

Table 6.3: Quarterly targets for Health Sciences and Training for 2010/11 [HST3]

Strategic goal statement	Strategic objective: Title	Strategic objective: Statement	Performance indicator	Reporting period	Annual target 2013/14	Quarterly targets			
						Q1	Q2	Q3	Q4
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 st year at nursing college) Element ID 1	Annual	250	250	-	-	-
			2) Intake of nurse students (1 st to 4 th year at HEIs and nursing college) Element ID 2	Annual	2 200	2 200	-	-	-
			3) Basic nurse students graduating (at nursing college) Element ID 3	Annual	230	-	30	-	200
			4) Basic nurse students graduating (at nursing college and HEIs) Element ID 4	Annual	550	-	50	-	500
			5) Students with bursaries from the province Element ID 5	Annual	2500	2500	-	-	-
	1.2 Use the Expanded Public Works Programme (EPWP) to create employment opportunities linked to training in line with the Human Resource Plan.	1.1.2 Ensure optimum competency levels of 150 health and support professionals per annum through education, training and development by 2014/15. 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.	6) EMC intake on accredited HPCSA courses Element ID 6	Annual	132	-	132	-	-
			7) Intake of Home Community Based Carers (HCBCs) Element ID 7	Annual	1 400	-	1 400	-	-
			8) Intake of data-capturer interns Element ID 8	Annual	120	120	-	-	-
			9) Intake of pharmacy assistants Element ID 9	Annual	100	-	100	-	-
			10) Intake of Assistant to Artisan (ATA) interns Element ID 10	Annual	120	120	-	-	-
			11) Intake of HR and finance interns Element ID 11	Annual	130	130	-	-	-

5. RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

Table 6.4: Summary of payments and estimates – Programme 6: Health Sciences and Training

Sub-programme R'000	Outcome			Main appro- pria- tion 2012/13	Adjusted appro- pria- tion 2012/13	Revised estimate 2012/13	Medium-term estimate			
	Audited 2009/10	Audited 2010/11	Audited 2011/12				% Change from Revised estimate			
							2013/14	2012/13	2014/15	2015/16
1. Nursing Training College	39 191	48 428	51 968	58 304	70 154	78 844	79 949	1.40	85 163	89 978
2. Emergency Medical Services Training Colleges	7 631	10 526	15 616	16 803	19 649	19 687	21 808	10.77	23 283	24 640
3. Bursaries	60 155	98 946	75 804	73 680	73 680	73 680	50 001	(32.14)	72 005	74 556
4. Primary Health Care Training				1	1	1	1		1	1
5. Training Other	87 647	83 474	88 063	106 090	109 615	109 105	111 425	2.13	116 593	121 350
Total payments and estimates	194 624	241 374	231 451	254 878	273 099	281 317	263 184	(6.45)	297 045	310 525

Table 6.5: Payments and estimates by economic classification – Programme 6: Health Sciences and Training

Economic classification R'000	Outcome			Main appro- piation 2012/13	Adjusted appro- piation 2012/13	Revised estimate 2012/13	Medium-term estimate			
	Audited	Audited	Audited				% Change from Revised estimate			
	2009/10	2010/11	2011/12				2013/14	2012/13	2014/15	2015/16
Current payments	105 113	108 645	115 169	153 741	159 615	166 053	166 200	0.09	177 881	188 657
Compensation of employees	36 096	43 309	51 060	71 913	84 224	86 046	88 732	3.12	95 047	100 812
Salaries and wages	31 648	37 620	44 360	64 718	75 946	76 748	78 799	2.67	84 364	89 441
Social contributions	4 448	5 689	6 700	7 195	8 278	9 298	9 933	6.83	10 683	11 371
Goods and services	69 017	65 336	64 109	81 828	75 391	80 007	77 468	(3.17)	82 834	87 845
<i>of which</i>										
Advertising	36	222	107	264	264	143	121	(15.38)	126	131
Assets <R5 000	184	396	275	520	520	461	485	5.21	505	522
Bursaries (employees)	7 365	8 724	7 782	7 130	7 130	7 130	7 508	5.30	7 809	8 085
Catering: Departmental activities	2 355	2 106	647	522	522	1 467	1 247	(15.00)	1 382	1 504
Communication	652	753	748	920	920	791	835	5.56	868	899
Computer services	14		16	28	28	84	88	4.76	92	95
Cons/prof: Business and advisory services	4 698	3 422	2 191	1 582	1 582	2 695	2 635	(2.23)	2 943	3 220
Contractors	12	395	913	1 324	1 324	646	680	5.26	708	733
Agency and support/outsourced services	847	1 586	1 922	1 825	1 825	3 667	3 835	4.58	3 988	4 130
Entertainment			3	2	2	4	4		4	4
Inventory: Food and food supplies	1 658	2 317	2 727	4 834	4 834	2 798	2 945	5.25	3 063	3 172
Inventory: Fuel, oil and gas	853	1 159	1 344	1 401	1 401	1 774	1 868	5.30	1 943	2 011
Inventory: Materials and supplies	304	212	673	828	828	405	427	5.43	445	460
Inventory: Medical supplies	46	78	137	103	103	344	355	3.20	369	382
Inventory: Medicine			6							
Inventory: Other consumables	369	625	696	743	754	816	807	(1.10)	849	887
Inventory: Stationery and printing	601	975	991	1 077	1 077	804	1 280	59.20	1 372	1 457
Lease payments	522	464	1 046	1 189	1 189	469	436	(7.04)	455	471
Rental and hiring			11			60	63	5.00	66	68
Property payments	4 883	3 162	3 759	3 365	5 917	9 736	8 406	(13.66)	8 865	9 329
Travel and subsistence	10 329	11 050	6 020	3 806	3 806	13 942	11 628	(16.60)	12 605	13 489
Training and development	32 693	26 157	26 120	36 258	27 258	20 757	17 860	(13.96)	19 126	20 381
Operating expenditure	5	741	5 828	14 039	14 039	10 480	13 359	27.47	14 581	15 680
Venues and facilities	591	792	147	68	68	534	596	11.61	670	735
Transfers and subsidies to	89 198	131 406	113 231	100 562	113 029	112 651	96 044	(14.74)	118 186	120 856
Departmental agencies and accounts	2 997	3 042	3 116	3 535	3 535	3 541	3 824	7.99	4 111	4 366
Entities receiving transfers	2 997	3 042	3 116	3 535	3 535	3 541	3 824	7.99	4 111	4 366
SETA	2 997	3 042	3 116	3 535	3 535	3 541	3 824	7.99	4 111	4 366
Universities and technikons		1 400	6 025	1 603	3 603	5 400	3 580	(33.70)	3 724	3 856
Non-profit institutions	33 000	36 483	37 202	28 474	38 941	38 941	45 930	17.95	45 930	45 930
Households	53 201	90 481	66 888	66 950	66 950	64 769	42 710	(34.06)	64 421	66 704
Social benefits	590	259	4	400	400	219	217	(0.91)	225	233
Other transfers to households	52 611	90 222	66 884	66 550	66 550	64 550	42 493	(34.17)	64 196	66 471
Payments for capital assets	131	1 322	1 908	575	455	611	940	53.85	978	1 012
Machinery and equipment	131	1 322	1 908	575	455	611	940	53.85	978	1 012
Transport equipment			469	395	275	275		(100.00)		
Other machinery and equipment	131	1 322	1 439	180	180	336	940	179.76	978	1 012
Payments for financial assets	182	1	1 143			2 002		(100.00)		
Total economic classification	194 624	241 374	231 451	254 878	273 099	281 317	263 184	(6.45)	297 045	310 525

6. PERFORMANCE AND EXPENDITURE TRENDS

Programme 6 is allocated 1.66 per cent of the vote in 2013/14 in comparison to the 1.90 per cent that was allocated in the revised estimate of the 2012/13 budget. This amounts to a nominal decrease of R18.133 million or (6.45) per cent.

The budget allocated to this Department does not increase in real terms, which means the Department will not be able to afford additional staff numbers. Consequently the budget for bursaries has been materially reduced.

7. RISK MANAGEMENT

Risk	Three components for risk statement	Mitigating factors
<p>1. High attrition and failure rate amongst nursing students due to inadequate selection and admission criteria and the lack of academic support programmes resulting in the inability to increase the number of nursing graduates to 600 per annum by 2014/15.</p>	<p>Risk:</p> <ul style="list-style-type: none"> • High attrition/ failure rate of nurse students. <p>Root cause:</p> <ul style="list-style-type: none"> • Inadequate selection and admission criteria. • Lack of academic support programmes. <p>Impact:</p> <ul style="list-style-type: none"> • Inability to increase the number of nursing graduates to 600 per annum by 2014/15. 	<p>1.1. Developing academic support programmes to assist students.</p> <p>1.2. Selection and admission criteria reviewed.</p>
<p>2. Shortage of specialised nurses, doctors, allied health professionals and support staff due to poor recruitment retention and development of existing staff resulting in the inability to meet the needs of health care facilities.</p>	<p>Risk:</p> <ul style="list-style-type: none"> • Shortage of specialised nurses, doctors, allied health professionals, HR, information management and finance support staff. <p>Root cause:</p> <ul style="list-style-type: none"> • Poor recruitment, retention and development of existing staff. <p>Impact:</p> <ul style="list-style-type: none"> • Not able to meet the needs of health care facilities. 	<p>2.1. These are focus areas to which recruitment and retention, and education, training and development strategies will be directed in the Human Resource (HR) Plan and Workplace Skills Plan (WSP).</p>
<p>3. Lack of community service and nursing posts due to insufficient funding preventing the placement of nursing professionals in community service positions.</p>	<p>Risk:</p> <ul style="list-style-type: none"> • Lack of community service and nursing posts. <p>Root cause:</p> <ul style="list-style-type: none"> • Insufficient funding. <p>Impact:</p> <ul style="list-style-type: none"> • Unable to place nursing professionals in community service positions. 	<p>3.1. Ring fence community service posts.</p> <p>3.2. Ensure funding of vacant nursing posts.</p>

Risk	Three components for risk statement	Mitigating factors
<p>4. Unreliable HR information due to lack of an integrated HR information system resulting in inadequate HR planning (skills development).</p>	<p>Risk:</p> <ul style="list-style-type: none"> • Unreliable HR information. <p>Root cause:</p> <ul style="list-style-type: none"> • Lack of an integrated HR information system. <p>Impact:</p> <ul style="list-style-type: none"> • Inadequate HR planning (skills development). 	<p>4.1. Implement the Bursary Implementation Management System (BIMS).</p> <p>4.2. Develop a public service wide Human Resource Information System (HRIS) via a National Cabinet directive through the HR Connect process.</p>

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

1. PROGRAMME PURPOSE

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

2. PROGRAMME STRUCTURE

2.1 PROGRAMME 7.1: LAUNDRY SERVICES

Rendering a laundry and related technical support service to health facilities.

2.2 PROGRAMME 7.2: ENGINEERING SERVICES

Rendering engineering support services to the Department for the maintenance of health technology, engineering installations and related equipment and infrastructure.

2.3 PROGRAMME 7.3: FORENSIC PATHOLOGY SERVICE

Rendering specialised forensic and medico-legal services in order to establish the circumstances and causes surrounding unnatural death.

This function has been transferred from sub-programme 2.8.

Providing the Inspector of Anatomy functions in terms of Chapter 8 of the National Health Act and its Regulations.

2.4 PROGRAMME 7.4: ORTHOTIC AND PROSTHETIC SERVICES

Rendering specialised orthotic and prosthetic services.

This service is reported in Sub-programme 4.4.

2.5 PROGRAMME 7.5: CAPE MEDICAL DEPOT

Managing the supply of pharmaceuticals and medical supplies to health facilities.

Note that Sub-programme 7.5 has been renamed in line with the incorporation of the trading entity into the Department. Please refer to Sub-programme 7.5 for detail.

3. SUB-PROGRAMME 7.1: LAUNDRY SERVICES

3.1 SITUATION ANALYSIS

The purpose of the laundry services is to provide an on-going supply of clean disinfected linen (bedding, theatre linen and clothing, dressing linen, etc.) to all health facilities.

The laundry service has three large Central Laundries, two in Cape Town (at Tygerberg Hospital and Lentegeur Hospital) and one in George. These Central Laundries each provide a laundry service to a number of hospitals, typically within a 50 kilometre radius. The Lentegeur Laundry is currently being extended and upgraded and will be completed in March 2013. This upgrade will reduce some of the workload at Tygerberg Laundry. The

George Laundry is in poor condition, both in terms of equipment and infrastructure and requires comprehensive upgrading.

Some hospitals have On Premises Laundries (OPLs) that cater for the needs of the individual hospital. A number of rural hospitals, such as Beaufort West, Bredasdorp, Caledon, Citrusdal, Clanwilliam, Ladismith, Laingsburg, Malmesbury, Murraysburg, Nelspoort, Prince Albert, Swellendam, Uniondale and Vredendal, have their own small on-site laundries

Where the private sector has capacity to provide a laundry service, the service is outsourced to the private sector. The outsourced services are contracted, managed and funded by the individual health facilities on an outsourced basis. Outsourced services are considerably less expensive than in-house laundries, particularly if the capital cost of in-house laundries is taken into account. Ideally the Department would like to outsource more of the laundry service, but capacity is currently limited in the private sector. Many rural hospitals have small OPLs that cater only for the needs of the individual hospital.

The three Central Laundries are funded from Programme 7.1 and are operated by the Directorate: Engineering and Technical Support. This Directorate provides a support service to hospitals with OPLs and where laundry services are outsourced. The Directorate also provides guidance on linen management at institution level and carries out stock taking.

Approximately fifteen million pieces of laundry are processed annually by the in-house laundries (Central and OPLs) in comparison to the approximately five million pieces that are outsourced.

3.2 CHALLENGES

Challenges currently facing Laundry Services include:

- Replacement of aging laundry equipment with modern, environmentally friendly equivalents.
- The increase in the cost of utilities (electricity, water and sewerage), as well as that of coal continues, resulting in rising costs that emphasise the need for effective and efficient laundry machinery and systems.
- Maximising the in-house laundry capacity to improve efficiency and effectiveness and reduce down-time of machinery and equipment.
- The achievement of the most appropriate balance between in-house and outsourced laundry services to ensure an on-going and uninterrupted provision of laundry items.
- Increasing cost of detergents.
- Managing linen losses.

3.3 PRIORITIES

The priority is to increase the efficiency of in-house services. It is thus planned to:

- 1) Maximise the production capacity and the efficiency of the upgraded Lentegeur Laundry.
- 2) Address the poor condition of the equipment, building and boilers at George Laundry. A feasibility study will be undertaken for assessing the upgrading of the facility and, possibly, an alternative service delivery model.

- 3) Reduce electricity and water consumption at in-house laundries. This is a continuation of the work done during 2012/13. The aim is to reduce water and electricity consumption by five per cent by 2015/16.
- 4) Reduce the long-term carbon footprint of all in-house laundries.
- 5) Reducing linen losses by improving linen management control
- 6) Introduce lean management principles for improving efficiency and effectiveness of all in-house laundries

3.4 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR LAUNDRY SERVICES

Table 7.1: Data elements for performance indicators for laundry services

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
BAS	Expenditure on in-house laundries excluding capital	1	28 500 000	48 817 557	56 224 819	57 519 152	68 899 022	73 593 971	78 626 434	
BAS	Expenditure on outsourced laundry services	2	9 350 000	17 707 724	18 026 171	20 654 481	18 533 999	18 164 375	18 606 090	
Laundry returns.xls	Pieces laundered: In-house	3	15 000 000	13 996 985	14 901 058	14 941 117	15 752 478	16 715 124	16 715 124	
Private laundry returns.xls	Pieces laundered: Outsourced	4	5 500 000	6 289 501	6 213 350	6 997 469	6 117 589	5 854 877	5 854 877	

Note:

- Element ID 1: The increased expenditure from 2013/14 onwards is due to the inclusion of all budget items. The methods of calculation and definition have been amended to include budget items that were previously excluded to enable more accurate reporting.
- Element ID 2: The decreased expenditure on outsourced laundries in 2013/14 and 2014/15 is due to a portion of the services being moved in-house. In-house services will be rendered at both Khayelitsha Hospital (for 11 months in 2013/14 and for the full 2014/15 financial year) and Eerste River Hospital (for a period of 5 months in 2013/14 and for the full 2014/15 financial year). The increased expenditure for 2015/16 is due to projected increases in the cost per item laundered as a result of inflation and the increased cost of utilities.
- Element ID 3: From 2013/14 only pieces laundered at Central Laundries (Tygerberg, Lentegour and George) will be reported to align with the reported expenditure for in-house laundries which only relates to Central Laundries. Previously pieces laundered at on premises laundries (OPLs) were included in the reported figures. The overall projected figures for 2013/14 will increase however, as any decrease (due to the exclusion of OPL pieces) will be offset by the rendering of in-house services to both Khayelitsha and Eerste River Hospitals.
- Element ID 4: The increased number of outsourced pieces laundered in 2012/13 is due to Khayelitsha Hospital being operationalized. The laundry service for this facility was initially outsourced. The number of outsourced pieces is projected to decrease in 2013/14 as services will be rendered in-house for a portion of the year. The number of pieces laundered outsourced will further reduce in 2014/15 as in-house services will be rendered for the full financial year. This corresponds with the increased volumes laundered in-house from 2013/14 onwards.

Table 7.2: Provincial strategic objectives, performance indicators and annual targets for laundry services [HCSS1]

Strategic Goal	Strategic Objective: Title	Strategic Objective: Statement	Performance Indicator	Type	Strategic Objective Target	Audited/Actual Performance			Estimated performance	Medium term targets		
						2009/10	2010/11	2011/12		2012/13	2013/14	2014/15
1. Develop and maintain appropriate health technology, infra-structure and ICT.	1.1. Effective and efficient laundry service.	1.1.1. Provide a cost effective and efficient laundry service to all health facilities by 2014/15.	1) Average cost per item laundered in-house Numerator ID 1 Denominator ID 3	R	R 4.40	R 1.90	R 3.49	R 3.77	R 3.50	R 4.37	R 4.40	R 4.70
					73 593 971	28 500 000	48 817 557	56 224 819	57 519 152	68 899 022	73 593 971	78 626 434
			2) Average cost per item laundered outsourced Numerator ID 2 Denominator ID 4	R	16 715 124	15 000 000	13 996 985	14 901 058	14 941 117	15 752 478	16 715 124	16 715 124
						R 1.70	R 2.82	R 2.90	R 2.95	R 3.03	R 3.10	R 3.18
						9 350 000	17 707 724	18 026 171	20 654 481	18 533 999	18 164 375	18 606 090
						5 500 000	6 289 501	6 213 350	6 997 469	6 117 589	5 854 877	5 854 877

Note:

- Indicator 1: As referenced in the Elements Table, the definition for this indicator has been amended to provide more accurate data, resulting in increased costs per item laundered from 2013/14 onwards. Provincially determined performance indicators are highlighted in yellow.

3.5 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR LAUNDRY SERVICES

Table 7.3: Quarterly targets for Laundry Services for 2013/14 [HCSS2]

Strategic goal	Strategic objective: Title	Strategic objective: Statement	Performance Indicator	Reporting period	Annual target 2013/14	Quarterly targets			
						Q1	Q2	Q3	Q4
1. Develop and maintain appropriate health technology, infrastructure, and ICT.	1.1. Effective and efficient laundry service.	1.1.1. Provide a cost effective and efficient laundry service to all health facilities by 2014/15.	1) Average cost per item laundered in-house	Quarterly	R 4.37	R 4.39	R 4.54	R 4.20	R 4.37
			Numerator: ID 1 Denominator: ID 3		68 899 022	17 224 756	17 224 756	17 224 756	17 224 754
			2) Average cost per item laundered outsourced	Quarterly	R 3.03	R 3.03	R 3.03	R 3.03	R 3.03
			Numerator: ID 2 Denominator: ID 4		18 533 999	4 633 500	4 633 500	4 633 500	4 633 499
					6 117 589	1 529 397	1 529 397	1 529 397	1 529 398

Note:

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

3.6 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND MTEF

Please refer to Tables 7.14 and 7.15 in paragraph 8 for the detailed financial information.

3.7 PERFORMANCE AND EXPENDITURE TRENDS

Sub-programme 7.1 is allocated 21.64 per cent of the 2013/14 Programme 7 budget in comparison to the 22.12 per cent that was allocated in the revised estimate of the 2012/13 budget. This is a nominal increase of R2.723 million or 3.84 per cent.

The performance targets for Programme 7.1 Laundry Services are based on historical trends of linen usage by the hospitals as well as expenditure related to the laundering thereof.

Expenditure on outsourced laundry services was low in 2009/10 due to a lower tender price per item laundered, which is determined by the bid price. In addition to this, fewer items were laundered during this period.

The significant increase in the expenditure on outsourced laundry in 2010/11 can be attributed to the increase in the price per piece laundered, which is determined by the bid price. The increase in the number of items laundered during this period also significantly contributed to the increased expenditure. The number of items laundered is usually dependent on the demand for the service and the shift between in-house versus outsourced items laundered varies accordingly.

A decrease in expenditure on outsourced laundry services was originally forecast for 2012/13 as it was envisaged that Khayelitsha Hospital laundry service would be outsourced until Lentegeur Laundry became operational. However, the completion of the Lentegeur Laundry project has been delayed and as a result the Khayelitsha Hospital laundry service remains outsourced.

A significant increase in expenditure on outsourced laundry is forecast for 2015/16 due to the increase in cost of utilities and the expected rise in labour costs. There is often a delay in these costs being reflected, as the agreements entered with service providers are often multi-year agreements.

3.8 RISK MANAGEMENT

The risks highlighted for Programme 7.1 are as follows:

Risk statement	Three components for risk statement	Mitigating factors
1. Aging laundry equipment. Inability to meet service demands due to aging in-house laundry equipment, resulting in an increase in downtime, delays in the delivery of linen, increase in overtime, higher utility and maintenance costs.	Risk: <ul style="list-style-type: none"> • Inability to meet service demands • Costly overtime to address backlog Root cause: <ul style="list-style-type: none"> • Aging In-house laundry equipment • Insufficient funding to timeously replace ageing equipment Impact: <ul style="list-style-type: none"> • Shortage of clean linen in health facilities. 	1.1. The upgrading of Lentegeur Laundry will result in the replacement of a large portion of the old equipment. 1.2. The feasibility study for improving efficiency at George Laundry.

Risk statement	Three components for risk statement	Mitigating factors
	<ul style="list-style-type: none"> • Increased cost to render the service. 	
<p>2. Linen losses. Linen losses due to inadequate control policies and security measures.</p>	<p>Risk:</p> <ul style="list-style-type: none"> • Linen losses. <p>Root cause:</p> <ul style="list-style-type: none"> • Inadequate control policies and security measures <p>Impact:</p> <ul style="list-style-type: none"> • Financial burden of linen replacement. 	<p>2.1. Revision of the linen control policy followed by implementation and monitoring thereof at all health facilities.</p>
<p>3. Shortage of qualified and experienced managers.</p>	<p>Risk:</p> <ul style="list-style-type: none"> • Shortage of qualified and experienced managers • Lack of monitoring systems <p>Root cause:</p> <ul style="list-style-type: none"> • Inability to attract suitably qualified and experienced managers <p>Impact:</p> <ul style="list-style-type: none"> • Inefficient laundry service. 	<p>3.1. Revision of the current management structure and systems at laundries.</p>

4. SUB-PROGRAMME 7.2 ENGINEERING SERVICES

4.1 SITUATION ANALYSIS

In accordance with Provincial Treasury Instruction 16B (PTI 16B) – as published on 1 April 2012 – responsibility for maintenance at health facilities is allocated as follows:

- Day-to-day, emergency, routine (preventative) maintenance is the responsibility of WCG Health through their central workshops and institutions.
- Scheduled maintenance is carried out by WCG Transport and Public Works on behalf of WCG Health as its Implementing Department.

Where:

- “Routine maintenance” means regular on-going maintenance necessary to keep infrastructure operating and to prevent premature failure including repairs.
- “Scheduled maintenance” means maintenance projects flowing out of condition assessments or life cycle planning and which are included in a list in the User Asset Management Plan.
- “Day-to-day maintenance” means maintenance that takes place on an ad hoc basis including minor repairs, modifications or replacements.
- “Emergency maintenance” means repairs that are unforeseen and require urgent attention due to the presence of, or the imminent risk of, an extreme or emergency situation arising from one or more of the following: human injury or death; human suffering or deprivation of human rights; serious damage to property or financial loss;

livestock or animal injury, suffering or death; serious environmental damage or degradation; or interruption of essential services.

In the case of day-to-day, emergency, and routine (preventive) maintenance, specific responsibility is located within the Directorate: Engineering and Technical Support. However, it should be noted that budget responsibility has been separated as follows: Day-to-day and emergency maintenance has been allocated to Sub-Programme 7.2, while the routine (preventative) maintenance has been allocated to Programme 8.

In addition, it is important to emphasise that PTI 16B has further determined that in order to procure the necessary maintenance work as described above, WCG Health must either establish its own Construction Procurement System (*in accordance with the Standard for a Construction Procurement System*), or it must utilise an appropriate Framework Agreement, as set up by WCG Transport and Public Works. A final decision in this regard has not yet been taken, but it is likely that WCG Health will establish its own Construction Procurement System and a SCM office in the Chief Directorate: Infrastructure and Technical Management to manage and operate this system.

In addition to the maintenance referred to above, Programme 7.2 is also responsible for the management of clinical engineering maintenance, which is managed by the Directorate: Health Technology, through the Goodwood Workshop. With the implementation of the *Infrastructure Delivery Management System Capacitation Framework*, effective from 1 October 2012, the budget responsibility for this work resides with the new Directorate: Health Technology.

The central workshops, located at Bellville, Zwaanswyk and Goodwood, assist the hospital workshops and all health facilities. These central workshops provide expertise and engineering support for maintenance work that is beyond the capability of the technical staff based at institutions other than the central hospitals.

The workshops at Bellville and Zwaanswyk provide engineering support and they are also known as the "mobile workshops", because they have suitable vehicles to enable them to move personnel and equipment to wherever they are needed.

The Goodwood workshop is a dedicated clinical engineering workshop that specialises in the maintenance of medical equipment. This workshop is responsible for routine (preventative) maintenance, repair and calibration of all types of medical equipment used in district, regional, and specialised hospitals. The technicians also utilise a 'mobile workshop' to perform maintenance and repairs at rural hospitals and clinics. In addition to the central workshop, there is currently a technician at Worcester Hospital and two technicians in George (for the Eden/Karoo District), as well as a technician for Khayelitsha Hospital.

In order to improve efficiency and better utilisation of scarce skills, work was begun during 2011/12 financial year on what is referred to as the *Maintenance Hub Organisation Development Study*. This work is part of the *Infrastructure Delivery Management System Capacitation Framework* initiative, and it will be completed by 31 March 2013.

The Assistant to Artisan (ATA) project will continue as part of the Expanded Public Works Programme (EPWP). The ATA training commenced in 2010, and it is envisaged that 120 trainees will be recruited during 2013/14.

Increasing utility costs and the production of greenhouse gases at health facilities are major challenges currently faced by the Department. The Directorate: Engineering and Technical Support has therefore implemented processes to determine a baseline for electrical and water consumption (excluding laundry consumption) at hospitals. Monitoring of consumption will commence once this baseline has been determined and is properly in place.

4.2 CHALLENGES

- 1) Modernising of systems for management and reporting including the introduction of an enterprise web-based maintenance management system to enable effective maintenance planning, budgeting and decision-making.
- 2) Insufficient funding allocated to address the maintenance backlog.
- 3) Difficulty in recruiting and retaining qualified, competent and experienced technical staff.
- 4) The increasing cost of utilities and the environmental impact pertaining to the running of health facilities.

4.3 PRIORITIES

- 1) Implement the *Standard for the Infrastructure Delivery Management System (IDMS)*, and the *Standard for Construction Procurement System (CPS)*.
- 2) Implement the *Maintenance Hub Organisational Development Study* as funds are made available.
- 3) Prepare and implement a revised Maintenance Policy Document, including aspects such as specific day-to-day, emergency and routine (preventative) maintenance activities, the planning of such activities as well as their procurement, implementation, roles and responsibilities, financial management and reporting.
- 4) Continue to strive to fill all technical posts with qualified and experienced personnel and ensure that adequate succession plans are put in place.
- 5) Finalise the business plan for an enterprise web based maintenance system for the health immovable asset portfolio.
- 6) Utilise the ATA project to develop a cadre of suitably qualified technical resources.
- 7) Complete the baseline for measuring of utilities and implement technical as well as behavioural change.

4.4 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR ENGINEERING SERVICES

Table 7.4: Data elements for performance indicators for Engineering Services

Source	Data element	Element ID	Audited /Actual performance				Estimate 2012/13	Medium term targets		
			2009/10	2010/11	2011/12	2012/13		2013/14	2014/15	2015/16
Job card system	The number of engineering emergency cases addressed within 48 hours	1	New indicator	New indicator	New indicator	200	189	191	191	
Job card system	Total number of engineering emergency cases reported	2	New indicator	New indicator	New indicator	208	208	208	208	
BAS	Total Programme 7 maintenance expenditure	3	58 535	74 830	91 864	95 259	101 221	106 525	111 851	
BAS	Total Programme 7 maintenance budget	4	59 181	76 516	92 599	95 259	101 221	106 252	111 851	
Job card system	Number of clinical engineering jobs completed	5	New indicator	New indicator	New indicator	10 221	8 000	8 000	8 000	
Job card system	Number of clinical engineering jobs <u>registered</u>	6	New indicator	New indicator	New indicator	11 492	10 320	10 320	10 320	
Job card system	Number of maintenance jobs (excluding clinical engineering and emergency jobs) <u>completed</u>	7	New indicator	New indicator	New indicator	14 515	12 387	13 149	13 149	
Job card system	Number of maintenance jobs (excluding clinical engineering and emergency jobs) <u>registered</u>	8	New indicator	New indicator	New indicator	15 715	13 612	14 292	14 292	

Note:

Element ID 1: The number of emergency cases reported for 2012/13 is an estimate based on actual information for Quarters 1-3. The predicted performance is aligned with the projections as stated in the 2012/13 APP. The projected targets for this new indicator will be reviewed to ensure that reporting is accurate once the data integrity and systems have been tested.

Element ID 2: As the number of emergencies cannot be predicted, the same denominator, as reported for 2012/13 (208) has been used for 2013/14. The projected targets for this new indicator will be reviewed to ensure that reporting is accurate once the data integrity and systems have been tested.

Table 7.5: Strategic objectives, performance indicators and annual targets for Engineering Services [HCSS1]

Strategic Goal	Strategic Objective: Title	Strategic Objective: Statement	Performance Indicator	Type	Strategic Objective Target		Audited/Actual Performance				Estimated performance	Medium term targets		
					2014/15	2014/15	2009/10	2010/11	2011/12	2012/13		2013/14	2014/15	2015/16
1. Develop and maintain appropriate health technology, infrastructure and ICT.	1.1. Effective and efficient maintenance service to all health facilities.	1.1.1 Ensure that 91.8% of all engineering emergency cases reported are attended to within 48 hours by 2014/15.	1) Percentage of engineering emergency cases addressed within 48 hours	%	91.8%	91.8%	New indicator	New indicator	New indicator	96.2%	90.9%	91.8%	91.8%	91.8%
			Numerator ID 1 Denominator ID 2		191 208	- -	- -	- -	200 208	189 208	191 208			
	1.2. Efficiency and effectiveness of Engineering Services.	1.2.1 Provide an effective and efficient maintenance service to all health facilities maintained by Engineering Services by 2014/15.	2) Percentage of maintenance budget spent	%	100.0%	98.9%	97.8%	99.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
			Numerator ID 3 Denominator ID 4		106 525 106 525	58 535 59 181	74 830 76 516	91 864 92 599	95 259 95 259	101 221 101 221	106 525 106 525	111 851 111 851		
				3) Percentage of clinical engineering maintenance jobs completed	%	77.5%	New indicator	New indicator	New indicator	88.9%	77.5%	77.5%	77.5%	77.5%
				Numerator ID 5 Denominator ID 6		8 000 10 320	- -	- -	- -	10 221 11 492	8 000 10 320	8 000 10 320	8 000 10 320	
				4) Percentage of maintenance jobs (excluding clinical engineering jobs) completed	%	92.0%	New indicator	New indicator	New indicator	92.4%	91.0%	92.0%	92.0%	92.0%
				Numerator ID 7 Denominator ID 8		13 149 14 292	- -	- -	- -	14 515 15 715	12 387 13 612	13 149 14 292	13 149 14 292	

Note:

Indicator 2: The reported number of engineering emergency cases (ID 2) is currently on an upward trend but is likely to reduce with the implementation of preventative maintenance programmes. Emergency engineering cases as a result of vandalism may however impact negatively on these estimated targets.

Indicator 3: The definition for this new indicator has been revised to provide more accurate results and targets adjusted accordingly downwards from 2013/14 onwards. Provincially determined performance indicators are highlighted.

4.5 QUARTERLY TARGETS FOR ENGINEERING SERVICE

Table 7.6: Quarterly targets for Engineering Services for 2012/13 [HCSS2]

Strategic goal	Strategic objective: Title	Strategic objective: Statement	Performance Indicator	Reporting period	Annual target 2013/14	Quarterly targets			
						Q1	Q2	Q3	Q4
1. Develop and maintain appropriate health technology, infrastructure and ICT.	1.1. Effective and efficient maintenance service to all health facilities.	1.1.1. Ensure that 91.8% of all engineering emergency cases reported are attended to within 48 hour by 2014/15.	1) Percentage of engineering emergency cases addressed within 48 hours	Quarterly	90.9%	90.4%	90.4%	90.4%	90.4%
			Numerator ID 1 Denominator ID 2		189 208	47 52	47 52	47 52	48 52
	1.2. Efficiency and effectiveness of Engineering Services.	1.2.1 Provide an effective and efficient maintenance service to all health facilities maintained by Engineering Services by 2014/15.	2) Percentage of maintenance budget spent	Quarterly	100.0%	100.0%	100.0%	100.0%	100.0%
			Numerator ID 3 Denominator ID 4		101 221 101 221	25 305 25 305	25 305 25 305	25 305 25 305	25 306 25 306
			3) Percentage of clinical engineering maintenance jobs completed	Quarterly	77.5%	77.5%	77.5%	77.5%	
			Numerator ID 5 Denominator ID 6		8 000 10 320	2 000 2 580	2 000 2 580	2 000 2 580	2 000 2 580
			4) Percentage of maintenance jobs (excluding clinical engineering jobs) completed	Quarterly	91.0%	91.0%	91.0%	91.0%	91.0%
			Numerator ID 7 Denominator ID 8		12 387 13 612	3 097 3 403	3 097 3 403	3 097 3 403	3 096 3 403

4.6 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND MTEF

Please refer to Tables 7.14 and 7.15 for the detailed financial information.

4.7 PERFORMANCE AND EXPENDITURE

Sub-programme 7.2 is allocated 30.40 per cent of the Programme 7 budget in 2013/14 in comparison to the 29.56 per cent that was allocated in the revised estimate of the 2012/13 budget. This is a nominal increase of R8.674 million or 9.14 per cent.

The performance targets for indicators 1, 3 and 4 for Sub-programme 7.2: Engineering support is based on the historical trends of job cards opened and jobs completed. In view of the fact that a large proportion of the work undertaken by Engineering Services is demand driven and unpredictable, the targets for indicators 1, 3 and 4 are based on historical trends.

4.8 RISK MANAGEMENT

The risks highlighted for Sub-programme 7.2 are as follows:

Risk statement	Three components for risk statement	Mitigating factors
1. Downtime on engineering installations at facilities as a result of ageing machinery.	<p>Risk:</p> <ul style="list-style-type: none"> Impaired healthcare due to inoperative engineering installations <p>Root cause:</p> <ul style="list-style-type: none"> Lack of funding to timeously replace engineering installations <p>Impact:</p> <ul style="list-style-type: none"> Ineffective and inefficient engineering services 	1.1. Routine (preventative) maintenance to installed engineering equipment.
2. Increase in maintenance backlog.	<p>Risk:</p> <ul style="list-style-type: none"> Deteriorating health infrastructure <p>Root cause:</p> <ul style="list-style-type: none"> Lack of funding and capacity to address the maintenance backlog <p>Impact:</p> <ul style="list-style-type: none"> Compromised health service 	2.1. Expanding preventative maintenance programme and support.
3. Shortage of qualified and experienced technical and professional personnel.	<p>Risk:</p> <ul style="list-style-type: none"> Inability to keep engineering services operational due to a lack of suitably qualified and experienced technical and professional personnel <p>Root cause:</p> <ul style="list-style-type: none"> National shortage of suitably qualified personnel Uncompetitive salaries <p>Impact:</p> <ul style="list-style-type: none"> Ineffective and inefficient engineering services 	<p>3.1. OSD implementation for built environment professionals.</p> <p>3.2. Bursary scheme for clinical technicians.</p> <p>3.3. EPWP for assistant-to-artisan (ATA) programme.</p>

Risk statement	Three components for risk statement	Mitigating factors
4. Non-compliance with Occupational Health and Safety Regulations	Risk: <ul style="list-style-type: none">• Deteriorating safety of installations, equipment and life-saving equipment. Root cause: <ul style="list-style-type: none">• Irregular servicing of fire equipment• Poor maintenance of life-saving equipment Impact: <ul style="list-style-type: none">• Compromised health and safety of personnel and patients	4.1. Compliance with Occupational Health and Safety Regulations. 4.2. Scheduled servicing of fire fighting equipment through third-party contracts. 4.3. Scheduled servicing of life-saving equipment.

5. SUB-PROGRAMME 7.3 FORENSIC PATHOLOGY SERVICE

5.1 SITUATION ANALYSIS

This service is rendered via eighteen forensic pathology facilities across the Province which includes two academic forensic pathology laboratories (FPLs) in the Cape Town Metro District, two academic departments of forensic medicine, three referral FPS laboratories and smaller forensic pathology laboratories and holding centres in the West Coast, Cape Winelands, Overberg, Eden and Central Karoo Districts.

Forensic pathology facilities are classified according to the number of cases that are managed at the facility as well as the package of care provided within the facility.

Table 7.7: Grading of Forensic Pathology Services (FPS) facilities

FPL Grade	Facilities in the Province in this Category
L1	Wolseley, Swellendam, Riversdale, Laingsburg
L2	Vredendal, Vredenburg, Malmesbury; Stellenbosch; Hermanus, Mossel Bay, Knysna ,Beaufort West, Oudtshoorn
L2 Referral centres	Paarl, Worcester, George
L3	Salt River, Tygerberg

Forensic Pathology Services include the following:

- Investigation at the scene of death.
- Collection of evidence.
- Assistance to the South African Police Service with the identification of deceased persons.
- Autopsy and post mortem examinations including specimen collection.
- Safe custody of all forms of evidence and specimens.
- Preparation of judicial reports and statements.
- Provide testimony in court proceedings.
- Training of doctors, registrars, undergraduate students and forensic officers.
- Rendering FPS assistance to other provinces and countries.
- Provision of mortality data to relevant stakeholders to inform research and prevention strategies.

The Forensic Pathology Service further provides for the inspector of anatomy functions. This function is in the process of being established and the role and responsibilities will expand with the implementation of Chapter 8 of the National Health Act and the subsequent regulations.

The Forensic Pathology Service contributes to the Provincial Strategic Objective 4 (Increasing wellness), Strategic Objective 5 (Increasing safety) and Strategic Objective 8 (Increasing Social Cohesion) by providing expertise and information in terms of mortality to the burden of disease project that informs policy direction as well as targeted interventions.

One new 'fit-for-purpose' facility was commissioned during the 2012/13 financial year in Beaufort West. This will significantly improve the experience for relatives of the deceased who have to access this service under difficult circumstances.

5.2 CHALLENGES

5.2.1 Funding

Sub-programme 7.3 is now fully funded from the equitable share allocation as the conditional grant allocation ceased at the end of the 2011/12 financial year.

5.2.2 Infrastructure

Improving the physical infrastructure remains a priority. The implementation of the infrastructure plan has been severely affected by delays in construction projects as well as the increase in building costs. Six new forensic pathology laboratories (George, Worcester, Paarl, Hermanus, Malmesbury and Beaufort West) have been constructed. Twelve of the eighteen forensic pathology laboratories still require either relocation or upgrading. The following projects are currently in the identification and feasibility phase: New Observatory FPL; New Stellenbosch FPL; New Vredenburg FPL; Tygerberg FPL Upgrade; New Knysna FPL and New Mossel Bay FPL.

Currently services are rendered via private undertaker premises in Riversdale and Vredenburg. Investigation is underway to secure property in Wolseley. A property that was purchased from a private undertaker in Swellendam during the 2009/10 financial year is being refurbished and upgraded.

5.2.3 Human resources

The proposed human resource plan cannot be fully implemented due to funding constraints. The high workload and related stress continues to impact on the ability to recruit and retain personnel in the Forensic Pathology Service. One of the core functions of the service is to perform a comprehensive death scene investigation, supported by specialised medico-legal investigation of death. There is an urgent requirement for specialised skills. This needs to be addressed by the implementation of an occupation specific dispensation as well as career progression for the forensic officer categories. The availability of funded posts for Forensic pathologists remains a challenge and requires national intervention.

The institutionalisation of a structured and dedicated employee wellness programmes within the Forensic Pathology Service remains a priority.

The establishment of a formal accredited training programme for the forensic officer categories remains a challenge.

5.2.4 Stakeholder Interaction

The performance of stakeholders directly impacts on the Forensic Pathology Service and that remains a risk. Aspects of service delivery that are impacted on are the following:

- Identification of deceased.
- Death scene investigation.
- Processing of toxicology and blood alcohol samples to inform post-mortem findings.
- Response and adequate management of major incidents.

The risk is being mitigated through the implementation of a memorandum of understanding and regular interaction with the relevant stakeholders.

5.2.5 **Functions of the inspector of anatomy**

The function of the inspector of anatomy with regards to the management of human tissue which includes organ donation as well as blood is still to be fully established.

5.3 **PRIORITIES**

The priorities for 2013/14 remain as outlined in the five-year strategic plan namely:

5.3.1 **Burden of disease**

Ensuring access to the Forensic Pathology Service will be achieved through the management of response times as well as turnaround times of forensic pathology cases. Specific targets have been set per geographic service area.

Improving the quality and access to medico-legal investigation of death as well as death scene investigation per geographic service area through the creation of additional capacity and targeted training interventions.

5.3.2 **Quality assurance**

Integrate quality assurance into all aspects of the service through the implementation of standard operating procedures and quality improvement initiatives.

5.3.3 **Financial management**

Strengthen financial management including compliance with financial prescripts.

5.3.4 **Recruitment, retention, development and support personnel**

Various categories of staff are required in the service areas listed below. Each service area has specific needs, which will be addressed within the human resource plan as determined by the available funding.

5.3.4.1 **Cape Town Metro District (Geographic Service Area)**

Facilities within this district serve the population of the Cape Town Metro and have the highest service burden as this area has both the highest population density and the largest burden of disease. The area also includes the Faculties of Health Sciences of the Universities of Cape Town and Stellenbosch both of which provide the training platform for specialist forensic pathologists.

5.3.4.2 **Cape Winelands, Overberg, and West Coast Districts (Geographic Service Areas)**

The Worcester facility in the Cape Winelands District is a specialised unit that provides services to the communities of Witzenberg; Breede Valley; Langeberg and Swellendam and further acts as referral centre for the Hermanus facility (communities of Cape Agulhas and Overstrand) when specialised intervention is required. The services are provided from the Worcester, Wolseley, Hermanus and Swellendam facilities. Outreach and support are provided to the area from Worcester. The operational and clinical managers for the area described above are based in Worcester.

The Paarl facility in the Cape Winelands District is a specialised unit that provides services to the communities of Drakenstein and further acts as referral centre for Stellenbosch; Malmesbury (Swartland); Vredenburg (Saldanha Bay) and Bergrivier) and Vredendal

(Matzikana and Cederberg) when specialised intervention is required this also includes outreach and support.

Services in the West Coast area are provided from Stellenbosch; Vredenburg, Malmesbury and Vredendal facilities. The operational and clinical managers responsible for the management of the abovementioned facilities are based at Paarl.

5.3.4.3 **Eden and Central Karoo Districts (Geographic Service Areas)**

The George facility, in Eden, acts as referral centre for the area and further provides outreach and support to the districts/ geographic service areas of Eden and Central Karoo, which includes Knysna, Mossel Bay, Riversdale, Oudtshoorn, Beaufort West and Laingsburg facilities. The Operational and Clinical management for the Eden and Central Karoo districts are located in George.

5.3.5 **Health technology, infrastructure and information communication technology that meets the service needs**

This includes:

5.3.5.1 **Cape Town Metro District**

- Construct a new academic facility on the Groote Schuur Hospital (GSH) site and relocate the current Salt River (academic facility) to this site.
- Expand the Tygerberg (academic) facility to adequately deal with the caseload and also to act as the provincial disaster response centre.

5.3.5.2 **Eden and Central Karoo Districts**

- Construct a new facility in Riversdale. This facility is currently on the premises of a private undertaker.
- Construct a new facility in Mossel Bay as part of the Hospital Revitalisation project.
- Investigate the relocation of the Knysna facility
- Investigate the relocation of the Laingsburg facility

5.3.5.3 **Cape Winelands District**

- Construct a new facility in Wolseley which is currently on SAPS premises.

5.3.5.4 **West Coast District**

- Construct a new facility to replace the current facility in Stellenbosch, which is inadequate to deal with the caseload.
- Construct a new facility in Vredenburg which is currently on private undertaker premises.

5.3.5.5 **Information technology**

Implement enhancements to the Forensic Pathology business solution and expand electronic content management to ensure adequate and responsive information technology.

5.3.5.6 **Stakeholder interaction and building strategic partnerships**

Continue to interact with strategic partners to ensure synergy and optimal service delivery. These partners include the South African Police Service, the Department of Community Safety, the Department of Transport, Home Affairs, National Forensic Chemistry Laboratory and National Prosecuting Authority.

5.3.6 **Major incidents**

Be prepared to deal with major incidents as well as surges in service demands.

These priorities will also address the negotiated service delivery agreements (NSDA) with regard to the strengthening of health system effectiveness.

5.3.7 **Inspector of Anatomy**

Service demands on this component exceed current capacity. The priorities for 2013/14 will be to

- Ensure the development and implementation of policy as it relates to the management of human tissue.
- Monitoring of compliance of health establishments
- Authorise donations for the use, handling and disposal of human tissue
- Authorise and approve all import and exports of human tissue via all port areas of the Western Cape Province
- Review and authorise all exhumation request from all municipal and private cemeteries within the borders of the Western Cape Province.

5.4 STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR FORENSIC PATHOLOGY SERVICES

Table 7.8: Data elements for performance indicators for Forensic Pathology Services

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
Rural: FPS R003; index register; Metro: EMS system	Forensic Pathology scenes attended within the 40 minute target	1	New indicator	New indicator	5 548	6 897	7 220	7 386	7 555	
Rural: FPS R003; index register; Metro: EMS system	Forensic pathology scenes attended (body receipt and deferral)	2	New indicator	New indicator	7 144	9 075	9 257	9 349	9 443	
Rural: FPS R003; index register; Metro: EMS system	FPS cases examined within the target of 3 days	3	New indicator	New indicator	5 519	7 602	7 754	7 934	8 013	
FPS R003; Metro: index register	Forensic pathology cases examined during the reporting period	4	New indicator	New indicator	7 740	9 873	10 070	10 171	10 273	
FPS R003; Metro: index register	FPS cases released within the target of 5 days	5	New indicator	New indicator	5 182	7 091	7 324	7 397	7 471	
FPS R003; Metro: index register	Bodies released (excluding paupers)	6	New indicator	New indicator	6 984	8 976	9 155	9 247	9 339	

Note:

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

Table 7.9: Strategic objectives, performance indicators and annual targets for Forensic Pathology Services [HCSS1]

Strategic goal statement	Strategic objective: Title	Strategic objective: Statement	Performance indicator	Type	Strategic objective target	Audited/actual performance			Estimated performance	Medium term targets		
						2009/10	2010/11	2011/12		2013/14	2014/15	2015/16
1. Address the burden of disease.	1.1. Ensure access to a Forensic Pathology Service.	1.1.1. Provide an efficient Forensic Pathology Service through maintenance of response times to achieve a response of 79.0% within the 40 minutes target by 2014/15.	1) Percentage of FPS cases responded to within 40 minutes	%	79.0%	New indicator	78.0%	76.0%	78.0%	79.0%	80.0%	
			Numerator ID 1		7 386	-	5 548	6 897	7 220	7 386	7 555	
			Denominator ID 2		9 349	-	7 144	9 075	9 257	9 349	9 443	
			2) Percentage of cases examined within 3 days	%	78.0%	New indicator	71.0%	77.0%	77.0%	77.0%	78.0%	78.0%
			Numerator ID 3		7 934	-	5 519	7 602	7 754	7 934	8 013	
			Denominator ID 4		10 171	-	7 740	9 873	10 070	10 171	10 273	
			3) Percentage of FPS cases released within 5 days (excluding unidentified persons)	%	80.0%	New indicator	74.0%	79.0%	80.0%	80.0%		
			Numerator ID 5		7 397	-	5 182	7 091	7 324	7 397	7 471	
			Denominator ID 6		9 247	-	6 984	8 976	9 155	9 247	9 339	

Note:

Indicator 1 and 2: The projected targets for indicators 2 and ID 3 will increase in 2012/13 and 2014/15 but will stabilise from 2015/16 onwards as no further efficiency gains are possible without an increase in the number of available pathologists.

Cases are only referred to areas where pathologists are available. For instance, one pathologist currently deals with cases from Oudtshoorn, Mossel Bay, Riversdale, Laingsburg and Beaufort West, while another deals with cases from Vredendal, Vredenburg and Malmesbury.

Strategic objective performance indicators are highlighted in yellow.

Provincially determined performance indicators are highlighted.

5.5 QUARTERLY TARGETS FOR FORENSIC PATHOLOGY SERVICES

Table 7.10: Quarterly targets for Forensic Pathology Services for 2012/13 [HCSS2]

Strategic goal	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 a Forensic Pathology Service.	1.1.1. Provide an efficient Forensic Pathology Service through maintenance of response times to achieve a response of 79% within the 40 minutes target by 2014/15.	1) Percentage of FPS cases responded to within 40 minutes Numerator ID 1 Denominator ID 2	Quarterly	78.0%	78.0%	78.0%	78.0%	78.0%
			2) Percentage of cases examined within 3 days Numerator ID 3 Denominator ID 4	Quarterly	77.0%	77.0%	77.0%	77.0%	
			3) Percentage of FPS cases released within 5 days (excluding unidentified persons) Numerator ID 5 Denominator ID 6	Quarterly	80.0%	80.0%	80.0%	80.0%	
					7 220	1 805	1 877	1 877	1 661
					9 257	2 314	2 407	2 407	2 129
					7 754	1 939	2 016	2 016	1 783
					10 070	2 518	2 618	2 618	2 316
					7 324	1 831	1 904	1 904	1 685
					9 155	2 289	2 380	2 380	2 106

5.6 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND MTEF

Sub-programme 7.3. is allocated 33.64 per cent of the Programme 7 budget in 2013/14 in comparison to the 33.50 that was allocated in the revised estimate of the 2011/12 budget. This amounts to a nominal increase of R7.101 million or 6.61 per cent in nominal terms.

5.7 PERFORMANCE AND EXPENDITURE TRENDS

Improvement to the physical infrastructure remains a largely unfunded priority. Twelve of the eighteen forensic pathology laboratories still require either relocation or upgrading. The conditional grant phased out at the end of the 2011/12 financial year. These construction projects can only proceed if additional funding is secured.

The Human Resource Plan for the service will be implemented with the maintenance of the Approved Post List at 260 out of an establishment of 306 in 2012/13 financial year.

Incident response time will be maintained and targets have been set per geographic service area taking into consideration distances to be travelled.

5.8 RISK MANAGEMENT

Risk	Three components for risk statement	Mitigating factors
<p>1. Forensic pathology services not able to deliver on its mandate due to poor performance of external stakeholders resulting in deceased not being identified, delays in finalisation of post-mortem findings and inadequate responses to major incidents.</p>	<p>Risk:</p> <ul style="list-style-type: none"> • Forensic pathology services not able to deliver on its mandate <p>Root cause:</p> <ul style="list-style-type: none"> • Poor performance of external stakeholders <p>Impact:</p> <ul style="list-style-type: none"> • Deceased not identified, post-mortem findings delayed and inadequate response to major incidents. 	<p>1.1. The risk is being mitigated through the implementation of a memorandum of understanding and regular interaction with relevant stakeholders.</p> <p>1.2. Implementation of new technology to target the toxicology samples submitted to the Forensic Chemistry Laboratory.</p>
<p>2. Inability to implement approved FPS business plan as a result of insufficient funding due to increased costs of infrastructure; salary increases and inflationary pressures.</p>	<p>Risk:</p> <ul style="list-style-type: none"> • Insufficient funding <p>Root cause:</p> <ul style="list-style-type: none"> • Increase in infrastructure costs • Inflationary pressures • Increases in staff salaries <p>Impact:</p> <ul style="list-style-type: none"> • Inability to implement approved FPS business plan 	<p>2.1. Implement the service within the available budget.</p>
<p>3. Inability to fully implement infrastructure plan due to insufficient funding resulting in limited access to forensic pathology services and poor working environment.</p>	<p>Risk:</p> <ul style="list-style-type: none"> • Inability to fully implement infrastructure plan <p>Root cause:</p> <ul style="list-style-type: none"> • insufficient funding <p>Impact:</p> <ul style="list-style-type: none"> • Limited access to a forensic 	<p>3.1. Business cases will be submitted to proceed with prioritised projects within available funding.</p>

Risk	Three components for risk statement	Mitigating factors
	pathology service. <ul style="list-style-type: none"> • Poor working conditions. 	
4. Inability to respond to major incidents due to the lack of local, district and provincial response plans and access to increase demand in resources resulting in inadequate access to forensic pathology services.	Risk: <ul style="list-style-type: none"> • Inability to respond to major incidents Root cause: <ul style="list-style-type: none"> • Lack of local, district and provincial response plans. • Increased demand in resources. Impact: <ul style="list-style-type: none"> • Inadequate access to forensic pathology services. 	4.1. The implementation of local, district and provincial Major Incident Response Plans and will collaborate with EMS and SAPS in this regard.

6. SUB-PROGRAMME 7.4 ORTHOTIC AND PROSTHETIC SERVICES

Funding and managerial responsibility for Orthotic and Prosthetic Services has been transferred to Sub-programme 4.4.

7. SUB-PROGRAMME 7.5 CAPE MEDICAL DEPOT

7.1 SITUATION ANALYSIS

The Cape Medical Depot (CMD) previously functioned as a trading entity. However, the Department has decided to incorporate it into the organisation and it will be funded by an expenditure budget. The budget, legal, governance and labour relations issues required to do so have been addressed, and include the repeal of the Provincial Capital Fund Ordinance 3 of 1962 in Provincial Gazette Extraordinary No 7029 on 4 September 2012. As a result Sub-programme 7.5 is now called the Cape Medical Depot and its purpose is: managing the supply of medicine and medical supplies to health facilities.

The operational functioning of the CMD remains unchanged, with its core function being that of purchasing medicines and consumable items in bulk, storing this stock and, as required, repackaging it into smaller quantities for distribution to health facilities and sites.

The CMD is located in a multi-storey building in Chiappinni Street in central Cape Town, which is old and unsuitable for purpose.

7.2 CHALLENGES

The physical infrastructure of the current depot is largely unsuitable for the warehousing of medicines and supplies using current warehouses principles.

7.3 PRIORITIES

- Ensuring adequate infrastructure for the CMD, including a computerised system implemented for the relevant warehouse functions with respect to the procurement, warehousing and accounting requirements to meet its own as well as its clients' needs. The investigation and feasibility study with respect to the replacement/upgrade of the computerised system (MEDSAS), as well as the infrastructure currently in use at the CMD is the primary priority for the 2013/14 year.
- On-going quality improvement efforts include:
 - Improving service delivery to facilities.
 - The timely purchase of adequate stock.
- New performance indicators are currently being developed to measure efficiency with regards to the processing of pharmaceutical and non-pharmaceutical orders and responses to demander (facility) queries.

7.4 STRATEGIC OBJECTIVE, PERFORMANCE INDICATOR AND ANNUAL TARGET FOR THE CAPE MEDICAL DEPOT

Table 7.11: Data element for performance indicator for the Cape Medical Depot

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
MEDSAS	Pharmaceutical items that are in stock at the CMD	1	New indicator	New indicator	735	735	735	735	735	
MEDSAS	Pharmaceutical items on the stock register	2	New indicator	New indicator	758	758	758	758	758	

Note:

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.

Table 7.12: Strategic objective performance indicator and annual target for the Cape Medical Depot [HCSS1]

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. Ensure and maintain organisational strategic management capacity and synergy.	1.1. To ensure optimum pharmaceutical stock levels to meet the demand.	1.1.1. Ensure pharmaceutical stock levels of 97% at the CMD by 2014/15.	1) Percentage of pharmaceutical stock available Numerator ID 1 Denominator ID 2		97%	New indicator	New indicator	97%	97%	97%	97%	97%	97%	97%
					735	-	735	735	735	735	735	735	735	735
					758	-	758	758	758	758	758	758	758	758

Note:

All: New performance indicators are currently being developed to measure efficiency with regards to the processing of pharmaceutical and non-pharmaceutical orders and responses to demander (facility) queries.

Indicator 1: 3% stock unavailability takes into account irregular supplies from manufacturers

Strategic objective performance indicators are highlighted in yellow.

Provincially determined performance indicators are highlighted.

7.5 QUARTERLY TARGETS FOR THE CAPE MEDICAL DEPOT

Table 7.13: Strategic objective performance indicator and quarterly targets for Cape Medical Depot [HCSS2]

Strategic goal	Strategic objective: Title	Strategic objective: Statement	Performance Indicator	Reporting period	Annual target 2013/14	Quarterly targets			
						Q1	Q2	Q3	Q4
1. Ensure and maintain organisational strategic management capacity and synergy.	1.1. To ensure optimum pharmaceutical stock levels to meet the demand.	1.1.1. Ensure pharmaceutical stock levels of 97% at the CMD by 2014/15.	1) Percentage of pharmaceutical stock available Numerator ID 2 Denominator ID 3		97%	97%	97%	97%	97%
					735	735	735	735	735
					758	758	758	758	758

7.6 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND MTEF

Sub-programme 7.5 is allocated 14.33 per cent of the Programme 7 budget in 2013/14 in comparison to the 14.82 per cent of the Programme 7 budget that was allocated in the revised estimate of the 2012/13 budget. This amounts to a nominal increase R1.231 million or 2.59 per cent.

7.7 RISK MANAGEMENT

The risks highlighted for Sub-programme 7.5 are as follows:

Risk	Three components for risk statement	Mitigating factors
<p>1. Non-compliance with regulatory standards due to poor maintenance of medical depot equipment leading to poor warehousing of pharmaceuticals.</p>	<p>Risk:</p> <ul style="list-style-type: none"> • Non-compliance with regulatory standards • Stock losses <p>Root cause:</p> <ul style="list-style-type: none"> • Poor maintenance of medical depot equipment <p>Impact:</p> <ul style="list-style-type: none"> • Inadequate warehousing practices of pharmaceuticals. 	<p>1.1. Planned preventative and maintenance contracts of equipment concluded for a period of 3 years to fulfil legislative requirements.</p> <p>1.2. Equipment such as refrigerators has been replaced.</p>
<p>2. Inadequate distribution of pharmaceutical stock due to deterioration of infrastructure and outdated computerised system.</p>	<p>Risk:</p> <ul style="list-style-type: none"> • Inadequate good warehousing practices <p>Root cause:</p> <ul style="list-style-type: none"> • Deterioration of building • Outdated computerised system <p>Impact:</p> <ul style="list-style-type: none"> • Stock loss and fruitless and wasteful expenditure 	<p>2.1. Comprehensive business plan to address the issue of adequate infrastructure, as well as the feasibility of the replacement of the computerised system for the Medical Depot to be drafted and consulted within the Department in 2013/14.</p>
<p>3. Inadequate pharmaceutical warehousing practices due to a shortage of qualified and experienced professional and technical personnel resulting in stock-outs at healthcare facilities.</p>	<p>Risk:</p> <ul style="list-style-type: none"> • Inadequate pharmaceutical warehousing practices <p>Root cause:</p> <ul style="list-style-type: none"> • Shortage of qualified and experienced professional and technical personnel <p>Impact:</p> <ul style="list-style-type: none"> • Stock outs at healthcare facilities. 	<p>3.1. Recruitment, selection and the retention of pharmacy warehouse staff for the Medical Depot.</p> <p>3.2. Formal training for the relevant staff with respect to both basic and post basic pharmacist assistants categories, as required by the Department.</p>
<p>4. Stock-outs of essential goods and services due to supplier challenges, lack of good contract management and inability to secure alternatives resulting in compromised PCE and quality of care as well as reputational damage.</p>	<p>Risk:</p> <p>Stock-outs of essential goods and services</p> <p>Root cause:</p> <ul style="list-style-type: none"> • Supplier challenges e.g. global shortages of ingredients • Lack of timeous and good contract management • Inability to secure alternatives <p>Impact:</p> <ul style="list-style-type: none"> • Compromised PCE and quality of care. • Reputational damage 	<p>4.1. Engage National Department of Health on timeous awarding of national tenders.</p> <p>4.2. Monitor stocks out regularly</p> <p>4.3. Monitor vaccine supply</p> <p>4.4. Provide alternatives to especially the essential drugs.</p> <p>4.5. Tighter contract management with suppliers.</p>

8 RECONCILING PERFORMANCE TARGETS WITH THE BUDGET AND THE MTEF

Programme 7 is allocated 2.15 per cent of the vote in 2013/14 in comparison to the 2.17 per cent allocated in the revised estimate of the 2012/13 budget. This amounts to a nominal increase of R19.729 million or 6.15 per cent.

Orthotic and Prosthetic Services, previously in Sub-programme 7.4 were transferred to Sub-programme 4.4 with effect from 1 April 2008.

Table 7.14: Summary of payments and estimates: - Programme 7: Health Care Support Services [HCSS3]

Sub-programme R'000	Outcome			Main appro- priation 2012/13	Adjusted appro- priation 2012/13	Revised estimate 2012/13	Medium-term estimate			
	Audited 2009/10	Audited 2010/11	Audited 2011/12				% Change from Revised estimate			
							2013/14	2012/13	2014/15	2015/16
1. Laundry Services	53 109	60 237	67 090	70 118	70 579	70 974	73 697	3.84	78 162	82 294
2. Engineering Services	58 535	74 830	91 864	94 910	95 259	94 860	103 534	9.14	109 267	114 543
3. Forensic Pathology Services ^a	84 246	95 503	101 473	106 064	107 490	107 490	114 591	6.61	122 379	129 519
4. Orthotic and Prosthetic Services				1	1	1	1		1	1
5. Cape Medical Depot	1 715	52 299	12 535	18 536	37 536	47 564	48 795	2.59	51 733	54 433
Total payments and estimates	197 605	282 869	272 962	289 629	310 865	320 889	340 618	6.15	361 542	380 790

^a 2013/14: National Conditional grant: Health professions training and development: R9 327 000 (Compensation of employees R6 909 000; Goods and services R2 418 000).

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: The ordinance through which the CMD was created was abolished in the 2012/13 financial year; consequently the CMD has thus become part of the Department, Sub-programme 7.5: Medical Depot.

Table 7.15: Payments and estimates by economic classification – Programme 7: Health Care Support Services

Economic classification R'000	Outcome			Main appro- prium	Adjusted appro- prium	Revised estimate	Medium-term estimate			
	Audited 2009/10	Audited 2010/11	Audited 2011/12				% Change from Revised estimate			
							2012/13	2012/13	2012/13	2013/14
Current payments	179 506	217 654	250 452	261 108	304 107	314 123	332 957	6.00	353 573	372 540
Compensation of employees	104 448	123 811	140 190	157 773	186 214	184 025	197 056	7.08	212 042	225 771
Salaries and wages	90 315	106 972	120 706	135 905	161 017	159 142	170 254	6.98	183 208	195 068
Social contributions	14 133	16 839	19 484	21 868	25 197	24 883	26 802	7.71	28 834	30 703
Goods and services	75 058	93 843	110 262	103 335	117 893	130 098	135 901	4.46	141 531	146 769
<i>of which</i>										
Administrative fees				27	27					
Advertising	2	17		19	19					
Assets <R5 000	768	701	1 518	744	1 260	931	981	5.37	1 019	1 056
Audit cost: External					1 500	1 500	1 580	5.33	1 643	1 701
Catering: Departmental activities	103	68	128	157	167	148	157	6.08	162	168
Communication	1 670	2 054	1 999	2 117	2 537	2 591	2 726	5.21	2 836	2 937
Computer services	2 545	2 125	2 478	2 183	5 123	5 129	5 374	4.78	5 590	5 788
Cons/prof: Business and advisory services	220	1 448	100	101	401	359	379	5.57	393	407
Cons/prof: Laboratory services	684	354	477	571	571	453	489	7.95	508	526
Contractors	6 246	7 444	7 652	7 506	8 587	8 079	8 507	5.30	8 849	9 161
Agency and support/ outsourced services	6 871	7 384	7 718	9 990	10 252	7 956	8 378	5.30	8 714	9 022
Entertainment	5	7	7	12	12	12	12		14	14
Inventory: Food and food supplies	124	164	128	148	148	148	156	5.41	162	168
Inventory: Fuel, oil and gas	768	936	1 407	1 268	1 271	1 516	1 595	5.21	1 661	1 719
Inventory: Materials and supplies	9 598	10 296	9 605	11 113	11 118	11 025	11 608	5.29	12 074	12 503
Inventory: Medical supplies	757	572	1 127	996	2 501	2 796	2 944	5.29	3 061	3 172
Inventory: Other consumables	10 845	10 529	12 831	10 079	11 449	14 155	14 905	5.30	15 502	16 054
Inventory: Stationery and printing	1 405	1 433	1 535	1 565	1 920	1 765	1 860	5.38	1 935	2 002
Lease payments	1 150	956	5 965	8 749	8 943	1 638	995	(39.26)	1 034	1 072
Rental and hiring			120	9	9	80	84	5.00	88	91
Property payments	17 148	27 079	41 701	32 878	36 116	35 137	37 222	5.93	38 897	40 493
Travel and subsistence	13 421	16 992	11 126	9 775	9 910	19 711	20 186	2.41	20 993	21 740
Training and development	487	550	433	494	694	595	628	5.55	653	676
Operating expenditure	163	2 731	2 211	2 834	3 358	14 352	15 112	5.30	15 719	16 275
Venues and facilities	78	3	(4)			22	23	4.55	24	24
Transfers and subsidies to	2 881	52 416	12 702	19 600	1 154	1 142	1 234	8.06	1 284	1 329
Departmental agencies and accounts	1 715	52 299	12 535	18 536						
Entities receiving transfers	1 715	52 299	12 535	18 536						
CMD Capital Augmentation	1 715	52 299	12 535	18 536						
Households	1 166	117	167	1 064	1 154	1 142	1 234	8.06	1 284	1 329
Social benefits	1 166	117	167	1 064	1 154	1 142	1 234	8.06	1 284	1 329
Payments for capital assets	15 164	12 478	9 785	8 921	5 604	5 604	6 427	14.69	6 685	6 921
Buildings and other fixed structures	12 486	8 157	4 231	5 140						
Buildings	12 486	8 157	4 231	5 140						
Machinery and equipment	2 678	4 321	5 554	3 781	5 604	5 604	6 427	14.69	6 685	6 921
Transport equipment	524	860	780		1 000	1 000	700	(30.00)	728	754
Other machinery and equipment	2 154	3 461	4 774	3 781	4 604	4 604	5 727	24.39	5 957	6 167
<i>Of which: "Capitalised Goods and services" included in Payments for capital assets</i>	12 020	8 021	4 231							
Payments for financial assets	54	321	23			20		(100.00)		
Total economic classification	197 605	282 869	272 962	289 629	310 865	320 889	340 618	6.15	361 542	380 790

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

1. PROGRAMME PURPOSE:

The provision of new health facilities and the upgrading and maintenance of existing facilities.

2. PROGRAMME STRUCTURE

2.1. SUB-PROGRAMME 8.1: COMMUNITY HEALTH FACILITIES

Planning, construction, upgrading, refurbishment, additions, and maintenance of community health centres, community day centres, and clinics.

2.2. SUB-PROGRAMME 8.2: EMERGENCY MEDICAL SERVICES

Planning, construction, upgrading, refurbishment, additions, and maintenance of emergency medical services facilities.

2.3. SUB-PROGRAMME 8.3: DISTRICT HOSPITAL SERVICES

Planning, construction, upgrading, refurbishment, additions, and maintenance of district hospitals.

2.4. SUB-PROGRAMME 8.4: PROVINCIAL HOSPITAL SERVICES

Planning, construction, upgrading, refurbishment, additions, and maintenance of provincial hospitals.

2.5. SUB-PROGRAMME 8.5: CENTRAL HOSPITAL SERVICES

Planning, construction, upgrading, refurbishment, additions, and maintenance of central hospitals.

2.6. SUB-PROGRAMME 8.6: OTHER FACILITIES

Planning, construction, upgrading, refurbishment, additions, and maintenance of other health facilities, including forensic pathology facilities and nursing colleges.

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

3. SITUATION ANALYSIS

3.1 HEALTH IMMOVABLE ASSET MANAGEMENT

The Chief Directorate: Infrastructure and Technical Management is responsible for the management and implementation of Programme 8. Infrastructure related projects, are undertaken in partnership with the Western Cape Government Transport and Public Works (WCGTPW) as its Implementing Department. The relationship with WCGTPW is managed through the monitoring of the alignment to the Western Cape Infrastructure Delivery Management System (WC IDMS), *Standard for an Infrastructure Delivery Management System*, *Standard for a Construction Procurement System* and *Provincial Treasury Instruction 16B (PT116B)* and the Service Delivery Agreement – the latter being revised and signed annually.

In addition to the Equitable Share, funding to implement the infrastructure programme emanates from the Health Facility Revitalisation Grant (HFRG). This grant comes into effect from 2013/14 through the merging of the previous three national grants, namely, the Health Infrastructure Grant (HIG), the Hospital Revitalisation Grant (HRG) and the Nursing Colleges and Schools Grant (NCG). The HFRG is a Schedule 5 Grant¹ and still makes provision for the three grant components (HIG, HRG and NCG) within this merged grant. The HFRG makes provision for the following project components:

- Infrastructure development, providing for planning, construction and commissioning of revitalisation projects;
- Health technology which ensures healthcare technology is in place for all health facilities;
- Organisational development which focuses on strengthening institutional and operational efficiency at revitalisation facilities; and
- Quality assurance which focuses on improvement in quality of care provided at revitalisation facilities.

In addition to fulfilling the role of Implementing Department on behalf of the Western Cape Government Health (WCG Health), WCGTPW is also the custodian of the Provincial Immovable Asset Portfolio, as described in the Government Immovable Asset Management Act, No.19 of 2007 (GIAMA). GIAMA prescribes the preparation of the document known as the User Asset Management Plan (U-AMP), which, *inter alia*, outlines the conditions and the suitability of every facility utilised by WCG Health as well as the requirement for new, upgrading, extension, preventive² and scheduled maintenance for all health facilities. Programme 8, through the Chief Directorate: Infrastructure and Technical Management, is responsible for the annual preparation and updating of this U-AMP.

The *Infrastructure Delivery Management Capacitation Framework* study, begun in early 2011, has now been completed and the re-structured Chief Directorate: Infrastructure and Technical Management is currently being established (see 8.1 below).

¹ Schedule 5 grants are specific purpose allocations to provinces.

² Preventive maintenance of newly built facilities completed since 2006.

3.2 APPROACH

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

- 1) Long life (Sustainability)
- 2) Loose fit (Flexibility)
- 3) Low impact (Reduction of carbon footprint)
- 4) Luminous healing space (Enlightened healing environment)
- 5) Lean design (Integrated, collaborative design)

As part of the above 5Ls Agenda, Programme 8 has now begun aligning itself with the purpose and goals of Provincial Strategic Objective 7: "Mainstreaming sustainability and resource-use efficiency", as well as the National Climate Change Response White Paper of October 2011.

4. CHALLENGES

The primary challenges for the planning, delivery and maintenance of health infrastructure and medical equipment include:

- Limited capacity within WCG Health and WCGTPW and the implementation of the *Infrastructure Delivery Management Capacitation Framework*, given financial constraints.
- Reducing the carbon footprint of the health infrastructure portfolio.
- Addressing the infrastructure backlog and medical equipment replacement within the context of limited financial, natural, and human resources.
- Aligning infrastructure and medical equipment delivery to maximise the impact on the burden of disease.
- Ensuring sustainability, quality, cost-efficiencies, and value for money in the delivery and maintenance of health infrastructure and medical equipment.
- Recruitment, selection, training and retaining of people with the necessary knowledge and skills.

5. PRIORITIES

5.1 PROGRAMME 8

The main priorities for Programme 8 in the 2013/14 MTEF are outlined as follows:

- Implement the *Standard for an IDMS, Standard for a Construction Procurement System (CPS) and PT116B* through the Work-stream Group process.
- Create, strengthen, and improve the primary health care infrastructure and medical equipment in all GSAs.
- Modernise emergency centres at hospitals.
- Develop a strategic planning and prioritisation model to ensure sustainable, efficient and accessible health facilities.

- Collaborate with the National Department of Health, Council for Scientific and Industrial Research (CSIR) and the Development Bank of South Africa (DBSA) in the implementation of the Infrastructure Unit Systems Support (IUSS) for the development of norms and standards, capital project status reporting, project management information system, and cost modelling.
- Develop 72-hour assessment units in the Metro.
- Develop the required NHI infrastructure and medical technology in Eden District.
- Enhanced focus on maintenance of existing health facilities.
- Conduct audits and perform condition assessments of the existing medical equipment.

5.2 PRIORITIES – SUB-PROGRAMME LEVEL

The primary projects prioritised for implementation at the respective phases in each of the sub-programmes are outlined below. The phases as outlined here are aligned with the milestones as included in the Infrastructure Reporting Model (IRM), as prescribed by National Treasury. Definitions of the IRM milestones are provided in paragraph 10.2. The status of projects is as at the current date i.e. February 2013.

5.2.1 Sub-Programme 8.1 priorities: Community Health Facilities

No.	Current Project Phase		
	Identification / Feasibility	Design / Tender	Construction / Handover
1.	Beaufort West CDC – extension	Beaufort West: Hill Side Clinic – replacement	Delft: Symphony Way CDC – new
2.	Bonnievale Clinic – replacement	District Six CDC – replacement	Du Noon CHC – new
3.	Caledon Clinic – renovations	Manenberg: GF Jooste Hospital – Temporary EC at Klipfontein Hub (Heideveld CHC)	Hermanus CDC – replacement
4.	Ceres: Bella Vista Clinic – upgrade	Napier Clinic – replacement	
5.	Ceres CDC – new	Prince Alfred Hamlet Clinic – replacement	
6.	Ceres Op die Berg Clinic - extension	Rawsonville Clinic – replacement	
7.	De Doorns Clinic – extension	Strand Nonzamo: Asanda Clinic – new	
8.	Elsies River CHC – replacement	Wolseley Clinic – replacement	
9.	Gansbaai Clinic – extension		
10.	George: Conville CDC – replacement		
11.	George: Parkdene/Lawaalkamp Clinic – replacement		
12.	George: Rosemore Clinic – replacement		
13.	George: Tembalethu CDC – renovations		
14.	George: Centrum CDC – replacement		
15.	Gouda Clinic – replacement		
16.	Gugulethu CHC – replacement		
17.	Hanover Park CDC – renovations		
18.	Hout Bay CDC – replacement		
19.	Klipfontein: Barcelona CDC – replacement		

No.	Current Project Phase		
	Identification / Feasibility	Design / Tender	Construction / Handover
20.	Ladysmith Clinic – replacement		
21.	Laingsburg Clinic – upgrade and extensions		
22.	Leeu Gamka Clinic – renovations		
23.	Maitland CDC – renovations		
24.	Mitchell's Plain: Weltevreden CDC – new		
25.	Mossel Bay Alma CDC – replacement		
26.	Oudtshoorn Clinic – new		
27.	Oudtshoorn: Touwsrante Clinic – replacement		
28.	Paarl: Mbekweni Clinic – replacement		
29.	Ravensmead CDC – replacement		
30.	Retreat CHC – renovations		
31.	Robertson: Bergsig Clinic – extension		
32.	Robertson: Nkqubela Clinic – replacement		
33.	Saldanha: Diazville Clinic – replacement		
34.	Sedgefield Clinic – replacement		
35.	Stellenbosch: Khayamandi CDC – extensions		
36.	Stellenbosch Rhodes Fruit Farm Clinic – replacement		
37.	Strand: Gustrouw Clinic – extension and renovations		
38.	Villiersdorp Clinic – replacement		
39.	Vredenburg CDC – new		
40.	Vredendal CDC – replacement		
41.	Wellington CDC – extension		
42.	Worcester CDC – extension		
43.	Worcester: Avian Park Clinic – new		

5.2.2 Sub-Programme 8.2: Emergency Medical Services

No.	Current Project Phase		
	Identification / Feasibility	Design / Tender	Construction / Handover
1.	Albertinia Ambulance Station – new	Heidelberg Ambulance Station – new	Robertson Ambulance Station – new
2.	Bonnievale Ambulance Station – conversion of clinic into ambulance station	Piketberg Ambulance Station – new	
3.	Caledon Ambulance Station – extension to EMS communication centre		
4.	De Doorns Ambulance Station – new		
5.	Du Noon Ambulance Station – new		

No.	Current Project Phase		
	Identification / Feasibility	Design / Tender	Construction / Handover
6.	Dysselsdorp Ambulance Station – wash bay		
7.	Groot Brak Ambulance Station – extensions to newly procured facility		
8.	Haarlem Ambulance Station – new		
9.	Kleinmond Ambulance Station – new		
10.	Laingsburg Ambulance Station – extensions to newly procured facility		
11.	Mossel Bay Ambulance Station – new		
12.	Murraysburg Ambulance Station – wash bay		
13.	Pinelands Ambulance Station – renovation		
14.	Prince Albert Ambulance Station – extensions		
15.	Sedgefield Ambulance Station – extensions to newly procured premises		
16.	Stanford Ambulance Station – wash bay		
17.	Uniondale Ambulance Station - new		
18.	Villiersdorp Ambulance Station – replacement		

5.2.3 Sub-Programme 8.3: District Hospital Services

No.	Current Project Phase		
	Identification / Feasibility	Design / Tender	Construction / Handover
1.	Beaufort West Hospital – extension	Atlantis: Wesfleur Hospital – new EC and Paediatric Ward	Bellville: Karl Bremer Hospital – new EC
2.	Bellville: Karl Bremer Hospital – OPD upgrade	Manenberg: GF Jooste Hospital – replacement	Knysna Hospital – new EC and OPD
3.	Bellville: Karl Bremer Hospital – master plan	Mitchell’s Plain Hospital – new district psychiatric evaluation centre	Robertson Hospital – new bulk store
4.	Bellville: Karl Bremer Hospital – rehabilitation	Wynberg: Victoria Hospital – new EC	Vredenburg Hospital – upgrading Phase 2B
5.	Bellville: Karl Bremer Hospital – site survey		
6.	Bellville: Karl Bremer Hospital – New bulk store		
7.	George District Hospital – new		
8.	Helderberg Hospital – replacement		
9.	Helderberg Hospital – Emergency Centre upgrade		
10.	Khayelitsha Hospital – CT scan unit		
11.	Khayelitsha Hospital (90) – additional wards (360)		
12.	Kraaifontein: Northern Hospital – new		
13.	Ladismith: Alan Blyth Hospital – upgrade		
14.	Mossel Bay Hospital – replacement		

No.	Current Project Phase		
	Identification / Feasibility	Design / Tender	Construction / Handover
15.	Oudtshoorn Hospital – renovations		
16.	Retreat: Victoria Hospital – replacement		
17.	Robertson Hospital – new EC, reception and pharmacy phase 1		
18.	Robertson Hospital – Phase 2 extensions		
19.	Stellenbosch Hospital – EC upgrade		
20.	Vredendal Hospital – renovations		

5.2.4 Sub-Programme 8.4 priorities: Provincial Hospital Services

No.	Current Project Phase		
	Identification / Feasibility	Design / Tender	Construction / Handover
1.	Brooklyn Chest Hospital – upgrade & extension	George Hospital – hospital upgrade psychiatric ward	
2.	George: Harry Comay TB Hospital – renovation phase 3	Observatory: Valkenberg Hospital – renovation	
3.	Green Point: Somerset Hospital – 72 hour assessment unit in Victoria House	Observatory: Valkenberg Hospital – forensic village (framework agreement)	
4.	Mitchell's Plain: Western Cape Rehabilitation Centre – OPC	Observatory: Valkenberg Hospital – acute village (framework agreement)	
5.	Observatory: Valkenberg Hospital – relocation of William Slater step down	Observatory: Valkenberg Hospital – pharmacy, OPD, werf (framework agreement)	
6.	Paarl: Sonstraal TB Hospital – renovation	Paarl Hospital – new psychiatric unit	
7.	Stikland Hospital – OPD, sport field and swimming pool renovations	Worcester Hospital – phase 5	

5.2.5 Sub Programme 8.5 priorities: Central Hospital Services

No.	Current Project Phase		
	Identification / Feasibility	Design / Tender	Construction / Handover
1.	Observatory: Groote Schuur Hospital – OPD K floor refurbishment	Observatory: Groote Schuur Hospital – EC upgrade	Parow: Tygerberg Hospital – Emergency centre renovations
2.	Observatory: Groote Schuur Hospital – E floor upgrading	Rondebosch: Red Cross Children's Hospital – radiology & ICU upgrade and extension (In partnership with Trust)	
3.	Observatory: Groote Schuur Hospital – master plan		
4.	Parow: Tygerberg Hospital – medical ICU and Pulmonology isolation A5 upgrade		
5.	Rondebosch: Red Cross Children's Hospital – EC upgrades and additions		
6.	Rondebosch: Red Cross Children's Hospital – project in partnership with HCT		
7.	Rondebosch: Red Cross Children's Hospital – new store		

5.2.6 Sub-Programme 8.6 priorities: Other facilities

No.	Current Project Phase		
	Identification / Feasibility	Design / Tender	Construction / Handover
1.	Athlone: Western Cape College of Nursing – master plan etc.	Athlone: Western Cape College of Nursing – convert garages into workshop	
2.	Bellville: Cape Medical Depot – new	Bellville: Stikland Nurse College – renovations	
3.	George: Eden College of Nursing – upgrade nurse hostel (York Hostel)	Observatory: Groote Schuur Hospital FPI – new / replacement	
4.	George: Eden Nurse College – replacement Training College	Riversdale FPS – replacement	
5.	Knysna FPL – replacement	Worcester: Boland Nurse College – additional nurses accommodation	
6.	Laingsburg FPL – replacement	Worcester: Boland Nurse College – Erica Hostel upgrades	
7.	Mossel Bay FPL – new	Worcester: Boland Nurse College – training facility at Keerom including fence	
8.	Parow: Tygerberg FPS – renovation to refrigeration, dissection and accommodation		
9.	Stellenbosch FPL – replacement		
10.	Vredenburg FPL – new		
11.	Worcester: Boland Nurse College – Erica Hostel maintenance		

6. STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND TARGETS FOR HEALTH FACILITIES MANAGEMENT

Table 8.1: Data elements of performance indicators for Health Facilities Management

Source	Data element	Element ID	Audited / Actual performance			Estimate	Medium term targets		
			2009/10	2010/11	2011/12		2013/14	2014/15	2015/16
BAS	Preventive maintenance expenditure (equitable share)	1	New indicator	New indicator	New indicator	11 465	20 465	21 570	22 582
BAS	Preventive maintenance budget (equitable share)	2	New indicator	New indicator	New indicator	11 465	20 465	21 570	22 582
BAS	Scheduled maintenance expenditure (equitable share)	3	109 984	89 428	125 759	146 918	100 000	100 000	100 000
BAS	Scheduled maintenance budget (equitable share)	4	113 405	101 976	125 499	146 918	100 000	100 000	100 000
BAS	Health infrastructure component expenditure	5	73 658	195 904	123 957	135 417	122 296	143 171	150 079
BAS	Health infrastructure component budget	6	145 634	203 505	126 780	131 411	122 296	143 171	150 079
BAS	Hospital revitalisation component expenditure	7	377 286	614 071	482 429	493 643	493 526	481 079	502 589
BAS	Hospital revitalisation component budget	8	420 060	623 328	490 758	496 085	493 526	481 079	502 589
BAS	Equitable Share Capital expenditure	9	New indicator	New indicator	67 340	91 036	140 500	152 931	164 573
BAS	Equitable Share Capital budget	10	New indicator	New indicator	71 793	88 152	140 500	152 931	164 573
BAS	Expenditure on Health Technology projects	11	New indicator	New indicator	New indicator	119 097	143 600	43 530	21 520
BAS	Budget allocated to Health Technology projects	12	New indicator	New indicator	New indicator	132 330	143 600	43 530	21 520
RPM	Number of strategic briefs completed	13	New indicator	New indicator	New indicator	New indicator	8	8	8
RPM	Number of strategic briefs planned for completion	14	New indicator	New indicator	New indicator	New indicator	8	8	8
RPM	Number of capital projects completed	15	New indicator	New indicator	New indicator	18	6	34	20
RPM	Number of capital projects planned for completion	16	New indicator	New indicator	New indicator	18	6	34	20

Note:

Element ID 2: The estimate for preventive maintenance in 2012/13 is low for the first year due to this being the introduction phase. The allocation will be substantially increased to R20 million in 2013/14 as agreed with Provincial Treasury.

Element ID 4: The budget for scheduled maintenance (equitable share) is reduced in 2013/14.

Element ID 11 & 12: The reason for this is that, as stipulated in DORA, provision for scheduled maintenance is being made under the conditional grants i.e. HRG, HIG and NCSG with effect from 2013/14. Although the budget allocation for scheduled maintenance (equitable share) has reduced, the net effect is a slight increase in the total allocation for maintenance.

Element ID 13 & 14: The estimates for Health Technology projects are higher in 2012/13 and 2013/14 than in the following years due to the need to fully equip the new Khayelitsha and Mitchell's Plain Hospitals.

Element ID 15 & 16: The new indicator "Percentage of strategic briefs completed" has been proposed and the definitions and data sources defined.

Element ID 17 & 18: There are no baseline estimates for 2012/13 as the number of strategic briefs to be prepared is guided by departmental strategic direction and priorities as well as limiting factors such as the availability of sites.

Table 8.2: Strategic objectives, performance indicators and annual targets for Health Facilities Management [HFM2]

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 appropriate health technology, infrastructure and ICT.	1.1. Effective and efficient management of infrastructure expenditure.	1.1.1. Ensure that 100% of the annual allocated budgets are spent.	1) Percentage of preventive maintenance (Equitable Share) budget spent	%		New indicator	New indicator	New indicator	100.0%	100.0%	100.0%	100.0%	-	
			Numerator ID1	R'000					11 465	20 465	21 570	22 562	-	
			Denominator ID2	R'000					11 465	20 465	21 570	22 562	-	
			2) Percentage of scheduled maintenance (Equitable Share) budget spent	%		97.0%	87.7%	100.2%	100.0%	100.0%	100.0%	100.0%	100.0%	-
			Numerator ID3	R'000	109 984	89 428	125 759	146 918	146 918	100 000	100 000	100 000	100 000	-
			Denominator ID4	R'000	113 405	101 976	125 499	146 918	146 918	100 000	100 000	100 000	100 000	-
			3) Percentage of health infrastructure component budget spent	%	100.0%	96.3%	97.8%	103.0%	103.0%	100.0%	100.0%	100.0%	100.0%	-
			Numerator ID5	R'000	143 171	195 904	123 957	135 417	135 417	122 296	143 171	150 079	150 079	-
			Denominator ID6	R'000	143 171	203 505	126 780	131 411	131 411	122 296	143 171	150 079	150 079	-
			4) Percentage of hospital revitalisation component budget spent	%	100.0%	89.8%	98.5%	98.3%	98.5%	100.0%	100.0%	100.0%	100.0%	-
			Numerator ID7	R'000	481 079	614 071	482 429	493 643	493 643	493 526	481 079	502 589	502 589	-
			Denominator ID8	R'000	481 079	623 328	490 758	496 085	496 085	493 526	481 079	502 589	502 589	-
5) Percentage of Equitable Share capital budget spent	%		New indicator	93.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-		
Numerator ID9	R'000		-	67 340	91 036	91 036	140 500	152 931	164 573	164 573	-			
Denominator ID10	R'000		-	71 793	88 152	88 152	140 500	152 931	164 573	164 573	-			
6) Percentage of Health Technology budget spent	%		New indicator	New indicator	90.0%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-		
Numerator ID11	R'000		-	-	119 097	119 097	143 600	43 530	21 520	21 520	-			
Denominator ID12	R'000		-	-	132 330	132 330	143 600	43 530	21 520	21 520	-			

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	
	1.2. Effective and efficient management of infrastructure delivery.	1.2.1. Ensure 100% achievement of projects planned for completion annually.	7) Percentage of strategic briefs completed	%		New indicator	New indicator	New indicator	New indicator	100.0%	100.0%	100.0%	-
			Numerator ID13 Denominator ID14	No No	- -	- -	- -	- -	8 8	8 8	8 8	8 8	- -
			8) Percentage of capital projects completed	%	100.0%	New indicator	New indicator	100.0%	100.0%	100.0%	100.0%	-	
			Numerator ID15 Denominator ID16	No No	34 34	- -	- -	- -	18 18	34 34	20 20	20 20	- -

Note:

Indicator 6: The new indicator "Percentage of Health Technology budget spent" has been proposed and the definitions and data sources defined.
 Indicator 7: The new indicator "Percentage of strategic briefs completed" has been proposed and the definitions and data sources defined.
 The number of strategic briefs to be prepared is guided by departmental strategic direction and priorities as well as limiting factors such as the availability of sites.
 Strategic objective performance indicators are highlighted in yellow.
 Provincially determined performance indicators are highlighted.

Table 8.3: Quarterly targets for Health Facilities Management for 2013/14 [HFM3]

Strategic goal statement	Strategic objective: Title	Strategic objective: Statement	Performance indicator	Reporting period	Annual target 2013/14	Quarterly targets					
						Q1	Q2	Q3	Q4		
1. Develop and maintain appropriate health technology, infrastructure and ICT.	1.1. Effective and efficient management of infrastructure expenditure.	1.1.1. Ensure that 100% of the annual allocated budgets are spent.	1) Percentage of preventive maintenance (Equitable Share) budget spent	Quarterly	100.0%	100.0%	100.0%	100.0%	100.0%		
						Numerator ID1	3 069.8	5 116.3	6 139.5	6 139.5	
			Denominator ID2	3 069.8	5 116.3	6 139.5	6 139.5				
			2) Percentage of scheduled maintenance (Equitable Share) budget spent	Quarterly	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
			Denominator ID4	15 000	25 000	30 000	30 000				
	3) Percentage of health infrastructure component budget spent	Quarterly	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
										Numerator ID5	18 344.4
	Denominator ID6	18 344.4	30 574.0	36 688.8	36 688.8						
	4) Percentage of hospital revitalisation component budget spent	Quarterly	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
										Numerator ID7	74 028.9
	Denominator ID8	74 028.9	123 381.5	148 057.8	148 057.8						
5) Percentage of Equitable Share capital budget spent	Quarterly	100%	100%	100%	100%	100%	100%	100%			
									Numerator ID9	140 500	35 125
Denominator ID10	140 500	35 125	42 150	42 150							
6) Percentage of Health Technology budget spent	Quarterly	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
									Numerator ID11	21 540	35 900
Denominator ID12	21 540	35 900	43 080	43 080							

Strategic goal statement	Strategic objective: Title	Strategic objective: Statement	Performance indicator	Reporting period	Annual target 2013/14	Quarterly targets			
						Q1	Q2	Q3	Q4
1.2. Effective and efficient management of infrastructure delivery		1.2.1. Ensure 100% achievement of projects planned for completion annually	7) Percentage of strategic briefs completed Numerator ID13 Denominator ID14	Annually	100.0%	-	-	-	100.0%
			8) Percentage of capital projects completed Numerator ID15 Denominator ID16	Quarterly	100.0%	100.0%	100.0%	100.0%	100.0%
					8.0	-	-	-	8.0
					8.0	-	-	-	8.0
					6.0	2.0	0.0	0.0	4.0
					6.0	2.0	0.0	0.0	4.0

7. RECONCILING THE PERFORMANCE TARGETS WITH THE EXPENDITURE TRENDS

Table 8.4: Summary of payments and estimates – Programme 8: Health Facilities Management [HFM4]

Sub-programme R'000	Outcome			Main appro- pria- tion 2012/13	Adjusted appro- pria- tion 2012/13	Revised estimate 2012/13	Medium-term estimate			
	Audited 2009/10	Audited 2010/11	Audited 2011/12				% Change from Revised estimate			
							2013/14	2012/13	2014/15	2015/16
1. Community Health Facilities ^{a,b}	24 236	105 722	90 664	104 834	99 169	99 743	243 453	144.08	189 058	205 082
2. Emergency Medical Rescue Services ^b	10 985	24 301	28 299	20 156	24 804	27 112	23 567	(13.08)	18 644	24 298
3. District Hospital Services ^{a,b}	210 005	432 740	430 525	424 846	452 945	458 795	293 419	(36.05)	212 811	228 191
4. Provincial Hospital Services ^{a,b}	274 398	236 968	158 000	185 929	126 953	123 097	140 566	14.19	272 449	253 184
5. Central Hospital Services ^{a,b}	79 959	77 815	66 533	69 634	70 688	64 501	125 592	94.71	113 817	123 811
6. Other Facilities ^{a,b,c}	11 419	40 888	25 465	71 682	122 544	111 298	67 154	(39.66)	112 922	127 151
Total payments and estimates	611 002	918 434	799 486	877 081	897 103	884 546	893 751	1.04	919 701	961 717

^a National Conditional grant: Hospital Facility Revitalisation - R629 786 000, of which the following is allocated to:

Health Infrastructure component - R122 296 000.

Hospital Revitalisation component - R493 526 000.

Nursing Colleges component - R13 964 000.

^b 2013/14: National Conditional grant: Expanded Public Works Programme Integrated Grant for Provinces - R3 000 000.

Earmarked allocations

Included in Programme 8 is an earmarked priority allocation amounting to R20 465 000 (2013/14), R21 570 000 (2014/15) and R22 562 000 (2015/16) for Preventative maintenance.

Included in Programme 8 is an earmarked priority allocation amounting to R100 000 000 (2013/14), R100 000 000 (2014/15) and R100 000 000 (2015/16) for the purpose of Maintenance.

Included in Programme 8 is an earmarked priority allocation amounting to R128 500 000 (2013/14), R141 931 000 (2014/15) and R164 573 000 (2015/16) for the purpose of Capital.

Included in Programme 8 is an earmarked priority allocation amounting to R122 296 000 (2013/14), R143 171 000 (2014/15) and R150 079 000 (2015/16) for the Health Infrastructure component.

Included in Programme 8 is an earmarked priority allocation amounting to R493 526 000 (2013/14), R481 079 000 (2014/15) and R502 589 000 (2015/16) for the Hospital Revitalisation component.

Included in Programme 8 is an earmarked priority allocation amounting to R13 964 000 (2013/14), R20 950 000 (2014/15) and R21 914 000 (2015/16) for Nursing Colleges and Schools Grant.

Included in Programme 8 is an earmarked priority allocation amounting to R3 000 000 (2013/14) for Expanded Public Works Programme Integrated Grant for Provinces.

Included in Programme 8 is an earmarked priority allocation amounting to R12 000 000 (2013/14) and R11 000 000 (2014/15) for Donations for Red Cross Hospital.

Table 8.5: Payments and estimates by economic classification – Programme 8: Health Facilities Management [HFM4]

Economic classification R'000	Outcome			Main appro-riation 2012/13	Adjusted appro-riation 2012/13	Revised estimate 2012/13	Medium-term estimate			
	Audited 2009/10	Audited 2010/11	Audited 2011/12				% Change from Revised estimate			
							2013/14	2012/13	2014/15	2015/16
Current payments	137 659	149 112	176 215	194 507	208 609	208 606	246 908	18.36	229 021	242 472
Compensation of employees	9 198	16 321	15 267	14 739	13 573	13 573	20 806	53.29	20 606	20 496
Salaries and wages	8 664	15 248	14 466	14 118	12 952	12 952	19 753	60.64	19 553	19 443
Social contributions	534	1 073	801	621	621	621	1 053	3080.84	1 053	1 053
Goods and services	128 461	132 791	160 948	179 768	195 036	195 033	226 102	15.93	208 415	221 976
of which										
Advertising		3	11							
Assets <R5 000	5 663	4 878	18 675	18 927	34 195	34 195	33 815	(1.11)	9 510	5 000
Catering: Departmental activities	78	136	73	98	98	98	29	(70.41)	34	31
Communication	23	60	62	59	59	59	103	74.58	107	100
Computer services	43	5	335							
Cons/prof: Business and advisory services	3 561	5 325	4 314	412	412	412		(100.00)		
Cons/prof: Infrastructure & planning	2 909	990								
Contractors	4 623	208	124				40			
Agency and support/ outsourced services	617	1 374	9							
Entertainment	2	2	4	12	12	12	21	75.00	21	21
Inventory: Materials and supplies	8 880	4 306	789				9			
Inventory: Medical supplies	36	20	1 784							
Inventory: Other consumables	789	277	5 824							
Inventory: Stationery and printing	157	170	511	204	204	204	216	5.88	158	145
Lease payments	439	34	52							
Rental and hiring			41				15			
Property payments	98 683	113 406	127 564	159 383	159 383	159 380	190 110	19.28	196 770	214 174
Travel and subsistence	687	482	352	467	467	467	879	88.22	950	1 640
Training and development	1 075	1 082	400	206	206	206	865	319.90	865	865
Operating expenditure	99	11	24							
Venues and facilities	97	22								
Transfers and subsidies to		4 559	9 773			3	12 000	399 900.00	11 000	
Households		4 559	9 773			3	12 000	399 900.00	11 000	
Other transfers to households		4 559	9 773			3	12 000	399 900.00	11 000	
Payments for capital assets	473 343	764 763	613 498	682 574	688 494	675 937	634 843	(6.08)	679 680	719 245
Buildings and other fixed structures	440 748	725 716	544 569	612 234	586 322	573 765	522 414	(8.95)	642 360	702 425
Buildings	440 748	725 716	544 569	612 234	586 322	573 765	522 414	(8.95)	642 360	702 425
Machinery and equipment	32 595	39 025	68 889	70 340	102 172	102 172	112 429	10.04	37 320	16 820
Other machinery and equipment	32 595	39 025	68 889	70 340	102 172	102 172	112 429	10.04	37 320	16 820
Software and other intangible assets		22	40							
Of which: "Capitalised Compensation" included in Payments for capital assets	141	137								
Of which: "Capitalised Goods and services" included in Payments for capital assets	440 607	725 579	544 569							
Total economic classification	611 002	918 434	799 486	877 081	897 103	884 546	893 751	1.04	919 701	961 717

8. PERFORMANCE AND EXPENDITURE TRENDS

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

Programme 8 is allocated 5.63 per cent of the vote in 2013/14 in comparison to the 5.99 per cent that was allocated in the revised estimate of the 2012/13 budget. This translates into a nominal increase of R9.205 million or 1.04 per cent.

The Health Facilities Revitalisation Grant has been reduced over the MTEF by R61 million, and this amount is used to fund the National Health Grant for the Western Cape.

The National Health Grant is a new indirect grant introduced in 2013/14 that will be spent by the National Department of Health on behalf of provinces.

The budget allocation for preventive maintenance, which was introduced with effect from 2012/13, was set low for the first year as this was the introduction phase. It was however always envisioned to substantially increase this allocation to R20 million in 2013/14. This plan was agreed with Provincial Treasury in 2011/12 for roll-out in 2012/13.

The budget for scheduled maintenance (equitable share) is reduced in 2013/14. The reason for this is that, as stipulated in DORA, provision for scheduled maintenance has to be made under the conditional grants i.e. HRG, HIG and NCSG with effect from 2013/14. In order to off-set this loss in capital funding under the grants, the estimates for equitable share capital is increased with effect from 2013/14.

The budget estimates for Health Technology projects are higher in 2012/13 and 2013/14 than in the following years. This is due to the need to fully equip the new Khayelitsha and Mitchell's Plain Hospitals. The last outstanding health technology for Khayelitsha Hospital was procured in 2012/13 (with the exception of the digital radiology) and procurement for Mitchell's Plain Hospital commenced in 2012/13.

8.1 RESOURCE CONSIDERATIONS

The Chief Directorate: Infrastructure and Technical Management is responsible for the planning, delivery and maintenance of all health infrastructure in the Province. In accordance with a Provincial Cabinet resolution of December 2009, the WCG Health makes use of WCG TPW as its Implementing Department for the delivery of capital and scheduled maintenance projects. The processes and methodologies that must be followed, as well as roles and responsibilities of relevant parties, are outlined in the Western Cape Infrastructure Delivery Management System (WC IDMS), *Standard for an Infrastructure Delivery Management System*, *Standard for a Construction Procurement System* and *Provincial Treasury Instruction 16B (PT116B)*. A work-streaming process is currently underway to institutionalise and align with these documents. It is anticipated that this process, once completed, will lead to substantial improvement in the efficiencies in the delivery and maintenance of health facilities in the province.

The *Infrastructure Delivery Management Capacitation Framework* study, begun in early 2011, was completed during 2012 and as of 1 October 2012, the revised Chief Directorate: Infrastructure and Technical Management became operational. Existing staff were matched and placed and the recruitment of prioritised posts began. In accordance with

the Division of Revenue Act, R16 million may be sourced from the Health Infrastructure component and/or the Hospital Revitalisation component of the Health Facility Revitalisation Grant and used for the funding of the revised structure.

The Chief Directorate now has five components:

- Directorate: Infrastructure Planning;
- Directorate: Infrastructure Programme Delivery;
- Directorate: Health Technology;
- Directorate: Engineering and Technical Support and
- Directorate: Tygerberg Hospital PPP.

During November 2010, the National Department of Health, in collaboration with the CSIR and Development Bank of South Africa (DBSA), embarked on the Infrastructure Unit Support Service (IUSS) project. The overall objective of the project is to optimise the acquisition, operation, and management of South Africa's public healthcare infrastructure through all stages of the infrastructure life-cycle and is being implemented in all of the provinces. The Chief Directorate: Infrastructure and Technical Management has received support through the consultant appointed to the Programme Management Support Unit (PMSU) as part of this initiative.

In addition, the Chief Directorate continues to receive support through the IDIP programme.

9. RISK ASSESSMENT

Risk statement	Three components for risk statement	Mitigating Actions
1. Inability to source appropriately skilled and experienced personnel due to insufficient funding and inadequate training resulting in poor management of infrastructure expenditure. (Human Resource)	Risk: <ul style="list-style-type: none"> • Inability to source appropriately skilled and experienced personnel Root cause: <ul style="list-style-type: none"> • Insufficient funding • Inadequate training Impact: <ul style="list-style-type: none"> • Poor management of infrastructure delivery 	1.1. <i>Infrastructure Delivery Management Capacitation Framework study</i> , along with funding available through DoRA, will result in appropriately skilled and qualified personnel in the Chief Directorate 1.2. Relevant training.
2. Non-adherence to Infrastructure Delivery Management System due to inadequate training and compliance monitoring which results in poor management of infrastructure delivery. (Compliance)	Risk: <ul style="list-style-type: none"> • Non-adherence to Infrastructure Delivery Management System Root cause: <ul style="list-style-type: none"> • Inadequate training • Lack of compliance monitoring Impact: <ul style="list-style-type: none"> • Poor management of infrastructure delivery 	2.1. Monitoring compliance. 2.2. Improve relationship with WCG: Transport and Public Works. 2.3. Implementation of the Infrastructure Gateway System (IGS) as part of the Infrastructure Delivery Management System (IDMS) 2.4. Relevant training.
3. Operational inefficiency due to lack of SOPs and non-adherence to lean design and construct principles resulting in over-expenditure. (Efficiency)	Risk: <ul style="list-style-type: none"> • Operational inefficiency Root cause: <ul style="list-style-type: none"> • Lack of SOPs • Non-adherence to lean design and construct principles 	3.1. Development of standard operating procedures. 3.2. Standardisation based on approved space planning norms and standards, cost norms, standard drawings and technical specifications, and standard

Risk statement	Three components for risk statement	Mitigating Actions
	Impact: <ul style="list-style-type: none"> • Poor management of infrastructure expenditure 	designs is currently underway. 3.3. Introduction of lean design and construct principles. 3.4. Introduction of lean processes. 3.5. Introduction of programme management information system, the Project Portfolio Office (PPO).
4. Poor service from providers due to lack of management by Implementing Department resulting in inadequate infrastructure delivery. (Service Delivery)	Risk: <ul style="list-style-type: none"> • Poor service from providers Root cause: <ul style="list-style-type: none"> • Lack of management by Implementing Department Impact: <ul style="list-style-type: none"> • Inadequate infrastructure delivery 	4.1. Review the IDMS. 4.2. Investigate the use of a Management Contractor.
5. Poor service from Implementing Department due to capacity deficiencies. (Service Delivery)	Risk: <ul style="list-style-type: none"> • Poor service from Implementing Department • Inability to fully utilize infrastructure budget Root cause: <ul style="list-style-type: none"> • Lack of capacity within Implementing Department Impact: <ul style="list-style-type: none"> • Inadequate infrastructure delivery • Infrastructure budget not fully utilized 	5.1. Implementation of IDMS at WCG: Transport & Public Works 5.2. Implementation of <i>Capacitation Framework for the IDMS</i> in WCG: Transport & Public Works.

10. CAPITAL INFRASTRUCTURE PROGRAMME

10.1 DELIVERABLES

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

10.2 MILESTONE DEFINITIONS

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

Infrastructure Reporting Model (IRM) Milestones

Identified / Feasibility	Project has been identified, but project brief has not been prepared and/or site has not been acquired.
Design / Tender	Department of Transport and Public Works have received the brief from the Department of Health and are proceeding with the design or tender.
Construction / Hand over	Project is under construction or in the process of being handed over.
Retention	Project has reached practical completion, but final account has not been finalised and paid.
Start Date	Health brief provided to Implementing Department (WCG Transport and Public Works) equivalent to start of design stage.
Completion Date	Practical completion of the project achieved (i.e. the professional team has issued a Practical Completion Certificate).
Total Budget Available	Project cost – all inclusive (VAT, professional fees, escalation, construction).

Infrastructure Gateway System (IGS) Milestones

Stage 1: Infrastructure Planning	Infrastructure Plan (U-AMP) finalised.
Stage 2: Procurement Planning	Construction Procurement Strategy finalised.
Stage 3: Package Preparation	Strategic brief finalised.
Stage 4: Package Definition	Concept report finalised.
Stage 5: Design Development	Design development report finalised.
Stage 6A: Design Documentation	Production information finalised.
Stage 6B: Manufacture, fabrication and construction information	Manufacture, fabrication and construction information finalised.
Stage 7: Works	Construction underway.
Stage 8: Handover	Works handed over and record information provided.
Stage 9A: Close out	Record information archived and portfolio asset register updated.
Stage 9B: Close out	Contract finalised; Close out report compiled.
Stage 9C: Close out	Post Occupancy Evaluation conducted.

Schedule 1: Sub-programme 8.1 Community Health Facilities

No.	Fund Source	Facility	District	Type of Infrastructure	Current Project Stage - IRM February 2013	Current Project Stage - IGS February 2013	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2012/13 R000's	2013/14 R000's	2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's
1	PES	Beaufort West CDC	Central Karoo	CDC Extension	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2016	8 000	0	0	700	6 803	500	0
2	HIG	Beaufort West Hill Side Clinic	Central Karoo	Replacement Clinic	Design/tender	N/A	01/04/2012	11/03/2015	16 000	300	2 500	12 000	1 000	0	0
3	PES	Bomievale Clinic	Cape Winelands	Clinic Replacement	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2017	16 000	0	0	700	10 000	4 300	1 000
4	PES	Caledon Clinic	Overberg	Clinic Renovations	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2016	31/03/2018	4 000	0	0	0	0	100	3 800
5	PES	Ceres: Bella Vista Clinic	Cape Winelands	Clinic upgrade and extensions	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2015	31/03/2017	2 700	0	0	0	50	2 500	150
6	PES	Ceres CDC	Cape Winelands	New Community Day Centre	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2016	31/03/2019	47 200	0	0	0	0	100	17 500
7	PES	Ceres: Op die berg Clinic	Cape Winelands	Clinic Extension	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2019	31/03/2021	5 000	0	0	0	0	0	0
8	HIG	De Doorns Clinic	Cape Winelands	Clinic Extension	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2016	10 500	0	0	1 000	9 000	500	0
9	PES	Delft Symphony Way CDC	City of Cape Town	New Community Day Centre	Construction/handover	N/A	01/04/2010	31/05/2014	41 000	5 483	30 800	5 000	0	0	0
10	PES	District Six CDC	City of Cape Town	CDC Replacement	Design/tender	N/A	01/04/2010	31/07/2015	70 000	2 200	15 000	45 434	5 000	0	0
11	PES	Du Noon CHC	City of Cape Town	New Community Health Centre	Construction/handover	N/A	01/04/2010	14/03/2014	66 000	9 845	47 550	5 500	0	0	0
12	HIG	Du Noon Clinic	City of Cape Town	Replacement Clinic	Retention/final account	N/A	01/04/2012	14/11/2012	6 900	6 000	50	0	0	0	0
13	HIG	Eisies River CHC	City of Cape Town	CHC Replacement	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2015	31/03/2019	50 000	0	0	0	250	8 200	28 000
14	HIG	Gansbaai Clinic	Overberg	Extension to the existing Clinic	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	01/03/2016	10 500	0	0	1 000	9 000	500	0
15	PES	George: Conville CDC	Eden	CDC Replacement	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2018	31/03/2020	50 000	0	0	0	0	0	0
16	PES	George: Parkdene/Lawaakamp Clinic	Eden	Clinic Replacement	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2019	31/03/2021	20 000	0	0	0	0	0	0
17	HIG	George: Rosemore Clinic	Eden	Clinic Replacement	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2016	31/03/2019	20 000	0	0	0	0	1 000	12 000

No.	Fund Source	Facility	District	Type of Infrastructure	Current Project Stage - IRM February 2013	Current Project Stage - IGS February 2013	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2012/13 R000's	2013/14 R000's	2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's
18	HIG	George Tembalethu CDC	Eden	CDC Renovations	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2013	31/03/2016	28 000	0	978	6 000	20 000	1 000	0
19	HIG	George Centrium CDC	Eden	CDC Replacement	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2015	01/03/2018	40 000	0	0	0	250	18 500	19 250
20	PES	Goodwood: Ruyterwacht CDC	City of Cape Town	New Community Day Centre	Construction/handover	N/A	01/07/2011	31/03/2013	11 000	10 000	1 000	0	0	0	0
21	PES	Gouda Clinic	Cape Winelands	Clinic Replacement	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2016	31/03/2018	19 500	0	0	0	0	3 000	16 400
22	HIG	Grabouw CDC	Overberg	Upgrade of existing CDC	Retention/final account	N/A	10/09/2009	10/06/2012	14 000	493	30	0	0	0	0
23	HIG	Grassy Park Clinic	City of Cape Town	New Clinic	Complete	N/A	30/04/2009	28/09/2011	20 514	89	0	0	0	0	0
24	PES	Gugulethu CHC	City of Cape Town	CHC Replacement	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2017	46 500	0	0	500	9 000	30 927	6 173
25	HIG	Hanover Park CDC	City of Cape Town	CDC Renovations	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2018	50 000	0	0	500	8 000	35 000	6 000
26	PES	Hermanus CDC	Overberg	New Community Day Centre	Construction/handover	N/A	01/04/2010	31/05/2014	40 000	0	29 000	3 450	0	0	0
27	PES	Hout Bay CDC	City of Cape Town	CDC Replacement	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2013	31/03/2017	45 000	0	50	500	9 500	34 000	950
28	PES	Klipfontein: Barcelona CDC	City of Cape Town	CDC Replacement	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2017	31/03/2020	50 000	0	0	0	0	0	1 000
29	HIG	Knysna new CDC (Witlokaite)	Eden	New Community Day Centre	Construction/handover	N/A	01/04/2009	25/01/2013	36 500	27 381	600	0	0	0	0
30	HIG	Ladysmith Clinic	Eden	Replacement Clinic	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2016	31/03/2018	14 000	0	0	0	0	1 000	12 500
31	HIG	Laingsburg Clinic	Central Karoo	Clinic upgrade and extensions	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2016	5 000	0	0	300	4 200	500	0
32	HIG	Leeu Garika Clinic	Central Karoo	Clinic Renovations	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2018	31/03/2019	2 000	0	0	0	0	0	0
33	HIG	Maitland CDC	City of Cape Town	CDC Renovations	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2018	01/04/2020	44 000	0	0	0	0	0	0
34	HIG	Malmesbury: Wesbank CDC	West Coast	New Community Health Centre	Retention/final account	N/A	30/04/2008	30/06/2012	29 750	3 050	1 000	0	0	0	0
35	HRG	Manenberg: GF Jooste Hospital - Temporary EC at Klipfontein Hub	City of Cape Town	Enabling work for the GF Jooste Hospital Project: New Emergency Centre at the	Design/tender	Stage 5: Design Development	01/10/2012	31/03/2014	42 000	1 000	35 000	5 500	200	0	0

No.	Fund Source	Facility	District	Type of Infrastructure	Current Project Stage - IRM February 2013	Current Project Stage - IGS February 2013	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2012/13 R000's	2013/14 R000's	2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's	
		(Heideveld CHC)		Heideveld CHC												
36	HIG	Mitchell's Plain: Weltevreden CDC	City of Cape Town	New CDC	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2016	31/03/2019	50 000	0	0	0	0	1 000	18 000	
37	HIG	Messel Bay, Alma CDC	Eden	CDC Replacement	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2018	31/03/2020	45 000	0	0	0	0	0	0	0
38	HIG	Napier Clinic	Overberg	Clinic Replacement	Design/tender	N/A	01/04/2012	31/03/2015	10 000	200	1 000	8 400	230	0	0	0
39	PES	Oudshoorn: Oudshoorn New Clinic	Eden	New Clinic	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2019	31/03/2020	20 000	0	0	0	0	0	0	0
40	HIG	Oudshoorn: Towsranien Clinic	Eden	Replacement Clinic	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2017	31/03/2020	20 000	0	0	0	0	0	0	1 000
41	PES	Paarl: Mbekweni Clinic	Cape Winelands	Clinic Replacement	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2016	31/03/2018	20 400	0	0	0	0	500	19 500	
42	HRG	Paarl: TC Newman CHC	Cape Winelands	Community Health Centre Upgrade	Complete	N/A	01/04/2006	30/11/2011	45 000	204	50	0	0	0	0	0
43	HIG	Prince Alfred Hamlet Clinic	Cape Winelands	Clinic Replacement	Design/tender	N/A	01/04/2011	31/03/2015	16 000	305	1 600	13 000	775	0	0	0
44	HIG	Ravensmead CDC	City of Cape Town	CDC Replacement	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2016	31/03/2019	45 000	0	0	0	0	1 000	25 000	
45	HIG	Rawsonville Clinic	Cape Winelands	Clinic Replacement	Design/tender	N/A	01/04/2010	30/12/2014	14 000	1 000	9 000	4 000	0	0	0	0
46	HIG	Retreat CHC	City of Cape Town	CHC Renovations	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2017	31/03/2019	20 500	0	0	0	0	0	0	1 000
47	PES	Robertson: Bergsig Clinic	Cape Winelands	Clinic Extension	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2016	5 000	0	0	500	4 300	200	0	0
48	PES	Robertson: Nkqubela Clinic	Cape Winelands	Clinic Replacement	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2017	31/03/2020	14 000	0	0	0	0	0	0	1 866
49	PES	Saldanha: Diazville Clinic	West Coast	New Clinic	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2016	31/03/2019	16 000	0	0	0	0	500	6 500	
50	PES	Sedgefield Clinic	Eden	Clinic Replacement	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2015	31/03/2017	15 000	0	0	0	500	14 000	500	
51	HIG	Stellenbosch: Khayamandi CDC	Cape Winelands	CDC Extension	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2016	8 000	0	0	500	7 350	150	0	0
52	PES	Stellenbosch: Rhodes Fruit Farm Clinic	Cape Winelands	Replacement Clinic	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2018	31/03/2020	20 000	0	0	0	0	0	0	0

No.	Fund Source	Facility	District	Type of Infrastructure	Current Project Stage - IRM February 2013	Current Project Stage - IGS February 2013	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2012/13 R000's	2013/14 R000's	2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's
53	PES	Strand Nonzamo: Asanda Clinic	City of Cape Town	New Clinic	Design/tender	N/A	01/04/2010	31/03/2018	27 500	0	50	0	0	0	24 000
54	HIG	Strand: Gustrow Clinic	City of Cape Town	Extension and Renovations	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2016	9 000	0	0	500	8 000	500	0
55	HIG	To be identified		Health Technology (to various projects to be identified)	Envisaged	N/A	01/04/2013	31/03/2020	26 000	0	3 000	3 000	0	10 000	0
56	HIG	To be identified		OD and QA Various projects to be identified	Envisaged	N/A	01/04/2013	31/03/2020	6 900	0	0	800	1 000	1 200	1 200
57	HRG	Various HT projects		Health Technology	In Progress	N/A	01/04/2013	01/03/2014	73 800	2 881	22 068	16 000	0	0	0
58	HRG	Various PHC facilities		Maintenance to various facilities to be identified	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2013	31/03/2020	340 000	0	30 000	32 500	45 000	45 000	48 000
59	HIG	Villiersdorp Clinic	Overberg	Replacement Clinic	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2015	31/03/2017	15 000	0	0	0	2 000	12 405	600
60	PES	Vredenburg CDC	West Coast	New Community Day Centre	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2017	45 000	0	0	750	20 000	23 000	1 250
61	PES	Vredendal CDC	West Coast	CDC Replacement	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2015	31/03/2018	45 000	0	0	0	8 950	15 685	20 000
62	PES	Wellington CDC	Cape Winelands	Extensions to accommodate Pharmacy	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2015	3 370	0	0	3 000	370	0	0
63	HIG	Wolsley Clinic	Cape Winelands	New Clinic	Design/tender	N/A	01/04/2011	31/03/2015	14 600	342	2 003	11 875	380	0	0
64	HRG	Worcester CDC	Cape Winelands	Extension for a Dental Suite	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2015	3 600	0	600	3 000	0	0	0
65	PES	Worcester: Avian Park Clinic	Cape Winelands	New Clinic	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2017	18 000	0	0	200	7 900	9 000	900
Grand Total									1 995 234	70 283	232 929	186 109	199 008	275 677	284 039

Schedule 2: Sub-Programme 8.2 Emergency Medical Services

No.	Fund Source	Facility	District	Type of Infrastructure	Current Project Stage - IRM February 2013	Current Project Stage - IGS February 2013	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2012/13 R000's	2013/14 R000's	2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's
1	PES	Albertinia Ambulance Station	Eden	New Ambulance Station	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2017	31/03/2019	8 000	0	0	0	0	0	2 700
2	HIG	Bonnievale Ambulance Station	Cape Winelands	Convert the existing Clinic into Ambulance Station	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2016	31/03/2018	4 000	0	0	0	0	1 000	2 450
3	PES	Caledon Ambulance Station	Overberg	Extension to EMS Communication Centre	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2016	4 500	0	0	1 485	3 000	25	0
4	PES	De Doorns Ambulance Station	Cape Winelands	New Ambulance Station	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2015	31/03/2017	8 000	0	0	0	3 000	4 500	500
5	PES	Du Noon Ambulance Station	City of Cape Town	New Ambulance Station	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2019	01/04/2021	0	0	0	0	0	0	0
6	PES	Dysselsdorp EMS	Eden	EMS wash bay	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2017	01/03/2018	700	0	0	0	0	0	700
7	PES	Grootbrak Ambulance Station	Eden	Extensions to newly purchased Ambulance Station	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2015	31/03/2017	3 600	0	0	0	400	3 100	100
8	PES	Haarlem Ambulance Station	Eden	New Ambulance Station	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2017	31/03/2019	8 000	0	0	0	0	0	400
9	HIG	Heidelberg Ambulance Station	Eden	New Ambulance Station	Design/tender	N/A	01/04/2011	31/08/2014	7 700	0	7 200	300	0	0	0
10	PES	Kleinmond Ambulance Station	Overberg	New Ambulance Station	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2017	31/03/2019	8 000	0	0	0	0	0	200
11	PES	Laingsburg Ambulance Station	Central Karoo	Extensions to newly purchased Ambulance Station	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2013	31/03/2015	3 000	0	100	2 800	200	0	0
12	HIG	Leeu Gamka Ambulance Station	Central Karoo	New Ambulance Station	Retention/final account	N/A	30/04/2008	30/04/2012	14 677	1 633	0	0	0	0	0
13	PES	Malmesbury Ambulance Station	West Coast	Replacement Ambulance Station and Health Net accommodation	Construction/handover	N/A	01/04/2010	31/03/2013	13 243	7 730	500	0	0	0	0
14	HRG	Mossel Bay EMS	Eden	New Ambulance Station	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2019	31/03/2021	10 000	0	0	0	0	0	0

No.	Fund Source	Facility	District	Type of Infrastructure	Current Project Stage - IRM February 2013	Current Project Stage - IGS February 2013	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2012/13 R000's	2013/14 R000's	2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's
15	PES	Murraysburg EMS	Central Karoo	EMS wash bay	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2017	31/03/2018	700	0	0	0	0	0	700
16	PES	Piketberg Ambulance Station	West Coast	New Ambulance Station	Design/tender	N/A	01/04/2010	31/03/2015	10 500	250	0	8 000	500	0	0
17	HIG	Pinelands EMS	City of Cape Town	EMS renovation	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2015	31/03/2017	30 000	0	0	0	2 000	27 000	1 000
18	PES	Prince Albert Ambulance Station	Eden	Extensions (including wash bay)	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2016	3 000	0	0	300	2 500	200	0
19	HIG	Robertson Ambulance Station	Cape Winelands	New Ambulance Station including electrical upgrading	Construction/handover	N/A	01/04/2011	31/05/2014	10 500	2 376	8 000	100	0	0	0
20	PES	Sedgefield Ambulance Station	Eden	Extensions to newly purchased Ambulance Station	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2017	31/03/2019	5 000	0	0	0	0	0	400
21	PES	Stanford EMS	Overberg	EMS wash bay	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2017	31/03/2018	800	0	0	0	0	0	800
22	PES	Tulbagh Ambulance Station	West Coast	New Ambulance Station	Retention/final account	N/A	01/04/2010	31/07/2012	6 700	2 707	50	0	0	0	0
23	PES	Uniondale Ambulance Station	Central Karoo	New Ambulance Station	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2018	31/03/2020	8 000	0	0	0	0	0	0
24	PES	Villiersdorp Ambulance Station	Overberg	New Ambulance Station	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2016	8 000	0	0	600	7 200	200	0
25	HIG	Vredendal Ambulance Station	West Coast	New Ambulance Station	Complete	N/A	30/04/2007	30/12/2011	8 500	385	0	0	0	0	0
Grand Total									185 120	15 081	15 850	13 585	18 800	36 025	9 950

Schedule 3: Sub-Programme 8.3 District Health Services

No.	Fund Source	Facility	District	Type of Infrastructure	Current Project Stage - IRM February 2013	Current Project Stage - IGS February 2013	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2012/13 R000's	2013/14 R000's	2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's
1	HIG	Atlantis Westfleur Hospital	City of Cape Town	New Emergency Centre and Paediatric Ward	Design/tender	N/A	01/04/2012	31/03/2015	14 500	500	2 500	10 500	800	0	0
2	PES	Beaufort West Hospital	Central Karoo	Extension of waiting area at EC	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2017	10 000	0	0	500	7 000	2 450	50
3	HIG	Belville: Karl Bremer Hospital	City of Cape Town	New Emergency Centre	Construction/handover	N/A	01/04/2009	28/05/2014	56 000	25 000	26 605	2 000	0	0	0
4	PES	Belville: Karl Bremer Hospital	City of Cape Town	Hospital Rehabilitation	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2016	31/03/2022	200 000	0	0	0	0	2 000	10 000
5	PES	Belville: Karl Bremer Hospital	City of Cape Town	Master plan for the rehabilitation, renovations and refurbishments (including building survey)	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2015	3 000	0	0	3 000	0	0	0
6	PES	Belville: Karl Bremer Hospital	City of Cape Town	New Bulk Store	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2016	15 000	0	0	5 000	10 000	0	0
7	HIG	Belville: Karl Bremer Hospital	City of Cape Town	OPD upgrade	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2015	31/05/2018	10 000	0	0	0	500	4 300	3 200
8	PES	Belville: Karl Bremer Hospital	City of Cape Town	Site survey	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2015	615	0	0	615	0	0	0
9	HIG	Caledon Hospital	Overberg	Upgrade - Disa ward phase 2	Construction/handover	N/A	01/04/2009	30/05/2013	13 600	10 152	2 370	0	0	0	0
10	HIG	Ceres Hospital	Cape Winefords	New EC	Retention/final account	N/A	01/04/2010	14/04/2012	13 700	1 066	100	0	0	0	0
11	HRG	George: District Hospital	Eden	New Hospital	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2020	01/03/2025	500 000	0	0	0	0	0	0
12	HRG	Heidelberg Hospital: EC	City of Cape Town	Emergency Centre Upgrade	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2013	31/03/2015	10 000	0	1 500	7 500	1 000	0	0
13	HRG	Heidelberg New Hospital	City of Cape Town	Health Technology	Envisaged	N/A	01/04/2019	31/03/2021	100 000	0	0	0	0	0	0
14	HRG	Heidelberg New Hospital	City of Cape Town	OD and OA	Envisaged	N/A	01/04/2019	31/03/2021	4 500	0	0	0	0	0	500
15	HRG	Heidelberg New Hospital	City of Cape Town	Hospital Replacement	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2015	31/03/2020	800 000	0	0	0	100	8 814	45 000
16	HIG	Hermanus Hospital	Overberg	EC, new wards, OPD and Administration	Construction/handover	N/A	01/04/2009	31/03/2013	65 400	26 352	660	0	0	0	0

No.	Fund Source	Facility	District	Type of Infrastructure	Current Project Stage - IRM February 2013	Current Project Stage - IGS February 2013	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2012/13 R000's	2013/14 R000's	2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's
17	HRG	Khayellisha Hospital	City of Cape Town	Health Technology	Complete	N/A	01/04/2007	01/04/2014	0	8 000	3 000	0	0	0	0
18	HRG	Khayellisha Hospital	City of Cape Town	OD and OA	Complete	N/A	01/04/2007	01/04/2012	0	50	0	0	0	0	0
19	HRG	Khayellisha Hospital	City of Cape Town	HT PACS/RIS project	Envisaged	N/A	01/04/2015	31/03/2015	0	0	0	4 500	0	0	0
20	HRG	Khayellisha Hospital	City of Cape Town	New 72 Hour Assessment Unit	Envisaged	Stage 1: Infrastructure Planning	01/04/2014	31/03/2017	23 000	0	0	2 000	13 431	7 569	0
21	PES	Khayellisha Hospital	City of Cape Town	CT Scan Unit	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2017	31/03/2018	5 000	0	0	0	0	0	5 000
22	HRG	Khayellisha Hospital	City of Cape Town	New Hospital and Ambulance Station	Retention/final account	N/A	01/04/2005	30/10/2011	0	8 141	100	0	0	0	0
23	HRG	Khayellisha Hospital (90)	City of Cape Town	Additional Wards (360)	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2017	31/03/2020	90 000	0	0	0	0	0	5 000
24	HIG	Knyasa Hospital	Eden	New Emergency Centre and OPD	Construction/handover	N/A	01/04/2009	31/10/2014	45 000	11 557	27 500	500	0	0	0
25	HRG	Kraaifontein Northern Hospital	City of Cape Town	Health Technology	Envisaged	N/A	01/04/2018	31/03/2020	40 000	0	0	0	0	0	0
26	HRG	Kraaifontein Northern Hospital	City of Cape Town	OD and OA	Envisaged	N/A	01/04/2018	31/03/2020	2 000	0	0	0	0	0	0
27	HRG	Kraaifontein Northern Hospital	City of Cape Town	New District Hospital	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2016	31/03/2020	400 000	0	0	0	0	5 000	25 000
28	HIG	Ladismith: Alan Blyth Hospital	Eden	Hospital Upgrades	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2017	01/03/2019	11 500	0	0	0	0	0	5 000
29	PES	Malmesbury: Swartland Hospital	West Coast	Emergency Centre Extension	Construction/handover	N/A	01/04/2010	31/03/2013	6 000	7 000	152	0	0	0	0
30	HRG	Manenberg: New GF Jooste Hospital	City of Cape Town	Hospital Replacement	Design/tender	Stage 2: Procurement Planning	01/04/2013	31/03/2018	600 000	0	5 000	29 300	120 000	270 000	160 000
31	HRG	Manenberg: New GF Jooste Hospital	City of Cape Town	Health Technology	Envisaged	N/A	01/04/2016	31/03/2018	80 000	0	0	0	0	30 000	50 000
32	HRG	Manenberg: New GF Jooste Hospital	City of Cape Town	OD and OA	Envisaged	N/A	01/04/2014	31/03/2018	2 500	0	0	500	1 000	500	1 000
33	HRG	Mitchell's Plain Hospital	City of Cape Town	New Hospital	Construction/handover	N/A	01/04/2005	18/02/2013	500 000	191 643	10 000	0	0	0	0

No.	Fund Source	Facility	District	Type of Infrastructure	Current Project Stage - IRM February 2013	Current Project Stage - IGS February 2013	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2012/13 R000's	2013/14 R000's	2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's
34	HRG	Mitchell's Plain Hospital	City of Cape Town	New District Psychiatric Evaluation Centre	Design/tender	N/A	01/12/2012	31/03/2014	22 000	0	20 200	1 500	0	0	0
35	HRG	Mitchell's Plain Hospital	City of Cape Town	HT PACS/RIS project	Envisaged	N/A	01/04/2015	31/03/2016	0	0	0	0	4 500	0	0
36	HRG	Mitchell's Plain Hospital	City of Cape Town	Health Technology	In Progress	N/A	01/04/2012	01/04/2014	80 000	51 986	21 500	0	0	0	0
37	HRG	Mitchell's Plain Hospital	City of Cape Town	OD and OA	In Progress	N/A	01/04/2008	01/03/2014	8 928	2 551	500	0	0	0	0
38	HRG	Mossel Bay New Hospital	Eden	Health Technology	Envisaged	N/A	01/04/2019	31/03/2024	80 000	0	0	0	0	0	0
39	HRG	Mossel Bay New Hospital	Eden	OD and OA	Envisaged	N/A	01/04/2019	31/03/2024	2 500	0	0	0	0	0	0
40	HRG	Mossel Bay New Hospital	Eden	Hospital Replacement	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2019	31/03/2024	400 000	0	0	0	0	0	0
41	HIG	Oudshoorn: Hospital	Eden	Hospital Renovations	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2017	31/03/2019	10 500	0	0	0	0	0	2 000
42	HRG	Retreat: New Victoria Hospital	City of Cape Town	Health Technology	Envisaged	N/A	01/04/2018	31/03/2021	115 000	0	0	0	0	0	0
43	HRG	Retreat: New Victoria Hospital	City of Cape Town	OD and OA	Envisaged	N/A	01/04/2017	31/03/2023	3 000	0	0	0	0	0	0
44	HRG	Retreat: New Victoria Hospital	City of Cape Town	Hospital Replacement	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2017	21/03/2023	800 000	0	0	0	0	0	299
45	HIG	Riversdale Hospital	Eden	Phase 3 Upgrade	Complete	N/A	30/04/2009	28/02/2012	11 138	459	50	0	0	0	0
46	HIG	Robertson Hospital	Cape Winelands	New Bulk Store	Construction/handover	N/A	01/04/2011	31/05/2014	6 700	3 181	6 000	500	0	0	0
47	HIG	Robertson Hospital	Cape Winelands	New EC, Reception and Pharmacy Phase 1	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2017	37 300	0	0	500	25 000	11 800	0
48	PES	Robertson Hospital	Cape Winelands	Phase 2 of extensions to hospital	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2017	01/04/2019	25 000	0	0	0	0	0	13 000
49	PES	Stellenbosch Hospital	Cape Winelands	Emergency Centre Upgrade	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2013	31/03/2015	12 000	0	200	11 300	500	0	0
50	HRG	Various facilities		Maintenance to various facilities to be identified	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2013	31/03/2020	220 400	0	25 600	28 000	30 000	32 214	34 848

No.	Fund Source	Facility	District	Type of Infrastructure	Current Project Stage - IRM February 2013	Current Project Stage - IGS February 2013	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2012/13 R000's	2013/14 R000's	2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's
51	HRG	Various HT projects		Health Technology	In Progress	N/A	01/04/2012	01/03/2014	53 400	14 322	47 200	7 010	0	0	0
52	HRG	Vredenburg Hospital	West Coast	Upgrading Phase 2B	Construction/handover	N/A	01/04/2007	31/10/2014	180 000	50 619	81 500	51 380	1 100	0	0
53	HRG	Vredenburg Hospital	West Coast	Health Technology	In Progress	N/A	01/04/2004	31/03/2016	22 500	500	12 172	7 000	1 000	0	0
54	HRG	Vredenburg Hospital	West Coast	OD and QA	In Progress	N/A	01/04/2004	31/03/2016	3 900	856	1 385	1 000	0	0	0
55	HRG	Vredenburg Hospital	West Coast	Upgrading Phase 2A	Retention/final account	N/A	01/04/2006	30/11/2011	0	160	0	0	0	0	0
56	HIG	Vredendal Hospital	West Coast	Hospital Renovations	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2017	31/03/2020	16 000	0	0	0	0	0	504
57	HIG	Wynberg: Victoria Hospital	City of Cape Town	New Emergency Centre	Design/tender	Stage 3: Package Preparation	01/04/2012	31/03/2015	30 000	300	2 000	26 000	1 500	0	0
Grand Total									5 761 581	414 395	297 804	200 105	217 431	374 647	360 401

Schedule 4: Sub-Programme 8.4 Provincial Hospital Services

No.	Fund Source	Facility	District	Type of Infrastructure	Current Project Stage - IRM February 2013	Current Project Stage - IGS February 2013	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2012/13 R000's	2013/14 R000's	2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's
1	HRG	Brooklyn Chest Hospital	City of Cape Town	Hospital Upgrade & Extension	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2019	31/03/2029	1 200 000	0	0	0	0	0	0
2	PES	Brooklyn Chest TB Hospital	City of Cape Town	New MDR & XDR wards	Construction/handover	N/A	01/04/2009	31/03/2013	21 500	18 000	600	0	0	0	0
3	HRG	George Hospital	Eden	Hospital Upgrade Psychiatric Ward	Design/tender	N/A	12/09/2012	31/05/2014	14 500	2 300	12 700	1 135	0	0	0
4	HRG	George Hospital	Eden	Health Technology	In Progress	N/A	01/04/2012	31/03/2014	9 600	4 100	1 000	0	0	0	0
5	HRG	George Hospital	Eden	HT PACS/IRIS project	In Progress	N/A	01/04/2013	31/03/2014	50 000	0	4 500	0	0	0	0
6	HRG	George Hospital	Eden	OD and QA	In Progress	N/A	01/04/2012	01/03/2013	1 660	674	0	0	0	0	0
7	HRG	George Hospital	Eden	Hospital Upgrade Phase 3	Retention/final account	N/A	01/04/2008	01/07/2012	90 964	10 114	2 000	0	0	0	0
8	PES	George: Harry Comay TB Hospital	Eden	Hospital upgrade Phase 1	Complete	N/A	01/04/2009	01/12/2011	4 500	394	20	0	0	0	0
9	PES	George: Harry Comay TB Hospital	Eden	Hospital renovation Phase 2	Construction/handover	N/A	01/04/2011	30/01/2013	5 700	5 567	200	0	0	0	0
10	HIG	George: Harry Comay TB Hospital	Eden	Hospital Renovation Phase 3	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2018	30/03/2020	5 000	0	0	0	0	0	0
11	PES	Green Point Somerset Hospital	City of Cape Town	72 hour assessment unit in Victoria House	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2013	31/03/2015	13 700	0	100	13 400	200	0	0
12	HIG	Green Point: Somerset Hospital	City of Cape Town	Lift Upgrade	Retention/final account	N/A	30/04/2008	30/11/2011	5 640	25	0	0	0	0	0
13	PES	Mitchell's Plain Lentegaur Western Cape Rehabilitation Centre	City of Cape Town	Relocation Orthotic & Prosthetic Centre to WCRC	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2013	30/03/2016	34 500	0	50	9 200	25 000	250	0
14	HIG	Mitchell's Plain: Lentegaur Hospital	City of Cape Town	Relocation of Lifecare Step Down Facility	Retention/final account	N/A	31/01/2011	28/02/2012	11 000	5	0	0	0	0	0
15	HRG	Observatory: Valkenberg Hospital	City of Cape Town	Health Technology	Envisaged	N/A	01/04/2014	01/03/2019	25 000	0	0	0	1 000	15 000	0

No.	Fund Source	Facility	District	Type of Infrastructure	Current Project Stage - IRM February 2013	Current Project Stage - IGS February 2013	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2012/13 R000's	2013/14 R000's	2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's
16	HRG	Observatory: Valkenberg Hospital	City of Cape Town	Acute Village (framework agreement)	Design/tender	N/A	01/04/2010	31/03/2020	450 000	0	4 000	0	12 000	58 000	170 000
17	HRG	Observatory: Valkenberg Hospital	City of Cape Town	Forensic Village (framework agreement)	Design/tender	N/A	01/04/2010	31/03/2017	321 200	11 000	9 000	130 118	145 000	15 000	0
18	HRG	Observatory: Valkenberg Hospital	City of Cape Town	Pharmacy, OPD, Werf (framework agreement)	Design/tender	N/A	01/04/2010	31/03/2023	100 000	0	1 000	0	0	28 000	8 000
19	HRG	Observatory: Valkenberg Hospital	City of Cape Town	Renovations to the existing buildings	Design/tender	N/A	01/04/2010	31/03/2016	80 000	0	10 000	35 000	28 000	5 000	0
20	HRG	Observatory: Valkenberg Hospital	City of Cape Town	Relocation of William Slater step down	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2020	30 000	0	0	0	0	0	0
21	HRG	Observatory: Valkenberg Hospital	City of Cape Town	OD and QA	In Progress	N/A	01/04/2012	01/03/2019	7 000	20	0	500	500	500	500
22	HRG	Paarl Hospital	Cape Winelands	New Psychiatric Unit - final phase	Design/tender	Stage 4: Package Definition	01/04/2011	01/03/2015	30 000	1 134	15 000	12 382	350	0	0
23	HRG	Paarl Hospital	Cape Winelands	HT PACS/IRIS project	Envisaged	N/A	01/04/2014	31/03/2015	6 000	0	1 000	4 500	0	0	0
24	HRG	Paarl Hospital	Cape Winelands	Health Technology	In Progress	N/A	01/04/2004	01/03/2014	28 882	3 700	0	0	0	0	0
25	HRG	Paarl Hospital	Cape Winelands	OD and QA	In Progress	N/A	01/04/2004	31/03/2014	1 839	830	0	500	0	0	0
26	HRG	Paarl Hospital	Cape Winelands	Hospital Revitalisation	Retention/final account	N/A	01/04/2000	23/03/2012	477 000	9 292	5 000	0	0	0	0
27	PES	Paarl: Sonstraal TB Hospital	West Coast	UV lights	Complete	N/A	01/04/2010	01/04/2012	1 682	24	0	0	0	0	0
28	HIG	Paarl: Sonstraal TB Hospital	West Coast	Hospital renovation	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2016	31/03/2019	17 000	0	0	0	0	1 700	5 000
29	HIG	Stikland Hospital	City of Cape Town	OPD, sport field and swimming pool renovations	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2018	31/03/2020	15 000	0	0	0	0	0	0
30	HRG	Various HT projects		Health Technology	In Progress	N/A	01/04/2012	01/03/2013	0	511	10 000	0	0	0	0
31	HRG	Worcester Hospital	Cape Winelands	HT PACS/IRIS project	Envisaged	N/A	01/04/2013	31/03/2015	0	0	0	4 500	0	0	0
32	HRG	Worcester Hospital	Cape Winelands	Health Technology	In Progress	N/A	01/04/2004	31/03/2014	5 100	2 100	2 000	0	0	0	0

No.	Fund Source	Facility	District	Type of Infrastructure	Current Project Stage - IRM February 2013	Current Project Stage - IGS February 2013	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2012/13 R000's	2013/14 R000's	2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's
33	HRG	Worcester Hospital	Cape Winelands	OD and QA	In Progress	N/A	01/04/2004	01/03/2015	2 400	827	982	0	0	0	0
34	HRG	Worcester Hospital Phase 3	Cape Winelands	Hospital Upgrade Phase 3	Complete	N/A	01/04/2002	15/12/2008	0	800	0	0	0	0	0
35	HRG	Worcester Hospital Phase 4	Cape Winelands	Hospital Upgrade Phase 4	Retention/final account	N/A	01/04/2008	30/11/2012	55 800	17 686	200	0	0	0	0
36	HRG	Worcester Hospital Phase 5	Cape Winelands	Hospital Upgrade Phase 5	Design/tender	Stage 1: Infrastructure Planning	01/04/2012	31/03/2015	32 000	1 000	9 160	19 840	1 000	0	0
Grand Total									3 154 117	90 123	88 512	231 075	213 050	123 450	183 500

Schedule 5: Sub-Programme 8.5 Central Hospital Services

No.	Fund Source	Facility	District	Type of Infrastructure	Current Project Stage - IRM February 2013	Current Project Stage - IGS February 2013	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2012/13 R000's	2013/14 R000's	2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's
1	PES	Belville: Tygerberg Hospital	City of Cape Town	Emergency Centre Renovations	Construction/handover	N/A	01/04/2009	31/05/2013	10 000	6 732	2 878	347	0	0	0
2	HRG	Belville: Tygerberg Hospital	City of Cape Town	OD and QA	Envisaged	N/A	01/04/2010	31/03/2025	1 820	1 820	2 407	2 354	2 580	2 800	3 000
3	HIG	Belville: Tygerberg Hospital	City of Cape Town	Medical ICU and Pulmonology Isolation A5 Upgrade	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2016	3 240	0	0	1 396	1 844	0	0
4	HRG	Belville: Tygerberg Hospital	City of Cape Town	Health Technology	In Progress	N/A	01/04/2010	31/03/2025	500	180	20	20	20	20	20
5	HRG	Belville: Tygerberg Hospital	City of Cape Town	Hospital Replacement (PPP)	In Progress	Stage 1: Infrastructure Planning	01/04/2012	31/03/2020	3 500 000	6 880	33 640	8 500	14 160	2 000	2 000
6	PES	Observatory: Groote Schuur Hospital	City of Cape Town	Pharmacy Renovations	Complete	N/A	01/04/2008	01/12/2011	10 882	291	0	0	0	0	0
7	PES	Observatory: Groote Schuur Hospital	City of Cape Town	New Linear Accelerator Installation	Construction/handover	N/A	01/04/2012	01/03/2013	0	2 000	0	0	0	0	0
8	HIG	Observatory: Groote Schuur Hospital	City of Cape Town	Upgrade of the Emergency Centre	Design/tender	N/A	01/04/2012	31/03/2016	45 000	250	1 500	25 000	18 000	500	0
9	HRG	Observatory: Groote Schuur Hospital	City of Cape Town	Health Technology	Envisaged	N/A	01/04/2015	31/03/2020	27 000	0	0	0	1 000	5 000	5 000
10	HIG	Observatory: Groote Schuur Hospital	City of Cape Town	HT for the upgraded EC	Envisaged	N/A	01/04/2015	31/03/2016	14 000	0	0	0	14 000	0	0

No.	Fund Source	Facility	District	Type of Infrastructure	Current Project Stage - IRM February 2013	Current Project Stage -IGS February 2013	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2012/13 R000's	2013/14 R000's	2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's
11	HRG	Observatory: Groote Schuur Hospital	City of Cape Town	OD and OA	Envisaged	N/A	01/04/2016	31/03/2020	2 500	0	0	0	0	0	500
12	HRG	Observatory: Groote Schuur Hospital	City of Cape Town	Steam conversion to heat pumps	Envisaged	Stage 1: Infrastructure Planning	01/04/2014	31/03/2017	20 000	0	0	3 000	8 000	7 000	0
13	HRG	Observatory: Groote Schuur Hospital	City of Cape Town	E-floor upgrading	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2016	01/03/2018	8 000	0	0	0	0	500	7 500
14	HRG	Observatory: Groote Schuur Hospital	City of Cape Town	Master plan	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2013	31/03/2014	5 000	0	2 000	0	0	0	0
15	HRG	Observatory: Groote Schuur Hospital	City of Cape Town	OPD K Floor Refurbishment	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2015	31/05/2018	10 000	0	0	0	500	4 500	4 000
16	PES	Observatory: Groote Schuur Hospital	City of Cape Town	NMB fire detection Phase 2	Retention/final account	N/A	01/04/2009	01/06/2012	5 000	590	50	0	0	0	0
17	Donation to Red Cross	Rondebosch: Red Cross Children's Hospital	City of Cape Town	Ward Upgrade	Complete	N/A			0	0	0	0	0	0	0
18	Donation to Red Cross	Rondebosch: Red Cross Children's Hospital	City of Cape Town	Radiology & ICU Upgrade and Extension (in partnership with the Trust)	Design/tender	N/A	01/04/2013	01/03/2015	48 000	0	12 000	11 000	0	0	0
19	PES	Rondebosch: Red Cross Children's Hospital	City of Cape Town	EC upgrades and additions	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2013	31/03/2016	20 000	0	50	10 450	9 500	0	0
20	PES	Rondebosch: Red Cross Children's Hospital	City of Cape Town	New Store	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2015	31/03/2017	10 000	0	0	0	500	9 000	500
21	Donation to Red Cross	Rondebosch: Red Cross Children's Hospital	City of Cape Town	Project in Partnership with HCT	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2017	31/03/2018	15 000	0	0	0	0	0	15 000
22	HIG	To be identified		Maintenance to various facilities to be identified	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2013	31/03/2020	120 286	0	10 000	12 000	15 000	18 228	20 000
23	HRG	Various HT projects		Health Technology	In Progress	N/A	01/04/2012	01/03/2013	0	2 500	14 000	0	0	0	0
Grand Total									3 876 228	21 243	78 545	74 067	85 104	49 548	57 520

Schedule 6: Sub-Programme 8.6 Other Facilities

No.	Fund Source	Facility	District	Type of Infrastructure	Current Project Stage - IRM February 2013	Current Project Stage -IGS February 2013	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2012/13 R000's	2013/14 R000's	2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's
1	NCG	Athlone: Western Cape College of Nursing	City of Cape Town	Security upgrading	Construction/handover	N/A	01/04/2012	31/03/2013	2 674	2 300	133	0	0	0	0
2	NCG	Athlone: Western Cape College of Nursing	City of Cape Town	To convert garages into workshop	Design/tender	N/A	01/04/2012	31/03/2013	1 576	1 530	50	0	0	0	0
3	NCG	Athlone: Western Cape College of Nursing	City of Cape Town	Master plan etc.	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2016	31/03/2019	70 000	0	0	0	0	1 672	18 569
4	HIG	Beaufort West Forensic Pathology Lab	Central Karoo	New FPL	Retention/final account	N/A	01/04/2009	01/03/2012	11 461	995	50	0	0	0	0
5	PES	Bellville: Cape Medical Depot	City of Cape Town	New Cape Medical Depot	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2016	31/03/2020	105 000	0	0	0	0	500	27 000
6	HIG	Bellville: Tygerberg FPS	City of Cape Town	Forensic Laboratory: Renovation to refrigeration, dissection and accommodation	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2017	31/03/2020	36 000	0	0	0	0	0	500
7	NCG	George: Eden Nurse College	Eden	Replacement Training College	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2017	22 000	0	0	6 250	13 100	3 750	0
8	NCG	George: Eden Nurse College	Eden	Upgrade nurse hostel (York Hostels)	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2013	31/12/2015	10 000	0	400	2 000	2 500	0	0
9	HRG	Infrastructure Unit	City of Cape Town	Head Office	In Progress	N/A	01/04/2012	31/03/2020	92 617	7 559	16 000	17 040	18 148	19 327	20 583
10	PES	Khayelisha: office accommodation	City of Cape Town	Sub-district office	Retention/final account	N/A	01/04/2011	01/06/2012	5 000	4 734	0	0	0	0	0
11	PES	Knyesa FPL	Eden	FPL Replacement	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2014	31/03/2016	14 000	0	0	1 000	12 000	1 000	0
12	PES	Laingsburg FPL	Central Karoo	Replacement FPL	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2013	31/03/2015	8 000	0	100	7 700	200	0	0
13	HRG	Mitchell's Plain: Lentegeur Regional Laundry	City of Cape Town	Health Technology	Complete	N/A	01/04/2012	31/03/2013	41 000	41 264	500	0	0	0	0
14	HRG	Mitchell's Plain: Lentegeur Regional Laundry	City of Cape Town	OD and OA	Complete	N/A	01/04/2012	31/03/2013	0	817	200	0	0	0	0
15	HRG	Mitchell's Plain: Lentegeur Regional Laundry	City of Cape Town	Regional Laundry Upgrade & Extension	Construction/handover	N/A	01/04/2011	31/03/2013	45 107	44 107	5 332	0	0	0	0

No.	Fund Source	Facility	District	Type of Infrastructure	Current Project Stage - IRM February 2013	Current Project Stage - ICS February 2013	Start Date	Completion Date	Total Project Cost (at Completion) R000's	Adjusted 2012/13 R000's	2013/14 R000's	2014/15 R000's	2015/16 R000's	2016/17 R000's	2017/18 R000's
16	HRG	Mossel Bay FPL	Eden	New Forensic Pathology Laboratory	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2019	31/03/2021	15 000	0	0	0	0	0	0
17	NCG	Nursing Colleges: Various facilities equipment		Teaching and Office Equipment	In Progress (various sites)	N/A	01/08/2012	31/03/2013	3 400	3 400	0	0	0	0	0
18	HIG	Observatory: Groote Schuur Hospital (FPI)	City of Cape Town	FPL Replacement	Design/tender	N/A	30/04/2012	31/03/2012	900	900	0	0	0	0	0
19	HRG	Observatory: Groote Schuur Hospital (FPI)	City of Cape Town	FPL Replacement	Design/tender	Stage 4: Package Definition	01/04/2012	31/12/2016	110 000	0	9 000	45 000	53 000	1 000	0
20	HIG	Riversdale FPS	Eden	New Forensic Pathology Laboratory	Design/tender	N/A	01/04/2011	30/06/2014	8 500	0	6 000	1 500	0	0	0
21	PES	Stellenbosch FPL	Cape Winelands	Replacement FPL	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2017	31/03/2020	15 000	0	0	0	0	0	400
22	NCG	Sikiland Nurse College	City of Cape Town	College renovations	Design/tender	N/A	01/04/2012	31/07/2014	2 250	500	2 000	0	0	0	0
23	NCG	Sikiland Nurse College	City of Cape Town	AC in Auditorium	Retention/final account	N/A	01/04/2012	30/11/2012	500	500	20	0	0	0	0
24	NCG	Various facilities		Maintenance to various facilities to be identified	Identified/feasibility	Stage 1: Infrastructure Planning			0	0	0	0	0	2 000	5 407
25	HRG	Various HT projects		Health Technology	In Progress	N/A	01/04/2012	01/03/2013	0	276	5 500	0	0	0	0
26	PES	Vredenburg FPL	West Coast	New Forensic Pathology Laboratory	Identified/feasibility	Stage 1: Infrastructure Planning	01/04/2015	31/03/2017	15 000	0	0	0	500	13 000	975
27	NCG	Worcester: Boland Nurse College	Cape Winelands	Additional Nurses accommodation at the Erica site	Design/tender	N/A	01/04/2012	31/03/2015	9 800	500	7 000	2 000	0	0	0
28	NCG	Worcester: Boland Nurse College	Cape Winelands	Erica Hostel upgrades	Design/tender	N/A	01/04/2012	31/08/2014	9 000	900	3 000	5 000	0	0	0
29	NCG	Worcester: Boland Nurse College	Cape Winelands	Training facility at Keerom including fence	Design/tender	N/A	01/04/2012	31/03/2017	24 000	690	361	3 000	5 202	15 500	0
30	NCG	Worcester: Boland Nurse College	Cape Winelands	Erica Hostel maintenance	Identified/feasibility	N/A	01/04/2013	31/03/2015	4 812	0	1 000	2 700	1 112	0	0
Grand Total									684 597	110 972	56 646	93 190	105 762	57 749	73 434

PART C

LINKS TO OTHER PLANS

PART C: LINKS TO OTHER PLANS

1. LINKS TO THE LONG-TERM INFRASTRUCTURE AND OTHER CAPITAL

Table C1: New and replacement assets

No.	Sub-programme	District	Geographic Service Area (GSA)	Outputs	Type of Infrastructure	Outcome			Main appropriation 2013/14 R000's	Medium term estimates		
						2010/11 R000's	2011/12 R000's	2012/13 R000's		2014/15 R000's	2015/16 R000's	2016/17 R000's
1	8.6	Central Karoo	Eden / Central Karoo	Beaufort West Forensic Pathology Lab	New FPL	1 198	9 268	995	50	0	0	0
2	8.1	Central Karoo	Eden / Central Karoo	Beaufort West: Hill Side Clinic	Replacement Clinic	0	0	300	2 500	12 000	1 000	0
3	8.6	City of Cape Town	Metro West	Belville: Cape Medical Depot	New Cape Medical Depot	0	0	0	0	0	0	500
4	8.5	City of Cape Town	Metro East	Belville: Tygerberg Hospital	Health Technology	0	0	180	20	20	20	20
5	8.5	City of Cape Town	Metro East	Belville: Tygerberg Hospital	Hospital Replacement (PPP)	0	0	6 880	33 640	8 500	14 160	2 000
6	8.5	City of Cape Town	Metro East	Belville: Tygerberg Hospital	OD and QA	0	172	1 820	2 407	2 354	2 580	2 800
7	8.1	Cape Winelands	Wineands / Overberg	Bonneville Clinic	Clinic Replacement	0	0	0	0	700	10 000	4 300
8	8.1	Cape Winelands	Wineands / Overberg	Ceres CDC	New Community Day Centre	0	0	0	0	0	0	100
9	8.3	Cape Winelands	Wineands / Overberg	Ceres Hospital	New EC	1 697	10 539	1 066	100	0	0	0
10	8.1	Cape Winelands	Wineands / Overberg	Ceres: Op die berg Clinic	Clinic Extension	0	0	0	0	0	0	0
11	8.2	Cape Winelands	Wineands / Overberg	De Doorns Ambulance Station	New Ambulance Station	0	0	0	0	0	0	4 500
12	8.1	City of Cape Town	Metro East	Delft Symphony Way CDC	New Community Day Centre	0	1 142	5 483	30 800	5 000	0	0
13	8.1	City of Cape Town	Metro West	District Six CDC	CDC Replacement	0	1 581	2 200	15 000	45 434	5 000	0
14	8.2	City of Cape Town	Metro West	Du Noon Ambulance Station	New Ambulance Station	0	0	0	0	0	0	0
15	8.1	City of Cape Town	Metro West	Du Noon CHC	New Community Health Centre	725	3 107	9 345	47 550	5 500	0	0
16	8.1	City of Cape Town	Metro West	Du Noon Clinic	Replacement Clinic	0	0	6 000	50	0	0	0
17	8.1	City of Cape Town	Metro East	Elsies River CHC	CHC Replacement	0	0	0	0	0	250	8 200
18	8.1	Eden	Eden / Central Karoo	George Conville CDC	CDC Replacement	0	0	0	0	0	0	0
19	8.3	Eden	Eden / Central Karoo	George District Hospital	New Hospital	0	0	0	0	0	0	0
20	8.1	Eden	Eden / Central Karoo	George: Centrum CDC	CDC Replacement	0	0	0	0	0	0	18 500
21	8.6	Eden	Eden / Central Karoo	George: Eden Nurse College	Replacement: Training College	0	0	0	0	6 250	13 100	3 750
22	8.1	Eden	Eden / Central Karoo	George: Parkdene/Lawaakamp Clinic	Clinic Replacement	0	0	0	0	0	0	0
23	8.1	Eden	Eden / Central Karoo	George: Rosemore Clinic	Clinic Replacement	0	0	0	0	0	0	1 000

No.	Sub-programme	District	Geographic Service Area (GSA)	Outputs	Type of Infrastructure	Outcome			Main appropriation 2013/14 R000's	Medium term estimates		
						2010/11 R000's	2011/12 R000's	2012/13 R000's		2014/15 R000's	2015/16 R000's	2016/17 R000's
24	8.1	City of Cape Town	Metro East	Goodwood: Ruytenwacht CDC	New Community Day Centre	0	46	10 000	1 000	0	0	0
25	8.1	Cape Winelands	Winelands / Overberg	Gouda Clinic	Clinic Replacement	0	0	0	0	0	0	3 000
26	8.1	City of Cape Town	Metro West	Grassy Park Clinic	New Clinic	9 507	10 431	89	0	0	0	0
27	8.1	City of Cape Town	Metro West	Gugulethu CHC	CHC Replacement	0	0	0	0	500	9 000	30 827
28	8.2	Eden	Eden / Central Karoo	Haarlem Ambulance Station	New Ambulance Station	0	0	0	0	0	0	0
29	8.2	Eden	Eden / Central Karoo	Heidelberg Ambulance Station	New Ambulance Station	0	636	0	7 200	300	0	0
30	8.3	City of Cape Town	Metro East	Heiderberg New Hospital	Health Technology	0	0	0	0	0	0	0
31	8.3	City of Cape Town	Metro East	Heiderberg New Hospital	Hospital Replacement	0	0	0	0	0	100	8 814
32	8.3	City of Cape Town	Metro East	Heiderberg New Hospital	OD and QA	0	0	0	0	0	0	0
33	8.1	Overberg	Winelands / Overberg	Hermanus CDC	New Community Day Centre	0	0	0	29 000	3 450	0	0
34	8.1	City of Cape Town	Metro West	Hout Bay CDC	CDC Replacement	0	0	0	50	500	9 500	34 000
35	8.3	City of Cape Town	Metro East	Khayelitsha Hospital	Health Technology	203	51 651	8 000	3 000	0	0	0
36	8.3	City of Cape Town	Metro East	Khayelitsha Hospital	HT PACS/IRIS project	0	0	0	0	4 500	0	0
37	8.3	City of Cape Town	Metro East	Khayelitsha Hospital	New Hospital and Ambulance Station	245 292	125 259	8 141	100	0	0	0
38	8.3	City of Cape Town	Metro East	Khayelitsha Hospital	OD and QA	4 234	3 523	50	0	0	0	0
39	8.3	City of Cape Town	Metro East	Khayelitsha Hospital (90)	Additional Wards (660)	0	0	0	0	0	0	0
40	8.6	City of Cape Town	Metro East	Khayelitsha office accommodation	Sub-district office	1 879	48	4 734	0	0	0	0
41	8.2	Overberg	Winelands / Overberg	Kleinmond Ambulance Station	New Ambulance Station	0	0	0	0	0	0	0
42	8.1	City of Cape Town	Metro West	Klipfontein: Barcelona CDC	CDC Replacement	0	0	0	0	0	0	0
43	8.6	Eden	Eden / Central Karoo	Knysna FPL	FPL Replacement	0	0	0	0	1 000	12 000	1 000
44	8.1	Eden	Eden / Central Karoo	Knysna new CDC (Witlokae)	New Community Day Centre	1 010	1 525	27 381	600	0	0	0
45	8.3	City of Cape Town	Metro East	Kraaifontein: Northern Hospital	Health Technology	0	0	0	0	0	0	0
46	8.3	City of Cape Town	Metro East	Kraaifontein: Northern Hospital	New District Hospital	0	0	0	0	0	0	5 000
47	8.3	City of Cape Town	Metro East	Kraaifontein: Northern Hospital	OD and QA	0	0	0	0	0	0	0
48	8.1	Eden	Eden / Central Karoo	Ladysmith Clinic	Replacement Clinic	0	0	0	0	0	0	1 000
49	8.6	Central Karoo	Eden / Central Karoo	Laingsburg FPL	Replacement FPL	0	0	0	100	7 700	200	0
50	8.2	Central Karoo	Eden / Central Karoo	Leeu Gamka Ambulance Station	New Ambulance Station	2 806	10 270	1 633	0	0	0	0
51	8.2	West Coast	West Coast	Malmesbury Ambulance Station	Replacement Ambulance Station and Health Net accommodation	524	3 566	7 730	500	0	0	0

No.	Sub-programme	District	Geographic Service Area (GSA)	Outputs	Type of Infrastructure	Outcome			Main appropriation	Medium term estimates		
						2010/11 R000's	2011/12 R000's	2012/13 R000's		2013/14 R000's	2014/15 R000's	2015/16 R000's
52	8.1	West Coast	West Coast	Malmesbury: Wesbank CDC	New Community Health Centre	8 967	16 048	3 050	1 000	0	0	0
53	8.1	City of Cape Town	Metro West	Manenberg: GF Jooste Hospital - Temporary EC at Kipfontein Hub (Heideveld CHC)	Enabling work for the GF Jooste Hospital Project: New Emergency Centre at the Heideveld CHC	0	0	1 000	35 000	5 500	200	0
54	8.3	City of Cape Town	Metro West	Manenberg: New GF Jooste Hospital	Health Technology	0	0	0	0	0	0	30 000
55	8.3	City of Cape Town	Metro West	Manenberg: New GF Jooste Hospital	Hospital Replacement	0	0	0	5 000	29 300	120 000	270 000
56	8.3	City of Cape Town	Metro West	Manenberg: New GF Jooste Hospital	OD and QA	0	0	0	0	500	1 000	500
57	8.3	City of Cape Town	Metro West	Mitchell's Plain Hospital	Health Technology	0	0	51 986	21 500	0	0	0
58	8.3	City of Cape Town	Metro West	Mitchell's Plain Hospital	HT PACS/IRS project	0	0	0	0	0	4 500	0
59	8.3	City of Cape Town	Metro West	Mitchell's Plain Hospital	New District Psychiatric Evaluation Centre	0	0	0	20 200	1 500	0	0
60	8.3	City of Cape Town	Metro West	Mitchell's Plain Hospital	New Hospital	111 749	140 426	191 643	10 000	0	0	0
61	8.3	City of Cape Town	Metro West	Mitchell's Plain Hospital	OD and QA	2 772	3 490	2 551	500	0	0	0
62	8.4	City of Cape Town	Metro West	Mitchell's Plain Lentegeur: Western Cape Rehabilitation Centre	Relocation Orthotic & Prosthetic Centre to WCRC	0	0	0	50	9 200	25 000	250
63	8.1	City of Cape Town	Metro West	Mitchell's Plain: Weltevreden CDC	New CDC	0	0	0	0	0	0	1 000
64	8.2	Eden	Eden / Central Karoo	Mossel Bay EMS	New Ambulance Station	0	0	0	0	0	0	0
65	8.6	Eden	Eden / Central Karoo	Mossel Bay FPL	New Forensic Pathology Laboratory	0	0	0	0	0	0	0
66	8.3	Eden	Eden / Central Karoo	Mossel Bay New Hospital	Health Technology	0	0	0	0	0	0	0
67	8.3	Eden	Eden / Central Karoo	Mossel Bay New Hospital	Hospital Replacement	0	0	0	0	0	0	0
68	8.3	Eden	Eden / Central Karoo	Mossel Bay New Hospital	OD and QA	0	0	0	0	0	0	0
69	8.1	Overberg	Wineyards / Overberg	Napier Clinic	Clinic Replacement	0	0	200	1 000	8 400	230	0
70	8.6	(blank)	(blank)	Nursing Colleges: Various facilities equipment	Teaching and Office Equipment	0	0	3 400	0	0	0	0
71	8.6	City of Cape Town	Metro West	Observatory: Groote Schuur Hospital (FPI)	FPL Replacement	0	0	900	9 000	45 000	53 000	1 000
72	8.4	City of Cape Town	Metro West	Observatory: Valkenberg Hospital	Acute Village (framework agreement)	0	0	0	4 000	0	12 000	58 000
73	8.4	City of Cape Town	Metro West	Observatory: Valkenberg Hospital	Forensic Village (framework agreement)	0	0	11 000	9 000	130 118	145 000	15 000
74	8.4	City of Cape Town	Metro West	Observatory: Valkenberg Hospital	Pharmacy, OPD, Werf (framework agreement)	0	0	0	1 000	0	0	28 000
75	8.4	City of Cape Town	Metro West	Observatory: Valkenberg Hospital	Relocation of William Slater step down	0	0	0	0	0	0	0
76	8.1	Eden	Eden / Central Karoo	Oudtshoorn: Oudtshoorn New Clinic	New Clinic	0	0	0	0	0	0	0
77	8.1	Eden	Eden / Central Karoo	Oudtshoorn: Touwsranen Clinic	Replacement Clinic	0	0	0	0	0	0	0

No.	Sub-programme	District	Geographic Service Area (GSA)	Outputs	Type of Infrastructure	Outcome			Main appropriation 2013/14 R000's	Medium term estimates		
						2010/11 R000's	2011/12 R000's	2012/13 R000's		2014/15 R000's	2015/16 R000's	2016/17 R000's
78	8.4	Cape Winelands	West Coast	Paarl Hospital	New Psychiatric Unit - final phase	0	0	1 134	15 000	12 382	350	0
79	8.1	Cape Winelands	West Coast	Paarl: Mbekweni Clinic	Clinic Replacement	0	0	0	0	0	0	500
80	8.2	West Coast	West Coast	Pikeberg Ambulance Station	New Ambulance Station	91	673	250	0	8 000	500	0
81	8.1	Cape Winelands	Wineilands / Overberg	Prince Alfred Hamlet Clinic	Clinic Replacement	0	0	305	1 600	13 000	775	0
82	8.1	City of Cape Town	Metro East	Ravensmead CDC	CDC Replacement	0	0	0	0	0	0	1 000
83	8.1	Cape Winelands	Wineilands / Overberg	Rawsonville Clinic	Clinic Replacement	0	95	1 000	9 000	4 000	0	0
84	8.6	Eden	Eden / Central Karoo	Riversdale FPS	New Forensic Pathology Laboratory	9	107	0	6 000	1 500	0	0
85	8.2	Cape Winelands	Wineilands / Overberg	Robertson Ambulance Station	New Ambulance Station including electrical upgrading	0	0	2 376	8 000	100	0	0
86	8.3	Cape Winelands	Wineilands / Overberg	Robertson Hospital	New Bulk Store	0	31	3 181	6 000	500	0	0
87	8.1	Cape Winelands	Wineilands / Overberg	Robertson: Nkubela Clinic	Clinic Replacement	0	0	0	0	0	0	0
88	8.5	City of Cape Town	Metro West	Rondebosch: Red Cross Children's Hospital	New Store	0	0	0	0	0	500	9 000
89	8.1	West Coast	West Coast	Saldanha: Diazville Clinic	New Clinic	0	0	0	0	0	0	500
90	8.1	Eden	Eden / Central Karoo	Sedgefield Clinic	Clinic Replacement	0	0	0	0	0	500	14 000
91	8.6	Cape Winelands	West Coast	Stellenbosch FPL	Replacement FPL	0	0	0	0	0	0	0
92	8.1	City of Cape Town	Metro East	Strand Nonzamo: Asanda Clinic	New Clinic	0	297	0	50	0	0	0
93	8.1			To be identified	Health Technology (to various projects to be identified)	0	0	0	3 000	3 000	0	10 000
94	8.2	West Coast	West Coast	Tulbagh Ambulance Station	New Ambulance Station	500	3 538	2 707	50	0	0	0
95	8.2	Central Karoo	Eden / Central Karoo	Uniondale Ambulance Station	New Ambulance Station	0	0	0	0	0	0	0
96	8.2	Overberg	Wineilands / Overberg	Villiersdorp Ambulance Station	New Ambulance Station	0	0	0	0	600	7 200	200
97	8.1	Overberg	Wineilands / Overberg	Villiersdorp Clinic	Replacement Clinic	0	0	0	0	0	2 000	12 405
98	8.1	West Coast	West Coast	Vredenburg CDC	New Community Day Centre	0	0	0	0	750	20 000	23 000
99	8.2	West Coast	West Coast	Vredendal Ambulance Station	New Ambulance Station	2 507	5 717	385	0	0	0	0
100	8.1	West Coast	West Coast	Vredendal CDC	CDC Replacement	0	0	0	0	0	8 950	15 695
101	8.1	Cape Winelands	Wineilands / Overberg	Wolseley Clinic	New Clinic	0	47	342	2 003	11 875	380	0
102	8.1	Cape Winelands	Wineilands / Overberg	Worcester: Avian Park Clinic	New Clinic	0	0	0	0	200	7 900	9 000
103	8.6	Cape Winelands	Wineilands / Overberg	Worcester: Boland Nurse College	Additional Nurses accommodation at the Erica site	0	0	500	7 000	2 000	0	0
Grand Total						395 670	403 233	379 937	348 620	391 133	490 145	628 361

Table C2: Rehabilitations, renovations and refurbishments

No.	Sub-programme	District	Geographic Service Area (GSA)	Outputs	Type of infrastructure	Outcome			Main appropriation 2013/14 R000's	Medium term estimates		
						2010/11 R000's	2011/12 R000's	2012/13 R000's		2014/15 R000's	2015/16 R000's	2016/17 R000's
1	8.6	City of Cape Town	Metro West	Athlone: Western Cape College of Nursing	Master plan etc.	0	0	0	0	0	0	1 672
2	8.6	City of Cape Town	Metro West	Athlone: Western Cape College of Nursing	To convert garages into workshop	0	0	1 530	50	0	0	0
3	8.3	City of Cape Town	Metro West	Belville: Karl Bremer Hospital	Hospital Rehabilitation	0	0	0	0	0	0	2 000
4	8.3	City of Cape Town	Metro West	Belville: Karl Bremer Hospital	Master plan for the rehabilitation, renovations and refurbishments (including building survey)	0	0	0	0	0	3 000	0
5	8.3	City of Cape Town	Metro West	Belville: Karl Bremer Hospital	Site survey	0	0	0	0	0	615	0
6	8.6	City of Cape Town	Metro East	Belville: Tygerberg FPS	Forensic Laboratory: Renovation to refrigeration, dissection and accommodation	0	0	0	0	0	0	0
7	8.5	City of Cape Town	Metro East	Belville: Tygerberg Hospital	Emergency Centre Renovations	1 067	680	6 732	2 878	347	0	0
8	8.5	City of Cape Town	Metro East	Belville: Tygerberg Hospital	Medical ICU and Pulmonology/ Isolation A5 Upgrade	0	0	0	0	1 396	1 844	0
9	8.2	Cape Winelands	Winelands / Overberg	Bonnievale Ambulance Station	Convert the existing Clinic into Ambulance Station	0	0	0	0	0	0	1 000
10	8.4	City of Cape Town	Metro West	Brooklyn Chest Hospital	Hospital Upgrade & Extension	0	0	0	0	0	0	0
11	8.1	Overberg	Winelands / Overberg	Caledon Clinic	Clinic Renovations	0	0	0	0	0	0	100
12	8.4	Eden	Eden / Central Karoo	George Hospital	Health Technology	11 277	5 224	4 100	1 000	0	0	0
13	8.4	Eden	Eden / Central Karoo	George Hospital	Hospital Upgrade Phase 3	24 715	29 179	10 114	2 000	0	0	0
14	8.4	Eden	Eden / Central Karoo	George Hospital	Hospital Upgrade Psychiatric Ward	2 948	1 894	2 300	12 700	1 135	0	0
15	8.4	Eden	Eden / Central Karoo	George Hospital	HT PACS/RIS project	0	0	0	4 500	0	0	0
16	8.4	Eden	Eden / Central Karoo	George Hospital	OD and OA	0	0	674	0	0	0	0
17	8.6	Eden	Eden / Central Karoo	George: Eden Nurse College	Upgrade nurse hostel (York Hostel)	0	0	0	400	2 000	2 500	0
18	8.4	Eden	Eden / Central Karoo	George: Harry Conay TB Hospital	Hospital renovation Phase 2	0	11	5 587	200	0	0	0
19	8.4	Eden	Eden / Central Karoo	George: Harry Conay TB Hospital	Hospital Renovation Phase 3	0	0	0	0	0	0	0
20	8.1	Eden	Eden / Central Karoo	George: Tembaletu CDC	CDC Renovations	0	0	0	978	6 000	20 000	1 000
21	8.4	City of Cape Town	Metro West	Green Point: Somerset Hospital	72 hour assessment unit in Victoria House	0	0	0	100	13 400	200	0
22	8.1	City of Cape Town	Metro West	Hanover Park CDC	CDC Renovations	0	0	0	0	500	8 000	35 000
23	8.3	City of Cape Town	Metro East	Heidelberg Hospital: EC	Emergency Centre Upgrade	0	0	0	1 500	7 500	1 000	0
24	8.6	City of Cape Town	(blank)	Infrastructure Unit	Head Office	0	0	7 559	16 000	17 040	18 148	19 327
25	8.3	Eden	Eden / Central Karoo	Ladismith: Alan Blyth Hospital	Hospital Upgrades	0	0	0	0	0	0	0
26	8.1	Central Karoo	Eden / Central Karoo	Leeu Gamka Clinic	Clinic Renovations	0	0	0	0	0	0	0

No.	Sub-programme	District	Geographic Service Area (GSA)	Outputs	Type of Infrastructure	Outcome			Main appropriation 2013/14 R000's	Medium term estimates		
						2010/11 R000's	2011/12 R000's	2012/13 R000's		2014/15 R000's	2015/16 R000's	2016/17 R000's
27	8.1	City of Cape Town	Metro West	Maitland CDC	CDC Renovations	0	0	0	0	0	0	0
28	8.1	Eden	Eden / Central Karoo	Mossel Bay: Alma CDC	CDC Replacement	0	0	0	0	0	0	0
29	8.5	City of Cape Town	Metro West	Observatory: Groote Schuur Hospital	Health Technology	0	0	0	0	1 000	5 000	0
30	8.5	City of Cape Town	Metro West	Observatory: Groote Schuur Hospital	HT for the upgraded EC	0	0	0	0	14 000	0	0
31	8.5	City of Cape Town	Metro West	Observatory: Groote Schuur Hospital	Master plan	0	0	0	2 000	0	0	0
32	8.5	City of Cape Town	Metro West	Observatory: Groote Schuur Hospital	OD and QA	0	0	0	0	0	0	0
33	8.5	City of Cape Town	Metro West	Observatory: Groote Schuur Hospital	Pharmacy/Renovations	1 745	6 996	291	0	0	0	0
34	8.5	City of Cape Town	Metro West	Observatory: Groote Schuur Hospital	Steam conversion to heat pumps	0	0	0	0	3 000	8 000	7 000
35	8.5	City of Cape Town	Metro West	Observatory: Groote Schuur Hospital	Upgrade of the Emergency Centre	0	0	250	1 500	25 000	18 000	500
36	8.4	City of Cape Town	Metro West	Observatory: Valkenberg Hospital	Health Technology	0	0	0	0	0	1 000	15 000
37	8.4	City of Cape Town	Metro West	Observatory: Valkenberg Hospital	OD and QA	0	0	20	0	500	500	500
38	8.4	City of Cape Town	Metro West	Observatory: Valkenberg Hospital	Renovations to the existing buildings	0	0	0	10 000	35 000	28 000	5 000
39	8.3	Eden	Eden / Central Karoo	Oudshoorn: Hospital	Hospital Renovations	0	0	0	0	0	0	0
40	8.4	Cape Wineands	West Coast	Paarl Hospital	Health Technology	25 547	7 282	3 700	0	0	0	0
41	8.4	Cape Wineands	West Coast	Paarl Hospital	Hospital Revitalisation	88 322	34 525	9 292	5 000	0	0	0
42	8.4	Cape Wineands	West Coast	Paarl Hospital	HT PACS/IRIS project	0	0	0	1 000	4 500	0	0
43	8.4	Cape Wineands	West Coast	Paarl Hospital	OD and QA	3 267	2 031	830	0	500	0	0
44	8.4	West Coast	West Coast	Paarl: Sonstraal TB Hospital	Hospital renovation	0	0	0	0	0	0	1 700
45	8.2	City of Cape Town	Metro West	Pinelands EMS	EMS renovation	0	0	0	0	0	2 000	27 000
46	8.1	City of Cape Town	Metro West	Retreat CHC	CHC Renovations	0	0	0	0	0	0	0
47	8.3	City of Cape Town	Metro West	Retreat: New Victoria Hospital	Health Technology	0	0	0	0	0	0	0
48	8.3	City of Cape Town	Metro West	Retreat: New Victoria Hospital	Hospital Replacement	0	0	0	0	0	0	0
49	8.3	City of Cape Town	Metro West	Retreat: New Victoria Hospital	OD and QA	0	0	0	0	0	0	0
50	8.3	Cape Wineands	Wineands / Overberg	Robertson Hospital	New EC, Reception and Pharmacy Phase 1	0	0	0	0	500	25 000	11 800
51	8.5	City of Cape Town	Metro West	Rondebosch: Red Cross Children's Hospital	Project in Partnership with HCT	0	0	0	0	0	0	0
52	8.2	Eden	Eden / Central Karoo	Sedgefield Ambulance Station	Extensions to newly purchased Ambulance Station	0	0	0	0	0	0	0
53	8.4	City of Cape Town	Metro East	Stikland Hospital	OPD, sport field and swimming pool renovations	0	0	0	0	0	0	0
54	8.6	City of Cape Town	Metro East	Stikland Nurse College	College renovations	0	0	500	2 000	0	0	0

No.	Sub-programme	District	Geographic Service Area (GSA)	Outputs	Type of Infrastructure	Outcome			Main appropriation	Medium term estimates		
						2010/11 R000's	2011/12 R000's	2012/13 R000's		2013/14 R000's	2014/15 R000's	2015/16 R000's
55	8.1			To be identified	OD and QA Various projects to be identified	0	0	0	0	800	1 000	1 200
56	8.3			Various HT projects	Health Technology	0	0	14 322	47 200	7 010	0	0
57	8.1			Various HT projects	Health Technology	0	0	2 891	22 068	16 000	0	0
58	8.4			Various HT projects	Health Technology	0	0	511	10 000	0	0	0
59	8.5			Various HT projects	Health Technology	0	0	2 500	14 000	0	0	0
60	8.6			Various HT projects	Health Technology	0	0	276	5 500	0	0	0
61	8.6	West Coast	West Coast	Vredenburg FPL	New Forensic Pathology Laboratory	0	0	0	0	0	500	13 000
62	8.3	West Coast	West Coast	Vredenburg Hospital	Health Technology	567	2 213	500	12 172	7 000	1 000	0
63	8.3	West Coast	West Coast	Vredenburg Hospital	OD and QA	1 617	1 760	856	1 395	1 000	0	0
64	8.3	West Coast	West Coast	Vredenburg Hospital	Upgrading Phase 2A	0	0	160	0	0	0	0
65	8.3	West Coast	West Coast	Vredenburg Hospital	Upgrading Phase 2B	2 680	8 150	50 619	81 500	51 380	1 100	0
66	8.3	West Coast	West Coast	Vredenburg Hospital	Hospital Renovations	0	0	0	0	0	0	0
67	8.4	Cape Winelands	Winelands / Overberg	Worcester Hospital	Health Technology	7 089	11 980	2 100	2 000	0	0	0
68	8.4	Cape Winelands	Winelands / Overberg	Worcester Hospital	HT PACS/RIS project	0	0	0	0	4 500	0	0
69	8.4	Cape Winelands	Winelands / Overberg	Worcester Hospital	OD and QA	2 202	1 717	827	982	0	0	0
70	8.4	Cape Winelands	Winelands / Overberg	Worcester Hospital Phase 3	Hospital Upgrade Phase 3	1 844	1 098	800	0	0	0	0
71	8.4	Cape Winelands	Winelands / Overberg	Worcester Hospital Phase 4	Hospital Upgrade Phase 4	28 408	8 656	17 686	200	0	0	0
72	8.4	Cape Winelands	Winelands / Overberg	Worcester Hospital Phase 5	Hospital Upgrade Phase 5	0	0	1 000	9 160	19 840	1 000	0
73	8.6	Cape Winelands	Winelands / Overberg	Worcester: Boland Nurse College	Erica Hostel upgrades	0	0	900	3 000	5 000	0	0
Grand Total						203 295	123 396	149 427	272 983	234 463	153 792	147 799

Table C3: Upgrades and additions

No.	Sub-programme	District	Geographic Service Area (GSA)	Outputs	Type of Infrastructure	Outcome			Main appropriation 2013/14 R000's	Medium term estimates		
						2010/11 R000's	2011/12 R000's	2012/13 R000's		2014/15 R000's	2015/16 R000's	2016/17 R000's
1	8.2	Eden	Eden / Central Karoo	Albertinia Ambulance Station	New Ambulance Station	0	0	0	0	0	0	0
2	8.6	City of Cape Town	Metro West	Athlone: Western Cape College of Nursing	Security upgrading	0	0	2 300	133	0	0	0
3	8.3	City of Cape Town	Metro West	Atlantis: Westfleur Hospital	New Emergency Centre and Paediatric Ward	0	0	500	2 500	10 500	800	0
4	8.1	Central Karoo	Eden / Central Karoo	Beaufort West CDC	CDC Extension	0	0	0	0	700	6 803	500
5	8.3	Central Karoo	Eden / Central Karoo	Beaufort West Hospital	Extension of waiting area at EC	0	0	0	0	500	7 000	2 450
6	8.3	City of Cape Town	Metro West	Belville: Karl Bremer Hospital	New Bulk Store	0	0	0	0	5 000	10 000	0
7	8.3	City of Cape Town	Metro East	Belville: Karl Bremer Hospital	New Emergency Centre	1 764	3 170	25 000	26 605	2 000	0	0
8	8.3	City of Cape Town	Metro East	Belville: Karl Bremer Hospital	OPD upgrade	0	0	0	0	0	500	4 300
9	8.4	City of Cape Town	Metro West	Brooklyn Chest TB Hospital	New MDR & XDR wards	888	2 486	18 000	600	0	0	0
10	8.2	Overberg	Wineands / Overberg	Caledon Ambulance Station	Extension to EMS Communication Centre	0	0	0	0	1 485	3 000	25
11	8.3	Overberg	Wineands / Overberg	Caledon Hospital	Upgrade - Disa ward phase 2	469	760	10 162	2 370	0	0	0
12	8.1	Cape Wineands	Wineands / Overberg	Ceres: Bella Vista Clinic	Clinic upgrade and extensions	0	0	0	0	0	50	2 500
13	8.1	Cape Wineands	Wineands / Overberg	De Doorns Clinic	Clinic Extension	0	0	0	0	1 000	9 000	500
14	8.2	Eden	Eden / Central Karoo	Dysselsdorp EMS	EMS wash bay	0	0	0	0	0	0	0
15	8.1	Overberg	Wineands / Overberg	Gansbaai Clinic	Extension to the existing Clinic	0	0	0	0	1 000	9 000	500
16	8.4	Eden	Eden / Central Karoo	George: Harry Comay TB Hospital	Hospital upgrade Phase 1	412	4 289	394	20	0	0	0
17	8.1	Overberg	Wineands / Overberg	Grabouw CDC	Upgrade of existing CDC	0	1 169	493	30	0	0	0
18	8.4	City of Cape Town	Metro West	Green Point: Somerset Hospital	Lift Upgrade	2 692	2 036	25	0	0	0	0
19	8.2	Eden	Eden / Central Karoo	Grootbrak Ambulance Station	Extensions to newly purchased Ambulance Station	0	0	0	0	0	400	3 100
20	8.3	Overberg	Wineands / Overberg	Hermanus Hospital	EC, new wards, OPD and Administration	43 965	28 804	26 352	660	0	0	0
21	8.3	City of Cape Town	Metro East	Khayelitsha Hospital	CT Scan Unit	0	0	0	0	0	0	0
22	8.3	City of Cape Town	Metro East	Khayelitsha Hospital	New 72 Hour Assessment Unit	0	0	0	0	2 000	13 431	7 569
23	8.3	Eden	Eden / Central Karoo	Knysna Hospital	New Emergency Centre and OPD	975	2 041	11 557	27 500	500	0	0
24	8.2	Central Karoo	Eden / Central Karoo	Laingsburg Ambulance Station	Extensions to newly purchased Ambulance Station	0	0	0	100	2 800	200	0
25	8.1	Central Karoo	Eden / Central Karoo	Laingsburg Clinic	Clinic upgrade and extensions	0	0	0	0	300	4 200	500
26	8.3	West Coast	West Coast	Malmesbury: Swartland Hospital	Emergency Centre Extension	0	0	7 000	152	0	0	0

No.	Sub-programme	District	Geographic Service Area (GSA)	Outputs	Type of Infrastructure	Outcome			Main appropriation			Medium term estimates		
						2010/11 R000's	2011/12 R000's	2012/13 R000's	2013/14 R000's	2014/15 R000's	2015/16 R000's	2016/17 R000's		
27	8.4	City of Cape Town	Metro West	Mitchells Plain: Lentegour Hospital	Relocation of Lifecare Step Down Facility	1 204	5	0	0	0	0	0		
28	8.6	City of Cape Town	Metro West	Mitchells Plain: Lentegour Regional Laundry	Health Technology	0	41 264	0	500	0	0	0		
29	8.6	City of Cape Town	Metro West	Mitchells Plain: Lentegour Regional Laundry	OD and OA	0	817	0	200	0	0	0		
30	8.6	City of Cape Town	Metro West	Mitchells Plain: Lentegour Regional Laundry	Regional Laundry Upgrade & Extension	0	929	44 107	5 332	0	0	0		
31	8.2	Central Karoo	Eden / Central Karoo	Murraysburg EMS	EMS wash bay	0	0	0	0	0	0	0		
32	8.5	City of Cape Town	Metro West	Observatory: Grootle Schuur Hospital	New Linear Accelerator installation	0	2 000	0	0	0	0	0		
33	8.5	City of Cape Town	Metro West	Observatory: Grootle Schuur Hospital	NMB fire detection Phase 2	0	590	0	50	0	0	0		
34	8.4	West Coast	West Coast	Paarl: Sonstraal TB Hospital	UV lights	0	1 596	24	0	0	0	0		
35	8.1	Cape Winelands	West Coast	Paarl: TC Newman OHC	Community Health Centre Upgrade	21 229	5 742	204	50	0	0	0		
36	8.2	Eden	Eden / Central Karoo	Prince Albert Ambulance Station	Extensions (including wash bay)	0	0	0	0	300	2 500	200		
37	8.3	Eden	Eden / Central Karoo	Riversdale Hospital	Phase 3 Upgrade	2 931	7 867	459	50	0	0	0		
38	8.3	Cape Winelands	Wineyards / Overberg	Robertson Hospital	Phase 2 of extensions to hospital	0	0	0	0	0	0	0		
39	8.1	Cape Winelands	Wineyards / Overberg	Robertson: Bergsig Clinic	Clinic Extension	0	0	0	0	500	4 300	200		
40	8.5	City of Cape Town	Metro West	Rondebosch: Red Cross Children's Hospital	EC upgrades and additions	0	0	0	50	10 450	9 500	0		
41	8.5	City of Cape Town	Metro West	Rondebosch: Red Cross Children's Hospital	Radiology & ICU Upgrade and Extension (in partnership with the Trust)	0	0	0	12 000	11 000	0	0		
42	8.5	City of Cape Town	Metro West	Rondebosch: Red Cross Children's Hospital	Ward Upgrade	10 227	9 773	0	0	0	0	0		
43	8.2	Overberg	Wineyards / Overberg	Stanford EMS	EMS wash bay	0	0	0	0	0	0	0		
44	8.3	Cape Winelands	West Coast	Stellenbosch Hospital	Emergency Centre Upgrade	0	0	0	200	11 300	500	0		
45	8.1	Cape Winelands	West Coast	Stellenbosch: Khayamandi CDC	CDC Extension	0	0	0	0	500	7 350	150		
46	8.1	Cape Winelands	West Coast	Stellenbosch: Rhodes Fruit Farm Clinic	Replacement Clinic	0	0	0	0	0	0	0		
47	8.6	City of Cape Town	Metro East	Stikland Nurse College	AC in Auditorium	0	0	500	20	0	0	0		
48	8.1	City of Cape Town	Metro East	Strand: Gustrouw Clinic	Extension and Renovations	0	0	0	0	500	8 000	500		
49	8.1	Cape Winelands	Wineyards / Overberg	Wellington CDC	Extensions to accommodate Pharmacy	0	0	0	0	3 000	370	0		
50	8.1	Cape Winelands	Wineyards / Overberg	Worcester CDC	Extension for a Dental Suite	0	0	0	600	3 000	0	0		
51	8.6	Cape Winelands	Wineyards / Overberg	Worcester: Boland Nurse College	Training facility at Keerom including fence	0	690	0	361	3 000	5 202	15 500		
52	8.3	City of Cape Town	Metro West	Wynberg: Victoria Hospital	New Emergency Centre	0	300	0	2 000	26 000	1 500	0		
Grand Total						86 756	70 662	192 733	82 083	97 335	103 606	38 494		

Table C4: Maintenance and repairs

No.	Sub-programme	District	Geographic Service Area (GSA)	Outputs	Type of Infrastructure	Outcome			Main appropriation 2013/14 R000's	Medium term estimates		
						2010/11 R000's	2011/12 R000's	2012/13 R000's		2014/15 R000's	2015/16 R000's	2016/17 R000's
<i>Scheduled Maintenance</i>												
	8.1	Reported per sub-programme		Community Health Facilities	Maintain serviceability	15 516	23 395	21 714	3 875	4 108	4 354	4 354
	8.2			Emergency Medical Services	Maintain serviceability	1 653	1 040	9 005	3 949	4 186	4 437	4 437
	8.3			District Hospital Services	Maintain serviceability	16 671	28 338	22 802	3 757	3 982	4 221	4 221
	8.4			Provincial Hospital Services	Maintain serviceability	12 991	30 993	32 215	42 913	35 124	32 461	32 461
	8.5			Central Hospital Services	Maintain serviceability	39 479	37 334	51 019	36 846	35 300	37 227	37 227
	8.6			Other Facilities	Maintain serviceability	3 118	4 660	10 163	9 020	17 300	17 300	17 300
<i>Preventative Maintenance</i>												
	8.1	Reported per sub-programme		Community Health Facilities	Maintain serviceability	0	0	675	1 045	1 583	2 090	2 090
	8.2			Emergency Medical Services	Maintain serviceability	0	0	580	668	873	1 061	1 061
	8.3			District Hospital Services	Maintain serviceability	0	0	1 500	4 481	6 329	7 039	7 039
	8.4			Provincial Hospital Services	Maintain serviceability	0	0	2 250	5 681	6 250	7 173	7 173
	8.5			Central Hospital Services	Maintain serviceability	0	0	5 825	5 510	4 450	1 480	1 480
	8.6			Other Facilities	Maintain serviceability	0	0	635	3 080	2 085	3 719	3 719
Grand Total						89 428	125 759	146 918	120 465	121 570	122 562	122 562

2. CONDITIONAL GRANTS

Table C5: Conditional grants

Name of conditional grant	Purpose of the grant	Performance indicators (extracted from the Business Cases prepared for each Conditional Grant)	Outputs 2013/14
HEALTH FACILITY REVITALISATION GRANT	To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health, including inter alia, health technology, organisational systems (OD) and quality assurance (QA). Supplement expenditure on health infrastructure delivered through public-private partnerships.	1) Number of health facilities planned (projects in identification/feasibility phase).	50
		2) Number of health facilities designed (projects in design/tender phase).	27
		3) Number of health facilities constructed (projects in construction/handover phase).	6
		4) Number of health facilities equipped.	15
		5) Number of health facilities operationalized.	14
NATIONAL HEALTH INSURANCE GRANT	Develop frameworks and models that can be used to roll out the National Health Insurance (NHI) pilots in districts and central hospitals critical to achieving the phased implementation of NHI	Central hospitals: 1) Strengthening revenue collection and development of alternative hospital reimbursement tools	Not applicable as there is no NHI funding allocated to the central hospitals in the Western Cape.
		NHI Pilot Districts: 1) Strengthening monitoring and evaluation capacity; 2) Improved supply chain processes to enhance district health system performance (ordering systems, etc.); 3) Strengthening referral systems with linkages to PHC streams.	<ul style="list-style-type: none"> • Strengthened efficiencies of public health sector and improved performance. • Improved access to quality health care. • Improved understanding of the social environment. • Improved training to deal with the burden of disease.
NATIONAL TERTIARY SERVICES GRANT (NTSG)	Ensure adequate provision of tertiary health services for all South African citizens. To compensate tertiary facilities for the costs associated with provision of these services including cross border patients.	Number of National Central and Tertiary hospitals providing components of Tertiary services	3 hospitals
HEALTH PROFESSIONS TRAINING AND DEVELOPMENT GRANT (HPTDG)	Support provinces to fund service costs associated with training of health professionals on the public service platform. Co-funding of the National Human Resources Plan for Health in expanding undergraduate medical education for 2013 and beyond (2025).	Higher education institutions receiving access to the health platform with service costs funded by the HPTDG to train health science students.	3 HEIs (US, UWC, UCT)
		1) Number of undergraduate health science trainees supervised.	2 849
		2) Number of postgraduate health science trainees (excluding registrars) supervised.	960
		3) Number of registrars supervised.	680
		4) Number of community service health professionals and other health science trainees supervised.	This is no longer an individual output in the HPTDG DORA so they are included under number 2. See foot note.

Name of conditional grant	Purpose of the grant	Performance indicators (extracted from the Business Cases prepared for each Conditional Grant)	Outputs 2013/14
<p>COMPREHENSIVE HIV AND AIDS GRANT</p>	<p>To enable the health sector to develop an effective response to HIV and AIDS including universal access to HIV Counselling and Testing</p> <p>To support the implements of the National operational plan for comprehensive HIV and AIDS treatment and care</p> <p>To subsidise in-part funding for the antiretroviral treatment plan</p> <p>To provide financial resources in order to accelerate the effective implementation of a programme that has been identified as a priority in the 10-point plan of the National Department of Health.</p> <p>The grant is utilised in line with the National Operational Plan for HIV and AIDS Care, Management and Treatment in South Africa, the National and Provincial HIV / AIDS / STI Strategic Plans 2007-2011 and Healthcare 2010.</p> <p>For the coming three years, Global Fund Phase 1 RCC Funding will supplement the grant to contribute towards the attainment of planned outputs and outcomes, notably infrastructure, ARVs, human resources, laboratory costs and health system strengthening.</p> <p>The Global Fund Rolling Continuation Channel (RCC) Funding Phase I grant will come to an end by 30 June 2013.</p> <p>The RCC Phase II grant is due to commence 1 July 2013 and this will contribute towards the attainment of planned outputs and outcomes, notably infrastructure, the provision of ARV drugs, human resources and laboratory costs within the Khayelisha sub-district. It will also contribute towards the Peer Education programme, the provision of Community Home Based Care and Palliative care services as well as supplement various community response programmes which are aligned to the NSP 2012 – 2016.</p>	<ol style="list-style-type: none"> 1) Total number of fixed public health facilities offering ART services 2) Number of new patients started on ART 3) Total number of patients on ART remaining in care 4) Number of beneficiaries served by home-based carers 5) Number of active home-based carers receiving stipends 6) Number of male condoms distributed Number of female condoms distributed 7) Number of High Transmission Areas (HTA) intervention sites 8) Number of ante-natal care (ANC) clients initiated on life-long ART 9) Number of babies polymerase chain reaction (PCR) tested at 6 weeks 10) Number of HIV positive client screened for TB 11) Number of HIV positive patients started on IPT (isoniazide prevention therapy) 12) Number of active lay counselors on stipends 13) Number of clients pre-test counselled on HIV testing (including antenatal) 14) Number of HIV tests done (Clients tested for HIV (including antenatal)) 15) Number of health facilities offering medical male circumcision (MMC) services 16) Number of medical male circumcisions performed 17) Sexual assault cases offered ARV prophylaxis 18) Step-down care (SDC) facilities/units 19) Doctors and professional nurses trained on HIV and AIDS, STIs, TB and chronic diseases 	<p>248</p> <p>33 000</p> <p>157 123</p> <p>60 000</p> <p>3 500</p> <p>116 515 072</p> <p>2 000 000</p> <p>100</p> <p>5 650</p> <p>12 229</p> <p>48 160</p> <p>78 000</p> <p>646</p> <p>938 107</p> <p>960 171</p> <p>24</p> <p>50 000</p> <p>5 400</p> <p>18</p> <p>100 Doctors</p> <p>1 020 Nurses</p>
<p>EXPANDED PUBLIC WORKS PROGRAMME INTEGRATED GRANT FOR PROVINCES</p>	<p>To incentivise provincial departments to expand work creation efforts through the use of labour intensive delivery methods in the following identified focus areas, in compliance with the EPWP guidelines.</p> <ul style="list-style-type: none"> • Road maintenance and the maintenance of buildings • Low traffic volume roads and rural roads • Other economic and social infrastructure • Tourism and cultural industries • Sustainable land based livelihoods • Waste management 	<p>Increased number of people employed and receiving income through the EPWP.</p> <p>Increased average duration of the work opportunities created (per job opportunity)</p>	<p>378</p> <p>6 months</p>

Note:

UCT: University of Cape Town

US: University of Stellenbosch

UWC: University of the Western Cape

The outputs for the HPTDG for 2013/2014 are estimates, as the student enrolment process with HEI's are only concluded after this submission.

The number of undergraduate health trainees supervised only included the dental and medical undergraduate students as the grant remains insufficient to fund all the health science trainee categories.

The number of post graduate health science trainees supervised includes interns, community service clinicians and medical officers.

3. PUBLIC PRIVATE PARTNERSHIPS

Table C.6: Public-private partnerships [PPP]

Name of PPP	Purpose	Outputs	Current annual budget R thousand	Date of termination	Measures to ensure smooth transfer of responsibilities
Western Cape Rehabilitation Centre (WCRC) Public Private Partnership	Provision of equipment, facilities management and all associated services at the Western Cape Rehabilitation Centre and the Lentegeur Hospital.	Western Cape Rehabilitation Centre [WCRC]: The private party ensures the provision of catering services, manning the Helpdesk, cleaning of all areas, provision of general estate management services, general grounds and garden maintenance, supply, maintenance and replacement of linen, control of pests and infestations, provision, management, calibration, repair, maintenance, cleaning and replacement of all medical devices, waste management, security services provision, utilities management and remedial works.	49 407	28 February 2019	Partnership Management Plan Governance Structures PPP agreement Performance indicators Patients and other stakeholder satisfaction Knowledge management systems
		Lentegeur Hospital: The private party ensures the provision of catering services, cleaning services, gardens and grounds maintenance, pest control services, security services and waste management.			
Tygerberg Hospital Public Private Partnership		Replacement of the existing Tygerberg Hospital using a Public Private Partnership procurement approach. Note that this contract is in the process of being developed.	-		

ANNEXURE A

UPDATED STRATEGIC
OBJECTIVES PER PROGRAMME

PART A: STRATEGIC OVERVIEW

1. MISSION STATEMENT UPDATE

The mission statement as published in the Strategic Plan 2010 – 2014 has been refined and updated. The amendments are highlighted and reflected in italic font, as follows.

1.1. Mission statement published on page 1 of the Strategic Plan 2010 – 2014:

We undertake to provide equitable access to health in partnership with the relevant stakeholders within a balanced and well managed health system.

1.2. Updated mission statement:

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

2. STRATEGIC GOAL

The revisions to the strategic goals are highlighted in grey and in italic font in Table 1 and followed by the revised strategic goals in Table 1.1.

Table 1: Strategic goals for the Western Cape Department of Health for 2010 – 2014 to improve wellness [A1]

STRATEGIC GOAL	GOAL STATEMENT	JUSTIFICATION	LINKS
1. Burden of disease.	1.1. Manage the burden of disease. <i>Address</i> the burden of disease.	This strategic goal relates to the core business of the Department, i.e. delivering a health service as well as advocating for interventions to address the upstream factors that generate this burden of disease. All the related strategic objectives are focussed on effective and efficient service delivery in order to maximise health outcomes/increase wellness.	Millennium Development Goals No 4, 5 and 6. Negotiated Service Delivery Agreement [NSDA]: A long and healthy life for all South Africans: Burden of disease report. Outcomes: <ul style="list-style-type: none"> Increase life expectancy Decreasing maternal and child mortality Combating HIV and AIDS and decreasing the burden of disease from tuberculosis Reduce mortality and morbidity from injuries. Provincial strategic objective 04: Increase wellness.
2. Quality of health services.	2.1. Improve the quality of health services Improve the quality of health services <i>and the patient experience.</i>	The purpose of this goal is to focus on the importance of delivering a quality service.	Negotiated Service Delivery Agreement [NSDA]: A long and healthy life for all South Africans: Outcomes: <ul style="list-style-type: none"> Strengthening health system effectiveness Provincial strategic objective 04: Increasing wellness.
3. Strategic management capacity and synergy.	3.1. Ensure and maintain organisational strategic management capacity and synergy.	This goal aims to ensure that: <ul style="list-style-type: none"> The Department has a clear plan and targets against which to measure its performance. Management systems are in place to optimally utilise available resources in a co-ordinated manner. 	Negotiated Service Delivery Agreement [NSDA]: A long and healthy life for all South Africans: Outcomes: <ul style="list-style-type: none"> Strengthening health system effectiveness Provincial strategic objective 04: Increasing wellness.
4. A capacitated workforce.	4.1. Develop and maintain a capacitated workforce to deliver the required health services.	The purpose of this goal is to ensure that staff is adequately recruited and retained; appropriately trained and skilled to perform the functions for which they are employed.	Negotiated Service Delivery Agreement [NSDA]: A long and healthy life for all South Africans: Outcomes: <ul style="list-style-type: none"> Strengthening health system effectiveness Provincial strategic objective 04:

STRATEGIC GOAL	GOAL STATEMENT	JUSTIFICATION	LINKS
			Increasing wellness.
5. Health technology, infrastructure and Information Communication Technology (ICT).	5.1. Provide and maintain appropriate health technology and infrastructure. <i>Develop and maintain appropriate health technology, Infrastructure and ICT.</i>	This goal addresses the provision of the appropriate infrastructure to deliver the required service in the most cost effective and efficient manner. It addresses buildings, equipment and information communication technology.	Negotiated Service Delivery Agreement [NSDA]: A long and healthy life for all South Africans: Outcomes: • Strengthening health system effectiveness Provincial strategic objective 04: Increasing wellness.
6. Sustainable income. <i>Financial management</i>	6.1. <i>Ensure a sustainable income to provide the required health services according to the needs. Optimal financial management to maximise health outcomes</i>	Given that the need for health services outstrips the available funding the purpose of this goal is to focus attention on: • The importance of appropriate budgeting and financial control. • The need to explore all appropriate avenues of revenue generation to supplement the budget. • Optimal value for the health rand and maximising efficiencies in all sections of the Department.	Negotiated Service Delivery Agreement [NSDA]: A long and healthy life for all South Africans: Outcomes: • Strengthening health system effectiveness Provincial strategic objective 04: Increasing wellness.

Table 1.1: Strategic goals for the Western Cape Department of Health for 2010 – 2014 to improve wellness [A1]

STRATEGIC GOAL	GOAL STATEMENT	JUSTIFICATION	LINKS
1. Burden of disease.	1.1. Address the burden of disease.	This strategic goal relates to the core business of the Department, i.e. delivering a health service as well as advocating for interventions to address the upstream factors that generate this burden of disease. All the related strategic objectives are focussed on effective and efficient service delivery in order to maximise health outcomes/increase wellness.	Millennium Development Goals No 4, 5 and 6. Negotiated Service Delivery Agreement [NSDA]: A long and healthy life for all South Africans: Burden of disease report. Outcomes: • Increase life expectancy • Decreasing maternal and child mortality • Combating HIV and AIDS and decreasing the burden of disease from tuberculosis • Reduce mortality and morbidity from injuries. Provincial strategic objective 04: Increase wellness.
2. Quality of health services.	2.1. Improve the quality of health services and the patient experience.	The purpose of this goal is to focus on the importance of delivering a quality service.	Negotiated Service Delivery Agreement [NSDA]: A long and healthy life for all South Africans: Outcomes: • Strengthening health system effectiveness Provincial strategic objective 04: Increasing wellness.
3. Strategic management capacity and synergy.	3.1. Ensure and maintain organisational strategic management capacity and synergy.	This goal aims to ensure that: • The Department has a clear plan and targets against which to measure its performance. • Management systems are in place to optimally utilise available resources in a co-ordinated manner.	Negotiated Service Delivery Agreement [NSDA]: A long and healthy life for all South Africans: Outcomes: • Strengthening health system effectiveness Provincial strategic objective 04: Increasing wellness.
4. A capacitated workforce.	4.1. Develop and maintain a capacitated workforce to deliver the required health services.	The purpose of this goal is to ensure that staff is adequately recruited and retained; appropriately trained and skilled to perform the functions for which they are employed.	Negotiated Service Delivery Agreement [NSDA]: A long and healthy life for all South Africans: Outcomes: • Strengthening health system effectiveness Provincial strategic objective 04: Increasing wellness.

STRATEGIC GOAL	GOAL STATEMENT	JUSTIFICATION	LINKS
5. Health technology, infrastructure and Information Communication Technology (ICT).	5.1. Develop and maintain appropriate health technology, Infrastructure and ICT.	This goal addresses the provision of the appropriate infrastructure to deliver the required service in the most cost effective and efficient manner. It addresses buildings, equipment and information communication technology.	Negotiated Service Delivery Agreement [NSDA]: A long and healthy life for all South Africans: Outcomes: <ul style="list-style-type: none"> • Strengthening health system effectiveness Provincial strategic objective 04: Increasing wellness.
6. Financial management	6.1. Optimal financial management to maximise health outcomes.	Given that the need for health services outstrips the available funding the purpose of this goal is to focus attention on: <ul style="list-style-type: none"> • The importance of appropriate budgeting and financial control. • The need to explore all appropriate avenues of revenue generation to supplement the budget. • Optimal value for the health rand and maximising efficiencies in all sections of the Department. 	Negotiated Service Delivery Agreement [NSDA]: A long and healthy life for all South Africans: Outcomes: <ul style="list-style-type: none"> • Strengthening health system effectiveness Provincial strategic objective 04: Increasing wellness.

PROGRAMME 1: ADMINISTRATION
STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 2010-2014

Table 1.1 below is reflected on page 60 of the Strategic Plan 2010 – 2014.
 The strategic objectives that are being updated are in strikethrough italic font. The updated text is highlighted in grey.

Table 1.1: Strategic objectives and expected outcomes for Administration for 2010 – 2014

Strategic Goal Statement	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance measure, baseline and target		Justification	Links	
			2009/10	2014/15			
1. Ensure and maintain organisational strategic management capacity and synergy.	1.1. To have an effective and efficient and skilled workforce.	1.1.1. Provide sufficient staff with appropriate skills per occupational group by 2014/15.	1) <i>Number of medical officers per 100 000 people</i> per 100 000 people	32.73 33.4	37.34 33.0	Systematically reviewing human resource needs to ensure that the required number of employees, with the required competencies, is available when required.	DPSA - HR Plan Ten Point Plan: • Improve Human Resources Increasing wellness Comprehensive Service Plan Public Service Regulations, 2001 Public Service Act, 1994 Employment Equity Act, 1998 Skills Development Act, 1998 Labour Relations Act, 1995 Public Finance Management Act, 1999 Treasury Regulations, 2002
			Numerator: 1 844	4 948 2019			
			Denominator / 100 000: 5 634 323 55.13	6 119 435 61.19			
		2) <i>Number of professional nurses per 100 000 people</i> Professional nurses per 100 000 people	92.31 94.3	92.08 94.4			
		Numerator: 5 201	5 201	5 635 6 082			
		Denominator / 100 000: 5 634 323 55.13	5 634 323 55.13	6 119 435 61.19			
		3) <i>Number of pharmacists per 100 000 people</i> Pharmacists per 100 000 people	5.93 6.1	6.01 6.5			
		Numerator: 334	334	368 397			
		Denominator / 100 000: 5 634 323 55.13	5 634 323 55.13	6 119 435 61.19			

Strategic Goal Statement	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance measure, baseline and target			Justification	Links
			Strategic Objective Baseline Measure	2009/10	2014/15		
2. Optimal financial management to maximise health outcomes required health services.	2.1. Promote efficient financial resource use.	2.1.1. Promote sound financial governance and management to ensure the under/over spending of the annual equitable share is within 1% of the budget allocation.	4) Percentage expenditure of the annual equitable share budget allocation Numerator: Denominator:	406.3% 100.4% 7 519 280 m 7 489 777 m	100.0% 44 376 773 # 12 218 096 m 44 376 773 # 12 218 096 m	To ensure sound financial management by aligning the annual allocated budget with the department's strategic objectives.	PFMA Provincial Treasury Instructions National Treasury Regulations Department of Revenue Act
3. Develop and maintain a capacitated workforce to deliver the required health service	3.1. Develop and maintain a comprehensive human resource plan for the Department.	3.1.1. Strengthen human resource capacity to enhance service delivery by implementing, reviewing and amending the departmental Human Resource Plan on an annual basis.	5) Amended Human Resource Plan submitted timeously to DPSA.	New indicator	Yes	Systematically reviewing human resource needs to ensure that the required number of employees, with the required competencies, is available when required.	DPSA - HR Plan Ten Point Plan: <ul style="list-style-type: none"> Improve Human Resources Increasing wellness Comprehensive Service Plan Public Service Regulations, 2001 Public Service Act, 1994 Employment Equity Act, 1998 Skills Development Act, 1998 Labour Relations Act, 1995 Public Finance Management Act, 1999 Treasury Regulations, 2002

Table 1.1: REVISED Strategic objectives and expected outcomes for Administration for 2010 – 2014

Strategic Goal Statement	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance measure, baseline and target			Justification	Links
			Strategic Objective Baseline Measure	2009/10	2014/15		
1. Ensure and maintain organisational strategic management capacity and synergy.	1.1. To have an effective and efficient and skilled workforce.	1.1.1. Provide sufficient staff with appropriate skills per occupational group by 2014/15.	1) Medical officers per 100 000 people	33.4	33.0	Systematically reviewing human resource needs to ensure that the required number of employees, with the required competencies, is available when required.	DPSA - HR Plan Ten Point Plan: • Improve Human Resources Increasing wellness Comprehensive Service Plan Public Service Regulations, 2001 Public Service Act, 1994 Employment Equity Act, 1998 Skills Development Act, 1998 Labour Relations Act, 1995 Public Finance Management Act, 1999 Treasury Regulations, 2002
			Numerator:	1 844	2019		
			Denominator / 100 000:	55.13	61.19		
			2) Professional nurses per 100 000 people	94.34	94.4		
			Numerator:	5 201	6 082		
			Denominator / 100 000:	55.13	61.19		
			3) Pharmacists per 100 000 people	6.1	6.5		
			Numerator:	334	397		
			Denominator / 100 000:	55.13	61.19		
2. Optimal financial management to maximise health outcomes required health services.	2.1. Promote efficient financial resource use.	2.1.1. Promote sound financial governance and management to ensure the under/over spending of the annual equitable share is within 1% of the budget allocation.	4) Percentage expenditure of the annual equitable share budget allocation	100.4%	100.0%	To ensure sound financial management by aligning the annual allocated budget with the department's strategic objectives.	PFMA Provincial Treasury Instructions National Treasury Regulations Department of Revenue Act
			Numerator:	7 519 280 m	12 218 096 m		
			Denominator:	7 489 777 m	12 218 096 m		

Strategic Goal Statement	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance measure, baseline and target			Justification	Links
			Strategic Objective Baseline Measure	2009/10	2014/15		
3. Develop and maintain a capacitated workforce to deliver the required health service	3.1. Develop and maintain a comprehensive human resource plan for the Department.	3.1.1. Strengthen human resource capacity to enhance service delivery by implementing, reviewing and amending the departmental Human Resource Plan on an annual basis.	5) Amended Human Resource Plan submitted timeously to DPSA.	New indicator	Yes	<p>Systematically reviewing human resource needs to ensure that the required number of employees, with the required competencies, is available when required.</p> <p>DPSA - HR Plan Ten Point Plan:</p> <ul style="list-style-type: none"> Improve Human Resources <p>Increasing wellness</p> <p>Comprehensive Service Plan</p> <p>Public Service Regulations, 2001</p> <p>Public Service Act, 1994</p> <p>Employment Equity Act, 1998</p> <p>Skills Development Act, 1998</p> <p>Labour Relations Act, 1995</p> <p>Public Finance Management Act, 1999</p> <p>Treasury Regulations, 2002</p>	

PROGRAMME 2: DISTRICT HEALTH SERVICES

SPECIFICATION OF STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 2010-2015

Table 2.1 below is reflected on page 72 of the Strategic Plan 2010 – 2014.

The strategic objectives that are being updated are in strikethrough italic font. The updated text is highlighted in grey.

Table 2.1: Specification of strategic objectives and expected outcomes for 2010 – 2014

Strategic Goal Statement	Strategic Objective	Strategic Objective Statement	Strategic objective performance indicator, baseline & target		Justification	Links
			Baseline 2009/10	Target 2014/15		
1. Address the burden of disease.	1.1 Increase access to PHC services in the DHS in the Western Cape.	1.1.1 Achieve a PHC utilisation rate of 2.9 2.54 visits per person per annum by 2014/15.	3.0 2.87	2.9 2.54	This is in line with the Comprehensive Service Plan to ensure that 90% of all first contacts are seen in the District Health System.	NSDA: <ul style="list-style-type: none"> • Increase life expectancy • HIV and AIDS • TB caseload NDOH Ten Point Plan: <ul style="list-style-type: none"> • Improve quality of health services • Mass mobilisation for the better health of the people. Provincial priority: <ul style="list-style-type: none"> • Increasing wellness.
	1.2 Increase access to acute services / district hospital services in the DHS in the Western Cape.	1.2.1 Establish 2 705 2 678 acute district hospital beds in the DHS by 2014/15.	15 848 973	47 560 328 15 543 364		
	1.3 MDG Goal 6: Have halted and begun to reverse the spread of HIV and AIDS and TB.	1.3.1 Implement an effective HIV prevention strategy to decrease the HIV prevalence in the age group 15-24 years to 44.5% 11.0% in 2014/15.	2 464	2 705 2 678	This will reduce the prevalence of HIV. This is in line with the Millennium Development Goal to combat HIV and AIDS, malaria and other diseases and the National Strategic Objective to accelerate implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases.	MDG 6 NSDA: <ul style="list-style-type: none"> • HIV and AIDS • TB caseload NDOH Ten Point Plan: 7: <ul style="list-style-type: none"> • Accelerated implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases. Provincial priority: <ul style="list-style-type: none"> • Increasing wellness.
	1.4 MDG goal 4: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.	1.4.1 Improve the coverage of effective immunisations to 95.0% 90.0% in children under the age of 5 years by 2014/15.	40.9% 12.4%	44.5% 11.0%		
		545	548 495			
		4 405	4 500			
		96.7%	95% 90.0%			
		98 622	407 470 101 814			
		101 937	113 126			

Strategic Goal Statement	Strategic Objective	Strategic Objective Statement	Strategic objective performance indicator, baseline & target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 2014/15		
2. Optimal financial management to maximise health outcomes.	1.5 MDG goal 5: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.	1.5.1 Reduce the maternal mortality ratio to 53.4 58 per 100 000 live births by 2014/15.	5. Facility maternal mortality rate Mortality in facility ratio Numerator Denominator / 100 000	403 107.69 per 100 000 live births 100 0.97 0.93	53.4 58 per 100 000 live births 55 58 1.00	Women are a priority vulnerable group MDG to improve maternal health NSDA: • Decrease the maternal mortality ratio. NDOH Ten Point Plan: 7: • Mass mobilisation for better health of the population. Provincial priority: Provincial priority: • Increasing wellness.	
	1.6 Plan for epidemics and disasters.	1.6.1 Ensure that all districts have plans to deal with outbreaks and epidemics by 2014/15.	6. Malaria case fatality rate Numerator Denominator	0% 0 62	0% 0 58 37		
	1.7 Provide for cataract surgeries.	1.7.1 Increase the number of cataract surgeries to 1 471 per 1 000 000 by 2014/15.	7. Cataract surgery rate (annual) Numerator Denominator / 1 000 000	1 132 per 1 million population 6 022 5 321 446 5.32	1 471 per 1 million population 9 000 6 419 435 6.12		
	2.1 Allocate sufficient funds to ensure access to and the sustained delivery of the full package of quality PHC services.	2.1.1 Achieve a primary health care (PHC) expenditure of R472 R520 per uninsured person by 2014/15 (in 2010/11 2011/12 Rands).	8. Provincial PHC expenditure per uninsured person Numerator Denominator	R 406 R 552 4 786 006 463 2 376 191 831 4 396 294 4 301 660	R 472 R 520 2 253 445 426 2 483 306 641 4 773 922 4 773 922	NSDA: • Health system effectiveness. Provincial priority: • Increasing wellness. Department: • Aligned with the CSP.	
	2.2 Allocate sufficient funds to ensure access to the full package of quality district hospital services.	2.2.1 Achieve a district hospital expenditure of R1 405 R1 422 per PDE by 2014/15 (in 2010/11 2011/12 Rands).	9. Expenditure per patient day equivalent (PDE) in district hospitals (2010/11 2011/12 Rands) Numerator Denominator	R 1 330 R 1 659 4 312 166 1 636 430 813 986 481	R 1 405 R 1 422 4 695 498 000 1 849 167 037 4 206 544 1 300 000	Allocation of sufficient funds is required to ensure the delivery of the full package of PHC services. Allocation of sufficient funds is required to ensure the delivery of the full package of DH services.	

Strategic Goal Statement	Strategic Objective	Strategic Objective Statement	Strategic objective performance indicator, baseline & target		Justification	Links
			Strategic objective performance indicator	Baseline 2009/10		
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 a 92% 87.0% client satisfaction rate by 2014/15.	10. District-hospital-patient satisfaction-rate Hospital patient satisfaction rate (in district hospitals) Numerator Denominator	Not required to report 73.3% 498 679	92% 87.0% 4,126 7,689 4,485 8,838	
	3.2 Improve the experience of clients utilising the PHC services.	3.2.1 Achieve a 70% 74.0% patient-satisfaction complaint resolution within 25 working days rate by 2014/15.	11. Percentage-of-complaints-of-users-of-PHC-services-resolved within 25 days Complaint resolution within 25 working days (from users of PHC services) Numerator Denominator	Not required to report -	70% 74.0% 494 703 277 950	

Table 2.1: REVISED specification of strategic objectives and expected outcomes for 2010 – 2014

Strategic Goal Statement	Strategic Objective	Strategic Objective Statement	Strategic objective performance indicator, baseline & target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 2014/15		
1. Address the burden of disease.	1.1 Increase access to PHC services in the DHS in the Western Cape.	1.1.1 Achieve a PHC utilisation rate of 2.54 visits per person per annum by 2014/15.	1. PHC Utilisation rate Numerator Denominator	2.87 15 848 973 5 513 039	2.54 15 543 364 6 119 435	This is in line with the Comprehensive Service Plan to ensure that 90% of all first contacts are seen in the District Health System.	NSDA: • Increase life expectancy • HIV and AIDS • TB caseload NDOH Ten Point Plan: • Improve quality of health services • Mass mobilisation for the better health of the people. Provincial priority: • Increasing wellness.
	1.2 Increase access to acute services / district hospital services in the DHS in the Western Cape.	1.2.1 Establish 2 678 acute district hospital beds in the DHS by 2014/15.	2. Number of usable district hospital beds	2 464	2 678	This is in line with the Service Plan to ensure that 90% of all first contacts are seen in the District Health System	
	1.3 MDG Goal 6: Have halted and begun to reverse the spread of HIV and AIDS and TB.	1.3.1 Implement an effective HIV prevention strategy to decrease the HIV prevalence in the age group 15-24 years to 11.0% in 2014/15.	3. HIV prevalence in women aged 15 – 24 years Numerator Denominator	12.4% 545 4 405	11.0% 495 4 500	This will reduce the prevalence of HIV. This is in line with the Millennium Development Goal to combat HIV and AIDS, malaria and other diseases and the National Strategic Objective to accelerate implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases.	MDG 6 NSDA: • HIV and AIDS • TB caseload NDOH Ten Point Plan: 7: • Accelerated implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases. Provincial priority: • Increasing wellness.
	1.4 MDG goal 4: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.	1.4.1 Improve the coverage of effective immunisations to 90.0% in children under the age of 5 years by 2014/15.	4. Immunisation coverage under 1 year Numerator Denominator	96.7% 98 622 101 937	90.0% 101 814 113 126		MDG to reduce the under-five mortality rate NSDA: • Decrease child mortality. Provincial priority: • Increasing wellness.

Strategic Goal Statement	Strategic Objective	Strategic Objective Statement	Strategic objective performance indicator, baseline & target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 2014/15		
2. Optimal financial management to maximise health outcomes.	1.5 MDG goal 5: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.	1.5.1 Reduce the maternal mortality ratio to 58 per 100 000 live births by 2014/15.	5. Maternal Mortality in facility ratio Numerator / 100 000	107 69 per 100 000 live births 100 0.93	58 per 100 000 live births 58 1.00	Women are a priority vulnerable group	MDG to improve maternal health NSDA: <ul style="list-style-type: none"> Decrease the maternal mortality ratio. NDOH Ten Point Plan: 7: <ul style="list-style-type: none"> Mass mobilisation for better health of the population. Provincial priority: Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
	1.6 Plan for epidemics and disasters.	1.6.1 Ensure that all districts have plans to deal with outbreaks and epidemics by 2014/15.	6. Malaria case fatality rate Numerator Denominator	0% 0 62	0% 0 37		
	1.7 Provide for cataract surgeries.	1.7.1 Increase the number of cataract surgeries to 1 471 per 1 000 000 by 2014/15.	7. Cataract surgery rate (annual) Numerator Denominator / 1 000 000	1 132 per 1 million population 6 022 5.32	1 471 per 1 million population 9 000 6.12		
	2.1 Allocate sufficient funds to ensure access to and the sustained delivery of quality PHC services.	2.1.1 Achieve a primary health care (PHC) expenditure of R520 per uninsured person by 2014/15 (in 2011/12 Rands).	8. Provincial PHC expenditure per uninsured person Numerator Denominator	R 552 2 376 191 831 4 301 660	R 520 2 483 306 641 4 773 922	Allocation of sufficient funds is required to ensure the delivery of the full package of PHC services.	NSDA: <ul style="list-style-type: none"> Health system effectiveness. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
	2.2 Allocate sufficient funds to ensure access to the full package of quality district hospital services.	2.2.1 Achieve a district hospital expenditure of R1 422 per PDE by 2014/15 (in 2011/12 Rands).	9. Expenditure per patient day equivalent (PDE) in district hospitals (2011/12 Rands) Numerator Denominator	R 1 659 1 636 430 813 986 481	R 1 422 1 849 167 037 1 300 000	Allocation of sufficient funds is required to ensure the delivery of the full package of DH services.	Department: <ul style="list-style-type: none"> Aligned with the CSP.

Strategic Goal Statement	Strategic Objective	Strategic Objective Statement	Strategic objective performance indicator, baseline & target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 2014/15		
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 a 87.0% client satisfaction rate by 2014/15.	10. Hospital patient satisfaction rate (in district hospitals) Numerator Denominator	73.3% 498 679	87.0% 7 689 8 838		
	3.2 Improve the experience of clients utilising the PHC services.	3.2.1 Achieve a 74.0% complaint resolution within 25 working days rate by 2014/15.	11. Complaint resolution within 25 working days (from users of PHC services) Numerator Denominator	Not required to report - -	74.0% 703 950		

PROGRAMME 3: EMERGENCY MEDICAL SERVICES
SPECIFICATION OF STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 2010-2014

Table 3.1 below is reflected on page 80 of the Strategic Plan 2010 – 2014.

The strategic objectives that are being updated are in strikethrough italic font. The updated text is highlighted in grey.

Table 3.1: Specification of strategic objectives and expected outcomes for 2010 – 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target		Justification	Links
			Baseline 2009/10	Target 2014/15		
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 2 366 personnel) necessary to the specified service levels of 457 176 rostered ambulances per hour in the CSP by 2014/15.	4.47 0.46	0.26 0.29	Service levels specified in the CSP can only be met by the implementation of the full resource complement.	Millennium Development Goals <ul style="list-style-type: none"> • Reduce Child Mortality • Improve Maternal Health • Emergency Care is a Constitutional and legal imperative NDOH Ten Point Plan
	1.2. Provide roadside to bedside definitive emergency care within defined emergency time frames within and across geographic and clinical service platforms.	1.2.1 Meet the response time performance of 70% 75.0% for P1 urban and 89.2% 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.	40.4% 41.3%	70% 75.0%	Emergency Care is a Constitutional and legal imperative.	NSDA: <ul style="list-style-type: none"> • Increasing life expectancy • Decreasing maternal and child mortality • Strengthening health system effectiveness. Provincial strategic objective 04: <ul style="list-style-type: none"> • Increasing wellness
				39 320 95 231	79 424 128 502 443 034 171 336	
			79.2%	89.2% 90.0%		
			7 050 8 907	43 549 21 891 45 454 24 232		

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 2014/15		
	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.	4) Percentage of ambulance patients transferred between facilities Numerator: Denominator:	Not required to report	27.3% 22.2% 439 483 144 700 653 202	Monitor measures introduced to facilitate improved access to health services.	

Note:

Indicator 1: During 2009/10 the number of ambulances in the fleet was used for this indicator. From 2010/11 onwards, the number of rostered ambulances is used i.e. the average number of ambulances available per hour.

Table 3.1: REVISED Specification of strategic objectives and expected outcomes for 2010 – 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target		Justification	Links
			Strategic objective performance indicator	Baseline 2009/10		
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 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 Numerator: Denominator / 10 000:	0.46 251 551	0.29 176 612	Millennium Development Goals • Reduce Child Mortality • Improve Maternal Health • Emergency Care is a Constitutional and legal imperative NDOH Ten Point Plan • Overhauling the Healthcare System and improve its management NSDA: • Increasing life expectancy • Decreasing maternal and child mortality • Strengthening health system effectiveness. Provincial strategic objective 04: • Increasing wellness
	1.2. Provide roadside to bedside definitive emergency care within 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.	2) EMS P1 urban response under 15 minutes rate Numerator: Denominator: 3) EMS P1 rural response under 40 minutes rate Numerator: Denominator:	41.3% 39 320 95 231 79.2% 7 050 8 907	75.0% 128 502 171 336 90.0% 21 891 24 232	
	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.	4) Percentage of ambulance patients transferred between facilities Numerator: Denominator:	Not required to report	22.2% 144 700 653 202	

Note:

Indicator 1: During 2009/10 the number of ambulances in the fleet was used for this indicator. From 2010/11 onwards, the number of rostered ambulances is used i.e. the average number of ambulances available per hour.

PROGRAMME 4: PROVINCIAL HOSPITALS
SPECIFICATION OF STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 2010-2015.

Table 4.1 below is reflected on page 88 of the Strategic Plan 2010 – 2014.

The strategic objectives that are being updated are in strikethrough italic font. The updated text is highlighted in grey.

Table 4.1: Strategic objectives and expected outcomes for regional hospitals for 2010 – 2014

Strategic Goal statement	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target		Justification	Links
			Strategic objective performance indicator	Baseline 2009/10		
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 regional hospitals Number of usable regional hospital beds	2 364	1 375	NSDA Outputs: <ul style="list-style-type: none"> Increasing life expectancy Decreasing maternal and child mortality Combating HIV and AIDS and the burden of disease from Tuberculosis Strengthening health system effectiveness. National Department of Health Ten Point Plan: <ul style="list-style-type: none"> Improve the quality of health services Provincial priority: Increasing wellness Departmental priority: Comprehensive Service Plan.
	1.1.1. Ensure access to regional hospitals services by providing 1 375 regional hospital beds by 2014/15.	Escalating burden of disease and the increased acuity of patients caused by HIV and TB. <ul style="list-style-type: none"> Improve the Western Cape's population health status. Maximize access to services and specialized care ensuring clinical skills and expertise are concentrated at the correct level of care. Ensure progress is made towards providing the complete package of care within regional hospitals, thus increasing access to services. Provision of outreach and support to District Health Services, especially district hospitals. 	32.5%	39.7% 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 39.4% 39.6% by 2014/15.	2) Caesarean-section rate for regional hospitals Delivery by caesarian section (in regional hospitals)	Numerator	8 425	40 579 10 624	Millennium development goal 5 (MDG): Improve maternal health.
			Denominator	25 961	27 225 26 848	

Strategic Goal statement	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 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 general specialist hospital services.	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 R7 807 R2 112 per PDE by 2014/15. [2010/11 Rands].	3) Expenditure per patient day equivalent [PDE] (in regional hospitals) Numerator Denominator	R7 626 R 2 015 1 709 636 442 2 118 383 685 1 051 150	R7 807 R 2 112 1 042 082 088 1 173 642 431 676 648 555 828	National Department of Health Ten Point Plan: <ul style="list-style-type: none"> Improve the quality of health services. Overhauling the health system and improving its management Provincial priority: Maximising health outcomes	
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.	4) Bed utilisation rate based on usable beds in regional hospitals Inpatient bed utilisation rate (based on usable beds in regional hospitals) Numerator Denominator	86.1% 742 740 862 860	87 84.4% 437 928 423 479 501 875	National Department of Health Ten Point Plan: <ul style="list-style-type: none"> Improve the quality of health services. Overhauling the health system and improving its management Provincial priority: Maximising health outcomes	
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 patients risk in regional hospitals by monthly mortality and morbidity meetings by 2014/15.	5) Average length of stay (in regional hospitals) Numerator Denominator	4 days 742 740 185 919	3.9 days 437 928 423 479 413 065 108 050	Systematically assess patient risk through an institutionalised process of regular mortality and morbidity meetings.	
			6) Percentage of regional hospitals with monthly meetings and morbidity review rate in regional hospitals Numerator Denominator	100% Not required to report 8 8	100.0% 5 170 5 170		

Table 4.1: REVISED Strategic objectives and expected outcomes for regional hospitals for 2010 – 2014

Strategic Goal statement	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 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 regional hospital beds	2 364	1 375	<ul style="list-style-type: none"> Escalating burden of disease and the increased acuity of patients caused by HIV and TB. Improve the Western Cape's population health status. Maximize access to services and specialized care ensuring clinical skills and expertise are concentrated at the correct level of care. Ensure progress is made towards providing the complete package of care within regional hospitals, thus increasing access to services. Provision of outreach and support to District Health Services, especially district hospitals. Ensure an improved health outcome for mothers and babies. 	NSDA Outputs: <ul style="list-style-type: none"> Increasing life expectancy Decreasing maternal and child mortality Combating HIV and AIDS and the burden of disease from Tuberculosis Strengthening health system effectiveness. National Department of Health Ten Point Plan: <ul style="list-style-type: none"> Improve the quality of health services Provincial priority: Increasing wellness Departmental priority: Comprehensive Service Plan.
			2) Delivery by caesarian section (in regional hospitals)	8 425	39.6%		
2. Optimal financial management to maximise health outcomes.	1.2. Reduce facility maternal mortality.	1.2.1. Perform appropriate clinically indicated caesarian sections in regional hospitals to ensure improved outcomes and safety for mothers and babies at a target of 39.6% by 2014/15.	Numerator	25 961	10 624	Ensure that health resources are appropriately, efficiently and effectively applied to improve the health status of patients to ensure sustainability of services.	National Department of Health Ten Point Plan: <ul style="list-style-type: none"> Improve the quality of health services. Overhauling the health system and improving its management. Provincial priority: Maximising health outcomes
			Denominator	26 848	26 848		
3. Ensure and maintain or-ganisa-tional strategic management capacity and synergy.	2.1. Allocate sufficient funds to ensure the sustained delivery of the full package of quality general specialist hospital services.	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].	3) Expenditure per patient day equivalent [PDE] (in regional hospitals)	R 2 015	R 2 112	Ensure that health resources are appropriately, efficiently and effectively applied to improve the health status of patients to ensure sustainability of services.	National Department of Health Ten Point Plan: <ul style="list-style-type: none"> Improve the quality of health services. Overhauling the health system and improving its management. Provincial priority: Maximising health outcomes
			Numerator	2 118 383 685	1 173 642 431		
	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.	Denominator	1 051 150	555 828	Ensure that health resources are appropriately, efficiently and effectively applied to improve the health status of patients to ensure sustainability of services.	National Department of Health Ten Point Plan: <ul style="list-style-type: none"> Improve the quality of health services. Overhauling the health system and improving its management. Provincial priority: Maximising health outcomes
			4) Inpatient bed utilisation rate (based on usable beds in regional hospitals)	86.1%	84.4%		
			5) Average length of stay (in regional hospitals)	4 days	3.9 days		
			Numerator	742 740	423 479		
			Denominator	185 919	108 050		

Strategic Goal statement	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target		Justification	Links
			Strategic objective performance indicator	Baseline 2009/10		
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 patients risk in regional hospitals by monthly morbidity and mortality meetings by 2014/15.	6) Mortality and morbidity review rate (in regional hospitals)	Not required to report	100.0%	
			Numerator	-	170	
			Denominator	-	170	

Table 4.2: Strategic objectives and expected outcomes for tuberculosis hospitals for 2010 – 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target		Justification	Links
			Strategic objective performance indicator	Baseline 2009/10		
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 4445 1 054 TB hospital beds by 2014/15.	1) Number of TB hospital beds Number of usable TB hospital beds	1 016	4445 1 054	<p>NDSA output: Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis.</p> <p>National Department of Health Ten Point Plan:</p> <ul style="list-style-type: none"> Improve the quality of health services <p>Provincial priority: Increasing wellness</p> <p>Departmental priority: Comprehensive Service Plan.</p>
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 R538 R642 per PDE by 2014/15. [2010/11, 2011/12 Rands].	2) Expenditure per patient day equivalent [PDE] in TB hospitals	R545 R 643	R 538 R 642	<p>Ensure that health resources are appropriately, efficiently and effectively applied to improve the health status of patients to ensure sustainability of services.</p>
			Numerator	457-626-336	487-395-387	
			Denominator	197 579 212	196 770 837	
				305 833	348 479	
					306 325	

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 2014/15		
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. Effectively manage the allocated resources of TB hospitals to achieve a bed utilisation rate of 85% 79.3% and an average length of stay of 71.7 78.3 days by 2014/15.	3) Bed-Utilisation-rate (based-on-usable-beds)-in-TB-Hospitals Inpatient bed utilisation rate (based on usable beds in TB Hospitals)	82.0% 82.2%	85.0% 79.3%	<ul style="list-style-type: none"> Improve inpatient and outpatient services at the appropriate health sites, creating opportunities for clinical coherence. Minimize patient transfers between institutions. 	NDSA output: Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis. National Department of Health Ten Point Plan: <ul style="list-style-type: none"> Improve the quality of health services Provincial priority: Increasing wellness Departmental priority: Comprehensive Service Plan.
			Numerator 304 764 Denominator 370 840	345-929 305 184	406-975 384 710		
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 morbidity and mortality meetings by 2014/15.	4) Average length of stay (in TB hospitals)	81 days 82.7 days	71.7 days 78.3 days	Ensure that health resources are appropriately, efficiently and effectively applied to improve the health status of patients to ensure sustainability of services.	Systematically assess patient risk through an institutionalised process of regular mortality and morbidity meetings.
			Numerator 304 764 Denominator 3 693 3 684	345-929 305 184	4-825 3 896		
			5) Percentage of TB hospitals with monthly morbidity and mortality review rate in TB Hospitals	67% Not required to report	100%		
			Numerator 4 Denominator 6		6 50 6 50		

Table 4.2: REVISED Strategic objectives and expected outcomes for tuberculosis hospitals for 2010 – 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target		Justification	Links
			Strategic objective performance indicator	Baseline 2009/10		
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 TB hospital beds Number of usable TB hospital beds	1 016	1 054	NDSA output: Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis. National Department of Health Ten Point Plan: <ul style="list-style-type: none"> Improve the quality of health services Provincial priority: Increasing wellness Departmental priority: Comprehensive Service Plan.
2. Optimal financial management to maximise health outcomes	2.1. Allocate sufficient funds to ensure the sustained delivery 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].	2) Expenditure per patient day equivalent [PDE] (in TB hospitals) Numerator Denominator	R 643 197 579 212 305 833	R 642 196 770 837 306 325	National Department of Health Ten Point Plan: <ul style="list-style-type: none"> Overhauling the health system and improving its management.
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.	3) Inpatient bed utilisation rate (based on usable beds in TB Hospitals) Numerator Denominator	82.2% 304 764 370 840	79.3% 305 184 384 710	NDSA output: Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis. National Department of Health Ten Point Plan: <ul style="list-style-type: none"> Improve the quality of health services Provincial priority: Increasing wellness Departmental priority: Comprehensive Service Plan.
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.	4) Average length of stay (in TB hospitals) Numerator Denominator	82.7 days 304 764 3 684	78.3 days 305 184 3 896	Systematically assess patient risk through an institutionalised process of regular mortality and morbidity meetings.
			5) Mortality and morbidity review rate in TB Hospitals Numerator Denominator	Not required to report	100% 50 50	

Table 4.3: Strategic objectives and expected outcomes for psychiatric hospitals for 2010 – 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target		Justification	Links
			Strategic objective performance indicator	Baseline 2009/10		
1. Address the burden of disease.	1.1. Ensure 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) <i>Number of psychiatric hospital beds (in psychiatric hospitals)</i>	1 792	1 698	<p>National Department of Health Ten Point Plan:</p> <ul style="list-style-type: none"> Improve the quality of health services <p>Provincial priority: Increasing wellness</p> <p>Departmental priority: Comprehensive Service Plan</p>
	1.2. Address the burden of disease by ensuring access to step-down facilities	1.2.1. Provide a total of 145 step-down beds and maintain a bed occupancy rate of 82.6% \pm 0.0% in sub-acute facilities by 2014/15	2) <i>Number of usable beds in step-down facilities</i>	127	145	
			3) <i>Bed utilisation rate in step-down facilities</i> Inpatient bed utilisation rate (in step-down facilities)	79.3%	82.6%	
2. Optimal financial management to maximise health outcomes	2.1. Allocate sufficient funds to ensure the sustained delivery of the full package of quality psychiatric hospital services.	2.1.1. Allocate sufficient funds to ensure the delivery of the full package of psychiatric hospital services at a rate of R4 021 R1 090 per PDE by 2014/15, R24444 2011/12 Rands).	Numerator	36 738	45 320 43 738	<p>National Department of Health Ten Point Plan:</p> <ul style="list-style-type: none"> Improve the quality of health services. Overhauling the health system and improving its management. <p>Provincial priority: Increasing wellness</p>
			Denominator	46 355	52 925	
			Expenditure per patient day equivalent (PDE) (in psychiatric hospitals)	R 753 R 991	R 1 021 R 1 090	Ensure that health resources are appropriately, efficiently and effectively applied to improve the health status of patients to ensure sustainability of services.
			Numerator	448 360 000 590 181 753	580 526 472 611 032 772	
			Denominator	595 471	568 573 560 788	

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 2014/15		
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 99% 89.0% and an average length of stay of 93 89.4 days by 2014/15	5) Bed utilisation rate (based on usable beds) # psychiatric hospitals Inpatient bed utilisation rate (based on usable beds in Psychiatric Hospitals)	89% 89.3%	90.0 89.0%	<ul style="list-style-type: none"> Improve inpatient and outpatient services at the appropriate health sites, creating opportunities for clinical coherence. Minimize patient transfers between institutions. 	
			Numerator Denominator	583 871 654 080	588 777 551 700 619 770		
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 patients risk in psychiatric hospitals by monthly mortality and morbidity meetings by 2014.	6) Average length of stay (in psychiatric hospitals)	109.4 days 108.7 days	93 days 89.4 days	Ensure that health resources are appropriately, efficiently and effectively applied to improve the health status of patients to ensure sustainability of services.	National Department of Health Ten Point Plan: <ul style="list-style-type: none"> Improve the quality of health services. Overhauling the health system and improving its management. Provincial priority: Increasing wellness.
			Numerator Denominator	583 871 5 369	588 777 551 700 5 978 6 172		
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 patients risk in psychiatric hospitals by monthly mortality and morbidity meetings by 2014.	7) Percentage of psychiatric hospitals with monthly mortality and morbidity meetings Mortality and morbidity review rate in psychiatric hospitals	100% Not required to report	100%	Systematically assess patient risk through an institutionalised process of regular mortality and morbidity meetings	National Department of Health Ten Point Plan: <ul style="list-style-type: none"> Improve the quality of health services Provincial priority: Increasing wellness.
			Numerator Denominator	4 4	4 40 4 40		

Table 4.3: REVISED Strategic objectives and expected outcomes for psychiatric hospitals for 2010 – 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target		Justification	Links
			Strategic objective performance indicator	Baseline 2009/10		
1. Address the burden of disease.	1.1. Ensure 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)	1 792	1 698	<p>National Department of Health Ten Point Plan:</p> <ul style="list-style-type: none"> Improve the quality of health services <p>Provincial priority: Increasing wellness</p> <p>Departmental priority: Comprehensive Service Plan</p>
			2) Number of usable beds (in step-down facilities)	127	145	
	3) Inpatient bed utilisation rate (in step-down facilities)	79.3%	82.6%			
		Numerator 36 738 Denominator 46 355	43 738 52 925			
2. Optimal financial management to maximise health outcomes	2.1. Allocate sufficient funds to ensure the sustained delivery of the full package of quality psychiatric 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).	4) Expenditure per patient day equivalent (PDE) (in psychiatric hospitals)	R 991	R1 090	<p>National Department of Health Ten Point Plan:</p> <ul style="list-style-type: none"> Improve the quality of health services. Overhauling the health system and improving its management. <p>Provincial priority: Increasing wellness</p>
				590 181 753 595 471	611 032 772 568-573 560 788	

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 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 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	5) Inpatient bed utilisation rate (based on usable beds in Psychiatric Hospitals)	89.3%	89.0%	<ul style="list-style-type: none"> Improve inpatient and outpatient services at the appropriate health sites, creating opportunities for clinical coherence. Minimize patient transfers between institutions. 	
			Numerator Denominator	583 871 654 080	551 700 619 770		
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 patients risk in psychiatric hospitals by monthly mortality and morbidity meetings by 2014.	6) Average length of stay (in psychiatric hospitals)	108.7 days	89.4 days	Ensure that health resources are appropriately, efficiently and effectively applied to improve the health status of patients to ensure sustainability of services.	National Department of Health Ten Point Plan: <ul style="list-style-type: none"> Improve the quality of health services. Overhauling the health system and improving its management. Provincial priority: Increasing wellness.
			Numerator Denominator	583 871 5 369	551 700 6 172		
			7) Mortality and morbidity review rate in psychiatric hospitals	Not required to report	100%	Systematically assess patient risk through an institutionalised process of regular mortality and morbidity meetings	National Department of Health Ten Point Plan: <ul style="list-style-type: none"> Improve the quality of health services Provincial priority: Increasing wellness.
			Numerator Denominator	- -	40 40		

Table 4.4: Strategic objectives and expected outcomes for rehabilitation hospitals for 2010 – 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target		Justification	Links
			Strategic objective performance indicator	Baseline 2009/10		
1. Address the burden of disease.	1.1. Ensure 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 rehabilitation hospital beds (in Rehabilitation Hospitals)	156	156	National Department of Health Ten Point Plan: <ul style="list-style-type: none"> Improve the quality of health services Negotiated Service Delivery Agreement (NSDA): <ul style="list-style-type: none"> Combating HIV and AIDS and decrease the burden of disease from TB. Provincial priority: Increasing wellness. Departmental priority: Comprehensive Service Plan
2. Optimal financial management to maximise health outcomes	2.1. Allocate sufficient funds to ensure the sustained delivery of the full package of quality rehabilitation hospital services by 2014.	2.1.1. Ensure the cost effective management of rehabilitation hospitals at a target expenditure of R2-159 R2-222 per PDE by 2014/15. [2010/11 Rands].	2) Expenditure per patient day equivalent (PDE) (in rehabilitation hospitals) Numerator Denominator	R-1 945 R 1 880	R-2-159 R 2 222	Ensure that health resources are appropriately, efficiently and effectively applied to improve the health status of patients to ensure sustainability of services.
3. Ensure and maintain organisational management capacity and synergy.	3.1. Ensure that management provides sustained and strategic direction in the delivery of health services, with well-defined efficiency targets towards improving quality of care.	3.1.1. Efficiently manage the allocated resources of rehabilitation services to achieve a target bed utilisation rate of 73% 75.8% and an average length of stay of 46 48.3 days by 2014/15.	3) Bed utilisation rate (based on usable beds) in rehabilitation hospitals (inpatient bed utilisation rate (based on usable beds in rehabilitation hospitals)) Numerator Denominator	85.0% 85.1%	73% 75.8%	<ul style="list-style-type: none"> Improve inpatient and outpatient services at the appropriate health sites, creating opportunities for clinical coherence. Minimize patient transfers between institutions.
			4) Average length of stay (in rehabilitation hospitals) Numerator Denominator	58.0 days 58.4 days	46 days 48.3 days	Ensure that health resources are appropriately, efficiently and effectively applied to improve the health status of patients to ensure sustainability of services.
				48 431 56 940	44 600 43 185 56 940	National Department of Health Ten Point Plan: <ul style="list-style-type: none"> Improve the quality of health services. Overhauling the health system and improving its management. Provincial priority: Increasing wellness.
				48 431 829	44 600 43 185 903 894	

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target			Links
			Strategic objective performance indicator	Baseline 2009/10	Target 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 patients risk rehabilitation hospitals by monthly mortality and morbidity meetings by 2014/15.	5) Percentage of rehabilitation hospitals with monthly mortality and morbidity meetings review rate in Rehabilitation Hospitals Numerator Denominator	0% Not required to report	100% 4/10 4/10	National Department of Health Ten Point Plan: <ul style="list-style-type: none"> Improve the quality of health services Provincial priority: Increasing wellness

Table 4.4: REVISED Strategic objectives and expected outcomes for rehabilitation hospitals for 2010 – 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target			Links
			Strategic objective performance indicator	Baseline 2009/10	Target 2014/15	
1. Address the burden of disease.	1.1. Ensure 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)	156	156	National Department of Health Ten Point Plan: <ul style="list-style-type: none"> Improve the quality of health services Negotiated Service Delivery Agreement (NSDA): <ul style="list-style-type: none"> Combating HIV and AIDS and decrease the burden of disease from TB. Provincial priority: Increasing wellness. Departmental priority: Comprehensive Service Plan
2. Optimal financial management to maximise health outcomes	2.1. Allocate sufficient funds to ensure the sustained delivery of the full package of quality rehabilitation hospital services by 2014.	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].	2) Expenditure per patient day equivalent (PDE) (in rehabilitation hospitals) Numerator Denominator	R 1 880 106 788 157 56 801	R 2 222 104 456 364 46 741	National Department of Health Ten Point Plan: <ul style="list-style-type: none"> Improve the quality of health services. Overhauling the health system and improving its management. Provincial priority: Increasing wellness.

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 2014/15		
3. Ensure and maintain organisational strategic management capacity and synergy.	3.1. Ensure that management provides sustained and strategic direction in the delivery of health services.	3.1.1. Efficiently manage the allocated resources of rehabilitation services to achieve a target bed utilization rate of 74.1% and an average length of stay of 48.3 days by 2014/15.	3) Inpatient bed utilisation rate (based on usable beds in rehabilitation hospitals)	85.1%	75.8%	<ul style="list-style-type: none"> Improve inpatient and outpatient services at the appropriate health sites, creating opportunities for clinical coherence. Minimize patient transfers between institutions. 	
			Numerator Denominator	48 431 56 940	43 185 56 940		
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 patients risk rehabilitation hospitals by monthly mortality and morbidity meetings by 2014/15.	4) Average length of stay (in rehabilitation hospitals)	58.4 days	48.3 days	Ensure that health resources are appropriately, efficiently and effectively applied to improve the health status of patients to ensure sustainability of services.	National Department of Health Ten Point Plan: <ul style="list-style-type: none"> Improve the quality of health services. Overhauling the health system and improving its management. Provincial priority: Increasing wellness.
			Numerator Denominator	48 431 829	43 185 894		
			5) Mortality and morbidity review rate in Rehabilitation Hospitals	Not required to report	100%	Systematically assess patient risk through an institutionalised process of regular mortality and morbidity meetings	National Department of Health Ten Point Plan: <ul style="list-style-type: none"> Improve the quality of health services Provincial priority: Increasing wellness
			Numerator Denominator	- -	10 10		

Table 4.5: Strategic objectives and expected outcomes for dental training hospitals for 2010 – 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target		Justification	Links
			Strategic objective performance indicator	Baseline 2009/10		
1. Address the burden of disease.	1.1. Ensure access to dental training hospitals.	4.1.1.1 Ensure access to an integrated oral health service and training platform by providing for 426-000 115 130 patient visits per annum by 2014/15.	1) Number of oral health patient visits per annum	175 200	426-000 115 150	<ul style="list-style-type: none"> • Increase patient access to dental services. • Improve the Western Cape's population health status. • Maximize access to services and specialized care ensuring clinical skills and expertise are concentrated at the correct level of care.
		4.1.1.2 Perform 1160 maxillofacial surgery procedures by 2014/15.	2) Number of oral health #theatre cases per annum	4-578	4-160	
		4.1.1.3 Provide quality removable prosthetic devices to patients with a target of 6 200 4 470 by 2014/15.	3) Number of removable oral health prosthetic devices manufactured (dentures)	3 026	6-200 4 470	
		4.1.1.4 Provide a quality orthodontic service to dental patients with a target of 200 by 2014/15.	4) Number of new patients banded for orthodontic treatment (braces)	New indicator	200	

Table 4.5: REVISED Strategic objectives and expected outcomes for dental training hospitals for 2010 – 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target		Justification	Links
			Strategic objective performance indicator	Baseline 2009/10		
1. Address the burden of disease.	1.1. Ensure access to dental training hospitals.	1.1.1.1 Ensure access to an integrated oral health service and training platform by providing for 118 168 patient visits per annum by 2014/15.	1) Number of oral health patient visits per annum	175 200	115 150	<ul style="list-style-type: none"> • Increase patient access to dental services. • Improve the Western Cape's population health status. • Maximize access to services and specialized care ensuring clinical skills and expertise are concentrated at the correct level of care.
		1.1.1.2 Provide quality removable prosthetic devices to patients with a target of 4 470 by 2014/15.	2) Number of prosthetic devices manufactured (dentures)	3 026	4 470	

PROGRAMME 5: CENTRAL HOSPITAL SERVICES (HIGHLY SPECIALISED)
SPECIFICATION OF STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 2010-2015.

Table 5.1 below is reflected on page 99 of the Strategic Plan 2010 – 2014.

The strategic objectives that are being updated are in strikethrough italic font. The updated text is highlighted in grey.

Table 5.1: Strategic objectives and expected outcomes for central hospitals for 2010 – 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 2014/15		
1. Address the burden of disease	1.1. Reduce maternal mortality due to complications during delivery.	1.1.1. Perform appropriate caesarean sections to ensure improved outcomes and safety for mothers and babies by 2014/15.	1) Caesarean-section-rate in-central-hospitals ¹ Delivery by caesarean section rate (in central hospitals)	44% 43.9%	47.7%	Ensure an improved health outcome for mothers and babies.	MDG 5: Improve maternal health. NSDA: <ul style="list-style-type: none"> Increase life expectancy. Decrease the maternal mortality ratio NDOH Ten Point Plan, 8: <ul style="list-style-type: none"> Mass mobilisation for the better health of the population. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
	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 2 545 2 359 beds.	2) Number-of-operational-beds-in-central-hospitals. Number of usable beds (in central hospitals)	4-460 1 468	2-545 2 359	Fulfil the Constitutional mandate for the Western Cape and beyond. Play a key role in health system strengthening.	NSDA: <ul style="list-style-type: none"> Health system effectiveness NDOH Ten Point Plan: <ul style="list-style-type: none"> Overhauling the health care system and improving its management. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
	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 occupancy rate of 85% 84.8% by 2014/15.	3) Bed-utilisation-rate (based-on-usable-beds)-in-central-hospitals Inpatient bed utilisation rate (based on usable beds in central hospitals)	83% 83.3%	85.0% 84.8%	Fulfil the Constitutional mandate for the Western Cape and beyond. Play a key role in health system strengthening.	NSDA: <ul style="list-style-type: none"> Health system effectiveness NDOH Ten Point Plan: <ul style="list-style-type: none"> Overhauling the health care system and improving its management. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
			Numerator Denominator	5 052 11 509	5-745 5 104 42-050 10 700		
			Numerator Denominator	446 444 446 412 535 820	789-929 730 387 928-925 861 035		

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 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, central hospital services.	2.1.1. Ensure the cost effective management of central hospitals at a target cost of R3-262 R3-421 per patient day equivalent by 2014/15 [2010/11 2011/12 Rands].	4) Expenditure per patient day equivalent (PDE) (in central hospitals) Numerator Denominator	R3-733 R 4 680 2-335-490-820 2 912 588 689 625 661	R3-262 R 3 421 3-645-709-482 3 447 657 153 4-147-470 1 007 849	Ensure the efficient application of resources in rendering health services.	NDOH Ten Point Plan: <ul style="list-style-type: none"> Provision of strategic leadership and creation of a social compact for better health outcomes. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
3. Ensure 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 5-6 6.0 days for central hospitals by 2014/15.	5) Average length of stay (in central hospitals). Numerator Denominator	6.5 days 446-444 446-412 68 231	5-6 days 6.0 days 789-929 730 387 439-947 121 731	Ensure the optimal utilisation of hospital resources.	NDOH Ten Point Plan: <ul style="list-style-type: none"> Overhauling the health care system and improving its management.. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
4. Improve the quality of health services and the patient experience.	4.1. Improve the quality of health services.	4.1.1. To ensure appropriate mechanisms to measure improvement in quality of health services.	6) Number of central hospitals with monthly mortality and morbidity meetings. Mortality and morbidity review rate in central hospitals Numerator Denominator	3 Not required to report	3 82.9% 58 70	Ensure the maintenance and constant improvement of the quality of health services.	NSDA: <ul style="list-style-type: none"> Health system effectiveness NDOH Ten Point Plan: <ul style="list-style-type: none"> Improve quality of health services. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.

Table 5.1: REVISED Strategic objectives and expected outcomes for central hospitals for 2010 – 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 2014/15		
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) Numerator Denominator	43.9% 5 052 11 509	47.7% 5 104 10 700	Ensure an improved health outcome for mothers and babies.	MDG 5: Improve maternal health. NSDA: <ul style="list-style-type: none"> Increase life expectancy: Decrease the maternal mortality ratio NDOH Ten Point Plan, 8: <ul style="list-style-type: none"> Mass mobilisation for the better health of the population. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
	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.	2) Number of usable beds (in central hospitals)	1 468	2 359	Fulfil the Constitutional mandate for the Western Cape and beyond. Play a key role in health system strengthening.	NSDA: <ul style="list-style-type: none"> Health system effectiveness NDOH Ten Point Plan: <ul style="list-style-type: none"> Overhauling the health care system and improving its management. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
	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 occupancy rate of 84.8% by 2014/15.	3) Inpatient bed utilisation rate (based on usable beds in central hospitals) Numerator Denominator	83.3% 446 412 535 820	84.8% 730 387 861 035	Fulfil the Constitutional mandate for the Western Cape and beyond. Play a key role in health system strengthening.	NSDA: <ul style="list-style-type: none"> Health system effectiveness NDOH Ten Point Plan: <ul style="list-style-type: none"> Overhauling the health care system and improving its management. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
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].	4) Expenditure per patient day equivalent (PDE) (in central hospitals) Numerator Denominator	R 4 680 2 912 588 689 625 661	R 3 421 3 447 657 153 1 007 849	Ensure the efficient application of resources in rendering health services.	NDOH Ten Point Plan: <ul style="list-style-type: none"> Provision of strategic leadership and creation of a social compact for better health outcomes. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
	3. Ensure 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 5-6.0 days for central hospitals by 2014/15.	5) Average length of stay (in central hospitals). Numerator Denominator	6.5 days 446 412 68 231	Ensure the optimal utilisation of hospital resources.	NDOH Ten Point Plan: <ul style="list-style-type: none"> Overhauling the health care system and improving its management. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
4. Improve the quality of health services and the patient experience.	4.1. Improve the quality of health services.	4.1.1. To ensure appropriate mechanisms to measure improvement in quality of health services.	6) Mortality and morbidity review rate in central hospitals Numerator Denominator	Not required to report	82.9% 58 70	Ensure the maintenance and constant improvement of the quality of health services.	NSDA: <ul style="list-style-type: none"> Health system effectiveness NDOH Ten Point Plan: <ul style="list-style-type: none"> Improve quality of health services. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.

Table 5.2: Strategic objectives and expected outcomes for Grootte Schuur hospital for 2010 – 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator	Strategic objective performance indicator, baseline and target		Justification	Links
				Baseline 2009/10	Target 2014/15		
1. Address the burden of disease	1.1. Reduce maternal mortality due to complications during delivery.	1.1.1. Perform appropriate 54% 56.0% clinically indicated caesarean sections to ensure improved outcomes and safety for mothers and babies by 2014/15.	1) Caesarean-section-rate #-Grootte-Schuur Hospital-Delivery caesarean section rate (in Grootte Schuur Hospital) Numerator Denominator	52.5%	54% 56.0%	Ensure an improved health outcome for mothers and babies.	MDG 5: Improve maternal health. NSDA: <ul style="list-style-type: none"> Increase life expectancy. Decrease the maternal mortality ratio NDOH Ten Point Plan, 8: <ul style="list-style-type: none"> Mass mobilisation for the better health of the population. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
	1.2. Ensure the delivery of Grootte Schuur 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 894 975 beds.	2) Number-of-operational-beds-in-Grootte-Schuur-hospital-Number-of-usable-beds-(in Grootte Schuur Hospital)	625	894 975	Fulfil the Constitutional mandate for the Western Cape and beyond. Play a key role in health system strengthening.	NSDA: <ul style="list-style-type: none"> Health system effectiveness NDOH Ten Point Plan: <ul style="list-style-type: none"> Overhauling the health care system and improving its management. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
	1.3. Ensure optimal access to Grootte Schuur services to manage the burden of disease.	1.3.1. Efficiently manage resources to achieve the target bed occupancy rate of 86% 86.0% by 2014/15.	3) Bed-utilisation-rate (based-on-actual-beds)-#-Grootte-Schuur-Inpatient bed utilisation rate (based on usable beds in Grootte Schuur Hospital)	92.4%	86% 86.0%	Fulfil the Constitutional mandate for the Western Cape and beyond. Play a key role in health system strengthening.	NSDA: <ul style="list-style-type: none"> Health system effectiveness NDOH Ten Point Plan: <ul style="list-style-type: none"> Overhauling the health care system and improving its management. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
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, Grootte Schuur services.	2.1.1. Ensure the cost effective management of Grootte Schuur at a target cost of R3-547 R3 670 per patient day equivalent by 2014/15 [2011/12 Rands].	4) Expenditure per patient day equivalent (PDE) (in Grootte Schuur Hospital) Numerator Denominator	R3-733 R 4 540 2-335-490-820 1 363 766 677 300 397	R3-547 R 3 670 4-511-190-054 1 644 027 332 426-068 447 939	Ensure the efficient application of resources in rendering health services.	NDOH Ten Point Plan: <ul style="list-style-type: none"> Provision of strategic leadership and creation of a social compact for better health outcomes. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 2014/15		
3. Ensure 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 services.	3.1.1. Effectively manage allocated resources to achieve the target average length of stay of 5-9 6.0 days for Groote Schuur by 2014/15.	5) Average length of stay (in Groote Schuur Hospital). Numerator Denominator	6.5 days 6.3 days 446 411 210 880 68 234 33 293	5.9 days 6.0 days 286 189 306 053 48 863 51 009	NDOH Ten Point Plan: <ul style="list-style-type: none"> Overhauling the health care system and improving its management. Provincial priority: <ul style="list-style-type: none"> Increasing wellness. 	
4. Improve the quality of health services and the patient experience.	4.1. Improve the quality of health services.	4.1.1. To ensure appropriate mechanisms to measure improvement in quality of health services.	6) Groote Schuur with monthly mortality and morbidity meetings Mortality and morbidity review rate in Groote Schuur Hospital Numerator Denominator	Yes Not required to report	Yes 86.7% 26 30	NSDA: <ul style="list-style-type: none"> Health system effectiveness NDOH Ten Point Plan: <ul style="list-style-type: none"> Improve quality of health services. Provincial priority: <ul style="list-style-type: none"> Increasing wellness. 	

Table 5.2: REVISED Strategic objectives and expected outcomes for Groote Schuur hospital for 2010 – 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target		Justification	Links	
			Strategic objective performance indicator	Baseline 2009/10			Target 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 Groote Schuur Hospital) Numerator Denominator	52.5% 2 861 5 452	56.0% 1 848 3 300	MDG 5: Improve maternal health. NSDA: <ul style="list-style-type: none"> Increase life expectancy. Decrease the maternal mortality ratio NDOH Ten Point Plan, 8: <ul style="list-style-type: none"> Mass mobilisation for the better health of the population. Provincial priority: <ul style="list-style-type: none"> Increasing wellness. 	
	1.2. Ensure the delivery of Groote Schuur 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.	2) Number of usable beds (in Groote Schuur Hospital)	625	975	Fulfil the Constitutional mandate for the Western Cape and beyond. Play a key role in health system strengthening.	NSDA: <ul style="list-style-type: none"> Health system effectiveness NDOH Ten Point Plan: <ul style="list-style-type: none"> Overhauling the health care system and improving its management. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
	1.3. Ensure optimal access to Groote Schuur services to manage the burden of disease.	1.3.1. Efficiently manage resources to achieve the target bed occupancy rate of 86.0% by 2014/15.	3) Inpatient bed utilisation rate (based on usable beds in Groote Schuur Hospital)	92.4% Numerator Denominator	86.0% 306 053 355 875	Fulfil the Constitutional mandate for the Western Cape and beyond. Play a key role in health system strengthening.	NSDA: <ul style="list-style-type: none"> Health system effectiveness NDOH Ten Point Plan: <ul style="list-style-type: none"> Overhauling the health care system and improving its management. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
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, Groote Schuur services.	2.1.1. Ensure the cost effective management of Groote Schuur at a target cost of R3 670 per patient day equivalent by 2014/15 [2011/12 Rands].	4) Expenditure per patient day equivalent (PDE) (in Groote Schuur Hospital) Numerator Denominator	R 4 540 1 363 766 677 300 397	R 3 670 1 644 027 332 447 939	NDOH Ten Point Plan: <ul style="list-style-type: none"> Provision of strategic leadership and creation of a social compact for better health outcomes. Provincial priority: <ul style="list-style-type: none"> Increasing wellness. 	
	3.1. Management provides sustained strategic direction in the delivery of sustained health services with well-defined efficiency targets for Groote Schuur services.	3.1.1. Effectively manage allocated resources to achieve the target average length of stay of 6.0 days for Groote Schuur by 2014/15.	5) Average length of stay (in Groote Schuur Hospital) Numerator Denominator	6.3 days 210 880 33 293	6.0 days 306 053 51 009	NDOH Ten Point Plan: <ul style="list-style-type: none"> Overhauling the health care system and improving its management. Provincial priority: <ul style="list-style-type: none"> Increasing wellness. 	
4. Improve the quality of health services and the patient experience.	4.1.1. Improve the quality of health services.	4.1.1. To ensure appropriate mechanisms to measure improvement in quality of health services.	6) Mortality and morbidity review rate in Groote Schuur Hospital Numerator Denominator	Not required to report	86.7% 26 30	NSDA: <ul style="list-style-type: none"> Health system effectiveness NDOH Ten Point Plan: <ul style="list-style-type: none"> Improve quality of health services. Provincial priority: <ul style="list-style-type: none"> Increasing wellness. 	

Table 5.3: Strategic objectives and expected outcomes for Tygerberg hospital for 2010 – 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target		Justification	Links	
			Strategic objective performance indicator	Baseline 2009/10			Target 2014/15
1. Address the burden of disease	1.1. Reduce maternal mortality due to complications during delivery.	1.1.1. Perform appropriate 42% 44.0% clinically indicated caesarean sections to ensure improved outcomes and safety for mothers and babies by 2014/15.	1) Caesarean-section-rate in-Tygerberg-hospital section rate (in Tygerberg Hospital)	36.2% 2 191 6 057	42% 44.0% 2-66Z 3 256 6-360 7 400	MDG 5: Improve maternal health. NSDA: <ul style="list-style-type: none"> Increase life expectancy: Decrease the maternal mortality ratio NDOH Ten Point Plan, 8: <ul style="list-style-type: none"> Mass mobilisation for the better health of the population. Provincial priority: <ul style="list-style-type: none"> Increasing wellness. 	
	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.	2) Number-of-operational-beds-in-Tygerberg-hospital. Number of usable beds (in Tygerberg Hospital)	608	1 384	Fulfil the Constitutional mandate for the Western Cape and beyond. Play a key role in health system strengthening.	NSDA: <ul style="list-style-type: none"> Health system effectiveness NDOH Ten Point Plan: <ul style="list-style-type: none"> Overhauling the health care system and improving its management. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
	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 occupancy rate of 83% 84.0% by 2014/15.	3) Bed-utilisation-rate (based-on-usable-beds) in-Tygerberg-hospital inpatient bed utilisation rate (based on usable beds in Tygerberg Hospital)	63% 73.5% 446-444 163 121 535-820 221 920	83% 84.0% 449-283 424 334 505 160	Fulfil the Constitutional mandate for the Western Cape and beyond. Play a key role in health system strengthening.	NSDA: <ul style="list-style-type: none"> Health system effectiveness NDOH Ten Point Plan: <ul style="list-style-type: none"> Overhauling the health care system and improving its management. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
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, Tygerberg hospital services.	2.1.1. Ensure the cost effective management of Tygerberg hospital at a target cost of R2-995 R3 221 per patient day equivalent by 2014/15 [2010/11 2011/12 Rands].	4) Expenditure per patient day equivalent (PDE) (in Tygerberg Hospital)	R3-733 R 4 924 2-335-490-820 1 111 287 063 225 672	R2-995 R 3 221 4-658-207-843 1 803 629 821 563-607 559 910	NDOH Ten Point Plan: <ul style="list-style-type: none"> Provision of strategic leadership and creation of a social compact for better health outcomes. Provincial priority: <ul style="list-style-type: none"> Increasing wellness. 	

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 2014/15		
3. Ensure 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 services.	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.	5) Average length of stay (in Tygerberg hospital). Numerator Denominator	6-5 days 7.2 days 446 447 163 121 68 237 22 611	6.0 days 449-283 424 334 70-338 70 722	Ensure the optimal utilisation of hospital resources.	NDOH Ten Point Plan: <ul style="list-style-type: none"> Overhauling the health care system and improving its management. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
4. Improve the quality of health services and the patient experience.	4.1. Improve the quality of health services.	4.1.1. To ensure appropriate mechanisms to measure improvement in quality of health services.	6) Tygerberg hospital with monthly mortality and morbidity meetings Mortality and morbidity review rate in TBH Numerator Denominator	Yes Not required to report	Yes 80.0% 32 40	Ensure the maintenance and constant improvement of the quality of health services.	NSDA: <ul style="list-style-type: none"> Health system effectiveness NDOH Ten Point Plan: <ul style="list-style-type: none"> Improve quality of health services. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.

Table 5.3: REVISED Strategic objectives and expected outcomes for Tygerberg hospital for 2010 – 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 2014/15		
1. Address the burden of disease	1.1. Reduce maternal mortality due to complications during delivery.	1.1.1. Perform appropriate 44.0% 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) Numerator Denominator	36.2% 2 191 6 057	44.0% 3 256 7 400	Ensure an improved health outcome for mothers and babies.	MDG 5: Improve maternal health. NSDA: • Increase life expectancy: • Decrease the maternal mortality ratio NDOH Ten Point Plan, 8: • Mass mobilisation for the better health of the population. Provincial priority: • Increasing wellness.
	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.	2) Number of usable beds (in Tygerberg Hospital)	608	1 384	Fulfil the Constitutional mandate for the Western Cape and beyond. Play a key role in health system strengthening.	NSDA: • Health system effectiveness NDOH Ten Point Plan: • Overhauling the health care system and improving its management. Provincial priority: • Increasing wellness.
	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 occupancy rate of 84.0% by 2014/15.	3) Inpatient bed utilisation rate (based on usable beds in Tygerberg Hospital) Numerator Denominator	73.5% 163 121 221 920	84.0% 424 334 505 160	Fulfil the Constitutional mandate for the Western Cape and beyond. Play a key role in health system strengthening.	NDOH Ten Point Plan: • Provision of strategic leadership and creation of a social compact for better health outcomes. Provincial priority: • Increasing wellness.
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, Tygerberg hospital services.	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].	4) Expenditure per patient day equivalent (PDE) (in Tygerberg Hospital) Numerator Denominator	R 4 924 1 111 287 053 225 672	R 3 221 1 803 629 821 559 910	Ensure the efficient application of resources in rendering health services.	NDOH Ten Point Plan: • Overhauling the health care system and improving its management. Provincial priority: • Increasing wellness.
	3.1. Management provides sustained strategic direction in the delivery of sustained health services with well-defined efficiency targets for Tygerberg hospital services.	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.	5) Average length of stay (in Tygerberg hospital). Numerator Denominator	7.2 days 163 121 22 611	6.0 days 424 334 70 722	Ensure the optimal utilisation of hospital resources.	NSDA: • Health system effectiveness NDOH Ten Point Plan: • Improve quality of health services. Provincial priority: • Increasing wellness.
4. Improve the quality of health services and the patient experience.	4.1.1. Improve the quality of health services.	4.1.1. To ensure appropriate mechanisms to measure improvement in quality of health services.	6) Mortality and morbidity review rate in TBH Numerator Denominator	Not required to report	80.0% 32 40	Ensure the maintenance and constant improvement of the quality of health services.	NSDA: • Health system effectiveness NDOH Ten Point Plan: • Improve quality of health services. Provincial priority: • Increasing wellness.

Table 5.4: Strategic objectives and expected outcomes for Red Cross war Memorial Children's Hospital for 2010 – 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 2014/15		
1. Address the burden of disease	1.1. Ensure the delivery of RCWMCH services to manage the burden of disease at the appropriate level of care.	1.1.1. Ensure access to RCWMCH services by providing 270 beds	1) Number of operational beds in RCWMCH Number of usable beds (in RCWMCH)	235	270	Fulfil the Constitutional mandate for the Western Cape and beyond. Play a key role in health system strengthening.	NSDA: <ul style="list-style-type: none"> Health system effectiveness NDOH Ten Point Plan: <ul style="list-style-type: none"> Overhauling the health care system and improving its management. Provincial priority: Increasing wellness.
	1.2. Ensure optimal access to RCWMCH services to manage the burden of disease.	1.2.1. Efficiently manage resources to achieve the target bed occupancy rate of 86%-85% by 2014/15.	2) Bed utilisation rate (based on usable beds) in RCWMCH Inpatient bed utilisation rate (based on usable beds in RCWMCH)	84.4% 84.4%	86% 85.0%		
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, RCWMCH services.	2.1.1. Ensure the cost effective management of RCWMCH at a target cost of R3 457 R3 684 per patient day equivalent by 2014/15 [204044 2011/12 Rands].	Numerator	84 457 83 768	84 457 83 768	Ensure the efficient application of resources in rendering health services.	NDOH Ten Point Plan: <ul style="list-style-type: none"> Provision of strategic leadership and creation of a social compact for better health outcomes. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
			Denominator	72 411 85 775	84 457 83 768		
3. Ensure 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 services.	3.1.1. Effectively manage allocated resources to achieve the target average length of stay of 4.1 4.2 days for RCWMCH by 2014/15.	3) Expenditure per patient day equivalent (PDE) (in RCWMCH)	R3 733 R 4 393	R3 457 R 3 684	Ensure the optimal utilisation of hospital resources.	NDOH Ten Point Plan: <ul style="list-style-type: none"> Overhauling the health care system and improving its management. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
			Numerator	2 335 490 820 437 534 959	476 321 565 507 043 516		
4. Improve the quality of health services and the patient experience.	4.1. Improve the quality of health services.	4.1.1. To ensure appropriate mechanisms to measure improvement in quality of health services.	Denominator	625 664 99 592	437 795 137 616	Ensure the maintenance and constant improvement of the quality of health services.	NSDA: <ul style="list-style-type: none"> Health system effectiveness NDOH Ten Point Plan: <ul style="list-style-type: none"> Improve quality of health services. Provincial priority: Increasing wellness.
			Average length of stay (in RCWMCH)	6.5 days 5.9 days	4.1 days 4.2 days		
			5) RCWMCH with monthly mortality and morbidity meetings Mortality and morbidity review rate in RCWMCH	Yes Not required to report	Yes 100.0%		

Table 5.4: REVISED Strategic objectives and expected outcomes for Red Cross war Memorial Children's Hospital for 2010 – 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target		Justification	Links
			Strategic objective performance indicator	Baseline 2009/10		
1. Address the burden of disease	1.1. Ensure the delivery of RCWMCH services to manage the burden of disease at the appropriate level of care.	1.1.1. Ensure access to RCWMCH services by providing 270 beds	1) Number of usable beds (in RCWMCH)	235	270	NSDA: <ul style="list-style-type: none"> Health system effectiveness NDOH Ten Point Plan: <ul style="list-style-type: none"> Overhauling the health care system and improving its management. Provincial priority: Increasing wellness.
	1.2. Ensure optimal access to RCWMCH services to manage the burden of disease.	1.2.1. Efficiently manage resources to achieve the target bed occupancy rate of 85% by 2014/15.	2) Inpatient bed utilisation rate (based on usable beds in RCWMCH) Numerator Denominator	84.4% 72 411 85 775	85.0% 83 768 98 550	Fulfil the Constitutional mandate for the Western Cape and beyond. Play a key role in health system strengthening
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, RCWMCH services.	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].	3) Expenditure per patient day equivalent (PDE) (in RCWMCH) Numerator Denominator	R 4 393 437 534 959 99 592	R 3 684 507 043 516 137 616	NDOH Ten Point Plan: <ul style="list-style-type: none"> Provision of strategic leadership and creation of a social compact for better health outcomes. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
	3. Ensure 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 services.	3.1.1. Effectively manage allocated resources to achieve the target average length of stay of 4.2 days for RCWMCH by 2014/15.	4) Average length of stay (in RCWMCH) Numerator Denominator	5.9 days 72 411 12 327	4.2 days 83 768 19 945
4. Improve the quality of health services and the patient experience.	4.1. Improve the quality of health services.	4.1.1. To ensure appropriate mechanisms to measure improvement in quality of health services.	5) Mortality and morbidity review rate in RCWMCH	Not required to report	100.0%	NSDA: <ul style="list-style-type: none"> Health system effectiveness NDOH Ten Point Plan: <ul style="list-style-type: none"> Improve quality of health services. Provincial priority: <ul style="list-style-type: none"> Increasing wellness.
					10 10	

PROGRAMME 6: HEALTH SCIENCES AND TRAINING
SPECIFICATION OF STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 2010 – 2014

Table 6.1 below is reflected on page 108 of the Strategic Plan 2010 – 2014.

The strategic objectives that are being updated are in strikethrough italic font. The updated text is highlighted in grey.

Table 6.1: Strategic objectives and expected outcomes for 2010 – 2014

Strategic Goal Statement	Strategic Objective Title	Strategic Objective Statement	Strategic objective indicator, baseline and target		Justification	Links	
			Strategic objective indicator	2009/10 Baseline			2014/15 Target
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) Basic nurse students graduating (at nursing college and HEIs)	299 256	600	NSDA: Focus area: <ul style="list-style-type: none"> Health system effectiveness NDOH Ten Point Plan for 2009 - 2014, priority 5. Improve human resources Provincial strategic plan: <ul style="list-style-type: none"> Increasing wellness 	
		1.1.2 Ensure optimum competency levels of 150 health and support professionals per annum through education, training and development by 2014/15.	2) EMC intake on accredited HPCSA courses	250	150		
	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 2-200 1 400 per annum by 2014/15.	3) Intake of Home Community Based Carers (HCBCs)	4 840 1 896	2-200 1 400		To create additional community-based services capacity for step-down de-hospitalised care to service patients in the communities where they live and to facilitate access to employment for unemployed persons.
		1.2.2. Increase the number of data-capturer-interns required at health-care facilities to 460 per annum by 2014/15.	4) Intake of data-capturer interns	492	460		
		1.2.3. Expand the number of pharmacy assistant-basic learnerships to meet the needs of health-care facilities to 430 per annum by 2014/15.	5) Intake of pharmacy assistants-in training	40	430		To increase the critical mass of pharmacy assistants-post-basic to address scarce skills.

Strategic Goal Statement	Strategic Objective Title	Strategic Objective Statement	Strategic objective indicator, baseline and target			Justification	Links
			Strategic objective indicator	2009/10 Baseline	2014/15 Target		
		1.2.4. Increase the numbers of Assistant to Artisans (ATAs) interns to address the maintenance of health care facilities to 420 per annum by 2014/15.	6) Intake of Assistant to Artisans (ATAs) interns	447	420	To increase the critical mass of Assistant to Artisans (ATAs) to address the continuous maintenance requirements of health facilities.	
		1.2.5. Increase the number of human resource and finance interns to 140 per annum by 2014/15.	7) Intake of HR and finance interns	0	140	HR and Finance functionaries are viewed as critical and scarce skills within the HR Plan.	

Table 6.1: REVISED Strategic objectives and expected outcomes for 2010 – 2014

Strategic Goal Statement	Strategic Objective Title	Strategic Objective Statement	Strategic objective indicator, baseline and target			Justification	Links
			Strategic objective indicator	2009/10 Baseline	2014/15 Target		
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) Basic nurse students graduating (at nursing college and HEIs)	256	600	Increase the critical mass of health science students to address scarce skills.	NSDA: Focus area: <ul style="list-style-type: none"> Health system effectiveness NDOH Ten Point Plan for 2009 - 2014, priority 5: <ul style="list-style-type: none"> Improve human resources Provincial strategic plan: <ul style="list-style-type: none"> Increasing wellness
		1.1.2 Ensure optimum competency levels of 150 health and support professionals per annum through education, training and development by 2014/15.	2) EMC intake on accredited HPSCA courses	250	150	Increase the number of competent EMC staff.	
		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 2-260 1 400 per annum by 2014/15.	3) Intake of Home Community Based Carers (HCBCs)	1 896	1 400	To create additional community-based services capacity for step-down de-hospitalised care to service patients in the communities where they live and to facilitate access to employment for unemployed persons.	
	1.2 Use the Expanded Public Works Programme (EPWP) to create employment opportunities linked to training in line with the Human Resource Plan.						NSDA: Focus area: <ul style="list-style-type: none"> Health system effectiveness NDOH Ten Point Plan for 2009 - 2014, priority 5: <ul style="list-style-type: none"> Improve human resources Provincial strategic plan: <ul style="list-style-type: none"> Increasing wellness

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES
SUB-PROGRAMME 7.1 LAUNDRY SERVICES

Table 7.1 below is reflected on page 113 of the Strategic Plan 2010 – 2014.
 The strategic objectives that are being updated are in strikethrough italic font. The updated text is highlighted in grey.

Table 7.1: Strategic objective and outcomes fo Laundry Services for 2010 – 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 2014/15		
1. Develop and maintain appropriate health technology, infrastructure and ICT.	1.1 Effective and efficient laundry service	1.1.1 Provide a cost effective and efficient laundry service to all health facilities by 2014/15.	Average cost per item laundered in-house	R1.90	R5.90 R4.40	The average cost per piece of in-house laundry services is monitored to ensure that the service is not unduly expensive when compared to the private sector.	NSDA: • Health system effectiveness. National Ten Point Plan Priority 6: Improve the quality of health services Departmental Strategic Goals: • Reduce and effectively manage the burden of disease. • Ensure and maintain organisational strategic management capacity and synergy. • Provide and maintain appropriate health technology and infrastructure.
			Numerator	28 500 000	90 098 900 73 593 971		
			Denominator	15 000 000	45 274 000 16 715 124		

Table 7.1: REVISED Strategic objective and outcomes for Laundry Services for 2010 – 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 2014/15		
1. Develop and maintain appropriate health technology, infrastructure and ICT.	1.1 Effective and efficient laundry service	1.1.1 Provide a cost effective and efficient laundry service to all health facilities by 2014/15.	1) Average cost per item laundered in-house Numerator Denominator	R1.90 28 500 000 15 000 000	R4.40 73 593 971 16 715 124	The average cost per piece of in-house laundry services is monitored to ensure that the service is not unduly expensive when compared to the private sector.	NSDA: <ul style="list-style-type: none"> Health system effectiveness. National Ten Point Plan Priority 6: Improve the quality of health services Departmental Strategic Goals: <ul style="list-style-type: none"> Reduce and effectively manage the burden of disease. Ensure and maintain organisational strategic management capacity and synergy. Provide and maintain appropriate health technology and infrastructure.

SUB-PROGRAMME 7.2 ENGINEERING SERVICES

Table 7.2 below is reflected on page 116 of the Strategic Plan 2010 – 2014.

The strategic objectives that are being updated are in strikethrough italic font. The updated text is highlighted in grey.

Table 7.2: Strategic objectives and outcomes for Engineering Services 2010 – 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target		Justification	Links
			Strategic objective performance indicator	Baseline 2009/10		
1. Develop and maintain appropriate health technology, infrastructure and ICT.	1.1 Efficient and effective maintenance service to all health facilities.	1.1.1 Ensure that 92% 91.8% of all engineering emergency cases reported are attended to within 48 hours by 2014/15.	Percentage of engineering emergency cases attended to within 48 hours Numerator Denominator	New indicator -	<p>92% 91.8%</p> <p>464 191</p> <p>478 208</p>	<p>NSDA:</p> <ul style="list-style-type: none"> Strengthening health system effectiveness. <p>National Ten Point Plan Priority 6: Revitalisation of infrastructure Departmental Strategic Goals:</p> <ul style="list-style-type: none"> Address the burden of disease. Improve the quality of health services and the patient experience Ensure and maintain organisational strategic management capacity and synergy. Develop and maintain a capacitated workforce to deliver the required health services. Develop and maintain appropriate health technology, infrastructure and ICT. Optimal financial management to maximise health outcomes
	1.2 Efficiency and effectiveness of Engineering Services.	1.1.2 Provide an effective and efficient maintenance service to all health facilities maintained by Engineering Services by 2014/15.	Percentage of maintenance budget spent Numerator Denominator	99% 98.9%	<p>100%</p> <p>407-803-# 106 525 m</p> <p>407-803-# 106 525 m</p>	
			Percentage of clinical engineering maintenance jobs completed Numerator Denominator	New indicator	<p>95.0% 77.5%</p> <p>43-744 8 000</p> <p>44-437 10 320</p>	
			Percentage of maintenance jobs (excluding clinical engineering jobs) completed Numerator Denominator	New indicator	<p>95% 92.0%</p> <p>43-466 13 149</p> <p>43-845 14 292</p>	

Table 7.2: REVISED Strategic objectives and outcomes for Engineering Services 2010 – 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target		Justification	Links	
			Strategic objective performance indicator	Baseline 2009/10			Target 2014/15
1. Develop and maintain appropriate health technology, infrastructure and ICT.	1.1 Efficient and maintenance service to all health facilities.	1.1.1 Ensure that 91.8% of all engineering emergency cases reported are attended to within 48 hours by 2014/15.	1) Percentage of engineering emergency cases attended to within 48 hours Numerator Denominator	New indicator	91.8%	NSDA: <ul style="list-style-type: none"> Strengthening health system effectiveness. National Ten Point Plan Priority 6: Revitalisation of infrastructure Departmental Strategic Goals: <ul style="list-style-type: none"> Address the burden of disease. Improve the quality of health services and the patient experience Ensure and maintain organisational strategic management capacity and synergy. Develop and maintain a capacitated workforce to deliver the required health services. Develop and maintain appropriate health technology, infrastructure and ICT. Optimal financial management to maximise health outcomes 	
	1.2 Efficiency and effectiveness of Engineering Services.	1.2.1 Provide an effective and efficient maintenance service to all health facilities maintained by Engineering Services by 2014/15.	2) Percentage of maintenance budget spent Numerator Denominator	98.8% 58 535 59 181	100% 106 525 m 106 525 m		
			3) Percentage of clinical engineering maintenance jobs completed Numerator Denominator	New indicator	77.5% 8 000 10 320		The Department needs to eradicate the maintenance backlog on buildings and equipment whilst ensuring that maintenance of newly built / upgraded facilities is also upheld. It is therefore essential that the maintenance budget is spent. Effective maintenance of clinical engineering equipment will maximise the lifespan of these assets, reduce breakdowns and ensure patient and staff safety.
			4) Percentage of maintenance jobs (excluding clinical engineering jobs) completed Numerator Denominator	New indicator	92.0% 13 149 14 292		The Department has physical assets with a replacement value estimated at R20 billion. Effective maintenance will maximise the lifespan of these assets, reduce breakdowns and ensure patient and staff safety.

SUB-PROGRAMME 7.3 FORENSIC PATHOLOGY SERVICES

Table 7.4 below is reflected on page 122 of the Strategic Plan 2010 – 2014.

The strategic objectives that are being updated are in strikethrough italic font. The updated text is highlighted in grey.

Table 7.4: Strategic objectives and outcomes for Forensic Pathology Services for 2010 – 2014

Strategic Goal statement	Strategic Objective Title	Strategic Objective Statement	Baseline		Justification	Links
			Baseline Measure	2009/10		
1. Burden of disease.	1.1 Ensure access to a forensic pathology service	1.1.1 Provide an efficient Forensic Pathology Service through maintenance of response times to achieve a response of 80% 79.0% within the 40 minutes target by 2014/15.	1) Percentage of FPS cases responded to within 40 minutes Numerator Denominator	New indicator -	80% 79.0% 7 399 7 386 9 249 9 349	NSDA: <ul style="list-style-type: none"> Health system effectiveness. National Ten Point Plan Priority 6: Improve the quality of health services Provincial Strategic Plan: <ul style="list-style-type: none"> Increasing wellness. Departmental Strategic Goals: <ul style="list-style-type: none"> Manage the burden of disease. Batho Pele Principles
		4.1.2 Provide an efficient Forensic Pathology Service through ensuring 75% 78.0% of FPS cases are examined within three days from admission 2014/15.	2) Percentage of cases examined within 3 days Numerator Denominator	New indicator -	75% 78.0% 7 388 7 934 9 851 10 171	
		4.1.3 Manage the turnaround time from admission to release of deceased to within 5 days (excluding unidentified persons) to 75% 80.0% by 2014/15.	3) Percentage of FPS cases released within 5 days (excluding unidentified persons) Numerator Denominator	New indicator 8 131	75% 80.0% 6 640 7 397 9 853 9 247	
2. Ensure and maintain organisational strategic management capacity and synergy.	2.1 Develop integrated support and management structures to render effective FPS	2.1.1 Improve the management of deceased of unknown identity by reducing the annual number to ≤ 90 by 2014/15.	4) Deceased with unknown identity exceeding 90 days	411	90 90	The Forensic Pathology Service contributes to the development of a just society through the medico-legal investigation of death Endeavour to protect the rights of all persons

Table 7.4: REVISED Strategic objectives and outcomes for Forensic Pathology Services for 2010 – 2014

Strategic Goal statement	Strategic Objective Title	Strategic Objective Statement	Baseline			Justification	Links
			Baseline Measure	2009/10	2014/15		
1. Address the burden of disease.	1.1 Ensure access to a forensic pathology service	1.1.1 Provide an efficient Forensic Pathology Service through maintenance of response times to achieve a response of 79.0% within the 40 minutes target by 2014/15.	1) Percentage of FPS cases responded to within 40 minutes Numerator Denominator	New indicator -	79.0% 7 386 9 349	Management of response times is an indicator of the quality of service being rendered. This also measure equity, access and efficiency. The Forensic Pathology Service contributes to the development of a just society through the medico-legal investigation of death Management of the turnaround time from admission to release is an indicator of the quality of service being rendered. This also measure equity, access and efficiency as well as the contribution to the medico-legal investigation of death.	NSDA: <ul style="list-style-type: none"> Health system effectiveness. National Ten Point Plan Priority 6: <ul style="list-style-type: none"> Improve the quality of health services Provincial Strategic Plan: <ul style="list-style-type: none"> Increasing wellness. Departmental Strategic Goals: <ul style="list-style-type: none"> Manage the burden of disease. Batho Pele Principles
		2) Percentage of cases examined within 3 days Numerator Denominator	New indicator -	78.0% 7 934 10 171			
		3) Percentage of FPS cases released within 5 days (excluding unidentified persons) Numerator Denominator	New indicator 8 131	80.0% 7 397 9 247			

SUB-PROGRAMME 7.5 CAPE MEDICAL DEPOT

Table 7.5 below is reflected on page 126 of the Strategic Plan 2010 – 2014 and is updated.

The strategic objectives that are being updated are in strikethrough italic font. The updated text is highlighted in grey.

Table 7.5: Strategic objectives and outcomes for the Cape Medical Depot

Strategic Goal	Strategic Goal Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target		Justification (Rationale)	Links (Expected Outcomes)
			Strategic objective performance indicator	Baseline 2009/10		
1. Ensure and maintain organisational strategic management capacity and synergy.	4.1. To ensure adequate working capital to allow for efficient stockholding of pharmaceuticals and non-pharmaceuticals at the Cape Medical Depot.	4.1.1. Increase working capital annually in line with the projected inflator with a target of R110 m by 2014/15.	1) Working capital in the medicine trading account	R58,3 m	R110 m	MHSF- Focus area NSDA <ul style="list-style-type: none"> Health system effectiveness. National Ten Point Plan Priority 6: Improve the quality of health services Departmental Strategic Goals: <ul style="list-style-type: none"> Manage the burden of disease.
	1.2. To ensure optimum pharmaceutical stock levels to meet the demand	1.2.1. Ensure pharmaceutical stock levels of 97% at the CMD by 2014/15.	2) Percentage of pharmaceutical stock available	New indicator	97%	
			Numerator	-	735	
			Denominator	-	758	

Table 7.5: REVISED Strategic objectives and outcomes for the Cape Medical Depot for 2010 – 2014

Strategic Goal	Strategic Goal Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target			Justification (Rationale)	Links (Expected Outcomes)
			Strategic objective performance indicator	Baseline 2009/10	Target 2014/15		
1. Ensure and maintain organisational strategic management capacity and synergy.	1.1. To ensure optimum pharmaceutical stock levels to meet the demand	1.1.1. Ensure pharmaceutical stock levels of 97% at the CMD by 2014/15.	1) Percentage of pharmaceutical stock available Numerator Denominator	New indicator - -	97% 735 758		

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

Table 8.1 below is reflected on page 131 of the Strategic Plan 2010 – 2014.

The strategic objectives that are being updated are in strikethrough italic font. The updated text is highlighted in grey.

Table 8.1: Strategic objectives and outcomes for 2010 - 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 2014/15		
1. Develop and maintain appropriate health technology, infrastructure and ICT.	1.1 Effective and efficient management of infrastructure expenditure.	1.1.1. Ensure that 100% of the annual allocated budgets are spent.	4) Percentage of preventative maintenance (Equitable Share) budget spent	New indicator	400%	It is essential that preventative maintenance is undertaken to reduce the incidence and need for day-to-day maintenance and to extend the lifespan of assets.	NSDA: <ul style="list-style-type: none"> Strengthening health system effectiveness. National Ten Point Plan Priority 6: Revitalisation of infrastructure Departmental Strategic Goals: <ul style="list-style-type: none"> Address the burden of disease. Improve the quality of health services and the patient experience Ensure and maintain organisational strategic management capacity and synergy. Develop and maintain a capacitated workforce to deliver the required health services. Develop and maintain appropriate health technology, infrastructure and ICT. Optimal financial management to maximise health outcomes
			Numerator	-	24 570 m		
			Denominator	-	24 570 m		
			2) Percentage of scheduled maintenance (Equitable Share) budget spent	New indicator	400%	Scheduled maintenance must be undertaken to ensure that health facilities can function optimally.	
			Numerator	-	463 724 m		
			Denominator	-	463 724 m		
			3) Percentage of health infrastructure Grant (HRG) component budget spent	New indicator	100%	The HRG funding is utilised to construct new health facilities, upgrade and extend existing health facilities.	
			Numerator	-	450 171 m	Quality healthcare requires facilities that are fit for purpose and many of the existing facilities do not meet this criterion.	
			Denominator	-	443 171 m		
			4) Percentage of hospital revitalisation Grant (HRG) component budget spent	New indicator	100%	The HRG funding is utilised to build new health facilities and to revitalise existing facilities.	
			Numerator	-	511 079 m	Quality healthcare requires facilities that are fit for purpose and many of the existing facilities do not meet this criterion.	
			Denominator	-	481 079 m		
					511 079 m		
					481 079 m		

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 2014/15		
1.2 Effective and efficient management of infrastructure delivery.	1.2.1. Ensure 100 per cent achievement of projects planned for completion annually.	1.2.1. Ensure 100 per cent achievement of projects planned for completion annually.	5) Percentage-Equitable Share-capital-budget spent	New indicator	400%	This funding is utilised to improve the health infrastructure of the Department. In the light of the current condition of many of the health facilities it is essential to upgrade these to be fit for purpose.	
			Numerator Denominator	- -	88 860 m 88 860 m		
			6) Percentage of capital projects completed	New indicator	100%		
			Numerator Denominator	- -	34 34		

Table 8.2: REVISED Strategic objectives and outcomes for 2010 - 2014

Strategic Goal	Strategic Objective Title	Strategic Objective Statement	Strategic objective performance indicator, baseline and target			Justification	Links
			Strategic objective performance indicator	Baseline 2009/10	Target 2014/15		
1. Develop and maintain appropriate health technology, infrastructure and ICT.	1.1 Effective and efficient management of infrastructure expenditure.	1.1.1. Ensure that 100% of the annual allocated budgets are spent.	1) Percentage of health infrastructure component budget spent	New indicator	100%	The HIG funding is utilised to construct new health facilities, upgrade and extend existing health facilities. Quality healthcare requires facilities that are fit for purpose and many of the existing facilities do not meet this criterion. The HRG funding is utilised to build new health facilities and to revitalise existing facilities. Quality healthcare requires facilities that are fit for purpose and many of the existing facilities do not meet this criterion.	NSDA: <ul style="list-style-type: none"> Strengthening health system effectiveness. National Ten Point Plan Priority 6: Revitalisation of infrastructure Departmental Strategic Goals: <ul style="list-style-type: none"> Address the burden of disease. Improve the quality of health services and the patient experience Ensure and maintain organisational strategic management capacity and synergy. Develop and maintain a capacitated workforce to deliver the required health services. Develop and maintain appropriate health technology, infrastructure and ICT. Optimal financial management to maximise health outcomes
			Numerator Denominator	- -	143 171 143 171		
			2) Percentage of hospital revitalisation component budget spent	New indicator	100%		
			Numerator Denominator	- -	481 079 481 079		
1.2 Effective and efficient management of infrastructure delivery.	1.2.1. Ensure 100 per cent achievement of projects planned for completion annually.	1.2.1. Ensure 100 per cent achievement of projects planned for completion annually.	3) Percentage of capital projects completed	New indicator	100%		
			Numerator Denominator	- -	34 34		

ANNEXURE B

INDICATOR DEFINITIONS

PROGRAMME 1: ADMINISTRATION

HUMAN RESOURCES: TABLE ADMIN 1

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) Medical officers per 100 000 people	Filled medical officer posts on the last day of the reporting period per 100 000 people.	Tracks the number of filled medical officer posts as part of monitoring the availability of human resources for Health.	<u>Numerator:</u> Personnel records <u>Denominator:</u> Population data	<u>Numerator:</u> PERSAL <u>Denominator:</u> StatsSA	<u>Numerator:</u> Filled medical officer posts at the end of the reporting period <u>Denominator:</u> Total population	100 000	Dependant on accuracy of PERSAL system and estimated total population from StatsSA.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of medical officers contributes to improving the access to and the quality of clinical care.	Director: Human Resource Management
2) Medical officers per 100 000 people in rural districts	Filled medical officer posts in rural districts on the last day of the reporting period per 100 000 people.	Tracks the number of filled medical officer posts in the rural districts as part of monitoring the availability of human resources for Health in rural districts. This indicator also assists in assessing urban / rural equity.	<u>Numerator:</u> Personnel records <u>Denominator:</u> Population data	<u>Numerator:</u> PERSAL <u>Denominator:</u> StatsSA	<u>Numerator:</u> Filled medical officer posts in rural districts at the end of the reporting period <u>Denominator:</u> Population in rural districts	100 000	Dependant on accuracy of PERSAL system and estimated population in rural districts from StatsSA.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of medical officers in rural districts contributes to improving the access to and the quality of clinical care in rural districts.	Director: Human Resource Management
3) Professional nurses per 100 000 people	Filled professional nurse posts on the last day of the reporting period per 100 000 people.	Tracks the number of filled professional nurse posts as part of monitoring the availability of human resources for Health.	<u>Numerator:</u> Personnel records <u>Denominator:</u> Population data	<u>Numerator:</u> PERSAL <u>Denominator:</u> StatsSA	<u>Numerator:</u> Filled professional nurse posts at the end of the reporting period <u>Denominator:</u> Total population	100 000	Dependant on accuracy of PERSAL system and estimated total population from StatsSA.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of professional nurses contributes to improving the access to and the quality of health services.	Director: Human Resource Management
4) Professional nurses per 100 000 people in rural districts	Filled professional nurse posts in rural districts on the last day of the reporting period per 100 000 people.	Tracks the number of filled professional nurse posts in rural districts as part of monitoring the availability of human resources for Health in rural districts. This indicator also assists in assessing urban / rural equity.	<u>Numerator:</u> Personnel records <u>Denominator:</u> Population data	<u>Numerator:</u> PERSAL <u>Denominator:</u> StatsSA	<u>Numerator:</u> Filled professional nurse posts in rural districts at the end of the reporting period <u>Denominator:</u> Population in rural districts	100 000	Dependant on accuracy of PERSAL system and estimated population in rural districts from StatsSA.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of professional nurses in rural districts contributes to improving the access to and the quality of health services in rural districts.	Director: Human Resource Management

ANNEXURE B: PERFORMANCE INDICATOR DEFINITIONS: PROGRAMME 1

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
5) Pharmacists per 100 000 people	Filled pharmacist posts on the last day of the reporting period per 100 000 people.	Tracks the number of filled pharmacist posts to monitor the availability of human resources for Health.	<u>Numerator:</u> Personnel records <u>Denominator:</u> Population data	<u>Numerator:</u> PERSAL <u>Denominator:</u> StatsSA	<u>Numerator:</u> Filled pharmacist posts at the end of the reporting period <u>Denominator:</u> Total population	100 000	Dependant on accuracy of PERSAL system and estimated total population from StatsSA.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of pharmacists lead to better quality of care.	Director:-Human Resource Management
6) Pharmacists per 100 000 people in rural districts	Filled pharmacist posts in rural districts on the last day of the reporting period per 100 000 people.	Tracks the number of filled pharmacist posts in rural districts, as part of monitoring the availability of human resources for Health in rural districts. This indicator also assists in assessing urban /rural equity.	<u>Numerator:</u> Personnel records <u>Denominator:</u> Population data	<u>Numerator:</u> PERSAL <u>Denominator:</u> StatsSA	<u>Numerator:</u> Filled pharmacist posts in rural districts at the end of the reporting period <u>Denominator:</u> Population in rural districts	100 000	Dependant on accuracy of PERSAL system and estimated population in rural districts from StatsSA.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of pharmacists lead to better quality of care in rural districts.	Director:-Human Resource Management
7) Vacancy rate for professional nurses	Percentage of vacant funded professional nurse posts on the last day of the reporting period.	Tracks the number of vacant funded professional nurses posts to monitor availability of human resources.	<u>Numerator:</u> Personnel record <u>Denominator:</u> Personnel records	<u>Numerator:</u> PERSAL <u>Denominator:</u> PERSAL	<u>Numerator:</u> Vacant funded professional nurse posts at the end of the reporting period <u>Denominator:</u> Funded professional nurse posts on staff establishment	100 (%)	Dependant on accuracy of PERSAL system.	Process	Percentage	Quarterly	No	Decrease in the vacancy rate implies an increase in the number of professional nurses, which lead to better quality of care.	Director:-Human Resource Management
8) Vacancy rate for doctors	Percentage of vacant funded doctor (medical officer) posts on last day of the reporting period.	Tracks the number of vacant funded doctor (medical officer) posts to monitor availability of human resources.	<u>Numerator:</u> Personnel records <u>Denominator:</u> Personnel records	<u>Numerator:</u> PERSAL <u>Denominator:</u> PERSAL	<u>Numerator:</u> Vacant funded doctor (medical officer) posts at the end of the reporting period <u>Denominator:</u> Funded doctor (medical officer) posts on staff establishment	100 (%)	Dependant on accuracy of PERSAL system.	Process	Percentage	Quarterly	No	Decrease in the vacancy rate implies an increase in the number of doctors (medical officers), which lead to better quality of care.	Director:-Human Resource Management

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
9) Vacancy rate for medical specialists	Percentage of vacant funded medical specialist posts on last day of the reporting period	Tracks the number of vacant funded medical specialist posts to monitor availability of human resources.	<u>Numerator:</u> Personnel records <u>Denominator:</u> Personnel records	<u>Numerator:</u> PERSAL <u>Denominator:</u> PERSAL	<u>Numerator:</u> Vacant funded medical specialist posts at the end of the reporting period <u>Denominator:</u> Funded medical specialist posts on staff establishment	100 (%)	Dependant on accuracy of PERSAL system.	Process	Percentage	Quarterly	No	Decrease in the vacancy rate implies an increase in the number of medical specialists, which lead to better quality of care.	Director:-Human Resource Management
10) Vacancy rate for pharmacists	Percentage of vacant funded pharmacist posts on last day of the reporting period.	Tracks the number of vacant funded pharmacist posts to monitor availability of human resources.	<u>Numerator:</u> Personnel records <u>Denominator:</u> Personnel records	<u>Numerator:</u> PERSAL <u>Denominator:</u> PERSAL	<u>Numerator:</u> Vacant funded pharmacist posts at the end of the reporting period <u>Denominator:</u> Funded pharmacist posts on staff establishment	100 (%)	Dependant on accuracy of PERSAL system.	Process	Percentage	Quarterly	No	Decrease in the vacancy rate implies an increase in the number of pharmacists, which lead to better quality of care.	Director:-Human Resource Management

Note:

Indicators used as performance measures in the Strategic Plan 2010 – 2014 are highlighted in yellow.

Provincial indicators (indicators additional to the nationally prescribed indicators) are highlighted in light purple.

ADMINISTRATION: TABLE ADMIN 2

Indicator title	Short definition	Purpose/importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) Percentage of the annual equitable share budget allocation	Percentage of the allocated equitable share annual budget that was spent by the Department. During the quarters, use the projected annual expenditure versus the annual budget.	Ensure the under- / over-spending of the equitable share is within 1% of the budget allocation.	Numerator: Expenditure reports	Numerator: BAS	Numerator: Annual expenditure on equitable share budget (Quarterly, use projected annual expenditure on the equitable share budget) Denominator: Total BAS annual equitable share budget allocation.	100 (%)	Dependant on accurate expenditure information on the equitable share budget. (Quarterly dependant on realistic projected expenditure.)	Output	Percentage	Quarterly	No	The over- / under-spending of the annual equitable share do not exceed 1% of the budget allocation.	Chief Financial Officer (CFO)
2) Amended Human Resource Plan submitted timeously to DPSA	The amended Human Resource Plan is submitted to the Department of Public Service and Administration (DPSA) by 30 September.	Strengthen human resource capacity to enhance service delivery by implementing, reviewing and amending the departmental Human Resource Plan on an annual basis.	Submission of the amended Human Resource Plan	Submission of the amended Human Resource Plan	Amended Human Resource Plan submitted timeously to DPSA	Yes / No	Dependent on the HR planning data being submitted by role-players. Dependant on accuracy of PERSAL data.	Input	Compliance	Annually	No	Adherence to the annual due date for the submission of the plan to the Department of Public Service and Administration.	Director: Human Resource Management

Note:

Indicators used as performance measures in the Strategic Plan 2010 – 2014 are highlighted in yellow.
Provincial indicators (indicators additional to the nationally prescribed indicators) are highlighted in light purple.

PROGRAMME 2: DISTRICT HEALTH SERVICES
DISTRICT HEALTH SERVICES: TABLES DHS 3, DHS 4&5 AND DHS 6

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1) PHC utilisation rate	Average number of primary health care (PHC) visits per person per year in the population.	Monitors primary health care (PHC) access and utilisation for the purposes of allocating staff and other resources.	<u>Numerator:</u> Routine Monthly Report <u>Denominator:</u> Population data	<u>Numerator:</u> SINJANI <u>Denominator:</u> StatsSA (Circular H13 of 2010)	<u>Numerator:</u> PHC total headcount <u>Denominator:</u> Total population	None (no)	Dependant on the accuracy of PHC patient records kept at facility level. Dependant on the accuracy of the estimated total population from StatsSA.	Output	Rate (annualised)	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease or greater reliance on the public health system.	District Health Services (DHS) Programme Manager
2) PHC headcount total	Clients of all ages attending the facility for primary health care. Each client is counted once a day regardless of the number of services provided on that day.	Tracks the uptake of PHC services at PHC facilities for the purposes of allocating staff and other resources.	Routine Monthly Report	SINJANI	PHC total headcount (sum of PHC headcount under 5 years + PHC headcount 5 years and older)	None (no)	Dependant on the accuracy of PHC patient records kept at facility level.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system.	DHS Programme Manager
3) PHC utilisation rate - under 5 years	Average number of PHC visits per year per person under 5 years of age in the population.	Monitors PHC access and utilisation by children under 5 years of age.	<u>Numerator:</u> Routine Monthly Report <u>Denominator:</u> Population data	<u>Numerator:</u> SINJANI <u>Denominator:</u> StatsSA (Circular H13 of 2010)	<u>Numerator:</u> PHC headcount under 5 years <u>Denominator:</u> Population under 5 years	None (no)	Dependant on the reliability of PHC patient records kept at facility level. Dependant on the accuracy of estimated population under 5 years from StatsSA.	Output	Rate (annualised)	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease amongst children or greater reliance on the public health system.	DHS Programme Manager
4) PHC total headcount under 5 years total	Client under 5 years of age attending the facility for primary health care. Each client is counted once a day regardless of the number of services provided on that day.	Tracks the uptake of children under 5 years in PHC services at PHC facilities for the purposes of allocating staff and other resources.	Routine Monthly Report	SINJANI	PHC headcount under 5 years	None (no)	Dependant on the reliability of PHC patient records kept at facility level.	Output	Sum for period under review	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease amongst children or greater reliance on the public health system.	DHS Programme Manager

ANNEXURE B: PERFORMANCE INDICATOR DEFINITIONS: PROGRAMME 2

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
5) PHC supervisor visit rate (fixed clinic/CHC/CDC)	Proportion fixed clinics, CHCs and CDCs visited by a dedicated supervisor according to the PHC Supervision Manual.	Tracks the supervision rate of all PHC facilities. Data element value will always be a 0 (no dedicated supervisor visit) or a 1 (one or more dedicated supervisor visits).	<u>Numerator:</u> Routine Monthly Report <u>Denominator:</u> Facility list	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Supervisor visit this month (fixed facilities only) + number of months in the reporting period <u>Denominator:</u> Fixed PHC facilities (clinics, CHC and CDC)	100 (%)	Dependant on accuracy of data from reporting facilities and in particular the purpose of the visit by the supervisor.	Quality	Percentage	Quarterly	No	Higher levels indicate better support to PHC facilities.	District Health Services Manager
6) Provincial PHC expenditure per headcount	Expenditure per primary health care (PHC) headcount by the provincial Department of Health (DoH) at provincial PHC facilities.	Tracks the cost to the provincial DoH for every headcount seen at provincial PHC facilities.	<u>Numerator:</u> Financial data <u>Denominator:</u> Routine Monthly Report	<u>Numerator:</u> BAS <u>Denominator:</u> SINJANI	<u>Numerator:</u> Expenditure on PHC by provincial DoH at PHC facilities (Sub-programmes 2.1, 2.2, 2.3, 2.4 and 2.5) <u>Denominator:</u> PHC total headcount	None (no)	Dependant on accuracy of expenditure allocation. Dependant on accuracy of data from reporting facilities.	Efficiency	Rate	Quarterly	No	Lower expenditure could indicate efficient use of financial resources or incomplete provision of the comprehensive PHC package.	DHS Programme Manager
7) Provincial PHC expenditure per uninsured person	Expenditure on primary health care (PHC) by the provincial Department of Health (DoH) per uninsured population.	To monitor adequacy of funding levels for PHC services.	<u>Numerator:</u> Financial data <u>Denominator:</u> Population data	<u>Numerator:</u> BAS <u>Denominator:</u> StatsSA (Circular H13 of 2010)	<u>Numerator:</u> Provincial expenditure on PHC services (Sub-programmes 2.1, 2.2, 2.3, 2.4 and 2.5) <u>Denominator:</u> Uninsured population in the province	None (no)	Dependant on accuracy of expenditure allocation. Dependant on the accuracy of the estimated total population from StatsSA.	Input	Rate (annualised)	Quarterly	No	Higher levels of expenditure reflect prioritisation of PHC services.	DHS Programme Manager
8) Complaint resolution within 25 working days rate (from users of PHC facilities)	Percentage of complaints of users of primary health care services resolved within 25 working days.	To monitor the management of complaints in primary health care services.	<u>Numerator:</u> Complaints and Compliments Register <u>Denominator:</u> Complaints and Compliments Register	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Complaints resolved within 25 working days in PHC facilities <u>Denominator:</u> Complaints lodged in PHC facilities	100 (%)	Dependant on accuracy of data, in particular the time stamp for each complaint, from reporting facilities.	Quality	Percentage	Quarterly	No	Higher percentage suggests better management of complaints in PHC facilities.	DHS Programme Manager

Indicator title	Short definition	Purpose/Importance	Form (data collection)	Source	Method of Calculation	Factor (Type)	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
9) Number of PHC facilities assessed for compliance against the 6 priorities of the core standards. (NID: Facility core standards self-assessment rate)	Percentage of PHC facilities assessed for compliance against the 6 priority areas of the core standards for quality assurance.	Tracks the levels of compliance against the 6 priority areas of the core standards for quality assurance.	Routine Monthly Report	SINJANI	Numerator: Core standard self-assessments done in PHC facilities Denominator: Public health (PHC) facilities	None (no)	Implementation plan and assessment tool to be provided by National Department of Health.	Process	Sum for period under review	Annual	No	Higher number indicates better compliance with the core standards in PHC facilities.	DHS Programme Manager

Note:

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