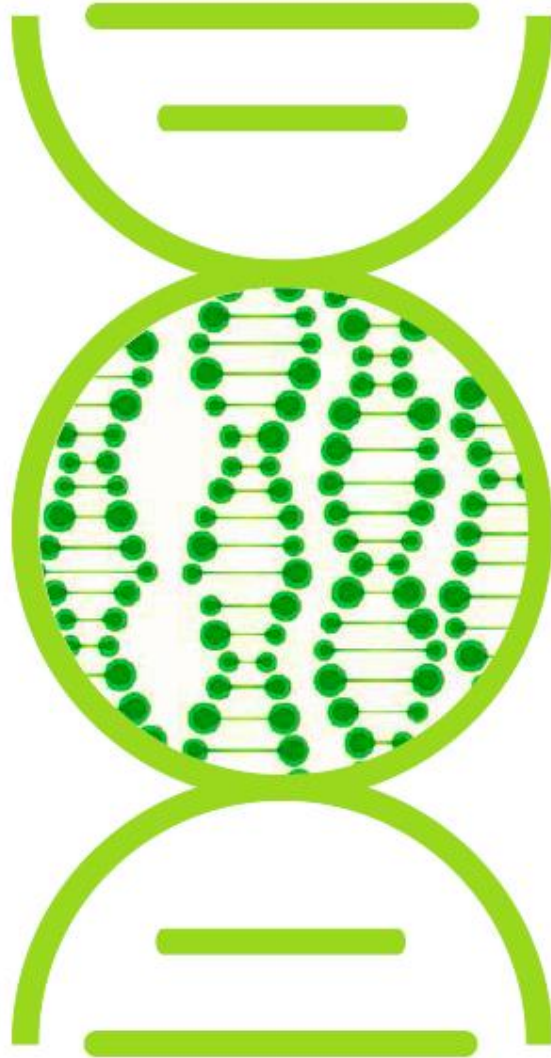




NATIONAL HEALTH
LABORATORY SERVICE



Annual Performance Plan

2016/17– 2019/20

March 2016

FOREWORD BY MINISTER OF HEALTH



It is with pleasure to present the National Health Laboratory Service's (NHLS) Annual Performance Plan (APP) for the 2016/17 Financial Year. The APP sets out the NHLS performance indicators and targets for budget programmes and sub-programmes for the aforementioned period, to facilitate the organisations achievement of the goals and objectives set out in the Strategic Plan 2015 - 2020.

The NHLS was established in 2001 in terms of the National Health Laboratory Service, 2000 (Act No. 37 of 2000) to bring together all laboratories in the public health system and the South African Institute for Medical Research including universities. It extends its expertise to include the National Institute for Occupational Health; the National Institute for Communicable Diseases; the National Cancer Registry and the South African Vaccine Producers, which is the only manufacturer of anti-venom for the

treatment of scorpion stings, snake and spider bites in the Sub-Saharan African region.

On 26 October 2015, Cabinet approved publication of the 2015 National Health Laboratory Service Amendment Bill, for public comments. The purpose for amending the current legislation is to strengthen the governance and funding mechanism of the NHLS so as to enhance access to health care. The Bill further ensures that the NHLS' core mandate is to provide diagnostic health laboratory services to the South African public.

It is in this regard that the management under the guidance and support of the Board of Directors have prepared the APP, which states how the NHLS will support its core mandate, having acknowledged that the focus in the past years shifted from primary business to the support function, thus the need to craft new goals to re-direct the organisation.

The NHLS realises the major role that it needs to play in collaborating with the Department of Health in order to act in response to the health needs of the country and achieve the vision of a long and healthy life for all South Africans.

It is also of importance to note that the organisation plays a pivotal role in supporting the Department of Health's outputs through the National Priority Programme (NPP) department which was developed in 2011 to carry out the mandate of the decreasing burden of TB and combating HIV and AIDS.

We are proud to note that in the field of TB, many exciting new programmes have been launched since the establishment of the NPP; these include the establishment of the GeneXpert technology, which allows for faster diagnoses.

The NHLS is the first laboratory diagnostic service provider on the African continent to use GeneXpert technology for the diagnosis of TB and rifampicin resistance and this is achieved through its mandate of research, which the organisation conducts in partnership *with other NGO's and universities*. The NHLS also serves the important functions for drug resistance surveillance for the National Department of Health as well as validates end point assays for HIV vaccine trials.

In offering diagnostic services to the South African public and the rest of the African continent, the NHLS continues to remain a significant player in realising Government's aim of ensuring that all South Africans have equitable access to healthcare.

I wish the NHLS success in implementing the APP, thus ensuring achievement of the core mandate as per the enabling legislation.

DR PA MOTSOLEDI (MP)

MINISTER OF HEALTH

OFFICIAL SIGN OFF

It is hereby certified that this Annual Performance Plan:

- Was developed by the management of the National Health Laboratory Service (Herein under referred to as the NHLS) under the guidance and support of the Board.
- Was prepared in line with the Reviewed Strategic Plan of the NHLS.
- Accurately reflects the performance targets with the NHLS will endeavour to achieve given the resources made available in the budget for 2016 – 2017 financial year.

VIOLET GABASHANE
SENIOR MANAGER
MONITORING AND EVALUATION

DATE:

SIKHUMBUZO ZULU
CHIEF FINANCIAL OFFICER

DATE:

JOYCE MOGALE
CHIEF EXECUTIVE OFFICER

DATE:

PROFESSOR BARRY SCHOUB
NHLS BOARD CHAIRPERSON

DATE:

DR. A. MOTSOLEDI (MP)
MINISTER OF HEALTH

DATE:

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ACRONYMS

APP	Annual Performance Plan
CAPEX	Capital Expenditure
CDC	Centre for Diseases Control
FBC	Full Blood Count
FFS	Fee for Service
HIV	Human Immunodeficiency Virus
ICT	Information Communication Technology
LFT	Liver Function Test
MTEF	Midterm Expenditure Framework
MTSF	Mid Term Strategic Framework
N/A	Not Applicable
NdoH	National Department of Health
NHLS	National Health Laboratory Service
NICD	National Institute for Communicable Diseases
NIOH	National Institute for Occupational Health
OHASIS	Occupational Health and Safety Information System
OSHACT	Occupation Safety and Health Act
OHS	Occupational Health and Safety
PCR	Polymerase Chain Reaction
PFMA	Public Finance Management Act
PHC	Primary Health Care
POCT	Point of Care Testing
PTS	Proficiency Testing Skill
SAAS	South African Auditing Standards
SANAS	South African National Accreditation System
SWOT	Strength, Weaknesses, Opportunities and Threats
TAT	Turn Around Times
TB	Tuberculosis
TB GXP	Tuberculosis GeneXpert
U& E	Urea and Electrolytes
UOTs	Universities of Technologies
WSP	Workplace Skills Plan

PART A: STRATEGIC OVERVIEW

1. Updated Situational Analysis

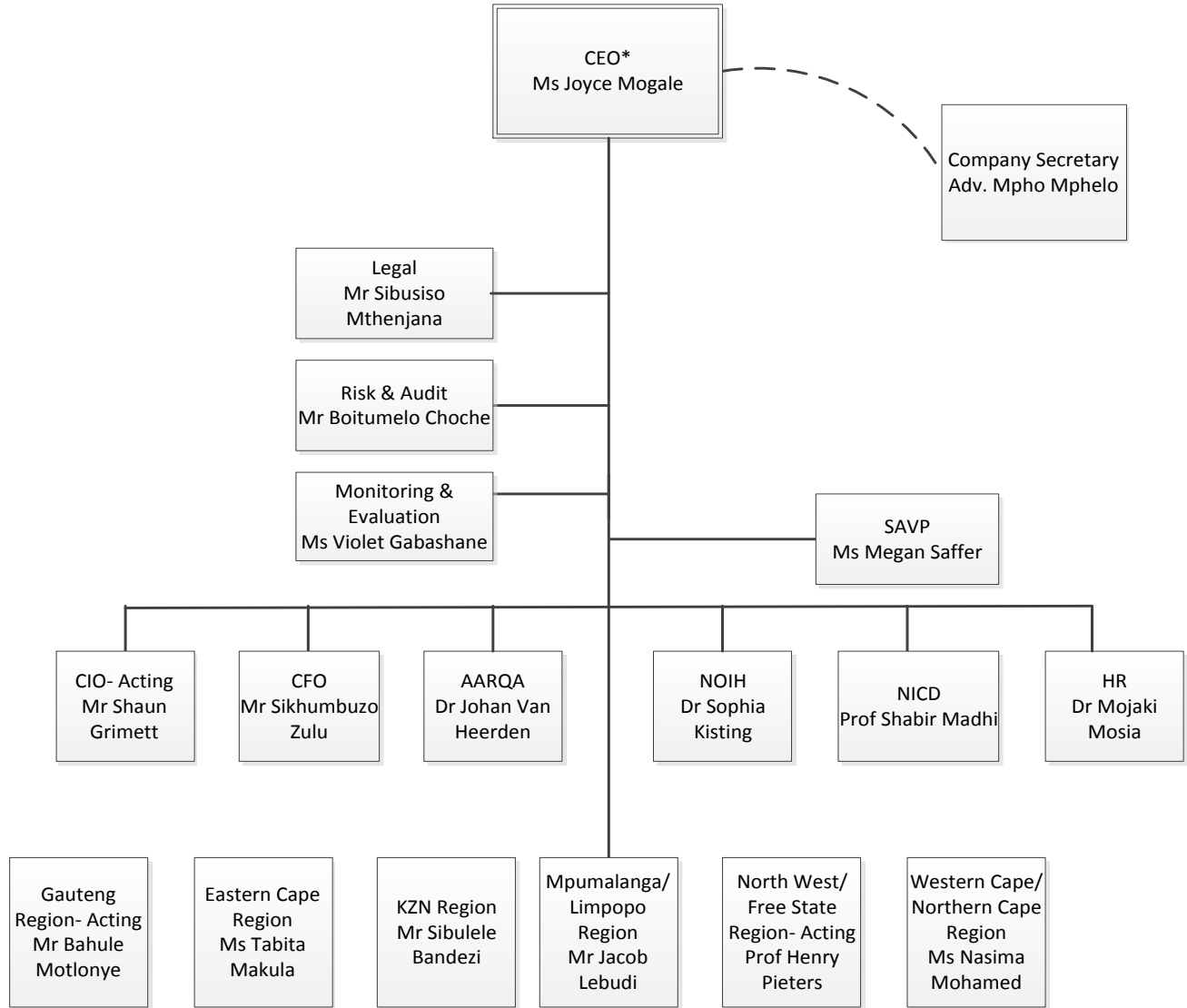
1.1 Performance Delivery Environment

It is satisfying to note that during the 2014/15 period, the demand from provinces for the NHLS' services showed an increase of 4.52% from 79 507 377 to 83 278 870 in test volumes, mainly driven by Viral Load and GeneXpert volumes.

The NHLS continues to fulfil its mandate of teaching, training and research in collaboration with medical universities, universities of technology and comprehensive universities. The Learning Academy has had to prioritise skills development through the analysis of its employees' most critical skills needs, through the implementation of the Workplace Skills Plan (WSP). The NHLS fulfilled these objectives in the 2014/15 financial year, 1 946 learner employees attended technical and non-technical learning programmes and conferences in the period.

Focused support towards strengthening the diagnostic laboratory platform was received from the Centre for Diseases Control (CDC) and global funding in conjunction with the National Department of Health (NDoH). Substantial financial support for research activities was received from national and international grantors enabling our researchers to continue with their innovative research activities, as 624 peer-reviewed journal articles were published together with our academic partners.

1.2 Organisational Environment



*The structure is being reviewed to reduce the span of control from the CEO.

During the strategic planning processes the NHLS reviewed the SWOT analysis, shown below.

The internal strengths and weaknesses identified were:

Strengths

- Strong academic base and sustainable partnerships
- Substantial and relevant research output
- Internationally renowned intellectual capital
- Trend setting in quality assurance initiatives
- National pathology laboratory footprints
- Only operational platform for training pathologists
- Exclusive national integrated data warehouse
- National priority programs
- Leveraging on the NHLS powers in the Act
- Largest pathology laboratory of its kind in the world
- Largest collection of health data in the country
- Influence pathology platform in the country
- Largest employer of pathology related services in the country
- Sustainable partnerships with (NDoH and other agencies, Universities and UoT's)

Weaknesses

- Liquidity and cash flow
- Leadership transition
- Succession planning and pipeline development
- Entropic culture (“we used to do it this way for ages”)
- Lack of workload standards
- Inadequate human capital management portfolio and development
- Inadequate internal controls and delegation
- High failure rate of intern technologists, High drop-out rate of registrars
- Difficulties to attract and retain critical and scarce skills
- Technology inefficiencies
- Time and systems for transitioning from FFS to Global budget
- Accounts receivable days in excess of 120 days
- Risks inherent in the global budget if not properly monitored
- Teaching and training not aligned to service needs
- The NHLS slow to adapt POCT

- Lack of speed in concluding the road map project
- Insufficient CAPEX to optimally utilise new technology
- Non-alignment of strategy to focus on stakeholder goals/ plans
- Aging infrastructure
- Unengaged employees
- High vacancy rate and staff turnover
- Poor stakeholder management
- Poor Turn Around Times
- Lack of focus on service delivery
- Prolonged implementation of projects
- Inadequate systems in pre and post analytics
- Inappropriate business models (centralisation vs. decentralisation)
- Lack of integrated systems

The external opportunities and threats that the NHLS will be facing over the next 5 year period are shown below:

Opportunities

- Multi sectorial partnerships to enhance sharing of intellectual capacity
- Other source of income which can diversify our revenue stream, GEMS, Medical AIDS
- Existing footprint in terms of the branch/regional laboratory network (enhance ownership of PoCT)
- Ownership of value chain
- Introduction of the National Health Insurance (NHI);
- Trusted service provider by the health professionals
- Integrated IT systems

Threats

- International reduction in grant allocation
- Negative provincial perceptions of the NHLS
- Inaccurate media coverage impact on our brand / corporate image
- Shortage of suitably qualified Anatomical Pathologists
- Medical inflation - impacting costs service delivery
- Exchange rates - i.e. equipment purchased from overseas

2. Revisions to legislative and other mandates

The envisaged establishment of the National Public Health Institutes of South Africa (NAPHISA) will have a significant impact on the operations and budget allocation from National Treasury on NHLS. The NAPHISA legislation will result in the following divisions moving from the NHLS:

- (a) Communicable Diseases;
- (b) Non-Communicable Diseases;
- (c) Cancer Surveillance; and
- (d) Injury and Violence Prevention.

3. Overview of 2016 budget and MTEF estimates

3.1 Materiality / Significant Framework

2015/16 NHLS MATERIALITY AND SIGNIFICANCE FRAMEWORK

BACKGROUND

3.1.1 Treasury Regulation Section 28.3.1 – “For purposes of material [sections 55(2) of the Public Finance Management Act (PFMA)] and significant [section 54(2) of the PFMA], the accounting authority must develop and agree a framework of acceptable levels of materiality and significance with the relevant executive authority.

3.1.2 The purpose of this document is to record the level and reasoning for the suggested levels of materiality and significance for consideration by the governance structures of the NHLS and for submission to and approval by the executive authority.

3.1.3 The South African Auditing Standard (SAAS 320.03) defines materiality as follows: “Information is material if its omission or misstatement could influence the economic decisions of users taken on the basis of the financial statements. Materiality depends on the size of the item or error judged in the particular circumstances of its omission or misstatement. Thus, materiality provides a threshold or cut-off point, rather than being a primary qualitative characteristic, which information must have if it is to be useful.”

3.1.4 Accordingly we will be dealing with this framework under two main categories, being quantitative and qualitative aspects.

3.1.5 Materiality can be based on a number of financial indicators. Detailed below is an indicative table of financial indicators as documented in the Treasury Practice note on applications under S.54 of the PFMA.

Basis	Acceptable Percentage Range
Total assets	1% - 2%
Total Revenue	0.5% - 1%
Profit after tax	2% - 5%

3.1.6 NHLS will use 0.5% of total revenue to determine materiality. NHLS operations are driven mainly by test volumes and are therefore essentially revenue-driven. In determining the materiality value as 0.5% we have considered the following factors:

Nature of the NHLS's business:

3.1.6.2 The NHLS is the main provider of laboratory medical support services to the national, provincial and local departments of health through its country wide network of quality assured diagnostic laboratories. The NHLS also provides surveillance support for communicable diseases, occupational health and cancer, and thus endeavors to align its strategy to both the DOH priorities and the National and Regional Burden of Disease.

3.1.6.3 The NHLS delivers services throughout the public sector from PHC level to tertiary/quaternary hospitals. The level of complexity and sophistication of services increases from the peripheral laboratories to the central urban laboratories (with specialized surveillance infrastructure existing at isolated sites).

3.1.7 Statutory requirements laid down on the NHLS.

3.1.7.1 The National Health Laboratory Service (NHLS) is a national public entity established in terms of the National Health Laboratory Service Act 37 of 2000 to provide quality, affordable and sustainable health laboratory and related public health services.

3.1.7.2 The NHLS is managed according to the provisions of the National Health Laboratory Service Act 37 of 2000, as well as the NHLS Rules, gazetted in July 2007, and the Public Finance Management Act No. 1 of 1999. It is a Schedule 3A public entity state governed by a Board and a Chief Executive Officer.

13.1.8 The control and inherent risks associated with the NHLS.

3.1.8.1 In assessing the control risk of the NHLS, and concluding that a materiality level higher than 0.25% can be used due to a good control environment being present cognizance was given to amongst others:

- a) Proper and appropriate governance structures have been established;
- b) An audit and risk committee that closely monitors the control environment of the NHLS was established;
- c) The function of internal audit was partly outsourced to a firm with NHLS specific experience;
- d) A three year internal audit plan, based on annual risk assessments being performed, is annually reviewed and agreed by the audit committee;
- e) In compliance with governance principle 3.6 of the King 3 Code of governance principles, the audit and risk committee is satisfied that there is sufficient expertise, resources and experience within the NHLS finance function.
- f) The results of recent internal audit reports highlighted that there are no material risks that are not being addressed.

Quantitative Aspects

Materiality Level for Consideration:

The level of materiality for 2016/2017 has been set as follows:

Total 2014/15 audited test revenue R5, 551,023,000*.05%=R27, 755,115

Qualitative Aspects

Materiality is not merely related to the size of the entity and the elements of its financial statements. Obviously, misstatements that are large either individually or in the aggregate may affect a “reasonable” user’s judgement. However, misstatements may also be material on qualitative grounds. These qualitative grounds include amongst others:

- a) New ventures that the NHLS has entered into.
- b) Unusual transactions entered into that are not of a repetitive nature and are disclosable purely due to the nature thereof due to knowledge thereof affecting the decision making of the user of the financial statements.
- c) Transactions entered into that could result in reputational risk to the NHLS.
- d) Any fraudulent or dishonest behaviour of an officer or staff of the NHLS.
- e) Procedures/processes required by legislation or regulation (e.g. PFMA and the Treasury Regulations)

Statutory Application

PFMA SECTION	DESCRIPTION	NATURE OF MATERIALITY (QUANTITATIVE/QUALITATIVE)
Section 55 (2) of the PFMA	<p>The annual report and financial statements ... must -</p> <p>(b) include particulars of –</p> <p>(i) any material losses through criminal conduct and any irregular expenditure and fruitless and wasteful expenditure that occurred during the financial year;</p>	Both quantitative and qualitative aspects as referred to in sections 2.1 and 3 define materiality for purposes of losses through criminal conduct. All losses relating to irregular and fruitless and wasteful expenditure are regarded as material due to the application of the nature of these losses (qualitative aspects).
Section 54 (2) of the PFMA	<p>Information to be submitted by accounting authorities</p> <p>(1) Before a public entity concludes any of the following transactions, the accounting authority for the public entity must promptly and in writing inform the relevant treasury of the transaction and submit relevant particulars of the transaction to its executive authority for approval of the transaction</p>	Subject to approval by the Minister of Health and in line with the provisions set out in the NHLS Act and the NHLS rules:
	(a) establishment or participation in the establishment of a company;	Any transaction that quantitatively the Board has to approve in terms of the Delegation of Authority
	(b) participation in a significant partnership, trust, unincorporated joint venture or similar arrangement	Any transaction that the Board has to quantitatively approve in terms of the Delegation of Authority
	(c) acquisition or disposal of a significant shareholding in a company	Any transaction to acquire or dispose of shareholding in a company, which the Board has to quantitatively approve in terms of the Delegation of Authority
	(d) acquisition or disposal of a significant asset	The cost of the asset acquired or disposed exceeds Total 2014/15 audited test revenue R5,551,023,000*.05% = R27, 755,115

PFMA SECTION	DESCRIPTION	NATURE OF MATERIALITY (QUANTITATIVE/QUALITATIVE)
	(e) commencement or cessation of a significant business activity; and	Any transaction where the income from or the investment in the business activity exceeds the amount determined in section 4.1 and section 5 of this document
	(f) a significant change in the nature or extent of its interest in a significant partnership, trust, unincorporated joint venture or similar arrangement.	Where the change in the interest results in a change in the accounting treatment of the arrangement.

3.2 Consolidated Expenditure Estimates For All Programmes

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	Audited	Audited	Audited	Audited	Budget	Budget	Budget	Budget	Budget
	Outcome	Outcome	Outcome	Outcome	Estimates	Estimates	Estimates	Estimates	Estimates
Rand thousand									
Objectives/Activity									
Overall	3,766,031	5,105,238	5,896,878	5,222,782	6,403,467	6,855,575	7,218,554	7,694,002	8,219,865
Expenses									
Current payments									
Compensation of employees	1,888,372	2,151,296	2,090,509	2,107,700	2,373,864	2,851,972	3,051,610	3,265,223	3,493,789
Salaries and wages	1,888,372	2,151,296	2,090,509	2,107,700	2,373,864	2,851,972	3,051,610	3,265,223	3,493,789
Social contributions	-	-	-	-	-	-	-	-	-
Goods and services	1,821,625	2,879,867	3,739,678	3,011,983	3,854,997	3,841,387	4,032,490	4,234,575	4,482,640
Agency ad support/outsourced services	23,263	31,252	31,590	37,130	38,571	45,073	48,630	51,979	55,559
Communication	47,884	46,833	64,613	55,642	59,777	66,089	70,050	74,931	80,152
Computer services	54,421	106,730	73,417	126,805	138,293	150,727	159,010	170,136	182,041
Consultants	25,924	19,967	29,811	23,722	25,705	28,187	29,675	31,749	33,967
Contractors	-	-	-	-	-	-	-	-	-
Inventory	1,047,085	1,170,764	1,598,113	1,530,824	2,038,238	2,061,213	2,404,738	2,490,203	2,580,567
Lease payments	24,618	17,853	39,233	21,210	22,365	25,161	27,100	28,974	30,977
Repairs and maintenance	62,749	86,782	87,528	103,105	112,790	122,557	132,910	142,136	152,005
Research and development	1,002	12	5,119	14	16	3,017	20	21	23
Training and staff development	205,093	70,941	14,382	84,285	91,065	101,030	106,950	114,403	122,375
Travel and subsistence	5,419	15,476	38,753	18,386	19,831	21,840	23,000	24,604	26,320
Other	267,729	1,236,561	1,684,407	901,360	1,123,241	1,042,577	883,284	897,425	960,160
Capital contribution	56,034	74,075	66,691	103,100	174,605	162,216	134,453	194,204	243,436
Losses from	-	-	-	-	-	-	-	-	-
Interest, dividends and rent on land	404	2,621	6,021	6,400	10,500	11,700	12,670	13,811	15,057
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Tax payment	-	-	-	-	-	-	-	-	-
Outside shareholders interest	-	-	-	-	-	-	-	-	-
Total expenditure	3,766,031	5,105,238	5,896,878	5,222,782	6,403,467	6,855,575	7,218,554	7,694,002	8,219,865

3.2.1 Expenditure Trends

The National Health Laboratory Service receives its income from providing laboratory tests to patients predominantly from public hospitals. Revenue from the provincial hospitals is approximately 96% of the total revenue received. The tariff increase for the laboratory tests are approved by the Minister of Health. The entity had produced a deficit of R148 million in the financial year 2013/14 compared to a surplus of R180 million in 2014/15. This can be attributed the R800 million rand debt impairment for KZN. In the year 2016/17, surplus has to R253 million which will assist with the financing of the entity's capital requirements. The surplus in 2017/18 and 2018/19 has decreased to R227 million and R197 million respectively due to government's mandate to reduce costs.

3.2.2 Personnel Information

Salary/compensation was budgeted at 6.8% over the MTEF period and the establishment remains the same. The entity is committed to reducing government expenditure and therefore it has budgeted for an inflationary increase in labour costs. The increase of 15% in compensation costs for the 2015/16 financial year is due to the implementation of new market related pay scales

3.2.3 Budget by Program

(a) Program 1: Administration

(i) Programme Purpose –

The administration programme plays a crucial role in the delivery of NHLS services through the provision of a range of support services, such as organisational development, HR and labour relations, information technology, property management, security services, legal, communication and the integrated planning function.

(ii) Resource Considerations –R'000s

2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
<i>Audited Outcome</i>	<i>Audited Outcome</i>	<i>Budget Estimates</i>	<i>Budget Estimates</i>	<i>Budget Estimates</i>	<i>Budget Estimates</i>
473 588	522 676	565 377	607 869	659 270	225 350

(b) Programme 2: Surveillance of Communicable Diseases

(i) Programme Purpose -

The National Institute for Communicable Diseases (NICD) is a national public health institute for South Africa providing reference microbiology, virology, epidemiology, surveillance and public health research to support the government’s response to communicable disease threats.

(ii) Resource Considerations – R’000s

2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
<i>Audited Outcome</i>	<i>Audited Outcome</i>	<i>Budget Estimates</i>	<i>Budget Estimates</i>	<i>Budget Estimates</i>	<i>Budget Estimates</i>
161 249	175 850	186 684	246 677	265 702	206 587

(c) Programme 3: Occupational Health

(i) Programme Purpose -

The NIOH is a national resource and has great potential to contribute to significant improvements in workers’ health. A major challenge currently faced by the organisation is policy uncertainty with regards to the future governance of the institute. It is essential that policy decisions are made in a transparent and inclusive manner with the aim to benefit all South Africans. At an organisational level, there have been significant budget constraints and a number of key positions have remained vacant. This undermines the Institute’s ability to deliver on its mandates.

(ii) Resource Considerations – R’000s

2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
<i>Audited Outcome</i>	<i>Audited Outcome</i>	<i>Budget Estimates</i>	<i>Budget Estimates</i>	<i>Budget Estimates</i>	<i>Budget Estimates</i>
71 186	86 312	99 158	108 683	118 126	125 710

(d) Programme 4: Laboratory Planning Training and Academic Affairs

(i) Programme Purpose -

The delivery of laboratory-based diagnostics is the primary objective of the NHLS. All operational initiatives from strategy formulation to capacity and competency planning, process, technology and performance improvements must exist to maximise the influence of laboratory results on the management of patients. Inclusive of these processes it will be critical to maintain and continuously improve the quality and standards of tests performed through well qualified and competent staff members.

(ii) Resource Considerations - R'000s

2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
<i>Audited Outcome</i>	<i>Audited Outcome</i>	<i>Budget Estimates</i>	<i>Budget Estimates</i>	<i>Budget Estimates</i>	<i>Budget Estimates</i>
365 048	381 599	394 001	409 000	438 400	466 201

(e) Programme 5: Laboratory Operations

(i) Programme Purpose -

The delivery of laboratory-based diagnostics is the primary objective of the NHLS.

(ii) Resource Considerations – R'000s

2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
<i>Audited Outcome</i>	<i>Audited Outcome</i>	<i>Budget Estimates</i>	<i>Budget Estimates</i>	<i>Budget Estimates</i>	<i>Budget Estimates</i>
4 759 116	3 953 246	4 983 641	5 321 130	5 602 603	5 917 914

PART B: PROGRAMME AND SUB-PROGRAMME PLANS

4. Programme 1: Administration

4.1 Programme Purpose

The administration programme plays a crucial role in the delivery of the NHLS services through the provision of a range of support services, such as organisational development, HR and labour relations, information technology, property management, security services, legal, communication and the integrated planning function. NHLS depends highly on the effective management of financial resources and procurement process as administered within the financial department. Generating sufficient revenue remains a critical focus area for NHLS to ensure financial viability and sustainability.

There are four sub-programmes, namely:

4.1.1 Financial Management

The purpose of this sub programme is to improve cash flow position of NHLS.

4.1.2 Governance and Compliance

The purpose of this sub-programme is to provide support services and ensure compliance with relevant legislation.

4.1.3 Information technology and Communication

The purpose of this sub-programme is to develop and implement ICT integrated governance framework by focusing on the business continuity plan and support the needs and requirements of the end users by 2020.

4.1.4 Human Resource Management

The purpose of this sub-programme is to provide effective services through efficient processes and adequate Human Resource.

4.2 Sub-Programme – Financial Management

Sub-Programme –Financial Management	
Strategic Objective 1.1	To improve the liquidity position of the NHLS
Objective Statement:	<ul style="list-style-type: none"> Improve cash flow position of the NHLS by improving the cash flow coverage ratio from 2.2 to 2.6 by 2020 and thereby ensure that there is liquid capital to implement key plans and priorities. Increase current ratio rating from 2.4 to 2.6 by 2020 to optimise margin of current assets over current liabilities

4.2.1 Programme performance indicators and annual targets for 2017

Programme performance indicator		Audited/Actual performance				Estimated performance	Medium term targets		Long term targets
		2013	2014	2015	2016		2017	2018	
1.1.1	Current ratio (current assets / current liabilities)	4.2 times	2.4 times	2.3 times	2.0 times	2.9 times	2.6 times	2.6 times	2.6 times
1.1.2	Cash flow coverage ratio (Operating cash in-flows / total debt)	2.2 times	2.2 times	2.1 times	2.0 times	2.7 times	2.6 times	2.6 times	2.6 times
1.1.3	Turnover (including other income)	R4bn	R5bn	R5.6bn	R6.4bn	R6.8bn	R7.2bn	R7.6bn	R8.2bn
1.1.4	Percentage of material to sales	25.7%	29.9%	31.5%	38%	38%	38%	38%	38%
1.1.5	Number of Creditor days	61	113	125	120	115*	110	100	80
1.1.6	Number of Debtors days	185	277	335	170	160**	150	140	130

4.2.2 Quarterly targets for 2017

Performance indicator		Reporting period	Annual target 2017	Quarterly targets			
				1 st	2 nd	3 rd	4 th
1.1.1	Current ratio (current assets / current liabilities)	Quarterly	2.9 times	2.9 times	2.9 times	2.9 times	2.9 times
1.1.2	Cash flow coverage ratio (Operating cash in-flows / total debt)	Quarterly	2.7 times	2.7 times	2.7 times	2.7 times	2.7 times
1.1.3	Turnover (including other income)	Quarterly	R6.8bn	R1.7bn	R1.7bn	R1.7bn	R1.7bn
1.1.4	Percentage of materials to sales	Quarterly	38%	38%	38%	38%	38%

Performance indicator		Reporting period	Annual target 2017	Quarterly targets			
				1 st	2 nd	3 rd	4 th
1.1.5	Number of Creditor days	Quarterly	115*	120	120	115	115
1.1.6	Number of Debtors days	Quarterly	160**	170	167	165	160

**The slow recovery of outstanding accounts receivable impedes both creditor's payments as well as effective management of working capital.*

*** The debtors' days will be calculated to exclude disputed items (as in the case of the OAG Report) as well as interest charged. The slow recovery of outstanding debtors' amounts impedes both creditor's payments as well as effective management of working capital.*

4.3 Sub-Programme – Governance and Compliance

Sub-Programme – Governance and Compliance	
Strategic Objective 1.2	To maintain the unqualified audit opinion of the NHLS by 2020
Objective Statement:	Provide support services and ensure compliance with relevant legislation. Uphold audit outcome by ensuring continuous management practices through compliance with standard operating procedures and systems within the NHLS

4.3.1 Programme performance indicators and annual targets for 2017

Programme performance indicator		Audited/Actual performance				Estimated performance	Medium-term targets		Long term targets
		2013	2014	2015	2016		2017	2018	
1.2.1	Audit opinion of the AG	Unqualified Audit	Unqualified Audit	Unqualified Audit	Unqualified Audit	Unqualified Audit	Unqualified Audit	Unqualified Audit	Unqualified Audit
1.2.2	Percentage of Expenditure to turnover	87%	101%	97%	95%	96%	97%	97%	97%

4.3.2 Quarterly targets for 2017

Performance indicator		Reporting period	Annual target 2017	Quarterly targets			
				1 st	2 nd	3 rd	4 th
1.2.1	Audit opinion of the AG	Annually	Unqualified Audit	N/A	Unqualified Audit	N/A	N/A
1.2.2	Percentage of Expenditure to turnover	Quarterly	96%	96%	96%	96%	96%

4.4 Sub-Programme – Information Technology and Communication.

Sub-Programme - Information Technology and Communication	
Strategic Objective 1.3	To ensure that 100% of registered users have access to the Trak Web View system by 2020.
Objective Statement:	Develop and implement ICT integrated governance framework by focusing on the business continuity plan and the support the needs and requirements of the end-users by 2020. Utilisation of ICT mechanisms for improved communication, marketing and branding purposes
Strategic Objective 1.4	To increase the systems availability to 99.5% by 2020
Objective Statement:	Improve and enhance systems and networks to improve and maintain uptime and accessibility of systems

4.4.1 Programme performance indicators and annual targets for 2017

Programme performance indicator		Audited/Actual performance				Estimated performance	Medium term targets		Long term targets
		2013	2014	2015	2016		2017	2018	
1.3.1	Percentage of registered users utilising the system (Trak Web View)	15%	20%	25%	45%	75%	90%	90%	100%
1.4.1	Percentage network uptime	96%	97%	98%	98.5%	99%	99.5%	99.5%	99.5%
1.4.2	Percentage uptime of the Laboratory Information System (LIS)	96%	97%	98%	98.5%	99%	99.5%	99.5%	99.5%

Programme performance indicator		Audited/Actual performance				Estimated performance	Medium term targets		Long term targets
		2013	2014	2015	2016	2017	2018	2019	2020
1.4.3	Percentage uptime of Oracle	96%	97%	98%	98.5%	99%	99.5%	99.5%	99.5%
1.4.4	Percentage uptime of Thusano system	96%	97%	98%	98.5%	99%	99.5%	99.5%	99.5%
1.4.5	Percentage calls logged resolved within prescribed time frames	93%	80%	90%	95%	95%	97%	97%	97%

4.4.2 Quarterly targets for 2017

Performance indicator		Reporting period	Annual target 2017	Quarterly targets			
				1 st	2 nd	3 rd	4 th
1.3.1	Percentage of registered users utilising the system (Trak Web View)	Quarterly	75%	45%	60%	65%	75%
1.4.1	Percentage network uptime	Quarterly	99%	99%	99%	99%	99%
1.4.2	Percentage uptime of the Laboratory Information System (LIS)	Quarterly	99%	99%	99%	99%	99%
1.4.3	Percentage uptime of Oracle	Quarterly	99%	98.5%	98.5%	99%	99%
1.4.4	Percentage uptime of Thusano system	Quarterly	99%	98.5%	98.5%	99%	99%
1.4.5	Percentage calls logged resolved within prescribed timeframes	Quarterly	95%	93%	93%	94%	95%

4.5 Sub-Programme – Human Resource Management

Sub-Programme – Human Resource Management	
Strategic Objective 1.5	To ensure adequate and skilled human resources by 2020
Objective Statement:	Provide effective services through efficient processes and adequate human resources. To improve the motivation and performance levels of all employees.

4.5.1 Programme performance indicators and annual targets for 2017

Programme performance indicator		Audited/Actual performance				Estimated performance	Medium term targets		Long term targets
		2013	2014	2015	2016	2017	2018	2019	2020
1.5.1	Staff Turnover ratio	9.4%	8%	9%	10%	10%	10%	10%	10%
1.5.2	Average turnaround time to fill a vacancy	90 days	90 days	90 days	90 days	90 days	90 days	90 days	90 days
1.5.3	Percentage of employment equity achieved	88.9%	94%	82%	82%	83%	84%	85%	86%
1.5.4	Percentage of contracted employees performance review concluded bi-annually	47%	48%	49%	49%	90%	95%	98%	99%
1.5.5	Percentage of employees trained as per the WSP	60%	60%	70%	80%	85%	90%	95%	100%
1.5.6	Vacancy Rate	4.7%	11%	22%	20%	18%	16%	14%	10%

4.5.2 Quarterly targets for 2017

Performance indicator		Reporting period	Annual target 2017	Quarterly targets			
				1 st	2 nd	3 rd	4 th
1.5.1	Staff Turnover ratio	Quarterly	10%	10%	10%	10%	10%
1.5.2	Average turnaround time to fill a vacancy	Quarterly	90 days	90 days	90 days	90 days	90 days
1.5.3	Percentage of employment equity achieved	Annually	83%	85%	-	-	83%
1.5.4	Percentage of contracted employees performance review concluded bi-annually	Bi-annually	90%	-	90%	-	90%
1.5.5	Percentage of employees trained as per the WSP	Quarterly	85%	85%	85%	85%	85%
1.5.6	Vacancy Rate	Quarterly	18%	18%	18%	18%	18%

4.6 Reconciling performance targets with the Budget and MTEF

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	Audited	Audited	Audited	Audited	Budget	Budget	Budget	Budget	Budget
	Outcome	Outcome	Outcome	Outcome	Estimates	Estimates	Estimates	Estimates	Estimates
Rand thousand									
Objectives/Activity									
Administration	283,835	425,250	473,588	522,676	565,377	607,869	659,270	705,673	755,350
Expenses									
Current payments									
Compensation of employees	96,465	111,957	107,728	133,000	145,000	158,000	169,000	180,830	193,488
Salaries and wages	96,465	111,957	107,728	133,000	145,000	158,000	169,000	180,830	193,488
Social contributions	-	-	-	-	-	-	-	-	-
Goods and services	169,987	288,656	335,727	361,476	385,877	411,919	448,900	480,323	513,946
Agency ad support/outsourced services	6,442	10,227	6,365	12,151	13,244	14,436	15,160	16,221	17,357
Communication	24,229	34,391	42,512	40,860	44,537	48,546	51,000	54,570	58,390
Computer services	30,924	76,754	62,652	91,191	99,399	108,345	114,000	121,980	130,519
Consultants	16,385	11,941	9,714	14,187	15,464	16,856	17,700	18,939	20,265
Contractors	-	-	-	-	-	-	-	-	-
Inventory	-	-	-	-	-	-	-	-	-
Lease payments	16,277	15,876	23,906	18,862	20,560	22,410	23,500	25,145	26,905
Repairs and maintenance	7,963	11,682	14,908	13,879	15,129	16,490	17,300	18,511	19,807
Research and development	-	-	-	-	-	-	-	-	-
Training and staff development	4,742	10,285	11,315	12,220	13,319	14,518	15,250	16,318	17,460
Travel and subsistence	78	6,020	12,254	7,152	7,796	8,498	8,900	9,523	10,190
Other	62,947	111,480	152,101	150,974	156,429	161,820	186,090	199,116	213,054
Capital contribution	17,319	22,083	24,112	25,000	27,500	30,250	32,900	35,203	37,667
Losses from	-	-	-	-	-	-	-	-	-
Interest, dividends and rent on land	64	2,554	6,021	3,200	7,000	7,700	8,470	9,317	10,249
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Tax payment	-	-	-	-	-	-	-	-	-
Outside shareholders interest	-	-	-	-	-	-	-	-	-
Total expenditure	283,835	425,250	473,588	522,676	565,377	607,869	659,270	705,673	755,350

5. Programme 2: Surveillance of Communicable Diseases

5.1 Programme Purpose

The National Institute for Communicable Diseases (NICD) is a national public health institute for South Africa providing reference microbiology, virology, epidemiology, surveillance and public health research to support the government’s response to communicable disease threats.

5.2 Strategic objective annual targets for 2017

Programme – Surveillance of Communicable Diseases	
Strategic Objective 2.1	To uphold communicable disease surveillance level at 90% by 2020 and beyond
Objective Statement:	Maintain a comprehensive communicable diseases surveillance programs for leading infectious disease associated with morbidity/mortality
Strategic Objective 2.2	To maintain response levels at 100% for outbreaks responded to within 24 hours after notification
Objective Statement:	Maintain capacity and resources to be able to respond to outbreaks of diseases within prescribed timeframes and requirements
Strategic Objective 2.3	To ensure all NICD laboratories remain SANAS accredited
Objective Statement:	Maintain standards and processes within laboratories to retain SANAS accreditation for all laboratories

5.2.1 Programme performance indicators and annual targets for 2017

Programme performance indicator		Audited/Actual performance				Estimated targets	Medium term targets		Long term targets
		2013	2014	2015	2016	2017	2018	2019	2020
2.1.1	Percentage of identified prioritised diseases under surveillance	100%	100%	100%	90%	90%	90%	90%	90%
2.1.2	Number of peer reviewed journals published annually	New	New	120	120	120	120	120	120
2.1.3	Number of NICD communiqué's published on website	New	New	4	4	4	4	4	4
2.2.1	Percentage of outbreaks responded to within 24 hours after notification	100%	100%	100%	100%	100%	100%	100%	100%
2.2.2	Percentage of provinces with appointed epidemiologists(1 per province)	80%	80%	80%	80%	80%	80%	80%	80%
2.2.3	Number of field epidemiologists qualified	New	New	5	5	5	5	5	5
2.3.1	Percentage of SANAS accredited NICD laboratories	100%	100%	100%	100%	100%	100%	100%	100%

5.2.2 Quarterly targets for 2017

Performance indicator		Reporting period	Annual target 2017	Quarterly targets			
				1 st	2 nd	3 rd	4 th
2.1.1	Percentage of identified prioritised diseases under surveillance	Quarterly	90%	90%	90%	90%	90%
2.1.2	Number of peer reviewed journals published annually	Annually	120	-	-	-	120
2.1.3	Number of NICD communiqué's published on website	Quarterly	4	1	1	1	1
2.2.1	Percentage of outbreaks responded to within 24 hours after notification	Quarterly	100%	100%	100%	100%	100%
2.2.2	Percentage of provinces with appointed epidemiologists(1 per province)	Quarterly	80%	80%	80%	80%	80%
2.2.3	Number of field epidemiologists qualified	Annually	5	-	-	-	5
2.3.1	Percentage of SANAS accredited NICD laboratories	Annually	100%	-	-	-	100%

5.3 Reconciling performance targets with the Budget and MTEF

Expenditure Estimates

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	Audited	Audited	Audited	Audited	Budget	Budget	Budget	Budget	Budget
	Outcome	Outcome	Outcome	Outcome	Estimates	Estimates	Estimates	Estimates	Estimates
Rand thousand									
Objectives/Activity									
Surveillance of communicable diseases	118,843	146,936	161,249	175,850	186,684	246,677	265,702	284,301	304,202
Expenses									
Current payments									
Compensation of employees	83,247	84,693	96,910	100,600	107,642	166,427	178,076	190,541	203,879
Salaries and wages	83,247	84,693	96,910	100,600	107,642	166,427	178,076	190,541	203,879
Social contributions	-	-	-	-	-	-	-	-	-
Goods and services	22,663	49,362	57,824	59,630	64,984	71,250	72,630	77,714	83,154
Agency ad support/outsourced services	1,256	1,537	2,093	1,826	-	2,170	2,300	2,461	2,633
Communication	1,582	725	709	861	-	1,023	1,110	1,188	1,271
Computer services	278	44	904	52	100	120	150	161	172
Consultants	59	133	165	158	-	188	205	219	235
Contractors	-	-	-	-	-	-	-	-	-
Inventory	15,374	30,437	32,382	35,700	-	35,700	38,500	41,195	44,079
Lease payments	42	612	1,105	727	-	864	1,050	1,124	1,202
Repairs and maintenance	2,387	4,474	4,380	5,316	6,150	6,500	7,000	7,490	8,014
Research and development	-	-	5,090	-	-	3,000	-	-	-
Training and staff development	1,462	621	309	738	-	877	1,000	1,070	1,145
Travel and subsistence	223	181	519	215	-	255	300	321	343
Other	-	10,598	10,168	14,037	58,734	20,553	21,015	22,486	24,060
Capital contribution	12,925	12,879	6,515	15,620	14,058	9,000	14,996	16,046	17,169
Losses from	-	-	-	-	-	-	-	-	-
Interest, dividends and rent on land	8	2	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Tax payment	-	-	-	-	-	-	-	-	-
Outside shareholders interest	-	-	-	-	-	-	-	-	-
Total expenditure	118,843	146,936	161,249	175,850	186,684	246,677	265,702	284,301	304,202

6. Programme 3: Occupational Health and Safety

6.1 Programme Purpose

The National Institute for Occupational Health is a National Public Health Institute, which provides occupational health and safety services across all sectors of the economy to improve and promote worker's health and safety. The Institute achieves this by i.) providing occupational medicine, hygiene and laboratory services, ii.) conducting research and iii.) providing teaching and training in occupational health and safety. Included under the governance of the National Institute for Occupational Health is the National Biobank.

There are five sub-programmes namely:

6.1.1 Occupational Health and Safety

The purpose of this sub-programme is to provide quality and accredited laboratories services for all occupational health related matters.

6.1.2 Technical Support for Occupational Health and Safety

The purpose of this sub-programme is to provide occupational medical services to the NHLS and to be the occupational medical practitioner for the NHLS

6.1.3 Occupational Health and Safety Research

The purpose of this sub-programme is to promote, conduct research and submit reports and publications pertaining to Occupational Health in South Africa

6.1.4 Training and Development for Occupational Health

The purpose of this sub-programme is to promote capacity building and strengthen Human Resources on Occupational Health and Safety by contributing to the teaching and training of doctors, nurses, scientists, hygienists and occupational health practitioners by 2020

6.1.5 National Biobank

The purposes of this sub-programme is to store and secure Bio materials and associated data to enable research through specimen storage with its associated data by using short, medium and long term storage of bio material and associated data for research purposes.

6.2 Sub-Programme – Occupational Health and Safety

Sub-Programme – Occupational Health and Safety	
Strategic Objective 3.1	To increase the percentage of specialised laboratories accredited from 75% to 100% by 2020
Objective Statement:	Provide quality and accredited laboratory services for all occupational health related matters.
Strategic Objective 3.2	To conduct 95% of all occupational health laboratory services within turn-around times by 2020
Objective Statement:	Improve efficiencies in conducting occupational health laboratory tests within predefined turn-around times
Strategic Objective 3.3	To increase the number of occupational hygiene assessments conducted from 17 annually to 175 (cumulative) by 2020
	Prevent occupational disease and injury and promote occupational health and safety through increased number of assessments conducted

6.2.1 Programme performance indicators and annual targets for 2017

Programme performance indicator		Audited/Actual performance				Estimated performance	Medium term targets		Long term targets
		2013	2014	2015	2016	2017	2018	2019	2020
3.1.1	Percentage of the NHLS laboratories utilising OHASIS	New	New	New	100%	100%	100%	100%	100%
3.1.2	Percentage of specialised laboratories accredited with a relevant and recognised accreditation body	New	New	New	75%	75%	-	-	75%
3.2.1	Percentage of occupational health laboratory tests conducted within predefined turn-around time	New	New	New	80%	85%	90%	95%	100%
3.3.1	Number of occupational hygiene assessments conducted	New	New	New	17	22	40	48	48
3.3.2	Percentage of occupational health and safety queries answered	New	New	New	100%	100%	100%	100%	100%
3.3.3	Number of projects conducted with an external partner	New	New	New	10	12	14	16	18

6.2.2 Quarterly targets for 2017

Performance indicator		Reporting period	Annual target 2017	Quarterly targets			
				1 st	2 nd	3 rd	4 th
3.1.1	Percentage of the NHLS laboratories utilising OHASIS	Annually	100%	-	-	-	100%
3.1.2	Percentage of four specialised laboratories accredited with a relevant and recognised accreditation body	Annually	75%	-	-	-	75%
3.2.1	Percentage of occupational health laboratory tests conducted within predefined turn-around time	Quarterly	85%	85%	85%	85%	85%
3.3.1	Number of occupational hygiene assessments conducted	Annually	22	-	-	-	22
3.3.2	Percentage of occupational health and safety queries answered	Quarterly	100%	100%	100%	100%	100%
3.3.3	Number of projects conducted with an external partner	Annually	12	-	-	-	12

6.3 Sub-Programme – Technical Support for Occupational Health and Safety

Sub-Programme – Technical Support for Occupational Health and Safety	
Strategic Objective 3.4	To improve occupational health by increasing OHS assessments conducted to 1500 (cumulatively) by 2020
Objective Statement:	Provide occupational medical services to the NHLS and to be the Occupational Medicine Practitioner for the NHLS.
Strategic Objective 3.5	To perform 100% of all autopsy examinations within required timeframes by 2020
Objective Statement:	Maintain existing efficiencies in performing autopsy examinations within determined timeframes
Strategic Objective 3.6	To annually produce and update the OHS technical guidelines by 30 March 2020
Objective Statement:	Develop, review and promote the implementation of an evidence based healthcare package of occupational health and safety

6.3.1 Programme performance indicators and annual targets for 2017

Programme performance indicator		Audited/Actual performance				Estimated performance	Medium term targets		Long term targets
		2013	2014	2015	2016		2017	2018	
3.4.1	Number of Occupational Health and Safety assessments done for the NHLS	New	New	New	300	310	320	335	235
3.4.2	Number of queries handled (including advisory services) for the NHLS	New	New	New	20	20	20	20	20
3.5.1	Percentage of autopsy examinations completed and reported on.	New	New	New	100%	100%	100%	100%	100%
3.6.1	Number of OHS technical guidelines produced and disseminated	New	New	New	1	1	1	1	1

6.3.2 Quarterly targets for 2017

Performance indicator		Reporting period	Annual target 2017	Quarterly targets			
				1 st	2 nd	3 rd	4 th
3.4.1	Number of Occupational Health and Safety assessments done for the NHLS	Quarterly	310	78	77	78	77
3.4.2	Number of queries handled (including advisory services) for the NHLS	Quarterly	20	5	5	5	5
3.5.1	Percentage of autopsy examinations completed and reported on	Quarterly	100%	100%	100%	100%	100%
3.6.1	Number of OHS technical guidelines produced and disseminated	Annual	1	-	-	-	1

6.4 Sub-Programme – Occupational Health and Safety Research

Sub-Programme – Occupational Health and Safety Research	
Strategic Objective 3.7	To increase research outputs and reports to 135 by 2020 to improve the surveillance of exposure to disease, improved management and prevention of occupational disease and injury
Objective Statement:	Promote, conduct research and submit reports and publications pertaining to occupational health in South Africa
Strategic Objective 3.8	To increase the number of organisations which have implemented OHASIS to 3 by 2020
Objective Statement:	Advance the implementation of the OHASIS within the public service and state-owned enterprises by 2020

6.4.1 Programme performance indicators and annual targets for 2017

Programme performance indicator		Audited/Actual performance				Estimated performance	Medium term targets		Long term targets
		2013	2014	2015	2016		2017	2018	
3.7.1	Number of published scientific articles including peer reviewed publications and reports	New	New	New	23	24	25	27	27
3.7.2	Number of surveillance reports produced and disseminated	New	New	New	1	2	3	4	5
3.8.1	Number of government departments or state-owned enterprises which have implemented OHASIS	New	New	New	1	1	-	1	-

6.4.2 Quarterly targets for 2017

Performance indicator		Reporting period	Annual target 2017	Quarterly targets			
				1 st	2 nd	3 rd	4 th
3.7.1	Number of published scientific articles including peer reviewed publications and reports	Quarterly	24	6	6	6	6
3.7.2	Number of surveillance reports produced and disseminated	Bi-Annually	2	-	1	-	1
3.8.1	Number of government departments or state-owned enterprises which have implemented OHASIS	Annually	1	-	-	-	1

6.5 Sub-Programme – Training and Development for Occupational Health and Safety

Sub-Programme - Training and Development for Occupational Health and Safety	
Strategic Objective 3.9	To maintain and increase OHS professionals trained on an annual basis
Objective Statement:	Promote capacity building of strengthen human resources on occupational health and safety by contributing to the teaching and training of doctors, nurses, scientists, hygienists and occupational health practitioners by 2020.

6.5.1 Programme performance indicators and annual targets for 2017

Programme performance indicator		Audited/Actual performance				Estimated performance	Medium term targets		Long term targets
		2013	2014	2015	2016		2017	2018	
3.9.1	Number of occupational medicine registrars under training	New	New	New	3	4	5	6	6
3.9.2	Number of medical scientists /experiential learners under training	New	New	New	6	5	6	8	8
3.9.3	Number of medical doctors trained in Diploma in Occupational Health programmes by the NIOH	New	New	New	60	60	60	60	60
3.9.4	Number of public health medicine registrars received training at NIOH	New	New	New	3	3	3	3	3

Programme performance indicator		Audited/Actual performance				Estimated performance	Medium term targets		Long term targets
		2013	2014	2015	2016	2017	2018	2019	2020
3.9.5	Number of pathology registrars rotating at NIOH per annum	New	New	New	9	10	12	14	14
3.9.6	Number of post-graduate students under supervision	New	New	New	19	20	21	22	23

6.5.2 Quarterly targets for 2017

Performance indicator		Reporting period	Annual target 2017	Quarterly targets			
				1 st	2 nd	3 rd	4 th
3.9.1	Number of occupational medicine registrars under training	Annual	4	-	-	-	4
3.9.2	Number of medical scientists /experiential learners under training	Annual	5	-	-	-	5
3.9.3	Number of medical doctors trained in Diploma in Occupational Health programmes by the NIOH	Annual	60	-	-	-	60
3.9.4	Number of public health medicine registrars received training at NIOH	Annual	3	-	-	-	3
3.9.5	Number of pathology registrars rotating at NIOH per annum	Annual	10	-	-	-	10
3.9.6	Number of post-graduate students under supervision	Annual	20	-	-	-	20

6.6 Sub-Programme – National Biobank

Sub-Programme –National Biobank	
Strategic Objective 3.10	To improve turnaround times to respond to specimen requests from 5 to 3 days by 2020 by using short, medium and long term storage of biomaterial and associated data for research purposes.
Objective Statement:	Store and secure biomaterials and associated data to enable research through specimen storage with its associated data by using short, medium and long term storage of biomaterial and associated data for research purposes.
Strategic Objective 3.11	To increase international relationships with Biobank societies for sharing of information and keeping up with international Biobank best practices from 2 to 3 by 2020.

Objective Statement:

Establish international relationships with Biobank societies for sharing of information and keeping up with international Biobank best practices

6.6.1 Programme performance indicators and annual targets for 2017

Programme performance indicator		Audited/Actual performance				Estimated performance	Medium term targets		Long term targets
		2013	2014	2015	2016	2017	2018	2019	2020
3.10.1	Average turnaround time (in days) to respond to specimen requests.	New	New	New	5	4	3	3	3
3.11.1	Maintaining Membership with International Biobank Societies	New	New	New	2	2	3	3	3

6.6.2 Quarterly targets for 2017

Performance indicator		Reporting period	Annual target 2017	Quarterly targets			
				1 st	2 nd	3 rd	4 th
3.10.1	Average turnaround time (in days) to respond to specimen requests.	Annual	4	4	4	4	4
3.11.1	Maintaining Membership with International Biobank Societies	Annual	2	-	-	-	2

6.7 Expenditure Estimates Reconciling performance targets with the Budget and MTEF

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	Audited	Audited	Audited	Audited	Budget	Budget	Budget	Budget	Budget
	Outcome	Outcome	Outcome	Outcome	Estimates	Estimates	Estimates	Estimates	Estimates
Rand thousand									
<u>Objectives/Activity</u>									
Occupational health	52,943	60,268	71,186	86,312	99,158	108,683	118,126	125,710	133,797
Expenses									
Current payments									
Compensation of employees	43,594	46,386	51,334	61,500	73,000	79,955	85,552	91,540	97,948
Salaries and wages	43,594	46,386	51,334	61,500	73,000	79,955	85,552	91,540	97,948
Social contributions	-	-	-	-	-	-	-	-	-
Goods and services	6,688	10,505	18,129	20,712	21,158	23,443	26,074	27,312	28,614
Agency ad support/outsourced services	805	1,128	1,483	1,340	1,550	2,550	3,690	3,893	4,107
Communication	672	737	1,048	876	1,020	1,020	1,500	1,583	1,670
Computer services	151	169	263	201	250	250	300	317	334
Consultants	69	155	202	184	220	220	250	264	278
Contractors	-	-	-	-	-	-	-	-	-
Inventory	1,131	2,466	2,815	4,200	4,500	4,500	5,600	5,712	5,826
Lease payments	612	666	721	791	900	900	1,550	1,635	1,725
Repairs and maintenance	358	1,507	1,018	1,790	2,000	2,000	5,150	5,433	5,732
Research and development	-	-	-	-	-	-	-	-	-
Training and staff development	1,268	927	49	1,101	1,199	2,199	2,250	2,374	2,504
Travel and subsistence	300	252	802	299	350	350	400	422	445
Other	1,322	2,498	9,728	9,930	9,169	9,454	5,384	5,680	5,993
Capital contribution	2,661	3,377	1,723	4,100	5,000	5,285	6,500	6,858	7,235
Losses from	-	-	-	-	-	-	-	-	-
Interest, dividends and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Tax payment	-	-	-	-	-	-	-	-	-
Outside shareholders interest	-	-	-	-	-	-	-	-	-
Total expenditure	52,943	60,268	71,186	86,312	99,158	108,683	118,126	125,710	133,797

7. Programme 4: Academic Affairs, Research and Quality Assurance

7.1 Programme Purpose

The main purpose of this programme is to strengthen the mandate of the NHLS of maintaining and providing quality assured and accredited laboratory medicine. One of the focus areas within this programme is to ensure that research is conducted to contribute to service delivery improvement and quality. The aim is to oversee and collaborate with various training institutions that contribute to the development of qualified and skilled people operating within the scientific field of pathology services.

There are three sub-programmes, namely:

7.1.1 Quality Assurance

The purpose of this sub-programme is to improve Total Quality Management systems, processes, equipment and resources within laboratories to increase accreditation of laboratories

7.2.2 Academic Affairs

The purpose of this sub-programme is to promote capacity building of health professionals to strengthen a business case for sustained development for the NHLS through the development of Pathologists, Medical Scientists and Medical Technologists

7.2.3 Research

The purpose of this sub-programme is to increase the knowledge base on diseases and influence the decision taken to diagnose, treat and care for these diseases through research outputs and articles published.

7.2 Sub-Programme – Quality Assurance

Sub-Programme – Quality Assurance	
Strategic Objective 4.1	To increase levels of quality tests performed within the laboratories by ensuring laboratories are well equipped, resourced and maintained by 2020 and beyond
Objective Statement:	Improve Total Quality Management systems, processes, equipment and resources within laboratories to increase accreditation of laboratories

7.2.1 Programme performance indicators and annual targets for 2017

Programme performance indicator		Audited/Actual performance				Estimated performance	Medium term targets		Long term targets
		2013	2014	2015	2016	2017	2018	2019	2020
4.1.1	Percentage of Laboratories accredited (National Central)	88%	89%	91%	90%	90%	95%	99%	100%
4.1.2	Percentage of Laboratories accredited (Provincial Tertiary)	25%	29%	41%	52%	70%	88%	97%	97%
4.1.3	Percentage of Laboratories accredited (Regional)	New	14%	21%	37%	40%	45%	50%	55%
4.1.4	Percentage laboratories achieving Proficiency Testing Scheme (PTS) performance standards of 80%	New	New	New	80%	80%	82%	83%	85%

7.2.2 Quarterly targets for 2017

Performance indicator		Reporting period	Annual target 2017	Quarterly targets			
				1 st	2 nd	3 rd	4 th
4.1.1	Percentage of Laboratories accredited (National Central)	Annually	90%	-	-	-	90%
4.1.2	Percentage of Laboratories accredited (Provincial Tertiary)	Annually	70%	-	-	-	70%
4.1.3	Percentage of Laboratories accredited (Regional)	Annually	40%	-	-	-	40%
4.1.4	Percentage laboratories achieving Proficiency Testing Scheme (PTS) performance standards of 80%	Annually	80%	-	-	-	80%

7.3 Sub-Programme – Academic Affairs

Sub-Programme - Academic Affairs	
Strategic Objective 4.2	To increase the pool of available pathology health professionals by 2020
Objective Statement:	Promote capacity building of health professionals to strengthen a business case for sustained development for the NHLS through the development of pathologists, medical scientists and medical technologists.

7.3.1 Programme performance indicators and annual targets for 2017

Programme performance indicator		Audited/Actual performance				Estimated performance	Medium term targets		Long term targets
		2013	2014	2015	2016		2017	2018	
4.2.1	Registrar pass rate	37	55%	55%	50%	55%	55%	55%	65%
4.2.2	Medical technologists Pass Rate	19%	37%	42%	37%	55%	60%	65%	65%
4.2.3	Medical Technicians Pass Rate	11%	11%	10%	58%	60%	60%	65%	65%

7.3.2 Quarterly targets for 2016

Performance indicator		Reporting period	Annual target 2017	Quarterly targets			
				1 st	2 nd	3 rd	4 th
4.2.3	Registrar pass rate	Bi-Annually	55%	55%	-	55%	-
4.2.2	Medical technologists Pass Rate	Bi-Annually	55%	37%	-	55%	-
4.2.3	Medical Technicians Pass Rate	Bi- Annually	60%	58%	-	60%	-

7.4 Sub-Programme – Research

** All the below figures include NICD*

Sub-Programme - Research	
Strategic Objective 4.3	To increase research outputs that translates into diagnostic practice to 3 by 2020
Strategic Objective 4.4	To increase the number of peer reviewed articles published to 700 by 2020
Objective Statement:	Increase the knowledge base on diseases and influence the decisions taken to diagnose, treat and care for these diseases through research outputs and articles published

7.4.1 Programme performance indicators and annual targets for 2017

Programme performance indicator		Audited/Actual performance				Estimated performance	Medium term targets		Long term targets
		2013	2014	2015	2016	2017	2018	2019	2020
4.3.1	Research reports submitted to influence policy	4	4	4	3	4	4	4	3
4.3.2	R-value of grants attracted for health system strengthening	NEW	NEW	NEW	R200 m	R200m	R250 m	R300 m	R300 m
4.4.1	Percentage of personnel with library access and usage, electronic access coverage	NEW	NEW	15%	15%	70%	100%	100%	100%
4.4.2	Number of research outputs translated into diagnostic practice	52	9	12	10	10	10	10	10
4.4.3	Number of peer-reviewed articles published	NEW	NEW	NEW	500	550	600	650	700

7.4.2 Quarterly targets for 2017

Performance indicator		Reporting period	Annual target 2017	Quarterly targets			
				1 st	2 nd	3 rd	4 th
4.3.1	Research reports submitted to influence policy	Annually	4	-	-	-	5
4.3.2	R-value of grants attracted for health system strengthening	Quarterly	R200 m	R50 m	R25 m	R100 m	R25m
4.4.1	Percentage of personnel with library access and usage, electronic access coverage	Quarterly	70%	30%	50%	70%	70%
4.4.2	Number of research outputs translated into diagnostic practice	Quarterly	10	1	2	3	4
4.4.3	Number of peer-reviewed articles published	Quarterly	550	200	100	125	125

7.5 Expenditure Estimates Reconciling performance targets with the Budget and MTEF

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	Audited Outcome	Audited Outcome	Audited Outcome	Audited Outcome	Budget Estimates	Budget Estimates	Budget Estimates	Budget Estimates	Budget Estimates
Rand thousand									
Objectives/Activity									
AARQA	283,676	396,586	365,048	381,599	394,001	409,000	438,400	466,201	495,889
Expenses									
Current paymets									
Compensation of employees	41,346	55,295	64,748	65,800	72,000	79,500	85,900	91,913	98,347
Salaries and wages	41,346	55,295	64,748	65,800	72,000	79,500	85,900	91,913	98,347
Social contributions	-	-	-	-	-	-	-	-	-
Goods and services	242,330	341,291	300,300	315,799	322,001	329,500	352,500	374,288	397,542
Agency ad support/outsourced services	-	585	100	695	758	826	890	952	1,019
Communication	2,925	247	296	293	320	349	380	407	435
Computer services	456	900	1,635	1,069	1,166	1,270	1,360	1,455	1,557
Consultants	8,771	4,721	13,438	5,609	6,114	6,664	7,000	7,490	8,014
Contractors	-	-	-	-	-	-	-	-	-
Inventory	50,902	43,548	46,661	50,000	52,000	55,000	57,750	58,905	60,083
Lease payments	-	-	-	-	-	-	-	-	-
Repairs and maintenance	792	1,424	1,954	1,692	1,844	2,010	2,170	2,322	2,484
Research and development	1,002	12	29	14	16	17	20	21	23
Training and staff development	3,633	2,165	1,731	2,572	2,804	3,056	3,250	3,478	3,721
Travel and subsistence	2,494	5,540	12,126	6,582	7,174	7,820	8,200	8,774	9,388
Other	171,355	282,149	222,330	247,273	249,805	252,488	271,480	290,484	310,817
Capital contribution									
Losses from									
Interest, dividends and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Tax payment	-	-	-	-	-	-	-	-	-
Outside shareholders interest	-	-	-	-	-	-	-	-	-
Total expenditure	283,676	396,586	365,048	381,599	394,001	409,000	438,400	466,201	495,889

8. Programme 5 – Laboratory Service

8.1 Programme Purpose

This programme represents the core business of the NHLS as mandated the NHLS Act to provide cost-effective and efficient health laboratory services to all public sector health care providers; any other government institution inside and outside of the Republic that may require such services; and any private health care provider that requests such services. The Act also mandates the NHLS to support health research; and provide training for health science education.

It is anticipated that the NHLS should provide a comprehensive, accessible, quality and timeous pathology service resulting in improved patient care.

There are five sub-programmes namely:

8.1.1 Increase accessibility to NHLS services

The purpose of this sub-programme is to increase access to the NHLS laboratory services with the main aim of servicing all health care facilities as part of the government health care services

8.1.2 Operational Efficiency

The purpose of this sub-programme is to increase the overall turnaround times of all tests within every laboratory across South Africa and improve levels of quality of tests performed in the laboratories

8.1.3 Quality of Service

The purpose of this sub-programme is to improve levels of quality of tests performed in the laboratories by ensuring that laboratories comply with quality standards set and attain accreditation status.

8.1.4 State of Art Laboratories

The purpose of this sub-programme is to increase the number of adequately resourced laboratories by ensuring that all laboratories are equipped with advanced technology and equipment as well as having sufficient space and infrastructure available to perform functions

8.1.5 Productivity and Efficiency

The purpose of this sub-programme is to provide highly efficient and productive laboratory service by adopting best practices and technologies.

8.2 Sub-Programme - Increase accessibility to NHLS services

Sub-Programme – Increase accessibility to NHLS services	
Strategic Objective 5.1	To increase the accessibility of pathology services to all health facilities by 2020
Objective Statement:	Access to the NHLS laboratories should be increased with the main aim of servicing all health care facilities as part of the government health care services

8.2.1 Programme performance indicators and annual targets for 2017

Programme performance indicator		Audited/Actual performance				Estimated performance	Medium term targets		Long term targets
		2013	2014	2015	2016	2017	2018	2019	2020
5.1.1	Percentage of Regional, Provincial Tertiary and National Central Hospitals with onsite NHLS services	100%	100%	100%	100%	100%	100%	100%	100%
5.1.2	Percentage of district hospitals provided with the NHLS services on site (numbers as gazetted in 2015/16)	New	New	New	65%	70%	80%	80%	80%
5.1.3	Percentage of primary health care facilities provided with daily NHLS specimen collection services	New	New	New	95%	100%	100%	100%	100%

8.2.2 Quarterly targets for 2017

Performance indicator		Reporting period	Annual target 2017	Quarterly targets			
				1 st	2 nd	3 rd	4 th
5.1.1	Percentage of Regional, Provincial Tertiary and National Central Hospitals with onsite NHLS services	Quarterly	100%	100%	100%	100%	100%
5.1.2	Percentage of district hospitals provided with the NHLS services on site (numbers as gazetted in 2015/16)	Quarterly	70%	65%	65%	70%	70%
5.1.3	Percentage of primary health care facilities provided with daily NHLS specimen collection services	Quarterly	100%	100%	100%	100%	100%

8.3 Sub-Programme – Operational Efficiency

Sub-Programme – Operational Efficiency	
Strategic Objective 5.2	To improve the Total Turnaround Time for tests performed by 2020
Objective Statement:	Increase the overall turnaround times of all tests within every laboratory across South Africa.
Strategic Objective 5.3	To increase quality compliance of tests to 80% by 2020
Objective Statement:	Improve levels of quality of tests performed in the laboratories

8.3.1 Sub Programme performance indicators and annual targets for 2017

Programme performance indicator		Audited/Actual performance				Estimated performance	Medium term targets		Long term targets
		2013	2014	2015	2016	2017	2018	2019	2020
5.2.1	Percentage TB Microscopy tests performed within 48 hours	91%	92%	92%	90%	90%	90%	90%	90%
5.2.2	Percentage TB GXP tests performed within 48 hours	New	New	New	New	90%	90%	90%	90%
5.2.3	Percentage CD4 tests performed within 48 hours	87%	90%	89%	80%	85%	90%	90%	90%
5.2.4	Percentage Viral Load tests performed within 96 hours	79%	86%	81%	60%	65%	70%	75%	80%
5.2.5	Percentage HIV PCR tests performed within 96 hours	76%	82%	70%	70%	70%	75%	80%	80%
5.2.6	Percentage Cervical Smear tests performed within 5weeks.	54%	63%	57%	45%	50%	55%	70%	80%
5.2.7	Percentage of laboratory tests (FBC, U&E and LFT) performed within timeframes defined	New	New	New	New	80%	80%	80%	80%

8.3.2 Quarterly targets for 2017

Performance indicator		Reporting period	Annual target 2017	Quarterly targets			
				1 st	2 nd	3 rd	4 th
5.2.1	Percentage TB Microscopy tests performed within 48 hours	Quarterly	90%	90%	90%	90%	90%
5.2.2	Percentage TB GXP tests performed within 48 hours	Quarterly	90%	90%	90%	90%	90%
5.2.3	Percentage CD4 tests performed within 48 hours	Quarterly	85%	90%	90%	90%	90%
5.2.4	Percentage Viral Load tests performed within 96 hours	Quarterly	65%	45%	47%	50%	50%
5.2.5	Percentage HIV PCR tests performed within 96 hours	Quarterly	70%	67%	68%	70%	70%
5.2.6	Percentage Cervical Smear tests performed within 5 weeks	Quarterly	50%	63%	65%	67%	70%
5.2.7	Percentage laboratory tests (FBC, U&E and LFT) performed within timeframes defined	Quarterly	80%	80%	80%	80%	80%

8.4 Sub-Programme – Quality of Service

Sub-Programme – Quality of Service	
Strategic Objective 5.4	To increase the percentage of SANAS accredited regional laboratories to 60% by 2020
Objective Statement:	Improve levels of quality of tests performed in the laboratories by ensuring that laboratories comply to quality standards set and attain accreditation status

8.4.1 Sub Programme performance indicators and annual targets for 2017

Programme performance indicator		Audited/Actual performance				Estimated performance	Medium term targets		Long term targets
		2013	2014	2015	2016	2017	2018	2019	2020
5.4.1	Percentage compliance achieved by laboratories during annual quality compliance audits	88%	77%	80%	81%	82%	83%	84%	85%
5.4.2	Percentage of National Central laboratories that are SANAS Accredited	88%	89%	90%	90%	90%	95%	99%	100%
5.4.3	Percentage of Provincial Tertiary laboratories that are SANAS Accredited	25%	29%	41%	52%	70%	88%	97%	97%

Programme performance indicator		Audited/Actual performance				Estimated performance	Medium term targets		Long term targets
		2013	2014	2015	2016	2017	2018	2019	2020
5.4.4	Percentage of Regional laboratories with SANAS Accreditation status	New	14%	21%	40%	45%	50%	70%	85%

8.4.2 Quarterly targets for 2017

Performance indicator		Reporting period	Annual target 2017	Quarterly targets			
				1 st	2 nd	3 rd	4 th
5.4.1	Percentage compliance achieved by laboratories during annual quality compliance audits	Annually	82%	-	-	-	82%
5.4.2	Percentage of National Central laboratories that are SANAS Accredited	Annually	90%	-	-	-	90%
5.4.3	Percentage of Provincial Tertiary laboratories that are SANAS Accredited	Annually	70%	-	-	-	70%
5.4.4	Percentage of Regional laboratories with SANAS Accreditation status	Annually	45%	-	-	-	45%

8.5 Sub-Programme - State of the Art Laboratories

Sub-Programme – State of the Art Laboratories	
Strategic Objective 5.5	To increase the percentage of adequately resourced laboratories to at least 90% by 2020
Strategic Objective 5.6	To ensure at 90% of capital budgets are spent to improve quality of laboratories in South Africa
Objective Statement:	Increase the numbers of adequately resourced laboratories by ensuring all laboratories are equipped with advanced technology and equipment as well as having sufficient space and infrastructure available to perform functions.

8.5.1 Sub Programme performance indicators and annual targets for 2017

Programme performance indicator		Audited/Actual performance				Estimated performance	Medium term targets		Long term targets
		2013	2014	2015	2016		2017	2018	
5.5.1	Percentage of laboratories complying to minimum legal requirements (OSHACT) as per NHLS annual safety audits	New	New	New	New	80%	80%	80%	85%
5.5.2	Percentage of automated tests in the top 100 tests by volume list	New	New	New	89%	90%	93%	95%	96%
5.5.3	Percentage of Provincial Tertiary laboratories with pre analytical automation	New	New	New	6%	25%	75%	90%	95%
5.6.1	Percentage of capital budget spent	New	New	New	90%	90%	90%	90%	90%

8.5.2 Quarterly targets for 2017

Performance indicator		Reporting period	Annual target 2017	Quarterly targets			
				1 st	2 nd	3 rd	4 th
5.5.1	Percentage of laboratories complying to minimum legal requirements(OSHACT) as per NHLS annual safety audits	Annually	80%	-	-	-	80%
5.5.2	Percentage of automated tests in the top 100 tests by volume list	Annually	90%	-	-	-	90%
5.5.3	Percentage of Provincial tertiary laboratories with pre analytical automation	Annually	25%	6%	6%	6%	25%
5.6.1	Percentage of capital budget spent	Quarterly	90%	70%	80%	90%	90%

8.6 Sub-Programme – Productivity and Efficiency

Sub-Programme – Productivity and Efficiency	
Strategic Objective 5.7	To ensure high levels of customer satisfaction results measured annually
Objective Statement:	Provide highly efficient and productive laboratory service by adopting best practises and technologies

8.6.1 Sub Programme performance indicators and annual targets for 2017

Programme performance indicator		Audited/Actual performance				Estimated performance	Medium term targets		Long term targets
		2013	2014	2015	2016	2017	2018	2019	2020
5.7.1	Customer satisfaction index	70%	78%	78%	70%	75%	80%	80%	80%
5.7.2	Percentage of acceptable direct material/revenue ratio	25.7%	29.9%	31.5%	38%	38%	38%	38%	38%
5.7.3	Percentage of pre-analytical staff meeting the productivity targets (80 registration per 8 hour shift)	New	New	New	New	70%	75%	80%	85%

8.6.2 Quarterly targets for 2017

Performance indicator		Reporting period	Annual target 2017	Quarterly targets			
				1 st	2 nd	3 rd	4 th
5.7.1	Customer satisfaction index	Annual	75%	-	-	-	75%
5.7.2	Percentage of acceptable direct material/revenue ratio	Quarterly	38%	38%	38%	38%	38%
5.7.3	Percentage of pre-analytical staff meeting the productivity targets (80 registration per 8 hour shift)	Quarterly	70%	40%	50%	60%	70%

8.7 Expenditure Estimates Reconciling performance targets with the Budget and MTEF

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	Audited Outcome	Audited Outcome	Audited Outcome	Audited Outcome	Budget Estimates	Budget Estimates	Budget Estimates	Budget Estimates	Budget Estimates
Rand thousand									
<u>Objectives/Activity</u>									
Laboratory Service	2,970,700	4,002,123	4,759,116	3,953,246	4,983,641	5,321,130	5,602,603	5,917,914	6,287,190
Expenses									
Current paymets									
Compensation of employees	1,623,720	1,852,965	1,769,789	1,746,800	1,976,222	2,368,090	2,533,082	2,710,398	2,900,126
Salaries and wages	1,623,720	1,852,965	1,769,789	1,746,800	1,976,222	2,368,090	2,533,082	2,710,398	2,900,126
Social contributions	-	-	-	-	-	-	-	-	-
Goods and services	1,323,519	2,113,357	2,954,986	2,144,866	2,875,872	2,831,359	2,985,263	3,066,924	3,200,890
Agency ad support/outsourced services	14,760	17,775	21,549	21,118	23,019	25,091	26,590	28,451	30,443
Communication	18,476	10,733	20,048	12,752	13,900	15,151	16,060	17,184	18,387
Computer services	22,612	28,863	7,963	34,292	37,378	40,742	43,200	46,224	49,460
Consultants	640	3,017	6,292	3,584	3,907	4,259	4,520	4,836	5,175
Contractors	-	-	-	-	-	-	-	-	-
Inventory	979,678	1,094,313	1,516,255	1,440,924	1,981,738	1,966,013	2,302,888	2,384,391	2,470,579
Lease payments	7,687	699	13,501	830	905	987	1,000	1,070	1,145
Repairs and maintenance	51,249	67,695	65,268	80,428	87,667	95,557	101,290	108,380	115,967
Research and development	-	-	-	-	-	-	-	-	-
Training and staff development	193,988	56,943	978	67,654	73,743	80,380	85,200	91,164	97,545
Travel and subsistence	2,324	3,483	13,052	4,138	4,511	4,917	5,200	5,564	5,953
Other	32,105	829,836	1,290,080	479,146	649,104	598,262	399,315	379,659	406,235
Capital contribution	23,129	35,736	34,341	58,380	128,047	117,681	80,057	136,097	181,365
Losses from									
Interest, dividends and rent on land	332	65	-	3,200	3,500	4,000	4,200	4,494	4,809
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Tax payment	-	-	-	-	-	-	-	-	-
Outside shareholders interest	-	-	-	-	-	-	-	-	-
Total expenditure	2,970,700	4,002,123	4,759,116	3,953,246	4,983,641	5,321,130	5,602,603	5,917,914	6,287,190

ANNEXURE D – AMENDMENTS TO STRATEGIC PLAN

The major changes within the reviewed strategic plan were effected based on the Strategic Outcome Orientated Goals that was developed within the Strategic Plan for the 2015 / 16 – 2019/20 periods. The methodology used is more relevant to the requirements as provided within the Framework for Strategic Planning and Annual Performance Plans as published by National Treasury. The table below provide an indication as to how the goals have been reviewed. The table also provides an indication as to how the goals have been aligned to the National Development Plan as well as the priorities of the National Department of Health.

Table3: Strategic Goal Alignment Matrix

National Outcomes	MTSF Priorities 2014/19	The NDoH Goals 2014/19	Health 10 Point Plan	Strategic Plan (2014/19)	The NHLS Goals (Reviewed Strat Plan)
Quality basic education				To enhance teaching and training	Academic Excellence
A long and healthy life for all South Africans	Improved quality of health care	Improve the quality of care by setting and monitoring national norms and standards, improving systems for user feedback, increasing safety in health care and by improving clinical governance	Mass mobilisation of communities and key stakeholders to promote better health outcomes for all	To support research	International Best Practice Laboratory Medicine
			Review and strengthening of our drug policy and procurement systems		
			Significantly improving the quality of health services that we provide to our citizens through the establishment of an independent National Quality Accreditation Body		

National Outcomes	MTSF Priorities 2014/19	The NDoH Goals 2014/19	Health 10 Point Plan	Strategic Plan (2014/19)	The NHLS Goals (Reviewed Strat Plan)
	Universal Health coverage achieved through implementation of National Health Insurance	Make progress towards universal health coverage through the development of the national Health Insurance scheme, and improve the readiness of health facilities for its implementation	The implementation of the National Health Insurance as a mechanism to finance the health services provision and delivery platforms	To be a strategic information hub for public health benefit	Accessible Pathology Service Footprint
	Tuberculosis, HIV and AIDS prevented and successfully managed	Prevent disease and reduce its burden, and promote health			Accessible Pathology Service Footprint
	Maternal infant mortality reduced				
	Re-engineering of Primary Health Care	Re-engineer primary healthcare: by increasing the number of ward based outreach teams, contracting general practitioners, and district specialist teams, and expanding school health services	Overhauling key components of the management systems and structures in the public health sector		
	Health care costs reduced				

National Outcomes	MTSF Priorities 2014/19	The NDoH Goals 2014/19	Health 10 Point Plan	Strategic Plan (2014/19)	The NHLS Goals (Reviewed Strat Plan)
	Improved health facility planning and infrastructure delivery		Strategic implementation of infrastructure development and maintenance initiatives, including the use of public private partnerships; the comprehensive and aggressive combating of HIV, AIDS, TB and other communicable diseases	Improve health facility planning by implementing norms and standards	State of the Art Laboratories
A skilled and capable workforce to support an inclusive growth	Improved human resources for health	Improve human resources for health by ensuring adequate training and accountability measures	Better planning and management of our human resources for health	To enhance employee engagement	Adequate, Competent and Motivated Human Capital
An efficient, effective and development-oriented public service	Efficient Health Management Information System for improved decision making	Develop and efficient health management information system for improved decision making	Strengthening the manner in which we generate information and use it to support our planning, decision making, research and development processes to better the overall performance of our health system	To enhance systems, structures and governance	Performance Driven Processes and Systems

National Outcomes	MTSF Priorities 2014/19	The NDoH Goals 2014/19	Health 10 Point Plan	Strategic Plan (2014/19)	The NHLS Goals (Reviewed Strat Plan)	
	Improved management and leadership	health and	Improve financial management by improving capacity, contract management, revenue collection and supply chain management	Enhanced overall stewardship and governance of our health system	To support a new funding model or financial sustainability or Revenue and ensuring efficiency and value for money in the services rendered	Sound Governance and Financial Practices
				To improve stakeholder alignment and engagement	Improved Stakeholder Relations	

Vision

“Africa’s centre of excellence for innovative laboratory medicine”

Mission

To provide quality, affordable and sustainable health laboratory medicine, provide training for health science education and undertake innovative and relevant research.

Values

The National Health Laboratory Services (NHLS) has identified the following values as the principles that will govern behaviour of all employees within the organisation.

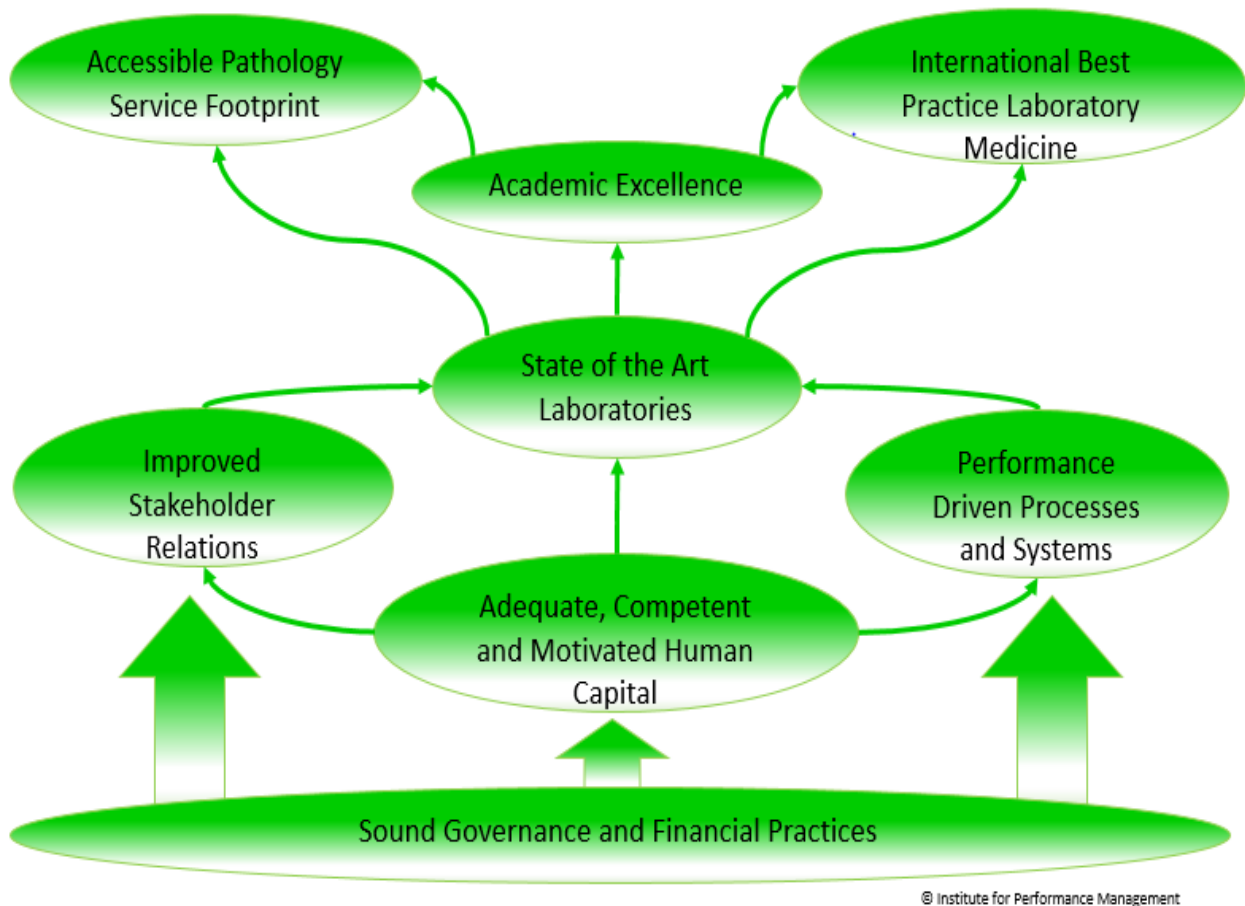
#	Value	Description
3.1	Care	<i>Caring about the environment and society:</i> This involves consideration of our impact on the environment and local communities, acting with concern and sensitivity. The National Health Laboratory Services (NHLS) is committed to behave ethically and contribute to the economic development of the workforce, community and society at large. It's about giving back to society and the environment as well as capacity building for a sustainable future.
3.2	Unity of Purpose	<i>All Working together towards a common goal:</i> All employees should be united by a common vision and support each other in contributing to a beneficial and safe working environment. Teamwork and cohesion are key and collaboration should include pooling resources and communicating about each other’s roles. Foster trust and honesty in interactions with colleagues and behave professionally. Value all contributions, treat everyone consistently and fairly and capitalize on diverse viewpoints. Address and resolve conflicts effectively. Listen to others to fully understand and give clear, concise information when communicating expectations and accountabilities and providing feedback during coaching. Making NHLS goals a priority, using NHLS resources wisely and effectively and taking responsibility for your work.
3.3	Service Excellence	<i>Valuing good work ethics and striving towards service excellence for customers:</i> This represents being committed to working with customers and building good relationships with them by understanding

#	Value	Description
		their needs, responding quickly and providing appropriate solutions. We treat them with respect at all times; we are helpful, courteous, accessible, responsible and knowledgeable in our interactions. We understand that we have internal and external customers that we provide services and information to. This information should be presented in a clear and concise form, where the message is adapted to the audience.
3.4	Transformation	<i>Looking forward to the future and growing together:</i> This encompasses investing in professional growth of staff by sharing knowledge and experience, peer networking, education through training and seeking opportunities to develop. It covers creative problem solving, informed risk-taking, learning from our mistakes and experiences and behaving professionally. We should adapt to change timeously and positively, address setbacks and ambiguity and adapt our thinking/approach as the situation changes. Ideas should be shared and implemented effectively. Leaders should develop innovative approaches and drive continuous improvement as well as effective and smooth change initiatives.
3.5	Innovation	<i>Pioneering relevant research solutions and training:</i> Identifying needs to broad challenges present in local society. Creating space for research to be done and backing fresh ideas by bringing them to the market. Pursuing cost-effective solutions in research and training. Monitoring the impact of solutions on the challenges faced. Supporting the application of new ways of doing things at senior management level in the organisation. Encouraging and providing space for forward thinking researchers to operate outside the box. Rewarding and publicising boundary-breaking initiatives. Giving credit to those to whom it is due.
3.6	Integrity	<i>Working with integrity and responsibility:</i> Setting and achieving goals, consistently delivering business results while complying with standards and meeting deadlines. Displaying commitment to organisational success; proactively identifying ways to contribute and taking initiative to address problems/opportunities. Building efficiencies in the best use of public resources.

Strategic Outcome Orientated Goals

The strategic outcome orientated goals are shown the Strategy map below and described in the table following that. The goal statements and descriptions of each of the abovementioned strategic outcome orientated goals (SOOG) are shown in the table below:

Diagram 1: The NHLS Wings of Governance (Strategy Map)



Strategic Outcome Orientated Goals statements

Goal			Goal Statement
Accessible Footprint	Pathology	Service	The NHLS has an obligation promote and improve the national health system in South Africa as mandated by the National Department of Health. The ultimate intention is to entrench and uphold that 100% of hospitals within the three tiers of government have access to onsite NHLS services by 2020.
International Laboratory Medicine	Best Practice		It is within the ambit of the NHLS to ensure improved patient care in South Africa through a comprehensive, quality, cost effective and timeous pathology service which subscribes to international standards. The intended consequence would be to ensure that all tests performed are done within prescribed timeframes and compliant to international quality standards.
Academic Excellence			In order to develop a sustainable pathology health service, the NHLS needs to ensure that academic institutions produce highly competent pathology health professionals who would spearhead research outputs to advance scientific policy directives. It is the ultimate strategic intent of the NHLS to ensure that all (100%) medical scientists and pathologists are registered with the HPCSA by 2020.
State of the Art Laboratories			The vision of the NHLS is to be the centre of excellence for innovative laboratory medicine. Reasonably so adequately resourced and accredited laboratories cannot be isolated from the equation. It is the intended goal of the NHLS to improve service delivery turnaround times through the use of modern and advanced technology which implies that the accreditation of all laboratories should be attained by 2020.
Improved Stakeholder Relations			The NHLS is a State Owned Enterprise created by government to promote and improve the national health system in South Africa. It is incumbent upon the NLHS to ensure a seamless harmonious operational platform by building strong and sustainable relationships with all its stakeholders. It is the intended goal of the NHLS to improve stakeholder relations and customer satisfaction.
Performance Driven Processes and Systems			The NHLS aspires to become the centre of excellence for innovative laboratory medicine. Hence, operational processes and systems play a pivotal role to spearhead improved efficiencies and effectiveness of the organisational. It is the intended goal of the NHLS to improve Laboratory Information System (LIS) uptime from 98% to 99.5% by 2020 in order to create a performance driven organisation.
Adequate, Competent and Motivated Human Capital			Competent and motivated staff plays a vital role in ensuring organisational success. It is the intended goal of the NHLS has the right number of staff with the right skills mix at the right level available and employed in appropriate positions within the organisation. It is strategic intent of the NHLS to source and uphold workforce mix to subscribe 100% with the HPCSA scope of practice by 2020.
Sound Governance and Financial Practices			Sound corporate governance practices and adherence to compliance codes provide a foundation for all decisions made within the NHLS. The reinforcement of this will establish and foster an environment of accountability. This turn of events would ensure that the NHLS comply with all relevant legislation, financial regulations, directives,

Goal	Goal Statement
	policies and procedures and thereby achieve “clean” governance by 2020.

During a strategic session held during July 2015 the goals developed as part of the strategic plan submitted in February 2015 has been reviewed as shown above. This review is not a total re-work of the goals but a mere cosmetic adjustment and re-phrasing of especially the goals that was developed.

ANNEXURE E – TECHNICAL INDICATOR DESCRIPTIONS

Programme 1: Administration

Sub-Programme – Financial Management

Indicator Title	Current Ratio (Current Assets/Current Liabilities)
Short description	This is a measure of short term liquidity
Purpose/importance	Liquidity measure of operations
Source/collection of data	Annual financial statements
Method of calculation	Current assets/current liabilities
Unit of Measure	Ratio
Data limitations	None
Type of indicator	Output
Calculation type	Ratio
Reporting cycle	Quarterly
New indicator	No
Desired performance	2.9
Indicator owner	Chief Financial Officer

Indicator Title	Cash Flow Coverage Ratio (Operating Cash In-flows/total debt)
Short description	This value is aimed at ensuring there is adequate funds to run the business
Purpose/importance	Liquidity measure of operation
Source/collection of data	Financial Information
Method of calculation	(Operating cash flows / total debt)
Unit of Measure	Ratio
Data limitations	None
Type of indicator	Output
Calculation type	Ratio
Reporting cycle	Quarterly
New indicator	No
Desired performance	2.7 times
Indicator owner	Chief Financial Officer

Indicator Title	Turnover (including other income)
Short description	This is a measure of the size of our operating activities
Purpose/importance	Estimate growth
Source/collection of data	Annual financial statements
Method of calculation	Report on values
Unit of Measure	Rand
Data limitations	None
Type of indicator	Output
Calculation type	None
Reporting cycle	Quarterly
New indicator	No
Desired performance	R6.8bn
Indicator owner	Area Managers

Indicator Title	Percentage of material costs to sales
Short description	This is a matter of productivity and efficient use of input
Purpose/importance	To measure productivity and efficiency
Source/collection of data	Annual Financial Statements
Method of calculation	Material/test revenue
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	38%
Indicator owner	Area Managers

Indicator Title	Number of Creditor Days
Short description	Measure of effective management of credit in line with terms agreed with Suppliers
Purpose/importance	Effective credit management
Source/collection of data	Annual financial statements
Method of calculation	Accounts payable*365/purchases
Unit of Measure	Days
Data limitations	None
Type of indicator	Days
Calculation type	Output
Reporting cycle	Quarterly
New indicator	No
Desired performance	115 days
Indicator owner	Chief Financial Officer

Indicator Title	Number of Debtors Days
Short description	Measure of effective management of credit in line with terms agreed with Customers
Purpose/importance	Effective credit management
Source/collection of data	Annual financial statements
Method of calculation	Accounts Receivable*365/turnover
Unit of Measure	Days
Data limitations	None
Type of indicator	Days
Calculation type	Output
Reporting cycle	Quarterly
New indicator	No
Desired performance	160 days
Indicator owner	Chief Financial Officer

Programme 1: Administration

Sub-Programme – Governance and Compliance

Indicator Title	Audit Opinion of the Audited General
Short description	This means that AFS are prepared in accordance with GRAP and our internal policies and the information is presented to the public in the required framework and timeframes
Purpose/importance	This is to ensure that a transparent financial management system is maintained
Source/collection of data	Financial management system and budget cycle in place (Oracle)
Method of calculation	Audit report issues by AG on 31 July
Unit of Measure	Qualitative
Data limitations	Not applicable
Type of indicator	Output
Calculation type	Cumulative
Reporting cycle	Annual
New indicator	No
Desired performance	An unqualified AFS with no substantial findings by the AG
Indicator owner	Chief Financial Officer

Indicator Title	Percentage of Total Expenditure to Total Turnover
Short description	This is a matter of productivity and efficient use of input
Purpose/importance	To measure productivity and efficiency
Source/collection of data	Annual Financial Statements
Method of calculation	Total Expenditure/Total Turnover
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	96%
Indicator owner	Chief Executive Officer

Programme 1: Administration

Sub-Programme – Information Technology and Communication

Indicator Title	Percentage of Registered Users utilizing the system (Trak Web View)
Short description	Web Results viewer usage
Purpose/importance	Encourage customers to utilise Electronic Access to Laboratory results
Source/collection of data	Web results Viewer usage statistics
Method of calculation	Number of Active users as a percentage of Registered users (Active users/Registered users *100)
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Output
Calculation type	Cumulative
Reporting cycle	Quarterly
New indicator	No
Desired performance	75%
Indicator owner	Chief Information Officer

Indicator Title	Percentage network uptime
Short description	<p>This indicator measures the percentage of network uptime reported over a period. The more network incidents reported during the year, less the percentage uptime ($\text{network Incidents}/365*100$). These network incidents include switch and router failures, failure in ISP connectivity and genesis line outages. This indicator also measures the % uptime experienced on all the server systems deployed in the NHLS Server Farm. The higher the number of days where access to server systems was totally interrupted, the lower the % uptime ($\text{number of server incidents} / 365*100$). This indicator does not take into account planned outage needed for purpose of maintenance. These planned outages will be recorded separately as part of the IT Change Management process.</p> <p>Days: Days of the year</p> <p>Incidents: The number of incidents calculated in days. These exclude planned maintenance incidents.</p> <p>Formula: $(\text{Days minus incidents})/\text{days}$ multiplied by 100</p> <p>Annual: $((365 - \text{Incidents})/365) *100$</p> <p>Q1: $((91 - \text{incidents}) / 91) *100$</p> <p>Q2: $((92 - \text{incidents}) / 92) *100$</p> <p>Q3: $((91 - \text{incidents}) / 91) *100$</p> <p>Q4: $((91 - \text{incidents}) / 91) *100$</p>
Purpose/importance	A reduced network uptime may be indicative of serious network/IT infrastructure related issues which need to be addressed to prevent connectivity issues and possible data loss. A reduced network uptime may seriously affect and compromise the ability of the CMS to run software application systems to support business operations
Source/collection of data	IT Systems – (Solarwinds and Fenix monitoring tools)
Method of calculation	System Generated Reports [Total uptime (per minutes) period divided by reporting period expressed as a percentage]
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Changed
Calculation type	Cumulative
Reporting cycle	Quarterly
New indicator	No
Desired performance	99%
Indicator owner	Chief Information Officer

Indicator Title	Percentage uptime of Laboratory Information System (LIS)
Short description	<p>This indicator measures the percentage of network uptime reported over a period. The more network incidents reported during the year, less the percentage uptime ($\text{network Incidents}/365*100$). These network incidents include switch and router failures, failure in ISP connectivity and genesis line outages. This indicator also measures the % uptime experienced on all the server systems deployed in the NHLS Server Farm. The higher the number of days where access to server systems was totally interrupted, the lower the % uptime ($\text{number of server incidents} / 365*100$). This indicator does not take into account planned outage needed for purpose of maintenance. These planned outages will be recorded separately as part of the IT Change Management process.</p> <p>Days: Days of the year</p> <p>Incidents: The number of incidents calculated in days. These exclude planned maintenance incidents.</p> <p>Formula: $(\text{Days minus incidents})/\text{days}$ multiplied by 100</p> <p>Annual: $((365 - \text{Incidents})/365) *100$</p> <p>Q1: $((91 - \text{incidents}) / 91) *100$</p> <p>Q2: $((92 - \text{incidents}) / 92) *100$</p> <p>Q3: $((91 - \text{incidents}) / 91) *100$</p> <p>Q4: $((91 - \text{incidents}) / 91) *100$</p>
Purpose/importance	A reduced LIS uptime may be indicative of serious network/IT infrastructure related issues which need to be addressed to prevent connectivity issues and possible data loss. A reduced network uptime may seriously affect and compromise the ability of the NHLS to run software application systems to support operations.
Source/collection of data	IT Systems
Method of calculation	System Generated Reports
Unit of Measure	Percentage (%)
Data limitations	None
Type of indicator	Impact
Calculation type	Non-cumulative
Reporting cycle	Quarterly
New indicator	No
Desired performance	99%
Indicator owner	Chief Information Officer

Indicator Title	Percentage uptime of Oracle
Short description	Oracle system availability
Purpose/importance	To ensure that the network is available and system is accessible.
Source/collection of data	SLA and incident report/reports
Method of calculation	Total SLA uptime minus downtime (impacting SLA uptime) as recorded on the incident report/(s) for the period expressed as a percentage.
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Output
Calculation type	Cumulative
Reporting cycle	Quarterly
New indicator	No
Desired performance	99%
Indicator owner	Chief Information Officer

Indicator Title	Percentage uptime of Thusano System
Short description	Thusano system availability
Purpose/importance	To ensure that the Thusano portal is available and accessible to users.
Source/collection of data	SLA and incident report/reports
Method of calculation	Total SLA uptime minus downtime (impacting SLA uptime) as recorded on the incident report/(s) for the period expressed as a percentage.
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Output
Calculation type	Cumulative
Reporting cycle	Quarterly
New indicator	No
Desired performance	99%
Indicator owner	Chief Information Officer

Indicator Title	Percentage calls logged resolved within prescribed time frames
Short description	Percentage calls logged resolved
Purpose/importance	To ensure that all open calls are attended to and resolved within acceptable turnaround times
Source/collection of data	Oracle CRM SLA monthly report
Method of calculation	Total number of calls closed within SLA divided by the total number of call closed for the reporting period expressed as a percentage.
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Output
Calculation type	Cumulative
Reporting cycle	Quarterly
New indicator	No
Desired performance	95%
Indicator owner	Chief Information Officer

Programme 1: Administration

Sub-Programme – Human Resource Management

Indicator Title	Staff turnover rate is maintained at a rate of 10% or less annually
Short description	The percentage rate at which an employer attracts and loses employees
Purpose/importance	Ensure that NHLS has the right talent with the right skills at the right time. Retain scarce, critical, professional and technical skills and maintaining a staff turnover rate of less than 10% by 2020
Source/collection of data	Excel spreadsheet. List of key staff members as per succession planning framework
Method of calculation	Divide the number of terminations by the key staff by the total number of key staff on the succession plan list at the end of the reporting period, expressed as a percentage (e.g. $2/20 \times 100 = XX$)
Unit of Measure	%
Data limitations	None
Type of indicator	Output
Calculation type	Cumulative
Reporting cycle	Quarterly
New indicator	No
Desired performance	10% or less
Indicator owner	HR Executive

Indicator Title	Average turnaround time to fill a vacancy (average turnaround time of 90 days to fill a vacancy that exists during the year)
Short description	Time spent in filling a vacancy
Purpose/importance	Ensuring that no gap exists for longer periods for time after resignation thereby ensuring that units are able to achieve their objectives
Source/collection of data	Council resolution for new positions. Resignation and appointment letter
Method of calculation	Number of days from resignation to filling a vacancy should not be more than 90 days. Number of days from date of approval of new position or approval of budget should not be more than 90 days
Unit of Measure	Quantity
Data limitations	Not applicable
Type of indicator	Output
Calculation type	Cumulative
Reporting cycle	Quarterly
New indicator	Yes
Desired performance	90 days or less
Indicator owner	Executive HR Manager

Indicator Title	Percentage of Employees equity targets achieved against the approved employment equity plan
Short description	To ensure that NHLS achieves its targets according to its approved employment equity plan
Purpose/importance	To achieve equity in the workplace by promoting equal opportunity and fair treatment in employment through elimination of unfair discrimination and implementing affirmative action measures to redress the disadvantages in employment experiences by designated groups, in order to ensure equitable representation in all occupational categories and levels in the workforce
Source/collection of data	Employment equity and income differential reports to the Department of Labour
Method of calculation	Number of previously disadvantage employees/Total Headcount
Unit of Measure	Quantity
Data limitations	None
Type of indicator	Output
Calculation type	Cumulative
Reporting cycle	Annually
New indicator	No
Desired performance	83%
Indicator owner	HR Executive Manager

Indicator Title	Percentage of contracted employees performance review concluded bi-annually
Short description	To effectively and efficiency manage employees productivity and performance
Purpose/importance	Productivity and Performance
Source/collection of data	Performance Contracts
Method of calculation	Number of performance contracts signed/Headcount
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Percentage
Calculation type	Percentage
Reporting cycle	Bi-Annually
New indicator	No
Desired performance	90%
Indicator owner	HR Executive Manager

Indicator Title	Percentage of Employees trained as per WSP
Short description	Investing in professional growth of staff by providing education through training and seeking opportunities to develop.
Purpose/importance	Employee development
Source/collection of data	Work Skills Plan
Method of calculation	Employee trained as per WSP
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Cumulative
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	85%
Indicator owner	HR Executive Manager

Indicator Title	Vacancy Rate
Short description	Measure of resource adequacy
Purpose/importance	Ensure that Human Resources are adequately provided
Source/collection of data	HR Data
Method of calculation	$[(\text{No of Staff vacancies YTD} \times 12) / (\text{No of months in YTD})] / (\text{Total no of budgeted staff at month end}) \times 100$ ONLY permanent staff
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Cumulative
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	18%
Indicator owner	HR Executive Manager

Programme 2: Surveillance of Communicable Diseases

Indicator Title	Percentage of Identified Prioritised Diseases under surveillance
Short description	Measure of our readiness to respond to prioritised diseases
Purpose/importance	Ensure that diseases are contained
Source/collection of data	NICD data
Method of calculation	Identified priority disease under surveillance/identified priority diseases
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Percentage
Calculation type	Cumulative
Reporting cycle	Quarterly
New indicator	No
Desired performance	90%
Indicator owner	NICD Executive Director

Indicator Title	Number of Peer reviewed journals published annually
Short description	Measure of the effectiveness of our research work
Purpose/importance	Effectiveness of Research output
Source/collection of data	NICD data
Method of calculation	Number of peer reviewed journals published
Unit of Measure	Count
Data limitations	None
Type of indicator	Quantity
Calculation type	Cumulative
Reporting cycle	Annually
New indicator	No
Desired performance	120 peer reviewed journals published
Indicator owner	NICD Executive Director

Indicator Title	Number of NICD Communiqué's published on website
Short description	Measure of the effectiveness of our research work
Purpose/importance	Effectiveness of Research output
Source/collection of data	NICD data
Method of calculation	Number of communiqué published
Unit of Measure	Count
Data limitations	None
Type of indicator	Quantity
Calculation type	Cumulative
Reporting cycle	Quarterly
New indicator	No
Desired performance	4 Communiqué's Published
Indicator owner	NICD Executive Director

Indicator Title	Percentage of outbreaks responded to within 24 hours after notification
Short description	Measure of speed to which we can respond to outbreaks
Purpose/importance	Ensure that diseases are contained
Source/collection of data	NICD data
Method of calculation	Number of notified outbreaks responded to in 24 hours/Total number of outbreaks notified
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Percentage
Calculation type	Output
Reporting cycle	Quarterly
New indicator	No
Desired performance	100%
Indicator owner	NICD Executive Director

Indicator Title	Percentage of Provinces with appointed Epidemiologists (1 per Province)
Short description	Measure of Human Resource capacitation
Purpose/importance	Ensure equitable distribution of Epidemiologists per Province
Source/collection of data	HR Database
Method of calculation	Provinces with Epidemiologists/Provinces
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Cumulative
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	80%
Indicator owner	NICD Executive Director

Short description	Number of Field Epidemiologists qualified
Purpose/importance	Human Resource Capacity Building
Source/collection of data	Human Resource Database
Method of calculation	Output
Unit of Measure	Count
Data limitations	None
Type of indicator	Cumulative
Calculation type	Count
Reporting cycle	Annually
New indicator	No
Desired performance	5
Indicator owner	NICD Executive Director

Short description	Percentage of SANAS accredited NICD laboratories to 100% Annually
Purpose/importance	Improve total quality management systems
Source/collection of data	Accreditation certificates
Method of calculation	Count
Unit of Measure	Number of certificates
Data limitations	None
Type of indicator	Cumulative
Calculation type	Count
Reporting cycle	Annually
New indicator	No
Desired performance	100%
Indicator owner	NICD Executive Director

Programme 3: Occupational Health and Safety

Sub-Programme – Occupational Health and Safety

Indicator Title	Percentage of the NHLS laboratories utilizing OHASIS
Short description	OHASIS is an Occupational health and safety information system which can be implemented in many settings but is aimed primarily at health environments
Purpose/importance	Health and safety related information gathering and producing of management and legal compliance information
Source/collection of data	NIOH Database
Method of calculation	Laboratories utilizing OHASIS/Total laboratories
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Cumulative
Calculation type	Percentage
Reporting cycle	Annually
New indicator	No
Desired performance	100%
Indicator owner	NIOH Executive Director

Indicator Title	Percentage of specialised laboratories accredited with relevant and recognised accreditation body
Short description	Ensure that specialised laboratories adhere to accreditation requirements
Purpose/importance	Ensure quality
Source/collection of data	NIOH Database
Method of calculation	Number of accredited special laboratories/Total special laboratories
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Cumulative
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	75%
Indicator owner	NIOH Executive Director

Indicator Title	Percentage of occupational health laboratory tests conducted within predefined turnaround time
Short description	Measure of service delivery within predefined turnaround time
Purpose/importance	To ensure delivery within predefined turnaround time
Source/collection of data	NIOH Database
Method of calculation	Occupational health laboratory tests conducted within predefined turnaround time/total number of occupational health laboratory tests conducted
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Cumulative
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	85%
Indicator owner	NIOH Executive Director

Indicator Title	Number of occupational hygiene assessments conducted
Short description	An occupational hygiene assessment: is a report or letter with recommendations to address the issues reported which is not a project or substantial collaborative effort involving more than one man-week.
Purpose/importance	Addresses occupational hygiene assessments in the work place
Source/collection of data	Records of reports or letters concerning occupational hygiene risks in the work place sent to clients, BODMAS
Method of calculation	Count
Unit of Measure	Number of assessments conducted
Data limitations	Work required for each report or letter varies widely
Type of indicator	Output
Calculation type	Count
Reporting cycle	Annually
New indicator	Yes
Desired performance	22 Assessments
Indicator owner	NIOH Executive Director

Indicator Title	Percentage of occupational health queries answered
Short description	Percentage of occupational health and safety queries handled and answered
Purpose/importance	To provide accurate information to ensure good health and safety practices and prevention of occupational injuries and diseases in the workplace
Source/collection of data	Queries handled and recorded by NIOH sections; queries collected through Query Handling System and through the NIOH Library.
Method of calculation	Total number of queries answered/total number of queries received
Unit of Measure	Percentage
Data limitations	None anticipated
Type of indicator	Process
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	100%
Indicator owner	NIOH Executive Director

Indicator Title	Number of projects conducted with an external partner
Short description	Number of formal projects done in the reporting year with a non-NHLS partner/client. A project is a formal substantial activity and is defined as taking at least one working week of person-time (5 days) and which results in a written report. Projects which are exclusively for research purposes are excluded.
Purpose/importance	Prevention of occupational disease and injury requires active involvement in the identification of problems and the generation of solutions.
Source/collection of data	Each section is to keep a file of projects undertaken in the reporting year with evidence of the project e.g. a written report.
Method of calculation	Number of formal projects undertaken in the year
Unit of Measure	Count
Data limitations	There may be overlap with 3.1.4 Number of occupational health and safety assessments conducted. The definition of a project is necessarily open to some extent.
Type of indicator	Process
Calculation type	Counts
Reporting cycle	Annually
New indicator	Yes
Desired performance	12
Indicator owner	NIOH Executive Director

Programme 3: Occupational Health and Safety

Sub-Programme – Technical Support of Occupational Health and Safety

Indicator Title	Number of occupational health and safety assessments done for the NHLS
Short description	Number of OHS assessments done for the NHLS of facilities and employees
Purpose/importance	To provide OHS services to the NHLS to facilitate legal compliance
Source/collection of data	OHASIS and reports
Method of calculation	Number of reports
Unit of Measure	Number of reports
Data limitations	Reports extracted from OHASIS and drafted following assessments
Type of indicator	Output
Calculation type	Count of reports
Reporting cycle	Quarterly
New indicator	No
Desired performance	310
Indicator owner	NIOH Executive Director

Indicator Title	Number of queries handled (including advisory services) for the NHLS
Short description	Improving Service delivery through consultative processes
Purpose/importance	To improve service delivery
Source/collection of data	NIOH Database
Method of calculation	Number of queries handled
Unit of Measure	Count
Data limitations	None
Type of indicator	Cumulative
Calculation type	Count
Reporting cycle	Quarterly
New indicator	No
Desired performance	20
Indicator owner	NIOH Executive Director

Indicator Title	Percentage of autopsy examinations completed and reported on
Short description	Pathological (macroscopic and microscopic) examination of cardiorespiratory organs and submission of diagnostic report to MBOD per case received
Purpose/importance	Important component of the statutory function for the compensation of deceased mine workers and ex-mine workers
Source/collection of data	Cardiorespiratory organs from current and ex-miners are sent to the NIOH from regions within South and Southern Africa.
Method of calculation	Number of reports/number of cardiorespiratory organs submitted for examination in a given reporting cycle
Unit of Measure	%
Data limitations	None anticipated
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	Yes
Desired performance	100%
Indicator owner	NIOH Executive Director

Indicator Title	Number of technical guidelines produced and disseminated
Short description	Number of technical guidelines on an occupational health and safety issue aimed at providing guidance on the identification or management of an occupational health and safety issue.
Purpose/importance	Guidelines support evidence-based practice and are particularly useful in poorly resourced setting
Source/collection of data	Heads of sections
Method of calculation	Number of technical guidelines
Unit of Measure	Counts
Data limitations	None anticipated
Type of indicator	Output
Calculation type	Counts
Reporting cycle	Annually
New indicator	Yes
Desired performance	1
Indicator owner	NIOH Executive Director

Programme 3: Occupational Health and Safety

Sub-Programme – Occupational Health and Safety Research

Indicator Title	Number of published scientific articles including peer reviewed publications and reports
Short description	Number of research output- scientific publications and reports produced
Purpose/importance	To conduct research in occupational health and safety
Source/collection of data	Monthly reports; output deposited at IS
Method of calculation	Count
Unit of Measure	Number of scientific publications and reports produced
Data limitations	None anticipated
Type of indicator	Output
Calculation type	Counting of scientific publications and reports
Reporting cycle	Quarterly
New indicator	No
Desired performance	24
Indicator owner	NIOH Executive Director

Indicator Title	Number of surveillance reports produced and disseminated
Short description	A surveillance report is any NIOH written document associated with Surveillance projects either at national, local, company level or for research. This covers interim and final reports and progress reports.
Purpose/importance	To provide feedback on surveillance projects and allow for dissemination of findings.
Source/collection of data	Records of reports concerning surveillance sent to clients or stakeholders
Method of calculation	Count
Unit of Measure	Number of surveillance reports
Data limitations	None anticipated
Type of indicator	Output
Calculation type	Count
Reporting cycle	Bi-Annual
New indicator	No
Desired performance	2
Indicator owner	NIOH Executive Director

Indicator Title	Number of Government departments or state owned enterprises which have implemented OHASIS
Short description	OHASIS is an Occupational Health and safety information system which can be implemented in many settings but is aimed primarily at health environments
Purpose/importance	Health and safety related information gathering and producing of management and legal compliance information
Source/collection of data	OHASIS, agreements and communications.
Method of calculation	Count
Unit of Measure	Number of enquiries, agreements, reports
Data limitations	This indicator is dependent on other institutions requesting and having budget to implement OHASIS
Type of indicator	Process
Calculation type	Count of enquiries, agreements, reports
Reporting cycle	Annual
New indicator	No
Desired performance	2
Indicator owner	NIOH Executive Director

Programme 3: Occupational Health and Safety

Sub-Programme – Training and Development for Occupational Health and Safety

Indicator Title	Number of occupational registrars under training
Short description	Registrar with a W-number registered with the University of the Witwatersrand and supernumerary registrars
Purpose/importance	Scarce skill – only a few specialists in the country.
Source/collection of data	Wits School of Public Health Human Resources and supernumerary registrars
Method of calculation	Count
Unit of Measure	Number
Data limitations	None anticipated
Type of indicator	Process
Calculation type	None
Reporting cycle	Annual
New indicator	No
Desired performance	4
Indicator owner	NIOH Executive Director

Indicator Title	Number of medical scientists / experiential learners under training
Short description	Number of intern scientists being trained
Purpose/importance	To build capacity for technical laboratory staff (scientists) so that they are registerable with the HPCSA as scientist and become employable.
Source/collection of data	NIOH HPCSA annual reports for Immunology and Microbiology, Pathology and Analytical Services
Method of calculation	Count
Unit of Measure	Number of students
Data limitations	None anticipated
Type of indicator	Process
Calculation type	Count
Reporting cycle	Annual
New indicator	No
Desired performance	5
Indicator owner	NIOH Executive Director

Indicator Title	Number of medical doctors trained in diploma in occupational health programmes by the NIOH
Short description	Medical doctors registered for post graduate Diploma in Occupational Health at Wits and UP
Purpose/importance	Increasing skills and capacity in occupational medicine
Source/collection of data	Wits and UP Schools of Public Health
Method of calculation	Count
Unit of Measure	Number of DOH graduates
Data limitations	None anticipated
Type of indicator	Output
Calculation type	Count
Reporting cycle	Annual
New indicator	No
Desired performance	60
Indicator owner	NIOH Executive Director

Indicator Title	Number of public health medicine registrars received training at NIOH
Short description	Public Health Medicine Registrars rotated at NIOH for 6 months
Purpose/importance	Public Health Medicine Registrars play a key role in health systems planning, development and management and this by implication has consequences for occupational health and safety.
Source/collection of data	Heads of Section Occupational Medicine and HIV and TB NIOH
Method of calculation	Count
Unit of Measure	Number
Data limitations	None anticipated
Type of indicator	Output
Calculation type	Count
Reporting cycle	Quarterly
New indicator	No
Desired performance	3
Indicator owner	NIOH Executive Director

Indicator Title	Number of pathology registrars rotating at NIOH per annum
Short description	Rotation of senior anatomical pathology registrars through the NIOH for a period of 3 weeks
Purpose/importance	Exposure to occupational and non-occupational related pulmonary pathology
Source/collection of data	Anatomical pathology registrars from academic institutions
Method of calculation	Count
Unit of Measure	Number of senior pathology registrars
Data limitations	None anticipated
Type of indicator	Number of senior pathology registrars
Calculation type	Output
Reporting cycle	Annual
New indicator	No
Desired performance	10
Indicator owner	NIOH Executive Director

Indicator Title	Number of post graduate students under supervision
Short description	Number of post-graduate students currently registered and under supervision by an NIOH staff member, or who has graduated during the period in question.
Purpose/importance	To provide training and improve education in occupational health and safety
Source/collection of data	Number of students obtained from heads of departments
Method of calculation	Count
Unit of Measure	Number of post-graduate students
Data limitations	None anticipated
Type of indicator	Process
Calculation type	Count
Reporting cycle	Annual
New indicator	No
Desired performance	20
Indicator owner	NIOH Executive Director

Programme 3: Occupational Health and Safety

Sub-Programme – National Biobank

Indicator Title	Average turnaround time (in days) to respond to specimen requests
Short description	Respond to specimen request within the required turnaround time
Purpose/importance	Ensure proper customer service to the client
Source/collection of data	Data Centre
Method of calculation	Sum of turnaround times per request/number of request
Unit of Measure	Days
Data limitations	None anticipated
Type of indicator	Process
Calculation type	Average
Reporting cycle	Annual
New indicator	No
Desired performance	4
Indicator owner	NIOH Executive Director

Indicator Title	Maintaining membership with International Biobank societies
Short description	Maintaining membership of International Biobank Societies as for Biobank best practices
Purpose/importance	Ensures maintenance of Biobank best practices
Source/collection of data	ISBER, ESBB, BCNet, Proof of membership with the Societies, Annual Committee Meetings Attendance
Method of calculation	Count
Unit of Measure	Number of memberships
Data limitations	None anticipated
Type of indicator	Input
Calculation type	Count
Reporting cycle	Annual
New indicator	No
Desired performance	2
Indicator owner	NIOH Executive Director

Programme 4: Academic Affairs, Research and Quality Assurance

Sub-Programme – Quality Assurance

Indicator Title	Percentage of laboratories accredited (National Central)
Short description	Accreditation is compliance to SANAS accreditation standards
Purpose/importance	Improve total quality management systems
Source/collection of data	Accreditation certificates
Method of calculation	Count
Unit of Measure	Number of certificates
Data limitations	None
Type of indicator	Cumulative
Calculation type	Count
Reporting cycle	Annually
New indicator	No
Desired performance	90%
Indicator owner	Academic Affairs, Research and Quality Assurance Executive Manager

Indicator Title	Percentage of laboratories accredited (Provincial Tertiary)
Short description	Accreditation is compliance to SANAS accreditation standards
Purpose/importance	Improve total quality management systems
Source/collection of data	Accreditation certificates
Method of calculation	Count
Unit of Measure	Number of certificates
Data limitations	None
Type of indicator	Cumulative
Calculation type	Count
Reporting cycle	Annually
New indicator	No
Desired performance	70%
Indicator owner	Academic Affairs, Research and Quality Assurance Executive Manager

Indicator Title	Percentage of laboratories accredited (Regional)
Short description	Accreditation is compliance to SANAS accreditation standards
Purpose/importance	Improve total quality management systems
Source/collection of data	Accreditation certificates
Method of calculation	Count
Unit of Measure	Number of certificates
Data limitations	None
Type of indicator	Cumulative
Calculation type	Count
Reporting cycle	Annually
New indicator	No
Desired performance	40%
Indicator owner	Academic Affairs, Research and Quality Assurance Executive Manager

Indicator Title	Percentage of laboratories achieving proficiency testing scheme (PTS) performance standard of 80%
Short description	Compliance to proficiency testing scheme performance standards
Purpose/importance	Improve total quality management systems
Source/collection of data	Data from Quality Assurance department
Method of calculation	Number of laboratories achieving 80% PTS/total number of laboratories participating in PTS
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Cumulative
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	Yes
Desired performance	80%
Indicator owner	Academic Affairs, Research and Quality Assurance Executive Manager

Programme 4: Academic Affairs, Research and Quality Assurance

Sub-Programme – Academic Affairs

Indicator Title	Registrar pass rate
Short description	Registrars registered to be training at NHLS
Purpose/importance	Capacity building
Source/collection of data	Learning Academy data
Method of calculation	Count
Unit of Measure	Number of Registrars graduating
Data limitations	None
Type of indicator	Output
Calculation type	Count
Reporting cycle	Bi-Annually
New indicator	No
Desired performance	55%
Indicator owner	Academic Affairs, Research and Quality Assurance Executive Manager

Indicator Title	Medical Technologists pass rate
Short description	Medical Technologists registered to be training at NHLS
Purpose/importance	Capacity building
Source/collection of data	Learning Academy data
Method of calculation	Count
Unit of Measure	Number of Medical Technologists graduating
Data limitations	None
Type of indicator	Output
Calculation type	Count
Reporting cycle	Bi-Annually
New indicator	No
Desired performance	55%
Indicator owner	Academic Affairs, Research and Quality Assurance Executive Manager

Indicator Title	Medical Technician pass rate
Short description	Medical Technicians registered to be training at NHLS
Purpose/importance	Capacity building
Source/collection of data	Learning Academy data
Method of calculation	Count
Unit of Measure	Number of Medical Technicians graduating
Data limitations	None
Type of indicator	Output
Calculation type	Count
Reporting cycle	Bi-Annually
New indicator	No
Desired performance	60%
Indicator owner	Academic Affairs, Research and Quality Assurance Executive Manager

Programme 4: Academic Affairs, Research and Quality Assurance

Sub-Programme – Research

Indicator Title	Research reports submitted to influence policy
Short description	Increase the knowledge base on diseases and influence the decisions taken to diagnose treat and care for these diseases through research outputs and articles
Purpose/importance	Increase research output that translates into diagnostic practice
Source/collection of data	Research articles which have been adopted to influence diagnostic practice
Method of calculation	Count
Unit of Measure	Number of articles published
Data limitations	None
Type of indicator	Output
Calculation type	Count
Reporting cycle	Annually
New indicator	No
Desired performance	4
Indicator owner	Academic Affairs, Research and Quality Assurance Executive Manager

Indicator Title	Percentage of personnel with library access and usage, electronic access coverage
Short description	Increase the knowledge base on diseases and influence the decisions taken to diagnose treat and care for these diseases through research outputs and articles
Purpose/importance	Increase research output that translates into diagnostic practice
Source/collection of data	Research articles which have been adopted to influence diagnostic practice
Method of calculation	Percentage
Unit of Measure	Number of users
Data limitations	None
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	70%
Indicator owner	Academic Affairs, Research and Quality Assurance Executive Manager

Indicator Title	Number of research output translated into diagnostic services
Short description	Carry out research which will be translated and enhance the diagnosis for effective patient care
Purpose/importance	Broaden the diagnostic service
Source/collection of data	Research articles adopted and translated into diagnostic service
Method of calculation	Count
Unit of Measure	Number of articles adopted
Data limitations	None
Type of indicator	Output
Calculation type	Count
Reporting cycle	Quarterly
New indicator	No
Desired performance	10
Indicator owner	Academic Affairs, Research and Quality Assurance Executive Manager

Indicator Title	R-value of grants attracted for Health systems strengthening
Short description	Funding which is necessary to assist in Research
Purpose/importance	To fund Research
Source/collection of data	Grants funding
Method of calculation	Count
Unit of Measure	Rand
Data limitations	Depends on Economy
Type of indicator	Output
Calculation type	Count
Reporting cycle	Quarterly
New indicator	No
Desired performance	R200m
Indicator owner	Academic Affairs, Research and Quality Assurance Executive Manager

Indicator Title	Number of peer reviewed articles published
Short description	Measure of the effectiveness of our research work
Purpose/importance	Effectiveness of Research output
Source/collection of data	AARQA data
Method of calculation	Number of peer reviewed journals published
Unit of Measure	Count
Data limitations	None
Type of indicator	Quantity
Calculation type	Cumulative
Reporting cycle	Quarterly
New indicator	No
Desired performance	550
Indicator owner	Academic Affairs, Research and Quality Assurance Executive Manager

Programme 5: Laboratory Service

Sub-Programme – Increase Accessibility to NHLS Services

Indicator Title	Percentage of Regional, Provincial Tertiary and National Central Hospitals with on-site NHLS Services
Short description	Access to the NHLS Laboratories should be increased with the main aim of servicing all health care facilities as part of the Government health care services
Purpose/importance	Increase accessibility to NHLS Services
Source/collection of data	NHLS database
Method of calculation	Number of hospitals (Regional and above) with NHLS laboratories/total number of hospitals
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Cumulative
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	100%
Indicator owner	Area Managers

Indicator Title	Percentage of District Hospitals provided with the NHLS services on-site (number as gazetted in 2015/16)
Short description	Percentage of District Hospitals with on-site NHLS Services
Purpose/importance	Access to the NHLS Laboratories should be increased with the main aim of servicing all health care facilities as part of the Government health care services
Source/collection of data	NHLS database
Method of calculation	Number of hospitals with NHLS laboratories/total number of hospitals
Unit of Measure	Percentage
Data limitations	Establishment of NHLS services depends on the bed size of the hospital
Type of indicator	Cumulative
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	70%
Indicator owner	Area Managers

Indicator Title	Percentage of Primary Health Care facilities provided with daily NHLS specimen collection services
Short description	Percentage of Primary Health Care facilities provided with daily collection services from NHLS
Purpose/importance	Improve service delivery
Source/collection of data	NHLS database
Method of calculation	Number of Public Health facilities provided with collection service/total number of public health services
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	100%
Indicator owner	Area Managers

Programme 5: Laboratory Service

Sub-Programme – Operational Efficiency

Indicator Title	Percentage TB Microscopy tests performed within 48 hours
Short description	To deliver a quick and accurate service
Purpose/importance	Improve Patient Care
Source/collection of data	Corporate Data Warehouse
Method of calculation	Total number of tests performed and reviewed/total number of tests requested
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Cumulative
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	90%
Indicator owner	Area Managers

Indicator Title	Percentage TB GXP tests performed within 48 hours
Short description	To deliver a quick and accurate service
Purpose/importance	Improve Patient Care
Source/collection of data	Corporate Data Warehouse
Method of calculation	Total number of tests performed and reviewed/total number of tests requested
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Cumulative
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	90%
Indicator owner	Area Managers

Indicator Title	Percentage CD4 tests performed within 48 hours
Short description	To deliver a quick and accurate service
Purpose/importance	Improve Patient Care
Source/collection of data	Corporate Data Warehouse
Method of calculation	Total number of tests performed and reviewed/total number of tests requested
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Cumulative
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	85%
Indicator owner	Area Managers

Indicator Title	Percentage Viral load tests performed within 96 hours
Short description	To deliver a quick and accurate service
Purpose/importance	Improve Patient Care
Source/collection of data	Corporate Data Warehouse
Method of calculation	Total number of tests performed and reviewed/total number of tests requested
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Cumulative
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	65%
Indicator owner	Area Managers

Indicator Title	Percentage HIV PCR tests performed within 96 hours
Short description	To deliver a quick and accurate service
Purpose/importance	Improve Patient Care
Source/collection of data	Corporate Data Warehouse
Method of calculation	Total number of tests performed and reviewed/total number of tests requested
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Cumulative
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	70%
Indicator owner	Area Managers

Indicator Title	Percentage Cervical Smear tests performed within 5 weeks
Short description	To deliver a quick and accurate service
Purpose/importance	Improve Patient Care
Source/collection of data	Corporate Data Warehouse
Method of calculation	Total number of tests performed and reviewed/total number of tests requested
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Cumulative
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	50%
Indicator owner	Area Managers

Indicator Title	Percentage of laboratory tests (FBC, U&E, LFT) performed within time frames as defined
Short description	To deliver a quick and accurate service
Purpose/importance	Improve Patient Care
Source/collection of data	Corporate Data Warehouse
Method of calculation	Total number of tests performed and reviewed/total number of tests requested
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Cumulative
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	Yes
Desired performance	80%
Indicator owner	Area Managers

Sub-Programme – Quality of Service

Indicator Title	Percentage compliance achieved by laboratories during annual quality compliance audits
Short description	This indicator measures the percentage of laboratories which comply with the internal quality compliance audits
Purpose/importance	Improve total quality management systems
Source/collection of data	Quality Assurance department data
Method of calculation	Number of laboratories complying with the quality compliance audits/total number of laboratories audited
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Annually
New indicator	No
Desired performance	82%
Indicator owner	Area Managers

Indicator Title	Percentage of the National Central laboratories that are SANAS accredited
Short description	This indicator measures the percentage of laboratories in the 10 National Central laboratories that have been recommended for accreditation by SANAS Assessors during an accreditation visit per Laboratory (Laboratory in this case refers to a discipline/department with a Laboratory Manager appointed)
Purpose/importance	This indicator shows the laboratories that are accredited. This shows the performance of NHLS laboratories that are measured at international standards by the Organisation of International Standards (ISO)
Source/collection of data	Recommendation sheets left by SANAS Assessors after any type of assessments. (i.e. Initial, 6 months follow up, Surveillance, Clearance of Finding or Re Assessment visits)
Method of calculation	Percentage obtained after calculating the number of National Central Laboratories recommended for accreditation divided by the total number of National Central laboratories
Unit of Measure	Percentage
Data limitations	Not applicable
Type of indicator	Efficiency and Output
Calculation type	Cumulative
Reporting cycle	Annually
New indicator	No
Desired performance	90%.
Indicator owner	Business/Area Managers

Indicator Title	Percentage of Provincial Tertiary laboratories that are SANAS accredited
Short description	This indicator measures the percentage of laboratories in the provincial laboratories that have been recommended for accreditation by SANAS Assessors during an accreditation visit per Laboratory (Laboratory in this case refers to a discipline/department with a Laboratory manager appointed)
Purpose/importance	This indicator shows the laboratories that are accredited. This shows the performance of NHLS laboratories that are measured at International standards by the Organisation of International Standards (ISO)
Source/collection of data	Recommendation sheets left by SANAS Assessors after any type of assessments (i.e. Initial, 6-months follow up, Surveillance, Clearance of finding or Re Assessment visits)
Method of calculation	Percentage obtained after calculating the number of Provincial Tertiary laboratories recommended for accreditation divided by the total number of National Central laboratories
Unit of Measure	Percentage
Data limitations	Efficiency and Output
Type of indicator	Cumulative
Calculation type	Annually
Reporting cycle	Indicator slightly modified as all laboratories in this category were previously classified as Regional laboratories with some of the laboratories that fall under the regional laboratories section
New indicator	No
Desired performance	70%
Indicator owner	Business / Area Managers

Indicator Title	Percentage of Regional laboratories that are SANAS accredited
Short description	This indicator measures the percentage of laboratories in the provincial laboratories that have been recommended for accreditation by SANAS Assessors during an accreditation visit per Laboratory (Laboratory in this case refers to a discipline/department with a Laboratory manager appointed)
Purpose/importance	This indicator shows the laboratories that are accredited. This shows the performance of NHLS laboratories that are measured at International standards by the Organisation of International Standards (ISO)
Source/collection of data	Recommendation sheets left by SANAS Assessors after any type of assessments (i.e. Initial, 6-months follow up, Surveillance, Clearance of finding or Re Assessment visits)
Method of calculation	Percentage obtained after calculating the number of Provincial Tertiary laboratories recommended for accreditation divided by the total number of National Central laboratories
Unit of Measure	Percentage
Data limitations	Efficiency and Output
Type of indicator	Cumulative
Calculation type	Annually
Reporting cycle	Indicator slightly modified as all laboratories in this category were previously classified as Regional laboratories with some of the laboratories that fall under the regional laboratories section
New indicator	No
Desired performance	45%
Indicator owner	Business / Area Managers

Programme 5: Laboratory Service

Sub-Programme – State of the Art Laboratories

Indicator Title	Percentage of laboratories compliant to minimum requirements (OSHACT) as per NHLS annual safety audits
Short description	100% (All) facilities monitored for compliance
Purpose/importance	To ensure that facilities continue to comply with OHS requirements
Source/collection of data	OHS reports
Method of calculation	Not Applicable
Unit of Measure	Audit findings or non-compliance
Data limitations	None
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Annually
New indicator	Yes
Desired performance	80%
Indicator owner	Area Managers

Indicator Title	Percentage of automated tests in the top 100 tests by volume lists
Short description	To ensure that manual tests are automated to improve service quality of service delivery
Purpose/importance	Improve quality of service delivery
Source/collection of data	Test lists
Method of calculation	Number of automated tests/number of manual tests
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Cumulative
Calculation type	Percentage
Reporting cycle	Annual
New indicator	No
Desired performance	90%
Indicator owner	Area Managers

Indicator Title	Percentage of Provincial Tertiary laboratories with pre-analytical automation
Short description	To cut down on manual intervention on specimen processes
Purpose/importance	To improve quality of service
Source/collection of data	Contract list from Supply Chain Management
Method of calculation	Number of Tertiary laboratories utilizing pre-analytical automation
Unit of Measure	Count
Data limitations	None
Type of indicator	Output
Calculation type	Count
Reporting cycle	Annually
New indicator	No
Desired performance	25%
Indicator owner	Area Managers

Indicator Title	Percentage of capital budget spent
Short description	To ensure that proper infrastructure support is provided
Purpose/importance	To support operations by providing the required infrastructure
Source/collection of data	Facility department
Method of calculation	Compliance with infrastructure – user requirements
Unit of Measure	Count
Data limitations	None
Type of indicator	Cumulative
Calculation type	Count
Reporting cycle	Quarterly
New indicator	No
Desired performance	90%
Indicator owner	Chief Financial Officer

Programme 5: Laboratory Service

Sub-Programme – Productivity and Efficiency

Indicator Title	Customer satisfaction index
Short description	To ensure that NHLS meets customers' needs and instils customer awareness
Purpose/importance	To determine if NHLS meets customers' needs timeously
Source/collection of data	A survey will be carried out by Communications Department
Method of calculation	Survey Results, scientifically calculated
Unit of Measure	Count
Data limitations	Survey may not cover entire population
Type of indicator	Impact
Calculation type	Cumulative
Reporting cycle	Annually
New indicator	No
Desired performance	75%
Indicator owner	Communication Executive

Indicator Title	Percentage of acceptable direct material/revenue ratio
Short description	To measure efficiencies and wastage of consumables
Purpose/importance	Improve efficiencies and cutting costs
Source/collection of data	Income statement
Method of calculation	Cost of direct materials/turnover
Unit of Measure	Percentage
Data limitations	None
Type of indicator	Cumulative
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	38%
Indicator owner	Area Managers

Indicator Title	Percentage of pre-analytical staff meeting productivity targets (80 registration per 8 hour shift)
Short description	To measure productivity per head count
Purpose/importance	Improve productivity
Source/collection of data	Laboratory Information System
Method of calculation	Total number of head count in pre-analytical staff/total volume of work registered in 8 hour shift
Unit of Measure	Percentage
Data limitations	Network availability
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	Yes
Desired performance	70%
Indicator owner	Area Managers