

R	epublic of south Africa	PR for FY 2020-21 for Provincial Institu	tion of Health of location KwaZulu Natal										
	·					Quarter - 4					nual Performance		
Frequency Annually	Programme 1: Administration	Sub Programme Administration	Indicator Audit opinion of Provincial DoH	Target Q4	Actual Ouput Q4	Reason for Deviation Q4	Corrective Action Q4	Annual Target unqualified	Aggregate Output qualified	Pre-Audited Annual Performance	Reason for Deviation	Corrective Action	Audited Annual Peformance
Ailliually	Programme 1. Administration	Administration											
			Contingent liability of medico-legal cases					R22 Bn	R 110 302 969				
			Medical Officers per 100 000 population					27.4	33.56				
			Number of CHW's contracted into the Health System					10100	10080				
			Number of new ambulances disposed					49	n		Indicator Discontinued		
			Number of new ambulances purchased					100	0		Indicator Discontinued		
			Number of new vehicles disposed					200	0				
			Number of new vehicles purchased					270	0				
			Percent ambulances that are operational					70	0		Indicator Discontinued		
			Percent of achievement on improvement plans on HR			-		0	50				
			functionality						30				
			Percent of achievement on improvement plans on Leadership and Governance					100	0				
			Percent of Hospitals with a stable ICT connectivity					80.60	91.5				
			Percent of initiated/instituted disciplinary cases finalised					90	32				
			Percent of PHC facilities with a stable ICT connectivity					80	82.8				
			Percent of vehicles that are operational					90					
			Percentage of facilities certified by OHSC					68.7	5.3				
			Percentage of Hospitals compliant with Occupational Health and Safety					100	65				
			Percentage of hospitals with functional hospital boards					100	55.7				
			Percentage of PHC facilities with functional clinic			<b>†</b>		80	30.8				
			committees Percentage of SMS and CEOs with annual EPMDS			<del>                                     </del>		100	44				
			assessments signed off by due dates										
1			Percentage of supplier invoices paid within 30 Days	<u> </u>	<u> </u>	<u> </u>		85	96.3		<u></u>		
			Percentage of the population with private medical cover					Monitor Trends	13.1				
			Percentage over and under expenditure					0	11				
			Percentages of Hospitals electronically recording clinical					2.80	8.3				
			codes for their patient visits Professional nurses per 100 000 population					152.5	160.24				
									100.24				
			SMS and CEOs with annual EPMDS Assessments signed off by due dates					100					
			UHC service Index 5					72.0	0				
	Programme 2: District Health Services	Disease Prevention and Control	Diabetes Incidence					2.8	2.6				
			Hypertension Incidence					28	8.3				
			Malaria case fatality rate					0.4	14				
			Malaria incident per 1000 population at risk					Zero new local infections	0.07/1000				
		District Hospitals	Child under 5 years diarrhoea case fatality rate - District					2.0	2.3				
			Child under 5 years pneumonia case fatality rate - District					1.7	2.1				
			Hospital Child under 5 years severe acute malnutrition case fatality					6	5				
			rate - District Hospitals  Death in facility under 1 years rate - district hospital					4.9	7.8				
								4.2					
			Death in facility under 5 years rate - district hospital					4.2	5.3				
			Death under 5 years against live birth rate - District Hospital					1.2					
			Maternal Mortality in facility ratio - District Hospital					55.2	67.4				
			Neonatal death in facility rate - District Hospital			1		9.0	11.6				
1			Patient Experience of Care satisfaction rate - District			1		81.8	80.6				
			Hospital Patient Safety Incident (PSI) case closure rate - District			<del>                                     </del>		93.6	97.7				
			Hospital										
			Percentage of Complaints on Patient care - District Hospitals			<u> </u>		21.8	42.5		<u></u>		
			Percentage of Complaints on Staff Attributes - District					15.9	16.3				
			Percentage of Complaints on waiting times - District					22.6	11.7				
			Hospitals Still birth in facility - District Hospitals			-		17.6	19.9				
1		HIV, AIDS, STI & TB Control	Adult Viral load suppressed rate			-		90	<b>_</b>				
		and principles in the collection						-	ļ				
			All DS-TB client death rate					′	′				
			All DS-TB client treatment success rate					81	80.5				
			ART adult death rate					1.1					
			ART child death rate					1.2					
1			ART child viral load suppressed rate			<del> </del>		90	<del> </del>				
						-		1 15	ļ				
1			ART death rate					1.15					
			HIV incidence					0.52	0.46				
			HIV positive 15 - 24 years (excl ANC) rate						30322				
			HIV prevalence among 15 - 24 year old pregnant women			1		1	19.2				
			(AWG10) HIV prevalence among 15-24 years olds (excl ANC)	-	-	-	-	Baseline to be established	-			-	
								400	222				
			TB incidence					400	333				
1			TB Rifampicin resistant/MDR/pre-XDR treatment success rate - Long	<u></u>	<u> </u>	<u> </u>	<u> </u>	60	70		<u> </u>		
1			TB Rifampicin resistant/MDR/pre-XDR treatment success					71	70				
1	I	1	rate - short	ı	I	L				I	I	I	

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Failers Serbely Incident (PSI) case closure rate  Augment Respirator  Cold coder 5 years (Barriely rate) Cold coder 5 years Co										
100	I		Child under 5 years diarrhoea case fatality rate			2	2.6			
Manufacture of the part		Nutrition	Child under 5 years diarrhoea incidence			7	3.8			
Marie Propries   Mari						2.2	2.2			
Part						2.2	2.5			
			Child under 5 years pneumonia incident			38	11.6			
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			Child under 5 years Severe acute malnutrition case fatality			6	5.6			
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			rate Child under 5 years severe acute malnutrition incident			1.7	5.6			
### Minimark ### ### Minimark ### ### ### ### ### ### ### ### ### #							3.0			
Part			Death in facility under 5 years - total			4.2	5.7			
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			Death under 1 year rate (annualized) - total			5	7.8			
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			Death under 5 years against live hirth rate			1.8	3.2			
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1										
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			Early Neonatal death rate			8.5	9.2			
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			Infant Mortality Rate			29	7.8			
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			Infant PCR test positive around 10 weeks rate			n s	219			
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -										
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			Live Birth under 2 500 g in facility rate			11.5	11.8			
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			Maternal Mortality in facility Ratio - Total			85	126.8			
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			Neonatal death in facility rate			11.3	11.9			
Part										
### 14			Still birth in Facility rate			21	23.2			
### Part			Under 5 mortality rate			40	5.7			
### Part	<u> </u>	Primary Health Care		-		100	76.8	<del> </del>	<del>                                     </del>	
### Mining Mini	Į l									
			Patient Experience of Care satisfaction rate - PHC	1		68.7	89.5			
### 14			Patient Safety Incident (PSI) case closure rate - PHC facility			87.3	82.2			
### 14			Percentage of complaints on nations care - PHC	-		16.3	17.9	<del> </del>	<del>                                     </del>	
- 1			Percentage of complaints on staff attitude - PHC	1		20.7	22.5			
### Manufacture ### 1			Percentage of complaints on Waiting times - PHC			37.5	29.6			
	Programme 3: Emergency Medical Services	Emergency Medical Services		<b> </b>			52			
### 14 *********************************	withing 5: Emergency intented services	active of the care of Services		ļ			-			
Part			EMS P1 urban response under 30 minutes rate	<u> </u>			51			
Part	Programme 4: Provincial Hospital Services	Chronic/ Sub-Acute Hospitals	Patient Experience of Care satisfaction rate	1		79.5	94			
Part			Patient Safety Incident (PSI) case closure rate	<b> </b>		96.5	100			
Marie   Mari	<u> </u>									
### 14		Regional Hospitals	Child under 5 year Severe Acute Malnutrition case fatality	1		7	5.9			
Marie   Mari			Child under 5 years diarrhoea case fatality rate			2.1	3.2			
Marie   Mari			Child under 5 years pneumonia case fatality rate	<del> </del>		2.1	2.6	<del> </del>		
Part							<u> </u>			
March   Marc			Death in facility under 5 years	1		4.8	5.6			
March 1996   Mar			Death in facility under one year			5.2	7.2			
March 1996   Mar			Death under 5 years against live birth rate	<del>                                     </del>		1.9	<b> </b>			
Page 1985   Page				ļ						
### Part			Maternal Mortality in facility ratio	 <u> </u>	<u>                                       </u>	 101.5	1/9.9	<u>                                     </u>	 <u> </u>	
Processor   Proc			Neonatal death in facility rate			16.1	16.2			
Processor   Proc			Patient Experience of Care Satisfaction rate			81.8	85			
Page 14 Trappide   Page 14 Trappide   Page 14 Trappide   Page 15 Trappide   Page 14 Trappide   Page 15 Tra							05.4			
Marchard Dissipation   Processing Control State Section   Processing Control State S			Patient Safety Incident (PSI) case closure rate	1		87.3	96.4			
Page 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	į					 26.9	32.1			
Page 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	l l		still birth in facility rate							
Purpose Communication (1997) (		Specialised TB Hospitals				93.7	98			
Programa 5 (Part Allegard Services		Specialised TB Hospitals	Patient Experience of Care satisfaction rate				98			
Page 1   Company   Compa		Specialised TB Hospitals	Patient Experience of Care satisfaction rate				98			
Page 1   Company   Compa			Patient Experience of Care satisfaction rate  Patient Safety Incident (PSI) case closure rate			89.8	98 100 98			
Part			Patient Experience of Care satisfaction rate  Patient Safety Incident (PSI) case closure rate  Patient Experience of Care satisfaction rate			89.8 88.7	98 100 98 80			
March   Marc		Specialised Psychiatric Hospitals	Patient Experience of Care satisfaction rate  Patient Safety Incident (PSI) case closure rate  Patient Experience of Care satisfaction rate  Patient Safely incident (PSI) case closure rate			89.8 88.7 95.5	98 100 98 80			
March Manitory spars		Specialised Psychiatric Hospitals	Patient Experience of Care satisfaction rate  Patient Safety Incident (PSI) case closure rate  Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  Child under 5 years pneumonia case fatality rate			89.8 88.7 95.5	98 100 98 80 2.9			
Note   Transfer   Companies   Note   Separate (and the Mark   Separat		Specialised Psychiatric Hospitals	Patient Experience of Care satisfaction rate  Patient Safety Incident (PSI) case closure rate  Patient Experience of Care satisfaction rate  Patient Experience of Care satisfaction rate  Patient Safely incident (PSI) case closure rate  Child under 5 years pneumonia case fatality rate  Child under 5 years Severe Acute Malnutrition case			89.8 88.7 95.5 14.6	98 80 2.9			
Detail under 5 years against the brith rotal   Automatic Montality in facility rate   Automati		Specialised Psychiatric Hospitals	Patient Experience of Care satisfaction rate  Patient Safety Incident (PSI) case closure rate  Patient Experience of Care satisfaction rate  Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  Child under 5 years pneumonia case fatality rate  Child under 5 years Severe Acute Malnutrition case fatality rate			89.8 88.7 95.5 14.6	98 80 2.9			
Manual Mariality rate (Indirity rate)		Specialised Psychiatric Hospitals	Patient Experience of Care satisfaction rate  Patient Safety Incident (PSI) case closure rate  Patient Experience of Care satisfaction rate  Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  Child under 5 years pneumonia case fatality rate  Child under 5 years Severe Acute Malnutrition case fatality rate  Death in facility under 1 year			89.8 88.7 95.5 14.6 20	98 80 2.9 100 9.4			
Neuratian doubt in facility rate - Central Program   Feature Experience of Circ satisfaction rise   Factor Subject (Policient (PS)) case doubter rate   Factor Subject (PS) case doubter rate   F		Specialised Psychiatric Hospitals	Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  Child under 5 years pneumonia case fatality rate  Child under 5 years Severe Acute Malnutrition Case fatality rate  Death in facility under 1 year  Death in facility under 5 years rate			89.8 88.7 95.5 14.6 20	98 80 2.9 100 9.4			
Neuratian doubt in facility rate - Central Program   Feature Experience of Circ satisfaction rise   Factor Subject (Policient (PS)) case doubter rate   Factor Subject (PS) case doubter rate   F		Specialised Psychiatric Hospitals	Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  Child under 5 years pneumonia case fatality rate  Child under 5 years Severe Acute Malnutrition Case fatality rate  Death in facility under 1 year  Death in facility under 5 years rate			89.8 88.7 95.5 14.6 20 8.9 5.4	98 80 2.9 100 9.4			
Patient Experience of Cire statisfaction rate		Specialised Psychiatric Hospitals	Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  Child under 5 years pneumonia case fatality rate  Child under 5 years Severe Acute Malnutrition Case  fatality rate  Death in facility under 1 year  Death in facility under 5 years rate  Death under 5 years against live birth rate			89.8 88.7 95.5 14.6 20 8.9 5.4	98 80 2.9 100 9.4 6.2			
Patient Safety Incident (Psi) case closure rate   100 100 100   100		Specialised Psychiatric Hospitals	Patient Experience of Care satisfaction rate Patient Safety incident (PSI) case closure rate Patient Safety incident (PSI) case closure rate Patient Safety incident (PSI) case closure rate Child under 5 years pneumonia case fatality rate Child under 5 years Severe Acute Mainutrition case fatality rate Death in facility under 1 year Death in facility under 5 years rate Death under 5 years against live birth rate Maternal Mortality in facility ratio			89.8 88.7 95.5 14.6 20 8.9 5.A 42.2 1216	98 80 2.9 100 9.4 6.2			
Reflair file in facility rate		Specialised Psychiatric Hospitals	Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  Patient Safety incident (PSI) case closure rate  Patient Safety incident (PSI) case closure rate  Child under 5 years pneumonia case fatality rate  Child under 5 years Severe Acute Malnutrition case fatality rate  Death in facility under 1 year  Death in facility under 5 years rate  Death under 5 years against live birth rate  Maternal Mortality in facility ratio  Neonatal death in facility rate - Central Hospital			89.8 88.7 95.5 14.6 20 8.9 5.4 42.2 1216	98 80 2.9 100 9.4 6.2			
Reflair file in facility rate		Specialised Psychiatric Hospitals	Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  Patient Safety incident (PSI) case closure rate  Patient Safety incident (PSI) case closure rate  Child under 5 years pneumonia case fatality rate  Child under 5 years Severe Acute Malnutrition case fatality rate  Death in facility under 1 year  Death in facility under 5 years rate  Death under 5 years against live birth rate  Maternal Mortality in facility ratio  Neonatal death in facility rate - Central Hospital			89.8 88.7 95.5 14.6 20 8.9 5.4 42.2 1216	98 80 2.9 100 9.4 6.2			
Fertiary Hospitals		Specialised Psychiatric Hospitals	Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  Patient Safety incident (PSI) case closure rate  Patient Safety incident (PSI) case closure rate  Child under 5 years pneumonia case fatality rate  Child under 5 years Severe Acute Malnutrition case fatality rate  Death in facility under 1 year  Death in facility under 5 years rate  Death under 5 years against live birth rate  Maternal Mortality in facility ratio  Neonatal death in facility rate - Central Hospital  Patient Experience of Care satisfaction rate			89.8 88.7 95.5 14.6 20 8.9 5.4 42.2 121.6 13.6 90.9	98 80 2.9 100 9.4 6.2 3181 131.8			
Child under 5 years severe Acute Mainutrition case		Specialised Psychiatric Hospitals	Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  Child under 5 years pneumonia case fatality rate  Child under 5 years Severe Acute Mainutrition case  fatality rate  Death in facility under 1 year  Death in facility under 5 years rate  Death under 5 years against live birth rate  Maternal Mortality in facility ratio  Neonatal death in facility rate - Central Hospital  Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate			89.8 88.7 95.5 14.6 20 8.9 5.4 42.2 1216 136 90.9	98 80 2.9 100 9.4 6.2 3181 131.8 91			
Programme 6: Health Sciences and Training  Fatable y rate  Death in facility rate Death in facility rate Death in facility rate Death under 5 years against live birth rate Death under 5 years against live birth rate Death under 5 years against live birth rate Death under 5 years diarnhoea case fatality rate Death under 5 years against live birth rate Death under 5 years diarnhoea case fatality rate Death under 5 years diarnhoea case fatality rate Death under 5 years against live birth rate Death under 5 y	Programme 5: Central Hospital Services	Specialised Psychiatric Hospitals  Central Hospitals	Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  Child under 5 years pneumonia case fatality rate  Child under 5 years Severe Acute Mainutrition case fatality rate  Death in facility under 1 year  Death in facility under 2 years rate  Death under 5 years against live birth rate  Maternal Mortality in facility ratio  Neonatal death in facility rate - Central Hospital  Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  still birth in facility rate			89.8 88.7 99.5 14.6 20 8.9 5.4 42.2 1216 136 90.9 100	98 80 2.9 100 9.4 6.2 3181 131.8 91 100			
Programme 6: Health Sciences and Training  Fatable y rate  Death in facility rate Death in facility rate Death in facility rate Death under 5 years against live birth rate Death under 5 years against live birth rate Death under 5 years against live birth rate Death under 5 years diarnhoea case fatality rate Death under 5 years against live birth rate Death under 5 years diarnhoea case fatality rate Death under 5 years diarnhoea case fatality rate Death under 5 years against live birth rate Death under 5 y	Programme 5: Central Hospital Services	Specialised Psychiatric Hospitals  Central Hospitals	Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  Child under 5 years pneumonia case fatality rate  Child under 5 years Severe Acute Mainutrition case fatality rate  Death in facility under 1 year  Death in facility under 2 years rate  Death under 5 years against live birth rate  Maternal Mortality in facility ratio  Neonatal death in facility rate - Central Hospital  Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  still birth in facility rate			89.8 88.7 99.5 14.6 20 8.9 5.4 42.2 1216 136 90.9 100	98 80 2.9 100 9.4 6.2 3181 131.8 91 100			
Death in the facility under 1 year  Death under 5 years against live birth rate  1.7 2.3  Maternal Mortality in facility rate  Neonatal death in facility rate  Neonatal death in facility rate  Patient Experience of Care satisfaction rate  Patient Experience o	Programme 5: Central Hospital Services	Specialised Psychiatric Hospitals  Central Hospitals	Patient Experience of Care satisfaction rate  Patient Safety Incident (PSI) case closure rate  Patient Safety incident (PSI) case closure rate  Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  Child under 5 years pneumonia case fatality rate  Child under 5 years Severe Acute Malnutrition case fatality rate  Death in facility under 1 year  Death in facility under 5 years rate  Death under 5 years against live birth rate  Maternal Mortality in facility ratio  Neonatal death in facility rate - Central Hospital  Patient Experience of Care satisfaction rate  Patient Safety Incident (PSI) case closure rate  still birth in facility rate  Child under 5 years pneumonia case fatality rate  Child under 5 years speumonia case fatality rate			89.8 88.7 99.5 14.6 20 8.9 5.4 42.2 1216 136 90.9 100	98 80 2.9 100 9.4 6.2 3181 131.8 91 100 35.1			
Death under 5 years against live birth rate  Death under 5 years a	Programme 5: Central Hospital Services	Specialised Psychiatric Hospitals  Central Hospitals	Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  Child under S years pneumonia case fatality rate  Child under S years Severe Acute Mainutrition case  fatality rate  Death in facility under 1 year  Death in facility under 5 years rate  Death under S years against live birth rate  Maternal Mortality in facility ratio  Neonatal death in facility rate - Central Hospital  Patient Experience of Care satisfaction rate  Patient Safety Incident (PSI) case closure rate  still birth in facility rate  Child under 5 years pneumonia case fatality rate  Child under 5 years pneumonia case fatality rate  Child under 5 years Severe Acute Malnutrition case  fatality rate			89.8 88.7 99.5 14.6 20 8.9 5.4 42.2 1216 136 90.9 100 28.3 0.6	98 80 2.9 100 9.4 6.2 3181 131.8 91 100 35.1			
Death under 5 years diarnhoea case fatality rate  Maternal Mortality in facility ratio  Maternal Mortality in facility ratio  Neonatal death in facility rate  Neonatal death in facility rate  Patient Experience of Care satisfaction rate  Patient Safety Incident (PSI) case closure rate  still birth in facility rate  22.6  74.8  78  78.  Patient Safety Incident (PSI) case closure rate  still birth in facility rate  28.9  72.5  Programme 6: Health Science and Training  Number of Bursaries awarded to first year medicine	Programme 5: Central Hospital Services	Specialised Psychiatric Hospitals  Central Hospitals	Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  Child under S years pneumonia case fatality rate  Oberth in facility under 1 year  Death in facility under 1 year  Death in facility under 5 years rate  Death under 5 years against live birth rate  Maternal Mortality in facility ratio  Neonatal death in facility rate - Central Hospital  Patient Experience of Care satisfaction rate  Patient Safety Incident (PSI) case closure rate  still birth in facility rate  Child under 5 years pneumonia case fatality rate  Child under 5 years Severe Acute Malnutrition case  fatality rate  Death in facility under 5 years rate			89.8 88.7 99.5 14.6 20 8.9 5.4 42.2 1216 136 90.9 100 28.3 0.6 4	98 80 2.9 100 9.4 6.2 3181 131.8 91 100 35.1			
Death under 5 years diarnhoea case fatality rate  Maternal Mortality in facility ratio  Maternal Mortality in facility ratio  Neonatal death in facility rate  Neonatal death in facility rate  Patient Experience of Care satisfaction rate  Patient Safety Incident (PSI) case closure rate  still birth in facility rate  22.6  74.8  78  78.  Patient Safety Incident (PSI) case closure rate  still birth in facility rate  28.9  72.5  Programme 6: Health Science and Training  Number of Bursaries awarded to first year medicine	Programme 5: Central Hospital Services	Specialised Psychiatric Hospitals  Central Hospitals	Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  Child under S years pneumonia case fatality rate  Oberth in facility under 1 year  Death in facility under 1 year  Death in facility under 5 years rate  Death under 5 years against live birth rate  Maternal Mortality in facility ratio  Neonatal death in facility rate - Central Hospital  Patient Experience of Care satisfaction rate  Patient Safety Incident (PSI) case closure rate  still birth in facility rate  Child under 5 years pneumonia case fatality rate  Child under 5 years Severe Acute Malnutrition case  fatality rate  Death in facility under 5 years rate			89.8 88.7 99.5 14.6 20 8.9 5.4 42.2 1216 136 90.9 100 28.3 0.6 4	98 80 2.9 100 9.4 6.2 3381 131.8 91 100 35.1 2.1 8.2			
Maternal Mortality ratio  Neonatal death in facility rate  Neonatal death in facility rate  Patient Experience of Care satisfaction rate Patient Safety Incident (PSI) case closure rate still birth in facility rate  Programme 6: Health Sciences and Training Straining Straining Straining Straining Number of Bursaries awarded to first year medicine  Programme 6: Health Science and Training Number of Bursaries awarded to first year medicine  Programme 6: Health Science and Training Number of Bursaries awarded to first year medicine	Programme 5: Central Hospital Services	Specialised Psychiatric Hospitals  Central Hospitals	Patient Experience of Care satisfaction rate  Patient Safety Incident (PSI) case closure rate  Patient Safety incident (PSI) case closure rate  Patient Schely incident (PSI) case closure rate  Patient Schely incident (PSI) case closure rate  Child under S years pneumonia case fatality rate  Child under S years Severe Acute Malnutrition case  fatality rate  Death in facility under 1 year  Death in facility under 5 years rate  Death under S years against live birth rate  Maternal Mortality in facility ratio  Neonatal death in facility rate - Central Hospital  Patient Experience of Care satisfaction rate  Patient Safety Incident (PSI) case closure rate  still birth in facility rate  Child under 5 years pneumonia case fatality rate  Child under 5 years Severe Acute Malnutrition case  fatality rate  Death in facility under 5 years rate  Death in facility under 5 years rate			89.8 88.7 99.5 14.6 20 8.9 5.4 42.2 1216 136 90.9 100 28.3 0.6 4 3.7	98 80 2.9 100 9.4 6.2 3381 131.8 91 100 35.1 2.1 8.2			
Neonatal death in facility rate  Patient Experience of Care satisfaction rate Patient Safety Incident (PSI) case closure rate Still birth in facility rate  Programme 6: Health Sciences and Training Number of Bursaries awarded to first year medicine  22.6 18.2 78 78 78 78 78 78 78 79 79 79 79 79 79 79 79 79 79 79 79 79	Programme 5: Central Hospital Services	Specialised Psychiatric Hospitals  Central Hospitals	Patient Experience of Care satisfaction rate  Patient Safety Incident (PSI) case closure rate  Patient Safety incident (PSI) case closure rate  Patient Scalely incident (PSI) case closure rate  Patient Scalely incident (PSI) case closure rate  Child under S years pneumonia case fatality rate  Child under S years Severe Acute Malnutrition case fatality rate  Death in facility under 1 year  Death in facility under 5 years rate  Death under S years against live birth rate  Maternal Mortality in facility ratio  Neonatal death in facility rate - Central Hospital  Patient Experience of Care satisfaction rate  Patient Safety Incident (PSI) case closure rate  still birth in facility rate  Child under 5 years pneumonia case fatality rate  Child under 5 years Severe Acute Malnutrition case fatality rate  Death in facility under 1 year  Death in facility under 1 year  Death in the facility under 1 year			89.8 88.7 99.5 14.6 20 8.9 5.4 42.2 1216 136 90.9 100 28.3 0.6 4 3.7 3.7	98 80 2.9 100 9.4 6.2 3181 131.8 91 100 35.1 2.1 8.2 7.6			
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still birth in facility rate  still birth in facility rate  28.9 27.5  Programme 6: Health Science and Training Health, Science and Training Number of Bursaries awarded to first year medicine  22 0	Programme 5: Central Hospital Services	Specialised Psychiatric Hospitals  Central Hospitals	Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  Patient Safety incident (PSI) case closure rate  Patient Schely incident (PSI) case closure rate  Patient Schely incident (PSI) case closure rate  Child under S years pneumonia case fatality rate  Child under S years Severe Acute Malnutrition case fatality rate  Death in facility under 1 year  Death in facility under 5 years rate  Death under S years against live birth rate  Maternal Mortality in facility rate - Central Hospital  Patient Experience of Care satisfaction rate  Patient Experience of Care satisfaction rate  Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  still birth in facility rate  Child under S years Severe Acute Malnutrition case fatality rate  Death in facility under 1 year  Death in the facility under 1 year  Death under S years against live birth rate  Maternal Mortality in facility ratio  Neonatal death in facility rate			89.8 88.7 99.5 14.6 20 8.9 5.4 42.2 1216 136 90.9 100 28.3 0.6 4 3.7 3.7 2.6 1.7 3344.9	98 80 2.9 100 2.9 100 9.4 6.2 3181 131.8 91 100 35.1 2.1 8.2 7.6 8.3 490			
Programme 6: Health Science and Training Health, Science and Training Number of Bursaries awarded to first year medicine 22 0	Programme 5: Central Hospital Services	Specialised Psychiatric Hospitals  Central Hospitals	Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  Patient Safety incident (PSI) case closure rate  Patient Schely incident (PSI) case closure rate  Patient Schely incident (PSI) case closure rate  Child under S years pneumonia case fatality rate  Child under S years Severe Acute Malnutrition case fatality rate  Death in facility under 1 year  Death in facility under 5 years rate  Death under S years against live birth rate  Maternal Mortality in facility rate - Central Hospital  Patient Experience of Care satisfaction rate  Patient Experience of Care satisfaction rate  Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  still birth in facility rate  Child under S years Severe Acute Malnutrition case fatality rate  Death in facility under 1 year  Death in the facility under 1 year  Death under S years against live birth rate  Maternal Mortality in facility ratio  Neonatal death in facility rate			89.8 88.7 99.5 14.6 20 8.9 5.4 42.2 1216 136 90.9 100 28.3 0.6 4 3.7 3.7 2.6 1.7 3344.9	98 80 2.9 100 2.9 100 9.4 6.2 3181 131.8 91 100 35.1 2.1 8.2 7.6 8.3 490			
Programme 6: Health Science and Training Health, Science and Training Number of Bursaries awarded to first year medicine 22 0	Programme 5: Central Hospital Services	Specialised Psychiatric Hospitals  Central Hospitals	Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  Child under S years pneumonia case fatality rate  Child under S years Severe Acute Malnutrition case fatality rate  Death in facility under 1 year  Death in facility under 5 years rate  Death under S years against live birth rate  Maternal Mortality in facility rate - Central Hospital  Patient Experience of Care satisfaction rate  Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  still birth in facility rate  Child under 5 years pneumonia case fatality rate  Child under 5 years Severe Acute Malnutrition case fatality rate  Death in facility under 1 year  Death in the facility under 1 year  Death under 5 years against live birth rate  Death under 5 years against live birth rate  Death under 5 years against live birth rate  Death under 5 years diarrhose case fatality rate  Maternal Mortality in facility ratio  Neonatal death in facility rate  Patient Experience of Care satisfaction rate			89.8 88.7 99.5 14.6 20 8.9 5.4 42.2 1216 136 90.9 100 28.3 0.6 4 3.7 3.7 2.6 1.7 334.9 22.6	98 80 2.9 100 9.4 6.2 3181 131.8 91 100 35.1 2.1 8.2 7.6 8.3 490 18.2 78			
	Programme 5: Central Hospital Services	Specialised Psychiatric Hospitals  Central Hospitals	Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  Child under S years pneumonia case fatality rate  Child under S years Severe Acute Malnutrition case fatality rate  Death in facility under 1 year  Death in facility under 5 years rate  Death under S years against live birth rate  Maternal Mortality in facility rate - Central Hospital  Patient Experience of Care satisfaction rate  Patient Experience of Care satisfaction rate  Patient Experience of Care satisfaction rate  Child under 5 years pneumonia case fatality rate  Child under 5 years Severe Acute Malnutrition case fatality rate  Death in facility under 1 year  Death in the facility under 1 year  Death under 5 years against live birth rate  Death under 5 years diarrhose case fatality rate  Maternal Mortality in facility rato  Neonatal death in facility rate  Patient Experience of Care satisfaction rate  Patient Experience of Care satisfaction rate			89.8 88.7 99.5 14.6 20 8.9 5.4 42.2 1216 136 90.9 100 28.3 0.6 4 3.7 3.7 2.6 1.7 334.9 22.6 74.8	98 80 2.9 100 9.4 6.2 3181 131.8 91 100 35.1 2.1 8.2 7.6 8.3 2.3 490 15.2 78 94.8			
	Programme 5: Central Hospital Services	Specialised Psychiatric Hospitals  Central Hospitals  Tertiary Hospitals	Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  Child under S years pneumonia case fatality rate  Child under S years Severe Acute Malnutrition case fatality rate  Death in facility under 1 year  Death in facility under 1 years  Death in facility under 5 years rate  Death under S years against live birth rate  Maternal Mortality in facility rate  Neonatal death in facility rate  Patient Experience of Care satisfaction rate  Patient Experience of Care satisfaction rate  Patient Safety incident (PSI) case closure rate  still birth in facility rate  Child under 5 years pneumonia case fatality rate  Child under 5 years Severe Acute Mainutrition case fatality rate  Death in facility under 1 years rate  Death in the facility under 1 year rate  Death under 5 years against live birth rate  Death under 5 years against live birth rate  Death under 5 years diarrhose case fatality rate  Maternal Mortality in facility ratio  Neonatal death in facility rate  Patient Experience of Care satisfaction rate			89.8 88.7 99.5 14.6 20 8.9 5.4 42.2 1216 136 90.9 100 28.3 0.6 4 3.7 3.7 2.6 1.7 334.9 22.6 74.8 73.2 28.9	98 80 2.9 100 9.4 6.2 3181 131.8 91 100 35.1 2.1 8.2 7.6 8.3 2.3 490 15.2 78 94.8			

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	1		İ	Number of Bursaries awarded to first year other health				1	30	55		l	
				professions students  Number of Bursaries awarded to first year other health					33	0	Indicator renamed		
				professions students Number of Emergency Medicine Specialists in training					0				
				Number of employees trained through the Regional					son	29181			
				Training Centre  Number of Internal employees awarded bursaries					100	369			
									100				
				Number of officials training through EMS college					405	6175			
				Percentage of the population within a 5 km radius of a health service					Mapping Done	84.4			
Quart	erly P	Programme 1: Administration	Administration	Percent ambulances that are operational	70	0	Indicator Discontinued		70	9			
				Percent vehicle that are operational	90	93	Achieved 93% [2986/ 3212]. The improvement is due to the move to lower lockdown levels which improved the turn-around times of vehicle repairs and maintenance.		90	91.56			
	P	Programme 2: District Health Services	Disease, Prevention and Control	Case Fatality Rate for covid-19: 5 – 60 years	Monitor Trends	3.1	Developing indicator being monitored to determine realistic		Monitor Trends	-			
				Clients accessing rehab services	170000	144 391	target Covid-19 Pandemic contributed to	Continue to implement covid-19	680000	389138			
							reduced number of clients accessing disability and rehabilitation services. Plans have been put in place to minimize impact as much as feasible.						
				Covid-19 Positivity Rate	Monitor Trends	16.8	Developing indicator being monitored to determine realistic		Monitor Trends		 		
				Covid-19 Testing Coverage	Monitor Trends	6944/100000	target Developing indicator being monitored to determine realistic target		Monitor Trends	-			
				Mental Disorders Screening	35	55	Achieved through the mentoring of clinics on the mental health screening tool		35	40.125			
				Mental Health Screening	0	0	Indicator Renamed		35	12.55			
			District Hospitals	Health Care Associated infections - District Hospitals	12	122	HAIs are generally caused by poor hand hygiene and implementation of prevention bundles and monitoring	align to those approved by	48	368			
							thereof	of a multimodal approach using the "Plan it, build it, sell it, check it and live it" process. Strengthening PSI reporting is also planned					
				Severity assessment code (SAC) 1 incident reported within 24 hours rate - District Hospitals	0	0	Indicator Renamed		67.9	15.7			
				Severity assessment code 1 incident reported within 24 hours rate - District Hospital	68	83	Updated information shows improvement in data reporting.	District QA Managers assigned to monitor and guide all facilities that are not reporting	68	57.925			
			HIV, AIDS, STI & TB Control	All DS-TB lost to follow-up	8	11	Achieved 11% [1408/ 12891]. High rate of unevaluated patients fuels tost to follow up rate. Resources are limited and overstretched due to the COVID-19 pandemic resulting in neither follow up of early and late missed appointments nor updating of the unevaluated cases. The implementation of the recovery plan has been compromised by the second wave of COVID-19 which affected Health Care Workers.		8	11			
				ART adult remain in care rate	80	67.7	Target not met due to loss to follow up which is sitting at 24%. Targets for positivity rate remains unmet. Poor AGL	districts focusing on key	80	67.7			
				ART adult remain on ART end of period	1633626	1.437.205	Targets for positivity rate remains	districts focusing on key populations and men. TB and HIV screening has been	1633626	1			

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ART child remain in care rate	30	77.8	During this period this indicator fall 2% short to the target of 80% however an increase noted from Q3. Decrease in ART child remain in care due to planned and silent transfers with neighbouring provinces and countries. Patients that are not retained in treatment due to Lost to follow up and some death.	province. Inclusion of Child Health Indicators at reporting platforms for monitoring. Analysis of all transfers out and	80	77.8		
ART child under 15 years remain on ART end of period	68068	44.474	Consent to screen and test challenges. Low uptake of index	Manager model coverage to all remaining districts and facilities in the province. Inclusion of Child Health Indicators at weekly nerve centres meetings	68068	44		
ART client remain on ART end of month - sum	1701694	1508 045	Target not met due to loss to follow up which is sitting at 24%. Targets for positivity rate remains unmet. Poor AGL	districts focusing on key	1701694	1		
ART client remain on ART end of month - total	1701694	0	Indicator renamed		1701694	0		
HIV test done - sum	775000	1 009 212	The target met due to recovery plan put in place when poor performance was identified during the onset of the COVID-19 period. This included targeted testing, community campaigns and testing outside facilities. Districts were encouraged to include HIV testing during the screening of COVID-19	those districts that are still struggling to reach their district targets by encouraging more HIV Self Screening (HIVSS) and Provider Initiated Counselling		769188		
	825000	<u>.</u>	Indicator Discontinued		3300000	2631001		
Male Urethritis syndrome incident  MUS incidence	28	32	Achieved 32%/1000 [24230/762143]. Lack of focus on the STI programme implementation by facilities due to Covid-19 over-burden in facilities. Lack of proper implementation of the STI screening tools at entry points in the facilities. Poor utilisation of the STI Senting tools at entry polistricts in KZN. Other facilities performed well due to STI screening at all health care facility entry points and increased distribution of condoms has contributed in the reduction of MUS incidence	increased distribution of condoms has contributed in the reduction of MUS incidence	28	27.8		
					l			

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	Screened for TB symptoms	5000000	5 747 971	Despite the decline in head count,		20000000	16448705			
				most patients who attended health care facilities were screened for TB.						
				care racinaes were screened for 15.						
	TB XDR treatment start rate	96	96	Achieved 96% [19/20]		96	96			
	15 Act treatment start face	30		Picinicica 3070 (23/20)		30	30			
Maternal, Neonatal, Child & Women's Health &	ANC clients initiated on ART rate	00	96.7	The deviation can be attributed to	Promote same day ART	00	99.45			
Nutrition	Arte citeria intuica di Arti Tate	30	50.7	patients not initiated on the day the	initiation	30	33.43			
				tested positive hence the numerator						
				is bigger than the denominator. There is a positive uptake of ART by						
				pregnant women.						
	1				I	I				
	1				I	I				
	1				I	I				
	Antenatal 1st visit before 20 weeks rate	75.0	72.2	Achieved 73.2%	Class manifestra	75.0	72.2			
	Antenatal 1st visit before 20 weeks rate	75.9	73.2	Achieved 73.2% [45 343/ 61 983].	Close monitoring and strengthening of house hold	75.9	73.2			
	1			Two districts contributed to poor	pregnancy testing	I				
	1			performance this quarter: Amajuba and Harry Gwala. This could be low	I	I				
	1			rate house hold testing that was	I	I				
	1			done probably due to competing	I	I				
	1			priorities.	I	I				
	1				I	I				
	1				I	I				
	1				I	I				
	Antenatal first visit before 20 weeks first visit rate	0	0	Indicator Renamed		75	0			
	6									
	Cervical cancer screening	0	0	Indicator Renamed		85	8.2			
	Cervical cancer screening	0	0	Indicator Renamed		85	8.2			
		To be determined	44.7		Healthcare workers encouraged		8.2			
	Cervical cancer screening  Cervical cancer screening coverage	To be determined	44.7	Achieved 44.7% [40116/ 62608]. Target not met The sudden large	Healthcare workers encouraged to do two pap smear per day.		-			
		To be determined	44.7	Achieved 44.7% [40116/62608]. Target not met The sudden large drop in cervical screening can be	to do two pap smear per day.  To conduct community		-			
		To be determined	44.7	Achieved 44.7% [40116/ 62608]. Target not met The sudden large	to do two pap smear per day. To conduct community awareness though media. In		-			
		To be determined	44.7	Achieved 44.7% [40116/ 62608]. Target not met The sudden large drop in cervical screening can be directly related to the COVID-19 hard lockdown which coincided with this financial year. The performance	to do two pap smear per day. To conduct community awareness though media. In general people were advised to stay at home and only present		8.2			
		To be determined	44.7	Achieved 44.7% [40116/ 62608]. Target not met The sudden large drop in cervical screening can be directly related to the COVID-19 hard lockdown which coincided with this financial year. The performance ranges from 28.3% at Amajuba	to do two pap smear per day. To conduct community awareness though media. In general people were advised to stay at home and only present to health facilities for		-			
		To be determined	44.7	Achieved 44.7% [40116/ 62608]. Target not met The sudden large drop in cervical screening can be directly related to the COVID-19 hard lockdown which coincided with this financial year. The performance ranges from 28.3% et Amajuba district to 66.8% at uThukela districts. None of the district has	to do two pap smear per day. To conduct community awareness though media. In general people were advised to stay at home and only present to health facilities for emergencies. Staff at health facilities were also providing	To be determined	8.2			
		To be determined	44.7	Achieved 44.7% [40116/ 62608]. Target not met The sudden large drop in cervical screening can be directly related to the COVID-19 hard lockdown which coincided with this financial year. The performance ranges from 28.3% at Amajuba district to 66.8% at ur Thukela	to do two pap smear per day. To conduct community awareness though media. In general people were advised to stay at home and only present to health facilities for emergencies. Staff at health facilities were also providing mainly emergency care and may	To be determined				
	Cervical cancer screening coverage			Achieved 44.7% [40116/62608]. Target not met The sudden large drop in cervical screening can be directly related to the COVID-19 hard lockdown which coincided with this financial year. The performance ranges from 28.3% at Amajuba district to 66.8% at ul'hukela districts. None of the district has achieved the target.	to do two pap smear per day. To conduct community awareness though media. In general people were advised to stay at home and only present to health facilities for emergencies. Staff at health facilities were also providing mainly emergency care and may have neglected to offer services	To be determined	-			
		To be determined  To be determined	44.7	Achieved 44.7% [40116/ 62608]. Target not met The sudden large drop in cervical screening can be directly related to the COVID-19 hard lockdown which coincided with this financial year. The performance ranges from 28.3% at Amajuba district to 66.8% at uThukela districts. None of the district has achieved the target.  Achieved 57.6%	to do two pap smear per day. To conduct community awareness though media. In general people were advised to stay at home and only present to health facilities for emergencies. Staff at health facilities were also providing mainly emergency care and may have neglected to offer services increase community awareness.	To be determined	50.62499999999			
	Cervical cancer screening coverage			Achieved 44.7% [40116/ 62608]. Target not met The sudden large drop in cervical screening can be directly related to the COVID-19 hard lockdown which coincided with this financial year. The performance ranges from 28.3% et Amajuba district to 66.8% at uThukela districts. None of the district has achieved the target.  Achieved 57.6% [463 813/800 392] Target not met. This deterioration is	to do two pap smear per day. To conduct community awareness though media. In general people were advised to stay at home and only present to health facilities for emergencies. Staff at health facilities were slop providing mainly emergency care and may have neglected to offer services increase community awareness through IEC. Allocation of Individual target to the	To be determined	-			
	Cervical cancer screening coverage			Achieved 44.7% [40116/ 62608]. Target not met The sudden large drop in cervical screening can be directly related to the COVID-19 had lockdown which coincided with this financial year. The performance ranges from 28.3% at Amajuba district to 66.8% at uThukela districts. None of the district has achieved the target.  Achieved 57.6% [461.813/800 392] Target not met. This deterioration is associated with the reduction in	to do two pap smear per day. To conduct community awareness though media. In general people were advised to stay at home and only present to health facilities of the health facilities of mainly emergency care and part have neglected to offer services. Increase community awareness through IEC. Allocation of Individual target to the clinicians for LARCs and weekly	To be determined	-			
	Cervical cancer screening coverage			Achieved 44.7% [40116/ 62608]. Target not met The sudden large drop in centical screening can be directly related to the COVID-19 hard lockdown which coincided with this financial year. The performance ranges from 28.3% et Amajuba district to 66.8% at uThukela districts. None of the district has achieved the target.  Achieved 57.6% [461 813/800 392] Target not met. This deterioration is associated with the reduction in ascess to services arising from the	to do two pap smear per day. To conduct community awareness though media. In general people were advised to stay at home and only present to health facilities for emergencies. Staff at health facilities were slop providing mainly emergency care and may have neglected to offer services through IEC. Allocation of Individual target to the clinicians for LARC's and weekly monitoring	To be determined	-			
	Cervical cancer screening coverage			Achieved 44.7% [40116/ 62608]. Target not met The sudden large drop in cenvical screening can be directly related to the COVID-19 hard lockdown which coincided with this financial year. The performance ranges from 28.3% et Arnajuba district to 66.8% at ul Thukela districts. None of the district has achieved the target.  Achieved 57.6% [461 813/800 392] Target not met. This deterioration is associated with the reduction in access to services arising from the COVID-19 lockdown and a reduced capacity arising for the	to do two pap smear per day. To conduct community awareness though media. In general people were advised to stay at home and only present to health facilities for emergencies. Staff at health facilities were also providing mainly emergency care and may have neglected to offer services through IEC. Allocation of Individual target to the clinicians for LARC's and weekly monitoring - Allocation of targets to mobile clinicians for mobile br>mobile clinicians for mobile br>mobile clinicians for mobile br>mobile mobile clinicians for mobile m	To be determined	-			
	Cervical cancer screening coverage			Achieved 44.7% [40116/ 62608]. Target not met The sudden large drop in cervical screening can be directly related to the COVID-19 had incompared to the COVID-19 had incompared to the COVID-19 had district to 66.8% at uThukela districts to 66.8% at uThukela districts None of the district has achieved the target.  Achieved 57.6% [461 813/ 800 392] Target not met. This deterioration is associated with the reduction in access to services arising from the COVID-19 lockdown and a reduced capacity arising for the redeployment of staff to COVID-19	to do two pap smear per day. To conduct community awareness though media. In general people were advised to stay at home and only present to health facilities for emergencies. Staff at health facilities were also providing mainly emergency care and may have neglected to offer services increase community awareness through IEC. Allocation of individual target to the clinicians for LAC on clinicians for LAC on chinicians for -Allocation of targets to mobile chinicians -Allocation for -Allocation for -Allocation for -Allocation for -Allocation for -Dest-matal IUCD insertion post-	To be determined	-			
	Cervical cancer screening coverage			Achieved 44.7% [40116/ 62608]. Target not met The sudden large drop in cervical screening can be directly related to the COVID-19 had included with cincided with this financial year. The performance ranges from 28.3% at Amajuba district to 66.8% at uThukela districts. None of the district has achieved the target.  Achieved 57.6% [461 813/800 392] Target not met. This deterioration is associated with the reduction in access to services arising from the COVID-19 lockdown and a reduced capacity arising for the redeployment of staff to COVID-19 related screening services. The performance ranges from	to do two pap smear per day. To conduct community awareness though media. In general people were advised to stay at home and only present to health facilities for emergencies. Staff at health facilities were also providing mainly emergency care and may have neglected to offer services through IEC. Allocation of Individual target to the clinicians for LARC's and weekly monitoring - Allocation of targets to mobile clinicians for mobile br>mobile clinicians for mobile br>mobile clinicians for mobile br>mobile mobile clinicians for mobile m	To be determined	-			
	Cervical cancer screening coverage			Achieved 44.7% [40116/ 62608]. Target not met The sudden large drop in cervical screening can be directly related to the COVID-19 hard lockdown which coincided with this financial year. The performance ranges from 28.3% at Amajuba district to 66.8% at UThukela district to 66.8% at UThukela district to 66.8% at UThukela district, some of the district has achieved the target.  Achieved 57.6% [461 813/ 800 392] Target not met. This deterioration is associated with the reduction in access to services arising from the COVID-19 lockdown and a reduced capacity arising for the redeployment of staff to COVID-19 related screening services. The performance ranges from 28%Amajuba district to 88.8%	to do two pap smear per day. To conduct community awareness though media. In general people were advised to stay at home and only present to health facilities for emergencies. Staff at health facilities were also providing mainly emergency care and may have neglected to offer services where the stay of the increase community awareness through IEC. AIAC's and weekly monitoring - Allocation of targets to mobile clinicians - Post-natal IUCD insertion post- delivery. Condon distribution at elivery.	To be determined	-			
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OPR for for institution of olocation Report
Page - 5

Part												
Part			Infant exclusively breastfed at DTaP-IPV-Hib HBV 3rd dose	e 63	57	Achieved 57%	Orientation of WBOT OTLs to	63	57			
Part						[27 927] 48 993]. Target not met. Poor infant feeding						
Part						counselling and support during	of Advocacy to recommence					
March Continue control   March Continue cont						antenatal and postnatal period	MBFI practices within the					
Part												
Part	1			I	I	activities are restarting, but training	1					
Part Total Control Con												
Part	1			I	I	Further OTL orientation on Infant	I					
Note						feeding support postponed due to						
Auto-						increased COVID-19 restrictions						
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Part   And   Par			Measles 2nd dose coverage	93	84.8	Target not achieved due to poor	Conduct catch up campaigns.	93	84.8			
Marie And American Continues   1						monitored. The coverage rate	Monitor Vaccine stock outs					
Manual												
Manual Properties of Propert						rour district meeting target						
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Manual Properties of Propert	1			I	I	1	I					
Manual Properties of Propert			Mother postnatal visit within 6 days rate	77	76	Performance almost on target.	Strengthen linkage to CCGs of	77	76.8			
Annual Content of the Content of t	1			I		Linkage of pregnant and post-	pregnant women and continue		"			
Project of the control of the cont						delivery women to Community Care	post-delivery. Ensure					
Application   Application	1		1	1	I	Givers (CCGs) was affected during the pandemic and slow	implementation of recovery plan	İ		İ		
Market Act   10 Per per per per per per per per per per p	1		1	1	I			İ		İ		
Autor of Continue   Auto			Vitamin A dose 12-59 months coverage	72	66.8	local level	Continued advocacy to opening	72	57 125			
Market of Mark	1		Vicaniii A dose 12-55 months coverage	Ĭ~		closure of ECD centres for the	coordinated visits to ECDs as	<b>1</b> -	J1.46J			
Market   Private   Security   Market   Private   Security   Secu						holidays as well as prolonged	well as ongoing Vitamin A					
Marie   Mari							issuing at household level by					
Register of fixed that accounts of findings (FIC.)  Takefor of fixed fixed colorisation for the fixed fixed colorisation for the fixed fixed fixed colorisation for the fixed						wave.	CIWS.					
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			Average length of stay  Expenditure per PDE  Health Care Associated Infections  Inpatient bed utilization rate	44.7 3195.7 1 51.5	1118 6376.30	Incidents Committee in Quality Improvement Plans and monitoring of compliance is yielding good results.  EMS experienced a challenge with staff being infected by COVID-19, particularly during the second wave. Every district had multiple staff members not on duty due to contracting COVID-19 and being unable to report for duty. This resulted in flewer operational ambulances.  Clainwood Hospital was repurposed and used for COVID-19. Hillcrest Hospital is the only hospital that operates as a long term care facility.  Clainwood Hospital had a very low Bed Utilization for COVID-19 due to the lack of specialised clinical competencies and specialised clinical infrastructure.  Poor reporting via Patient Safety Incident (PSI) system.  Clainwood Hospital had a very low Bed Utilization for COVID-19 due to the lack of specialised clinical infrastructure.	minimise the spread of COVID- 19 amongst staff members. All precautions are in place.  Review service package and facilitate the reclassification of Clairwood.  Review service package and facilitate the reclassification of Clairwood.  Intensify surveillance and use of the PSI tool.  Review service package and facilitate the reclassification of Clairwood.	45 3195.7 7 51.9	1763.175 3438.532500000003 0			
			Average length of stay  Expenditure per PDE  Health Care Associated Infections  Inpatient bed utilization rate	44.7 3195.7 1 51.5	1118 6376.30	Incidents Committee in Quality Improvement Plans and monitoring of compliance is yielding good results.  EMS experienced a challenge with staff being infected by COVID-19, particularly during the second wave. Every district had multiple staff members not on duty due to contracting COVID-19 and being unable to report for duty. This resulted in flewer operational ambulances.  Clainwood Hospital was repurposed and used for COVID-19. Hillcrest Hospital is the only hospital that operates as a long term care facility.  Clainwood Hospital had a very low Bed Utilization for COVID-19 due to the lack of specialised clinical competencies and specialised clinical infrastructure.  Poor reporting via Patient Safety Incident (PSI) system.  Clainwood Hospital had a very low Bed Utilization for COVID-19 due to the lack of specialised clinical infrastructure.	minimise the spread of COVID- 19 amongst staff members. All precautions are in place.  Review service package and facilitate the reclassification of Clairwood.  Review service package and facilitate the reclassification of Clairwood.  Intensify surveillance and use of the PSI tool.  Review service package and facilitate the reclassification of Clairwood.	45 3195.7 7 51.9	1763.175 3438.532500000003 0			
			Average length of stay  Expenditure per PDE  Health Care Associated Infections  Inpatient bed utilization rate	44.7 3195.7 1 51.5	1118 6376.30	Incidents Committee in Quality Improvement Plans and monitoring of compliance is yielding good results.  EMS experienced a challenge with staff being infected by COVID-19, particularly during the second wave. Every district had multiple staff members not on duty due to contracting COVID-19 and being unable to report for duty. This resulted in flewer operational ambulances.  Clainwood Hospital was repurposed and used for COVID-19. Hillcrest Hospital is the only hospital that operates as a long term care facility.  Clainwood Hospital had a very low Bed Utilization for COVID-19 due to the lack of specialised clinical competencies and specialised clinical infrastructure.  Poor reporting via Patient Safety Incident (PSI) system.  Clainwood Hospital had a very low Bed Utilization for COVID-19 due to the lack of specialised clinical infrastructure.	minimise the spread of COVID- 19 amongst staff members. All precautions are in place.  Review service package and facilitate the reclassification of Clairwood.  Review service package and facilitate the reclassification of Clairwood.  Intensify surveillance and use of the PSI tool.  Review service package and facilitate the reclassification of Clairwood.	45 3195.7 7 51.9	1763.175 3438.532500000003 0			

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1	Percentage of complaints on staff attitudes	21.4	11	Achieved 11% [1/9].	District QA Managers assigned	21.4	11.75			
				During the visits to Districts and analysing the Provincial Performance	to monitor and guide all					
				from the Ideal Health Facility	lacilities triat are not reporting					
				Monitoring System it is evident that						
				more than 50% of facilities are not reporting as expected according to						
				the National Guidelines.						
	Percentage of complaints on waiting times	0	0	Indicator Renamed		16.6	0			
	Percentage of Complaints on waiting Times	16.7	0	During the visits to Districts and analysing the Provincial Performance	District QA Managers assigned	16.7	13			
				from the Ideal Health Facility	facilities that are not reporting					
				Monitoring System it is evident that more than 50% of facilities are not						
				reporting as expected according to						
				the National Guidelines.						
	Severity assessment Code (SAC) 1 incident reported	0	0	Indicator Renamed		0	0			
	within 24 hours rate									
	Severity assessment code 1 incident reported within 24	0	0	Involvement of the Patient Safety		0	18.75			
	hours rate			Incidents Committee in Quality Improvement Plans and monitoring						
				of compliance is yielding good						
Regional Hospital	% Complaints on patient care	n	n	results Indicator Renamed		42.1	5.1			
			1		1		1			
	% Complaints on staff attitudes	0	0	Indicator Renamed	<del>                                     </del>	15.1	3.625			
	p									
	% Complaints on waiting time	0	0	Indicator Renamed	<del>                                     </del>	11.8	5			
			1		1					
	Average Length of stay	6.3	6.2	Covid-19 recovery Plan	<del>                                     </del>	6.3	5.975			
	,	'	1	implementation contributed to	1					
			1	improved performance	1					
			1		1					
			1		1					
			1		1		1			
			1		1		1			
	Expenditure per PDE	3054.9	4 980.70	Carry over of COVID-19 related	Monitor the effectiveness of the	3220	3366.06			
				supplies, equipment and PPE	cash flow committees in					
					implementing cost cutting measures.					
	Health Care Associated Infections	3	419	Increase due to improvements in	KZN guideline will be reviewed	12	936			
				reporting i.e. previous reporting challenges have been resolved.	with a view to align to the NDoH guidelines which were approved					
				However there is poor adherence to	this year. Follow a multimodal					
				standards and transmission based precautions including to hand	approach for implementation.					
				hygiene protocols.						
			1	Poor implementation and monitoring of the prevention	1					
			1	bundles.	1					
		1	ļ							
	Health Care associated with infections	3	U	Indicator Renamed	1	12	22			
		<u> </u>	L							
	Inpatient (usable) bed utilisation rates	74.1	62.8	Increased hospital admissions due to COVID-19 second wave and the bed	morbidity and mortality	73.4	46.8			
			1	turn rate over rate was decreased as	meetings					
			1	in this surge COVID-19 cases were taking longer to recover	[	1	1	l		
			1		1		1			
			1		1		1			
			1		1		1			
			1		1					
			1		1					
			1		1					
				Indicator Renamed	-	72 /	12 626			
1	Innationt had utilization rate	n	Π			73.4	13.625	İ	ı	
	Inpatient bed utilization rate	0	0	indicator Renamed			l		l l	
		0	0		District OA Manager assiss	47.1	77 35			
	Inpatient bed utilization rate  Percentage of Complaints on patient care	42.1	25.7	It may seem that the Province is doing well in terms of meeting	District QA Managers assigned to monitor and guide all	42.1	27.35			
		42.1	25.7	It may seem that the Province is doing well in terms of meeting targets however when extracting		42.1	27.35			
		0 42.1	25.7	It may seem that the Province is doing well in terms of meeting targets however when extracting data from the Ideal Health Facility Monitoring System it is evident that	to monitor and guide all	42.1	27.35			
		42.1	25.7	It may seem that the Province is doing well in terms of meeting targets however when extracting data from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not	to monitor and guide all facilities not that are reporting	42.1	27.35			
		42.1	25.7	It may seem that the Province is doing well in terms of meeting targets however when extracting data from the Ideal Health Facility Monitoring System it is evident that	to monitor and guide all facilities not that are reporting	42.1	27.35			
		42.1	25.7	It may seem that the Province is doing well in terms of meeting targets however when extracting data from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting, therefore not displaying a	to monitor and guide all facilities not that are reporting	42.1	27.35			
		0 42.1 15.1	25.7	It may seem that the Province is doing well in terms of meeting targets however when extracting data from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting, therefore not displaying a true picture in this regard.  During the visits to Districts and	to monitor and guide all facilities not that are reporting list of the second se		27.35			
	Percentage of Complaints on patient care		25.7	It may seem that the Province is doing well in terms of meeting targets however when extracting data from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting, therefore not displaying a true picture in this regard.  During the visits to Districts and analysing the Provincial Performance	to monitor and guide all facilities not that are reporting  District QA Mangers assigned to monitor and guide all facilities		27.35			
	Percentage of Complaints on patient care		25.7	It may seem that the Province is doing well in terms of meeting targets however when extracting data from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting, therefore not displaying a true picture in this regard.  During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that	to monitor and guide all facilities not that are reporting list of the second se		27.35			
	Percentage of Complaints on patient care		25.7	It may seem that the Province is doing well in terms of meeting targets however when extracting data from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting, therefore not displaying a true picture in this regard.  During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% facilities are not	to monitor and guide all facilities not that are reporting  District QA Mangers assigned to monitor and guide all facilities		27.35			
	Percentage of Complaints on patient care		25.7	It may seem that the Province is doing well in terms of meeting targets however when extracting data from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting, therefore not displaying a true picture in this regard.  During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that	to monitor and guide all facilities not that are reporting  District QA Mangers assigned to monitor and guide all facilities		27.35			
	Percentage of Complaints on patient care		25.7	It may seem that the Province is doing well in terms of meeting targets however when extracting data from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting, therefore not displaying a true picture in this regard.  During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% facilities are not reporting as expected according to	to monitor and guide all facilities not that are reporting  District QA Mangers assigned to monitor and guide all facilities		27.35			
	Percentage of Complaints on patient care		25.7	It may seem that the Province is doing well in terms of meeting targets however when extracting data from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting, therefore not displaying a true picture in this regard.  During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% facilities are not reporting as expected according to the National Guidelines.  The province may be doing well in	to monitor and guide all facilities not that are reporting  District QA Mangers assigned to monitor and guide all facilities not reporting  District QA Mangers assigned to monitor and guide all facilities not reporting	15.1	27.35			
	Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes	15.1	25.7	It may seem that the Province is doing well in terms of meeting targets however when extracting targets however when extracting data from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting, therefore not displaying a true picture in this regard.  During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% facilities are not reporting as expected according to the National Guidelines.  The province may be doing well in terms of meeting targets but looking	to monitor and guide all facilities not that are reporting littles and that are reporting District QA Mangers assigned to monitor and guide all facilities not reporting littles and provided all facilities on monitor and guide all facilities guide guide all facilities guide all facilities guide all facilities guide all facilities guide guide all facilities guide guide all facilities guide guide all facilities guide guide all facilities guide	15.1	27.35			
	Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes	15.1	25.7	It may seem that the Province is doing well in terms of meeting targets however when extracting targets however when extracting data from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting, therefore not displaying a true picture in this regard.  During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident than more than 50% facilities are not reporting as expected according to the National Guidelines.  The province may be doing well in terms of meeting targets but looking at the Ideal health facility monitoring system it is evident than more than 50% indeed to the National Guidelines.	to monitor and guide all facilities not that are reporting littles and that are reporting District QA Mangers assigned to monitor and guide all facilities not reporting littles and provided all facilities on monitor and guide all facilities guide guide all facilities guide all facilities guide all facilities guide all facilities guide guide all facilities guide guide all facilities guide guide all facilities guide guide all facilities guide	15.1	27.35			
	Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes	15.1	25.7	It may seem that the Province is doing well in terms of meeting targets however when extracting data from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting, therefore not displaying a true picture in this regard.  During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% facilities are not reporting as expected according to the National Guidelines.  The province may be doing well in terms of meeting targets but looking at the Ideal Pacific Monitoring system it is evident that more than 50% facilities are not reporting system it is evident that more than 50% facilities are not reporting, in	to monitor and guide all facilities not that are reporting  District QA Mangers assigned to monitor and guide all facilities not reporting  District QA Mangers assigned to monitor and guide all facilities not reporting	15.1	27.35			
	Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes	15.1	30	It may seem that the Province is doing well in terms of meeting targets however when extracting targets however when extracting data from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting, therefore not displaying a true picture in this regard.  During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident than more than 50% facilities are not reporting as expected according to the National Guidelines.  The province may be doing well in terms of meeting targets but looking at the Ideal health facility monitoring system it is evident than one standard the search of the province may be doing well in terms of meeting targets but looking at the Ideal health facility monitoring system it is evident that more than	to monitor and guide all facilities not that are reporting  District QA Mangers assigned to monitor and guide all facilities not reporting  District QA Mangers assigned to monitor and guide all facilities not reporting	15.1	27.35 31 36			
	Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes	15.1	25.7 25.7 30	It may seem that the Province is doing well in terms of meeting targets however when extracting data from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting, therefore not displaying a true picture in this regard.  During the vioits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident than once than 50% facilities are not reporting as expected according to the National Guidelines.  The province may be doing well in terms of meeting targets but looking at the Ideal health facility monitoring system it is evident than once than 50% facilities are not reporting, in order to display a true picture in this	to monitor and guide all facilities not that are reporting  District QA Mangers assigned to monitor and guide all facilities not reporting  District QA Mangers assigned to monitor and guide all facilities not reporting	15.1	27.35			

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Mondoy, May 3, 2021 2:45:38 PM

	Serverity assessments code 1 incident reported within 24	76.2	95	All facilities have fully functional PSI		76.2	62.15		
	hours rate			committees	to monitor and guide all facilities that are not reporting.				
	Severity assessment code (SAC) 1 Incident reported within	0	0	Indicator Renamed		76.2	24.65		
	24 hours rate								
Specialised Psychiatric Hospitals	Health Care Associated Infections	7	78	78 cases of patients infected with	Implement IPC Score card	28	156		
				COVID-19, possibly due to transmission from staff to patient	together with district support. Strict implementation of COVID-				
				and then patient to patient. Poor	19 precautions such as staff				
				and sometimes difficult	screening, bed spacing,				
				implementation of COVID-19 precautions among these patients	environmental and engineering controls and PPE				
				may be contributing factors.					
	Percentage of Complaints on patient care	0	50	During the visits to Districts and	District QA Managers assigned	24.1	en .		
	recentage of complaints on patient care		30	analysing the Provincial Performance	to monitor and guide all	24.1	00		
				from the Ideal Health Facility	facilities that are not reporting				
				Monitoring System it is evident that more than 50% of facilities are not					
				reporting as expected according to					
				the National Guidelines.					
	Percentage of Complaints on staff attitudes	5.2	0	During the visits to Districts and	District QA Managers assigned	5.2	0		
	recentage of complaints on stan attitudes	3.2		analysing the Provincial Performance	to monitor and guide all	3.2			
				from the Ideal Health Facility	facilities that are not reporting				
				Monitoring System it is evident that more than 50% of facilities are not					
1	1	I		reporting as expected according to	[	I	1		
		1		the National Guidelines.	1	1	1		
	Percentage of Complaints on waiting times	4.2	0	During the visits to Districts and	District QA Managers assigned	4.2	0		<u> </u>
1	. Granage or complaints off Walting times		ľ	analysing the Provincial Performance	to monitor and guide all		ľ		
		1		from the Ideal Health Facility	facilities that are not reporting	1	1		
		1		Monitoring System it is evident that more than 50% of facilities are not	1	1	1		
1		I		reporting as expected according to	1	I			
1	1	I		the National Guidelines.	[	I	1		
	Percentage of Compleints as writing Town	9.6	0	During the visite to Diet day and	District QA Managers assigned	0.5	0		
	Percentage of Complaints on waiting Times	0.0	·	During the visits to Districts and analysing the Provincial Performance	to monitor and guide all	0.0	ľ		
				from the Ideal Health Facility	facilities that are not reporting				
				Monitoring System it is evident that more than 50% of facilities are not					
				reporting as expected according to					
				the National Guidelines.					
	Severity assessment Code (SAC) 1 incident reported within 24 hours rate	0	0	Indicator Renamed		64.3	1.675		
	Severity assessment code 1 incident reported within 24 hours rate	64.3	20	During the visits to Districts and analysing the Provincial Performance	District QA Managers assigned to monitor and guide all	64.3	27.5		
				from the Ideal Health Facility	facilities that are not reporting				
				Monitoring System it is evident that more than 50% of facilities are not					
			1	reporting as expected according to					
				the National Guidelines.					
Secretary description	Land to the first	50.0	47.0	the National Guidelines.			27.025		
Specialised TB Hospitals	Average length of stay	59.8	47.8	the National Guidelines.		60	37.875		
Specialised TB Hospitals	Average length of stay	59.8	47.8	the National Guidelines.		60	37.875		
Specialised TB Hospitals	Average length of stay	59.8	47.8	the National Guidelines.		60	37.875		
Specialised TB Hospitals	Average length of stay	59.8	47.8	the National Guidelines.		60	37.875		
Specialised TB Hospitals	Average length of stay	59.8	47.8	the National Guidelines.		60	37.875		
Specialised T8 Hospitals	Average length of stay	59.8	47.8	the National Guidelines.		60	37.875		
Specialised TB Hospitals	Average length of stay	59.8	47.8	the National Guidelines.		60	37.875		
Specialised TB Hospitals	Average length of stay	59.8	47.8	the National Guidelines.		60	37.875		
Specialised TB Hospitals		59.8		the National Guidelines.	Reinstate services progressively	6220.7	37.875		
Specialised TB Hospitals	Average length of stay  Expenditure per PDE		47.8 47.8 6389.50	the National Guidelines.  Curtailing of services due to CDVID- 19 Epidemic resulted in increased	Reinstate services progressively and implement rationalization	620.7			
Specialised TB Hospitals				the National Guidelines.  Curtailing of services due to COVID-	Reinstate services progressively and implement rationalization plan.	6220.7			
Specialised TB Hospitals				the National Guidelines.  Curtailing of services due to CDVID- 19 Epidemic resulted in increased	Reinstate services progressively and implement rationalization plan.	6220.7			
Specialised TB Hospitals				the National Guidelines.  Curtailing of services due to CDVID- 19 Epidemic resulted in increased	Reinstate services progressively and implement rationalization plan.	6220.7			
Specialised TB Hospitals				the National Guidelines.  Curtailing of services due to CDVID- 19 Epidemic resulted in increased	Reinstate services progressively and implement rationalization plan.	6220.7			
Specialised TB Hospitals	Expenditure per PDE			the National Guidelines.  Curtailling of services due to COVID- 19 Epidemic resulted in increased operational costs.	and implement rationalization plan.	6220.7			
Specialised T8 Hospitals				the National Guidelines.  Curtailing of services due to COVID-19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial	and implement rationalization plan.  Intensify the use of PSI as a	6220.7			
Specialised TB Hospitals	Expenditure per PDE			the National Guidelines.  Curtailing of services due to COVID- 19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial transmission of TB is difficult to establish unless a baseline was done	and implement rationalization plan.	6220.7			
Specialised TB Hospitals	Expenditure per PDE			the National Guidelines.  Curtailing of services due to COVID-19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial	and implement rationalization plan.  Intensify the use of PSI as a	6220.7			
Specialised TB Hospitals	Expenditure per PDE  Health Care Associated with infections			the National Guidelines.  Curtailing of services due to COVID- 19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial transmission of TB is difficult to establish unless a baseline was done together with genotyping.  Don McKenzie and Charles James	and implement rationalization plan.  Intensify the use of PSI as a reporting tool  Reinstate services progressively	2			
Specialised TB Hospitals	Expenditure per PDE  Health Care Associated with infections	6220.7	6389.50	the National Guidelines.  Curtailing of services due to COVID- 19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial transmission of T8 is difficult to establish unless a baseline was done together with genotyping.  Don McKenzie and Charles James Hospitals were closed due to poor	and implement rationalization plan.	2	15359.235		
Specialised TB Hospitals	Expenditure per PDE  Health Care Associated with infections	6220.7	6389.50	the National Guidelines.  Curtailing of services due to COVID- 19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial transmission of TB is difficult to establish unless a baseline was done together with genotyping.  Don McKenzie and Charles James	and implement rationalization plan.  Intensify the use of PSI as a reporting tool  Reinstate services progressively	2	15359.235		
Specialised TB Hospitals	Expenditure per PDE  Health Care Associated with infections	6220.7	6389.50	the National Guidelines.  Curtailling of services due to COVID- 19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial transmission of TB is difficult to establish unless a baseline was done together with genotyping.  Don McKenzie and Charles James Hospitals were closed due to poor utilization and in line with hospital rationalization plan. 100% beds at RichmodHospital and 14 beds at 8 RichmodHospital and 16 beds at 9 Richmod Hospital and 16 beds at 9 Richmod Hospital and 16 beds at 9 Richmod Hospital and 16 beds at 9 Richmod Hospital and 16 beds at 9 Richmod Hospital and 16 beds at 9 Richmod Hospital and 16 beds at 9 Richmod Hospital and 16 beds at 9 Richmod Hospital and 16 beds at 9 Richmod Hospital and 16 beds at 9 Richmod Hospital and 16 beds at 9 Richmod Hospital and 16 beds at 9 Richmod Hospital and 16 beds at 9 Richmod Hospital and 16 beds at 9 Richmod Hospital and 16 beds at 9 Richmod Hospital and 16 Beds at 9 Richmod Hospital and 16 Beds at 9 Richmod Hospital and 16 Beds at 9 Richmod Hospital and 16 Beds at 9 Richmod Hospital and 16 Beds at 9 Richmod Hospital and 16 Beds at 9 Richmod Hospital and 16 Beds at 9 Richmod Hospital and 16 Beds at 9 Richmod Hospital and 16 Beds at 9 Richmod Hospital and 16 Beds at 9 Richmod Hospital and 16 Beds at 9 Richmod Hospital and 16 Beds at 9 Richmod Hospital and 16 Beds at 9 Richmod Hospital and 16 Richmod Hospital and 16 Richmod Hospital and 16 Richmod Hospital and 16 Richmod Hospital and 16 Richmod Hospital And 16 Richmod Hospital And 16 Richmod Hospital Richmod Richmod Richmod Richmod Richmod Richmod Richmod Richmod Richmod Richmod Richmod Richmod	and implement rationalization plan.  Intensify the use of PSI as a reporting tool  Reinstate services progressively	2	15359.235		
Specialised TB Hospitals	Expenditure per PDE  Health Care Associated with infections	6220.7	6389.50	the National Guidelines.  Curtailing of services due to COVID-19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial transmission of TB is difficult to establish unless a baseline was done together with genotyping.  Don McKenzie and Charles James Hospitals were closed due to poor utilization and in line with hospital rationalization plan. 100% begin plan. 100%	and implement rationalization plan.  Intensify the use of PSI as a reporting tool  Reinstate services progressively	2	15359.235		
Specialised TB Hospitals	Expenditure per PDE  Health Care Associated with infections	6220.7	6389.50	the National Guidelines.  Curtailing of services due to COVIO- 19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial transmission of TB is difficult to establish unless a baseline was done together with genotyping.  Don McKenzie and Charles James Hospitals were closed due to poor utilization and in line with hospital reationalization jalan. 100% beds at Richmond Hospital and 14 beds at Ooris Goodwin Hospital were losed as Richmond Hospital and 14 beds at Doris Goodwin Hospital was not provided to the control of the cont	and implement rationalization plan.  Intensify the use of PSI as a reporting tool  Reinstate services progressively	2	15359.235		
Specialised T8 Hospitals	Expenditure per PDE  Health Care Associated with infections  Inpatient (usable) beds utilisation rates	6220.7	6389.50	the National Guidelines.  Curtailing of services due to COVID- 19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial transmission of TB is difficult to establish unless a baseline was done together with genotyping.  Don McKenzie and Charles James Hospitals were closed due to poor utilization and in line with hospital rationalization jalan. 100% beds 3 Richmond Hospital and 14 beds at Doris Goodwin Hospital were repurposed for COVID-19.	and implement rationalization plan.  Intensify the use of PSI as a reporting tool  Reinstate services progressively	36.9	15359.235 0		
Specialised TB Hospitals	Expenditure per PDE  Health Care Associated with infections	6220.7	6389.50	the National Guidelines.  Curtailing of services due to COVIO- 19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial transmission of TB is difficult to establish unless a baseline was done together with genotyping.  Don McKenzie and Charles James Hospitals were closed due to poor utilization and in line with hospital reationalization jalan. 100% beds at Richmond Hospital and 14 beds at Ooris Goodwin Hospital were losed as Richmond Hospital and 14 beds at Doris Goodwin Hospital was not provided to the control of the cont	and implement rationalization plan.  Intensify the use of PSI as a reporting tool  Reinstate services progressively	2	15359.235		
Specialised TB Hospitals	Expenditure per PDE  Health Care Associated with infections  Inpatient (usable) beds utilisation rates	6220.7 0 36.8	6389.50	the National Guidelines.  Curtailing of services due to COVID- 19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial transmission of TB is difficult to establish unless a baseline was done together with genotyping.  Don McKenzie and Charles James Hospitals were closed due to poor utilization and in line with hospital rationalization plan. 100% beds at 81chmond Hospital and 14 beds at 81chmond Hospital and 14 beds at 81chmond Hospital and 15 beds at 81chmond Hospital and 16 beds at 81chmond Hospital were repurposed for COVID-19.	and implement rationalization plan.  Intensify the use of PSI as a reporting tool  Reinstate services progressively and implement rationalization plan.	36.9	15359.235 0		
Specialised T8 Hospitals	Expenditure per PDE  Health Care Associated with infections  Inpatient (usable) beds utilisation rates	6220.7	6389.50	the National Guidelines.  Curtailing of services due to COVID- 19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial transmission of T8 is difficult to establish unless a baseline was done together with genotyping.  Don McKenzie and Charles James Hospitals were closed due to poor utilization and in line with hospital rationalization jain. 100% beds at Richmond Hospital and 14 beds at Doris Goodwith Hospital were repurposed for COVID-19.  Indicator Renamed  Although it may seem that the	and implement rationalization plan.  Intensify the use of PSI as a reporting tool  Reinstate services progressively and implement rationalization plan.  District QA Managers assigned	36.9	15359.235 0		
Specialised T8 Hospitals	Expenditure per PDE  Health Care Associated with infections  Inpatient (usable) beds utilisation rates	6220.7 0 36.8	6389.50	the National Guidelines.  Curtailing of services due to COVID- 19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial transmission of T8 is difficult to establish unless a baseline was done together with genotyping.  Don McKenzie and Charles James Hospitals were closed due to poor utilization and in line with hospital rationalization jaln. 100% beds at Richmond Hospital and 14 beds at Doris Goodwin Hospital were repurposed for COVID-19.  Indicator Renamed  Although it may seem that the province is performing well with no incidents/complaints to report.	and implement rationalization plan.  Intensify the use of PSI as a reporting tool  Reinstate services progressively and implement rationalization plan.  District QA Managers assigned	36.9	15359.235 0		
Specialised TB Hospitals	Expenditure per PDE  Health Care Associated with infections  Inpatient (usable) beds utilisation rates	6220.7 0 36.8	6389.50	the National Guidelines.  Curtailing of services due to COVID- 19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial transmission of TB is difficult to establish unless a baseline was done together with genotyping.  Don McKenzie and Charles James Hospitals were closed due to poor utilization and in line with hospital rationalization plan. 100% beds at Richmod Hospital and 14 beds at Doris Goodwin Hospital were repurposed for COVID-19.  Indicator Renamed  Although it may seem that the province is performing well with no incidents/ complaints to report, despite the interventions of the	and implement rationalization plan.  Intensify the use of PSI as a reporting tool  Reinstate services progressively and implement rationalization plan.  District QA Managers assigned to monitor and guide all	36.9	15359.235 0		
Specialised TB Hospitals	Expenditure per PDE  Health Care Associated with infections  Inpatient (usable) beds utilisation rates	6220.7 0 36.8	6389.50	the National Guidelines.  Curtailing of services due to COVID- 19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial transmission of T8 is difficult to establish unless a baseline was done together with genotyping.  Don McKenzie and Charles James Hospitals were closed due to poor utilization and in line with hospital rationalization jaln. 100% beds at Richmond Hospital and 14 beds at Doris Goodwin Hospital were repurposed for COVID-19.  Indicator Renamed  Although it may seem that the province is performing well with no incidents/complaints to report.	and implement rationalization plan.  Intensify the use of PSI as a reporting tool  Reinstate services progressively and implement rationalization plan.  District QA Managers assigned to monitor and guide all	36.9	15359.235 0		
Specialised TB Hospitals	Expenditure per PDE  Health Care Associated with infections  Inpatient (usable) beds utilisation rates	6220.7 0 36.8	6389.50	the National Guidelines.  Curtailing of services due to COVID- 19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial transmission of TB is difficult to establish unless a baseline was done together with genotyping to the proper of the proper of the proper of the proper of the properties of the proper of the properties of the properties of the properties of the properties of the properties of the properties of the province is performing well with no incidents/complaints to report, despite the interventions of the Provincial Office more than 50% facilities are not reporting as expected according to the National	and implement rationalization plan.  Intensify the use of PSI as a reporting tool  Reinstate services progressively and implement rationalization plan.  District QA Managers assigned to monitor and guide all	36.9	15359.235 0		
Specialised TB Hospitals	Expenditure per PDE  Health Care Associated with infections  Inpatient (usable) beds utilisation rates  Inpatient bed utilization rate  Percentage of Complaints on patient care	6220.7 0 36.8	6389.50	the National Guidelines.  Curtailing of services due to COVID- 19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial transmission of TB is difficult to establish unless a baseline was done together with genotyping.  Don McKenzie and Charles James Hospitals were closed due to poor utilization and in line with hospital actionalization plan. 100% beds at Richmond Hospital and 14 beds at Doris Goodwin Hospital were repurposed for COVID-19.  Indicator Renamed  Although it may seem that the province is performing well with no incidents/complaints to report, despite the interventions of the Provincial Office more than 50% facilities are not reporting as expected according to the National Guidelines.	and implement rationalization plan.  Intensify the use of PSI as a reporting tool  Reinstate services progressively and implement rationalization plan.  District QA Managers assigned to monitor and guide all facilities that are not reporting.	36.9 36.9	15359.235 0		
Specialised TB Hospitals	Expenditure per PDE  Health Care Associated with infections  Inpatient (usable) beds utilisation rates	6220.7 0 36.8	6389.50	the National Guidelines.  Curtailing of services due to COVID- 19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial transmission of TB is difficult to establish unless a baseline was done together with genotyping.  Don McKenzie and Charles James Hospitals were closed due to poor utilization and in line with hospital rationalization plan. 100% beds at Doris Goodwin Hospital were repurposed for COVID-19.  Indicator Renamed  Although it may seem that the province is performing well with no incidents/ complaints to report, despite the interventions of the Provincial Office more than 50% facilities are not reporting as expected according to the National Guidelines.  During the visits to Districts and	and implement rationalization plan.  Intensify the use of PSI as a reporting tool  Reinstate services progressively and implement rationalization plan.  District QA Managers assigned to monitor and guide all facilities that are not reporting.  District QA Managers assigned	36.9 36.9	15359.235 0		
Specialised TB Hospitals	Expenditure per PDE  Health Care Associated with infections  Inpatient (usable) beds utilisation rates  Inpatient bed utilization rate  Percentage of Complaints on patient care	6220.7 0 36.8	6389.50	the National Guidelines.  Curtailing of services due to COVID- 19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial transmission of TB is difficult to establish unless a baseline was done together with penotyping.  Don McKenzie and Charles James Hospitals were closed due to poor utilization and in line with hospital rationalization plan. 100% beds at Oris Goodwin Hospital were repurposed for COVID-19.  Indicator Renamed  Although it may seem that the provincial Office more than 50% facilities are not reporting as expected according to the National Guidelines.  During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility.	and implement rationalization plan.  Intensify the use of PSI as a reporting tool  Reinstate services progressively and implement rationalization plan.  District QA Managers assigned to monitor and guide all facilities that are not reporting.  District QA Managers assigned	36.9 36.9	15359.235 0		
Specialised TB Hospitals	Expenditure per PDE  Health Care Associated with infections  Inpatient (usable) beds utilisation rates  Inpatient bed utilization rate  Percentage of Complaints on patient care	6220.7 0 36.8	6389.50	the National Guidelines.  Curtailing of services due to COVID- 19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial transmission of TB is difficult to establish unless a baseline was done together with genotyping to the proper of the proper of the proper of the proper of the properties of the proper of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the province is performing well with no incidents/ complaints to report, despite the interventions of the Provincial Office more than 50% facilities are not reporting as expected according to the National Guidelines.  During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that	and implement rationalization plan.  Intensify the use of PSI as a reporting tool  Reinstate services progressively and implement rationalization plan.  District QA Managers assigned to monitor and guide all facilities that are not reporting.  District QA Managers assigned to monitor and guide all facilities that are not reporting.	36.9 36.9	15359.235 0		
Specialised TB Hospitals	Expenditure per PDE  Health Care Associated with infections  Inpatient (usable) beds utilisation rates  Inpatient bed utilization rate  Percentage of Complaints on patient care	6220.7 0 36.8	6389.50	the National Guidelines.  Curtailing of services due to COVID- 19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial transmission of TB is difficult to establish unless a baseline was done together with genotyping to the proper of the proper of the proper of the proper of the properties of the proper of the properties of the properties of the province in Covidence in Co	and implement rationalization plan.  Intensify the use of PSI as a reporting tool  Reinstate services progressively and implement rationalization plan.  District QA Managers assigned to monitor and guide all facilities that are not reporting.  District QA Managers assigned to monitor and guide all facilities that are not reporting.	36.9 36.9	15359.235 0		
Specialised TB Hospitals	Expenditure per PDE  Health Care Associated with infections  Inpatient (usable) beds utilisation rates  Inpatient bed utilization rate  Percentage of Complaints on patient care	6220.7 0 36.8	6389.50	the National Guidelines.  Curtailing of services due to COVID- 19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial transmission of TB is difficult to establish unless a baseline was done together with genotyping.  Don McKenzie and Charles James Hospitals were closed due to poor utilization and in line with hospital rationalization plan. 100% beds at Bichmond Hospital and 14 beds at Doris Goodwin Hospital were repurposed for COVID-19.  Indicator Renamed  Although it may seem that the province is performing well with no incidents/ complaints to report, despite the interventions of the Provincial Office more than 50% facilities are not reporting as expected according to the National Guidelines.  During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not seed to the provincial Performance of the Provincial Performance of the Provincial Performance of the Provincial Performance of the Provincial Performance of the Provincial Performance of the Perform	and implement rationalization plan.  Intensify the use of PSI as a reporting tool  Reinstate services progressively and implement rationalization plan.  District QA Managers assigned to monitor and guide all facilities that are not reporting.  District QA Managers assigned to monitor and guide all facilities that are not reporting.	36.9 36.9	15359.235 0		
Specialised TB Hospitals	Expenditure per PDE  Health Care Associated with infections  Inpatient (usable) beds utilisation rates  Inpatient bed utilization rate  Percentage of Complaints on patient care	6220.7 0 36.8	6389.50	the National Guidelines.  Curtailing of services due to COVID- 19 Epidemic resulted in increased operational costs.  Possible poor reporting. Nosocomial transmission of TB is difficult to establish unless a baseline was done together with genotyping to the proper of the proper of the proper of the proper of the properties of the proper of the properties of the properties of the province in Covidence in Co	and implement rationalization plan.  Intensify the use of PSI as a reporting tool  Reinstate services progressively and implement rationalization plan.  District QA Managers assigned to monitor and guide all facilities that are not reporting.  District QA Managers assigned to monitor and guide all facilities that are not reporting.	36.9 36.9	15359.235 0		

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1			Percentage of Complaints on waiting times	17.9	0	Although it may seem that the	District QA Managers assigned	17.9	0		
						province is performing well with no incidents/ complaints to report,	to monitor and guide all facilities that are not reporting.				
						despite the interventions of the	indinites dide die not reporting.				
						Provincial Office more than 50% facilities are not reporting as					
						expected according to the National					
l				I		Guidelines.					
			Severity assessment code (SAC) 1 incident reported within	0	0	Indicator Renamed		88.9	25		
			24 hours rate								
			Severity assessment code 1 incident reported within 24	88.9	0	Although it may seem that the	District QA Managers assigned	88.9	0		
			hours rate			province is performing well with no	to monitor and guide all				
						incidents/ complaints to report, despite the interventions of the	facilities that are not reporting.				
						Provincial Office more than 50%					
						facilities are not reporting as expected according to the National					
						Guidelines.					
	Programme 5: Central Hospital Services	Central Hospitals	Average length of stay	8.7	10.9	The province experienced COVID-19		8.6	10.525		
						second wave which resulted in a number of hospital beds being	and implement rationalization				
						repurposed for COVID-19. During					
						this surge COVID-19 cases were taking longer to recover. Central					
						hospitals managed mostly critical					
						COVID-19 patients requiring critical					
	l			I		care.				]	
l			Evanditure per RDE	10086.2	15 107 60	The presince experienced COLED 40	Poinctate consider accessor	DASS 7	11070.11999999999		
			Expenditure per PDE	10000.2	15 107.60	The province experienced COVID-19 second wave which resulted in a	Reinstate services progressively and implement rationalization	3433.7	110/0.1133333333333	]	
				1		number of hospital beds being				]	
				I		repurposed for COVID-19. During this surge COVID-19 cases were				]	
				I		taking longer to recover hence the				]	
				I		increase of average length of stay				]	
				I		and increased use of PPE and Oxygen supplies also increased cost				]	
	l		1	I		per PDE		1		[	
			1	I		[		1		]	
			Health Care Associated Infections	0	0	Indicator Renamed		3	0		
				I							
			Health Care Associated Infections - Central Hospitals	0	27	Good surveillance has enabled	Strengthen surveillance and	3	7.25		
						improved reporting when compared	use of PSI tools				
						to Q3 performance. Poor adherence to hand hygiene is said to be	NDoH guidelines  NDoH guidelines				
						responsible for 60% of HAI. Other	3. Capacitate Managers				
							Improve monitoring and feedback				
						environmental hygiene, poor decontamination of equipment, poor					
					l	engineering controls.	everyone's business"				
				1							
			inpatient bed utilization rate	62.7	43.8	Normally elective services are	Review referral protocol	65.8	43.849999999994		
			inpatient bed utilization rate	62.7	43.8	Normally elective services are curtailed in December due to		65.8	43.8499999999994		
			inpatient bed utilization rate	62.7	43.8	Normally elective services are curtailed in December due to holidays and staff on leave but the		65.8	43.8499999999994		
			inpatient bed utilization rate	62.7	43.8	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a		65.8	43.849999999994		
			inpatient bed utilization rate	62.7	43.8	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being		65.8	43.849999999994		
			inpatient bed utilization rate	62.7	43.8	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a		65.8	43.849999999994		
			Inpatient bed utilization rate	62.7	43.8	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being		65.8	43.849999999994		
				62.7	43.8	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.	Review referral protocol  With regards to in-patient care,		43.849999999994		
			inpatient bed utilization rate  Percentage of complaints on patient care	62.7	43.8	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being	Review referral protocol  With regards to in-patient care, there should be regular in-				
				62.7	43.8	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the	Review referral protocol  With regards to in-patient care, there should be regular in- service training for staff to				
				62.7	43.8	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the	Review referral protocol  With regards to in-patient care, there should be regular in-				
				62.7	43.8	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the	Review referral protocol  With regards to in-patient care, there should be regular in- service training for staff to remind them about their clinical.				
				62.7	43.8	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the	Review referral protocol  With regards to in-patient care, there should be regular in- service training for staff to remind them about their clinical.				
			Percentage of complaints on patient care	62.7	43.8	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines	Review referral protocol  With regards to in-patient care, there should be regular in- service training for staff to remind them about their clinical.				
				62.7	43.8	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the	Review referral protocol  With regards to in-patient care, there should be regular in- service training for staff to remind them about their clinical.				
			Percentage of complaints on patient care  Percentage of Complaints on patient care	22	17	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines	Review referral protocol  With regards to in-patient care, there should be regular in- service training for staff to remind them about their clinical and professional duties.	21.8	30.825		
			Percentage of complaints on patient care	62.7 22 0	43.8	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor	Review referral protocol  With regards to in-patient care, there should be regular in-service training for staff to remind them about their clinical and professional duties.  District QA to provide support	21.8			
			Percentage of complaints on patient care  Percentage of Complaints on patient care	22	43.8 17 0	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor complaints regularly as Complainants regularly as Complainants Complaints regularly as Complainants regularly as Complainants	Review referral protocol  With regards to in-patient care, there should be regular in-service training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the	21.8	30.825		
			Percentage of complaints on patient care  Percentage of Complaints on patient care	22	43.8 27 0	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor complaints regularly as Complainants Quality improvement Plan (QIP) was not included in the facility	Review referral protocol  With regards to in-patient care, there should be regular inservice training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor	21.8	30.825		
			Percentage of complaints on patient care  Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes	0 20.2	17 0	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor complaints regularly as Complainants Quality improvement Plan (QIP) was not included in the facility comprehensive QIP	Review referral protocol  With regards to in-patient care, there should be regular inservice training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.	21.8	30.825		
			Percentage of complaints on patient care  Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes	22	43.S 17 0	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor complaints regularly as Complainants Capilarly in Complaints regularly as Complainant Capilarly improvement Plan (QIP) was not included in the facility comprehensive QIP  It seems that the systems put in	Review referral protocol  With regards to in-patient care, there should be regular in-service training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.  Encourage staff to manage	21.8	30.825		
			Percentage of complaints on patient care  Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes	0 20.2	43.8 17 0 28	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor complaints regularly as Complainants Quality improvement Plan (QIP) was not included in the facility comprehensive QIP	Review referral protocol  With regards to in-patient care, there should be regular inservice training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.  Encourage staff to manage queues efficiently and to work	21.8	30.825		
			Percentage of complaints on patient care  Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes	0 20.2	17 0 0 28 0 0	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor complaints regularly as Complainants Capilarly in Complaints regularly as Complainant Capilarly improvement Plan (QIP) was not included in the facility comprehensive QIP  It seems that the systems put in	Review referral protocol  With regards to in-patient care, there should be regular in-service training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.  Encourage staff to manage	21.8	30.825		
			Percentage of complaints on patient care  Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes  Percentage of Complaints on waiting times	0 20.2 25.6	43.8 17 0	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor complaints regularly as Complainant Cluality Improvement Plan (QIP) was not included in the facility comprehensive QIP  It seems that the systems put in place are effective	Review referral protocol  With regards to in-patient care, there should be regular inservice training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.  Encourage staff to manage queues efficiently and to work	21.8	30.825		
			Percentage of complaints on patient care  Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes	0 20.2 25.6	43.8 17 0 28	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor complaints regularly as Complainants Capilarly in Complaints regularly as Complainant Capilarly improvement Plan (QIP) was not included in the facility comprehensive QIP  It seems that the systems put in	Review referral protocol  With regards to in-patient care, there should be regular inservice training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.  Encourage staff to manage queues efficiently and to work	21.8	30.825		
			Percentage of complaints on patient care  Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes  Percentage of Complaints on waiting times  Severity assessment code (SAC) 1 incident reported within 24 hours rate	22 0 20.2 26.6	17 0 0 28 0 0 0 5 o	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines indicator Renamed  Management does not monitor complaints regularly as Complainants Quality Improvement Plan (QIP) was not included in the facility comprehensive QIP.  It seems that the systems put in place are effective.	Review referral protocol  With regards to in-patient care, there should be regular inservice training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.  Encourage staff to manage queues efficiently and to work	21.8 22 20.2 26.6	30.825 10 28.75		
			Percentage of complaints on patient care  Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes  Percentage of Complaints on waiting times  Severity assessment code (SAC) 1 incident reported within	22 0 20.2 26.6	0 0 28 0 0 0 50 0 50 0 0 0 0 0 0 0 0 0 0 0 0	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor complaints regularly as Complainant Cluality Improvement Plan (QIP) was not included in the facility comprehensive QIP  It seems that the systems put in place are effective	Review referral protocol  With regards to in-patient care, there should be regular inservice training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.  Encourage staff to manage queues efficiently and to work	21.8 22 20.2 26.6	30.825		
			Percentage of complaints on patient care  Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes  Percentage of Complaints on waiting times  Severity assessment code (SAC) 1 incident reported within 24 hours rate  Severity assessment code 1 incident reported within 24 Severity assessment code 1 incident reported within 24 Severity assessment code 1 incident reported within 24 Severity assessment code 1 incident reported within 24	22 0 20.2 26.6	43.8 17 0 28 0	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor complaints regularly as Complainants Coulting Indicator to the facility of the second comprehensive QIP  It seems that the systems put in place are effective  Indicator Renamed  Involvement of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring line of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring line of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring	Review referral protocol  With regards to in-patient care, there should be regular inservice training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.  Encourage staff to manage queues efficiently and to work	21.8 22 20.2 26.6	30.825 10 28.75		
			Percentage of complaints on patient care  Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes  Percentage of Complaints on waiting times  Severity assessment code (SAC) 1 incident reported within 24 hours rate  Severity assessment code 1 incident reported within 24 Severity assessment code 1 incident reported within 24 Severity assessment code 1 incident reported within 24 Severity assessment code 1 incident reported within 24	22 0 20.2 26.6	43.8 17 0 28	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines indicator Renamed  Management does not monitor complaints regularly as Complainants Quality Improvement Plan (QIP) was not included in the facility comprehensive QIP  It seems that the systems put in place are effective  Indicator Renamed	Review referral protocol  With regards to in-patient care, there should be regular inservice training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.  Encourage staff to manage queues efficiently and to work	21.8 22 20.2 26.6	30.825 10 28.75		
		Tertiary Hospitals	Percentage of complaints on patient care  Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes  Percentage of Complaints on staff Attitudes  Percentage of Complaints on waiting times  Severity assessment code (SAC) 1 incident reported within 24 hours rate  Severity assessment code 1 incident reported within 24 hours rate	22 0 20.2 26.6	43.8 17 0 28 0 50	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor complaints regularly as Complainants Coulting Indicator to the facility of the second comprehensive QIP  It seems that the systems put in place are effective  Indicator Renamed  Involvement of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring line of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring line of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring	Review referral protocol  With regards to in-patient care, there should be regular inservice training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.  Encourage staff to manage queues efficiently and to work	21.8 22 20.2 26.6	30.825 10 28.75		
		Tertiary Hospitals	Percentage of complaints on patient care  Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes  Percentage of Complaints on staff Attitudes  Percentage of Complaints on waiting times  Severity assessment code (SAC) 1 incident reported within 24 hours rate  Severity assessment code 1 incident reported within 24 hours rate	22 20 2 25.6 0 0 20 20 20 20 20 20 20 20 20 20 20 20	0 28 0 0 50 50	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor complaints regularly as Complainants Coulting Indicator to the facility of the second comprehensive QIP  It seems that the systems put in place are effective  Indicator Renamed  Involvement of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring line of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring line of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring	Review referral protocol  With regards to in-patient care, there should be regular inservice training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.  Encourage staff to manage queues efficiently and to work	21.8 22 20.2 26.6	30.825 10 28.75 6.575		
		Tertiary Hospitals	Percentage of complaints on patient care  Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes  Percentage of Complaints on staff Attitudes  Percentage of Complaints on waiting times  Severity assessment code (SAC) 1 incident reported within 24 hours rate  Severity assessment code 1 incident reported within 24 hours rate	22 20 2 25.6 0 0 20 20 20 20 20 20 20 20 20 20 20 20	0 28 0 0 50 50	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor complaints regularly as Complainants Coulting Indicator to the facility of the second comprehensive QIP  It seems that the systems put in place are effective  Indicator Renamed  Involvement of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring line of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring line of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring	Review referral protocol  With regards to in-patient care, there should be regular inservice training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.  Encourage staff to manage queues efficiently and to work	21.8 22 20.2 26.6	30.825 10 28.75 6.575		
		Tertiary Hospitals	Percentage of complaints on patient care  Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes  Percentage of Complaints on staff Attitudes  Percentage of Complaints on waiting times  Severity assessment code (SAC) 1 incident reported within 24 hours rate  Severity assessment code 1 incident reported within 24 hours rate	22 20 2 25.6 0 0 20 20 20 20 20 20 20 20 20 20 20 20	0 28 0 0 50 50	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor complaints regularly as Complainants Coulting Indicator to the facility of the second comprehensive QIP  It seems that the systems put in place are effective  Indicator Renamed  Involvement of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring line of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring line of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring	Review referral protocol  With regards to in-patient care, there should be regular inservice training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.  Encourage staff to manage queues efficiently and to work	21.8 22 20.2 26.6	30.825 10 28.75 6.575		
		Tertiary Hospitals	Percentage of complaints on patient care  Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes  Percentage of Complaints on staff Attitudes  Percentage of Complaints on waiting times  Severity assessment code (SAC) 1 incident reported within 24 hours rate  Severity assessment code 1 incident reported within 24 hours rate	22 20 2 25.6 0 0 20 20 20 20 20 20 20 20 20 20 20 20	0 28 0 0 50 50	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor complaints regularly as Complainants Coulting Indicator to the facility of the second comprehensive QIP  It seems that the systems put in place are effective  Indicator Renamed  Involvement of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring line of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring line of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring	Review referral protocol  With regards to in-patient care, there should be regular inservice training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.  Encourage staff to manage queues efficiently and to work	21.8 22 20.2 26.6	30.825 10 28.75 6.575		
		Tertiary Hospitals	Percentage of complaints on patient care  Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes  Percentage of Complaints on staff Attitudes  Percentage of Complaints on waiting times  Severity assessment code (SAC) 1 incident reported within 24 hours rate  Severity assessment code 1 incident reported within 24 hours rate	22 20 2 25.6 0 0 20 20 20 20 20 20 20 20 20 20 20 20	0 28 0 0 50 50	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor complaints regularly as Complainants Coulting Indicator Renamed  Management does not monitor complaints regularly as Complainant outputs to the staff of the second comprehensive QIP  It seems that the systems put in place are effective  Indicator Renamed  Involvement of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring Improvement Plans and monitoring Plans and	Review referral protocol  With regards to in-patient care, there should be regular inservice training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.  Encourage staff to manage queues efficiently and to work	21.8 22 20.2 26.6	30.825 10 28.75 6.575		
		Tertiary Hospitals	Percentage of complaints on patient care  Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes  Percentage of Complaints on staff Attitudes  Percentage of Complaints on waiting times  Severity assessment code (SAC) 1 incident reported within 24 hours rate  Severity assessment code 1 incident reported within 24 hours rate	22 20 2 25.6 0 0 20 20 20 20 20 20 20 20 20 20 20 20	0 28 0 0 50 50	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor complaints regularly as Complainants Coulting Indicator Renamed  Management does not monitor complaints regularly as Complainant outputs to the staff of the second comprehensive QIP  It seems that the systems put in place are effective  Indicator Renamed  Involvement of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring Improvement Plans and monitoring Plans and	Review referral protocol  With regards to in-patient care, there should be regular inservice training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.  Encourage staff to manage queues efficiently and to work	21.8 22 20.2 26.6	30.825 10 28.75 6.575		
		Tertiany Hospitals	Percentage of complaints on patient care  Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes  Percentage of Complaints on staff Attitudes  Severity assessment code (SAC) 1 incident reported within 24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Average length of stay	20.2 26.6 0	0 0 28 0 7.2	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor complaints regularly as Complainant Quality Improvement Plan (QIP) was not included in the facility comprehensive QIP it seems that the systems put in place are effective  Indicator Renamed  Involvement of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring of compliance is yielding good results	Review referral protocol  With regards to in-patient care, there should be regular inservice training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.  Encourage staff to manage queues efficiently and to work	21.8 22 20.2 26.6 20 20	30.825 10 28.75 0 6.575		
		Tertiary Hospitals	Percentage of complaints on patient care  Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes  Percentage of Complaints on staff Attitudes  Severity assessment code (SAC) 1 incident reported within 24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Average length of stay	20.2 26.6 0	0 28 0 0 50 50	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor complaints regularly as Complainant Cyality improvement Plan (QIP) was not included in the facility comprehensive QIP  It seems that the systems put in place are effective  Indicator Renamed  Involvement of the Patient Safety Incidents Committee in Quality improvement Plans and monitoring of compliance is yielding good results	Review referral protocol  With regards to in-patient care, there should be regular inservice training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.  Encourage staff to manage queues efficiently and to work	21.8 22 20.2 26.6 20 20	30.825 10 28.75 6.575		
		Tertiary Hospitals	Percentage of complaints on patient care  Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes  Percentage of Complaints on staff Attitudes  Severity assessment code (SAC) 1 incident reported within 24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Average length of stay	20.2 26.6 0	0 0 28 0 7.2	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor complaints regularly as Complainant Quality Improvement Plan (QIP) was not included in the facility comprehensive QIP it seems that the systems put in place are effective  Indicator Renamed  Involvement of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring of compliance is yielding good results	Review referral protocol  With regards to in-patient care, there should be regular inservice training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.  Encourage staff to manage queues efficiently and to work	21.8 22 20.2 26.6 20 20	30.825 10 28.75 0 6.575		
		Tertiary Hospitals	Percentage of complaints on patient care  Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes  Percentage of Complaints on staff Attitudes  Severity assessment code (SAC) 1 incident reported within 24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Average length of stay	20.2 26.6 0	0 0 28 0 7.2	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor complaints regularly as Complainant Quality Improvement Plan (QIP) was not included in the facility comprehensive QIP it seems that the systems put in place are effective  Indicator Renamed  Involvement of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring of compliance is yielding good results.	Review referral protocol  With regards to in-patient care, there should be regular inservice training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.  Encourage staff to manage queues efficiently and to work	21.8 22 20.2 26.6 20 20	30.825 10 28.75 0 6.575		
		Tertiary Hospitals	Percentage of complaints on patient care  Percentage of Complaints on patient care  Percentage of Complaints on staff Attitudes  Percentage of Complaints on staff Attitudes  Severity assessment code (SAC) 1 incident reported within 24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Average length of stay	20.2 26.6 0	0 0 28 0 7.2	Normally elective services are curtailed in December due to holidays and staff on leave but the province experienced COVID-19 second wave which resulted in a number of hospital beds being repurposed for COVID-19.  Improved implementation of the complaints management guidelines  Indicator Renamed  Management does not monitor complaints regularly as Complainant Quality Improvement Plan (QIP) was not included in the facility comprehensive QIP it seems that the systems put in place are effective  Indicator Renamed  Involvement of the Patient Safety Incidents Committee in Quality Improvement Plans and monitoring of compliance is yielding good results.	Review referral protocol  With regards to in-patient care, there should be regular inservice training for staff to remind them about their clinical and professional duties.  District QA to provide support for the facility to include complaints QIP in the comprehensive QIP and monitor closely.  Encourage staff to manage queues efficiently and to work	21.8 22 20.2 26.6 20 20	30.825 10 28.75 0 6.575		

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		Expenditure per PDE	0		The province experienced COVID-19		4240	1609.5		
					second wave which resulted in a number of hospital beds being	and implement rationalization				
					repurposed for COVID-19. During	pian.				
					this surge COVID-19 cases were					
					taking longer to recover.					
		Health Care Associated Infections	0	0	Indicator Renamed		16	0		
		Health Care Associated Infections - Tertiary Hospital	4	155	Q3 interventions to improved reporting contributed to increased	To investigated HAIs to determine root cause and them	16	157		
					numbers.	implement improvement or				
						preventative interventions				
		Inpatient bed utilization rate	71.8	63.6	The province experienced COVID-19 second wave which resulted in a	Reinstate services progressively and implement rationalization	72.4	59.82499999999996		
					number of hospital beds being	plan.				
					repurposed for COVID-19. During					
					this surge COVID-19 cases were					
					taking longer to recover.					
		OPD headcount new cases not referred	7124	4306	Rationalisation of services		29477	19042		
		OPD Headcount new cases not referred	7124	4300	contributed to improved		29477	19042		
					performance					
1		1	I							
1		1	I							
1		1	I							
		and the state of t	25	42	a contract of the contract of	D	35	35 050000		
		Percentage of complaints on patient care	25	12	During the visits to Districts and analysing the Provincial Performance	District QA Managers assigned to monitor and guide all	25	26.950000000000003		
		1	I		from the Ideal Health Facility	facilities that are not reporting.				
		1	I		Monitoring System it is evident that					
		1	I		more than 50% of facilities are not					
		1	I		reporting as expected according to the National Guidelines.					
		1	I		1					
		Percentage of complaints on staff attitudes	19	10	King Edward VIII Hospital did not	The proper categorisation of	19	18.2		
			I		record any complaints on staff	complaints should be				
			I		attitude. Ngwelezana and Grey's Hospitals recorded 3 and 1	emphasised to the personnel.				
					respectively.	Capturing of complaints should also be encouraged and				
		Percentage of complaints on waiting times	13.8	29	During the visits to Districts and	District QA Managers assigned	13.8	23.525		
					analysing the Provincial Performance from the Ideal Health Facility	to monitor and guide all facilities that are not reporting.				
					Monitoring System it is evident that	lacilities that are not reporting.				
					more than 50% of facilities are not					
					reporting as expected according to					
		1	I		the National Guidelines.					
					1. 6. 1. 2		0.4.5	22.225		
	i	Severity assessment code (SAC) 1 incident reported within	I U		Indicator Renamed		84.6	23.325		
			ľ							
		24 hours rate								
		24 hours rate  Severity assessment code 1 incident reported within 24		92	During the visits to Districts and	District QA Managers assigned		68.825		
		24 hours rate		92	During the visits to Districts and analysing the Provincial Performance	to monitor and guide all		68.825		
		24 hours rate  Severity assessment code 1 incident reported within 24		92	During the visits to Districts and			68.825		
		24 hours rate  Severity assessment code 1 incident reported within 24		92	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not	to monitor and guide all		68.825		
		24 hours rate  Severity assessment code 1 incident reported within 24		92	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to	to monitor and guide all		68.825		
		24 hours rate  Severity assessment code 1 incident reported within 24		92	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not	to monitor and guide all		68.825		
Programme 7: Health Case Support Sendon	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate	84.6	92	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.	to monitor and guide all facilities that are not reporting.	84.6			
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24	84.6	92	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved,	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff	84.6	68.825 24.425		
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate	84.6	92	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Sacility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development	84.6			
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate	84.6	92	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  I. Inadequate in-house capacity (i.e. Inadequate in-house capacity (i.e.	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level	84.6			
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate	84.6	92	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  1. Inadequate in-house capacity (i.e. staffing and machinery)	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents	84.6			
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate	84.6	92 21	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  1. Inadequate in-house capacity (i.e. staffing and machinery) 2. Inadequate stock of clean and new linene at facility.	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing state of the sta	84.6			
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate	84.6	92	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities.  I Inadequate in-house capacity (i.e. staffing and machinery)  2. Inadequate stock of clean and new linen at facility  3. Few hospitals (I/2N Children's,	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime	84.6			
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate	84.6	92	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  I. Inadequate in-house capacity (i.e. staffing and machinery)  2. Inadequate stock of clean and new linena tfacility  3. Few hospitals (IZN Children's, Richmond, Edendale, Fort Napier,	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufactures of laundry machines to reduce downtime 3. SCM process underway to put	84.6			
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate	84.6	92	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  I inadequate in-house capacity (i.e. staffing and machinery)  L inadequate stock of clean and new linen at facility  3. Few hospitals (IZN Children's, Richmond, Edendale, Fort Napier, Grey's and Niemperyd did not submit	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufactures of laundry machines to reduce downtime 3. SCM process underway to put a period contract in place for procurement of new linen	84.6			
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate	84.6	92	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  I inadequate in-house capacity (i.e. staffing and machinery)  L inadequate stock of clean and new linen at facility  3. Few hospitals (IZN Children's, Richmond, Edendale, Fort Napier, Grey's and Niemperyd did not submit	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime 3. SCM process underway to put a period contract in place for procurement of new linen 4. Linen budget decentralised to	84.6			
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs	25	92	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  1. Inadequate in-house capacity (i.e. staffing and machinery) 2. Inadequate stock of clean and new linen at facility 3. Few hospitals (I/2N Children's, Richmond, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff starturcure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime 3. SCM process underway to gut a period contract in place for procurement of new linen 4. Linen budget decentralised to hospitals to assists prioritise	25			
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade	25	92 21 21 97	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  1. Inadequate in-house capacity (i.e. staffing and machinery)  2. Inadequate stock of clean and new linena et facility  3. Few hospitals (IZIX Children's, Richmond, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff. 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime 3. SCM process underway to put a period contract in place for procurement of new linen 4. Linen budget decentralised to hospitals to assists prioritise Collate and monitor	84.6			
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs	25	92 21 97	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  I inadequate in-house capacity (i.e. staffing and machinery)  I. Inadequate stock of clean and new linen at facility  3. Few hospitals (IZN Children's, Richmond, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data  St Aidan's Hospital regressed to Grade Cas they did not meet some	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime 3. SCM process underway to put a period contract in place for procurement of new linen 4. Linen budget decentralised to hospitals to assists prioritise Collate and monitor implementation of	25			
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade	25	92 21 27	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  I inadequate in-house capacity (i.e. staffing and machinery) I. Inadequate stock of clean and new linen at facility 3. Few hospitals (IZN Children's, Richmond, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data  St Aidan's Hospital regressed to Grade Cas they did not meet some of the non-negotiable criteria as per mew Grading Methodology of SAPC.	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime 3. SCM process underway to put a period contract in place for procurement of new linen 4. Linen budget decentralised to hospitals to assists prioritise Collate and monitor implementation of	25			
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade	25	92 21 21 97	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  I. Inadequate in-house capacity (i.e. staffing and machinery)  I. Inadequate stock of clean and new linen at facility  3. Few hospitals (ICXM Children's, Richmond, Edendale, Fort Napier, Grey's and Nilemeyer) did not submit data  St Aidan's Hospital regressed to Grade Ca sthey did not meet some of the non-negotiable criteria as per new Grading Methodology of SAPC.  Dy Poley Ka Islaka Seeme Memorly	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime 3. SCM process underway to put a period contract in place for procurement of new linen 4. Linen budget decentralised to hospitals to assists prioritise Collate and monitor implementation of	25			
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade	25	92 21 21 97	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities.  1. Inadequate in-house capacity (i.e. staffing and machinery) 2. Inadequate in-house capacity (i.e. staffing and machinery) 3. Few hospitals (IZN Children's, Richmond, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data  St Aidan's Hospital regressed to Grade Cas they did not meet some of the non-negotiable criteria as per mew Grading Methodology of SAPC. Dr Poley Ka Isaka Seme Memorial	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime 3. SCM process underway to put a period contract in place for procurement of new linen 4. Linen budget decentralised to hospitals to assists prioritise Collate and monitor implementation of	25			
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade	25	92 21 27	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  1. Inadequate in-house capacity (i.e. staffing and machinery) 2. Inadequate in-house capacity (i.e. staffing and machinery) 3. Few hospitals (IZN Children's, Richmond, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data  St Aldan's Hospital regressed to Grade Cas they did not meet some of the non-negotiable criteria as per mew Grading Methodology of SAPC.  Dr Poley Ka Isaka Seme Memorial Hospital is attending to required finishes and waiting for the SAPC	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime 3. SCM process underway to put a period contract in place for procurement of new linen 4. Linen budget decentralised to hospitals to assists prioritise Collate and monitor implementation of	25			
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade	25	92 21 21 97	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  I. Inadequate in-house capacity (i.e. staffing and machinery)  2. Inadequate stock of clean and new linen at facility  3. Few hospitals (ICZN Children's, Richmond, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data  St. Aldan's Hospital regressed to Grade Ca st hey did not meet some of the non-negotiable criteria as per new Grading Methodology of SAPC. The Poley Is a Isaka Seme Memoral Hospital is attending to required finishes and wasting for the SAPC inspection after commissioning. Charles James Hospital and Don	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime 3. SCM process underway to put a period contract in place for procurement of new linen 4. Linen budget decentralised to hospitals to assists prioritise Collate and monitor implementation of	25			
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade	25	92 21 21 97	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  1. Inadequate in-house capacity (i.e. staffing and machinery) 2. Inadequate stock of clean and new linen at facility 3. Few hospitals (IZIN Children's, Richmond, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data  St Aldan's Hospital regressed to Grade C as they did not meet some of the non-negotiable criteria as per mew Grading Methodology of SAPC. De Poley Ka Isaka Seme Memorial Hospital is attending to required finishes and waiting for the SAPC inspection after commissioning, Charles James Hospital and Don McKennie Hospital were	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime 3. SCM process underway to put a period contract in place for procurement of new linen 4. Linen budget decentralised to hospitals to assists prioritise Collate and monitor implementation of	25			
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade	25	92 21 27	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  I. Inadequate in-house capacity (i.e. staffing and machinery)  2. Inadequate stock of clean and new linen at facility  3. Few hospitals (ICZN Children's, Richmond, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data  St. Aldan's Hospital regressed to Grade Ca st hey did not meet some of the non-negotiable criteria as per new Grading Methodology of SAPC. The Poley Is a Isaka Seme Memoral Hospital is attending to required finishes and wasting for the SAPC inspection after commissioning. Charles James Hospital and Don	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime 3. SCM process underway to put a period contract in place for procurement of new linen 4. Linen budget decentralised to hospitals to assists prioritise Collate and monitor implementation of	25			
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade	25	92 21 27	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  1. Inadequate in-house capacity (i.e. staffing and machinery) 2. Inadequate stock of clean and new linen at facility 3. Few hospitals (IZIN Children's, Richmond, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data  St Aldan's Hospital regressed to Grade C as they did not meet some of the non-negotiable criteria as per mew Grading Methodology of SAPC. De Poley Ka Isaka Seme Memorial Hospital is attending to required finishes and waiting for the SAPC inspection after commissioning, Charles James Hospital and Don McKennie Hospital were	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime 3. SCM process underway to put a period contract in place for procurement of new linen 4. Linen budget decentralised to hospitals to assists prioritise Collate and monitor implementation of	25			
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade	25	92 21 21 97	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  1. Inadequate in-house capacity (i.e. staffing and machinery) 2. Inadequate stock of clean and new linen at facility 3. Few hospitals (IZIN Children's, Richmond, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data  St Aldan's Hospital regressed to Grade C as they did not meet some of the non-negotiable criteria as per mew Grading Methodology of SAPC. De Poley Ka Isaka Seme Memorial Hospital is attending to required finishes and waiting for the SAPC inspection after commissioning, Charles James Hospital and Don McKennie Hospital were	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime 3. SCM process underway to put a period contract in place for procurement of new linen 4. Linen budget decentralised to hospitals to assists prioritise Collate and monitor implementation of	25			
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade B Status with the South African Pharmacy (SAPC)	25	92 21 27	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not resporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  1. Inadequate in-house capacity (i.e. staffing and machinery) 2. Inadequate in-house capacity (i.e. staffing and machinery) 3. Few hospitals (KZN Children's, Richmond, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data  St. Aidan's Hospital regressed to Grade Ca st hey did not meet some of the non-negotiable criteria as per mew Grading Methodology of SAPC.  Dr Poley Ka Isaka Seme Memorial Hospital is attending to required finishes and waiting for the SAPC inspection after commissioning. Charles James Hospital and Don McKenzie Hospital were decommissioned.	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime 3. SCM process underway to put a period contract in place for procurement of new linen 4. Linen budget decentralised to hospitals to a sistist prioritise Collate and monitor implementation of improvement Plans.	25	24.425 97		
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade B Status with the South African Pharmacy (SAPC)  Tracer Medicine Stock-Out Rate at facilities (hospital),	25	92 21 97	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  1. Inadequate in-house capacity (i.e. staffing and machinery)  2. Inadequate stock of clean and new linen at facility  3. Few hospitals (IZAV Children's, Richmond, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data  St Aldan's Hospital regressed to Grade Ca st they did not meet some of the non-negotiable criteria as per new Grading Methodology of SAPC. De Poleky ks lasks Seme Memorial Hospital is attending to required finishes and waiting for the SAPC inspection after commissioning. Charles James hospital were decommissioned.	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime 3. SCM process underway to put a period contract in place for procurement of new linen 4. Linen budget decentralised to hospitals to assists prioritise Collate and monitor implementation of improvement Plans.	25			
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade B Status with the South African Pharmacy (SAPC)	25	92 21 21 22	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not resporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  1. Inadequate in-house capacity (i.e. staffing and machinery) 2. Inadequate in-house capacity (i.e. staffing and machinery) 3. Few hospitals (KZN Children's, Richmond, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data  St. Aidan's Hospital regressed to Grade Ca st hey did not meet some of the non-negotiable criteria as per mew Grading Methodology of SAPC.  Dr Poley Ka Isaka Seme Memorial Hospital is attending to required finishes and waiting for the SAPC inspection after commissioning. Charles James Hospital and Don McKenzie Hospital were decommissioned.	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of loandy machines to reduce downtime 3. SCM process underway to put a period contract in place for procurement of new linen 4. Linen budget decentralised to hospitals to assists prioritise Collate and monitor implementation of Improvement Plans.  Continue liaison with NDOH Affordable Medicines Directorate: Contract	25	24.425 97		
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade B Status with the South African Pharmacy (SAPC)  Tracer Medicine Stock-Out Rate at facilities (hospital),	25	92 21 27 27	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not resporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  1. Inadequate in-house capacity (i.e. staffing and machinery) 2. Inadequate in-house capacity (i.e. staffing and machinery) 3. Few hospitals (KZN Children's, Richmond, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data  St. Aidan's Hospital regressed to Grade Ca st hey did not meet some of the non-negotiable criteria as per mew Grading Methodology of SAPC.  Dr Poley Ka Isaka Seme Memorial Hospital is attending to required finishes and waiting for the SAPC inspection after commissioning. Charles James Hospital and Don McKenzie Hospital were decommissioned.	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff control to the staff control to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime as the staff control to the staff contr	25	24.425 97		
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade B Status with the South African Pharmacy (SAPC)  Tracer Medicine Stock-Out Rate at facilities (hospital, community health centres and clinics)	25	92 21 27 27	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  1. Inadequate in-house capacity (i.e. staffing and machinery)  2. Inadequate stock of clean and new linen at facility  3. Few hospitals (IZN Children's, Richmont, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data  St Aldan's Hospital regressed to Grade Ca st hey did not meet some of the non-negotiable criteria as per new Grading Methodology of SAPC. Dr Poleky ks laska Seme Memorial Hospital is attending to required finishes and waiting for the SAPC inspection after commissioning. Charles James hospital and Don McKenzie Hospital were decommissioned.	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime. 3. SCM process underway to put a period contract in place for procurement of new linen 4. Linen budget decentralised to hospitals to assists prioritise.  Collate and monitor implementation of Improvement Plans.	25	24.425		
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade B Status with the South African Pharmacy (SAPC)  Tracer Medicine Stock-Out Rate at facilities (hospital),	25	92 21 97	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not resporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  1. Inadequate in-house capacity (i.e. staffing and machinery) 2. Inadequate in-house capacity (i.e. staffing and machinery) 3. Few hospitals (KZN Children's, Richmond, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data  St. Aidan's Hospital regressed to Grade Ca st hey did not meet some of the non-negotiable criteria as per mew Grading Methodology of SAPC.  Dr Poley Ka Isaka Seme Memorial Hospital is attending to required finishes and waiting for the SAPC inspection after commissioning. Charles James Hospital and Don McKenzie Hospital were decommissioned.	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime and approved the staff of the staf	25	24.425 97		
Programme 7: Health Care Support Services	Health Care and Support Services	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade B Status with the South African Pharmacy (SAPC)  Tracer Medicine Stock-Out Rate at facilities (hospital, community health centres and clinics)	25	92 21 21 22 2 2	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  1. Inadequate in-house capacity (i.e. staffing and machinery) 2. Inadequate in-house capacity (i.e. staffing and machinery) 3. Few hospitals (IZN Children's, Richmond, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data  St Aidan's Hospital regressed to Grade Ca st they did not meet some of the non-negotiable criteria as per new Grading Methodology of SAPC.  Dr Poley Ka Isaka Seme Memorial Hospital is attending to required finishes and waiting for the SAPC inspection after commissioning. Charles James Hospital and Don McKenzie Hospital were decommissioned.	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime 3. SCM process underway to put a period contract in place for procurement of new linen 4. Linen budget decentralised to hospitals to assists prioritise Collate and monitor implementation of Improvement Plans.  Continue liaison with NDOH Affordable Medicines Directorate: Contract Management Unit Continue liaison with NDOH Affordable Medicines Directorate: Contract Management Unit Continue liaison with NDOH Affordable Medicines Directorate: Contract Management Unit Continue liaison with NDOH Affordable Medicines Directorate: Contract	25	24.425		
		24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade B Status with the South African Pharmacy (SAPC)  Tracer Medicine Stock-Out Rate at facilities (hospital, community health centres and clinics)  Tracer Medicine Stock-Out Rate at the Provincial Pharmaceutical Supply Depot (PPSD)	25	92 21 27 97 22 9	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  1. Inadequate in-house capacity (i.e. staffing and machinery)  2. Inadequate stock of clean and new linen at facility  3. Few hospitals (IZN Children's, Grey's and Niemeyer) did not submit data  St Aidan's Hospital regressed to Grade Cas they did not meet some of the non-negotiable criteria as per new Grading Methodology of SAPC. Dr Poleky ka Isaka Seme Memorial Hospital is attending to required finishes and waiting for the SAPC inspection after commissioning. Charles James hospital and Don McKenzie Hospital were decommissioned.	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime and approved the staff of the staf	25	24.425		
	Health Care and Support Services  Health Facilities Management	24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade B Status with the South African Pharmacy (SAPC)  Tracer Medicine Stock-Out Rate at facilities (hospital, community health centres and clinics)	25 25 5	92 21 27 27 29 399	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  1. Inadequate in-house capacity (i.e. staffing and machinery)  2. Inadequate stock of clean and new linen at facility  3. Few hospitals (IZAV Children's, Brichmont, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data  St Aldan's Hospital regressed to Grade Ca st hey did not meet some of the non-negotiable criteria as per new Grading Methodology of SAPC. De Poley ks lasks Seme Memorial Hospital is attending to required finishes and waiting for the SAPC inspection after commissioning. Charles James hospital and Don McKenzie Hospital were decommissioned.	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime 3. SCM process underway to put a period contract in place for procurement of new linen 4. Linen budget decentralised to hospitals to assists prioritise Collate and monitor implementation of Improvement Plans.  Continue liaison with NDOH Affordable Medicines Directorate: Contract Management Unit Continue liaison with NDOH Affordable Medicines Directorate: Contract Management Unit Continue liaison with NDOH Affordable Medicines Directorate: Contract Management Unit Continue liaison with NDOH Affordable Medicines Directorate: Contract	25	24.425		
		24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade B Status with the South African Pharmacy (SAPC)  Tracer Medicine Stock-Out Rate at facilities (hospital, community health centres and clinics)  Tracer Medicine Stock-Out Rate at the Provincial Pharmaceutical Supply Depot (PPSD)	25 25 5	92 21 27 97 22 2	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  1. Inadequate in-house capacity (i.e. staffing and machinery) 2. Inadequate stock of clean and new linen at facility 3. Few hospitals (IZN Children's, Richmond, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data  St Aldan's Hospital regressed to Grade C as they did not meet some of the non-negotiable criteria as per mew Grading Methodology of SAPC.  Dr Pokey Ka Isaka Seme Memorial Hospital is attending to required finishes and waiting for the SAPC inspection after commissioning, Charles James Hospital and Don McKenzie Hospital were decommissioned.  There were less tracer items that went out of stock at facilities during the 4th Quarter 2020/21.  Supply Constraints as suppliers were not able to meet the demand.	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime 3. SCM process underway to put a period contract in place for procurement of new linen 4. Linen budget decentralised to hospitals to assists prioritise Collate and monitor implementation of Improvement Plans.  Continue liaison with NDOH Affordable Medicines Directorate: Contract Management Unit Continue liaison with NDOH Affordable Medicines Directorate: Contract Management Unit Continue liaison with NDOH Affordable Medicines Directorate: Contract Management Unit Continue liaison with NDOH Affordable Medicines Directorate: Contract	25	24.425		
		24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade B Status with the South African Pharmacy (SAPC)  Tracer Medicine Stock-Out Rate at facilities (hospital, community health centres and clinics)  Tracer Medicine Stock-Out Rate at the Provincial Pharmaceutical Supply Depot (PPSD)	25 25 5	92 21 27 27 29 399	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  1. Inadequate in-house capacity (i.e. staffing and machinery)  2. Inadequate stock of clean and new linen at facility  3. Few hospitals (IZNC holldren's, Grey's and Niemeyer) did not submit data  St. Aldan's Hospital regressed to Grade Cas they did not meet some of the non-negotiable criteria as per new Grading Methodology of SAPC. Dr Poley ks laska Seme Memorial Hospital is attending to required finishes and waiting for the SAPC inspection after commissioning. Charles James hospital and Don McKenzie Hospital were decommissioned.  There were less tracer items that went out of stock at facilities during the 4th Quarter 2020/21.  Even though it seems quarter 4 target was not achieved, the annual target has already been overachieved in quarter 2. This	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime 3. SCM process underway to put a period contract in place for procurement of new linen 4. Linen budget decentralised to hospitals to assists prioritise Collate and monitor implementation of Improvement Plans.  Continue liaison with NDOH Affordable Medicines Directorate: Contract Management Unit Continue liaison with NDOH Affordable Medicines Directorate: Contract Management Unit Continue liaison with NDOH Affordable Medicines Directorate: Contract Management Unit Continue liaison with NDOH Affordable Medicines Directorate: Contract	25	24.425		
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		24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade B Status with the South African Pharmacy (SAPC)  Tracer Medicine Stock-Out Rate at facilities (hospital, community health centres and clinics)  Tracer Medicine Stock-Out Rate at the Provincial Pharmaceutical Supply Depot (PPSD)  Number of jobs created through EPWP	25 25 5 5	92 21 27 97 22 9	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  1. Inadequate in-house capacity (i.e. staffing and machinery)  2. Inadequate stock of clean and new linen at facility  3. Few hospitals (IZAV Children's, Bichmond, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data  St Aldan's Hospital regressed to Grade Ca st they did not meet some of the non-negotiable criteria as per new Grading Methodology of SAPC. De Poley ks lasks Seme Memorial Hospital is attending to required finishes and waiting for the SAPC inspection after commissioning. Charles James Hospital were decommissioned.  There were less tracer items that went out of stock at facilities during the 4th Quarter 2020/21.  There were less tracer items that went out of stock at facilities during the 4th Quarter 2020/21.  Even though it seems quarter 4 target was not achieved, the annual target has already been overachieved in quarter 2. This additional 399 job created further increases the overachievement. The department achieved 3 811 against an annual target of 3 000.	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime and approved the staff of the staf	25 25 5 5 3000	24.425		
		24 hours rate  Severity assessment code 1 incident reported within 24 hours rate  Percentages of facilities reporting clean linen stock outs  Percentages of pharmacies with either Grade A or Grade B Status with the South African Pharmacy (SAPC)  Tracer Medicine Stock-Out Rate at facilities (hospital, community health centres and clinics)  Tracer Medicine Stock-Out Rate at the Provincial Pharmaceutical Supply Depot (PPSD)  Number of jobs created through EPWP	25 25 5	92 21 27 97 22 9	During the visits to Districts and analysing the Provincial Performance from the Ideal Health Facility Monitoring System it is evident that more than 50% of facilities are not reporting as expected according to the National Guidelines.  Although the target was achieved, the following was identified at poor performing facilities:  1. Inadequate in-house capacity (i.e. staffing and machinery) 2. Inadequate stock of clean and new linen at facility 3. Few hospitals (IZN Children's, Richmond, Edendale, Fort Napier, Grey's and Niemeyer) did not submit data  St Aldan's Hospital regressed to Grade C as they did not meet some of the non-negotiable criteria as per mew Grading Methodology of SAPC.  De Poley Ka Isaka Seme Memorial Hospital is attending to required finishes and waiting for the SAPC inspection after commissioning, Charles James Hospital and Don McKenzie Hospital were decommissioned.  There were less tracer items that went out of stock at facilities during the 4th Quarter 2020/21.  Supply Constraints as suppliers were not able to meet the demand.  Even though it seems quarter 4 target was not achieved, the annual target has alerady been overachieved in quarter 2. This additional 399 bot created further increases the overachieved effectivement. The department achieved 3 811 against an annual target of 3 000.  Available resources were delegated	to monitor and guide all facilities that are not reporting.  1. Overtime granted to existing staff 2. Infrastructure Development to implement Service Level Agreements with agents approved by manufacturers of laundry machines to reduce downtime 3. SCM process underway to put a period contract in place for procurement of new linen 4. Linen budget decentralised to hospitals to assists prioritise Collate and monitor implementation of Improvement Plans.  Continue liaison with NDOH Affordable Medicines Directorate: Contract Management Unit Continue liaison with NDOH Affordable Medicines Directorate: Contract Management Unit Continue liaison with NDOH Affordable Medicines Directorate: Contract Management Unit Projects to be completed in the	25 25 5 5 3000	24.425		
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				Number of renovation and refurbishment projects	8	3	Available resources were delegated		14	9					
				completed			to emergency Covid-19 projects	next financial year							
							which delayed other projects.								
				Number of upgrade and addition projects completed	6	7	Positive deviation is due to the		7	35					
					Ī	ľ	completion of COVID-19 projects								
							which were not part of the initial								
							plan								
				Percentage downtime on medical equipment	20	12	Positive deviation is due to the		20	12.5			1	_	
				rescentage downshie on medical equipment	33	12	regular monitoring of the repairs.		33	12.3					
							regular monitoring of the repairs.								
				Percentage downtime on radiology equipment	10	38	Deviation is due to slow SCM process		10	27.5					
							at facility level and COVID-19	orders are timely issued for							
							pandemic that has caused major	radiology repairs							
							delays in receiving spares.								
				1		1			1		1		1	1	
				Percentage pf Preventative Maintenance expenditure	40	30	1. The use of emergency delegation		40	29.065					
							makes it easy for institutions to	service contracts (SLAs) were							
							replace equipment compared to	finalised in 20/21 FY and will							
							scheduled servicing  2. The delays in the finalisation of 3-	fully implemented in 21/22. The Replacement Programme for	е						
							year SLA's	critical engineering equipmer							
							year sors	ongoing into the new financia							
								year							
		1								1					
Total:	2	248													
Total:	ž	248													
Total : Feedback	ž	248													
	2		Quarter - 1				Quarter - 4					sudited Annual			
Total : Feedback Username Q1	ž	248 Role Q1	Quarter - 1 Feedback Q1		Role Q4	Feedback Q4	Quarter - 4	Dated Q4	Usernan	ime	Role	udited Annual eedback		Dated	
	2				Role Q4	Feedback Q4	Quarter - 4	Dated Q4	Usernam	ime	Role			Dated	
	2				Role Q4	Feedback Q4	Quarter - 4	Dated Q4	Usernam	ime	Rote			Dated	
	ī				Role Q4	Feedback Q4	Quarter - 4	Dated Q4	Usernam	ime	Rote			Dated	
	ž				Role Q4	Feedback Q4	Quarter - 4	Dated Q4	Usernan	ime	Role			Dated	
	:				Role Q4	Feedback Q4	Quarter - 4	Dated Q4	Usernam	me	Role			Dated	
	2				Role Q4	Feedback Q4	Quarter - 4	Oated Q4	Usernan	ume	Role			Dated	
	2				Role Q4	Feedback Q4	Quarter - 4	Dated Q4	Usernam	me	Role			Dated	
	2				Role Q4	Feedback Q4	Quarter - 4	Dated Q4	Usernam	me	Rote			Dated	
	:				Role Q4	Feedback Q4	Quarter - 4	Osted Q4	Usernan	ime	Rote			Dated	
					Role Q4	Feedback Q4	Quarter - 4	Dated Q4	Usernan	ime	Role			Dated	
					Role Q4	Feedback Q4	Quarter - 4	Oated Q4	Usernan	ime	Role			Dated	
	:									ime	Role			Dated	
					Department Coordinator	Report for Q4 is submitted as	per Treasury and DPME guidelines. Qu	sifty Assurance 28/04/01	221	ime	Rote			Dated	
					Department Coordinator National Oversight	Report for Q4 is submitted as ; Thank you for the report. Plea	per Treasury and DPME guidelines. Qu se explain further where indicated "Incide	ality Assurance 28/04/0 icator 28/04/0	021	ime	Rote			Dated	
					Department Coordinator Astional Oversight OTP Coordinator	Report for Q4 is submitted as a Thank you for the report. Plea	per Treasury and DPME guidelines. Qu se explain further where indicated "ine ints and please note the following and u	ality Assurance 28/04/10 (icitater 28/04/ pdate the 28/04/	021 021 021 021	ime	Rote			Dated	
Username Q1		Role Q1	Feedback QI		Department Coordinator Astional Oversight OTP Coordinator	Report for Q4 is submitted as a Thank you for the report. Plea	per Treasury and DPME guidelines. Qu se explain further where indicated "Incide	ality Assurance 28/04/10 (icitater 28/04/ pdate the 28/04/	021 021 021 021	ime	Role			Dated	
Username Q1  Dr Sandile Tshabalala		Role Q1	Feedback QI  Approval Certificate: Q1- Submitted	for your consideration. Thank you.	Department Coordinator Astional Oversight OTP Coordinator	Report for Q4 is submitted as a Thank you for the report. Plea	per Treasury and DPME guidelines. Qu se explain further where indicated "ine ints and please note the following and u	ality Assurance 28/04/10 (icitater 28/04/ pdate the 28/04/	021 021 021 021	ime	Rote			Dated	
Username Q1  Dr Sandile Tshabatait Lulama Sthembela N		Role Q1  Accounting Officer  GDP Confidence of Confidence	Feedback QI  Approval Certificate: Q1-Submitted I  Thank you for the report. Please not	for your consideration. Thank you. e the following:	Department Coordinator Astional Oversight OTP Coordinator	Report for Q4 is submitted as a Thank you for the report. Plea	per Treasury and DPME guidelines. Qu se explain further where indicated "ine ints and please note the following and u	ality Assurance 28/04/10 (icitater 28/04/ pdate the 28/04/	021 021 021 021	ime	Rote			Dated	
Username Q1  Dr Sandile Tshabalala		Role Q1	Feedback QI  Approval Certificate: QI- Submitted  Approval Certificate: QI- Submitted  Thank you for the report. Please noti	for your consideration. Thank you. e the following: rdised and non-standardised quarterly performance	Department Coordinator National Oversight OTP Coordinator Department Coordinator	Report for Q4 is submitted as a Thank you for the report. Plea	per Treasury and DPME guidelines. Qu se explain further where indicated "ine ints and please note the following and u	ality Assurance 28/04/10 (icitater 28/04/ pdate the 28/04/	021 021 021 021	ime	Role			Dated	
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