

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 2nd Quarter
EASTERN CAPE
Sector: Health

Programme / Subprogramme / Performance Measures	Target for 2015/16 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output
QUARTERLY OUTPUTS					
Programme 1: Administration					
Percentage of Hospitals with broadband access	50.0%	10.0%	0%	25.0%	50.0%
Percentage of fixed PHC facilities with broadband access	49.0%	10.0%	0%	25.0%	15.0%
Programme 2: District Health Services					
District Management					
Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard	10.4%	2.0%	0%	5.0%	0%
Patient Experience of Care rate (PHC Facilities)	73.0%	73.0%	0%	73.0%	0%
Number of Districts with District Clinical Specialist Teams (DCSTs)	8	2	5	4	4
PHC utilisation rate	2.8	0.0	2.7	2.8	2.7
Complaints resolution rate	92.0%	92.0%	78.1%	92.0%	77.5%
Complaint resolution within 25 working days rate	80.0%	80.0%	96.9%	80.0%	95.1%
HIV and AIDS, TB and STI control					
Total clients remaining on ART	355 531	320 746	328 595	332 341	336 002
Client tested for HIV (incl ANC)	1 300 648	325 162	371 232	325 162	436 719
TB symptom 5yrs and older screened rate	70.0%	70.0%	0%	70.0%	0%
Male condom distribution Rate (annualised)	38	38	48	38	57
Female condom distribution Rate (annualised)	1	1	1	1	1
Medical male circumcision performed - Total	49 000	133	3 091	3 164	3 243
TB new client treatment success rate	82.0%	82.0%	83.5%	82.0%	83.6%
TB client lost to follow up rate	6.8%	6.8%	6.3%	6.8%	6.3%
Maternal, child and women health					
Antenatal 1st visit before 20 weeks rate	50.0%	50.0%	54.3%	50.0%	58.8%
Mother postnatal visit within 6 days rate	55.0%	55.0%	56.9%	55.0%	57.0%
Infant 1st PCR test positive around 6 weeks rate	1.5%	1.5%	0.7%	1.5%	1.4%
Immunisation coverage under 1 year (annualised)	90.0%	90.0%	82.4%	90.0%	83.5%
Measles 2nd dose coverage (annualised)	90.0%	90.0%	75.5%	90.0%	83.4%
DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	0.5%	0.5%	9.4%	0.5%	28.3%
Child under 5 years diarrhoea case fatality rate	5.6%	5.6%	4.9%	5.6%	3.7%
Child under 5 years pneumonia case fatality rate	4.0%	4.0%	2.4%	4.0%	6.0%
Child under 5 years severe acute malnutrition case fatality rate	10.0%	10.0%	13.2%	10.0%	12.5%
School Grade R screening coverage (annualised)	10.0%	2.0%	0%	3.0%	0.1%
School Grade 1 screening coverage (annualised)	27.4%	16.0%	7.0%	22.0%	5.1%
School Grade 8 screening coverage (annualised)	10.0%	2.0%	3.6%	4.0%	2.4%
Couple year protection rate (annualised)	63.0%	-	0%	-	0%
Cervical cancer screening coverage (annualised)	44.0%	44.0%	64.9%	44.0%	64.5%
Vitamin A 12-59 months coverage (annualised)	55.0%	55.0%	57.2%	55.0%	68.3%
District Hospitals					
National Core Standards self assessment rate	75.0%	75.0%	0%	75.0%	0%
Quality improvement plan after self assessment rate	100.0%	100.0%	0%	100.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	35.0%	10.0%	0%	15.0%	0%
Patient Experience of Care Survey Rate	100.0%	100.0%	0%	100.0%	0%
Average Length of Stay	4.9 days	4.9 days	5.2 days	4.9 days	5.4 days
Inpatient Bed Utilisation Rate	65.0%	65.0%	57.8%	65.0%	59.6%
Expenditure per PDE	R 2 166	R 2 166	R 1 910	R 2 166	R 1 958
Complaints resolution rate	95.0%	95.0%	94.7%	95.0%	95.1%
Complaint resolution within 25 working days rate	90.0%	90.0%	99.5%	90.0%	99.6%
Disease Prevention and Control					
Clients screened for hypertension-25 years and older	80 000	10 000	507 260	35 000	733 278
Clients screened for diabetes- 5 years and older	80 000	10 000	353 706	35 000	568 908
Client screened for Mental disorders	1.1%	1.1%	0.9%	1.1%	2.0%
Client treated for Mental Disorders new	10.0%	2.5%	15.4%	5.0%	8.4%
Cataract Surgery Rate annualised	not measured	-	-	-	-
Malaria case fatality rate	not measured	-	0%	-	0%
Programme 3: Emergency Medical Services					
EMS P1 urban response under 15 minutes rate	6 600.0%	66.0%	61.9%	66.0%	59.4%
EMS P1 rural response under 40 minutes rate	66.0%	66.0%	42.4%	66.0%	49.9%
EMS inter-facility transfer rate	30.0%	30.0%	27.5%	30.0%	28.8%
Programme 4: Provincial Hospital Services					
General (regional) hospitals					
National Core Standards self assessment rate	75.0%	75.0%	0%	75.0%	0%
Quality improvement plan after self assessment rate	100.0%	100.0%	0%	100.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	35.0%	35.0%	0%	35.0%	0%
Patient Experience of Care Survey Rate	70.0%	-	0%	-	0%

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 2nd Quarter
EASTERN CAPE

Sector: Health

Programme / Subprogramme / Performance Measures

Programme / Subprogramme / Performance Measures	Target for 2015/16 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output
QUARTERLY OUTPUTS					
Average Length of Stay	4.6 days	4.6 days	5.5 days	4.6 days	5.7 days
Inpatient Bed Utilisation Rate	75.0%	75.0%	68.5%	75.0%	70.9%
Expenditure per PDE	R 2 181	R 2 181	R 1 320	R 2 181	R 1 796
Complaints resolution rate	90.0%	90.0%	89.1%	90.0%	84.6%
Complaint resolution within 25 working days rate	80.0%	80.0%	99.5%	80.0%	98.6%
Programme 5: Central Hospital Services	0%	0%	0%	0%	0%
Provincial Tertiary Hospitals					
National Core Standards self assessment rate	100.0%	100.0%	0%	100.0%	0%
Quality improvement plan after self assessment rate	100.0%	100.0%	0%	100.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100.0%	100.0%	0%	100.0%	0%
Patient Experience of Care Survey Rate	80.0%	50.0%	0%	62.0%	0%
Average Length of Stay	5.5 days	5.5 days	6.0 days	5.5 days	6.1 days
Inpatient Bed Utilisation Rate	75.0%	75.0%	75.6%	75.0%	78.4%
Expenditure per PDE	R 2 019	R 2 019	R 3 377	R 2 019	R 2 636
Complaints resolution rate	80.0%	80.0%	96.5%	80.0%	95.0%
Complaint resolution within 25 working days rate	90.0%	90.0%	100.0%	90.0%	100.0%
Central Hospital Services					
National Core Standards self assessment rate	100.0%	100.0%	0%	100.0%	0%
Quality improvement plan after self assessment rate	100.0%	100.0%	0%	100.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100.0%	100.0%	0%	100.0%	0%
Patient Experience of Care Survey Rate	80.0%	60.0%	0%	70.0%	0%
Average Length of Stay	5.5 days	5.5 days	7.8 days	5.5 days	8.3 days
Inpatient Bed Utilisation Rate	75.0%	75.0%	92.7%	75.0%	99.9%
Expenditure per PDE	R 2 019	R 2 019	R 4 402	R 2 019	R 4 326
Complaints resolution rate	80.0%	80.0%	100.0%	80.0%	99.1%
Complaint resolution within 25 working days rate	90.0%	90.0%	100.0%	90.0%	100.0%

1. Information submitted by: Dr T. Mbengashe Head of Department: Health Eastern Cape: Tel: (040) 608 1114

Mr M. D. Qwase Acting Director General: Office of the Premier Eastern Cape

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 2nd Quarter

FREE STATE

Sector: Health

Programme / Subprogramme / Performance Measures	Target for 2015/16 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output
QUARTERLY OUTPUTS					
Programme 1: Administration					
Percentage of Hospitals with broadband access	25.0%	0%	0%	0%	0%
Percentage of fixed PHC facilities with broadband access	75.0%	0%	0%	0%	0%
Programme 2: District Health Services					
District Management					
Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard	10.0%	2.0%	8.2%	3.0%	0.9%
Patient Experience of Care rate (PHC Facilities)	85.0%	85.0%	0%	85.0%	0%
Number of Districts with District Clinical Specialist Teams (DCSTs)	5	5	5	-	-
PHC utilisation rate	3.0	3.0	2.4	3.0	2.5
Complaints resolution rate	85.0%	85.0%	95.3%	85.0%	78.1%
Complaint resolution within 25 working days rate	85.0%	85.0%	88.4%	85.0%	98.1%
HIV and AIDS, TB and STI control					
Total clients remaining on ART	191 180	172 632	174 191	178 814	180 486
Client tested for HIV (incl ANC)	606 343	151 585	138 183	151 585	184 542
TB symptom 5yrs and older screened rate	65.0%	65.0%	92.6%	65.0%	94.1%
Male condom distribution Rate (annualised)	46	46	33	46	66
Female condom distribution Rate (annualised)	1	1	1	1	2
Medical male circumcision performed - Total	74 496	11 640	10 384	34 920	13 053
TB new client treatment success rate	84.0%	84.0%	80.5%	84.0%	73.2%
TB client lost to follow up rate	4.5%	4.5%	5.3%	4.5%	5.0%
Maternal, child and women health					
Antenatal 1st visit before 20 weeks rate	65.0%	65.0%	62.2%	65.0%	59.8%
Mother postnatal visit within 6 days rate	82.0%	82.0%	74.2%	82.0%	79.5%
Infant 1st PCR test positive around 6 weeks rate	<2%	<2%	1.4%	<2%	1.8%
Immunisation coverage under 1 year (annualised)	95.0%	95.0%	84.2%	95.0%	82.2%
Measles 2nd dose coverage (annualised)	85.0%	85.0%	86.5%	85.0%	86.6%
DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	<10%	<10%	109.5%	<10%	99.5%
Child under 5 years diarrhoea case fatality rate	<3%	<3%	3.3%	<3%	2.2%
Child under 5 years pneumonia case fatality rate	<3%	<3%	1.5%	<3%	2.6%
Child under 5 years severe acute malnutrition case fatality rate	11.4%	11.4%	10.3%	11.4%	10.2%
School Grade R screening coverage (annualised)	30.0%	30.0%	32.6%	30.0%	2.4%
School Grade 1 screening coverage (annualised)	40.0%	40.0%	35.4%	40.0%	4.8%
School Grade 8 screening coverage (annualised)	35.0%	35.0%	48.0%	35.0%	7.2%
Couple year protection rate (annualised)	55.0%	55.0%	44.9%	55.0%	67.2%
Cervical cancer screening coverage (annualised)	60.0%	60.0%	49.0%	60.0%	74.1%
Vitamin A 12-59 months coverage (annualised)	60.0%	60.0%	60.9%	60.0%	60.2%
District Hospitals					
National Core Standards self assessment rate	50.0%	10.0%	12.5%	20.0%	12.5%
Quality improvement plan after self assessment rate	50.0%	10.0%	100.0%	20.0%	33.3%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	50.0%	0%	0%	0%	0%
Patient Experience of Care Survey Rate	85.0%	85.0%	45.8%	85.0%	58.3%
Average Length of Stay	3.5 days	3.5 days	3.3 days	3.5 days	3.3 days
Inpatient Bed Utilisation Rate	70.0%	70.0%	60.1%	70.0%	60.3%
Expenditure per PDE	R 2 000	R 2 000	R 2 038	R 2 000	R 2 400
Complaints resolution rate	85.0%	85.0%	86.0%	85.0%	84.8%
Complaint resolution within 25 working days rate	85.0%	85.0%	89.2%	85.0%	98.2%
Disease Prevention and Control					
Clients screened for hypertension-25 years and older	630 673	157 688	121 428	157 688	172 188
Clients screened for diabetes- 5 years and older	630 673	157 688	74 105	157 688	118 892
Client screened for Mental disorders	20.0%	20.0%	4.3%	20.0%	8.2%
Client treated for Mental Disorders new	90.0%	90.0%	1.4%	90.0%	0.8%
Cataract Surgery Rate annualised	1 535.0	1 535.0	553.7	1 535.0	1 364.8
Malaria case fatality rate	0%	0%	0%	0%	0%
Programme 3: Emergency Medical Services					
EMS P1 urban response under 15 minutes rate	50.0%	50.0%	30.5%	50.0%	30.7%
EMS P1 rural response under 40 minutes rate	68.0%	68.0%	67.0%	68.0%	65.4%
EMS inter-facility transfer rate	12.0%	12.0%	9.4%	12.0%	8.9%
Programme 4: Provincial Hospital Services					
General (regional) hospitals					
National Core Standards self assessment rate	100.0%	25.0%	50.0%	25.0%	25.0%
Quality improvement plan after self assessment rate	100.0%	25.0%	100.0%	25.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	50.0%	0%	0%	0%	0%
Patient Experience of Care Survey Rate	85.0%	85.0%	100.0%	85.0%	100.0%

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 2nd Quarter

FREE STATE

Sector: Health

Programme / Subprogramme / Performance Measures	Target for 2015/16 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output
QUARTERLY OUTPUTS					
Average Length of Stay	5.0 days	5.0 days	5.2 days	5.0 days	5.3 days
Inpatient Bed Utilisation Rate	75.0%	75.0%	65.2%	75.0%	65.3%
Expenditure per PDE	R 2 480	R 2 480	R 2 340	R 2 480	R 2 733
Complaints resolution rate	85.0%	85.0%	82.3%	85.0%	76.5%
Complaint resolution within 25 working days rate	85.0%	85.0%	77.8%	85.0%	106.6%
Programme 5: Central Hospital Services	0%	0%	0%	0%	0%
Provincial Tertiary Hospitals					
National Core Standards self assessment rate	100.0%	0%	100.0%	0%	0%
Quality improvement plan after self assessment rate	100.0%	0%	100.0%	0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	0%	0%	0%	0%	0%
Patient Experience of Care Survey Rate	85.0%	85.0%	100.0%	85.0%	0%
Average Length of Stay	8.5 days	8.5 days	6.7 days	8.5 days	6.1 days
Inpatient Bed Utilisation Rate	80.0%	80.0%	77.1%	80.0%	76.6%
Expenditure per PDE	R 2 800	R 2 800	R 2 755	R 2 800	R 3 333
Complaints resolution rate	85.0%	85.0%	82.6%	85.0%	35.7%
Complaint resolution within 25 working days rate	85.0%	85.0%	42.1%	85.0%	80.0%
Central Hospital Services					
National Core Standards self assessment rate	100.0%	0%	100.0%	0%	0%
Quality improvement plan after self assessment rate	100.0%	0%	100.0%	0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100.0%	0%	0%	0%	0%
Patient Experience of Care Survey Rate	85.0%	85.0%	100.0%	85.0%	0%
Average Length of Stay	7.5 days	7.5 days	7.3 days	7.5 days	7.0 days
Inpatient Bed Utilisation Rate	77.0%	77.0%	74.3%	77.0%	74.9%
Expenditure per PDE	R 4 652	R 4 652	R 5 180	R 4 652	R 5 010
Complaints resolution rate	85.0%	85.0%	100.0%	85.0%	100.0%
Complaint resolution within 25 working days rate	85.0%	85.0%	95.3%	85.0%	93.3%

1. Information submitted by: Dr D. Motau Head of Department: Health Free State: Tel: (051) 408 1107

Mr K. Ralikantsane Director General: Office of the Premier Free State

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 2nd Quarter

GAUTENG

Sector: Health

Programme / Subprogramme / Performance Measures	Target for 2015/16 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output
QUARTERLY OUTPUTS					
Programme 1: Administration					
Percentage of Hospitals with broadband access	50.0%	28.0%	0%	38.0%	50.0%
Percentage of fixed PHC facilities with broadband access	1.0%	0%	0%	0%	10.8%
Programme 2: District Health Services					
District Management					
Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard	1.3%	0.3%	2.8%	0.3%	7.9%
Patient Experience of Care rate (PHC Facilities)	100.0%	0%	0%	35.0%	0%
Number of Districts with District Clinical Specialist Teams (DCSTs)	5	5	5	5	5
PHC utilisation rate	2.5	-	1.7	-	1.7
Complaints resolution rate	90.0%	0%	85.7%	0%	89.1%
Complaint resolution within 25 working days rate	80.0%	0%	98.1%	0%	89.5%
HIV and AIDS, TB and STI control					
Total clients remaining on ART	746 678	674 169	701 219	698 338	685 635
Client tested for HIV (incl ANC)	2 119 906	529 976	541 376	529 978	576 393
TB symptom 5yrs and older screened rate	30.0%	24.0%	52.5%	26.0%	52.5%
Male condom distribution Rate (annualised)	919 782 721	47 945 680	44	47 945 680	36
Female condom distribution Rate (annualised)	4 097 926	1 024 481	1	1 024 481	2
Medical male circumcision performed - Total	151 082	37 770	-	37 771	-
TB new client treatment success rate	86.0%	86.0%	86.1%	86.0%	86.1%
TB client lost to follow up rate	<5%	<5%	5.2%	<5%	5.2%
Maternal, child and women health					
Antenatal 1st visit before 20 weeks rate	55.0%	55.0%	50.3%	55.0%	53.8%
Mother postnatal visit within 6 days rate	87.0%	87.0%	79.0%	87.0%	86.7%
Infant 1st PCR test positive around 6 weeks rate	<2%	<2%	1.4%	<2%	1.3%
Immunisation coverage under 1 year (annualised)	90.0%	90.0%	108.7%	90.0%	101.6%
Measles 2nd dose coverage (annualised)	90.0%	90.0%	86.3%	90.0%	90.4%
DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	<10%	<10%	3.4%	<10%	3.8%
Child under 5 years diarrhoea case fatality rate	3.0%	3.0%	2.0%	3.0%	2.0%
Child under 5 years pneumonia case fatality rate	2.5%	2.5%	1.7%	2.5%	1.9%
Child under 5 years severe acute malnutrition case fatality rate	7.0%	7.0%	10.2%	7.0%	5.7%
School Grade R screening coverage (annualised)	10.0%	10.0%	3.8%	10.0%	0%
School Grade 1 screening coverage (annualised)	40.0%	40.0%	27.3%	40.0%	6.6%
School Grade 8 screening coverage (annualised)	20.0%	20.0%	10.0%	20.0%	4.2%
Couple year protection rate (annualised)	50.0%	50.0%	46.8%	50.0%	41.7%
Cervical cancer screening coverage (annualised)	55.0%	55.0%	42.2%	55.0%	44.6%
Vitamin A 12-59 months coverage (annualised)	0%	60.0%	42.7%	60.0%	44.6%
District Hospitals					
National Core Standards self assessment rate	100.0%	100.0%	36.4%	100.0%	27.3%
Quality improvement plan after self assessment rate	80.0%	80.0%	25.0%	80.0%	100.0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	27.0%	27.0%	0%	27.0%	0%
Patient Experience of Care Survey Rate	100.0%	0%	0%	45.0%	0%
Average Length of Stay	4.0 days	4.0 days	3.4 days	4.0 days	3.2 days
Inpatient Bed Utilisation Rate	80.0%	80.0%	65.8%	80.0%	73.8%
Expenditure per PDE	R 2 500	R 2 500	R 2 366	R 2 500	R 2 576
Complaints resolution rate	80.0%	80.0%	92.4%	80.0%	91.9%
Complaint resolution within 25 working days rate	68.0%	68.0%	99.2%	68.0%	99.2%
Disease Prevention and Control					
Clients screened for hypertension-25 years and older	58 800	14 000	7 613	14 000	386 184
Clients screened for diabetes- 5 years and older	58 800	14 000	7 613	14 000	204 335
Client screened for Mental disorders	2.0%	2.0%	0%	2.0%	1.1%
Client treated for Mental Disorders new	3.0%	3.0%	0%	3.0%	2.5%
Cataract Surgery Rate annualised	1300mil	1300mil	-	1300mil	-
Malaria case fatality rate	<0.3%	<0.3%	0%	<0.3%	1.4%
Programme 3: Emergency Medical Services					
EMS P1 urban response under 15 minutes rate	85.0%	85.0%	79.6%	85.0%	73.6%
EMS P1 rural response under 40 minutes rate	100.0%	100.0%	69.8%	100.0%	100.0%
EMS inter-facility transfer rate	12.0%	10.5%	26.0%	11.0%	27.5%
Programme 4: Provincial Hospital Services					
General (regional) hospitals					
National Core Standards self assessment rate	100.0%	100.0%	33.3%	100.0%	22.2%
Quality improvement plan after self assessment rate	0%	35.0%	33.3%	50.0%	100.0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	33.0%	22.0%	0%	22.0%	0%
Patient Experience of Care Survey Rate	100.0%	0%	0%	40.0%	0%

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 2nd Quarter

GAUTENG

Sector: Health

Programme / Subprogramme / Performance Measures	Target for 2015/16 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output
QUARTERLY OUTPUTS					
Average Length of Stay	4.8 days	4.8 days	3.6 days	4.8 days	3.7 days
Inpatient Bed Utilisation Rate	80.0%	80.0%	86.1%	80.0%	84.3%
Expenditure per PDE	R 2 250	R 2 250	R 2 476	R 2 250	R 2 497
Complaints resolution rate	86.0%	86.0%	89.0%	86.0%	90.9%
Complaint resolution within 25 working days rate	80.0%	80.0%	100.5%	80.0%	92.8%
Programme 5: Central Hospital Services					
Provincial Tertiary Hospitals					
National Core Standards self assessment rate	100.0%	33.0%	33.3%	66.0%	33.3%
Quality improvement plan after self assessment rate	100.0%	33.0%	0%	66.0%	100.0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	33.0%	0%	0%	0%	0%
Patient Experience of Care Survey Rate	100.0%	0%	0%	33.0%	0%
Average Length of Stay	5.4 days	5.4 days	5.0 days	5.4 days	4.9 days
Inpatient Bed Utilisation Rate	82.0%	80.0%	84.3%	80.0%	87.4%
Expenditure per PDE	R 2 625	R 2 625	R 2 729	R 2 625	R 2 421
Complaints resolution rate	85.6%	85.6%	92.1%	85.6%	87.2%
Complaint resolution within 25 working days rate	68.0%	68.0%	100.0%	68.0%	100.0%
Central Hospital Services					
National Core Standards self assessment rate	100.0%	100.0%	50.0%	100.0%	25.0%
Quality improvement plan after self assessment rate	100.0%	100.0%	0%	100.0%	100.0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	75.0%	0%	0%	0%	0%
Patient Experience of Care Survey Rate	100.0%	0%	0%	0%	0%
Average Length of Stay	6.0 days	6.0 days	5.5 days	6.0 days	5.4 days
Inpatient Bed Utilisation Rate	80.0%	80.0%	79.3%	80.0%	81.0%
Expenditure per PDE	R 2 250	R 2 250	R 3 737	R 2 250	R 3 599
Complaints resolution rate	80.0%	80.0%	80.3%	80.0%	90.1%
Complaint resolution within 25 working days rate	90.0%	90.0%	77.9%	90.0%	87.0%

1. Information submitted by: Dr T.E. Silibane Head of Department: Health Gauteng: Tel (011) 355 3857

Ms. P. Baleni Director General: Office of the Premier Gauteng

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 2nd Quarter
KWAZULU-NATAL

Sector: Health

Programme / Subprogramme / Performance Measures	Target for 2015/16 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output
QUARTERLY OUTPUTS					
Programme 1: Administration					
Percentage of Hospitals with broadband access	90.0%	50.0%	47.4%	65.0%	48.7%
Percentage of fixed PHC facilities with broadband access	45.0%	32.0%	24.0%	35.0%	24.0%
Programme 2: District Health Services					
District Management					
Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard	20.0%	8.0%	0%	12.0%	10.1%
Patient Experience of Care rate (PHC Facilities)	100.0%	25.0%	31.7%	50.0%	30.8%
Number of Districts with District Clinical Specialist Teams (DCSTs)	2	1	-	1	-
PHC utilisation rate	3.0	3.0	3.0	3.0	2.9
Complaints resolution rate	80.0%	77.0%	79.0%	78.0%	83.1%
Complaint resolution within 25 working days rate	90.0%	90.0%	95.4%	90.0%	93.1%
HIV and AIDS, TB and STI control					
Total clients remaining on ART	1 276 200	1 097 968	991 700	1 157 380	1 006 047
Client tested for HIV (incl ANC)	2 067 065	516 766	593 193	1 033 532	591 363
TB symptom 5yrs and older screened rate	20.0%	5.0%	0%	10.0%	0%
Male condom distribution Rate (annualised)	63	16	47	32	38
Female condom distribution Rate (annualised)	1	1	1	1	1
Medical male circumcision performed - Total	631 374	460 000	40 305	520 000	41 901
TB new client treatment success rate	85.0%	85.0%	79.2%	85.0%	76.2%
TB client lost to follow up rate	3.9%	3.9%	4.2%	3.9%	3.4%
Maternal, child and women health					
Antenatal 1st visit before 20 weeks rate	60.0%	57.0%	60.1%	58.0%	65.1%
Mother postnatal visit within 6 days rate	74.4%	72.0%	69.9%	73.0%	69.7%
Infant 1st PCR test positive around 6 weeks rate	<1	1.4%	1.0%	1.2%	1.8%
Immunisation coverage under 1 year (annualised)	90.0%	89.0%	92.4%	90.0%	83.8%
Measles 2nd dose coverage (annualised)	85.0%	79.0%	85.7%	81.0%	80.6%
DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	7.0%	8.0%	3.7%	7.8%	10.9%
Child under 5 years diarrhoea case fatality rate	3.2%	3.3%	3.0%	3.2%	1.9%
Child under 5 years pneumonia case fatality rate	2.4%	3.0%	3.2%	2.8%	3.5%
Child under 5 years severe acute malnutrition case fatality rate	8.0%	8.0%	9.3%	8.0%	8.0%
School Grade R screening coverage (annualised)	40.0%	35.0%	4.1%	37.0%	1.2%
School Grade 1 screening coverage (annualised)	55.0%	42.0%	39.2%	47.0%	12.4%
School Grade 8 screening coverage (annualised)	40.0%	35.0%	18.6%	37.0%	6.1%
Couple year protection rate (annualised)	55.0%	46.0%	47.5%	48.0%	43.1%
Cervical cancer screening coverage (annualised)	75.0%	75.0%	63.9%	75.0%	81.1%
Vitamin A 12-59 months coverage (annualised)	60.0%	50.0%	70.8%	54.0%	53.7%
District Hospitals					
National Core Standards self assessment rate	100.0%	25.0%	36.8%	50.0%	63.2%
Quality improvement plan after self assessment rate	100.0%	25.0%	85.7%	50.0%	62.5%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	14.0%	0%	0%	3.0%	0%
Patient Experience of Care Survey Rate	100.0%	25.0%	65.8%	50.0%	50.0%
Average Length of Stay	5.8 days	5.8 days	-	5.8 days	-
Inpatient Bed Utilisation Rate	64.7%	64.0%	0%	64.3%	0%
Expenditure per PDE	R 1 808	R 1 930	R 0	R 1 900	R 0
Complaints resolution rate	75.0%	75.0%	0%	75.0%	0%
Complaint resolution within 25 working days rate	85.0%	85.0%	0%	85.0%	0%
Disease Prevention and Control					
Clients screened for hypertension-25 years and older	establish b/l	establish b/l	-	establish b/l	-
Clients screened for diabetes- 5 years and older	establish b/l	establish b/l	-	establish b/l	-
Client screened for Mental disorders	establish b/l	establish b/l	0%	establish b/l	0%
Client treated for Mental Disorders new	establish b/l	establish b/l	0%	establish b/l	0%
Cataract Surgery Rate annualised	930.0	233.0	-	466.0	-
Malaria case fatality rate	<0.5	<0.5	0%	<0.5	0%
Programme 3: Emergency Medical Services					
EMS P1 urban response under 15 minutes rate	6.5%	6.0%	0%	6.2%	0%
EMS P1 rural response under 40 minutes rate	33.0%	31.0%	0%	31.6%	0%
EMS inter-facility transfer rate	37.0%	32.0%	0%	34.0%	0%
Programme 4: Provincial Hospital Services					
General (regional) hospitals					
National Core Standards self assessment rate	100.0%	25.0%	0%	50.0%	0%
Quality improvement plan after self assessment rate	100.0%	25.0%	0%	50.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	23.0%	10.0%	0%	10.0%	0%
Patient Experience of Care Survey Rate	100.0%	25.0%	0%	50.0%	0%

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 2nd Quarter
 KWAZULU-NATAL

Sector: Health

Programme / Subprogramme / Performance Measures

Programme / Subprogramme / Performance Measures	Target for 2015/16 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output
QUARTERLY OUTPUTS					
Average Length of Stay	6.1 days	6.1 days	-	6.1 days	-
Inpatient Bed Utilisation Rate	76.1%	76.7%	0%	76.5%	0%
Expenditure per PDE	R 2 225	R 2 300	R 0	R 2 280	R 0
Complaints resolution rate	80.0%	80.0%	0%	80.0%	0%
Complaint resolution within 25 working days rate	95.0%	94.0%	0%	94.0%	0%
Programme 5: Central Hospital Services	0%	0%	0%	0%	0%
Provincial Tertiary Hospitals					
National Core Standards self assessment rate	100.0%	50.0%	0%	50.0%	0%
Quality improvement plan after self assessment rate	100.0%	50.0%	0%	50.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	50.0%	0%	0%	0%	0%
Patient Experience of Care Survey Rate	100.0%	50.0%	0%	50.0%	0%
Average Length of Stay	9.6 days	9.9 days	-	9.8 days	-
Inpatient Bed Utilisation Rate	84.0%	84.0%	0%	84.0%	0%
Expenditure per PDE	R 4 377	R 5 000	R 0	R 4 800	R 0
Complaints resolution rate	78.0%	74.5%	0%	75.0%	0%
Complaint resolution within 25 working days rate	100.0%	100.0%	0%	100.0%	0%
Central Hospital Services					
National Core Standards self assessment rate	100.0%	0%	0%	0%	0%
Quality improvement plan after self assessment rate	100.0%	100.0%	0%	100.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100.0%	0%	0%	0%	0%
Patient Experience of Care Survey Rate	100.0%	0%	0%	0%	0%
Average Length of Stay	8.5 days	8.5 days	-	8.5 days	-
Inpatient Bed Utilisation Rate	70.0%	69.0%	0%	69.3%	0%
Expenditure per PDE	R 7 651	R 7 651	R 0	R 7 651	R 0
Complaints resolution rate	80.0%	75.0%	0%	76.0%	0%
Complaint resolution within 25 working days rate	100.0%	100.0%	0%	100.0%	0%

1. Information submitted by: Dr S.T. Mtshali Head of Department: Health Kwazulu Natal Tel: (033) 395 2799

Mr F. Brooks Acting Director General: Office of the Premier Kwazulu Natal

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 2nd Quarter

LIMPOPO

Sector: Health

Programme / Subprogramme / Performance Measures	Target for 2015/16 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output
QUARTERLY OUTPUTS					
Programme 1: Administration					
Percentage of Hospitals with broadband access	100.0%	100.0%	100.0%	100.0%	100.0%
Percentage of fixed PHC facilities with broadband access	30.0%	5.0%	18.2%	5.0%	18.2%
Programme 2: District Health Services					
District Management					
Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard	10.0%	2.0%	5.0%	4.0%	5.0%
Patient Experience of Care rate (PHC Facilities)	70.0%	N/A	0%	N/A	0%
Number of Districts with District Clinical Specialist Teams (DCSTs)	5	5	-	5	-
PHC utilisation rate	2.8	2.8	2.5	2.8	2.6
Complaints resolution rate	100.0%	100.0%	68.0%	100.0%	80.8%
Complaint resolution within 25 working days rate	94.0%	94.0%	96.0%	94.0%	97.7%
HIV and AIDS, TB and STI control					
Total clients remaining on ART	248 500	221 500	235 000	230 500	-
Client tested for HIV (incl ANC)	995 342	248 836	172 931	248 836	134 789
TB symptom 5yrs and older screened rate	70.0%	70.0%	64.1%	70.0%	0%
Male condom distribution Rate (annualised)	36	36	38	36	46
Female condom distribution Rate (annualised)	1	1	1	1	10
Medical male circumcision performed - Total	62 000	4 000	12 578	52 000	90 369
TB new client treatment success rate	7 605.0%	76.5%	75.5%	76.5%	0%
TB client lost to follow up rate	<5	<5	4.1%	<5	0%
Maternal, child and women health					
Antenatal 1st visit before 20 weeks rate	46.0%	46.0%	78.7%	46.0%	61.5%
Mother postnatal visit within 6 days rate	75.0%	75.0%	63.3%	75.0%	68.3%
Infant 1st PCR test positive around 6 weeks rate	<1	<1	2.5%	<1	2.2%
Immunisation coverage under 1 year (annualised)	90.0%	90.0%	79.2%	90.0%	77.2%
Measles 2nd dose coverage (annualised)	85.0%	85.0%	73.6%	85.0%	85.7%
DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	15.0%	18.0%	276.9%	17.0%	36.0%
Child under 5 years diarrhoea case fatality rate	5.0%	5.0%	4.4%	5.0%	2.6%
Child under 5 years pneumonia case fatality rate	4.5%	4.5%	2.8%	4.5%	3.6%
Child under 5 years severe acute malnutrition case fatality rate	15.0%	15.0%	16.5%	15.0%	9.9%
School Grade R screening coverage (annualised)	20.0%	10.0%	0%	15.0%	0%
School Grade 1 screening coverage (annualised)	20.0%	10.0%	46.4%	15.0%	27.3%
School Grade 8 screening coverage (annualised)	20.0%	10.0%	16.3%	15.0%	21.0%
Couple year protection rate (annualised)	46.0%	46.0%	21.4%	46.0%	22.0%
Cervical cancer screening coverage (annualised)	57.0%	57.0%	44.8%	57.0%	58.3%
Vitamin A 12-59 months coverage (annualised)	38.0%	38.0%	48.1%	38.0%	55.0%
District Hospitals					
National Core Standards self assessment rate	100.0%	23.0%	23.3%	50.0%	0%
Quality improvement plan after self assessment rate	100.0%	23.0%	71.4%	50.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	66.7%	16.7%	0%	33.0%	0%
Patient Experience of Care Survey Rate	100.0%	N/A	0%	N/A	0%
Average Length of Stay	4.3 days	4.3 days	4.1 days	4.3 days	0.5 days
Inpatient Bed Utilisation Rate	72.0%	72.0%	23.4%	72.0%	35.4%
Expenditure per PDE	R 2 200	R 2 200	R 2 231	R 2 200	R 2 224
Complaints resolution rate	100.0%	100.0%	89.6%	100.0%	88.3%
Complaint resolution within 25 working days rate	100.0%	100.0%	91.7%	100.0%	99.1%
Disease Prevention and Control					
Clients screened for hypertension-25 years and older	250 000	62 500	-	62 500	-
Clients screened for diabetes- 5 years and older	200 000	50 000	-	50 000	-
Client screened for Mental disorders	28.0%	28.0%	1.5%	28.0%	4.1%
Client treated for Mental Disorders new	28.0%	28.0%	3.6%	28.0%	1.9%
Cataract Surgery Rate annualised	1 500.0	375.0	-	375.0	-
Malaria case fatality rate	1.2%	1.2%	0.7%	1.2%	0%
Programme 3: Emergency Medical Services					
EMS P1 urban response under 15 minutes rate	59.5%	50.0%	87.7%	53.0%	0%
EMS P1 rural response under 40 minutes rate	61.5%	53.0%	72.1%	55.0%	0%
EMS inter-facility transfer rate	7.9%	7.9%	22.9%	7.9%	0%
Programme 4: Provincial Hospital Services					
General (regional) hospitals					
National Core Standards self assessment rate	100.0%	40.0%	40.0%	60.0%	0%
Quality improvement plan after self assessment rate	100.0%	40.0%	50.0%	60.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	40.0%	40.0%	0%	40.0%	0%
Patient Experience of Care Survey Rate	100.0%	N/A	0%	N/A	0%

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 2nd Quarter
LIMPOPO

Sector: Health

Programme / Subprogramme / Performance Measures	Target for 2015/16 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output
QUARTERLY OUTPUTS					
Average Length of Stay	5.0 days	5.0 days	4.7 days	5.0 days	4.9 days
Inpatient Bed Utilisation Rate	68.0%	68.0%	20.5%	68.0%	37.7%
Expenditure per PDE	R 2 697	R 2 697	R 2 472	R 2 697	R 2 278
Complaints resolution rate	100.0%	100.0%	89.4%	100.0%	85.6%
Complaint resolution within 25 working days rate	100.0%	100.0%	95.5%	100.0%	99.1%
Programme 5: Central Hospital Services	0%	0%	0%	0%	0%
Provincial Tertiary Hospitals					
National Core Standards self assessment rate	100.0%	50.0%	50.0%	100.0%	0%
Quality improvement plan after self assessment rate	100.0%	100.0%	100.0%	100.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100.0%	50.0%	0%	100.0%	0%
Patient Experience of Care Survey Rate	100.0%	N/A	0%	N/A	0%
Average Length of Stay	7.0 days	7.0 days	6.8 days	7.0 days	7.1 days
Inpatient Bed Utilisation Rate	77.0%	77.0%	25.2%	77.0%	41.2%
Expenditure per PDE	R 3 600	R 3 600	R 3 624	R 3 600	R 1 099
Complaints resolution rate	100.0%	100.0%	100.0%	100.0%	91.2%
Complaint resolution within 25 working days rate	95.0%	95.0%	100.0%	95.0%	100.0%
Central Hospital Services					
National Core Standards self assessment rate					
Quality improvement plan after self assessment rate					
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards					
Patient Experience of Care Survey Rate					
Average Length of Stay					
Inpatient Bed Utilisation Rate					
Expenditure per PDE					
Complaints resolution rate					
Complaint resolution within 25 working days rate					

1. Information submitted by: Mr J. Ledwaba Acting Head of Department: Health Limpopo: Tel: (015) 2936294

Dr P. PHEME Acting Director General Office of the Premier Limpopo

* This province does not have Central Hospitals

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 2nd Quarter

MPUMALANGA

Sector: Health

Programme / Subprogramme / Performance Measures	Target for 2015/16 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output
QUARTERLY OUTPUTS					
Programme 1: Administration					
Percentage of Hospitals with broadband access	100.0%	100.0%	100.0%	100.0%	100.0%
Percentage of fixed PHC facilities with broadband access	50.0%	35.0%	35.8%	43.0%	35.8%
Programme 2: District Health Services					
District Management					
Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard	10% (28/279)	Annual Target	0%	Annual Target	0%
Patient Experience of Care rate (PHC Facilities)	75.0%	Annual Target	0%	Annual Target	0%
Number of Districts with District Clinical Specialist Teams (DCSTs)	1	Annual Target	-	Annual Target	-
PHC utilisation rate	2.5	2.5	2.3	2.5	2.2
Complaints resolution rate	85.0%	85.0%	55.3%	85.0%	73.1%
Complaint resolution within 25 working days rate	85.0%	85.0%	92.4%	85.0%	95.4%
HIV and AIDS, TB and STI control					
Total clients remaining on ART	354 991	88 745	257 217	88 745	266 964
Client tested for HIV (incl ANC)	1 949 598	487 399	220 824	487 399	230 465
TB symptom 5yrs and older screened rate	>95%	>95%	2.9%	>95%	10.0%
Male condom distribution Rate (annualised)	20 per male	20 per male	49	20 per male	29
Female condom distribution Rate (annualised)	1 238 628	309 657	1	309 657	1
Medical male circumcision performed - Total	150 000	35 000	8 278	60 000	15 513
TB new client treatment success rate	>85%	>85%	85.8%	>85%	86.1%
TB client lost to follow up rate	<5%	<5%	4.7%	<5%	3.9%
Maternal, child and women health					
Antenatal 1st visit before 20 weeks rate	55.0%	51.3%	58.8%	52.5%	66.6%
Mother postnatal visit within 6 days rate	60.0%	52.5%	62.9%	55.0%	62.4%
Infant 1st PCR test positive around 6 weeks rate	<2%	<2%	1.3%	<2%	1.7%
Immunisation coverage under 1 year (annualised)	90.0%	90.0%	88.3%	90.0%	83.1%
Measles 2nd dose coverage (annualised)	90.0%	90.0%	70.4%	90.0%	78.3%
DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	<15%	<15%	0.7%	<15%	7.5%
Child under 5 years diarrhoea case fatality rate	11.5%	12.0%	4.7%	11.8%	2.1%
Child under 5 years pneumonia case fatality rate	5.5%	5.5%	3.6%	5.5%	4.2%
Child under 5 years severe acute malnutrition case fatality rate	11.5%	12.0%	16.3%	11.8%	10.0%
School Grade R screening coverage (annualised)	2.0%	0.5%	0%	1.0%	0%
School Grade 1 screening coverage (annualised)	24.0%	21.0%	6.6%	22.0%	122.4%
School Grade 8 screening coverage (annualised)	10.0%	6.3%	1.6%	7.5%	70.4%
Couple year protection rate (annualised)	45.0%	45.0%	47.6%	45.0%	57.2%
Cervical cancer screening coverage (annualised)	70.0%	62.5%	59.6%	65.0%	69.3%
Vitamin A 12-59 months coverage (annualised)	50.0%	45.0%	38.8%	47.0%	40.6%
District Hospitals					
National Core Standards self assessment rate	100.0%	Annual Target	0%	Annual Target	69.6%
Quality improvement plan after self assessment rate	100.0%	Annual Target	0%	Annual Target	100.0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	25.0%	Annual Target	0%	Annual Target	0%
Patient Experience of Care Survey Rate	100.0%	Annual Target	0%	Annual Target	4.3%
Average Length of Stay	3.7 days	3.7 days	4.4 days	3.7 days	4.5 days
Inpatient Bed Utilisation Rate	73.5%	73.5%	23.9%	73.5%	36.9%
Expenditure per PDE	R 1 985	R 1 985	R 1 993	R 1 985	R 2 095
Complaints resolution rate	95.0%	95.0%	62.0%	95.0%	73.7%
Complaint resolution within 25 working days rate	95.0%	95.0%	97.2%	95.0%	82.9%
Disease Prevention and Control					
Clients screened for hypertension-25 years and older	70 000	20 000	61 700	20 000	343 727
Clients screened for diabetes- 5 years and older	70 000	20 000	15 773	20 000	95 865
Client screened for Mental disorders	0.5%	0.5%	0.1%	0.5%	0.2%
Client treated for Mental Disorders new	0.5%	0.5%	9.0%	0.5%	6.6%
Cataract Surgery Rate annualised	1 000.0	1 000.0	412.0	1 000.0	747.2
Malaria case fatality rate	0.5%	5.0%	0%	0.5%	0.2%
Programme 3: Emergency Medical Services					
EMS P1 urban response under 15 minutes rate	85.0%	85.0%	59.1%	85.0%	73.8%
EMS P1 rural response under 40 minutes rate	75.0%	75.0%	17.5%	75.0%	78.5%
EMS inter-facility transfer rate	10.0%	10.0%	4.1%	10.0%	4.6%
Programme 4: Provincial Hospital Services					
General (regional) hospitals					
National Core Standards self assessment rate	100.0%	Annual Target	0%	Annual Target	0%
Quality improvement plan after self assessment rate	100.0%	Annual Target	0%	Annual Target	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100.0%	Annual Target	0%	Annual Target	0%
Patient Experience of Care Survey Rate	100.0%	Annual Target	0%	Annual Target	0%

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 2nd Quarter
MPUMALANGA
Sector: Health

Programme / Subprogramme / Performance Measures	Target for 2015/16 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output
QUARTERLY OUTPUTS					
Average Length of Stay	4.7 days	4.7 days	4.6 days	4.7 days	4.9 days
Inpatient Bed Utilisation Rate	75.0%	75.0%	27.5%	75.0%	42.0%
Expenditure per PDE	R 2 568	R 2 368	R 2 520	R 2 768	R 2 546
Complaints resolution rate	85.0%	85.0%	55.6%	85.0%	54.5%
Complaint resolution within 25 working days rate	85.0%	85.0%	100.0%	85.0%	94.4%
Programme 5: Central Hospital Services	0%	0%	0%	0%	0%
Provincial Tertiary Hospitals					
National Core Standards self assessment rate	100.0%	Annual Target	0%	Annual Target	0%
Quality improvement plan after self assessment rate	100.0%	Annual Target	0%	Annual Target	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100.0%	Annual Target	0%	Annual Target	0%
Patient Experience of Care Survey Rate	85.0%	Annual Target	0%	Annual Target	0%
Average Length of Stay	5.3 days	5.3 days	5.9 days	5.3 days	6.0 days
Inpatient Bed Utilisation Rate	75.0%	75.0%	17.0%	75.0%	29.6%
Expenditure per PDE	R 3 221	R 3 000	R 3 656	R 3 442	R 3 925
Complaints resolution rate	85.0%	85.0%	90.9%	85.0%	100.0%
Complaint resolution within 25 working days rate	85.0%	85.0%	95.0%	85.0%	100.0%
Central Hospital Services					
National Core Standards self assessment rate					
Quality improvement plan after self assessment rate					
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards					
Patient Experience of Care Survey Rate					
Average Length of Stay					
Inpatient Bed Utilisation Rate					
Expenditure per PDE					
Complaints resolution rate					
Complaint resolution within 25 working days rate					

1. Information submitted by: Dr A.M. Morake Head of Department: Health Mpumalanga: Tel (013) 766 3298

Dr N. Mkhize Director General: Office of the Premier Mpumalanga

*This province does not have Central Hospitals

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 2nd Quarter
NORTHERN CAPE

Sector: Health

Programme / Subprogramme / Performance Measures	Target for 2015/16 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output
QUARTERLY OUTPUTS					
Programme 1: Administration					
Percentage of Hospitals with broadband access	30.0%	30.0%	7.1%	30.0%	7.1%
Percentage of fixed PHC facilities with broadband access	26.0%	0%	0%	0%	0%
Programme 2: District Health Services					
District Management					
Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard	27.0%	7.0%	0%	14.0%	0%
Patient Experience of Care rate (PHC Facilities)	80.0%	80.0%	1.2%	80.0%	39.6%
Number of Districts with District Clinical Specialist Teams (DCSTs)	1	1	-	1	-
PHC utilisation rate	3.0	3.0	2.6	3.0	2.6
Complaints resolution rate	80.0%	80.0%	73.1%	80.0%	77.6%
Complaint resolution within 25 working days rate	80.0%	80.0%	94.7%	80.0%	94.7%
HIV and AIDS, TB and STI control					
Total clients remaining on ART	52 999	46 959	43 530	48 979	40 308
Client tested for HIV (incl ANC)	241 037	67 490	50 078	69 901	55 716
TB symptom 5yrs and older screened rate	30.0%	30.0%	38.5%	30.0%	22.2%
Male condom distribution Rate (annualised)	37	37	1	37	16
Female condom distribution Rate (annualised)	1	1	1	1	1
Medical male circumcision performed - Total	24 279	5 794	6 687	11 381	2 223
TB new client treatment success rate	95.0%	95.0%	75.7%	95.0%	76.8%
TB client lost to follow up rate	6.0%	6.0%	7.4%	6.0%	5.5%
Maternal, child and women health					
Antenatal 1st visit before 20 weeks rate	62.0%	62.0%	60.8%	62.0%	64.0%
Mother postnatal visit within 6 days rate	55.0%	50.0%	55.6%	53.0%	49.6%
Infant 1st PCR test positive around 6 weeks rate	1.9%	1.9%	2.4%	1.9%	4.0%
Immunisation coverage under 1 year (annualised)	98.0%	98.0%	85.3%	98.0%	77.2%
Measles 2nd dose coverage (annualised)	85.0%	85.0%	69.2%	85.0%	78.4%
DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	<20%	<20%	6.2%	<20%	8.8%
Child under 5 years diarrhoea case fatality rate	2.8/1000	2.8/1000	1.6%	2.8/1000	1.0%
Child under 5 years pneumonia case fatality rate	2.8/1000	2.8/1000	1.1%	2.8/1000	1.6%
Child under 5 years severe acute malnutrition case fatality rate	10.0%	10.0%	8.6%	10.0%	8.2%
School Grade R screening coverage (annualised)	30.0%	30.0%	3.3%	30.0%	0%
School Grade 1 screening coverage (annualised)	30.0%	30.0%	31.2%	30.0%	4.7%
School Grade 8 screening coverage (annualised)	25.0%	25.0%	12.4%	25.0%	1.6%
Couple year protection rate (annualised)	45.0%	45.0%	24.1%	45.0%	25.4%
Cervical cancer screening coverage (annualised)	55.0%	55.0%	41.1%	55.0%	41.8%
Vitamin A 12-59 months coverage (annualised)	42.0%	42.0%	44.2%	42.0%	45.4%
District Hospitals					
National Core Standards self assessment rate	100.0%	100.0%	0%	100.0%	0%
Quality improvement plan after self assessment rate	100.0%	100.0%	0%	100.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	27.0%	9.0%	0%	9.0%	0%
Patient Experience of Care Survey Rate	80.0%	80.0%	0%	80.0%	0%
Average Length of Stay	3.5 days	3.5 days	3.5 days	3.5 days	3.3 days
Inpatient Bed Utilisation Rate	63.0%	63.0%	60.4%	63.0%	61.3%
Expenditure per PDE	R 1 720	R 1 720	R 2 668	R 1 720	R 2 566
Complaints resolution rate	80.0%	80.0%	73.7%	80.0%	87.5%
Complaint resolution within 25 working days rate	80.0%	80.0%	100.0%	80.0%	100.0%
Disease Prevention and Control					
Clients screened for hypertension-25 years and older	108 759	27 951	40 792	27 190	46 988
Clients screened for diabetes- 5 years and older	108 759	27 951	14 171	27 190	16 376
Client screened for Mental disorders	15.0%	15.0%	0.4%	15.0%	0.3%
Client treated for Mental Disorders new	2.0%	2.0%	100.0%	2.0%	100.0%
Cataract Surgery Rate annualised	1395/1000000	349/1000000	822.8	349/1000000	861.4
Malaria case fatality rate	0%	0%	0%	0%	0%
Programme 3: Emergency Medical Services					
EMS P1 urban response under 15 minutes rate	60.0%	60.0%	53.5%	60.0%	60.1%
EMS P1 rural response under 40 minutes rate	40.0%	40.0%	53.5%	40.0%	51.2%
EMS inter-facility transfer rate	10.0%	10.0%	14.4%	10.0%	17.5%
Programme 4: Provincial Hospital Services					
General (regional) hospitals					
National Core Standards self assessment rate	100.0%	100.0%	0%	100.0%	0%
Quality improvement plan after self assessment rate	100.0%	100.0%	0%	100.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100.0%	100.0%	0%	100.0%	0%
Patient Experience of Care Survey Rate	80.0%	80.0%	0%	80.0%	0%

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 2nd Quarter
NORTHERN CAPE
Sector: Health

Programme / Subprogramme / Performance Measures	Target for 2015/16 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output
QUARTERLY OUTPUTS					
Average Length of Stay	4.8 days	4.8 days	4.7 days	4.8 days	4.9 days
Inpatient Bed Utilisation Rate	72.0%	72.0%	102.9%	72.0%	103.5%
Expenditure per PDE	R 2 570	R 2 570	R 3 410	R 2 570	R 2 499
Complaints resolution rate	80.0%	80.0%	57.1%	80.0%	0%
Complaint resolution within 25 working days rate	80.0%	80.0%	100.0%	80.0%	0%
Programme 5: Central Hospital Services					
Provincial Tertiary Hospitals					
National Core Standards self assessment rate	100.0%	100.0%	0%	100.0%	0%
Quality improvement plan after self assessment rate	100.0%	100.0%	0%	100.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100.0%	100.0%	0%	100.0%	0%
Patient Experience of Care Survey Rate	80.0%	80.0%	100.0%	80.0%	100.0%
Average Length of Stay	5.5 days	5.5 days	6.2 days	5.5 days	6.2 days
Inpatient Bed Utilisation Rate	74.0%	74.0%	71.8%	74.0%	73.8%
Expenditure per PDE	R 3 736	R 3 736	R 4 502	R 3 736	R 3 887
Complaints resolution rate	80.0%	80.0%	14.3%	80.0%	55.6%
Complaint resolution within 25 working days rate	80.0%	80.0%	100.0%	80.0%	100.0%
Central Hospital Services					
National Core Standards self assessment rate					
Quality improvement plan after self assessment rate					
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards					
Patient Experience of Care Survey Rate					
Average Length of Stay					
Inpatient Bed Utilisation Rate					
Expenditure per PDE					
Complaints resolution rate					
Complaint resolution within 25 working days rate					

1. Information submitted by: Ms G. Matlaopane Head of Department: Health Northern Cape: Tel: (053) 830 0806

Adv J. Bekebeke Director General: Office of the Premier Northern Cape

*This province does not have Central Hospitals

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 2nd Quarter
 NORTH WEST
 Sector: Health

Programme / Subprogramme / Performance Measures	Target for 2015/16 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output
QUARTERLY OUTPUTS					
Programme 1: Administration					
Percentage of Hospitals with broadband access	0%	0%	30.4%	0%	30.4%
Percentage of fixed PHC facilities with broadband access	0%	0%	0.6%	0%	0.6%
Programme 2: District Health Services					
District Management					
Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard	50.0%	12.0%	0%	14.0%	0%
Patient Experience of Care rate (PHC Facilities)	85.0%	0%	0%	0%	0%
Number of Districts with District Clinical Specialist Teams (DCSTs)	4	4	-	4	-
PHC utilisation rate	3.0	3.0	2.3	3.0	2.2
Complaints resolution rate	100.0%	100.0%	85.2%	100.0%	92.3%
Complaint resolution within 25 working days rate	85.0%	85.0%	99.2%	85.0%	109.1%
HIV and AIDS, TB and STI control					
Total clients remaining on ART	243 331	210 798	184 086	210 798	165 146
Client tested for HIV (incl ANC)	541 499	135 374	172 589	135 375	182 439
TB symptom 5yrs and older screened rate	90.0%	22.5%	0%	22.5%	0%
Male condom distribution Rate (annualised)	38	38	27	38	23
Female condom distribution Rate (annualised)	1	1	1	1	1
Medical male circumcision performed - Total	58 336	14 584	-	14 584	20 826
TB new client treatment success rate	85.0%	85.0%	81.3%	85.0%	78.3%
TB client lost to follow up rate	<5	<5	6.1%	<5	6.0%
Maternal, child and women health					
Antenatal 1st visit before 20 weeks rate	65.0%	58.0%	56.4%	60.0%	61.4%
Mother postnatal visit within 6 days rate	85.0%	80.0%	67.6%	82.0%	73.1%
Infant 1st PCR test positive around 6 weeks rate	1.5%	1.5%	1.3%	1.5%	2.3%
Immunisation coverage under 1 year (annualised)	90.0%	83.0%	85.8%	86.0%	80.6%
Measles 2nd dose coverage (annualised)	90.0%	90.0%	76.9%	90.0%	76.9%
DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	6.0%	6.0%	44.4%	6.0%	56.1%
Child under 5 years diarrhoea case fatality rate	<3.3	<3.3	4.2%	<3.3	3.4%
Child under 5 years pneumonia case fatality rate	<3.5	<3.5	2.6%	<3.5	5.2%
Child under 5 years severe acute malnutrition case fatality rate	<10	<10	12.5%	<10	17.2%
School Grade R screening coverage (annualised)	20.0%	5.0%	2.4%	10.0%	1.8%
School Grade 1 screening coverage (annualised)	50.0%	50.0%	47.6%	50.0%	12.5%
School Grade 8 screening coverage (annualised)	35.0%	35.0%	20.4%	35.0%	13.5%
Couple year protection rate (annualised)	55.0%	55.0%	38.2%	55.0%	34.3%
Cervical cancer screening coverage (annualised)	66.0%	66.0%	64.5%	66.0%	76.2%
Vitamin A 12-59 months coverage (annualised)	60.0%	45.0%	44.9%	50.0%	38.6%
District Hospitals					
National Core Standards self assessment rate	100.0%	100.0%	60.0%	100.0%	53.3%
Quality improvement plan after self assessment rate	100.0%	100.0%	0%	100.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	9.5%	0%	0%	0%	0%
Patient Experience of Care Survey Rate	100.0%	0%	0%	0%	0%
Average Length of Stay	4.0 days	4.0 days	4.5 days	4.0 days	3.9 days
Inpatient Bed Utilisation Rate	69.0%	69.0%	65.7%	69.0%	62.5%
Expenditure per PDE	R 2 400	R 2 400	R 2 711	R 2 400	R 3 729
Complaints resolution rate	100.0%	100.0%	94.1%	100.0%	92.3%
Complaint resolution within 25 working days rate	92.0%	92.0%	100.0%	92.0%	100.0%
Disease Prevention and Control					
Clients screened for hypertension-25 years and older	-	-	144 670	-	214 892
Clients screened for diabetes- 5 years and older	-	-	71 635	-	125 711
Client screened for Mental disorders	6 400.0%	1 600.0%	0.9%	1 600.0%	2.8%
Client treated for Mental Disorders new	1 056.0%	264.0%	2.0%	264.0%	1.5%
Cataract Surgery Rate annualised	900.0	250.0	417.2	250.0	528.2
Malaria case fatality rate	0%	0%	18.2%	0%	10.0%
Programme 3: Emergency Medical Services					
EMS P1 urban response under 15 minutes rate	61.0%	61.0%	41.5%	61.0%	35.2%
EMS P1 rural response under 40 minutes rate	61.0%	61.0%	50.7%	61.0%	46.9%
EMS inter-facility transfer rate	20.0%	20.0%	37.7%	20.0%	34.0%
Programme 4: Provincial Hospital Services					
General (regional) hospitals					
National Core Standards self assessment rate	100.0%	100.0%	100.0%	100.0%	66.7%
Quality improvement plan after self assessment rate	100.0%	0%	0%	100.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100.0%	100.0%	0%	100.0%	0%
Patient Experience of Care Survey Rate	100.0%	100.0%	0%	100.0%	0%

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 2nd Quarter
NORTH WEST
Sector: Health

Programme / Subprogramme / Performance Measures	Target for 2015/16 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output
QUARTERLY OUTPUTS					
Average Length of Stay	7.0 days	7.0 days	5.2 days	7.0 days	5.4 days
Inpatient Bed Utilisation Rate	85.0%	85.0%	82.2%	85.0%	103.6%
Expenditure per PDE	R 2 400	R 2 400	R 4 464	R 2 400	R 4 507
Complaints resolution rate	75.0%	75.0%	83.3%	75.0%	86.4%
Complaint resolution within 25 working days rate	90.0%	90.0%	100.0%	90.0%	94.7%
Programme 5: Central Hospital Services	0%	0%	0%	0%	0%
Provincial Tertiary Hospitals					
National Core Standards self assessment rate	100.0%	100.0%	66.7%	100.0%	0%
Quality improvement plan after self assessment rate	100.0%	100.0%	100.0%	100.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100.0%	100.0%	0%	100.0%	0%
Patient Experience of Care Survey Rate	100.0%	100.0%	0%	100.0%	0%
Average Length of Stay	7.0 days	7.0 days	7.3 days	7.0 days	7.5 days
Inpatient Bed Utilisation Rate	83.0%	83.0%	78.0%	83.0%	82.8%
Expenditure per PDE	R 2 600	R 2 600	R 2 364	R 2 600	R 3 781
Complaints resolution rate	75.0%	75.0%	98.4%	75.0%	97.5%
Complaint resolution within 25 working days rate	90.0%	90.0%	101.1%	90.0%	100.0%
Central Hospital Services					
National Core Standards self assessment rate					
Quality improvement plan after self assessment rate					
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards					
Patient Experience of Care Survey Rate					
Average Length of Stay					
Inpatient Bed Utilisation Rate					
Expenditure per PDE					
Complaints resolution rate					
Complaint resolution within 25 working days rate					

1. Information submitted by: Dr. A. T. Lekalaka Head of Department: Health North West: Tel: (018) 391 4053

Dr. K. L. Sebego Director General: Office of the Premier North West

*This province does not have Central Hospitals

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 2nd Quarter
WESTERN CAPE

Sector: Health

Programme / Subprogramme / Performance Measures	Target for 2015/16 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output
QUARTERLY OUTPUTS					
Programme 1: Administration					
Percentage of Hospitals with broadband access	46.3%	38.9%	37.0%	40.7%	37.0%
Percentage of fixed PHC facilities with broadband access	54.2%	15.2%	15.4%	28.2%	18.9%
Programme 2: District Health Services					
District Management					
Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard	Implementation delayed	Implementation delayed	0%	Implementation delayed	0%
Patient Experience of Care rate (PHC Facilities)	39.4%	4.3%	0%	8.7%	3.2%
Number of Districts with District Clinical Specialist Teams (DCSTs)	Not applicable in W Cape	Not applicable in W Cape	N/a	Not applicable in W Cape	N/a
PHC utilisation rate	2.3	2.3	2.3	2.3	2.3
Complaints resolution rate	93.7%	93.8%	95.7%	93.8%	94.5%
Complaint resolution within 25 working days rate	93.7%	93.7%	95.8%	93.6%	97.4%
HIV and AIDS, TB and STI control					
Total clients remaining on ART	188 983	168 769	187 686	176 433	169 398
Client tested for HIV (incl ANC)	1 103 372	262 768	300 610	283 632	324 566
TB symptom 5yrs and older screened rate	3.1%	3.1%	8.7%	3.1%	11.3%
Male condom distribution Rate (annualised)	58	58	50	58	50
Female condom distribution Rate (annualised)	1	1	1	1	2
Medical male circumcision performed - Total	22 899	2 061	3 508	5 496	3 870
TB new client treatment success rate	84.6%	84.6%	84.6%	84.6%	83.1%
TB client lost to follow up rate	7.3%	7.3%	9.0%	7.3%	8.9%
Maternal, child and women health					
Antenatal 1st visit before 20 weeks rate	63.2%	63.2%	65.4%	63.2%	67.6%
Mother postnatal visit within 6 days rate	78.7%	78.7%	87.3%	78.7%	85.7%
Infant 1st PCR test positive around 6 weeks rate	1.4%	1.4%	1.1%	1.4%	0.9%
Immunisation coverage under 1 year (annualised)	93.8%	94.4%	90.9%	94.4%	89.7%
Measles 2nd dose coverage (annualised)	77.5%	78.0%	71.8%	77.9%	76.1%
DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	4.3%	4.3%	5.3%	4.3%	7.7%
Child under 5 years diarrhoea case fatality rate	0.2%	0.2%	0.1%	0.2%	0.1%
Child under 5 years pneumonia case fatality rate	0.5%	0.5%	0.3%	0.5%	0.2%
Child under 5 years severe acute malnutrition case fatality rate	4.2%	4.5%	2.0%	4.5%	0.5%
School Grade R screening coverage (annualised)	9.5%	9.6%	33.1%	9.6%	16.2%
School Grade 1 screening coverage (annualised)	24.2%	24.5%	68.6%	24.6%	28.5%
School Grade 8 screening coverage (annualised)	0.1%	0.1%	10.0%	0.1%	10.3%
Couple year protection rate (annualised)	74.3%	75.3%	60.1%	75.4%	60.4%
Cervical cancer screening coverage (annualised)	59.2%	60.0%	52.3%	60.1%	58.6%
Vitamin A 12-59 months coverage (annualised)	44.0%	44.3%	45.5%	44.3%	43.0%
District Hospitals					
National Core Standards self assessment rate	100.0%	11.8%	2.9%	20.6%	0%
Quality improvement plan after self assessment rate	100.0%	100.0%	100.0%	100.0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	38.2%	25.0%	0%	42.9%	0%
Patient Experience of Care Survey Rate	100.0%	11.8%	0%	20.6%	2.9%
Average Length of Stay	3.1 days	3.1 days	3.5 days	3.1 days	3.5 days
Inpatient Bed Utilisation Rate	86.9%	87.2%	93.2%	87.4%	93.0%
Expenditure per PDE	R 1 945	R 1 883	R 1 747	R 1 995	R 1 925
Complaints resolution rate	94.1%	94.1%	87.4%	94.1%	90.0%
Complaint resolution within 25 working days rate	93.5%	93.6%	87.4%	93.6%	94.8%
Disease Prevention and Control					
Clients screened for hypertension-25 years and older	Data system to be established	Data system to be established	-	Data system to be established	-
Clients screened for diabetes- 5 years and older	Data system to be established	Data system to be established	-	Data system to be established	-
Client screened for Mental disorders	Data system to be established	Data system to be established	0%	Data system to be established	0%
Client treated for Mental Disorders new	Data system to be established	Data system to be established	0%	Data system to be established	0%
Cataract Surgery Rate annualised	1 725.4	1 667.9	1 607.9	1 977.8	1 479.5
Malaria case fatality rate	2.3%	3.0%	9.5%	3.0%	0%
Programme 3: Emergency Medical Services					
EMS P1 urban response under 15 minutes rate	75.0%	75.0%	62.2%	75.0%	69.0%
EMS P1 rural response under 40 minutes rate	90.0%	90.0%	81.6%	90.0%	82.1%
EMS inter-facility transfer rate	23.0%	23.0%	42.1%	23.0%	41.9%
Programme 4: Provincial Hospital Services					
General (regional) hospitals					
National Core Standards self assessment rate	100.0%	-	0%	0%	0%
Quality improvement plan after self assessment rate	100.0%	-	0%	0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	60.0%	-	0%	0%	0%
Patient Experience of Care Survey Rate	100.0%	-	0%	0%	0%

QUARTERLY PERFORMANCE REPORTS: 2015/16 - 2nd Quarter
WESTERN CAPE

Sector: Health

Programme / Subprogramme / Performance Measures

Programme / Subprogramme / Performance Measures	Target for 2015/16 as per Annual Performance Plan (APP)	1st Quarter Planned output as per APP	1st Quarter Actual output - validated	2nd Quarter Planned output as per APP	2nd Quarter Preliminary output
QUARTERLY OUTPUTS					
Average Length of Stay	3.7 days	3.7 days	3.9 days	3.7 days	3.6 days
Inpatient Bed Utilisation Rate	87.0%	86.8%	89.6%	86.8%	90.0%
Expenditure per PDE	R 2 787	R 2 826	R 2 601	R 2 804	R 2 825
Complaints resolution rate	98.4%	98.9%	95.8%	98.9%	100.0%
Complaint resolution within 25 working days rate	98.3%	98.9%	100.0%	97.8%	95.3%
Programme 5: Central Hospital Services	0%	0%	0%	0%	0%
Provincial Tertiary Hospitals					
National Core Standards self assessment rate	Yes	No	0%	No	0%
Quality improvement plan after self assessment rate	Yes	No	0%	No	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Yes	No	0%	No	0%
Patient Experience of Care Survey Rate	Yes	No	0%	No	0%
Average Length of Stay	3.8 days	3.8 days	4.0 days	3.9 days	4.0 days
Inpatient Bed Utilisation Rate	84.0%	87.7%	86.5%	85.3%	85.0%
Expenditure per PDE	R 5 217	R 5 046	R 4 548	R 5 060	R 5 863
Complaints resolution rate	92.1%	92.1%	100.0%	92.1%	100.0%
Complaint resolution within 25 working days rate	109.4%	108.6%	79.6%	108.6%	100.0%
Central Hospital Services					
National Core Standards self assessment rate	100.0%	-	0%	0%	0%
Quality improvement plan after self assessment rate	100.0%	-	0%	0%	0%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	100.0%	-	0%	0%	0%
Patient Experience of Care Survey Rate	100.0%	-	0%	0%	0%
Average Length of Stay	6.2 days	6.1 days	6.3 days	6.1 days	6.4 days
Inpatient Bed Utilisation Rate	85.9%	85.0%	87.8%	87.4%	89.2%
Expenditure per PDE	R 4 532	R 4 564	R 4 292	R 4 393	R 4 364
Complaints resolution rate	98.5%	98.2%	91.4%	98.2%	89.2%
Complaint resolution within 25 working days rate	85.0%	84.9%	84.2%	84.9%	87.9%

1. Information submitted by: Dr. Berth Engelereth Head of Department: Health Western Cape: Tel: (021) 483 3647

Adv. B. Gerber Director General Office of the Premier Western Cape