

## 4.5 QUARTERLY TARGETS FOR DISTRICT HOSPITALS

Table 2.11: Quarterly targets for district hospitals for 2013/14 [DHS9]

| Strategic goal                                                        | Strategic objective: Title                                                                                            | Strategic objective: Statement                                                                  | Performance Indicator                                                                                                          | Reporting period | Annual target<br>2013/14   | Quarterly targets      |                        |                        |                   |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|------------------------|------------------------|------------------------|-------------------|
|                                                                       |                                                                                                                       |                                                                                                 |                                                                                                                                |                  |                            | Q1                     | Q2                     | Q3                     | Q4                |
| 1. Address the burden of disease.                                     | 1.1. Increase access to acute district hospital services in the Western Cape.                                         | 1.1.1. Establish 2 678 acute district hospital beds in the DHS by 2014/15.                      | 1) Number of usable district hospital beds<br>Element ID 1                                                                     | Quarterly        | 2 678                      | 2 678                  | 2 678                  | 2 678                  | 2 678             |
|                                                                       |                                                                                                                       |                                                                                                 | 2) Delivery by caesarean section rate (in district hospitals)<br>Numerator ID 2<br>Denominator ID 3                            | Quarterly        | 24.6%                      | 24.6%                  | 24.6%                  | 24.6%                  | 24.6%             |
|                                                                       |                                                                                                                       |                                                                                                 | 3) Inpatient separations - total (in district hospitals)<br>Element ID 4                                                       | Quarterly        | 8 860<br>36 000            | 2 215<br>9 000         | 2 215<br>9 000         | 2 215<br>9 000         | 2 215<br>9 000    |
|                                                                       |                                                                                                                       |                                                                                                 | 4) Patient day equivalents [PDE] total (in district hospitals)<br>Element ID 5                                                 | Quarterly        | 264 977                    | 66 244                 | 66 244                 | 66 244                 | 66 244            |
|                                                                       |                                                                                                                       |                                                                                                 | 5) OPD headcount total (in district hospitals)<br>Element ID 6                                                                 | Quarterly        | 1 276 052                  | 319 013                | 319 013                | 319 013                | 319 013           |
|                                                                       |                                                                                                                       |                                                                                                 | 6) Average length of stay (in district hospitals)<br>Numerator ID 7<br>Denominator ID 4                                        | Quarterly        | 1 180 584                  | 295 146                | 295 146                | 295 146                | 295 146           |
|                                                                       |                                                                                                                       |                                                                                                 | 7) Inpatient bed utilisation rate (based on usable beds in district hospitals)<br>Numerator ID 7<br>Denominator ID 8           | Quarterly        | 3.2                        | 3.2                    | 3.2                    | 3.2                    | 3.2               |
|                                                                       |                                                                                                                       |                                                                                                 | 8) Expenditure per patient day equivalent [PDE] (in district hospitals)<br>Numerator ID 9<br>Denominator ID 5                  | Quarterly        | 842 435<br>264 977         | 210 609<br>66 244      | 210 609<br>66 244      | 210 609<br>66 244      | 210 609<br>66 244 |
|                                                                       |                                                                                                                       |                                                                                                 | 9) Complaint resolution within 25 working days rate (from users of district hospitals)<br>Numerator ID 10<br>Denominator ID 11 | Quarterly        | 86.7%                      | 86.7%                  | 86.7%                  | 86.7%                  | 86.7%             |
| 2. Optimal financial management to maximise health outcomes.          | 2.1. Allocate sufficient funds to ensure access to the full package of quality district hospital services by 2014/15. | 2.1.1. Achieve a district hospital expenditure of R1 422 per PDE by 2014/15 (in 2011/12 Rands). | Expenditure per patient day equivalent [PDE] (in district hospitals)<br>Numerator ID 9<br>Denominator ID 5                     | Quarterly        | R1 451                     | R1 451                 | R1 451                 | R1 451                 |                   |
| 3. Improve the quality of health services and the patient experience. | 3.1. Improve the experience of clients utilising district hospital services.                                          | 3.1.1. Achieve an 87.0% client satisfaction rate by 2014/15.                                    | Complaint resolution within 25 working days rate (from users of district hospitals)<br>Numerator ID 10<br>Denominator ID 11    | Quarterly        | 1 851 196 420<br>1 276 052 | 462 799 105<br>319 013 | 462 799 105<br>319 013 | 462 799 105<br>319 013 |                   |
|                                                                       |                                                                                                                       |                                                                                                 |                                                                                                                                |                  | 79.2%                      | 79.2%                  | 79.3%                  | 79.2%                  |                   |
|                                                                       |                                                                                                                       |                                                                                                 |                                                                                                                                |                  | 473                        | 118                    | 119                    | 118                    |                   |
|                                                                       |                                                                                                                       |                                                                                                 |                                                                                                                                |                  | 597                        | 149                    | 150                    | 149                    |                   |

| Strategic goal | Strategic objective: Title | Strategic objective: Statement | Performance Indicator                                                                                                                                                                                                                                                                                                                           | Reporting period | Annual target           | Quarterly targets  |                    |                    |                    |                         |
|----------------|----------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------|--------------------|--------------------|--------------------|--------------------|-------------------------|
|                |                            |                                |                                                                                                                                                                                                                                                                                                                                                 |                  | 2013/14                 | Q1                 | Q2                 | Q3                 | Q4                 |                         |
|                |                            |                                | 10) Hospital patient satisfaction rate (in district hospitals)<br>Numerator ID14<br>Denominator ID 15                                                                                                                                                                                                                                           | Annually         | 86.0%<br>7 452<br>8 665 | -<br>-<br>-        | -<br>-<br>-        | -<br>-<br>-        | -<br>-<br>-        | 86.0%<br>7 452<br>8 665 |
|                |                            |                                | 11) Percentage of district hospitals assessed for compliance against the 6 priorities of the core standards<br>(NID: Facility core standards self-assessment rate in district hospitals)<br><br>Number of district hospitals assessed for compliance against the 6 priorities of the core standards<br><br>Numerator ID 16<br>Denominator ID 13 | Annually         | 100.0%<br><br>34<br>34  | -<br><br>-<br>-    | -<br><br>-<br>-    | -<br><br>-<br>-    | -<br><br>-<br>-    | 100.0%<br><br>34<br>34  |
|                |                            |                                | 12) Morbidity and mortality review rate (in district hospitals)<br>Numerator ID 17<br>Denominator ID 18                                                                                                                                                                                                                                         | Quarterly        | 100.0%<br>340<br>340    | 100.0%<br>85<br>85 | 100.0%<br>85<br>85 | 100.0%<br>85<br>85 | 100.0%<br>85<br>85 | 100.0%<br>85<br>85      |

**Notes:**  
 Indicator 12: Quality improvement plans to address the findings of the 2011/12 baseline audit were developed and implemented during 2012/13. Indicator amended from 2013/14 in order to align the definition of the indicator with the changes in the National Indicator Dataset.  
 The denominator is: Planned mortality and morbidity reviews multiplied by number of disciplines within the facility.  
 District hospitals are deemed to have one discipline x 10 meetings per year.

## **5. HIV AND AIDS, STI'S AND TB CONTROL (HAST)**

### **5.1 SITUATION ANALYSIS**

The principal mandate of the HAST Sub-Programme is to co-ordinate a provincial response to the causes and consequences of the HIV and TB epidemics. As such it focuses both on prevention and treatment of these two major infectious diseases that affect the Western Cape. The Sub-programme is also responsible for policy related to, and monitoring and evaluation of, sexually transmitted infections.

#### **5.1.1 Burden of disease and service priorities**

There are an estimated 275 000 HIV-infected people in the Western Cape. As is the case with the rest of the country, the HIV epidemic is thought to be in the plateau phase, with the estimated number of new infections in the Province likely to gradually decline year-on-year from this point. This figure doesn't however include the scenario of HIV-infected patients migrating into the Province.

There are, on average, about 50 000 recorded cases of tuberculosis (TB) per annum in the Province with an approximate 70:30 split of new cases to re-treatment cases. About 45 per cent of all diagnosed adult TB patients are HIV-infected. There are concerning signs of a growing drug-resistant TB problem in the Province.

In this environment, special attention needs to be given to the large provincial population of HIV-infected individuals who are at particularly high risk of acquiring tuberculosis infection or progressing to active tuberculosis disease. Early detection and case-holding of TB-infected individuals is therefore of paramount importance.

By the end of the 2012/13 financial year there will be an estimated 135 000 people on antiretroviral treatment.

#### **5.1.2 Performance data**

The HAST program has performed consistently well against target over the last few years. TB cure rates are good but there is a growing recognition that new smear positive TB cases constitute only a small proportion, i.e. approximately a third, of the annual adult TB case-load and that performance in the "new smear positive" disease category does not reflect outcomes amongst people who have HIV co-infection or resistant TB.

ART initiation continues apace and should (as per the epidemic curve) start to taper off over the next 5-year period, assuming no massive influx of new patients. Retention in care of those who have initiated ART is becoming a serious programmatic challenge and this challenge is not reflected in the current indicators.

Table 2.12: Data elements for situation analysis indicators in Table 2.13

| Source                                         | Data element                                                 | Element ID | Province wide value 2011/12 | Cape Town District 2011/12 | Cape Winelands District 2011/12 | Central Karoo District 2011/12 | Eden District 2011/12  | Overberg District 2011/12 | West Coast District 2011/12 |
|------------------------------------------------|--------------------------------------------------------------|------------|-----------------------------|----------------------------|---------------------------------|--------------------------------|------------------------|---------------------------|-----------------------------|
| Annual antenatal HIV & syphilis survey results | HIV positive women aged 15 - 24 years                        | 1          | 516                         | 291                        | 79                              | 77                             | 3                      | 42                        | 25                          |
| Annual antenatal HIV & syphilis survey results | Women aged 15 - 24 years tested for HIV                      | 2          | 4 058                       | 2 072                      | 801                             | 577                            | 52                     | 241                       | 316                         |
| PGWC HIV DB. mdb                               | Cumulative number of patients on an ARV regimen              | 3          | 115 087                     | 87 035                     | 11 655                          | 735                            | 7 896                  | 4 227                     | 3 539                       |
| SINJANI                                        | Male condoms distributed                                     | 4          | 102 346 532                 | 74 992 919                 | 8 632 865                       | 653 981                        | 8 296 505              | 3 279 394                 | 6 490 868                   |
| Information Management                         | Male population 15 years and over                            | 5          | 2 065 191                   | 1 372 035                  | 274 266                         | 20 329                         | 201 386                | 85 184                    | 111 991                     |
| ETR. net                                       | New smear positive PTB cases who defaulted                   | 6          | 1 058                       | 679                        | 187                             | 30                             | 95                     | 67                        | -                           |
| ETR. net                                       | New smear positive PTB cases registered                      | 7          | 15 569                      | 8 732                      | 2 655                           | 245                            | 1 900                  | 777                       | 1 260                       |
| SINJANI                                        | HCT clients tested for HIV                                   | 8          | 904 699                     | 583 915                    | 109 389                         | 10 362                         | 93 868                 | 43 835                    | 63 330                      |
| SINJANI                                        | HCT clients pre-test counselled                              | 9          | 912 155                     | 583 657                    | 112 839                         | 10 779                         | 95 078                 | 45 566                    | 64 236                      |
| ETR. net                                       | Number of HIV and TB co-infected people receiving ART        | 10         | 10 087                      | 8 856                      | 764                             | -                              | -                      | 467                       | -                           |
| ETR. net                                       | Number of co-infected people with a CD4 count of 350 or less | 11         | 13 626                      | 11 925                     | 1 178                           | -                              | -                      | 523                       | -                           |
| ETR. net                                       | New smear positive PTB cases cured                           | 12         | 12 722                      | 7 221                      | 2 113                           | 171                            | 1 532                  | 605                       | 1 080                       |
| ETR. net                                       | New smear positive PTB clients who converted at 2 months     | 13         | 11 100                      | 6 305                      | 1 918                           | 153                            | 1 282                  | 453                       | 989                         |
| ETR. net                                       | Smear conversion PTB cases registered                        | 14         | 14 894                      | 8 283                      | 2 626                           | 238                            | 1 780                  | 703                       | 1 264                       |
| SINJANI                                        | HIV test client 15-49 years                                  | 15         | 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                                        | Population 15-49                                             | 16         | 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      |
| TB register                                    | TB AFB sputum result received within 48 hours                | 17         | 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      |
| TB register                                    | TB AFB sputum sample sent                                    | 18         | 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      |
| TB register                                    | TB client cured and completed treatment                      | 19         | 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      |
| TB register                                    | TB client (new pulmonary) initiated on treatment             | 20         | 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      |

**Table 2.13: Situation analysis indicators for HIV and AIDS, STI's and TB control [HIV 1]**

| Strategic goal statement                                          | Strategic objective: Title                                                                      | Strategic objective: Statement                                                                                                         | Performance Indicator                                            | Type                   | Province wide value 2011/12 | Cape Town District 2011/12 | Cape Winelands District 2011/12 | Central Karoo District 2011/12 | Eden District 2011/12  | Overberg District 2011/12 | West Coast District 2011/12 | National Average 2011/12 |  |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------|-----------------------------|----------------------------|---------------------------------|--------------------------------|------------------------|---------------------------|-----------------------------|--------------------------|--|
| 1. Address the burden of disease.                                 | 1.1. MDG Goal 6: Have halted and begun to reverse the spread of HIV and AIDS and TB by 2014/15. | 1.1.1. Implement an effective HIV prevention strategy to decrease the HIV prevalence in the age group 15-24 years to 11,0% in 2014/15. | 1) HIV prevalence in women aged 15 – 24 years                    | %                      | 12.7%                       | 14.1%                      | 9.8%                            | 5.7%                           | 13.3%                  | 17.4%                     | 7.9%                        | -                        |  |
|                                                                   |                                                                                                 |                                                                                                                                        | Numerator ID 1                                                   |                        | 516                         | 291                        | 79                              | 3                              | 77                     | 42                        | 25                          | -                        |  |
|                                                                   |                                                                                                 |                                                                                                                                        | Denominator ID 2                                                 |                        | 4 058                       | 2 072                      | 801                             | 52                             | 577                    | 241                       | 316                         | -                        |  |
|                                                                   |                                                                                                 |                                                                                                                                        | 2) Total clients remaining on ART (TROA) at the end of the month | No                     | 115 087                     | 87 035                     | 11 655                          | 7 896                          | 735                    | 4 227                     | 3 639                       | 1 063 644                |  |
|                                                                   |                                                                                                 |                                                                                                                                        | Element ID 3                                                     |                        |                             |                            |                                 |                                |                        |                           |                             |                          |  |
|                                                                   |                                                                                                 |                                                                                                                                        | 3) Male condom distribution rate                                 | No                     | 49.56                       | 54.66                      | 31.48                           | 41.20                          | 32.17                  | 38.50                     | 57.96                       | 13.2                     |  |
|                                                                   |                                                                                                 |                                                                                                                                        | Numerator ID 4                                                   |                        | 102 346 532                 | 74 992 919                 | 8 632 865                       | 8 296 505                      | 653 981                | 3 279 394                 | 6 490 868                   | -                        |  |
| Denominator ID 5                                                  |                                                                                                 | 2 065 190                                                                                                                              | 1 372 034                                                        | 274 266                | 201 386                     | 20 329                     | 85 184                          | 111 991                        | -                      |                           |                             |                          |  |
| 4) TB (new pulmonary) defaulter rate                              | %                                                                                               | 6.8%                                                                                                                                   | 7.8%                                                             | 7.0%                   | 5.0%                        | 12.2%                      | 8.6%                            | 0.0%                           | 7.4%                   |                           |                             |                          |  |
| Numerator ID 6                                                    |                                                                                                 | 1 058                                                                                                                                  | 679                                                              | 187                    | 95                          | 30                         | 67                              | -                              | -                      |                           |                             |                          |  |
| Denominator ID 7                                                  |                                                                                                 | 15 569                                                                                                                                 | 8 732                                                            | 2 655                  | 1 900                       | 245                        | 777                             | 1 260                          | -                      |                           |                             |                          |  |
| 5) TB AFB sputum result turnaround time under 48 hours rate       |                                                                                                 | 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         | Not required to report | Not required to report    | Not required to report      | -                        |  |
| Numerator ID 17                                                   |                                                                                                 | -                                                                                                                                      | -                                                                | -                      | -                           | -                          | -                               | -                              | -                      | -                         | -                           | -                        |  |
| Denominator ID 18                                                 |                                                                                                 | -                                                                                                                                      | -                                                                | -                      | -                           | -                          | -                               | -                              | -                      | -                         | -                           | -                        |  |
| 6) HIV testing coverage                                           |                                                                                                 | 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         | Not required to report | Not required to report    | Not required to report      | -                        |  |
| Numerator ID 15                                                   |                                                                                                 | -                                                                                                                                      | -                                                                | -                      | -                           | -                          | -                               | -                              | -                      | -                         | -                           | -                        |  |
| Denominator ID 16                                                 |                                                                                                 | -                                                                                                                                      | -                                                                | -                      | -                           | -                          | -                               | -                              | -                      | -                         | -                           | -                        |  |
| 7) Percentage of HIV-TB co-infected patients placed on ART        | %                                                                                               | 74.0%                                                                                                                                  | 74.3%                                                            | 64.9%                  | -                           | 89.3%                      | -                               | -                              | -                      | -                         | -                           | -                        |  |
| (NID: Percentage of HIV-TB co-infected patients initiated on ART) |                                                                                                 | 10 087                                                                                                                                 | 8 856                                                            | 764                    | -                           | 467                        | -                               | -                              | -                      | -                         | -                           | -                        |  |
| Numerator ID 10                                                   |                                                                                                 | 13 626                                                                                                                                 | 11 925                                                           | 1 178                  | -                           | 523                        | -                               | -                              | -                      | -                         | -                           | -                        |  |
| Denominator ID 11                                                 |                                                                                                 |                                                                                                                                        |                                                                  |                        |                             |                            |                                 |                                |                        |                           |                             |                          |  |

| Strategic goal statement | Strategic objective: Title | Strategic objective: Statement | Performance Indicator                    | Type | Province wide value 2011/12 | Cape Town District 2011/12 | Cape Winelands District 2011/12 | Central Karoo District 2011/12 | Eden District 2011/12  | Overberg District 2011/12 | West Coast District 2011/12 | National Average 2011/12 |
|--------------------------|----------------------------|--------------------------------|------------------------------------------|------|-----------------------------|----------------------------|---------------------------------|--------------------------------|------------------------|---------------------------|-----------------------------|--------------------------|
|                          |                            |                                | 8) TB (new pulmonary) cure rate          | %    | 81.7%                       | 82.7%                      | 79.6%                           | 80.6%                          | 69.8%                  | 77.9%                     | 85.7%                       | 66%                      |
|                          |                            |                                | Numerator: ID 12                         |      | 12 722                      | 7 221                      | 2 113                           | 1 532                          | 171                    | 605                       | 1 080                       | -                        |
|                          |                            |                                | Denominator: ID 7                        |      | 15 569                      | 8 732                      | 2 655                           | 1 900                          | 245                    | 777                       | 1 260                       | -                        |
|                          |                            |                                | 9) PTB two month smear conversion rate   | %    | 74.5%                       | 76.1%                      | 73.0%                           | 72.0%                          | 64.3%                  | 64.4%                     | 78.2%                       | -                        |
|                          |                            |                                | Numerator 13                             |      | 11 100                      | 6 305                      | 1 918                           | 1 282                          | 153                    | 453                       | 989                         | -                        |
|                          |                            |                                | Denominator ID 14                        |      | 14 894                      | 8 283                      | 2 626                           | 1 780                          | 238                    | 703                       | 1 264                       | -                        |
|                          |                            |                                | 10) TB new client treatment success rate | %    | 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 19                             |      | -                           | -                          | -                               | -                              | -                      | -                         | -                           | -                        |
|                          |                            |                                | Denominator: ID 20                       |      | -                           | -                          | -                               | -                              | -                      | -                         | -                           | -                        |

## 5.2 CHALLENGES

- 1) Reducing the rate of new HIV infections. The overall provincial HIV prevalence was 16.9 per cent in 2009, 17.3 per cent in 2010 and 18.4% in 2011. But because of the life-sustaining effects of ART, prevalence (the total number of HIV-infected people) is becoming an increasingly unreliable measure of incidence (the number of newly HIV infected people).

The Department must continue with global HIV prevention Programmes but must also focus on tailored HIV prevention strategies for teenagers and young adults. This may necessitate the use of strategic partners and specific expertise.

- 2) Integration of TB and HIV interventions at a provincial health Programme level and at service level.
- 3) Managing large cohorts on ART treatment for extended periods of time (years) results in logistical, administrative, informational and organisational challenges.

## 5.3 PRIORITIES

Improve adult infectious disease management through the following approaches:

- 1) Prevention strategies could be diversified and an approach more specific to the target group could be developed. Sex-workers are a high risk group, as are men who have sex with men, as are youth engaged in multiple coterminous partnerships. Each of these groups, and others, might require tailored marketing strategies and means of disseminating prevention tools. HIV prevention strategies include HIV case-finding and lessons learned from the recent HIV counselling and testing (HCT) campaign should be incorporated into future plans to increase testing coverage.
- 2) Linkage to ART care for people testing HIV-positive needs to be strengthened, as does pre-ART care (especially the TB case-finding component) in this at-risk group.
- 3) Integration of TB and HIV care needs to be improved.
- 4) Case-holding of ART patients' needs to be improved and, related to this, effective alternative drug distribution channels for stable patients need to be instituted at scale. Management of the cohort clinical information of such stable cases needs attention.
- 5) The quality of Programme management – adherence to clinical guidelines in terms of the timing of monitoring tests needs to be strengthened.
- 6) Novel TB diagnostic and therapeutic strategies need investigation as well as further investment in case-holding and registration of case-completion.

## 5.4 STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR HIV AND AIDS

Table 2.14: Data elements and related actual and projected performance values for Tables 2.15 – 2.16

| Source                                         | Data element                                                 | Element ID | Audited /Actual performance |                        |                        | Estimate               | Medium term targets |             |             |
|------------------------------------------------|--------------------------------------------------------------|------------|-----------------------------|------------------------|------------------------|------------------------|---------------------|-------------|-------------|
|                                                |                                                              |            | 2009/10                     | 2010/11                | 2011/12                |                        | 2012/13             | 2013/14     | 2014/15     |
| Annual antenatal HIV & syphilis survey results | HIV positive women aged 15 - 24 years                        | 1          | 545                         | 492                    | 516                    | 511                    | 506                 | 495         | 470         |
| Annual antenatal HIV & syphilis survey results | Women aged 15 - 24 years tested for HIV                      | 2          | 4 405                       | 3 527                  | 4 058                  | 4 408                  | 4 402               | 4 500       | 4 500       |
| PGWC HIV DB.mdb                                | Cumulative number of patients on an ARV regimen              | 3          | 75 002                      | 96 284                 | 115 087                | 139 361                | 157 123             | 167 018     | 178 032     |
| SINJANI                                        | Male condoms distributed                                     | 4          | 74 081 286                  | 89 376 081             | 102 346 532            | 111 575 692            | 116 515 072         | 120 000 000 | 130 000 000 |
| Information Management                         | Male population 15 years and over                            | 5          | 1 909 053                   | 2 021 542              | 2 065 191              | 2 108 839              | 2 152 485           | 2 196 129   | 2 239 772   |
| ETR. net                                       | New smear positive PTB cases who defaulted                   | 6          | 1 322                       | 1 103                  | 1 058                  | 1 050                  | 1 046               | 979         | 970         |
| ETR. net                                       | New smear positive PTB cases registered                      | 7          | 16 194                      | 15 761                 | 15 569                 | 15 606                 | 16 027              | 15 500      | 15 500      |
| ETR. net                                       | Number of HIV and TB co-infected people receiving ART        | 10         | 6 948                       | 7 952                  | 10 087                 | 9 701                  | 12 118              | 12 400      | 12 750      |
| ETR. net                                       | Number of co-infected people with a CD4 count of 350 or less | 11         | 16 950                      | 17 138                 | 13 626                 | 14 193                 | 17 414              | 17 500      | 17 800      |
| ETR. net                                       | New smear positive PTB cases cured                           | 12         | 12 853                      | 12 689                 | 12 722                 | 12 600                 | 13 148              | 12 700      | 12 700      |
| ETR. net                                       | New smear positive PTB clients who converted at 2 months     | 13         | 11 263                      | 11 683                 | 11 100                 | 10 394                 | 11 297              | 11 300      | 11 300      |
| ETR. net                                       | Smear conversion PTB cases registered                        | 14         | 15 620                      | 15 458                 | 14 894                 | 13 569                 | 14 728              | 14 500      | 14 276      |
| SINJANI                                        | HIV test client 15-49 years                                  | 15         | Not required to report      | Not required to report | Not required to report | Not required to report | 938 107             | 938 107     | 938 107     |
| SINJANI                                        | Population 15-49                                             | 16         | 3 033 076                   | 3 099 977              | 3 166 879              | 3 233 779              | 3 300 676           | 3 367 571   | 3 434 463   |
| TB register                                    | TB AFB sputum result received within 48 hours                | 17         | Not required to report      | Not required to report | Not required to report | Not required to report | 38 0515             | 400 399     | 418 050     |
| TB register                                    | TB AFB sputum sample sent                                    | 18         | Not required to report      | Not required to report | Not required to report | Not required to report | 527392              | 529206      | 525 090     |
| TB register                                    | TB client cured and completed treatment                      | 19         | Not required to report      | Not required to report | Not required to report | Not required to report | 20 541              | 20 541      | 20 541      |
| TB register                                    | TB client (new pulmonary) initiated on treatment             | 20         | Not required to report      | Not required to report | Not required to report | Not required to report | 23 718              | 23 718      | 23 718      |

**Notes:**

Element ID 8" This element has been removed from the elements table from April 2013 as it is no longer a reporting requirement due to changes in the National Indicator Dataset definitions.  
 Element ID 10 & 11: Data from the current information system is not reliable. There is no cross-tabulation between patients who qualify for ART and patients' current ART status.  
 The patient's current ART status also relies on patient verbal verification. 86.6% = 20 541/23 718.



Table 2.15: Strategic objectives, indicators and annual targets for HIV and AIDS, STI and TB control [HIV 2 and 3]

| Strategic goal statement                                                                                                     | Strategic objective: Title                                                                      | Strategic objective: Statement                                                                                                         | Performance indicator                                            | Type                   | Strategic objective target 2014/15 | Audited/actual performance |             |             |             | Estimated performance 2012/13 | Medium term targets |             |         | National target 2014/15 |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------|------------------------------------|----------------------------|-------------|-------------|-------------|-------------------------------|---------------------|-------------|---------|-------------------------|
|                                                                                                                              |                                                                                                 |                                                                                                                                        |                                                                  |                        |                                    | 2009/10                    | 2010/11     | 2011/12     | 2012/13     |                               | 2013/14             | 2014/15     | 2015/16 |                         |
| 1. Address the burden of disease.                                                                                            | 1.1. MDG Goal 6: Have halted and begun to reverse the spread of HIV and AIDS and TB by 2014/15. | 1.1.1. Implement an effective HIV prevention strategy to decrease the HIV prevalence in the age group 15-24 years to 11.0% in 2014/15. | 1) HIV prevalence in women aged 15 – 24 years                    | %                      | 11.0%                              | 12.4%                      | 14.0%       | 12.7%       | 11.6%       | 11.5%                         | 11.0%               | 10.4%       | -       |                         |
|                                                                                                                              |                                                                                                 |                                                                                                                                        | Numerator ID 1                                                   | 495                    | 545                                | 492                        | 516         | 511         | 506         | 495                           | 470                 | -           |         |                         |
|                                                                                                                              |                                                                                                 |                                                                                                                                        | Denominator ID 2                                                 | 4 500                  | 4 405                              | 3 527                      | 4 058       | 4 408       | 4 402       | 4 500                         | 4 500               | -           |         |                         |
|                                                                                                                              |                                                                                                 |                                                                                                                                        | 2) Total clients remaining on ART (TROA) at the end of the month | No                     | 75 002                             | 96 284                     | 115 087     | 139 361     | 157 123     | 167 018                       | 178 032             | 3.2 million |         |                         |
|                                                                                                                              |                                                                                                 |                                                                                                                                        | Element ID 3                                                     |                        |                                    |                            |             |             |             |                               |                     |             |         |                         |
|                                                                                                                              |                                                                                                 |                                                                                                                                        | 3) Male condom distribution rate                                 | No                     | 38.81                              | 44.21                      | 49.56       | 52.91       | 54.13       | 54.64                         | 58.04               | 60          |         |                         |
|                                                                                                                              |                                                                                                 |                                                                                                                                        | Numerator ID 4                                                   | -                      | 74 081 286                         | 89 376 081                 | 102 346 532 | 111 575 692 | 116 515 072 | 120 000 000                   | 130 000 000         | -           |         |                         |
| Denominator ID 5                                                                                                             | -                                                                                               | 1 909 053                                                                                                                              | 2 021 542                                                        | 2 065 191              | 2 108 839                          | 2 152 485                  | 2 196 129   | 2 239 772   | -           |                               |                     |             |         |                         |
| 4) TB (new pulmonary) defaulter rate                                                                                         | %                                                                                               | -                                                                                                                                      | 8.2%                                                             | 7.0%                   | 6.8%                               | 6.7%                       | 6.3%        | 6.3%        | <5.0%       |                               |                     |             |         |                         |
| Numerator ID 6                                                                                                               | -                                                                                               | 1 322                                                                                                                                  | 1 103                                                            | 1 058                  | 1 050                              | 1 046                      | 979         | 970         | -           |                               |                     |             |         |                         |
| Denominator ID 7                                                                                                             | -                                                                                               | 16 194                                                                                                                                 | 15 761                                                           | 15 569                 | 15 606                             | 16 027                     | 15 500      | 15 500      | -           |                               |                     |             |         |                         |
| 5) TB AFB sputum result turnaround time under 48 hours rate                                                                  |                                                                                                 | -                                                                                                                                      | Not required to report                                           | Not required to report | Not required to report             | Not required to report     | 72.2%       | 75.7%       | 79.6%       |                               |                     |             |         |                         |
| Numerator ID 17                                                                                                              | -                                                                                               | -                                                                                                                                      | -                                                                | -                      | -                                  | 380 515                    | 400 399     | 418 050     | -           |                               |                     |             |         |                         |
| Denominator ID 18                                                                                                            | -                                                                                               | -                                                                                                                                      | -                                                                | -                      | -                                  | 527 392                    | 529 206     | 525 090     | -           |                               |                     |             |         |                         |
| 6) HIV testing coverage                                                                                                      |                                                                                                 | -                                                                                                                                      | Not required to report                                           | Not required to report | Not required to report             | 28.4%                      | 27.9%       | 27.3%       | -           |                               |                     |             |         |                         |
| Numerator ID 15                                                                                                              | -                                                                                               | -                                                                                                                                      | -                                                                | -                      | -                                  | 938 107                    | 938 107     | 938 107     | -           |                               |                     |             |         |                         |
| Denominator ID 16                                                                                                            | -                                                                                               | -                                                                                                                                      | -                                                                | -                      | -                                  | 3 300 676                  | 3 367 571   | 3 434 463   | -           |                               |                     |             |         |                         |
| 7) Percentage of HIV-TB co-infected patients placed on ART (NID: Percentage of HIV-TB co-infected patients initiated on ART) | %                                                                                               | -                                                                                                                                      | 41.0%                                                            | 46.4%                  | 74.0%                              | 68.4%                      | 70.9%       | 71.6%       | 100.0%      |                               |                     |             |         |                         |
| Numerator ID 10                                                                                                              | -                                                                                               | 6 948                                                                                                                                  | 7 952                                                            | 10 087                 | 9 701                              | 12 118                     | 12 400      | 12 750      | -           |                               |                     |             |         |                         |
| Denominator ID 11                                                                                                            | -                                                                                               | 16 950                                                                                                                                 | 17 138                                                           | 13 626                 | 14 193                             | 17 414                     | 17 500      | 17 800      | -           |                               |                     |             |         |                         |

| Strategic goal statement | Strategic objective: Title | Strategic objective: Statement | Performance indicator                                                         | Type | Strategic objective target 2014/15 | Audited/actual performance |                        |                        | Estimated performance 2012/13 | Medium term targets |         |         | National target 2014/15 |
|--------------------------|----------------------------|--------------------------------|-------------------------------------------------------------------------------|------|------------------------------------|----------------------------|------------------------|------------------------|-------------------------------|---------------------|---------|---------|-------------------------|
|                          |                            |                                |                                                                               |      |                                    | 2009/10                    | 2010/11                | 2011/12                |                               | 2013/14             | 2014/15 | 2015/16 |                         |
|                          |                            |                                | 8) TB (new pulmonary) cure rate<br>Numerator ID 12<br>Denominator ID 7        | %    | -                                  | 79.4%                      | 80.5%                  | 81.7%                  | 80.7%                         | 82.0%               | 81.9%   | 81.9%   | 85.0%                   |
|                          |                            |                                | 9) PTB two month smear conversion rate<br>Numerator 13<br>Denominator ID 14   | %    | -                                  | 72.1%                      | 75.6%                  | 74.5%                  | 76.6%                         | 76.7%               | 77.9%   | 79.2%   | -                       |
|                          |                            |                                | 10) TB new client treatment success rate<br>Numerator 19<br>Denominator ID 20 | %    | -                                  | Not required to report     | Not required to report | Not required to report | Not required to report        | 86.6%               | 86.6%   | 86.6%   | -                       |

**Notes:**

- Indicator 5: New indicator introduced to align with the changes in the National Indicator Dataset (NID). Due to the absence of baseline data prior to April 2013, targets were set using data for all sputum's samples sent and received within 48 hours not only for AFB sputum.
- Indicator 6: New indicator introduced to align with the changes in the National Indicator Dataset. Targets were set using data for all HIV clients tested due to the absence of baseline data with an age breakdown prior to April 2013.
- Indicator 7: Data from the current information system is not reliable. There is no cross-tabulation between patients who qualify for ART and patients' current ART status. The patient's current ART status also relies on patient verbal verification.
- Indicator 8: From April 2013, the indicator has been changed from "new smear positive PTB cure rate" to "TB (new pulmonary) cure rate" to align with changes in the National Indicator Dataset.
- Indicator 10: New indicator introduced to align with the changes in the National Indicator Dataset. Targets were set using data for new pulmonary TB only due to the absence of baseline data.

## 5.5 QUARTERLY TARGETS FOR HAST

Table 2.16: Quarterly targets for HIV and AIDS, STI and TB control for 2013/14 [HIV4]

| Strategic goal statement                                                                                                     | Strategic objective: Title                                                                      | Strategic objective: Statement                                                                                                         | Performance indicator                                            | Reporting period | Annual target 2013/14 | Quarterly targets |            |            |         |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------|-----------------------|-------------------|------------|------------|---------|
|                                                                                                                              |                                                                                                 |                                                                                                                                        |                                                                  |                  |                       | Q1                | Q2         | Q3         | Q4      |
| 1. Address the burden of disease.                                                                                            | 1.1. MDG Goal 6: Have halted and begun to reverse the spread of HIV and AIDS and TB by 2014/15. | 1.1.1. Implement an effective HIV prevention strategy to decrease the HIV prevalence in the age group 15-24 years to 11.0% in 2014/15. | 1) HIV prevalence in women aged 15 – 24 years                    | Annual           | 11.5%                 | -                 | -          | -          | 11.5%   |
|                                                                                                                              |                                                                                                 |                                                                                                                                        | Numerator ID 1                                                   | 506              | -                     | -                 | -          | 506        |         |
|                                                                                                                              |                                                                                                 |                                                                                                                                        | Denominator ID 2                                                 | 4 402            | -                     | -                 | -          | 4 402      |         |
|                                                                                                                              |                                                                                                 |                                                                                                                                        | 2) Total clients remaining on ART (TROA) at the end of the month | Quarterly        | 157 123               | 144 234           | 149 107    | 153 980    | 157 123 |
|                                                                                                                              |                                                                                                 |                                                                                                                                        | Element ID 3                                                     |                  |                       |                   |            |            |         |
|                                                                                                                              |                                                                                                 |                                                                                                                                        | 3) Male condom distribution rate                                 | Quarterly        | 54.13                 | 54.13             | 54.13      | 54.13      | 54.13   |
|                                                                                                                              |                                                                                                 |                                                                                                                                        | Numerator ID 4                                                   | 116 515 072      | 29 128 768            | 29 128 768        | 29 128 768 | 29 128 768 |         |
| Denominator ID 5                                                                                                             | 2 152 485                                                                                       | 538 121                                                                                                                                | 538 121                                                          | 538 121          | 538 121               |                   |            |            |         |
| 4) TB (new pulmonary) defaulter rate                                                                                         | Quarterly                                                                                       | 6.5%                                                                                                                                   | 6.5%                                                             | 6.5%             | 6.5%                  | 6.5%              |            |            |         |
| Numerator ID 6                                                                                                               | 1 046                                                                                           | 262                                                                                                                                    | 262                                                              | 262              | 262                   |                   |            |            |         |
| Denominator ID 7                                                                                                             | 16 027                                                                                          | 4 006.8                                                                                                                                | 4 006.8                                                          | 4 006.8          | 4 006.8               |                   |            |            |         |
| 5) TB AFB sputum result turnaround time under 48 hours rate                                                                  | Quarterly                                                                                       | 72.2%                                                                                                                                  | 72.1%                                                            | 72.2%            | 72.2%                 | 72.2%             |            |            |         |
| Numerator ID 17                                                                                                              | 380 515                                                                                         | 95 128                                                                                                                                 | 95 129                                                           | 95 129           | 95 129                |                   |            |            |         |
| Denominator ID 18                                                                                                            | 527 392                                                                                         | 131 848                                                                                                                                | 131 848                                                          | 131 848          | 131 848               |                   |            |            |         |
| 6) HIV testing coverage                                                                                                      | Quarterly                                                                                       | 28.4%                                                                                                                                  | 28.4%                                                            | 28.4%            | 28.4%                 | 28.4%             |            |            |         |
| Numerator ID 15                                                                                                              | 938 107                                                                                         | 234 527                                                                                                                                | 234 527                                                          | 234 527          | 234 527               |                   |            |            |         |
| Denominator ID 16                                                                                                            | 3 300 676                                                                                       | 825 169                                                                                                                                | 825 169                                                          | 825 169          | 825 169               |                   |            |            |         |
| 7) Percentage of HIV-TB co-infected patients placed on ART (NID: Percentage of HIV-TB co-infected patients initiated on ART) | Quarterly                                                                                       | 69.6%                                                                                                                                  | 69.6%                                                            | 69.6%            | 69.6%                 | 69.6%             |            |            |         |
| Numerator ID 10                                                                                                              | 12 118                                                                                          | 3 030                                                                                                                                  | 3 030                                                            | 3 030            | 3 030                 |                   |            |            |         |
| Denominator ID 11                                                                                                            | 17 414                                                                                          | 4 354                                                                                                                                  | 4 354                                                            | 4 354            | 4 354                 |                   |            |            |         |

| Strategic goal statement | Strategic objective: Title | Strategic objective: Statement | Performance indicator                                                         | Reporting period | Annual target 2013/14     | Quarterly targets         |                           |                           |                           |
|--------------------------|----------------------------|--------------------------------|-------------------------------------------------------------------------------|------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
|                          |                            |                                |                                                                               |                  |                           | Q1                        | Q2                        | Q3                        | Q4                        |
|                          |                            |                                | 8) TB (new pulmonary) cure rate<br>Numerator ID 12<br>Denominator ID 7        | Quarterly        | 82.0%<br>13 148<br>16 027 | 82.0%<br>3 287<br>4 006.8 | 82.0%<br>3 287<br>4 006.8 | 82.0%<br>3 287<br>4 006.8 | 82.0%<br>3 287<br>4 006.8 |
|                          |                            |                                | 9) PTB two month smear conversion rate<br>Numerator 13<br>Denominator ID 14   | Quarterly        | 76.7%<br>11 297<br>14 728 | 76.7%<br>2 824<br>3 682   | 76.7%<br>2 824<br>3 682   | 76.7%<br>2 824<br>3 682   | 76.7%<br>2 824<br>3 682   |
|                          |                            |                                | 10) TB new client treatment success rate<br>Numerator 19<br>Denominator ID 20 | Quarterly        | 86.6%<br>20 541<br>23 718 | 86.6%<br>5 135<br>5 929   | 86.6%<br>5 135<br>5 930   | 86.6%<br>5 135<br>5 930   | 86.6%<br>5 136<br>5 929   |

## **6. MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION [MCWH & N]**

### **6.1 SITUATION ANALYSIS FOR MCWH & N**

Maternal, Child and Women's Health (MCWH) and Nutrition services are rendered at all facilities within the Province, including secondary, tertiary and specialised hospitals and within communities, including community outreach Programmes. The MCWH and Nutrition component strives to implement evidence-based key interventions to contribute towards achieving MDG 4 (Reduce by two-thirds between 1990 and 2015 the under-five mortality rate) and MDG 5 (Reduce by three quarters between 1990 and 2015 the maternal mortality ratio).

As malnutrition is a major contributing factor to morbidity and mortality, the Integrated Nutrition Programme (INP) has been implemented within Health Programmes. It focuses on the specific health needs of individuals through the stages of the human life cycle, namely: maternal; neonatal; infant and early childhood; late childhood; adolescence; adulthood and old age (geriatric). The Programme links with cross cutting issues including HIV, AIDS, TB and other chronic debilitating conditions. Liaison and co-operation with other departments and Programmes (e.g. Education, Social Development, Local Government) assists with case prevention and implementation of health Programmes.

#### **6.1.1 Burden of disease**

Women and children bear a disproportionate burden of preventable disease. Children continue to die of avoidable diseases such as pneumonia and diarrhoea, with many of the deaths being due to underlying malnutrition and/or HIV disease. A woman's health is particularly vulnerable during pregnancy, where HIV and AIDS account for almost one in two of all puerperal deaths.

This inequity is borne out by the fact that many of the Millennium Development Goals (MDGs) focus on addressing health problems prevalent amongst these populations.

Infant mortality, and the related, under-5 mortality has been steadily decreasing in the Western Cape Province. Projections of infant mortality for 2012, based on the ASSA2008 actuarial model, show that the Western Cape has an expected infant mortality rate (IMR) of 19.3 deaths per 1 000 live births and an under-5 mortality rate (U5-MR) of 26.5 per 1 000 live births. This compares favourably to the respective national figures of 33.2 (IMR) and 48.8 (U5-MR) deaths per 1 000 live births. It can be seen that, in the Western Cape, infant deaths are estimated to account for about 73 per cent of all under-5 deaths.

There has been an epidemiological shift in IMR over the last five years. Previously, HIV and AIDS was the leading cause of infant death but this has been displaced by conditions related to pregnancy, birth and early neonatal care. In particular, premature births, severe neonatal infections and birth asphyxia are now responsible for more infant deaths than HIV and AIDS. This is both reflective of an effective provincial prevention of mother-to-child transmission (PMTCT) and ART Programme and indicative of the need to broaden focus on the pregnancy care pathway beyond HIV.

Maternal mortality remains a concern and a number of preventable causes remain, including HIV and AIDS, blood-loss and hypertensive disease of pregnancy.

## 6.1.2 Performance data

### 6.1.2.1 Child health

- There appears to be a gradual decline in the absolute number of infant and under 5 deaths but there are issues with the quality of the data.
- The immunisation performance is moderate and is compounded by the lack of certainty as to the correct denominator. There is a long-standing impression that the childhood demographic data is incorrect, possibly by about 5-10% for the province as a whole. The problem is that the denominator for this indicator consists of an estimate of the whole provincial population under-5, but not all children under-5 in the province receive their immunisations at public health facilities, nor are all their immunisations recorded on the provincial database. This would significantly affect the performance because of incorrect inflation or deflation of the denominator.
- Vitamin A coverage has been low. Nurses ascribe this to the fact the target age group for Vitamin A (12-59 months) falls outside the age group (Birth to 18 months) in which most vaccines are given. Mothers are reportedly conscientious about bringing their children for vaccinations in the first year of life, but thereafter, contact with services is illness-driven and, from the perspective of the Vitamin A program, therefore opportunistic.
- The PMTCT Programme is showing good results but the coverage is not 100%.

### 6.1.2.2 Women's health

- Contraception coverage is relatively low. There are large areas of uncertainty however because of the role that private providers (doctors and chemists) play in offering contraception, particularly the oral contraceptive pill and condoms. Similarly, some work-places also offer good contraceptive care. The contraceptive events that derive from the above two areas do not make their way onto the provincial recording system, resulting in a likely consistent undercount of the true nature of contraceptive coverage in the province.
- Antenatal early booking is gradually improving but early booking is a key focus area for improving maternal and neonatal health outcomes. Much of the late booking can be located to the Metropolitan district and further located to specific high burden sites that service poor or disenfranchised communities. There is a need to improve contraception, pregnancy and early booking awareness in these communities.
- The number of cervical cancer screening procedures performed in the province has stayed around the 80 000 mark for some years. There is a need to improve the health informational links between the screening procedure and the health interventions that occur in those women who have an abnormal screening test results. Screening is only the first step and to demonstrate good health outcomes there needs to be a "care pathway" approach in which attention is given to the quality of the smear (screen) performed as well as to access to curative surgery and the results of that surgery.
- Teenage pregnancy rates have remained more or less stable for a number of years. Further research into the rates of termination of pregnancy amongst teenagers and contraception rates amongst teenagers would be enlightening.

Table 2.17: Data elements for situation analysis indicators in Table 2.18

| Source   | Data element                                                                                                | Element ID | Province wide value<br>2011/12 | Cape Town District<br>2011/12 | Cape Winelands District<br>2011/12 | Central Karoo District<br>2011/12 | Eden District<br>2011/12 | Overberg District<br>2011/12 | West Coast District<br>2011/12 |
|----------|-------------------------------------------------------------------------------------------------------------|------------|--------------------------------|-------------------------------|------------------------------------|-----------------------------------|--------------------------|------------------------------|--------------------------------|
| SINJANI  | Immunised fully under 1 year                                                                                | 1          | 93 820                         | 63 233                        | 12 119                             | 983                               | 8 734                    | 3 371                        | 5 380                          |
| Info Man | Population under 1 year                                                                                     | 2          | 106 413                        | 71 949                        | 13 454                             | 1 230                             | 9 749                    | 4 530                        | 5 501                          |
| SINJANI  | Vitamin A supplement to 12 to 59 months child                                                               | 3          | 311 397                        | 167 871                       | 50 481                             | 5 054                             | 46 762                   | 16 691                       | 24 538                         |
| Info Man | Population 1 to 4 years X 2                                                                                 | 4          | 864 222                        | 577 339                       | 112 230                            | 10 431                            | 81 679                   | 36 415                       | 46 127                         |
| SINJANI  | PCV 3rd dose                                                                                                | 5          | 88 468                         | 57 343                        | 12 452                             | 1 063                             | 8 705                    | 3 315                        | 5 590                          |
| SINJANI  | Rotavirus vaccine (RV) 2nd dose                                                                             | 6          | 87 574                         | 56 415                        | 12 529                             | 969                               | 8 827                    | 3 436                        | 5 398                          |
| SINJANI  | Measles 1st dose under 1 year                                                                               | 7          | 97 039                         | 65 308                        | 12 561                             | 1 076                             | 9 065                    | 3 449                        | 5 580                          |
| SINJANI  | PMTCT baby tested positive for HIV                                                                          | 8          | 230                            | 156                           | 32                                 | 4                                 | 16                       | 9                            | 13                             |
| SINJANI  | PMTCT baby tested for HIV                                                                                   | 9          | 11 836                         | 8 515                         | 1 205                              | 75                                | 1 102                    | 465                          | 474                            |
| SINJANI  | Diarrhoea under 5 years- new ambulatory                                                                     | 10         | 48 701                         | 32 233                        | 7 905                              | 656                               | 2 938                    | 2 022                        | 2 947                          |
| Info Man | Population under 5 years                                                                                    | 11         | 549 832                        | 368 701                       | 70 816                             | 6 507                             | 51 608                   | 23 179                       | 29 021                         |
| SINJANI  | Pneumonia under 5 years- new ambulatory                                                                     | 12         | 37 140                         | 25 872                        | 4 087                              | 173                               | 1 342                    | 4 290                        | 1 376                          |
| SINJANI  | Facility Inpatient deaths under 1 year                                                                      | 13         | 1 043                          | 741                           | 118                                | 15                                | 110                      | 17                           | 43                             |
| SINJANI  | Live births in facility                                                                                     | 14         | 90 689                         | 59 078                        | 14 155                             | 1 084                             | 8 220                    | 3 028                        | 5 124                          |
| SINJANI  | Facility Inpatient deaths under 5 years                                                                     | 15         | 1 200                          | 859                           | 136                                | 18                                | 123                      | 19                           | 45                             |
| SINJANI  | Maternal deaths in facilities                                                                               | 16         | 26                             | 19                            | 2                                  | -                                 | 5                        | -                            | -                              |
| SINJANI  | Cervical (pap) smear in women 30 years and older screened for cervical cancer                               | 17         | 83 235                         | 48 821                        | 11 713                             | 1 077                             | 12 702                   | 3 918                        | 5 004                          |
| Info Man | Female population 30 years and older DIVIDED BY 10                                                          | 18         | 131 779                        | 87 018                        | 17 007                             | 1 333                             | 13 282                   | 5 801                        | 7 339                          |
| SINJANI  | Deliveries to women under 18 years                                                                          | 19         | 6 320                          | 3 740                         | 1 101                              | 109                               | 657                      | 241                          | 472                            |
| SINJANI  | Delivery in facility<br>SUM OF: Normal deliveries + Assisted deliveries + Caesarean sections                | 20         | 93 199                         | 62 849                        | 12 665                             | 1 102                             | 8 756                    | 2 901                        | 4 926                          |
| SINJANI  | Antenatal 1st visits before 20 weeks                                                                        | 21         | 54 488                         | 30 652                        | 8 867                              | 760                               | 6 681                    | 3 081                        | 4 447                          |
| SINJANI  | Antenatal 1st visit:<br>SUM OF: Antenatal 1st visit before 20 weeks + Antenatal 1st visit 20 weeks or later | 22         | 96 959                         | 62 750                        | 12 993                             | 1 202                             | 9 394                    | 4 316                        | 6 304                          |
| SINJANI  | Contraceptive years equivalent = SUM OF: ID 23.1 to 23.7                                                    | 23         | 599 310                        | 374 296                       | 83 840                             | 5 974                             | 66 859                   | 27 943                       | 40 399                         |
| SINJANI  | Male sterilisations X 20                                                                                    | 23.1       | 15 460                         | 12 240                        | 1 340                              | 40                                | 640                      | 560                          | 640                            |
| SINJANI  | Female sterilisations X 10                                                                                  | 23.2       | 64 760                         | 29 570                        | 13 130                             | 1 020                             | 14 760                   | 3 170                        | 3 110                          |
| SINJANI  | Medroxyprogesterone one injection / 4                                                                       | 23.3       | 212 600                        | 119 352                       | 38 024                             | 2 874                             | 21 694                   | 13 127                       | 17 529                         |

| Source   | Data element                           | Element ID | Province wide value 2011/12 | Cape Town District 2011/12 | Cape Winelands District 2011/12 | Central Karoo District 2011/12 | Eden District 2011/12  | Overberg District 2011/12 | West Coast District 2011/12 |
|----------|----------------------------------------|------------|-----------------------------|----------------------------|---------------------------------|--------------------------------|------------------------|---------------------------|-----------------------------|
| SINJANI  | Norethisterone enanthate injection / 6 | 23.4       | 50 948                      | 36 939                     | 4 461                           | 285                            | 5 680                  | 1 416                     | 2 166                       |
| SINJANI  | Oral pill cycles / 13                  | 23.5       | 33 095                      | 17 299                     | 6 139                           | 389                            | 4 272                  | 2 031                     | 2 964                       |
| SINJANI  | IUCD X 4                               | 23.6       | 14 412                      | 6 816                      | 3 016                           | 24                             | 2 848                  | 924                       | 784                         |
| SINJANI  | Male condoms / 500                     | 23.7       | 208 036                     | 152 080                    | 17 731                          | 1 341                          | 16 964                 | 6 714                     | 13 206                      |
| Info Man | Female population 15 to 44 years       | 24         | 1 410 535                   | 945 028                    | 189 863                         | 13 225                         | 131 236                | 55 017                    | 76 166                      |
| SINJANI  | Inpatient separations under 1 year     | 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      |
| SINJANI  | Inpatient separations under 5 year     | 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      |

**Table 2.18: Situation analysis indicators for MCWH & N [MCWH1]**

| Strategic goal statement                                    | Strategic objective: Title                                                                   | Strategic objective: Statement                                                                        | Performance indicator                                                                      | Type | Province wide value 2011/12 | Cape Town District 2011/12 | Cape Winelands District 2011/12 | Central Karoo District 2011/12 | Eden District 2011/12 | Overberg District 2011/12 | West Coast District 2011/12 | National Average 2011/12 |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------|-----------------------------|----------------------------|---------------------------------|--------------------------------|-----------------------|---------------------------|-----------------------------|--------------------------|
| 1. Address the burden of disease.                           | 1.1. MDG goal 4: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate. | 1.1.1. Improve the coverage of effective immunisations to 90.0% in children under 5 years by 2014/15. | 1) Immunisation coverage under 1 year                                                      | Rate | 88.2%                       | 87.9%                      | 90.1%                           | 79.9%                          | 89.6%                 | 74.4%                     | 97.8%                       | 95.5%                    |
|                                                             |                                                                                              |                                                                                                       | Numerator ID 1                                                                             |      | 93 820                      | 63 233                     | 12 119                          | 983                            | 8 734                 | 3 371                     | 5 380                       | -                        |
|                                                             |                                                                                              |                                                                                                       | Denominator ID 2                                                                           |      | 106 413                     | 71 949                     | 13 454                          | 1 230                          | 9 749                 | 4 530                     | 5 501                       | -                        |
|                                                             |                                                                                              |                                                                                                       | 2) Vitamin A coverage 12 – 59 months (NID: Vitamin A coverage 12 – 59 months OR 1-4 years) | %    | 36.0%                       | 29.1%                      | 45.0%                           | 48.4%                          | 57.3%                 | 45.8%                     | 53.2%                       | 36.6%                    |
| 3) Pneumococcal vaccine (PCV) 3 <sup>rd</sup> dose coverage | Numerator ID 3                                                                               | Denominator ID 4                                                                                      |                                                                                            |      | 311 397                     | 167 871                    | 50 481                          | 5 054                          | 46 762                | 16 691                    | 24 538                      | -                        |
|                                                             |                                                                                              |                                                                                                       |                                                                                            |      | 864 221                     | 577 339                    | 112 230                         | 10 431                         | 81 679                | 36 415                    | 46 127                      | -                        |
|                                                             |                                                                                              |                                                                                                       |                                                                                            |      | 83.1%                       | 79.7%                      | 92.6%                           | 86.4%                          | 89.3%                 | 73.2%                     | 101.6%                      | 23.1%                    |
|                                                             |                                                                                              |                                                                                                       |                                                                                            |      | 88 468                      | 57 343                     | 12 452                          | 1 063                          | 8 705                 | 3 315                     | 5 590                       | -                        |
| 4) Rotavirus (RV) 2 <sup>nd</sup> dose coverage             | Numerator ID 5                                                                               | Denominator ID 2                                                                                      |                                                                                            |      | 106 413                     | 71 949                     | 13 454                          | 1 230                          | 9 749                 | 4 530                     | 5 501                       | -                        |
|                                                             |                                                                                              |                                                                                                       |                                                                                            |      | 82.3%                       | 78.4%                      | 93.1%                           | 78.8%                          | 90.5%                 | 75.8%                     | 98.1%                       | 34.7%                    |
|                                                             |                                                                                              |                                                                                                       |                                                                                            |      | 87 574                      | 56 415                     | 12 529                          | 969                            | 8 827                 | 3 436                     | 5 398                       | -                        |
|                                                             |                                                                                              |                                                                                                       |                                                                                            |      | 106 413                     | 71 949                     | 13 454                          | 1 230                          | 9 749                 | 4 530                     | 5 501                       | -                        |



| Strategic goal statement | Strategic objective: Title | Strategic objective: Statement | Performance indicator                                                                                                                    | Type       | Province wide value    | Cape Town District     | Cape Winelands District | Central Karoo District | Eden District          | Overberg District      | West Coast District    | National Average |
|--------------------------|----------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|------------------------|-------------------------|------------------------|------------------------|------------------------|------------------------|------------------|
|                          |                            |                                |                                                                                                                                          |            | 2011/12                | 2011/12                | 2011/12                 | 2011/12                | 2011/12                | 2011/12                | 2011/12                | 2011/12          |
|                          |                            |                                | 5) Measles 1st dose under 1 year coverage (NID: Measles 1st dose under 1 year coverage annualised)<br>Numerator ID 7<br>Denominator ID 2 | %          | 91.2%                  | 90.8%                  | 93.4%                   | 87.5%                  | 93.0%                  | 76.1%                  | 101.4%                 | 98.8%            |
|                          |                            |                                | 6) Infant tested PCR positive within 2 months rate<br>Numerator ID 8<br>Denominator ID 9                                                 | %          | 1.9%                   | 1.8%                   | 2.7%                    | 5.3%                   | 1.5%                   | 1.9%                   | 2.7%                   | 11.0%            |
|                          |                            |                                | 7) Child under 5 years diarrhoea with dehydration incidence<br>Numerator ID 10<br>Denominator ID 11/1000                                 | No / 1 000 | 88.57                  | 87.42                  | 111.62                  | 100.77                 | 56.93                  | 87.23                  | 101.55                 | -                |
|                          |                            |                                | 8) Child under 5 years pneumonia incidence<br>Numerator ID 12<br>Denominator ID 11/1000                                                  | No / 1 000 | 48 701                 | 32 233                 | 7 905                   | 656                    | 2 938                  | 2 022                  | 2 947                  | -                |
|                          |                            |                                | 9) Child under 1 year mortality in facility rate<br>Numerator ID 13<br>(Denominator ID 2 x 1.03)/1000                                    | No / 1 000 | 549.83                 | 368.70                 | 70.82                   | 6.51                   | 51.61                  | 23.18                  | 29.02                  | -                |
|                          |                            |                                | 10) Inpatient death under 1 year rate<br>Numerator ID 13<br>Denominator ID 25                                                            | %          | 67.55                  | 70.17                  | 57.71                   | 26.59                  | 26.00                  | 185.08                 | 47.41                  | -                |
|                          |                            |                                | 11) Inpatient death under 5 years rate<br>Numerator ID 15<br>Denominator ID 26                                                           | %          | 37 140                 | 25 872                 | 4 087                   | 173                    | 1 342                  | 4 290                  | 1 376                  | -                |
|                          |                            |                                |                                                                                                                                          |            | 549.83                 | 368.70                 | 70.82                   | 6.51                   | 51.61                  | 23.18                  | 29.02                  | -                |
|                          |                            |                                |                                                                                                                                          |            | 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 | -                |
|                          |                            |                                |                                                                                                                                          |            | 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 | -                |
|                          |                            |                                |                                                                                                                                          |            | 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 | -                |

| Strategic goal statement | Strategic objective: Title                                                                      | Strategic objective: Statement                                                       | Performance indicator                                                                   | Type         | Province wide value | Cape Town District | Cape Winelands District | Central Karoo District | Eden District | Overberg District | West Coast District | National Average |
|--------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------|---------------------|--------------------|-------------------------|------------------------|---------------|-------------------|---------------------|------------------|
|                          |                                                                                                 |                                                                                      |                                                                                         |              | 2011/12             | 2011/12            | 2011/12                 | 2011/12                | 2011/12       | 2011/12           | 2011/12             | 2011/12          |
|                          | 1.2. MDG goal 5: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio. | 1.2.1. Reduce the maternal mortality ratio to 58 per 100 000 live births by 2014/15. | 12) Maternal mortality in facility ratio (MMIR)<br>Numerator ID 16<br>Denominator ID 14 | No / 100 000 | 28.67               | 32.16              | 14.13                   | -                      | 0.001         | -                 | -                   | -                |
|                          |                                                                                                 |                                                                                      |                                                                                         |              | 26                  | 19                 | 2                       | 0                      | 5             | 0                 | 0                   | -                |
|                          |                                                                                                 |                                                                                      |                                                                                         |              | 0.91                | 0.59               | 0.14                    | 0.01                   | 0.08          | 0.03              | 0.05                | -                |
|                          |                                                                                                 |                                                                                      | 13) Cervical cancer screening coverage                                                  | %            | 63.2%               | 56.1%              | 68.9%                   | 95.6%                  | 80.8%         | 67.5%             | 68.2%               | 47.6%            |
|                          |                                                                                                 |                                                                                      | Numerator ID 17                                                                         |              | 83 235              | 48 821             | 11 713                  | 12 702                 | 1 077         | 3 918             | 5 004               | -                |
|                          |                                                                                                 |                                                                                      | Denominator ID 18                                                                       |              | 131 779             | 87 018             | 17 007                  | 13 282                 | 1 333         | 5 801             | 7 339               | -                |
|                          |                                                                                                 |                                                                                      | 14) Delivery in facility under 18 years rate                                            | %            | 6.8%                | 6.0%               | 8.7%                    | 7.5%                   | 9.9%          | 8.3%              | 9.6%                | 8.2%             |
|                          |                                                                                                 |                                                                                      | Numerator ID 19                                                                         |              | 6 320               | 3 740              | 1 101                   | 657                    | 109           | 241               | 472                 | -                |
|                          |                                                                                                 |                                                                                      | Denominator ID 20                                                                       |              | 93 199              | 62 849             | 12 665                  | 8 756                  | 1 102         | 2 901             | 4 926               | -                |
|                          |                                                                                                 |                                                                                      | 15) Antenatal 1 <sup>st</sup> visit before 20 weeks rate                                | %            | 56.2%               | 48.8%              | 68.2%                   | 71.1%                  | 63.2%         | 71.4%             | 70.5%               | 34.5%            |
|                          |                                                                                                 |                                                                                      | Numerator ID 21                                                                         |              | 54 488              | 30 652             | 8 867                   | 6 681                  | 760           | 3 081             | 4 447               | -                |
|                          |                                                                                                 |                                                                                      | Denominator ID 22                                                                       |              | 96 959              | 62 750             | 12 993                  | 9 394                  | 1 202         | 4 316             | 6 304               | -                |
|                          |                                                                                                 |                                                                                      | 16) Couple year protection rate                                                         | %            | 42.7%               | 39.9%              | 44.2%                   | 50.7%                  | 44.9%         | 50.8%             | 53.0%               | 31.7%            |
|                          |                                                                                                 |                                                                                      | Numerator ID 23                                                                         |              | 602 385             | 377 371            | 83 840                  | 66 488                 | 5 941         | 27 943            | 40 399              | -                |
|                          |                                                                                                 |                                                                                      | Denominator ID 24                                                                       |              | 1 410 535           | 945 028            | 189 863                 | 131 236                | 13 225        | 55 017            | 76 166              | -                |

**Notes:**

Indicator 2: Vitamin A coverage is not linked to the schedule for other routine vaccines. (Anecdotal reports suggest that most mothers are conscientious about immunisations in the first year, but attendance falls off thereafter.) Health care attendance for children over one, especially when the child is not ill or an immunisation is not known to be scheduled, tends to be low.

## 6.2 CHALLENGES

- 1) Uncertainty over denominator data, and size of insured (private) population, for children under one and under five.
- 2) Maternal services – late bookings and women who present in labour.
- 3) Immunisation stock control as a result of national stock-outs.

## 6.3 PRIORITIES

- 1) Improve child health, including paediatric infectious diseases.
  - The response required to address the causes of neonatal deaths is a 'whole health system' one, focusing on the pregnant patient. It should begin with widespread coverage of effective contraceptive methods, and include mechanisms for early detection of pregnancy, early entry into antenatal care (and as a consequence early identification of the at-risk pregnancy), effective between-facility transfers for the emergency case in labour and good post-natal facilities and competent staff for the compromised or premature infant.
  - Areas where children are malnourished or under-nourished need to be identified and nutritional support offered. Pilot Programmes such as the one operating in the Witzenberg sub-district should be rolled out once lessons have been assimilated.
  - Exclusive breastfeeding must be encouraged across the Province.
- 2) Improve woman's health (maternal mortality reduction and patient-centred experience (PCE)).
  - Implementation and increased coverage of the "Mother and Baby Friendly Initiative".
  - The patient experience will be examined and improved at birthing units and at places where termination of pregnancy is offered and will be linked to a "code of good practice for a patient-centred experience for pregnant women".
  - Mechanisms to improve maternal mortality include many of the same interventions that improve neonatal outcomes.
  - Cancer screening and linkage to care needs to be focused on.

## 6.4 STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR MCWH AND NUTRITION

Table 2.19: Data elements and related actual and projected performance values for Tables 2.20 – 2.21

| Source   | Data element                                                                                             | Element ID | Audited /Actual performance |         |         | Estimate | Medium term targets |         |         |
|----------|----------------------------------------------------------------------------------------------------------|------------|-----------------------------|---------|---------|----------|---------------------|---------|---------|
|          |                                                                                                          |            | 2009/10                     | 2010/11 | 2011/12 |          | 2012/13             | 2013/14 | 2014/15 |
| SINJANI  | Immunised fully under 1 year                                                                             | 1          | 98 622                      | 89 508  | 93 820  | 94 093   | 100 244             | 101 814 | 103 827 |
| Info Man | Population under 1 year                                                                                  | 2          | 101 937                     | 104 175 | 106 413 | 108 651  | 110 889             | 113 126 | 115 364 |
| SINJANI  | Vitamin A supplement to 12 to 59 months child                                                            | 3          | 307 038                     | 261 714 | 311 397 | 321 272  | 360 766             | 376 644 | 384 081 |
| Info Man | Population 1 to 4 years X 2                                                                              | 4          | 827 938                     | 846 080 | 864 222 | 882 363  | 887 562             | 918 643 | 936 783 |
| SINJANI  | PCV 3rd dose                                                                                             | 5          | Not required to report      | 70 629  | 88 468  | 92 974   | 99 898              | 101 814 | 103 827 |
| SINJANI  | Rotavirus vaccine (RV) 2nd dose                                                                          | 6          | Not required to report      | 62 803  | 87 574  | 93 080   | 99 398              | 101 814 | 103 827 |
| SINJANI  | Measles 1st dose under 1 year                                                                            | 7          | 101 154                     | 92 944  | 97 039  | 96 793   | 103 223             | 105 207 | 107 288 |
| SINJANI  | PMTCT baby tested positive for HIV                                                                       | 8          | 404                         | 388     | 230     | 238      | 229                 | 230     | 220     |
| SINJANI  | PMTCT baby tested for HIV                                                                                | 9          | 11 223                      | 12 149  | 11 836  | 11 900   | 12 229              | 13 500  | 14 000  |
| SINJANI  | Diarrhoea under 5 years- new ambulatory                                                                  | 10         | 73 389                      | 47 887  | 48 701  | 47 240   | 44 554              | 44 448  | 43 115  |
| Info Man | Population under 5 years                                                                                 | 11         | 527 215                     | 538 524 | 549 832 | 550 911  | 562 219             | 573 526 | 578 127 |
| SINJANI  | Pneumonia under 5 years- new ambulatory                                                                  | 12         | 42 614                      | 34 582  | 37 140  | 36 944   | 36 868              | 33 241  | 32 656  |
| SINJANI  | Facility Inpatient deaths under 1 year                                                                   | 13         | 952                         | 1 077   | 1 044   | 1 030    | 1 025               | 1 020   | 1 010   |
| SINJANI  | Live births in facility                                                                                  | 14         | 92 861                      | 92 594  | 90 689  | 94 655   | 99 999              | 99 999  | 99 999  |
| SINJANI  | Facility Inpatient deaths under 5 years                                                                  | 15         | 1 043                       | 1 235   | 1 200   | 1 182    | 1 180               | 1 170   | 1 160   |
| SINJANI  | Maternal deaths in facilities                                                                            | 16         | 100                         | 41      | 26      | 35       | 60                  | 58      | 56      |
| SINJANI  | Cervical (pap) smear in women 30 years and older screened for cervical cancer                            | 17         | 70 345                      | 82 125  | 83 235  | 85 698   | 88 066              | 90 000  | 91 000  |
| Info Man | Female population 30 years and older DIVIDED BY 10                                                       | 18         | 121 813                     | 128 998 | 131 779 | 134 560  | 137 341             | 140 122 | 142 902 |
| SINJANI  | Deliveries to women under 18 years                                                                       | 19         | 7 060                       | 6 484   | 6 320   | 6 380    | 6 185               | 6 300   | 6 100   |
| SINJANI  | Delivery in facility- SUM OF: Normal deliveries + Assisted deliveries + Caesarean sections               | 20         | 96 907                      | 93 192  | 93 199  | 94 916   | 94 858              | 99 999  | 99 999  |
| SINJANI  | Antenatal 1st visits before 20 weeks                                                                     | 21         | 48 351                      | 54 520  | 54 488  | 58 134   | 59 687              | 62 000  | 63 000  |
| SINJANI  | Antenatal 1st visit: SUM OF: Antenatal 1st visit before 20 weeks + Antenatal 1st visit 20 weeks or later | 22         | 104 256                     | 103 447 | 96 959  | 99 640   | 97 851              | 100 000 | 100 000 |
| SINJANI  | Contraceptive years equivalent = SUM OF: ID 25.1 to 25.7                                                 | 23         | 550 014                     | 560 684 | 599 310 | 610 847  | 624 064             | 637 319 | 653 527 |
| SINJANI  | Male sterilisations X 20                                                                                 | 23.1       | 13 401                      | 13 980  | 15 460  | 15 944   | 16 445              | 16 967  | 17 466  |
| SINJANI  | Female sterilisations X 10                                                                               | 23.2       | 64 630                      | 59 500  | 64 760  | 66 641   | 68 465              | 70 420  | 72 741  |

| Source   | Data element                           | Element ID | Audited /Actual performance |           |           |           | Estimate  | Medium term targets |           |         |
|----------|----------------------------------------|------------|-----------------------------|-----------|-----------|-----------|-----------|---------------------|-----------|---------|
|          |                                        |            | 2009/10                     | 2010/11   | 2011/12   | 2012/13   |           | 2013/14             | 2014/15   | 2015/16 |
| SINJANI  | Medroxyprogesterone one injection / 4  | 23.3       | 219 309                     | 210 647   | 212 600   | 216 316   | 219 798   | 223 350             | 227 944   |         |
| SINJANI  | Norethisterone enanthate injection / 6 | 23.4       | 55 834                      | 51 716    | 50 948    | 52 264    | 53 637    | 55 193              | 57 130    |         |
| SINJANI  | Oral pill cycles / 13                  | 23.5       | 40 035                      | 36 109    | 33 095    | 34 438    | 35 867    | 37 349              | 38 911    |         |
| SINJANI  | IUCD X 4                               | 23.6       | 8 328                       | 9 980     | 14 412    | 15 347    | 16 214    | 16 498              | 16 855    |         |
| SINJANI  | Male condoms / 500                     | 23.7       | 148 477                     | 178 752   | 208 036   | 209 898   | 213 636   | 217 543             | 222 481   |         |
| Info Man | Female population 15 to 44 years       | 24         | 1 350 892                   | 1 380 714 | 1 410 535 | 1 440 356 | 1 470 176 | 1 499 995           | 1 529 812 |         |
| SINJANI  | Inpatient separations under 1 year     | 25         | 33 837                      | 37 166    | 40 335    | 41 000    | 41 000    | 41 000              | 41 000    |         |
| SINJANI  | Inpatient separations under 5 year     | 26         | 63 265                      | 69 557    | 76 702    | 83278     | 89997     | 96715               | 103434    |         |

Table 2.20: Strategic objectives, indicators and annual targets for MCWH and N [MCWH &amp; N: 2 &amp; 3]

| Strategic goal statement          | Strategic objective: Title                                                                   | Strategic objective: Statement                                                                                   | Performance indicator                                                                   | Type | Strategic objective target | Audited/actual performance |         |         |         | Estimated performance | Medium term targets |         |         | National target |
|-----------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------|----------------------------|----------------------------|---------|---------|---------|-----------------------|---------------------|---------|---------|-----------------|
|                                   |                                                                                              |                                                                                                                  |                                                                                         |      |                            | 2009/10                    | 2010/11 | 2011/12 | 2012/13 |                       | 2013/14             | 2014/15 | 2015/16 |                 |
| 1. Address the burden of disease. | 1.1. MDG goal 4: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate. | 1.1.1. Improve the coverage of effective immunisations to 90.0% in children under the age of 5 years by 2014/15. | 1) Immunisation coverage under 1 year                                                   | %    | 90.0%                      | 96.7%                      | 85.9%   | 88.2%   | 86.6%   | 90.4%                 | 90.0%               | 90.0%   | 90.0%   | 90.0%           |
|                                   |                                                                                              |                                                                                                                  | Numerator ID 1                                                                          |      | 101 814                    | 98 622                     | 89 508  | 93 820  | 94 093  | 100 244               | 101 814             | 103 827 | -       |                 |
|                                   |                                                                                              |                                                                                                                  | Denominator ID 2                                                                        |      | 113 126                    | 101 937                    | 104 175 | 106 413 | 108 651 | 110 889               | 113 126             | 115 364 | -       |                 |
|                                   |                                                                                              |                                                                                                                  | Vitamin A coverage 12 – 59 months (NID: Vitamin A coverage 12 – 59 months OR 1-4 years) | %    | -                          | 37%                        | 31%     | 36%     | 36%     | 41%                   | 41%                 | 41%     | 80.0%   |                 |
|                                   |                                                                                              |                                                                                                                  | Numerator ID 3                                                                          |      | -                          | 307 038                    | 261 714 | 311 397 | 321 272 | 360 766               | 376 644             | 384 081 | -       |                 |
|                                   |                                                                                              |                                                                                                                  | Denominator ID 4                                                                        |      | -                          | 827 938                    | 846 080 | 864 222 | 882 363 | 887 562               | 918 643             | 936 783 | -       |                 |
|                                   |                                                                                              |                                                                                                                  | 3) Pneumococcal vaccine (PCV) 3 <sup>rd</sup> dose coverage                             | %    | -                          | Not required to report     | 67.8%   | 83.1%   | 85.6%   | 90.1%                 | 90.0%               | 90.0%   | 90.0%   |                 |
|                                   |                                                                                              |                                                                                                                  | Numerator ID 5                                                                          |      | -                          | -                          | 70 629  | 88 468  | 92 974  | 99 898                | 101 814             | 103 827 | -       |                 |
|                                   |                                                                                              |                                                                                                                  | Denominator ID 2                                                                        |      | -                          | -                          | 104 175 | 106 413 | 108 651 | 110 889               | 113 126             | 115 364 | -       |                 |
|                                   |                                                                                              |                                                                                                                  | 4) Rotavirus (RV) 2 <sup>nd</sup> dose coverage                                         | %    | -                          | Not required to report     | 60.3%   | 82.3%   | 85.7%   | 90.0%                 | 90.0%               | 90.0%   | 90.0%   |                 |
|                                   |                                                                                              |                                                                                                                  | Numerator ID 6                                                                          |      | -                          | -                          | 62 803  | 87 574  | 93 080  | 99 398                | 101 814             | 103 827 | -       |                 |
|                                   |                                                                                              |                                                                                                                  | Denominator ID 2                                                                        |      | -                          | -                          | 104 175 | 106 413 | 108 651 | 110 889               | 113 126             | 115 364 | -       |                 |

| Strategic goal statement | Strategic objective: Title | Strategic objective: Statement | Performance indicator                                                                                                                    | Type       | Strategic objective target 2014/15 | Audited/actual performance |         |         | Estimated performance 2012/13 | Medium term targets |         |         | National target 2014/15 |
|--------------------------|----------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------|----------------------------|---------|---------|-------------------------------|---------------------|---------|---------|-------------------------|
|                          |                            |                                |                                                                                                                                          |            |                                    | 2009/10                    | 2010/11 | 2011/12 |                               | 2013/14             | 2014/15 | 2015/16 |                         |
|                          |                            |                                | 5) Measles 1st dose under 1 year coverage (NID: Measles 1st dose under 1 year coverage annualised)<br>Numerator ID 7<br>Denominator ID 2 | %          | -                                  | 99.2%                      | 89.2%   | 91.2%   | 89.1%                         | 93.1%               | 93.0%   | 93.0%   | 90.0%                   |
|                          |                            |                                | 6) Infant tested PCR positive within 2 months rate<br>Numerator ID 8<br>Denominator ID 9                                                 | %          | -                                  | 3.6%                       | 3.2%    | 1.9%    | 2.0%                          | 1.9%                | 1.7%    | 1.6%    | <5.0%                   |
|                          |                            |                                | 7) Child under 5 years diarrhoea with dehydration incidence<br>Numerator ID 10<br>Denominator ID 11/1000                                 | No / 1 000 | -                                  | 139.20                     | 88.92   | 88.57   | 85.75                         | 79.25               | 77.50   | 74.58   | -                       |
|                          |                            |                                | 8) Child under 5 years pneumonia incidence<br>Numerator ID 12<br>Denominator ID 11/1000                                                  | No / 1 000 | -                                  | 80.83                      | 64.22   | 67.55   | 67.06                         | 65.79               | 57.96   | 56.49   | -                       |
|                          |                            |                                | 9) Child under 1 year mortality in facility rate<br>Numerator ID 13<br>(Denominator ID 2 x 1.03)/1000                                    | No / 1 000 | -                                  | 9.07                       | 10.04   | 9.52    | 9.20                          | 8.97                | 8.75    | 8.50    | -                       |
|                          |                            |                                | 10) Inpatient death under 1 year rate<br>Numerator ID 13<br>Denominator ID 25                                                            | %          | -                                  | 2.8%                       | 2.9%    | 2.6%    | 2.5%                          | 2.5%                | 2.5%    | 2.5%    | -                       |
|                          |                            |                                | 11) Inpatient death under 5 years rate<br>Numerator ID 15<br>Denominator ID 26                                                           | %          | -                                  | 1.6%                       | 1.8%    | 1.6%    | 1.4%                          | 1.3%                | 1.2%    | 1.1%    | -                       |

| Strategic goal statement                                                                        | Strategic objective: Title                                                           | Strategic objective: Statement                 | Performance indicator | Type | Strategic objective target                               | Audited/actual performance |           |           |           | Estimated performance | Medium term targets |           |         | National target |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------|-----------------------|------|----------------------------------------------------------|----------------------------|-----------|-----------|-----------|-----------------------|---------------------|-----------|---------|-----------------|
|                                                                                                 |                                                                                      |                                                |                       |      |                                                          | 2009/10                    | 2010/11   | 2011/12   | 2012/13   |                       | 2013/14             | 2014/15   | 2015/16 |                 |
| 1.2. MDG goal 5: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio. | 1.2.1. Reduce the maternal mortality ratio to 58 per 100 000 live births by 2014/15. | 12) Maternal mortality in facility ratio (MMR) | No./ 100 000          | -    | 2014/15                                                  | 107.69                     | 44.28     | 28.67     | 36.95     | 60.00                 | 58.00               | 56.001    | -       |                 |
|                                                                                                 |                                                                                      |                                                |                       |      | 58                                                       | 100                        | 41        | 35        | 60        | 58                    | 56                  |           |         |                 |
|                                                                                                 |                                                                                      |                                                |                       |      | 1.00                                                     | 0.93                       | 0.91      | 0.95      | 1.00      | 1.00                  | 1.00                |           |         |                 |
|                                                                                                 |                                                                                      |                                                |                       |      | 13) Cervical cancer screening coverage                   | 57.8%                      | 63.7%     | 63.2%     | 63.7%     | 64.1%                 | 64.2%               | 63.7%     | 70.0%   |                 |
|                                                                                                 |                                                                                      |                                                |                       |      | Numerator ID 17                                          | 70 345                     | 82 125    | 83 235    | 85 698    | 88 066                | 90 000              | 91 000    | -       |                 |
|                                                                                                 |                                                                                      |                                                |                       |      | Denominator ID 18                                        | 121 813                    | 128 998   | 131 779   | 134 560   | 137 341               | 140 122             | 142 902   | -       |                 |
|                                                                                                 |                                                                                      |                                                |                       |      | 14) Delivery in facility under 18 years rate             | 7.3%                       | 7.0%      | 6.8%      | 6.7%      | 6.5%                  | 6.3%                | 6.1%      | 10      |                 |
|                                                                                                 |                                                                                      |                                                |                       |      | Numerator ID 19                                          | 7 060                      | 6 484     | 6 320     | 6 380     | 6 185                 | 6 300               | 6 100     | -       |                 |
|                                                                                                 |                                                                                      |                                                |                       |      | Denominator ID 20                                        | 96 907                     | 93 192    | 93 199    | 94 916    | 94 858                | 99 999              | 99 999    | -       |                 |
|                                                                                                 |                                                                                      |                                                |                       |      | 15) Antenatal 1 <sup>st</sup> visit before 20 weeks rate | 46.4%                      | 52.7%     | 56.2%     | 58.3%     | 61.0%                 | 62.0%               | 63.0%     | 70.0%   |                 |
|                                                                                                 |                                                                                      |                                                |                       |      | Numerator ID 21                                          | 48 351                     | 54 520    | 54 488    | 58 134    | 59 687                | 62 000              | 63 000    | -       |                 |
|                                                                                                 |                                                                                      |                                                |                       |      | Denominator ID 22                                        | 104 256                    | 103 447   | 96 959    | 99 640    | 97 851                | 100 000             | 100 000   | -       |                 |
|                                                                                                 |                                                                                      |                                                |                       |      | 16) Couple year protection rate                          | 40.7%                      | 40.6%     | 42.5%     | 42.4%     | 42.4%                 | 42.5%               | 42.7%     | 75.0%   |                 |
|                                                                                                 |                                                                                      |                                                |                       |      | Numerator ID 23                                          | 550 014                    | 560 684   | 599 310   | 610 847   | 624 064               | 637 319             | 653 527   | -       |                 |
|                                                                                                 |                                                                                      |                                                |                       |      | Denominator ID 24                                        | 1 350 892                  | 1 380 714 | 1 410 535 | 1 440 356 | 1 470 176             | 1 499 995           | 1 529 812 | -       |                 |

**Notes:**

Indicator 9 to 12:

To improve performance against these indicators a multi-sectorial approach is required to address the burden of disease at the level of the fundamental cause. Internal GSA communication and referral efficiencies will result in more timely referral of sick patients across the different levels of care.

Indicator 12:

There has been a quality of data issue regarding the Maternal Mortality Rate. The maternal deaths recorded on SINJANI over the past few years have been very erratic and not well aligned with the numbers reported on in, nor the methodology of, the Confidential Enquiry into Maternal Deaths (CEMD). The decision has been taken to use the CEMD report as the data source for maternal deaths in the future. This has resulted in a need to 're-set' the targets in line with the trends seen in the CEMD.

Table 2.21: Quarterly targets for MCWH&amp;N for 2013/14 [MCWH4]

| Strategic goal statement                                    | Strategic objective: Title                                                                   | Strategic objective: Statement                                                                                   | Performance indicator                                       | Reporting period | Annual target | Quarterly targets |         |       |       |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------|---------------|-------------------|---------|-------|-------|
|                                                             |                                                                                              |                                                                                                                  |                                                             |                  |               | Q1                | Q2      | Q3    | Q4    |
| 1. Address the burden of disease.                           | 1.1. MDG goal 4: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate. | 1.1.1. Improve the coverage of effective immunisations to 90.0% in children under the age of 5 years by 2014/15. | 1) Immunisation coverage under 1 year                       | Quarterly        | 90.4%         | 90.4%             | 90.4%   | 90.4% | 90.4% |
|                                                             |                                                                                              |                                                                                                                  | Numerator ID 1                                              | 25 061           | 25 061        | 25 061            | 25 061  |       |       |
|                                                             |                                                                                              |                                                                                                                  | Denominator ID 2                                            | 27 722           | 27 722        | 27 722            | 27 722  |       |       |
|                                                             |                                                                                              |                                                                                                                  | 2) Vitamin A coverage 12 – 59 months (OR 1–4 years)         | Quarterly        | 40.6%         | 40.6%             | 40.6%   | 40.6% |       |
|                                                             |                                                                                              |                                                                                                                  | Numerator ID 3                                              | 360 766          | 90 192        | 90 192            | 90 192  |       |       |
|                                                             |                                                                                              |                                                                                                                  | Denominator ID 4                                            | 887 562          | 221 891       | 221 891           | 221 891 |       |       |
|                                                             |                                                                                              |                                                                                                                  | 3) Pneumococcal vaccine (PCV) 3 <sup>rd</sup> dose coverage | Quarterly        | 90.1%         | 90.1%             | 90.1%   | 90.1% |       |
| Numerator ID 5                                              | 99 898                                                                                       | 24 975                                                                                                           | 24 975                                                      | 24 975           |               |                   |         |       |       |
| Denominator ID 2                                            | 110 889                                                                                      | 27 722                                                                                                           | 27 722                                                      | 27 722           |               |                   |         |       |       |
| 4) Rotavirus (RV) 2 <sup>nd</sup> dose coverage             | Quarterly                                                                                    | 89.6%                                                                                                            | 89.6%                                                       | 89.6%            | 89.6%         |                   |         |       |       |
| Numerator ID 6                                              | 99 398                                                                                       | 24 850                                                                                                           | 24 850                                                      | 24 850           |               |                   |         |       |       |
| Denominator ID 2                                            | 110 889                                                                                      | 27 722                                                                                                           | 27 722                                                      | 27 722           |               |                   |         |       |       |
| 5) Measles 1st dose under 1 year coverage (annualised)      | Quarterly                                                                                    | 93.1%                                                                                                            | 93.1%                                                       | 93.1%            | 93.1%         |                   |         |       |       |
| Numerator ID 7                                              | 103 223                                                                                      | 25 806                                                                                                           | 25 806                                                      | 25 806           |               |                   |         |       |       |
| Denominator ID 2                                            | 110 889                                                                                      | 27 722                                                                                                           | 27 722                                                      | 27 722           |               |                   |         |       |       |
| 6) Infant tested PCR positive within 2 months rate          | Quarterly                                                                                    | 1.9%                                                                                                             | 1.9%                                                        | 1.9%             | 1.9%          |                   |         |       |       |
| Numerator ID 8                                              | 229                                                                                          | 57                                                                                                               | 57                                                          | 57               |               |                   |         |       |       |
| Denominator ID 9                                            | 12 229                                                                                       | 3 057                                                                                                            | 3 057                                                       | 3 057            |               |                   |         |       |       |
| 7) Child under 5 years diarrhoea with dehydration incidence | Quarterly                                                                                    | 79.25                                                                                                            | 79.25                                                       | 79.25            | 79.25         |                   |         |       |       |
| Numerator ID 10                                             | 44 554                                                                                       | 11 138.50                                                                                                        | 11 138.50                                                   | 11 138.50        |               |                   |         |       |       |
| Denominator ID 11/1000                                      | 562.22                                                                                       | 140.56                                                                                                           | 140.56                                                      | 140.56           |               |                   |         |       |       |



| Strategic goal statement | Strategic objective: Title                                                                      | Strategic objective: Statement                                                       | Performance indicator                                                                                 | Reporting period | Annual target 2013/14 | Quarterly targets |          |          |         |
|--------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------|-----------------------|-------------------|----------|----------|---------|
|                          |                                                                                                 |                                                                                      |                                                                                                       |                  |                       | Q1                | Q2       | Q3       | Q4      |
|                          |                                                                                                 |                                                                                      | 8) Child under 5 years pneumonia incidence<br>Numerator ID 12<br>Denominator ID 11/1000               | Quarterly        | 65.79                 | 65.79             | 65.79    | 65.79    | 65.79   |
|                          |                                                                                                 |                                                                                      | 9) Child under 1 year mortality in facility rate<br>Numerator ID 13<br>(Denominator ID 2 x 1.03)/1000 | Annual           | 8.97                  | -                 | -        | -        | 8.97    |
|                          |                                                                                                 |                                                                                      | 10) Inpatient death under 1 year rate<br>Numerator ID 13<br>Denominator ID 25                         | Annual           | 1 025                 | -                 | -        | -        | 1 025   |
|                          |                                                                                                 |                                                                                      | 11) Inpatient death under 5 years rate<br>Numerator ID 15<br>Denominator ID 26                        | Annual           | 1 180                 | -                 | -        | -        | 1 180   |
|                          |                                                                                                 |                                                                                      | 12) Maternal Mortality in facility ratio (MMR)<br>Numerator ID 16<br>Denominator ID 14                | Annual           | 60.0                  | -                 | -        | -        | 60.0    |
|                          | 1.2. MDG goal 5: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio. | 1.2.1. Reduce the maternal mortality ratio to 58 per 100 000 live births by 2014/15. | 13) Cervical cancer screening coverage<br>Numerator ID 17<br>Denominator ID 18                        | Quarterly        | 64.1%                 | 54.7%             | 64.4%    | 69.4%    | 68.0%   |
|                          |                                                                                                 |                                                                                      | 14) Delivery in facility under 18 years<br>Numerator ID 19<br>Denominator ID 20                       | Quarterly        | 88 066                | 18 775            | 22 117   | 23 836   | 23 338  |
|                          |                                                                                                 |                                                                                      | 15) Antenatal 1 <sup>st</sup> visit before 20 weeks rate<br>Numerator ID 21<br>Denominator ID 22      | Quarterly        | 137 341               | 34 335            | 34 335   | 34 335   | 34 335  |
|                          |                                                                                                 |                                                                                      |                                                                                                       | Quarterly        | 6.5%                  | 6.5%              | 6.5%     | 6.5%     | 6.5%    |
|                          |                                                                                                 |                                                                                      |                                                                                                       | Quarterly        | 6 185                 | 1 546             | 1 546    | 1 546    | 1 546   |
|                          |                                                                                                 |                                                                                      |                                                                                                       | Quarterly        | 94 858                | 23 715            | 23 715   | 23 715   | 23 715  |
|                          |                                                                                                 |                                                                                      |                                                                                                       | Quarterly        | 61.0%                 | 61.0%             | 61.0%    | 61.0%    | 61.0%   |
|                          |                                                                                                 |                                                                                      |                                                                                                       | Quarterly        | 59 687                | 14 922            | 14 922   | 14 922   | 14 922  |
|                          |                                                                                                 |                                                                                      |                                                                                                       | Quarterly        | 97 851                | 24 462.8          | 24 462.8 | 24 462.8 | 24462.8 |

| Strategic goal statement | Strategic objective: Title | Strategic objective: Statement | Performance indicator                                                       | Reporting period | Annual target                            | Quarterly targets |    |    |                               |
|--------------------------|----------------------------|--------------------------------|-----------------------------------------------------------------------------|------------------|------------------------------------------|-------------------|----|----|-------------------------------|
|                          |                            |                                |                                                                             |                  |                                          | Q1                | Q2 | Q3 | Q4                            |
|                          |                            |                                | 16) Couple year protection rate<br><br>Numerator ID 23<br>Denominator ID 24 | Annual           | 2013/14<br>42.4%<br>624 064<br>1 470 176 |                   |    |    | 42.4%<br>624 064<br>1 470 176 |

## **7. DISEASE PREVENTION AND CONTROL (DPC)**

### **7.1 SITUATION ANALYSIS FOR DISEASE PREVENTION AND CONTROL**

Environmental Health Services (EHS), which relates to disease prevention, are primarily a local government function. The provincial government is responsible for monitoring the delivery of EHS, port health services, hazardous substances and malaria control.

Malaria is not endemic in the Western Cape and the few cases that were identified in the past were due to people who harboured the Plasmodium parasite moving into the Province. It is therefore very difficult to predict the expected case-load and its relevance to Western Cape disease control process is tangential at best. Nevertheless, the Province continues to monitor the incidence of malaria as one of the national priorities.

An Eye Care Plan has been developed to ensure that eye care screening is integrated into the DHS. District eye care services include a high volume cataract surgery site, refraction services, low vision and community-based services. In addition to the Central Hospitals, Eerste River Hospital has been identified as a high volume cataract surgery site.

#### **7.1.1 Burden of disease**

The Department will continue to implement district-based four seasons of promotion/prevention interventions for purposes of:

- Promoting healthy lifestyles.
- Improving quality of care through community participation.
- Strengthening of primary health care services through collaboration with chronic disease management and nutrition Programmes.

**Table 2.22: Data elements for situation analysis indicators in Table 2.23**

| Source                               | Data element                 | Element ID | Province wide value 2011/12 | Cape Town District 2011/12 | Cape Town District 2011/12 | Central Karoo District 2011/12 | Eden District 2011/12 | Overberg District 2011/12 | West Coast District 2011/12 |
|--------------------------------------|------------------------------|------------|-----------------------------|----------------------------|----------------------------|--------------------------------|-----------------------|---------------------------|-----------------------------|
| Notifiable medical conditions system | Deaths from malaria          | 1          | 1                           | -                          | -                          | -                              | -                     | -                         | -                           |
| Notifiable medical conditions system | Malaria cases reported       | 2          | 105                         | 63                         | 21                         | -                              | 10                    | 8                         | 3                           |
| Notifiable medical conditions system | Deaths from cholera          | 3          | 0                           | 0                          | 0                          | 0                              | 0                     | 0                         | 0                           |
| Notifiable medical conditions system | Cholera cases reported       | 4          | 0                           | 0                          | 0                          | 0                              | 0                     | 0                         | 0                           |
| SINJANI                              | Cataract operations reported | 5          | 6 748                       | 5 121                      | 797                        | 54                             | 776                   | -                         | -                           |
| Information Management               | Total population             | 6          | 5 755 607                   | 3 809 735                  | 768 295                    | 60 991                         | 563 573               | 238 086                   | 314 926                     |

**Table 2.23: Situation analysis indicators for disease prevention and control [DCP1]**

| Strategic goal statement             | Strategic objective: Title                                                          | Strategic objective: Statement                                                               | Performance indicator         | Type                              | Province wide value 2011/12 | Cape Town District 2011/12 | Cape Town District 2011/12 | Central Karoo District 2011/12 | Eden District 2011/12 | Overberg District 2011/12 | West Coast District 2011/12 | National Average 2010/11 |
|--------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|-----------------------------|----------------------------|----------------------------|--------------------------------|-----------------------|---------------------------|-----------------------------|--------------------------|
| 1. Address the burden of disease.    | 1.1. Plan for epidemics and disasters.                                              | 1.1.1. Ensure that all districts have plans to deal with outbreaks and epidemics by 2014/15. | 1) Malaria case fatality rate | %                                 | -                           | -                          | -                          | -                              | -                     | -                         | -                           | -                        |
|                                      |                                                                                     |                                                                                              | Numerator ID 1                |                                   | -                           | -                          | -                          | -                              | -                     | -                         | -                           | -                        |
|                                      |                                                                                     |                                                                                              | Denominator ID 2              |                                   | 105                         | 63                         | 21                         | -                              | 10                    | 8                         | 3                           | -                        |
|                                      |                                                                                     |                                                                                              | 2) Cholera fatality rate      | %                                 | -                           | -                          | -                          | -                              | -                     | -                         | -                           | -                        |
|                                      |                                                                                     |                                                                                              | Numerator ID 3                |                                   | -                           | -                          | -                          | -                              | -                     | -                         | -                           | -                        |
|                                      |                                                                                     |                                                                                              | Denominator ID 4              |                                   | -                           | -                          | -                          | -                              | -                     | -                         | -                           | -                        |
| 1.2. Provide for cataract surgeries. | 1.2.1. Increase the number of cataract surgeries to 1 471 per 1 000 000 by 2014/15. | 1.2.1. Increase the number of cataract surgeries to 1 471 per 1 000 000 by 2014/15.          | 3) Cataract surgery rate      | No / million uninsured population | 1 172                       | 13 44.2                    | 1 037.4                    | 885.4                          | 1 376.9               | -                         | -                           | -                        |
|                                      |                                                                                     |                                                                                              | Numerator ID 5                |                                   | 6 748                       | 5 121                      | 797                        | 54                             | 776                   | -                         | -                           | -                        |
|                                      |                                                                                     |                                                                                              | Denominator ID 6/1 000 000    |                                   | 5.8                         | 3.8                        | 0.8                        | 0.1                            | 0.6                   | 0.2                       | 0.3                         | -                        |

7.2 **CHALLENGES**

- 1) Disease outbreaks due to poor environmental conditions.

7.3 **PRIORITIES**

- 1) Institute a mutual governance system between the WCG Health and local authorities to oversee the delivery of quality water and sanitation to areas of greatest need.

## 7.4 STRATEGIC OBJECTIVES, INDICATORS AND TARGETS FOR DISEASE PREVENTION AND CONTROL [DCP2]

Table 2.24: Data elements and related actual and projected performance values for Tables 2.25 – 2.26

| Source                               | Data element                 | Element ID | Audited /Actual performance |           |           |           | Estimate  | Medium term targets |           |         |
|--------------------------------------|------------------------------|------------|-----------------------------|-----------|-----------|-----------|-----------|---------------------|-----------|---------|
|                                      |                              |            | 2009/10                     | 2010/11   | 2011/12   | 2012/13   |           | 2013/14             | 2014/15   | 2015/16 |
| Notifiable medical conditions system | Deaths from malaria          | 1          | 0                           | 0         | 1         | 0         | 0         | 0                   | 0         |         |
| Notifiable medical conditions system | Malaria cases reported       | 2          | 62                          | 72        | 54        | 37        | 40        | 37                  | 37        |         |
| Notifiable medical conditions system | Deaths from cholera          | 3          | 0                           | 0         | 0         | 0         | 0         | 0                   | 0         |         |
| Notifiable medical conditions system | Cholera cases reported       | 4          | 1                           | 0         | 0         | 0         | 0         | 0                   | 0         |         |
| SINJANI                              | Cataract operations reported | 5          | 6 022                       | 6 681     | 6 748     | 6 909     | 8 398     | 9 000               | 9 000     |         |
| Information Management               | Total population             | 6          | 5 321 416                   | 5 634 323 | 5 755 608 | 5 876 887 | 5 998 164 | 6 119 435           | 6 119 435 |         |

Table 2.25: Strategic objectives, indicators and annual targets for disease prevention and control [DCP 3]

| Strategic goal statement             | Strategic objective: Title                                                          | Strategic objective: Statement                                                               | Performance indicator         | Type                              | Strategic objective target | Audited/actual performance |         |         |         | Estimated performance | Medium term targets |         |         | National target |
|--------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|----------------------------|----------------------------|---------|---------|---------|-----------------------|---------------------|---------|---------|-----------------|
|                                      |                                                                                     |                                                                                              |                               |                                   |                            | 2009/10                    | 2010/11 | 2011/12 | 2012/13 |                       | 2013/14             | 2014/15 | 2015/16 |                 |
| 1. Address the burden of disease.    | 1.1. Plan for epidemics and disasters.                                              | 1.1.1. Ensure that all districts have plans to deal with outbreaks and epidemics by 2014/15. | 1) Malaria case fatality rate | %                                 | 0%                         | 0%                         | 0%      | 1.9%    | 0%      | 0%                    | 0%                  | 0%      | 0%      | -               |
|                                      |                                                                                     |                                                                                              | Numerator ID 1                |                                   | 0                          | 0                          | 0       | 1       | 0       | 0                     | 0                   | 0       | 0       | -               |
|                                      |                                                                                     |                                                                                              | Denominator ID 2              |                                   | 37                         | 62                         | 72      | 54      | 37      | 40                    | 37                  | 37      | 37      | -               |
| 1.2. Provide for cataract surgeries. | 1.2.1. Increase the number of cataract surgeries to 1 471 per 1 000 000 by 2014/15. | 3) Cataract surgery rate                                                                     | Cholera fatality rate         | %                                 | -                          | 0%                         | 0%      | 0%      | 0%      | 0%                    | 0%                  | 0%      | 0%      | -               |
|                                      |                                                                                     |                                                                                              | Numerator ID 3                |                                   | -                          | 0                          | 0       | 0       | 0       | 0                     | 0                   | 0       | 0       | -               |
|                                      |                                                                                     |                                                                                              | Denominator ID 4              |                                   | -                          | 1                          | 0       | 0       | 0       | 0                     | 0                   | 0       | 0       | -               |
| 1.2. Provide for cataract surgeries. | 1.2.1. Increase the number of cataract surgeries to 1 471 per 1 000 000 by 2014/15. | 3) Cataract surgery rate                                                                     | Cataract surgery rate         | No / million uninsured population | 1 471                      | 1 132                      | 1 186   | 1 172   | 1 176   | 1 400                 | 1 471               | 1 471   | 1 471   | -               |
|                                      |                                                                                     |                                                                                              | Numerator ID 5                |                                   | 9 000                      | 6 022                      | 6 681   | 6 748   | 6 909   | 8 398                 | 9 000               | 9 000   | 9 000   | -               |
|                                      |                                                                                     |                                                                                              | Denominator ID 6/ 1 000 000   |                                   | 6.12                       | 5.32                       | 5.63    | 5.76    | 5.88    | 6.00                  | 6.12                | 6.12    | 6.12    | -               |

## 7.5 QUARTERLY TARGETS FOR DISEASE PREVENTION AND CONTROL

Table 2.26: Quarterly targets for disease prevention and control for 2013/14 [DCP4]

| Strategic goal statement          | Strategic objective: Title             | Strategic objective: Statement                                                               | Performance indicator                          | Reporting period | Annual target<br>2013/14 | Quarterly targets |    |    |       |
|-----------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------|------------------|--------------------------|-------------------|----|----|-------|
|                                   |                                        |                                                                                              |                                                |                  |                          | Q1                | Q2 | Q3 | Q4    |
| 1. Address the burden of disease. | 1.1. Plan for epidemics and disasters. | 1.1.1. Ensure that all districts have plans to deal with outbreaks and epidemics by 2014/15. | 1) Malaria fatality rate (annual)              | Annual           | 0%                       | -                 | -  | -  | 0.0%  |
|                                   |                                        |                                                                                              | Numerator ID 2<br>Denominator ID 1             |                  | 0                        | -                 | -  | -  | 40.00 |
|                                   | 2) Cholera fatality rate (annual)      | Annual                                                                                       | -                                              | -                | -                        | -                 | -  | -  |       |
|                                   |                                        |                                                                                              | Numerator ID 4<br>Denominator ID 3             |                  | -                        | -                 | -  | -  | 50.00 |
|                                   | 1.2. Provide for cataract surgeries.   | 1.2.1. Increase the number of cataract surgeries to 1 471 per 1 000 000 by 2014/15.          | 3) Cataract surgery rate (annual)              | Annual           | 1 400                    | -                 | -  | -  | 1 400 |
|                                   |                                        |                                                                                              | Numerator ID 5<br>Denominator ID 6 / 1 000 000 |                  | 8 398                    | -                 | -  | -  | 8 398 |
|                                   |                                        |                                                                                              |                                                |                  | 6.00                     | -                 | -  | -  | 6     |

## 8. RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND THE MTEF

**Table 2.27: Summary of payments and estimates – Programme 2: District Health Services**

| Sub-programme<br>R'000                     | Outcome            |                    |                    | Main<br>appro-<br>pria-<br>tion<br>2012/13 | Adjusted<br>appro-<br>pria-<br>tion<br>2012/13 | Revised<br>estimate<br>2012/13 | Medium-term estimate                 |             |                  |                  |
|--------------------------------------------|--------------------|--------------------|--------------------|--------------------------------------------|------------------------------------------------|--------------------------------|--------------------------------------|-------------|------------------|------------------|
|                                            | Audited<br>2009/10 | Audited<br>2010/11 | Audited<br>2011/12 |                                            |                                                |                                | % Change<br>from Revised<br>estimate |             |                  |                  |
|                                            |                    |                    |                    |                                            |                                                |                                | 2013/14                              | 2012/13     | 2014/15          | 2015/16          |
| 1. District Mangement <sup>b,c</sup>       | 212 080            | 238 329            | 252 402            | 263 372                                    | 263 034                                        | 265 388                        | <b>296 900</b>                       | 11.87       | 317 186          | 335 769          |
| 2. Community Health Clinics <sup>b,c</sup> | 760 215            | 891 434            | 952 880            | 1 041 401                                  | 1 060 727                                      | 1 061 456                      | <b>945 994</b>                       | (10.88)     | 1 000 762        | 1 049 545        |
| 3. Community Health Centres <sup>b</sup>   | 813 712            | 935 306            | 1 057 458          | 1 127 754                                  | 1 133 585                                      | 1 122 830                      | <b>1 380 428</b>                     | 22.94       | 1 514 532        | 1 595 193        |
| 4. Community Based Services <sup>b</sup>   | 119 334            | 128 499            | 146 955            | 157 842                                    | 158 812                                        | 160 440                        | <b>165 532</b>                       | 3.17        | 173 409          | 180 678          |
| 5. Other Community Services                |                    |                    |                    | 1                                          | 1                                              | 1                              | <b>1</b>                             |             | 1                | 1                |
| 6. HIV and Aids <sup>a</sup>               | 383 531            | 554 971            | 660 578            | 738 080                                    | 738 080                                        | 738 080                        | <b>927 547</b>                       | 25.67       | 1 083 286        | 1 228 095        |
| 7. Nutrition                               | 18 885             | 19 854             | 23 807             | 26 920                                     | 26 920                                         | 30 645                         | <b>32 376</b>                        | 5.65        | 33 881           | 35 273           |
| 8. Coroner Services                        |                    |                    |                    | 1                                          | 1                                              | 1                              | <b>1</b>                             |             | 1                | 1                |
| 9. District Hospitals <sup>b</sup>         | 1 312 167          | 1 506 969          | 1 673 529          | 1 939 715                                  | 1 970 290                                      | 1 996 300                      | <b>2 097 153</b>                     | 5.05        | 2 238 303        | 2 365 765        |
| 10. Global Fund                            | 102 606            | 92 018             | 108 347            | 203 009                                    | 181 979                                        | 174 136                        | <b>190 863</b>                       | 9.61        | 142 914          | 106 041          |
| <b>Total payments and estimates</b>        | <b>3 722 530</b>   | <b>4 367 380</b>   | <b>4 875 956</b>   | <b>5 498 095</b>                           | <b>5 533 429</b>                               | <b>5 549 277</b>               | <b>6 036 795</b>                     | <b>8.79</b> | <b>6 504 275</b> | <b>6 896 361</b> |

<sup>a</sup> 2013/14: National Conditional grant: Comprehensive HIV and Aids: R927 547 000 (Compensation of employees R379 966 000; Goods and services R329 526 000, Transfers and subsidies R214 285 000 and Payments for capital assets R3 770 000).

<sup>b</sup> 2013/14: National Conditional grant: Health Professions Training and Development: R70 204 000 (Compensation of employees R49 984 000; Goods and services R20 220 000).

<sup>c</sup> 2013/14: National Conditional grant: National Health Insurance Grant - R4 850 000 (Compensation of employees R3 620 000; Goods and services R1 230 000).

Note: A contributing factor to the increase of funding in this programme is the allocation of Victoria Hospital from Sub-programme 4.1 to Sub-programme 2.9 with effect of 1 April 2009.

Note: The Forensic Services previously in Sub-programme 2.8 has been transferred to Sub-programme 7.3 with effect of 1 April 2009.

Note: Due to the reclassification of services rendered some Sub-programme 2.2: Community Health Clinics moved to Sub-programme 2.3: Community Health Centres.



**Table 2.28: Payments and estimates by economic classification – Programme 2:  
District Health Services**

| Economic classification<br>R'000                                                          | Outcome   |           |           | Main<br>appro-<br>pria-<br>tion<br>2012/13 | Adjusted<br>appro-<br>pria-<br>tion<br>2012/13 | Revised<br>estimate<br>2012/13 | Medium-term estimate                 |          |           |           |
|-------------------------------------------------------------------------------------------|-----------|-----------|-----------|--------------------------------------------|------------------------------------------------|--------------------------------|--------------------------------------|----------|-----------|-----------|
|                                                                                           | Audited   | Audited   | Audited   |                                            |                                                |                                | % Change<br>from Revised<br>estimate |          |           |           |
|                                                                                           | 2009/10   | 2010/11   | 2011/12   |                                            |                                                |                                | 2013/14                              | 2012/13  | 2014/15   | 2015/16   |
| <b>Current payments</b>                                                                   | 3 235 936 | 3 831 320 | 4 288 462 | 4 830 629                                  | 4 862 928                                      | 4 871 196                      | <b>5 327 244</b>                     | 9.36     | 5 782 216 | 6 148 844 |
| Compensation of employees                                                                 | 2 005 421 | 2 354 906 | 2 685 224 | 3 041 900                                  | 3 069 319                                      | 3 012 689                      | <b>3 373 844</b>                     | 11.99    | 3 689 323 | 3 957 996 |
| Salaries and wages                                                                        | 1 775 659 | 2 088 287 | 2 376 546 | 2 683 118                                  | 2 709 472                                      | 2 664 172                      | <b>2 973 599</b>                     | 11.61    | 3 251 453 | 3 488 180 |
| Social contributions                                                                      | 229 762   | 266 619   | 308 678   | 358 782                                    | 359 847                                        | 348 517                        | <b>400 245</b>                       | 14.84    | 437 870   | 469 816   |
| Goods and services                                                                        | 1 230 200 | 1 476 398 | 1 603 219 | 1 788 729                                  | 1 793 609                                      | 1 858 507                      | <b>1 953 400</b>                     | 5.11     | 2 092 893 | 2 190 848 |
| <i>of which</i>                                                                           |           |           |           |                                            |                                                |                                |                                      |          |           |           |
| Administrative fees                                                                       | 2         | 12        | 23        | 22                                         | 22                                             | 29                             | <b>32</b>                            | 10.34    | 32        | 32        |
| Advertising                                                                               | 578       | 1 647     | 5 216     | 1 866                                      | 1 866                                          | 1 908                          | <b>3 358</b>                         | 76.00    | 5 582     | 5 960     |
| Assets <R5 000                                                                            | 9 716     | 14 265    | 15 205    | 16 288                                     | 21 704                                         | 20 202                         | <b>21 908</b>                        | 8.44     | 22 842    | 23 735    |
| Audit cost: External                                                                      | 565       | 692       | 42        | 603                                        | 1 175                                          | 1 175                          | <b>523</b>                           | (55.49)  | 550       | 577       |
| Catering: Departmental activities                                                         | 1 342     | 1 788     | 2 598     | 2 585                                      | 2 610                                          | 2 500                          | <b>2 803</b>                         | 12.12    | 2 930     | 3 063     |
| Communication                                                                             | 20 910    | 23 873    | 23 180    | 24 900                                     | 24 900                                         | 27 592                         | <b>28 864</b>                        | 4.61     | 30 031    | 31 098    |
| Computer services                                                                         | 4 263     | 6 088     | 4 288     | 4 352                                      | 4 352                                          | 5 251                          | <b>5 432</b>                         | 3.45     | 6 654     | 6 886     |
| Cons/prof: Business and advisory services                                                 | 3 520     | 1 886     | 7 916     | 15 676                                     | 26 105                                         | 23 892                         | <b>15 238</b>                        | (36.22)  | 16 620    | 17 212    |
| Cons/prof: Infrastructure & planning                                                      | 6         |           | 6         |                                            |                                                |                                |                                      |          |           |           |
| Cons/prof: Laboratory services                                                            | 187 705   | 193 419   | 214 450   | 204 792                                    | 204 900                                        | 238 218                        | <b>295 899</b>                       | 24.21    | 325 969   | 347 306   |
| Cons/prof: Legal costs                                                                    | 11        | 9         | 37        | 1                                          | 1                                              | 1                              |                                      | (100.00) |           |           |
| Contractors                                                                               | 25 095    | 27 434    | 29 882    | 32 617                                     | 35 007                                         | 34 940                         | <b>31 592</b>                        | (9.58)   | 34 983    | 36 523    |
| Agency and support/ outsourced services                                                   | 137 533   | 150 998   | 175 144   | 171 328                                    | 189 947                                        | 220 907                        | <b>184 330</b>                       | (16.56)  | 191 683   | 198 461   |
| Entertainment                                                                             | 30        | 65        | 46        | 63                                         | 74                                             | 81                             | <b>76</b>                            | (6.17)   | 79        | 84        |
| Inventory: Food and food supplies                                                         | 33 677    | 40 936    | 45 450    | 43 508                                     | 43 508                                         | 45 124                         | <b>47 301</b>                        | 4.82     | 54 437    | 58 836    |
| Inventory: Fuel, oil and gas                                                              | 10 857    | 13 612    | 11 521    | 15 000                                     | 15 200                                         | 15 894                         | <b>16 752</b>                        | 5.40     | 17 426    | 18 042    |
| Inventory: Materials and supplies                                                         | 3 304     | 4 302     | 4 342     | 4 451                                      | 4 451                                          | 4 883                          | <b>5 123</b>                         | 4.92     | 5 332     | 5 518     |
| Inventory: Medical supplies                                                               | 147 614   | 186 505   | 232 375   | 288 221                                    | 274 637                                        | 252 996                        | <b>301 744</b>                       | 19.27    | 327 322   | 352 088   |
| Inventory: Medicine                                                                       | 456 576   | 570 482   | 547 836   | 666 415                                    | 643 712                                        | 628 346                        | <b>635 432</b>                       | 1.13     | 670 423   | 687 289   |
| Inventory: Other consumables                                                              | 30 163    | 37 832    | 38 056    | 36 579                                     | 36 691                                         | 47 940                         | <b>50 018</b>                        | 4.33     | 52 031    | 53 890    |
| Inventory: Stationery and printing                                                        | 17 931    | 25 249    | 29 073    | 31 834                                     | 32 049                                         | 32 363                         | <b>34 819</b>                        | 7.59     | 36 325    | 37 756    |
| Lease payments                                                                            | 5 225     | 8 304     | 25 613    | 25 904                                     | 25 786                                         | 13 321                         | <b>10 704</b>                        | (19.65)  | 11 128    | 11 518    |
| Rental and hiring                                                                         |           |           | 96        | 13                                         | 13                                             | 300                            | <b>1 698</b>                         | 466.00   | 1 809     | 1 925     |
| Property payments                                                                         | 80 894    | 104 408   | 131 658   | 138 486                                    | 139 714                                        | 163 133                        | <b>172 828</b>                       | 5.94     | 186 007   | 196 627   |
| Transport provided: Departmental activity                                                 | 782       | 701       | 593       | 917                                        | 767                                            | 792                            | <b>1 033</b>                         | 30.43    | 1 081     | 1 127     |
| Travel and subsistence                                                                    | 40 305    | 48 047    | 39 240    | 40 803                                     | 43 248                                         | 57 942                         | <b>65 410</b>                        | 12.89    | 69 114    | 71 714    |
| Training and development                                                                  | 7 514     | 7 956     | 12 346    | 13 644                                     | 13 359                                         | 12 427                         | <b>13 397</b>                        | 7.81     | 15 085    | 15 849    |
| Operating expenditure                                                                     | 3 033     | 3 934     | 5 062     | 5 337                                      | 5 337                                          | 5 206                          | <b>5 544</b>                         | 6.49     | 5 779     | 5 994     |
| Venues and facilities                                                                     | 1 049     | 1 954     | 1 925     | 2 524                                      | 2 474                                          | 1 144                          | <b>1 542</b>                         | 34.79    | 1 639     | 1 738     |
| Interest and rent on land                                                                 | 315       | 16        | 19        |                                            |                                                |                                |                                      |          |           |           |
| Interest                                                                                  | 315       | 16        | 19        |                                            |                                                |                                |                                      |          |           |           |
| <b>Transfers and subsidies to</b>                                                         | 404 255   | 471 233   | 541 052   | 605 547                                    | 604 464                                        | 610 822                        | <b>650 176</b>                       | 6.44     | 684 170   | 708 107   |
| Provinces and municipalities                                                              | 228 424   | 263 107   | 302 280   | 340 354                                    | 334 382                                        | 334 382                        | <b>352 791</b>                       | 5.51     | 368 174   | 377 744   |
| Municipalities                                                                            | 228 424   | 263 107   | 302 280   | 340 354                                    | 334 382                                        | 334 382                        | <b>352 791</b>                       | 5.51     | 368 174   | 377 744   |
| Municipalities                                                                            | 228 424   | 263 107   | 302 280   | 340 354                                    | 334 382                                        | 334 382                        | <b>352 791</b>                       | 5.51     | 368 174   | 377 744   |
| Departmental agencies and accounts                                                        |           |           |           |                                            |                                                | 51                             | <b>53</b>                            | 3.92     | 56        | 57        |
| Entities receiving transfers                                                              |           |           |           |                                            |                                                | 51                             | <b>53</b>                            | 3.92     | 56        | 57        |
| Other                                                                                     |           |           |           |                                            |                                                | 51                             | <b>53</b>                            | 3.92     | 56        | 57        |
| Non-profit institutions                                                                   | 170 521   | 200 252   | 233 291   | 261 296                                    | 266 185                                        | 267 912                        | <b>287 553</b>                       | 7.33     | 305 758   | 319 769   |
| Households                                                                                | 5 310     | 7 874     | 5 481     | 3 897                                      | 3 897                                          | 8 477                          | <b>9 779</b>                         | 15.36    | 10 182    | 10 537    |
| Social benefits                                                                           | 5 310     | 7 814     | 5 389     | 3 897                                      | 3 897                                          | 8 271                          | <b>9 427</b>                         | 13.98    | 9 815     | 10 158    |
| Other transfers to households                                                             |           | 60        | 92        |                                            |                                                | 206                            | <b>352</b>                           | 70.87    | 367       | 379       |
| <b>Payments for capital assets</b>                                                        | 81 570    | 60 377    | 45 468    | 61 919                                     | 66 037                                         | 66 659                         | <b>59 375</b>                        | (10.93)  | 37 889    | 39 410    |
| Buildings and other fixed structures                                                      | 40 314    | 6 482     | 2 479     | 7 675                                      | 13 061                                         | 13 162                         | <b>23 999</b>                        | 82.34    |           |           |
| Buildings                                                                                 | 40 314    | 6 482     | 2 479     | 7 675                                      | 13 061                                         | 13 162                         | <b>23 999</b>                        | 82.34    |           |           |
| Machinery and equipment                                                                   | 41 037    | 53 895    | 42 989    | 54 244                                     | 52 786                                         | 53 307                         | <b>35 358</b>                        | (33.67)  | 37 870    | 39 391    |
| Transport equipment                                                                       | 6 539     | 9 675     | 4 624     | 3 890                                      | 1 360                                          | 1 240                          | <b>6 975</b>                         | 462.50   | 7 254     | 7 514     |
| Other machinery and equipment                                                             | 34 498    | 44 220    | 38 365    | 50 354                                     | 51 426                                         | 52 067                         | <b>28 383</b>                        | (45.49)  | 30 616    | 31 877    |
| Software and other intangible assets                                                      | 219       |           |           |                                            | 190                                            | 190                            | <b>18</b>                            | (90.53)  | 19        | 19        |
| <i>Of which: "Capitalised Goods and services" included in Payments for capital assets</i> | 43 754    | 6 074     | 2 623     |                                            |                                                |                                |                                      |          |           |           |
| <b>Payments for financial assets</b>                                                      | 769       | 4 450     | 974       |                                            |                                                | 600                            |                                      | (100.00) |           |           |
| <b>Total economic classification</b>                                                      | 3 722 530 | 4 367 380 | 4 875 956 | 5 498 095                                  | 5 533 429                                      | 5 549 277                      | <b>6 036 795</b>                     | 8.79     | 6 504 275 | 6 896 361 |

## 8.1 PERFORMANCE AND EXPENDITURE TRENDS

Programme 2 is allocated 38.04 per cent of the vote in 2013/14 in comparison to the 37.57 per cent allocated in the revised estimate of the 2012/13 budget. This amounts to a nominal increase of R487.518 million or 8.79 per cent.

R4.850 million has been allocated to Programme 2 in respect of the National Health Insurance Grant in 2013/14, and R7.000 million in 2014/15 and R7.396 million in 2015/16.

Sub-programmes 2.1 – 2.5, Primary Health Care Services, is allocated 46.20 per cent of the Programme 2 allocation in 2013/14 in comparison to the 47.04 per cent that was allocated in the revised estimate of the 2012/13 budget. This amounts to a nominal increase of R178.740 million or 6.85 per cent.

Sub-programme 2.6: HIV and Aids is allocated 15.36 per cent of the Programme 2 allocation in 2013/14 in comparison to the 13.30 per cent allocated in the revised estimate of the 2012/13 budget. This amounts to a nominal increase of R189.467 million or 25.67 per cent.

Sub-programme 2.9: District hospitals are allocated 34.74 per cent of the Programme 2 allocation in 2013/14, in comparison to the 35.97 per cent allocated in the revised estimate of the 2012/13 budget. This amounts to a nominal increase of 5.05 per cent or R100.853 million.

Sub-programme 2.10: Global fund are allocated 3.16 per cent of the Programme 2 allocation in 2013/14, in comparison to the 3.14 per cent allocated in the revised estimate of the 2012/13 budget. This amounts to a nominal increase of 9.61 per cent or R16.727 million.

The new Khayelitsha Hospital has been largely funded through reprioritization of existing services as well as the shift of services from existing facilities to the new hospital.

R4.85 million of the National Health Insurance Grant is allocated to Programme 2.

The Global Fund's Rolling Continuation Channel (RCC -I) funding will enable the Department to strengthen Grant Programme Management; expand ART infrastructure and ART services, strengthen the PMTCT system; Peer Education and Palliative Care services from 1 July 2010 to 30 June 2013 extended to 30 September 2013. The RCC - II will follow directly after this initial period to cover the subsequent two and a half years of Grant programme funding excluding peer education, which will be taken over by Western Cape Education Department in its entirety.

Nutrition is located within the budget Sub-programme 2.7.

No dedicated budgets exist for maternal, child and women's health (MCWH) at provincial level except for the new vaccines, pneumococcal and rotavirus. Funding for other MCWH activities are integrated within the district budgets.

## 8.2 RISK MANAGEMENT

Risks facing the District Health Services division have previously been listed under each Sub-programme. It has been decided to consolidate the Programme risks into a single table in order to make it easier to identify, and prioritise, the risks facing the Department as a whole. The consolidated table appears below:

| Risks                                                                                                                                                                                                            | Three components for risk statement                                                                                                                                                                                                                                                                                                                                                                                       | Measures to mitigate impact                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Inability to fully commission Mitchell's Plain Hospital due to insufficient available funding limiting the establishment of acute hospital beds.                                                              | <p>Risk:</p> <ul style="list-style-type: none"> <li>Inability to fully commission Mitchell's Plain Hospital</li> </ul> <p>Root cause:</p> <ul style="list-style-type: none"> <li>Insufficient funding for health service need</li> <li>No alternate sources of funding</li> </ul> <p>Impact:</p> <ul style="list-style-type: none"> <li>Establishment of 2705 acute District hospital beds by 2014/15 unlikely</li> </ul> | 1.1. The operational costs for Mitchell's Plain Hospital will be addressed through internal reprioritisation of funds.                                                         |
| 2. Fragmented and duplicated PPHC services in the Cape Metro District due to shared responsibility of local and provincial authorities resulting in wasteful expenditure and unsatisfactory patient experiences. | <p>Risk:</p> <ul style="list-style-type: none"> <li>Fragmented and duplicated PPHC service in City of Cape Town Metro District</li> </ul> <p>Root cause:</p> <ul style="list-style-type: none"> <li>local and provincial government have dual authority for this service</li> </ul> <p>Impact:</p> <ul style="list-style-type: none"> <li>Wasteful expenditure and unsatisfactory patient experience</li> </ul>           | 2.1. Political decision and additional funding are being sought to provincialize the PPHC services in City of Cape Town Metro.                                                 |
| 3. Low immunisation coverage in some sub-districts due to inconsistent supply and distribution of vaccines negatively impacting the department's ability to reduce child mortality to 30 per 1000 lives by 2015. | <p>Risk:</p> <ul style="list-style-type: none"> <li>Low immunisation coverage in some sub-districts</li> </ul> <p>Root cause:</p> <ul style="list-style-type: none"> <li>Inconsistent supply and distribution of vaccines</li> </ul> <p>Impact:</p> <ul style="list-style-type: none"> <li>Unable to reduce child mortality to 30/1000 lives by 2015</li> </ul>                                                           | <p>3.1. Review the service level agreement with BIOVAC as a service provider.</p> <p>3.2. Monitor contract management with BIOVAC.</p>                                         |
| 4. NPO non-compliance with financial targets due to contract management principles not being implemented leading to over-expenditure of PHC budget.                                                              | <p>Risk:</p> <ul style="list-style-type: none"> <li>Non-compliance of NPOs with financial targets</li> </ul> <p>Root cause:</p> <ul style="list-style-type: none"> <li>Contract management principles not implemented</li> </ul> <p>Impact:</p> <ul style="list-style-type: none"> <li>NPO expenditure in excess of targeted PHC expenditure per uninsured person.</li> </ul>                                             | 4.1. Amend Finance Instruction G54 of 2009 to enhance and enforce better financial management, and implement contract management principles to ensure that NPOs are compliant. |

## **PROGRAMME 3: EMERGENCY MEDICAL SERVICES**

### **1. PROGRAMME PURPOSE**

The rendering of pre-hospital emergency medical services including inter-hospital transfers, and planned patient transport.

The clinical governance and co-ordination of emergency medicine within the Provincial Health Department.

### **2. PROGRAMME STRUCTURE**

#### **2.1 SUB-PROGRAMME 3.1: EMERGENCY MEDICAL SERVICES**

Rendering emergency medical services including ambulance services, special operations, communications and air ambulance services.

Emergency medicine is reflected as a separate objective within Sub-programme 3.1: Emergency Medical Services.

#### **2.2 SUB-PROGRAMME 3.2: PLANNED PATIENT TRANSPORT (PPT) - HEALTHNET**

Rendering 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).

### **3. SITUATIONAL ANALYSIS**

There have been no changes to the budget programme structure since the publication of the Strategic Plan 2010 – 2014.

Emergency Medical Services in the Western Cape is managed transversally across the Province as a single institution with its own financial and human resource administration and with services delivered through the three arms of EMS operations, EMS support services and emergency medicine.

#### **3.1 EMERGENCY MEDICAL SERVICES: OPERATIONS**

Emergency Medical Services Operations delivers ambulance, rescue and patient transport services from fifty two stations in five rural district EMS services and four Cape Town divisional EMS services with a fleet of 250 ambulances, 1 610 operational personnel and 127 supervisors (officers). Fifty three per cent (858) of the operational personnel are trained in Basic Life Support (BLS), thirty eight per cent (618) in Intermediate Life Support (ILS) and eight per cent (133) in Advanced Life Support (ALS).

The service performed an estimated 499 743 ambulance missions in 2012/13 transporting and estimated 454 850 patients with an urban priority 1 response performance of 66.0 per cent within 15 minutes and rural priority 1 response performance of 87.3% per cent within 40 minutes. The number of missions is higher than the number of patients transported due to

hoax calls, transport refusals and double capturing of incidents largely due to multiple calls from the public.

EMS patient transport or HealthNET performs outpatient department (OPD) non-emergency transfers between levels of care within districts and across districts to regional and tertiary hospitals. An average of 7 775 patients were transported per month. HealthNET has installed a booking system progressively within health institutions and with the assistance of the Centre for e-Innovation (Ce-I) is developing a reporting tool to deliver accurate patient transport data.

HealthNET has eighty six patient transporters which are variously configured with either thirteen or twenty two seats, or two stretchers and two seats, or one stretcher and six seats or two wheel chairs and four seats, in order to ensure that any category of outpatient can be accommodated. HealthNET is staffed by 140 personnel at a minimum qualification level of basic ambulance assistant and post level of emergency care officer. HealthNET is used as an entry portal for personnel into the ambulance services.

### 3.2 **EMERGENCY MEDICAL SERVICES: SUPPORT SERVICES**

Emergency Medical Services Support Services includes:

- The Air Mercy Service (AMS), which provides for the transfer of acutely ill or injured patients to referral hospitals. This service performed 1 400 missions in 2012/13, transporting 1 476 patients (excluding rescue) to secondary and tertiary care facilities. The rotor wing programme transported 300 patients through the Cape Town operation and 240 patients via the Oudtshoorn operation. Eighty eight rescue missions resulted in 60 patients being rescued from the wilderness areas or the sea with a combined flight time of 102.6 hours. The AMS travelled 321 215 kilometres by fixed-wing and flew 1 044 hours by helicopter. The service makes an essential contribution to maintaining rural response times, as not only does it ensure equitable access for critically ill patients to higher levels of care in specialist hospitals, but it frees up rural ambulances to remain in their area which is particularly important in small towns with only one ambulance.
- The Fleet Management Services, which ensures the provision of an operational vehicle fleet in co-operation with Government Motor Transport (GMT), with whom EMS has an excellent working relationship. EMS achieved a vehicle availability of greater than 92 per cent of the total fleet per shift. EMS lost three vehicles to accidents in 2012 and has an aggressive approach to the prevention of accidents. Every accident involving an EMS vehicle is rigorously investigated and negligent staff is dismissed from the service. Speeding transgressions automatically result in disciplinary action. The cost of vehicles losses was R1 400 000.

The EMS fleet will be reviewed with respect to efficiency with a focus on vehicle type specific to deployment and close examination of utilisation and trip optimisation.

- The Information Communication Technology (ICT) Services provides contact centre access to public patients and the communication systems necessary to communicate with mobile and fixed EMS resources and deliver management information on service performance. The 2011/12 cycle presented a total of 595 713 calls to the Tygerberg Emergency Control Centre (ECC) which is a decrease from the 674 576 calls presented in 2010/11. This, combined with a decrease in the abandonment rate (2.1%), illustrates

the measure of performance improvement and efficiency gains achieved in the field of emergency communications. This was achieved with an average handling time of only 95 seconds, which is within the 120 second target.

Dispatch times have also improved considerably with the Tygerberg ECC achieving above 74.7 per cent of its priority 1 incidents dispatched within five minutes with an average dispatch time of 3.5 minutes.

The implementation of Bid 800 2010 and a new computer aided dispatch system will replace existing ICT infrastructure in 2013 with improved efficiency in performance expected by 2014/15.

- The Special Event Services provides medical cover to 752 community events every year, most notably the Argus Cycle Tour and the Two Oceans Marathon.
- The Facility Management Services, which co-ordinates the delivery and maintenance of EMS building infrastructure throughout the Province. Of the 52 EMS facilities, 73 per cent are purpose built and steady progress is being made in providing eighteen new stations. In addition, EMS has identified a further eight towns as key sites for the establishment of local EMS stations to provide improved access to rural communities within response time targets, i.e. Albertinia, Botrivier, Darling, Great Brak, Kleinmond, Saldanha, Sedgfield, Velddrif and Wellington.

### 3.3 EMERGENCY MEDICINE

Emergency medicine provides for the clinical governance and co-ordination of emergency medicine within emergency centres and EMS across the Province. Emergency medicine also supports the under-graduate and post-graduate training in emergency medicine at the Universities of Cape Town and Stellenbosch and provides initial and continuous emergency care training for EMS personnel.

The emergency medicine division of EMS has the principle functions of education and training of under-graduates and post-graduates in emergency medicine; the co-ordination of emergency medicine through the development of emergency centre patients records; consulting on design and commissioning of emergency centres; emergency care pathways, emergency triage systems and disaster medicine including mass event medical planning and services (e.g. hospital disaster planning and Argus Cycle Tour).

Emergency medicine provides a quality management structure for EMS which monitors patient incidents, investigates adverse patient events and makes recommendations to improve the quality of care and the patient experience through changes to clinical and operational procedures.

Twenty one hospital emergency plans have been audited by the Disaster Medicine unit and 864 personnel have been trained in Hospital and Pre-hospital Major Incident Medical Management and Support courses.

Table 3.1: Data elements for situation analysis indicators in Tables 3.2

| Source                 | Data element                                                                                                                                            | Element ID | Province wide value 2011/12 | Cape Town District 2011/12 | Cape Winelands District 2011/12 | Central Karoo District 2011/12 | Eden District 2011/12  | Overberg District 2011/12 | West Coast District 2011/12 |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------|----------------------------|---------------------------------|--------------------------------|------------------------|---------------------------|-----------------------------|
| Efficiency report      | Rostered ambulances: Calculation- Total ambulance personnel hours worked for the reporting period (365 x 2 X 24) hours per day for the reporting period | 1          | 142                         | 62                         | 21                              | 8                              | 20                     | 16                        | 15                          |
| Efficiency report      | EMS operational ambulances:                                                                                                                             | 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      |
| Information Management | Total population                                                                                                                                        | 2          | 5 755 607                   | 3 809 735                  | 768 295                         | 60 991                         | 563 573                | 238 086                   | 314 926                     |
| Efficiency report      | Patients transported by ambulance                                                                                                                       | 3          | 471 652                     | 254 261                    | 60 509                          | 11 543                         | 87 312                 | 28 165                    | 29 862                      |
| Efficiency report      | EMS P1 urban response under 15 minutes rate                                                                                                             | 4          | 76 129                      | 50 249                     | 7 922                           | 2 281                          | 5 293                  | 4 624                     | 5 760                       |
| Efficiency report      | EMS P1 urban calls                                                                                                                                      | 5          | 109 332                     | 75 604                     | 11 045                          | 2 667                          | 7 176                  | 6 036                     | 6 804                       |
| Efficiency report      | EMS P1 rural response under 40 minutes rate                                                                                                             | 6          | 14 419                      | 2 212                      | 5 601                           | 540                            | 2 205                  | 1 638                     | 2 223                       |
| Efficiency report      | EMS P1 rural calls                                                                                                                                      | 7          | 16 357                      | 2 339                      | 6 379                           | 902                            | 2 535                  | 1 803                     | 2 399                       |
| Efficiency report      | EMS all calls response under 60 minutes                                                                                                                 | 8          | 401 046                     | 212 744                    | 65 291                          | 11 206                         | 62 488                 | 24 006                    | 25 311                      |
| Efficiency report      | EMS all P1 call responses under 60 minutes                                                                                                              | 13         | 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      |
| Efficiency report      | EMS P1 calls total                                                                                                                                      | 14         | 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      |
| Efficiency report      | EMS all calls total                                                                                                                                     | 9          | 520 131                     | 300 321                    | 73 706                          | 13 288                         | 66 881                 | 28 577                    | 37 358                      |
| Efficiency report      | Hospital patients transferred to a higher level of care                                                                                                 | 10         | 128 419                     | 114 619                    | 5 522                           | 842                            | 2 837                  | 1 713                     | 2 886                       |
| SINJANI                | Emergency headcount at district, regional and central hospitals                                                                                         | 11         | 624 657                     | 389 091                    | 95 986                          | 6 995                          | 85 209                 | 28 069                    | 19 307                      |

**Notes:**

Element ID 11: The actual figure for 2011/12 was updated according to the new definition for this indicator.

Element ID 12, 13 and 14: Previously the emergency headcounts at district and regional hospitals only were included. As per the new definition, emergency headcounts at central hospitals are now also included.

Element ID 12, 13 and 14: New data elements from 2013/14 to align with the new National Indicator Dataset from 2013/14.

**Table 3.2: Situation analysis indicators for EMS and patient transport [EMS1]**

| Strategic goal statement                                                                                                                                  | Strategic objective: Title                                                                                                                                                                                                                  | Strategic objective: Statement                                                                                                                                                     | Performance indicator                          | Type    | Province wide value 2011/12 | Cape Town District 2011/12 | Cape Winelands District 2011/12 | Central Karoo District 2011/12 | Eden District 2011/12  | Overberg District 2011/12 | West Coast District 2011/12 | National Average 2011/12 |                        |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------|-----------------------------|----------------------------|---------------------------------|--------------------------------|------------------------|---------------------------|-----------------------------|--------------------------|------------------------|------------------------|
| 1. Address the Burden of Disease.                                                                                                                         | 1.1 Fully implement the Comprehensive Service Plan (CSP) model for EMS by 2014.                                                                                                                                                             | 1.1.1 Deploying the EMS resources (542 vehicles, 54 bases and 2366 personnel) necessary to the specified service levels of 176 rostered ambulances per hour in the CSP by 2014/15. | 1) Rostered ambulances per 10 000 people       | No      | 0.25                        | 0.163                      | 0.273                           | 1.312                          | 0.355                  | 0.672                     | 0.476                       |                          |                        |                        |
|                                                                                                                                                           |                                                                                                                                                                                                                                             |                                                                                                                                                                                    | Numerator ID 1                                 |         | 142                         | 62                         | 21                              | 8                              | 20                     | 16                        | 15                          |                          |                        |                        |
|                                                                                                                                                           |                                                                                                                                                                                                                                             |                                                                                                                                                                                    | Denominator ID 2 / 10000                       |         | 576                         | 381                        | 77                              | 6                              | 56                     | 24                        | 31                          |                          |                        |                        |
|                                                                                                                                                           |                                                                                                                                                                                                                                             |                                                                                                                                                                                    | 2) EMS Operational ambulance coverage          |         | 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      | Not required to report   | Not required to report |                        |
|                                                                                                                                                           |                                                                                                                                                                                                                                             |                                                                                                                                                                                    | Numerator ID 12                                |         |                             |                            |                                 |                                |                        |                           |                             |                          |                        |                        |
|                                                                                                                                                           |                                                                                                                                                                                                                                             |                                                                                                                                                                                    | 3) Total number of EMS emergency cases         |         | 471 652                     | 254 261                    | 60 509                          | 11 543                         | 87 312                 | 28 165                    | 29 862                      |                          |                        |                        |
|                                                                                                                                                           |                                                                                                                                                                                                                                             |                                                                                                                                                                                    | Element ID 3                                   |         |                             |                            |                                 |                                |                        |                           |                             |                          |                        |                        |
| 1.2 Provide roadside to bedside definitive emergency care with defined emergency time frames within and across geographic and clinical service platforms. | 1.2.1 Meet the response of time performance of 75.0% for P1 urban and 90.0% for P1 rural clients and ensure the shortest time to definitive care by integrated management of pre-hospital and hospital emergency care resources by 2014/15. | 4) EMS P1 urban response under 15 minutes rate                                                                                                                                     | %                                              | 69.6%   | 66.5%                       | 71.7%                      | 85.5%                           | 73.8%                          | 76.6%                  | 84.7%                     |                             |                          |                        |                        |
|                                                                                                                                                           |                                                                                                                                                                                                                                             |                                                                                                                                                                                    | Numerator ID 4                                 |         | 76 129                      | 50 249                     | 7 922                           | 2 281                          | 5 293                  | 4 624                     | 5 760                       |                          |                        |                        |
|                                                                                                                                                           |                                                                                                                                                                                                                                             |                                                                                                                                                                                    | Denominator ID 5                               |         | 109 332                     | 75 604                     | 11 045                          | 2 667                          | 7 176                  | 6 036                     | 6 804                       |                          |                        |                        |
|                                                                                                                                                           |                                                                                                                                                                                                                                             |                                                                                                                                                                                    | 5) EMS P1 rural response under 40 minutes rate | %       | 88.2%                       | 94.6%                      | 87.8%                           | 59.9%                          | 87.0%                  | 90.8%                     | 92.7%                       |                          |                        |                        |
|                                                                                                                                                           |                                                                                                                                                                                                                                             |                                                                                                                                                                                    | Numerator ID 6                                 |         | 14 419                      | 2 212                      | 5 601                           | 540                            | 2 205                  | 1 638                     | 2 223                       |                          |                        |                        |
|                                                                                                                                                           |                                                                                                                                                                                                                                             |                                                                                                                                                                                    | Denominator ID 7                               |         | 16 357                      | 2 339                      | 6 379                           | 902                            | 2 535                  | 1 803                     | 2 399                       |                          |                        |                        |
|                                                                                                                                                           |                                                                                                                                                                                                                                             |                                                                                                                                                                                    | 6) EMS P1 call response under 60 minutes rate  | %       | 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      | Not required to report   | Not required to report | Not required to report |
| Numerator ID 13                                                                                                                                           |                                                                                                                                                                                                                                             |                                                                                                                                                                                    |                                                |         |                             |                            |                                 |                                |                        |                           |                             |                          |                        |                        |
| Denominator ID 14                                                                                                                                         |                                                                                                                                                                                                                                             |                                                                                                                                                                                    |                                                |         |                             |                            |                                 |                                |                        |                           |                             |                          |                        |                        |
| 7) EMS ALL call response under 60 minutes rate                                                                                                            | %                                                                                                                                                                                                                                           | 77.1%                                                                                                                                                                              | 70.8%                                          | 88.6%   | 84.3%                       | 93.4%                      | 84.0%                           | 67.8%                          |                        |                           |                             |                          |                        |                        |
|                                                                                                                                                           | Numerator ID 8                                                                                                                                                                                                                              |                                                                                                                                                                                    | 401 046                                        | 212 744 | 65 291                      | 11 206                     | 62 488                          | 24 006                         | 25 311                 |                           |                             |                          |                        |                        |
|                                                                                                                                                           | Denominator ID 9                                                                                                                                                                                                                            |                                                                                                                                                                                    | 520 131                                        | 300 321 | 73 706                      | 13 288                     | 66 881                          | 28 577                         | 37 358                 |                           |                             |                          |                        |                        |



| Strategic goal statement | Strategic objective: Title                                                                        | Strategic objective: Statement                                                                                                                                                                    | Performance indicator                                                                                        | Type | Province wide value 2011/12 | Cape Town District 2011/12 | Cape Winelands District 2011/12 | Central Karoo District 2011/12 | Eden District 2011/12 | Overberg District 2011/12 | West Coast District 2011/12 | National Average 2011/12 |
|--------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|-----------------------------|----------------------------|---------------------------------|--------------------------------|-----------------------|---------------------------|-----------------------------|--------------------------|
|                          | 1.3 Manage all patients at the appropriate level of care within the appropriate packages of care. | 1.3.1 To meet the patient response, transport and inter-hospital transfer needs of the department in line with the 90:10 CSP model by realigning the configuration of the EMS service by 2014/15. | 8) Percentage of ambulance patients transferred between facilities<br><br>Numerator ID10<br>Denominator ID11 | %    | 20.6%                       | 29.5%                      | 5.8%                            | 12.0%                          | 3.3%                  | 6.1%                      | 14.9%                       |                          |
|                          |                                                                                                   |                                                                                                                                                                                                   |                                                                                                              |      | 128 419                     | 114 619                    | 5 522                           | 842                            | 2 837                 | 1 713                     | 2 886                       |                          |
|                          |                                                                                                   |                                                                                                                                                                                                   |                                                                                                              |      | 624 657                     | 389 091                    | 95 986                          | 6 995                          | 85 290                | 28 069                    | 19 307                      |                          |

**Notes:**

Indicator 2 Included to align with the National Information Dataset from 2013/14.

Indicator 6: New NDOH indicator from 2013/14

Strategic objective performance indicators are highlighted in yellow.

Provincially determined performance indicators are highlighted.

## **4. CHALLENGES**

The challenges in EMS include the following:

### **4.1 COMMUNICATIONS**

- 1) The absence of a national 112 emergency number system.
- 2) Inadequate technology to process emergency call demand for over 500 000 responses per annum.
- 3) Insufficient human resources quantitatively and qualitatively to process the call demand.
- 4) No professional remuneration structures for contact centre supervisory personnel.

### **4.2 HUMAN RESOURCES**

- 1) A poorly constructed occupational specific dispensation (OSD) for EMS with inadequate remuneration structures which has failed in the stated objective of retaining and recruiting competent EMS professionals. EMS has lost more than fifty advanced life support paramedics since implementing the OSD.
- 2) Poor development structures for supervisory and management cadres.
- 3) Significant vacancies in supervisory and operational posts with twenty seven percent of operational posts and fifty seven percent of supervisory posts vacant against the 2010 establishment.
- 4) Training rural EMS personnel within the constraints of the Health Professions Council of South Africa rules which prevent students from living and learning in rural areas resulting in social disruption for those students.
- 5) Recruiting highly technical ICT personnel at current public service remuneration grades.
- 6) Delays in creating appropriate staffing structures due to capacity constraints in the Department of the Premier ODI.

### **4.3 OPERATIONAL PERFORMANCE**

- 1) Achieving urban response time targets.
- 2) The high demand for outpatient access to Central Hospitals.
- 3) Increasing demand for EMS services.
- 4) Medical rescue of patients in entrapments by virtue of their environment within prescribed response times.

## **5. PRIORITIES**

### **5.1 COMMUNICATIONS**

- Establish appropriate information communication technology and systems to facilitate rational dispatch and achievement of response time targets.
- Entrench geographic information systems within the EMS ICT suite in order to inform provincial strategic objectives with respect to trauma, violence and injury.

### **5.2 OPERATIONAL PERFORMANCE**

- Improve quality of care and the patients' experience of the service.
- Improve co-ordination between health facilities and EMS within geographic service areas and districts.
- Operational modelling to achieve response time efficiencies including expanding HealthNET to relieve outpatient load on acute services.
- Maintain performance within existing resource constraints.

### **5.3 HUMAN RESOURCES**

- Overcome the human resource challenges in EMS with specific reference to management, advanced life support and communications personnel.
- Inculcate organisational values within each EMS unit.
- Develop and train personnel from local rural communities to serve those communities.
- Maintain personal wellness in the emotionally and physically challenging environment of EMS.

**6. STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR EMS**  
**Table 3.3: Data elements and related actual and projected performance values for Tables 3.4 – 3.5**

| Source                 | Data element                                                                                                                                            | Element ID | Audited / Actual performance |                        |                        | Estimate  | Medium term targets |           |           |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------|------------------------|------------------------|-----------|---------------------|-----------|-----------|
|                        |                                                                                                                                                         |            | 2009/10                      | 2010/11                | 2011/12                |           | 2013/14             | 2014/15   | 2015/16   |
| Efficiency report      | Rostered ambulances: Calculation- Total ambulance personnel hours worked for the reporting period (365 x 2 X 24) hours per day for the reporting period | 1          | 251                          | 132                    | 142                    | 166       | 171                 | 176       | 181       |
| Efficiency report      | EMS operational ambulances:                                                                                                                             | 12         | 251                          | 251                    | 254                    | 256       | 263                 | 268       | 275       |
| Information Management | Total population                                                                                                                                        | 2          | 5 513 039                    | 5 634 323              | 5 755 607              | 5 876 887 | 5 998 164           | 6 119 435 | 6 240 702 |
| Efficiency report      | Patients transported by ambulance                                                                                                                       | 3          | 461 940                      | 446 566                | 471 652                | 454 850   | 468 496             | 482 551   | 497 027   |
| Efficiency report      | EMS P1 urban response under 15 minutes rate                                                                                                             | 4          | 39 320                       | 59 276                 | 76 129                 | 106 578   | 124 759             | 128 502   | 131 121   |
| Efficiency report      | EMS P1 urban calls                                                                                                                                      | 5          | 95 231                       | 112 773                | 109 332                | 161 500   | 166 345             | 171 336   | 174 762   |
| Efficiency report      | EMS P1 rural response under 40 minutes rate                                                                                                             | 6          | 7 050                        | 8 646                  | 14 419                 | 20 026    | 21 253              | 21 891    | 22 547    |
| Efficiency report      | EMS P1 rural calls                                                                                                                                      | 7          | 8 907                        | 10 218                 | 16 357                 | 22 927    | 23 615              | 24 323    | 25 053    |
| Efficiency report      | EMS all calls response under 60 minutes                                                                                                                 | 8          | 325 121                      | 367 948                | 401 046                | 383 322   | 411 788             | 424 142   | 436 866   |
| Efficiency report      | EMS all P1 call responses under 60 minutes                                                                                                              | 13         | Not required to report       | Not required to report | Not required to report | 178 894   | 184 262             | 189 789   | 193 821   |
| Efficiency report      | EMS P1 calls total                                                                                                                                      | 14         | Not required to report       | Not required to report | Not required to report | 184 427   | 189 960             | 195 659   | 199 815   |
| Efficiency report      | EMS all calls total                                                                                                                                     | 9          | 414 154                      | 519 228                | 520 131                | 499 743   | 514 735             | 530 177   | 546 082   |
| Efficiency report      | Hospital patients transferred to a higher level of care                                                                                                 | 10         | -                            | 135 800                | 128 419                | 136 394   | 140 486             | 144 700   | 149 041   |
| SINJANI                | Emergency headcount at district, regional and central hospitals                                                                                         | 11         | -                            | 611 629                | 624 657                | 637 173   | 645 457             | 653 202   | 661 476   |

**Notes:**

- Element ID 1: In 2009/10 the number of ambulances in the fleet was reported against this indicator. From 2010/11 onwards, the number of rostered ambulances is used i.e. the average number of ambulances available per hour as calculated from the available working hours of ambulance personnel. Rostered ambulances = hours by ambulance personnel worked for the period/days in the period x hours in a day x two personnel (hours accumulated by one ambulance unit with two personnel). Hours worked takes into account absenteeism due to leave, sick leave, training etc. Rostered ambulances from 2012/13 onwards include the volunteer hours that were previously excluded from hours worked by ambulance personnel. The estimated figures for both elements decreased in 2012/13. The projected targets for these elements have not been lowered due to the overall upward trend over the past five years. These projections will however be adjusted should the downward trend continue in 2013/14.
- Element ID 3 and 9: According to a new policy that was implemented on 1 April 2012 all maternity patients are now classified as priority one cases. This has resulted in a significant increase in the number of P1 cases seen by EMS.
- Element ID 4 – 7: Historical data for 2010/11 and 2011/12 was updated based on a definitional change. Previously the emergency headcount at Central Hospitals was excluded from this data element. As of 1 April 2012 the emergency headcount at central hospitals is included.
- Element 12; 13 & 14: New elements introduced from April 2013 to align with changes in the National Indicator Dataset definition.

**Table 3.4: Performance indicators for EMS and patient transport [EMS3]**

| Strategic goal statement                                                             | Strategic objective: Title                                                                                                                                 | Strategic objective: Statement                                                                                                                                                                                                            | Performance indicator                                                                 | Type  | Strategic objective target | Audited/actual performance |                        |                        | Estimated performance | Medium term targets |         |         | National target |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------|----------------------------|----------------------------|------------------------|------------------------|-----------------------|---------------------|---------|---------|-----------------|
|                                                                                      |                                                                                                                                                            |                                                                                                                                                                                                                                           |                                                                                       |       |                            | 2009/10                    | 2010/11                | 2011/12                |                       | 2012/13             | 2013/14 | 2014/15 |                 |
| 1. Address the burden of disease.                                                    | 1.1. Fully implement the Comprehensive Service Plan (CSP) model for EMS by 2014/15.                                                                        | 1.1.1. Deploying the EMS resources (542 vehicles, 54 bases and 2 366 personnel) necessary to the specified service levels of 176 rostered ambulances per hour in the CSP by 2014/15.                                                      | 1) Rostered ambulances per 10 000 people                                              | No    | 0.29                       | 0.46                       | 0.23                   | 0.25                   | 0.28                  | 0.29                | 0.29    | 0.29    | 0.29            |
|                                                                                      |                                                                                                                                                            |                                                                                                                                                                                                                                           | Numerator ID1<br>Denominator ID2 / 10 000                                             |       | 176                        | 251                        | 132                    | 142                    | 166                   | 171                 | 176     | 181     | 181             |
|                                                                                      |                                                                                                                                                            |                                                                                                                                                                                                                                           | 2) EMS operational ambulance coverage<br>Numerator ID 12<br>Denominator ID2 / 10 000  | No    |                            | Not required to report     | Not required to report | Not required to report | 0.44                  | 0.44                | 0.44    | 0.44    | 0.44            |
|                                                                                      |                                                                                                                                                            |                                                                                                                                                                                                                                           | 3) Total number of EMS emergency cases<br>Element ID 3                                |       |                            | 461 940                    | 446 566                | 471 652                | 454 850               | 468 496             | 482 551 | 497 027 |                 |
|                                                                                      | 1.2. Provide roadside to bedside definitive emergency care with defined emergency time frames within and across geographic and clinical service platforms. | 1.2.1. Meet the response time performance of 75.0% for P1 urban and 90.0% for P1 rural clients and ensure the shortest time to definitive care by integrated management of pre-hospital and hospital emergency care resources by 2014/15. | 4) EMS P1 urban response under 15 minutes rate<br>Numerator ID 4<br>Denominator ID 5  | %     | 75.0%                      | 41.3%                      | 52.6%                  | 69.6%                  | 66.0%                 | 75.0%               | 75.0%   | 75.0%   | 80%             |
| 5) EMS P1 rural response under 40 minutes rate<br>Numerator ID 6<br>Denominator ID 7 |                                                                                                                                                            |                                                                                                                                                                                                                                           | %                                                                                     | 90.0% | 79.2%                      | 84.6%                      | 88.2%                  | 87.3%                  | 90.0%                 | 90.0%               | 90.0%   | 90.0%   | 90.0%           |
|                                                                                      |                                                                                                                                                            |                                                                                                                                                                                                                                           | 6) EMS P1 call response under 60 minutes rate<br>Numerator ID 13<br>Denominator ID 14 | %     |                            | Not required to report     | Not required to report | Not required to report | 97.0%                 | 97.0%               | 97.0%   | 97.0%   | 100%            |

| Strategic goal statement | Strategic objective: Title | Strategic objective: Statement                                                                                                                                                                     | Performance indicator                                                                                     | Type | Strategic objective target 2014/15 | Audited/actual performance |         |         | Estimated performance 2012/13 | Medium term targets |         |         | National target 2015/16 |
|--------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------|------------------------------------|----------------------------|---------|---------|-------------------------------|---------------------|---------|---------|-------------------------|
|                          |                            |                                                                                                                                                                                                    |                                                                                                           |      |                                    | 2009/10                    | 2010/11 | 2011/12 |                               | 2013/14             | 2014/15 | 2015/16 |                         |
|                          |                            |                                                                                                                                                                                                    | 7) EMS all calls response under 60 minutes rate<br>Numerator ID 8<br>Denominator ID 9                     | %    |                                    | 78.5%                      | 70.9%   | 77.1%   | 76.7%                         | 80.0%               | 80.0%   | 80.0%   |                         |
|                          |                            |                                                                                                                                                                                                    |                                                                                                           |      |                                    | 325 121                    | 367 948 | 401 046 | 383 322                       | 411 788             | 424 142 | 436 866 |                         |
|                          |                            |                                                                                                                                                                                                    |                                                                                                           |      |                                    | 414 154                    | 519 228 | 520 131 | 499 743                       | 514 735             | 530 177 | 546 082 |                         |
|                          |                            | 1.3. Manage all patients at the appropriate level of care within the appropriate packages of care                                                                                                  | 8) Percentage of ambulance patients transferred between facilities.<br>Numerator ID10<br>Denominator ID11 | %    | 22.2%                              | Not required to report     | 22.2%   | 20.6%   | 21.4%                         | 21.8%               | 22.2%   | 22.5%   |                         |
|                          |                            | 1.3.1. To meet the patient response, transport and inter-hospital transfer needs of the department in line with the 90:10 CSP model by realigning the configuration of the EMS service by 2014/15. |                                                                                                           |      |                                    |                            | 135 800 | 128 419 | 136 394                       | 140 486             | 144 700 | 149 041 |                         |
|                          |                            |                                                                                                                                                                                                    |                                                                                                           |      |                                    |                            | 611 629 | 624 657 | 637 173                       | 645 457             | 653 202 | 661 476 |                         |

**Notes:**

- Indicator 1: Rostered ambulances from 2012/13 onwards include the volunteer hours that were previously excluded from hours worked by ambulance personnel.
  - Indicator 3 - 4: According to a new policy that was implemented on 1 April 2012 all maternity patients are now classified as priority one cases. This has resulted in a significant increase in the number of P1 cases seen by EMS.
  - Indicator 6: Information for 2010/11 and 2011/12 was updated based on a definitional change. Previously the emergency headcount at central hospitals were excluded from this data element. As of 1 April 2012 the emergency headcount at central hospitals is included.
  - Indicators 2 & 6: As of 1 April 2013 these new indicators have been introduced in order to align the definition of the indicator with the changes in the National Indicator Dataset
- Strategic objective performance indicators are highlighted in yellow.  
Provincially determined performance indicators are highlighted.

6.1 QUARTERLY TARGETS FOR EMS

Table 3.5: Quarterly targets for EMS and patient transport for 2010/11 [EMS4]

| Strategic goal statement                                                                                                                                  | Strategic objective: Title                                                                                                                                                                                                                | Strategic objective: Statement                                                                                                                                                                                                              | Performance indicator                                   | Reporting period | Annual target 2013/14 | Quarterly targets |          |          |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------|-----------------------|-------------------|----------|----------|----------|
|                                                                                                                                                           |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                             |                                                         |                  |                       | Q1                | Q2       | Q3       | Q4       |
| 1. Address the burden of disease.                                                                                                                         | 1.1 Fully implement the Comprehensive Service Plan (CSP) model for EMS by 2014/15.                                                                                                                                                        | 1.1.1. Deploying the EMS resources (542 vehicles, 54 bases and 2 366 personnel) necessary to the specified service levels of 176 rostered ambulances per hour in the CSP by 2014/15.                                                        | 1) Rostered ambulances per 10 000 people                | Quarterly        | 0.29                  | 0.29              | 0.29     | 0.29     | 0.29     |
|                                                                                                                                                           |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                             | Numerator ID1<br>Denominator ID2 / 10 000               |                  | 171                   | 171               | 171      | 171      |          |
|                                                                                                                                                           |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                             | 2) EMS operational ambulance coverage per 10 000 people | Quarterly        | 0.44                  | -                 | -        | -        | 0.44     |
|                                                                                                                                                           |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                             | Numerator ID 12<br>Denominator ID2 / 10 000             |                  | 263                   | -                 | -        | -        | 263      |
|                                                                                                                                                           |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                             | 3) Total number of EMS emergency cases                  | Quarterly        | 468 496               | 117 124           | 117 124  | 117 124  | 117 124  |
|                                                                                                                                                           |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                             | Element ID 3                                            |                  |                       |                   |          |          |          |
|                                                                                                                                                           |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                             | 4) EMS P1 urban response under 15 minutes rate          | Quarterly        | 75.0%                 | 75.0%             | 75.0%    | 75.0%    | 75.0%    |
| 1.2 Provide roadside to bedside definitive emergency care with defined emergency time frames within and across geographic and clinical service platforms. | 1.2.1. Meet the response time performance of 75.0% for P1 urban and 90.0% for P1 rural clients and ensure the shortest time to definitive care by integrated management of pre-hospital and hospital emergency care resources by 2014/15. | 1.2.1.1. Meet the response time performance of 75.0% for P1 urban and 90.0% for P1 rural clients and ensure the shortest time to definitive care by integrated management of pre-hospital and hospital emergency care resources by 2014/15. | Numerator ID 4<br>Denominator ID 5                      | Quarterly        | 124 759               | 31 190            | 31 190   | 31 190   | 31 188   |
|                                                                                                                                                           |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                             |                                                         |                  | 166 345               | 41 586            | 41 586   | 41 586   | 41 586   |
|                                                                                                                                                           |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                             | 5) EMS P1 rural response under 40 minutes rate          | Quarterly        | 90.0%                 | 90.0%             | 90.0%    | 90.0%    | 90.0%    |
|                                                                                                                                                           |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                             | Numerator ID 6<br>Denominator ID 7                      |                  | 21 253                | 5 313             | 5 313    | 5 313    | 5 313    |
|                                                                                                                                                           |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                             | 6) EMS P1 call response under 60 minutes rate           | Quarterly        | 97.0%                 | 97.0%             | 97.0%    | 97.0%    | 97.0%    |
|                                                                                                                                                           |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                             | Numerator ID 13<br>Denominator ID 14                    |                  | 184 262               | 46 065.5          | 46 065.5 | 46 065.5 | 46 065.5 |
|                                                                                                                                                           |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                             | 7) EMS all calls response under 60 minutes rate         | Quarterly        | 80.0%                 | 80.0%             | 80.0%    | 80.0%    | 80.0%    |
|                                                                                                                                                           |                                                                                                                                                                                                                                           | Numerator ID 8<br>Denominator ID 9                                                                                                                                                                                                          |                                                         | 411 788          | 102 947               | 102 947           | 102 947  | 102 947  |          |
|                                                                                                                                                           |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                             |                                                         | 514 735          | 128 684               | 128 684           | 128 684  | 128 683  |          |

| Strategic goal statement | Strategic objective: Title                                                                        | Strategic objective: Statement                                                                                                                                                                     | Performance indicator                                                                                        | Reporting period | Annual target 2013/14 | Quarterly targets |         |         |         |
|--------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------|-----------------------|-------------------|---------|---------|---------|
|                          |                                                                                                   |                                                                                                                                                                                                    |                                                                                                              |                  |                       | Q1                | Q2      | Q3      | Q4      |
|                          | 1.3 Manage all patients at the appropriate level of care within the appropriate packages of care. | 1.3.1. To meet the patient response, transport and inter-hospital transfer needs of the department in line with the 90:10 CSP model by realigning the configuration of the EMS service by 2014/15. | 8) Percentage of ambulance patients transferred between facilities<br><br>Numerator ID10<br>Denominator ID11 | Quarterly        | 21.8%                 | 21.8%             | 21.8%   | 21.8%   | 21.8%   |
|                          |                                                                                                   |                                                                                                                                                                                                    |                                                                                                              |                  | 140 486               | 35 121            | 35 121  | 35 122  | 35 122  |
|                          |                                                                                                   |                                                                                                                                                                                                    |                                                                                                              |                  | 645 457               | 161 364           | 161 364 | 161 364 | 161 365 |



## 7. RECONCILING PERFORMANCE TARGETS WITH THE BUDGET AND THE MTEF

**Table 3.6: Summary of payments and estimates: - Programme 3: Emergency Medical Services [EMS5]**

| Sub-programme<br>R'000              | Outcome            |                    |                    | Main<br>appro-<br>piation<br>2012/13 | Adjusted<br>appro-<br>piation<br>2012/13 | Revised<br>estimate<br>2012/13 | Medium-term estimate                    |         |         |         |
|-------------------------------------|--------------------|--------------------|--------------------|--------------------------------------|------------------------------------------|--------------------------------|-----------------------------------------|---------|---------|---------|
|                                     | Audited<br>2009/10 | Audited<br>2010/11 | Audited<br>2011/12 |                                      |                                          |                                | % Change<br>from<br>Revised<br>estimate |         |         |         |
|                                     |                    |                    |                    |                                      |                                          |                                | 2013/14                                 | 2012/13 | 2014/15 | 2015/16 |
| 1. Emergency Transport <sup>a</sup> | 492 887            | 551 619            | 585 119            | 639 840                              | 640 413                                  | 645 489                        | <b>723 823</b>                          | 12.14   | 769 403 | 811 245 |
| 2. Planned Patient Transport        | 37 243             | 44 491             | 52 089             | 61 552                               | 61 906                                   | 59 031                         | <b>62 516</b>                           | 5.90    | 65 798  | 68 808  |
| <b>Total payments and estimates</b> | <b>530 130</b>     | <b>596 110</b>     | <b>637 208</b>     | <b>701 392</b>                       | <b>702 319</b>                           | <b>704 520</b>                 | <b>786 339</b>                          | 11.61   | 835 201 | 880 053 |

<sup>a</sup> 2013/14: National Conditional grant: Health Professions Training and Development: R2 724 000 (Compensation of employees R2 018 000; Goods and services R706 000).

**Table 3.7: Payments and estimates by economic classification – Programme 3: Emergency Medical Services**

| Economic classification<br>R'000                                                          | Outcome        |                |                | Main<br>appro-<br>priation<br>2012/13 | Adjusted<br>appro-<br>priation<br>2012/13 | Revised<br>estimate<br>2012/13 | Medium-term estimate                 |              |                |                |
|-------------------------------------------------------------------------------------------|----------------|----------------|----------------|---------------------------------------|-------------------------------------------|--------------------------------|--------------------------------------|--------------|----------------|----------------|
|                                                                                           | Audited        | Audited        | Audited        |                                       |                                           |                                | % Change<br>from Revised<br>estimate |              |                |                |
|                                                                                           | 2009/10        | 2010/11        | 2011/12        |                                       |                                           |                                | 2013/14                              | 2012/13      | 2014/15        | 2015/16        |
| <b>Current payments</b>                                                                   | 470 719        | 545 823        | 519 336        | 649 796                               | 650 723                                   | 651 788                        | <b>731 734</b>                       | 12.27        | 778 408        | 821 246        |
| Compensation of employees                                                                 | 315 071        | 369 212        | 398 136        | 443 661                               | 444 588                                   | 439 363                        | <b>476 602</b>                       | 8.48         | 512 859        | 546 052        |
| Salaries and wages                                                                        | 271 863        | 319 241        | 341 193        | 380 090                               | 380 791                                   | 373 420                        | <b>404 886</b>                       | 8.43         | 435 690        | 463 886        |
| Social contributions                                                                      | 43 208         | 49 971         | 56 943         | 63 571                                | 63 797                                    | 65 943                         | <b>71 716</b>                        | 8.75         | 77 169         | 82 166         |
| Goods and services                                                                        | 155 626        | 176 611        | 121 200        | 206 135                               | 206 135                                   | 212 425                        | <b>255 132</b>                       | 20.10        | 265 549        | 275 194        |
| <i>of which</i>                                                                           |                |                |                |                                       |                                           |                                |                                      |              |                |                |
| Advertising                                                                               |                |                | 5              |                                       |                                           |                                |                                      |              |                |                |
| Assets <R5 000                                                                            | 3 533          | 3 613          | 2 856          | 3 280                                 | 2 880                                     | 3 317                          | <b>3 515</b>                         | 5.97         | 3 655          | 3 785          |
| Catering: Departmental activities                                                         | 213            | 316            | 59             | 74                                    | 74                                        | 151                            | <b>159</b>                           | 5.30         | 164            | 170            |
| Communication                                                                             | 8 910          | 10 175         | 10 469         | 10 702                                | 10 702                                    | 10 689                         | <b>11 257</b>                        | 5.31         | 11 707         | 12 122         |
| Computer services                                                                         | 268            | 217            | 55             | 78                                    | 78                                        | 47                             | <b>50</b>                            | 6.38         | 52             | 54             |
| Cons/prof: Business and advisory services                                                 | 909            | 639            | 22             | 39                                    | 39                                        | 49                             | <b>52</b>                            | 6.12         | 54             | 56             |
| Cons/prof: Legal costs                                                                    | 1              |                |                |                                       |                                           |                                |                                      |              |                |                |
| Contractors                                                                               | 2 126          | 7 397          | 7 898          | 9 234                                 | 9 234                                     | 10 666                         | <b>11 232</b>                        | 5.31         | 11 681         | 12 096         |
| Agency and support/ outsourced services                                                   | 566            | 277            | 255            | 225                                   | 225                                       | 217                            | <b>261</b>                           | 20.28        | 271            | 283            |
| Entertainment                                                                             | 1              | 2              | 5              | 4                                     | 4                                         | 5                              | <b>5</b>                             |              | 5              | 5              |
| Inventory: Fuel, oil and gas                                                              | 3 995          | 5 843          | 3 889          | 5 929                                 | 5 929                                     | 5 450                          | <b>5 739</b>                         | 5.30         | 5 970          | 6 181          |
| Inventory: Materials and supplies                                                         | 773            | 1 304          | 1 455          | 1 698                                 | 1 698                                     | 1 632                          | <b>1 720</b>                         | 5.39         | 1 785          | 1 853          |
| Inventory: Medical supplies                                                               | 8 982          | 7 249          | 4 240          | 3 486                                 | 3 486                                     | 8 123                          | <b>9 095</b>                         | 11.97        | 9 457          | 9 794          |
| Inventory: Medicine                                                                       | 323            | 342            | 483            | 458                                   | 458                                       | 509                            | <b>529</b>                           | 3.93         | 551            | 571            |
| Inventory: Other consumables                                                              | 5 836          | 5 431          | 5 017          | 9 717                                 | 9 717                                     | 9 891                          | <b>10 412</b>                        | 5.27         | 10 831         | 11 214         |
| Inventory: Stationery and printing                                                        | 2 098          | 1 566          | 1 342          | 1 221                                 | 1 221                                     | 1 955                          | <b>2 059</b>                         | 5.32         | 2 141          | 2 214          |
| Lease payments                                                                            | 483            | 456            | (29 719)       | 54 532                                | 44 832                                    | 16 139                         | <b>50 623</b>                        | 213.67       | 52 652         | 54 516         |
| Property payments                                                                         | 2 542          | 3 558          | 3 486          | 3 130                                 | 3 530                                     | 6 376                          | <b>6 943</b>                         | 8.89         | 7 418          | 7 912          |
| Travel and subsistence                                                                    | 112 903        | 127 303        | 108 857        | 101 813                               | 111 513                                   | 136 159                        | <b>140 375</b>                       | 3.10         | 146 006        | 151 177        |
| Training and development                                                                  | 819            | 586            | 301            | 253                                   | 253                                       | 513                            | <b>540</b>                           | 5.26         | 561            | 582            |
| Operating expenditure                                                                     | 335            | 302            | 150            | 173                                   | 173                                       | 485                            | <b>511</b>                           | 5.36         | 531            | 550            |
| Venues and facilities                                                                     | 10             | 35             | 75             | 89                                    | 89                                        | 52                             | <b>55</b>                            | 5.77         | 57             | 59             |
| Interest and rent on land                                                                 | 22             |                |                |                                       |                                           |                                |                                      |              |                |                |
| Interest                                                                                  | 22             |                |                |                                       |                                           |                                |                                      |              |                |                |
| <b>Transfers and subsidies to</b>                                                         | 29 264         | 37 446         | 35 458         | 36 761                                | 36 761                                    | 36 975                         | <b>38 984</b>                        | 5.43         | 40 546         | 41 984         |
| Non-profit institutions                                                                   | 29 172         | 37 058         | 35 281         | 36 692                                | 36 692                                    | 36 692                         | <b>38 637</b>                        | 5.30         | 40 185         | 41 609         |
| Households                                                                                | 92             | 388            | 177            | 69                                    | 69                                        | 283                            | <b>347</b>                           | 22.61        | 361            | 375            |
| Social benefits                                                                           | 92             | 388            | 177            | 69                                    | 69                                        | 283                            | <b>347</b>                           | 22.61        | 361            | 375            |
| <b>Payments for capital assets</b>                                                        | 27 950         | 12 050         | 81 639         | 14 835                                | 14 835                                    | 14 835                         | <b>15 621</b>                        | 5.30         | 16 247         | 16 823         |
| Buildings and other fixed structures                                                      |                |                | 81             |                                       |                                           |                                |                                      |              |                |                |
| Buildings                                                                                 |                |                | 81             |                                       |                                           |                                |                                      |              |                |                |
| Machinery and equipment                                                                   | 27 780         | 12 050         | 81 558         | 14 835                                | 14 835                                    | 14 835                         | <b>15 621</b>                        | 5.30         | 16 247         | 16 823         |
| Transport equipment                                                                       | 10 264         | 1 940          | 72 591         | 7 227                                 | 7 227                                     | 7 227                          | <b>7 610</b>                         | 5.30         | 7 915          | 8 195          |
| Other machinery and equipment                                                             | 17 516         | 10 110         | 8 967          | 7 608                                 | 7 608                                     | 7 608                          | <b>8 011</b>                         | 5.30         | 8 332          | 8 628          |
| Software and other intangible assets                                                      | 170            |                |                |                                       |                                           |                                |                                      |              |                |                |
| <i>Of which: "Capitalised Goods and services" included in Payments for capital assets</i> | 3 446          |                | 81             |                                       |                                           |                                |                                      |              |                |                |
| <b>Payments for financial assets</b>                                                      | 2 197          | 791            | 775            |                                       |                                           | 922                            |                                      | (100.00)     |                |                |
| <b>Total economic classification</b>                                                      | <b>530 130</b> | <b>596 110</b> | <b>637 208</b> | <b>701 392</b>                        | <b>702 319</b>                            | <b>704 520</b>                 | <b>786 339</b>                       | <b>11.61</b> | <b>835 201</b> | <b>880 053</b> |

## 8. PERFORMANCE AND EXPENDITURE TRENDS

Programme 3 is allocated 4.95 per cent of the vote in 2013/14 in comparison to the 4.77 per cent allocated in the revised estimate of the 2012/13 budget. This amounts to a nominal increase of R81.819 million or 11.61 per cent.

An additional R50 million has been allocated for the Information Communication Technology system. The new computer aided dispatch system will provide both the communication centre solution and the vehicle based solution. It is anticipated that the system will improve the efficiency of the ambulance dispatch process and will also provide real time information.

## 9. RISK MANAGEMENT

| Risk                                                                                                                                                                                                                                                                      | Three components for risk statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Mitigating factors                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Failure of the information communication technology and computer aided dispatch (CAD) due to ageing technology resulting in an inability to meet response time targets.</p>                                                                                         | <p>Risk:</p> <ul style="list-style-type: none"> <li>• Failure of communication technology and computer aided dispatch (CAD).</li> </ul> <p>Root cause:</p> <ul style="list-style-type: none"> <li>• The current CAD solution has been operating for more than a decade with minimal hardware or software upgrades. The ageing technology and associated reliability challenges carries great risk.</li> </ul> <p>Impact:</p> <ul style="list-style-type: none"> <li>• Not able to meet response time targets.</li> </ul> | <p>1.1. Discussion and negotiation with cellular providers to provide latitude and longitude data.</p> <p>1.2. New CAD ICT solution and operational remodelling.</p> <p>1.3. Creating a reliable alternative (to the cellular network) for data transmission through the use of the TETRA Trunk Radio Network.</p> <p>1.4. Strategic proposal to the Provincial Government to support a Provincial TETRA Trunk Radio network in co-operation with all provincial departments.</p> |
| <p>2. Poor quality of emergency care due to insufficient competency development in foundation training; lack of a CPD programme and lack of a quality management process resulting in an inability to meet specified service levels (poor response time performance).</p> | <p>Risk:</p> <ul style="list-style-type: none"> <li>• Poor quality of emergency care.</li> </ul> <p>Root cause:</p> <ul style="list-style-type: none"> <li>• Insufficient competency development in foundation training.</li> <li>• Lack of CPD programme.</li> <li>• Lack of quality management process.</li> </ul> <p>Impact:</p> <ul style="list-style-type: none"> <li>• Inability to meet the specified service levels resulting in poor response time performance.</li> </ul>                                      | <p>2.1. Good competency development in foundation training.</p> <p>2.2. Continuous personnel development programme.</p> <p>2.3. Quality management structure and process with close co-operation by emergency medicine specialists.</p>                                                                                                                                                                                                                                           |
| <p>3. Increase in service demand due to lack of injury and illness prevention resulting in an inability to meet patient response; patient transport and departmental inter-hospital transfer needs.</p>                                                                   | <p>Risk:</p> <ul style="list-style-type: none"> <li>• Increase in service demand.</li> </ul> <p>Root cause:</p> <ul style="list-style-type: none"> <li>• Lack of injury and illness prevention.</li> </ul> <p>Impact:</p> <ul style="list-style-type: none"> <li>• Inability to meet the patient response, transport and inter-hospital transfer needs of the department.</li> </ul>                                                                                                                                     | <p>3.1. Greater emphasis on injury and illness prevention.</p> <p>3.2. Co-operation with the private sector.</p> <p>3.3. Improved information communication technology.</p>                                                                                                                                                                                                                                                                                                       |

## **PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES**

### **1. PROGRAMME 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.

### **2. PROGRAMME STRUCTURE**

#### **2.1 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.

#### **2.2 SUB-PROGRAMME 4.2: TUBERCULOSIS HOSPITALS**

To provide for the hospitalisation of acutely ill and complex TB patients (including patients with MDR and XDR TB).

#### **2.3 SUB-PROGRAMME 4.3: PSYCHIATRIC 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.

#### **2.4 SUB-PROGRAMME 4.4: REHABILITATION SERVICES**

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

#### **2.5 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.

There have been no changes to the structure of the budget programme in comparison to the information provided in the Strategic Plan 2010 – 2014.

### **3. STRATEGIC DIRECTION AND OBJECTIVES FOR THE PROGRAMME:**

This Programme responds to the many challenges facing the health sector by providing a high quality, efficient general and specialised hospital service that is accessible to the population of the Western Cape, addressing the burden of disease, injury, disability and death.

A key strategic direction for the Programme is to expand the general specialist service platform across the Western Cape. This involves not only the general specialist (regional) hospitals, but also involves providing support to the district health service platform. Strengthening the general specialist hospitals will continue with an added focus on

strengthening the geographic service areas and district specialist support teams, in line with the national directive to strengthen the workforce at the coalface of service delivery.

The implementation of transversal priorities will be achieved through the geographic service area (GSA) model which is a functional mechanism that serves to integrate and render cohesive services for a defined population in a defined geographical area. The appointed district specialist teams (anaesthetics, obstetrics and gynaecology, and paediatrics) will provide support for the respective geographic service areas.

Continued emphasis will be placed on district mental health teams managing the acute psychiatric burden of disease. The effective care pathway management of mental illness requires a total system review in line with the chronic disease management care pathway review and this will form part of the 2013/14 GSA plan.

Rehabilitation services will deliver an inter-disciplinary outcome-based service in line with the Rehabilitation and Disability Management Service Plan.

The key performance areas for the Oral Health Programme will include managing the burden of disease; developing a capacitated workforce; developing organisational strategic capacity and synergy; and implementing appropriate health technology and infrastructure.

Quality of care remains an integral part of service delivery. The application of core standards ensures consistency across the health platform. The priority areas of quality patient care include safety, cleanliness, infection control, staff attitudes, waiting times and drug supply.

Fiscal discipline has been intensified in this Programme. The full implementation of functional business units (FBU) at all regional hospitals, psychiatric hospitals and the Western Cape Rehabilitation Centre remains a priority. The FBU model allows for decentralised decision making and resource management that are aligned with outputs and outcomes. The FBU in its final evolution will have an FBU manager and multidisciplinary team responsible for a specific range of service activities as well as required outputs and outcomes. FBU managers will have a financial and human resource envelope which will allow them to make clear decisions regarding their specific FBU. These managers will be held accountable for the consequences of the decisions that they make. Efforts have been intensified to minimise audit risks and the development of a risk management plan will ensure that risks are mitigated.

The strategic goals for Programme 4 are:

- 1) Address the burden of disease.
- 2) Optimal financial management to maximise health outcomes.
- 3) Ensure and maintain organisational strategic management capacity and synergy.
- 4) Improve the quality of health services and the patient experience.

## **4. SUB-PROGRAMME 4.1: GENERAL (REGIONAL) HOSPITALS**

### **4.1 SITUATION ANALYSIS**

Sub-Programme 4.1 funds regional hospital services at New Somerset and Mowbray Maternity Hospitals in the Cape Town Metro District and at Paarl, Worcester and George Hospitals in the rural districts. The reconfiguration and strengthening of these hospitals, particularly in the rural districts, will continue as they focus on the provision of general specialist services with continued outreach and support to district hospitals.

In the six districts i.e. Metro, West Coast, Winelands, Overberg, Eden and Central Karoo; functional management GSA structures have been created that will enable better service co-ordination and communication between institutions and across levels of care.

The major objectives in this sub-Programme include the reconfiguration of services within these hospitals and the expansion and strengthening of rural regional hospitals. The focus remains on the patient-centred experience and improving the quality of service.

In addition to the existing service priorities, focused priorities have been identified which include neonatal and child health, maternal and women's health, the reduction of elective surgery backlogs, the prevention, detection and effective management of chronic diseases, improved management of the behaviourally disturbed patient, and emergency care.

The appointed emergency medicine specialists will ensure that the emergency centres in the regional hospitals function at an optimal level, improving the overall patient experience as well as the clinical outcomes.

Chief executive officers of institutions will be responsible for ensuring the full implementation of the functional business units at their institutions as agreed to in their performance agreements. The FBU manager will have authority and responsibility for resource management and the attainment of clinical outputs. In clinical FBU's the FBU manager will generally also be the clinical head (clinician).

### **4.2 CHALLENGES**

The challenges identified below will be addressed through increased management capacity, the timeous filling of posts, capacity building, mentoring and succession training:

- Managing the acute caseload in general specialist hospitals.
- Improving quality of care.
- Financial management and over-expenditure.
- Human resource management.

### **4.3 PRIORITIES FOR 2013/14**

The priorities in this Sub-programme for the 2013/14 financial year will be addressed through an integrated approach to service delivery across the health platform, in line with the vision and principles of the 2020 strategy; the Millennium Development Goals; National Service Delivery Agreement outcomes and key priorities identified by the Department.

#### **4.3.1 Manage the burden of disease**

- 1) Continue the strengthening of general specialist services within regional hospitals.

- 2) Ensure equity of access to services by implementing the geographical service area model and ensure co-operation of all service levels within a geographical area, providing a total of 1 375 beds within regional hospitals.
- 3) District specialist teams (anaesthetics, obstetrics and gynaecology, and paediatrics) based at New Somerset Hospital and the three rural regional hospitals will provide support for the respective geographic service areas.
- 4) Improve maternal, women's, neonatal and child health by:
  - Providing specialist gynaecology outreach services.
  - Continuing to provide training for interns, midwives and medical officers in improving obstetric skills using the national Essential Steps in the Management of Obstetric Emergencies (ESMOE) package and other training material.
  - Focussing on neonatal care to reduce neonatal deaths.
  - Screening for cervical and breast cancer.
- 5) Continue to improve responsiveness to the diarrhoeal season, with New Somerset Hospital providing additional support to the service platform in the Cape Town Metro District.
- 6) Reduce elective surgery backlogs with a focus on cataract surgery and cancer surgery (particularly breast, prostate, cervical and colon cancer).
- 7) Improve infectious disease management by, strengthening TB control measures, which are aimed at the prevention of intra-hospital spread of TB, in general hospitals. The focus will remain on the management of occupational health risks posed to staff and other patients through contact with TB patients.
- 8) Treatment of chronic diseases by improving the overall health of individuals with multiple chronic conditions and reducing their risk of complications.
- 9) Ensure that the emergency centres within hospitals provide an optimal service aimed at improving the patient experience.

#### 4.3.2 **Optimal financial management to maximise health outcomes**

Ensure the sustainable generation of financial resources to fund the provision of health services:

- 1) Allocate equitable budgets that are aligned with the expected outcomes and deliver an optimal service at an appropriate cost per patient day equivalent.
- 2) Improve the supply chain management processes within hospitals to ensure that consumables are available for patient treatment, including an uninterrupted supply of medication.
- 3) Ensure that priorities are addressed in line with the affordable budget envelope and that posts are filled in accordance with the approved post list (APL).
- 4) Cost containment strategies are in place, especially in areas of agency utilisation, blood, laboratories, and medicine and medical and surgical supplies. Efficiency gains could be channelled towards other priority areas.
- 5) Functional business unit managers are to ensure the optimal utilisation and management of resources allocated to their units.

#### 4.3.3 **Ensure and maintain organisational strategic management capacity and synergy**

- 1) Implement interventions that are designed to improve management competency at hospital level and to facilitate improved management and functioning of the health system.
- 2) Ensure a unified approach towards service delivery within geographical services areas; strengthening clinical governance and leadership in pursuit of common departmental goals. This model of healthcare within a geographical service area will encourage coordination between clinicians and other healthcare workers, ensuring seamless continuity of care for patients.
- 3) Functional business units to be operational to ensure the stabilisation of a reliable cost accounting system, to assist clinical managers with accepting responsibility for their budgets and to allow for fair resource allocations. Clinical outputs will ensure that beds are optimally utilised at an acceptable rate and that the average length of stay of patients in hospitals is monitored in accordance with set targets. It is envisaged that, once established, functional business units will enhance the development of an accountable, but caring organization, delivering better quality and more cost effective care.
- 4) Assess workforce skills and competencies and ensure appropriate training and development at all levels.
- 5) Ensure audit compliance within the accountability framework by enhancing financial management.
- 6) Each hospital will develop an annual operational plan (AOP), that reflects the hospital's specific objectives is aligned with the specific strategic direction, objectives and targets of the GSA and is more generally aligned with those of the Department. Each hospital's AOP translates the Department's priorities into tangible, measurable activities and includes:
  - An overview of the deliverables and resources required for the forthcoming year.
  - An overview of the performance measures.
  - Clearly defined and communicated accountability and performance expectations.
- 7) Meaningful use of health information and technology to improve quality of care by ensuring the accessibility of required clinical information to appropriate users in a complete, reliable and timely format.

#### 4.3.4 **Improve the quality of health services and the patient experience**

- 1) Improve the overall quality, by making healthcare more patient-centred, accessible and safe.
- 2) Improve service delivery in all hospitals with a focus on the findings of the annual patient satisfaction surveys. Continuous focus areas will be to improve staff attitudes, reduce waiting times, ensure clean facilities, ensure the safety of staff and patients, avoid transmission of infections and cross-infection, and ensure that medicines and supplies are available.
- 3) Improve the quality of services through monthly morbidity and mortality reviews and through acting appropriately on recommendations and findings. Promoting the most effective prevention and treatment practises for the leading causes of mortality.



- 4) Investigate and address adverse incidents and patient complaints.
- 5) Assess adherence to the identified priorities extracted from the national core standards, which will be used as a basis for strengthening the quality of health services. The standardised assessment process will identify critical gaps within regional hospitals. Quality improvement plans will address the shortfalls identified through the baseline audits.

## 4.4 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR GENERAL (REGIONAL) HOSPITALS

Table 4.1: Data elements of performance indicators for general (regional) hospitals

| Source               | Data element                                                                                                                                | Element ID | Audited / Actual performance |                        |                        | Estimate      | Medium term targets |               |               |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------|------------------------|------------------------|---------------|---------------------|---------------|---------------|
|                      |                                                                                                                                             |            | 2009/10                      | 2010/11                | 2011/12                |               | 2012/13             | 2013/14       | 2014/15       |
| SINJANI              | Usable beds in regional hospitals                                                                                                           | 1          | 2 364                        | 2 385                  | 1 355                  | 1 375         | 1 375               | 1 375         | 1 375         |
| SINJANI              | Separations in regional hospitals<br>(Sum of: Day patients + inpatient deaths + inpatient discharges + inpatient transfers out)             | 2          | 185 919                      | 174 307                | 107 713                | 107 835       | 107 943             | 108 050       | 108 158       |
| SINJANI              | Patient day equivalents (PDE) in regional hospitals:<br>(Sum of: Inpatient days + ½ day patients + ½ OPD headcount + ½ emergency headcount) | 3          | 1 051 150                    | 1 022 675              | 556 383                | 554 718       | 555 272             | 555 828       | 556 384       |
| SINJANI              | OPD + Emergency headcount in regional hospitals                                                                                             | 4          | 925 230                      | 863 931                | 392 206                | 396 253       | 396 650             | 397 046       | 397 443       |
| SINJANI              | OPD headcount in regional hospitals                                                                                                         | 4.1        | 628 931                      | 580 840                | 235 530                | 242 287       | 242 529             | 242 771       | 243 014       |
| SINJANI              | Emergency headcount in regional hospitals                                                                                                   | 4.2        | 296 299                      | 283 091                | 156 676                | 153 967       | 154 121             | 154 275       | 154 429       |
| SINJANI              | Caesarean sections in regional hospitals                                                                                                    | 5          | 8 425                        | 9 339                  | 10 211                 | 10 603        | 10 613              | 10 624        | 10 635        |
| SINJANI              | Deliveries in regional hospitals                                                                                                            | 6          | 25 961                       | 25 689                 | 26 219                 | 26 795        | 26 821              | 26 848        | 26 875        |
| BAS                  | Total expenditure in regional hospitals<br>(2011/12 Rands)                                                                                  | 7          | 2 118 383 685                | 2 150 791 663          | 1 134 041 647          | 1 140 478 191 | 1 175 663 183       | 1 173 642 431 | 1 161 941 398 |
| SINJANI              | Patient days in regional hospitals<br>(Sum: Inpatient days + ½ day patients)                                                                | 8          | 742 740                      | 734 698                | 425 307                | 422 633       | 423 056             | 423 479       | 423 903       |
| SINJANI              | Total usable beds days in regional hospitals                                                                                                | 9          | 862 860                      | 870 525                | 494 508                | 501 875       | 501 875             | 501 875       | 501 875       |
| Facility list        | Number of regional hospitals                                                                                                                | 11         | 8                            | 8                      | 5                      | 5             | 5                   | 5             | 5             |
| SINJANI              | Complaints resolved within 25 working days in regional hospitals                                                                            | 12         | 552                          | 484                    | 328                    | 411           | 411                 | 411           | 412           |
| SINJANI              | Complaints lodged in regional hospitals                                                                                                     | 13         | 669                          | 563                    | 405                    | 445           | 446                 | 446           | 447           |
| SINJANI              | Number of questionnaires with 1 or 2 recorded for pleased with treatment in regional hospitals                                              | 14         | Not required to report       | 2 484                  | 3 102                  | 2 800         | 2 800               | 3 000         | 3 000         |
| SINJANI              | Number of questionnaires for pleased with treatment in regional hospitals                                                                   | 15         | Not required to report       | 3 324                  | 3 424                  | 3 500         | 3 500               | 3 500         | 3 500         |
| NDoH assessment tool | Regional hospitals assessed against the core standards                                                                                      | 16         | Not required to report       | Not required to report | 5                      | 5             | 0                   | 5             | 0             |
| SINJANI              | Mortality and morbidity review conducted in regional hospitals                                                                              | 17         | Not required to report       | Not required to report | Not required to report | 170           | 170                 | 170           | 170           |
| SINJANI              | Planned mortality and morbidity reviews multiplied by number of disciplines within the facility                                             | 18         | Not required to report       | Not required to report | Not required to report | 170           | 170                 | 170           | 170           |

**Note:**

General: The level 2 services in the central hospitals were reflected in sub-Programme 4.1 for the 2008/09 to 2010/11 financial years and are reflected in Programme 5 as from 1 April 2011.  
Element ID 12: From 2013/14 due to a change in the National Indicator Dataset definition, the element will reflect complaints resolved within 25 working days, not calendar days.  
Element ID 16: Quality improvement plans to address the findings of the 2011/12 baseline audit were developed and implemented during 2012/13. Assessments will be conducted every second year.  
Element ID 10: This element has been removed from the elements table from April 2013 as it is no longer a reporting requirement due to changes in the National Indicator Dataset definitions.

Element ID 10, 17 and 18: New elements introduced from April 2013 to align with changes in the National Indicator Dataset definition. For New Somerset, George, Paarl and Worcester Hospitals, four disciplines hold monthly Mortality and Morbidity Review Meetings 10 times per year (160 in total). In Mowbray Maternity Hospital only one discipline holds monthly Mortality and Morbidity Review Meetings 10 times per year (10 in total).

**Table 4.2: Strategic objectives, performance indicators and annual targets for general (regional) hospitals [PHS1 & 2]**

| Strategic goal statement          | Strategic objective: Title                                  | Strategic objective: Statement                                                                                                                                                          | Performance indicator                                                                               | Type | Strategic objective target | Audited/actual performance |                  |                  | Estimated performance | Medium term targets |                  |         | National target |
|-----------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------|----------------------------|----------------------------|------------------|------------------|-----------------------|---------------------|------------------|---------|-----------------|
|                                   |                                                             |                                                                                                                                                                                         |                                                                                                     |      |                            | 2009/10                    | 2010/11          | 2011/12          |                       | 2012/13             | 2013/14          | 2014/15 |                 |
| 1. Address the burden of disease. | 1.1. Ensure access to general specialist hospital services. | 1.1.1. Ensure access to regional hospitals services by providing 1 375 regional hospital beds by 2014/15.                                                                               | 1) Number of usable beds (in regional hospitals)<br>Element ID 1                                    | No   | 1 375                      | 2 364                      | 2 385            | 1 355            | 1 375                 | 1 375               | 1 375            | 1 375   | -               |
|                                   |                                                             |                                                                                                                                                                                         | 2) Inpatient separations - total (in regional hospitals)<br>Element ID 2                            | No   |                            | 185 919                    | 174 307          | 107 713          | 107 835               | 107 943             | 108 050          | 108 158 | -               |
|                                   |                                                             |                                                                                                                                                                                         | 3) Patient day equivalents [PDE] - total (in regional hospitals)<br>Element ID 3                    | No   |                            | 1 051 150                  | 1 022 675        | 556 383          | 554 718               | 555 272             | 555 828          | 556 384 | -               |
|                                   |                                                             |                                                                                                                                                                                         | 4) OPD headcount - total (in regional hospitals)<br>Element ID 4.1                                  | No   |                            | 628 931                    | 580 840          | 235 530          | 242 287               | 242 529             | 242 771          | 243 014 | -               |
|                                   |                                                             |                                                                                                                                                                                         | 5) Delivery by caesarean section rate (in regional hospitals)<br>Numerator ID 5<br>Denominator ID 6 | %    |                            | 32.5%                      | 36.4%            | 38.9%            | 39.6%                 | 39.6%               | 39.6%            | 39.6%   | 39.6%           |
|                                   | 1.2. Reduce facility maternal mortality.                    | 1.2.1. Perform appropriate clinically indicated caesarean sections in regional hospitals to ensure improved outcomes and safety for mothers and babies at a target of 39.6% by 2014/15. |                                                                                                     |      | 10 624<br>26 848           | 9 339<br>25 689            | 10 211<br>26 219 | 10 603<br>26 795 | 10 613<br>26 821      | 10 624<br>26 848    | 10 635<br>26 875 | -<br>-  |                 |

| Strategic goal statement                                                         | Strategic objective: Title                                                                                                 | Strategic objective: Statement                                                                                                                                                  | Performance indicator                                                                  | Type          | Strategic objective target 2014/15 | Audited/actual performance |               |               | Estimated performance |               |         | Medium term targets |         |         | National target 2015/16 |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------|------------------------------------|----------------------------|---------------|---------------|-----------------------|---------------|---------|---------------------|---------|---------|-------------------------|
|                                                                                  |                                                                                                                            |                                                                                                                                                                                 |                                                                                        |               |                                    | 2009/10                    | 2010/11       | 2011/12       | 2012/13               | 2013/14       | 2014/15 | 2015/16             | 2013/14 | 2014/15 |                         |
| 2. Optimal financial management to maximise health outcomes.                     | 2.1. Allocate sufficient funds to ensure the sustained delivery of the full package of quality regional hospital services. | 2.1.1. Allocate sufficient funds to ensure the efficient delivery of the full package of regional hospital services at a rate of R2 112 per PDE by 2014/15. [2011/12 Rands].    | 6) Expenditure per patient day (in regional hospitals) [2011/12 Rands]                 | R             | 1 173 642 431                      | R2 015                     | R2 103        | R2 038        | R2 056                | R2 117        | R2 112  | R2 088              | -       | -       | -                       |
|                                                                                  |                                                                                                                            |                                                                                                                                                                                 | Numerator ID 7<br>Denominator ID 3                                                     | 2 118 383 685 | 2 150 791 663                      | 1 134 041 647              | 1 140 478 191 | 1 175 663 183 | 1 173 642 431         | 1 161 941 398 | 555 272 | 555 828             | 556 384 | -       | -                       |
| 3. Ensure and maintain organisational strategic management capacity and synergy. | 3.1. Ensure that management provides sustained support and strategic direction in the delivery of health services.         | 3.1.1. Efficiently manage the allocated resources of regional hospitals to achieve a target bed utilisation rate of 84.4% and an average length of stay of 3.9 days by 2014/15. | 7) Inpatient bed utilisation rate (based on usable beds in regional hospitals)         | %             | 84.4%                              | 86.1%                      | 84.4%         | 86.0%         | 84.2%                 | 84.3%         | 84.4%   | 84.5%               | 75.0%   | -       | -                       |
|                                                                                  |                                                                                                                            |                                                                                                                                                                                 | Numerator ID 8<br>Denominator ID 9                                                     | 742 740       | 734 698                            | 425 307                    | 422 633       | 423 056       | 423 479               | 423 903       | 501 875 | 501 875             | 501 875 | 501 875 | -                       |
| 4. Improve the quality of health services and the patient experience.            | 4.1. Improve the quality of health services.                                                                               | 4.1.1. Implement quality assurance measures to minimise patient risk in regional hospitals by monthly.                                                                          | 8) Average length of stay (in regional hospitals)                                      | Days          | 3.9                                | 4.0                        | 4.2           | 3.9           | 3.9                   | 3.9           | 3.9     | 3.9                 | 4.8     | -       | -                       |
|                                                                                  |                                                                                                                            |                                                                                                                                                                                 | Numerator ID 8<br>Denominator ID 2                                                     | 185 919       | 174 307                            | 107 713                    | 107 835       | 107 943       | 108 050               | 108 158       | 92.2%   | 92.2%               | 92.2%   | 92.2%   | -                       |
|                                                                                  |                                                                                                                            |                                                                                                                                                                                 | 9) Complaint resolution within 25 working days rate (from users of regional hospitals) | %             | 82.5%                              | 83.0%                      | 81.0%         | 92.2%         | 92.2%                 | 92.2%         | 92.2%   | 92.2%               | 92.2%   | -       | -                       |
|                                                                                  |                                                                                                                            |                                                                                                                                                                                 | Numerator ID 12<br>Denominator ID 13                                                   | 552           | 484                                | 328                        | 411           | 411           | 412                   | 447           | 446     | 446                 | 447     | 447     | -                       |

| Strategic goal statement | Strategic objective: Title | Strategic objective: Statement | Performance indicator                                                                                                                                                                                                                                                                                                                | Type | Strategic objective target | Audited/actual performance |                        |                        | Estimated performance | Medium term targets |         |         | National target |
|--------------------------|----------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------|----------------------------|------------------------|------------------------|-----------------------|---------------------|---------|---------|-----------------|
|                          |                            |                                |                                                                                                                                                                                                                                                                                                                                      |      |                            | 2009/10                    | 2010/11                | 2011/12                |                       | 2012/13             | 2013/14 | 2014/15 |                 |
|                          |                            |                                | 10) Hospital patient satisfaction rate (in regional hospitals)<br>Numerator ID 14<br>Denominator ID 15                                                                                                                                                                                                                               | %    |                            | Not required to report     | 74.7%                  | 90.6%                  | 80.0%                 | 80.0%               | 85.7%   | 85.7%   | -               |
|                          |                            |                                | 11) Percentage of regional hospitals assessed for compliance against the 6 priorities of the core standards (NID: Facility core standards self-assessment rate in regional hospitals)<br>Number of regional hospitals assessed for compliance against the 6 priorities of the core standards<br>Numerator ID 16<br>Denominator ID 11 | No   |                            | Not required to report     | Not required to report | 100.0%                 | 100.0%                | -                   | 100.0%  | -       | -               |
|                          |                            |                                | 12) Morbidity and mortality review rate (in regional hospitals)<br>Numerator ID 17<br>Denominator ID 18                                                                                                                                                                                                                              | %    |                            | Not required to report     | Not required to report | Not required to report | 100.0%                | 100.0%              | 100.0%  | 100.0%  | -               |
|                          |                            |                                |                                                                                                                                                                                                                                                                                                                                      |      | 170                        | Not required to report     | Not required to report | Not required to report | 170                   | 170                 | 170     | 170     | -               |

**Note:**

All indicators: The level two services within central hospitals were included in this Sub-programme as from 1 April 2008 and reflect in Programme 5 as from 1 April 2011. Targets adjusted for 2014/15 (Strategic Plan adjusted accordingly).

General: Victoria Hospital shifted to Programme 2 from 1 April 2009, in terms of the Regulations relating to categories of hospitals, published in terms of the National Health Act 2003, Mowbray Maternity Hospital is classified as a 'specialised hospital'.

Indicator 6: From 2011/12 the funding for the Level 3 services reverted to the central hospitals (Programme 5) resulting in a lower cost per PDE.

Indicator 9: The cost per PDE continues to decrease over the MTEF period due to an increase in the PDEs.

Indicator 12: From April 2013, the definition of this indicator will change to align with changes in the National Indicator Dataset definition.

Indicator 10: The percentage of complaints resolved within 25 working days will be reported instead of those resolved within 25 calendar days.

Indicator 11: Indicator 12 has been amended and aligned with the changes in the National Indicator Dataset from 2013/14.

Indicator 13: In New Somerset, Paarl and Worcester Hospitals, four disciplines hold monthly Mortality and Morbidity Review Meetings 10 times per year (160 in total).

Indicator 14: In Mowbray Maternity Hospital only one discipline holds monthly Mortality and Morbidity Review Meetings 10 times per year (10 in total).

Strategic objective performance indicators are highlighted in yellow.

Provincially determined performance indicators are highlighted.

4.5 QUARTERLY TARGETS FOR GENERAL (REGIONAL) HOSPITALS

Table 4.3: Quarterly targets for general (regional) hospitals for 2013/14 [PHS3]

| Strategic goal statement                                                         | Strategic objective: Title                                                                     | Strategic objective: Statement                                                                                                                                                             | Performance indicator                                                                  | Reporting period | Annual target | Quarterly targets |             |             |       |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------|---------------|-------------------|-------------|-------------|-------|
|                                                                                  |                                                                                                |                                                                                                                                                                                            |                                                                                        |                  |               | Q1                | Q2          | Q3          | Q4    |
| 1. Address the burden of disease.                                                | 1.1. Address the burden of disease by ensuring access to general specialist hospital services. | 1.1.1. Ensure access to regional hospitals services by providing 1 375 regional hospital beds by 2014/15.                                                                                  | 1) Number of usable beds (in regional hospitals)                                       | Quarterly        | 1 375         | 1 375             | 1 375       | 1 375       | 1 375 |
|                                                                                  |                                                                                                |                                                                                                                                                                                            | 2) Inpatient separations – total (in regional hospitals)                               | Quarterly        | 107 943       | 27 724            | 26 733      | 26 994      |       |
|                                                                                  |                                                                                                |                                                                                                                                                                                            | 3) Patient day equivalents [PDE] total (in regional hospitals)                         | Quarterly        | 555 272       | 138 819           | 137 688     | 138 820     |       |
|                                                                                  |                                                                                                |                                                                                                                                                                                            | 4) OPD headcount total (in regional hospitals)                                         | Quarterly        | 242 529       | 63 058            | 59 420      | 59 419      |       |
|                                                                                  | 1.2. Reduce facility maternal mortality.                                                       | 1.2.1. Perform appropriate clinically indicated caesarean sections in regional hospitals to ensure improved outcomes and safety for mothers and babies at a target of 39.6% in 2014/15.    | 5) Delivery by caesarean section rate (in regional hospitals)                          | Quarterly        | 39.6%         | 39.7%             | 39.7%       | 39.7%       |       |
|                                                                                  |                                                                                                |                                                                                                                                                                                            | Numerator ID 5                                                                         | Quarterly        | 10 613        | 2 706             | 2 675       | 2 582       |       |
|                                                                                  |                                                                                                |                                                                                                                                                                                            | Denominator ID 6                                                                       | Quarterly        | 26 821        | 6 821             | 6 745       | 6 505       |       |
|                                                                                  |                                                                                                |                                                                                                                                                                                            | 6) Expenditure per patient day equivalent (PDE)(in regional hospitals) [2011/12 Rands] | Quarterly        | R2 117        | R2 117            | R2 117      | R2 117      |       |
| 2. Optimal financial management to maximise health outcomes.                     | 2.1. Optimal financial management to maximise health outcomes.                                 | 2.1.1. Allocate sufficient funds to ensure the effective and efficient delivery of the full package of regional hospital services at a rate of R2 112 per PDE by 2014/15. [2011/12 Rands]. | Numerator ID 7                                                                         | Quarterly        | 1 175 663 183 | 293 915 796       | 293 915 796 | 293 915 796 |       |
|                                                                                  |                                                                                                |                                                                                                                                                                                            | Denominator ID 3                                                                       | Quarterly        | 555 272       | 138 818           | 138 818     | 138 818     |       |
|                                                                                  |                                                                                                |                                                                                                                                                                                            | 7) Bed utilisation rate (based on usable beds in regional hospitals)                   | Quarterly        | 84.3%         | 84.3%             | 84.3%       | 84.3%       |       |
|                                                                                  |                                                                                                |                                                                                                                                                                                            | Numerator ID 8                                                                         | Quarterly        | 423 056       | 105 764           | 105 764     | 105 764     |       |
| 3. Ensure and maintain organisational strategic management capacity and synergy. | 3.1. Ensure and maintain organisational strategic management capacity and synergy.             | 3.1.1. Efficiently manage the allocated resources of regional hospitals to achieve a target bed utilisation rate of 84.4% and an average length of stay of 3.9 days by 2014/15.            | Denominator ID 9                                                                       | Quarterly        | 501 875       | 125 469           | 125 469     | 125 468     |       |
|                                                                                  |                                                                                                |                                                                                                                                                                                            | 8) Average length of stay (in regional hospitals)                                      | Quarterly        | 3.9           | 4.0               | 4.0         | 3.9         |       |
|                                                                                  |                                                                                                |                                                                                                                                                                                            | Numerator ID 8                                                                         | Quarterly        | 423 056       | 105 764           | 105 764     | 105 764     |       |
|                                                                                  |                                                                                                |                                                                                                                                                                                            | Denominator ID 2                                                                       | Quarterly        | 107 943       | 27 724            | 26 733      | 26 994      |       |

| Strategic goal statement                                             | Strategic objective: Title                                              | Strategic objective: Statement                                                                                                                      | Performance indicator                                                                                                                                                                 | Reporting period | Annual target<br>2013/14 | Quarterly targets |        |        |        |
|----------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|-------------------|--------|--------|--------|
|                                                                      |                                                                         |                                                                                                                                                     |                                                                                                                                                                                       |                  |                          | Q1                | Q2     | Q3     | Q4     |
| 4. Improve the quality of health services and the patient experience | 4.1. Improve the quality of health services and the patient experience. | 4.1.1. Implement quality assurance measures to minimise patients risk in regional hospitals by monthly mortality and morbidity meetings by 2014/15. | 9) Complaint resolution within 25 working days rate (from users of regional hospitals)                                                                                                | Quarterly        | 92.2%                    | 92.58%            | 92.58% | 92.58% | 91.13% |
|                                                                      |                                                                         |                                                                                                                                                     | Numerator ID 12                                                                                                                                                                       | 411              | 103                      | 103               | 102    |        |        |
|                                                                      |                                                                         |                                                                                                                                                     | Denominator ID 13                                                                                                                                                                     | 446              | 111                      | 111               | 111    |        |        |
|                                                                      |                                                                         |                                                                                                                                                     | 10) Hospital patient satisfaction rate (in regional hospitals)                                                                                                                        | Annual           | 80.0%                    | -                 | -      | 80%    |        |
|                                                                      |                                                                         |                                                                                                                                                     | Numerator ID 14                                                                                                                                                                       | 2 800            | -                        | -                 | 2 800  |        |        |
|                                                                      |                                                                         |                                                                                                                                                     | Denominator ID 15                                                                                                                                                                     | 3 500            | -                        | -                 | 3 500  |        |        |
|                                                                      |                                                                         |                                                                                                                                                     | 11) Percentage of regional hospitals assessed for compliance against the 6 priorities of the core standards (NID: Facility core standards self-assessment rate in regional hospitals) | Annual           | -                        | -                 | -      | 0      |        |
|                                                                      |                                                                         |                                                                                                                                                     | Number of regional hospital facilities assessed for compliance against the 6 priorities of the core standards                                                                         |                  |                          |                   |        |        |        |
|                                                                      |                                                                         |                                                                                                                                                     | Numerator ID 16                                                                                                                                                                       | 0                | 0                        | 0                 | 0      |        |        |
|                                                                      |                                                                         |                                                                                                                                                     | Denominator ID 11                                                                                                                                                                     | 5                | 5                        | 5                 | 5      |        |        |
|                                                                      |                                                                         |                                                                                                                                                     | 12) Morbidity and mortality review rate (in regional hospitals)                                                                                                                       | Quarterly        | 100.0%                   | 100.0%            | 100.0% | 100.0% |        |
|                                                                      |                                                                         |                                                                                                                                                     | Numerator ID 17                                                                                                                                                                       | 170              | 42                       | 43                | 42     |        |        |
| Denominator ID 18                                                    | 170                                                                     | 42                                                                                                                                                  | 43                                                                                                                                                                                    | 42               |                          |                   |        |        |        |

#### 4.6 **RECONCILING PERFORMANCE TARGETS WITH THE BUDGET AND THE MTEF**

Please refer to Tables 4.16 and 4.17 for the detailed financial information.

##### 4.6.1 **PERFORMANCE AND EXPENDITURE TRENDS**

Programme 4 is allocated 15.69 per cent of the vote during 2013/14 in comparison to the 15.72 per cent allocated in the revised estimate of the 2012/13 budget. This amounts to a nominal increase of R167.438 million or 7.21 per cent.

Sub-Programme 4.1 is allocated 53.50 per cent of the Programme 4 budget 2013/14 in comparison to the 52.83 per cent allocated in the revised estimate of the 2012/13 budget. This amounts to a nominal increase of R105.146 million or 8.57 per cent.

##### 4.6.1.1 **Impact of the budget on performance targets and measures that will be put in place to ensure that the strategic objectives continue to be realised:**

The budget will be used to strengthen regional hospital services to improve the quality of care as well as outreach and support to district health services.

Despite funding limitations, the impact of the improved conditions of service, occupational specific dispensation and medical inflation, this Sub-Programme will remain focused on achieving the predetermined objectives established.

#### 4.7 **RISK MANAGEMENT**

A combined risk table has been developed for Programme 4 and is reflected at the end of this chapter. Each facility within the Programme will address their specific risks within this framework. Specific risk areas will be highlighted in the risk table.



## 5. SUB-PROGRAMME 4.2 TUBERCULOSIS HOSPITALS

### 5.1 SITUATION ANALYSIS

The funding for TB hospitals resorts in Sub-Programme 4.2 although the sub-Programme is functionally managed by District Health Services in order to harmonise TB management between primary health care level and the level of specialised TB hospitals.

There are currently three designated drug resistant tuberculosis (DR-TB) units in the Western Cape namely Brewelskloof, Harry Comay and Brooklyn Chest Hospitals. DP Marais and Harry Comay Hospitals were provincialised from the South African National Tuberculosis Association (SANTA) in recent years. In October 2010, Brooklyn Chest and DP Marias Hospitals were amalgamated into the Metro TB Complex with the appointment of a single management structure.

The Infectious Diseases (ID) TB hospital in Malmesbury and Sonstraal TB hospital in Paarl have been amalgamated into the West Coast TB Complex. This complex serves the West Coast District and the Stellenbosch and Drakenstein Sub-districts. The complex needs to be fully capacitated to admit more acutely ill TB and TB/HIV co-infected patients.

An infectious disease palliative centre has been established at Nelspoort Hospital in the Central Karoo District to manage patients with extreme drug resistant tuberculosis and (XDR-TB) treatment failure. The utilization and cost effectiveness of this service will be reviewed in 2013/14.

### 5.2 CHALLENGES

- 1) The most basic challenge facing TB hospitals is that of bed planning over the short to medium term. The number of beds required is determined by a complex range of factors including:
  - Burden of TB disease (in terms of absolute number of provincial cases of TB and in terms of the severity/acuity of individual cases and in terms of drug-resistant or drug-sensitive disease).
  - Criteria for admission and discharge to and from TB hospital beds.
  - An estimate of how this burden of disease might change over time.
  - The impact of new and existing policies on bed utilisation.

Many of the above factors are difficult to enumerate precisely.

- 2) A second challenge is the skills mix of clinical staff at TB hospitals. TB hospitals have historically been a "place of respite" for relatively stable (non-acute), curable (drug sensitive) patients who see out their time on treatment and then return, cured, to their communities. The advent of HIV and drug-resistant disease has significantly altered the profile of in-patients, who now tend to have medically complex conditions, often with considerable co-morbidity. Staff skills have not aligned sufficiently with the change in patient profile.
- 3) The financial allocation to TB hospitals has not kept abreast of the change in in-patient profile.
- 4) Preventing nosocomial infection to patients and staff.

- 5) Considerable differences exist between the different TB hospitals in terms of:
- The number of beds.
  - The allocation/designation of beds (drug-sensitive, drug-resistant, adult, paediatric).
  - The acuity/severity profile of the patient.
  - Access to specialist skills and special investigations.

### 5.3 **PRIORITIES**

- 1) Develop a set of standardised admission and discharge criteria for the TB hospitals.
- 2) Ensure that sufficient clinical skills are introduced into the TB hospital system (use the fact that the Metro TB Complex is currently undergoing renovation to identify the appropriate skills, services and infrastructure required for the renovated building).
- 3) Infrastructure and infection control.
- 4) Strengthen clinical governance and improve the patient experience in all TB hospitals.
- 5) Consolidate and complete a province-wide roll-out of the decentralised drug-resistance (DR) TB management plan.

## 5.4 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR TB HOSPITALS

Table 4.4: Data elements of performance indicators for TB hospitals

| Source               | Data element                                                                                                                         | Element ID | Audited / Actual performance |                        |                        |                        | Estimate    | Medium term targets |             |  |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------|------------------------|------------------------|------------------------|-------------|---------------------|-------------|--|
|                      |                                                                                                                                      |            | 2009/10                      | 2010/11                | 2011/12                | 2013/14                |             | 2014/15             | 2015/16     |  |
| SINJANI              | Usable beds in TB hospitals                                                                                                          | 1          | 1 016                        | 1 028                  | 1 033                  | 1 027                  | 1 054       | 1 054               | 1 054       |  |
| SINJANI              | Separations in TB hospitals<br>(Sum of: day patients + inpatient deaths + inpatient discharges + inpatient transfers out)            | 2          | 3 684                        | 4 192                  | 3 979                  | 3 614                  | 3 896       | 3 896               | 3 896       |  |
| SINJANI              | Patient day equivalents (PDE) in TB hospitals<br>(Sum of: inpatient days + ½ day patients + ½ OPD headcount + ½ emergency headcount) | 3          | 305 833                      | 302 828                | 293 815                | 293 110                | 306 325     | 306 325             | 306 325     |  |
| SINJANI              | OPD headcount in TB hospitals<br>(Sum of: OPD new case referred + OPD new case not referred + OPD follow-up)                         | 4          | 3 208                        | 7 192                  | 8 360                  | 5 416                  | 5 958       | 5 958               | 5 958       |  |
| BAS                  | Total expenditure in TB hospitals (2011/12 Rands)                                                                                    | 5          | 196 579 212                  | 189 945 296            | 198 766 993            | 206 592 566            | 197 232 045 | 196 770 837         | 194 752 051 |  |
| SINJANI              | Patient days in TB hospitals<br>(Inpatient days + ½ days patients)                                                                   | 6          | 304 764                      | 300 431                | 291 028                | 292 059                | 305 184     | 305 184             | 305 184     |  |
| SINJANI              | Total usable bed days in TB hospitals                                                                                                | 7          | 370 840                      | 375 220                | 377 086                | 376 680                | 384 710     | 384 710             | 384 710     |  |
| Facility List        | Number of TB hospitals                                                                                                               | 9          | 6                            | 6                      | 6                      | 6                      | 5           | 5                   | 5           |  |
| SINJANI              | Complaints resolved within 25 working days in TB hospitals                                                                           | 10         | 129                          | 129                    | 40                     | 50                     | 156         | 159                 | 159         |  |
| SINJANI              | Complaints lodged in TB hospitals                                                                                                    | 11         | 179                          | 179                    | 43                     | 72                     | 204         | 206                 | 206         |  |
| DHIS                 | Number of questionnaires with 1 or 2 recorded for pleased with treatment in TB hospitals                                             | 12         | Not required to report       | 506                    | 361                    | 514                    | 518         | 522                 | 525         |  |
| DHIS                 | Number of questionnaires for pleased with treatment in TB hospitals                                                                  | 13         | Not required to report       | 606                    | 427                    | 602                    | 605         | 605                 | 608         |  |
| NDoH assessment tool | TB hospitals assessed against the core standards                                                                                     | 14         | Not required to report       | Not required to report | 6                      | 6                      | 2           | 5                   | 5           |  |
| SINJANI              | Mortality and morbidity review conducted in TB hospitals                                                                             | 15         | Not required to report       | Not required to report | Not required to report | Not required to report | 50          | 50                  | 50          |  |
| SINJANI              | Planned mortality and morbidity reviews multiplied by number of disciplines within the facility                                      | 16         | Not required to report       | Not required to report | Not required to report | Not required to report | 50          | 50                  | 50          |  |

**Note:**

Element ID 2, 3, 4, 6 &amp; 7:

- These targets may appear to be conservative given the pressure on beds in acute hospitals; however, TB hospitals are currently in phase of transition:
- Sonstraal Hospital is in the process of being capacitated to manage a complete package of care inclusive of drug resistant TB as well as the electronic and paper based recording and reporting system.
  - Harry Comay Hospital is currently admitting their own XDR patients.
  - Strengthening of systems to effectively decentralise drug resistant care.

Element ID 8: This element has been removed from the elements table from April 2013 as it is no longer a reporting requirement due to changes in the National Indicator Dataset definitions.

Element ID 10:

From 2013/14 due to a change in the National Indicator Dataset definition, the element will reflect complaints resolved within 25 working days, not calendar days.

Element ID 10: 11; 12 &amp; 13:

The number of questionnaires evaluated is variable as this is dependent on the patient response rate. An electronic system was implemented in 2011/12 and due to the strict algorithm applied to assess whether complaints were resolved within 25 days, the number decreased. More accurate data will be available from 2012/13 going forward.

Element ID 14: Quality improvement plans to address the findings of the 2011/12 baseline audit were developed and implemented during 2012/13.  
 Element 15 and 16: New elements introduced from April 2013 to align with changes in the National Indicator Dataset definition.  
 Only one discipline in each of the 5 TB hospitals holds monthly Mortality and Morbidity Review Meetings 10 times per year (50 in total).

**Table 4.5: Strategic objectives, performance indicators and annual targets for TB hospitals [PHS 1 & 2]**

| Strategic goal statement                                                         | Strategic objective: Title                                                                                         | Strategic objective: Statement                                                                                                                                      | Performance indicator                                                                     | Type | Strategic objective target | Audited/actual performance |             |             | Estimated performance | Medium term targets |             |             | National target |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------|----------------------------|----------------------------|-------------|-------------|-----------------------|---------------------|-------------|-------------|-----------------|
|                                                                                  |                                                                                                                    |                                                                                                                                                                     |                                                                                           |      |                            | 2009/10                    | 2010/11     | 2011/12     |                       | 2013/14             | 2014/15     | 2015/16     |                 |
| 1. Address the burden of disease.                                                | 1.1. Ensure access to TB hospital services.                                                                        | 1.1.1. Ensure access to the full package of TB hospital services by providing 1 054 TB hospital beds by 2014/15.                                                    | 1) Number of usable beds (in TB hospitals)                                                | No   | 1 054                      | 1 016                      | 1 028       | 1 033       | 1 027                 | 1 054               | 1 054       | 1 054       | -               |
|                                                                                  |                                                                                                                    |                                                                                                                                                                     | 2) Inpatient separations - total (in TB hospitals)                                        | No   | -                          | 3 684                      | 4 192       | 3 979       | 3 614                 | 3 896               | 3 896       | 3 896       | -               |
|                                                                                  |                                                                                                                    |                                                                                                                                                                     | 3) Patient day equivalents [PDE] total (in TB hospitals)                                  | No   | -                          | 305 833                    | 302 828     | 293 815     | 293 110               | 306 325             | 306 325     | 306 325     | -               |
|                                                                                  |                                                                                                                    |                                                                                                                                                                     | 4) OPD total headcount (in TB hospitals)                                                  | No   | -                          | 3 208                      | 7 192       | 8 360       | 5 416                 | 5 958               | 5 958       | 5 958       | -               |
|                                                                                  |                                                                                                                    |                                                                                                                                                                     | 5) Expenditure per patient day equivalent [PDE] - total (in TB hospitals) [2011/12 Rands] | R    | R642                       | R643                       | R627        | R677        | R705                  | R644                | R642        | R636        | -               |
|                                                                                  |                                                                                                                    |                                                                                                                                                                     | Numerator ID 5                                                                            |      | 196 770 837                | 189 945 296                | 198 766 993 | 206 592 566 | 197 232 045           | 196 770 837         | 194 752 051 | 194 752 051 | -               |
|                                                                                  |                                                                                                                    |                                                                                                                                                                     | Denominator ID 3                                                                          |      | 306 325                    | 305 833                    | 293 815     | 293 110     | 306 325               | 306 325             | 306 325     | 306 325     | -               |
| 3. Ensure and maintain organisational strategic management capacity and synergy. | 3.1. Ensure that management provides sustained support and strategic direction in the delivery of health services. | 3.1.1. Effectively manage the allocated resources of TB hospitals to achieve a bed utilisation rate of 79.3% and an average length of stay of 78.3 days by 2014/15. | 6) Inpatient bed utilisation rate (based on usable beds in TB hospitals)                  | %    | 79.3%                      | 82.2%                      | 80.1%       | 77.2%       | 77.5%                 | 79.3%               | 79.3%       | 79.3%       | -               |
|                                                                                  |                                                                                                                    |                                                                                                                                                                     | Numerator ID 6                                                                            |      | 305 184                    | 304 764                    | 300 431     | 291 028     | 292 059               | 305 184             | 305 184     | 305 184     | -               |
|                                                                                  |                                                                                                                    |                                                                                                                                                                     | Denominator ID 7                                                                          |      | 384 710                    | 370 840                    | 375 220     | 377 086     | 376 680               | 384 710             | 384 710     | 384 710     | -               |
|                                                                                  |                                                                                                                    |                                                                                                                                                                     | Average length of stay (in TB hospitals)                                                  | Days | 78.3                       | 82.7                       | 71.7        | 73.1        | 80.8                  | 78.3                | 78.3        | 78.3        | -               |
|                                                                                  |                                                                                                                    |                                                                                                                                                                     | Numerator ID 6                                                                            |      | 305 184                    | 304 764                    | 300 431     | 291 028     | 292 059               | 305 184             | 305 184     | 305 184     | -               |
|                                                                                  |                                                                                                                    |                                                                                                                                                                     | Denominator ID 2                                                                          |      | 3 896                      | 3 684                      | 4 192       | 3 979       | 3 614                 | 3 896               | 3 896       | 3 896       | -               |

| Strategic goal statement                                              | Strategic objective: Title                   | Strategic objective: Statement                                                                                                               | Performance indicator                                                                                                                                                     | Type | Strategic objective target | Audited/actual performance |                        |                        | Estimated performance  | Medium term targets |            |            | National target |
|-----------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------|----------------------------|------------------------|------------------------|------------------------|---------------------|------------|------------|-----------------|
|                                                                       |                                              |                                                                                                                                              |                                                                                                                                                                           |      |                            | 2009/10                    | 2010/11                | 2011/12                |                        | 2012/13             | 2013/14    | 2014/15    |                 |
| 4. Improve the quality of health services and the patient experience. | 4.1. Improve the quality of health services. | 4.1.1. Implement quality assurance measures to minimise patient risk in TB hospitals by monthly mortality and morbidity meetings by 2014/15. | 8) Complaint resolution within 25 working days rate (from users of TB hospitals)                                                                                          | %    | -                          | 72.1%                      | 72.1%                  | 93.0%                  | 69.4%                  | 76.5%               | 77.2%      | 76.2%      | -               |
|                                                                       |                                              |                                                                                                                                              | Numerator ID 10<br>Denominator ID 11                                                                                                                                      | -    | 129<br>179                 | 129<br>179                 | 40<br>43               | 50<br>72               | 156<br>204             | 159<br>206          | -          | -          | -               |
|                                                                       |                                              |                                                                                                                                              | 9) Hospital patient satisfaction rate (in TB hospitals)                                                                                                                   | %    | -                          | Not required to report     | 83.5%                  | 84.5%                  | 85.4%                  | 85.6%               | 86.3%      | 86.8%      | -               |
|                                                                       |                                              |                                                                                                                                              | Numerator ID 12<br>Denominator ID 13                                                                                                                                      | -    | -                          | -                          | 506<br>606             | 361<br>427             | 514<br>602             | 518<br>605          | 522<br>608 | 525<br>608 | -               |
|                                                                       |                                              |                                                                                                                                              | 10) Percentage of TB hospitals assessed for compliance against the 6 priorities of the core standards (NID: Facility core standards self-assessment rate in TB hospitals) | No   | -                          | Not required to report     | Not required to report | 100.0%                 | 100.0%                 | 40.0%               | 100.0%     | 100.0%     | -               |
|                                                                       |                                              |                                                                                                                                              | Number of TB hospital facilities assessed for compliance against the 6 priorities of the core standards                                                                   | -    | -                          | -                          | -                      | 6                      | 6                      | 2                   | 5          | 5          | -               |
|                                                                       |                                              |                                                                                                                                              | Numerator ID 14<br>Denominator ID 9                                                                                                                                       | -    | -                          | -                          | -                      | 6                      | 6                      | 5                   | 5          | 5          | -               |
|                                                                       |                                              |                                                                                                                                              | 11) Morbidity and mortality review rate (in TB hospitals)                                                                                                                 | %    | 100.0%                     | Not required to report     | Not required to report | Not required to report | Not required to report | 100.0%              | 100.0%     | 100.0%     | -               |
|                                                                       |                                              |                                                                                                                                              | Numerator ID 16<br>Denominator ID 17                                                                                                                                      | -    | 50                         | -                          | -                      | -                      | -                      | 50                  | 50         | 50         | -               |
|                                                                       |                                              |                                                                                                                                              |                                                                                                                                                                           | -    | 50                         | -                          | -                      | -                      | -                      | 50                  | 50         | 50         | -               |

**Note:**

General: Some targets may appear to be conservative, given the pressure on beds in acute hospitals; however, TB hospitals are currently in phase of transition:

- Sonstraal Hospital is in the process of being capacitated to manage a complete package of care inclusive of drug resistant TB as well as the electronic and paper based recording and reporting system.
- Harry Comay Hospital is currently admitting their own XDR patients.
- Strengthening of systems to effectively decentralise drug resistant care.

Indicator 8: An electronic system was implemented in 2011/12 and due to the strict algorithm applied to assess whether complaints were resolved within 25 days, the percentage decreased. As of April 2013 the definition of this indicator has been changed to align with changes in the National Indicator Dataset definition.

Indicator 10: 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.

Indicator 11: Quality improvement plans to address the findings of the 2011/12 baseline audit were developed and implemented during 2012/13.

Indicator 11: Quality improvement plans to address the findings of the 2011/12 baseline audit were developed and implemented during 2012/13.

5.5 QUARTERLY TARGETS FOR TB HOSPITALS

Table 4.6: Quarterly targets for TB hospitals for 2012/13 [PHS3]

| Strategic goal statement                                                         | Strategic objective: Title                                                                                           | Strategic objective: Statement                                                                                                                                      | Performance indicator                                                                                                         | Reporting period | Annual target 2013/14          | Quarterly targets            |                              |                              |                              |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
|                                                                                  |                                                                                                                      |                                                                                                                                                                     |                                                                                                                               |                  |                                | Q1                           | Q2                           | Q3                           | Q4                           |
| 1. Address the burden of disease.                                                | 1.1. Ensure access to TB hospital services.                                                                          | 1.1.1. Ensure access to the full package of TB hospital services by providing 1 054 TB hospital beds by 2014/15.                                                    | 1) Number of usable beds (in TB hospitals)<br>Element ID 1                                                                    | Quarterly        | 1 054                          | 1 054                        | 1 054                        | 1 054                        | 1 054                        |
|                                                                                  |                                                                                                                      |                                                                                                                                                                     | 2) Inpatient separations –total (in TB hospitals)<br>Element ID 2                                                             | Quarterly        | 3 896                          | 974                          | 974                          | 974                          | 974                          |
|                                                                                  |                                                                                                                      |                                                                                                                                                                     | 3) Patient day equivalents [PDE] – total (in TB hospitals)<br>Element ID 3                                                    | Quarterly        | 306 325                        | 76 581                       | 76 581                       | 76 581                       | 76 581                       |
|                                                                                  |                                                                                                                      |                                                                                                                                                                     | 4) OPD headcount total (in TB hospitals)<br>Element ID 4                                                                      | Quarterly        | 5 958                          | 1 490                        | 1 490                        | 1 490                        | 1 488                        |
|                                                                                  |                                                                                                                      |                                                                                                                                                                     | 5) Expenditure per patient day equivalent [PDE] total (in TB hospitals) [2011/12 Rands]<br>Numerator ID 5<br>Denominator ID 3 | Quarterly        | R644<br>197 232 045<br>306 325 | R644<br>49 308 011<br>76 581 | R644<br>49 308 011<br>76 581 | R644<br>49 308 011<br>76 581 | R644<br>49 308 011<br>76 581 |
|                                                                                  |                                                                                                                      |                                                                                                                                                                     | 6) Bed utilisation rate (based on usable beds in TB hospitals)<br>Numerator ID 6<br>Denominator ID 7                          | Quarterly        | 79.3%<br>305 184<br>384 710    | 79.3%<br>76 296<br>96 178    | 79.3%<br>76 296<br>96 178    | 79.3%<br>76 296<br>96 178    | 79.3%<br>76 296<br>96 178    |
|                                                                                  |                                                                                                                      |                                                                                                                                                                     | 7) Average length of stay (in TB hospitals)<br>Numerator ID 6<br>Denominator ID 2                                             | Quarterly        | 78.3<br>305 184<br>3 896       | 78.3<br>76 296<br>974        | 78.3<br>76 296<br>974        | 78.3<br>76 296<br>974        | 78.3<br>76 296<br>974        |
| 2. Optimal financial management to maximise health outcomes.                     | 2.1. Allocate sufficient funds to ensure the sustained delivery of the full package of quality TB hospital services. | 2.1.1. Allocate sufficient funds to ensure the delivery of the full package of TB hospital services at a rate of R642 per PDE by 2014/15. [2011/12 Rands].          |                                                                                                                               |                  |                                |                              |                              |                              |                              |
| 3. Ensure and maintain organisational strategic management capacity and synergy. | 3.1. Ensure that management provides sustained support and strategic direction in the delivery of health services.   | 3.1.1. Effectively manage the allocated resources of TB hospitals to achieve a bed utilisation rate of 79.3% and an average length of stay of 78.3 days by 2014/15. |                                                                                                                               |                  |                                |                              |                              |                              |                              |

| Strategic goal statement                                              | Strategic objective: Title                   | Strategic objective: Statement                                                                                                               | Performance indicator                                                                                                                                                     | Reporting period | Annual target 2013/14 | Quarterly targets |        |        |        |        |
|-----------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|-------------------|--------|--------|--------|--------|
|                                                                       |                                              |                                                                                                                                              |                                                                                                                                                                           |                  |                       | Q1                | Q2     | Q3     | Q4     |        |
| 4. Improve the quality of health services and the patient experience. | 4.1. Improve the quality of health services. | 4.1.1. Implement quality assurance measures to minimise patient risk in TB hospitals by monthly mortality and morbidity meetings by 2014/15. | 8) Complaints resolution within 25 working days rate (from users of TB hospitals)                                                                                         | Quarterly        | 76.5%                 | 76.5%             | 76.5%  | 76.5%  | 76.5%  |        |
|                                                                       |                                              |                                                                                                                                              | Numerator ID 10                                                                                                                                                           |                  | 156                   | 39                | 39     | 39     | 39     |        |
|                                                                       |                                              |                                                                                                                                              | Denominator ID 11                                                                                                                                                         |                  | 204                   | 51                | 51     | 51     | 51     |        |
|                                                                       |                                              |                                                                                                                                              | 9) Hospital patient satisfaction rate (in TB hospitals)                                                                                                                   | Annual           | 85.6%                 | -                 | -      | -      | -      | 85.6%  |
|                                                                       |                                              |                                                                                                                                              | Numerator ID 12                                                                                                                                                           |                  | 518                   | -                 | -      | -      | -      | 518    |
|                                                                       |                                              |                                                                                                                                              | Denominator ID 13                                                                                                                                                         |                  | 605                   | -                 | -      | -      | -      | 605    |
|                                                                       |                                              |                                                                                                                                              | 10) Percentage of TB hospitals assessed for compliance against the 6 priorities of the core standards (NID: Facility core standards self-assessment rate in TB hospitals) | Annual           | 40.0%                 | -                 | -      | -      | -      | 40.0%  |
|                                                                       |                                              |                                                                                                                                              | Number of regional hospital facilities assessed for compliance against the 6 priorities of the core standards                                                             |                  | 2                     | -                 | -      | -      | -      | 2      |
|                                                                       |                                              |                                                                                                                                              | Numerator ID 14                                                                                                                                                           |                  | 5                     | -                 | -      | -      | -      | 5      |
|                                                                       |                                              |                                                                                                                                              | Denominator ID 9                                                                                                                                                          |                  | 100.0%                | 100.0%            | 100.0% | 100.0% | 100.0% | 100.0% |
|                                                                       |                                              |                                                                                                                                              | 11) Morbidity and mortality review rate (in TB hospitals)                                                                                                                 | Quarterly        | 100.0%                | 100.0%            | 100.0% | 100.0% | 100.0% | 100.0% |
| Numerator ID 16                                                       |                                              | 50                                                                                                                                           | 12                                                                                                                                                                        | 13               | 13                    | 13                | 12     |        |        |        |
| Denominator ID 17                                                     |                                              | 50                                                                                                                                           | 12                                                                                                                                                                        | 13               | 13                    | 13                | 12     |        |        |        |

5.6 **RECONCILING PERFORMANCE TARGETS WITH THE BUDGET AND MTEF**

Please refer to Table 4.17 and 4.18 for the detailed financial information.

5.7 **PERFORMANCE AND EXPENDITURE TRENDS**

Sub-Programme 4.2 TB hospitals is allocated 8.98 per cent of the Programme 4 budget in 2013/14 in comparison to the 9.30 per cent that was allocated in the revised estimate of the 2012/13 budget. This is a nominal increase of R7.580 million or 3.51 per cent.

**The bed utilisation rate** is affected by ward design (e.g. male patients cannot be admitted to a designated 'female' ward even if the demand for male beds is higher than for female beds) and availability of bed type (resistant, sensitive, paediatric, adult). These are not reflected in the provincialized indicator and it is thus difficult to appreciate the true nature of the challenges facing TB hospitals from these statistics.

**Average length of stay** is similarly affected by bed-type (the admission period for drug resistant patients can exceed 18 months) and reviewing a provincial average without allowing for bed type precludes a clear picture emerging of the TB hospital burden.

**OPD headcount.** Only two of the six hospitals offer an out-patient service (and is a result of earlier strategies to manage drug-resistant cases in an ambulatory manner). Current headcount reflects a mixture of cases and services being offered at the two hospitals.

5.8 **RISK MANAGEMENT**

A combined risk table has been developed for Programme 4 and is reflected at the end of this chapter. Each facility within the Programme will address their specific risks within this framework. Specific risk areas are highlighted in the risk table.



## 6. SUB-PROGRAMME 4.3 PSYCHIATRIC HOSPITALS

### 6.1 SITUATION ANALYSIS

There are four psychiatric hospitals and two sub-acute facilities located in the Cape Town Metro District. These facilities support the integration of mental health services into general care settings in line with the Mental Health Care Act 17 of 2002 and provide access to the full package of psychiatric hospital services. The four hospitals are Alexandra, Lentegeur, Stikland and Valkenberg. The sub-acute facilities are New Beginnings, supported by Stikland Hospital and William Slater, supported by Valkenberg Hospital.

#### 6.1.1 The following services are provided:

- Acute and chronic intellectual disability services for patients with intellectual disability and mental illness or severe challenging behaviour at Lentegeur and Alexandra Hospitals.
- Acute psychiatric services at Lentegeur, Stikland and Valkenberg Hospitals including a range of specialised therapeutic Programmes in accordance with the Mental Health Care Act, 17 of 2002.
- Forensic psychiatric services including observation services for awaiting trial prisoners at Valkenberg Hospital only, and state patient services for people who have been found unfit to stand trial at Valkenberg and Lentegeur Hospitals.
- Support and outreach Programmes to all Metro district and regional hospitals have been established.
- Integrated assertive community team (ACT) services forms part of the acute services continuum of care and resorts under the senior psychiatrists in these services. The ACT services improve quality of care and treatment adherence.
- Ambulatory services have been strengthened by identifying and incrementally improving the implementation of the full package of specialist ambulatory services, which supports district and regional hospitals.
- The focus on psychosocial rehabilitation aspects of the service and involvement of the full multidisciplinary team largely provides in-, day- and out-patient services with the residential Programme delivered at the William Slater and New Beginnings sub-acute facilities.

#### 6.1.2 Mental Health Review Board:

- In accordance with the Mental Health Care Act the Province has a Mental Health Review Board with five members.
- The Board has established a benchmark for the country. The functions of the Board relate to protection of the rights of mental healthcare users and their families and they interface closely with the Cape High Court in this regard.

### 6.2 CHALLENGES

- 1) Continuous pressure on acute adult services.

- 2) The impact of co-morbid infectious diseases, namely HIV and drug resistant TB, and substance abuse on acuity of mental illness, complexity of treatment and length of hospital stay.
- 3) The waiting list of awaiting trial prisoners.
- 4) Staff safety and security.

### 6.3 **PRIORITIES FOR 2013/14**

#### 6.3.1 **Address the burden of disease**

- 1) Continued emphasis on the management of the acute burden of disease of mentally ill patients, providing a total of 1 698 beds in psychiatric hospitals and 145 beds in the two sub-acute facilities.
- 2) In preparation for the commissioning of Mitchells Plain Hospital as well as the decommissioning of GF Jooste Hospital, the patients will be managed in two streams by two specialist receiving teams.
- 3) Focus on and prioritise the management of behaviourally disturbed patients.
- 4) Reduce the revolving door syndrome of patients with frequent admissions to psychiatric hospitals by increased community support.
- 5) A system review, in line with the chronic disease management care pathway review, will form part of the GSA plan.
- 6) Situation analysis of data regarding patient numbers, diagnosis and demographics from district hospitals upwards.
- 7) Continue to manage the residential psychosocial rehabilitation Programmes at William Slater and New Beginnings effectively and efficiently.
- 8) Maintain outreach and support from the psychiatric hospitals to the acute regional and district hospitals.
- 9) Strengthen appropriate outpatient psychiatric services at all levels of care.

#### 6.3.2 **Optimal financial management to maximise health outcomes**

- 1) Allocate equitable budgets that are aligned with the expected deliverables and provide an optimal service at an appropriate and affordable cost per patient day equivalent.
- 2) Ensure payment from the National Department of Justice for forensic psychiatric observation services rendered.

#### 6.3.3 **Ensure and maintain organisational strategic management capacity and synergy**

- 1) The Mental Health Provincial Co-ordinating Committee continues to ensure optimal clinical governance of mental health services across the service platform.
- 2) Facilitate the provision of transversal mental health services within the defined geographic service areas.

- 3) Functional business units to be operational. Clinical outputs will ensure that beds are optimally utilised at an acceptable rate and that the average length of stay of patients is monitored in line with the set targets.
- 4) Ensure audit compliance within the accountability framework by enhancing financial management.
- 5) Each hospital to develop an annual operational plan (AOP) that will reflect the hospital's specific objectives that are aligned with the specific strategic direction, objectives and targets of the GSA and more generally with those of the Department. Each hospital's AOP translates the Department's priorities into tangible and measurable activities and includes:
  - Outlining the deliverables and resources required for the forthcoming year.
  - Outlining the performance measures and actions to mitigate risks.
  - Clearly defined and communicated the accountability and performance expectations.

#### 6.3.4 **Improve the quality of health services and the patient experience**

- 1) Monthly mortality and morbidity meetings will ensure the monitoring of adverse as well as safety and security incidents, improving management of clinical risks.
- 2) Results from client satisfaction surveys will be assessed and recommendations implemented.
- 3) Staff satisfaction survey results will be analysed and recommendations will be implemented.
- 4) Continue to maintain long-term quality improvement partnerships which include inter-departmental forums, academic institutions and other professional groups outside the Department of Health.
- 5) Assess adherence to identified priorities extracted from the national core standards and develop action plans to address the gaps.

## 6.4 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR PSYCHIATRIC HOSPITALS

Table 4.7: Data elements of performance indicators for psychiatric hospitals

| Source                | Data element                                                                                                                                     | Element ID | Audited / Actual performance |                        |                        |                        | Estimate    | Medium term targets |             |         |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------|------------------------|------------------------|------------------------|-------------|---------------------|-------------|---------|
|                       |                                                                                                                                                  |            | 2009/10                      | 2010/11                | 2011/12                | 2012/13                |             | 2013/14             | 2014/15     | 2015/16 |
| SINJANI               | Usable beds in psychiatric hospitals                                                                                                             | 1          | 1 792                        | 1 742                  | 1 698                  | 1 698                  | 1 698       | 1 698               | 1 698       |         |
| SINJANI               | Separations in psychiatric hospitals (Sum of: day patients + inpatient deaths + inpatient discharges + inpatient transfers out)                  | 2          | 5 369                        | 5 690                  | 5 822                  | 6 160                  | 6 166       | 6 172               | 6 178       |         |
| SINJANI               | Patient day equivalents (PDE) in psychiatric hospitals (Sum of: inpatient days + 1/2 day patients + 1/3 OPD headcount + 1/3 emergency headcount) | 3          | 595 471                      | 567 123                | 551 611                | 559 668                | 560 228     | 560 788             | 561 349     |         |
| SINJANI               | OPD headcount (general + specialist) in psychiatric hospitals.                                                                                   | 4          | 34 521                       | 31 152                 | 26 621                 | 27 208                 | 27 235      | 27 262              | 27 290      |         |
| BAS                   | Total expenditure in psychiatric hospitals (in 2011/12 Rands)                                                                                    | 5          | 590 181 753                  | 577 368 155            | 605 037 011            | 609 386 085            | 610 395 650 | 611 032 772         | 606 405 119 |         |
| SINJANI               | Patient days in psychiatric hospitals (Sum of: Inpatient days + 1/2 day patients)                                                                | 6          | 583 871                      | 556 739                | 542 738                | 550 599                | 551 149     | 551 700             | 552 252     |         |
| SINJANI               | Total usable bed days in psychiatric hospitals                                                                                                   | 7          | 654 080                      | 635 830                | 619 838                | 619 770                | 619 770     | 619 770             | 619 770     |         |
| Facility list         | Number of psychiatric hospitals                                                                                                                  | 9          | 4                            | 4                      | 4                      | 4                      | 4           | 4                   | 4           |         |
| SINJANI               | Complaints resolved within 25 working days in psychiatric hospitals                                                                              | 10         | 52                           | 52                     | 82                     | 148                    | 148         | 148                 | 148         |         |
| SINJANI               | Complaints lodged in psychiatric hospitals                                                                                                       | 11         | 87                           | 87                     | 119                    | 169                    | 170         | 170                 | 170         |         |
| SINJANI               | Number of questionnaires with 1 or 2 recorded for pleased with treatment in psychiatric hospitals                                                | 12         | Not required to report       | 467                    | 497                    | 500                    | 510         | 515                 | 520         |         |
| SINJANI               | Number of questionnaires for pleased with treatment in psychiatric hospitals                                                                     | 13         | Not required to report       | 588                    | 582                    | 600                    | 600         | 600                 | 600         |         |
| NDoH assessment tool  | Psychiatric hospitals assessed against the core standards                                                                                        | 14         | Not required to report       | Not required to report | 4                      | 4                      | 0           | 4                   | 0           |         |
| SINJANI               | Mortality and morbidity review conducted in psychiatric hospitals                                                                                | 18         | Not required to report       | Not required to report | Not required to report | Not required to report | 40          | 40                  | 40          |         |
| SINJANI               | Planned mortality and morbidity reviews multiplied by number of disciplines within the facility                                                  | 19         | Not required to report       | Not required to report | Not required to report | Not required to report | 40          | 40                  | 40          |         |
| <b>Step-down beds</b> |                                                                                                                                                  |            |                              |                        |                        |                        |             |                     |             |         |
| SINJANI               | Number of useable beds in step-down facilities                                                                                                   | 15         | 127                          | 82                     | 145                    | 145                    | 145         | 145                 | 145         |         |
| SINJANI               | Patient days in step-down facilities (Sum of: Inpatient days + 1/2 day patients)                                                                 | 16         | 36 738                       | 19 390                 | 42 729                 | 43 651                 | 43 694      | 43 738              | 43 782      |         |
| SINJANI               | Total usable bed days in step-down facilities                                                                                                    | 17         | 46 355                       | 29 930                 | 52 925                 | 52 925                 | 52 925      | 52 925              | 52 925      |         |

**Note:**

Element ID 4: The OPD headcount has been corrected from 1 April 2011. The system calculated an inpatient seen by a service group staff member as an OPD headcount, instead of only an OPD visit to the service group.

Element ID 8: This element has been removed from the elements table from April 2013 as it is no longer a reporting requirement due to changes in the National Indicator Dataset definitions.  
 Element ID 10: From 2013/14 due to a change in the National Indicator Dataset definition, the element will reflect complaints resolved within 25 working days, not calendar days.  
 Element ID 14: Hospitals to be assessed every consecutive year.  
 Element ID 15: During the 2009/10 financial year there were 127 beds. The planned activity for 2010/11 was to hand over 45 beds from William Slater to an NGO, but this did not materialise. The beds were increased to 145 in 2011/12 shared between William Slater and New Beginnings.  
 Element ID 16: Since April 2010 in-patient leave e.g. over weekends was excluded from the "patient days" calculation. This influences calculations for indicators. The target was set prior to Clinicom correction.  
 Element ID 18 and 19: New elements introduced from April 2013 to align with changes in the National Indicator Dataset definition. Only one discipline in each of the 4 psychiatric hospitals holds monthly Mortality and Morbidity Review Meetings 10 times per year (40 in total).

**Table 4.8: Strategic objectives, performance indicators and annual targets for psychiatric hospitals [PHS1 & 2]**

| Strategic goal statement                                     | Strategic objective: Title                                                                                                 | Strategic objective: Statement                                                                                                                                       | Performance indicator                                                                            | Type | Strategic objective target | Audited/actual performance |             |             |             | Estimated performance | Medium term targets |             |         | National target |         |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------|----------------------------|----------------------------|-------------|-------------|-------------|-----------------------|---------------------|-------------|---------|-----------------|---------|
|                                                              |                                                                                                                            |                                                                                                                                                                      |                                                                                                  |      |                            | 2009/10                    | 2010/11     | 2011/12     | 2012/13     |                       | 2013/14             | 2014/15     | 2015/16 |                 | 2015/16 |
| 1. Address the burden of disease.                            | 1.1. Address the burden of disease by ensuring access to psychiatric hospital services.                                    | 1.1.1. Ensure access to the full package of psychiatric hospital services by providing 1 698 psychiatric hospital beds by 2014/15.                                   | 1) Number of usable beds (in psychiatric hospitals)                                              | No   | 1 698                      | 1 792                      | 1 742       | 1 698       | 1 698       | 1 698                 | 1 698               | 1 698       | 1 698   | 1 698           | -       |
|                                                              |                                                                                                                            |                                                                                                                                                                      | 2) Inpatient separations - total (in psychiatric hospitals)                                      | No   | -                          | 5 369                      | 5 690       | 5 822       | 6 160       | 6 166                 | 6 172               | 6 178       | -       | -               |         |
|                                                              |                                                                                                                            |                                                                                                                                                                      | 3) Patient day equivalents (PDE) total (in psychiatric hospitals)                                | No   | -                          | 595 471                    | 567 123     | 551 611     | 559 668     | 560 228               | 560 788             | 561 349     | -       | -               |         |
|                                                              |                                                                                                                            |                                                                                                                                                                      | 4) OPD headcount total (in psychiatric hospitals)                                                | No   | -                          | 34 521                     | 31 152      | 26 621      | 27 208      | 27 235                | 27 262              | 27 290      | -       | -               |         |
|                                                              |                                                                                                                            |                                                                                                                                                                      | 5) Expenditure per patient day equivalent (PDE) total (in psychiatric hospitals) [2011/12 Rands] | R    | R1 090                     | R991                       | R1 018      | R1 097      | R1 089      | R1 090                | R1 090              | R1 090      | R1 080  | -               | -       |
| 2. Optimal financial management to maximise health outcomes. | 2.1. Allocate sufficient funds to ensure the sustained delivery of the full package of quality regional hospital services. | 2.1.1. Allocate sufficient funds to ensure the delivery of the full package of psychiatric hospital services at a rate of R1 090 per PDE by 2014/15 (2011/12 Rands). | Numerator: ID 5                                                                                  |      | 611 032 772                | 590 181 753                | 577 368 155 | 605 037 011 | 609 386 085 | 610 395 650           | 611 032 772         | 606 405 119 | -       | -               |         |
|                                                              |                                                                                                                            |                                                                                                                                                                      | Denominator: ID 3                                                                                |      | 560 788                    | 595 471                    | 567 123     | 551 611     | 559 668     | 560 228               | 560 788             | 561 349     | -       | -               |         |

| Strategic goal statement                                                         | Strategic objective: Title                                                                                                                            | Strategic objective: Statement                                                                                                                                               | Performance indicator                                                                     | Type | Strategic objective target 2014/15 | Audited/actual performance |                    |                    | Estimated performance 2012/13 | Medium term targets |                    |                    | National target 2015/16 |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------|------------------------------------|----------------------------|--------------------|--------------------|-------------------------------|---------------------|--------------------|--------------------|-------------------------|
|                                                                                  |                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |      |                                    | 2009/10                    | 2010/11            | 2011/12            |                               | 2013/14             | 2014/15            | 2015/16            |                         |
| 3. Ensure and maintain organisational strategic management capacity and synergy. | 3.1. Ensure that management provides sustained support and strategic direction in the delivery of health services.                                    | 3.1.1. Efficiently manage the allocated resources of psychiatric hospitals to achieve a bed utilisation rate of 89.0% and an average length of stay of 89.4 days by 2014/15. | 6) Inpatient bed utilisation rate (based on usable beds in psychiatric hospitals)         | %    | 89.0%                              | 89.3%                      | 87.6%              | 87.6%              | 88.8%                         | 88.9%               | 89.0%              | 89.1%              | -                       |
|                                                                                  |                                                                                                                                                       |                                                                                                                                                                              | Numerator ID 6<br>Denominator ID 7                                                        |      |                                    | 583 871<br>654 080         | 556 739<br>635 830 | 542 738<br>619 838 | 550 599<br>619 770            | 551 149<br>619 770  | 551 700<br>619 770 | 552 252<br>619 770 | -                       |
| 4. Improve the quality of health services and the patient experience.            | 4.1. Improve the quality of health services and the patient experience.                                                                               | 4.1.1. Implement quality assurance measures to minimise patient risk in psychiatric hospitals by monthly mortality and morbidity meetings by 2014/15.                        | 7) Average length of stay (in psychiatric hospitals)                                      | Days | 89.4                               | 108.7                      | 97.8               | 93.2               | 89.4                          | 89.4                | 89.4               | 89.4               | -                       |
|                                                                                  |                                                                                                                                                       |                                                                                                                                                                              | Numerator ID 6<br>Denominator ID 2                                                        |      |                                    | 583 871<br>5 369           | 556 739<br>5 690   | 542 738<br>5 822   | 550 599<br>6 160              | 551 149<br>6 166    | 551 700<br>6 172   | 552 252<br>6 178   | -                       |
| 4. Improve the quality of health services and the patient experience.            | 4.1.1. Implement quality assurance measures to minimise patient risk in psychiatric hospitals by monthly mortality and morbidity meetings by 2014/15. | 4.1.1. Implement quality assurance measures to minimise patient risk in psychiatric hospitals by monthly mortality and morbidity meetings by 2014/15.                        | 8) Complaint resolution within 25 working days rate (from users of psychiatric hospitals) | %    | -                                  | 59.8%                      | 59.8%              | 68.9%              | 87.4%                         | 87.4%               | 87.4%              | 87.4%              | -                       |
|                                                                                  |                                                                                                                                                       |                                                                                                                                                                              | Numerator ID 10<br>Denominator ID 11                                                      |      |                                    | 52<br>87                   | 52<br>87           | 82<br>119          | 148<br>169                    | 148<br>170          | 148<br>170         | 148<br>170         | 148<br>170              |
| 4. Improve the quality of health services and the patient experience.            | 4.1.1. Implement quality assurance measures to minimise patient risk in psychiatric hospitals by monthly mortality and morbidity meetings by 2014/15. | 4.1.1. Implement quality assurance measures to minimise patient risk in psychiatric hospitals by monthly mortality and morbidity meetings by 2014/15.                        | 9) Hospital patient satisfaction rate (in psychiatric hospitals)                          | %    | -                                  | Not required to report     | 79.4%              | 85.4%              | 83.3%                         | 85.0%               | 85.8%              | 86.7%              | -                       |
|                                                                                  |                                                                                                                                                       |                                                                                                                                                                              | Numerator ID 12<br>Denominator ID 13                                                      |      |                                    | -<br>-                     | 467<br>588         | 497<br>582         | 500<br>600                    | 510<br>600          | 515<br>600         | 520<br>600         | 520<br>600              |

| Strategic goal statement                                          | Strategic objective: Title                                                     | Strategic objective: Statement                                                                                              | Performance indicator                                                                                                                                                                       | Type | Strategic objective target | Audited/actual performance |                        |                        | Estimated performance  | Medium term targets |         |         | National target |        |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------|----------------------------|------------------------|------------------------|------------------------|---------------------|---------|---------|-----------------|--------|
|                                                                   |                                                                                |                                                                                                                             |                                                                                                                                                                                             |      |                            | 2009/10                    | 2010/11                | 2011/12                |                        | 2013/14             | 2014/15 | 2015/16 |                 |        |
|                                                                   |                                                                                |                                                                                                                             | 10) Percentage of psychiatric hospitals assessed for compliance against the 6 priorities of the core standards (NID: Facility core standards self-assessment rate in psychiatric hospitals) | No   | -                          | Not required to report     | Not required to report | 100.0%                 | 100.0%                 | -                   | 100.0%  | -       | -               |        |
|                                                                   |                                                                                |                                                                                                                             | Number of psychiatric hospitals assessed for compliance against the 6 priorities of the core standards.<br>Numerator ID 14<br>Denominator ID 9                                              |      | -                          | -                          | -                      | 4                      | 4                      | 4                   | 4       | 4       | 0               | -      |
|                                                                   |                                                                                |                                                                                                                             | 11) Morbidity and mortality review rate (in psychiatric hospitals)<br>Numerator ID 18<br>Denominator ID 19                                                                                  | %    | 100.0%                     | Not required to report     | Not required to report | Not required to report | Not required to report | 100.0%              | 100.0%  | 100.0%  | 40              | -      |
|                                                                   |                                                                                |                                                                                                                             |                                                                                                                                                                                             |      | 40                         | -                          | -                      | -                      | -                      | 40                  | 40      | 40      | 40              | -      |
|                                                                   |                                                                                |                                                                                                                             |                                                                                                                                                                                             |      | 40                         | -                          | -                      | -                      | -                      | 40                  | 40      | 40      | 40              | -      |
| <b>Strategic objectives and annual targets for step-down beds</b> |                                                                                |                                                                                                                             |                                                                                                                                                                                             |      |                            |                            |                        |                        |                        |                     |         |         |                 |        |
| Strategic goal statement                                          | Strategic objective: Title                                                     | Strategic objective: Statement                                                                                              | Performance indicator                                                                                                                                                                       | Type | Strategic objective target | Audited/actual performance |                        |                        | Estimated performance  | Medium term targets |         |         | National target |        |
|                                                                   |                                                                                |                                                                                                                             |                                                                                                                                                                                             |      |                            | 2009/10                    | 2010/11                | 2011/12                |                        | 2013/14             | 2014/15 | 2015/16 |                 |        |
| 1. Address the burden of disease.                                 | 1.1. Address the burden of disease by ensuring access to step-down facilities. | 1.1.1. Provide a total of 145 step-down beds and maintain a bed occupancy rate of 82.6% in sub-acute facilities by 2014/15. | 1) Number of usable beds (in step-down facilities)<br>Element ID 15                                                                                                                         | No   | 145                        | 127                        | 82                     | 145                    | 145                    | 145                 | 145     | 145     | 145             | -      |
|                                                                   |                                                                                |                                                                                                                             | 2) Inpatient bed utilisation rate (in step-down facilities)<br>Numerator ID 16<br>Denominator ID 17                                                                                         | %    | 82.6%                      | 79.3%                      | 64.8%                  | 80.7%                  | 82.5%                  | 82.6%               | 82.6%   | 82.6%   | 82.7%           | -      |
|                                                                   |                                                                                |                                                                                                                             | 3) Total number of patient days (in step-down facilities)<br>Element ID 16                                                                                                                  | No   | 43 738                     | 36 738                     | 19 390                 | 42 729                 | 43 651                 | 43 694              | 43 738  | 43 782  | 43 782          | 43 782 |
|                                                                   |                                                                                |                                                                                                                             |                                                                                                                                                                                             |      | 52 925                     | 46 355                     | 29 930                 | 52 925                 | 52 925                 | 52 925              | 52 925  | 52 925  | 52 925          | -      |
|                                                                   |                                                                                |                                                                                                                             |                                                                                                                                                                                             |      | -                          | 36 738                     | 19 390                 | 42 729                 | 43 651                 | 43 694              | 43 738  | 43 782  | 43 782          | -      |

**Note:**

- Indicator 4: OPD headcount corrected from 1 April 2011. The system calculated an inpatient seen by a service group staff member as an OPD headcount, instead of only an OPD visit to the service group.
- Indicator 5: The total cost of the public private partnership (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). From 2012/13, only the budgets of WCRC and Lentegeur are used to calculate the cost per PDE and for monitoring and evaluation purposes, the costs of the PPP is proportionally divided between the sub-Programmes for accurate reflection of the total cost of the services.
- Indicator 8: The definition of this indicator has been changed to align with changes in the National Indicator Dataset definition.
- Indicator 10: 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.
- Indicator 11: Quality improvement plans to address the findings of the 2011/12 baseline audit were developed and implemented during 2012/13. Assessments will be conducted every second year.
- Indicator 11: Only one discipline in each of the 4 psychiatric hospitals holds monthly Mortality and Morbidity Review Meetings 10 times per year (40 in total).

**Table 4.9: Quarterly targets for psychiatric hospitals for 2013/14 [PHS3]**

| Strategic goal                                               | Strategic objective: Title                                                                                                 | Strategic objective: Statement                                                                                                                                       | Performance Indicator                                                                                                                  | Reporting period | Annual target<br>2013/14 | Quarterly targets |             |             |             |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|-------------------|-------------|-------------|-------------|
|                                                              |                                                                                                                            |                                                                                                                                                                      |                                                                                                                                        |                  |                          | Q1                | Q2          | Q3          | Q4          |
| 1. Address the burden of disease.                            | 1.1. Address the burden of disease by ensuring access to Psychiatric hospital services.                                    | 1.1.1. Ensure access to the full package of psychiatric hospital services by providing 1 698 psychiatric hospital beds by 2014/15.                                   | 1) Number of usable beds (in psychiatric hospitals)<br>Element ID 1                                                                    | Quarterly        | 1 698                    | 1 698             | 1 698       | 1 698       | 1 698       |
|                                                              |                                                                                                                            |                                                                                                                                                                      | 2) Inpatient separations –total (in psychiatric hospitals)<br>Element ID 2                                                             | Quarterly        | 6 166                    | 1 569             | 1 599       | 1 486       | 1 512       |
|                                                              |                                                                                                                            |                                                                                                                                                                      | 3) Patient day equivalents [PDE] total (in psychiatric hospitals)<br>Element ID 3                                                      | Quarterly        | 560 228                  | 139 461           | 142 269     | 138 733     | 139 765     |
|                                                              |                                                                                                                            |                                                                                                                                                                      | 4) OPD total headcount (in psychiatric hospitals)<br>Element ID 4                                                                      | Quarterly        | 27 235                   | 6 637             | 7 403       | 6 892       | 6 304       |
|                                                              |                                                                                                                            |                                                                                                                                                                      | 5) Expenditure per patient day equivalent [PDE] total (in psychiatric hospitals) [2011/12 Rands]<br>Numerator ID 5<br>Denominator ID 3 | Quarterly        | R1 090                   | R1 090            | R1 090      | R1 090      | R1 090      |
| 2. Optimal financial management to maximise health outcomes. | 2.1. Allocate sufficient funds to ensure the sustained delivery of the full package of quality regional hospital services. | 2.1.1. Allocate sufficient funds to ensure the delivery of the full package of psychiatric hospital services at a rate of R1 090 per PDE by 2014/15 (2011/12 Rands). |                                                                                                                                        |                  | 610 395 650              | 152 598 913       | 152 598 913 | 152 598 913 | 152 598 913 |
|                                                              |                                                                                                                            |                                                                                                                                                                      |                                                                                                                                        |                  | 560 228                  | 139 461           | 142 269     | 138 733     | 139 765     |



| Strategic goal                                                         | Strategic objective: Title                                                                                         | Strategic objective: Statement                                                                                                                                               | Performance Indicator                                                                                                                                                                                                                                                                                                                        | Reporting period | Annual target<br>2013/14 | Quarterly targets |        |        |        |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|-------------------|--------|--------|--------|
|                                                                        |                                                                                                                    |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                              |                  |                          | Q1                | Q2     | Q3     | Q4     |
| 3. Ensure and maintain organisational management capacity and synergy. | 3.1. Ensure that management provides sustained support and strategic direction in the delivery of health services. | 3.1.1. Efficiently manage the allocated resources of psychiatric hospitals to achieve a bed utilisation rate of 89.0% and an average length of stay of 89.4 days by 2014/15. | 6) Inpatient bed utilisation rate (based on usable beds in psychiatric hospitals)<br>Numerator ID 6<br>Denominator ID 7                                                                                                                                                                                                                      | Quarterly        | 88.9%                    | 87.3%             | 89.0%  | 86.8%  | 87.6%  |
|                                                                        |                                                                                                                    |                                                                                                                                                                              | 7) Average length of stay (in psychiatric hospitals)<br>Numerator ID 6<br>Denominator ID 2                                                                                                                                                                                                                                                   | Quarterly        | 89.4                     | 88.3              | 88.4   | 92.8   | 92.1   |
| 4. Improve the quality of health services and the patient experience.  | 4.1. Improve the quality of health services and the patient experience.                                            | 4.1.1. Implement quality assurance measures to minimise patient risk in psychiatric hospitals by monthly mortality and morbidity meetings by 2014/15.                        | 8) Complaint resolution within 25 working days rate (from users of psychiatric hospitals)<br>Numerator ID 10<br>Denominator ID 11                                                                                                                                                                                                            | Quarterly        | 87.4%                    | 90.0%             | 90%    | 81.6%  | 87.8%  |
|                                                                        |                                                                                                                    |                                                                                                                                                                              | 9) Hospital patient satisfaction rate (in psychiatric hospitals)<br>Numerator ID 12<br>Denominator ID 13                                                                                                                                                                                                                                     | Annual           | 85.0%                    | -                 | -      | 85.0%  | -      |
|                                                                        |                                                                                                                    |                                                                                                                                                                              | 10) Percentage of psychiatric hospitals assessed for compliance against the 6 priorities of the core standards (NID: Facility core standards self-assessment rate in psychiatric hospitals)<br>Number of psychiatric hospitals assessed for compliance against the 6 priorities of the core standards<br>Numerator ID 14<br>Denominator ID 9 | Annual           | -                        | -                 | -      | -      | 0      |
|                                                                        |                                                                                                                    |                                                                                                                                                                              | 11) Morbidity and mortality review rate (in psychiatric hospitals)<br>Numerator ID 18<br>Denominator ID 19                                                                                                                                                                                                                                   | Quarterly        | 100.0%                   | 100.0%            | 100.0% | 100.0% | 100.0% |
|                                                                        |                                                                                                                    |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                              |                  | 40                       | 10                | 10     | 10     | 10     |
|                                                                        |                                                                                                                    |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                              |                  | 40                       | 10                | 10     | 10     | 10     |

| Strategic goal                                                       | Strategic objective: Title                 | Strategic objective: Statement                                                                                              | Performance Indicator                                                                               | Reporting period | Annual target | Quarterly targets |        |        |        |     |
|----------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------|---------------|-------------------|--------|--------|--------|-----|
|                                                                      |                                            |                                                                                                                             |                                                                                                     |                  |               | Q1                | Q2     | Q3     | Q4     |     |
| <b>Strategic objectives and quarterly targets for step-down beds</b> |                                            |                                                                                                                             |                                                                                                     |                  |               |                   |        |        |        |     |
| 1. Address the burden of disease.                                    | 1.1. Ensure access to step-down hospitals. | 1.1.1. Provide a total of 145 step-down beds and maintain a bed occupancy rate of 82.6% in sub-acute facilities by 2014/15. | 1) Number of useable beds (in step-down facilities)<br>Element ID15                                 | Quarterly        | 145           | 145               | 145    | 145    | 145    | 145 |
|                                                                      |                                            |                                                                                                                             | 2) Inpatient bed utilisation rate (in step-down facilities)<br>Numerator ID 16<br>Denominator ID 17 | Quarterly        | 82.6%         | 83.3%             | 84.5%  | 83.3%  | 79.1%  |     |
|                                                                      |                                            |                                                                                                                             |                                                                                                     |                  | 43 694        | 11 023            | 11 181 | 11 019 | 10 472 |     |
|                                                                      |                                            |                                                                                                                             |                                                                                                     |                  | 52 925        | 13 231            | 13 231 | 13 231 | 13 232 |     |
|                                                                      |                                            |                                                                                                                             | 3) Total number of patient days (in step-down facilities)<br>Element ID16                           | Quarterly        | 43 694        | 11 023            | 11 181 | 11 019 | 10 472 |     |

6.5 **RECONCILING PERFORMANCE TARGETS WITH THE BUDGET AND MTEF**

Please refer to Tables 4.16 and 4.17 for the detailed financial information.

6.6 **PERFORMANCE AND EXPENDITURE TRENDS**

Sub-Programme 4.3, Psychiatric hospitals, are allocated 26.53 per cent of the Programme 4 budget in 2013/14 in comparison to the 26.97 per cent that was allocated in the revised estimate of the 2012/13 budget. This amounts to a nominal increase of R34.182 million or 5.46 per cent.

6.6.1 **Impact of the budget on performance targets and measures that will be put in place to ensure that the strategic objectives continue to be realised:**

Psychiatric services continue to remain under pressure particularly as a result of the high rate of substance abuse. It is therefore important that the Department continue to focus on the de-institutionalisation of clients and the strengthening of acute, inpatient and outpatient services as well as the district and community based services.

## **7. SUB-PROGRAMME 4.4: SPECIALISED REHABILITATION SERVICES**

Sub-Programme 4.4 consists of the Western Cape Rehabilitation Centre (WCRC), which provides specialised rehabilitation services for people with physical disabilities.

The Orthotic and Prosthetic Centre (OPC) is managed by the WCRC.

There is a Western Cape Public Private Partnership (PPP) for the provision of equipment, facilities management and all associated services at the WCRC and Lentegeur Hospital which share the same site.

### **7.1 SITUATION ANALYSIS**

#### **7.1.1 Western Cape Rehabilitation Centre (WCRC)**

- The WCRC, a 156-bed facility, provides specialised, comprehensive, multidisciplinary inpatient and outpatient rehabilitation services to persons with physical disabilities.
- Inter-disciplinary services are delivered at WCRC in accordance with the Rehabilitation and Disability Management Service Plan.
- An important part of the service is the prevention of secondary complications in persons with disabilities, particularly in high risk groups such as clients with spinal cord injuries.
- The WCRC provides support to the district health services to facilitate the development of quality rehabilitation services for persons with physical disabilities.
- This service includes the provision of mobility- and other assistive devices, including orthotics and prosthetics where indicated. The service also provides a platform for rehabilitation-related training. The WCRC follows an outcomes-based approach using the International Classification of Functioning Disability and Health framework. Outcome levels on admission and discharge clearly demonstrate how the service positively impacts the re-integration of disabled clients into their homes, communities and where appropriate, into productive activity.
- Specialised outpatient services for referred patients are provided at urology-, orthopaedics-, plastics and specialised seating clinics.

#### **7.1.2 Orthotic and Prosthetic Services**

- The increasing prevalence of physical disability in the Western Cape has resulted in an ever-increasing demand for orthotic and prosthetic devices, such as artificial limbs, orthopaedic footwear and spinal braces (amongst others) to facilitate the functional independence of clients.
- The strategic plan for orthotic and prosthetic services has been implemented and continues to be monitored and evaluated in terms of the reprioritisation of services.
- On-site, off-site and outreach orthotic and prosthetic services are rendered to all districts in the Western Cape, with the exception of the Eden and Central Karoo Districts, where these services have been outsourced.

### 7.1.3 Management of the Public Private Partnership (PPP) contract

- A unique public private partnership (PPP) between the Western Cape Department of Health and Mpilisweni was signed in December 2006 and full service commenced from 1 March 2007 for a period of twelve years.
- This PPP is unique in that both hard and soft facilities management services are rendered by a private party to two hospitals on the same geographical site, each of which provide unique specialised clinical services to very diverse categories of patients. Lentegeur Hospital (reflected in sub-Programme 4.3) provides acute specialised psychiatric services, as well as chronic services for the intellectually disabled, while the WCRC provides sub-acute, specialised, comprehensive rehabilitation services for persons with physical disabilities.
- Output specifications and the range of services rendered by the private party differ between the two hospitals. The physical site, which also accommodates eleven other organisations and service providers that are excluded from the PPP, is extensive.
- The monitoring of the PPP and associated risks, necessitates stringent financial controls, applied through various management structures to ensure best value for money.

## 7.2 CHALLENGES

- 1) Increasing numbers of foreign nationals being admitted, resulting in delayed discharges and repatriation challenges.
- 2) Increasing admissions of outcome level one (medically acute) clients, who are not yet able to actively participate in a rehabilitation Programme, resulting in increased lengths of stays.
- 3) The high turnover of rehabilitation professionals, which is due to limited career-path prospects despite the implementation of occupational specific dispensations for therapists.
- 4) The slow development of primary level rehabilitation services, which are necessary to ensure the retention of functional gains post discharge.

## 7.3 PRIORITIES FOR 2013/14

### 7.3.1 Address the burden of disease

- 1) Deliver interdisciplinary, outcome-based rehabilitation services, within an International Functioning Disability and Health Framework that are aligned with the Rehabilitation and Disability Management Service Plan.
- 2) Facilitate service solutions to prevent secondary complications in persons with disabilities, particularly those in high risk e.g. spinal cord injuries.
- 3) Provide support to district health services and geographical service areas to facilitate the development and provision of quality rehabilitation services for persons with physical disabilities.
- 4) Render on-site, off-site and outreach orthotic and prosthetic services to all districts in the Western Cape.

**7.3.2 Optimal financial management to maximise health outcomes**

- 1) Allocate sufficient funds to ensure delivery of specialised rehabilitation services and to address the objectives within an affordable cost per patient day equivalent.
- 2) Use various management structures to monitor the outputs of the public private partnership (PPP); and to ensure compliance with contractual obligations, and best value for money.

**7.3.3 Ensure and maintain organisational strategic management capacity and synergy**

- 1) Continue to provide support to cost centre managers to ensure effective and efficient management of resources.
- 2) Facilitate improved communication between all levels of management and clinical staff.
- 3) Facilitate training of top-and middle managers in lean management principles.

**7.3.4 Improve the quality of health services and the patient experience**

- 1) Improve the quality of rehabilitation services in terms of the client experience of care.
- 2) Continue with the appointment of active task teams to resolve identified priority areas viz. reducing patient falls, pressure sores, and catheter-acquired urinary tract infections (the latter being a Best Care Always initiative).
- 3) Facilitate appropriate behaviours in staff through the use of value champions as change agents.
- 4) Hold monthly mortality and morbidity meetings to improve management and mitigation of clinical risks.
- 5) Assess the results of the annual client and staff satisfaction surveys and implement remedial actions where appropriate.
- 6) Assess adherence to the six identified priorities extracted from the national core standards.

## 7.4 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR REHABILITATION HOSPITALS

Table 4.10: Data elements of performance indicators for rehabilitation hospitals

| Source               | Data element                                                                                                                                           | Element ID | Audited / Actual performance |                        |                        |                        | Estimate    | Medium term targets |             |         |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------|------------------------|------------------------|------------------------|-------------|---------------------|-------------|---------|
|                      |                                                                                                                                                        |            | 2009/10                      | 2010/11                | 2011/12                | 2012/13                |             | 2013/14             | 2014/15     | 2015/16 |
| SINJANI              | Usable beds in rehabilitation hospitals                                                                                                                | 1          | 156                          | 156                    | 156                    | 156                    | 156         | 156                 | 156         |         |
| SINJANI              | Separations in rehabilitation hospitals<br>(Sum of: day patients + inpatient deaths + inpatient discharges + inpatient transfers out)                  | 2          | 829                          | 949                    | 859                    | 892                    | 893         | 894                 | 895         |         |
| SINJANI              | Patient day equivalents (PDE) in rehabilitation hospitals<br>(Sum of: inpatient days + 1/2 day patients + 1/3 OPD headcount + 1/3 emergency headcount) | 3          | 56 801                       | 51 775                 | 45 672                 | 46 648                 | 46 695      | 46 741              | 46 788      |         |
| SINJANI              | OPD headcount (general and specialist) in rehabilitation hospitals                                                                                     | 4          | 25 107                       | 30 812                 | 10 980                 | 10 648                 | 10 659      | 10 669              | 10 680      |         |
| BAS                  | Total expenditure in rehabilitation hospitals<br>(2011/12 Rands) R'000                                                                                 | 5          | 106 788 157                  | 102 085 893            | 106 262 670            | 102 428 097            | 104 287 932 | 103 854 428         | 102 610 090 |         |
| SINJANI              | Patient days in rehabilitation hospitals<br>(Sum of Inpatient days + 1/2 days patients)                                                                | 6          | 48 431                       | 41 505                 | 42 012                 | 43 099                 | 43 142      | 43 185              | 43 228      |         |
| SINJANI              | Total usable bed days in rehabilitation hospitals                                                                                                      | 7          | 56 940                       | 56 940                 | 56 946                 | 56 940                 | 56 940      | 56 940              | 56 940      |         |
| Facility list        | Number of rehabilitation hospitals                                                                                                                     | 9          | 1                            | 1                      | 1                      | 1                      | 1           | 1                   | 1           |         |
| SINJANI              | Complaints resolved within 25 working days in rehabilitation hospitals                                                                                 | 10         | 13                           | 13                     | 22                     | 29                     | 29          | 29                  | 29          |         |
| SINJANI              | Complaints lodged in rehabilitation hospitals                                                                                                          | 11         | 15                           | 15                     | 25                     | 29                     | 29          | 29                  | 29          |         |
| SINJANI              | Number of questionnaires with 1 or 2 recorded for pleased with treatment in rehabilitation hospitals                                                   | 12         | Not required to report       | 176                    | 152                    | 220                    | 220         | 220                 | 220         |         |
| SINJANI              | Number of questionnaires for pleased with treatment in rehabilitation hospitals                                                                        | 13         | Not required to report       | 184                    | 157                    | 237                    | 237         | 237                 | 237         |         |
| NDoH assessment tool | Rehabilitation hospitals assessed against the core standards                                                                                           | 14         | Not required to report       | Not required to report | 1                      | 1                      | 0           | 1                   | 0           |         |
| SINJANI              | Mortality and morbidity review conducted in rehabilitation hospitals                                                                                   | 15         | Not required to report       | Not required to report | Not required to report | Not required to report | 10          | 10                  | 10          |         |
| SINJANI              | Planned mortality and morbidity reviews multiplied by Number of disciplines within the facility                                                        | 16         | Not required to report       | Not required to report | Not required to report | Not required to report | 10          | 10                  | 10          |         |

**Note:**

Element ID 4: The OPD headcount has been corrected from 1 April 2011. The system calculated an inpatient seen by a service group staff member as an OPD headcount, instead of only an OPD visit to the service group.

Element ID 6: The decreases in patient days since 2010 is due to the exclusion of in-patient leave e.g. over weekends from the calculation.

Element ID 8: This element has been removed from the elements table from April 2013 as it is no longer a reporting requirement due to changes in the National Indicator Dataset definitions.

Element ID 10: From 2013/14 due to a change in the National Indicator Dataset definition, the element will reflect complaints resolved within 25 working days, not calendar days.

Element ID 14: Assessments to be done every second year.

Element 15 and 16: New elements introduced from April 2013 to align with changes in the National Indicator Dataset definition. Only one discipline in the rehabilitation hospital holds monthly Mortality and Morbidity Review Meetings 10 times per year (10 meetings in total).

**Table 4.11: Strategic objectives and annual targets for rehabilitation hospitals [PHS1 & 2]**

| Strategic goal statement                                     | Strategic objective: Title                                                                                                 | Strategic objective: Statement                                                                                                                | Performance indicator                                                                                                               | Type  | Strategic objective target | Audited/actual performance |             |             |             | Estimated performance | Medium term targets |         |         | National target |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------|----------------------------|-------------|-------------|-------------|-----------------------|---------------------|---------|---------|-----------------|
|                                                              |                                                                                                                            |                                                                                                                                               |                                                                                                                                     |       |                            | 2009/10                    | 2010/11     | 2011/12     | 2012/13     |                       | 2013/14             | 2014/15 | 2015/16 |                 |
| 1. Address the burden of disease.                            | 1.1. Address the burden of disease by ensuring access to rehabilitation services.                                          | 1.1.1. Ensure access to the full package of rehabilitation hospital services by providing 156 rehabilitation hospital beds by 2014/15.        | 1) Number of usable beds (in rehabilitation hospitals)<br>Element ID 1                                                              | No    | 156                        | 156                        | 156         | 156         | 156         | 156                   | 156                 | 156     | 156     | -               |
|                                                              |                                                                                                                            |                                                                                                                                               | 2) Inpatient separations - total (in rehabilitation hospitals)<br>Element ID 2                                                      | No    | -                          | 829                        | 949         | 859         | 892         | 893                   | 894                 | 895     | -       |                 |
|                                                              |                                                                                                                            |                                                                                                                                               | 3) Patient day equivalents [PDE] total (in rehabilitation hospitals)<br>Element ID 3                                                | No    | -                          | 56 801                     | 51 775      | 45 672      | 46 648      | 46 695                | 46 741              | 46 788  | -       |                 |
|                                                              |                                                                                                                            |                                                                                                                                               | 4) OPD headcount total (in rehabilitation hospitals)<br>Element ID 4                                                                | No    | -                          | 25 107                     | 30 812      | 10 980      | 10 648      | 10 659                | 10 669              | 10 680  | -       |                 |
|                                                              |                                                                                                                            |                                                                                                                                               | 5) Expenditure per patient day equivalent [PDE] (in rehabilitation hospitals) [2011/12 Rands]<br>Numerator ID 5<br>Denominator ID 3 | R     | R2 222                     | R1 880                     | R1 972      | R2 327      | R2 196      | R2 233                | R2 222              | R2 193  | -       |                 |
| 2. Optimal financial management to maximise health outcomes. | 2.1. Allocate sufficient funds to ensure the sustained delivery of the full package of quality regional hospital services. | 2.1.1. Ensure the cost effective management of rehabilitation hospitals at a target expenditure of R2 222 per PDE by 2014/15 (2011/12 Rands). |                                                                                                                                     | R'000 | 103 854 428                | 106 788 157                | 102 085 893 | 106 262 670 | 102 428 097 | 103 854 428           | 102 610 090         | 46 741  | 46 788  | -               |



| Strategic goal statement                                                         | Strategic objective: Title                                                                                         | Strategic objective: Statement                                                                                                                                                         | Performance indicator                                                                        | Type | Strategic objective target | Audited/actual performance |                  |                  | Estimated performance | Medium term targets |                  |            | National target |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------|----------------------------|----------------------------|------------------|------------------|-----------------------|---------------------|------------------|------------|-----------------|
|                                                                                  |                                                                                                                    |                                                                                                                                                                                        |                                                                                              |      |                            | 2009/10                    | 2010/11          | 2011/12          |                       | 2012/13             | 2013/14          | 2014/15    |                 |
| 3. Ensure and maintain organisational strategic management capacity and synergy. | 3.1. Ensure that management provides sustained support and strategic direction in the delivery of health services. | 3.1.1. Efficiently manages the allocated resources of rehabilitation services to achieve a target bed utilisation rate of 75.8% and an average length of stay of 48.3 days by 2014/15. | 6) Inpatient bed utilisation rate (based on usable beds in rehabilitation hospitals)         | %    | 75.8%                      | 85.1%                      | 72.9%            | 73.8%            | 75.7%                 | 75.8%               | 75.8%            | 75.9%      | -               |
|                                                                                  |                                                                                                                    |                                                                                                                                                                                        | Numerator ID 6<br>Denominator ID 7                                                           |      | 43 185<br>56 940           | 41 505<br>56 940           | 42 012<br>56 946 | 43 099<br>56 940 | 43 142<br>56 940      | 43 185<br>56 940    | 43 228<br>56 940 | -          |                 |
| 4. Improve the quality of health services and the patient experience.            | 4.1. Improve the quality of health services and the patient experience.                                            | 4.1.1. Implement quality assurance measures to minimise patients risk rehabilitation hospitals by monthly mortality and morbidity meetings by 2014/15.                                 | 7) Average length of stay (in rehabilitation hospitals)                                      | Days | 48.3                       | 58.4                       | 43.7             | 48.9             | 48.3                  | 48.3                | 48.3             | 48.3       | -               |
|                                                                                  |                                                                                                                    |                                                                                                                                                                                        | Numerator ID 6<br>Denominator ID 2                                                           |      | 43 185<br>894              | 41 505<br>949              | 42 012<br>859    | 43 099<br>892    | 43 142<br>893         | 43 185<br>894       | 43 228<br>895    | -          |                 |
| 4. Improve the quality of health services and the patient experience.            | 4.1. Improve the quality of health services and the patient experience.                                            | 4.1.1. Implement quality assurance measures to minimise patients risk rehabilitation hospitals by monthly mortality and morbidity meetings by 2014/15.                                 | 8) Complaint resolution within 25 working days rate (from users of rehabilitation hospitals) | %    | -                          | 86.7%                      | 86.7%            | 88.0%            | 100.0%                | 100.0%              | 100.0%           | 100.0%     | -               |
|                                                                                  |                                                                                                                    |                                                                                                                                                                                        | Numerator ID 10<br>Denominator ID 11                                                         |      | -                          | 13<br>15                   | 13<br>15         | 22<br>25         | 29<br>29              | 29<br>29            | 29<br>29         | 29<br>29   | 29<br>29        |
| 4. Improve the quality of health services and the patient experience.            | 4.1. Improve the quality of health services and the patient experience.                                            | 4.1.1. Implement quality assurance measures to minimise patients risk rehabilitation hospitals by monthly mortality and morbidity meetings by 2014/15.                                 | 9) Hospital patient satisfaction rate (in rehabilitation hospitals)                          | %    | -                          | Not required to report     | 95.7%            | 96.8%            | 92.8%                 | 92.8%               | 92.8%            | 92.8%      | -               |
|                                                                                  |                                                                                                                    |                                                                                                                                                                                        | Numerator ID 12<br>Denominator ID 13                                                         |      | -                          | -                          | 176<br>184       | 152<br>157       | 220<br>237            | 220<br>237          | 220<br>237       | 220<br>237 | 220<br>237      |

| Strategic goal statement | Strategic objective: Title | Strategic objective: Statement | Performance indicator                                                                                                                                                                                                                                                                                                                                | Type | Strategic objective target | Audited/actual performance |                        |                        |                        | Estimated performance | Medium term targets |         |         | National target |
|--------------------------|----------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------|----------------------------|------------------------|------------------------|------------------------|-----------------------|---------------------|---------|---------|-----------------|
|                          |                            |                                |                                                                                                                                                                                                                                                                                                                                                      |      |                            | 2009/10                    | 2010/11                | 2011/12                | 2012/13                |                       | 2013/14             | 2014/15 | 2015/16 |                 |
|                          |                            |                                | 10) Percentage of rehabilitation hospitals assessed for compliance against the 6 priorities of the core standards (NID; Facility core standards self-assessment rate in rehabilitation hospitals)<br>Number of rehabilitation hospital assessed for compliance against the 6 priorities of the core standards<br>Numerator ID 14<br>Denominator ID 9 | No   | -                          | Not required to report     | Not required to report | 100.0%                 | 100.0%                 | -                     | 100.0%              | -       | -       | -               |
|                          |                            |                                | 11) Morbidity and mortality review rate (in rehabilitation hospitals)<br>Numerator ID 15<br>Denominator ID 16                                                                                                                                                                                                                                        | %    | 100.0%                     | Not required to report     | Not required to report | Not required to report | Not required to report | 100.0%                | 100.0%              | 100.0%  | 100.0%  | -               |
|                          |                            |                                |                                                                                                                                                                                                                                                                                                                                                      |      | 10                         |                            |                        |                        |                        | 10                    | 10                  | 10      | 10      | -               |
|                          |                            |                                |                                                                                                                                                                                                                                                                                                                                                      |      | 10                         |                            |                        |                        |                        | 10                    | 10                  | 10      | 10      | -               |

**Note:-**

- Indicator 4: OPD headcount has been corrected from 1 April 2011. The system calculated an inpatient seen by a service group staff member as an OPD headcount, instead of only an OPD visit to the service group. This indicator influences the targets of other indicators.
- Indicator 5: 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 Lenteguur Hospital (Sub-Programme 4.3). The budgets of WCRC and Lenteguur 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 8: The definition of this indicator has been 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.  
Assessment to be done every second year.
- Indicator 10: Indicator 11 has been amended and aligned with the changes in the National Indicator Dataset from 2013/14.
- Indicator 11: The Western Cape Rehabilitation Centre is deemed to have one discipline that will hold monthly Mortality and Morbidity Review Meetings 10 times per year (10 in total).

## 7.5 QUARTERLY TARGETS FOR REHABILITATION HOSPITALS

Table 4.12: Quarterly targets for rehabilitation hospitals for 2013/14 [PHS3]

| Strategic goal statement                                                         | Strategic objective: Title                                                                                                 | Strategic objective: Statement                                                                                                                                                         | Performance indicator                                                                                                                  | Reporting period | Annual target<br>2013/14 | Quarterly targets    |                      |                      |     |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|----------------------|----------------------|----------------------|-----|
|                                                                                  |                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                        |                  |                          | Q1                   | Q2                   | Q3                   | Q4  |
| 1. Address the burden of disease.                                                | 1.1. Address the burden of disease by ensuring access to rehabilitation services.                                          | 1.1.1. Ensure access to the full package of rehabilitation hospital services by providing 156 rehabilitation hospital beds by 2014/15.                                                 | 1) Number of usable beds (in rehabilitation hospitals)<br>Element ID 1                                                                 | Quarterly        | 156                      | 156                  | 156                  | 156                  | 156 |
|                                                                                  |                                                                                                                            |                                                                                                                                                                                        | 2) Inpatient separations –total (in rehabilitation hospitals)<br>Element ID 2                                                          | Quarterly        | 893                      | 217                  | 233                  | 208                  |     |
|                                                                                  |                                                                                                                            |                                                                                                                                                                                        | 3) Patient day equivalents [PDE] total (in rehabilitation hospitals)<br>Element ID 3                                                   | Quarterly        | 46 695                   | 11 695               | 11 299               | 12 036               |     |
|                                                                                  |                                                                                                                            |                                                                                                                                                                                        | 4) OPD headcount total (in rehabilitation hospitals)<br>Element ID 4                                                                   | Quarterly        | 10 659                   | 2 906                | 2 544                | 2 664                |     |
|                                                                                  |                                                                                                                            |                                                                                                                                                                                        | 5) Expenditure per patient day equivalent [PDE] (in rehabilitation hospitals)<br>[2011/12 Rands]<br>Numerator ID 5<br>Denominator ID 3 | Quarterly        | R2 233                   | R2 233               | R2 233               | R2 233               |     |
|                                                                                  |                                                                                                                            |                                                                                                                                                                                        | 6) Inpatient bed utilisation rate (based on usable beds in rehabilitation hospitals)<br>Numerator ID 6<br>Denominator ID 7             | Quarterly        | 104 287 932<br>46 695    | 26 071 983<br>11 664 | 26 071 983<br>11 299 | 26 071 983<br>12 036 |     |
|                                                                                  |                                                                                                                            |                                                                                                                                                                                        | 7) Average length of stay (in rehabilitation hospitals)<br>Numerator ID 6<br>Denominator ID 2                                          | Quarterly        | 75.8%                    | 73.8%                | 73.6%                | 76.9%                |     |
| 2. Optimal financial management to maximise health outcomes.                     | 2.1. Allocate sufficient funds to ensure the sustained delivery of the full package of quality regional hospital services. | 2.1.1. Ensure the cost effective management of rehabilitation hospitals at a target expenditure of R2 222 per PDE by 2014/15 (2011/12 Rands).                                          |                                                                                                                                        |                  |                          |                      |                      |                      |     |
| 3. Ensure and maintain organisational strategic management capacity and synergy. | 3.1. Ensure that management provides sustained support and strategic direction in the delivery of health services.         | 3.1.1. Efficiently manages the allocated resources of rehabilitation services to achieve a target bed utilisation rate of 75.8% and an average length of stay of 48.3 days by 2014/15. |                                                                                                                                        |                  |                          |                      |                      |                      |     |
|                                                                                  |                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                        |                  | 48.3                     | 49.5                 | 44.9                 | 54.0                 |     |
|                                                                                  |                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                        |                  | 43 142                   | 10 729               | 10 442               | 11 212               |     |
|                                                                                  |                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                        |                  | 56 940                   | 14 235               | 14 235               | 14 235               |     |
|                                                                                  |                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                        |                  | 43 142                   | 10 729               | 10 442               | 11 212               |     |
|                                                                                  |                                                                                                                            |                                                                                                                                                                                        |                                                                                                                                        |                  | 893                      | 236                  | 233                  | 208                  |     |

| Strategic goal statement                                              | Strategic objective: Title                                              | Strategic objective: Statement                                                                                                                        | Performance indicator                                                                                                                                                                                                                                                                                                                                 | Reporting period | Annual target<br>2013/14 | Quarterly targets |        |        |        |        |   |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|-------------------|--------|--------|--------|--------|---|
|                                                                       |                                                                         |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                       |                  |                          | Q1                | Q2     | Q3     | Q4     |        |   |
| 4. Improve the quality of health services and the patient experience. | 4.1. Improve the quality of health services and the patient experience. | 4.1.1 Implement quality assurance measures to minimise patients risk rehabilitation hospitals by monthly mortality and morbidity meetings by 2014/15. | 8) Complaint resolution within 25 working days rate (from users of rehabilitation hospitals)<br>Numerator ID 10<br>Denominator ID 11                                                                                                                                                                                                                  | Quarterly        | 100.0%                   | 100.0%            | 100.0% | 100.0% | 100.0% | 100.0% |   |
|                                                                       |                                                                         |                                                                                                                                                       | 9) Hospital patient satisfaction rate (in rehabilitation hospitals)<br>Numerator ID 12<br>Denominator ID 13                                                                                                                                                                                                                                           | Annual           | 92.8%                    | -                 | -      | -      | -      | 92.8%  |   |
|                                                                       |                                                                         |                                                                                                                                                       | 10) Percentage of rehabilitation hospitals assessed for compliance against the 6 priorities of the core standards (NID: Facility core standards self-assessment rate in rehabilitation hospitals)<br>Number of rehabilitation hospitals assessed for compliance against the 6 priorities of the core standards<br>Numerator ID 14<br>Denominator ID 9 | Annual           | -                        | -                 | -      | -      | -      | -      | 0 |
|                                                                       |                                                                         |                                                                                                                                                       | 11) Morbidity and mortality review rate (in rehabilitation hospitals)<br>Numerator ID 15<br>Denominator ID 16                                                                                                                                                                                                                                         | Quarterly        | 100.0%                   | 100.0%            | 100.0% | 100.0% | 100.0% | 100.0% |   |
|                                                                       |                                                                         |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                       |                  |                          |                   |        |        |        |        |   |
|                                                                       |                                                                         |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                       |                  |                          |                   |        |        |        |        |   |
|                                                                       |                                                                         |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                       |                  |                          |                   |        |        |        |        |   |
|                                                                       |                                                                         |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                       |                  |                          |                   |        |        |        |        |   |
|                                                                       |                                                                         |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                       |                  |                          |                   |        |        |        |        |   |
|                                                                       |                                                                         |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                       |                  |                          |                   |        |        |        |        |   |
|                                                                       |                                                                         |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                       |                  |                          |                   |        |        |        |        |   |

**7.6 RECONCILING PERFORMANCE TARGETS WITH THE BUDGET AND MTEF**

Please refer to Tables 4.16 and 4.17 for the detailed financial information.

**7.7 PERFORMANCE AND EXPENDITURE TRENDS**

Sub-programme 4.4, rehabilitation hospitals is allocated 5.99 per cent of the 2013/14 Programme 4 budget in 2013/14 in comparison to the 6.09 per cent that was allocated in the revised estimate of the 2012/13 budget. This amounts to a nominal increase of R7.704 million or 5.44 per cent.

**7.7.1 Impact of the budget on performance targets and measures that will be put in place to ensure that the strategic objectives continue to be realised:**

In order to ensure that rehabilitation services can continue to be provided to clients, it is important that the budget for assistive devices continuous to be increased. The 5.3 per cent nominal increase will contribute towards reducing the backlogs for assistive devices.

## **8. SUB-PROGRAMME 4.5: DENTAL TRAINING HOSPITALS**

### **8.1 SITUATION ANALYSIS**

In the Western Cape, oral health services falls within separate budget Programme structures. The district oral health services component resorts under the management of Programme 2 (District Health Services).

The Dental Faculty of the University of the Western Cape (UWC), also referred to as the Oral Health Centre (OHC), falls within the management structure of Programme 4 and is mostly involved with the training of dentists and oral hygienists and the provision of a specialised service for more complex problems.

The approved document on the governance of Oral Health Services in the Western Cape provides a broad outline of the provision of oral health services across the service platform and governance of the service. Additional funding has been requested for allocation to Oral Health for the 2013/14 financial year to address the phased implementation of the Oral Health Plan.

The OHC provides dental services to the community of the Western Cape. This service includes primary, secondary, tertiary and quaternary levels of oral healthcare and is provided on a platform of oral health training complexes, which comprise Tygerberg Oral Health Centre, Groote Schuur Hospital, Red Cross War Memorial Children's Hospital and the Mitchells Plain Oral Health Centre. Other categories of oral health staff, such as dental technicians, receive their training at the Universities of Technology.

The package of care provided on the service platform includes consultation and diagnosis, dental x-rays to aid diagnosis, treatment of pain and sepsis, extractions, oral health education, scaling and polishing, fluoride treatment, fissure sealants, fillings, dentures, orthodontics, surgical procedures and maxilla-facial procedures.

This service is mostly student driven and, as a result, the student vacations and examination periods impact negatively on service outputs.

### **8.2 CHALLENGES**

- 1) Governance of oral health services across the service platform.
- 2) The availability of sufficient theatre time.
- 3) Training, recruitment and retention of staff.
- 4) Infrastructure development for oral health.

### **8.3 PRIORITIES FOR 2013/14**

Addressing the burden of disease by ensuring access to dental training hospitals:

- Increase patient access to dental services
- Increase maxillofacial surgery procedures.
- Provide quality removable prosthetic devices.
- Provision of a quality orthodontic service.

8.4 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND TARGETS FOR SUB-PROGRAMME 4.5: DENTAL TRAINING HOSPITALS

Table 4.13: Data elements of performance indicators for Dental Training Hospitals

| Source              | Data element                                                                                                   | Element ID | Audited / Actual performance |         |         |         | Estimate | Medium term targets |         |         |  |
|---------------------|----------------------------------------------------------------------------------------------------------------|------------|------------------------------|---------|---------|---------|----------|---------------------|---------|---------|--|
|                     |                                                                                                                |            | 2009/10                      | 2010/11 | 2011/12 | 2012/13 |          | 2013/14             | 2014/15 | 2015/16 |  |
| Clinicom            | Sum of patient visits at: Tygerberg and UWC Oral Health centres + Other oral health clinics (outreach clinics) | 1          | 175 200                      | 120 207 | 112 424 | 115 000 | 115 100  | 115 150             | 115 170 |         |  |
| Laboratory register | Prosthetic units (dentures) issued                                                                             | 2          | 3 026                        | 4 103   | 4 400   | 4 450   | 4 460    | 4 470               | 4 480   |         |  |

Notes:

Indicator 1: The actual performance of 2009/10 was based on manual statistics and the reliability of these statistics is questionable.

Indicator 2: The actual performance of 2010/11 was based on Clinicom data and forms a reliable basis for productivity estimates for target setting.

From 2010/11 each prosthesis is counted as one unit to accurately reflect productivity as the involvement in making a unit and therefore is not reflective as an output measure.

Table 4.14: Strategic objectives and annual targets for Dental Training Hospitals [PHS2]

| Strategic goal statement          | Strategic objective: Title                      | Strategic objective: Statement                                                                                                               | Performance indicator                                                                         | Type | Strategic objective target 2014/15 | Audited/actual performance |         |         |         | Estimated performance 2012/13 | Medium term targets |         |         |  | National target 2014/15 |
|-----------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------|------------------------------------|----------------------------|---------|---------|---------|-------------------------------|---------------------|---------|---------|--|-------------------------|
|                                   |                                                 |                                                                                                                                              |                                                                                               |      |                                    | 2009/10                    | 2010/11 | 2011/12 | 2012/13 |                               | 2013/14             | 2014/15 | 2015/16 |  |                         |
| 1. Address the burden of disease. | 1.1 Ensure access to dental training hospitals. | 1.1.1 Ensure access to an integrated oral health service and training platform by providing for 115 150 patient visits per annum by 2014/15. | 1) Number of oral health patient visits per annum<br>Element ID 1                             | No   | 115 150                            | 175 200                    | 120 207 | 112 424 | 115 000 | 115 100                       | 115 150             | 115 170 | -       |  |                         |
|                                   |                                                 | 1.1.2 Provide quality removable prosthetic devices to patients with a target of 4 470 by 2014/15.                                            | 2) Number of removable oral health prosthetic devices manufactured (dentures)<br>Element ID 2 | No   | 4 470                              | 3 026                      | 4 103   | 4 400   | 4 450   | 4 460                         | 4 470               | 4 480   | -       |  |                         |

**Table 4.15: Quarterly targets for dental training hospitals for 2013/14 [PHS3]**

| Strategic goal statement          | Strategic objective: Title                       | Strategic objective: Statement                                                                                                                | Performance indicator                                                                         | Reporting period | Annual target<br>2013/14 | Quarterly targets |        |        |        |
|-----------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------|--------------------------|-------------------|--------|--------|--------|
|                                   |                                                  |                                                                                                                                               |                                                                                               |                  |                          | Q1                | Q2     | Q3     | Q4     |
| 1. Address the burden of disease. | 1.1. Ensure access to dental training hospitals. | 1.1.1. Ensure access to an integrated oral health service and training platform by providing for 115 150 patient visits per annum by 2014/15. | 1) Number of oral health patient visits per annum<br>Element ID 1                             | Quarterly        | 115 100                  | 31 050            | 35 525 | 22 375 | 26 150 |
|                                   |                                                  | 1.1.2. Provide quality removable prosthetic devices to patients with a target of 4 470 by 2014/15.                                            | 2) Number of removable oral health prosthetic devices manufactured (dentures)<br>Element ID 2 | Quarterly        | 4 460                    | 1 350             | 1 300  | 1 250  | 560    |



## 8.5 RECONCILING PERFORMANCE TARGETS WITH THE BUDGET AND MTEF

Please refer to Tables 4.16 and 4.17 for the detailed financial information.

## 8.6 PERFORMANCE AND EXPENDITURE TRENDS

Sub-programme 4.5, Dental Training Hospitals, is allocated 5.00 per cent of the Programme 4 budget for 2013/14 in comparison to the 4.81 per cent that was allocated in the revised estimate of the 2012/13 budget. This amounts to a nominal increase of R12.826 million or 11.48 per cent.

### 8.6.1 Impact of the budget on performance targets and measures that will be put in place to ensure that the strategic objectives continue to be realised:

Given the limited resources and many competing needs, only minor steps can be taken annually to implement the oral health plan. The renewed focus on the fluoridation of water, which is a key upstream factor in the prevention of dental caries, will continue.

Budgetary constraints will require stringent financial management, cost containment measures and priority setting. Only funded posts within the approved post list will be filled.

There will be renewed measures to improve data collection, analysis and reporting.

Priority equipment will be funded as per the capital acquisition plan for dental services.

## 9. RECONCILING PERFORMANCE TARGETS WITH THE BUDGET AND THE MTEF

**Table 4.16: Summary of payments and estimates: Programme 4: Provincial Hospital Services**

| Sub-programme<br>R'000                       | Outcome            |                    |                    | Main<br>appropriation<br>2012/13 | Adjusted<br>appropriation<br>2012/13 | Revised<br>estimate<br>2012/13 | Medium-term estimate                    |             |                  |                  |
|----------------------------------------------|--------------------|--------------------|--------------------|----------------------------------|--------------------------------------|--------------------------------|-----------------------------------------|-------------|------------------|------------------|
|                                              | Audited<br>2009/10 | Audited<br>2010/11 | Audited<br>2011/12 |                                  |                                      |                                | % Change<br>from<br>Revised<br>estimate |             |                  |                  |
|                                              |                    |                    |                    |                                  |                                      |                                | 2013/14                                 | 2012/13     | 2014/15          | 2015/16          |
| 1. General (Regional) Hospitals <sup>a</sup> | 1 698 619          | 2 020 367          | 1 134 042          | 1 213 595                        | 1 216 904                            | 1 226 720                      | 1 331 866                               | 8.57        | 1 420 622        | 1 502 358        |
| 2. Tuberculosis Hospitals <sup>a</sup>       | 157 627            | 178 427            | 198 767            | 214 117                          | 215 646                              | 215 857                        | 223 437                                 | 3.51        | 238 179          | 251 809          |
| 3. Psychiatric/Mental Hospitals <sup>a</sup> | 448 401            | 516 351            | 576 957            | 630 523                          | 633 808                              | 626 239                        | 660 421                                 | 5.46        | 707 265          | 750 537          |
| 4. Chronic Medical Hospitals <sup>a</sup>    | 110 461            | 121 901            | 134 342            | 142 690                          | 142 094                              | 141 514                        | 149 218                                 | 5.44        | 158 062          | 166 200          |
| 5. Dental Training Hospitals <sup>a</sup>    | 85 980             | 98 195             | 105 427            | 110 026                          | 111 693                              | 111 752                        | 124 578                                 | 11.48       | 137 169          | 145 184          |
| <b>Total payments and estimates</b>          | <b>2 501 088</b>   | <b>2 935 241</b>   | <b>2 149 535</b>   | <b>2 310 951</b>                 | <b>2 320 145</b>                     | <b>2 322 082</b>               | <b>2 489 520</b>                        | <b>7.21</b> | <b>2 661 297</b> | <b>2 816 088</b> |

<sup>a</sup> 2013/14: National Conditional grant: Health Professions Training and Development: R60 367 000 (Compensation of employees R43 760 000; Goods and services R16 607 000).

Note: A contributing factor to the decrease of funding in this programme in 2009/10 is the allocation of Victoria Hospital from Sub-programme 4.1 to Sub-programme 2.9.

Note: Sub-programme 1.2.2 allocations from 2010/11 was shifted to Sub-programme 4.1.

**Table 4.17: Payments and estimates by economic classification: Programme 4:  
Provincial Hospital Services**

| Economic classification<br>R'000                                                          | Outcome   |           |           | Main<br>appro-<br>priation<br>2012/13 | Adjusted<br>appro-<br>priation<br>2012/13 | Revised<br>estimate<br>2012/13 | Medium-term estimate                 |          |           |           |
|-------------------------------------------------------------------------------------------|-----------|-----------|-----------|---------------------------------------|-------------------------------------------|--------------------------------|--------------------------------------|----------|-----------|-----------|
|                                                                                           | Audited   | Audited   | Audited   |                                       |                                           |                                | % Change<br>from Revised<br>estimate |          |           |           |
|                                                                                           | 2009/10   | 2010/11   | 2011/12   |                                       |                                           |                                | 2013/14                              | 2012/13  | 2014/15   | 2015/16   |
| <b>Current payments</b>                                                                   | 2 478 921 | 2 899 341 | 2 118 074 | 2 287 568                             | 2 297 415                                 | 2 296 124                      | 2 458 503                            | 7.07     | 2 625 034 | 2 778 545 |
| Compensation of employees                                                                 | 1 746 601 | 2 016 945 | 1 535 899 | 1 666 499                             | 1 676 346                                 | 1 680 571                      | 1 809 623                            | 7.68     | 1 947 281 | 2 073 340 |
| Salaries and wages                                                                        | 1 557 298 | 1 798 610 | 1 358 265 | 1 474 914                             | 1 484 799                                 | 1 484 455                      | 1 598 613                            | 7.69     | 1 720 219 | 1 831 580 |
| Social contributions                                                                      | 189 303   | 218 335   | 177 634   | 191 585                               | 191 547                                   | 196 116                        | 211 010                              | 7.59     | 227 062   | 241 760   |
| Goods and services                                                                        | 732 320   | 882 396   | 582 175   | 621 069                               | 621 069                                   | 615 553                        | 648 880                              | 5.41     | 677 753   | 705 205   |
| <i>of which</i>                                                                           |           |           |           |                                       |                                           |                                |                                      |          |           |           |
| Administrative fees                                                                       | 16        | 28        | 21        | 16                                    | 16                                        | 38                             | 39                                   | 2.63     | 41        | 43        |
| Advertising                                                                               | 71        | 28        | 39        | 33                                    | 33                                        | 20                             | 21                                   | 5.00     | 21        | 22        |
| Assets <R5 000                                                                            | 5 432     | 9 124     | 7 270     | 8 110                                 | 8 410                                     | 9 173                          | 9 658                                | 5.29     | 10 045    | 10 403    |
| Catering: Departmental activities                                                         | 130       | 266       | 308       | 404                                   | 404                                       | 369                            | 387                                  | 4.88     | 403       | 419       |
| Communication                                                                             | 14 215    | 17 233    | 13 137    | 14 927                                | 14 927                                    | 14 394                         | 15 158                               | 5.31     | 15 765    | 16 323    |
| Computer services                                                                         | 1 638     | 3 037     | 2 348     | 1 230                                 | 1 230                                     | 1 252                          | 1 320                                | 5.43     | 1 371     | 1 421     |
| Cons/prof. Business and advisory services                                                 | 41 391    | 42 618    | 47 141    | 49 382                                | 49 382                                    | 49 582                         | 52 211                               | 5.30     | 54 301    | 56 225    |
| Cons/prof. Laboratory services                                                            | 98 154    | 100 411   | 50 578    | 52 279                                | 52 579                                    | 52 852                         | 56 921                               | 7.70     | 59 202    | 61 300    |
| Cons/prof. Legal costs                                                                    | 2         | 1         |           |                                       |                                           |                                |                                      |          |           |           |
| Contractors                                                                               | 32 284    | 33 360    | 25 948    | 25 491                                | 22 491                                    | 22 607                         | 23 713                               | 4.89     | 24 662    | 25 538    |
| Agency and support/ outsourced services                                                   | 93 692    | 81 202    | 42 333    | 42 469                                | 44 469                                    | 45 648                         | 46 152                               | 1.10     | 47 999    | 49 699    |
| Entertainment                                                                             | 1         | 9         | 11        | 15                                    | 15                                        | 10                             | 10                                   |          | 10        | 10        |
| Inventory: Food and food supplies                                                         | 31 520    | 36 938    | 25 752    | 27 126                                | 27 126                                    | 27 317                         | 28 766                               | 5.30     | 29 917    | 30 979    |
| Inventory: Fuel, oil and gas                                                              | 4 595     | 6 496     | 2 674     | 3 159                                 | 3 159                                     | 4 339                          | 4 570                                | 5.32     | 4 754     | 4 921     |
| Inventory: Materials and supplies                                                         | 8 229     | 10 833    | 8 791     | 8 858                                 | 8 858                                     | 9 030                          | 9 085                                | 0.61     | 9 448     | 9 784     |
| Inventory: Medical supplies                                                               | 182 609   | 245 739   | 149 185   | 154 794                               | 154 994                                   | 151 381                        | 159 404                              | 5.30     | 165 791   | 171 666   |
| Inventory: Medicine                                                                       | 69 655    | 92 669    | 51 679    | 56 924                                | 56 924                                    | 54 368                         | 56 332                               | 3.61     | 58 586    | 60 663    |
| Inventory: Other consumables                                                              | 23 596    | 30 131    | 20 450    | 22 214                                | 22 614                                    | 24 399                         | 25 690                               | 5.29     | 26 718    | 27 670    |
| Inventory: Stationery and printing                                                        | 8 367     | 11 422    | 9 189     | 9 710                                 | 9 710                                     | 10 264                         | 10 807                               | 5.29     | 11 242    | 11 637    |
| Lease payments                                                                            | 2 940     | 3 955     | 6 150     | 6 283                                 | 6 283                                     | 4 445                          | 3 831                                | (13.81)  | 3 988     | 4 130     |
| Rental and hiring                                                                         |           |           | 13        | 7                                     | 7                                         | 65                             | 68                                   | 4.62     | 71        | 74        |
| Property payments                                                                         | 98 389    | 139 374   | 103 384   | 121 818                               | 121 618                                   | 114 382                        | 123 342                              | 7.83     | 131 166   | 139 231   |
| Transport provided: Departmental activity                                                 | 421       | 611       | 263       | 326                                   | 326                                       | 434                            | 458                                  | 5.53     | 476       | 494       |
| Travel and subsistence                                                                    | 9 380     | 11 020    | 9 682     | 10 163                                | 10 163                                    | 12 701                         | 14 096                               | 10.98    | 14 661    | 15 186    |
| Training and development                                                                  | 4 352     | 4 346     | 4 172     | 4 072                                 | 4 072                                     | 4 670                          | 4 917                                | 5.29     | 5 114     | 5 294     |
| Operating expenditure                                                                     | 1 193     | 1 497     | 1 629     | 1 219                                 | 1 219                                     | 1 780                          | 1 874                                | 5.28     | 1 949     | 2 019     |
| Venues and facilities                                                                     | 48        | 48        | 28        | 40                                    | 40                                        | 33                             | 50                                   | 51.52    | 52        | 54        |
| <b>Transfers and subsidies to</b>                                                         | 4 116     | 3 055     | 4 109     | 3 239                                 | 3 239                                     | 5 770                          | 6 872                                | 19.10    | 7 150     | 7 400     |
| Departmental agencies and accounts                                                        |           |           |           |                                       |                                           | 45                             | 45                                   |          | 47        | 48        |
| Entities receiving transfers                                                              |           |           |           |                                       |                                           | 45                             | 45                                   |          | 47        | 48        |
| Other                                                                                     |           |           |           |                                       |                                           | 45                             | 45                                   |          | 47        | 48        |
| Households                                                                                | 4 116     | 3 055     | 4 109     | 3 239                                 | 3 239                                     | 5 725                          | 6 827                                | 19.25    | 7 103     | 7 352     |
| Social benefits                                                                           | 4 116     | 3 055     | 4 058     | 3 239                                 | 3 239                                     | 5 725                          | 6 827                                | 19.25    | 7 103     | 7 352     |
| Other transfers to households                                                             |           |           | 51        |                                       |                                           |                                |                                      |          |           |           |
| <b>Payments for capital assets</b>                                                        | 17 914    | 32 492    | 27 014    | 20 144                                | 19 491                                    | 19 843                         | 24 145                               | 21.68    | 29 113    | 30 143    |
| Buildings and other fixed structures                                                      | 69        | 173       | 56        |                                       |                                           |                                |                                      |          |           |           |
| Buildings                                                                                 | 69        | 173       | 56        |                                       |                                           |                                |                                      |          |           |           |
| Machinery and equipment                                                                   | 17 839    | 32 319    | 26 880    | 20 144                                | 19 491                                    | 19 793                         | 24 145                               | 21.99    | 29 113    | 30 143    |
| Transport equipment                                                                       | 536       | 1 044     | 1 060     | 885                                   | 95                                        | 95                             | 1 002                                | 954.74   | 1 042     | 1 080     |
| Other machinery and equipment                                                             | 17 303    | 31 275    | 25 820    | 19 259                                | 19 396                                    | 19 698                         | 23 143                               | 17.49    | 28 071    | 29 063    |
| Software and other intangible assets                                                      | 6         |           | 78        |                                       |                                           | 50                             |                                      | (100.00) |           |           |
| <i>Of which: "Capitalised Goods and services" included in Payments for capital assets</i> | 242       |           | 60        |                                       |                                           |                                |                                      |          |           |           |
| <b>Payments for financial assets</b>                                                      | 137       | 353       | 338       |                                       |                                           | 345                            |                                      | (100.00) |           |           |
| <b>Total economic classification</b>                                                      | 2 501 088 | 2 935 241 | 2 149 535 | 2 310 951                             | 2 320 145                                 | 2 322 082                      | 2 489 520                            | 7.21     | 2 661 297 | 2 816 088 |

**10. PERFORMANCE AND EXPENDITURE TRENDS**

Programme 4 is allocated 15.69 per cent of the vote during 2013/14 in comparison to the 15.72 per cent allocated in the revised estimate of the 2012/13 budget. This amounts to a nominal increase of R167.438 million or 7.21 per cent.

## 11. RISK MANAGEMENT FOR PROGRAMME 4 INSTITUTIONS

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                                                                                                                                                                                                                                                                   | Three components for risk statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mitigating factors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Over-expenditure due to poor financial management; staff incapacity; escalating costs of labour, goods and services and the increasing burden of disease which results in limited service provision and non-compliance with financial regulations.</p>           | <p>Risk:</p> <ul style="list-style-type: none"> <li>• Over-expenditure or not being able to achieve service objectives</li> <li>• Non-compliance with financial regulations</li> </ul> <p>Root cause:</p> <ul style="list-style-type: none"> <li>• Poor financial management</li> <li>• Increased burden of disease</li> <li>• Escalating costs of labour, goods and services</li> <li>• Staff incapacity</li> </ul> <p>Impact :</p> <ul style="list-style-type: none"> <li>• Limited service provision</li> <li>• Financial non-compliance</li> </ul> | <p>1.1. Priorities are addressed in line with the affordable budget envelope and posts filled in line with the approved post list (APL).</p> <p>1.2. Cost containment strategies are being institutionalised, especially in the areas of agency utilisation, blood, laboratories and medicine and medical and surgical supplies where appropriate to a specific service.</p> <p>1.3. Monitoring the expenditure trends of institutions by tabling monthly reports at various financial monitoring committees.</p> <p>1.4. Functional business units continue to being implemented at all hospitals.</p> <p>1.5. The devolved internal control unit (DICU) at the regional office will assist hospitals towards financial compliance by doing pre-audit visits.</p> |
| <p>2. Insufficient appropriately qualified and skilled staff across all levels due to inadequate training and support; absenteeism; inadequate remuneration and incentives resulting in the inability to deliver the full package of services across institutions.</p> | <p>Risk:</p> <ul style="list-style-type: none"> <li>• Insufficient appropriately qualified and experienced staff across all levels</li> </ul> <p>Root cause:</p> <ul style="list-style-type: none"> <li>• Inadequate training and support</li> <li>• Absenteeism</li> <li>• Inadequate remuneration (salary levels)</li> <li>• Inadequate incentives</li> </ul> <p>Impact :</p> <ul style="list-style-type: none"> <li>• Inability to efficiently deliver the full package of services.</li> </ul>                                                     | <p>2.1. Filling posts on the approved post list (APL) per institution in line with the objectives and affordability.</p> <p>2.2. Improve the management of human resources and focus on decreasing staff absenteeism.</p> <p>2.3. Ensure appropriate training and mentorship Programmes across all staffing levels.</p> <p>2.4. Phased implementation of the recommendations from the organisational design investigation. Staff establishments corrected on PERSAL.</p> <p>2.5. Employee Assistance Programme to support staff in the service.</p>                                                                                                                                                                                                                |
| <p>3. Risk of adverse incidents, nosocomial infections, morbidity and mortality due to escalating workload in a resource constrained environment, insufficient human</p>                                                                                               | <p>Risk:</p> <ul style="list-style-type: none"> <li>• Risk of adverse incidents, nosocomial infections, morbidity and mortality</li> <li>• Poor quality of health services</li> </ul> <p>Root cause:</p> <ul style="list-style-type: none"> <li>• Escalating workload in a resource constrained environment</li> <li>• Inadequate staff numbers and</li> </ul>                                                                                                                                                                                         | <p>3.1. Quality assurance managers to perform quality control and infection control functions.</p> <p>3.2. Application of clinical governance policies.</p> <p>3.3. Clinical audit and mortality and morbidity meetings will continue to ensure compliance and address risks.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

| Risk                                                                                                                                                                                                                                                                                           | Three components for risk statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mitigating factors                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| resources and negative staff attitudes resulting in compromised quality of care.                                                                                                                                                                                                               | skills <ul style="list-style-type: none"> <li>• Inadequate systems, processes and controls to improve quality</li> </ul> Impact: <ul style="list-style-type: none"> <li>• Compromised quality of care</li> <li>• Poor patient experience</li> </ul>                                                                                                                                                                                                                                                                                                 | 3.4. Patient and staff satisfaction surveys performed and patient complaints addressed to improve the health service.<br>3.5. Baseline audits are undertaken to assess compliance with national core standards in priority areas. These audits will form the basis for action plans to improve quality.                                                                                                                                                                     |
| 4. Failure of information technology networks and computer systems due to inadequate technology, staff capacity which results in poor quality data, disruption to service delivery, inability of staff to capture relevant patient data, and impacts negatively on management decision-making. | Risk: <ul style="list-style-type: none"> <li>• Failure of information technology and computer systems</li> </ul> Root cause: <ul style="list-style-type: none"> <li>• Inadequate technology</li> <li>• Inadequate staff capacity</li> </ul> Impact: <ul style="list-style-type: none"> <li>• Poor quality data</li> <li>• Poor planning and monitoring of health service</li> <li>• Disruption to service delivery</li> <li>• Inability of staff to capture relevant patient</li> <li>• Impacts negatively on management decision-making</li> </ul> | 4.1. Improving data quality is being prioritised at all levels and the regional office assist institutions towards audit compliance through regular visits.<br>4.2. Standard operating procedures developed and implemented at all levels of the service.<br>4.3. The capacity and systems are being strengthened by ensuring the appointment of health information staff at all institutions.<br>4.4. Ensuring health information systems are functional at all hospitals. |
| 5. Insufficient TB beds in the Cape Metro due to the high burden of disease, which limits access to the full package of TB hospital services.                                                                                                                                                  | Risk: <ul style="list-style-type: none"> <li>• Insufficient TB beds in the Cape Metro</li> </ul> Root cause: <ul style="list-style-type: none"> <li>• High burden of disease</li> </ul> Impact: <ul style="list-style-type: none"> <li>• Limited access to the full package of TB hospital services</li> </ul>                                                                                                                                                                                                                                      | 5.1. The provision of decentralised DR-TB services at primary care level will attempt to alleviate bed pressures in TB hospitals.<br>5.2. Earlier diagnosis and initiation of treatment (TB and ART) will help to curtail transmission, decrease complications and help to decrease the need for hospitalisation.                                                                                                                                                           |
| 6. Increased demand for long-term hospitalisation for terminal DR-TB patients due to failed XDR-TB treatment, which would place additional pressure on limited TB hospital beds.                                                                                                               | Risk: <ul style="list-style-type: none"> <li>• Increased demand for long-term hospitalization for terminal DR-TB patients</li> </ul> Root cause: <ul style="list-style-type: none"> <li>• Failed XDR-TB treatment</li> </ul> Impact: <ul style="list-style-type: none"> <li>• Additional pressure on limited TB hospital beds</li> </ul>                                                                                                                                                                                                            | 6.1. Investigating the establishment of a palliative care unit in the Metro District.<br>6.2. Conducting a review of bed utilisation and possible re-allocation with regards to MDR- ; XDR TB treatment failure beds or facilities.<br>6.3. Reviewing the effectiveness of the provincial home isolation policy and determining the impact of discharging patients home.                                                                                                    |

## PROGRAMME 5: CENTRAL HOSPITAL SERVICES

### 1. PROGRAMME

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

### 2. PROGRAMME STRUCTURE

In terms of the Regulations relating to categories of hospitals, published in terms of the National Health Act, 2003, Red Cross War Memorial Children's Hospital is classified as a "Provincial Tertiary Hospital".

The Programme structure will be amended and as from 2013/14, Red Cross War Memorial Children's Hospital, and all the related service outputs, will be reported under Programme 5.2 Provincial Tertiary Hospital Services.

#### 2.1 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.

#### 2.2 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.

### 3. SITUATION ANALYSIS

Institutions within the Western Cape and beyond provincial boundaries refer patients to the two central hospitals, which are Groote Schuur, Tygerberg as well as to Red Cross War Memorial Children's Hospital.

#### 3.1 SUB-PROGRAMME 5.1 CENTRAL HOSPITAL SERVICES

In 2012/13 the general and highly specialised services in the two central hospitals were provided in 2 329 beds, related outpatient clinics, operating theatres and procedure rooms.

**Table 5.1: Number of beds operated per central hospital**

| Central hospital       | Number of beds |
|------------------------|----------------|
| Groote Schuur Hospital | 945            |
| Tygerberg Hospital     | 1 384          |
| <b>TOTAL</b>           | <b>2 329</b>   |

Each central hospital provides regional-, central- and some unique national-referral services. Unique services and achievements in 2012/13 are outlined below.

##### 3.1.1 Groote Schuur Hospital

Groote Schuur Hospital provides a full package of adult tertiary services, and is the referral centre for the following unique services:

- Heart, liver and bone marrow transplants.
- Cardiac electrophysiology.
- Neurosurgical coiling.
- Neuro-navigational surgery.
- Neuropsychiatry with special focus on HIV related psychiatric problems.
- Ocular oncology services.

**3.1.1.1 Key achievements for Groote Schuur Hospital include:**

- 1) Improving service delivery
  - Strengthened the general specialist service and established dedicated general orthopaedic and general surgery operating theatre lists.
  - Expanded the surgical day case service and undertook outreach, for instance performing surgical outreach procedures, to increase surgical outputs.
  - Increased access to dialysis services for patients with renal failure.
  - Improved efficiencies by consolidating certain services related to abdominal surgery.
  - Improved the delivery of women's health services:
    - Provided comprehensive services for high risk pregnancies.
    - Strengthened the outreach and support for colposcopy services in the GSA, especially to Victoria Hospital.
    - Improved care pathways, patient experience and health outcomes for women with breast cancer, by improving access to Outpatient and assessment services.
  - Improved efficiencies and reduced bottlenecks in theatres and critical care by:
    - Monitoring and responding to trends in theatre starting times and cancellation rates to ensure optimal use of limited theatre time.
    - Concluding a pilot project to train operating theatre technicians to bolster theatre services.
    - Commissioning one additional orthopaedic high care bed.
- 2) Clinical governance and quality of care
  - Implemented the World Health Organisation (WHO) surgical checklist to improve the quality and safety of theatre services.
  - Reduced the risk of hospital acquired infections in collaboration with the Best Care Always project by commissioning bundle projects in the critical care areas.
- 3) Corporate governance
  - Commenced the purchasing of a new linear accelerator machine to improve management of oncology patients.
  - Implemented Picture Archiving and Communication System (PACS) and commenced with the implementation of the Radiology Information System (RIS), thereby improving diagnostic capabilities and improving access to images across the hospital and central hospital platform.

### 3.1.2 Tygerberg Hospital

Tygerberg Hospital provides a full spectrum of adult and paediatric tertiary services, apart from paediatric cardiac surgery; heart-, liver- and bone marrow transplantation which are performed in Groote Schuur and Red Cross War Memorial Children's Hospitals. Tygerberg Hospital provides the following unique services:

- An adult burns unit, which includes critical care.
- Cochlear implantation.
- Dedicated academic infection prevention and control (IPC) services. (All central hospitals perform an IPC function but Tygerberg Hospital has a dedicated academic unit that does research and provides specialised support in this field.)
- Craniofacial surgical services.
- Intra-operative radiotherapy for breast carcinoma.
- Functional three Tesla MRI (Magnetic Resonance Imaging) in conjunction with the Health Sciences Faculty: University of Stellenbosch.
- Hyperbaric oxygen therapy in conjunction with the Health Sciences Faculty: University of Stellenbosch.
- Providing PET scan facilities for the Province.

#### 3.1.2.1 Key achievements for Tygerberg Hospital include:

- 1) Improving service delivery
  - The hospital capacity was bolstered by commissioning an additional 74 beds to receive referrals and provide outreach and support to Khayelitsha Hospital, which was commissioned during January 2012.
  - Strengthened GSA outreach and support in specialities such as urology, ophthalmology, and ear, nose and throat (ENT).
  - Ensured the optimal use of limited theatre time by monitoring and responding to trends in theatre starting times and cancellation rates.
- 2) Clinical governance and quality of care
  - Implemented the WHO surgical checklist to improve the quality and safety of theatre services.
  - Hosted the appointed specialists for district support in Metro East.
  - Reduced the risk of hospital acquired infections in collaboration with the Best Care Always project by commissioning bundle projects in the critical care areas.
- 3) Corporate governance
  - Initiated the phase 1 upgrading of the emergency centre.
  - Achieved full functionality of PACS and RIS.

### 3.2 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.

### 3.2.1 **Red Cross War Memorial Children's Hospital**

Red Cross War Memorial Children's Hospital has 270 operational beds and provides tertiary and quaternary services for children. Institutions within the Western Cape and beyond provincial boundaries refer patients to the hospital. The hospital is a national referral centre for:

- Paediatric liver and kidney transplants.
- The separation of conjoined twins.
- Paediatric cardiac surgery.

#### 3.2.1.1 **Key achievements for Red Cross War Memorial Children's Hospital include:**

##### 1) Improving service delivery

- Implemented steps recommended by the WHO to manage malnutrition in children and promote breastfeeding.
- Sustained the functioning of the poison information centre as a provincial and national resource.
- Ensured the optimal use of limited theatre time by monitoring and responding to trends in theatre starting times and cancellation rates.
- Bolstered surgical outputs by commissioning additional theatre time on weekends.
- Provided outreach and support by means of workshops and seminars, to strengthen the comprehensive delivery of tracheostomy services and the tracheostomy programme.
- Established the therapeutic learning centre for children (psychiatric care) moving towards a 24 hour service.
- Providing specialised burns care for children.

##### 2) Clinical governance and quality of care

- Improved the quality of health services with the on-going implementation of the Best Care Always initiatives.
- Implemented the WHO checklist for safety in surgical cases.

##### 3) Corporate governance

- Completed the upgrading of one medical ward, recognising the contribution of The Children's Hospital Trust.
- Commenced with the implementation of PACS and RIS.

### 3.2.2 **Maitland Cottage Home**

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.



### 3.3 **STRENGTHENING THE HEALTH SYSTEM**

Apart from the aforementioned improvements in service delivery, the Programme has strengthened the health system within GSAs as follows:

- Heads of general specialist services in the Metro East and Metro West GSAs provide support for clinical governance and skills development. They also monitor the appropriateness of referrals.
- Performing outreach and providing support to district health services and to regional hospitals.
- Representatives from the hospitals within the Programme actively participate in the planning, implementation and monitoring of services in the GSAs.

Higher education institutions have partnered with the Province for the training of health sciences learners. The hospitals within Programme 5 form a substantive part of the platform where training and research takes place. Research evidence influences the provision and practice of appropriate health care to attain the best health outcomes.

### 3.4 **REPRIORITISATION**

The Programme has, over time, systematically reprioritised within its baseline. The reprioritisation focus has been on increasing efficiencies and using savings to strengthen the ability of the service to better respond to the large service need. The conditional grant (HPTDG and NTSG) contribution, allocated by the National Department of Health, is a significant portion of the central hospital Programme's budget, has not kept pace with the actual costs of outputs. The HPTDG in addition has not been adjusted to compensate for inflation or Occupational Specific Dispensation. However, through increased efficiencies and provincial equitable share funding support, the central and tertiary hospitals have maintained and improved their patient activity outputs. Examples include the following:

- Reducing expenditure on laboratory services by means of an electronic gatekeeping system, and redirecting funding to other service needs.
- Converting funds paid for agency staff to fund and fill permanent posts. The resultant improved human resource capacity has positively impacted on quality of care.

## 4. **CHALLENGES**

### 4.1 **DECENTRALISE DECISION-MAKING**

As guided by the policy circular, Functional Business Units (FBUs), based on cost centres, have been established as a mechanism to differentiate service delivery and accounting separately for general and highly specialised services. Functional Business Units aim to further improve efficiencies, accountability, strengthen clinical governance and quality of care.

Functional Business Unit managers are accountable for financial and human resources, as well as service delivery and quality of care.

### 4.2 **ACUTE SERVICE PRESSURES**

Acute service pressures are pronounced in the emergency centre, critical care, neonatology, obstetrics, and medicine and the bed utilisation rates in these disciplines often

exceeds the optimal performance norm of 85 per cent. Redirection of ambulances to other facilities occurs as a result of service pressures across Metro hospitals. Emergency theatre cases have to be prioritised before elective surgical cases, which results in longer waiting lists for elective procedures.

#### 4.3 **QUALITY OF CARE**

The long patient waiting times in emergency centres for folders, medication at pharmacies and therapeutic procedures are often a challenge. The service need outstrips available resources and is most prominent in emergency centres, theatre, radiology, and therapeutic radiation procedures.

#### 4.4 **CHANGE OF DRAINAGE AREA WITH COMMISSIONING OF DISTRICT HOSPITALS**

The commissioning of district hospitals such as Khayelitsha Hospital and the planned Mitchells Plain Hospital has and will change the referral patterns for hospitals in the Cape Town Metro District. Often this implies that capacity needs to be strengthened in recipient hospitals to accommodate these service shifts and the associated change in case mix. Shifting the resources to follow the shift of patients is challenging as staff are permanently appointed at a particular facility and have associated academic responsibilities.

The commissioning of these district hospitals facilitates better access to services but results in service shifts across the platform. These resource shifts and changes in health seeking behaviour of patients will influence the service outputs during the transitional period, and make accurate target setting difficult.

#### 4.5 **DEMAND FOR HIGHLY SPECIALISED SERVICES**

The hospitals have collectively experienced an increased demand for highly specialised services and have met the demand through reprioritising services by means of rationing and priority setting. Despite active priority setting initiatives, the demand, for renal dialysis, theatre and intensive care services remains a challenge. There is also a need to improve the response to women with breast cancer, especially with regards to access to surgery and radiation therapy.

#### 4.6 **HUMAN RESOURCES**

There are challenges in the recruitment and retention of various categories of staff, including:

- Professional nurses with post-basic qualifications in theatre technique and intensive care, which limits the ability to improve access to surgical procedures and critical care.
- Clinical technologists, who are critical for the maintenance of health equipment.
- Medical physicists who are key to supporting radiation oncology services.

Succession planning, especially for highly skilled staff, remains a challenge.

## 5. PRIORITIES FOR 2013/14

Managers and clinicians within the Programme will continue to follow an integrated approach, addressing care pathways and referrals to promote an enhanced patient-centred experience.

The Programme will focus on the following key performance areas, priorities that are common to all central and tertiary hospitals, during the 2013/14 financial year:

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

### 5.1 IMPROVING SERVICE DELIVERY

Improve acute hospital services by focusing on the following priority areas:

- Strengthen general specialist services; perform outreach and provide support to facilities in the GSA. The focus would be on implementation and monitoring of GSA service priorities.
- Collaborate within the GSA to achieve GSA priorities of mental health, neonatal and child health, elective surgery access, management of chronic diseases, improving access to emergency care, focussing on:
  - Patient-centred approach to quality of care.
  - An evidence-based and outcomes-based approach.
  - Strengthening District Health Services.
  - Equity of access.
  - Building and strengthening strategic partnerships, especially with the higher education institutions.
- Improve maternal, child and women's health services and health outcomes by:
  - Ensuring access to quality antenatal care for high risk pregnancies.
  - Supporting the GSA leadership with improving antenatal care.
  - Achieving and retaining baby-friendly hospital status and promoting breastfeeding.
  - Ensuring adherence to the PMTCT regime to reduce the transmission of HIV from mothers to babies.
  - Improving the care pathways for breast cancer and cervical cancer management.
- Improve the management of bottleneck areas such as intensive care units (ICU), theatres and radiology inter alia by:
  - Improving theatre efficiencies through monitoring operating theatre start times and cancellation rates to ensure optimal usage of limited theatre time.
  - Improving the management and outcomes of communicable and non-communicable chronic conditions in collaboration with GSA initiatives.
- Improve access to ambulatory services for new patients.

## 5.2 IMPROVING QUALITY OF CARE AND CLINICAL GOVERNANCE

- Assist in strengthening clinical governance and clinical leadership across levels of care within GSAs together with District Health Services through participation of Programme 5 representatives in the Provincial Clinical Co-ordinating Committee meetings.
- Improve decentralised decision making through implementing FBUs for each clinical discipline.
- In collaboration with the National Health Laboratory Service (NHLS), implement a system to monitor and improve responsiveness to infections caused by selected organisms.
- Improve the patient experience in the delivery of emergency services by implementing interventions to reduce waiting times in emergency centres.
- Commence the electronic reporting of adverse events to identify risk areas and develop actions to respond and prevent risks.
- Conduct and respond to the findings of the annual patient satisfaction survey.
- Put measures in place to achieve certification against the national core standards by March 2014.
- Participate in the development of a priority setting system within the Department.
- Improve the quality and completeness of ICD coding by creating an enabling environment.
- Establish a framework for waiting list management.

## 5.3 IMPROVING CORPORATE GOVERNANCE

- Strengthen audit compliance for predetermined objectives, financial management and human resources management through conducting regular reviews and the submission of compliance management instrument (CMI) forms.
- Progressive implementation of the finalised organisational design investigation for each central or tertiary hospital.
- Respond to the findings of staff satisfaction surveys.
- Acquire health technology (equipment) according to a prioritised procurement plan.
- Reduce wastage and improve efficiencies through implementing lean management principles in identified bottleneck areas.
- Improve emergency centres infrastructure and introduce appropriate health technologies.
- Build and strengthen strategic partnerships, especially with the higher education authorities.

#### 5.4 SUB-PROGRAMME 5.1 CENTRAL HOSPITAL PRIORITIES

Each central hospital will also focus on key hospital priorities in addition to the aforementioned Programme priorities.

##### 5.4.1 Groote Schuur Hospital

###### 1) Improving service delivery

- Improve maternal, child and women's health services and health outcomes by:
  - Commissioning and operating additional beds to absorb specialist services previously delivered at GJ Jooste Hospital.
  - Ensuring access to quality antenatal care and providing support for high risk pregnancies.
  - Improving the care pathways for the management of breast- and cervical cancer and assisting with the commissioning of a comprehensive clinic in the GSA.
  - Strengthen mental health services, especially for women's health related issues.
  - Increasing the outputs of gynaecological day case theatre procedures.
  - Providing support for outreach colposcopy services in the GSA.
- Improve the management of bottleneck areas such as intensive care units (ICU), theatres and radiology inter alia by:
  - Commissioning an additional emergency theatre list.
  - Commissioning an additional post-anaesthetic high care bed.
  - Improve access to emergency radiological investigations through Public Private Partnerships.

###### 2) Improving quality of care and clinical governance

- Review and implement the existing hospital quality management and risk policy.
- Implement initiatives to improve wellness in the hospital.
- Expand the Best Care Always Programme into selected wards.

###### 3) Improving corporate governance

- Initiate planning to renovate the emergency centre infrastructure.
- Conclude the implementation of a computerised cost-centre requisitioning system.

##### 5.4.2 Tygerberg Hospital

###### 1) Improving service delivery

- Improve acute hospital services by focussing on the following priority areas:
  - Commissioning a dedicated child and adolescent psychiatric ward.
- Improve maternal, child and women's health services and health outcomes by:
  - Commissioning the newly renovated paediatric ward.
  - Improving the care pathways for the management of breast- and cervical cancer by allocating a dedicated clinician to the breast clinic.
- Improve the management of bottleneck areas such as intensive care units (ICU), theatres and radiology inter alia by:
  - Absorbing newly-trained operating theatre practitioners to support theatre services.

- Implementing a medical officer driven triage for surgical emergencies.
  - Implementing a revised triage and prioritisation system for theatre emergencies.
  - Commissioning an additional emergency theatre list.
  - Leveraging dispensing technologies to reduce the waiting times in pharmacies.
- 2) Improving quality of care and clinical governance
- Appointing a district anaesthetist to:
    - Assist in strengthening clinical governance and leadership across levels of care within Regional and District Health Services.
    - Participate in the Provincial Clinical Coordinating Committee meetings.
  - Appointing a clinical leader to support the implementation of the Best Care Always initiative.
- 3) Improving corporate governance
- Commission a phase 1 infrastructure upgrade of the emergency centre.
  - Achieve full functionality of PACS and RIS.
  - Implement a phased approach to improve the availability of clinical records using an electronic content management system.

## 5.5 **SUB-PROGRAMME 5.2. PROVINCIAL TERTIARY HOSPITAL PRIORITIES**

In addition to the Programme priorities Red Cross War Memorial Children's Hospital will also focus on the following key hospital specific priorities.

### 5.5.1 **Red Cross War Memorial Children's Hospital**

- 1) Improving service delivery
- Improve acute hospital services by focussing on the following priority areas:
    - Implementation of steps recommended by the WHO to manage malnutrition in children and promote breastfeeding.
    - Sustain the functioning of the poison information centre as a provincial/national resource.
    - Improve the management of paediatric burn cases.
  - Improve the management of bottleneck areas such as intensive care units (ICU), theatres and radiology inter alia by:
    - Sustain access to 20 paediatric intensive care beds.
- 2) Improving quality of care and clinical governance
- Reduce pharmacy and emergency centre waiting times.
- 3) Improving corporate governance
- Complete infrastructure planning towards improving psychiatric, intensive care and radiology services.

## 6. STRATEGIC OBJECTIVES, ANNUAL AND QUARTERLY PERFORMANCE TARGETS

Table 5.2: Data elements of performance indicators for central hospitals

| Source  | Data element                                                                                                                                | Element ID | Audited /Actual performance |                        |                        | Estimate               | Medium term targets |               |               |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------|------------------------|------------------------|------------------------|---------------------|---------------|---------------|
|         |                                                                                                                                             |            | 2009/10                     | 2010/11                | 2011/12                |                        | 2013/14             | 2014/15       | 2015/16       |
| SINJANI | Delivery by caesarean sections in central hospitals                                                                                         | 1          | 5 082                       | 6 024                  | 5 604                  | 4 959                  | 5 004               | 5 104         | 5 204         |
| SINJANI | Deliveries in central hospitals                                                                                                             | 2          | 11 509                      | 13 055                 | 11 742                 | 10 461                 | 10 500              | 10 700        | 10 900        |
| SINJANI | Number of usable beds in central hospitals                                                                                                  | 3          | 1 468                       | 1 473                  | 2 541                  | 2 599                  | 2 359               | 2 359         | 2 359         |
| SINJANI | Inpatient Separations in central hospitals (Sum of: day patients + inpatient deaths + inpatient discharges + inpatient transfers out)       | 4          | 68 231                      | 68 490                 | 134 818                | 138 184                | 121 482             | 121 731       | 121 980       |
| SINJANI | OPD + Emergency headcount in central hospitals                                                                                              | 5          | 537 749                     | 541 079                | 961 433                | 988 398                | 826 245             | 889 884       | 917 363       |
| SINJANI | OPD headcount (general + specialist) in central hospitals                                                                                   | 5.1        | 537 749                     | 541 079                | 822 871                | 854 708                | 731 245             | 793 884       | 819 863       |
| SINJANI | Emergency headcount in central hospitals                                                                                                    | 5.2        | -                           | -                      | 138 562                | 133 690                | 95 000              | 96 000        | 97 500        |
| SINJANI | Patient day equivalent (PDE) in central hospitals (Sum of: inpatient days + 1/2 day patients + 1/3 OPD headcount + 1/3 emergency headcount) | 6          | 625 661                     | 634 782                | 1 078 910              | 1 123 627              | 1 004 309           | 1 007 849     | 1 018 168     |
| SINJANI | Patient days in central hospitals (Inpatient days + 1/2 day patients)                                                                       | 7          | 446 412                     | 454 423                | 758 432                | 799 225                | 728 894             | 730 387       | 731 880       |
| SINJANI | Total usable bed days in central hospitals                                                                                                  | 8          | 535 820                     | 537 645                | 927 506                | 951 446                | 861 035             | 861 035       | 861 035       |
| BAS     | Total expenditure in central hospitals (2011/12 Rands)                                                                                      | 9          | 2 912 588 689               | 2 842 739 402          | 3 999 498 436          | 3 952 291 228          | 3 455 078 861       | 3 447 657 153 | 3 412 118 824 |
| SINJANI | Number of central hospitals                                                                                                                 | 10         | 3                           | 3                      | 3                      | 3                      | 2                   | 2             | 2             |
| SINJANI | Complaints resolved within 25 working days in central hospitals                                                                             | 11         | 618                         | 630                    | 313                    | 595                    | 496                 | 512           | 528           |
| SINJANI | Complaints lodged in central hospitals                                                                                                      | 12         | 704                         | 700                    | 487                    | 735                    | 620                 | 640           | 660           |
| SINJANI | Number of questionnaires with 1 or 2 recorded for pleased with treatment in central hospitals                                               | 13         | Not required to report      | 2 936                  | 5 066                  | 8 858                  | 7 110               | 7 605         | 8 100         |
| SINJANI | Number of questionnaires for pleased with treatment in central hospitals                                                                    | 14         | Not required to report      | 3 323                  | 5 504                  | 9 810                  | 7 900               | 8 450         | 9 000         |
| SINJANI | Central hospitals assessed against the 6 priority areas of the core standards and quality assurance                                         | 15         | Not required to report      | Not required to report | 3                      | 1                      | 2                   | 2             | 2             |
| SINJANI | Mortality and morbidity review conducted in central hospitals                                                                               | 16         | Not required to report      | Not required to report | Not required to report | Not required to report | 55                  | 58            | 61            |
| SINJANI | Planned mortality and morbidity reviews in central hospitals multiplied by number of disciplines within the facility                        | 17         | Not required to report      | Not required to report | Not required to report | Not required to report | 70                  | 70            | 70            |

**Note:**

All elements  
 Element ID 1 and 2:  
 Element ID 3, 4 and 7:  
 Element 5.2:  
 Element ID 11 and 12:  
 Element 16 and 17:

From 2013/14 Red Cross War Memorial Children's Hospital, and all the related service outputs will be reported under Programme 5.2, as a Provincial Tertiary Hospital Service. Due to the shift in drainage areas the number of deliveries and caesarean sections performed at GSH has decreased. The acuity of the caseload has increased and requires more specialized care. The estimated number of usable beds in central hospitals increased in 2012/13 with the addition of 74 beds at Tygerberg Hospital 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 4) and patient days (ID 7) during the same period. The estimated emergency headcount from 2012/13 onwards is decreasing due to service outputs for Red Cross War Memorial Children's Hospital being reported under Programme 5.2. An electronic system was implemented in 2011/12 and due to the strict algorithm applied to assess whether complaints were resolved within 25 days, the percentage decreased. From 2013/14 due to a change in the National Indicator Dataset definition, the element will reflect complaints resolved within 25 working days, not calendar days. New elements introduced from April 2013 to align with changes in the National Indicator Dataset definition. Morbidity and Mortality reviews are held at least 10 times per year for each of the key service disciplines in facilities.

**Table 5.3: Performance indicators for central hospitals [CHS3]**

| Strategic goal statement                                                                                                | Strategic objective: Title                                                            | Strategic objective: Statement                                                                                                                     | Performance indicator                                                         | Type | Strategic objective target | Audited/actual performance |                 |                 |                 | Estimated performance | Medium term targets |           |         | National target |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------|----------------------------|----------------------------|-----------------|-----------------|-----------------|-----------------------|---------------------|-----------|---------|-----------------|
|                                                                                                                         |                                                                                       |                                                                                                                                                    |                                                                               |      |                            | 2009/10                    | 2010/11         | 2011/12         | 2012/13         |                       | 2013/14             | 2014/15   | 2015/16 |                 |
| 1. Address the burden of disease.                                                                                       | 1.1. Reduce maternal mortality due to complications during delivery.                  | 1.1.1. Perform appropriate 47.7% clinically indicated caesarean sections to ensure improved outcomes and safety for mothers and babies by 2014/15. | 1) Delivery by caesarean section rate (in central hospitals)                  | %    | 47.7%                      | 43.9%                      | 46.1%           | 47.7%           | 47.4%           | 47.7%                 | 47.7%               | 47.7%     | 30%     |                 |
|                                                                                                                         |                                                                                       |                                                                                                                                                    | Numerator ID 1<br>Denominator ID 2                                            |      | 5 104<br>10 700            | 5 052<br>11 509            | 6 024<br>13 055 | 5 604<br>11 742 | 4 959<br>10 461 | 5 104<br>10 700       | 5 204<br>10 900     | -<br>-    |         |                 |
| 1.2. Ensure the delivery of central hospital services to manage the burden of disease at the appropriate level of care. | 1.2.1. Ensure access to central hospital services by providing 2 359 beds by 2014/15. | 1.2.1. Ensure access to central hospital services by providing 2 359 beds by 2014/15.                                                              | 2) Number of usable beds (in central hospitals)<br>Element ID 3               | No   | 2 359                      | 1 468                      | 1 473           | 2 541           | 2 599           | 2 359                 | 2 359               | 2 359     | -       |                 |
|                                                                                                                         |                                                                                       |                                                                                                                                                    | 3) Inpatient separations – total (in central hospitals)<br>Element ID 4       | No   | -                          | 68 231                     | 68 490          | 134 818         | 138 184         | 121 482               | 121 731             | 121 980   | -       |                 |
|                                                                                                                         |                                                                                       |                                                                                                                                                    | 4) OPD headcount – total (in central hospitals)<br>Element ID 5.1             | No   | -                          | 537 749                    | 541 079         | 822 871         | 854 708         | 731 245               | 793 884             | 819 863   | -       |                 |
|                                                                                                                         |                                                                                       |                                                                                                                                                    | 5) Patient day equivalents [PDE] total (in central hospitals)<br>Element ID 6 | No   | -                          | 625 661                    | 634 782         | 1 078 910       | 1 123 627       | 1 004 309             | 1 007 849           | 1 018 168 | -       |                 |
|                                                                                                                         |                                                                                       |                                                                                                                                                    |                                                                               |      |                            |                            |                 |                 |                 |                       |                     |           |         |                 |



| Strategic goal statement                                                                 | Strategic objective: Title                                                                                                                                              | Strategic objective: Statement                                                | Performance indicator                | Type | Strategic objective target           | Audited/actual performance |               |               | Estimated performance | Medium term targets |               |               | National target |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------|------|--------------------------------------|----------------------------|---------------|---------------|-----------------------|---------------------|---------------|---------------|-----------------|
|                                                                                          |                                                                                                                                                                         |                                                                               |                                      |      |                                      | 2009/10                    | 2010/11       | 2011/12       |                       | 2012/13             | 2013/14       | 2014/15       |                 |
| 1.3. Ensure optimal access to central hospital services to manage the burden of disease. | 1.3.1. Efficiently manage resources to achieve the target rate of 84.8% by 2014/15.                                                                                     | 6) Inpatient bed utilisation rate (based on usable beds in central hospitals) | Numerator ID 7<br>Denominator ID 8   | %    | 84.8%                                | 83.3%                      | 84.5%         | 81.8%         | 84.0%                 | 84.7%               | 84.8%         | 85.0%         | 75%             |
|                                                                                          |                                                                                                                                                                         |                                                                               |                                      |      |                                      | 446 412                    | 454 423       | 758 432       | 799 225               | 728 894             | 730 387       | 731 880       | -               |
| 2. Optimal financial management to maximise health outcomes.                             | 2.1. Allocate, manage and generate sufficient funds to ensure sustained delivery of the full package of quality, central hospital services.                             | 7) Expenditure per patient day equivalent (PDE) (in central hospitals)        | Numerator ID 9<br>Denominator ID 6   | R    | R3 421<br>3 447 657 153<br>1 007 849 | R4 655                     | R4 478        | R3 707        | R3 517                | R3 440              | R3 421        | R3 351        | -               |
|                                                                                          |                                                                                                                                                                         |                                                                               |                                      |      |                                      | 2 912 588 689              | 2 842 739 402 | 3 999 498 436 | 3 952 291 228         | 3 455 078 861       | 3 447 657 153 | 3 412 118 824 | -               |
| 3. Ensure and maintain organisational strategic management capacity and synergy.         | 3.1. Management provides sustained strategic direction in the delivery of sustained health services with well-defined efficiency targets for central hospital services. | 8) Average length of stay (in central hospitals)                              | Numerator ID 7<br>Denominator ID 4   | Days | 6.0                                  | 6.5                        | 6.6           | 5.6           | 5.8                   | 6.0                 | 6.0           | 6.0           | 5.5             |
|                                                                                          |                                                                                                                                                                         |                                                                               |                                      |      |                                      | 446 412                    | 454 423       | 758 432       | 799 225               | 728 894             | 730 387       | 731 880       | -               |
| 4. Improve the quality of health services and improve the patient experience.            | 4.1. Improve the quality of health services.                                                                                                                            | 9) Complaint resolution within 25 working days rate (in central hospitals)    | Numerator ID 11<br>Denominator ID 12 | %    | -                                    | 87.8%                      | 90.0%         | 64.3%         | 81.0%                 | 80.0%               | 80.0%         | 80.0%         | -               |
|                                                                                          |                                                                                                                                                                         |                                                                               |                                      |      |                                      | 618                        | 630           | 313           | 595                   | 496                 | 512           | 528           | -               |
|                                                                                          |                                                                                                                                                                         | 10) Hospital patient satisfaction rate (in central hospitals)                 | Numerator ID 13<br>Denominator ID 14 | %    | -                                    | Not required to report     | 88.4%         | 92.0%         | 90.3%                 | 90.0%               | 90.0%         | 90.0%         | -               |
|                                                                                          |                                                                                                                                                                         |                                                                               |                                      |      |                                      | -                          | 2 936         | 5 066         | 8 858                 | 7 110               | 7 605         | 8 100         | -               |
|                                                                                          |                                                                                                                                                                         |                                                                               |                                      |      |                                      | -                          | 3 323         | 5 504         | 9 810                 | 8 450               | 9 000         | 9 000         | -               |

| Strategic goal statement | Strategic objective: Title | Strategic objective: Statement | Performance indicator                                                                                                                                                                                                                                                                                                                                               | Type | Strategic objective target | Audited/actual performance |                        |                        | Estimated performance  | Medium term targets |         |         | National target |
|--------------------------|----------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------|----------------------------|------------------------|------------------------|------------------------|---------------------|---------|---------|-----------------|
|                          |                            |                                |                                                                                                                                                                                                                                                                                                                                                                     |      |                            | 2009/10                    | 2010/11                | 2011/12                |                        | 2012/13             | 2013/14 | 2014/15 |                 |
|                          |                            |                                | 11) Percentage of central hospitals assessed for compliance against the 6 priorities of the core standards (includes external assessment)<br>(NID: Facility Core standards self-assessment rate in central hospitals)<br>Number of central hospitals assessed for compliance against the 6 priorities of the core standards<br>Numerator ID 15<br>Denominator ID 10 | %    | -                          | Not required to report     | Not required to report | 33.3%                  | 100.0%                 | 100.0%              | 100.0%  | 100.0%  | -               |
|                          |                            |                                | 12) Morbidity and mortality/review rate (in central hospitals)<br>Numerator ID 16<br>Denominator ID 17                                                                                                                                                                                                                                                              | %    | 82.9%                      | Not required to report     | Not required to report | Not required to report | Not required to report | 78.6%               | 82.9%   | 87.1%   | -               |
|                          |                            |                                |                                                                                                                                                                                                                                                                                                                                                                     |      | 58                         | -                          | -                      | -                      | -                      | 55                  | 58      | 61      | -               |
|                          |                            |                                |                                                                                                                                                                                                                                                                                                                                                                     |      | 70                         | -                          | -                      | -                      | -                      | 70                  | 70      | 70      | -               |

**Notes:**

- All indicators: From 2008/09 to 2010/11 the general specialist services outputs in central hospitals were reflected in Programme 4.1. As from 2011/12 all service activities in central hospitals are reflected in Programme 5.1, therefore increasing the service outputs in the following years.
  - From 2013/14 Red Cross War Memorial Children's Hospital, and all the related service outputs, will be reported under Programme 5.2 as a Provincial Tertiary Hospital Service.
  - Indicator 1: The caesarean section rate indicated is for the combined central hospital services.
  - Indicator 2: The increase of beds from 2010/11 to 2011/12 is as a result of reporting the general specialist outputs together with the highly specialised outputs.
  - Indicator 7: The increase 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 beds from 2013/14 onwards is as a result of the exclusion of Red Cross War Memorial Children's Hospital beds. The hospital will now be reported under Programme 5.2.
  - Indicator 9: The expenditure per patient day equivalent for the period 2008/09 to 2010/11 is for the highly specialised services in the central hospitals only. As from 2011/12 the expenditure per patient day equivalent is for both the combined general specialised and the highly specialised services. From 2013/14 the figure excludes the amount allocated to Red Cross War Memorial Children's Hospital that is reflected in Sub-programme 5.2.
  - Indicator 9: An electronic system was implemented in 2011/12 and due to the strict algorithm applied to assess whether complaints were resolved within 25 days, the percentage decreased. The definition of this indicator has been 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.
- Strategic objective performance indicators are highlighted in yellow.  
Provincially determined performance indicators are highlighted.

Table 5.4: Quarterly targets for central hospitals for 2013/14 [CHS6]

| Strategic goal statement                                                         | Strategic objective: Title                                                                                                                                              | Strategic objective: Statement                                                                                                                     | Performance indicator                                                         | Reporting period | Annual target              | Quarterly targets      |                        |                        |                        |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------|----------------------------|------------------------|------------------------|------------------------|------------------------|
|                                                                                  |                                                                                                                                                                         |                                                                                                                                                    |                                                                               |                  |                            | Q1                     | Q2                     | Q3                     | Q4                     |
| 1. Address the burden of disease.                                                | 1.1. Reduce maternal mortality due to complications during delivery.                                                                                                    | 1.1.1. Perform appropriate 47.7% clinically indicated caesarean sections to ensure improved outcomes and safety for mothers and babies by 2014/15. | 1) Delivery by Caesarean section rate (in central hospitals)                  | Quarterly        | 47.7%                      | 47.7%                  | 47.7%                  | 47.7%                  | 47.7%                  |
|                                                                                  |                                                                                                                                                                         |                                                                                                                                                    | Numerator ID 1<br>Denominator ID 2                                            |                  | 5 004<br>10 500            | 1 251<br>2 625         | 1 251<br>2 625         | 1 251<br>2 625         | 1 251<br>2 625         |
|                                                                                  | 1.2. Ensure the delivery of central hospital services to manage the burden of disease at the appropriate level of care.                                                 | 1.2.1. Ensure access to central hospital services by providing 2 359 beds by 2014/15.                                                              | 2) Number of usable beds (in central hospitals)                               | Quarterly        | 2 359                      | 2 359                  | 2 359                  | 2 359                  | 2 359                  |
|                                                                                  |                                                                                                                                                                         |                                                                                                                                                    | Element ID 3                                                                  |                  |                            |                        |                        |                        |                        |
|                                                                                  |                                                                                                                                                                         |                                                                                                                                                    | 3) Inpatient separations – total (in central hospitals)                       | Quarterly        | 121 482                    | 30 371                 | 30 371                 | 30 371                 | 30 369                 |
|                                                                                  |                                                                                                                                                                         |                                                                                                                                                    | 4) OPD headcount - total (in central hospitals)                               | Quarterly        | 731 245                    | 182 811                | 182 811                | 182 811                | 182 812                |
|                                                                                  |                                                                                                                                                                         |                                                                                                                                                    | 5) Patient day equivalents [PDE] total (in central hospitals)                 | Quarterly        | 1 004 309                  | 251 077                | 251 077                | 251 077                | 251 078                |
|                                                                                  | 1.3. Ensure optimal access to central hospital services to manage the burden of disease.                                                                                | 1.3.1. Efficiently manage resources to achieve the target bed utilisation rate of 84.8% by 2014/15.                                                | 6) Inpatient bed utilisation rate (based on usable beds in central hospitals) | Quarterly        | 84.7%                      | 84.7%                  | 84.7%                  | 84.7%                  | 84.7%                  |
|                                                                                  |                                                                                                                                                                         |                                                                                                                                                    | Numerator ID 7<br>Denominator ID 8                                            |                  | 728 894<br>861 035         | 182 224<br>215 259     | 182 224<br>215 259     | 182 224<br>215 259     | 182 222<br>215 258     |
| 2. Optimal financial management to maximise health outcomes.                     | 2.1. Allocate, manage and generate sufficient funds to ensure sustained delivery of the full package of quality, central hospital services.                             | 2.1.1. Ensure the cost effective management of central hospitals at a target cost of R3 421 per patient day equivalent by 2014/15 (2011/12 Rands)  | 7) Expenditure per patient day equivalent [PDE] (in central hospitals)        | Quarterly        | R3 440                     | R3 440                 | R3 440                 | R3 440                 | R3 440                 |
|                                                                                  |                                                                                                                                                                         |                                                                                                                                                    | Numerator ID 9<br>Denominator ID 6                                            |                  | 3 455 078 861<br>1 004 309 | 863 769 715<br>251 077 | 863 769 715<br>251 077 | 863 769 715<br>251 077 | 863 769 716<br>251 078 |
| 3. Ensure and maintain organisational strategic management capacity and synergy. | 3.1. Management provides sustained strategic direction in the delivery of sustained health services with well-defined efficiency targets for central hospital services. | 3.1.1. Effectively manage allocated resources to achieve the target average length of stay of 6.0 days for central hospitals by 2014/15.           | 8) Average length of stay (in central hospitals)                              | Quarterly        | 6.0                        | 6.0                    | 6.0                    | 6.0                    | 6.0                    |
|                                                                                  |                                                                                                                                                                         |                                                                                                                                                    | Numerator ID 7<br>Denominator ID 4                                            |                  | 728 894<br>121 482         | 182 224<br>30 371      | 182 224<br>30 371      | 182 224<br>30 371      | 182 222<br>30 369      |
| 4. Improve the quality of health services and improve the patient experience.    | 4.1. Improve the quality of health services.                                                                                                                            | 4.1.1. Ensure appropriate mechanisms to measure improvement in quality of health services.                                                         | 9) Complaint resolution within 25 working days rate (in central hospitals)    | Quarterly        | 80%                        | 80%                    | 80%                    | 80%                    | 80%                    |
|                                                                                  |                                                                                                                                                                         |                                                                                                                                                    | Numerator ID 11<br>Denominator ID 12                                          |                  | 496<br>620                 | 124<br>155             | 124<br>155             | 124<br>155             | 124<br>155             |

| Strategic goal statement | Strategic objective: Title | Strategic objective: Statement | Performance indicator                                                                                                                                                                                                                                                                                                                                               | Reporting period | Annual target<br>2013/14 | Quarterly targets |       |       |        |
|--------------------------|----------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|-------------------|-------|-------|--------|
|                          |                            |                                |                                                                                                                                                                                                                                                                                                                                                                     |                  |                          | Q1                | Q2    | Q3    | Q4     |
|                          |                            |                                | 10) Hospital patient satisfaction rate (in central hospitals)<br>Numerator ID 13<br>Denominator ID 14                                                                                                                                                                                                                                                               | Annually         | 90%                      | -                 | -     | -     | 90%    |
|                          |                            |                                | 11) Percentage of central hospitals assessed for compliance against the 6 priorities of the core standards (includes external assessment)<br>(NID: Facility Core standards self-assessment rate in central hospitals)<br>Number of central hospitals assessed for compliance against the 6 priorities of the core standards<br>Numerator ID 15<br>Denominator ID 10 | Annually         | 100.0%                   | -                 | -     | -     | 100.0% |
|                          |                            |                                | 12) Morbidity and mortality review rate (in central hospitals)<br>Numerator ID 16<br>Denominator ID 17                                                                                                                                                                                                                                                              | Quarterly        | 78.6%                    | 72.2%             | 83.3% | 76.5% | 82.4%  |
|                          |                            |                                |                                                                                                                                                                                                                                                                                                                                                                     |                  | 55                       | 13                | 15    | 13    | 14     |
|                          |                            |                                |                                                                                                                                                                                                                                                                                                                                                                     |                  | 70                       | 18                | 18    | 17    | 17     |

**Note:**

Strategic objective performance indicators are highlighted in yellow.  
Provincially determined performance indicators are highlighted

Table 5.5: Data elements of performance indicators for Groote Schuur Hospital

| Source  | Data element                                                                                                                     | Element ID | Audited /Actual performance |                        |                        |                        | Estimate      | Medium term targets |               |         |
|---------|----------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------|------------------------|------------------------|------------------------|---------------|---------------------|---------------|---------|
|         |                                                                                                                                  |            | 2009/10                     | 2010/11                | 2011/12                | 2012/13                |               | 2013/14             | 2014/15       | 2015/16 |
| SINJANI | Caesarean sections in GSH                                                                                                        | 1          | 2 861                       | 3 875                  | 2 921                  | 1 789                  | 1 792         | 1 848               | 1 904         |         |
| SINJANI | Deliveries in GSH                                                                                                                | 2          | 5 452                       | 7 139                  | 5 491                  | 3 162                  | 3 200         | 3 300               | 3 400         |         |
| SINJANI | Usable beds in GSH                                                                                                               | 3          | 625                         | 630                    | 941                    | 945                    | 975           | 975                 | 975           |         |
| SINJANI | Separations in GSH<br>(Sum of: day patients + inpatient deaths + inpatient discharges + inpatient transfers out)                 | 4          | 33 293                      | 32 788                 | 50 334                 | 48 870                 | 51 602        | 51 009              | 50 416        |         |
| SINJANI | OPD + Emergency headcount in GSH                                                                                                 | 5          | 268 551                     | 262 463                | 428 349                | 418 887                | 425 014       | 425 657             | 426 797       |         |
| SINJANI | OPD headcount (general + specialist) in GSH                                                                                      | 5.1        | 268 551                     | 262 463                | 388 930                | 382 035                | 387 014       | 387 157             | 387 797       |         |
| SINJANI | Emergency headcount in GSH                                                                                                       | 5.2        | -                           | -                      | 39 419                 | 36 852                 | 38 000        | 38 500              | 39 000        |         |
| SINJANI | Patient day equivalent (PDE) in GSH<br>(Sum of: inpatient days + 1/2 day patients + 1/3 OPD headcount + 1/3 emergency headcount) | 6          | 300 397                     | 301 512                | 439 733                | 435 920                | 451 282       | 447 939             | 444 760       |         |
| SINJANI | Patient days in GSH<br>(Inpatient days + 1/2 day patients)                                                                       | 7          | 210 880                     | 214 025                | 296 950                | 299 049                | 309 611       | 306 053             | 302 494       |         |
| SINJANI | Total usable bed days in GSH                                                                                                     | 8          | 228 125                     | 229 950                | 343 442                | 344 736                | 355 875       | 355 875             | 355 875       |         |
| BAS     | Total expenditure in GSH (2011/12 Rands)                                                                                         | 9          | 1 363 766 677               | 1 368 849 422          | 1 696 343 041          | 1 637 704 830          | 1 648 146 376 | 1 644 027 332       | 1 626 655 930 |         |
| SINJANI | Number of Groote Schuur Hospitals                                                                                                | 10         | 1                           | 1                      | 1                      | 1                      | 1             | 1                   | 1             |         |
| SINJANI | Complaints resolved within 25 working days in GSH                                                                                | 11         | 385                         | 432                    | 141                    | 303                    | 280           | 288                 | 296           |         |
| SINJANI | Complaints lodged in GSH                                                                                                         | 12         | 458                         | 480                    | 199                    | 366                    | 350           | 360                 | 370           |         |
| SINJANI | Number of questionnaires with 1 or 2 recorded for pleased with treatment in GSH                                                  | 13         | Not required to report      | 2 055                  | 2 567                  | 5 430                  | 6 300         | 6 750               | 7 200         |         |
| SINJANI | Number of questionnaires for pleased with treatment in GSH                                                                       | 14         | Not required to report      | 2 302                  | 2 902                  | 6 126                  | 7 000         | 7 500               | 8 000         |         |
| SINJANI | GSH assessed against the core standards                                                                                          | 15         | Not required to report      | Not required to report | 1                      | 1                      | 1             | 1                   | 1             |         |
| SINJANI | Mortality and morbidity review conducted in GSH                                                                                  | 16         | Not required to report      | Not required to report | Not required to report | Not required to report | 25            | 26                  | 27            |         |
| SINJANI | Planned mortality and morbidity reviews in GSH multiplied by number of disciplines within the facility                           | 17         | Not required to report      | Not required to report | Not required to report | Not required to report | 30            | 30                  | 30            |         |

**Note:**

Element ID 1 and 2: The decreased numbers of caesarean sections and deliveries performed at GSH from 2011/12 onwards is due to drainage area changes.

Element ID 3: The number of usable beds will increase from 2013/14 to absorb specialist services from the decommissioned GF Jooste Hospital

Element 5 and 5.1: The drop in OPD headcount estimated for 2013/14 is due to altered drainage areas with the commissioning of the Khayelitsha District Hospital.

Element ID 11 and 12: An electronic system was implemented in 2011/12 and due to the strict algorithm applied to assess whether complaints were resolved within 25 days, the percentage decreased.

Element 13 and 14: From 2013/14 due to a change in the National Indicator Dataset definition, the element will reflect complaints resolved within 25 working days, not calendar days.

Element 13 and 14: The number of questionnaires evaluated is variable and is dependent on the response rate from the patients.

Element 16 and 17: New elements introduced from April 2013 to align with changes in the National Indicator Dataset definition. Morbidity and Mortality reviews are held at least 10 times per year for each of the key service disciplines in facilities

**Table 5.6: Performance indicators for Grootte Schuur Hospital [CHS5]**

| Strategic goal statement          | Strategic objective: Title                                                                                                     | Strategic objective: Statement                                                                                                                     | Performance indicator                                                                                                     | Type | Strategic objective target | Audited/actual performance |                    |                    | Estimated performance | Medium term targets |                    |                    | National target |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------|----------------------------|----------------------------|--------------------|--------------------|-----------------------|---------------------|--------------------|--------------------|-----------------|
|                                   |                                                                                                                                |                                                                                                                                                    |                                                                                                                           |      |                            | 2009/10                    | 2010/11            | 2011/12            |                       | 2012/13             | 2013/14            | 2014/15            |                 |
| 1. Address the burden of disease. | 1.1. Reduce maternal mortality due to complications during delivery.                                                           | 1.1.1. Perform appropriate 56.0% clinically indicated caesarean sections to ensure improved outcomes and safety for mothers and babies by 2014/15. | 1) Delivery caesarean section rate (in Grootte Schuur Hospital)                                                           | %    | 56.0%                      | 52.5%                      | 54.3%              | 53.2%              | 56.6%                 | 56.0%               | 56.0%              | 56.0%              | 30%             |
|                                   |                                                                                                                                |                                                                                                                                                    | Numerator ID 1<br>Denominator ID 2                                                                                        |      | 1 848<br>3 300             | 2 861<br>5 452             | 3 875<br>7 139     | 2 921<br>5 491     | 1 789<br>3 162        | 1 792<br>3 200      | 1 848<br>3 300     | 1 904<br>3 400     | -<br>-          |
|                                   | 1.2. Ensure the delivery of Grootte Schuur Hospital services to manage the burden of disease at the appropriate level of care. | 1.2.1. Ensure access to Grootte Schuur Hospital services by providing 975 beds by 2014/15.                                                         | 2) Number of usable beds in Grootte Schuur Hospital<br>Element ID 3                                                       | No   | 975                        | 625                        | 630                | 941                | 945                   | 975                 | 975                | 975                | -               |
|                                   |                                                                                                                                |                                                                                                                                                    | Inpatient separations – total (in Grootte Schuur Hospital)<br>Element ID 4                                                | No   | -                          | 33 293                     | 32 788             | 50 334             | 48 870                | 51 602              | 51 009             | 50 416             | -               |
|                                   | 1.3. Ensure optimal access to Grootte Schuur Hospital services to manage the burden of disease.                                | 1.3.1. Efficiently manage resources to achieve the target bed utilisation rate of 86.0% by 2014/15.                                                | 4) OPD total headcount - total (in Grootte Schuur Hospital)<br>Element ID 5.1                                             | No   | -                          | 268 551                    | 262 463            | 388 930            | 382 035               | 387 014             | 387 157            | 387 797            | -               |
|                                   |                                                                                                                                |                                                                                                                                                    | Patient day equivalents [PDE] total (in Grootte Schuur Hospital)<br>Element ID 6                                          | No   | -                          | 300 397                    | 301 512            | 439 733            | 435 920               | 451 282             | 447 939            | 444 760            | -               |
|                                   |                                                                                                                                |                                                                                                                                                    | 6) Inpatient bed utilisation rate (based on usable beds in Grootte Schuur Hospital)<br>Numerator ID 7<br>Denominator ID 8 | %    | 86.0%                      | 92.4%                      | 93.1%              | 86.5%              | 86.7%                 | 87.0%               | 86.0%              | 85.0%              | -               |
|                                   |                                                                                                                                |                                                                                                                                                    |                                                                                                                           |      | 306 053<br>355 875         | 210 880<br>228 125         | 214 025<br>229 950 | 296 950<br>343 442 | 299 049<br>344 736    | 309 611<br>355 875  | 306 053<br>355 875 | 302 494<br>355 875 | -<br>-          |

| Strategic goal statement                                                         | Strategic objective: Title                                                                                                                                           | Strategic objective: Statement                                                                                                                          | Performance indicator                                                                      | Type | Strategic objective target | Audited/actual performance |               |               | Estimated performance | Medium term targets |         |         | National target |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------|----------------------------|----------------------------|---------------|---------------|-----------------------|---------------------|---------|---------|-----------------|
|                                                                                  |                                                                                                                                                                      |                                                                                                                                                         |                                                                                            |      |                            | 2009/10                    | 2010/11       | 2011/12       |                       | 2012/13             | 2013/14 | 2014/15 |                 |
| 2. Optimal financial management to maximise health outcomes.                     | 2.1. Allocate, manage and generate sufficient funds to ensure sustained delivery of the full package of quality services in Groote Schuur Hospital.                  | 2.1.1. Ensure the cost effective management of Groote Schuur Hospital at a target cost of R3 670 per patient day equivalent by 2014/15 (2011/12 Rands). | 7) Expenditure per patient day equivalent (PDE) (in Groote Schuur Hospital)                | R    | 1 644 027 332              | R4 540                     | R4 540        | R3 858        | R3 757                | R 3 652             | R3 670  | R3 657  | -               |
|                                                                                  |                                                                                                                                                                      |                                                                                                                                                         | Numerator ID 9<br>Denominator ID 6                                                         |      | 1 363 766 677              | 1 368 849 422              | 1 696 343 041 | 1 637 704 830 | 1 644 027 332         | 1 626 655 930       | -       |         |                 |
| 3. Ensure and maintain organisational strategic management capacity and synergy. | 3.1. Management provides sustained strategic direction in the delivery of sustained health services with well-defined efficiency targets for Groote Schuur Hospital. | 3.1.1. Effectively manage allocated resources to achieve the target average length of stay of 6.0 days for Groote Schuur Hospital by 2014/15.           | 8) Average length of stay (in Groote Schuur Hospital)                                      | Days | 6.0                        | 6.3                        | 6.5           | 5.9           | 6.1                   | 6.0                 | 6.0     | 6.0     | 5.5             |
|                                                                                  |                                                                                                                                                                      |                                                                                                                                                         | Numerator ID 7<br>Denominator ID 4                                                         |      | 306 053                    | 210 880                    | 214 025       | 296 950       | 299 049               | 309 611             | 306 053 | 302 494 | -               |
| 4. Improve the quality of health services and improve the patient experience.    | 4.1. Improve the quality of health services.                                                                                                                         | 4.1.1. Ensure appropriate mechanisms to measure improvement in quality of health services.                                                              | 9) Complaint resolution within 25 working days rate (from users of Groote Schuur Hospital) | %    | -                          | 84.1%                      | 90.0%         | 70.9%         | 82.7%                 | 80.0%               | 80.0%   | 80.0%   | -               |
|                                                                                  |                                                                                                                                                                      |                                                                                                                                                         | Numerator ID 11<br>Denominator ID 12                                                       |      | -                          | 385                        | 432           | 141           | 303                   | 288                 | 280     | 296     | 370             |
|                                                                                  |                                                                                                                                                                      |                                                                                                                                                         | 10) Hospital patient satisfaction rate (in Groote Schuur Hospital)                         | %    | -                          | Not required to report     | 89.3%         | 88.5%         | 88.6%                 | 90.0%               | 90.0%   | 90.0%   | 90%             |
|                                                                                  |                                                                                                                                                                      |                                                                                                                                                         | Numerator ID 13<br>Denominator ID 14                                                       |      | -                          | -                          | 2 055         | 2 567         | 5 430                 | 6 300               | 6 750   | 7 200   | -               |
|                                                                                  |                                                                                                                                                                      |                                                                                                                                                         |                                                                                            |      | -                          | -                          | 2 302         | 2 902         | 6 126                 | 7 000               | 7 500   | 8 000   | -               |

| Strategic goal statement | Strategic objective: Title | Strategic objective: Statement | Performance indicator                                                                                                                                                                                                                                                                                                                               | Type | Strategic objective target | Audited/actual performance |                        |                        |                        | Estimated performance | Medium term targets |         |         | National target |
|--------------------------|----------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------|----------------------------|------------------------|------------------------|------------------------|-----------------------|---------------------|---------|---------|-----------------|
|                          |                            |                                |                                                                                                                                                                                                                                                                                                                                                     |      |                            | 2009/10                    | 2010/11                | 2011/12                | 2012/13                |                       | 2013/14             | 2014/15 | 2015/16 |                 |
|                          |                            |                                | 11) Percentage of assessments for compliance against the 6 priorities of the core standards (includes external assessment) (NID: Facility Core standards self-assessment rate in central hospitals) Number of assessments at Groote Schuur Hospital for compliance against the 6 priorities of the core standards Numerator ID 15 Denominator ID 10 | %    | -                          | Not required to report     | Not required to report | 100.0%                 | 100.0%                 | 100.0%                | 100.0%              | 100.0%  | -       |                 |
|                          |                            |                                | 12) Morbidity and mortality review rate (in Groote Schuur Hospital) Numerator ID 16 Denominator ID 17                                                                                                                                                                                                                                               | %    | 86.7%                      | Not required to report     | Not required to report | Not required to report | Not required to report | 83.3%                 | 86.7%               | 90.0%   | 100.0%  |                 |
|                          |                            |                                |                                                                                                                                                                                                                                                                                                                                                     |      | 26                         | -                          | -                      | -                      | -                      | 25                    | 26                  | 27      | -       |                 |
|                          |                            |                                |                                                                                                                                                                                                                                                                                                                                                     |      | 30                         | -                          | -                      | -                      | -                      | 30                    | 30                  | 30      | -       |                 |

**Notes:**

All: From 2010/11 the general specialist services outputs in central hospitals were reflected in Programme 4.1. As from 2011/12 all service activities in Groote Schuur Hospital is reflected in Programme 5.1.

Indicator 1: The caesarean section rate indicated is for Groote Schuur Hospital services as a whole, including the level 2 services.

Indicator 2: The increase of beds from 2010/11 to 2011/12 is as a result of reporting the general specialist outputs together with the highly specialised outputs.

Indicator 7: The increase in beds from 2012/13 to 2013/14 is planned to absorb services from the decommissioned GF Jooste Hospital.

Indicator 9: The expenditure per patient day equivalent for the period 2008/09 to 2010/11 is for the highly specialised services in Groote Schuur Hospital.

As from 2011/12 the expenditure per patient day equivalent is for both the general specialised and the highly specialised services.

Indicator 9: An electronic system was implemented in 2011/12 and due to the strict algorithm applied to assess whether complaints were resolved within 25 days, the percentage has decreased.

The definition of this indicator has been 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.

Strategic objective performance indicators are highlighted in yellow.

Provincially determined performance indicators are highlighted



Table 5.7: Quarterly targets for Groote Schuur Hospital for 2013/14 [CHS6]

| Strategic goal statement                                                         | Strategic objective: Title                                                                                                                                              | Strategic objective: Statement                                                                                                                          | Performance indicator                                                                                                    | Reporting period | Annual target 2013/14 | Quarterly targets |         |         |         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|-------------------|---------|---------|---------|
|                                                                                  |                                                                                                                                                                         |                                                                                                                                                         |                                                                                                                          |                  |                       | Q1                | Q2      | Q3      | Q4      |
| 1. Address the burden of disease.                                                | 1.1. Reduce maternal mortality due to complications during delivery.                                                                                                    | 1.1.1. Perform appropriate 56.0% clinically indicated caesarean sections to ensure improved outcomes and safety for mothers and babies by 2014/15.      | 1) Delivery caesarean section rate (in Groote Schuur Hospital)<br>Numerator ID 1<br>Denominator ID 2                     | Quarterly        | 56.0%                 | 56.0%             | 56.0%   | 56.0%   | 56.0%   |
|                                                                                  | 1.2. Ensure the delivery of Groote Schuur Hospital services to manage the burden of disease at the appropriate level of care.                                           | 1.2.1. Ensure access to Groote Schuur Hospital services by providing 975 beds by 2014/15.                                                               | 2) Number of usable beds (in Groote Schuur Hospital)<br>Element ID 3                                                     | Quarterly        | 975                   | 975               | 975     | 975     | 975     |
| 2. Optimal financial management to maximise health outcomes.                     | 1.3. Ensure optimal access to central hospital services to manage the burden of disease.                                                                                | 1.3.1. Efficiently manage resources to achieve the target bed utilisation rate of 86.0% by 2014/15.                                                     | 3) Inpatient separations – total (in Groote Schuur Hospital)<br>Element ID 4                                             | Quarterly        | 51 602                | 12 901            | 12 901  | 12 901  | 12 899  |
|                                                                                  |                                                                                                                                                                         |                                                                                                                                                         | 4) OPD total headcount – total (in Groote Schuur Hospital)<br>Element ID 5.1                                             | Quarterly        | 387 014               | 96 754            | 96 754  | 96 754  | 96 752  |
|                                                                                  |                                                                                                                                                                         |                                                                                                                                                         | 5) Patient day equivalents [PDE] total (in Groote Schuur Hospital)<br>Element ID 6                                       | Quarterly        | 451 282               | 112 821           | 112 821 | 112 821 | 112 819 |
| 3. Ensure and maintain organisational strategic management capacity and synergy. | 2.1. Allocate, manage and generate sufficient funds to ensure sustained delivery of the full package of quality, central hospital services.                             | 2.1.1. Ensure the cost effective management of Groote Schuur Hospital at a target cost of R3 670 per patient day equivalent by 2014/15 (2011/12 Rands). | 6) Inpatient bed utilisation rate (based on usable beds in Groote Schuur Hospital)<br>Numerator ID 7<br>Denominator ID 8 | Quarterly        | 87.0%                 | 87.0%             | 87.0%   | 87.0%   | 87.0%   |
|                                                                                  |                                                                                                                                                                         |                                                                                                                                                         | 7) Expenditure per patient day equivalent [PDE] (in Groote Schuur Hospital)<br>Numerator ID 9<br>Denominator ID 6        | Quarterly        | R 3 652               | R 3 652           | R 3 652 | R 3 652 | R 3 652 |
| 3. Ensure and maintain organisational strategic management capacity and synergy. | 3.1. Management provides sustained strategic direction in the delivery of sustained health services with well-defined efficiency targets for central hospital services. | 3.1.1. Effectively manage allocated resources to achieve the target average length of stay of 6.0 days for Groote Schuur Hospital by 2014/15.           | 8) Average length of stay (in Groote Schuur Hospital)<br>Numerator ID 7<br>Denominator ID 4                              | Quarterly        | 6.0                   | 6.0               | 6.0     | 6.0     | 6.0     |
|                                                                                  |                                                                                                                                                                         |                                                                                                                                                         |                                                                                                                          | Quarterly        | 309 611               | 77 403            | 77 403  | 77 403  | 77 402  |
|                                                                                  |                                                                                                                                                                         |                                                                                                                                                         |                                                                                                                          | Quarterly        | 51 602                | 12 901            | 12 901  | 12 901  | 12 899  |

| Strategic goal statement                                                      | Strategic objective: Title                   | Strategic objective: Statement                                                             | Performance indicator                                                                                                                                                                               | Reporting period | Annual target 2013/14 | Quarterly targets |       |       |        |
|-------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|-------------------|-------|-------|--------|
|                                                                               |                                              |                                                                                            |                                                                                                                                                                                                     |                  |                       | Q1                | Q2    | Q3    | Q4     |
| 4. Improve the quality of health services and improve the patient experience. | 4.1. Improve the quality of health services. | 4.1.1. Ensure appropriate mechanisms to measure improvement in quality of health services. | 9) Complaint resolution within 25 working days rate (from users of Groote Schuur Hospital)                                                                                                          | Quarterly        | 80.0%                 | 79.5%             | 79.5% | 79.5% | 81.4%  |
|                                                                               |                                              |                                                                                            | Numerator ID 11                                                                                                                                                                                     |                  | 280                   | 70                | 70    | 70    | 70     |
|                                                                               |                                              |                                                                                            | Denominator ID 12                                                                                                                                                                                   |                  | 350                   | 88                | 88    | 80    | 86     |
|                                                                               |                                              |                                                                                            | 10) Hospital patient satisfaction rate (in Groote Schuur Hospital)                                                                                                                                  | Annually         | 90.0%                 | -                 | -     | -     | 90.0%  |
|                                                                               |                                              |                                                                                            | Numerator ID 13                                                                                                                                                                                     |                  | 6 300                 |                   |       |       | 6 300  |
|                                                                               |                                              |                                                                                            | Denominator ID 14                                                                                                                                                                                   |                  | 7 000                 |                   |       |       | 7 000  |
|                                                                               |                                              |                                                                                            | 11) Percentage of assessments for compliance against the 6 priorities of the core standards (includes external assessment) (NID: Facility Core standards self-assessment rate in central hospitals) | Annually         | 100.0%                |                   |       |       | 100.0% |
|                                                                               |                                              |                                                                                            | Number of assessments at Groote Schuur Hospital for compliance against the 6 priorities of the core standards                                                                                       |                  | 1                     |                   |       |       | 1      |
|                                                                               |                                              |                                                                                            | Numerator ID 15                                                                                                                                                                                     |                  | 1                     |                   |       |       | 1      |
|                                                                               |                                              |                                                                                            | Denominator ID 10                                                                                                                                                                                   |                  |                       |                   |       |       |        |
|                                                                               |                                              |                                                                                            | 12) Morbidity and mortality review rate (in Groote Schuur Hospital)                                                                                                                                 | Quarterly        | 83.3%                 | 75.0%             | 87.5% | 85.7% | 85.7%  |
|                                                                               |                                              |                                                                                            | Numerator ID 16                                                                                                                                                                                     |                  | 25                    | 6                 | 7     | 6     | 6      |
| Denominator ID 17                                                             |                                              | 30                                                                                         | 8                                                                                                                                                                                                   | 8                | 7                     | 7                 |       |       |        |

**Note:**

Strategic objective performance indicators are highlighted in yellow. Provincially determined performance indicators are highlighted

Table 5.8: Data elements of performance indicators for Tygerberg Hospital

| Source  | Data element                                                                                                                  | Element ID | Audited /Actual performance |                        |                        |                        |               | Estimate      | Medium term targets |         |  |
|---------|-------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------|------------------------|------------------------|------------------------|---------------|---------------|---------------------|---------|--|
|         |                                                                                                                               |            | 2009/10                     | 2010/11                | 2011/12                | 2012/13                | 2013/14       |               | 2014/15             | 2015/16 |  |
| SINJANI | Caesarean sections in TBH                                                                                                     | 1          | 2 191                       | 2 149                  | 2 683                  | 3 170                  | 3 212         | 3 256         | 3 300               |         |  |
| SINJANI | Deliveries in TBH                                                                                                             | 2          | 6 057                       | 5 916                  | 6 251                  | 7 299                  | 7 300         | 7 400         | 7 500               |         |  |
| SINJANI | Usable beds in TBH                                                                                                            | 3          | 608                         | 608                    | 1 310                  | 1 384                  | 1 384         | 1 384         | 1 384               |         |  |
| SINJANI | Separations in TBH (Sum of: day patients + inpatient deaths + inpatient discharges + inpatient transfers out)                 | 4          | 22 611                      | 23 214                 | 61 893                 | 68 661                 | 69 880        | 70 722        | 71 564              |         |  |
| SINJANI | OPD + Emergency headcount in TBH                                                                                              | 5          | 187 654                     | 197 259                | 371 592                | 403 867                | 401 231       | 464 227       | 490 566             |         |  |
| SINJANI | OPD headcount (general + specialist) in TBH                                                                                   | 5.1        | 187 654                     | 197 259                | 315 264                | 347 354                | 344 231       | 406 727       | 432 066             |         |  |
| SINJANI | Emergency headcount in TBH                                                                                                    | 5.2        | -                           | -                      | 56 328                 | 56 513                 | 57 000        | 57 500        | 58 500              |         |  |
| SINJANI | Patient day equivalent (PDE) in TBH (Sum of: inpatient days + 1/2 day patients + 1/3 OPD headcount + 1/3 emergency headcount) | 6          | 225 672                     | 232 604                | 499 486                | 550 610                | 553 027       | 559 910       | 573 408             |         |  |
| SINJANI | Patient days in TBH (Inpatient days + 1/2 day patients)                                                                       | 7          | 163 121                     | 166 851                | 375 622                | 415 988                | 419 283       | 424 334       | 429 386             |         |  |
| SINJANI | Total usable bed days in TBH                                                                                                  | 8          | 221 920                     | 221 920                | 478 202                | 505 160                | 505 160       | 505 160       | 505 160             |         |  |
| BAS     | Total expenditure in TBH (2011/12 Rands)                                                                                      | 9          | 1 111 287 053               | 1 073 401 878          | 1 766 986 695          | 1 811 572 170          | 1 806 932 485 | 1 803 629 821 | 1 785 462 894       |         |  |
| SINJANI | Number of Tygerberg Hospitals                                                                                                 | 10         | 1                           | 1                      | 1                      | 1                      | 1             | 1             | 1                   |         |  |
| SINJANI | Complaints resolved within 25 working days in TBH                                                                             | 11         | 202                         | 180                    | 110                    | 211                    | 216           | 224           | 232                 |         |  |
| SINJANI | Complaints lodged in TBH                                                                                                      | 12         | 214                         | 200                    | 219                    | 264                    | 270           | 280           | 290                 |         |  |
| SINJANI | Number of questionnaires with 1 or 2 recorded for pleased with treatment in TBH                                               | 13         | Not required to report      | 385                    | 860                    | 720                    | 810           | 855           | 900                 |         |  |
| SINJANI | Number of questionnaires for pleased with treatment in TBH                                                                    | 14         | Not required to report      | 437                    | 894                    | 800                    | 900           | 950           | 1 000               |         |  |
| SINJANI | TBH assessed against the core standards                                                                                       | 15         | Not required to report      | Not required to report | 1                      | 0                      | 1             | 1             | 1                   |         |  |
| SINJANI | Mortality and morbidity review conducted in TBH                                                                               | 16         | Not required to report      | Not required to report | Not required to report | Not required to report | 30            | 32            | 34                  |         |  |
| SINJANI | Planned mortality and morbidity reviews in TBH multiplied by number of disciplines within the facility                        | 17         | Not required to report      | Not required to report | Not required to report | Not required to report | 40            | 40            | 40                  |         |  |

**Note:**

- Element ID 3: An additional 74 beds were added in 2012/13 to accommodate the change in drainage areas with the commissioning of the Khayelitsha District Hospital.
- Element ID 2: The increased number of deliveries in 2012/13 is due to the increased bed numbers as a result of the absorption of the Khayelitsha District Hospital drainage area.
- Element 5 and 5.1: The drop in OPD headcount estimated for 2013/14 is due to altered drainage areas with the commissioning of the Khayelitsha District Hospital.
- Element ID 11 and 12: An electronic system was implemented in 2011/12 and due to the strict algorithm applied to assess whether complaints were resolved within 25 days, the percentage decreased. From 2013/14 due to a change in the National Indicator Dataset definition, the element will reflect complaints resolved within 25 working days, not calendar days.
- Element ID 13 and 14: The number of questionnaires evaluated is variable as this is dependent on the patient response rate.

Element 16 and 17: New elements introduced from April 2013 to align with changes in the National Indicator Dataset definition. Morbidity and Mortality reviews are held at least 10 times per year for each of the key service disciplines in facilities.

**Table 5.9: Performance indicators for Tygerberg Hospital [CHS5]**

| Strategic goal statement          | Strategic objective: Title                                                                                                | Strategic objective: Statement                                                                                                                   | Performance indicator                                                                                                | Type | Strategic objective target | Audited/actual performance |                    |                    | Estimated performance | Medium term targets |                    |                | National target |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------|----------------------------|----------------------------|--------------------|--------------------|-----------------------|---------------------|--------------------|----------------|-----------------|
|                                   |                                                                                                                           |                                                                                                                                                  |                                                                                                                      |      |                            | 2009/10                    | 2010/11            | 2011/12            |                       | 2012/13             | 2013/14            | 2014/15        |                 |
| 1. Address the burden of disease. | 1.1. Reduce maternal mortality due to complications during delivery.                                                      | 1.1.1. Perform appropriate 44% clinically indicated caesarean sections to ensure improved outcomes and safety for mothers and babies by 2014/15. | 1) Delivery caesarean section rate (in Tygerberg Hospital)                                                           | %    | 44.0%                      | 36.2%                      | 36.3%              | 42.9%              | 43.4%                 | 44.0%               | 44.0%              | 44.0%          | 30%             |
|                                   |                                                                                                                           |                                                                                                                                                  | Numerator ID 1<br>Denominator ID 2                                                                                   |      | 3 250<br>7 400             | 2 191<br>6 057             | 2 149<br>5 916     | 2 683<br>6 251     | 3 170<br>7 299        | 3 212<br>7 300      | 3 256<br>7 400     | 3 300<br>7 500 |                 |
|                                   | 1.2. Ensure the delivery of Tygerberg Hospital services to manage the burden of disease at the appropriate level of care. | 1.2.1. Ensure access to Tygerberg Hospital services by providing 1 384 beds by 2014/15.                                                          | 2) Number of usable beds (in Tygerberg Hospital)<br>Element ID 3                                                     | No   | 1 384                      | 608                        | 608                | 1 310              | 1 384                 | 1 384               | 1 384              | 1 384          |                 |
|                                   |                                                                                                                           |                                                                                                                                                  | 3) Inpatient separations -total (in Tygerberg Hospital)<br>Element ID 4                                              | No   |                            | 22 611                     | 23 214             | 61 893             | 68 661                | 69 880              | 70 722             | 71 564         |                 |
|                                   | 1.3. Ensure optimal access to Tygerberg Hospital services to manage the burden of disease.                                | 1.3.1. Efficiently manage resources to achieve the target bed utilisation rate of 84% by 2014/15.                                                | 4) OPD headcounts total (in Tygerberg Hospital)<br>Element ID 5.1                                                    | No   |                            | 187 654                    | 197 259            | 315 264            | 347 354               | 344 231             | 406 727            | 432 066        |                 |
|                                   |                                                                                                                           |                                                                                                                                                  | 5) Patient day equivalents [PDE] total (in Tygerberg Hospital)<br>Element ID 6                                       | No   |                            | 225 672                    | 232 604            | 499 486            | 550 610               | 553 027             | 559 910            | 573 408        |                 |
|                                   |                                                                                                                           |                                                                                                                                                  | 6) Inpatient bed utilisation rate (based on usable beds in Tygerberg Hospital)<br>Numerator ID 7<br>Denominator ID 8 | %    | 84.0%                      | 73.5%                      | 75.2%              | 78.5%              | 82.3%                 | 83.0%               | 84.0%              | 85.0%          | 75.0%           |
|                                   |                                                                                                                           |                                                                                                                                                  |                                                                                                                      |      | 424 334<br>505 160         | 166 851<br>221 920         | 375 622<br>478 202 | 415 988<br>505 160 | 419 283<br>505 160    | 424 334<br>505 160  | 429 386<br>505 160 |                |                 |

| Strategic goal statement                                                         | Strategic objective: Title                                                                                                                                          | Strategic objective: Statement                                                                                                                      | Performance indicator                                                                  | Type | Strategic objective target | Audited/actual performance |               |               | Estimated performance | Medium term targets |               |         | National target |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------|----------------------------|----------------------------|---------------|---------------|-----------------------|---------------------|---------------|---------|-----------------|
|                                                                                  |                                                                                                                                                                     |                                                                                                                                                     |                                                                                        |      |                            | 2009/10                    | 2010/11       | 2011/12       |                       | 2012/13             | 2013/14       | 2014/15 |                 |
| 2. Optimal financial management to maximise health outcomes.                     | 2.1. Allocate, manage and generate sufficient funds to ensure sustained delivery of the full package of quality services in Tygerberg Hospital.                     | 2.1.1. Ensure the cost effective management of Tygerberg Hospital at a target cost of R3 221 per patient day equivalent by 2014/15 (2011/12 Rands). | 7) Expenditure per patient day equivalent (PDE) (in Tygerberg Hospital)                | R    | R3 221                     | R4 924                     | R4 615        | R3 538        | R3 290                | R3 267              | R3 221        | R3 114  |                 |
|                                                                                  |                                                                                                                                                                     |                                                                                                                                                     | Numerator: ID 9<br>Denominator: ID 6                                                   |      | 1 111 287 053              | 1 073 401 878              | 1 766 986 695 | 1 811 572 170 | 1 806 932 485         | 1 803 629 821       | 1 785 462 894 |         |                 |
| 3. Ensure and maintain organisational strategic management capacity and synergy. | 3.1. Management provides sustained in strategic direction in the delivery of sustained health services with well-defined efficiency targets for Tygerberg Hospital. | 3.1.1. Effectively manage allocated resources to achieve the target average length of stay of 6.0 days for Tygerberg Hospital by 2014/15.           | 8) Average length of stay (in Tygerberg Hospital)                                      | Days | 6.0                        | 7.2                        | 7.2           | 6.1           | 6.1                   | 6.0                 | 6.0           | 6.0     | 5.5             |
|                                                                                  |                                                                                                                                                                     |                                                                                                                                                     | Numerator: ID 7<br>Denominator: ID 4                                                   |      | 163 121                    | 166 851                    | 375 622       | 415 988       | 419 283               | 424 334             | 429 386       |         |                 |
| 4. Improve the quality of health services and improve the patient experience.    | 4.1. Improve the quality of health services.                                                                                                                        | 4.1.1. Ensure appropriate mechanisms to measure improvement in quality of health services.                                                          | 9) Complaint resolution within 25 working days rate (from users of Tygerberg Hospital) | %    |                            | 94.4%                      | 90.0%         | 50.2%         | 80.0%                 | 80.0%               | 80.0%         | 80.0%   |                 |
|                                                                                  |                                                                                                                                                                     |                                                                                                                                                     | Numerator: ID 11<br>Denominator: ID 12                                                 |      | 202                        | 180                        | 110           | 211           | 216                   | 224                 | 232           |         |                 |
|                                                                                  |                                                                                                                                                                     |                                                                                                                                                     | 10) Hospital patient satisfaction rate (in Tygerberg Hospital)                         | %    |                            | Not required to report     | 88.1%         | 96.2%         | 90.0%                 | 90.0%               | 90.0%         | 90.0%   | 90%             |
|                                                                                  |                                                                                                                                                                     |                                                                                                                                                     | Numerator: ID 13<br>Denominator: ID 14                                                 |      |                            | -                          | 385           | 860           | 720                   | 810                 | 855           | 900     |                 |
|                                                                                  |                                                                                                                                                                     |                                                                                                                                                     |                                                                                        |      |                            | -                          | 437           | 894           | 800                   | 900                 | 950           | 1000    |                 |

| Strategic goal statement | Strategic objective: Title | Strategic objective: Statement | Performance indicator                                                                                                                                                                                                                                                                                                                                                                                           | Type | Strategic objective target | Audited/actual performance |                        |                        | Estimated performance  | Medium term targets |         |         | National target |
|--------------------------|----------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------|----------------------------|------------------------|------------------------|------------------------|---------------------|---------|---------|-----------------|
|                          |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                            | 2009/10                    | 2010/11                | 2011/12                |                        | 2012/13             | 2013/14 | 2014/15 |                 |
|                          |                            |                                | 11) Percentage of assessments for compliance against the 6 priorities of the core standards (includes external assessment) (NID: Facility Core standards self-assessment rate in central hospitals) Number of assessments at Tygerberg Hospital for compliance against the 6 priorities of the core standards. Tygerberg Hospital assessed for compliance with core standards Numerator ID 15 Denominator ID 10 | No   |                            | Not required to report     | Not required to report | 100.0%                 | 0                      | 100.0%              | 100.0%  | 100.0%  |                 |
|                          |                            |                                | 12) Morbidity and mortality review rate (in Tygerberg Hospital) Numerator ID 16 Denominator ID 17                                                                                                                                                                                                                                                                                                               | %    | 80.0%                      | Not required to report     | Not required to report | Not required to report | Not required to report | 75.0%               | 80.0%   | 85.0%   |                 |
|                          |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                 |      | 32                         |                            |                        |                        |                        | 30                  | 32      | 34      |                 |
|                          |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                 |      | 40                         |                            |                        |                        |                        | 40                  | 40      | 40      |                 |

**Note:**

- All: From 2008/09 to 2010/11 the general specialist services outputs in central hospitals were reflected in Programme 4.1. As from 2011/12 all service activities in Tygerberg Hospital is reflected in Programme 5.1.
- Indicator 1: The caesarean section rate indicated is for Tygerberg Hospital services as a whole, including the level 2 services. The increase in the caesarean section rate is as a result of an improved data collection process and not a change in clinical protocol.
- Indicator 2: The increase in the bed numbers from 2011/2012 to 2012/2013 is as a result of the transfer of beds from Grootte Schuur and Red Cross War Memorial Children's Hospital to Tygerberg Hospital to accommodate the change in drainage areas with the commissioning of the Khayelitsha District Hospital.
- Indicator 4: The drop in OPD headcount estimated for 2013/14 is due to altered drainage areas with the commissioning of the Khayelitsha District Hospital.
- Indicator 7: The expenditure per patient day equivalent for the period 2008/09 to 2010/11 is for the highly specialised services in Tygerberg Hospital. As from 2011/12 the expenditure per patient day equivalent is for both the general specialised and the highly specialised services.
- Indicator 9: An electronic system was implemented in 2011/12 and due to the strict algorithm applied to assess whether complaints were resolved within 25 days, the percentage decreased. The definition of this indicator has been 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.

Strategic objective performance indicators are highlighted in yellow. Provincially determined performance indicators are highlighted

Table 5.10: Quarterly targets for Tygerberg Hospital for 2013/14 [CHS6]

| Strategic goal statement                                                         | Strategic objective: Title                                                                                                                                       | Strategic objective: Statement                                                                                                                      | Performance indicator                                                                                                          | Reporting period | Annual target            | Quarterly targets      |                        |                        |                        |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|------------------------|------------------------|------------------------|------------------------|
|                                                                                  |                                                                                                                                                                  |                                                                                                                                                     |                                                                                                                                |                  |                          | Q1                     | Q2                     | Q3                     | Q4                     |
| 1. Address the burden of disease.                                                | 1.1. Reduce maternal mortality due to complications during delivery.                                                                                             | 1.1.1. Perform appropriate 44% clinically indicated caesarean sections to ensure improved outcomes and safety for mothers and babies by 2014/15.    | 1) Delivery caesarean section rate (in Tygerberg Hospital)                                                                     | Quarterly        | 44.0%                    | 44.0%                  | 44.0%                  | 44.0%                  | 44.0%                  |
|                                                                                  |                                                                                                                                                                  |                                                                                                                                                     | Numerator ID 1<br>Denominator ID 2                                                                                             |                  | 3 212<br>7 300           | 803<br>1 825           | 803<br>1 825           | 803<br>1 825           | 803<br>1 825           |
|                                                                                  | 1.2. Ensure the delivery of Tygerberg Hospital services to manage the burden of disease at the appropriate level of care.                                        | 1.2.1. Ensure access to Tygerberg Hospital services by providing 1 384 beds by 2014/15.                                                             | 2) Number of usable beds (in Tygerberg Hospital)<br>Element ID 3                                                               | Quarterly        | 1 384                    | 1 384                  | 1 384                  | 1 384                  | 1 384                  |
|                                                                                  |                                                                                                                                                                  |                                                                                                                                                     | 3) Inpatient separations -total (in Tygerberg Hospital)<br>Element ID 4                                                        | Quarterly        | 69 880                   | 17 470                 | 17 470                 | 17 470                 | 17 470                 |
|                                                                                  |                                                                                                                                                                  |                                                                                                                                                     | 4) OPD headcounts total (in Tygerberg Hospital)<br>Element ID 5.1                                                              | Quarterly        | 344 231                  | 86 058                 | 86 058                 | 86 058                 | 86 058                 |
|                                                                                  |                                                                                                                                                                  |                                                                                                                                                     | 5) Patient day equivalents [PDE] total (in Tygerberg Hospital)<br>Element ID 6                                                 | Quarterly        | 553 027                  | 138 257                | 138 257                | 138 257                | 138 257                |
|                                                                                  | 1.3. Ensure optimal access to Tygerberg Hospital services to manage the burden of disease.                                                                       | 1.3.1. Efficiently manage resources to achieve the target bed utilisation rate of 84% by 2014/15.                                                   | 6) Inpatient bed utilisation rate (based on usable beds in Tygerberg Hospital)<br>Numerator ID 7<br>Denominator ID 8           | Quarterly        | 83.0%                    | 83.0%                  | 83.0%                  | 83.0%                  | 83.0%                  |
|                                                                                  |                                                                                                                                                                  |                                                                                                                                                     |                                                                                                                                |                  | 419 283<br>505 160       | 104 821<br>126 290     | 104 821<br>126 290     | 104 821<br>126 290     | 104 820<br>126 290     |
| 2. Optimal financial management to maximise health outcomes.                     | 2.1. Allocate, manage and generate sufficient funds to ensure sustained delivery of the full package of quality services in Tygerberg Hospital.                  | 2.1.1. Ensure the cost effective management of Tygerberg Hospital at a target cost of R3 221 per patient day equivalent by 2014/15 (2011/12 Rands). | 7) Expenditure per patient day equivalent [PDE] (in Tygerberg Hospital)<br>Numerator ID 9<br>Denominator ID 6                  | Quarterly        | R3 267                   | R3 267                 | R3 267                 | R3 267                 | R3 267                 |
|                                                                                  |                                                                                                                                                                  |                                                                                                                                                     |                                                                                                                                |                  | 1 806 932 485<br>553 027 | 451 733 121<br>138 257 | 451 733 121<br>138 257 | 451 733 121<br>138 257 | 451 733 122<br>138 256 |
| 3. Ensure and maintain organisational strategic management capacity and synergy. | 3.1. Management provides sustained strategic direction in the delivery of sustained health services with well-defined efficiency targets for Tygerberg Hospital. | 3.1.1. Effectively manage allocated resources to achieve the target average length of stay of 6.0 days for Tygerberg Hospital by 2014/15.           | 8) Average length of stay (in Tygerberg Hospital)<br>Numerator ID 7<br>Denominator ID 4                                        | Quarterly        | 6.0                      | 6.0                    | 6.0                    | 6.0                    | 6.0                    |
|                                                                                  |                                                                                                                                                                  |                                                                                                                                                     |                                                                                                                                |                  | 419 283<br>69 880        | 104 821<br>17 470      | 104 821<br>17 470      | 104 821<br>17 470      | 104 820<br>17 470      |
| 4. Improve the quality of health services and improve the patient experience.    | 4.1. Improve the quality of health services.                                                                                                                     | 4.1.1. Ensure appropriate mechanisms to measure improvement in quality of health services.                                                          | 9) Complaint resolution within 25 working days rate (from users of Tygerberg Hospital)<br>Numerator ID 11<br>Denominator ID 12 | Quarterly        | 80.0%                    | 79.4%                  | 79.4%                  | 77.1%                  | 81.8%                  |
|                                                                                  |                                                                                                                                                                  |                                                                                                                                                     |                                                                                                                                |                  | 216<br>270               | 54<br>68               | 54<br>68               | 54<br>70               | 54<br>66               |

| Strategic goal statement | Strategic objective: Title | Strategic objective: Statement | Performance indicator                                                                                                                                                                                                                                                                                                                                                                                                    | Reporting period | Annual target<br>2013/14 | Quarterly targets |                  |                  |                     |
|--------------------------|----------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|-------------------|------------------|------------------|---------------------|
|                          |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                          | Q1                | Q2               | Q3               | Q4                  |
|                          |                            |                                | 10) Hospital patient satisfaction rate (in Tygerberg Hospital)<br>Numerator ID 13<br>Denominator ID 14                                                                                                                                                                                                                                                                                                                   | Annually         | 90.0%<br>810<br>900      | -<br>-<br>-       | -<br>-<br>-      | -<br>-<br>-      | 90.0%<br>810<br>900 |
|                          |                            |                                | 11) Percentage of assessments for compliance against the 6 priorities of the core standards (includes external assessment) (NID: Facility Core standards self-assessment rate in central hospitals)<br>Number of assessments at Tygerberg Hospital for compliance against the 6 priorities of the core standards. Tygerberg Hospital assessed for compliance with core standards<br>Numerator ID 15<br>Denominator ID 10 | Annually         | 100.0%                   | -                 | -                | -                | 100.0%              |
|                          |                            |                                | 12) Morbidity and mortality review rate (in Tygerberg Hospital)<br>Numerator ID 16<br>Denominator ID 17                                                                                                                                                                                                                                                                                                                  | Quarterly        | 75.0%<br>30<br>40        | 70.0%<br>7<br>10  | 80.0%<br>8<br>10 | 70.0%<br>7<br>10 | 80.0%<br>8<br>10    |

**Note:**

Strategic objective performance indicators are highlighted in yellow.  
Provincially determined performance indicators are highlighted



**Table 5.11: Data elements of performance indicators for tertiary hospitals - Red Cross War Memorial Children's Hospital**

| Source  | Data element                                                                                                                        | Element ID | Audited /Actual performance |                        |                        |                        | Estimate       | Medium term targets |                |                |
|---------|-------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------|------------------------|------------------------|------------------------|----------------|---------------------|----------------|----------------|
|         |                                                                                                                                     |            | 2009/10                     | 2010/11                | 2011/12                | 2012/13                |                | 2013/14             | 2014/15        | 2015/16        |
| SINJANI | Caesarean sections in RCWMCH                                                                                                        | 1          | Not applicable              | Not applicable         | Not applicable         | Not applicable         | Not applicable | Not applicable      | Not applicable | Not applicable |
| SINJANI | Deliveries in RCWMCH                                                                                                                | 2          | Not applicable              | Not applicable         | Not applicable         | Not applicable         | Not applicable | Not applicable      | Not applicable | Not applicable |
| SINJANI | Usable beds in RCWMCH                                                                                                               | 3          | 235                         | 235                    | 290                    | 270                    | 270            | 270                 | 270            | 270            |
| SINJANI | Separations in RCWMCH<br>(Sum of: day patients + inpatient deaths + inpatient discharges + inpatient transfers out )                | 4          | 12 327                      | 12 488                 | 22 591                 | 20 653                 | 20 191         | 19 945              | 19 038         | 19 038         |
| SINJANI | OPD + Emergency headcount in RCWMCH                                                                                                 | 5          | 81 544                      | 81 357                 | 161 492                | 165 644                | 162 875        | 161 543             | 162 295        | 162 295        |
| SINJANI | OPD headcount (general + specialist) in RCWMCH                                                                                      | 5.1        | 81 544                      | 81 357                 | 118 677                | 125 319                | 121 938        | 119 788             | 119 704        | 119 704        |
| SINJANI | Emergency headcount in RCWMCH                                                                                                       | 5.2        | -                           | -                      | 42 815                 | 40 325                 | 40 937         | 41 755              | 42 591         | 42 591         |
| SINJANI | Patient day equivalent (PDE) in RCWMCH<br>(Sum of: inpatient days + 1/2 day patients + 1/3 OPD headcount + 1/3 emergency headcount) | 6          | 99 592                      | 100 666                | 139 691                | 137 096                | 137 074        | 137 616             | 137 866        | 137 866        |
| SINJANI | Patient days in RCWMCH<br>(Inpatient days + 1/2 day patients)                                                                       | 7          | 72 411                      | 73 547                 | 85 860                 | 84 188                 | 82 782         | 83 768              | 83 768         | 83 768         |
| SINJANI | Total usable bed days in RCWMCH                                                                                                     | 8          | 85 775                      | 85 775                 | 105 862                | 101 550                | 98 550         | 98 550              | 98 550         | 98 550         |
| BAS     | Total expenditure in RCWMCH (2011/12 Rands)                                                                                         | 9          | 437 534 959                 | 400 488 102            | 536 168 700            | 503 014 228            | 508 192 700    | 507 043 516         | 501 787 253    | 501 787 253    |
| SINJANI | Number of RCWMCH                                                                                                                    | 10         | 1                           | 1                      | 1                      | 1                      | 1              | 1                   | 1              | 1              |
| SINJANI | Complaints resolved within 25 working days in RCWMCH                                                                                | 11         | 31                          | 18                     | 62                     | 81                     | 96             | 104                 | 112            | 112            |
| SINJANI | Complaints lodged in RCWMCH                                                                                                         | 12         | 31                          | 20                     | 69                     | 105                    | 120            | 130                 | 140            | 140            |
| SINJANI | Number of questionnaires with 1 or 2 recorded for pleased with treatment in RCWMCH                                                  | 13         | Not required to report      | 385                    | 1 639                  | 2 708                  | 2 610          | 2 700               | 2 790          | 2 790          |
| SINJANI | Number of questionnaires for pleased with treatment in RCWMCH                                                                       | 14         | Not required to report      | 437                    | 1 708                  | 2 884                  | 2 900          | 3 000               | 3 100          | 3 100          |
| SINJANI | RCWMCH assessed against the core standards                                                                                          | 15         | Not required to report      | Not required to report | 1                      | 0                      | 1              | 1                   | 1              | 1              |
| SINJANI | Mortality and morbidity review conducted in RCWMCH                                                                                  | 16         | Not required to report      | Not required to report | Not required to report | Not required to report | 9              | 10                  | 10             | 10             |
| SINJANI | Planned mortality and morbidity reviews in RCWMCH multiplied by number of disciplines within the facility                           | 17         | Not required to report      | Not required to report | Not required to report | Not required to report | 10             | 10                  | 10             | 10             |

**Note:**

All elements:

From 2008/09 to 2010/11 the general specialist services outputs in central hospitals were reflected in Programme 4.1. As from 2011/12 all service activities in RCWMCH is reflected in Programme 5.

In terms of the Regulations relating to categories of hospitals, published in terms of the National Health Act, 2003, Red Cross War Memorial Children's Hospital is classified as a "Provincial Tertiary Hospital". From 2013/2014 Red Cross War Memorial Children's Hospital, and all the related service outputs, will be reported under Programme 5.2 as a Provincial Tertiary Hospital.

Element ID 3 and 8: Twenty usable beds were transferred to Tygerberg Hospital during the last quarter of 2012/13 to accommodate the change in drainage areas with the commissioning of Khayelitsha District Hospital. There were 290 usable beds for the first three quarters of 2012/13, accounting for the higher number of usable bed days than in 2013/14.

Element 5 and 5.1: The drop in OPD headcount estimated for 2013/14 is due to altered drainage areas with the commissioning of the Khayelitsha District Hospital.  
 Element ID 11 and 12: An electronic system was implemented in 2011/12 and due to the strict algorithm applied to assess whether complaints were resolved within 25 days, the percentage decreased. From 2013/14 due to a change in the National Indicator Dataset definition, the element will reflect complaints resolved within 25 working days, not calendar days.  
 Element ID 13 and 14: The number of questionnaires evaluated is variable as this is dependent on the patient response rate.  
 Element 16 and 17: New elements introduced from April 2013 to align with changes in the National Indicator Dataset definition. In Red Cross War Memorial Children's Hospital only one discipline holds monthly Mortality and Morbidity Review Meetings 10 times per year.

**Table 5.12: Performance indicators for tertiary hospitals - Red Cross War Memorial Children's Hospital [THS5]**

| Strategic goal statement          | Strategic objective: Title                                                                                    | Strategic objective: Statement                                                                                                               | Performance indicator                                                                                   | Type | Strategic objective target | Audited/actual performance |                   |                   |                  | Estimated performance | Medium term targets |                  |                  | National target  |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------|----------------------------|----------------------------|-------------------|-------------------|------------------|-----------------------|---------------------|------------------|------------------|------------------|
|                                   |                                                                                                               |                                                                                                                                              |                                                                                                         |      |                            | 2009/10                    | 2010/11           | 2011/12           | 2012/13          |                       | 2013/14             | 2014/15          | 2015/16          |                  |
| 1. Address the burden of disease. | 1.1. Reduce maternal mortality due to complications during delivery.                                          | 1.1.1. Perform appropriate clinically indicated caesarean sections to ensure improved outcomes and safety for mothers and babies by 2014/15. | 1) Delivery caesarean section rate (in Red Cross War Memorial Children's Hospital [RCWMCH])             | %    | 270                        | Not applicable             | Not applicable    | Not applicable    | Not applicable   | Not applicable        | Not applicable      | Not applicable   | Not applicable   | 30%              |
|                                   |                                                                                                               |                                                                                                                                              | Numerator: ID 1<br>Denominator: ID 2                                                                    | -    | -                          | -                          | -                 | -                 | -                | -                     | -                   |                  |                  |                  |
|                                   | 1.2. Ensure the delivery of RCWMCH services to manage the burden of disease at the appropriate level of care. | 1.2.1. Ensure access to RCWMCH services by providing 270 beds by 2014/15.                                                                    | 2) Number of usable beds (in RCWMCH) Element ID 3                                                       | No   | 270                        | 235                        | 290               | 270               | 270              | 270                   | 270                 | 270              | 270              | 270              |
|                                   |                                                                                                               |                                                                                                                                              | 3) Inpatient separations - total (in RCWMCH) Element ID 4                                               | No   |                            | 12 327                     | 12 488            | 22 591            | 20 653           | 20 191                | 19 945              | 19 038           |                  |                  |
|                                   | 1.3. Ensure optimal access to RCWMCH hospital services to manage the burden of disease.                       | 1.3.1. Efficiently manage resources to achieve the target bed utilisation rate of 85% by 2014/15.                                            | 4) OPD headcount total (in RCWMCH) Element ID 5.1                                                       | No   |                            | 81 544                     | 81 357            | 118 677           | 125 319          | 121 938               | 119 788             | 119 704          |                  |                  |
|                                   |                                                                                                               |                                                                                                                                              | 5) Patient day equivalents [PDE] total (in RCWMCH) Element ID 6                                         | No   |                            | 99 592                     | 100 666           | 139 691           | 137 096          | 137 074               | 137 616             | 137 866          |                  |                  |
|                                   |                                                                                                               |                                                                                                                                              | 6) Inpatient bed utilisation rate (based on usable beds in RCWMCH) Numerator: ID 7<br>Denominator: ID 8 | %    | 85%                        | 84.4%                      | 85.7%             | 82.9%             | 84.0%            | 85.0%                 | 85.0%               | 85.0%            | 85.0%            | 75%              |
|                                   |                                                                                                               |                                                                                                                                              |                                                                                                         |      | 83 768<br>98 550           | 72 411<br>85 775           | 85 860<br>105 862 | 84 188<br>101 550 | 82 782<br>98 550 | 83 768<br>98 550      | 83 768<br>98 550    | 83 768<br>98 550 | 83 768<br>98 550 | 83 768<br>98 550 |

| Strategic goal statement                                                         | Strategic objective: Title                                                                                                                           | Strategic objective: Statement                                                                                                         | Performance indicator                                                                                                  | Type | Strategic objective target           | Audited/actual performance |             |             | Estimated performance | Medium term targets |             |         | National target |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------|----------------------------|-------------|-------------|-----------------------|---------------------|-------------|---------|-----------------|
|                                                                                  |                                                                                                                                                      |                                                                                                                                        |                                                                                                                        |      |                                      | 2009/10                    | 2010/11     | 2011/12     |                       | 2012/13             | 2013/14     | 2014/15 |                 |
| 2. Optimal financial management to maximise health outcomes.                     | 2.1. Allocate, manage and generate sufficient funds to ensure sustained delivery of the full package of quality services at RCWMCH.                  | 2.1.1. Ensure the cost effective management of RCWMCH at a target cost of R3 684 per patient day equivalent by 2014/15 (2011/12 Rands) | 7) Expenditure per patient day equivalent (PDE) (in RCWMCH)<br><br>Numerator ID 9<br>Denominator ID 6                  | R    | R3 684<br><br>507 043 516<br>137 616 | R4 393                     | R3 978      | R3 838      | R 3 669               | R 3 707             | R3 684      | R3 640  |                 |
|                                                                                  |                                                                                                                                                      |                                                                                                                                        |                                                                                                                        |      |                                      | 437 534 959                | 400 488 102 | 536 168 700 | 503 014 228           | 507 043 516         | 501 787 253 | 137 866 |                 |
| 3. Ensure and maintain organisational strategic management capacity and synergy. | 3.1. Management provides sustained strategic direction in the delivery of sustained health services with well-defined efficiency targets for RCWMCH. | 3.1.1. Effectively manage allocated resources to achieve the target average length of stay of 4.2 days for RCWMCH by 2014/15.          | 8) Average length of stay (in RCWMCH)<br><br>Numerator ID 7<br>Denominator ID 4                                        | Days | 4.2<br><br>83 768<br>19 945          | 5.9                        | 5.9         | 3.8         | 4.1                   | 4.1                 | 4.2         | 4.4     | 5.5             |
|                                                                                  |                                                                                                                                                      |                                                                                                                                        |                                                                                                                        |      |                                      | 72 411                     | 73 547      | 85 860      | 84 188                | 82 782              | 83 768      | 83 768  |                 |
| 4. Improve the quality of health services and improve the patient experience.    | 4.1. Improve the quality of health services.                                                                                                         | 4.1.1. Ensure appropriate mechanisms to improve in quality of health services.                                                         | 9) Complaint resolution within 25 working days rate (from users of RCWMCH)<br><br>Numerator ID 11<br>Denominator ID 12 | %    |                                      | 100.0%                     | 90.0%       | 89.9%       | 76.6%                 | 80.0%               | 80.0%       | 80.0%   |                 |
|                                                                                  |                                                                                                                                                      |                                                                                                                                        |                                                                                                                        |      |                                      | 31                         | 18          | 62          | 81                    | 96                  | 104         | 112     |                 |
|                                                                                  |                                                                                                                                                      |                                                                                                                                        |                                                                                                                        |      |                                      | 31                         | 20          | 69          | 105                   | 120                 | 130         | 140     |                 |
|                                                                                  |                                                                                                                                                      |                                                                                                                                        | 10) Hospital patient satisfaction rate (in RCWMCH)<br><br>Numerator ID 13<br>Denominator ID 14                         | %    |                                      | Not required to report     | 88.1%       | 96.0%       | 94.0%                 | 90.0%               | 90.0%       | 90.0%   | 90%             |
|                                                                                  |                                                                                                                                                      |                                                                                                                                        |                                                                                                                        |      |                                      | -                          | 385         | 1 639       | 2 708                 | 2 610               | 2 700       | 2 790   |                 |
|                                                                                  |                                                                                                                                                      |                                                                                                                                        |                                                                                                                        |      |                                      | -                          | 437         | 1 708       | 2 884                 | 2 900               | 3 000       | 3 100   |                 |

| Strategic goal statement | Strategic objective: Title | Strategic objective: Statement | Performance indicator                                                                                                                                                                                                                                                                                                                                                                         | Type | Strategic objective target | Audited/actual performance |                        |                        |                        | Estimated performance | Medium term targets |         |         | National target |
|--------------------------|----------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------|----------------------------|------------------------|------------------------|------------------------|-----------------------|---------------------|---------|---------|-----------------|
|                          |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                               |      |                            | 2009/10                    | 2010/11                | 2011/12                | 2012/13                |                       | 2013/14             | 2014/15 | 2015/16 |                 |
|                          |                            |                                | 11) Percentage of assessments for compliance against the 6 priorities of the core standards (includes external assessment) (NID: Facility Core standards self-assessment rate in central hospitals) Number of assessments at RCWMCH for compliance against the 6 priorities of the core standards. RCWMCH assessed for compliance with core standards<br>Numerator ID 15<br>Denominator ID 10 | No   |                            | Not required to report     | Not required to report | 100.0%                 | -                      | 100.0%                | 100.0%              | 100.0%  | 100.0%  |                 |
|                          |                            |                                | 12) Morbidity and mortality review rate (in RCWMCH)<br>Numerator ID 16<br>Denominator ID 17                                                                                                                                                                                                                                                                                                   | %    | 100.0%                     | Not required to report     | Not required to report | Not required to report | Not required to report | 90.0%                 | 100.0%              | 100.0%  | 100.0%  |                 |

**Note:**

- All: From 2008/09 to 2010/11 the general specialist services outputs in central hospitals were reflected in Programme 4.1. As from 2011/12 all service activities in RCWMCH is reflected in Programme 5. In terms of the Regulations relating to categories of hospitals, published in terms of the National Health Act, 2003, Red Cross War Memorial Children's Hospital is classified as a "tertiary hospital".
- Indicator 2: The decrease in the bed numbers from 2011/2012 to 2012/2013 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 the Khayelitsha Hospital.
- Indicator 7: The expenditure per patient day equivalent for the period 2008/09 to 2010/11 is for the highly specialised services in RCWMCH. As from 2011/12 the expenditure per patient day equivalent is for both the general specialised and the highly specialised services.
- Indicator 9: An electronic system was implemented in 2011/12 and due to the strict algorithm applied to assess whether complaints were resolved within 25 days, the percentage decreased. The definition of this indicator has been 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.

Strategic objective performance indicators are highlighted in yellow.  
Provincially determined performance indicators are highlighted

**Table 5.13: Quarterly targets for tertiary hospitals - Red Cross War Memorial Children's Hospital for 2013/14 [THS6]**

| Strategic goal statement                                                         | Strategic objective: Title                                                                                                                           | Strategic objective: Statement                                                                                                               | Performance indicator                                                                                                             | Reporting period | Annual target 2013/14 | Quarterly targets |                |                |                |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|-------------------|----------------|----------------|----------------|
|                                                                                  |                                                                                                                                                      |                                                                                                                                              |                                                                                                                                   |                  |                       | Q1                | Q2             | Q3             | Q4             |
| 1. Address the burden of disease.                                                | 1.1. Reduce maternal mortality due to complications during delivery.                                                                                 | 1.1.1. Perform appropriate clinically indicated caesarean sections to ensure improved outcomes and safety for mothers and babies by 2014/15. | 1) Delivery caesarean section rate (in Red Cross War Memorial Children's Hospital (RCWMCH))<br>Numerator ID 1<br>Denominator ID 2 | Quarterly        | Not applicable        | Not applicable    | Not applicable | Not applicable | Not applicable |
|                                                                                  | 1.2. Ensure the delivery of RCWMCH services to manage the burden of disease at the appropriate level of care.                                        | 1.2.1. Ensure access to RCWMCH services by providing 270 beds by 2014/15.                                                                    | 2) Number of usable beds (in RCWMCH)<br>Element ID 3                                                                              | Quarterly        | 270                   | 270               | 270            | 270            | 270            |
| 2. Optimal financial management to maximise health outcomes.                     | 1.3. Ensure optimal access to RCWMCH hospital services to manage the burden of disease.                                                              | 1.3.1. Efficiently manage resources to achieve the target bed utilisation rate of 85% by 2014/15.                                            | 3) Inpatient separations - total (in RCWMCH)<br>Element ID 4                                                                      | Quarterly        | 20 191                | 5 048             | 5 048          | 5 048          | 5 047          |
|                                                                                  |                                                                                                                                                      |                                                                                                                                              | 4) OPD headcount total (in RCWMCH)<br>Element ID 5.1                                                                              | Quarterly        | 121 938               | 30 485            | 30 485         | 30 485         | 30 483         |
|                                                                                  |                                                                                                                                                      |                                                                                                                                              | 5) Patient day equivalents [PDE] total (in RCWMCH)<br>Element ID 6                                                                | Quarterly        | 137 074               | 34 269            | 34 269         | 34 269         | 34 267         |
|                                                                                  |                                                                                                                                                      |                                                                                                                                              | 6) Inpatient bed utilisation rate (based on usable beds in RCWMCH)<br>Numerator ID 7<br>Denominator ID 8                          | Quarterly        | 84.0%                 | 84.0%             | 84.0%          | 84.0%          | 84.0%          |
| 3. Ensure and maintain organisational strategic management capacity and synergy. | 2.1. Allocate, manage and generate sufficient funds to ensure sustained delivery of the full package of quality services at RCWMCH.                  | 2.1.1. Ensure the cost effective management of RCWMCH at a target cost of R3 684 per patient day equivalent by 2014/15 (2011/12 Rands).      | 7) Expenditure per patient day equivalent [PDE] (in RCWMCH)<br>Numerator ID 9<br>Denominator ID 6                                 | Quarterly        | R 3 707               | R 3 707           | R 3 707        | R 3 707        | R 3 707        |
|                                                                                  | 3.1. Management provides sustained strategic direction in the delivery of sustained health services with well-defined efficiency targets for RCWMCH. | 3.1.1. Effectively manage allocated resources to achieve the target average length of stay of 4.2 days for RCWMCH by 2014/15.                | 8) Average length of stay (in RCWMCH)<br>Numerator ID 7<br>Denominator ID 4                                                       | Quarterly        | 4.1                   | 4.1               | 4.1            | 4.1            | 4.1            |
| 4. Improve the quality of health services and improve the patient experience.    | 4.1. Improve the quality of health services.                                                                                                         | 4.1.1. Ensure appropriate mechanisms to measure improvement in quality of health services.                                                   | 9) Complaint resolution within 25 working days rate (from users of RCWMCH)<br>Numerator ID 11<br>Denominator ID 12                | Quarterly        | 80.0%                 | 80.0%             | 80.0%          | 80.0%          | 80.0%          |
|                                                                                  |                                                                                                                                                      |                                                                                                                                              |                                                                                                                                   | Quarterly        | 96                    | 24                | 24             | 24             | 24             |
|                                                                                  |                                                                                                                                                      |                                                                                                                                              |                                                                                                                                   |                  | 120                   | 30                | 30             | 30             | 30             |

| Strategic goal statement | Strategic objective: Title | Strategic objective: Statement | Performance indicator                                                                                                                                                                                                                                                                                                                                                                               | Reporting period | Annual target<br>2013/14 | Quarterly targets |       |        |        |
|--------------------------|----------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|-------------------|-------|--------|--------|
|                          |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                          | Q1                | Q2    | Q3     | Q4     |
|                          |                            |                                | 10) Hospital patient satisfaction rate (in RCWMCH)<br>Numerator ID 13<br>Denominator ID 14                                                                                                                                                                                                                                                                                                          | Annually         | 90.0%                    | -                 | -     | -      | 90%    |
|                          |                            |                                | 11) Percentage of assessments for compliance against the 6 priorities of the core standards (includes external assessment)<br>(NID: Facility Core standards self-assessment rate in central hospitals)<br>Number of assessments at RCWMCH for compliance against the 6 priorities of the core standards. RCWMCH assessed for compliance with core standards<br>Numerator ID 15<br>Denominator ID 10 | Annually         | 100.0%                   | -                 | -     | -      | 100.0% |
|                          |                            |                                | 12) Morbidity and mortality review rate (in RCWMCH)<br>Numerator ID 16<br>Denominator ID 17                                                                                                                                                                                                                                                                                                         | Quarterly        | 90.0%                    | 100.0%            | 66.6% | 100.0% | 100.0% |
|                          |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                     |                  | 9                        | 2                 | 2     | 3      | 2      |
|                          |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                     |                  | 10                       | 2                 | 3     | 3      | 2      |

**Note:**

Strategic objective performance indicators are highlighted in yellow.  
Provincially determined performance indicators are highlighted

## 7. RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND MTEF

**Table 5.14: Summary of payments and estimates – Programme 5: Central hospitals [CHS 7]**

| Sub-programme<br>R'000                                     | Outcome            |                    |                    | Main<br>appro-<br>priation<br>2012/13 | Adjusted<br>appro-<br>priation<br>2012/13 | Revised<br>estimate<br>2012/13 | Medium-term estimate                    |         |           |           |
|------------------------------------------------------------|--------------------|--------------------|--------------------|---------------------------------------|-------------------------------------------|--------------------------------|-----------------------------------------|---------|-----------|-----------|
|                                                            | Audited<br>2009/10 | Audited<br>2010/11 | Audited<br>2011/12 |                                       |                                           |                                | % Change<br>from<br>Revised<br>estimate |         |           |           |
|                                                            |                    |                    |                    |                                       |                                           |                                | 2013/14                                 | 2012/13 | 2014/15   | 2015/16   |
| 1. Central Hospital Services <sup>a,b</sup>                | 2 347 345          | 2 681 739          | 4 011 137          | 4 211 787                             | 4 251 999                                 | 4 258 035                      | 3 962 651                               | (6.94)  | 4 224 190 | 4 465 036 |
| 2. Provincial Hospital Tertiary<br>Services <sup>a,b</sup> |                    |                    |                    |                                       |                                           |                                | 575 713                                 |         | 613 745   | 648 797   |
| <b>Total payments and estimates</b>                        | 2 347 345          | 2 681 739          | 4 011 137          | 4 211 787                             | 4 251 999                                 | 4 258 035                      | <b>4 538 364</b>                        | 6.58    | 4 837 935 | 5 113 833 |

<sup>a</sup> 2013/14: National Conditional grant: National tertiary services: R2 400 714 000.

<sup>b</sup> 2013/14: National Conditional grant: Health Professions Training and Development: R304 888 000 (Compensation of employees R225 842 000; Goods and services R79 046 000).

**Table 5.15: Payments and estimates by economic classification – Programme 5:  
Central hospital Services [HFM4]**

| Economic classification<br>R'000                                                          | Outcome          |                  |                  | Main<br>appro-<br>prietion | Adjusted<br>appro-<br>prietion | Revised<br>estimate | Medium-term estimate                 |          |           |           |
|-------------------------------------------------------------------------------------------|------------------|------------------|------------------|----------------------------|--------------------------------|---------------------|--------------------------------------|----------|-----------|-----------|
|                                                                                           | Audited          | Audited          | Audited          |                            |                                |                     | % Change<br>from Revised<br>estimate |          |           |           |
|                                                                                           | 2009/10          | 2010/11          | 2011/12          |                            |                                |                     | 2012/13                              | 2012/13  | 2012/13   | 2013/14   |
| <b>Current payments</b>                                                                   | 2 256 659        | 2 584 066        | 3 894 723        | 4 118 590                  | 4 152 578                      | 4 154 817           | <b>4 431 607</b>                     | 6.66     | 4 727 273 | 4 999 062 |
| Compensation of employees                                                                 | 1 453 200        | 1 759 828        | 2 681 706        | 2 889 950                  | 2 911 866                      | 2 916 768           | <b>3 134 389</b>                     | 7.46     | 3 373 531 | 3 591 962 |
| Salaries and wages                                                                        | 1 313 054        | 1 591 043        | 2 418 854        | 2 606 524                  | 2 626 192                      | 2 626 071           | <b>2 821 583</b>                     | 7.45     | 3 036 855 | 3 233 481 |
| Social contributions                                                                      | 140 146          | 168 785          | 262 852          | 283 426                    | 285 674                        | 290 697             | <b>312 806</b>                       | 7.61     | 336 676   | 358 481   |
| Goods and services                                                                        | 803 459          | 824 238          | 1 213 017        | 1 228 640                  | 1 240 712                      | 1 238 049           | <b>1 297 218</b>                     | 4.78     | 1 353 742 | 1 407 100 |
| <i>of which</i>                                                                           |                  |                  |                  |                            |                                |                     |                                      |          |           |           |
| Administrative fees                                                                       | 1                | 2                |                  | 168                        | 168                            | 340                 | <b>340</b>                           |          | 353       | 366       |
| Advertising                                                                               | 34               | 153              | 114              | 168                        | 168                            | 340                 | <b>340</b>                           |          | 353       | 366       |
| Assets <R5 000                                                                            | 5 878            | 8 067            | 9 524            | 9 893                      | 9 953                          | 11 802              | <b>12 136</b>                        | 5.02     | 12 623    | 13 071    |
| Catering: Departmental activities                                                         | 131              | 180              | 270              | 234                        | 234                            | 240                 | <b>214</b>                           | (10.83)  | 222       | 229       |
| Communication                                                                             | 8 290            | 6 095            | 8 202            | 8 240                      | 8 540                          | 8 811               | <b>9 243</b>                         | 4.90     | 9 614     | 9 954     |
| Computer services                                                                         | 938              | 651              | 2 961            | 5 233                      | 5 444                          | 5 843               | <b>377</b>                           | (93.55)  | 392       | 405       |
| Cons/prof. Business and advisory services                                                 | 522              | 2 560            | 1 200            | 779                        | 779                            | 1 416               | <b>1 446</b>                         | 2.12     | 1 503     | 1 557     |
| Cons/prof. Laboratory services                                                            | 109 168          | 113 206          | 157 102          | 159 015                    | 165 015                        | 164 218             | <b>176 787</b>                       | 7.65     | 183 870   | 190 387   |
| Cons/prof. Legal costs                                                                    | 1                | 1                | 14               | 24                         | 24                             | 1                   |                                      | (100.00) |           |           |
| Contractors                                                                               | 42 146           | 40 089           | 57 935           | 52 793                     | 50 193                         | 55 030              | <b>57 361</b>                        | 4.24     | 59 660    | 61 773    |
| Agency and support/ outsourced services                                                   | 62 669           | 45 335           | 66 987           | 72 543                     | 74 243                         | 73 686              | <b>73 627</b>                        | (0.08)   | 76 576    | 79 290    |
| Entertainment                                                                             | 4                | 14               | 15               | 12                         | 12                             | 526                 | <b>544</b>                           | 3.42     | 566       | 586       |
| Inventory: Food and food supplies                                                         | 18 075           | 15 666           | 25 546           | 28 045                     | 28 545                         | 30 015              | <b>31 521</b>                        | 5.02     | 32 783    | 33 945    |
| Inventory: Fuel, oil and gas                                                              | 5 551            | 3 787            | 7 249            | 8 182                      | 9 682                          | 10 700              | <b>11 252</b>                        | 5.16     | 11 705    | 12 118    |
| Inventory: Materials and supplies                                                         | 8 667            | 9 003            | 13 058           | 16 256                     | 15 056                         | 11 538              | <b>12 129</b>                        | 5.12     | 12 615    | 13 063    |
| Inventory: Medical supplies                                                               | 307 691          | 338 248          | 476 736          | 467 564                    | 472 964                        | 474 158             | <b>499 395</b>                       | 5.32     | 519 405   | 537 814   |
| Inventory: Medicine                                                                       | 134 934          | 123 076          | 166 301          | 174 425                    | 169 825                        | 160 391             | <b>165 951</b>                       | 3.47     | 172 600   | 178 715   |
| Inventory: Other consumables                                                              | 25 689           | 26 502           | 39 162           | 42 546                     | 46 248                         | 44 514              | <b>46 889</b>                        | 5.34     | 48 769    | 50 496    |
| Inventory: Stationery and printing                                                        | 8 039            | 9 932            | 13 806           | 12 430                     | 12 430                         | 12 427              | <b>12 902</b>                        | 3.82     | 13 419    | 13 894    |
| Lease payments                                                                            | 4 080            | 2 996            | 3 217            | 3 375                      | 3 375                          | 1 808               | <b>1 896</b>                         | 4.87     | 1 973     | 2 043     |
| Property payments                                                                         | 54 559           | 73 029           | 154 420          | 157 498                    | 158 498                        | 156 862             | <b>170 120</b>                       | 8.45     | 181 481   | 193 299   |
| Transport provided: Departmental activity                                                 | 94               | 144              | 130              | 126                        | 214                            | 161                 | <b>164</b>                           | 1.86     | 170       | 176       |
| Travel and subsistence                                                                    | 2 630            | 2 587            | 3 063            | 3 087                      | 3 098                          | 6 003               | <b>5 014</b>                         | (16.48)  | 5 214     | 5 400     |
| Training and development                                                                  | 2 672            | 2 041            | 3 932            | 4 006                      | 3 506                          | 3 896               | <b>4 077</b>                         | 4.65     | 4 240     | 4 391     |
| Operating expenditure                                                                     | 768              | 689              | 1 862            | 2 050                      | 2 550                          | 3 471               | <b>3 657</b>                         | 5.36     | 3 805     | 3 938     |
| Venues and facilities                                                                     | 228              | 185              | 211              | 116                        | 116                            | 192                 | <b>176</b>                           | (8.33)   | 184       | 190       |
| <b>Transfers and subsidies to</b>                                                         | <b>10 588</b>    | <b>13 515</b>    | <b>16 183</b>    | <b>16 315</b>              | <b>19 315</b>                  | <b>22 652</b>       | <b>20 443</b>                        | (9.75)   | 21 262    | 22 015    |
| Non-profit institutions                                                                   | 7 232            | 7 695            | 8 157            | 8 483                      | 11 483                         | 11 483              | <b>8 933</b>                         | (22.21)  | 9 291     | 9 620     |
| Households                                                                                | 3 356            | 5 820            | 8 026            | 7 832                      | 7 832                          | 11 169              | <b>11 510</b>                        | 3.05     | 11 971    | 12 395    |
| Social benefits                                                                           | 3 356            | 5 820            | 7 966            | 7 832                      | 7 832                          | 11 169              | <b>11 510</b>                        | 3.05     | 11 971    | 12 395    |
| Other transfers to households                                                             |                  |                  | 60               |                            |                                |                     |                                      |          |           |           |
| <b>Payments for capital assets</b>                                                        | <b>79 726</b>    | <b>83 761</b>    | <b>99 982</b>    | <b>76 882</b>              | <b>80 106</b>                  | <b>80 186</b>       | <b>86 314</b>                        | 7.64     | 89 400    | 92 756    |
| Buildings and other fixed structures                                                      |                  |                  | 70               |                            |                                |                     |                                      |          |           |           |
| Buildings                                                                                 |                  |                  | 70               |                            |                                |                     |                                      |          |           |           |
| Machinery and equipment                                                                   | 79 341           | 83 658           | 99 912           | 76 882                     | 80 106                         | 80 186              | <b>85 834</b>                        | 7.04     | 88 896    | 92 226    |
| Transport equipment                                                                       |                  |                  | 65               | 260                        |                                |                     | <b>250</b>                           |          | 260       | 269       |
| Other machinery and equipment                                                             | 79 341           | 83 658           | 99 847           | 76 622                     | 80 106                         | 80 186              | <b>85 584</b>                        | 6.73     | 88 636    | 91 957    |
| Software and other intangible assets                                                      | 385              | 103              |                  |                            |                                |                     | <b>480</b>                           |          | 504       | 530       |
| <i>Of which: "Capitalised Goods and services" included in Payments for capital assets</i> |                  |                  | 70               |                            |                                |                     |                                      |          |           |           |
| <b>Payments for financial assets</b>                                                      | <b>372</b>       | <b>397</b>       | <b>249</b>       |                            |                                | <b>380</b>          |                                      | (100.00) |           |           |
| <b>Total economic classification</b>                                                      | <b>2 347 345</b> | <b>2 681 739</b> | <b>4 011 137</b> | <b>4 211 787</b>           | <b>4 251 999</b>               | <b>4 258 035</b>    | <b>4 538 364</b>                     | 6.58     | 4 837 935 | 5 113 833 |

**Note:**

Expenditure between 2008/2009 till 2010/2011 only reflects the expenditure incurred for the highly specialised services while expenditure from 2011/2012 is for general and highly specialised services. Expenditure trends for these periods are therefore not comparable.



## 7.1 PERFORMANCE AND EXPENDITURE TRENDS

### 7.1.1 Expenditure trends

Programme 5 is allocated 28.59 per cent of the vote in 2013/14 in comparison to the 28.83 per cent of the vote that was allocated in the revised estimate of the 2012/13 budget. This amounts to a nominal increase of R280.329 million or 6.58 per cent.

Modernisation of Tertiary Services (MTS): there is a priority allocation for MTS of R39.585 million in 2013/14; R41.722 million in 2014/15; and R43.641 in 2015/16.

The Modernisation of Tertiary Services (MTS) grant was utilised for implementing the Picture Archive Communication System (PACS) at Groote Schuur Hospitals and to commence the roll out at Red Cross War Memorial Children's Hospital. The Radiological Imaging System (RIS) has been rolled out to Groote Schuur and Red Cross War Memorial Children's Hospital. In addition the grant was used to fund clinical engineers responsible for medical equipment maintenance.

In real terms, given improved conditions of service (ICS), occupational specific dispensation (OSD) and medical inflation, the programme focused on maintaining outputs through increased efficiencies despite funding challenges.

One of the key cost drivers, compensation of employees, increased, on average, by 21.1 per cent over the 2009/10 to 2010/11 period, largely due to ICS and the OSD for nursing and medical staff. The 2011/12 amounts are not comparable to the previous years as it represents the consolidated Programme 4.1 and Programme 5.1 budget. Compensation of employees increased by 8.6 per cent for the period 2011/12 to 2012/13.

Expansion of central and national referral services is unlikely due to budget limitations. The increasing proportion of the equitable share to the central hospitals is not sustainable. The National Department of Health is currently reviewing funding levels and allocations of the National Tertiary Services Grant (NTSG) and the Health Professions Training and Development Grant (HPTDG) which will hopefully resolve the funding for tertiary services and for the training of health science students.

### 7.1.2 Performance trends

The bed utilisation rate for the central hospitals has increased from 79 per cent in 2008/09 to a projected 84 per cent in 2012/13. This is an indication of the escalating service pressures. The patient day equivalents, which can be used as an estimation of workload, increased by 4.1 per cent from 2011/12 to 2012/13. Other clinical performance indicators are not comparable to the performance of previous years, as the general and highly specialised services are jointly reported in the APP as from 2011/12.

The combined caesarean section rate for Tygerberg and Groote Schuur Hospitals remained between 44 per cent and 48 per cent for the last three years. The caesarean section rate would be lower if it were calculated as a percentage of all the deliveries in the catchment area, as opposed to using only the deliveries within the institution as the denominator for the calculation.

### 7.1.3 Relating funding trends to strategic goals

#### 7.1.3.1 Funding trends

Conditional grants constituted 58 per cent of the 2012/13 budget. The conditional grants are the National Tertiary Service Grant (NTSG) and the Health Professional Training and Development Grant (HPTDG). The programme received an equitable share allocation which assisted in funding the occupation specific dispensation (OSD) for professional staff categories as well as the modernisation of tertiary services (MTS) for equipment in oncology, medical imaging and related modalities.

**Table 5.16: Sources of funding for Programme 5.1**

| Source of funds (R'000)                           | 2012/2013          | Percentage contribution to total central hospital budget during 2012/13 |
|---------------------------------------------------|--------------------|-------------------------------------------------------------------------|
| National Tertiary Services Grant                  | R 2 182 468        | 51.3%                                                                   |
| Health Professions Training and Development Grant | R 269 728          | 6.3%                                                                    |
| Equitable share                                   | R 1 799 803        | 42.3%                                                                   |
| <b>Total</b>                                      | <b>R 4 251 999</b> | <b>100%</b>                                                             |

**Note:**

The Equitable Share allocation includes all improved conditions of service (ICS) and OSD improvements and the MTS allocation for equipment in oncology, imaging and related modalities.

The amounts reflected are as for the adjustment budget.

The funding for general and highly specialised services in central hospitals was consolidated in Programme 5 from 2011/12.

#### 7.1.3.2 Resource considerations

Tables 5.15 provide more detail on expenditure trends, further explained by the brief notes below.

#### 7.1.3.3 Compensation of employees

Personnel expenditure has increased over the MTEF period mainly due to improved conditions of service (ICS) and occupational specific dispensation (OSD) for nurses, doctors, allied health staff and engineers. The OSD has accelerated expenditure and remains one of the primary cost drivers.

The HPTDG was not adjusted to accommodate the OSD personnel cost implications, while the NTSG was partially adjusted. This resulted in further reducing the ability of these grants to purchase a sustainable quantum of outputs.

**Table 5.17: Full time staff numbers:**

| Category      | 15 April 2010 | 15 April 2011 | 15 April 2012 |
|---------------|---------------|---------------|---------------|
| Medical       | 1 226         | 1 242         | 1 241         |
| Nursing       | 3 879         | 3 884         | 3 993         |
| Allied Health | 541           | 541           | 598           |
| Other         | 3 325         | 3 374         | 3 388         |
| <b>Total</b>  | <b>8 971</b>  | <b>9 041</b>  | <b>9 220</b>  |

**Note:**

The figures quoted are for filled posts and not for all funded posts as more posts are funded, but vacant posts due to normal staff attrition. It must be noted that healthcare worker capacity is also added through buying in from agencies and utilisation of overtime. This should be kept in mind when this table is considered. Concerted efforts were employed to convert funding for agency staff to full time staff as this provides more stability, improves quality and continuity of service.

**7.1.3.4 Goods and services**

Medical inflation, particularly for highly specialised health services, exceeds general inflation. A report from Statistics South Africa<sup>1</sup> indicated that medical inflation amounts to 6.4 per cent for medical services. In general the inflationary adjustments received are less than medical inflation, resulting in the year-on-year reduction in the ability to purchase a sustained quantum of services. Despite the reduction in the real purchasing power of funding, service outputs have been sustained by means of improved efficiencies and prioritisation. Tertiary services represent the end of the referral chain and leverage on advanced health technology.

Expenditure between 2008/09 and 2010/11 only reflects the expenditure incurred for highly specialised services while expenditure from 2011/12 is for general and highly specialised services. Expenditure trends between these periods are therefore not comparable.

Control measures for the purchase of goods and services are in place to ensure that decisions to purchase are based on the best value for money and remain within the allocated budget.

**7.1.4 Conditional grants****7.1.4.1 National Tertiary Services Grant (NTSG)**

The NTSG aims to compensate provinces for the supra-provincial nature of tertiary service provision and spill-over effects to enable provinces to plan, modernise, rationalise and render tertiary services in line with national policy objectives.

The NTSG is a schedule 4 conditional grant which subsidises funding and does not fund all the grant related activities. Many of the NTSG service activities are funded from the equitable share.

**Challenges:**

- A National Tertiary Health Plan that determines the distribution of services across the country is required.
- There is an on-going significant gap in the funding for tertiary services in the Province. The gap in the NTSG-funded services in 2012/13 is estimated at R705 million.
- Funding adjustments, introduced in 2011/12, to compensate for the implementation of OSD remain insufficient to address the full funding gap.

<sup>1</sup> Statistics South Africa, Consumer price Index, November 2012, p5

#### 7.1.4.2 Health Professions Training and Development Grant (HPTDG)

The purpose of the Health Professional Training and Development Grant is to support the funding of service costs associated with the training of health professionals on the services platform. Students from four institutes of higher education, i.e. the University of Stellenbosch, University of Cape Town, University of Western Cape, and Cape Peninsula University of Technology, access the service platform for training. The HPTDG is distributed across services in the Province, with the largest proportion (63%) allocated to the central hospitals where the bulk of training takes place.

**Table 5.18: Key estimated outputs for 2012/13, partially supported by the HPTDG**

| Key outputs                                                        | Estimated output for 2012/13 |
|--------------------------------------------------------------------|------------------------------|
| Undergraduate medical and dental students trained                  | 3 028                        |
| Number of registrars receiving and providing training support      | 684                          |
| Medical interns receiving further teaching and training            | 319                          |
| Medical officers receiving and providing training support          | 614                          |
| Community service doctors receiving and providing training support | 177                          |
| Medical and dental specialists providing training support          | 983                          |

**Note:**

Medical and dental specialists providing training support includes part-time employees

**Challenges:**

- The conditional grant allocation amount is not underpinned by a quantified national human resource plan or accurate costing base.
- The funding level of the grant has not kept pace with inflation, or the implications of the OSD. A costing study, concluded in 2007, indicated that there was a shortfall of R468.4 million in the amount required to provide a service platform for teaching and training students.
- The grant funding is grossly insufficient and is therefore focused to fund medical and dental students and not all health sciences trainees.

## 8. RISK MANAGEMENT

| Risk statement                                                                                                                                            | Three components for risk statement                                                                                                                                                                                                                                                                                                                                                                       | Mitigation Strategies                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Over-expenditure due to insufficient budget allocation, which limits the provision of full package of quality, central and tertiary hospital services. | <p>Risk:</p> <ul style="list-style-type: none"> <li>• Over-expenditure</li> </ul> <p>Root cause:</p> <ul style="list-style-type: none"> <li>• Insufficient budget allocation</li> <li>• Uncontrolled spending</li> </ul> <p>Impact:</p> <ul style="list-style-type: none"> <li>• Inability to ensure sustained delivery of the full package of quality, central and tertiary hospital services</li> </ul> | <p>1.1. Motivate the National Department of Health for additional funds in the conditional grants.</p> <p>1.2. Embed FBUs as vehicles for decentralised decision-making and financial management and evaluation of service performance by March 2013.</p> <p>1.3. Participate in the conditional grant review process as part of the National Conditional Grant Task Team.</p> |

| Risk statement                                                                                                                                                                                                            | Three components for risk statement                                                                                                                                                                                                                                                                                                                                                                  | Mitigation Strategies                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>2. Major adverse clinical incidents due to escalating workload and resource constraints resulting in compromised quality of care and medico-legal action.</p>                                                          | <p>Risk:</p> <ul style="list-style-type: none"> <li>• Major adverse clinical incidents</li> </ul> <p>Root cause:</p> <ul style="list-style-type: none"> <li>• Escalating workload</li> <li>• Resource constraints</li> </ul> <p>Impact:</p> <ul style="list-style-type: none"> <li>• Compromised quality of care</li> <li>• Medico-legal action</li> </ul>                                           | <p>2.1. Support the delivery of district health services through outreach, support and clinical governance.</p> <p>2.2. Conduct morbidity and mortality meetings</p> <p>2.3. Participating in the Best Care Always initiative to aim to improve the prevention of hospital acquired infections.</p>                                                              |
| <p>3. Insufficient key staff due to inability to fill critical posts and inability to retain existing staff, which hampers the department's ability to manage the burden of disease at the appropriate level of care.</p> | <p>Risk:</p> <ul style="list-style-type: none"> <li>• Insufficient key health professionals and other staff</li> </ul> <p>Root cause:</p> <ul style="list-style-type: none"> <li>• Inability to fill critical posts</li> <li>• Inability to meet the needs of existing staff</li> </ul> <p>Impact:</p> <p>Unable to manage the burden of disease at the appropriate level of care and skills mix</p> | <p>3.1. Prioritise critical posts for filling and use the bursary system to attract possible candidates for scarce categories of staff.</p> <p>3.2. Conduct a staff satisfaction survey (next survey in 2013/14 cycle). Employee Assistance Programme to support staff in the service.</p> <p>3.3. Implementation of the Occupational Specific Dispensation.</p> |
| <p>4. Unreliable management information due to inadequate compliance monitoring resulting in qualified audits and poorly defined efficiency targets.</p>                                                                  | <p>Risk:</p> <ul style="list-style-type: none"> <li>• Unreliable management information</li> </ul> <p>Root cause:</p> <ul style="list-style-type: none"> <li>• Inadequate compliance with data management policies</li> </ul> <p>Impact:</p> <p>Qualified audit in financial, human resources and information management</p>                                                                         | <p>4.1. Enhance compliance through the Compliance Monitoring Instruments (CMI) for finance, human resources and performance information.</p>                                                                                                                                                                                                                     |

## **PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)**

### **1. PROGRAMME PURPOSE**

Rendering of training and development opportunities for actual and potential employees of the Department of Health.

### **2. PROGRAMME STRUCTURE**

#### **2.1 SUB-PROGRAMME 6.1: NURSE TRAINING COLLEGE**

**(DIRECTORATE: WESTERN CAPE COLLEGE OF NURSING - WCCN)**

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

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

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

#### **2.3 SUB-PROGRAMME 6.3: BURSARIES**

Provision of bursaries for health science training programmes at undergraduate and post graduate levels. Target group includes actual and potential employees.

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

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

#### **2.5 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.

### **3. SITUATION ANALYSIS FOR HEALTH SCIENCES AND TRAINING**

There have been no changes to the budget programme structure during the 2012/13 financial year.

The Department is required to ensure a capacitated workforce to manage the burden of disease and ensure quality of care and the improved patient experience. Programme 6 facilitates the education, training and development of the appropriate numbers of personnel with the appropriate competencies to provide current and future service requirements across the levels of care within the geographic service areas.

The Human Resource Plan (HRP) and Workplace Skills Plan (WSP) which are based on the strategic goals and priorities and the 2020 principles, address the scarce and critical skills gap of the current and future workforce.

An analysis of the current supply of scarce skills within the Department indicates that there is an inadequate supply of staff in key occupational categories. Although there is an oversupply of general professional nurses at present (compared to the available funded

vacant posts in the Department to meet the needs of graduating bursars), there is a shortage in the high risk areas such as nursing specialities of clinical nurse practitioners, trauma and emergency, and operating theatre nurses. Doctors in specialised categories are also in short supply, as are allied health occupations, emergency medical services, medical orthotists/prosthetists, forensic pathology technicians and industrial technicians as well as human resource, information management and finance support staff. These are focus areas to which recruitment and retention, and education, training and development strategies will be directed.

### 3.1 **SUB-PROGRAMME 6.1: NURSE TRAINING COLLEGE (DIRECTORATE: WESTERN CAPE COLLEGE OF NURSING - WCCN)**

#### 3.1.1 **Situation analysis for the nurse training college**

The Western Cape College of Nursing consists of three nursing college campuses: Metro West in Athlone, Metro East on the Stikland Hospital site and the Boland/Overberg campus in Worcester. There are also six satellite nursing campuses: Groote Schuur Hospital, Tygerberg Hospital, Western Cape Rehabilitation Centre, Worcester Hospital, George and Beaufort West.

The nursing college campuses, in partnership with the higher education institutions (HEIs), are the major providers of nurse training at an under-graduate and post basic level.

In order to give effect to the Provincial Nursing Strategy the Department invests significantly in the marketing of nursing as a career choice, in recruitment and retention strategies and in the education, training and development of nurses in order to increase the number of competent nurses in the service.

The intake of student nurses is dependent on the Nursing Strategic Plan and the availability of bursary funding. In 2009, for instance, the Department increased bursary funding for nurses in response to low numbers of basic students graduating that year and low student intakes in the preceding three-year period from 2005 to 2008. The intake of students at nursing colleges rose significantly in 2009 as a result of this strategy. In 2010, following a re-evaluation of the nursing need and a review of vacant funded posts, the supply of nurses was found to exceed demand, bursary funding was reduced and the intake of student nurses significantly lowered. A similar drop in the nursing college intake of students is estimated for 2012/13. As a result of the lower student intake, the number of basic student nurses expected to graduate will decrease from 2015 onwards.

#### 3.1.2 **Challenges**

- The implementation of the new Nursing Qualifications Framework will affect the current status of the Western Cape College of Nursing and nursing schools and will result in the revision of the programme curricula.
- Delays in accreditation of additional teaching sites, programmes and clinical facilities by the South African Nursing Council (SANC) affect the placement of students and rendering of programmes especially in the rural areas.
- Failure and attrition rate of students and the associated quality of candidates.
- A diminishing supply of adequately capacitated lecturing staff.

### 3.1.3 **Priorities**

- Accreditation of additional programmes and clinical facilities by SANC.
- Expansion of the number of post basic programmes to address priority needs.
- Implementation of the Integrated Nurse Education and Training Framework.
- Improve academic student support.
- Revision of the current programme curricula in line with priority needs.

## 3.2 **SUB-PROGRAMME 6.2: EMERGENCY MEDICAL SERVICES (EMS) TRAINING COLLEGE: WESTERN CAPE GOVERNMENT (WCG) COLLEGE OF EMERGENCY CARE**

### 3.2.1 **Situation analysis for the EMS training college**

Emergency Medical Services (EMS) estimates the number and skill mix of emergency care personnel that need to be trained to meet the current and future requirement for EMS services.

The WCG College of Emergency Care is responsible for the emergency medical care training including the Emergency Care Technician (ECT) Certificate which is a two-year programme, introduced in 2011.

A National Department of Health decision to discontinue Health Professions Council of South Africa (HPCSA) accredited short course EMC training in favour of the two-year accredited ECT technician course, has resulted in a reduced intake of students since 2011.

### 3.2.2 **Challenges**

- Retaining lecturing staff due to lecturing staff not qualifying for the Occupational Specific Dispensation (OSD).
- Uncertainty from the Health Professions Council of South Africa (HPCSA) about the timing of the closure of short courses which impacts on the intake of training numbers and the recruitment of staff.
- Rescue training is not accredited by the HPCSA and accreditation by the South African Qualifications Authority (SAQA) requires meeting infrastructure demands as a higher education institution.
- The need for additional student accommodation.

### 3.2.3 **Priorities**

- Second phase accreditation for the Emergency Care Technician (ECT) programme.
- Additional lecturing staff for ECT training.
- Provision of management training.
- Meet infrastructure requirements for accreditation as a higher education institution.



### 3.3 **SUB-PROGRAMME 6.3: BURSARIES**

#### 3.3.1 **Situation analysis for bursaries**

The Directorate: Human Resource Development (D: HRD) uses the Human Resource Plan to determine the staff requirement per occupational category. This information is used to determine the allocation of bursaries, as a recruitment and retention strategy, to actual and potential employees to ensure that the current and projected skills are developed.

The number of bursaries available is determined by the available funding and bursary holders are required to work back a reciprocal number of years for each year of the bursary received.

The Department engages regularly with the respective higher education institutions to ensure a supply of appropriately trained health workers and to provide input into curricula.

The number of bursaries offered is dependent on strategic planning and the availability of funding. The number of bursaries offered in 2012/13 reduced following a review of vacant funded posts and due to an oversupply of nurses and allied health professionals.

#### 3.3.2 **Challenges**

- Recruitment and retention of scarce skills.
- Lack of adequate funding for:
  - Sufficient community service posts for nursing students with bursaries.
  - Nursing posts for newly qualified bursary holders.
- Funding for relief staff to enable full time staff the opportunities for further education, training and development is limited.
- Lack of an integrated HR information system.

#### 3.3.3 **Priorities**

- Bursaries to ensure the recruitment and retention of scarce skills based on the HR plan.
- Ring fence community service posts.
- Address the funding for relief staff to enable training of staff without adverse effects on service delivery.
- Ensure funding of vacant nursing posts.
- Implement the Bursary Implementation Management System (BIMS).
- Develop a public service wide Human Resource Information System (HRIS) via a National Cabinet directive through the HR Connect process.

### 3.4 **SUB-PROGRAMME 6.4: PRIMARY HEALTH CARE TRAINING**

#### 3.4.1 **Situation analysis for primary health care training**

The position paper on clinical skills development provides the strategic overview to strengthen the capacity, particularly the clinical skills, of health professionals at all levels of care and across all geographic service areas. These initiatives are linked to the continuous professional development (CPD) of health professionals.

### 3.4.2 Challenges

- Ensure proficient training providers, internal and external, to meet the clinical training needs of health professionals.
- Evaluation of training and the impact on service delivery.

### 3.4.3 Priorities

- Engage the higher education institutions (HEIs) to address the clinical skills development of our health professionals.
- Implement the qualitative evaluation and effect of training on service delivery.

## 3.5 SUB-PROGRAMME 6.5: TRAINING (OTHER)

### 3.5.1 Situation analysis

Within the framework of the Workplace Skills Plan, the Directorate: Human Resource Development provides skills development for all occupational categories in the Department, for example, management development and the Expanded Public Works Programme (EPWP).

The EPWP strengthens community-based services through the training of community-based care-givers (CCGs) towards formal qualifications in ancillary health care and community health work. This contributes to alleviating poverty through creating 'stipend' work opportunities and training of relief workers who are recruited from the community.

The University of Cape Town School of Rehabilitative Health has been engaged to develop and implement a training programme leading to an accredited qualification in rehabilitative care based on the need within the community and for de-hospitalised care. Thirty rehabilitative care workers will be trained in 2013.

In addition a new cadre of care worker, the ward carer, will be introduced into the acute and specialised facilities. The care workers will be funded through EPWP and Programmes 4 and 5. Although they will be employed by NPOs, they will work under supervision of nursing within acute and specialised wards. These carers will assist the nurses with basic non-nursing functions.

Other initiatives to create job opportunities for recent matriculants include:

- Learnership programmes (learner basic pharmacist's assistants) for unemployed persons in the pharmaceutical services.
- Internship opportunities through the EPWP data-capturer programme.
- The Assistant to Artisan (ATA) programme.
- HR and finance interns.
- Emergency Medical Services (basic ambulance assistants).
- Premier's Advancement of Youth (PAY) Programme.

### 3.5.2 Challenges

- Training and development to ensure strategic management capacity for all levels of management with specific focus on district management at all levels.
- Evaluation of EPWP training and the impact on service delivery.

### 3.5.3 **Priorities**

- Training and development to ensure strategic management capacity based on HR needs.
- Strengthen EPWP through the expansion into areas of need within the Department, i.e. human resources, pharmaceutical services and finance, and emergency medical services.
- New cadre of ward carers will be introduced in acute and specialised facilities.
- Training of rehabilitative care workers.

#### 4. STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND TARGETS FOR HEALTH SCIENCES AND TRAINING

**Table 6.1: Data elements for performance indicators for Health Sciences and Training**

| Source                                                                          | Data element                                                                                                                   | Element ID | Audited / Actual performance |                        |         |         | Estimate | Medium term targets |         |         |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------|------------------------|---------|---------|----------|---------------------|---------|---------|
|                                                                                 |                                                                                                                                |            | 2009/10                      | 2010/11                | 2011/12 | 2012/13 |          | 2013/14             | 2014/15 | 2015/16 |
| HEI survey                                                                      | Intake of student nurses (1 <sup>st</sup> year at nursing college)                                                             | 1          | 442                          | 271                    | 350     | 250     | 250      | 260                 | 270     |         |
| HEI survey                                                                      | Intake of student nurses (1 <sup>st</sup> to 4 <sup>th</sup> year at nursing college and Higher Education Institutions (HEIs)) | 2          | 2 906                        | 2 230                  | 2 496   | 2 200   | 2 200    | 2 2200              | 2200    |         |
| HEI survey                                                                      | Basic student nurses graduating (at nursing college)                                                                           | 3          | 60                           | 191                    | 206     | 220     | 230      | 240                 | 200     |         |
| HEI survey                                                                      | Basic student nurses graduating (at nursing college and HEIs)                                                                  | 4          | 256                          | 437                    | 474     | 500     | 550      | 600                 | 550     |         |
| HRD full-time bursary database                                                  | Students with bursaries from the province                                                                                      | 5          | 2 436                        | 2 877                  | 2 953   | 2500    | 2500     | 2500                | 2500    |         |
| EPWP web based system: database                                                 | Intake of EMC staff on accredited HPCSA courses                                                                                | 6          | Not required to report       | 297                    | 134     | 132     | 132      | 150                 | 160     |         |
| EPWP web based system: database                                                 | Registration of Home Community Based carers on training                                                                        | 7          | 1 896                        | 1 614                  | 1 919   | 2 000   | 1 400    | 1400                | 1400    |         |
| EPWP web based system: database                                                 | Intake of data-capturer interns                                                                                                | 8          | 110                          | 267                    | 149     | 140     | 120      | 100                 | 100     |         |
| EPWP web based system: database                                                 | Intake of pharmacist's assistants in training                                                                                  | 9          | 40                           | 100                    | 110     | 110     | 100      | 100                 | 100     |         |
| EPWP web based system: database: municipal info system for infrastructure (MIS) | Intake of Assistant to Artisans (ATAs) interns                                                                                 | 10         | Not required to report       | 147                    | 115     | 120     | 120      | 120                 | 130     |         |
| EPWP web based system: database                                                 | Intake of HR and Finance interns                                                                                               | 11         | Not required to report       | Not required to report | 111     | 120     | 130      | 140                 | 150     |         |

**Notes:**

- Element ID 1 & 2: Previously the intake of nurse students across all four years of study at nursing college and HEIs was reported. The National Department of Health indicator refers specifically to the intake of 1<sup>st</sup> year students only at nursing college (excludes HEIs). The previous indicator (ID 2) was however retained.
- Element ID 3 & 4: The indicator National Department of Health indicator refers specifically to nursing colleges (excludes HEIs). The previous indicator (ID 4) was however retained.
- Element ID 4: The relatively low number of basic student nurses graduating at colleges and HEIs in 2009/10 (audited figure of 256) is due to low student intakes in the preceding three year period.
- Element ID 6: The revised downward targets from 2011/12 onwards reflect a National Department of Health decision to disband accredited short course training.
- Element ID 7: High attrition rates for home community based carers (employed by non-profit organisations) in 2010/11 resulted in fewer being registered on South African Qualifications Authority accredited training.
- Element ID 7: The reduced training targets for 2013/14 to 2015/16 is due to saturation, the need to maintain the service while carers are on training and budget reprioritisation to increase stipends paid to carers.
- Element ID 8: The increase in data-capturer interns in 2010/11 reflects two intakes in that year due to budget availability and service capacity to absorb the additional interns.
- Element ID 8: Funding constraints and an exit strategy to absorb data-capturer interns into vacant funded entry-level posts, has led to a downward adjustment of targets over the MTEF period.
- Element ID 9: The relatively low intake of Learner Pharmacist's Assistants in 2009/10 reflects funding through HWSETA learnerships alone (i.e. the absence of EPWP funding).
- Element ID 10: The high intake for 2010/11 reflects initial funding for 147 Assistant to Artisan interns (ATAs). The intake/funding were subsequently reduced due to infrastructural challenges of supervision and mentorship.

It is not a mandatory requirement to include the above table. However, the purpose is to provide an easy reference to raw data from which values for indicators are determined and to facilitate the audit trail.

The purpose of the column 'Element ID' is purely to facilitate cross referencing between the tables.

Strategic objective performance indicators are highlighted in yellow.

Provincially determined performance indicators are highlighted.

**Table 6.2: Performance indicators for health sciences and training [HST1 & 2]**

| Strategic goal statement                                                                 | Strategic objective: Title                                                                                                                                                                           | Strategic objective: Statement                                                                                                                   | Performance indicator                                                                                             | Type | Strategic objective target | Audited/actual performance |         |         | Estimated performance | Medium term targets |         |         | National target |         |  |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------|----------------------------|----------------------------|---------|---------|-----------------------|---------------------|---------|---------|-----------------|---------|--|
|                                                                                          |                                                                                                                                                                                                      |                                                                                                                                                  |                                                                                                                   |      |                            | 2009/10                    | 2010/11 | 2011/12 |                       | 2012/13             | 2013/14 | 2014/15 |                 | 2015/16 |  |
| 1. Develop and maintain a capacitated workforce to deliver the required health services. | 1.1 Develop, implement, monitor and evaluate a comprehensive Training Plan guided by the Human Resource Plan for health and support professionals in line with the Comprehensive Service Plan (CSP). | 1.1.1 Increase the number of basic nurse students graduating (output) to 600 per annum by 2014/15.                                               | 1) Intake of nurse students (1 <sup>st</sup> year at nursing college)<br>Element ID 1                             | No   |                            | 442                        | 271     | 350     | 250                   | 250                 | 260     | 270     |                 |         |  |
|                                                                                          |                                                                                                                                                                                                      |                                                                                                                                                  | 2) Intake of nurse students (1 <sup>st</sup> to 4 <sup>th</sup> year at HEIs and nursing college)<br>Element ID 2 | No   |                            | 2 906                      | 2 230   | 2 496   | 2 200                 | 2 200               | 2 200   | 2 200   | 2 200           |         |  |
|                                                                                          |                                                                                                                                                                                                      |                                                                                                                                                  | 3) Basic nurse students graduating (at nursing college)<br>Element ID 3                                           | No   |                            | 60                         | 191     | 206     | 220                   | 230                 | 240     | 200     |                 |         |  |
|                                                                                          |                                                                                                                                                                                                      |                                                                                                                                                  | 4) Basic nurse students graduating (at nursing college and HEIs)<br>Element ID 4                                  | No   | 600                        | 256                        | 437     | 474     | 500                   | 550                 | 600     | 550     |                 |         |  |
|                                                                                          |                                                                                                                                                                                                      |                                                                                                                                                  | 5) Students with bursaries from the province<br>Element ID 5                                                      | No   |                            | 2 436                      | 2 877   | 2 953   | 2 500                 | 2 500               | 2 500   | 2 500   | 2 500           | 2 500   |  |
|                                                                                          |                                                                                                                                                                                                      |                                                                                                                                                  | 6) EMC intake on accredited HPCSA courses<br>Element ID 6                                                         | No   | 150                        | Not required to report     | 297     | 134     | 132                   | 132                 | 132     | 150     | 160             |         |  |
|                                                                                          |                                                                                                                                                                                                      | 1.1.2 Ensure optimum competency levels of 150 health and support professionals per annum through education, training and development by 2014/15. |                                                                                                                   |      |                            |                            |         |         |                       |                     |         |         |                 |         |  |

| Strategic goal statement | Strategic objective: Title                                                                                                                     | Strategic objective: Statement                                                                                                                                                                | Performance indicator                                          | Type | Strategic objective target | Audited/actual performance |                        |         | Estimated performance | Medium term targets |         |         | National target |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------|----------------------------|----------------------------|------------------------|---------|-----------------------|---------------------|---------|---------|-----------------|
|                          |                                                                                                                                                |                                                                                                                                                                                               |                                                                |      |                            | 2009/10                    | 2010/11                | 2011/12 |                       | 2013/14             | 2014/15 | 2015/16 |                 |
|                          | 1.2 Use the Expanded Public Works Programme (EPWP) to create employment opportunities linked to training in line with the Human Resource Plan. | 1.2.1 Expand community-based care services through the optimum training and development of home based carers as part of Expanded Public Works Programme (EPWP) to 1 400 per annum by 2014/15. | 7) Intake of Home Community Based Carers (HCBCs) Element ID 7  | No   | 1 400                      | 1 896                      | 1 614                  | 1 919   | 2 000                 | 1 400               | 1 400   | 1 400   | 1 400           |
|                          |                                                                                                                                                |                                                                                                                                                                                               | 8) Intake of data-capturer interns Element ID 8                | No   |                            | 110                        | 267                    | 149     | 140                   | 120                 | 100     | 100     | 100             |
|                          |                                                                                                                                                |                                                                                                                                                                                               | 9) Intake of pharmacy assistants Element ID 9                  | No   |                            | 40                         | 100                    | 110     | 110                   | 100                 | 100     | 100     | 100             |
|                          |                                                                                                                                                |                                                                                                                                                                                               | 10) Intake of Assistant to Artisan (ATA) interns Element ID 10 | No   |                            | Not required to report     | 147                    | 115     | 120                   | 120                 | 120     | 120     | 130             |
|                          |                                                                                                                                                |                                                                                                                                                                                               | 11) Intake of HR and finance interns Element ID 11             | No   |                            | Not required to report     | Not required to report | 111     | 120                   | 130                 | 140     | 150     | 150             |