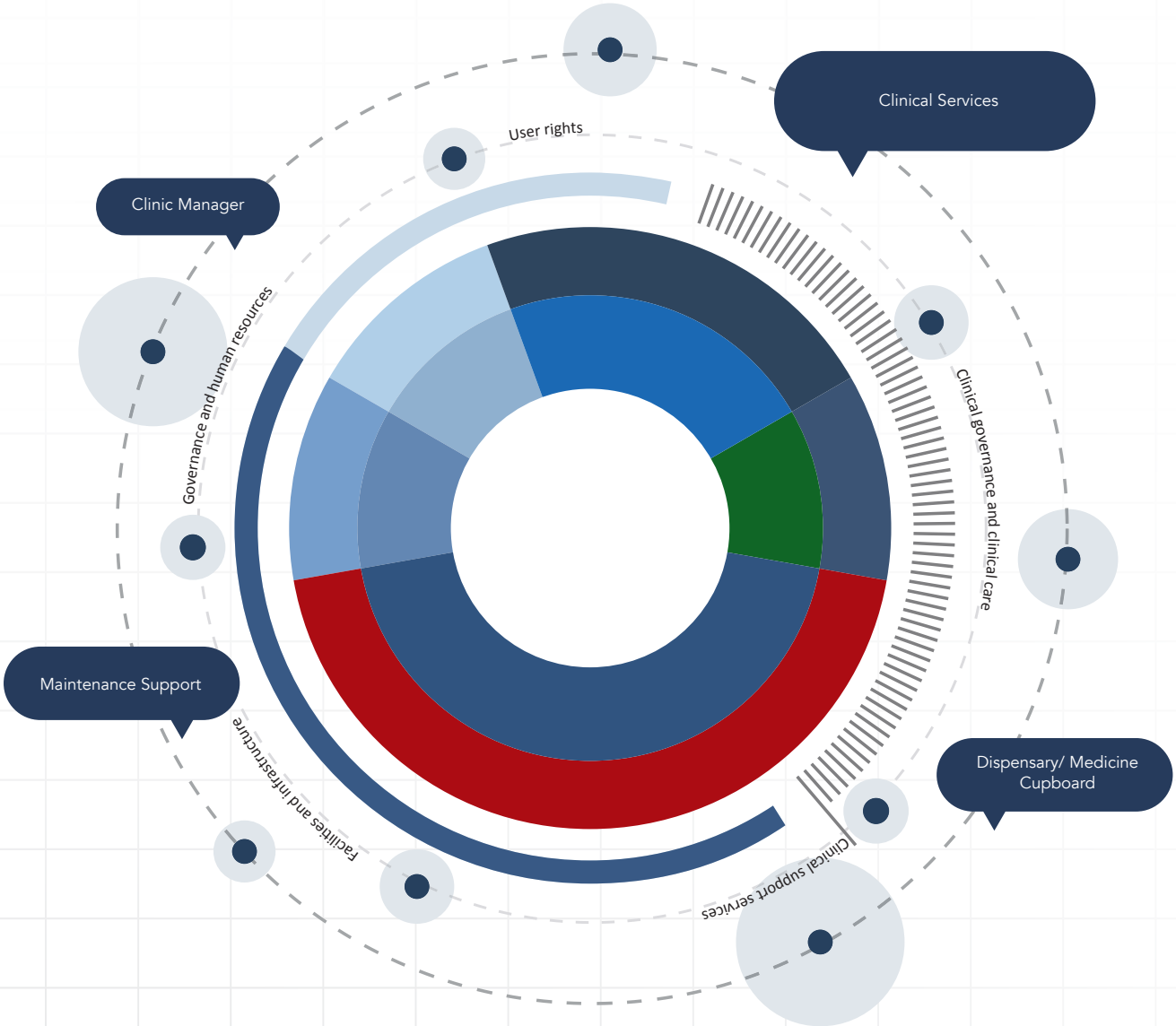
OHSC

Office of Health Standards Compliance

Ensuring quality and safety in health care

ANNUAL INSPECTION REPORT 2020/21



ABBREVIATIONS AND ACRONYMS

CEO	Chief Executive Officer
CFO	Chief Financial Officer
CIS	Compliance Inspection System
COVID-19	Coronavirus disease
CSF	Compliance Status Framework
DM	District Municipality
EC	Eastern Cape Province
EWS	Early Warning System
FAs	Functional Areas
FS	Free State Province
GP	Gauteng Province
HE	Health Establishment
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
PHC	Primary Health Care
PPE	Personal Protective Clothing
QIPs	Quality Improvement Plans
SLAs	Service Level Agreements
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.
Adverse event	An undesired outcome or occurrence within the normal course of care or treatment, disease process, condition of the patient, or delivery of services.
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, or education.
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.
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 available resources.
Excellent grading	Services exceed the minimum set norms and standards.
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.
Good grading	Most services are better than the set norms and standards.
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.
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.
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.

TERM	DEFINITION
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.
Inspection tools	Questionnaires which are used to inspect the Health Establishment within a functional area.
Medical supplies	Products and devices other than medicines that are used for therapeutic purposes.
Norm/s	A norm is defined as a usual or average level of performance.
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.
Office of health standards compliance	Means The Office established in terms of 30 section 78(1)
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.
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 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.
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. A standard is a “basis of measurement” and “a definite level of excellence.
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.

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1 EXECUTIVE SUMMARY

The Office of Health Standards Compliance (OHSC) is an independent health regulator established in terms of the National Health Act, No. 61 of 2003 (as amended). The promulgated regulations on the norms and standards for different categories of health establishments came into effect in February 2019, and consequently the primary health care clinic inspection tools were developed and implemented aligned to these promulgated regulations.

Inspections of clinics were conducted across the nine provinces using the inspection tools aligned to the OHSC's promulgated norms and standards, as well as the applicable compliance status framework. The ultimate outcome of the inspection process is the certification of health establishments by the OHSC. While the inspections conducted are aimed at assessing the compliance of health establishments with the norms and standards requirements, the quality assurance process is an important contributory activity towards improving the quality and safety of healthcare services. In addition, certification of health establishments by the OHSC is an important pre-condition for accreditation of healthcare providers wishing to be contracted by the NHI Fund to provide healthcare services.

During the financial year (FY) 2020/21, the OHSC conducted routine inspections at 387 public health clinics, against a target of 382. As a result of the national COVID-19 restrictions, routine health establishment inspections did not take place between April and September 2020. The OHSC, instead, undertook and focused on rapid inspections of COVID-19 quarantine and isolation facilities organised and created by the provincial departments of health as dedicated facilities in their response to the then unfolding global pandemic. A total of 23 rapid inspections were conducted, covering all provinces except Limpopo, which had a separate report generated for its facilities.

In this report, the inspection outcomes for health establishments are analysed and presented at national, provincial, and district levels. Individual health establishments are in possession of their reports and therefore, this report should be read, interpreted, and used in conjunction with those individual health establishments' reports.

The national overview shows an overall compliance rate of 20.7% in the 2020/21 inspection cycle, which represents a slight increase from 14.7% reported in the 2019/20 financial year. The majority of HEs (77%) did not meet the requirements of the Non-Negotiable Vitals (NNVs) on the Emergency Trolley. Functional Area (FA) performance revealed that the Dispensary or Medicine Cupboard was the highest performing area while Clinic Manager was the lowest. In terms of domain performance, the highest performing domain was Clinical Support Services while the lowest performing domain was Governance and Human Resources.

This report aims to describe the inspection outcomes, highlight areas of good performance, identify gaps and weaknesses that require improvement as well as recommend quality improvement interventions that can be implemented by health establishments, district health offices, and provincial departments of health to ensure the provision of good-quality healthcare services.

Figure 1 below depicts a summary of inspection outcomes for the 2020/21 financial year, which includes compliance status outcomes by overall grading, compliance status outcomes by province, the compliance status ratio, performance outcomes by functional area, and overall grading by province.

FIGURE 1: SUMMARY OF INSPECTION OUTCOMES .

SUMMARY OF INSPECTION OUTCOMES, FY 2020/21

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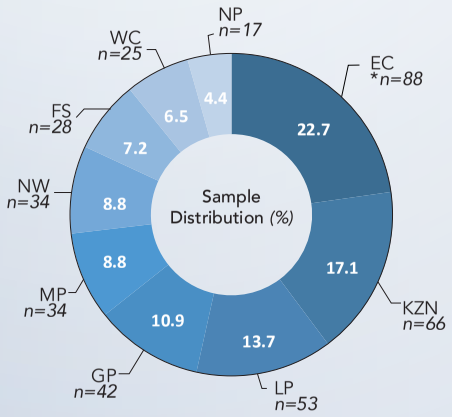
1) Objective

Inspect health establishments (HEs) for compliance with the regulated norms and standards and certify HEs that meet the compliance requirements.

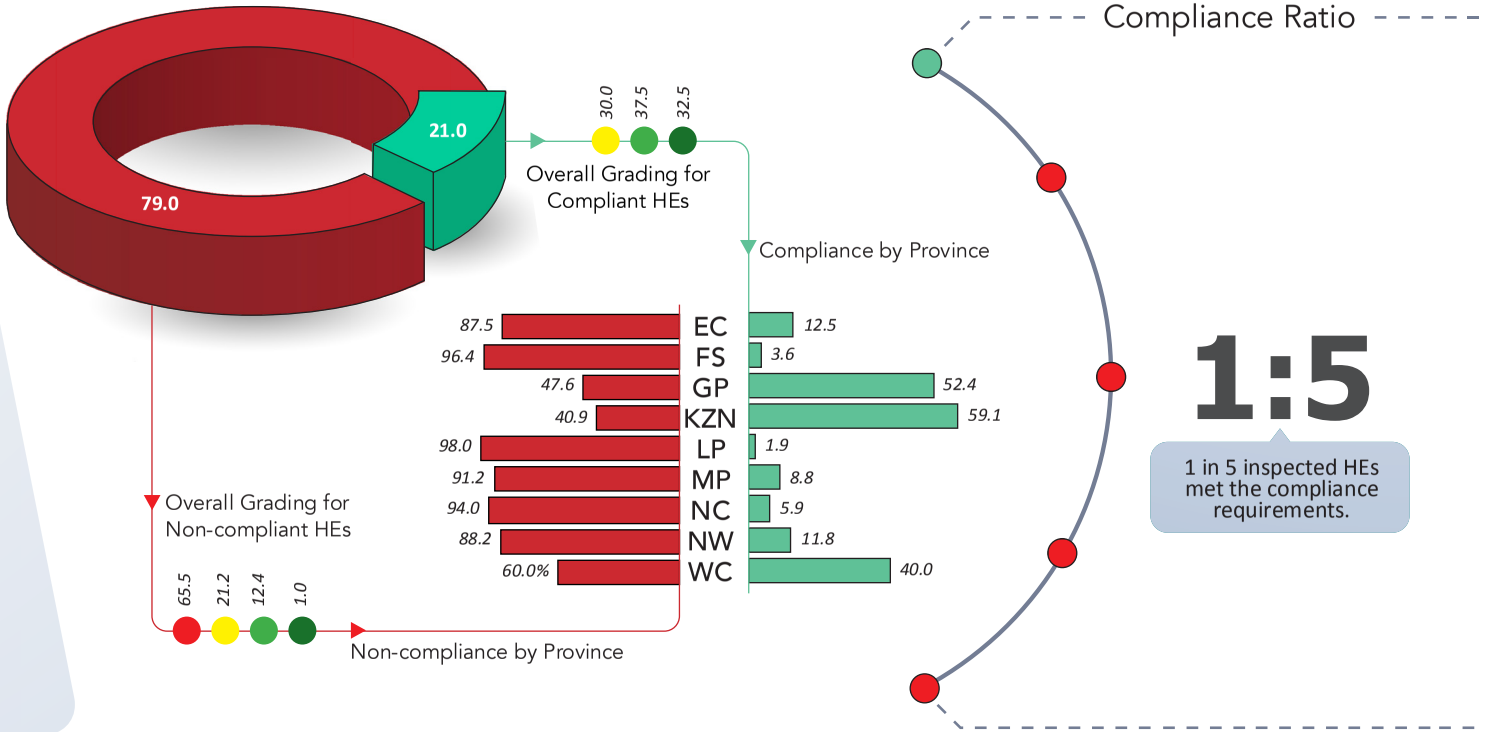
2) Sampling

From the 3816 HEs, a sample size of 387 Primacy Health Clinics (PHC) (10%) was selected to conduct the inspection nationally. Each province was allocated a specific sample size based on its population size. The selection of the individual clinic was based on geographic clustering and cost-effectiveness.

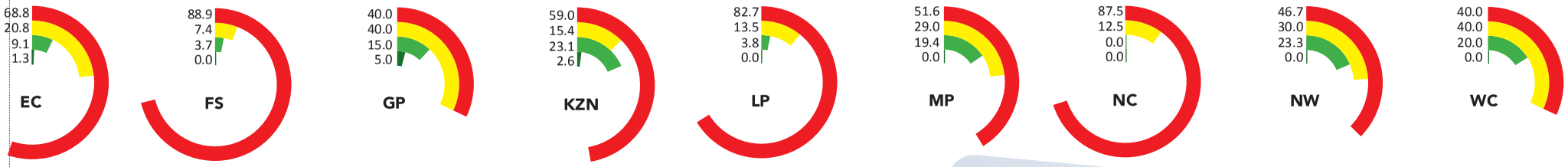


*Sample Size

3) National Compliance Status (%)



4) Overall Grading for All HEs Per Province (%)



5) Overall Performance by Functional Areas (%)

74 Dispensary/ Medicine Cupboard

67 Clinical Services

55 Maintenance Support

44 Clinic Manager

Compliance: Non-compliant Compliant

Grading Unsatisfactory Satisfactory Good Excellent

6) Conclusion

The national overview shows an overall compliance rate of 21% in 2020/21, which represents a slight increase from the 14.7% reported in 2019/20. However, the low compliance rate suggests the existence of serious gaps and deficiencies in the provision of good-quality and safe healthcare services. This is a concern since all HEs are envisaged to be accredited in order to qualify for the NHI once it is implemented.

2 INTRODUCTION AND BACKGROUND

The Office of Health Standards Compliance (OHSC) is an independent health regulator established in terms of the National Health Act, No 61 of 2003 (as amended). The Board of the OHSC, which is appointed by the Minister of Health, is the accounting authority and provides strategic oversight and guidance in the functioning of OHSC.

The mandate of the Office is to protect and promote the health and safety of users of health establishments (HEs) across the Republic of South Africa. The OHSC fulfils its mandate by monitoring and enforcing compliance by health establishments with the norms and standards prescribed by the Minister of Health; and ensuring consideration, investigation, and disposal of complaints relating to non-compliance with prescribed norms and standards for health establishments in a procedurally fair, economical, and expeditious manner.

The Norms and Standards Regulations Applicable to Different Categories of Health Establishments (hereafter referred to as the "Norms and Standards Regulations") were promulgated by the Minister in February of 2018 and came into effect in February 2019. Prior to the promulgation, quality assurance and quality improvement initiatives in the public health sector were implemented using the National Core Standards (NCS) developed by the National Department of Health. The NCS were replaced by the Norms and Standards Regulations.

The mandate of the OHSC in the monitoring and enforcement of compliance with the promulgated norms and standards includes, among others, conducting inspections at health establishments both public and private. An incremental approach in the development of the different categories of inspection tools was taken by the Office as such, inspections were only conducted in public Primary Health Care (PHC) clinics during the FY 2019/20 and 2020/21.

The Office develops different inspection tools for the various categories of health establishment following a consultative process that involves key stakeholders, including the relevant health establishments in that category. The inspection tools are pilot-tested, and the inputs of health establishments are considered prior to their finalisation and approval. By the time the tools are used for inspections, the health establishments have access and have been orientated to the complete inspection tools.

OHSC inspections are conducted by qualified and trained inspectors who are appointed as such by the Chief Executive Officer of the OHSC in terms of Section 80(2) of the Act. Using approved inspection tools, the inspection approach includes the on-site assessment of the systems, processes and procedures that promote and ensure quality health services in compliance with prescribed norms and standards. The OHSC conducts two (2) main types of inspections, namely, "routine" compliance inspections, and "additional" inspections.

Routine compliance inspections are conducted within health establishments selected by the Office for inspection in a specified fiscal year. The Office publishes an annual Inspection Strategy that outlines the number of routine compliance inspections conducted nationally and per province for that financial year in line with the Annual Performance Plan (APP). The Annual Inspection Strategy further outlines the methodology used to select the health establishments for inspection and the number of inspections to be conducted, which are broken down by province and level of care.

Following the completion of inspections, the findings of each health establishment are subjected

to interpretation through a Compliance Status Framework (CSF) to determine the compliance status outcome. The ultimate inspection outcome of any inspected health establishment can either be compliance or non-compliance status. Health establishments that attain compliance status with the norms and standards regulations are issued compliance certificates that are valid for a period of 4 years, after which routine inspections would need to be repeated for the purpose of recertification.

Health establishments that attain a non-compliance status are issued with a Compliance Notice. The Compliance Notice outlines the identified areas of non-compliance, as well as recommended steps to be taken to remedy the areas of non-compliance. A re-inspection would be scheduled and conducted within 12 months to assess if the areas of non-compliance have been remedied. A Compliance Certificate is issued to the HE found to be compliant after a re-inspection. However, should the health establishment be found to be persistently non-compliant after a re-inspection, the OHSC institutes enforcement action against that HE in an incremental manner in line with the Enforcement Policy. The enforcement action ranges from a warning for minor cases, and a fine or referral to a relevant authority, including the National Prosecuting Authority in cases of criminal offences. A Compliance Certificate can be revoked by the Office at any point after being issued in the event of serious breaches to the prescribed norms and standards.

In addition to routine inspections, the OHSC also undertakes additional inspections. These additional inspections include re-inspections and risk-based inspections (RBIs). RBIs arise from the early warning system (EWS) triggers and are a means to monitor indicators of risks related to serious breaches of norms and standards regulations as part of the overall mandate of the OHSC to monitoring compliance with promulgated norms and standards. The RBIs are mainly qualitative inspections and are aimed at establishing the root causes of serious breaches to the norms and standards triggered by the EWS reports. Risk based inspections will not be reported on, in this annual inspection report.

The routine compliance inspections follow a formal process consisting of well-defined and regulated steps as prescribed in the Procedural Regulations. The inspection process consists of the following 3 distinct stages as outlined in Figure 2 below.

This report covers routine inspections conducted during the 2020/21 financial year. A total of 387 inspections were conducted in public sector Primary Health Care (PHC) clinics and no other categories of health establishments were inspected during the period under review. A detailed report on the procedure, methodology for analysing the data collected during inspections, together with the findings and outcomes of the inspections will be provided in the relevant sections of the report.

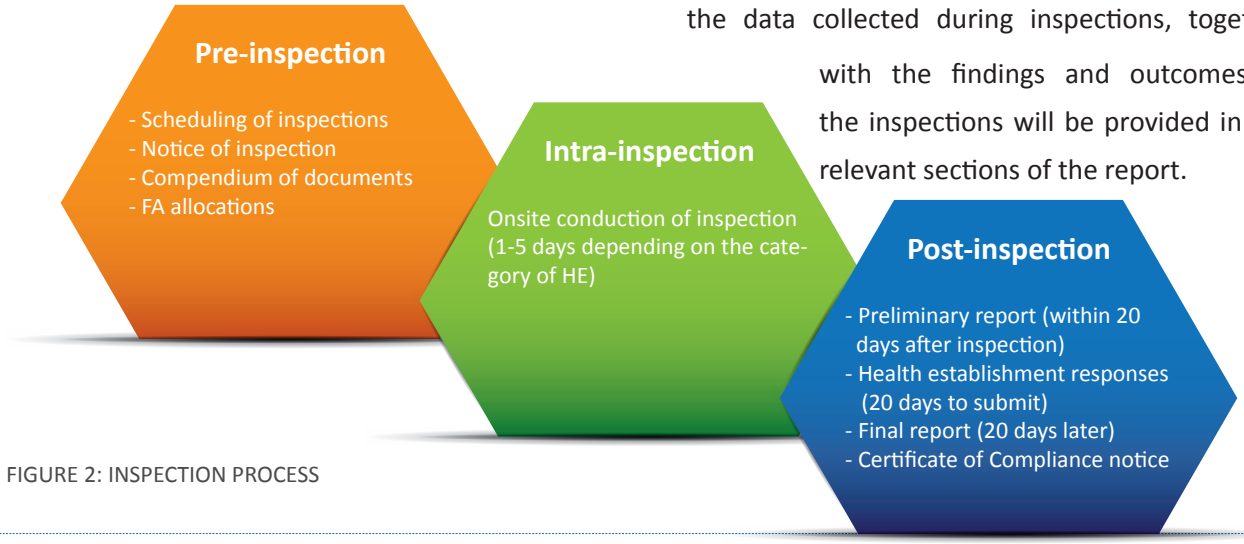


FIGURE 2: INSPECTION PROCESS

3 LEGISLATION AND REGULATIONS APPLICABLE TO THE FUNCTIONING OF OHSC

1. Constitution of the Republic of South Africa
2. National Health Act (No 61 of 2003) as amended
3. Norms and standards applicable to different categories of health establishments, 2018
4. Procedural Regulations Pertaining to the Functioning of the Office of Health Standards Compliance and Handling of Complaints by the Ombud, 2016
5. Protection of Personal Information Act (No 4 of 2013)
6. Promotion of Access to Information Act (No 2 of 2000)
7. Promotion of Administrative Justice Act (No 3 of 2000)
8. Disaster Management Act (No 57 of 2002)

4 OVERVIEW OF INSPECTIONS CONDUCTED OVER TIME

The decision regarding the number of inspections conducted during any financial year is determined by the available human and financial resources, the availability of relevant inspection tools, and the incremental strategy and approach to quality standards regulations that the OHSC has adopted.

The number of planned health establishment inspections and actual inspections conducted during the FY 2019/20 and FY 2020/21 period are depicted in Figure 3 below. During the 2019/20 financial year, a target of 687 public sector inspections was set and ultimately a total of 647 inspections were performed. The 2019/20 inspection cycle target was not achieved due to COVID-19 travel restrictions and disruptions. In the 2020/21 reporting period, the target was set at 382 public sector inspections and ultimately a total of 387 inspections were conducted, thereby exceeding the target by five. The drop in the target set for FY 2020/21 compared to FY 2019/20 was necessitated by budgetary cuts the Office experienced as well as the then unfolding COVID-19 pandemic situation.

The targets set for the private sector inspections are excluded from this report because inspections for this sector are yet to commence. The targets will need to be reviewed and revised when inspections in the private sector commence to ensure that the Office is able to achieve practical and justifiable inspection coverage, taking into consideration the availability of resources.

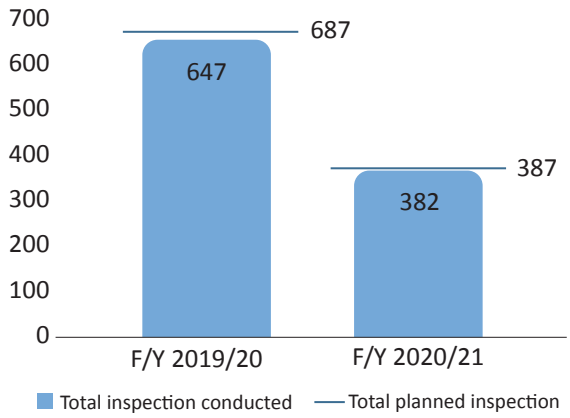


FIGURE 3: OVERVIEW OF INSPECTIONS CONDUCTED AND PLANNED OVER TIME

5 METHODOLOGY

5.1 SAMPLING

The target number set for public sector PHC clinic inspections in 2020/21 was 382 which represented 10% of the total public sector PHC health establishments (n = 3 816) in the country. The number of HEs to be inspected in each province was determined and outlined in the 2020/21 Annual Inspection Strategy. The annual inspection target was determined considering available human and financial resources. The number of HEs to be inspected in each province was determined in proportion to the number of health establishments in that province, and hence provinces with a higher

number of total HEs had a comparatively higher count of HEs selected for inspection than those with a lower number. The Eastern Cape province was allocated the highest number because it has the highest number of PHC clinics, relative to other provinces. The number of clinics inspected in each province is outlined in Figure 5 below.

The selection of the individual HEs to be inspected in each province was done through consideration of the number of districts and geographic clustering. While this approach has elements and characteristics of convenience sampling and therefore a limitation on the generalisation of inspection results to the whole population of HEs, it was the preferred option due to the advantages of efficient and cost-effective use of the human capital and financial resources available for inspections.

5.1.1 Inspections approach

A team-based approach was used for conducting inspections. The inspection teams are made up of 4-5 inspectors and a team leader who oversees the work of the inspection team. After the number of inspections for each province was determined and outlined in the 2020/21 Annual Inspection Strategy, inspections for each province were scheduled and shared with the teams.

Once the inspection schedules were finalised, the provinces, districts and HEs were notified of the dates of the inspections through Inspection Notices. Inspection Notices outlined what the inspections would entail, the inspection plan as well as a compendium of documents the HEs must prepare for the inspections. The inspection notices were issued to the health establishment as contemplated in Section 82 of the Act, at least seven days before the date of the inspection to allow the HEs enough time to prepare for the inspections. The inspection process outlined in Figure 2 above was followed by all teams.

5.1.2 Data collection

The inspections in each clinic were primarily conducted by two inspectors, with the team leader overseeing and supporting the concurrent inspections in two HEs per day. Inspections were conducted using the approved and validated inspection tool for public sector primary health care (PHC) clinics. The data was collected and captured on the OHSC Inspection Information System using hand-held tablets. The methodology used to collect the inspection data included document reviews, observations, healthcare user record analysis and staff interviews.

The inspection tools used to assess the level of compliance with the norms and standards regulations follow a defined structure according to the hierarchy as outlined in Figure 4 below. The tools had five main chapters/ sections, which are called domains. Each domain was further broken down into sub-sections called sub-domains. Across the five domains, there were a total of 19 sub-domains. Within each sub-domain, there were standards statements that defined what was expected to be complied with, as well as criteria statements that set out the requirements to achieve compliance with the set standards. The measures are the specific elements for which evidence must be provided to ascertain whether the requirements have been met or not.

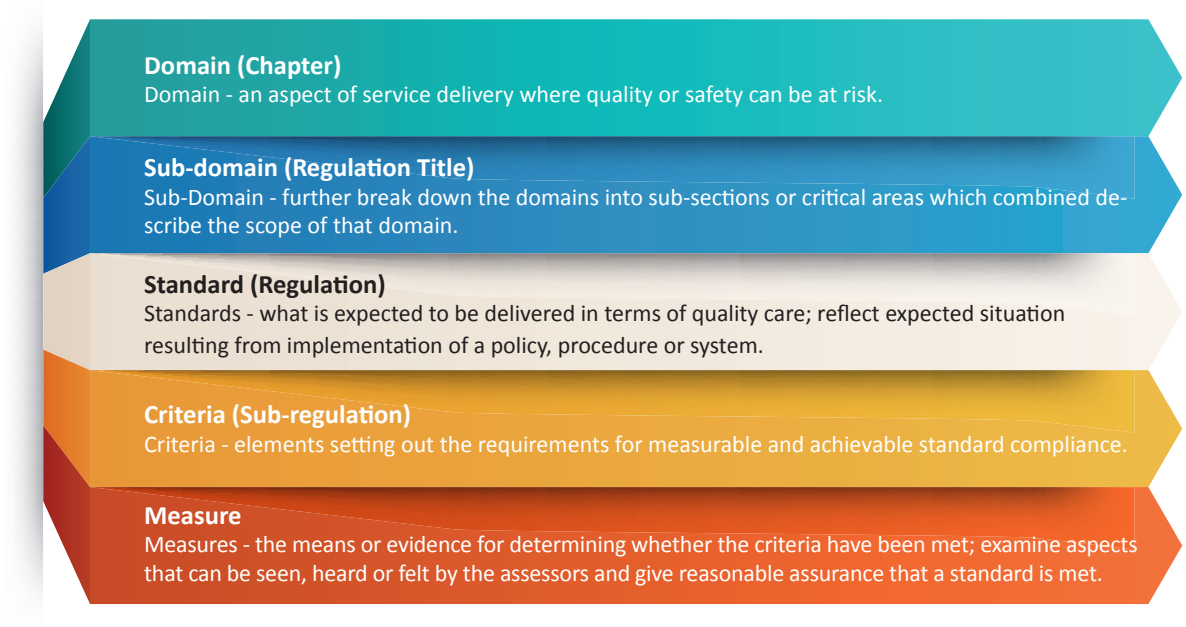


FIGURE 4: STRUCTURE OF THE INSPECTION TOOLS

The data was collected in clusters of measures referred to as functional areas. The four different functional areas in the PHC clinic inspection tool were clinic manager, clinical services, dispensary or medicine cupboard and maintenance support. Measures were scored 1 (one) if compliant, 0 (zero) if non-compliant and N/A (not applicable) if the health establishment did not provide that service or if the measure or aspect was not relevant to the health establishment once it had been determined by the inspector. Measures were either direct measures with one requirement or checklist measures with multiple requirements or aspects. The checklist score ranged from 0 to 1.In the case where all the aspects of the checklist were met, it would be scored 1 and a score of zero was given when any of the aspects were not met.

5.1.3 Grading of health establishments

Each measure in the inspection tools was assigned a risk level or risk rating, taking into consideration the level/severity of the risk and the potential impact as well as the likelihood of that risk being realised. There are 3 risk rating categories for the measures namely, essential measures, vital measures, and non-negotiable vitals. The grading performance depends on the attainment of specified percentage scores and thresholds on essential and vital measures.

The grading performance of health establishments is classified into four distinct categories as indicated in Table 1 below. The health establishments were required to reach certain threshold scores for vital and essential measures to be graded as excellent, good, satisfactory, or unsatisfactory. Included in the vital measures category, were three non-negotiable vitals (NNVs) for which health establishments were required to achieve 100% compliance. The three NNVs are; (a) emergency trolley stocked with all the essential listed medicines and equipment, (b) an oxygen cylinder with a pressure gauge and (c) the oxygen in the cylinder above the minimum level.

In order to achieve a compliance status, health establishments were required to comply with all three NNVs and achieve the grading category of excellent, good or satisfactory. Health establishments that obtained less than 100% for NNVs irrespective of grading outcome or those that achieved a grading outcome of unsatisfactory were automatically deemed to be non-compliant.

TABLE 1: GRADING MODEL

Grading	Risk Rating
Excellent	Vital ≥80%
	Essential ≥70%
Good	Vital=70-79%
	Essential=60-69%
Satisfactory	Vital=60-69%
	Essential=50-59%
Unsatisfactory	Vital<60%
	Essential<50%

5.1.4 Reporting

Following the inspections, the Office compiled individual reports for each clinic. In terms of the applicable procedural regulations, the Office is required to provide preliminary reports to all inspected HEs within 20 days following the completion of the inspection. Upon receipt of the preliminary reports, the HEs were given 20 days within which to provide responses to the preliminary inspection findings. Examples of measures for which further evidence is accepted retrospectively include confirmation that certain required documents that were not available during inspection have since been made available. Measures for which no further evidence can be considered after the inspection was concluded include user record audits, healthcare user, and staff interviews.

After the 20 days provided for the HE's to upload evidence, the inspector has 20 days to consider the evidence, accept that which is acceptable and change scores accordingly, as well as indicate reasons for not accepting evidence and thus retaining the initial score. The inspectors were required to produce and submit final inspection reports to each HE within 20 days of receiving the uploaded evidence. Depending on the compliance status outcome, the HE received a Compliance Certificate if found to be compliant, or a Compliance Notice if found to be non-compliant as explained in section 5.4 above. The individual inspection reports for HEs are released on the OHSC Inspection Information System, for which all relevant stakeholders are provided with personalised login details for access.

5.1.5 Data analysis

To compile this consolidated Annual Inspection Report, data for each province was extracted from the OHSC inspection information system (SQL server) and exported into comma-separated values (CSV) files. Data management and analysis were performed using the SAS® statistical software (North Carolina, USA) and Microsoft Excel. A descriptive analysis was performed to produce summary statistics for key variables. Categorical variables were described by means of frequency counts and percentages. Continuous variables were summarised and mean, minimum, and maximum values were reported.

6 INSPECTION FINDINGS

6.1 DISTRIBUTION OF HEs INSPECTED PER PROVINCE

During FY 2020/21, a total of 387 routine inspections out of 3 816 public sector PHC HEs were conducted in the nine provinces. The target of inspections conducted was 10% (n=382) of the total public sector fixed PHC HEs in South Africa. The 10% of HEs inspected in the period under review consisted of clinics only. Health establishments are selected proportionally considering the total number in the province as well as consideration for the number of districts. Figure 5 below shows the distribution of HEs per province with the highest total number of HEs in the Eastern Cape, while the Northern Cape has the lowest number of HEs.

01 Eastern Cape

Number of HEs	874
Total HEs inspected	88
Total compliant	11
% Compliant	12.5%

02 Free State

Number of HEs	273
Total HEs inspected	28
Total compliant	1
% Compliant	3.6%

03 Gauteng

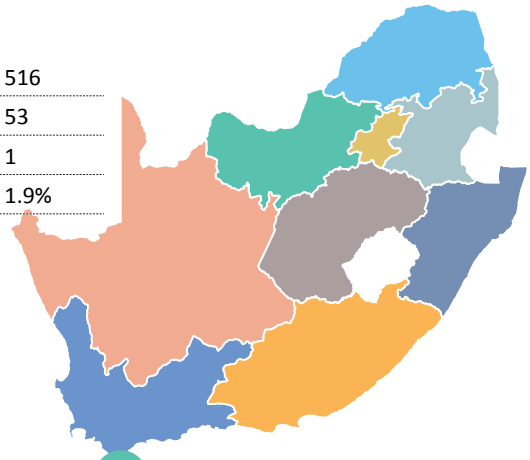
Number of HEs	421
Total HEs inspected	42
Total compliant	22
% Compliant	52.4%

04 KwaZulu-Natal

Number of HEs	670
Total HEs inspected	66
Total compliant	27
% Compliant	40.9%

05 Limpopo

Number of HEs	516
Total HEs inspected	53
Total compliant	1
% Compliant	1.9%



06 Mpumalanga

Number of HEs	320
Total HEs inspected	34
Total compliant	3
% Compliant	8.8%

07 Northern Cape

Number of HEs	164
Total HEs inspected	17
Total compliant	1
% Compliant	5.9%

08 North West

Number of HEs	328
Total HEs inspected	34
Total compliant	4
% Compliant	11.8

09 Western Cape

Number of HEs	250
Total HEs inspected	25
Total compliant	10
% Compliant	40%

FIGURE 5: DISTRIBUTION OF INSPECTED HEs BY PROVINCE.

6.2 NATIONAL COMPLIANCE STATUS OUTCOME

A total of 387 public sector PHC clinics were inspected during the period under review and a total of 80 (21%) were found to be compliant while the remaining 307 (79%) were not compliant as shown in Figure 6 below. The compliant health establishments were issued with Compliance Certificates that are valid for 4 years, while Compliance Notices were issued to the 307 non-compliant health establishments detailing the nature and severity of non-compliance. The non-compliant health establishments were given an opportunity to address the deficiencies identified. Once the period, as outlined in the Compliance Notice lapses, all the non-compliant HEs will be scheduled for a re-inspection to verify if the non-compliance elements have been remedied.

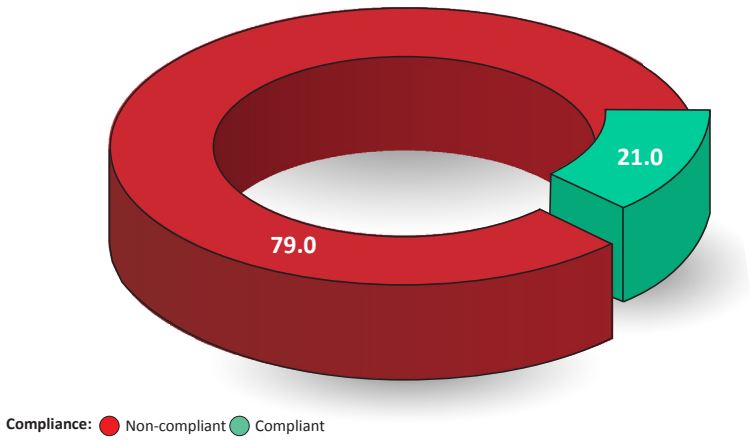


FIGURE 6: OVERALL NATIONAL COMPLIANCE STATUS.

6.3 COMPLIANCE STATUS OUTCOME PER PROVINCE

The performance of the compliance status varied by province as shown in Figure 7. It is worth noting that the general performance of the provinces is of concern with an overall score of 20.7%. Out of all the nine provinces inspected, the highest number of compliant HEs were found in Gauteng at 52.4%, followed by KZN at 40.9% and Western Cape at 40.0%. The provinces with the lowest number of compliant HEs were Limpopo at 1.9%, followed by Free State and the Northern Cape at 3.6% and 5.9% respectively.

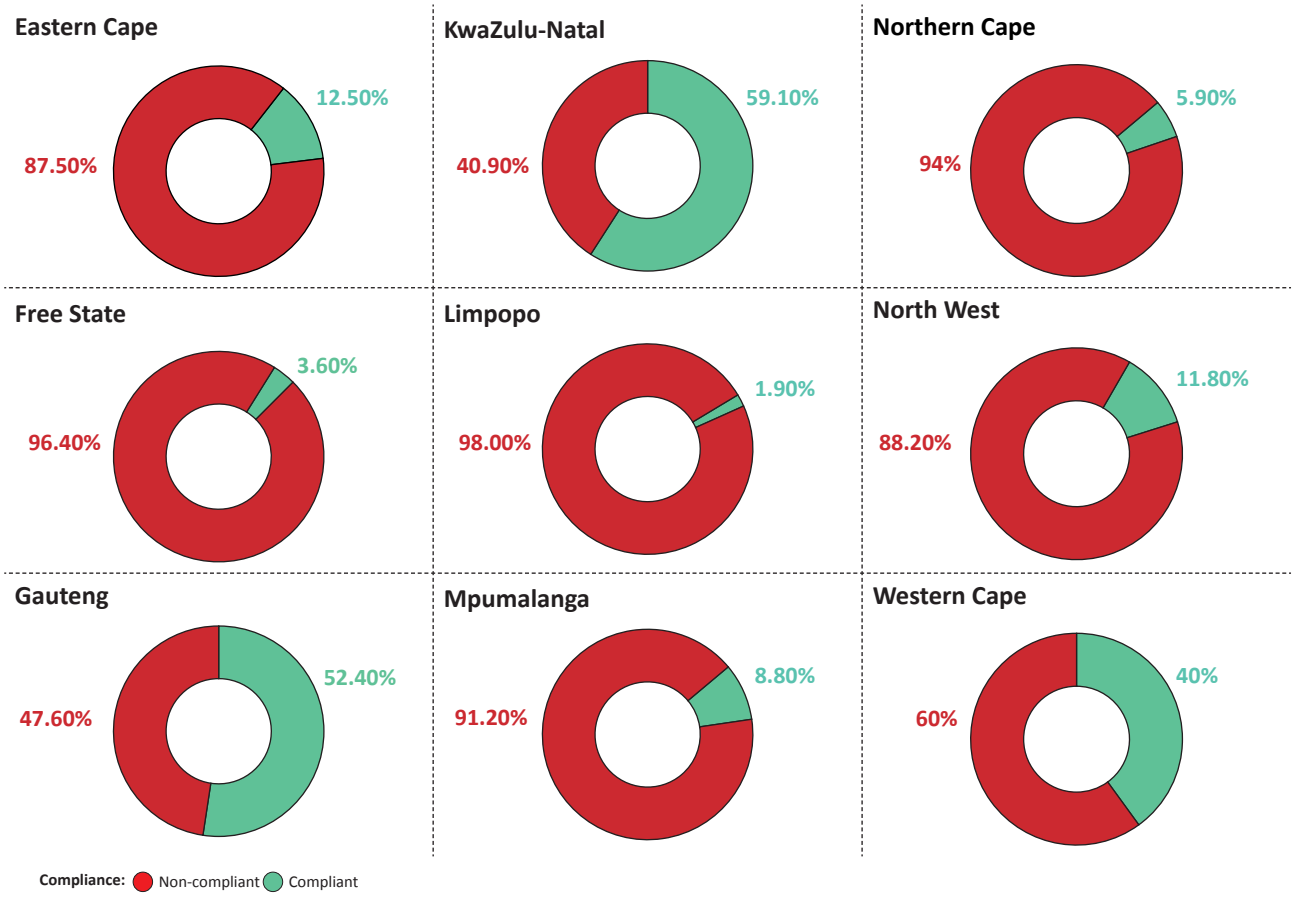


FIGURE 7: COMPLIANCE STATUS OUTCOME PER PROVINCE.

6.4 COMPLIANCE STATUS OUTCOME PER DISTRICT

Figure 8 below shows the compliance status of health establishments per district. A total of 42 of 52 districts were inspected and the districts with the highest compliance rates were the City of Tshwane Metro and uMzinyathi Municipalities. All 16 HEs inspected in each of the Amathole, Vhembe and Ehlanzeni districts were found to be non-compliant. There were eleven other districts where none of their health establishments had achieved a compliant status.

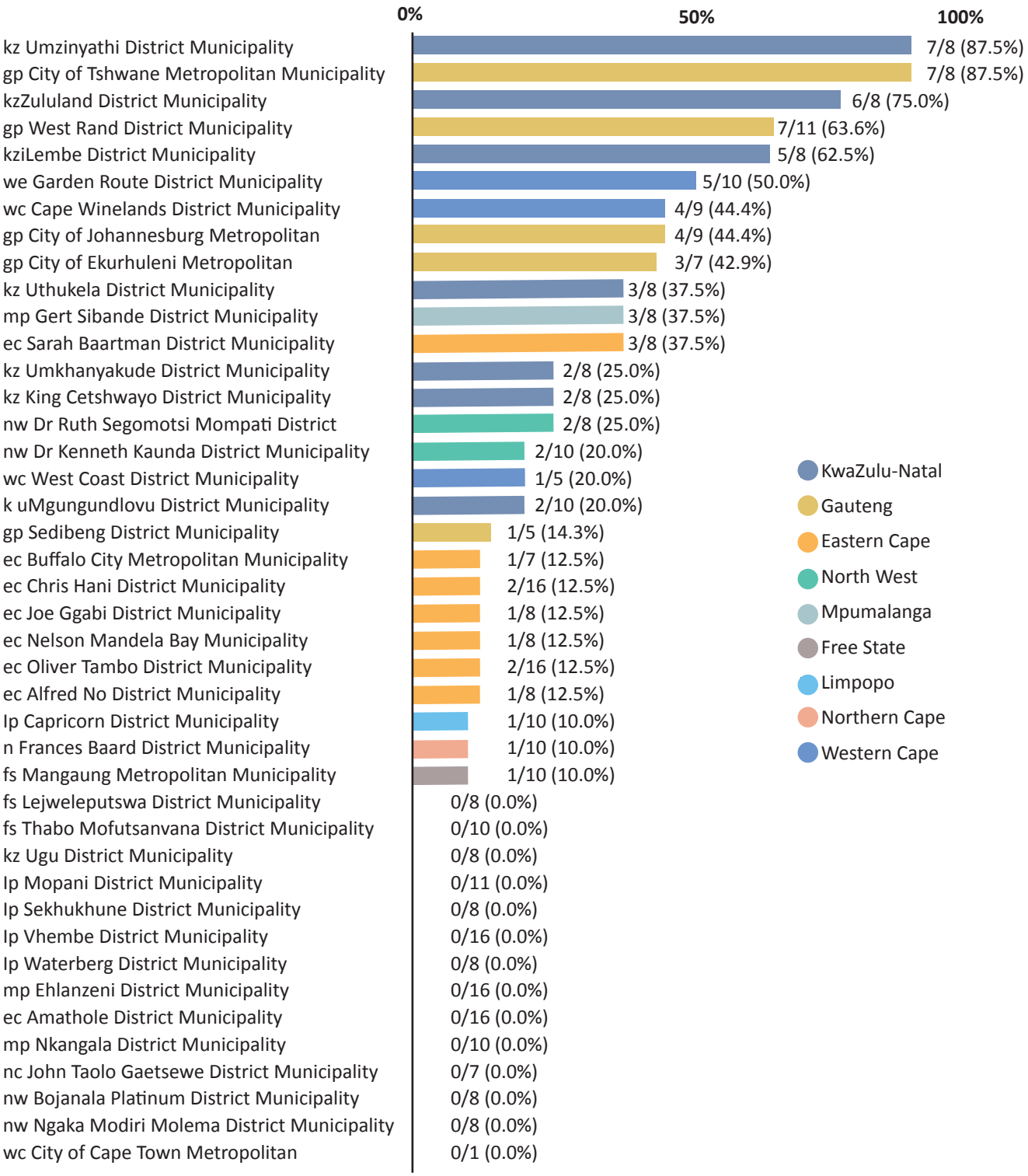


FIGURE 8: TOTAL NUMBER OF HEs INSPECTED PER DISTRICT.

6.5 OVERALL GRADING OUTCOME

Figure 9 below shows the comparison of the overall grading performance of inspected HEs in the two consecutive financial years of 2019/20 and 2020/21. There was a slight increase in the percentage of health establishments that were graded excellent or good from 2019/20 to 2020/21. Notably, there were 1% and 5.3% decreases in the satisfactory and unsatisfactory graded health establishment respectively from 2019/20 to 2020/21. It is also worth noting that for the two financial years, more than 50% of all HEs were graded unsatisfactory and therefore would automatically attain a non-compliant status.

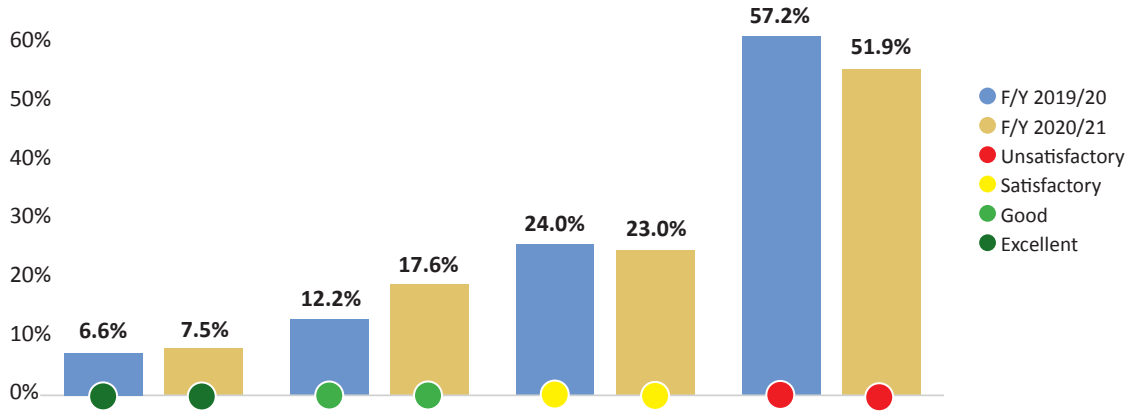


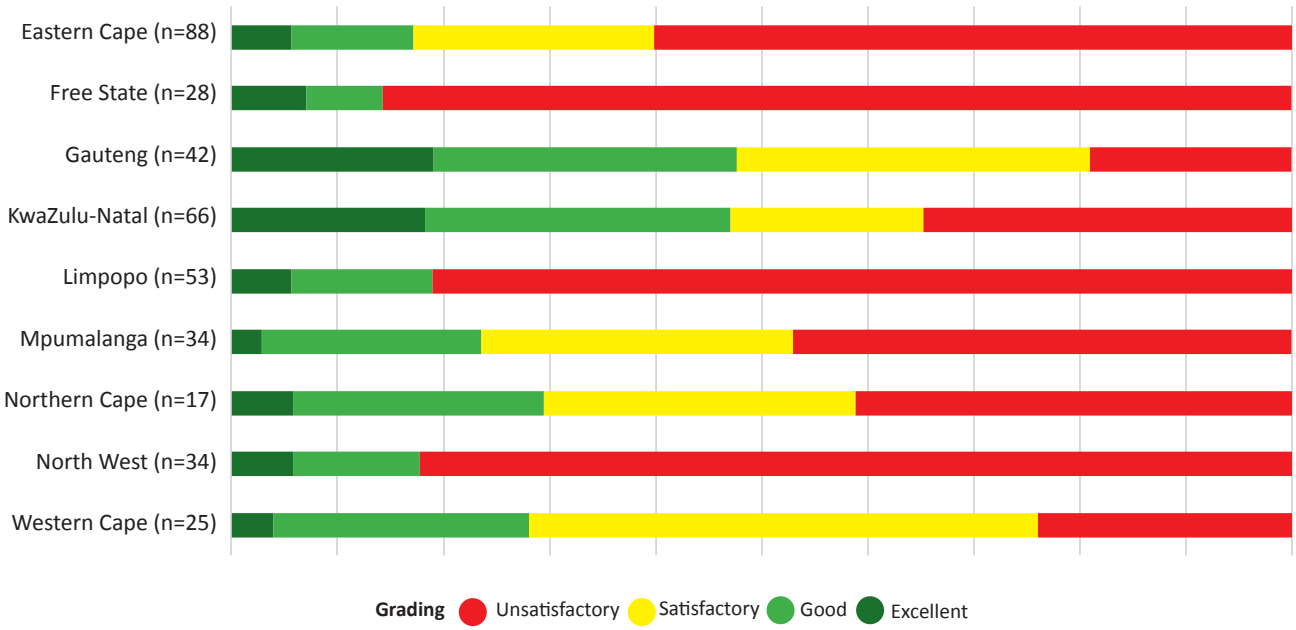
FIGURE 9: OVERALL GRADING PERFORMANCE OF INSPECTED HEs (2019/20 vs 2020/21).

6.6 OVERALL GRADING FOR ALL HEs PER PROVINCE

Figure 10 below outlines the overall grading categorisation for all health establishments per province. The provinces with the largest proportion of HEs graded Excellent are Gauteng at 19.0% followed by KwaZulu Natal at 18.2%. The largest proportion of HEs graded Unsatisfactory are found in Free State at 85.7%, followed by the Northern Cape at 82.4% and then Limpopo at 81.1%. No HEs were graded Excellent in any of these three provinces.

Province	Excellent	Good	Satisfactory	Unsatisfactory
Eastern Cape (n=88)	5.70%	11.40%	22.70%	60.20%
Free State (n=28)	7.10%	7.10%	0.00%	85.70%
Gauteng (n=42)	19.00%	28.60%	33.30%	19.00%
KwaZulu-Natal (n=66)	18.20%	28.80%	18.20%	34.80%
Limpopo (n=53)	5.70%	13.20%	0.00%	81.10%
Mpumalanga (n=34)	2.90%	20.60%	29.40%	47.00%
Northern Cape (n=17)	5.90%	23.50%	29.40%	41.20%
North West (n=34)	5.90%	11.80%	0.00%	82.40%
Western Cape (n=25)	4%	24.00%	48.00%	24.00%

FIGURE 10: TOTAL NUMBER OF INSPECTIONS CONDUCTED AND GRADING OUTCOME PER PROVINCE.



6.7 OVERALL GRADING PERFORMANCE OF COMPLIANT HEs PER PROVINCE

The overall grading performance of inspected health establishments per province is further analysed and disaggregated according to the compliant status outcome, thus differentiating Compliant from the Non-compliant HEs. In Figure 11 below, the grading performance of compliant HEs ranges from Satisfactory, Good to Excellent. Unsatisfactory grading is not applicable for compliant HEs since unsatisfactory grading automatically results in non-compliant status.

Province	Excellent	Good	Satisfactory
Eastern Cape (n=11)	36.36%	27.27%	36.36%
Free State (n=1)	100.00%	0.00%	0.00%
Gauteng (n=22)	31.82%	40.91%	27.27%
KwaZulu-Natal (n=27)	40.74%	37.04%	22.22%
Limpopo (n=1)	100.00%	0.00%	0.00%
Mpumalanga (n=3)	33.33%	33.33%	33.33%
Northern Cape (n=1)	100.00%	0.00%	0.00%
North West (n=4)	50.00%	25.00%	25.00%
Western Cape (n=10)	10%	30.00%	60.00%

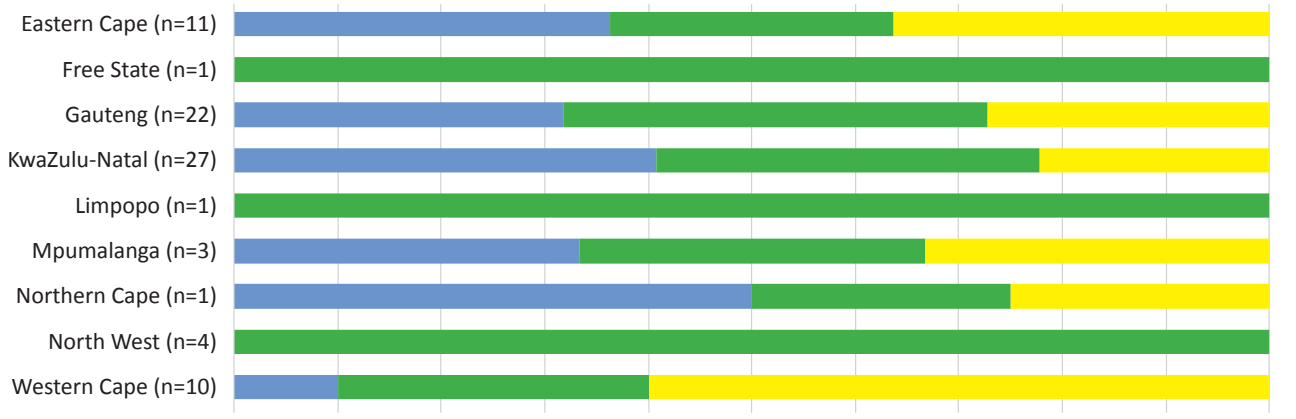


FIGURE 11: OVERALL GRADING OF COMPLIANT HEs PER PROVINCE.

6.8 OVERALL GRADING FOR NON-COMPLIANT HEs PER PROVINCE

Figure 12 below, indicates the overall grading performance for Non-Compliant HEs per province for FY 2020/21. The most common grading category for non-compliant HEs is Unsatisfactory. It is worth noting that there are three HEs that were graded excellent but were still not able to attain compliant status because they did not achieve 100% on the Non-Negotiable Vitals.

There were 38 health establishments with a Good grading that were ultimately found to be non-compliant and these were spread across eight provinces. There were 106 health establishments that were graded Satisfactory, Good, or Excellent but did not attain a compliant status due to their inability to meet 100% of the NNV requirements. These 106 HEs stand a reasonable chance of attaining compliance status should they address deficiencies in the NNV measures.

The district and provincial health managers should support these HEs with quality improvement initiatives in preparation for re-inspections.

Province	Excellent	Good	Satisfactory	Unsatisfactory
Eastern Cape (n=77)	1.30%	9.10%	20.80%	68.80%
Free State (n=27)	0.00%	3.70%	7.40%	88.90%
Gauteng (n=20)	5.00%	15.00%	40.00%	40.00%
KwaZulu-Natal (n=39)	2.60%	23.10%	15.40%	59.00%
Limpopo (n=52)	0.00%	3.80%	13.50%	82.70%
Mpumalanga (n=31)	0.00%	19.40%	29.00%	51.60%
Northern Cape (n=16)	0.00%	0.00%	12.50%	87.50%
North West (n=30)	0.00%	23.30%	30.00%	46.70%
Western Cape (n=15)	0%	20.00%	40.00%	40.00%

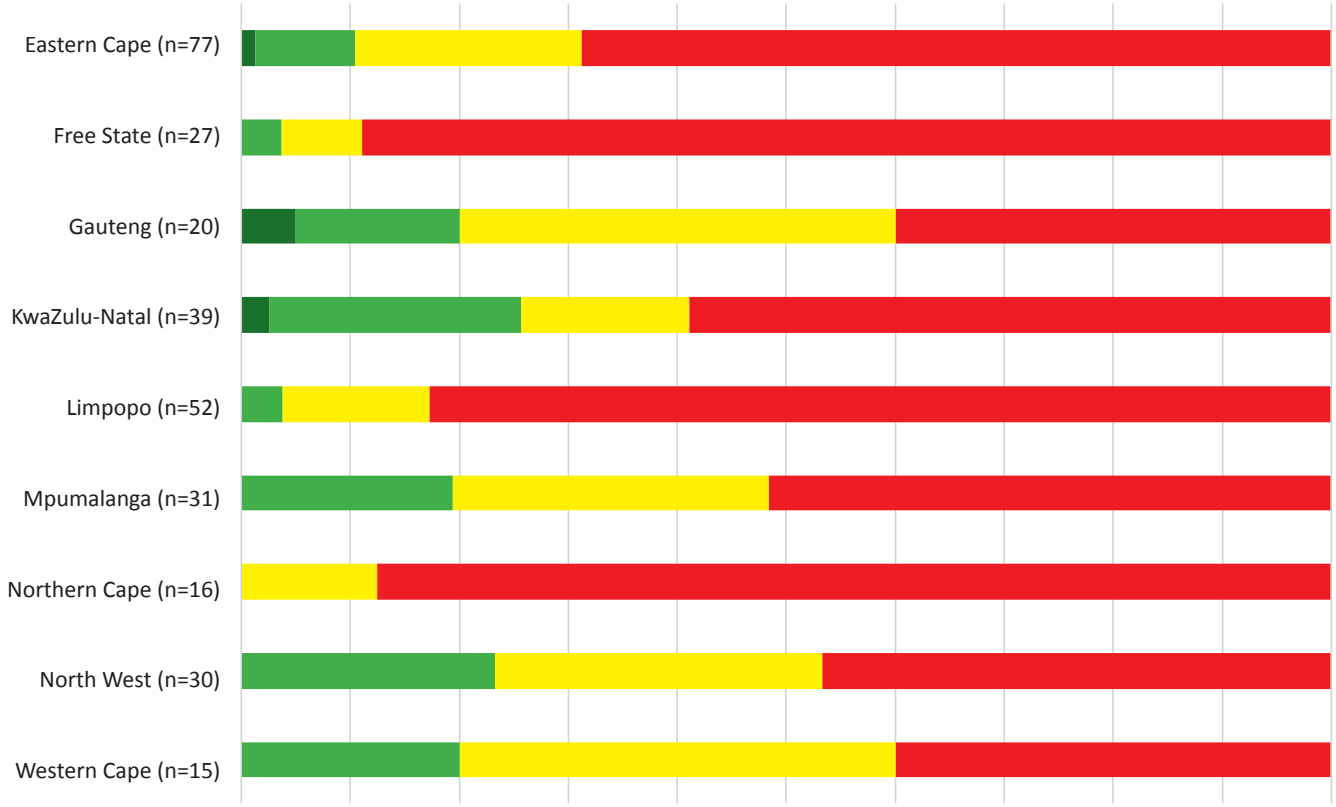


FIGURE 12: OVERALL GRADING FOR NON-COMPLIANT HEs BY PROVINCE.

6.9 OVERALL PERFORMANCE OF ALL INSPECTED HEs ON NON-NEGOTIABLE VITALS (NNVS)

Table 2 below displays the three NNV measures. The majority of HEs did not comply with the emergency trolley measure. The reasons for non-compliance with the emergency trolley included the unavailability of critical equipment such as defibrillators and related consumables such as medicines. A total of 298 primary health care clinics representing 77% of inspected HEs across the country were unable to meet 100% of the requirements of this specific NNV measure.

The remaining two NNVs that assess the aspects that relate to the oxygen cylinders were performed well, with over 90% of the health establishments inspected being able to meet the requirements.

TABLE 2: PERFORMANCE OUTCOME OF NNVz.

NNVs	No of HEs that met the requirement for this NNV	No of HEs that did not meet the requirement for this NNV
2.3.2.1.1.3 Emergency trolley is stocked with the required medicines and equipment.	23.00% (89)	77.00% (298)
2.3.2.1.1.4 Availability of an oxygen cylinder with a functional pressure gauge.	96.90% (375)	3.10% (12)
2.3.2.1.1.5 Availability of oxygen in the cylinder above the minimum level.	91.99% (356)	8.01% (31)

Figure 14 below demonstrates the overall performance of all HEs on the NNV measures. The NNV measures have the highest risk rating of all measures because of their clinical importance and the potential impact on user safety if their risk is realised. Because of their importance, they also play a critical role in the decision algorithm and pathway towards the final compliance status decision.

There were nine (2.3%) HEs that did not meet the requirements of any of the three NNVs in the PHC clinic inspection tool. A total of 26 (6.5%) of HEs met the requirement of only 1 NNV and failed to meet the requirements for the other two NNVs. The majority of HEs at 264 (68.2%) met the requirements of 2 NNVs. A total of 89 (23.0%) met the requirements for all three NNVs. It is also worth noting that nine of these 89 HEs were ultimately found to be non-compliant as they did not meet the threshold for Vital and Essential Measures.

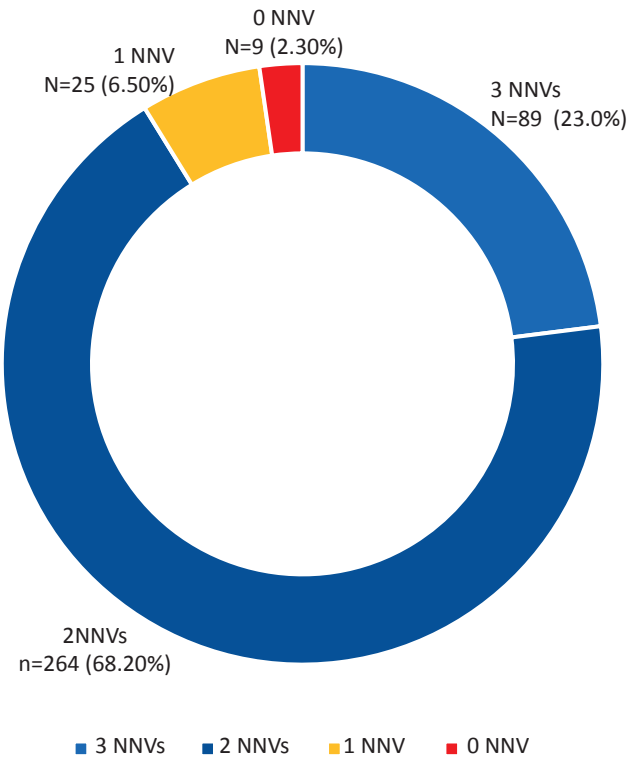


FIGURE 13: NATIONAL NNV PERFORMANCE

Figure 15 below shows a breakdown of the 10 most commonly unavailable items in the emergency trolley. The top 4 items listed are critical items in the resuscitation of a care user with cardiac arrest or life threatening arrhythmias. Approximately one third of the HEs did not fulfil the requirements of this NNV.

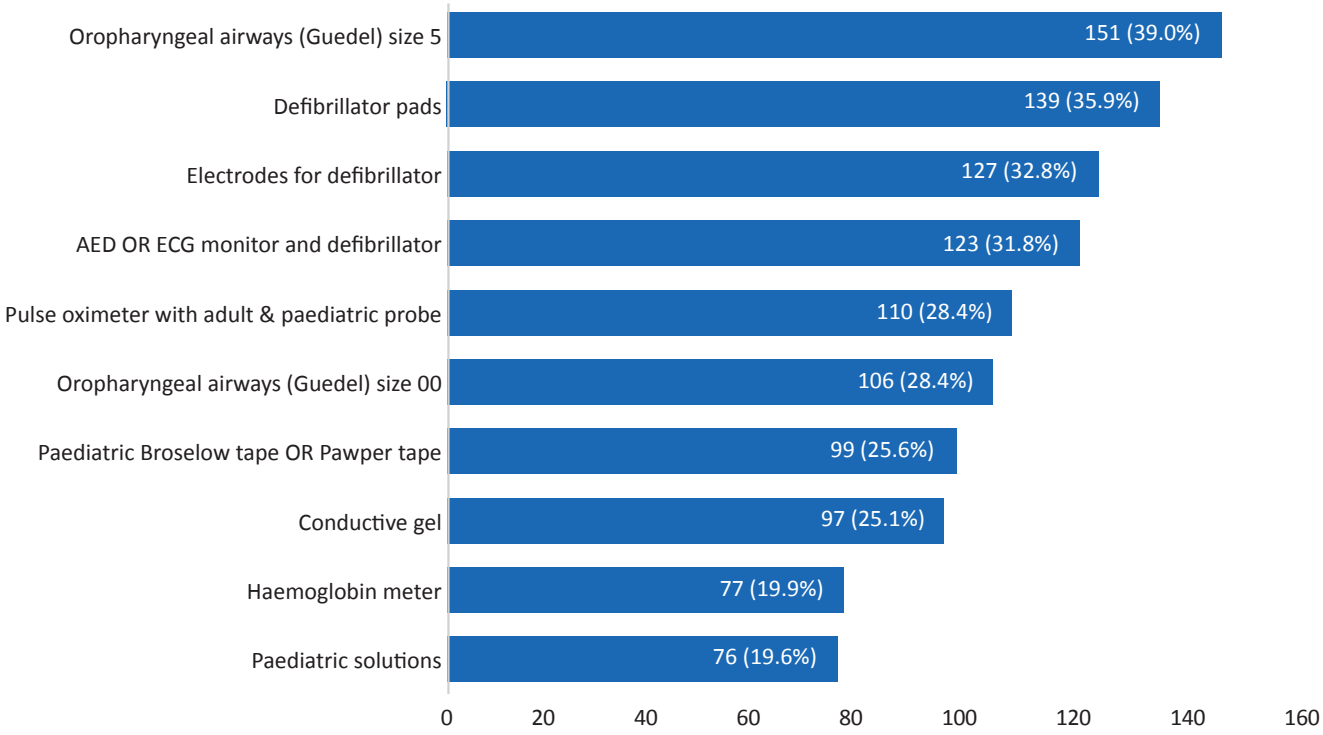


FIGURE 14: COMMONLY UNAVAILABLE TOP 10 ITEMS IN THE EMERGENCY TROLLEYS.

6.10 PERFORMANCE ON FUNCTIONAL AREAS

Functional areas are defined as the areas/units of the health establishment where inspections are conducted. In the PHC (clinic) inspection tool, there are 4 Functional Areas (FA) namely: Clinic Manager, Clinical Services, Dispensary/Medicine Cupboard, and Maintenance Support. The findings in the four functional areas demonstrate that attention should be given to both compliant and non-compliant HEs due to commonly failed measures across all the HEs.

6.10.1 Clinic Manager

The Clinic Manager Functional Area relates to the aspects and requirements that are the responsibility of the facility manager or operational manager at the PHC clinic. It is a functional area that assesses issues related to the leadership and governance of the health establishment.

Figure 16 below shows a national average score of less than 60%. There is marked variation in the actual scores for vitals and essential measures across the provinces. A generally low performance in this FA is of concern as it suggests that governance of PHC facilities is not at the level that it ought to be for proper management of these important levels of care.

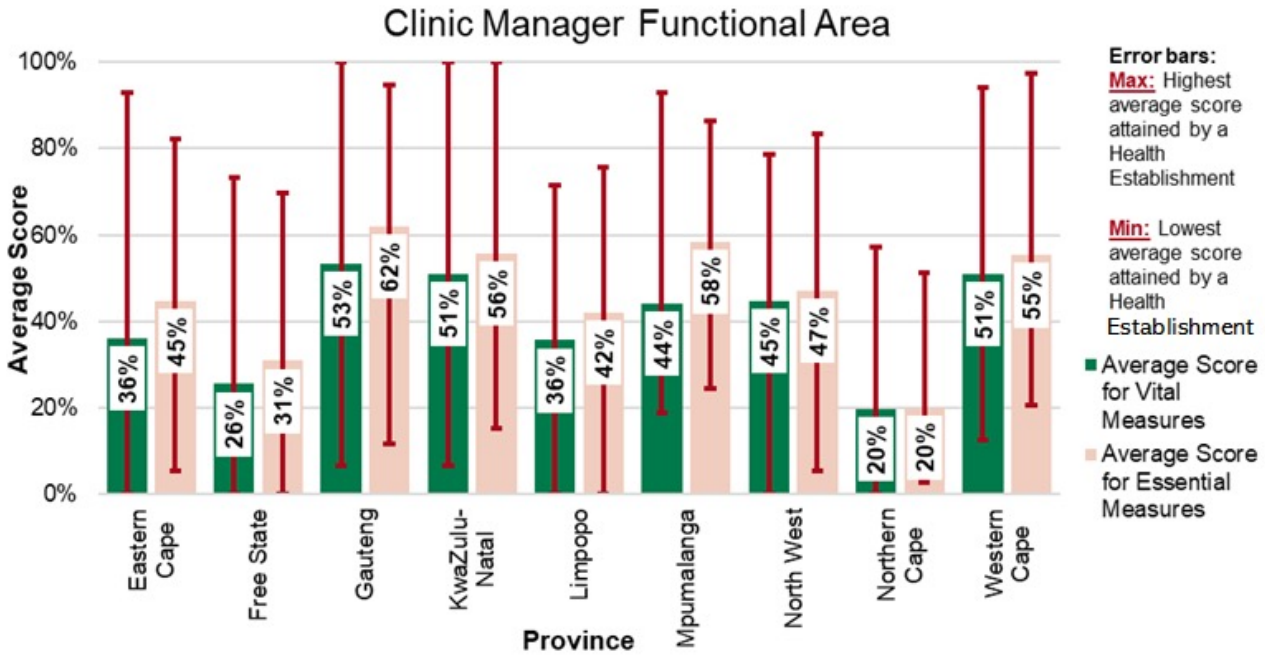


FIGURE 15: CLINIC MANAGER FUNCTIONAL AREA

Table 3 below depicts the top ten non-compliant measures in the Clinic Manager FA, with the absence of functional Clinic Committees at number 1, followed by appointed personnel not appointed in line with the determined requirements. A total of 364 health establishments did not meet the requirements to demonstrate that they had a functional Clinic Committee, which is an important aspect of governance of the facility. A total of 355 HEs did not meet the requirement to demonstrate that personnel are appointed in line with the applicable human resources requirements and prescriptions. In addition, 329 HEs did not meet the requirements to demonstrate that professional nurses have been trained on the various clinical guidelines for the various clinical conditions.

The top five non-compliant measures are indicative of significant systemic challenges in the governance, management, and organisation of clinics with potentially serious implications for the delivery of quality primary health care services.

TABLE 3: LIST OF TOP 10 NON-COMPLIANT MEASURES PER FUNCTIONAL AREA, CLINIC MANAGER.

Clinic Manager				
Measure Name	Non-Compliant HE		Compliant HE	
	% (Count) N = 307	Rank	% (Count) N = 80	Rank
1.4.1.1.1.1 CHECKLIST: There is a functional Clinic Committee.	95.4% (293)	1	88.8% (71)	1
1.4.2.1.1.2 Personnel are appointed in line with the determined requirements.	93.8% (288)	2	83.8% (67)	2
1.1.2.1.3.1 Professional nurses have received training in Basic Life Support (BLS).	93.2% (286)	3	76.3% (61)	3
1.2.2.1.3.2 CHECKLIST: Training is provided to professional nurses on clinical guidelines.	89.6% (275)	4	67.5% (54)	4
1.2.2.1.3.1 CHECKLIST: The clinical risk aspects are addressed in the Quality Improvement Plan.	85.7% (263)	5	45.0% (36)	13
1.4.3.1.1.3 Risk mitigation interventions are implemented for identified risks.	83.1% (255)	6	48.8% (39)	10
1.2.2.1.3.6 CHECKLIST: The targets for proxy indicators for clinical risk are met.	80.5% (247)	7	66.3% (53)	5
1.2.3.1.1.4 CHECKLIST: All healthcare workers are made aware of the provincial letter or memo or circular or policy that inform personnel of the procedure to follow for prophylactic vaccinations.	79.2% (243)	8	42.5% (34)	15
1.4.2.1.1.1 Staffing needs have been determined in line with workload requirements.	74.9% (230)	9	55.0% (44)	7
1.1.2.1.2.3 The health establishment reports delays in Emergency Medical Service response times to the relevant authority.	74.3% (228)	10	45.0% (36)	13

6.10.2 Clinical services

Clinical Services functional area concerned with aspects of clinical service delivery. This is the functional area that assesses the way clinical services are organised and delivered to ensure that users receive the care they need, in line with the best available evidence, and in the most efficient way possible.

In comparison to the Clinic Manager FA as depicted in Table 3 above, the HEs performed generally better in the Clinical Services FA with higher average scores nationally. Figure 16 below indicates that Gauteng HEs are the highest performing with average scores for vital and essential measures of approximately 73% and 79% respectively. On the other hand, Free State HEs are the least performing with average scores for vitals and essential measures of approximately 50%. There is a huge variation in the scores within and across provinces, indicating that there are pockets of excellence within each province.

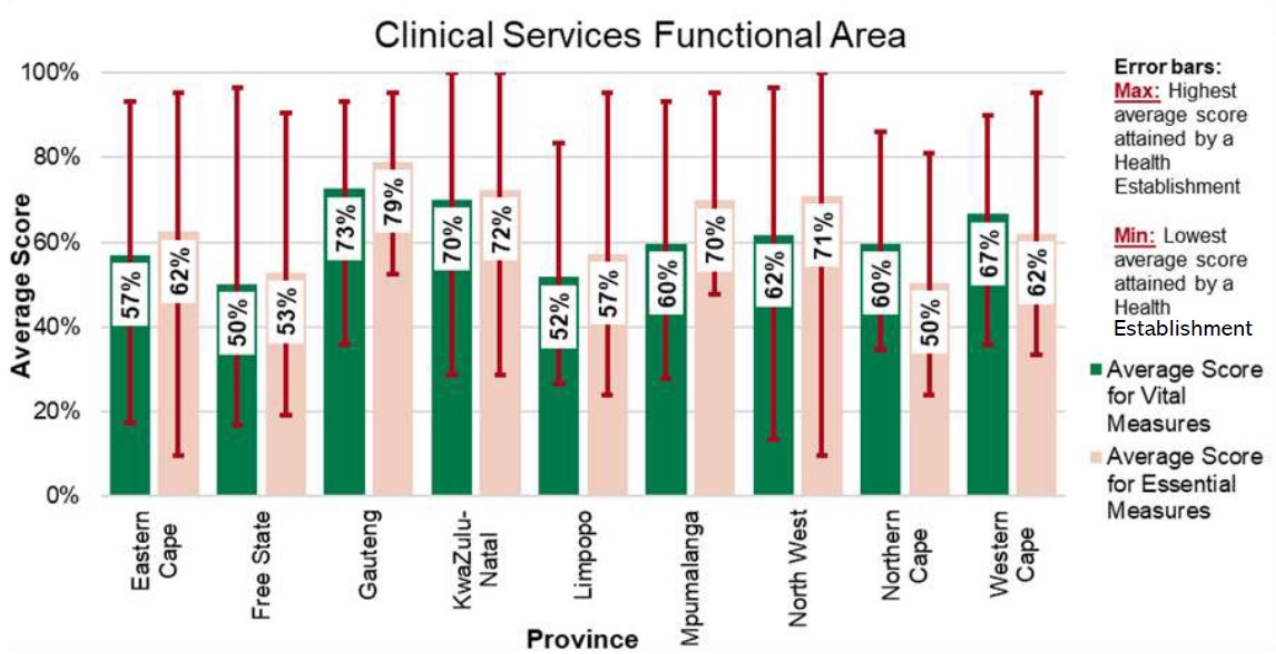


FIGURE 16: CLINICAL SERVICES FUNCTIONAL AREA

Table 4 below shows the top ten most common non-compliant measures in the Clinical Services FA in both compliant and non-compliant HEs. The most non-compliant measure was the fully stocked Emergency Trolley as demonstrated in Table 3 above. Clinical assessments of users were not fully recorded, including referral documentation. The HEs reported a lack of basic medical consumables, essential equipment, and other equipment for cleaning.

TABLE 4: LIST OF TOP 10 NON-COMPLIANT MEASURES PER FUNCTIONAL AREA IN BOTH THE COMPLIANT AND NON-COMPLIANT HES, CLINICAL SERVICES.

Clinical Services				
Measure Name	Non-Compliant HE		Compliant HE	
	% (Count) N = 307	Rank	% (Count) N = 80	Rank
2.3.2.1.1.3 CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	97.1% (298)	1	N/A	N/A
2.2.1.2.2.1 CHECKLIST: Clinical assessment and management plan for the user is recorded in the user record.	95.8% (294)	2	90.0% (72)	2
2.3.1.1.1.1 CHECKLIST: Basic medical supplies (consumables) are available.	95.4% (293)	3	71.3% (57)	4
2.2.1.2.2.2 CHECKLIST: Clinical assessment and management plan for the patient is recorded in the patient record. (Paediatric care).	94.8% (291)	4	91.3% (73)	1
2.2.1.1.1.1 CHECKLIST: The health establishment complies with health records management guidelines.	93.5% (287)	5	78.8% (63)	3
2.3.2.1.1.2 CHECKLIST: The emergency room or resuscitation room is equipped with functional basic resuscitation equipment.	86.6% (266)	6	31.3% (25)	10
2.2.2.1.2.1 CHECKLIST: Disinfectant cleaning materials and equipment are available.	85.7% (263)	7	67.5% (54)	5
CHECKLIST: Essential equipment is available and functional in consultation areas.	76.5% (235)	8	23.8% (19)	14
CHECKLIST: Clinical assessment and management plan for the patient is recorded in the patient record (maternal health care).	69.1% (212)	9	42.5% (34)	6
CHECKLIST: There is a referral register that records referred users which includes the details listed below.	69.1% (212)	10	38.8% (31)	7

6.10.3 Dispensary/Medicine cupboard

The Dispensary/Medicine Room is the highest performing of the 4 Functional Areas, across all provinces. As is the case with the other FAs, there is a variation in the scores of individual HEs within provinces between the maximum and minimum scores (refer to Figure 18).

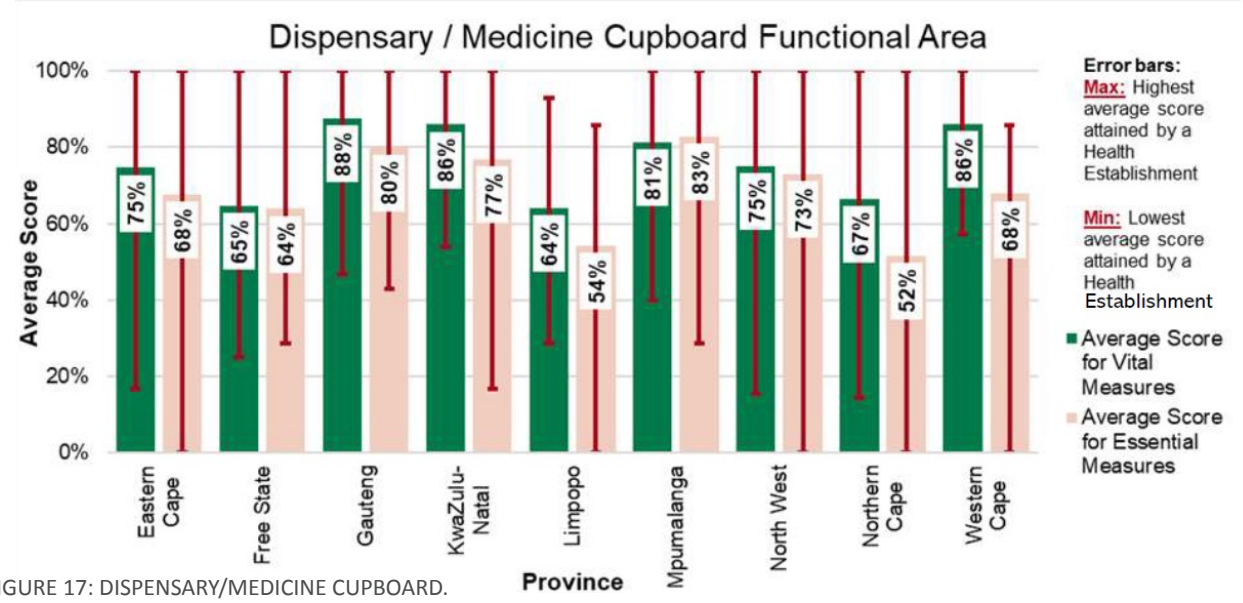


FIGURE 17: DISPENSARY/MEDICINE CUPBOARD.

Table 5 below, depicts the top ten non-compliant measures in the Dispensary / Medicine Cupboard FA. The most commonly failed measures in the Dispensary/Medicine Cupboard relate to the unavailability and non-implementation of standard operating procedures for the management of medicines. A total of 54.4% of all the 307. Non-Compliant health establishments did not meet the requirement to demonstrate that stock takes of medicines were done in the last 12 months. The performance in relation to these two measures is concerning as it implies deficiencies in the management of medicines.

TABLE 5: LIST OF TOP 10 NON-COMPLIANT MEASURES PER FUNCTIONAL AREA, DISPENSARY / MEDICINE CUPBOARD.

Dispensary / Medicine Cupboard				
Measure Name	Non-Compliant HE		Compliant HE	
	% (Count) N = 307	Rank	% (Count) N = 80	Rank
3.3.1.1.1.1 CHECKLIST: The standard operating procedure for management of medicines is available.	70.7% (217)	1	41.3% (33)	1
3.3.1.1.1.4 There is evidence that a stock take of medicine was done in the last 12 months.	54.4% (167)	2	21.3% (17)	2
3.2.3.1.1.1 CHECKLIST: Hand washing facilities are available.	42.7% (131)	3	16.3% (13)	3
3.2.2.1.1.3 All work completed is signed off by the cleaners.	40.4% (124)	4	10.0% (8)	6
3.2.2.1.1.2 Cleaning is carried out in accordance with the schedule.	37.8% (116)	5	5.0% (4)	14
3.2.2.1.1.4 All work completed is verified by the clinic manager or a delegated member of personnel.	37.5% (115)	6	8.8% (7)	8
3.3.1.1.1.5 The register for schedule 5 and 6 medicines is completed correctly.	33.9% (104)	7	8.8% (7)	8
3.2.2.1.1.5 CHECKLIST: The Dispensary/Medicine room is clean.	33.6% (103)	8	7.5% (6)	10
3.3.1.1.1.5 Schedule 5 and 6 medicines in stock correspond with the balance recorded in the register.	33.2% (102)	9	12.5% (10)	4
3.2.2.1.1.1 A cleaning schedule for the Dispensary/Medicine room is available.	31.6% (97)	10	2.5% (2)	18

6.10.4 Maintenance support

Figure 6 below depicts the top ten non-compliant measures in the Maintenance Support FA, with non-compliance to the building's safety regulations at the top with 96.4% and a non-functional sewerage system at number 10 with 14.3%. The performance trend in this FA also shows that there is a huge variation in the performance of individual HEs within provinces, as demonstrated by the error bars in Figure 18.

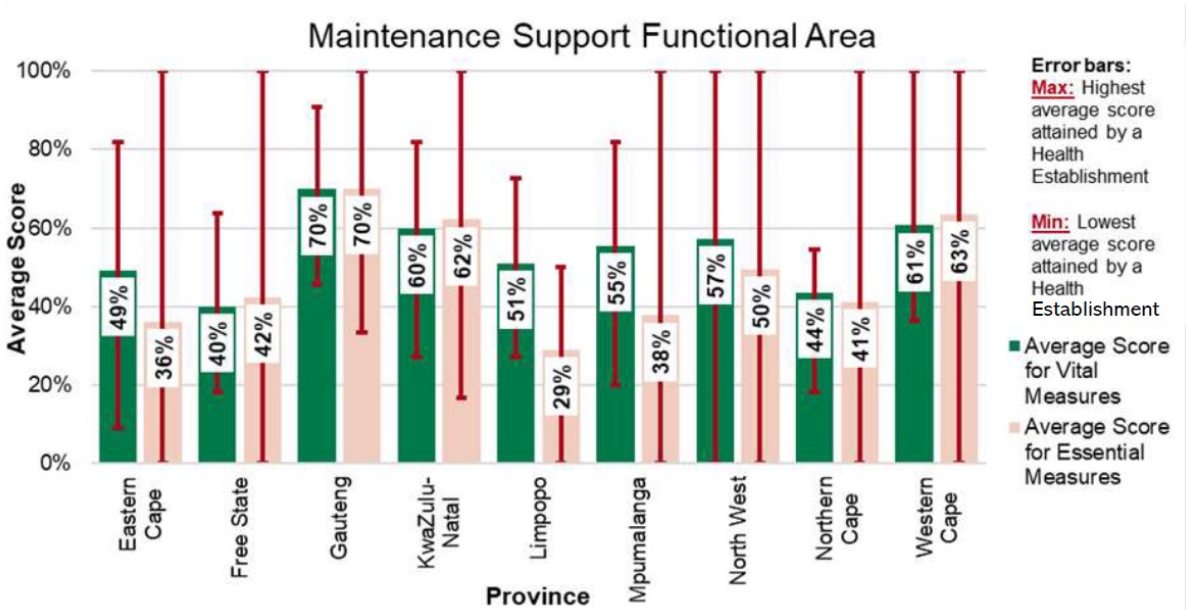


FIGURE 18: MAINTENANCE SUPPORT FUNCTIONAL AREA.

HEs are often found operating in buildings that do not comply with safety regulations, i.e., fire safety. There is a history of a lack of maintenance of the buildings and grounds in all provinces. Over 217 HEs that achieved a non-compliant status overall did not have access to a backup electricity supply.

TABLE 6: LIST OF TOP 10 FAILED MEASURES PER FUNCTIONAL AREA, MAINTENANCE SUPPORT.

Maintenance Support				
Measure Name	Non-Compliant HE		Compliant HE	
	% (Count) N = 307	Rank	% (Count) N = 80	Rank
4.5.1.1.1.1 CHECKLIST: The building(s) complies with safety regulations.	96.4% (296)	1	86.3% (69)	1
4.5.1.1.2.1 The maintenance schedule for building(s) and grounds is available.	91.2% (280)	2	65.0% (52)	3
4.5.1.1.2.2 CHECKLIST: Observe if the areas of the building(s) listed below are maintained.	90.2% (277)	3	57.5% (46)	4
4.5.2.1.1.4 CHECKLIST: The back-up electricity supply system is tested and maintained.	87.0% (267)	4	77.5% (62)	2
4.2.1.1.1.1 CHECKLIST: The healthcare risk waste intermediate/temporary storage area complies with the minimum requirements listed below.	82.4% (253)	5	43.8% (35)	6
4.5.2.1.1.3 The health establishment has access to back-up electricity supply system in case of power supply disruptions.	70.7% (217)	6	56.3% (45)	5
4.5.1.1.1.2 Fire extinguishing devices are serviced annually.	28.3% (87)	7	10.0% (8)	8
4.5.2.1.1.2 The health establishment has access to emergency water supply in case of water supply interruptions.	28.0% (86)	8	18.8% (15)	7
4.2.1.1.1.2 There is safe disposal of general waste.	27.0% (83)	9	7.5% (6)	9
4.5.2.1.1.5 The sewerage system is functional.	14.3% (44)	10	N/A	N/A

6.11 OVERALL PERFORMANCE OUTCOMES ON DOMAINS

A domain is defined as "an aspect of service delivery where quality or safety can be at risk." Service delivery is one of the six building blocks of the health system identified by the World Health Organization (WHO). According to the WHO Health Systems Framework (Figure 19 below), service delivery must be of high quality and include aspects of safety in addition to improved access and coverage to produce positive health outcomes.

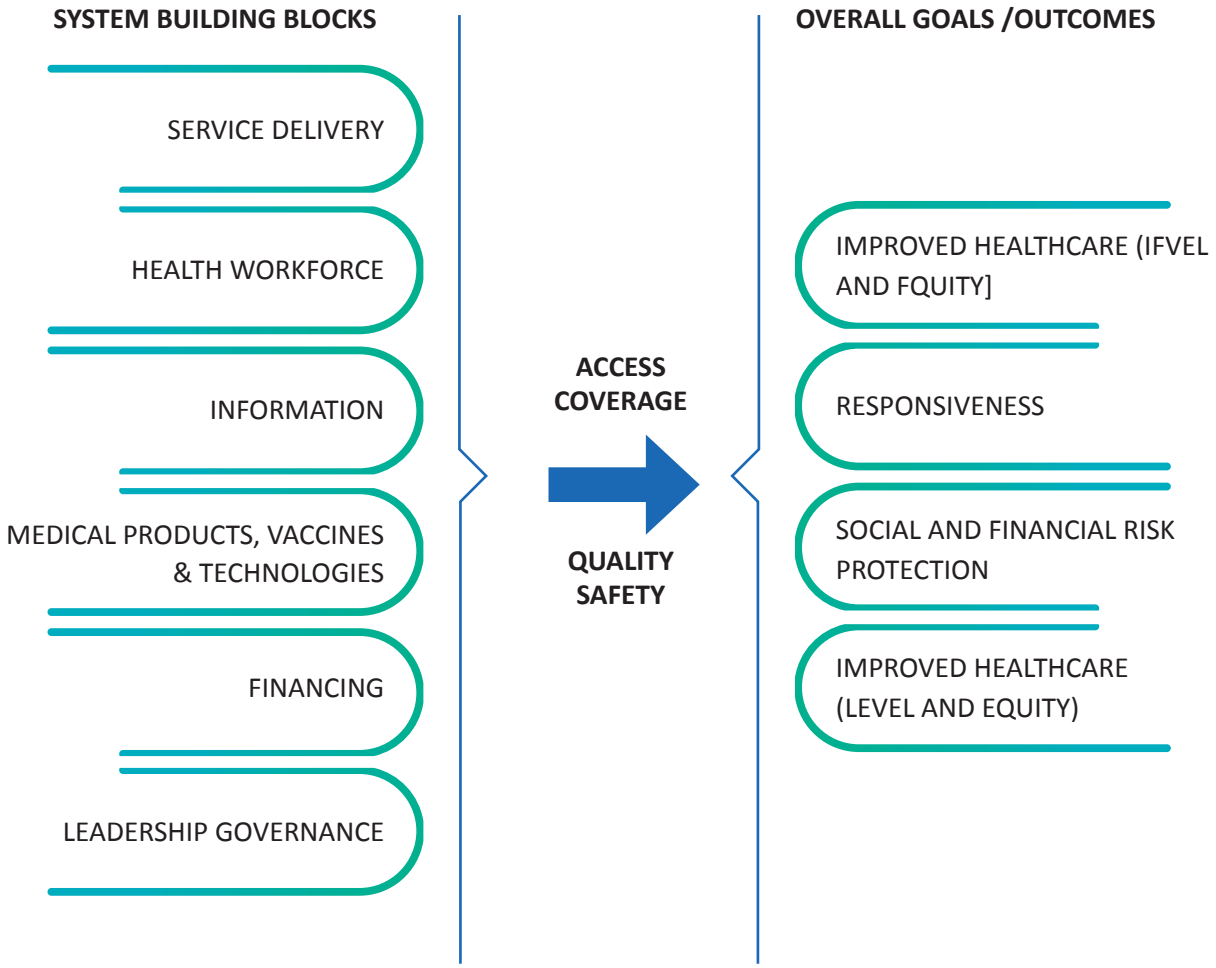


FIGURE 19: WHO HEALTH SYSTEMS FRAMEWORK.

The implementation of norms and standards regulations for the health system provides guidance to HEs on what systems, processes and procedures need to be in place to ensure quality and safety for healthcare users and staff. The domains include:

- **Clinical Governance and Clinical Care**
  Clinical Governance assesses the availability of structures and processes that guide and oversee the organisation of the clinical service delivery platform. On the other hand, Clinical Care looks at actual service delivery aspects such as the availability and implementation of existing clinical guidelines for the management of common clinical conditions.

  Some of the important aspects of this

domain include the management of users' healthcare records. The gaps that are found in relation to user records include incomplete entries, entries that are not legible, and incomplete clinical assessment plans. These challenges are contributing to complaints and medico-legal risks

- **Clinical Support Services**

  This domain includes all the services that support the clinical management of the patient such as pharmacy, rehabilitation services, the management of medical equipment and medical consumables (supply chain systems, health technology, and maintenance).

  In the HEs that were inspected, some of the essential medicines were not available at the time of the inspection and the HEs could not demonstrate the contingency plans to access such medication. Policies that guide the management of medicines are not adhered to. Medical equipment is not serviced according to the manufacturer's instructions. Therefore, inspections revealed that the existing medical equipment is often not functional.

  However, notwithstanding the challenges and gaps outlined, when compared to other domains, Clinical Support Services is the best performing domain. This is attributed to the good scores achieved by the dispensary/medicine cupboard functional area.

- **Facilities and Infrastructure**

  This domain covers the safety requirements of buildings where services are rendered. These can be formal or temporary structures and may form a whole or part of a HE. The HE structures that is not fit for purpose may pose safety hazards and risks to both users and personnel. Compliance with safety regulations is paramount and was found to be lacking in the inspected HEs. The finding was witnessed by among others the unavailability of maintenance schedules, unavailability of building regulations compliance certificates, the lack of maintenance of buildings and grounds, the unavailability of water and electricity back-up supply systems, and the lack of maintenance of the fire safety equipment and back-up electricity emergency supply systems.

- **Governance and Human Resources**

  Governance refers to the accounting authority of the HE management and relevant committees set up for this function. The availability and functionality of clinic committees, availability of staff according to the staffing needs of the HE occupational health and safety risks and mitigating strategies as well as how all these aspects are managed by the person in charge. Occupational health and safety is a regulated process; however, this aspect of the law is not complied with. The Governance and Human Resources domain was found to be the lowest performing across all provinces. Average scores for this domain were below 50% for all provinces..

- **User Rights**

  Users are any individuals who receive healthcare services at the HE. Users must be provided with information relating to the health care services provided by the health establishment, access to emergency medical transport when users require to be transferred to another HE and the HE's complaints management system. The

performance of the User Rights domain is generally good across all provinces except for the Northern Cape where the score was 47%. Referral systems vary from province to province and are often not well documented in policies and procedures.

Figure 20 depicts performance outcomes by domain. Aspects of healthcare service delivery included in the Norms and Standards Regulations for the Different Categories of Health Establishments are Clinical Governance and Clinical Care, Clinical Support Services, Facilities and Infrastructure, Governance and Human Resources, as well as User Rights.

The highest performing domain is Clinical Support Services followed closely by User Rights while the lowest performing domain is Governance and Human Resources. Governance and human resources are critical inputs into the health system that impact service delivery, including the ability to provide quality care.

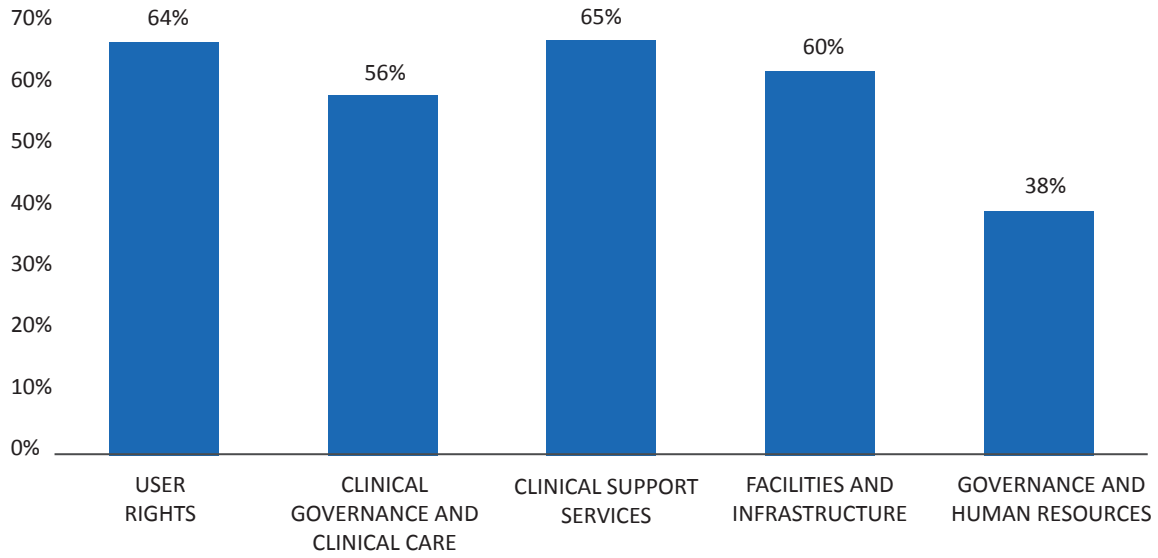


FIGURE 20: PERFORMANCE OUTCOME ON DOMAINS NATIONALLY.

6.12 PERFORMANCE OUTCOME ON DOMAINS BY PROVINCE

Figure 21 below shows the average domain scores obtained by the inspected HEs per province.

Province (n)	User Rights	Clinical Governance and Clinical Care	Clinical Support Services"	Facilities and Infrastructure	Governance and Human Resources
Eastern Cape (n=88)	58.00%	52.00%	61.00%	60.00%	36.00%
Free State (n=28)	56.00%	44.00%	56.00%	35.00%	26.00%
Gauteng (n=42)	79.00%	69.00%	79.00%	71.00%	45.00%
KwaZulu-Natal (n=66)	74.00%	65.00%	77.00%	63.00%	43.00%
Limpopo (n=53)	57.00%	46.00%	51.00%	61.00%	31.00%
Mpumalanga (n=34)	67.00%	60.00%	66.00%	66.00%	49.00%
Northern Cape (n=17)	67.00%	58.00%	66.00%	60.00%	38.00%
North West (n=34)	47.00%	42.00%	52.00%	39.00%	29.00%
Western Cape (n=25)	65%	64.00%	65.00%	66.00%	47%

FIGURE 21: PERFORMANCE OF DOMAINS PER PROVINCE.

Table 7 below identifies the top non-compliant measures in each of the five domains. The table outlines the specific measures for which most of the HEs did not meet the specific requirements and thus should assist the authorities in having a clearer picture of the areas of gaps or challenges within the inspected HEs.

TABLE 7: TOP 5 NON-COMPLIANT MEASURES BY DOMAINS.

Domains	Measure Number/Names	Non-compliant measures per domain in HEs N (%)
USER RIGHTS	1.1.2.1.3.1 Professional nurses have received training in Basic Life Support (BLS).	347 (89.7%)
	1.1.2.1.2.3 The health establishment reports delays in Emergency Medical Service response times to the relevant authority.	264 (68.2%)
	2.1.2.2.1.1 CHECKLIST: There is a referral register that records referred users which includes the details listed below.	243 (62.8%)
	2.1.2.2.2.1 CHECKLIST: The health records of the last three users referred out of the health establishment contain copies of a referral letter sent to the receiving health establishment.	189 (48.8%)
	1.1.1.1.1.1 CHECKLIST: Complaints records reflect compliance with the National Guideline to Manage Complaints Compliments and Suggestions in the Public Health Sector in South Africa	173 (44.7%)
CLINICAL GOVERNANCE AND CLINICAL CARE	2.2.1.2.2.1 CHECKLIST: Clinical assessment and management plan for the user is recorded in the user record.	366 (94.6%)
	2.2.1.2.2.2 CHECKLIST: Clinical assessment and management plan for the patient is recorded in the patient record. (Paediatric care).	364 (94.1%)
	2.2.1.1.1.1 CHECKLIST: The health establishment complies with health records management guidelines.	350 (90.4%)
	1.2.2.1.3.2 CHECKLIST: Training is provided to professional nurses on clinical guidelines.	329 (85.0%)
	2.2.2.1.2.1 CHECKLIST: Disinfectant cleaning materials and equipment are available.	317 (81.9%)
CLINICAL SUPPORT SERVICES	2.3.1.1.1.1 CHECKLIST: Basic medical supplies (consumables) are available.	351 (90.7%)
	2.3.2.1.1.3 CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	298 (77.0%)
	2.3.2.1.1.2 CHECKLIST: The emergency room or resuscitation room is equipped with functional basic resuscitation equipment.	293 (75.7%)
	2.3.2.1.1.1 CHECKLIST: Essential equipment is available and functional in consultation areas.	254 (65.6%)
	3.3.1.1.1.1 CHECKLIST: The standard operating procedure for the management of medicines is available.	250 (64.6%)

Domains	Measure Number/Names	Non-compliant measures per domain in HEs N (%)
FACILITIES AND INFRASTRUCTURE	4.5.1.1.1.1 CHECKLIST: The building(s) complies with safety regulations.	365 (94.3%)
	4.5.1.1.2.1 The maintenance schedule for building(s) and grounds is available.	333 (86.0%)
	4.5.2.1.1.4 CHECKLIST: The back-up electricity supply system is tested and maintained.	330 (85.3%)
	4.5.1.1.2.2 CHECKLIST: Observe if the areas of the building(s) listed below are maintained.	324 (83.7%)
	4.5.2.1.1.3 The health establishment has access to back-up electricity supply system in case of power supply disruptions.	262 (67.7%)
GOVERNANCE AND HUMAN RESOURCES	1.4.1.1.1.1 CHECKLIST: There is a functional Clinic Committee.	364 (94.1%)
	1.4.2.1.1.2 Personnel are appointed in line with the determined requirements.	355 (91.7%)
	1.4.3.1.1.3 Risk mitigation interventions are implemented for identified risks.	294 (76.0%)
	1.4.2.1.1.1 Staffing needs have been determined in line with workload requirements.	274 (70.8%)
	1.4.3.1.1.2 An occupational health and safety risk assessment has been conducted in the past two years.	252 (65.1%)

6.13 PERFORMANCE OF STANDARDS BY DOMAINS

Figures 23 to 27 below show average or aggregate performance on measures at the level of standards per domain across all inspected HEs. The information in the five figures below together with the information in Table 7, identify specific areas that need improvement to assist the HEs in meeting the requirements for the provision of good quality healthcare services and thereby comply with certification.

6.13.1 User rights

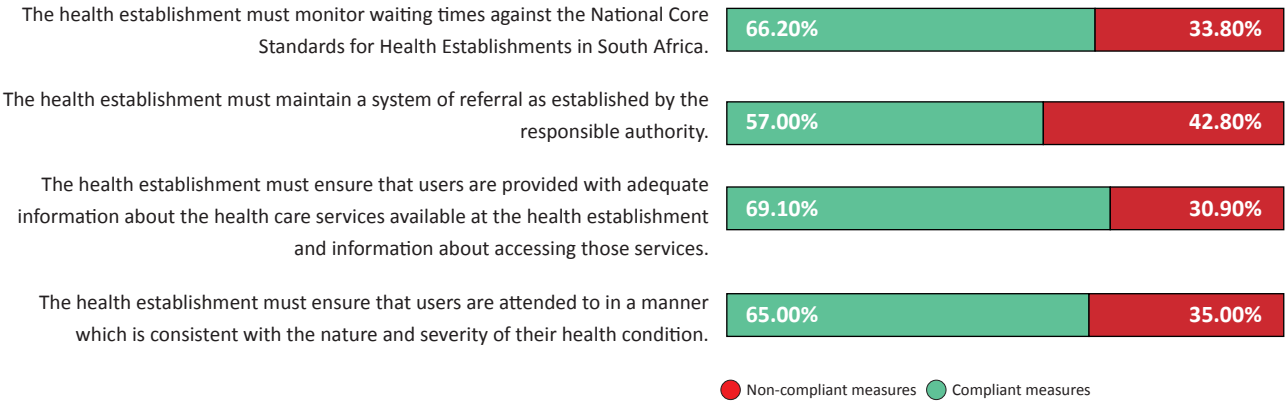


TABLE 8: PERFORMANCE ON STANDARDS BY USER RIGHTS DOMAIN

6.13.2 Clinical governance and clinical care

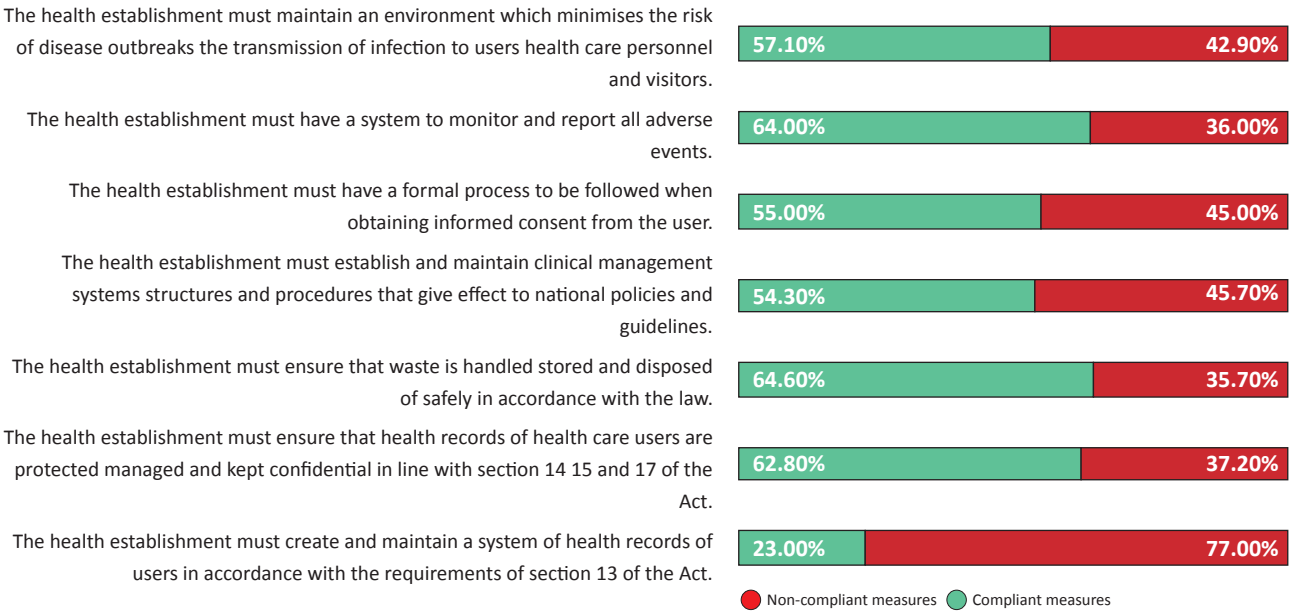


FIGURE 22: PERFORMANCE ON STANDARDS BY CLINICAL GOVERNANCE AND CARE DOMAIN.

6.13.3 Clinical support services

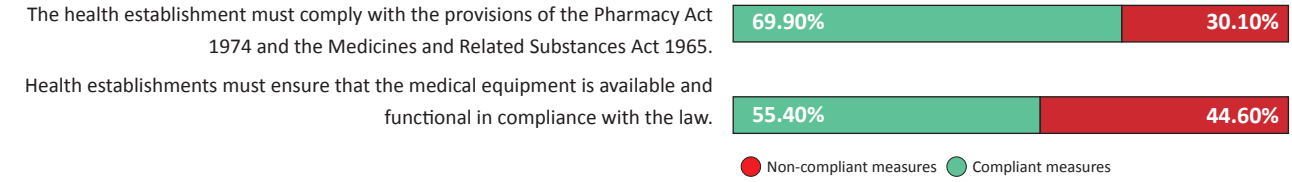


FIGURE 23: PERFORMANCE ON STANDARDS BY CLINICAL SUPPORT SERVICES DOMAIN

6.13.4 Facilities and infrastructure

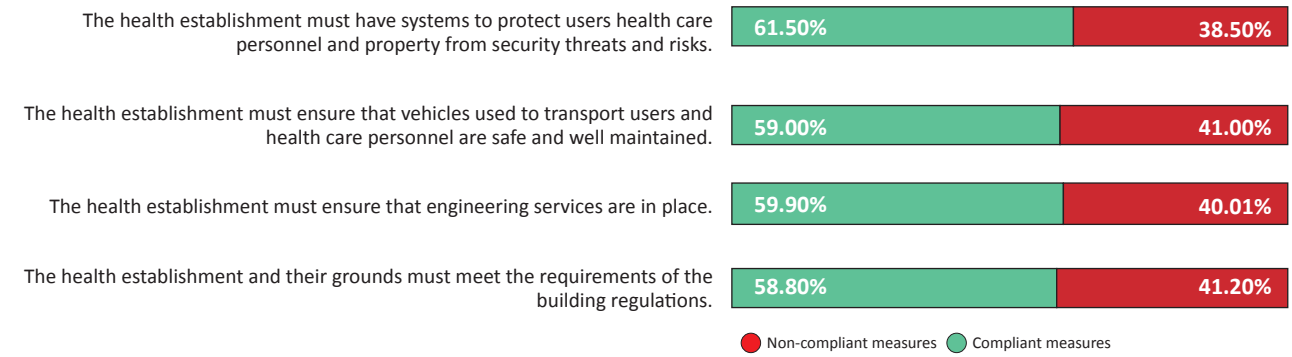


FIGURE 24: PERFORMANCE ON STANDARDS BY FACILITIES AND INFRASTRUCTURE DOMAIN

6.13.5 Governance and human resources

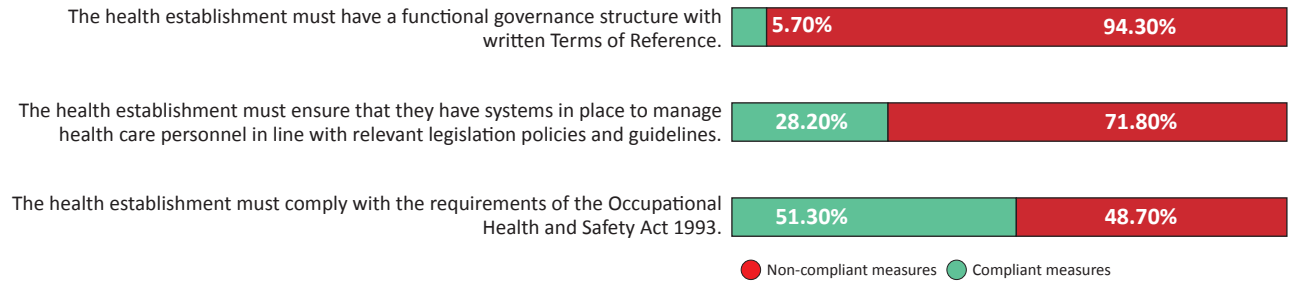


FIGURE 25: PERFORMANCE ON STANDARDS BY GOVERNANCE AND HUMAN RESOURCES DOMAIN

7 LIMITATIONS

The number of inspections conducted was influenced by the declaration of National Disaster Regulations enforced during the global COVID-19 pandemic.

8 RECOMMENDATIONS

Based on the performance of inspected health establishments in the period under review, the OHSC makes the following recommendations:

1. The district and provincial managers should provide support to all non-compliant HEs in their provinces to develop and implement QIPs to address the deficiencies and the monitoring thereof.
2. The contents of the emergency trolley require urgent and closer attention by HE managers to ensure that HEs are ready to manage medical emergencies. In addition to the emergency trolley NNV, there needs to be an overall focus on supporting HEs to comply with all three NNVs as a substantive proportion of HEs would have achieved compliant status had they met 100% of the NNV requirements.
3. The provinces, districts, and HEs' managers should read the report in detail, identify all measures with high rates of non-compliance and support HEs in developing and overseeing the implementation of quality improvement plans (QIPs).
4. There are many other systemic deficiencies in the system such as leadership and governance, clinical audits, and user record management that require strengthening to improve the functioning of the system.
5. Documentation audits should be conducted bi-annually to assess the completion of clinical notes. The findings of such audits must inform quality improvement programmes to mitigate against medicolegal and other risks..

9 CONCLUSION

The HEs inspected in the country generally performed sub-optimally with an overall compliance rate of 20.7% of the 387 inspected HEs in FY 2020/21 across all nine provinces. The non-compliance with the NNV measure on the emergency trolley had a significant impact on the overall compliance rate in the country. The main deficiencies were found in the Clinic Manager Functional Area and the Governance and Human Resources domain.

The provinces, districts, and HEs will need to study the report in detail and come up with quality improvement plans to address the identified challenges in the health system. Quality improvement work is an ongoing process that must be initiated and sustained to ensure that more HEs in the country meet the compliance inspection requirements and become certified as compliant. The required quality improvement work will ensure that the province's HEs can provide high-quality, safe healthcare to the people of the Eastern Cape. Districts and provincial managers are called upon to implement comprehensive health system interventions and continuous monitoring, to address the issues highlighted in this report.

The performance of inspected HEs against the promulgated norms and standards regulations suggest the existence of serious gaps and deficiencies in the provision of good quality and safe healthcare services in these facilities. In addition, the low compliance rate is of concern taking into consideration the fact that certification of health establishments is envisaged to be a prerequisite for accreditation and subsequently contracting of HEs with the NHI Fund once the NHI comes into force in the country.

10 ANNEXURES

CERTIFICATION OF HEALTH ESTABLISHMENTS

– BACKGROUND

In terms of section 79 of the National Health Act, 2003 (Act No. 61 of 2003) ("the Act") the OHSC is mandated to "inspect and certify health establishments as compliant or non-compliant with the norms and standards. The norms and standards for different categories of health establishments were promulgated in February 2018 and came into effect in February 2019. Section 79(1)(f) of Act further requires the OHSC to publish information relating to norms and standards through the media and where appropriate, to specific communities.

This section of the report covers the compliance certificates issued to health establishments which were inspected in the 2020/21 financial year, however, not all inspected health establishments will be reported as some of the reports may be finalised in the outer financial year. The list of health establishments in the Annexure is those establishments which were certified between April and September 2021. The OHSC is required to issue compliance certificates within 15 days from the date of a recommendation by an Inspector.

– PROCESS FOLLOWED TOWARDS CERTIFICATION

The following process is followed towards certification of health establishments:

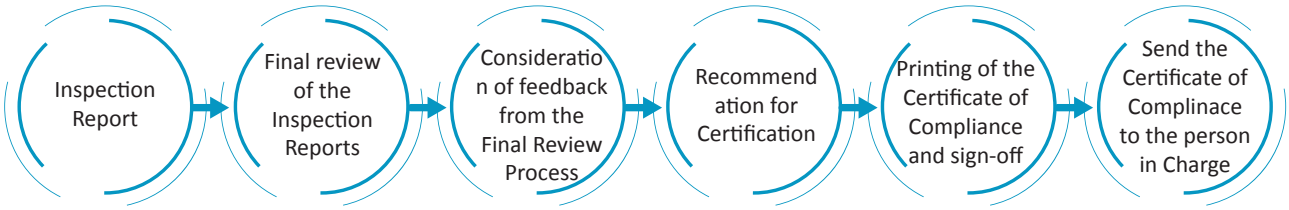


Figure 26: Process followed towards certification

- **CONDITIONS FOR CERTIFICATION**

OHSC will certify health establishments as compliant when they attain Excellent, Good & Satisfactory grading, provided they have met all the Non-Negotiable Vitals designated within vitals.

1. A certificate of compliance issued by the OHSC is valid for a period of **4 years** and is subject to renewal. However, health establishments are required in terms of regulation 19 of the regulations to, within a period of not more than six months before the expiry of the compliance certificate, apply to the OHSC for renewal of a certificate of compliance.
2. Any compliance notice issued against a certified health establishment suspends the validity of a certificate of compliance until the conditions set out in the said compliance notice are fulfilled (Regulation 20 (2)).

In the reporting period from April 2020 to September 2021, the OHSC issued 32 certificates of compliance. However, there were no hearings conducted during the reporting period.

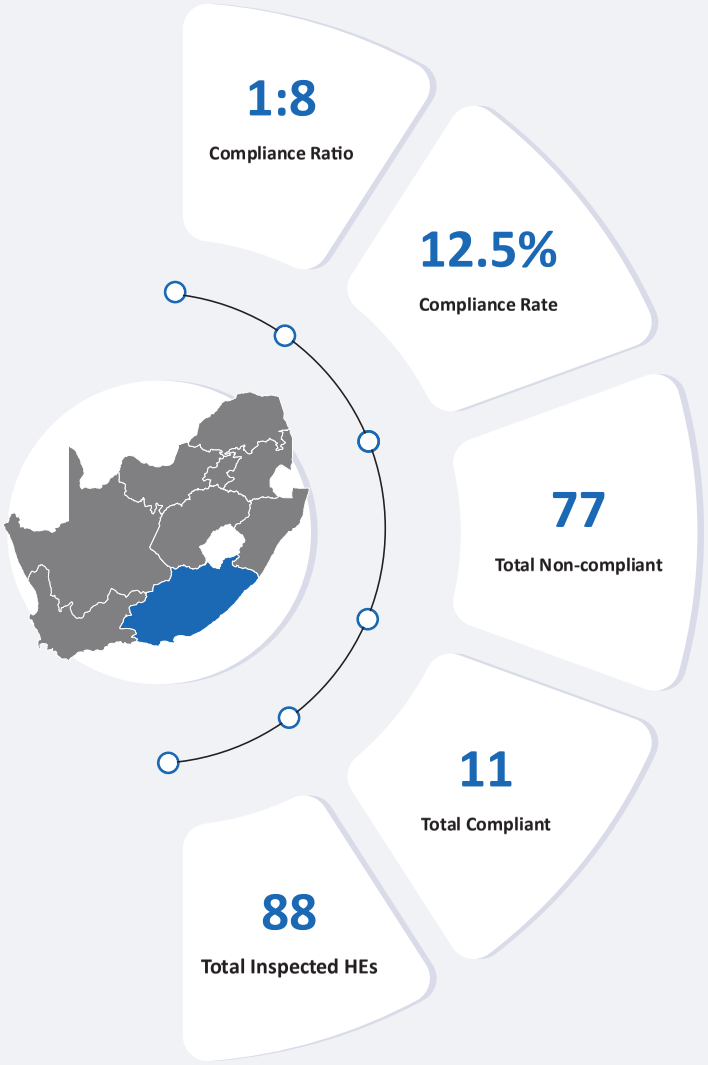
TABLE 9: CERTIFICATE OF COMPLIANCE ISSUED TO HES

	PROVINCE	NAME OF HEALTH ESTABLISH-MENT	GRADING	BAR CODE	DATE OF CERTIFICATION
1	Gauteng	Calcot clinic	Excellent	OHSC-000003	15-Aug-20
2	Gauteng	Duduza Clinic	Excellent	OHSC 000006	15-Oct-20
3	Gauteng	Danville Clinic	Excellent	OHSC-000025	15-Oct-20
4	Gauteng	Skinner Clinic	Excellent	OHSC-000005	15-Oct-20
5	Gauteng	Kameeldrift Clinic	Excellent	OHSC-000013	15-Oct-20
6	Gauteng	Carletonville Clinic	Excellent	OHSC-000004	15-Oct-20
7	Gauteng	Fochville Clinic	Excellent	OHSC-000009	15-Oct-20
8	Gauteng	Gazankulu Clinic	Excellent	OHSC-000010	15-Oct-20
9	Gauteng	Phomolong Clinic	Excellent	OHSC-000020	15-Oct-20
10	Gauteng	Sausville Clinic	Excellent	OHSC-000023	15-Oct-20
11	Gauteng	Holani Clinic	Excellent	OHSC-000011	15-Oct-20
12	Gauteng	Mamelodi west clinic	Excellent	OHSC-000015	15-Oct-20
13	Gauteng	Nellmapius Clinic	Excellent	OHSC-000018	15-Oct-20
14	Gauteng	Stanza Bopape Clinic	Excellent	OHSC-000023	15-Oct-20
15	Gauteng	Mpumelelo Clinic	Excellent	OHSC-000038	16-Nov-20
16	Kwazulu-Natal	Ibisi Clinic	Excellent	OHSC-000012	15-Oct-20
17	Kwazulu-Natal	Mvubukazi Clinic	Excellent	OHSC-000016	15-Oct-20
18	Kwazulu-Natal	Riverside Clinic	Excellent	OHSC-000030	15-Oct-20
19	Kwazulu-Natal	Ntimbankulu Clinic	Excellent	OHSC-000019	15-Oct-20
20	Kwazulu-Natal	Lamontiville Clinic	Excellent	OHSC-000014	15-Oct-20
21	Kwazulu-Natal	Umlazi K Clinic	Excellent	OHSC-000052	15-Oct-20
22	Kwazulu-Natal	Eastwood clinic	Excellent	OHSC-000008	15-Oct-20
23	Kwazulu-Natal	Umzimkhulu Clinic	Excellent	OHSC-000051	15-Oct-20
24	Kwazulu-Natal	Trenance Clinic	Excellent	OHSC-000031	09-Nov-20
25	Kwazulu-Natal	Merebank Clinic	Excellent	OHSC-000036	09-Nov-20
26	Kwazulu-Natal	Umzomuhle Clinic	Excellent	OHSC-000032	09-Nov-20
27	Kwazulu-Natal	St. Margarets Clinic	Excellent	OHSC-000033	09-Nov-20
28	Kwazulu-Natal	Ohwebede clinic	Excellent	OHSC-000035	09-Nov-20
29	Kwazulu-Natal	Verulam Clinic	Excellent	OHSC-000029	15-Oct-20
30	Kwazulu-Natal	Ottawa Clinic	Excellent	OHSC-000037	09-Nov-20
31	Mpumalanga	Eastdane clinic	Excellent	OHSC - 000007	15-Oct-20
32	Mpumalanga	Simunye clinic	Excellent	OHSC - 000024	15-Oct-20

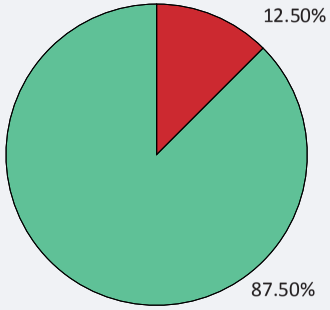
EASTERN CAPE

SUMMARY OF INSPECTED HEALTH ESTABLISHMENTS OUTCOMES IN IN EASTERN CAPE PROVINCE F/ 2020/21

Figure 1: Summary of inspected health establishments in Eastern Cape Province FY 2020/21

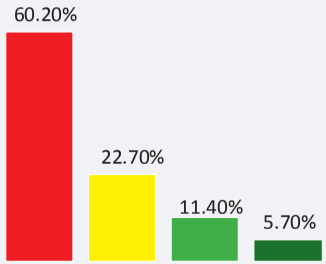


Compliance status outcome



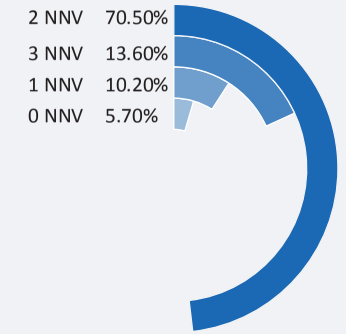
Of all 88 inspected HEs in the province, 12.5% (n=11) met the compliance requirements.

Overall grading outcome



The grading of health establishments is applied to both compliant and non compliant HEs. The majority of non-compliant HEs, (65.5%) were graded as unsatisfactory

Performance of NNV



Non-negotiable vital (NNVs) measures are those measures that a health establishment must score 100% to be certified compliant. The majority of HEs (70.5%) complied with 2 NNVs.

Overall grading per district

District	Total inspected	Compliance rate	Overall grading			
			Excellent	Good	Satisfactory	Unsatisfactory
ec Alfred Nzo District Municipality	8	12.50%	0.00%	50.00%	12.50%	37.50%
ec Amathole District Municipality	16	0%	0.00%	0.00%	12.50%	87.50%
ec Buffalo City Metropolitan Municipality	8	12.50%	0.00%	37.50%	25.00%	37.50%
ec Chris Hani District Municipality	16	12.50%	6.30%	0.00%	18.80%	75.00%
ec Joe Gqabi District Municipality	8	12.50%	0.00%	0.00%	62.50%	37.50%
ec Nelson Mandela Bay Municipality	8	12.50%	0.00%	12.50%	12.50%	75.00%
ec Oliver Tambo District Municipality	16	12.50%	12.50%	12.50%	12.50%	62.50%
ec Sarah Baartman District Municipality	8	37.50%	25.00%	0.00%	50.00%	25.00%

Compliance: Non-compliant Compliant **Grading** Unsatisfactory Satisfactory Good Excellent

1. DISTRIBUTION OF HEALTH ESTABLISHMENTS (HEs) INSPECTED IN THE EASTERN CAPE PROVINCE PER DISTRICT

A total of 88 public sector health establishments (HEs) were inspected in the Eastern Cape (EC) province in the 2020/21 financial year as shown in Figure 1 below. The province constitutes the highest number of HEs inspected since the EC has proportionally the highest number of primary health care (PHC) health establishments in comparison to the other eight (8) provinces. All the HEs inspected are PHC clinics as the Office adopted a progressive and incremental approach in the implementation of the norms and standards regulations starting with the PHC clinics as the entry point and gateway into the rest of the health care system.

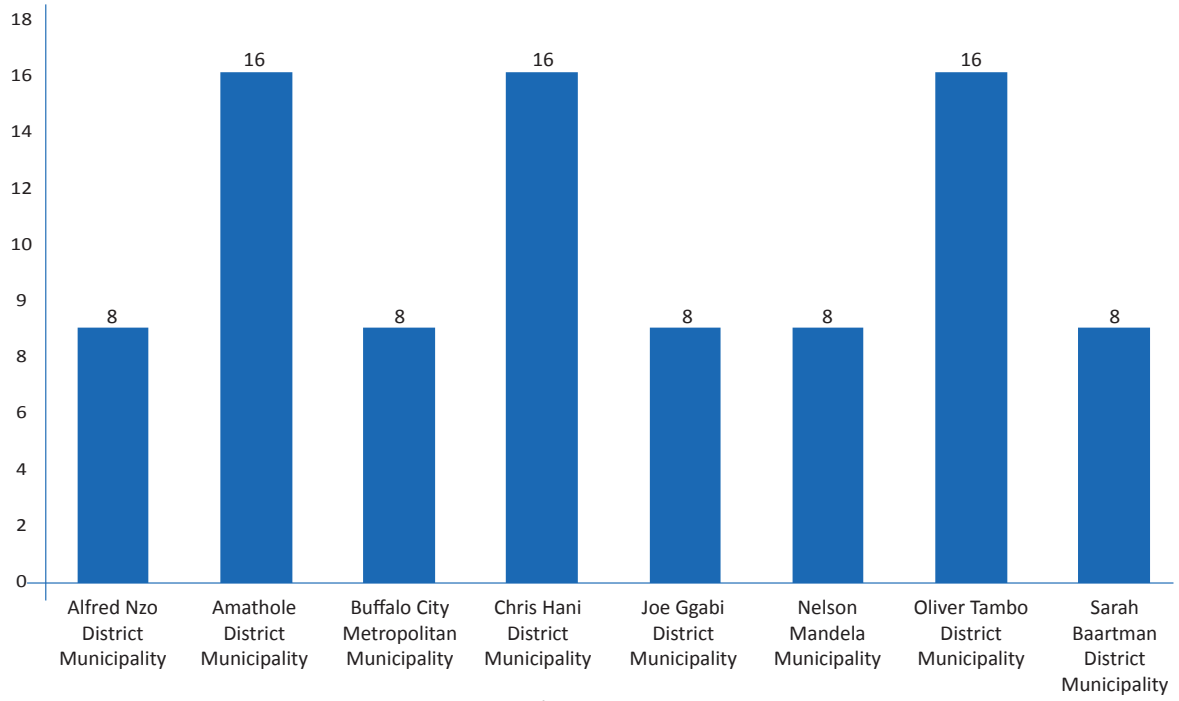


Figure 2: Total number of inspected HEs per district, FY 2020/21

Since the commencement of inspections against the promulgated norms and standards regulations for different categories of health establishments in the 2019/20 financial year, a cumulative total of 249 PHC clinics have been inspected in the province. This represents 32.8% of the total number of public sector PHC HEs (N= 760) in the province.

As was the case in the rest of the country, the number of inspections in the province declined by almost 50% in the 2020/21 financial year compared to the 2019/20 financial year due to the impact of the COVID-19 National State of Disaster Management restrictions.

Figure 3 below shows the breakdown of all inspections conducted in the province per district during the 2019/20 and 2020/21 inspection cycles. Inspections were conducted in all the districts within the province. For the two consecutive inspection cycles, the highest number of inspections in the province were conducted in the Amathole district (48), followed by Oliver Tambo district (41) and Chris Hani district (40). The reason for the high number of inspections in these three districts is because these districts have the highest number of HEs (proportionally) compared to the other districts. The remaining five (5) districts each had a total of 24 HEs that have been inspected in the two inspection cycles.

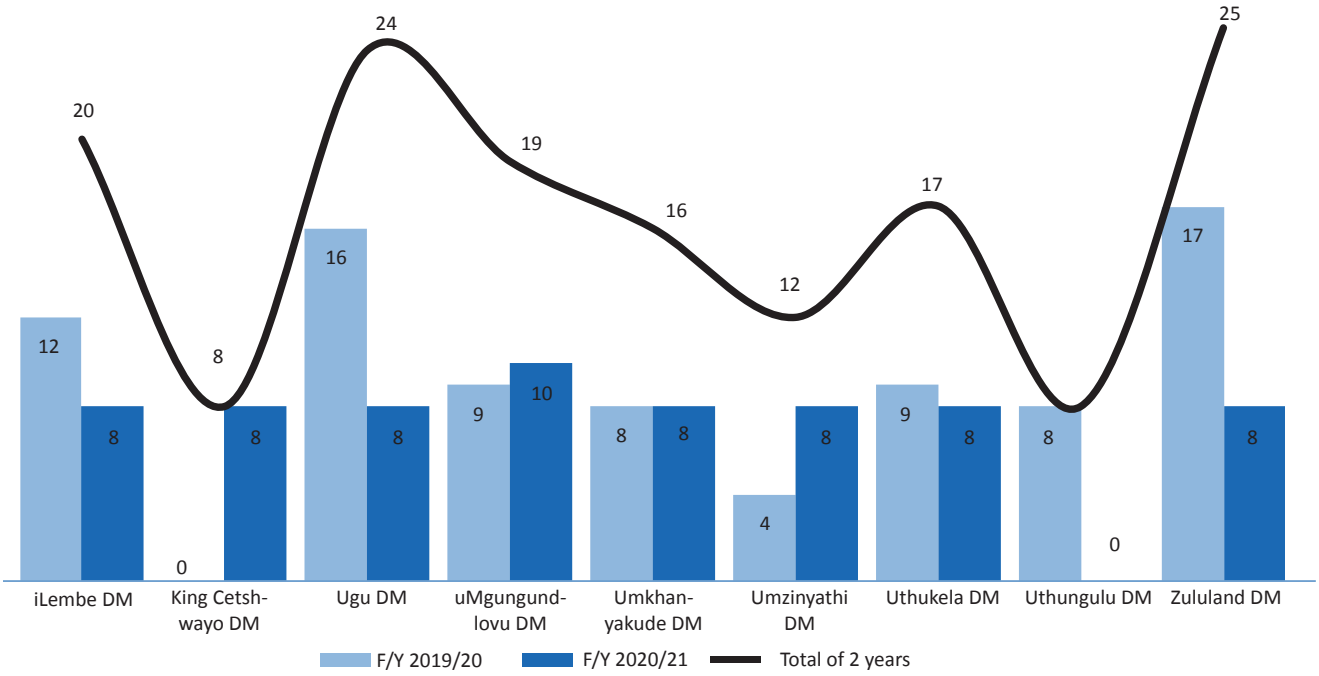


Figure 3: The breakdown of inspections conducted in the Eastern Cape province per district overtime

2. COMPLIANCE STATUS OUTCOME OF INSPECTED HEs, FY 2020 /21

The compliance status outcome is a result of collation of performance of a health establishment as determined by scores against the measures' requirements in the applicable inspection tool and processed according to the Compliance Status Framework (CSF). The scores are aggregated according to the various risk-rated measure categories to arrive at a grading outcome. Once a grading outcome is determined, the next step is to determine the performance of the health establishment on the non-negotiable vital (NNV) measures. A final decision on the compliance status outcome is then arrived at following taking into consideration the grading outcome and performance on NNV measures as outlined in the applicable CSF.

The measures in the inpection tool are risk-rated into 3 categories (essential, vital and non-negotiable vital measures). There are threshold cut-off levels for performance in each of the essential and vital risk-rated measure categories to determine grading outcome. There are four Grading outcome categories namely, Excellent, Good, Satisfactory, and Unsatisfactory. The NNV measures are those measures that a HE must fully comply with (score 100%) to be eligible for a compliant status, subject to the HE achieving the minimum thresholds in the other two (2) risk categories. Failure to comply with all NNVs automatically results in the HE being certified as non-compliant, irrespective of the grading outcome.

There are 3 NNVs in the PHC clinic inspection tool, made up of:

1) the emergency trolley be stocked with all the required medicines and equipment,
2) that an oxygen cylinder with a functional gauge be availabe, and
3) that the oxygen in the cylinder must be at or above the minimum level indicator.

Figure 4 below shows the overall compliance status outcome of the 88 HEs inspected in the province in the 2020/21 inspection cycle. Of the 88 inspected HEs in the province, 77 (87.5%) were found to be con-compliant, whilst 11 (12.5%) were found to be compliant with the norms and standards regulations. The compliance rate of 12.5% is higher than the compliance rate of 3.1% achieved in the FY 2019/20 inspection cycle.

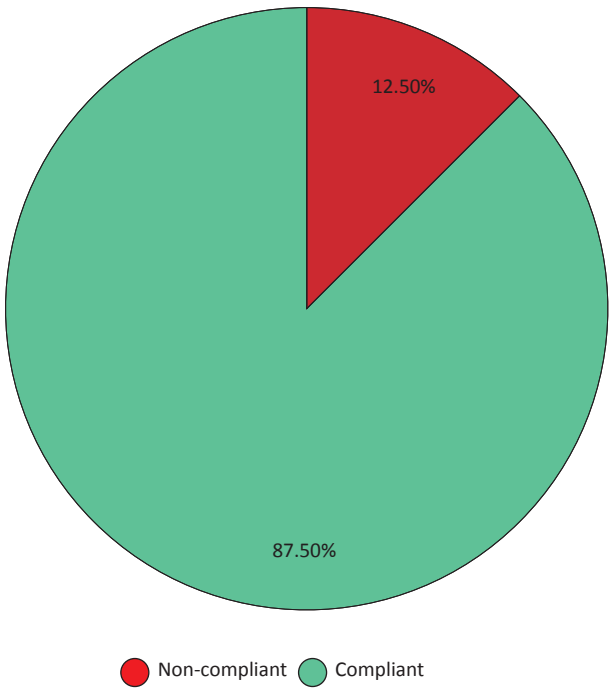


Figure 4: Compliance Status of inspected HEs, FY 2020/21 cycle

2.1 COMPLIANCE STATUS OUTCOME PER FINANCIAL YEAR

Figure 5 shows the trend in the total number of inspections conducted and the number of compliant health establishments in EC province for the consecutive financial years of 2019/20 and 2020/21. A cumulative total of only 16 of the 249 HEs inspected over two inspection cycles were found to be compliant with the threshold requirements of the norms and standards regulations and therefore eligible for certification.

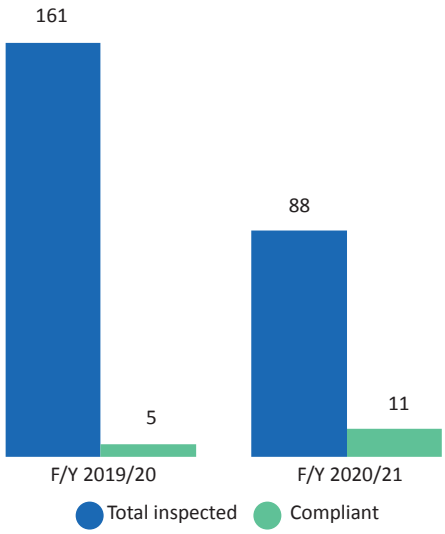


Figure 5: The breakdown of compliance status outcome of inspected health establishments, FY 2019/20 and 2020/21

The compliance ratio has shown a slight improvement from 1 compliant HE for every 32.2 non-compliant HEs in 2019/20 to 1 compliant HE for every 8 non-compliant HEs in 2020/21. The compliance rate has shown a slight increase from 3.1% in 2019/20 to 12.5% in 2020/21.

2.2 COMPLIANCE STATUS OUTCOME PER DISTRICT

The compliance performance of the inspected HEs was analysed per district, as illustrated in the Figure 6 below. In 2020/21, Sarah Baartman district achieved the highest compliance rate of 37.5% whilst Amathole district achieved the lowest compliance rate of 0%. The remaining districts all achieved a compliance rate of 12.5% representing one (1) and two (2) HEs per district as shown in Figure 6 below.

However, even with the highest number of inspected HEs compared to other provinces, the low compliance rate suggests that the relatively high number of inspections conducted over the two financial years has not translated into an improvement in the number of HEs being certified as compliant in the province. The compliance performance results suggest a possible substantive gaps and challenges in the quality of healthcare services rendered by the health establishments in this province. In addition, even with the relatively low number of inspections conducted over the two financial years, the overall compliance rate in the province remains of serious concern.

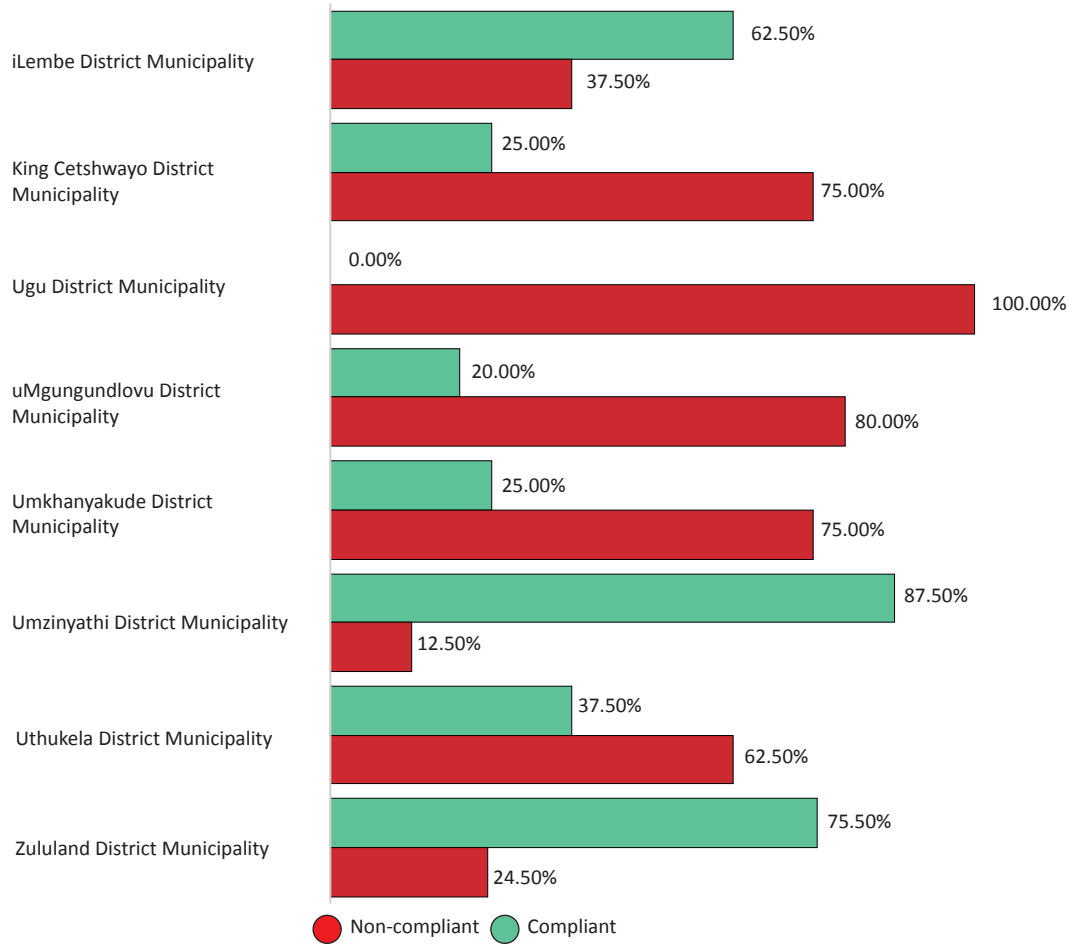


Figure 6: Compliance Status performance of inspected HEs per district, FY 2020/21

3. OVERALL GRADING PERFORMANCE OF INSPECTED HEs, FY 2020/21

Figure 8 below shows the overall grading achieved by all HEs inspected in the province in the FY 2020/21 inspection cycle. The figure shows that 53 (60.2%) of all inspected HEs obtained an Unsatisfactory grading and would therefore automatically achieve a non-compliant status and be precluded from eligibility for certification. An Unsatisfactory grading outcome means that the inspected HEs were found to not have met substantive proportion of measures' requirements assessed in the inspection tools.

The second most common grading outcome achieved by inspected HEs in the province is the Satisfactory Grading at 22.7%, followed by the Good category at 11.3%, and the remaining 5,6% achieved an Excellent Grading.

Notably, there was a combined 35 HEs that were graded Excellent, Good and Satisfactory. Of these 35 HEs, there were 24 that ultimately achieved a non-compliant because they did not meet the NNV requirements. However, all HEs graded as Unsatisfactory are automatically non-compliant, even if they have complied with all the NNVs requirements.

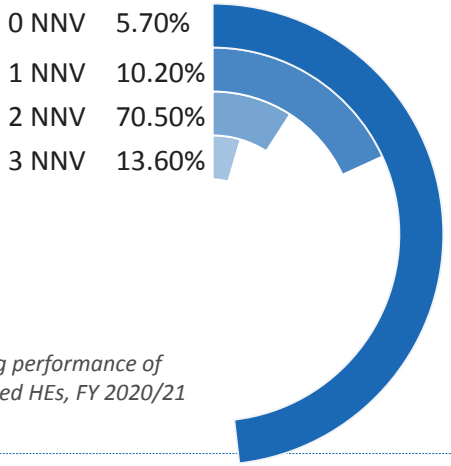


Figure 7: Grading performance of inspected HEs, FY 2020/21

Figure 8 below indicates the overall grading performance in the two consecutive financial years 2019/2020 and 2020/2021. The figure shows slight improvements in the overall grading trends achieved by inspected HEs over the two financial years. These improvements are reflected in the increase in the proportion of HEs achieving a Grade of Excellent from 0.6% in 2019/20 to 5.7% in 2020/21. The proportions Graded as Good and Satisfactory have also increased, while the proportion Graded as Unsatisfactory has decreased from 72% to 60.2% in the same period.

While different HEs were inspected at the two (2) different points in time and bearing in mind that the intention is not to compare the HEs, the overall improvement in the grading outcome coupled with the overall improvement in compliance rates over the same period may be indicative of slight improvement in the preparedness of HEs for inspections.

The overall trend in the grading performance reflects that these inspected health establishments had numerous deficiencies that would compromise the quality of care and warrants an in-depth analysis to identify the gaps and challenges.

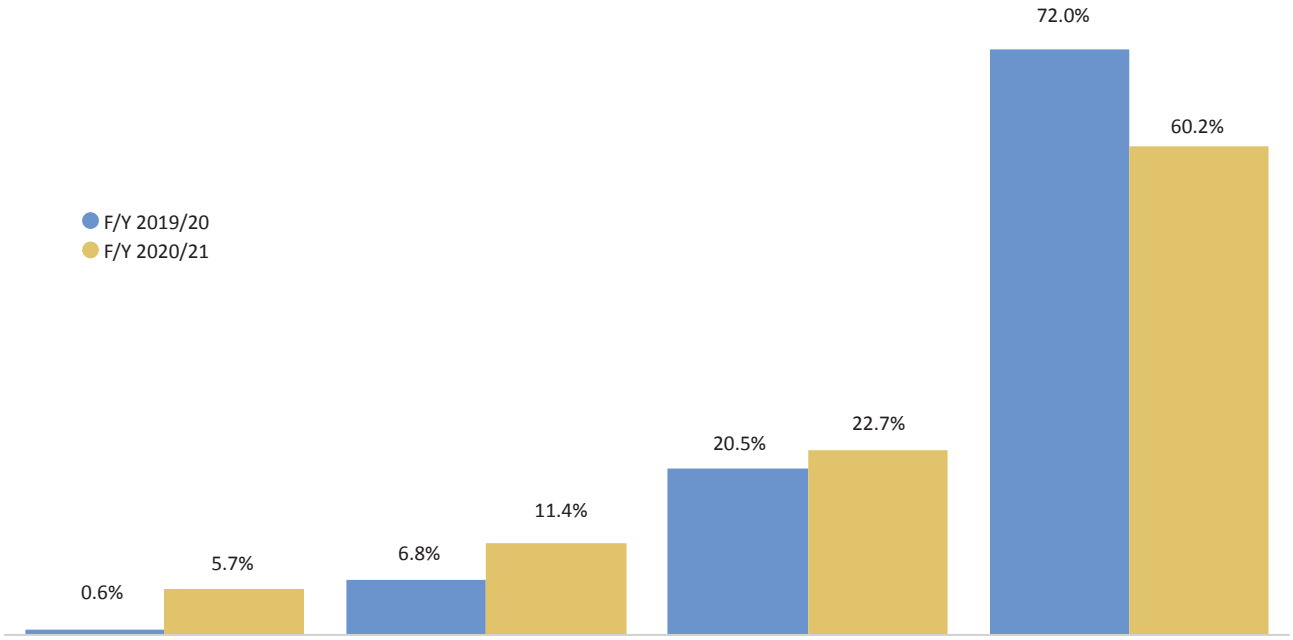


Figure 8: Grading performance of inspected HEs, FY 2019/20 and 2020/21

3.1. PERFORMANCE ON OVERALL GRADING OUTCOME PER DISTRICT, ALL HEs

Figure 9 below outlines the overall grading for all inspected health establishments disaggregated by district. The grading outcomes in the province differed between the districts where the inspections were conducted in 2020/21. Sarah Baartman district achieved the highest proportion of HEs Graded as Excellent at 25%, while Alfred Nzo district achieved the highest proportion of HEs Graded as Good at 50%. Amathole district had the highest proportion of HEs Graded as Unsatisfactory at 87.5%, and the remaining 12.5% of HEs Graded as Satisfactory with none of the HEs in this district achieving a Grading of Good or Excellent. In Nelson Mandela Bay, Amathole and Chris Hani districts, 75% or more of inspected HEs achieved an Unsatisfactory Grading, which automatically rendered them non-compliant, irrespective of whether they complied with NNVs.

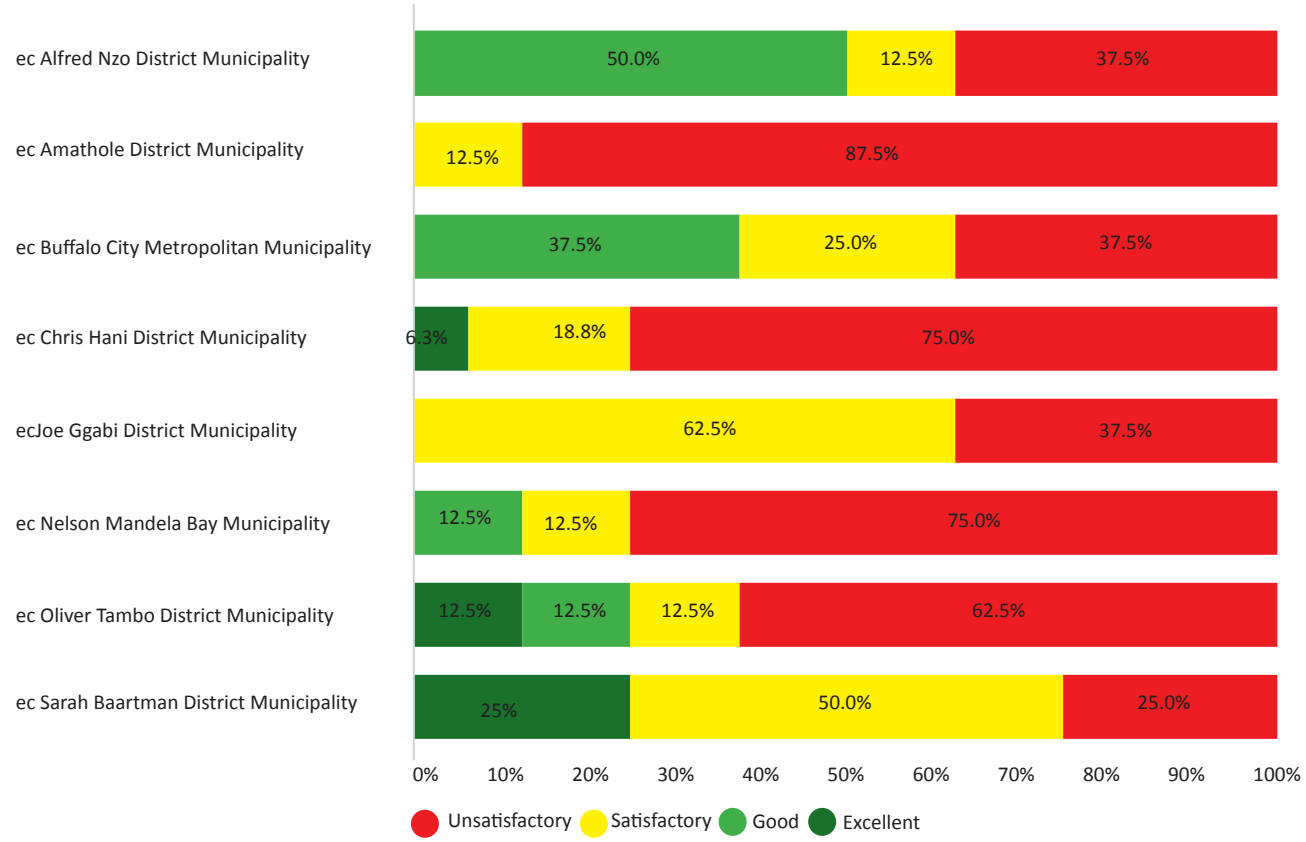


Figure 9: Grading performance of inspected HEs per district, FY 2020/21

3.2 OVERALL GRADING PERFORMANCE OF COMPLIANT HEs PER DISTRICT, FY 2020/21

Figure 10 below indicates overall grading status for all compliant HEs per district. Among the compliant HEs, four (4) were Excellent, three (3) were Good, and four (4) were Satisfactory in terms of their Grading outcome. Of the eight (8) districts inspected, only three (3) districts had HEs that were Graded as Excellent.

Figure 10: Grading performance of compliant HEs per district, FY 2020/21

3.3 OVERALL GRADING PERFORMANCE BY NON-COMPLIANT HEs

Figure 11 below indicate overall grading status for all non-compliant HEs per district. It is worth noting that there was one (1) HE in Oliver Tambo District that was Graded as Excellent and still did not achieve a compliant status. A total of seven (7) HEs that were Graded as Good and 16 with a Satisfactory Grading did not manage to achieve a compliant status. A total of 53 HEs were Graded as Unsatisfactory and therefore were not eligible for a compliant status.

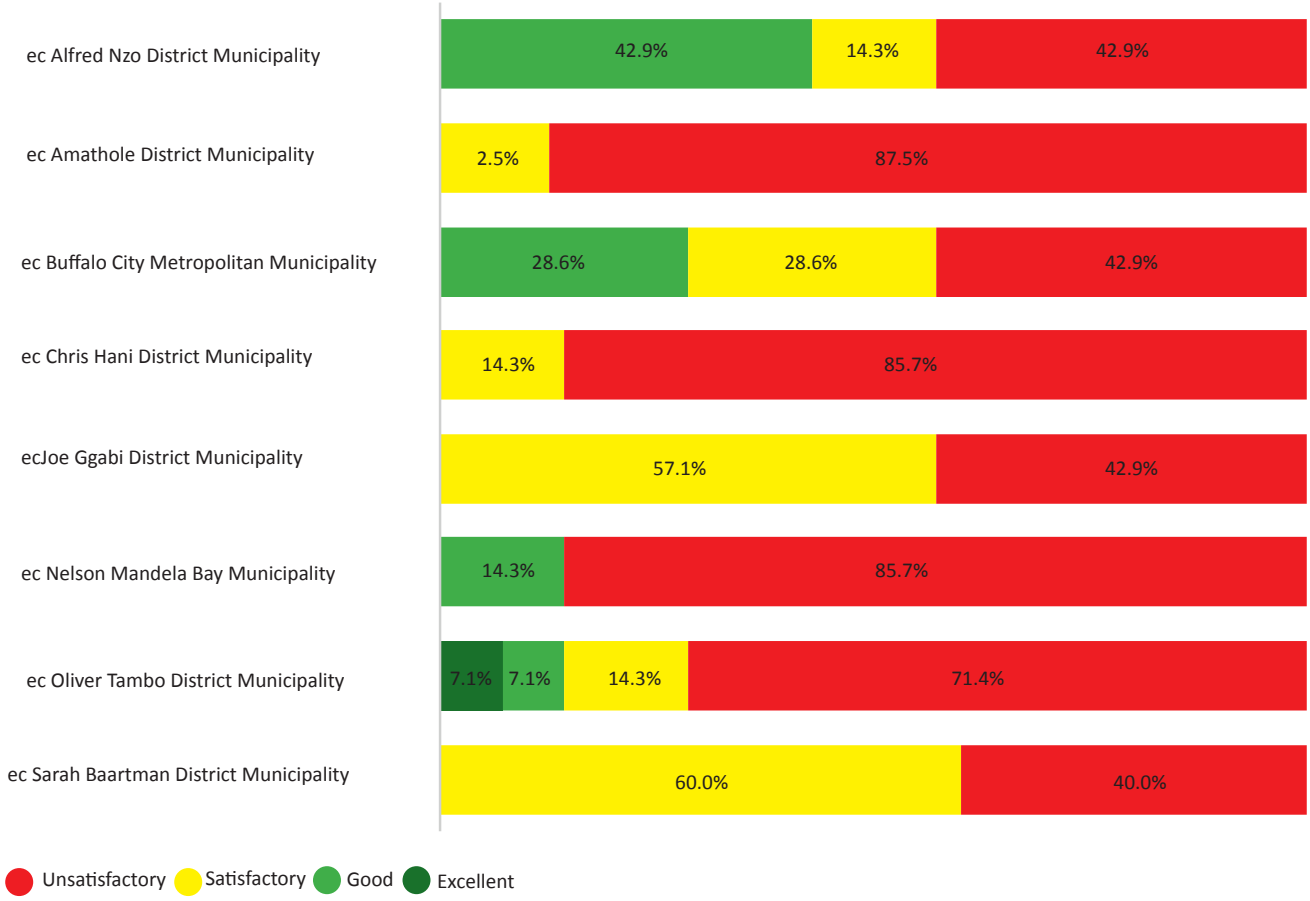


Figure 11: Grading outcome of non-compliant HEs, FY2020/21

4. COMPLIANCE STATUS PERFORMANCE OF INSPECTED FACILITIES PER GRADING CATEGORY

Of the 88 inspected HEs during the period under review, 53 were Graded as Unsatisfactory and therefore automatically achieved a non-compliant status. Twenty (20) HEs were Graded Satisfactory and only four (4) achieved a compliant status. A total of ten (10) HEs were Graded as Good and only three (3) achieved a compliant status while five (5) HEs were Graded as Excellent with four (4) achieving a compliant status.

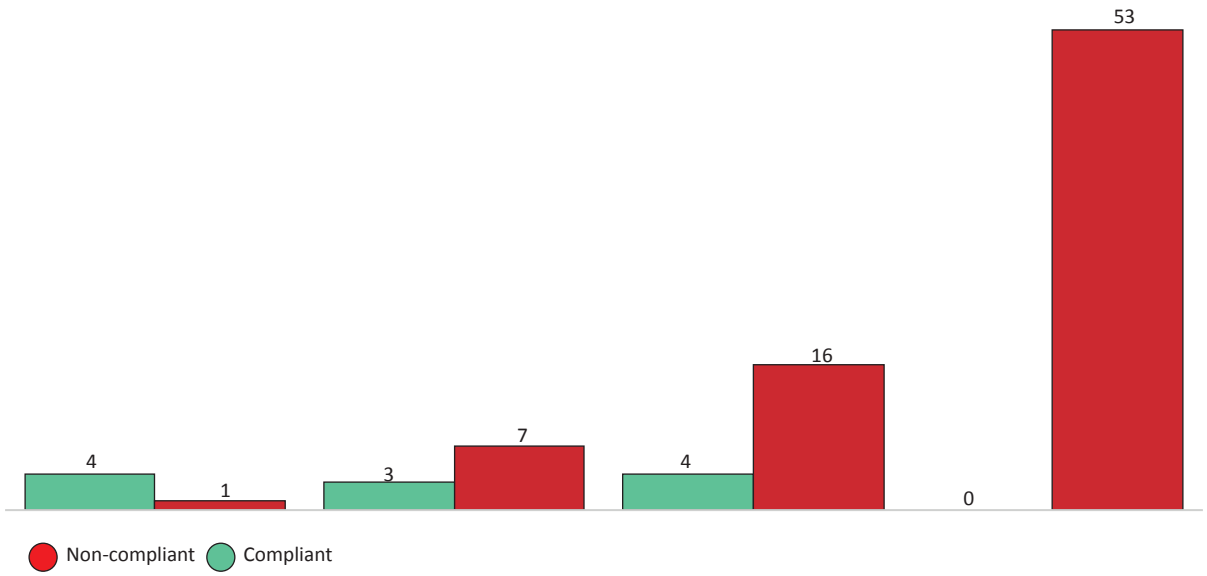


Figure 12: Compliance Status performance of inspected HEs by grading category, FY2020/21

5. PERFORMANCE OUTCOME ON NON-NEGOTIABLE VITAL (NNV) MEASURES

Figure 13 below demonstrates the overall performance of NNVs for all HEs in Eastern Cape province. It is worth emphasising that the compliance status decision algorithm requires a HE to meet 100% of all the 3 NNV measures to achieve a compliant status and therefore be eligible for certification.

The majority (70.5%) of the inspected HEs in the province complied with only two (2) of the three (3) NNVs, followed by those that complied with all the three (3) NNVs at 13.6% whilst those that complied with only 1 NNV were at 10.2%. The remaining 5.7% of HEs complied with none of the 3 NNVs . The fact that only 12 of the 88 inspected HEs were able to comply with 100% of the NNVs partly explains the low overall compliance and certification rates in the province.

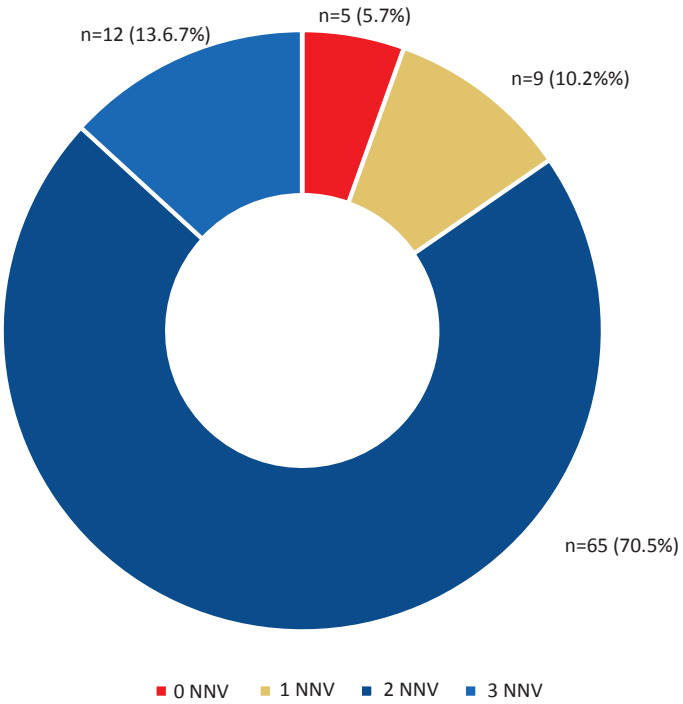


Figure 13: Performance of inspected HEs on non-negotiable vital measures

6. PERFORMANCE OF INSPECTED HEs IN THE 3 SPECIFIC NNV MEASURES

Table 1 below shows that the NNV measure least complied with is the one with requirement that the emergency trolley be stocked with the required medicines and equipment, with 76 (86.36%) of the 88 inspected HEs found non-compliant with this specific measure. This is of concern because the medicines and equipment required in the emergency trolley are those that are needed in medical emergencies when resuscitation and other advanced life support interventions are necessary to keep any user alive. Without all these medicines and equipment, preventable loss of life may occur.

The HEs in the province performed relatively well, with over 86% meeting the requirements, on the remaining 2 NNVs that assess the availability of oxygen cylinder and the level of oxygen above the minimum level.

Table 1: Performance of HEs on non-negotiable vital measures

NNVs	Total Compliant HEs N (%)	Total non-compliant HEs N 9%)	Total inspected HEs (N)
1. Emergency trolley is stocked with the required medicines and equipment.	12 (13.64%)	76 (86.36%)	88
2. Availability of an oxygen cylinder with a functional pressure gauge.	81 (92.05)	7 (7.95%)	88
3. Availability of oxygen in the cylinder above the minimum level.	76 (86.36%)	12 (13.64%)	88

Table 2 below shows that Sarah Baartman District Municipality had the highest proportion of HEs that complied with all the three (3) NNVs, whilst none of the eight HEs in Amathole district complied with all three (3) of the NNVs. This performance on NNVs partly explains the higher proportion of HEs certified compliant in Sarah Baartman district whilst none of HEs in Amathole achieved a compliant status. Five (5) HEs found in Alfred Nzo, Chris Hani, Joe Gqabi and Oliver Tambo districts failed to comply with any of the three (3) NNVs

Table 2: Performance of HEs per district on non-negotiable vital measures

District	0 NNV	1 NNV	2 NNVS	3 NNVS	Total
Alfred Nzo District Municipality	1 (12.5%)	1 (12.5%)	5 (62.5%)	1 (12.5%)	8
Amathole District Municipality	0 (0.00%)	1 (6.25%)	15 (93.75%)	0 (0.00%)	16
Buffalo City Metropolitan Municipality	0 (0.00%)	1 (12.5%)	6 (75%)	1 (12.5%)	8
Chris Hani District Municipality	2 (12.5%)	2 (12.5%)	10 (62.5%)	2 (12.5%)	16
Joe Gqabi District Municipality	1 (12.5%)	1 (12.5%)	5 (62.5%)	1 (12.5%)	8
Nelson Mandela Bay Municipality	0 (0.00%)	1 (12.5%)	5 (62.5%)	2 (25%%)	8
Oliver Tambo District Municipality	1 (6.25%)	2 (12,5%)	11 (168.75%)	2 (12.5%)	16
Sarah Baartman District Municipality	0 (0.00%)	0 (0.00%)	5 (62.5%)	3 (37.5%%)	8
Grand Total	**5 (5.68%)**	**9 (10.23%)**	**62 (70.45%)**	**12 (13.64%)**	**88 (100%)**

As indicated above, the NNV measure that most of HEs failed to comply with was the one that required that the emergency trolley be stocked with the required medicines and equipment.

THE TOP TEN UNAVAILABLE ITEMS IN THE EMERGENCY TROLLEY

Figure 14 below lists the most commonly unavailable equipment that accounted for most of the non-compliance with this NNV measure. The Automated External Defibrillator (AED) was the most commonly unavailable, with 40 (45.4%) of inspected HEs not having this critical life-saving equipment. This was followed by the unavailability of defibrillator pads required to safely operate the AED in 37 (42.0%) of the 88 inspected HEs in the province. All the other items on the list are critical and the absence of these in a significant number of inspected HEs is of great concern as this is an indication that these HEs may not be able to effectively perform life-saving resuscitation should this be required.

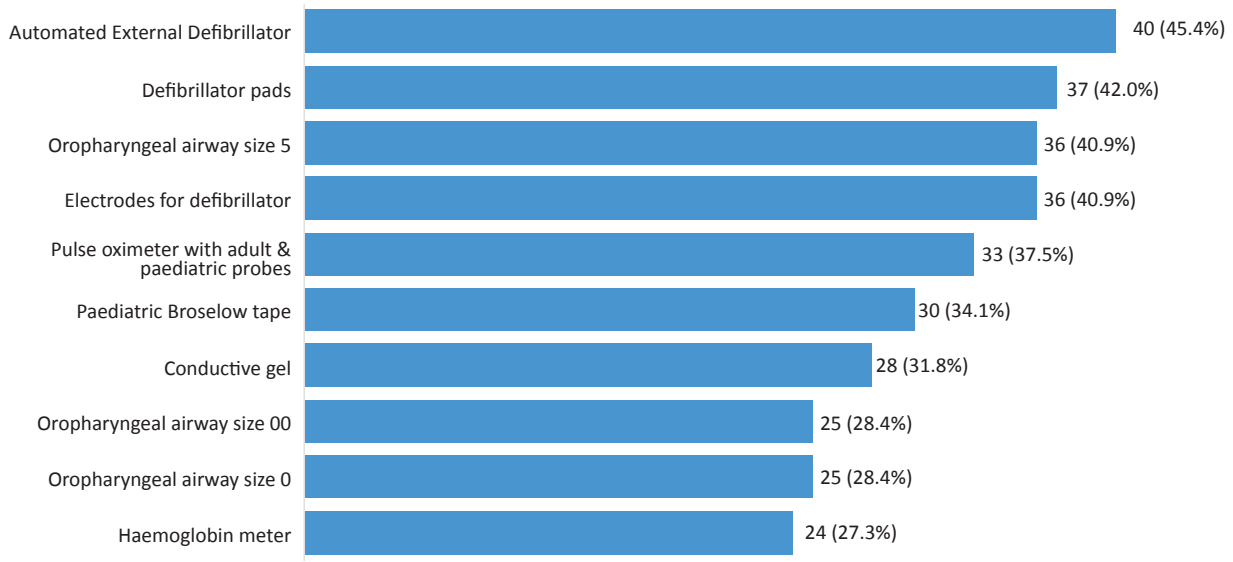


Figure 14: Most frequently unavailable equipment on the emergency trolley

7. FUNCTIONAL AREA PERFORMANCE

The inspection tool used to inspect the 88 PHC HEs in the province is divided into 4 sections called functional areas:

(1) Clinic Manager,

(2) Clinical Services,

(3) Dispensary or Medicine Cupboard, and

(4) Maintenance Support.

The average performance of the inspected HEs per functional area is shown in Figures 13 to 16 below.

7.1 VITAL AND ESSENTIAL MEASURES PER FORMANCE PER FUNCTIONAL AREA

The graph indicates the average scores for vital and essential measures attained per district for both compliant and non-compliant HEs. The error bars indicate the variation/spread in the average performance scores attained by HEs.

7.1.1. Clinic Manager Functional Area

Figure 13 below shows the overall performance in this functional area.

Alfred Nzo District, Buffalo City Metro and Oliver Tambo District achieved the highest average performance above 50% on Vital measures and Sarah Baartman District on Essential measures at 50%. The lowest performance was observed in Amathole District on Vital measures at 43,94% and Chris Hani District on Essential measures at 21,88%. The Clinic Manager functional area encompasses measures that seek to address leadership and governance critical to the functioning of the health establishment.

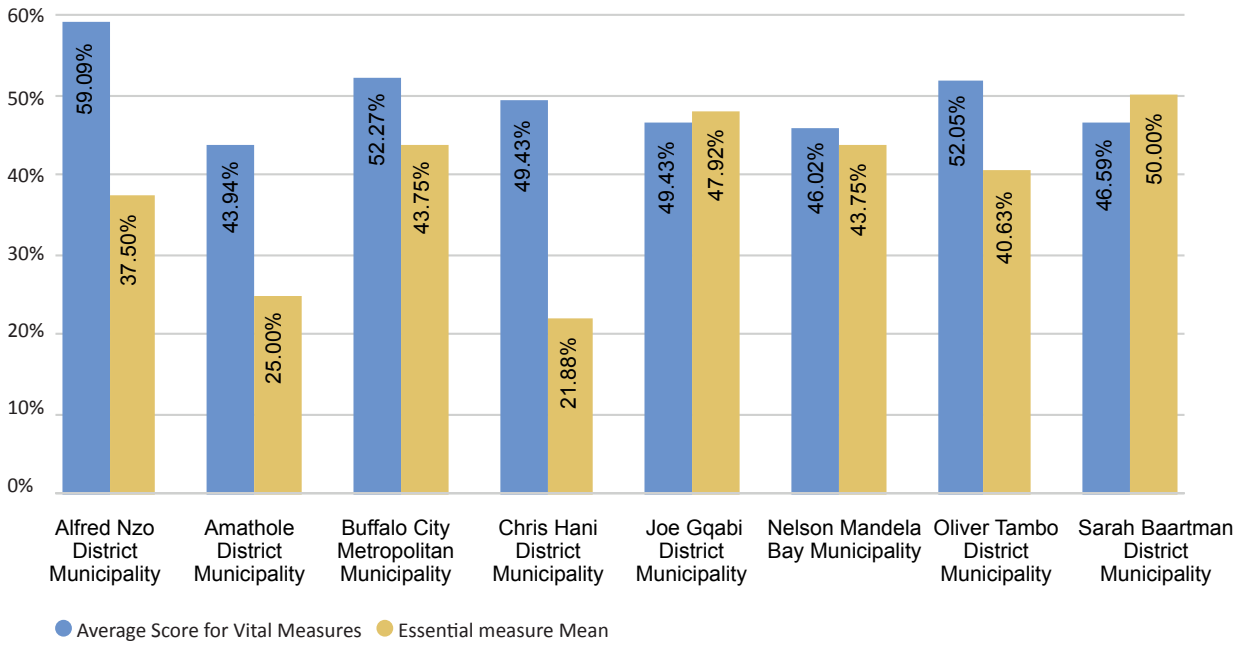


Figure 15: Average performance of Clinic Manager functional area of the inspected HEs

7.1.2. Clinical Services Functional Area

Figure 14 below shows the overall performance in this functional area. In this functional area, Sarah Baartman and Alfred Nzo Districts achieved the highest average performance on both Vital and Essential measures. The lowest performance was observed in Nelson Mandela District at on Vital measures at 52,35% and Amathole District at 54,46% on Essential measures.

The Clinical Services functional area relates to the systems, processes, and organisation of clinical service delivery.

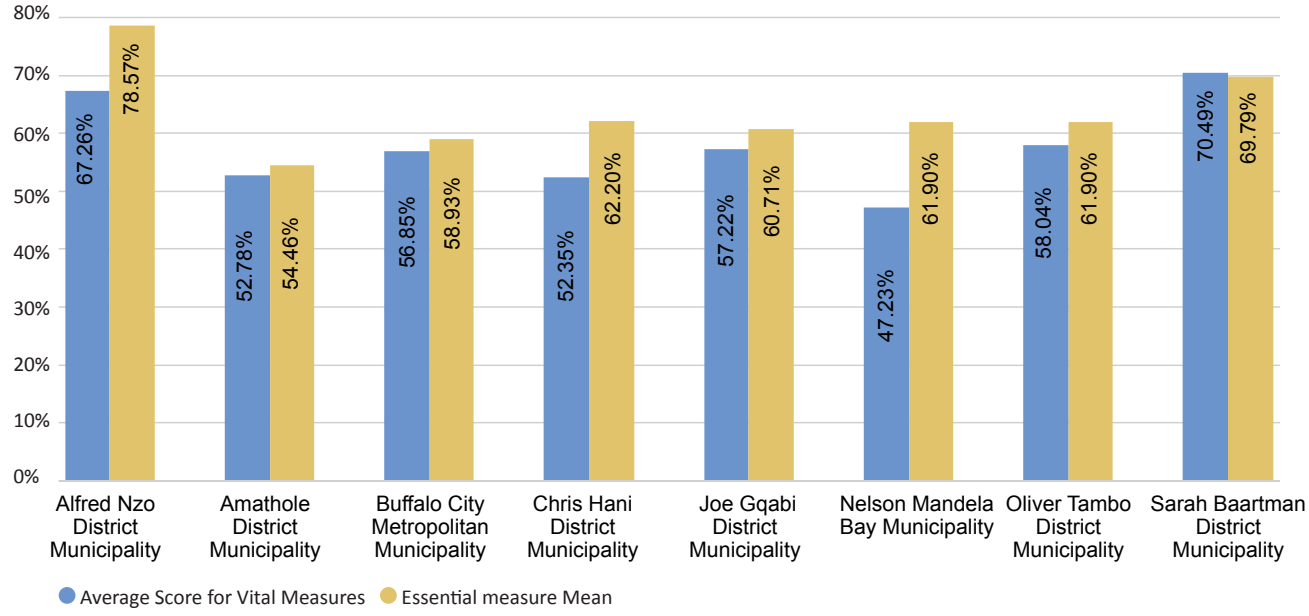


Figure 16: Average performance of Clinical Services functional area of inspected HEs

7.1.3. Dispensary/ Medicine Cupboard Functional Area

Figure 15 below shows the overall performance in this functional area. Alfred Nzo and Sarah Baartman districts achieved the highest average performance on Vital measures. Nelson Mandela and Sarah Baartman districts achieved the highest performance on Essential measures. The lowest performance on Essential measures was observed in Amathole District at 52,38%.

The Dispensary or Medicine Cupboard functional area relates to the overall management of medicines including access and availability.

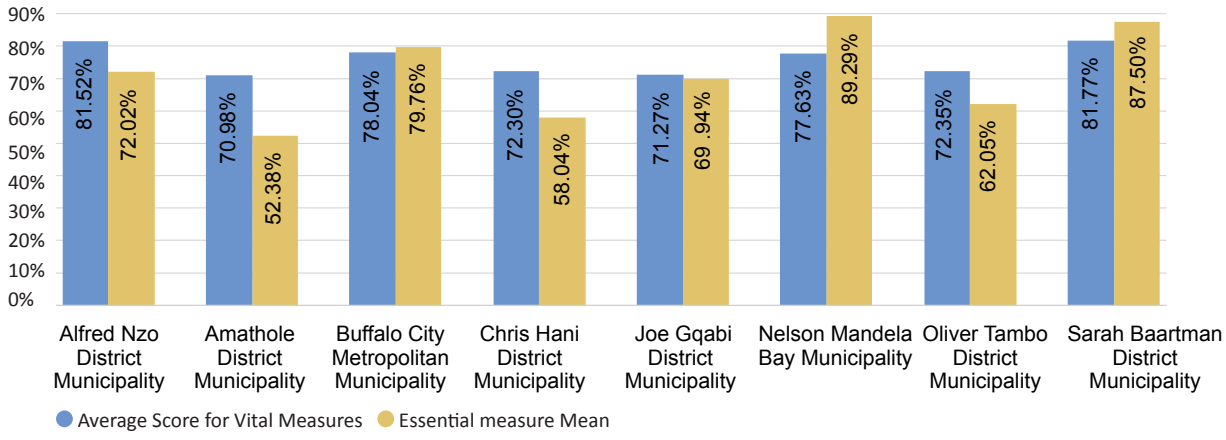


Figure 17: Average performance of Dispensary or Medicine Cupboard functional area of inspected HEs

7.1.4. Maintenance Support Functional Area

Figure 16 below shows the overall performance in this functional area.

Alfred Nzo and Buffalo City districts achieved the highest average performances at 48.5% and 47.5% respectively on Vital measures. The lowest performance on Essential measures was observed in Amathole District and Chris Hani districts at 25% and 21,88% respectively.

The Maintenance Support functional area relates to the management and maintenance of the physical infrastructure including availability of back-up electricity supply and water.

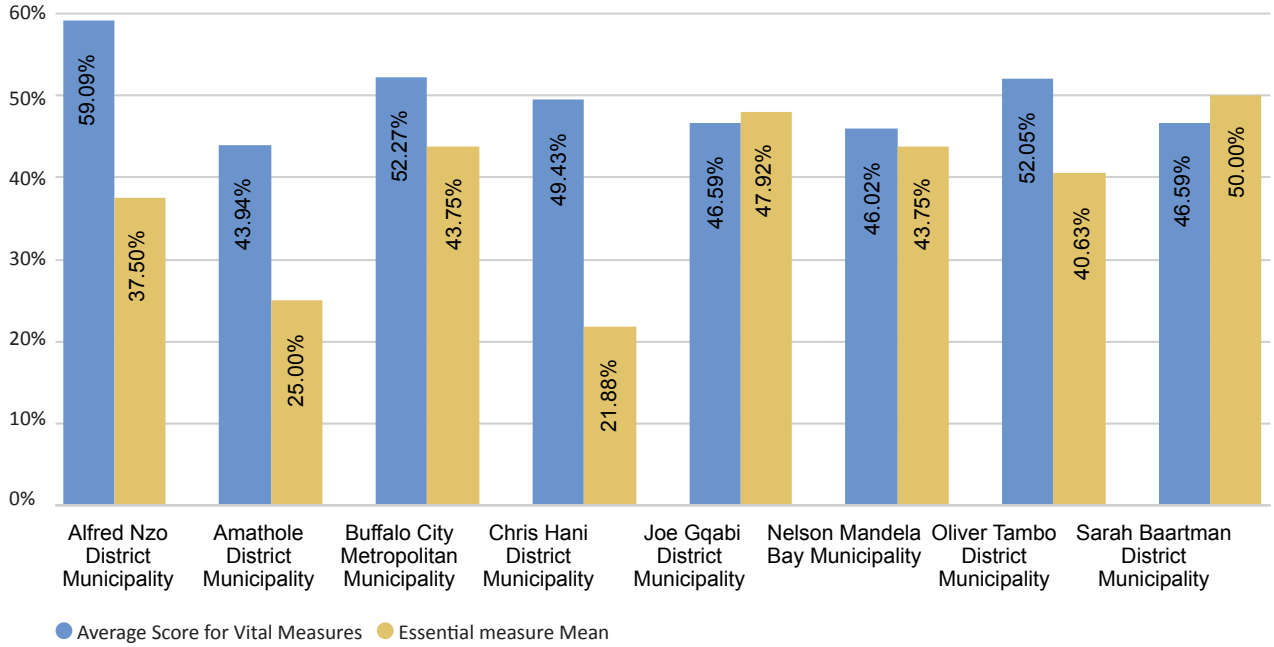


Figure 18: Average performance of Maintenance Support functional area inspected HEs

8. MOST COMMONLY NON-COMPLIED WITH MEASURES PER FUNCTIONAL AREA

In order to understand and appreciate the performance of the inspected HEs in the 4 functional areas, an analysis of the most commonly non-compliant measures disaggregated from the overall performance in each of the 4 functional areas was conducted and the findings are as follows:

8.1 CLINIC MANAGER FUNTIONAL AREA

Table 3 below indicates most commonly non-compliant measures in this functional area, which included requirement for training of Professional Nurses in Basic Life Support (BLS). This finding, viewed together with the high proportion of HEs non-compliant with the requirements in the NNV emergency trolley measure, as described in Table 1 above, raises serious concerns as far as management of clinical emergencies is concerned.

The second most commonly failed measure in this functional area is the requirement for training of Professional Nurses on clinical guidelines.

More than 90% of inspected HEs had no functional Clinic Committee and not all healthcare workers were made aware of the applicable protocols for prophylactic vaccinations.

Table 3: Five most commonly non-complied with measures in the Clinic Manager functional area

Measure names	Total non-compliant HEs (N)%
1.1.2.1.3.1 Professional nurses have received training in Basic Life Support (BLS).	85 (96.59%)
1.2.2.1.3.2 CHECKLIST: Training is provided to professional nurses on clinical guidelines.	83 (94.32%)
1.2.3.1.1.4 CHECKLIST: All healthcare workers are made aware of the provincial letter or memo or circular or policy that inform personnel of the procedure to follow for prophylactic vaccinations.	82 (93.18%)
1.4.1.1.1.1 CHECKLIST: There is a functional Clinic Committee.	81 (92.05%)
1.4.2.1.1.2 Personnel are appointed in line with the determined requirements.	77 (87.50%)

8.2 CLINICAL SERVICES FUNTIONAL AREA

In this functional area, the inspection assesses the quality and safety of the clinical services provided at the HEs. This includes assessing aspects such as cleanliness, waiting time monitoring, emergency readiness and triage of users. All the three (3) NNVs in the PHC clinic inspection tool are in this functional area.

The top five (5) most commonly failed measures in this functional area are listed in Table 4 below. The three commonly failed measures entailed clinical assessment and management plan for users and availability of basic medical supplies including consumables.

When clinical records are not completed and stored as prescribed, the quality of clinical care including aspects such as continuity of care is compromised, while the lack of critical and essential medical supplies and equipment has potential serious consequences for user safety and the overall quality of care that users receive.

Table 4: Five most commonly non-complied with measures in the Clinical Services Functional Area

Measure names	Total non-compliant HEs N(%)
2.2.1.2.2.1 CHECKLIST: Clinical assessment and management plan for the user is recorded in the user record.	85 (96.59%)
2.3.1.1.1.1 CHECKLIST: Basic medical supplies (consumables) are available.	84 (95.45%)
2.2.1.2.2.2 CHECKLIST: Clinical assessment and management plan for the patient is recorded in the patient record. (paediatric care).	84 (95.45%)
2.2.1.1.1.1 CHECKLIST: The health establishment complies with health records management guidelines.	81 (92.05%)
2.3.2.1.1.2 CHECKLIST: The emergency room or resuscitation room is equipped with functional basic resuscitation equipment.	79 (89.77%)

8.3 DISPENSARY OR MEDICINE CUPBOARD FUNCTIONAL AREA

Measures inspected in this functional area include whether the medicines are managed and stored as required and whether the area where the medicines are kept is clean. The top five non-compliant measures in this functional area are listed in Table 5 below.

The most commonly non-compliant measure in this functional area is the requirement that the HEs have a Standard Operation Procedure (SOP) for the management of medicines, with 62 (70.45%) of inspected HEs not compliant with this measure.

The second most commonly non-compliant measure is evidence that stock take of medicines was conducted in the last 12 months, implying that 40 (45.45%) HEs do not have adequate information on their medicines' stock levels.

The other concerning commonly non-compliant measures include the management of Schedules 5 and 6 medicines' registers not corresponding to the available stock at 31 (35.23%) of HEs, and the Schedule 5 and 6 registers not being completed correctly in 27 (30.68%) of inspected HEs.

Table 5: Five most commonly non-complied with measures in the Dispensary or Medicine Cupboard functional area

Measure names	Total non-compliant HEs N(%)
3.3.1.1.1.1 CHECKLIST: The standard operating procedure for management of medicines is available.	62 (70.45%)
3.3.1.1.1.4 There is evidence that a stock take of medicine was done in the last 12 months.	40(45.45%)
3.2.3.1.1.1 CHECKLIST: Hand washing facilities are available.	38 (43.18%)
3.3.1.1.1.5 Schedule 5 and 6 medicines in stock correspond with the balance recorded in the register.	31 (35.23%)
3.2.2.1.1.2 Cleaning is carried out in accordance with the schedule.	31(35.23%)

9.4. MAINTENANCE SUPPORT FUNTIONAL AREA

In this functional area, the inspections focus on assessing whether the HEs buildings and grounds are maintained adequately for providing safe environment for both users and staff. Other aspects included in this functional area are measures that assess whether the HEs have back-up supply of water and electricity to be able to continue providing services even during electricity or water supply disruptions.

An analysis of the top five most commonly non-compliant measures in this functional area identified the maintenance of buildings and grounds as the most non-complied with measure at 87 (98.86%), followed by the requirement that buildings comply with safety regulations at 86 (97.73%) of inspected HEs.

Other measures in the top five most commonly non-complied with include the lack of electricity back up system, not testing and maintaining the available electricity back-up system.

Table 6: Five most commonly non-complied with measures in the Maintenance Support functional area

Measure names	Total non-compliant HEs N(%)
4.5.1.1.2.1The maintenance schedule for building(s) and grounds is available.	87 (98.86%)
4.5.1.1.1.1 CHECKLIST: The building(s) complies with safety regulations.	86 (97.73%)
4.5.2.1.1.4 CHECKLIST: The back-up electricity supply system is tested and maintained.	81 (92.05%)
4.5.1.1.2.2 CHECKLIST: Observe if the areas of the building(s) listed below are maintained.	78 (88.64%)
4.5.2.1.1.3The health establishment has access to back-up electricity supply system in case of power supply disruptions.	72 (81.82%)

9. TOP PERFORMING MEASURES PER FUNCTIONAL AREA

While it is important to identify and discuss areas of non-compliance, it is also important to highlight areas of compliance to identify aspects of quality of care where the inspected HEs performed relatively well. The following sections identify the measures most complied with and identifies the top 5 measures in this category per functional area.

9.1 CLINIC MANAGER FUNCTIONAL AREA

In this functional area, the measures most commonly complied with are the availability of required documents, including SOPs and SLAs. The rendering of services according to the SLA or SOP for security services was compliant in 75 (85.22%) of inspected HEs, followed by a copy of the SLA for waste removal in 73 (82.95%) of inspected HEs. The other measures most commonly complied with in this functional area include, among others, the availability of an adverse event reporting register in 60 (68.18%) HEs, as outlined in Table 7 below.

Table 7: Five most complied with measures in the Clinic Manager functional area

Measure names	Total compliant HEs N (%)
1.5.1.1.1.6 CHECKLIST: Security services are rendered according to service level agreement OR standard operating procedure.	75 (85.22%)
1.2.4.1.1.2 A copy of the signed waste removal service level agreement between the health department and the service provider is available.	73 (82.95%)
1.5.1.1.1.7 Security guards have received training.	68 (72.27%)
1.2.5.1.1.1 An adverse event reporting register available in the health establishment.	60 (68.18%)
1.5.1.1.1.2 A signed copy of the service level agreement between the security company and the provincial department of health is available.	60 68.18%)

9.2 CLINICAL SERVICES FUNCTIONAL AREA

The most commonly complied measures in this functional area include 84 (94.45%) HEs compliant with both user records not being left unattended in public areas and only being accessible to personnel. Similarly, healthcare providers responsible for user prioritisation were able to explain how users are prioritised in 84 (94.45%) of inspected HEs. The other most complied with measures in this functional area include the availability of an oxygen cylinder with a pressure gauge in 81 (92.04%) of HEs. The latter is part of the three (3) NNVs in this functional area.

Table 8: Five most complied with measures in the Clinical Services functional area

Measure names	Total compliant HEs N (%)
2.1.2.1.1.2 CHECKLIST: Healthcare providers responsible for user prioritisation are able to explain how users are prioritised.	84 (94.45%)
2.2.1.1.2.1 Records are not left unattended in public areas and are only accessible to health establishment personnel and users.	84 (94.45%)
2.5.2.1.1.1 CHECKLIST: All clinical service areas have natural ventilation or functional mechanical ventilation.	82 (93.18%)
2.5.1.1.1.1 The security guards wear uniform.	82 (93.18%)
2.3.2.1.1.4 An oxygen cylinder with pressure gauge is available.	81 92.04%)

9.3 DISPENSARY OR MEDICINE CUPBOARD FUNCTIONAL AREA

The measure most commonly complied with was that 83 (94.32%) of HEs met the requirement that no expired medicines should be on the shelves. This was followed by 80 (90.91%) HEs where appropriate containers for disposal of pharmaceutical waste were available. The electronic network system for monitoring the availability of medicine was used effectively in 75 (85.91%) of inspected HEs, while the same number complied with the management practices for segregating waste as required.

Table 9: Five most complied with measures in the Dispensary or Medicine Cupboard functional area

Measure names	Total compliant HEs N (%)
3.3.1.1.2.6 There is no expired medicine on the shelves.	83 (94.32%)
3.2.4.1.1.1 Appropriate containers for disposal of pharmaceutical waste are available.	80 (90.91%)
3.3.1.1.1.2 CHECKLIST: The electronic network system for monitoring the availability of medicines is used effectively.	75 (85.23%)
3.2.4.1.2.1 CHECKLIST: Waste is segregated as required by the waste management practices.	75 (85.23%)
3.3.1.1.2.4 CHECKLIST: Cold chain procedure for vaccines is maintained.	73 82.95%)

9.4 MAINTENANCE SUPPORT FUNCTIONAL AREA

The top five (5) measures most commonly complied with in this functional area are listed in Table 10 below. Of the 88 HEs inspected, 82 (93,18%) complied with the emergency exits being kept free of obstacles, while 81 (92.05%) had a functional sewerage system, and 76 (86.36%) having functional piped water supply.

Table 10: Five most complied with measures in the Maintenance Support functional area

Measure names	Total compliant HEs N (%)
4.5.1.1.3.2 All emergency exits are kept free of obstacles.	82 (93.18%)
4.5.2.1.1.5 The sewerage system is functional.	81 (92.05%)
4.5.2.1.1.1 The health establishment has a functional piped water supply.	76 (86.36%)
4.5.1.1.3.1 The emergency vehicle entrance is free from any obstruction or hazards.	75 (85.23%)
4.5.2.1.1.2 The health establishment has access to emergency water supply in case of water supply interruptions.	61 (69.32%)

10. PERFORMANCE ON DOMAINS

As explained in chapter 1, domains are the five main chapters of the inspection tools, including (1) User Rights, (2) Clinical Governance and Clinical Care, (3) Clinical Support Services, (4) Governance and Human Resources and (5) Facilities and Infrastructure. The performance of the inspected HEs against the domains is outlined in Figure 17 below.

10.1 PERFORMANCE OUTCOMES AGAINST SPECIFIC DOMAINS

The highest average scores achieved by inspected HEs in the province is in the Clinical Support Services at 60.9%. The second and third highest average performance was achieved in the Facilities and Infrastructure and User Rights domains at 59.6% and 58.14% respectively, while the lowest average score was achieved in the Governance and Human Resources domain (35.70%) The low average score for the Governance and Human Resources domain is of concern because it seems to suggest that there may be leadership and human capital capacity challenges at the inspected HEs, to which the low overall compliance rate in inspected HEs in the province may be attributed.

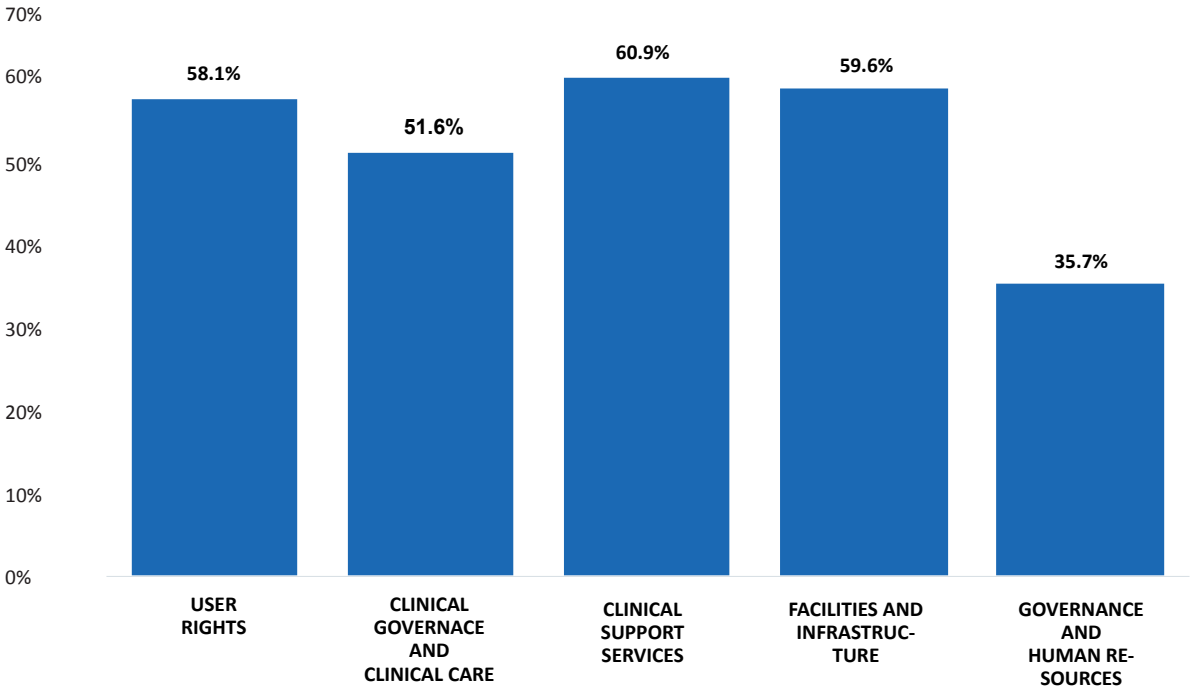


Figure 19: Average performance of all inspected HEs across the five domains

10.2 PERFORMANCE OUTCOMES BY DOMAINS PER DISTRICT

Figure 20 below shows the average domain scores obtained by the HEs in the inspected districts in the province. Alfred Nzo district HEs obtained the highest average score (66%) in the Clinical Governance and Clinical Care domain, followed by Sarah Baartman district (63%). Amathole district obtained the lowest score (40%) in this domain. The highest average score in the Clinical Support Services domain was obtained by Sarah Baartman district (78%), followed by Buffalo City district (69%) and the third highest being obtained by Nelson Mandela Bay district (67%). The lowest average score in this domain was obtained by Joe Gqabi district (54%).

Alfred Nzo district obtained the highest average scores in 4 of the 5 domains, with the lowest score obtained by this district being in the Governance and Human Resources domain (58%). Apart from Alfred Nzo, all the districts obtained at least one average score below 50%, with the lowest average domain score of 21% Governance and Human Resources by Amathole district. Amathole District also obtained the lowest average score in four (4) of the five (5) domains, except for the Clinical Support Services domain.

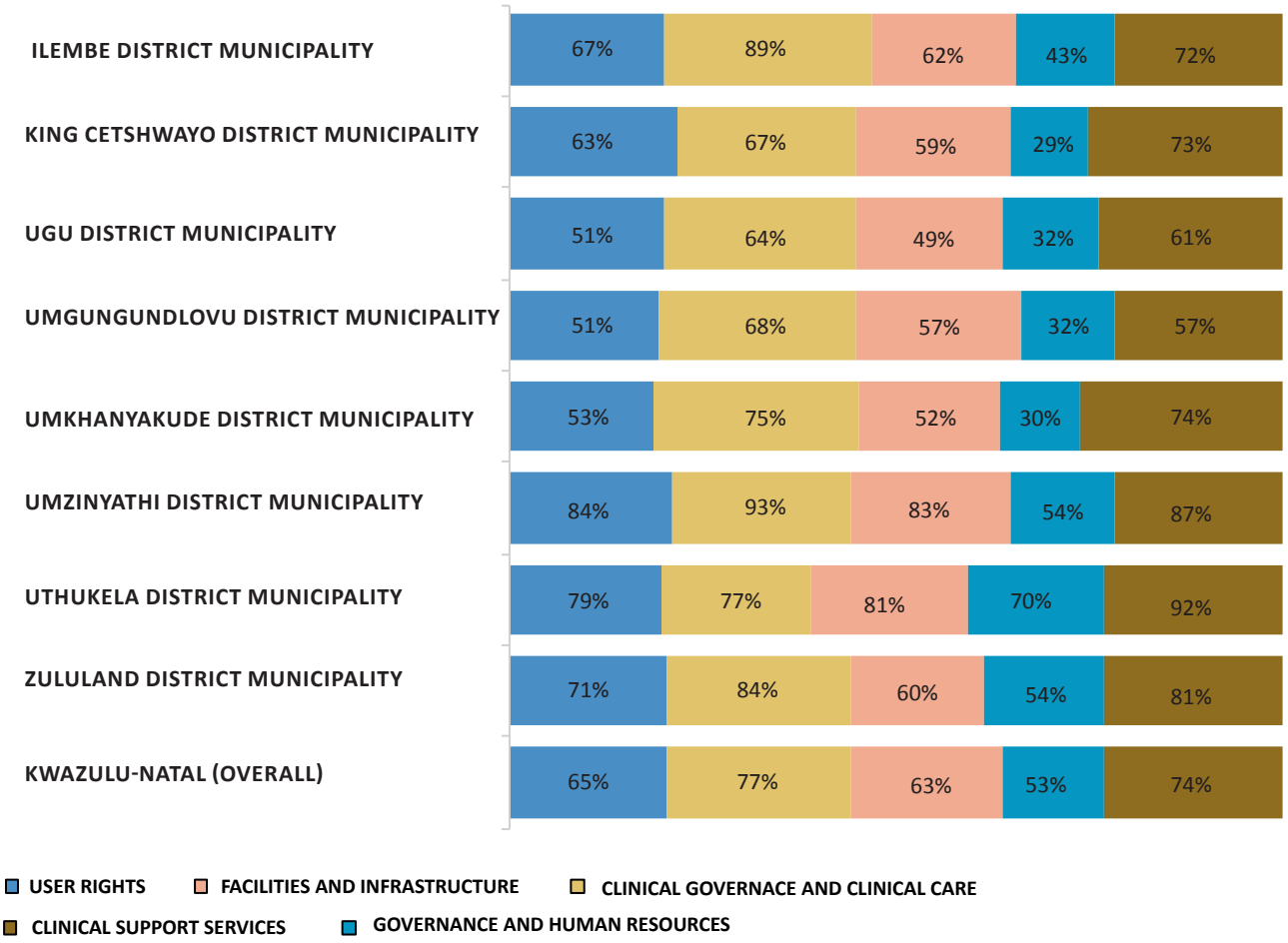


Figure 20: Average performance of inspected HEs across the five domains per district

10.3 TOP FIVE NON-COMPLIANT MEASURES PER DOMAIN

Table 12 below identifies the top non-compliant measures in each of the five domains. The table outlines the specific measures for which most of the HEs did not meet the specific requirements and thus should assist the authorities to have a clearer picture of the areas of gaps or challenges within the inspected HEs.

Table 11: Most non-complied with measures across the five domains

DOMAINS	MEASURE NUMBERS/NAMES	NON-COMPLIANT HEs N (%)
USER RIGHTS	1.1.2.1.3.1 Professional nurses have received training in Basic Life Support (BLS).	85 (96.6%)
	1.1.2.1.2.3 The health establishment reports delays in Emergency Medical Service response times to the relevant authority.	61 (69.3%)
	2.1.2.2.1.1 CHECKLIST: There is a referral register that records referred users which includes the details listed below.	55 (62.5)
	1.1.3.1.2.2 The waiting time survey report is available.	53 (60.2%)
	2.1.2.2.2.1 CHECKLIST: The health records of the last three users referred out of the health establishment contain copies of a referral letter sent to the receiving health establishment.	46 (52.3%)
CLINICAL GOVERNANCE AND CLINICAL CARE	2.2.1.2.2.1CHECKLIST: Clinical assessment and management plan for the user is recorded in the user record.	85 (96.6%)
	2.2.1.2.2.2 CHECKLIST: Clinical assessment and management plan for the patient is recorded in the patient record. (paediatric care).	84 (95.5%)
	1.2.2.1.3.2 CHECKLIST: Training is provided to professional nurses on clinical guidelines.	83 (94.3%)
	1.2.3.1.1.4 CHECKLIST: All healthcare workers are made aware of the provincial letter or memo or circular or policy that inform personnel of the procedure to follow for prophylactic vaccinations.	82 (93.2%)
	2.2.1.1.1.1 CHECKLIST: The health establishment complies with health records management guidelines.	81 (92.0%)
CLINICAL SUPPORT SERVICES	2.3.1.1.1.1 CHECKLIST: Basic medical supplies (consumables) are available.	84 (95.5%)
	2.3.2.1.1.2 CHECKLIST: The emergency room or resuscitation room is equipped with functional basic resuscitation equipment.	79 (89.8%)
	2.3.2.1.1.3 CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	76 (86.4%)
	2.3.2.1.1.1 CHECKLIST: Essential equipment is available and functional in consultation areas.	68 (77.3%)
	3.3.1.1.1.1 CHECKLIST: The standard operating procedure for management of medicines is available.	62 (70.5%)
FACILITIES AND INFRASTRUCTURE	4.5.1.1.2.1 The maintenance schedule for building(s) and grounds is available.	87 (98.9%)
	4.5.1.1.1.1 CHECKLIST: The building(s) complies with safety regulations.	86 (97.7%)
	4.5.2.1.1.4 CHECKLIST: The backup electricity supply system is tested and maintained.	81 (92.0%)
	4.5.1.1.2.2 CHECKLIST: Observe if the areas of the building(s) listed below are maintained.	78 (88.6%)
	4.5.2.1.1.3 The health establishment has access to back-up electricity supply system in case of power supply disruptions.	72 (81.8%)
GOVERNANCE AND HUMAN RESOURCES	1.4.1.1.1.1 CHECKLIST: There is a functional Clinic Committee.	81 (92.0%)
	1.4.3.1.1.3 Risk mitigation interventions are implemented for identified risks.	77 (87.5%)
	1.4.2.1.1.2 Personnel are appointed in line with the determined requirements.	77 (87.5%)
	1.4.3.1.1.2 An occupational health and safety risk assessment has been conducted in the past two years.	72 (81.8%)
	1.4.3.1.1.1 CHECKLIST: The standard operating procedure for management of occupational health and safety incidents is available.	69 (78.4%)

PERFORMANCE OUTCOME ON SPECIFIC MEASURES BY STANDARDS PER DOMAIN

Figure 21 show average or aggregate performance on measures at the level of standards per domain across all inspected HEs. The information in the figure below together with the information in Table 12 above identify specific areas that need improvement to assist the HEs to meet the requirements for provision of good quality healthcare services and thereby comply for certification.

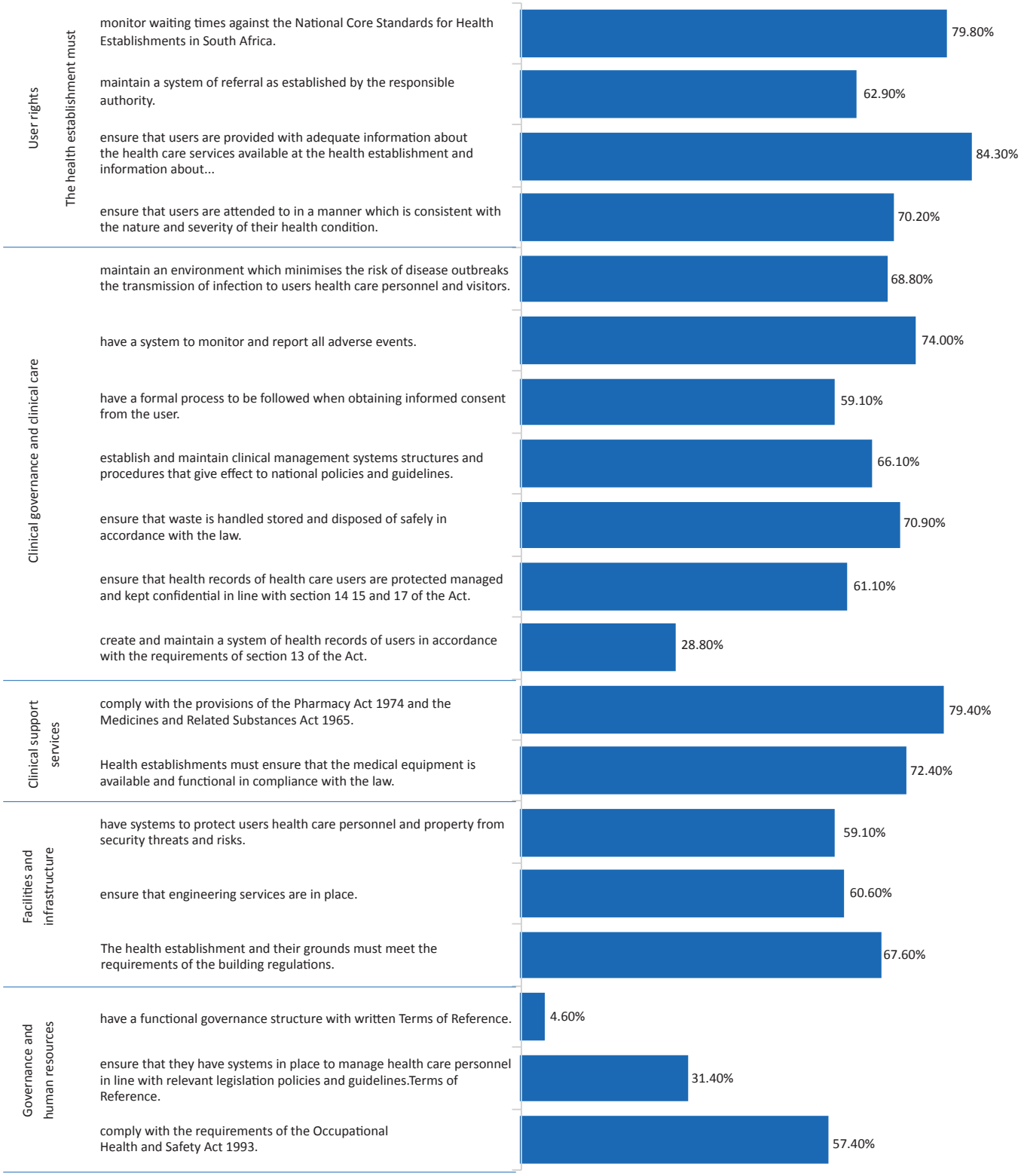


Figure 21: Aggregate performance on measures by domain and standards

11. RECOMMENDATIONS

Based on the performance of inspected health establishments in the period under review, the OHSC makes the following recommendations:

- The province and district should provide more support to HEs in preparation for inspections, as well as to improve performance against the promulgated Norms and Standards regulations. The provincial Quality Improvement team should consider developing a structured and sustained plan of action to help HEs achieve compliance status and thus provide quality and safe healthcare services to users.
- The province and districts should read the report in detail and identify all measures with high rates of non-compliance and support HEs to develop and oversee the implementation of quality improvement plans (QIPs).
- The province and districts to develop, make available and ensure the continuous implementation of guiding documents such as standard operating procedures and national guidelines to ensure that the day-to-day operations are carried out accordingly.
- All the districts performed poorly and therefore will need dedicated support from the provincial quality improvement team.
- In addition to the overall systemic challenges in the province, there needs to be a focus on supporting HEs to comply with the 3 NNVs. Had some of the inspected HEs complied better with the NNVs, a higher proportion of HEs would have been certified compliant.
- The NNV measure with the highest rate of non-compliance was the medicines and equipment required in the emergency trolley. Given the importance of the emergency trolley in the ability of the HEs to provide safe and quality life-saving services, the province should dedicate more resources to ensure compliance with this particular NNV measure.
- The province, districts, and HE should identify key measures (vital and essential) such as the requirements for the management of health records which have an impact in the overall compliance status of the inspected HEs.
- The legislated appointment and functionality of clinic committees as well as other aspects of leadership and governance should be significantly improved across all the districts as a precondition to improving the overall functionality of the PHC ecosystem in the province.

12. CONCLUSION

The HEs inspected in the EC province generally performed sub-optimally, with only 12.5% of the 88 inspected HEs achieving compliance in the FY 2020/21 across all 8 districts, whilst 77 (87.5%) HEs were found to be non-compliant. The non-compliance with the NNV measure on the emergency trolley had a significant impact on the overall compliance rate in the province.

The province will need to study the report in detail and come up with quality improvement plans to address the identified challenges in the system. Quality improvement work is an ongoing process that must be sustained to ensure that HEs in the province meet the compliance inspection requirements and become certified as compliant. The quality improvement work that is required will ensure that the HEs in the province will be able to provide good quality and safe healthcare services to the people of Eastern Cape.

13. ANNEXURES

13.1. PERFORMANCE OF HEALTH ESTABLISHMENTS BY OVERALL GRADING AND COMPLIANCE STATUS OUTCOME

The previous sections of the report provided consolidated inspection outcomes for the

entire province or per district. Table 19 below provides the grading and compliance outcomes for each of the inspected HEs. All HEs certified as compliant have already received their Compliance Certificates and those certified non-compliant have received their Compliances Notices. Some of the non-compliant HEs have already been re-inspected. Some of the re-inspected HEs were certified compliant, while others were referred for enforcement due to persistent non-compliance.

Table 12: Performance of health establishments by overall grading and compliance status outcome

District	Sub District	Establishment Name	Overall Grading outcome	Compliance Decision
ec Alfred Nzo District Municipality	ec Mbizana Local Municipality	ec Hlamandana Clinic	Good	Compliant
		ec Kanyayo (Bizana) Clinic	Good	Not Compliant
		ec Daliwonga Clinic	Good	Not Compliant
		ec Mpetsheni Clinic	Unsatisfactory	Not Compliant
		ec Imizizi Clinic	Good	Not Compliant
		ec Mngungu Clinic	Satisfactory	Not Compliant
		ec Isikelo Clinic	Unsatisfactory	Not Compliant
		ec Meje Clinic	Unsatisfactory	Not Compliant
ec Amathole District Municipality	ec Raymond Mhlaba Local Municipality	ec Mxhelo Clinic	Satisfactory	Not Compliant
		ec Msobomvu Clinic	Satisfactory	Not Compliant
		ec Debe Nek Clinic	Unsatisfactory	Not Compliant
		ec Newtown Clinic	Unsatisfactory	Not Compliant
		ec Njwaxa Clinic	Unsatisfactory	Not Compliant
		ec Perksdale Clinic	Unsatisfactory	Not Compliant
		ec Sheshegu Clinic	Unsatisfactory	Not Compliant
		ec Qibira Clinic	Unsatisfactory	Not Compliant
	ec Ngqushwa Local Municipality	ec Nier Clinic	Unsatisfactory	Not Compliant
		ec Gwabeni Clinic	Unsatisfactory	Not Compliant
		ec Ngqwele Clinic	Unsatisfactory	Not Compliant
		ec Hamburg Clinic	Unsatisfactory	Not Compliant
		ec Mtyholo Clinic	Unsatisfactory	Not Compliant
		ec Jama Clinic	Unsatisfactory	Not Compliant
		ec Pikholi Clinic	Unsatisfactory	Not Compliant
		ec Nompumelelo Gateway Clinic	Unsatisfactory	Not Compliant

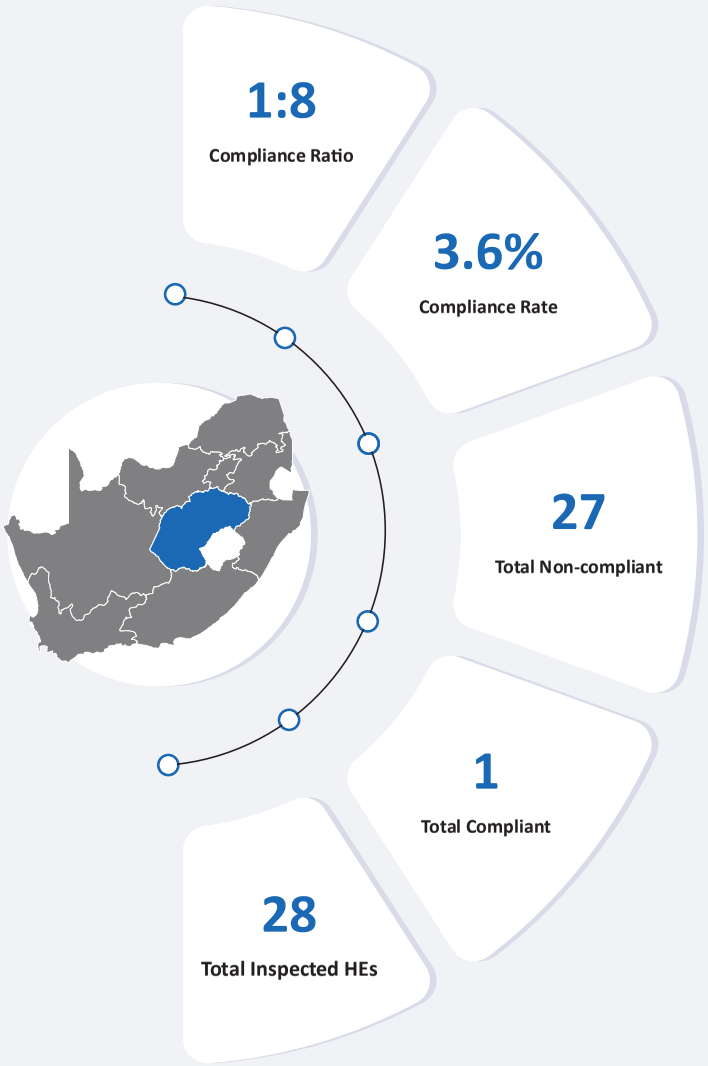
District	Sub District	Establishment Name	Overall Grading outcome	Compliance Decision
ec Buffalo City Metropolitan Municipality	ec Buffalo City Health sub-District	ec Gonubie Clinic	Good	Compliant
		ec Fort Grey Clinic	Satisfactory	Not Compliant
		ec Central Clinic (East London)	Satisfactory	Not Compliant
		ec Luyolo NU 9 Clinic	Good	Not Compliant
		ec Fezeka NU 3 Clinic	Good	Not Compliant
		ec Greenfields Clinic	Unsatisfactory	Not Compliant
		ec Drake Road Clinic	Unsatisfactory	Not Compliant
		ec Gompo B Jwayi Clinic	Unsatisfactory	Not Compliant
ec Chris Hani District Municipality	ec Emalahleni Local Municipality	ec Matyantya Clinic	Excellent	Compliant
		ec Mkapusi Clinic	Satisfactory	Compliant
		ec Ndonga Clinic	Unsatisfactory	Not Compliant
		ec Maqashu Clinic	Satisfactory	Not Compliant
		ec Boomplaas Clinic	Unsatisfactory	Not Compliant
		ec Hlala Uphilile Clinic	Unsatisfactory	Not Compliant
		ec Machubeni Clinic	Unsatisfactory	Not Compliant
		ec Queen Nonesi Clinic	Unsatisfactory	Not Compliant
	ec Sakhisizwe Local Municipality	ec Manzimahle Clinic	Satisfactory	Not Compliant
		ec Mcewula Clinic	Unsatisfactory	Not Compliant
		ec Elliot Clinic	Unsatisfactory	Not Compliant
		ec Qhiba Clinic	Unsatisfactory	Not Compliant
		ec Tembelihle Clinic	Unsatisfactory	Not Compliant
		ec Ncedolwethu Clinic	Unsatisfactory	Not Compliant
		ec Tsengiwe Clinic	Unsatisfactory	Not Compliant
		ec Beestekraal Clinic	Unsatisfactory	Not Compliant
ec Joe Gqabi District Municipality	ec Walter Sisulu Local Municipality	ec Jamestown Clinic	Satisfactory	Compliant
		ec Aliwal North Block H Clinic	Satisfactory	Not Compliant
		ec Hilton Clinic	Satisfactory	Not Compliant
		ec Thembisa Clinic	Satisfactory	Not Compliant
		ec Maletswai Clinic	Satisfactory	Not Compliant
		ec Poly Clinic	Unsatisfactory	Not Compliant
		ec Mzamomhle Clinic (Albert)	Unsatisfactory	Not Compliant
		ec Eureka Clinic	Unsatisfactory	Not Compliant

District	Sub District	Establishment Name	Overall Grading outcome	Compliance Decision
ec Nelson Mandela Bay Municipality	ec Nelson Mandela A Health sub-District	ec Lunga Kobese Clinic	Unsatisfactory	Not Compliant
		ec Ikamvelihle Clinic	Unsatisfactory	Not Compliant
		ec Mabandla Clinic	Unsatisfactory	Not Compliant
		ec Masakhane Clinic (N Mandela Metro)	Unsatisfactory	Not Compliant
		ec Central Clinic (Port Elizabeth)	Satisfactory	Compliant
		ec Linton Grange Clinic	Good	Not Compliant
		ec Gelvandale Clinic	Unsatisfactory	Not Compliant
		ec Govan Mbeki Clinic	Unsatisfactory	Not Compliant
ec Oliver Tambo District Municipality	ec Ingquza Hill Local Municipality	ec Goso Forest Clinic	Excellent	Compliant
		ec Xurana Clinic	Satisfactory	Not Compliant
		ec Palmerton Clinic	Good	Not Compliant
		ec St Elizabeth's Gateway Clinic	Satisfactory	Not Compliant
		ec Qaukeni Clinic	Unsatisfactory	Not Compliant
		ec Lusikisiki Village Clinic (Qaukeni)	Excellent	Not Compliant
		ec Nkozo Clinic	Unsatisfactory	Not Compliant
		ec Magwa Clinic	Unsatisfactory	Not Compliant
	ec Port St Johns Local Municipality	ec Qandu Clinic	Good	Compliant
		ec Majola Clinic	Unsatisfactory	Not Compliant
		ec Kohlo Clinic	Unsatisfactory	Not Compliant
		ec Mevana Clinic	Unsatisfactory	Not Compliant
		ec Caguba Clinic	Unsatisfactory	Not Compliant
		ec Isilimela Gateway Clinic	Unsatisfactory	Not Compliant
		ec Ludalasi Clinic	Unsatisfactory	Not Compliant
		ec Mtambalala Clinic	Unsatisfactory	Not Compliant
ec Sarah Baartman District Municipality	ec Ndlambe Local Municipality	ec Kenton-On-Sea Clinic	Excellent	Compliant
		ec Port Alfred Clinic	Excellent	Compliant
		ec Marselle Clinic	Satisfactory	Compliant
		ec Nkwenkwezi Clinic	Satisfactory	Not Compliant
		ec Nolukhanyo Clinic	Satisfactory	Not Compliant
		ec Pal 1 Clinic	Satisfactory	Not Compliant
		ec Pal 2 Clinic	Unsatisfactory	Not Compliant
		ec Station Hill Clinic	Unsatisfactory	Not Compliant

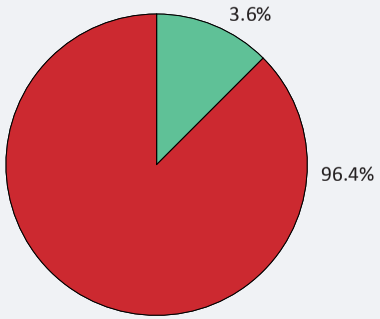

FREE STATE

SUMMARY OF INSPECTED HEALTH ESTABLISHMENTS OUTCOMES IN FREE STATE PROVINCE F/ 2020/21

Figure 1: Summary of inspected health establishments in Free state Province FY 2020/21

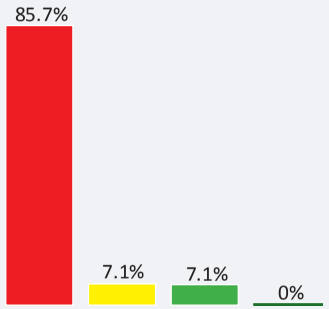


Compliance status outcome



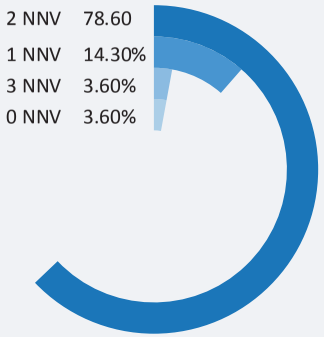
Of all 28 inspected HEs in the province, 3.6% (n=1) met the compliance requirements.

Overall grading outcome



85.7% of the inspected HEs obtained an unsatisfactory grade, while 7.1% obtained a satisfactory grade and 7.1% received a good grade. None of the inspected HEs earned an excellent grade.

Performance of NNV



One (3.6%) HE complied with all three NNVs, and one (3.6%) HE failed to comply with any of the three NNVs. The majority (78.6%) of the inspected HEs in the province complied with only two (2) of the three (3) NNVs.

Overall grading per district

District	Total inspected	Compliance rate	Overall grading			
			Excellent	Good	Satisfactory	Unsatisfactory
Lejweleputswa DM	8	0.0%	0.0%	0.0%	0.0%	100.0%
Mangaung MM	10	10.0%	0.0%	20.0%	10.0%	70.0%
Thabo Mofutsanyana DM	10	0.0%	0.0%	0.0%	10.0%	90.0%

Compliance: Non-compliant Compliant **Grading** Unsatisfactory Satisfactory Good Excellent

1. DISTRIBUTION OF HEALTH ESTABLISHMENTS INSPECTED IN THE FREE STATE PROVINCE PER DISTRICT

A total of 28 public sector health establishments (HEs) were inspected in three districts in the Free State (FS) province in the 2020/21 financial year (see Figure 2 below). Further, no inspections were conducted in Fezile Dabi and Xhariep districts in the said financial year. The province constitutes, proportionally, the third lowest number of HEs inspected because of the total number of PHC health establishments in the province. All the HEs inspected are primary health care (PHC) clinics as the Office adopted an incremental approach in the implementation of the regulations starting with PHC clinics as the entry point to the health care system.

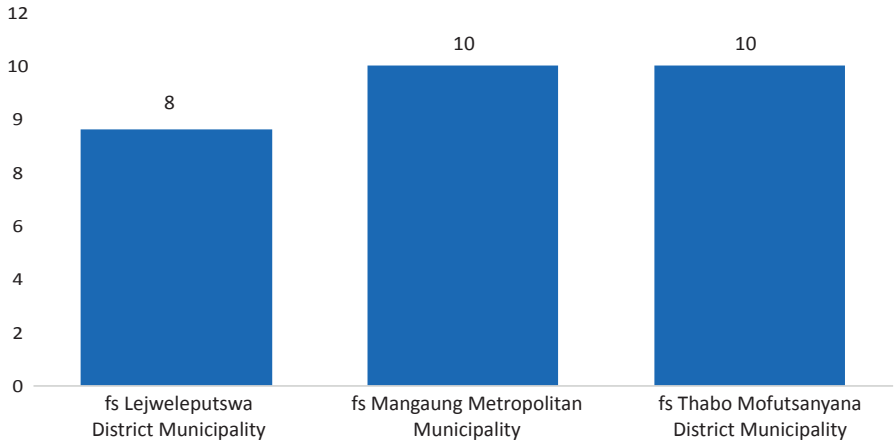


Figure 2: Total number of inspected HEs per district, FY 2020/21

Since the commencement of inspections against the promulgated norms and standards regulations for different categories of health establishments in the 2019/20 financial year, a cumulative total of 79 PHC clinics have been inspected in the province. This cumulative number of inspected HEs represents 31.23% of the total number of public sector PHC HEs (N= 253) in the province.

As was the case in the rest of the country, the number of inspections in the FS province declined by 54.90% in the 2020/21 financial year compared to the 2019/20 financial year due to the impact of the COVID-19 National State of Disaster Management restrictions.

Figure 3 below shows the breakdown of all inspections conducted in the province per district during the 2019/20 and 2020/21 inspection cycles. For the two inspection cycles, the highest number of inspections in the province were conducted in the Thabo Mofutsanyane district (27), followed by Mangaung Metro (18), Lejweleputswa district (17), Xhariep district (9), and Fezile Dabi district (8). The reason for the high number of inspections in the Thabo Mofutsanyane, Mangaung and Lejweleputswa districts is because these three districts have the highest number of HEs (proportionally) compared to the other districts.

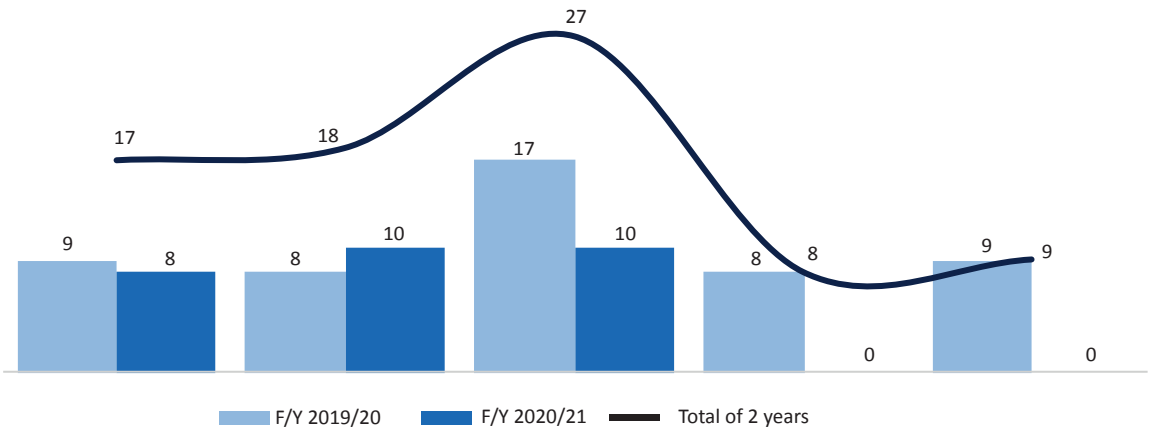


Figure 3: The breakdown of inspections conducted in the Eastern Cape province per district overtime

2. COMPLIANCE STATUS OUTCOME OF INSPECTED HES, FY 2020/21

The compliance status outcome is a result of collation of performance of a health establishment as determined by scores against the measures' requirements in the applicable inspection tool and processed according to the Compliance Status Framework (CSF). The scores are aggregated according to the various risk-rated measure categories to arrive at a grading outcome. Once a grading outcome is determined, the next step is to determine the performance of the health establishment on the non-negotiable vital (NNV) measures. A final decision on the compliance status outcome is then arrived at taking into consideration the grading outcome and performance on NNV measures.

The measures in the inspection tool are risk-rated into 3 categories (essential, vital and non-negotiable vital measures). There are threshold cut-off levels for performance in each of the essential and vital risk-rated measure categories to determine grading outcome. There are four Grading categories namely, Excellent, Good, Satisfactory, and Unsatisfactory.

The NNV measures are those measures that a HE must fully comply with and score 100% on these to be eligible for a compliant status, subject to the HE achieving the minimum thresholds in the other two (2) risk rating categories. Failure to comply with all NNVs automatically results in a HE being non-compliant, irrespective of the grading outcome.

There are 3 NNVs in the PHC clinic inspection tool, made up of:

1) the emergency trolley be stocked with all the required medicines and equipment,
2) that an oxygen cylinder with a functional gauge be availabe, and
3) that the oxygen in the cylinder must be at or above the minimum level indicator.

Of the 28 HEs inspected in the province in the 2020/21 financial year, 27 (96.43%) were found to be con-compliant, while 1 (3.57%) was found to be compliant (see Figure 4 below). The proportion of compliant HEs has decreased from 11.76% in the FY 2019/20 inspection cycle, to 3.57% in the period under review. The detailed description of the nature and extent of the non-compliance will be discussed in the next sections of this report.

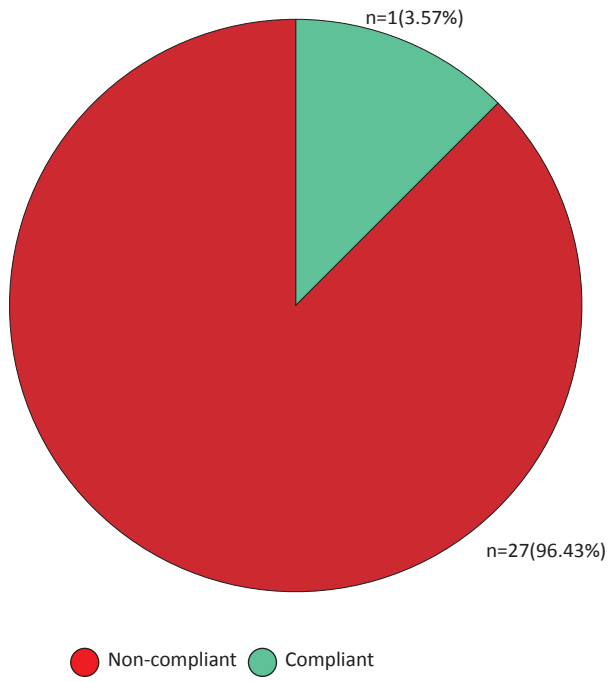


Figure 4: Compliance Status of inspected HEs, FY 2020/21 cycle

2.1. COMPLIANCE STATUS OUTCOME PER FINANCIAL YEAR

Figure 5 below demonstrates that the compliance rate for the province has decreased from 11.76% in the FY 2019/20 to 3.57% in the FY 2020/21, the inspections' outcomes for the Free State province remain concerning. A cumulative total of only 7 of 79 health establishments over two financial years were found to be compliant with the threshold requirements of the norms and standards regulations and therefore eligibility for certification.

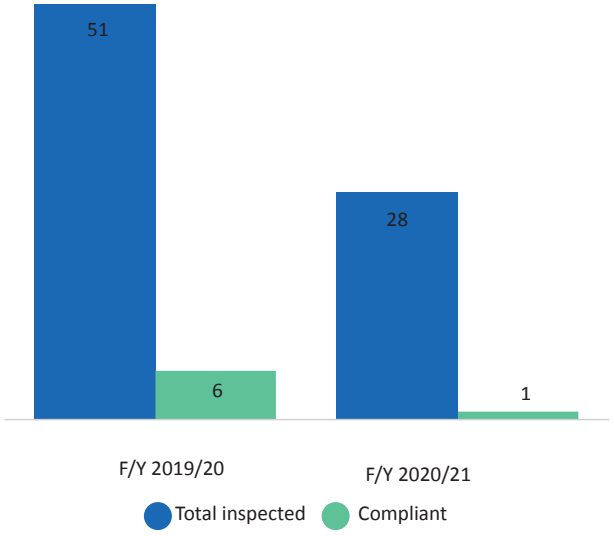


Figure 5: The breakdown of compliance status outcome of inspected health establishments, FY 2019/20 and 2020/21

2.2 COMPLIANCE STATUS OUTCOME PER DISTRICT

In 2020/21, only one HE in Mangaung Metro was found to be compliant out of a total of 28 inspected HEs in the province. Even with the low number of inspections conducted over the two previous financial years, the overall compliance rate in the FS province remains of serious concern.

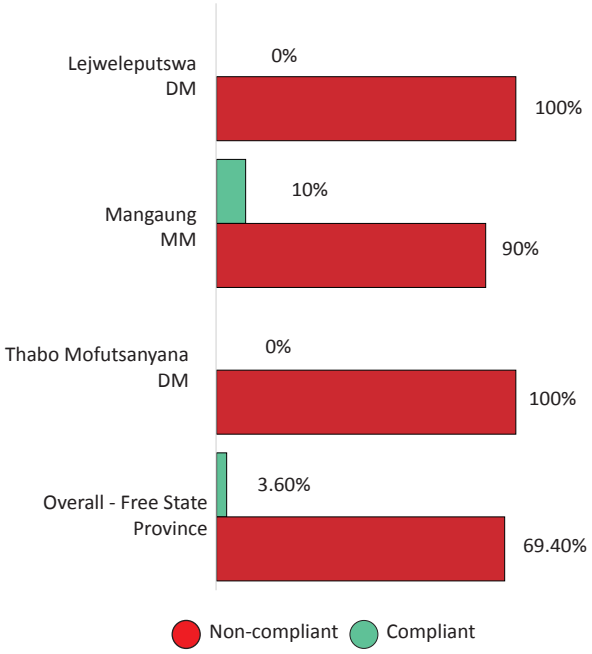


Figure 6: Compliance Status performance of inspected HEs per district, FY 2020/21

3. OVERALL GRADING PERFORMANCE OF INSPECTED HEs, FY 2020/21

The overall grading achieved by all HEs inspected in the province in the FY 2020/21 inspection cycle, as depicted in the Figure below, shows that 24 (85.7%) of all inspected HEs obtained an Unsatisfactory grading and would therefore automatically achieve a non-compliant status and be precluded from eligibility for certification.

The second most common grading outcomes achieved by inspected HEs in the province is the Satisfactory and Good grading categories both at 7.1%. Notably, three out of four (75%) HEs that were graded Good and Satisfactory remained non-compliant because they failed to meet the NNV requirements.

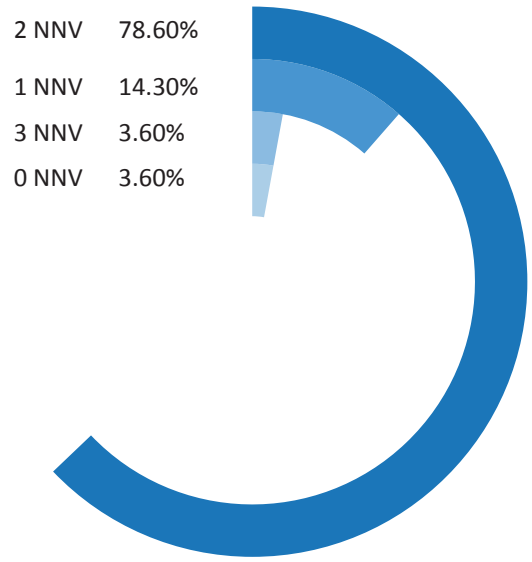


Figure 7: Grading performance of inspected HEs, FY 2020/21

The trends in grading outcome of the inspected HEs in the province remains a concern because there were no improvements in the overall grading achieved by inspected HEs over the two financial years. The lack of improvements in the grading outcomes are reflected in the decrease in the proportion of HEs achieving a Grade of Excellent from 7.8% in 2019/20 to 0.0% in 2020/21. The proportions Graded as Good and Satisfactory have also decreased, while the proportion Graded as Unsatisfactory has increased from 45.1% to 85.7% in the same period.

While different HEs were inspected at two (2) different points in time, the decrease in the overall grading outcome coupled with the decrease in the overall compliance rates over the same period may be indicative of ineffectiveness of quality improvement interventions.

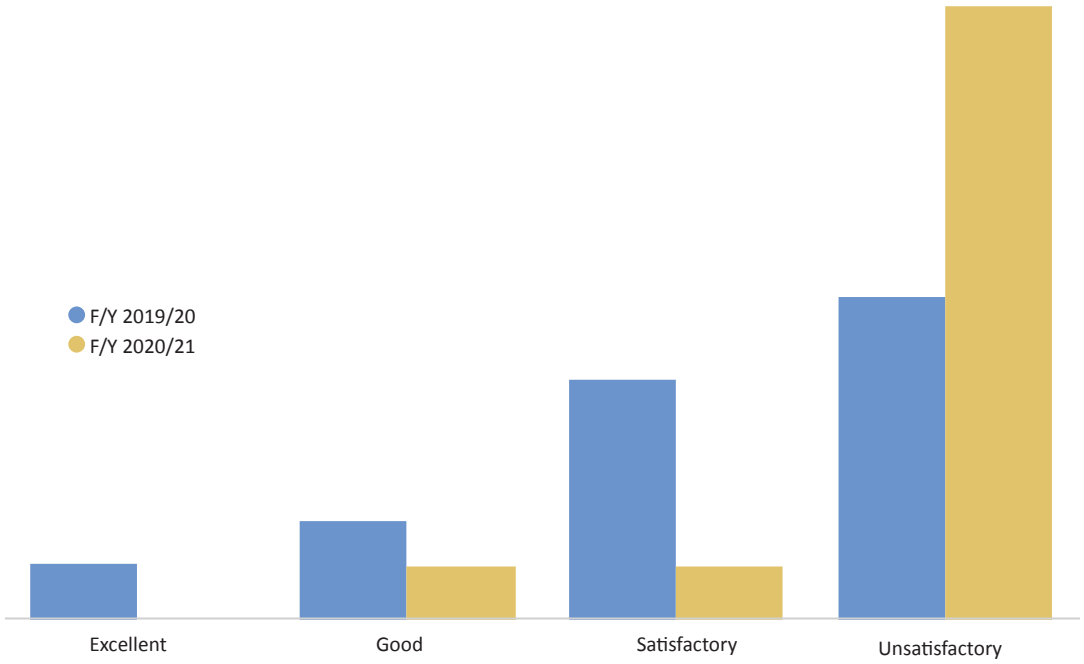


Figure 8: Grading performance of inspected HEs, FY 2019/20 and 2020/21

3.1. PERFORMANCE ON OVERALL GRADING OUTCOME PER DISTRICT, ALL HEs

Figure 9 below outlines the overall grading outcome for all inspected health establishments per district. In Mangaung Metropolitan Municipality 20% of inspected HEs were graded as Good, whilst 10% of HEs in Mangaung Metropolitan Municipality and Thabo Mofutsanyana District Municipality were graded as Satisfactory. The highest percentage of inspected HEs in the three districts were graded Unsatisfactory.

Figure 9: Grading performance of inspected HEs per district, FY 2020/21

3.2 OVERALL GRADING PERFORMANCE OF NON-COMPLIANT HES PER DISTRICT, FY 2020/21

Figure 10 below indicates overall grading status for all non-compliant HEs per district. There was one (1) HE in Mangaung Metropolitan Municipality that was graded as Good and two (2) HEs that were graded as Satisfactory (one each in Mangaung and Thabo Mofutsanyana) that failed to achieve overall compliant status. A total of 24 HEs were Graded as Unsatisfactory and therefore were not eligible to achieve a compliant status.

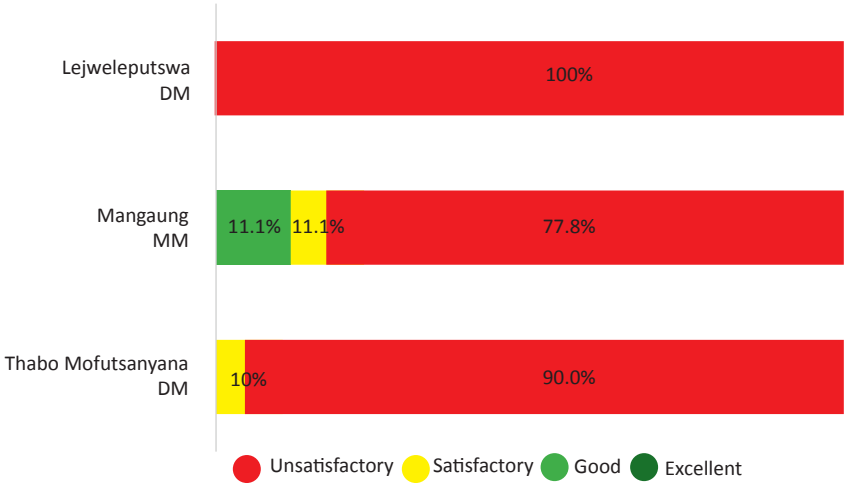


Figure 10: Grading outcome of non-compliant HEs, FY2020/21

4. COMPLIANCE STATUS PERFORMANCE OF INSPECTED HEs PER GRADING CATEGORY

Of the 28 inspected HEs during the period under review, 24 were Graded as Unsatisfactory and therefore automatically achieved a non-compliant status. Two (2) HEs were Graded Satisfactory and none of them achieved a compliant status. A total of two (2) HEs were Graded as Good and only one (1) achieved a compliant status. None of the inspected HEs were Graded as Excellent.

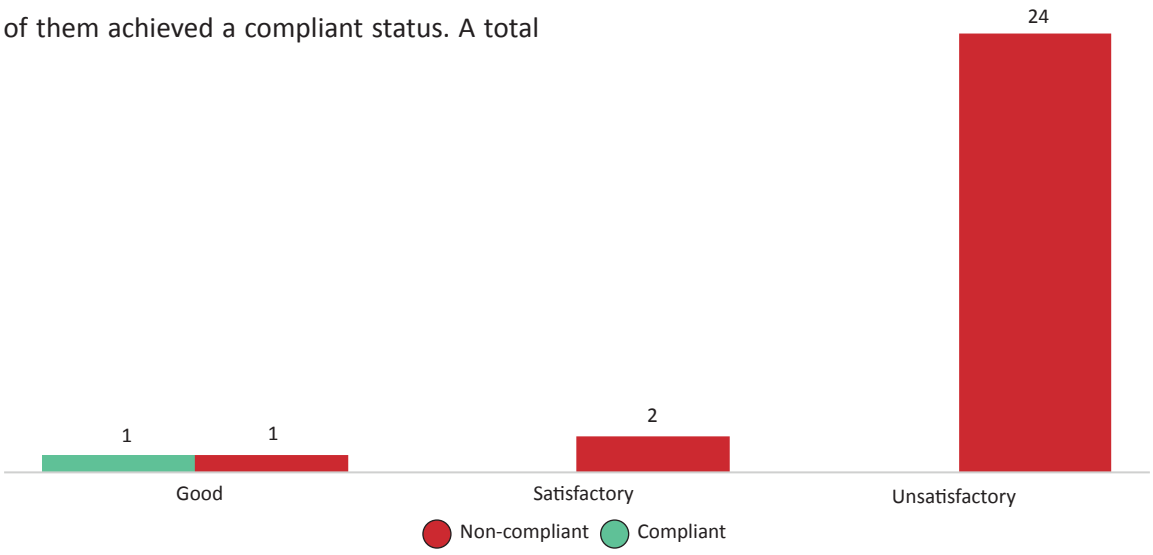


Figure 11: Grading outcome of non-compliant HEs, FY2020/21

5. PERFORMANCE OUTCOME ON NON-NEGOTIABLE VITAL (NNV) MEASURES

Figure 12 below demonstrates the overall performance of NNVs for all inspected HEs in the Free State province. One HE complied with all the three NNVs, whilst 22 (78.60%) HEs complied with two (2) of the three (3) NNVs, and one HE failed to comply with any of the 3 NNVs. The low compliance rate on 100% of NNVs partly explains the low overall compliance status outcome and therefore eligibility for certification in the province.

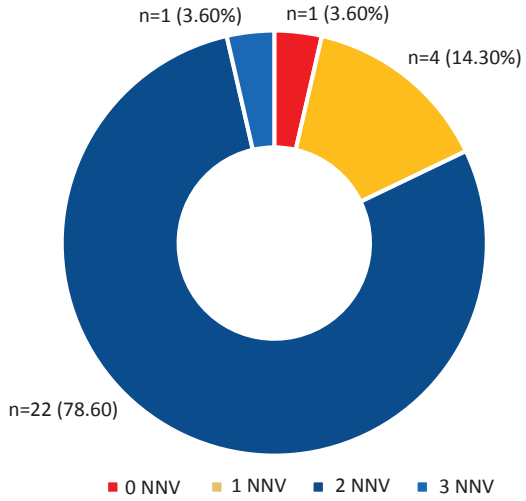


Figure 12: Performance of inspected HEs on non-negotiable vital measures

6. PERFORMANCE OF INSPECTED HES IN THE 3 SPECIFIC NNV MEASURES

Table 2 below shows that the NNV measure least complied with is the one with requirement that the emergency trolley be stocked with the required medicines and equipment, with 27 (96.43%) of the 28 inspected HEs found non-compliant with this specific measure. This is of concern because the medicines and equipment required in the emergency trolley are those that are needed to save life in medical emergencies when resuscitation and other advanced life support interventions are necessary to keep any user alive. Without all these medicines and equipment, preventable loss of life may occur. The second least complied with of the three (3) NNVs is the requirement that the oxygen cylinder contains oxygen above the minimum level indicator, with 5 (17.86%) of the inspected HEs not compliant against this measure.

Table 1: Performance of HEs on non-negotiable vital measures

NNVs	Total Compliant HEs N (%)	Total non-compliant HEs N (%)	Total inspected (N)
1. Emergency trolley is stocked with the required medicines and equipment.	1 (3.57%)	27 (96.43%)	28
2. Availability of an oxygen cylinder with a functional pressure gauge.	27 (96.43%)	1 (3.57%)	28
3. Availability of oxygen in the cylinder above the minimum level.	23 (82.14%)	5 (17.86%)	28

The table below shows that Mangaung Metropolitan Municipality had one HE that complied with all the three (3) NNVs, whilst none of the HEs inspected in Lejweleputswa District Municipality and Thabo Mofutsanyana District Municipality complied with all three (3) of the NNVs. This performance on NNVs explains the overall low proportion of HE that achieved compliant status in the province.

Table 2: Performance of HEs per district on non-negotiable vital measures

District	0 NNVs	1 NNV	2 NNVs	3 NNVs	Total
fs Lejweleputswa District Municipality	0 (0.00%)	2 (25.0%)	6 (75.0%)	0 (0.00%)	8 (28.57%)
fs Mangaung Metropolitan Municipality	0 (0.00%)	2 (20.0%)	7 (70.00%)	1 (10.00%)	10 (35.71%)
fs Thabo Mofutsanyana District Municipality	1 (10.00%)	0 (0.00%)	9 (90.00%)	0 (0.00%)	10 (35.71%)
Total	**1 (3.57%)**	**4 (14.29%)**	**22 (78.57%)**	**1 (3.57%)**	**28 (100.00%)**

THE TOP TEN UNAVAILABLE ITEMS IN THE EMERGENCY TROLLEY

Figure 13 below lists the most commonly unavailable equipment that accounted for the non-compliance with this NNV measure. The Oropharyngeal (Guedel) size 5 tube was the most commonly unavailable, with 53.57% of inspected HEs not having this critical life-saving equipment. All the other items on the list are critical and the absence of these in a significant number of inspected HEs is of great concern as this is an indication that these HEs may not be able to effectively perform life-saving resuscitation should this be required.

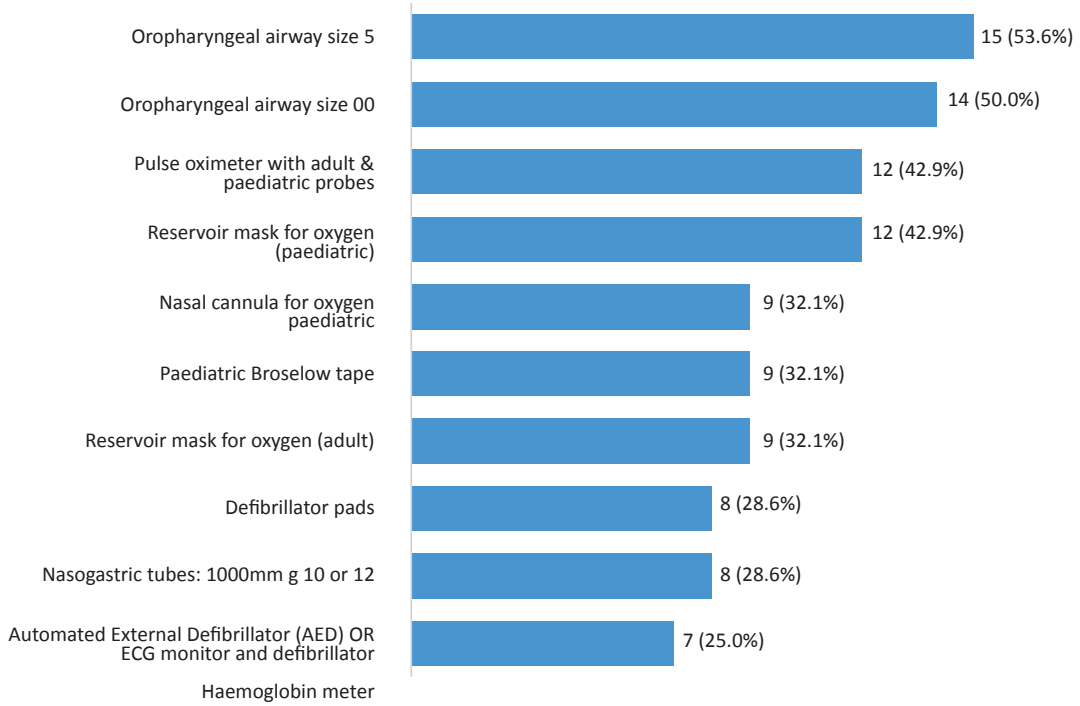


Figure 13: Most frequently unavailable equipment on the emergency trolley

7. FUNCTIONAL AREA PERFORMANCE

The inspection tool used to inspect the 28 PHC HEs in the province is divided into 4 sections called functional areas:

(1) Clinic Manager,
(2) Clinical Services,
(3) Dispensary or Medicine Cupboard, and
(4) Maintenance Support.

The average performance of the inspected HEs per functional area is shown in Figures 13 to 16 below.

7.1. VITAL AND ESSENTIAL MEASURES PERFORMANCE PER FUNCTIONAL AREA

The following graphs indicates the average scores for vital and essential measures attained per district for both compliant and non-compliant HEs. The error bars indicate the minimum and maximum scores, as well as spread of performance attained by HEs in the different functional areas.

7.1.1. Clinic Manager Functional Area

Figure 13 below shows the overall performance in this functional area.

Lejweleputswa District Municipality, Mangaung Metropolitan Municipality and Thabo Mofutsanyana District Municipality achieved the lowest average performance below 50% on Vital measures. The lowest performance was observed in Lejweleputswa District Municipality on Vital measures at 30,68%. The Clinic Manager functional area encompasses measures and requirements that seek to address leadership and governance aspects critical to the functioning of the health establishment.

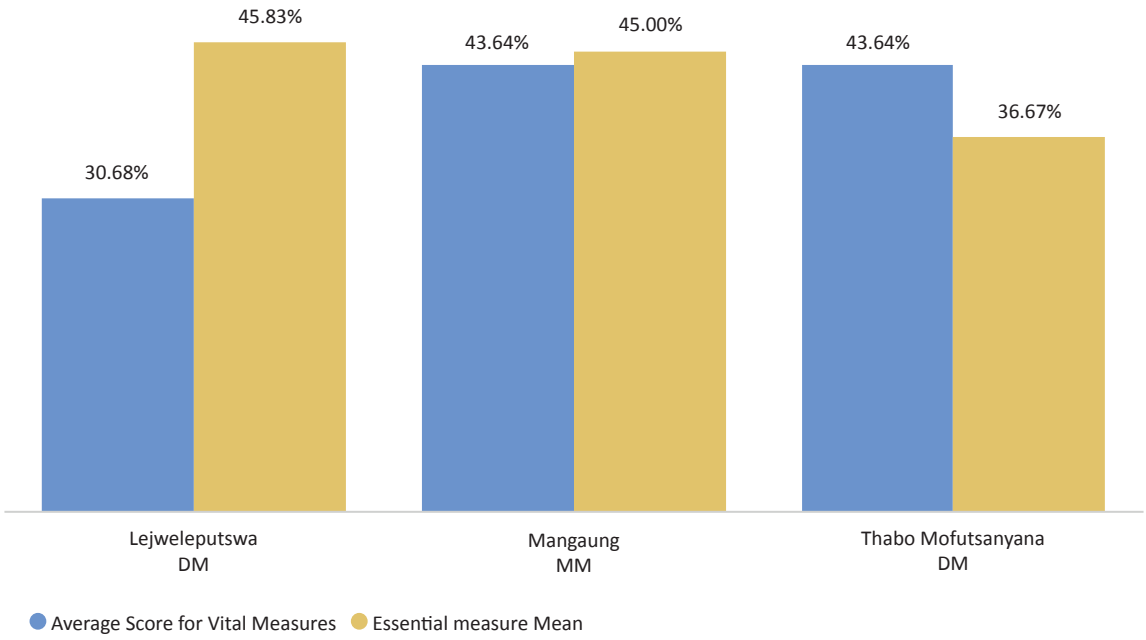


Figure 14: Average performance of Clinic Manager functional area of the inspected HEs

7.1.2 Clinical Services Functional Area

Figure 14 below shows the overall performance in this functional area. Thabo Mofutsanyana District Municipality achieved the highest average performance on both Vital and Essential measures. The lowest performance was observed in Lejweleputswa District Municipality on Essential and Vital measures at 49,79% and 46,61% respectively.

The Clinical Services functional area relates to the systems, processes, and organisation of clinical service delivery within the HE.

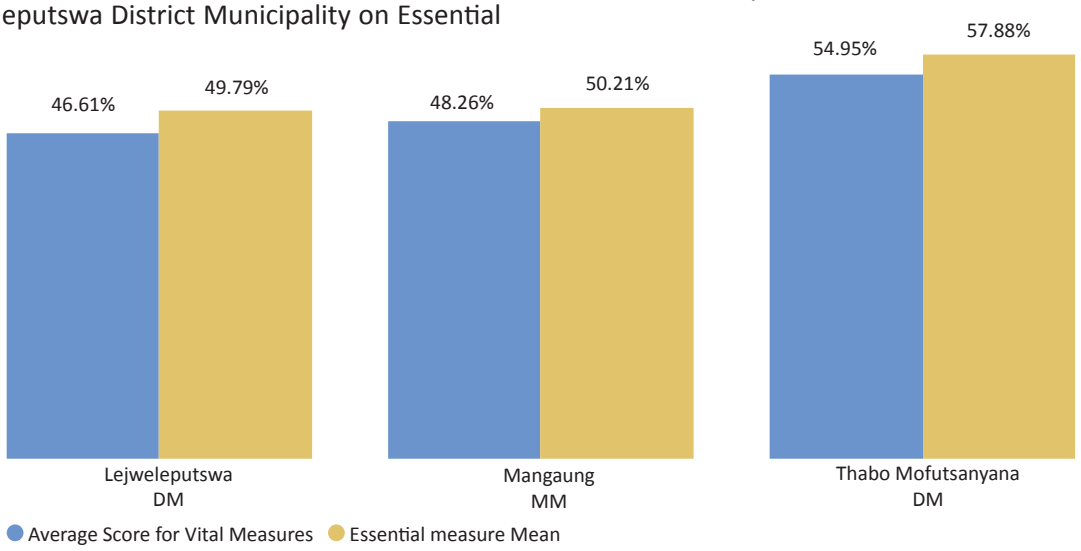


Figure 15: Average performance of Clinical Services functional area of inspected HEs

7.1.3 DISPENSARY/ MEDICINE CUPBOARD FUNCTIONAL AREA

Figure 15 below shows the overall performance in this functional area. Mangaung Metropolitan Municipality and Thabo Mofutsanyana District Municipality achieved the highest average performance on Vital measures. Lejweleputswa District Municipality and Mangaung Metropolitan Municipality achieved the highest performance on Essential measures. The lowest performance on Essential measures was observed in Lejweleputswa District Municipality at 30,68%.

The Dispensary or Medicine Cupboard functional area relates to the overall management of medicines and related consumables. Access and availability of this important health system input is critical to the provision of good quality healthcare services.

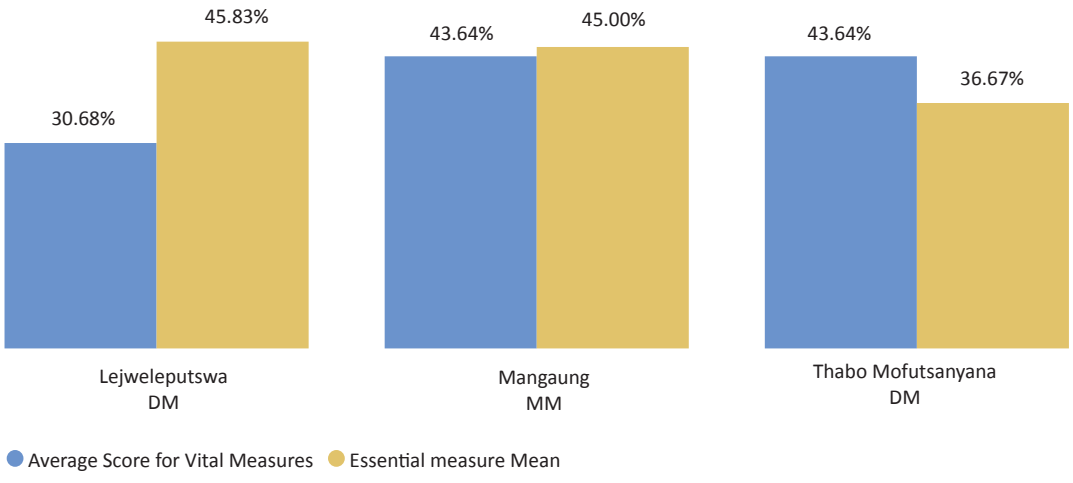


Figure 16: Average performance of Dispensary or Medicine Cupboard functional area of inspected HEs

7.1.4 Maintenance Support Functional Area

Figure 16 below shows the overall performance in this functional area. Mangaung Metropolitan Municipality and Thabo Mofutsanyana District Municipality achieved the highest average performances at 43.64% on Vital measures. The lowest performance on Essential measures was observed in Thabo Mofutsanyana District Municipality at 36.67%.

The Maintenance Support functional area relates to the management and maintenance of the physical infrastructure including availability of back-up electricity supply and water.

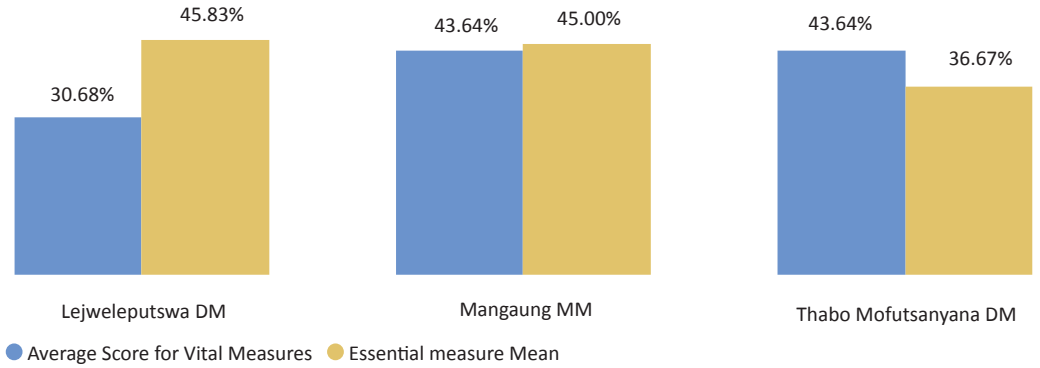


Figure 17: Average performance of Maintenance Support functional area inspected HEs

8. MOST COMMONLY NON-COMPLIED WITH MEASURES PER FUNCTIONAL AREA

In order to further understand and appreciate the performance of the inspected HEs in the 4 functional areas, an analysis of the most commonly non-compliant measures disaggregated from the overall performance in each of the 4 functional areas was conducted and the findings are as follows:

8.1 CLINIC MANAGER FUNTIONAL AREA

Table 4 below indicates most commonly failed measures in this functional area, which included requirement for appointmnent of personnel in line with the determined requirements. The second most commonly failed measure in this functional area is the requirement for escalation of identified breaches to the relevant authority. More than 96.4% of inspected HEs had no service level agreements (SLAs) for waste removal and disposal and not all health establishments were implementing risk mitigation interventions for identified risks.

Table 3: Five most commonly non-complied with measures in the Clinic Manager functional area

Measure names	Total Non-compliant HEs (N)%
1.4.2.1.1.2 Personnel are appointed in line with the determined requirements.	28 (100.0%)
1.2.4.1.1.5 Identified breaches in the service level agreement are escalated to the relevant authority.	27 (96.4%)
1.4.3.1.1.3 Risk mitigation interventions are implemented for identified risks.	27 (96.4%)
1.2.4.1.1.4 The service level agreements (SLAs) for waste removal and disposal of waste is monitored.	27 (96.4%)
1.4.3.1.1.2 An occupational health and safety risk assessment has been conducted in the past two years.	26 (92.9%)

8.2 CLINICAL SERVICES

In this functional area, the inspection process assesses the quality and safety of the clinical services provided at the HEs. This includes assessing aspects such as cleanliness, waiting time monitoring, emergency readiness and triage of users. All the three (3) NNVs in the PHC clinic inspection tool are also in this functional area.

The top five (5) most commonly failed measures in this functional area are listed in Table 5 below. The three commonly failed measures entailed availability of basic medical supplies including consumables, emergency trolley stocked with the medicines and equipment and the health establishment compliance with health records management guidelines.

When clinical records are not completed and stored as prescribed, the quality of clinical care including aspects such as continuity of care is compromised. While the lack of critical and essential medical supplies and equipment has potential serious consequences for user safety and the overall quality of care that users receive.

Table 4: Five most commonly non-complied with measures in the Clinical Services Functional Area

Measure Names	Total non-compliant HEs (N)%
2.3.1.1.1.1CHECKLIST: Basic medical supplies (consumables) are available.	28 (100.0%)
2.3.2.1.1.3 CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	27 (96.4%)
2.2.1.1.1.1 CHECKLIST: The health establishment complies with health records management guidelines.	27 (96.4%)
2.2.1.2.2.1 CHECKLIST: Clinical assessment and management plan for the user is recorded in the user record.	26 (92.9%)
2.2.1.2.2.2CHECKLIST: Clinical assessment and management plan for the patient is recorded in the patient record. (paediatric care).	25 (89.3%)

8.3 DISPENSARY OR MEDICINE CUPBOARD

Measures inspected in this functional area include whether the medicines are managed and stored as required and whether the area where the medicines are kept is clean. The top five non-compliant measures in this functional area are listed in Table 6 below.

The most commonly non-compliant measure in this functional area is the requirement that there is evidence that a stock take of medicine was done in the last 12 months, with 21 (75.0%) of inspected HEs not compliant with this measure. The second most commonly non-compliant measure is evidence that the Dispensary/Medicine room is clean, implying that 18 (64.3%) HEs did not meet the cleanliness of the medicine room.

Table 5: Five most commonly non-complied with measures in the Dispensary or Medicine Cupboard functional area

Measure names	Total non-compliant HEs (N)%
3.3.1.1.1.4 There is evidence that a stock take of medicine was done in the last 12 months.	21 (75.0%)
3.2.2.1.1.5 CHECKLIST: The Dispensary/Medicine room is clean.	18 (64.3%)
3.3.1.1.1.1 CHECKLIST: The standard operating procedure for management of medicines is available.	18 (64.3%)
3.2.2.1.1.3 All work completed is signed off by the cleaners.	17 (60.7%)
3.2.2.1.1.2 Cleaning is carried out in accordance with the schedule.	16 (57.1%)

8.4 MAINTENANCE SUPPORT

In this functional area, the inspections focus on assessing whether the HEs buildings and grounds are maintained adequately for providing safe environment for both users and staff. Other aspects included in this functional area are measures that assess whether the HEs have back-up supply of water and electricity to be able to continue providing services even during electricity or water supply disruptions.

An analysis of the top five most commonly non-compliant measures in this functional area identified the testing and maintainance of the back-up electricity supply system and buildings complying with safety regulations as the most non-complied with measures with all 28 HEs not complying with the measure requirements.

Table 6: Five most commonly non-complied with measures in the Maintenance Support functional area

Measure names	Total non-compliant HEs (N)%
4.5.2.1.1.4CHECKLIST: The back-up electricity supply system is tested and maintained.	28 (100.0%)
4.5.1.1.1.1 CHECKLIST: The building(s) complies with safety regulations.	28 (100.0%)
4.5.1.1.2.2 CHECKLIST: Observe if the areas of the building(s) listed below are maintained.	27 (96.4%)
4.5.1.1.2.1 The maintenance schedule for building(s) and grounds is available.	27 (96.4%)
4.2.1.1.1.1 CHECKLIST: The healthcare risk waste intermediate/temporary storage area complies with the minimum requirements listed below.	25 92.9%)

9. TOP PERFORMING MEASURES PER FUNCTIONAL AREA

While it is important to identify and discuss areas of non-compliance and therefore assist with the required quality improvement work, it is also useful to identify areas of compliance and where the inspected HEs performed relatively well. The following sections identify the measures most complied with and identifies the top 5 measures in this category per functional area.

9.1 CLINIC MANAGER FUNCTIONAL AREA

In this functional area, the measures most commonly complied with are the availability of national guidelines on priority health conditions. The availability of national guidelines on priority health conditions was compliant in 21 (75.0%) of inspected HEs, followed by the availability of standard operating procedure for Patient Safety Incident Reporting and Learning in 20 (71.4%) of inspected HEs. The other measures most complied with in this functional area include, among others, the ability of the health establishment to monitor the Emergency Medical Service response times in 20 (71.4%) HEs, as outlined in Table 7 below.

Table 7: Five most complied with measures in the Clinic Manager functional area

Top performing measures	Compliant HEs
1.2.2.1.1.1 CHECKLIST: National guidelines on priority health conditions are available.	21 (75.0%)
1.2.5.1.2.1 CHECKLIST: The standard operating procedure for Patient Safety Incident Reporting and Learning is available.	20 (71.4%)
1.1.2.1.2.2 The health establishment monitors the Emergency Medical Service response times.	20 (71.4%)
1.2.1.1.1.1 CHECKLIST: The standard operating procedure for key functions of health records management is available.	19 (67.9%)
1.1.3.1.2.1 Compliance with waiting time target(s) is monitored by the health establishment.	18 (64.3%)

9.2 CLINICAL SERVICES FUNCTIONAL AREA

The most commonly complied measures in this functional area include 27 (96.4%) HEs compliant with the availability of helpdesk or reception services. Similarly, an oxygen cylinder with pressure gauge was available in 27 (96.4%) of inspected HEs. The latter is part of the three (3) NNVs in this functional area. The other most complied with measure in this functional area include clinical service areas having natural ventilation or functional mechanical ventilation in 27 (96.4%) of HEs.

Table 8: Five most complied with measures in the Clinical Services functional area

Top-performing measures	Compliant HEs
2.1.1.1.1.1 Helpdesk or reception services are available.	27 (96.4%)
2.3.2.1.1.4 An oxygen cylinder with pressure gauge is available.	27 (96.4%)
2.5.2.1.1.1 CHECKLIST: All clinical service areas have natural ventilation or functional mechanical ventilation.	27 (96.4%)
2.4.1.1.1.1 Notices prohibiting smoking are prominently displayed inside the clinic.	26 (92.9%)
2.1.2.1.1.2 CHECKLIST: Healthcare providers responsible for user prioritisation are able to explain how users are prioritised.	26 (92.9%)

9.3 DISPENSARY OR MEDICINE CUPBOARD FUNCTIONAL AREA

The measure most commonly complied with was that 27 (96.4%) of HEs met the requirement that waste is segregated as required by the waste management practices. This was followed by 24 (85.7%) HEs where three scripts in the dispensary are correlated with the medicines dispensed to ensure that all medicines were received as prescribed. The 90 % of the medicines on the tracer medicine list are available in 24 (85.7%) of inspected HEs, while the same number complied with the requirement that no expired medicine should be on the shelves.

Table 9: Five most complied with measures in the Dispensary or Medicine Cupboard functional area

Top performing measures	Compliant HEs (N)
3.2.4.1.2.1 CHECKLIST: Waste is segregated as required by the waste management practices.	27 (96.4%)
3.3.1.1.2.2 CHECKLIST: Three scripts in the Dispensary are correlated with the medicines dispensed to ensure that all medicines were received as prescribed.	24 (85.7%)
3.3.1.1.2.1 CHECKLIST:90 % of the medicines on the tracer medicine list are available.	24 (85.7%)
3.3.1.1.2.6 There is no expired medicine on the shelves.	24 (85.7%)
3.3.1.1.1.2 CHECKLIST: The electronic network system for monitoring the availability of medicines is used effectively.	24 (85.7%)

9.4 MAINTENANCE SUPPORT FUNCTIONAL AREA

The top five (5) measures most commonly complied with in this functional area are listed in Table 10 below. Of the 28 HEs inspected, 24 (85,7%) complied with the emergency exits being kept free of obstacles, while 22 (78.6%) had the emergency vehicle entrance free from any obstruction or hazards, and 21 (75.0%) had a functional sewerage system.

Table 10: Five most complied with measures in the Maintenance Support functional area

Top performing measures	Compliant HEs
4.5.1.1.3.2 All emergency exits are kept free of obstacles.	24 (85.7%)
4.5.1.1.3.1 The emergency vehicle entrance is free from any obstruction or hazards.	22 (78.6%)
4.5.2.1.1.5 The sewerage system is functional.	21 (75.0%)
4.2.1.1.1.2 There is safe disposal of general waste.	21 (75.0%)
4.5.2.1.1.1 The health establishment has a functional piped water supply.	19 (67.9%)

10. PERFORMANCE ON DOMAINS

A domain is defined as "an aspect of service delivery where quality or safety can be at risk" Service delivery is one of the six World Health Organization (WHO) health systems building blocks. According to the WHO Health Systems Framework, service delivery must be offered in a quality and safe manner to produce positive health outcomes.

As explained in chapter 1, domains are the five main chapters of the inspection tools, including (1) Clinical Governance and Clinical Care, (2) Clinical Support Services, (3) Governance and Huma Resources, (4) User Rights, and (5) Facilities and Infrastructure. The performance of the inspected HEs against the domains is outlined in Figure 18 below.

Clinical Governance and Clinical Care

Clinical Governance assesses the availability of structures that govern the clinical management of patients. Clinical Care looks at existing clinical guidelines for management of common clinical conditions as well as how well are implemented and staff trained where clinical guidelines are revised.

Clinical Support Services

These services entail all the services that support the clinical management of the patient such as pharmacy, the procurement of medical equipment and medical consumables. In the HEs inspected, some of the essential medicines, essential medical equipment and consumables were not available at the time of the inspection.

Facilities and Infrastructure

These are the buildings, facilities where patients are seen, and the medical equipment. These can be formal or temporary structures and may form a whole or part of a HE.

Governance and Human Resources

These refers to the accounting authority of the HE, relevant management structures and committees, and the human resources process within the HE.

User Rights

These relate to the observance of the rights of users while accessing healthcare services. User rights contribute to acceptability of services and patient experience of care.

10.1 PERFORMANCE OUTCOMES AGAINST SPECIFIC DOMAINS

The highest average scores achieved by inspected HEs in the province is in the Clinical Support Services and User Rights at 56% for each. The second and third highest average performance was achieved in the clinical governance and clinical care and facilities and infrastructure at 44% and 35% respectively, while the lowest average score was achieved in the governance and human resources domain (26%) The low average score for the Governance and Human Resources domain is of concern because it seems to suggest that there may be leadership and human capital capacity challenges at the inspected HEs, to which the low overall compliance rate in inspected HEs in the province may be attributed.

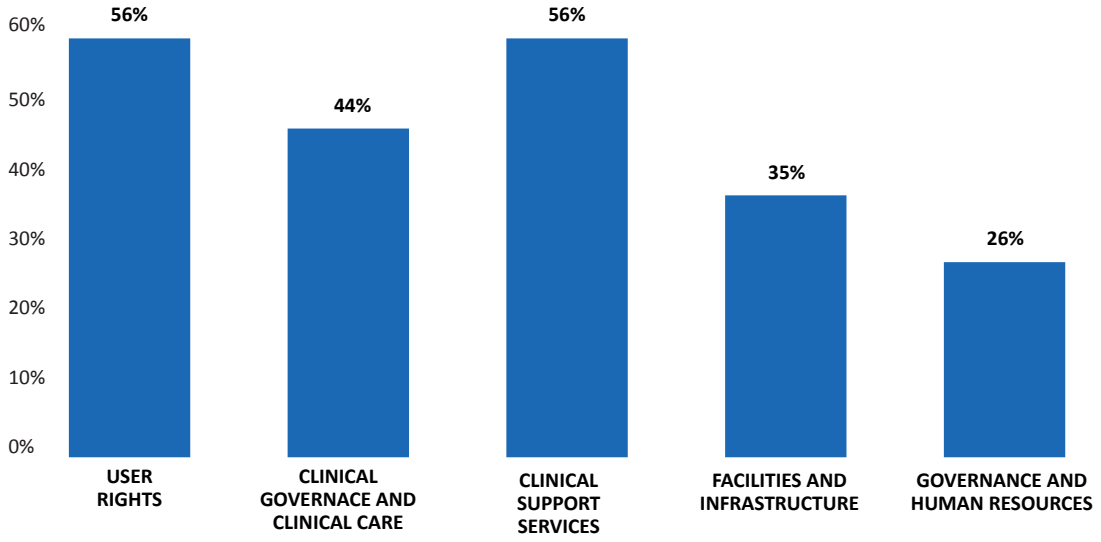


Figure 18: Average performance of all inspected HEs across the five domains

10.2 PERFORMANCE OUTCOMES BY DOMAINS PER DISTRICT

Table 12 below shows the average domain scores obtained by the HEs in the inspected districts in the province. Lejweleputswa District Municipality HEs obtained the lowest average score (37%) in the Clinical Governance and Clinical Care domain, followed by Thabo Mofutsanyana District Municipality (44%). Mangaung Metropolitan Municipality obtained the highest score (48%) in this domain. The highest average score in the Clinical Support Services domain was obtained by Mangaung Metropolitan Municipality and Thabo Mofutsanyana District Municipality at (57%) each, followed by Lejweleputswa District Municipality (53%) which represent the lowest average score in this domain.

Mangaung Metropolitan Municipality obtained the highest average scores in 2 of the 5 domains, with the lowest score obtained by this district being in the Governance and Human Resources domain (38%). Inclusive of Mangaung Metropolitan Municipality, all the districts obtained at least one average score below 50%, with the lowest average domain score of 21% Governance and Human Resources by Thabo Mofutsanyana District Municipality. Lejweleputswa District Municipality obtained the lowest average score in all five (5) domains.

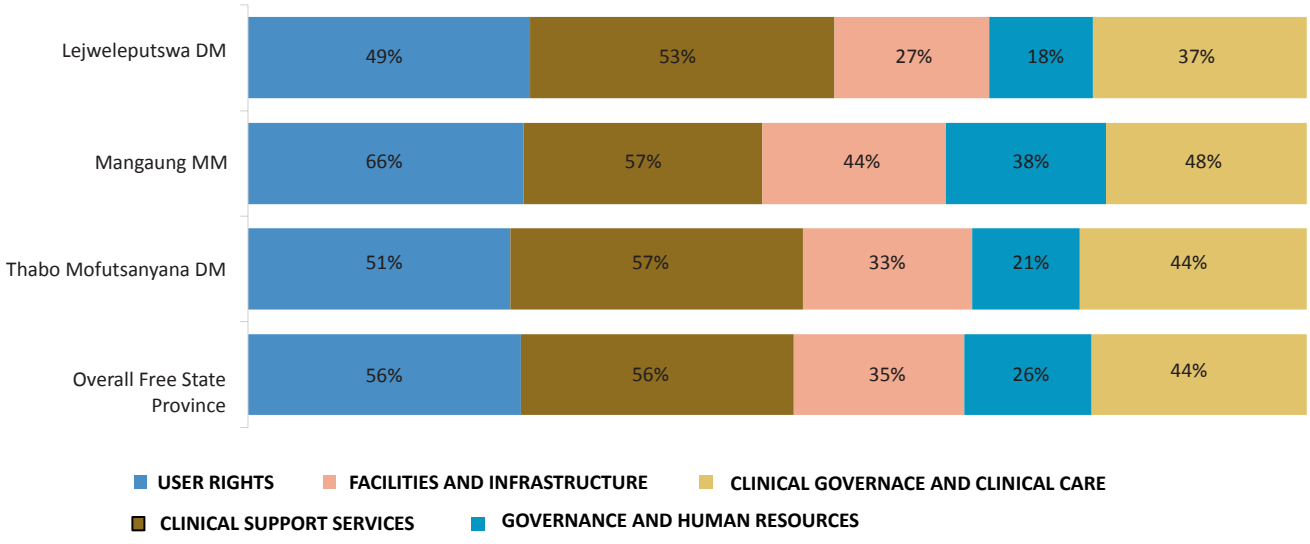


Figure 19: Average performance of inspected HEs across the five domains per district

10.3 TOP FIVE NON-COMPLIANT MEASURES PER DOMAIN

Table 13 below identifies the top non-compliant measures in each of the five domains. The table outlines the specific measures for which most of the HEs did not meet the specific requirements and thus should assist the authorities to have a clearer picture of the areas of gaps or challenges within the inspected HEs.

Table 11: Most non-complied with measures across the five domains

DOMAIN NAME	MEASURE NUMBER/NAMES	NON-COMPLIANT HEs N (%)
USER RIGHTS	1.1.2.1.2.3 The health establishment reports delays in Emergency Medical Service response times to the relevant authority.	24 (85.7%)
	1.1.2.1.3.1 Professional nurses have received training in Basic Life Support (BLS).	23 (82.1%)
	2.1.1.1.3.1 CHECKLIST: The complaints toolkit is available at the health establishment.	22 (78.6%)
	2.1.2.2.1.1 CHECKLIST: There is a referral register that records referred users which includes the details listed below.	21 (75.0%)
	1.1.3.1.1.1 A quality improvement plan indicates corrective measures taken where waiting time targets are not met.	19 (67.9%)
CLINICAL GOVERNANCE AND CLINICAL CARE	1.2.4.1.1.5 Identified breaches in the service level agreement are escalated to the relevant authority.	27 (96.4%)
	2.2.1.1.1.1 CHECKLIST: The health establishment complies with health records management guidelines.	27 (96.4%)
	1.2.4.1.1.4 The service level agreements (SLAs) for waste removal and disposal of waste is monitored.	27 (96.4%)
	2.2.1.2.2.1 CHECKLIST: Clinical assessment and management plan for the user is recorded in the user record.	26 (92.9%)
	1.2.2.1.3.6 CHECKLIST: The targets for proxy indicators for clinical risk are met.	26 (92.9%)
CLINICAL SUPPORT SERVICES	2.3.1.1.1.1 CHECKLIST: Basic medical supplies (consumables) are available.	28 (100.0%)
	2.3.2.1.1.3 CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	27 (96.4%)
	2.3.2.1.1.1 CHECKLIST: Essential equipment is available and functional in consultation areas.	24 (85.7%)
	2.3.2.1.1.2 CHECKLIST: The emergency room or resuscitation room is equipped with functional basic resuscitation equipment.	24 (85.7%)
	3.3.1.1.1.4 There is evidence that a stock take of medicine was done in the last 12 months.	21 (75.0%)
FACILITIES AND INFRASTRUCTURE	4.5.2.1.1.4 CHECKLIST: The back-up electricity supply system is tested and maintained.	28 (100.0%)
	4.5.1.1.1.1 CHECKLIST: The building(s) complies with safety regulations.	28 (100.0%)
	4.5.1.1.2.2 CHECKLIST: Observe if the areas of the building(s) listed below are maintained.	27 (96.4%)
	4.5.1.1.2.1 The maintenance schedule for building(s) and grounds is available.	27 (96.4%)
	4.5.2.1.1.3The health establishment has access to back-up electricity supply system in case of power supply disruptions.	24 (85.7%)
GOVERNANCE AND HUMAN RESOURCES	1.4.2.1.1.2 Personnel are appointed in line with the determined requirements.	28 (100.0%)
	1.4.3.1.1.3 Risk mitigation interventions are implemented for identified risks.	27 (96.4%)
	1.4.1.1.1.1 CHECKLIST: There is a functional Clinic Committee.	26 (92.9%)
	1.4.2.1.1.1Staffing needs have been determined in line with workload requirements.	26 (92.9%)
	1.4.3.1.1.2 An occupational health and safety risk assessment has been conducted in the past two years.	26 (92.9%)

10.4 PERFORMANCE OUTCOME ON SPECIFIC MEASURES BY STANDARDS PER DOMAIN

Figures 19 below show average or aggregate performance on measures at the level of standards per domain across all inspected HEs (for Free State province). The information in the figure below together with the information in Table 13 above identify specific areas that need improvement to assist the HEs to meet the requirements for provision of good quality healthcare services and thereby comply for certification.

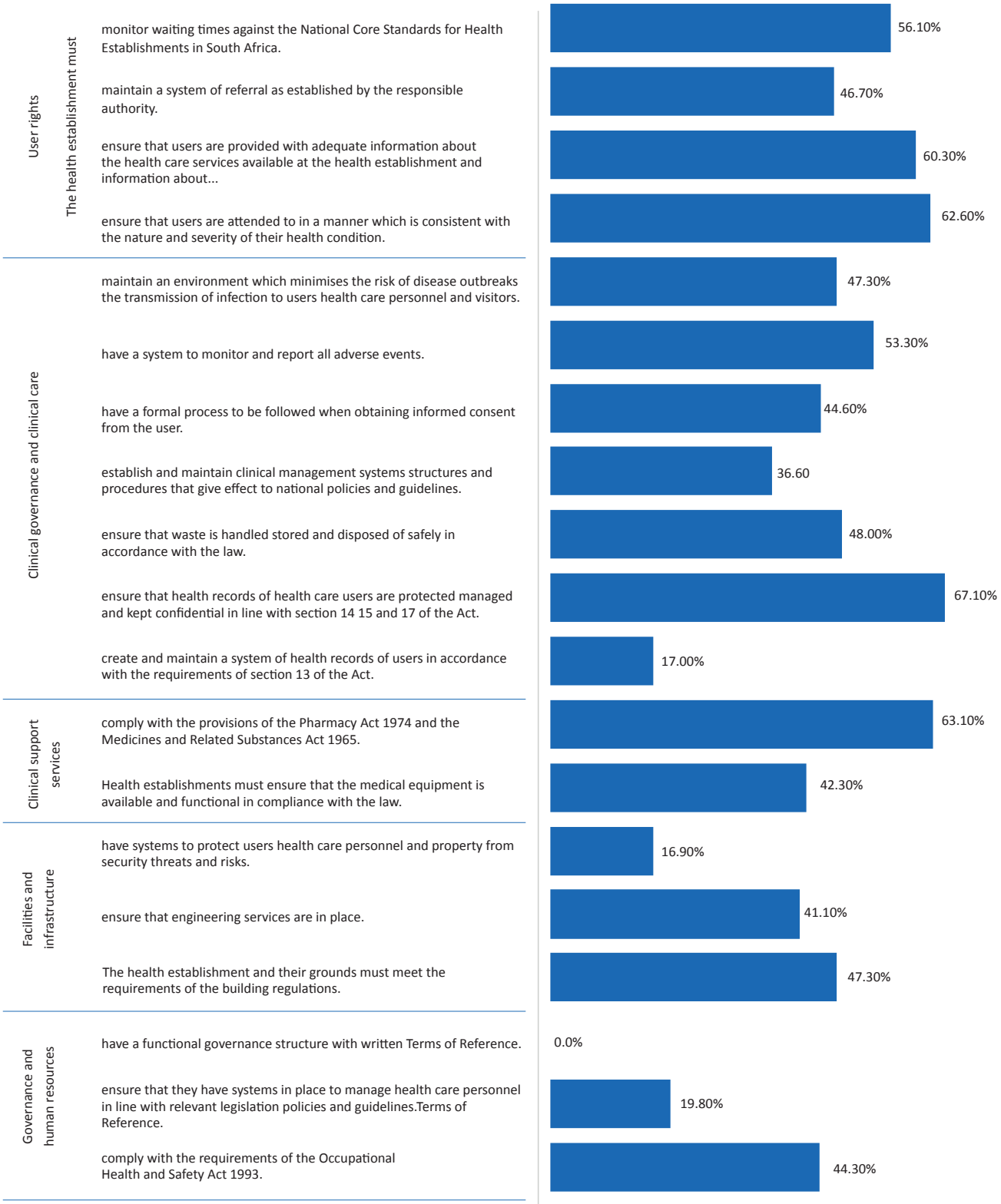


Figure 24: Aggregate performance on measures by standards in the Facilities and Infrastructure domain

10. RECOMMENDATIONS

Based on the performance of inspected health establishments in the period under review, the OHSC makes the following recommendations:

- The province and district must provide more support to HEs in preparation for inspections, as well as to improve performance as measured against the promulgated Norms and Standards. The provincial Quality Improvement management team should develop a structured and sustained plan of action to achieve compliance.
- The province and districts to develop, make available and ensure the continuous implementation of guiding documents such as standard operating procedures and national guidelines to ensure that the day-to-day operations are carried out accordingly.
- The province and districts achieved a very low compliance rate and will need a dedicated provincial quality improvement team to make substantive progress to improve the compliance outcome of HEs going forward.
- The province needs to focus on ensuring compliance with significant number of vital measures in the various functional areas to improve overall grading performance. In addition, attention must be given to the 3 NNVs that are critical to ensuring improvement in the compliance rate.
- The NNV measure with the highest rate of non-compliance was the medicines and equipment required in the emergency trolley. Given the importance of the emergency trolley in the ability of the HEs to provide safe and quality life-saving services, the province must institute a province wide initiative to ensure availability of medicines and equipment compliance required in this measure.
- The province to identify all measures with high rates of non-compliance and support HEs to develop and oversee the implementation of quality improvement plans.

11. CONCLUSION

The HEs inspected in the FS province generally performed poorly with only one (3.6%) HE able to achieve compliance status outcome. There were twenty-eight (28) HEs inspected in the province in the FY 2020/21 across 3 districts, and 27 (96.4%) were found to be non-compliant. The inspection findings show that majority, 24 (85.7%) of the 28 inspected HEs obtained an Unsatisfactory grading which automatically resulted in a non-compliant status. There were HEs graded Good and Satisfactory however, were found to be non-compliant because they did not meet the requirements for NNVs.

None of the HEs inspected in Lejweleputswa District Municipality and Thabo Mofutsanyana District Municipality achieved an overall compliance status. The trend in compliance outcomes performance over two consecutive inspection cycles remain very concerning and will impact on the provision of quality healthcare services within PHC facilities in the province.

Quality improvement interventions in the PHC facilities, on a continuous basis, will likely result in improvement of performance in the subsequent inspection cycles. The province must provide ongoing support to the PHC facilities to ensure better performance outcomes and ultimately provision of good quality healthcare services and minimisation of avoidable adverse events in the province.

12. ANNEXURE A

13.1. PERFORMANCE OF HEALTH ESTABLISHMENTS BY OVERALL GRADING AND COMPLIANCE STATUS OUTCOME

The previous sections of the report provided consolidated inspection outcomes for the entire province or per district. Table 14 below provides the grading and compliance outcomes for each of the inspected HEs. All HEs certified as compliant have already received their Compliance Certificates and those certified non-compliant have received their Compliances Notices. Some of the non-compliant HEs have already been re-inspected. Some of the re-inspected HEs were certified compliant, while others were referred for enforcement due to persistent non-compliance.

Table 12: Performance of health establishments by overall grading and compliance status outcome

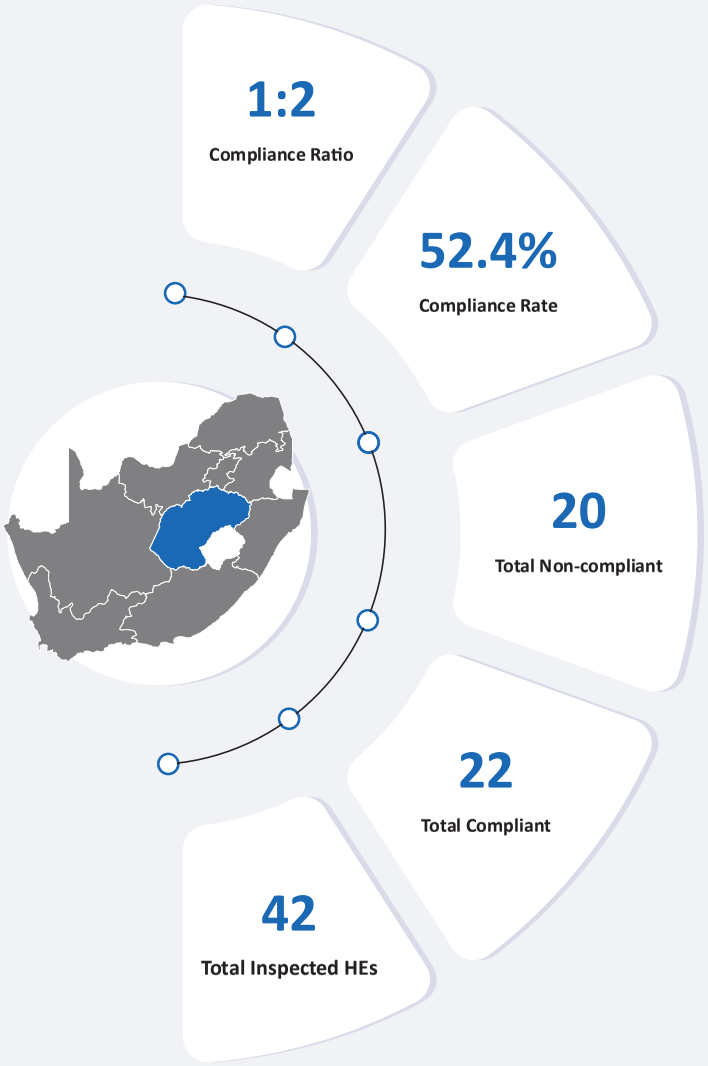
District	Sub District	Establishment Name	Overall Grade	Compliance Decision
fs Lejweleputswa District Municipality	fs Tswelopele Local Municipality	fs Phahameng (Bultfontein) Clinic	Unsatisfactory	Not Compliant
	fs Masilonyana Local Municipality	fs Lusaka Clinic	Unsatisfactory	Not Compliant
		fs Marantha Clinic	Unsatisfactory	Not Compliant
		fs Winburg Clinic	Unsatisfactory	Not Compliant
		fs Tshepong (Verkeerdevlei) Clinic	Unsatisfactory	Not Compliant
		fs Kamohelo Clinic	Unsatisfactory	Not Compliant
		fs Masilo Clinic	Unsatisfactory	Not Compliant
	fs Tokologo Local Municipality	fs Tshwaraganang (Dealesville) Clinic	Unsatisfactory	Not Compliant
fs Mangaung Metropolitan Municipality	fs Botshabelo Health sub-District	fs Molefi Tau Clinic	Good	Compliant
		fs Winnie Mandela (Botshabelo) Clinic	Good	Not Compliant
		fs Jazzman Mokhothu Clinic	Satisfactory	Not Compliant
		fs Bophelong (Botshabelo) Clinic	Unsatisfactory	Not Compliant
		fs Pule Sefatsa Clinic	Unsatisfactory	Not Compliant
		fs Dr Pedro Memorial Clinic	Unsatisfactory	Not Compliant
		fs Harry Gwala (Botshabelo) Clinic	Unsatisfactory	Not Compliant
		fs Botshabelo Industrial Clinic	Unsatisfactory	Not Compliant
		fs Potlako Motlohi Clinic	Unsatisfactory	Not Compliant
		fs Maletsatsi Mabaso Clinic	Unsatisfactory	Not Compliant

District	Sub District	Establishment Name	Overall Grade	Compliance Decision
fs Thabo Mofutsanyana District Municipality	fs Mantsopa Local Municipality	fs Thaba Phatswa Clinic	Satisfactory	Not Compliant
		fs Borwa Clinic	Unsatisfactory	Not Compliant
		fs Ladybrand Clinic	Unsatisfactory	Not Compliant
		fs Ikaheng Clinic	Unsatisfactory	Not Compliant
		fs Mauersnek Clinic	Unsatisfactory	Not Compliant
		fs Manyatseng Clinic	Unsatisfactory	Not Compliant
		fs Excelsior Clinic	Unsatisfactory	Not Compliant
		fs Tweespruit Clinic	Unsatisfactory	Not Compliant
	fs Setsoto Local Municipality	fs Hlohlolwane Clinic	Unsatisfactory	Not Compliant
		fs Clocolan Clinic	Unsatisfactory	Not Compliant

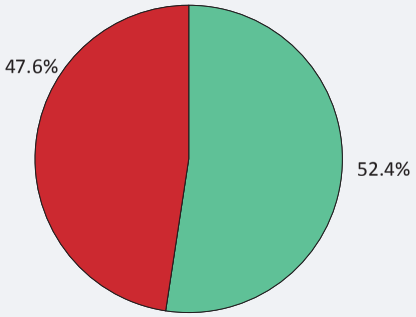
GAUTENG

SUMMARY OF INSPECTED HEALTH ESTABLISHMENTS OUTCOMES IN GAUTENG PROVINCE F/ 2020/21

Figure 1: Summary of inspected health establishments in Gauteng Province FY 2020/21

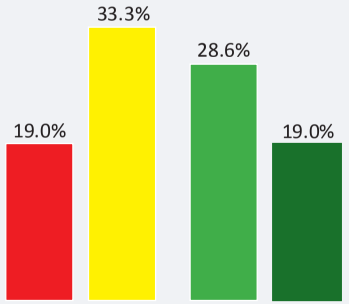


Compliance status outcome



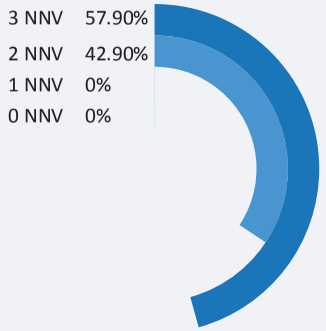
Of all 42 inspected HEs in the province, 52.4% (n=22) met the compliance requirements.

Overall grading outcome



The grading of health establishments is applied to both compliant and non compliant HEs. It is worth noting that 19% of all health establishments were graded Unsatisfactory whilst a combined 81% of HEs were graded Excellent, Good, and Satisfactory.

Performance of NNV



Non-negotiable vital (NNVs) measures are those measures that a health establishment must score 100% to be certified compliant. Majority of HEs (57.1%) complied with 2 NNVs

Overall grading per district

District	Total inspected	Compliance rate	Overall grading			
			Excellent	Good	Satisfactory	Unsatisfactory
City of Ekurhuleni MM	7	42.9%	42.9%	28.6%	28.6%	0.0%
City of Johannesburg MM	9	44.2%	44.4%	22.2%	33.3%	0.0%
City of Tshwane MM	8	87.5%	37.5%	25.0%	37.5%	0.0%
Sedibeng DM	7	14.3%	0.0%	14.3%	0.0%	85.7%
West Rand DM	11	63.6%	0.0%	36.4%	45.5%	18.2%

Compliance: Non-compliant Compliant **Grading** Unsatisfactory Satisfactory Good Excellent

DISTRIBUTION OF HEALTH ESTABLISHMENTS INSPECTED IN THE GAUTENG PROVINCE PER DISTRICT

A total of 42 health establishments (HEs) were inspected in the Gauteng province during the 2020/21 and the distribution of inspected HEs per district is as shown in Figure 2 below. Inspections were conducted in the five (5) districts within the province and inspected HEs were selected proportionally. Only the Primary Health Care (PHC) clinics were inspected during the period under review because of the Office of Health Standards Compliance (OHSC) has adopted a progressive and incremental approach in the implementation of the norms and standards regulations starting with PHC facilities as the entry point and gateway to the rest of the health care system.

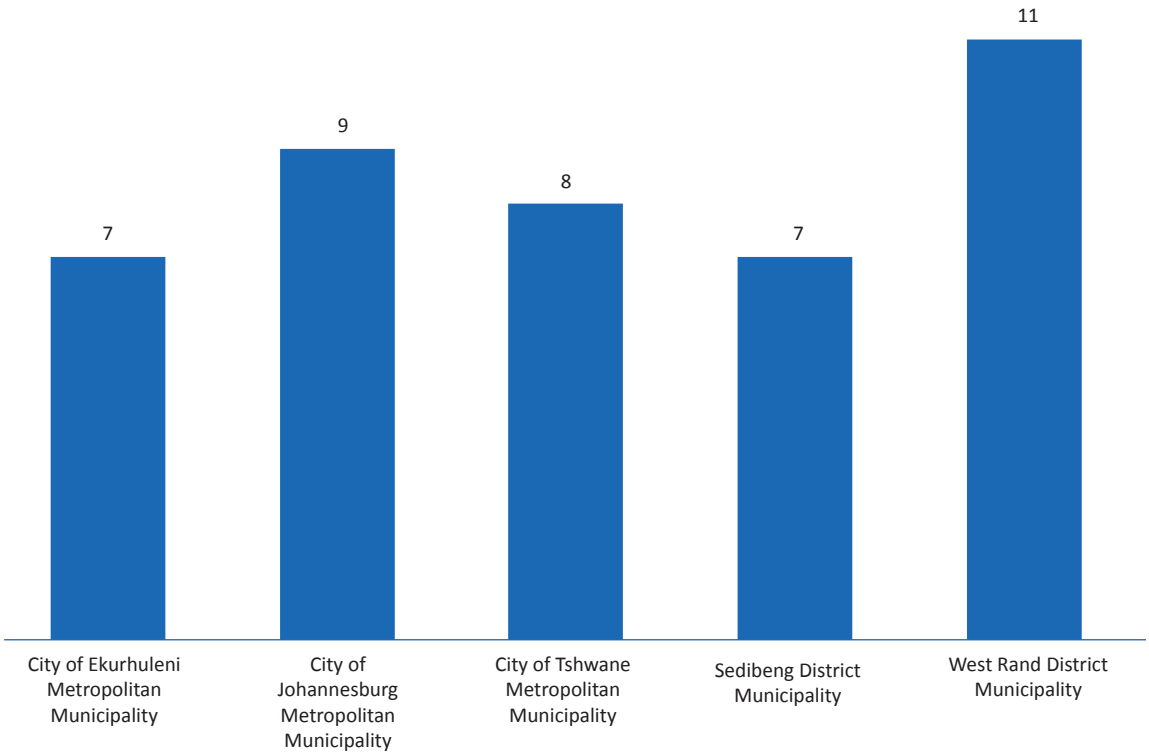


Figure 2: Total number of inspected HEs per district, FY 2020/21

Since the commencement of inspections using the promulgated norms and standards regulations for different categories of health establishments in the 2019/20 financial year, a cumulative total of 129 PHC clinics have been inspected in the province. This represents 34.8% of the total number of public sector PHC clinics (N = 370) in the province.

As was the case in the rest of the country, the number of inspections in the province declined by 51.7% in the 2020/21 financial year compared to the 2019/20 financial year due to the impact of the COVID-19 National State of Disaster Management restrictions. Figure 3 below shows the breakdown of all inspections conducted in the province per district during the 2019/20 and 2020/21 inspection cycles. For the two consecutive inspection cycles of 2019/20 and 2020/21, the highest cumulative number of inspections were conducted in the Johannesburg Metropolitan Municipality with 34 HEs and the lowest being Tshwane Metropolitan Municipality with 17 HEs inspected.

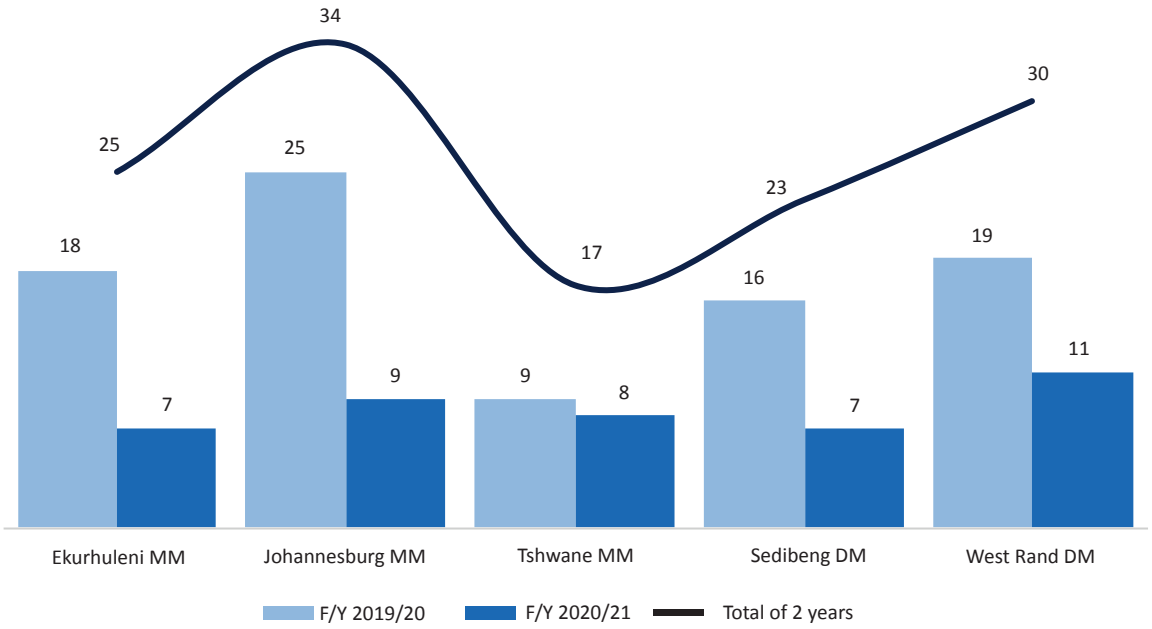


Figure 3: The breakdown of inspections conducted in the Eastern Cape province per district over time

2. COMPLIANCE STATUS OUTCOME OF INSPECTED HEs, FY 2020/21

The compliance status outcome is a result of collation of performance of a health establishment as determined by scores against the measures' requirements in the applicable inspection tool and processed according to the Compliance Status Framework (CSF). The scores are aggregated according to the various risk-rated measure categories to arrive at a grading outcome. Once a grading outcome is determined, the next step is to determine the performance of the health establishment on the non-negotiable vital (NNV) measures. A final decision on the compliance status outcome is then arrived at taking into consideration the grading outcome and performance on NNV measures.

The measures in the inspection tool are risk-rated into 3 categories (essential, vital and non-negotiable vital measures). There are threshold cut-off levels for performance in each of the essential and vital risk-rated measure categories to determine grading outcome. There are four Grading categories namely, Excellent, Good, Satisfactory, and Unsatisfactory

The NNV measures are those measures that a HE must fully comply with (score 100%) to be eligible for a compliant status, subject to the HE achieving the minimum thresholds in the other two (2) risk rating categories. Failure to comply with all NNVs automatically results in a HE being certified as non-compliant, irrespective of the grading outcome.

There are 3 NNVs in the PHC clinic inspection tool, made up of:

1. the emergency trolley be stocked with all the required medicines and equipment,
2. that an oxygen cylinder with a functional gauge be available, and
3. that the oxygen in the cylinder must be at or above the minimum level indicator.

Figure 4 below shows the overall compliance status outcome of health establishments inspected in Gauteng province during the 2020/21 inspection cycle. Of the 42 inspected health establishments, 22 (52.4%) were found to be compliant, whilst 20 (47.6%) were found to be non-compliant with the norms and standards regulations.

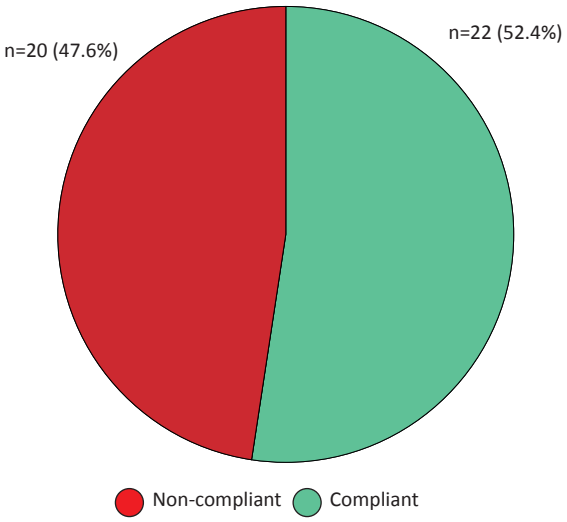


Figure 4: Compliance Status of inspected HEs, FY 2020/21 cycle

2.1 COMPLIANCE STATUS OUTCOME PER FINANCIAL YEAR

Figure 5 below shows the trend in the total number of inspections conducted and the number of compliant health establishments in Gauteng province for the consecutive financial years of 2019/20 and 2020/21. The observed decline of 51.7% (87 to 42) in the inspections conducted between the two financial years was because of the COVID-19 pandemic and resultant Disaster Management Regulations put in place country wide.

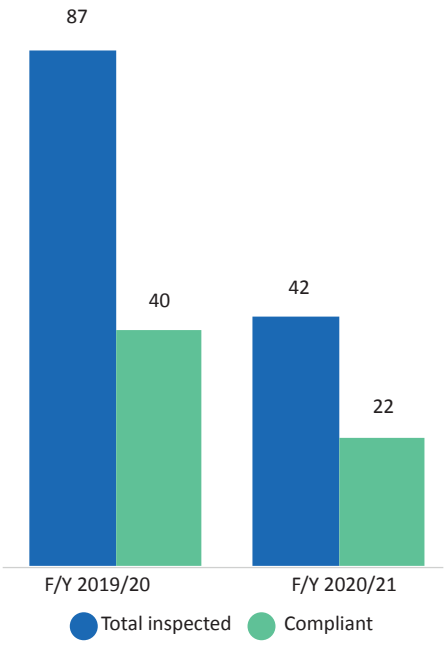


Figure 5: The breakdown of compliance status outcome of inspected health establishments, FY 2019/20 and 2020/21

The compliance ratio has shown a slight improvement from 1 compliant HE for every 2.2 inspected HEs in 2019/20 to 1 compliant HE for every 1.9 inspected HEs in 2020/21. The compliance rate has shown a slight increase from 45.9% in 2019/20 to 52.4% in 2020/21.

2.2 COMPLIANCE STATUS OUTCOME PER DISTRICT

The compliance performance of the inspected HEs was analysed per district, as illustrated in the Figure 6 below. Figure 5 below shows that the City of Tshwane Metropolitan Municipality health establishments performed very well with 87.5% of its inspected HEs found to be compliant whilst Sedibeng District Municipality HEs performed the worst with only 14.3% of HEs achieving a compliant status.

The compliance status performance results, although limited in terms of the actual number of inspected HEs, seems to demonstrate or suggest that there is a significant variation between the different districts, pointing to possible inequity or systemic and systematic differences in the quality of healthcare services rendered by the health establishments in the various district of this province.

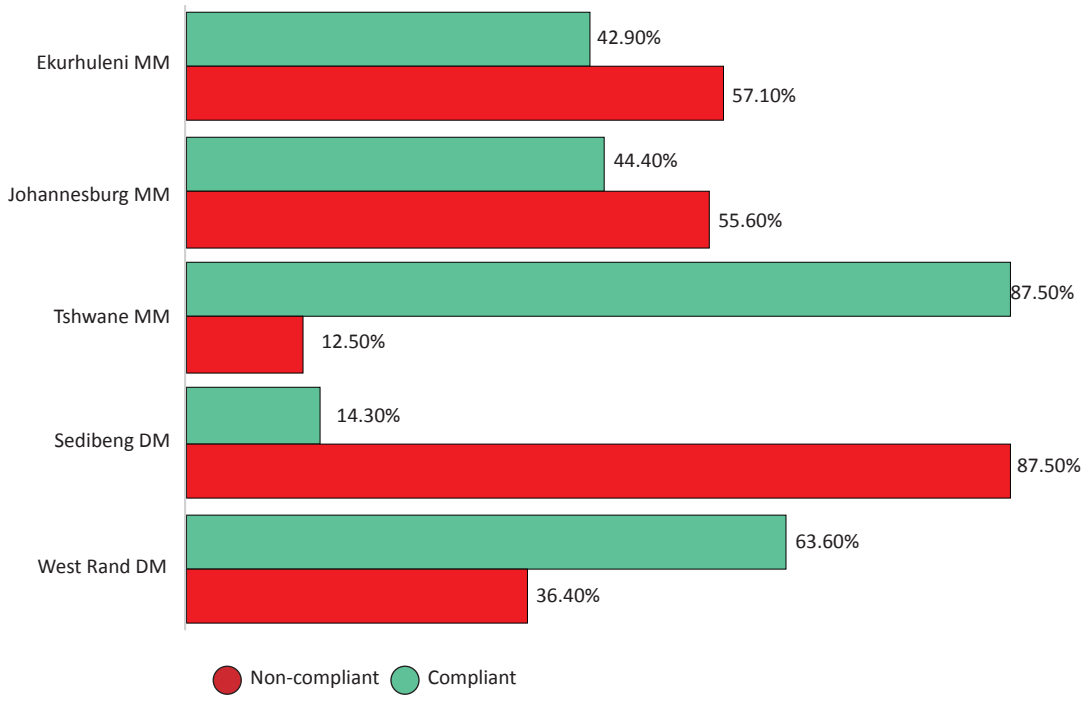


Figure 6: Compliance Status performance of inspected HEs per district, FY 2020/21

3. OVERALL GRADING PERFORMANCE OF INSPECTED HEs, FY 2020/21

Figure 7 below should be interpreted in conjunction with the bar graph above. Considering the bar graph of the grading over time, it is worth noting that 19% of all health establishments were graded Unsatisfactory whilst a combined 81% of HEs were graded Excellent, Good, and Satisfactory.

The Unsatisfactory grading outcome for the 8 HEs mean that these HEs would automatically achieve a non-compliant status and be precluded from eligibility for certification. 34 of the 42 inspected HEs achieved a grading outcome that made them eligible to achieve a compliant status subject to their performance in the NNV measures.

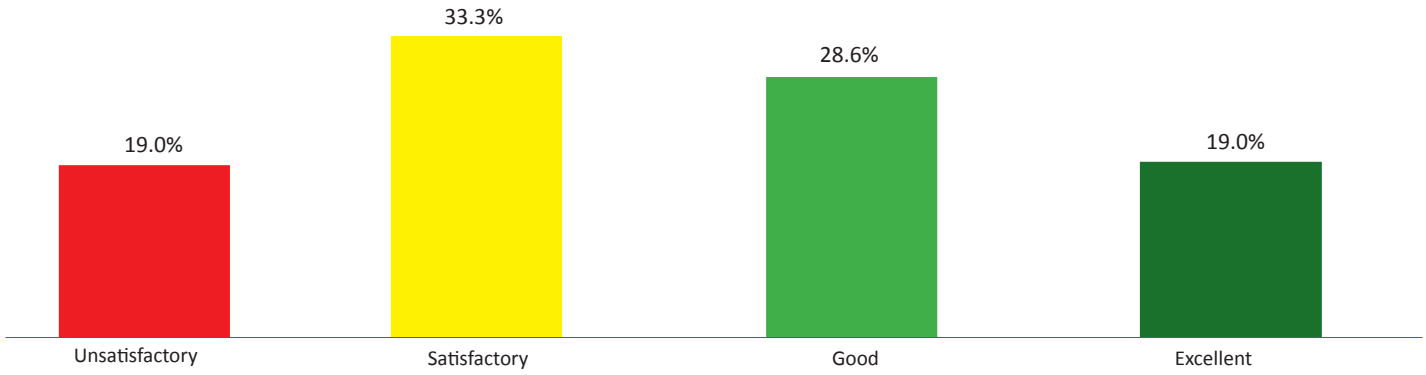


Figure 7: Grading performance of inspected HEs, FY 2020/21

Figure 8 below indicates the overall grading performance in the two consecutive financial years 2019/2020 and 2020/2021. It is worth noting that in FY 2020/2021, the proportion of Unsatisfactory health establishments has decreased by 9.7 percentage points compared to the 2019/2020 results. In addition, the proportion of HEs graded Satisfactory and Good increased by 2.3 and 10.2 percentage points respectively between 2019/20 and 2020/21 financial years.

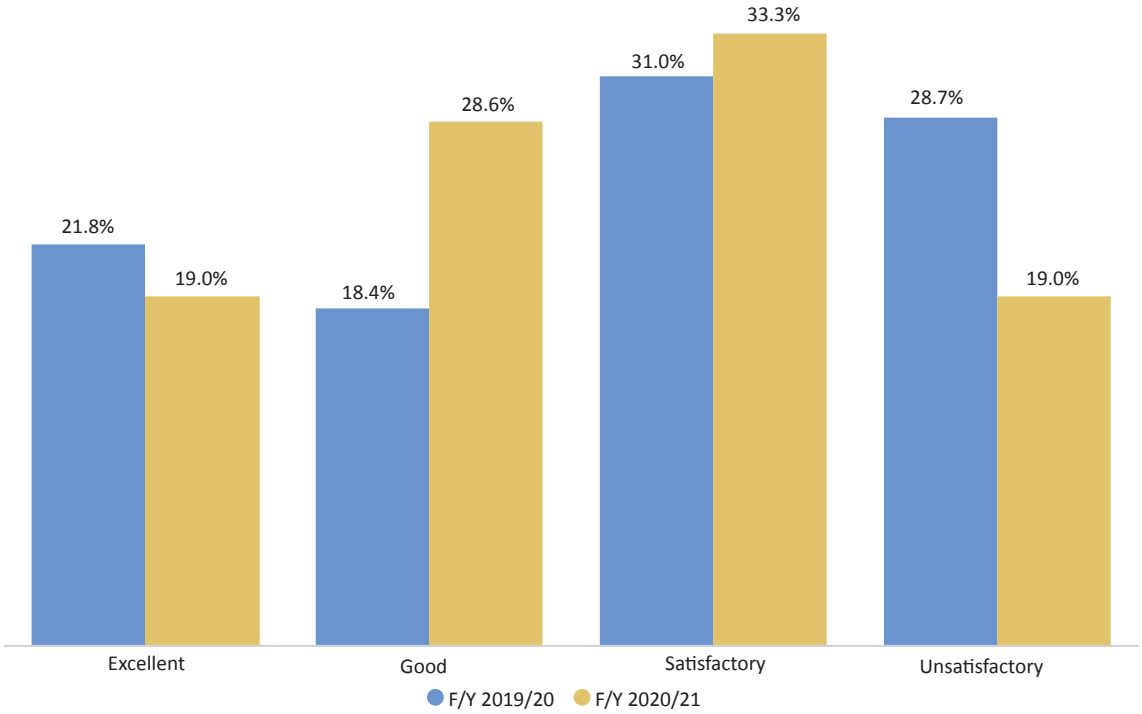


Figure 8: Grading performance of inspected HEs, FY 2019/20 and 2020/21

3.1 PERFORMANCE ON OVERALL GRADING OUTCOME PER DISTRICT, ALL INSPECTED HEs

When the grading performance analysis is disaggregated by district, as shown in figure 9 below, it is evident that health establishments in the three Metropolitan Municipalities performed comparatively better than the two other districts. Both the Cities of Johannesburg and Tshwane had more than 60% of their inspected HEs in the combined grading categories of Excellent and Good. Sedibeng and West Rand districts were the only districts in which a proportion of inspected HEs were graded as Unsatisfactory.

A total of 80.9% of inspected health establishments were in the Excellent, Good and Satisfactory categories which means that this was the proportion of HEs that were eligible for compliance status subject to their performance on the non-negotiable vital measures (NNVs). However, it is worth noting that when the final compliance status was determined, only 52.38% of inspected HEs achieved compliance status.

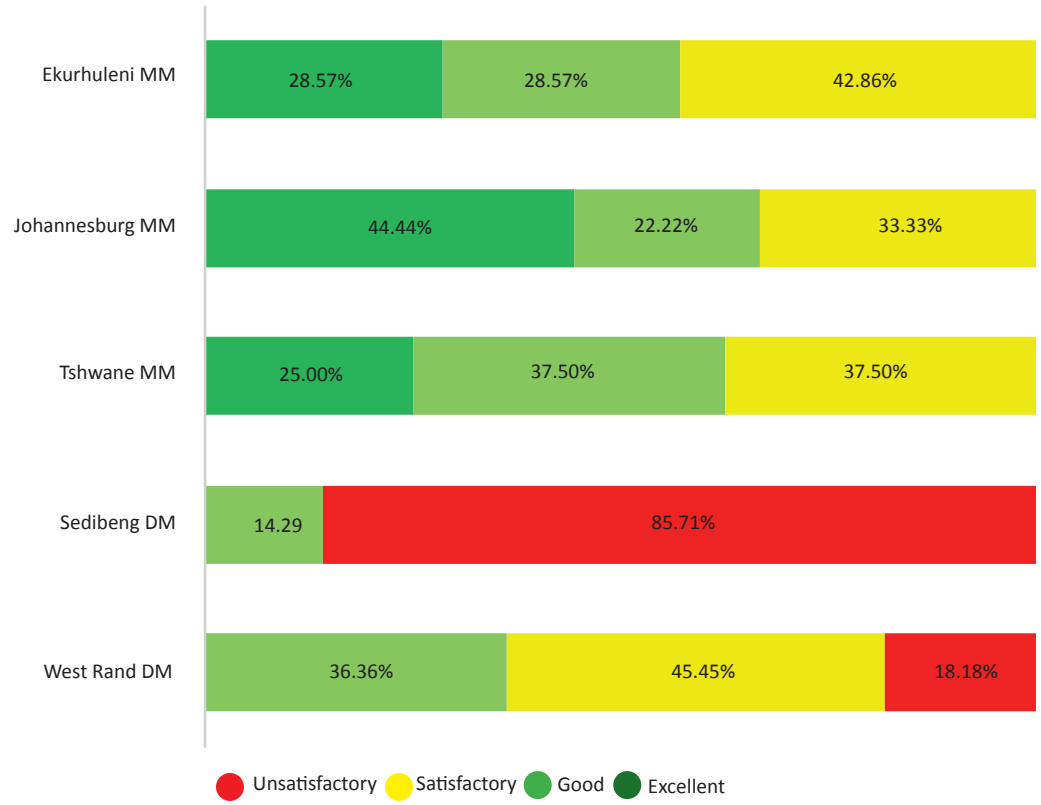


Figure 9: Grading performance of all inspected HEs per district, FY 2020/21

3.2 OVERALL GRADING PERFORMANCE OF NON-COMPLIANT HES PER DISTRICT, FY 2020/21

Figure 10 below indicates overall grading performance by non-compliant HEs per district. A total of 20 HEs were found to be non-compliant with the norms and standards regulations requirements during the period under review. It is worth noting that there was one (1) HE in the City of Ekurhuleni that was graded as Excellent and still did not achieve a compliant status. A total of three (3) HEs were graded as Good and seven (7) with a Satisfactory grading that did not manage to achieve a compliant status. A total of 8 HEs were graded as Unsatisfactory and therefore were automatically not eligible for a compliant status.

Figure 10: Grading performance of non-compliant HEs per district, FY 2020/21

3.3 OVERALL GRADING PERFORMANCE OF COMPLIANT HEs PER DISTRICT

Figure 11 below indicates overall grading status for all compliant HEs per district. A total of 22 HEs were found to be compliant in Gauteng province during the 2020/21 inspection cycle. Among the compliant HEs, seven (7) were graded as Excellent, nine (9) were graded as Good, and six (6) were graded as Satisfactory.

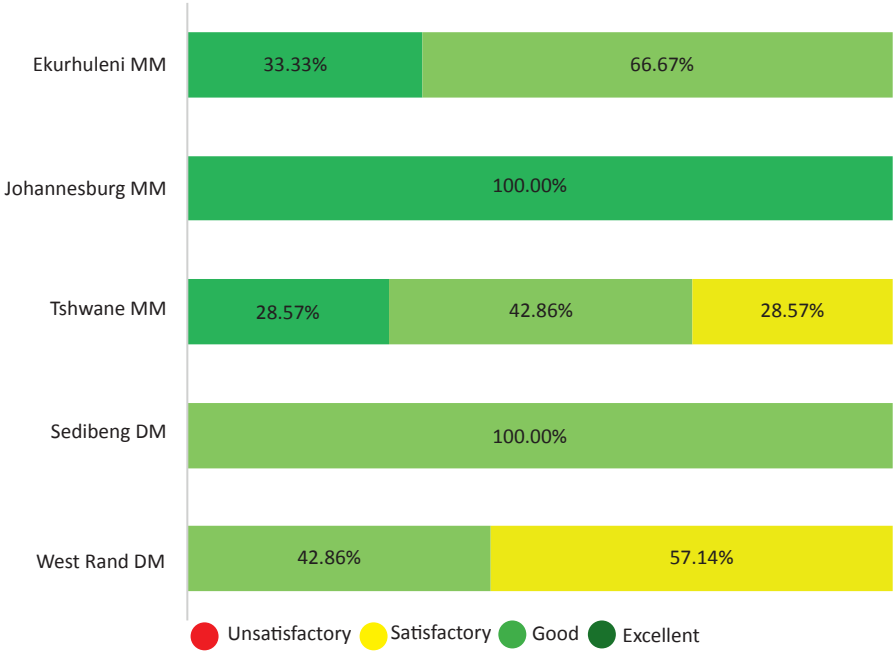


Figure 11: Grading performance of non-compliant HEs per district, FY 2020/21

4. COMPLIANCE STATUS OUTCOME OF INSPECTED HEs PER GRADING CATEGORY

Of the 42 inspected HEs during the period under review, 8 (19.0%) were graded as Unsatisfactory and therefore automatically achieved a non-compliant status. A total of 14 (33.3%) HEs were graded Satisfactory and of these 6 (14.3%)achieved a compliant status. A total of 12 (28.6) HEs were graded as Good and of these 9 (21.4%) achieved a compliant status whilst 8 (19.0%) HEs were graded as Excellent with 7 (16.7%) achieving a compliant status.

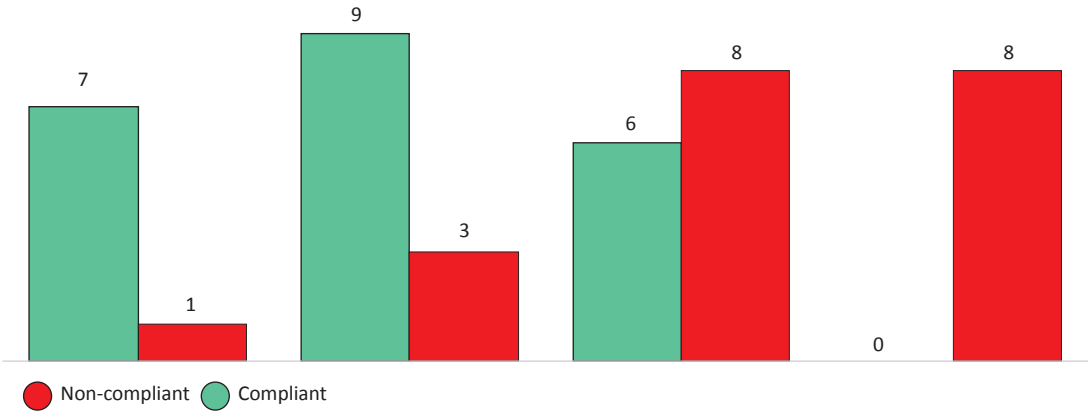


Figure 12: Compliance Status outcome of inspected HEs per grading category

5. PERFORMANCE OUTCOMES ON NON-NEGOTIABLE MEASURES (NNVS), FY 2020/21

Figure 13 below indicates performance of inspected HEs on NNV measures in Gauteng province. It is worth remembering that the compliance status decision algorithm requires a HE to meet 100% of all the 3 NNV measures to achieve a compliant status and therefore be eligible for certification.

All the 42 inspected HEs were able to meet the requirements for at least 2 of the 3 NNV measures. A total 24 of the inspected HEs in the province complied with all the 3 NNV measures, whilst 18 complied with only two (2) of the three NNV measures.

It is worth noting that all the 22 HEs that met the requirements for all the 3 NNVs were ultimately found to be compliant. The remaining 20 HEs that did not meet 100% of the requirements of the NNVs would thus not be able to achieve a compliant status irrespective of the grading outcome.

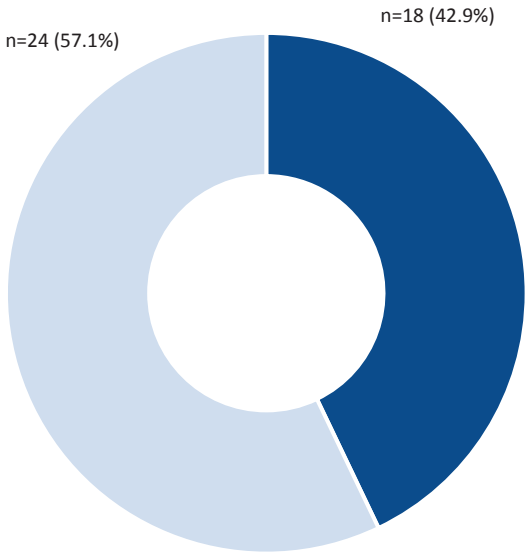


Figure 13: Performance of inspected HEs on non-negotiable vital measures

6. PERFORMANCE OF INSPECTED HES IN THE 3 SPECIFIC NNV MEASURES

Table 1 below disaggregates the performance of HEs per district on the 3 NNV measures. 57.14% of all HEs met all the requirements for the 3 NNV measures and were therefore eligible for achieving a compliant status and these were distributed among the five (5) districts. The remaining 42.86% of the inspected HEs met the requirements for two of three NNVs and there were no HEs that met only one or none of the NNVs.

Table 1: Performance of HEs on non-negotiable vital measures

District	1 NNV	2 NNVs	3 NNVs	Total
gp City of Ekurhuleni Metropolitan Municipality	0 (0.00%)	4 (57.14%)	3 (42.86%)	7 (100%)
gp City of Johannesburg Metropolitan Municipality	0 (0.00%)	5 (55.56%)	4 (44.44%)	9 (100%)
gp City of Tshwane Metropolitan Municipality	0 (0.00%)	1 (12.50%)	7 (87.5%)	8 (100%)
gp Sedibeng District Municipality	0 (0.00%)	4 (57.14%)	3 (42.86%)	7 (100%)
gp West Rand District Municipality	0 (0.00%)	4 (36.36%)	7 (63.64%)	11 (100%)
Grand Total	**0 (0.00%)**	**18 (42.86%)**	**24 (57.14%)**	**42 (100.00%)**

Table 2 below shows that 24 HEs representing 57.14% of all inspected HEs achieved 100% on all the three NNVs. Since the total number of HEs that achieved compliance status was 22, it means that there were two HEs that failed to achieve compliance status even though they had achieved 100% on the NNVs. The 18 HEs (42.86%) that satisfied requirements for two out of the three NNVs would therefore not be eligible for compliance status irrespective of their grading outcome.

Table 2: Performance of HEs on non-negotiable vital measures

NNVs	Total Compliant HEs N (%)	Total non-compliant HEs N (%)	Total inspected (N)
2.3.2.1.1.3 Emergency trolley is stocked with the required medicines and equipment.	24 (57.14%)	18 (42.86%)	42
2.3.2.1.1.4 Availability of an oxygen cylinder with a functional pressure gauge.	42 (100%)	0 (0.00%)	42
2.3.2.1.1.5 Availability of oxygen in the cylinder above the minimum level.	42 (100%)	0 (0.00%)	42

The top 5 unavailable items in the emergency trolley

Figure 14 below lists the 10 most commonly unavailable equipment and pharmaceutical items that accounted for most of the non-compliance with this NNV measure. The inspection findings show that the items commonly not found in the inspected health establishments were the Oropharyngeal airway size 5, defibrillator pads, and electrodes for defibrillators amongst others. The items on the list are critical and the absence of these items in a significant number of inspected HEs is of great concern as this is an indication that these HEs may not be able to effectively perform life-saving emergency medical resuscitation should this be required.

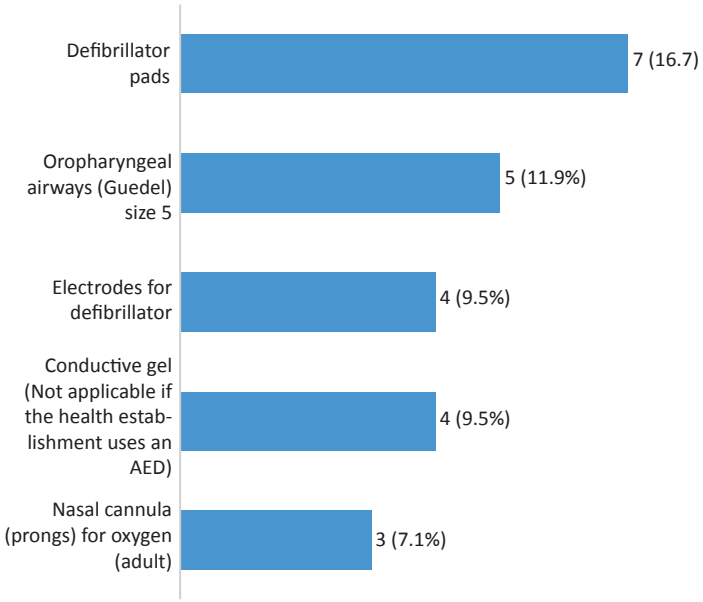


Figure 14: Most frequently unavailable equipment on the emergency trolley

7. FUNCTIONAL AREA PERFORMANCE

The inspection tool used to inspect the 42 PHC HEs in the province is divided into 4 sections called functional areas:

(1) Clinic Manager,

(2) Clinical Services,

(3) Dispensary or Medicine Cupboard, and

(4) Maintenance Support.

The average performance of the inspected HEs per functional area is shown in Figures 15 to 18 below.

7.1 VITAL AND ESSENTIAL MEASURES PERFORMANCE PER FUNCTIONAL AREA

The figures below indicate the average scores for vital and essential measures attained by all inspected HEs (compliant and non-compliant). The error bars indicate the minimum and maximum scores achieved, as well as the variation (spread) of performance attained by HEs.

7.1.1. Clinic Manager Functional Area

The Clinic Manager Functional Area is the responsibility of the facility manager or operational manager. The Clinic Manager functional area encompasses measures that seek to address leadership and governance aspects critical to the functioning of the health establishment. The graph below indicates the average scores for vital and essential measures attained per district for both compliant and non-compliant HEs.

There is marked variation in the actual scores for vitals and essential measures, across the districts. City of Johannesburg inspected health establishments were the best performing whilst Sedibeng District Municipality inspected health establishments were the worst performing. There is a huge variation in the scores within the City of Tshwane Metro Municipality. This indicates that there are pockets of excellence within this district while there are also health establishments that are struggling to meet the requirements. The district managers should intervene to standardise the quality and safety of health establishments in this district.

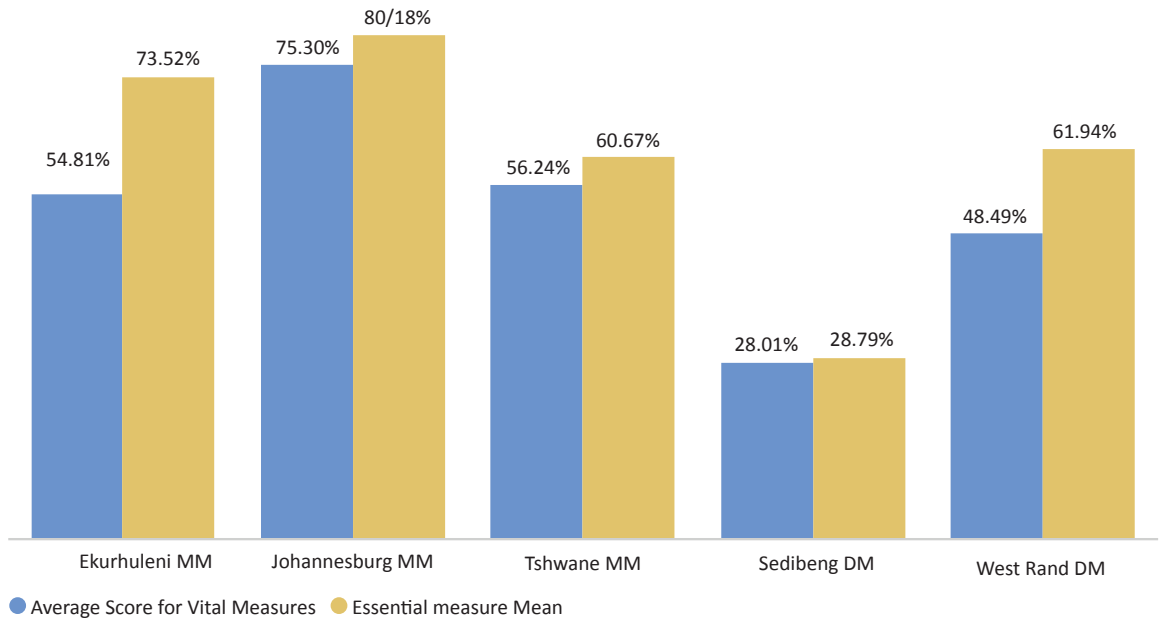


Figure 15: Average performance of Clinic Manager functional area of the inspected HEs

Most commonly non-complied with measures (Clinic Manager)

Table 3 below indicates that leadership and governance structures at the clinic level are often not functional. Other areas of concern include human resources management and development processes not being followed.

Table 3: The top 5 commonly non-compliant measures in the clinic manager functional area

Measure names	Non-compliant HEs N(%)
1.4.1.1.1.1 CHECKLIST: There is a functional Clinic Committee.	41 (97.62%)
1.4.2.1.1.2 Personnel are appointed in line with the determined requirements.	37 (80.09%)
1.1.2.1.3.1 Professional nurses have received training in Basic Life Support (BLS).	35 (83.33%)
1.2.2.1.3.6 CHECKLIST: The targets for proxy indicators for clinical risk are met.	33 (78.57%)
1.4.2.1.1.1 Staffing needs have been determined in line with workload requirements.	32 (76.19%)

7.1.2 Clinical Services Functional Area

Figure 16 below shows the overall average performance by HE in the vital and essential measures in this functional area. City of Ekurhuleni inspected health establishments were the best performing while Sedibeng District Municipality inspected health establishments were the worst performing. The Clinical Services functional area relates to and assesses the systems, processes, and other organisation aspects of clinical services' delivery.

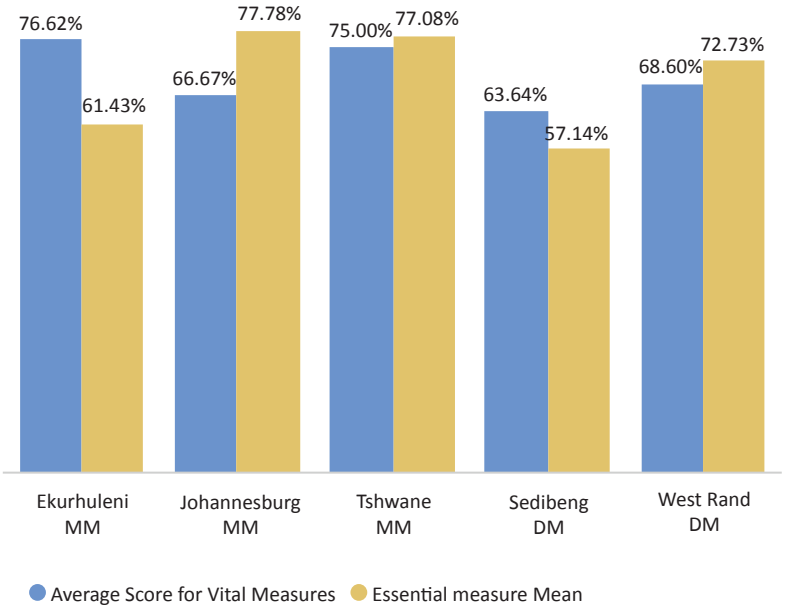


Figure 16: Average performance of Clinical Services functional area of inspected HEs

Most commonly non-complied with measures (Clinical services)

Table 4 below indicates lack of or inconsistent clinical assessment and management practices as well as unavailability of medical supplies. In addition, compliance with health records management guidelines remains a serious concern. These factors have direct implications for quality of care provided and may result in patient safety incidents.

Table 4: Five most commonly non-complied with measures in the Clinic Manager functional area

Measure names	Non-compliant HEs N(%)
2.2.1.2.2.1 CHECKLIST: Clinical assessment and management plan for the user is recorded in the user record.	41 (90.62%)
2.2.1.2.2.2 CHECKLIST: Clinical assessment and management plan for the patient is recorded in the patient record. (paediatric care).	40 (95.24%)
2.3.1.1.1.1 CHECKLIST: Basic medical supplies (consumables) are available.	36 (85.71%)
2.2.1.1.1.1 CHECKLIST: The health establishment complies with health records management guidelines.	34 (80.95%)
2.2.2.1.2.1 CHECKLIST: Disinfectant cleaning materials and equipment are available.	29 (69.04%)

7.1.3 Dispensary or Medicine Cupboard Functional area

Figure 17 below shows the overall average performance in the vital and essential measures in this functional area. The Dispensary or Medicine Cupboard functional area relates to the overall management of medicines including access and availability.

The Dispensary/Medicine Room is the best performing of the 4 Functional areas, across all districts. City of Johannesburg inspected health establishments are the best performing while Sedibeng District Municipality inspected health establishments were the worst performing. Just like the other FAs, there is variation in scores of individual HEs within districts as demonstrated by the max and minimum scores, pointing to areas of excellence within each district.

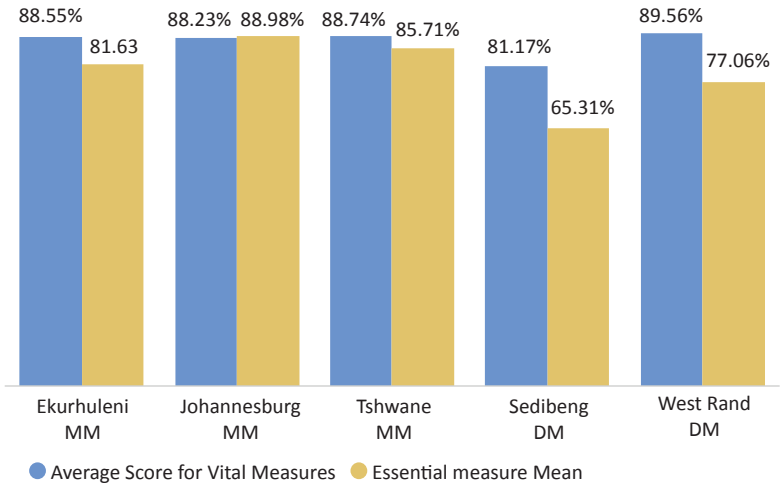


Figure 17: Average performance of Dispensary or Medicine Cupboard functional area of inspected HEs

Most commonly non-complied with measures (Dispensary/ Medicine Cupboard)

Table 5 below indicates that almost 60% of non-compliant HEs did not have an SOP for management of medicines. This is concerning in the context of a health system that struggles with shortage of medicines. Shortage of medicines has direct implications for access to appropriate healthcare services and clinical outcomes of the users.

Table 5: Most commonly non-complied with measures (Dispensary/ Medicine Cupboard) Functional Area

Measure names	Non-compliant HEs N(%)
3.3.1.1.1.1 CHECKLIST: The standard operating procedure for management of medicines is available.	25 (59.5%)
3.2.2.1.1.3 All work completed is signed off by the cleaners.	14 (33.3%)
3.3.1.1.1.4 There is evidence that a stock take of medicine was done in the last 12 months.	11 (26.2%)
3.2.2.1.1.4 All work completed is verified by the clinic manager or a delegated member of personnel.	10 (23.8%)
3.2.2.1.1.2 Cleaning is carried out in accordance with the schedule.	7 (19.0%)

7.1.4. Maintenance Support functional area

Figure 18 below shows the overall average performance of HEs in the vital and essential measures in this functional area. The Maintenance Support functional area relates to the management and maintenance of the physical infrastructure including availability of back-up electricity supply and water. All the districts achieved lower scores when compared to other FA for both vital and essential measures. The unsatisfactory performance in this functional area is of concern in terms of the ability of the HEs to render uninterrupted services as well as aspects such as infection prevention and control.

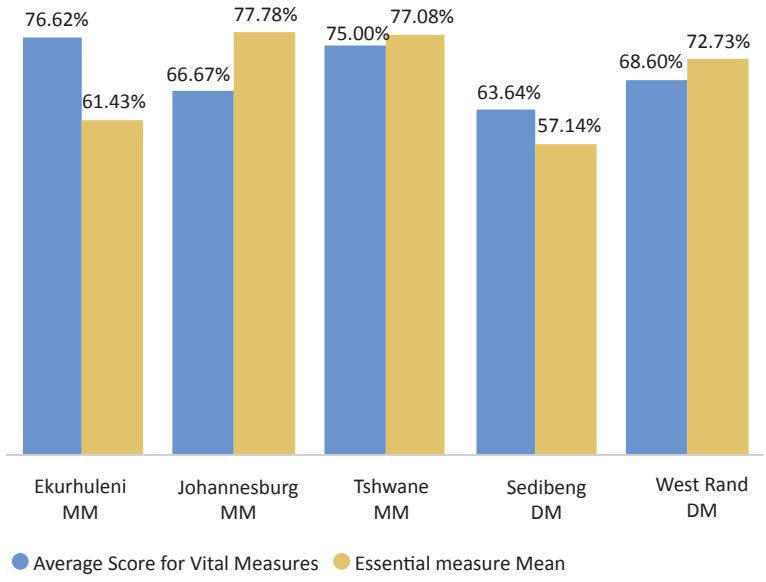


Figure 18: Average performance of Maintenance Support functional area inspected HEs

Most commonly non-complied with measures (Maintenance Support)

Table 6 below indicates that the state of infrastructure and maintenance of buildings and services remains an important deficiency in the overall management of inspected HEs. The gaps in these areas can result in safety risks for both users and staff.

Table 6: Most commonly non-complied with measures in the Maintenance Support functional area

Measure names	Non-compliant HEs N (%)
4.5.1.1.2.1 The maintenance schedule for building(s) and grounds is available.	38 (90.5%)
4.5.1.1.1.1 CHECKLIST: The building(s) complies with safety regulations.	37 (88.1%)
4.5.1.1.2.2 CHECKLIST: Observe if the areas of the building(s) listed below are maintained.	27 (64.3%)
4.5.2.1.1.4 CHECKLIST: The back-up electricity supply system is tested and maintained.	23 (54.8%)
4.2.1.1.1.1 CHECKLIST: The healthcare risk waste intermediate/temporary storage area complies with the minimum requirements listed below.	20 (47.6%)

8. COMMONLY ACHIEVED MEASURES PER FUNCTIONAL AREA

While it is important to identify, focus and discuss areas of non-compliance to enable continuous quality improvement in the health system, it is also important to highlight areas of better compliance to identify aspects of quality of care where the inspected HEs performed relatively well. The following section covering Tables 7 to 10 below identify the most complied with measures performing measures per functional area.

8.1 CLINIC MANAGER FUNCTIONAL AREA

Table 7 below indicates that inspected HEs performed relatively better on aspects such as monitoring of waiting times, availability of national guidelines, monitoring of EMS response times, and availability of standard operating procedure for informed consent. These are health system factors that are important in the provision of quality healthcare services.

Table 7: Five most complied with measures in the Clinic Manager functional area

Measure names	Compliant HEs N (%)
1.1.3.1.2.1 Compliance with waiting time target(s) is monitored by the health establishment.	40 (95.2%)
1.2.2.1.1.1 CHECKLIST: National guidelines on priority health conditions are available.	39 (92.9%)
1.1.2.1.2.1 There is a pre-determined Emergency Medical Services response time to the health establishment.	38 (90.5%)
1.2.2.1.2.2 Records show that pest control is done according to schedule.	37 (88.1%)
1.2.1.2.1.1 CHECKLIST: The standard operating procedure for informed consent is available which includes the aspects listed below.	36 (85.7%)

8.2 CLINIC SERVICES FUNCTIONAL AREA

Table 8 below indicates that some of the critical aspects such as oxygen availability and triaging system are being adhered to and therefore would increase the likelihood of providing services in an acceptable manner.

Table 8: Five most complied with measures in the clinical services functional area

Row Labels	Compliant HEs (N)
2.5.1.1.1.1 The security guards wear uniform.	42 (100%)
2.3.2.1.1.4 An oxygen cylinder with pressure gauge is available.	42 (100%)
2.1.1.1.1.1 Helpdesk or reception services are available.	42 (100%)
2.1.2.1.1.1 The process to fast track very sick frail and elderly users to the front of the queue is implemented.	42 (100%)
2.3.2.1.1.5 The oxygen available in the cylinder is above the minimum level.	42 100%)

8.3 DISPENSARY/ MEDICINE CUPBOARD FUNCTIONAL AREA

Table 9 below indicates that some of the critical requirements related to management of medicines such as availability of tracer medicines, medicines stock management, and adherence to practices for segregation of waste are being adhered to and would thus ensure provision of quality healthcare services and patient safety.

Table 9: Five most complied with measures in the Dispensary/Medicine Cupboard functional area

Measure names	Compliant HEs N(%)
3.3.1.1.2.1 CHECKLIST:90 % of the medicines on the tracer medicine list are available.	41 (97.6%)
3.3.1.1.2.6There is no expired medicine on the shelves.	40 (95.2%)
3.2.4.1.2.1 CHECKLIST: Waste is segregated as required by the waste management practices.	40 (95.2%)
3.3.1.1.1.2 CHECKLIST: The electronic network system for monitoring the availability of medicines is used effectively.	40 (95.2%)
3.3.1.1.1.3 Re-ordering stock levels (min/max and/or re-order levels) are determined for each item on the district/health establishment formulary.	39 92.9%)

8.4. MAINTENANCE SUPPORT FUNCTIONAL AREA

Table 10 below indicates that health establishments are performing well on aspects such as waste management, water, electricity and sewerage systems. These are critical aspects for the proper functioning of a modern health facility and thus minimise the risk of infection outbreaks and interruptions of service.

Table 10: Five most complied with measures in the Maintenance Support functional area

Measure names	Compliant HEs N (%)
4.2.1.1.1.2 There is safe disposal of general waste.	42 (100%)
4.5.2.1.1.1 The health establishment has a functional piped water supply.	41 (97.6%)
4.5.1.1.3.2 All emergency exits are kept free of obstacles.	40 (95.2%)
4.5.2.1.1.5 The sewerage system is functional.	40 (95.2%)
4.5.1.1.3.1 The emergency vehicle entrance is free from any obstruction or hazards.	39 (92.9%)

9.1 PERFORMANCE OUTCOMES DISAGGREGATED PER DOMAINS, F/Y 2020/21

A domain is defined as "an aspect of service delivery where quality or safety can be at risk." Service delivery is one of the six (6) World Health Organization (WHO) health systems building blocks. According to the WHO Health Systems Framework, service delivery must be offered in a quality and safe manner to produce positive health outcomes.

As explained earlier in the report, domains are the five main chapters of the norms and standards regulations and therefore the inspection tools, and include:

(1) User Rights,

(2) Clinical Governance and Clinical Care,

(3) Clinical Support Services,

(4) Governance and Human Resources, and

(5) Facilities and Infrastructure.

Clinical Governance and Clinical Care

Clinical Governance assesses the availability of structures that govern the clinical management of patients. Clinical Care looks at existing clinical guidelines for management of common clinical conditions as well as how well are implemented and staff trained where clinical guidelines are revised.

Clinical Support Services

These services entail all the services that support the clinical management of the patient such as pharmacy, the procurement of medical equipment and medical consumables. In the HEs inspected, some of the essential medicines, essential medical equipment and consumables were not available at the time of the inspection.

Facilities and Infrastructure

These are the buildings, facilities where patients are seen, and the medical equipment. These can be formal or temporary structures and may form a whole or part of a HE.

Governance and Human Resources

These refers to the accounting authority of the HE, relevant management structures and committees, and the human resources process within the HE.

User Rights

These relate to the observance of the rights of users while accessing healthcare services. User rights contribute to acceptability of services and patient experience of care.

9.1 PERFORMANCE OUTCOMES AGAINST THE SPECIFIC DOMAINS

The performance of the inspected HEs against the five (5) domains is outlined in Figure 19 below. The inspected HEs have performed relatively well in the clinical support services, user rights, and facilities and infrastructure domains with overall performance above 70%. Clinical governance and clinical care domain followed closely at 69%. The governance and human resources domain was the worst performing domain at 45%.

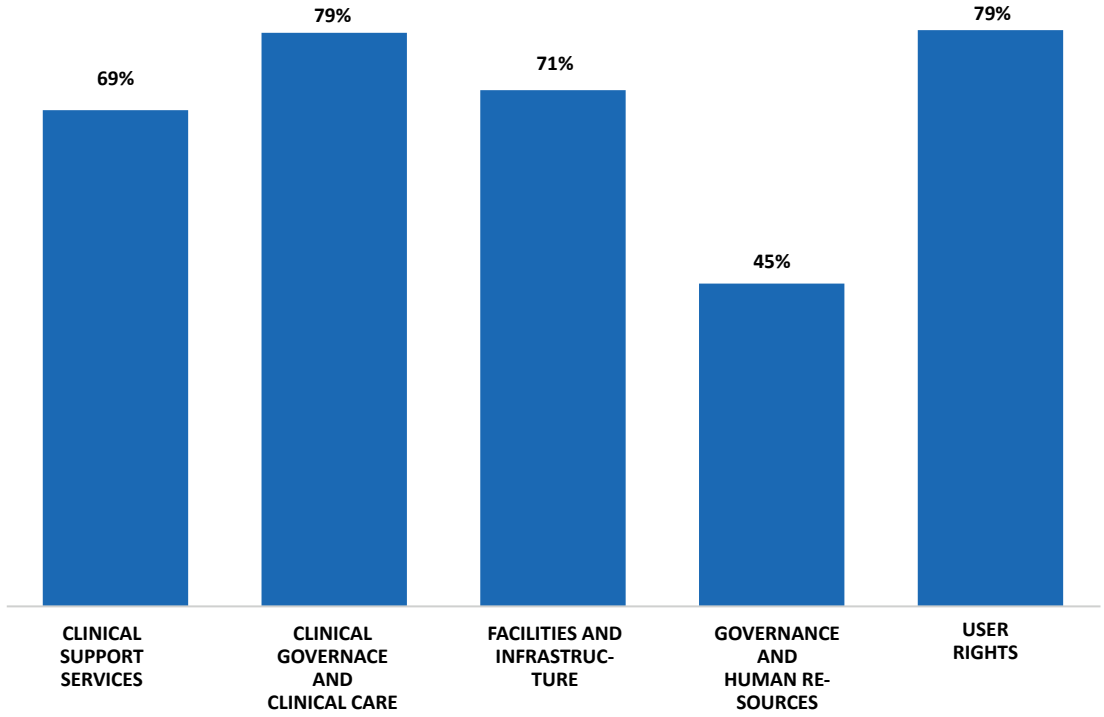


Figure 19: Average performance of all inspected HEs across the five domains

9.2 PERFORMANCE OUTCOMES BY DOMAINS PER DISTRICT

Table 11 below indicates that health establishments in the three metropolitan districts performed much better than those in the two other district municipalities across the five domains. This is in line with the grading performance as well as the compliance outcome performance. The HEs performed especially well in the user rights and clinical support services domains.

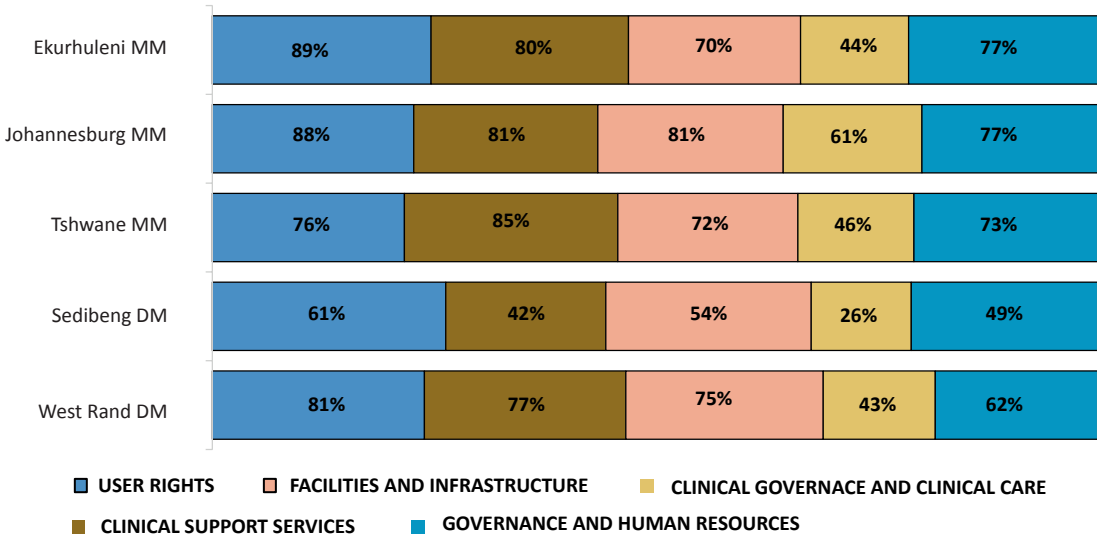


Figure 20: Average performance of inspected HEs across the five domains per district

9.3 TOP FIVE NON-COMPLIANT MEASURES PER DOMAIN

Table 12 below indicates the top 5 non-complied with measures in each of the five domains. The table outlines the specific measures for which most of the HEs did not meet the specific requirements and thus should assist the authorities to have a clearer picture of the areas of gaps or challenges within the inspected HEs.

The table below indicates aggregated performance outcome on domains in Gauteng province. The best performing domain was Clinical Support Services while the worst performing was the Governance and Human Resources domain.

Table 11: Most non-complied with measures across the five domains

Domains	Measure names	Non-compliant HEs (N)
USER RIGHTS	1.1.2.1.3.1 Professional nurses have received training in Basic Life Support (BLS).	35 (83.3%)
	2.1.2.2.1.1 CHECKLIST: There is a referral register that records referred users which includes the details listed below.	18 (42.9%)
	1.1.2.1.2.3 The health establishment reports delays in Emergency Medical Service response times to the relevant authority.	18 (42.9%)
	2.1.2.2.2.1 CHECKLIST: The health records of the last three users referred out of the health establishment contain copies of a referral letter sent to the receiving health establishment.	12 (28.6%)
	1.1.3.1.1.1 A quality improvement plan indicates corrective measures taken where waiting time targets are not met.	11 (26.2%)

Domains	Measure names	Non-compliant HEs (N)
CLINICAL GOVERNANCE AND CLINICAL CARE	2.2.1.2.2.1 CHECKLIST: Clinical assessment and management plan for the user is recorded in the user record.	41 (97.6%)
	2.2.1.2.2.2 CHECKLIST: Clinical assessment and management plan for the patient is recorded in the patient record. (paediatric care).	40 (95.2%)
	2.2.1.1.1.1 CHECKLIST: The health establishment complies with health records management guidelines.	34 (81.0%)
	1.2.2.1.3.6 CHECKLIST: The targets for proxy indicators for clinical risk are met.	33 (78.6%)
	1.2.2.1.3.2 CHECKLIST: Training is provided to professional nurses on clinical guidelines.	32 (76.2%)
CLINICAL SUPPORT SERVICES	2.3.1.1.1.1 CHECKLIST: Basic medical supplies (consumables) are available.	36 (85.7%)
	3.3.1.1.1.1 CHECKLIST: The standard operating procedure for management of medicines is available.	25 (59.5%)
	2.3.2.1.1.3 CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	18 (42.9%)
	2.3.2.1.1.1 CHECKLIST: Essential equipment is available and functional in consultation areas.	17 (40.5%)
	2.3.2.1.1.2 CHECKLIST: The emergency room or resuscitation room is equipped with functional basic resuscitation equipment.	13 (31.0%)
FACILITIES AND INFRASTRUCTURE	4.5.1.1.2.1 The maintenance schedule for building(s) and grounds is available.	38 (90.5%)
	4.5.1.1.1.1 CHECKLIST: The building(s) complies with safety regulations.	37 (88.1%)
	4.5.1.1.2.2 CHECKLIST: Observe if the areas of the building(s) listed below are maintained.	27 (64.3%)
	4.5.2.1.1.4 CHECKLIST: The back-up electricity supply system is tested and maintained.	23 (54.8%)
	1.5.1.1.1.3 A designated person monitors the service level agreement for security services.	21 (50.0%)
GOVERNANCE AND HUMAN RESOURCES	1.4.1.1.1.1 CHECKLIST: There is a functional Clinic Committee.	41 (97.6%)
	1.4.2.1.1.2 Personnel are appointed in line with the determined requirements.	37 (88.1%)
	1.4.2.1.1.1 Staffing needs have been determined in line with workload requirements.	32 (76.2%)
	1.4.2.1.2.1 CHECKLIST: The Performance Management system is adhered to.	29 (69.0%)
	1.4.2.1.3.1 CHECKLIST: All healthcare providers have current registration with relevant health professional bodies.	24 (57.1%)

9.4 PERFORMANCE OUTCOME ON SPECIFIC MEASURES BY STANDARDS PER DOMAIN

Figure 21 below show average performance on measures at the level of standards per domain across all inspected HEs. The information in the figure below identify specific areas that need improvement to assist the HEs to meet the requirements for provision of good quality healthcare services and thereby comply with requirements for certification.

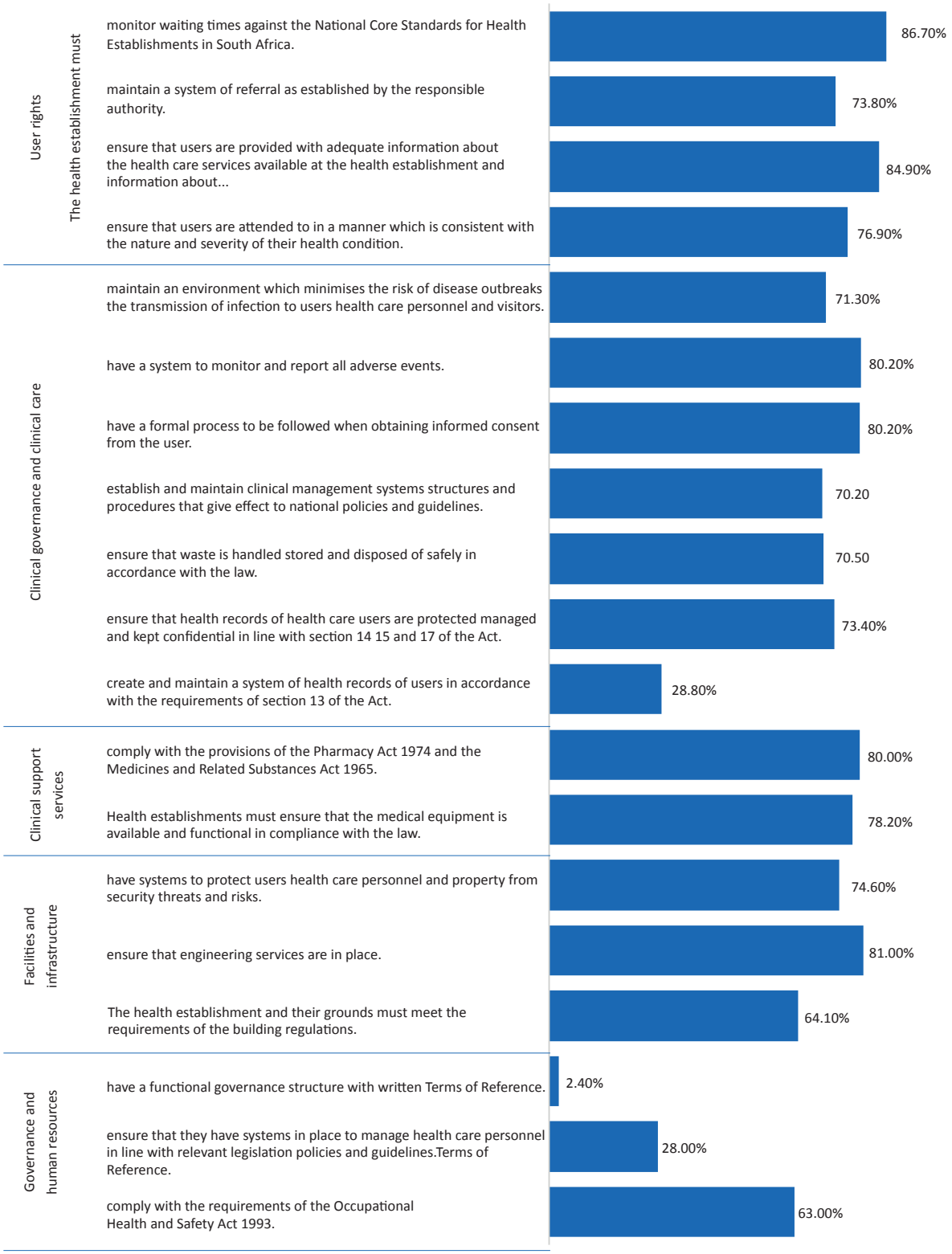


Figure 21: Aggregate performance on measures by domain and standards

10. RECOMMENDATIONS

Based on the performance of inspected health establishments in the period under review, the OHSC makes the following recommendations:

- The provincial and district health authorities must provide more support to HEs in preparation for compliance inspections, as well as to improve performance or compliance against the promulgated norms and standards regulations. The provincial Quality Improvement (QI) team should consider developing a structured and sustained plan of action to help HEs to achieve compliance status and thus provide quality and safe healthcare services to users.
- The HEs and districts that have performed relatively poorly during these inspections should be encouraged to benchmark with better performing HEs and districts.
- The report also showed that there was substantial variation in performance by the districts in the various domains and functional areas. The provincial and district health authorities must analyse the performance trends in detail and draw lessons on the systems and processes that contributed to the performance including identifying systemic gaps that prevented the province's HEs from performing even better.
- The province, districts and HEs need to put focus on ensuring that HEs comply with the requirements of the 3 NNV measures. This focus will likely result is substantial improvements in the overall compliance rates as there remain HEs in the Good and Satisfactory grading categories that did not attain compliance status because of their failure to meet NNV requirements.
- 19% of all inspected HEs had a grading of Unsatisfactory and, therefore, automatically achieved a non-compliant status. This finding some systemic challenges in some of the HEs and warrants a root cause analysis to identify the cause for the poor performance.
- The province, districts, and HEs must identify and study all measures with high rates of non-compliance and support HEs to develop and oversee the implementation of quality improvement plans to address the issues.

11. CONCLUSION

Although Gauteng HEs performed better overall in comparison with other provinces during the period under review, there are still concerning trends with the metropolitan areas performing better than the other districts.

The inspection findings are possibly suggestive of systemic and systematic quality challenges within the inspected HEs. In addition, there were still a proportion of HEs in the Satisfactory and Good grading categories that were also found to be non-compliant because they did not meet the requirements for NNVs.

The province will need to study the report in detail and come up with quality improvement plans to address the identified challenges in the system. Quality improvement work is an ongoing process that must be sustained to ensure that HEs in the province meet the compliance inspection requirements and become certified as compliant. The quality improvement work that is required will ensure that the HEs in the province will be able to provide good quality and safe healthcare services to the people of Gauteng.

12. ANNEXURES

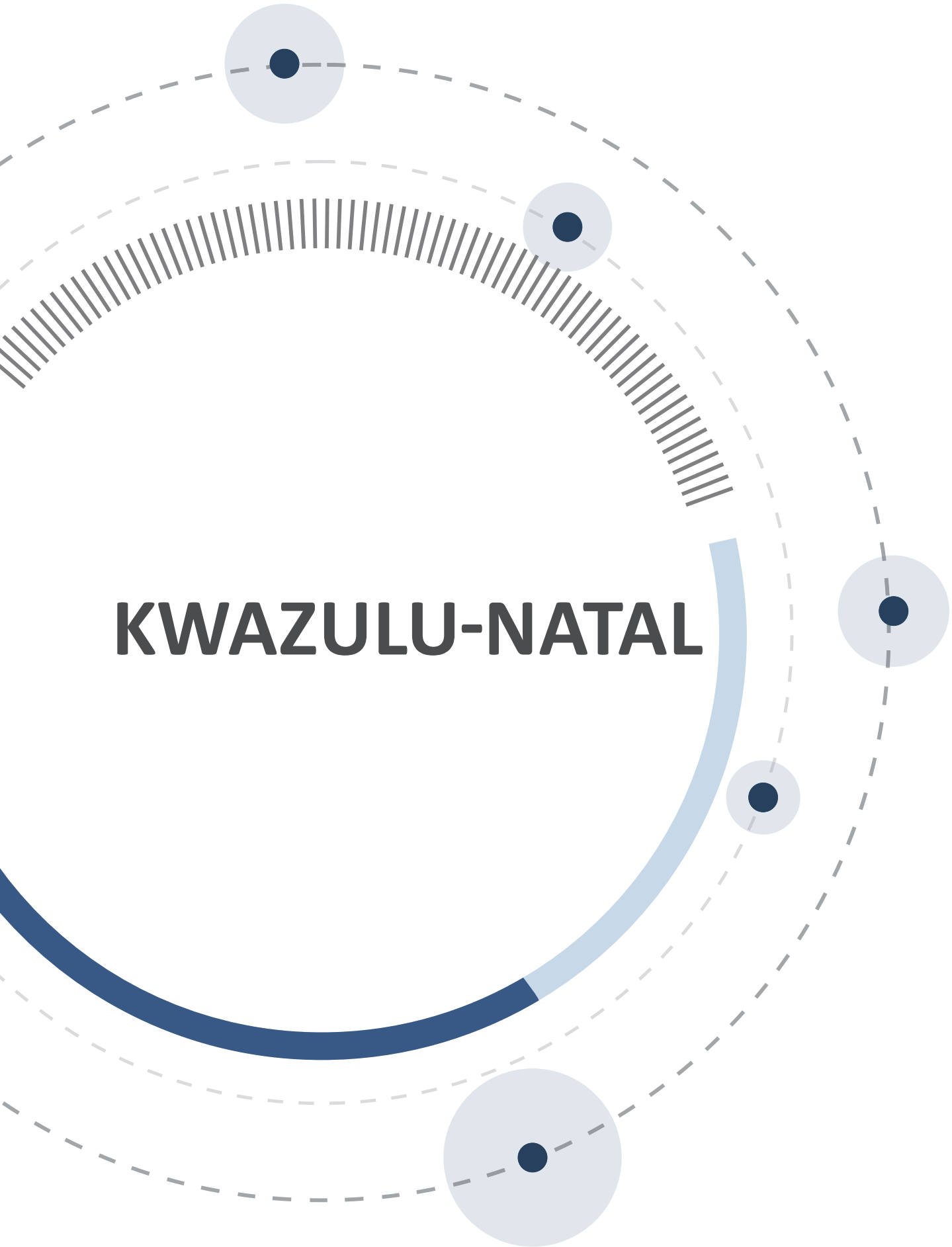
12.1. PERFORMANCE OF HEALTH ESTABLISHMENTS BY OVERALL GRADING AND COMPLIANCE STATUS OUTCOME

The previous sections of the report provided consolidated inspection outcomes for the entire province or per district. Table 12 below provides the grading and compliance outcomes for each of the inspected HEs. All HEs certified as compliant have already received their Compliance Certificates and those certified non-compliant have received their Compliances Notices. Some of the non-compliant HEs have already been re-inspected. Some of the re-inspected HEs were certified compliant, while others were referred for enforcement due to persistent non-compliance.

Table 12: Performance of health establishments by overall grading and compliance status outcome

District	Sub District	Establishment Name	Overall Grade	Compliance Decision
gp City of Ekurhuleni Metropolitan Municipality	gp Ekurhuleni North 2 Health sub-District	gp Chief Albert Luthuli Clinic	Good	Compliant
		gp Crystal Park Clinic	Excellent	Compliant
		gp Bedfordview Clinic	Good	Compliant
		gp Boksburg Civic Centre Clinic	Excellent	Not Compliant
		gp Kemston Clinic	Satisfactory	Not Compliant
		gp Endayeni Clinic	Satisfactory	Not Compliant
		gp Edenvale Clinic	Satisfactory	Not Compliant
gp City of Johannesburg Metropolitan Municipality	gp Johannesburg B Health sub-District	gp Windsor Clinic	Excellent	Compliant
		gp Berario Clinic	Excellent	Compliant
		gp Westbury Clinic	Excellent	Compliant
		gp Bosmont Clinic	Satisfactory	Not Compliant
	gp Johannesburg C Health sub-District	gp Davidsonville Clinic	Excellent	Compliant
		gp Rex Street Clinic	Satisfactory	Not Compliant
		gp Tshepisong Clinic	Satisfactory	Not Compliant
		gp Weltevreden Clinic	Good	Not Compliant
		gp Princess Clinic	Good	Not Compliant
gp City of Tshwane Metropolitan Municipality	gp Tshwane 1 Health sub-District	gp Jack Hindon Clinic	Good	Compliant
	gp Tshwane 2 Health sub-District	gp Doornpoort Clinic	Excellent	Compliant
		gp Suurman Clinic	Good	Compliant
		gp Refentse (Odi) Clinic	Excellent	Compliant
		gp Kekanastad Clinic	Good	Compliant
		gp Ramotse Clinic	Satisfactory	Compliant
		gp New Eersterus Clinic	Satisfactory	Compliant
		gp Kekana Gardens Clinic	Satisfactory	Not Compliant

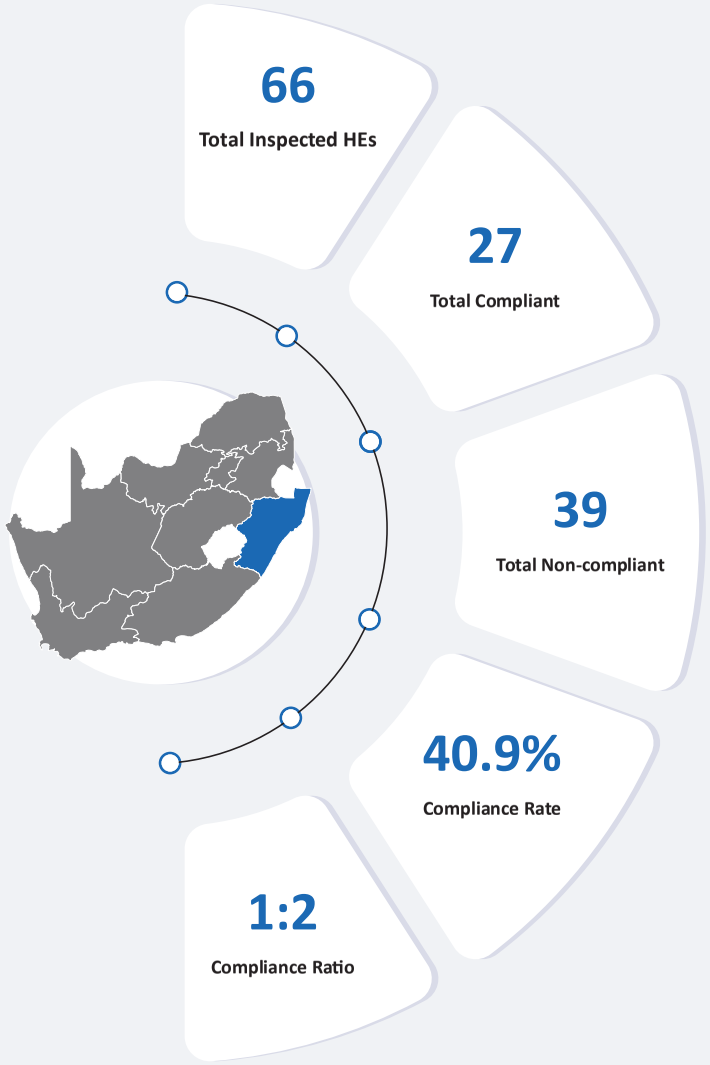
District	Sub District	Establishment Name	Overall Grade	Compliance Decision
gp Sedibeng District Municipality	gp Lesedi Local Municipality	gp Ratanda Ext 23 Clinic	Unsatisfactory	Not Compliant
		gp Heidelberg Clinic	Unsatisfactory	Not Compliant
		gp Ratanda Ext 7 Clinic	Unsatisfactory	Not Compliant
		gp Jameson Park Clinic	Unsatisfactory	Not Compliant
	gp Midvaal Local Municipality	gp Pontshong Clinic	Good	Compliant
		gp Randvaal Clinic	Unsatisfactory	Not Compliant
		gp Kookrus Clinic	Unsatisfactory	Not Compliant
gp West Rand District Municipality	gp Rand West City Local Municipality	gp Elandsfontein Clinic	Satisfactory	Compliant
		gp PJ Maree Clinic	Satisfactory	Compliant
		gp Zuurbekom Clinic	Good	Compliant
		gp Bekkersdal East Clinic	Good	Compliant
		gp ML Pessen Clinic	Good	Compliant
		gp Badirile Clinic	Satisfactory	Compliant
		gp Venterspos Clinic	Satisfactory	Compliant
		gp Kocksoord Clinic	Satisfactory	Not Compliant
		gp Randgate Clinic	Good	Not Compliant
		gp Glenhavie Clinic	Unsatisfactory	Not Compliant
		gp Simunye Clinic (Westonaria)	Unsatisfactory	Not Compliant



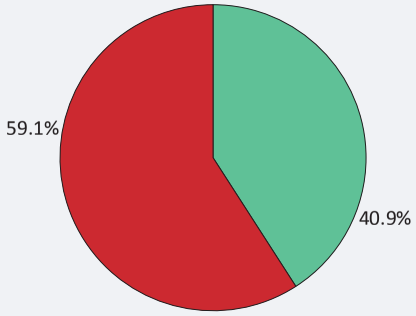
KWAZULU-NATAL

SUMMARY OF INSPECTED HEALTH ESTABLISHMENTS OUTCOMES IN KWAZULU-NATAL PROVINCE F/ 2020/21

Figure 1: Summary of inspected health establishments in KwaZulu-Natal Province FY 2020/21

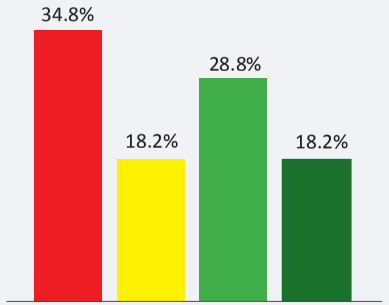


Compliance status outcome



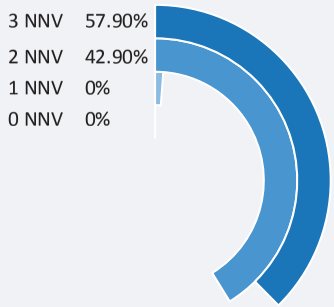
Of all 66 inspected HEs in the province, 40.9% (n=27) met the compliance requirements.

Overall grading outcome



The grading of health establishments is applied to both compliant and non compliant HEs. The grading performance was evenly distributed across inspected HEs.

Performance of NNV



Non-negotiable vital (NNVs) measures are those measures that a health establishment must score 100% to be certified compliant. Performance in NNVs was fairly good. However, 53% of all inspected HEs did not meet 100% of the requirements of the NNVs and would thus not be able to achieve a compliant status irrespective of the grading outcome.

Overall grading per district

District	Total inspected	Compliance rate	Overall grading			
			Excellent	Good	Satisfactory	Unsatisfactory
iLembe District Municipality	8	62.5%	12.5%	37.5%	37.5%	12.5%
King Cetshwayo District Municipality	8	25.0%	0.0%	37.5%	25.0%	37.5%
Ugu District Municipality	8	0.0%	0.0%	12.5%	12.5%	75.0%
uMgungundlovu District Municipality	10	20.0%	0.0%	10.0%	30.0%	60.0%
Umkhanyakude District Municipality	8	25.0%	0.0%	37.5%	0.0%	62.0%
Umzinyathi District Municipality	8	87.5%	62.5%	37.5%	0.0%	0.0%
Uthukela District Municipality	8	87.5%	37.5%	25.0%	37.5%	0.0%
Zululand District Municipality	8	75.5%	50.0%	0.0%	25.0%	25.0%

Compliance: Non-compliant Compliant **Grading** Unsatisfactory Satisfactory Good Excellent

1. DISTRIBUTION OF HEALTH ESTABLISHMENTS INSPECTED IN KWAZULU-NATAL PER DISTRICT

A total of 66 health establishments (HEs) were inspected in KwaZulu-Natal province and the distribution of inspected health establishments per district as shown in Figure 2 below. Inspections were conducted in eight (8) of the twelve (12) districts within the province during the 2020/21 inspection cycle. In seven (7) of the eight (8) districts in which inspections were conducted, a total of eight (8) health establishments were inspected with uMgungundlovu District being the only district in which ten (10) health establishments inspected. Only the Primary Health Care (PHC) clinics were inspected during the period under review because of the Office of Health Standards Compliance (OHSC) has adopted a progressive and incremental approach in the implementation of the norms and standards regulations starting with PHC facilities as the entry point and gateway to the rest of the health care system.

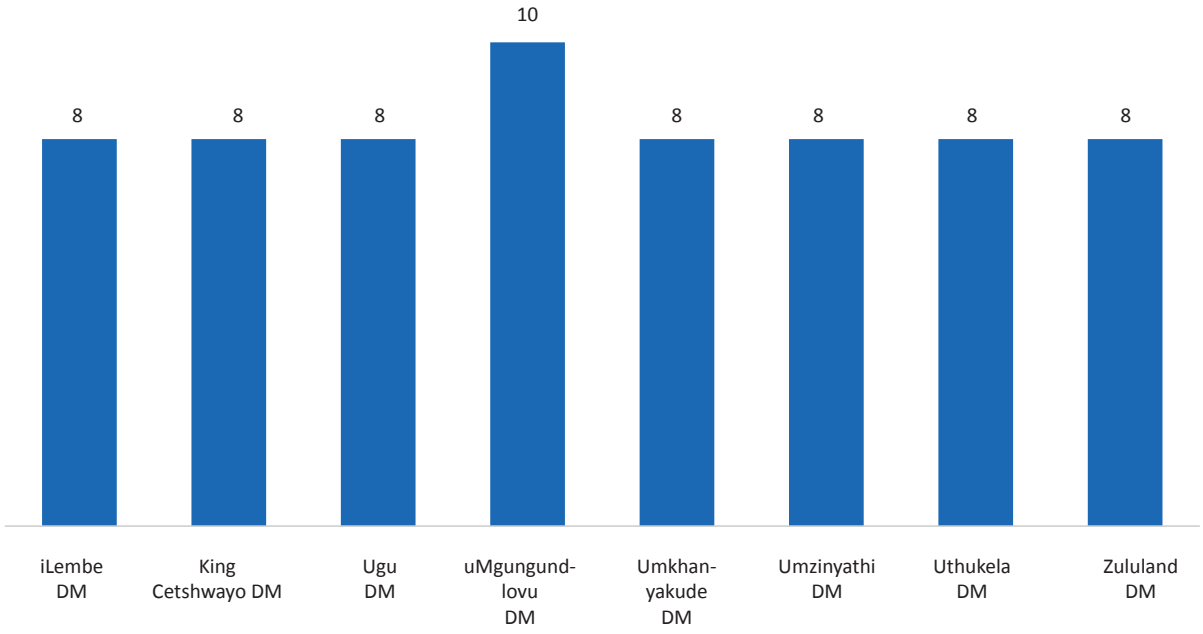


Figure 2: Total number of inspected HEs per district, FY 2020/21

Since the commencement of inspections using the promulgated norms and standards regulations for different categories of health establishments in the 2019/20 financial year, a cumulative total of 187 PHC clinics have been inspected in the province. This represents 31.7% of the total number of public sector PHC clinics (N = 589) in the province.

As was the case in the rest of the country, the number of inspections in the province declined by 52% in the 2020/21 financial year compared to the 2019/20 financial year due to the impact of the COVID-19 National State of Disaster Management restrictions.

Figure 3 below shows the breakdown of all inspections conducted in the province per district during the 2019/20 and 2020/21 inspection cycles. For the two consecutive inspection cycles of 2019/20 and 2020/21, the highest cumulative number of inspections were conducted in Zululand district with 25 HEs inspected followed by Ugu district with 24 HEs inspected.

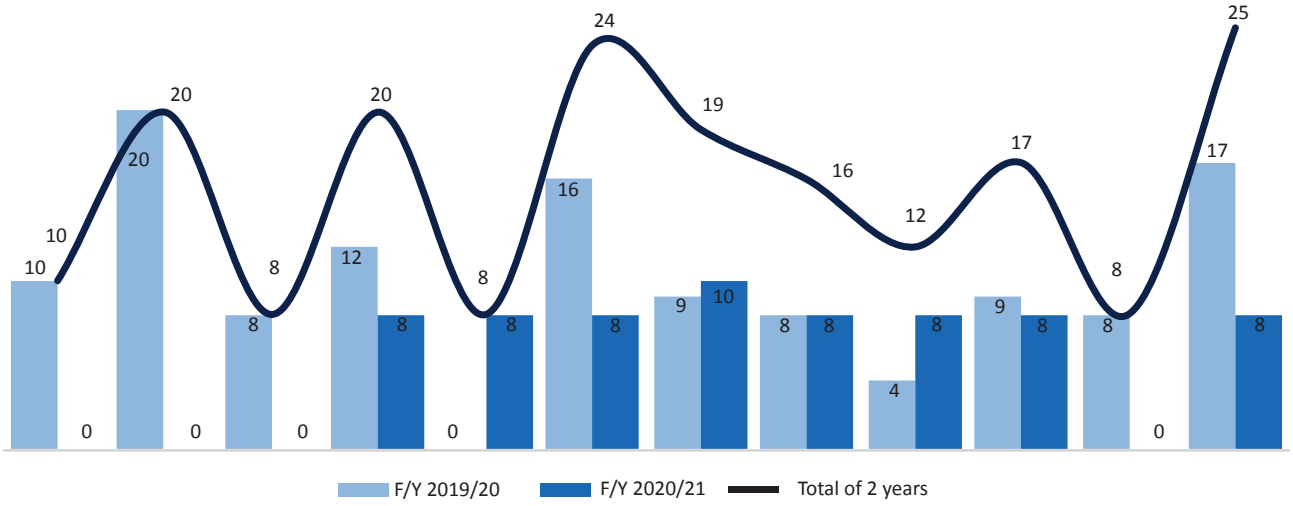


Figure 3: The breakdown of inspections conducted in the Eastern Cape province per district overtime

2. COMPLIANCE STATUS OUTCOME OF INSPECTED HEs, FY 2020/21

The compliance status outcome is a result of collation of performance of a health establishment as determined by scores against the measures' requirements in the applicable inspection tool and processed according to the Compliance Status Framework (CSF). The scores are aggregated according to the various risk-rated measure categories to arrive at a grading outcome. Once a grading outcome is determined, the next step is to determine the performance of the health establishment on the non-negotiable vital (NNV) measures. A final decision on the compliance status outcome is then arrived at taking into consideration the grading outcome and performance on NNV measures.

The measures in the inspection tool are risk-rated into 3 categories (essential, vital and non-negotiable vital measures). There are threshold cut-off levels for performance in each of the essential and vital risk-rated measure categories to determine grading outcome. There are four Grading categories namely, Excellent, Good, Satisfactory, and Unsatisfactory.

The NNV measures are those measures that a HE must fully comply with (score 100%) to be eligible for a compliant status, subject to the HE achieving the minimum thresholds in the other two (2) risk rating categories. Failure to comply with all NNVs automatically results in a HE being certified as non-compliant, irrespective of the grading outcome.

There are 3 NNVs in the PHC clinic inspection tool, made up of:

1. the emergency trolley be stocked with all the required medicines and equipment,
2. that an oxygen cylinder with a functional gauge be available, and
3. that the oxygen in the cylinder must be at or above the minimum level indicator.

Figure 4 below shows the overall compliance status outcome of health establishments inspected in KwaZulu-Natal province during the 2020/21 inspection cycle. Of the 66 inspected health establishments, 27(40.91%) were found to be compliant, whilst 39 (59.09%) were found to be non-compliant with the norms and standards regulations. The 40.9% compliance rate for inspected HEs in KZN for the period under review is higher than the compliance rate of 32.20% for the 2019/20 inspection cycle.

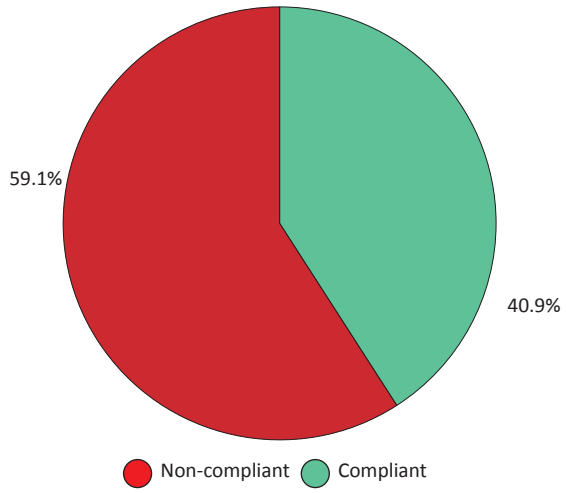


Figure 4: Compliance Status of inspected HEs, FY 2020/21 cycle

2.1 COMPLIANCE STATUS OUTCOME PER FINANCIAL YEAR

Figure 5 below shows the trend in the total number of inspections conducted and the number of compliant health establishments in KwaZulu-Natal province for the consecutive financial years of 2019/20 and 2020/21. The observed decline of 45% (121 to 66) in the inspections conducted between the two financial years was because of the COVID-19 pandemic and resultant Disaster Management Regulations put in place country wide.

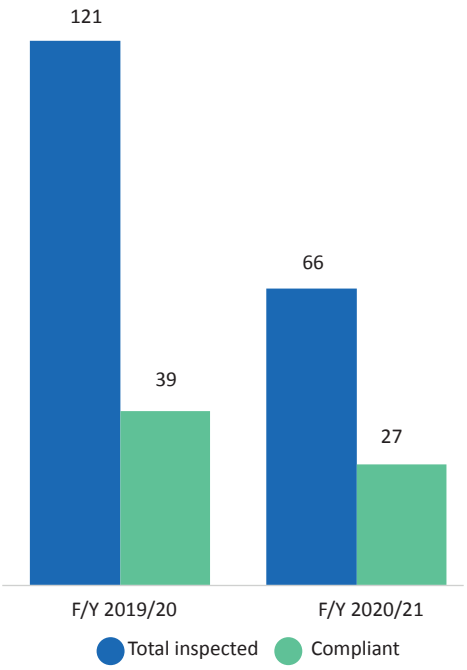


Figure 5: The breakdown of compliance status outcome of inspected health establishments, FY 2019/20 and 2020/21

The compliance ratio has shown a slight improvement from 1 compliant HE for every 3.2 inspected HEs in 2019/20 to 1 compliant HE for every 2.4 inspected HEs in 2020/21. The compliance rate has shown a slight increase from 24.8% in 2019/20 to 40.9% in 2020/21.

2.2 COMPLIANCE STATUS OUTCOME PER DISTRICT

The compliance performance of the inspected HEs was analysed per district, as illustrated in the Figure 6 below. In 2020/21, the best performing districts were uMzinyathi, Zululand, and iLembe District Municipalities. Not only did these districts do well within the province but were also found to be among the top performing districts in the country. Ugu district to was found to be the worst performing as 100%(n=8) of the inspected health establishments were found to be non-compliant with norms and standards.

The compliance performance results demonstrate a large variation in performance suggesting a possible substantive difference in the quality of healthcare services rendered by the health establishments in this province. In addition, even with the relatively low number of inspections conducted over the two financial years, the overall compliance rate in the province remains of serious concern.

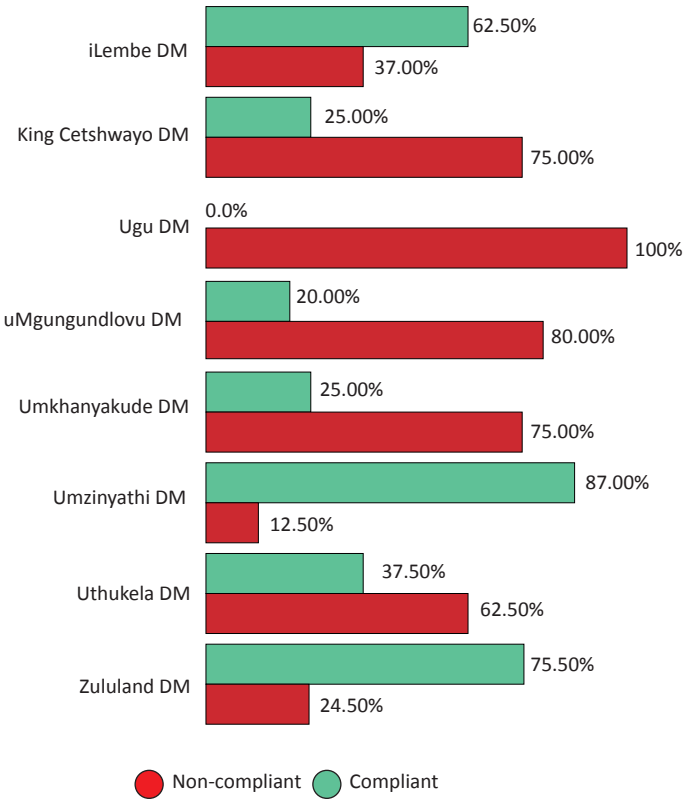


Figure 6: Compliance Status performance of inspected HEs per district, FY 2020/21

2.3 OVERALL GRADING PERFORMANCE OF INSPECTED HEs, FY 2020/21

The figure below should be interpreted in conjunction with the bar graph above. Considering the bar graph of the grading over time, it is worth noting that 18% of all health establishments were graded excellent whilst 35% were graded unsatisfactory. Most health establishments inspected were found to not have met substantive proportion of measures' requirements assessed in the inspection tools.

The overall grading achieved by all HEs inspected in the province in the FY 2020/21 inspection cycle, as depicted in the Figure below, shows that 23 (34.85%) of all 66 inspected HEs obtained an unsatisfactory grading and constituted the most common grading outcome. The unsatisfactory grading outcome mean that these HEs would automatically achieve a non-compliant status and be precluded from eligibility for certification.

The second most common grading outcome achieved by inspected HEs in the province is the Good grading at 28.79%, followed by satisfactory and excellent grading outcomes both at 18.18%.

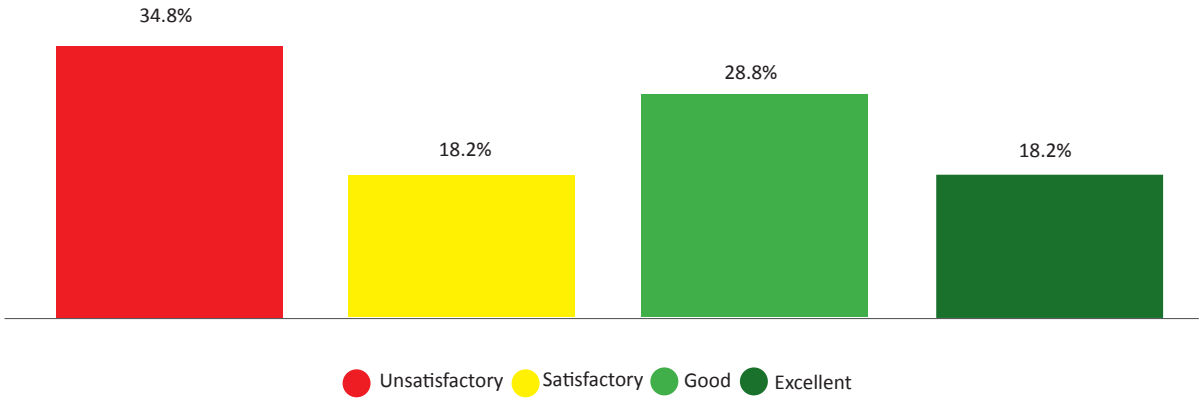


Figure 7: Grading performance of inspected HEs, FY 2020/21

Figure 8 below indicates the overall grading performance in the two consecutive financial years 2019/2020 and 2020/2021. Though the grading category outcomes are generally comparable between the two financial years, it is worth noting that in FY 2020/2021, there is a higher proportion of unsatisfactory health establishments. In addition, the proportion of HEs graded satisfactory went down by 15.7 percentage points between 2019/20 and 2020/21 financial years. The higher proportion of HEs in the unsatisfactory grading category and a drop in the HEs in the satisfactory grading category reflects that these health establishments had numerous deficiencies that would compromise the quality of care and warrants a root cause analysis to identify the gaps.

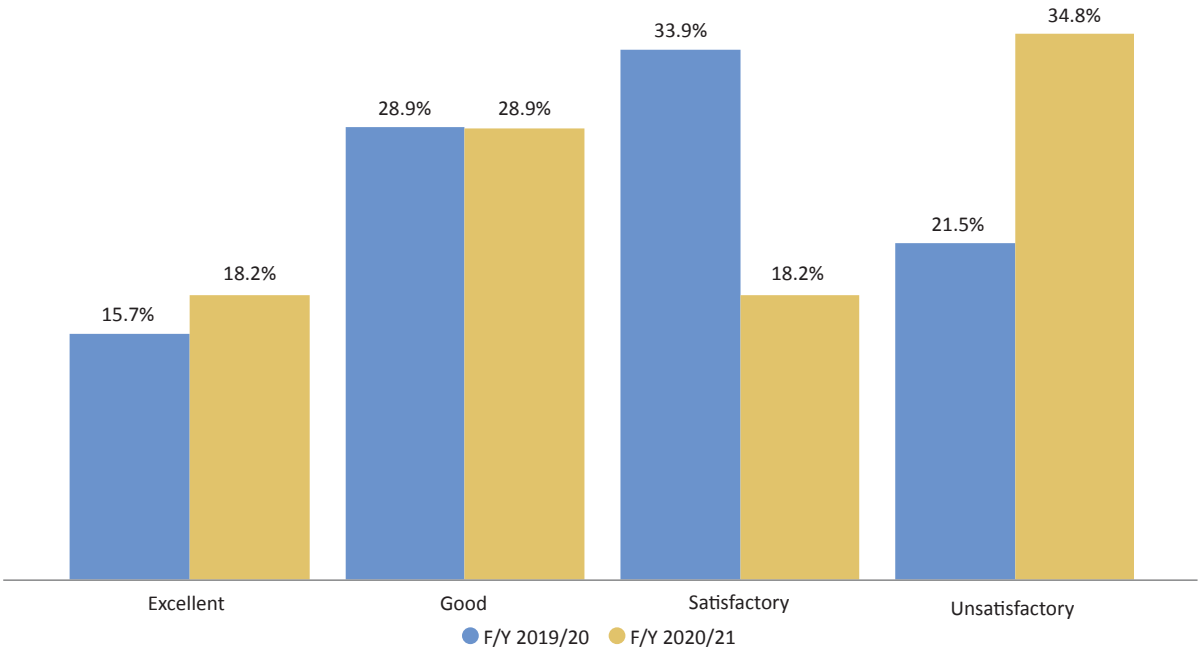


Figure 8: Grading performance of inspected HEs, FY 2019/20 and 2020/21

3.1 PERFORMANCE ON OVERALL GRADING OUTCOME PER DISTRICT, ALL IN SPECTED HEs

When the grading performance analysis is disaggregated by district, it is evident that uMzinyathi district's health establishments performed comparatively better 62.5% of HEs attaining grading of Excellent and the remaining 37.5% of HEs attaining a grading of Good. The five HEs graded excellent in Umzinyathi district constitute 41.7% of all HEs graded excellent in the KwaZulu-Natal province. Uthukela District was the second-best performing district with two HEs graded as Excellent, five graded as Good and one graded as Satisfactory. Zululand district had the second most number of HEs graded as Excellent at 4 representing 50% of all inspected HEs with the remaining four HEs were graded as Satisfactory (2) and Unsatisfactory (2).

Ugu, Umkhanyakude, and uMgungundlovu districts had the highest proportion of inspected HEs graded as Unsatisfactory at 75%, 62.5%, and 60% respectively. HEs graded as Unsatisfactory in these three districts alone constitute 65.21% (15 out of 23) of all Unsatisfactory HEs in the province. Three other districts (King Cetshwayo, Zululand, and iLembe) also had HEs graded as Unsatisfactory but at a much lower proportion (below 40%) compared to Ugu, Umkhanyakude, and uMgungundlovu districts. Umzinyathi and Uthukela are two districts that had none of their inspected HEs graded as Unsatisfactory.

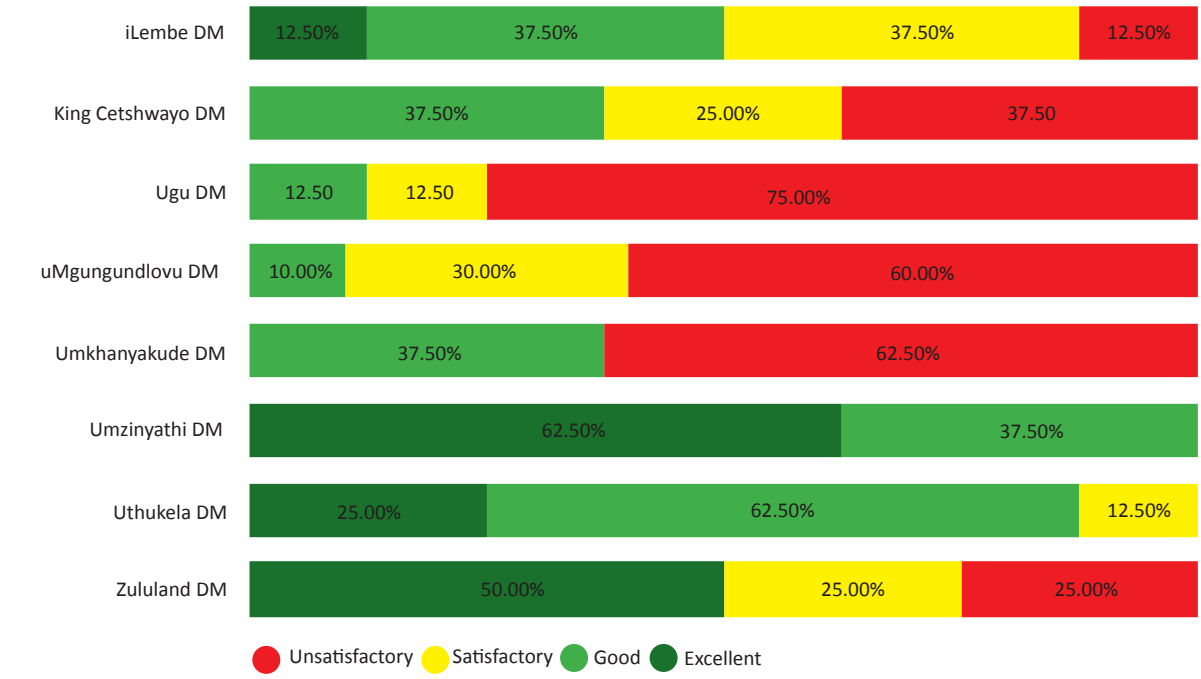


Figure 9: Grading performance of inspected HEs per district, FY 2020/21

3.2 OVERALL GRADING PERFORMANCE OF COMPLIANT HEs PER DISTRICT, FY 2020/21

Figure 11 below indicates overall grading status for all compliant HEs per district. A total of 27 HEs were found to be compliant in KwaZulu-Natal during the 2020/21 inspection cycle. Among the compliant HEs, 11 (40.7%) were graded as Excellent, 10 (37.0%) were graded as Good, and 6 (22.2%) were graded as Satisfactory.

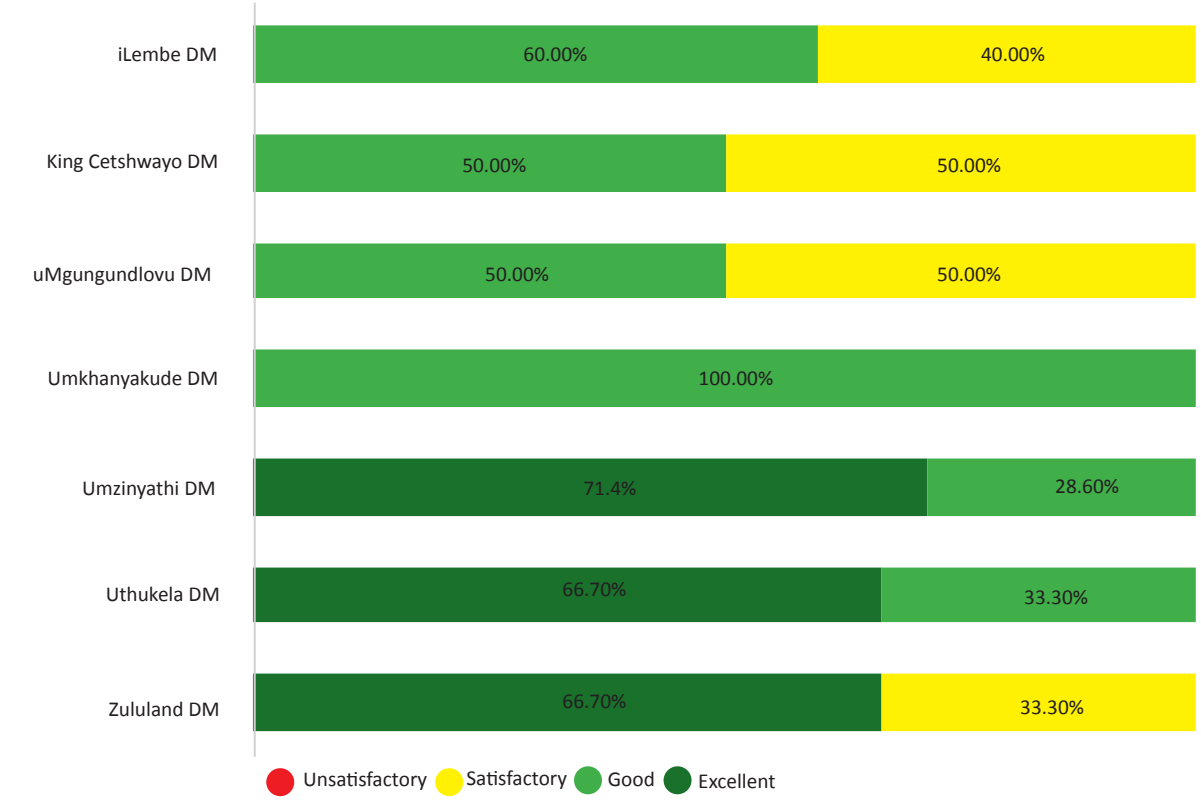


Figure 10: Grading outcome of non-compliant HEs, FY2020/21

3.3 OVERALL GRADING PERFORMANCE OF NON-COMPLIANT HEs PER DISTRICT, FY 2020/21

Figure 10 below indicates overall grading performance by non-compliant HEs per district. A total of 39 HEs were found to be non-compliant with the norms and standards regulations requirements during the period under review. It is worth noting that there was one (1) HE in iLembe District that was graded as Excellent and still did not achieve a compliant status. A total of nine (9) HEs that were graded as Good and six (6) with a Satisfactory grading did not manage to achieve a compliant status. A total of 23 HEs were graded as Unsatisfactory and therefore were not eligible for a compliant status.

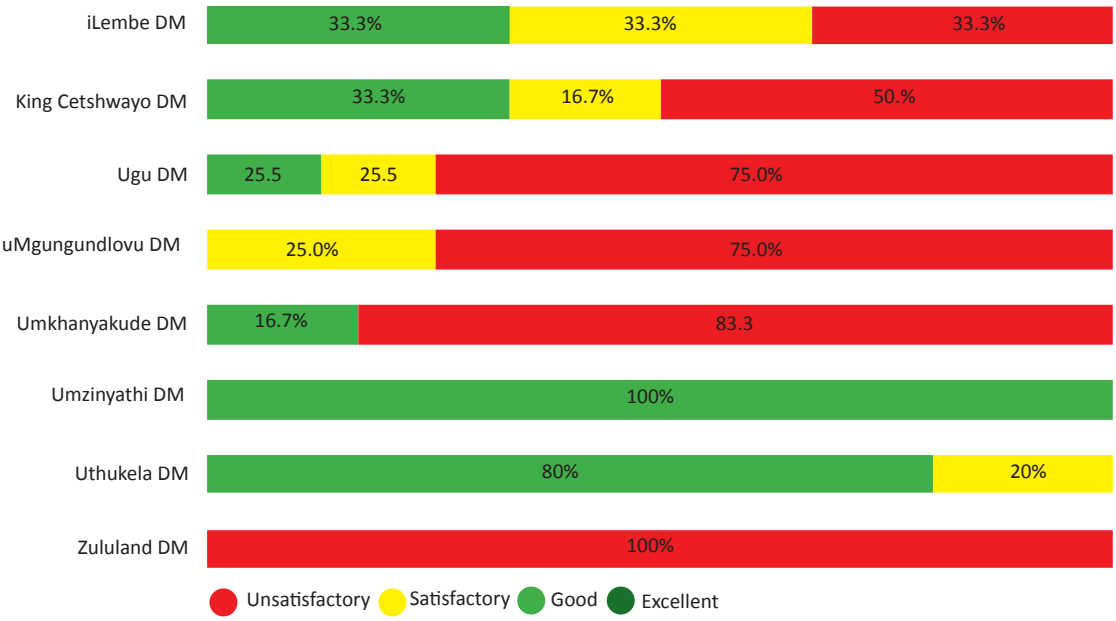


Figure 11: Grading performance of compliant HEs per district, FY 2020/21

4. COMPLIANCE STATUS OUTCOME OF INSPECTED HEs PER GRADING CATEGORY

Of the 66 inspected HEs during the period under review, 23 (34.8%) were graded as Unsatisfactory and therefore automatically achieved a non-compliant status. A total of 12 (18.2%) HEs were graded Satisfactory and of these 6 achieved a compliant status. A total of 19 (28.8) HEs were graded as Good and of these 10 achieved a compliant status whilst 12 (18.2%) HEs were graded as Excellent with 11 achieving a compliant status.

Figure 12: Compliance Status performance of inspected HEs by grading category, FY2020/21

5. PERFORMANCE ON NON-NEGOTIABLE MEASURES (NNVS), FY 2020/21

Figure 13 below indicates performance of inspected HEs on NNV measures in KZN province. It is worth remembering that the compliance status decision algorithm requires a HE to meet 100% of all the 3 NNV measures to achieve a compliant status and therefore be eligible for certification.

All the 66 inspected HEs were able to meet the requirements for at least 1 of the 3 NNV measures. A total 31 of the inspected HEs in the province complied with all the 3 NNV measures, whilst 34 complied with only two (2) of the three (3) NNVs, and only 1 HE complied with one of the three NNV measures.

It is worth noting that whilst 31 HEs met the requirements for all the 3 NNVs, the total number of HEs that were ultimately found to be compliant was 27 and the remaining 4 HEs achieving a non-compliant status. 53% of all inspected HEs did not meet 100% of the requirements of the NNVs and would thus not be able to achieve a compliant status irrespective of the grading outcome.

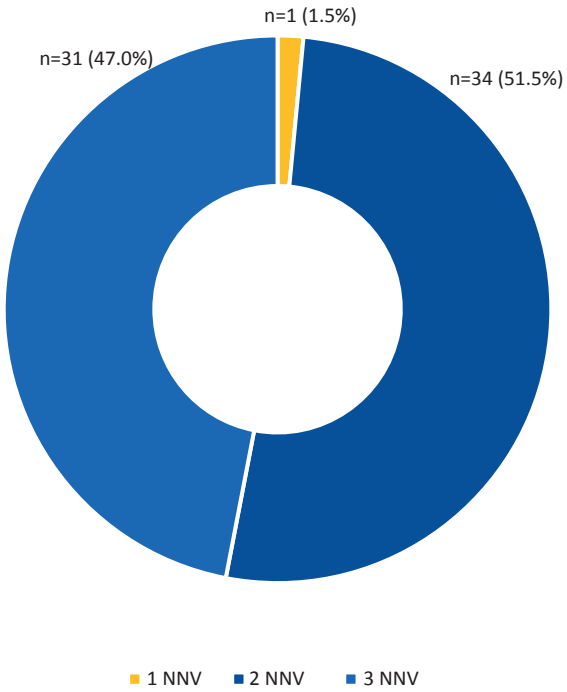


Figure 13: Performance of inspected HEs on non-negotiable vital measures

6. PERFORMANCE OUTCOME ON NON-NEGOTIABLE VITAL (NNV) MEASURES

Table 1 below disaggregates the performance of HEs per district on the 3 NNV measures. 45.16% of all HEs that met all the requirements for the 3 NNV measures and therefore eligible for achieving a compliant status were from Umzinyathi and Zululand districts. Ugu district had only one HE that met all the requirements for the three NNV measures and that partially explains the reason there was not a single HE from Ugu district that ultimately achieved compliant status.

Table 1: Performance of HEs on non-negotiable vital measures

DISTRICT	1 NNV	2 NNVS	3 NNVS
kz iLembe District Municipality	0 (0.00%)	3 (37.50%)	5 (62.50%)
kz King Cetshwayo District Municipality	0 (0.00%)	6 (75.00%)	2 (25.00%)
kz Ugu District Municipality	1 (12.50%)	6 (75.00%)	1 (12.50%)
kz uMgungundlovu District Municipality	0 (0.00%)	6 (60.00%)	4 (40.00%)
kz Umkhanyakude District Municipality	0 (0.00%)	6 (75.00%)	2 (25.00%)
kz Umzinyathi District Municipality	0 (0.00%)	1 (12.50%)	7 (87.50%)
kz Uthukela District Municipality	0 (0.00%)	5 (62.50%)	3 (37.50%)
kz Zululand District Municipality	0 (0.00%)	1 (12.50%)	7 (87.50%)
Grand Total	**1 (1.52%)**	**34 (51.52%)**	**31 (46.97%)**

Table 2 below shows that of the 3 NNV measures, the measure that assesses the contents of the Emergency Trolley, was the one in which most of the HEs performed the worst with 35 (53%) of them failing to meet the requirements in this measure. The HEs in the province performed very well, with over 98% meeting the requirements, on the remaining 2 NNVs that assess the availability of oxygen cylinder and the level of oxygen above the minimum level.

Table 2: Performance of HEs on non-negotiable vital measures

NNVs	Total Compliant HEs N (%)	Total non-compliant HEs N (%)	Total inspected (N)
2.3.2.1.1.3 Emergency trolley is stocked with the required medicines and equipment.	31 (47.0%)	35 (53.0%)	66
2.3.2.1.1.4 Availability of an oxygen cylinder with a functional pressure gauge.	66 (100.0%)	0 (0.0%)	66
2.3.2.1.1.3 Availability of oxygen in the cylinder above the minimum level.	65 (98.5%)	1 (1.5%)	66

The top five unavailable items per health establishment

Figure 12 below lists the 10 most commonly unavailable equipment and pharmaceutical items that accounted for most of the non-compliance with this NNV measure. The inspection findings show that the items commonly not found in 19.7%(n=13) of health establishments was the Oropharyngeal airway size 5. Other items commonly not found in the emergency trolley included Automated External Defibrillator, Haemoglobin meter, Conductive Gel and Electrodes for Defibrillator. All the items on the list are critical and the absence of these items in a significant number of inspected HEs is of great concern as this is an indication that these HEs may not be able to effectively perform life-saving emergency medical resuscitation should this be required.

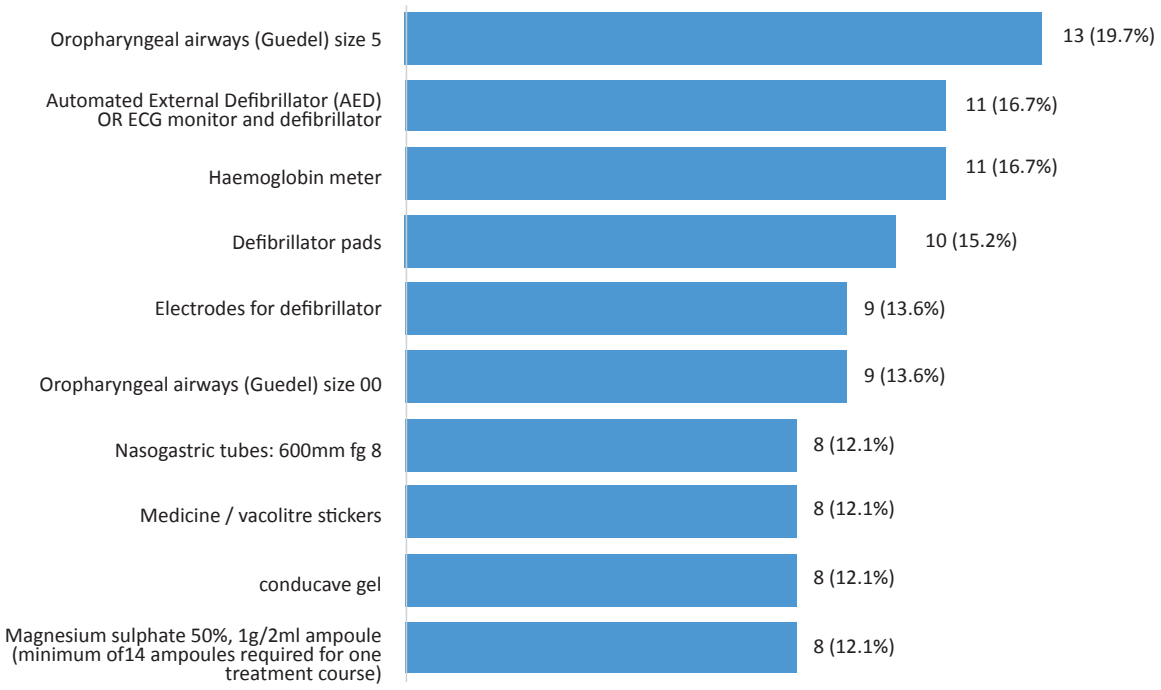


Figure 14: Most frequently unavailable equipment on the emergency trolley

7. FUNCTIONAL AREA PERFORMANCE

The inspection tool used to inspect the 66 PHC HEs in the province is divided into 4 sections called functional areas:

(1) Clinic Manager,
(2) Clinical Services,
(3) Dispensary or Medicine Cupboard, and
(4) Maintenance Support.

The average performance of the inspected HEs per functional area is shown in Figures 15 to 18 below.

7.2 VITAL AND ESSENTIAL MEASURES PERFORMANCE PER FUNCTIONAL AREA

The figures below indicate the average scores for vital and essential measures attained by all inspected HEs (compliant and non-compliant). The error bars indicate the minimum and maximum scores achieved, as well as the variation (spread) of performance attained by HEs.

7.1.1. Clinic Manager Functional area

Figure 15 below shows the overall average performance by HEs in the vital and essential measures in the Clinic Manager functional area. Umzinyathi and Uthukela Districts achieved the highest average performances and followed closely by Zululand District. The lowest performance was observed in Ugu District. The Clinic Manager functional area encompasses measures that seek to address leadership and governance aspects critical to the functioning of the health establishment.

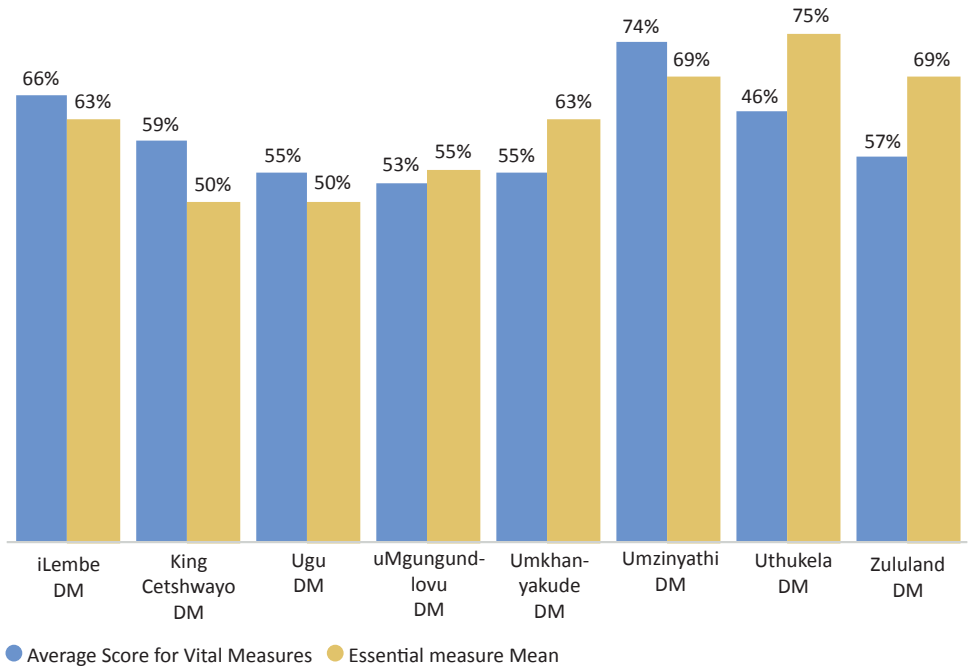


Figure 15: Average performance of Clinic Manager functional area of the inspected HEs

7.1.2. Clinical Services Functional Area

Figure 16 below shows the overall average performance by HE in the vital and essential measures in this functional area. Umzinyathi and Uthukela Districts achieved the highest average performance on both vital and essential measures. The lowest performance on vital measures was observed in King Cetshwayo District whilst the lowest performance on Essential measures was observed in uMgungundlovu District. The Clinical Services functional area relates to and assesses the systems, processes, and other organisation aspects of clinical services' delivery.

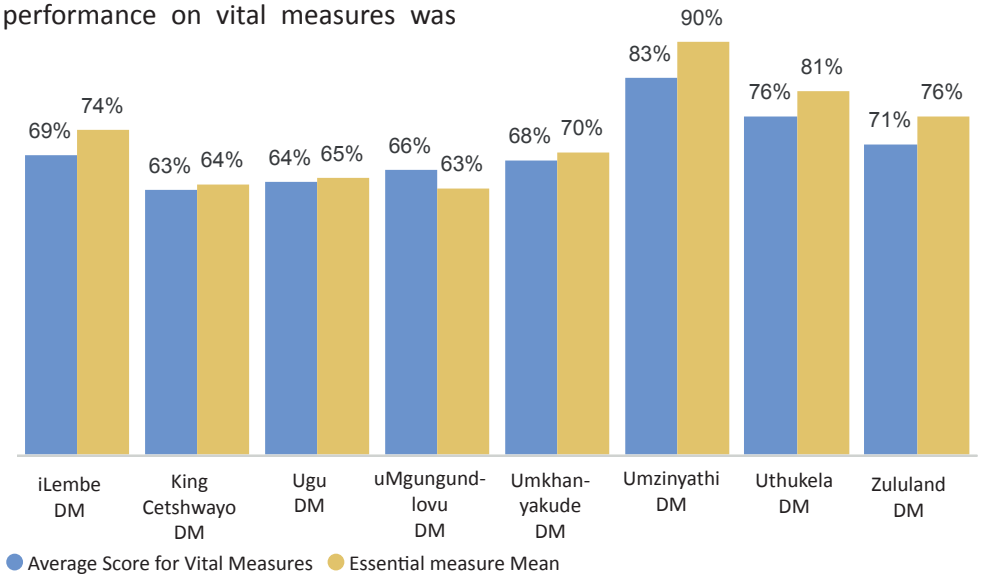


Figure 16: Average performance of Clinical Services functional area of inspected HEs

7.1.3. Dispensary or Medicine cupboard Functional area

Figure 17 below shows the overall average performance in the vital and essential measures in this functional area. Umzinyathi, Uthukela, Zululand, and iLembe districts achieved the highest average performance on vital measures all at above 90%. Umzinyathi district achieved the highest performance on Essential measures at 100% followed by iLembe district at 91% whilst the lowest performance on Essential measures was observed in uMgungundlovu District. The Dispensary or Medicine Cupboard functional area relates to the overall management of medicines including access and availability.

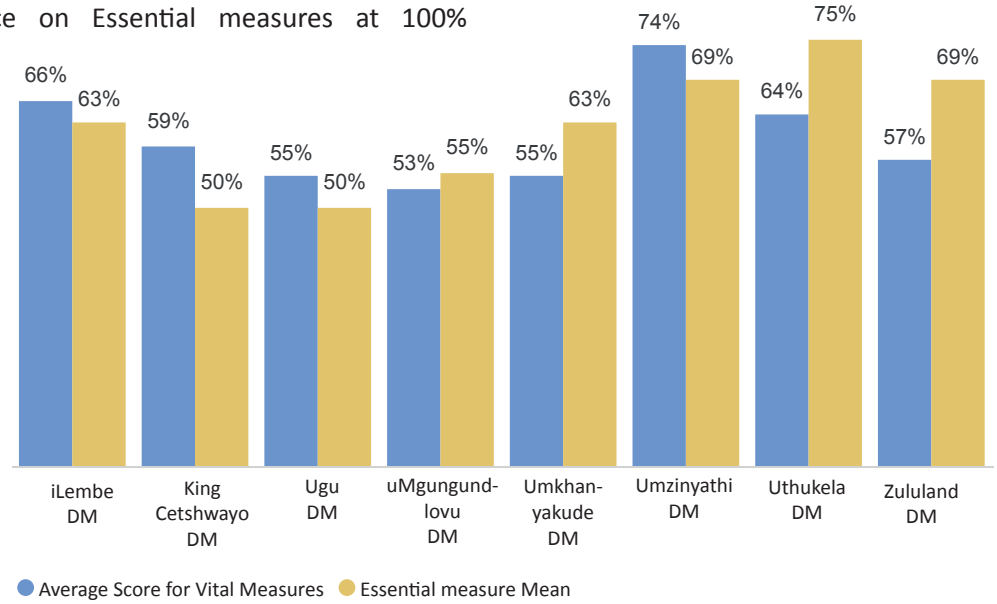


Figure 17: Average performance of Dispensary or Medicine Cupboard functional area of inspected HEs

7.1.4. Maintenance Support Functional Area

Figure 18 below shows the overall average performance of HEs in the vital and essential measures in this functional area. Umzinyathi district HEs achieved the highest average performance on Vital measures and Uthukela district HEs achieved the highest average performance on Essential measures. The lowest performance on Vital measures was observed in uMgungundlovu District whilst the lowest performance on Essential measures was observed in Ugu District. The Maintenance Support functional area relates to the management and maintenance of the physical infrastructure including availability of back-up electricity supply and water.

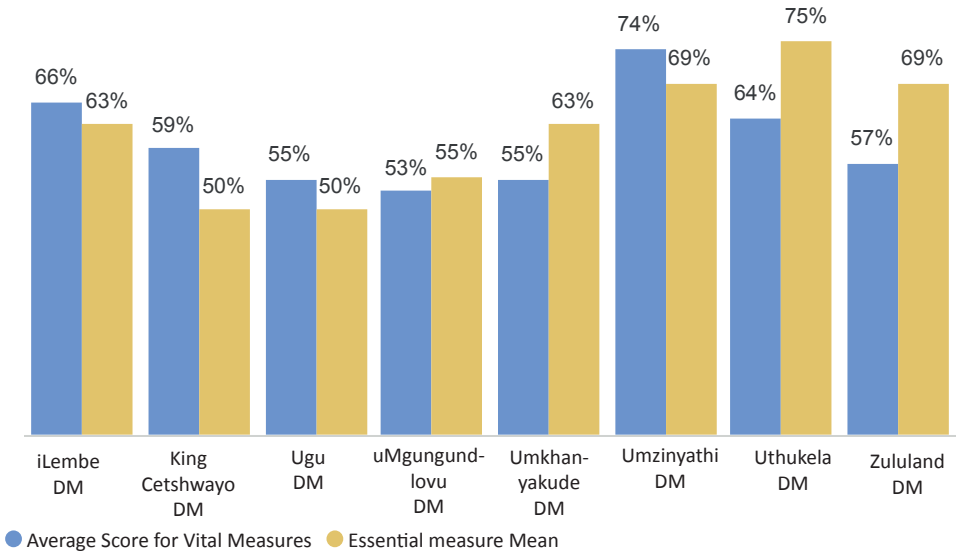


Figure 18: Average performance of Maintenance Support functional area inspected HEs

8. MOST COMMONLY NON-COMPLIED WITH MEASURES PER FUNCTIONAL AREA

In order to understand and appreciate the performance of the inspected HEs in the 4 functional areas, an analysis of the most commonly non-complied with measures disaggregated from the overall performance in each of the 4 functional areas was conducted and the findings are as follows:

8.1 CLINIC MANAGER FUNCTIONAL AREA

Table 3 below indicates most commonly non-complied with measures in this functional area. The inability of HEs to meet requirements on a functional clinic committee and appointment of personnel in line with prescribed requirements is of concern as it relates to leadership and governance. Non-compliance with the requirements for BLS and clinical guidelines training is also of concern as it can lead to avoidable patient safety incidents.

Table 3: Five most commonly non-complied with measures in the Clinic Manager functional area

Measure name	Non-compliant HEs N (%)
1.4.1.1.1.1 CHECKLIST: There is a functional Clinic Committee.	62 (93.94%)
1.4.2.1.1.2 Personnel are appointed in line with the determined requirements.	61 (92.42%)
1.1.2.1.3.1 Professional nurses have received training in Basic Life Support (BLS).	54 (81.82%)
1.2.2.1.3.2 CHECKLIST: Training is provided to professional nurses on clinical guidelines.	49 (74.24%)
1.4.3.1.1.3 Risk mitigation interventions are implemented for identified risks.	49 (74.24%)

8.2 CLINICAL SERVICES FUNCTIONAL AREA

In this functional area, the inspection assesses the quality and safety of the clinical services provided at the HEs. This includes assessing aspects such as clinical information management in user records, waiting time monitoring, emergency readiness and triaging of users. In addition, all the three (3) NNV measures in the PHC clinic inspection tool are in this functional area.

The top five (5) most non complied with measures in this functional area are listed in Table 4 below. The commonly failed measures included clinical assessment and management plan for users, health records management and availability of basic medical supplies including consumables.

When clinical records are not completed and stored as prescribed, the quality of clinical care including aspects such as continuity of care is compromised, while the lack of critical and essential medical supplies and equipment has potential serious consequences for user safety and the overall quality of care that users receive. These requirements are directly related to the ability of the HEs to provide good quality and safe healthcare services.

Table 4: Five most commonly non-complied with measures in the Clinical Services Functional Area

Measure name	Non-compliant HEs N (%)
2.2.1.2.2.2 CHECKLIST: Clinical assessment and management plan for the patient is recorded in the patient record (paediatric care).	61 (92.42%)
2.2.1.2.2.1 CHECKLIST: Clinical assessment and management plan for the user is recorded in the user record.	59 (89.39%)
2.2.1.1.1.1 CHECKLIST: The health establishment complies with health records management guidelines.	59 (89.39%)
2.3.1.1.1.1 CHECKLIST: Basic medical supplies (consumables) are available.	48 (72.73%)
2.2.2.1.2.1 CHECKLIST: Disinfectant cleaning materials and equipment are available.	45 (68.18%)

8.3 DISPENSARY OR MEDICINE CUPBOARD FUNCTIONAL AREA

Measure requirements in this functional area relate to the management of medicines and related consumables. Table 5 below outline the top five non-complied with measures in this functional area.

The most commonly non-complied with measure in this functional area is the requirement that the HEs have a Standard Operation Procedure (SOP) for the management of medicines. The other commonly non-complied with measures relate to stock taking of medicines and management of Schedules 5 and 6 medicines' registers.

The failed measures in this functional area suggest that there remain areas of concern in relation to availability and management of pharmaceutical products. Availability of medicines is an important health system input that relate directly to the provision of appropriate and good quality healthcare services.

Table 5: Five most commonly non-complied with measures in the Dispensary or Medicine Cupboard functional area

Measure names	Non-compliant HEs N (%)
3.3.1.1.1.1 CHECKLIST: The standard operating procedure for management of medicines is available.	40 (60.61%)
3.3.1.1.1.4 There is evidence that a stock take of medicine was done in the last 12 months.	24 (36.36%)
3.2.3.1.1.1 CHECKLIST: Hand washing facilities are available.	22 (33.33%)
3.3.1.1.2.5 The register for schedule 5 and 6 medicines is completed correctly.	14 (21.21%)
3.2.2.1.1.2 Cleaning is carried out in accordance with the schedule.	11 (16.67%)

8.4 MAINTENANCE SUPPORT FUNTIONAL AREA

In this functional area, the measures' requirements focus on assessing whether the HEs buildings and grounds are maintained adequately for providing safe environment for both users and staff. Other aspects included in this functional area include the availability of back-up supply of water and electricity to enable the HE to continue providing services even during electricity or water supply disruptions.

An analysis of the top five most non-complied measures, as shown in Table 6 below, identified the maintenance of electricity back up system, compliance of buildings with safety regulations, and access to back-up electricity supply system.

Table 6: Five most commonly non-complied with measures in the Maintenance Support functional area

Measure names	Non-compliant HEs N (%)
4.5.2.1.1.4 CHECKLIST: The back-up electricity supply system is tested and maintained.	61 (92.42%)
4.5.1.1.1.1 CHECKLIST: The building(s) complies with safety regulations.	59 (89.39%)
4.5.2.1.1.3 The health establishment has access to back-up electricity supply system in case of power supply disruptions.	51 (77.27%)
4.5.1.1.2.2 CHECKLIST: Observe if the areas of the building(s) listed below are maintained.	47 (71.21%)
4.5.1.1.2.1 The maintenance schedule for building(s) and grounds is available.	44 (66.67%)

9. TOP PERFORMING MEASURES PER FUNCTIONAL AREA

While it is important to identify and discuss areas of non-compliance, it is also important to highlight areas of compliance to identify aspects of quality of care where the inspected HEs performed relatively well. The following sections identify the most complied with measures and identifies the top 5 measures per functional area.

9.1 CLINIC MANAGER SUPPORT FUNTIONAL AREA

In this functional area, the measures most complied with are the availability of required documents, including SOPs and SLAs. The rendering of services according to the SLA or SOP for security services was compliant in 75 (85.22%) of inspected HEs, followed by a copy of the SLA for waste removal in 73 (82.95%) of inspected HEs. The other measures most complied with in this functional area include, among others, the availability of an adverse event reporting register in 60 (68.18%) HEs, as outlined in Table 7 below.

Table 7: Five most complied with measures in the Clinic Manager functional area

Measure names	Total compliant HEs N (%)
1.2.5.1.1.1 An adverse event reporting register available in the health establishment.	55 (83.3%)
1.1.3.1.2.1 Compliance with waiting time target(s) is monitored by the health establishment.	54 (81.8%)
1.2.4.1.1.1 CHECKLIST: The standard operating procedures for handling storage and safe disposal of waste are available which include the aspects listed below .	53 (80.3%)
1.2.2.1.1.1 CHECKLIST: National guidelines on priority health conditions are available.	52 (78.8%)
1.2.2.1.2.1 All cleaners have been trained in cleaning procedures.	52 (78.8%)

9.2 CLINICAL SERVICES FUNCTIONAL AREA

The most complied with measures in this functional area include 84 (94.45%) HEs compliant with both user records not being left unattended in public areas and only being accessible to personnel. Similarly, healthcare providers responsible for user prioritisation were able to explain how users are prioritised in 84 (94.45%) of inspected HEs. The other most complied with measures in this functional area include the availability of an oxygen cylinder with a pressure gauge in 81 (92.04%) of HEs. The latter is part of the three (3) NNVs in this functional area.

Table 8: Five most complied with measures in the Clinical Services functional area

Measure name	Total compliant HEs N (%)
2.1.1.1.1.1 Helpdesk or reception services are available.	66 (100.0%)
2.3.2.1.1.4 An oxygen cylinder with pressure gauge is available.	66 (100.0%)
2.3.1.1.1.2 CHECKLIST: Three scripts in the consultation rooms are correlated with the medicines dispensed to ensure that all medicines were received as prescribed.	65 (98.5%)
2.1.2.1.1.2 CHECKLIST: Healthcare providers responsible for user prioritisation are able to explain how users are prioritised.	65 (98.5%)
2.3.2.1.1.5 The oxygen available in the cylinder is above the minimum level.	65 (98.5%)

9.2 DISPENSARY OR MEDICINE CUPBOARD

The measure most commonly complied with was that 83 (94.32%) of HEs met the requirement that no expired medicines should be on the shelves. This was followed by 80 (90.91%) HEs where appropriate containers for disposal of pharmaceutical waste were available. The electronic network system for monitoring the availability of medicine was used effectively in 75 (85.91%) of inspected HEs, while the same number complied with the management practices for segregating waste as required.

Table 9: Five most complied with measures in the Dispensary or Medicine Cupboard functional area

Measure name	Total compliant HEs N (%)
3.5.1.1.1.1The Dispensary/Medicine Room has a functional air conditioner.	65 (98.5%)
3.3.1.1.2.6There is no expired medicine on the shelves.	64 (97.0%)
3.3.1.1.2.3 CHECKLIST: The temperature of the Dispensary/Medicine Room is maintained within the safety range.	63 (95.5%)
3.3.1.1.2.1CHECKLIST:90 % of the medicines on the tracer medicine list are available.	63 (95.5%)
3.2.4.1.1.1Appropriate containers for disposal of pharmaceutical waste are available.	63 (95.5%)

9.3 MAINTENANCE SUPPORT FUNCTIONAL AREA

The top five (5) measures most commonly complied with in this functional area are listed in Table 10 below. Of the 88 HEs inspected, 82 (93,18%) complied with the emergency exits being kept free of obstacles, while 81 (92.05%) had a functional sewerage system, and 76 (86.36%) having functional piped water supply.

Table 10: Five most complied with measures in the Maintenance Support functional area

Measure name	Total compliant HEs N (%)
4.2.1.1.1.2 There is safe disposal of general waste.	65 (98.5%)
4.5.1.1.3.1 The emergency vehicle entrance is free from any obstruction or hazards.	64 (97.0%)
4.5.2.1.1.1 The health establishment has a functional piped water supply.	62 (93.9%)
4.5.2.1.1.5 The sewerage system is functional.	61 (92.4%)
4.5.1.1.3.2 All emergency exits are kept free of obstacles.	61 (92.4%)

10. PERFORMANCE OUTCOMES DISAGGREGATED PER DOMAINS, F/Y 2020/21

A domain is defined as "an aspect of service delivery where quality or safety can be at risk" Service delivery is one of the six World Health Organization (WHO) health systems building blocks. According to the WHO Health Systems Framework, service delivery must be offered in a quality and safe manner to produce positive health outcomes.

As explained earlier in the report, domains are the five main chapters of the inspection tools, including (1) User Rights, (2) Clinical Governance and Clinical Care, (3) Clinical Support Services, (4) Governance and Human Resources and (5) Facilities and Infrastructure. The performance of the inspected HEs against the domains is outlined in Figure 19 below.

Clinical Governance and Clinical Care

Clinical Governance assesses the availability of structures that govern the clinical management of patients. Clinical Care looks at existing clinical guidelines for management of common clinical conditions as well as how well are implemented and staff trained where clinical guidelines are revised.

Clinical Support Services

These services entail all the services that support the clinical management of the patient such as pharmacy, the procurement of medical equipment and medical consumables. In the HEs inspected, some of the essential medicines, essential medical equipment and consumables were not available at the time of the inspection.

Facilities and Infrastructure

These are the buildings, facilities where patients are seen, and the medical equipment. These can be formal or temporary structures and may form a whole or part of a HE.

Governance and Human Resources

These refers to the accounting authority of the HE, relevant management structures and committees, and the human resources process within the HE.

User Rights

These relate to the observance of the rights of users while accessing healthcare services. User rights contribute to acceptability of services and patient experience of care.

10.1 PERFORMANCE OUTCOMES IN THE SPECIFIC DOMAINS

The figure below indicates the performance outcome on domains in KwaZulu-Natal province. The figure indicates the average performance of inspected HEs per domain in the province. The average scores varied between 42.6% and 76.8%. The highest average performance was in the Clinical Support Services whilst the lowest average score was in the Governance and Human Resources domain. The low average score for the Governance and Human Resources domain is of concern as it may suggest leadership and human capital capacity challenges at the inspected HEs.

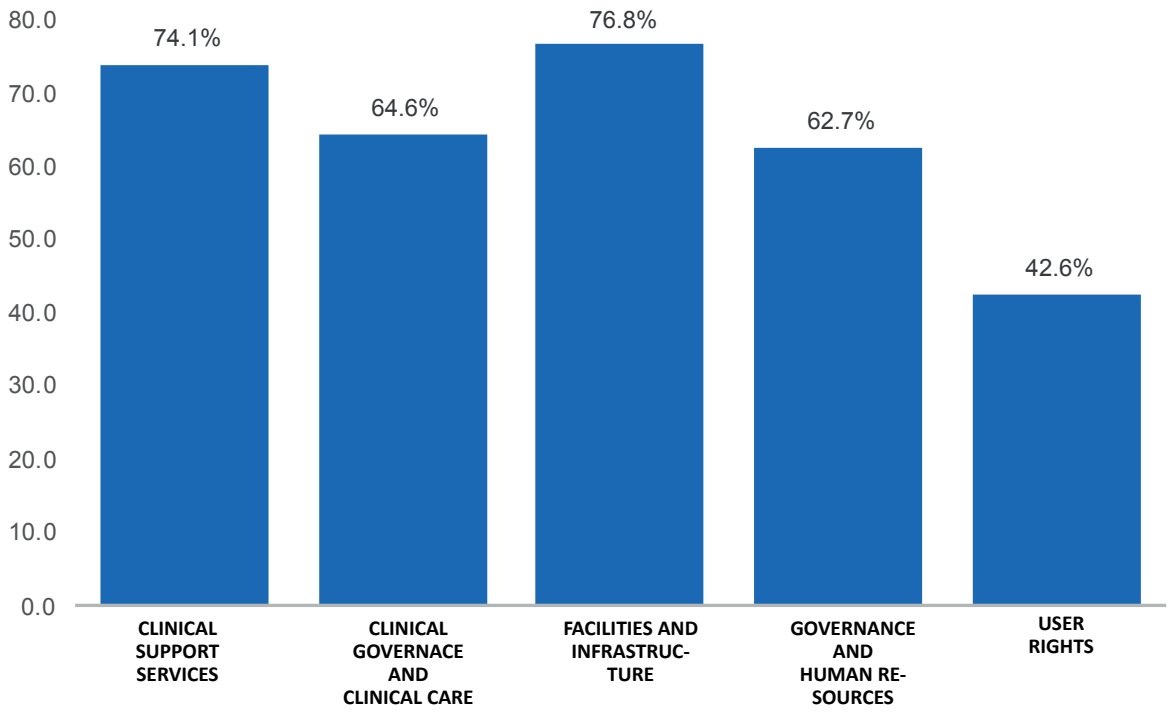


Figure 19: Average performance of all inspected HEs across the five domains

10.2 PERFORMANCE OUTCOMES BY DOMAINS PER DISTRICT

Figure 20 below shows the average domain scores obtained by the HEs in the inspected districts in the province.

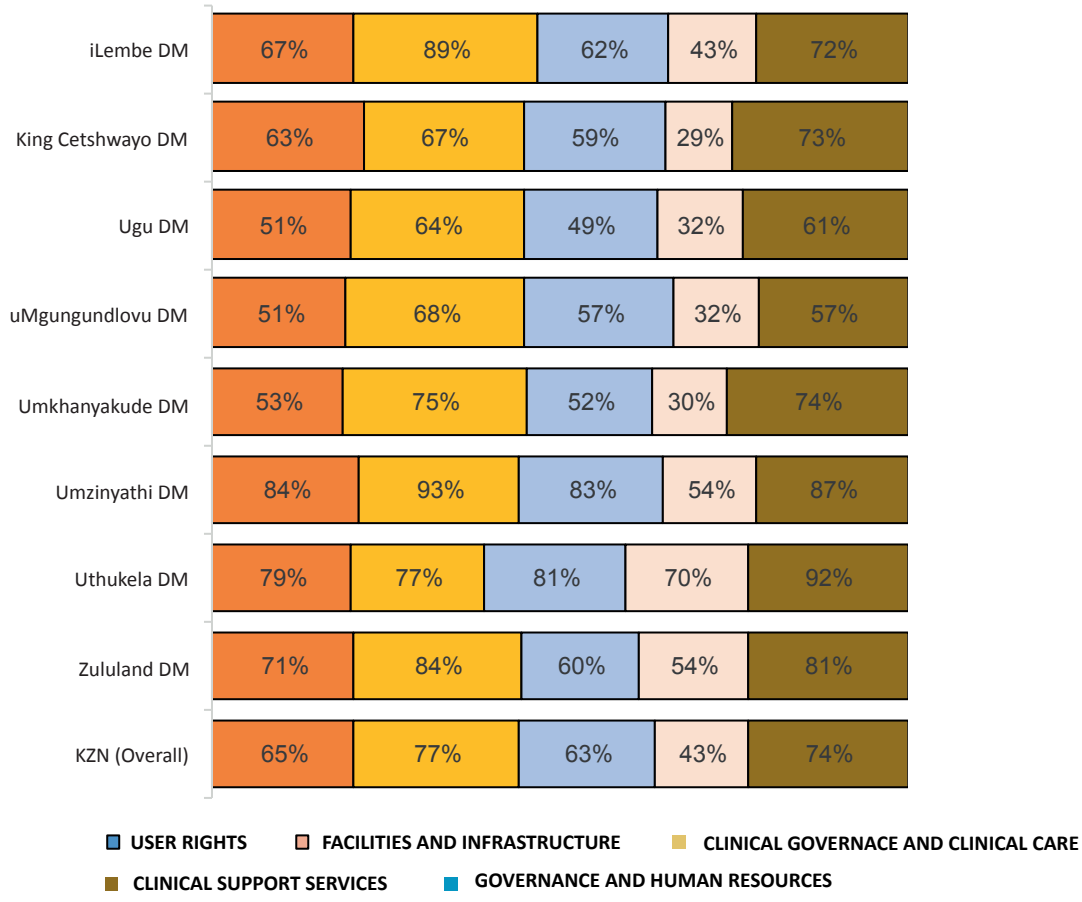


Figure 20: Average performance of inspected HEs across the five domains per district

10.3 TOP 5 NON-COMPLIANT MEASURES PER DOMAIN

The table below indicates the top 5 non-complied with measures in each of the five domains. The table outlines the specific measures for which most of the HEs did not meet the specific requirements and thus should assist the authorities to have a clearer picture of the areas of gaps or challenges within the inspected HEs.

Table 11: Most non-complied with measures across the five domains

	Measure Names	Non-compliant HES
	1.1.2.1.3.1 Professional nurses have received training in Basic Life Support (BLS).	54 (81.8%)
	1.1.2.1.2.3 The health establishment reports delays in Emergency Medical Service response times to the relevant authority.	41 (62.1%)
	2.1.2.2.1.1 CHECKLIST: There is a referral register that records referred users which includes the details listed below.	37 (56.1%)
	2.1.2.2.2.1 CHECKLIST: The health records of the last three users referred out of the health establishment contain copies of a referral letter sent to the receiving health establishment.	36 (54.5%)
	1.1.1.1.1.1CHECKLIST: Complaints records reflect compliance with the National Guideline to Manage Complaints Compliments and Suggestions in the Public Health Sector in South Africa	24 (36.4%)
	1.1.2.1.3.1 Professional nurses have received training in Basic Life Support (BLS).	54 (81.8%)
CLINICAL GOVERNANCE AND CLINICAL CARE	2.2.1.2.2.2 CHECKLIST: Clinical assessment and management plan for the patient is recorded in the patient record (paediatric care).	61 (92.4%)
	2.2.1.1.1.1 CHECKLIST: The health establishment complies with health records management guidelines.	59 (89.4%)
	2.2.1.2.2.1 CHECKLIST: Clinical assessment and management plan for the user is recorded in the user record.	59 (89.4%)
	1.2.2.1.3.2 CHECKLIST: Training is provided to professional nurses on clinical guidelines.	49 (74.2%)
	2.2.2.1.2.1 CHECKLIST: Disinfectant cleaning materials and equipment are available.	45 (68.2%)
CLINICAL SUPPORT SERVICES	2.3.1.1.1.1 CHECKLIST: Basic medical supplies (consumables) are available.	48 (72.7%)
	3.3.1.1.1.1 CHECKLIST: The standard operating procedure for management of medicines is available.	40 (60.6%)
	2.3.2.1.1.3 CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	35 (53.0%)
	2.3.2.1.1.2 CHECKLIST: The emergency room or resuscitation room is equipped with functional basic resuscitation equipment.	33 (50.0%)
	2.3.2.1.1.1 CHECKLIST: Essential equipment is available and functional in consultation areas.	27 (40.9%)
FACILITIES AND INFRASTRUCTURE	4.5.2.1.1.4 CHECKLIST: The back-up electricity supply system is tested and maintained.	61 (94.4%)
	4.5.1.1.1.1 CHECKLIST: The building(s) complies with safety regulations.	59 (89.4%)
	4.5.2.1.1.3The health establishment has access to back-up electricity supply system in case of power supply disruptions.	51 (77.3%)
	4.5.1.1.2.2 CHECKLIST: Observe if the areas of the building(s) listed below are maintained.	47 (71.2%)
	1.5.1.1.1.3 A designated person monitors the service level agreement for security services.	44 (66.7%)

GOVERNANCE AND HUMAN RESOURCES	1.4.1.1.1.1 CHECKLIST: There is a functional Clinic Committee.	62 (93.9%)
	1.4.2.1.1.2 Personnel are appointed in line with the determined requirements.	61 (92.4%)
	1.4.3.1.1.3Risk mitigation interventions are implemented for identified risks.	49 (74.2%)
	1.4.2.1.3.1 CHECKLIST: All healthcare providers have current registration with relevant health professional bodies.	47 (71.2%)
	1.4.2.1.1.1Staffing needs have been determined in line with workload requirements.	43 (65.2%)

10.4 PERFORMANCE OUTCOME ON SPECIFIC MEASURES BY STANDARDS PER DOMAIN

Figures 21 show average performance on measures at the level of standards per domain across all inspected HEs (for KwaZulu-Natal province). The information in the figure below together with the information in Table 11 above identify specific areas that need improvement to assist the HEs to meet the requirements for provision of good quality healthcare services and thereby comply for certification.

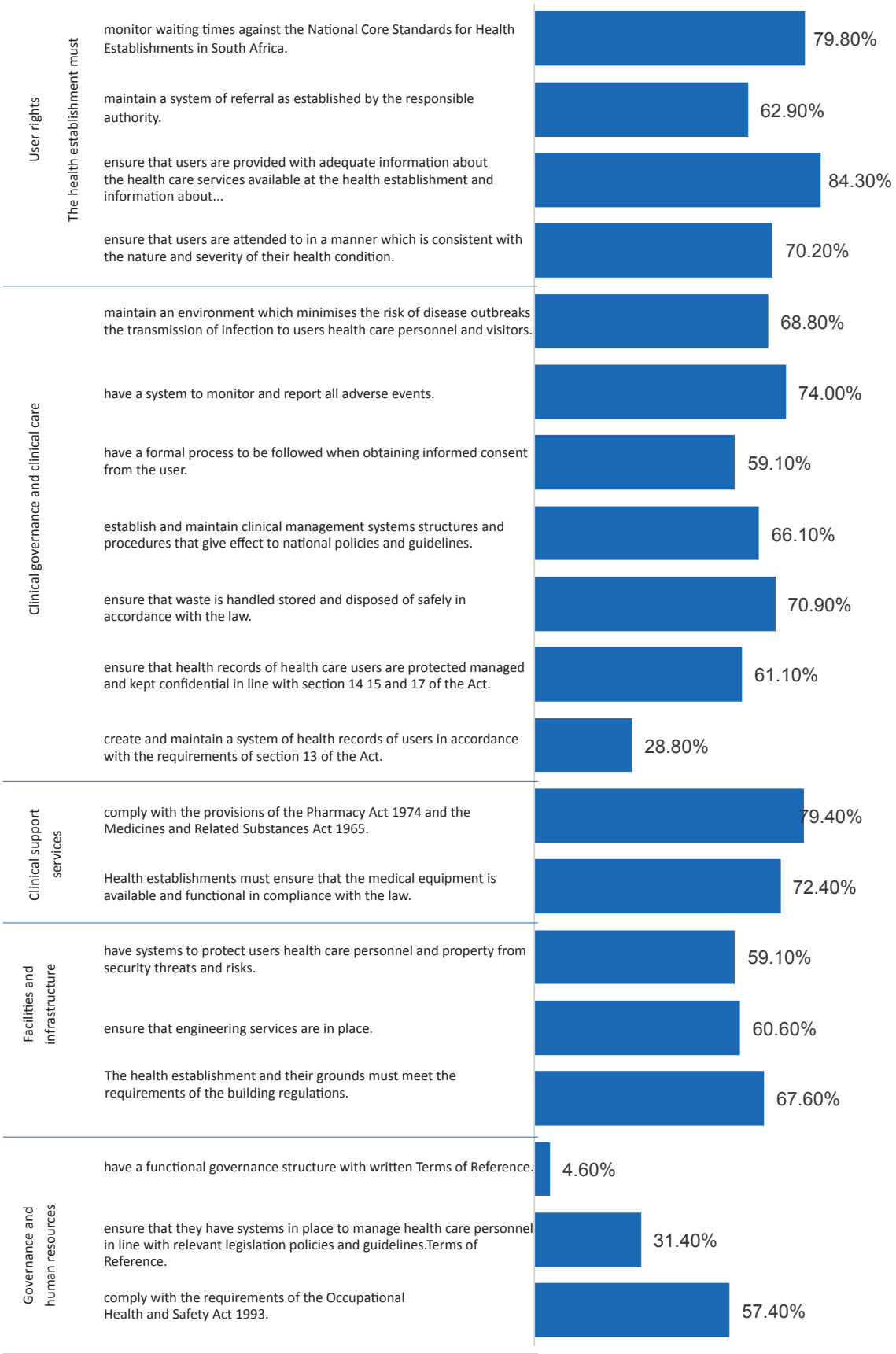


Figure 21: Aggregate performance on measures by domain and standards

11. RECOMMENDATIONS

Based on the performance of inspected health establishments in the period under review, the OHSC makes the following recommendations:

- The provincial and district health authorities must provide more support to HEs in preparation for compliance inspections, as well as to improve performance against the promulgated Norms and Standards regulations. The provincial Quality Improvement team should consider developing a structured and sustained plan of action to help HEs to achieve compliance status and thus provide quality and safe healthcare services to users.
- The HEs and districts that have performed relatively poorly during these inspections, such as Ugu district, should be encouraged to benchmark with better performing HEs and districts such as uMzinyathi and Zululand Districts.
- The report also showed that there was substantial variation in performance by the districts in the various domains and functional areas. The provincial and district health authorities must analyse the performance trends in detail and draw lessons on the systems and processes that contributed to the performance including identifying systemic gaps that prevented the province's HEs from performing even better.
- The province, districts and HEs need to put focus on ensuring that HEs comply with the requirements of the 3 NNV measures. This focus will likely result is substantial improvements in the overall compliance rates as there remain HEs in the Good and Satisfactory grading categories that did not attain compliance status because of their failure to meet NNV requirements. Had the inspected HEs complied with the NNVs, a higher proportion of HEs would have been certified compliant.
- 34.85% of all inspected HEs had a grading of Unsatisfactory and, therefore, automatically achieved a non-compliant status. This finding suggests deep and systemic challenges in some of the HEs and warrants a root cause analysis to identify the cause for the poor performance.
- The province, districts, and HEs must identify and study all measures with high rates of non-compliance and support HEs to develop and oversee the implementation of quality improvement plans to address the issues.

12. CONCLUSION

The performance of HEs inspected in the KZN province during the period under review remains concerning with 40.9% overall compliance rate. There were 66 HEs inspected in the province in the FY 2020/21 across eight (8) districts.

The inspection findings show that there are some systemic quality challenges within the inspected HE with 34.85% of them obtaining an Unsatisfactory Grading which automatically resulted in a non-compliant status. In addition, there were still substantial proportion of HEs in the Satisfactory and Good grading categories that were also found to be non-compliant because they did not meet the requirements for NNVs.

The province will need to study the report in detail and come up with quality improvement plans to address the identified challenges in the system. Quality improvement work is an ongoing process that must be sustained to ensure that HEs in the province meet the compliance inspection requirements and become certified as compliant. The quality improvement work that is required will ensure that the HEs in the province will be able to provide good quality and safe healthcare services to the people of KZN.

13. ANNEXURES

13.1. PERFORMANCE OF HEALTH ESTABLISHMENTS BY OVERALL GRADING AND COMPLIANCE STATUS OUTCOME

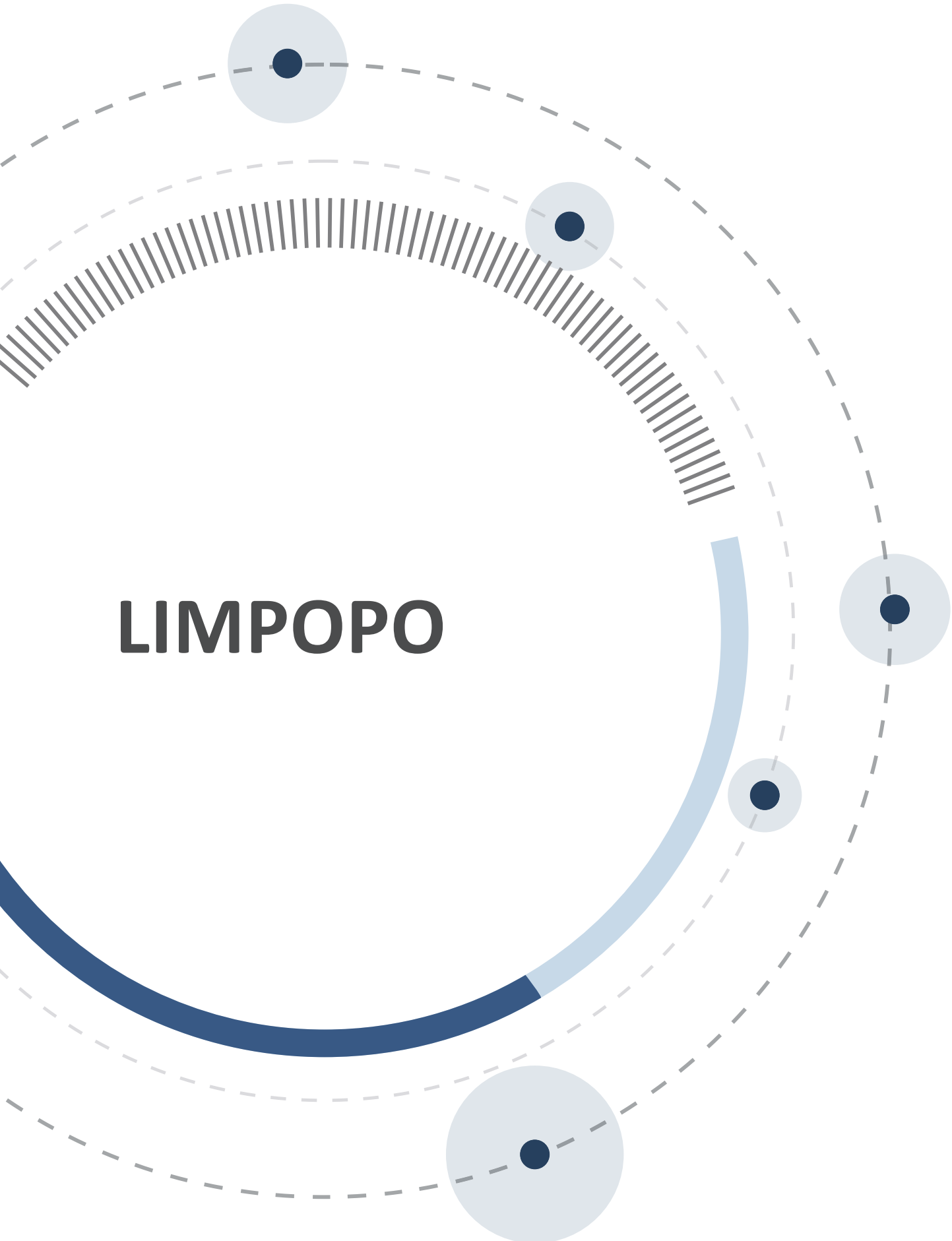
The previous sections of the report provided consolidated inspection outcomes for the entire province or per district. Table 19 below provides the grading and compliance outcomes for each of the inspected HEs. All HEs certified as compliant have already received their Compliance Certificates and those certified non-compliant have received their Compliances Notices. Some of the non-compliant HEs have already been re-inspected. Some of the re-inspected HEs were certified compliant, while others were referred for enforcement due to persistent non-compliance.

Table 12: Performance of health establishments by overall grading and compliance status outcome

District	Sub District	Establishment Name	Overall Grade	Compliance Decision
kz iLembe District Municipality	kz Maphumulo Local Municipality	kz Oqaqeni Clinic	Good	Compliant
		kz Maqumbi Clinic	Satisfactory	Compliant
		kz Maphumulo Clinic	Satisfactory	Compliant
		kz Mthandeni Clinic	Satisfactory	Not Compliant
		kz Otimati Clinic	Unsatisfactory	Not Compliant
	kz Ndwedwe Local Municipality	kz Thafamasi Clinic	Good	Compliant
		kz Montebello Gateway Clinic	Good	Compliant
		kz Molokohlo Clinic	Excellent	Not Compliant
kz King Cetshwayo District Municipality	kz Nkandla Local Municipality	kz Vumanhlamvu Clinic	Good	Compliant
		kz Xulu Clinic	Satisfactory	Compliant
		kz Chwezi Clinic	Unsatisfactory	Not Compliant
		kz Esibhudeni Clinic	Good	Not Compliant
		kz Mpandleni Clinic	Good	Not Compliant
		kz Mandaba Clinic	Unsatisfactory	Not Compliant
		kz Nongamlane Clinic	Satisfactory	Not Compliant
		kz Thalaneni Clinic	Unsatisfactory	Not Compliant
kz Ugu District Municipality	kz Umuziwabantu Local Municipality	kz Harding Clinic	Good	Not Compliant
		kz St Andrew's Gateway Clinic	Satisfactory	Not Compliant
		kz KwaJali Clinic	Unsatisfactory	Not Compliant
		kz Mbonwa Clinic	Unsatisfactory	Not Compliant
		kz Mbotho Clinic	Unsatisfactory	Not Compliant
		kz Pisgah Clinic	Unsatisfactory	Not Compliant
		kz Santombe Clinic	Unsatisfactory	Not Compliant
		kz Weza Clinic	Unsatisfactory	Not Compliant

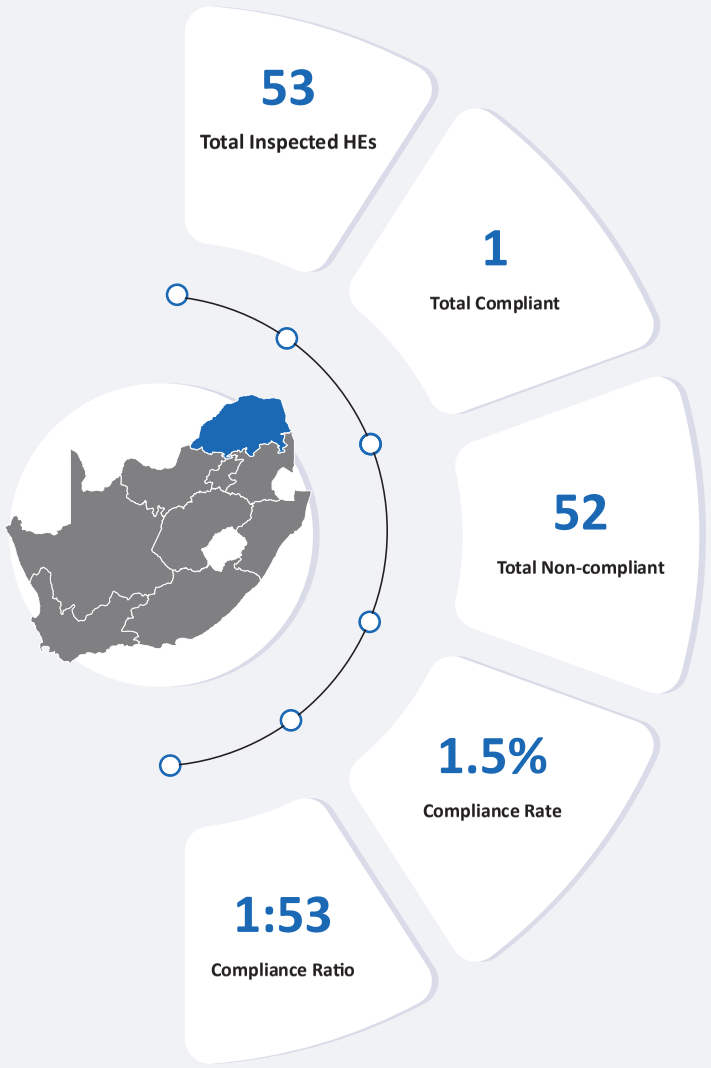
District	Sub District	Establishment Name	Overall Grade	Compliance Decision
kz uMgungundlovu District Municipality	kz Richmond Local Municipality	kz Mbuthisweni Clinic	Unsatisfactory	Compliant
		kz Ndaleni Clinic	Unsatisfactory	Not Compliant
		kz Phatheni Clinic	Unsatisfactory	Not Compliant
		kz Richmond Clinic	Unsatisfactory	Not Compliant
	kz uMshwathi Local Municipality	kz Efaye Clinic	Good	Compliant
		kz Cramond Clinic	Satisfactory	Not Compliant
		kz Appelsbosch Gateway Clinic	Satisfactory	Not Compliant
		kz Mayizekane Clinic	Unsatisfactory	Not Compliant
		kz Gcumisa Clinic	Unsatisfactory	Not Compliant
		kz Mambedwini Clinic	Unsatisfactory	Not Compliant
kz Umkhanyakude District Municipality	kz uMhlabuyalingana Local Municipality	kz Zama Zama Clinic	Good	Compliant
		kz KwaNdaba Clinic	Good	Compliant
		kz Bhekabantu Clinic	Good	Not Compliant
		kz Madonela Clinic	Unsatisfactory	Not Compliant
		kz Phelandaba Clinic	Unsatisfactory	Not Compliant
		kz Mahlungulu Clinic	Unsatisfactory	Not Compliant
		kz Mbazwana Clinic	Unsatisfactory	Not Compliant
		kz Manaba Clinic	Unsatisfactory	Not Compliant
kz Umzinyathi District Municipality	kz Umvoti Local Municipality	kz Amakhabela Clinic	Excellent	Compliant
		kz Ukuthula Clinic	Excellent	Compliant
		kz Kranskop Clinic	Excellent	Compliant
		kz Eshane Clinic	Good	Compliant
		kz Amatimatolo Clinic	Excellent	Compliant
		kz Sibuyane Clinic	Excellent	Compliant
		kz Ntembisweni Clinic	Good	Compliant
		kz Pine Street (Greytown) Clinic	Good	Not Compliant
kz Uthukela District Municipality	kz Inkosi Langalibalele Local Municipality	kz Forderville Clinic	Good	Compliant
		kz AE Haviland Memorial Clinic	Excellent	Compliant
		kz Zwelisha Clinic	Excellent	Compliant
		kz Estcourt Gateway Clinic	Good	Not Compliant
		kz Ntabamhlope Clinic	Good	Not Compliant
		kz Madiba Clinic	Good	Not Compliant
		kz Connor Street Clinic	Good	Not Compliant
		kz Wembezi Clinic	Satisfactory	Not Compliant

District	Sub District	Establishment Name	Overall Grade	Compliance Decision
kz Zululand District Municipality	kz AbaQulusi Local Municipality	kz Bhekuzulu Clinic	Excellent	Compliant
		kz Gluckstadt Clinic	Excellent	Compliant
		kz Mason Street Clinic	Excellent	Compliant
		kz Mondlo 2 Clinic	Excellent	Compliant
		kz Hlobane Clinic	Satisfactory	Compliant
		kz Ntababomvu Clinic	Satisfactory	Compliant
		kz Bhekumthetho Clinic	Unsatisfactory	Not Compliant
		kz Siyakhathala Clinic	Unsatisfactory	Not Compliant

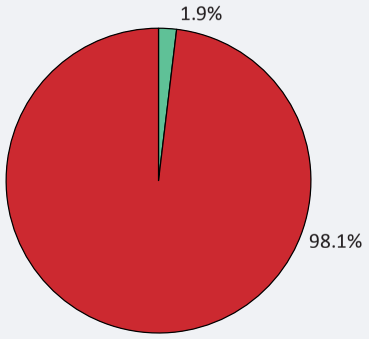

LIMPOPO

SUMMARY OF INSPECTED HEALTH ESTABLISHMENTS OUTCOMES IN LIMPOPO PROVINCE F/ 2020/21

Figure 1: Summary of inspected health establishments in Limpopo Province FY 2020/21

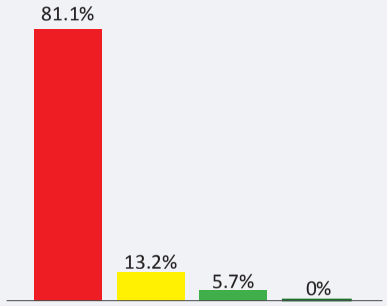


Compliance status outcome



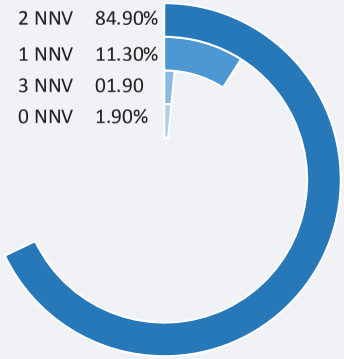
Of all 53 inspected HEs in the province, 1.9% (n=) met the compliance requirements.

Overall grading outcome



The grading of health establishments is applied to both compliant and noncompliant HEs. 43 (81.1%) of all inspected HEs obtained an unsatisfactory grade, while 13.2% obtained a satisfactory grade, followed by the good category at 5.7%, and none of the HEs achieved an excellent grade.

Performance of NNV



The majority (84,9%) of the inspected HEs in the province complied with only two (2) of the three (3) NNVs, followed by those that complied with only one NNV (11.3%). Only 1 (1,9%) HE complied with all NNVs and the remaining 1 (1,9%) HE complied with none of the 3 NNVs

Overall grading per district

District	Total inspected	Compliance rate	Overall grading			
			Excellent	Good	Satisfactory	Unsatisfactory
Capricorn DM	10	10.0%	0.0%	30.0%	10.0%	60.0%
Mopani DM	11	0.0%	0.0%	0.0%	9.1%	90.9%
Sekhukhune DM	8	0.0%	0.0%	0.0%	25.0%	75.0%
Vhembe DM	16	0.0%	0.0%	0.0%	18.8%	81.3%
Waterberg DM	8	0.0%	0.0%	0.0%	0.0%	100.0%

Compliance: Non-compliant Compliant **Grading** Unsatisfactory Satisfactory Good Excellent

1. DISTRIBUTION OF HEALTH ESTABLISHMENTS INSPECTED IN LIMPOPO PROVINCE, PER DISTRICT

A total of 53 public sector health establishments (HEs) were inspected in Limpopo province in the 2020/21 financial year and the distribution of inspected HEs is shown in Figure 2 below. Inspections were conducted in all the five (5) districts within the province during the 2020/21 inspection cycle. Only the Primary Health Care (PHC) clinics were inspected in the period under review because the Office of Health Standards Compliance (OHSC) has adopted a progressive and incremental approach in the implementation of the norms and standards regulations starting with the PHC facilities as the entry point and gateway into the rest of the health care system.

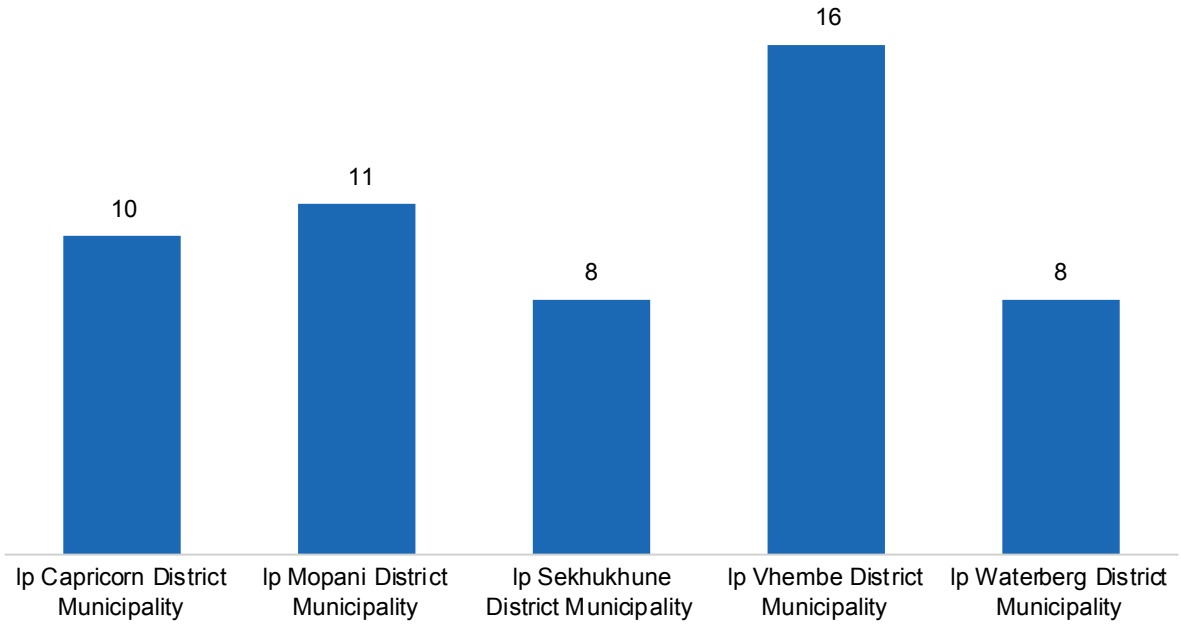


Figure 2: Total number of inspected HEs per district, FY 2020/21

Since the commencement of inspections using the promulgated norms and standards regulations for different categories of health establishments in the 2019/20 financial year, a cumulative total of 128 PHC clinics have been inspected in the province. This represents 24.8% of the total number of public sector PHC HEs (N=516) in the province.

As was the case in the rest of the country, the number of inspections in the province declined by 27.4% in the 2020/21 financial year compared to the 2019/20 financial year due to the impact of COVID-19 National State of Disaster Management restrictions.

Figure 3 below shows the breakdown of all inspections conducted in the province per district during the 2019/20 and 2020/21 inspection cycles. Inspections were conducted in all the five districts within the province and the 53 HEs were distributed in the 5 districts as indicated below in Figure 3 below.

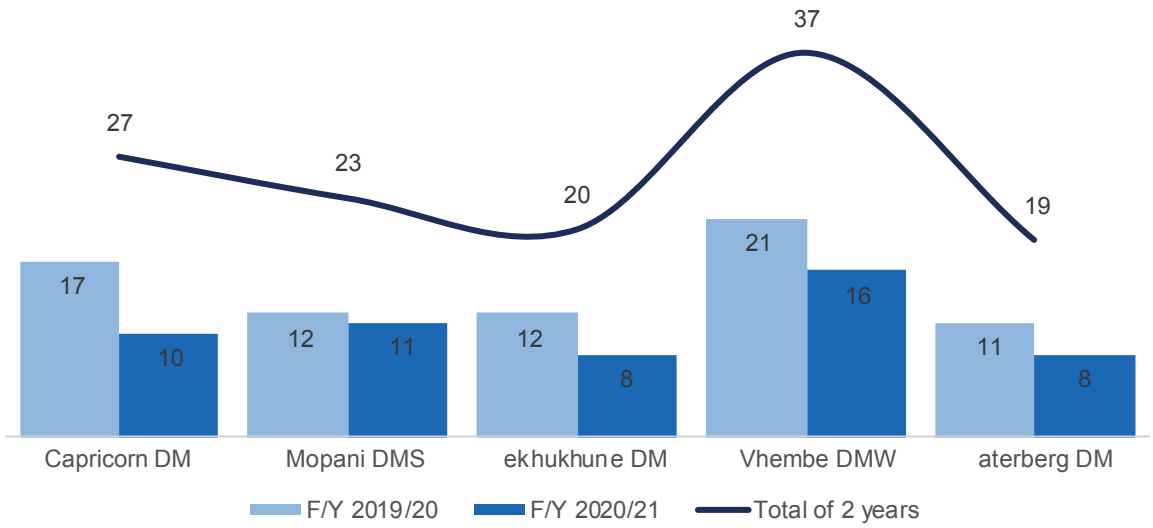


Figure 3: The breakdown of inspections conducted in the Eastern Cape province per district overtime

2. Compliance status outcome of inspected HEs, FY2020/21

The compliance status outcome is a result of collation of performance of a health establishment as determined by scores against the measures in the applicable inspection tool and processed through a Compliance Status Framework (CSF). The scores are aggregated according to the various risk-rated measure categories to arrive at a grading outcome. Once a grading outcome is determined, the next step is to determine the performance of the health establishment on the non-negotiable vital (NNV) measures. A final decision on the compliance status outcome is then arrived at following the rules and guidelines as outlined in the applicable CSF. A dedicated and specific CSF document is developed as part of the inspection tool development process for all the different categories of health establishments.

The measures in the inspection tool are risk-rated into 3 categories (essential, vital and non-negotiable vital measures). There are threshold cut-off levels for performance in each of the essential and vital risk-rated measure categories to determine grading outcome. There are four grading categories namely, Excellent, Good, Satisfactory, and Unsatisfactory.

The Non-negotiable vital (NNVs) measures are those measures that a health eatablishment must fully comply with and score 100% on these to be certified compliant, subject to the HE achieving the minimum thresholds in the other 2 risk categories resulting in a grading outcome of Satisfactory, Good or Excellent. Non-compliance with any aspects of these NNVs automatically results in the HE being certified as non-compliant, irrespective of the grading outcome.

There are 3 NNVs in the PHC clinic inspection tool, made up of:

1. the emergency trolley be stocked with all the required medicines and equipment,
2. that an oxygen cylinder with a functional gauge be available, and
3. that the oxygen in the cylinder must be at or above the minimum level indicator.

Out of the 53 HEs inspected in the province in the 2020/21 financial year 52 (98%) were found to be non-compliant, while 1(1,9%) was found to be compliant (see Figure 3 below). The proportion of compliant HEs has increased from 0% in the 2019/2020 inspection cycle, to 1,9% in the current reporting period. The detailed description of the nature and extent of the non-compliance will be discussed in the next sections of this report.

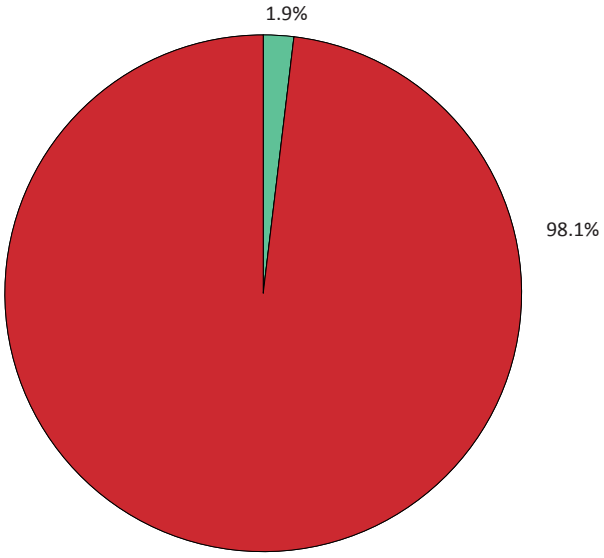


Figure 4: Compliance Status of inspected HEs, FY 2020/21 cycle

2.1. COMPLIANCE STATUS OUTCOME PER FINANCIAL YEAR

Figure 4 below demonstrates that the compliance rate for the province has increased from 0% in the FY 2019/20 to 1.9% in the FY 2020/21, the inspections' outcomes for the Limpopo province remain concerning. Only one of 128 health establishments over two financial years was found to be compliant with the threshold requirements of the norms and standards regulations and therefore eligible for certification.

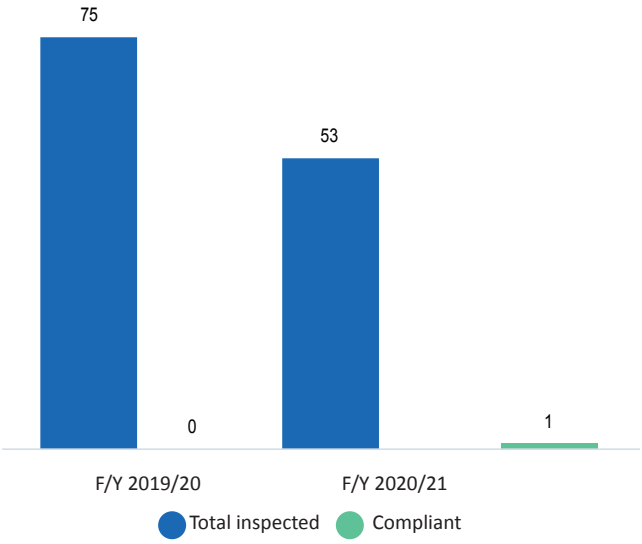


Figure 5: The breakdown of compliance status outcome of inspected health establishments, FY 2019/20 and 2020/21

2.2 COMPLIANCE STATUS OUTCOME PER DISTRICT

In 2020/21, only Capricorn district achieved a compliance rate of 1,9%, with one (1) of the ten (10) inspected HEs found to be compliant. The other four district did not achieve compliance with none of the inspected HEs found compliant as shown in Figure 5 below.

As outlined in the previous sections on distribution of inspected health establishments, Limpopo province had 128 HEs inspections over the two inspection cycles. However, even with the number of inspected HEs, the low compliance rate suggests that the number of inspections has not translated to a significantly higher number of HEs being certified as compliant in the province.

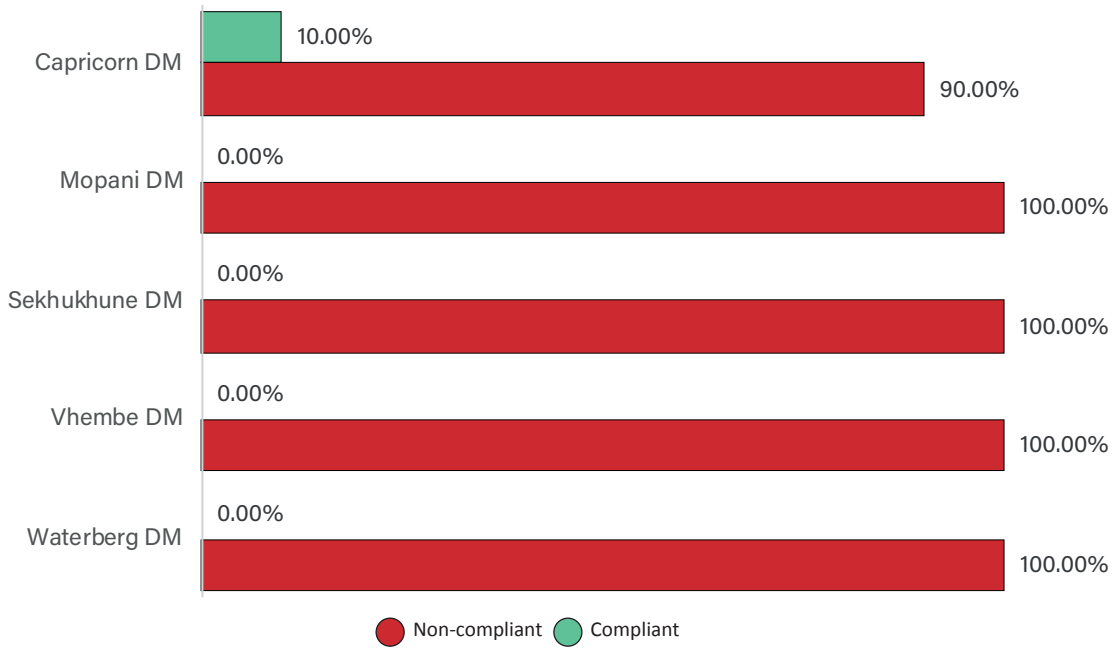


Figure 6: Compliance Status performance of inspected HEs per district, FY 2020/21

3. OVERALL GRADING PERFORMANCE OF INSPECTED HEs, FY 2020/21

The overall grading achieved by all HEs inspected in the province in the 2020/21 inspection cycle, as depicted in Figure 5 below, shows that 43 (81.1%) of all inspected HEs obtained an unsatisfactory grading and would therefore automatically achieve a non-compliant status and be precluded from eligibility for certification.

The second most common grading outcome achieved by inspected HEs in the province is the satisfactory grading at 13.2%, followed by the good category at 5.7%, and none of the HEs achieved an excellent grading.

Notably, there were HEs graded Good and Satisfactory, but found non-compliant because they did not meet the NNV requirements. However, all HEs graded as Unsatisfactory are automatically non-compliant, even if they have complied with all the NNVs requirements.

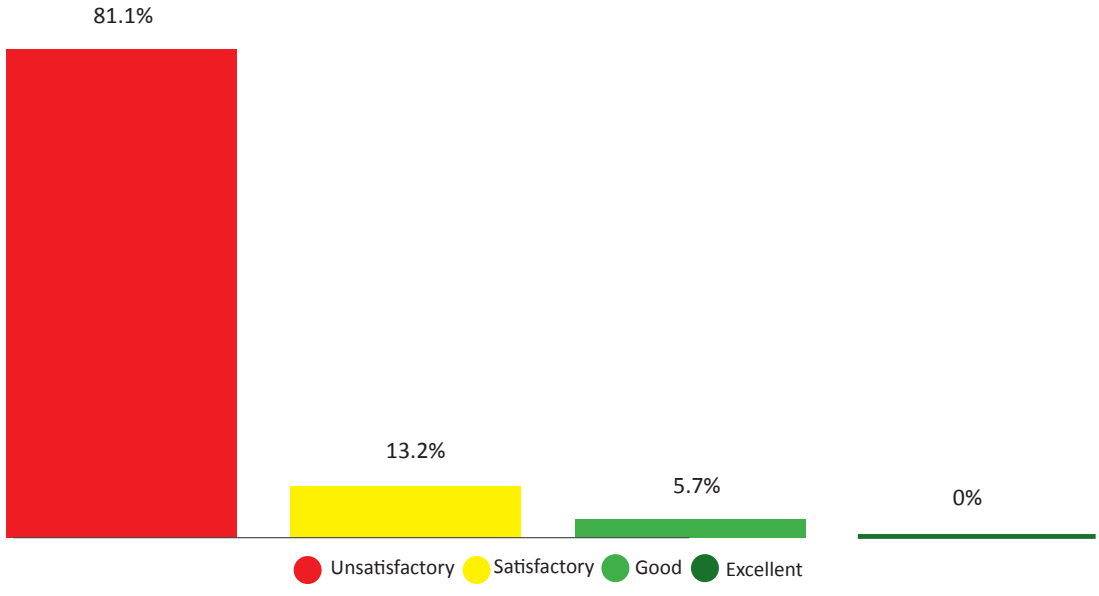


Figure 7: Grading performance of inspected HEs, FY 2020/21

The grading outcome of the inspected HEs in the province remains a concern. However, it is also important to acknowledge the slight improvements in the overall grading achieved by inspected HEs over the two inspection cycles. These improvements are reflected in the increase in the proportion of HEs achieving a grade of Good from 1.4% in 2019/20 to 5.7% in 2020/21. The proportion graded as Satisfactory have also increased from 11.0% to 13.2%, while the proportion graded as Unsatisfactory has decreased from 87.7% to 81.1% in the same period.

While different HEs were inspected at the two (2) different points in time and bearing in mind that the intention is not to compare the HEs, the overall improvement in the grading outcome coupled with the overall improvement in compliance rates over the same period may be indicative of better preparedness of HEs for inspections. The improvement may be attributed to a range of factors including the HEs and the district health authorities becoming more familiar with the compliance requirements and therefore supporting the HEs accordingly, as well as the improved pre-inspection communication between the OHSC and the HEs.

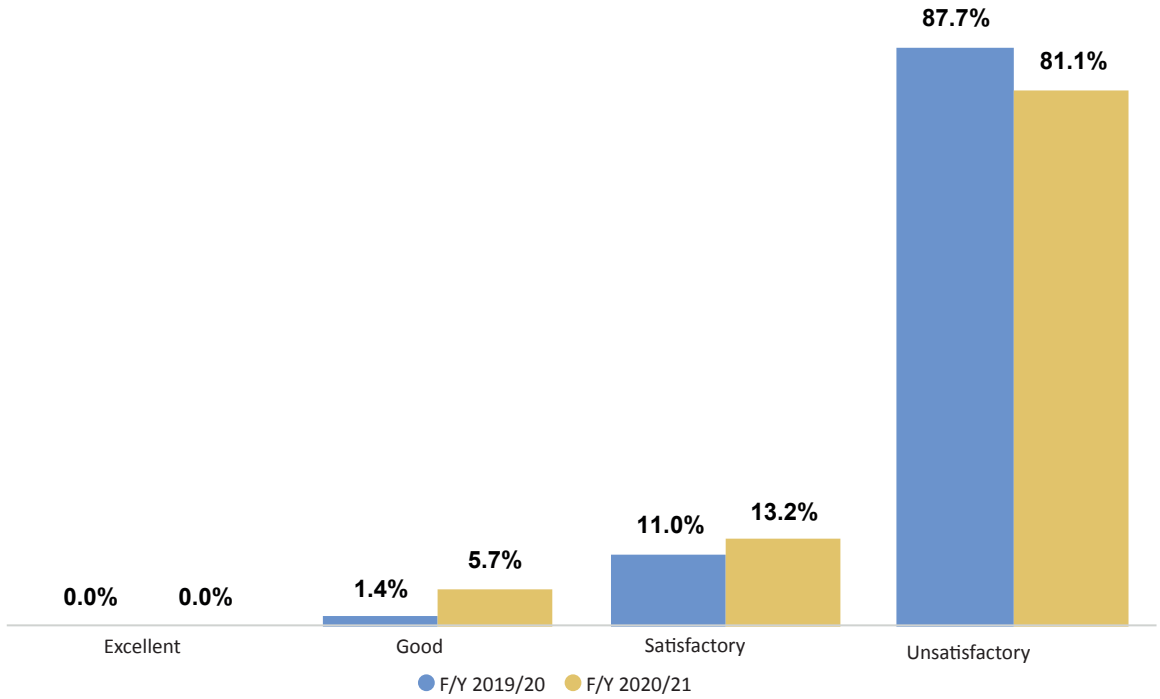


Figure 8: Grading performance of inspected HEs, FY 2019/20 and 2020/21

3.1. PERFORMANCE ON OVERALL GRADING OUTCOME BY DISTRICT, ALL HEs

The grading outcomes in the province differed between the districts where the inspections were conducted in 2020/21. Capricorn district had one (10%) health establishment that was graded satisfactory and 3 (30%) were graded good and 1 of these 3 achieved compliance in the whole province while 6 (60%) were unsatisfactory. Waterberg district had 8 health establishments inspected and all were graded unsatisfactory. In Mopani district 1 (9.1%) health establishment was graded satisfactory while 10(90.9%) health establishments were graded unsatisfactory. Sekhukhune district had 8 inspections of which 2 (25%) were graded satisfactory and 6 (75%) were unsatisfactory. In Vhembe district 16 health establishments were inspected and 3 (18.8%) were graded satisfactory and 13 (81.3%) were unsatisfactory.

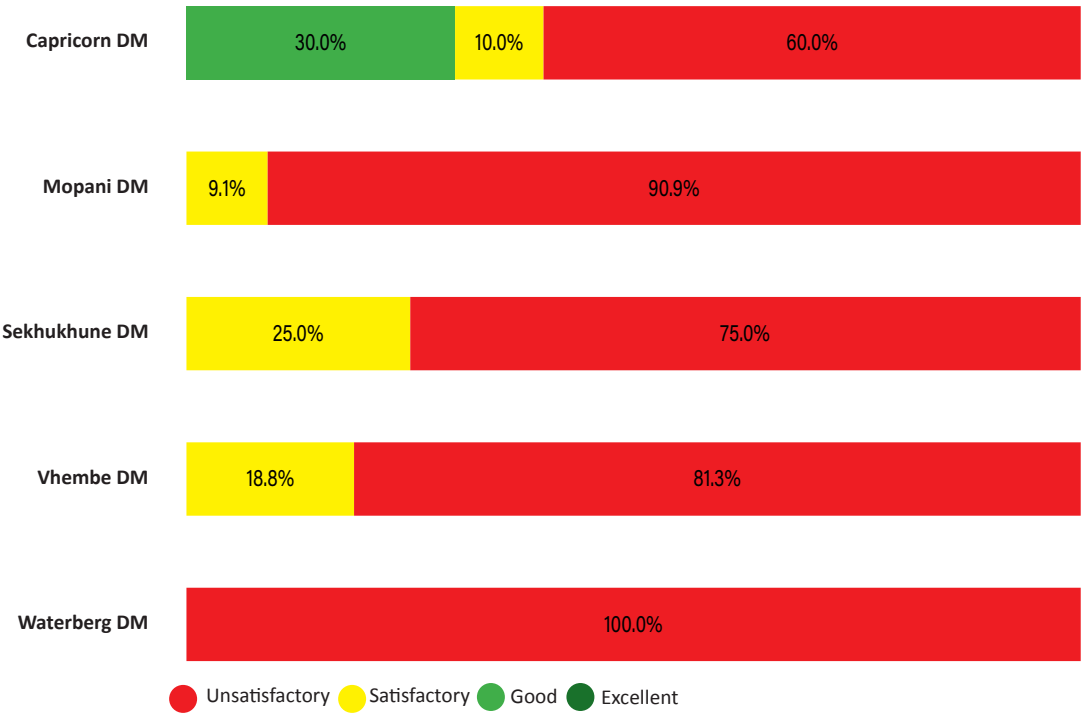


Figure 9: Grading performance of inspected HEs per district, FY 2020/21

3.2. OVERALL GRADING OUTCOME PERFORMANCE BY COMPLIANT HEs

The table below indicates overall grading status for compliant HEs by district. There was only one compliant HE in the province in Capricorn district and it was graded as good.

Table 1: Grading performance of compliant HE

District	Good N (%)	Grand Total
Ip Capricorn District Municipality	1 (100.0%)	1 (100.0%)
Grand Total	1 (100.0%)	1 (100.0%)

3.3. OVERALL GRADING PERFORMANCE BY NON-COMPLIANT HEs

Figure 9 below indicate overall grading status for all non-compliant HEs by district. It is worth noting that there were two (2) HEs in the Capricorn District that were graded as Good and still did not achieve a compliant status. A total of seven (7) HEs that were graded as Satisfactory did not manage to achieve a compliant status. A total of 43 HEs were graded as Unsatisfactory and therefore were not eligible for a compliant status.

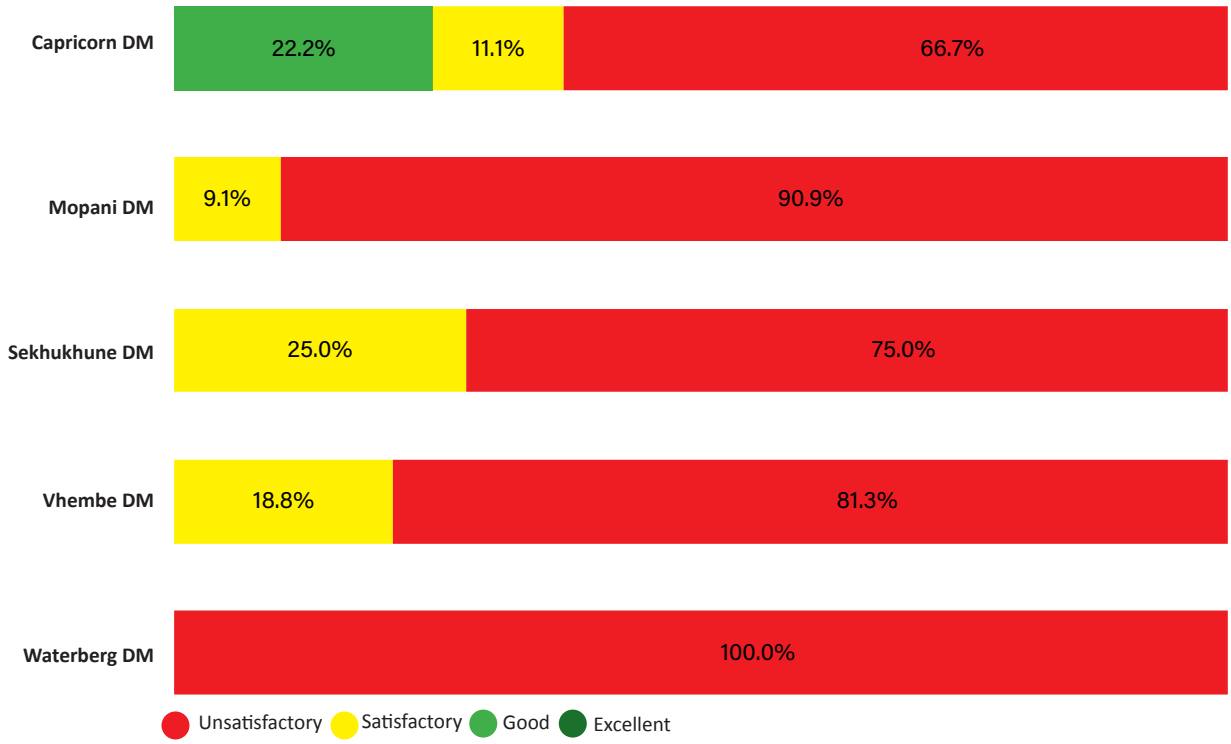


Figure 10: Grading outcome of non-compliant HEs, FY2020/21

4. COMPLIANCE STATUS PERFORMANCE OF INSPECTED FA CILITIES BY GRADING CATEGORY

Of the 53 inspected facilities during the period under review, 43 were graded as Unsatisfactory and therefore automatically achieved a non-compliant status. Seven (7) HEs were graded Satisfactory, and all were non-compliant. A total of three (3) HEs were graded as Good and only one (1) achieved a compliant status. None of the inspected HEs were graded as Excellent.

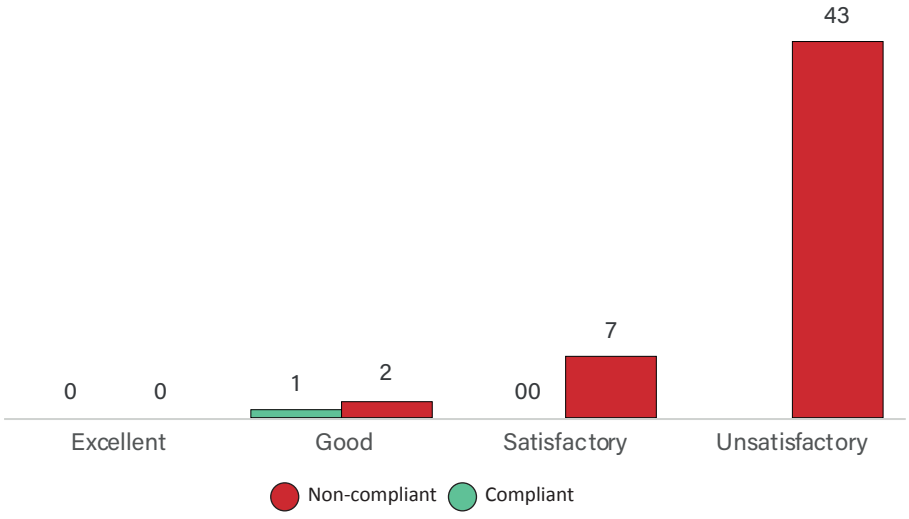


Figure 11: Compliance Status performance of inspected HEs by grading category, FY2020/21

5. PERFORMANCE OUTCOME ON NON-NEGOTIABLE VITAL (NNV) MEASURES

The majority (84,9%) of the inspected HEs in the province complied with only two (2) of the three (3) NNVs, followed by those that complied with only one NNV (11.3%). Only 1 (1,9%) HE complied with all NNVs and the remaining 1 (1,9%) HE complied with none of the 3 NNVs. The low compliance rate on 100% of NNVs partly explains the low overall compliance and certification rates in the province.

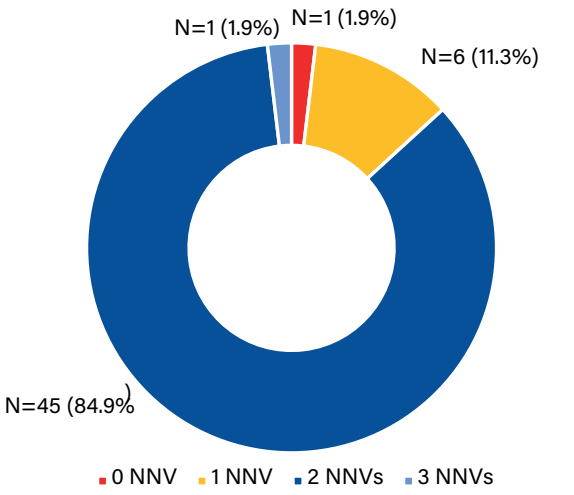


Figure 12: Performance of inspected HEs on non-negotiable vital measures

Table 2 below shows that the NNV measure least complied with is the one with requirement that the emergency trolley be stocked with the required medicines and equipment, with 52 (98.11%) of the 53 inspected HEs found non-compliant with this specific measure. This is of concern because the medicines and equipment required in the emergency trolley are those that are required to save life in medical emergencies, when resuscitation and other advanced life support interventions are required to keep any user alive. Without all these medicines and equipment, preventable loss of life may occur. The second least complied with of the three (3) NNVs is the requirement that the oxygen cylinder contain oxygen above the minimum level indicator, with 6 (11.32%) of the inspected HEs not compliant against this measure. From the inspected HEs, 2 (3.77) did not have a functional oxygen cylinder.

Table 2: Performance of HEs on non-negotiable vital measures

NNVs	Total Compliant HEs N (%)	Total non-compliant HEs N (%)	Total inspected (N)
2.3.2.1.1.3 Emergency trolley is stocked with the required medicines and equipment.	1 (1.88%)	52 (98.11%)	53 (100%)
2.3.2.1.1.4 Availability of an oxygen cylinder with a functional pressure gauge.	51 (96.23%)	2 (3.77%)	53 (100%)
2.3.2.1.1.5 Availability of oxygen in the cylinder above the minimum level.	47 (88.68%)	6 (11.32%)	53 (100%)

As indicated above, the NNV measure that most of HEs failed to comply with was the one that required that the emergency trolley be stocked with the required medicines and equipment.

Table 3 below shows that from the 53 HEs inspected in the province, 1 failed to comply with at least 1 of the 3 NNVs and only 1 HE complied with all of the 3 NNVs. The majority (45) complied with 2 of the NNVs, while 6 (11.3%) complied with 1 of the 3 NNVs. This is in line with the average national outcomes and those of other provinces where majority of HEs also complied with 2 of the 3 NNVs and similarly mostly failed to comply with the measure on emergency trolley medicines and equipment.

The 1 HE in Capricorn district that complied with all 3 NNVs was the only one certified compliant in the province in 2020/21. This finding is of concern

because non-compliance with any of the NNVs implies that the quality and safety of healthcare services may be significantly compromised at the inspected HEs, especially when viewed against the high proportion of inspected HEs that achieved a grade of Unsatisfactory in the province and across all districts.

Table 3: Performance of HEs per district on non-negotiable vital measures

District	0 NNV	1 NNV	2 NNVs	3 NNVs	Grand Total
Ip Capricorn District Municipality	0 (0.0%)	0 (0.0%)	9 (90.0%)	1 (10.0%)	10 (18.9%)
Ip Mopani District Municipality	1 (9.1%)	2 (18.2%)	8 (72.7%)	0 (0.0%)	11 (20.8%)
Ip Sekhukhune District Municipality	0 (0.0%)	0 (0.0%)	8 (100.0%)	0 (0.0%)	8 (15.1%)
Ip Vhembe District Municipality	0 (0.0%)	3 (18.8%)	13 (81.3%)	0 (0.0%)	16 (30.2%)
Ip Waterberg District Municipality	0 (0.0%)	1 (12.5%)	7 (87.5%)	0 (0.0%)	8 (15.1%)
Grand Total	**1 (1.9%)**	**6 (11.3%)**	**45 (84.9%)**	**1 (1.9%)**	**53 (100%)**

Figure 12 below lists the most commonly unavailable items that accounted for most of the non-compliance with this NNV measure. Thiamine and oropharyngeal airways (Guedel) size 5 were the most commonly unavailable, with 43 (81.1%) and 41 (77.4%) of inspected HEs respectively not having these critical life-saving equipment. All the other items on the list are critical and the absence of these in a significant number of inspected HEs is of great concern as this is an indication that these HEs may not be able to effectively perform life-saving resuscitation should this be required.

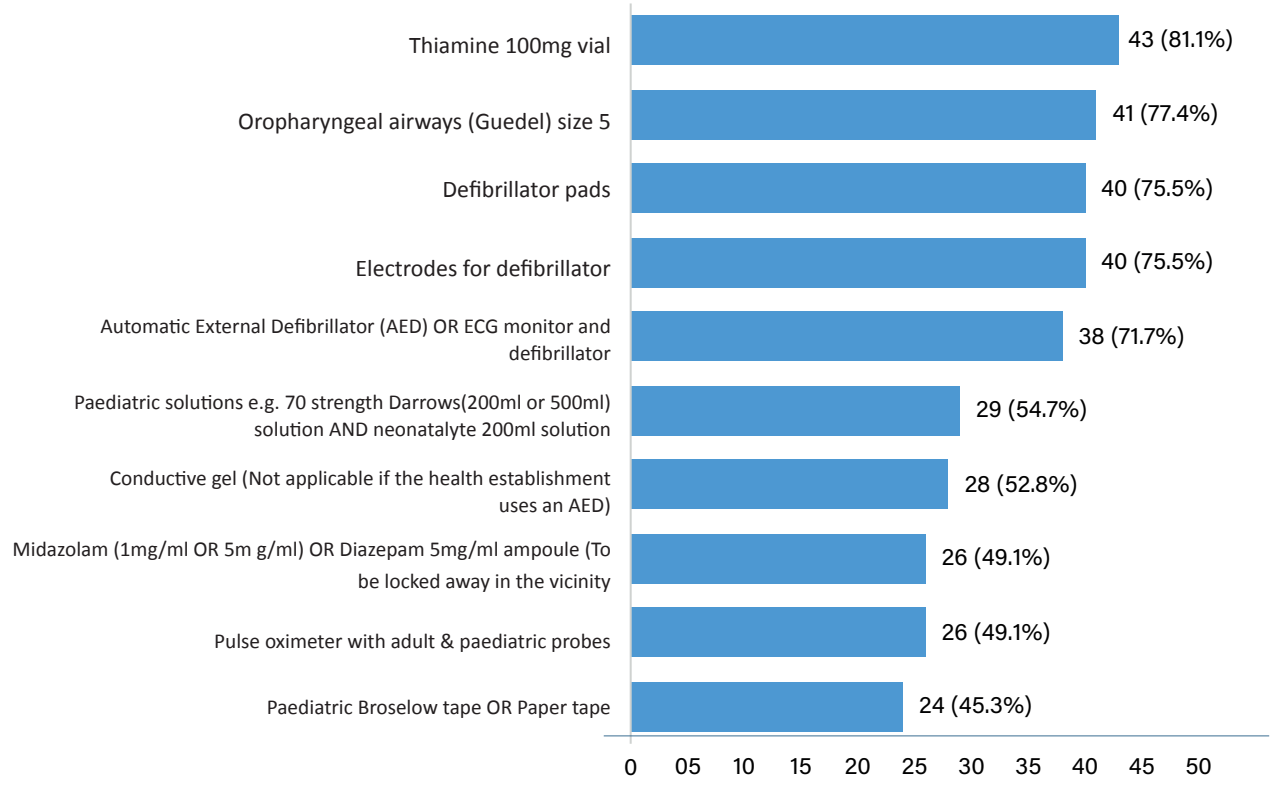


Figure 13: Most frequently unavailable equipment on the emergency trolley

6. FUNCTIONAL AREA PERFORMANCE

The inspection tool used to inspect the 53 PHC HEs in the province is divided into 4 sections called functional areas:

(1) Clinic Manager,
(2) Clinical Services,
(3) Dispensary or Medicine Cupboard, and
(4) Maintenance Support.

The average performance of the inspected HEs per functional area is shown in Figures 13 to 16 below.

6.1. VITAL AND ESSENTIAL MEASURES PERFORMANCE PER FUNCTIONAL AREA

The figures in this section indicates the average scores for vital and essential measures attained per district for both compliant and non-compliant HEs. The error bars indicate the minimum and maximum scores, as well as spread of performance attained by HEs.

6.1.1. Clinic Manager Functional Area

Figure 13 below shows the overall performance in this functional area. Capricorn District achieved the highest average performance on Vital and Essential measures at 51.16% and 53.05% respectively. The other 4 districts obtained performance of below 50% in both vital and essential measures with the lowest performance in Vital measures found in Mopani District at 24.23% and the lowest performance in Essential measures in Waterberg District at 27.70%. The Clinic Manager functional area encompasses measures seeking to address leadership and governance critical to the functioning of the health establishment.

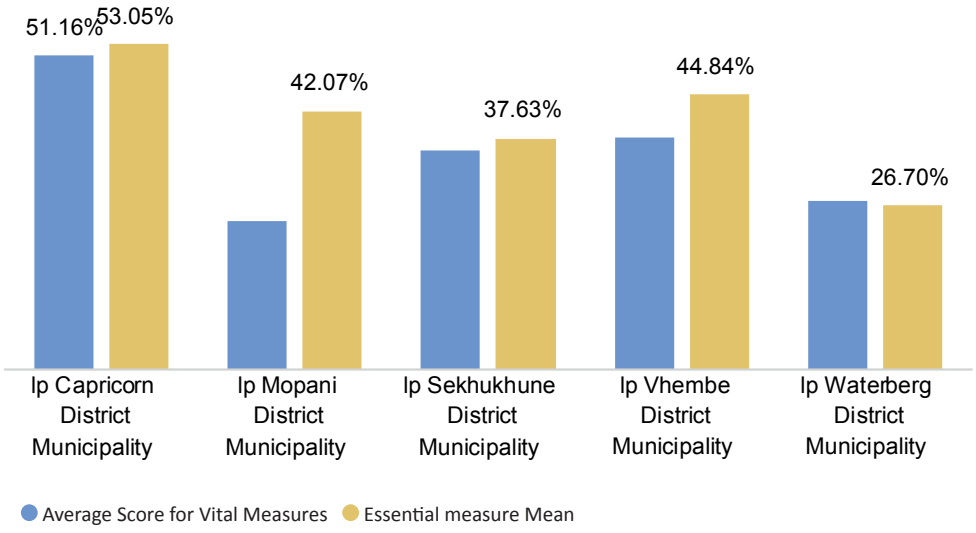


Figure 14: Average performance of Clinic Manager functional area of the inspected HEs

6.1.2. Clinical Services functional area

Figure 14 below shows the overall performance in this functional area. In this functional area, Mopani District achieved the highest average performance in vitals at 56.20% followed by Vhembe district at 51.14%. The highest performance with essential measures was observed in Vhembe district with Mopani district being the lowest in essential measures.

The Clinical Services functional area relates to the systems, processes, and organisation of clinical service delivery. The average performance of this functional area is just above 55%, indicating a need to improve most of these aspects to ensure that the PHC clinical services are of good quality.

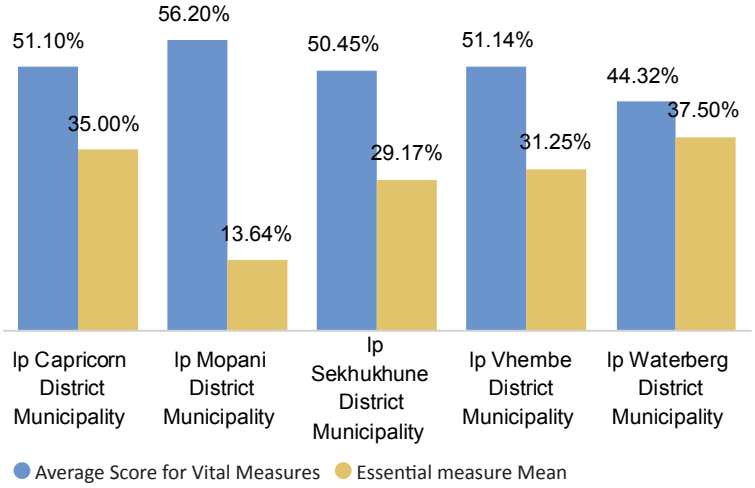


Figure 15: Average performance of Clinical Services functional area of inspected HEs

6.1.3. Dispensary/ Medicine Cupboard Functional Area

Figure 15 below shows the overall performance in this functional area, which represents the highest average performance of all the four (4) functional areas. Waterberg District achieved the highest average performance on vital measures at 66.54% followed by all the four districts ranging between 62% and 65.6%. The highest performance in essential measures was observed in Capricorn District at 65.24% whereas the lowest was Vhembe district at 34.23%.

The Dispensary or Medicine Cupboard functional area relates to the overall management of medicines including medicine access and availability. Much as the average performance of this functional area is higher than the other three (3) functional areas, there is still room for improvement.

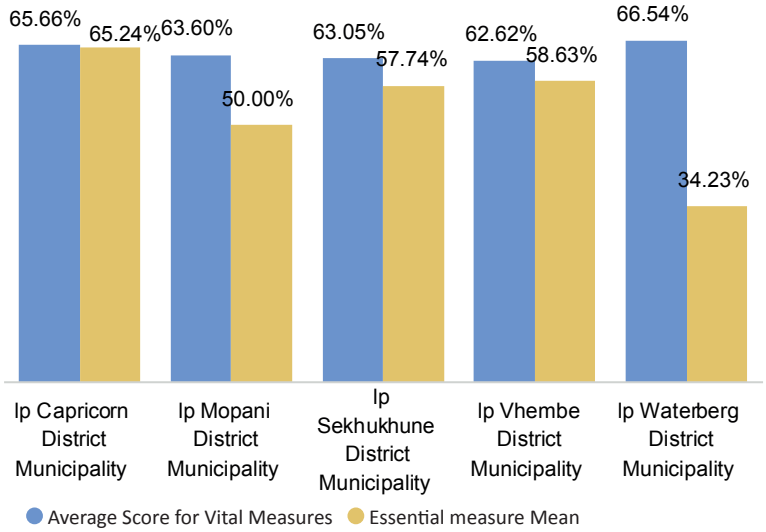


Figure 16: Average performance of Dispensary or Medicine Cupboard functional area of inspected HEs

6.1.4. Maintenance Support Functional Area

Figure 16 below shows the overall performance in this functional area. Mopani District achieved the highest average performance at 56.20% on Vital measures while Waterberg district was the lowest at 44.32%. The highest and lowest performance in essential measures was observed in Waterberg and Mopani Districts at 37.50% and 13.64% respectively.

The Maintenance Support functional area relates to the management and maintenance of the physical infrastructure including availability of back-up electricity supply and water.

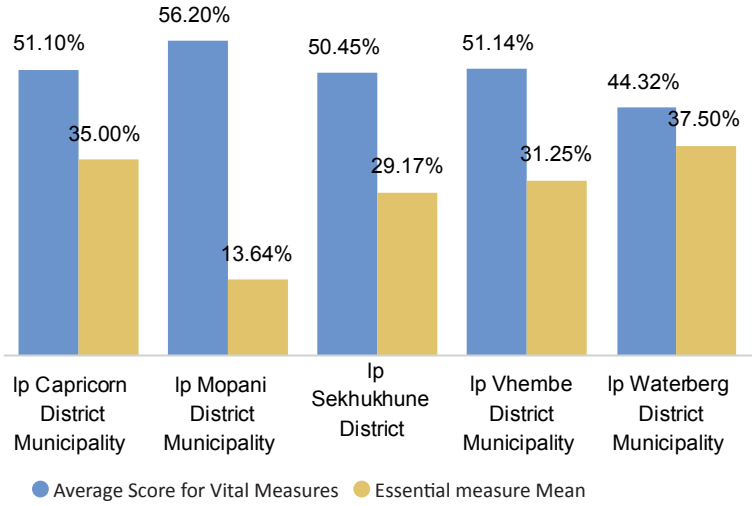


Figure 17: Average performance of Maintenance Support functional area inspected HEs

7. COMMONLY FAILED MEASURES PER FUNCTIONAL AREA

In order to understand and appreciate the performance of the inspected HEs in the 4 functional areas, an analysis of the most commonly non-compliant measures disaggregated from the overall performance in each of the 4 functional areas was conducted and the findings are as follows:

7.1. CLINIC MANAGER FUNCTIONAL AREA

Table 3 below indicates that the most commonly failed measure in this functional area was the requirement for a functional clinic committee, with none of the 53 HEs inspected in the province complying with this measure. Clinic committees comprise of HE staff as well as community representatives. This is a critical governance structure that allows the community to participate and provide feedback to HEs, thereby ensuring that the health establishments provide acceptable quality and safe services to the community they serve.

The second most commonly failed measure was the appointments of staff in line with the identified staffing needs, with 52 (98.11%) of all inspected found to be non-compliant. While the HR function is assessed at HEs, the recruitment of personnel does not happen at HE-level. To achieve compliance on this measure, the authority responsible for recruitment (district and/or provincial management) needs to be alerted of how the current HR practices impacted on the outcomes of inspected HEs.

More than 90% of inspected of HEs were non-compliant with the measure requiring that Professional Nurses be trained in basic life

support (BSL). This finding, viewed together with the high proportion of HEs non-compliant with the requirements in the NNV emergency trolley measure, as described in Table 2 above, raises serious concerns as far as management of clinical emergencies is concerned.

Table 4: Five most commonly non-compliant measures in the Clinic Manager functional area

Measure Names	Non-compliant HEs N(%)
1.4.1.1.1.1 CHECKLIST: There is a functional Clinic Committee.	53 (100.0%)
1.4.2.1.1.2 Personnel are appointed in line with the determined requirements.	52 (98.11%)
1.2.2.1.3.1 CHECKLIST: The clinical risk aspects listed below are addressed in the Quality Improvement Plan.	51 (96.23%)
1.1.2.1.3.1 Professional nurses have received training in Basic Life Support (BLS).	51 (96.23%)
1.2.2.1.3.2 CHECKLIST: Training is provided to professional nurses on clinical guidelines.	49 92.45%)

7.2. CLINICAL SERVICES

In this functional area, the inspection assesses the adequacy of the clinical services provided at the HEs. This includes assessing aspects such as availability of basic medical supplies and cleanliness, waiting time monitoring, emergency readiness and triage of users. All the three (3) NNVs in the PHC clinic inspection tool are in this functional area.

The top five (5) most commonly failed measures in this functional area are listed in Table 4 below. The commonly failed measure entailed compliance with records management guidelines in all 53 inspected HEs. Availability of basic medical supplies including consumables and equipping of emergency trolleys were amongst the top five failed measures with 52 out of 53 HEs not meeting these requirements.

When clinical records are not completed and stored as prescribed, the quality of clinical care including aspects such as continuity of care is compromised, while the lack of critical and essential medical supplies and equipment has potential serious consequences for user safety and the overall quality of care that users receive.

Table 5: Five most commonly non-compliant measures in the Clinical Services Functional Area

Measure Names	Non-compliant HEs
2.2.1.1.1.1 CHECKLIST: The health establishment complies with health records management guidelines.	53 (100.0%)
2.3.1.1.1.1 CHECKLIST: Basic medical supplies (consumables) are available.	52 (98.11%)
2.2.2.1.2.1 CHECKLIST: Disinfectant cleaning materials and equipment are available.	52 (98.11%)
2.3.2.1.1.3 CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	52 (98.11%)
2.2.1.2.2.2 CHECKLIST: Clinical assessment and management plan for the patient is recorded in the patient record. (paediatric care).	52 (98.11%)

7.3. DISPENSARY OR MEDICINE CUPBOARD FUNCTIONAL AREA

Measures inspected in this functional area include whether the medicines are managed and stored as required and whether the area where the medicines are kept is clean. The top five non-compliant measures in this functional area are listed in Table 6 below.

The most commonly non-compliant measure in this functional area is the requirement that the HEs have a Standard Operation Procedure (SOP) for the management of medicines, with 51 (96.23%) of inspected HEs not compliant with this measure. The second most commonly non-compliant measure is failure to comply with the requirement that at least 90% of medicines on the tracer medicines list be available at the HEs, with 41 (77.36%) of inspected HEs found non-compliant against this measure.

The other concerning commonly non-compliant measures include unavailability of evidence that stock take of medicines was conducted in the last 12 months, implying that37 (69.81%) HEs do not have adequate information on their medicines' stock levels,

Table 6: Five most commonly non-compliant measures in the Dispensary or Medicine Cupboard functional area

Measure names	Total non-compliant HEs N(%)
3.3.1.1.1.1 CHECKLIST: The standard operating procedure for the management of medicines is available.	51 (96.23%)
3.3.1.1.2.1 CHECKLIST:90 % of the medicines on the tracer medicine list are available.	41 (77.36%)
3.3.1.1.1.4 There is evidence that a stock take of medicine was done in the last 12 months.	37 (69.81%)
3.2.3.1.1.1 CHECKLIST: Hand washing facilities are available.	34 (64.15%)
3.2.2.1.1.2 Cleaning is carried out in accordance with the schedule.	28 53.83%)

7.4. MAINTENANCE SUPPORT FUNCTIONAL AREA

In this functional area, the inspections focus on assessing whether the HEs buildings and grounds are maintained adequately for providing safe environment for both users and staff. Other aspects included in this functional area are measures that assess whether the HEs have back-up supply of water and electricity to be able to continue providing services even during electricity or water supply disruptions.

An analysis of the top five most commonly non-compliant measures in this functional area identified both the non-compliance with safety regulations and the lack of adequate maintenance of buildings in 52 (98.11%). Other measures in the top five most commonly non-complied with include the testing and maintenance of electricity back up system, and availability of maintenance schedule for buildings and grounds.

Table 7: Five most commonly non-compliant measures in the Maintenance Support functional area

Measure names	Non-compliant HEs
4.5.1.1.1.1 CHECKLIST: The building(s) complies with safety regulations.	52 (98.11%)
4.5.1.1.2.2 CHECKLIST: Observe if the areas of the building(s) listed below are maintained.	52 (98.11%)
4.5.2.1.1.4 CHECKLIST: The back-up electricity supply system is tested and maintained.	48 (90.57%)
4.5.1.1.2.1 The maintenance schedule for building(s) and grounds is available.	46 (86.79%)
4.2.1.1.1.1 CHECKLIST: The healthcare risk waste intermediate/temporary storage area complies with the minimum requirements listed below.	44 (83.02%)

8. TOP-PERFORMING MEASURES

While it is important to identify and discuss areas of non-compliance, it is also important to highlight areas of compliance to identify aspects of quality of care where the inspected HEs performed relatively well. The following sections identify the measures most complied with and identifies the top 5 measures in this category per functional area.

8.1. CLINIC MANAGER

In this functional area, the measures most commonly complied with are the availability of required documents, including SOPs and SLAs. The rendering of services according to the SLA or SOP for security services was compliant in 47 (88.68%) of inspected HEs, followed by a copy of the standard operating procedure SOP to prioritise very sick, frail and elderly health care users in 43 (81.13%) in inspected HEs. The other measures most commonly complied with in this functional area include, among others, the availability of an adverse event reporting register in 60 (68.18%) HEs, as outlined in Table 7 below.

Table 8: Five most complied with measures in the Clinic Manager functional area

Measure names	Compliant HEs
1.5.1.1.1.6 CHECKLIST: Security services are rendered according to service level agreement OR standard operating procedure.	47 (88.68%)
1.1.2.1.1.1 CHECKLIST: The standard operating procedure (SOP) to prioritise very sick frail and elderly health care users is available.	43 (81.13%)
1.5.1.1.1.7 Security guards have received training.	41 (77.36%)
1.2.4.1.1.2 A copy of the signed waste removal service level agreement between the health department and the service provider is available.	40 (75.47%)
1.2.5.1.1.1 An adverse event reporting register available in the health establishment.	39 (73.58%)

8.2. CLINICAL SERVICES

The most commonly complied measures in this functional area include 53 (100%) inspected HEs compliant with health care providers being able to explain the user prioritisation process, the security guards wearing uniforms, and the medicines in the consultation rooms correlated with the 3 scripts inspected to ensure that all medicines were received by users as prescribed in all 53 HEs. Similarly, healthcare providers responsible for user prioritisation were able to explain how users are prioritised in 84 (94.45%) of inspected HEs. The other most complied with measures in this functional area include the availability of an oxygen cylinder with a pressure gauge in 51 (96.23%) of HEs. The latter is part of the three (3) NNVs in this functional area.

Table 9: Five most complied with measures in the Clinical Services functional area

Measure Names	Compliant HEs
2.1.2.1.1.2 CHECKLIST: Healthcare providers responsible for user prioritization are able to explain how users are prioritised.	53 (100.0%)
2.3.1.1.1.2 CHECKLIST: Three scripts in the consultation rooms are correlated with the medicines dispensed to ensure that all medicines were received as prescribed.	53 (100.0%)
2.5.1.1.1.1 The security guards wear uniform.	53 (100.0%)
2.3.2.1.1.4 An oxygen cylinder with pressure gauge is available.	51 (96.23%)
2.1.2.1.1.1 The process to fast track very sick frail and elderly users to the front of the queue is implemented.	51 (96.23%)

8.3. DISPENSARY OR MEDICINE CUPBOARD

The measure most complied with was compliance with the requirements that no expired medicine be found on the shelves in 52 (98.11) of the inspected HEs, as well as the availability of functional air conditioners in medicine rooms in 48 (90.57%) HEs. This was followed by 46 (86.79%) HEs where appropriate containers for disposal of pharmaceutical waste were available. The maintenance of cold chain procedures for vaccines was correctly implemented in 45 (84.90%) HEs, while the electronic network system for monitoring the availability of medicine was used effectively in 44 (83.02%) HEs.

Table 10: Five most complied with measures in the Dispensary or Medicine Cupboard functional area

Measure Names	Compliant HEs
3.3.1.1.2.6 There is no expired medicine on the shelves.	52 (98.11%)
3.5.1.1.1.1 The Dispensary/Medicine Room has a functional air conditioner.	48 (90.57%)
3.2.4.1.1.1 Appropriate containers for disposal of pharmaceutical waste are available.	46 (86.79%)
3.3.1.1.2.4 CHECKLIST: Cold chain procedure for vaccines is maintained.	45 (84.90%)
3.3.1.1.1.2 CHECKLIST: The electronic network system for monitoring the availability of medicines is used effectively.	44 (83.02%)

8.4. MAINTENANCE SUPPORT

The top five (5) measures most commonly complied with in this functional area are listed in Table 11 below. All the 53 (100) HEs inspected had a functional piped water supply and 46 (86,79%) complied with the emergency exits being kept free of obstacles. This was followed by 43 (81.13%) HEs which had a functional sewerage system and 38 (71.70%) HEs complied with the emergency vehicles being kept free of obstructions.

Table 11: Five most complied with measures in the Maintenance Support functional area

Measure Names	Compliant HEs
4.5.2.1.1.1 The health establishment has a functional piped water supply.	53 (100.0%)
4.5.1.1.3.2 All emergency exits are kept free of obstacles.	46 (86.79%)
4.5.1.1.3.1 The emergency vehicle entrance is free from any obstruction or hazards.	45 (84.91%)
4.5.2.1.1.5 The sewerage system is functional.	43 (81.13%)
4.5.2.1.1.2 The health establishment has access to emergency water supply in case of water supply interruptions.	38 71.70%)

9. PERFORMANCE ON DOMAINS

As explained in chapter 1, domains are the 5 main chapters of the inspection tools, including (1) Clinical Governance and Clinical Care, (2) Clinical Support Services, (3) Governance and Huma Resources, (4) User Rights, and (5) Facilities and Infrastructure.

9.1. PERFORMANCE OUTCOMES AGAINST SPECIFIC DOMAINS

The highest average scores achieved by inspected HEs in the province is in the Facilities and Infrastructure at 60.6%. The second and third highest average performance was achieved in the User Rights and Clinical Support Services domains at 57.5% and 51% respectively, while the lowest average score was achieved in the Governance and Human Resources domain (30.8%) The low average score for the Governance and Human Resources domain is of concern because it seems to suggest that there may be leadership and human capital capacity challenges at the inspected HEs, to which the low overall compliance rate in inspected HEs in the province may be attributed.

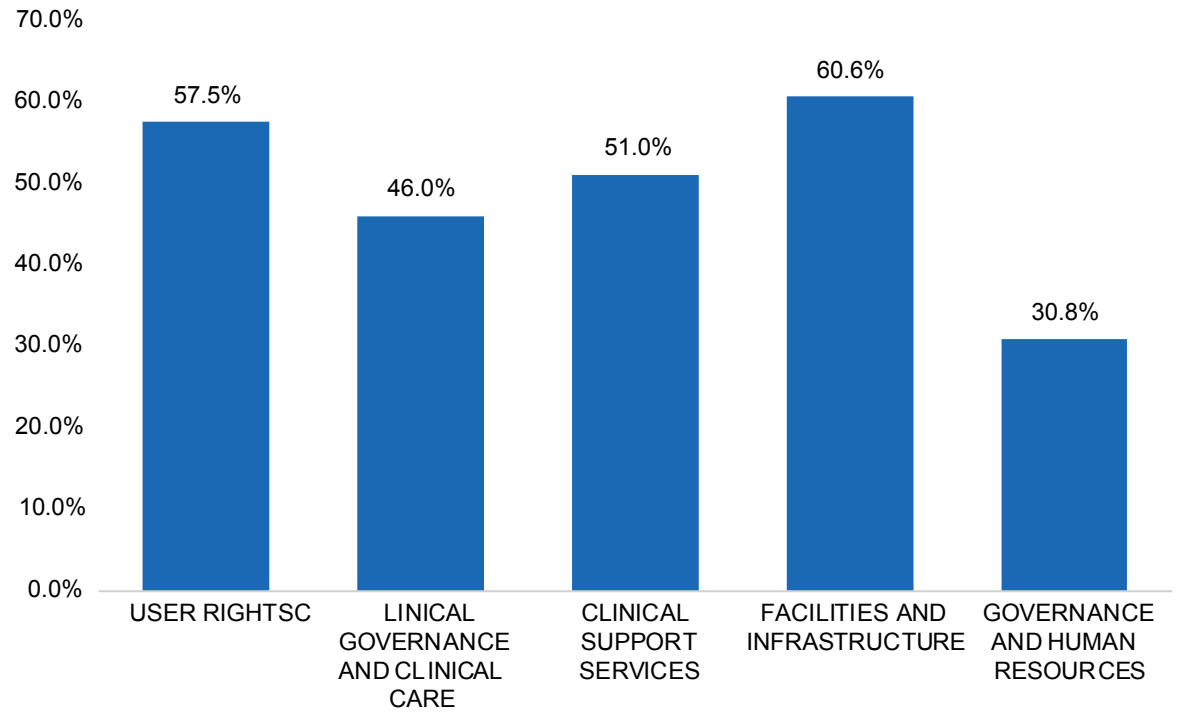


Figure 18: Average performance of all inspected HEs across the five domains

9.2 PERFORMANCE OUTCOMES BY DOMAINS PER DISTRICT

Table 12 below shows the average domain scores obtained by the HEs in the inspected districts in the province. Capricorn district HEs obtained the highest average score (76%) in the User Rights domain, followed by Mopani district (63%) and Sekhukhune district (54%). Waterberg district obtained the lowest score (44%) in this domain. The highest average score in the Clinical Support Services domain was obtained by Capricorn district (58%), followed by Mopani and Vhembe districts both at (51%). The lowest average score in this domain was obtained by Sekhukhune district (46%).

Capricorn district obtained the highest average scores in 4 of the 5 domains, with the lowest score obtained by this district being in the Governance and Human Resources domain (43%). All the

districts obtained at least one average score below 50%, with the lowest average domain score of 25% for Governance and Human Resources by Mopani district. Waterberg district obtained the lowest average score in three (3) of the five (5) domains, namely Clinical Governance and Clinical Care, Facilities and Infrastructure and User Rights.

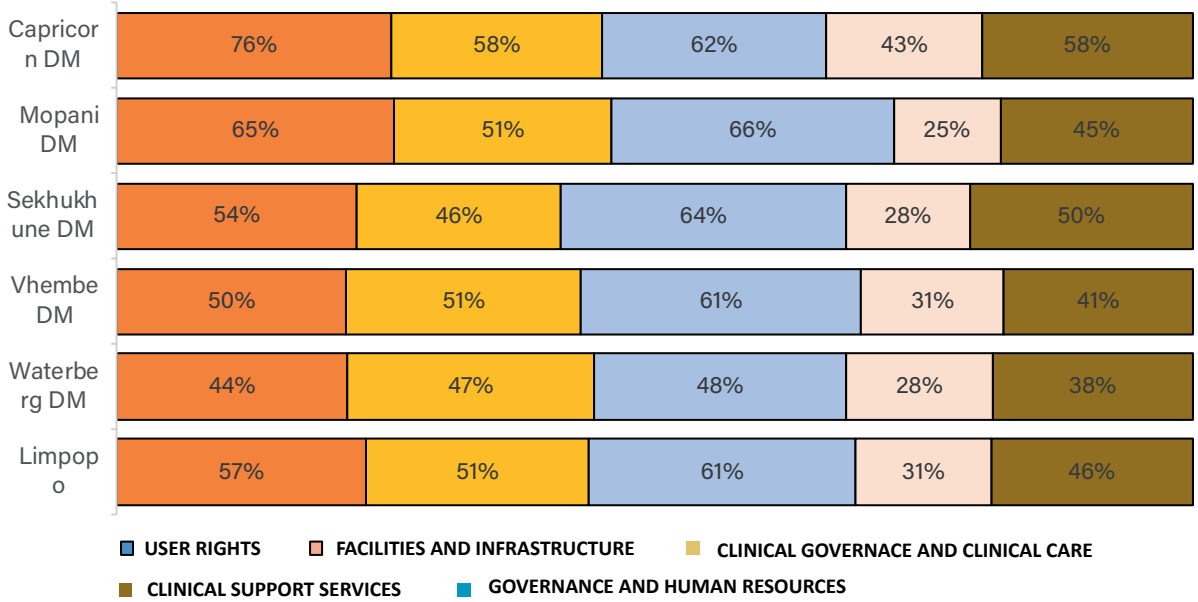


Figure 19: Average performance of inspected HEs across the five domains per district

9.3 TOP FIVE NON-COMPLIANT MEASURES PER DOMAIN

Table 13 below identifies the top failed measures in each of the five domains. The table outlines the specific measures for which most of the HEs did not meet the specific requirements and thus should assist the authorities to have a clearer picture of the areas of gaps or challenges within the inspected HEs.

Table 13: Mostly non-compliant measures of across the five domains per district

Domains	Measure names	Non-compliant HEs N (%)
USER RIGHTS	1.1.2.1.3.1 Professional nurses have received training in Basic Life Support (BLS).	51 (96.2%)
	1.1.2.1.2.3 The health establishment reports delays in Emergency Medical Service response times to the relevant authority.	43 (81.1%)
	2.1.2.2.1.1CHECKLIST: There is a referral register that records referred users which includes the details listed below.	43 (81.1%)
	1.1.1.1.1.1 CHECKLIST: Complaints records reflect compliance with the National Guideline to Manage Complaints Compliments and Suggestions in the Public Health Sector in South Africa	36 (67.9%)
	2.1.2.2.2.1 CHECKLIST: The health records of the last three users referred out of the health establishment contain copies of a referral letter sent to the receiving health establishment.	35
CLINICAL GOVERNANCE AND CLINICAL CARE	2.2.1.1.1.1 CHECKLIST: The health establishment complies with health records management guidelines.	53 (100.0%)
	2.2.2.1.2.1CHECKLIST: Disinfectant cleaning materials and equipment are available.	52 (98.1%)
	2.2.1.2.2.2 CHECKLIST: Clinical assessment and management plan for the patient is recorded in the patient record. (paediatric care).	52 (98.1%)
	2.2.1.2.2.1 CHECKLIST: Clinical assessment and management plan for the user is recorded in the user record.	51 (96.2%)
	1.2.2.1.3.1 CHECKLIST: The clinical risk aspects listed below are addressed in the Quality Improvement Plan.	51 (96.2%)

Domains	Measure names	Non-compliant HEs N (%)
CLINICAL SUPPORT SERVICES	2.3.2.1.1.3 CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	52 (98.1%)
	2.3.1.1.1.1 CHECKLIST: Basic medical supplies (consumables) are available.	52 (98.1%)
	3.3.1.1.1.1 CHECKLIST: The standard operating procedure for management of medicines is available.	51 (96.2%)
	2.3.2.1.1.2 CHECKLIST: The emergency room or resuscitation room is equipped with functional basic resuscitation equipment.	50 (94.3%)
	2.3.2.1.1.1 CHECKLIST: Essential equipment is available and functional in consultation areas.	45 (84.9%)
FACILITIES AND INFRASTRUCTURE	4.5.1.1.2.2 CHECKLIST: Observe if the areas of the building(s) listed below are maintained.	52 (98.1%)
	4.5.1.1.1.1 CHECKLIST: The building(s) complies with safety regulations.	52 (98.1%)
	4.5.2.1.1.4 CHECKLIST: The back-up electricity supply system is tested and maintained.	48 (90.6%)
	4.5.1.1.2.1 The maintenance schedule for building(s) and grounds is available.	46 (86.8%)
	4.5.2.1.1.3 The health establishment has access to back-up electricity supply system in case of power supply disruptions.	37 (69.8%)
GOVERNANCE AND HUMAN RESOURCES	1.4.1.1.1.1 CHECKLIST: There is a functional Clinic Committee.	53 (100.0%)
	1.4.2.1.1.2 Personnel are appointed in line with the determined requirements.	52 (98.1%)
	1.4.3.1.1.3 Risk mitigation interventions are implemented for identified risks.	48 (90.6%)
	1.4.3.1.1.2 An occupational health and safety risk assessment has been conducted in the past two years.	47 (88.7%)
	1.4.2.1.3.1 CHECKLIST: All healthcare providers have current registration with relevant health professional bodies.	45 (84.9%)

9.4 PERFORMANCE OUTCOME ON SPECIFIC MEASURES BY STANDARDS PER DOMAIN

Figures 20 below show average or aggregate performance on measures at the level of standards per domain across all inspected HEs. The information in the figure below together with the information in Table 13 above identify specific areas that need improvement to assist the HEs to meet the requirements for provision of good quality healthcare services and thereby comply for certification.

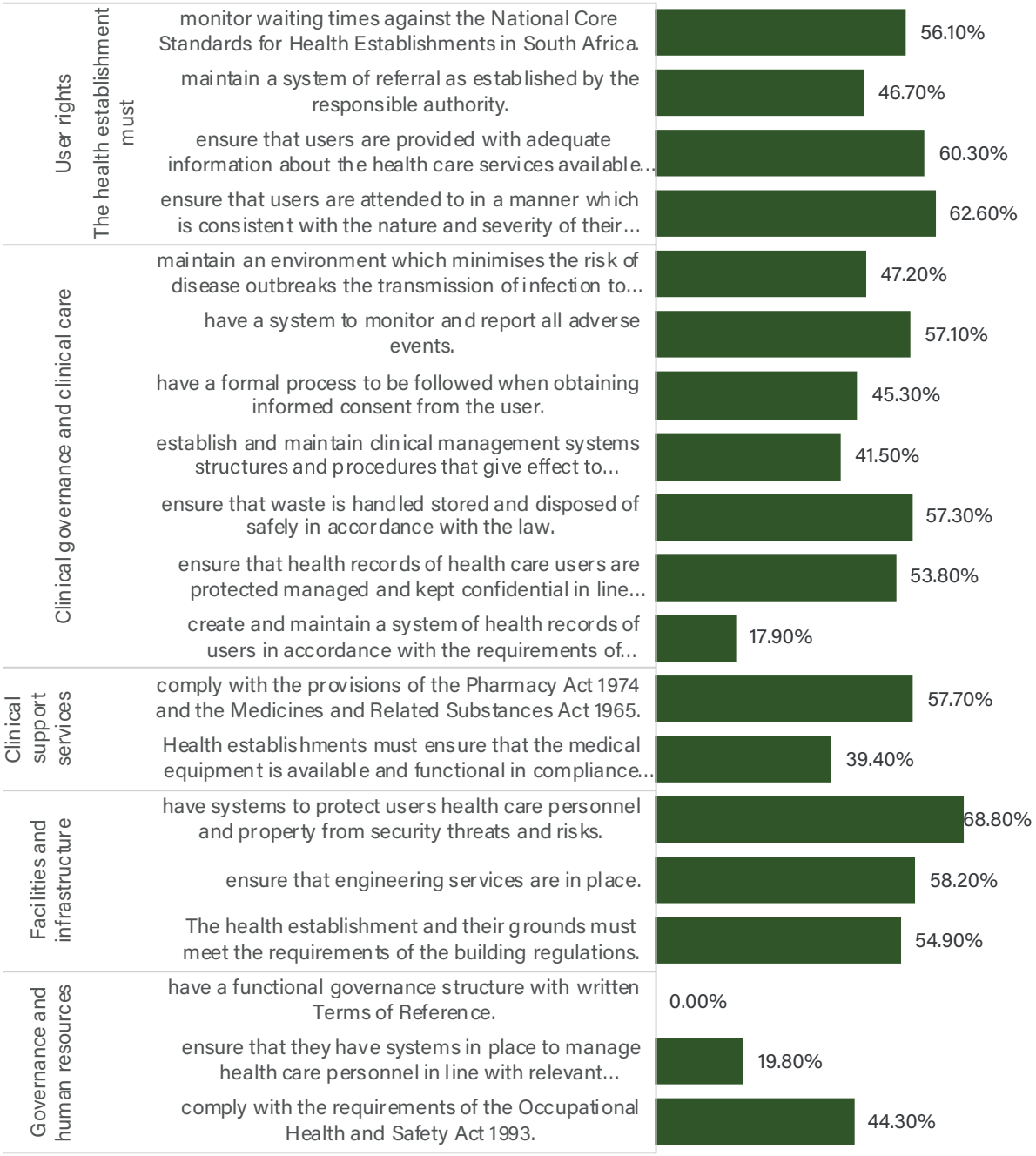


Figure 20: Aggregate performance on measures by standards in the Governance and Human Resource domain

10. RECOMMENDATIONS

- The province and districts must provide more support to HEs in preparation for inspections, as well as to sustain performance against the promulgated Norms and Standards. The provincial Quality Improvement management team to consider developing a structured and sustained plan of action to achieve compliance.
- The province and districts to develop, make available and ensure the continuous implementation of guiding documents such as standard operating procedures and national guidelines to ensure that the day-to-day operations are carried out accordingly.
- Capricorn district obtained 1,9% while the other 4 district obtained 0% compliance. The provincial and districts quality improvement teams should provide support to all 5 districts HEs to ensure compliance with norms and standards
- The province needs to focus on ensuring compliance with the 3 NNVs, which resulted in HEs that had achieved the required threshold scores and grades, be found to be non-complaint. Had the inspected HEs complied better with the NNVs, a higher proportion of HEs would have been certified compliant.
- The NNV measure with the highest rate of non-compliance was the medicines and equipment required in the emergency trolley. Given the importance of the emergency trolley in the ability of the HEs to provide safe and quality life-saving services, the province must ensure compliance with this measure.
- Compliance with the legislative requirements for the management of health records must be ensured based on the Vital risk rating encompassed in the related measures which have an in the overall compliance status of the inspected HEs. To ensure full recording of information relating to the examination and health care interventions of users in users' health records through clinical records audits as well as ensuring that the referral system is effective for continuity care.
- The high rate of non-compliance with the availability and maintenance of medical equipment in inspected HEs require dedicated and urgent attention to ensure that HEs are provided with preventative maintenance schedules for medical equipment which are adhered to.
- To ensure full compliance with the legislative requirements of safety regulations for buildings by maintaining the buildings and grounds as guided by the preventative maintenance plans, for Occupational Health and Safety Act, 1993, Pharmacy Act 1974 and the Medicines and Substances Act 1965. Service level agreements for outsourced services such as security services and waste removal were either not monitored for validity and performance or they were not available in other health establishments.
- The legislated appointment and functionality of clinic committees as well as the performance management system as per DPSA guidelines must be fully adhered to across all the districts.
- The province to identify all measures with high rates of non-compliance and support HEs to develop and oversee the implementation of quality improvement plans.

11. CONCLUSION

The HEs inspected in Limpopo province generally performed sub-optimally, with only 1 (1,9%) achieving compliance. There were fifty-three (53) HEs inspected in the province in the FY 2020/21 across all 5 districts, 52 (98.1%) were found to be non-compliant and issued with compliance notices, while only one (1.9%) was found to be compliant and thus issued with a compliance certificate.

The inspection findings show that majority, 43 (81,1%) of the 53 inspected HEs obtained an Unsatisfactory grading which automatically resulted in a non-compliant status, followed by the Satisfactory Grading at 13.2%, and the remaining 5,7% achieved a Good Grading. There were no HEs graded Excellent in the province. There were HEs graded Good and Satisfactory however, were found to be non-compliant because they did not meet the requirements for NNVs.

The one health establishment that was found compliant was in Capricorn district. The other 4 out of the 5 districts in the province did not have HEs achieving compliance and were thus issued with compliance notices.

The NNV measure which was commonly not complied with was the one that required that the emergency trolley be stocked with the required medicines and equipment which demonstrates that there was no emergency preparedness by the inspected HEs which may result in avoidable adverse events.

The information relating to the examination and health care interventions of users was not fully recorded in user's health records.

The Governance and Human Resources domain performed the lowest across all districts and similarly within the same domain, was the lowest performing standard regulation about the availability of functional clinic committees. The human resource plans to meet the needs of each health establishment were not in place across all the districts, which has an impact on the provision of safe and quality healthcare. The requirements of the Occupational Health and Safety Act, 1993 were not fully adhered to.

There was no compliance with safety regulations for buildings as witnessed by the unavailability of fire safety and electrical compliance certificates as well as the maintenance plans for buildings and grounds. Service level agreements for outsourced services such as security services were either not monitored for validity and performance or were not available in other health establishments.

12. ANNEXURES

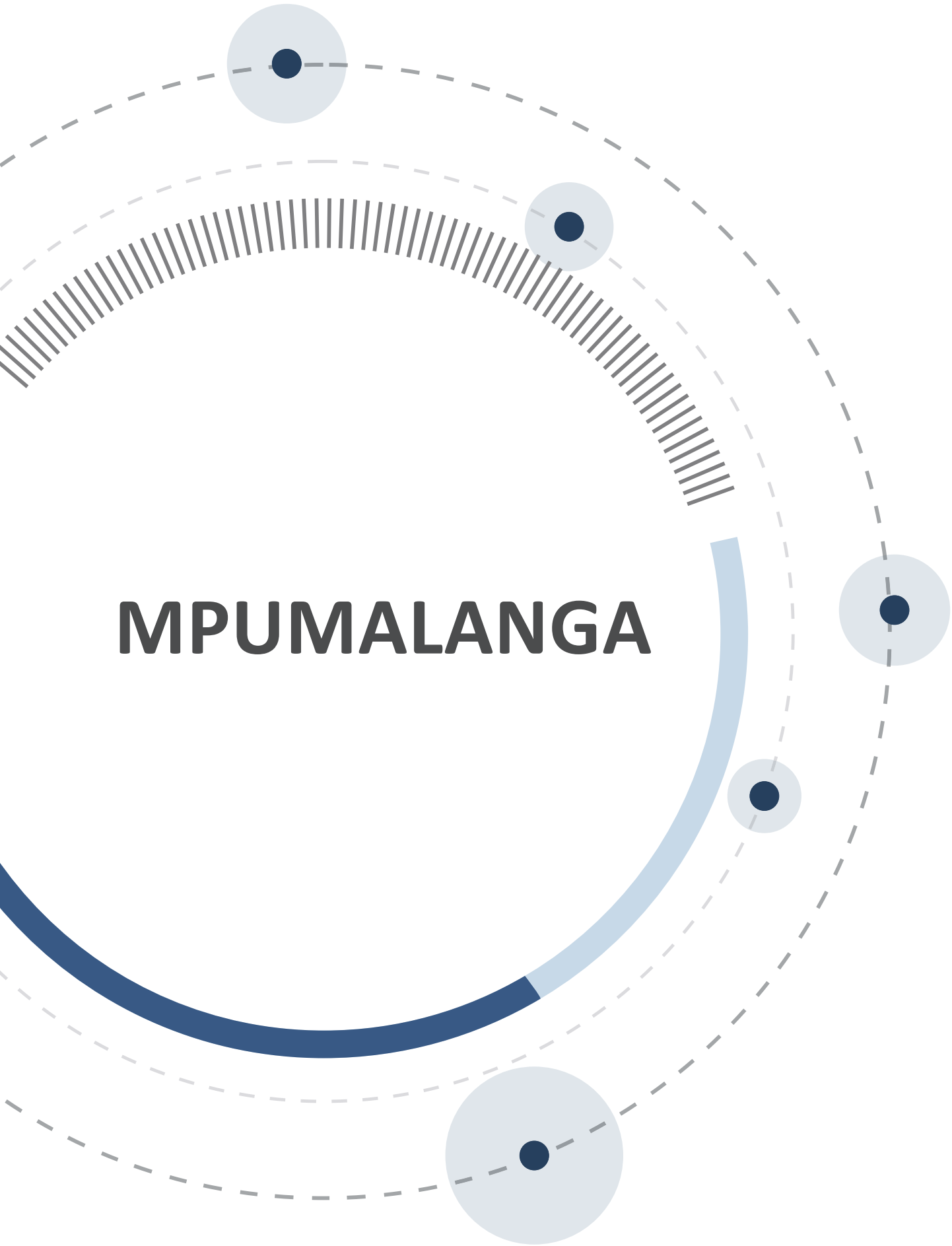
PERFORMANCE OF HEALTH ESTABLISHMENTS BY OVERALL GRADING AND COMPLIANCE STATUS OUTCOME

The previous sections of the report provided consolidated inspection outcomes for the entire province or per district. Table 12 below provides the grading and compliance outcomes for each of the inspected HEs. All HEs certified as compliant have already received their Compliance Certificates and those certified non-compliant have received their Compliances Notices. Some of the non-compliant HEs have already been re-inspected. Some of the re-inspected HEs were certified compliant, while others were referred for enforcement due to persistent non-compliance.

Table 14: Performance of health establishments by overall grading and compliance status outcome

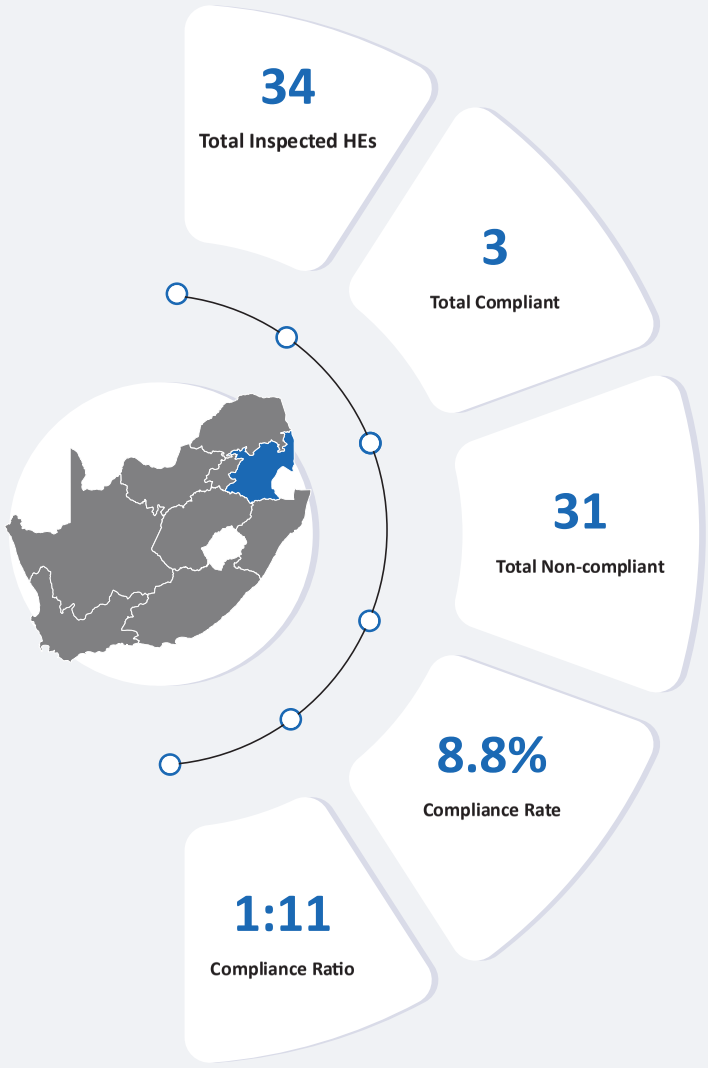
District	Sub District	Establishment Name	Overall Grade	Compliance Decision
lp Capricorn District Municipality	lp Polokwane Local Municipality	lp Seshego IV Clinic	Good	Compliant
		lp Laastehoop Clinic	Unsatisfactory	Not Compliant
		lp Semenya Clinic	Good	Not Compliant
		lp Phuti Clinic	Good	Not Compliant
		lp Seshego I Clinic	Satisfactory	Not Compliant
		lp Seshego II Clinic	Unsatisfactory	Not Compliant
		lp Moletjie Clinic	Unsatisfactory	Not Compliant
		lp Buitestraat Clinic	Unsatisfactory	Not Compliant
		lp Seshego III Clinic	Unsatisfactory	Not Compliant
		lp Manamela Clinic	Unsatisfactory	Not Compliant
lp Mopani District Municipality	lp Maruleng Local Municipality	lp Turkey Clinic	Unsatisfactory	Not Compliant
		lp Hoedspruit Clinic	Unsatisfactory	Not Compliant
		lp Sekororo Gateway Clinic	Unsatisfactory	Not Compliant
		lp Sophia/Sekwai Clinic	Unsatisfactory	Not Compliant
		lp Mabins Clinic	Unsatisfactory	Not Compliant
		lp Sekororo Clinic	Unsatisfactory	Not Compliant
		lp Bismarck Clinic	Unsatisfactory	Not Compliant
		lp Willows Clinic	Unsatisfactory	Not Compliant
		lp Lorraine Clinic	Unsatisfactory	Not Compliant
		lp The Oaks Clinic	Satisfactory	Not Compliant
		lp Calais Clinic	Unsatisfactory	Not Compliant
lp Waterberg District Municipality	lp Bela-Bela Local Municipality	lp Bela-Bela Clinic	Unsatisfactory	Not Compliant
		lp Pienaarsriver Clinic	Unsatisfactory	Not Compliant
		lp Settlers Clinic	Unsatisfactory	Not Compliant
		lp Warmbaths Clinic	Unsatisfactory	Not Compliant
	lp Mookgophong/ Modimolle Local Municipality	lp Nylstroom LA Clinic	Unsatisfactory	Not Compliant
		lp Vaalwater Clinic	Unsatisfactory	Not Compliant
		lp Mookgophong Clinic	Unsatisfactory	Not Compliant
		lp Alma Clinic	Unsatisfactory	Not Compliant

District	Sub District	Establishment Name	Overall Grade	Compliance Decision
lp Sekhukhune District Municipality	lp Fetakgomo-Greater Tubatse Local Municipality	lp Mecklenburg Gateway Clinic	Unsatisfactory	Not Compliant
		lp Mahubahube Clinic	Unsatisfactory	Not Compliant
		lp Motlolo Clinic	Unsatisfactory	Not Compliant
		lp Motsepe Clinic	Satisfactory	Not Compliant
		lp Burgersfort Clinic	Unsatisfactory	Not Compliant
		lp Dilokong Gateway Clinic	Satisfactory	Not Compliant
		lp Mmutlane Clinic	Unsatisfactory	Not Compliant
		lp Mankotsane Clinic	Unsatisfactory	Not Compliant
lp Vhembe District Municipality	lp Musina Local Municipality	lp Madimbo Clinic	Unsatisfactory	Not Compliant
		lp Masisi Clinic	Unsatisfactory	Not Compliant
		lp Nancefield 2 Clinic	Unsatisfactory	Not Compliant
		lp Kuruleni Clinic	Unsatisfactory	Not Compliant
		lp Tshiungani Clinic	Unsatisfactory	Not Compliant
		lp Mulala Clinic	Unsatisfactory	Not Compliant
		lp Manenzhe Clinic	Unsatisfactory	Not Compliant
		lp Malamulele Clinic	Unsatisfactory	Not Compliant
	lp Makhado Local Municipality	lp Mulima Clinic	Unsatisfactory	Not Compliant
		lp Manyima Clinic	Unsatisfactory	Not Compliant
		lp Mbokota Clinic	Satisfactory	Not Compliant
		lp Waterval Clinic	Satisfactory	Not Compliant
		lp Wayeni Clinic	Satisfactory	Not Compliant
	lp Collins Chabane Local Municipality	lp Masakona Clinic	Unsatisfactory	Not Compliant
		lp De Hoop Clinic	Unsatisfactory	Not Compliant
		lp Mashau Clinic	Unsatisfactory	Not Compliant

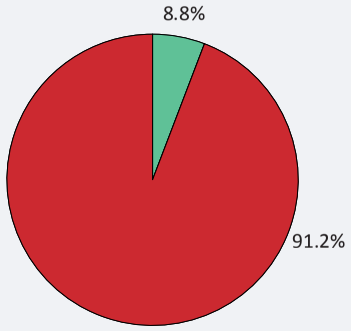

MPUMALANGA

SUMMARY OF INSPECTED HEALTH ESTABLISHMENTS OUTCOMES IN MPUMALANGA PROVINCE F/ 2020/21

Figure 1: Summary of inspected health establishments in Mpumalanga Province FY 2020/21

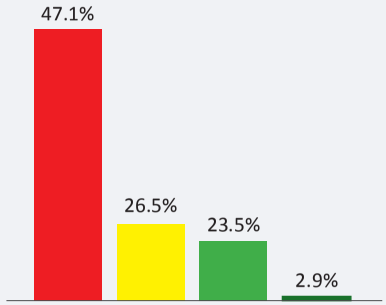


Compliance status outcome



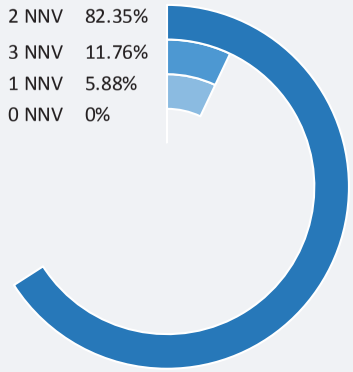
Of all 34 inspected HEs in the province, 8.8% (n=3) met the compliance requirements.

Overall grading outcome



The grading of health establishments is applied to both compliant and noncompliant HEs. 47% of inspected HEs obtained an unsatisfactory grade, while 26.5% obtained a satisfactory grade, followed by the good category at 23.5%, and 2.9% of inspected HEs achieved an excellent grade.

Performance of NNV



The majority (82.4%) of the inspected HEs in the province complied with only two (2) of the three (3) NNVs.

Overall grading per district

District	Total inspected	Compliance rate	Overall grading			
			Excellent	Good	Satisfactory	Unsatisfactory
Ehlanzeni DM	16	0.0%	0.0%	12.5%	31.3%	56.3%
Gert Sibande DM	8	37.5%	12.5%	50.0%	25.0%	15.0%
Nkangala DM	10	0.0%	0.0%	20.0%	20.0%	60.0%

Compliance: Non-compliant Compliant **Grading** Unsatisfactory Satisfactory Good Excellent

1. DISTRIBUTION OF HEALTH ESTABLISHMENT INSPECTED IN MPUMALANGA PROVINCE PER DISTRICT

A total of 34 public sector health establishments (HEs) were inspected in Mpumalanga province in the financial year 2020/21 as shown in Figure 2 below. All the HEs inspected during the period under review are primary health care (PHC) clinics as the Office has adopted a progressive and incremental approach in the implementation of the norms and standards regulations, starting with the clinics as the ideal entry point and gateway into the rest of the health care system.

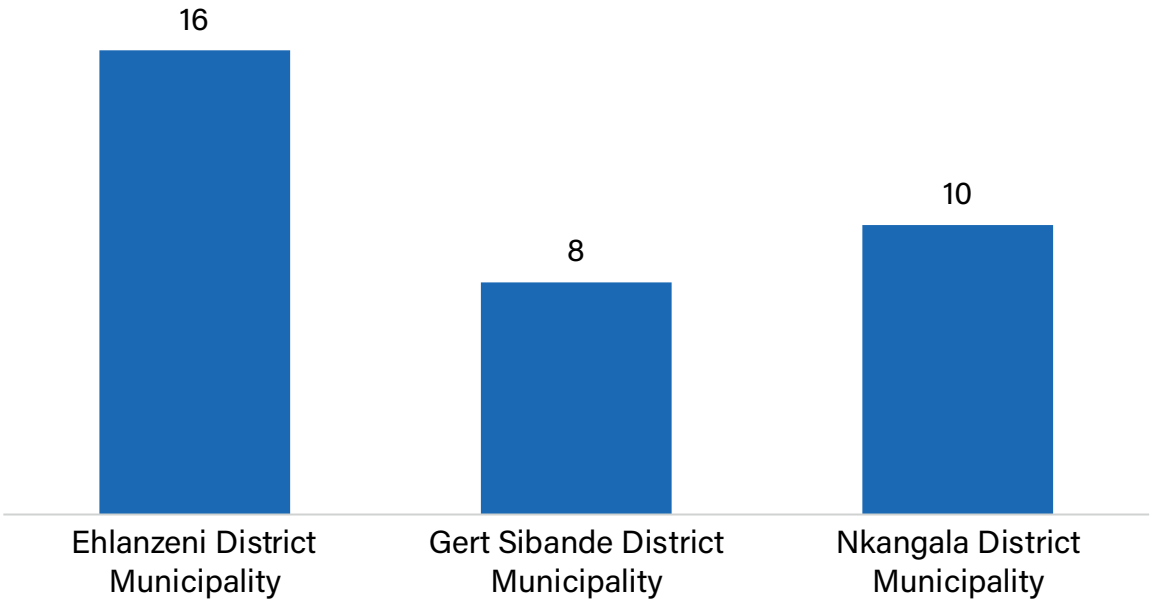


Figure 2: Total number of health establishments inspected per district FY 2020/21

Since the commencement of inspections against the promulgated norms and standards regulations for different categories of health establishments in the 2019/20 financial year, a cumulative total of 88 PHC clinics have been inspected in the province. This represents 37.6% of the total number of public sector PHC HEs (N=234) in the province.

As was the case in the rest of the country, the number of inspections in the province declined by an estimated 37% in the 2020/21 financial year compared to the 2019/20 financial year, due to the impact of the Covid-19 National State of Disaster Management restrictions.

Figure 3 below shows the breakdown of all the inspections conducted in the province per district during the 2019/20 and 2020/21 inspection cycles. Inspections were conducted in all districts within the province with the highest number of inspections (cumulative) conducted in Ehlanzeni district at 40, followed by Nkangala district at 30 and Gert Sibande district with the least number of inspections at 18.

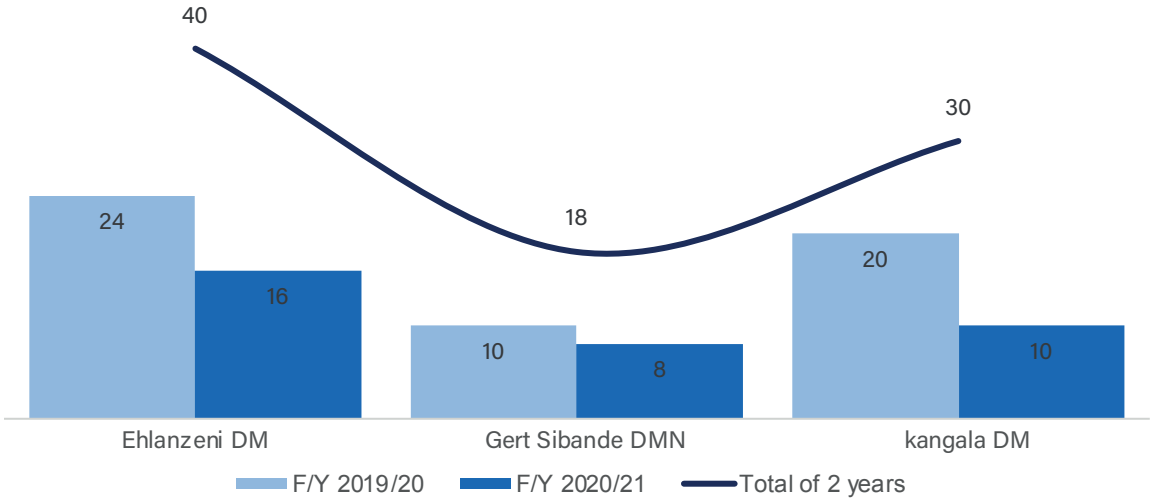


Figure 3: The breakdown of inspections conducted in the Mpumalanga province per district in the 2019/20 and 2020/21 inspection cycles

2. COMPLIANCE STATUS OUTCOME OF INSPECTED HEs, FY 2020/21

The compliance status outcome is a result of collation of performance of a health establishment as determined by scores against the measures in the applicable inspection tool and processed through a compliance Status Framework (CSF). The scores are aggregated according to the various risk-rated measure categories to arrive at a grading outcome. Once a grading outcome is determined, the next step is to determine the performance of the health establishment on the non-negotiable vital (NNV) measures. A final decision on the compliance status outcome is then arrived at following the rules and guidelines as outlined in the applicable CSF. A dedicated and specific CSF document is developed as part of the inspection tool development process for all the different categories of health establishments.

The measures in the inspection tool are risk rated into three (3) categories (essential, vital, and non-negotiable vital measures). There are threshold cut-off levels for the performance in each of the essential and vital risk-rated measure categories to determine grading outcome. There are four (4) Grading categories namely, Excellent, Good, Satisfactory and Unsatisfactory.

The Non-negotiable vital (NNV) measures are those measures that a HE must fully comply (i.e. score 100%) to be eligible for a compliant status, subject to the HE achieving the minimum threshold in the other two (2) risk categories resulting in a Grading outcome of Satisfactory, Good or Excellent. Failure to comply with all NNVs automatically results in the HE being certified as non-compliant, irrespective of the grading outcome.

There are three (3) NNVs in the PHC clinic inspection tool made up of:

1. the emergency trolley be stocked with all the required medicines and equipment.
2. that an oxygen cylinder with a functional gauge be available.
3. that the oxygen in the cylinder must be at or above the minimum level indicator.

Figure 4 below shows the overall compliance status outcome of the 34 HEs inspected in the province in the 2020/21 inspection cycle. Of the 34 HEs inspected in the province in the 2020/21 financial year, only 3 (8.8%) were found to be compliant whilst 31 (91.2%) were found to be non-compliant with the norms and standards regulations. The compliance rate of 8.8% is slightly lower than the compliance rate of 9.3% achieved in the FY 2019/20 inspection cycle.

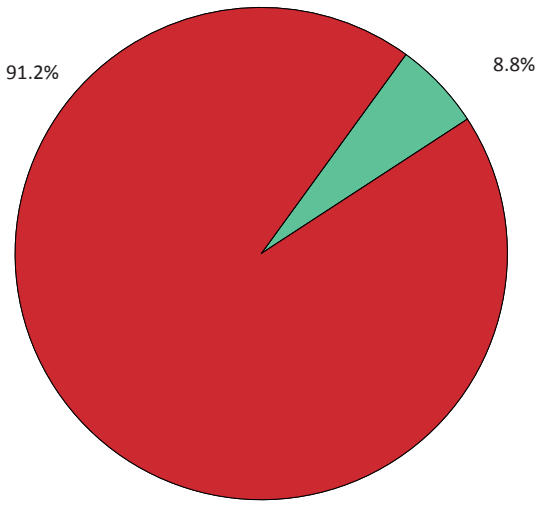


Figure 4: Compliance Status of inspected HEs, FY 2020/21 cycle

2.1 COMPLIANCE STATUS OUTCOME PER FINANCIAL YEAR

Figure 5 below shows the trend in the total number of inspections conducted and the number of compliant health establishments in Mpumalanga province for the consecutive financial years of 2019/20 and 2020/21. The observed decline of 37% (54 to 34) in the inspections conducted between the two financial years was because of the COVID-19 pandemic and resultant Disaster Management Regulations put in place country wide.

The compliance ratio has shown a slight regression from 1 compliant HE for every 10.8 non-compliant HEs in 2019/20 to 1 compliant HE for every 11.3 non-compliant HEs in 2020/21. The compliance rate has decreased from 9.3% in 2019/20 to 8.8% in 2020/21.

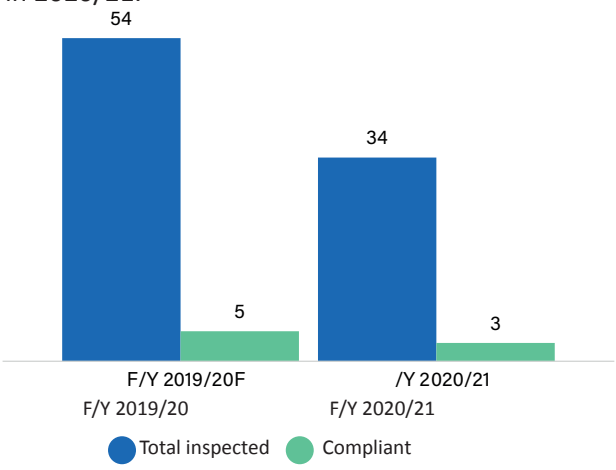


Figure 5: The breakdown of compliance status outcome of inspected health establishments, FY 2019/20 and 2020/21

2.2 COMPLIANCE STATUS OUTCOME PER DISTRICT

The compliance performance of the inspected HEs was analysed per district, as illustrated in the Figure 6 below. In 2020/21, all the three districts performed poorly with only three HEs achieving a compliant status and all of them were from Gert Sibande District.

The compliance performance results demonstrate serious deficiencies in the quality of healthcare services rendered by these inspected health establishments in this province. In addition, the trends over the two financial years in relation to the overall compliance rate in the province is very concerning.

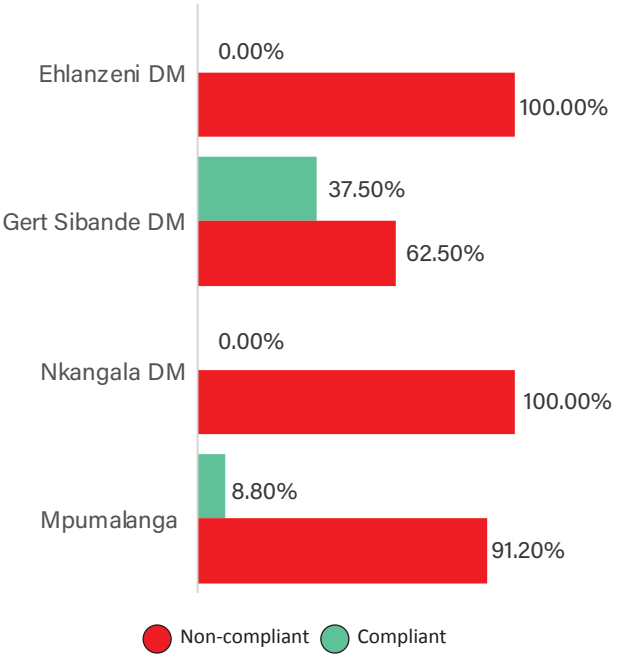


Figure 6: Compliance Status performance of inspected HEs per district, FY 2020/21

3. OVERALL GRADING PERFORMANCE OF INSPECTED HEs, FY 202/21

Figure 7 below shows that oly 47% of all inspected health establishments were graded Unsatisfactory. An Unsatisfactory grading outcome means that the inspected HEs were found to not have met substantive proportion of measures' requirements assessed in the inspection tools. The unsatisfactory grading outcome mean that these HEs would automatically achieve a non-compliant status and be precluded from eligibility for certification. The grading performance means that 18 of the 34 inspected HEs would have been potentially eligible to achieve a compliant status subject to their performance outcome on the NNV measures.

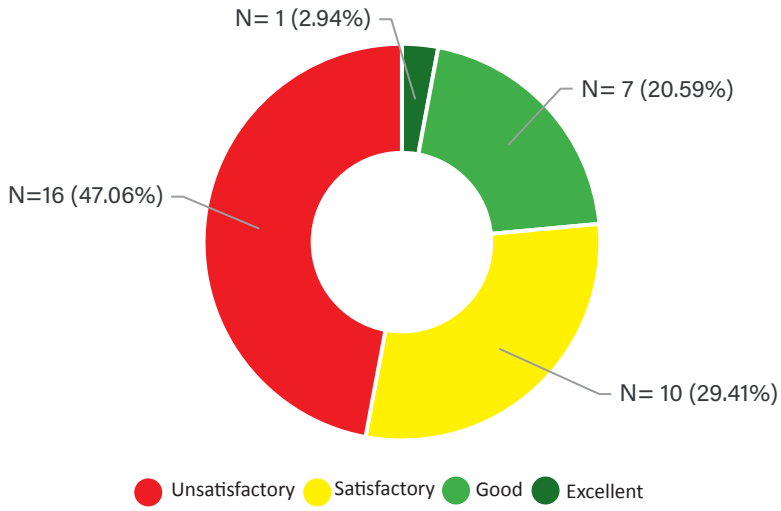


Figure 7: Grading performance of inspected HEs, FY 2020/21

Figure 8 below indicates the overall grading performance in the two consecutive financial years 2019/2020 and 2020/2021. Though the grading category outcomes are generally comparable between the two financial years, it is worth noting that in FY 2020/2021, there is a decrease in the proportion of unsatisfactory health establishments. In addition, the proportion of HEs graded Good increased by 7.6 percentage points whilst the proportion of HEs graded Excellent increased by 2.9 percentage points between 2019/20 and 2020/21 financial years.

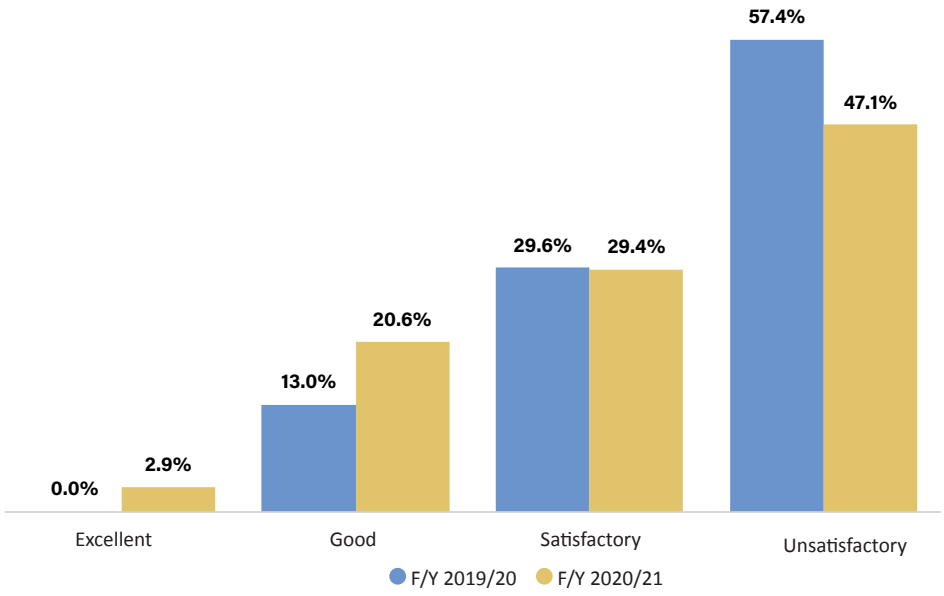


Figure 8: Grading performance of inspected HEs, FY 2019/20 and 2020/21

3.1. PERFORMANCE ON OVERALL GRADING OUTCOME PER DISTRICT, ALL HEs

Figure 9 below shows the overall grading performance of inspected HEs per district. When the grading performance analysis is disaggregated by district, it is evident that Gert Sibande District's health establishments performed comparatively better with only one HE attaining an Unsatisfactory grading and being the only district with an HE that attained an Excellent grading.

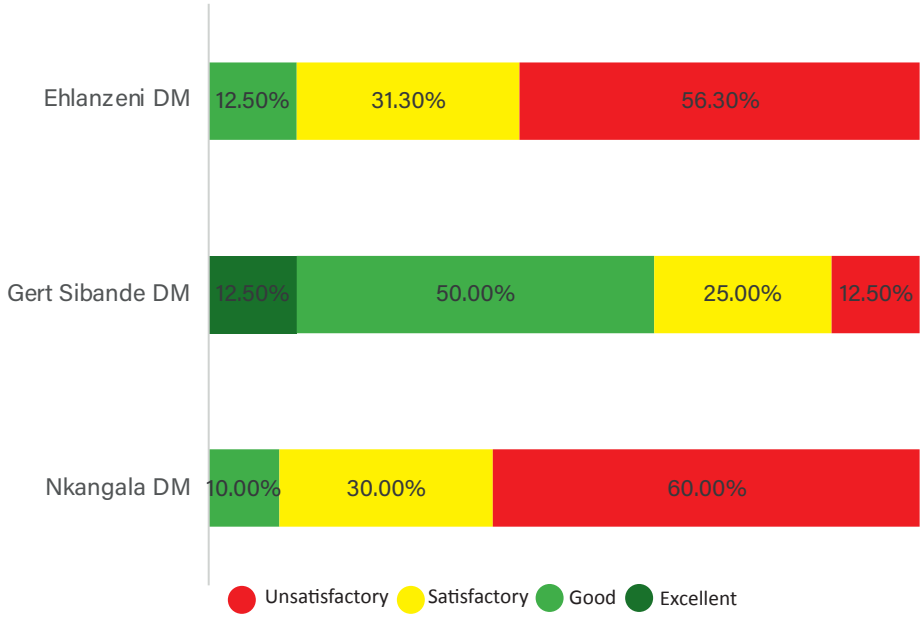


Figure 9: Grading performance of inspected HEs per district, FY 2020/21

3.2. OVERALL GRADING PERFORMANCE OF THE COMPLIANT HEs PER DISTRICT, FY 2020/21

The table below indicates overall grading status for all compliant HEs in the province and were all in Gert Sibande district. Of the three (3) compliant HEs, one (1) was graded as Excellent, one (1) as Good and one (1) as Satisfactory.

Table 1: Grading performance of compliant HEs per district, FY 2020/21

Province	Excellent	Good	Satisfactory	Grand Total
mp Gert Sibande DM	1 (33.3%)	1 (33.3%)	1 (33.3%)	100.0%
Grand Total	**1 (33.3%)**	**1 (33.3%)**	**1 (33.3%)**	**100.0%**

3.3. OVERALL GRADING PERFORMANCE BY NON-COMPLAINT HEs

Figure 10 below indicates overall grading performance by non-compliant HEs per district. A total of 31 HEs were found to be non-compliant with the norms and standards regulations requirements during the period under review. There were six (6) HEs that were graded as Good and nine (9) with a Satisfactory grading that did not manage to achieve a compliant status. A total of 16 HEs were graded as Unsatisfactory and therefore were automatically not eligible for a compliant status.

Figure 10: Grading outcome of non-compliant HEs, FY2020/21

4. COMPLIANCE STATUS PERFORMANCE OF INSPECTED FA CILITIES BY GRADING CATEGORY

Figure 11 below shows that of the 34 inspected facilities during the period under review, sixteen (16) were graded as Unsatisfactory and therefore automatically achieved a non-compliant status. Ten (10) HEs were graded as Satisfactory and only one (1) ultimately achieved a compliant status. A total of seven (7) HEs were graded as Good and one (1) achieved a compliant status while only one (1) HE was graded as Excellent and achieved a compliant status.

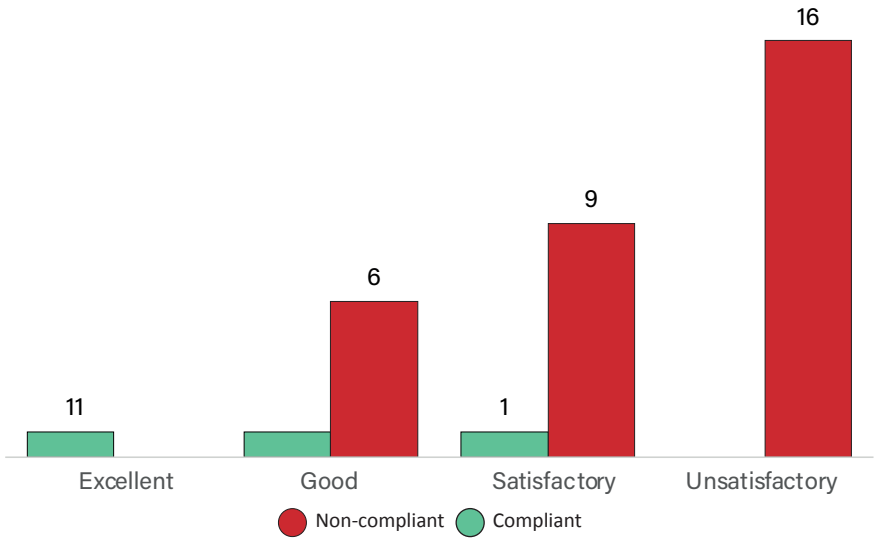


Figure 11: Compliance Status performance of inspected HEs by grading category, FY2020/21

5. PERFORMANCE OUTCOME ON NON-NEGOTIABLE VITAL (NNVS) MEASURES

Figure 12 below indicates performance of inspected HEs on NNV measures in Mpumalanga province. It is worth remembering that the compliance status decision algorithm requires a HE to meet 100% of all the 3 NNV measures to achieve a compliant status and therefore be eligible for certification.

All the 34 inspected HEs were able to meet the requirements for at least 1 of the 3 NNV measures. Only three (3) of the inspected HEs in the province complied with all the 3 NNV measures, whilst 28 complied with two (2) of the three (3) NNVs, and only three (3) HEs complied with one of the three NNV measures.

It is worth noting that 28 (82.4%) HEs met the requirements for two of the three NNVs, and therefore a proportion of these 28 HEs missed out on the compliance status based only on the outcome of only one NNV measure. This observation means that there are some HEs that are reasonably close to meeting the requirements for compliant status.

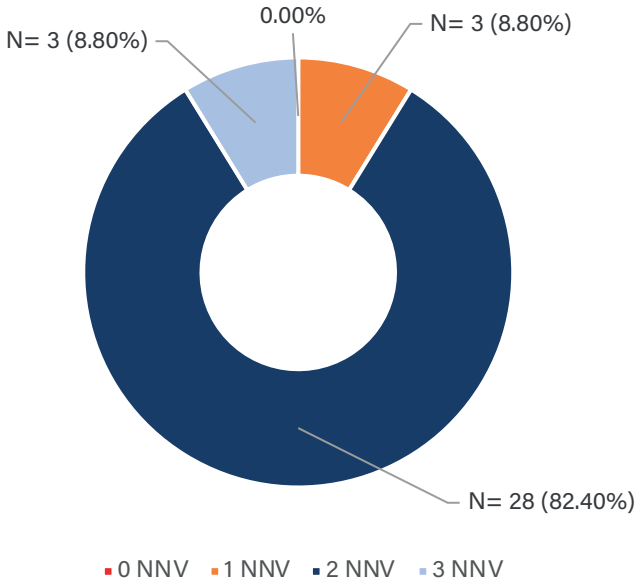


Figure 12: Performance of inspected HEs on non-negotiable vital measures

Table 2 below shows that the NNV measure least complied with, is the one with the requirement that the emergency trolley be stocked with the required medicines and equipment, with 31 of the 34 inspected health establishments found non-compliant with this specific measure. This is of concern because the medicine and equipment required in the emergency trolley are those that are needed in medical emergencies when resuscitation and other advanced life support interventions are necessary to keep any user alive. Without all these medicines and equipment, preventable loss of life may occur.

The HEs in the province performed relatively well, with over 91% meeting the requirements, on the remaining 2 NNVs that assess the availability of oxygen cylinder and the level of oxygen above the minimum level.

Table 2: Performance of HEs on non-negotiable vital measures

NNVs	Total Compliant HEs N (%)	Total non-compliant HEs N (%)	Total inspected (N)
Emergency trolley is stocked with the required medicines and equipment.	3 (8.8%)	31 (91.2%)	34 (100%)
Availability of an oxygen cylinder with a functional pressure gauge.	34 (100.0%)	0 (0.0%)	34 (100%)
Availability of oxygen in the cylinder above the minimum level.	31 (91.2%)	3 (8.8%)	34 (100%)

Table 3 below shows that Gert Sibande District Municipality was the only district with HEs that complied with all the three (3) NNVs. This performance on NNVs partly explains the high non-compliance rate of HEs in the province together with the relatively high proportion of HEs that were graded Unsatisfactory.

Table 3: Performance of HEs per district on non-negotiable vital measures

Row Labels	1 NNV	2 NNVs	3 NNVs	Grand Total
mp Ehlanzeni District Municipality	2 (12.5%)	14 (87.5%)	0 (0.0%)	16 (100.0%)
mp Gert Sibande District Municipality	0 (0.0%)	5 (62.5%)	3 (37.5%)	8 (100.0%)
mp Nkangala District Municipality	3 (10.0%)	9(90.0%)	0 (0.0%)	10 (100.0%)
Grand Total	**3 (8.8%)**	**28 (82.4%)**	**3 (8.8%)**	**34 (100.0%)**

The top ten unavailable items in the emergency trolley

Figure 13 below lists the 10 most commonly unavailable equipment and pharmaceutical items that accounted for most of the non-compliance with this NNV measure. The inspection findings show that the item most not found in approximately 21 (61.8%) health establishments was oropharyngeal airways (Guedel) size 5. All the items on the list are critical and the absence of these items in a significant number of inspected HEs is of great concern as this is an indication that these HEs may not be able to effectively perform life-saving emergency medical resuscitation should this be required.

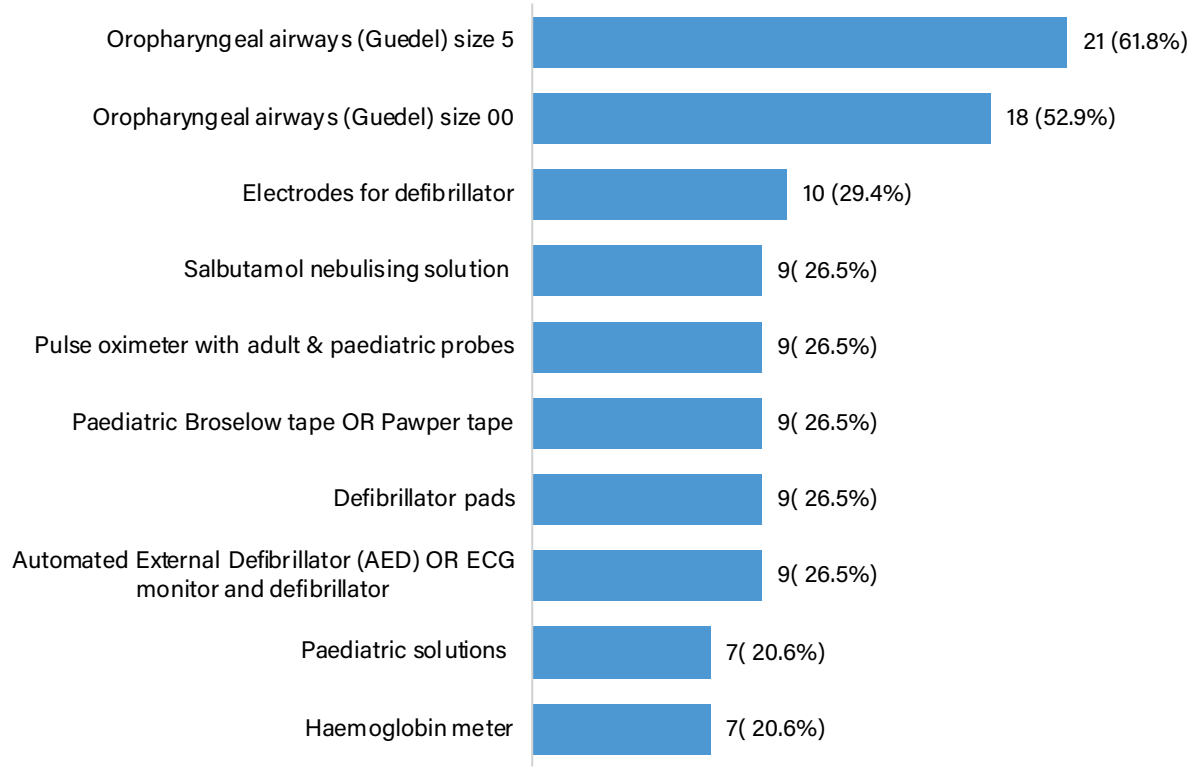


Figure 13: Most frequently unavailable equipment on the emergency trolley

6. FUNCTIONAL AREA PERFORMANCE

The inspection tool used to inspect the 34 PHC HEs in the province is divided into four (4) sections called functional areas.

1. Clinic Manager
2. Clinical Services
3. Dispensary or Medicine Cupboard
4. Maintenance Support

The average performance of the inspected HEs per functional area is shown in Figure 14 to 17 below.

6.1. VITAL AND ESSENTIAL MEASURE PER FORMANCE PER FUNCTIONAL AREA

The graphs indicate the average scores for vital and essential measure attained per district for both compliant and non-compliant HEs. The error bars indicate the minimum and maximum average scores, as well as the variation (spread) of performance attained by HEs.

6.1.1. Clinic Manager Functional Area

Figure 14 below shows the overall performance by inspected HEs in the vital and essential measures in this functional area. Gert Sibande district achieved the highest average performance on Vital measure at 51.15% and Essential measures at 71.36%. The lowest performance on both Vital and Essential measures was observed in the remaining two districts (Ehlanzeni and Nkangala). The Clinic Manager functional area encompasses measures seeking to address leadership and governance critical to the functioning of the health establishment.

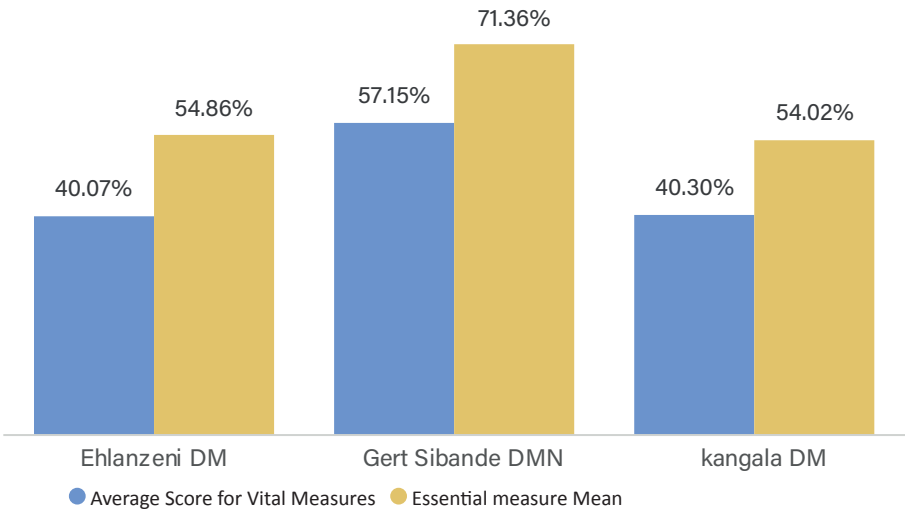


Figure 14: Average performance of Clinic Manager functional area of the inspected HEs

6.1.2. Clinical Services Functional Area

Figure 14 below shows that the overall performance by inspected HEs in the vital and essential measures in this functional area. The performance in this functional area seems to suggest that there is reasonable standardisation across the Mpumalanga districts in terms of how PHC clinical services are organised and delivered. Gert Sibande District performance on both Vital and Essential measures like in the Clinic manager, was higher than Ehlanzeni and Nkangala Districts. However, there is still an opportunity to improve some of these aspects to ensure that the PHC clinical services are of good quality. The Clinical Services functional area relates to the systems, processes, and organisation of clinical service delivery.

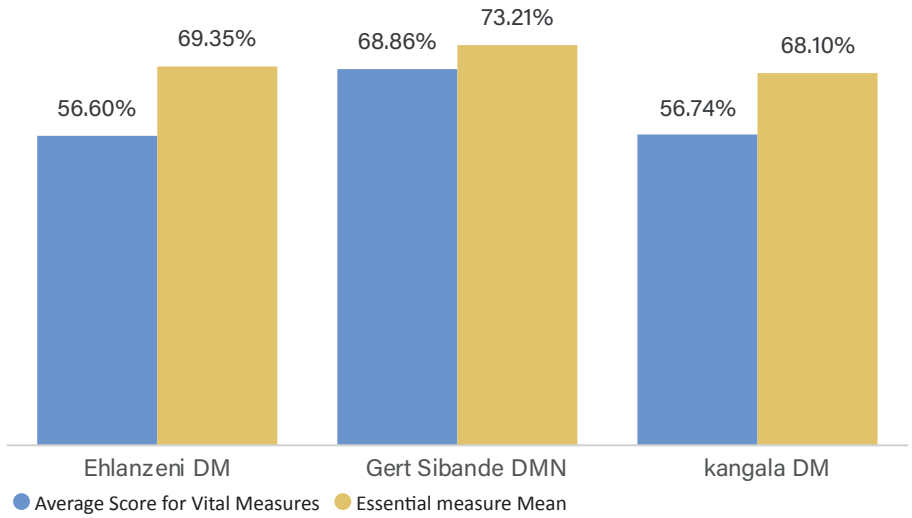


Figure 15: Average performance of Clinical Services functional area of inspected HEs

6.1.3 Dispensary of Medicine Cupboard Functional Area

Figure 15 below shows that the overall performance by inspected HEs in the vital and essential measures in this functional area. Gert Sibande district achieved the highest average performance on both Vital and Essential measures above 90% respectively. Ehlanzeni and Nkangala performed well achieving a score above 70% on both Vital and Essential measures. The Dispensary or Medicine Cupboard functional area relates to the overall management of medicines including medicine access and availability. Much as the average performance in this functional area is higher than the other three (3) functional areas, there is still room for improvement.

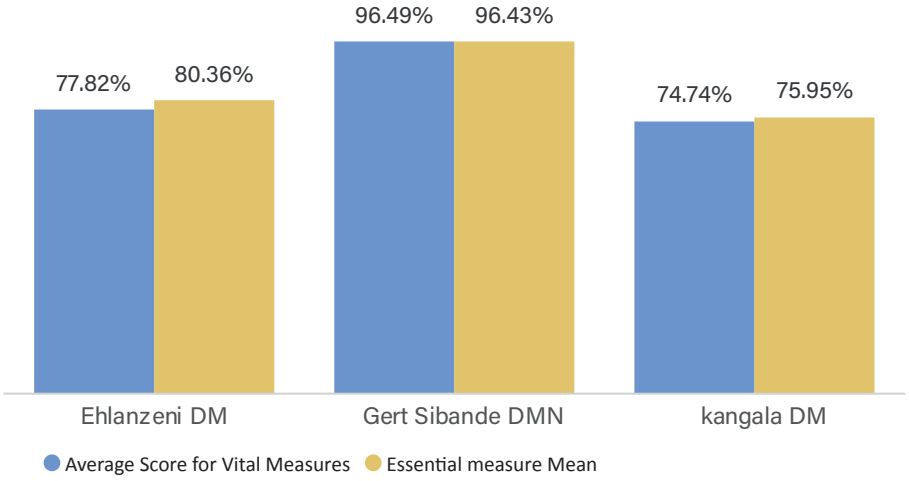


Figure 16: Average performance of Dispensary or Medicine Cupboard functional area of inspected HEs

6.1.4 Maintenance Support Functional Area

Figure 16 below the overall performance by inspected HEs in the vital and essential measures in this functional area. The average performance of this functional area is the lowest compared to the others. Gert Sibande district achieved the highest average performance at 61,36% on Vital measures. Nkangala district showed the lowest performance on both Vital and Essential measures. The maintenance support functional area relates to the management and maintenance of the physical structure including availability of back-up electricity and water.

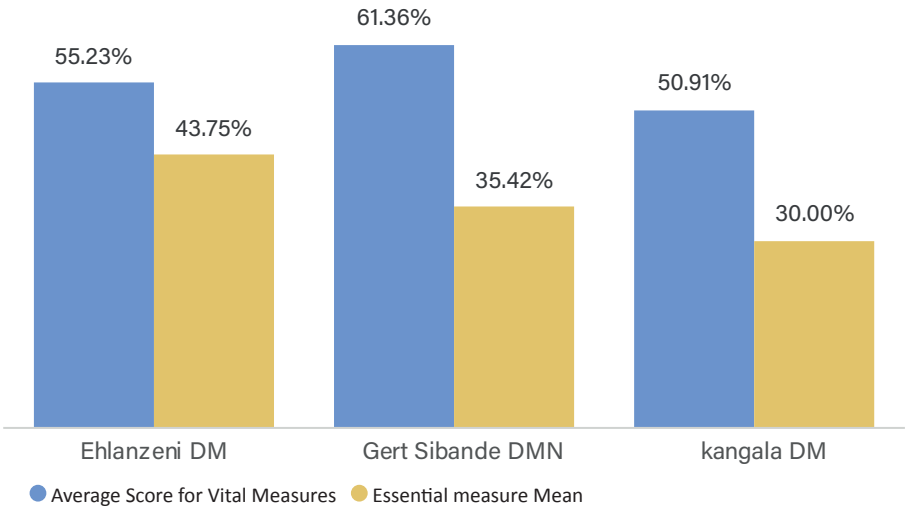


Figure 17: Average performance of Maintenance Support functional area inspected HEs

7. MOST COMMONLY NON-COMPLIED WITH MEASURES PER FUNCTIONAL AREA

In order to understand and appreciate the performance of the inspected HEs in the four (4) functional areas, an analysis of the most commonly non-compliant measures disaggregated from the overall performance in each of the four (4) functional areas was conducted and the findings are as follows:

7.1. CLINIC MANAGER FUNCTIONAL AREA

Table 4 below indicates the most commonly non-complied with measures in this functional area, which included requirement for training of professional nurses on Basic Life Support (BLS). This finding, viewed together with the high proportion of HEs non-compliant with the requirements in the NNV emergency trolley measure, as described in Table 2 above, raises serious concerns as far as management of clinical emergencies is concerned.

The second most failed measure in this functional area is the requirement that pest control should be done according to a schedule.

Table 4: Five most commonly non-compliant measures in the Clinic Manager functional area

Measure names	Non-compliant HEs N (%)
1.1.2.1.3.1 Professional nurses have received training in Basic Life Support (BLS).	34 (100.0%)
1.2.2.1.2.2 Records show that pest control is done according to schedule.	32 (94.1%)
1.4.1.1.1.1 CHECKLIST: There is a functional Clinic Committee.	31 (91.2%)
1.2.2.1.3.2 CHECKLIST: Training is provided to professional nurses on clinical guidelines.	31 (91.2%)
1.4.2.1.1.2 Personnel are appointed in line with the determined requirements.	30 (88.2%)

7.2 CLINICAL SERVICES FUNCTIONAL AREA

In this functional area, the inspection assesses the quality and safety of the clinical services provided at the HEs. This includes assessing aspects such as cleanliness, waiting time monitoring, emergency readiness and triage of users. All the three (3) NNVs in the PHC clinic inspection tool are in this functional area.

The most non-complied with measures were on the emergency trolley, emergency room, and clinical assessment and management plan recording in the clinical records. These findings are of concern and pose a serious risk to good quality care and patient safety including exposing the HE to medicolegal risks.

Table 5: Five most commonly non-complied with measures in the Clinical Services Functional Area

Measure names	Non-compliant HEs N (%)
2.3.2.1.1.3 CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	31 (91.2%)
2.3.2.1.1.2 CHECKLIST: The emergency room or resuscitation room is equipped with functional basic resuscitation equipment.	31 (91.2%)
2.2.1.2.2.1 CHECKLIST: Clinical assessment and management plan for the user is recorded in the user record.	31 (91.2%)
2.2.1.1.1.1 CHECKLIST: The health establishment complies with health records management guidelines.	30 (88.2%)
2.2.1.2.2.2 CHECKLIST: Clinical assessment and management plan for the patient is recorded in the patient record. (paediatric care).	30 (88.2%)

7.3 DISPENSARY OF MEDICINE CUPBOARD FUNCTIONAL AREA

Measures inspected in this functional area include whether the medicines are managed and stored as required and whether the area where the medicines are kept is clean. The top five non-complied with measures in this functional area are listed in Table 6 below.

The most commonly non-complied with measure in the Dispensary or Medicine Cupboard functional area, relate to lack of evidence that stock take has been conducted and found in 19 (55.9%) of inspected HEs, implying that those HEs do not have adequate information on their medicines` stock levels. The other concerning non-complied with measures include the management of Schedules 5 and 6 medicines' registers not corresponding to the available stock at 8 (23.5%) of inspected HEs.

Table 6: Five most commonly non-compliant measures in the Dispensary or Medicine Cupboard functional area

Measure names	Non-compliant HEs N (%)
3.3.1.1.1.4 There is evidence that a stock take of medicine was done in the last 12 months.	19 (55.9%)
3.2.2.1.1.3 All work completed is signed off by the cleaners.	9 (26.5%)
3.2.2.1.1.4 All work completed is verified by the clinic manager or a delegated member of personnel.	9 (26.5%)
3.3.1.1.1.5 Schedule 5 and 6 medicines in stock correspond with the balance recorded in the register.	8 (23.5%)
3.2.2.1.1.2 Cleaning is carried out in accordance with the schedule.	8 (23.5%)

7.4 MAINTENANCE SUPPORT

In this functional area, the inspections focus on assessing whether the HEs buildings and grounds are maintained adequately for providing safe environment for both users and staff. Other aspects included in this functional area are measures that assess whether the HEs have back-up supply of water and electricity to be able to continue providing services even during electricity or water supply disruptions.

An analysis of the top five most commonly non-complied with measures in this functional area identified the requirement that buildings comply with safety regulations at 34 (100%) followed by the maintenance of buildings and grounds as the most non-complied with measure at 32 (94,1%), of inspected HEs.

Other measures in the top five most commonly non-complied with include history of a lack of maintenance of the buildings and grounds in 32 (94.1%) of health establishments inspected the lack of electricity back up system in 28 (82.4%) of inspected health establishments.

Table 7: Five most commonly non-compliant measures in the Maintenance Support functional area

Measure names	Non-compliant HEs N (%)
4.5.1.1.1.1 CHECKLIST: The building(s) complies with safety regulations.	34 (100.0%)
4.5.1.1.2.1 The maintenance schedule for building(s) and grounds is available.	32 (94.1%)
4.5.1.1.2.2 CHECKLIST: Observe if the areas of the building(s) listed below are maintained.	30 (88.2%)
4.5.2.1.1.4 CHECKLIST: The back-up electricity supply system is tested and maintained.	28 (82.4%)
4.2.1.1.1.1 CHECKLIST: The healthcare risk waste intermediate/temporary storage area complies with the minimum requirements listed below.	25 (73.5%)

8. TOP PERFORMING MEASURES PER FUNCTIONAL AREA

While it is important to identify and discuss areas of non-compliance, it is also important to highlight areas of compliance to identify aspects of quality of care where the inspected HEs performed relatively well. The following sections identify the measures most complied with and identifies the top 5 measures in this category per functional area.

8.1 CLINIC MANAGER

In this functional area, the measures most complied with were the availability of required documents, including SOPs and SLAs. The availability of a signed copy of the service level agreement between the security company and the provincial department of health in 32 (94.1%) and rendering of services according to the SLA or SOP for security services was compliant in 32 (94.1%) of inspected HEs. These were followed by the availability of a copy of the SLA for waste removal in 30 (88.2%) of inspected HEs. The other measures most complied with in this functional area include, among others, the availability of national guidelines on priority health conditions in 30 (88.2%) HEs, as outlined in Table 8 below.

Table 8: Five most complied with measures in the Clinic Manager functional area

Measure names	Compliant HEs N (%)
1.5.1.1.1.6 CHECKLIST: Security services are rendered according to service level agreement OR standard operating procedure.	32 (94.1%)
1.5.1.1.1.2 A signed copy of the service level agreement between the security company and the provincial department of health is available.	32 (94.1%)
1.2.4.1.1.2 A copy of the signed waste removal service level agreement between the health department and the service provider is available.	30 (88.2%)
1.1.3.1.2.1 Compliance with waiting time target(s) is monitored by the health establishment.	30 (88.2%)
1.2.2.1.1.1 CHECKLIST: National guidelines on priority health conditions are available.	30 (88.2%)

8.2 CLINICAL SERVICES FUNCTIONAL AREA

The most complied with measures in this functional area include availability of oxygen cylinder with pressure gauge, records not left unattended in public areas, availability of emergency medical services contact numbers in areas where telephones are available, and uniform worn by security guards in 34 (100%) of the inspected HEs. The other measures most complied with in this functional area included implementation of the process to fast track very sick, frail and elderly users to the front queue in 33 (97.1%) of the inspected HEs.

Table 9: Five most complied with measures in the Clinical Services functional area

Measure names	Compliant HEs N (%)
2.3.2.1.1.4 An oxygen cylinder with pressure gauge is available.	34 (100.0%)
2.2.1.1.2.1 Records are not left unattended in public areas and are only accessible to health establishment personnel and users.	34 (100.0%)
2.1.2.1.2.1 Emergency Medical Service contact number(s) are displayed in areas where telephones are available.	34 (100.0%)
2.5.1.1.1.1 The security guards wear uniform.	34 (100.0%)
2.1.2.1.1.1 The process to fast track very sick frail and elderly users to the front of the queue is implemented.	33 (97.1%)

8.3 DISPENSARY OR MEDICINE CUPBOARD FUNCTIONAL AREA

As was the case with the Clinical Services functional area, the number of inspected HEs that complied with the top five (5) most commonly compliant measures in this functional area was higher than in the Clinic Manager functional area. The measure most complied with was that 100% of the inspected HEs had appropriate containers for disposal of pharmaceutical waste. This was followed by effective use of the electronic network system for monitoring the availability of medicines in 32 (94.1%) of inspected HEs. The air conditioner was functional in 31 (91.2%) of inspected HEs, while the same number complied with the management practices for segregating waste as required.

Table 10: Five most complied with measures in the Dispensary or Medicine Cupboard functional area

Measure names	Compliant HEs N (%)
3.2.4.1.1.1 Appropriate containers for disposal of pharmaceutical waste are available.	34 (100.0%)
3.3.1.1.1.2 CHECKLIST: The electronic network system for monitoring the availability of medicines is used effectively.	32 (94.1%)
3.5.1.1.1.1 The Dispensary/Medicine Room has a functional air conditioner.	31 (91.2%)
3.2.4.1.2.1 CHECKLIST: Waste is segregated as required by waste management practices.	31 (91.2%)
3.3.1.1.2.3 CHECKLIST: The temperature of the Dispensary/Medicine Room is maintained within the safety range.	30 (88.2%)

Maintenance Support Functional Area

The top five (5) measures most complied with in this functional area are listed in Table 10 below. Of the (34) HEs inspected, 33 (97.1%) had functional water supply and access to emergency water supply in case of water supply interruptions. The other measures commonly complied with in this functional area were that the emergency exits were kept free from any obstruction in 29 (85.3%) while the sewerage system was functional in 26 (76.5%) of the inspected HEs. Fire extinguishing devices found to have been services annually as required in 25 (73.5%) of the inspected HEs.

Table 11: Five most complied with measures in the Maintenance Support functional area

Measure names	Compliant HEs N (%)
4.5.2.1.1.2 The health establishment has access to emergency water supply in case of water supply interruptions.	33 (97.1%)
4.5.2.1.1.1 The health establishment has a functional piped water supply	33 (97.1%)
4.5.1.1.3.2 All emergency exits are kept free of obstacles.	31 (91.2%)
4.5.1.1.3.1 The emergency vehicle entrance is free from any obstruction or hazards.	29 (85.3%)
4.5.2.1.1.5 The sewerage system is functional.	26 (76.5%)

9. PERFORMANCE OUTCOMES DISAGGREGATED PER DOMAIN, F/Y 2020/21

A domain is defined as "an aspect of service delivery where quality or safety can be at risk" Service delivery is one of the six World Health Organization (WHO) health systems building blocks. According to the WHO Health Systems Framework, service delivery must be offered in a quality and safe manner to produce positive health outcomes.

As explained earlier in the report, domains are the five main chapters of the inspection tools, including (1) User Rights, (2) Clinical Governance and Clinical Care, (3) Clinical Support Services, (4) Governance and Human Resources and (5) Facilities and Infrastructure. The performance of the inspected HEs against the domains is outlined in Figure 18 below.

Clinical Governance and Clinical Care-

Clinical Governance assesses the availability of structures that govern the clinical management of patients. Clinical Care looks at existing clinical guidelines for management of common clinical conditions as well as how well are implemented and staff trained where clinical guidelines are revised.

Clinical Support Services

These services entail all the services that support the clinical management of the patient such as pharmacy, the procurement of medical equipment and medical consumables. In the HEs inspected, some of the essential medicines, essential medical equipment and consumables were not available at the time of the inspection.

Facilities and Infrastructure -

These are the buildings, facilities where patients are seen, and the medical equipment. These can be formal or temporary structures and may form a whole or part of a HE.

Governance and Human Resources -

These refers to the accounting authority of the HE, relevant management structures and committees, and the human resources process within the HE.

User Rights -

These relate to the observance of the rights of users while accessing healthcare services. User rights contribute to acceptability of services and patient experience of care.

9.1. PERFORMANCE OUTCOMES AGAINST SPECIFIC DOMAINS

Figure 18 below indicates the performance outcome on domains (62%) in Mpumalanga province. It indicates percentage of compliant measures attained per domain in the province. The highest average scores achieved by inspected HEs in the province is in User Rights at 67%. This was followed by Clinical Support Services and Facilities Infrastructure both at 66% followed by Clinical Governance and Clinical Care at 60% and Governance and Human Resources at 49%. The low average score for the Governance and Human Resources domain is of concern because it seems to suggest that there may be leadership and human capital capacity challenges at the inspected HEs.

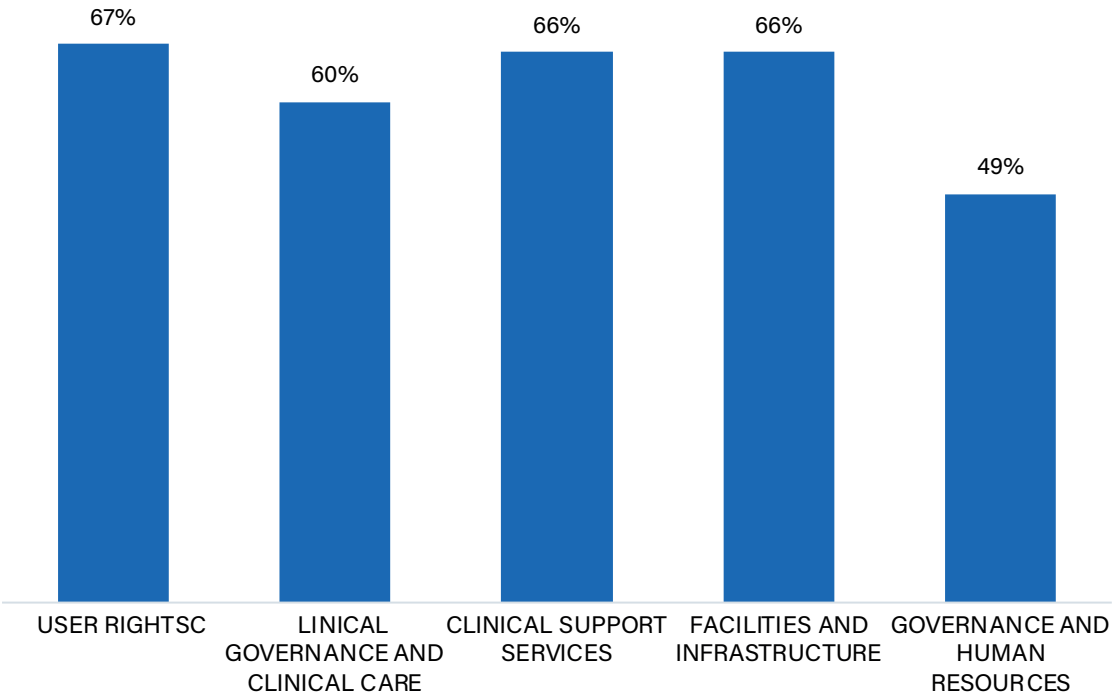


Figure 18: Average performance of all inspected HEs across the five domains

9.2 PERFORMANCE OUTCOMES BY DOMAINS PER DISTRICT

Table 12 below shows the average domain scores by the HEs in the inspected districts in the province. Gert Sibande district HEs obtained the highest average scores in all the five (5) domains, the highest score was observed in the Clinical Support Services domain at (80%). The remaining two districts had comparable scores for the four domains with Ehlanzeni obtaining the lowest score for Governance and Human Resources domain (39%).

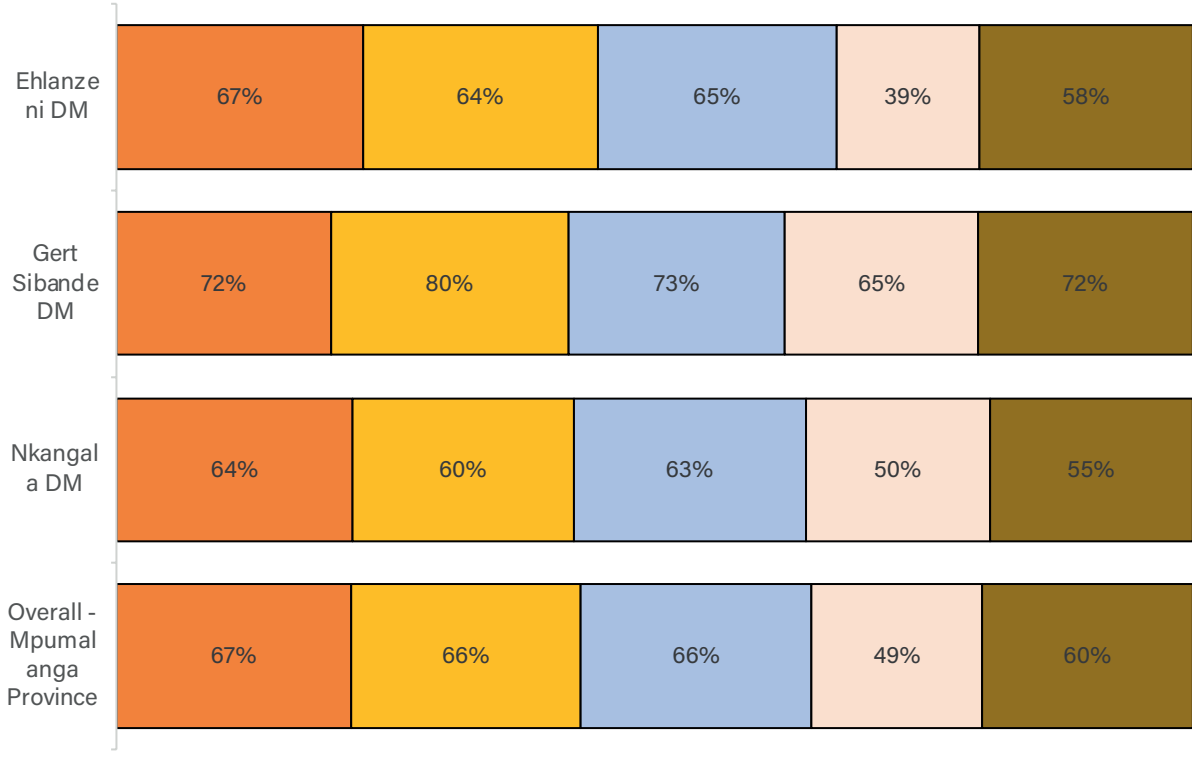


Figure 12: Average performance of inspected HEs across the five domains per district

9.3 TOP FIVE NON-COMPLIANT MEASURES PER DOMAIN

Table 13 below identifies the top failed measures in each of the five domains. The table outlines the specific measures for which most of the HEs did not meet the specific requirements and thus should assist the authorities to have a clearer picture of the areas of gaps or challenges within the inspected HEs.

Table 13: Most non-compliant measures of across the five domains per district

Domains	Measure Names	Non-compliant HEs N(%)
CLINICAL GOVERNANCE AND CLINICAL CARE	1.2.2.1.2.2 Records show that pest control is done according to schedule.	32 (94.1%)
	1.2.2.1.3.2 CHECKLIST: Training is provided to professional nurses on clinical guidelines.	31 (91.2%)
	2.2.1.2.2.1 CHECKLIST: Clinical assessment and management plan for the user is recorded in the user record.	31 (91.2%)
	2.2.1.2.2.2 CHECKLIST: Clinical assessment and management plan for the patient is recorded in the patient record. (paediatric care).	30 (88.2%)
	2.2.2.1.2.1 CHECKLIST: Disinfectant cleaning materials and equipment are available.	30 (88.2%)
CLINICAL SUPPORT SERVICES	2.3.2.1.1.3 CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	31 (91.2%)
	2.3.2.1.1.2 CHECKLIST: The emergency room or resuscitation room is equipped with functional basic resuscitation equipment.	31 (91.2%)
	2.3.1.1.1.1 CHECKLIST: Basic medical supplies (consumables) are available.	29 (85.3%)
	2.3.2.1.1.1 CHECKLIST: Essential equipment is available and functional in consultation areas.	23 (67.6%)
	3.3.1.1.1.4 There is evidence that a stock take of medicine was done in the last 12 months.	19 (55.9%)
FACILITIES AND INFRASTRUCTURE	4.5.1.1.1.1 CHECKLIST: The building(s) complies with safety regulations.	34 (100.0%)
	4.5.1.1.2.1 The maintenance schedule for building(s) and grounds is available.	32 (94.1%)
	4.5.1.1.2.2 CHECKLIST: Observe if the areas of the building(s) listed below are maintained.	30 (88.2%)
	4.5.2.1.1.4 CHECKLIST: The back-up electricity supply system is tested and maintained.	28 (82.4%)
	4.5.2.1.1.3 The health establishment has access to back-up electricity supply system in case of power supply disruptions.	21 (61.8%)
GOVERNANCE AND HUMAN RESOURCES	1.4.1.1.1.1 CHECKLIST: There is a functional Clinic Committee.	31 (91.2%)
	1.4.2.1.1.2 Personnel are appointed in line with the determined requirements.	30 (88.2%)
	1.4.2.1.2.1 CHECKLIST: The Performance Management system is adhered to.	26 (76.5%)
	1.4.3.1.1.3Risk mitigation interventions are implemented for identified risks.	20 (58.8%)
	1.4.2.1.3.1 CHECKLIST: All healthcare providers have current registration with relevant health professional bodies.	17 (50.0%)

Domains	Measure Names	Non-compliant HEs N(%)
USER RIGHTS	1.1.2.1.3.1 Professional nurses have received training in Basic Life Support (BLS).	34 (100.0%)
	1.1.2.1.2.3 The health establishment reports delays in Emergency Medical Service response times to the relevant authority.	28 (82.4%)
	2.1.2.2.1.1 CHECKLIST: There is a referral register that records referred users which includes the details listed below.	20 (58.8%)
	2.1.1.1.4.1 CHECKLIST: Results of the Patient Experience of Care Survey are visibly displayed.	18 (52.9%)
	1.1.2.1.2.1 There is a pre-determined Emergency Medical Services response time to the health establishment.	15 (44.1%)

9.4 PERFORMANCE OUTCOME ON SPECIFIC MEASURES BY STANDARDS PER DOMAIN

Figures 19 below show average or aggregate performance on measures at the level of standards per domain across all inspected HEs in Mpumalanga province. The information in the figure below together with the information in Table 13 above identify specific areas that need improvement to assist the HEs to meet the requirements for provision of good quality healthcare services and thereby comply for certification.

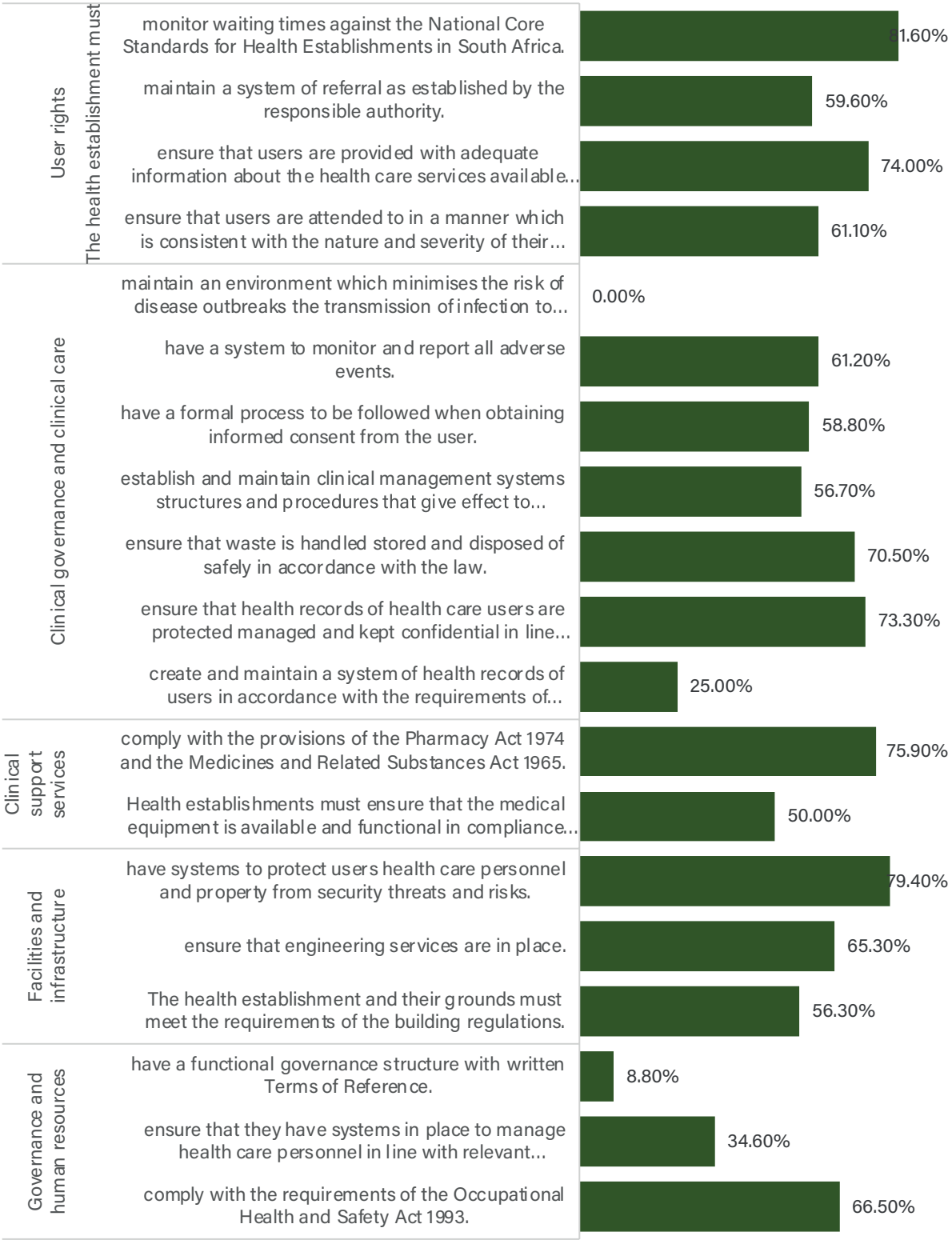


Figure 23: Aggregate performance on measures by standards in the Facilities and Infrastructure domain

10. RECOMMENDATIONS

Based on the performance of inspected health establishments in the period under review, the OHSC makes the following recommendations:

- The provincial and district health authorities should provide more support to HEs in preparation for compliance inspections, as well as to improve performance against the promulgated Norms and Standards regulations. The provincial Quality Improvement team should consider developing a structured and sustained plan of action to help HEs to achieve compliance status and thus provide quality and safe healthcare services to users.
- The report also showed that there was substantial variation in performance by the districts in the various domains and functional areas. The provincial and district health authorities should analyse the performance trends in detail and draw lessons on the systems and processes that contributed to the performance including identifying systemic gaps that prevented the province's HEs from performing even better.
- Both Ehlanzeni and Nkangala districts obtained 0% compliance and will need dedicated support from the provincial quality improvement team.
- The province needs to focus on ensuring compliance with the 3 NNVs, which resulted in HEs that had achieved the required threshold scores and grades, be found to be non-complaint. Had the inspected HEs complied better with the NNVs, a higher proportion of HEs would have been certified compliant.
- Compliance with the legislative requirements for the management of health records must be ensured based on the Vital risk rating encompassed in the related measures which have an in the overall compliance status of the inspected HEs.
- The high rate of non-compliance with the availability and maintenance of medical equipment in inspected HEs require dedicated and urgent attention to ensure that HEs are provided with preventative maintenance schedules for medical equipment which should be adhered to.
- 47.1% of all inspected HEs had a grading of Unsatisfactory and, therefore, automatically achieved a non-compliant status. This finding suggests deep and systemic challenges in some of the HEs and warrants a root cause analysis to identify the cause for the poor performance.
- The province, districts, and HEs must identify and study all measures with high rates of non-compliance and support HEs to develop and oversee the implementation of quality improvement plans to systematically address the relevant issues.

11. CONCLUSION

The HEs inspected in the Mpumalanga province generally performed sub-optimally, with only 8% achieving compliance. There were thirty-four (34) HEs inspected in the province in the FY 2020/21 across all 3 districts, 31 (91.2%) were found to be non-compliant whilst only 3 (8.8%) were found to be compliant.

The inspection findings show that majority, 16 (47.06%) of the 34 inspected HEs obtained an Unsatisfactory Grading which automatically

resulted in a non-compliant status, followed the Satisfactory Grading at 29.41%, followed by the Good Grading at 20.59%, and the remaining 2.94% achieved an Excellent Grading. There were HEs graded Good and Satisfactory however, were found to be non-compliant because they did not meet the requirements for NNVs.

The distribution of the gradings among the compliant HEs was as follows: one (1) was Excellent, one (1) was Good and one (1) was Satisfactory. All three compliant HEs were found in Gert Sibande District and none of the inspected HEs in both Ehlanzeni and Nkangala districts achieved a compliance status.

The province will need to study the report in detail and come up with quality improvement plans to address the identified challenges in the system. Quality improvement work is an ongoing process that must be sustained to ensure that HEs in the province meet the compliance inspection requirements and become certified as compliant. The quality improvement work that is required will ensure that the HEs in the province will be able to provide good quality and safe healthcare services to the people of Mpumalanga.

12. ANNEXURES

12.1. PERFORMANCE OF HEALTH ESTABLISHMENTS BY OVERALL GRADING AND COMPLIANCE STATUS OUTCOME

The previous sections of the report provided consolidated inspection outcomes for the entire province or per district. Table 14 below provides the grading and compliance outcomes for each of the inspected HEs. All HEs certified as compliant have already received their Compliance Certificates and those certified non-compliant have received their Compliances Notices. Some of the non-compliant HEs have already been re-inspected. Some of the re-inspected HEs were certified compliant, while others were referred for enforcement due to persistent non-compliance.

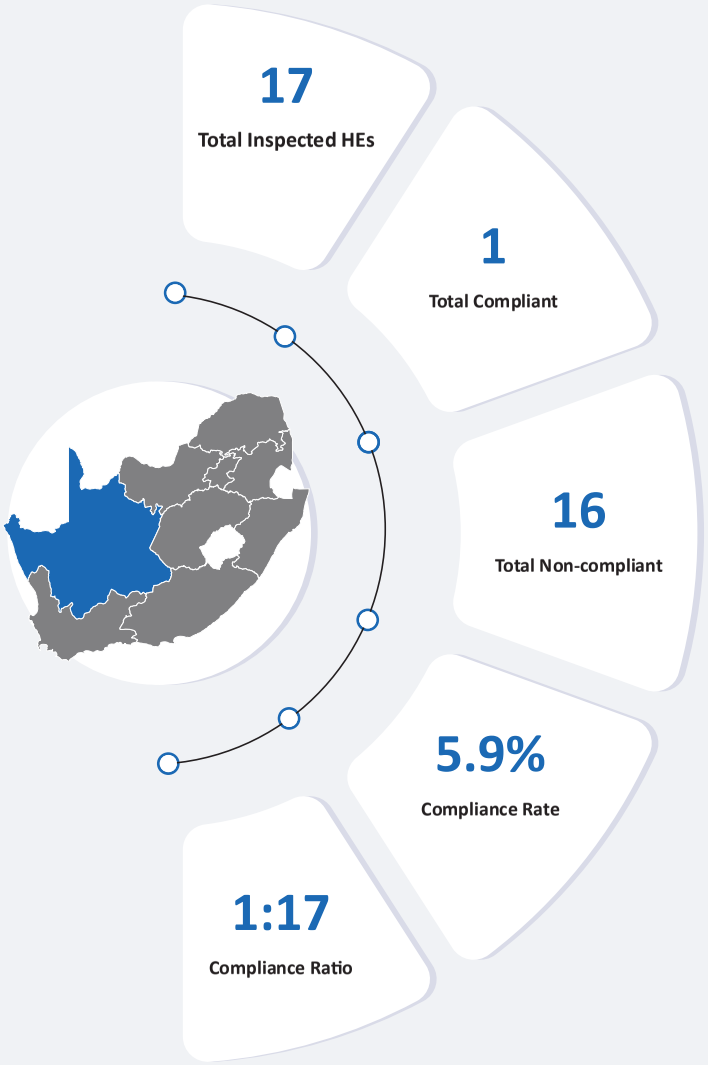
Table 14: Performance of health establishments by overall grading and compliance status outcome

District	Sub District	Establishment Name	Overall Grade	Compliance Decision
mp Nkangala District Municipality	mp Dr JS Moroka Local Municipality	mp Sabie Clinic	Good	Not Compliant
		mp Phiva Clinic	Satisfactory	Not Compliant
		mp Leeufontein Clinic	Satisfactory	Not Compliant
		mp De Beersput Clinic	Unsatisfactory	Not Compliant
		mp Loding Clinic	Unsatisfactory	Not Compliant
		mp Kalkfontein Clinic	Unsatisfactory	Not Compliant
		mp Allemansdrift B Clinic	Unsatisfactory	Not Compliant
		mp Witlaagte Clinic	Unsatisfactory	Not Compliant
		mp Kameelrivier B Clinic	Satisfactory	Not Compliant
		mp Troya Clinic	Unsatisfactory	Not Compliant
mp Gert Sibande District Municipality	mp Chief Albert Luthuli Local Municipality	mp Fernie 2 Clinic	Good	Compliant
		mp Hartebeeskop Clinic	Excellent	Compliant
		mp Carolina Clinic	Satisfactory	Compliant
		mp Glenmore Clinic	Good	Not Compliant
		mp Silobela Clinic	Good	Not Compliant
		mp Fernie 1 Clinic	Satisfactory	Not Compliant
		mp Eerstehoek Clinic	Good	Not Compliant
		mp Diepdale Clinic	Unsatisfactory	Not Compliant
mp Ehlanzeni District Municipality	mp Thaba Chweu Local Municipality	mp Glory Hill Clinic	Good	Not Compliant
		mp Bourkes Luck Clinic	Good	Not Compliant
		mp Harmony Hill Clinic	Unsatisfactory	Not Compliant
		mp Brondal Clinic	Satisfactory	Not Compliant
		mp Simile Clinic	Unsatisfactory	Not Compliant
		mp Mashishing Clinic	Unsatisfactory	Not Compliant
	mp Nkomazi Local Municipality	mp Sihlangu Clinic	Satisfactory	Not Compliant
		mp Sibange Clinic	Satisfactory	Not Compliant
		mp Sikhwahlane Clinic	Unsatisfactory	Not Compliant
		mp Boschfontein Clinic	Unsatisfactory	Not Compliant
		mp Komatipoort Clinic	Satisfactory	Not Compliant
		mp Masibekela Clinic	Satisfactory	Not Compliant
		mp Jeppes Rust Clinic	Unsatisfactory	Not Compliant
		mp Fig Tree Clinic	Unsatisfactory	Not Compliant
		mp Malelane Estates Clinic	Unsatisfactory	Not Compliant
		mp Mbangwane Clinic	Unsatisfactory	Not Compliant

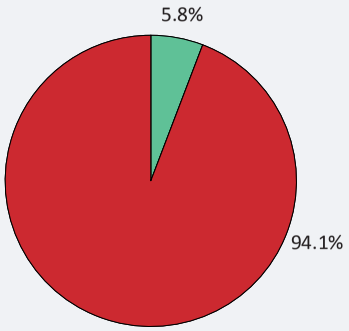
NORTHERN CAPE

SUMMARY OF INSPECTED HEALTH ESTABLISHMENTS OUTCOMES IN NORTHERN CAPE PROVINCE F/ 2020/21

Figure 1: Summary of inspected health establishments in Northern Cape Province FY 2020/21

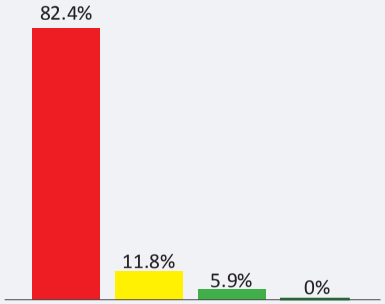


Compliance status outcome



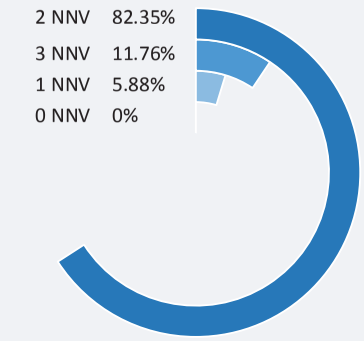
Of all 17 inspected HEs in the province, 5.8% (n=1) met the compliance requirements.

Overall grading outcome



82.4% of the inspected HEs obtained an unsatisfactory grade, while 11.8% obtained a satisfactory grade and 5.91% obtained good grade.

Performance of NNV



Non-negotiable vitals (NNVs) are those measures on which a health establishment must score 100% to be certified compliant. The majority (82.35%) of the inspected HEs in the province complied with only two (2) of the three (3) NNVs.

Overall grading per district

District	Total inspected	Compliance rate	Overall grading			
			Excellent	Good	Satisfactory	Unsatisfactory
Frances Baard DM	10	10.0%	0.0%	50.0%	12.5%	37.5%
Mopani DM	7	0.0%	0.0%	0.0%	31.3%	68.7%

Compliance: Non-compliant Compliant **Grading** Unsatisfactory Satisfactory Good Excellent

1. DISTRIBUTION OF HEALTH ESTABLISHMENTS INSPECTED IN THE NORTHERN CAPE PROVINCE PER DISTRICT

A total of 17 public sector health establishments (HEs) were inspected in Northern Cape province during the FY 2020/21 (See Figure 1 below). The province constitutes the lowest number of inspected HEs since it has proportionally the lowest number of primary health care (PHC) health establishments (see Figure 5/page 19 of National Overview of FY 2020/21 Annual Inspection Report). All the HEs inspected are PHC clinics as the Office adopted a phased in approach in the implementation of the regulations starting with the clinics as the entry point to the health care system.

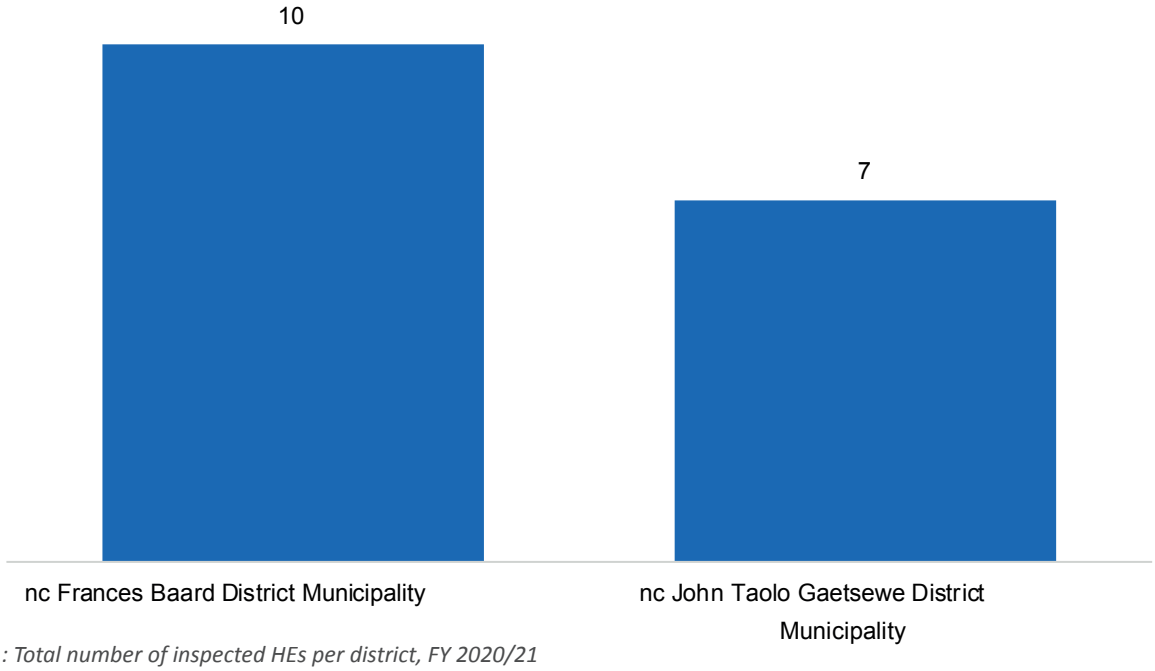


Figure 1: Total number of inspected HEs per district, FY 2020/21

Since the commencement of inspections against the promulgated norms and standards regulations for different categories of health establishments in the 2019/20 financial year, a cumulative total of 55 PHC clinics have been inspected in the province. This represents 44.7% of the total number of public sector PHC HEs (N=123) in the province.

As was the case in the rest of the country, the number of inspections in the province declined by almost 50% in the 2020/21 financial year compared to the 2019/20 financial year due to the impact of the COVID-19 National State of Disaster Management restrictions.

Figure 2 below shows the breakdown of all inspections conducted in the province per district during the 2019/20 and 2020/21 inspection cycles. Inspections were conducted in all the districts within the province. For the two inspection cycles, the highest number of inspections in the province were conducted in the Frances Baard district (19), followed by J.T. Gaetsewe district (16). The remaining three (3) districts were not inspected in the FY 2020/21.

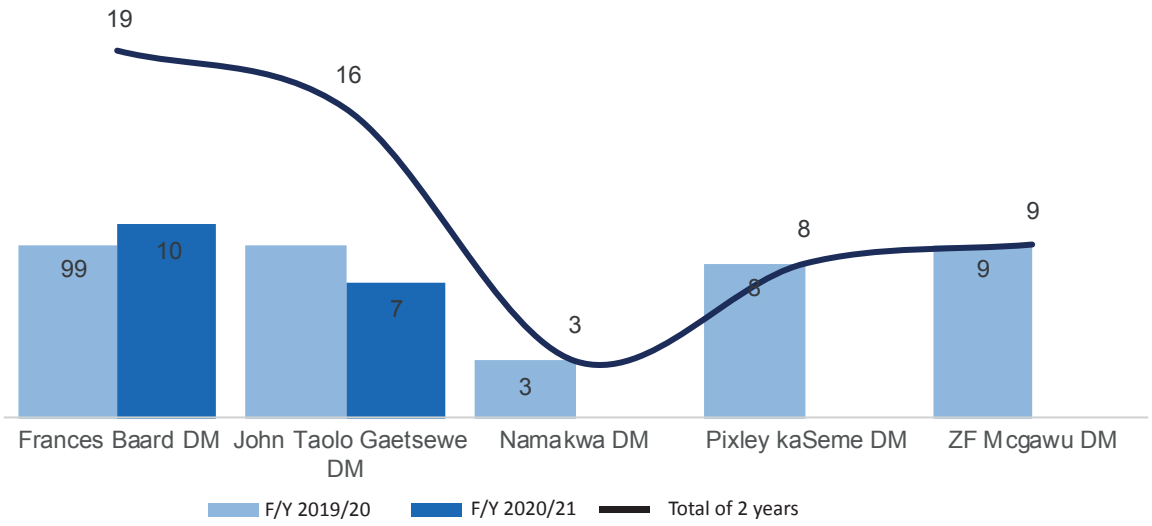


Figure 2: The breakdown of inspections conducted in the Eastern Cape province per district overtime

2. COMPLIANCE STATUS OUTCOME OF INSPECTED HEs, FY 2020/21

The compliance status outcome is a result of collation of performance of a health establishment as determined by scores against the measures in the applicable inspection tool and processed through a Compliance Status Framework (CSF). The scores are aggregated according to the various risk-rated measure categories to arrive at a grading outcome. Once a grading outcome is determined, the next step is to determine the performance of the health establishment on the non-negotiable vital (NNV) measures. A final decision on the compliance status outcome is then arrived at following the rules and guidelines as outlined in the applicable CSF. A dedicated and specific CSF document is developed as part of the inspection tool development process for all the different categories of health establishments.

The measures in the inpection tool are risk-rated into 3 categories (essential, vital and non-negotiable vital measures). There are threshold cut-off levels for performance in each of the essential and vital risk-rated measure categories to determine grading outcome. There are four Grading categories namely, Excellent, Good, Satisfactory, and Unsatisfactory

The Non-negotiable vital (NNVs) measures are those measures that a HE must fully comply with and score 100% on these to be certified compliant, subject to the HE achieving the minimum thresholds in the other two (2) risk categories resulting in a Grading outcome of Satisfactory, Good or Excellent. Non-compliance with any aspects of these NNVs automatically results in the HE being certified as non-compliant, irrespective of the grading outcome.

There are 3 NNVs in the PHC clinic inspection tool, made up of:

1) the emergency trolley be stocked with all the required medicines and equipment,
2) that an oxygen cylinder with a functional gauge be availabe, and
3) that the oxygen in the cylinder must be at or above the minimum level indicator.

Of the 17 HEs inspected in the province in the 2020/21 financial year, 16 (94.12%) were found to be non-compliant, while 1 (5.88%) was found to be compliant (see Figure 3 below). The detailed description of the nature and extent of the non-compliance will be discussed in the next sections of this report.

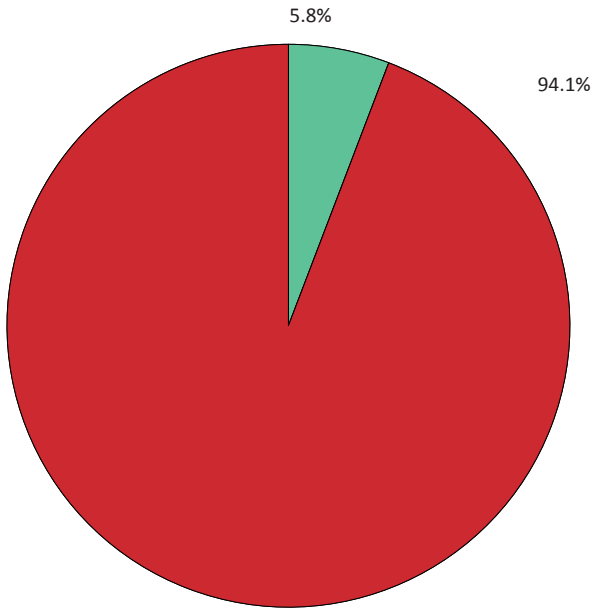


Figure 3: Compliance Status of inspected HEs, FY 2020/21 cycle

2.1 COMPLIANCE STATUS OUTCOME PER FINANCIAL YEAR

Figure 4 below demonstrates that the compliance rate for the province. The inspections' outcomes for the Northern Cape province remain concerning. A cumulative total of only 2 of 55 health establishments over two financial years were found to be compliant with the threshold requirements of the norms and standards regulations and therefore eligible for certification.

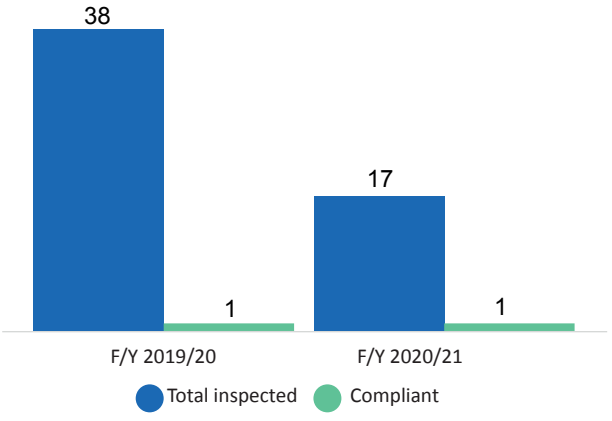


Figure 4: The breakdown of compliance status outcome of inspected health establishments, FY 2019/20 and 2020/21

2.2 COMPLIANCE STATUS OUTCOME PER DISTRICT

In 2020/21, only Frances Baard district achieved a compliance rate of 10%, with one (1) of the ten (10) inspected HEs found to be compliant. The other four district did not achieve compliance with none of the inspected HEs found to be compliant (Figure 5).

The Figure 4 below shows the compliance status by district. In 2020/21, only Frances Baard district achieved a compliance rate of 10%, with one (1) of the ten (10) inspected HEs found to be compliant. Only 2 districts were inspected, and JT Gaetsewe did not achieve compliance with none of the inspected HEs found to be compliant (Figure 5). The results show that 94.12% of inspected health establishments were found to be non-compliant with norms and standards.

As outlined in the previous sections on distribution of inspected health establishments, Northern Cape province had 55 HEs inspections over the two inspection cycles. However, even with the number of inspected HEs, the low compliance rate suggests that the number of inspections has not translated to a significantly higher number of HEs being certified as compliant in the province.

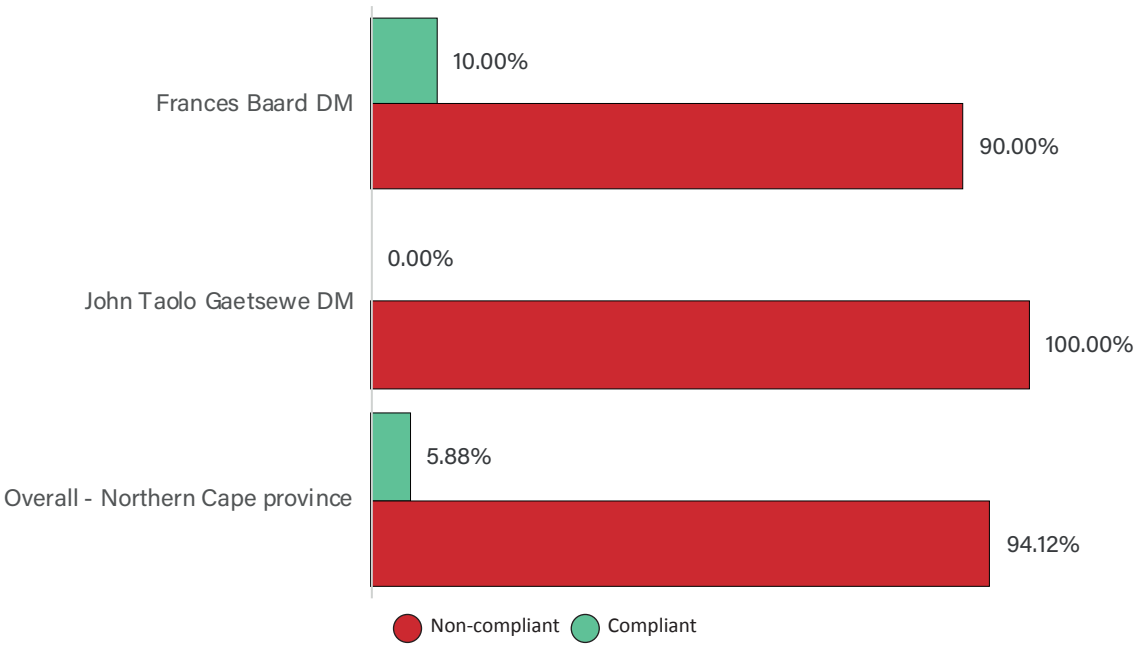


Figure 5: Compliance status performance of inspected HEs per district, FY 2020/21

3. OVERALL GRADING PERFORMANCE OF INSPECTED HEs, FY 2021/21

The overall grading achieved by all HEs inspected in the province in the FY 2020/21 inspection cycle, as depicted in Figure 6 below, shows that 14 (82.4%) of all inspected HEs obtained an unsatisfactory grading and would therefore automatically be precluded from eligibility for compliance status and certification.

The second most common grading outcome achieved by inspected HEs in the province is satisfactory grading at 11.8%, followed by Good at 5.9% and none achieved an excellent grading. Notably, there were HEs graded Excellent, Good and Satisfactory, but found non-compliant because they did not meet the NNV requirements. However, all HEs graded as Unsatisfactory are automatically non-compliant, even if they have complied with all the NNVs requirements.

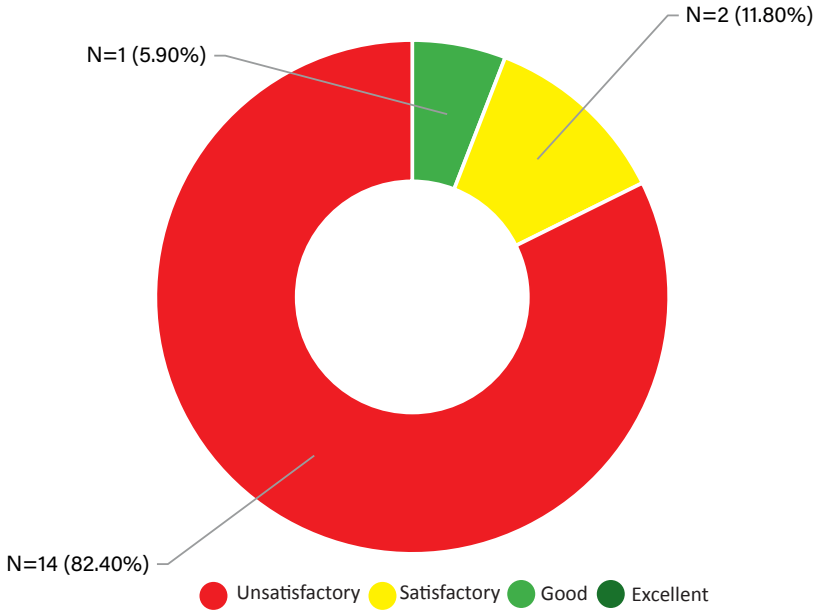


Figure 6: Grading performance of inspected HEs, FY 2020/21

The grading outcome of the inspected HEs in the province remains of concern. However, it is also important to acknowledge the slight improvements in the overall grading achieved by inspected HEs over the two financial years. The proportions graded as Good and Satisfactory have shown a slight increase, while the proportion graded as Unsatisfactory has decreased from 84.2% to 82.4% in the same period (Figure 7).

While different HEs were inspected at the two (2) different points in time and bearing in mind that the intention is not compare the HEs, the overall improvement in the grading outcome over the same period may be indicative of better preparedness of HEs for inspections. The slight improvement may be attributed to a range of factors including the HEs and the district health authorities becoming more familiar with the compliance requirements and therefore supporting the HEs accordingly, as well as the improved pre-inspection communication between the OHSC and the HEs.

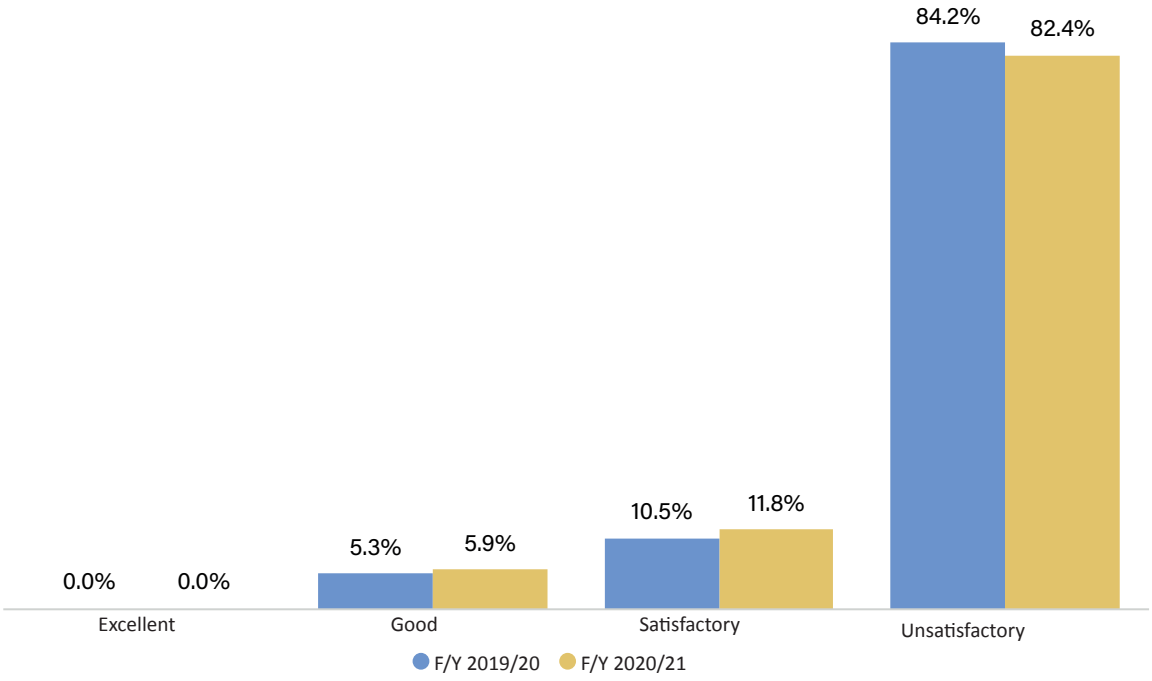


Figure 7: Grading performance of inspected HEs, FY 2019/20 and 2020/21

3.1 PERFORMANCE ON OVERALL GRADING OUTCOME PER DISTRICT, ALL HEs

Table 1 below outlines the overall grading for all inspected health establishments. The grading outcomes in the province differed between the two districts where the inspections were conducted in 2020/21. One HE in Frances Baard district achieved a Good overall grading and 2 HEs were graded Satisfactory in the same district. The highest proportion of Unsatisfactory graded HEs (82.35%) were seven each in the two districts inspected which automatically rendered them non-compliant, irrespective of whether they complied with NNVs.

Figure 8: Grading performance of inspected HEs per district, FY 2020/21

3.2 OVERALL GRADING PERFORMANCE OF COMPLIANT HES PER DISTRICT, FY 2020/21

The table below indicates overall grading status for all compliant HEs per district. There was only one compliant HE graded Good which was in Frances Baard district.

Table 1: Grading performance of compliant HEs per district, FY 2020/21

Districts	Good N (%)	Grand Total N(%)
nc Frances Baard District Municipality	1 (100.0%)	1
Grand Total	1 **(100.0%)**	**1**

3.3 OVERALL GRADING PERFORMANCE BY NON-COMPLIANT HEs

Table 3 below indicates the overall grading status for all non-compliant HEs per district. It is worth noting that there were two (2) HEs in Frances Baard that were Graded as Good and none had achieved a compliant status. A total of 14 HEs were Graded as Unsatisfactory and therefore were not eligible for a compliant status.

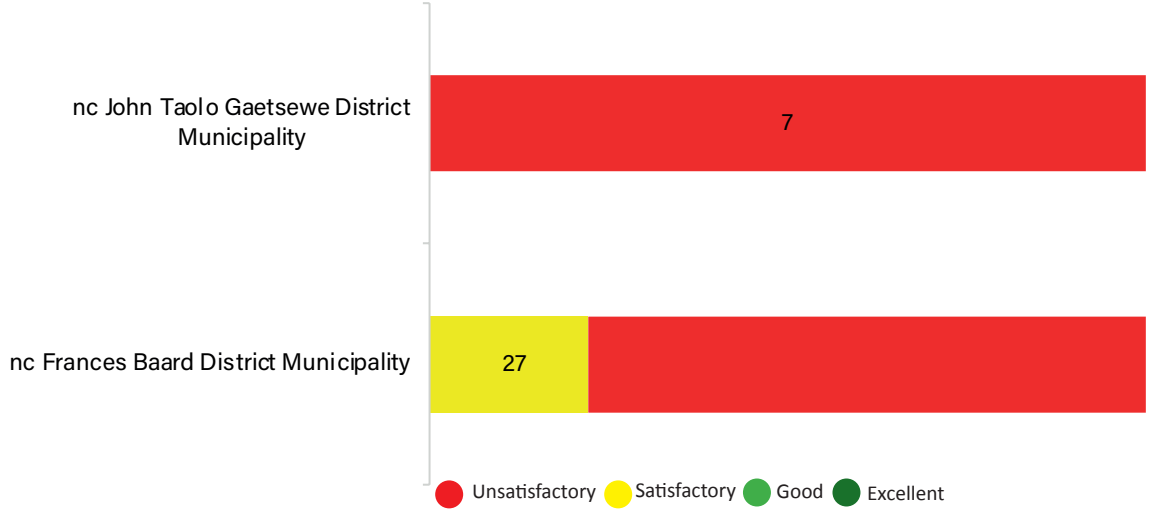


Figure 9: Grading outcome of non-compliant HEs, FY2020/21

4. COMPLIANCE STATUS PERFORMANCE OF INSPECTED FA CILITIES BY GRADING CATEGORY

Of the 17 inspected HEs during the period under review, 16 were Graded as Unsatisfactory and therefore automatically achieved a non-compliant status. One HE was graded as Good and achieved a compliant status. A total of two (2) HEs were Graded as Satisfactory and none of them achieved a compliant status. None of the inspected HEs were Graded as Excellent.

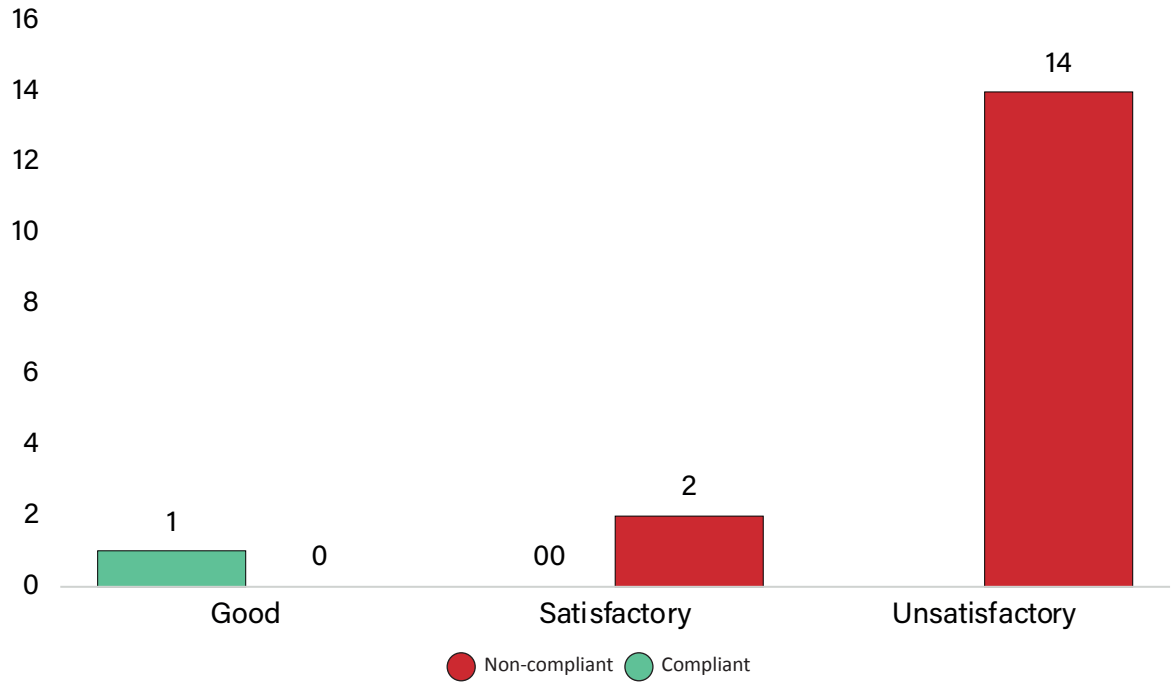


Figure 10: Compliance Status performance of inspected HEs by grading category, FY2020/21

5. Performance outcome on non-negotiable vital measures (NNVs)

Figure 8 below demonstrates the overall performance of NNVs for all HEs in Northern Cape province. The majority (82.35%) of the inspected HEs in the province complied with only two (2) of the three (3) NNVs, followed by those that complied with all the three (3) NNVs (5.88%). The remaining (5.7%) HEs complied with none of the 3 NNVs The low compliance rate on 100% of NNVs partly explains the low overall compliance and certification rates in the province.

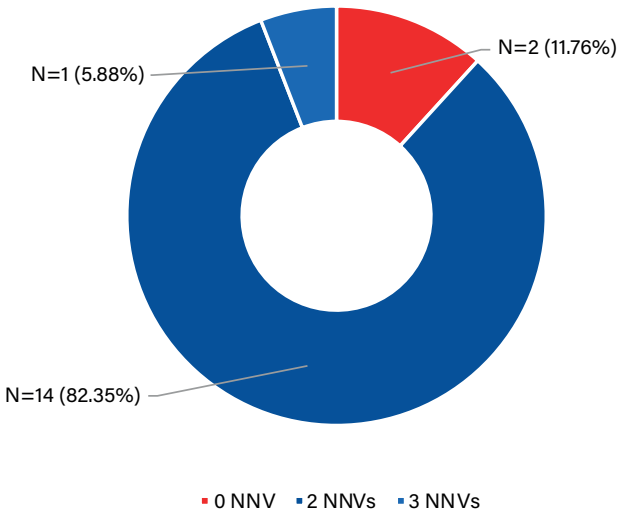


Figure 11: Performance of inspected HEs on non-negotiable vital measures

6. PERFORMANCE OF HEALTH ESTABLISHMENTS BY DIFFERENT NNVS

Table 4 below shows that the NNV measure least complied with is the one with requirement that the emergency trolley be stocked with the required medicines and equipment, with 16 (94.1%) of the 17 inspected HEs found non-compliant with this specific measure (Table 4). This is of concern because the medicines and equipment required in the emergency trolley are those that are needed to save life in medical emergencies, when resuscitation and other advanced life support interventions are required to keep any user alive. Without all these medicines and equipment, preventable loss of life may occur. Fifteen (88.2%) of the inspected HEs complied with the availability of an oxygen cylinder with a functional pressure gauge and oxygen being above the minimum level. Two (11.8%) of the inspected HEs were not compliant against each of the two measures.

Table 2: Performance of HEs on non-negotiable vital measures

NNVs	Total Compliant HEs N (%)	Total non- compliant HEs N (%)	Total Inspected (N)
1. 2.3.2.1.1.3 Emergency trolley is stocked with the required medicines and equipment.	1 (5.9%)	16 (94.1%)	17 (100%)
2. 2.3.2.1.1.4 Availability of an oxygen cylinder with a functional pressure gauge.	15 (88.2%)	2 (11.8%)	17 (100%)
3. 2.3.2.1.1.5 Availability of oxygen in the cylinder above the minimum level.	15 (88.2%)	2 (11.8%)	17 (100%)

The table below shows that Frances Baard District Municipality had only one HEs that complied with all the three (3) NNVs, with fourteen (82.35%) of the HEs inspected in the province complying with 2 NNVs, while two (11.76%) failed to comply with any of the three (3) NNVs. This performance on NNVs explains the higher proportion of HEs that were found to be non-compliant.

Table 3: Performance of HEs per district on non-negotiable vital measures

District	0 NNV	1 NNV	2 NNVs	3 NNVs	Grand Total
nc Frances Baard District Municipality	0 (0.00%)	0 (0.00%)	9 (90.00%)	1 (10.00%)	10 (100.0%)
nc John Taolo Gaetsewe District Municipality	2 (28.57%)	0 (0.00%)	5 (71.43%)	0 (0.00%)	7 (100.0%)
Grand Total	**2 (11.76%)**	**0 (0.00%)**	**14 (82.35%)**	**1 (5.88%)**	**17 (100.0%)**

THE TOP TEN UNAVAILABLE ITEMS IN THE EMERGENCY TROLLEY

Figure 9 below lists the most commonly unavailable equipment that accounted for most of the non-compliance with the NNV measure. The inspection findings show that the top 9 items were not found in approximately half of the HEs hence did not meet the requirements of this NNV on the Resuscitation Trolley. The Paediatric Broselow or Pawper tape and Nasogastric tubes: 1000mm fg 10 or 12A were the most commonly unavailable, with 9 (53.94%) of inspected HEs not having these critical life-saving equipment. This was followed by all the 8 items in the 8 (47.05%) of the 17 inspected HEs in the province. The absence of these items in a significant number of inspected HEs is of great concern as this is an indication that these HEs may not be able to effectively perform life-saving resuscitation should this be required.

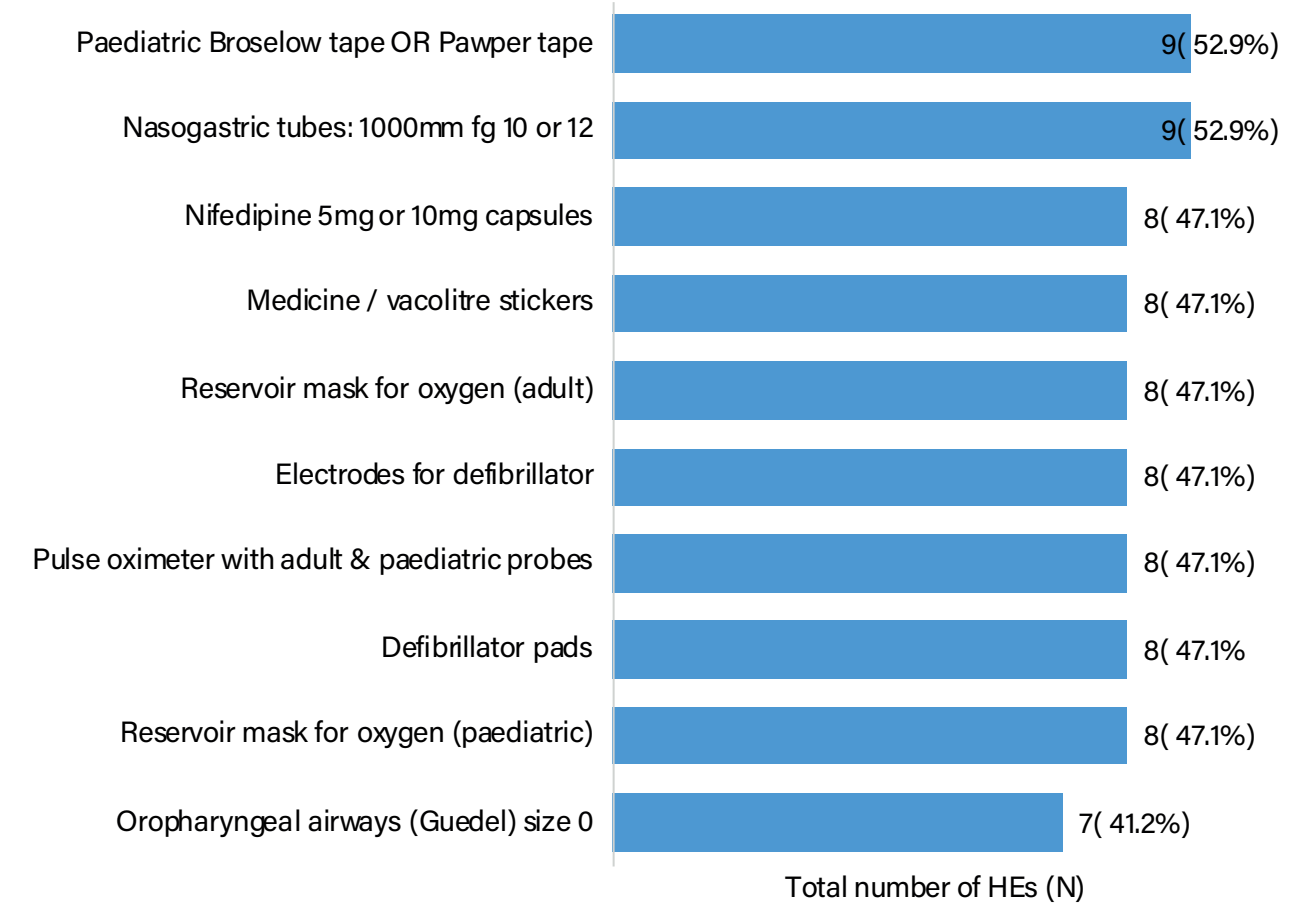


Figure 12: Most frequently unavailable equipment on the emergency trolley

7. FUNCTIONAL AREA PERFORMANCE

The inspection tool used to inspect the 17 HEs in the province is divided into 4 sections called functional areas. These functional areas include (1) Clinic Manager, (2) Clinical Services, (3) Dispensary or Medicine Cupboard and (4) Maintenance Support.

The average performance of the inspected HEs per functional area is shown in Figures 12 to 15 below.

7.1. VITAL AND ESSENTIAL MEASURES PERFORMANCE PER FUNCTIONAL AREA

The graphs below indicate the average scores for vital and essential measures attained per district for both compliant and non-compliant HEs. The error bars indicate the minimum and maximum scores attained by HEs.

7.1.1 Clinic Manager Functional Area

Figure 13 below shows the overall performance in this functional area.

Frances Baard District achieved an average performance below 30% on both Vital and Essential measures. The lowest performance was observed in John Taolo Gaetsewe District on Vital measures at 8.08% and Essential measures at 10.67%. The Clinic Manager functional area encompasses measures that seek to address leadership and governance critical to the functioning of the health establishment.

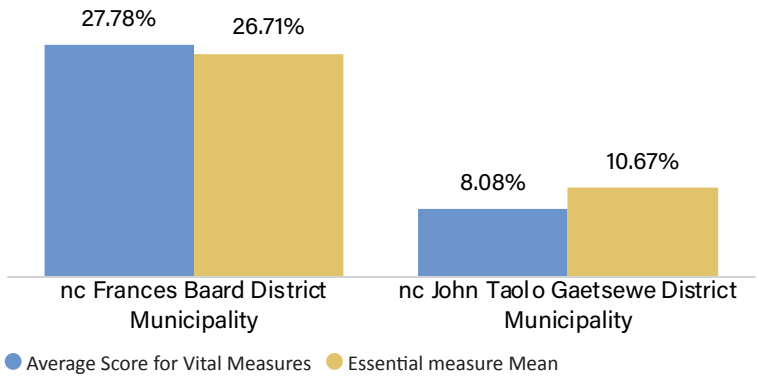


Figure 13: Average performance of Clinic Manager functional area of the inspected HEs

7.1.2 Clinical Services Functional Area

Figure 14 below shows the overall performance in this functional area. In this functional area, Frances Baard District achieved the highest average performance on both Vital and Essential measures. The lowest performance was observed in John Taolo Gaetsewe District at on Vital measures at 46.50% and Essential measures at 32.89%.

The Clinical Services functional area relates to the systems, processes, and organisation of clinical service delivery.

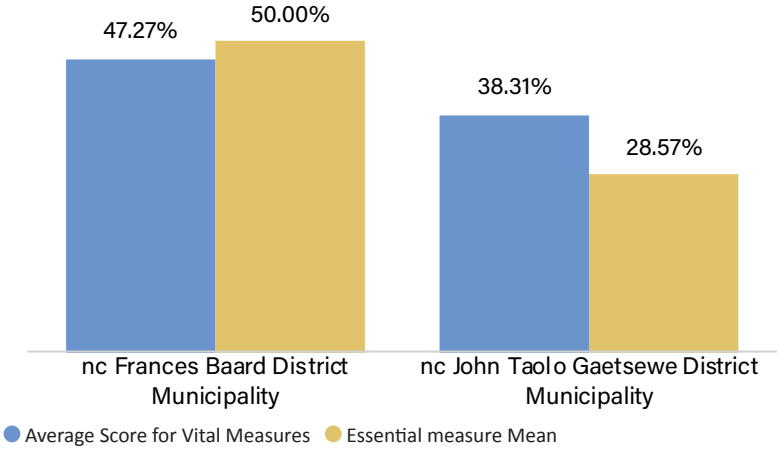


Figure 14:Average performance of Clinical Services functional area of inspected HEs

7.1.3 Dispensary/Medicine Cupboard Functional Area

Figure 15 below shows the overall performance in this functional area. Frances Baard district achieved the highest average performance on Vital and Essential measures as compared to John Taolo Gaetsewe district.

The Dispensary or Medicine Cupboard functional area relates to the overall management of medicines including access and availability.

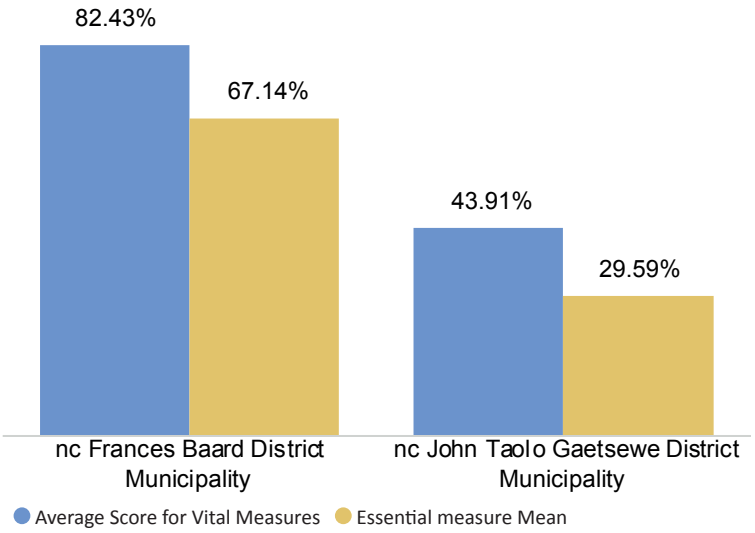


Figure 15: Average performance of Dispensary or Medicine Cupboard functional area of inspected HEs

7.1.4. Maintenance Support Functional Area

Figure 16 below shows the overall performance in this functional area. Frances Baard district achieved the highest average performance on Vital and Essential measures. The lowest performance on both Vital and Essential measures was observed in John Taolo Gaetsewe district at 38.31% and 28.57% respectively.

The Maintenance Support functional area relates to the management and maintenance of the physical infrastructure including availability of back-up electricity supply and water.

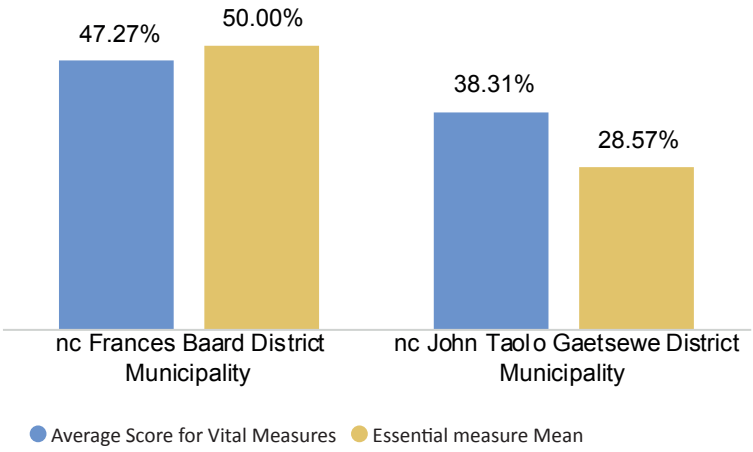


Figure 16: Average performance of Maintenance Support functional area inspected HEs

8. COMMONLY NON-COMPLIANT MEASURES PER FUNCTIONAL AREA

In order to understand and appreciate the performance of the inspected HEs in the 4 functional areas, an analysis of the most commonly non-compliant measures disaggregated from the overall performance in each of the 4 functional areas was conducted and the findings are as follows:

8.2 CLINIC MANAGER FUNCTIONAL AREA

The inspection in this functional area assesses the overall governance and management of the HEs. Measures in this functional area include, among others, whether the required governance and management structures are in place, whether the required policies and guidelines are available, whether the required Service Level Agreements (SLAs) for critical contracted services are available and monitored. The inspection of this functional area basically assesses whether the HE has what is required for it to function optimally. The data was analysed to identify the top five most-commonly non-compliant measures in this functional area (Table 4).

Table 4 below indicates most commonly non-compliant measures in this functional area, which included the availability of a functional clinic committee, the availability of the service level agreement for security services and the availability of the standard operating procedure for informed consent with all 17 (100%) of the inspected HEs found non-compliant. The compliance of these measures is dependent on the intervention of provincial and district authorities. The second most commonly non-compliant measures in this functional area are the availability of the required standard operating procedures for management of occupational health and safety incidents and Patient Safety Incident Reporting and Learning. The nature and extent of non-compliance in the Clinic Manager functional area is of great concern as it is an indication that the HEs lack the core systems, processes and procedures required to provide safe and quality care to users.

Table 4: Five most commonly non-compliant measures in the Clinic Manager functional area

Measure names/numbers	Non-compliant HEs n(%)
1.2.1.2.1.1 CHECKLIST: The standard operating procedure for informed consent is available which includes the aspects listed below.	17 (100.0%)
1.4.1.1.1.1 CHECKLIST: There is a functional Clinic Committee.	17 (100.0%)
1.5.1.1.1.2 A signed copy of the service level agreement between the security company and the provincial department of health is available.	17 (100.0%)
1.4.3.1.1.1 CHECKLIST: The standard operating procedure for management of occupational health and safety incidents is available.	16 (94.1%)
1.2.5.1.2.1 CHECKLIST: The standard operating procedure for Patient Safety Incident Reporting and Learning is available.	16 (94.1%)

8.2 CLINICAL SERVICES FUNCTIONAL AREA

In this functional area, the inspection assesses the quality and safety of the clinical services provided at the HEs. This includes assessing aspects such as cleanliness, waiting time monitoring, emergency readiness and triage of users. All the three (3) NNVs in the PHC clinic inspection tool are in this functional area.

The top five (5) most commonly non-compliant measures in this functional area are listed in Table 5 below. The most commonly non-compliant measures in this functional area in significantly more HEs is the availability of basic medical supplies, with all 17 (100%) of the inspected HEs found to be non-compliant. This is followed by 16 HEs (94.1%) having failed measures on the emergency trolley and room not stocked with the basic resuscitation equipment and medicines, the required recording of the clinical assessment and management plans in user health records and compliance with health records management guidelines all of which constitute the non-negotiable and vital risk rated measures.

When clinical records are not completed and stored as prescribed, the quality of clinical care including aspects such as continuity of care is compromised, while the lack of critical and essential medical supplies and equipment has potential serious consequences for user safety and the overall quality of care that users receive.

Table 5: Five most commonly non-compliant measures in the Clinical Services Functional Area

Measure names/numbers	Non-compliant HEs
2.3.1.1.1.1 CHECKLIST: Basic medical supplies (consumables) are available.	17 (100.0%)
2.3.2.1.1.3 CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	16 (94.1%)
2.3.2.1.1.2 CHECKLIST: The emergency room or resuscitation room is equipped with functional basic resuscitation equipment.	16 (94.1%)
2.2.1.1.1.1 CHECKLIST: The health establishment complies with health records management guidelines.	16 (94.1%)
2.2.1.2.2.2 CHECKLIST: Clinical assessment and management plan for the patient is recorded in the patient record. (paediatric care).	16 (94.1%)

8.2 DISPENSARY/MEDICINE CUPBOARD FUNCTIONAL AREA

Measures inspected in this functional area include whether the medicines are managed and stored as required and whether the area where the medicines are kept is clean. The top five non-compliant measures in this functional area are listed in Table 6 below.

The most commonly non-compliant measure in this functional area was the availability of the standard operating procedure for management of medicines with 16 (94.1%) of the inspected HEs not compliant with this measure. The second most commonly non-compliant measure is evidence that

stock take of medicines was conducted in the last 12 months, implying that 16 (64.7%) HEs do not have adequate information on their medicines' stock levels. The measures on the availability of the cleaning schedule, the adherence of cleaning to the schedule and the availability of tracer medicines were failed by 9 (52.9%) of the inspected HEs. The significant number of HEs that are not compliant with these measures do not ensure the safety and quality of medicines.

Table 6: Five most commonly non-compliant measures in the Dispensary or Medicine Cupboard functional area

Measure names/numbers	Non-compliant HEs
3.3.1.1.1.1 CHECKLIST: The standard operating procedure for management of medicines is available.	16 (94.1%)
3.3.1.1.1.4 There is evidence that a stock take of medicine was done in the last 12 months.	11 (64.7%)
3.2.2.1.1.1 A cleaning schedule for the Dispensary/Medicine room is available.	9 (52.9%)
3.2.2.1.1.2 Cleaning is carried out in accordance with the schedule.	9 (52.9%)
3.3.1.1.2.1 CHECKLIST:90 % of the medicines on the tracer medicine list are available.	9 (52.9%)

8.3 MAINTENANCE SUPPORT FUNCTIONAL AREA

In this functional area, the inspections focus on assessing whether the HEs buildings and grounds are maintained adequately for providing safe environment for both users and staff. Other aspects included in this functional area are measures that assess whether the HEs have back-up supply of water and electricity to be able to continue providing services even during electricity or water supply disruptions.

An analysis of the top five most commonly non-compliant measures in this functional were the maintenance of buildings and grounds and the availability of the maintenance schedule for building(s) in 17 (100.0%) of the inspected HEs, followed by the requirement that areas of the buildings are maintained and the availability of back-up electricity supply.

Table 7: Five most commonly non-compliant measures in the Maintenance Support functional area

Measure names/numbers	Non-compliant HEs
4.5.1.1.1.1 CHECKLIST: The building(s) complies with safety regulations.	17 (100%)
4.5.1.1.2.1 The maintenance schedule for building(s) and grounds is available.	17 (100%)
4.5.2.1.1.3 The health establishment has access to back-up electricity supply system in case of power supply disruptions.	16 (94.1%)
4.5.2.1.1.4 CHECKLIST: The back-up electricity supply system is tested and maintained.	16 (94.1%)
4.5.1.1.2.2 CHECKLIST: Observe if the areas of the building(s) listed below are maintained.	16 (94.1%)

10. TOP PERFORMING MEASURES PER FUNCTIONAL AREA

While it is important to identify and discuss areas of non-compliance, it is also important to highlight areas of compliance to identify aspects of quality of care where the inspected HEs performed relatively well. The following sections identify the measures most complied with and identifies the top 5 measures in this category per functional area.

10.1 CLINIC MANAGER FUNCTIONAL AREA

Table 5 below, outlines the most commonly complied with measures in the clinic manager functional area. In this functional area, the measures most commonly complied with are the availability of adverse event reporting register, including National Guidelines on priority health conditions and notifiable medical conditions. Determining staffing needs in line with workload requirements and monitoring of Emergency Medical Service response times were compliant in 7 (41.2%) of the inspected HEs.

Table 8: Five most complied with measures in the Clinic Manager functional area

Measure names/numbers	Non-compliant HEs
1.2.5.1.1.1 An adverse event reporting register available in the health establishment.	13 (76.5%)
1.2.2.1.1.1 CHECKLIST: National guidelines on priority health conditions are available.	8 (47.1%)
1.2.2.1.3.5 CHECKLIST: National guidelines are followed for all notifiable medical conditions.	8 (47.1%)
1.4.2.1.1.1 Staffing needs have been determined in line with workload requirements.	7 (41.2%)
1.1.2.1.2.2 The health establishment monitors the Emergency Medical Service response times.	7 (41.2%)

10.2 CLINICAL SERVICES FUNCTIONAL AREA

The most commonly complied measures in this functional area include 17 (100.0%) HEs compliant with availability of reception services, the health establishment encouraging the reporting of adverse events and user safety incidents and the healthcare personnel being able to explain what information they provide to users being referred. The availability of appropriate containers for disposal of all types of waste and treatment being issued as prescribed were found to be compliant in 16 (94.1%) of the inspected HEs.

Table 9: Five most complied with measures in the Clinical Services functional area

Measure names/numbers	Non-compliant HEs
2.1.1.1.1.1 Helpdesk or reception services are available.	17 (100%)
2.2.5.1.1.1 CHECKLIST: Health care personnel interviewed confirm that the health establishment encourages the reporting of adverse events and user safety incidents.	17 (100%)
2.1.2.2.1.2 CHECKLIST: Health care providers are able to explain what information they provide to users being referred.	17 (100%)
2.2.4.1.1.2 CHECKLIST: There are appropriate containers for disposal of all types of waste as listed below.	16 (94.1%)
2.3.1.1.1.2 CHECKLIST: Three scripts in the consultation rooms are correlated with the medicines dispensed to ensure that all medicines were received as prescribed.	16 (94.1%)

10.3 DISPENSARY OR MEDICINE CUPBOARD FUNCTIONAL AREA

The measure most commonly complied with was that there were no expired medicines on the shelves in all the inspected HEs. This was followed by 16 (94.1%) HEs where there was a functional air conditioner and appropriate containers for disposal of pharmaceutical waste in 14 (82.4%) of the inspected HEs. The cleanliness of the dispensary/ medicine room was compliant in 13 (76.5%) of inspected HEs, while the same number complied with the maintenance of the dispensary/medicine room within the safety range.

Table 10: Five most complied with measures in the Dispensary or Medicine Cupboard functional area

Measure names/numbers	Non-compliant HEs
3.3.1.1.2.6 There is no expired medicine on the shelves.	17 (100%)
3.5.1.1.1.1 The Dispensary/Medicine Room has a functional air conditioner.	16 (94.1%)
3.2.4.1.1.1 Appropriate containers for disposal of pharmaceutical waste are available.	14 (82.4%)
3.2.2.1.1.5 CHECKLIST: The Dispensary/Medicine room is clean.	13 (76.5%)
3.3.1.1.2.3 CHECKLIST: The temperature of the Dispensary/Medicine Room is maintained within the safety range.	13 (76.5%)

10.4 MAINTENANCE SUPPORT FUNCTIONAL AREA

The top five (5) measures most commonly complied with in this functional area are listed in Table 11 below. All inspected HEs 17 (100.0%), complied with the emergency exits being kept free of obstacles, while 16 (94.1%) had emergency vehicle entrances free from obstructions or hazards, 14 (82.4%) had functional sewage systems and 13 (76.5%) had safe disposal of general waste.

Table 11: Five most complied with measures in the Maintenance Support functional area

Measure names/numbers	Non-compliant HEs
4.5.1.1.3.2 All emergency exits are kept free of obstacles.	17 (100%)
4.5.1.1.3.1 The emergency vehicle entrance is free from any obstruction or hazards.	16 (94.1%)
4.5.2.1.1.1 The health establishment has a functional piped water supply.	15 (88.2%)
4.5.2.1.1.5 The sewerage system is functional.	14 (82.4%)
4.2.1.1.1.2 There is safe disposal of general waste.	13 (76.5%)

10. PERFORMANCE ON DOMAINS

As explained in chapter 1, domains are the five main chapters of the inspection tools, including (1) User Rights, (2) Clinical Governance and Clinical Care, (3) Clinical Support Services, (4) Governance and Human Resources and (5) Facilities and Infrastructure. The performance of the inspected HEs against the domains is outlined in Figure 17 below.

10. 1 PERFORMANCE OUTCOMES AGAINST SPECIFIC DOMAINS

The highest average score achieved by inspected HEs in the province is in the Clinical Support Services (52%). The second highest average score was achieved in the User Rights domain (47%), while the lowest average score was achieved in the Governance and Human Resources domain (29%). The low average score for the Governance and

Human Resources domain is of concern because it seems to suggest that there may be leadership and capacity challenges at the inspected HEs, to which the low overall compliance rate in inspected HEs in the province may be attributed.

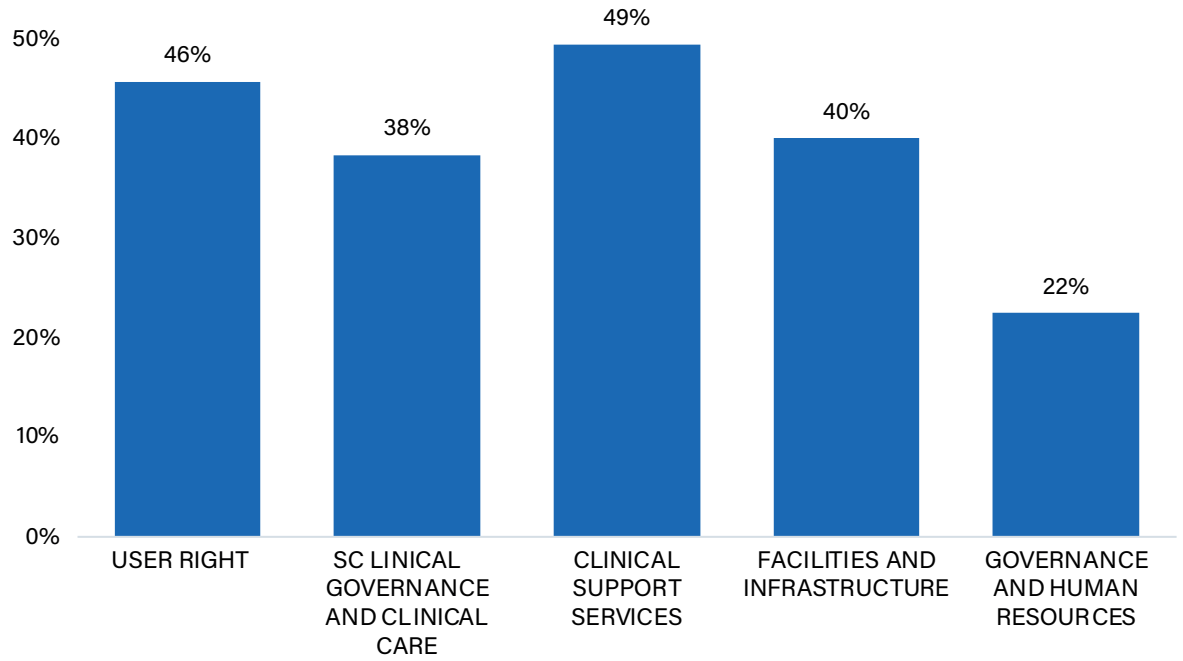


Figure 17: Average performance of all inspected HEs across the five domains

10.2 PERFORMANCE OUTCOME BY DOMAINS PER DISTRICT, F/Y 2020/21

Figure 17 below shows the average domain scores achieved by the HEs in the inspected districts in the province. Frances Baard district obtained the highest average scores in all the domains with Clinical Support Services at 63%, followed by User Rights and Clinical Governance and Clinical Care domain at 53% and 49% respectively. Governance and Human Resources domain was noted to have performed the lowest in the two districts with Frances Baard at 34% and John Taolo Gaetsewe at 10%.

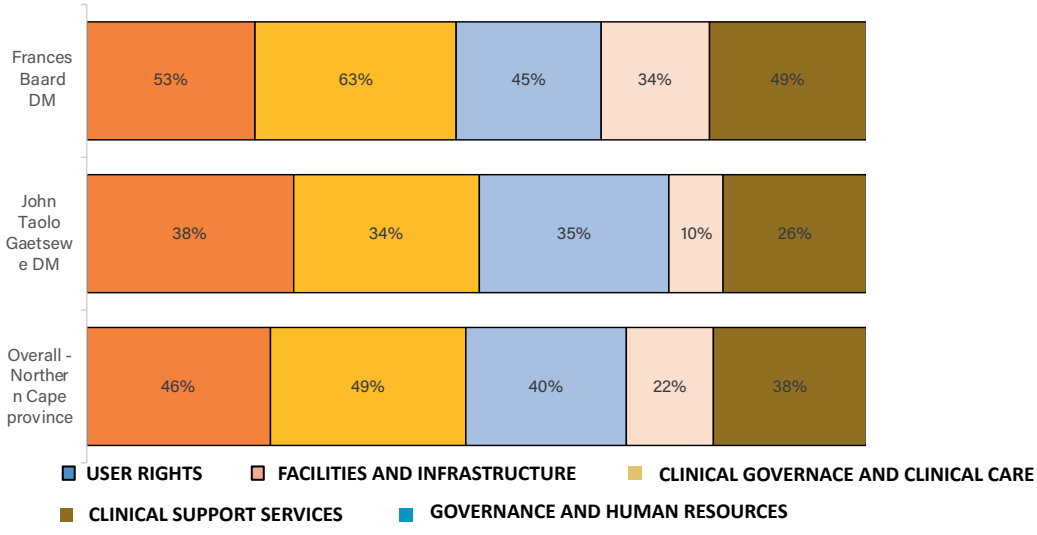


Figure 18: Average performance of inspected HEs across the five domains per district

10.3 TOP FIVE NON-COMPLIANT MEASURES PER DOMAIN

Table 12 below identifies the top non-compliant measures in each of the five domains. The table outlines the specific measures for which most of the HEs did not meet the specific requirements and thus should assist the authorities to have a clearer picture of the areas of gaps or challenges within the inspected HEs.

Table 12: Mostly non-compliant measures of across the five domains per district

DOMAINS	MEASURE NAME/NUMBER	NON-COMPLIANT HEs
USER RIGHTS	1.1.2.2.1.1 CHECKLIST: The standard operating procedure for the referral system is available.	16 (94.1%)
	1.1.2.1.3.1 Professional nurses have received training in Basic Life Support (BLS).	16 (94.1%)
	1.1.3.1.2.2 The waiting time survey report is available.	14 (82.4%)
	1.1.2.1.1.1 CHECKLIST: The standard operating procedure (SOP) to prioritise very sick frail and elderly health care users is available.	14 (82.4%)
	1.1.2.1.2.3 The health establishment reports delays in Emergency Medical Service response times to the relevant authority.	13 (76.5%)
CLINICAL GOVERNANCE AND CLINICAL CARE	1.2.1.2.1.1 CHECKLIST: The standard operating procedure for informed consent is available which includes the aspects listed below.	17 (100.0%)
	1.2.4.1.1.5 Identified breaches in the service level agreement are escalated to the relevant authority.	16 (94.1%)
	2.2.1.2.2.1 CHECKLIST: Clinical assessment and management plan for the user is recorded in the user record.	16 (94.1%)
	1.2.5.1.2.1 CHECKLIST: The standard operating procedure for Patient Safety Incident Reporting and Learning is available.	16 (94.1%)
	2.2.1.1.1.1 CHECKLIST: The health establishment complies with health records management guidelines.	16 (94.1%)
CLINICAL SUPPORT SERVICES	2.3.1.1.1.1 CHECKLIST: Basic medical supplies (consumables) are available.	17 (100.0%)
	2.3.2.1.1.3 CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	16 (94.1%)
	2.3.2.1.1.2 CHECKLIST: The emergency room or resuscitation room is equipped with functional basic resuscitation equipment.	16 (94.1%)
	3.3.1.1.1.1 CHECKLIST: The standard operating procedure for management of medicines is available.	16 (94.1%)
	2.3.2.1.1.1 CHECKLIST: Essential equipment is available and functional in consultation areas.	15 (88.2%)
FACILITIES AND INFRASTRUCTURE	1.5.1.1.1.2 A signed copy of the service level agreement between the security company and the provincial department of health is available.	17 (100.0%)
	4.5.1.1.1.1 CHECKLIST: The building(s) complies with safety regulations.	17 (100.0%)
	4.5.1.1.2.1 The maintenance schedule for building(s) and grounds is available.	17 (100.0%)
	4.5.2.1.1.3 The health establishment has access to back-up electricity supply system in case of power supply disruptions.	16 (94.1%)
	1.5.1.1.1.1 CHECKLIST: The standard operating procedure for safety and security is available.	16 (94.1%)

DOMAINS	MEASURE NAME/NUMBER	NON-COMPLIANT HEs
GOVERNANCE AND HUMAN RESOURCES	1.4.1.1.1.1CHECKLIST: There is a functional Clinic Committee.	17 (100.0%)
	1.4.3.1.1.1 CHECKLIST: The standard operating procedure for management of occupational health and safety incidents is available.	16 (94.1%)
	1.4.3.1.1.3 Risk mitigation interventions are implemented for identified risks.	14 (82.4%)
	1.4.2.1.1.2 Personnel are appointed in line with the determined requirements.	13 (76.5%)
	1.4.3.1.1.2 An occupational health and safety risk assessment has been conducted in the past two years.	12 (70.6%)

10.4 PERFORMANCE OUTCOME ON SPECIFIC MEASURES BY STANDARDS PER DOMAIN

Figures 18 below show average or aggregate performance on measures at the level of standards per domain across all inspected HEs (for Northern Cape province). The information in the figure below together with the information in Table 12 above identify specific areas that need improvement to assist the HEs to meet the requirements for provision of good quality healthcare services and thereby comply for certification.

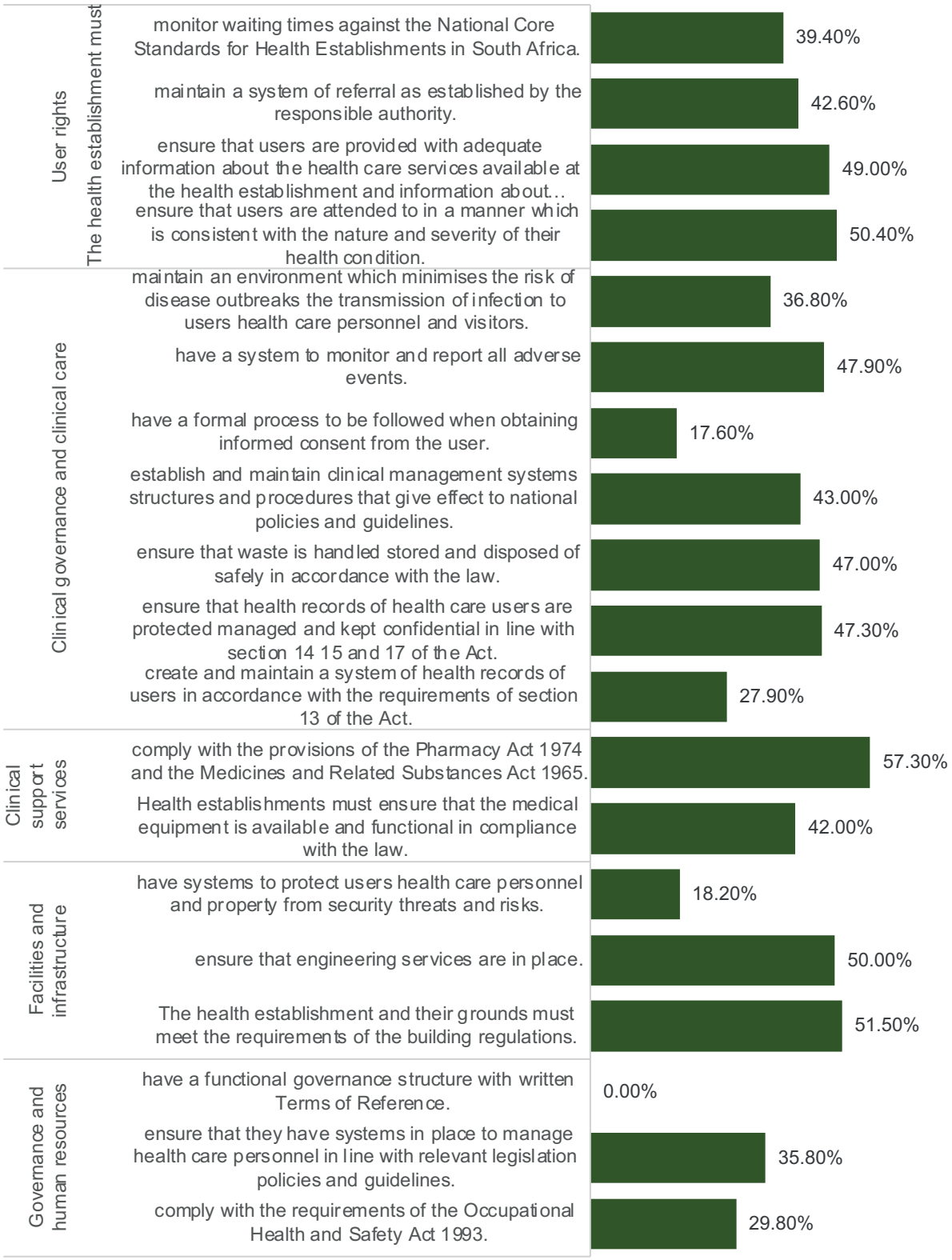


Figure 23: Aggregate performance on measures by standards in the Facilities and Infrastructure domain

11. RECOMMENDATIONS

- The province and district must provide more support to HEs in preparation for inspections, as well as to sustain performance against the promulgated Norms and Standards.
- The province and districts to develop, make available and ensure the continuous implementation of guiding documents such as standard operating procedures and national guidelines to ensure that the day-to-day operations are carried out accordingly.
- The HEs inspected in the NC province generally performed sub optimally, with only 1 HE achieving a compliance status in Frances Baard district. The province and district must provide more support to HEs in preparation for inspections, as well as to sustain performance against the promulgated Norms and Standards.
- The provincial Quality Improvement management team to consider developing a structured and sustained plan of action for this. John Taolo Gaetsewe district obtained 0% compliance and will need dedicated support from the provincial quality improvement team.
- The province to focus on enforcing compliance with the 3 NNVs, which made HEs that had not achieved the required threshold score and grades be certified non-complaint. Had the inspected HEs complied better with the NNVs, a higher proportion of HEs would have been certified compliant. The NNV with the highest rate of non-compliance was the medicines and equipment required in the emergency trolley. Given the importance of the emergency trolley in the ability of the HEs to provide safe and quality life-saving services, the province must ensure compliance with this measure.
- The province to identify all failed measures which resulted high rates on non-compliance and support HEs to develop and oversee the implementation of quality improvement plans.

12. CONCLUSION

A total of seventeen (17) HEs were inspected in the province in the FY 2020/21 and only one (1) was found to be compliant and issued with compliance certificates. Sixteen (16) HEs were found to be non-compliant and were issued with notice of compliance.

The only compliant HE achieved a Good grading status. Within the non-compliant HEs two (2) were Graded as Satisfactory and the remaining fourteen (14) were graded Unsatisfactory.

The NNV measure least complied with is the one which required that the emergency trolley be stocked with the required medicines and equipment, with 16 of the 17 inspected HEs were non-compliant with this specific measure, which demonstrates inefficiency in emergency preparedness by the inspected HEs that may result in avoidable adverse events.

The Clinical Support Services domain had the highest average score of 50%. The second highest average performance was achieved in the User Rights domains at 46% and in third place, Clinical Governance and Clinical Care at 41%. The lowest average score was achieved in the Governance and Human Resources domain at 28%. This is of concern as it suggests that there may be leadership and human capital capacity challenges at the inspected HEs, to which the low overall compliance rate in inspected HEs in the province may be attributed.

The outcomes of the health establishment performances calls for deliberate support by all stakeholders to arrest the increasing numbers of number non-compliant health establishments in the province. The performance of HEs is integral and instrumental to improving quality health care as South Africa embarks on the implementation of the National Health Insurance.

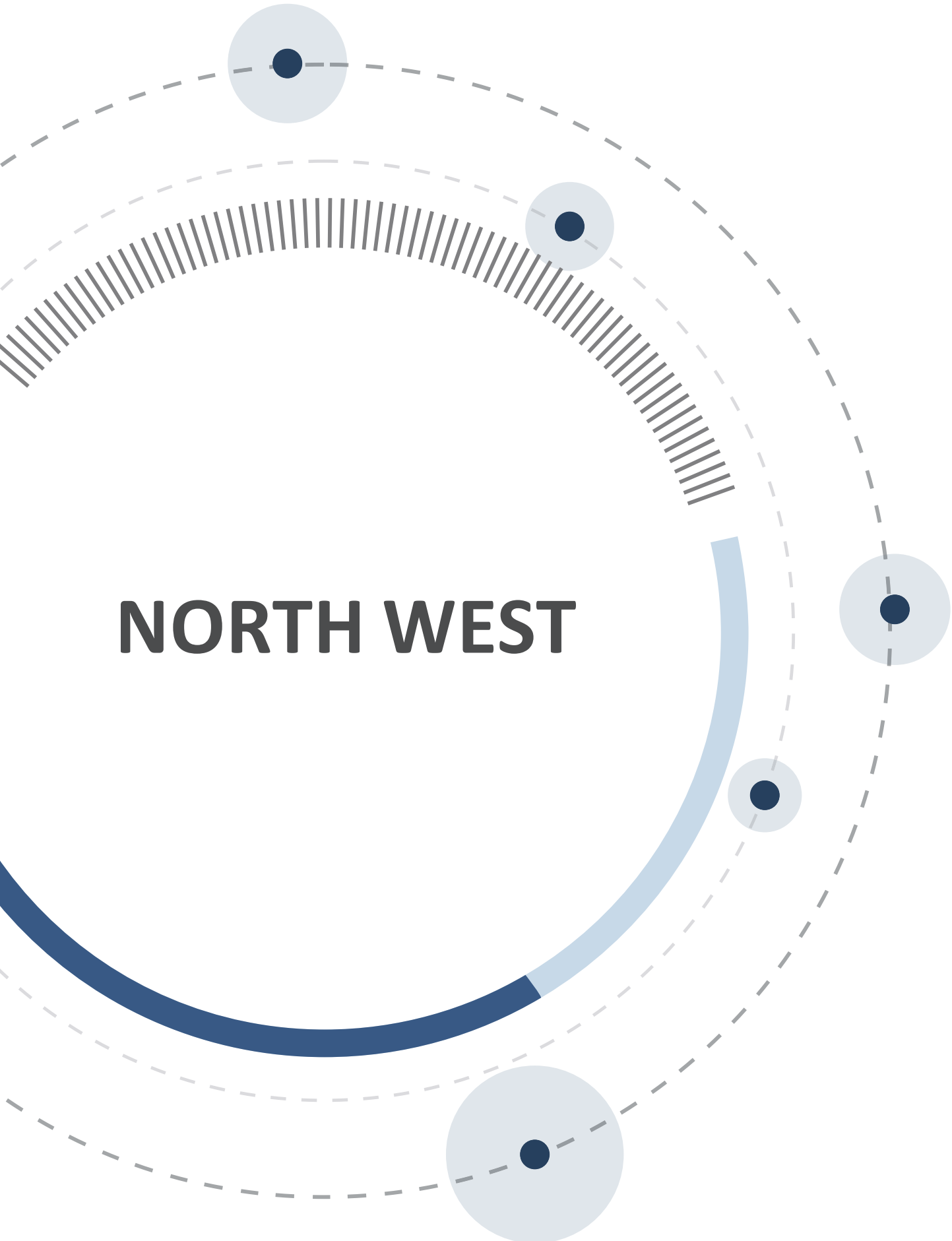
13. ANNEXURES

13. 1 PERFORMANCE OF HEALTH ESTABLISHMENTS BY OVERALL GRADING AND COMPLIANCE STATUS OUTCOME

The previous sections of the report provided consolidated inspection outcomes for the entire province or per district. Table 13 below provides the grading and compliance outcomes for each of the inspected HEs. All HEs certified as compliant have already received their Compliance Certificates and those certified non-compliant have received their Compliances Notices. Some of the non-compliant HEs have already been re-inspected. Some of the re-inspected HEs were certified compliant, while others were referred for enforcement due to persistent non-compliance.

Table 13: Performance of health establishments by overall grading and compliance status outcome

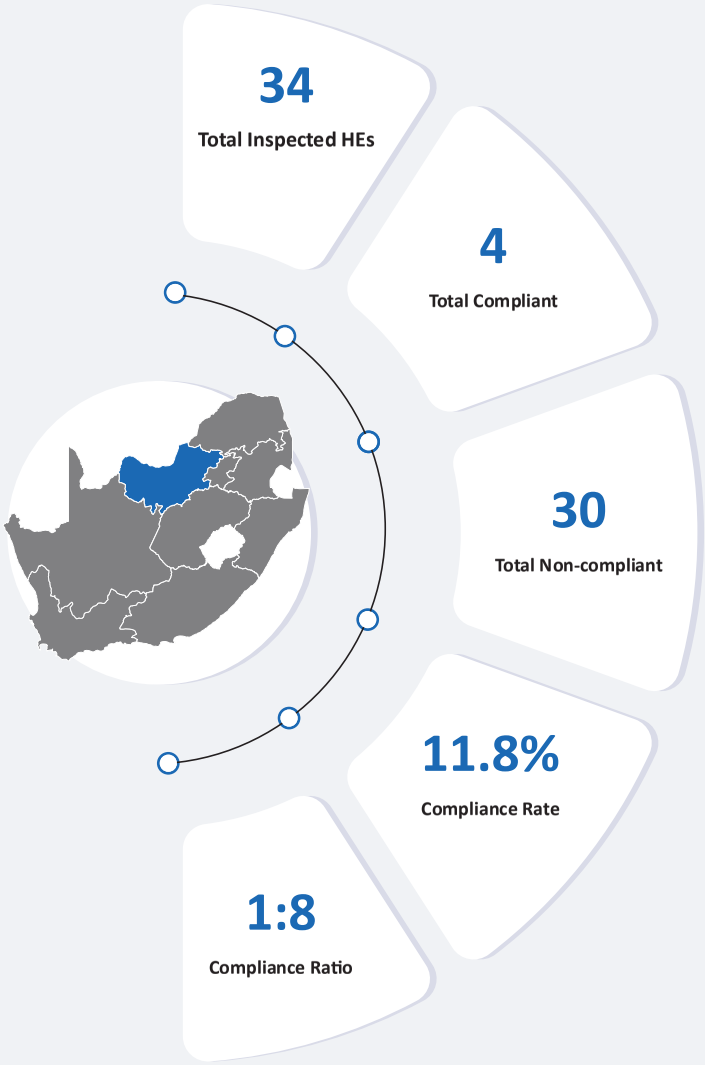
District	Sub District	Establishment Name	Overall Grade	Compliance Decision
nc Frances Baard District Municipality	nc Phokwane Local Municipality	nc Valspan Clinic	Satisfactory	Not Compliant
		nc Nomimi Mothibi Clinic	Unsatisfactory	Not Compliant
		nc Jerry Botha Clinic	Unsatisfactory	Not Compliant
	nc Dikgatlong Local Municipality	nc De Beershoogte Clinic	Unsatisfactory	Not Compliant
		nc Windsorton Clinic	Unsatisfactory	Not Compliant
		nc Delportshoop Clinic	Satisfactory	Not Compliant
		nc Mataleng Clinic	Unsatisfactory	Not Compliant
	nc Magareng Local Municipality	nc Warrenvale Clinic	Unsatisfactory	Not Compliant
		nc Ikhutseng Clinic	Unsatisfactory	Not Compliant
	nc Sol Plaatje Local Municipality	nc Dr Torres Clinic	Good	Compliant
nc John Taolo Gaetsewe District Municipality	nc Gamagara Local Municipality	nc Kathu Clinic	Unsatisfactory	Not Compliant
		nc Jan Witbooi Clinic	Unsatisfactory	Not Compliant
		nc Pako Seboko Clinic	Unsatisfactory	Not Compliant
		nc Seoding Clinic	Unsatisfactory	Not Compliant
		nc Dingleton Clinic	Unsatisfactory	Not Compliant
	nc Ga-Segonyana Local Municipality	nc Kuruman Clinic	Unsatisfactory	Not Compliant
		nc Maruping Clinic	Unsatisfactory	Not Compliant



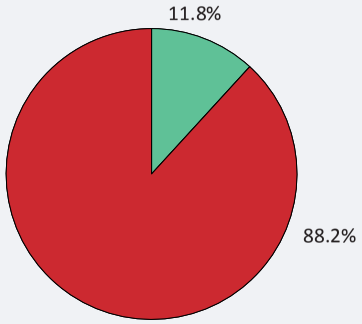
NORTH WEST

SUMMARY OF INSPECTED HEALTH ESTABLISHMENTS OUTCOMES IN NORTH WEST PROVINCE F/ 2020/21

Figure 1: Summary of inspected health establishments in North West Province FY 2020/21

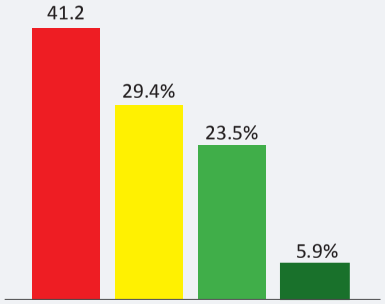


Compliance status outcome



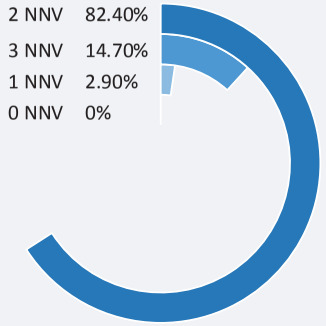
Of all 34 inspected HEs in the province, 11.8% (n=4) met the compliance requirements.

Overall grading outcome



Of all the 34 inspected HEs in the province, 5.9% were graded "excellent." While 23.5% of HEs were graded "good" and 29.4% of HEs were graded "satisfactory," . The unsatisfactory grade was allocated to the remaining 41.2%.

Performance of NNV



Non-negotiable vitals (NNVs) are those measures on which a health establishment must score 100% to be certified compliant. The majority (82.40%) of the inspected HEs in the province complied with only two (2) of the three (3) NNVs.

Overall grading per district

District	Total inspected	Compliance rate	Overall grading			
			Excellent	Good	Satisfactory	Unsatisfactory
Bojanala Platinum DM	8	12.5%	0.0%	0.0%	0.0%	100.0%
Dr Kenneth Kaunda DM	10	0.0%	20.0%	10.0%	50.0%	20.0%
Dr Ruth Segomotsi Mompati DM	8	12.5%	0.0%	37.5%	37.5%	25.0%
Ngaka Modiri Molema DM	8	12.5%	0.0%	50.0%	25.0%	25.0%

Compliance: Non-compliant Compliant **Grading** Unsatisfactory Satisfactory Good Excellent

1. DISTRIBUTION OF HEALTH ESTABLISHMENTS INSPECTED IN THE NORTHWEST PROVINCE PER DISTRICT

A total of 34 public sector health establishments (HEs) were inspected in the Northwest province in the 2020/21 financial year (see Figure 1 below). All the HEs inspected were primary health care (PHC) clinics as the Office adopted a phased in approach in the implementation of the regulations starting with the clinics as the entry point to the health care system.

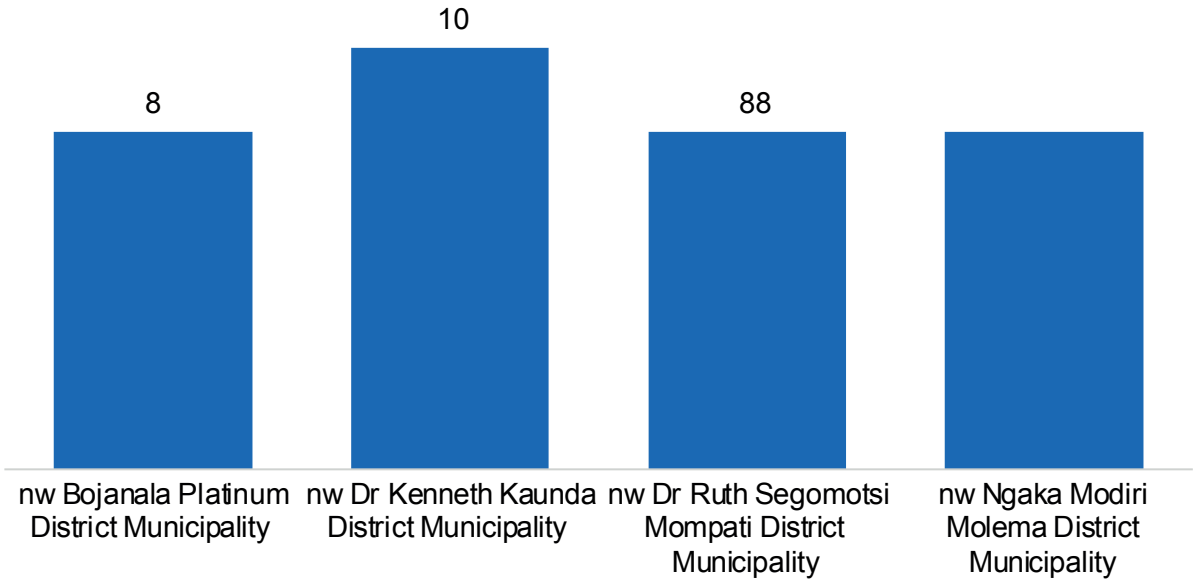


Figure 1: Total number of inspected HEs per district, FY 2020/21

Since the commencement of inspections against the promulgated norms and standards regulations for different categories of health establishments in 2019/20 financial year, a cumulative total of 96 PHC clinics have been inspected in the province (Figure 2). This represents 29,26% of the total number of public sector HEs (N-328) in the province.

As was the case in the rest of the country, the number of inspections in the province declined by almost 50% in the 2020/21 financial year compared to the 2019/20 financial year due to the impact of the Covid-19 National State of Disaster Management restrictions.

Figure 2 below shows the breakdown of all inspections conducted in the province per district during the 2019/20 and 2020/21 inspection cycles.

Inspections were conducted in four districts within the province. For the two inspection cycles, 25 inspections were conducted in Bojanala Platinum and Dr. Ngaka Modiri Molema districts, 24 were inspected in Dr. Kenneth Kaunda district followed by Dr Ruth Segomotsi Mompati district with 22 inspections.

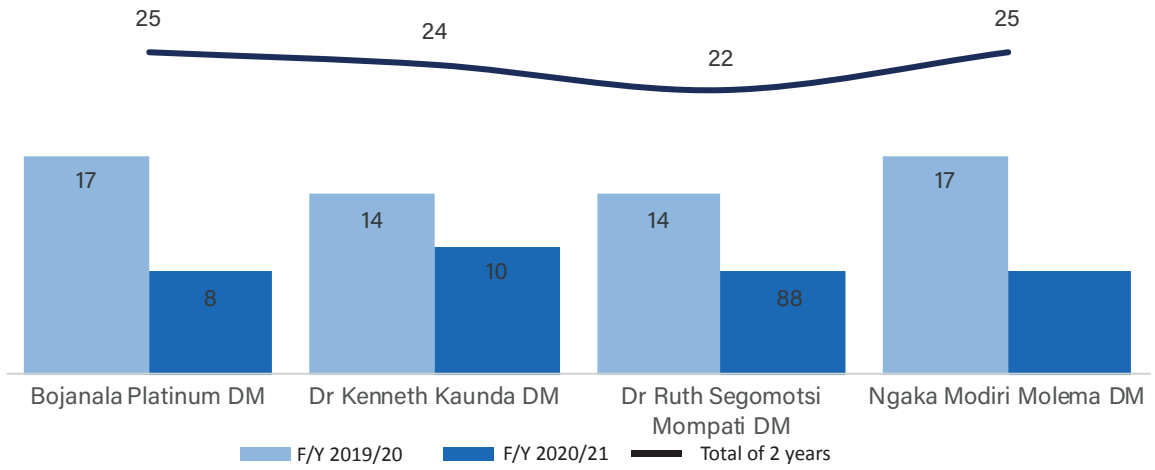


Figure 2: The breakdown of inspections conducted in the Eastern Cape province per district overtime

2. COMPLIANCE STATUS OUTCOME OF INSPECTED HEs, FY 2020/21

The compliance status outcome is a result of collation of performance of a health establishment as determined by scores against the measures in the applicable inspection tool and processed through a Compliance Status Framework (CSF). The scores are aggregated according to the various risk-rated measure categories to arrive at a grading outcome. Once a grading outcome is determined, the next step is to determine the performance of the health establishment on the non-negotiable vital (NNV) measures. A final decision on the compliance status outcome is then arrived at following the rules and guidelines as outlined in the applicable CSF. A dedicated and specific CSF document is developed as part of the inspection tool development process for all the different categories of health establishments.

The measures in the inspection tool are risk-rated into 3 categories (essential, vital and non-negotiable vital measures). There are threshold cut-off levels for performance in each of the essential and vital risk-rated measure categories to determine grading outcome. There are four grading categories namely, Excellent, Good, Satisfactory, and Unsatisfactory.

The Non-negotiable vital (NNVs) measures are those measures that a HE must fully comply with and score 100% on these to be certified compliant, subject to the HE achieving the minimum thresholds in the other 2 risk categories resulting in a grading outcome of Satisfactory, Good or Excellent. Non-compliance with any aspects of these NNVs automatically results in the HE being certified as non-compliant, irrespective of the grading outcome.

There are 3 NNVs in the PHC clinic inspection tool, made up of:

1) the emergency trolley be stocked with all the required medicines and equipment,
2) that an oxygen cylinder with a functional gauge be availabe, and
3) that the oxygen in the cylinder must be at or above the minimum level indicator.

Out of the 34 HEs inspected in the province in the FY 2020/21, 30 (88,2%) were found to be non-compliant, while 4 (11.8%) were found to be compliant (see Figure 3). The proportion of the compliant HEs has increased from 0% in the FY 2019/20, to 11.8% in the period under review. The detailed description of the nature and extent of the non-compliance will be discussed in the next sections of this report.

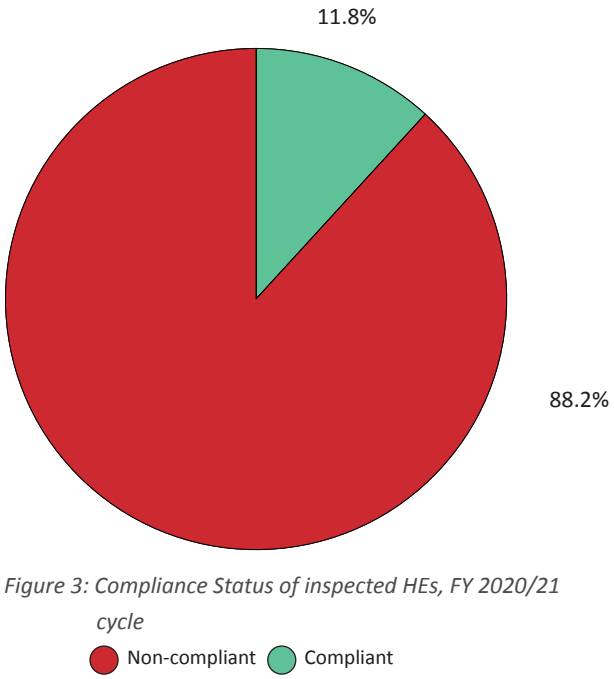


Figure 3: Compliance Status of inspected HEs, FY 2020/21 cycle

2.1 COMPLIANCE STATUS OUTCOME PER FINANCIAL YEAR

Figure 4 below illustrate that while the compliance rate for the province has increased from 0% in 2019/20 to 11.8% in the FY 2020/21, the inspections' outcomes for the Northwest province remain concerning. A cumulative of only four (4) of the 96 health establishments over two financial years were found to be compliant with the threshold requirement of the norms and standards regulations and therefore eligible for certification.

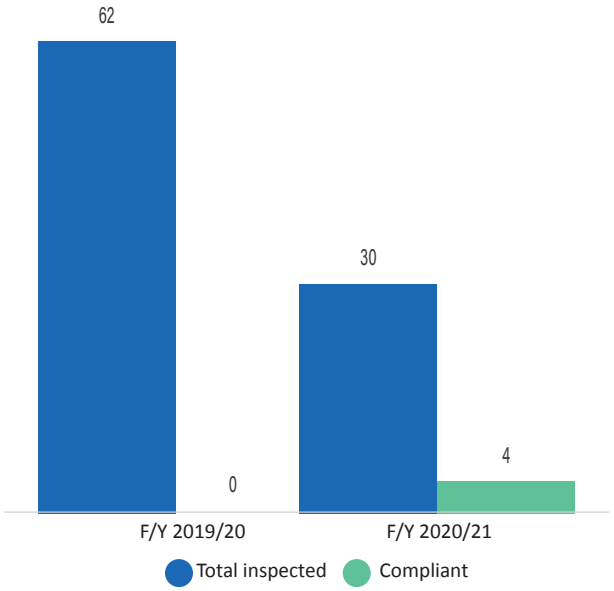


Figure 4: The breakdown of compliance status outcome of inspected health establishments, FY 2019/20 and 2020/21

2.2 COMPLIANCE STATUS OUTCOME PER DISTRICT

In 2020/21, Dr. Ruth Segomotsi Mompati achieved the compliance rate of (25%) representing two (2) of the eight (8) inspected HEs found to be compliant. Dr. Kenneth Kaunda district achieved the compliance rate of 20% representing two (20%) of the 10 inspected HEs found to be compliant. Both Bojanala Platinum and Ngaka Modiri Molema districts achieved the compliance rate of 0%, with none of the 8 HEs inspected in the districts found to be compliant as shown in Figure 5 below.

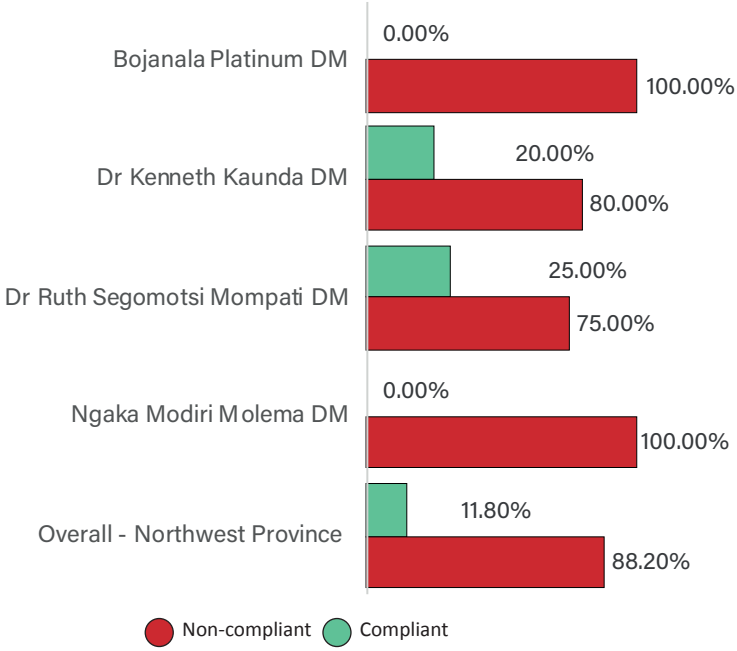


Figure 5: Compliance Status performance of inspected HEs per district, FY 2020/21

3. OVERALL GRADING PERFORMANCE OF INSPECTED HEs, FY 2020/21

The overall grading achieved by all HEs inspected in the province in FY 2020/21 inspection cycle, as depicted in the Figure 6 below, shows that 14 (41.2%) of all inspected HEs obtained an Unsatisfactory grading and would therefore automatically achieve non-compliant status and be precluded from eligibility for certification.

Notably, there were HEs graded Good and Satisfactory, but found as non-compliant because of not meeting the NNV requirements as discussed in Figure 7 below. However, all the HEs graded as Unsatisfactory are automatically certified non-compliant, even if they complied with all the NNV requirements.

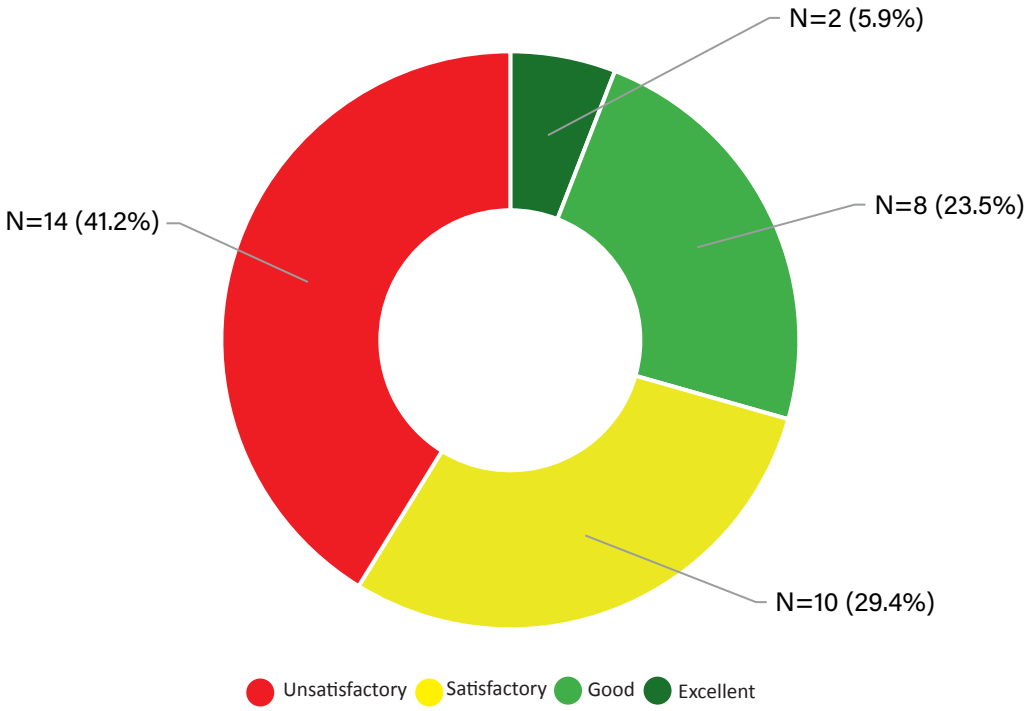


Figure 6: Grading performance of inspected HEs, FY 2020/21

The grading outcome of the inspected HEs in the province remains a concern. However, it is also important to acknowledge the slight improvements in the overall grading achieved by inspected HEs over the two inspection cycles. These improvements are reflected in the increase in the proportion of HEs achieving a Grade of Excellent from 0% in 2019/20 to 5.9% in 2020/21. The proportion Graded as Good and Satisfactory have also increased, while the proportion graded as Unsatisfactory has decreased from 85.5% to 41.2% in the same period.

While different HEs were inspected at the two (2) different points in time and bearing in mind that the intention is not to compare the HEs, the overall improvement in the grading outcome coupled with the overall improvement in compliance rates over the same period may be indicative of better preparedness by HEs for inspections. The improvement may be attributed to a range of factors including the HEs and the district health authorities becoming more familiar with the compliance requirements and therefore supporting the HEs accordingly, as well as the improved pre-inspection communication between the OHSC and the HEs.

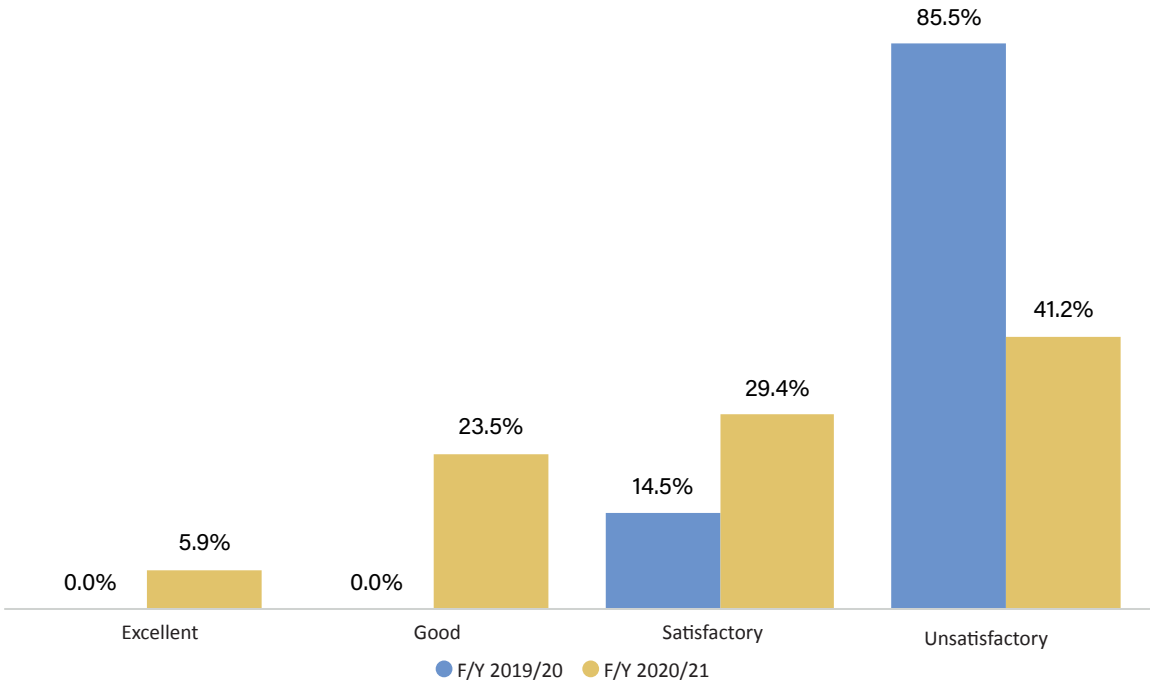


Figure 7: Grading outcome of inspected HEs, FY 2019/20 and 2020/21

3.1 PERFORMANCE ON OVERALL GRADING OUTCOME PER DISTRICT, ALL HEs

The grading outcomes in the province differed between the districts where the inspections were conducted in 2020/21. Dr. Kenneth Kaunda district was the only district with the HEs that were Graded Excellent at 20%, while 50% of HEs in Ngaka Modiri Molema district were Graded Good. Bojanala Platinum district had the highest proportion of HEs Graded as Unsatisfactory at 100%, whereas Dr. Kenneth Kaunda district achieved the highest proportion of HEs Graded as Satisfactory at 50%. In Bojanala Platinum districts, all the eight (8) inspected HEs (100%) achieved an Unsatisfactory Grading, which automatically rendered them non-compliant, irrespective of whether they complied with NNVs (see Figure 9).

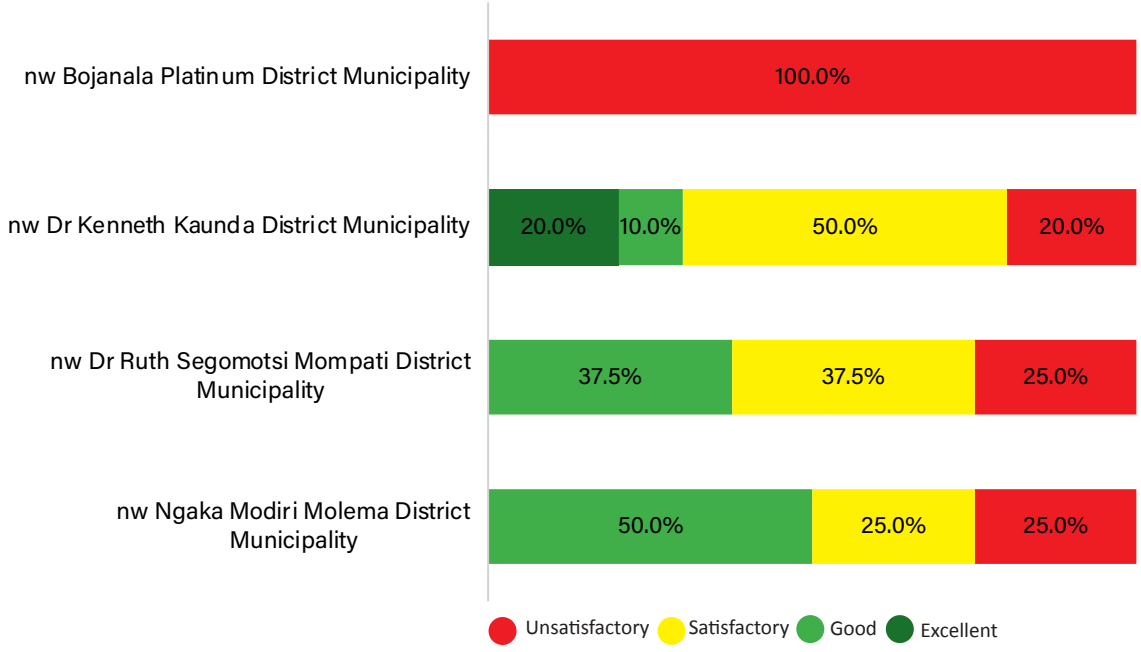


Figure 8: Grading performance of inspected HEs per district, FY 2020/21

3.2 OVERALL GRADING OUTCOME PERFORMANCE FOR THE COMPLIANT HEs

Table 1 below indicates overall grading status for all compliant HE per district. Among the compliant HEs, two were Excellent, 1 was Good and 1 was Satisfactory with respect to Grading outcome. Of the four districts, Dr Kenneth Kaunda District was the only one with HEs that were Graded as Excellent.

Table 1: Grading performance of compliant HEs per district, FY 2020/21

Districts	Excellent	Good	Satisfactory
nw Dr Kenneth Kaunda District Municipality	2 (100.0%)	0 (0.0%)	0 (0.0%)
nw Dr Ruth Segomotsi Mompati District Municipality	0 (0.0%)	1 (50.0%)	1 (50.0%)
Grand Total	**2 (50.0%)**	**1 (25.0%)**	**1 (25.0%)**

3.3 OVERALL GRADING OUTCOME PERFORMANCE BY NON-COMPLIANT HES

Figure 10 below indicates overall grading status for all non-compliant HEs per district. It is worth noting that there were 4 HEs in Ngaka Modiri Molema District, 2 HEs in Dr. Ruth Segomotsi Mompati, and 1 HE in Dr Kenneth Kaunda District that were Graded as Good and still did not achieve a compliant status. A total of 9 HEs with a Satisfactory Grading did not manage to achieve a compliant status. A total of 14 HEs were Graded as Unsatisfactory and therefore were not eligible for compliant status.

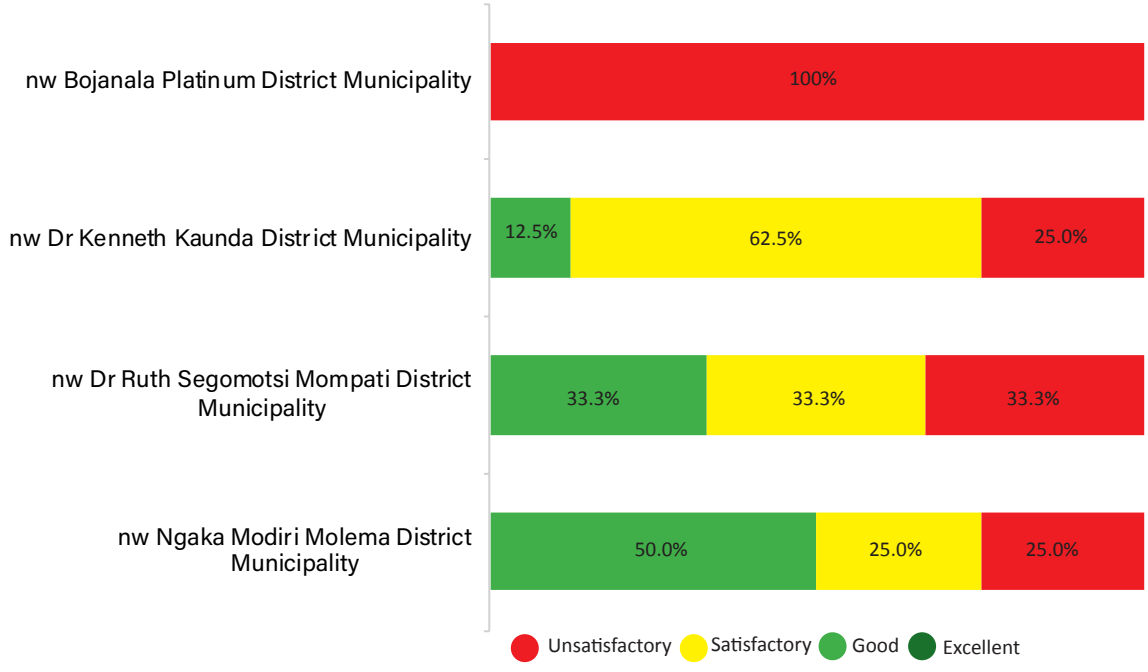


Table 2: Grading performance of non-compliant HEs, FY 2020/21

4. COMPLIANCE STATUS PERFORMANCE OF INSPECTED FACILITIES BY GRADING CATEGORY

Of the 34 inspected HEs during the period under review, 14 were Graded as Unsatisfactory and therefore automatically achieved a non-compliant status. Ten (10) HEs were Graded Satisfactory and only one (1) of these ultimately achieved a compliant status. A total of eight (8) HEs were Graded Good and only one (1) achieved a compliant status while two (2) HEs were Graded Excellent and all achieved a compliant status.

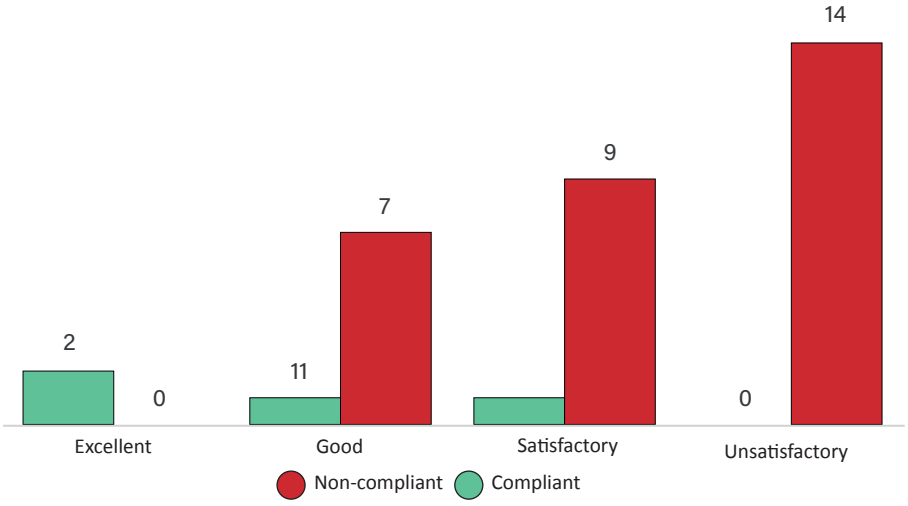


Figure 9: Compliance Status performance of inspected HEs by grading category, FY 2020/21

5. PERFORMANCE OUTCOME ON NON-NEGOTIABLE VITAL (NNV) MEASURES

The majority (82.40%) of the inspected HEs in the province complied with only two (2) of the three (3) NNVs, followed by those that complied with all the three (3) NNVs (14.70%) and then those that complied with only 1 NNV (2.9%). The low compliance rate on 100% of NNVs partly explains the low overall compliance and certification rates in the province.

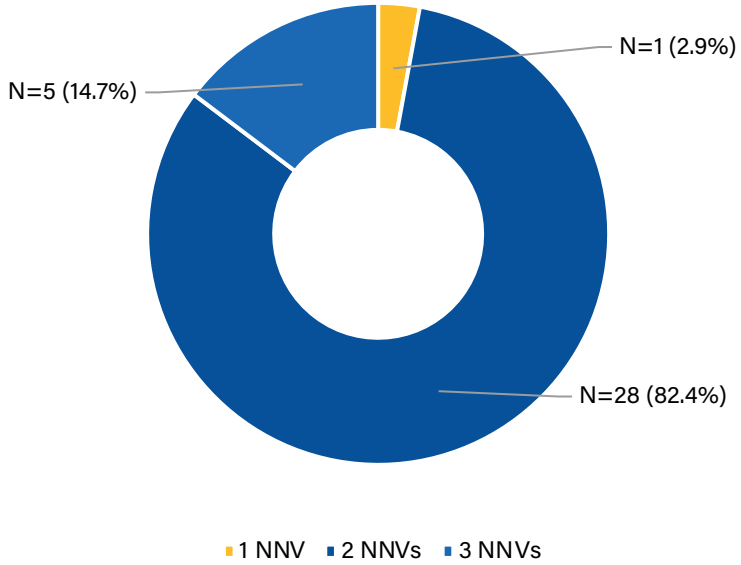


Figure 10: Performance of inspected HEs on non-negotiable vital measures

The table 2 below shows that the NNV measure least complied with is the one with requirement that the emergency trolley be stocked with the required medicines and equipment, with 29 (85.3%) of the 34 inspected HEs found non-compliant with this specific measure. Of concern is that the medicines and equipment required in the emergency trolley are those that are needed to save life in medical emergencies when resuscitation and other advanced life support interventions are necessary to keep any user alive. Without all these medicines and equipment, preventable loss of life may occur. All the HEs were compliant against the measure on availability of an oxygen cylinder with a functional pressure gauge. Only 1 (2.9%) of the inspected HEs was not compliant against the availability of oxygen in the cylinder above the minimum level measure.

Table 3: Performance of HEs on non-negotiable vital measures

NNVs	Total Compliant HEs N (%)	Total non-compliant HEs N (%)	Total inspected (N)
2.3.2.1.1.3 Emergency trolley is stocked with the required medicines and equipment.	5 (14.7%)	29 (85.3%)	34 (100.0%)
2.3.2.1.1.4 Availability of an oxygen cylinder with a functional pressure gauge.	34 (100.0%)	0 (0.0%)	34 (100.0%)
2.3.2.1.1.3 Availability of oxygen in the cylinder above the minimum level.	33 (97.1%)	1 (2.9%)	34 (100.0%)

Table 3 below shows Dr. Kenneth Kaunda district had the highest proportion of HEs that complied with all the three (3) NNVs, with three (3) (30%) of the inspected HEs in this district complying with all NNVs. Bojanala Platinum and Ngaka Modiri Molema districts had none of the inspected HEs that complied with all three NNVs. In Dr. Ruth Segomotsi Mompati, two (2) of the eight (8) HEs inspected complied with all the three (3) NNVs. The performance on NNVs partly explains the higher proportion of HEs certified compliant in Dr. Kenneth Kaunda district, compared to Bojanala Platinum District and Ngaka Modiri Molema District where none of the inspected HEs complied with all the three NNVs and therefore could not be certified as compliant. There were no HEs that failed to comply with all the three (3) NNVs.

Table 4: Performance of HEs per district on non-negotiable vital measures

Districts	0 NNV	1 NNV	2 NNVs	3 NNVs	Total
nw Bojanala Platinum District Municipality	0 (0.0%)	1 (12.5%)	7 (87.5%)	0 (0.0%)	8
nw Dr Kenneth Kaunda District Municipality	0 (0.0%)	0 (0.0%)	7 (70.0%)	3 (30.0%)	10
nw Dr Ruth Segomotsi Mompati District Municipality	0 (0.0%)	0.0%	6 (75.0%)	2 (25.0%)	8
nw Ngaka Modiri Molema District Municipality	0 (0.0%)	0.0%	8 (100.0%)	0.0%	8
Grand Total	**0 (0.0%)**	**1 (2.94%)**	**28 (82.4%)**	**5 (14.7%)**	**34**

As indicated above, the NNV measure that most of HEs failed to comply with was the one that required that the emergency trolley be stocked with the required medicines and equipment.

Table 4 below lists the most commonly unavailable equipment that accounted for most of the non-compliance with this NNV measure. Midazolam (1mg/ml or 5mg/ml) or Diazepam 5mg/ml ampoule and Defibrillator pads were the two most commonly unavailable, with 12 (35.3%) of inspected HEs not having this critical life-saving equipment. This was followed by the unavailability of Oropharyngeal airways (Guedel) size 00 in 11 (32.4%) of the 34 inspected HEs in the province. All the other items on the list are critical and the absence of these in a significant number of inspected HEs is of great concern as this is an indication that these HEs may not be able to effectively perform life-saving resuscitation should this be required.

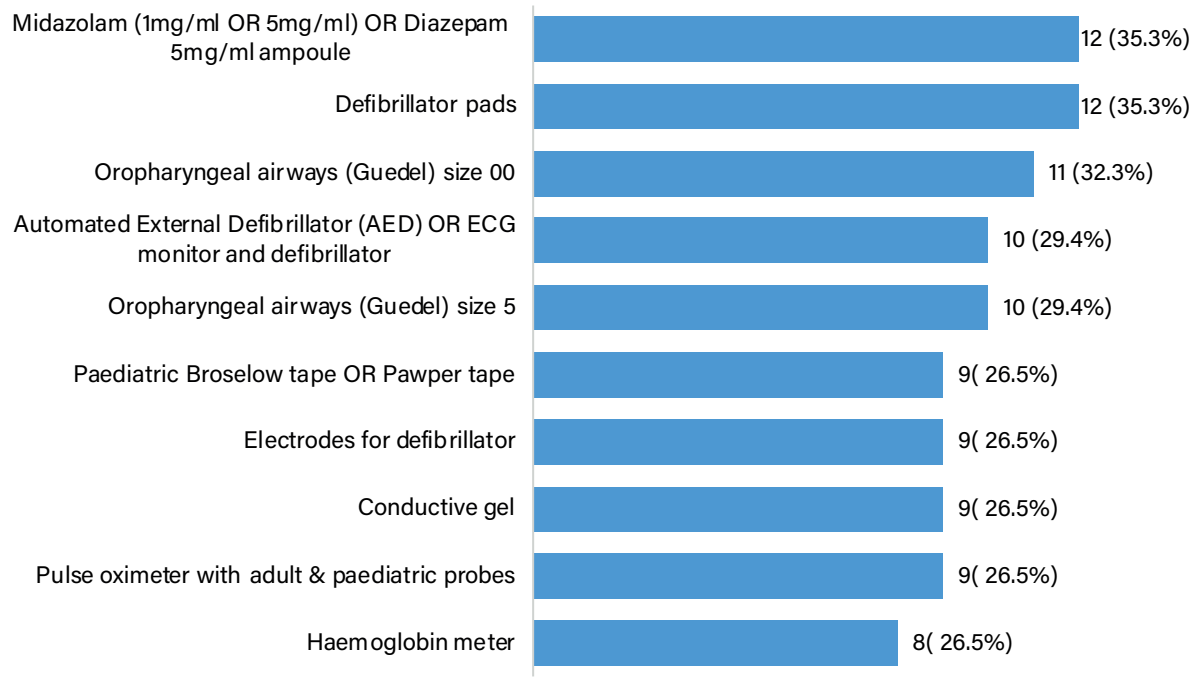


Figure 11: Most frequently unavailable equipment on the emergency trolley

6. FUNCTIONAL AREA PERFORMANCE

The inspection tool used to inspect the 34 PHC HEs in the province is divided into 4 sections called functional areas. These functional areas include:

(1) Clinic Manager,

(2) Clinical Services,

(3) Dispensary or Medicine Cupboard, and

(4) Maintenance Support.

The average performance of the inspected HEs per functional area is shown in Figures 13 to 16 below.

6.1 VITAL AND ESSENTIAL MEA SURES PER FORMANCE PER FUNCTIONAL AREA

The graph indicates the average scores for vital and essential measures attained per district for both compliant and non-compliant HEs. The error bars indicate the minimum and maximum average scores, as well as spread of performance attained by HEs.

6.1.1 Clinic Manager Functional Area

Figure 13 below shows the overall performance in this functional area.

Dr. Ruth Segomotsi Mompati district achieved the highest performance in this functional area in both the Vital and Essential measures with scores of HEs averaging at 55.39%(V) and 54.17%(E) followed by Ngaka Modiri Molema district at 50.25%(V) and 54.80%(E). Bojanala Platinum district was the lowest performing in this functional area achieving 22.75%(V) and 24.27%(E). The Clinic Manager functional area encompasses measure seek to address leadership and governance critical to the functioning of the health establishment.

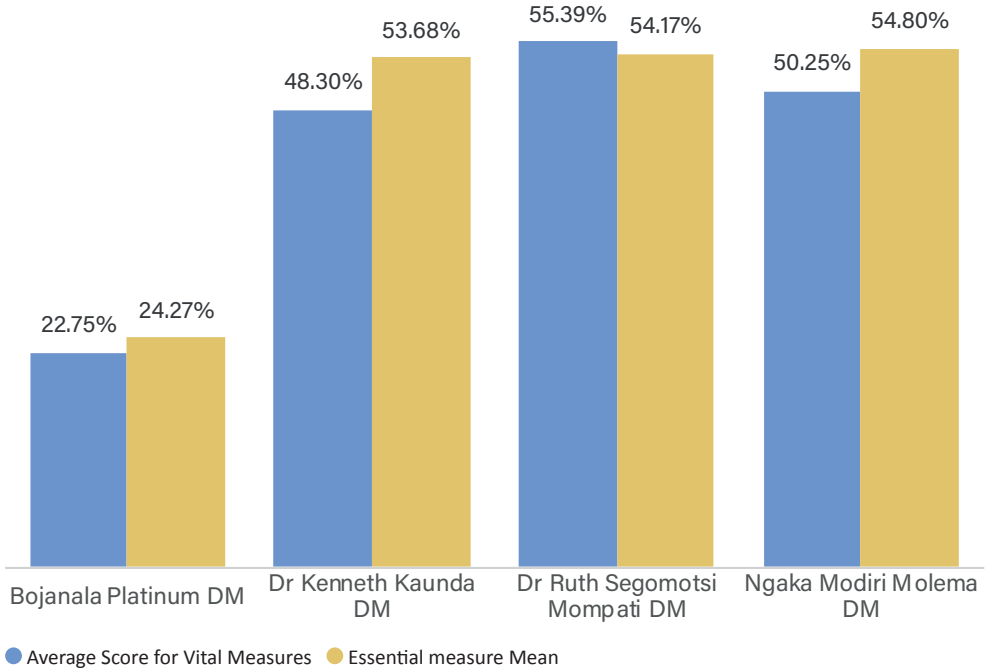


Figure 12: Average performance of inspected HEs in the Clinic Manager functional area

6.1.2 Clinical Services Functional Area

Figure 14 below shows the overall performance in this functional area. Dr. Kenneth Kaunda district achieved the highest performance in this functional area in both the Vital and Essential measures with scores averaging at 71%(V) and 78.10%(E). Bojanala Platinum DM had the lowest performance for both vital and essential measures at 36.97% and 41.67% respectively.

The Clinical Services functional area relates to the systems, processes, and organisation of clinical service delivery.

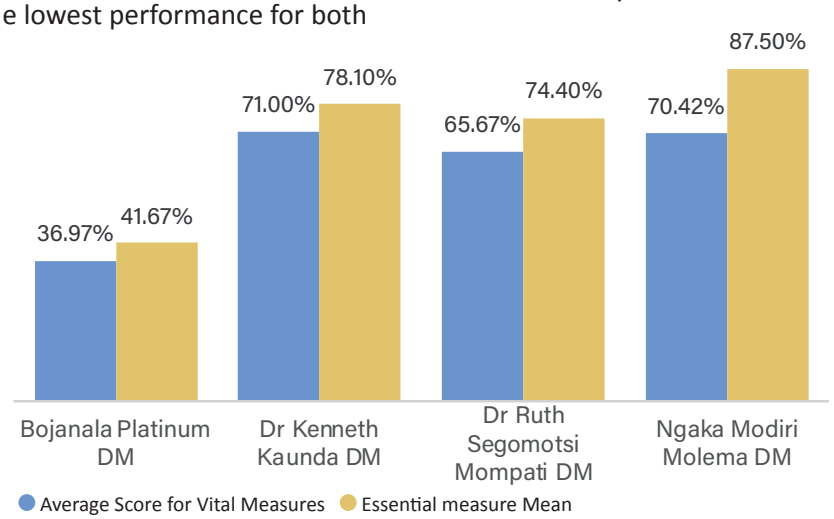


Figure 13: Average performance of inspected HEs in the Clinical Services functional area

6.1.3 Dispensary/Medicine Cup board Functional Area

Figure 15 below shows the overall performance in this functional area. The three districts, Dr Kenneth Kaunda, Dr. Ruth Segomotsi Mompati and Ngaka Modiri Molema achieved highest scores ranging between 81% and 87% for vital and between 81% and 90% for essential measures. The lowest performance was observed in Bojanala Platinum District achieving 43.41% for vital and 27.08% for essential measures.

The Dispensary or Medicine Cupboard functional area relates to the overall management of medicines including access and availability.

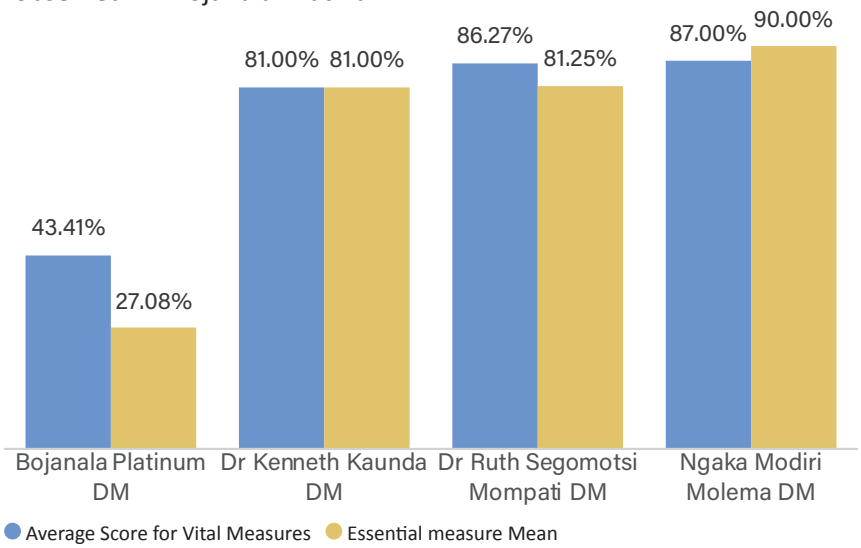


Figure 14: Average performance of inspected HEs in the Dispensary or Medicine Cupboard functional area

6.1.4 Maintenance Functional Area

Figure 16 below shows the overall performance in this functional area. Dr Kenneth Kaunda and Ngaka Modiri Molema Districts achieved the highest average performances at 65.18% & 64.65% for vital measures and 55% & 56.25 for essential measures. The lowest performance was observed in Bojanala Platinum District at 38.98% and 37.5% for vital and essential measures respectively.

The Maintenance Support functional area relates to the management and maintenance of the physical infrastructure including availability of back-up electricity supply and water.

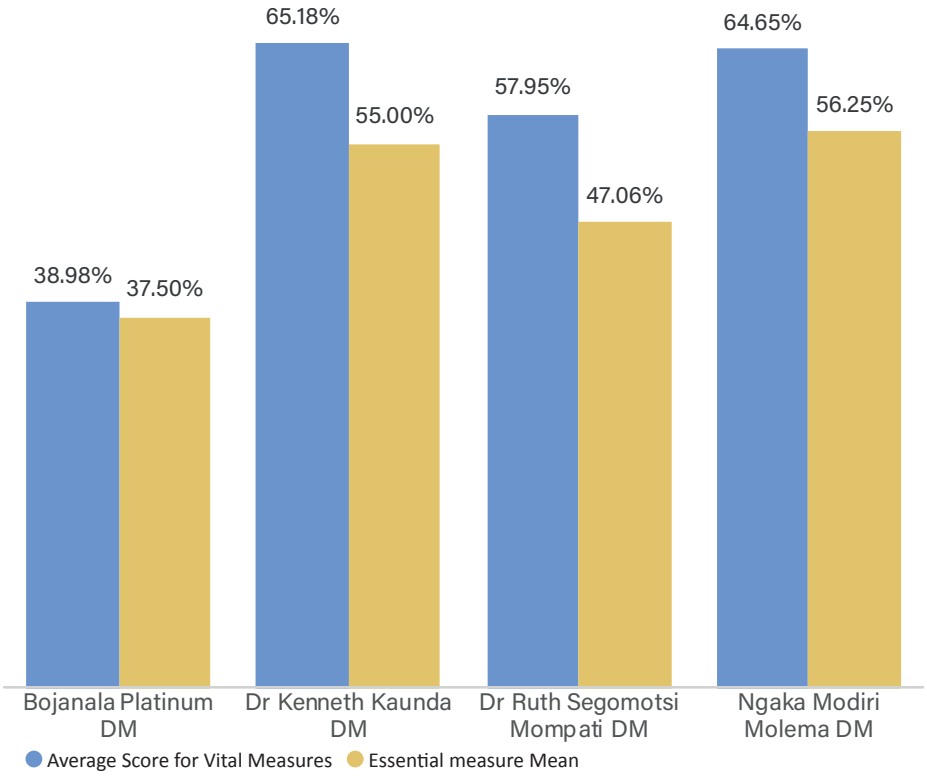


Figure 15: Average performance of inspected HEs in the Maintenance Support functional area

Commonly non-compliant measures per functional area

In order to understand and appreciate the performance of the inspected HEs in the 4 functional areas, an analysis of the most commonly non-compliant measures disaggregated from the overall performance in each of the 4 functional areas was conducted and the findings are as follows:

6.2 CLINIC MANAGER FUNCTIONAL AREA

Table 5 below indicates the commonly failed measures in this functional area, which included the requirement for personnel to be appointed in line with the determined requirements, with all 34 (100%) of the inspected HEs found to be non-compliant.

The second most commonly non-compliant measure in this functional area is the requirement for Professional nurses to have received training in Basic Life Support (BLS), with 33 (97.1%) of the 34 inspected HEs found to be non-compliant. This finding, viewed together with the high proportion of HEs non-compliant with the requirements in the NNV emergency trolley measure, as described in Table 2 above, raises serious concerns as far as management of clinical emergencies is concerned.

Thirty-four (94.1%) of HEs were non-compliant with the requirements for training of Professional

Nurses on clinical guidelines and for meeting targets for proxy indicators for clinical risk.

The nature and extent of non-compliance in the Clinic Manager functional area is of great concern as it is an indication that the HE lacks the core leadership and governance systems, including clinical governance processes required to provide safe and quality care to users.

Table 5: Five most commonly non-compliant measures in the Clinic Manager functional area

Measure names	Non-compliant HEs (N)
1.4.2.1.1.2 Personnel are appointed in line with the determined requirements.	34 (100.0%)
1.1.2.1.3.1 Professional nurses have received training in Basic Life Support (BLS).	33 (97.1%)
1.2.2.1.3.2 CHECKLIST: Training is provided to professional nurses on clinical guidelines.	32 (94.1%)
1.2.2.1.3.6 CHECKLIST: The targets for proxy indicators for clinical risk are met.	32 (94.1%)
1.5.1.1.1.2 A signed copy of the service level agreement between the security company and the provincial department of health is available.	31 91.2%)

6.3 CLINICAL SERVICES FUNCTIONAL AREA

In this functional area, the inspection assesses the adequacy of the clinical services provided at the HEs. This includes assessing whether the required medicines and equipment are available, whether patient records are completed, maintained and stored (archived) adequately, the cleanliness of the HEs, and whether users are prioritised based on the seriousness of their medical condition, as well as other aspects of how clinical services are organised. All the three (3) NNVs in the PHC clinic inspection tool are in this functional area.

The top five (5) most commonly non-compliant measures in this functional area are listed in Table 6 below. The three commonly non-complied measures entailed the clinical assessment and management plan for users be recorded in the user record as well as availability of basic medical supplies (consumables), with 32 (94.1%) of the inspected HEs not compliant with this measure. This was followed by two measures at 85.3%, namely, the emergency trolley that is stocked with the medicines and equipment as well as the management of health records.

The emergency trolley that is not adequately stocked, raises serious concerns as far as management of clinical emergencies is concerned. When clinical records are not completed and stored as prescribed, the quality of clinical care including aspects such as continuity of care are compromised, while the lack of critical and essential medical supplies and equipment has potential serious consequences for user safety and the overall quality of care that users receive.

Table 6: Five most commonly non-compliant measures in the Clinical Services functional area

Measure names	Non-compliant HEs (N)
2.2.1.2.2.1 CHECKLIST: Clinical assessment and management plan for the user is recorded in the user record.	32 (94.1%)
2.3.1.1.1.1 CHECKLIST: Basic medical supplies (consumables) are available.	32 (94.1%)
2.2.1.2.2.2 CHECKLIST: Clinical assessment and management plan for the patient is recorded in the patient record. (paediatric care).	32 (94.1%)
2.2.1.1.1.1 CHECKLIST: The health establishment complies with health records management guidelines.	29 (85.3%)
2.3.2.1.1.3 CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	29 85.3%)

6.4 DISPENSARY OR MEDICINE CUPBOARD

Measures inspected in this functional area include whether the medicines are managed and stored as required and whether the area where the medicines are kept is clean. The top five non-compliant measures in this functional area are listed in Table 7 below. The most commonly non-compliant measure in this functional area is the requirement that the availability of handwashing facilities, with 17 (50%) of HEs inspected not compliant with this measure. The second most commonly non-compliant measure is Standard Operation Procedure (SOP) for the management of medicines, with 14 (41.2%) followed by the availability of tracer medicines, with 13 (38.2%) of inspected HE not compliant with these measures.

The other concerning commonly non-compliant measures include the Schedules 5 and 6 medicines' registers not completed correctly in 12 (32%) of inspected HEs.

Table 7: Five most commonly non-compliant measures in the Dispensary or Medicine Cupboard functional area

Measure names	Non-compliant HEs (N)
3.2.3.1.1.1 CHECKLIST: Hand washing facilities are available.	17 (50.0%)
3.3.1.1.1.1 CHECKLIST: The standard operating procedure for management of medicines is available.	14 (41.2%)
3.3.1.1.2.1 CHECKLIST: 90 % of the medicines on the tracer medicine list are available.	13 (38.2%)
3.3.1.1.2.5 The register for schedule 5 and 6 medicines is completed correctly.	12 (35.3%)
3.2.2.1.1.3 All work completed is signed off by the cleaners.	11 (32.4%)

6.5 MAINTENANCE SUPPORT FUNCTIONAL AREA

In this functional area, the inspections focus on assessing whether the HEs buildings and grounds are maintained adequately to ensure that they are safe for providing healthcare services for both users and staff. Other aspects included in this functional area are measures that assess whether the HEs have back-up supply of water and electricity to be able to continue providing services even during electricity or water supply disruptions.

An analysis of the top five most commonly non-compliant measures in this functional area identified the requirement that buildings comply with safety regulations at 30 (88.2%) of inspected HEs non-compliant with this measure. The maintenance of buildings and grounds was the second most non-complied with measure at 29 (85.3%).

Other measures in the top five most commonly non-complied with include inadequate management of general and medical waste, not testing and maintaining the available electricity back-up system as well as availability of maintenance schedule for buildings and grounds. Non-compliance with measures in this functional area is a concern because this compromises the safety of users and healthcare workers at affected HEs.

Table 8: Five most commonly non-compliant measures in the Maintenance Support functional area

names	Non-compliant HEs (N)
4.5.1.1.1.1 CHECKLIST: The building(s) complies with safety regulations.	30 (88.2%)
4.5.1.1.2.2 CHECKLIST: Observe if the areas of the building(s) listed below are maintained.	29 (85.3%)
4.2.1.1.1.1 CHECKLIST: The healthcare risk waste intermediate/temporary storage area complies with the minimum requirements listed below.	27 (79.4%)
4.5.2.1.1.4 CHECKLIST: The back-up electricity supply system is tested and maintained.	26 (76.5%)
4.5.1.1.2.1 The maintenance schedule for building(s) and grounds is available.	25 73.5%)

7. TOP-PERFORMING MEASURES PER FUNCTIONAL AREA

While it is important to identify and discuss areas of non-compliance, it is also important to highlight areas of compliance to identify areas or aspects of quality of care where the inspected HEs performed well. The following sections identify the measures most complied with and identifies the top five measures in this category per functional area.

7.1 CLINIC MANAGER

In this functional area, the measures most complied with are the availability of required documents, including SOPs and SLA. The standard operating procedure for standard precautions was compliant in 31 (91.2%) of inspected HEs, followed by the availability of the standard operating procedure for the management of users with highly infectious diseases which was compliant in 30 (88.2%) of inspected HEs.

The other measures mostly complied with in this functional area include, among others, the availability of the signed waste removal service level agreement between the health department and the service provider and the standard operating procedures (SOPs) to prioritise very sick frail and elderly health care users in 29 (85.3%) inspected HEs, as outlined in Table 9 below.

Table 9: Five most complied with measures in the Clinic Manager functional area

Measure names	Compliant HEs (N)
1.2.3.1.1.2 CHECKLIST: The standard operating procedure for standard precautions is available.	31 (91.2%)
1.2.3.1.1.1 CHECKLIST: The standard operating procedure for the management of users with highly infectious diseases is available.	30 (88.2%)
1.2.4.1.1.2 A copy of the signed waste removal service level agreement between the health department and the service provider is available.	29 (85.3%)
1.1.2.1.1.1 CHECKLIST: The standard operating procedure (SOP) to prioritise very sick frail and elderly health care users is available.	29 (85.3%)
1.2.1.2.1.1 CHECKLIST: The standard operating procedure for informed consent is available which includes the aspects listed below.	29 85.3%)

7.2 CLINICAL SERVICES

The most commonly complied measures in this functional area include all 34 (100%) of HEs compliant with availability of oxygen cylinder with pressure gauge. The availability of oxygen in the cylinder above the minimum leve, implementation of the process to fast track very sick frail and elderly users to the front of the queue as well as the wearing of uniform by security guards followed at 97.1%. The first two (2) complied measures are part of the three (3) NNVs in this functional area (see Table 10).

Table 10: Five most complied with measures in the Clinical Services functional area

Measure names	Compliant HEs (N)
2.3.2.1.1.4 An oxygen cylinder with pressure gauge is available.	34 (100.0%)
2.3.2.1.1.5 The oxygen available in the cylinder is above the minimum level.	33 (97.1%)
2.1.2.1.1.1 The process to fast track very sick frail and elderly users to the front of the queue is implemented.	33 (97.1%)
2.5.1.1.1.1 The security guards wear uniform.	33 (97.1%)
2.3.1.1.1.2 CHECKLIST: Three scripts in the consultation rooms are correlated with the medicines dispensed to ensure that all medicines were received as prescribed.	32 (94.1%)

7.3 DISPENSARY OR MEDICINE CUPBOARD

The measure most commonly complied with was that 32 (86.5%) of HEs met the requirement that no expired medicines should be on the shelves. This was followed by 29 (85.3%) of HEs where appropriate containers for disposal of pharmaceutical waste were available. The electronic network system for monitoring the availability of medicine was used effectively in 29 (85.3%) of inspected HEs, while 28 (82.4%) complied with the maintenance of cold chain procedure for vaccines.

Table 11: Five most complied with measures in the Dispensary or Medicine Cupboard functional area

Measure names	Compliant HEs (N)
3.3.1.1.2.6 There is no expired medicine on the shelves.	32 (86.5%)
3.2.4.1.1.1 Appropriate containers for disposal of pharmaceutical waste are available.	29 (85.3%)
3.3.1.1.1.2 CHECKLIST: The electronic network system for monitoring the availability of medicines is used effectively	29 (85.3%)
3.3.1.1.2.4 CHECKLIST: Cold chain procedure for vaccines is maintained.	28 (82.4%)
3.5.1.1.1.1 The Dispensary/Medicine Room has a functional air conditioner.	27 (79.4%)

7.4 MAINTENANCE SUPPORT

The top five measures most complied with in this functional area are listed in Table 12 below. Of the 34 HEs inspected, 31 (91.2%) complied with the emergency exits being kept free of obstacles and fire extinguishing devices that are serviced annually, while 30 (88.2%) had a functional sewerage system, and 29 (85.3%) ensured safe disposal of general waste. The other measures most complied with in this functional area include functional sewerage system in 30 (88.2%) of the inspected HEs, both the safe disposal of general waste and the health establishment having functional piped water supply at 29 (85.3%) of HEs inspected.

Table 12: Five most complied with measures in the Maintenance Support functional area

Measure names	Compliant HEs (N)
4.5.1.1.3.2 All emergency exits are kept free of obstacles.	31 (91.2%)
4.5.1.1.1.2 Fire extinguishing devices are serviced annually.	31 (91.2%)
4.5.2.1.1.5 The sewerage system is functional.	30 (88.2%)
4.2.1.1.1.2 There is safe disposal of general waste.	29 (85.3%)
4.5.2.1.1.1 The health establishment has a functional piped water supply.	29 (85.3%)

8. Performance on domains

As explained in chapter 1, domains are the 5 main chapters of the inspection tools, including (1) Clinical Governance and Clinical Care, (2) Clinical Support Services, (3) Governance and Human Resources, (4) User Rights, and (5) Facilities and Infrastructure. The performance of the inspected HEs against the domains is outlined in Figure 17 below.

8.1 PERFORMANCE OUTCOMES AGAINST SPECIFIC DOMAINS

The highest average scores achieved by inspected HEs in the province were in the User Rights at 67% followed by Clinical Support Services at 66%. The third and fourth highest average performance was achieved in the Facilities and Infrastructure and Clinical Governance at 60% and 58% respectively, while the lowest average score was achieved in the Governance and Human Resources domain (38%). The low average score for the Governance and Human Resources domain is of concern because it seems to suggest that there may be leadership and human capital capacity challenges at the inspected HEs, to which the low overall compliance rate in inspected HEs in the province may be attributed.

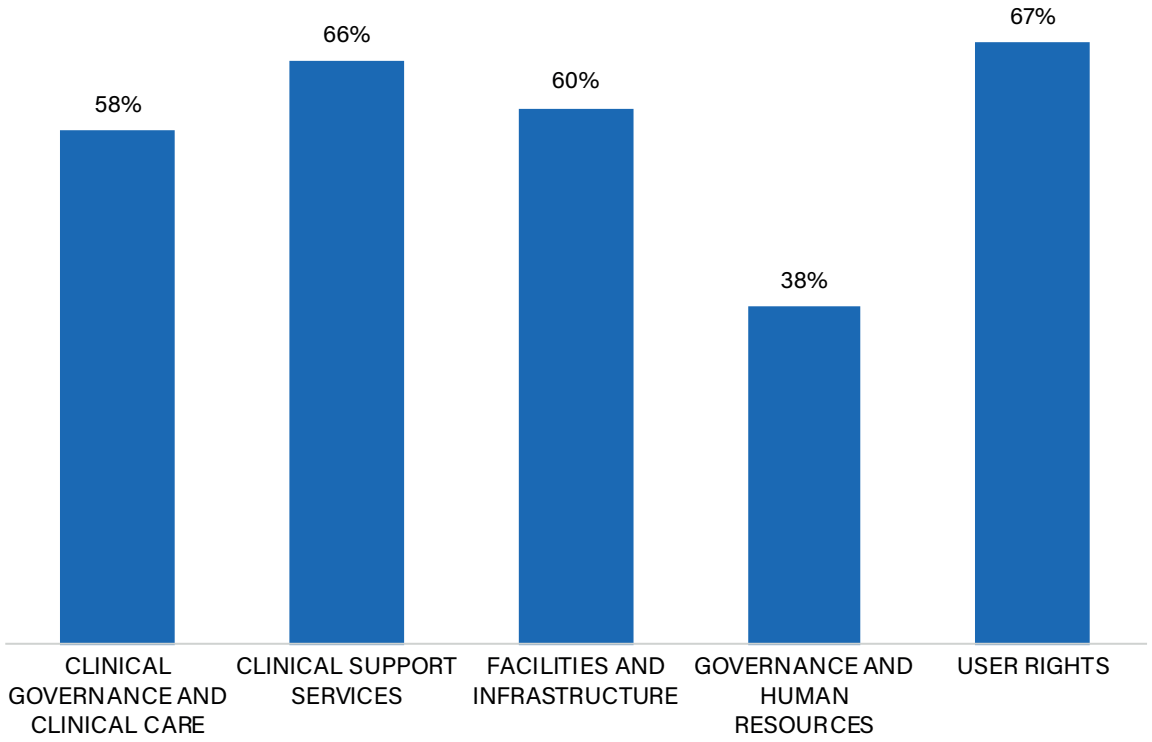


Figure 16: Average performance of all inspected HEs across the five domains

8.2 PERFORMANCE OUTCOMES BY DOMAINS PER DISTRICT

Ngaka Modiri Molema district obtained the highest average score (68%) in the Clinical Governance and Clinical Care domain, followed by both Dr, Kenneth Kaunda and Dr. Ruth Segomotsi Mompati districts (64%). Bojanala Platinum district obtained the lowest score (32%) in this domain. The highest average score in the Clinical Support Services domain was obtained by Dr. Kenneth Kaunda district (79%), followed by Ngaka Modiri Molema district (73%) and the third highest being obtained by Dr. Ruth Segomotsi Mompati district (72%). The lowest average score in this domain was obtained by Bojanala Platinum district (34%).

Dr. Kenneth Kaunda district obtained the highest average scores in 2 of the 5 domains, with the lowest score obtained by this district being in the Governance and Human Resources domain (43%). All the four districts obtained scores below 50% in the Governance and Human Resources domain. The lowest performing district was Bojanala Platinum district, which obtained below 50% in all the domains (with the lowest being Governance and Human Resources domain at 18%).

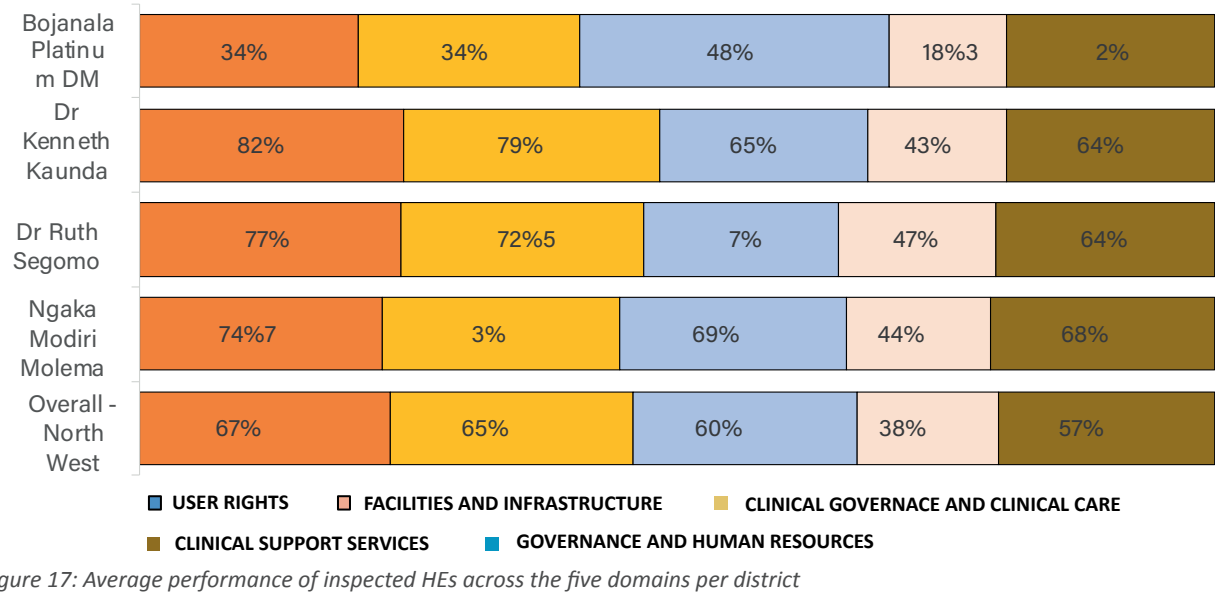


Figure 17: Average performance of inspected HEs across the five domains per district

8.3 TOP FIVE FAILED MEASURES PER DOMAIN

Table 12 below identifies the top failed measures in each of the five domains. The table outlines the specific measures for which most of the HEs did not meet the specific requirements and thus should assist the authorities to have a clearer picture of the areas of gaps or challenges within the inspected HEs.

Table 13: Most failed measures across the five domains per district

DOMAINS	MEASURE NAMES	NON-COMPLIANT HEs (N)
CLINICAL GOVERNANCE AND CLINICAL CARE	2.2.1.2.2.1 CHECKLIST: Clinical assessment and management plan for the user is recorded in the user record.	32 (94.1%)
	1.2.2.1.3.6 CHECKLIST: The targets for proxy indicators for clinical risk are met.	32 (94.1%)
	1.2.2.1.3.2 CHECKLIST: Training is provided to professional nurses on clinical guidelines.	32 (94.1%)
	2.2.1.2.2.2 CHECKLIST: Clinical assessment and management plan for the patient is recorded in the patient record. (paediatric care).	32 (94.1%)
	1.2.3.1.1.4 CHECKLIST: All healthcare workers are made aware of the provincial letter or memo or circular or policy that inform personnel of the procedure to follow for prophylactic vaccinations.	31 (91.2%)
CLINICAL SUPPORT SERVICES	2.3.1.1.1.1 CHECKLIST: Basic medical supplies (consumables) are available.	32 (94.1%)
	2.3.2.1.1.3 CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	29 (85.3%)
	2.3.2.1.1.2 CHECKLIST: The emergency room or resuscitation room is equipped with functional basic resuscitation equipment.	28 (82.4%)
	2.3.2.1.1.1 CHECKLIST: Essential equipment is available and functional in consultation areas.	21 (61.8%)
	3.3.1.1.1.1 CHECKLIST: The standard operating procedure for the management of medicines is available.	14 (41.2%)
FACILITIES AND INFRASTRUCTURE	1.5.1.1.1.2 A signed copy of the service level agreement between the security company and the provincial department of health is available.	31 (91.2%)
	4.5.1.1.1.1 CHECKLIST: The building(s) complies with safety regulations.	30 (88.2%)
	1.5.1.1.1.3A designated person monitors the service level agreement for security services.	30 (88.2%)
	4.5.1.1.2.2 CHECKLIST: Observe if the areas of the building(s) listed below are maintained.	29 (85.3%)
	4.5.2.1.1.4 CHECKLIST: The back-up electricity supply system is tested and maintained.	26 (76.5%)
GOVERNANCE AND HUMAN RESOURCES	1.4.2.1.1.2Personnel are appointed in line with the determined requirements.	34 (100.0%)
	1.4.1.1.1.1CHECKLIST: There is a functional Clinic Committee.	28 (82.4%)
	1.4.2.1.2.1 CHECKLIST: The Performance Management system is adhered to.	28 (82.4%)
	1.4.2.1.1.1 Staffing needs have been determined in line with workload requirements.	27 (79.4%)
	1.4.3.1.1.3 Risk mitigation interventions are implemented for identified risks.	26 (76.5%)

USER RIGHTS	1.1.2.1.3.1 Professional nurses have received training in Basic Life Support (BLS).	33 (97.1%)
	1.1.2.1.2.3 The health establishment reports delays in Emergency Medical Service response times to the relevant authority.	23 (67.6%)
	1.1.3.1.2.2 The waiting time survey report is available.	19 (55.9%)
	2.1.2.2.1.1 CHECKLIST: There is a referral register that records referred users which includes the details listed below.	18 (53.9%)
	1.1.3.1.1.1 A quality improvement plan indicates corrective measures taken where waiting time targets are not met.	17 (50.0%)
	1.1.3.1.1.1 A quality improvement plan indicates corrective measures taken where waiting time targets are not met.	17 (50.0%)

8.4 PERFORMANCE OUTCOME ON SPECIFIC MEASURES BY STANDARDS PER DOMAIN

Figures 18 to 22 below show average or aggregate performance on measures at the level of standards per domain across all inspected HEs (for Northwest province). The information in the five figures below together with the information in Table 12 above identify specific areas that need improvement to assist the HEs to meet the requirements for provision of good quality healthcare services and thereby comply for certification.

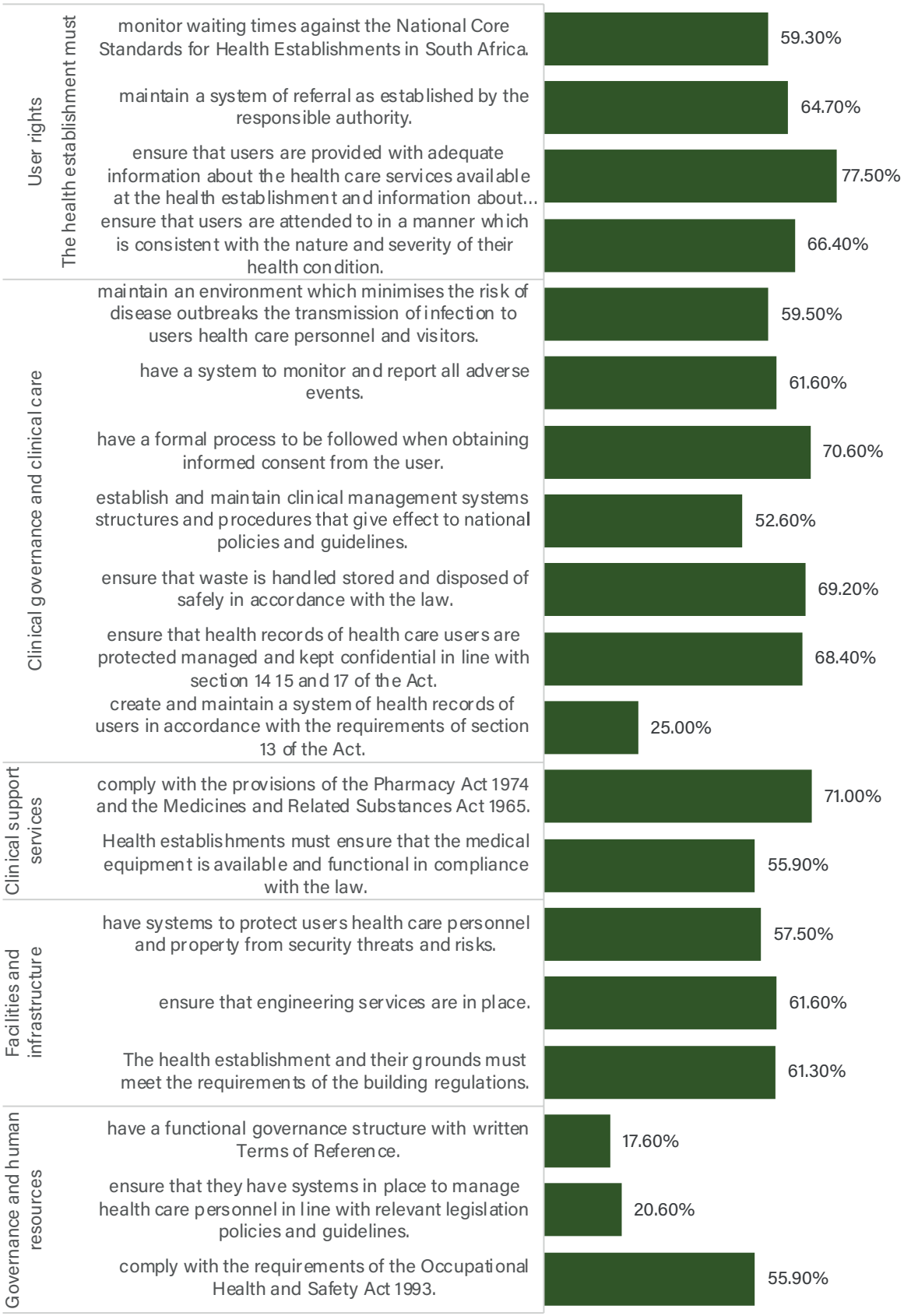


Figure 22: Aggregate performance on measures by standards in the User Rights domain

9. RECOMMENDATIONS

- The HEs inspected in the NW province generally performed sub-optimally, with only 11.8% achieving compliance. The province and district must provide more support to HEs in preparation for inspections, as well as to sustain performance against the promulgated Norms and Standards. The provincial Quality Improvement management team to consider developing a structured and sustained plan of action for this.

- Bojanala Platinum district obtained 0% compliance and will need dedicated support from the provincial quality improvement team.

- The province to focus on enforcing compliance with the 3 NNVs, which made HEs that had achieved the required threshold score and grades be certified non-compliant. Had the inspected HEs complied better with the NNVs, a higher proportion of HEs would have been certified compliant.

- The NNV with the highest rate of non-compliance was the medicines and equipment required in the emergency trolley. Given the importance of the emergency trolley in the ability of the HEs to provide safe and quality life-saving services, the province must enforce compliance with this measure.

- The high rate of non-compliance with the management of schedule 5 and 6 medicines in inspected HEs require dedicated and urgent attention.

- The province to identify all measures with high rates on non-compliance and support HEs to develop and oversee the implementation of quality improvement plans.

10. CONCLUSION

The HEs inspected in the NW province generally performed sub-optimally, with only 11.8% achieving compliance. There were thirty-four (34) HEs inspected in the province in the FY 2020/21 across the four districts, 30 (88.2%) were found to be non-compliant and issued with compliance notices, while 4 (11.8%) were found to be compliant and thus issued with compliance certificates.

The inspection findings show that majority, 14 (41,2%) of the 34 inspected HEs obtained an Unsatisfactory Grading which automatically resulted in a non-compliant status, followed the Satisfactory Grading at 29.4%, followed by the Good Grading at 23.5%, and the remaining 5,9% achieved an Excellent Grading. There were HEs graded Excellent, Good and Satisfactory however, were found to be non-compliant because they did not meet the requirements for NNVs.

It was also noted that only 5 of the 34 inspected HEs achieved a 100% requirement for NNVs and furthermore, there was 1 HE that did not attain the compliance status despite having met the NNVs requirements. The outcome of the 1 HE demonstrates that all the thresholds for all the 3 risk ratings must be met to achieve compliance and improved overall grading outcome. The NNV measure was commonly not complied with was the one that required that the emergency trolley be stocked with the required medicines and equipment which demonstrates that there was no emergency preparedness by the inspected HEs which may result in avoidable adverse events.

11. ANNEXURES

11.1 COMPLIANCE STATUS AND OVERALL GRADING BY HEALTH ESTABLISHMENT

Table 14: Performance of health establishments by overall grading and compliance status outcome

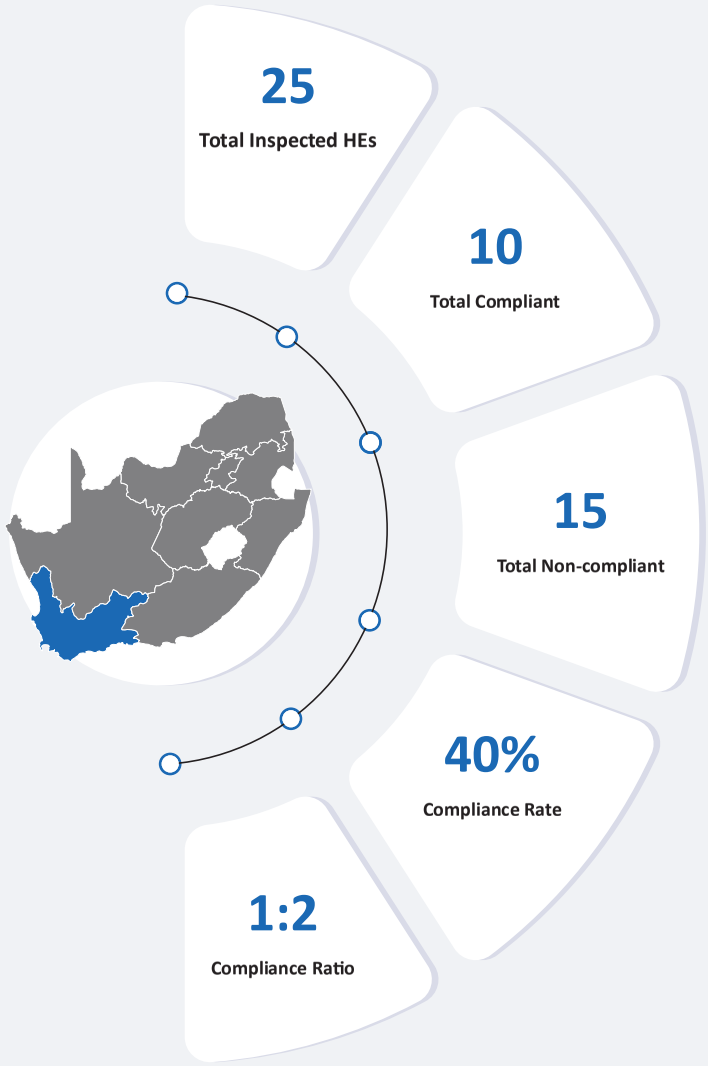
District	Sub District	Establishment Name	Overall Grade	Compliance Decision
nw Bojanala Platinum District Municipality	nw Madibeng Local Municipality	nw Maboloka Clinic	Unsatisfactory	Not Compliant
		nw Oukasie Clinic	Unsatisfactory	Not Compliant
		nw Sonop Clinic	Unsatisfactory	Not Compliant
		nw Majakaneng Clinic	Unsatisfactory	Not Compliant
		nw Jericho Clinic	Unsatisfactory	Not Compliant
		nw Hoekfontein (Mmakau) Clinic	Unsatisfactory	Not Compliant
		nw Mothutlong Clinic	Unsatisfactory	Not Compliant
		nw Hartbeespoort Clinic	Unsatisfactory	Not Compliant
nw Dr Kenneth Kaunda District Municipality	nw JB Marks Local Municipality	nw Boskop Clinic	Excellent	Compliant
		nw Ventersdorp Gateway Clinic	Satisfactory	Not Compliant
		nw Mogopa Clinic	Satisfactory	Not Compliant
		nw Mohadin Clinic	Unsatisfactory	Not Compliant
	nw Maquassi Hills Local Municipality	nw Bophelo Clinic	Excellent	Compliant
		nw Makwassie Clinic	Unsatisfactory	Not Compliant
		nw Tswelelang 1 Clinic	Unsatisfactory	Not Compliant
		nw Kgakala Clinic	Unsatisfactory	Not Compliant
		nw Segametsi Mogaetsho Clinic	Good	Not Compliant
		nw Wolmaransstad Town Clinic	Unsatisfactory	Not Compliant
nw Dr Ruth Segomotsi Mompati District Municipality	nw Mamusa Local Municipality	nw Ipelegeng Clinic	Good	Compliant
		nw Schweizer-Reneke Town Clinic	Satisfactory	Compliant
		nw Amalia Clinic	Good	Not Compliant
		nw Glaudina Clinic	Satisfactory	Not Compliant
	nw Lekwa-Teemane Local Municipality	nw Coverdale Clinic	Good	Not Compliant
		nw Boitumelong Clinic	Satisfactory	Not Compliant
		nw Utlwanang Clinic	Unsatisfactory	Not Compliant
		nw Christiana Town Clinic	Unsatisfactory	Not Compliant

District	Sub District	Establishment Name	Overall Grade	Compliance Decision
nw Ngaka Modiri Molema District Municipality	nw Ditsobotla Local Municipality	nw AfriSam Clinic	Good	Not Compliant
		nw Bodibe 2 Clinic	Good	Not Compliant
		nw Itsoseng Clinic	Satisfactory	Not Compliant
		nw Lichtenburg Municipal Clinic	Good	Not Compliant
		nw Bodibe 1 Clinic	Good	Not Compliant
		nw Boikhutso Clinic	Unsatisfactory	Not Compliant
		nw Blydeville Clinic	Unsatisfactory	Not Compliant
		nw Blydeville 2 Clinic	Satisfactory	Not Compliant

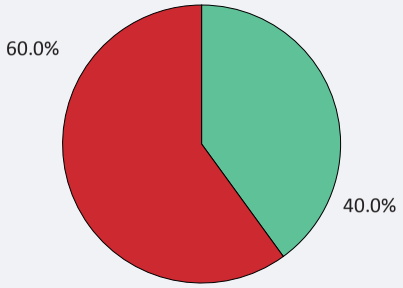
WESTERN CAPE

SUMMARY OF INSPECTED HEALTH ESTABLISHMENTS OUTCOMES IN WESTERN CAPE PROVINCE FY 2020/21

Figure 1: Summary of inspected health establishments in Western Cape Province FY 2020/21

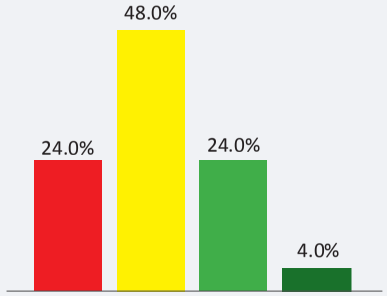


Compliance status outcome



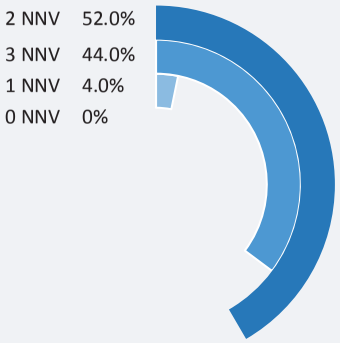
Of all 25 inspected HEs in the province, 40% (n=10) met the compliance requirements.

Overall grading outcome



Of all the 25 inspected HEs in the province, 4% were graded "excellent." While 24% of HEs were graded "good" and 48% of HEs were graded "satisfactory" . The unsatisfactory grade was allocated to the remaining 24%.

Performance of NNV



Non-negotiable vitals (NNVs) are those measures on which a health establishment must score 100% to be certified compliant.
The majority (52.0%) of the inspected HEs in the province complied with only two (2) of the three (3) NNVs, followed by those that complied with all the three (3) NNVs (44.0%) and then those that complied with only 1 NNV (4.0%). There were no HEs that failed to comply with all three(3) NNVs. .

Overall grading per district

District	Total inspected	Compliance rate	Overall grading			
			Excellent	Good	Satisfactory	Unsatisfactory
Cape Winelands DM	9	44.4%	0.0%	11.1%	66.7%	22.2%
City of Cape Town MM	1	0.0%	0.0%	100.0%	0.0%	0.0%
Garden Route DM	10	50.0%	10.0%	20.0%	50.0%	20.0%
West Coast DM	5	20.0%	0.0%	40.0%	20.0%	40.0%

Compliance: Non-compliant Compliant **Grading** Unsatisfactory Satisfactory Good Excellent

1. DISTRIBUTION OF HEALTH ESTABLISHMENTS INSPECTED IN THE WESTERN CAPE PROVINCE PER DISTRICT

A total of 25 public sector health establishments (HEs) were inspected in the Western Cape (WC) province in the 2020/21 financial year (see Figure 1 below). All the HEs inspected are PHC clinics as the Office adopted a phased in approach in the implementation of the regulations starting with the clinics as the entry point to the health care system. The 25 HEs were distributed across the four (4) districts as indicated below, with the most 10 inspections conducted in the Garden Route district, followed by the Cape Winelands nine (9) and the Western Coast district five (5). Only one HE was inspected in the City of Cape Town.

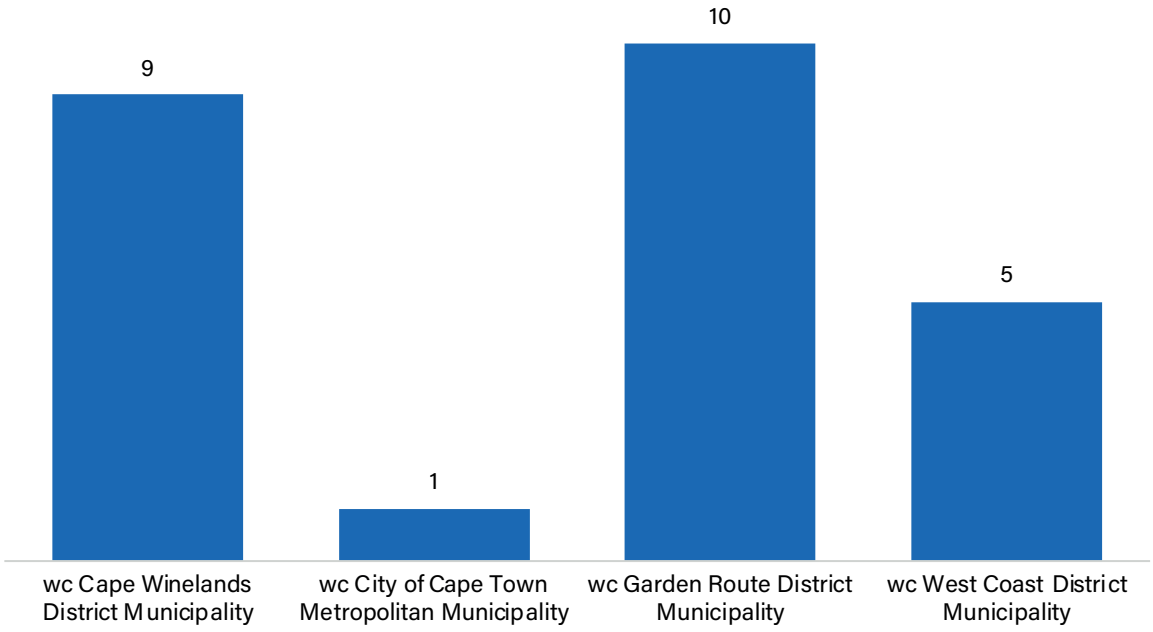


Figure 2: Total number of HEs inspected per district, FY 2020/21

2. COMPLIANCE STATUS OUTCOME OF INSPECTED HEs, F/Y 2020/21

The compliance status outcome is a result of collation of performance of a health establishment as determined by scores against the measures in the applicable inspection tool and processed through a Compliance Status Framework (CSF). The scores are aggregated according to the various risk-rated measure categories to arrive at a grading outcome. Once a grading outcome is determined, the next step is to determine the performance of the health establishment on the non-negotiable vital (NNV) measures. A final decision on the compliance status outcome is then arrived at following the rules and guidelines as outlined in the applicable CSF. A dedicated and specific CSF document is developed as part of the inspection tool development process for all the different categories of health establishments.

The measures in the inspection tool are risk-rated into 3 categories (essential, vital, and non-negotiable vital measures). There are threshold cut-off levels for performance in each of the essential and vital risk-rated measure categories to determine grading outcome. There are four Grading categories namely, Excellent, Good, Satisfactory, and Unsatisfactory

The Non-negotiable vital (NNVs) measures are those measures that a HE must fully comply with

and score 100% on these to be certified compliant, subject to the HE achieving the minimum thresholds in the other two (2) risk categories resulting in a Grading outcome of Satisfactory, Good or Excellent. Non-compliance with any aspects of these NNVs automatically results in the HE being certified as non-compliant, irrespective of the grading outcome.

There are three (3) NNVs in the PHC clinic inspection tool made up of:

1. the emergency trolley be stocked with all the required medicines and equipment,
2. that an oxygen cylinder with a functional gauge be available, and
3. that the oxygen in the cylinder must be at or above the minimum level indicator.

Of the 25 HEs inspected in the province in the 2020/21 financial year, 15 (60%) were found to be non-compliant, while 10 (40%) were found to be compliant (see Figure3 below). The detailed description of the nature and extent of the non-compliance will be discussed in the next sections of this report.

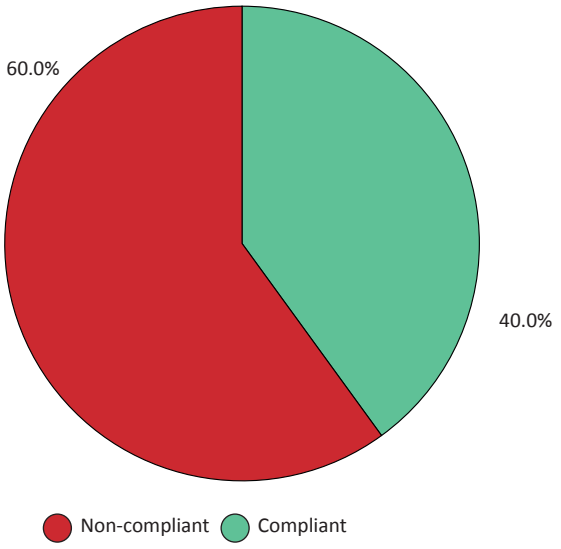


Figure 3: Compliance Status of inspected HEs, FY 2020/21 cycle

2.1 COMPLIANCE STATUS OUTCOME PER DISTRICT

In 2020/21, Garden Route district achieved the highest compliance rate of 50% representing five (5) of the 10 inspected HEs found to be compliant. The City of Cape Town Metro achieved the lowest compliance rate as the only one inspected HE was found to be compliant. The remaining districts achieved a compliance rate of 20% and 44,4% respectively as shown in Figure 5 below.

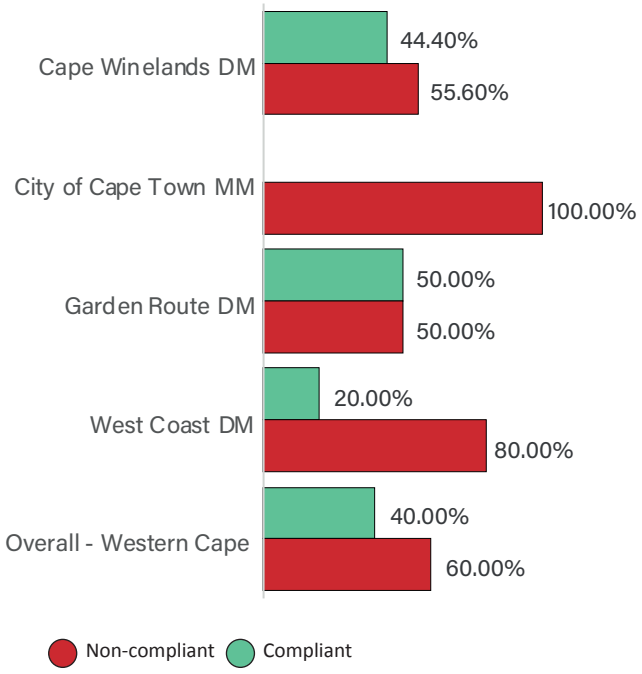


Figure 4: Compliance Status performance of inspected HEs per district, FY 2020/21

3. OVERALL GRADING PERFORMANCE OF INSPECTED HEs, FY 2020/21

The overall grading achieved by all HEs inspected in the province in the FY 2020/21 inspection cycle, as depicted in the Figure 6 below, shows that six (6) (24%) of all inspected HEs obtained an Unsatisfactory grading and would therefore automatically achieve a non-compliant status and be precluded from eligibility for certification.

The second most common grading outcome achieved by inspected HEs in the province is the Satisfactory Grading at 48%, followed by the Good category at 24%, and the remaining 4% achieved an Excellent Grading.

It is important to note that HEs could be graded Excellent, Good and Satisfactory, but still remain non-compliant because they did not meet the NNV requirements. Similarly, all HEs graded as Unsatisfactory are automatically non-compliant, even if they have complied with all the NNVs requirements.

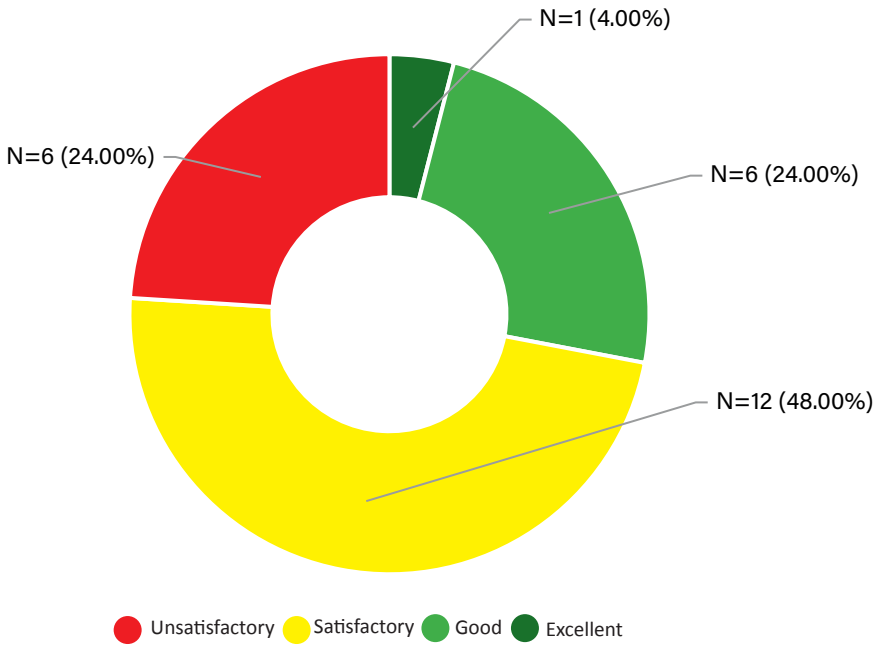


Figure 5: Grading performance of inspected HEs, FY 2020/21

3.1 PERFORMANCE ON OVERALL GRADING OUTCOME PER DISTRICT, ALL HEs

The grading outcomes in the province differed between the districts where the inspections were conducted in 2020/21. City of Cape Town Metropolitan Municipality achieved the highest proportion of HEs Graded as Excellent at 100%, while West Coast district achieved the highest proportion of HEs Graded as Good at 40%. Similarly, West Coast district had the highest proportion of HEs Graded as Unsatisfactory at 40%. Cape Winelands and Garden Route districts had the highest proportion of HEs Graded as Satisfactory at 66.7% and 50% respectively.

Six (6) of the HEs which had an Unsatisfactory Grading, will automatically be rendered non-compliant, irrespective of whether they complied with NNVs.

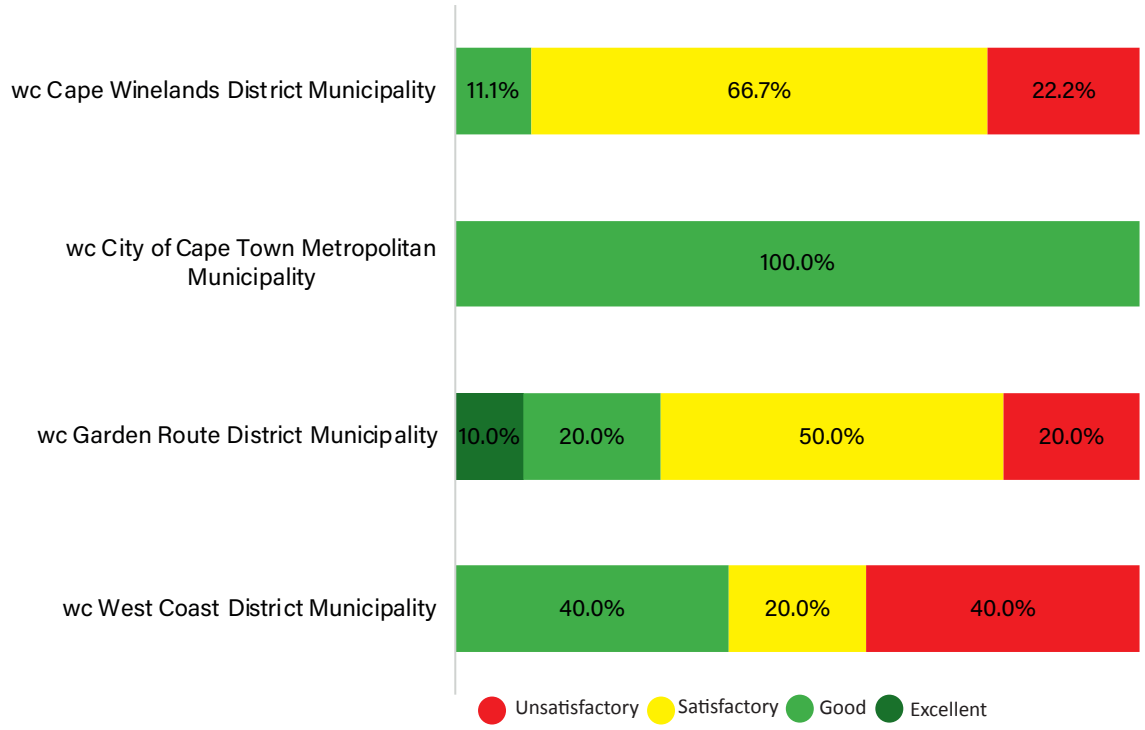


Figure 6: Grading performance of inspected HEs per district, FY 2020/21

3.2 OVERALL GRADING PERFORMANCE OF COMPLIANT HEs FY2020/21

The figure below indicates overall grading status for all compliant HEs per district. Among the compliant HEs, six (6) were Excellent, one Good, and three (3) were Satisfactory in terms of their Grading outcome. Of the four (4) districts inspected, only two (2) districts had HEs that were Graded as Excellent.

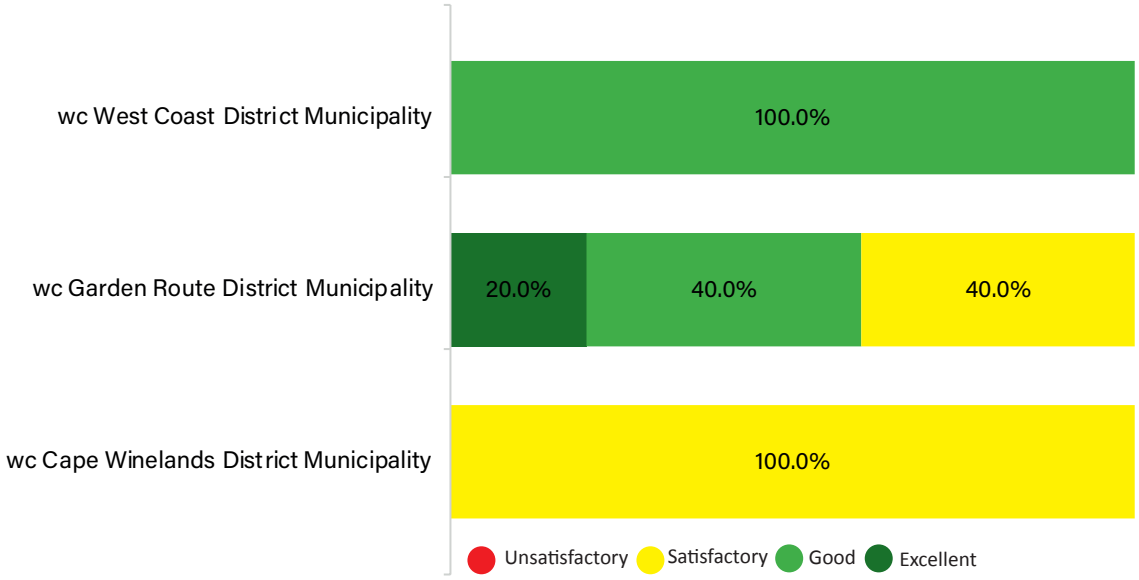


Figure 7: Grading performance of compliant HEs per district, FY 2020/21

3.3 OVERALL GRADING PERFORMANCE BY NON-COMPLIANT HEs

Figure 10 below indicate overall grading status for all non-compliant HEs per district. It is worth noting that there were three (3) HE in Cape Winelands District, City of Cape Town Metropolitan and West Coast district that were Graded as Excellent and still did not achieve a compliant status. A total of six (6) HEs that were Graded as Satisfactory and did not manage to achieve a compliant status. A total of 6 HEs were Graded as Unsatisfactory and therefore were not eligible for a compliant status.

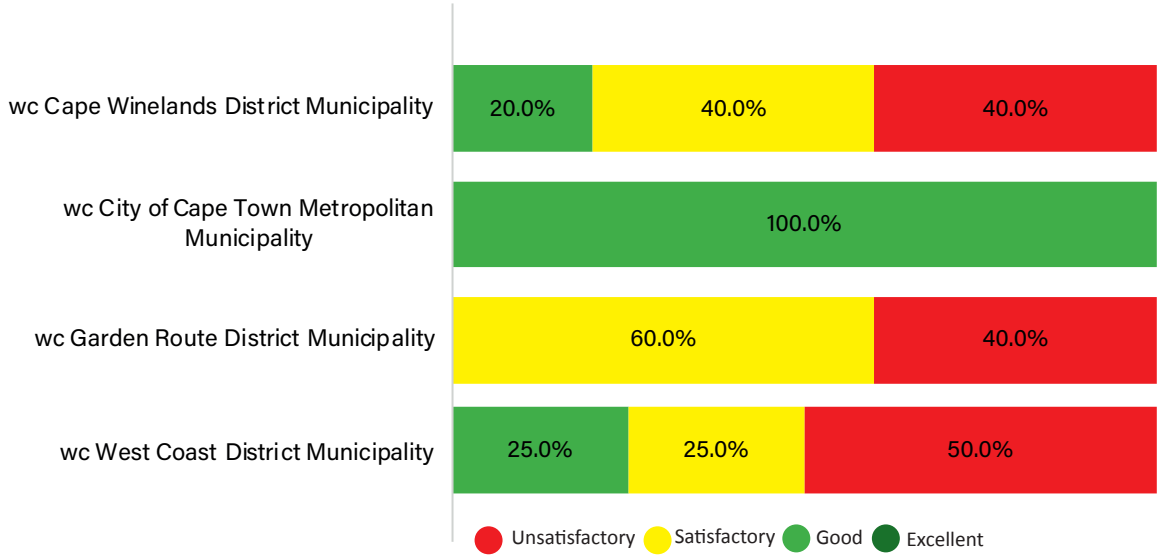


Figure 8: Grading outcome of non-compliant HEs per district, FY 2020/21

3.4 COMPLIANCE STATUS PERFORMANCE OF INSPECTED FACILITIES BY GRADING CATEGORY

Of the 25 inspected facilities during the period under review, six (6) were Graded as Unsatisfactory and therefore automatically achieved a non-compliant status. Twelve (12) HEs were Graded Satisfactory and only six (6) achieved a compliant status. A total of six (6) HEs were Graded as Good and only three (3) achieved a compliant status while the only one (1) Graded as Excellent and achieved compliant status.

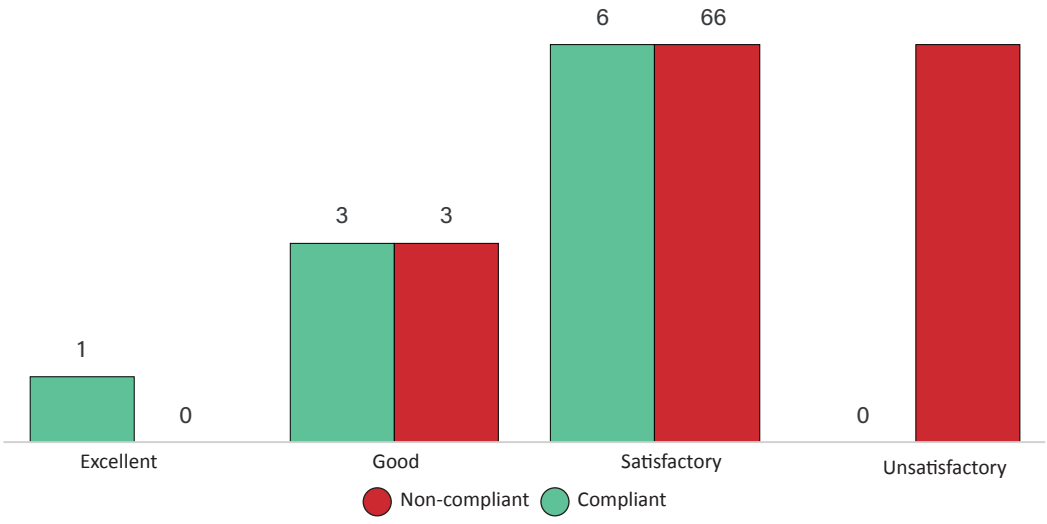


Figure 9: Compliance Status performance of inspected HEs by grading category, FY2020/21

4. PERFORMANCE OUTCOME ON NON-NEGOTIABLE VITAL (NNV) MEASURES

The majority (52.0%) of the inspected HEs in the province complied with only two (2) of the three (3) NNVs, followed by those that complied with all the three (3) NNVs (44.0%) and then those that complied with only 1 NNV (4.0%). There were no HEs that failed to comply with all three(3) NNVs.

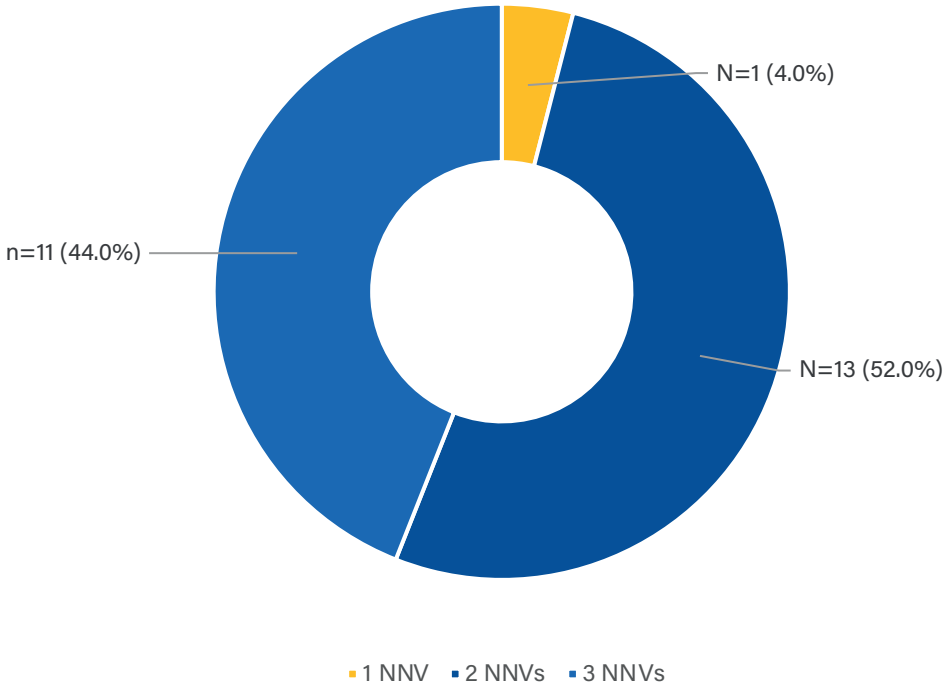


Figure 10: Performance of inspected HEs on non-negotiable vital measures

5. PERFORMANCE ON NON-NEGOTIABLE MEASURES (NNVS), FY 2020/21

The table 1 below shows that the NNV measure least complied with is the one with requirement that the emergency trolley be stocked with the required medicines and equipment, with 14 (56.0%) of the 25 inspected HEs found non-compliant with this specific measure. This is of concern because the medicines and equipment required in the emergency trolley are those that are needed to save life in medical emergencies when resuscitation and other advanced life support interventions are necessary to keep any user alive. Without all these medicines and equipment, preventable loss of life may occur. The second least complied with of the three (3) NNVs is the requirement that the oxygen cylinder contain oxygen above the minimum level indicator, with 1 (4.0%) of the inspected HEs not compliant against this measure. All inspected HEs, complied with requirement for availability of an oxygen cylinder with a functional pressure gauge.

Table 1: Performance of HEs on non-negotiable vital measures

NNVs	Total Compliant HEs N (%)	Total non-compliant HEs N (%)	Total inspected N (%)
2.3.2.1.1.3 Emergency trolley is stocked with the required medicines and equipment.	11 (44.0%)	14 (56.0%)	25
2.3.2.1.1.4 Availability of an oxygen cylinder with a functional pressure gauge.	25 (100.0%)	0 (0.0%)	25
2.3.2.1.1.3 Availability of oxygen in the cylinder above the minimum level.	24 (96.0%)	1 (4.0%)	25

The table below shows that Garden Route District Municipality had the highest proportion of HEs that complied with all the three (3) NNVs, at (50.0%) followed by Cape Winelands District and West Coast District Municipality at 44.4% and 40.0% respectively. Cape Winelands District and Garden Route District had the highest proportions of inspected HEs complying with 2 NNVs, while only 1 of 5 HEs in West Coast District complied one NNV.

Table 2: Performance of HEs per district on non-negotiable vital measures

District	0 NNV	1 NNV	2 NNVs	3 NNVs	Total
wc Cape Winelands District Municipality	0 (0.0%)	0 (0.0%)	5 (55.6%)	4 (44.4%)	9
wc City of Cape Town Metropolitan Municipality	0 (0.0%)	0 (0.0%)	1 (100.0%)	0 (0.0%)	1
wc Garden Route District Municipality	0 (0.0%)	0 (0.0%)	5 (50.0%)	5 (50.0%)	10
wc West Coast District Municipality	0 (0.0%)	1 (20.0%)	2 (40.0%)	2 (40.0%)	5
Grand Total	**0 (0.0%)**	**1 (4.0%)**	**13 (52.0%)**	**11 (44.0%)**	**25 (100%)**

As indicated above, the NNV measure that most of HEs failed to comply with was the one that required that the emergency trolley be stocked with the required medicines and equipment.

Figure 12 below lists the most commonly unavailable equipment that accounted for most of the non-compliance with this NNV measure. The defibrillator pads were the most commonly unavailable, with 8 (32.0%) of inspected HEs not having this critical life-saving equipment. This was followed by the unavailability of pulse oximeter with adult & paediatric probes, nasogastric tubes: 600mm fg 8 and electrodes for defibrillator with 6 (24.0%) respectively. Lastly, five (5) of inspected HEs did not have Automated External Defibrillator (AED) or ECG monitor. These items on the list are critical and their absence in a significant number of inspected HEs is of great concern as this is an indication that these HEs may not be able to effectively perform life-saving resuscitation should this be required.

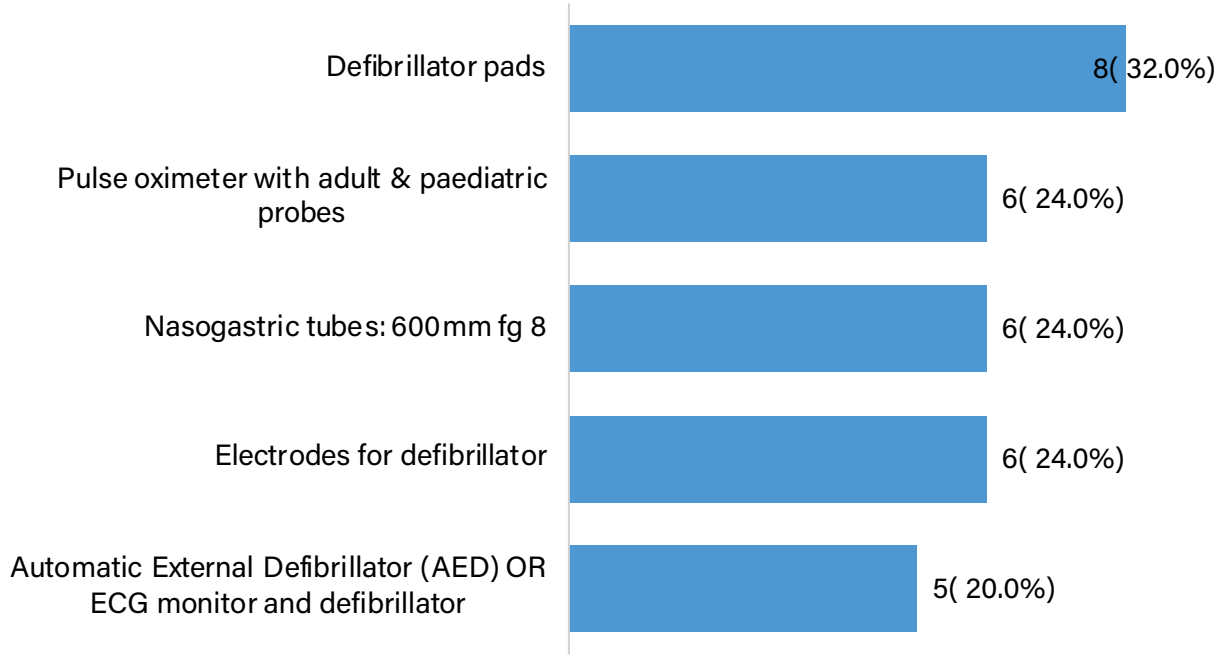


Figure 11: Most frequently unavailable equipment on the emergency trolley

6. Functional area performance

The inspection tool used to inspect the 25 PHC HEs in the province is divided into 4 sections called functional areas:

(1) Clinic Manager,
(2) Clinical Services,
(3) Dispensary or Medicine Cupboard, and
(4) Maintenance Support.

The average performance of the inspected HEs per functional area is shown in Figures 13 to 16 below.

6.1 VITAL AND ESSENTIAL MEASURES PERFORMANCE PER FUNCTIONAL AREA

The graph indicates the average scores for vital and essential measures attained per district for both compliant and non-compliant HEs. The error bars indicate the minimum and maximum scores, as well as spread of performance attained by HEs.

6.1.1. Clinic Manager Functional Area

Figure 13 below shows the overall performance of Vital and Essential measures in this functional area. City of Cape Town Metro and Eden District Municipality achieved the highest average performance on both Vital and Essential measures. The lowest performance on Vital measures was observed in Cape Winelands District at 49.01% and West Coast District at 50.13% respectively. The Clinic Manager functional area encompasses measures that seek to address leadership and governance critical to the functioning of the health establishment.

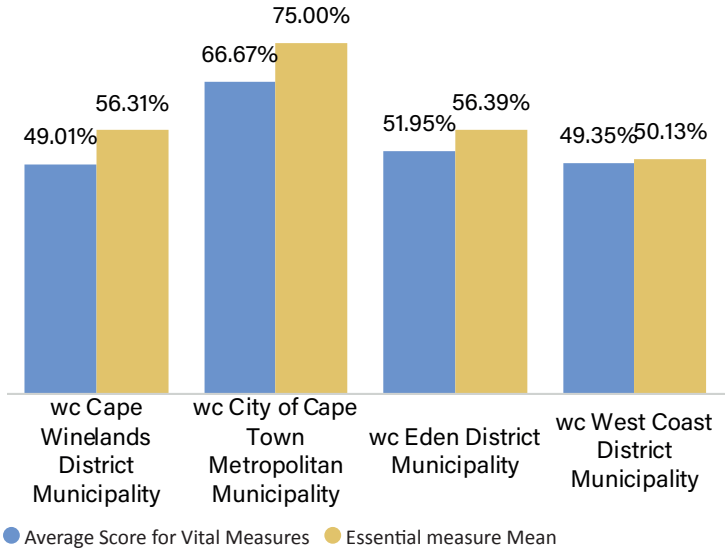


Figure 12: Average performance of Clinic Manager functional area of the inspected HEs

6.1.2. Clinical Services Functional Area

Figure 14 below shows that the overall performance in this functional area. City of Cape Town Metro and West Coast District achieved the highest average performance on Vital measures. Whereas on Essential measures, City of Cape Town Metro and Eden District Municipality achieved 71.4% and 69.5% respectively. The lowest performance was observed in Cape Winelands District Municipality on both Vital and Essential measures. The Clinical Services functional area relates to the systems, processes, and organisation of clinical service delivery. There is still an opportunity to improve some of these aspects to ensure that the PHC clinical services are of good quality.

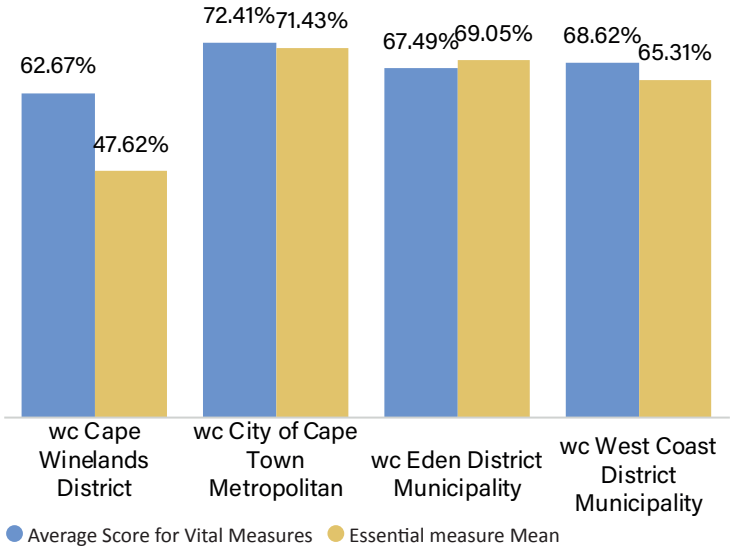


Figure 13: Average performance of Clinical Services functional area of the inspected HEs

6.1.3. Dispensary or Medicine Cupboard Functional Area

Figure 15 below shows that the overall performance in this functional area. The highest average performance was observed in Eden District Municipality and City of Cape Town Metropolitan on Vital measures. The lowest performance was observed in West Coast District at 80.07% on Vital measures. Eden District Municipality and West Coast District achieved the highest performance on Essential measures. Cape Winelands achieved the lowest performance at 49% on Essential measures.

The Dispensary or Medicine Cupboard functional area relates to the overall management of medicines including access and availability. Much as the average performance of this functional area is higher than the other three (3) functional areas, there is still room for improvement

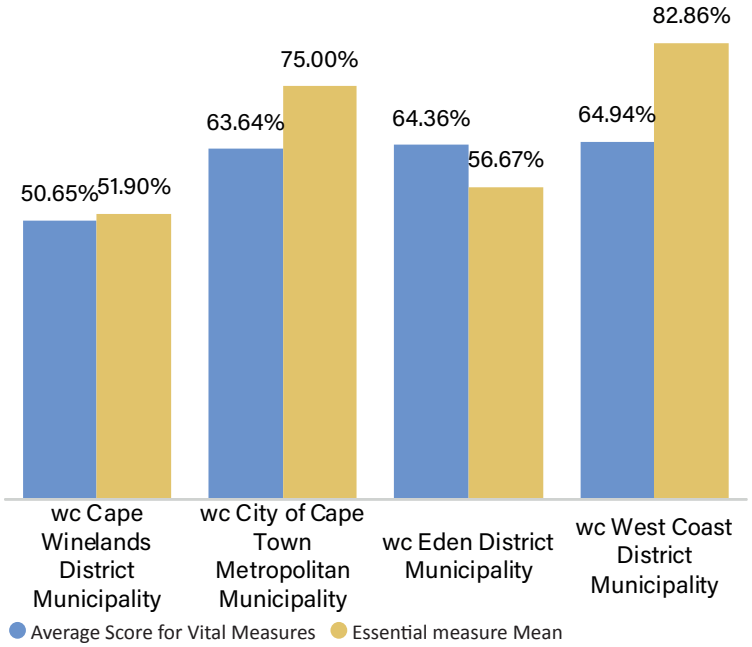


Figure 14: Average performance of Dispensary or Medicine Cupboard functional area of the inspected HEs

6.1.4. Maintenance Support Functional Area

Figure 16 below shows that the overall performance in this functional area. City of Cape Town Metro, West Coast District Municipality and Eden District Municipality achieved the highest average performances above 60% on Vital measures. The highest performance on Essential measures was observed in West Coast District Municipality followed by City of Cape Town Metro. The lowest performance on both Vital and Essential measures was observed in Cape Winelands.

The Maintenance Support functional area relates to the management and maintenance of the physical infrastructure including availability of back-up electricity supply and water.

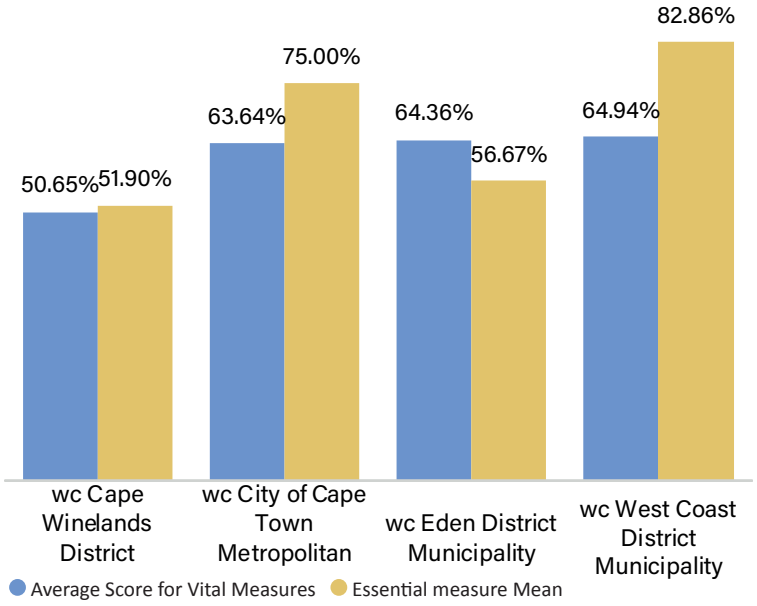


Figure 15: Average performance of Maintenance Support functional area of the inspected HEs

7. COMMONLY NON-COMPLIANT MEASURES PER FUNCTIONAL AREA

In order to understand and appreciate the performance of the inspected HEs in the 4 functional areas, an analysis of the most commonly non-compliant measures disaggregated from the overall performance in each of the 4 functional areas was conducted and the findings are as follows:

7.1 CLINIC MANAGER FUNCTIONAL AREA

Table 3 below indicates most commonly failed measures in this functional area, which included requirement for functional Clinic Committee. The failure of this requirement raises serious concerns as far as governance and community involvement in the health establishment. The second most commonly failed measure in this functional area is the requirement for Staffing needs determined in line with workload requirements and appointments of staff which has the potential of staff burn-out and patient safety been compromised.

Table 3: Five most commonly non-compliant measures in the Clinic Manager functional area

Item description	Non-compliant HEs
1.4.1.1.1.1 There is a functional Clinic Committee.	25 (100.0%)
1.4.2.1.1.1 Staffing needs have been determined in line with workload requirements.	23 (92.0%)
1.4.2.1.1.2 Personnel are appointed in line with the determined requirements.	23 (92.0%)
1.2.2.1.3.6 The targets for proxy indicators for clinical risk are met.	20 (80.0%)
1.4.3.1.1.1 CHECKLIST: The standard operating procedure for management of occupational health and safety incidents is available.	19 (76.0%)

7.2 CLINICAL SERVICES

In this functional area, the inspection assesses the quality and safety of the clinical services provided at the HEs. This includes assessing aspects such as cleanliness, waiting time monitoring, emergency readiness and triage of users. All the three (3) NNVs in the PHC clinic inspection tool are in this functional area.

The top five (5) most commonly failed measures in this functional area are listed in Table 4 below. The three commonly failed measures entailed clinical assessment and management plan for users and availability of basic medical supplies including consumables.

When clinical records are not completed and stored as prescribed, the quality of clinical care including aspects such as continuity of care is compromised, while the lack of critical and essential medical supplies and equipment has potential serious consequences for user safety and the overall quality of care that users receive.

Table 4: Five most commonly non-compliant measures in the Clinical Services Functional Area

Measure Name	Non-compliant HEs
2.2.1.2.2.1 Clinical assessment and management plan for the user is recorded in the user record.	25 (100.0%)
2.3.1.1.1.1 Basic medical supplies (consumables) are available.	25 (100.0%)
2.2.1.2.1.1 Biographical demographic and contact information of the user including next of kin is recorded in the user record.	25 (100.0%)
2.2.1.2.2.2 Clinical assessment and management plan for the patient is recorded in the patient record. (paediatric care).	24 (96.0%)
2.1.1.1.4.1 Results of the Patient Experience of Care Survey are visibly displayed.	20 (88.0%)

7.3 DISPENSARY OR MEDICINE CUPBOARD

Measures inspected in this functional area include whether the medicines are managed and stored as required and whether the area where the medicines are kept is clean. The top five non-compliant measures in this functional area are listed in Table 5 below.

The most commonly non-compliant measure in this functional area is the requirement of electronic network system for monitoring the availability of medicines and Standard Operation Procedure (SOP) for the management of medicines, with 23 (92.0%) and 16 (64.0) respectively.

The other concerning commonly non-compliant measures include Schedule 5 and 6 registers not being completed correctly in 6 (24.0%) of inspected HEs.

Table 5: Five most commonly non-compliant measures in the Dispensary or Medicine Cupboard functional area

Item description	Non-compliant HEs
3.3.1.1.1.2 The electronic network system for monitoring the availability of medicines is used effectively.	23 (92.0%)
3.3.1.1.1.1 The standard operating procedure for management of medicines is available.	16 (64.0%)
3.3.1.1.1.4 There is evidence that a stock take of medicine was done in the last 12 months.	12 (48.0%)
3.3.1.1.2.5 The register for schedule 5 and 6 medicines is completed correctly.	6 (24.0%)
3.3.1.1.1.3 Re-ordering stock levels (min/max and/or re-order levels) are determined for each item on the district/health establishment formulary.	5 (20.0%)

7.4 MAINTENANCE SUPPORT

In this functional area, the inspections focus on assessing whether the HEs buildings and grounds are maintained adequately for providing safe environment for both users and staff. Other aspects included in this functional area are measures that assess whether the HEs have back-up supply of water and electricity to be able to continue providing services even during electricity or water supply disruptions.

An analysis of the top five most commonly non-compliant measures in this functional area identified the requirement that buildings comply with safety regulations at 22 (88%) followed by back-up electricity supply system tested and maintained at 19 (76.0%). Other measures in the top five most commonly non-complied with, include the lack of maintenance schedule for building(s) and grounds.

Table 6: Five most commonly non-compliant measures in the Maintenance Support functional area

Item description	Non-compliant HEs
4.5.1.1.1.1 The building(s) complies with safety regulations.	22 (88.0%)
4.5.2.1.1.4 The back-up electricity supply system is tested and maintained.	19 (76.0%)
4.2.1.1.1.1 The healthcare risk waste intermediate/temporary storage area complies with the minimum requirements listed below.	18 (72.0%)
4.5.1.1.2.2 Observe if the areas of the building(s) listed below are maintained.	18 (72.0%)
4.5.1.1.2.1 The maintenance schedule for building(s) and grounds is available.	17 (68.0%)

8. TOP-PERFORMING MEASURES

While it is important to identify and discuss areas of non-compliance, it is equally important to highlight areas of compliance to serve as motivation for the inspected HEs. The following sections identify the measures the inspected HEs most complied with and identifies the top 5 measures in this category per functional area.

8.1 CLINIC MANAGER FUNCTIONAL AREA

In this functional area, the measures most complied with are the availability of required documents, including SOPs, guidelines and registers required to ensure the safety and quality of healthcare services (Table 7 below). The extent to which these measures were compliant is commendable because this by far exceeds the proportion to which the commonly non-compliant measures existed in the inspected HEs. It is commendable that 21 (84.0%) of inspected HEs in the province complied with the requirement to conduct OHS risk assessment, which was not the case in other provinces.

Table 7: Five most complied with measures in the Clinic Manager functional area

Item description	Compliant HEs
1.2.5.1.1.1 An adverse event reporting register available in the health establishment.	23 (92.0%)
1.4.3.1.1.2 An occupational health and safety risk assessment has been conducted in the past two years.	21 (84.0%)
1.1.2.1.2.1 There is a pre-determined Emergency Medical Services response time to the health establishment.	21 (84.0%)
1.2.2.1.2.2 Records show that pest control is done according to schedule.	20 (80.0%)
1.5.1.1.1.7 Security guards have received training.	20 (80.0%)

8.2 CLINICAL SERVICES FUNCTIONAL AREA

The measures the inspected HEs most complied with are illustrated in Table 8 below. All the inspected HEs had a functional oxygen cylinder with a pressure gauge and prominently displayed the notices prohibiting smoking inside the clinic. In 24 (96.0%) of inspected HEs, healthcare providers were able to explain the triaging process, records were not left unattended in public areas and the oxygen available in the cylinder was above the minimum level. While there are areas requiring improvement, the general performance of inspected HEs in this functional area is commendable.

Table 8: Five most complied with measures in the Clinical Services functional area

Measure Names	Compliant HEs
2.3.2.1.1.4 An oxygen cylinder with pressure gauge is available.	25 (100.0%)
2.4.1.1.1.1 Notices prohibiting smoking are prominently displayed inside the clinic.	25 (100.0%)
2.3.2.1.1.5 The oxygen available in the cylinder is above the minimum level.	24 (96.0%)
2.1.2.1.1.2 Healthcare providers responsible for user prioritisation are able to explain how users are prioritised.	24 (96.0%)
2.2.1.1.2.1 Records are not left unattended in public areas and are only accessible to health establishment personnel and users.	24 (96.0%)

8.3 DISPENSARY/MEDICINE CUPBOARD FUNCTIONAL AREA

The measure most commonly complied with was that 25 (100%) of HEs met the requirement of availability of handwashing facilities and functional air conditioner. This was followed by 24 (96.0%) HEs where appropriate containers for disposal of pharmaceutical waste, cleaning schedule for the Dispensary or Medicine room were available and cleanliness of dispensary or medicine.

Table 9: Five most complied with measures in the Dispensary or Medicine Cupboard functional area

Measure Names	Compliant HEs
3.2.3.1.1.1 Hand washing facilities are available.	25 (100.0%)
3.5.1.1.1.1 The Dispensary/Medicine Room has a functional air conditioner.	25 (100.0%)
3.2.4.1.1.1 Appropriate containers for disposal of pharmaceutical waste are available.	24 (96.0%)
3.2.2.1.1.1 A cleaning schedule for the Dispensary/Medicine room is available.	24 (96.0%)
3.2.2.1.1.5 The Dispensary/Medicine room is clean.	24 (96.0%)

8.3 MAINTENANCE SUPPORT FUNCTIONAL AREA

The top five (5) most commonly complied with measures in this functional area are listed in Table 10 below. All inspected HEs met the requirement of servicing fire extinguishers and supply of functional piped water, while 24 (96.0%) had a functional sewerage system, and 23 (92%) safely disposed general waste.

Table 10: Five most complied with measures in the Dispensary or Medicine Cupboard functional area

Measure Names	Compliant HEs
4.5.1.1.1.2 Fire extinguishing devices are serviced annually.	25 (100.0%)
4.5.2.1.1.1 The health establishment has a functional piped water supply.	25 (100.0%)
4.5.2.1.1.5 The sewerage system is functional.	24 (96.0%)
4.5.1.1.3.2 All emergency exits are kept free of obstacles.	23 (92.0%)
4.2.1.1.1.2 There is safe disposal of general waste.	(92.0%)

9. PERFORMANCE ON DOMAINS

As explained in chapter 1, domains are the five main chapters of the inspection tools, including (1) Clinical Governance and Clinical Care, (2) Clinical Support Services, (3) Governance and Huma Resources, (4) User Rights, and (5) Facilities and Infrastructure. The performance of the inspected HEs against the domains is outlined in Figure 17 below.

9.1 PERFORMANCE OUTCOMES AGAINST SPECIFIC DOMAINs

The highest average scores achieved by inspected HEs in the province is in the Facilities and Infrastructure at 66%. The second highest average performance was achieved in the Clinical Support Services and User Rights domains at 65% and third average performing domain was Clinical Governance and Clinical Care at 64%. The lowest average score was achieved in the Governance and Human Resources domain at 47%. The low average score for the Governance and Human Resources domain is of concern because it seems to suggest that there may be leadership and human capital capacity challenges at the inspected HEs, to which the low overall compliance rate in inspected HEs in the province may be attributed.

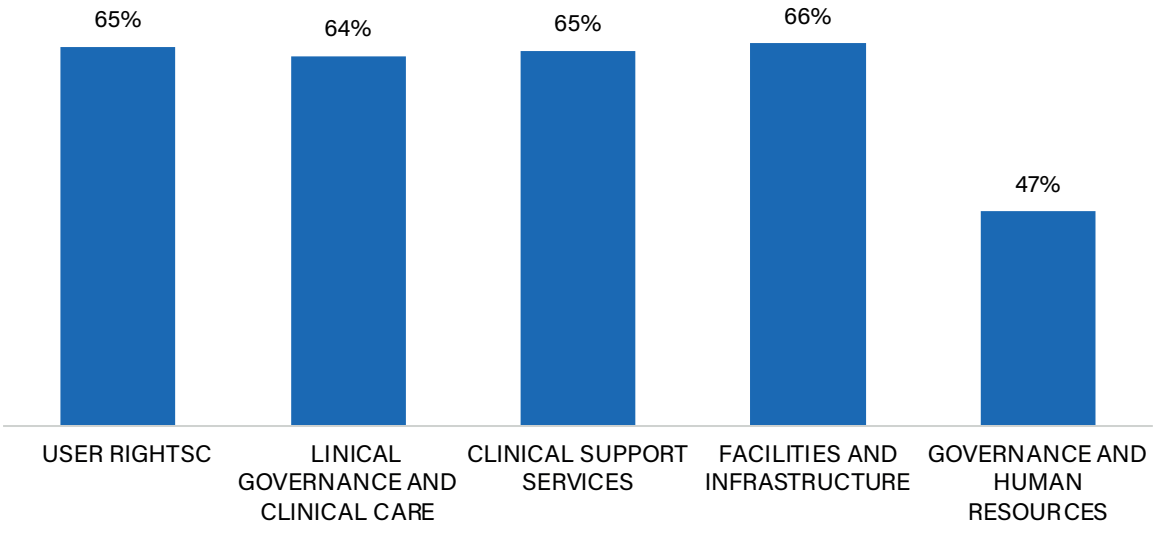


Figure 16: Average performance of all inspected HEs across the five domains

9.2 PERFORMANCE OUTCOME ON DOMAINS BY DISTRICT

Table 11 below shows the average domain scores obtained by the HEs in the inspected districts in the province. The low scores achieved by some district in some domains provide guidance on the areas that require improvement. The highest domain compliance score was achieved by the City of Cape Town (80%) in Clinical Governance and Clinical Care domain, followed by Eden District in Clinical Support (73%) and User Rights (71%). The performance of inspected HEs on the Facilities and Infrastructure, as well as the Governance and Human Resources domains across all districts require attention.

Table 12: Average performance of inspected HEs across the five domains per district

Districts	USER RIGHTS	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES
Cape Winelands District Municipality	62%	57%	63%	46%	46%
City of Cape Town Metropolitan Municipality	68%	80%	60%	60%	60%
Eden District Municipality	71%	66%	73%	45%	45%
West Coast District Municipality	61%	67%	56%	50%	50%
Western Cape Province	65%	64%	65%	47%	47%

9.3 TOP FIVE (5) NON-COMPLIANT MEASURES PER DOMAIN

Table 12 below identifies the top failed measures in each of the five domains. The table outlines the specific measures for which most of the HEs did not meet the specific requirements and thus should assist the authorities to have a clearer picture of the areas of gaps or challenges within the inspected HEs.

Table 13: Most non-compliant measures across the five domains per district

DOMAINS	MEASURE NAMES	Non-compliant HEs (N)
USER RIGHTS	2.1.1.1.4.1 Results of the Patient Experience of Care Survey are visibly displayed.	22 (100.0%)
	2.1.2.2.1.1 There is a referral register that records referred users which includes the details listed below.	19 (76.0%)
	1.1.2.1.3.1 Professional nurses have received training in Basic Life Support (BLS).	16 (64.0%)
	2.1.2.2.2.1 The health records of the last three users referred out of the health establishment contain copies of a referral letter sent to the receiving health establishment.	14 (56.0%)
	1.1.2.1.2.3 The health establishment reports delays in Emergency Medical Service response times to the relevant authority.	13 (52.0%)
CLINICAL GOVERNANCE AND CLINICAL CARE	2.2.1.2.1.1 Biographical demographic and contact information of the user including next of kin is recorded in the user record.	2 (100.0%)
	2.2.1.2.2.1 Clinical assessment and management plan for the user is recorded in the user record.	25 (100.0%)
	2.2.1.2.2.2 Clinical assessment and management plan for the patient is recorded in the patient record. (paediatric care).	24 (96.0%)
	2.2.1.1.1.1 The health establishment complies with health records management guidelines.	21 (84.0%)
	2.2.2.1.2.1 Disinfectant cleaning materials and equipment are available.	21 (84.0%)
CLINICAL SUPPORT SERVICES	2.3.1.1.1.1 Basic medical supplies (consumables) are available.	25 (100.0%)
	3.3.1.1.1.2 Electronic network system for monitoring the availability of medicines is used effectively.	23 (92.0%)
	2.3.2.1.1.2 The emergency room or resuscitation room is equipped with functional basic resuscitation equipment.	19 (76.0%)
	3.3.1.1.1.1 The standard operating procedure for management of medicines is available.	16 (64.0%)
	2.3.2.1.1.3 The emergency trolley is stocked with the medicines and equipment listed below.	14 (52.0%)
FACILITIES AND INFRASTRUCTURE	4.5.1.1.1.1 The building(s) complies with safety regulations.	22 (100.0%)
	4.5.2.1.1.4 The back-up electricity supply system is tested and maintained.	19 (76.0%)
	4.5.1.1.2.2 Observe if the areas of the building(s) listed below are maintained.	18 (72.0%)
	1.5.1.1.1.3 A designated person monitors the service level agreement for security services.	18 (72.0%)
	4.5.1.1.2.1The maintenance schedule for building(s) and grounds is available.	17 (68.0%)

DOMAINS	MEASURE NAMES	Non-compliant HEs (N)
GOVERNANCE AND HUMAN RESOURCES	1.4.1.1.1.1 There is a functional Clinic Committee.	25 (100.0%)
	1.4.2.1.1.1 Staffing needs have been determined in line with work-load requirements.	23 (92.0%)
	1.4.2.1.1.2 Personnel are appointed in line with the determined requirements.	23 (92.0%)
	1.4.3.1.1.1 The standard operating procedure for management of occupational health and safety incidents is available.	19 (76.0%)
	1.4.2.1.2.1 The Performance Management system is adhered to.	15 (60.0%)

9.4 PERFORMANCE OUTCOME ON SPECIFIC MEASURES BY STANDARDS PER DOMAIN

Figures 17 below show average or aggregate performance on measures at the level of standards per domain across all inspected HEs (for Western Cape Province). The information in the figure below together with the information in Table 12 above identify specific areas that need improvement to assist the HEs to meet the requirements for provision of good quality healthcare services and thereby comply for certification.

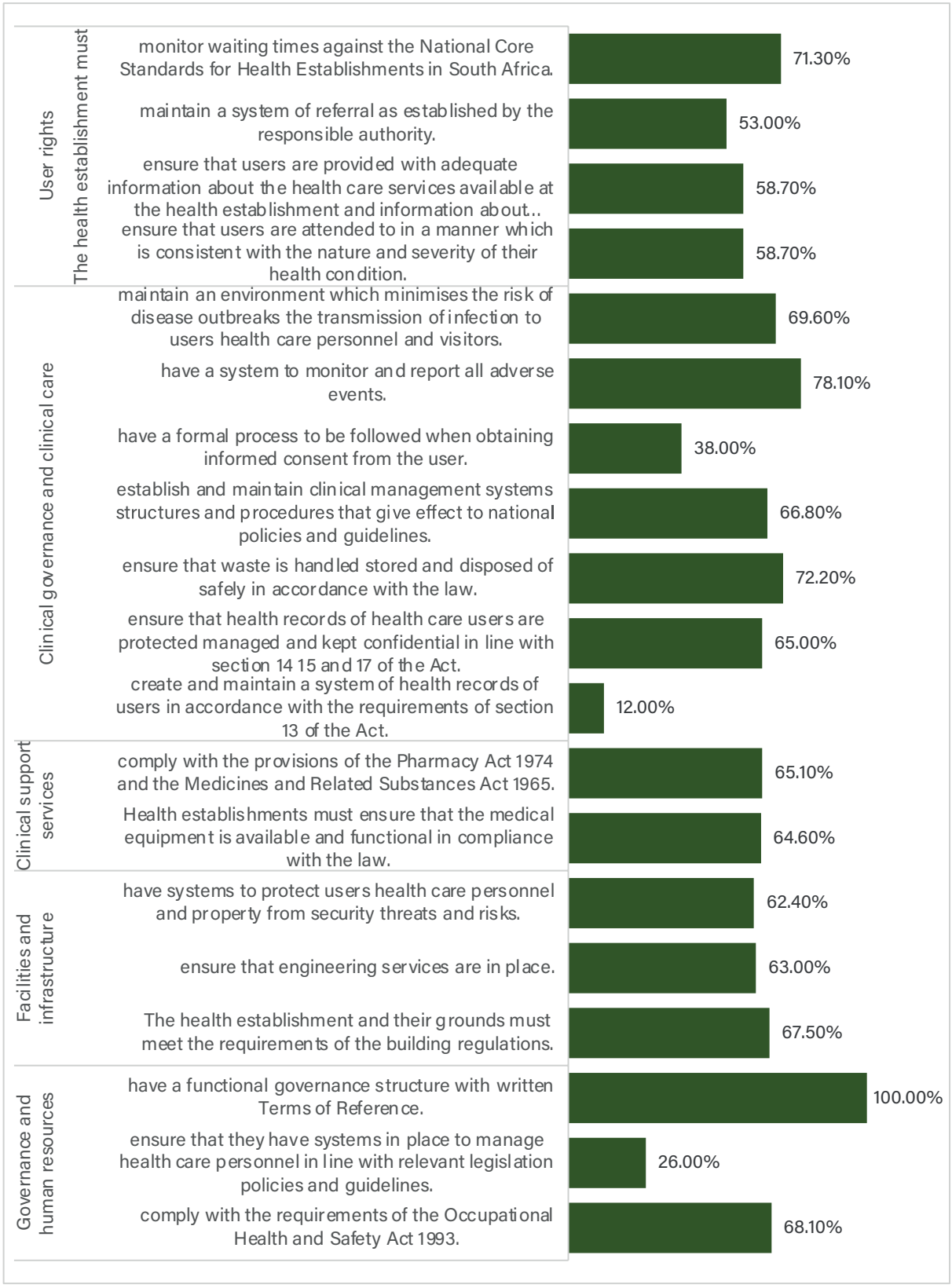


Figure 21: Aggregate performance on measures by standards in the Facilities and Infrastructure domain

11. RECOMMENDATIONS

The areas of concerning non-compliance have been identified and discussed in the sections above. Some recommendations were shared in the relevant section. All the inspected HEs have received their final reports, together with Compliance Notices or Compliance certificates as appropriate. The individual reports and the Compliances Notices outline all areas of non-compliance for each HE. Some steps to remedy areas on non-compliance are also proposed in the final reports.

In summary, the following are high-level recommendation for the consideration of the province and the districts in supporting inspected HEs:

- The establishment of clinic committees that were unavailable at all inspected HEs require the intervention of the relevant management structures within the province.
- The completeness of and management of health records require attention to ensure the continuity and quality of care provided to users.
- The unavailability or inadequate functioning of some critical life-saving equipment at some HEs need to be attended to.

12. CONCLUSION

There were twenty-five (25) HEs inspected in the province in the FY 2020/21 across all districts, 15 (60%) were found to be non-compliant and issued with compliance notices, while 10 (40%) were found to be compliant and thus issued with compliance certificates.

Among the compliant HEs, six (6) were Excellent, one Good, and three (3) Satisfactory in terms of their Grading outcome. Within the non-compliant HEs three (3) were Graded as Excellent, six (6) Satisfactory and Unsatisfactory retrospectively.

The NNV measure least complied with is the one which required that the emergency trolley be stocked with the required medicines and equipment, with 14 of the 25 inspected HEs were non-compliant with this specific measure, which demonstrates inefficiency in emergency preparedness by the inspected HEs that may result in avoidable adverse events.

The Facilities and Infrastructure domain had the highest average score of 66%. The second highest average performance was achieved in the Clinical Support Services and User Rights domains at 65% and in third place, Clinical Governance and Clinical Care at 64%. The lowest average score was achieved in the Governance and Human Resources domain at 47%. This is of concern as it suggests that there may be leadership and human capital capacity challenges at the inspected HEs, to which the low overall compliance rate in inspected HEs in the province may be attributed.

A steady increase in performance shows that with support and guidance, health establishments have a potential to reach compliance with regulated norms and standards. The performance of HEs is integral and instrumental to improving quality health care as South Africa embarks on the implementation of the National Health Insurance.

13. ANNEXURES

13. 1 PERFORMANCE OF HEALTH ESTABLISHMENTS BY OVERALL GRADING AND COMPLIANCE STATUS OUTCOME

The previous sections of the report provided consolidated inspection outcomes for the entire province or per district. Table 19 below provides the

grading and compliance outcomes for each of the inspected HEs. All HEs certified as compliant have already received their Compliance Certificates and those certified non-compliant have received their Compliances Notices. Some of the non-compliant HEs have already been re-inspected. Some of the re-inspected HEs were certified compliant, while others were referred for enforcement due to persistent non-compliance.

Table 19: Performance of health establishments by overall grading and compliance status outcome

District	Sub District	Establishment Name	Overall Grade	Compliance outcome
wc Cape Winelands District Municipality	wc Drakenstein Local Municipality	wc Soetendal Clinic	Satisfactory	Compliant
		wc Saron Clinic	Good	Not Compliant
		wc Gouda Clinic	Satisfactory	Not Compliant
	wc Witzenberg Local Municipality	wc Tulbagh Clinic	Satisfactory	Compliant
		wc Bella Vista Clinic	Satisfactory	Compliant
		wc Annie Brown Clinic	Satisfactory	Compliant
		wc Nduli Clinic	Unsatisfactory	Not Compliant
		wc Wolseley Clinic	Unsatisfactory	Not Compliant
	wc Stellenbosch Local Municipality	wc Klapmuts Clinic	Satisfactory	Not Compliant
wc Garden Route District Municipality	wc Bitou Local Municipality	wc Crags Clinic	Good	Compliant
		wc New Horizon Clinic	Satisfactory	Compliant
		wc Plettenberg Bay Clinic	Satisfactory	Not Compliant
	wc George Local Municipality	wc Pacaltsdorp Clinic	Good	Compliant
		wc Parkdene Clinic	Satisfactory	Compliant
		wc Rosemoor Clinic	Satisfactory	Not Compliant
		wc Touwsranten Clinic	Satisfactory	Not Compliant
		wc Uniondale (Lyonsville) Clinic	Unsatisfactory	Not Compliant
	wc Knysna Local Municipality	wc Knysna Town Clinic	Excellent	Compliant
	wc Oudtshoorn Local Municipality	wc Breerivier Clinic	Unsatisfactory	Not Compliant
wc West Coast District Municipality	wc Cederberg Local Municipality	wc Citrusdal Clinic	Good	Compliant
		wc Clanwilliam Clinic	Good	Not Compliant
	wc Matzikama Local Municipality	wc Vredendal Central Clinic	Satisfactory	Not Compliant
		wc Vredendal North Clinic	Unsatisfactory	Not Compliant
	wc Saldanha Bay Local Municipality	wc Louwville Clinic	Unsatisfactory	Not Compliant
	wc Cape Town Western Health sub-District	wc Chapel Street Clinic	Good	Not Compliant