first aid and floor marshals), in accordance with the National Core Standards
RISK STATEMENT 9: Vandalism And Theft	
Risk	Damage to and loss of state property
Root Cause	<ul style="list-style-type: none"> Inadequate security measures Volatility in the community High crime prevalence
Impact	<ul style="list-style-type: none"> Compromises the quality of care Property damage Escalates maintenance and repair expenditure
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness
Measures to Mitigate Impact	<ul style="list-style-type: none"> Business continuity plans in place to minimise the impact on service delivery Installation of vandal-proof infrastructure including fixtures and fittings, as far as possible Improve security services and contract management at facility level
RISK STATEMENT 10: Fraud	
Risk	Unfair or unlawful access to public fund
Root Cause	<ul style="list-style-type: none"> Inadequate (compliance with) internal controls Lack of commitment to values of the organisation
Impact	<ul style="list-style-type: none"> Exacerbates resource constraints Compromises public trust in the health system
Strategic Goal Impact	<ul style="list-style-type: none"> Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Monitor the implementation of the fraud prevention plan Ensure PERSAL is accurate to prevent ghost employees Embark upon change management initiative that emphasises the values of the organisation (Strengthening the DICU, ICU processes – IA, CA, etc.)
RISK STATEMENT 11: Labour Unrest	
Risk	Strike action
Root Cause	<ul style="list-style-type: none"> Labour disputes
Impact	<ul style="list-style-type: none"> Service disruption Compromises patient and staff safety Exacerbates resource constraints and staff shortages
Strategic Goal Impact	<ul style="list-style-type: none"> Promote health and wellness Embed good governance and values-driven leadership practices
Measures to Mitigate Impact	<ul style="list-style-type: none"> Maintaining good practices and relations with organised labour through robust structures of engagement In the event of a strike ensure contingency plans are in place to minimise service disruption

16.9. Capital infrastructure programme

Deliverables

The long-term strategy of the department is to plan ahead according to the projected health service requirements and future growth of the population. In line with this strategy, infrastructure takes these requirements into consideration in its planning and execution of projects. This is achieved by allowing some flexibility in the design and size of facilities, which often results in facilities requiring staged commissioning. The overarching infrastructure priorities for Programme 8 are:

- 1.) Strengthen, and improve the primary health care infrastructure and medical equipment in all geographic service areas (GSAs) with emphasis on standardising satellite clinics.
- 2.) Modernise emergency centres at hospitals.
- 3.) Enhance the focus on maintenance of existing health facilities.
- 4.) Prioritise accessibility for persons with disabilities to health facilities.
- 5.) Plan and build acute psychiatric units at hospitals.
- 6.) Replace identified district hospitals.
- 7.) Plan and build new Cape Medical Depot.

8.) Observatory Forensic Pathology Laboratory.

The tables that follow indicate the deliverables in the capital infrastructure programme. The project categories are

Project categories

Project category	Description
New and replacement assets	To build an entirely new (or total replacement) facility from the ground and hand over a complete facility once the project has been finalised (this only applies to new buildings and not existing buildings and other fixed structures)
Upgrading and additions (applies to existing buildings and other fixed structures)	Outsourced costs incurred in upgrading and additions of buildings and other fixed structures. Examples would be upgrade and additions of residential and non-residential buildings and assets such as roads, harbours and other infrastructure assets. Transactions allocated to this item are applicable only if the upgrade and additions enhances the capacity and value of the existing asset.
Refurbishment and rehabilitation (applies to existing buildings and other fixed structures)	Outsourced costs incurred in refurbishing and rehabilitating of buildings and other fixed structures. Transactions allocated to this item are applicable only if the refurbishing and rehabilitation extend the useful life of the asset and result in future cash inflows into the organization. Activities that is required due to neglect or unsatisfactory maintenance or degeneration of an asset. The action implies that the asset is restored to its originally intended condition, thereby increasing the value of an existing asset that has become inoperative due to the deterioration of the asset.

Milestone definitions

Milestone definitions, as included in the tables below, are as follows:

Milestones (non-infrastructure related projects)

Milestone	Description
Envisaged	Non-infrastructure related project, for example Health Technology (including ECM and PACS-RIS), Organisational Development or Quality Assurance, that will either commence during the 2014 MTEF or beyond.
In Progress	Non-infrastructure project, for example Health Technology (including ECM and PACS-RIS), Organisation Development and Quality Assurance, that is currently underway.
Start Date	Date when procurement of goods / services will commence..
Completion Date	Date when all payments with respect to procurement of goods / services have been effected.
Total Budget Available	Project cost – all inclusive (VAT, storage, delivery).

Infrastructure Reporting Model (IRM) Milestones

Milestone	Description
Envisaged	Non-infrastructure related project, for example Health Technology (including ECM and PACS-RIS), Organisational Development or Quality Assurance, that will either commence during the 2014 MTEF or beyond.
In Progress	Non-infrastructure project, for example Health Technology (including ECM and PACS-RIS), Organisation Development and Quality Assurance, that is currently underway.
Identified / Feasibility	Infrastructure project has been identified, but Strategic Brief has not been prepared and/or site has not been acquired.
Design / Tender	Implementing Agent has received the Strategic Brief from WCG: Health.
Construction / Hand over	Infrastructure project is under construction.
Retention / Final Account	Infrastructure project has reached completion, but final account has not been finalised and accepted.
Start Date	Strategic Brief has been provided to the Implementing Agent.
Completion Date	Practical completion of the project achieved (i.e. a Practical Completion Certificate or equivalent has been issued).
Total Budget Available	Project cost – all inclusive (VAT, professional fees, escalation, construction).

Infrastructure Gateway System (IGS) Stages

Stage	Description
Stage 1: Infrastructure Planning	Accepted infrastructure plan (e.g. U-AMP) and MTEF Budget
Stage 2: Procurement Planning	Accepted construction procurement strategy.
Stage 3: Package Preparation	Accepted strategic brief.
Stage 4: Package Definition	Accepted concept report.
Stage 5: Design Development	Accepted design development report.
Stage 6A: Design Documentation	Accepted production information.
Stage 6B: Manufacture, fabrication and construction information	Accepted Manufacture, fabrication and construction information for construction.
Stage 7: Works	Construction underway.
Stage 8: Handover	Works handed over and record information provided.
Stage 9A: Close out	Record information archived and portfolio asset register updated.
Stage 9B: Close out	Contract finalised; Close out report compiled.

Stage 9C: Close out	Post Occupancy Evaluation conducted.
Not applicable	Non-infrastructure related project for example Health Technology (including ECM and PACS-RIS), Organisational Development or Quality Assurance.

No	Fund	Facility	Type of infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
IRM Project Stage: Identified / feasibility – IGS Project Stage 1													
1	HFRG	Ashton: Cogmanskloof Clinic	Upgrade and Additions	Cape Winelands	31-May-19	31-Dec-21	5 000	-	-	-	-	-	3 000
2	HFRG	Athlone: Dr Abdurahman CDC	CDC Replacement	City of Cape Town	1-Jul-15	31-Mar-19	50 000	-	250	500	1 000	26 750	1 500
3	HFRG	Beaufort West: Beaufort West CDC	CDC Upgrade and Additions	Central Karoo	1-Apr-19	31-Mar-21	7 000	-	-	-	-	-	6 500
4	HFRG	Beaufort West: Neuwelddipark Clinic	Clinic Upgrade and Additions	Central Karoo	1-Apr-18	31-Mar-21	10 000	-	-	-	-	370	240
5	HFRG	Bellville: Bellville South CDC	CDC Replacement	City of Cape Town	31-Mar-18	31-Mar-23	60 000	-	-	-	-	1 000	15 000
6	HFRG	Bishop Lavis: Bishop Lavis CDC	CDC Upgrade and Additions	City of Cape Town	31-Mar-19	31-Mar-21	20 000	-	-	-	-	-	200
7	HFRG	Bonnievale: Happy Valley Clinic	Clinic Upgrade and Additions	Cape Winelands	1-Apr-18	31-Dec-19	5 000	-	-	-	-	3 500	1 500
8	HFRG	Caledon: Caledon Clinic	Clinic Replacement	Overberg	1-Apr-18	31-Mar-21	18 000	-	-	-	-	1 000	12 000
9	HFRG	Ceres: Bella Vista Clinic	Clinic Upgrade and Additions	Cape Winelands	1-Apr-17	31-Dec-18	5 000	-	-	-	500	4 000	500
10	HFRG	Ceres: Ceres CDC	CDC Replacement	Cape Winelands	1-Apr-18	31-Mar-22	35 000	-	-	-	-	500	1 000
11	HFRG	Ceres: Nduli Clinic	Clinic Upgrade and Additions	Cape Winelands	1-Apr-19	31-Mar-22	10 000	-	-	-	-	-	1 000
12	HFRG	De Doorns: De Doorns CDC	CDC Upgrade and Additions	Cape Winelands	31-Mar-14	30-Jun-18	16 400	100	1 000	500	-	3 000	-
13	HFRG	De Doorns: Sandhills Clinic	Clinic Replacement	Cape Winelands	1-Jan-19	30-Sep-21	10 000	-	-	-	-	-	1 000
14	HFRG	Durbanville: Durbanville CDC	Upgrade and Additions	City of Cape Town	1-Apr-19	1-Mar-21	30 000	-	-	-	-	-	15 000
15	HFRG	Eerste River: Kleinveel CDC	CDC Upgrade and Additions	City of Cape Town	1-Dec-14	30-Nov-18	19 700	-	2 000	5 500	10 000	-	-
16	HFRG	Elim Clinic	Clinic Upgrade and Additions	Overberg	1-Apr-17	30-Nov-18	3 000	-	-	-	1 500	1 500	-
17	HFRG	Elsies River: Elsies River CHC	CHC Replacement	City of Cape Town	1-Jun-15	31-Oct-19	80 000	-	500	1 000	15 000	32 000	500
18	HFRG	Gansbaai: Gansbaai Clinic	Clinic Upgrade and Additions	Overberg	1-Jun-14	3-Jun-18	15 000	100	2 000	-	-	1 000	-
19	HFRG	Genadendal: Genadendal Clinic	Clinic Upgrade and Additions	Overberg	1-Apr-17	30-Nov-18	3 000	-	-	-	500	2 500	-
20	HFRG	George: Blanco Clinic	Clinic Upgrade and Additions	Eden	1-Apr-19	31-Oct-21	5 000	-	-	-	-	-	5 000
21	HFRG	George: Centrum CDC	CDC Replacement	Eden	1-Jun-15	30-Apr-17	4 000	-	200	-	-	-	-
22	HFRG	George: Parkdene Clinic	Clinic Upgrade and Additions	Eden	1-Apr-18	30-Nov-20	10 000	-	-	-	-	1 000	9 000

No	Fund	Facility	Type of Infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
23	HFRG	George: Rosemore Clinic	Clinic Upgrade and Additions	Eden	1-Apr-18	30-Nov-22	10 000	-	-	-	-	1 000	9 000
24	HFRG	George: Thembalethu CDC	CDC Replacement	Eden	1-Oct-13	30-Nov-19	54 000	100	500	1 000	4 000	24 000	2 000
25	HFRG	George: Touwsranteen Clinic	Clinic Replacement	Eden	1-Apr-18	31-Mar-20	11 000	-	-	-	-	1 000	10 000
26	HFRG	Gouda: Gouda Clinic	Clinic Replacement	Cape Winelands	1-Apr-17	31-Mar-19	5 000	-	-	-	500	4 000	500
27	HFRG	Gugulethu: Gugulethu CHC	CHC Replacement	City of Cape Town	1-Apr-16	31-Dec-20	90 000	-	-	100	-	40 000	35 000
28	HFRG	Hanover Park: Hanover Park CHC	CHC Replacement	City of Cape Town	1-Apr-15	31-Dec-21	90 000	-	500	1 000	9 000	44 000	1 000
29	HFRG	Hermanus: Hawston Clinic	Clinic Replacement	Overberg	1-Apr-20	31-Mar-22	18 000	-	-	-	-	-	1 000
30	HFRG	Hout Bay: Hout Bay CDC	CDC Replacement	City of Cape Town	1-Aug-15	31-Mar-19	35 000	-	100	1 000	4 000	25 000	5 000
31	HFRG	Khayelitsha: Michael Mapongwana CDC	CDC Upgrade and Additions	City of Cape Town	1-Nov-14	31-Mar-17	15 000	-	14 000	1 000	-	-	-
32	HFRG	Khayelitsha: Site B CHC	CHC Upgrade and Additions	City of Cape Town	1-Aug-15	31-Dec-20	30 000	-	250	1 000	1 000	23 000	750
33	HFRG	Khayelitsha: Swartklop CDC	New Community Day Centre	City of Cape Town	1-Apr-19	31-Dec-20	50 000	-	-	-	-	-	1 000
34	HFRG	Knyasa: Hornlee Clinic	Clinic Replacement	Eden	1-Apr-19	31-Mar-22	20 000	-	-	-	-	-	1 000
35	HFRG	Ladismith: Ladismith Clinic	Clinic Replacement	Eden	1-Mar-15	30-Sep-20	15 000	-	100	500	1 000	8 000	-
36	HFRG	Laingsburg: Laingsburg Clinic	Clinic Upgrade and Additions	Central Karoo	1-Jun-14	30-Apr-18	12 000	100	600	5 800	3 000	3 200	-
37	HFRG	Macassar: Macassar CDC	CDC Upgrade and Additions	City of Cape Town	1-Apr-18	30-Sep-21	15 000	-	-	-	-	1 000	13 000
38	HFRG	Maitland: Maitland Community Day Centre	CDC Replacement	City of Cape Town	1-Jan-17	30-Sep-21	50 000	-	-	100	1 000	25 000	23 000
39	HFRG	Malmesbury: Abbotsdale Satellite Clinic	Clinic Replacement	West Coast	21-Feb-15	31-Mar-17	3 000	-	500	2 500	-	-	-
40	HFRG	Malmesbury: Chatsworth Clinic	Clinic Replacement	West Coast	31-Mar-16	31-Mar-18	3 000	-	-	1 000	2 000	-	-
41	HFRG	Mamre: Mamre GDC	Clinic Extensions	City of Cape Town	1-Apr-15	1-Dec-16	3 000	-	250	2 750	-	-	-
42	HFRG	Matjiesfontein: Matjiesfontein Satellite Clinic	Clinic Replacement	Central Karoo	1-Oct-14	30-Jun-16	3 000	-	1 000	2 000	-	-	-
43	HFRG	Mfuleni: Mfuleni CDC	CDC Replacement	City of Cape Town	1-Apr-18	31-Mar-20	50 000	-	-	-	-	30 000	19 000
44	HFRG	Mitchells Plain: Lenteguur CDC	New Community Day Centre	City of Cape Town	1-Apr-19	31-Mar-22	50 000	-	-	-	-	-	1 000
45	HFRG	Mitchells Plain: Weltevreden CDC	New Community Day Centre	City of Cape Town	31-Mar-19	30-Nov-19	50 000	-	50	1 000	1 000	25 000	750
46	HFRG	Mooreesburg: Mooreesburg Clinic	Clinic Extensions	West Coast	1-Apr-18	31-Mar-20	4 500	-	-	-	-	4 000	500

No	Fund	Facility	Type of Infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
47	HFRG	Mossel Bay: Eyethu Clinic	Clinic Upgrade and Additions	Eden	1-Apr-18	30-Nov-20	3 000	-	-	-	-	1 000	2 000
48	HFRG	Mossel Bay: George Road Clinic	Clinic Replacement	Eden	1-Apr-18	30-Nov-20	3 000	-	-	-	-	2 500	500
49	HFRG	Paarl: Mbekweni CDC	CDC Replacement	Cape Winelands	1-Apr-17	31-Mar-22	50 000	-	-	-	-	2 500	20 000
50	HFRG	Parow: Parow CDC	CDC Replacement	City of Cape Town	31-Mar-18	31-Mar-22	60 000	-	-	-	-	1 000	15 000
51	HFRG	Piketberg: Piketberg Clinic	Clinic Upgrade and Additions	West Coast	1-Apr-18	31-Mar-21	10 000	-	-	-	-	3 500	6 000
52	HFRG	Ravensmead: Ravensmead CDC	CDC Replacement	City of Cape Town	1-Apr-15	30-Nov-19	50 000	-	250	1 000	2 000	23 000	1 750
53	HFRG	Retreat: Retreat CHC	CHC Replacement	City of Cape Town	1-Dec-18	31-Mar-24	90 000	-	-	-	-	1 000	19 000
54	HFRG	Riebeeck West: Riebeeck West Clinic	Clinic Replacement	West Coast	1-Apr-19	31-Mar-22	18 000	-	-	-	-	-	1 000
55	HFRG	Robertson: Robertson CDC	New Community Day Centre	Cape Winelands	1-Apr-17	30-Sep-22	40 000	-	-	-	500	5 000	33 000
56	HFRG	Saldanha: Diazville Clinic	Clinic Replacement	West Coast	1-Apr-17	31-Mar-20	16 000	-	-	-	500	5 000	10 000
57	HFRG	Sedgefield: Sedgefield Clinic	Clinic Replacement	Eden	1-Apr-18	31-Mar-20	15 000	-	-	-	-	500	2 000
58	HFRG	St Helena Bay: Sandy Point Clinic	Clinic Replacement	West Coast	1-Apr-15	31-Mar-17	3 000	-	500	2 500	-	-	-
59	HFRG	Stellenbosch: Cloetysville CDC	CDC Rehabilitation	Cape Winelands	31-Mar-18	30-Nov-21	15 000	-	-	-	-	5 000	10 000
60	HFRG	Stellenbosch: Kayamandi CDC	CDC Replacement	Cape Winelands	1-Apr-16	30-Nov-20	40 000	-	-	500	5 000	25 000	4 000
61	HFRG	Stellenbosch: Klapmuts Clinic	Clinic Extensions	Cape Winelands	31-Mar-18	31-Mar-20	5 000	-	-	-	-	2 500	2 000
62	HFRG	Stellenbosch: Lanquedoc Clinic	Clinic Rehabilitation	Cape Winelands	1-Apr-19	31-Mar-21	2 000	-	-	-	-	-	500
63	HFRG	Strand: Rusthof CDC	CDC Replacement	City of Cape Town	1-Apr-16	31-Mar-20	50 000	-	-	500	1 000	35 000	4 000
64	HFRG	Various Pharmacies upgrade	Pharmacies rehabilitation		31-Mar-15	1-Mar-17	6 000	-	1 000	4 000	-	-	-
65	HFRG	Various PHC Facilities	Maintenance (to various facilities to be identified)		1-Apr-13	31-Mar-20	-	63 193	67 481	40 000	57 446	-	-
66	PES	Various PHC Facilities	Maintenance (to various facilities to be identified)		1-Apr-15	31-Mar-18	-	-	-	18 335	1 456	-	-
67	PES	Various PHC Facilities	Managing Contractor		1-Apr-15	31-Mar-17	-	-	-	250	25 000	-	-
68	HFRG	Various PHC Facilities	Routine Main: PHC		1-Apr-13	1-Mar-20	-	-	4 052	-	-	-	-
69	PES	Various PHS Facilities	Main: PHC		1-Apr-13	1-Mar-20	-	8 763	-	-	-	-	-
70	PES	Various PHS Facilities	Routine Main: PHC		1-Apr-13	1-Mar-20	-	1 755	-	4 281	4 516	2 552	2 679

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71	HFRG	Villiersdorp: Villiersdorp Clinic	Clinic Replacement	Overberg	1-Apr-15	31-Mar-19	22 000	-	250	500	2 000	18 000	1 500
72	HFRG	Vredenburg: Vredenburg CDC	New Community Day Centre	West Coast	1-Apr-16	30-Apr-20	40 000	-	-	500	2 000	18 000	20 000
73	HFRG	Vredendal: Vredendal North CDC	CDC Replacement	West Coast	1-Apr-18	31-Mar-22	45 000	-	-	-	-	1 000	6 000
74	HFRG	Wellington: Wellington CDC	Pharmacy additions and alterations	Cape Winelands	1-Apr-13	30-Sep-16	4 500	200	1 000	3 500	-	-	-
75	HFRG	Wellington: Winameul Clinic	Clinic Replacement	Cape Winelands	1-Apr-18	31-Mar-21	5 000	-	-	-	-	1 000	3 500
76	HFRG	Worcester: Avian Park Clinic	New clinic	Cape Winelands	1-Apr-15	30-Nov-17	16 000	-	250	2 000	5 000	8 000	-
77	HFRG	Vredendal: Vredendal Clinics	HT: Clinic	West Coast	1-Apr-14	30-Apr-15	2 000	2 000	-	-	-	-	-
IRM Project Stage: Design / Tender – IGS Project Stages 2 - 6A													
1	HFRG	Beaufort West: Hill Side Clinic	Clinic Replacement	Central Karoo	1-Apr-12	31-Dec-16	22 000	1 000	13 000	6 300	1 000	-	-
2	HFRG	Citrusdal: Citrusdal Clinic	Upgrade and Additions	West Coast	1-Apr-15	31-Mar-16	3 000	-	3 000	-	-	-	-
3	HFRG	District Six: District Six CDC	CDC Replacement	City of Cape Town	1-Apr-10	31-Mar-17	100 000	6 255	54 000	20 000	4 000	1 000	-
4	HFRG	Napier: Napier Clinic	Clinic Replacement	Overberg	1-Apr-12	31-Dec-16	13 000	200	3 000	9 500	500	-	-
5	HFRG	Prince Alfred Hamlet: Prince Alfred Hamlet Clinic	Clinic Replacement	Cape Winelands	1-Apr-11	31-Oct-17	20 000	500	6 000	12 000	500	500	-
6	HFRG	Stellenbosch: Victoria Street Clinic	Rehabilitation of clinic	Cape Winelands	1-Apr-13	31-Mar-17	9 000	-	3 000	5 000	1 000	-	-
7	HFRG	Wolseley: Wolseley Clinic	Clinic Replacement	Cape Winelands	1-Apr-11	30-Sep-16	20 000	200	6 000	10 000	4 000	-	-
IRM Project Stage: Construction / handover – IGS Project Stage 7													
1	HFRG	Delft: Delft CHC	ARV Consulting rooms and New Pharmacy	City of Cape Town	1-Apr-10	30-Oct-14	30 500	12 709	1 300	-	-	-	-
2	HFRG	Delft: Symphony Way CDC	New Community Day Centre	City of Cape Town	1-Apr-10	31-Oct-14	48 000	16 135	1 400	-	-	-	-
3	HFRG	Du Noon: Du Noon CHC	New Community Health Centre	City of Cape Town	1-Apr-10	30-Nov-14	80 600	14 601	2 000	-	-	-	-

No	Fund	Facility	Type of Infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
4	HFRG	Heideveld: Heideveld CDC - Temporary EC at Klipfontein Hub	Enabling work for the GF Jooste Hospital Project: New Emergency Centre at Heideveld CHC	City of Cape Town	1-Oct-12	31-Jul-14	42 000	16 210	2 100	-	-	-	-
5	HFRG	Hermanus: Hermanus CDC	CDC Replacement	Overberg	1-Apr-10	30-Nov-14	42 600	17 171	2 100	-	-	-	-
6	HFRG	Mfuleni: Mfuleni CDC	Temporary CDC Replacement	City of Cape Town	1-Apr-14	31-Mar-15	25 000	23 500	6 500	500	-	-	-
7	HFRG	Rawsonville: Rawsonville Clinic	Clinic Replacement	Cape Winelands	1-Apr-10	30-Dec-14	16 500	11 488	500	-	-	-	-
8	HFRG	Strand: Nomzamo Asanda Clinic	New clinic	City of Cape Town	1-Apr-10	1-Nov-15	28 530	16 000	8 000	1 000	-	-	-
9	HFRG	Worcester: Worcester CDC	Dental suite additions and alterations	Cape Winelands	1-Apr-12	30-Nov-15	5 850	2 000	3 700	300	-	-	-
IRM Project Stage: Retention / final account – IGS Project Stage 9													
1	HFRG	Goodwood: Ruyterwacht CDC	CDC Replacement	City of Cape Town	1-Jul-11	31-Aug-13	11 583	71	-	-	-	-	-
2	HFRG	Grabouw: Grabouw CDC	CDC Upgrade and Additions	Overberg	10-Sep-09	10-Jun-12	14 000	30	-	-	-	-	-
3	HFRG	Knysna: Knysna CDC	CDC Replacement	Eden	1-Apr-09	28-Feb-13	36 500	600	-	-	-	-	-
4	HFRG	Malmesbury: Westbank CDC	New Community Health Centre	West Coast	30-Apr-08	30-Jun-12	29 100	300	300	-	-	-	-
5	HFRG	Phillipi: Inzame Zabantu Clinic	ARY Consulting rooms and New Pharmacy	City of Cape Town	1-Apr-10	28-May-14	9 800	4 690	700	-	-	-	-
6	HFRG	Plettenberg Bay: New Horizon Clinic	Clinic Upgrade and Additions	Eden	1-Apr-12	31-Jul-14	5 100	3 000	300	-	-	-	-
Health Technology, Organisational Development and Quality Assurance													
1	HFRG	Athlone: Dr Abdurahman CDC	HT: CDC	City of Cape Town	1-Apr-18	31-Mar-19	15 000	-	-	-	-	10 000	5 000
2	HFRG	Beaufort West: Beaufort West CDC	HT: CDC	Central Karoo	1-Apr-19	31-Mar-20	1 500	-	-	-	-	-	1 500
3	HFRG	Beaufort West: Hill Side Clinic	HT: Clinic	Central Karoo	1-Apr-16	31-Mar-17	3 000	-	-	1 500	1 500	-	-
4	HFRG	Betty's Bay: Betty's Bay Satellite Clinic	HT: Clinic	Overberg	1-Apr-23	31-Mar-24	600	-	-	-	-	-	-

No	Fund	Facility	Type of infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
5	HFRG	Bishop Lavis: Bishop Lavis CDC	HT: EC	City of Cape Town	1-Apr-15	31-Mar-16	2 000	-	-	1 000	1 000	-	-
6	HFRG	Bonnievale: Happy Valley Clinic	HT: Clinic	Cape Winelands	1-Apr-18	31-Mar-19	2 000	-	-	-	-	-	2 000
7	HFRG	Bredasdorp: Elim Clinic	HT: Clinic	Overberg	1-Apr-17	30-Dec-19	300	-	-	-	-	300	-
8	HFRG	Ceres: Bella Vista Clinic	HT: Clinic	Cape Winelands	1-Apr-18	31-Mar-19	1 500	-	-	-	-	1 500	-
9	HFRG	Ceres: Ceres CDC	HT: CDC	Cape Winelands	1-Apr-19	31-Mar-21	8 000	-	-	-	-	-	2 500
10	HFRG	Citrusdal: Clinic	HT: Clinic	West Coast	1-Apr-15	31-Mar-16	500	-	-	500	-	-	-
11	HFRG	Clanwilliam: Clanwilliam Clinic	HT: Clinic	West Coast	1-Apr-15	31-Mar-16	500	-	-	500	-	-	-
12	HFRG	De Doorns: De Doorns CDC	HT: CDC	Cape Winelands	1-Apr-17	30-Jun-17	3 000	-	-	-	1 500	1 500	-
13	HFRG	Delft: Delft CHC	HT: CHC	City of Cape Town	1-Apr-12	31-Mar-14	2 500	1 148	-	-	-	-	-
14	HFRG	Delft: Symphony Way CDC	HT: CDC	City of Cape Town	1-Apr-13	31-Mar-15	7 000	4 800	-	-	-	-	-
15	HFRG	Delft: Symphony Way CDC	OD and QA	City of Cape Town	1-Apr-14	31-Mar-15	340	340	-	-	-	-	-
16	HFRG	District Six: District Six CDC	HT: CDC	City of Cape Town	1-Apr-16	31-May-17	11 000	-	-	7 000	4 000	-	-
17	HFRG	District Six: District Six CDC	OD and QA	City of Cape Town	1-Apr-16	31-Mar-17	400	-	-	400	-	-	-
18	HFRG	Du Noon: Du Noon CHC	HT: CHC	City of Cape Town	1-Apr-13	31-Mar-15	19 000	11 000	-	-	-	-	-
19	HFRG	Du Noon: Du Noon CHC	OD and QA	City of Cape Town	1-Apr-14	31-Mar-15	155	155	-	-	-	-	-
20	HFRG	Eerste River: Kleinvei CDC	HT: CDC	City of Cape Town	1-Apr-17	1-Mar-18	2 500	-	-	-	2 500	-	-
21	HFRG	Elsies River: Elsie's River CHC	HT: CHC	City of Cape Town	1-Apr-17	31-Mar-18	22 500	-	-	-	-	22 500	-
22	HFRG	Gansbaai: Gansbaai Clinic	HT: Clinic	Overberg	1-Apr-16	31-Mar-17	2 500	-	-	1 000	1 500	-	-
23	HFRG	Genadendal: Genadendal Clinic	HT: Clinic	Overberg	1-Apr-17	31-Dec-18	600	-	-	-	-	600	-
24	HFRG	George: Parkdene Clinic	HT: Clinic	Eden	1-Apr-18	31-Mar-19	2 000	-	-	-	-	2 000	-
25	HFRG	George: Thembaletu CDC	HT: CDC	Eden	1-Apr-18	31-Mar-20	9 000	-	-	-	-	9 000	-
26	HFRG	George: Touwsramen Clinic	HT: Clinic	Eden	1-Apr-18	31-Mar-20	1 500	-	-	-	-	500	1 000
27	HFRG	Goodwood: Dirkie Uys CDC	HT: CDC	City of Cape Town	1-Apr-15	31-Mar-16	300	-	-	300	-	-	-
28	HFRG	Goodwood: Ruyterwacht CDC	HT: CDC	City of Cape Town	1-Apr-13	31-Mar-14	2 000	274	-	-	-	-	-
29	HFRG	Gouda: Gouda Clinic	HT: Clinic	Cape Winelands	1-Apr-16	31-Jul-19	1 000	-	-	-	-	1 000	-

No	Fund	Facility	Type of Infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
30	HFRG	Grabouw: Grabouw CDC	HT: CDC	Overberg	31-Aug-17	31-Aug-19	1 000	-	-	-	-	1 000	-
31	HFRG	Gugulethu: Gugulethu CHC	HT: CHC	City of Cape Town	1-Apr-17	31-Mar-19	15 000	-	-	-	-	10 000	5 000
32	HFRG	Hanover Park: Hanover Park CHC	HT: CHC	City of Cape Town	1-Apr-17	31-Mar-19	15 000	-	-	-	-	13 500	1 500
33	HFRG	Heideveld: Heideveld CDC - Temporary EC at Klipfontein Hub	HT: CDC	City of Cape Town	1-Apr-14	31-Mar-15	200	700	-	-	-	-	-
34	HFRG	Hermanus: Hermanus CDC	HT: CDC	Overberg	1-Apr-13	31-Mar-14	5 000	1 600	-	-	-	-	-
35	HFRG	Hermanus: Hermanus CDC	OD and GA	Overberg	1-Apr-15	31-Mar-16	155	-	155	-	-	-	-
36	HFRG	Hout Bay: Hout Bay CDC	HT: CDC	City of Cape Town	1-Apr-15	31-Mar-19	12 000	-	-	-	-	12 000	-
37	HFRG	Khayelitsha: Site B CHC	HT: CHC	City of Cape Town	1-Apr-18	31-Mar-19	3 000	-	-	-	-	3 000	-
38	HFRG	Ladismith: Ladismith Clinic	HT: Clinic	Eden	1-Apr-17	31-Mar-20	2 500	-	-	-	-	-	1 000
39	HFRG	Laingsburg: Laingsburg Clinic	HT: Clinic	Central Karoo	1-Jun-15	30-Apr-17	1 500	-	-	-	-	1 500	-
40	HFRG	Macassar: Macassar CDC	HT: CDC	City of Cape Town	1-Apr-19	31-Mar-20	1 000	-	-	-	-	-	1 000
41	HFRG	Malmesbury: Abbotdale Satellite Clinic	HT: Clinic	West Coast	1-Apr-16	31-Mar-18	600	-	-	600	-	-	-
42	HFRG	Malmesbury: Chatsworth Clinic	HT: Clinic	West Coast	1-Apr-17	31-Mar-18	400	-	-	-	400	-	-
43	HFRG	Mamre: Mamre CDC	HT: CDC	West Coast	1-Apr-15	31-Mar-16	800	-	-	800	-	-	-
44	HFRG	Majiesfontein: Majiesfontein Satellite Clinic	HT: Clinic	Central Karoo	1-Oct-14	31-Mar-16	600	-	-	600	-	-	-
45	HFRG	Mfuleni: Mfuleni CDC	HT: CDC	City of Cape Town	1-Apr-18	31-Mar-20	10 000	1 800	-	-	-	-	5 000
46	HFRG	Mitchell's Plain: Weltevreden CDC	HT: CDC	City of Cape Town	31-Mar-18	31-Mar-19	10 000	-	-	-	-	10 000	-
47	HFRG	Moorreesburg: Moorreesburg Clinic	HT: Clinic	West Coast	1-Apr-18	1-Apr-20	1 500	-	-	-	-	1 500	-
48	HFRG	Mossel Bay: Asla Park Clinic	HT: Clinic	Eden	1-Apr-15	31-Mar-16	1 500	-	500	1 000	-	-	-
49	HFRG	Mossel Bay: Eyethu Clinic	HT: Clinic	Eden	1-Apr-14	31-Mar-15	300	-	-	-	-	-	300
50	HFRG	Mossel Bay: George Road Clinic	HT: Clinic	Eden	1-Apr-18	30-Nov-20	500	-	-	-	-	500	-
51	HFRG	Napier: Napier Clinic	HT: Clinic	Overberg	1-Apr-19	31-Mar-20	2 000	-	-	1 000	1 000	-	-
52	HFRG	Neisport Hospital	HT: Hospital	Central Karoo	1-Apr-14	30-Apr-15	500	500	-	-	-	-	-
53	HFRG	Phillipi: Inzame Zabantu Clinic	HT: Clinic	City of Cape Town	1-Apr-13	31-Mar-14	1 500	174	-	-	-	-	-

No	Fund	Facility	Type of infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
54	HFRG	Pleffenberg Bay: New Horizon Clinic	HT: Clinic	Eden	1-Apr-14	31-Mar-15	200	300	-	-	-	-	-
55	HFRG	Prince Alfred Hamlet: Prince Alfred Hamlet Clinic	HT: Clinic	Cape Winelands	1-Apr-15	31-Mar-16	2 000	-	-	-	2 000	-	-
56	HFRG	Ravensmead: Ravensmead CDC	HT: CDC	City of Cape Town	1-Apr-18	31-Oct-20	10 000	-	-	-	-	8 000	2 000
57	HFRG	Rawsonville: Rawsonville Clinic	HT: Clinic	Cape Winelands	1-Apr-14	31-Mar-15	2 000	1 500	-	-	-	-	-
58	HFRG	Riviersonderend: Riviersonderend Clinic	HT: Clinic	Overberg	1-Apr-15	31-Mar-16	500	-	150	350	-	-	-
59	HFRG	Saldanha: Diazville Clinic	HT: Langebaan, Louwville and Veldrif	West Coast	1-Apr-17	31-Mar-20	500	500	-	-	-	-	-
60	HFRG	Saldanha: Diazville Clinic	HT: Clinic	West Coast	1-Apr-15	30-Mar-16	500	-	-	500	-	-	-
61	HFRG	St Helena Bay: Laingville Clinic	HT: Clinic	West Coast	1-Apr-15	30-Mar-16	300	-	-	300	-	-	-
62	HFRG	Stellenbosch: Cloetesville CDC	HT: CDC	Cape Winelands	31-Mar-19	31-Mar-20	4 000	-	-	-	-	-	4 000
63	HFRG	Stellenbosch: Kayamandi CDC	HT: CDC	Cape Winelands	1-Apr-18	31-Mar-19	8 000	-	-	-	-	4 000	4 000
64	HFRG	Stellenbosch: Klipmuts Clinic	HT: Clinic	Cape Winelands	31-Mar-19	31-Mar-20	2 000	-	-	-	-	-	2 000
65	HFRG	Strand: Nomzamo Asanda Clinic	HT: Clinic	City of Cape Town	1-Apr-15	31-Mar-16	4 000	-	4 000	-	-	-	-
66	HFRG	Strand: Nomzamo Asanda Clinic	OD and QA	City of Cape Town	1-Apr-15	31-Mar-16	155	-	155	-	-	-	-
67	HFRG	Van Rynsdorp: Van Rynsdorp clinic	HT: Clinic	West Coast	1-Apr-15	30-Mar-16	300	-	-	300	-	-	-
68	HFRG	Veldrif: Veldrif Clinic	HT: Clinic	West Coast	1-Apr-15	30-Mar-16	500	-	-	500	-	-	-
69	HFRG	Villiersdorp: Villiersdorp Clinic	HT: Clinic	Overberg	1-Apr-18	31-Mar-19	6 500	-	-	-	-	1 500	5 000
70	HFRG	Vredenburg: Louwville Clinic	HT: Clinic	West Coast	1-Apr-15	30-Mar-16	1 000	-	250	750	-	-	-
71	HFRG	Vredenburg: Vredenburg CDC	HT: CDC	West Coast	1-Apr-19	30-Apr-21	10 000	-	-	-	-	-	5 000
72	HFRG	Vredendal: Vredendal North CDC	HT: CDC	West Coast	1-Apr-18	31-Mar-20	45 000	-	-	-	-	500	36 000
73	HFRG	Wellington: Windmeul Clinic	HT: Clinic	Cape Winelands	1-Apr-18	31-Mar-20	1 500	-	-	-	-	-	1 500
74	HFRG	Worseley: Worseley Clinic	HT: Clinic	Cape Winelands	1-Apr-16	30-Mar-17	2 000	-	-	-	2 000	2 000	-
75	HFRG	Worcester: Avian Park Clinic	HT: Clinic	Cape Winelands	1-Apr-16	31-May-19	3 000	-	-	-	-	3 000	-
76	HFRG	Worcester: Worcester CDC	HT: CDC	Cape Winelands	1-Apr-14	30-Apr-15	800	200	600	-	-	-	-
77	HFRG	Various COMHC Facilities	OD: Fire Compliance	0	1-Apr-15	30-Mar-16	390	-	20	-	-	-	-

No	Fund	Facility	Type of infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
Sub-Programme 8.1 Grand Total													
								247 962	221 313	189 616	189 818	622 772	446 169

Schedule 2: Sub-Programme 8.2 Emergency Medical Rescue Services

IRM Project Stage: Identified / feasibility – IGS Project Stage 1													
No	Fund	Facility	Type of infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
1	HFRG	Caledon Ambulance Station	Communication Centre extension to Ambulance Station	Overberg	1-Aug-14	30-Jan-17	4 000	200	500	1 000	100	-	-
2	HFRG	De Doorns Ambulance Station	Ambulance Station Replacement	Cape Winelands	31-Aug-14	30-Jun-17	9 000	200	500	4 500	4 000	-	-
3	HFRG	Du Noon: Du Noon Ambulance Station	New Ambulance Station	City of Cape Town	30-Jan-18	31-May-20	10 000	-	-	-	-	500	9 500
4	HFRG	Gansbaai: Gansbaai Ambulance Station	New Ambulance Station	Overberg	1-Apr-19	31-Dec-20	2 000	-	-	-	-	1 000	1 000
5	HFRG	Grootbrak: Grootbrak Ambulance Station	Ambulance station upgrade and additions	Eden	1-Apr-18	1-Apr-20	1 000	-	-	-	-	1 000	-
6	HFRG	Hout Bay: Hout Bay Ambulance Station	Ambulance station upgrade and additions	City of Cape Town	1-Apr-20	31-Mar-22	8 000	-	-	-	-	-	500
7	HFRG	Laingsburg: Laingsburg Ambulance Station	Ambulance station upgrade and additions	Central Karoo	1-Apr-18	31-Mar-19	3 200	-	-	-	-	3 100	100
8	HFRG	Pinelands: Pinelands Ambulance Station	Ambulance Station renovation	City of Cape Town	30-Nov-18	31-Mar-20	40 000	-	-	-	-	27 500	10 000
9	HFRG	Prince Albert: Prince Albert Ambulance Station	Ambulance station upgrade and additions	Central Karoo	30-Nov-15	31-Mar-18	1 000	-	-	-	500	500	-
10	HFRG	Somerset West: Heiderberg Ambulance Station	New Ambulance Station	City of Cape Town	1-Apr-18	31-Mar-20	10 000	-	-	-	-	1 000	5 900
11	HFRG	Stellenbosch: Stellenbosch Ambulance Station	Ambulance Station Replacement	Cape Winelands	1-Apr-18	31-Mar-20	8 000	-	-	-	-	1 000	6 500
12	HFRG	Swellendam: Swellendam Ambulance Station	Upgrade and Additions	Overberg	31-Mar-15	30-Jun-17	4 000	-	1 500	1 000	500	-	-
13	HFRG	Uniondale: Uniondale Ambulance Station	New Ambulance Station	Central Karoo	1-Apr-18	31-Mar-20	8 000	-	-	-	-	1 000	6 800

No	Fund	Facility	Type of Infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
14	HFRG	Villiersdorp: Villiersdorp Ambulance Station	Ambulance Station Replacement	Overberg	1-Apr-18	31-Mar-20	10 000	-	-	-	-	4 000	5 000
15	HFRG	Various Ambulance Stations	Main: Ambulance Stations		1-Apr-13	1-Mar-20	-	-	7 800	4 000	9 223	4 000	4 000
16	PES	Various Ambulance Stations	Main: Ambulance Stations		1-Apr-13	1-Mar-20	-	4 770	-	-	-	-	-
17	HFRG	Various Ambulance Stations	Routine Main: Ambulance Stations		1-Apr-13	1-Mar-20	-	-	1 711	-	-	-	-
18	PES	Various Ambulance Stations	Routine Main: Ambulance Stations		1-Apr-13	1-Mar-20	-	1 038	-	1 808	1 905	1 099	1 154
IRM Project Stage: Design / Tender – IGS Project Stages 2 - 6A													
1	HFRG	Piketberg: Piketberg Ambulance Station	Ambulance Station Replacement	West Coast	1-Apr-10	30-Jun-16	14 000	500	12 000	500	-	-	-
Health Technology, Organisational Development and Quality Assurance													
1	HFRG	Botrivier: Botrivier EMS	HT: EMS	Overberg	1-Apr-15	31-Mar-16	300	-	-	300	-	-	-
2	HFRG	Caledon: Caledon EMS	HT: EMS	Overberg	1-Apr-14	31-Mar-15	500	-	-	500	-	-	-
3	HFRG	De Doorns: De Doorns Ambulance Station	HT: Ambulance Station	Cape Winelands	31-Mar-16	30-Jun-17	1 200	-	-	-	1 200	-	-
4	HFRG	Du Noon: Du Noon Ambulance Station	HT: Ambulance Station	City of Cape Town	1-Dec-15	31-May-18	1 000	-	-	-	-	-	1 000
5	HFRG	Gansbaai: Gansbaai EMS	HT: Ambulance Station	Overberg	1-Apr-19	31-Dec-20	500	-	-	-	-	-	500
6	HFRG	Grabouw: Grabouw Ambulance Station	HT: Ambulance Station	Overberg	1-Apr-17	31-Aug-19	500	-	-	-	-	500	-
7	HFRG	Groefbrak: Groefbrak Ambulance Station	HT: Ambulance Station	Eden	1-Apr-17	1-Apr-18	300	-	-	-	-	50	-
8	HFRG	Laingsburg: Laingsburg Ambulance Station	HT: Ambulance Station	Central Karoo	1-Apr-17	31-Mar-19	500	-	-	-	-	500	-
9	HFRG	Piketberg: Piketberg Ambulance Station	HT: Ambulance Station	West Coast	1-Apr-10	31-Mar-16	500	-	-	500	-	-	-
10	HFRG	Pinelands: Pinelands EMS	HT: EMS Refurb and Rehab	City of Cape Town	1-Apr-19	31-Mar-20	3 000	-	-	-	-	-	2 000
11	HFRG	Veldrif: Veldrif Ambulance Station	HT: Ambulance Station	West Coast	1-Apr-18	31-Mar-19	500	-	-	-	-	500	-
Sub-Programme 8.2 Grand Total								6 708	24 011	14 108	17 428	47 249	53 954

Schedule 3: Sub-Programme 8.3 District Health Services

No	Fund	Facility	Type of Infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
IRM Project Stage: Identified / Feasibility – IGS Project Stage 1													
1	HFRG	Beaufort West: Beaufort West Hospital	Hospital rationalisation	Central Karoo	1-Apr-16	31-Dec-19	30 000	-	-	500	1 000	15 000	9 000
2	HFRG	Beilville: Karl Bremer Hospital	Hospital Rehabilitation	City of Cape Town	1-Apr-19	31-Mar-25	230 000	-	-	-	-	-	3 000
3	HFRG	Beilville: Karl Bremer Hospital	Masterplan	City of Cape Town	1-Apr-16	31-Mar-18	500	-	500	-	-	-	-
4	HFRG	Ceres: Ceres Hospital	Entrance and security upgrade	Cape Winelands	1-Apr-15	30-Apr-16	1 000	-	-	500	500	-	-
5	HFRG	Eerste River: Eerste River Hospital	Acute Psychiatric Unit	City of Cape Town	1-Mar-15	30-Apr-19	35 000	-	250	1 000	1 000	24 000	750
6	HFRG	Khayelitsha: Khayelitsha Hospital	30 bed Acute Psychiatric Unit	City of Cape Town	1-Jan-15	31-Mar-18	34 000	100	1 000	2 000	5 000	8 000	-
7	HFRG	Khayelitsha: Khayelitsha Hospital	CT Scan Infrastructure	City of Cape Town	1-Aug-14	31-May-17	2 500	100	250	2 250	-	-	-
8	HFRG	Khayelitsha: Khayelitsha Hospital	EC Ventilation Upgrade	City of Cape Town	1-Apr-15	31-Mar-15	6 000	-	5 500	500	-	-	-
9	HFRG	Khayelitsha: Khayelitsha Hospital	Ward completion	City of Cape Town	1-Aug-14	31-May-16	10 500	3 000	9 000	700	-	-	-
10	HFRG	Kraaifontein: Northern Hospital	New District Hospital	City of Cape Town	1-Apr-18	31-Mar-23	500 000	-	-	-	-	5 000	25 000
11	HFRG	Manenberg: New GF Jooste Hospital	Hospital Replacement phase 1	City of Cape Town	1-Jun-15	31-Mar-21	2 000 000	1 500	2 000	-	-	-	-
12	HFRG	Manenberg: New GF Jooste Hospital	Hospital Replacement phase 1	City of Cape Town	1-Jun-15	31-Mar-23	2 000 000	-	-	12 194	10 000	150 000	300 000
13	HFRG	Mitchell's Plain: Mitchell's Plain Hospital	EC Ventilation Upgrade	City of Cape Town	1-Apr-15	31-Mar-15	6 000	-	5 500	500	-	-	-
14	HFRG	Montagu: Montagu Hospital	Rehabilitation of hospital	Cape Winelands	31-Mar-17	31-Mar-19	4 000	-	-	-	100	3 400	-
15	HFRG	Mossel Bay: Mossel Bay New Hospital	Hospital Replacement	Eden	1-Apr-17	31-Mar-21	580 000	-	-	-	500	25 000	100 000
16	HFRG	Murraysburg: Murraysburg Hospital	Rehabilitation of hospital	Central Karoo	1-Apr-18	31-Mar-20	5 000	-	-	-	-	500	4 500
17	HFRG	Retreat: Victoria hospital	Hospital Replacement	City of Cape Town	1-Apr-18	31-Mar-23	820 000	-	-	-	-	2 000	160 000
18	HFRG	Robertson: Robertson Hospital	New EC, Reception and Pharmacy Phase 1	Cape Winelands	1-Jan-16	31-May-20	30 000	-	-	-	500	2 950	19 700
19	HFRG	Somerset: Heiderberg	Emergency Centre temporary accommodation	City of Cape Town	1-Apr-15	31-Mar-17	3 000	-	1 750	-	-	-	-
20	PES	Various DHS Facilities	Main: DHS		1-Apr-13	1-Mar-20	-	877	-	-	-	-	-

No	Fund	Facility	Type of Infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
21	HFRG	Various DHS Facilities	Maintenance (to various facilities to be identified)		1-Apr-13	31-Mar-20	-	53 761	57 500	42 000	64 000	60 000	60 000
22	PES	Various DHS Facilities	Managing Contractor		1-Apr-15	31-Mar-17	-	-	-	17 638	29 684	-	-
23	HFRG	Various DHS Facilities	Routine Main: DHS		1-Apr-13	1-Mar-20	-	-	12 845	-	-	-	-
24	PES	Various DHS Facilities	Routine Main: DHS		1-Apr-13	1-Mar-20	-	7 271	-	12 602	12 451	7 533	7 909
25	HFRG	Various DHS Facilities	Smart Metering		1-Apr-15	1-Mar-17	662	-	662	-	-	-	-
26	PES	Various DHS Facilities	Smart Metering		1-Apr-15	1-Mar-17	972	-	-	479	493	877	921
27	PES	Various DHS Facilities	Maintenance: Pharmacies		1-Apr-13	31-Mar-20	-	-	1 314	5 000	5 000	65 000	70 000
28	HFRG	Various Pharmacies upgrade	Pharmacy rehabilitation		31-Mar-15	1-Mar-17	6 000	-	1 000	4 000	-	-	-
29	HFRG	Vredenburg Hospital	Acute Psychiatric Unit	West Coast	1-Apr-17	31-Mar-19	11 500	-	-	-	1 000	10 000	500
IRM Project Stage: Design / Tender – IGS Project Stages 2 - 6A													
1	HFRG	Bellville: Karl Bremer Hospital	New Bulk Store	City of Cape Town	1-Apr-13	30-Apr-17	15 000	1 000	2 900	10 500	600	-	-
2	HFRG	Citrusdal Hospital	Upgrade and additions of children ward	West Coast	1-Apr-15	31-Dec-16	9 000	-	8 500	500	-	-	-
3	HFRG	Somerset West: Heiderberg Hospital	Emergency Centre Upgrade and Additions	City of Cape Town	1-Apr-13	30-Apr-18	29 000	1 000	5 000	18 000	3 000	2 000	-
4	HFRG	Stellenbosch: Stellenbosch Hospital	Emergency Centre Upgrade and Additions	Cape Winelands	1-Apr-13	31-Jul-18	29 000	650	1 000	3 000	-	10 700	-
5	HFRG	Wynberg: Victoria Hospital	New Emergency Centre	City of Cape Town	1-Apr-12	31-Mar-18	40 000	650	2 000	14 000	15 000	6 000	-
IRM Project Stage: Construction / handover – IGS Project Stage 7													
1	HFRG	Allanits: Westfleur Hospital	Emergency Centre and Paediatric Ward Additions	City of Cape Town	1-Apr-12	1-Dec-16	24 000	6 000	14 000	600	-	-	-
2	HFRG	Bellville: Karl Bremer Hospital	Emergency Centre Upgrade and Additions	City of Cape Town	1-Apr-09	31-Mar-14	61 800	4 514	800	-	-	-	-
3	HFRG	Knysna: Knysna Hospital	Hospital and Ambulance Station Rehabilitation	Eden	1-Apr-09	31-Mar-15	9 200	7 500	500	-	-	-	-
4	HFRG	Knysna: Knysna Hospital	New Emergency Centre and OPD	Eden	1-Apr-09	23-Dec-14	48 629	1 050	-	-	-	-	-

No	Fund	Facility	Type of Infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
5	HFRG	Mitchell's Plain: Mitchell's Plain Hospital	Psychiatric Evaluation Unit	City of Cape Town	1-Mar-13	30-Sep-14	42 500	27 481	200	-	-	-	-
6	HFRG	Vredenburg Hospital	Hospital upgrade Phase 2B	West Coast	1-Apr-07	31-Mar-18	187 500	27 100	2 000	18 000	10 000	30 000	5 000
IRM Project Stage: Retention / final account – IGS Project Stage 9													
1	HFRG	Caledon Hospital	Upgrade - Disa ward phase 2	Overberg	1-Apr-09	31-Jul-13	13 100	150	-	-	-	-	-
2	HFRG	Hermanus: Hermanus Hospital	EC, new wards, OPD and Administration	Overberg	1-Apr-09	31-Mar-13	69 831	200	-	-	-	-	-
3	HFRG	Mitchell's Plain: Mitchell's Plain Hospital	New Hospital	City of Cape Town	1-Apr-05	18-Feb-13	538 800	1 400	500	-	-	-	-
4	HFRG	Robertson: Robertson Hospital	New Bulk Store	Cape Winelands	1-Apr-11	31-May-14	7 065	880	50	-	-	-	-
Projects Completed													
1	HFRG	Bredasdorp: Otto du Plessis Hospital	HT: EC	Overberg	1-Apr-13	31-Mar-14	1 200	1 000	-	-	-	-	-
2	HFRG	Bredasdorp: Otto du Plessis Hospital	HT: Ward	Overberg	1-Apr-15	31-Mar-16	500	-	500	-	-	-	-
3	HFRG	Khayelitsha: Khayelitsha Hospital	New Hospital and Ambulance Station	City of Cape Town	1-Apr-05	30-Oct-11	530 000	2 000	-	-	-	-	-
4	HFRG	Knysna: Knysna Hospital	HT: EC	Eden	1-Apr-13	31-Jul-14	12 000	3 500	-	-	-	-	-
5	HFRG	Mitchell's Plain: Mitchell's Plain Hospital	HT: Hospital	City of Cape Town	1-Apr-11	1-Jun-14	83 000	6 500	-	-	-	-	-
6	HFRG	Robertson: Robertson Hospital	HT: Bulk Store	Cape Winelands	1-Apr-14	31-Mar-15	500	500	-	-	-	-	-
Health Technology, Organisational Development and Quality Assurance													
1	HFRG	Atlantis: Westfleur Hospital	HT: EC	City of Cape Town	1-Apr-15	30-Sep-16	16 000	-	5 000	3 000	-	-	-
2	HFRG	Beaufort West: Beaufort West Hospital	HT: Hospital	Central Karoo	1-Apr-16	31-Dec-19	16 000	-	-	-	-	8 000	8 000
3	HFRG	Beaufort West: Beaufort West Hospital	HT: Hospital Office accommodation: Extension to Nelspoort Contract	Central Karoo	1-Apr-15	31-Mar-16	800	-	-	800	-	-	-
4	HFRG	Beaufort West: Beaufort West Hospital	HT: Radiology	Central Karoo	1-Apr-14	31-Mar-15	1 200	1 200	-	-	-	-	-
5	HFRG	Beilville: Karl Bremer Hospital	HT: EC	City of Cape Town	1-Apr-13	31-Mar-15	27 000	6 500	-	-	-	-	-
6	HFRG	Beilville: Karl Bremer Hospital	HT: Store	City of Cape Town	1-Apr-16	31-Mar-17	2 000	-	-	2 000	-	-	-
7	HFRG	Citrusdal: Hospital	HT: Hospital	West Coast	1-Apr-15	31-Mar-16	2 000	-	316	1 684	-	-	-

No	Fund	Facility	Type of infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
8	HFRG	Clanwilliam: Clanwilliam Hospital	HT: Hospital	West Coast	1-Apr-15	31-Mar-16	1 000	-	500	500	-	-	-
9	HFRG	Eerste River: Eerste River Hospital	HT: Acute Psychiatric Unit	City of Cape Town	1-Apr-16	30-Dec-18	4 000	-	-	-	-	4 000	-
10	HFRG	False Bay Hospital	HT: General Upgrade	City of Cape Town	1-Apr-14	31-Mar-15	1 300	1 300	-	-	-	-	-
11	HFRG	Fish Hoek: False Bay Hospital	HT: EC & Wards	City of Cape Town	1-Apr-15	30-Mar-17	3 000	-	1 500	1 500	-	-	-
12	HFRG	Hermanus: Hermanus Hospital	HT: Hospital	Overberg	1-Apr-13	31-Mar-14	5 000	252	-	-	-	-	-
13	HFRG	Khayelitsha: Khayelitsha Hospital	HT: Hospital	City of Cape Town	1-Apr-15	31-May-16	3 500	-	1 000	2 500	-	-	-
14	HFRG	Khayelitsha: Khayelitsha Hospital	HT: Hospital (CT Scan)	City of Cape Town	1-Apr-16	31-Mar-17	6 000	-	-	6 000	-	-	-
15	HFRG	Khayelitsha: Khayelitsha Hospital	HT: PACS-RIS	City of Cape Town	1-Apr-15	31-Mar-16	3 600	-	3 600	-	-	-	-
16	HFRG	Khayelitsha: Khayelitsha Hospital	HT: Acute Psychiatric Unit	City of Cape Town	1-Apr-16	31-Mar-17	3 000	-	-	-	-	3 000	-
17	HFRG	Khayelitsha: Khayelitsha Hospital	HT: Waste Management	City of Cape Town	1-Apr-15	30-Mar-17	4 000	-	2 000	2 000	-	-	-
18	HFRG	Knysna: Knysna Hospital	OD and QA	Eden	1-Apr-14	31-Mar-15	400	400	-	-	-	-	-
19	HFRG	Malmesbury: Swartland Hospital	HT: Hospital	West Coast	1-Apr-14	31-Mar-15	2 500	95	-	-	-	-	-
20	HFRG	Manenberg: New GF Jooste Hospital	HT: Hospital	City of Cape Town	1-Apr-19	31-Mar-21	150 000	-	-	-	-	-	60 000
21	HFRG	Mitchell's Plain: Mitchell's Plain Hospital	HT: PACS-RIS	City of Cape Town	1-Apr-14	31-Mar-15	3 600	-	3 600	-	-	-	-
22	HFRG	Mitchell's Plain: Mitchell's Plain Hospital	OD and QA	City of Cape Town	1-Apr-08	1-Mar-15	12 042	150	-	-	-	-	-
23	HFRG	Mitchell's Plain: Mitchell's Plain Hospital	OD: SCM Support	City of Cape Town	1-Apr-14	31-Mar-18	16 033	3 395	4 329	4 567	4 796	5 050	5 318
24	HFRG	Mitchell's Plain: Mitchell's Plain Hospital	HT: Acute Psychiatric Unit	City of Cape Town	1-Apr-14	31-Mar-15	2 500	2 500	-	-	-	-	-
25	HFRG	Montagu: Montagu Hospital	HT: Hospital	Cape Winelands	31-Mar-18	31-Mar-19	3 000	-	-	-	-	3 000	-
26	HFRG	Mossel Bay: Mossel Bay Hospital	HT: Kangaroo unit and Digital X-ray system	Eden	1-Apr-15	31-Mar-16	2 500	-	2 500	-	-	-	-
27	HFRG	Oudshoorn: Oudshoorn Hospital	HT: Digital x-ray system	Eden	1-Apr-15	31-Mar-16	2 000	-	2 000	-	-	-	-
28	HFRG	Piketberg: Radie Kotze hospital	HT: Hospital	West Coast	1-Apr-15	31-Mar-16	600	-	-	600	-	-	-
29	HFRG	Prince Albert: Prince Albert Hospital	HT: Hospital	Central Karoo	1-Apr-14	31-Mar-15	300	300	-	-	-	-	-
30	HFRG	Provincial HT Project: Digital X-ray units for 2 sites (R5m) / year	HT: Digital x-ray system		1-Apr-18	31-Mar-30	-	-	-	-	-	5 000	5 000

No	Fund	Facility	Type of infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
31	HFRG	Robertson: Robertson Hospital	HT: EC	Cape Winelands	1-Jan-18	1-Jan-20	10 000	-	-	-	-	9 000	1 000
32	HFRG	Somerset West: Heiderberg Hospital	HT: EC	City of Cape Town	1-Apr-15	31-Mar-17	8 000	-	-	3 000	5 000	-	-
33	HFRG	Stellenbosch: Stellenbosch Hospital	HT: EC	Cape Winelands	1-Apr-15	31-Mar-17	8 000	800	-	1 000	6 000	1 000	-
34	HFRG	Various DHS Facilities	OD: Fire Compliance		1-Apr-15	30-Mar-16	400	-	400	-	-	-	-
35	HFRG	Vredenburg: Vredenburg Hospital	HT: Hospital	West Coast	1-Apr-04	31-Mar-16	22 500	2 000	500	-	-	-	-
36	HFRG	Vredenburg: Vredenburg Hospital	OD and QA	West Coast	1-Apr-04	31-Mar-18	7 030	244	-	50	300	316	333
37	HFRG	Vredenburg: Vredenburg Hospital	OD: Project Support	West Coast	1-Apr-14	31-Mar-18	2 869	600	753	794	833	877	924
38	HFRG	Vredenburg: Vredenburg Hospital	OD: SCM Support	West Coast	1-Apr-14	31-Mar-18	2 496	638	832	878	922	971	1 022
39	HFRG	Vredenburg: Vredenburg Hospital	HT: Acute Psychiatric Unit	West Coast	1-Apr-17	31-Mar-19	3 000	-	-	-	-	1 000	2 000
40	HFRG	Vredendal: Vredendal Hospital	HT: Hospital	West Coast	1-Apr-13	31-Mar-15	2 000	2 000	-	-	-	-	-
41	HFRG	Vredendal: Vredendal Hospital	HT: Hospital	West Coast	1-Apr-15	30-Mar-16	800	-	800	-	-	-	-
42	HFRG	Wynberg: Victoria Hospital	HT: EC	City of Cape Town	1-Apr-16	31-Mar-17	16 000	-	-	-	-	16 000	-
Sub-Programme 8.3 Grand Total								182 058	166 651	197 336	177 679	485 174	849 876

Schedule 4: Sub-Programme 8.4 Provincial Hospital Services

No	Fund	Facility	Type of infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
IRM Project Stage: Identified / feasibility - IGS Project Stage 1													
1	HFRG	Beihar: Tygerberg Regional Hospital	Replacement Hospital Phase 1	City of Cape Town	1-Apr-15	31-Mar-23	2 400 000	-	-	100	1 000	50 000	300 000
2	HFRG	Green Point: Somerset Hospital	Acute Psychiatric Unit	City of Cape Town	1-Mar-15	31-Mar-18	34 000	200	500	5 000	5 000	23 000	500
3	HFRG	Green Point: Somerset Hospital	Upgrading of theatres and ventilation	City of Cape Town	1-Feb-15	30-Jun-17	17 000	-	1 000	4 000	12 000	1 000	-

No	Fund	Facility	Type of infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
4	HFRG	Mitchell's Plain: Lentegour Hospital	Conference Centre Upgrade	City of Cape Town	30-Jul-14	30-Apr-15	500	500	-	-	-	-	-
5	HFRG	Observatory: Valkenberg Hospital	Relocation of William Slater to Ward 15 and 16	City of Cape Town	1-Oct-15	31-Mar-19	40 000	-	100	100	1 000	23 000	2 900
6	HFRG	Somersel West: Heiderberg Hospital	Hospital Replacement	City of Cape Town	1-Mar-16	31-Mar-24	1 300 000	-	-	500	500	50 000	250 000
7	PES	Stikland: Stikland Hospital	Ex-pharmacy to be converted to archive	City of Cape Town	1-Apr-14	30-Sep-17	8 000	-	1 000	-	-	-	-
8	PES	Various PHS Facilities	Main: PHS		1-Apr-13	1-Mar-20	-	26 773	-	-	-	-	-
9	HFRG	Various PHS Facilities	Routine Main: PHS		1-Apr-13	1-Mar-20	-	-	9 045	-	-	-	-
10	PES	Various PHS Facilities	Routine Main: PHS		1-Apr-13	1-Mar-20	-	8 421	-	8 744	8 311	12 643	13 275
11	HFRG	Various PHS Facilities	Smart Metering		1-Apr-15	1-Mar-17	210	-	210	-	-	-	-
12	PES	Various PHS Facilities	Smart Metering		1-Apr-15	1-Mar-17	326	-	-	159	167	-	-
13	HFRG	Various PHS Facilities	Maintenance: Pharmacies		1-Apr-13	1-Mar-20	-	-	44 954	30 000	56 000	60 000	60 000
14	HFRG	Worcester: Worcester Hospital	Fire compliance	Cape Winelands	1-Apr-15	31-Mar-16	6 000	-	500	5 500	-	-	-
IRM Project Stage: Design / Tender – IGS Project Stages 2 - 6A													
1	HFRG	Observatory: Valkenberg Hospital	Acute Precinct Redevelopment	City of Cape Town	1-Apr-10	31-Mar-24	491 000	-	4 500	-	-	-	-
2	HFRG	Observatory: Valkenberg Hospital	Forensic Precinct Enabling Work	City of Cape Town	1-Apr-10	31-Mar-19	40 000	800	3 000	1 000	1 000	5 000	-
3	HFRG	Observatory: Valkenberg Hospital	Forensic Precinct: Admission, Assessment, High Security, Medium Security	City of Cape Town	1-Apr-10	30-Sep-21	243 000	-	4 000	1 000	1 000	60 000	60 000
4	HFRG	Observatory: Valkenberg Hospital	Forensic Precinct: Low Security, Chronic and OT	City of Cape Town	1-Apr-10	31-Mar-24	256 000	-	4 200	-	-	5 000	35 000
5	PES	Observatory: Valkenberg Hospital	Masterplan up to stage 3	City of Cape Town	1-Apr-08	30-Sep-13	25 000	1 000	-	-	-	-	-
6	HFRG	Observatory: Valkenberg Hospital	Pharmacy and OPD	City of Cape Town	1-Apr-10	30-Sep-20	43 000	-	-	-	-	20 000	23 000
7	HFRG	Observatory: Valkenberg Hospital	Renovations to the historical administration building (phase 2)	City of Cape Town	1-Apr-10	31-Mar-18	56 000	-	5 000	-	-	4 000	-
8	HFRG	Paarl: Paarl Hospital	Psychiatric Evaluation Unit	Cape Winelands	1-Apr-11	30-Jun-16	42 500	4 000	30 000	1 000	-	-	-

No	Fund	Facility	Type of infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
IRM Project Stage: Construction / handover – IGS Project Stage 7													
1	HFRG	George: George Regional Hospital	Psychiatric Evaluation Unit	Eden	12-Aug-12	23-Dec-14	21 100	5 700	1 200	-	-	-	-
2	HFRG	Observatory: Valkenberg Hospital	Renovations to the historical administration building (phase 1)	City of Cape Town	1-Apr-10	31-Dec-16	98 000	40 295	43 000	15 600	-	-	-
3	HFRG	Worcester: Worcester Hospital	Hospital Upgrade Phase 5	Cape Winelands	1-Apr-12	28-Feb-16	38 000	16 000	18 000	2 500	-	-	-
IRM Project Stage: Retention / final account – IGS Project Stage 9													
1	HFRG	Brooklyn: Brooklyn Chest TB Hospital	New MDR & XDR wards	City of Cape Town	1-Apr-09	31-May-13	28 820	300	300	-	-	-	-
2	HFRG	Paarl: Paarl Hospital	Hospital revitalisation	Cape Winelands	1-Apr-00	23-Mar-12	499 600	2 500	-	-	-	-	-
3	HFRG	Worcester: Worcester Hospital	Hospital Upgrade Phase 4	Cape Winelands	1-Apr-08	30-Nov-12	61 378	500	-	-	-	-	-
Projects Completed													
1	HFRG	Brooklyn: Brooklyn Chest TB Hospital	HT: Hospital	City of Cape Town	1-Apr-13	31-Mar-14	500	500	-	-	-	-	-
2	HFRG	George: George Regional Hospital	Hospital Upgrade Phase 3	Eden	1-Apr-08	1-Jul-12	90 964	900	-	-	-	-	-
3	HFRG	George: George Regional Hospital	HT: ECM	Eden	1-Apr-13	31-Mar-14	5 985	2 600	-	-	-	-	-
4	HFRG	George: George Regional Hospital	HT: Hospital	Eden	1-Apr-12	31-Mar-14	25 410	1 299	-	-	-	-	-
5	HFRG	Paarl: Paarl Hospital	HT: Hospital	Cape Winelands	1-Apr-04	1-Mar-11	41 000	878	-	-	-	-	-
6	HFRG	Brooklyn: Brooklyn Chest TB Hospital	HT: Hospital	City of Cape Town	1-Apr-13	31-Mar-14	500	500	-	-	-	-	-
Health Technology, Organisational Development and Quality Assurance													
1	HFRG	Belville: Stikland Hospital	HT: Hospital	City of Cape Town	1-Apr-15	30-Mar-16	2 000	-	2 000	-	-	-	-
2	HFRG	Belville: Stikland Hospital	HT: Ward	City of Cape Town	1-Apr-15	31-Mar-18	3 500	-	-	1 000	1 000	1 500	-
3	HFRG	George: George Regional Hospital	HT: PACS-RIS	Eden	1-Apr-14	31-Mar-15	3 600	3 600	-	-	-	-	-
4	HFRG	George: George Regional Hospital	OD: SCM Support	Eden	1-Apr-14	31-Mar-24	2 208	241	636	671	704	741	781
5	HFRG	Green Point: Somerset Hospital	HT: Hospital	City of Cape Town	1-Apr-13	31-Mar-15	7 500	1 124	-	-	-	-	-
6	HFRG	Green Point: Somerset Hospital	HT: Theatre Complex Upgrade	City of Cape Town	1-Apr-13	31-Mar-17	8 000	-	4 000	4 000	-	-	-
7	HFRG	Green Point: Somerset Hospital	HT: Acute Psychiatric Unit	City of Cape Town	1-Apr-13	31-Mar-18	3 000	-	-	-	-	3 000	-

No	Fund	Facility	Type of infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
8	HFRG	Maitland: Alexandra Hospital	HI: Forensic wards	City of Cape Town	1-Apr-14	31-Mar-15	2 000	3 500	-	-	-	-	-
9	HFRG	Mitchell's Plain: Lentegeur Hospital	HI: Conference Centre	City of Cape Town	1-Apr-15	30-Apr-16	500	-	500	-	-	-	-
10	HFRG	Mitchell's Plain: Lentegeur Hospital	HI: Acute Psychiatric Unit	City of Cape Town	1-Apr-15	31-Mar-18	6 000	-	1 500	2 000	1 500	1 000	-
11	HFRG	Observatory: Valkenberg Hospital	HI: Hospital	City of Cape Town	1-Apr-15	31-Mar-24	50 000	-	6 200	-	-	8 000	8 000
12	HFRG	Observatory: Valkenberg Hospital	OD and QA	City of Cape Town	1-Apr-12	1-Mar-19	1 944	645	250	353	1 340	-	-
13	HFRG	Observatory: Valkenberg Hospital	OD: Commissioning Support	City of Cape Town	1-Apr-14	31-Mar-18	3 636	760	953	1 005	1 005	1 058	1 114
14	HFRG	Observatory: Valkenberg Hospital	OD: Project Support	City of Cape Town	1-Apr-14	31-Mar-18	2 948	616	772	815	856	901	949
15	HFRG	Paarl: Paarl Hospital	HI: PACS-RIS	Cape Winelands	1-Apr-14	31-Mar-15	3 600	3 400	-	-	-	-	-
16	HFRG	Paarl: Paarl Hospital	OD and QA	Cape Winelands	1-Apr-04	31-Mar-15	288	-	280	-	-	-	-
17	HFRG	Paarl: Paarl Hospital	HI: Acute Psychiatric Unit	Cape Winelands	1-Apr-16	31-Mar-17	4 000	-	-	3 000	1 000	-	-
18	HFRG	Somerset West: Heiderberg Hospital	HI: Hospital	City of Cape Town	1-Apr-19	31-Mar-22	140 000	-	-	-	-	-	10 000
19	HFRG	Somerset West: Heiderberg Hospital	OD and QA	City of Cape Town	1-Apr-17	31-Mar-21	3 200	-	-	-	430	453	477
20	HFRG	Various PHS Facilities	OD: Fire Compliance		1-Apr-15	30-Mar-16	20	-	390	-	-	-	-
21	HFRG	Worcester: Worcester Hospital	HI: Hospital	Cape Winelands	1-Apr-04	31-Mar-14	27 029	3 500	-	-	-	-	-
22	HFRG	Worcester: Worcester Hospital	HI: PACS-RIS	Cape Winelands	1-Apr-14	31-Mar-15	3 600	3 600	-	-	-	-	-
23	HFRG	Worcester: Worcester Hospital	OD and QA	Cape Winelands	1-Apr-04	1-Mar-15	7 378	741	-	-	-	-	-
24	HFRG	Worcester: Worcester Hospital	OD: Project Support	Cape Winelands	1-Apr-14	31-Mar-18	2 671	735	904	953	1 001	1 054	1 110
Sub-Programme 8.4 Grand Total								135 700	188 894	89 000	94 814	331 351	767 106

Schedule 5: Sub-Programme 8.5 Central Hospital Services

No	Fund	Facility	Type of infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
IRM Project Stage: Identified / feasibility – IGS Project Stage 1													
1	PES	Observatory: Groote Schuur Hospital	Masterplan	City of Cape Town	1-Apr-18	31-Mar-19	1 000	-	-	-	-	1 000	-
2	HFRG	Parow: Tygerberg Central Hospital	Hospital Replacement (PPP)	City of Cape Town	1-Apr-12	31-Mar-23	7 800 000	8 000	12 000	5 000	5 900	335 000	1 250 000
3	HFRG	Parow: Tygerberg Hospital	CD WEST (EC phase 2)	City of Cape Town	1-Jun-14	31-Mar-18	14 000	500	1 300	12 400	700	-	-
4	HFRG	Parow: Tygerberg Hospital	General Paediatric Outpatient Service Renovations	City of Cape Town	1-Apr-14	31-Oct-16	8 000	1 900	-	-	-	-	-
5	PES	Parow: Tygerberg Hospital	Sunheart Trust	City of Cape Town	1-Apr-14	31-Mar-15	231	231	-	-	-	-	-
6	HFRG	Rondebosch: Red Cross Children's Hospital	Emergency Centre Upgrade and Additions	City of Cape Town	1-Jan-18	31-Mar-20	50 000	-	-	-	-	35 000	12 500
7	HFRG	Rondebosch: Red Cross Children's Hospital	Masterplan	City of Cape Town	1-Apr-15	31-Mar-16	750	-	250	500	-	-	-
8	HFRG	Rondebosch: Red Cross Children's Hospital	New Store	City of Cape Town	1-Mar-18	31-Oct-19	8 000	-	-	-	-	7 000	1 000
9	PES	Rondebosch: Red Cross Children's Hospital	Project in Partnership with CHT	City of Cape Town	1-Apr-15	31-Mar-24	55 000	-	10 000	10 000	10 000	-	5 000
10	PES	Rondebosch: Red Cross Children's Hospital	Project in Partnership with CHT	City of Cape Town	31-Mar-19	31-Mar-24	30 000	-	-	-	-	-	5 000
11	PES	Various CHS Facilities	Main: CHS		1-Apr-13	1-Mar-20	-	8 820	-	-	-	-	-
12	HFRG	Various CHS Facilities	Maintenance (to various facilities to be identified)		1-Apr-13	31-Mar-20	-	36 383	41 000	49 878	64 350	48 000	48 000
13	HFRG	Various CHS Facilities	Routine Main: CHS		1-Apr-13	1-Mar-20	-	-	6 250	-	-	-	-
14	PES	Various CHS Facilities	Routine Main: CHS		1-Apr-13	1-Mar-20	-	9 307	-	6 600	6 963	10 019	10 520
15	HFRG	Various CHS Facilities	Smart Metering		1-Apr-15	1-Mar-17	170	-	170	-	-	-	-
16	PES	Various CHS Facilities	Smart Metering		1-Apr-15	1-Mar-17	-	-	-	179	175	-	-
IRM Project Stage: Design / Tender – IGS Project Stages 2 - 6A													
1	HFRG	Observatory: Groote Schuur Hospital	Central Kitchen: Floor Replacement	City of Cape Town	1-Jun-13	31-Oct-15	3 500	600	3 198	-	-	-	-

No	Fund	Facility	Type of infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
2	HFRG	Observatory: Groote Schuur Hospital	Emergency Centre Upgrade and Additions	City of Cape Town	1-Apr-12	31-Mar-21	120 000	1 500	5 000	2 000	10 000	38 000	22 000
3	HFRG	Observatory: Groote Schuur Hospital	Hybrid theatre	City of Cape Town	1-Apr-13	31-Dec-15	15 000	500	13 544	40	-	-	-
4	HFRG	Observatory: Groote Schuur Hospital	New Linear Accelerator Installation New Bunker	City of Cape Town	1-Jun-13	31-May-15	23 000	10 000	9 520	-	-	-	-
IRM Project Stage: Construction / handover – IGS Project Stage 7													
1	HFRG	Parow: Tygerberg Hospital	Emergency Centre Upgrade and Additions	City of Cape Town	1-Apr-09	31-Mar-14	14 600	771	-	-	-	-	-
Health Technology, Organisational Development and Quality Assurance													
1	HFRG	Observatory: Groote Schuur Hospital	HI: CAT LAB	City of Cape Town	1-Apr-14	31-Mar-14	16 000	16 000	-	-	-	-	-
2	HFRG	Observatory: Groote Schuur Hospital	HI: EC	City of Cape Town	1-Apr-18	31-Mar-20	20 000	-	-	-	-	10 000	10 000
3	HFRG	Observatory: Groote Schuur Hospital	HI: Major equipment	City of Cape Town	1-Apr-14	31-Mar-15	12 300	42 900	-	-	-	-	-
4	HFRG	Observatory: Groote Schuur Hospital	HI: New LINAC	City of Cape Town	1-Jun-13	31-Mar-15	17 000	4 193	-	-	-	-	-
5	HFRG	Observatory: Groote Schuur Hospital	HI: Radiotherapy Upgrade	City of Cape Town	1-Apr-13	31-Mar-15	12 000	-	10 000	2 000	-	-	-
6	HFRG	Parow: Tygerberg Hospital	HI: Biplanar Angiography	City of Cape Town	1-Apr-14	31-Mar-15	10 500	10 500	-	-	-	-	-
7	HFRG	Parow: Tygerberg Hospital	HI: CT Scan	City of Cape Town	1-Apr-14	31-Mar-15	8 500	8 500	-	-	-	-	-
8	HFRG	Parow: Tygerberg Hospital	HI: Major equipment	City of Cape Town	1-Apr-14	31-Mar-15	15 556	13 000	-	-	-	-	-
9	HFRG	Parow: Tygerberg Hospital	HI: New LINAC	City of Cape Town	1-Oct-13	1-May-14	35 000	9 550	-	-	-	-	-
10	HFRG	Parow: Tygerberg Hospital	OD: Project Support	City of Cape Town	1-Apr-14	31-Mar-18	13 776	3 064	3 783	3 991	4 191	4 413	4 647
11	HFRG	Parow: Tygerberg Hospital	HI: Ophthalmology	City of Cape Town	1-Apr-15	31-Mar-16	8 550	-	8 550	-	-	-	-
12	HFRG	Parow: Tygerberg Hospital	HI: Ward	City of Cape Town	1-Apr-15	31-Mar-16	6 000	-	2 000	2 000	2 000	-	-
13	HFRG	Various CHS Facilities	OD: Fire Compliance		1-Apr-15	30-Mar-16	200	-	200	-	-	-	-
Sub-Programme 8.5 Grand Total								186 219	126 765	94 588	104 279	488 432	1 368 667

Schedule 6: Sub-Programme 8.6 Other Facilities

No	Fund	Facility	Type of infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
IRM Project Stage: Identified / feasibility – IGS Project Stage 1													
1	HFRG	Bellville: Bellville engineering workshop	Hub and Spoke Implementation	City of Cape Town	1-Apr-15	1-Mar-18	22 546	-	4 546	8 000	10 000	10 530	11 088
2	HFRG	Knyasa: Knyasa FPL	FPL Replacement	Eden	1-Nov-14	31-Mar-19	17 400	50	500	1 000	1 000	8 600	-
3	HFRG	Laingsburg: Laingsburg FPL	FPL Replacement	Central Karoo	1-Nov-14	30-Apr-17	9 500	100	500	500	1 000	2 000	-
4	HFRG	Parow: Cape Medical Depot	Cape Medical Depot replacement	City of Cape Town	1-Apr-15	31-Mar-18	180 000	-	500	1 000	10 000	85 000	60 000
5	HFRG	Parow: Tygerberg Forensic Pathology Laboratory	FPL Replacement	City of Cape Town	1-Apr-18	31-Mar-21	38 000	-	-	-	-	5 500	25 000
6	HFRG	Stellenbosch: Stellenbosch FPL	FPL Replacement	Cape Winelands	1-Apr-18	31-Mar-21	15 000	-	-	-	-	400	3 500
7	HFRG	Thornton: Western Cape Rehabilitation Centre	Orthotic & Prosthetic Centre upgrade	City of Cape Town	1-Dec-14	31-Mar-18	25 000	-	500	500	5 000	7 500	-
8	PES	Various OF Facilities	Main: OF		1-Apr-13	1-Mar-20	-	7 738	-	-	-	-	-
9	HFRG	Various OF Facilities	Maintenance (to various facilities to be identified)		1-Apr-18	31-Mar-20	-	10 000	10 000	15 000	14 000	9 000	12 000
10	PES	Various OF Facilities	Maintenance (to various facilities to be identified)		1-Apr-16	31-Mar-17	-	-	-	15 000	-	-	-
11	HFRG	Various OF Facilities	Routine Main: OF		1-Apr-13	1-Mar-20	-	1 097	-	-	-	-	-
12	PES	Various OF Facilities	Routine Main: OF		1-Apr-13	1-Mar-20	-	2 030	-	1 158	1 223	3 292	3 456
13	HFRG	Vredenburg: Vredenburg FPL	FPL Replacement	West Coast	1-Apr-18	31-Mar-20	15 000	-	-	-	-	14 500	500
14	HFRG	Walseley: Walseley Forensic Pathology Laboratory	FPL Replacement	Cape Winelands	1-Apr-19	31-Mar-21	9 000	-	-	-	-	-	1 000
IRM Project Stage: Design / Tender – IGS Project Stages 2 - 6A													
1	HFRG	George: Eden Nurse College	Nurse hostel upgrade (York Hostel)	Eden	1-Apr-13	31-Mar-17	20 000	500	5 000	11 000	4 300	-	-
2	HFRG	Observatory: Forensic Pathology Centre	FPL Replacement	City of Cape Town	1-Apr-12	31-Mar-18	223 000	500	8 000	5 000	10 000	60 000	60 000
3	HFRG	Worcester: Boland Nurse College	Nurses accommodation at Erica Hostel, R & R	Cape Winelands	1-Apr-12	31-May-16	23 100	800	18 023	1 700	-	1 977	-

No	Fund	Facility	Type of Infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
IRM Project Stage: Construction / handover – IGS Project Stage 7													
4	HFRG	Worcester: Boland Nurse College	Training facility at Keerom	Cape Wineands	1-Apr-12	31-May-18	24 000	500	1 000	9 500	11 000	1 000	-
1	HFRG	Worcester: Boland Nurse College	Nurses accommodation at the Erica hostel additions	Cape Wineands	1-Apr-12	31-Aug-15	11 885	4 300	5 800	600	1 300	-	-
IRM Project Stage: Retention / final account – IGS Project Stage 9													
1	HFRG	Mitchell's Plain: Lentegeur Regional Laundry	Boiler House Upgrade including, supply, install, and commissioning of one coal fired boiler	City of Cape Town	1-Apr-12	28-Feb-14	9 500	350	-	-	-	-	-
2	HFRG	Mitchell's Plain: Lentegeur Regional Laundry	Regional Laundry Upgrade & Extension	City of Cape Town	1-Apr-11	30-Jun-13	55 000	100	-	-	-	-	-
Projects Completed													
1	HFRG	Beaufort West: Beaufort West Forensic Pathology Lab	FPL Replacement	Central Karoo	1-Apr-09	31-Mar-12	11 461	50	-	-	-	-	-
Health Technology, Organisational Development and Quality Assurance													
1	HFRG	Bellville: Bellville engineering workshop	OD: Capacitation	City of Cape Town	1-Apr-14	31-Mar-24	10 006	2 224	2 767	2 919	3 065	3 227	3 398
2	PES	Bellville: Bellville engineering workshop	OD: Infra Support	City of Cape Town	1-Apr-12	31-Mar-24	-	-	85	89	94	99	104
3	HFRG	Engineering and Technical Services	OD: Capacitation	City of Cape Town	1-Apr-14	31-Mar-24	4 870	905	1 264	1 333	1 400	1 474	1 552
4	PES	Engineering and Technical Services	OD: Infra Support	City of Cape Town	1-Apr-14	31-Mar-24	1 424	270	427	450	473	498	524
5	HFRG	George: Eden Nurse College	HI: Training College	Eden	1-Apr-13	31-Mar-15	2 000	-	1 000	-	-	-	-
6	HFRG	Health Technology	OD: Capacitation	City of Cape Town	1-Apr-14	31-Mar-24	18 846	3 456	4 023	4 244	4 457	4 693	4 942
7	PES	Health Technology	OD: Infra Support	City of Cape Town	1-Apr-14	31-Mar-24	2 807	553	1 369	1 444	1 516	1 596	1 681
8	HFRG	Infrastructure Management: CD	OD: Capacitation	City of Cape Town	1-Apr-14	31-Mar-24	11 374	2 508	2 694	2 842	2 984	3 142	3 309
9	PES	Infrastructure Management: CD	OD: Infra Support	City of Cape Town	1-Apr-14	31-Mar-24	4 984	1 071	1 934	2 040	2 142	2 256	2 375
10	HFRG	Infrastructure Planning	OD: Capacitation	City of Cape Town	1-Apr-14	31-Mar-24	35 548	5 997	7 374	7 780	8 168	8 601	9 057
11	PES	Infrastructure Planning	OD: Infra Support	City of Cape Town	1-Apr-14	31-Mar-24	9 155	2 533	2 327	2 455	2 578	2 715	2 859
12	HFRG	Infrastructure Programme Delivery	OD: Capacitation	City of Cape Town	1-Apr-14	31-Mar-24	40 266	7 407	10 164	10 723	11 259	11 856	12 484

No	Fund	Facility	Type of infrastructure	District Municipality	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	2018/19 R000's	2019/20 R000's
13	PES	Infrastructure Programme Delivery	OD: Intra Support	City of Cape Town	1-Apr-14	31-Mar-24	22 623	1 317	3 689	3 892	4 087	4 304	4 532
14	HFRG	Knyasna: Knyasna FPL	HT: FPL	Eden	1-Apr-17	31-Mar-19	4 000	-	-	-	-	4 000	-
15	HFRG	Laiingsburg: Laiingsburg FPL	HT: FPL	Central Karoo	31-Mar-19	31-Mar-19	800	-	-	-	400	400	-
16	HFRG	Observatory: Observatory Forensic Pathology Centre	HT: FPL	City of Cape Town	1-Apr-17	31-May-19	40 000	5 300	-	-	10 000	30 000	-
17	HFRG	Observatory: Observatory Forensic Pathology Centre	OD and QA	City of Cape Town	1-Apr-18	30-Sep-19	300	-	-	-	-	300	316
18	HFRG	Parow: Cape Town Depot	HT: Cape Medical Depot	City of Cape Town	1-Apr-17	31-Mar-21	20 000	-	-	-	-	-	15 000
19	HFRG	Parow: Cape Town Depot	HT: CMD	City of Cape Town	1-Apr-19	31-Mar-22	30 000	-	-	-	-	15 000	15 000
20	HFRG	Sikland: Sikland Nurse College	HT: College	City of Cape Town	1-Apr-14	30-Apr-15	1 900	1 900	-	-	-	-	-
21	HFRG	Thornton: Western Cape Rehabilitation Centre	HT: O&PC	City of Cape Town	1-Feb-18	31-Mar-19	8 000	-	-	-	-	8 000	-
22	HFRG	Vredenburg: Vredenburg FPL	HT: FPL	West Coast	1-Apr-18	31-Mar-19	2 000	-	-	-	-	2 000	-
23	HFRG	Vredendal: FPL	HT: FPL	West Coast	1-Apr-15	30-Mar-16	500	-	500	-	-	-	-
24	HFRG	Worcester: Boland Nurse College	HT: College	Cape Winelands	1-Apr-18	30-Apr-19	2 000	-	-	-	-	2 000	-
25	HFRG	Worcester: Boland Nurse College	HT: Additional Nurses accommodation: Erica Hostel	Cape Winelands	1-Apr-12	31-Aug-16	2 500	-	2 500	-	-	-	-
26	HFRG	Worcester: Boland Nurse College	HT: Training Facility: Keerom	Cape Winelands	1-Apr-17	31-May-18	3 000	-	-	-	-	3 000	-
Sub-programme 8.6 Grand Total								52 459	97 583	110 169	121 446	318 460	253 678



Part C

Links to Other Plans

PART C: LINKS TO OTHER PLANS

Links to Long-term Infrastructure and Other Plans

Table C.1: New and Replacement Assets

NO	PROJECT NAME	SUB-PROGRAMME	DISTRICT / MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPROPRIATION	ADJUSTED APPROPRIATION 2014/15 R000's	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12 R000's	2012/13 R000's	2013/14 R000's				2015/16 R000's	2016/17 R000's	2017/18 R000's
1	Athlone: Dr Abdurahman CDC	8.1	City of Cape Town	CDC Replacement	-	-	-	-	-	-	250	500	1 000
2	Beaufort West :Beaufort West Forensic Pathology Lab	8.6	Central Karoo	FPL Replacement	9 268	569	36	-	50	50	-	-	-
3	Beaufort West: Hill Side Clinic	8.1	Central Karoo	Clinic Replacement	-	33	2 000	500	1 000	1 000	13 000	6 300	1 000
4	Belhar: Tygerberg Regional Hospital	8.4	City of Cape Town	Replacement Hospital Phase 1	-	-	-	-	-	-	-	100	1 000
5	Ceres: Ceres Hospital	8.3	Cape Winelands	New Emergency Centre	10 539	1 894	4	-	-	-	-	-	-
6	De Doorns: De Doorns Ambulance Station	8.2	Cape Winelands	Ambulance Station Replacement	-	-	-	-	200	200	500	4 500	4 000
7	De Doorns: De Doorns Ambulance Station	8.2	Cape Winelands	Ambulance Station Replacement	-	-	500	-	-	-	-	-	-
8	Delft: Symphony Way CDC	8.1	City of Cape Town	New Community Day Centre	-	-	27 200	15 000	16 135	16 135	1 400	-	-
9	Delft: Symphony Way CDC	8.1	City of Cape Town	New Community Day Centre	1 142	5 483	-	-	-	-	-	-	-
10	District Six: District Six CDC	8.1	City of Cape Town	CDC Replacement	-	-	-	17 000	6 255	6 255	54 000	20 000	4 000
11	District Six: District Six CDC	8.1	City of Cape Town	CDC Replacement	1 581	2 200	8 500	-	-	-	-	-	-
12	Du Noon: Du Noon CHC	8.1	City of Cape Town	New Community Health Centre	-	-	49 500	6 400	14 601	14 601	2 000	-	-
13	Du Noon: Du Noon CHC	8.1	City of Cape Town	New Community Health Centre	3 107	10 949	-	-	-	-	-	-	-
14	Du Noon: Du Noon Temp Clinic	8.1	City of Cape Town	Clinic Replacement	-	7 841	420	-	-	-	-	-	-
15	Elsies River: Elsie's River CHC	8.1	City of Cape Town	CHC Replacement	-	-	-	-	-	-	500	1 000	15 000
16	George: Centum CDC	8.1	Eden	CDC Replacement	-	-	-	-	-	-	200	-	-
17	George: Thembalethu CDC	8.1	Eden	CDC Replacement	-	-	500	-	100	100	500	1 000	4 000

NO	PROJECT NAME	SUB-PROGRAMME	DISTRICT / MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPROPRIATION	ADJUSTED APPROPRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12 R000's	2012/13 R000's	2013/14 R000's				2015/16 R000's	2016/17 R000's	2017/18 R000's
18	Goodwood: Ruyterwacht CDC	8.1	City of Cape Town	CDC Replacement	-	-	-	14	71	71	-	-	-
19	Goodwood: Ruyterwacht CDC	8.1	City of Cape Town	CDC Replacement	46	4 023	7 500	-	-	-	-	-	-
20	Gouda: Gouda Clinic	8.1	Cape Winelands	Clinic Replacement	-	-	-	-	-	-	-	-	500
21	Grassy Park: Grassy Park Clinic	8.1	City of Cape Town	Clinic Replacement	10 431	89	-	-	-	-	-	-	-
22	Gugulethu: Gugulethu CHC	8.1	City of Cape Town	CHC Replacement	-	-	-	-	-	-	-	100	-
23	Hanover Park: Hanover Park CHC	8.1	City of Cape Town	CHC Replacement	-	-	-	-	-	-	500	1 000	9 000
24	Heidelberg: Heidelberg Ambulance Station	8.2	Eden	New Ambulance Station	636	106	-	2 000	2 000	2 000	400	-	-
25	Heidelberg: Heidelberg Ambulance Station	8.2	Eden	New Ambulance Station	-	-	5 000	-	-	-	-	-	-
26	Hermanus: Hermanus CDC	8.1	Overberg	CDC Replacement	-	-	-	13 800	17 171	17 171	2 100	-	-
27	Hermanus: Hermanus CDC	8.1	Overberg	CDC Replacement	-	-	28 000	-	-	-	-	-	-
28	Hout Bay: Hout Bay CDC	8.1	City of Cape Town	CDC Replacement	-	-	-	-	-	-	100	1 000	4 000
29	Khayelitsha: Khayelitsha Hospital	8.3	City of Cape Town	New Hospital and Ambulance Station	125 259	6 522	2 700	-	2 000	2 000	-	-	-
30	Khayelitsha: Khayelitsha Sub-District	8.6	City of Cape Town	Sub-district office accommodation	48	4 734	-	-	-	-	-	-	-
31	Klaarstroom: Klaarstroom Clinic	8.1	Central Karoo	Clinic Replacement	-	-	389	-	-	-	-	-	-
32	Knysna: Knysna CDC	8.1	Eden	CDC Replacement	1 525	24 698	600	-	600	600	-	-	-
33	Knysna: Knysna FPL	8.6	Eden	FPL Replacement	-	-	-	-	50	50	500	1 000	1 000
34	Knysna: Knysna FPL	8.6	Eden	FPL Replacement	-	-	1 318	-	-	-	-	-	-
35	Ladismith: Ladismith Clinic	8.1	Eden	Clinic Replacement	-	-	-	-	-	-	100	500	1 000
36	Laingsburg: Laingsburg FPL	8.6	Central Karoo	FPL Replacement	-	-	-	-	100	100	500	500	1 000
37	Laingsburg: Laingsburg FPL	8.6	Central Karoo	FPL Replacement	-	-	100	-	-	-	-	-	-
38	Maitland: Maitland Community Day Centre	8.1	City of Cape Town	CDC Replacement	-	-	-	-	-	-	-	100	1 000
39	Malmesbury: Abbotsdale Satellite Clinic	8.1	West Coast	Clinic Replacement	-	-	-	-	-	-	500	2 500	-
40	Malmesbury: Chatsworth Clinic	8.1	West Coast	Clinic Replacement	-	-	-	-	-	-	-	1 000	2 000

NO	PROJECT NAME	SUB-PROGRAMME	DISTRICT / MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPROPRIATION	ADJUSTED APPROPRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12 R000's	2012/13 R000's	2013/14 R000's				2015/16 R000's	2016/17 R000's	2017/18 R000's
41	Malmesbury: Malmesbury Ambulance Station Replacement	8.2	West Coast	Ambulance Station Replacement	3 566	10 073	1 900	-	-	-	-	-	-
42	Malmesbury: Wesbank CDC	8.1	West Coast	New Community Health Centre	16 048	2 134	1 000	300	300	300	-	-	-
43	Manenberg: New GF Jooste Hospital	8.3	City of Cape Town	Hospital Replacement phase 1	-	-	600	11 000	1 500	1 500	2 000	-	-
44	Manenberg: New GF Jooste Hospital	8.3	City of Cape Town	Hospital Replacement phase 1	-	-	-	-	-	-	-	12 194	10 000
45	Matjiesfontein: Matjiesfontein Satellite Clinic	8.1	Central Karoo	Clinic Replacement	-	-	-	-	-	-	1 000	2 000	-
46	Mtuleni: Mtuleni CDC	8.1	City of Cape Town	Temporary CDC Replacement	-	-	-	-	23 500	23 500	6 500	500	-
47	Mitchell's Plain: Mitchell's Plain Hospital	8.3	City of Cape Town	New Hospital	140 426	193 588	26 000	700	1 400	1 400	500	-	-
48	Mitchell's Plain: Mitchell's Plain Hospital	8.3	City of Cape Town	Psychiatric Evaluation Unit	-	-	18 000	23 000	27 481	27 481	200	-	-
49	Mitchell's Plain: Weltevreden CDC	8.1	City of Cape Town	New Community Day Centre	-	-	-	-	-	-	50	1 000	1 000
50	Mossel Bay: Mossel Bay New Hospital	8.3	Eden	Hospital Replacement	-	-	-	-	-	-	-	-	500
51	Napier: Napier Clinic	8.1	Overberg	Clinic Replacement	-	138	950	200	200	200	3 000	9 500	500
52	Observatory: Observatory Forensic Pathology Centre	8.6	City of Cape Town	FPL Replacement	-	-	1 000	4 856	500	500	8 000	5 000	10 000
53	Observatory: Valkenberg Hospital	8.4	City of Cape Town	Acute Precinct Redevelopment	-	-	1 250	-	-	-	4 500	-	-
54	Observatory: Valkenberg Hospital	8.4	City of Cape Town	Forensic Precinct Enabling Work	-	-	-	-	800	800	3 000	1 000	1 000
55	Observatory: Valkenberg Hospital	8.4	City of Cape Town	Forensic Precinct: Low Security, Chronic and OT	-	10 872	1 000	-	-	-	4 200	-	-
56	Observatory: Valkenberg Hospital	8.4	City of Cape Town	Pharmacy and OPD	-	-	1 000	-	-	-	-	-	-
57	Observatory: Valkenberg Hospital	8.4	City of Cape Town	Relocation of William Storer to Ward 15 and 16	-	-	-	-	-	-	100	100	1 000
58	Paarl: Paarl Hospital	8.4	Cape Winelands	Psychiatric Evaluation Unit	-	1 004	4 500	18 000	4 000	4 000	30 000	1 000	-
59	Parow: Cape Medical Depot	8.6	City of Cape Town	Cape Medical Depot replacement	-	-	-	-	-	-	500	1 000	10 000
60	Parow: Tygerberg Central Hospital	8.5	City of Cape Town	Hospital Replacement (PPP)	-	-	7 053	15 000	8 000	8 000	12 000	5 000	5 900
61	Parow: Tygerberg Hospital	8.5	City of Cape Town	General Paediatric Outpatient Service Renovations	-	-	-	-	1 900	1 900	-	-	-

NO	PROJECT NAME	SUB-PROGRAMME	DISTRICT / MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPROPRIATION	ADJUSTED APPROPRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12 R000's	2012/13 R000's	2013/14 R000's				2015/16 R000's	2016/17 R000's	2017/18 R000's
62	Parow: Tygerberg Hospital	8.5	City of Cape Town	Sunheart Trust	-	-	-	-	231	231	-	-	
63	Parow: Tygerberg Hospital General Paediatric Outpatient Service Renovations	8.5	City of Cape Town	General Paediatric Outpatient Service Renovations	-	-	-	1 900	-	-	-	-	
64	Piketberg: Piketberg Ambulance Station	8.2	West Coast	Ambulance Station Replacement	750	94	-	-	500	500	12 000	500	
65	Prince Alfred Hamlet: Prince Alfred Hamlet Clinic	8.1	Cape Winelands	Clinic Replacement	-	256	1 000	200	500	500	6 000	12 000	
66	Ravensmead: Ravensmead CDC	8.1	City of Cape Town	CDC Replacement	-	-	10	1 000	-	-	250	1 000	
67	Rawsonville: Rawsonville Clinic	8.1	Cape Winelands	Clinic Replacement	95	606	-	10 000	11 488	11 488	500	-	
68	Rawsonville: Rawsonville Clinic	8.1	Cape Winelands	Clinic Replacement	-	-	7 000	-	-	-	-	-	
69	Riversdale: Riversdale FPS	8.6	Eden	FPL Replacement	107	-	600	-	90	90	-	-	
70	Robertson: Robertson Ambulance Station	8.2	Cape Winelands	Ambulance Station Replacement	-	731	9 000	500	1 190	1 190	-	-	
71	Robertson: Robertson Hospital	8.3	Cape Winelands	New Bulk Store	-	-	5 000	400	880	880	50	-	
72	Saldanha: Diazville Clinic	8.1	West Coast	Clinic Replacement	-	-	-	-	-	-	-	500	
73	Somerset West: Heiderberg Hospital	8.4	City of Cape Town	Hospital Replacement	-	-	-	-	-	-	-	500	
74	St Helena Bay: Sandy Point Clinic	8.1	West Coast	Clinic Replacement	-	-	-	-	-	-	500	2 500	
75	Stellenbosch: Kayamandi CDC	8.1	Cape Winelands	CDC Replacement	-	-	-	-	-	-	-	500	
76	Strand: Nomzamo Asanda Clinic	8.1	City of Cape Town	New clinic	-	-	-	21 500	16 000	16 000	8 000	1 000	
77	Strand: Nomzamo Asanda Clinic	8.1	City of Cape Town	New clinic	297	1 432	3 400	-	-	-	-	-	
78	Strand: Rusthof CDC	8.1	City of Cape Town	CDC Replacement	-	-	-	-	-	-	-	500	
79	Tulbagh: Tulbagh Ambulance Station	8.2	Cape Winelands	New Ambulance Station	3 538	3 709	2	-	-	-	-	-	
80	Villiersdorp: Villiersdorp Clinic	8.1	Overberg	Clinic Replacement	-	-	-	-	-	-	250	500	
81	Vredenburg: Vredenburg CDC	8.1	West Coast	New Community Day Centre	-	-	-	-	-	-	-	500	
82	Vredendal: Vredendal Ambulance Station	8.2	West Coast	New Ambulance Station	5 718	194	-	-	-	-	-	-	
83	Wolseley: Wolseley Clinic	8.1	Cape Winelands	Clinic Replacement	47	258	1 100	200	200	200	6 000	10 000	

NO	PROJECT NAME	SUB-PROGRAMME	DISTRICT / MUNICIPALITY	OUTPUTS	OUTCOME			ADJUSTED APPROPRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12 R000's	2012/13 R000's	2013/14 R000's			2015/16 R000's	2016/17 R000's	2017/18 R000's
84	Worcester: Avian Park Clinic	8.1	Cape Winelands	New clinic	-	-	-	-	-	250	2 000	5 000
Total new and replacement assets					334 174	294 230	225 632	163 470	160 993	186 700	110 894	111 900

Table C.2: Maintenance and Repairs

NO	PROJECT NAME	SUB-PROGRAMME	DISTRICT MUNICIPALITY	OUTPUTS	OUTCOME			ADJUSTED APPROPRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES			
					2011/12 R000's	2012/13 R000's	2013/14 R000's			2015/16 R000's	2016/17 R000's	2017/18 R000's	
Health Facilities Revitalisation Grant													
1	Community Health Facilities	8.1	Reported per sub-programme	Maintenance to various facilities to be identified	-	-	12 341	60 272	63 193	54 783	67 481	40 000	57 446
2	Emergency Medical Services	8.2		Maintenance to various facilities to be identified	-	-		-	-	1	7 800	4 000	9 223
	District Hospital Services	8.3		Maintenance (to various facilities to be identified)	-	-	18 579	51 276	53 761	46 925	57 500	42 000	64 000
	Provincial Hospital Services	8.4		Maintenance (to various facilities to be identified)	-	-	123	-	-	835	44 954	30 000	56 000
3	Central Hospital Services	8.5		Maintenance (to various facilities to be identified)	-	-	10 657	34 701	36 383	31 139	41 000	49 878	64 350
4	Other Facilities	8.6		Maintenance (to various facilities to be identified)	-	-	1 282	-	-	100	10 000	15 000	14 000
Expanded Public Works Programme Integrated Grant for Provinces													
1	Various Facilities		Various sub-programmes	Expanded Public Works Programme	-	-	3 000	-	-	-	-	-	-

NO	PROJECT NAME	SUB-PROGRAMME	DISTRICT MUNICIPALITY	OUTPUTS	OUTCOME			ADJUSTED APPROPRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12 R000's	2012/13 R000's	2013/14 R000's			2015/16 R000's	2016/17 R000's	2017/18 R000's
Scheduled Maintenance												
1	Community Health Facilities	8.1	Reported per sub-programme	Maintain serviceability	23 395	29 173	8 215	7 992	8 708	-	18 585	26 456
2	Emergency Medical Services	8.2		Maintain serviceability	1 040	1 753	269	4 350	4 227	-	-	-
3	District Hospital Services	8.3		Maintain serviceability	28 338	24 672	7 383	-	1 164	1 314	22 638	34 684
4	Provincial Hospital Services	8.4		Maintain serviceability	30 993	32 749	42 590	25 216	26 400	-	-	-
5	Central Hospital Services	8.5		Maintain serviceability	37 334	56 022	37 909	6 100	14 273	-	-	-
6	Other Facilities	8.6		Maintain serviceability	4 660	2 550	3 634	7 026	4 753	-	15 000	-
Preventative Maintenance												
1	Community Health Facilities	8.1	Reported per sub-programme	Maintain serviceability	-	512	933	1 935	1 755	-	4 281	4 516
2	Emergency Medical Services	8.2		Maintain serviceability	-	14	184	938	1 038	-	1 808	1 905
3	District Hospital Services	8.3		Maintain serviceability	-	3 104	5 181	7 221	7 271	-	13 081	12 944
4	Provincial Hospital Services	8.4		Maintain serviceability	-	4 210	5 671	8 421	8 421	-	8 903	8 478
5	Central Hospital Services	8.5		Maintain serviceability	-	2 004	7 851	9 307	9 307	-	6 779	7 138
6	Other Facilities	8.6		Maintain serviceability	-	441	644	2 000	2 030	-	1 158	1 223
Total maintenance and repairs								226 755	223 130	230 049	273 111	362 363

Table C.3: Upgrades and Additions

NO	PROJECT NAME	SUB-PROGRAMME	DISTRICT / MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPROPRIATION	ADJUSTED APPROPRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12 R000's	2012/13 R000's	2013/14 R000's				2015/16 R000's	2016/17 R000's	2017/18 R000's
1	Athlone: Western Cape College of Nursing	8.6	City of Cape Town	Security upgrading	-	2 628	133	-	-	-	-	-	-
2	Atlantis: Westfleur Hospital	8.3	City of Cape Town	Emergency Centre and Paediatric Ward Additions	-	-	1 000	11 000	6 000	6 000	14 000	600	-
3	Bellville: Bellville engineering workshop	8.6	City of Cape Town	Hub and Spoke Implementation	-	-	-	-	-	-	4 546	8 000	10 000
4	Bellville: Karl Bremer Hospital	8.3	City of Cape Town	Emergency Centre Upgrade and Additions	3 170	22 270	32 200	500	4 514	4 514	800	-	-
5	Bellville: Karl Bremer Hospital	8.3	City of Cape Town	New Bulk Store	-	-	-	-	1 000	1 000	2 900	10 500	600
6	Brooklyn: Brooklyn Chest TB Hospital	8.4	City of Cape Town	New MDR & XDR wards	-	-	-	300	300	300	300	-	-
7	Brooklyn: Brooklyn Chest TB Hospital	8.4	City of Cape Town	New MDR & XDR wards	2 486	17 215	1 500	-	-	-	-	-	-
8	Caledon: Caledon Ambulance Station	8.2	Overberg	Communication Centre extension to Ambulance Station	-	-	-	-	200	200	500	1 000	100
9	Caledon: Caledon Ambulance Station	8.2	Overberg	Communication Centre extension to Ambulance Station	-	-	500	-	-	-	-	-	-
10	Caledon: Caledon Hospital	8.3	Overberg	Upgrade - Disa ward phase 2	760	6 508	-	150	150	150	-	-	-
11	Caledon: Caledon Hospital	8.3	Overberg	Upgrade - Disa ward phase 2	-	-	4 800	-	-	-	-	-	-
12	Ceres: Bella Vista Clinic	8.1	Cape Winelands	Clinic Upgrade and Additions	-	-	-	-	-	-	-	-	500
13	Ceres: Ceres Hospital	8.3	Cape Winelands	Entrance and security upgrade	-	-	-	-	-	-	-	500	500
14	Citrusdal: Citrusdal Clinic	8.1	West Coast	Upgrade and Additions	-	-	-	-	-	-	3 000	-	-
15	Citrusdal: Citrusdal Hospital	8.3	West Coast	Upgrade and additions of children ward	-	-	-	-	-	-	8 500	500	-
16	De Doorns: De Doorns CDC	8.1	Cape Winelands	CDC Upgrade and Additions	-	-	200	-	100	100	1 000	500	-
17	Delft: Delft CHC	8.1	City of Cape Town	ARV Consulting rooms and New Pharmacy	-	-	-	200	12 709	12 709	1 300	-	-

NO	PROJECT NAME	SUB-PROGRAMME	DISTRICT / MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPROPRIATION	ADJUSTED APPROPRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12 R000's	2012/13 R000's	2013/14 R000's				2015/16 R000's	2016/17 R000's	2017/18 R000's
18	Delft: Delft CHC	8.1	City of Cape Town	ARV Consulting rooms and New Pharmacy	-	-	10 500	-	-	-	-	-	
19	Eerste River: Eerste River Hospital	8.3	City of Cape Town	Acute Psychiatric Unit	-	-	-	-	-	-	1 000	1 000	
20	Eerste River: Kleinvele CDC	8.1	City of Cape Town	CDC Upgrade and Additions	-	-	-	-	-	-	2 000	5 500	10 000
21	Elim Clinic	8.1	Overberg	Clinic Upgrade and Additions	-	-	-	-	-	-	-	-	1 500
22	Gansbaai: Gansbaai Clinic	8.1	Overberg	Clinic Upgrade and Additions	-	-	-	-	100	100	2 000	-	-
23	Gansbaai: Gansbaai Clinic	8.1	Overberg	Clinic Upgrade and Additions	-	-	500	-	-	-	-	-	-
24	Genadendal: Genadendal Clinic	8.1	Overberg	Clinic Upgrade and Additions	-	-	-	-	-	-	-	-	500
25	George: Harry Comay TB Hospital	8.4	Eden	Hospital upgrade Phase 1	4 289	683	-	-	-	-	-	-	-
26	Grabouw: Grabouw CDC	8.1	Overberg	CDC Upgrade and Additions	1 169	989	385	-	30	30	-	-	-
27	Green Point: Somerset Hospital	8.4	City of Cape Town	Acute Psychiatric Unit	-	-	130	-	200	200	500	5 000	-
28	Green Point: Somerset Hospital	8.4	City of Cape Town	Lift Upgrade	2 036	-	-	-	-	-	-	-	-
29	Heideveld: Heideveld CDC - Temporary EC at Klipfontein Hub	8.1	City of Cape Town	Enabling work for the GF Jooste Hospital Project: New Emergency Centre at Heideveld CHC	-	437	24 000	13 500	16 210	16 210	2 100	-	-
30	Hermanus: Hermanus Hospital	8.3	Overberg	EC, new wards, OPD and Administration	28 804	28 659	-	200	200	200	-	-	-
31	Hermanus: Hermanus Hospital	8.3	Overberg	EC, new wards, OPD and Administration	-	-	3 950	-	-	-	-	-	-
32	Khayelitsha: Michael Mpongwana CDC	8.1	City of Cape Town	CDC Upgrade and Additions	-	-	-	-	-	-	14 000	1 000	-
33	Khayelitsha: Khayelitsha Hospital	8.3	City of Cape Town	30 bed Acute Psychiatric Unit	-	-	-	-	100	100	1 000	2 000	5 000
34	Khayelitsha: Khayelitsha Hospital	8.3	City of Cape Town	CT Scan Infrastructure	-	-	-	-	100	100	250	2 250	-
35	Khayelitsha: Khayelitsha Hospital	8.3	City of Cape Town	EC Ventilation Upgrade	-	-	-	-	-	-	5 500	500	-
36	Khayelitsha: Khayelitsha Hospital	8.3	City of Cape Town	Ward completion	-	-	-	-	3 000	3 000	9 000	700	-
37	Khayelitsha: Site B CHC	8.1	City of Cape Town	CHC Upgrade and Additions	-	-	-	-	-	-	250	1 000	1 000
38	Knysna: Knysna Hospital	8.3	Eden	New Emergency Centre and OPD	2 041	11 069	28 976	500	1 050	1 050	-	-	-

NO	PROJECT NAME	SUB-PROGRAMME	DISTRICT / MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPROPRIATION	ADJUSTED APPROPRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12 R000's	2012/13 R000's	2013/14 R000's				2015/16 R000's	2016/17 R000's	2017/18 R000's
39	Laingsburg: Laingsburg Ambulance Station	8.2	Central Karoo	Ambulance station upgrade and additions	-	-	-	-	-	-	-	-	
40	Laingsburg: Laingsburg Clinic	8.1	Central Karoo	Clinic Upgrade and Additions	-	100	-	100	100	5 800	3 000	-	
41	Malmesbury: Swariland Hospital	8.3	West Coast	Emergency Centre Upgrade and Additions	-	3 967	720	-	-	-	-	-	
42	Mamre: Mamre CDC	8.1	City of Cape Town	Clinic Extensions	-	-	-	-	-	250	2 750	-	
43	Mitchell's Plain: Lenteguur Hospital	8.4	City of Cape Town	Conference Centre Upgrade	-	-	-	500	500	-	-	-	
44	Mitchell's Plain: Lenteguur Hospital	8.4	City of Cape Town	Relocation of Lifecare Step Down Facility	-	5	-	-	-	-	-	-	
45	Mitchell's Plain: Lenteguur Regional Laundry	8.6	City of Cape Town	Boiler House Upgrade including, supply, install, and commission one coal-fired boiler	-	4 500	-	350	350	-	-	-	
46	Mitchell's Plain: Lenteguur Regional Laundry	8.6	City of Cape Town	Regional Laundry Upgrade & Extension	929	44 107	9 500	100	100	-	-	-	
47	Mitchell's Plain: Mitchell's Plain Hospital	8.3	City of Cape Town	EC Ventilation Upgrade	-	-	-	-	-	5 500	500	-	
48	Observatory: Groote Schuur Hospital	8.5	City of Cape Town	Emergency Centre Upgrade and Additions	-	141	-	-	-	-	-	-	
49	Observatory: Groote Schuur Hospital	8.5	City of Cape Town	Emergency Centre Upgrade and Additions	-	141	1 000	400	1 500	5 000	2 000	10 000	
50	Observatory: Groote Schuur Hospital	8.5	City of Cape Town	New Linear Accelerator Installation New Bunker	-	2 514	8 000	16 000	10 000	10 000	-	-	
51	Observatory: Groote Schuur Hospital	8.5	City of Cape Town	New Linear Accelerator Installation phase 1	-	2 514	700	-	-	-	-	-	
52	Observatory: Groote Schuur Hospital	8.5	City of Cape Town	NIMB fire detection Phase 2	2 685	439	56	-	-	-	-	-	
53	Paarl: Sonstraal TB Hospital	8.4	West Coast	UV Lights	1 596	24	-	-	-	-	-	-	
54	Paarl: TC Newman GHC	8.1	Cape Winelands	GHC Upgrade and Additions	5 742	104	50	-	-	-	-	-	
55	Phillipi: Inzame Zabantu Clinic	8.1	City of Cape Town	ARV Consulting rooms and New Pharmacy	-	-	-	100	4 690	4 690	700	-	

NO	PROJECT NAME	SUB-PROGRAMME	DISTRICT / MUNICIPALITY	OUTPUTS	OUTCOME			REVISSED ESTIMATE	MEDIUM TERM ESTIMATES			
					2011/12 R000's	2012/13 R000's	2013/14 R000's		2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's
56	Phillipi: Inzame Zabantu Clinic	8.1	City of Cape Town	ARV Consulting rooms and New Pharmacy	-	-	5 900	-	-	-	-	-
57	Plettenberg Bay: New Horizon Clinic	8.1	Eden	Clinic Upgrade and Additions	-	-	-	3 500	3 000	300	-	-
58	Plettenberg Bay: New Horizon Clinic	8.1	Eden	Clinic Upgrade and Additions	-	-	5 500	-	-	-	-	-
59	Prince Albert: Prince Albert Ambulance Station	8.2	Central Karoo	Ambulance station upgrade and additions	-	-	-	-	-	-	-	500
60	Riversdale: Riversdale Hospital	8.3	Eden	Hospital Upgrade Phase 3	7 867	913	67	-	-	-	-	-
61	Robertson: Robertson CDC	8.1	Cape Winelands	New Community Day Centre	-	-	-	-	-	-	-	500
62	Robertson: Robertson Hospital	8.3	Cape Winelands	New EC, Reception and Pharmacy Phase 1	-	-	-	-	-	-	-	500
63	Rondebosch: Red Cross Children's Hospital	8.5	City of Cape Town	Project in Partnership with CHT	-	-	-	-	-	10 000	10 000	10 000
64	Rondebosch: Red Cross Children's Hospital	8.5	City of Cape Town	Radiology upgrade & Extension (in partnership CHJ)	-	-	25 320	-	-	-	-	-
65	Rondebosch: Red Cross Children's Hospital	8.5	City of Cape Town	Ward Upgrade	9 773	-	-	-	-	-	-	-
66	Somerset: Helderberg	8.3	City of Cape Town	Emergency Centre temporary accommodation	-	-	-	-	-	1 750	-	-
67	Stellenbosch: Stellenbosch Hospital	8.3	Cape Winelands	Emergency Centre Upgrade and Additions	-	-	200	50	650	1 000	3 000	-
68	Sikiland: Sikiland Nurse College	8.6	City of Cape Town	AC in Auditorium	-	364	20	-	-	-	-	-
69	Swellendam: Swellendam Ambulance Station	8.2	Overberg	Upgrade and Additions	-	-	-	-	-	1 500	1 000	500
70	Vredenburg: Vredenburg Hospital	8.3	West Coast	Acute Psychiatric Unit	-	-	-	-	-	-	-	1 000
71	Vredenburg: Vredenburg Hospital	8.3	West Coast	Hospital upgrade Phase 2A	4 198	315	422	-	-	-	-	-
72	Wellington: Wellington CDC	8.1	Cape Winelands	Pharmacy additions and alterations	-	-	-	-	200	1 000	3 500	-
73	Wellington: Wellington CDC	8.1	Cape Winelands	Pharmacy additions and alterations	-	-	500	-	-	-	-	-
74	Worcester: Boland Nurse College	8.6	Cape Winelands	Training facility at Keerom	-	-	360	-	500	1 000	9 500	11 000

NO	PROJECT NAME	SUB-PROGRAMME	DISTRICT / MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPROPRIATION	ADJUSTED APPROPRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12 R000's	2012/13 R000's	2013/14 R000's				2015/16 R000's	2016/17 R000's	2017/18 R000's
75	Worcester: Baland Nurse College	8.6	Cape Winelands	Nurses accommodation at the Erica hostel additions	-	685	2 950	8 000	4 300	4 300	5 800	600	1 300
76	Worcester: Worcester CDC	8.1	Cape Winelands	Dental suite additions and alterations	-	-	650	5 000	2 000	2 000	3 700	300	-
77	Wynberg: Victoria Hospital	8.3	City of Cape Town	New Emergency Centre	-	-	800	1 700	650	650	2 000	14 000	15 000
78	Wynberg: Victoria Hospital	8.3	City of Cape Town	Upgrade of Peads ward (in partnership with trust)	-	-	1 000	-	-	-	-	-	-
Total upgrades and additions					77 545	146 691	177 089	61 550	74 503	74 503	123 316	93 500	89 000

Table C.4: Rehabilitation, Renovations and Refurbishments

NO	PROJECT NAME	SUB-PROGRAMME	DISTRICT / MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPROPRIATION	ADJUSTED APPROPRIATION	REVISED APPROPRIATION	MEDIUM TERM ESTIMATES		
					2011/12 R000's	2012/13 R000's	2013/14 R000's				2015/16 R000's	2016/17 R000's	2017/18 R000's
1	Athlone: Western Cape College of Nursing	8.6	City of Cape Town	Convert garages into workshops	-	1 438	89	-	-	-	-	-	-
2	Atlantis: Westfleur Hospital	8.3	City of Cape Town	HT: EC	-	-	-	-	-	-	5 000	3 000	-
3	Atlantis: Westfleur Hospital	8.3	City of Cape Town	OD and QA	-	-	-	-	-	-	170	360	-
4	Beaufort West: Beaufort West Hospital	8.3	Central Karoo	Hospital rationalisation	-	-	-	-	-	-	-	500	1 000
5	Beaufort West: Beaufort West Hospital	8.3	Central Karoo	HT: Hospital Office accommodation: Extension to Netspoort contract	-	-	-	-	-	-	-	800	-
6	Beaufort West: Beaufort West Hospital	8.3	Central Karoo	HT: Radiology	-	-	-	1 200	1 200	1 200	-	-	-
7	Beaufort West: Hill Side Clinic	8.1	Central Karoo	HT: Clinic	-	-	-	-	-	-	-	1 500	1 500

NO	PROJECT NAME	SUB-PRO-RAMME	DISTRICT / MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPROPRIATION	ADJUSTED APPROPRIATION	REVISED APPROPRIATION	MEDIUM TERM ESTIMATES		
					2011/12 R000's	2012/13 R000's	2013/14 R000's				2015/16 R000's	2016/17 R000's	2017/18 R000's
8	Beaufort West: Hill Side Clinic	8.1	Central Karoo	OD and QA	-	-	-	-	-	-	-	220	-
9	Belville: Bellville Engineering Workshop	8.6	City of Cape Town	OD: Capacitation	-	-	-	2 224	2 224	2 224	2 767	2 919	3 065
10	Belville: Bellville Engineering Workshop	8.6	City of Cape Town	OD: Infra Support	-	-	-	-	-	-	85	89	94
11	Belville: Karl Bremer Hospital	8.3	City of Cape Town	HT: EC	-	-	20 000	2 000	6 500	6 500	-	-	-
12	Belville: Karl Bremer Hospital	8.3	City of Cape Town	HT: Store	-	-	-	-	-	-	-	2 000	-
13	Belville: Karl Bremer Hospital	8.3	City of Cape Town	Masterplan	-	-	-	-	-	-	500	-	-
14	Belville: Stikland Hospital	8.4	City of Cape Town	HT: Hospital	-	-	-	-	-	-	2 000	-	-
15	Belville: Stikland Hospital	8.4	City of Cape Town	HT: Ward	-	-	-	-	-	-	-	1 000	1 000
16	Bishop Lavis: Bishop Lavis CDC	8.1	City of Cape Town	HT: EC	-	-	-	-	-	-	-	1 000	1 000
17	Botrivier: Botrivier EMS	8.2	Overberg	HT: EMS	-	-	-	-	-	-	-	300	-
18	Bredasdorp: Otto du Plessis Hospital	8.3	Overberg	HT: EC	-	-	1 200	-	1 000	1 000	-	-	-
19	Bredasdorp: Otto du Plessis Hospital	8.3	Overberg	HT: Ward	-	-	-	-	-	-	500	-	-
20	Brooklyn: Brooklyn Chest TB Hospital	8.4	City of Cape Town	HT: Hospital	-	-	-	-	500	500	-	-	-
21	Caledon: Caledon EMS	8.2	Overberg	HT: EMS	-	-	-	-	-	-	-	500	-
22	Caledon: Caledon Hospital	8.3	Overberg	HT: Hospital	-	-	1 500	-	-	-	-	-	-
23	Citrusdal: Clinic	8.1	West Coast	HT: Clinic	-	-	-	-	-	-	-	500	-
24	Citrusdal: Hospital	8.3	West Coast	HT: Hospital	-	-	-	-	-	-	316	1 684	-
25	Clanwilliam: Clanwilliam Clinic	8.1	West Coast	HT: Clinic	-	-	-	-	-	-	-	500	-
26	Clanwilliam: Clanwilliam Hospital	8.3	West Coast	HT: Hospital	-	-	-	-	-	-	500	500	-
27	De Doorns: De Doorns Ambulance Station	8.2	Cape Winelands	HT: Ambulance Station	-	-	-	-	-	-	-	-	1 200
28	De Doorns: De Doorns CDC	8.1	Cape Winelands	HT: CDC	-	-	-	-	-	-	-	-	1 500
29	Delft: Delft CHC	8.1	City of Cape Town	HT: CHC	-	-	2 500	-	1 148	1 148	-	-	-
30	Delft: Symphony Way CDC	8.1	City of Cape Town	HT: CDC	-	-	4 000	2 000	4 800	4 800	-	-	-
31	Delft: Symphony Way CDC	8.1	City of Cape Town	HT: ECM	-	-	385	-	-	-	-	-	-

NO	PROJECT NAME	SUB-PROGRAMME	DISTRICT / MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPROPRIATION	ADJUSTED APPROPRIATION	REVISED APPROPRIATION	MEDIUM TERM ESTIMATES		
					2011/12 R000's	2012/13 R000's	2013/14 R000's				2015/16 R000's	2016/17 R000's	2017/18 R000's
32	Delft: Symphony Way CDC	8.1	City of Cape Town	OD and QA	-	-	-	145	340	340	-	-	
33	District Six: District Six CDC	8.1	City of Cape Town	HT: CDC	-	-	-	-	-	-	7 000	4 000	
34	District Six: District Six CDC	8.1	City of Cape Town	OD and QA	-	-	-	-	-	-	400	-	
35	Du Noon: Du Noon GHC	8.1	City of Cape Town	HT: CHC	-	-	8 000	5 200	11 000	11 000	-	-	
36	Du Noon: Du Noon CHC	8.1	City of Cape Town	HT: ECM	-	-	1 155	-	-	-	-	-	
37	Du Noon: Du Noon CHC	8.1	City of Cape Town	OD and QA	-	-	-	350	155	155	-	-	
38	Eerste River: Kleinvlei CDC	8.1	City of Cape Town	HT: CDC	-	-	-	-	-	-	-	2 500	
39	False Bay Hospital	8.3	City of Cape Town	HT: General Upgrade	-	-	-	-	1 300	1 300	-	-	
40	Fish Hoek: False Bay Hospital	8.3	City of Cape Town	HT: EC & Wards	-	-	-	-	-	-	1 500	1 500	
41	Gansbaai: Gansbaai Clinic	8.1	Overberg	HT: Clinic	-	-	-	-	-	-	1 000	1 500	
42	George: Eden Nurse College	8.6	Eden	HT: Nurse Hostel Upgrade (York Hostel)	-	-	400	-	-	-	-	-	
43	George: Eden Nurse College	8.6	Eden	Nurse hostel upgrade (York Hostel)	-	-	-	200	500	500	5 000	4 300	
44	George: Eden Nurse College	8.6	Eden	HT: Training College	-	-	-	-	-	-	1 000	-	
45	George: George Kuyasa Clinic	8.1	Eden	HT: Clinic	-	-	1 200	-	-	-	-	-	
46	George: George Regional Hospital	8.4	Eden	Hospital Upgrade Phase 3	29 179	9 260	100	-	900	900	-	-	
47	George: George Regional Hospital	8.4	Eden	HT: ECM	-	-	5 985	-	2 600	2 600	-	-	
48	George: George Regional Hospital	8.4	Eden	HT: Hospital	5 224	4 100	3 500	-	1 299	1 299	-	-	
49	George: George Regional Hospital	8.4	Eden	HT: ICT	-	-	828	-	-	-	-	-	
50	George: George Regional Hospital	8.4	Eden	HT: PACS-RIS	-	-	-	3 600	3 600	3 600	-	-	
51	George: George Regional Hospital	8.4	Eden	HT: SCM Team 2	-	-	-	733	-	-	-	-	
52	George: George Regional Hospital	8.4	Eden	OD and QA	1 772	674	731	-	-	-	-	-	
53	George: George Regional Hospital	8.4	Eden	OD: SCM Support	-	-	-	-	241	241	636	704	
54	George: George Regional Hospital	8.4	Eden	Psychiatric Evaluation Unit	-	1 143	14 000	4 000	5 700	5 700	1 200	-	

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					2011/12 R000's	2012/13 R000's	2013/14 R000's				2015/16 R000's	2016/17 R000's	2017/18 R000's
55	George: Harry Comay TB Hospital	8.4	Eden	Hospital upgrade Phase 2	12	4 492	-	-	-	-	-	-	
56	Goodwood: Dikie Uys CDC	8.1	City of Cape Town	HT: CDC	-	-	-	-	-	-	300	-	
57	Goodwood: Ruyterwacht CDC	8.1	City of Cape Town	HT: CDC	-	-	2 500	-	274	274	-	-	
58	Green Point: Somerset Hospital	8.4	City of Cape Town	HT: Hospital	-	-	7 000	-	1 124	1 124	-	-	
59	Green Point: Somerset Hospital	8.4	City of Cape Town	HT: Theatre Complex Upgrade	-	-	-	-	-	-	4 000	-	
60	Green Point: Somerset Hospital	8.4	City of Cape Town	Upgrading of theatres and ventilation	-	-	-	-	-	-	1 000	12 000	
61	Health Technology	8.6	City of Cape Town	OD: Capacitation	-	-	-	-	3 456	3 456	4 023	4 457	
62	Health Technology	8.6	City of Cape Town	OD: Infra Support	-	-	-	-	553	553	1 369	1 516	
63	Heideveld: Heideveld CDC - Temporary EC at Klipfontein Hub	8.1	City of Cape Town	HT: CDC	-	-	-	-	700	700	-	-	
64	Hermanus: Hermanus CDC	8.1	Overberg	HT: CDC	-	-	3 500	1 000	1 600	1 600	-	-	
65	Hermanus: Hermanus CDC	8.1	Overberg	OD and QA	-	-	-	-	-	-	155	-	
66	Hermanus: Hermanus CDC (Breadstrop)	8.1	Overberg	HT: ECM	-	-	855	-	-	-	-	-	
67	Hermanus: Hermanus Hospital	8.3	Overberg	HT: Hospital	-	770	4 500	-	252	252	-	-	
68	Infrastructure Management: CD	8.6	City of Cape Town	OD: Capacitation	-	-	-	-	2 508	2 508	2 694	2 984	
69	Infrastructure Management: CD	8.6	City of Cape Town	OD: Infra Support	-	-	-	-	1 071	1 071	1 934	2 142	
70	Infrastructure Planning	8.6	City of Cape Town	OD: Capacitation	-	-	-	-	5 997	5 997	7 374	8 168	
71	Infrastructure Planning	8.6	City of Cape Town	OD: Infra Support	-	-	-	-	2 533	2 533	2 327	2 578	
72	Infrastructure Unit	8.6	City of Cape Town	Capacitation of the Infrastructure Unit	-	6 116	16 000	30 000	-	-	-	-	
73	Infrastructure Unit	8.6	City of Cape Town	Capacitation of the Infrastructure Unit	-	-	328	347	-	-	-	-	
74	Khayelitsha: Khayelitsha Hospital	8.3	City of Cape Town	HT: Hospital	51 651	6 492	5 000	-	-	-	-	-	
75	Khayelitsha: Khayelitsha Hospital	8.3	City of Cape Town	HT: Hospital	-	-	-	-	-	-	1 000	-	
76	Khayelitsha: Khayelitsha Hospital	8.3	City of Cape Town	HT: Hospital (CT Scan)	-	-	-	-	-	-	6 000	-	
77	Khayelitsha: Khayelitsha Hospital	8.3	City of Cape Town	HT: PACS-RIS	-	-	-	-	-	-	3 600	-	

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					2011/12 R000's	2012/13 R000's	2013/14 R000's				2015/16 R000's	2016/17 R000's	2017/18 R000's
78	Khayelitsha: Khayelitsha Hospital	8.3	City of Cape Town	OD and QA	3 523	110	-	-	-	-	-	-	
79	Khayelitsha: Khayelitsha Hospital	8.3	City of Cape Town	HT: Waste Management	-	-	-	-	2 000	2 000	-	-	
80	Klaarstroom: Klaarstroom Clinic	8.1	Central Karoo	HT: Clinic	-	-	600	-	-	-	-	-	
81	Knysna: Knysna CDC	8.1	Eden	HT: ECM	-	-	855	-	-	-	-	-	
82	Knysna: Knysna Hospital	8.3	Eden	Hospital and Ambulance Station Rehabilitation	-	-	-	2 000	7 500	7 500	500	-	
83	Knysna: Knysna Hospital	8.3	Eden	Hospital and Ambulance Station Rehabilitation	-	-	7 200	-	-	-	-	-	
84	Knysna: Knysna Hospital	8.3	Eden	HT: EC	-	-	10 000	2 000	3 500	3 500	-	-	
85	Knysna: Knysna Hospital	8.3	Eden	HT: ECM	-	-	-	3 500	-	-	-	-	
86	Knysna: Knysna Hospital	8.3	Eden	OD and QA	-	-	-	400	400	-	-	-	
87	Laingsburg: Laingsburg FPL	8.6	Central Karoo	HT: FPL	-	-	-	-	-	-	-	400	
88	Maitland: Alexandra Hospital	8.4	City of Cape Town	HT: Forensic wards	-	-	-	-	3 500	3 500	-	-	
89	Malmesbury: Abbotisdale Satellite Clinic	8.1	West Coast	HT: Clinic	-	-	-	-	-	-	-	600	
90	Malmesbury: Chatsworth Clinic	8.1	West Coast	HT: Clinic	-	-	-	-	-	-	-	400	
91	Malmesbury: Malmesbury Ambulance Station	8.2	West Coast	HT: Ambulance Station	-	-	1 900	-	-	-	-	-	
92	Malmesbury: Swartland Hospital	8.3	West Coast	HT: Hospital	-	-	2 500	-	95	95	-	-	
93	Mamre: Mamre CDC	8.1	West Coast	HT: CDC	-	-	-	-	-	-	-	800	
94	Manenberg: New GF Jooste Hospital	8.3	City of Cape Town	HT: Hospital	-	-	500	-	-	-	-	-	
95	Matliefontein: Matliefontein Satellite Clinic	8.1	Central Karoo	HT: Clinic	-	-	-	-	-	-	-	600	
96	Mfuleni: Mfuleni CDC	8.1	City of Cape Town	HT: CDC	-	-	-	-	1 800	1 800	-	-	
97	Mitchell's Plain: Lenteguur Hospital	8.4	City of Cape Town	HT: Conference Centre	-	-	-	-	-	-	500	-	
98	Mitchell's Plain: Lenteguur Hospital	8.4	City of Cape Town	HT: Acute Psychiatric Unit	-	-	-	-	-	-	1 500	2 000	
												1 500	

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					2011/12 R000's	2012/13 R000's	2013/14 R000's				2015/16 R000's	2016/17 R000's	2017/18 R000's
99	Mitchell's Plain: Lentegour Regional Laundry	8.6	City of Cape Town	HT: Laundry	-	34 199	4 000	-	-	-	-	-	
100	Mitchell's Plain: Lentegour Regional Laundry	8.6	City of Cape Town	OD and QA	-	133	470	-	-	-	-	-	
101	Mitchell's Plain: Mitchell's Plain Hospital	8.3	City of Cape Town	HT: ECM	-	-	4 795	-	-	-	-	-	
102	Mitchell's Plain: Mitchell's Plain Hospital	8.3	City of Cape Town	HT: Hospital	-	51 986	25 000	2 000	6 500	6 500	-	-	
103	Mitchell's Plain: Mitchell's Plain Hospital	8.3	City of Cape Town	HT: PACS-RIS	-	-	-	3 400	-	-	3 600	-	
104	Mitchell's Plain: Mitchell's Plain Hospital	8.3	City of Cape Town	HT: SCM team 1	-	-	-	3 116	-	-	-	-	
105	Mitchell's Plain: Mitchell's Plain Hospital	8.3	City of Cape Town	OD and QA	4 556	2 551	2 013	700	150	150	-	-	
106	Mitchell's Plain: Mitchell's Plain Hospital	8.3	City of Cape Town	OD: SCM Support	-	-	-	-	3 395	3 395	4 329	4 796	
107	Mitchell's Plain: Mitchell's Plain Hospital	8.3	City of Cape Town	HT: Acute Psychiatric Unit	-	-	-	2 500	2 500	2 500	-	-	
108	Montagu: Montagu Hospital	8.3	Cape Winelands	Rehabilitation of hospital	-	-	-	-	-	-	-	100	
109	Mossel Bay: Alma CDC	8.1	Eden	HT: CDC	-	-	-	300	-	-	-	-	
110	Mossel Bay: Asla Park Clinic	8.1	Eden	HT: Clinic	-	-	-	-	-	-	500	1 000	
111	Mossel Bay: D'Almeida Clinic	8.1	Eden	HT: Clinic	-	-	-	300	-	-	-	-	
112	Mossel Bay: Eyeithu Clinic	8.1	Eden	HT: Clinic	-	-	-	300	-	-	-	-	
113	Mossel Bay: Sonskyn Vallei Clinic	8.1	Eden	HT: Clinic	-	-	600	-	-	-	-	-	
114	Mossel Bay: Mossel Bay Hospital	8.3	Eden	HT: Kangaroo unit and Digital X-ray system	-	-	-	-	-	-	2 500	-	
115	Napier: Napier Clinic	8.1	Overberg	HT: Clinic	-	-	-	-	-	-	1 000	1 000	
116	Napier: Napier Clinic	8.1	Cape Winelands	OD and QA	-	-	-	-	-	-	-	230	
117	Nelspoort Hospital	8.1	Central Karoo	HT: Hospital	-	-	-	-	500	500	-	-	
118	Observatory: Groote Schuur Hospital	8.5	City of Cape Town	Central Kitchen: Floor Replacement	-	-	500	-	600	600	3 198	-	
119	Observatory: Groote Schuur Hospital	8.5	City of Cape Town	HT: CAT LAB	-	-	-	16 000	16 000	16 000	-	-	
120	Observatory: Groote Schuur Hospital	8.5	City of Cape Town	HT: Major equipment	-	-	-	12 300	42 900	42 900	-	-	
121	Observatory: Groote Schuur Hospital	8.5	City of Cape Town	HT: New LINAC	-	-	13 500	3 500	4 193	4 193	-	-	

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					2011/12 R000's	2012/13 R000's	2013/14 R000's				2015/16 R000's	2016/17 R000's	2017/18 R000's
122	Observatory: Groote Schuur Hospital	8.5	City of Cape Town	Hybrid theatre	-	-	2 000	100	500	500	13 544	40	-
123	Observatory: Groote Schuur Hospital	8.5	City of Cape Town	Masterplan	-	-	500	-	-	-	-	-	-
124	Observatory: Groote Schuur Hospital	8.5	City of Cape Town	Pharmacy additions and alterations	6 996	291	-	-	-	-	-	-	-
125	Observatory: Groote Schuur Hospital	8.5	City of Cape Town	HT: Radiotherapy Upgrade	-	-	-	-	-	-	10 000	2 000	-
126	Observatory: Forensic Pathology Centre	8.6	City of Cape Town	HT: FPL	-	-	-	-	5 300	5 300	-	-	10 000
127	Observatory: Valkenberg Hospital	8.4	City of Cape Town	Forensic Precinct: Admission, Assessment, High Security, Medium Security	-	-	-	-	-	-	4 000	1 000	1 000
128	Observatory: Valkenberg Hospital	8.4	City of Cape Town	HT: Hospital	-	-	-	-	-	-	6 200	-	-
129	Observatory: Valkenberg Hospital	8.4	City of Cape Town	Masterplan up to stage 3	-	-	4 638	-	1 000	1 000	-	-	-
130	Observatory: Valkenberg Hospital	8.4	City of Cape Town	OD and QA	-	-	413	1 250	645	645	250	353	1 340
131	Observatory: Valkenberg Hospital	8.4	City of Cape Town	OD: Commissioning Support	-	-	-	-	760	760	953	1 005	1 005
132	Observatory: Valkenberg Hospital	8.4	City of Cape Town	OD: Project Support	-	-	-	-	616	616	772	815	856
133	Observatory: Valkenberg Hospital	8.4	City of Cape Town	Renovations to the historical administration building (phase 1)	-	-	6 500	30 000	40 295	40 295	43 000	15 600	-
134	Observatory: Valkenberg Hospital	8.4	City of Cape Town	Renovations to the historical administration building (phase 2)	-	-	-	-	-	-	5 000	-	-
135	Oudtshoorn: Dysseldorp Clinic	8.1	Eden	HT: Clinic	-	-	1 000	-	-	-	-	-	-
136	Oudtshoorn: Oudtshoorn Hospital	8.3	Eden	HT: Digital x-ray system	-	-	-	-	-	-	2 000	-	-
137	Paarl: Paarl Hospital	8.4	Cape Winelands	Hospital revitalisation	34 525	4 245	6 000	-	2 500	2 500	-	-	-
138	Paarl: Paarl Hospital	8.4	Cape Winelands	HT: ECM	-	-	-	3 500	-	-	-	-	-
139	Paarl: Paarl Hospital	8.4	Cape Winelands	HT: Hospital	6 822	5 696	2 500	-	878	878	-	-	-
140	Paarl: Paarl Hospital	8.4	Cape Winelands	HT: PACS-RIS	-	-	-	-	3 400	3 400	-	-	-
141	Paarl: Paarl Hospital	8.4	Cape Winelands	OD and QA	2 491	1 642	766	-	-	-	280	-	-

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					2011/12 R000's	2012/13 R000's	2013/14 R000's				2015/16 R000's	2016/17 R000's	2017/18 R000's
142	Paarl: Paarl Hospital	8.4	Cape Winelands	HT: Acute Psychiatric Unit	-	-	-	-	-	-	-	3 000	1 000
143	Paarl: Sonstraal TB Hospital	8.4	West Coast	HT: Hospital	-	-	2 000	-	72	72	-	-	-
144	Parow: Tygerberg Hospital	8.5	City of Cape Town	CD WEST (EC phase 2)	-	-	-	-	500	500	1 300	12 400	700
145	Parow: Tygerberg Hospital	8.5	City of Cape Town	Emergency Centre Upgrade and Additions	-	-	-	600	771	771	-	-	-
146	Parow: Tygerberg Hospital	8.5	City of Cape Town	Emergency Centre Upgrade and Additions	680	6 225	6 600	-	-	-	-	-	-
147	Parow: Tygerberg Hospital	8.5	City of Cape Town	HT: Biplanar Angiography	-	-	-	10 500	10 500	10 500	-	-	-
148	Parow: Tygerberg Hospital	8.5	City of Cape Town	HT: CD West	-	-	-	-	-	-	-	6 000	-
149	Parow: Tygerberg Hospital	8.5	City of Cape Town	HT: CT Scan	-	-	-	8 500	8 500	8 500	-	-	-
150	Parow: Tygerberg Hospital	8.5	City of Cape Town	HT: EC	-	-	12 010	-	-	-	-	-	-
151	Parow: Tygerberg Hospital	8.5	City of Cape Town	HT: Major equipment	-	-	-	13 000	13 000	13 000	-	-	-
152	Parow: Tygerberg Hospital	8.5	City of Cape Town	HT: New LINAC	-	-	25 000	5 000	9 550	9 550	-	-	-
153	Parow: Tygerberg Hospital	8.5	City of Cape Town	OD and QA	172	1 164	3 099	2 605	-	-	-	-	-
154	Parow: Tygerberg Hospital	8.5	City of Cape Town	OD: Project Support	-	-	-	-	3 064	3 064	3 783	3 991	4 191
155	Parow: Tygerberg Hospital	8.5	City of Cape Town	HT: Ophthalmology	-	-	-	-	-	-	8 550	-	-
156	Parow: Tygerberg Hospital	8.5	City of Cape Town	HT: Ward	-	-	-	-	-	-	2 000	2 000	2 000
157	Phillipi: Inzame Zabantu Clinic	8.1	City of Cape Town	HT: Clinic	-	-	1 500	-	174	174	-	-	-
158	Piketberg: Piketberg Ambulance Station	8.2	West Coast	HT: Ambulance Station	-	-	-	-	-	-	-	500	-
159	Piketberg: Radie Koitze hospital	8.3	West Coast	HT: Hospital	-	-	-	-	-	-	-	600	-
160	Plettenberg Bay: New Horizon Clinic	8.1	Eden	HT: Clinic	-	-	-	200	300	300	-	-	-
161	Porterville: Porterville clinic	8.1	West Coast	HT: Clinic	-	-	-	-	-	-	500	-	-
162	Prince Albert: Prince Albert Hospital	8.3	Central Karoo	HT: Hospital	-	-	-	300	300	300	-	-	-
163	Prince Alfred Hamlet: Prince Alfred Hamlet Clinic	8.1	Cape Winelands	HT: Clinic	-	-	-	-	-	-	-	-	2 000

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					2011/12 R000's	2012/13 R000's	2013/14 R000's				2015/16 R000's	2016/17 R000's	2017/18 R000's
164	Prince Alfred Hamlet: Prince Alfred Hamlet Clinic	8.1	Cape Winelands	OD and QA	-	-	-	-	-	-	-	195	-
165	Rawsonville: Rawsonville Clinic	8.1	Cape Winelands	HT: Clinic	-	-	-	2 000	1 500	1 500	-	-	-
166	Riversonderend: Riversonderend	8.1	Overberg	HT: Clinic	-	-	-	-	-	-	150	350	-
167	Robertson: Robertson Ambulance Station	8.2	Cape Winelands	HT: Ambulance Station	-	-	1 200	-	-	-	-	-	-
168	Robertson: Robertson Hospital	8.3	Cape Winelands	HT: Bulk Store	-	-	-	500	500	500	-	-	-
169	Rondebosch: Red Cross Children's Hospital	8.5	City of Cape Town	Masterplan	-	-	-	-	-	-	250	500	-
170	Saldanha: Diazville Clinic	8.1	West Coast	HT: Langebaan, Louwville and Veldrif	-	-	-	-	500	500	-	-	-
171	Saldanha: Diazville Clinic	8.1	West Coast	HT: Clinic	-	-	-	-	-	-	-	500	-
172	Somerse West: Helderberg Hospital	8.3	City of Cape Town	Emergency Centre Upgrade and Additions	-	-	500	1 000	1 000	1 000	5 000	18 000	3 000
173	Somerse West: Helderberg Hospital	8.3	City of Cape Town	HT: EC	-	-	-	-	-	-	-	3 000	5 000
174	Somerse West: Helderberg Hospital	8.4	City of Cape Town	OD and QA	-	-	-	-	-	-	-	-	430
175	St Helena Bay: Laingville Clinic	8.1	West Coast	HT: Clinic	-	-	-	-	-	-	-	300	-
176	Stellenbosch: Stellenbosch Hospital	8.3	Cape Winelands	HT: EC	-	-	-	-	800	800	-	1 000	6 000
177	Stellenbosch: Stellenbosch Hospital	8.3	Cape Winelands	OD and QA	-	-	-	-	-	-	-	380	-
178	Stellenbosch: Victoria Street Clinic	8.1	Cape Winelands	Rehabilitation of clinic	-	-	-	-	-	-	3 000	5 000	1 000
179	Stikland: Stikland Hospital	8.4	City of Cape Town	Ex pharmacy to be converted to archive	-	-	-	-	-	-	1 000	-	-
180	Stikland: Stikland Nurse College	8.6	City of Cape Town	College Renovations	-	174	950	-	-	-	-	-	-
181	Stikland: Stikland Nurse College	8.6	City of Cape Town	HT: College	-	-	-	-	1 900	1 900	-	-	-
182	Strand: Nomzamo Asanda Clinic	8.1	City of Cape Town	HT: Clinic	-	-	-	-	-	-	4 000	-	-
183	Strand: Nomzamo Asanda Clinic	8.1	City of Cape Town	OD and QA	-	-	-	-	-	-	155	-	-
184	Swellendam: Swellendam Hospital	8.3	Cape Winelands	HT: EC	-	-	1 500	-	-	-	-	-	-

NO	PROJECT NAME	SUB-PRO-RAMME	DISTRICT / MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPROPRIATION	ADJUSTED APPROPRIATION	REVISED APPROPRIATION	MEDIUM TERM ESTIMATES		
					2011/12 R000's	2012/13 R000's	2013/14 R000's				2015/16 R000's	2016/17 R000's	2017/18 R000's
185	Thornon: Western Cape Rehabilitation Centre	8.6	City of Cape Town	Orthotic & Prosthetic Centre upgrade	-	-	-	-	-	-	500	500	5 000
186	Van Rynsdorp : Van Rynsdorp Clinic	8.1	West Coast	HT: Clinic	-	-	-	-	-	-	-	300	-
187	Various CHS Facilities	8.5		HT: CHS	-	2 552	7 051	-	-	-	-	-	-
188	Various CHS Facilities	8.5		OD: Fire Compliance	-	-	-	-	-	-	200	-	-
189	Various DHS Facilities	8.3		HT: DHS	-	16 844	5 775	-	-	-	-	-	-
190	Various DHS Facilities	8.3		OD: Fire Compliance	-	-	-	-	-	-	400	-	-
191	Various Nurse Colleges	8.6		HT: Nursing College	-	-	5 000	-	-	-	-	-	-
192	Various OF Facilities	8.6		HT: ICT	-	-	-	1 000	-	-	-	-	-
193	Various OF Facilities	8.6		HT: OF	-	386	3 705	-	-	-	-	-	-
194	Various Pharmacies upgrade	8.1		Pharmacies rehabilitation	-	-	-	-	-	-	1 000	4 000	-
195	Various Pharmacies upgrade	8.3		Pharmacy rehabilitation	-	-	-	-	-	-	1 000	4 000	-
196	Various PHS Facilities	8.1		HT: PHS	-	2 629	3 900	-	-	-	-	-	-
197	Various PHS Facilities	8.4		HT: PHS	-	311	2 569	-	-	-	-	-	-
198	Various PHS Facilities	8.4		OD: Fire Compliance	-	-	-	-	-	-	390	-	-
199	Veldrift: Veldrift clinic	8.1	West Coast	HT: Clinic	-	-	-	-	-	-	-	500	-
200	Vredenburg: Louwville clinic	8.1	West Coast	HT: Clinic	-	-	-	-	-	-	250	750	-
201	Vredenburg: Vredenburg Hospital	8.3	West Coast	Hospital upgrade Phase 2B	8 150	27 980	50 000	49 500	27 100	27 100	2 000	18 000	10 000
202	Vredenburg: Vredenburg Hospital	8.3	West Coast	HT: ECM	-	-	2 055	500	-	-	-	-	-
203	Vredenburg: Vredenburg Hospital	8.3	West Coast	HT: Hospital	2 184	1 169	2 000	7 000	2 000	2 000	500	-	-
204	Vredenburg: Vredenburg Hospital	8.3	West Coast	HT: SCM Team 3	-	-	-	733	-	-	-	-	-
205	Vredenburg: Vredenburg Hospital	8.3	West Coast	OD and QA	1 790	1 139	1 549	894	2 44	244	-	50	300
206	Vredenburg: Vredenburg Hospital	8.3	West Coast	OD: Project Support	-	-	-	-	600	600	753	794	833
207	Vredenburg: Vredenburg Hospital	8.3	West Coast	OD: SCM Support	-	-	-	-	638	638	832	878	922

NO	PROJECT NAME	SUB-PROGRAMME	DISTRICT / MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPROPRIATION	ADJUSTED APPROPRIATION	REVISED APPROPRIATION	MEDIUM TERM ESTIMATES		
					2011/12 R000's	2012/13 R000's	2013/14 R000's				2015/16 R000's	2016/17 R000's	2017/18 R000's
208	Vredendal: FPL	8.6	West Coast	HT: FPL	-	-	-	-	-	-	500	-	-
209	Vredendal: Vredendal Hospital	8.3	West Coast	HT: Hospital	-	-	-	-	2 000	2 000	-	-	-
210	Vredendal: Vredendal Hospital	8.3	West Coast	HT: Hospital	-	-	-	-	-	-	800	-	-
211	Wolsley: Wolsley Clinic	8.1	Cape Winelands	HT: Clinic	-	-	-	-	-	-	-	-	2 000
212	Wolsley: Wolsley Clinic	8.1	Cape Winelands	OD and QA	-	-	-	-	-	-	-	197	-
213	Worcester: Bolland Nurse College	8.6	Cape Winelands	Nurses accommodation at Erica Hostel, R & R	-	-	1 500	-	800	800	18 023	1 700	-
214	Worcester: Bolland Nurse College	8.6	Cape Winelands	HT: Additional Nurses accommodation: Erica Hostel	-	-	-	-	-	-	2 500	-	-
215	Worcester: Worcester CDC	8.1	Cape Winelands	HT: CDC	-	-	-	-	200	200	600	-	-
216	Worcester: Worcester Hospital	8.4	Cape Winelands	Fire compliance	-	-	-	-	-	-	500	5 500	-
217	Worcester: Worcester Hospital	8.4	Cape Winelands	Hospital Upgrade Phase 3	1 098	773	-	-	-	-	-	-	-
218	Worcester: Worcester Hospital	8.4	Cape Winelands	Hospital Upgrade Phase 4	8 656	15 295	420	-	500	500	-	-	-
219	Worcester: Worcester Hospital	8.4	Cape Winelands	Hospital Upgrade Phase 5	-	1 164	9 000	20 000	16 000	16 000	18 000	2 500	-
220	Worcester: Worcester Hospital	8.4	Cape Winelands	HT: ICT	-	-	1 530	500	-	-	-	-	-
221	Worcester: Worcester Hospital	8.4	Cape Winelands	HT: ECM	-	-	-	3 500	-	-	-	-	-
222	Worcester: Worcester Hospital	8.4	Cape Winelands	HT: Hospital	11 774	5 838	2 500	-	3 500	3 500	-	-	-
223	Worcester: Worcester Hospital	8.4	Cape Winelands	HT: PACS-RIS	-	-	-	3 600	3 600	3 600	-	-	-
224	Worcester: Worcester Hospital	8.4	Cape Winelands	OD and QA	1 923	900	760	1 391	741	741	-	-	-
225	Worcester: Worcester Hospital	8.4	Cape Winelands	OD: Project Support	-	-	-	-	735	735	904	953	1 001
226	Vredendal: Vredendal Clinics	8.1	West Coast	HT: Clinic	-	-	-	-	2 000	2 000	-	-	-
227	Engineering and Technical Services	8.6	City of Cape Town	OD: Capacitation	-	-	-	-	905	905	1 264	1 333	1 400
228	Engineering and Technical Services	8.6	City of Cape Town	OD: Infra Support	-	-	-	-	270	270	427	450	473
229	Infrastructure Programme Delivery	8.6	City of Cape Town	OD: Capacitation	-	-	-	-	7 407	7 407	10 164	10 723	11 259

NO	PROJECT NAME	SUB-PROGRAMME	DISTRICT / MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPROPRIATION	ADJUSTED APPROPRIATION	REVISED APPROPRIATION	MEDIUM TERM ESTIMATES		
					2011/12 R000's	2012/13 R000's	2013/14 R000's				2015/16 R000's	2016/17 R000's	2017/18 R000's
230	Infrastructure Programme Delivery	8.6	City of Cape Town	OD: Infra Support	-	-	-	-	1 317	1 317	3 689	3 892	4 087
231	Various COMHC Facilities	8.1		OD: Fire Compliance	-	-	-	-	-	-	20	-	-
Total rehabilitation, renovations and refurbishments					183 178	219 881	357 679	270 764	337 990	337 990	250 180	224 664	142 431

Conditional Grants

Table C.5: Conditional Grants

Name of conditional grant	Purpose of the grant	Performance indicators 2015/16	Indicator targets for 2015/16
COMPREHENSIVE HIV AND AIDS GRANT	<ul style="list-style-type: none"> To enable the health sector to develop an effective response to HIV and AIDS including universal access to HIV Counselling and Testing. To support the implements of the National operational plan for comprehensive HIV and AIDS treatment and care. To subsidise in-part funding for the antiretroviral treatment plan. To provide financial resources in order to accelerate the effective implementation of a programme that has been identified as a priority in the 10-point plan of the National Department of Health. The grant is utilised in line with the National Operational Plan for HIV and AIDS Care, Management and Treatment in South Africa, the National and Provincial HIV / AIDS / STI Strategic Plans 2007-2011 and Healthcare 2010. For the coming three years, Global Fund Phase 1 RCC Funding will supplement the grant to contribute towards the attainment of planned outputs and outcomes, notably infrastructure, ARVs, human resources, laboratory costs and health system strengthening. 	<ol style="list-style-type: none"> Total number of fixed public health facilities offering ART services Number of new patients started on ART Total number of patients on ART remaining in care Number of beneficiaries served by home-based care Number of active home-based carers receiving stipends Number of male condoms distributed Number of female condoms distributed Number of high transmission areas (HTA) intervention sites Number of antenatal care (ANC) clients initiated on life-long ART Number of babies polymerase chain reaction (PCR) tested at 6 weeks Number of HIV positive clients screened for tuberculosis Number of HIV positive patients started on IPT (isoniazide prevention therapy) Number of active lay counselors on stipends Number of clients pre-test counselled on HIV testing (including antenatal) Number of HIV tests done (including antenatal) Number of health facilities offering medical male circumcision (MMC) services Number of medical male circumcisions performed Sexual assault cases offered ARV prophylaxis Step-down care (SDC) facilities/units Doctors and professional nurses trained on HIV and AIDS, STIs, tuberculosis and chronic diseases 	<p>275</p> <p>38 000</p> <p>189 021</p> <p>203 500</p> <p>3 700</p> <p>130 893 367</p> <p>3 167 181</p> <p>120</p> <p>7 229</p> <p>12 642</p> <p>40 000</p> <p>12 000</p> <p>661</p> <p>1 575 000</p> <p>1 103 372</p> <p>30</p> <p>22 899</p> <p>4 300</p> <p>26</p> <p>940</p>
NATIONAL TERTIARY SERVICES GRANT (NTSG)	<ul style="list-style-type: none"> To ensure provision of tertiary health services for all South African citizens. To compensate tertiary facilities for the costs associated with provision of these services including cross border patients. 	<ol style="list-style-type: none"> Number of national central and tertiary hospitals providing components of Tertiary services 	<p>3</p>
HEALTH PROFESSIONAL TRAINING AND DEVELOPMENT GRANT	<ul style="list-style-type: none"> Support provinces to fund service costs associated with training of health science trainees on the public service platform. Co-funding of the National Human Resources Plan for Health in expanding undergraduate medical education for 	<ol style="list-style-type: none"> Number of undergraduate health science trainees supervised¹¹ Number of registrars supervised 	<p>3 160 (medical and dental undergraduate students)</p> <p>680 (medical and dental registrars)</p>

¹¹ Undergraduate student enrolments to Universities are subject to a selection process. Actual enrolments are only completed after the submission of the APP. Targets are therefore based on estimates.

Name of conditional grant	Purpose of the grant	Performance indicators 2015/16	Indicator targets for 2015/16
HEALTH FACILITY REVITALISATION GRANT (NATIONAL HEALTH GRANT)	<ul style="list-style-type: none"> To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, inter alia, health technology, organisational systems (OD) and quality assurance (QA). Supplement expenditure on health infrastructure delivered through public-private partnerships. 	<ol style="list-style-type: none"> Number of health facilities planned (projects in identification / feasibility stage) Number of health facilities designed (projects in design / tender stage) Number of health facilities constructed (projects in construction / handover phase) Number of health facilities equipped Number of health facilities operationalised 	<p>47¹¹</p> <p>27</p> <p>18</p> <p>27</p> <p>12</p>
NATIONAL HEALTH INSURANCE GRANT	<ul style="list-style-type: none"> Test innovations in health services provision for implementing NHI, allowing for each district to interpret and design innovations relevant to its specific context in line with the vision for realising universal health coverage for all. To undertake health system strengthening activities in identified focus areas. To assess the effectiveness of interventions/activities undertaken in the district funded through this grant. 	<p>Central hospitals:</p> <ol style="list-style-type: none"> Strengthening revenue collection and development of alternative hospital reimbursement tools <p>NHI pilot districts:</p> <ol style="list-style-type: none"> Develop an appropriate rural model for Community Care Workers (CCWs) Incorporate the CCWs into an integrated rational patient referral system in the Eden District Assess the impact of Pharmacist Assistant support to PHC clinics in terms of pharmaceutical supplies, budget control and loss control Assess the wastage of Chronic disease medicine by patients, the underlying reasons for wastage, and proposed strategies to improve non-wastage Develop an appropriate rural model to allow the staff category of Pharmacist Assistant Post Basics (PAPB) to up-skill to Pharmacist Technician without disruption to services Compare the effectiveness of the Pharmaceutical Sub-depot to Virtual Warehousing and Direct Delivery with regards to the delivery of Pharmaceuticals Appoint a service provider to assist in streamlining the Contract Management system (particularly non-negotiables) according to the Lean principles, developing user-friendly contract management tools, and capacitating staff to implement it NHI Business plans developed, approved, projects planned, implemented, co-ordinated, monitored & evaluated with Financial Budget management Execute an assessment of CCW PACK 	<ul style="list-style-type: none"> Not applicable as there is no NHI funding allocated to the central hospitals in the Western Cape. A rural model developed for Community Care Workers CCWs). An integrated rational patient referral system (incorporating CCWs) developed for the Eden District. Impact of Pharmacist Assistant support to PHC clinics in terms of pharmaceutical supplies, budget control and loss control determined and documented. Wastage of Chronic disease medicine by patients, the underlying reasons for wastage determined, and proposed strategies to improve non-wastage developed. An appropriate rural model developed to allow the staff category of Pharmacist Assistant Post Basics (PAPB) to up-skill to Pharmacist Technician. The effectiveness of the Pharmaceutical Sub-depot determined and compared to Virtual Warehousing and Direct Delivery with regards to the delivery of Pharmaceuticals. A streamlined Contract Management system (particularly non-negotiables) according to the Lean principles developed. A DD: Monitoring and Evaluation appointed and fulfilling all duties. All training initiatives

¹¹ This figure only includes projects with a budget allocation for 2015/16.

Name of conditional grant	Purpose of the grant	Performance indicators 2015/16	Indicator targets for 2015/16
		training initiatives	among CCWs on Chronic Disease Management evaluated, impact determined and documented.
		10. Conduct an NHI Workshop with the development of appropriate and action plans	<ul style="list-style-type: none"> An NHI Workshop conducted and appropriate action plans developed, approved.
		11. Develop and implement a Comprehensive Woman's Health Strategy for the Eden District, and assess the impact of progress thereof on select indicators	<ul style="list-style-type: none"> A Comprehensive strategy developed, implemented and impact assessed to address Woman's Health issues.
		12. Implement a patient folder management system at selected District hospitals	<ul style="list-style-type: none"> Folder Management System implemented at Oudtshoorn, Riversdale, Uniondale and Mossel Bay District hospitals.
EXPANDED PUBLIC WORKS PROGRAMME INTEGRATED GRANT FOR PROVINCES	<p>To incentivise provincial departments to expand work creation efforts through the use of labour intensive delivery methods in the following identified focus areas, in compliance with the EPWP guidelines.</p> <ul style="list-style-type: none"> Road maintenance and the maintenance of buildings Low traffic volume roads and rural roads Other economic and social infrastructure Tourism and cultural industries Sustainable land based livelihoods Waste management 	<p>Increased number of people employed and receiving income through the EPWP. Increased average duration of the work opportunities created (per job opportunity)</p>	<p>Grounds – Cleaning gardens at Hospitals and Clinics in Metropole area. Target – Gender 50/50 comprising of Black, Brown and White (32 people). Central Laundries – Sorting of linen and delivery of clean linen to various health facilities. Target – 60% Female 40% Male (14 people) Also targeting persons with Physical Challenges.</p>

Public Entities

Table C.6: Public Entities

Name of public entity	Mandate	Outputs	Current annual budget (R'000)	Date of next evaluation

Note:

The Western Cape Government Health does not have any public entities and therefore this table is not applicable.

Public - Private Partnerships

Table C.7: Public -private partnerships [PPP]

Name of PPP	Purpose	Outputs	Current annual budget R'000	Date of termination	Measures to ensure smooth transfer of responsibilities
Western Cape Rehabilitation Centre (WCRC) Public Private Partnership	Provision of equipment, facilities management and all associated services at the Western Cape Rehabilitation Centre and the Lentegeur Hospital.	<p>Western Cape Rehabilitation Centre [WCRC]:</p> <p>The private party ensures the provision of catering services, manning the Helpdesk, cleaning of all areas, provision of general estate management services, general grounds and garden maintenance, supply, maintenance and replacement of linen, control of pests and infestations, provision, management, calibration, repair, maintenance, cleaning and replacement of all medical devices, waste management, security services provision, utilities management and remedial works.</p> <p>Lentegeur Hospital:</p> <p>The private party ensures the provision of catering services, cleaning services, gardens and grounds maintenance, pest control services, security services and waste management.</p>	52 894	28 February 2019	<ul style="list-style-type: none"> Partnership Management Plan Governance Structures PPP agreement Performance indicators Patients and other stakeholder satisfaction Knowledge management systems
Tygerberg Hospital Public Private Partnership		<p>Replacement of the existing Tygerberg Hospital using a Public Private Partnership procurement approach.</p> <p>Note that this contract is in the process of being developed.</p>	12 000	To be determined	Feasibility study in process

Conclusion

The Department is launching into a new period that will focus on implementing the first phase priorities of both the national development plan as well as the healthcare 2030. This is an exciting period with huge opportunities and many challenges. Implementing the identified leverages will put the health services on a firm path to person-centred care and achieving wellness of the broader population in the Province.



Annexures

ANNEXURES

Annexure A: Technical Indicator Descriptions

PROGRAMME 1: ADMINISTRATION

PROVINCIAL STRATEGIC OBJECTIVES FOR ADMINISTRATION [ADMIN 1 & 3]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New Indicator	Desired performance	Indicator responsibility
GOAL 2: TO EMBED GOOD GOVERNANCE AND VALUES-DRIVEN LEADERSHIP PRACTICES														
1.1.1	Percentage of the annual equitable share budget allocation spent	Percentage of the allocated equitable share annual budget that was spent by the Department. For quarterly reporting the projected annual expenditure versus the annual budget should be used.	Ensure the under- / over-spending of the equitable share is within 1% of the budget allocation.	Numerator: Expenditure reports	Numerator: BAS	Numerator: Annual expenditure on equitable share budget (Quarterly, use projected annual expenditure)	100	Dependant on accurate expenditure information on the equitable share budget. (Quarterly dependant on realistic projected expenditure.)	Output	Percentage	Quarterly	No	The over- / under-spending of the annual equitable share do not exceed 1% of the budget allocation.	Chief Financial Officer (CFO)
2.1.1	Timeliness of a Human Resource Plan for 2015 - 2019 to DPSA	The 2015 - 2019 Human Resource Plan is submitted to the Department of Public Service and Administration (DPSA) timeously.	Strengthen human resource capacity to enhance service delivery by implementing, reviewing and amending the departmental Human Resource Plan.	Submission of the 2015 - 2019 Human Resource Plan	Submission of the 2015 - 2019 Human Resource Plan	Revised Human Resource Plan for 2015 - 2019 submitted timeously to DPSA	Yes / No	Availability of documentation to proof submission of Plan.	Input	Compliance	Annually	Yes	Adherence to the due date for the submission of the plan to the Department of Public Service and Administration.	Director: Human Resource Management

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility	
3.1.1	Cultural entropy level for WCG: Health	Cultural entropy provides an indication of organisational culture and is the amount of energy in an organisation that is consumed in unproductive work. It is a measure of the conflict, friction and frustration that exists within an organisation. Cultural entropy is calculated as the proportion of votes for limiting values that participants in the Barrett values survey pick to describe the current culture of the organisation.	Organisational culture has an influence on the overall performance of the organisation. Leadership plays a critical role in driving a values-driven culture with the organisation.	<u>Numerator:</u> Barrett values survey <u>Denominator:</u> Barrett values survey	<u>Numerator:</u> Cultural Values Assessment (CVA) report <u>Denominator:</u> Cultural Values Assessment (CVA) report	<u>Numerator:</u> Votes for potentially limiting values (PL) in current culture <u>Denominator:</u> Participants in the survey X 10 possible values	100	Respondents base their answers (votes for the values) on their personal perception of the organisation. Participation is limited to staff with access to computers and, therefore, the majority of staff who participate falls in the admin category.	Output	Percentage	Bi-annual	Yes	A reduction in cultural entropy enables a more optimal work environment that improves organisational performance, increases employee engagement as well as reduces employee turnover.	Director: Human Resource Management	
		Entropy risk bands: <ul style="list-style-type: none"> • Less than 10%: healthy functioning • 10% - 19%: problems requiring attention and careful monitoring • 20% - 29%: significant problems requiring immediate attention • 30% - 39%: crisis situation requiring immediate change • Above 40%: impending risk of implosion, bankruptcy, or failure. 													

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
3.1.2	Number of value matches in the Barrett survey	Cultural value matches highlight the relationship between personal values, current and desired organisational values. In a highly aligned culture, one would expect to see three or four positive values matches between personal, current, and desired values. These values indicate whole system change.	Matching values indicate alignment between personal, current and desired values - the individual and collective consciousness have grown to the same level and the collective exhibits the behaviours.	Barrett values survey	Cultural Values Assessment (CVA) report	Value matches in the Barrett values survey	1	Respondents base their answers (votes for the values) on their personal perception of the organisation. Participation is limited to staff with access to computers and, therefore, the majority of staff who participate falls in the admin category.	Output	Number	Bi-annual	Yes	Higher number of value matches indicates better alignment between personal, current and desired values.	Director: Human Resource Management
4.1.1	Percentage of PHC facilities where PHCIS software suite has been rolled-out	Proportion of PHC Primary Health Care Information System (PHCIS) roll-out plan where the software suite has been rolled out. The software suite consists of the following modules: <ul style="list-style-type: none"> PMI (Patient Master Index) Appointment module eRMR (electronic Routine Monthly Report-module) 	Improve patient administration through a centralised database and establishing an unique identifier that will enable the department to track patients between facilities at different levels of care. Improve the patient experience and waiting times.	Numerator: PHCIS software suite project plan Denominator: PHCIS software suite project plan	Numerator: PHCIS software suite project plan Denominator: PHCIS software suite project plan	Numerator: PHC facilities where the roll-out of the PHCIS software suite has been completed Denominator: PHC facilities on the PHCIS software suite roll-out plan	100	Accuracy dependant on exact record keeping by roll-out team.	Input	Percentage	Annual	Yes	Higher percentage means more fixed PHC facilities have access to patient administration systems.	Director: Information Management

PERFORMANCE INDICATORS FOR ADMINISTRATION [ADMIN 2 & 3]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
SECTOR SPECIFIC INDICATORS														
1.	Audit opinion from Auditor-General of South Africa	Outcome of the audit conducted by the Auditor-General of South Africa (AGSA). Note: The audit opinion expressed during the current financial year will relate to the audit outcome of the previous financial year (e.g. the audit opinion expressed during 2015/16 will relate to the audit outcome of 2014/15).	Monitors the outcome of the audit conducted by the AGSA.	Audit Report of AGSA	Audit Report of AGSA	Audit opinion expressed in Audit Report of AGSA	None	Timeous availability of the Audit Report of the AGSA.	Output	Categorical	Annual	Yes	Unqualified or clean audit, i.e. no matters of emphasis.	Chief Financial Officer
2.	Percentage of hospitals with broadband access	Proportion of hospitals that have access to at least 2 Mbps (megabit per second) connection.	Provide connectivity required to enable the roll-out of electronic information systems.	<u>Numerator:</u> Sintelligent <u>Denominator:</u> Facility list	<u>Numerator:</u> Sintelligent <u>Denominator:</u> SINJANI	<u>Numerator:</u> Hospitals with minimum 2 Mbps connectivity <u>Denominator:</u> Number of hospitals	100	Dependant on accurate monitoring and recording of hospitals with specified access.	Input	Percentage	Quarterly	Yes	Higher number of facilities with specified access will result in increased ICT connectivity.	Director: Information Management
3.	Percentage of fixed PHC facilities with broadband access	Proportion of fixed PHC facilities that have access to at least 512 Kbps (kilobit per second) connection.	Provide connectivity required to enable the roll-out of electronic information systems.	<u>Numerator:</u> Sintelligent <u>Denominator:</u> Facility list	<u>Numerator:</u> Sintelligent <u>Denominator:</u> SINJANI	<u>Numerator:</u> Fixed PHC facilities with minimum 512 kbps connectivity <u>Denominator:</u> Number of fixed PHC facilities	100	Dependant on accurate monitoring and recording of fixed PHC facilities with specified access.	Input	Percentage	Quarterly	Yes	Higher number of facilities with specified access will result in increased ICT connectivity.	Director: Information Management

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
ADDITIONAL PROVINCIAL INDICATOR														
4.	Percentage of selected pharmacies where JAC roll-out has been completed	Proportion pharmacies on the JAC roll-out plan where the roll-out has been completed.	Improve patient administration and management of pharmacy scripts. Improve the patient experience and waiting times.	Numerator: JAC project plan Denominator: JAC project plan	Numerator: JAC project plan Denominator: JAC project plan	Numerator: Selected pharmacies where JAC roll-out has been completed Denominator: Selected pharmacies on JAC roll-out plan	100	Accuracy dependant on exact record keeping by roll-out team.	Input	Percentage	Annual	Yes	Higher percentage means more pharmacies have access to medicine management systems.	Director: Information Management

PROGRAMME 2: DISTRICT HEALTH SERVICES

PERFORMANCE INDICATORS FOR DISTRICT HEALTH SERVICES [DHS 2, 4 & 5]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
SECTOR SPECIFIC INDICATORS														
1.	Number of districts piloting NHI interventions	Districts that are piloting National Health Insurance (NHI) interventions using the conditional grant funding.	Phased implementation of the building blocks of the NHI.	NHI business plan	NHI business plan	Districts piloting NHI interventions	1	Availability of NHI business plan or similar document with details of projects / interventions that is being implemented by the District.	Input	Number	Annual	Yes	Higher number indicates more districts are piloting and/or implementing NHI interventions.	Chief Director: Strategy and Health Support
2.	Establish NHI consultation fora	The provincial Department of Health has established a forum to consult non-state actors, patient and non-patient groups on NHI.	Establishment of a provincial forum for engagement of non-state actors on the NHI.	Minutes of meetings	Minutes of meetings	Established NHI consultation fora	None	Availability of minutes to proof forum exists.	Input	Yes/No	Annual	Yes	A provincial forum has been established and at least one meeting was held.	Chief Director: Strategy and Health Support

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
3.	Number of districts consulted by NHI consultative fora	Districts that have been consulted by the provincial NHI consultative forum.	Strengthen the input from patients on their experience of the health services.	Attendance list of meetings	Attendance list of meetings	Districts consulted by NHI consultative fora	1	Availability of attendance list which details the organisation the attendees work for.	Input	Number	Annual	Yes	Higher number of districts consulted means patients of different areas had the opportunity to participate in the consultative process.	Chief Director: Strategy and Health Support
4.	National core standards self-assessment rate (PHC facilities)	Fixed PHC facilities (i.e. fixed clinics, CHCs and CDCs) that conducted annual national core standards self-assessments as a proportion of fixed PHC facilities.	Monitors whether health facilities are measuring their own level of compliance with national core standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance.	Numerator: Routine Monthly Report Denominator: Facility list	Numerator: SINJANI Denominator: SINJANI	Numerator: Fixed PHC facilities that conducted a national core standards self-assessment during the financial year Denominator: Fixed PHC facilities (fixed clinics + CHC + CDC)	100	Accuracy dependent on correct recording practices, i.e. each facility must be recorded only once in the month when the assessment was conducted.	Quality	Percentage	Quarterly	No	Higher rate indicates more facilities are conducting self-assessments against the national core standards for quality assurance.	Chief Director: Metro District Health Services (MDHS) and Chief Director: Rural District Health Services (RDHS)
5.	Quality improvement plan after self-assessment rate (PHC facilities)	Fixed PHC facilities (i.e. fixed clinics, CHCs and CDCs) that developed a quality improvement plan after conducting a self-assessment.	Monitors whether health facilities are developing plans to address shortcomings identified after conducting self-assessments.	Numerator: Routine Monthly Report Denominator: Routine Monthly Report	Numerator: SINJANI Denominator: SINJANI	Numerator: Fixed PHC facilities that developed a quality improvement plan during the financial year Denominator: Fixed PHC facilities that conducted a national core standards self-assessment during the financial year	100	Accuracy dependent on correct recording practices, i.e. each facility must be recorded only once in the month when the quality improvement plan was approved.	Quality	Percentage	Quarterly	Yes	Higher rate indicates more facilities are developing quality improvement plans to address shortcomings identified during self-assessments against the national core standards for quality assurance.	Chief Director: MDHS and Chief Director: RDHS

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
6.	Percentage of fixed PHC facilities scoring above 80% on the ideal clinic dashboard	Fixed PHC facilities scoring above 80% on the ideal clinic dashboard as a proportion of fixed PHC facilities that conducted an assessment during the financial year under review.	Monitors the level of compliance with the ideal clinic dashboard in fixed PHC facilities.	Numerator: Still being developed Denominator: Still being developed	Numerator: Still being developed Denominator: Still being developed	Numerator: Fixed PHC facilities scoring above 80% on the ideal clinic dashboard Denominator: Fixed PHC facilities that conducted an ideal clinic assessment during the financial year	100	Accuracy dependent on the completeness of the assessments and reliability of data captured on the assessment.	Quality	Percentage	Quarterly	Yes	Higher percentage indicates better compliance with the ideal clinic dashboard.	Chief Director: MDHS and Chief Director: RDHS
7.	Patient satisfaction survey rate (PHC facilities)	Fixed PHC facilities that conducted a patient satisfaction survey during the financial year as a proportion of fixed PHC facilities.	Monitors whether health facilities are conducting patient satisfaction surveys.	Numerator: Client satisfaction survey Denominator: Facility list	Numerator: SINJANI Denominator: SINJANI	Numerator: Fixed PHC facilities that conducted a patient satisfaction survey during the financial year Denominator: Fixed PHC facilities (fixed clinics + CHC + CDC)	100	Accuracy dependent on correct recording practices, i.e. each facility must be recorded only once in the month when the patient satisfaction survey was conducted.	Quality	Percentage	Quarterly	No	Higher rate indicates more fixed PHC facilities are conducting patient satisfaction surveys.	Chief Director: MDHS and Chief Director: RDHS

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
8.	Patient satisfaction rate (PHC facilities)	Percentage of users who participated in the PHC facility patient satisfaction survey that was satisfied with the service they received. The question "I was pleased with the way I was treated" in the general satisfaction domain will be used to assess the client's overall satisfaction.	Monitors the outcome of patient satisfaction surveys in fixed PHC facilities.	Numerator: Client satisfaction survey Denominator: Client satisfaction survey	Numerator: SINJANI Denominator: SINJANI	Numerator: Questionnaires with 1 or 2 recorded for pleased with treatment (PHC facilities) Denominator: Questionnaires with answer provided for pleased with treatment (PHC facilities)	100	Ability to generalise survey information dependant on the number of clients participating in the survey.	Quality	Percentage	Annual	No	Higher rate indicates more clients are satisfied with the service and better compliance with Batho Pele principles.	Chief Director: MDHS and Chief Director: RDHS
9.	OHH registration visit coverage (annualised)	Outreach households (OHH) registered by ward based outreach teams as a proportion of OHH in the population. The population will be divided by 12 in the formula to make provision for annualisation. (NOT applicable to Western Cape – see notes below table.)	Monitors implementation of the PHC re-engineering strategy.	Numerator: N/A Denominator: N/A	Numerator: N/A Denominator: N/A	Numerator: OHH registration visit Denominator: OHH in population	100	Dependent on accuracy of OHH in population.	Output	Percentage	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system.	N/A
10.	Number of districts with fully fledged district clinical specialist teams (DCSTs)	Number of districts who have DCSTs functioning with all required members, as per the Ministerial Task Team (MTT) report.	Monitors implementation of the PHC re-engineering strategy.	N/A	N/A	Districts with district clinical specialist teams (DCSTs)	1	Dependant on availability of documents to confirm membership as well as functionality of the DCSTs.	Input	Number	Quarterly	No	Higher number indicates greater availability of clinical specialists.	N/A

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
11.	PHC utilisation rate (annualised)	Average number of PHC visits per person per year in the population.	Monitors PHC access and utilisation.	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI Denominator: Stats SA (Circular H28 of 2014)	$\frac{\text{PHC total headcount}}{\text{Total population}}$	1	Accuracy dependent on the reliability of PHC record management at facility level. Dependent on the accuracy of the estimated total population from Stats SA.	Output	Rate (annualised)	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease or greater reliance on the public health system.	Chief Director: MDHS and Chief Director: RDHS
12.	Complaint resolution rate (PHC facilities)	Complaints resolved in fixed PHC facilities as a proportion of complaints received in fixed PHC facilities.	Monitors the public health system response to customer concerns in PHC facilities.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	$\frac{\text{Complaints resolved (PHC facilities)}}{\text{Complaints received (PHC facilities)}}$	100	Accuracy of information is dependent on accurate recording of complaints (all complaints recorded and no duplications).	Quality	Percentage	Quarterly	Yes	Higher rate suggests better management of complaints in PHC facilities.	Chief Director: MDHS and Chief Director: RDHS
13.	Complaint resolution within 25 working days rate (PHC facilities)	Complaints resolved within 25 working days in fixed PHC facilities as a proportion of all complaints resolved in fixed PHC facilities.	Monitors the public health system response to customer concerns in PHC facilities.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	$\frac{\text{Complaints resolved within 25 working days (PHC facilities)}}{\text{Complaints resolved (PHC facilities)}}$	100	Accuracy of information is dependent on the accuracy of the time stamp recorded for each complaint.	Quality	Percentage	Quarterly	No	Higher rate suggests better management of complaints in PHC facilities.	Chief Director: MDHS and Chief Director: RDHS

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
ADDITIONAL PROVINCIAL INDICATORS														
14.	PHC utilisation rate under 5 years (annualised)	Average number of PHC visits per year per person under 5 years of age in the population.	Monitors PHC access and utilisation by children under-5 years of age.	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI Denominator: Stats SA (Circular H28 of 2014)	Numerator: PHC total headcount Denominator: Total population	1	Accuracy dependent on the reliability of PHC record management at facility level. Dependent on the accuracy of estimated population under 5 years from Stats SA.	Output	Rate (annualised)	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease amongst children or greater reliance on the public health system.	Chief Director: MDHS and Chief Director: RDHS
15.	Provincial PHC expenditure per uninsured person in 2013/14 Rand	Expenditure expressed in 2013/14 rands, on primary health care (PHC) by the provincial Department of Health (DoH) per uninsured population.	To monitor adequacy of funding levels for PHC services.	Numerator: Financial data Denominator: Population data	Numerator: BAS Denominator: Stats SA (Circular H28 of 2014)	Numerator: Provincial expenditure on PHC services expressed in 2013/14 Rand (Sub-programmes 2.1, 2.2, 2.3, 2.4 and 2.5) Denominator: Uninsured population in the province	1	Dependent on accuracy of expenditure allocation. Dependent on the accuracy of the estimated uninsured population.	Input	Rate expressed in Rand	Quarterly	No	Higher levels of expenditure reflect prioritisation of PHC services.	Chief Director: MDHS and Chief Director: RDHS
16.	Provincial PHC expenditure per uninsured person	Expenditure on primary health care (PHC) by the provincial Department of Health (DoH) per uninsured population.	To monitor adequacy of funding levels for PHC services.	Numerator: Financial data Denominator: Population data	Numerator: BAS Denominator: Stats SA (Circular H28 of 2014)	Numerator: Provincial expenditure on PHC services (Sub-programmes 2.1, 2.2, 2.3, 2.4 and 2.5) Denominator: Uninsured population in the province	1	Dependent on accuracy of expenditure allocation. Dependent on the accuracy of the estimated uninsured population.	Input	Rate (annualised)	Quarterly	No	Higher levels of expenditure reflect prioritisation of PHC services.	Chief Director: Metro District Health Services (MDHS) and Chief Director: Rural District Health Services (RDHS)

Note:

Indicator 6: The implementation of the ideal clinic dashboard has been delayed until the report from the Ideal Clinic Laboratory is finalised and a feasibility study has been conducted. In the interim, the Western Cape will continue to focus on conducting national core standard self-assessments and implementing quality improvement plans based on the results.

Indicator 8: The new client satisfaction survey module has not been rolled-out by the National Department of Health and, therefore, the Western Cape had to revert to the previous definition (on the "old" system) to report on this indicator.

Indicator 9 & 10: Although these indicators are prescribed by the National Department of Health, a different model is being implemented in the Western Cape. The Province is therefore not able to report on these prescribed national indicators.

PROVINCIAL STRATEGIC OBJECTIVES FOR DISTRICT HEALTH SERVICES [DHS 3 & 5]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS														

PERFORMANCE INDICATORS FOR DISTRICT HOSPITALS [DHS 6, 8 & 9]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
SECTOR SPECIFIC INDICATORS														
1.	National core standards self-assessment rate (district hospitals)	District hospitals that conducted an annual national core standards self-assessment as a proportion of district hospitals.	Monitors whether district hospitals are measuring their own level of compliance with national core standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Facility list	Numerator: SINJANI Denominator: SINJANI	Numerator: Hospitals that conducted a national core standards self-assessment during the financial year (district hospitals) Denominator: Number of district hospitals	100	Accuracy dependent on correct recording practices, i.e. each hospital must be recorded only once in the month when the assessment was conducted.	Quality	Percentage	Quarterly	No	Higher rate indicates more district hospitals are conducting self-assessments against the national core standards for quality assurance.	Chief Director: Metro District Health Services (MDHS) and Chief Director: Rural District Health Services (RDHS)

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
2.	Quality improvement plan after self-assessment rate (district hospitals)	District hospitals that developed a quality improvement plan after conducting a self-assessment.	Monitors whether district hospitals are developing plans to address shortcomings identified after conducting self-assessments.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Hospitals that developed a quality improvement plan during the financial year (district hospitals) Denominator: Hospitals that conducted a national core standards self-assessment during the financial year (district hospitals)	100	Accuracy dependent on correct recording practices, i.e. each hospital must be recorded only once in the month when the quality improvement plan was approved.	Quality	Percentage	Quarterly	Yes	Higher rate indicates more district hospitals are developing quality improvement plans to address shortcomings identified during self-assessments against the national core standards for quality assurance.	Chief Director: MDHS and Chief Director: RDHS
3.	Percentage of hospitals compliant with all extreme and vital measures of the national core standards (district hospitals)	District hospitals that passed all extreme measures and at least 90% of the vital measures of the national core standards (NCS) self-assessment as a percentage of district hospitals that conducted a NCS self-assessment.	Monitors the level of compliance with extreme and vital measures of the national core standards in district hospitals.	Numerator: National core standards self-assessment Denominator: Hospital Semi-permanent Data version 2	Numerator: DHS - NCS system Denominator: SINJANI	Numerator: Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards (district hospitals) Denominator: Hospitals that conducted a national core standards self-assessment during the financial year (district hospitals)	100	Accuracy dependent on the completeness of the self-assessment and reliability of data captured on the assessment.	Quality	Percentage	Quarterly	No	Higher percentage indicates more district hospitals are compliant with extreme and vital measures of the national core standards for quality assurance.	Chief Director: MDHS and Chief Director: RDHS

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
4.	Patient satisfaction survey rate (district hospitals)	District hospitals that conducted a patient satisfaction survey during the financial year as a proportion of district hospitals.	Monitors whether district hospitals are conducting patient satisfaction surveys.	Numerator: Client satisfaction survey Denominator: Client satisfaction survey	Numerator: SINJANI Denominator: SINJANI	Numerator: Hospitals that conducted a patient satisfaction survey during the financial year (district hospitals) Denominator: Number of district hospitals	100	Accuracy dependent on correct recording practices, i.e. each hospital must be recorded only once in the month when the patient satisfaction survey was conducted.	Quality	Percentage	Quarterly	Yes	Higher rate indicates more district hospitals are conducting patient satisfaction surveys.	Chief Director: MDHS and Chief Director: RDHS
5.	Patient satisfaction rate (district hospitals)	Percentage of users that participated in the district hospital patient satisfaction survey that was satisfied with the service they received. The question "I was pleased with the way I was treated" in the general satisfaction domain will be used to assess the client's overall satisfaction.	Monitors the outcome of patient satisfaction surveys in district hospitals.	Numerator: Client satisfaction survey Denominator: Client satisfaction survey	Numerator: SINJANI Denominator: SINJANI	Numerator: Questionnaires with 1 or 2 recorded for pleased with treatment (district hospitals) Denominator: Questionnaires provided for pleased with treatment (district hospitals)	100	Ability to generalise survey information dependent on the number of clients participating in the survey.	Quality	Percentage	Annual	No	Higher rate indicates more clients are satisfied with the service and better compliance with Batho Pele principles.	Chief Director: MDHS and Chief Director: RDHS

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
6.	Average length of stay (district hospitals)	Average number of patient days an admitted patient spends in a district hospital before separation. Inpatient separation is the total of day patients, inpatient discharges, inpatient deaths and inpatient transfers out. (This is a proxy indicator as ideally it should only include inpatient days for those clients separated during the reporting period.)	Monitors effectiveness and efficiency of inpatient management in district hospitals.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Patient days Sum of: • Inpatient days • ½ day patients (district hospitals) Denominator: Inpatient separations - total Sum of: • Day patients • Inpatient deaths • Inpatient discharges • Inpatient transfers out (district hospitals)	1	Accuracy dependent on quality of data from reporting facilities. High levels of efficiency could hide poor quality.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care.	Chief Director: MDHS and Chief Director: RDHS
7.	Inpatient bed utilisation rate (district hospitals)	Inpatient bed days expressed as a percentage of the maximum inpatient bed days available (i.e. inpatient beds x days in the period) in district hospitals.	Monitors effectiveness and efficiency of inpatient management. Specifically monitors the over-/under- utilisation of district hospital beds.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Patient days Sum of: • Inpatient days • ½ day patients (district hospitals) Denominator: Inpatient bed days available (Usable beds total x 30.42) (district hospitals)	100	Accuracy dependent on quality of data from reporting facilities and correct reporting of usable beds.	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of available beds and/or higher burden of disease and/or better service levels.	Chief Director: MDHS and Chief Director: RDHS

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
8.	Mental health admission rate (district hospitals)	Percentage of clients admitted for mental health problems. Inpatient separations is the total of day patients, inpatient discharges, inpatient deaths and inpatients transfer outs. Inpatient separations is used as a proxy for admissions. (Monitor in general hospitals only and NOT in mental health institutions.)	Monitors trends in mental health admissions in non-mental health institutions.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Mental health admissions - total (district hospitals) Denominator: Inpatient separations - total (district hospitals)	100	Accuracy dependent on quality of data from reporting facilities.	Output	Percentage	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	Chief Director: MDHS and Chief Director: RDHS
9.	Expenditure per PDE (district hospitals)	Average cost per patient day equivalent (PDE) in district hospitals. PDE is the sum of inpatient days, 1/2 x day patients, 1/3 x OPD headcount and 1/4 x emergency headcount.	Monitors effective and efficient management of inpatient facilities.	Numerator: Financial data Denominator: Inpatient Throughput Form Outpatient and Inpatient Related Services	Numerator: BAS Denominator: SINJANI SINJANI	Numerator: Expenditure in district hospitals (sub-programme 2.9) Denominator: Patient day equivalent (PDE) reporting (district hospitals) Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount	1	Accuracy of expenditure dependent on the correct expenditure allocation. Accuracy of PDE's dependent on quality of data from reporting facilities.	Efficiency	Rate expressed in Rand	Quarterly	No	Lower rate indicates efficient use of financial resources.	Chief Director: MDHS and Chief Director: RDHS
10.	Complaint resolution rate (district hospitals)	Complaints resolved in district hospitals as a proportion of complaints received in district hospitals.	Monitors the public health system response to customer concerns in district hospitals.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved (district hospitals) Denominator: Complaints received (district hospitals)	100	Accuracy of information is dependent on accurate recording of complaints (all complaints recorded and no duplications).	Quality	Percentage	Quarterly	Yes	Higher rate suggests better management of complaints in district hospitals.	Chief Director: MDHS and Chief Director: RDHS

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
11.	Complaint resolution within 25 working days rate (district hospitals)	Complaints resolved within 25 working days in district hospitals as a proportion of all complaints resolved in district hospitals.	Monitors the public health system response to customer concerns in district hospitals.	Numerator: Complaints and Complaints Register Denominator: Complaints and Complaints Register	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved within 25 working days (district hospitals) Denominator: Complaints resolved (district hospitals)	100	Accuracy of information is dependent on the accuracy of the time stamp recorded for each complaint.	Quality	Percentage	Quarterly	No	Higher rate suggests better management of complaints in district hospitals.	Chief Director: MDHS and Chief Director: RDHS
ADDITIONAL PROVINCIAL INDICATORS														
12.	Expenditure per PDE in 2013/14 Rand (district hospitals)	Average cost expressed in 2013/14 constant terms, per patient day equivalent (PDE) in district hospitals. PDE is the sum of inpatient days x 1, 1/2 of the day patients, 1/3 of the OPD headcount and 1/4 of the emergency headcount.	Tracks the expenditure per PDE in district hospitals.	Numerator: Financial data Denominator: Inpatient Throughput Form Outpatient and Inpatient Related Services	Numerator: BAS Denominator: SINJANI SINJANI	Numerator: Expenditure in district hospitals (sub-programme 2.9) expressed in 2013/14 Rand Denominator: Patient day equivalent (PDE) (district hospitals) Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount	1	Accuracy of expenditure dependent on the correct expenditure allocation. Accuracy of PDE's dependent on quality of data from reporting facilities.	Efficiency	Rate expressed in Rand	Quarterly	No	Lower rate indicates efficient use of financial resources.	Chief Director: MDHS and Chief Director: RDHS

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
13.	Mortality and morbidity review rate (district hospitals)	Frequency of conducting mortality and morbidity reviews in district hospitals that should include, but is not limited to: (a) maternal deaths, (b) neonatal deaths, (c) wrong site surgery, (d) anaesthetic deaths. At least 10 reviews should be conducted per key discipline per year. District hospitals are deemed to have one discipline, therefore planned morbidity and mortality reviews are calculated as the number of district hospitals x 12 (months in a year).	Monitors the facility's aim of ensuring quality health care service provision. Guideline to be developed to include among other things measures such as caesarean section infection rate, anaesthetic death rate, maternal and paediatric deaths and wrong site surgery.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Mortality and morbidity reviews conducted per discipline (district hospitals) Denominator: Planned mortality and morbidity reviews (district hospitals) (number of disciplines within district hospitals x number of district hospitals x 12)	100	Accuracy dependent on quality of data from reporting facilities.	Quality	Percentage	Quarterly	No	Higher percentage indicates more reviews were conducted and suggests better clinical governance.	Chief Director: MDHS and Chief Director: RDHS

Note:

Indicator 5: The new client satisfaction survey module has not been rolled-out by the National Department of Health and, therefore, the Western Cape had to revert to the previous definition (on the "old" system) to report on this indicator.

PROVINCIAL STRATEGIC OBJECTIVES FOR DISTRICT HOSPITAL SERVICES [DHS 7 & 9]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS														

Note: No provincial strategic objectives specified for District Hospital Services.

PERFORMANCE INDICATORS FOR HIV AND AIDS, TB AND STI CONTROL [DHS 10, 12 & 13]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
SECTOR SPECIFIC INDICATORS														
1.	Total clients remaining on ART (TROA)	Total clients remaining on ART (TROA) are the sum of the following, as recorded in the column designating the month at the end of the reporting period: <ul style="list-style-type: none"> Any client that has a current regimen. Any client that has a star without a circle, i.e. someone who is not yet considered lost to follow-up (LTF). 	Monitors the number of patients receiving anti-retroviral treatment (ART).	ART register	SINJANI	<p>Clients remaining on ART at the end of the reporting period (children and adults):</p> <p><u>Sum of:</u></p> <ul style="list-style-type: none"> Naive (including PEP and PMTCT) Experienced (Exp) Transfer in (TF) Restart <p><u>Minus:</u></p> <ul style="list-style-type: none"> Died (RP) Lost to follow-up (LTF) Transfer out (TFO) 	1	Dependent on accuracy of data from reporting facilities.	Input	Cumulative	Quarterly	No	Higher total indicates a larger population on ARV treatment.	Director: HIV/AIDS & TB
2.	Client tested for HIV (including ANC)	ALL clients tested for HIV, including clients under 15 years and antenatal clients.	Monitors annual testing of persons who are not known HIV positive against a set target. This assists in resource planning e.g. test kits and staffing and individuals' level of knowledge of their HIV status.	Numerator: HIV Counselling and Testing Register	Numerator: SINJANI	<p>Numerator:</p> <p>Client tested for HIV (including ANC)</p>	1	Accuracy dependent on quality of data (tick and tally sheets) from reporting facilities and whether clients attended services for HIV testing more than once.	Input	Number	Quarterly	Yes	Higher number indicates an increased population knowing their HIV status.	Director: HIV/AIDS & TB

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
3.	Tb symptom 5 years and older screened rate	Clients 5 years and older screened for TB symptoms as a proportion of PHC headcount 5 years and older.	Monitors trends in early identification of TB suspects in health care facilities.	Numerator: Routine Monthly Report Denominator: Routine Monthly Report	Numerator: SINJANI Denominator: SINJANI	Numerator: Client 5 years and older screened for TB symptoms (Proxy: TB suspect 5 years and older with sputum sent) Denominator: PHC headcount 5 years and older	100	Accuracy dependent on quality of data from reporting facilities.	Process	Percentage	Quarterly	Yes	Higher percentage will result in early identification and treatment of TB clients.	Director: HIV/AIDS & TB
4.	Male condom distribution rate (annualised)	Male condoms distributed from a primary distribution site to health facilities or points in the community (e.g. campaigns, non-traditional outlets, etc.) per male 15 years and older. Primary distribution sites (PDS) must report to sub-districts on a monthly basis on how many male condoms were distributed in the reporting month.	Monitors distribution of male condoms for prevention of HIV and other STIs, and for contraceptive purposes. Note that research indicates only around 60% of distributed condoms are used for the intended purpose.	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI Denominator: Stats SA (Circular H28 of 2014)	Numerator: Male condoms distributed Denominator: Male population 15 years and older	1	Dependent on accuracy of data from reporting facilities. Dependent on the accuracy of population estimates from Stats SA.	Output	Rate (annualised)	Quarterly	Yes	Higher rate indicates better usage of contraceptive methods and should also lead to a decrease in the incidence of HIV and AIDS, and other STIs.	Director: HIV/AIDS & TB

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
5.	Female condom distribution rate (annualised)	Female condoms distributed from a primary distribution site to health facilities or points in the community (e.g. campaigns, non-traditional outlets, etc.) per female aged 15 years and older. Primary distribution sites (PDS) must report to sub-districts on a monthly basis on how many female condoms were distributed in the reporting month.	Monitors distribution of female condoms for prevention of HIV and other STIs, and for contraceptive purposes.	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI Denominator: Stats SA (Circular H28 of 2014)	Numerator: Female condoms distributed Denominator: Female population 15 years and older	1	Dependent on accuracy of data from reporting facilities. Dependent on the accuracy of population estimates from Stats SA.	Output	Rate (annualised)	Quarterly	Yes	Higher rate indicates better usage of contraceptive methods and should also lead to a decrease in the incidence of HIV and AIDS, and other STIs.	Director: HIV/AIDS & TB
6.	Medical male circumcision performed - total	Medical male circumcisions (MMCs) performed. All males who are circumcised under medical supervision are recorded.	Records all males who are circumcised under medical supervision.	Routine Monthly Report	SINJANI	Medical male circumcisions (MMCs) conducted	1	Dependent on accuracy of data from reporting facilities.	Output	Sum	Quarterly	No	Higher number indicates more males are circumcised under medical supervision.	Director: HIV/AIDS & TB
7.	TB new client treatment success rate	New TB clients successfully completed treatment as a proportion of new TB clients who started on treatment. Includes new TB patients who are cured OR completed their treatment.	Monitors success of TB treatment for all types of TB.	Numerator: TB register Denominator: TB register	Numerator: EIR.net Denominator: EIR.net	Numerator: New TB cases treatment success (outcome cohort) Denominator: New TB cases (outcome cohort)	100	Accuracy dependent on quality of data from reporting facilities.	Outcome	Percentage	Quarterly	No	Higher percentage indicates more TB clients are treated successfully.	Director: HIV/AIDS & TB

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
8.	Tb client lost to follow up rate	New TB clients who were lost to follow up as a proportion of new TB clients who started on treatment.	Monitors the effectiveness of the retention in care strategies for TB patients.	Numerator: TB register Denominator: TB register	Numerator: EIR.net Denominator: EIR.net	Numerator: New TB cases defaulted (outcome cohort) Denominator: New TB cases (outcome cohort)	100	Accuracy dependent on quality of data from reporting facilities.	Outcome	Percentage	Quarterly	Yes	Lower percentage indicates more TB patients are retained in care.	Director: HIV/AIDS & TB
9.	Tb death rate	New TB clients who died during treatment as a proportion of new TB clients who started on treatment. The cause of death may not necessarily be due to TB.	Monitors death during the TB treatment period.	Numerator: TB register Denominator: TB register	Numerator: EIR.net Denominator: EIR.net	Numerator: New TB clients died during treatment (outcome cohort) Denominator: New TB cases (outcome cohort)	100	Accuracy dependent on quality of data from reporting facilities.	Outcome	Percentage	Annual	Yes	Lower percentage indicates fewer patients died while they were on TB treatment. Note: the cause of death may not necessarily be due to TB.	Director: HIV/AIDS & TB
10.	TB MDR confirmed treatment initiation rate	TB MDR confirmed clients started on treatment as a proportion of TB MDR confirmed clients.	Monitors initial loss to follow up and the effectiveness of linkage to care strategies for MDR TB patients.	Numerator: MDR register Denominator: MDR register	Numerator: EDR.net Denominator: EDR.net	Numerator: TB MDR confirmed client start on treatment (case finding cohort) Denominator: TB MDR confirmed client (case finding cohort)	100	Accuracy dependent on quality of data from reporting facilities.	Outcome	Percentage	Annual	Yes	Higher performance suggests better case finding and/or higher burden of disease.	Director: HIV/AIDS & TB

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
11.	Tb MDR treatment success rate	Tb MDR client successfully treated as a proportion of Tb MDR confirmed clients started on treatment.	Monitors success of MDR TB treatment.	Numerator: MDR register Denominator: MDR register	Numerator: EDR.net Denominator: EDR.net	Numerator: Tb MDR client successfully treated (outcome cohort) Denominator: Tb MDR confirmed client start on treatment (outcome cohort)	100	Accuracy dependent on quality of data from reporting facilities.	Outcome	Percentage	Annual	Yes	Higher percentage indicates more Tb MDR clients are treated successfully.	Director: HIV/AIDS & TB

PROVINCIAL STRATEGIC OBJECTIVES FOR HIV AND AIDS, TB AND STI CONTROL [DHS 11 & 13]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS														
1.1.1	Tb programme success rate	All Tb clients who successfully completed their Tb treatment (i.e. cured + treatment completed) as a proportion of all Tb clients who started on treatment. All Tb patients include pulmonary and extra-pulmonary clients.	Monitors success of Tb treatment for all types of Tb.	Numerator: Tb register Denominator: Tb register	Numerator: ETR.net Denominator: ETR.net	Numerator: All Tb cases treatment success (outcome cohort) Denominator: All Tb cases (outcome cohort)	100	Accuracy dependent on quality of data from reporting facilities.	Outcome	Percentage	Quarterly	Yes	Higher percentage indicates more Tb clients are treated successfully.	Director: HIV/AIDS & TB

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
2.1.1	ART retention in care after 12 months	The proportion of people who started ART treatment care 12 months previously and remained in care. Include 2nd and 3rd line treatment, transfers in (IF) and clients who restarted their treatment. Retained in care excludes: transfers out (IFO), lost to follow up (LTF) and deaths (RIP).	Treatment of HIV infection can be effective only if patients are retained in care over time.	<u>Numerator:</u> ART register <u>Denominator:</u> ART register	<u>Numerator:</u> Tier.net / Ikapa <u>Denominator:</u> Tier.net / ikapa	<u>Numerator:</u> ART clients retained in care after 12 months <u>Denominator:</u> ART clients initiated on treatment (12 month cohort)	100	Accuracy dependent on quality of data from reporting facilities and ability to monitor the outcomes specific cohorts accurately.	Outcome	Percentage	Quarterly	Yes	Higher percentage indicates more patients are still on ART after 12 months.	Director: HIV/AIDS & TB
2.1.2	ART retention in care after 48 months	The proportion of people who started ART treatment care 48 months previously and remained in care. Include 2nd and 3rd line treatment, transfers in (IF) and clients who restarted their treatment. Retained in care excludes: transfers out (IFO), lost to follow up (LTF) and deaths (RIP).	Treatment of HIV infection can be effective only if patients are retained in care over time.	<u>Numerator:</u> ART register <u>Denominator:</u> ART register	<u>Numerator:</u> Tier.net / ikapa <u>Denominator:</u> Tier.net / ikapa	<u>Numerator:</u> ART clients retained in care after 48 months <u>Denominator:</u> ART clients initiated on treatment (48 month cohort)	100	Accuracy dependent on quality of data from reporting facilities and ability to monitor the outcomes specific cohorts accurately.	Outcome	Percentage	Annual	Yes	Higher percentage indicates more patients are still on ART after 12 months.	Director: HIV/AIDS & TB

PERFORMANCE INDICATORS FOR MATERNAL, CHILD AND WOMEN'S HEALTH & NUTRITION [DHS 14, 16 & 17]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
SECTOR SPECIFIC INDICATORS														
1.	Antenatal 1 st visit before 20 weeks rate	Women who have a booking visit (first visit) weeks into their pregnancy as a proportion of all antenatal 1 st visits.	Monitors early utilisation of antenatal services.	<p><u>Numerator:</u> Routine Monthly Report</p> <p><u>Denominator:</u> Routine Monthly Report</p>	<p><u>Numerator:</u> SINJANI</p> <p><u>Denominator:</u> SINJANI</p>	<p><u>Numerator:</u> Antenatal 1st visit before 20 weeks</p> <p><u>Denominator:</u> Antenatal 1st visit</p> <p><u>Sum of:</u></p> <ul style="list-style-type: none"> Antenatal 1st visit before 20 weeks Antenatal 1st visit 20 weeks or later 	100	Dependent on accurate assessment of the number of weeks each antenatal client is pregnant.	Process	Percentage	Quarterly	No	Higher percentage indicates better access to antenatal care.	Director: Facility Based Programmes
2.	Mother postnatal visit within 6 days rate	Mothers who received postnatal care within 6 days after delivery as a proportion of deliveries in health facilities. Note: May be more than 100% in areas with a low delivery in facility rate if many mothers who delivered outside health facilities had a postnatal visit within 6 days after delivery.	Monitors access to and utilisation of postnatal services.	<p><u>Numerator:</u> Routine Monthly Report</p> <p><u>Denominator:</u> Outpatient and Inpatient Related Services</p>	<p><u>Numerator:</u> SINJANI</p> <p><u>Denominator:</u> SINJANI</p>	<p><u>Numerator:</u> Mother postnatal visit within 6 days after delivery</p> <p><u>Denominator:</u> Delivery in facility total</p>	100	Dependent on accurate recording of women who delivered and accessed postnatal care within the specified time frame.	Process	Percentage	Quarterly	Yes	Higher percentage indicates better access to postnatal care.	Director: Facility Based Programmes

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
3.	Antenatal client initiated on ART rate	Antenatal clients who started on ART as a proportion of the total number of antenatal clients who are HIV positive and not previously on ART. Note: Prior to 1 April 2013 the criteria for ART initiation for antenatal clients were: HIV positive with a CD4 count under the specified threshold and/or a WHO staging of 4. From 1 April 2013 all HIV positive antenatal clients who are not already on ART are eligible for the ART fixed dose combination (FDC). From 1 Jan 2015 all HIV positive antenatal clients go onto lifelong treatment regardless of their CD4 status.	Monitors implementation of PMTCT guidelines in terms of ART initiation of eligible HIV positive antenatal clients.	<u>Numerator:</u> Anti-retroviral Treatment Monthly Report (version 2) <u>Denominator:</u> HIV Counselling and Testing (version 3)	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Antenatal client start on ART <u>Denominator:</u> Antenatal client eligible for ART initiation	100	Dependant on accurate recording of HIV positive clients who received ART previously.	Process	Percentage	Quarterly	Yes	Higher percentage indicates more HIV positive antenatal clients have access to ART.	Director: HIV/AIDS & TB
4.	Infant 1 st PCR test positive around 6 weeks rate	Infants tested PCR positive for the first time around 6 weeks after birth as a proportion of infants PCR tested around 6 weeks.	Monitors positivity in HIV exposed infants around 6 weeks.	<u>Numerator:</u> PMTCT Baby Follow-up Register <u>Denominator:</u> PMTCT Baby Follow-up Register	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Infant 1st PCR test positive around 6 weeks <u>Denominator:</u> Infant 1st PCR test around 6 weeks	100	Dependent on accurate recording of infants within the specified timeframe and ensuring each infant is recorded only once.	Outcome	Percentage	Quarterly	No	A lower positivity rate means fewer babies were infected with HIV through mother-to-child transmission.	Director: HIV/AIDS & TB

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
5.	Immunisation coverage under 1 year (annualised)	Children under 1 year who completed their primary course of immunisation as a proportion of the population under 1 year. The child should be counted only ONCE as fully immunised when receiving the last vaccine in the course (usually the 1st measles and PCV3 vaccines) AND if there is documented proof of all required vaccines (BCG, OPV1, DTap-IPV/Hib 1, 2, 3, HepB 1, 2, 3, PCV 1, 2, 3, RV 1, 2 and measles 1) on the Road to Health Card/Booklet AND the child is under 1 year old.	Monitors the implementation of the Extended Programme on Immunisation (EPI).	<u>Numerator:</u> Routine Monthly Report <u>Denominator:</u> Population data	<u>Numerator:</u> SINJANI <u>Denominator:</u> Stats SA (Circular H28 of 2014)	<u>Numerator:</u> Immunised fully under 1 year new <u>Denominator:</u> Population under 1 year	100	Dependent on accurate recording of children under 1 year who are fully immunised when last vaccine is administered). Dependent on the accuracy of the estimated under 1 population from Stats SA.	Output	Percentage (annualised)	Quarterly	No	Higher percentage indicates more children under 1 have completed their primary course of immunisation.	Director: Facility Based Programmes
6.	Measles 2 nd dose coverage (annualised)	Children 1 year of age (i.e. 12 - 23 months) who received measles 2 nd dose, normally at 18 months, as a proportion of the population aged 1 year (i.e. 12 - 23 months). Vaccines given as part of mass vaccination campaigns should not be included here.	Monitors protection of children against measles. (Because the 1 st measles dose is only around 85% effective the 2 nd dose is important as a booster.)	<u>Numerator:</u> Routine Monthly Report <u>Denominator:</u> Population data	<u>Numerator:</u> SINJANI <u>Denominator:</u> Stats SA (Circular H28 of 2014)	<u>Numerator:</u> Measles 2 nd dose (at 18 months) <u>Denominator:</u> Population aged 1 year	100	Dependent on accurate recording of children between 12 and 23 months who received their 2 nd measles dose at facilities. Dependent on the accuracy of the estimated 1-year old population from Stats SA.	Output	Percentage (annualised)	Quarterly	Yes	Higher percentage indicates more children are protected against measles.	Director: Facility Based Programmes

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
7.	DTap-IPV/Hib 3 - Measles 1st dose drop-out rate	Proportion of children who dropped out of the immunisation schedule between DTaP-IPV/Hib 3rd dose, normally at 14 weeks and measles 1st dose, normally at 9 months. Vaccines given as part of mass vaccination campaigns should not be included here. Note: DTaP-IPV-HepB-Hib (also known as Hexaxim) will be implemented in 2015 and DTaP-IPV/Hib (Pentaxim) will be phased out as stocks are replaced with Hexaxim.	Monitors children who drop out of the vaccination program after receiving their 14 week vaccination.	Numerator: Routine Monthly Report Denominator: Routine Monthly Report	Numerator: SINJANI Denominator: SINJANI	Numerator: DTaP-IPV/Hib 3 to Measles 1st dose drop-out Calculation: <ul style="list-style-type: none">DTaP-IPV/Hib 3rd dose MINUSMeasles 1st dose under 1 year Denominator: DTaP-IPV/Hib 3rd dose	100	Dependent on accurate recording of children receiving their vaccination as per the immunisation schedule.	Output	Percentage (annualised)	Quarterly	Yes	Lower percentage indicates less children dropped out of the immunisation schedule between 14 weeks and 9 months.	Director: Facility Based Programmes
8.	Child under 5 years diarrhoea case fatality rate	Children under 5 years who were admitted with diarrhoea to an inpatient facility and who died as a proportion of children under 5 years who were admitted with diarrhoea to an inpatient facility. Note: Under 1-year diarrhoea deaths are included.	Monitors treatment outcome for children under 5-years who were admitted with diarrhoea to an inpatient facility.	Numerator: Inpatient throughput form Denominator: Inpatient throughput form	Numerator: SINJANI Denominator: SINJANI	Numerator: Child under 5 years diarrhoea death Denominator: Child under 5 years diarrhoea admitted	100	Dependent on accurate recording of inpatient deaths under 5 years and quality of data from reporting facilities.	Outcome	Percentage	Quarterly	No	Lower rate means fewer children under 5-years died due to diarrhoea.	Director: Facility Based Programmes

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
9.	Child under 5 years pneumonia case fatality rate	Children under 5 years who were admitted with pneumonia to an inpatient facility and who died as a proportion of children under 5 years who were admitted with pneumonia to an inpatient facility. Note: Includes all children under 5 years who died of pneumonia.	Monitors treatment outcome for children under 5-years who were admitted with pneumonia to an inpatient facility.	<u>Numerator:</u> Inpatient throughput form <u>Denominator:</u> Inpatient throughput form	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Child under 5 years pneumonia death <u>Denominator:</u> Child under 5 years pneumonia admitted	100	Dependent on accurate recording of inpatient deaths under 5 years and quality of data from reporting facilities.	Outcome	Percentage	Quarterly	No	Lower rate means fewer children under 5-years died due to pneumonia.	Director: Facility Based Programmes
10.	Child under 5 years severe acute malnutrition case fatality rate	Children under 5 years who were admitted with severe acute malnutrition to an inpatient facility and who died as a proportion of children under 5 years who were admitted with severe acute malnutrition to an inpatient facility. Includes under 1-year severe acute malnutrition deaths as defined in the IMCI guidelines.	Monitors treatment outcome for children under 5-years who were admitted with severe acute malnutrition to an inpatient facility.	<u>Numerator:</u> Inpatient throughput form <u>Denominator:</u> Inpatient throughput form	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Child under 5 years severe acute malnutrition death <u>Denominator:</u> Child under 5 years severe acute malnutrition admitted	100	Dependent on accurate recording of inpatient deaths under 5 years and quality of data from reporting facilities.	Outcome	Percentage	Quarterly	No	Lower rate means fewer children under 5-years died due to severe acute malnutrition.	Director: Facility Based Programmes
11.	School Grade R screening coverage (annualised)	Proportion of Grade R learners screened by a nurse in line with the Integrated School Health Programme (ISHP) service package.	Monitors implementation of the ISHP.	<u>Numerator:</u> Department of Basic Education (DBE) <u>Denominator:</u> Department of Basic Education (DBE)	<u>Numerator:</u> School Health data.xls or SINJANI <u>Denominator:</u> School Health data.xls or SINJANI	<u>Numerator:</u> School Grade R learners screened <u>Denominator:</u> School Grade R learners	100	Dependent on accuracy of school health information obtained from Department of Basic Education and school health nurses.	Output	Percentage (annualised)	Quarterly	Yes	Higher percentage indicates greater proportion of school children received health services at their school.	Director: Community Based Programmes

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
12.	School Grade 1 screening coverage (annualised)	Proportion of Grade 1 learners screened by a nurse in line with the Integrated School Health Programme (ISHP) service package.	Monitors implementation of the ISHP.	Numerator: Department of Basic Education (DBE) Denominator: Department of Basic Education (DBE)	Numerator: School Health data.xls or SINJANI Denominator: School Health data.xls or SINJANI	<u>Numerator:</u> School Grade 1 learners screened <u>Denominator:</u> School Grade 1 learners	100	Dependent on accuracy of school health information obtained from Department of Basic Education and school health nurses.	Output	Percentage (annualised)	Quarterly	No	Higher percentage indicates greater proportion of school children received health services at their school.	Director: Community Based Programmes
13.	School Grade 8 screening coverage (annualised)	Proportion of Grade 8 learners screened by a nurse in line with the Integrated School Health Programme (ISHP) service package.	Monitors implementation of the Integrated School Health Program (ISHP)	Numerator: Department of Basic Education (DBE) Denominator: Department of Basic Education (DBE)	Numerator: School Health data.xls or SINJANI Denominator: School Health data.xls or SINJANI	<u>Numerator:</u> School Grade 8 learners screened <u>Denominator:</u> School Grade 8 learners	100	Dependent on accuracy of school health information obtained from Department of Basic Education and school health nurses.	Output	Percentage (annualised)	Quarterly	No	Higher percentage indicates greater proportion of school children received health services at their school.	Director: Community Based Programmes

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
14.	Couple year protection rate (annualised)	<p>Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as a percentage of the female population aged 15 – 49 years.</p> <p>Note: From 1 April 2015 two new methods are included in the calculation for "contraceptive year equivalent", namely sub-dermal implants and female condoms.</p>	<p>Monitors access to and utilisation of modern contraceptives to prevent unplanned pregnancies. Serves as a proxy for the contraceptive prevalence rate by monitoring trends between official surveys.</p>	<p><u>Numerator:</u> Outpatient and Inpatient Related Services Routine Monthly Report</p>	<p><u>Numerator:</u> SINJANI SINJANI</p>	<p><u>Numerator:</u> Contraceptive years equivalent <u>Sum of:</u> <ul style="list-style-type: none"> Male sterilisations X 20 Female sterilisations X 10 Medroxyprogesterone injection ÷ 4 Norethisterone enanthate injection ÷ 6 Oral pill cycles ÷ 13 IUCD inserted X 4 Subdermal implant x 3 Male condoms ÷ 200 Female condoms ÷ 200 <u>Denominator:</u> Female population 15 – 49 years</p>	100	Accuracy dependent on quality of data from reporting facilities.	Output	Percentage (annualised)	Quarterly	No	Higher percentage indicates more clients are using modern contraceptive methods to prevent unplanned pregnancies.	Director: Facility Based Programmes

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
15.	Cervical cancer screening coverage (annualised)	Cervical smears in women 30 years and older as a proportion of 10% of the female population 30 years and older.	Monitors implementation of the policy on cervical screening.	<u>Numerator:</u> Routine Monthly Report <u>Denominator:</u> Population data	<u>Numerator:</u> SINJANI <u>Denominator:</u> Stats SA (Circular H28 of 2014)	<u>Numerator:</u> Cervical cancer screening in woman 30 years and older <u>Denominator:</u> Female population 30 years and older + 10	100	Dependent on accurate recording of women screened according to the policy (i.e. correct age group AND counted only once every 10 years). Dependent on the accuracy of the estimated female population aged 30 years and older from Stats SA.	Output	Percentage (annualised)	Quarterly	No	Higher percentage indicates more women in the specified age group are screened for cervical cancer.	Director: Facility Based Programmes
16.	Human Papilloma Virus vaccine 1st dose coverage	Percentage of Grade 4 girls, aged 9 years or older, who were vaccinated with the 1st dose of the human papilloma virus (HPV) vaccine during the first round.	Monitors annual coverage of HPV vaccine.	<u>Numerator:</u> HPV campaign <u>Denominator:</u> HPV campaign	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Girls 9 years and older that received HPV 1st dose <u>Denominator:</u> Grade 4 girl learners ≥ 9 years	100	Dependent on accuracy of school health information obtained from Department of Education and school health nurses.	Output	Percentage (annualised)	Quarterly	No	Higher percentage indicates more girls are protected against the human papilloma virus.	Director: Facility Based Programmes
17.	Vitamin A dose 12 - 59 months coverage (annualised)	Children aged 12 - 59 months who received vitamin A 200 000 units, every six months, as a proportion of the population aged 12 - 59 months. Note: The denominator is multiplied by 2 because each child should receive supplementation twice a year.	Monitors vitamin A supplementation to children aged 12 - 59 months.	<u>Numerator:</u> Routine Monthly Report <u>Denominator:</u> Population data	<u>Numerator:</u> SINJANI <u>Denominator:</u> Stats SA (Circular H28 of 2014)	<u>Numerator:</u> Vitamin A dose 12 - 59 months <u>Denominator:</u> Population 12 - 59 months X 2 (Population 1 - 4 years X 2)	100	Dependent on accurate recording of children aged 12 to 59 months who received vitamin A at facilities. Dependent on the accuracy of the estimated 1 - 4 year old population from Stats SA.	Output	Percentage (annualised)	Quarterly	No	Higher percentage indicates better Vitamin A coverage, and better nutritional support to children.	Director: Facility Based Programmes

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
18.	Maternal mortality in facility ratio	Maternal deaths per 100 000 live births in health facilities. Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric).	This is a proxy for the population-based maternal mortality ratio, aimed at monitoring trends in health facilities between official surveys. Focuses on obstetric causes (around 30% of all maternal mortality). Provides an indication of health system results in terms of prevention of unplanned pregnancies, antenatal care, delivery and postnatal services.	<u>Numerator:</u> Maternal death notification form <u>Denominator:</u> Outpatient and Inpatient Related Services	<u>Numerator:</u> National Committee on Confidential Enquiry into Maternal Deaths (NCCEMD) register or SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Maternal death in facility <u>Denominator:</u> Live birth in facility	100 000	Accuracy dependent on quality of data from reporting facilities and correct classification of maternal deaths.	Outcome	Ratio per 100 000 live births	Annual	No	Lower institutional rate indicate fewer avoidable maternal deaths.	Director: Facility Based Programmes
19.	Inpatient early neonatal death rate	Early neonatal deaths (i.e. deaths occurring between 0 and 7 days after birth) as a proportion of infants who were born alive in health facilities.	Monitors trends in early neonatal deaths in health facilities. Indication of health system results in terms of antenatal, delivery and early neonatal care.	<u>Numerator:</u> Outpatient and Inpatient Related Services <u>Denominator:</u> Outpatient and Inpatient Related Services	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Inpatient death early neonatal <u>Denominator:</u> Live birth in facility	1 000	Dependent on accurate recording of early neonatal deaths and quality of data from reporting facilities.	Outcome	Rate per 1 000 live births	Annual	Yes	Lower rate means fewer children died between 0 and 7 days after birth as a result of better antenatal, delivery and/or neonatal care.	Director: Facility Based Programmes

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of Indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
ADDITIONAL PROVINCIAL INDICATORS														
20.	Measles 1st dose under 1 year coverage (annualised)	Percentage of children under 1 year who received measles 1st dose, normally at 9 months. Vaccines given as part of mass vaccination campaigns are not included here.	Monitors protection of children under-1 year of age against measles.	<u>Numerator:</u> Routine Monthly Report <u>Denominator:</u> Population data	<u>Numerator:</u> SINJANI <u>Denominator:</u> Stats SA (Circular H28 of 2014)	<u>Numerator:</u> Measles 1st dose under 1 year <u>Denominator:</u> Population under 1 year	100	Dependent on accurate recording of children under 1 year who received their 1st measles dose at facilities. Dependent on the accuracy of the estimated under 1 population from Stats SA.	Output	Percentage (annualised)	Quarterly	No	Higher percentage indicates better measles vaccination coverage.	Director: Facility Based Programmes
21.	Pneumococcal vaccine (PCV) 3rd dose coverage (annualised)	Percentage of children under 1 year who received the pneumococcal conjugated vaccine (PCV) 3rd dose, normally at 9 months. Vaccines given as part of mass vaccination campaigns are not included here.	Monitors protection of children against pneumococcal disease.	<u>Numerator:</u> Routine Monthly Report <u>Denominator:</u> Population data	<u>Numerator:</u> SINJANI <u>Denominator:</u> Stats SA (Circular H28 of 2014)	<u>Numerator:</u> PCV 3rd dose <u>Denominator:</u> Population under 1 year	100	Dependent on accurate recording of children receiving the 3rd PCV dose at facilities. Dependent on the accuracy of the estimated under 1 population from Stats SA.	Output	Percentage (annualised)	Quarterly	No	Higher percentage indicates better pneumococcal vaccination coverage.	Director: Facility Based Programmes
22.	Rotavirus (RV) 2nd dose coverage (annualised)	Percentage of children under 1 year who received the rotavirus vaccine (RV) 2nd dose, normally at 14 weeks but NOT later than 24 weeks. Vaccines given as part of mass vaccination campaigns are not included here.	Monitors protection of children against rotavirus.	<u>Numerator:</u> Routine Monthly Report <u>Denominator:</u> Population data	<u>Numerator:</u> SINJANI <u>Denominator:</u> Stats SA (Circular H28 of 2014)	<u>Numerator:</u> RV 2nd dose <u>Denominator:</u> Population under 1 year	100	Dependent on accurate recording of children who received their 2nd RV dose at facilities. Dependent on the accuracy of the estimated under 1 population from Stats SA.	Output	Percentage (annualised)	Quarterly	No	Higher percentage indicates better rotavirus vaccination coverage.	Director: Facility Based Programmes

PROVINCIAL STRATEGIC OBJECTIVES FOR MATERNAL, CHILD AND WOMEN'S HEALTH & NUTRITION [DHS 15 & 17]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS														
4.1.1	Under 5 mortality rate (Stats SA)	The probability of a child born in a specific year dying before reaching the age of five if subject to current age-specific mortality rates. (Deaths under 5 years and live births, as reported from Stats SA, must be used.)	Measures the risk of dying in early childhood.	<u>Numerator:</u> Death notification form <u>Denominator:</u> Birth certificate	<u>Numerator:</u> Stats SA Statistical release (Mortality and death in South Africa) <u>Denominator:</u> Stats SA Statistical release (Recorded live births)	<u>Numerator:</u> Children under 5 years who died (Stats SA) <u>Denominator:</u> Live births (Stats SA)	1 000	Reliant on accurate reporting by Stats SA. There is a 2 year delay in reporting (e.g. 2012 data is reported in 2014). Data for any specific year can change due to late registration of births and deaths.	Outcome	Rate per 1 000 live births	Annual	Yes	Lower rate means fewer children under-5 years died.	Director: Facility Based Programmes

PERFORMANCE INDICATORS FOR DISEASE PREVENTION AND CONTROL [DHS 18, 20 & 21]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
SECTOR SPECIFIC ANNUAL INDICATORS														
1.	Client screened for hypertension - 25 years and older	Clients who are not on treatment for hypertension who were screened for hypertension in a PHC clinic and/or outpatient department (OPD).	This should assist with increasing the number of hypertension clients detected and referred for treatment.	Data system to be established	Data system to be established	Clients, not on treatment for hypertension, screened for hypertension	1	Dependent on accurate recording of clients who are not on treatment that were screened.	Output	Sum	Quarterly	Yes	Higher number indicates better case detection and more clients will be initiated on treatment, and/or a higher burden of disease.	Director: Facility Based Programmes

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
2.	Client screened for diabetes - 5 years and older	Clients who are not on treatment for diabetes who are screened for diabetes in a PHC clinic and/or outpatient department (OPD).	This should assist with increasing the number of diabetes clients detected and referred for treatment.	Data system to be established	Data system to be established	Clients, not on treatment for diabetes, screened for diabetes	1	Dependent on accurate recording of clients who are not on treatment that were screened.	Output	Sum	Quarterly	Yes	Higher number indicates better case detection and more clients will be initiated on treatment, and/or a higher burden of disease.	Director: Facility Based Programmes
3.	Client screened for mental disorders	Clients screened for mental disorders (depression, anxiety, dementia, psychosis, mania, suicide, developmental disorders, behavioural disorders and substance use) at PHC facilities as a proportion of the PHC headcount.	Monitors access to mental health services in PHC facilities.	<u>Numerator:</u> Data system to be established <u>Denominator:</u> Routine Monthly Report	<u>Numerator:</u> Data system to be established <u>Denominator:</u> SINJANI	<u>Numerator:</u> Clients screened for mental disorders at PHC level <u>Denominator:</u> PHC total headcount	100	Accuracy dependent on quality of data from reporting facilities.	Output	Percentage	Quarterly	No	Higher percentage indicates more PHC clients are screened for mental disorders and/or have access to mental health services.	Director: Facility Based Programmes
4.	Client treated for mental disorders - new	Clients treated for mental disorders (depression, anxiety, dementia, psychosis, mania, suicide, developmental disorders, behavioural disorders and substance use) as a proportion of clients screened for mental disorders at PHC level.	Monitors access to mental health services in PHC facilities.	<u>Numerator:</u> Data system to be established <u>Denominator:</u> Data system to be established	<u>Numerator:</u> Data system to be established <u>Denominator:</u> Data system to be established	<u>Numerator:</u> Client treated for mental disorders at PHC level <u>Denominator:</u> Clients screened for mental disorders at PHC level	100	Accuracy dependent on quality of data from reporting facilities.	Process	Percentage	Quarterly	No	Higher percentage indicates more PHC clients have access to mental health services.	Director: Facility Based Programmes
5.	Cataract surgery rate in uninsured population (annualised)	Clients who had cataract surgery per 1 million uninsured population.	Monitors access to cataract surgery, accessibility of theatres and availability of human resources.	<u>Numerator:</u> Outpatient and Inpatient Related Services <u>Denominator:</u> Population data	<u>Numerator:</u> SINJANI <u>Denominator:</u> Stats SA (Circular H28 of 2014)	<u>Numerator:</u> Cataract surgery total <u>Denominator:</u> Uninsured population	1 000 000	Accuracy dependent on quality of data from reporting facilities. Dependent on the accuracy of the estimated uninsured population.	Outcome	Rate per 1 000 000 population	Quarterly	Yes	Higher percentage reflects a greater contribution to sight restoration.	Director: Facility Based Programmes

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
6.	Malaria case fatality rate	Deaths from malaria as a percentage of the number of cases reported.	Monitors deaths caused by malaria.	<u>Numerator:</u> Notifiable Medical Conditions notification form <u>Denominator:</u> Notifiable Medical Conditions notification form	<u>Numerator:</u> CDC.xism or SINJANI <u>Denominator:</u> CDC.xism or SINJANI	<u>Numerator:</u> Deaths from malaria <u>Denominator:</u> Malaria cases reported	100	Accuracy dependent on quality of data from reporting facilities.	Outcome	Percentage	Quarterly	No	Lower percentage indicates fewer deaths as a result of malaria.	Director: Facility Based Programmes
ADDITIONAL PROVINCIAL INDICATORS														
7.	Establish a provincial multi-sectoral communicable disease control (CDC) stakeholder committee	A provincial multi-sectoral committee responsible for developing policies, guidelines, standard operating procedures, plans and reports to prevent and/or manage outbreaks and epidemics, has been established.	Establish sustainable inter-sectoral action in the prevention and/or management of outbreaks and epidemics.	Minutes of meetings	Minutes of meetings	Provincial multi-sectoral communicable disease control (CDC) stakeholder committee established	Yes / No	Availability of documentation to confirm the committee has been established.	Process	Compliance	Annual	Yes	A provincial multi-sectoral communicable disease control (CDC) stakeholder committee was established.	Chief Director: Health Programmes
8.	Percentage of fixed PHC facilities that conducted a chronic disease audit	Percentage of fixed PHC facilities that conducted a chronic disease audit to identify shortcomings, and develop and implement action plans to improve quality of care for non-communicable diseases (NCDs).	Monitors whether fixed PHC facilities are conducting chronic disease audits which should inform action plans to improve the management of chronic diseases.	<u>Numerator:</u> NCD audit <u>Denominator:</u> Facility list	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Fixed PHC facilities that conducted a chronic disease audit <u>Denominator:</u> Fixed PHC facilities	100	Accuracy dependent on correct recording practices, i.e. each facility must be recorded only once in the month when the audit was conducted.	Quality	Percentage	Quarterly	Yes	More fixed PHC facilities conduct chronic disease audits to improve the quality of care and management of chronic diseases.	Director: Facility Based Programmes

Notes:

Indicators 1 - 4: The implementation of the revised National Indicator Dataset (NIDS) has been postponed by the National Department of Health to 1 April 2016.

Indicator 5: This indicator monitors cataract surgery in terms of the uninsured population. Previously the indicator "Cataract surgery rate" was reported to monitor cataract surgery in the total population.

Indicator 6: The Department is in the process of replacing the current system (an Excel spread sheet) with a module (form) on the provincial central repository (SINJANI).

PROVINCIAL STRATEGIC OBJECTIVES FOR DISEASE PREVENTION AND CONTROL [DHS 19 & 21]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS														

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

SITUATION ANALYSIS AND PERFORMANCE INDICATORS FOR EMERGENCY MEDICAL SERVICES [EMS 1, 3 & 4]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
SECTOR SPECIFIC INDICATORS														
1.	EMS P1 urban response under 15 minutes rate	Emergency P1 calls in urban locations with a response time under 15 minutes as a proportion of EMS P1 urban calls. Response time is calculated from the time the call is received to the time of the first dispatched medical resource arrives on scene.	Monitors compliance with the norm for critically ill or injured patients to receive EMS within 15 minutes in urban areas.	Numerator: CAD system Denominator: CAD system	Numerator: CAD system Denominator: CAD system	Numerator: EMS P1 urban response under 15 minutes Denominator: EMS P1 urban calls (responses)	100	Accuracy dependant on quality of data from reporting EMS station including the accuracy of the time stamp for each call out.	Output	Percentage	Quarterly	No	Higher rate indicates better response times in urban areas.	EMS manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
2.	EMS P1 rural response under 40 minutes rate	Emergency P1 calls in rural locations with a response time under 40 minutes as a proportion of EMS P1 rural calls. Response time is calculated from the time the call is received to the time of the first dispatched medical resource arrives on scene.	Monitors compliance with the norm for critically ill or injured patients to receive EMS within 40 minutes in rural areas.	Numerator: CAD system Denominator: CAD system	Numerator: CAD system Denominator: CAD system	Numerator: EMS P1 rural response under 40 minutes Denominator: EMS P1 rural calls (responses)	100	Accuracy dependant on quality of data from reporting EMS station including the accuracy of the time stamp for each call out.	Output	Percentage	Quarterly	No	Higher rate indicates better response times in rural areas.	EMS manager
3.	EMS inter-facility transfer rate	Inter-facility transfers (i.e. from one inpatient facility to another inpatient facility) as a proportion of all EMS patients transported.	Monitors use of ambulances for inter-facility transfers as opposed to emergency responses.	Numerator: CAD system Denominator: CAD system	Numerator: CAD system Denominator: CAD system	Numerator: EMS inter-facility transfer Denominator: EMS clients total	100	Accuracy dependant on quality of data from reporting EMS stations.	Output	Percentage	Quarterly	Yes	Lower rate indicates more ambulances are available for emergency responses.	EMS managers
ADDITIONAL PROVINCIAL INDICATORS														
4.	EMS operational ambulance coverage	Operational ambulances per 10 000 population. This includes obstetric ambulances.	Monitors compliance with the norm for operational ambulances to meet population needs.	Numerator: CAD system Denominator: Population data	Numerator: CAD system Denominator: StatsA (Circular H28 of 2014)	Numerator: EMS operational ambulances Denominator: Total population	10 000	Accuracy dependant on the reliability of data recorded on the CAD system. Dependant on the accuracy of the estimated total population from StatsA.	Input	Rate per 10 000 population	Quarterly	No	Higher number of operational ambulances may lead to improved access to an ambulance and faster response times.	EMS manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
5.	Rostered ambulances per 10 000 people	All rostered ambulances expressed per 10 000 population. For more detail on the calculation of rostered ambulances, refer to the definition below.	Demonstrates the equity of distribution and accessibility of ambulances within a geographic area.	<u>Numerator:</u> CAD system <u>Denominator:</u> Population data	<u>Numerator:</u> CAD system <u>Denominator:</u> StatsSA (Circular H28 of 2014)	<u>Numerator:</u> Rostered ambulances per hour (see definition below) <u>Denominator:</u> Total population	10 000	Accuracy dependant on the reliability of data recorded on the Efficiency Report at EMS stations. Dependant on the accuracy of the estimated total population from StatsSA.	Input	Rate per 10 000 population (annualised)	Quarterly	No	Higher number of operational ambulances may lead to better availability of vehicles to service EMS incidents.	EMS manager
	Rostered ambulances per hour	Rostered ambulances (i.e. staffed, equipped and ready to respond) available per hour in the Western Cape. Other rescue or primary response vehicles as well as HealthNET patient transporters and aircraft are excluded.	Monitors resource availability in EMS in terms of equitable access and allows comparison with other ambulance services.	<u>Numerator:</u> CAD system <u>Denominator:</u> CAD system	<u>Numerator:</u> CAD system <u>Denominator:</u> CAD system	<u>Numerator:</u> Ambulance personnel hours worked for the reporting period <u>Denominator:</u> 2 x 24 hours per day for the reporting period	1	Accuracy dependant on the reliability of data recorded on the Efficiency Report at EMS stations.	Input	Cumulative	Quarterly	No	Higher number of rostered ambulances may lead to faster response time.	EMS manager
6.	Total number of EMS emergency cases	Number of patients transported by ambulance.	Monitor service volumes and demand.	CAD system	CAD system	Patients transported by ambulance (EMS emergency cases)	1	Accuracy dependant on quality of data from reporting EMS station.	Output	Sum for period under review	Quarterly	No	Higher numbers can indicate a greater reliance on emergency services or greater efficiency of resources.	EMS manager
7.	EMS P1 call response under 60 minutes rate	Percentage of all P1 calls with response times under 60 minutes. This includes P1 urban responses under 15 minutes and P1 rural calls under 40 minutes.	Monitors compliance with the norm for all critically ill or injured clients to receive EMS within 60 minutes.	<u>Numerator:</u> CAD system <u>Denominator:</u> CAD system	<u>Numerator:</u> CAD system <u>Denominator:</u> CAD system	<u>Numerator:</u> EMS P1 response under 60 minutes <u>Denominator:</u> EMS P1 calls (responses) Total	100	Accuracy dependant on quality of data from reporting EMS station including the accuracy of the time stamp for each call out.	Output	Percentage	Quarterly	No	Higher percentage indicates better response times. Low rates indicate inadequate resources.	EMS managers

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
8.	EMS all calls response under 60 minutes rate	Percentage of all calls with response times under 60 minutes. This includes urban and rural calls as well as P1 and P2 calls.	Monitors compliance with the norm for all critically ill or injured patients to receive EMS within 60 minutes.	Numerator: CAD system Denominator: CAD system	Numerator: CAD system Denominator: CAD system	Numerator: EMS all calls response under 60 minutes Denominator: EMS all calls (responses) total	100	Accuracy dependant on quality of data from reporting EMS station including the accuracy of the time stamp for each call out.	Output	Percentage	Quarterly	No	Higher percentage indicates better response times. Low rates indicate inadequate resources.	EMS manager

PROVINCIAL STRATEGIC OBJECTIVES FOR EMERGENCY MEDICAL SERVICES [EMS 2 & 4]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS														
1.1.1	Percentage of WCG: Health rostered ambulances registered and licensed	Monitors the proportion of ambulances within the service that comply with the National Ambulance Act	Ambulances are required to be licensed in order to be rostered / operational. Failure to license ambulances negatively affects the ability to service EMS incidents.	Numerator: License and registration papers Denominator: CAD system	Numerator: WCG Health EMS ambulance licensing database Denominator: CAD system	Numerator: WCG: Health rostered ambulances registered and licensed as per the National Ambulance Act Denominator: Rostered ambulances per hour	100	Delays in licensing documentation from the licensing authority may delay reporting. New ambulances added to fleet may not be licensed immediately.	Quality	Percentage	Annually	Yes	Higher proportion is better as this indicated the compliance with the National Ambulance Act.	EMS manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
	Rostered ambulances per hour	Rostered ambulances (i.e. staffed, equipped and ready to respond) available per hour in the Western Cape. Other rescue or primary response vehicles as well as HealthNET patient transporters and aircraft are excluded.	Monitors resource availability in EMS in terms of equitable access and allows comparison with other ambulance services.	Numerator: CAD system Denominator: CAD system	Numerator: CAD system Denominator: CAD system	Numerator: Ambulance personnel hours worked for the reporting period Denominator: 2 x 24 hours per day for the reporting period	1	Accuracy dependant on the reliability of data recorded on the Efficiency Report at EMS stations.	Input	Cumulative	Quarterly	No	Higher number of rostered ambulances may lead to faster response time.	EMS manager

PROGRAMME 4: PROVINCIAL HOSPITALS

PROVINCIAL STRATEGIC OBJECTIVES FOR GENERAL (REGIONAL) HOSPITALS [PHS 1 & 5]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS														
1.1.1	Actual (usable) beds in regional hospitals	Actual (usable) beds in regional hospitals are beds actually available for use within the regional hospital, regardless of whether they are occupied by a patient or a lodger. (This is a fixed value that does not fluctuate due to renovations or intermittent staff challenges.)	Monitors the availability of regional hospital beds to ensure accessibility of regional hospital services.	Inpatient Throughput Form	SINJANI	Actual (usable) beds (regional hospitals)	None (N/A)	Dependency on accuracy of data from reporting facilities.	Input	Cumulative	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease or greater reliance on the public health system.	Regional hospital programme manager

PERFORMANCE INDICATORS FOR GENERAL (REGIONAL) HOSPITALS [PHS 2 & 5]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
SECTOR SPECIFIC INDICATORS														
1.	National core standards self-assessment rate (regional hospitals)	Regional hospitals that conducted an annual national core standards self-assessment as a proportion of regional hospitals.	Monitors whether regional hospitals are measuring their own level of compliance with national core standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Facility list	Numerator: SINJANI Denominator: SINJANI	Numerator: Hospitals that conducted a national core standards self-assessment during the financial year (regional hospitals) Denominator: Number of regional hospitals	100	Accuracy dependent on correct recording practices, i.e. each hospital must be recorded only once in the month when the assessment was conducted.	Quality	Percentage	Quarterly	No	Higher rate indicates more regional hospitals are conducting self-assessments against the national core standards for quality assurance.	Regional hospital programme manager
2.	Quality improvement plan after self-assessment rate (regional hospitals)	Regional hospitals that developed a quality improvement plan after conducting a self-assessment.	Monitors whether regional hospitals are developing plans to address shortcomings identified after conducting self-assessments.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Hospitals that developed a quality improvement plan during the financial year (regional hospitals) Denominator: Hospitals that conducted a national core standards self-assessment during the financial year (regional hospitals)	100	Accuracy dependent on correct recording practices, i.e. each hospital must be recorded only once in the month when the quality improvement plan was approved.	Quality	Percentage	Quarterly	Yes	Higher rate indicates more regional hospitals are developing quality improvement plans to address shortcomings identified during self-assessments against the national core standards for quality assurance.	Regional hospital programme manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
3.	Percentage of hospitals compliant with all extreme and vital measures of the national core standards (regional hospitals)	Regional hospitals that passed all extreme measures and at least 90% of the vital measures of the national core standards (NCS) self-assessment as a percentage of regional hospitals that conducted a NCS self-assessment.	Monitors the level of compliance with extreme and vital measures of the national core standards in regional hospitals.	Numerator: National core standards self-assessment Denominator: Hospital Semi-permanent Data version 2	Numerator: DHIS - NCS system Denominator: SINJANI	Numerator: Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards (regional hospitals) Denominator: Hospitals that conducted a national core standards self-assessment during the financial year (regional hospitals)	100	Accuracy dependent on the completeness of the self-assessment and reliability of data captured on the assessment.	Quality	Percentage	Quarterly	No	Higher percentage indicates more regional hospitals are compliant with extreme and vital measures of the national core standards for quality assurance.	Regional hospital programme manager
4.	Patient satisfaction survey rate (regional hospitals)	Regional hospitals that conducted a patient satisfaction survey during the financial year as a proportion of regional hospitals.	Monitors whether regional hospitals are conducting patient satisfaction surveys.	Numerator: Client satisfaction survey Denominator: Client satisfaction survey	Numerator: SINJANI Denominator: SINJANI	Numerator: Hospitals that conducted a patient satisfaction survey during the financial year (regional hospitals) Denominator: Number of regional hospitals	100	Accuracy dependent on correct recording practices, i.e. each hospital must be recorded only once in the month when the patient satisfaction survey was conducted.	Quality	Percentage	Quarterly	Yes	Higher rate indicates more regional hospitals are conducting patient satisfaction surveys.	Regional hospital programme manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
5.	Patient satisfaction rate (regional hospitals)	Percentage of users that participated in the regional hospital patient satisfaction survey that was satisfied with the service they received. The question "I was pleased with the way I was treated" in the general satisfaction domain will be used to assess the client's overall satisfaction.	Monitors the outcome of patient satisfaction surveys in regional hospitals.	Numerator: Client satisfaction survey Denominator: Client satisfaction survey	Numerator: SIN/JANI Denominator: SIN/JANI	Numerator: Questionnaires with 1 or 2 recorded for pleased with treatment (regional hospitals) Denominator: Questionnaires with answer provided for pleased with treatment (regional hospitals)	100	Ability to generalise survey information dependant on the number of clients participating in the survey.	Quality	Percentage	Annual	No	Higher rate indicates more clients are satisfied with the service and better compliance with Batho Pele principles.	Regional hospital programme manager
6.	Average length of stay (regional hospitals)	Average number of patient days on admitted patient spends in a regional hospital before separation. Inpatient separation is the total of day patients, inpatient discharges, inpatient deaths and inpatient transfers out. (This is a proxy indicator as ideally it should only include inpatient days for those clients separated during the reporting period.)	Monitors effectiveness and efficiency of inpatient management in regional hospitals.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SIN/JANI Denominator: SIN/JANI	Numerator: Patient days Sum of: • Inpatient days • ½ day patients (regional hospitals) Denominator: Inpatient separations - total Sum of: • Day patients • Inpatient deaths • Inpatient discharges • Inpatient transfers out (regional hospitals)	1	Accuracy dependent on quality of data from reporting facilities. High levels of efficiency could hide poor quality.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care.	Regional hospital programme manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
7.	Inpatient bed utilisation rate (regional hospitals)	Inpatient bed days expressed as a percentage of the maximum inpatient bed days available (i.e. Inpatient beds X days in the period) in regional hospitals.	Monitors effectiveness and efficiency of inpatient management. Specifically monitors the over- / under- utilisation of regional hospital beds.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Patient days Sum of: <ul style="list-style-type: none"> Inpatient days ½ day patients (regional hospitals) Denominator: Inpatient bed days available (Usable beds total x 30.42) (regional hospitals)	100	Accuracy dependent on quality of data from reporting facilities and correct reporting of usable beds.	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of available beds and/or higher burden of disease and/or better service levels.	Regional hospital programme manager
8.	Mental health admission rate (regional hospitals)	Percentage of clients admitted for mental health problems. Inpatient separations is the total of day patients, inpatient discharges, inpatient deaths and inpatients transfer outs. Inpatient separations is used as a proxy for admissions. (Monitor in general hospitals only and NOT in mental health institutions.)	Monitors trends in mental health admissions in non-mental health institutions.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Mental health admissions - total (regional hospitals) Denominator: Inpatient separations - total (regional hospitals)	100	Accuracy dependent on quality of data from reporting facilities.	Output	Percentage	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	Regional hospital programme manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
9.	Expenditure per PDE (regional hospitals)	Average cost per patient day equivalent (PDE) in regional hospitals. PDE is the sum of inpatient days: $\frac{1}{2} \times$ day patients, $\frac{1}{4} \times$ OPD headcount and $\frac{1}{8} \times$ emergency headcount.	Monitors effective and efficient management of inpatient facilities.	Numerator: Financial data Denominator:	Numerator: BAS Denominator:	Numerator: Expenditure in regional hospitals (sub-programme 4.1) Denominator: Patient day equivalent (PDE) (regional hospitals) Sum of: • Inpatient days • $\frac{1}{2}$ day patients • $\frac{1}{3}$ OPD headcount • $\frac{1}{3}$ emergency headcount	1	Accuracy of expenditure dependent on the correct expenditure allocation. Accuracy of PDE's dependent on quality of data from reporting facilities.	Efficiency	Rate expressed in Rand	Quarterly	No	Lower rate indicates efficient use of financial resources.	Regional hospital programme manager
10.	Complaint resolution rate (regional hospitals)	Complaints resolved in regional hospitals as a proportion of complaints received in regional hospitals.	Monitors the public health system response to customer concerns in regional hospitals.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved (regional hospitals) Denominator: Complaints received (regional hospitals)	100	Accuracy of information is dependent on accurate recording of complaints (all complaints recorded and no duplications).	Quality	Percentage	Quarterly	Yes	Higher rate suggests better management of complaints in regional hospitals.	Regional hospital programme manager
11.	Complaint resolution within 25 working days rate (regional hospitals)	Complaints resolved within 25 working days in regional hospitals as a proportion of all complaints resolved in regional hospitals.	Monitors the public health system response to customer concerns in regional hospitals.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved within 25 working days (regional hospitals) Denominator: Complaints resolved (regional hospitals)	100	Accuracy of information is dependent on the accuracy of the time stamp recorded for each complaint.	Quality	Percentage	Quarterly	No	Higher rate suggests better management of complaints in regional hospitals.	Regional hospital programme manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
ADDITIONAL PROVINCIAL INDICATORS														
12.	Expenditure per PDE in 2013/14 Rand (regional hospitals)	Average cost, expressed in 2013/14 constant terms, per patient day regional hospitals. PDE is the sum of inpatient days, 1/2 x day patients, 1/3 x OPD headcount and 1/3 x emergency headcount.	Tracks the expenditure per PDE in regional hospitals.	Numerator: Financial data Denominator:	Numerator: BAS Denominator:	Numerator: Expenditure in regional hospitals (sub-programme 4.1) expressed in 2013/14 Rand Denominator: Patient day equivalent (PDE) (regional hospitals) Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount	1	Accuracy of expenditure dependent on the correct allocation. Accuracy of PDE's dependent on quality of data from reporting facilities.	Efficiency	Rate expressed in Rand	Quarterly	No	Lower rate indicates efficient use of financial resources.	Regional hospital programme manager
13.	Mortality and morbidity review rate (regional hospitals)	Frequency of conducting mortality and morbidity reviews in regional hospitals that should include, but is not limited to: (a) maternal deaths, (b) neonatal deaths, (c) wrong site surgery, (d) anaesthetic deaths. At least 10 reviews should be conducted per key discipline per year. A maximum of 12 meetings can be held per discipline per year (one for each month).	Monitors the facility's aim of ensuring quality health care service provision. Guideline to be developed to include among other things measures such as caesarean section infection rate, anaesthetic death rate, maternal and paediatric deaths and wrong site surgery.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Mortality and morbidity reviews conducted per discipline (regional hospitals) Denominator: Planned mortality and morbidity reviews (regional hospitals) (number of disciplines within regional hospitals x number of regional hospitals x 12)	100	Accuracy dependent on quality of data from reporting facilities.	Quality	Percentage	Quarterly	No	Higher percentage reviews were conducted and suggests better clinical governance.	Regional hospital programme manager

Note:

Indicator 5: The new client satisfaction survey module has not been rolled-out by the National Department of Health and, therefore, the Western Cape had to revert to the previous definition (on the "old" system) to report on this indicator.

PROVINCIAL STRATEGIC OBJECTIVES FOR TB HOSPITALS [PHS 3 & 5]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS														
1.1.1	Actual (usable) beds in TB hospitals	Actual (usable) beds in TB hospitals are beds actually available for use within the TB hospital, regardless of whether they are occupied by a patient or a lodger. (This is a fixed value that does not fluctuate due to renovations or intermittent staff challenges.)	Monitors the availability of TB hospital beds to ensure accessibility of TB hospital services.	Inpatient Throughput Form	SINJANI	Actual (usable) beds (TB hospitals)	None (N)	Dependent on accuracy of data from reporting facilities.	Input	Cumulative	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease or greater reliance on the public health system.	Chief Director: Metro District Health Services (MDHS) and Chief Director: Rural District Health Services (RDHS)

PERFORMANCE INDICATORS FOR TB HOSPITALS [PHS 4 & 5]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
SECTOR SPECIFIC INDICATORS														
1.	National core standards self-assessment rate (TB hospitals)	TB hospitals that conducted an annual national core standards self-assessment as a proportion of TB hospitals.	Monitors whether TB hospitals are measuring their own level of compliance with national core standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Facility list	SINJANI	$\frac{\text{Numerator: Hospitals that conducted a national core standards self-assessment during the financial year (TB hospitals)}}{\text{Denominator: Number of TB hospitals}}$	100	Accuracy dependent on correct recording practices, i.e. each hospital must be recorded only once in the month when the assessment was conducted.	Quality	Percentage	Quarterly	No	Higher rate indicates more TB hospitals are conducting self-assessments against the national core standards for quality assurance.	Chief Director: Metro District Health Services (MDHS) and Chief Director: Rural District Health Services (RDHS)

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
2.	Quality improvement plan after self-assessment rate (TB hospitals)	TB hospitals that developed a quality improvement plan after conducting a self-assessment.	Monitors whether TB hospitals are developing plans to address shortcomings identified after conducting self-assessments.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Hospitals that developed a quality improvement plan during the financial year (TB hospitals) Denominator: Hospitals that conducted a national core standards self-assessment during the financial year (TB hospitals)	100	Accuracy dependent on correct recording practices, i.e. each hospital must be recorded only once in the month when the quality improvement plan was approved.	Quality	Percentage	Quarterly	Yes	Higher rate indicates more TB hospitals are developing quality improvement plans to address shortcomings identified during self-assessments against the national core standards for quality assurance.	Chief Director: MDHS and Chief Director: RDHS
3.	Percentage of hospitals compliant with all extreme and vital measures of the national core standards (TB hospitals)	TB hospitals that passed all extreme measures and at least 90% of the vital measures of the national core standards (NCS) self-assessment as a percentage of TB hospitals that conducted a NCS self-assessment.	Monitors the level of compliance with extreme and vital measures of the national core standards in TB hospitals.	Numerator: National core standards self-assessment Denominator: Hospital Semi-permanent Data version 2	Numerator: DHIS - NCS system Denominator: SINJANI	Numerator: Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards (TB hospitals) Denominator: Hospitals that conducted a national core standards self-assessment during the financial year (TB hospitals)	100	Accuracy dependent on the completeness of the self-assessment and reliability of data captured on the assessment.	Quality	Percentage	Quarterly	No	Higher percentage indicates more TB hospitals are compliant with extreme and vital measures of the national core standards for quality assurance.	Chief Director: MDHS and Chief Director: RDHS

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
4.	Patient satisfaction survey rate (TB hospitals)	TB hospitals that conducted a patient satisfaction survey during the financial year as a proportion of TB hospitals.	Monitors whether TB hospitals are conducting patient satisfaction surveys.	Numerator: Client satisfaction survey Denominator: Client satisfaction survey	Numerator: SINJANI Denominator: SINJANI	Numerator: Hospitals that conducted a patient satisfaction survey during the financial year (TB hospitals) Denominator: Number of TB hospitals	100	Accuracy dependent on correct recording practices, i.e. each hospital must be recorded only once in the month when the patient satisfaction survey was conducted.	Quality	Percentage	Quarterly	Yes	Higher rate indicates more TB hospitals are conducting patient satisfaction surveys.	Chief Director: MDHS and Chief Director: RDHS
5.	Patient satisfaction rate (TB hospitals)	Percentage of users that participated in the TB hospital patient satisfaction survey that was satisfied with the service they received. The question "I was pleased with the way I was treated" in the General satisfaction domain will be used to assess the client's overall satisfaction.	Monitors the outcome of patient satisfaction surveys in TB hospitals.	Numerator: Client satisfaction survey Denominator: Client satisfaction survey	Numerator: SINJANI Denominator: SINJANI	Numerator: Questionnaires with 1 or 2 recorded for pleased with treatment (TB hospitals) Denominator: Questionnaires with answer provided for pleased with treatment (TB hospitals)	100	Ability to generalise survey information dependent on the number of clients participating in the survey.	Quality	Percentage	Annual	No	Higher rate indicates more clients are satisfied with the service and better compliance with Batho Pele principles.	Chief Director: MDHS and Chief Director: RDHS

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
6.	Average length of stay (TB hospitals)	Average number of patient days an admitted patient spends in a TB hospital before separation. Inpatient separation is the total of day patients, inpatient discharges, inpatient deaths and inpatient transfers out. (This is a proxy indicator as ideally it should only include inpatient days for those clients separated during the reporting period.)	Monitors effectiveness and efficiency of inpatient management in TB hospitals.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Patient days Sum of: <ul style="list-style-type: none"> Inpatient days ½ day patients (TB hospitals) Denominator: Inpatient separations - total Sum of: <ul style="list-style-type: none"> Day patients Inpatient deaths Inpatient discharges Inpatient transfers out (TB hospitals) 	1	Accuracy dependent on quality of data from reporting facilities. High levels of efficiency could hide poor quality.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care.	Chief Director: MDHS and Chief Director: RDHS
7.	Inpatient bed utilisation rate (TB hospitals)	Inpatient bed days expressed as a percentage of the maximum inpatient bed days available (i.e. inpatient beds x days in the period) in TB hospitals.	Monitors effectiveness and efficiency of inpatient management. Specifically monitors the over-/under- utilisation of TB hospital beds.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Patient days Sum of: <ul style="list-style-type: none"> Inpatient days ½ day patients (TB hospitals) Denominator: Inpatient bed days available (Usable beds total x 30.42) (TB hospitals)	100	Accuracy dependent on quality of data from reporting facilities and correct reporting of usable beds.	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of available beds and/or higher burden of disease and/or better service levels.	Chief Director: MDHS and Chief Director: RDHS

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
8.	Mental health admission rate (TB hospitals)	Not applicable to specialised hospitals.	N/A	Numerator: N/A Denominator: N/A	Numerator: N/A Denominator: N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9.	Expenditure per PDE (TB hospitals)	Average cost per patient day equivalent (PDE) in TB hospitals. PDE is the sum of inpatient days, 1/2 x day patients, 1/4 x OPD headcount and 1/4 x emergency headcount.	Monitors effective and efficient management of inpatient facilities.	Numerator: Financial data Denominator:	Numerator: BAS Denominator:	Numerator: Expenditure in TB hospitals (sub-programme 4.2) Denominator: Patient day equivalent (PDE) (TB hospitals) Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount	1	Accuracy of expenditure dependent on the correct expenditure allocation. Accuracy of PDE's dependent on quality of data from reporting facilities.	Efficiency	Rate expressed in Rand	Quarterly	No	Lower rate indicates efficient use of financial resources.	Chief Director: MDHS and Chief Director: RDHS
10.	Complaint resolution rate (TB hospitals)	Complaints resolved in TB hospitals as a proportion of complaints received in TB hospitals.	Monitors the public health system response to customer concerns in TB hospitals.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved (TB hospitals) Denominator: Complaints received (TB hospitals)	100	Accuracy of information is dependent on accurate recording of complaints (all complaints recorded and no duplications).	Quality	Percentage	Quarterly	Yes	Higher rate suggests better management of complaints in TB hospitals.	Chief Director: MDHS and Chief Director: RDHS
11.	Complaint resolution within 25 working days rate (TB hospitals)	Complaints resolved within 25 working days in TB hospitals as a proportion of all complaints resolved in TB hospitals.	Monitors the public health system response to customer concerns in TB hospitals.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved within 25 working days (TB hospitals) Denominator: Complaints resolved (TB hospitals)	100	Accuracy of information is dependent on the accuracy of the time stamp recorded for each complaint.	Quality	Percentage	Quarterly	No	Higher rate suggests better management of complaints in TB hospitals.	Chief Director: MDHS and Chief Director: RDHS

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
ADDITIONAL PROVINCIAL INDICATORS														
12.	Expenditure per PDE in 2013/14 Rand (TB hospitals)	Average cost, expressed in 2013/14 constant terms, per patient day equivalent (PDE) in TB hospitals. PDE is the sum of inpatient days, ½ x day patients, ¼ x OPD headcount and ¼ x emergency headcount.	Tracks the expenditure per PDE in TB hospitals.	Numerator: Financial data Denominator: Inpatient Throughput Form Outpatient and Inpatient Related Services	Numerator: BAS Denominator: SINJANI SINJANI	Numerator: Expenditure in TB hospitals (sub-programme 4.2) 2013/14 Rand Patient day equivalent (PDE) (TB hospitals) Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount	1	Accuracy of expenditure dependent on the correct expenditure allocation. Accuracy of PDE's dependent on quality of data from reporting facilities.	Efficiency	Rate expressed in Rand	Quarterly	No	Lower rate indicates efficient use of financial resources.	Chief Director: MDHS and Chief Director: RDHS
13.	Mortality and morbidity review rate (TB hospitals)	Frequency of conducting mortality and morbidity reviews in TB hospitals that should include, but is not limited to: (a) maternal deaths, (b) neonatal deaths, (c) wrong site surgery, (d) anaesthetic deaths. At least 10 reviews should be conducted per key discipline per year. TB hospitals have only one discipline, therefore planned morbidity and mortality reviews are calculated as the number of TB hospitals x 12 (months in a year).	Monitors the facility's aim of ensuring quality health care service provision. Guideline to be developed to include among other things measures such as caesarean section infection rate, anaesthetic death rate, maternal and paediatric deaths and wrong site surgery.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Mortality and morbidity reviews conducted per discipline (TB hospitals) Denominator: Planned morbidity and mortality reviews (TB hospitals) (number of disciplines within TB hospitals x number of TB hospitals x 12)	100	Accuracy dependent on quality of data from reporting facilities.	Quality	Percentage	Quarterly	No	Higher percentage indicates more reviews were conducted and suggests better clinical governance.	Chief Director: MDHS and Chief Director: RDHS

Note:

Indicator 5: The new client satisfaction survey module has not been rolled-out by the National Department of Health and, therefore, the Western Cape had to revert to the previous definition (on the "old" system) to report on this indicator.

PROVINCIAL STRATEGIC OBJECTIVES FOR PSYCHIATRIC HOSPITALS [PHS 3 & 5]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS														
1.1.1	Actual (usable) beds in psychiatric hospitals	Actual (usable) beds in psychiatric hospitals are beds actually available for use within the psychiatric hospital, regardless of whether they are occupied by a patient or a lodger. (This is a fixed value that does not fluctuate due to renovations or intermittent staff challenges.)	Monitors the availability of psychiatric hospital beds to ensure accessibility of psychiatric hospital services.	Inpatient Throughput Form	SINJANI	Actual (usable) beds (psychiatric hospitals)	None (Nt)	Dependent on accuracy of data from reporting facilities.	Input	Cumulative	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease or greater reliance on the public health system.	Psychiatric hospital programme manager
1.1.2	Actual (usable) beds in step-down facilities	Actual (usable) beds in step-down facilities are beds actually available for use within the psychiatric hospital, regardless of whether they are occupied by a patient or a lodger. (This is a fixed value that does not fluctuate due to renovations or intermittent staff challenges.)	Monitors the availability of psychiatric hospital beds to ensure accessibility of psychiatric hospital services.	Inpatient Throughput Form	SINJANI	Actual (usable) beds (step-down facilities)	None (Nt)	Dependent on accuracy of data from reporting facilities.	Input	Cumulative	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease or greater reliance on the public health system.	Psychiatric hospital programme manager

PERFORMANCE INDICATORS FOR STEP-DOWN FACILITIES [PHS 4 & 5]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
SECTOR SPECIFIC INDICATORS														
1.	National core standards self-assessment rate (psychiatric hospitals)	Psychiatric hospitals that conducted an annual national core standards self-assessment as a proportion of psychiatric hospitals.	Monitors whether psychiatric hospitals are measuring their own level of compliance with national core standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Facility list	Numerator: SINJANI Denominator: SINJANI	Numerator: Hospitals that conducted a national core standards self-assessment during the financial year (psychiatric hospitals) Denominator: Number of psychiatric hospitals	100	Accuracy dependent on correct recording practices, i.e. each hospital must be recorded only once in the month when the assessment was conducted.	Quality	Percentage	Quarterly	No	Higher rate indicates more psychiatric hospitals are conducting self-assessments against the national core standards for quality assurance.	Psychiatric hospital programme manager
2.	Quality improvement plan after self-assessment rate (psychiatric hospitals)	Psychiatric hospitals that developed a quality improvement plan after conducting a self-assessment.	Monitors whether psychiatric hospitals are developing plans to address shortcomings identified after conducting self-assessments.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Hospitals that developed a quality improvement plan during the financial year (psychiatric hospitals) Denominator: Hospitals that conducted a national core standards self-assessment during the financial year (psychiatric hospitals)	100	Accuracy dependent on correct recording practices, i.e. each hospital must be recorded only once in the month when the improvement plan was approved.	Quality	Percentage	Quarterly	Yes	Higher rate indicates more psychiatric hospitals are developing quality improvement plans to address shortcomings identified during self-assessments against the national core standards for quality assurance.	Psychiatric hospital programme manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
3.	Percentage of hospitals compliant with all extreme and vital measures of the national core standards (psychiatric hospitals)	Psychiatric hospitals that passed all extreme measures and at least 90% of the vital measures of the national core standards (NCS) self-assessment as a percentage of psychiatric hospitals that conducted a NCS self-assessment.	Monitors the level of compliance with extreme and vital measures of the national core standards in psychiatric hospitals.	Numerator: National core standards self-assessment Denominator: Hospital Semi-permanent Data version 2	Numerator: DHIS - NCS system Denominator: SINJANI	Numerator: Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards (psychiatric hospitals) Denominator: Hospitals that conducted a national core standards self-assessment during the financial year (psychiatric hospitals)	100	Accuracy dependent on the completeness of the self-assessment and reliability of data captured on the assessment.	Quality	Percentage	Quarterly	No	Higher percentage indicates more psychiatric hospitals are compliant with extreme and vital measures of the national core standards for quality assurance.	Psychiatric hospital programme manager
4.	Patient satisfaction survey rate (psychiatric hospitals)	Psychiatric hospitals that conducted a patient satisfaction survey during the financial year as a proportion of psychiatric hospitals.	Monitors whether psychiatric hospitals are conducting patient satisfaction surveys.	Numerator: Client satisfaction survey Denominator: Client satisfaction survey	Numerator: SINJANI Denominator: SINJANI	Numerator: Hospitals that conducted a patient satisfaction survey during the financial year (psychiatric hospitals) Denominator: Number of psychiatric hospitals	100	Accuracy dependent on correct recording practices, i.e. each hospital must be recorded only once in the month when the patient satisfaction survey was conducted.	Quality	Percentage	Quarterly	Yes	Higher rate indicates more psychiatric hospitals are conducting patient satisfaction surveys.	Psychiatric hospital programme manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
5.	Patient satisfaction rate (psychiatric hospitals)	Percentage of users that participated in the psychiatric hospital patient satisfaction survey that was satisfied with the service they received. The question "I was pleased with the way I was treated" in the general satisfaction domain will be used to assess the client's overall satisfaction.	Monitors the outcome of patient satisfaction surveys in psychiatric hospitals.	<u>Numerator:</u> Client satisfaction survey <u>Denominator:</u> Client satisfaction survey	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Questionnaires recorded for treatment pleased with (psychiatric hospitals) <u>Denominator:</u> Questionnaires provided for treatment pleased with (psychiatric hospitals)	100	Ability to generalise survey information dependant on the number of clients participating in the survey.	Quality	Percentage	Annual	No	Higher rate indicates more clients are satisfied with the service and better compliance with Batho Pele principles.	Psychiatric hospital programme manager
6.	Average length of stay (psychiatric hospitals)	Average number of patient days an admitted patient spends in a psychiatric hospital before separation. Inpatient separation is the total of day patients, inpatient discharges, inpatient deaths and inpatient transfers out. (This is a proxy indicator as ideally it should only include inpatient days for those clients separated during the reporting period.)	Monitors effectiveness and efficiency of inpatient management in psychiatric hospitals.	<u>Numerator:</u> Inpatient Throughput Form <u>Denominator:</u> Inpatient Throughput Form	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Patient days <u>Sum of:</u> • Inpatient days patients (psychiatric hospitals) <u>Denominator:</u> Inpatient separations - total <u>Sum of:</u> • Day patients • Inpatient deaths • Inpatient discharges • Inpatient transfers out (psychiatric hospitals)	1	Accuracy dependent on quality of data from reporting facilities. High levels of efficiency could hide poor quality.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care.	Psychiatric hospital programme manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
7.	Inpatient bed utilisation rate (psychiatric hospitals)	Inpatient bed days expressed as a percentage of the maximum inpatient bed days available (i.e. Inpatient beds X days in the period) in psychiatric hospitals.	Monitors effectiveness and efficiency of inpatient management. Specifically monitors the over- / under- utilisation of psychiatric hospital beds.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Patient days Sum of: <ul style="list-style-type: none"> Inpatient days ½ day patients (psychiatric hospitals) Denominator: Inpatient bed days available (Usable beds total x 30.42) (psychiatric hospitals)	100	Accuracy dependent on quality of data from reporting facilities and correct reporting of usable beds.	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of available beds and/or higher burden of disease and/or better service levels.	Psychiatric hospital programme manager
8.	Mental health admission rate (psychiatric hospitals)	Not applicable to specialised hospitals.	N/A	Numerator: N/A Denominator: N/A	Numerator: N/A Denominator: N/A	Numerator: N/A Denominator: N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
9.	Expenditure per PDE (psychiatric hospitals)	Average cost per patient day equivalent (PDE) in psychiatric hospitals. PDE is the sum of inpatient days, 1/2 x OPD day patients, 1/3 x OPD emergency headcount.	Monitors effective and efficient management of inpatient facilities.	Numerator: Financial data Denominator:	Numerator: BAS Denominator:	<p><u>Numerator:</u> Expenditure in psychiatric hospitals (sub-programme 4.3)</p> <p><u>Denominator:</u> Patient day equivalent (PDE) (psychiatric hospitals)</p> <p><u>Sum of:</u></p> <ul style="list-style-type: none"> • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount 	1	Accuracy of expenditure dependent on the correct expenditure allocation. Accuracy of PDE's dependent on quality of data from reporting facilities.	Efficiency	Rate expressed in Rand	Quarterly	No	Lower rate indicates efficient use of financial resources.	Psychiatric hospital programme manager
10.	Complaint resolution rate (psychiatric hospitals)	Complaints resolved in psychiatric hospitals as a proportion of complaints received in psychiatric hospitals.	Monitors the public health system response to customer concerns in psychiatric hospitals.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	<p><u>Numerator:</u> Complaints resolved (psychiatric hospitals)</p> <p><u>Denominator:</u> Complaints received (psychiatric hospitals)</p>	100	Accuracy of information is dependent on accurate recording of complaints (all complaints recorded and no duplications).	Quality	Percentage	Quarterly	Yes	Higher rate suggests better management of complaints in psychiatric hospitals.	Psychiatric hospital programme manager
11.	Complaint resolution within 25 working days rate (psychiatric hospitals)	Complaints resolved within 25 working days in psychiatric hospitals as a proportion of all complaints resolved in psychiatric hospitals.	Monitors the public health system response to customer concerns in psychiatric hospitals.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	<p><u>Numerator:</u> Complaints resolved within 25 working days (psychiatric hospitals)</p> <p><u>Denominator:</u> Complaints resolved (psychiatric hospitals)</p>	100	Accuracy of information is dependent on the accuracy of the time stamp recorded for each complaint.	Quality	Percentage	Quarterly	No	Higher rate suggests better management of complaints in psychiatric hospitals.	Psychiatric hospital programme manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
ADDITIONAL PROVINCIAL INDICATORS														
12.	Expenditure per PDE in 2013/14 Rand (psychiatric hospitals)	Average cost, expressed in 2013/14 constant terms, per patient day equivalent (PDE) in psychiatric hospitals. PDE is the sum of inpatient days, 1/2 x day patients, 1/2 x OPD headcount and 1/3 x emergency headcount.	Tracks the expenditure per PDE in psychiatric hospitals.	Numerator: Financial data Denominator: Inpatient Throughput Form Outpatient and Inpatient Related Services	Numerator: BAS Denominator: SINJANI SINJANI	Numerator: Expenditure in psychiatric hospitals (sub-programme 4.3) expressed in 2013/14 Rand Denominator: Patient day equivalent (PDE) (psychiatric hospitals) Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount	1	Accuracy of expenditure dependent on the correct expenditure allocation. Accuracy of PDE's dependent on quality of data from reporting facilities.	Efficiency	Rate expressed in Rand	Quarterly	No	Lower rate indicates efficient use of financial resources.	Psychiatric hospital programme manager
13.	Mortality and morbidity review rate (psychiatric hospitals)	Frequency of conducting mortality and morbidity reviews in psychiatric hospitals that should include, but is not limited to: (a) maternal deaths, (b) neonatal deaths, (c) wrong site surgery, (d) anaesthetic deaths. At least 10 reviews should be conducted per key discipline per year. Psychiatric hospitals have only one discipline, therefore planned morbidity and mortality reviews are calculated as the number of psychiatric hospitals x 12 (months in a year).	Monitors the facility's aim of ensuring quality health care service provision. Guideline to be developed to include among other things measures such as caesarean section infection rate, anaesthetic death rate, maternal and paediatric deaths and wrong site surgery.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Mortality and morbidity reviews conducted per discipline (psychiatric hospitals) Denominator: Planned morbidity and mortality reviews (psychiatric hospitals) (number of disciplines within psychiatric hospitals x number of psychiatric hospitals x 12)	100	Accuracy dependent on quality of data from reporting facilities.	Quality	Percentage	Quarterly	No	Higher percentage reviews were conducted and suggests better clinical governance.	Psychiatric hospital programme manager

Note:

Indicator 5: The new client satisfaction survey module has not been rolled-out by the National Department of Health and, therefore, the Western Cape had to revert to the previous definition (on the "old" system) to report on this indicator.

PROVINCIAL STRATEGIC OBJECTIVES FOR SPECIALISED REHABILITATION SERVICES [PHS 3 & 5]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS														
1.1.1	Actual (usable) beds in rehabilitation hospitals	Actual (usable) beds in rehabilitation hospitals are beds actually available for use within the rehabilitation hospital, regardless of whether they are occupied by a patient or a lodger. (This is a fixed value that does not fluctuate due to renovations or intermittent staff challenges.)	Monitors the availability of rehabilitation hospital beds to ensure accessibility of rehabilitation hospital services.	Inpatient Throughput Form	SINJANI	Actual (usable) beds (rehabilitation hospitals)	None (N)	Dependency on accuracy of data from reporting facilities.	Input	Cumulative	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease or greater reliance on the public health system.	Rehabilitation hospital programme manager

PERFORMANCE INDICATORS FOR SPECIALISED REHABILITATION SERVICES [PHS 4 & 5]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
SECTOR SPECIFIC INDICATORS														
1.	National core standards self-assessment rate (rehabilitation hospitals)	Rehabilitation hospitals that conducted an annual national core standards self-assessment as a proportion of rehabilitation hospitals.	Monitors whether rehabilitation hospitals are measuring their own level of compliance with national core standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Facility list	Numerator: SINJANI Denominator: SINJANI	Numerator: Hospitals that conducted a national core standards self-assessment during the financial year (rehabilitation hospitals) Denominator: Number of rehabilitation hospitals	100	Accuracy dependent on correct recording practices, i.e. each hospital must be recorded only once in the month when the assessment was conducted.	Quality	Percentage	Quarterly	No	Higher rate indicates more rehabilitation hospitals are conducting self-assessments against the national core standards for quality assurance.	Rehabilitation hospital programme manager
2.	Quality improvement plan after self-assessment rate (rehabilitation hospitals)	Rehabilitation hospitals that developed a quality improvement plan after conducting a self-assessment.	Monitors whether rehabilitation hospitals are developing plans to address shortcomings identified after conducting self-assessments.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Hospitals that developed a quality improvement plan during the financial year (rehabilitation hospitals) Denominator: Hospitals that conducted a national core standards self-assessment during the financial year (rehabilitation hospitals)	100	Accuracy dependent on correct recording practices, i.e. each hospital must be recorded only once in the month when the quality improvement plan was approved.	Quality	Percentage	Quarterly	Yes	Higher rate indicates more rehabilitation hospitals are developing quality improvement plans to address shortcomings identified during self-assessments against the national core standards for quality assurance.	Rehabilitation hospital programme manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
3.	Percentage of hospitals compliant with all extreme and vital measures of the national core standards (rehabilitation hospitals)	Rehabilitation hospitals that passed all extreme measures and at least 90% of the vital measures of the national core standards (NCS) self-assessment as a percentage of rehabilitation hospitals that conducted a NCS self-assessment.	Monitors the level of compliance with extreme and vital measures of the national core standards in rehabilitation hospitals.	Numerator: National core standards self-assessment Denominator: Hospital Semi-permanent Data version 2	Numerator: DHIS - NCS system Denominator: SINJANI	Numerator: Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards (rehabilitation hospitals) Denominator: Hospitals that conducted a national core standards self-assessment during the financial year (rehabilitation hospitals)	100	Accuracy dependent on the completeness of the self-assessment and reliability of data captured on the assessment.	Quality	Percentage	Quarterly	No	Higher percentage indicates more rehabilitation hospitals are compliant with extreme and vital measures of the national core standards for quality assurance.	Rehabilitation hospital programme manager
4.	Patient satisfaction survey rate (rehabilitation hospitals)	Rehabilitation hospitals that conducted a patient satisfaction survey during the financial year as a proportion of rehabilitation hospitals.	Monitors whether rehabilitation hospitals are conducting patient satisfaction surveys.	Numerator: Client satisfaction survey Denominator: Client satisfaction survey	Numerator: SINJANI Denominator: SINJANI	Numerator: Hospitals that conducted a patient satisfaction survey during the financial year (rehabilitation hospitals) Denominator: Number of rehabilitation hospitals	100	Accuracy dependent on correct recording practices, i.e. each hospital must be recorded only once in the month when the patient satisfaction survey was conducted.	Quality	Percentage	Quarterly	Yes	Higher rate indicates more rehabilitation hospitals are conducting patient satisfaction surveys.	Rehabilitation hospital programme manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
5.	Client satisfaction rate (rehabilitation hospitals)	Percentage of users that participated in the rehabilitation hospital patient satisfaction survey that was satisfied with the service they received. The question "I was pleased with the way I was treated" in the general satisfaction domain will be used to assess the client's overall satisfaction.	Monitors the outcome of patient satisfaction surveys in rehabilitation hospitals.	Numerator: Client satisfaction survey Denominator: Client satisfaction survey	Numerator: SINJANI Denominator: SINJANI	Numerator: Questionnaires with 1 or 2 recorded for treatment (rehabilitation hospitals) Denominator: Questionnaires with answer provided for treatment (rehabilitation hospitals)	100	Ability to generalise survey information dependant on the number of clients participating in the survey.	Quality	Percentage	Annual	No	Higher rate indicates more clients are satisfied with the service and better compliance with Batho Pele principles.	Rehabilitation hospital programme manager
6.	Average length of stay (rehabilitation hospitals)	Average number of patient days an admitted patient spends in a rehabilitation hospital before separation. Inpatient separation is the total of day patients, inpatient discharges, inpatient deaths and inpatient transfers out. (This is a proxy indicator as ideally it should only include inpatient days for those clients separated during the reporting period.)	Monitors effectiveness and efficiency of inpatient management in rehabilitation hospitals.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Patient days Sum of: • Inpatient days patients (rehabilitation hospitals) Denominator: Inpatient separations - total Sum of: • Day patients • Inpatient deaths • Inpatient discharges • Inpatient transfers out (rehabilitation hospitals)	1	Accuracy dependent on quality of data from reporting facilities. High levels of efficiency could hide poor quality.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care.	Rehabilitation hospital programme manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
7.	Inpatient bed utilisation rate (rehabilitation hospitals)	Inpatient bed days expressed as a percentage of the maximum inpatient bed days available (i.e. inpatient beds X days in the period) in rehabilitation hospitals.	Monitors effectiveness and efficiency of inpatient management. Specifically monitors the over- / under- utilisation of rehabilitation hospital beds.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Patient days Sum of: <ul style="list-style-type: none"> Inpatient days ½ day patients (rehabilitation hospitals) Denominator: Inpatient bed days available (Usable beds total x 30,42) (rehabilitation hospitals)	100	Accuracy dependent on quality of data from reporting facilities and correct reporting of usable beds.	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of available beds and/or higher burden of disease and/or better service levels.	Rehabilitation hospital programme manager
8.	Mental health admission rate (rehabilitation hospitals)	Not applicable to specialised hospitals.	N/A	Numerator: N/A Denominator: N/A	Numerator: N/A Denominator: N/A	Numerator: N/A Denominator: N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
9.	Expenditure per PDE (rehabilitation hospitals)	Average cost per patient day rehabilitation equivalent (PDE) in rehabilitation hospitals. PDE is the sum of inpatient days, ½ x day patients, ¼ x OPD headcount and ¼ x emergency headcount.	Monitors effective and efficient management of inpatient facilities.	Numerator: Financial data Denominator:	Numerator: BAS Denominator:	Numerator: Expenditure in rehabilitation hospitals (sub-programme 4.4) Denominator: Patient day equivalent (PDE) (rehabilitation hospitals) Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount	1	Accuracy of expenditure dependent on the correct expenditure allocation. Accuracy of PDE's dependent on quality of data from reporting facilities.	Efficiency	Rate expressed in Rand	Quarterly	No	Lower rate indicates efficient use of financial resources.	Rehabilitation hospital programme manager
10.	Complaint resolution rate (rehabilitation hospitals)	Complaints resolved in rehabilitation hospitals as a proportion of complaints received in rehabilitation hospitals.	Monitors the public health system response to customer concerns in rehabilitation hospitals.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved (rehabilitation hospitals) Denominator: Complaints received (rehabilitation hospitals)	100	Accuracy of information is dependent on accurate recording of complaints (all complaints recorded and no duplications).	Quality	Percentage	Quarterly	Yes	Higher rate suggests better management of complaints in rehabilitation hospitals.	Rehabilitation hospital programme manager
11.	Complaint resolution within 25 working days rate (rehabilitation hospitals)	Complaints resolved within 25 working days in rehabilitation hospitals as a proportion of all complaints resolved in rehabilitation hospitals.	Monitors the public health system response to customer concerns in rehabilitation hospitals.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved within 25 working days (rehabilitation hospitals) Denominator: Complaints resolved (rehabilitation hospitals)	100	Accuracy of information is dependent on the accuracy of the time stamp recorded for each complaint.	Quality	Percentage	Quarterly	No	Higher rate suggests better management of complaints in rehabilitation hospitals.	Rehabilitation hospital programme manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
ADDITIONAL PROVINCIAL INDICATORS														
12.	Expenditure per PDE in 2013/14 Rand (rehabilitation hospitals)	Average cost, expressed in 2013/14 constant terms, per patient day equivalent (PDE) in rehabilitation hospitals. PDE is the sum of inpatient days, ½ x day patients, ¼ x OPD headcount and ½ x emergency headcount.	Tracks the expenditure per PDE in rehabilitation hospitals.	Numerator: Financial data Denominator:	Numerator: BAS Denominator:	Expenditure in rehabilitation hospitals (sub-programme 4.4) expressed in 2013/14 Rand Patient day equivalent (PDE) (rehabilitation hospitals) Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount	1	Accuracy of expenditure dependent on the correct expenditure allocation. Accuracy of PDE's dependent on quality of data from reporting facilities.	Efficiency	Rate expressed in Rand	Quarterly	No	Lower rate indicates efficient use of financial resources.	Rehabilitation hospital programme manager
13.	Mortality and morbidity review rate (rehabilitation hospitals)	Frequency of conducting mortality and morbidity reviews in rehabilitation hospitals that should include, but is not limited to: (a) maternal deaths, (b) neonatal deaths, (c) wrong site surgery, (d) anaesthetic deaths. At least 10 reviews should be conducted per key discipline per year. Rehabilitation hospitals have one discipline, therefore planned morbidity and mortality reviews are calculated as the number of rehab hospitals x 12 (months in a year).	Monitors the facility's aim of ensuring quality health care service provision. Guideline to be developed to include among other things measures such as caesarean section infection rate, anaesthetic death rate, maternal and paediatric deaths and wrong site surgery.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Mortality and morbidity reviews conducted per discipline (rehabilitation hospitals) Planned mortality and morbidity reviews (rehabilitation hospitals) (number of disciplines within rehabilitation hospitals x number of rehabilitation hospitals x 12)	100	Accuracy dependent on quality of data from reporting facilities.	Quality	Percentage	Quarterly	No	Higher percentage indicates more reviews were conducted and suggests better clinical governance.	Rehabilitation hospital programme manager

Note:

Indicator 5: The new client satisfaction survey module has not been rolled-out by the National Department of Health and, therefore, the Western Cape had to revert to the previous definition (on the "old" system) to report on this indicator.

PROVINCIAL STRATEGIC OBJECTIVES FOR DENTAL TRAINING HOSPITALS [PHS 3 & 5]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS														
1.1.1	Oral health patient visits at dental training hospitals	Total number of patient visits for treatment recorded at the various clinics of the oral health centres.	Monitoring the service volumes at the oral health centres.	Dental Training Hospital Form	SIN/JANI	Sum of patient visits at Tygerberg and UWC Oral Health Centres + Other oral health clinics (outreach clinics)	None (no)	Dependant on accuracy of data from reporting facilities.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	Dean: Dental Faculty

PERFORMANCE INDICATORS FOR DENTAL TRAINING HOSPITALS [PHS 4 & 5]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
ADDITIONAL PROVINCIAL INDICATORS														
1.	Number of removable oral health prosthetic devices manufactured (dentures)	Number of prosthetic units (dentures) manufactured that were issued to and received by the patient at the oral health centres.	Monitoring the service volumes for prosthetic units (dentures).	Dental Training Hospital Form	SIN/JANI	Prosthetic units (dentures) issued	None (no)	Dependant on accuracy of data from reporting facilities.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease and also a greater reliance on the public health system.	Dean: Dental Faculty

PROGRAMME 5: CENTRAL AND TERTIARY HOSPITAL SERVICES

PROVINCIAL STRATEGIC OBJECTIVES FOR CENTRAL HOSPITALS [C&THS 4 & 6]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS														
1.1.1	Actual (usable) beds in central hospitals	Actual (usable) beds in central hospitals are beds actually available for use within the central hospital, regardless of whether they are occupied by a patient or a lodger. (This is a fixed value that does not fluctuate due to renovations or intermittent staff challenges.)	Monitors the availability of central hospital beds to ensure accessibility of central hospital services.	Inpatient Throughput Form	SINJANI	Actual (usable) beds (central hospitals)	None (N)	Dependency on accuracy of data from reporting facilities.	Input	Cumulative	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease or greater reliance on the public health system.	Central hospital programme manager

PERFORMANCE INDICATORS FOR CENTRAL HOSPITALS [PHS 5 & 6]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
SECTOR SPECIFIC INDICATORS														
1.	National core standards self-assessment rate (central hospitals)	Central hospitals that conducted an annual national core standards self-assessment as a proportion of central hospitals.	Monitors whether central hospitals are measuring their own level of compliance with national core standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Facility list	Numerator: SINJANI Denominator: SINJANI	Numerator: Hospitals that conducted a national core standards self-assessment during the financial year (central hospitals) Denominator: Number of central hospitals	100	Accuracy dependent on correct recording each hospital must be recorded only once in the month when the assessment was conducted.	Quality	Percentage	Quarterly	No	Higher rate indicates more central hospitals are conducting self-assessments against the national core standards for quality assurance.	Central hospital programme manager
2.	Quality improvement plan after self-assessment rate (central hospitals)	Central hospitals that developed a quality improvement plan after conducting a self-assessment.	Monitors whether central hospitals are developing plans to address shortcomings identified after conducting self-assessments.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Hospitals that developed a quality improvement plan during the financial year (central hospitals) Denominator: Hospitals that conducted a national core standards self-assessment during the financial year (central hospitals)	100	Accuracy dependent on correct recording each hospital must be recorded only once in the month when the quality improvement plan was approved.	Quality	Percentage	Quarterly	Yes	Higher rate indicates more central hospitals are developing quality improvement plans to address shortcomings identified during self-assessments against the national core standards for quality assurance.	Central hospital programme manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
3.	Percentage of hospitals compliant with all extreme and vital measures of the national core standards (central hospitals)	Central hospitals that passed all extreme measures and at least 90% of the vital measures of the national core standards (NCS) self-assessment as a percentage of central hospitals that conducted a NCS self-assessment.	Monitors the level of compliance with extreme and vital measures of the national core standards in central hospitals.	Numerator: National core standards self-assessment Denominator: Hospital Semi-permanent Data version 2	Numerator: DHIS - NCS system Denominator: SINJANI	Numerator: Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards (central hospitals) Denominator: Hospitals that conducted a national core standards self-assessment during the financial year (central hospitals)	100	Accuracy dependent on the completeness of the self-assessment and reliability of data captured on the assessment.	Quality	Percentage	Quarterly	No	Higher percentage indicates more central hospitals are compliant with extreme and vital measures of the national core standards for quality assurance.	Central hospital programme manager
4.	Patient satisfaction survey rate (central hospitals)	Central hospitals that conducted a patient satisfaction survey during the financial year as a proportion of central hospitals.	Monitors whether central hospitals are conducting patient satisfaction surveys.	Numerator: Client satisfaction survey Denominator: Client satisfaction survey	Numerator: SINJANI Denominator: SINJANI	Numerator: Hospitals that conducted a patient satisfaction survey during the financial year (central hospitals) Denominator: Number of central hospitals	100	Accuracy dependent on correct recording practices, i.e. each hospital must be recorded only once in the month when the patient satisfaction survey was conducted.	Quality	Percentage	Quarterly	Yes	Higher rate indicates more central hospitals are conducting patient satisfaction surveys.	Central hospital programme manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
5.	Patient satisfaction rate (central hospitals)	Percentage of users that participated in the central hospital patient satisfaction survey that was satisfied with the service they received. The question "I was pleased with the way I was treated" in the general satisfaction domain will be used to assess the client's overall satisfaction.	Monitors the outcome of patient satisfaction surveys in central hospitals.	Numerator: Client satisfaction survey Denominator: Client satisfaction survey	Numerator: SIN/JANI Denominator: SIN/JANI	Numerator: Questionnaires with 1 or 2 recorded for treatment (central hospitals) Denominator: Questionnaires with answer provided for treatment (central hospitals)	100	Ability to generalise survey information dependant on the number of clients participating in the survey.	Quality	Percentage	Annual	No	Higher rate indicates more clients are satisfied with the service and better compliance with Batho Pele principles.	Central hospital programme manager
6.	Average length of stay (central hospitals)	Average number of patient days an admitted patient spends in a central hospital before separation. Inpatient separation is the total of day patients, inpatient discharges, inpatient deaths and inpatient transfers out. (This is a proxy indicator as ideally it should only include inpatient days for those clients separated during the reporting period.)	Monitors effectiveness and efficiency of inpatient management in central hospitals.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SIN/JANI Denominator: SIN/JANI	Numerator: Patient days Sum of: • Inpatient days • ½ day patients (central hospitals) Denominator: Inpatient separations - total Sum of: • Day patients • Inpatient deaths • Inpatient discharges • Inpatient transfers out (central hospitals)	1	Accuracy dependent on quality of data from reporting facilities. High levels of efficiency could hide poor quality.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care.	Central hospital programme manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
7.	Inpatient bed utilisation rate (central hospitals)	Inpatient bed days expressed as a percentage of the maximum inpatient bed days available (i.e. Inpatient-beds X days in the period) in central hospitals.	Monitors effectiveness and efficiency of inpatient management. Specifically monitors the over- / under- utilisation of central hospital beds.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Patient days Sum of: <ul style="list-style-type: none"> Inpatient days ½ day patients (central hospitals) Denominator: Inpatient bed days available (Usable beds total x 30.42) (central hospitals)	100	Accuracy dependent on quality of data from reporting facilities and correct reporting of usable beds.	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of available beds and/or higher burden of disease and/or better service levels.	Central hospital programme manager
8.	Mental health admission rate (central hospitals)	Percentage of clients admitted for mental health problems. Inpatient separations is the total of day patients, inpatient discharges, inpatient deaths and inpatients transfer outs. Inpatient separations is used as a proxy for admissions. (Monitor in general hospitals only and NOT in mental health institutions.)	Monitors trends in mental health admissions in non-mental health institutions.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Mental health admissions - total (central hospitals) Denominator: Inpatient separations - total (central hospitals)	100	Accuracy dependent on quality of data from reporting facilities.	Output	Percentage	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	Central hospital programme manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
9.	Expenditure per PDE (central hospitals)	Average cost per patient day equivalent (PDE) in central hospitals. PDE is the sum of inpatient days: 1/2 x day patients, 1/4 x OPD headcount and 1/8 x emergency headcount.	Monitors effective and efficient management of inpatient facilities.	Numerator: Financial data Denominator:	Numerator: BAS Denominator:	Numerator: Expenditure in central hospitals (sub-programme 4.1) Denominator: Patient day equivalent (PDE) (central hospitals) Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount	1	Accuracy of expenditure dependent on the correct allocation. Accuracy of PDE's dependent on quality of data from reporting facilities.	Efficiency	Rate expressed in Rand	Quarterly	No	Lower rate indicates efficient use of financial resources.	Central hospital programme manager
10.	Complaint resolution rate (central hospitals)	Complaints resolved in central hospitals as a proportion of complaints received in central hospitals.	Monitors the public health system response to customer concerns in central hospitals.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved (central hospitals) Denominator: Complaints received (central hospitals)	100	Accuracy of information is dependent on accurate recording of complaints (all complaints recorded and no duplications).	Quality	Percentage	Quarterly	Yes	Higher rate suggests better management of complaints in central hospitals.	Central hospital programme manager
11.	Complaint resolution within 25 working days rate (central hospitals)	Complaints resolved within 25 working days in central hospitals as a proportion of all complaints resolved in central hospitals.	Monitors the public health system response to customer concerns in central hospitals.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved within 25 working days (central hospitals) Denominator: Complaints resolved (central hospitals)	100	Accuracy of information is dependent on the accuracy of the time stamp recorded for each complaint.	Quality	Percentage	Quarterly	No	Higher rate suggests better management of complaints in central hospitals.	Central hospital programme manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
ADDITIONAL PROVINCIAL INDICATORS														
12.	Expenditure per PDE in 2013/14 Rand (central hospitals)	Average cost, expressed in 2013/14 constant terms, per patient day equivalent (PDE) in central hospitals. PDE is the sum of inpatient days, 1/2 x day patients, 1/3 x OPD headcount and 1/3 x emergency headcount.	Tracks the expenditure per PDE in central hospitals.	Numerator: Financial data Denominator:	Numerator: BAS Denominator:	Numerator: Expenditure in central hospitals (sub-programme 4.1) expressed in 2013/14 Rand Denominator: Patient day equivalent (PDE) (central hospitals) Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount	1	Accuracy of expenditure dependent on the correct allocation. Accuracy of PDE's dependent on quality of data from reporting facilities.	Efficiency	Rate expressed in Rand	Quarterly	No	Lower rate indicates efficient use of financial resources.	Central hospital programme manager
13.	Mortality and morbidity review rate (central hospitals)	Frequency of conducting mortality and morbidity reviews in central hospitals that should include, but is not limited to: (a) maternal deaths, (b) neonatal deaths, (c) wrong site surgery, (d) anaesthetic deaths. At least 10 reviews should be conducted per key discipline per year. A maximum of 12 meetings can be held per discipline per year (one for each month).	Monitors the facility's aim of ensuring quality health care service provision. Guideline to be developed to include among other things measures such as caesarean section infection rate, anaesthetic death rate, maternal and paediatric deaths and wrong site surgery.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Mortality and morbidity reviews conducted per discipline (central hospitals) Denominator: Planned mortality and morbidity reviews (central hospitals) (number of disciplines within central hospitals x number of central hospitals x 12)	100	Accuracy dependent on quality of data from reporting facilities.	Quality	Percentage	Quarterly	No	Higher percentage reviews were conducted and suggests better clinical governance.	Central hospital programme manager

Note:

Indicator 5: The new client satisfaction survey module has not been rolled-out by the National Department of Health and, therefore, the Western Cape had to revert to the previous definition (on the "old" system) to report on this indicator.

PROVINCIAL STRATEGIC OBJECTIVES FOR GROOTE SCHUUR HOSPITAL [C&THS 4 & 6]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS														
1.1.1	Actual (usable) beds in Groote Schuur Hospital	Actual (usable) beds in Groote Schuur Hospital are beds actually available for use within the regional hospital, regardless of whether they are occupied by a patient or a lodger. (This is a fixed value that does not fluctuate due to renovations or intermittent staff challenges.)	Monitors the availability of Groote Schuur Hospital beds to ensure accessibility of Groote Schuur Hospital services.	Inpatient Throughput Form	SINJANI	Actual (usable) beds (Groote Schuur Hospital)	None (N)	Dependent on accuracy of data from reporting facilities.	Input	Cumulative	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease or greater reliance on the public health system.	GEO Groote Schuur Hospital

PERFORMANCE INDICATORS FOR GROOTE SCHUUR HOSPITAL [PHS 5 & 6]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
SECTOR SPECIFIC INDICATORS														
1.	National core standards gap assessment (Groote Schuur Hospital)	Groote Schuur Hospital conducted an annual national core standards self-assessment.	Monitors whether Groote Schuur Hospital is measuring their own level of compliance with national core standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance.	Hospital Semi-permanent Data version 2	SINJANI	Hospitals that conducted a national core standards self-assessment during the financial year (Groote Schuur Hospital)	Yes / No	Accuracy dependent on correct recording practices, i.e. each hospital must be recorded only once in the month when the assessment was conducted.	Quality	Compliance	Quarterly	No	Groote Schuur Hospital conducted a gap assessment against the national core standards for quality assurance.	GEO Groote Schuur Hospital

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
2.	Quality improvement plan assessment (Groote Schuur Hospital)	Groote Schuur Hospital developed a quality improvement plan after conducting a self-assessment.	Monitors whether Groote Schuur Hospital is developing a quality improvement plan to address shortcomings identified after conducting a self-assessment.	Hospital Semi-permanent Data version 2	SINJANI	Hospitals that developed a quality improvement plan during the financial year (Groote Schuur Hospital)	Yes / No	Accuracy dependent on correct recording practices, i.e. each hospital recorded only once in the month when the quality improvement plan was approved.	Quality	Compliance	Quarterly	Yes	Groote Schuur Hospital developed a quality improvement plan to address shortcomings identified during the self-assessment against the national core standards for quality assurance.	CEO Groote Schuur Hospital
3.	Hospital compliant with all extreme and vital measures of the national core standards (Groote Schuur Hospital)	Groote Schuur Hospital passed all extreme measures and at least 90% of the vital measures of the national core standards (NCS) self-assessment.	Monitors the level of compliance with extreme and vital measures of the national core standards in Groote Schuur Hospital.	National core standards self-assessment	DHS - NCS system	Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards (Groote Schuur Hospital)	Yes / No	Accuracy dependent on the completeness of the gap assessment and reliability of data captured on the assessment.	Quality	Compliance	Quarterly	No	Groote Schuur Hospital is compliant with extreme and vital measures of the national core standards for quality assurance.	CEO Groote Schuur Hospital
4.	Patient satisfaction survey (Groote Schuur Hospital)	Groote Schuur Hospital conducted a patient satisfaction survey during the financial year.	Monitors whether Groote Schuur Hospital is conducting patient satisfaction surveys.	Client satisfaction survey	SINJANI	Hospitals that conducted a patient satisfaction survey during the financial year (Groote Schuur Hospital)	Yes / No	Accuracy dependent on correct recording practices, i.e. each hospital recorded only once in the month when the patient satisfaction survey was conducted.	Quality	Compliance	Quarterly	Yes	Groote Schuur Hospital conducted a patient satisfaction survey.	CEO Groote Schuur Hospital
5.	Patient satisfaction rate (Groote Schuur Hospital)	Percentage of users that participated in the Groote Schuur Hospital patient satisfaction survey that was satisfied with the service they received. The question "I was pleased with the way I was treated" in the general satisfaction domain will be used to assess the client's overall satisfaction.	Monitors the outcome of patient satisfaction survey in Groote Schuur Hospital.	Numerator: Client satisfaction survey Denominator: Client satisfaction survey	Numerator: SINJANI Denominator: SINJANI	Numerator: Questionnaires with 1 or 2 recorded for pleased with treatment (Groote Schuur Hospital) Denominator: Questionnaires with answer provided for pleased with treatment (Groote Schuur Hospital)	100	Ability to generalise survey information dependent on the number of clients participating in the survey.	Quality	Percentage	Annual	No	Higher rate indicates more clients are satisfied with the service and better compliance with Batho Pele principles.	CEO Groote Schuur Hospital

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
6.	Average length of stay (Groote Schuur Hospital)	<p>Average number of patient days an admitted client spends in Groote Schuur Hospital before separation.</p> <p>Inpatient separation is the total of day patients, inpatient discharges, inpatient deaths and inpatient transfers out.</p> <p>(This is a proxy indicator as ideally it should only include inpatient days for those clients separated during the reporting period.)</p>	Monitors effectiveness and efficiency of inpatient management in Groote Schuur Hospital.	<p><u>Numerator:</u> Inpatient Throughput Form</p> <p><u>Denominator:</u> Inpatient Throughput Form</p>	<p><u>Numerator:</u> SINJANI</p> <p><u>Denominator:</u> SINJANI</p>	<p><u>Numerator:</u> Patient days</p> <p><u>Sum of:</u></p> <ul style="list-style-type: none"> • Inpatient days • ½ day patients (Groote Schuur Hospital) <p><u>Denominator:</u> Inpatient separations - total</p> <p><u>Sum of:</u></p> <ul style="list-style-type: none"> • Day patients • Inpatient deaths • Inpatient discharges • Inpatient transfers out (Groote Schuur Hospital) 	1	Accuracy dependent on quality of data from reporting facilities. High levels of efficiency could hide poor quality.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care.	CEO Groote Schuur Hospital

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
7.	Inpatient bed utilisation rate (Groote Schuur Hospital)	Inpatient bed days expressed as a percentage of the maximum inpatient bed days available (i.e. inpatient beds X days in the period) in Groote Schuur Hospital.	Monitors effectiveness and efficiency of inpatient management. Specifically monitors the over- / under- utilisation of Groote Schuur Hospital beds.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Patient days Sum of: <ul style="list-style-type: none"> Inpatient days ½ day patients (Groote Schuur Hospital) Denominator: Inpatient bed days available (Usable beds total x 30.42) (Groote Schuur Hospital)	100	Accuracy dependent on quality of data from reporting facilities and correct reporting of usable beds.	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of available beds and/or higher burden of disease and/or better service levels.	CEO Groote Schuur Hospital
8.	Mental health admission rate (Groote Schuur Hospital)	Percentage of clients admitted for mental health problems. Inpatient separations is the total of day patients, inpatient discharges, inpatient deaths and inpatients transfer outs. Inpatient separations are used as a proxy for admissions. (Monitor in general hospitals only and NOT in mental health institutions.)	Monitors trends in mental health admissions in non-mental health institutions.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Mental health admissions - total (Groote Schuur Hospital) Denominator: Inpatient separations - total (Groote Schuur Hospital)	100	Accuracy dependent on quality of data from reporting facilities.	Output	Percentage	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	CEO Groote Schuur Hospital

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
9.	Expenditure per PDE (Groote Schuur Hospital)	Average cost per patient day equivalent (PDE) in Groote Schuur Hospital. PDE is the sum of inpatient days, ½ x day patients, ¼ x OPD headcount and ¼ x emergency headcount.	Monitors effective and efficient management of inpatient facilities.	Numerator: Financial data Denominator:	Numerator: BAS Denominator:	Numerator: Expenditure in Groote Schuur Hospital Denominator: Patient day equivalent (PDE) (Groote Schuur Hospital) Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount	1	Accuracy of expenditure dependent on the correct expenditure allocation. Accuracy of PDE's dependent on quality of data from reporting facilities.	Efficiency	Rate expressed in Rand	Quarterly	No	Lower rate indicates efficient use of financial resources.	CEO Groote Schuur Hospital
10.	Complaint resolution rate (Groote Schuur Hospital)	Complaints resolved in Groote Schuur Hospital as a proportion of complaints received in Groote Schuur Hospital.	Monitors the public health system response to customer concerns in Groote Schuur Hospital.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved (Groote Schuur Hospital) Denominator: Complaints received (Groote Schuur Hospital)	100	Accuracy of information is dependent on accurate recording of complaints (all complaints recorded and no duplications).	Quality	Percentage	Quarterly	Yes	Higher rate suggests better management of complaints in Groote Schuur Hospital.	CEO Groote Schuur Hospital
11.	Complaint resolution within 25 working days rate (Groote Schuur Hospital)	Complaints resolved within 25 working days in Groote Schuur Hospital as a proportion of all complaints resolved in Groote Schuur Hospital.	Monitors the public health system response to customer concerns in Groote Schuur Hospital.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved within 25 working days (Groote Schuur Hospital) Denominator: Complaints resolved (Groote Schuur Hospital)	100	Accuracy of information is dependent on the accuracy of the time stamp recorded for each complaint.	Quality	Percentage	Quarterly	No	Higher rate suggests better management of complaints in Groote Schuur Hospital.	CEO Groote Schuur Hospital

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
ADDITIONAL PROVINCIAL INDICATORS														
12.	Expenditure per patient day equivalent (PDE) in 2013/14 Rand (Groote Schuur Hospital)	Average cost, expressed in 2013/14 constant terms, per patient day equivalent (PDE) in Groote Schuur Hospital. PDE is the sum of inpatient days, ½ x OPD headcount and ¼ x emergency headcount.	Monitors effective and efficient management of inpatient facilities.	Numerator: Financial data Denominator:	Numerator: BAS Denominator:	Numerator: Expenditure in Groote Schuur Hospital expressed in 2013/14 Rand Denominator: Patient day equivalent (PDE) (Groote Schuur Hospital) Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount	1	Accuracy of expenditure dependent on the correct expenditure allocation. Accuracy of PDE's dependent on quality of data from reporting facilities.	Efficiency	Rate expressed in Rand	Quarterly	No	Lower rate indicates efficient use of financial resources.	CEO Groote Schuur Hospital
13.	Mortality and morbidity review rate (Groote Schuur Hospital)	Frequency of conducting mortality and morbidity reviews in Groote Schuur Hospital that should include, but is not limited to: (a) maternal deaths, (b) neonatal deaths, (c) wrong site surgery, (d) anaesthetic deaths. At least 10 reviews should be conducted per key discipline per year. A maximum of 12 meetings can be held per discipline per year (one for each month).	Monitors the facility's aim of ensuring quality health care service provision. Guideline to be developed to include among other things measures such as caesarean section infection rate, anaesthetic death rate, maternal and paediatric deaths and wrong site surgery.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Mortality and morbidity reviews conducted per discipline (Groote Schuur Hospital) Denominator: Planned mortality and morbidity reviews (number of disciplines within Groote Schuur Hospital x 12)	100	Accuracy dependent on quality of data from reporting facilities.	Quality	Percentage	Quarterly	No	Higher percentage reviews were conducted and suggests better clinical governance.	CEO Groote Schuur Hospital

Note:

Indicator 5:

The new client satisfaction survey module has not been rolled-out by the National Department of Health and, therefore, the Western Cape had to revert to the previous definition (on the "old" system) to report on this indicator.

PROVINCIAL STRATEGIC OBJECTIVES FOR TYGERBERG HOSPITAL [C&THS 4 & 6]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS														
1.1.1	Actual (usable) beds in Tygerberg Hospital	Actual (usable) beds in Tygerberg Hospital are beds actually available for use within the regional hospital, regardless of whether they are occupied by a patient or a lodger. (This is a fixed value that does not fluctuate due to renovations or intermittent staff challenges.)	Monitors the availability of Tygerberg Hospital beds to ensure accessibility of Tygerberg Hospital services.	Inpatient Throughput Form	SINJANI	Actual (usable) beds (Tygerberg Hospital)	None (N)	Dependency on accuracy of data from reporting facilities.	Input	Cumulative	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease or greater reliance on the public health system.	CEO Tygerberg Hospital

PERFORMANCE INDICATORS FOR TYGERBERG HOSPITAL [PHS 5 & 6]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
SECTOR SPECIFIC INDICATORS														
1.	National core standards gap assessment (Tygerberg Hospital)	Tygerberg Hospital conducted an annual national core standards self-assessment.	Monitors whether Tygerberg Hospital is measuring their own level of compliance with national core standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance.	Hospital Semi-permanent Data version 2	SINJANI	Hospitals that conducted a national core standards self-assessment during the financial year (Tygerberg Hospital)	Yes / No	Accuracy dependent on correct recording practices, i.e. each hospital must be recorded only once in the month when the assessment was conducted.	Quality	Compliance	Quarterly	No	Tygerberg Hospital conducted a gap assessment against the national core standards for quality assurance.	CEO Tygerberg Hospital
2.	Quality improvement plan after self-assessment (Tygerberg Hospital)	Tygerberg Hospital developed a quality improvement plan after conducting a self-assessment.	Monitors whether Tygerberg Hospital is developing a quality improvement plan to address shortcomings identified after conducting a self-assessment.	Hospital Semi-permanent Data version 2	SINJANI	Hospitals that developed a quality improvement plan during the financial year (Tygerberg Hospital)	Yes / No	Accuracy dependent on correct recording practices, i.e. each hospital must be recorded only once in the month when the quality improvement plan was approved.	Quality	Compliance	Quarterly	Yes	Tygerberg Hospital developed a quality improvement plan to address shortcomings identified during the self-assessment against the national core standards for quality assurance.	CEO Tygerberg Hospital
3.	Hospital compliant with all extreme and vital measures of the national core standards (Tygerberg Hospital)	Tygerberg Hospital passed all extreme measures and at least 90% of the vital measures of the national core standards (NCS) self-assessment.	Monitors the level of compliance with extreme and vital measures of the national core standards in Tygerberg Hospital.	National core standards self-assessment	DHS - NCS system	Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards (Tygerberg Hospital)	Yes / No	Accuracy dependent on the completeness of the gap assessment and reliability of data captured on the assessment.	Quality	Compliance	Quarterly	No	Tygerberg Hospital is compliant with extreme and vital measures of the national core standards for quality assurance.	CEO Tygerberg Hospital

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
4.	Patient satisfaction survey (Tygerberg Hospital)	Tygerberg Hospital conducted a patient satisfaction survey during the financial year.	Monitors whether Tygerberg Hospital is conducting patient satisfaction surveys.	Client satisfaction survey	SINJANI	Hospitals that conducted a patient satisfaction survey during the financial year (Tygerberg Hospital)	Yes / No	Accuracy dependent on correct recording practices, i.e. each hospital must be recorded only once in the month when the patient satisfaction survey was conducted.	Quality	Compliance	Quarterly	Yes	Tygerberg Hospital conducted a patient satisfaction survey.	CEO Tygerberg Hospital
5.	Patient satisfaction rate (Tygerberg Hospital)	Percentage of users that participated in the Tygerberg Hospital patient satisfaction survey that was satisfied with the service they received. The question "I was pleased with the way I was treated" in the general satisfaction domain will be used to assess the client's overall satisfaction.	Monitors the outcome of patient satisfaction survey in Tygerberg Hospital.	Numerator: Client satisfaction survey Denominator: Client satisfaction survey	Numerator: SINJANI Denominator: SINJANI	Numerator: Questionnaires with 1 or 2 recorded for pleased with treatment (Tygerberg Hospital) Denominator: Questionnaires with answer provided for pleased with treatment (Tygerberg Hospital)	100	Ability to generalise survey information dependent on the number of clients participating in the survey.	Quality	Percentage	Annual	No	Higher rate indicates more clients are satisfied with the service and better compliance with Batho Pele principles.	CEO Tygerberg Hospital

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
6.	Average length of stay (Tygerberg Hospital)	<p>Average number of patient days an admitted client spends in Tygerberg Hospital before separation.</p> <p>Inpatient separation is the total of day patients, inpatient discharges, inpatient deaths and inpatient transfers out.</p> <p>(This is a proxy indicator as ideally it should only include inpatient days for those clients separated during the reporting period.)</p>	Monitors effectiveness and efficiency of inpatient management in Tygerberg Hospital.	<p><u>Numerator:</u> Inpatient Throughput Form</p> <p><u>Denominator:</u> Inpatient Throughput Form</p>	<p><u>Numerator:</u> SINJANI</p> <p><u>Denominator:</u> SINJANI</p>	<p><u>Numerator:</u> Patient days</p> <p><u>Sum of:</u></p> <ul style="list-style-type: none"> • Inpatient days • ½ day patients (Tygerberg Hospital) <p><u>Denominator:</u> Inpatient separations - total</p> <p><u>Sum of:</u></p> <ul style="list-style-type: none"> • Day patients • Inpatient deaths • Inpatient discharges • Inpatient transfers out (Tygerberg Hospital) 	1	<p>Accuracy dependent on quality of data from reporting facilities.</p> <p>High levels of efficiency could hide poor quality.</p>	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care.	CEO Tygerberg Hospital

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
7.	Inpatient bed utilisation rate (Tygerberg Hospital)	Inpatient bed days expressed as a percentage of the maximum inpatient bed days available (i.e. inpatient beds X days in the period) in Tygerberg Hospital.	Monitors effectiveness and efficiency of inpatient management. Specifically monitors the over- / under- utilisation of Tygerberg Hospital beds.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Patient days Sum of: <ul style="list-style-type: none"> Inpatient days ½ day patients (Tygerberg Hospital) Denominator: Inpatient bed days available (Usable beds total x 30.42) (Tygerberg Hospital)	100	Accuracy dependent on quality of data from reporting facilities and correct reporting of usable beds.	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of available beds and/or higher burden of disease and/or better service levels.	CEO Tygerberg Hospital
8.	Mental health admission rate (Tygerberg Hospital)	Percentage of clients admitted for mental health problems. Inpatient separations is the total of day patients, inpatient discharges, inpatient deaths and inpatient transfer outs. Inpatient separations are used as a proxy for admissions. (Monitor in general hospitals only and NOT in mental health institutions.)	Monitors trends in mental health admissions in non- mental health institutions.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Mental health admissions - total (Tygerberg Hospital) Denominator: Inpatient separations - total (Tygerberg Hospital)	100	Accuracy dependent on quality of data from reporting facilities.	Output	Percentage	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	CEO Tygerberg Hospital

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
9.	Expenditure per PDE (Tygerberg Hospital)	Average cost per patient day equivalent (PDE) in Tygerberg Hospital. PDE is the sum of inpatient days, 1/2 x day patients, 1/4 x OPD headcount and 1/8 x emergency headcount.	Monitors effective and efficient management of inpatient facilities.	Numerator: Financial data Denominator:	Numerator: BAS Denominator:	Numerator: Expenditure in Tygerberg Hospital Denominator: Patient day equivalent (PDE) (Tygerberg Hospital) Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount	1	Accuracy of expenditure dependent on the correct expenditure allocation. Accuracy of PDE's dependent on quality of data from reporting facilities.	Efficiency	Rate expressed in Rand	Quarterly	No	Lower rate indicates efficient use of financial resources.	CEO Tygerberg Hospital
10.	Complaint resolution rate (Tygerberg Hospital)	Complaints resolved in Tygerberg Hospital as a proportion of complaints received in Tygerberg Hospital.	Monitors the public health system response to customer concerns in Tygerberg Hospital.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved (Tygerberg Hospital) Denominator: Complaints received (Tygerberg Hospital)	100	Accuracy of information is dependent on accurate recording of complaints (all complaints recorded and no duplications).	Quality	Percentage	Quarterly	Yes	Higher rate suggests better management of complaints in Tygerberg Hospital.	CEO Tygerberg Hospital
11.	Complaint resolution within 25 working days rate (Tygerberg Hospital)	Complaints resolved within 25 working days in Tygerberg Hospital as a proportion of all complaints resolved in Tygerberg Hospital.	Monitors the public health system response to customer concerns in Tygerberg Hospital.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	Numerator: Complaints resolved within 25 working days (Tygerberg Hospital) Denominator: Complaints resolved (Tygerberg Hospital)	100	Accuracy of information is dependent on the accuracy of the time stamp recorded for each complaint.	Quality	Percentage	Quarterly	No	Higher rate suggests better management of complaints in Tygerberg Hospital.	CEO Tygerberg Hospital

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
ADDITIONAL PROVINCIAL INDICATORS														
12.	Expenditure per patient day equivalent (PDE) in 2013/14 Rand (Tygerberg Hospital)	Average cost, expressed in 2013/14 constant terms, per patient day equivalent (PDE) in Tygerberg Hospital. PDE is the sum of inpatient days, 1/2 x OPD day patients, 1/4 x OPD emergency headcount.	Monitors effective and efficient management of inpatient facilities.	Numerator: Financial data Denominator:	Numerator: BAS Denominator:	Numerator: Expenditure in Tygerberg Hospital expressed in 2013/14 Rand Denominator: Patient day equivalent (PDE) (Tygerberg Hospital) Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount	1	Accuracy of expenditure dependent on the correct expenditure allocation. Accuracy of PDE's dependent on quality of data from reporting facilities.	Efficiency	Rate expressed in Rand	Quarterly	No	Lower rate indicates efficient use of financial resources.	CEO Tygerberg Hospital
13.	Mortality and morbidity review rate (Tygerberg Hospital)	Frequency of conducting mortality and morbidity reviews in Tygerberg Hospital that should include, but is not limited to: (a) maternal deaths, (b) neonatal deaths, (c) wrong site surgery, (d) anaesthetic deaths. At least 10 reviews should be conducted per key discipline per year. A maximum of 12 meetings can be held per discipline per year (one for each month).	Monitors the facility's aim of ensuring quality health care service provision. Guideline to be developed to include among other things measures such as caesarean section infection rate, anaesthetic death rate, maternal and paediatric deaths and wrong site surgery.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Mortality and morbidity reviews conducted per discipline (Tygerberg Hospital) Denominator: Planned mortality and morbidity reviews (number of disciplines within Tygerberg Hospital x 12)	100	Accuracy dependent on quality of data from reporting facilities.	Quality	Percentage	Quarterly	No	Higher percentage reviews were conducted and suggests better clinical governance.	CEO Tygerberg Hospital

Note:

Indicator 5:

The new client satisfaction survey module has not been rolled-out by the National Department of Health and, therefore, the Western Cape had to revert to the previous definition (on the "old" system) to report on this indicator.

PROVINCIAL STRATEGIC OBJECTIVES FOR TERTIARY HOSPITALS - RED CROSS WAR MEMORIAL CHILDREN'S HOSPITAL [C&THS 1 & 3]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS														
1.1.1	Actual (usable) beds in Red Cross War Memorial Children's Hospital (RCWMCH)	Actual (usable) beds in RCWMCH are beds actually available for use within the regional hospital, regardless of whether they are occupied by a patient or a lodger. (This is a fixed value that does not fluctuate due to renovations or intermittent staff challenges.)	Monitors the availability of RCWMCH beds to ensure accessibility of RCWMCH services.	Inpatient Throughput Form	SINJANI	Actual (usable) beds (RCWMCH)	None (N/)	Dependent on accuracy of data from reporting facilities.	Input	Cumulative	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease or greater reliance on the public health system.	CEO RCWMCH

PERFORMANCE INDICATORS FOR TERTIARY HOSPITALS - RED CROSS WAR MEMORIAL CHILDREN'S HOSPITAL [PHS 2 & 3]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
SECTOR SPECIFIC INDICATORS														
1.	National core standards gap assessment (RCWMCH)	RCWMCH conducted an annual national core standards self-assessment.	Monitors whether RCWMCH is measuring their own level of compliance with national core standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance.	Hospital Semi-permanent Data version 2	SINJANI	Hospitals that conducted a national core standards self-assessment during the financial year (RCWMCH)	Yes / No	Accuracy dependent on correct recording each hospital must be recorded only once in the month when the assessment was conducted.	Quality	Compliance	Quarterly	No	RCWMCH conducted a gap assessment against the national core standards for quality assurance.	CEO RCWMCH
2.	Quality improvement plan after self-assessment (RCWMCH)	RCWMCH developed a quality improvement plan after conducting a self-assessment.	Monitors whether RCWMCH is developing a quality improvement plan to address shortcomings identified after conducting a self-assessment.	Hospital Semi-permanent Data version 2	SINJANI	Hospitals that developed a quality improvement plan during the financial year (RCWMCH)	Yes / No	Accuracy dependent on correct recording each hospital must be recorded only once in the month when the quality improvement plan was approved.	Quality	Compliance	Quarterly	Yes	RCWMCH developed a quality improvement plan to address shortcomings identified during the self-assessment against the national core standards for quality assurance.	CEO RCWMCH
3.	Hospital compliant with all extreme and vital measures of the national core standards (RCWMCH)	RCWMCH passed all extreme measures and at least 90% of the vital measures of the national core standards (NCS) self-assessment.	Monitors the level of compliance with extreme and vital measures of the national core standards in RCWMCH.	National core standards self-assessment	DHS - NCS system	Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards (RCWMCH)	Yes / No	Accuracy dependent on the completeness of the gap assessment and reliability of data captured on the assessment.	Quality	Compliance	Quarterly	No	RCWMCH is compliant with extreme and vital measures of the national core standards for quality assurance.	CEO RCWMCH

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
4.	Patient satisfaction survey (RCWMCH)	RCWMCH conducted a patient satisfaction survey during the financial year.	Monitors whether RCWMCH is conducting patient satisfaction surveys.	Client satisfaction survey	SINJANI	Hospitals that conducted a patient satisfaction survey during the financial year (RCWMCH)	Yes / No	Accuracy dependent on correct recording practices, i.e. each hospital must be recorded only once in the month when the patient satisfaction survey was conducted.	Quality	Compliance	Quarterly	Yes	RCWMCH conducted a patient satisfaction survey.	CEO RCWMCH
5.	Patient satisfaction rate (RCWMCH)	Percentage of users that participated in the RCWMCH patient satisfaction survey that was satisfied with the service they received. The question "I was pleased with the way I was treated" in the General satisfaction domain will be used to assess the client's overall satisfaction.	Monitors the outcome of patient satisfaction survey in RCWMCH.	Numerator: Client satisfaction survey Denominator: Client satisfaction survey	Numerator: SINJANI Denominator: SINJANI	Numerator: Questionnaires with 1 or 2 recorded for pleased with treatment (RCWMCH) Denominator: Questionnaires with answer provided for pleased with treatment (RCWMCH)	100	Ability to generalise survey information dependent on the number of clients participating in the survey.	Quality	Percentage	Annual	No	Higherrate indicates more clients are satisfied with the service and better compliance with Batho Pele principles.	CEO RCWMCH

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
6.	Average length of stay (RCWMCH)	Average number of patient days an admitted client spends in RCWMCH before separation. Inpatient separation is the total of day patients, inpatient discharges, inpatient deaths and inpatient transfers out. (This is a proxy indicator as ideally it should only include inpatient days for those clients separated during the reporting period.)	Monitors effectiveness and efficiency of inpatient management in RCWMCH.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Patient days Sum of: • Inpatient days • ½ day patients (RCWMCH) Denominator: Inpatient separations - total Sum of: • Day patients • Inpatient deaths • Inpatient discharges • Inpatient transfers out (RCWMCH)	1	Accuracy dependent on quality of data from reporting facilities. High levels of efficiency could hide poor quality.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care.	CEO RCWMCH
7.	Inpatient bed utilisation rate (RCWMCH)	Inpatient bed days expressed as a percentage of the maximum inpatient bed days available (i.e. inpatient beds x days in the period) in RCWMCH.	Monitors effectiveness and efficiency of inpatient management. Specifically monitors the over-/under-utilisation of RCWMCH beds.	Numerator: Inpatient Throughput Form Denominator: Inpatient Throughput Form	Numerator: SINJANI Denominator: SINJANI	Numerator: Patient days Sum of: • Inpatient days • ½ day patients (RCWMCH) Denominator: Inpatient bed days available (Usable beds total x 30.42) (RCWMCH)	100	Accuracy dependent on quality of data from reporting facilities and correct reporting of usable beds.	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of available beds and/or higher burden of disease and/or better service levels.	CEO RCWMCH

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
8.	Mental health admission rate (RCWMCH)	Not applicable to specialised hospitals.	N/A	Numerator: N/A Denominator: N/A	Numerator: N/A Denominator: N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9.	Expenditure per PDE (RCWMCH)	Average cost per patient day equivalent (PDE) in RCWMCH. PDE is the sum of inpatient days, 1/2 x day patients, 1/4 x OPD headcount and 1/4 x emergency headcount.	Monitors effective and efficient management of inpatient facilities.	Numerator: Financial data Denominator:	Numerator: BAS Denominator:	Expenditure in RCWMCH Patient day equivalent (PDE) (RCWMCH) Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount	1	Accuracy of expenditure dependent on the correct expenditure allocation. Accuracy of PDE's dependent on quality of data from reporting facilities.	Efficiency	Rate expressed in Rand	Quarterly	No	Lower rate indicates efficient use of financial resources.	CEO RCWMCH
10.	Complaint resolution rate (RCWMCH)	Complaints resolved in RCWMCH as a proportion of complaints received in RCWMCH.	Monitors the public health system response to customer concerns in RCWMCH.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	Complaints resolved (RCWMCH) Denominator: Complaints received (RCWMCH)	100	Accuracy of information is dependent on accurate recording of complaints (all complaints recorded and no duplications).	Quality	Percentage	Quarterly	Yes	Higher rate suggests better management of complaints in RCWMCH.	CEO RCWMCH
11.	Complaint resolution within 25 working days rate (RCWMCH)	Complaints resolved within 25 working days in RCWMCH as a proportion of all complaints resolved in RCWMCH.	Monitors the public health system response to customer concerns in RCWMCH.	Numerator: Complaints and Compliments Register Denominator: Complaints and Compliments Register	Numerator: SINJANI Denominator: SINJANI	Complaints resolved within 25 working days (RCWMCH) Denominator: Complaints resolved (RCWMCH)	100	Accuracy of information is dependent on the accuracy of the time stamp recorded for each complaint.	Quality	Percentage	Quarterly	No	Higher rate suggests better management of complaints in RCWMCH.	CEO RCWMCH

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
ADDITIONAL PROVINCIAL INDICATORS														
12.	Expenditure per patient day equivalent (PDE) in 2013/14 Rand (RCWMCH)	Average cost, expressed in 2013/14 constant terms, per patient day equivalent (PDE) in RCWMCH. PDE is the sum of inpatient days, ½ x OPD headcount and ¼ x emergency headcount.	Monitors effective and efficient management of inpatient facilities.	Numerator: Financial data Denominator:	Numerator: BAS Denominator:	Numerator: Expenditure in RCWMCH expressed in 2013/14 Rand Denominator: Patient day equivalent (PDE) (RCWMCH) Sum of: • Inpatient days • 1/2 day patients • 1/3 OPD headcount • 1/3 emergency headcount	1	Accuracy of expenditure dependent on the correct expenditure allocation. Accuracy of PDE's dependent on quality of data from reporting facilities.	Efficiency	Rate expressed in Rand	Quarterly	No	Lower rate indicates efficient use of financial resources.	CEO RCWMCH
13.	Mortality and morbidity review rate (RCWMCH)	Frequency of conducting mortality and morbidity reviews in RCWMCH that should include, but is not limited to: (a) maternal deaths, (b) neonatal deaths, (c) wrong site surgery, (d) anaesthetic deaths. At least 10 reviews should be conducted per key discipline per year. RCWMCH has one discipline (paediatrics), therefore planned morbidity and mortality reviews are calculated as 12 (months in a year).	Monitors the facility's aim of ensuring quality health care service provision. Guideline to be developed to include among other things measures such as caesarean section infection rate, anaesthetic death rate, maternal and paediatric deaths and wrong site surgery.	Numerator: Hospital Semi-permanent Data version 2 Denominator: Hospital Semi-permanent Data version 2	Numerator: SINJANI Denominator: SINJANI	Numerator: Mortality and morbidity reviews conducted per discipline (RCWMCH) Denominator: Planned mortality and morbidity reviews (number of disciplines within RCWMCH x 12)	100	Accuracy dependent on quality of data from reporting facilities.	Quality	Percentage	Quarterly	No	Higher percentage indicates more reviews were conducted and suggests better clinical governance.	CEO RCWMCH

Note: Indicator 5: The new client satisfaction survey module has not been rolled-out by the National Department of Health and, therefore, the Western Cape had to revert to the previous definition (on the "old" system) to report on this indicator.

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

PROVINCIAL STRATEGIC OBJECTIVES FOR HEALTH SCIENCES AND TRAINING [HST 1 & 3]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS														
1.1.1	Number of bursaries awarded for scarce and critical skills categories	Bursaries awarded each year to students (prospective employees) for full-time study based on scarce skills and to current employees for part-time study, based on critical skills. This includes bursaries for each year of study, not only the first year. Scarce skills refer to staff shortages within an occupational category, e.g. radiographers, due to the department's inability to recruit and retain staff. Critical skill refer to skills shortages amongst existing staff, who, despite their formal qualifications, may require top up training or continuous clinical skills development, e.g. a doctor who may require basic life support training as an identified gap that exists within his/ her current competency level.	Tracks the number of bursaries allocated to students based on scarce and critical skills.	Bursary Information Management System	Bursary contracts signed	Bursaries awarded for scarce and critical skills categories	1	Accuracy dependant on good record keeping by the Provincial DoH, nursing colleges, HEIs and external accredited training providers	Input	Number	Annual	Yes	Higher number will lead to an increase in the number of scarce skills (prospective employees) and critical skills of current employees to improve service delivery	HRD programme manager

PERFORMANCE INDICATORS FOR HEALTH SCIENCES AND TRAINING [HST 2 & 3]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
SECTOR SPECIFIC INDICATORS														
1.	Number of bursaries awarded for first year medicine students	Number of bursaries allocated to first year medicine students for study at the HEIs	Tracks the number of bursaries allocated to first year students in medicine	Bursary Information Management System	Bursary contracts signed	Bursaries awarded for first year medicine students	1	Accuracy dependant on good record keeping by the Provincial DoH, and HEIs.	Input	Number	Annual	Yes	Higher number will lead to an increase in medical officers in future.	HRD programme manager
2.	Number of bursaries awarded for first year nursing students	Number of bursaries allocated to first year nursing students for study at the HEIs (and Nursing College)	Tracks the number of bursaries allocated to first year students in nursing	Bursary Information Management System	Bursary contracts signed	Bursaries awarded for first year nursing students	1	Accuracy dependant on good record keeping by the Provincial DoH, nursing colleges and HEIs.	Input	Number	Annual	Yes	Higher number will lead to an increase in the number of nurses in future.	HRD programme manager
ADDITIONAL PROVINCIAL INDICATORS														
3.	Intake of nurse students (1st to 4th year at HEIs and nursing college)	Student nurses entering all years of study (from 1 st year to 4 th year) at nursing colleges AND higher education institutions (HEIs).	Tracks the training of nurses at nursing colleges AND HEIs.	Nurse Training Institutions (NEI) registration lists	HEI survey.xls	Intake of nurse students (1st to 4th year at HEIs and nursing college)	1	Accuracy dependant on good record keeping by the Provincial DoH, nursing colleges and HEIs.	Input	Cumulative	Annual	No	Higher number will lead to an increase in the number of nurses in future.	HRD programme manager
4.	Basic professional nurse students graduating (at nursing college)	Students who graduate from the basic nursing course at nursing colleges.	Tracks the production of nurses with a basic nursing qualification at nursing colleges.	Basic student nurses registration lists	HEI survey.xls	Basic nurse students graduating (at nursing college)	1	Accuracy dependant on good record keeping by both the Provincial DoH and nursing colleges.	Output	Cumulative	Annual	No	Higher number means an increase in the number of qualified nurses.	HRD programme manager
5.	Basic nurse students graduating (at HEIs and nursing college)	Students who graduate from the basic nursing course at nursing colleges and higher education institutions (HEIs).	Tracks the production of nurses with a basic nursing qualification at nursing colleges AND HEIs.	Basic student nurses registration lists	HEI survey.xls	Basic nurse students graduating (at HEIs and nursing college)	1	Accuracy dependant on good record keeping by the Provincial DoH, nursing colleges and HEIs.	Output	Cumulative	Annual	No	Higher number means an increase in the number of qualified nurses.	HRD programme manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
6.	EMC intake on accredited HPCSA courses	Intake of EMC staff on Health Professions Council of South Africa (HPCSA) accredited programmes (one of these courses is a 2 year course).	Tracks the number of EMC staff who are registered on HPCSA accredited courses.	EMC staff registration lists	EMC information system	Intake of EMC staff on accredited HPCSA courses	1	Accuracy dependant on good record keeping by both the Provincial DoH and EMC College.	Input	Cumulative	Annual	No	Higher intake means an increase in the number of qualified EMC staff in future.	HRD programme manager
7.	Intake of home community based carers (HCBCs)	Intake of home community based carers (HCBCs) on training.	Tracks the training of home community based carers (HCBCs) on the various NQF levels.	Home community based carers registration lists	EPWP web based database	Registration of home community based carers	1	Accuracy dependant on good record keeping by the Provincial DoH and training providers.	Input	Cumulative	Annual	No	Higher intake means an increase in HCBCs with a National Diploma in future.	HRD programme manager
8.	Intake of data capturer interns	Intake of data-capturer interns on a 12 month internship.	Tracks the number of data-capturer interns.	Signed internship agreements	EPWP web based database	Intake of data-capturer interns	1	Accuracy dependant on good record keeping by the Provincial DoH.	Input	Cumulative	Annual	No	Higher intake means an increase in data-capturer interns available for assimilation into posts at health care facilities leading to improved data management.	HRD programme manager
9.	Intake of pharmacy assistants	Intake of learner pharmacist's assistants in training at basic and post basic level. (Learner pharmacist assistants basic for 12 months and post basic for 12 months.)	Tracks the training of pharmacist's assistants at a basic and post basic level.	Signed learnership agreements	EPWP web based database	Intake of pharmacist assistants	1	Accuracy dependant on good record keeping by the Provincial DoH and training providers.	Input	Cumulative	Annual	No	Higher intake means an increase in pharmacist's assistants available to address scarce skills.	HRD programme manager
10.	Intake of assistant to artisan (ATA) interns	Intake of Assistant to Artisan (ATAs) interns on a 12 month internship.	Tracks the number of ATA interns.	Signed learnership agreements	EPWP web based database; Municipal Information System for Infrastructure (MIS)	Intake of assistant to artisan (ATA) interns	1	Accuracy dependant on good record keeping by the Provincial DoH.	Input	Cumulative	Annual	No	Higher intake means an increase ATAs available to address maintenance needs of health care facilities.	HRD programme manager
11.	Intake of HR and finance interns	Intake of human resource (HR) and finance interns on a 12 month internship.	Tracks the number of HR and finance interns.	Signed internship agreements	EPWP web based database	Intake of HR and finance interns	1	Accuracy dependant on good record keeping by the Provincial DoH.	Input	Cumulative	Annual	No	Higher intake means an increase in HR and finance interns to address scarce skills.	HRD programme manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
12.	Intake of emergency medical care (EMC) assistant interns	Intake of Emergency Medical Care (EMC) Assistant interns on a 12 month internship.	Tracks the number of Emergency Medical Care (EMC) Assistant interns	Signed internship agreements	EPWP web based database	Intake of emergency medical care assistants	1	Accuracy dependant on good record keeping by the Provincial DoH.	Input	Cumulative	Annual	No	Higher intake means an increase in emergency medical care (EMC) assistant interns to address scarce skills.	HRD programme manager
13.	Intake of forensic pathology services (FPS) assistant interns	Intake of Forensic Pathology Services (FPS) Assistant internson a 12 month internship.	Tracks the number of Forensic Pathology Services (FPS) Assistant interns.	Signed internship agreements	EPWP web based database	Intake of forensic pathology service assistants	1	Accuracy dependant on good record keeping by the Provincial DoH.	Input	Cumulative	Annual	No	Higher intake means an increase in forensic pathology services (FPS) assistant interns to address scarce skills.	HRD programme manager

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

PROVINCIAL STRATEGIC OBJECTIVES FOR LAUNDRY SERVICES [HCSS 1 & 3]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS														
1.1.1	Average cost per item laundered in-house	The average cost per linen item processed or laundered in-house at Tygerberg, Lentegour and George Regional Laundries. The in-house laundry costs include the cost for electricity, water, coal, fuel, and salaries and wages. The expenditure on capital for buildings and equipment is excluded.	Monitor the cost per item laundered to ensure that in-house laundry services are cost effective.	Numerator: Financial records Denominator: Laundry linen count	Numerator: BAS Denominator: Laundry returns.xls	Numerator: Expenditure on in-house laundries excluding capital Denominator: Items laundered in-house	1	Accuracy dependant on the reliability of financial data and other records kept by in-house laundries.	Efficiency	Rate	Quarterly	No	Lower cost indicates efficient use of financial resources.	Laundry manager (Directorate: Engineering and Technical Support)

PERFORMANCE INDICATORS FOR LAUNDRY SERVICES [HCSS 2 & 3]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
ADDITIONAL PROVINCIAL INDICATORS														
1.	Average cost per item laundered outsourced	The average cost per linen item processed or laundered by outsourced laundries. The outsourced laundry costs include the cost of capital, profit and VAT (all of which are not included in the in-house cost).	Monitor the cost per item laundered to ensure that outsourced laundry services are cost effective.	<u>Numerator:</u> Financial records <u>Denominator:</u> Private contractor accounts	<u>Numerator:</u> BAS <u>Denominator:</u> Private laundry returns.xls	<u>Numerator:</u> Expenditure on outsourced laundry services <u>Denominator:</u> Items laundered outsourced	1	Accuracy dependant on the reliability of financial data. Accuracy dependant on the submission of information and the reliability of records kept at private laundries.	Efficiency	Rate	Quarterly	No	Lower cost indicates efficient use of financial resources.	Laundry manager (Directorate: Engineering and Technical Support)

PROVINCIAL STRATEGIC OBJECTIVES FOR ENGINEERING SERVICES [HCSS 1 & 3]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS														
1.1.1	Percentage of maintenance budget spent	Programme 7.2's expenditure as a percentage of the Programme 7.2's budget.	Tracks expenditure on maintenance of health facilities.	<u>Numerator:</u> Financial records <u>Denominator:</u> Financial records	<u>Numerator:</u> BAS <u>Denominator:</u> BAS	<u>Numerator:</u> Sub-programme 7.2 expenditure <u>Denominator:</u> Sub-programme 7.2 budget	100	Accuracy dependant on the reliability of financial data on BAS and the costing of maintenance expenditure.	Input	Percentage	Quarterly	No	Higher percentage indicates efficient use of financial resources. Over-expenditure, if necessary funding is not available, however, is not desirable.	Director: Engineering and Technical Support

PERFORMANCE INDICATORS FOR ENGINEERING SERVICES [HCSS 2 & 3]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
ADDITIONAL PROVINCIAL INDICATORS														
1.	Percentage of engineering emergency cases addressed within 48 hours	Percentage of engineering emergency cases, reported by health facilities maintained by Engineering Services, that have been attended to (not necessarily resolved) within 48 hours from being reported.	To ensure emergency engineering repairs are addressed as soon as possible in order that services can be rendered at health facilities.	Numerator: Protocol for Maintenance Repair Work Annexure 1 Denominator: Protocol for Maintenance Repair Work Annexure 1	Numerator: Annexure 1 system Denominator: Annexure 1 system	$\frac{\text{Numerator}}{\text{Denominator}} \times 100$ Annexure 1 forms approved within 48 hours Annexure 1 forms received	100	Accuracy dependant on the reliability of record keeping at engineering workshops.	Output	Percentage	Quarterly	No	Higher percentage indicates better response time to emergencies.	Director: Engineering and Technical Support
2.	Percentage of clinical engineering maintenance jobs completed	Clinical engineering maintenance jobs completed (job cards closed) expressed as a percentage of clinical engineering maintenance jobs issued (job cards opened).	To ensure safety in terms of medical equipment at health facilities and to monitor progress on clinical engineering maintenance done by the Department.	Numerator: Clinical engineering job cards Denominator: Clinical engineering job cards	Numerator: Clinical engineering job card system Denominator: Clinical engineering job card system	$\frac{\text{Numerator}}{\text{Denominator}} \times 100$ Clinical engineering jobs completed (job cards closed) Clinical engineering job cards issued (job cards opened)	100	Accuracy dependant on the reliability of record keeping at clinical engineering workshop.	Output	Percentage	Quarterly	No	Higher percentage indicates more clinical engineering jobs have been completed resulting in improved safety of medical equipment at health facilities.	Director: Health Technology
3.	Percentage of engineering maintenance jobs completed	Engineering maintenance jobs completed (job cards closed) expressed as a percentage of engineering maintenance jobs issued (job cards opened). Jobs include repairs, renovations, minor upgrades, etc., but exclude	To ensure safety in terms of building and engineering equipment at health facilities and to monitor progress on maintenance done by the Department.	Numerator: Engineering maintenance job cards Denominator: Engineering maintenance job cards	Numerator: Engineering maintenance job card system Denominator: Engineering maintenance job card system	$\frac{\text{Numerator}}{\text{Denominator}} \times 100$ Engineering maintenance jobs completed (job cards closed) EXCLUDE emergency jobs	100	Accuracy dependant on the reliability of record keeping at engineering workshops.	Output	Percentage	Quarterly	No	Higher percentage indicates more engineering maintenance jobs have been completed resulting in improved safety of buildings and engineering equipment at	Director: Engineering and Technical Support

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
4.	Percentage of selected hospitals utilising more energy than the provincial benchmark	Reduce the percentage of selected hospitals utilising more energy per hospital bed than the provincial benchmark. Energy consumed (i.e. amount of electricity consumed during the billing period) is measured in kilowatt hour per hospital bed per day. The provincial benchmark for energy consumption was defined per type of hospital, e.g.:	To minimise wastage by determining whether electricity consumed is in line with the provincial benchmark. This will indicate where intervention is required either in terms of improved engineering solutions and/or staff training to bring energy utilisation within an acceptable range of the provincial benchmark.	Denominator: Engineering maintenance job cards Numerator: Utilities bills	Denominator: Engineering maintenance job card system Numerator: Utilities consumption spread sheet	Denominator: Selected hospitals with kwh/bed/day higher than provincial benchmark Numerator: Hospitals selected to monitor kwh/bed/day consumption	100	Accuracy dependent on the reliability of meter readings and availability of data. Estimations will be used where data is not available (as is common practice with municipalities' metering systems.)	Input	Percentage	Annual	Yes	Lower indicates that more hospitals are utilising less energy (i.e. kilowatt hour per hospital bed per day) than the provincial benchmark.	Director: Engineering and Technical Support

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
5.	Percentage of selected hospitals exceeding the provincial benchmark for average maximum energy demand per hospital bed per month	Reducing the percentage of selected hospitals that exceed the provincial benchmark set for peak energy demand per hospital bed per month (i.e. the highest supply of energy at any given point in time) to be within the acceptable range of the provincial benchmark. Energy demand is measured in kilo Volt Amp and this is charged separately from energy consumption. For example, if two electrical appliances are switched on simultaneously, the peak and therefore the cost related to energy demand will be much higher than when these are switched on at different times. The provincial benchmark for maximum energy demand was defined per type of hospital e.g.:	To reduce maximum energy demand (peak demand) at facilities and thereby minimising wastage by determining where intervention is required either in terms of improved engineering solutions and or staff training to bring maximum energy demand down to be within an acceptable range of the provincial benchmark.	Numerator: Utilities bills Denominator: List of selected hospitals	Numerator: Utilities consumption spreadsheet Denominator: Utilities consumption spreadsheet	Numerator: Selected hospitals exceeding provincial benchmark for average maximum energy demand per hospital bed per month Denominator: Hospitals selected to monitor average maximum energy demand per hospital bed per month	100	Accuracy dependant on the reliability of meter readings and availability of data. Estimations will be used where data is not available (as is common practice with municipalities' metering systems.)	Input	Percentage	Annual	Yes	Lower indicates that the maximum energy demand (i.e. kilo Volt Amp per hospital bed per month) for more hospitals is lower than the provincial benchmark.	Director: Engineering and Technical Support

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
6.	Percentage of selected hospitals utilising more water than the provincial benchmark	Reduce the percentage of selected hospitals consuming more water per hospital bed per day than the provincial benchmark. Water consumption is measured in litres of water/bed/day. The provincial benchmark was defined per type of hospital, e.g.: <ul style="list-style-type: none"> District = 440 litres/bed/day Regional = 600 litres/bed/day TB = 600 litres/bed/day Psychiatric = 600 litres/bed/day Central = 1000 litres/bed/day Tertiary = 600 litres/bed/day Note: Currently, not all hospitals form part of the assessment – only selected hospitals.	To monitor the water consumption per hospital bed per day against the provincial benchmark.	Numerator: Utilities bills Utilities consumption spread sheet Denominator: List of selected hospitals	Numerator: Utilities consumption spread sheet Denominator: Utilities consumption spread sheet	Numerator: Selected hospitals exceeding provincial benchmark for average water consumption per hospital bed per day Denominator: Hospitals selected to monitor average water consumption per hospital bed per day	100	Accuracy dependant on the reliability of meter readings and availability of data. Estimations will be used where data is not available (as is common practice with municipalities' metering systems.)	Input	Percentage	Annual	Yes	Lower indicates that more hospitals are utilising less water (i.e. litres of water/bed/day) than the provincial benchmark.	Director: Engineering and Technical Support

PROVINCIAL STRATEGIC OBJECTIVES FOR FORENSIC PATHOLOGY SERVICES [HCSS 1 & 3]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS														
1.1.1	Percentage of FPS cases released within 5 days (excluding unidentified persons)	Percentage of FPS cases released within 5 days from admission – excluding unidentified deceased. The time is measured from when the deceased is admitted to FPS until the post-mortem body is released for burial.	Monitor turnaround times and therefore the efficiency as well as available resources in FPS, internal to the service. Also monitor equity to access across the province.	<p><u>Numerator:</u> Rural: FPS R003 Metro: FPS 013</p> <p><u>Denominator:</u> FPS 013</p>	<p><u>Numerator:</u> Rural: FPS R003; Index Register Metro: Index Register</p> <p><u>Denominator:</u> FPS R003 Metro: Index Register</p>	<p><u>Numerator:</u> Cases released within 5 days after admission (EXCLUDE unidentified deceased)</p> <p><u>Denominator:</u> Bodies released (EXCLUDE unidentified deceased)</p>	100	Accuracy dependant on the reliability of data from FPS laboratories.	Quality	Percentage	Quarterly	No	Higher percentages indicates appropriate resource allocation and co-ordination in FPS.	FPS programme manager

PERFORMANCE INDICATORS FOR FORENSIC PATHOLOGY SERVICES [HCSS 2 & 3]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
ADDITIONAL PROVINCIAL INDICATORS														
1.	Percentage of FPS cases responded to within 40 minutes	Percentage of Forensic Pathology Service (FPS) cases responded to within the target of 40 minutes. The time is measured from receipt of the call until FPS arrives on the scene.	Monitor response times and therefore the efficiency of FPS.	Numerator: Rural: FPS 002 Metro: EMS Call Dispatch Log Denominator: Rural: FPS R003; Index Register Metro: EMS Call Dispatch Log	Numerator: Rural: FPS 002 Metro: EMS system Denominator: Rural: FPS R003; Index Register Metro: EMS system	Numerator: Cases responded to within 40 minutes (from receipt of call to arrival on FPS related death scenes) Denominator: Forensic pathology scenes attended (body receipt and deferral)	100	Accuracy dependant on the reliability of data from FPS laboratories.	Quality	Percentage	Quarterly	No	Higher percentage indicates appropriate resource allocation and co-ordination in FPS.	Forensic Pathology Services (FPS) programme manager
2.	Percentage of FPS cases examined within 3 days	Percentage of FPS cases examined within three days from admission. The time is measured from when the deceased is admitted to FPS until the post-mortem examination is completed.	Monitor turnaround times and therefore the efficiency as well as available resources in FPS.	Numerator: Rural: FPS R003 Metro: FPS 002 Denominator: FPS R003 Death Notification	Numerator: Rural: FPS R003; Index Register Metro: Index Register Denominator: FPS R003 Metro: Index Register	Numerator: Cases examined within 3 days (from admission until post-mortem is completed) Denominator: Forensic pathology cases examined	100	Accuracy dependant on the reliability of data from FPS laboratories.	Quality	Percentage	Quarterly	No	Higher percentage indicates appropriate resource allocation and co-ordination in FPS.	FPS programme manager

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
3.	Toxicology service commissioned	A toxicology service has been commissioned in the Western Cape as can be seen by the fact that toxicology samples are being processed and reported on by the Observatory Forensic Pathology Centre (OFPC).	Improvement in turnaround time of toxicology processing which will improve the turnaround time for the finalisation and release of post-mortem findings.	FPS system	FPS system	Toxicology samples have been processed	Yes / No	Accuracy dependant on the reliability of data on the FPS system.	Input	Compliance	Annually	Yes	A toxicology service was commissioned in the Western Cape which will improve turnaround time for the finalisation and release of post-mortem findings.	FPS programme manager

PROVINCIAL STRATEGIC OBJECTIVES FOR THE CAPE MEDICAL DEPOT [HCSS 1 & 3]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS														
1.1.1	Percentage of pharmaceutical stock available	Percentage of pharmaceutical stock that is available at the Cape Medical Depot (CMD) from the list of stock that should be available at all times.	To ensure optimum pharmaceutical stock levels to meet demand.	<u>Numerator:</u> Stock master	<u>Numerator:</u> MEDSAS	<u>Numerator:</u> Pharmaceutical items that are in stock at the CMD	100	Accuracy dependant on the reliability of data on the MEDSAS system.	Efficiency	Percentage	Quarterly	No	Higher percentage indicate fewer items out of stock at the CMD.	Director: Pharmacy Services
				<u>Denominator:</u> Stock master	<u>Denominator:</u> MEDSAS	<u>Denominator:</u> Pharmaceutical items on the stock register								

PERFORMANCE INDICATORS FOR THE CAPE MEDICAL DEPOT [HCSS 2 & 3]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
ADDITIONAL PROVINCIAL INDICATORS														
1.	Percentage of pharmaceutical orders finalised (processed) within 3 working days	Percentage of pharmaceutical orders received from facilities that are finalised within 3 working days. Processing time measured from the print date of the order until the dispatch of the order from the CMD.	To ensure optimal processing of pharmaceutical orders received from facilities by CMD.	Numerator: Issue voucher Denominator: Issue voucher	Numerator: MEDSAS Denominator: MEDSAS	Numerator: Pharmaceutical orders finalised within 3 working days Denominator: Pharmaceutical orders received	100	Accuracy dependant on the reliability of data on the MEDSAS system.	Efficiency	Percentage	Quarterly	Yes	Higher percentage indicates more orders are processed within the lead time of 3 working days.	Director: Pharmacy Services
2.	Percentage of pharmaceutical demander queries resolved within 2 working days	Percentage of pharmaceutical queries logged by the CMD helpdesk that was resolved within 2 working days.	To ensure queries logged by CMD helpdesk are resolved and the resolution communicated to the relevant facility.	Numerator: CMD Helpdesk Report Denominator: CMD Helpdesk Report	Numerator: CMD Helpdesk Report Denominator: CMD Helpdesk Report	Numerator: Pharmaceutical demander queries resolved within 2 working days Denominator: Pharmaceutical demander queries received	100	Accuracy dependant on the reliability of data on the CMD Helpdesk Report.	Efficiency	Percentage	Quarterly	Yes	Higher percentage indicates more demander queries were resolved within the lead time of 2 working days.	Director: Pharmacy Services

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

PROVINCIAL STRATEGIC OBJECTIVES FOR HEALTH FACILITIES MANAGEMENT [HFM 1 & 3]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS														
1.1.1	Percentage of Programme 8 capital infrastructure budget spent (excluding maintenance)	Capital expenditure expressed as a percentage of capital budget. (Excludes Programme 8 expenditure on scheduled maintenance, preventative maintenance, organisational development, quality assurance, health technology and EP-WP.)	Tracks capital expenditure versus allocated capital budget.	Numerator: Financial data Denominator: Financial data	Numerator: BAS Denominator: BAS	Numerator: Programme 8 capital infrastructure expenditure (excluding maintenance) Denominator: Programme 8 capital infrastructure budget (excluding maintenance)	100	Accuracy dependant on financial data recorded on BAS.	Input	Percentage	Quarterly	Yes	Total budget allocated is spent in accordance with the cash flow. Higher percentage indicates efficient use of financial resources and improved health infrastructure and engineering equipment. Over-expenditure, if necessary funding is not available, however, is not desirable.	Director: Infrastructure Programme Delivery
1.1.2	Percentage of Programme 8 capital infrastructure projects completed	Capital projects that achieved practical completion as planned (practical completion certificate or relevant equivalent issued by professional team) expressed as a percentage of the number of projects planned to achieve practical completion.	Tracks the progress of capital projects against the project plan i.e. the period allocated in which the project should be completed.	Numerator: Practical completion certificate (or relevant equivalent) Denominator: Practical completion certificate (or relevant equivalent)	Numerator: Rational Portfolio Manager (RPM) Denominator: RPM	Numerator: Practical completion certificates (or relevant equivalent) issued for capital infrastructure projects Denominator: Practical completion certificates (or relevant equivalent) scheduled for issue for capital infrastructure projects	100	Accuracy dependant on reliability of data recorded on RPM.	Output	Percentage	Quarterly	No	A higher percentage will reflect that projects have been completed ahead of schedule.	Director: Infrastructure Programme Delivery

PERFORMANCE INDICATORS FOR HEALTH FACILITIES MANAGEMENT [HFM 2 & 3]

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
SECTOR SPECIFIC INDICATORS														
1.	Number of health facilities that have undergone major and minor refurbishment	No definition provided by NDOH.	No definition provided by NDOH.	To be established based on definition	To be established based on definition	Health facilities that have undergone major and minor refurbishment	1	To be established based on definition	Input	Number	Annual	Yes	No definition provided by NDOH.	Chief Director: Infrastructure and Technical Management
2.	Establish service level agreements (SLAs) with Departments of Public Works (and any other implementing agent)	A service level agreement (SLA) was established with WCG; Transport and Public Works.	To strengthen partnerships with WCG; Transport and Public Works to accelerate infrastructure delivery.	Service level agreement	Service level agreement	Service level agreement (SLA) established with Department of Transport and Public Works (and any other implementing agent)	Yes / No	Availability of documentation to proof a service level agreement has been established.	Process	Compliance	Annual	Yes	A service level agreement was established with WCG; Transport and Public Works which should lead to accelerated infrastructure delivery.	Chief Director: Infrastructure and Technical Management
ADDITIONAL PROVINCIAL INDICATORS														
3.	Percentage of Programme 8 maintenance budget spent on preventive and scheduled	Programme 8 expenditure on maintenance (preventive maintenance on buildings completed since 2006, which entails regular on-going maintenance necessary to keep infrastructure operating safely and to prevent premature failure including repairs plus scheduled maintenance, which entails maintenance projects flowing out of condition assessments and which are included in a list in an infrastructure plan, expressed as a percentage of the Programme 8 budget allocation for preventative and scheduled maintenance.	Tracks expenditure on preventative maintenance (on new building projects completed since 2006) and maintenance (which flows out of condition assessments).	Numerator: Financial data Denominator: Financial data	Numerator: BAS Denominator: BAS	Numerator: Programme 8 expenditure on maintenance (preventative and scheduled) Denominator: Programme 8 total maintenance budget	100	Accuracy dependant on financial data recorded on BAS.	Input	Percentage	Quarterly	No	Higher percentage indicates efficient use of financial resources and well maintained health facilities. Over-expenditure, if necessary funding is not available, however, is not desirable.	Director: Engineering and Technical Support

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
4.	Percentage of preventative maintenance budget spent	Programme 8 expenditure on preventative maintenance for new buildings completed since 2006 expressed as a percentage of the Programme 8 budget allocation for preventative maintenance for new buildings completed since 2006.	Tracks expenditure on preventative maintenance on new-building projects completed since 2006.	Numerator: Financial data Denominator: Financial data	Numerator: BAS Denominator: BAS	Numerator: Programme 8 expenditure on preventative maintenance on new buildings completed since 2006 Denominator: Programme 8 budget for preventative maintenance on new buildings completed since 2006	100	Accuracy dependant on financial data recorded on BAS.	Input	Percentage	Quarterly	No	Higher percentage indicates efficient use of financial resources and well maintained health facilities. Over-expenditure, if necessary funding is not available, however, is not desirable.	Director: Engineering and Technical Support
5.	Percentage of Programme 8 health technology budget spent	Programme 8 health technology expenditure expressed as a percentage of the Programme 8 health technology budget allocation.	Tracks expenditure on health technology.	Numerator: Financial data Denominator: Financial data	Numerator: BAS Denominator: BAS	Numerator: Programme 8 health technology expenditure Denominator: Programme 8 health technology budget allocation	100	Accuracy dependant on financial data recorded on BAS.	Input	Percentage	Quarterly	No	Total budget allocated is spent in accordance with the cash flow. Higher percentage indicates efficient use of financial resources and improved health technology. Over-expenditure, if necessary funding is not available, however, is not desirable.	Director: Health Technology
6.	Percentage of strategic briefs completed	Strategic briefs that were completed (briefs submitted to implementing department) expressed as a percentage of strategic briefs planned to be completed.	Tracks the progress of development of strategic briefs against the period allocated within which the strategic briefs should be completed.	Numerator: Strategic briefs Denominator: Strategic briefs	Numerator: Rational Portfolio Manager (RPM) Denominator: RPM	Numerator: Strategic briefs issued to implementing department Denominator: Strategic briefs planned / scheduled for issue to implementing department	100	Accuracy dependant on reliability of data recorded on RPM.	Output	Percentage	Annually	No	A higher percentage will reflect that strategic briefs have been completed ahead of schedule	Director: Infrastructure Planning

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
7.	Percentage of facilities in Eden District with a condition rating of C4 to C5	Facilities in Eden District with a condition rating of good (C4) or excellent (C5) expressed as a percentage of the total number of facilities in Eden.	Tracks improved maintenance budget allocation and project execution.	Numerator: Condition rating of facilities in Eden District Denominator: Facilities in Eden District	Numerator: User Asset Management Plan Denominator: User Asset Management Plan	Numerator: Facilities in Eden District with condition rating of C4 to C5 Denominator: Facilities in Eden District	100	Dependant on accuracy of feedback from WCG Transport & Public Works	Output	Percentage	Annually	Yes	A higher percentage will reflect that the condition of more facilities than targeted have improved infrastructure to render health care services and thereby improving the patient experience.	Director: Infrastructure Planning

Note:

Indicator 1: A detailed definition, explaining exactly which projects should or should not be included, has not been provided by the National Department of Health and, therefore, the Western Cape is not able to set targets prreport on this indicator for 2015/16.

Annexure B: List of Facilities

1. Primary health care facilities

1.1 Cape Town District

Sub-district	Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Specialised Clinics	Satellite Clinics	Mobiles
Eastern Sub-district	-	Gustrow CDC Ikhwezi CDC* Kleinveit CDC Macassar CDC Mfuleni CDC Strand CDC	Blue Downs Clinic* Dr Ivan Toms Clinic* Eerste River Clinic* Fagan Street Clinic* Gordon's Bay Clinic* Kullisriver Clinic* Sarepta Clinic* Sir Lowry's Pass Clinic* Somerset West Clinic* Wesbank Clinic*	-	Drifscans Satellite Clinic* Hilcrest Satellite Clinic*	Eastern (Sub-district) Mobile Macassar Mobile* Living Hope (Mfuleni) Mobile* Masicedane (Somerset West) Mobile*
	0	6	10	0	2	4
Khayelitsha Sub-district	Khayelitsha (Site B) CHC	Kuyasa CDC* Luvuyo CDC* Matthew Goniwe CDC* Michael Mapangwana CDC Nolungile CDC Town 2 CDC*	Kuyasa Interchange Clinic* Mayenzeke Clinic* Nolungile Clinic* Site B Male Clinic* Site B Youth Clinic* Site C Youth Clinic* Zakhele Clinic*	-	-	Khayelitsha (Sub-district) Mobile
	1	6	7	0	0	1
Klipfontein Sub-district	Guguletu CHC Hanover Park CHC	Dr Abdurahman CDC Heideveld CDC Nyanga CDC	Guguletu Clinic* Hanover Park Clinic* Heideveld Clinic* Lansdowne Clinic* Manenberg Clinic* Masicedane Clinic* Nyanga Clinic* Silvertown Clinic* Vuyani Clinic*	Nyanga Junction Reproductive Health Service Eros Oral Health Service Silvertown Oral Health Service	Hazendal Satellite Clinic* Honeyside Satellite Clinic* Newfields Satellite Clinic*	-
	2	3	9	3	3	0

Sub-district	Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Specialised Clinics	Satellite Clinics	Mobiles
Mitchells Plain Sub-district	Mitchells Plain CHC	Crossroads CDC Brown's Farm (Inzame Zabantu) CDC Tafelsig CDC*	Crossroads 1 Clinic* Crossroads 2 Clinic* Eastridge Clinic* Lentegeur Clinic* Mzamomhle Clinic* Phumlani Clinic* Rocklands Clinic* Wetfreeden Valley Clinic* Westridge Clinic*	Lentegeur Oral Health Service Westridge Oral Health Service Lentegeur Hospital Oral Health Service	Mandalay Satellite Clinic*	-
		3	9	3	1	0
Northern Sub-district	Kraaifontein CHC	Durbanville CDC Scottsdene CDC	Bloekombos Clinic* Bothasig Clinic* Brackenfell Clinic* Brighton Clinic* Durbanville Clinic* Fisanteakraal Clinic* Harmonie Clinic* Northpine Clinic* Scottsdene Clinic* Wallacedene Clinic*	-	-	-
		2	10	0	0	0
Southern Sub-district	Retreat CHC	Grassy Park CDC Hout Bay Harbour CDC Lady Michaelis CDC Lotus River CDC Ocean View CDC*	Claremont Clinic* Diep River Clinic* Fish Hoek Clinic* Hout Bay Main Road Clinic* Klip Road Clinic* Lavender Hill Clinic* Lotus River Clinic* Masiphumelele Clinic* Muitzenberg Clinic* Parkwood Clinic* Phillippi Clinic* Retreat Clinic* Seawind Clinic* Strandfontein Clinic* Westlake Clinic* Wynberg Clinic*	-	Alphen Satellite Clinic* Pelican Park Satellite Clinic* Simon's Town Satellite Clinic*	Redhill Mobile*
		5	16	0	3	1

Sub-district	Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Specialised Clinics	Satellite Clinics	Mobiles
Tygerberg Sub-district	Delft CHC Elsies River CHC	Belville South CDC Bishop Lavis CDC Dirkie Uys CDC Parow CDC Ravensmead CDC Reed Street CDC Ruyferwacht CDC St Vincent CDC	Adriaanse Clinic* Bishop Lavis Clinic* Delft South Clinic* Dirkie Uys Clinic* Elsies River Clinic* Kasselsvlei Clinic* Netreg Clinic* Parow Clinic* Ravensmead Clinic* St Vincent Clinic* Tygerberg (TB/HIV) Health Education Clinic Uitsig Clinic* Valhalla Park Clinic*	Belville Reproductive Health Service Tygerberg Community Dental Clinic	Chestnut Satellite Clinic* Groenvallei Satellite Clinic* Leonsdale Satellite Clinic* Men's Health Satellite Clinic*	-
	2	8	13	2	4	0
Western Sub-district	Vanguard CHC	Du Noon CDC Green Point CDC Kensington CDC Maitland CDC Mamre CDC Robbie Nurock CDC Woodstock CDC	Albow Gardens Clinic* Chapel Street Clinic* Faciteton Clinic* Langa Clinic* Maitland Clinic* Melkbosstrand Clinic* Protea Park Clinic* Saxon Sea Clinic* Spencer Road Clinic* Table View Clinic	Atlantis Oral Health Service Hope Street Oral Health Service Maitland Oral Health Service Cape Town Reproductive Health Service Dorp Street Reproductive Health Service	Pella Satellite Clinic* Pinelands Satellite Clinic* Schootskeskloof Satellite Clinic*	Melkbosstrand Mobile Witsand Mobile*
	1	7	10	5	3	2
CAPE TOWN DISTRICT	9	40	84	13	16	8

1.2 Cape Winelands District

Sub-district	Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Specialised Clinics	Satellite Clinics	Mobiles
Brede Valley Local Municipality	-	Worcester CDC	De Doorns Clinic Empilsweni (Worcester) Clinic Orchard Clinic Rawsonville Clinic Sandhills Clinic Touws River Clinic	-	De Wet Satellite Clinic Maria Pieterse Satellite Clinic Overhex Satellite Clinic Somerset Street Satellite Clinic	Bossteveld Mobile Botha/Brandwacht Mobile De Wet Mobile Overhex Mobile Slanghoek Mobile
	0	1	6	0	4	5
Drakenstein Local Municipality	-	Mbekweni CDC TC Newman CDC Wellington CDC	Dalevale Clinic Gouda Clinic Huis McCrone Clinic JJ Du Pre Le Roux Clinic Klein Drakenstein Clinic Klein Nederburg Clinic Nieuwedrift Clinic Patriot Plein Clinic Phola Park Clinic Saron Clinic Simondium Clinic Soetendal/Hermon Clinic Windmeul Clinic	Wellington Reproductive Health Centre	-	Dal / E de Waal Mobile Gouda Mobile Hermon Mobile Hexberg Mobile Simondium Mobile Windmeul Mobile
	0	3	13	1	0	6
Langeberg Local Municipality	-	-	Bergsig Clinic Cogmanskloof Clinic Happy Valley Clinic McGregor Clinic Montagu Clinic Nkqubela Clinic Zolani Clinic	-	-	Bonnievale Mobile McGregor Mobile Montagu Mobile 1 Montagu Mobile 2 Robertson Mobile 1 Robertson Mobile 2
	0	0	7	0	0	6

Sub-district	Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Specialised Clinics	Satellite Clinics	Mobiles
Stellenbosch Local Municipality	-	Cloeteville CDC	Aan-het-Pad Clinic Don and Pat Bilton Clinic Groendal Clinic Idas Valley Clinic Kayamandi Clinic Klapmuts Clinic Kylmore Clinic Victoria Street Clinic	-	Dirkie Uys Street Satellite Clinic Rhodes Fruit Farm Satellite Clinic	Devon Valley Mobile Franschhoek Mobile Groot Drakenstein Mobile Koelenhof Mobile Strand Road Mobile
	0	1	8	0	2	5
Witzenberg Local Municipality	-	Ceres CDC	Annie Brown Clinic Bella Vista Clinic Breevier Clinic Nduji Clinic Op die Berg Clinic Prince Alfred Hamlet Clinic Tulbagh Clinic Wolseley Clinic	-	-	Koue Bokkeveld Mobile Prince Alfred Hamlet Mobile Skurweberg Mobile Tulbagh Mobile Warm Bokkeveld Mobile Wolseley Mobile
	0	1	8	0	0	6
CAPE WINELANDS DISTRICT	0	6	42	1	6	28

1.3 Central Karoo District

Sub-district	Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Specialised Clinics	Satellite Clinics	Mobiles
Beaufort West Local Municipality	-	Beaufort West CDC	Beaufort West Constitution Street Clinic Kwamandlenkosi Clinic Murraysburg Clinic Nelspoort Clinic Nieuvelpark Clinic	-	Merweville Satellite Clinic	Beaufort West Mobile 1 Merweville Mobile Murraysburg Mobile Nelspoort Mobile
	0	1	5	0	1	4
Laingsburg Local Municipality	-	-	Laingsburg Clinic	-	Matjiesfontein Satellite Clinic	Laingsburg Mobile
	0	0	1	0	1	1
Prince Albert Local Municipality	-	-	Leeu-Gamka Clinic Prince Albert Clinic	-	Klaarstroom Satellite Clinic	Prince Albert Mobile
	0	0	2	0	1	1
CENTRAL KAROO DISTRICT	0	1	8	0	3	6

1.4 Eden District

Sub-district	Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Specialised Clinics	Satellite Clinics	Mobiles
Bitou Local Municipality	-	Kwanokuthula CDC	Crags Clinic Kranshoek Clinic New Horizon Clinic Plettenberg Bay Clinic	-	Witbedrif Satellite Clinic	Plettenberg Bay Mobile
	0	1	4	0	1	1
George Local Municipality	-	Conville CDC George Central CDC Thembalethu CDC	Blanco Clinic Haarlem Clinic Kuyasa (George) Clinic Lawaalkamp Clinic Pacaltsdorp Clinic Parkdene Clinic Rosemaar Clinic Touwsranten Clinic Uniondale (Lyonsville) Clinic	George Oral Health Service	Avontuur Satellite Clinic Herold Satellite Clinic	George Mobile Herold Mobile Uniondale Mobile 1 Uniondale Mobile 2
	0	3	9	1	2	4
Hessequa Local Municipality	-	-	Albertina Clinic Heidelberg Clinic Melkhouffontein Clinic Riversdale Clinic	-	Slangrivier Satellite Clinic Still Bay Satellite Clinic	Albertina Mobile Heidelberg Mobile Riversdale Mobile
	0	0	4	0	2	3
Kannaland Local Municipality	-	-	Amalienstein Clinic Callitzdorp (Bergsig) Clinic Ladismith (Nissenville) Clinic Zoar Clinic	-	Van Wyksdorp Satellite Clinic	Callitzdorp Mobile Ladismith Mobile Van Wyksdorp Mobile Zoar Mobile
	0	0	4	0	1	4
Knysna Local Municipality	-	Knysna CDC	Homelee Clinic Keurhoek Clinic Khayelethu Clinic Knysna Town Clinic Sedgefield Clinic	-	Karatarra Satellite Clinic	Knysna Mobile Sedgefield Mobile
	0	1	5	0	1	2

Sub-district	Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Specialised Clinics	Satellite Clinics	Mobiles
Mossel Bay Local Municipality	-	Alma CDC	D'Almeida Clinic Eyethu Clinic Great Brak River Clinic	-	Brandwacht Satellite Clinic Dana Bay Satellite Clinic Fritemersheim Satellite Clinic George Road Satellite Clinic Hartenbos Satellite Clinic Herbertsdale Satellite Clinic Sonskynvallei Satellite Clinic	Mossel Bay Mobile 1 Mossel Bay Mobile 2 Mossel Bay Mobile 3 Mossel Bay Mobile 4
	0	1	3	0	7	4
Oudtshoorn Local Municipality	-	Bridgeton CDC	Bongolethu Clinic De Rust (Blommenek) Clinic Dysselsdorp Clinic Oudtshoorn Clinic Toekomstrus Clinic	Oudtshoorn Oral Health Service	-	De Rust Mobile Oudtshoorn Mobile 1 Oudtshoorn Mobile 3
	0	1	5	1	0	3
EDEN DISTRICT	0	7	34	2	14	21

1.5 Overberg District

Sub-district	Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Specialised Clinics	Satellite Clinics	Mobiles
Cape Agulhas Local Municipality	-	-	Bredasdorp Clinic Napier Clinic Struisbaai Clinic	-	Elm Satellite Clinic Waenhuiskrans Satellite Clinic	Bredasdorp Mobile 1 Bredasdorp Mobile 2
	0	0	3	0	2	2
Oversstrand Local Municipality	-	Hermanus CDC	Gansbaai Clinic Hawston Clinic Hermanus Clinic ¹² Kleinmond Clinic Mount Pleasant Clinic ¹² Stanford Clinic Zwellie Clinic ¹²	-	Baardskeerderbos Satellite Clinic Betty's Bay Satellite Clinic Onrus Satellite Clinic Pearly Beach Satellite Clinic	Caledon/Hermanus/Stanford Mobile 4
	0	1	7	0	4	1

¹² These clinics will be closed down in a phased approach as patients are transferred to the new Hermanus CDC.

Sub-district	Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Specialised Clinics	Satellite Clinics	Mobiles
Swellendam Local Municipality	-	-	Barrydale Clinic Buffeljagrivier Clinic Railton Clinic Suurbraak Clinic Swellendam PHC Clinic	-		Barrydale Mobile 3 Ruens Mobile 5 Swellendam Mobile 4
	0	0	5	0	0	3
Theewaterskloof Local Municipality	-	Grabouw CDC	Botrivier Clinic Caledon Clinic Genadendal Clinic Riviersonderend Clinic Villiersdorp Clinic	-	Bereaville Satellite Clinic Greyton Satellite Clinic Voorstekraal Satellite Clinic	Caledon Mobile 1 Caledon Mobile 2 Caledon Mobile 3 Grabouw Mobile 1 Grabouw Mobile 2 Grabouw Mobile 3 Villiersdorp Mobile 1 Villiersdorp Mobile 2
	0	1	5	0	3	8
OVERBERG DISTRICT	0	2	20	0	9	14

1.6 West Coast District

Sub-district	Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Specialised Clinics	Satellite Clinics	Mobiles
Bergthier Local Municipality	-	-	Piketberg Clinic Porterville Clinic Veldrif Clinic	-	Aurora Satellite Clinic Eendekuil Satellite Clinic Goedverwacht Satellite Clinic Redelinghuys Satellite Clinic Wittewater Satellite Clinic	Piketberg Mobile 1 Piketberg Mobile 2 Piketberg Mobile 5 Porterville Mobile
	0	0	3	0	5	4
Cederberg Local Municipality	-	-	Citrusdal Clinic Clanwilliam Clinic Elandsbay Clinic Graafwater Clinic Lamberts Bay Clinic Wupperthal Clinic	-	-	Citrusdal Mobile 1 Clanwilliam Mobile Graafwater Mobile Leipoldville Mobile
	0	0	6	0	0	4
Matzikama Local Municipality	-	-	Klawer Clinic Lutzville Clinic Van Rhynsdorp Clinic Vredendal Central Clinic Vredendal North Clinic	-	Bitterfontein Satellite Clinic Doringbaai Satellite Clinic Ebenhaezer Satellite Clinic Kliprand Satellite Clinic Koekenaap Satellite Clinic Molsvlei Satellite Clinic Nuwerus Satellite Clinic Rietpoort Satellite Clinic Stofkraal Satellite Clinic	Klawer Mobile Lutzville Mobile Van Rhynsdorp Mobile Vredendal Mobile
	0	0	5	0	9	4
Saldanha Bay Local Municipality	-	-	Diazville Clinic Hanna Coetzee Clinic Laingville Clinic Lalie Cleophas Clinic Langebaan Clinic Louville Clinic Saldanha Clinic Vredenburg Clinic	-	Paternoster Satellite Clinic Sandy Point Satellite Clinic	Hopefield Mobile Vredenburg Mobile
	0	0	8	0	2	2

Sub-district	Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Specialised Clinics	Satellite Clinics	Mobiles
Swartland Local Municipality	-	Malmesbury CDC	Darling Clinic Moorreesburg Clinic Riebeeck Kasteel Clinic Riebeeck West Clinic	Darling Reproductive Health Service	Abbotsdale Satellite Clinic Chatsworth Satellite Clinic Kalbaskraal Satellite Clinic Koringberg Satellite Clinic Riverlands Satellite Clinic Yzerfontein Satellite Clinic	Darling Mobile Malmesbury Mobile 1 Malmesbury Mobile 2 Moorreesburg Mobile
WEST COAST DISTRICT	0	1	4	1	6	4
	0	1	26	1	22	18

2. Hospitals

Type of hospital	Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
District hospitals	Eerste River Hospital False Bay Hospital GF Jooste Hospital (Heideveld EC) Helderberg Hospital Karl Bremer Hospital Khayelishna Hospital Mitchells Plain Hospital Victoria Hospital Westfleur Hospital	Ceres Hospital Montagu Hospital Robertson Hospital Stellenbosch Hospital	Beaufort West Hospital Laingsburg Hospital Murraysburg Hospital Prince Albert Hospital	Knysna Hospital Ladismith (Alan Blyth) Hospital Massel Bay Hospital Oudtshoorn Hospital Riversdale Hospital Uniondale Hospital	Caledon Hospital Hermanus Hospital Otto Du Plessis Hospital Swellendam Hospital	Citrusdal Hospital Clanwilliam Hospital LAPA Munnik Hospital Radie Kotze Hospital Swarthland Hospital Vredenburg Hospital Vredendal Hospital	
Regional hospitals	9	4	4	6	4	7	34
	Mowbray Maternity Hospital New Somerset Hospital	Paarl Hospital Worcester Hospital	-	George Hospital	-	-	
Tuberculosis hospitals	2	2	0	1	0	0	5
	Brooklyn Chest Hospital DP Marais Hospital	Brewskloof Hospital	-	Harry Comay Hospital	-	Malmesbury ID Hospital Sonstraal Hospital*	
	2	1	0	1	0	2	6

Type of hospital	Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
Psychiatric hospitals	Alexandria Hospital Lentegeur Hospital Stikland Hospital Valkenberg Hospital 4	-	-	-	-	-	
Rehabilitation hospitals	Western Cape Rehab Centre (Including Orthotic and Prosthetic Centre) 1	-	-	-	-	-	4
National central hospitals	Groote Schuur Hospital Tygerberg Hospital 2	0	0	0	0	0	1
Tertiary hospitals	Red Cross War Memorial Children Hospital 1	-	-	-	-	-	2
HOSPITALS	21	7	4	8	4	9	53

Note:

* Sonstraal Hospital is physically located in the Cape Winelands District but is managed by the West Coast District with Malmesbury ID Hospital.

3. Intermediate care facilities

Type of facility	Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
Intermediate care	Baphumelele Respite Care Centre Step Down Facility Booth Memorial Step Down Facility Comradie Care Centre Heidelberg Step Down Facility Ithemba Labantu Care Centre Step Down Facility Lizonabanda Step Down Facility Living Hope Trust Step Down Facility Sarah Fox Step Down Facility St. Joseph's Step Down Facility Stepping Stones Step Down Facility Tygerberg Trust Step Down Facility	Boland Step Down Facility Bram Care Step Down Facility Ceres Step Down Facility Drakenstein Intermediate Care Step Down Facility Franschhoek Hospice Stellenbosch Hospice	Comerstone Step Down Facility Nelspoort Hospital Nelspoort Palliative Step Down Facility	@ Peace Palliative Step Down Facility Bethesda CMSR Step Down Facility Knysna Sedgfield Hospice Knysna Sub-acute Step Down Facility Oudtshoorn FAMSA Hospice	Overstrand Care Centre Step Down Facility Themba Care Step Down Facility	Goue Aar Intermediate Care Sederhof/ACVV Clarwilliam Intermediate Care Service LAPA Munnik Step Down Facility Siyabonga Step Down Facility Vredendal Old Age Home Convalescent Unit	31
Psychiatric intermediate care facilities	11 New Beginnings William Slater	6 -	3 -	5 -	2 -	5 -	31
Other specialised	2 Maitland Cottage	0 -	0 -	0 -	0 -	0 -	2
INTERMEDIATE CARE	14	6	3	5	2	5	34

4. Other facilities

Type of facility	Cape Town	Cape Winelands	Central Karoo	Eden	Overberg	West Coast	Total
Emergency Medical Services Ambulance Stations	Khayelitsha Eastern Lenteguur Southern Pinelands Western Tygerberg Northern	Bonnieville Ceres De Doorns Montagu Paarl Robertson Stellenbosch Touws River Tulbagh Worcester	Beaufort West Laingsburg Leeu-Gamka Murraysburg Prince Albert	Calitzdorp Dysseldorp George Heidelberg Knysna Ladismith Mossel Bay Oudtshoorn Plettenberg Bay Riversdale Uniondale	Barrydale Bredasdorp Caledon Grabouw Hermanus Riviersanderend Swellendam Villiersdorp	Bitterfontein Citrusdal Clanwilliam Darling Lamberts Bay Malmesbury Moorreesburg Piketberg Porterville Vredenburg Vredendal	49
TOTAL EMS	4	10	5	11	8	11	49
Forensic Pathology Laboratories (Mortuaries)	Salt River Tygerberg	Paarl Stellenbosch Wolseley Worcester	Beaufort West Laingsburg	George Knysna Mossel Bay Oudtshoorn Riversdale	Hermanus Swellendam	Malmesbury Vredenburg Vredendal	
TOTAL FPS	2	4	2	5	2	3	18

Annexure C: Abbreviations

AGSA	Auditor-General of South Africa
AIDS	Acquired immune deficiency syndrome
ANC	Antenatal Care
APL	Approved post list
ART	Anti-retroviral treatment
ARV	Anti-retroviral
ATA	Assistant-to-Artisan
ATICC	AIDS Training, Information and Counselling Centre
BAS	Basic Accounting System
BCEA	Basic Conditions of Employment Act
BCG	Bacille Calmette-Guérin
BMC	BioMed Central
C ² AIR ²	Caring, Competence, Accountability, Integrity, Responsiveness, Respect
CBS	Community-based services
CCW	Community Care Workers
CD	Chief Directorate
CD4	Cluster of differentiation 4
CDC	Community Day Centre
CDU	Chronic Dispensing Unit
CEI	Centre of E Innovation
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CHC	Community Health Centre
CHS	Community Health Services
CHT	Children's Hospital Trust
CI	Confidence Interval
CMD	Cape Medical Depot
COIDA	Compensation for Occupational Injuries and Diseases Act
COPD	Chronic obstructive pulmonary disease
CPS	Construction Procurement System
CPUT	Cape Peninsula University of Technology
CQI	Continuous Quality Improvement
CSP	Comprehensive Service Plan
CT	Computerized axial tomography
CTG	Cardiotocography
C&THS	Central and Tertiary Hospital Services
DALY	Disability Adjusted Life Years

DBE	Department of Basic Education
DCST	District clinical specialist teams
DMER	District Health Expenditure Review
DHIS	District Health Information System
DHS	District Health Services
DICU	Devolved internal control unit
DoH	Department of Health
DoRA	Division of Revenue Act
DoTP	Department of the Premier
DPC	Disease Prevention and Control
DPSA	Department of Public Service and Administration
Dr	Doctor
DTaP-IPV- HepB-Hib	Diphtheria, Tetanus, Pertussis (acellular, component), Hepatitis B (rDNA), poliomyelitis (inactivated) and <i>Haemophilus Influenzae</i> Type B conjugate vaccine (adsorbed) (Hexaxim)
DTaP - IPV - Hib	Diphtheria, Tetanus, Pertussis (acellular, component), Poliomyelitis (inactivated) vaccine (adsorbed) and <i>Haemophilus Influenza</i> Type b Conjugate Vaccine (Pentaxim)
EC	Emergency centres
eCare	Electronic Care
ECD	Early Child Development
ECM	Enterprise Content Management
EEA	Employment Equity Act
EHS	Environmental Health Services
EHWP	Employee Health and Wellness Programme
EMC	Emergency Medical Care
EMR	Electronic Medical Records
EMS	Emergency Medical Services
EPI	Extended Programme on Immunisation
EPWP	Extended Public Works Programme
Exp	Experienced
FAMSA	Family and Marriage Society of South Africa
FBU	Functional Business Unit
FDC	Fixed dose combination
FPL	Forensic Pathology Labs
FPS	Forensic Pathology Services
GG	Government Gazette
GN	General Notice
GSA	Geographic Service Area
HAST	HIV/AIDS, STI's and Tuberculosis
HCBC	Home and Community Based Care
HCSS	Health Care Support Services

HEALTHNET	Health non-emergency transport
HEI	Higher Education Institution
HFM	Health Facilities Management
HFRG	Health Facility Revitalisation Grant
HIS	Hospital Information Systems
HIV	Human immunodeficiency virus
HOD	Head of Department
HPCSA	Health Professions Council of South Africa
HPTDG	Health Professions Training and Development
HPV	Human Papilloma Virus
HR	Human Resources
HRD	Human Resource Development
HRH	Human Resources for Health
HRM	Human Resource Management
HSRC	Human Sciences Research Council
HST	Health Sciences and Training
HT	Health Technology
HTA	High transmissions areas
IA	Internal assessment
ICAS	Independent Counselling and Advisory Services
ICS	Improved conditions of service
ICT	Information Communication Technology
ICU	Information Compliance Unit
ICU	Intensive care unit
ID	Infectious Diseases
IDMS	Infrastructure Delivery Management System
IGS	Infrastructure Gateway System
IMCI	Integrated Management of Childhood Illness
iMMR	Institutional Maternal Mortality Rate
IMR	Infant Mortality Rate
IPMP	Infrastructure Programme Management Plan
IPT	Isoniazide Prevention Therapy
IRM	Infrastructure Reporting Model
ISBN	International Standard Book Number
ISHP	Integrated School Health Program
IT	Information Technology
IUCD	Intrauterine Contraceptive Device
km	kilometre
km ²	kilometre per square
kVa	kilo Volt Amp
kwh	kilowatt per hour

LINAC	Linear accelerator
LOGIS	Logistical Information System
LRA	Labour Relations Act
LTF	Lost to follow-up
MCWH	Maternal, Child and Women's Health
MDHS	Metro District Health Services
MDR	Multi-drug resistant
MEC	Member of Executive Council
MEDSAS	Medical Stores Administration System
MIS	Municipal Information System
MLA	Multilevel agreement
MMC	Medical Male Circumcisions
MOU	Midwife Obstetrics Unit
MPI	Multidimensional Poverty Index
Mr	Mister
MRCC	Maritime Rescue Co-ordination Centre
MTEF	Medium Term Expenditure Framework
MTS	Modernisation of Tertiary Services
MTSF	Medium Term Strategic Framework
n	number of cases
N2	National Road
NCCEMD	National Committee on Confidential Enquiry into Maternal Deaths
NCS	National Core Standards
NGO	Non-governmental organisation
NHA	National Health Act
NHI	National Health Insurance
No	Number
NPA	National Prosecuting Authority
NPO	Non-Profit Organisations
NQF	National Qualifications Framework
NTSG	National Tertiary Services Grant
OD	Organisational Development
ODI	Organisational Development Intervention
OHH	Outreach households
OHS	Occupational Health and Safety
OHSA	Occupational Health and Safety Act
OPC	Orthotic and Prosthetic Centre
OPD	Outpatient Department
OPV	Oral Polio Vaccine
P1	Priority 1
PABP	Pharmacist Assistant Post Basics

PACK	Practical Application of Care Kit
PACS/RIS	Picture Archive Communication System and Radiology Information System
PAIA	Promotion of Access to Information Act
PAJA	Promotion of Administrative Justice Act
PAY	Premier's Advancement of Youth
PBI	Performance-Based Incentive
PCR	Polymerase chain reaction
PCV	Pneumococcal conjugate vaccine
PDE	Patient Day Equivalents
PEP	Post-exposure prophylaxis
PERO	Provincial Economic Review and Outlook
PERSAL	Personnel and Salary Information System
PES	Provincial equitable share
PFMA	Public Finance Management Act
PHC	Primary Health Care
PHCIS	Primary Health Care Information System
PILIR	Procedure on incapacity leave and ill-health retirement
PHS	Provincial Hospital Services
PL	Potentially limiting
PMTCT	Prevention of Mother-to-Child Transmission
PMIS	Project Management Information System
PN	Provincial Notice
POPI	Protection of Personal Information Act
PPO	Project Portfolio Office
PPP	Public Private Partnerships
PPT	Planned Patient Transport
PreHMIS	Patient Record and Health Management System
PSG	Provincial Strategic Goal
PSP	Provincial Strategic Plan
PSS	Patient satisfaction survey
PTB	Pulmonary Tuberculosis
PTI	Provincial Treasury Instruction
QA	Quality Assurance
R	Rand
RA	Rapid Assessment
RCC	Rolling Continuation Channel
RCWMCH	Red Cross War Memorial Children's Hospital
RIP	Died / Rest in peace
RMS	Rapid Mortality Surveillance
RPM	Rational Portfolio Manager

RTC	Regional Training Centre
RDHS	Rural District Health Services
RV	Rotavirus
SA	South Africa
SAIMD	South African Index of Multiple Deprivation
SAMPI	South African Multidimensional Poverty Index
SANHANES	South African National Health and Nutrition Examination Survey
SAPS	South African Police Service
SCM	Supply Chain Management
SDC	Step-down Care
SETA	Sector Education and Training Authority
SG	Strategic Goal
SHERQ	Safety, Health, Environment, Risk, and Quality
SINJANI	Standard Information Jointly Assembled by Networked Infrastructure
SLA	Service level agreements
SMS	Senior Management Service
SOP	Standard operating procedures
SPMS	Staff Performance Management System
sq	square
Stats SA	Statistics South Africa
STI	Sexually transmitted infections
TB	Tuberculosis
TFI	Transfer in
TFO	Transfer out
TPW	Transport & Public Works
TROA	Total clients remaining on ART
U5MR	Under-five Mortality Rate
U-AMP	User Asset Management Plan
UN	United Nations
UV	Ultraviolet
UWC	University of the Western Cape
VAT	Value-Added Tax
WCCN	Western Cape College of Nursing
WCG	Western Cape Government
WCG TPW	Western Cape Government Transport and Public Works
WCGH	Western Cape Government: Health
WCRC	Western Cape Rehabilitation Centre
WHO	World Health Organisation
WISN	Workload Indicator Staffing Need
YLD	Years Lost due to Disability
YLL	Years of life lost

Annexure D: List of Sources

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