ANNUAL INSPECTION REPORT 2019/20

OHSC

Office of Health Standards Compliance

Ensuring quality and safety in health care

ABBREVIATIONS AND ACRONYMS

Term	Definition
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CIS	Compliance Inspection System
Covid-19	Coronavirus disease
DM	District Municipality
Dr	Doctor
DQM	Data Quality Management
EC	Eastern Cape Province
EWS	Early Warning System
FAs	Functional Areas
FS	Free State Province
GP	Gauteng Province
HE	Health establishment
HOD	Head of Department
ISO	International Organization for Standardization
KZN	KwaZulu-Natal Province
LM	Local Municipality
LP	Limpopo Province
MM	Metropolitan Municipality
MP	Mpumalanga Province
NC	Northern Cape Province
NDOH	National Department of Health
NDP	National Development Plan
NHA	National Health Act
NHI	National Health Insurance
NNVs	Non-Negotiable Vital Measures
NW	North West Province
OHSC	Office of Health Standards Compliance
PSIs	Patient Safety Incidents
PHC	Primary Health Care
PPE	Personal Protective Equipment
QIPs	Quality Improvement Plans
SAS	Statistical Analysis Software
SLAs	Service Level Agreements
SOPs	Standard Operating Procedures
WC	Western Cape Province

GLOSSARY OF TERMS

Term	Definition
Access	Ability of service users or potential service users to obtain the required or available services when needed within an appropriate time and distance.
Accountability	Responsibility for actions, behaviours, performance, and decisions. This responsibility may not be delegated and should be transparent to all stakeholders.
Adverse event	An undesired outcome or occurrence within the normal course of careor treatment, disease process, condition of the patient, or delivery of services.
Availability of medicine	Processes used to ensure there is an adequate stock of medications and supplies to serve the needs of a health establishment's patient population. These processes may include computerised or manual systems, guideline documents and standard operating procedures that are used to ensure effective and efficient ordering, stock taking, storage, stock availability, prescribing and issuing of medicines.
Cleanliness	A system, process and programs that ensure that the environment where patients are cared for is clean and infection control principles fully implemented. It includes availability of all the well-functioning cleaning equipment and adequate material for cleaning to ensure the safety of patients and staff.
Clinical audits	A quality assurance tool that seeks to monitor and improve the quality of clinical practice, user care and outcomes through the systemic review of care against clinical protocols and guidelines.
Clinical governance	A system through which organisations are accountable for continually improving the quality of their services and safeguarding high standards of care. This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence in clinical care to flourish.
Clinical outcomes	The condition of the user at the end of treatment or a disease process, including the degree of wellness and the need for continued care, medication, support, counselling, œeducation.
Clinical risk	The likelihood that a patient safety incident will cause injury or harm to users.
Compliance	Conformance to a rule, specification, policy, standard or law.
Compliance Status Framework for Clinics	A tool used by the OHSC to determine the status of compliance by a health establishment to regulated norms and standards.
Domain	An aspect of service delivery where quality or safety can be at risk.

Term	Definition
Emergency	An unanticipated or sudden occasion, as in emergency surgery needed to prevent death or serious disability.
Essential medicine list	A list of medicines that satisfy the priority healthcare needs of the population and should be always available within the context of a functioning health system in adequate quantities in the appropriate dosage forms with assured quality and adequate information and at a price the individual and the community can afford.
Essential risk-rated measures	Measures which are fundamental to the provision of safe, quality care and are designed to provide an in-depth view of what is expected within availableresources.
Functional area	Department, ward, or place where the services are provided and inspection takes place e.g., Clinical services, Clinic Manager's office, Pharmacy and Maintenance services.
Hazard	Any source of potential damage, harm, adverse health effects on users or healthcare personnel, or any threat to their safety; a circumstance, agent, or action with the potential to cause harm (PSI Framework).
Health establishment	The whole or part of a public or private institution, facility, building or place, whether for profit or not, that is operated or designed to provide inpatient or outpatient treatment, diagnostic or therapeutic interventions, nursing, rehabilitative, palliative, convalescent, preventative, or other health services.
Health record	Any record made by a healthcare provider, at the time of or shortly after seeing the user, upon examination or treatment, that contains information about the health of the user and includes any results of diagnostic investigations performed on the user and is recorded by a healthcare provider, either personally or under his or her direction.
Healthcare user	Refers to a person receiving care, treatment or rehabilitation services or using a health service at a health establishment.
Infection prevention and control programme	A comprehensive programme that encompasses all aspects of infection prevention and control, covering education and training, surveillance, environmental management, waste management, outbreaks investigation, development and updating of infection prevention and control policies, guidelines and protocols, cleaning, disinfection and sterilisation, employee health and quality management in infection control.

Informed consent	A process of communication between a patient and their medical officer that results in the patient's authorisation or agreement to undergo a specific medical intervention or procedure.

Term	Definition
Inspection	On site visits to health establishments for the purpose of gathering information and evidence to assess compliance or investigate breaches of norms and standards.
Inspection tools	Questionnaires which are used to inspect the Health Establishment within a functional area.
Inspector	A suitably qualified person as an employee of the Office of Health Standards Compliance (OHSC) appointed in accordance with an organisational structure approved by the OHSC Board in consultation with the Minister.
Medical equipment	Any instrument, apparatus, or machine, intended for use in the clinical diagnosis, treatment, monitoring and direct care of users, that needs to be calibrated, maintained, repaired, and decommissioned.
Medical supplies	Products and devices other than medicines that are used for therapeutic purposes.
Occupational health and safety	WHO (World Health Organisation) definition: Occupational health deals with all aspects of health and safety in the workplace and has a strong focus on primary prevention of hazards? It encompasses the social, mental, and physical well-being of workers.
Patient safety	It is the reduction of risk of unnecessary harm associated with healthcare to an acceptable minimum.
Patient safety incident	An event or circumstance that could have resulted or did result in harm to a user of healthcare services provided, and not due to an underlying health condition.
Personal protective equipment	Items specifically used to protect the healthcare worker from exposure to body substances or from droplet or airborne organisms. Personal protective equipment includes but not limited to glove, gowns, caps, masks, and protective eye wear.
Referral letter	A letter used to refer healthcare users from one level of care to another within the healthcare system, from different departments/health practitioners within a health establishment or to other services outside the health establishment.
Risk rating	A methodology used to determine the level or extent of risk as being minimal, low, medium, or high on the basis of the potential consequences of such a risk. Risk is evaluated at measure level.

Risk assessment	The assessment of an environment to identify any hazards or circumstances which compromise safety and have the potential to cause harm or loss.
Risk management	All processes involved in identifying, assessing, and judging risks, assigning ownership, taking action to mitigate or anticipate them, and monitoring and reviewing progress.
Satisfactory grading	Services meet the set norms and standards as well as the minimum risk.

Term	Definition
Security system	Systems to ensure safety of staff, clients, patients, and the public. In this context includeslighting (particularly at night in commonly used public areas); codes for doors with limited access; security guards present and screening movement; security cameras, inworking condition and monitored with radio control.
Standard	A statement that defines the performance expectations, structures, or processes that must be in place for an organisation to provide safe and quality services.
Tracer medicine / medical supplies	Essential medicines/supplies as per EDL or formulary.
Triage	The process of determining the priority of users' treatments based on the severity of their condition. This rations patient treatment efficiently when resources are insufficient for all to be treated immediately.
Unsatisfactory grading	The services are at a risk of avoidable harm and do not meet the set minimum norms and standards which result in limited assurance about safety.
User rights	Sets out what a health establishment must do to make sure that users are respected, and their rights upheld, including getting access to needed care and to respectful, informed, and dignified attention in an acceptable and hygienic environment, seen from the point of view of the user, in accordance with the Batho Pele principles and the Patient Rights Charter.
Vital risk-rated measures	Measures considered to be critical to ensure the safety of staff and users so as not to result in harm or irreversible ill health.
Waste management system	All the activities, administrative and operational, involved in the production, handling, treatment, conditioning, storage, transportation, and disposal of waste generated by health establishments.

FOREWORD BY THE CHAIRPERSON

The Office of Health Standards Compliance (OHSC) is a statutory body given responsibility of promoting the quality healthcare by ensuring health services meet prescribed standards. It does so through the inspection of health establishments, the certification of those establishments complying with standards, and the investigation of complaints about poor-quality care.

The Board continues to provide guidance to management in fulfilling its regulatory role of ensuring health service users receive safe standards of care across the country. The OHSC has during the current financial year finalised its compliance status framework (CSF), which is a measurement tool used by the OHSC to determine whether both the public and private healthcare sector, i.e., clinics, community health centers and hospitals meet the required level of care. The framework also assists the OHSC to determine the level of risk when determining the grading level of health establishments issued with the certificates of compliance and to those issued with the compliance notices.

The OHSC has managed to conduct the routine inspections in the primary healthcare clinics in public sector from using the norms and standards regulations applicable to different categories of health establishments during the financial year in all provinces. The inspections conducted by OHSC is not a punitive exercise or measure, but it is a process to work and empower public and private healthcare sector through various consultation process to meet the required minimum quality standards of care.

The health establishments inspected by OHSC proved immediately certifiable, while the rest were issued compliance notices and needed, in many cases, to undergo reinspection to establish whether the gaps identified in the compliance notice have been addressed.

The information in the report will assist with decision making at various oversight and governance levels in ensuring that there is compliance with the norms and standards regulations as prescribed by the Minister of Health.

The report will further assist the different spheres of government to determine their progress towards achieving their strategic objectives and to come up with mitigating strategies where non-performance is noted.

The OHSC is committed to continue working with both the public and private healthcare sector in all sectors towards improving the level of healthcare in South Africa.

Dr Ernest Kenoshi
Chairperson of the Board

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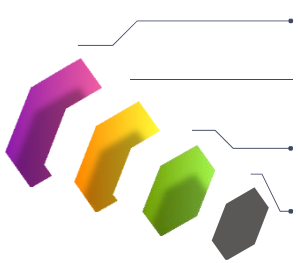
This infographic provides compounded and graphical information for the “Annual Inspection Report 2019/20”. It represents the National and Provincial findings at a glance.

INFOGRAPHIC

ANNUAL INSPECTION REPORT 2019/20

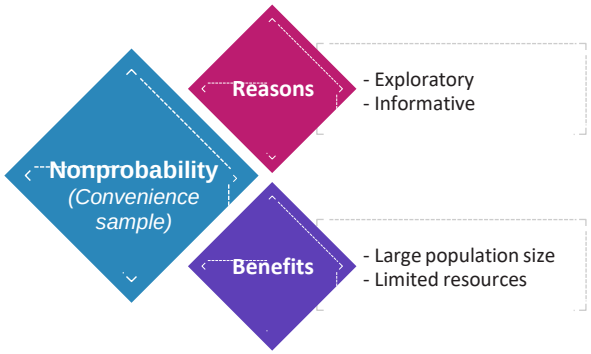
1. OBJECTIVES OF THE INSPECTION



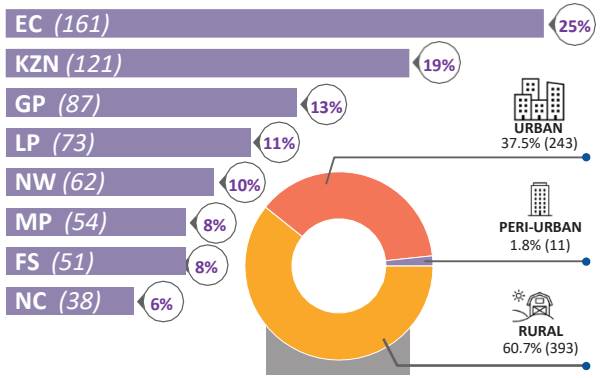
- Support achievement of the National Core Standards (NCS).
- Ensure efficient & effective use of the available resources.
- Ensure sustainability of the health system.
- Improve health outcomes for all.

2. ASSESSMENT TYPES

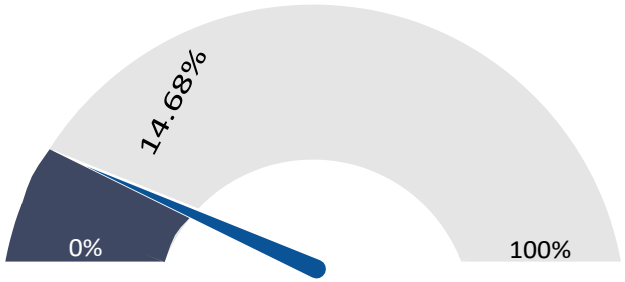
3. SAMPLING METHOD



4. DISTRIBUTION OF HEs (n=647)



5. OVERALL COMPLIANCE OUTCOMES (n=647)

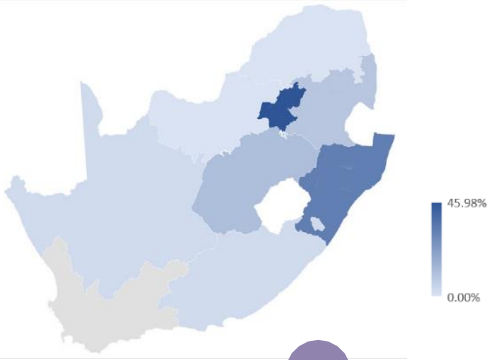


The overall compliance rate is 14.68% (95) from the total inspected HEs (647).

6. COMPLIANCE STATUS RATIO (n=647)

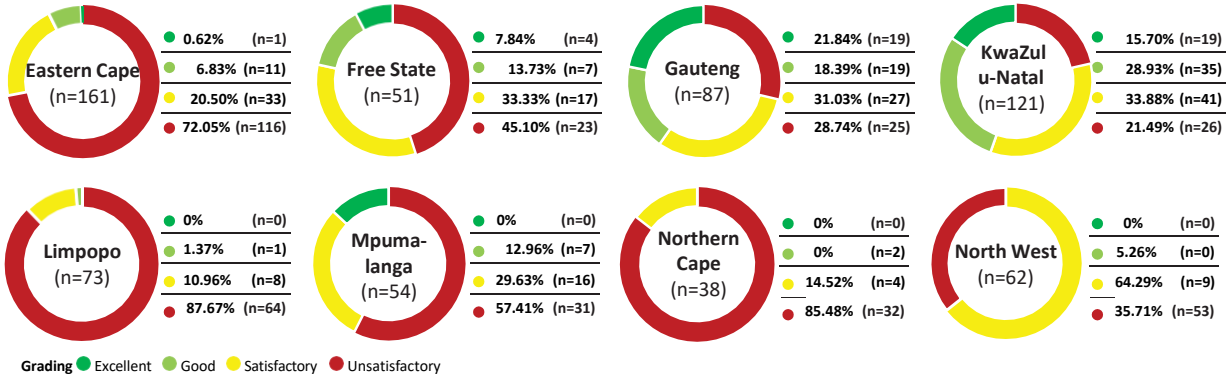
1 IN 7 Inspected HEs meet the norms and standards regulations and considered to be compliant.

7. COMPLIANCE STATUS BY PROVINCE



GP	45.98 %	(40)	NC	2.63 %	(1)
KZN	32.23 %	(39)	EC	2.48 %	(4)
FS	11.76 %	(6)	NW	0 %	(0)
MP	9.26 %	(5)	LP	0 %	(0)

8. OVERALL GRADING OUTCOME BY PROVINCE



10. RECOMMENDATIONS

- The OHSC recommends immediate planning and implementation of quality improvement strategies by all non-compliant HEs.
- The quality improvement strategies must ensure that the health establishments' inspection performance is improved from an "Unsatisfactory" towards "Excellent" grading which will put them in a better position to achieve compliance.
- Ongoing guidance, support, and provision of up-to-date documents such as guidelines, policies and standard operating procedures is required from district and provincial structures to guide all non-compliant HEs.
- Occupational Health and Safety management systems and the legislative requirements for the appointment of clinic committees are to befully implemented.
- The safety regulations for buildings, waste management prescripts and systems for contract management of outsourced services, are to be strengthened and adhered to.

OHSC
Office of Health Standards Compliance
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EXECUTIVE SUMMARY

In fulfilling its mandate of *'monitoring and enforcing compliance by health establishments (HEs) with norms and standards'*, the Office of Health Standards Compliance (OHSC) conducted its first regulatory inspections using promulgated regulations in the 2019/20 financial year. Routine inspections were conducted in 647 health establishments in the category of primary healthcare clinics in eight provinces: Eastern Cape (161), Free State (51), Gauteng (87), KwaZulu-Natal (121), Limpopo (73), Mpumalanga (54), North West (62) and Northern Cape (38). The declaration of the National State of Disaster in South Africa on 15 March 2020 due to Covid-19 pandemic resulted in health establishments in the Western Cape not being inspected during the reporting period as it was the last province scheduled for inspections in March 2020. In addition to the routine inspections, seven additional inspections, in the category of "risk-based inspections" were conducted by the OHSC during the 2019/2020 financial year in the following provinces: Gauteng (2), KwaZulu-Natal (2), Free State (1) and Limpopo (2).

A sample of health establishments to be inspected for the routine inspections were identified using the convenient sampling method. An inspection target was determined per province, district, and sub-district. The Eastern Cape accounted for the largest number of health establishment (161) that were inspected, followed by KwaZulu-Natal with 121, while the lowest was in the Northern Cape (38). Inspection data was collected using an electronic inspection tool. The assessment types used for the collection of inspection data were document analysis, patient record audits, observations, and staff interviews. Four functional areas were inspected in the primary healthcare level namely the clinic manager, clinical services, dispensary/medicine room and maintenance services.

The routine inspections were conducted using the promulgated norms and standards, and compliance was determined using the Compliance Status Framework for clinics. Fifteen percent (95 of 647) of the inspected primary healthcare clinics were found to be compliant with norms and standards and therefore eligible for certification by the OHSC. The distribution of compliant health establishments per province was: Eastern Cape (4), Free State (6), Gauteng (40), KwaZulu-Natal (39), Mpumalanga (5) and Northern Cape (1). None of the health establishments inspected were found to be eligible for certification in Limpopo and North West. Overall, 85% (552 of 647) of health establishments across the country were found to be non- complaint with norms and standards.

The analysis of the inspection performance outcomes showed that 106 (16%) of the inspected health establishments achieved the required performance of 100% on non-negotiable vital measures. Furthermore, 95 of the 106 health establishments achieved the required threshold for essential and vital measures and therefore attained a compliant status followed by certification. Eleven of the 106 health establishments that achieved 100% on non-negotiables vital measures were found to be non-compliant as they did not reach the required thresholds for essential and/or vital measures. An overall grading of "Excellent" was achieved by 43 (7%) health establishments, 79 (12%) were graded "Good", 155 (24%) were "Satisfactory" and "Unsatisfactory" grading was in the majority at 370 (57%) health establishments. Analysis of 'assessment types' showed that staff interviews performed the highest followed by observations. The assessment types that consistently performed the lowest were document reviews and patient record audits. Analysis of Functional Areas showed Dispensary/medicine room to have performed the highest followed by clinical services and maintenance services. Clinic manager consistently performed the lowest. User rights and Clinical Support Services domains performed the highest while Governance and Human Resources consistently performed the lowest.

The OHSC recommends immediate planning and implementation of quality improvement strategies by all non-compliant health establishment. The quality improvement strategies must ensure that the health establishments' inspection performance is improved from an "Unsatisfactory" towards "Excellent" grading which will put them in a better position to achieve compliance. Ongoing guidance, support, and provision of up-to-date documents such as guidelines, policies and standard operating procedures is required from district and provincial structures to guide all non-compliant health establishments. Occupational Health and Safety management systems and the legislative requirements for the appointment of clinic committees are to be fully implemented. The safety regulations for buildings, waste management prescripts and systems for contract management of outsourced services, are to be strengthened and adhered to.

This report will provide a national overview of compliance by HEs to the norms and standards regulations. Furthermore, the report seeks to profile outcomes of risk-based inspections conducted during the 2019/20 financial year. The information in the report will assist with decision making at various oversight and governance levels in ensuring that there is compliance with the norms and standards regulations as prescribed by the Minister of Health. The report will further assist the different spheres of government to determine their progress towards achieving their strategic objectives and to come up with mitigating strategies where non-performance is noted.

LEGISLATIVE FRAMEWORK AND OTHER POLICY MANDATES

The National Health Act, 2003 (the Act)

The Act reaffirms the constitutional rights of users to access health services and just administrative action. As a result, Section 18 allows any user of health services to lay a complaint about the way he or she was treated at a health establishment. The Act further obliges Members of the Executive Council (MECs) to establish procedures for dealing with complaints within their areas of jurisdiction. Complaints provide useful feedback on the areas within health establishments that do not comply with prescribed standards or pose a threat to the lives of users and staff alike.

The Act provides the overarching legislative framework for a structured and uniform national healthcare system. It highlights the rights and responsibilities of healthcare providers and healthcare users and ensures broader community participation in healthcare delivery from a health facility level up to the national level. With respect to the sections now being amended, although never promulgated, the Act provided for the creation within the National Department of Health (NDoH) of an Office of Standards Compliance with provincial Inspectorate units. The Office of Standards Compliance (OHSC) as envisaged then would advise on health standards, carry out inspections, monitor compliance, report on non-compliance, issue or withdraw a certificate of compliance, advise on strategies to improve quality, and included a Health Ombud.

The National Health Amendment Act (2013)

Chapter 10 of the National Health Act relating to the OHSC was repealed in its entirety (and other minor changes were enacted) through the promulgation of the National Health Amendment Act No 12 of 2013, which replaced the previous provisions (that had never been brought into effect) with a new independent entity, the OHSC.

The Objects of the Office are contemplated in the Act as being:

ACT

To protect and promote the health and safety of users of health services by:

1. *Monitoring and enforcing compliance by health establishments with norms and standards prescribed by the Minister of Health in relation to the national health system; and*
2. *Ensuring consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair, economical, and expeditious manner.*

In terms of the Act the OHSC must:

ACT

- *Advise the Minister of Health on matters relating to the determination of norms and standards to be prescribed for the national health system and the review of such norms;*
- *Inspect and certify health establishments as compliant or issue a warning for non-compliance with prescribed norms and standards, or where appropriate and necessary, withdraw such certification;*
- *Investigate complaints relating to the national health system;*
- *Monitor indicators of risk as an early warning system relating to serious breaches of norms and standards and report any breaches to the Minister without delay;*
- *Identify areas and make recommendations for intervention by a national or provincial department of health or a health department of a municipality, where necessary, to ensure compliance with prescribed norms and standards;*

- *Recommend quality assurance and management systems for the national health system to the Minister for approval.*
- *Keep records of all its activities; and*
- *Advise the Minister on any matter referred to it by the Minister.*

In addition, the OHSC may:

ACT

- *Issue guidelines for the benefit of health establishments on the implementation of prescribed norms and standards;*
- *Publish any information relating to prescribed norms and standards through the media and, where appropriate, for specific communities;*
- *Collect or request any information relating to prescribed norms and standards from health establishments and users;*
- *Liaise with any other regulatory authority and may, without limiting the generality of this power, require the necessary information from, exchange information with and receive information from any such authority in respect of (i) matters of common interest; or (ii) a specific complaint or investigation; and*
- *Negotiate cooperative agreements with any regulatory authority in order to: coordinate and harmonize the exercise of jurisdiction over health norms and standards; and ensure the consistent application of the principles of this Act.*

ACT

i. Regulated Norms and Standards

The norms and standards regulations applicable to different categories of health establishments were promulgated in February 2018. The purpose of these regulations is to promote and protect the health and safety of users and healthcare personnel. These norms and standards regulations are structured into sevenchapters which are the following:

Chapter 1 of the Regulations covers 1. Definitions, 2. Scope and application, 3. Purpose of the Regulations these areas are administrative component of the regulations, and chapter 2 -7 below covers the service delivery aspects and they are as follows:

- Chapter 2 – User Rights
- Chapter 3 – Clinical Governance and ClinicalCare
- Chapter 4 – Clinical Support Services
- Chapter 5 – Facilities and Infrastructure
- Chapter 6 - Governance and Human Resources
- Chapter 7 – General Provisions

These regulations became into effect in February 2019 and are used to inspect and certify health establishments as compliant or non-compliant.

ii. Procedural Regulations for the Functioning ofthe OHSC and the Ombud

The procedural regulations were promulgated by the Minister and published in the Gazette on 13 October 2016 to guide the exercise of powers conferred on the OHSC, the Board, the Chief Executive Officer, the Ombud and the Inspectors by the Amendment Act. The regulations elaborate on procedures and processes to be followed by the OHSC.

Areas covered in these Regulations are:

- *Collection of information from health establishments.*
- *Designation of the person in charge of norms and standards at health establishment and definition of his/her responsibility;.*
- *Inspection strategy, indicating an approach to prioritising, scheduling and conduction of inspections as well as the resources for its implementation and its publication;*
- *Inspectors and inspections including their appointment, training, experience and conduct and the inspection approach and process including notice and additional inspections;*
- *Entry and search of premises including procedures to obtain prior consent or the application for a warrant, if required;*

- *Processes of certification, renewal and suspension; Compliance notice, enforcement process including formal hearing, revocation of certificate, fines or referral to prosecuting authority, appeals, and reporting;*
- *Complaints handling, investigation and the resolution procedures, lodging of complaints, their screening, investigation and reporting, and time frames; and*
- *General provisions regarding the prescribed forms to be used (listed in schedule 1).*

The procedural regulations are applicable to all categories of health establishments as per the NHA. While the regulations speak about a notice of inspection to be issued to the establishment, this is sent to the person in charge seven days before the inspection, allowing the health establishment opportunity to prepare for the inspection. Administrative justice provisions for the person in charge of a health establishment are ensured through the annual distribution of the inspection strategy indicating the proportion of health establishments to be inspected that year, without providing the names of such establishments and issuing notices of inspection seven days in advance.

The Protection of Personal Information Act (POPI) (2013)

The purpose of the POPI Act is to ensure that all South African institutions conduct themselves in a responsible manner when collecting, processing, storing, and sharing another entity's personal information by holding them accountable should they abuse or compromise personal information in any way.

The POPI legislation considers personal information to be "precious goods" and therefore aims to bestow upon owners of personal information, certain rights of protection and the ability to exercise control over:

- when and how to share information (this requires individual consent);
- the type and extent of information individuals choose to share (must be collected for valid reasons);
- transparency and accountability on how data will be used (limited to the purpose) and notification if/when the data is compromised;
- providing individuals with access to personal information as well as the right to have personal data removed and/or destroyed should individuals so wish;
- who has access to personal information, i.e., there must be adequate measures and controls in place to track access and prevent unauthorized persons, even within the same company, from accessing your information;
- how and where personal information is stored (there must be adequate measures and controls in place to safeguard personal information to protect it from theft, or being compromised); and
- the integrity and continued accuracy of personal information (i.e. personal information must be captured correctly and once collected, the institution is responsible for its maintenance).

Promotion of Access to Information Act (PAIA) No. 2 of 2000

Section 32(1)(a) of the Constitution of the Republic of South Africa, 1996, determines that everyone has a right of access to any information held by the State. Section 32(2) of the Constitution provides for the enactment of national legislation to give effect to this fundamental right. PAIA is a national legislation contemplated in section 32(2) of the Constitution. Section 9 of PAIA provides that the right of access to information is subject to certain justifiable limitations aimed at, amongst others: (a) the reasonable protection of privacy; (b) commercial confidentiality;

(c) effective, efficient, and good governance. Section 14(1) of PAIA stipulates that the Information Officer of the Public body must compile a manual in at least three official languages containing information on the Public Body for public consumption.

Other Acts relevant to the delivery of health services

The National Health Act as amended is supported by other Acts in the execution of its mandate. These include:

ACT

- *Medical Schemes Act No. 131 of 1998*
  Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.
- *Medicines and Related Substances Act No. 101 of 1965*
  Provides for the registration of medicines and other medicinal products to ensure their safety, quality, and efficacy. The Act also provides for transparency in the pricing of medicines.
- *National Health Laboratory Service Act No. 37 of 2000*
  Provides for a statutory body that provides laboratory services to the public health sector.
- *Health Professions Act No. 56 of 1974*
  Provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.
- *Pharmacy Act No. 53 of 1974*
  Provides for the regulation of the pharmacy profession, including community service by pharmacists.
- *Nursing Act No. 33 of 2005*
  Provides for the regulation of the nursing profession.
- *Allied Health Professions Act No. 63 of 1982*
  Provides for the regulation of health practitioners such as chiropractors, homeopaths, and others, and for the establishment of a council to regulate these professions.

ACT

- *Dental Technicians Act No. 19 of 1979*
  Provides for the regulation of dental technicians and for the establishment of a council to regulate the profession.
- *Hazardous Substances Act No. 15 of 1973*
  Provides for the control of hazardous substances, those emittingradiation.
- *Foodstuffs, Cosmetics and Disinfectants Act No. 54 of 1972*
  Provides for the regulation of foodstuffs, cosmetics, and disinfectants setting quality and safety standards for the sale, manufacturing, and importation thereof.
- *Occupational Diseases in Mines and Works Act No. 78 of 1973*
  Provides for medical examinations of persons suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.

Entity Specific Legislation applying to health establishments and the OHSC as relevant

The following Acts of Parliament are pertinent to the OHSC mandate and administrative compliance functions, and they include:

ACT

- *Public Finance Management Act no 29 of 1999*
  Regulates financial management in the national government and provincial governments.
- *Basic Conditions of Employment Act No. 75 of 1997*
  Provides for the minimum conditions of

ACT

employment that employers must comply with in their workplaces.

- *Occupational Health and Safety Act No. 85 of 1993*
  Provides for the requirements that employers must comply with in order to create a safe working environment for employees in the workplace.
- *State Information Technology Act No. 88 of 1998*
  Provides for the creation and administration of an institution responsible for the State's information technology system.
- *Child Care Act No. 74 of 1983*
  Provides for the protection of the rights and well-being of children.
- *Public Service Act, (Proclamation 103 of 1994)*
  Provides for the administration of the public service in its national and provincial spheres, as well as for the powers of Ministers to hire and fire.

The following Acts of Parliament are pertinent to OHSC administrative compliance:

ACT

- *Promotion of Administrative Justice Act No. 3 of 2000*
- *Labour Relations Act No. 66 of 1996*
- *Compensation for Occupational Injuries and Diseases Act No. 130 of 1993*
- *Skills Development Act No. 97 of 1998*
- *Preferential Procurement Policy Framework Act No. 5 of 2000*
- *Employment Equity Act No. 55 of 1998*
- *The Competition Act No. 89 of 1998*
- *The Copyright Act No. 98 of 1998*
- *The Patents Act No. 57 of 1978*
- *Consumer Protection Act No 68 of 2008*

Institutional Policies andStrategies

iii. National Policy on Quality inHealth Care (2007)

A focus on quality assurance and quality improvement is not a new concept. A National Policy on Quality in Health Care was initially developed for South Africa in 2001 and revised in 2007. The policy identifies mechanisms for improving the quality of healthcare in both public and private sectors. It highlights the need to focus capacity-building efforts and quality initiatives on health professionals, communities, patients, and the broader healthcare delivery system (National Department of Health).

Hence, the objectives of the National Policy on Quality were to:

- improve access to quality healthcare;
- increase patients' participation and the dignity afforded to them;
- reduce underlying causes of illness, injury, and disability;
- expand research on treatments specific to South African needs and on the evidence of effectiveness;
- ensure the appropriate use of services; and
- reduce errors in healthcare.

iv. The National Core Standards(NCS)

The NCS were published as National Policy in February 2011. The purpose of the NCS were to:

- Develop a common definition of quality care which should be found in all health establishments in South Africa, as a guide to the public and to managers and staff at all levels; establish a benchmark against which HEs can be assessed, gaps identified, and strengths appraised; and set the framework for the national certification of compliance with

mandatory standards as part of the regulated entity of the OHSC. The NCS were intended to set out the basics for quality of care from the six dimensions of quality which are: acceptability, safety, reliability, equity, accessibility, and efficiency.

- Furthermore, the NCS assist managers in proactively establishing and implementing systems and processes to avoid risks to quality care or reduce the impact based on existing policies, protocols of the NDoH, National Treasury, the Department of Public Service and Administration (DPSA).

v. Batho Pele and the Patient's Rights Charter

In addition to health-specific policies and legislation, Batho Pele principles govern all public services including healthcare delivery. Batho Pele, a Sotho translation for "People First", is an initiative to get public servants to be service-oriented, to strive for excellence in service delivery, and to commit to continual service delivery improvement. Batho Pele sets out eight principles to enhance the delivery of public services (Republic of South Africa, 2007).

These include obligations on public agencies to:

- *Regularly consult with customers;*
- *Set service standards;*
- *Increase access to services;*
- *Ensure higher levels of courtesy;*
- *Provide more and better informationabout services;*
- *Increase openness and transparencyabout services;*
- *Remedy failures and mistakes; and*
- *Give the best possible value for money*

The specific commitment of the health sector to this basic policy of government was the development and promulgation of the "Patients' Rights Charter" which is re-iterated in the National Core Standards (NCS). This specifies that the most critical rights of patients are to be respected and upheld, including the rights of access to basic care and to respectful, informed, and dignified attention in an acceptable and hygienic environment. Patients should be empowered to make suitably informed decisions about their health, and to complain if they have not received decent care. The Patients' Rights Charter specifies that the universal health rights of patients are to be respected and upheld, including the rights of access to healthcare by users and to be treated respectfully.

vi. National Health Insurance Bill,2019 (NHI Bill)

To address previous historical inequities and to ensure universal health coverage for all South Africans, the government decided on National Health Insurance (NHI) as the means to transform the health system and grant all citizens access to good quality health services irrespective of their socio-economic status. NHI is based on the principles of universal health coverage, right of access to basic healthcare and social solidarity. These principles are intertwined with the concept of equity. NHI as proposed by the NDoH is not just a new financing mechanism for the health system but a system for ensuring solidarity in the delivery of good quality services, accessible to all South Africans. The NHI Bill provides for mandatory prepayment of healthcare services in the Republic in pursuance of Section 27 of the

Constitution. It further establishes a NHI Fund and provides for its powers, functions, and governance structures. The NHI Bill recognises the socio-economic injustices, imbalances, and inequalities of the past, the need to heal the divisions of the past and the need to establish a society based on democratic values, social justice, and fundamental human rights and to improve the life expectancy and the quality of life for all citizens. In relation to the OHSC, the NHI Bill provides that "the process of accreditation of healthcare providers will require that health establishments are inspected and certified by the OHSC". This, therefore, outlines the crucialrole to be played by the OHSC concerning the implementation of NHI in the country. It is also key to note, however, that the importance of the OHSC lies not only in its role under the NHI.It must also play a role in the improvement of healthcare quality in South Africa as it relates to both private and public healthcare.

vii. National Development Plan (NDP)

In June 2011 the National Planning Commission released its Diagnostic Report which set out South Africa's achievements and shortcomings since 1994. It identified a failure to implement various policies and an absence of broad partnerships as the main reasons for slow progress, and set out nine primary challenges:

- Too few people work;
- The quality of school education for black people is poor;
- Infrastructure is poorly located, inadequate and under-maintained;
- Spatial divides hobble inclusive development;
- The economy is unsustainably resource intensive;
- The public health system cannot meet demand or sustain quality;
- Public services are uneven and often of poor quality;
- Corruption levels are high; and South Africa remains a divided society.
- The NDP aims to eliminate poverty and reduceinequality by 2030.
- Chapter 10 of the NDP aimsto achieve the following in health:
- Average male and female life expectancy at birth increased to 70 years because of progressive improvement in evidence based preventive and therapeutic intervention for HIV;
- Progressively improve TB prevention and cure;
- Reduce maternal and child mortality;
- Reduce the prevalence of non-communicable diseases;
- Reduce injury, accidents and violenceby 2030;
- Primary healthcare provides care tofamilies and communities;
- Complete health system reforms;
- Universal health coverage.

The OHSC as an independent entity is mandated to promote quality by measuring, benchmarking,and certifying actual performance against standards for quality. The OHSC is responsible for ensuring that standards are met in every sphere and at every level. Specific focus will be on achieving common basic standards in the public and private health sectors.

INTRODUCTION

Background

The OHSC is an independent body established in terms of the National Health Amendment Act of 2013 to ensure that both the public and private health establishments in South Africa comply with the required health standards. The OHSC is governed by an independent Board which reports to the Minister of Health, the OHSC compliance information is reported through to the National Department of Health, the parliamentary Health Portfolio Committee provides oversight.

The existence of the OHSC is to ensure protection and promotion of the health and safety of users of health services within the Republic of South Africa as defined in the National Health Amendment Act, 2013 (Act 12 of 2013) [1].

One way of fulfilling its mandate is through monitoring and enforcing compliance by health establishments with norms and standards prescribed by the Minister of Health in relation to the national health system. Compliance with norms and standards regulations is determined through inspections. The outcome of inspections could be: "compliance", where a health establishment receives a 'compliance certificate' valid for a period of four years, or "non-compliance", where a health establishment is issued with a 'compliance notice'. The OHSC has legal powers to take progressive enforcement actions against health establishments that are persistently non-compliant and those posing a severe risk to the users or revoke a compliance certificate in the event of serious breaches in the norms and standards regulations.

On an annual basis, the OHSC is required to publish information relating to prescribed norms and standards which sets out the compliance status of all health establishments and to provide information on the nature of the compliance notices issued to health establishments.

The norms and standards regulations applicable to different categories of health establishments [2] came into effect in February 2019, twelve months after their promulgation date in 2018. In the reporting period of 1 April 2019 to 31 March 2020, the OHSC has conducted inspections in terms of Section 82 (1) of the Act [1] in the public health sector. The planned inspection target for the 2019/20 financial year was 687 of 3816 (18%) for all levels of care in the public health sector.

A total of 647 health establishments in the categoryof primary health care clinics were inspected in eight provinces nationally, namely: Eastern Cape (161), Free State (51), Gauteng (87), KwaZulu-Natal (121),
Limpopo (73), Mpumalanga (54), North West (62) and Northern Cape (38). For the purposes of this report, health establishments refer to public health sector clinics. The Western Cape was not inspected during this reporting period due to the declaration of the National State of Disaster in South Africa on 15 March 2020, a response to the Covid-19 pandemic.

The report aims to demonstrate the total number of inspections conducted and the analysis of performance outcomes of health establishments nationally. The

"Compliance with norms and standards regulations is determined through inspections. The outcome of inspections could be: "compliance",where a health establishment receives a 'compliance certificate'valid for a period of four years, or "non-compliance", where a health establishment is issued with a 'compliance notice'"

performance outcomes will be demonstrated through the application of the Compliance Status Framework for Clinics [3], a tool used to measure the extent of risk in health establishments. The report will provide a national overview of compliance levels with the norms and standards regulations by health establishments.

The information in the report will assist with decision making at various oversight and governance levels in ensuring that there is compliance with the norms and standards regulations.

Methodology

A data collection system was used during the inspections. The inspection tool is structured hierarchically as follows: domains, sub-domains, standards, criteria, and measures.

Types of inspections

There are five domains under which measures are classified namely: User Rights, Clinical Governance and Clinical Care, Clinical Support Services, Governance and Human Resources as well as Facilities and Infrastructure.

Each measure carried a risk rating of either vital (V) or essential (E) [3]. The inspection tools [4] are further classified per functional area which. A functional area refers to a service area within the health establishments. In clinics, functional areas inspected are the Clinic Manager, Clinical Services, Pharmacy or Medicine Room and Maintenance Services. Of note is that the non-negotiable risk rated measures fall within the Clinical Governance and Clinical Care domain and in the Clinical Services functional area. Furthermore, data was collected using the four assessment types, namely: Document Review, Patient Record Audit, Observations and Staff Interviews. Photographic evidence was not collected at the time of inspections unless when an inspector felt it was necessary for the purpose of that inspection.

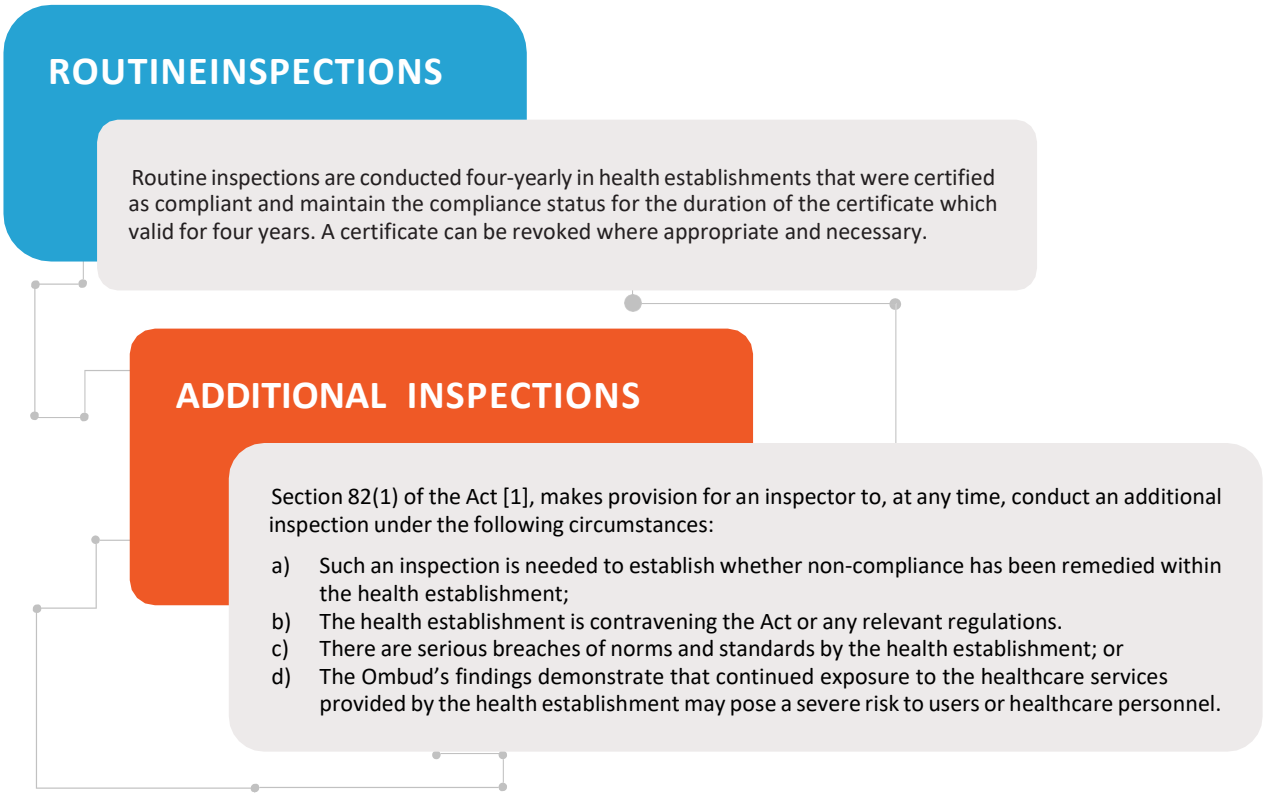


Figure 1: Types of inspections

Inspection Process/Model

The process of inspections as illustrated in **Figure 2** follows the principles of **ISO 90011:2002[5]**. The four key inspection steps implemented and prescribed by the procedural regulations, policies and standard operating procedures are pre-inspection planning, the actual inspection, post-inspection data quality management and certification and enforcement processes. The performance outcome of inspections was determined by the application of the Compliance Status Framework for Clinics [3] as illustrated in section four below. Inspected health establishments were afforded an opportunity to respond to the preliminary inspection findings before the final reporting stages.

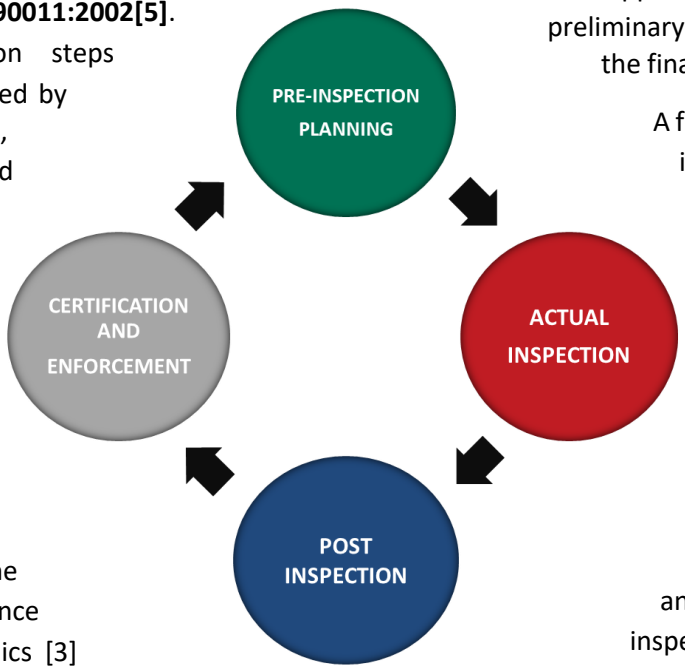


Figure 2: Inspection process

A fixed, team-based approach is applied for routine inspections while risk-based inspections will follow almost the same process however, it is important to note that they follow a qualitative approach as they are not tool based. Risk-based inspections are *ad hoc*, the team composition and the period allocation for inspection are not rigid as the scope is always determined by the nature of the case.

Sampling Strategy

A convenient sampling methodology which is a common non-probability sampling technique, was used to ensure a "convenient" and economical selection of health establishments to achieve the set inspection target of 18% across all provinces, districts, and sub-districts. The methodology is firstly based on the planned inspection target which is spread in proportion to the number of health establishments per province. A clustering approach is followed per province, district, and sub-district. In maximising operational and resource efficiencies, consideration of the location of and the radius between health establishments across districts and sub-districts was made in the sampling of health establishments.

Data Analysis

The data captured in the inspection system was exported to Microsoft Excel and analysed using SAS (Version 9.4, SAS Institute Inc, Cary, North Carolina, USA). The structure of the database (Refer to figure 3) allows for the analysis of domains, sub-domains, standards, criteria, measures, and values. It also allows for the aggregation of the values by province, district, sub-district, level of the health establishment and clinic name. Values of the measures were structured as zero, one and three, representing non-compliant, compliant, and not-applicable measures, respectively.

Checklists were also used to score the performance of measures. The average score for checklists was obtained by dividing the number of compliant aspects on the checklist by the total number of applicable aspects. The average score ranged from zero to one.

Functional areas

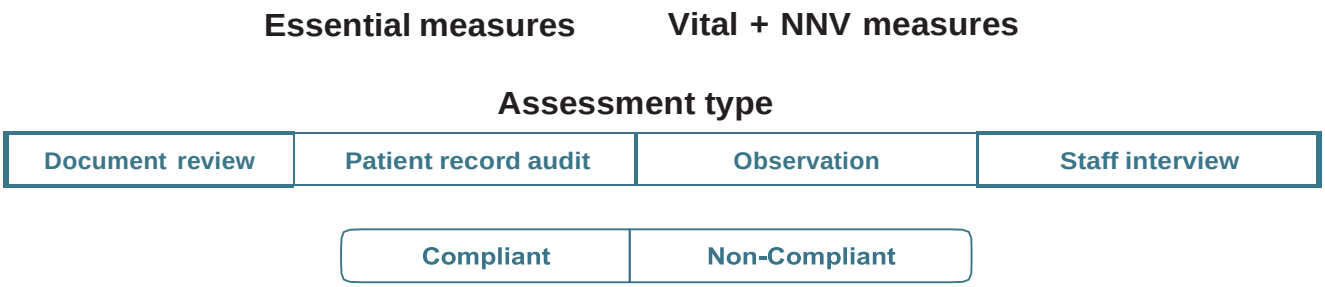


Figure 3: Illustration of database structure

INSPECTIONS FINDINGS

The Number of Clinic Inspections by Province

A total of 647 health establishments both in urban, peri-urban, and rural areas were selected using the convenient sampling method for 2019/20 financial year. Rural areas accounted to higher percentage of the HEs inspections 60.7% (393), while HEs inspections in urban areas accounted to 37.5% (243) and peri-Ur ban 1.8% (11).

Figure 4 shows the number of inspected health establishments per province.

The Eastern Cape accounted for the largest proportion (25% or 161) of all health establishments that were inspected during the period under review, followed by KwaZulu-Natal with 19% (121) and Gauteng with 13% (87).

Limpopo, North West, Mpumalanga, Free State and Northern Cape accounted for 11% ((73), 10% (62), 8% (54), 8% (51) and 6% (38) of the clinics inspected, respectively.

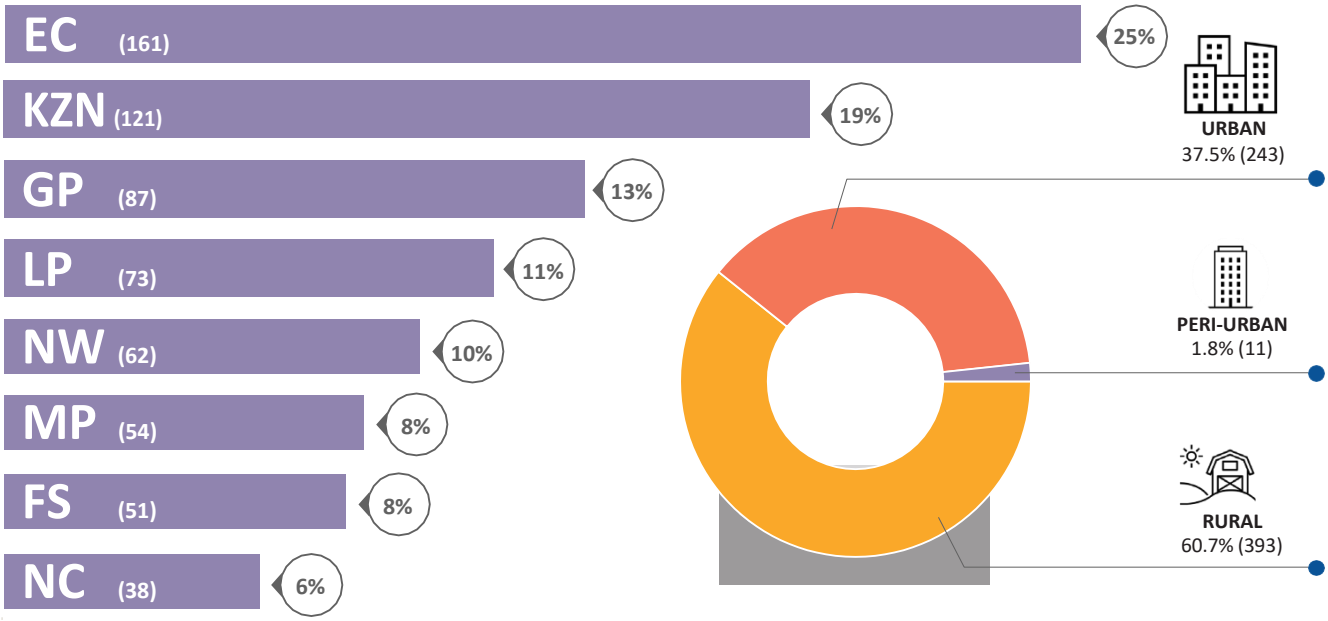


Figure 4: Number of clinic inspections by province (n=647)

Compliance Status Outcome

As depicted in figure five, 95 (14.68%) of the 647 inspected health establishments were found to be compliant and thus eligible for certification by the OHSC, whilst 552 (85.32%) were found to be non-compliant and received compliance notices.

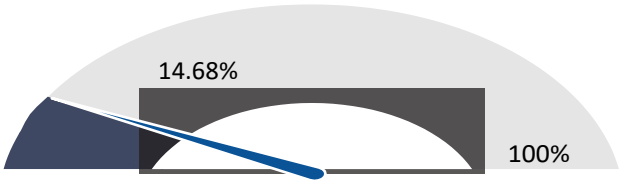


Figure 5: Overall Compliance status outcome

Figure 6 depicts the distribution health establishments that were found to be compliant with the norms and standards regulations following inspections. The Gauteng Province recorded the highest proportion of compliant health establishments (45%). The province of KwaZulu-Natal came second with 32%, followed by Free State in third place with 11.76% of health establishments found to be compliant. Each of the following provinces recorded a compliance rate of less than 10% - Mpumalanga (9.26%), Northern Cape (2.63%) and Eastern Cape (2.48%). All the inspected health establishments in Limpopo and North West were found to be non-compliant.

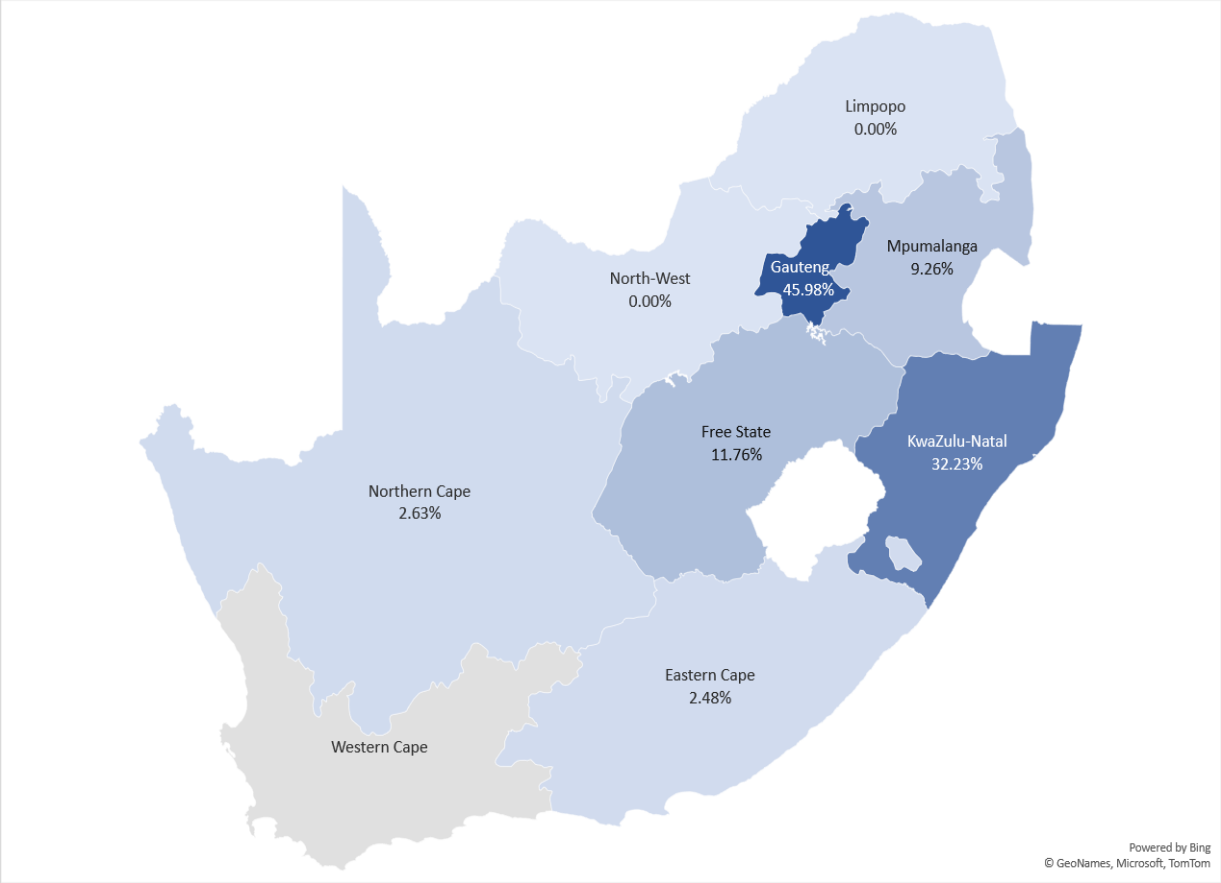


Figure 6: Compliance status outcome by province

In terms of the compliance ratio (Refer to table 1), Gauteng recorded the highest ratio [1:2], meaning that from every two inspections there was one compliant health establishment. While KwaZulu-Natal attained a second highest ratio [1:3]. The respective ratios for other provinces were Free State [1:8] and Mpumalanga [1:10], Northern Cape [1:38] and Eastern Cape [1:40] in descending order.

Table 1: Ratio status outcome by province

Province (Compliant HE)	Ratio
Gauteng (40)	1:2
KwaZulu-Natal (39)	1:3
Free State (6)	1:8
Mpumalanga (5)	1:10
Northern Cape (1)	1:38
Eastern Cape (4)	1:40
North West	n/a
Limpopo	n/a

Health establishments are graded into four categories, namely: Excellent, Good, Satisfactory and Unsatisfactory [7]. The outcome of the 2 risk ratings, vitals and essentials are used to determine the grading level for each health establishment.

The cut-off levels of each grading are summarised in figure 10 below. In addition to grading the health establishments, compliance is determined based on the performance with the three non-negotiables measures which are part of the vital measures. Thus, for a health establishment to be deemed compliant it must be graded in one of the three categories that is, Excellent, Good, or Satisfactory as well as to achieve 100% on the non-negotiable vital measures as well as attaining the required thresholds for vital and essential measures and therefore becomes eligible for certification. Health establishments that achieve Satisfactory, Good and Excellent grading and fail to achieve 100% for the non-negotiable vital measures are deemed to be non-compliant. Health establishments graded as Unsatisfactory are deemed non-compliant as they have failed to meet the minimum requirements for certification.

Figure 10: Overall gradings and risk rating outcome

Overall Grading Outcome by Province

As depicted in figure 7, 43 health establishments were graded as “Excellent and the distribution is as follows: Eastern Cape 0.62% (1), Free State 7.84% (4), Gauteng 21.84% (19) and KwaZulu-Natal 15.70% (19). A total of 79 were graded as Good and distributed as follows: 6.83% (11) in the Eastern Cape, Free State 13.73%

(7), Gauteng 18.39% (16), KwaZulu-Natal 28.93% (35), Limpopo 1.37% (1), Mpumalanga 12.96% (7), and Northern Cape 5.26% (2). One hundred and fifty-five health establishments were graded as Satisfactory and spread as follows: Eastern Cape 20.50% (33), Free State 33.33% (17), Gauteng 31.03% (27), KwaZulu-Natal 33.88% (41), Limpopo 10.96% (8), Mpumalanga 29.63% (16), North West 14.52% (9) and Northern Cape 10.53% (4). Three hundred and seventy health establishments were graded as Unsatisfactory and distributed as follows per province: Eastern Cape 72.05% (116), Free State 45.10% (23), Gauteng 28.74% (25), KwaZulu-Natal 21.49% (26), Limpopo 87.67% (64), Mpumalanga 57.41% (31), North West 85.48% (53) and Northern Cape 84.21% (32).

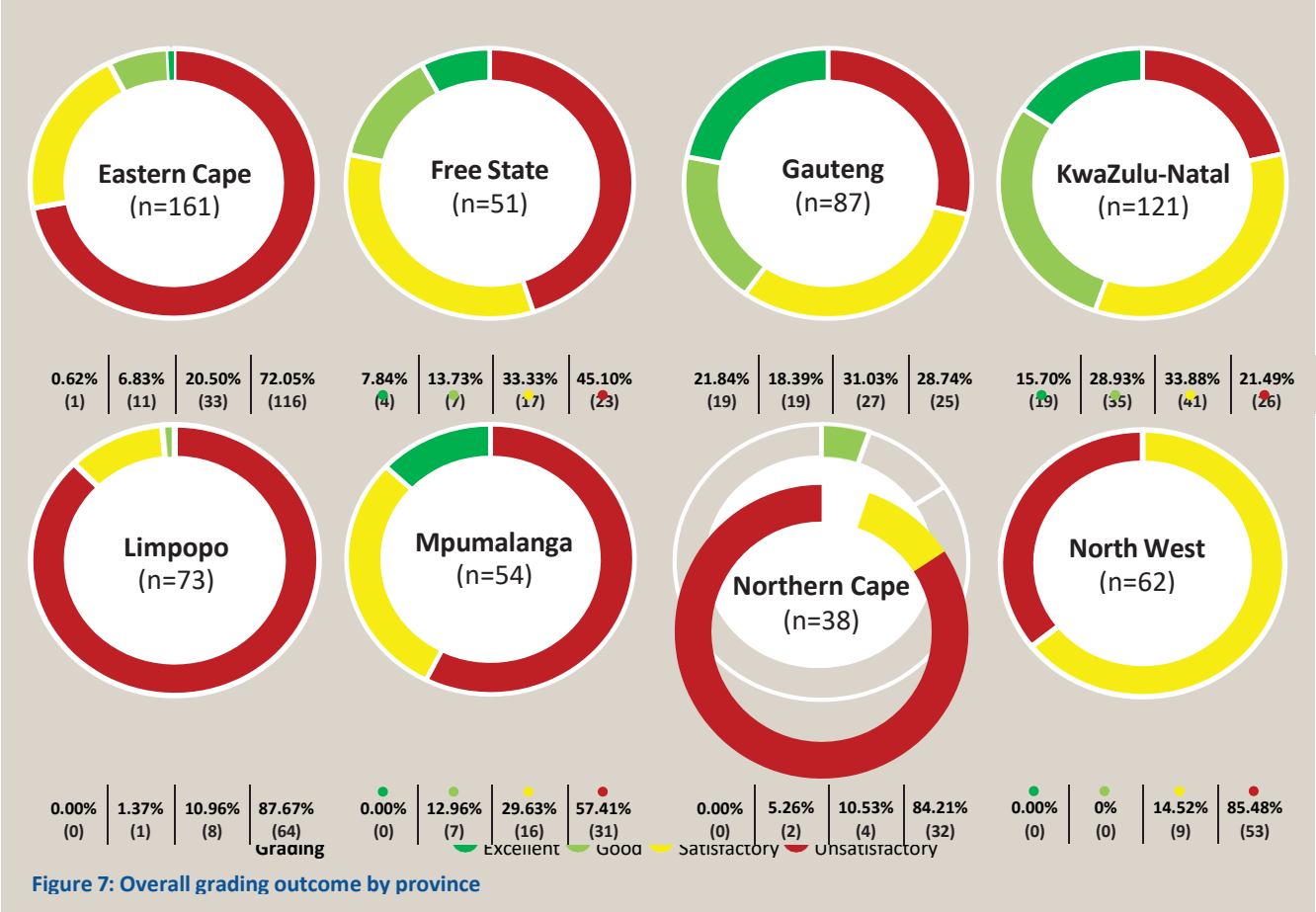


Figure 7: Overall grading outcome by province

Performance Outcome on Essential Measures by Province

Table 2 shows that the performance of 50% and above on essential measures was achieved by 317 health establishments which were graded as follows: Excellent (85), Good (118), Satisfactory (114), and 330 health establishments were not compliant with the essential measures and graded as Unsatisfactory.

Province		Excellent		Good		Satisfactory		Unsatisfactory	
Eastern Cape	(161)	7.45%	(12)	14.29%	(23)	13.66%	(22)	64.60%	(104)
Free State	(51)	17.65%	(12)	23.53%	(12)	15.69%	(8)	43.14%	(22)
Gauteng	(87)	27.59%	(24)	26.44%	(23)	21.84%	(19)	24.14%	(21)
KwaZulu-Natal	(121)	28.93%	(35)	31.40%	(38)	23.14%	(28)	16.53%	(20)
Limpopo	(73)	2.74%	(2)	5.48%	(4)	12.33%	(9)	79.45%	(58)
Mpumalanga	(54)	5.56%	(3)	22.22%	(12)	20.37%	(11)	51.85%	(28)
North West	(62)	0.00%	(0)	4.84%	(3)	17.74%	(11)	77.42%	(48)
Northern Cape	(38)	0.00%	(0)	7.89%	(3)	15.79%	(6)	76.32%	(29)
Overall		13.14%	(85)	18.24%	(118)	17.62%	(114)	51.00%	(330)

ESSENTIAL

Table 2: Performance outcome on essential measures by province (n=647)

Performance Outcome on Vital Measures by Province

Table 3 shows that the performance of 60% and above with vital measures was achieved in 335 health establishments of which 100 HEs were graded as Excellent, 54 as Good, and 181 as Satisfactory. Three hundred and twelve health establishments were not compliant with the vital measures and graded as Unsatisfactory.

Province		Excellent		Good		Satisfactory		Unsatisfactory	
Eastern Cape	(161)	1.86%	(3)	5.59%	(9)	26.09%	(42)	66.46%	(107)
Free State	(51)	11.76%	(6)	11.76%	(6)	41.18%	(21)	35.29%	(18)
Gauteng	(87)	48.28%	(42)	6.90%	(6)	28.74%	(25)	16.09%	(14)
KwaZulu-Natal	(121)	35.54%	(43)	21.49%	(26)	33.88%	(41)	9.09%	(11)
Limpopo	(73)	0.00%	(0)	1.37%	(1)	17.81%	(13)	80.82%	(59)
Mpumalanga	(54)	9.26%	(5)	7.41%	(4)	37.04%	(20)	46.30%	(25)
North West	(62)	0.00%	(0)	0.00%	(0)	17.74%	(11)	82.26%	(51)
Northern Cape	(38)	2.63%	(1)	5.26%	(2)	21.05%	(8)	71.05%	(27)
Overall		15.46%	(100)	8.35%	(54)	27.98%	(181)	48.22%	(312)

VITAL

Table 3: Performance outcome on vital measures (n=647)

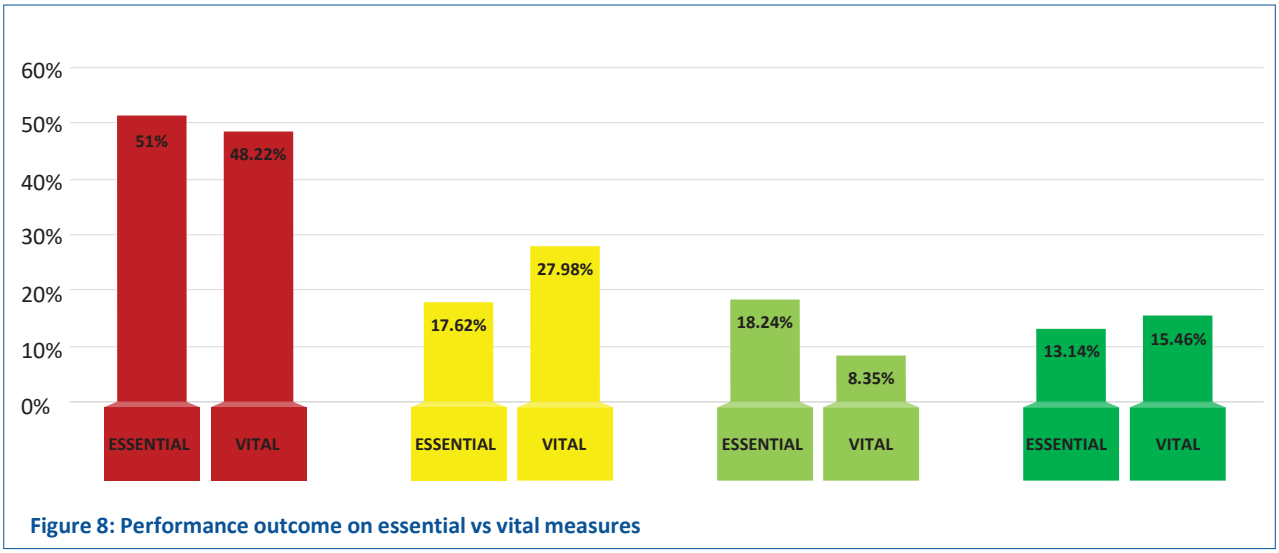


Figure 8: Performance outcome on essential vs vital measures

National Performance Outcome on Non-Negotiable Vital Measures

As depicted by table 4, 106 (16%) health establishments achieved 100% of the non-negotiable vital (NNV) measures as required. Majority 495 (77%) of HEs achieved 66.7% of the NNV whilst 26 (4%) achieved 33.3% of NNV and the remaining 20 (3%) did not meet any of the non-negotiable vital measurement requirements. In line with table 4, of the 106 health establishments that achieved 100%

Province		NNV (0.00%)		NNV (33.33%)		NNV (66.67%)		NNV (100%)	
Eastern Cape	(161)	5.59%	(9)	6.83%	(11)	85.09%	(137)	2.48%	(4)
Free State	(51)	0.00%	(0)	1.96%	(1)	86.27%	(44)	11.76%	(6)
Gauteng	(87)	0.00%	(0)	2.30%	(2)	45.98%	(40)	51.72%	(45)
KwaZulu-Natal	(121)	0.83%	(1)	1.65%	(2)	61.16%	(74)	36.36%	(44)
Limpopo	(73)	5.48%	(4)	5.48%	(4)	89.04%	(65)	0.00%	(0)
Mpumalanga	(54)	0.00%	(0)	1.85%	(1)	88.89%	(48)	9.26%	(5)
North West	(62)	3.23%	(2)	6.45%	(4)	90.32%	(56)	0.00%	(0)
Northern Cape	(38)	10.53%	(4)	2.63%	(1)	81.58%	(31)	5.26%	(2)
Overall	(647)	3.09%	(20)	4.02%	(26)	76.51%	(495)	16.38%	106

Table 4: National Performance Outcome on Non-Negotiable Vital Measures

on the non-negotiable vital measure, 95 were granted overall compliant status as the required thresholds for essential and vital measures were met. Unfortunately, 11 of the 106 health establishments that achieved 100% on non-negotiables vital measures were found to be non-compliant as they did not reach the required thresholds for essential and/or vital measures.

In addition, table 4 demonstrates that the Gauteng and KwaZulu-Natal had the highest number of health establishments which achieved all requirements for the non-negotiable vital measures at 45 and 44 HEs, respectively. The Eastern Cape had the highest number of health establishments (9) which did not meet any of the non-negotiable vital measures, followed by four HEs in both Limpopo and Northern Cape respectively. As depicted by table 4, majority of the health establishments achieved 66.6% for the non-negotiable vital measures across all eight provinces.

National Performance Outcomes on Assessment types

Table 5 below shows that Staff interviews had the highest performance outcome with an average score of 85%. The highest score of 100% was achieved by 435 health establishments whilst 18 health establishments had an outcome of 0% and were non-compliant with all the requirements during the staff interviews. Observations had an average score of 67%, the lowest score achieved was 27% and only one health establishment in KwaZulu-Natal achieved the highest score of 100%. The document review had an average score of 39%. One health establishment in KwaZulu-Natal achieved 93% and one Eastern Cape had an outcome of 0% and was non-compliant with all requirements for document review. The patient record audit had an average score of 35%. Eight health establishments achieved 100% and 18 had an outcome of 0% and were non-compliant on all requirements for patient records audit.

Cross-cutting findings in the assessment type outcomes across the inspected health establishments in the eight provinces:

- **Documents review:** Standard operating procedures (SOPs), National guidelines, reports, and Quality improvement plans (QIPs) did not fulfil the minimum regulatory requirements in relation to the availability, signatures for accountability, validity, implementation and monitoring. Where such documents were available, they were either outdated, not signed, not dated, signatures were not designated, or the content was

insufficient. Waiting times were not fully monitored across the provinces. Referral registers were either not available or not comprehensively completed.

Training of personnel was either not available or inadequate in relation to the required number of personnel trained or the content that needed to be covered. Systems for the management of occupational health and safety were not fully implemented. Service level agreements for outsourced waste removal and security services were either not monitored for performance, validity, or completeness whilst they were not available in other health establishments. The performance management system was not fully implemented across the inspected provinces as performance management agreements were not signed and annual work plans as well as final reports were not available while other health establishments did not produce the required Human Resources documents. Human resource plans to meet the needs of each health establishment were not fully implemented. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

- **Observations:** showed that the maintenance of buildings, grounds and equipment was not carried out as required for all areas in health establishments. Maintenance of fire extinguishers was not done annually as required, ceilings and tiles were damaged, handles for doors and windows in toilets and service areas as well as lights were not functional. The healthcare risk waste storage areas were either not available and where available, they did not comply with the minimum requirements as drainage for the water was inadequate and there was no access to water to hose the storage areas as well as inadequate ventilation. The required emergency and essential medical equipment, tracer medicines as well as basic medical supplies were either not complete or expired.

- **Patient Record Audit:** Majority of the sampled audited patient records demonstrated that there was no compliance with clinical documentation principles by healthcare personnel when recording on the health records. Aspects such health risk factors, family history, gestational age and obstetric history were not documented. Copies of referral letters and consent forms were either not available in health records or incorrectly completed by healthcare providers.

- **Staff Interviews**: The majority of the sampled and interviewed staff were fully knowledgeable on the management of patients according to the nature and severity of their health condition, the information needed to be provided to users that were being referred and the management of adverse events.

Assessment type	Lowest	Average	Highest
Documents	0%	39%	93%
Observations	27%	67%	100%
Patient Record Audit	0%	35%	100%
Staff Interview	0%	85%	100%

Table 5: Performance outcome on assessment type

National Performance Outcomes on Functional Areas

As depicted in table 6, the Dispensary/Medicine room performed the highest with an average score of 68%. Forty health establishments achieved 100% and one health establishment in the North West had the lowest score of 7%. Clinical services had an average score of 60%. Two health establishments, one in Gauteng and one in the Eastern Cape achieved the highest score of 93% and one health establishment in Limpopo had the lowest score of 19%. Maintenance services had an average score of 52%. Two health establishments in KwaZulu-Natal achieved the highest score of 93% and one health establishment in the Eastern Cape was non-compliant with all the requirements for maintenance services and obtained a 0% score. The clinic manager functional area performed the lowest with an average of 38%.

Nationally, one healthestablishment in KwaZulu-Natal achieved the highest score of 96% while four health establishments 3 in Eastern Cape and 1 in the North West were non-compliant with allrequirements in the clinic manager at the lowest scoreof 0%.

Assessment type	Lowest	Average	Highest
Maintenance Services	0.00%	52.00%	93.00%
Dispensary/Medicine Room	7.00%	68.00%	100.00%
Clinical Services	19.00%	60.00%	93.00%
Clinic Manager	0.00%	38.00%	96.00%

Table 6: National performance outcome on functional areas

National Functional Area Gradings

As depicted in figure 9, the dispensary/medicine room functional area demonstrated the highest performance with 203 health establishments achieving an Excellent grading, followed by 91 health establishments graded Good, 121 graded as Satisfactory whilst 232 health establishments were graded as Unsatisfactory. Clinical services and maintenance services performed the second and third respectively. The clinic manager functional area showed the lowest performance with 28 health establishments achieving an Excellent grading, 39 health establishments were graded as Good, 63 graded as Satisfactory and 517 graded as Unsatisfactory (Refer to table 7).

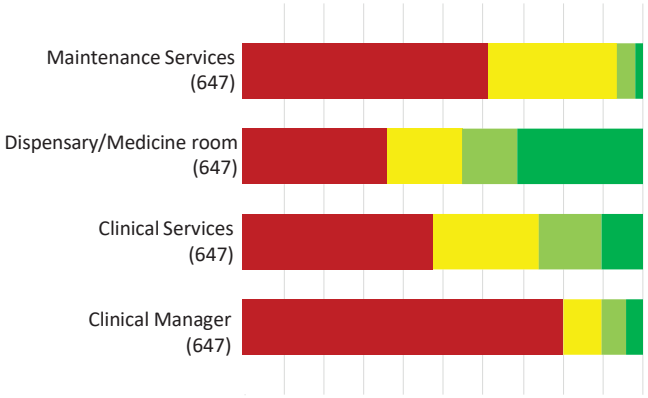


Figure 9: National functional area gradings in 2019/20

Province	Excellent		Good		Satisfactory		Unsatisfactory	
Maintenance Services	2.16%	(14)	4.48%	(29.00)	32.15%	(208.00)	61.21%	(396.00)
Maintenance Services	31.38%	(203)	14.06%	(91)	18.70%	(121)	35.86%	(232)
Clinical Services	10.51%	(68)	15.61%	(101)	26.43%	(171)	47.45%	(307)
Clinic Manager	4.33%	(28)	6.03%	(39)	9.74%	(63)	79.91%	(517)

Table 7: National functional area gradings

Average Performance Outcome on Domains (Chapters) by province

Table 8 below shows that KwaZulu-Natal had the highest average domains score of 77% for User Rights, Clinical Governance and Clinical Care (62%), Clinical Support Services (76%), and Governance and Human Resources (49%). Gauteng followed showing consistent scores in the 4 domains (chapters) with KwaZulu-Natal, whilst the highest average score on Facilities and Infrastructure was 64% for both Gauteng and KwaZulu-Natal whilst Mpumalanga had the lowest average score of 55% for Facilities and Infrastructure. Limpopo demonstrated the lowest average scores of 46% for User rights, 45% in Clinical Support Services as well as 25% score for Governance and Human Resources. North West had the lowest average score for Clinical Governance and Clinical Care at 32%.

Province		Clinical Governance and Clinical Care	Clinical Support Services	Facilities and Infrastructure	Governance and Human Resources	User Rights
Eastern Cape	(161)	43%	54%	52%	26%	53%
Free State	(51)	51%	66%	47%	44%	70%
Gauteng	(87)	57%	74%	64%	42%	75%
KwaZulu-Natal	(121)	62%	76%	64%	49%	77%
Limpopo	(73)	35%	45%	56%	25%	46%
Mpumalanga	(54)	48%	58%	55%	40%	64%
North West	(62)	35%	48%	53%	27%	51%
Northern Cape	(38)	40%	55%	44%	29%	48%

Table 8: Average performance outcome on domains (Chapters) by province

Standards Regulations Average Performance Outcome by Province

This section provides a summary of the average performance on standards regulations by province.

Performance Outcome on User Rights Standards Regulations by province

As shown in table 9, KwaZulu-Natal and Gauteng each achieved the highest performances in two standards regulations within this domain (chapter).

- The standard regulation 1.1.1 on the provision of adequate information to users on healthcare services had the highest average score of 87% by KwaZulu-Natal whilst the lowest average score by Limpopo was 49%.
- The standard regulation 1.2.1 on attending to users in a manner which is consistent with the nature and severity of their health condition had the highest average score of 73% achievedby KwaZulu-Natal whilst the lowest average score by Limpopo was 46%.
- The standard regulation 1.2.2 on referral system had the highest average score of 76% achieved by Gauteng whilst the lowest average score by Limpopo was 37%.
- The standard regulation 1.3.1 on monitoring of waiting times in health establishments had the highest average score of 75% was achieved by Gauteng whilst the lowest average score of 34% was recorded by Northern Cape.

Province	The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services	The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition	The health establishment must maintain a system of referral as established by the responsible authority	The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa
Eastern Cape (161)	59%	54%	53%	44%
Free State (51)	78%	68%	62%	65%
Gauteng (87)	83%	70%	76%	75%
KwaZulu-Natal (121)	87%	73%	71%	73%
Limpopo (73)	49%	46%	37%	47%
Mpumalanga (54)	64%	68%	64%	53%
North West (62)	55%	51%	50%	45%
Northern Cape (38)	50%	52%	52%	34%

Table 9: Performance outcome on user rights standards regulations by province

Performance Outcome on Clinical Governance and Clinical Care Standards Regulations by province

As depicted in table 10, KwaZulu-Natal achieved the highest average scores in majority of standards regulations whilst Limpopo performed the lowest in the majority of standards regulations within this domain (chapter).

- The standard regulation 2.1.1 on ensuring that user health records are managed and kept confidential had the highest average score of 71% by Gauteng whilst the lowest average score by Limpopo was 46%.
- The standards regulation 2.1.2 on creating and maintaining a system for user health records had the highest average score of 21% by Mpumalanga whilst the lowest average score by Gauteng was 7%. Notably, standard regulation 2.1.2 performed the lowest in this domain (chapter).
- The standard regulation 2.1.3 on a formal process or obtaining informed consent from users had the highest average score of 53% by Gauteng whilst the lowest average score by North West was 21%.
- The standard regulation 2.2.1 on establishing and maintaining clinical management systems, structures, and procedure had the highest average score of 79% by KwaZulu-Natal whilst the lowest average score by Limpopo province was 31%.
- The standard regulation 2.2.2 on establishing structures to manage clinical risk had the highest average score of 41% in the Eastern Cape whilst the lowest average score by North West was 14%.
- The standard regulation 2.3.1 on maintaining an environment which minimizes the risk of diseases and infections for users, personnel, and visitors had the highest average score of 68% by KwaZulu-Natal whilst the lowest average score by Limpopo was 22%.
- The standard regulation 2.4.1 on the management of waste had the highest average score of 74% obtained by KwaZulu-Natal whilst the lowest average score was 39% in the North West.
- The standard regulation 2.5.1 on systems to report and monitor adverse events has the highest average score of 82% by Gauteng whilst the lowest average score by Limpopo was 35%.

Table 10: Performance outcome on clinical governance and clinical care standards regulations by province

Province	2.1.1 The health establishment must ensure that health records of health care users are protected, managed and kept confidential in line with section 14, 15 and 17 ofthe Act	2.1.2 The health establishm ent must create and maintain a system of health records of users in accordance with the requiremen tsof section 13 of the Act	2.1.3 The health establish ment must have a formal process to be followed when obtaining informed consent from the user	2.2.1 The health establishme nt must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines	2.2.2 The health establishm ent must establish and maintain systems, structures and programme sto manage clinical risk	2.3.1 The health establishmen t must maintain an environment, which minimises the risk of disease out-breaks, the transmission of infection to users, health care personnel and visitors	2.4.1 The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law	2.5.1 The health establishme nt must have a system to monitor and report all adverse events
Eastern Cape (161)	57%	18%	35%	49%	41%	34%	51%	48%
Free State (51)	67%	14%	35%	59%	28%	55%	59%	63%
Gauteng (87)	71%	7%	53%	67%	32%	55%	69%	82%
KwaZulu-Natal (121)	69%	17%	49%	79%	36%	68%	74%	77%
Limpopo (73)	46%	12%	32%	31%	35%	22%	50%	35%
Mpumalanga (54)	61%	21%	27%	60%	24%	45%	58%	68%
North West (62)	50%	10%	21%	44%	14%	23%	39%	45%
Northern Cape (38)	47%	12%	29%	46%	22%	36%	55%	44%

Performance Outcome on Clinical Support Services Standards Regulations by province

Table 11 shows KwaZulu-Natal performed the highest and Limpopo the lowest respectively for both standards regulations within this domain (chapter).

- The standard regulation 3.1.1 on compliance with the provision of the Pharmacy Act had the highest average score of 78% by KwaZulu-Natal whilst the lowest score by Limpopo was 48%.
- The standard regulation 3.3.1 on availability and functionality of medical equipment had the highest average score of 73% by KwaZulu-Natal whilst the lowest average score by Limpopo was 38%.

Table 11: Performance outcome on clinical support services standards regulations by province

Province	3.1.1 The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.	3.2.1 Health establishments must ensure that the medical equipment is available and functional in compliance with the law.
Eastern Cape (161)	60%	44%
Free State (51)	68%	61%
Gauteng (87)	76%	72%
KwaZulu-Natal (121)	78%	73%
Limpopo (73)	48%	38%
Mpumalanga (54)	59%	56%
North West (62)	52%	41%
Northern Cape (38)	61%	43%

Performance Outcome on Governance and Human Resources Standards Regulations by province

As depicted in table 12, the domain (chapter) performed the lowest across all 5 domains (chapters).

- The standard regulation on the availability of a functional governance structure (standard regulation 4.1.1) had the lowest scores of 0% in Limpopo whilst Northern Cape recorded the highest average score of 16% on the same standard regulation.
- The standard regulation 4.2.1 regarding systems in place to manage healthcare personnel in line with relevant legislation, policies and guidelines recorded the highest average score of 43% by Mpumalanga whilst North West recorded the lowest average scores of 20% for the same standard regulation.
- The standard regulation 4.3.1 on compliance with the occupational health and safety Act had the highest average score of 59% by KwaZulu-Natal whilst the lowest average score by Limpopo was 29%.

Table 12: Performance outcome on governance and human resources standards regulations by province

Province		4.1.1 The health establishment must have a functional governance structure with written Terms of Reference.	4.2.1 The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation, policies, and guidelines.	4.3.1 The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993
Eastern Cape	(161)	9%	22%	32%
Free State	(51)	12%	40%	52%
Gauteng	(87)	5%	33%	54%
KwaZulu-Natal	(121)	8%	41%	59%
Limpopo	(73)	6%	24%	29%
Mpumalanga	(54)	6%	43%	44%
North West	(62)	3%	20%	35%
Northern Cape	(38)	16%	25%	33%

Performance Outcome on Facilities and Infrastructure Standards Regulations by province

As shown in table 13, KwaZulu-Natal performed the highest at 68% for standard regulation 5.1.1 which addresses compliance with requirements of the building regulations whilst Northern Cape was the lowest at 51% on the same standard regulation.

Gauteng performed the highest regulations at 72% for standard regulation 5.2.1 which ensures that engineering services are in place whilst Eastern Cape was the lowest at 49% for the same standard regulation.

The standard regulation 5.3.1 on ensuring the safety of vehicles used to transport users and personnel had the highest average score of 100% in Free State and Limpopo whilst the lowest average score by Eastern Cape was 46%. The standard regulation was not assessed in the North West and Northern Cape as there were no vehicles allocated to the health establishments inspected in the 2 provinces.

The standard regulation 5.4.1 on systems to protect users, personnel and property from security threats and risks had the highest average score of 60% by Gauteng whilst the average lowest score by both Free State and Northern Cape both at 27%.

Province		5.1.1 The health establishment and their grounds must meet the requirements of the building regulations	5.2.1 The health establishment must ensure that engineering services are in place.	5.3.1 The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained	5.4.1 The health establishment must have systems to protect users, health care personnel and property from security threats and risks.
Eastern Cape	(161)	55%	49%	46%	51%
Free State	(51)	55%	62%	100%	27%
Gauteng	(87)	62%	72%	71%	60%
KwaZulu-Natal	(121)	68%	71%	78%	56%
Limpopo	(73)	54%	53%	100%	59%
Mpumalanga	(54)	59%	62%	50%	48%
North West	(62)	56%	61%	0%	46%
Northern Cape	(38)	51%	56%	0%	27%

Table 13: Performance outcome on facilities and infrastructure standards regulations by province

The performance of health establishments against each standard regulation must be at 100% to be deemed compliant. Partial compliance within a standard regulation result in overall non-compliance with the respective standard regulation.

The performance across all standards regulations per province is as follows:

- **Eastern Cape** was not fully compliant with all the 21 standards regulations assessed. The highest performance was 95% and the lowest at 9%. Only one of the 21 standards regulations assessed performed in the range of 71% - 100% and eight in the range of 50% - 70%. Eleven standards regulations performed at > 20% but < 50% whilst the remaining two performed in the range of 0% - 20%.

- **Free State** was fully compliant only with standard regulation 5.3.1. The highest performance was 100% and the lowest at 12%. Three of the 21 standards regulations assessed performed in the range of 71% - 100% and 13 in the range of 50% - 70%. Four standards regulations performed

at > 20% but < 50% whilst the remaining two performed in the range of 0% - 20%.

- **Gauteng** was not fully compliant with all 21 standards regulations. The highest performance was 100% and the lowest at 5%. Ten of the 21 standards regulations assessed performed in the range of 71% - 100% and eight in the range of 50% - 70%. Two performed at > 20% but < 50% and another 2 performed in the range of 0% - 20%.

- **KwaZulu-Natal** was not fully compliant with all the 22 standards regulations assessed. The highest performance was 92% and the lowest at 8%. Twelve of the 22 standards regulations assessed performed in the range of 71% - 100% and 5 in the range of 50% - 70%. Fourteen standards regulations performed at > 20% but < 50% whilst the remaining two had performed in the range of 0% - 20%.

- **Limpopo** was fully compliant only with standard regulation 5.3.1. The highest performance was 100% and the lowest at 0%. Only 1 of the 22 standards regulations assessed performed in the range of 71% - 100%, 5 in the range of 50% - 70% and 14 at > 20% but < 50%. The remaining 2 performed in the range of 0% - 20%.

- **Mpumalanga** was not fully compliant with all the 22 standards regulations. The highest performance was 72% and the lowest at 6%. Only one of the 22 standards regulations assessed performed in the range of 71% - 100% and 14 in the range of 50% - 70%. Six standards regulations performed at > 20% but < 50% whilst the remaining one performed in the range of 0% - 20%.

- **North West** was not fully compliant with all the 21 standards regulations assessed. The highest performance was 65% and the lowest at 3% and noting that none of the standards regulations performed in the range of 71% - 100%. Nine standards regulations performed in the range of 50% - 70%, eight standards regulations performed at > 20% but < 50% whilst the remaining four performed in the range of 0% - 20%.

- **Northern Cape** was not fully compliant with all the 21 standards regulations assessed and the highest performance was 85% and the lowest at 12%. Only one of the 21 standards regulations assessed performed in the range of 71% - 100% and seven in the range of 50% - 70%. Eleven standards regulations performed at > 20% but
  < 50% whilst the remaining 2 performed in the range of 0% - 20%.

Of note is that the variances in the number of standards regulations assessed was due to the applicability of the standard regulation in a province, district and/or health establishment.

Limitations

- For the 2019/20 financial year, the OHSC inspected primary healthcare clinics only, due to the unreadiness of the regulated standards inspection tools for other categories of health establishments.
- Due to the unprecedented Coronavirus disease (Covid-19) pandemic and the declaration of the national state of disaster, only eight of the nine provinces were inspected.
- This is the first report for inspections conducted against the norms and standards regulations applicable to different categories of health establishments therefore trend analysis could not be done as previous inspections were conducted against National Core Standards.
- The sampling methodology used cannot statistically or scientifically make generalized inferences about the inspection outcomes in provinces.

Recommendations

- The quality improvement strategies must ensure that all health establishments achieve 100% for the non-negotiable vital measures in the clinical services functional area as well as the required cut-off levels on vital and essential risk rated measures for eligibility of certification.
- The quality improvement strategies must ensure health establishments' inspection performance is improved from an Unsatisfactory towards Excellent grading which will put them in a better position for compliance and therefore, eligibility of certification by OHSC.

1.1 Domain 1 (Chapter 1): User rights

There must be systems in place to monitor waiting times. The requirements of the referral system must be adhered to, for example, referred users must be provided with the relevant information, and copies of the referral letters placed in the users' health records. Referral registers must be available and comprehensively completed. Systems to ensure that users were provided with adequate information about the healthcare services available at health establishments and information about accessing those services must be fully implemented. The complaints management system must be fully implemented.

1.2 Domain 2 (Chapter 2): Clinical Governance and Clinic Care

The clinical risk management systems must be fully implemented. Structured systems for document management should be put in place to ensure all clinical governance's guiding documents are relevant, updated and accounted for. The system must enable easy identification of risks, encourage prompt conducting of root cause analyses, monitor progress and promote putting measures in place to mitigate risks whether clinical or administrative. Auditing of clinical governance processes such as clinical risks, proxy indicators and clinical statistical processes should be prioritized as they have an impact on the clinical outcomes especially for priority conditions. To ensure that the management of waste and health records is in line with the prescripts of the law as well as to ensure that systems for contract management of outsourced waste removal services are in place and adhered to.

1.3 Domain 3 (Chapter 3): Clinical Support service

The state of readiness for emergencies to be prioritised through continuous training of personnel, availability and maintenance of emergency medical equipment, medicines, and medical supplies.

1.4 Domain 4 (Chapter 4): Governance and Human Resources

The persons in charge are expected to ensure the health establishments adhere

to all legislative and policy requirements that relate to the Occupational Health and Safety Act, Pharmaceutical Act, and National Environmental Management Act, human resources, and the appointment of clinic committees.

1.5 Domain 5 (Chapter 5): Facilities and Infrastructure

The fire safety and electrical compliance certificates must be available to comply with safety regulations for buildings. Maintenance plans to be developed. To ensure that systems for contract management of outsourced services are in place and adhered to.

Conclusion

- Six hundred and forty-seven (647) health establishments inspected in the country, 95 (15%) were compliant and eligible for certification by OHSC. Six provinces that had compliant health establishments are: Eastern Cape (4), Free State (6), Gauteng (40), KwaZulu-Natal (39), Mpumalanga (5) and Northern Cape (1). Health establishments that were not eligible for certification because of their non-compliant status nationally were 552 (85%). The two provinces with all health establishments that were non-compliant were Limpopo and North West.
- Forty-three of the 647 sampled health establishments had acquired an Excellent overall grading, 79 health establishments acquired a Good overall grading, 155 health establishments received a Satisfactory overall grading, and 370 health establishments received an Unsatisfactory overall grading.
- Governance and Human resources domain (chapter) was consistently the lowest performing in all the provinces.
- KwaZulu-Natal performed the highest across the eight provinces for the standards regulations in the Clinical Governance and Clinical Care domain (chapter).
- Standard regulation 5.3.1 was assessed as "not applicable" in the North West and Northern Capeas according to the standard, there were no vehicles allocated to the health establishments inspected, in the two provinces.
- Standards regulations 2.1.2, 2.2.2, 4.1.1 and 5.2.1 performed the lowest across all standards regulations assessed.
- Clinic manager functional area consistently performed the lowest whilst the dispensary/ medicine room functional area demonstrated the highest performance across the eight provinces inspected.
- Patient record audit assessment type demonstrated the lowest performance/ score whilst the staff interviews showed the highest performance across all eight provinces inspected.
- For the overall national inspection outcomes across all standards regulations, there were health establishments that performed at 0%, others in the range between 1% – 99% while others at 100%.
- The highest score for the non-negotiable vital measures were 100% and achieved by 106 health establishments. Ninety-five of the 106 health establishments had achieved the required threshold for essential and vital measures and attained a compliant status. Though 106 health establishments achieved 100% on non-negotiable vital measures, 11 were not certified as compliant because they did not achieve the cut-off levels for essential and vital measures. Majority of vital measures (including the non-negotiables) reside in the clinical governance & clinical care domain. Gauteng and Kwazulu-Natal recorded the highest number of health establishment that have achieved 100% for non-negotiable vital measures.

1.1 Domain 1(Chapter 1): User rights

There were no systems in place to monitor waiting times. Systems to ensure that users were provided with adequate information

about the healthcare services available at health establishments and information about accessing those services were not fully implemented across all the eight inspected provinces. The requirements of the referral system were not adhered to as health records did not contain copies of the referral letters or referral registers were not available and where available, registers or the letters did not contain all the required referral information. The complaints management system was not fully implemented across the eight inspected the provinces.

1.2 Domain 2 (Chapter 2): Clinical Governance and Clinic Care

Systems, structures, and programmes for the management of clinical risks were not fully implemented in all districts. There was no inadequate system to ensure that health records of healthcare users are managed in line with legislation. The information relating to the examination and healthcare interventions of users was not fully recorded in user's health records. Waste management was not in line with guidelines which posed a risk to the users and staff. Service level agreements for outsourced waste removal services were not monitored validity and performance whilst they were not available in other health establishments.

1.3 Domain 3 (Chapter 3): Clinical Support service

The state of readiness for emergencies was not ensured as witnessed by the unavailability of emergency and essential equipment and supplies. There was no full implementation of the stock control system for medicines and medical supplies.

1.4 Domain 4 (Chapter 4): Governance and Human Resources

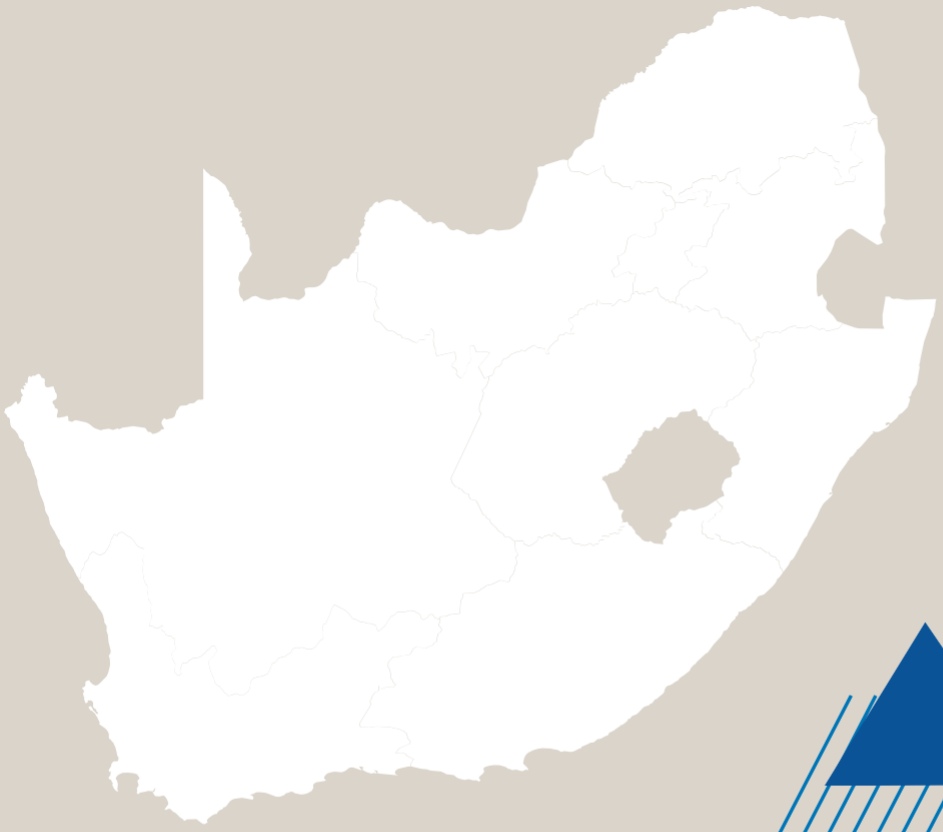
The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to across all the eight inspected provinces. The performance management system was not fully adhered to as annual assessment reports were not available as per Department of Public Service and Administration (DPSA) guidelines. There was no full implementation of a system to monitor that healthcare personnel maintained their professional registrations with the relevant councils. The human resource plans to meet the needs of each health establishment were not in place across all the inspected provinces. The requirements of the Occupational Health and Safety Act, 1993 were not fully complied with.

1.5 Domain 5 (Chapter 5): Facilities and Infrastructure

Safety regulations for buildings were not complied with as the fire safety and electrical compliance certificates as well as the maintenance plans were not available. Service level agreements for outsourced services such as security services were not monitored for validity and performance whilst they were not available in other health establishments.

PROVINCIAL OVERVIEW

This section of the report provides individual provincial findings for inspections conducted in selected health establishments in all the eight provinces.



Introduction

The OHSC conducted its first regulatory inspections in terms of Section 82 of the National Health Act for 2019/20 financial year during July and October 2019. The Routine inspections were conducted in 647 health establishments in the category of primary healthcare clinics in these eight provinces: Eastern Cape (161), Free State (51), Gauteng (87), KwaZulu-Natal (121), Limpopo (73), Mpumalanga (54), North West (62) and Northern Cape (38). The declaration of the National State of Disaster in South Africa on 15 March 2020 due to Coronavirus disease (Covid-19) resulted in the Western Cape not being inspected during this reporting period.

The inspections were mainly carried out at the primary healthcare level. The inspections were conducted against norms and standards regulations applicable to different categories of health establishments which came into effect in February 2019, twelve months after their promulgation date by the Minister of Health. The regulated inspection process was kicked started with notices of inspections and inspection plans issued to respective health establishments seven days prior to inspections. The inspection notices and inspection plans were shared with the designated person/s in charge.

The inspection system used is electronic which was enhanced to ensure that inspections are carried out in a consistent, fair, equitable and transparent manner. The inspection data was collected using four assessment types namely: document review, observations, patient record audit and staff interview.

Compliance Status and Overall Grading

The compliance status and overall gradings of health establishments were determined by the application of the compliance status framework for clinics. A compliance status framework is a tool used by the OHSC to determine the grading and compliance status of health establishments based on the measurement of the level of risk evaluated at measure level. Health establishments that are deemed compliant areeligible for certification and receive a certificate of compliance, the non-compliant health establishments receive a compliance notice.

Health establishments are graded into four categories, namely: Excellent, Good, Satisfactory and Unsatisfactory (Refer to figure 9). The outcome of the two risk ratings, vitals and essentials are used to determine the grading level for each health establishment. The cut-off levels of each grading are summarized in figure 10 below.

In addition to grading the health establishments, compliance by health establishment is determined based on the performance with the three non-negotiables measures which are part of the vital measures. Thus, for a health establishment to be deemed compliant it must be graded in one of the three categories, i.e., Excellent, Good or Satisfactory as well as to achieve 100% on the non-negotiable measures and therefore becomes eligible for certification. Health establishments that achieve Satisfactory, Good and Excellent grading and fail to achieve 100% for the non-negotiable measures are deemed to be non-compliant. Health establishments graded as Unsatisfactory are deemed non-compliant as they have failed to meet the minimum requirements for certification.

Figure 10: Overall gradings and risk rating outcome

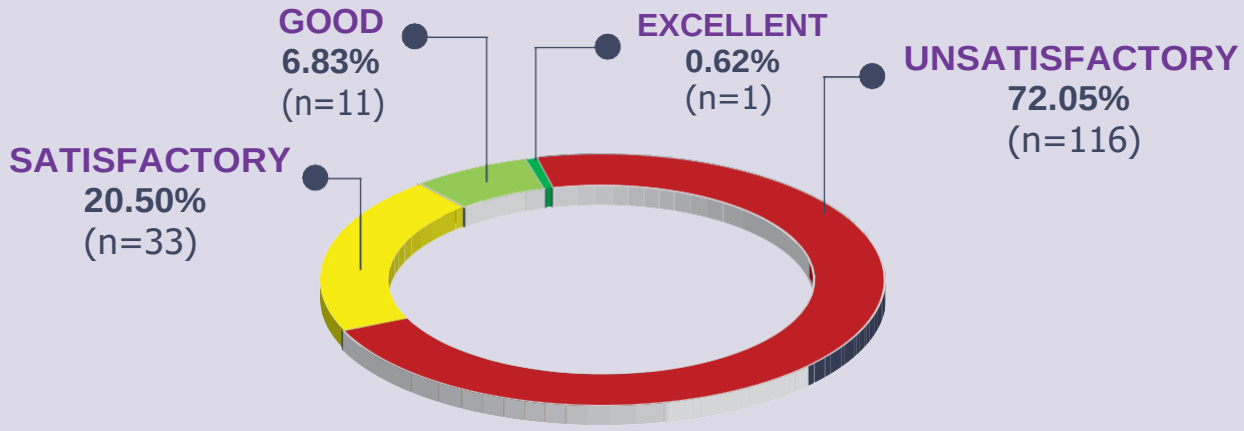
EASTERN CAPE
INFOGRAPHIC

161
HEALTH ESTABLISHMENTS

2.48%
COMPLIANCE RATE

1 IN 40
COMPLIANCE RATIO

OVERALL GRADING OUTCOME



COMPLIANCE OUTCOME PER DISTRICT

Compliance Rate			Excellent		Excellent		Satisfactory		Unsatisfactory	
0.00%	(0)	A Nzo DM (16)	0.00%	(0)	6.25%	(1)	18.75%	(3)	75.00%	(12)
6.25%	(2)	Amathole DM (32)	3.13%	(1)	9.38%	(3)	25.00%	(8)	62.50%	(20)
0.00%	(0)	Buffalo City MM (16)	0.00%	(0)	0.00%	(0)	6.25%	(1)	93.75%	(15)
0.00%	(0)	C Hani DM (24)	0.00%	(0)	4.17%	(1)	12.50%	(3)	83.33%	(20)
0.00%	(0)	Joe Gqabi DM (16)	0.00%	(0)	0.00%	(0)	18.75%	(3)	81.25%	(13)
6.25%	(1)	N Mandela Bay MM (16)	0.00%	(0)	12.50%	(2)	31.25%	(5)	56.25%	(9)
0.00%	(0)	OR Tambo DM (25)	0.00%	(0)	4.00%	(1)	24.00%	(6)	72.00%	(18)
4.00%	(1)	Sarah Baartman DM (16)	0.00%	(0)	18.75%	(3)	25.00%	(4)	56.25%	(9)
2.48%	**(4)**	**Overall (161)**	**0.62%**	**(1)**	**6.83%**	**(11)**	**20.50%**	**33**	**72.05%**	**(116)**

The Number of Clinic Inspections by Province

The inspections were conducted in 161 health establishments across the eight districts in the Eastern Cape, namely: Alfred Nzo (16), Amathole (32), Buffalo City (16), Chris Hani (24), Joe Gqabi (16), Nelson Mandela Bay (16), Oliver Tambo (25) and Sarah Baartman (16) as illustrated in figure 12. Overall, the province has 730 primary healthcare health establishments and the distribution per district is Alfred Nzo (73), Amathole (143), Buffalo City (74), Chris Hani (149), Joe Gqabi (53), Nelson Mandela Bay (39), Oliver Tambo (139) and Sarah Baartman (60) respectively. For the financial year 2019/20, the type of inspections conducted was only routine as there were no additional inspections conducted in the province (Refer to table 14).

Compliance Outcome per district

The overall compliance for the total inspected HEs (161) in the Eastern Cape for 2019/20 financial year was 2.48% (4). The compliant health establishments were in 3 districts, namely: Amathole DM (2), Nelson Mandela Bay MM (1) and Oliver Tambo DM (1) whilst the rest of the five districts had no compliant health establishments (Refer to table 14).

Overall Grading and risk rating outcome

Of the 161 health establishments inspected in the Eastern Cape, only Tyata Clinic in Amathole DM was graded Excellent, 11 health establishments had an overall grading of Good, 33 health establishments were graded Satisfactory whereas 116 HEs were graded Unsatisfactory respectively. Six districts in the province had acquired a Good overall grading with the breakdown as follows: Alfred Nzo (1), Amathole (3), Chris Hani (1), Nelson Mandela Bay (2), Oliver Tambo (1) and Sarah Baartman (3). The Satisfactory grading was in Alfred Nzo (3), Amathole (8), Buffalo City (1), Chris Hani (3), Joe Gqabi (2), Nelson Mandela Bay (5), Oliver Tambo (6) and Sarah Baartman (4). The Unsatisfactory grading was as follows: Alfred Nzo (12), Amathole (20), Buffalo City (15), Chris Hani (20), Joe Gqabi (14), Nelson Mandela Bay (9), Oliver Tambo (18) and Sarah Baartman (9) table 14. Risk rating outcome

Table 14 shows that 104 of the 161 clinics scored less than 50% (Unsatisfactory), 22 scored in the range of 50 - 59% (Satisfactory), 23 in the range of 60 - 69% (Good), whilst 12 clinics scored in the range of 70 – 100% (Excellent) for essential measures.

One hundred and seven (107) clinics scored below 60% (Unsatisfactory), 42 in the range of 60%-69% (Satisfactory), nine scored in the range of 70% – 79% (Good) and the remaining three scored in the range of 80%–100% (Excellent) for vital measures. Only four clinics achieved the required score of 100% on non-negotiable vital measures, three of which received an overall grading of Excellent whilst the one received a Good overall grading. The lowest performance of 0% on non-negotiable vital measures was noted in nine HEs across the seven districts except for Sarah Baartman DM. Compliance with non-negotiable vitals in conjunction with meeting the cut-off levels for essential measures are imperative for clinics to be classified as compliant.

Average Performance Outcome per Domain (Chapter)

Table 14 shows the average performance of each district on the five domains (chapters). Amathole District had the highest average scores for User Rights (57%). Nelson Mandela Bay MM and Sarah Baartman District had the highest average scores of 50% each onClinical Governance and Clinical Care and the lowest average score of 34% was received by Chris Hani on the same domain (chapter). Nelson Mandela Bay MM and Sarah Baartman DM showed the highest average scores of 61% each on Clinical Support Services. Sarah Baartman DM showed the highest average score of 38% on Governance and Human Resources. Notably, Governance and Human Resources performed the lowest amongst all domains (chapters) with 20% beingthe lowest average score by Buffalo City MM and Joe Gqabi DM. Joe Gqabi DM showed the highest averagescore of 60% for Facilities and Infrastructure and Chris Hani DM was the lowest at 40%. Joe Gqabi DM was noted to consistently perform the lowest across the three domains (chapters) namely: User Rights (49%), Clinical Support Services (40%) and Governance & Human Resources (20%).

District	Compliance outcome per district				
	No. HEs	Compliant (n,%)		Non Compliant (n,%)	
A Nzo DM	16	0	0.00%	16	100.00%
Amathole DM	32	2	6.25%	30	93.75%
Buffalo City MM	16	0	0.00%	16	100.00%
C Hani DM	24	0	0.00%	24	100.00%
Joe Gqabi DM	16	0	0.00%	16	100.00%
N Mandela Bay MM	16	1	6.25%	15	93.75%
O Tambo DM	25	1	4.00%	24	96.00%
Sarah Baartman DM	16	0	0.00%	16	100.00%
Overall	161	4	2.48%	157	97.52%

District	Overall grading and risk rating outcome								
	No. HEs	Excellent (%)		Good (%)		Satisfactory (%)		Unsatisfactory (%)	
A Nzo DM	16	0	0.00%	1	6.25%	3	18.75%	12	75.00%
Amathole DM	32	1	3.13%	3	9.38%	8	25.00%	20	62.50%
Buffalo City MM	16	0	0.00%	0	0.00%	1	6.25%	15	93.75%
C Hani DM	24	0	0.00%	1	4.17%	3	12.50%	20	83.33%
Joe Gqabi DM	16	0	0.00%	0	0.00%	3	18.75%	13	81.25%
N Mandela Bay MM	16	0	0.00%	2	12.50%	5	31.25%	9	56.25%
O Tambo DM	25	0	0.00%	1	4.00%	6	24.00%	18	72.00%
Sarah Baartman DM	16	0	0.00%	3	18.75%	4	25.00%	9	56.25%
Overall	161	1	0.62%	11	6.83%	33	20.50%	116	72.05%

Risk rating	Overall grading and risk rating outcome			
	Excellent (%)	Good (%)	Satisfactory (%)	Unsatisfactory (%)
Essential (161)	12	23	22	104
	7.45%	14.29%	13.66%	64.60%
Vital (161)	3	9	42	107
	1.86%	5.59%	26.09%	66.46%

District	Average performance outcome per domain				
	User rights	Clinical Governance and Clinical Care	Clinical Support Services	Governance and Human Resources	Facilities and Infrastructure
A Nzo DM	55.43%	45.40%	56.25%	33.67%	49.08%
Amathole DM	57.14%	46.09%	55.48%	24.29%	53.40%
Buffalo City MM	50.72%	40.06%	58.44%	19.67%	55.96%
C Hani DM	52.00%	34.25%	53.07%	23.26%	39.80%
Joe Gqabi DM	49.28%	37.06%	40.46%	20.21%	60.32%
N Mandela Bay MM	52.14%	49.71%	60.63%	32.47%	56.80%
O Tambo DM	52.29%	41.02%	49.48%	23.73%	56.55%
Sarah Baartman DM	56.13%	50.29%	61.18%	38.14%	47.63%

Table 14: Eastern Cape inspections outcomes

Performance Outcome on Assessment type

Staff interview and patient record audit assessment types both recorded the highest averages of 100% and the lowest averages 0% each whilst their averages were 83% and 35% respectively. Observations followed with the highest score of 93%, an average of 60% and the lowest score of 27%. Documents recorded the highest score of 85%, an average of 33% and the lowest at 0%. The highest average scores across the four assessment types were above 80% and the lowest at 0% in two assessment types.

CROSS-CUTTING FINDINGS

DOCUMENTS

Documents such as standard operating procedures (SOPs), reports, training records, registers, service level agreements, performance management system, occupational health and safety and quality improvement plans (QIPs) did not fulfill the minimum regulatory requirements in relation to the availability, signatures for accountability, validity, implementation, and performance monitoring. The required content in documents was insufficient and evidence to show adherence to SOPs and guidelines was not available.

OBSERVATIONS

Observations showed that the maintenance of buildings and equipment was not carried out as required for all areas in health establishments as witnessed by peeling paints, damaged floors, collapsing ceilings, cracked walls hand washing basins that were not functional. The healthcare risk waste storage area did not comply with the minimum requirements as drainage for the water was inadequate and there was no access to water to hose the storage areas and the areas were not enclosed and protected from natural elements. The required emergency medical and basic essential equipment as well as medical supplies were not complete. Health records management guidelines were not fully implemented as access control measures were not fully adhered to and the annual registers for archived and disposed records were not available.

PATIENT RECORD AUDIT

Most of the sampled audited patient records demonstrated that there was no compliance with the law by healthcare personnel when recording the health records such as missing health risk factors, family chronic histories, gestational ages, musculoskeletal examinations,and obstetric histories. Consent forms and copies of referral letters were either not available in health recordsor not fully completed as required.

STAFF INTERVIEW

The majority of the sampled interviewed staff were knowledgeable on the following: management of patients according to the nature and severity of their health condition, the information needed to be provided to users that were being referred and the management of adverse events.

Functional Areas outcome

As depicted in table 15, dispensary showed the highest score of 100%, an average of 63% and the lowest score of 10% followed by clinical services with the highest score of 93%, an average of 54% and the lowest score of 23%. Clinic manager recorded the highest score of 86%, an average of 31% and the lowest score of 0%. Maintenance services showed the highest score of 71%, an average of 43% and the lowest score of 0%. OHSC inspects four functional areas in PHChealth establishments namely: the clinic manager, clinical services, the dispensary/medicine room, and maintenance services. It is important to note that the clinic manager is the only functional area where one assessment type was used to collect data which was document review.

The other three functional areas used a combination of any of the four assessment types, namely: document review, patient record audit, observations, and staff interviews. Dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the Eastern Cape with maintenance services being the lowest at 71%. Of the sampled health establishments in the province, the lowest performance of 0% was noted both in the clinic manager and maintenance services. Clinical services and clinic manager were the second and thirdperforming functional areas respectively.

Functional Area Grading

In the clinic manager functional area, only three health establishments were graded Excellent, three were graded Good, nine graded Satisfactory whereas 146 were graded Unsatisfactory. In the clinical services, only four health establishments were graded as Excellent, whilst 14 were graded Good, 38 were graded Satisfactory and 105 health establishments were graded Unsatisfactory. Forty-three health establishments were graded Excellent in the dispensary/medicine room, whilst 13 were graded Good and 30 were graded Satisfactory and the rest of 75 health establishments were graded Unsatisfactory. In maintenance services, none of the health establishments were graded either Excellent or Good and 10 were graded Satisfactory whilst 151 health establishments were graded Unsatisfactory. Overall, majority of health establishments showed an Unsatisfactory overall grading across the four functional areas.

Assessment type	Performance Outcome on Assessment type		
	Lowest	Average	Highest
Documents	0%	33%	85%
Observations	27%	60%	93%
Patient record audit	0%	83%	100%
Staff interview	0%	35%	100%

Functional Areas	Performance outcome of FA		
	Lowest	Average	Highest
Maintenance services	0%	43%	71%
Dispensary / Medicine room	10%	63%	100%
Clinical Services	23%	54%	93%
Clinic Manager	0.00%	31.00%	86%

District	Grading Performance Outcome by FA			
	Excellent (%)	Good (%)	Satisfactory (%)	Unsatisfactory (%)
Maintenance services (161)	0%	0%	6.21%	93.79%
	0	0	10	151
Dispensary / Medicine room (161)	26.71%	8.07%	18.63%	46.58%
	43	13	30	75
Clinical Services (161)	2.48%	8.70%	23.60%	65.22%
	4	14	38	105
Clinic Manager (161)	1.86%	1.86%	7.59%	90.68%
	3	3	9	146

Table 15: Assessment type and FAs outcomes

Overall Grading Per Health Establishments

This section of the report highlights the overall grading per health establishments.

District	Facility	Essential	Vital	Grade
A Nzo DM	Paballong	53.03%	20.29%	
	Qasa	22.73%	45.10%	
	Matubeni	24.24%	45.65%	
	Zulu	16.67%	48.33%	
	Qaqa	33.33%	50.25%	
	Mt Frere Gateway	34.92%	53.03%	
	Mzongwana	61.90%	56.19%	
	Mntwana	46.15%	56.47%	
	Mnceba	41.27%	56.86%	
	Tshungwana	39.39%	57.21%	
	Afsondering	43.28%	58.69%	
	Queen's Mercy	69.70%	59.05%	
	Magadla	69.84%	72.62%	
	Matatiele Comm Clinic	73.44%	65.02%	
	Likhetlane	65.15%	66.90%	
	Mt Hargreaves	73.33%	68.12%	
Amathole DM	Sundwana	12.70%	14.58%	
	Nqabeni	22.73%	20.00%	
	Melitafa	19.70%	28.64%	
	Gcaleka	28.79%	33.10%	
	Victoria Gateway	14.75%	35.78%	
	Norah	41.94%	51.72%	
	Fort Malan	27.27%	51.90%	
	Taleni	29.23%	52.62%	
	U Ncera	19.70%	53.33%	
	Tutura	50.77%	53.48%	
	Gilton	21.21%	54.05%	
	Vukukhanye Gateway	28.57%	54.35%	
	Bhele	52.38%	54.98%	
	Peddie Ext	43.94%	55.48%	
	Melani	18.18%	55.87%	
	Gwadana	24.24%	56.57%	
	Nkanya	41.67%	57.25%	
	Grainvalley	50.79%	59.45%	
	Amathole Basin	42.42%	60.20%	
	Mtombe	34.85%	60.87%	
	Ndabakazi	63.49%	80.43%	
	Highview	73.44%	71.19%	
	Ibika	75.38%	71.74%	
	Horton	63.33%	60.20%	
	CL Bikitsha	60.32%	64.22%	
	Wesley	65.15%	65.94%	

District	Facility	Essential	Vital	Grade
Amathole DM	War Mem Clinic	57.14%	66.90%	
	Matomela	58.46%	67.89%	
	A Mandla	60.32%	68.33%	
	Tanga	56.06%	69.25%	
	Mgwalana	69.84%	69.36%	
	Tyata Clinic	87.30%	91.79%	
Buffalo City MM	Ginsberg	67.19%	32.14%	
	Frere Gateway	20.90%	50.46%	
	Breidbach	46.88%	51.19%	
	John Dube	34.38%	51.90%	
	Shornville	52.31%	53.05%	
	Masakhane (Zwe)	48.39%	54.76%	
	Noncampa	40.32%	56.47%	
	Gompo A Ndende	25.76%	56.57%	
	Zwelitsha Zone 5	43.28%	56.90%	
	Gompo C Jabavu	42.19%	57.64%	
	Bhisho Gateway	33.87%	57.97%	
	Braelyn Clinic	25.00%	58.33%	
	Cambridge	24.24%	59.03%	
	Braelyn Ext	44.26%	61.27%	
	Beacon Bay	42.19%	65.02%	
	Sweetwaters	69.35%	60.20%	
C Hani DM	All Saints Gateway	23.08%	10.56%	
	Clarkebury	19.70%	15.00%	
	Mitford	42.19%	35.24%	
	Oxton	16.67%	46.38%	
	Ntsimba	30.65%	47.42%	
	Tora	23.81%	47.51%	
	Tentergate	60.94%	48.01%	
	Mdanjelwa	26.15%	48.33%	
	Yonda	13.64%	50.00%	
	Sada Clinic	24.24%	50.72%	
	Mhlopekazi	25.76%	50.94%	
	Mjanyana Clinic	29.23%	51.72%	
	Ekuphumleni	28.79%	52.17%	
	Shiloh	26.15%	52.45%	
	Pricesdale	15.63%	52.62%	
	Lahlangubo (Qtown)	28.13%	53.33%	
	Kleinbulhoek	42.62%	56.47%	
	Didimana	46.97%	59.05%	
	Tsitsikamma	44.78%	59.39%	
	Nkwenkwana	34.92%	59.76%	

District	Facility	Essential	Vital	Grade
C Hani DM	Zola	87.69%	70.10%	
	Bacclesfarm	53.33%	60.95%	
	Kamastone	57.38%	63.64%	
	Rocklands	57.58%	67.84%	
Joe Gqabi DM	Hlomendlini Clinic	35.94%	18.84%	
	Bethania	33.33%	35.78%	
	Hlangalane	36.36%	36.52%	
	Esilindini	34.43%	49.75%	
	Umlamli Gateway	29.51%	53.03%	
	Sterkspruit Town Clinic	39.68%	53.48%	
	T Bequest Gateway	33.33%	53.62%	
	Zenethemba Clinic	40.98%	54.35%	
	Katkop	18.18%	54.66%	
	Mangoloaneng	20.31%	55.07%	
	Bluegums	40.00%	56.13%	
	Macacuma Clinic	36.07%	57.18%	
	Hlankomo	25.76%	57.97%	
	Bensonvale	61.02%	61.36%	
	Sonwabile	50.00%	63.48%	
	Maclear Clinic	56.92%	64.95%	
N Mandela Bay MM	Joe Slovo	25.35%	24.31%	
	Silvertown	35.38%	41.67%	
	N Brighton Clinic	25.37%	47.03%	
	Du Preez Street	36.92%	53.88%	
	Tshangana	44.78%	54.76%	
	Kwazakhele Clinic	44.62%	55.48%	
	Park Centre	43.08%	56.62%	
	Chatty	51.47%	56.94%	
	Kwadwesi	47.76%	57.28%	
	Algoa Park Clinic	60.32%	78.68%	
	Middle Street	75.41%	70.29%	
	Zwide Clinic	53.73%	62.21%	
	Kwamagxaki	52.46%	63.18%	
	Lukhanyo	62.12%	63.48%	
	Gustav Lamour	74.24%	65.73%	
	Booysens Park	64.62%	67.36%	
O Tambo DM	Efata	20.69%	24.26%	
	Lwandile	15.38%	30.05%	
	Ntibane	15.63%	31.16%	
	Nqanda A	29.69%	37.50%	
	Tsolo	25.81%	47.73%	
	Nkumandeni	20.63%	50.00%	

District	Facility	Essential	Vital	Grade
O Tambo DM	Canzibe Gateway	12.50%	50.48%	
	Mbalisweni	21.88%	50.76%	
	St Lucy's Gateway	30.30%	51.64%	
	Nkanunu	29.51%	53.19%	
	Pilani	20.00%	54.86%	
	Lujizweni	33.85%	57.58%	
	SOS	43.33%	57.96%	
	Mthatha Gateway	53.73%	59.39%	
	Kambi	41.54%	60.09%	
	Ezingcuka	45.00%	61.27%	
	Lotana	45.90%	62.75%	
	Shawbury	47.54%	64.95%	
	Ntshele	63.64%	87.32%	
	Sidwadweni	52.46%	60.20%	
	Mbokotwana	63.93%	60.20%	
	Civic Centre	74.24%	62.21%	
	Ntshabeni	60.61%	65.97%	
	Mpeko	61.29%	66.92%	
	Stanford Terrace	61.29%	66.92%	
Sarah Baartman DM	Imizamo Yetho	29.23%	45.14%	
	Humansdorp Clinic	17.91%	45.31%	
	Masakhane (Hankey)	29.69%	47.30%	
	Thornhill	25.00%	50.72%	
	Pellsrus	40.30%	53.76%	
	Loerie Clinic	35.48%	53.92%	
	Brug Straat Clinic	44.62%	57.97%	
	Kruisfontein	50.00%	58.70%	
	Andrieskraal Clinic	41.54%	60.54%	
	Horseshoe	77.78%	72.92%	
	Umasizakhe	84.85%	73.19%	
	Masakhane (Aberdeen)	87.10%	74.18%	
	Union Street	57.81%	60.48%	
	B Ngwentle	61.19%	64.32%	
	Aeroville	51.56%	64.49%	
	Gracey	56.92%	69.25%	

Performance outcomes per Districts

Alfred Nzo District Municipality

Clinics Risk Rating Outcome

In the essential measures, the lowest score was 16.67% attained by Zulu Clinic, whilst the highest score of 73.44% achieved by Matatiele Community Clinic. For Vital measures, the highest score achieved was 72.62% by Magadla Clinic and the lowest score by Paballong Clinic at 20.29%.

Average Performance Outcome per Domain (Chapter)

The highest average obtained in Alfred Nzo district is 56% in Clinical Support Services followed by User Rights at 55%. Facilities & Infrastructure and Clinical Governance & Clinical Care had average performances of 49% and 45% respectively. Majority of vital risk-rated measures were assessed in the Clinical Governance and Clinical Care domain (chapter). Governance and Human Resources had the lowest average performance at 34%.

Performance Outcome on Assessment type

Staff interview assessment type performed the highest across the four assessment types with patient record audit being the lowest. The highest score of 100% was noted for staff interviews, an average of 85% and the lowest score of 67%, followed by observations with the highest score of 81%, an average of 57% and the lowest score of 27%. Documents were third with the highest score of 71%, an average of 41% and the lowest score of 10%. Patient record audits performed the lowest across all assessment types with the highest score of 57%, an average of 20% and the lowest score of 14%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for referral system, informed consent and management of occupational health and safety incidents were either not available and where available, they were either outdated, not signed, or approved, signatures were not designated, or the content was insufficient. Waiting times were not fully monitored across the district. Training of personnel was either not available or inadequate in relation to the required number of personnel trained or the content that needed to be covered. Waiting times were not fully monitored in majority of the inspected HEs. The required information on the referral registers was not fully completed whilst the register was not available in other HEs. Systems for the management of occupational health and safety were implemented. Service level agreements for outsourced waste removal and security services were not monitored for performance. The performance management system was not fully implemented as annual reports and completed personal development plans were not available. Human resource plans to meet the needs of each health establishment were not fully implemented. The legislative requirement for the appointment and functionality of clinic committees was not adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

Hand washing facilities such disposable hand paper towels, running water and liquid hand soap were not available. Health records management guidelines were not fully implemented as access control measures were not fully adhered to and the annual registers for archived and disposed records were not available. The required emergency and basic equipment as well as basic medical supplies were incomplete. There was no adherence to minimum waste management requirements as there were no appropriate containers for general and sanitary waste, general waste was burnt onsite as well as no appropriate designated waste storage areas. Maintenance carried out did not include all required areas as observed by damaged gutters and ceilings as well as peeling paints.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as musculoskeletal examination, allergies, healthcare provider's qualification, surgical history, family chronic history and gestational period. Informed consent forms and copies referral forms were either not available in the health records or incorrectly completed by healthcare providers.

Staff Interviews

More than 60% of the sampled interviewed staff demonstrated full knowledge about the management of patients according to the nature and severity of their health condition as well as what information needed to be provided to users that were being referred and the management of adverse events.

Performance Outcome on Functional Areas

Dispensary/medicine room performed the highest score of 100%, an average of 68% and the lowest score of 20%. Clinical services had the highest score of 75%, an average of 53% and the lowest score of 31% followed by clinic manager with the highest score 74%, an average of 38% and the lowest score of 9%. Maintenance services was lowest performing functional area with the highest score of 58%, an average of 36% and the lowest score of 15%.

Four functional areas were inspected in each of the sampled health establishments within the Alfred Nzo district namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews. Dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district with maintenance services being the lowest performing functional area. Clinical services and clinic manager were the second and third performing functional areas respectively in the district. The clinic manager recorded the lowest performance of 9%.

Amathole District Municipality

Clinics Risk Rating Outcome

In the essential measures, the highest score was achieved by Tyata Clinic at 87.30% whilst the lowest of 12.70% was achieved by Sundwana Clinic. For vital measures, the highest score of 91.79% was recorded by Tyata Clinic whilst Sundwana Clinic achieved the lowest score of 14.58%. Notably, the same clinics recorded both the highest and lowest scores on the two risk ratings consistently in the district.

Average Performance Outcome per Domains (Chapters)

The highest average performance of 57% for User Rights followed by Clinical Supports Services at 55% and Facilities and Infrastructure at 50%. Clinical Governance and Clinical Care is where majority of risk-rated measures were assessed scored 46% whereas Governance and Human Resources performed the lowest at an average of 24%.

Performance Outcome on Assessment Type

Staff interview and patient record audit both had the highest performance across the four assessment types with documents being the lowest. The highest score of 100% was noted for staff interviews, an average of 93% and the lowest score of 33%. Patient record audits also had the highest score of 100%, an average of 50% and the lowest score of 14%. Observations had the highest score of 93%, an average of 65% and the lowest score of 37% whilst documents showed the highest score of 83%, an average of 32% and the lowest score of 0%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for referral system, informed consent and for safety and security were either not available and where available, they were either outdated, not signed or approved, signatures were not designated or the content was insufficient. Waiting times were not fully monitored across the district. Training of personnel was either not available or inadequate in relation to the required number of personnel trained or the content that needed to be covered. Waiting times were not fully monitored in majority of the inspected HEs. The required information on the referral registers was not fully completed whilst the register was not available in other HEs. Systems for the management of occupational health and safety were implemented. Service level agreements for outsourced waste removal and security services were not monitored for performance. The stock control system was not fully implemented. The performance management system was not fully implemented as annual reports and completed personal development plans were not available. Human resource plans to meet the needs of each health establishment were not fully implemented. The legislative requirement for the appointment and functionality of clinic committees was not adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

Hand washing facilities such disposable hand paper towels, functional basin and liquid hand soap were not available. Health records management guidelines were not fully implemented as access control measures were not fully adhered to and the annual registers for archived and disposed records were not available. The required emergency and basic equipment as well as basic medical supplies were incomplete. There was no adherence to minimum waste management requirements as there were no appropriate containers for general and sanitary waste as well as appropriate designated waste storage areas. Maintenance carried out did not include all required areas as observed by damaged gutters, collapsing ceilings and peeling paints.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as musculoskeletal examination, allergies, healthcare provider's qualification, surgical history, family chronic history and gestational period. Informed consent forms were either not available in the health records or incorrectly completed by healthcare providers.

Staff Interviews

More than 50% of the sampled interviewed staff demonstrated knowledge about the management of patients according to the nature and severity of their health condition as well as what information needed to be provided to users that were being referred and the management of adverse events.

Functional Area outcome

The dispensary/medicine room had the highest score of 100%, an average of 63% and the lowest score of 10% followed by clinical services with the highest score 93%, an average of 63% and the lowest score of 40%. The highest score for the clinic manager was 82%, an average of 28% and the lowest score of 0%. Maintenance services performed the lowest across all functional areas with the highest score of 71%, an average of 46% and the lowest score of 23%.

Four functional areas were inspected in each of the sampled health establishments within Amathole DM namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews. The dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district with maintenance services being the lowest performing functional area. Of the sampled health establishments in the district, the lowest performance of 0% was noted in the clinic manager. Clinical services and clinic manager were the second and third performing functional areas respectively in the district.

Buffalo City Metropolitan Municipality

Clinics Risk Rating Outcome

The highest score for essential measures was achieved by Sweetwaters' Clinic at 69.35% whilst the lowest of 20.90% was achieved by Frere Gateway Clinic. For vital measures, the highest score of 65.02% was recorded by Beacon Bay Clinic whilst Ginsberg Clinic achieved the lowest score of 32.14%.

Average Performance Outcome per Domain (Chapter)

The highest average performance of 58% was achieved in Clinical Support Services, followed by Facilities and Infrastructure at 86%. User Rights had an average performance at 51% and Clinical Governance and Clinical Care, the domain (chapter) where majority of vital risk-rated measures were assessed was fourth with an average performance of 40%. Governance and Human Resources had the lowest average performance of 20%.

Performance Outcome on Assessment type

Staff interview and observations had the highest performance across the four assessment types with documents being the lowest. Of note was that staff interviews recorded both the highest and lowest averages in the district in this order: highest score at 100%, an average of 75% and the lowest score at 0% followed by observations with the highest score of 100%, an average of 60% and the lowest score of 48%. Patient record audits showed the highest score of 71%, an average of 40% and the lowest score of 14%. The lowest performing assessment type was documents with the highest score of 58%, an average of 30% and the lowest score of 6%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for referral system, management of occupational health and safety incidents and safety and security were either not available and where available, they were either outdated, not signed, or approved, signatures were not designated, or the content was insufficient. Waiting times were not fully monitored across the district. Training of personnel was either not available or inadequate in relation to the required number of personnel trained or the content that needed to be covered. Waiting times were not fully monitored in majority of the inspected HEs. The required information on the referral registers was not fully completed whilst the register was not available in other HEs. Systems for the management of occupational health and safety were implemented. Service level agreements for outsourced waste removal and security services were not monitored for validity and performance whilst they were not available in other HEs. The performance management system was not fully implemented as annual reports and completed personal development plans were not available. Human resource plans to meet the needs of each health establishment were not fully implemented. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

Hand washing facilities such disposable hand paper towels, functional basin and liquid hand soap were not available. Health records management guidelines were not fully implemented as access control measures were not fully adhered to and the annual registers for archived and disposed records were not available. The required emergency and basic equipment as well as basic medical supplies were incomplete. There was no adherence to minimum waste management requirements as there were no appropriate containers for general and sanitary waste as well as no designated waste storage areas. Maintenance carried out did not

include all required areas as observed by damaged ceilings, cracked walls and peeling paints.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as musculoskeletal examination, healthcare provider's qualification, surgical history, family chronic history and gestational period. Informed consent forms and copies of referral forms were not available in 50% of the health records.

Staff Interviews

More than 50% of the sampled interviewed staff demonstrated knowledge about the management of patients according to the nature and severity of their health condition as well as what information needed to be provided to users that were being referred whilst the management of adverse events was not known by same.

Functional Area outcome

The dispensary/medicine room had the highest score of 90%, an average of 64% and the lowest score of 39% followed by both clinical services with the highest score of 69%, an average of 53% and the lowest score of 42% and maintenance services had the highest score of 69%, an average of 47% and the lowest score of 31%. Clinic manager was the lowest performing functional area on all averages with the highest score 57%, an average of 28% and the lowest score of 7%.

Four functional areas were inspected in each of the sampled health establishments within Buffalo City MM, namely: the clinic manager, clinical services, the dispensary/medicine room, and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types, namely: document review, patient record audit, observations, and staff interviews. The dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district with the clinic managerbeing the lowest performing functional area. Of the sampled health establishments in the district, the lowest performance of 7% was noted in the clinic manager where majority of the required documents were found to be non-compliant or not available. Both clinical services and maintenance services were the second performing functional areas in the district.

Chris Hani District Municipality

Clinics Risk Rating Outcome

The lowest score of 13.64% for essential measures was achieved by Yonda Clinic whilst the highest score was achieved by Zola clinic at 87.69%. For vital measures, the highest score of 70.10% was achieved by Zola Clinic whilst the lowest score was 10.56% by All Saints Gateway Clinic. Zola Clinic has performed the highest in the district for both vital and essential risk-rated measures.

Average Performance Outcome per Domain (Chapter)

The Clinical Support Services had the highest average performance at 52%, followed by User Rights at 55%. Facilities and Infrastructure domain (chapter) had the average score of 40% whilst Clinical Governance and Clinical Care, the domain (chapter) where most vital risk-rated measures were assessed was at 34%. Governance and Human Resources had the lowest average performance at 23%.

Performance Outcome on Assessment type

The staff interview had the highest performance across the four assessment types with observations being the lowest. Staff interviews showed the highest score of 100%, an average of 85% and the lowest score of 33%, followed by patient record audits with the highest score of 86%, an average of 37% and the lowest score of 0%. Documents had the highest score of 84%, an average of 26% and the lowest score of 6%. Observations were the lowest performing assessment type and showed the highest score of 81%, an average of 53% and the lowest score of 31%.

Cross-cutting findings in the assessment typeoutcomes:

Documents

The required documents such as standard operating procedures for informed consent, referral system and safety and security were either not available and where available, they were either outdated, not signed, or approved, signatures were not designated, or the content was insufficient. Training of personnel was either not available or inadequate in relation to the required number of personnel trained or the content that needed to be covered. Waiting times were not fully monitored in majority of the inspected HEs. The required information on the referral registers was not fully completed whilst the register was not available in other HEs. Systems for the management of occupational health and safety were implemented. Service level agreements for outsourced waste removal and security services were not monitored for validity and performance whilst they were not available in other HEs. The performance management system was not fully implemented as annual reports and completed personal development plans were not available. Human resource plans to meet the needs of each health establishment were not fully implemented. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

Hand washing facilities such disposable hand paper towels and liquid hand soap were not available. Health records management guidelines were not fully implemented as access control measures were not fully adhered to and the annual registers for archived and disposed records were not available. The required emergency and basic equipment as well as basic medical supplies were incomplete. There

was no adherence to minimum waste management requirements as the waste storage areas did not have drainage systems. Maintenance carried out did not include all required areas as observed by damaged door handles, cracked walls and peeling paints.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as musculoskeletal examination, respiratory rate, surgical history, family chronic history and gestational period. Informed consent forms and copies of referral forms were either not available in the health records or incorrectly completed by healthcare providers.

Staff Interviews

Staff Interviews: More than 50% of the sampled interviewed staff demonstrated full knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events

Performance Outcome on Functional Areas

The dispensary/medicine room had the highest score of 100%, an average of 60% and the lowest score of 26% followed by clinic manager with the highest score 84%, an average of 22% and the lowest score of 0%. Clinical services had the highest score of 77%, an average of 51% and the lowest score of 0%. The highest score for the maintenance services was 62%, an average of 33% and the lowest score of 0%.

Four functional areas were inspected in each of the sampled health establishments within Chris Hani district namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types, namely: document review, patient record audit, observations, and staff interviews. Dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district, while clinic manager and clinical services were the second and third performing functional areas respectively in the district. Maintenance services was the lowest performing functional area. The lowest average of 0% was noted in both the maintenance services and clinic manager functional areas.

Joe Gqabi District Municipality

Clinics Risk Rating Outcome

In the essential measures, the lowest score of 18.18% by Katkop Clinic whilst the highest score was achieved by Bensovale Clinic at 61.02%. For vital measures, the highest score of 64.95% was achieved by Maclear Clinic whilst the lowest score was 18.84% by Hlomendlini Clinic.

Average Performance Outcome per Domain (Chapter)

Facilities and Infrastructure had the highest average performance at 60%, followed by User Rights at 49% and Clinical Support Services at 40%. Clinical Governance and Clinical Care, the domain (chapter) where majority of vital risk-rated measures were assessed had an average performance of 37%. Governance and Human Resources had the lowest average performance at 20%.

Performance Outcome on Assessment type

Staff interviews had the highest performance across the four assessment types with patient record audits being the lowest. The highest score of 100% was noted for staff interviews, an average of 94% and the lowest score of 67%. Observations had the highest score of 85%, an average of 57% and the lowest score of 42%. Documents showed the highest score of 66%, an average of 27% and the lowest score of 8%. Patient record audits were the lowest performing assessment type and recorded the highest score of 57%, an average of 32% and the lowest score of 14%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for informed consent, referral system and safety and security were either not available and where available, they were either outdated, not signed, not dated or the content was insufficient. Training of personnel was either not available or inadequate in relation to the required number of personnel trained or the content that needed to be covered. Waiting times were not fully monitored in majority of the inspected HEs. The required information on the referral registers was not fully completed whilst the register was not available in other HEs. Systems for the management of occupational health and safety were implemented. Service level agreements for outsourced waste removal and security services were not monitored for performance. The performance management system was not fully implemented as annual reports and completed personal development plans were not available. Human resource plans to meet the needs of each health establishment were not fully implemented. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

Hand washing facilities such as functional taps, disposable hand paper towels and liquid hand soap were not available. Health records management guidelines were not fully implemented as access control measures were not fully adhered to. The required tracer medicines, emergency, and basic equipment as well as basic medical supplies were incomplete. There was no adherence to minimum waste management requirements as the waste storage areas did not have drainage systems. Maintenance carried out did not include all required areas as observed by cracked walls, damaged ceilings, and peeling paints.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of

users were not fully recorded as required by law such as surgical history, family chronic history, gastrointestinal examinations, and gestational age. Informed consent forms and copies of referral forms were either not available in the health records or incorrectly completedby healthcare providers as ages, signatures or dates were not recorded.

Staff Interviews

Majority of the sampled interviewed staff demonstrated full knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events.

Performance Outcome on Functional Area

Clinical services had the highest score of 85%, an average of 52% and the lowest score of 38%, followed by dispensary/medicine room with the highest score 79%, an average of 45% and the lowest score of 26%. Maintenance services had the highest score of 67%, an average of 49% and the lowest score of 38%. Clinic manager performed the lowest across all functional areas with the highest score of 66%, an average of 26% and the lowest score of 11%.

Four functional areas were inspected in each of the sampled health establishments within Joe Gqabi District namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types, namely: document review, patient record audit, observations, and staff interviews. Clinical services showed the highest performance across the four functional areas for all inspected clinics in the district, while dispensary/medicine room and maintenance services were the second and third performing functional areas respectively in the district. Clinic manager was the lowest performing functional area, also recording the lowest average of 11%.

Nelson Mandela Bay Metropolitan Municipality

Clinics Risk Rating Outcome

In the essential measures, the lowest score of 24.31% was obtained by Joe Slovo Clinic whilst the highest score was achieved by Middle Street Clinic at 75.41%. For vital measures, the highest score of 78.68% was achieved by Algoa Park Clinic whilst the lowest score was 24.31% by Joe Slovo Clinic.

Average Performance Outcome per Domain (Chapter)

Clinical Support Services had the highest average performance at 61%, followed by Facilities and Infrastructure at an average performance of 57% and User Rights at 52%. Clinical Governance and Clinical Care, the domain (chapter) where majority of vital risk-rated measures were assessed had an average performance of 50%. Governance and Human Resources had the lowest average performance at 32%.

Performance Outcome on Assessment Type

Staff interviews had the highest performance across the four assessment types with documents patient record audits being the lowest. The highest score for staff interviews was 100%, an average of 73% and the lowest score of 33%, followed by observations with the highest score of 77%, an average of 62% and the lowest score of 46%. Documents had the highest score of 75%, an average of 43% and the lowest score of 11%. Patient record audits were the lowest performing assessment type and showed the highest score of 63%, an average of 31% and the lowest score of 0%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for referral system and management of users with highly infectious diseases were either not available and where available, they were either outdated, not signed, not dated or the content was insufficient. Training of personnel was either not available or inadequate in relation to the required number of personnel trained or the content that needed to be covered. Waiting times were not fully monitored in majority of the inspected HEs. The required information on the referral registers was not fully completed. Systems for the management of occupational health and safety were implemented. Service level agreements for outsourced waste removal and security services were not monitored for validity and performance while they were not available in other HEs. The performance management system was not fully implemented as annual reports and performance management agreements were not available. Human resource plans to meet the needs of each health establishment were not fully implemented. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

Hand washing facilities such as disposable hand paper towels and liquid hand soap were not available. Health records management guidelines were not fully implemented as access control measures were not fully adhered to. The required emergency and basic equipment as well as basic medical supplies were incomplete. There was no adherence to minimum waste management requirements as there were no designated areas to store medical waste. Maintenance carried out did not include all required areas as observed by damaged ceilings and peeling paints.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of

users were not fully recorded as required by law such as surgical history, family chronic history, musculoskeletal examinations, and gestational age. Informed consent forms and copies of referral forms were either not available in the health records or incorrectly completed.

Staff Interviews

Majority of the sampled interviewed staff demonstrated lack of knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events.

Performance Outcome on Functional Area

Dispensary/medicine had the highest score of 96%, an average of 79% and the lowest score of 52% followed by both clinical services with the highest score 75%, an average of 52%, the lowest score of 32% and clinic manager with the highest score of 75%, an average of 40% and the lowest score of 7%. Maintenance services performed the lowest across all functional areas with the highest score of 47%, an average of 43% and the lowest score of 31%.

Four functional areas were inspected in each of the sampled health establishments within Nelson Mandela Bay MM, namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews. Dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district, while clinical services and clinic manager were the second performing functional areas respectively in the district. Maintenance services was the lowest performing functional area.

Oliver Reginald (OR) Tambo District Municipality

Clinics Risk Rating Outcome

In the essential measures, the highest score was achieved by Civic Center Clinic at 74.24% whilst the lowest score of 12.50% was recorded by Canzibe Gateway Clinic. For vital measures, the highest score of 85.21% was achieved by Ntshele Clinic whilst the lowest score was 24.26% by Efata Clinic.

Average Performance Outcome per Domain (Chapter)

Facilities and Infrastructure had the highest average performance at 57%, followed by User Rights at 52% and Clinical Support Services at 49%. Clinical Governance & Clinical Care, the domain (chapter) where majority of vital risk-rated measures were assessed had an average performance of 41%. Governance and Human Resources had the lowest average performance at 24%.

Performance Outcome on Assessment type

Staff interviews had the highest performance across the four assessment types with documents being the lowest. The highest score of 100% was noted for staff interviews, an average of 85% and the lowest score of 33%. Patient record audits recorded the highest score of 86%, an average of 28% and the lowest score of 13%. Observations had the highest score of 81%, an average of 60% and the lowest score of 36%. Documents were the lowest performing assessment type and showed the highest score of 56%, an average of 30% and the lowest score of 4%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for informed consent, referral system, safety and security and standard precautions were not available and where available, they were either outdated, not signed, not dated, signatures were not designated, or the content was insufficient. Training of personnel was either not available or inadequate in relation to the required number of personnel trained or the content that needed to be covered. Waiting times were not fully monitored in majority of the inspected HEs. The required information on the referral registers was not fully completed. Systems for the management of occupational health and safety were implemented. Service level agreements for outsourced waste removal and security services were not monitored for validity and performance while they were not available in other HEs. The stock control management system for medicines was not fully implemented. The performance management system was not fully implemented as annual reports and performance management agreements were not available. Human resource plans to meet the needs of each health establishment were not fully implemented. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

Cold chain management for medicines was not fully adhered to by 50% of inspected health establishments. Health records management guidelines were not fully implemented as access control measures were not fully adhered to. The required emergency and basic equipment as well as basic medical supplies were incomplete. There was no adherence to minimum waste management requirements as there were no appropriate containers for sanitary and general waste and the waste storage area was not well ventilated and general waste was burnt onsite. Maintenance carried out did not include all required areas as observed by damaged and collapsing ceilings as well as lights that were not functional.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as surgical history, family chronic history and musculoskeletal examinations. Informed consent forms and copies of referral forms were either not available in the health records or incorrectly completed in the health records of minors.

Staff Interviews

Majority of the sampled interviewed staff demonstrated knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events

Performance Outcome on Functional Area

Dispensary/medicine room had the highest score of 91%, an average of 57% and the lowest score of 28% followed by clinical services with the highest score 81%, an average of 52% and the lowest score of 31%. Maintenance services had the highest score of 69%, an average of 46% and the lowest score of 15% and clinic manager had the highest score of 69%, an average of 30% and the lowest score of 4%.

Four functional areas were inspected in each of the sampled health establishments within OR Tambo district namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types, namely: document review, patient record audit, observations, and staff interviews. Dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district, while clinical services were the second performing functional areas. Both maintenance services and clinic manager were the third performing functional areas.

Sarah Baartman District Municipality

Clinics Risk Rating Outcome

In the essential measures, highest score was achieved by Masakhane (Aberdeen) Clinic at 87.10% whilst the lowest score of 17.91% was recorded by Humansdorp clinic. For vital measures, the highest score of 74.18% was achieved by Masakhane (Aberdeen) Clinic whilst the lowest score was 45.14% by Imizamo Yetho Clinic. Notably, Masakhane (Aberdeen) Clinic scored the highest for both essential and vital measures in the district.

Average Performance Outcome per Domain (Chapter)

Clinical Support Services had the highest average performance at 61%, followed by User Rights at 56%. Clinical Governance and Clinical Care, the domain (chapter) where majority of vital risk-rated measures were assessed had an average performance of 50%. Facilities & Infrastructure performed at an average of 48% whilst Governance & Human Resources was the lowest amongst all domains (chapters) at an average of 38%.

Performance Outcome on Assessment type

Staff interviews had the highest performance across the four assessment types with patient record audits being the lowest. The highest score of 100% was noted for staff interviews, an average of 63% and the lowest score of 0%, followed by observations which recorded the highest score of 87%, an average of 63% and the lowest score of 38%. Documents had the highest score of 85%, an average of 43% and the lowest score of 8%. Patient record audits were the lowest performing assessment type and showed the highest score of 57%, an average of 29% and the lowest score of 14%. Staff interviews recorded both the highest and lowest average scores in the district.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for informed consent, referral system and standard precautions were either not available and where available, they were either not signed, not dated or the content was insufficient. Training of personnel was either not available or inadequate in relation to the required number of personnel trained or the content that needed to be covered. Waiting times were not monitored in 50% of the inspected HEs. The required information on the referral registers was not fully completed. Systems for the management of occupational health and safety were implemented. Service level agreements for outsourced waste removal and security services were not monitored for validity and performance while they were not available in other HEs. The performance management system was not fully implemented as annual workplans and completed personal development plans were not available. Human resource plans to meet the needs of each health establishment were not fully implemented. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required hand washing facilities such as hand soap and hand hygiene posters were not available. Cold chain management for medicines was not fully adhered to by 50% of inspected health establishments. Health records management guidelines were not fully implemented as access control measures were not fully adhered to. The required emergency and basic equipment as well as basic medical supplies were incomplete. There was no adherence to

minimum waste management requirements as there were no appropriate containers for sanitary waste. Maintenance carried out did not include all required areas as observed by damaged ceilings, peeling paints and cracked walls.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as surgical history, family chronic history and musculoskeletal examinations. Informed consent forms and copies of referral forms were either not available in the health records or incorrectly completed in the health records of minors.

Staff Interviews

Staff Interviews: Majority of the sampled interviewed staff demonstrated lack of knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events.

Performance Outcome on Functional Area

Dispensary/medicine had the highest score of 100%, an average of 48% and the lowest score of 15%, followed by clinic manager with the highest score 86%, an average of 41% and the lowest score of 6%. Clinical services had the highest score of 83%, an average of 52% and the lowest score of 23%. Maintenance services performed the lowest across all functional areas with the highest score of 62%, an average of 48% and the lowest score of 15%.

Four functional areas were inspected in each of the sampled health establishments within Sarah Baartman District namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews. Dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district, while clinic manager and clinical services were the second and third performing functional areas respectively in the district. Maintenance services was the lowest performing functional area.

Standards regulations outcome per district

This section provides a summary of the average performance on standards regulations by the district in the Eastern Cape (Refer to table 16). The highest and lowest average scores were recorded by Chris Hani DM (67%) and Nelson Mandela Bay MM (50%) respectively on the standards regulations that address the following:

- the provision of adequate information to users regarding availability and access to healthcare services (standard regulation 1.1.1)
- Sarah Baartman District recorded the highest average score whereas the lowest was recorded by Joe Gqabi District on the standards regulations that address the following:
- the nature and severity of health conditions are attended to accordingly (standard regulation 1.2.1) – 58% and 47% respectively and
- standard regulation 1.3.1 about the monitoring of waiting times – 59% and 25% respectively.

The highest average score across all standards regulations in the User Right domain (chapter) was recorded by Amathole District at 72%, followed by Joe Gqabi District at 58% and Buffalo City MM at 56% on standard regulation 1.2.2 which is about maintaining the referral system as established by the responsible authority. OR Tambo DM recorded the lowest average score of 41% for the same standard regulation.

- Standard regulation 2.1.2 performed the lowest across all districts.
- Standard regulation 2.1.1 about ensuring that health records of healthcare users are protected, managed, and kept confidential in line with section 14, 15 and 17 of the Act recorded the highest average score of 67% by Sarah Baartman DM followed by both Alfred Nzo DM and Nelson Mandela Bay MM at 64% each whereas Chris Hani District was the lowest at 45% for the same standard regulation.
- Standard regulation on the creation and maintenance of a system for health records in accordance with the Act (standard regulation 2.1.2) had the highest average score of 33% by Amathole DM and the lowest at 7% by Alfred Nzo DM.
- The standard regulation 2.1.3 about having a formal process to be followed when obtaining informed consent from the user recorded the highest average score of 69% by Buffalo City MM followed by Amathole DM at 47% whereas both Chris Hani and Joe Gqabi districts were the lowest at 19% for the same standard regulation.
- The standard regulation 2.2.1 about establishing and maintaining clinical management systems, structures and procedures recorded the highest average score of 63% by Sarah Baartman DM, followed by Amathole District at 55% whereas Joe Gqabi District was the lowest at 31% for the same standard regulation.
- The standard regulation on the establishment and maintenance of clinical risks management system (standard regulation 2.2.2) had the highest average score of 51% by Sarah Baartman DM, followed by Nelson Mandela Bay MM at 50% whilst the lowest at 32% was recorded by both Chris Hani and Joe Gqabi districts.
- The standard regulation 2.3.1 about maintaining an environment which minimises the risk of disease outbreaks and the transmission of infection recorded the highest average score of 46% by Sarah Baartman DM followed by Amathole District at 41% and OR Tambo DM at 36% whereas Chris Hani district was the lowest at 26% for the same standard regulation.
- The standard regulation 2.4.1 about having a system to handling of waste in accordance with the law, recorded the highest average score of 68% by Nelson Mandela Bay MM followed by Sarah Baartman at 53% whereas Chris Hani District was the lowest at 39% for the same standard regulation.
- The standard regulation 2.5.1 about having a system to monitor and report all adverse

events recorded the highest average score of 59% by Sarah Baartman DM followed by Joe Gqabi DM at 56% whereas Buffalo City MM was the lowest at 36% for the same standard regulation.

The Sarah Baartman DM and Nelson Mandela Bay MM recorded the highest average scores of 69% whereas Joe Gqabi District recorded the lowest scores on the standards regulations that address the following:

- compliance with the provisions of the Pharmacy Act and the Medicines and Related Substances Act (standard regulation 3.1.1) at 69% by both Sarah Baartman and Nelson Mandela Bay MM and the lowest at 44% by Joe Gqabi DM.
- ensuring availability and functionality of medical equipment in compliance with the law (standard regulation 3.3.1) recorded the highest score of 48% by Sarah Baartman DM and lowest by Joe Gqabi DM at 34%. Amathole DM and Buffalo City MM were 2nd at 47% each and followed by Nelson Mandela MM at 46%.

The standard regulation on the availability of a functional governance structure (standard regulation 4.1.1) had the lowest performance across all standards regulations in this domain (chapter) with average scores in the range of 0% - 25% in the Eastern Cape. The 0% performance was noted in 3 districts namely: Amathole, Joe Gqabi and OR Tambo districts.

The highest average score of 28% was noted in Nelson Mandela Bay MM for the standard regulation 4.2.1 regarding systems in place to manage healthcare personnel in line with relevant legislation, policies, and guidelines, followed by both Alfred Nzo and Sarah Baartman districts at 25% each. Buffalo City MM recorded the lowest average score of 14% for the same standard regulation.

The highest average score of 49% was recorded by Sarah Baartman District followed by Alfred Nzo at 40% on the standard regulation 4.3.1 which addresses compliancewith the requirements of the Occupational Health and Safety Act,1993. Joe Gqabi District recorded the lowestaverage score of 24% on the same standard regulation.

The Amathole District recorded the highest average score of 59% for standard regulation 5.1.1 which addresses compliance with requirements of the building regulations, followed by Buffalo City MM at 58% and Joe Gqabi DM at 57% whereas Chris Hani district recorded the lowest average score of 48% for the same standard.

Joe Gqabi District achieved the highest average scores of 64% for standard regulation 5.2.1 which ensures that engineering services are in place, followed by OR Tambo District at 60% and then Sarah Baartman District at 51%. The lowest average score of 35% was attained by both Alfred Nzo and Chris Hani districts forthe same standard regulation.

There were only three of the eight districts that were assessedon standard regulation 5.3.1 which addresses ensuring that vehicles used to transport users and healthcare personnel are safe and well maintained. Amathole District had the highest average score of 100%, followed by Nelson Mandela Bay MM at 25% and the lowest by Joe Gqabi District at 0%.

Nelson Mandela Bay MM performed the highest at 70% on the standard regulation 5.4.1 regarding the availability of systems to protect users, health care personnel and property against security threats or risks, followed by Joe Gqabi District at 61% and Buffalo City at 58% whereas the lowest average score of 34% was recorded by Chris Hani District for the same standard regulation.

The performance of health establishments against each standard regulation must be at 100% to be deemed compliant. Partial compliance within a standard regulation result in overall non-compliance with the respective standard regulation.

The performance across all standards regulations per district is as follows:

- Alfred Nzo district was not fully compliant all the standards regulations assessed. The highest performance was 83% and the lowest at 7%. One of the 21 standards regulations assessed performed in the range of 71% - 100% and 10 in the range of 50% - 70%. Nine standards regulations performed at > 20% but

< 50% whilst the remaining 1 performed in the range of 0% - 20%. Standard regulation 5.3.1 was not assessed in Alfred Nzo istrict.

- Amathole District was fully compliant only with standard regulation 5.3.1. The highest performance was 100% and the lowest at 0%. Two of the inspected standards regulations assessed performed in the range of 71% - 100% and 7 in the range of 50% - 70%. Ten standards regulations performed at > 20% but < 50% whilst the remaining two performed in the range of 0% - 20%.
- Buffalo City MM was not fully compliant with all the standards regulations assessed. The highest performance was 83% and the lowest at 6%. One of the standards regulations assessed performed in the range of 71% - 100%, 10 in the range of 50% - 70% and seven performed at > 20%
  but < 50% whilst the remaining three performed
  in the range of 0% - 20%. Standard regulation 5.3.1 was not assessed in Buffalo City MM.
- Chris Hani district was not fully compliant with all the standards regulations assessed. The

  highest performance was 91% and the lowest at 13%. One of the 21 standards regulations assessed performed in the range of 71% - 91% and 3 in the range of 50% - 70%. Fifteen standards regulations performed at > 20% but < 50% whilst the other two performed in the range of 0% - 20%. Standard regulation 5.3.1 was not assessed in Chris Hani District.
- Joe Gqabi District was not fully compliant only with all standards regulations assessed. The highest performance was 64% and the lowest at 0%. Eight of the standards regulations performed in the range of 50% - 64% and another 8 at > 20% but < 50%. The remaining 5 performed in the range of 0% - 20%.
- Nelson Mandela Bay MM was not fully compliant with all standards regulations assessed. The highest performance was 70% and the lowest at 16%. Eight standards regulations performed in the range of 50% - 70%. Twelve standards regulations performed at > 20% but < 50% and the remaining 1 performed in the range of 0% - 20%.
- OR Tambo district was not fully compliant with all standards regulations assessed. The highest performance was noted at 60% with the lowest at 0% where 8 in the range of 50% - 60%. Ten standards regulations performed at > 20% but < 50% and the remaining two performed in the

  range of 0% - 20%. Standard regulation 5.3.1

  was not assessed in OR Tambo District.
- Sarah Baartman District was not fully compliantwith all the standards regulations assessed.
  The highest performance was noted at 69% with the lowest at 8% where 11 standards regulations performed in the range of 50% - 69%. Seven standards regulations performed in the range of > 20% but < 50% whilst the remaining two in the range of 0% - 20%. Standard regulation 5.3.1 was not assessed in Sarah Baartman District.

Eastern Cape	A Nzo	Amathole	Buffalo City	C Hani	Joe Gqabi	N Mandela Bay	O Tambo	Sarah Baartman
Clinical Governance and Clinical Care								
2.1.1The health establishment must ensure that health records of health care users are protected, managed, and kept confidential in linewith section 14, 15 and 17 of the Act.	64%	61%	59%	45%	51%	64%	52%	67%
2.1.2The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	7%	33%	17%	21%	14%	16%	14%	8%
2.1.3The health establishment must have a formal process to be followed when obtaining informed consent from the user.	34%	47%	69%	19%	19%	31%	30%	28%
2.2.1The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.	50%	55%	48%	44%	31%	50%	51%	63%
2.2.2The health establishment must establish and maintain systems, structures, and programmes to manage clinical risk.	46%	44%	36%	32%	32%	50%	37%	51%
2.3.1The health establishment must maintain an environment, which minimises the risk of disease outbreaks, the transmission of infection to users, health care personnel and visitors.	33%	41%	27%	26%	29%	34%	36%	46%
2.3.3The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	83%	100%	83%	91%	100%	100%	100%	100%
2.4.1The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.	52%	47%	51%	39%	51%	68%	52%	53%
2.5.1The health establishment must have a system to monitor and report all adverse events.	55%	47%	36%	43%	56%	41%	49%	59%
Clinical Support Services								
3.1.1The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.	64%	60%	65%	61%	44%	69%	54%	69%
3.3.1Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	43%	47%	47%	40%	34%	46%	42%	48%
Facilities and Infrastructure								
5.1.1The health establishment and their grounds must meet the requirements of the building regulations.	52%	59%	58%	48%	57%	55%	54%	56%
5.2.1The health establishment must ensure that engineering services are in place.	35%	52%	50%	35%	64%	44%	60%	51%
5.3.1The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.		100%			0%	25%		
5.4.1The health establishment must have systems to protect users, health care personnel and property from security threats and risks.	56%	48%	58%	34%	61%	70%	58%	35%
Governance and Human Resources								
4.1.1The health establishment must have a functional governance structure with written Terms of Reference.	25%	0%	6%	13%	0%	25%	0%	13%
4.2.1The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation, policies, and guidelines.	25%	20%	14%	21%	19%	28%	24%	25%
4.3.1The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.	40%	30%	25%	26%	24%	36%	27%	49%

User rights								
1.1.1The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	59%	66%	51%	67%	64%	50%	54%	55%
1.2.1The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	56%	50%	55%	52%	47%	57%	57%	58%
1.2.2The health establishment must maintain a system of referral as established by the responsible authority.	46%	72%	56%	49%	58%	46%	41%	48%
1.3.1The health establishment must monitor waiting times against the National Core Standards for health establishments in South Africa.	55%	48%	38%	32%	25%	49%	47%	59%

Table 16: Standards regulations outcome per district

Recommendations

- The quality improvement strategies must ensure that all health establishments achieve 100% for the non-negotiable vital measures in the clinical services functional area as well as the required cut-off levels on vital and essential risk rated measures for eligibility of certification.
- The quality improvement strategies must ensure that the health establishments' inspection performance is improved from an unsatisfactory towards Excellent grading which will put them in a better position for compliance and therefore, eligibility of certification by OHSC.

Domain 1 (Chapter 1): User rights

There must be systems in place to monitor waiting times The requirements of the referral system must be adhered to for example, users that are being referred must be provided with the relevant information and copies of the referral letters must be contained in the users' health records Systems to ensure that users were provided with adequate information about the healthcare services available at health establishments and information about accessing those services must be fully implemented. The complaints management system must be fully implemented.

Domain 2 (Chapter 2): Clinical Governance and Clinic Care

The clinical risk management systems must be fully implemented by a structured system for document management which will ensure that all clinical governance process guiding documents are relevant, updated, accounted for and to assist in monitoring processes of implementation and tracking of performance progress. The system and programme must aim to design strategies to identify risks, conduct root cause analysis, monitor progress, and then put measures in place to mitigate further risks whether clinical or administrative. Auditing of clinical governance processes such as clinical risks, proxy indicators and clinical statistical processes should be prioritized as they have an impact on the clinical outcomes especially for priority conditions. To ensure that the management of waste and health records is in line with the prescripts of the law. To ensure that systems for contract management principles for outsourced services are in place and adhered to.

Domain 3 (Chapter 3): Clinical Support service

The state of readiness for emergencies must be ensured through training of personnel, availability and maintenance of emergency medical equipment, medicines as well as medical supplies.

Domain 4 (Chapter 4): Governance and Human Resources

There must be adherence to all legislative and policy requirements that relate to the Occupational Health

and Safety Act, Pharmaceutical Act, and National Environmental Management Act, human resources, and the appointment of clinic committees.

Domain 5 (Chapter 5): Facilities and Infrastructure

The fire safety and electrical compliance certificates must be available to comply with safety regulations for buildings. Maintenance plans to be developed. To ensure that systems for contract management principles for outsourced services are in place and adhered to.

Conclusion

- Of the sampled health establishments in the Eastern Cape, there were only four compliant health establishments for eligibility of certification by OHSC whereas 157 were not eligible for certification because of their non-compliant status.
- Only one HE of the sampled health establishments had acquired an Excellent overall grading, 11 HEs acquired a Good overall grading, 32 HEs received a Satisfactory overall grading and 117 HEs received an Unsatisfactory overall grading.
- Governance and Human resources domain (chapter) is consistently the lowest performing in all the districts.
- The maintenance services functional area consistently performed/scored the lowest whilst the dispensary/medicine room functional area demonstrated the highest performance/ score across the eight districts.
- Patient record audit assessment type demonstrated the lowest performance/score whilst the staff interviews showed the highest performance across all districts.
- The provincial inspection outcomes on standards regulations range between 0% – 100%.
- Only two standards regulations (2.3.3 and 5.3.1) were fully complied with in 6 districts however, the province did not fully comply across the eight districts on the same standards regulations.
- The highest score for the non-negotiable vital measures was 100% and only four clinics had achieved that requirement together with that of achieving the cut-off levels for essential measures for health establishments to be certified as compliant. Majority of vital measures (including the non-negotiables) reside in the clinical Governance and Clinical care domain.

Domain 1 (Chapter 1): User rights

There were no systems in place to monitor waiting times. Systems to ensure that users were provided with adequate information about the healthcare services available at health establishments and information about accessing those services were not fully implemented in the province. The requirements of the referral system were not adhered to as health records did not contain copies of the referral letters or the letters did not contain all the required referral information. The complaints management system was not fully implemented in the province.

Domain 2 (Chapter 2): Clinical Governance and Clinic Care

Systems, structures, and programmes for the management of clinical risks were not fully implemented in all districts. There was an inadequate system to ensure that health records of healthcare users are managed in line with legislation. The information relating to the examination and healthcare interventions of users was not fully recorded in user's health records. Waste management was not in line with guidelines which posed a risk to the users and staff. Service level agreements for outsourced services such as waste removal was not monitored validity and performance whilst they were not available in other health establishments.

Domain 3 (Chapter 3): Clinical Support service

The state of readiness for emergencies was not ensured as witnessed by the unavailability of emergency and essential equipment and supplies. There was no full implementation of the stock control system for medicines and medical supplies.

Domain 4 (Chapter 4): Governance andHuman Resources

The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to across all the districts. The performance management system was not fully adhered to as annual assessment reports were not available as per DPSA guidelines. There was no full implementation of a system to monitor that healthcare personnel maintained their professional registrations with the relevant councils. The human resource plans to meet the needs of each health establishment were not in place across all the districts. The requirements of the Occupational Health and Safety Act, 1993 were not fully complied with.

Domain 5 (Chapter 5): Facilities andInfrastructure

Safety regulations for buildings were not complied with as the fire safety and electrical compliance certificates as well as the maintenance plans were not available. Service level agreements for outsourced services suchas security services were not monitored for validity and performance whilst they were not available in other health establishments.

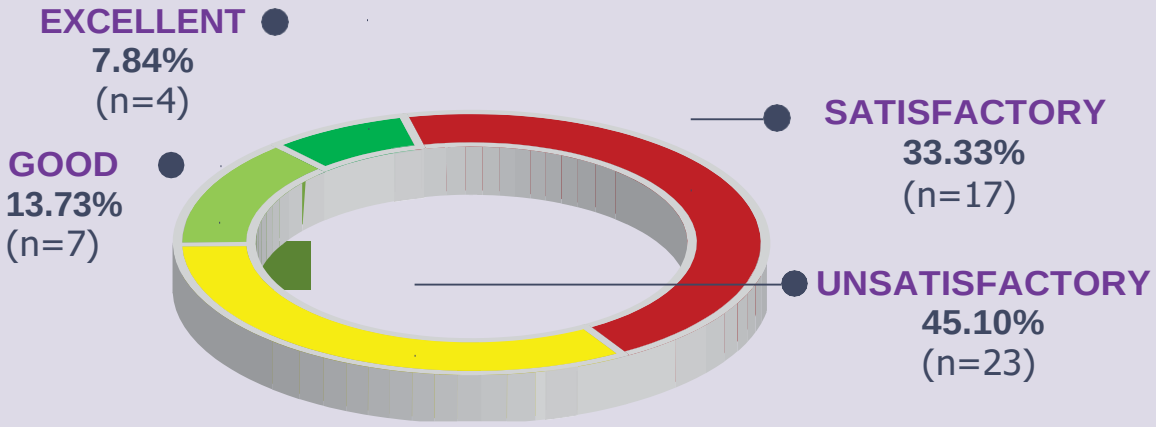
FREE STATE
INFOGRAPHIC

51
HEALTH ESTABLISHMENTS

11.76%
COMPLIANCE RATE

1:8
COMPLIANCE RATIO

OVERALL GRADING OUTCOME



COMPLIANCE OUTCOME PER DISTRICT

Compliance Rate			Excellent		Good		Satisfactory		Unsatisfactory	
0%	(0)	Fezile Dabi DM (8)	0.00%	(0)	12.50%	(1)	25.00%	(2)	62.50%	(5)
0%	(0)	Lejweleputswa DM (9)	0.00%	(0)	0%	(0)	33.33%	(3)	66.67%	(6)
12.50%	(1)	Mangaung MM (8)	0.00%	(0)	12.50%	(1)	0%	(0)	87.50%	(7)
23.53%	(4)	T Mofutsanyane DM (17)	17.65%	(3)	29.41%	(5)	47.06%	(8)	5.88%	(1)
11.11%	1	Xhariep DM (9)	11.11	(1)	0%	(0)	44.44%	(4)	44.44%	(4)
11.76%	**(6)**	Overall (51)	7.84%	(4)	13.73%	(7)	33.33%	(17)	45.10%	(23)

The Number of Clinic Inspections by Province

The inspections were conducted in 51 health establishments across all five districts in Free State (Refer to table 17), namely: Fezile Dabi District Municipality (8), Lejweleputswa District Municipality (9), Mangaung District Municipality (8), Thabo Mofutsanyana District Municipality (17) and Xhariep District Municipality (9) as illustrated in table 2 below.

Overall, the province has 209 primary healthcare health establishments and the distribution per district is 36 in Fezile Dabi District Municipality, 43 in Lejweleputswa District Municipality, 44 in Mangaung Metropolitan Municipality, 71 in Thabo Mofutsanyana District Municipality and 15 in Xhariep District Municipality, respectively. For the financial year 2019/20, the types of inspections conducted in the province were routine inspections conducted in primary healthcare health establishments and an additional inspection (risk-based inspection) conducted in Pelonomi Hospital on the 6th of November 2019.

Compliance Outcome per district

The compliance outcome as depicted by the graph below (table 17) shows that 45 clinics inspected inFree State in 2019/20 financial year were found to be non-compliant. Therefore, only six of the inspected clinics were found to be compliant and eligible for certification by OHSC, i.e., 1 in Mangaung MM, another one in Xhariep DM and four in Thabo Mofutsanyana.

Overall Grading and risk rating outcome

Table 17 shows Fifty-one (51) HEs were inspected in Free State; 23 HEs were graded Unsatisfactory, 17 Satisfactory, seven Good and four were graded Excellent. The Excellent graded HEs were in Thabo Mofutsanyana DM (3) and Xhariep DM (1). The breakdown of the Good overall grading was as follows: Fezile Dabi DM (1), Mangaung MM (1) and Thabo Mofutsanyana DM (5). The Satisfactory overall grading was spread as follows in districts: Fezile Dabi District (2), Lejweleputswa District (3), Thabo Mofutsanyana District (8) and Xhariep District (4). The distribution of the Unsatisfactory overall grading was as follows: Fezile Dabi District (5), Lejweleputswa District (6), Mangaung Metropolitan Municipality (7), Thabo Mofutsanyana District (1) and Xhariep District (4).

Risk rating outcome

Table 17 shows that 18 clinics scored below 60% (Unsatisfactory) whilst 21 clinics scored in the range of 60%-69% (Satisfactory), 6 scored between (70%-79%), they were graded Good and another six were graded Excellent (80%-100%) in the category of vital measures. Six of the inspected clinics in Free State achieved the required 100% score on non-negotiable vitals and they were deemed compliant. Compliance with non-negotiable vitals in conjunction with meeting the cut-off levels for essential measures are imperative for clinics to be graded as compliant.

Average Performance Outcome per Domain (Chapter)

Thabo Mofutsanyana District had the highest average score for the five domains in the following order: User Rights (80%), Clinical support services (80%), *Clinical Governance and Clinical care (64%), Governance and Human Resources at (62%) and Facilities and Infrastructure at (55%). Mangaung District was the lowest performing across the five districts in the four domains as follows: 62% for User Rights, 38% for Clinical Governance and Clinical Care, 37% for Facilities and Infrastructure and (24%) for Governance and Human Resource.

**Clinical Governance and Clinical care are the domain (chapter) where majority of vital risk-rated measures were assessed*

District	Compliance outcome per district				
	No. HEs	Compliant (n,%)		Non-Compliant (n,%)	
Fezile Dabi DM	8	0	0.00%	8	100.00%
Lejweleputswa DM	9	0	0.00%	9	100.00%
Mangaung MM	8	1	12.50%	7	87.50%
T Mofutsanyane DM	17	4	23.53%	13	76.47%
Xhariep DM	9	1	11.11%	8	88.89%
Overall	51	6	11.76%	45	88.24%

District	Overall grading and risk rating outcome								
	No. HEs	Excellent (%)		Good (%)		Satisfactory (%)		Unsatisfactory (%)	
Fezile Dabi DM	8	0	0.00%	1	12.50%	2	25.00%	5	62.50%
Lejweleputswa DM	9	0	0.00%		0.00%	3	33.33%	6	66.67%
Mangaung MM	8	0	0.00%	1	12.50%	0	0.00%	7	87.50%
T Mofutsanyane DM	17	3	0.00%	5	29.41%	8	47.06%	1	5.88%
Xhariep DM	9	1		0		4		4	
Overall	51	4		7		17		23	

Risk rating	Overall grading and risk rating outcome			
	Excellent (%)	Good (%)	Satisfactory (%)	Unsatisfactory (%)
Essential (38)	9	12	8	22
	17.65%	23.53%	15.69%	43.14%
Vital (38)	6	6	21	18
	11.76%	11.76%	41.18%	35.29%

District	Average performance outcome per domain				
	User rights	Clinical Governance and Clinical Care	Clinical Support Services	Governance and Human Resources	Facilities and Infrastructure
Fezile Dabi DM	63.74%	48.17%	64.52%	35.48%	41.18%
Lejweleputswa DM	66.15%	41.37%	54.75%	36.19%	45.16%
Mangaung MM	61.63%	38.36%	55.00%	24.49%	36.99%
T Mofutsanyane DM	79.95%	63.92%	80.06%	61.54%	55.12%
Xhariep DM	68.39%	52.00%	59.88%	46.15%	49.70%

Table 17: Free state inspections outcomes

Performance Outcome on Assessment type

Staff interview assessment type had the highest performance of 100% in the province, an average of 82% and the lowest score of 0%, followed by observations with the highest score of 88%, an average of 71% and the lowest score of 46%. Patient records analysis recorded the highest score of 88%, an average of 38% and the lowest at 13%. Overall, documents showed the lowest performance amongst all assessment types with the highest score of 73%, an average of 39% and the lowest score of 3%.

DOCUMENTS

Documents such as standard operating procedures (SOPs), national guidelines, reports, and quality improvement plans (QIPs) did not fulfill the minimum regulatory requirements in relation to the availability, signatures for accountability, validity, implementation, and monitoring. The required content in documents was insufficient and there was no adherence to the implementation of SOPs and guidelines.

OBSERVATIONS

Observations showed that the maintenance of buildings and equipment was not carried out as required in majority of areas within health establishments. Maintenance of fire extinguishers was not done annually as required, handles for doors and windows in toilets and service areas as well as lights were not functional. The healthcare risk waste storage areas did not comply with the minimum requirements as drainage for the water was inadequate and there was noaccess to water to hose the storage areas. The majority of health establishments did not have biohazard signs. The re- quired emergency medical equipment and medical supplies were not complete. Tracer medicines were found expired orincomplete.

PATIENT RECORD AUDIT

Majority of the sampled audited patient records demonstrated that there was no compliance with clinical record management principles. Clinical history, plan and care were not recorded as required in the health records.

STAFF INTERVIEW

50% of the sampled interviewed staff demonstrated knowledge regarding management of patients according to the nature and severity of their health condition, the information needed to be provided to users that were being referred and the management of adverse events.

Functional Areas outcome

As depicted in table 18 below, the dispensary/ medicine room showed the highest score of 100%, an average of 81% and the lowest score of 29% followed by clinical services with the highest score of 89%, an average of 64% and the lowest score of 36%. The highest score for the clinic manager was 78%, an average of 31% and the lowest score of 2%. The maintenance services had the highest score of 75%, an average of 49% and the lowest score of 25%.

OHSC inspects four (4) functional areas in PHC health establishments namely: the clinic manager, clinical services, and the dispensary/medicine room and maintenance services. In the clinic manager functional area, only document review assessment type was used to collect data. The other 3 functional areas used a combination of any of the 4 assessment types, namely: document review, patient record audit, observations, and staff interviews. Dispensary/ medicine room showed the highest performance across the four functional areas for all inspected clinics in Free State with maintenance services being the lowest. Of the inspected health establishments in the province, the lowest performance of 2% was noted in the clinic manager. Clinical services and clinic manager were the second and third performing functional areas respectively.

Functional Area Grading

In the clinical services, four health establishments were graded as Excellent, whilst nine were graded Good, 18 were graded Satisfactory and 20 health establishmentswere graded Unsatisfactory. Twenty-one (21) health establishments were graded Excellent in the dispensary/medicine room, 10 were graded Good, 11 were graded Satisfactory and nine were graded Unsatisfactory. In maintenance services, none of the health establishments were graded Excellent, whilst three were graded Good, 22 were graded Satisfactory and 26 were graded Unsatisfactory. Overall, dispensary/ medicine room showed the highest performance and majority of health establishments were graded in the Excellent category.

Assessment type	Performance Outcome on Assessment type		
	Lowest	Average	Highest
Documents	3%	39%	73%
Observations	46%	71%	88%
Patient record audit	13%	38%	88%
Staff interview	0%	82%	100%

Functional Areas	Performance outcome of FA		
	Lowest	Average	Highest
Maintenance services	25.00%	49.00%	75.00%
Dispensary / Medicine room	29.00%	81.00%	100.00%
Clinical Services	36.00%	64.00%	89.00%
Clinic Manager	2.00%	31.00%	78.00%

Functional Areas		Grading Performance Outcome by FA			
		Excellent (%)	Good (%)	Satisfactory (%)	Unsatisfactory (%)
Maintenance services	(51)	-	3.00	22.00	26.00
		0.00%	5.88%	43.14%	50.98%
Dispensary / Medicine room	(51)	21	10	11	9
		41.18%	19.61%	21.57%	17.65%
Clinical Services	(51)	4	9	18	20
		7.84%	17.65%	35.29%	39.22%
Clinic Manager	(51)	3	3	8	37
		5.88%	5.88%	15.69%	72.55%

Table 18: Assessment type and FAs outcomes

Overall Grading Per Health Establishments

This section of the report highlights the overall grading per health establishments.

District	facility	Essential	Vital	
Fezile Dabi DM	Bophelong (Kroon) Clinic	46.67%	56.06%	
	Brentpark Clinic	30.00%	40.30%	
	Hill Street Clinic	62.71%	69.94%	
	Kgotso Clinic FS	79.37%	73.33%	
	Relebohile (Heil) Clinic	66.67%	68.52%	
	Sandersville Clinic	23.81%	57.44%	
	Seeisoville Clinic	33.33%	55.65%	
	Tshepong (Kroon) Clinic	25.81%	55.65%	
Lejweleputswa DM	Bophelong (Welkom) Clinic	37.10%	51.75%	
	Bronville Clinic	76.67%	67.88%	
	Hani Park Clinic	49.15%	62.04%	
	Hennenman Clinic	21.05%	52.42%	
	Matjhabeng Clinic	48.28%	57.88%	
	Rearabetsoe (Virg) Clinic	28.57%	48.79%	
	Rheederspark Clinic	37.10%	52.08%	
	Riebeeckstad Clinic	58.18%	67.59%	
	Thabong Clinic	57.63%	64.81%	
Mangaung MM	Bainsvlei Clinic	45.76%	60.92%	
	Batho Clinic	64.41%	84.21%	
	Bayswater Clinic	39.34%	58.77%	
	Bloemspruit Clinic	17.74%	54.02%	
	Fichardtpark Clinic	27.87%	51.75%	
	Freedom Square Clinic	28.13%	57.44%	
	Langenhovenpark Clinic	39.34%	58.79%	
	Westdene Clinic	31.15%	57.02%	

District	facility	Essential	Vital	
T Mofutsanyane DM	Blue Gum Bush Clinic	72.58%	74.07%	
	Boiketlo Clinic	78.33%	86.36%	
	Kokelong Clinic	65.52%	67.65%	
	Kopanong Clinic	65.63%	71.73%	
	Malesaona Clinic	54.39%	87.74%	
	Marakong Clinic	45.16%	61.01%	
	Masebabatso Clinic	60.66%	64.24%	
	Matwabeng Clinic	58.62%	65.41%	
	Meqheleng Clinic	60.66%	67.95%	
	Monontsha Clinic	64.52%	73.15%	
	Nothnagel Clinic	63.33%	60.78%	
	Paballong Clinic	75.81%	87.27%	
	Phomolong (Ficksb) Clinic	63.49%	70.61%	
	Reitumetse Clinic	54.24%	67.59%	
	Riverside Clinic FS	80.33%	90.00%	
	Senekal Clinic	70.37%	69.05%	
	Soetwater Clinic	68.52%	73.15%	
Xhariep DM	Fauresmith Clinic	22.22%	49.71%	
	Itumeleng Clinic	48.28%	62.04%	
	Lephoi Clinic	50.82%	59.70%	
	Mamello (Tromp)	54.24%	63.52%	
	Nelson Mandela Clinic	68.42%	68.79%	
	Phekolong (Redd) Clinic	71.43%	86.11%	
	Phillippolis	50.00%	63.52%	
	Thembalethu Clinic	70.31%	64.04%	
	W Mandela (Roux)	37.10%	60.78%	

Performance outcomes per Districts

Fezile Dabi District Municipality

Clinics Risk Rating Outcome

In the essential measures, the lowest score was 23.81% achieved by Sandersville Clinic whilst the highest score was 79.37% achieved by Kgotso Clinic. For Vital measures, the highest score achieved was 73.33% by Kgotso Clinic and the lowest score by Brentpark Clinic at 40.30%. Kgotso Clinic is noted to have performed the highest for both essential and vital measures.

Average Performance Outcome per Domain (Chapter)

The highest average obtained in Fezile Dabi District is 65% in Clinical Support Services, followed by 64% in User Rights. Clinical Governance and Clinical Care had an average performance of 48%. Facilities and Infrastructure had an average performance of 41% with Governance and Human Resources having the lowest average performance at 35%.

**Clinical Governance & Clinical Care is a domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment type

Staff interview assessment type performed the highest with documents being the lowest. The highest score of 100% was noted for staff interviews, an average of 83% and the lowest score of 33% followed by observations with the highest score of 87%, an average of 71% and the lowest score of 61%. Patient record audit had the highest score of 88%, an average of 44% and the lowest score of 14% whilst documents had the highest score of 73%, an average of 33% and the lowest score of 11%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for referral system, informed consent and for safety and security were either not available and where available, they were either outdated, not signed, or approved, signatures were not designated, or the content was insufficient. Waiting times were not fully monitored across the district. Evidence of training of personnel was either not available or inadequate in relation to the required number of personnel trained or the content that needed to be covered. Systems for the management of occupational health and safety were not fully implemented. Service level agreements for outsourced waste removal and security services were not monitored for validity and performance whilst they were not available in other HEs. The performance management system was not fully implemented as performance management agreements were not available. Human resource plans to meet the needs of each health establishment were not implemented. The legislative requirement for the appointment and functionality of clinic committees was not adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required hand washing facilities were available. Healthcare risk waste storage area did not comply with the minimum requirements as the storage areas were not access-controlled. The required emergency medical and basic essential equipment as well as medical supplies were not complete. Health records management guidelines were not fully implemented as the annual registers for archived and disposed records were not available. Maintenance of buildings was not carried out as required for all areas in health

establishments as observed by peeling paints, broken tiles, damaged ceilings, cracked walls and lights that were not functional.

Patient Record Audit

The sampled patient's records demonstrated that there was no compliance with the law by healthcare personnel when recording information such as family chronic histories, gestational ages, musculoskeletal examinations, and obstetric histories. Copies of referralletters were either not available in 50% of the health records sampled or not fully completed as required.

Staff Interviews

Majority of the sampled interviewed staff demonstrated full knowledge on the following: management of patients according to the nature and severity of their health condition, the information needed to be provided to users that were being referred and the management of adverse events.

Performance Outcome on Functional Areas

Dispensary/medicine room had the highest score of 94%, an average of 81% and the lowest score of 69% followed by clinic Manager with the highest score 76%, an average of 31% and the lowest score of 6%. Clinical services had the highest score of 86%, an average of 64% and the lowest score of 44%. The highest score for the maintenance services was 75%, an average of 49% and the lowest score of 33%.

Four (4) functional areas were assessed in each of the inspected health establishments within Fezile Dabi District namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other 3 functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews. Dispensary/ medicine room showed the highest performance across the 4 functional areas for all inspected clinics in Fezile Dabi District with maintenance services being the lowest. Of the sampled health establishments in the province, the lowest performance of 6% was noted in the clinic manager. Clinic manager and clinical services were the second and third performing functional areas respectively.

Lejweleputswa District Municipality

Clinics Risk Rating Outcome

In the essential measures for essential measures, the highest score was achieved by Bronville Clinic at 76.67% whilst the lowest of 21.05% was achieved by Hennenman Clinic. For vital measures, the highest score of 67.88% was achieved by Bronville Clinic whilst Rearabetsoe (Virg) Clinic achieved 48, 79%. Notably, Bronville Clinic performed the highest for both essential and vital measures.

Average Performance Outcome per Domains (Chapters)

The highest average performance of 66% in User Rights, followed by Clinical Support Services at 55%, Facilities and Infrastructure at 45% and *Clinical Governance and clinical care at 41%. Governance and Human Resource had the lowest average at 36%.

Care is the domain (chapter) where majority of vital risk-rated measures were assessed

Performance Outcome on Assessment Type

Staff interview assessment type had the highest performance across the four assessment types with patient record audit being the lowest. The highest score of 100% was noted for staff interviews, an average of 70% and the lowest score of 33%, followed by observations with the highest score of 75%, an average of 64% and the lowest score of 52%. Documents had the highest score of 69%, an average of 35% and the lowest score of 6% whilst patient record audit showed the highest score of 38%, an average of 27% and the lowest score of 13%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for referral system, standard precautions and for the management of occupational health and safety incidents were either not available and where available, they were either outdated, not signed, or approved, signatures were not designated, or the content was insufficient. Waiting times were not fully monitored across the district. Evidence on training of personnel was either not available or inadequate in relation to the required number of personnel trained or the content that needed to be covered. Systems for the management of occupational health and safety were not fully implemented. The performance management system was not fully implemented as annual work plans and final assessment reports were not available. Human resource plans to meet the needs of each health establishment were not implemented. The legislative requirement for the appointment and functionality of clinic committees was not adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required hand washing facilities were available. Healthcare risk waste storage area did not comply with the minimum requirements as there were no appropriate containers for sanitary and general waste whilst the waste storage areas did not have adequate drainage system. The required emergency medical and basic essential equipment as well as medical supplies were not complete. Health records management guidelines were not fully implemented as the annual registers for archived and disposed records were not available and access control measures were not adhered to. Maintenance of buildings was not carried out as required for all areas in health establishments as witnessed by broken windows, damaged ceilings and lights that were not functional.

The sampled patient's records demonstrated that there was no compliance with the law by healthcare personnel when recording information such as family chronic history, surgical history, gestational ages, and obstetric histories. Informed consent forms were either not available in the sampled health records or not fully completed as required.

Majority of the sampled interviewed staff demonstrated full knowledge on the following: management of patients according to the nature and severity of their health condition, the information needed to be provided to users that were being referred and the management of adverse events.

Functional Area outcome

Dispensary/medicine room had the highest score of 94%, an average of 660% and the lowest score of 38% followed by clinic manager with the highest score 78%, an average of 36% and the lowest score of 5%. The clinical services had the highest score of 67%, an average of 55% and the lowest score of 45%. The highest score for the maintenance Services was 50%, an average of 41% and the lowest score of 25%.

Four (4) functional areas were inspected in each of the sampled health establishments within Lejweleputswa district namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types, namely: document review, patient record audit, observations, and staff interviews. Dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in Lejweleputswa district with maintenance services being the lowest. Of the sampled health establishments in the province, the lowest performance of 5% was noted in the clinic manager. Clinic manager and clinical services were the second and third performing functional areas respectively.

Mangaung Metropolitan Municipality

Clinics Risk Rating Outcome

In the essential measures, the lowest score of 17.74% was attained by Bloemspruit Clinic whilst the highest score was 64.41% achieved by Batho Clinic. For vital measures, the highest score achieved was 84, 21% by Batho clinic and the lowest score of 51.75% by Fichardtpark Clinic. Batho clinic was noted to have performed the highest in the district for both essential and vital measures.

Average Performance Outcome per Domain (Chapter)

The highest average obtained in Mangaung District is 62% in User Rights, followed by 55% in Clinical Support Services. Clinical Governance and Clinical Care had an average performance of 38% and Facilities and Infrastructure 37%. Governance and Human Resources had the lowest average performance at 24%.

**Clinical Governance and Clinical Care is the domain (chapter) where majority of vital risk-rated measures were assessed*

Functional Area outcome

Dispensary/medicine room had the highest score of 100%, an average of 57% and the lowest score of 29%, followed by clinical services with the highest score 80%, an average of 64% and the lowest score of 55%. Maintenance services had the highest score of 58%, an average of 55% and the lowest score of 42%. The highest score for the clinic manager was 41%, an average of 18% and the lowest score of 2%.

Four functional areas were inspected in each of the sampled health establishments within Mangaung MM namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types, namely: document review, patient record audit, observations, and staff interviews. Dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in Mangaung MM with clinic manager being the lowest and recording the lowest performance of 5%. Clinical services and maintenance services were the second and third performing functional areas respectively.

Thabo Mofutsanyana District Municipality

Clinics Risk Rating Outcome

For the essential measures, the highest score was achieved by Riverside Clinic at 80.33% whilst the lowest of 45.16% was by Marakong Clinic. For vital measures, the highest score of 90.00% was achieved by Boiketlo Clinic whilst Nothnagel Clinic was the lowest at 60.78%.

Average Performance Outcome per Domain (Chapter)

The highest average performance of 80% for both User Rights and Clinical Support Services, followed by *Clinical Governance and clinical care at 64%. Governance and Human resources scored at 64% and Facilities and infrastructure had the lowest average at 55%.

**Clinical Governance and Clinical Care is the domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment type

Staff interviews assessment type had the highest performance across the four assessment types with documents being the lowest. The highest score for staff interviews was 100%, an average of 96% and the lowest score at 67%, followed by observations with the highest score of 88%, an average of 80% and the lowest score of 73%. Patient record audits had the highest score of 75%, an average of 45% and the lowest score of 14%. Documents was the lowest performing assessment type with the highest score of 65%, an average of 51% and the lowest score of 22%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for the management of occupational health and safety incidents, informed consent and standard precautions were either not available and where available, they were either not signed or approved, signatures were not designated, or the content was insufficient. Evidence of training of personnel was either not available or inadequate in relation to the required number of personnel trained or the content that needed to be covered. Systems for the management of occupational health and safety were not fully implemented. The service level agreements for outsourced security and waste removal services were not fully monitored for performance whilst they were not available in other HEs. Human resource plans to meet the needs of each health establishment were not fully implemented. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required hand washing facilities were available. Healthcare risk waste management principles were not fully adhered to as the storage areas were not compliant with the minimum requirements such as access to the hose, adequate drainage system and ventilation. The required emergency medical equipment and basic medical supplies were not complete. Health records management guidelines were not fully implemented as the annual registers for archived and disposed records were not available. Maintenance of buildings was not carried out as required for all areas in health establishments as witnessed by broken windows, peeling off paints, damaged ceilings and hand soap dispensers that were not functional.

Patient Record Audit

Patient Record Audits: Copies of referral letters and informed consent forms were available and completed correctly in more than 50% of the sampled health records. The sampled patient's records demonstrated that there was no compliance with the law by healthcare personnel when recording information such as family chronic history, surgical history, health risk factors, allergies, and musculoskeletal examination.

Staff Interviews

Over 85% of the sampled interviewed staff demonstrated full knowledge on the management of patients according to the nature and severity of their health condition, the information needed to be provided to users that were being referred and the management of adverse events.

Functional Area outcome

Dispensary/medicine room had the highest score of 100%, an average of 84% and the lowest score of 63% followed by clinical services with the highest score of 89%, an average of 74% and the lowest score of 61%. Maintenance services had the highest score of 75%, an average of 58% and the lowest score of 42% whilst clinic manager had the highest score of 67%, an average of 51% and the lowest score of 18%.

Xhariep District Municipality

Clinics Risk Rating Outcome

For the essential measures, the lowest score was 22.22% by Fauresmith Clinic whilst the highest score was 70.31% by Thembalethu Clinic. For vital measures, the highest score achieved was 86.11% by Phekolong (Redd) Clinic and the lowest score by Fauresmith Clinicat 49.71%. Fauresmith was noted to have performed the lowest for both essential and vital measures.

Average Performance Outcome per Domain (Chapter)

The highest average obtained in Xhariep district is 68% in User Rights, followed by 60% in Clinical Support Services. *Clinical Governance and Clinical Care recorded an average of 52% and Facilities and Infrastructures was at 50%. Governance and Human Resources had the lowest performance at 46%.

**Clinical Governance and Clinical Care is the domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment type

The observation assessment type performed the highest across the four assessment types with documents being the lowest. The highest score of 66.49% was noted for observation, an average of 51.85% for staff interview, followed by documents with a score of 46, 82% and the lowest score of 20, 04% for Patient Records Audit.

Cross-cutting findings in the assessment type outcomes:

Documents

Systems for the management of occupational health and safety were implemented by majority of inspected HEs. The required documents such as standard operating procedures for the referral system, management of occupational health and safety incidents, informedconsent and standard precautions were either not available and where available, they were either not signed or approved, signatures were not designated, or the content was insufficient. Evidence on training of personnel was either not available or inadequate in relation to the required number of personnel trained or the content that needed to be covered. The service level agreements for outsourced security and waste removal services were not fully monitored for applicability and performance whilst they were not available in other HEs. Human resource plans to meetthe needs of each health establishment were not fullyimplemented. The performance management system was not adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required hand washing facilities were available. Healthcare risk waste management principles were not fully adhered to as the storage area was not compliant with the minimum requirements such as access to the hose, adequate drainage system and ventilation. The required emergency medical and essential equipment as well as basic medical supplies were not complete. Health records management guidelines were not fully implemented as the annual registers for archived and disposed records were not available. Maintenance of buildings was not carried out as required for all areas in health establishments as witnessed by damaged ceilings, cracked walls and lights that were not functional.

Observations

Copies of referral letters and informed consent forms were either not available or incorrectly completed by the healthcare providers in the sampled health records. The sampled patient's records demonstrated that there was no compliance with the law by healthcare personnel when recording information such as family chronic history, surgical history, health risk factors, gestational period, allergies, and musculoskeletal examination.

Staff Interviews

Over 50% of the sampled interviewed staff demonstrated full knowledge on the management of patients according to the nature and severity of their health condition and the management of adverse events while majority again lacked knowledge about the information needed to be provided to users that were being referred.

Functional Area outcome

Dispensary/medicine room had the highest score of 88%, an average of 79% and the lowest score of 53%, followed by maintenance services with the highest score 71%, an average of 60% and the lowest score of 42%. The highest score for the clinic manager was 77%, an average of 49% and the lowest score of 8%. Clinical services had the highest score of 62%, an average of 49% and the lowest score of 36%.

Four (4) functional areas were inspected in each of the sampled health establishments within Xhariep DM, namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types, namely: document review, patient record audit, observations, and staff interviews. Dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district with clinical services being the lowest. Maintenance services and clinic manager were the second and third performing functional areas respectively. The lowest performance of 8% was recorded in the Clinic manager functional area.

Standards regulations outcome per district

This section provides a summary of the average performance on standards regulations by the district in the Free State.

Table 19 shows that highest average scores were recorded by Thabo Mofutsanyana DM on the standards regulations that address the following:

- the provision of adequate information to users regarding availability and access to healthcare services (standard regulation 1.1.1) at 85% whilst both Lejweleputswa DM and Mangaung were the lowest at 73%;
- the nature and severity of health conditions are attended to accordingly (standard regulation 1.2.1) at 80% whilst Mangaung MM was the lowest at 54% and standard regulation 1.2.2 which is about maintaining the referral system as established by the responsible authority at 78% whilst Xhariep DM was the lowest 30%.
- Thabo Mofutsanyana and Xhariep districts recorded the highest average score of 71% each for standard regulation 1.3.1 about the monitoring of waiting times whereas Lejweleputswa DM was the lowest at 61% on the same standard regulation.
- Thabo Mofutsanyana DM recorded the highest average scores on three of the four standards regulations in the User Rights domain (chapter) whilst Lejweleputswa DM recorded the lowest average scores on two of the four standards regulations.

Table 19 depicts that the standard regulation 2.1.2 about the creation and maintenance of a system for health records in accordance with the Act performed the lowest across all districts.

Thabo Mofutsanyana achieved the highest average scores on the following standards regulations:

- 84% on standard regulation 2.1.1 about ensuring that health records of healthcare users are protected, managed, and kept confidential in line with section 14, 15 and 17 of the Act whereas Mangaung MM was the lowest at 52% for the same standard regulation;
- 44% on standard regulation 2.1.3 about having a formal process to be followed when obtaining informed consent from the user whereas the lowest score of 31% was recorded by Fezile Dabi DM for the same standard regulation;
- 80% on standard regulation 2.2.1 about establishing and maintaining clinical management systems, structures and procedures whereas Lejweleputswa district was the lowest at 37% for the same standard regulation;
- Xhariep DM recorded the highest average score of 51% for standard regulation 2.2.2 on the establishment and maintenance of clinical risks management system whilst the lowest at 13% was recorded by both Lejweleputswa DM and Mangaung MM.
- 74% on standard regulation 2.3.1 about maintaining an environment which minimises the risk of disease outbreaks and the transmission of whereas the lowest score of 34% was recorded by Mangaung MM for the same standard regulation;
- 72% for standard regulation 2.4.1 about having a system to handling of waste in accordance with the law whereas Fezile Dabi was the lowest at 42% for the same standard regulation and
- 80% for standard regulation 2.5.1 about having a system to monitor and report all adverse events whereas both Fezile Dabi DM and Mangaung MM was the lowest at 44% for the same standard regulation

Table 34 depicts that the standard regulation on the availability of a functional governance structure (standard regulation 4.1.1) had the lowest performance across all standards regulations in this domain (chapter) with average scores in the range of 0% - 24% in Free State province. The 0% performance was noted in 2 districts namely: Lejweleputswa DM and Mangaung MM while Thabo Mofutsanyana DM

was at 24%.

Thabo Mofutsanyana recorded the highest average scores for all standards regulations in this domain (chapter) as follows:

- 63% for the standard regulation 4.2.1 regarding systems in place to manage healthcare personnel in line with relevant legislation, policies, and guidelines whilst Mangaung MM recorded the lowest average score of 22% for the same standard regulation, and
- 66% for standard regulation 4.3.1 which addresses compliance with the requirements of the Occupational Health and Safety Act,1993 whilst the lowest average score of 29% on the same standard regulation was recorded by Mangaung MM.

Table 19 below shows that only Xhariep DM of the five districts was assessed on standard regulation 5.3.1 which addresses ensuring that vehicles used to transport users and healthcare personnel are safe and well maintained and achieved the highest average score of 100%.

Thabo Mofutsanyana and Lejweleputswa districts performed the highest and lowest respectively on the following standard regulations:

- 61% and 46% respectively for standard regulation 5.1.1 which addresses compliance with requirements of the building regulations.
- 71% and 47% respectively for standard regulation 5.2.1 which ensures that engineering services are in place.
- Lejweleputswa DM performed the highest at 40% for standard regulation 5.4.1 regarding the availability of systems to protect users, healthcare personnel and property against security threats or risks whereas the lowest average score of 12% was recorded by Mangaung MM for the same standard regulation.

The performance of health establishments against each standard regulation must be at 100% to be deemed compliant. Partial compliance within a standard regulation result in overall non-compliance with the respective standard regulation. The performance across all standards regulations per district is as follows:

- Fezile Dabi District was not fully compliant all the 20 standards regulations assessed. The highest performance was 73% and the lowest at 13%. Three of the twenty-one (21) standards regulations assessed performed in the range of 71% - 100% and 8 in the range of 50% - 70%. Seven standards regulations performed at > 20% but < 50% whilst the remaining two performed in the range of 0% - 20%. Standard regulation 2.3.3 and 5.3.1 were not assessed in Fezile Dabi District.
- Lejweleputswa District was not fully compliant with all the 20 standards regulations assessed. The highest performance was 72% and the lowest at 0% and noting that only one of the 20 standards regulations assessed performed in the range of 71% - 100% and 8 in the range of 50% - 70%. Another 8 standards regulations performed at > 20% but < 50% whilst the remaining three performed in the range of 0% - 20%.
- Mangaung MM was not fully compliant with all the 21 standards regulations assessed. The highest performance was 73% and the lowest at 0% and noting that only one of 21 standards regulations assessed performed in the range of 71% - 100% and 9 in the range of 50% - 70%. Seven performed at > 20% but < 50% whilst the remaining 4 performed in the range of 0% - 20%. Standard regulation 5.3.1 was not assessed in Mangaung MM.
- Thabo Mofutsanyana District was fully compliant only with standard regulation 2.3.3 of the 21 standards regulations assessed. The highest performance was 100% and the lowest at 21%. Ten of the 21 standards regulations assessed performed in the range of 71% - 100% and 6 in the range of 50% - 70%. Five standards regulations performed at > 20% but

< 50% whilst none had performed in the range of 0% - 20%. Standard regulation 5.3.1 was not assessed in Thabo Mofutsanyana District.

- Xhariep District was fully compliant only with standard regulation 2.3.3 and 5.3.1. The highest performance was 100% and the lowest at 0%.

Five of the 22 standards regulations assessed performed in the range of 71% - 100%, 8 in the range of 50% - 70% and seven at > 20% but < 50%. The remaining 2 performed in the range of 0% - 20%

	Fezile Dabi DM	LejweleputswaDM	Mangaung MM	T Mofutsanyane DM	Xhariep DM
Clinical Governance and Clinical Care					
2.1.1The health establishment must ensure that health records of health care users are protected, managed, and kept confidential in line with section 14, 15 and 17 of the Act.	70.91%	56.45%	51.79%	83.76%	57.14%
2.1.2The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	21.88%	2.78%	18.75%	21.21%	0.00%
2.1.3The health establishment must have a formal process to be followed when obtaining informed consent from the user.	31.25%	33.33%	43.75%	38.24%	33.33%
2.2.1The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies andguidelines.	66.67%	37.04%	50.00%	80.39%	44.44%
2.2.2The health establishment must establish and maintain systems, structures, and programmes to manage clinical risk.	31.25%	12.96%	12.50%	28.43%	50.94%
2.3.1The health establishment must maintain an environment, which minimises the risk of disease outbreaks, the transmission of infection to users, health care personnel and visitors.	60.26%	35.63%	34.18%	73.89%	56.47%
2.3.3The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.			50.00%	100.00%	100.00%
2.4.1The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.	42.11%	61.76%	46.88%	71.72%	61.32%
2.5.1The health establishment must have a system to monitor and report all adverse events.	44.12%	59.46%	44.44%	79.69%	71.43%
Clinical Support Services					
3.1.1The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.	71.72%	56.03%	50.00%	80.68%	70.64%
3.3.1Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	51.79%	52.38%	64.29%	78.99%	41.27%
Facilities and Infrastructure					
5.1.1The health establishment and their grounds must meet the requirements of the building regulations.	50.00%	47.22%	48.44%	61.48%	58.33%
5.2.1The health establishment must ensure that engineering services are in place.	65.63%	47.22%	53.13%	70.59%	63.89%
5.3.1The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.					100.00%
5.4.1The health establishment must have systems to protect users, health care personnel and property from security threats and risks.	17.54%	40.43%	12.00%	36.00%	24.53%

Governance and Human Resources					
4.1.1The health establishment must have a functional governance structure with written Terms of Reference.	12.50%	0.00%	0.00%	23.53%	11.11%
4.2.1The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation, policies, and guide-lines.	25.00%	27.78%	21.88%	63.24%	36.11%
4.3.1The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.	45.28%	46.67%	29.31%	66.36%	57.63%
User rights					
1.1.1The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	72.92%	74.07%	72.92%	85.29%	79.63%
1.2.1The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	57.75%	62.96%	54.17%	79.74%	72.84%
1.2.2The health establishment must maintain a system of referral as established by the responsible authority.	62.50%	66.67%	54.17%	80.39%	29.63%
1.3.1The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	64.29%	60.61%	67.86%	71.43%	70.97%

Table 19: Standards regulations outcome per district

Recommendations

- The quality improvement strategies must ensure that all health establishments achieve 100% for the non-negotiable vital measures in the clinical services functional area as well as the required cut-off levels on vital and essential risk rated measures for eligibility of certification.
- The quality improvement strategies must ensure that the health establishments' inspection performance is improved from an unsatisfactory towards Excellent grading which will put them in a better position for compliance and therefore, eligibility of certification by OHSC.

Domain 1 (Chapter 1): User rights

There must be systems in place to monitor waiting times. The requirements of the referral system must be adhered to for example, users that are being referred must be provided with the relevant information and copies of the referral letters must be contained in the users' health records. Systems to ensure that users were provided with adequate information about the healthcare services available at health establishments and information about accessing those services must be fully implemented. The complaints management system must be fully implemented.

Domain 2 (Chapter 2): Clinical Governance and Clinic Care

The clinical risk management systems must be fully implemented by a structured system for document management which will ensure that all clinical governance process guiding documents are relevant, updated, accounted for and to assist in monitoring processes of implementation and tracking of performance progress. The system and programme must aim to design strategies to identify risks, conduct root cause analysis, monitor progress, and then put measures in place to mitigate further risks whether clinical or administrative. Auditing of clinical governance processes such as clinical risks, proxy indicators and clinical statistical processes should be prioritized as they have an impact on the clinical outcomes especially for priority conditions. To ensure that the management of waste and health records is in line with the prescripts of the law. To ensure that systems for contract management principles for outsourced services are in place and adhered to.

Domain 3 (Chapter 3): Clinical Support service

The state of readiness for emergencies must be ensured through training of personnel, availability and maintenance of emergency medical equipment, medicines as well as medical supplies

Domain 4 (Chapter 4): Governance and Human Resources

There must be adherence to all legislative and policy requirements that relate to the Occupational Health and Safety Act, Pharmaceutical Act, and National Environmental Management Act, human resources, and the appointment of clinic committees.

Domain 5 (Chapter 5): Facilities and Infrastructure

The fire safety and electrical compliance certificates must be available to comply with safety regulations for buildings. Maintenance plans to be developed. To ensure that systems for contract management principles for outsourced security services are in place and adhered to.

Conclusion

Of the 51 sampled health establishments in Free State province, there were only four compliant health establishments for eligibility of certification by OHSC whereas 47 were not eligible for certification because of their non-compliant status.

- Only one HE of the sampled health establishments had acquired an Excellent overall grading, eight HEs acquired a Good overall grading, 18 HEs received a Satisfactory overall grading and 24 HEs received an Unsatisfactory overall grading.
- Governance and Human resources domain (chapter) is consistently the lowest performing in all the districts.
- Only two standards regulations (2.3.3 and 5.3.1) were fully complied with in two districts however, the province did not fully comply across the five districts on standard regulation 2.3.3. only one district was assessed on standards regulation 5.3.1
- Standards regulations 2.1.2, 2.1.3 and 4.1.1 performed the lowest across all standards regulations assessed.
- The maintenance services and clinic manager functional areas consistently performed/ scored the lowest whilst the dispensary/ medicine room functional area demonstrated the highest performance/score across the five districts.
- Patient record audit and document review assessment types demonstrated the lowest performance/score whilst the staff interviews showed the highest performance across all districts.
- The provincial inspection outcomes on standards regulations range between 0% – 100%.
- The highest score for the non-negotiable vital measures was 100% and only four clinics had achieved that requirement together with that of achieving the cut-off levels for essential measures for health establishments to be certified as compliant. Majority of vital measures (including the non-negotiables) reside in the clinical governance and clinical care domain

Domain 1 (Chapter 1): User rights

There were no systems in place to monitor waiting times. Systems to ensure that users were provided with adequate information about the healthcare services available at health establishments and information about accessing those services were not fully implemented in the province. The requirements of the referral system were not adhered to as health records did not contain copies of the referral letters or the letters did not contain all the required referral information. The complaints management system was not fully implemented in the province.

Domain 2 (Chapter 2): Clinical Governance and Clinic Care

Systems, structures, and programmes for the management of clinical risks were not fully implemented in all districts. There was an inadequatesystem to ensure that health records of healthcare users are managed in line with legislation. The information relating to the examination and healthcareinterventions of users was not fully recorded in user's health records. Waste management was not in line with guidelines which posed a risk to the users and staff. Service level agreements for outsourced servicessuch as waste removal was not monitored validity and performance whilst they were not available in other health establishments.

Domain 3 (Chapter 3): Clinical Supportservice

The state of readiness for emergencies was not ensuredas witnessed by the unavailability of emergency and essential equipment and supplies. There was no full implementation of the stock control system for medicines and medical supplies.

Domain 4 (Chapter 4): Governance andHuman Resources

The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to across all the districts. The performance management system was not fully adhered to as annual assessment reports were not available as per DPSA guidelines. There was no full implementation of a system to monitor that healthcare personnel

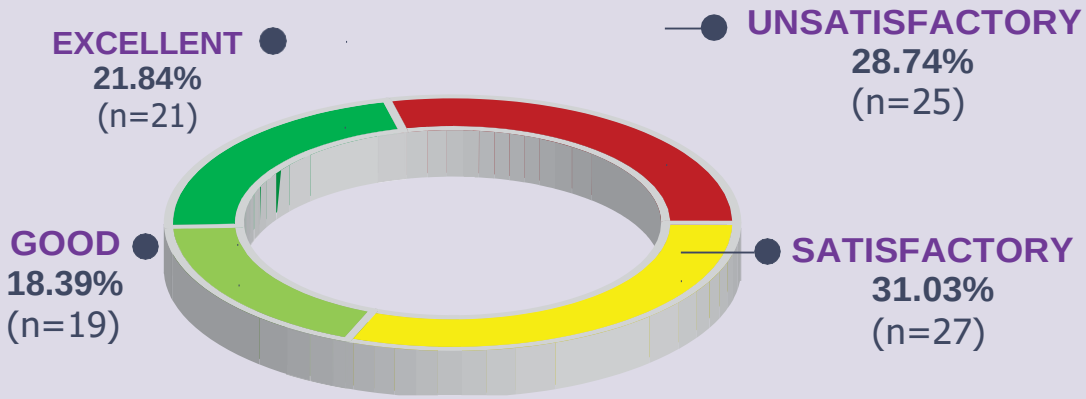
GAUTENG
INFOGRAPHIC

87
HEALTH ESTABLISHMENTS

45.98%
COMPLIANCE RATE

1 IN 2
COMPLIANCE RATIO

OVERALL GRADING OUTCOME



COMPLIANCE OUTCOME PER DISTRICT

Compliance Rate			Excellent		Good		Satisfactory		Unsatisfactory	
38.89%	(7)	Ekurhuleni MM (16)	0.00%	(0)	22.2%	(4)	22.22%	(4)	55.56%	(10)
40.00%	(10)	Johannesburg MM (32)	20%	(5)	24%	(6)	44%	(11)	12%	(3)
0.00%	(0)	Sedibeng DM (16)	0.00%	(0)	0.00%	(0)	0%	(0)	100%	(9)
93.75%	(15)	Tshwane MM (24)	81.25%	(13)	6.257%	(1)	12.50%	(2)	0%	(0)
42.11%	(8)	West Rand DM (16)	5.26%	(1)	26.32%	(5)	52.63%	(10)	15.79%	(3)
45.98%	**(40)**	**Overall (87)**	21.84%	(19)	18.39%	(16)	31.03%	(27)	28.74%	(25)

The Number of Clinic Inspections by Province

The inspections were conducted in 87 health establishments across the five districts in Gauteng province, namely: City of Ekurhuleni (18), City of Johannesburg (25), City of Tshwane (16), Sedibeng (9) and West Rand (19) as illustrated in table 3 below. Overall, the province has 331 primary healthcare health establishments and the distribution per district is City of Ekurhuleni (84), City of Johannesburg (107), City of Tshwane (65), Sedibeng (30) and West Rand (45) respectively. For the financial year 2019/20, the types of inspections conducted in the province were both routine (87) in primary health care level and additional inspections (risk-based) in two hospitals, namely: Mamelodi Hospital in June 2019 and Chris Hani Baragwanath Academic Hospital in February 2020 (Refer to table 20).

Compliance Outcome per district

Table 20 shows that of the 87 clinics inspected in Gauteng province for the financial year 2019/20, 40 were found to be compliant and eligible for certification whereas 47 were non-compliant and therefore not eligible for certification. None of the inspected HEs in Sedibeng district was compliant while the other four districts had compliant HEs ranging from seven to 15 per district.

Overall Grading and risk rating outcome

Table 20 below shows that of the 87 HEs inspected in Gauteng province, 19 HEs were graded Excellent, 16 Good, 27 Satisfactory and 25 were graded Unsatisfactory. The Excellent grading was achieved by HEs in City of Johannesburg MM (5), City of Tshwane MM (13) and West Rand DM (1). The distribution of the Good overall grading was City of Ekurhuleni (4), City of Johannesburg (6), City of Tshwane (1) and West Rand (5). The Satisfactory grading was in City of Ekurhuleni (4), City of Johannesburg (11), City of Tshwane (2) and West Rand (10). The Unsatisfactory grading was as follows: City of Ekurhuleni (10), City of Johannesburg (3), Sedibeng (9) and West Rand (3). Of note is that all inspected HEs in Sedibeng District were graded Unsatisfactory.

Risk rating outcome

Table 20 shows that Fourteen (14) clinics scored below 60% (Unsatisfactory), 25 in the range of 60%-69% (Satisfactory), 6 scored in the range of 70 – 79% (Good) and 42 scored in the range of 80 – 100% (Excellent) for vital measures (Figure 10). Forty-five clinics achieved the required score of 100% on non-negotiable vital measures and are spread across the four overall gradings, five of which were graded Unsatisfactory. The lowest performance of 33.33% on non-negotiable vital measures was noted only in two HEs, namely: Moleleki Clinic in City of Ekurhuleni MM and Hikhensile Clinic in City of Johannesburg MM. Compliance with non- negotiable vitals in conjunction with meeting the cut-off levels for essential measures are imperative for clinics to be classified as compliant.

Average Performance Outcome per Domain (Chapter)

Table 20 shows the average performance of each district on the five domains (chapters). City of Tshwane MM had the highest average scores for User Rights (86%), Clinical Governance and Clinical Care (77%) and Clinical Support Services (90%). City of Johannesburg MM showed the highest average scores of Governance and Human Resources as well as Facilities and Infrastructure at 58% and 73% respectively. Sedibeng District was noted to consistently perform the lowest across all the five domains (chapters) namely: User Rights (50%), Clinical Governance and Clinical Care (37%), Clinical Support Services (67%), Governance and Human Resources (28%) and Facilities and Infrastructure (40%). Notably, Governance and Human Resources performed the lowest amongst all domains (chapters) with 28% being the lowest average.

District	Compliance outcome per district				
	No. HEs	Compliant (n,%)		Non-Compliant (n,%)	
Ekurhuleni MM	18	7	38.89%	11	61.11%
Johannesburg MM	25	10	40.00%	15	60.00%
Sedibeng DM	9		0.00%	9	100.00%
Tshwane MM	16	15	93.75%	1	6.25%
West Rand DM	19	8	42.11%	11	57.89%
Overall	87	40	45.98%	47	45.98%

District	Overall grading and risk rating outcome								
	No. HEs	Excellent (%)		Good (%)		Satisfactory (%)		Unsatisfactory (%)	
Ekurhuleni MM	18	0	0.00%	4	22.22%	4	22.22%	10	55.56%
Johannesburg MM	25	5	20.00%	6	24.00%	11	44.00%	3	12.00%
Sedibeng DM	9		0.00%		0.00%		0.00%	9	100.00%
Tshwane MM	16	13	81.25%	1	6.25%	2	12.50%	0	0.00%
West Rand DM	19	1	5.26%	5	26.32%	10	52.63%	3	15.79%
Overall	87	19	21.84%	16	18.39%	27	31.03%	25	28.74%

Risk rating	Overall grading and risk rating outcome			
	Excellent (%)	Good (%)	Satisfactory (%)	Unsatisfactory (%)
Essential (87)	24	23	19	21
	27.59%	26.44%	21.84%	24.14%
Vital (87)	42	6	25	14
	48.28%	6.90%	28.74%	16.09%

District	Average performance outcome per domain				
	User rights	Clinical Governance and Clinical Care	Clinical Support Services	Governance and Human Resources	Facilities and Infrastructure
Ekurhuleni MM	65%	47%	68%	32%	57%
Johannesburg MM	81%	58%	73%	58%	73%
Sedibeng DM	50%	37%	67%	28%	40%
Tshwane MM	86%	77%	90%	55%	68%
West Rand DM	81%	57%	73%	29%	68%

Table 20: Gauteng inspections outcomes

Performance Outcome on Assessment type

Staff interview assessment type had the highest performance of 100% achieved by 69 clinics, an average of 92% and the lowest score of 0% by one clinic, followed by observations with the highest score of 94%, an average of 76% and the lowest score of 44%. Documents recorded the highest score of 86%, an average of 53% and the lowest at 16%. Patient record audits showed the highest performance score of 75%, an average of 33% and the lowest score of 0%. The highest average scores across the four assessment types were above 70% and the lowest at 0% in two assessment types.

CROSS-CUTTING FINDINGS

DOCUMENTS

Documents such as standard operating procedures (SOPs), service level agreements, training records, maintenance plans, referral registers and performance management system documents did not fulfill the minimum regulatory requirements in relation to the availability, signatures for accountability, validity, implementation, and performance monitoring. The required content in documents was insufficient and evidence to show adherence to SOPs and guidelines was not available.

OBSERVATIONS

Observations showed that the maintenance of buildings and equipment was not carried out as required for all areas in health establishments as demonstrated by peeling paints, damaged ceilings, tiles, and cracked walls in service areas as well as lights that were not functional. The healthcare risk waste storage area did not comply with the minimum requirements as drainage for the water was inadequate, therewas no access to water to hose the storage areas and the areas were not well ventilated. The required emergency medical and basic essential equipment and medical supplies were not complete. Health records management guidelines were not fully adhered to as demonstrated by the absence of the required access control measures and that of annual registers for archived and disposed records.

PATIENT RECORD AUDIT

The majority of the sampled audited patient record demonstrated that there was no compliance with the law by healthcare personnel when recording the health records such as missing health risk factors, family history, gestational age and obstetric history. Consent forms and copies of referral letters were either not available in health records or not completed comprehensively as required.

STAFF INTERVIEW

The majority of the sampled interviewed staff were knowledgeable on the following: management of patients according to the nature and severity of their health condition, the information needed to be provided to users that were being referred and the management of adverse events.

Functional Areas Outcome

As depicted in table 21, dispensary showed the highest score of 100%, an average of 81% and the lowest score of 40% followed by clinical services with the highest score of 93%, an average of 67% and the lowest score of 36%. Maintenance services recorded the highest score of 92%, an average of 61% and the lowest score of 25%. Clinic manager showed the highest score of 90%, an average of 54% and the lowest score of 12%.

The OHSC inspects four functional areas in PHC health establishments namely: the clinic manager, clinical services, the dispensary/medicine room, and maintenance services. It is important to note that the clinic manager is the only functional area where one assessment type was used to collect data namely, document review. The other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews. Dispensary/ medicine room showed the highest performance across the 4 functional areas for all inspected clinics in Gauteng province with the clinical manager being the lowest at 90%. Of the inspected health establishments in the province, the lowest performance of 10% was noted in the clinic manager. Clinical services and

maintenance services were the second and third performing functional areas respectively.

Functional Area Grading

In the clinic manager functional area, only nine health establishments were graded Excellent, 11 were graded Good, 14 graded Satisfactory whereas 53 were graded Unsatisfactory. In the clinical services, 24 health establishments were graded as Excellent, whilst 18 were graded Good, 24 were graded Satisfactory and 21 health establishments were graded Unsatisfactory. Thirty-six (36) health establishments were graded Excellent in the dispensary/medicine room, whilst 15 were each graded Good, 16 graded as Satisfactory and 20 graded as Unsatisfactory. In maintenance services, three health establishments were graded Excellent, whilst 10 were graded Good, 50 were graded Satisfactory and 24 graded as Unsatisfactory.

Assessment type	Performance Outcome on Assessment type		
	Lowest	Average	Highest
Documents	0%	33%	85%
Observations	27%	60%	93%
Patient record audit	0%	83%	100%
Staff interview	0%	35%	100%

Assessment type	Performance outcome of FA		
	Lowest	Average	Highest
Maintenance services	25.00%	61.00%	92%
Dispensary / Medicine room	40.00%	81.00%	100%
Clinical Services	36.00%	67.00%	93.00%
Clinic Manager	54.00%	31.00%	90.00%

District		Grading Performance Outcome by FA			
		Excellent (%)	Good (%)	Satisfactory (%)	Unsatisfactory (%)
Maintenance services	(87)	24	50	10	3
		27.59%	57.47%	11.49%	3.45%
Dispensary / Medicine room	(87)	20	16	15	36
		22.99%	18.39%	17.24%	41.38%
Clinical Services	(87)	21	24	18	24
		24.14%	27.59%	20.69%	27.59%
Clinic Manager	(87)	53	14	11	9
		60.92%	16.09%	12.64%	10.34%

Table 21: Assessment type and FAs outcomes

Overall Grading Per Health Establishments

This section of the report highlights the overall grading per health establishments.

District	Facility	Essential	Vital	Grade
Ekurhuleni MM	A Raditsela	61.67%	87.96%	
	Calcot Dhlephu	65.00%	86.11%	
	Dresser	49.21%	55.97%	
	Duduza	53.85%	83.02%	
	Eden Park	50.00%	53.33%	
	Geluksdal	65.08%	91.18%	
	Goba	44.26%	52.98%	
	Greenfields	34.33%	51.52%	
	Khumalo	42.65%	58.33%	
	Moleleki	26.87%	31.85%	
	Motsamai	52.38%	65.06%	
	Palmridge	56.92%	82.73%	
	Phenduka	33.85%	57.86%	
	Phuthanang	37.88%	60.69%	
	Simunye (Brak)	44.44%	83.64%	
	Sonto Thobela	51.56%	85.85%	
	Tsakane	60.66%	87.27%	
	Tsakane Ext 10	48.33%	87.04%	
Johannesburg MM	Ennerdale X8	81.36%	87.27%	
	Ennerdale X9	65.08%	69.05%	
	Green Vil Port Cabin	70.18%	80.19%	
	Halfway House	68.85%	67.59%	
	Hikhensile	64.29%	44.03%	
	Jabavu-Vusabantu	61.02%	62.96%	
	Lenasia S Civic	75.00%	86.79%	
	Mayibuye	66.67%	64.24%	
	Mid Ennerdale	69.49%	85.19%	
	Mid West	61.40%	64.47%	
	Mofolo South	74.19%	66.97%	
	Moroka	56.67%	61.11%	
	Mountain View	82.54%	71.07%	
	Mpumelelo	80.00%	90.74%	
	Petervale	66.67%	83.02%	
	Protea Glen	66.67%	80.91%	
	Rabie Ridge	59.32%	58.81%	
	Senaoane	57.63%	65.41%	
	Thula Mntwana	70.00%	64.04%	
	Tladi LA	78.57%	83.04%	
	Tladi Prov	51.56%	77.27%	
	Vlakfontein	65.00%	61.64%	
	Weilers Farm	68.75%	86.84%	
	Witkoppen	87.88%	73.33%	
	Zola Gateway	41.67%	80.56%	

District	Facility	Essential	Vital	Grade
Sedibeng DM	Beverly Hills	47.54%	60.61%	
	Boitumelo	19.05%	58.77%	
	Evaton Main	34.43%	61.90%	
	Mpumelelo Evaton N	44.26%	63.33%	
	Osizweni	30.00%	67.27%	
	Sebei Motsoeneng	31.67%	54.76%	
	Thlokomelong	40.32%	60.19%	
	Zone 14	44.07%	57.84%	
	Zone 3	49.18%	52.30%	
Tshwane MM	Atteridgeville	85.48%	92.73%	
	Bophelong R C	58.06%	85.19%	
	Danville	80.00%	90.18%	
	East Lynne	74.19%	88.89%	
	Folang	77.97%	70.59%	
	Gazankulu	81.97%	93.52%	
	Holani	76.27%	91.96%	
	Kameeldrift	71.19%	86.79%	
	Mamelodi West	72.88%	92.73%	
	Nellmapius	81.03%	88.89%	
	Phahameng	70.69%	86.54%	
	Phomolong	70.00%	89.22%	
	Saulsville	85.00%	93.75%	
	Silverton	72.58%	86.36%	
	Skinner Street	59.02%	86.54%	
	Stanza Bopape II	75.81%	89.62%	
West Rand DM	Azaadville	56.14%	84.21%	
	Blyvooruitsig	54.24%	63.52%	
	Carletonville Cent	65.00%	85.85%	
	Deelkraal	55.36%	69.18%	
	Fanyana Nhlapo	65.57%	61.01%	
	Fochville	60.66%	84.91%	
	Itumeleng	49.18%	65.15%	
	Khutsong East	48.39%	78.70%	
	Khutsong Ext 3	53.97%	82.46%	
	Khutsong South	51.61%	59.70%	
	Kokosi	54.10%	62.04%	
	Krugersdorp	72.41%	85.19%	
	Muldersdrift	69.35%	66.37%	
	Odirileng Maponya	50.82%	66.35%	
	R Martinez	68.97%	87.50%	
	Tarlton Sat1	63.33%	83.33%	
	Thusanang	66.67%	69.87%	
	Thusong Comm	56.45%	88.18%	
	Wedela	60.00%	70.37%	

Performance outcomes per Districts

City of Ekurhuleni Metropolitan Municipality

Clinics Risk Rating Outcome

The essential measures, the lowest score was 26.87% attained by Moleleki Clinic whilst the highest score of 61.67% achieved by A Raditsela Clinic. For Vital measures, the highest score achieved was 91.98% by Geluksdal Clinic and the lowest score by Moleleki Clinic at 31.85%. Moleleki Clinic has performed the lowest for both vital and essential risk-rated measures.

Average Performance Outcome per Domain (Chapter)

The highest average performance of 81% was achieved in User Rights, followed by Facilities and Infrastructure and Clinical Supports Services at 73%. Governance and Human Resources and *Clinical Governance and Clinical Care scored the lowest average at 58%. **Clinical Governance & Clinical Care is a domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment type

As depicted in figure 22 below, staff interview assessment type performed the highest across the four assessment types with documents being the lowest. The highest score of 100% achieved by 13 clinics was noted for staff interviews, an average of 87% and the lowest score at 0%, followed by observations with the highest score of 94%, an average of 74% and the lowest score of 44%. Patient record audits had the highest score of 71%, an average of 30% and the lowest score of 0%. Documents performed the lowest across all assessment types with the highest score of 58%, an average of 39% and the lowest score of 16%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required standard operating procedures such as for informed consent, the management of users with highly infectious diseases and standard precautions were either not available, where available they were not approved by the relevant authorities or had insufficient content. Evidence on training of personnel was either not available or inadequate in relation to the number of personnel trained and the content required. There was no adherence to the full implementation of national guidelines for notifiable medical conditions in 50% of inspected HES. The system for the management of occupational health and safety incidents was not fully implemented. The system to monitor that healthcare personnel maintain their professional registration with the relevant councils was not fully adhered to. Service level agreements for outsourced security and waste removal services were not available and where available, they were not fully monitored for validity and performance. The performance management system was not fully adhered to in majority of inspected HEs and the human resource plans to meet the needs of each health establishment were not implemented. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available

Observations

Health records management guidelines were not fully adhered to as witnessed by the absence of the required access control measures in 50% of inspected HEs. The required emergency and essential equipment as well as the basic medical supplies were incomplete. There was no full adherence to minimum waste management

requirements as sharps were not managed as required and the waste storage areas were not well ventilated and had inadequate drainage. Maintenance carried out did not include all the required areas as observed by peeling paints and non-functionality of lights and door handles.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as health education, allergies, surgical history, and family chronic history. Informed consent forms and copies of referral letters were either not available or not completed correctly and fully with the required information in majority of the sampled health records.

Staff Interviews

Sixty eight percent (68%) of the sampled interviewed staff demonstrated full knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events.

Performance Outcome on Functional Areas

The dispensary/medicine room obtained the highest score of 100% which was achieved by 1 clinic, an average of 72% and the lowest score of 40%. Clinical services had the highest score of 91%, an average of 64% and the lowest score of 36% followed by maintenance services with the highest score 83%, an average of 62% and the lowest score of 27%.

Clinic manager was lowest performing functional area with the highest score of 56%, an average of 37% and the lowest score of 12%.

Four functional areas were inspected in each health establishment within the Ekurhuleni MM, namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data namely, document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews.

Dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district with clinic manager being the lowest performing functional arearecording the lowest performance of 10%. and Clinical services and maintenance services were the second and third performing functional areas respectively in Ekurhuleni MM.

City of Johannesburg Metropolitan Municipality

Clinics Risk Rating Outcome

The essential measures, the highest score of 87.88% was achieved by Witkoppen Clinic whilst the lowest score achieved was 41.67% by Zola Gateway Clinic. For vital measures, Hikhensile Clinic achieved the lowest score of 44.03% whilst Mpumelelo Clinic achieved the highest score of 90.74%.

Average Performance Outcome per Domain (Chapter)

The highest average performance of 81% was achieved in User Rights, followed by Facilities and Infrastructure and Clinical Supports Services at 73%. Governance and Human Resources and *Clinical Governance and Clinical Care scored the lowest average at 58%.

**Clinical Governance and Clinical Care is a domain (chapter) where majority of vital risk-rated measures were assessed.*

Performance Outcome on Assessment type

As depicted in figure 23 below, staff interview had the highest performance across the four assessment types with patient record audit being the lowest. The highest score of 100% was achieved by 20 clinics noted for staff interviews, an average of 93% and the lowest score of 67%. Observations also had the highest score of 90%, an average of 77% and the lowest score of 67%. Documents had the highest score of 84%, an average of 60% and the lowest score of 34% whilst patient record audit showed the highest score of 71%, an average of 33% and the lowest score of 0% by Moroka clinic. Patient record audits recorded the lowest scores for all averages.

Cross-cutting findings in the assessment type outcomes:

Documents

The required standard operating procedures were available and valid in majority of inspected health establishments with an exception of the one on the management of users with highly infectious diseases that was either not available, where available they were not dated or had insufficient content. The referral registers were not fully completed with all the required information. Evidence on training of personnel was either not available or inadequate in relation to the number of personnel trained and the content required. There was no adherence to the full implementation of national guidelines for notifiable medical conditions.

The system for the management of occupational health and safety incidents was not fully implemented. Service level agreements for outsourced security and waste removal services were not fully monitored for performance. The performance management system was not fully adhered to in majority of inspected HEs and the appointment of personnel in line with the determined human resource plans to meet the needs of each health establishment were not fully implemented. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

Health records management guidelines were not fully adhered to as witnessed by the absence of the required access control measures. The required emergency and essential equipment as well as the basic medical supplies were incomplete. There was no adherence to minimum waste management requirements as there was no access to the hose to water the waste storage area. Maintenance carried out did not include all the required areas as observed by cracked walls and damaged ceilings and tiles.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as musculoskeletal examination, gestational period, allergies, surgical and family histories. Informed consent forms were either not available or were not completed correctly with the required information such as age, date, or signatures in the majority of the sampled health records.

Staff Interviews

Eighty percent of the sampled interviewed staff demonstrated full knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events.

Performance Outcome on Functional Areas

The clinic manager is the only functional area where one assessment type was used to collect data namely, document review whereas the other three functional areas used a combination of any of the four assessment types of namely document review, patient record audit, observations, and staff interviews. The dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district with clinical services performing the lowest performing functional area. Of the inspected health establishments in the district, the lowest performance of 12% was noted in the clinic manager. Maintenance services and clinic manager were the second and third performing functional areas respectively in City of Johannesburg MM.

Sedibeng District Municipality

Clinics Risk Rating Outcome

In the essential measures, the lowest score of 19.05% by Boitumelo Clinic whilst the highest score was achieved by Zone 3 Clinic at 49.18%. For vital measures, the highest score of 67.27% was achieved by OsizweniClinic whilst the lowest score was 52.30% by Zone 3 Clinic.

Average Performance Outcome per Domain (Chapter)

Clinical Support Services had the highest average performance at 67%, followed by User Rights at 50%. Facilities and Infrastructure domain (chapter) had the average score of 40% and *Clinical Governance and Clinical Care at 37%. Governance and Human Resources had the lowest average performance at across all domains (chapter) 28%.

**Clinical Governance and Clinical Care is the domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment type

Staff interview had the highest performance across the four assessment types with documents being the lowest. The highest performance for staff interviews was 100% achieved by eight clinics, average was 96% and the lowest was 67%, followed by observations with the highest score of 79%, an average of 60% and the lowest score of 51%. Patient record audits had the highest score of 50%, an average of 24% and the lowest score of 14%. Documents were the lowest performing assessment type and showed the highest score of 43%, an average of 29% and the lowest score of 16%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required standard operating procedures such as for informed consent, standard precautions and security services were either not available, where available they had insufficient content, or the signatures were not designated. The required information on the referral registers was not fully completed. Evidence on training of personnel was either not available or inadequate in relation to the number of personnel trained and the content required. There was no adherence to the implementation of national guidelines for notifiable medical conditions. Service level agreements for outsourced security and waste removal services were not monitored for validity and performance. Systems for the management of occupational health and safety were not fully implemented. The performance management system was not adhered to and the human resource plans to meet the needs of each health establishment were not fully implemented. The legislative requirement for the appointment and functionality of clinic committees was not adhered to. Safety regulations for buildings were not complied with as witnessed by the unavailability of fire and electrical compliance certificates and the maintenance plans that were not available.

Observations

Health records management guidelines were not fully adhered to as observed by the absence of the tracking system, annual disposal registers and certificates as well as the required access control that was not implemented. The required emergency and essential equipment as well as the basic medical supplies were either incomplete or expired. Service areas were not equipped with the required hand washing facilities. There was no adherence to minimum waste management requirements as appropriate containers for different types of waste were not available were not managed accordingly. Maintenance carried out

did not include all required areas as observed by broken windows, damaged ceilings and lights that were not functional.

In the sampled health records, the information relatingto the examination and healthcare interventions of users was not fully recorded as required by law such as allergies, surgical and family histories. Informed consent forms and copies of referral letters were not available in health records to assess if they were completed correctly with the required information.

Over 80% the sampled interviewed staff demonstratedfull knowledge about the management of patientsaccording to the nature and severity of their health condition, what information needed to be provided tousers that were being referred and the management of adverse events.

Functional Area outcome

Dispensary/medicine room had the highest score of 100% achieved by one clinic, an average of 82% and the lowest score of 43% followed by clinical services with the highest score 70%, an average of 49% and the lowest score of 39%. Maintenance services had the highest score of 58%, an average of 44% and the lowest score of 25%. Clinic manager was the lowest performing functional area for all averages showing the highest score of 43%, an average of 27% and the lowest score of 13%.

Four (4) functional areas were inspected in each of the sampled health establishments within iLembe District, namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data namely, document review whereas the other three functional areas used a combination of any of the four assessmenttypes, namely: document review, patient record audit,observations, and staff interviews.

Dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district, while clinical services and maintenance services were the second and third performing functional areas respectively in the district. Clinic manager was the lowest performing functional area in the district.

City of Tshwane Metropolitan Municipality

Clinics Risk Rating Outcome

In the essential measures, the lowest score of 58.06% was recorded by Bophelong RC Clinic whilst the highest score achieved was 85.48% by Atteridgeville Clinic. Forvital measures, Saulsville Clinic achieved the highest score of 93.75% whilst the lowest score was attained by Folang Clinic at 70.59%.

Average Performance Outcome per Domains (Chapters)

The highest average performance of 90% was achieved by Clinical Support Services, followed by User Rights at 86 %. Average performance for Clinical Governance and Clinical Care was 77%, whilst Facilities and Infrastructure scored an average performance of 68% and Governance and Human Resources had the lowest average performance of 55% in the district.

**Clinical Governance and Clinical Care is the domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment Type

Staff interview had the highest performance across the four assessment types with patient record audits being the lowest. The highest score for staff interviews was 100% achieved by 13 clinics, an average of 94% and the lowest score of 67%, followed by observations with the highest score of 94%, an average of 88% and the lowest score of 73%. Documents showed the highest score of 86%, an average of 71% and the lowest score of 50%. The lowest performing assessment type was patient record audits with the highest score of 75%, an average of 40% and the lowest score of 0% by Kameeldrift Clinic.

Cross-cutting findings in the assessment type outcomes:

Documents

The required standard operating procedures were available and valid in majority of inspected HEs except for the one on the management of occupational health incidents that was not available, where available they were outdated. Evidence on training of personnel was either not available or inadequate in relation to the number of personnel trained and the content required. The system for the management of occupational health and safety incidents was not fully implemented. Service level agreements for outsourced security services were not monitored for availability, validity, and performance The performance management system was not fully adhered to in 50% of inspected HEs and human resource plans to meet the needs of each health establishment were not fully implemented. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

Health records management guidelines were not fully adhered to as observed by the absence of the tracking system and annual registers for archived and disposed health records. Majority of inspected HEs had the required emergency and essential equipment as well as the basic medical including adherence to minimum waste management requirements. Maintenance carried out did not include all required areas as observed by peeling paints, damaged tiles and hand soap dispenser that were either not available or not functional.

Patient Record Audit

Patient Record Audits: In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as known chronic conditions, vaginal examinations, allergies, surgical and family histories. Informed consent forms and copies of referral letters were available in health records and completed correctly with the required information in the majority of the sampled health records.

Staff Interviews

Over 80% of the sampled interviewed staff demonstrated full knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and themanagement of adverse events

Functional Area outcome

The dispensary/medicine room had the highest score of 100% achieved by 6 clinics, an average of 91% and the lowest score of 67% followed by clinical services with the highest score of 93%, an average of 81% and the lowest score of 66% and clinic manager with the highest score of 90%, an average of 71% and the lowest score of 48%. Maintenance services was the lowest performing functional area with the highest score 83%, an average of 66% and the lowest score of58%.

Four functional areas were inspected in each health establishment within City of Tshwane MM namely: the clinic manager, clinical services, the dispensary/medicine room, and maintenance services.The clinic manager is the only functional area where one assessment type was used to collect data namely, document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews. The dispensary/ medicine room showed the highest performance across the four functional areas for all inspected clinics in the district with the clinic manager being the lowest performing functional area. Of the inspected health establishments in the district, the lowest performanceof 28% was noted in the clinic manager where majority of the required documents were found to be non- compliant or not available. Both clinical services and maintenance services were the second performing functional areas in City of Tshwane MM.

West Rand District Municipality

Clinics Risk Rating Outcome

Essential measures had the lowest score of 48.39% by Khutsong East Clinic whilst the highest score was achieved by Krugersdorp Clinic at 72.41%. For vital measures, the highest score of 88.18% was achieved by Thusong Community Clinic whilst the lowest score was 59.70% by Khutsong South Clinic.

Average Performance Outcome per Domain (Chapter)

The User Rights had the highest average performance at 81%, followed by Clinical Support Services at 73%. Facilities & Infrastructure had an average performance of 68%. *Clinical Governance and Clinical Care had an average performance of 57% while Governance and Human Resources had the lowest average performance at 29%

**Clinical Governance and Clinical Care is the domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment type

Staff interviews had the highest performance across the four assessment types with patient record audits being the lowest. The highest score of 100% achieved by 15 clinics was noted for staff interviews, an average of 93% and the lowest score of 67%. Observations recorded the highest score of 90%, an average of 76% and the lowest score of 64%. Documents had the highest score of 74%, an average of 53% and the lowest score of 29%. Patient record audits were the lowest performing assessment type and showed the highest score of 50%, an average of 35% and the lowest score of 14%. Patient record audits were noted to record the lowest scores for all averages in the district

Cross-cutting findings in the assessment type outcomes:

Documents

The system to monitor that healthcare personnel maintain their professional registration with the relevant councils was implemented in majority of HEs. The required information on the referral registers was fully completed in majority of HEs. The required standard operating procedures such as for the management of occupational health and safety incidents, waste management and standard precautions were either not available, where available they had insufficient content or not signed by the relevant authority. Evidence on training of personnel was either not available or inadequate in relation to the number of personnel trained and the content required. Systems for the management of occupational health and safety were not fully implemented.

The stock control system was not fully implemented. Service level agreements for outsourced security services were not monitored for performance. Appointment of personnel in line with the needs of each health establishment as per the human resource plans was not implemented. The performance management system was not fully adhered to as observed by the absence of performance management agreements and the formal six-monthly reviews as per the DPSA guidelines. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with as demonstrated by the unavailability of fire and electricity compliance certificates and the maintenance plans that were also not available.

Observations

Cold chain management for medicines was adhered to by majority of inspected health establishments. The hand washing facilities were available in the required

service areas. Health records management guidelines were not fully adhered to as annual disposal registers and certificates were not available and the required access control was not fully implemented. The required emergency and essential equipment as well as the basic medical supplies were incomplete. There was no adherence to minimum waste management requirements as there was no access to water to hose the waste storage area. Maintenance carried out did not include all required areas as observed by peeling paints, collapsing ceilings and damaged tiles.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as family chronic history, allergies, and health risk factors. Informed consent forms were either not available or incorrectly completed as age was not recorded. Correctly completed copies of referral letters were available in majority of health records.

Staff Interviews

More than 70% of the sampled interviewed staff demonstrated full knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events.

Performance Outcome on Functional Areas

Dispensary/medicine room had the highest score of 100 achieved by 2 clinics%, an average of 81% and the lowest score of 47%, followed by clinical services with the highest score 80%, an average of 66% and the lowest score of 55%. Maintenance services had the highest score of 75%, an average of 62% and the lowest score of 42%. Clinic manager performed at the highest score of 77%, an average of 55% and the lowest score of 29%

Four functional areas were inspected in each of the sampled health establishments within West Rand district, namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data namely, document review whereas the other three functional areas used a combination of any of the 4 assessment types, namely: document review, patient record audit, observations, and staff interviews. Dispensary/ medicine room showed the highest performance across the four functional areas for all inspected clinics in the district followed by clinical services. Maintenance services and clinic manager were both the lowest performing functional areas in the district.

Standards regulations outcome per district

This section provides a summary of the average performance on standards regulations by the district in the Gauteng (Refer to table 22). The City of Tshwane MM recorded the highest average scores on the standards regulations that address the provision of adequate information to users regarding availability and access to healthcare services (standard regulation 1.1.1) and that addresses the monitoring of waiting times (standard regulation 1.3.1).

City of Johannesburg MM and City of Tshwane MM each recorded the highest average scores of 78% on standard regulation 1.2.1 that addresses the nature and severity of health conditions to be attended to accordingly.

West Rand district recorded the highest average score of 93%, followed by both City of Johannesburg MM and City of Tshwane MM at 83% each on standard regulation 1.2.2 which is about maintaining the referral system as established by the responsible authority. Notably, Sedibeng District consistently recorded the lowest average scores for all standards regulations in the User Rights domain (chapter).

- City of Tshwane MM and Sedibeng DM consistently recorded the highest and lowest average scores respectively.
- Standard regulation 2.1.1 about ensuring that health records of healthcare users are protected, managed, and kept confidential in line with section 14, 15 and 17 of the Act recorded the highest average score of 80% by City of Tshwane MM followed by City of Johannesburg MM at 77% whereas Sedibeng District was the lowest at 53% for the same standard regulation.
- Standard regulation on the creation and maintenance of a system for health records in accordance with the Act (standard regulation 2.1.2) had the lowest average scores across the five districts ranging between 0% (Sedibeng DM) and 16% (City of Tshwane MM).
- The standard regulation 2.1.3 about having a formal process to be followed when obtaining informed consent from the user recorded the highest average score of 75% by City of Tshwane MM followed by City of Johannesburg MM at 56% whereas Sedibeng District was the lowest at 22% for the same standard regulation.
- The standard regulation 2.2.1 about establishing and maintaining clinical management systems, structures and procedures recorded the highest average score of 96% by City of Tshwane MM, followed by West Rand District at 68% and City of Johannesburg at 67% whereas Sedibeng District was the lowest at 37% for the same standard regulation.
- The standard regulation on the establishment and maintenance of clinical risks management system (standard regulation 2.2.2) had the highest average score of 51% by City of Tshwane MM and the lowest at 15% by Sedibeng district.
- The standard regulation 2.3.1 about maintaining an environment which minimises the risk of disease outbreaks and the transmission of infection recorded the highest average score of 89% by City of Tshwane MM followed by followed by West Rand district at 54% and City of Johannesburg at 52% whereas Sedibeng District was the lowest at 27% for the same standard regulation.
- The standard regulation 2.4.1 about having a system to monitor and report all adverse events recorded the highest average score of 88% by City of Tshwane MM followed by West Rand at 74% and City of Johannesburg MM at 70% whereas Sedibeng District was the lowest at 49% for the same standard regulation.

- The standard regulation 2.5.1 about having a system to monitor and report all adverse events recorded the highest average score of 98% by City of Tshwane MM followed by City of Johannesburg MM at 89% whereas City of Ekurhuleni MM was the lowest at 65% for the same standard regulation.

- City of Tshwane recorded the highest average scores for the two standards regulations in the Clinical Support Services domain (chapter).

- The highest average score for standard regulation on compliance with the provisions of the Pharmacy Act and the Medicines and Related Substances Act (standard regulation 3.1.1) was 86% in City of Tshwane MM, followed by Sedibeng District at 79%. The lowest average score of 69% was attained by City of Ekurhuleni MM.

- The standard regulation on ensuring availability and functionality of medical equipment in compliance with the law (standard regulation 3.3.1) showed the highest performance at 96% by City of Tshwane MM, followed by West Rand DM at 71%. Sedibeng District was noted to have performed the lowest at 48% for the same standard regulation in the province.

- Standard regulation on the availability of a functional governance structure (standard regulation 4.1.1) had the lowest performance across all standards regulations with average scores in the range of 0% - 25% in Gauteng. The 25% performance was noted only in City of Tshwane MM while each of the four districts had 0% scores.

- The highest average score of 53% was noted in City Tshwane MM for the standard regulation 4.2.1 regarding systems in place to manage healthcare personnel in line with relevant legislation, policies, and guidelines, followed by City of Johannesburg MM at 45%. Sedibeng District recorded the lowest average score of 11% for the same standard regulation.

City of Johannesburg MM and City of Tshwane MM had the highest average scores of 100%, followed by City of Ekurhuleni MM at 67% for standard regulation 5.3.1 which addresses ensuring that vehicles used to transport users and healthcare personnel are safe and well maintained. However, the standard regulation was not assessed in Sedibeng and West Rand districts.

City of Johannesburg MM performed the highest at 82% on the standard regulation 5.4.1 regarding the availability of systems to protect users, healthcare personnel and property against security threats or risks, followed by West Rand District at 67% and City of Tshwane MM at 63% whereas Sedibeng District recorded the lowest average score of 28% for the same standard regulation.

West Rand District achieved the highest average score of 88% for standard regulation 5.2.1 which ensures that engineering services are in place, followed by both City of Johannesburg MM and City of Tshwane MM at 72% each. The lowest average score of 44% was attained by Sedibeng District for the same standard regulation.

City of Tshwane MM recorded the highest average score of 69% for standard regulation 5.1.1 which addresses compliance with requirements of the building regulations, followed by City of Johannesburg MM at 66% and whereas Sedibeng District recorded the lowest average score of 49% for the same standard regulation.

The performance of health establishments against each standard regulation must be at 100% to be deemed compliant. Partial compliance within a standard regulation result in overall non-compliance with the respective standard regulation.

The performance across all standards regulations per district is as follows:

- Two of the twenty-two standards regulations assessed performed in the range of 71% -

100% and 12 in the range of 50% - 70%. Five standards regulations performed at > 20% but < 50% whilst three performed in the range of 0% - 20%.

- City of Johannesburg MM was fully compliant only with standard regulation 5.3.1. The highest performance was 100% and the lowest at 0%. Twelve of the 21 standards regulations assessed performed in the range of 71% - 100% and 6 in the range of 50% - 70%. Two standards regulations performed at > 20% but < 50% whilst another 2 performed in the range of 0% - 20%.

- City of Tshwane MM was fully compliant only with standard regulation 5.3.1 of the 21 standards regulations assessed. Overall, the district performed the highest amongst other districts in the majority of standards regulations. The highest performance was 100% and the lowest at 19%. Fourteen of the 21 standards regulations assessed performed in the range of 71% - 100%, five in the range of
50% - 70% whilst the remaining two performed in the range of 0% - 20%. Standard regulation 2.3.3 was not assessed in City of Tshwane MM.

- Sedibeng District was not fully compliant with all the 20 standards regulations assessed. The district consistently performed the lowest amongst other districts in 17 of the 20 standards regulations. The highest performance was 79% and the lowest at 0%. Only one of the 20 standards regulations assessed performed in the range of 71% - 100% and four in the range of 50% - 70%. Eleven standards regulations performed at > 20% but < 50% whilst the remaining four performed in the range of 0%
- 20%. Standards regulations 2.3.3 and 5.3.1 were not assessed in Sedibeng District.

- The highest performance was 100% and the lowest at 0%. Eight of the 21 standards regulations assessed performed in the range of 71% - 100% and eight in the range of 50% - 70%. Three standards regulations performed at > 20% but < 50% and the remaining two performed in the range of 0% - 20%. Standard regulation 5.3.1 was not assessed in West Randdistrict.

Gauteng	**Ekurhuleni MM**	**Johannes-burg MM**	**SedibengDM**	**TshwaneMM**	**West Rand DM**
Clinical Governance and Clinical Care					
2.1.1The health establishment must ensure that health records of health care users are protected, managed, and kept confidential in line with section 14, 15 and 17 of the Act.	66%	77%	53%	80%	66%
2.1.2The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	7%	7%	0%	16%	3%
2.1.3The health establishment must have a formal process to be followed when obtaining informed consent from the user.	47%	56%	22%	75%	53%
2.2.1The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.	56%	67%	37%	96%	68%

Gauteng	Ekurhuleni MM	Johannesburg MM	Sedibeng DM	Tshwane MM	West Rand DM
2.2.2The health establishment must establish and maintain systems, structures and programmes to manage clinical risk.	21%	33%	15%	51%	32%
2.3.1The health establishment must maintain an environment, which minimises the risk of disease outbreaks, the transmission of infection to users, health care personnel and visitors.	47%	52%	27%	89%	54%
2.3.3The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	100%	100 %			100%
2.4.1The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.	55%	70%	49%	88%	74%
2.5.1The health establishment must have a system to monitor and report all adverse events.	65%	89%	70%	98%	84%
Clinical Support Services					
3.1.1The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.	69%	74%	79%	86%	74%
3.3.1Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	68%	70%	48%	96%	71%
Facilities and Infrastructure					
5.1.1The health establishment and their grounds must meet the requirements of the building regulations.	60%	66%	49%	69%	59%
5.2.1The health establishment must ensure that engineering services are in place.	68%	72%	44%	72%	88%
5.3.1The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.	67%	100 %		100%	
5.4.1The health establishment must have systems to protect users, health care personnel and property from security threats and risks.	43%	82%	28%	63%	67%
Governance and Human Resources					
4.1.1The health establishment must have a functional governance structure with written Terms of Reference.	0%	0%	0%	25%	0%
4.2.1The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation, policies, and guidelines.	13%	45%	11%	53%	32%

Gauteng	Ekurhu-leni MM	Johannes-burg MM	Sedibeng DM	Tshwane MM	West Rand DM
4.3.1The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.	48%	75%	43%	61%	32%
User rights					
1.1.1The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	79%	81%	61%	94%	89%
1.2.1The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	60%	78%	51%	78%	71%
1.2.2The health establishment must maintain a system of referral as established by the responsible authority.	56%	84%	48%	81%	93%
1.3.1The health establishment must monitor waiting times against the National Core Standards for health establishments in South Africa.	61%	83%	33%	95%	81%

Table 22: Standards regulations outcome per district

Recommendations

- The quality improvement strategies must ensure that all health establishments achieve 100% for the non-negotiable vital measures in the clinical services functional area as well as the required cut-off levels on vital and essential risk rated measures for eligibility of certification.

- The quality improvement strategies must ensure that the health establishments' inspection performance is improved from an unsatisfactory towards Excellent grading which will put them in a better position for compliance and therefore, eligibility of certification by OHSC.

Domain 1(Chapter 1): User rights

There must be systems in place to monitor waiting times. The requirements of the referral system must be adhered to for example, users that are being referred must be provided with the relevant information and copies of the referral letters must be contained in the users' health records. Systems to ensure that users were provided with adequate information about the healthcare services available at health establishments and information about accessing those services must be fully implemented.

Domain 2 (Chapter 2): Clinical Governance and Clinic Care

The clinical risk management systems must be fully implemented by a structured system for document management which will ensure that all clinical governance process guiding documents are relevant, updated, accounted for and to assist in monitoring processes of implementation and tracking of performance progress. The system and programme must aim to design strategies to identify risks, conduct root cause analysis, monitor progress, and then put measures in place to mitigate further risks whether clinical or administrative. Auditing of clinical governance processes such as clinical risks, proxy indicators and clinical statistical processes should be prioritized as they have an impact on the clinical outcomes especially for priority conditions. To ensure that the management of waste and health records

is in line with the prescripts of the law. To ensure that systems for contract management principles for outsourced waste management services are in place and adhered to.

Domain 3 (Chapter 3): Clinical Support service

The state of readiness for emergencies must be ensured through training of personnel, availability and maintenance of emergency medical equipment, medicines as well as medical supplies. Scheduled drugs must be managed as required by law.

Domain 4 (Chapter 4): Governance and Human Resources

There must be adherence to all legislative and policy requirements that relate to the Occupational Health and Safety Act, Pharmaceutical Act, and National Environmental Management Act, human resources, and the appointment of clinic committees.

Domain 5 (Chapter 5): Facilities and Infrastructure

The fire safety and electrical compliance certificates must be available to comply with safety regulations for buildings. Maintenance plans to be developed. To ensure that systems for contract management principles for outsourced security services are in place and adhered to.

Conclusion

- Of the sampled health establishments in Gauteng province, there were 36 compliant health establishment for eligibility of certification by OHSC whereas 51 were not eligible for certification as a result of their non-compliant status.

- Nineteen percent (17 HEs) of the sampled health establishments had acquired an excellent overall grading, 16% (14 HEs) acquired a Good overall grading, 33% (29 HEs) received a Satisfactory overall grading and 31% (27 HEs) received an unsatisfactory overall grading.
- Governance and Human resources domain (chapter) is consistently the lowest performing in all the districts.

- The clinic manager functional area consistently performed/scored the lowest in three of the five districts whilst the dispensary/medicine room functional area demonstrated the highest performance/score across the five districts.

- Patient record audit assessment type demonstrated the lowest performance/score in three of the five districts whilst the staff interviews showed the highest performance across all districts.

- The provincial inspection outcomes on standards regulations range between 0% – 100%.

- There were only two standards regulations that were fully complied with in four districts however, the province did not fully comply across the three districts that were assessed on standard regulation 5.3.1 while standard regulation 2.3.3 was fully compliant across the three districts assessed on the same standard. The lowest performing standards regulations noted were 2.1.2, 4.1.1 and 4.2.1.

- The highest score for the non-negotiable vital measures was 100% and it was achieved by 40 clinics which is a requirement for health establishment to be certified as compliant however, four of them were not compliant due to failure to meet the required cut-off levels for essential measures. The majority of vital measures (including the non-negotiables) reside in the clinical governance and clinical care domain.

Domain 1 (Chapter 1): User rights

Systems to monitor waiting times including for emergency medical services were not fully implemented. Systems to ensure that users were

provided with adequate information about the healthcare services available at health establishments and information about accessing those services were not fully implemented in the province. The requirements of the referral system were not adhered to as health records did not contain copies of the referral letters or the letters did not contain all the required referral information. The triage system was fully implemented in City of Johannesburg MM only

Domain 2 (Chapter 2): Clinical Governance and Clinic Care

Systems, structures, and programmes for the management of clinical risks were not fully implemented in all districts.

There was an inadequate system to ensure that health records of healthcare users are managed in line with legislation. The information relating to the examination and healthcare interventions of users was not fully recorded in user's health records. Waste management was not in line with guidelines which posed a risk to the users and staff. Service level agreements for outsourced services such as waste removal was not monitored for performance whilst they were either not available or outdated in other districts.

Domain 3 (Chapter 3): Clinical Support service

The state of readiness for emergencies was not ensured as witnessed by the unavailability of emergency and essential equipment. There was no full implementation of the stock control system for medicines and medical supplies and the management of scheduled drugs according to applicable legislation.

Domain 4 (Chapter 4): Governance and Human Resources

The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to across all the districts. The performance management system was not fully adhered to as six-monthly reviews and annual workplan activities were not available as per DPSA guidelines. There was no full implementation of a system to monitor that healthcare personnel maintained their professional registrations with the relevant councils. The human resource plans to meet the needs of each health establishment were not fully implemented across all the districts. The requirements of the Occupational Health and Safety Act, 1993 were not fully complied with.

Management system was not fully adhered to as annual assessment reports were not available as per DPSA guidelines. There was no full implementation of a system to monitor that healthcare personnel maintained their professional registrations with the relevant councils. The human resource plans to meet the needs of each health establishment were not in place across all the districts. The requirements of the Occupational Health and Safety Act, 1993 were not fully complied with.

Domain 5 (Chapter 5): Facilities and Infrastructure

Safety regulations for buildings were not complied with as the fire safety and electrical compliance certificates as well as the maintenance plans were not available. Service level agreements for outsourced services such as security services were not monitored for validity and performance whilst they were either not available, not signed or outdated in other districts.

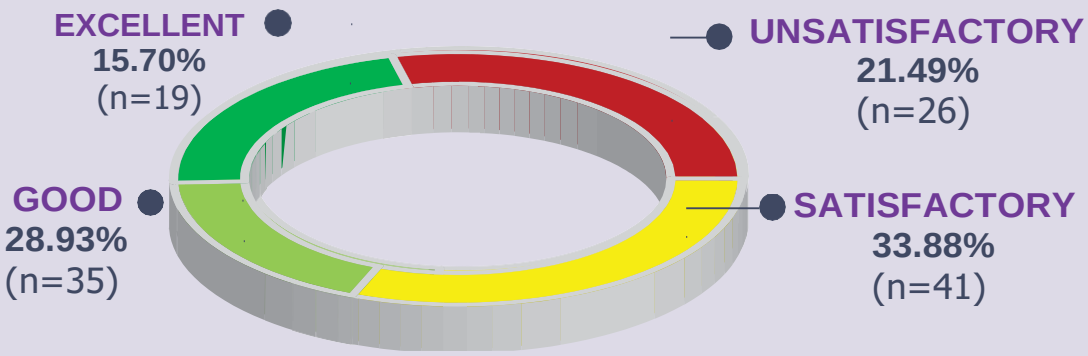
KWAZULU-NATAL
INFOGRAPHIC

121 HEALTH ESTABLISHMENTS

32.23% COMPLIANCE RATE

1 IN 3 COMPLIANCE RATIO

OVERALL GRADING OUTCOME



COMPLIANCE OUTCOME PER DISTRICT

Compliance Rate			Excellent		Good		Satisfactory		Unsatisfactory	
60.00%	(6)	Amajuba DM (10)	50%	(5)	30%	(3)	20.00%	(2)	0.00%	(0)
40.00%	(8)	eThekwini MM (20)	30%	(6)	35%	(7)	25.00%	(5)	10.00%	(2)
62.50%	(5)	Harry Gwala DM (8)	0%	(0)	25%	(2)	62.50%	(5)	12.50%	(1)
8.33%	(1)	iLembe DM (12)	8.33%	(1)	41.67%	(5)	16.67%	(2)	33.33%	(4)
25.00%	(4)	Ugu DM (16)	6.25%	(1)	12.50%	(2)	43.75%	(7)	37.50%	(6)
11.11%	(1)	uMgungundlovu DM (9)	0.00%	(0)	11.11%	(1)	11.11%	(1)	77.78%	(7)
50.00%	(4)	Umkhanyakude DM (8)	0.00%	(0)	37.50%	(3)	62.50%	(5)	0.00%	(0)
75.00%	(4)	Umzinyathi DM (4)	50%	(2)	50%	(2)	0.00%	(0)	0.00%	(0)
44.44%	(3)	Uthukela DM (9)	22.22%	(2)	55.56%	(5)	0.00%	(0)	22.22%	(2)
0.00%	(4)	Uthungulu DM (8)	0%	(0)	50%	(4)	50.00%	(4)	0.00%	(0)
17.65%	(3)	Zululand DM (17)	11.76%	(2)	5.88%	(1)	58.82%	(10)	23.53%	(4)
32.23%	**(39)**	**Overall (121)**	**15.70%**	**(19)**	**28.93**	**(35)**	**33.88%**	**(41)**	**21.49**	**(26)**

The Number of Clinic Inspections by Province

The inspections were conducted in 121 health establishments across the 11 districts in KwaZulu-Natal province (Refer to table 23), namely: Amajuba (10), eThekwini (20), Harry Gwala (8), iLembe (12), Ugu (16), Umgungundlovu (9), Umkhanyakude (8), Umzinyathi (4), Uthukela (9), Uthungulu {King Cetshwayo} (8) and Zululand (17) as illustrated in table 4 below. Overall, the province has 594 primary healthcare health establishments and the distribution per district is Amajuba (25), eThekwini (111), Harry Gwala (40), iLembe (33), Ugu (52), Umgungundlovu (50), Umkhanyakude (57), Umzinyathi (52), Uthukela (38), Uthungulu {King Cetshwayo} (63) and Zululand (73) respectively. For the financial year 2019/20, the types of inspections conducted in the province were both routine (121) in PHC level and additional inspections in two hospitals, namely: RK Khan Hospital and Ngwelezana hospital in January 2020.

Compliance Outcome per district

Table 23 shows that of the 121 clinics inspected in KwaZulu-Natal in financial year 2019/20, 39 were found to be compliant and eligible for certification whereas 82 were non-compliant and therefore not eligible for certification. None of the inspected HEs in uThungulu (King Cetshwayo) District was compliant while the other 10 districts had compliant HEs ranging from one to eight per district.

Overall Grading and risk rating outcome

Table 23 shows that of the 121 HEs inspected in KwaZulu-Natal province, 19 HEs were graded Excellent, 35 Good, 41 HEs Satisfactory and 26 HEs were graded Unsatisfactory. Seven districts in the province had acquired an Excellent overall grading with the breakdown as follows: Amajuba (5), eThekwini (6), iLembe (1), Ugu (1), Umzinyathi (2), Uthukela (1) and Zululand (2). The distribution of the Good overall grading was Amajuba (3), eThekwini (7), Harry Gwala (2), iLembe (5), Ugu (2), Umkhanyakude (3), Umzinyathi (2), Uthukela (5), Uthungulu {King Cetshwayo} (4) and Zululand (1). The Satisfactory grading was in Amajuba (2), eThekwini (5), Harry Gwala (5), iLembe (2), Ugu (7), Umgungundlovu (1), Umkhanyakude (5), Uthukela (0), Uthungulu {King Cetshwayo} (4) and Zululand (10). The Unsatisfactory grading was as follows: eThekwini (2), Harry Gwala (1), iLembe (4), Ugu (6), Umgungundlovu (7), Uthukela (2) and Zululand (4).

Table 23 depicts thirty-five of the 121 clinics scored in the range of 70 – 100% (Excellent), 38 in the range of 60 - 69% (Good), 28 scored in the range of 50 - 59% (Satisfactory) whilst 20 clinics scored less than 50% (Unsatisfactory) for essential measures.

Risk rating outcome

Eleven (11) clinics scored below 60% (Unsatisfactory), 41 in the range of 60%-69% (Satisfactory), 26 scored in the range of 70 – 79% (Good) and 43 scored in the range of 80 – 100% (Excellent) for vital measures. Forty-three clinics achieved the required score of 100% on non-negotiable vital measures and are spread across the four overall gradings, five of which were graded Unsatisfactory. The lowest performance of 0% on non-negotiable vital measures was noted in Mpumelelo Clinic in iLembe DM. Compliance with non-negotiable vitals in conjunction with meeting the cut-off levels for essential measures are imperative for clinics to be classified as compliant.

Average Performance Outcome per Domain (Chapter)

Table 23 shows the average performance of each district on the five domains (chapters). Amajuba district had the highest average scores for User Rights (85%). Clinical Governance and Clinical Care was scored highest by Umzinyathi DM (80%). The same district excelled in Clinical Support Services (87%) as well as Governance and Human Resources (70%). Facilities and Infrastructure high scores of 77% were achieved by Amajuba DM and Harry Gwala DM. uMgungundlovu District was noted to consistently perform the lowest across 4 domains (chapters) namely: User Rights (57%), Clinical Governance and Clinical Care (50%), Governance and Human Resources (24%) and Facilities and Infrastructure (50%). Notably, Governance and Human Resources performed the lowest amongst all domains (chapters).

District	Compliance outcome per district				
	No. HEs	Compliant (n,%)		Non-Compliant (n,%)	
Amajuba DM	10	6	60.00%	4	40.00%
eThekwini MM	20	8	40.00%	12	60.00%
Harry Gwala DM	8	5	62.50%	3	37.50%
iLembe DM	12	1	8.33%	11	91.67%
Ugu DM	16	4	25.00%	12	75.00%
uMgungundlovu DM	9	1	11.11%	8	88.89%
Umkhanyakude DM	8	4	50.00%	4	50.00%
Umzinyathi DM	4	3	75.00%	1	25.00%
Uthukela DM	9	4	44.44%	5	55.56%
Uthungulu DM	8	0	0.00%	8	100.00%
Zululand DM	17	3	17.65%	14	82.35%
Overall	121	39	32.23%	82	67.77%

District	Overall grading and risk rating outcome								
	No. HEs	Excellent (%)		Good (%)		Satisfactory (%)		Unsatisfactory (%)	
Amajuba DM	10	5	50.00%	3	30.00%	2	20.00%	0	0.00%
eThekwini MM	20	6	30.00%	7	35.00%	5	25.00%	2	10.00%
Harry Gwala DM	8		0.00%	2	25.00%	5	62.50%	1	12.50%
iLembe DM	12	1	8.33%	5	41.67%	2	16.67%	4	33.33%
Ugu DM	16	1	6.25%	2	12.50%	7	43.75%	6	37.50%
uMgungundlovu DM	9	0	0.00%	1	11.11%	1	11.11%	7	77.78%
Umkhanyakude DM	8	0	0.00%	3	37.50%	5	62.50%	0	0.00%
Umzinyathi DM	4	2	50.00%	2	50.00%	0	0.00%	0	0.00%
Uthukela DM	9	2	22.22%	5	55.56%	0	0.00%	2	22.22%
Uthungulu DM	8	0	0.00%	4	50.00%	4	50.00%	0	0.00%
Zululand DM	17	2	11.76%	1	5.88%	10	58.82%	4	23.53%
Overall	121	19	15.70%	35	28.93%	41	33.88%	26	21.49%

District	Average performance outcome per domain				
	User rights	Clinical Governance and Clinical Care	Clinical Support Services	Governance and Human Resources	Facilities and Infrastructure
Amajuba DM	85.12%	75.76%	81.35%	53.15%	77.32%
eThekwini MM	82.64%	63.56%	81.94%	61.47%	67.77%
Harry Gwala DM	72.83%	54.85%	74.34%	40.91%	76.55%
iLembe DM	76.72%	63.73%	75.97%	50.36%	65.20%
Ugu DM	73.61%	56.22%	75.08%	44.44%	56.83%
uMgungundlovu DM	56.57%	49.54%	70.76%	23.93%	50.26%
Umkhanyakude DM	77.27%	59.74%	77.12%	46.39%	61.07%
Umzinyathi DM	80.68%	80.11%	87.01%	70.45%	70.42%
Uthukela DM	84.21%	63.50%	73.10%	56.31%	63.37%
Uthungulu DM	76.70%	72.28%	83.55%	42.11%	62.82%
Zululand DM	76.31%	57.39%	67.49%	46.67%	63.52%

Risk rating	Overall grading and risk rating outcome			
	Excellent (%)	Good (%)	Satisfactory (%)	Unsatisfactory (%)
Essential (121)	35	38	28	20
	28.93%	31.40%	23.14%	16.53%
Vital (121)	43	26	41	11
	35.54%	21.49%	33.88%	9.09%

Table 23: Kwazulu-Natal inspections outcomes

Performance Outcome on Assessment type

Staff interview assessment type had the highest performance of 100%, an average of 91% and the outlier score of 0%, followed by observations with the highest score of 100%, an average of 81% and the lowest score of 55%. Patient record audits showed the highest performance score of 100%, an average of 37% and the lowest score of 0%. Documents recorded the highest score of 93%, an average of 54% and the lowest at 16%. The highest average scores across the four assessment types were above 90%.

CROSS-CUTTING FINDINGS

DOCUMENTS

Documents such as standard operating procedures (SOPs), national guidelines, reports, service level agreements and quality improvement plans (QIPs) did not fulfill the minimum regulatory requirements in relation to the availability, signatures for account-ability, validity, implementation, and performance monitoring. The required content in documents was insufficient and evidence to show adherence to SOPs and guidelines was not available.

OBSERVATIONS

Observations showed that the maintenance of buildings and equipment was not carried out as required for all areas in health establishments as witnessed by door and window handles in toilets and service areas as well as lights that were not functional. The healthcare risk waste storage area did not comply with the minimum requirements as drainage for the water was inadequate and there was no access to water to hose the storage areas and the areas were not en-closed and protected from natural elements. The required emergency medical and basic essential equipment and medical supplies were not complete. Tracer medicines were found expired or incomplete.

PATIENT RECORD AUDIT

The majority of the sampled audited patient record demonstrated that there was no compliance with the law by healthcare personnel when recording the health records such as missing health risk factors, family history, gestational age and obstetric history. Consent forms and copies of referral letters were either not available inhealth records or not completed as required.

STAFF INTERVIEW

The majority of the sampled interviewed staff were knowledgeable on the following: management of patients according to the nature and severity of their health condition, the information needed to be provided to users that were being referred and the management of adverse events.

Functional Areas outcome

As depicted in table 24, dispensary showed the highest score of 100%, an average of 85% and the lowest score of 53% followed by the clinic manager with the highest score of 96%, an average of 55% and the lowest score of 12%. Maintenance services recorded the highest score of 93%, an average of 65% and the lowest score of 33%. Clinical services showed the highest score of 91%, an average of 72% and the lowest score of 45%.

OHSC inspects four (4) functional areas in PHC health establishments namely: the clinic manager, clinical services, the dispensary/medicine room, and maintenance services.

It is important to note that the clinic manager is the only functional area where one assessment type was used to collect data which was document review. The other three functional areas used a combination of any of the four assessment types, namely: document review, patient record audit, observations, and staff interviews. Dispensary/medicine room showedthe highest performance across the four functional areas for all inspected clinics in KwaZulu-Natal with the clinical services being the lowest at 91%. Of the sampled health establishments in the province, the lowest performance of 12% was noted in the clinic manager. Clinic manager and maintenance services were the second and third performing functional areas respectively.

Functional Area Grading.

In the clinic manager functional area, only 13 health establishments were graded Excellent, 13 were graded Good, 23 graded Satisfactory whereas 72 were graded Unsatisfactory.

In the clinical services, 32 HEs were graded Excellent, the majority (37) of the health establishments were graded as Good, 34 were graded Satisfactory and 18 health establishments were graded Unsatisfactory.

Seventy-four health establishments were graded Excellent in the dispensary/medicine room, whilst 27 were graded Good and 13 were graded Satisfactory and seven (7), Unsatisfactory. In maintenance services, nine health establishments were graded Excellent, whilst 11 were graded Good, 73 were graded Satisfactory and 28 graded as Unsatisfactory.

Assessment type	Performance Outcome on Assessment type		
	Lowest	Average	Highest
Documents	16%	54%	93%
Observations	55%	81%	100%
Patient record audit	0%	37%	100%
Staff interview	0%	91%	100%

Functional Areas	Performance outcome of FA		
	Lowest	Average	Highest
Maintenance services	33.00%	65.00%	93%
Dispensary / Medicine room	53.00%	85.00%	100%
Clinical Services	45.00%	72.00%	91%
Clinic Manager	12.00%	55.00%	96%

District		Grading Performance Outcome by FA			
		Excellent (%)	Good (%)	Satisfactory (%)	Unsatisfactory (%)
Maintenance services	(121)	9	11	73	28
		7.44%	9.09%	60.33%	23.14%
Dispensary / Medicine room	(121)	74	27	13	7
		61.16%	22.31%	10.74%	5.79%
Clinical Services	(121)	32	37	34	18
		26.45%	30.58%	28.10%	14.88%
Clinic Manager	(121)	13	13	23	72
		10.74%	10.74%	19.01%	59.50%

Table 24: Assessment type and FAs outcomes

Overall Grading Per Health Establishments

This section of the report highlights the overall grading per health establishments.

District	Facility	Essential	Vital	Grade
Amajuba DM	Madadeni 1 Clinic	88.52%	91.67%	
	Madadeni 5 Clinic	74.14%	74.07%	
	Madadeni 7 Clinic	73.77%	69.05%	
	Madadeni Gateway	75.76%	88.68%	
	Newcastle Clinic	84.75%	89.62%	
	Osizweni 1 Clinic	70.18%	87.50%	
	Osizweni 2 Clinic	69.84%	84.26%	
	Osizweni 3 Clinic	64.41%	69.70%	
	Rosary Clinic	78.69%	74.68%	
	Stafford Clinic	78.33%	87.74%	
eThekwini MM	Amaoti Clinic	65.57%	71.52%	
	Austerville Clinic	54.41%	64.91%	
	Besters Clinic	67.21%	85.19%	
	Caneside Clinic	70.00%	70.37%	
	Grove End Clinic	80.00%	72.22%	
	Inanda Seminary Clinic	74.19%	71.52%	
	Lamontville Clinic	85.48%	87.74%	
	Merebank Clinic	73.53%	86.79%	
	Ntuzuma Clinic	60.00%	74.56%	
	Ottawa Clinic	83.33%	96.30%	
	Prince Mshiyeni Gateway	58.62%	70.13%	
	Redcliffe Clinic	77.27%	70.61%	
	Sivananda Clinic	61.67%	67.59%	
	Starwood Clinic	55.74%	58.33%	
	Trenance Clinic	87.50%	95.28%	
	Umlazi D Clinic	34.38%	57.44%	
	Umlazi G Clinic	54.41%	68.42%	
	Umlazi K Clinic	79.69%	90.00%	
	Umzomuhle (Uml H) Clinic	55.00%	81.48%	
	Verulam Clinic	78.46%	88.68%	
Harry Gwala DM	Ibisi Clinic	59.32%	86.21%	
	Lourdes Clinic	48.33%	74.56%	
	Mvoti Clinic	63.79%	62.42%	
	Mvubukazi Clinic	61.29%	86.36%	
	Riverside Clinic KZN	63.08%	89.81%	
	Singisi Clinic	61.40%	66.97%	
	St Margaret's Clinic	57.63%	84.82%	
	Umzimkhulu Clinic	50.85%	84.21%	
iLembe DM	Darnall Clinic	65.57%	67.30%	
	Dokodweni Clinic	50.00%	64.24%	
	Glenhills Clinic	49.15%	81.48%	
	Groutville Clinic	64.41%	76.32%	
	Hlomendlini	76.27%	72.99%	
	Isithebe Clinic	37.50%	65.79%	

District	Facility	Essential	Vital	Grade
iLembe DM	KwaDukuza Clinic	85.94%	75.57%	
	Macambini Clinic	64.41%	70.37%	
	Mandeni Clinic	68.75%	72.32%	
	Mpumelelo Clinic	66.13%	32.41%	
	Ndulinde Clinic	39.06%	84.26%	
	Ohwebede Clinic	77.97%	87.74%	
Ugu DM	Baphumile Clinic	53.23%	90.74%	
	Bhobhoyi Clinic	49.18%	69.61%	
	Gqayinyanga Clinic	62.30%	73.15%	
	Ludimala Clinic	55.93%	65.15%	
	Mabheleni Clinic	48.44%	64.91%	
	Marburg Clinic	52.46%	63.14%	
	Margate Clinic	53.33%	67.88%	
	Mgayi Clinic	46.88%	64.04%	
	Morrison's Post Clinic	50.79%	67.82%	
	Mvutshini Clinic (HC)	45.00%	86.11%	
	Ndelu Clinic	45.31%	58.79%	
	Ntimbankulu Clinic	77.19%	90.18%	
	P Shepstone Clinic	69.49%	91.35%	
	Southport Clinic	59.32%	82.08%	
	St Faith's Clinic	49.21%	60.61%	
	Umtentweni Clinic	61.02%	64.10%	
uMgungundlovu DM	Ashdown Clinic	51.56%	65.48%	
	Central City Clinic	33.33%	64.81%	
	Eastwood Clinic	67.16%	85.09%	
	Grange Clinic	28.13%	60.12%	
	Khan Road Clinic	35.29%	62.28%	
	Northdale Clinic	38.81%	85.19%	
	Scottsville Clinic	40.63%	64.47%	
	Sobantu Clinic	34.38%	45.61%	
	Woodlands Clinic	42.19%	64.81%	
	Jozini Clinic	58.06%	64.24%	
	Makhathini Clinic	54.69%	86.84%	
	Mboza Clinic	50.00%	62.64%	
	Mosvold Gateway	65.00%	81.82%	
	Nondabuya Clinic	68.42%	66.67%	
	Ntshongwe Clinic	67.21%	87.50%	
	Ophondweni Clinic	70.69%	64.04%	
	Shemula Clinic	66.13%	83.64%	
Uthukela DM	C Johnson Mem Gateway	68.33%	86.79%	
	Hlathi Dam Clinic	74.58%	88.89%	
	Isandlwana Clinic	88.14%	91.82%	
	Masotsheni Clinic	79.66%	75.15%	
	Acaciavale Clinic	72.88%	73.90%	

District	Facility	Essential	Vital	Grade
Uthukela DM	Ezakheni 2 Clinic	34.38%	54.39%	
	Ezakheni E Clinic	57.63%	57.37%	
	Ladysmith Gateway	73.21%	92.16%	
	Limit Hill Clinic	64.91%	81.73%	
	Steadville Clinic	66.13%	85.19%	
	Tholusizo Clinic	86.44%	78.79%	
	Walton Clinic	71.88%	73.68%	
	Watersmeet Clinic	70.69%	82.35%	
Uthungulu DM	Empangeni Clinic	73.77%	69.94%	
	Khandisa Clinic	68.25%	69.54%	
	Mabamba Clinic	61.29%	74.24%	
	Mandlanzini Clinic	69.84%	72.22%	
	Ngwelezana Clinic	76.56%	73.68%	
	Ntuze Clinic	60.94%	67.54%	
	Thokozani Clinic	56.90%	66.06%	
	Umkhontokayise Clinic	62.30%	73.90%	

District	Facility	Essential	Vital	Grade
	Altona Clinic	59.38%	64.04%	
	Belgrade Clinic	66.67%	53.94%	
	Emkhwakhweni Clinic	65.57%	70.61%	
	Itshelejuba Gateway	56.60%	63.52%	
	KwaNkundla Clinic	43.33%	59.65%	
	Lomo Clinic	58.93%	70.37%	
	Mabedlane Clinic	80.95%	84.82%	
	Magagadolo	52.46%	62.96%	
	Mdumezulu Clinic	60.66%	69.44%	
	Mpungamhlophe Clinic	60.00%	62.96%	
	Ncotshane Clinic	61.29%	67.26%	
	Nkonjeni Gateway	57.41%	65.69%	
	Nomdiya	78.33%	80.91%	
	Pongola Clinic	61.29%	56.48%	
	Tobolsk Clinic	59.68%	58.33%	
	Ulundi A Clinic	59.38%	80.91%	
	Wela Clinic	60.66%	63.69%	

Performance outcomes per Districts

Amajuba District Municipality

Clinics Risk Rating Outcome

In the essential measures, the lowest score was 64.41% attained by Osizweni three Clinic whilst the highest score of 88.52% achieved by Madadeni 1 Clinic. For Vital measures, the highest score achieved was 91.67% by Madadeni 1 Clinic and the lowest scoreby Madadeni 7 Clinic at 69.70%.

Average Performance Outcome per Domain (Chapter)

The highest average obtained in Amajuba District is 85% in User Rights, followed by Clinical Support Services at 81%. Facilities and Infrastructure and Clinical Governance & Clinical Care had average performances of 77% and 76% respectively. Majority of vital risk-rated measures were assessed in the Clinical Governance and Clinical Care. Governance and Human Resources had the lowest average performance at 53%.

Performance Outcome on Assessment type

Staff interview assessment type performed the highest across the four assessment types with documents being the lowest. The highest score of 100% was noted for staff interviews, an average of 97% and the lowest score of 67%, followed by documents with the highest score of 93%, an average of 71% and the lowest score of 55%. Observations was 3rd with the highest score of 92%, an average of 87% and the lowest score of 84%. Patient record audits performed the lowest across all assessment types with the highest score of 57%, an average of 34% and the lowest score of 14%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required standard operating procedures were available and compliant in the majority of inspected HEs. There was adherence to the implementation of national guidelines for notifiable medical conditions by the majority of HEs inspected. Training of personnel was either not available or inadequate in relation to the number of personnel trained and the content required. Service level agreements for outsourced security services were not monitored for performance. Human resource plans to meet the needs of each health establishment were not fully implemented. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

Health records management guidelines were not fully adhered to as witnessed by the absence of the required access control measures. The required emergency and essential equipment as well as the basic medical supplies were incomplete. There was no full adherence to minimum waste management requirements as there was no access to the hose to water the waste storage area. Maintenance carried out did not include all the required areas as observed by damaged gutters and ceilings.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as health education, allergies, surgical history, and family chronic history. Informed consent forms and copies of referral letters were either not available or not completed correctly and fully with the required

information in the majority of the sampled health records.

90% of the sampled interviewed staff demonstrated full knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events.

Performance Outcome on Functional Areas

Clinic manager had the highest score of 96%, an average of 75% and the lowest score of 60%. Dispensary/medicine room had the highest score of 94%, an average of 87% and the lowest score of 75% followed by clinical services with the highest score 86%, an average of 78% and the lowest score of 73%. Maintenance services was lowest performing functional area with the highest score of 75%, an average of 64% and the lowest score of 50%.

Four functional areas were inspected in each of the sampled health establishments within the Amajuba District, namely:

the clinic manager, clinical services, dispensary/ medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews. The clinic manager showed the highest performance across the four functional areas for all inspected clinics in the district with maintenance services being the lowest performing functional area recording the lowest performance of 50%. Dispensary/medicine room and Clinical services and were the second and third performing functional areas respectively in Amajuba District.

eThekwini Metropolitan Municipality

Clinics Risk Rating Outcome

In the essential measures, the highest score was achieved by Trenance Clinic at 87.50% whilst the lowestof 34.38% was achieved by Umlazi D Clinic. For vital measures, the lowest score of 57.44% was recorded by Umlazi D Clinic whilst Ottawa Clinic achieved the highest score of 96.30%.

Average Performance Outcome per Domains (Chapters)

The highest average performance of 83% User Rights, followed by Clinical Supports Services at 82% and Facilities and Infrastructure at 68%. Clinical Governance and Clinical Care scored 61% which is where majority of risk-rated measures were assessed. Governance and Human Resources performed the lowest at an average of 64%.

Performance Outcome on Assessment Type

Staff interview and observations both had the highest performance across the four assessment types with patient record audit being the lowest. The highest score of 100% was noted for staff interviews, an average of 93% and the lowest score of 67%. Observations also had the highest score of 100%, an average of 84% and the lowest score of 71%. Documents had the highest score of 90%, an average of 63% and the lowest score of 16% whilst patient record audit showed the highest score of 43%, an average of 26% and the lowest score of 14%

Cross-cutting findings in the assessment type outcomes:

Documents

The required standard operating procedures were available and compliant in the majority of inspected HEs. There was adherence to the implementation of national guidelines for notifiable medical conditions by the majority of HEs inspected. Training of personnel was either not available or inadequate in relation to the number of personnel trained and the content required. Service level agreements for outsourced security services and waste removal were either not available or outdated to be monitored for performance and validity, where available, there was no monitoring for performance. Human resource plans to meet the needs of each health establishment were not fully implemented. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

Health records management guidelines were not fully adhered to as witnessed by the absence of the required access control measures. The required emergency and essential equipment as well as the basic medical supplies were incomplete. There was no adherence to minimum waste management requirements as there was no access to the hose to water the waste storage area. Maintenance carried out did not include all the required areas as observed by cracked walls, peeling paints and damaged ceilings.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as postnatal information, allergies, surgical and family histories. Informed consent forms and copies of referral letters were not completed correctly and fully with the required information in the majority of the sampled health records.

Staff Interviews: 80% of the sampled interviewed staff demonstrated full knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events.

Functional Area outcome

Dispensary/medicine room had the highest score of 100%, an average of 91% and the lowest score of 73% followed by maintenance services with the highest score 93%, an average of 68% and the lowest score of 33%. The highest score for the clinic manager was 91%, an average of 62% and the lowest score of 15%. Clinical services performed the lowest across all functional areas with the highest score of 86%, an average of 73% and the lowest score of 57%.

Four functional areas were inspected in each of the sampled health establishments within eThekwini MM namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews. The dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district with clinical services being the lowest performing functional area. Of the sampled health establishments in the district, the lowest performance of 12% was noted in the clinic manager. Maintenance services and clinic manager were the second and third performing functional areas respectively in eThekwini MM.

Harry Gwala District Municipality

Clinics Risk Rating Outcome

In the essential measures, the lowest score of 48.33% was recorded by Lourdes Clinics whilst the highest score achieved was 63.79% by Mvoti Clinic. For vital measures, Riverside Clinic achieved the highest score of 89.81% whilst the lowest score was attained by Mvoti Clinic at 62.42%.

Average Performance Outcome per Domain (Chapter)

The highest average performance of 77% in Facilities and Infrastructure, followed by Clinical Support Services at 74 % and User Rights scored an average performance of 73%. Clinical Governance and Clinical Care was fourth at 55% and majority of vital risk-rated measures were assessed in this domain (chapter). Governance and Human Resources had the lowest average performance of 41%.

Performance Outcome on Assessment type

Staff interview had the highest performance across the four assessment types with documents being the lowest. Of note was that the performance for staff interviews was 100% in all inspected HEs in the district, followed by observations with the highest score of 94%, an average of 84% and the lowest score of 72%. Documents showed the highest score of 56%, an average of 41% and the lowest score of 29% whilst patient record audit had the highest score of 71%, an average of 55% and the lowest score of 29%. The lowest performing assessment type was documents.

Cross-cutting findings in the assessment type outcomes:

Documents

Documents: The required standard operating procedures such as for the referral system, informed consent, Patient Safety Incident Reporting and Learning, health records management and management of medicines were either not available, where available they were outdated or had insufficient content. Training of personnel was either not available or inadequate in relation to the number of personnel trained and the content required. There was no adherence to the full implementation of national guidelines for notifiable medical conditions. Systems for the management of complaints, occupational health and safety and stock control were not fully implemented. The performance management system was not fully adhered to and human resource plans to meet the needs of each health establishment were not fully implemented. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

Health records management guidelines were not fully adhered to as witnessed by the absence of the required access control measures. The required emergency and essential equipment as well as the basic medical supplies were incomplete. There was no adherence to minimum waste management requirements as there was no access to the hose to water the waste storage area.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as musculoskeletal examinations, allergies, surgical and family histories. Informed consent forms and copies of referral letters were available in health records and completed correctly with the required information in the majority of the sampled health records.

Staff Interviews: All the sampled interviewed staff demonstrated full knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events.

Functional Area outcome

Dispensary/medicine room had the highest score of 93%, an average of 75% and the lowest score of 63% followed by both clinical services with the highest score of 91%, an average of 80% and the lowest score of 64% and maintenance services had the highest score of 91%, an average of 75% and the lowest score of 50%. Clinic manager was the lowest performing functional area with the highest score 54%, an average of 40% and the lowest score of 28%.

Four functional areas were inspected in each of the sampled health establishments within Harry Gwala District, namely: the clinic manager, clinical services, the dispensary/medicine room, and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews. The dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district with the clinic managerbeing the lowest performing functional area. Of the sampled health establishments in the district, the lowest performance of 28% was noted in the clinic manager where majority of the required documents were found to be non-compliant or not available. Both clinical services and maintenance services were the second performing functional areas in Harry Gwala District.

iLembe District Municipality

Clinics Risk Rating Outcome

In the essential measures, the lowest score of 37.50% was obtained by Isithebe Clinic whilst the highest score was achieved by KwaDukuza Clinic at 85.94%. For vital measures, the highest score of 87.74% was achieved by Ohwebede Clinic whilst the lowest score was 32.41% by Mpumelelo Clinic.

Average Performance Outcome per Domain (Chapter)

User Rights had the highest average performance at 77%, followed by Clinical Support Services at 76% which is where the majority of vital risk-rated measures were assessed. Facilities and Infrastructure domain (chapter) had the average score of 65% and Clinical Governance and Clinical Care at 64%. Governance and Human Resources had the lowest average performance at 50%.

Performance Outcome on Assessment type

Staff interview had the highest performance across the four assessment types with patient record audits being the lowest. Of note was that the performance for staff interviews was 100% in all inspected HEs in the district, followed by observations with the highest score of 92%, an average of 82% and the lowest score of 69%. Documents the highest score of 84%, an average of 54% and the lowest score of 18%. Patient record audits were the lowest performing assessment type and showed the highest score of 63%, an average of 48% and the lowest score of 29%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required standard operating procedures such as for informed consent and security services were either not available, where available they were outdated, had insufficient content, or not signed by the relevant authority. The required information on the referral registers was not fully completed. Training of personnel was either not available or inadequate in relation to the number of personnel trained and the content required. There was adherence to the implementation of national guidelines for notifiable medical conditions in the majority of inspected HEs. Systems for the management of occupational health and safety were not fully implemented. The performance management system was adhered to by the majority of HEs inspected and human resource plans to meet the needs of each health establishment were not fully implemented. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with as witnessed by the unavailability of emergency water and electrical supply and maintenance plans were not available.

Observations

Cold chain management for medicines was adhered to by majority of inspected health establishments. Health records management guidelines were not fully adhered to as witnessed by the absence of the tracking system, annual disposal registers and certificates as well as the required access control was not implemented. The required emergency and essential equipment as well as the basic medical supplies were incomplete. There was no adherence to minimum waste management requirements as sharps were not managed accordingly. Maintenance carried out did not include all required areas as observed by peeling paints, damaged ceilings, and broken tiles.

Patient Record Audit

In the sampled health records, the information relating

to the examination and healthcare interventions of users was not fully recorded as required by law such as allergies, surgical and family histories. Informed consent forms and copies of referral letters were available in health records and completed correctly with the required information in the majority of the sampled health records.

Staff Interviews

All the sampled interviewed staff demonstrated full knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events

Performance Outcome on Functional Areas

Dispensary/medicine room had the highest score of 94%, an average of 82% and the lowest score of 60% followed by clinical services with the highest score 91%, an average of 75% and the lowest score of 57%. Clinic manager had the highest score of 87%, an average of 55% and the lowest score of 12%. The highest score for the maintenance services was 83%, an average of 68% and the lowest score of 50%.

Four functional areas were inspected in each of the sampled health establishments within iLembe District, namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews. Dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district, while clinical services and clinic manager were the second and third performing functional areas respectively in the district. Maintenance services was the lowest performing functional area.

Ugu District Municipality

Clinics Risk Rating Outcome

In the essential measures, the lowest score of 45.00% by Mvutshini Clinic (HC) whilst the highest score was achieved by Ntimbankulu Clinic at 77.19%. For vital measures, the highest score of 91.35% was achieved by Port Shepstone Clinic whilst the lowest score was 58.79% by Ndelu Clinic.

Average Performance Outcome per Domain (Chapter)

The highest average performance of 77% in Facilities and Infrastructure, followed by Clinical Support Services at 74 % and User Rights scored an average performance of 73%. Clinical Governance and Clinical Care was fourth at 55% and majority of vital risk-rated measures were assessed in this domain (chapter). Governance and Human Resources had the lowest average performance of 41%.

Performance Outcome on Assessment type

Staff interviews had the highest performance across the four assessment types with documents being the lowest. The highest score of 100% was noted for staff interviews, an average of 90% and the lowest score of 67%. Patient record audits also recorded the highest score of 100%, an average of 39% and the lowest score of 0%. Observations had the highest score of 90%, an average of 78% and the lowest score of 62%. Documents were the lowest performing assessment type and showed the highest score of 74%, an average of 47% and the lowest score of 35%. Patient record audits were noted to record both the highest and the lowest scores in the district.

Cross-cutting findings in the assessment type outcomes:

Documents

The required standard operating procedures such as for the referral system, Patient Safety Incident Reporting and learning and security services were either not available, where available they had insufficient content or not signed by the relevant authority. The required information on the referral registers was not fully completed. Training of personnel was either not available or inadequate in relation to the number of personnel trained and the content required. There was no adherence to the implementation of national guidelines for notifiable medical conditions. Systems for the management of occupational health and safety were not fully implemented. The stock control system was not fully implemented. Service level agreements for outsourced waste removal and security services were either not available or outdated to be assessed for validity and performance. The performance management system was not fully adhered to as witnessed by the absence of performance management agreements and the formal six-monthly reviews as per the DPSA guidelines. The system to monitor that healthcare personnel maintain their professional registration with the relevant councils and human resource plans to meet the needs of each health establishment were not fully implemented. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with as witnessed by the unavailability of emergency water and electrical supply and maintenance plans were not available.

Observations

Cold chain management for medicines was adhered to by majority of inspected health establishments. Health records management guidelines were not fully adhered to as annual disposal registers and certificates were not available and the required access control was not implemented. The required emergency and essential equipment as well as the basic medical supplies were incomplete. There was no adherence to minimum waste management requirements as there was no access to water to hose the waste storage area as well as no access control. Maintenance carried out did not include all required areas as observed by peeling paints, collapsing ceilings and damaged gutters. The hand

washing facilities such as functional basins, taps, hand liquid soap and disposable hand paper towels were not available in the required service areas.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as family chronic history, allergies, and health risk factors. Informed consent forms were either not available or incorrectly completed as ages were not recorded. Copies of referral letters were either not available in health records or were not fully completed with the required information.

Staff Interviews

More than 60% of the sampled interviewed staff demonstrated full knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events.

Functional Area outcome

Dispensary/medicine had the highest score of 94%, an average of 86% and the lowest score of 64% followed by clinical services with the highest score 86%, an average of 68% and the lowest score of 48%. Clinic manager had the highest score of 76%, an average of 48% and the lowest score of 33%. Maintenance services performed the lowest across all functional areas with the highest score of 75%, an average of 61% and the lowest score of 33%.

Four functional areas were inspected in each of the sampled health establishments within Ugu District namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews.

Dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district, while clinical services and clinic manager were the second and third performing functional areas respectively in the district. Maintenance services was the lowest performing functional area.

uMgungundlovu District Municipality

Clinics Risk Rating Outcome

In the essential measures, the lowest score of 28.13% by Grange Clinic whilst the highest score was achieved by Eastwood Clinic at 67.16%. For vital measures, the highest score of 85.19% was achieved by Northdale Clinic whilst the lowest score was 45.61% by Sobantu Clinic.

Average Performance Outcome per Domain (Chapter)

Clinical Support Services had the highest average performance at 71%, followed by User Rights at 57%. Facilities & Infrastructure had an average performance of 50% and Clinical Governance and Clinical Care, the domain (chapter) where majority of vital risk-rated measures were assessed had an average performance of 50%. Governance and Human Resources had the lowest average performance at 24%.

Performance Outcome on Assessment type

Staff interviews had the highest performance across the four assessment types with documents being the lowest. Of note was that the performance for staff interviews was 100% in all inspected HEs in the district followed by observations with the highest score of 87%, an average of 76% and the lowest score of 68%. Patient record audits recorded the highest score of 57%, an average of 30% and the lowest score of 0%. Documents were the lowest performing assessment type and showed the highest score of 39%, an average of 30% and the lowest score of 18%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required standard operating procedures such as for the referral system, records management of medicines, management of occupational health and safety incidents and security services were either not available, where available they were outdated, had insufficient content, or not signed by the relevant authority. The required information on the referral registers was not fully completed. Training of personnel was either not available or inadequate in relation to the number of personnel trained and the content required. There was no adherence to the implementation of national guidelines for notifiable medical conditions. Systems for the management of occupational health and safety were not fully implemented. Schedule 5 and 6 drug register was not fully compliant with the law as columns were inconsistently completed. Service level agreements for outsourced waste removal and security services were either not available or outdated to be assessed for validity and performance. The performance management system was not fully adhered to as witnessed by the absence of annual reports and completed personal development plans. The system to monitor that healthcare personnel maintain their professional registration with the relevant councils and human resource plans to meet the needs of each health establishment were not fully implemented. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

Cold chain management for medicines was adhered to by majority of inspected health establishments and tracer medicines were available as required. Health records management guidelines were not fully adhered to as annual disposal registers and certificates were not available. The required emergency and essential equipment as well as the basic medical supplies were incomplete. There was no adherence to

minimum waste management requirements as there were no access to water to hose the waste storage area as well as no access control. Maintenance carried out did not include all required areas as observed by peeling paints, damaged ceilings, and gutters. The required hand washing facilities such as hand hygiene posters, hand liquid soap and disposable hand paper towels were not available. Healthcare personnel did not have access to personal protective equipment such as protective face shields/goggles.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as clinical management, family chronic history and musculoskeletal examinations. Informed consent forms were either not available or incorrectly completed as full names, ages and signatures were not recorded. Copies of referral letters were either not available in health records or were not fully completed with the required information.

Staff Interviews

All the sampled interviewed staff demonstrated full knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events.

Performance Outcome on Functional Areas

Dispensary/medicine had the highest score of 88%, an average of 83% and the lowest score of 75% followed by clinical services with the highest score 80%, an average of 64% and the lowest score of 50%. Maintenance services had the highest score of 75%, an average of 61% and the lowest score of 50%. Clinic manager performed the lowest across all functional areas with the highest score of 56%, an average of 28% and the lowest score of 15%.

Four functional areas were inspected in each of the sampled health establishments within uMgungundlovu district, namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews. Dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district, while clinical services and maintenance services were the second and third performing functional areas respectively in the district. The clinic manager was the lowest performing functional area.

uMkhanyakude District Municipality Clinics

Risk Rating Outcome

In the essential measures, the lowest score of 50.00% was obtained by Mboza Clinic whilst the highest score was achieved by Ophondweni Clinic at 70.69%. For vital measures, the highest score of 87.72% was achieved by Ntshongwe Clinic whilst the lowest score was 62.64% by Mboza Clinic. Mboza Clinic was noted to have performed the lowest for both essential and vital measures.

Average Performance Outcome per Domain (Chapter)

User Rights and Clinical Support Services had the highest average performance at 77%. Clinical Governance and Clinical Care, the domain (chapter) where majority of vital risk-rated measures were assessed and Facilities and Infrastructure both had an average performance of 60% and 61%, respectively. Governance and Human Resources had the lowest average performance at 46%.

Performance Outcome on Assessment type

Staff interviews had the highest performance across the four assessment types with patient record audits being the lowest. The highest score of 100% was noted for staff interviews, an average of 83% and the lowest score of 33%. Observations recorded the highest score of 93%, an average of 80% and the lowest score of 72%. Documents had the highest score of 65%, an average of 53% and the lowest score of 37%. Patient record audits were the lowest performing assessment type and showed the highest score of 43%, an average of 33% and the lowest score of 29%. Patient record audits were noted to record both the highest and the lowest scores in the district.

Cross-cutting findings in the assessment type outcomes:

Documents

The majority of required standard operating procedures were compliant. Training of personnel was either not available or inadequate in relation to the number of personnel trained and the content required. There was no adherence to the implementation of national guidelines for notifiable medical conditions. Systems for the management of occupational health and safety were not fully implemented. Schedule 5 and 6 drug register was not fully compliant with the law as columns were inconsistently completed. Service level agreements for outsourced waste removal and security services were either not available or outdated to be assessed for validity and performance. The performance management system was not fully adhered to as witnessed by the absence of annual reports and no signatures by employees. Human resource plan to meet the needs of each health establishment was not fully implemented. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

Cold chain management for medicines was adhered to by majority of inspected health establishments. Health records management guidelines were not fully adhered to as storage areas were not lockable with security gates or electronically controlled entrances and annual registers of archived & disposed records were not available. The required emergency equipment and basic medical supplies were incomplete. There was no adherence to minimum waste management requirements as there was no access to water to hose the waste storage area. Maintenance carried

out did not include all required areas as observed by damaged ceilings, cracked walls and basins that were not functional. The required hand washing facilities such as hand hygiene posters, hand liquid soap and disposable hand paper towels were not available. Healthcare personnel did not have access to personal protective equipment such as protective face shields/ goggles.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users were not fully recorded as required by law such as health education, allergies, post-natal care, family chronic history and musculoskeletal examinations. Informed consent forms were either not available or incorrectly completed as signatures were not recorded or identified in the health records of minors. Copies of referral letters were not fully completed with the required information.

Staff Interviews

More than 60% of the sampled interviewed staff demonstrated knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as clinical management, family chronic history and musculoskeletal examinations. Informed consent forms were either not available or incorrectly completed as full names, ages and signatures were not recorded. Copies of referral letters were either not available in health records or were not fully completed with the required information.

Performance Outcome on Functional Areas

Dispensary/medicine had the highest score of 100%, an average of 85% and the lowest score of 67% followed by maintenance services with the highest score 91%, an average of 68% and the lowest score of 50%. Clinical services had the highest score of 82%, an average of 71% and the lowest score of 60%. Clinic manager performed the lowest across all functional areas with the highest score of 70%, an average of 51% and the lowest score of 33%.

Four functional areas were inspected in each of the sampled health establishments within uMkhanyakude District, namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews. Dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district, while maintenance services and clinical services were the second and third performing functional areas respectively. Clinic manager was the lowest performing functional area.

uMzinyathi District Municipality

Clinics Risk Rating Outcome

In the essential measures, the lowest score of 68.33% was obtained by C Johnson Clinic whilst the highest score was achieved by Isandlwana Clinic at 88.14%. For vital measures, the highest score of 91.82% was achieved by Isandlwana Clinic whilst the lowest score was 75.15% by Masotsheni Clinic. Isandlwana Clinic scored the highest for both essential and vital measures.

Average Performance Outcome per Domain (Chapter)

Clinical Support Services had the highest average performance at 87%, followed by User Rights at 81%. Clinical Governance and Clinical Care, the domain (chapter) where majority of vital risk-rated measures were assessed had an average performance of 80%. Governance & Human Resources and Facilities & Infrastructure both performed the lowest amongst all domains (chapters) at an average of 70%.

Performance Outcome on Assessment type

Staff interviews and patient record assessment had the highest performance across the four assessment types with documents being the lowest. The highest score of 100% was noted for staff interviews, an average of 92% and the lowest score of 67%. Patient record audits also recorded the highest score of 100%, an average of 57% and the lowest score of 29%. Observations had the highest score of 92%, an average of 90% and the lowest score of 85%. Documents were the lowest performing assessment type and showed the highest score of 83%, an average of 71% and the lowest score of 64%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for management of medicines and were not available. Training of personnel on Basic Life Support was either not available or inadequate in relation to the required number of personnel trained. Waiting times were not monitored in 50% of the inspected HEs. There was no adherence to the implementation of national guidelines for notifiable medical conditions in 50% of inspected HEs. The required information on the referral registers was not fully completed. Systems for the management of occupational health and safety were implemented. Service level agreements for outsourced security services were not available to be assessed for validity and performance. Human resource plan to meet the needs of each health establishment was not fully implemented. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required hand washing facilities were available. Cold chain management for medicines was adhered to by majority of inspected health establishments. Health records management guidelines were adhered to. The required basic medical supplies were incomplete. There was no adherence to minimum waste management requirements as there was no access to water to hose the waste storage area. Stock management principles on the schedule 5 and 6 drug register were not fully implemented. Maintenance carried out did not include all required areas as observed by damaged floors and lights that were not functional.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as surgical history, family chronic history and musculoskeletal examinations. Informed consent forms were incorrectly completed as ages and signatures were not recorded in the health records of minors.

Staff Interviews

The sampled interviewed staff demonstrated knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events.

Performance Outcome on Functional Areas

Dispensary/medicine had the highest score of 100%, an average of 90% and the lowest score of 80% followed by clinical services with the highest score 89%, an average of 83% and the lowest score of 70%. Clinic manager had the highest score of 87%, an average of 75% and the lowest score of 68%. Maintenance services performed the lowest across all functional areas with the highest score of 67%, an average of 65% and the lowest score of 58%.

Four functional areas were inspected in each of the sampled health establishments within uMzinyathi District namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews.

Dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district, while clinical services and clinic manager were the second and third performing functional areas respectively in the district. Maintenance services was the lowest performing functional area.

Uthukela District Municipality

Clinics Risk Rating Outcome

In the essential measures, the lowest score of 34.38% was obtained by Ezakheni 2 Clinic whilst the highest score was achieved by Tholusizo Clinic at 86.44%. For vital measures, the highest score of 92.16% was achieved by Ladysmith Gateway clinic whilst the lowest score was 54.39% by Ezakheni 2 Clinic. The lowest performance scores for both essential and vital measures were noted to be attained by Ezakheni 2 Clinic.

Average Performance Outcome per Domain (Chapter)

User Rights had the highest average performance at 84%, followed by Clinical Support Services at 73%. Clinical Governance & Clinical Care, the domain (chapter) where majority of vital risk-rated measures scored 64% while Facilities & Infrastructure's performance was 63%. Governance and Human Resources had the lowest average performance at 56%.

Performance Outcome on Assessment type

Staff interviews had the highest performance across the four assessment types with documents being the lowest. The highest score of 100% was noted for staff interviews, an average of 85% and the lowest score of 67%. Observations had the highest score of 96%, an average of 81% and the lowest score of 55%. Patient record audits also recorded the highest score of 86%, an average of 35% and the lowest score of 14%. Documents were the lowest performing assessment type and showed the highest score of 83%, an average of 59% and the lowest score of 25%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for occupational health and safety incidents and the management of medicines were not available, where available they were outdated. Training of personnel was either not available or inadequate in relation to the required number of personnel trained or the required content to be trained on. There was no adherence to the implementation of national guidelines for notifiable medical conditions. Systems for the management of patient safety incidents, complaints and occupational health and safety were not fully implemented. Service level agreements for outsourced services such as security services were not monitored for availability, performance, and validity. The performance management system was not fully adhered to. The system to monitor that healthcare personnel maintain their professional registration with the relevant councils was not fully implemented and human resource plan to meet the needs of each health establishment were not in place. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required emergency equipment, essential equipment as well as basic medical supplies were either incomplete, expired, or non-functional. Maintenance carried out did not include all required areas as observed by peeling paints, damaged floor, and wall tiles, taps and door handles that were not functional. The required hand washing facilities such as liquid hand soap and disposable hand paper towels were not available. Health records management guidelines

were not fully adhered to as lockable security gates or electronically controlled entrances, annual registers of archived records and tracking systems were not in place.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as musculoskeletal and cardiovascular examination, vaginal examination, obstetric history, pregnancy risk screening and health risk factors. Informed consent forms were either not available in health records or incorrectly completed as ages were not recorded and signatures were not identified in the health records of minors.

Staff Interviews

More than 50% of the sampled interviewed staff demonstrated knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse event.

Performance Outcome on Functional Areas

Dispensary/medicine had the highest score of 100%, an average of 82% and the lowest score of 56% followed by clinical services with the highest score 91%, an average of 71% and the lowest score of 45%. Clinic manager had the highest score of 84%, an average of 62% and the lowest score of 25%. Maintenance services performed the lowest across all functional areas with the highest score of 83%, an average of 63% and the lowest score of 50%.

Four functional areas were inspected in each of the sampled health establishments within Uthukela District, namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews. Dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district, while clinical services and clinic manager were the second and third performing functional areas respectively in the district. Maintenance services was the lowest performing functional area.

Uthungulu (King Cetshwayo) District Municipality

Clinics Risk Rating Outcome

In the essential measures, the lowest score of 56.90% was attained by Thokozani Clinic whilst the highest score was achieved by Ngwelezana Clinic at 76.56%. For vital measures, the highest score of 74.24% was achieved by Mabamba Clinic whilst the lowest score was 66.66% by Thokozani Clinic. Thokozani Clinic performed the lowest for both essential and vital measures in the district.

Average Performance Outcome per Domain (Chapter)

Clinical Support Services had the highest average performance at 84%, followed by User Rights at 77%. Clinical Governance and Clinical Care, the domain (chapter) where majority of vital risk-rated measures were assessed had an average score of 72% and Facilities & Infrastructure had an average performance of 63%. Governance and Human Resources had the lowest average performance at 42%.

Performance Outcome on Assessment type

Staff interviews and patient record audits had the highest performance across the four assessment types with documents being the lowest. Of note was that the performance for staff interviews was 100% in all inspected HEs in the district. Patient record audits also recorded the highest score of 100%, an average of 59% and the lowest score of 14%. Observations had the highest score of 90%, an average of 84% and the lowest score of 78%. Documents were the lowest performing assessment type and showed the highest score of 69%, an average of 58% and the lowest score of 49%. Patient record audits were noted to record both the highest and the lowest scores in the district.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for informed consent, and were either not available, where available they were outdated or had insufficient content. Training of personnel was either not available or inadequate in relation to the required number of personnel trained or content requirements. There was no adherence to the implementation of national guidelines for notifiable medical conditions. The required information on the referral registers was not fully completed. Systems for the management of occupational health and safety were not fully implemented. Service level agreements for outsourced services were not monitored for availability, performance and validity. The performance management system was not fully adhered to. Human resource plan to meet the needs of each health establishment was not fully implemented. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required emergency equipment, essential equipment as well as basic medical supplies were incomplete or expired. and the emergency obstetric delivery packs were either not available or the sterility period had expired. There was adherence to minimum waste management requirements in the majority of inspected health establishments. Maintenance carried out did not include all required areas as observed by peeling paints, damaged floors and taps that were not functional. The required hand washing facilities such as functional taps, hand sanitizers and

disposable hand paper towels were not available. Cold chain management for medicines was adhered to by majority of inspected health establishments. Health records management guidelines were adhered in the majority of inspected HEs.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as musculoskeletal and cardiovascular examinations, social and post-natal histories. Informed consent forms were either not available in health records or incorrectly completed as ages and dates were not recorded and in the health records of minors.

Staff Interviews

All the sampled interviewed staff demonstrated knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events.

Performance Outcome on Functional Areas

Dispensary/medicine had the highest score of 100%, an average of 95% and the lowest score of 73% followed by clinical services with the highest score 87%, an average of 81% and the lowest score of 68%. Clinic manager had the highest score of 69%, an average of 58% and the lowest score of 46%. Maintenance services performed the lowest across all functional areas with the highest score of 58%, an average of 53% and the lowest score of 42%.

Four functional areas were inspected in each of the sampled health establishments within Ugu District, namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews. Dispensary/medicine room showed the highest performance across the four functional areas, while clinical services and clinic manager were the second and third performing functional areas respectively in the district. Maintenance services was the lowest performing functional area.

Zululand District Municipality

Clinics Risk Rating Outcome

In the vital measures, the highest score of 84.82% was achieved by Mabedlane Clinic whilst the lowest score was 53.94% by Belgrade Clinic. The highest performance scores for both essential and vital measures were achieved by Mabedlane Clinic in the district.

Average Performance Outcome per Domain (Chapter)

User Rights had the highest average performance at 76%, followed by Clinical Support Services at 67%. Facilities & Infrastructure had an average performance of 64%. Clinical Governance and Clinical Care, the domain (chapter) where majority of vital risk-rated measures were assessed had an average performance of 57% whereas Governance and Human Resources had the lowest average

Performance Outcome on Assessment type

Staff interviews had the highest performance across the four assessment types with patient record audits being the lowest. The highest score of 100% was noted for staff interviews, an average of 75% and the lowest score of 0%. Observations had the highest score of 87%, an average of 77% and the lowest score of 59%. Documents had the highest score of 76%, an average of 52% and the lowest score of 34%. Patient record audits were the lowest performing assessment type and showed the highest score of 57%, an average of 27% and the lowest score of 0%. Staff interviews were noted to record both for the highest and the lowest scores in the district.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for informed consent, referral system and standard precautions were either not available, where available they were outdated or had insufficient content. Training of personnel was either not available or inadequate in relation to the required number of personnel trained or content requirements. There was no adherence to the implementation of national guidelines for notifiable medical conditions. The required information on the referral registers was not fully completed. Systems for the management of occupational health and safety were not fully implemented. Service level agreements for outsourced services were not monitored for availability, performance, and validity. The performance management system was not fully adhered to. The system to monitor that healthcare personnel maintain their professional registration with the relevant councils was not fully implemented and human resource plan to meet the needs of each health establishment were not in place. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required emergency equipment, essential equipment as well as basic medical supplies were incomplete or expired. and the emergency obstetric delivery packs were either not available or the sterility period had expired. There was adherence to minimum waste management requirements in the majority of inspected health establishments. Maintenance carried out did not include all required areas as observed by peeling paints, damaged floors and taps that were not functional. The required hand washing facilities such as functional taps, hand sanitizers and disposable hand paper towels were not available. Cold

chain management for medicines was adhered to by majority of inspected health establishments. Health records management guidelines were adhered in the majority of inspected HEs.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as musculoskeletal and cardiovascular examinations, social and post-natal histories. Informed consent forms were either not available in health records or incorrectly completed as ages and dates were not recorded and in the health records of minors.

Staff Interviews

More than 70% of the sampled interviewed staff demonstrated knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events.

Performance Outcome on Functional Areas

Dispensary/medicine had the highest score of 94%, an average of 80% and the lowest score of 53% followed by Clinical services had the highest score of 80%, an average of 66% and the lowest score of 47%. Maintenance services scored 83% (highest), an average of 64% and the lowest score of 50%. Clinic manager performed the lowest across all functional areas with the highest score of 78%, an average of 53% and the lowest score of 32%.

Four functional areas were inspected in each of the sampled health establishments within Ugu District, namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews.

Dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district, while maintenance services and clinical services were the second and third performing functional areas respectively in the district. Clinic manager was the lowest performing functional area

Standards regulations outcome per district

This section provides a summary of the average performance on standards regulations by the district in the KwaZulu-Natal (Refer to table 25).

User Rights Standards Regulations

Amajuba and uMgungundlovu districts recorded the highest and lowest average scores respectively on the standards regulations that address the following:

- the provision of adequate information to users regarding availability and access to healthcare services (standard regulation 1.1.1) and
- the nature and severity of health conditions are attended to accordingly (standard regulation 1.2.1)
- uMzinyathi District recorded the highest average score of 100%, followed by iLembe District at 92% and both Harry Gwala and Uthungulu (King Cetshwayo) at 79% each on standard regulation 1.2.2 which is about maintaining the referral system as established by the responsible authority. Zululand recorded the lowest average score of 49% for the same standard regulation.
- eThekwini recorded the highest average score for standard regulation 1.3.1 that addresses the monitoring of waiting times, followed by both Uthungulu (King Cetshwayo) at 88% and Zululand at 86% whilst uMgungundlovu had the lowest average score of 31% for the same

Clinical Governance and Clinical Care Standards Regulations

- Standard regulation on the creation and maintenance of a system for health records in accordance with the Act (standard regulation 2.1.2) had the lowest average scores across the11 districts ranging between 3% (uMkhanyakude) and 44% (uMzinyathi).
- The standard regulation on the establishment and maintenance of clinical risks management system (standard regulation 2.2.2) had the highest average score of 67% (uMzinyathi) and the lowest at 21% (Harry Gwala and uMkhanyakude districts.

Clinical Support Services Standards Regulations

- The highest average score for the standard regulation on compliance with the provisions of the Pharmacy Act and the Medicines and Related Substances Act (standard regulation 3.1.1) at 86% in eThekwini District, followed by Uthungulu (King Cetshwayo) District at 85% and uMzinyathi District at 82%. the lowest at 42% in Vhembe district.
- The standard regulation on ensuring availability and functionality of medical equipment in compliance with the law (standard regulation 3.3.1) showed the highest performance at 96% by uMzinyathi District, followed by both Amajuba at 86 % and iLembe districts at 79%. uMgungundlovu and Zululand districts were noted to have performed the lowest for both standards regulations 3.1.1 and 3.3.1 in the province, at 62%.

Governance and Human Resources Standards Regulations

- The standard regulation on the availability of a functional governance structure (standard regulation 4.1.1) had the lowest performance across all standards regulations with average scores in the range of 0% - 20% in KwaZulu-Natal. The 0% performance was noted in two districts, namely: uMzinyathi and Uthungulu (King Cetshwayo) districts.
- The highest average score of 54% was noted in iLembe District for the standard regulation 4.2.1 regarding systems in place to manage healthcare personnel in line with relevant legislation, policies, and guidelines, followed by eThekwini at 51% then uMkhanyakude, uMzinyathi, and uThungulu (King Cetshwayo)

districts at 50%. Harry Gwala District recorded the lowest average score of 22% for the same standard regulation.

- The highest average score of 96% was recorded by uMzinyathi District on the standard regulation 4.3.1 which addresses compliance with the requirements of the Occupational Health and Safety Act,1993, followed by eThekwini District at 76% and uThukela at 72%. uMgungundlovu District recorded the lowest average score of 26% on the same standard regulation.

Facilities and Infrastructure Standards Regulations

- Harry Gwala District recorded the highest average score of 80% for standard regulation 5.1.1 which addresses compliance with requirements of the building regulations, followed by both uMkhanyakude, eThekwini, and uMgungundlovu districts at 69% whereas Uthungulu (King Cetshwayo) District recorded the lowest average score of 58% for the same standard.

- uMkhanyakude District achieved the highest average score of 79% for standard regulation 5.2.1 which ensures that engineering services are in place. The standard was scored high by all districts, the lowest score 66% in eThekwini and uThungulu districts.

- Amajuba and iLembe districts had the highest average scores of 100%, followed by eThekwini at 89% and uMgungundlovu District at 40% for standard regulation 5.3.1 which addresses ensuring that vehicles used to transport users and healthcare personnel are safe and well-maintained Amajuba District performed the highest at 92% on the standard regulation 5.4.1 regarding the availability of systems to protect users, health care personnel and property against security threats or risks, followed by uMzinyathi District at 74% and Harry Gwala at 71% whereas uMgungundlovu District recorded the lowest average score of 24% for the same standard regulation 5.4.1.

Standards Regulations Summary Outcome per District

- The performance of health establishments against each standard regulation must be at 100% to be deemed compliant. Partial compliance within a standard regulation result in overall non-compliance with the respective standard regulation.

The performance across all standards regulations per district is as follows:

- Amajuba District was fully compliant only with standard regulation 5.3.1 and performed the highest amongst other districts for standards regulations 1.1.1, 1.2.1, 2.1.1, 2.4.1 and 5.4.1. Fourteen (14) of the twenty-one (21) standards regulations assessed in Amajuba District scored in the range of 71% - 100% and 4 in the range of 50% - 70%. One standard regulation performed at > 20% but < 50% whilst 2 performed in the range of 0% - 20%. Standard regulation 2.3.3 was not assessed in Amajuba District.
- eThekwini MM was fully compliant only with standard regulation 2.3.3 and attained the high scores for standards regulations 1.3.1 and 3.1.1. The highest performance was 100% and the lowest at 5%. Twelve of the 22 standards regulations assessed performed in the range of 71% - 100% and 6 in the range of 50% - 70%. Two standards regulations performed at > 20% but < 50% whilst another 2 performed in the range of 0% - 20%.
- Harry Gwala District was not fully compliant with all the 22 standards regulations assessed but performed the highest amongst other districts for standards regulations 5.1.1 and 5.2.1. The highest performance was 80% and the lowest at 13%.
- Eleven of the 22 standards regulations assessed performed in the range of 71% - 100%, 5 in the range of 50% - 70% and another five performed at > 20% but < 50% whilst 1 performed in the range of 0% - 20%.

- iLembe District was fully compliant with standards regulations 2.3.3 and 5.3.1 and performed the highest amongst other districts for standards regulations 4.2.1. The highest performance was 100% and the lowest at 8%. Eleven (14) of the 22 standards regulations assessed performed in the range of 71% - 100% and 7 in the range of 50% - 70%. Two standards regulations performed at > 20% but < 50% whilst the other two performed in the range of 0% - 20%.
- Ugu District highest performance was 100% and the lowest at 6%. Seven of the twenty-one (21) standards regulations assessed performed in the range of 71% - 100% and nine in the range of 50% - 70%. Three standards regulations performed at > 20% but < 50% and the remaining two performed in the range of 0% - 20%. Standard regulation 5.3.1 was not assessed in Ugu District.
- uMgungundlovu District was not fully compliant with all the standards regulations assessed. The highest performance was 80% and the lowest at 0%. Three of the 22 standards regulations assessed performed in the range of 71% - 100% and eight in the range of 50% - 70%. Eight standards regulations performed at > 20% but < 50% and the remaining three performed in the range of 0% - 20%.
- uMkhanyakude District was amongst the highest performed district for standard regulation 5.2.1. The highest performance was noted at 100% with the lowest at 0% where 10 of the 21 standards regulations assessed performed in the range of 71% - 100% and seven in the range of 50% - 70%. Two standards regulations performed at > 20% but < 50% and the remaining 2 performed in the range of 0% - 20%.
- uMzinyathi District was fully compliant with the standards regulations 1.2.2, 2.3.3 and 2.5.1. The highest performance was noted at 100% with the lowest at 0% where 16 of the 21 standards regulations assessed performed in the range of 71% - 100% and three in the range of 50% - 70%. Only two standards regulations were split between the ranges of > 20% but < 50% and 0% - 20%. Standard regulation 5.3.1 was not assessed in uMzinyathi district.
- Uthukela District's highest performance was noted at 100% with the lowest at 11% where seven of the 21 standards regulations assessed performed in the range of 71% - 100% and nine in the range of 50% - 70%. Three standards regulations performed at > 20% but < 50% and the remaining two performed in the range of 0% - 20%.
- Uthungulu (King Cetshwayo) District's highest performance was noted at 100% with the lowest at 0% where 12 of the 21 standards regulations assessed performed in the range of 71% - 100% and four in the range of 50% - 70%. Four standards regulations performed at > 20% but < 50% and only one performed in the range of 0% - 20%. Standard regulation 5.3.1 was not assessed in Uthungulu (King Cetshwayo) District.
- Zululand District's highest performance was noted at 100% with the lowest at 12% where six of the 21 standards regulations assessed performed in the range of 71% - 100% and 9 in the range of 50% - 70%. Four standards regulations performed at > 20% but < 50% and the remaining two performed in the range of 0% - 20%. Standard regulation 5.3.1 was not assessed in Zululand District.

KwaZulu-Natal	Amajuba	eThekwini	H Gwala	iLembe	Ugu	uMgungundlovu	uMkhanyakude	uMzinyathi	uThukela	Uthungulu	Zululand
Clinical Governance and Clinical Care											
2.1.1The health establishment must ensure that health records of health care users are protected, managed, and kept confidential in line with section 14, 15 and 17 of the Act.	83%	67%	70%	69%	55%	52%	75%	82%	71%	74%	74%
2.1.2The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	15%	4%	28%	19%	20%	17%	3%	44%	11%	38%	18%
2.1.3The health establishment must have a formal process to be followed when obtaining informed consent from the user.	70%	35%	38%	46%	50%	17%	69%	75%	67%	88%	35%
2.2.1The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.	90%	78%	71%	83%	79%	44%	96%	83%	81%	79%	82%
2.2.2The health establishment must establish and maintain systems, structures and programmes to manage clinical risk.	60%	44%	21%	42%	23%	30%	21%	67%	31%	40%	27%
2.3.1The health establishment must maintain an environment, which minimises the risk of disease outbreaks, the transmission of infection to users, health care personnel and visitors.	82%	72%	52%	71%	60%	57%	62%	87%	69%	89%	61%
2.3.3The health establishment must ensure that users are provided with adequateinformation about the health care services available at the health establishment and information about accessing those services.	98%	90%	79%	90%	84%	78%	83%	88%	91%	90%	87%
2.4.1The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.	87%	75%	72%	70%	74%	67%	69%	86%	82%	79%	66%
2.5.1The health establishment must have a system to monitor and report all adverse events.	79%	92%	59%	85%	73%	54%	69%	100%	74%	76%	71%
Clinical Support Services											
3.1.1The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.	79%	86%	73%	74%	79%	76%	78%	82%	74%	85%	71%
3.3.1Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	86%	74%	77%	79%	69%	62%	75%	96%	71%	80%	62%
Facilities and Infrastructure											
4.1.1The health establishment and their grounds must meet the requirements of the building regulations.	65%	69%	80%	66%	64%	69%	69%	66%	69%	58%	69%
4.2.1The health establishment must ensure that engineering services are in place.	75%	66%	79%	76%	69%	69%	79%	75%	69%	66%	67%
4.3.1The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.	100 %	89%	75%	100%	0%	40%	0%	0%	0%	0%	0%
4.4.1The health establishment must have systems to protect users, health care personnel and property from security threats and risks.	92%	62%	71%	56%	43%	4%	43%	74%	53%	67%	55%
Governance and Human Resources											

5.1.1The health establishment must have a functional governance structure with written Terms of Reference.	2%	5%	13%	8%	6%	0%	0%	0%	11%	0%	12%
5.2.1The health establishment must ensure that they have systems in place to man- age health care personnel in line with relevant legislation, policies, and guidelines.	40%	51%	22%	54%	33%	25%	50%	50%	42%	50%	32%
5.3.1The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.	67%	76%	58%	55%	56%	26%	51%	96%	72%	44%	61%
User Rights											
1.1.1The health establishment must ensure that users are provided with adequateinformation about the health care services available at the health establishment and information about accessing those services.	98%	90%	79%	90%	84%	78%	83%	88%	91%	90%	87%
1.2.1The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	80%	79%	77%	64%	72%	52%	76%	72%	78%	82%	73%
1.2.2The health establishment must maintain a system of referral as established by the responsible authority.	77%	68%	79%	92%	63%	63%	63%	100%	81%	83%	49%
1.3.1The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	83%	90%	47%	74%	69%	31%	81%	75%	91%	41%	89%

Table 25: Standards regulations outcome per district

Recommendations

- The quality improvement strategies must ensure that all health establishments achieve 100% for the non-negotiable vital measures in the clinical services functional area as well as the required cut-off levels on vital and essential risk rated measures for eligibility of certification.
- The quality improvement strategies must ensure that the health establishments' inspection performance is improved from an unsatisfactory towards Excellent grading which will put them in a better position for compliance and therefore, eligibility of certification by OHSC.

Domain 1(Chapter 1): User rights

There must be systems in place to monitor waiting times. The requirements of the referral system must be adhered to for example, users that are being referred must be provided with the relevant information and copies of the referral letters must be contained in the users' health records systems to ensure that users were provided with adequate information about the healthcare services available at health establishments and information about accessing those services must be fully implemented.

Domain 2 (Chapter 2): Clinical Governance and Clinic Care

The clinical risk management systems must be fully implemented by a structured system for document management which will ensure that all clinical governance process guiding documents are relevant, updated, accounted for and to assist in monitoring processes of implementation and tracking of performance progress. The system and programme must aim to design strategies to identify risks, conduct root cause analysis, monitor progress, and then put measures in place to mitigate further risks whether clinical or administrative. Auditing of clinical governance processes such as clinical risks, proxy indicators and clinical statistical processes should be prioritized as they have an impact on the clinical outcomes especially for priority conditions. To ensure that the management of waste and health records is

in line with the prescripts of the law. To ensure that systems for contract management principles for outsourced services are in place and adhered to.

Domain 3 (Chapter 3): Clinical Support service

The state of readiness for emergencies must be ensured through training of personnel, availability and maintenance of emergency medical equipment, medicines as well as medical supplies

Domain 4 (Chapter 4): Governance and Human Resources

There must be adherence to all legislative and policy requirements that relate to the Occupational Health and Safety Act, Pharmaceutical Act, and National Environmental Management Act, human resources, and the appointment of clinic committees

Domain 5 (Chapter 5): Facilities and Infrastructure

The fire safety and electrical compliance certificates must be available to comply with safety regulations for buildings. Maintenance plans to be developed. To ensure that systems for contract management principles for outsourced security services are in place and adhered to.

Conclusion

- Of the sampled health establishments in KwaZulu-Natal province, there were 36 compliant health establishment for eligibility of certification by OHSC whereas 85 were not eligible for certification as a result of their non-compliant status.
- 14% (17 HEs) of the sampled health establishments had acquired an excellent overall grading, 31% (38 HEs) acquired a Good overall grading, 31% (37 HEs) received a good overall grading and 24% (29 HEs) received an unsatisfactory overall grading.
- Governance & Human resources domain (chapter) is consistently the lowest performing in all the districts.
- The clinic manager functional area consistently performed/scored the lowest whilst the dispensary/medicine room functional area demonstrated the highest performance/score across the 11 districts.
- Document review assessment types demonstrated the lowest performance/score whilst the staff interviews and observations showed the highest performance across all districts.
- The provincial inspection outcomes on standards regulations range between 0% – 100%.
- There were only four standards regulations that were fully complied with in nine districts however, the province did not fully comply across the 11 districts on the same standards regulations.

The highest score for the non-negotiable vital measures was 100% and it was achieved by 41 clinics achieved 100% for non-negotiable vitals which is a requirement for health establishment to be certified as compliant however, five of them were not compliant due to failure to meet the required cut-off levels for essential measures. The majority of vital measures (including the non-negotiables) reside in the clinical governance and clinical care domain.

Domain 1 (Chapter 1): User rights

There were no systems in place to monitor waiting times. Systems to ensure that users were provided with adequate information about the healthcare services available at health establishments and information about accessing those services were not fully implemented in the province. The requirements of the referral system were not adhered to as health records did not contain copies of the referral letters or the letters did not contain all the required referral information.

Domain 2 (Chapter 2): Clinical Governance and Clinic Care

Systems, structures, and programmes for the management of clinical risks were not fully implemented in all districts.

There was an inadequate system to ensure that health records of healthcare users are managed in line with legislation. The information relating to the examination and healthcare interventions of users was not fully recorded in user's health records. Waste management was not in line with guidelines which posed a risk to the users and staff. Service level agreements for

outsourced services such as waste removal was not monitored for performance whilst they were not available in other health establishments.

Domain 3 (Chapter 3): Clinical Support service

The state of readiness for emergencies was not ensured as witnessed by the unavailability of emergency and essential equipment. There was no full implementation of the stock control system for medicines and medical supplies

Domain 4 (Chapter 4): Governance and Human Resources

The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to across all the districts. The performance management system was not fully adhered to as annual assessment reports were not available as per DPSA guidelines. There was no full implementation of a system to monitor that healthcare personnel maintained their professional registrations with the relevant councils. The human resource plans to meet the needs of each health establishment were not in place across all the districts. The requirements of the Occupational Health and Safety Act, 1993 were not fully complied with.

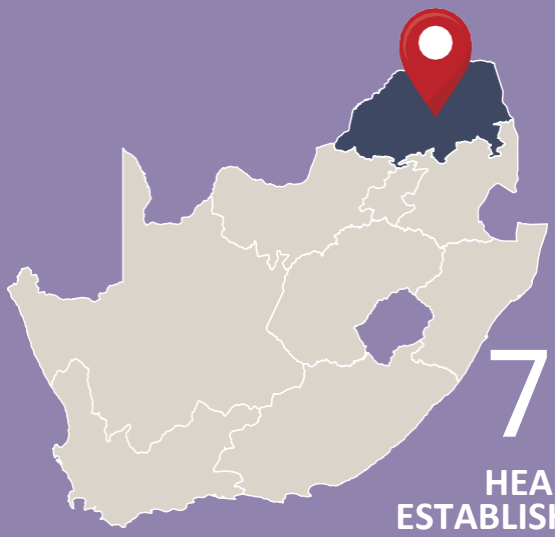
Domain 5 (Chapter 5) Facilities and Infrastructure

Safety regulations for buildings were not complied with as the fire safety and electrical compliance certificates as well as the maintenance plans were not available. Service level agreements for outsourced services such as security services were not monitored for validity and performance whilst they were not available in other health establishments.

Management system was not fully adhered to as annual assessment reports were not available as per DPSA guidelines. There was no full implementation of a system to monitor that healthcare personnel maintained their professional registrations with the relevant councils. The human resource plans to meet the needs of each health establishment were not in place across all the districts. The requirements of the Occupational Health and Safety Act, 1993 were not fully complied with.

Domain 5 (Chapter 5): Facilities and Infrastructure

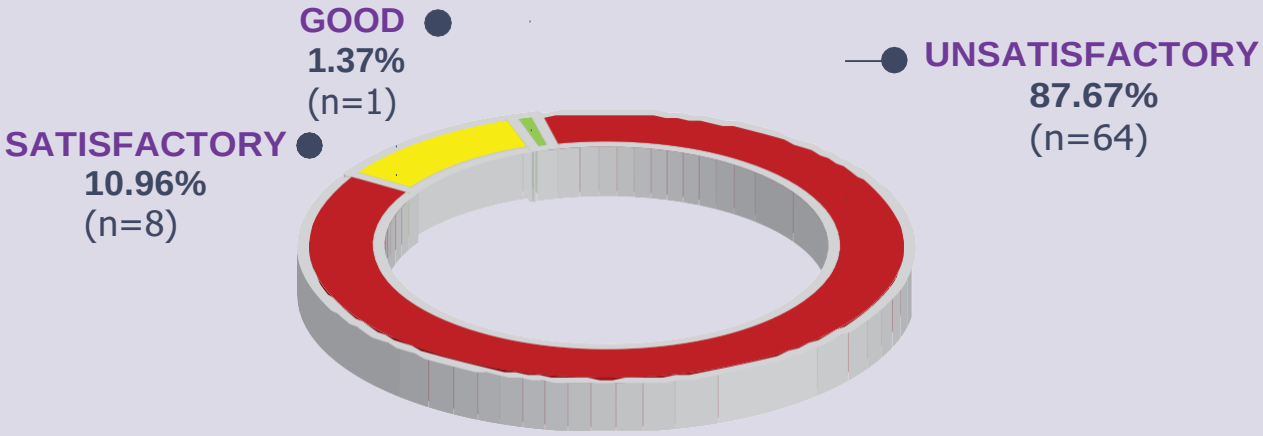
Safety regulations for buildings were not complied with as the fire safety and electrical compliance certificates as well as the maintenance plans were not available. Service level agreements for outsourced services such as security services were not monitored for validity and performance whilst they were either not available, not signed or outdated in other districts. XXX



LIMPOPO
INFOGRAPHIC

73	0%	n/a
HEALTH ESTABLISHMENTS	COMPLIANCE RATE	COMPLIANCE RATIO

OVERALL GRADING OUTCOME



COMPLIANCE OUTCOME PER DISTRICT

	Compliance Rate		Excellent		Good		Satisfactory		Unsatisfactory	
Capricorn DM (17)	0%	(0)	0.00%	(0)	0.00%	(0)	0.00%	(0)	100%	(17)
Mopani DM (12)	0%	(0)	0.00%	(0)	8.33%	(1)	25.00%	(3)	66.67%	(8)
Sekhukhune DM (12)	0%	(0)	0.00%	(0)	0.00%	(0)	8.33%	(1)	91.67%	(11)
Vhembe DM (21)	0%	(0)	0.00%	(0)	0.00%	(0)	4.76%	(1)	95.24%	(20)
Waterberg DM (11)	0%	(0)	0.00%	(0)	0.00%	(0)	27.27%	(3)	72.73%	(8)
Overall (73)	**0%**	**(0)**	0.00%	(0)	1.37%	(5)	10.96%	(8)	87.67%	(64)

The Number of Clinic Inspections by Province

The inspections were conducted in 73 health establishments across all five districts in Limpopo province (Refer to table 26), namely: Capricorn DM (17), Mopani DM (12), Sekhukhune DM (12), Vhembe DM (21) and Waterberg DM (11) as illustrated in table 5 below. Overall, the province has 455 primary health care health establishments and the distribution per district is 96 in Capricorn DM, 97 in Mopani DM, 85 in Sekhukhune DM, 116 in Vhembe DM and 61 in Waterberg DM respectively. For the financial year 2019/20, the types of inspections conducted in the province were both routine (73) and additional inspections (risk-based) all of which were in the primary health care (PHC) level. Risk-based inspections were conducted at Kwaarilagte Clinic in November 2019 and Sibasa Clinic in January 2020.

Compliance Outcome per district

The compliance outcome as depicted by the table 26 shows that all clinics inspected in Limpopo province in financial year 2019/20 were all found to be non-compliant. Therefore, the inspected clinics are not eligible for certification.

Overall Grading and risk rating outcome

Seventy-three HEs were inspected in Limpopo province; only one HE in Mopani DM was graded Good, eight HEs Satisfactory and 64 HEs were graded Unsatisfactory. The breakdown of the Satisfactory overall grading per district was Mopani DM (3), Sekhukhune DM (1), Vhembe DM (1) and Waterberg DM (3). The Unsatisfactory overall grading per district was as follows: Capricorn DM (17), Mopani DM (8), Sekhukhune DM (11), Vhembe DM (20) and Waterberg (8). None of the inspected HEs achieved an Excellent overall grading (Refer to table 26).

Risk rating outcome

Fifty-nine (59) clinics scored below 60% (Unsatisfactory) whilst 13 clinics scored in the range of 60%-69% (Satisfactory) and only Makgope Clinic in Mopani DM scored 74.29% (Good). None of the inspected HEs scored 80% and above to be graded in the Excellent category for vital measures.

None of the inspected clinics in Limpopo achieved the required 100% score on non-negotiable vitals, including those graded Good and Satisfactory. The lowest performance of 0% on non-negotiable measures was noted in 4 HEs, 1 in Mopani DM and three in Vhembe DM respectively. Compliance with non-negotiable vitals in conjunction with meeting the cut-off levels for essential measures are imperative for clinics to be classified as compliant (Refer to table 26).

Average Performance Outcome per Domain (Chapter)

Figure 194 below shows the average performance of each district on the five domains (chapters). Mopani District had the highest average scores for User Rights at 54% and *Clinical Governance and Clinical Care at 44%. Capricorn and Sekhukhune districts showed the highest average scores for Clinical Support Services at 48% each. Mopani District had the highest average score of 58% and Capricorn DM was the lowest at 54% for Facilities and Infrastructure which was noted to be the highest performing across all domains (chapters) across all. Notably, Governance and Human Resources performed the lowest amongst all domains (chapters) with 18% being the lowest in Sekhukhune DM and the highest at 30% in Vhembe DM (Refer to table 26).

**Clinical Governance and Clinical care are the domain (chapter) where majority of vital risk-rated measures were assessed*

District	Compliance outcome per district				
	No. HEs	Compliant (n,%)		Non Compliant (n,%)	
Capricorn DM	17	0	0.00%	17	100.00%
Mopani DM	12	0	0.00%	12	100.00%
Sekhukhune DM	12	0	0.00%	12	100.00%
Vhembe DM	21	0	0.00%	21	100.00%
Waterberg DM	11	0	0.00%	11	100.00%
Overall	73	0	0.00%	73	100.00%

District	Overall grading and risk rating outcome								
	No. HEs	Excellent (%)		Good (%)		Satisfactory (%)		Unsatisfactory (%)	
Capricorn DM	17	0	0.00%	0	0.00%	0	0.00%	17	100.00%
Mopani DM	12	0	0.00%	1	8.33%	3	25.00%	8	66.67%
Sekhukhune DM	12	0	0.00%	0	0.00%	1	8.33%	11	91.67%
Vhembe DM	21	0	0.00%	0	0.00%	1	4.76%	20	95.24%
Waterberg DM	11	0	0.00%	0	0.00%	3	27.27%	8	72.73%
Overall	73	0	0.62%	1	6.83%	8	20.50%	64	72.05%

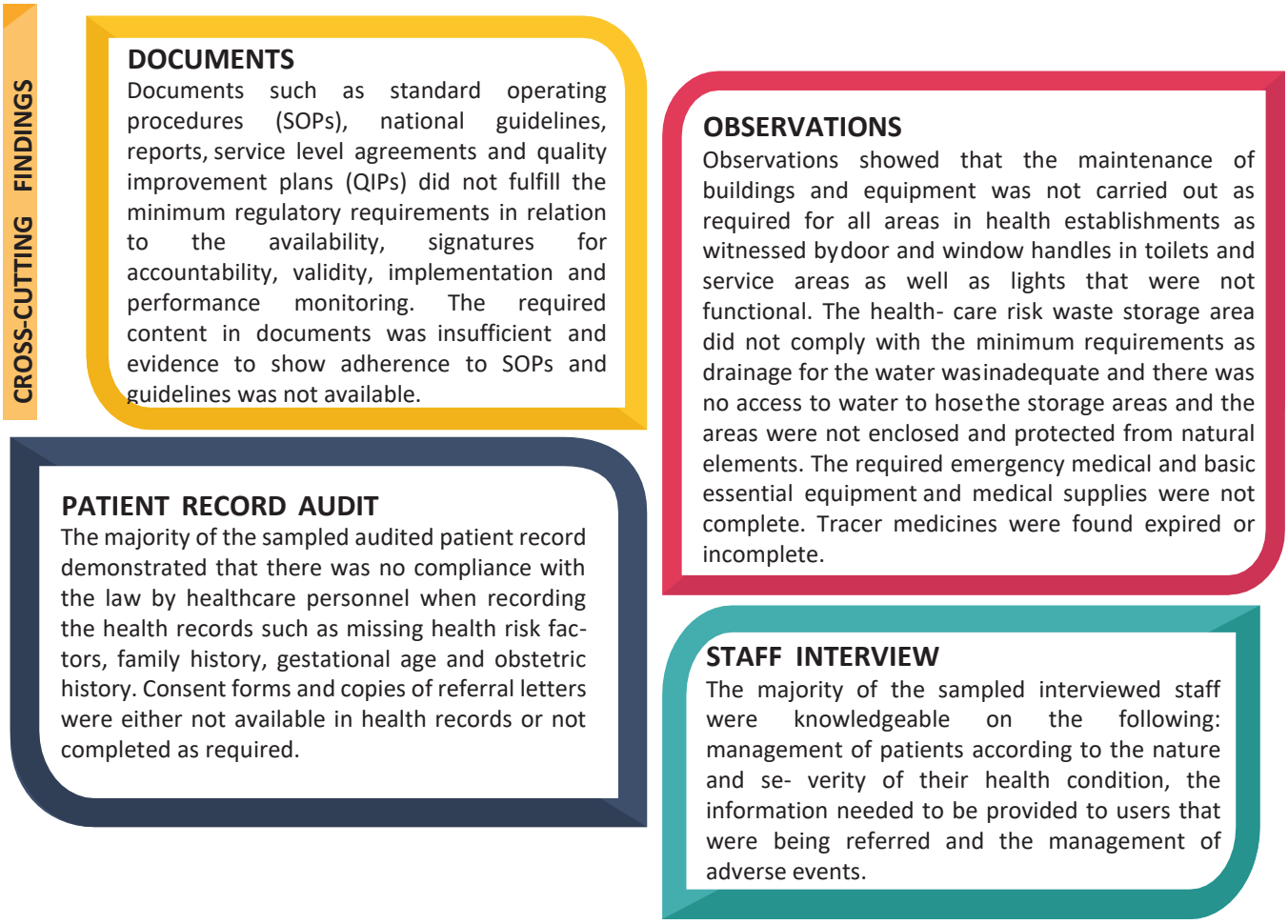
Risk rating	Overall grading and risk rating outcome			
	Excellent (%)	Good (%)	Satisfactory (%)	Unsatisfactory (%)
Essential (73)	2	4	9	58
	2.74%	5.48%	12.33%	79.45%
Vital (73)	0	1	13	59
	0.00%	1.37%	17.81%	80.82%

District	Average performance outcome per domain				
	User rights	Clinical Governance and Clinical Care	Clinical Support Services	Governance and Human Resources	Facilities and Infrastructure
Capricorn DM	50.27%	32.69%	48.45%	22.34%	53.62%
Mopani DM	53.67%	43.73%	44.98%	26.00%	58.47%
Sekhukhune DM	43.46%	35.05%	48.28%	18.06%	54.66%
Vhembe DM	40.57%	31.96%	40.25%	29.82%	55.45%
Waterberg DM	42.80%	37.02%	42.38%	25.93%	56.56%

Table 26: Limpopo inspections outcomes

Performance Outcome on Assessment type

Staff interview assessment type had the highest performance of 100%, an average of 79% and the lowest score of 0%, followed by observations with the highest score of 83%, an average of 55% and the lowest score of 28%. Documents recorded the highest score of 67%, an average of 27% and the lowest at 6%. Overall, patient records analysis showed the lowest performance amongst all assessment types with the highest score of 57%, an average of 30% and the lowest score of 0%.



Functional Areas outcome

As depicted in table 27, maintenance services showed the highest score of 92%, an average of 45% and the lowest score of 23% followed by the dispensary/ medicine room with the highest score of 90%, an average of 50% and the lowest score of 11%. Clinical services showed the highest score of 83%, an average of 50% and the lowest score of 19% The highest score for the clinic manager was 68%, an average of 25% and the lowest score of 7%.

The OHSC inspects four (4) functional areas in PHC health establishments namely: the clinic manager, clinical services, the dispensary/medicine room and maintenance services.

It is important to note that the clinic manager is the only functional area where one assessment type was used to collect data which was document review. The other three functional areas used a combination of any of the four assessment types, namely: document review, patient record audit, observations, and staff interviews. Maintenance services showed the highest performance across the four functional areas for all inspected clinics in Limpopo province with the clinic manager being the lowest performing functional area.

Of the sampled health establishments in the province, the lowest performance of 7% was noted in the clinic manager in Waterberg District as also evidenced in the assessment type outcomes. The dispensary/medicine room and clinical services were the second and third performing functional areas respectively.

Functional Area Grading

In the clinic manager functional area, none of the 73 health establishments graded Excellent and Good, two graded Satisfactory whereas the majority (71) were graded Unsatisfactory (Refer to table 27).

In the clinical services, none of the health establishments were graded as Excellent, whilst seven were graded Good, 14 were graded Satisfactory and 52 health establishments were graded Unsatisfactory. Six health establishments were graded Excellent in the dispensary/medicine room, whilst two were graded Good, 19 were graded Satisfactory and 46 were graded Unsatisfactory. In maintenance services, one of the health establishments were graded Excellent and one graded Good, seven were graded Satisfactory and 64 were graded Unsatisfactory. Overall, majority of health establishments showed an Unsatisfactory overall grading across the functional areas except for maintenance services. Clinic manager was noted to be the lowest performing functional area.

Assessment type	Performance Outcome on Assessment type		
	Lowest	Average	Highest
Documents	16%	53%	86%%
Observations	44%	76%	94%
Patient record audit	0%	33%	75%
Staff interview	0%	92%	100%

Functional Areas	Performance outcome of FA		
	Lowest	Average	Highest
Maintenance services	25.00%	61.00%	92.00%
Dispensary / Medicine room	40.00%	81.00%	100.00%
Clinical Services	36.00%	67.00%	93.00%
Clinic Manager	54.00%	31.00%	90.00%

District		Grading Performance Outcome by FA			
		Excellent (%)	Good (%)	Satisfactory (%)	Unsatisfactory (%)
Maintenance services	(73)	1	1	7	64
		1.37%	1.37%	9.59%	87.67%
Dispensary / Medicine room	(73)	6	2	19	46
		8.22%	2.74%	26.03%	63.01%
Clinical Services	(73)	0	7	14	52
		0.00%	9.59%	19.18%	71.23%
Clinic Manager	(73)	0	0	2	71
		0.00%	0.00%	2.74%	97.26%

Table 27: Assessment type and FAs outcomes

Overall Grading Per Health Establishments

This section of the report highlights the overall grading per health establishments.

District	Facility	Essential	Vital	Grade
Capricorn DM	A Mamabolo	42.86%	57.62%	
	Alldays Clinic	42.62%	56.86%	
	Burgerecht Clinic	39.39%	57.97%	
	Kibi	26.98%	50.72%	
	Kromhoek	36.07%	59.76%	
	Ledwaba	43.55%	59.45%	
	Mamotshwa	28.13%	58.69%	
	Mankweng Clinic	25.76%	53.47%	
	Mogoto	39.39%	50.94%	
	Mothiba	27.27%	55.80%	
	Mphahlele	31.82%	50.00%	
	My Darling	37.10%	60.48%	
	Nobody Clinic	36.36%	56.19%	
	Parliament	19.70%	51.19%	
	Sebayeng	37.70%	51.64%	
	Unit R	33.85%	48.55%	
	Zeist Clinic	35.48%	60.87%	
Mopani DM	Hugo Nkabinde	59.70%	64.49%	
	Kremetart	18.18%	53.76%	
	Madumane	74.19%	68.12%	
	Makgope	62.69%	70.48%	
	Mamitwa Clinic	43.75%	43.06%	
	Mapayeni	23.08%	48.12%	
	Mhlava Willem	29.85%	52.90%	
	Morapalala	72.88%	66.42%	
	Ndengeza	16.67%	17.86%	
	Ngobe	24.62%	52.62%	
	Nyavana	50.75%	58.71%	
	Thomo	27.27%	52.17%	
Sekhukhune DM	Elandsdoorn	30.30%	62.32%	
	Groblersdal Clinic	38.71%	59.45%	
	Kwarrielaagte Clinic	34.38%	60.48%	
	Madibong Clinic	38.46%	52.90%	
	Magalies	50.00%	56.86%	
	Manganeng	22.39%	50.48%	
	Motetema	20.90%	51.90%	
	Phaahla	24.24%	50.94%	

District	Facility	Essential	Vital	Grade
Sekhukhune DM	Philadelphia Gateway	59.02%	61.69%	
	Roossenekal	21.21%	46.38%	
	Setlabosoane	56.45%	55.72%	
	Tswaing	20.90%	52.62%	
Vhembe DM	Guyuni	50.00%	24.64%	
	Khakhu	45.16%	48.77%	
	Madala	50.00%	21.32%	
	Makahlule	26.98%	54.98%	
	Makuleke	38.10%	54.98%	
	Matavhela	32.31%	35.95%	
	Mphephu	46.77%	53.48%	
	Ntlhaveni C	30.30%	34.06%	
	Ntlhaveni D	21.88%	55.48%	
	Phadzima	19.70%	29.71%	
	Rambuda	42.62%	51.90%	
	Shakadza	26.87%	51.90%	
	Shigalo	36.51%	58.33%	
	Shikundu	55.74%	55.72%	
	Straighthardt	34.92%	49.76%	
	Thengwe	17.46%	10.14%	
	Tshikundamalema	54.84%	66.42%	
	Tshikuwi	36.67%	49.75%	
	Tshixwadza	40.32%	50.50%	
	Vhambelani Maelula	40.00%	49.76%	
	Vuvha	26.67%	45.27%	
	Bokwalakwala	66.10%	65.69%	
	Chromite Clinic	25.76%	47.62%	
	Mahwelereng	66.67%	64.49%	
	Mahwelereng Zone 2	25.76%	52.90%	
	Mosesetjana	62.12%	63.04%	
	Northam	19.70%	46.38%	
	Regorogile 1	29.69%	55.48%	
	Sekgakgapeng Clinic	45.16%	62.01%	
	Swartklip Clinic	49.18%	55.72%	
	Thabazimbi Clinic	10.61%	43.90%	
	Tsamahansi	12.12%	45.31%	

Performance outcomes per Districts

Capricorn District Municipality

Clinics Risk Rating Outcome

In the essential measures, the lowest score was 19.70% attained by Parliament Clinic whilst the highest score of 43.55% achieved by Ledwaba Clinic. For Vital measures, the highest score achieved was 60.87% by Zeist Clinic and the lowest score by Unit R Clinic at 48.55%.

Average Performance Outcome per Domain (Chapter)

The highest average obtained in Capricorn district is 54% in Facilities and Infrastructure, followed by 50% in User Rights and 48% in Clinical Support Services. *Clinical Governance and Clinical Care had an average performance of 33% which is where majority of vital risk-rated measures were assessed. Governance and Human Resources had the lowest average performance at 22%.

**Clinical Governance & Clinical Care is a domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment type

Staff interview assessment type performed the highest across the four assessment types with documents being the lowest. The highest score of 100% was noted for staff interviews, an average of 92% and the lowest score of 67% followed by observations with the highest score of 69%, an average of 58% and the lowest score of 45%. Patient record audit had the highest score of 57%, an average of 32% and the lowest score of 13% whilst documents had the highest score of 34%, an average of 23% and the lowest score of 11%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for informed consent, management of occupational health and safety incidents, health records management, safety and security, the management of patients with highly infectious diseases, referral system and standard precautions were either not available, where available they were outdated, had insufficient content or the approval signatures were not designated. Training of personnel was either not available or inadequate in relation to the required number of personnel trained. There was no adherence to the implementation of national guidelines for notifiable medical conditions. The required information on the referral registers was not fully completed. Systems for the management of patient safety incidents, complaints and occupational health and safety were not fully implemented. There was no full implementation of the stock control system for medicines and medical supplies as well as schedule 5 and 6 drug registers that were either not countersigned for as required or not available. Service level agreements for outsourced waste removal services were not monitored for availability, performance, and validity. The performance management system was not fully adhered to as six-monthly formal reviews as per DPSA guidelines, Personal Development Plan (PDP) and annual assessment reports. The system to monitor that healthcare personnel maintain their professional registration with the relevant councils was not fully implemented and human resource plan to meet the needs of each health establishment were not in place. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required emergency equipment, essential equipment as well as basic medical supplies were incomplete and the sterile packs for minor surgery were either not available or the sterility period had expired. There was no adherence to the minimum waste management requirements such as unavailability of appropriate containers for general, anatomical, and sanitary waste. Maintenance carried out did not include all the required areas as observed by lights, taps and door handles that were not functional. The required hand washing facilities such as disposable hand paper towels were not available. Tracer medicines were found to be incomplete. Health records management guidelines were not fully adhered to as the storage areas were not lockable with security gates or electronically controlled entrances and were not labelled for access control.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as respiratory and cardiovascular examination, vaginal examination, obstetric history, pregnancy risk screening and health risk factors. Copies of referral letters were not available in health records. Informed consent forms were either available in health records or incorrectly completed as signatures were not identified.

Staff Interviews

More than 70% of the sampled interviewed staff demonstrated knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events.

Performance Outcome on Functional Areas

Dispensary/medicine room had the highest score of 75%, an average of 48% and the lowest score of 26% followed by clinical services with the highest score 72%, an average of 56% and the lowest score of 36%. Maintenance services had the highest score of 62%, an average of 42% and the lowest score of 23%. The lowest performing functional area was the clinic manager with the highest score of 38%, an average of 19% and the lowest score of 8%.

Four functional areas were inspected in each of the sampled health establishments within Capricorn District namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types, namely: document review, patient record audit, observations, and staff interviews. The dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district with the clinic manager being the lowest performing functional area. Of the sampled health establishments in the district, the lowest performance of 8% was noted in the clinic manager. Clinical services and maintenance services were the second and third performing functional areas respectively in Capricorn district.

Mopani District Municipality

Clinics Risk Rating Outcome

In the essential measures, the highest score was achieved by Madumane Clinic at 74.19% and Morapalala Clinic at 72.88% whilst the lowest of 16.67% was achieved by Ndengeza Clinic. For vital measures, the lowest score of 17.86% was achieved by Ndengeza clinic whilst Makgope Clinic achieved the highest score of 70.48%. Notably, Ndengeza Clinic performed the lowest on both essential and vital measures.

Average Performance Outcome per Domains (Chapters)

The highest average performance of 58% in Facilities and Infrastructure, followed by User Rights at 54%, Clinical Supports Services at 45% and Clinical Governance and Clinical Care Governance scored 44% which is where majority of risk-rated measures were assessed. Human Resources performed the lowest at an average of 26%.

**Clinical Governance and Clinical Care is the domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment Type

Staff interview had the highest performance across the four assessment types with patient record audit being the lowest. The highest score of 100% was noted for staff interviews, an average of 97% and the lowest score of 67%, followed by observations with the highest score of 83%, an average of 59% and the lowest score of 38%. Documents had the highest score of 67%, an average of 33% and the lowest score of 8% whilst patient record audit showed the highest score of 57%, an average of 39% and the lowest score of 14%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for informed consent, management of occupational health and safety incidents, health records management, safety and security, the management of patients with highly infectious diseases, referral system and standard precautions were either not available, where available they were outdated, had insufficient content, or not approved by the relevant authority. Training of personnel was either not available or inadequate in relation to the required number of personnel trained. There was no adherence to the implementation of national guidelines for notifiable medical conditions. The required information on the referral registers was not fully completed. Systems for the management of patient safety incidents, complaints and occupational health and safety were not fully implemented. There was no full implementation of the stock control system for medicines and medical supplies. Service level agreements for outsourced waste removal services were not monitored for availability, performance, and validity. The performance management system was not fully adhered to as six-monthly formal reviews as per DPSA guidelines, Personal Development Plan (PDP) and annual assessment reports. The system to monitor that healthcare personnel maintain their professional registration with the relevant councils was not fully implemented and human resource plan to meet the needs of each health establishment were not in place. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required emergency equipment, essential equipment as well as basic medical supplies were incomplete and the sterile packs for minor surgery were either not available or the sterility period had

expired. There was no adherence to the minimum waste management requirements. The required hand washing facilities such as taps with running water and disposable hand paper towels were not available. Tracer medicines were found to be incomplete. Health records management guidelines were not fully adhered to as the storage areas were not labelled for access control.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as respiratory and cardiovascular examination, vaginal examination, obstetric history, pregnancy risk screening and health risk factors. Copies of referral letters were either not available in health records or not fully recorded with the required information such as summary of clinical details. Informed consent forms were available and completed correctly in the majority of health records.

Staff Interviews

More than 90% of the sampled interviewed staff demonstrated knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events

Functional Area outcome

Dispensary/medicine room had the highest score of 90%, an average of 58% and the lowest score of 26% followed by clinical services with the highest score 83%, an average of 56% and the lowest score of 38%. The highest score for the clinic manager was 68%, an average of 31% and the lowest score of 7%. Maintenance services was the lowest performing functional area with the highest score of 62%, an average of 46% and the lowest score of 38%.

Four functional areas were inspected in each of the sampled health establishments within Mopani District, namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types, namely: document review, patient record audit, observations, and staff interviews. The dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district with maintenance services being the lowest performing functional area. Of the sampled health establishments in the district, the lowest performance of 7% was noted in the clinic manager. Clinical services and clinic manager were the second and third performing functional areas respectively in Mopani District.

Sekhukhune District Municipality

Clinics Risk Rating Outcome

In the essential measures, the lowest score achieved was 20.90% by both Motetema and Tswaing Clinics whilst the highest score achieved was 59.02% by Philadelphia Gateway Clinic. For vital measures, Elandsdoorn Clinic achieved the highest score of 62.32% whilst the lowest score was attained by Roossenekal Clinic at 46.38%.

Average Performance Outcome per Domain (Chapter)

The highest average performance of 55% in Facilities and Infrastructure, followed by Clinical Support Services at 48% and User Rights scored an average performance of 43%. Clinical Governance and Clinical Care was fourth at 35% and majority of vital risk-rated measures were assessed in this domain (chapter). Governance and Human Resources had the lowest average performance of 18%.

**Clinical Governance and Clinical Care is the domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment type

Staff interview had the highest performance across the four assessment types with patient record audit being the lowest. The highest score of 100% was noted for staff interviews, an average of 83% and the lowest score of 67%, followed by observations with the highest score of 73%, an average of 55% and the lowest score of 31%. Documents showed the highest score of 52%, an average of 27% and the lowest score of 10% whilst patient record audit had the highest score of 50%, an average of 22% and the lowest score of 0%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for informed consent, management of occupational health and safety incidents, health records management, safety and security, the management of patients with highly infectious diseases, referral system and standard precautions were either not available, where available they were outdated, had insufficient content, or not signed by the relevant authority. Training of personnel was either not available or inadequate in relation to the required number of personnel trained. There was no adherence to the implementation of national guidelines for notifiable medical conditions. The required information on the referral registers wasnot fully completed. Systems for the management of patient safety incidents, complaints and occupational health and safety were not fully implemented. There was no full implementation of the stock control system for medicines and medical supplies. Service level agreements for outsourced security services were not monitored for availability, performance, and validity. The performance management system was not fully adhered to. The system to monitor that healthcare personnel maintain their professional registration with the relevant councils was not fully implemented and human resource plan to meet the needs of each health establishment were not in place. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required emergency equipment, essential equipment as well as basic medical supplies were either incomplete or expired and the emergency obstetric delivery packs were either not available or the sterility period had expired. There was adherence to minimum waste management requirements as appropriate containers for general, sanitary,

anatomical and pharmaceutical waste were available. Maintenance carried out did not include all required areas as observed by peeling paints, damaged floor tiles, taps and door handles that were not functional. The required hand washing facilities such as liquid hand soap and disposable hand paper towels were not available. Tracer medicines were found to be incomplete. Health records management guidelines were not fully adhered to as the storage areas were not lockable for access control.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as respiratory and cardiovascular examination, vaginal examination, obstetric history, pregnancy risk screening and health risk factors. Informed consent forms were either not available in health records or incorrectly completed as ages were not recorded and signatures were not identified in the health records of minors.

Staff Interviews

More than 50% of the sampled interviewed staff demonstrated knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events.

Functional Area outcome

Dispensary/medicine room had the highest score of 84%, an average of 58% and the lowest score of 35% followed by both maintenance services with the highest score of 62%, an average of 47% and the lowest score of 23% and clinical services had the highest score of 62%, an average of 46% and the lowest score of 25%. The highest score for the clinic manager was 47%, an average of 24% and the lowest score of 9%.

Four functional areas were inspected in each of the sampled health establishments within Sekhukhune District, namely: the clinic manager, clinical services, the dispensary/medicine room, and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types, namely: document review, patient record audit, observations, and staff interviews. The dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district with the clinic managerbeing the lowest performing functional area. Of the sampled health establishments in the district, the lowest performance of 9% was noted in the clinic manager where majority of the required documents were found to be non-compliant or not available. Both maintenance services and clinical services were the second performing functional areas in SekhukhuneDistrict.

Vhembe District Municipality

Clinics Risk Rating Outcome

In the essential measures, the lowest score of 17.46% was attained by Thengwe Clinic whilst the highest score was achieved by Shikundu Clinic at 55.74%. For vital measures, the highest score of 66.42% was achieved by Tshikundamalema Clinic whilst the lowest score was 10.14% by Thengwe Clinic. Thengwe Clinic performed the lowest for both vital and essential risk ratings in Vhembe District.

Average Performance Outcome per Domain (Chapter)

Facilities and Infrastructures had the highest average performance at 55%, followed by User Rights at 41% and Clinical Support Services at 40%. Clinical Governance and Clinical Care, the domain (chapter) where majority of vital risk-rated measures were assessed had an average performance of 32%. The Governance and Human Resources had the lowest average performance at 30%.

**Clinical Governance and Clinical Care is the domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment type

Staff interview had the highest performance across the four assessment types with documents being the lowest. The highest score of 100% was noted for staff interviews, an average of 57% and the lowest score of 0%, followed by observations with the highest score of 78%, an average of 51% and the lowest score of 28%. Patient record audit had the highest score of 57%, an average of 30% and the lowest score of 14%. Documents were the lowest performing assessment type and showed the highest score of 48%, an average of 26% and the lowest score of 10%. Staff interviews were noted to have recorded the highest and lowest scores in the district.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for informed consent, management of occupational health and safety incidents, health records management, safety and security, the management of patients with highly infectious diseases, referral system and standard precautions were either not available, where available they were outdated, had insufficient content, or not signed by the relevant authority. Training of personnel was either not available or inadequate in relation to the required number of personnel trained. There was no adherence to the implementation of national guidelines for notifiable medical conditions. The required information on the referral registers wasnot fully completed. Systems for the management of patient safety incidents, complaints and occupational health and safety were not fully implemented. There was no full implementation of the stock control system for medicines and medical supplies as well as schedule 5 and 6 drug registers where columns for prescribers were inconsistently completed and other health establishments did not have the register. Service level agreements for outsourced services were not monitored for availability, performance, and validity. The performance management system was not fully adhered to. The system to monitor that healthcare personnel maintain their professional registration with the relevant councils was not fully implemented and human resource plan to meet the needs of each health establishment were not in place. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

Observations: The required emergency equipment, essential equipment as well as basic medical supplies were either incomplete or expired and the emergency

obstetric delivery packs were either not available or the sterility period had expired. There was no adherence to minimum waste management requirements such as unavailability of appropriate containers for general, sanitary, anatomical, and pharmaceutical waste. Maintenance carried out did not include all required areas as observed by peeling paints, damaged floor tiles, taps and door handles that were not functional. The required hand washing facilities such as posters on hand hygiene and disposable hand paper towels were not available. Temperatures in medicine rooms were not maintained within safety ranges. Tracer medicines were found to be expired or incomplete. Health records management guidelines were not fully adhered to as lockable security gates or electronically controlled entrances, annual registers of archived records and tracking systems were not in place.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as respiratory and cardiovascular examination, vaginal examination, obstetric history, pregnancy risk screening and health risk factors. Informed consent forms were either not available in health records or incorrectly completed as ages were not recorded and signatures were not identified in the health records of minors.

Staff Interviews

More than 50% of the sampled interviewed staff did not demonstrate full knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events

Performance Outcome on Functional Areas

The maintenance services had the highest score of 92%, an average of 43% and the lowest score of 23% followed by clinical services with the highest score 72%, an average of 47% and the lowest score of 19%. Dispensary/medicine room had the highest score of 70%, an average of 42% and the lowest score of 21%. The highest score for the clinic manager was 43%, an average of 25% and the lowest score of 12%.

Four functional areas were inspected in each of the sampled health establishments within Vhembe District, namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types, namely: document review, patient record audit, observations, and staff interviews. Maintenance services showed the highest performance across the four functional areas for all inspected clinics in the district, while clinical services and dispensary/medicine room were the second and third performing functional areas respectively in Vhembe District. The clinic manager was the lowest performing functional area.

Waterberg District Municipality

Clinics Risk Rating Outcome

In the essential measures, the lowest score of 10.61% was attained by Thabazimbi Clinic whilst the highest score was achieved by Bokwalakwala Clinic at 66.10%. For vital measures, the highest score of 65.69% was achieved by Bokwalakwala Clinic whilst the lowest score was 43.90% by Thabazimbi clinic. Bokwalakwala and Thabazimbi clinics performed the highest and lowest respectively for both vital and essential risk ratings in Waterberg District.

Average Performance Outcome per Domain (Chapter)

Facilities and Infrastructure had the highest average performance at 57%, followed by User Rights and Clinical Support Services at 43 and 42% % respectively. Clinical Governance and Clinical Care, the domain (chapter) where majority of vital risk-rated measures were assessed had an average performance of 37%. The Governance and Human Resources had the lowest average performance at 26%.

**Clinical Governance and Clinical Care is the domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment type

Staff interviews had the highest performance across the four assessment types with patient record audit being the lowest. The highest score of 100% was noted for staff interviews, an average of 73% and the lowest score of 0%, followed by observations with the highest score of 75%, an average of 54% and the lowest score of 31%. Documents had the highest score of 62%, an average of 30% and the lowest score of 6%. Patient record audits were the lowest performing assessment type and showed the highest score of 50%, an average of 23% and the lowest score of 14%. Staff interviews were noted to record both the highest and the lowest scores in the district.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for informed consent, management of occupational health and safety incidents, health records management, safety and security, the management of patients with highly infectious diseases, referral system and standard precautions were either not available, where available they were outdated, had insufficient content, or not signed by the relevant authority. Training of personnel was either not available or inadequate in relation to the required number of personnel trained. There was no adherence to the implementation of national guidelines for notifiable medical conditions. The required information on the referral registers was not fully completed. Systems for the management of patient safety incidents, complaints and occupational health and safety were not fully implemented. There was no full implementation of the stock control system for medicines and medical supplies as well as schedule 5 and 6 drug registers where columns for prescribers were inconsistently completed and other health establishments did not have the register. Service level agreements for outsourced services were not monitored for availability, performance, and validity. The performance management system was not fully adhered to. The system to monitor that healthcare personnel maintain their professional registration with the relevant councils was not fully implemented and human resource plan to meet the needs of each health establishment were not in place. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required emergency equipment, essential equipment as well as basic medical supplies were

incomplete, and the emergency obstetric delivery packswere either not available or the sterility period had expired. There was no adherence to minimum waste management requirements such as unavailability of appropriate containers for general, anatomical, and pharmaceutical waste. Maintenance carried out did not include all required areas as observed by peeling paints, damaged floor tiles, taps and door handles that were not functional. The required hand washing facilities such as functional taps, hand sanitizers and disposable hand paper towels were not available. Cold chain management for medicines was not fully adhered to as the temperature of the refrigerators were not recorded twice daily and not maintained between 2ºC – 8ºC. Temperatures in medicine rooms were not maintained within safety ranges. Tracer medicines were found to be expired or incomplete. Health records management guidelines were not fully adhered to as lockable security gates or electronically controlled entrances, annual registers of archived records and tracking systems were not in place.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as respiratory and cardiovascular examination, vaginal examination, obstetric history, pregnancy risk screening and health risk factors. Informed consent forms were either not available in health records or incorrectly completed as ages were not recorded and signatures were not identified in the health records of minors.

Staff Interviews

More than 50% of the sampled interviewed staff demonstrated knowledge about the management of patients according to the nature and severity of their health condition, what information needed to be provided to users that were being referred and the management of adverse events.

Performance Outcome on Functional Areas

Dispensary/medicine had the highest score of 85%, an average of 47% and the lowest score of 11% followed by maintenance services with the highest score 77%, an average of 52% and the lowest score of 31%. Clinical services had the highest score of 74%, an average of 47% and the lowest score of 22%. The highest score for the clinic manager was 56%, an average of 28% and the lowest score of 7%.

Four functional areas were inspected in each of the sampled health establishments within Waterberg District, namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types, namely: document review, patient record audit, observations, and staff interviews. Dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district, while maintenance services and clinical services were the second and third performing functional areas respectively in Waterberg District. The clinic manager was the lowest performing functional area.

Standards regulations outcome per district

This section provides a summary of the average performance on standards regulations by the district in the Limpopo (Refer to table 28).

Mopani District recorded the highest average scores on the standards regulations that address the following:

- the nature and severity of health conditions are attended to accordingly (standard regulation 1.2.1) and
- the referral system as established by the responsible authority to be maintained (standard regulation 1.2.2)

Capricorn District recorded the highest average score of 60%, followed by Mopani District at 58% on standard regulation 1.1.1 which is about the provision of adequate information to users regarding availability and access to healthcare services. Vhembe District recorded the lowest average score of 38% on the same standard.

The lowest average score of 27% was noted in both Vhembe and Waterberg districts for the standard regulation 1.2.2 regarding the referral system as established by the responsible authority to be maintained.

Sekhukhune recorded the highest average score of 55% for the standard regulation 1.3.1 that addresses the monitoring of waiting times, followed by both Mopani and Vhembe at 50% each whilst Capricorn had the lowest average score of 40% for the same standard.

Clinical Governance and Clinical Care Standards Regulations

- Standard regulation 2.1.1 about ensuring that health records of healthcare users are protected, managed, and kept confidential in line with section 14, 15 and 17 of the Act recorded the highest average score of 54% by Waterberg DM followed by Mopani DM at 49% whereas Vhembe DM was the lowest at 41% for the same standard regulation.
- The standard regulation on the creation and maintenance of a system for health records in accordance with the Act (standard regulation 2.1.2) had the lowest average scores across the five districts ranging between 2% in both Sekhukhune and Waterberg districts and 21% in Capricorn DM.
- The standard regulation 2.1.3 about having a formal process to be followed when obtaining informed consent from the user recorded the highest average score of 58% by Mopani DM followed by Vhembe DM at 29% whereas Sekhukhune DM was the lowest at 21% for the same standard regulation.
- The standard regulation 2.2.1 about establishing and maintaining clinical management systems, structures and procedures recorded the highest average score of 44% by Mopani DM, followed by Waterberg District at 36% whereas Vhembe DM was the lowest at 24% for the same standard regulation.
- The standard regulation on the establishment and maintenance of clinical risks management system (standard regulation 2.2.2) had the highest average score of 48% in Mopani DM and the lowest at 28% (Vhembe District).
- The standard regulation 2.3.1 about maintaining an environment which minimises the risk of disease outbreaks and the transmission of infection recorded the highest average score of 38% by Mopani DM followed by Vhembe District at 23% whereas Sekhukhune District was the lowest at 12% for the same standard regulation.
- The standard regulation 2.4.1 about having a system to handling of waste in accordance with the law, recorded the highest average score of 67% by Sekhukhune DM followed by Waterberg DM at 52% whereas Capricorn

District was the lowest at 41% for the same standard regulation.

- The standard regulation 2.5.1 about having a system to monitor and report all adverse events recorded the highest average score of 40% by both Vhembe and Waterberg Districts followed by Mopani DM at 39% whereas Capricorn DM was the lowest at 25% for the same standard regulation.

Clinical Support Services Standards Regulations

- The highest average score for the standard regulation on compliance with the provisions of the Pharmacy Act and the Medicines and Related Substances Act (standard regulation 3.1.1) at 57% in Sekhukhune District and the lowest at 42% in Vhembe District.
- The standard regulation on ensuring availability and functionality of medical equipment in compliance with the law (standard regulation 3.3.1) showed the highest performance at 45% and the lowest at 32% in Capricorn and Sekhukhune districts respectively.

Governance and Human Resources Standards Regulations

- Standard regulation on the availability of a functional governance structure (standard regulation 4.1.1) had the lowest average scores of 0% for all the five districts in Limpopo province.
- The highest average score of 42% was noted in Mopani District for the standard regulation 4.2.1 regarding systems in place to manage healthcare personnel in line with relevant legislation, policies, and guidelines, followed by Vhembe District at 35%. Capricorn District recorded the lowest average score of 10% for the same standard regulation.
- The highest average score of 36% was recorded by Waterberg District on the standard regulation 4.3.1 which addresses compliance with the requirements of the Occupational Health and Safety Act,1993, followed by Capricorn District at 33%. Mopani District recorded the lowest average score of 21% on the same standard regulation.

Facilities and Infrastructure Standards Regulations

- Waterberg District achieved the highest average score of 60% for standard regulation 5.1.1 which addresses compliance with requirements of the building regulations, followed by both Sekhukhune and Mopani districts at 56%. Capricorn and Vhembe districts both recorded the lowest average scores of 51% each for the same standard regulation.
- Waterberg District recorded the highest average score of 62% for standard regulation 5.2.1 which ensures that engineering services are in place, followed by Mopani District at 58% whereas Vhembe District recorded the lowest average score of 46% for the same standard.
- Mopani District had the highest average score of 100% for standard regulation 5.3.1 which addresses ensuring that vehicles used to transport users and healthcare personnel are safe and well maintained. The same standard regulation was not assessed in the other four districts.
- Vhembe District performed the highest at 67% on the standard regulation regarding the availability of systems to protect users, healthcare personnel and property against security threats or risks (standard regulation 5.4.1), followed by Mopani District at 61% whereas Waterberg District recorded the lowest average score of 49% for the same standard regulation 5.4.1.

Standards Regulations Summary Outcome per District

The performance of health establishments against

each standard regulation must be at 100% to be deemed compliant. Partial compliance within a standard regulation result in overall non-compliance with the respective standard regulation.

The performance across all standards regulations per district is as follows:

- Capricorn District was not fully compliant with all the standards regulations assessed. The highest performance was 60% and the lowest at 10%. Five of the standards regulations assessed performed in the range of 50% - 70%. Eleven (11) performed at > 20% but < 50% whilst three performed in the range of 0% - 20%. Standard Regulation 5.3.1 was not assessed in Capricorn DM.
- Mopani District was fully compliant only with standard regulation 5.3.1. The highest performance was noted between 100% and the lowest at 19% where eight of the standards regulations performed in the range of 50% - 70% and another nine were in the range of >20% but <50%. The remaining two were in the range of 0% - 20%.
- Sekhukhune district was not fully compliant with all the standards regulations assessed. The highest performance was noted at 67% and the lowest at 2% where six of the twenty standards assessed performed in the range of 50% – 70% while 11 performed at >20% but <50%. The remaining three were in the range of 0% - 20%. Standard Regulation 5.3.1 was not assessed in Sekhukhune DM.
- Vhembe District was not fully compliant with all the standards regulations assessed. The highest performance was noted at 67% with the lowest at 12% where four of the standards regulations assessed were in the range of 50% - 70% and 15 in the range of >20% but <50%. There was only one standard regulation that performed in the range of 0% - 20%.
- Waterberg District was not fully compliant with all the standards regulations assessed. The highest performance was noted at 62% with the lowest at 2% where five of the standards regulations assessed were in the range of 50% - 70% and 11 in the range of >20% but <50%. The remaining three standards regulations performed in the range of 0% - 20%. Standard Regulation 5.3.1 was not assessed in Capricorn DM.

Limpopo	Capricorn DM	Mopani DM	Sekhukhune DM	Vhembe DM	Waterberg DM
Clinical Governance and Clinical Care					
2.1.1The health establishment must ensure that health records of health care users are protected, managed, and kept confidential in line with section 14, 15 and 17 of the Act.	43.64%	48.68%	48.15%	40.77%	54.29%
2.1.2The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	20.59%	18.75%	2.08%	11.90%	2.27%
2.1.3The health establishment must have a formal process to be followed when obtaining informed consent from the user.	26.47%	58.33%	20.83%	28.57%	27.27%
2.2.1The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies andguidelines.	29.41%	44.44%	27.78%	23.81%	36.36%
2.2.2The health establishment must establish and maintain systems, structures, and programmes to manage clinical risk.	35.19%	47.55%	32.46%	28.42%	38.84%
2.3.1The health establishment must maintain an environment, which minimises the risk of disease outbreaks, the transmission of infection to users, health care personnel and visitors.	19.41%	38.46%	12.39%	23.04%	18.35%
2.3.3The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	100.00%	50.00%			50.00%
2.4.1The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.	41.38%	45.77%	67.39%	48.37%	52.34%
2.5.1The health establishment must have a system to monitor and report all adverse events.	25.00%	39.29%	33.33%	39.51%	40.43%
Clinical Support Services					
3.1.1The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.	50.74%	46.90%	57.43%	41.90%	47.37%
3.3.1Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	44.54%	41.67%	32.14%	37.41%	33.77%
Facilities and Infrastructure					
5.1.1The health establishment and their grounds must meet the requirements of the building regulations.	51.47%	56.25%	56.25%	50.60%	60.23%
5.2.1The health establishment must ensure that engineering services are in place.	55.29%	57.63%	50.00%	46.15%	61.82%
5.3.1The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.		100.00%			
5.4.1The health establishment must have systems to protect users, health care personnel and property from security threats and risks.	54.84%	60.87%	56.04%	67.33%	48.72%
Governance and Human Resources					
4.1.1The health establishment must have a functional governance structure with written Terms of Reference.	0.00%	0.00%	0.00%	0.00%	0.00%
4.2.1The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation, policies, and guidelines.	10.29%	41.67%	14.58%	34.52%	13.64%
4.3.1The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.	33.04%	21.11%	22.62%	31.71%	36.25%

Limpopo	Capricorn DM	Mopani DM	Sekhukhune DM	Vhembe DM	Waterberg DM
User rights					
1.1.1The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	59.80%	58.33%	41.67%	38.10%	51.52%
1.2.1The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	50.66%	52.34%	41.67%	42.86%	41.84%
1.2.2The health establishment must maintain a system of referral as established by the responsible authority.	43.14%	52.78%	38.89%	26.98%	27.27%
1.3.1The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	39.68%	50.00%	54.55%	50.00%	43.59%

Table 28: Standards regulations outcome per district

Recommendations

The quality improvement strategies must ensure that health establishments achieve 100% for the non-negotiable vitals measures in the clinical services functional area as well as the required cut-off levels on vitals and essentials risk rated measures for eligibility of certification.

The quality improvement strategies must ensure that the health establishments' inspection performance is improved from an unsatisfactory towards Excellent grading which will put them in a better position for eligibility of certification by OHSC.

Domain 1(Chapter 1): User rights

The requirements of the referral system must be adhered to for example, users that are being referred must be provided with the relevant information and copies of the referral letters must be contained in the users' health records systems to ensure that users were provided with adequate information about the healthcare services available at health establishments and information about accessing those services must be fully implemented. The system to ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition must be in place.

Domain 2 (Chapter 2): Clinical Governance and Clinic Care

The clinical risk management systems must be fully implemented by a structured system for document management which will ensure that all clinical governance process guiding documents are relevant, updated, accounted for and to assist in monitoring processes of implementation and tracking of performance progress. The system and programme must aim to design strategies to identify risks, conduct root cause analysis, monitor progress, and then put measures in place to mitigate further risks whether clinical or administrative. Auditing of clinical governance processes such as clinical risks, proxy indicators and clinical statistical processes should be prioritized as they have an impact on the clinical outcomes especially for priority conditions. To ensure that the management of waste and health records is in line with the prescripts of the law.

Domain 3 (Chapter 3): Clinical Support service

The state of readiness for emergencies must be ensured through training of personnel, availability and maintenance of emergency medical equipment, medicines as well as medical supplies. To ensure that systems for contract management principles for outsourced services are in place and adhered to.

Domain 4 (Chapter 4): Governance and Human Resources

There must be adherence to all legislative and policy requirements that relate to the Occupational Health

and Safety Act, Pharmaceutical Act, and National Environmental Management Act, human resources, and the appointment of clinic committees.

Domain 5 (Chapter 5): Facilities and Infrastructure

The fire safety and electrical compliance certificates must be available to comply with safety regulations for buildings. Maintenance plans to be developed. To ensure that systems for contract management principles for outsourced services are in place and adhered to.

Conclusion

- Of the sampled health establishments in Limpopo province, there was no compliant health establishment for eligibility of certification by OHSC.
- The majority (64) of the sampled health establishments had acquired an unsatisfactory overall grading, eight were satisfactory and only one received a good overall grading.
- Governance & Human resources and Clinical governance and clinical care domains (chapters) are consistently the lowest performing in all the districts.
- The clinic manager functional area consistently performed/scored the lowest whilst the dispensary/medicine room functional area demonstrated the highest performance/score across the five districts.
- Patient record audits and document review assessment types demonstrated the lowest performance/score whilst the staff interview showed the highest performance across the five districts.
- The provincial inspection outcomes on standards regulations range between 0% – 100%.
- There were only two standards regulations that were fully complied with in two districts.

The highest score for the non-negotiable vitals was 66.67% and none of the clinics achieved 100% for non-negotiable vitals which is a requirement for health establishment to be certified as compliant. The majority of vital measures (including the non-negotiables) reside in the clinical governance and clinical care domain where the lowest performance was noted.

Domain 1 (Chapter 1): User rights

The requirements of the referral system were not adhered to as health records did not contain copies of the referral letters. Systems to ensure that users were provided with adequate information about the healthcare services available at health establishments and information about accessing those services were not fully implemented. There were no systems to ensure that users were attended to in a manner that was consistent with the nature and severity of their health condition.

Domain 2 (Chapter 2): Clinical Governance and Clinic Care

There were no systems, structures, and programmes for the management of clinical risks. There was an inadequate system to ensure that health records of healthcare users are managed in line with legislation. The information relating to the examination and healthcare interventions of users was not fully recorded in user's health records. Waste management was not in line with guidelines which posed a risk to the users and staff.

Domain 3 (Chapter 3): Clinical Support service

The state of readiness for emergencies was not ensured. There was no full implementation of the stock control system for medicines and medical supplies. Service level agreements for outsourced services such as waste removal was not monitored for validity and performance whilst they were not available in other health establishments.

Domain 4 (Chapter 4): Governance and Human Resources

The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to across the five districts. The performance management system was not fully adhered to as Personal Development Plans (PDPs) and annual

assessment reports were not available as per DPSA guidelines. There was no full implementation of a system to monitor that healthcare personnel maintained their professional registrations with the relevant councils. The human resource plans to meet the needs of each health establishment were not in place across the five districts. The requirements of the Occupational Health and Safety Act, 1993 were not fully complied with.

Domain 5 (Chapter 5): Facilities and Infrastructure

Safety regulations for buildings were not complied with as the fire safety and electrical compliance certificates as well as the maintenance plans were not available. Service level agreements for outsourced services such as security services were not monitored for validity and performance whilst they were not available in other health establishments.

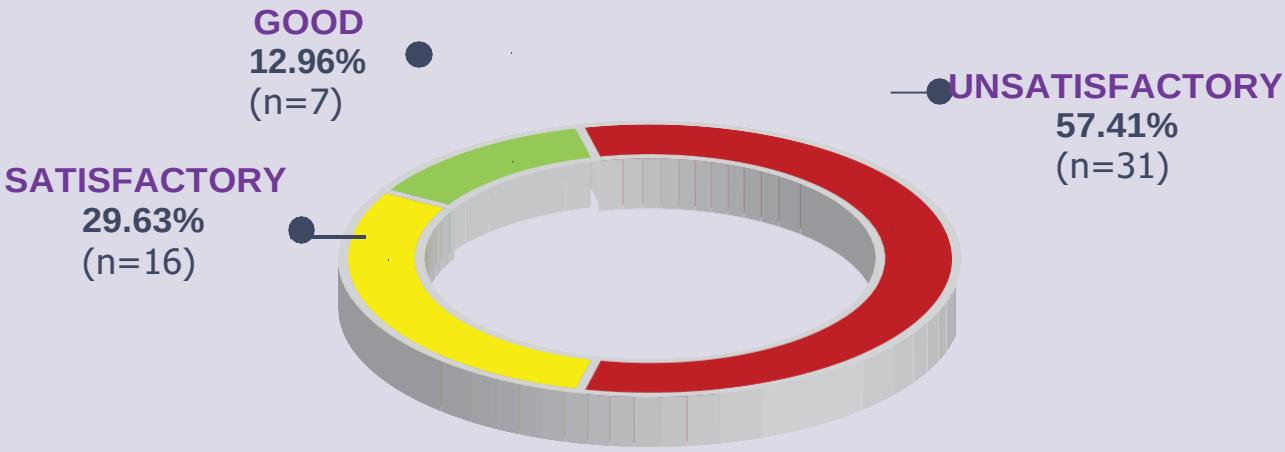
MPUMALANGA
INFOGRAPHIC

54
HEALTH ESTABLISHMENTS

9.26%
COMPLIANCE RATE

1:10
COMPLIANCE RATIO

OVERALL GRADING OUTCOME



COMPLIANCE OUTCOME PER DISTRICT

Compliance Rate			Excellent		Good		Satisfactory		Unsatisfactory	
0%	(0)	Ehlanzeni DM (24)	0.00%	(0)	4.17%	(1)	25%	(6)	70%	(17)
30%	(3)	Gert Sibande DM	0.00%	(0)	50.00%	(5)	30%	(3)	20%	(2)
10%	(2)	Nkangala DM (20)	0.00%	(0)	5.00%	(1)	35%	(7)	60%	(12)
9.26%	(5)	Overall (54)	0.00%	(0)	12.96%	(7)	29.63%	(16)	57.41%	(31)

The Number of Clinic Inspections by Province

The inspections were conducted in 54 health establishments across all three districts in Mpumalanga province (Refer to table 29), namely: Ehlanzeni (24), Gert Sibande (10) and Nkangala (20) as illustrated in table 6 below. Overall, the province has 229 primary healthcare health establishments and the distribution per district is 102 in Ehlanzeni, 57 in Gert Sibande and 70 in Nkangala respectively. For the financial year 2019/20, the type of inspections conducted in the province was only routine as there were no additional inspections conducted.

Compliance Outcome per district

The compliance outcome as depicted by the table 29 shows that five of 54 clinics inspected in Mpumalanga province in financial year 2019/20 attained a compliant status and therefore eligible for certification in the followingdistricts: Gert Sibande (3) and Nkangala (2) while the other 49 were non-compliant across all three districts resulting in 49 compliance notices being issued in the province.

Overall Grading and risk rating outcome

Table 29 shows that of the 54 HEs inspected in Mpumalanga province, none were graded Excellent while 7 were graded Good, 16 Satisfactory and 31 Unsatisfactory. The breakdown of the Good overall grading was as follows: 1 in Ehlanzeni District, five in Gert Sibande District and one in Nkangala District. The breakdown of the Satisfactory overall grading in the districts was Ehlanzeni District 6, Gert Sibande District three, and Nkangala District 7. The breakdown of the Unsatisfactory overall grading in the districts was Ehlanzeni District 17, Gert Sibande District 2, and Nkangala District 12.

Risk rating outcome

The majority (28) of the clinics scored less than 50% (Unsatisfactory) whilst 11 clinics scored in the range of 50 - 59% (Satisfactory), 12 clinics scored in the range of 60 - 69% (Good) and 3 in the range of 70 – 100% (Excellent) on essential measures.

Twenty-five (25) clinics scored below 60% (Unsatisfactory) whilst 20 clinics scored in the range of 60%-69% (Satisfactory), four clinics scored in the range 70 - 79% (Good) and five in the range of 80 – 100% (Excellent) on vital measures. Five (5) of 54 inspected clinics in Mpumalanga province achieved the required 100% score on non-negotiable vitals. Compliance with non-negotiable vitals in conjunction with meeting the cut-off levels for essential measures are imperative for clinics to be classified as compliant.

Average Performance Outcome per Domain (Chapter)

Table 29 shows the average performance of each district on the five domains (chapters). Gert Sibande District had the highest average scores for User Rights (82%), *Clinical Governance and Clinical Care (65%), Clinical Support Services (73%) and Facilities and Infrastructure (61%) whilst Ehlanzeni District was noted to have the lowest average scores on the same domains. Ehlanzeni district both recorded an average score of 42% for Governance and Human Resources and Gert Sibande had an average score of 36%.

**Clinical Governance and Clinical care are the domain (chapter) where majority of vital risk-rated measures were assessed*

District	Compliance outcome per district				
	No. HEs	Compliant (n,%)		Non-Compliant (n,%)	
Ehlanzeni DM	24	0	0.00%	24	100.00%
G Sibande DM	10	3	30.00%	7	70.00%
Nkangala DM	20	2	10.00%	18	90.00%
Overall	54	5	9.26%	49	90.74%

District	Overall grading and risk rating outcome								
	No. HEs	Excellent (%)		Good (%)		Satisfactory (%)		Unsatisfactory (%)	
Ehlanzeni DM	24	0	0.00%	1	4.17%	6	25.00%	17	70.83%
G Sibande DM	10	0	0.00%	5	50.00%	3	30.00%	2	20.00%
Nkangala DM	20	0	0.00%	1	5.00%	7	35.00%	12	60.00%
Overall	54	0	0.00%	7	12.96%	16	29.63%	31	57.41%

Risk rating	Overall grading and risk rating outcome			
	Excellent (%)	Good (%)	Satisfactory (%)	Unsatisfactory (%)
Essential (54)	3	12	11	28
	5.56%	22.22%	20.37%	51.85%
Vital (54)	5	4	20	25
	9.26%	7.41%	37.04%	46.30%

District	Average performance outcome per domain				
	User rights	Clinical Governance and Clinical Care	Clinical Support Services	Governance and Human Resources	Facilities and Infrastructure
Ehlanzeni DM	52.19%	40.64%	49.13%	41.51%	53.80%
G Sibande DM	82.16%	64.50%	72.82%	35.85%	60.87%
Nkangala DM	68.49%	48.82%	60.57%	40.81%	54.73%

Table 29: Mpumalanga inspections outcomes

Performance Outcome on Assessment type

Staff interview assessment type had the highest performance of 100%, an average of 85% and the lowest score of 0%, followed by observations with the highest score of 91%, an average of 67% and the lowest score of 35%. Patient records analysis recorded the highest score of 88%, an average of 44% and the lowest score at 14%. Overall, documents showed the lowest performance amongst all assessment types with the highest score of 70%, an average of 39% and the lowest score of 7%.

CROSS-CUTTING FINDINGS

DOCUMENTS

Documents such as standard operating procedures (SOPs), national guidelines, reports, and quality improvement plans (QIPs) did not fulfill the minimum regulatory requirements in relation to the availability, signatures for accountability, validity, implementation and monitoring. The required content indocuments was insufficient and evidence to show adherence to SOPs and guidelines was not available. Service level agreements for outsourced services such as waste removal and security services were not available and where available, they were not monitored for validity and performance

PATIENT RECORD AUDIT

The majority of the sampled audited patient records demonstrated that there was no compliance with the law by healthcare personnel when recording the health records such as missing health risk factors, family history, gestational age and obstetrichistory were noted.

OBSERVATIONS

Observations showed that the maintenance of buildings and equipment was not carried out as required for all areas in health establishments. Maintenance of fire extinguishers was not done annually as required, handles for doors and windows in toilets and service areas as well as lights were not functional. The health-care risk waste storage areas did not comply with the minimum requirements as drainage for the water wasinadequate and there was no access to water to hose the storage areas and general waste was burnt on- site. The required emergency medical equipment and medical supplies were not complete. Tracer medicines were found expired or incomplete.

STAFF INTERVIEW

The sampled interviewed staff were not knowledgeable on the following: management of patients according to the nature and severity of theirhealth condition, the information needed to be provided to users that were being referred and themanagement of adverse events.

Functional Areas outcome

As depicted in table 30, the dispensary/medicine room showed the highest score of 100%, an average of 66% and the lowest score of 24% followed by clinical services with the highest score of 91%, an average of 62% and the lowest score of 25%. The maintenance services had the highest score of 83%, an average of 53% and the lowest score of 17%. The highest score for the clinic manager was 72%, an average of 40% and the lowest score of 6%.

OHSC inspects four (4) functional areas in PHC health establishments namely: the clinic manager, clinical services, the dispensary/medicine room, and maintenance services. It is important to note that the clinic manager is the only functional area where one assessment type was used to collect data namely: document review. The other three functional areas used a combination of any of the four assessment types, namely document review, patient record audit, observations, and staff interviews. The dispensary/ medicine room showed the highest performance across the four functional areas for all inspected clinics in Mpumalanga province followed by clinical services and maintenance services, respectively. The clinic manager functional area was the lowest performing functional area as also demonstrated by assessment type outcomes with documents review performing the lowest.

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Functional Area Grading

In the clinic manager functional area, the majority (41) health establishments were graded Unsatisfactory, 6 were graded Satisfactory, seven were graded Good and none two were graded Excellent (Refer to table 30).

In the clinical services, four of the health establishments were graded Excellent, 9 were graded Good, 22 were graded Satisfactory and 19 health establishments were graded Unsatisfactory. Eight health establishments were graded Excellent in the dispensary/medicine room, whilst nine were graded Good, 13 were graded Satisfactory and 24 were graded Unsatisfactory. In maintenance services, one health establishment was graded Excellent, three were graded Good whilst 16 were graded Satisfactory and 34 were graded Unsatisfactory.

Assessment type	Performance Outcome on Assessment type		
	Lowest	Average	Highest
Documents	7%	39%	70%
Observations	35%	67%	91%
Patient record audit	14%	44%	88%
Staff interview	0%	85%	100%

Functional Areas	Performance outcome of FA		
	Lowest	Average	Highest
Maintenance services	17.00%	53.00%	83.00%
Dispensary / Medicine room	24.00%	66.00%	100.00%
Clinical Services	25.00%	62.00%	91.00%
Clinic Manager	6.00%	40.00%	72.00%

Functional Areas		Grading Performance Outcome by FA			
		Excellent (%)	Good (%)	Satisfactory (%)	Unsatisfactory (%)
Maintenance services	(54)	1.00	3.00	16.00	34.00
		1.85%	5.56%	29.63%	62.96%
Dispensary / Medicine room	(54)	8	9	13	24
		14.81%	16.67%	24.07%	44.44%
Clinical Services	(54)	4	9	22	19
		7.41%	16.67%	40.74%	35.19%
Clinic Manager	(54)	0	7	6	41
		0.00%	12.96%	11.11%	75.93%

Table 30: Assessment type and FAs outcomes

Overall Grading Per Health Establishments

This section of the report highlights the overall grading per health establishments.

District	Facility	Essential	Vital	Grade
Ehlanzeni DM	Arthurseat	69.49%	66.97%	
	Brooklyn	25.81%	56.55%	
	Buffelshoek	42.86%	59.20%	
	Casteel	36.67%	56.14%	
	Clau Clau	58.33%	60.61%	
	Driekoppies	34.43%	49.71%	
	Dwaleni	61.02%	57.88%	
	Jeppes Reef	39.34%	35.96%	
	Kamhlushwa	26.67%	47.62%	
	Legogote	43.10%	58.33%	
	Ludlow	34.43%	58.33%	
	Madras	28.13%	56.61%	
	Mbonisweni	68.33%	65.06%	
	Middelplaas	35.00%	54.76%	
	Mjejane Clinic	64.91%	72.76%	
	Moreipuso	57.81%	66.67%	
	Mthimba	48.44%	55.56%	
	Mzinti	27.42%	51.52%	
	Richtershoek	40.68%	52.63%	
	Rolle	53.33%	67.30%	
	Schoemansdal	24.19%	46.49%	
	Tonga Block C	19.67%	46.26%	
	White River Clinic	75.44%	65.41%	
	Zwelisha	35.94%	58.79%	

District	Facility	Essential	Vital	Grade
G Sibande DM	Bethal Town Clinic	70.18%	71.07%	
	Davel	54.24%	65.74%	
	Emzinoni	61.40%	86.11%	
	Evander Clinic	71.43%	72.01%	
	Kinross-Thistle Grov	64.41%	73.51%	
	Langverwacht	61.40%	67.65%	
	Langverwacht Ext 14	54.39%	92.73%	
	SEAD	45.76%	61.90%	
	Secunda Clinic	69.35%	84.55%	
	Trichardt Clinic	48.44%	67.26%	
Nkangala DM	Doornkop	57.38%	69.44%	
	Eastdene	53.23%	85.45%	
	Empilweni	50.85%	57.02%	
	Hendrina	52.38%	65.74%	
	Kameelpoortnek	43.33%	55.97%	
	Kwaggafontein A	43.75%	59.26%	
	Middelburg Civic	47.54%	66.06%	
	Middelburg Ext 6	63.49%	64.81%	
	Middelburg Ext 8	59.32%	68.52%	
	Middelburg Gateway	63.93%	57.37%	
	Nasaret	57.81%	68.42%	
	Newtown Parkhome	61.67%	64.81%	
	Pullenshope	25.40%	57.44%	
	Simunye	62.90%	88.89%	
	Sr Mashiteng Clinic	48.33%	64.81%	
	Tweefontein A	35.48%	55.15%	
	Tweefontein C	44.07%	61.64%	
	Tweefontein D	38.98%	66.35%	
	Tweefontein H	42.37%	56.48%	
	Tweefontein M	44.07%	56.97%	

Performance outcomes per Districts

Ehlanzeni District Municipality

Clinics Risk Rating Outcome

In the essential measures, White River clinic achieved the highest score 75.44% whilst the lowest score of 19.67% was achieved by Tonga Block C Clinic. For Vital measures, the highest score achieved was 72.76% by Mjejane Clinic and the lowest score by Jeppes Reef Clinic at 35.96%.

Average Performance Outcome per Domain (Chapter)

The highest average obtained in Ehlanzeni district is 54% in Facilities and Infrastructure followed by 52%% in User Rights and 49% in Clinical Support Services. Governance and Human Resources showed an average performance of 42% each. *Clinical Governance and Clinical Care was the lowest amongst all domains (chapters) with an average performance of 41%.

**Clinical Governance & Clinical Care is a domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment type

Staff interview assessment type performed the highest across the four assessment types with documents being the lowest. The highest score of 100% was noted for staff interviews, an average of 71% and the lowest score of 0% followed by patient record audit with the highest score of 86%, an average of 37% and the lowest score of 14%. The highest score for observations was 80%, an average was 57% and the lowest score was 35% whilst documents had the highest score of 70%, an average of 36% and the lowest score of 10%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for informed consent, health records management, the management of patients with highly infectious diseases, referral system and standard precautions were either not available, where available they were outdated, had insufficient content, not signed, or not approved. Training of personnel was either outdated or not available. There was no adherence to the implementation of national guidelines for notifiable medical conditions. The required information on the referral registers was not fully completed such as the time of referral and the service to which the users were referred. Systems for the management of patient safety incidents, complaints and occupational health and safety were not fully implemented. There was no full implementation of the stock control system for medicines and medical supplies as well as the management of schedule 5 and 6 drug registers where other facilities did not have registers and where they were available, the checking of drugs was not countersigned. Service level agreements for outsourced services such as waste removal and security services were not available and where available, they were not monitored for validity and performance. The performance management system was not adhered to. The system to monitor that healthcare personnel maintain their professional registration with the relevant councils was not fully implemented and human resource plans to meet the needs of each health establishment were not in place. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required emergency equipment, essential equipment and basic medical supplies were incomplete whilst the emergency obstetric delivery packs and minor surgery packs were not sterile. There was no adherence to the minimum waste management requirements such as non-availability of appropriate containers for general, sanitary, and pharmaceutical waste. Safe management of sharps was also not adhered to. Maintenance carried out did not include all required areas as observed by broken gutters with peeling paints, blocked toilets, unavailability of water and door handles that were not functional. The required hand washing facilities such as running water, hand sanitizers and disposable hand paper towels were not available. Cold chain management for medicines was not fully adhered to as observed by the absence of temperature monitoring records and that of ice packs. Tracer medicines were found to be expired or incomplete. Health records management guidelines were not fully adhered to as health records were left unattended to in clinical areas and the storage areas were not fitted with lockable security gates. Isolation rooms were not available in health establishments.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as health risk factors, known chronic conditions and family history. Informed consent forms were either not available in health records or incorrectly completed as ages and full names of users were not recorded.

Staff Interviews

The sampled interviewed staff were not fully knowledgeable about the management of patients according to the nature and severity of their health condition, the information needed to be provided to users that were being referred and the management of adverse events.

Performance Outcome on Functional Areas

Dispensary/medicine room had the highest score of 75%, an average of 48% and the lowest score of 26% followed by clinical services with the highest score 72%, an average of 56% and the lowest score of 36%. Maintenance services had the highest score of 62%, an average of 42% and the lowest score of 23%. The lowest performing functional area was the clinic manager with the highest score of 38%, an average of 19% and the lowest score of 8%.

Four functional areas were inspected in each of the sampled health establishments within Ehlanzeni District, namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data namely: document review whereas the other three functional areas used a combination of any of the four assessment types, namely: document review, patient record audit, observations, and staff interviews. The dispensary/ medicine room showed the highest performance across the four functional areas for all inspected clinicsin the district with the clinic manager being the lowest performing functional area. Of the sampled health establishments in the district, the lowest performance of 8% was noted in the clinic manager. Clinical services and maintenance services were the second performing functional areas in Ehlanzeni District.

Gert Sibande District Municipality

Clinics Risk Rating Outcome

In the essential measures, highest score was achieved by Evander Clinic at 72.01% whilst the lowest of 45.76% was achieved by SEAD Clinic. For vital measures, the highest score of 92.73% was achieved by Langverwacht Ext 14 Clinic whilst SEAD Clinic achieved the lowest score of 61.90%.

Average Performance Outcome per Domains (Chapters)

The highest average performance of 82% was achieved by User Rights, followed by Clinical Supports Services at 73% and *Clinical Governance and Clinical Care at 65%. The average score for Facilities and Infrastructure was61% whilst Governance and Human Resources was the lowest in all the five domains (chapters) at an averagescore of 36%.

**Clinical Governance and Clinical Care is the domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment Type

Staff interviews had the highest performance across the four assessment types with documents review performing the lowest. The highest score of 100% was noted for staff interviews, an average of 97% and the lowest score of 67%, followed by observations with the highest score of 89%, an average of 79% and the lowest score of 62%. Patient record audit had the highest score of 88%, an average of 62% and the lowest score of 43% whilst documents showed the highest score of 65%, an average of 52% and the lowest score of 36%.

Cross-cutting findings in the assessment type outcomes:

Documents

The management of complaints and patient safety incidents, adherence to national guidelines for notifiable medical conditions as well as monitoring of emergency services and waiting times were implemented in the majority of inspected health establishments. The system to monitor that healthcare personnel maintain their professional registration with the relevant councils and the performance management system were adhered to by 70% of the inspected health establishments. The required documents such as the quality improvement plans for clinical risks and standard operating procedures for informed consent, management of medicines, management of occupational health and safety incidents, the management of patients with highly infectious diseases and standard precautions were either not available, where available they were outdated or had insufficient content.

Training of personnel on emergencies, standard precautions and clinical guidelines were not available. Personnel were not informed about the procedure for prophylactic immunizations. Systems for the management of and occupational health and safety were not fully implemented. There was no full implementation of the stock control system for medicines and medical supplies. Schedule 5 and 6 drugs were not managed according to Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965. Service level agreements for outsourced services such as waste removal and security services were not available and where available, they were not monitored for validity and performance. Human resource plans to meet the needs of each health establishment were either not in place, not dated or outdated. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

There were help desks available in 90% of health establishments inspected. Service hours, package of services, complaints toolkits, essential equipment and basic medical supplies, sterile obstetric delivery and minor surgery packs were available in the majority of inspected health establishments. Access control was implemented in 90% health establishments' pharmacies/medicine rooms. The safe management of sharps was implemented in the majority of health establishments inspected. The required annual servicing of fire extinguishers was carried out in 70% inspected health establishments. Cold chain management for medicines was adhered to. The required emergency equipment was incomplete in the majority of health establishments. There was no adherence to the minimum waste management requirements as the healthcare risk waste storage areas were not well ventilated, no access to water to hose the areas and there were no drainages for the water. The maintenance carried out did not include all required areas as demonstrated by the absence of wall-mounted paper towel and soap dispensers. Health records management guidelines were not fully adhered to as disposal registers and certificates were not available and the storage areas were not fitted with lockable security gates. Isolation rooms were not available in 50% of the inspected health establishments.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as the musculoskeletal system examination, body mass index, vaginal examination, delivery summary, surgical history, health risk factors and family history. were either incorrectly completed as they were not signed by either users or healthcare providers, or not available in health records. The majority of health records contained copies of referral letters and consent forms which were accurately completed by healthcare professionals.

Staff Interviews

The majority of the sampled interviewed staff were knowledgeable about the management of patients according to the nature and severity of their health condition, the information needed to be provided to users that were being referred. The management of adverse events was also known by the majority of staff interviewed**.**

Functional Area outcome

Clinical services had the highest score of 91%, an average of 77% and the lowest score of 60% followed by dispensary/medicine room with the highest score 88%, an average of 73% and the lowest score of 50%. The maintenance services had the highest score of 83%, an average of 63% and the lowest score of 42%. The highest score for the clinic manager was 68%, an average of 54% and the lowest score of 35%.

Four functional areas were inspected in each of the sampled health establishments within Gert Sibande District, namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data namely: document review whereas the other three functional areas used a combination of any of the four assessment types, namely: document review, patient record audit, observations, and staff interviews. The clinical services showed the highest performance across the four functional areas for all inspected clinics in the district with the clinic manager being the lowest performing functional area. Of the sampled health establishmentsin the district, the lowest performance of 35% was noted in the clinic manager. Dispensary/medicine room and maintenance services were the second and third performing functional areas respectively in the district.

Nkangala District Municipality

Clinics Risk Rating Outcome

In the essential measures, the lowest score of 25.40% was attained by Pullenshope Clinic whilst the highest score achieved was 63.93% by Middelburg Gateway Clinic. For vital measures, the highest score of 88.89% was achieved by Simunye Clinic whilst the lowest scoreof 55.15% was noted at Tweefontein A Clinic.

Average Performance Outcome per Domain (Chapter)

The highest average performance in the User Rights domain (chapter) at 82% followed by Clinical Support Services at 73% and *Clinical Governance and Clinical Care showed an average performance of 65%. Facilities and Infrastructure showed an average performance of 65%. The lowest average score was in the Governance and Human Resources domain at 36%.

**Clinical Governance and Clinical Care is the domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment type

Staff interview had the highest performance across the four assessment types with documents being the lowest. The highest score of 100% was noted for staff interviews, an average of 95% and the lowest score of 67%, followed by observations with the highest score of 91%, an average of 73% and the lowest score of 53%. Patient record audit showed the highest score of 71%, an average of 43% and the lowest score of 14% whilst documents had the highest score of 63%, an average of 37% and the lowest score of 7%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for informed consent, management of occupational health and safety incidents, health records management, safety and security, the management of patients with highly infectious diseases, referral system and standard precautions were either not available, where available they were outdated, had insufficient content, not signed, approved by an official in an acting capacity without an accompanying letter of authority or had signatures that were not dated. Training of personnel was either not available or outdated with more than two years for Basic Life Support (BLS). There was no adherence to the implementation of national guidelines for notifiable medical conditions. Referral registers were either not available or the required information such as the time of referral and the services to which the users were referred were not fully completed. Systems for the management of patient safety incidents, complaints and occupational health and safety were not fully implemented. There was no full implementation of the stock control system for medicines and medical supplies as well as schedule 5 and 6 drug registers where checking of drugs were not countersigned and columns for issuing were inconsistently completed. Service level agreements for outsourced services such as waste removal and security services were not available and where available, they were monitored for validity and performance. The performance management system was not adhered to. The system to monitor that healthcare personnel maintain their professional registration with the relevant professional bodies was not fully implemented and human resource plans to meet the needs of each health establishment were not in place. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required emergency equipment, essential equipment as well as basic medical supplies were incomplete whilst the emergency obstetric delivery

and minor surgery packs were not sterile. Personal protective clothing for healthcare personnel was incomplete as observed by the absence of protective face shields and N95 masks. There was no adherence to minimum waste management requirements as unavailability of appropriate containers for general, sanitary, and pharmaceutical waste was noted. Safe management of sharps was not observed. Maintenance carried out did not include all required areas as lights and taps were not functional and peeling paints were noted. The temperatures of the medicine rooms were not maintained within safety ranges due to non-functional air conditioners and inconsistent recording of the temperatures. Health records management guidelines were not fully adhered to as annual registers of archived and disposed records were not available as well as health records being left unattended in clinical areas. Isolation rooms were not available in 76% of the inspected health establishments.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as health, health risks and surgical history. Informed consent forms were either not available in health records or incorrectly completed as ages were not recorded and not signed by the patient/guardian.

Staff Interviews

The majority of the sampled interviewed staff were knowledgeable about the management of patients according to the nature and severity of their health condition as well as the information needed to be provided to users that were being referred and management of adverse events.

Functional Area outcome

Dispensary/medicine room had the highest score of 87%, an average of 69% and the lowest score of 47% followed by clinical services with the highest score of 84%, an average of 67% and the lowest score of 47%. Maintenance services had the highest score of 75%, an average of 56% and the lowest score of 25%. The highest score for the clinic manager was 72%, an average of 39% and the lowest score of 6%.

interviews. The dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district whilst the clinic manager was the lowest performing functional area. Of the sampled health establishments in the district, the lowest performance of 6% was noted in the clinic manager where majority of the required documents were found to be non-compliant or not available. Clinical services and maintenance services were the second and third performing functional areas respectively in the district.

Standards regulations outcome per district

This section provides a summary of the average performance on standards regulations by the district in Mpumalanga (Refer to table 31).

Gert Sibande recorded the highest average scores whereas Ehlanzeni was the lowest on all the standards regulations within the User Rights domain (chapter) in the province that address the following:

- the nature and severity of health conditions are attended to accordingly (standard regulation 1.2.1) and the provision of adequate information to users regarding availability and access to healthcare services (standard regulation 1.1.1), 82% and 51% respectively.
- that the nature and severity of health conditions are attended to accordingly (standard regulation 1.2.1), 80% and 61% respectively.
- that the referral system as established by the responsible authority to be maintained (standard regulation 1.2.2), 93% and 43% respectively.
- the monitoring of waiting times (standard regulation 1.3.1), 78% and 41%.

Clinical Governance and Clinical Care Standards Regulations

- Standard regulation on the availability of a functional governance structure (standard regulation 4.1.1) had the lowest average scores of 0% for Nkangala District and the highest of 10% for Gert Sibande.
- The highest average score of 52% recorded by Ehlanzeni District on standard regulation 4.2.1 and the lowest at 35% by Gert Sibande.
- The highest average score of 50% for the standard regulation 4.3.1 regarding compliance with the requirements of the Occupational Health and Safety Act,1993 was noted in Nkangala District whereas the lowest score of 40% was noted in Ehlanzeni.

Facilities and Infrastructure Standards Regulations

The highest average score of 100% in Nkangala District for standard regulation 5.3.1 which addresses ensuring that vehicles used to transport users and healthcare personnel are safe and well maintained. The same standard regulation was not assessed in Gert Sibande.

- The standard regulation 5.1.1 about meeting the requirements of the building regulations recorded the highest average score of 65% and the lowest at 57% by Gert Sibande and Ehlanzeni respectively.
- Gert Sibande showed the highest average score of 70% and the lowest at 55% by Ehlanzeni for standard regulation 5.2.1 which addresses ensuring that engineering services are in place.
- Standard regulation 5.4.1 regarding the availability of systems to protect users, healthcare personnel and property against security threats or risks showed the highest average score of 50% by both Ehlanzeni and Gert Sibande whereas Nkangala District recorded the lowest average score of 44%.

**The standard regulation 5.3.1 was not assessed in Gert Sibande health establishments due to its non-applicability for the district*.

- Waterberg District recorded the highest average score of 62% for standard regulation 5.2.1 which ensures that engineering services are in place, followed by Mopani District at 58% whereas Vhembe District recorded the lowest average score of 46% for the same standard.
- Mopani District had the highest average score of 100% for standard regulation 5.3.1 which addresses ensuring that vehicles used

to transport users and healthcare personnel are safe and well maintained. The same standard regulation was not assessed in the other four districts.

- Vhembe District performed the highest at 67% on the standard regulation regarding the availability of systems to protect users, healthcare personnel and property against security threats or risks (standard regulation 5.4.1), followed by Mopani District at 61% whereas Waterberg District recorded the lowest average score of 49% for the same standard regulation 5.4.1.

Standards Regulations Summary Outcome per District

The performance of health establishments against each standard regulation must be at 100% to be deemed compliant. Partial compliance within a standard regulation result in overall non-compliance with the respective standard regulation both at health establishment, district, and provincial levels.

The performance across all standards regulations per district is as follows:

- Ehlanzeni District was not fully compliant with all the standards regulations assessed. The highest performance was 60% and the lowest at 8%. Three standards regulations assessed performed at ≤ 20%. The district performed in the range of 23%-60% in the majority of the standards regulations.

- Gert Sibande District was not fully compliant with all the standards regulations assessed. The highest performance was noted at 93% and the lowest at 10%. The majority of the standards regulations assessed in the district performed in the range of 34%-87%.

- Nkangala District was fully compliant with standards regulations 5.3.1. The highest performance was noted at 100% and the lowest at 0%. The district performed in the range of 18%-76% in the majority of the standards regulations.

MPUMALANGA	Ehlanzeni DM	G Sibande DM	Nkangala DM
Clinical Governance and Clinical Care			
2.1.1The health establishment must ensure that health records of health care users are protected, managed and kept confidential in line with section 14, 15 and 17 of the Act.	51%	74%	65%
2.1.2The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	17%	37%	18%
2.1.3The health establishment must have a formal process to be followed when obtaining informed consent from the user.	15%	50%	30%
2.2.1The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.	46%	87%	63%
2.2.2The health establishment must establish and maintain systems, structures, and programmes to manage clinical risk.	23%	34%	19%
2.3.1The health establishment must maintain an environment, which minimises the risk of disease outbreaks, the transmission of infection to users, health care personnel and visitors.	36%	57%	51%
2.3.3The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	67%	67%	100%
2.4.1The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.	52%	82%	55%

MPUMALANGA	Ehlanzeni DM	G Sibande DM	Nkangala DM
2.5.1The health establishment must have a system to monitor and report all adverse events.	59%	79%	76%
Clinical Support Services			
3.1.1The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.	54%	69%	60%
3.3.1Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	41%	80%	62%
Facilities and Infrastructure			
5.1.1The health establishment and their grounds must meet the requirements of the building regulations.	57%	65%	58%
5.2.1The health establishment must ensure that engineering services are in place.	55%	70%	67%
5.3.1The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.	33%		100%
5.4.1The health establishment must have systems to protect users, health care personnel and property from security threats and risks.	50%	50%	44%
Governance and Human Resources			
4.1.1The health establishment must have a functional governance structure with written Terms of Reference.	8%	10%	0%
4.2.1The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation, policies, and guidelines.	52%	35%	38%
4.3.1The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.	40%	41%	50%
User rights			
1.1.1The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	51%	82%	70%
1.2.1The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	61%	80%	71%
1.2.2The health establishment must maintain a system of referral as established by the responsible authority.	43%	93%	73%
1.3.1The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	41%	78%	56%

Table 31: Standards regulations outcome per district

Recommendations

the quality improvement strategies must ensure that health establishments achieve 100% for the non-negotiable vitals measures in the clinical services functional area as well as the required cut-off levels on vitals and essentials risk rated measures for eligibility of certification.

The quality improvement strategies must ensure that the health establishments' inspection performance is improved from an Unsatisfactory towards an Excellent overall grading which will put them in a better position for eligibility of certification by OHSC.

Domain 1(Chapter 1): User rights

The requirements of the referral system must be adhered to for example, users that are being referred must be provided with the relevant information and copies of the referral letters must be contained in the users' health records systems to ensure that users were provided with adequate information about the healthcare services available at health establishments and information about accessing those services must be fully implemented. The system to ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition must be in place.

Domain 2 (Chapter 2): Clinical Governance and Clinic Care

The clinical risk management systems must be fully implemented by a structured system for document management which will ensure that all clinical governance process guiding documents are relevant, updated, accounted for and to assist in monitoring processes of implementation and tracking of performance progress. The system and programme must aim to design strategies to identify risks, conduct root cause analysis, monitor progress, and then put measures in place to mitigate further risks whether clinical or administrative. Auditing of clinical governance processes such as clinical risks, proxy indicators and clinical statistical processes should be prioritized as they have an impact on the clinical outcomes especially for priority conditions. To ensure that the management of waste and health records is in line with the prescripts of the law. To ensure that contract management principles for outsourced waste removal services are fully implemented.

Domain 3 (Chapter 3): Clinical Support service

The state of readiness for emergencies must be ensured through training of personnel, availability and maintenance of emergency medical equipment, medicines as well as medical supplies. Stock control systems for medicines and medical supplies must be implemented.

Domain 4 (Chapter 4): Governance and Human Resources

There must be adherence to all legislative and policy requirements that relate to the Occupational Health and Safety Act, Pharmaceutical Act, and National Environmental Management Act, human resources, and the appointment of clinic committees.

Domain 5 (Chapter 5): Facilities and Infrastructure

The fire safety and electrical compliance certificates must be available to comply with safety regulations for buildings. Maintenance plans to be developed and maintenance of buildings and grounds to be carried out accordingly. To ensure that contract management principles for outsourced security services are fully implemented.

Conclusion

- Of the 54 inspected health establishments in Mpumalanga province, there were 5 health establishments that were eligible for certification by OHSC. Three (3) of the compliant health establishments were graded Good and two graded as Satisfactory.
- Of the 49 non-compliant health establishments, four of them had acquired an overall grading of Good, 14 attained a Satisfactory overall grading and majority (31) acquired an Unsatisfactory overall grading.
- Clinical Governance and Clinical Care and

Governance and Human Resources domains (chapters) are consistently noted to be the lowest performing in all the districts whilst User Rights is generally the highest in performance.

- The clinic manager functional area consistently performed/scored the lowest whilst the dispensary/medicine room functional area demonstrated the highest performance/score across the three districts.
- The document review assessment type and patient record audit demonstrated the lowest performance/score whilst the staff interview showed the highest performance across the three districts.
- The provincial inspection outcomes on standards regulations range between 0% – 100%.
- Nkangala District was fully compliant on two standards regulations while provincially there was no standard regulation that was fully complied with.

The requirement for 100% compliance on the non-negotiable vitals which is a prerequisite for health establishments to be certified as compliant was achieved by 5 health establishments. Majority of vital measures (including the non-negotiables) reside in the clinical governance and clinical care domain where the majority of health establishments performed in the range of 42.26% - 73.51%.

Domain 1 (Chapter 1): User rights

The requirements of the referral system were not adhered to as health records did not contain copies of the referral letters. Systems to ensure that users were provided with adequate information about the healthcare services available at health establishments and information about accessing those services were not fully implemented. There were no systems to ensure that users were attended to in a manner that was consistent with the nature and severity of their health condition.

Domain 2 (Chapter 2): Clinical Governance and Clinic Care

Systems, structures, and programmes for the management of clinical risks were not fully implemented. There was an inadequate system to ensure that health records of healthcare users are managed in line with legislation. The information relating to the examination and healthcare interventions of users was not fully recorded. Waste management was not in line with guidelines which posed a risk to the users and staff. Contract management principles for outsourced waste removal services were not fully implemented.

Domain 3 (Chapter 3): Clinical Support service

The state of readiness for emergencies was not ensured through training of personnel and availability as well as maintenance of emergency medical equipment. There was no full implementation of the stock control system for medicines and medical supplies.

Domain 4 (Chapter 4): Governance and Human Resources

The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to across the three districts. The performance management system was not adhered to as the annual assessment reports and personal development plans were not completed as per DPSA guidelines. There was no full implementation of a system to monitor that healthcare personnel maintained their professional registrations with the relevant councils. The human resource plans to meet the needs of each health establishment were not in place across the three districts. The occupational health and safety management system was not fully implemented.

Domain 5 (Chapter 5): Facilities and Infrastructure

Safety regulations for buildings were not complied with as the fire safety and electrical compliance certificates as well as the maintenance plans were not available. Maintenance of buildings and grounds were not carried out as required. Contract management principles for outsourced security services were not fully implemented.

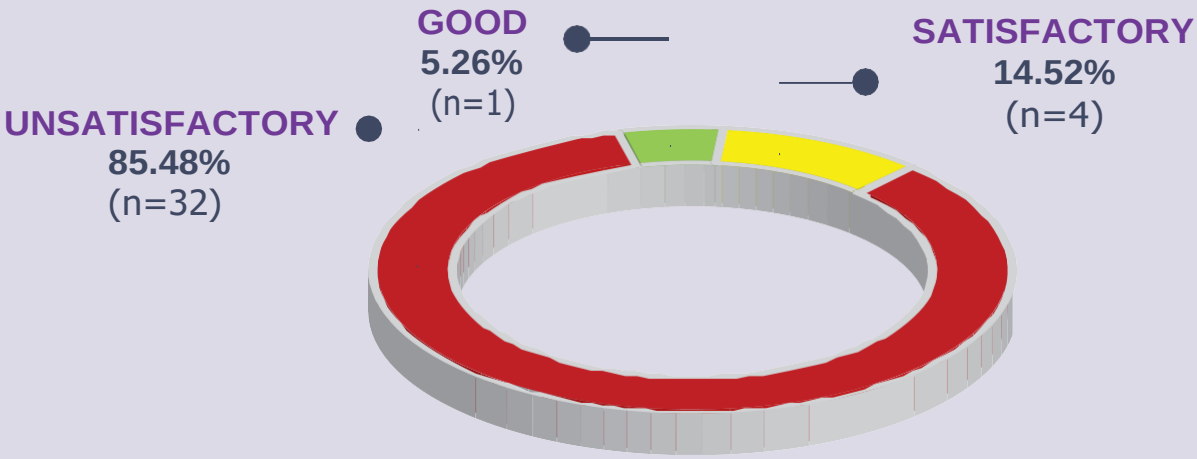
NORTHERN CAPE
INFOGRAPHIC

38
HEALTH ESTABLISHMENTS

2.63%
COMPLIANCE RATE

1:38
COMPLIANCE RATIO

OVERALL GRADING OUTCOME



COMPLIANCE OUTCOME PER DISTRICT

Compliance Rate			Excellent		Good		Satisfactory		Unsatisfactory	
11.11%	(1)	Frances Baard DM (9)	0.00%	(0)	11.11%	(1)	11.11%	(1)	77.78%	(7)
0%	(0)	J T Gaetsewe DM (9)	0.00%	(0)	0%	(0)	0%	(0)	100%	(9)
0%	(0)	Namakwa DM (3)	0.00%	(0)	33.33%	(1)	33.33%	(1)	33.33%	(1)
0%	(0)	Pixley ka Seme DM (8)	0.00%	(0)	0%	(0)	12.50%	(1)	87.50%	(7)
0%	(0)	ZF Mgcawu DM (9)	0.00%	(0)	0%	(0)	11.11%	(1)	88.89%	(8)
2.63%	**(1)**	**Overall (38)**	0.00%	(0)	5.26%	(2)	10.53%	(4)	84.21%	(32)

The Number of Clinic Inspections by Province

The inspections were conducted in 38 health establishments across all five districts in the Northern Cape (Refer to table 32), namely: Frances Baard 9, John Taolo (JT) Gaetsewe 9, Namakwa 3, Pixley Ka Seme 8 and ZF Mgcawu 9 as illustrated in table 7 below. Overall, the province has 126 primary healthcare health establishments and the distribution per district is 25 in Frances Baard, 37 in JT Gaetsewe, 21 in Namakwa, 28in Pixley Ka Seme and 15 in ZF Mgcawu, respectively. For the financial year 2019/20, the type of inspections conducted in the province was only routine as there were no additional inspections conducted. Of the 38 health establishments inspected in the Northern Cape Province, 33 were graded Unsatisfactory, four were graded as Satisfactory and one was graded as Good. For the financial year 2019/20, the type of inspections conducted in the province was only routine as there were no additional inspections conducted.

Compliance Outcome per district

The compliance outcome as depicted by the table 32 shows that of the 38 clinics inspected in the Northern Cape Province in financial year 2019/20,37 were found to be non-compliant and only one clinic in Frances Baard was found to be compliant. Therefore, one clinic is legible for certification.

Overall Grading and risk rating outcome

Table 32 shows that of the 38 health establishments inspected in the Northern Cape Province, 32 were graded Unsatisfactory, four were graded as Satisfactory and only two was graded as Good. None of the HEs attained an Excellent overall grading.

Risk rating outcome

The majority (29) of the clinics scored less than 50% (Unsatisfactory) whilst six clinics scored in the range of 50 - 59% (Satisfactory) and three clinics scored in the range of 60 - 69% (Good) for essential measures (table 32). None of the inspected clinics scored in the range of 70 -100% (Excellent) for essential measures.

Twenty-seven clinics scored below 60% (Unsatisfactory) whilst eight clinics scored in the range of 60%-69% (Satisfactory), 2 clinics were graded Good (70%-79%) and one clinic graded as Excellent (80%-100%) for vital measures (Table 32). None of the inspected clinics in Northern Cape achieved the required 100% score on non-negotiable vitals, including those graded Good and Excellent. Compliance with non-negotiable vitals in conjunction with meeting the cut-off levels for essential measures are imperative for clinics to be graded as compliant.

Average Performance Outcome per Domain (Chapter)

Table 32 below shows the average performance of each district on the five domains (chapters). Pixley Ka Seme District had the highest average score for User Rights, Governance and Human Resources as well as Facilities and Infrastructure at 59%, 38% and 48% respectively whilst Namakwa District had the highest average score for *Clinical Governance and Clinical Care as well as Clinical Support Services at 56% and 62% respectively. Frances Baard District had the lowest average performance for User Rights (38%) and Governance and Human Resources (23%), whilst JT Gaetsewe had the lowest performance average in Clinical Governance and Clinical care (32%), Clinical Support Services (49%) and Facilities and Infrastructure (42%) respectively.

**Clinical Governance and Clinical care are the domain (chapter) where majority of vital risk-rated measures were assessed*

District	Compliance outcome per district				
	No. HEs	Compliant (n,%)		Non-Compliant (n,%)	
Frances Baard DM	9	1	11.11%	8	88.89%
J T Gaetsewe DM	9	0	0	9	100.00%
Namakwa DM	3	0	0	3	100.00%
Pixley ka Seme DM	8	0	0.00%	8	100.00%
ZF Mgcawu DM	9	0	0.00%	9	100.00%
Overall	38	1	2.63%	37	

District	Overall grading and risk rating outcome								
	No. HEs	Excellent (%)		Good (%)		Satisfactory (%)		Unsatisfactory (%)	
Frances Baard DM	9	0	0.00%	1	11.11%	1	11.11%	7	77.78%
J T Gaetsewe DM	9	0	0.00%	0	0.00%	0	0.00%	9	100.00%
Namakwa DM	3	0	0.00%	1	33.33%	1	33.33%	1	33.33%
Pixley ka Seme DM	8	0	0.00%		0.00%	1	12.50%	7	87.50%
ZF Mgcawu DM	9	0	0.00%		0.00%	1	11.11%	8	88.89%
Overall	38	0		7		16		31	

Risk rating	Overall grading and risk rating outcome			
	Excellent (%)	Good (%)	Satisfactory (%)	Unsatisfactory (%)
Essential (38)	0	3	6	29
	0.00%	7.89%	15.79%	76.32%
Vital (38)	1	2	8	27
	2.63%	5.26%	21.05%	71.05%

District	Average performance outcome per domain				
	User rights	Clinical Governance and Clinical Care	Clinical Support Services	Governance and Human Resources	Facilities and Infrastructure
Frances Baard DM	37.56%	33.64%	55.31%	22.81%	45.40%
J T Gaetsewe DM	45.96%	32.19%	49.14%	28.95%	41.86%
Namakwa DM	53.03%	55.78%	62.07%	25.00%	42.86%
Pixley ka Seme DM	58.96%	48.20%	60.51%	38.14%	47.79%
ZF Mgcawu DM	50.77%	42.29%	52.60%	28.44%	40.12%

Table 32: Northern Cape inspections outcomes

Performance Outcome on Assessment type

Staff interview assessment type had the highest performance of 100%, an average of 83% and the lowest score of 0%, followed by observations with the highest score of 85%, an average of 60% and the lowest score of 27%. Patient records audit recorded the highest score of 75%, an average of 39% and the lowest at 14% whilst documents showed the lowest performance amongst all assessment types with the highest score of 64%, an average of 28% and the lowest score of 8%.

CROSS-CUTTING FINDINGS

DOCUMENTS

Documents such as standard operating procedures (SOPs), national guidelines, reports, and quality improvement plans (QIPs) did not fulfill the minimum regulatory requirements in relation to the availability, signatures for accountability, validity, implementation, and monitoring. The required content indocuments was insufficient and evidence to show adherence to SOPs and guidelines was not available.

PATIENT RECORD AUDIT

The majority of the sampled audited patient records demonstrated that there was no compliance with clinical documentation principles by healthcare personnel when recording on the health records. Aspects such as health risk factors, family history, gestational age and obstetric history were not documented.

OBSERVATIONS

Observations showed that the maintenance of buildings, grounds and equipment was not carried out as required for all areas in health establishments. Maintenance of fire extinguishers was not done annually as required, handles for doors and windows in toilets and service areas as well as lights were not functional. The healthcare risk waste storage area did not comply with the minimum requirements as drainage for the water was inadequate and there was no access to water to hose the storage areas. The required emergency medical equipment and medical supplies were not complete. Tracer medicines were found expired or in- complete.

STAFF INTERVIEW

There was an equal distribution of the sampled inter-viewed staff between staff that were knowledgeable and those that lacked knowledge thereof on the following: management of patients according to the nature and severity of their health condition, the information needed to be provided to users that were being referredand the management of adverse events.

Functional Areas outcome

As depicted in table 33, the dispensary/medicine room showed the highest score of 100%, an average of 66% and the lowest score of 24% followed by clinical services with the highest score of 91%, an average of 62% and the lowest score of 25%. The maintenance services had the highest score of 83%, an average of 53% and the lowest score of 17%. The highest score for the clinic manager was 72%, an average of 40% and the lowest score of 6%.

OHSC inspects four functional areas in PHC health establishments namely: the clinic manager, clinical services, the dispensary/medicine room, and maintenance services.

It is important to note that the clinic manager is the only functional area where one assessment type was used to collect data, namely, document review. The other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews.

Functional Area Grading.

Table 33 depicts that no health establishment was graded Excellent in the clinic manager functional area, two were graded Good, one graded Satisfactory and 35 were graded Unsatisfactory.

In the clinical services functional area, none of the health establishments were graded Excellent, whilst four were graded Good, eight graded Satisfactory and 26 were graded Unsatisfactory. In the dispensary/ medicine room, 11 health establishments were graded as Excellent whilst four were graded Good, 13 were graded Satisfactory and 10 were graded Unsatisfactory. In maintenance services, none of the health establishments were graded Excellent and Good whilst 4 were graded Satisfactory and 34 were graded Unsatisfactory.

Assessment type	Performance Outcome on Assessment type		
	Lowest	Average	Highest
Documents	8%	28%	64%
Observations	27%	60%	85%
Patient record audit	14%	39%	75%
Staff interview	0%	83%	100%

Functional Areas	Performance outcome of FA		
	Lowest	Average	Highest
Maintenance services	17.00%	44.00%	67.00%
Dispensary / Medicine room	24.00%	69.00%	100.00%
Clinical Services	30.00%	53.00%	77.00%
Clinic Manager	6.00%	27.00%	70.00%

Functional Areas		Grading Performance Outcome by FA			
		Excellent (%)	Good (%)	Satisfactory (%)	Unsatisfactory (%)
Maintenance services	(38)	17.00%	44.00%	67.00%	34.00
		24.00%	69.00%	100.00%	62.96%
Dispensary / Medicine room	(38)	30.00%	53.00%	77.00%	24
		6.00%	27.00%	70.00%	44.44%
Clinical Services	(38)	4	9	22	19
		7.41%	16.67%	40.74%	35.19%
Clinic Manager	(38)	0	7	6	41
		0.00%	12.96%	11.11%	75.93%

Table 33: Assessment type and FAs outcomes

Overall Grading Per Health Establishments

This section of the report highlights the overall grading per health establishments.

District	Facility	Essential	Vital	Grade
Frances Baard DM	Beaconsfield	53.97%	63.89%	
	Betty Gaetsewe	15.63%	52.63%	
	Florianville (Floor)	20.97%	52.63%	
	Greenpoint	26.56%	59.65%	
	Kimberley Clinic	20.31%	50.88%	
	Ma-Doyle Clinic	33.87%	56.55%	
	Mapule Matsepane	14.52%	45.40%	
	Masakhane	63.93%	90.74%	
	Phutanang Clinic	14.29%	59.23%	
J T Gaetsewe DM	Bendel	30.65%	54.89%	
	Bothithong	27.42%	49.71%	
	Deerward	20.63%	17.24%	
	Dithakong	26.56%	55.65%	
	Gadiboe	47.62%	62.28%	
	Gasehunelo Wyk 5	28.57%	56.14%	
	Metsimansti Wyk 3	50.00%	59.75%	
	Rusfontein	37.70%	53.33%	
	Tsineng	25.81%	55.65%	
Namakwa DM	Aggeneys	60.66%	70.18%	
	Pella	53.23%	67.26%	
	Pofadder Clinic	17.74%	18.75%	
Pixley ka Seme DM	De Aar Clinic	31.25%	59.20%	
	De Aar Town Clinic	40.74%	56.97%	
	Kholekile Edward Twani	38.33%	52.98%	
	Kuyasa	47.37%	67.54%	
	Lowryville	56.14%	47.22%	
	Montana	47.54%	32.76%	
	Nanqo Simon Zono Clinic	41.94%	57.44%	
	Norvalspont	55.56%	73.33%	
Pixley ka Se ZF Mgcawu DM me DM	Kakamas Clinic	29.51%	54.24%	
	Kalksluit Clinic	61.67%	66.35%	
	Keimoes Clinic	42.37%	64.24%	
	Lennertsville Clinic	20.63%	59.20%	
	Lingelethu	26.56%	48.51%	
	Progress	21.88%	66.67%	
	Raaswater Clinic	41.27%	28.57%	
	Sarah Strauss	55.00%	56.92%	
	Upington Clinic	41.94%	62.04%	

Performance outcomes per Districts

Frances Baard District Municipality

Clinics Risk Rating Outcome

In the essential measures is the lowest score was 14.29% by Phutanang Clinic whilst the highest score was 63.93 % by Masakhane Clinic. For Vital measures, the highest score achieved was 90.74% by Masakhane Clinic and the lowest score by Mapule Matsepane Clinic at 45.40%.

Average Performance Outcome per Domain (Chapter)

The highest average obtained in Frances Baard District is 55% in Clinical Support Services, followed by 45% in Facilities and Infrastructure and 38% in User Rights. *Clinical Governance and Clinical Care had an average performance of 34%. Governance and Human Resources had the lowest average performance at 23%.

**Clinical Governance & Clinical Care is a domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment Type

Staff interview assessment type performed the highest across the four assessment types with documents being the lowest. The highest score of 100% was achieved by four health establishments for staff interviews, an average of 74% and the lowest score of 33% followed by observations with the highest score of 85%, an average of 55% and the lowest score of 27%. Patient record audit had the highest score of 50%, an average of 35% and the lowest score of 14% whilst documents had the highest score of 64%, an average of 23% and the lowest score of 8%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for referral system, informed consent and for safety and security were either not available and where available, they were either outdated, not signed, signatures were not designated, or the content was insufficient. Waiting times were not fully monitored across the district. Referral registers were not available. Evidence on training of personnel was either not available or inadequate in relation to the required number of personnel trained or the content that needed to be covered. Systems for the management of occupational health and safety were not fully implemented. Service level agreements for outsourced waste removal and security services were not monitored for validity, completeness, and performance whilst they were not available in other HEs. The performance management system was not implemented as performance management agreements were not signed and final reports were not available. Human resource plans to meet the needs of each health establishment were not implemented. The legislative requirement for the appointment and functionality of clinic committees was not adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required emergency and essential equipment, basic medical supplies and tracer medicines were incomplete. Healthcare risk waste storage area did not comply with the minimum requirements as the areas did not have adequate ventilation and access to the hose. Health records management guidelines were not fully implemented as the annual registers for archived and disposed records were not available

and the required access control measures were not in place. Maintenance of buildings was not carried out as required for all areas in health establishments as witnessed by peeling paints, broken tiles, and door handles, cracked walls and lights that were not functional.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law. Aspects such as health risk factors, known chronic conditions, allergies and family history were not documented in the patient's record. Informed consent forms and copies of referral letters were either not available in health records or incorrectly completed by healthcare providers.

Staff Interviews

Majority of the sampled interviewed staff were knowledgeable about the management of patients according to the nature and severity of their health condition, the information needed to be provided to users that were being referred and the management of adverse events.

Performance Outcome on Functional Areas

Dispensary/medicine room had the highest score at 100% achieved by Masakhane Clinic, an average of 67% and the lowest score of 24% followed by clinical services with the highest score of 75%, an average of 46% and the lowest score of 30%. Maintenance services had the highest score of 67%, an average of 48% and the lowest score of 25%. The highest score for the Clinic manager was 63%, an average of 22% and the lowest score of 6%.

Four functional areas were inspected in each of the sampled health establishments within the district, namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area were one assessment type was used to collect data, namely: document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews. The dispensary/ medicine room showed the highest performance across the four functional areas for all inspected clinics in the district with the clinic manager being the lowest performing functional area. Of the sampled health establishments in the district, the lowest performance of 4% was noted in the clinic manager. Clinical services and maintenance services were the second and third performing functional areas respectively in Frances Baard District.

John Taolo (JT) Gaetsewe DM

Clinics Risk Rating Outcome

In the essential measures, the highest score was achieved by Metsimansti Wyk 3 Clinic at 50% whilst the lowest of 20.63% was by Deerward Clinic. For vital measures, the lowest score of 17.24% was by Deerward clinic whilst Gadiboe Clinic achieved the highest score of 62.28%. Deerward Clinic was noted to have performed the lowest for both essential and vital measures. **Average Performance Outcome per Domains (Chapters)**

The highest average performance of 49% was attained by Clinical Supports Services, followed by User Rights at 46% whilst Facilities and Infrastructure had an average of 42%. *Clinical Governance and Clinical Care had an average of 32% whilst Governance and Human Resources had the lowest average scored 29%.

**Clinical Governance and Clinical Care is the domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment Type

Staff interview assessment type had the highest performance across the four assessment types with documents being the lowest. The highest score of 100% was achieved by 6 clinics for staff interviews, an average of 89% and the lowest score of 67%, followed by observations with the highest score of 77%, an average of 59% and the lowest score of 38%. Patient record audit showed the highest score of 50%, an average of 39% and the lowest score of 29% whilst Documents had the highest score of 36%, an average of 19% and the lowest score of 10%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for referral system, informed consent, standard precautions and for safety and security were either not available and where available, they were either outdated or the content was insufficient. Waiting times were not fully monitored across the district. Evidence on training of personnel was either not available or inadequate in relation to the required number of personnel trained or the content that needed to be covered. Systems for the management of occupational health and safety were not fully implemented. Service level agreements for outsourced waste removal and security services were not monitored for validity, completeness, and performance whilst they were not available in other HEs. The performance management system was not implemented as completed records were not available. Human resource plans to meet the needs of each health establishment were not implemented. The legislative requirement for the appointment and functionality of clinic committees was not adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required emergency and essential equipment, basic medical supplies and tracer medicines were incomplete. Healthcare risk waste storage area did not comply with the minimum requirements as the areas did not have access to the hose and general waste was burnt on site. Health records management guidelines were not fully implemented as the annual registers for archived and disposed records were not available and the required access control measures were not in place. Maintenance of buildings was not carried out as required for all areas in health establishments as witnessed by peeling paints, damaged ceilings and lights that were not functional.

Patient Record Audit

In the sampled health records, the information relating to the principles for records keeping were not adhered to, as user records had incomplete information such as documentation of biographical data, vaginal examination, gestational graphs plotting per visit, health risk factors and family history. Forms used for informed consent were either not available in health records or not correctly completed by healthcare providers.

Staff Interviews

The sampled interviewed staff were knowledgeable about the management of patients according to the nature and severity of their health condition, the information needed to be provided to users that were being referred and the management of adverse events.

Functional Area Outcome

The dispensary/medicine room had the highest score of 80%, an average of 62% and the lowest score of 55% followed by clinical services with the highest score of 75%, an average of 56% and the lowest score of 40%. Maintenance services had the highest score of 50%, an average of 38% and the lowest score of 17%. The highest score for the Clinic manager was 34%, an average of 17% and the lowest score of 10%.

Four functional areas were inspected in each of the sampled health establishments within JT Gaetsewe District, namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data namely: document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews.

Namakwa DM District Municipality

Clinics Risk Rating Outcome

In the essential measures, Pofadder Clinic recorded the lowest score of 17.74% whilst Pella Clinic scored 53.23% and the highest score achieved was 60.66% by Aggeneys Clinic. For vital measures, Aggeneys Clinic achieved 70.18% followed by Pella Clinic at 67.26% whilst the lowest score was by Poffader Clinic at 18.75%. Notably, only three HEs were inspected in the district whilst Aggeneys and Poffader Clinics performed the highest and lowest respectively for both essential and vital measures.

Average Performance Outcome per Domain (Chapter)

The highest average performance in Clinical Support services at 62%, followed by *Clinical Governance and Clinical Care at 56%. User Rights had an average score of 53% whilst Facilities and Infrastructure was at 43% and Governance and Human Resources had the lowest average at 25%.

**Clinical Governance and Clinical Care is the domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment type

Staff interviews had the highest performance across the four assessment types with documents being the lowest. The three health establishments inspected scored 100% for staff interviews, followed by observations with the highest score of 81%, an average of 65% and the lowest score of 39%. Patient record audit showed the highest score of 75%, an average of 58% and the lowest score of 29% whilst documents had the highest score of 51%, an average of 36% and the lowest score of 12%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as Documents: The required documents such as standard operating procedures for the management of medicines, informed consent, safety, and security and for the management of occupational health and safety incidents were not available. Waiting times were not fully monitored across the district. Evidence on training of personnel was either not available or inadequate in relation to the required number of personnel trained or the content that needed to be covered. Systems for the management of occupational health and safety were not fully implemented. Service level agreements for outsourced security services were not fully monitored for performance. The performance management system was not fully implemented as completed records were not available in two of the three HEs inspected. Human resource plans to meet the needs of each health establishment were not implemented. The legislative requirement for the appointment and functionality of clinic committees was not adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required emergency equipment, basic medical supplies and tracer medicines were incomplete. The healthcare risk waste storage area did not comply with the minimum requirements as the area was either not available or did not have access to the hose. Health records management guidelines were not fully implemented as the annual registers for archived and disposed records were not available and the required access control measures were not in place. Maintenance of buildings was carried out as required for all areas in health establishments in two of the three HEs inspected.

Patient Record Audit

In the sampled health records, the information relating to the principles for records keeping were not adhered to, as user records had incomplete information such as documentation of health risk factors, body mass index and family history. Copies of referral letters were either not available in health records or not correctly completed by healthcare providers.

Staff Interviews

All the sampled interviewed staff were fully knowledgeable about the management of patients according to the nature and severity of their health condition, the information needed to be provided to users that were being referred and the management of adverse events

Functional Area outcome

Dispensary/medicine room had the highest score of 94%, an average of 78% and the lowest score of 60% followed by clinical services had the highest score of 77%, an average of 63% and the lowest score of 37%. Maintenance services with the highest score 58%, an average of 47% and the lowest score of 25%. The highest score for the clinic manager was 50%, an average of 34% and the lowest score of 8%.

Four functional areas were inspected in each of the sampled health establishments within Namakwa District, namely: the clinic manager, clinical services, the dispensary/medicine room, and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data namely, document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews

Pixley Ka Seme District Municipality

Clinics Risk Rating Outcome

In the essential measures, the lowest score was 31.25% by De Aar Clinic whilst the highest score was achieved by Lowryville Clinic at 56.14%. For vital measures, the highest score of 73.33% by Norvalspont Clinic whilst the lowest score was 32.76% by Montana Clinic.

Average Performance Outcome per Domain (Chapter)

Clinical Support Services had the highest average performance at 61%, followed by User Rights at 59%, whilst *Clinical Governance and Clinical Care as well as Facilities and Infrastructures had an average performance of 48%. Governance and Human Resources had the lowest average performance at 38%.

**Clinical Governance and Clinical Care is the domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment Type

Staff interview assessment type had the highest performance across the four assessment types with documents being the lowest. The highest score of 100% was achieved by five clinics for staff interviews, an average of 88% and the lowest score of 67%, followed by observations with the highest score of 75%, an average of 62% and the lowest score of 52%. Patient record audit showed the highest score of 50%, an average of 37% and the lowest score of 14% whilst documents had the highest score of 60%, an average of 41% and the lowest score of 18%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for referral system, informed consent, standard precautions and for safety and security were either not available and where available, they were either not signed, outdated or the content was insufficient. Waiting times were not fully monitored across the district. Referral registers were either not available or not comprehensively completed. Evidence on training of personnel was either not available or inadequate in relation to the required number of personnel trained or the content that needed to be covered. Systems for the management of occupational health and safety were not fully implemented. Service level agreements for outsourced waste removal and security services were not fully monitored for performance. The performance management system was implemented in majority of inspected HEs. Human resource plans to meet the needs of each health establishment were not implemented. The legislative requirement for the appointment and functionality of clinic committees was not adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required emergency and essential equipment as well as basic medical supplies were incomplete. Healthcare risk waste storage area did not comply with the minimum requirements as the areas did not have access to the hose and no drainage system. Health records management guidelines were not fully implemented as the annual registers for archived and disposed records were not available and the required access control measures were not in place. Maintenance of buildings was not carried out as required for all areas in health establishments as witnessed by peeling paints, damaged ceilings, and cracked walls.

Patient Record Audit

In the sampled health records, the information relating to the principles for records keeping were not adhered to, as user records had incomplete information such as documentation of biographical and demographical data, body mass index, obstetric history, health risk factors and family history. Forms used for informed consent were not correctly completed by health care providers.

Staff Interviews

Majority of the sampled interviewed staff were knowledgeable about the management of patients according to the nature and severity of their health condition, the information needed to be provided to users that were being referred and the management of adverse events.

Functional Area Outcome

Dispensary/medicine room had the highest score of 94%, an average of 81% and the lowest score of 60% followed by clinical services with the highest score of 63%, an average of 51% and the lowest score of 37%. Maintenance services had the highest score of 58%, an average of 46% and the lowest score of 25%. The highest score for the clinic manager was 65%, an average of 42% and the lowest score of 15%.

Four functional areas were inspected in each of the sampled health establishments within Pixley Ka Seme District, namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data namely: document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews.

Zwelentlanga Fatman Mgcawu District Municipality

Clinics Risk Rating Outcome

In the essential measures, the lowest score was 20.63% by Lennertsvile Clinic whilst the highest score was achieved by Kalksluit Clinic at 61.67%. For vital measures, the highest score of 66.67% was achieved by Progress Clinic whilst the lowest score was 28.57% by Raaswater Clinic.

Average Performance Outcome per Domain (Chapter)

Clinical Support Services had the highest average performance at 53%, followed by User Rights at 51%. *Clinical Governance and Clinical Care had an average performance of 42% whilst Facilities and Infrastructure had an average of 40% and Governance and Human Resources had the lowest average performance at 28%.

**Clinical Governance and Clinical Care is the domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment type

Staff interviews had the highest performance across the four assessment types with documents being the lowest. The highest score of 100% was achieved by six clinics for staff interviews, an average of 78% and the lowest score of 0% by one clinic, followed by observations with the highest score of 80%, an average of 61% and the lowest score of 46%. Patient record audit showed the highest score of 63%, an average of 36% and the lowest score of 14%. Documents had the highest score of 64%, an average of 28% and the lowest score of 11%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as Documents: The required documents such as standard operating procedures for referral system, informed consent, and for safety and security were either not available and where available, they were either not signed or approved, signatures were not designated, outdated or the content was insufficient. Waiting times were not fully monitored across the district. Referral registers were either not available or not comprehensively completed. Evidence on training of personnel was either not available or inadequate in relation to the required number of personnel trained or the content that needed to be covered. Systems for the management of occupational health and safety were not fully implemented. Service level agreements for outsourced waste removal and security services were not fully monitored for validity and performance whereas they were not available in other HEs. The performance management system was not implemented as performance agreements were not signed. Human resource plans to meet the needs of each health establishment were not implemented. The legislative requirement for the appointment and functionality of clinic committees was not adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required emergency and essential equipment as well as basic medical supplies were incomplete. Healthcare risk waste storage area did not comply with the minimum requirements as the areas did not have access to the hose and no drainage system. Health records management guidelines were not fully implemented as the annual registers for archived and disposed records were not available and the required access control measures were not in place. Maintenance of buildings was not carried out as required for all areas in health establishments as witnessed by peeling paints, damaged ceilings, and cracked walls.

Patient Record Audit

In the sampled health records, the information relating to the principles for records keeping were not adhered to, as user records had incomplete information such as documentation of biographical and demographical data, body mass index, obstetric history, health risk factors and family history. Forms used for informed consent were not correctly completed by healthcare providers.

Staff Interviews

Majority of the sampled interviewed staff were knowledgeable about the management of patients according to the nature and severity of their health condition, the information needed to be provided to users that were being referred and the management of adverse events.

Functional Area outcome

Dispensary/medicine room had the highest score of 93%, an average of 63% and the lowest score of 27% followed by clinical services with the highest score of 74%, an average of 56% and the lowest score of 43%. Maintenance services had the highest score of 50%, an average of 44% and the lowest score of 33%. The highest score for the clinic manager was 70%, an average of 27% and the lowest score of 6%.

Four functional areas were inspected in each of the sampled health establishments within ZF Mgcawu District namely: the clinic manager, clinical services, the dispensary/medicine room, and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data namely: document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews.

The dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district with the Maintenance Services being the lowest performing functional area. Clinic Manager and clinical services were the second and third performing functional areas respectively in Pixley Ka Seme

Standards regulations outcome per district

This section provides a summary of the average performance on standards regulations by the district in the Northern Cape (Refer to table 34).

Pixley Ka Seme District achieved the highest average scores on the standards regulations that address the following: And

- the nature and severity of health conditions are attended to accordingly (standard regulation 1.2.1) at 65% whilst Frances Baard DM was the lowest at 42% and
- about the monitoring of waiting times (standard regulation 1.3.1) at 55% whereas JT Gaetsewe DM was the lowest at 22% on the same standard regulation.
- ZF Mgcawu DM recorded the highest average score for standards regulation 1.1.1 about the provision of adequate information to users regarding availability and access to healthcare services at 67% whilst Frances Baard DM was the lowest at 33% on the same standard regulation.
- Namakwa DM recorded the highest average score for standard regulation 1.2.2 which is about maintaining the referral system as established by the responsible authority at 67% whilst ZF Mgcawu DM DM was the lowest 41% on the same standard regulation.
- Notably, Frances Baard performed the lowest on 2 of the 4 standards regulations in the User Rights domain (chapter).

The standard regulation 2.1.2 about the creation and maintenance of a system for health records in accordance with the Act performed the lowest across all districts with a range of 6% - 42%.

JT Gaetsewe DM achieved the highest average score of 55% on the following standard regulation 2.1.1 about ensuring that health records of healthcare users are protected, managed, and kept confidential in line with section 14, 15 and 17 of the Act whereas Namakwa DM was the lowest at 38% for the same standard regulation.

Namakwa DM performed the highest on standards regulations that address the following:

- 50% on standard regulation 2.1.3 about having a formal process to be followed when obtaining informed consent from the user whereas the lowest score of 11% was recorded by JT Gaetsewe DM for the same standard regulation;
- 89% on standard regulation 2.2.1 about establishing and maintaining clinical management systems, structures and procedures whereas Pixley Ka Sem DM and and JT Gaetsewe DM were the lowest at 38% and 37% respectively for the same standard regulation;
- 44% standard regulation 2.2.2 about the establishment and maintenance of clinical risks management system whilst the lowest at 11% was recorded by JT Gaetsewe DM.
- 52% on standard regulation 2.3.1 about maintaining an environment which minimises the risk of disease outbreaks and the transmission of whereas the lowest score of 23% was recorded by Frances Baard DM on the same standard regulation; and
- 76% for standard regulation 2.4.1 about having a system to handling of waste in accordance with the law whereas JT Gaetsewe DM was the lowest at 42% for the same standard regulation
- Pixley ka Seme DM recorded the highest average score of 59% for standard regulation 2.5.1 about

having a system to monitor and report all adverse events whereas JT Gaetsewe DM was the lowest at 33% for the same standard regulation.

- Pixley ka Seme DM recorded the highest average score of 72% for standard regulation 3.1.1 about compliance with the provisions of the Pharmacy Act and the Medicines and Related Substances Act and the lowest by JT Gaetsewe DM at 53% on the same standard regulation.

Namakwa DM recorded the highest average score of 52% for standard regulation 3.3.1 about ensuring availability and functionality of medical equipment in compliance with the law whilst the lowest at 39% was by Pixley Ka Seme DM.

The standard regulation on the availability of a functional governance structure (standard regulation 4.1.1) had the lowest average scores of 0% in Pixley ka Seme and Z.F Mgcawu districts whilst JT Gaetsewe and Namakwa districts had average scores of 44% and 33% respectively on the same standard regulation.

Pixley ka Seme recorded the highest average score for the following standards regulations:

- 38% for the standard regulation 4.2.1 regarding systems in place to manage healthcare personnel in line with relevant legislation, policies, and guidelines whilst JT Gaetsewe and Namakwa Districts recorded the lowest average scores of 17% each for the same standard regulation and

- 44% for standard regulation 4.3.1 which addresses compliance with the requirements of the Occupational Health and Safety Act,1993 whilst the lowest average score of 29% on the same standard regulation was recorded by Namakwa DM.

Namakwa DM performed the highest at 58% for standard regulation 5.1.1 which addresses compliance with requirements of the building regulations whilst ZF Mgcawu DM was the lowest at 47% on the same standard regulation.

Frances Baard District performed the highest regulations at 61% for standard regulation 5.2.1 which ensures that engineering services are in place whilst Namakwa DM was the lowest at 42% for the same standard regulation.

Pixley ka Seme DM performed the highest at 38% for standard regulation 5.4.1 regarding the availability of systems to protect users, healthcare personnel and property against security threats or risks whereas the lowest average score of 22% was recorded by ZF Mgcawu districts for the same standard regulation.

Notably, no district in the province was assessed on standard regulation 5.3.1 which addresses ensuring that vehicles used to transport users and healthcare personnel are safe and well maintained.

The performance of health establishments against each standard regulation must be at 100% to be deemed compliant. Partial compliance within a standard regulation result in overall non-compliance with the respective standard regulation.

The performance across all standards regulations per district is as follows:

- The highest average performance for Frances Baard DM was 63% and the lowest average was at 6%.

- The highest average performance for JT Gaesetswe DM was 56% and the lowest at 11% and noting that none of the 20 standards regulations assessed performed in the range of 71% - 100% and six in the range of 50% - 70%. Eleven standards regulations performed at > 20% but < 50% whilst the remaining four performed in the range of 0% - 20%.

- The highest average performance for Namakwa DM was 89%and the lowest at 17%. Only three of 21 standards regulations assessed performed in the range of 71% - 100% and seven in the range of 50% - 70%. Ten performed at > 20% but < 50% whilst the remaining one performed in the range of 0% - 20%.

- The highest average performance for Pixley Ka Seme DM was 72% and the district had a score of 0% one 1 of the standards i.e., none of the requirements were met by all the clinics inspected. Two of the 21 standards regulations assessed performed in the range of 71% - 100% and seven in the range of 50% - 70%. Ten standards regulations performed at > 20% but < 50% whilst two had performed in the range of 0% - 20%.

- The highest average performance for ZF Mgcawu DM was 67% and the district had a score of 0% on one of the standards, i.e., none of the requirements were met by all the clinics inspected. Only one of the 21 standards regulations assessed performed in the range of 71% - 100%, eight in the range of 50% - 70% and 9 at > 20% but < 50%. The remaining three performed in the range of 0% - 20%.

Northern Cape	Frances Baard DM	J T Gaetsewe DM	Namakwa DM	Pixley ka Seme DM	ZF Mgcawu DM
Clinical Governance and Clinical Care					
2.1.1The health establishment must ensure that health records of health care users are protected, managed, and kept confidential in line with section 14, 15and 17 of the Act.	41.27%	55.00%	38.10%	50.00%	46.03%
2.1.2The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	5.56%	13.89%	41.67%	6.25%	11.11%
2.1.3The health establishment must have a formal process to be followed when obtaining informed consent from the user.	16.67%	11.11%	50.00%	43.75%	38.89%
2.2.1The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.	44.44%	37.04%	88.89%	37.50%	51.85%
2.2.2The health establishment must establish and maintain systems, structures, andprogrammes to manage clinical risk.	16.98%	11.11%	44.44%	34.04%	20.37%
2.3.1The health establishment must maintain an environment, which minimises the risk of disease outbreaks, the transmission of infection to users, health care personnel and visitors.	23.26%	26.67%	51.61%	41.03%	50.00%
2.3.3The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	100.00%	60.00%	100.00%	100.00%	100.00%
2.4.1The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.	53.27%	41.67%	76.47%	70.97%	50.47%
2.5.1The health establishment must have a system to monitor and report all adverse events.	37.21%	32.50%	46.67%	59.46%	50.00%
Clinical Support Services					
3.1.1The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.	62.93%	52.68%	67.57%	72.28%	56.36%
3.3.1Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	41.27%	42.86%	52.38%	39.29%	46.03%
Facilities and Infrastructure					
5.1.1The health establishment and their grounds must meet the requirements of the building regulations.	54.17%	51.39%	58.33%	48.44%	47.22%
5.2.1The health establishment must ensure that engineering services are in place.	61.11%	50.00%	41.67%	59.38%	58.33%
5.4.1The health establishment must have systems to protect users, health care personnel and property from security threats and risks.	27.27%	26.56%	25.00%	37.50%	21.88%
Governance and Human Resources					
4.1.1The health establishment must have a functional governance structure with written Terms of Reference.	11.11%	44.44%	33.33%	0.00%	0.00%

Northern Cape	Frances Baard DM	J T Gaetsewe DM	NamakwaDM	Pixley kaSeme DM	ZF MgCawu DM
4.2.1The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation, policies, and guidelines.	25.00%	16.67%	16.67%	37.50%	25.00%
4.3.1The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.	23.19%	33.33%	28.57%	43.86%	34.38%
User rights					
1.1.1The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	33.33%	51.85%	44.44%	50.00%	66.67%
1.2.1The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	41.98%	49.38%	59.26%	65.28%	51.85%
1.2.2The health establishment must maintain a system of referral as established by the responsible authority.	44.44%	55.56%	66.67%	62.50%	40.74%
1.3.1The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	28.57%	22.22%	41.67%	55.17%	30.30%

Table 34: Standards regulations outcome per district

Recommendations

- The quality improvement strategies must ensure that all health establishments achieve 100% for the non-negotiable vital measures in the clinical services functional area as well as the required cut-off levels on vital and essential risk rated measures for eligibility of certification.
- The quality improvement strategies must ensure that the health establishments' inspection performance is improved from an unsatisfactory towards excellent grading which will put them in a better position for compliance and therefore, eligibility of certification by OHSC.

Domain 1 (Chapter 1): User rights

There must be systems in place to monitor waiting times The requirements of the referral system must be adhered to for example, users that are being referred must be provided with the relevant information and copies of the referral letters must be contained in the users' health records Systems to ensure that users were provided with adequate information about the healthcare services available at health establishments and information about accessing those services must be fully implemented. The complaints management system must be fully implemented.

Domain 2 (Chapter 2): Clinical Governance and Clinic Care

The clinical risk management systems must be fully implemented by a structured system for document management which will ensure that all clinical governance process guiding documents are relevant, updated, accounted for and to assist in monitoring processes of implementation and tracking of performance progress. The system and programme must aim to design strategies to identify risks, conduct root cause analysis, monitor progress, and then put measures in place to mitigate further risks whether clinical or administrative. Auditing of clinical governance processes such as clinical risks, proxy indicators and clinical statistical processes should be prioritized as they have an impact on the clinical outcomes especially for priority conditions. To ensure that the management of waste and health records is in line with the prescripts of the law. To ensure that systems for contract management principles for outsourced services are in place and adhered to.

Domain 3 (Chapter 3): Clinical Support service

The state of readiness for emergencies must be ensured through training of personnel, availability and maintenance of emergency medical equipment, medicines as well as medical supplies

Domain 4 (Chapter 4): Governance and Human Resources

There must be adherence to all legislative and policy requirements that relate to the Occupational Health and Safety Act, Pharmaceutical Act, and National Environmental Management Act, human resources, and the appointment of clinic committees

Domain 5 (Chapter 5): Facilities and Infrastructure

The fire safety and electrical compliance certificates must be available to comply with safety regulations for buildings. Maintenance plans to be developed. To ensure that systems for contract management principles for outsourced security services are in place and adhered to.

Conclusion

- All the 38 sampled health establishments in Northern Cape province were not eligible for certification as a result of their non-compliant status.
- None of the sampled health establishments had acquired an excellent overall grading, 1 HE acquired a Good overall grading, 5 HEs received a Satisfactory overall grading and 32 HEs received an Unsatisfactory overall grading.
- Governance & Human resources domain (chapter) is consistently the lowest performing in all the districts.
- Namakwa DM performed the highest across the five districts for the standards regulations

in the Clinical Governance and Clinical Care domain (chapter).

- Only standard regulation 2.3.3 was fully complied within four of the five districts inspected. None of the districts in Northern Cape province was assessed on standard regulation 5.3.1.
- Standards regulations 2.1.2, 2.2.2 and 5.4.1 performed the lowest across all standards regulations assessed.
- Clinic manager functional area consistently performed/scored the lowest whilst the dispensary/medicine room functional area demonstrated the highest performance/score across the five districts.
- Document review assessment type demonstrated the lowest performance/score whilst the staff interviews showed the highest performance across all districts.
- The provincial inspection outcomes on standards regulations range between 0% – 100%.

The highest score for the non-negotiable vital measures was 100% and only two clinics had achieved that requirement however, the two HEs did not achieve the cut-off levels for essential measures to be certified as compliant. Majority of vital measures (including the non-negotiables) reside in the clinical governance and clinical care domain.

Domain 1 (Chapter 1): User rights

There were no systems in place to monitor waiting times. Systems to ensure that users were provided with adequate information about the healthcare services available at health establishments and information about accessing those services were not fully implemented in the province. The requirements of the referral system were not adhered to as health records did not contain copies of the referral letters or the letters did not contain all the required referral information. The complaints management system was not fully implemented in the province.

Domain 2 (Chapter 2): Clinical Governance and Clinic Care

Systems, structures, and programmes for the management of clinical risks were not fully maintained their professional registrations with the relevant councils. The human resource plans to meet the needs of each health establishment were not in place across all the districts. The requirements of the Occupational Health and Safety Act, 1993 were not fully complied with.

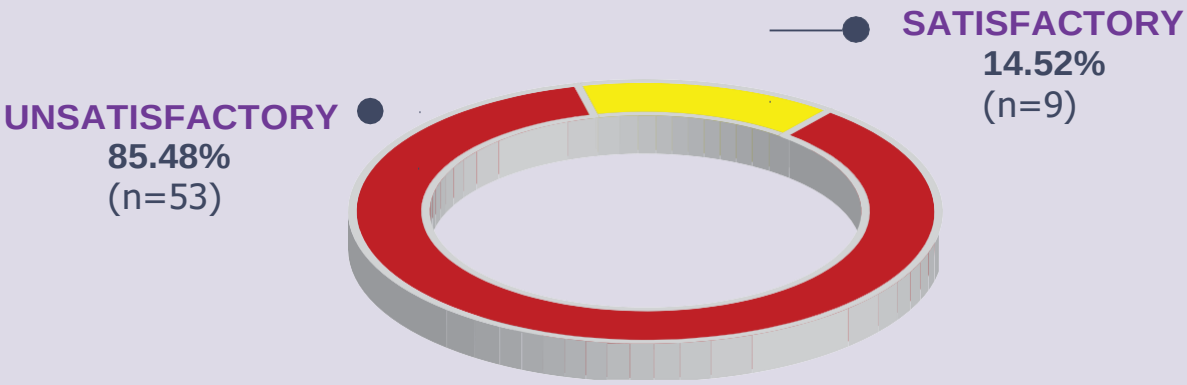
Domain 5 (Chapter 5): Facilities and Infrastructure

Safety regulations for buildings were not complied with as the fire safety and electrical compliance certificates as well as the maintenance plans were not available. Service level agreements for outsourced services such as security services were not monitored for validity and performance whilst they were not available in other health establishments.

NORTH WEST
INFOGRAPHIC

62	0%	N/A
HEALTH ESTABLISHMENTS	COMPLIANCE RATE	COMPLIANCE RATIO

OVERALL GRADING OUTCOME



COMPLIANCE OUTCOME PER DISTRICT

Compliance Rate			Excellent		Good		Satisfactory		Unsatisfactory	
0%	(0)	Bojanala Platinum DM (17)	0%	(0)	0%	(0)	11.76%	(2)	88.24%	(15)
0%	(0)	Dr K Kaunda DM (14)	0%	(0)	0%	(0)	28.57%	(4)	71.43%	(10)
0%	(0)	Ngaka Modiri Molema DM (17)	0%	(0)	0%	(0)	0%	(0)	100%	(17)
0%	(0)	Ruth Segomotsi Mompati DM	0%	(0)	0%	(0)	21.43%	(3)	78.57%	(11)
0%	**(0)**	**Overall (62)**	0%	(0)	0%	(0)	14.52	(9)	85.48%	(53)

The Number of Clinic Inspections by Province

The inspections were conducted in 62 health establishments across all four districts in North West (Refer to table 35) province, namely: Bojanala Platinum (17), Dr Kenneth Kaunda (14), Ngaka Modiri Molema (17) and Ruth Segomotsi Mompati (17) as illustrated in table 8 below. Overall, the province has 287 primary healthcare health establishments and the distribution per district is 120 in Bojanala Platinum, 33 in Dr Kenneth Kaunda, 83 in Ngaka Modiri Molema and 51 in Ruth Segomotsi Mompati respectively. For the financial year 2019/20, the type of inspections conducted in the province was only routine as there were no additionalinspections conducted

Compliance Outcome per district

The compliance outcome as depicted by the graph below (table 35) shows that all clinics inspected in the North West in financial year 2019/20 were allfound to be non-compliant. Therefore, the inspected clinics are not eligible for certification.

Overall Grading and risk rating outcome

Of the sixty-two HEs inspected in the North West province, 53 HEs were graded unsatisfactory and 9 satisfactory. The breakdown of the unsatisfactory overall grading was as follows: Bojanala Platinum District (15), Dr Kenneth Kaunda District (10), Ngaka Modiri Molema (17) and Ruth Segomotsi Mompati (11). The breakdown of the satisfactory overall grading in the districts was Bojanala Platinum District (2), Dr Kenneth Kaunda District (4), Ngaka Modiri Molema (0) and RuthSegomotsi Mompati (3). None of the inspected health establishments attained Good and Excellent gradings.

Risk rating outcome

The majority (48) of the clinics scored less than 50% (Unsatisfactory) whilst 11 clinics scored in the range of 50 - 59% (Satisfactory) and 3 clinics scored in the range of 60 - 69% (Good) for essential measures. None of the 62 inspected clinics scored in the range of 70 -100% (Excellent) for essential measures.

Forty-six (51) clinics scored below 60% (Unsatisfactory) whilst 11 clinics scored in the range of 60%-69% (Satisfactory) and none of clinics scored 70% and above to be graded in the Good (70%-79%) and Excellent (80%-100%) categories for vital measures. Of all the inspected clinics in North West, none achieved the required 100% score on non-negotiable vitals, including those graded as satisfactory. Compliance with non-negotiable vitals in conjunction with meeting the cut-off levels for essential measures are imperative for clinics to be graded as compliant.

Average Performance Outcome per Domain (Chapter)

Table 35 below shows the average performance of each district on the five domains. Dr K Kaunda had the highest average score for User Rights, Clinical Governance and Clinical Care, Clinical Support Services and Governance and Human Resources at 60%, 42%, 61% and 42% respectively whilst Ruth Segomotsi recorded the highest average score in Facilities and Infrastructure at 62%. Notably, the Bojanala District had the lowest average score in Clinical Governance and Clinical Care (26%), Clinical Support Services (43%) and Governance and Human Resources (20%) whilst Bojanala Platinum District had the lowest average score for Clinical Governance and Clinical Care at 26%. Ngaka Modiri Molema had the lowest average score for User Rights and Facilities and Infrastructure at 41% and 48% respectively. Overall, Clinical Governance and Clinical Care domain had the lowest performance as depicted by the highest average score of 4% whilst Facilities and Infrastructures had the highest performance as depicted by the highest average score of 62%.

**Clinical Governance and Clinical care are the domain (chapter) where majority of vital risk-rated measures were assessed.*

District	Compliance outcome per district				
	No. HEs	Compliant (n,%)		Non-Compliant (n,%)	
Bojanala Platinum DM	17	0	0.00%	17	100.00%
Dr K Kaunda DM	14	0	0	14	100.00%
Ngaka Modiri Molema DM	17	0	0	17	100.00%
Ruth Segomotsi Mompati DM	14	0	0.00%	14	100.00%
Overall	62	0	0.00%	62	

District	Overall grading and risk rating outcome								
	No. HEs	Excellent (%)		Good (%)		Satisfactory (%)		Unsatisfactory (%)	
Fezile Dabi DM	17	0	0.00%	0	0.00%	2	11.76%	15	88.24%
Lejweleputswa DM	14	0	0.00%	0	0.00%	4	28.57%	10	71.43%
Mangaung MM	17	0	0.00%	0	0.00%	0	0.00%	17	100.00%
T Mofutsanyane DM	14	0	0.00%	0	0.00%	3	21.43%	11	78.57%
Overall	62	0		2		4		53	

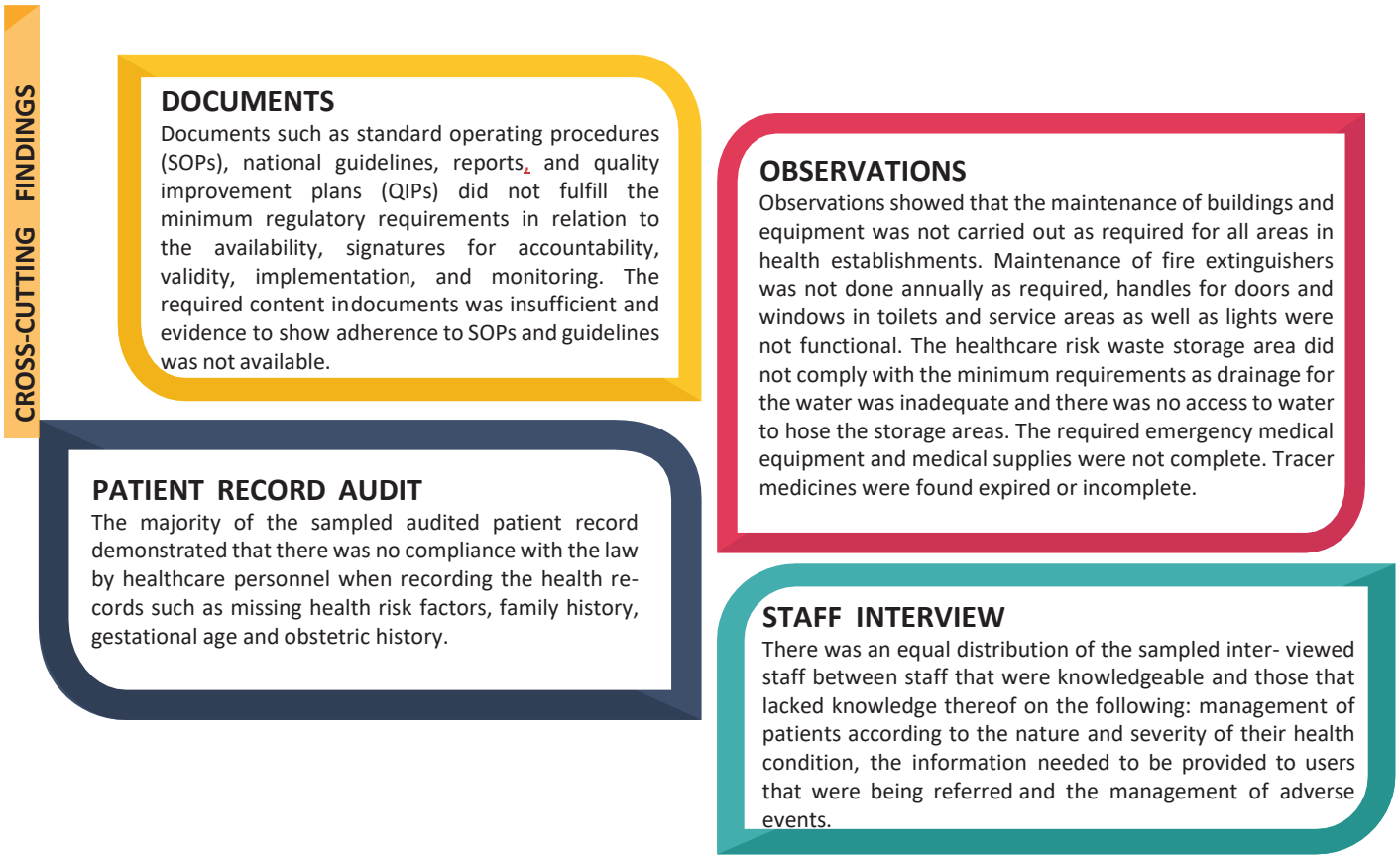
Risk rating	Overall grading and risk rating outcome			
	Excellent (%)	Good (%)	Satisfactory (%)	Unsatisfactory (%)
Essential (62)	0	3	11	48
	0.00%	4.84%	17.74%	77.42%
Vital (62)	0	0	11	51
	0.00%	0.00%	17.74%	82.26%

District	Average performance outcome per domain				
	User rights	Clinical Governance and Clinical Care	Clinical Support Services	Governance and Human Resources	Facilities and Infrastructure
Fezile Dabi DM	50.41%	26.44%	43.34%	19.70%	48.62%
Lejweleputswa DM	60.46%	41.92%	61.19%	42.04%	57.68%
Mangaung MM	41.29%	27.18%	44.14%	16.43%	47.68%
T Mofutsanyane DM	52.65%	34.57%	46.01%	34.01%	61.60%

Table 35: North West inspections outcomes

Performance Outcome on Assessment type

Staff interview assessment type had the highest performance of 100%, an average of 78% and the lowest score of 33%, followed by observations with the highest score of 80%, an average of 57% and the lowest score of 31%. Patient records analysis recorded the highest score of 100%, an average of 28% and the lowest at 0% with two health establishments performing significantly higher at 86% and 100%. Overall, documents showed the lowest performance amongst all assessment types with the highest score of 55%, an average of 26% and the lowest score of 3%.



Functional Areas outcome

As depicted in table 36 below, the dispensary/medicine room showed the highest score of 93%, an average of 54% and the lowest score of 7% followed by clinical services with the highest score of 84%, an average of 51% and the lowest score of 20%. The maintenance services had the highest score of 75%, an average of 49% and the lowest score of 17%. The highest score for the clinic manager was 59%, an average of 26% and the lowest score of 0%.

OHSC inspects four functional areas in PHC health establishments, namely: the clinic manager, clinical services, the dispensary/medicine room and maintenance services. It is important to note that the clinic manager is the only functional area where one assessment type was used to collect data which was document review. The other three functional areas used a combination of any of the four assessment types, namely: document review, patient record audit, observations, and staff interviews. The dispensary/ medicine room showed the highest performance across the four functional areas for all inspected clinics in the North West with the clinic manager being the lowest performing functional area. Of the sampled health establishments in the province, the lowest performance of 0% was noted in the clinic manager as also evidenced in the assessment type

outcomes. Clinical services were the second performing functional area. The one health establishment with the lowest score of 17% in the maintenance services functional area was in Bojanala Platinum District.

Functional Area Grading.

In the clinic manager functional area, all 62 health establishments were graded Unsatisfactory. In the clinical services, none of the health establishments were graded as Excellent, whilst 3 were graded Good, 13 graded Satisfactory and 46 health establishments were graded Unsatisfactory. Four health establishments were graded Excellent in the dispensary/medicine room, whilst 11 were graded Good, 6 were graded Satisfactory and 41 were graded Unsatisfactory. In maintenance services, none of the health establishments were graded Excellent, whilst 1 was graded Good, 26 were graded Satisfactory and 35 were graded Unsatisfactory. Overall, dispensary/ medicine room showed the highest performance with majority of health establishments graded in the Good and Excellent categories, followed by maintenance services which have the highest number of health establishments graded Satisfactory whilst clinic manager had the lowest performance with all health establishments graded as Unsatisfactory.

Assessment type	Performance Outcome on Assessment type		
	Lowest	Average	Highest
Documents	3%	26%	55%
Observations	31%	57%	80%
Patient record audit	0%	28%	100%
Staff interview	33%	78%	100%

Functional Areas	Performance outcome of FA		
	Lowest	Average	Highest
Maintenance services	17.00%	49.00%	75.00%
Dispensary / Medicine room	7.00%	54.00%	93.00%
Clinical Services	20.00%	51.00%	84.00%
Clinic Manager	0.00%	26.00%	59.00%

Functional Areas		Grading Performance Outcome by FA			
		Excellent (%)	Good (%)	Satisfactory (%)	Unsatisfactory (%)
Maintenance services	(62)	-	1.00	26.00	35.00
		0.00%	1.61%	41.94%	56.45%
Dispensary / Medicine room	(62)	4	11	6	41
		6.45%	17.74%	9.68%	66.13%
Clinical Services	(62)	0	3	13	46
		0.00%	4.84%	20.97%	74.19%
Clinic Manager	(62)	0	0	0	62
		0.00%	0.00%	0.00%	100.00%

Table 36: Assessment type and FAs outcomes

Overall Grading Per Health Establishments

This section of the report highlights the overall grading per health establishments.

District	Facility	Essential	Vital	
Bojanala Platinum DM	Anna Legoale Clinic	31.67%	51.75%	
	Boikanyo Clinic	32.79%	49.70%	
	Elandskuil Clinic	30.65%	44.94%	
	Lesetlheng Clinic	32.26%	46.49%	
	Luka Clinic	33.33%	62.42%	
	Marikana Clinic	36.84%	58.79%	
	Modderkuil Clinic	17.19%	44.05%	
	Mononono Clinic	45.61%	18.52%	
	Moruleng Clinic	17.19%	45.83%	
	Motlhabe Clinic	40.98%	49.70%	
	Rankelenyane Clinic	57.63%	63.89%	
	Sandfontein Clinic	25.42%	46.97%	
	Segwaelane Clinic	31.75%	51.75%	
	Seolong Clinic	16.95%	46.26%	
	Thekwane Clinic	54.84%	65.41%	
	Tlaseng Clinic	36.51%	58.33%	
	Wonderkop Clinic	25.40%	56.55%	
Dr K Kaunda DM	Alabama Clinic	44.26%	59.75%	
	Delekile Khoza Clinic	53.33%	59.26%	
	Empilisweni Clinic	50.82%	55.03%	
	Kanana Clinic	38.10%	53.14%	
	Kgotso Clinic NW	63.33%	65.48%	
	Lesego Clinic	66.67%	66.35%	
	Majara Sephapo Clinic	34.38%	52.63%	
	Orkney Town Clinic	43.55%	56.92%	
	Park Street Clinic	45.16%	57.86%	
	Potchefstroom Clinic	42.62%	59.26%	
	S Tshwete Clinic	68.97%	66.37%	
	Stilfontein Clinic	55.93%	55.56%	
	Top City Clinic	56.90%	63.69%	
	Tsholofelo Clinic	35.94%	57.02%	

District	Facility	Essential	Vital	
Ngaka Modiri Molema DM	Braklaagte	28.57%	55.26%	
	Dinokana Clinic	15.87%	50.57%	
	Dithakong (MHK) Clinic	38.98%	49.40%	
	Lehurutshe Clinic	18.64%	34.85%	
	Lekgophung	28.57%	59.65%	
	Lobatla	19.05%	50.00%	
	Magogwe Clinic	20.63%	49.40%	
	Masutlhe 1 Clinic	14.29%	50.93%	
	Masutlhe 2 Clinic	57.63%	59.70%	
	Matlhonyane Clinic	38.33%	55.97%	
	Motlhabeng Clinic	37.70%	54.63%	
	Motswedi	14.29%	34.21%	
	nw Maureen Roberts clinic	49.15%	59.23%	
	Rietpan	17.46%	54.02%	
	Setlopo Clinic	34.43%	36.11%	
	Supingstad	30.16%	50.88%	
	Zeerust Clinic	28.57%	48.85%	
Ruth Segomotsi Mompati DM	Austrey Clinic	50.88%	64.47%	
	Cokonyane Clinic	38.33%	47.76%	
	Kgokgojane Clinic	53.45%	64.81%	
	Kudunkgwane Clinic	37.93%	51.26%	
	Leshobo Clinic	35.00%	55.15%	
	Maphoitsile Clinic	25.86%	53.33%	
	Mokgareng Clinic	37.70%	20.91%	
	Moswana Clinic	28.33%	31.48%	
	Phaposane Clinic	46.55%	54.09%	
	Picong Clinic	48.39%	55.15%	
	Taung Gateway Clinic	39.29%	53.33%	
	Taung Station Clinic	55.00%	56.86%	
	Tlapeng (Ganyesa) Clinic	53.45%	61.52%	
	Tlapeng (Gr Taung) Clinic	47.46%	60.12%	

Performance outcomes per Districts

Bojanala Platinum District Municipality

Clinics Risk Rating Outcome

In the essential measures, For the essential measures, the lowest score was 16.95% achieved by Seolong Clinic and Modderkruil Clinic whilst the highest score was 57.63% achieved by Rankelenyane Clinic. For Vital measures, the highest score achieved was 65.41% by Thekwane Clinic and the lowest score by Mononono Clinic at 18.52%

Average Performance Outcome per Domain (Chapter)

The highest average obtained in Bojanala District is 50% in User Rights, followed by 49% in Facilities and Infrastructure and 43% in Clinical Support Services. Clinical Governance and Clinical Care had an average performance of 26% which is where majority of vital risk-rated measures were assessed. Governance and Human Resources had the lowest average performance at 20%.

**Clinical Governance & Clinical Care is a domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment type

AStaff interview assessment type performed the highest across the four assessment types with documents being the lowest. The highest score of 100% was noted for staff interviews, an average of 67% and the lowest score of 33% followed by observations with the highest score of 78%, an average of 54% and the lowest score of 31%. Patient record audit had the highest score of 57%, an average of 25% and the lowest score of 14% whilst documents had the highest score of 47%, an average of 21% and the lowest score of 5%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as Documents: The required documents such as standard operating procedures for informed consent, health records management, the management of patients with highly infectious diseases, referral system and standard precautions were either not available, where available they were outdated, had insufficient content, not signed, or not approved. Training of personnel was either outdated or not available. There was no adherence to the implementation of national guidelines for notifiable medical conditions. The required information on the referral registers was not fully completed suchas the time of referral and the service to which the users were referred. Systems for the management of patient safety incidents, complaints and occupational health and safety were not fully implemented. There was no full implementation of the stock control system for medicines and medical supplies as well as the management of schedule 5 and 6 drug registers where other facilities did not have registers and where they were available, the checking of drugs was not countersigned. Service level agreements for outsourced services were not monitored for validity. The performance management system was not adhered to. The system to monitor that healthcare personnel maintain their professional registration with the relevant councils was not fully implemented and human resource plans to meet the needs of each health establishment were not in place. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required emergency equipment, essential equipment and basic medical supplies were incomplete

whilst the emergency obstetric delivery packs and minor surgery packs were not sterile. There was no adherence to the minimum waste management requirements such as non-availability of appropriate containers for general, sanitary, and pharmaceutical waste. Safe management of sharps was also not adhered to. Maintenance carried out did not include all required areas as observed by broken gutters with peeling paints, blocked toilets, unavailability of water and door handles that were not functional. The required hand washing facilities such as running water, hand sanitizers and disposable hand paper towels were not available. Cold chain management for medicines was not fully adhered to as observed by the absence of temperature monitoring records and that of ice packs. Tracer medicines were found to be expired or incomplete. Health records management guidelines were not fully adhered to as health records were left unattended to in clinical areas and the storage areas were not fitted with lockable security gates. Isolation rooms were not available in health establishments.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as health risk factors, known chronic conditions and family history. Informed consent forms were either not available in health records or incorrectly completed as ages and full names of users were not recorded.

Staff Interviews

The sampled interviewed staff were not fully knowledgeable about the management of patients according to the nature and severity of their health condition, the information needed to be provided to users that were being referred and the management of adverse events.

Performance Outcome on Functional Areas

Dispensary/medicine room had the highest score of 79%, an average of 49% and the lowest score of 19% followed by clinical services with the highest score 68%, an average of 48% and the lowest score of 31%. Maintenance services had the highest score of 58%, an average of 45% and the lowest score of 17%. The highest score for the clinic manager was 48%, an average of 24% and the lowest score of 4%

Four functional areas were inspected in each of the sampled health establishments within Bojanala Platinum district, namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types, namely: document review, patient record audit, observations, and staff interviews. The dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district with the clinic managerbeing the lowest performing functional area. Of the sampled health establishments in the district, the lowest performance of 4% was noted in the clinic manager. Clinical services and maintenance services were the second and third performing functional areas respectively in Bojanala Platinum District.

Dr Kenneth Kaunda District Municipality

Clinics Risk Rating Outcome

In the essential measures for essential measures, the highest score was achieved by Steve Tshwete Clinic at 68.97%, whilst the lowest of 35.94% was achieved by Tsholofelo clinic. For vital measure, the lowest score of 53.14% was achieved by Kanana Clinic whilst Steve Tshwete Clinic achieved 68.97%. Steve Tshwete Clinic performed the highest for both essential and vital risk ratings.

Average Performance Outcome per Domains (Chapters)

The highest average performance of 61% in Clinical Supports Services, followed by User Rights at 60% and Facilities and Infrastructure at 58%. Both Governance and Human Resources and Clinical Governance and Clinical Care had the lowest average score at 42%.

Care is the domain (chapter) where majority of vital risk-rated measures were assessed

Performance Outcome on Assessment Type

Staff interview had the highest performance across the four assessment types with patient record audit being the lowest. The highest score of 100% was noted for staff interviews, an average of 79% and the lowest score of 67%, followed by observations with the highest score of 77%, an average of 64% and the lowest score of 52%. Documents had the highest score of 55%, an average of 39% and the lowest score of 21% whilst patient record audit showed the highest score of 100%, an average of 38% and the lowest score of 0%

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as the waiting time survey reports and standard operating procedures for informed consent, management of occupational health and safety incidents, health records management, the management of patients with highly infectious diseases, referral system and standard precautions were either not available, where available they were outdated, had insufficient content, not signed or not approved. Training of personnel was either outdated or not available. There was no adherence to the implementation of national guidelines for notifiable medical conditions. Referral registers were either not available or the required information was not fully completed such as the time of referral and the services to which the users were referred. Systems for the management of patient safety incidents, complaints and occupational health and safety were not fully implemented. There was no full implementation of the stock control system for medicines and medical supplies. Service level agreements for outsourced services were not monitored for availability and validity. The performance management system was not adhered to. The system to monitor that healthcare personnel maintain their professional registration with the relevant councils was not fully implemented and human resource plans to meet the needs of each health establishment were not in place. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required emergency equipment, essential equipment and basic medical supplies were incomplete whilst the emergency obstetric delivery and minor surgery packs were not sterile. There was no adherence to the minimum waste management requirements as the healthcare risk waste storage areas were not well ventilated, no access to water to hose the areas and there were no drainages for the water. Appropriate

containers for pharmaceutical, sanitary, and general waste were not available. The safe management of sharps was not observed. The maintenance carried out did not include all required areas as fire extinguishers were not serviced annually as required, blocked drains and door handles were either missing or not functional. Hand washing facilities such as liquid hand wash soap and disposable paper towels were not available. Personal protective clothing for healthcare personnel was incomplete as observed by the absence of protective face shields/goggles and non-sterile gloves. Cold chain management for medicines was not fully adhered to as observed by the inconsistent recording of the temperature monitoring tools and tracer medicines were incomplete. Health records management guidelines were not fully adhered to as health records were left unattended to in clinical areas and the storage areas were not fitted with lockable security gates. Isolation rooms were not available in health establishments.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as vaginal examination, gestational graphs plotted per visit, health risk factors and family history. Informed consent forms were either incorrectly completed as they were not signed by either users or healthcare providers, or not available in health records.

Staff Interviews

The majority of the sampled interviewed staff were knowledgeable about the management of patients according to the nature and severity of their health condition, the information needed to be provided to users that were being referred. The management of adverse events was known by the majority

Functional Area outcome

Dispensary/medicine room had the highest score of 93%, an average of 69% and the lowest score of 50% followed by clinical services with the highest score 84%, an average of 57% and the lowest score of 39%. The maintenance services had the highest score of 75%, an average of 54% and the lowest score of 33%. The highest score for the clinic manager was 57%, an average of 40% and the lowest score of 19%.

Four functional areas were inspected in each of the sampled health establishments within Dr Kenneth Kaunda District, namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types, namely: document review, patient record audit, observations, and staff interviews. The dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district with the clinic managerbeing the lowest performing functional area. Of the sampled health establishments in the district, the lowest performance of 19% was noted in the clinic manager. Clinical services and maintenance services were the second and third performing functional areas respectively in Dr Kenneth Kaunda District.

Mangaung Metropolitan Municipality

Clinics Risk Rating Outcome

In the essential measure, the lowest score achieved was 14.29% by Motswedi Clinic whilst the highest score achieved was 57.63% by Masutlhe 2 Clinic. For vital measures, Masutlhe 2 Clinic and Lekgophung Clinic achieved 59.70% and 59.65% respectively whilst the lowest score was achieved by Motswedi Clinic at 34.21%

Average Performance Outcome per Domain (Chapter)

The highest average performance in Facilities and Infrastructure at 48%, followed by Clinical Support Services at 44 % and User Rights scored an average performance of 41%. Clinical Governance and Clinical Care had the lowest average performance at 27% and majority of vital risk-rated measures were assessed in this domain (chapter). Governance and Human Resources at performed the lowest at 16%.

**Clinical Governance and Clinical Care is the domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment type

Staff interview had the highest performance across the four assessment types with documents being the lowest. The highest score of 100% was noted for staff interviews, an average of 88% and the lowest score of 33%, followed by observations with the highest score of 71%, an average of 51% and the lowest score of 37%. Patient record audit showed the highest score of 57%, an average of 32% and the lowest score of 0% whilst documents had the highest score of 53%, an average of 18% and the lowest score of 3%.

Documents

The required documents such as standard operating procedures for informed consent, management of occupational health and safety incidents, health records management, safety and security, the management of patients with highly infectious diseases, referral system and standard precautions were either not available, where available they were outdated, had insufficient content, not signed, approved by an official in an acting capacity without an accompanying letter of authority or had signatures that were not dated. Training of personnel was either not available or outdated with more than two years for Basic Life Support (BLS). There was no adherence to the implementation of national guidelines for notifiable medical conditions. Referral registers were either not available or the required information such as the time of referral and the services to which the users were referred were not fully completed. Systems for the management of patient safety incidents, complaints and occupational health and safety were not fully implemented. There was no full implementation of the stock control system for medicines and medical supplies as well as schedule 5 and 6 drug registers where checking of drugs were not countersigned and columns for issuing were inconsistently completed. There was no full implementation of the stock control system for medicine and medical supplies. Service level agreements for outsourced services were not monitored for availability and validity. The performance management system was not adhered to. The system to monitor that healthcare personnel maintain their professional registration with the relevant professional bodies was not fully implemented and human resource plans to meet the needs of each health establishment were not in place. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required emergency equipment, essential equipment as well as basic medical supplies were incomplete whilst the emergency obstetric delivery and minor surgery packs were not sterile. Personal protective clothing for healthcare personnel was incomplete as observed by the absence of protective face shields and N95 masks. There was no adherence to minimum waste management requirements as unavailability of appropriate containers for general, sanitary, and pharmaceutical waste was noted. Safe management of sharps was not observed. Maintenance carried out did not include all required areas as lights and taps were not functional and peeling paints were noted. Hand washing facilities such as running water, liquid hand wash soaps and posters on hand hygiene were not available. The temperatures of the medicine rooms were not maintained within safety ranges due to non-functional air conditioners and inconsistent recording of the temperatures. Health records management guidelines were not fully adhered to as annual registers of archived and disposed records were not available as well as health records being left unattended to in clinical areas. Isolation rooms were not available in 76% of the inspected health establishments.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as health, health risks and surgical history. Informed consent forms were either not available in health records or incorrectly completed as ages were not recorded and not signed by the patient/guardian.

Staff Interviews

The majority of the sampled interviewed staff were knowledgeable about the management of patients according to the nature and severity of their health condition, the information needed to be provided to users that were being referred and management of adverse events

Functional Area outcome

Dispensary/medicine room had the highest score of 81%, an average of 47% and the lowest score of 20% followed by maintenance services with the highest score of 67%, an average of 47% and the lowest score of 25%. Clinical services had the highest score of 70%, an average of 46% and the lowest score of 20%. The highest score for the clinic manager was 59%, an average of 18% and the lowest score of 0%.

Four functional areas were inspected in each of the sampled health establishments within Ngaka Modiri Molema District, namely: the clinic manager, clinical services, the dispensary/medicine room, and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews. The dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district with the clinic manager being the lowest performing functional area. Of the sampled health establishments in the district, the lowest performance of 0% was noted in the clinic manager where majority of the required documents were found to be non-compliant or not available. Maintenance services and clinical services were the second and third performing functional areas respectively in Ngaka Modiri Molema District. The minimum and maximum performance of 20% and 70% in the clinical services functional area was attained by 2 health establishments each respectively.

Ruth Segomotsi Mompati District Municipality

Clinics Risk Rating Outcome

The lowest score was 25.86% by Maphoitsile Clinic whilst the highest score was achieved by both Tlapeng (Ganyesa) Clinic and Kgokgojane Clinic at 53.45%. For vital measures, the highest score of 64.81% was achieved by Kgokgojane Clinic whilst the lowest score was 20.91% by Mokgareng Clinic.

Average Performance Outcome per Domain (Chapter)

Facilities and Infrastructures had the highest average performance at 62%, followed by User Rights at 53%, Clinical Support Services at 46%. Clinical Governance and Clinical Care, the domain (chapter) where majority of vital risk-rated measures were assessed had an average performance of 35%. The Governance and Human Resources had the lowest average performance at 34

**Clinical Governance and Clinical Care is the domain (chapter) where majority of vital risk-rated measures were assessed*

Performance Outcome on Assessment type

A Staff interview had the highest performance across the four assessment types with patient record audit being the lowest. The highest score of 100% was noted for staff interviews, an average of 79% and the lowest score of 33%, followed by observations with the highest score of 80%, an average of 62% and the lowest score of 45%. Documents had the highest score of 43%, an average of 28% and the lowest score of 11% whilst patient record audit showed the highest score of 33%, an average of 18% and the lowest score of 0%.

Cross-cutting findings in the assessment type outcomes:

Documents

The required documents such as standard operating procedures for informed consent, management of occupational health and safety incidents, health records management, safety and security, the management of patients with highly infectious diseases, referral system and standard precautions were either not available, where available they were outdated, had insufficient content, not signed, or not approved. Training of personnel was either not available or inadequate in relation to the required number of personnel trained. There was no adherence to the implementation of national guidelines for notifiable medical conditions. The required information on the referral registers was not fully completed. Systems for the management of patient safety incidents, complaints and occupational health and safety were not fully implemented. There was no full implementation of the stock control system for medicines and medical supplies as well as schedule 5 and 6 drug registers where columns for prescribers were inconsistently completed and other health establishments did not have the register. Service level agreements for outsourced services were not monitored for availability and validity. The performance management system was not adhered to. The system to monitor that healthcare personnel maintain their professional registration with the relevant councils was not fully implemented and human resource plan to meet the needs of each health establishment were not in place. The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to. Safety regulations for buildings were not complied with and maintenance plans were not available.

Observations

The required emergency equipment, essential equipment as well as basic medical supplies were incomplete, and the emergency obstetric delivery packs were not sterile. There was no adherence to

minimum waste management requirements such as unavailability of appropriate containers for general, anatomical, and pharmaceutical waste. Maintenance carried out did not include all required areas as observed by peeling paints, damaged floor tiles, taps and door handles that were not functional. The required hand washing facilities such as running water, liquid hand soaps and disposable hand paper towels were not available. Cold chain management for medicines was not fully adhered to as the temperature of the refrigerators were not recorded twice daily and not maintained between 2^{o}C – 8^{o}C. Temperatures in medicine rooms were not maintained within safety ranges. Tracer medicines were found to be expired or incomplete. Health records management guidelines were not fully adhered to as annual registers of archived records and tracking systems were not in place.

Patient Record Audit

In the sampled health records, the information relating to the examination and healthcare interventions of users was not fully recorded as required by law such as vaginal examination, obstetric history, pregnancy risk screening and health risk factors. Informed consent forms were either not available in health records or incorrectly completed as ages were not recorded and signatures were not identified in the health records of minors.

Staff Interviews

The sampled interviewed staff demonstrated knowledge about the management of patients according to the nature and severity of their health condition. 50% of the interviewed staff did not fully know what information needed to be provided to users that were being referred. The majority of the sampled interviewed staff were knowledgeable about the management of adverse events.

Functional Area outcome

Dispensary/medicine room had the highest score of 93%, an average of 54% and the lowest score of 7% followed by clinical services with the highest score 74%, an average of 54% and the lowest score of 41%. Maintenance services had the highest score of 67%, an average of 55% and the lowest score of 33%. The highest score for the clinic manager was 44%, an average of 28% and the lowest score of 13%.

Four functional areas were inspected in each of the sampled health establishments within Ruth Segomotsi Mompati District, namely: the clinic manager, clinical services, dispensary/medicine room and maintenance services. The clinic manager is the only functional area where one assessment type was used to collect data which was document review whereas the other three functional areas used a combination of any of the four assessment types namely: document review, patient record audit, observations, and staff interviews. While the dispensary/medicine room showed the highest performance across the four functional areas for all inspected clinics in the district, it also recorded the lowest performance of 7%. Maintenance services and clinical services were the second and third performing functional areas respectively in Ruth Segomotsi Mompati District. The clinic manager was the lowest performing functional area.

Standards regulations outcome per district

This section provides a summary of the average performance on standards regulations by the district in the North West (Refer to table 37).

Dr Kenneth Kaunda District recorded the highest average scores on the standards regulations that address the following:

- the provision of adequate information to users regarding availability and access to healthcare services (standard regulation 1.1.1) at 71% and the lowest performance was recorded by Ngaka Modiri Molema DM at 38% on the same standard.
- that the nature and severity of health conditions are attended to accordingly (standard regulation 1.2.1) at 56% whereas Ngaka Modiri Molema performed the lowest at 40% on the same standards and
- that the referral system as established by the responsible authority to be maintained (standard regulation 1.2.2) at 67% whereas Bojanala Platinum DM was the lowest 35%

Ngaka Modiri Molema also had the lowest average score of 36% on the standard that addresses the monitoring of waiting times (standard regulation 1.3.1) and the highest was recorded by Ruth Segomotsi Mompati DM at 51%.

Clinical Governance and Clinical Care Standards Regulations

- Standard regulation 2.1.1 about ensuring that health records of healthcare users are protected, managed, and kept confidential in line with section 14, 15 and 17 of the Act recorded the highest average score of 58% by Dr Kenneth Kaunda DM whereas Ngaka Modiri Molema DM was the lowest at 45% for the same standard regulation.
- The standard regulation on the creation and maintenance of a system for health records in accordance with the Act (standard regulation 2.1.2) had the lowest average scores across the four districts ranging between 4% by Ruth Segomotsi Mompati and 18% by Dr Kenneth Kaunda districts.
- The standard regulation 2.1.3 about having a formal process to be followed when obtaining informed consent from the user recorded the highest average score of 39% by Dr K Kaunda DM whereas Ruth Segomotsi Mompati DM was the lowest at 14% for the same standard regulation.
- The standard regulation 2.2.1 about establishing and maintaining clinical management systems, structures and procedures recorded the highest average score of 60% by Ruth Segomotsi Mompati DM whereas Ngaka Modiri Molema DM was the lowest at 25% for the same standard regulation.
- The standard regulation on the establishment and maintenance of clinical risks management system (standard regulation 2.2.2) had the highest average score of 19% by Dr Kenneth Kaunda and the lowest at 10% by Bojanala Platinum districts.
- The standard regulation 2.3.1 about maintaining an environment which minimises the risk of disease outbreaks and the transmission of infection recorded the highest average score of 35% by Dr K Kaunda DM whereas Ngaka Modiri Molema District was the lowest at 17% for the same standard regulation.
- The standard regulation 2.4.1 about having a system to handling of waste in accordance with the law, recorded the highest average score of 49% by Dr K Kaunda DM whereas Bojanala Platinum District was the lowest at 32% for the same standard regulation.
- The standard regulation 2.5.1 about having a system to monitor and report all adverse events recorded the highest average score of 63% by Dr K Kaunda DM whereas Bojanala Platinum DM was the lowest at 32% for the same standard regulation.

Clinical Support Services Standards Regulations

- The highest average score for the standard regulation on compliance with the provisions of the Pharmacy Act and the Medicines and Related Substances Act (standard regulation 3.1.1) at 69% (Dr Kenneth Kaunda) and the lowest at 45% (Bojanala).
- The standard regulation on ensuring availability and functionality of medical equipment in compliance with the law (standard regulation 3.3.1) showed the highest performance at 48% by Dr Kenneth Kaunda DM and the lowest at 32% by Ngaka Modiri Molema DM.

Governance and Human Resources Standards Regulations

- The standard regulation on the availability of a functional governance structure (standard regulation 4.1.1) had the lowest average scores of 0% for Dr Kenneth Kaunda District and Ngaka Modiri Molema District. Bojanala Platinum District and Ruth Segomotsi Mompati had an average score of 6% and 7% respectively on the same standard regulation.
- The highest average score of 38% was noted in Dr Kenneth Kaunda DM for the standard regulation 4.2.1 regarding systems in place to manage healthcare personnel in line with relevant legislation, policies, and guidelines whereas Bojanala Platinum recorded the lowest average score of 7% for the same standard regulation.
- The highest average score of 52% was noted in Dr Kenneth Kaunda District for the standard regulation regarding compliance with the requirements of the Occupational Health and Safety Act,1993 (standard regulation 4.3.1) whereas Ngaka Modiri Molema recorded the lowest 21%.

Facilities and Infrastructure Standards Regulations

- Ruth Segomotsi Mompati District had the highest average score for standard regulation that ensures that engineering services are in place (standard regulation 5.2.1) at 73% and 61% on the standard regulation regarding the availability of systems to protect users, healthcare personnel and property against security threats or risks (standard regulation 5.4.1) whereas Ngaka Modiri Molema recorded an average score of 32% for the same standard regulation 5.4.

Standards Regulations Summary Outcome per District

The performance of health establishments against each standard regulation must be at 100% to be deemed compliant. Partial compliance within a standard regulation result in overall non-compliance with the respective standard regulation.

- The performance across all standards regulations per district is as follows:
- Bojanala District was not fully compliant with all standards regulations assessed. The highest performance was 56% and the lowest at 6%. Only four standards regulations assessed performed at ≥ 50% but ≤ 60% whereas nine performed at ≥ 30% but ≤ 46%. Seven standards regulations performed below 30%.
- Dr Kenneth Kaunda District was not fully compliant with all standards regulations assessed. The highest performance was noted between 71% and the lowest at 18% where 12 were in the range of 50% - 71% and eight were in the range of 18%-49%.
- Ngaka Modiri Molema District was not fully compliant with all the standards regulations assessed. The highest performance was noted at 60% and the lowest at 0% where only four of the standards regulations performed in the range of 51% – 60%. Majority of the standards regulations performed between of 0%-50%.
- Ruth Segomotsi Mompati was not fully compliant with all standards regulations assessed. The highest performance was noted at 73% with the lowest at 4% where 6 standards assessed were in the range of 51% - 60% and two in the range of 61% -73%. Majority of the standards regulations performed between 4%-50%.

North West	Bojanala Platinum DM	Dr K Kaunda DM	Ngaka Modiri Molema DM	Ruth Segomotsi Mompati DM
Clinical Governance and Clinical Care				
2.1.1The health establishment must ensure that health records of health care users are protected, managed and kept confidential in line with section 14, 15 and 17 of the Act.	45.95%	57.61%	44.55%	54.65%
2.1.2The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	10.45%	17.86%	8.82%	3.70%
2.1.3The health establishment must have a formal process to be followed when obtaining informed consent from the user.	17.65%	39.29%	14.71%	14.29%
2.2.1The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.	37.25%	57.14%	25.49%	59.52%
2.2.2The health establishment must establish and maintain systems, structures and programmes to manage clinical risk.	9.80%	19.05%	13.86%	14.29%
2.3.1The health establishment must maintain an environment, which minimises the risk of disease outbreaks, the transmission of infection to users, health care personnel and visitors.	19.41%	34.78%	16.76%	23.53%
2.3.3The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	33.33%	0.00%	90.00%	100.00%
2.4.1The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.	31.84%	49.08%	34.00%	43.83%
2.5.1The health establishment must have a system to monitor and report all adverse events.	31.94%	63.46%	40.26%	52.83%
Clinical Support Services				
3.1.1The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.	45.10%	68.82%	50.96%	46.67%
3.3.1Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	40.34%	47.96%	31.90%	44.90%
Facilities and Infrastructure	55.56%	62.50%	60.00%	73.21%
5.1.1The health establishment and their grounds must meet the requirements of the building regulations.	55.56%	61.61%	52.94%	56.25%
5.2.1The health establishment must ensure that engineering services are in place.	50.00%	62.50%	60.00%	73.21%
5.4.1The health establishment must have systems to protect users, health care personnel and property from security threats and risks.	40.32%	50.51%	35.25%	61.05%
Governance and Human Resources				
4.1.1The health establishment must have a functional governance structure with written Terms of Reference.	5.88%	0.00%	0.00%	7.14%
4.2.1The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation, policies, and guidelines.	7.35%	37.50%	11.76%	26.79%
4.3.1The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.	29.20%	51.72%	21.31%	44.16%
User rights				
1.1.1The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	55.00%	71.43%	38.24%	57.14%

North West	Bojanala Platinum DM	Dr K Kaunda DM	Ngaka Modiri Molema DM	Ruth Segomotsi Mompati DM
1.2.1The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	54.25%	55.56%	39.87%	54.47%
1.2.2The health establishment must maintain a system of referral as established by the responsible authority.	35.29%	66.67%	58.82%	40.48%
1.3.1The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	46.03%	50.00%	35.82%	50.94%

Table 37: Standards regulations outcome per district

Recommendations

- The quality improvement strategies must ensure that health establishments achieve 100% for the non-negotiable vitals measures in the clinical services functional area as well as the required cut-off levels on vitals and essentials risk rated measures for eligibility of certification.
- The quality improvement strategies must ensure that the health establishments' inspection performance is improved from an unsatisfactory towards Excellent grading which will put them in a better position for eligibility of certification by OHSC.

Domain 1(Chapter 1): User rights

The requirements of the referral system must be adhered to for example, users that are being referred must be provided with the relevant information and copies of the referral letters must be contained in the users' health records systems to ensure that users were provided with adequate information about the healthcare services available at health establishments and information about accessing those services must be fully implemented. The system to ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition must be in place

Domain 2 (Chapter 2): Clinical Governance and Clinic Care

The clinical risk management systems must be fully implemented by a structured system for document management which will ensure that all clinical governance process guiding documents are relevant, updated, accounted for and to assist in monitoring processes of implementation and tracking of performance progress. The system and programme must aim to design strategies to identify risks, conduct root cause analysis, monitor progress, and then put measures in place to mitigate further risks whether clinical or administrative. Auditing of clinical governance processes such as clinical risks, proxy indicators and clinical statistical processes should be prioritized as they have an impact on the clinical outcomes especially for priority conditions. To ensure that the management of waste and health records is in line with the prescripts of the law. To ensure that systems for contract management principles for outsourced services are in place and adhered to.

Domain 3 (Chapter 3): Clinical Support service

The state of readiness for emergencies must be ensured through training of personnel, availability and maintenance of emergency medical equipment, medicines as well as medical supplies.

Domain 4 (Chapter 4): Governance and Human Resources

There must be adherence to all legislative and policy requirements that relate to the Occupational Health and Safety Act, Pharmaceutical Act, and National

Environmental Management Act, human resources, and the appointment of clinic committees.

Domain 5 (Chapter 5): Facilities and Infrastructure

The fire safety and electrical compliance certificates must be available to comply with safety regulations for buildings. Maintenance plans to be developed.

Conclusion

- Of the sampled health establishments in the North West province, there was no compliant health establishment for eligibility of certification by OHSC.
- The majority (53) of the sampled health establishments had acquired an unsatisfactory overall grading with only nine having attained a satisfactory grading.
- Clinical governance and clinical care and governance & human resources domains (chapters) are consistently the lowest performing in all the districts.
- The clinic manager functional area consistently performed/scored the lowest whilst the dispensary/medicine room functional area demonstrated the highest performance/score across the four districts.
- The document review assessment type and patient record audit demonstrated the lowest performance/score whilst the staff interview showed the highest performance across the four districts.
- The provincial inspection outcomes on standards regulations range between 0% – 73%.
- There was no standard regulation that was fully complied with across four districts.

The highest score for the non-negotiable vitals was 66.67% and none of the clinics achieved 100% for non-negotiable vitals which is a requirement for health establishment to be certified as compliant. Most vital measures (including the non-negotiables) reside in the clinical governance and clinical care domain were the lowest performance was noted.

Domain 1 (Chapter 1): User rights

The requirements of the referral system were not adhered to as health records did not contain copies of the referral letters. Systems to ensure that users were provided with adequate information about the healthcare services available at health establishments and information about accessing those services were not fully implemented. There were no systems to ensure that users were attended to in a manner that was consistent with the nature and severity of their health condition.

Domain 2 (Chapter 2): Clinical Governance and Clinic Care

There were no systems, structures, and programmes for the management of clinical risks. There was an inadequate system to ensure that health records of healthcare users are managed in line with legislation. The information relating to the examination and healthcare interventions of users was not fully recorded. Waste management was not in line with guidelines which posed a risk to the users and staff.

Domain 3 (Chapter 3): Clinical Support service

The state of readiness for emergencies was not ensured. There was no full implementation of the stock control system for medicines and medical supplies. Service level agreements for outsourced services such as waste removal and security services were not monitored for validity whilst they were not available in other health establishments.

Domain 4 (Chapter 4): Governance and Human Resources

The legislative requirement for the appointment and functionality of clinic committees was not fully adhered to across the four districts. The performance management system was not adhered to as objectives and targets were not reviewed every six months as per DPSA guidelines and annual assessment reports were not available. There was no full implementation of a system to monitor that healthcare personnel maintained their professional registrations with the

relevant councils. The human resource plans to meet the needs of each health establishment were not in place across the four districts.

Domain 5 (Chapter 5): Facilities and Infrastructure

Safety regulations for buildings were not complied with as the fire safety and electrical compliance certificates as well as the maintenance plans were not available.

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