



ANNUAL INSPECTION REPORT

2021|22



OHSC

Office of Health Standards Compliance
Ensuring quality and safety in health care

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LIST OF ABBREVIATIONS AND ACRONYMS

CDC	Community Day Care
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CIS	Compliance Inspection System
COVID-19	Coronavirus Disease 2019
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
NNM's	Non-Negotiable Measures
NNVs	Non-Negotiable Vitals
NW	North West Province
OHSC	Office of Health Standards Compliance
PHC	Primary Health Care
PPE	Personal Protective Equipment
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 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. These can be achieved by creating an environment of 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	A tool used by the OHSC to determine the status of compliance by a health establishment to regulated norms and standards.



TERM	DEFINITION
Domain	A domain is “an aspect of service delivery where quality, or safety can be at risk”. Service delivery is one of the World Health Organization (WHO) six building blocks of the health system. According to the WHO Health Systems Framework, service delivery must be of high quality and include aspects of safety, and additional improved access and coverage to produce positive health outcomes. The implementation of norms and standards regulations for the health system, provides guidance to health establishments on systems, processes, and procedures that need to be in place to ensure quality and safety to healthcare users and staff. Clinical Governance and Clinical Care- Clinical Governance assesses the availability of structures and processes that guide and oversee the organisation of 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 management of common clinical conditions. Some of the important aspects in this domain include the management of user healthcare records. Clinical Support Services – include 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). Facilities and Infrastructure- This domain covers the safety requirements of buildings where services rendered. These can be formal or temporary structures and may form a whole or part of a health establishment. The health establishment’s physical infrastructures that are not fit for purpose may pose safety hazards and risks to users, including personnel. Governance and Human Resources- governance at the health establishment encompasses the leadership and management aspects including the various committees established to support these functions. Human resources refers to the availability and management of staff according to the staffing needs of the health establishment in line with the types of services provided.
Essential risk-rated measures	Measures are fundamental to the provision of safe, quality care and 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.

TERM	DEFINITION
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 recorded by a healthcare provider, either personally or under user 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.
Inspector	A suitably qualified person as an employee of the 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 used for therapeutic purposes.
Non Negotiable Measures (NNM)	These are measures those that can cause loss of life or prolonged period of recovery if not addressed within a short period of time. Failure to comply with these measures that have been identified as non-negotiable is highly likely to result in severe harm or death. Health establishments must comply with all these measures to be eligible for certification.
Norm/s	A norm is 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 focuses strongly on the primary prevention of hazards. It encompasses the social, mental, and physical well-being of workers.

FOREWORD BY THE CHAIRPERSON

The Office of Health Standards Compliance (OHSC) is a health regulatory body established by the National Health Act as amended in 2013, with the responsibility of promoting quality healthcare by ensuring health establishments meet the prescribed norms and standards of healthcare.

The entity executes its quality assurance responsibilities in multiple ways, through the inspection of health establishments, certification of complying health establishments, monitoring indicators of risk and issuing compliance notices to health establishments that are not compliant.

The OHSC has a crucial role to play in assuring that health establishments are certified to provide safe and quality healthcare. A certificate of compliance is a prerequisite for accreditation of health establishments to participate in the National Health Insurance (NHI) Fund.

In fulfilling its regulatory role, the OHSC continued to empower the public and private healthcare sectors through various consultation processes to meet the required minimum quality standards of care.

The OHSC utilises a compliance status framework (CSF) to assess the level of care provided in both the public and private healthcare sectors. The framework is a measurement tool utilised by both the OHSC and health establishments to ensure that both parties have a common understanding of the way inspection findings are processed toward the compliance decision. This tool also assists the OHSC in determining the level of risk when grading the inspection outcome of health establishments.

This annual inspection report outlines inspections conducted at the primary healthcare clinics, community health centres (CHCs), district and regional hospitals during the 2021-2022 financial year. During the 2021-22 reporting period, 178 of 544 inspected health establishments were issued with certificates of compliance. An overall compliance rate of 33% was realised, which was an improvement of 12% from the 21% of the 2020-2021 financial year. The clinic's compliance rate was 35%, while both the CHCs and regional hospitals attained a compliance rate of 25%.

Of note and concern for OHSC is that none of the district hospitals inspected were compliant. This indicates that there are significant gaps and shortcomings in the delivery of high-quality and safe healthcare services.

The OHSC commits to continue working with the public and private healthcare sectors towards improving the quality of healthcare in South Africa.



Dr Ernest Kenoshi

Chairperson of the OHSC Board

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. Consequently, four categories namely: clinics, community health centres (CHCs), district and regional hospitals inspection tools were developed for health establishments and implemented aligned to these promulgated regulations.

Inspections were conducted across the nine provinces using the inspection tools aligned to the promulgated norms and standards, as well as the applicable compliance status framework. The main 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 regulations requirements, the quality assurance process contributes significantly towards improving the quality and safety of healthcare services. In addition, certification of health establishments by the OHSC is a pre-condition for accreditation of healthcare providers wishing to be contracted by the future National Health Insurance (NHI) Fund to provide healthcare services.

During the financial year 2021/22, the OHSC conducted routine inspections at 544 health establishments against a target of 299. The lifting of COVID-19 restrictions enabled inspectors working from home to return to the office, resulting in additional health establishments being inspected.

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

The 2021/2022 national overview reports an overall compliance rate of 33%, of which, 35% was for the clinics and 25% was for both the community health centres (CHCs) and regional hospitals, while none of the district hospitals inspected met the compliance requirements. Sixty-one (61%) percent of inspected clinics did not meet the NNMs requirements on the emergency trolley. Seventy-five percent (75%) of CHCs and regional hospitals did not meet the NNMs requirements, while none of the districts hospitals inspected met the NNMs requirements.

This report details the inspection outcomes, identifies gaps and weaknesses that require improvement, and recommends quality improvement interventions to be implemented by health establishments, districts, and provincial health departments to ensure the provision of good quality healthcare services. The report will also highlight areas of good performance.



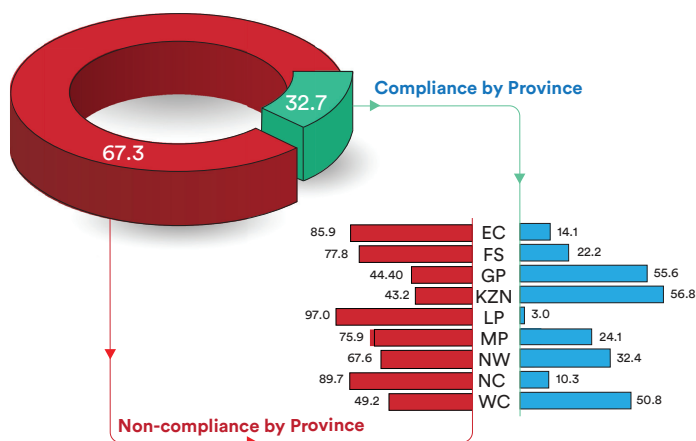
SUMMARY OF NATIONAL INSPECTION OUTCOMES, FY 2021/22

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

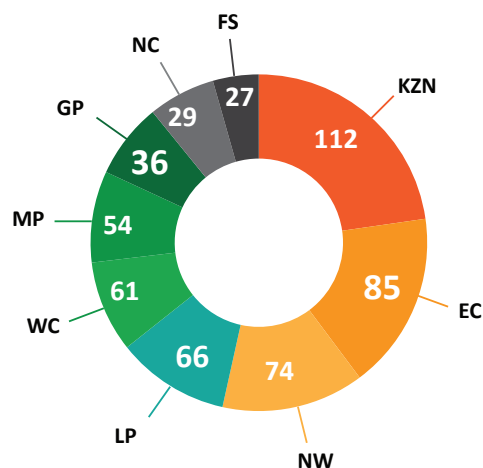
Sampling: From the 3741 HEs, a sample size of 299 health establishments including primary health clinics (PHC) =251, community health centers (CHCs) =22, district hospitals=26 were selected for routine inspection nationally. The selection of health establishments was based on geographic clustering and cost-effectiveness.

Inspected health establishments by Province: A total of 544 HEs were inspected against the set target of 299. An additional 185 re-inspections were conducted across all provinces.

National Compliance Status (%)

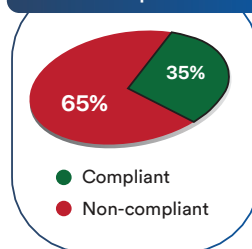


Inspected health establishments by Province

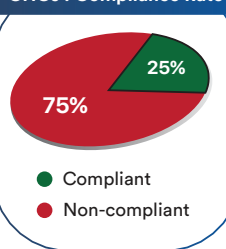


Compliance Rate (%) per level of care

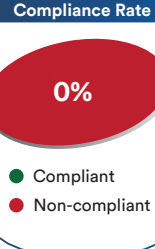
Clinics : Compliance Rate



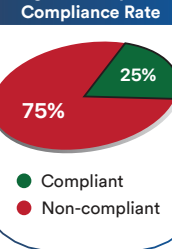
CHCs : Compliance Rate



District Hospitals: Compliance Rate

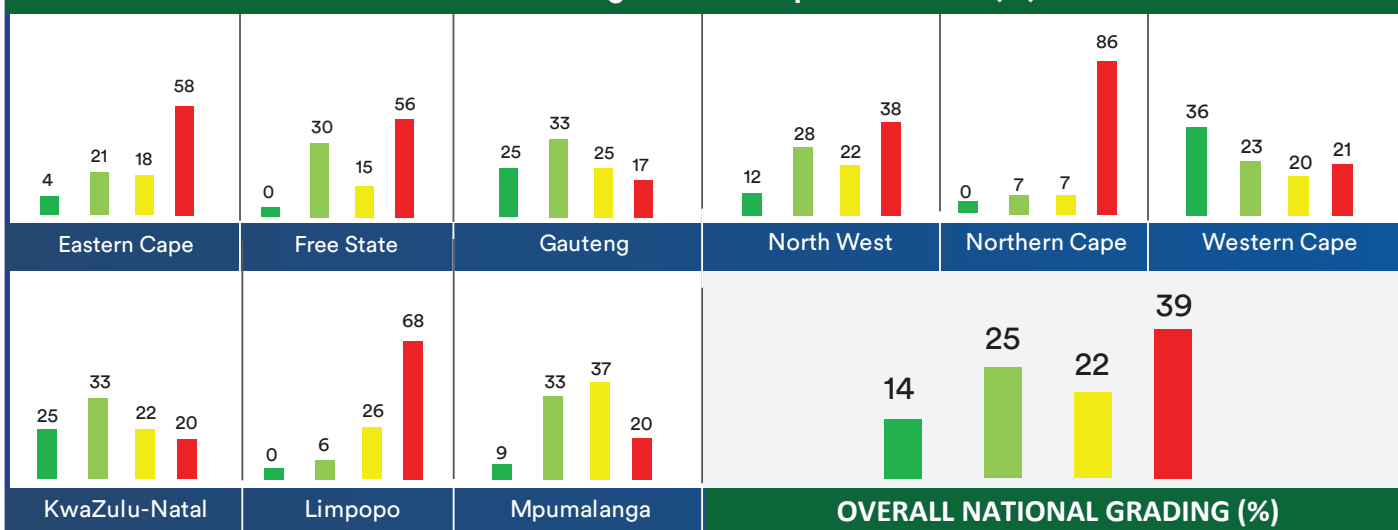


Regional Hospitals: Compliance Rate



■ Excellent
 ■ Good
 ■ Satisfactory
 ■ Unsatisfactory

Overall Grading for All HEs per Province (%)



Findings

The national overview shows an overall compliance rate of 32.7% in 2021/22, which represents a slight increase from the 21% reported in 2020/21. 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 mandate of the OHSC is to protect and promote the health and safety of users of health establishments across the Republic of South Africa. The entity fulfils its mandate in accordance with the procedural regulations about the functioning of OHSC and handling of complaints by the Ombud.

The entity adopted an incremental approach in the development of the different categories of inspection tools. To date, the inspection tools for the clinics, CHCs, district, and regional hospitals in the public health sector are available and utilised for the 2021/2022 inspections.

OHSC inspections are conducted by qualified and trained Inspectors appointed as such by the Chief Executive Officer (CEO) of the OHSC in terms of section 80(2) of the National Health Act (No. 61 of 2003) as amended. 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 for compliance with prescribed norms and standards.

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 three distinct stages as outlined in Figure 1 below.

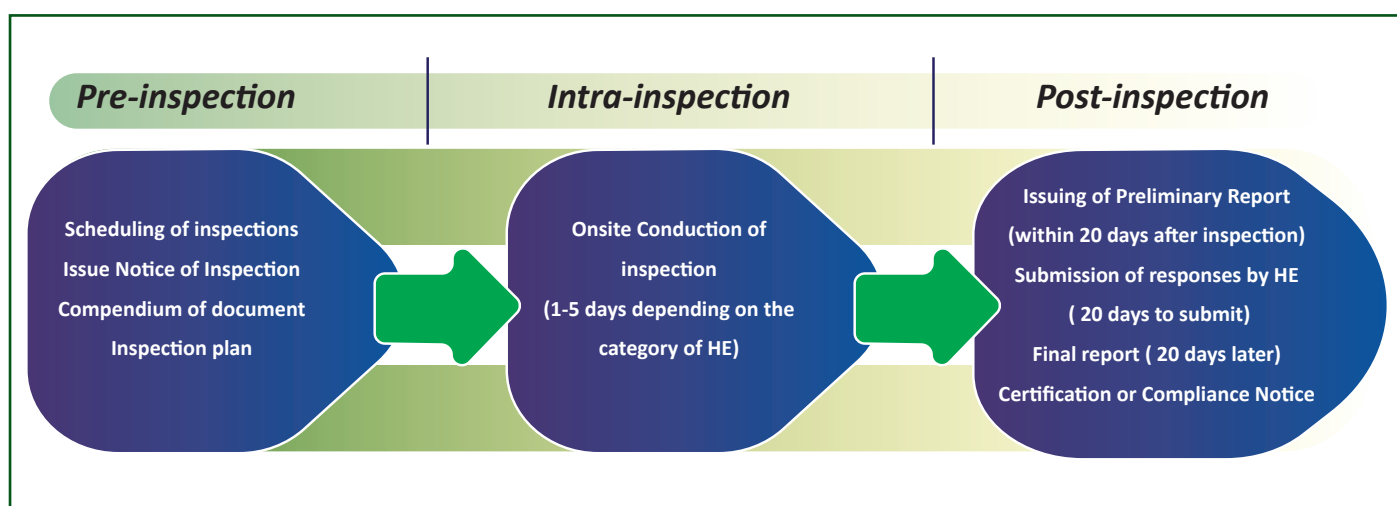


Figure 1: Inspection process

Covered in the report are routine and additional inspections conducted during the 2021/22 financial year. A total of 544 routine inspections, 185 re-inspection (clinics) and nine risk based inspections (RBIs) were conducted during period under review.

The OHSC conducts two main types of inspections, namely: routine inspections and additional inspections. Routine inspections are conducted within health establishments selected by the OHSC in a specified fiscal year. The office publishes an Annual Inspection Strategy that outlines the envisaged number for routine inspections in both public and private health sectors, nationally and per province for that financial year in line with the Annual Performance Plan (APP). The strategy also defines the methodology used by the OHSC to select the health establishments scheduled for inspection by province.

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. The RBIs are mainly qualitative inspections and are aimed at establishing the root causes for serious breaches of the norms and standards regulations.

Following the completion of inspections, the findings of each health establishment are subjected to interpretation through a Compliance Status Framework (CSF) to determine compliance status outcomes. The ultimate inspection outcome of any inspected health establishment can either be compliance or non-compliance status. Health establishments that attain a compliance status with the norms and standards regulations are issued with Certificates of Compliance that are valid for a period of four years, after which routine inspections would need to be conducted again for re-certification.

Health establishments that attained a non-compliance status were issued Compliance Notices. The Compliance Notice outlines the identified areas of non-compliance, as well as recommended steps to remedy the areas of non-compliance. Re-inspections are scheduled to assess if the areas of non-compliance have been addressed. A Certificate of Compliance is issued to the health establishment 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 health establishment in an incremental manner in line with the OHSC Enforcement Policy. The enforcement action ranges from a warning for minor cases, and a fine or referral to the relevant authority, including the National Prosecuting Authority, for cases of criminal offenses. A Certificate of Compliance can be revoked by the OHSC, at any point after being issued in the event of serious breaches of the prescribed norms and standards.

3. LEGISLATION AND REGULATIONS APPLICABLE TO THE FUNCTIONING OF OHSC

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

4. OVERVIEW OF ROUTINE 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.

The number of planned inspections and actual inspections at health establishments conducted during the 2019/20, 2020/21, and 2021/22 financial years are depicted in Figure 2 below. The 2019/20 inspection cycle target was not achieved due to COVID-19 travel restrictions and disruptions, whereas those for the 2020/21 and 2021/22 were exceeded. The drop in the target set for FY 2020/21 compared to 2019/20 was necessitated by budgetary cuts the OHSC experienced. The targets need to be reviewed and revised when inspections in the private sector commence to ensure that the OHSC is able to achieve practical and justifiable inspection coverage, taking into consideration the availability of resources.



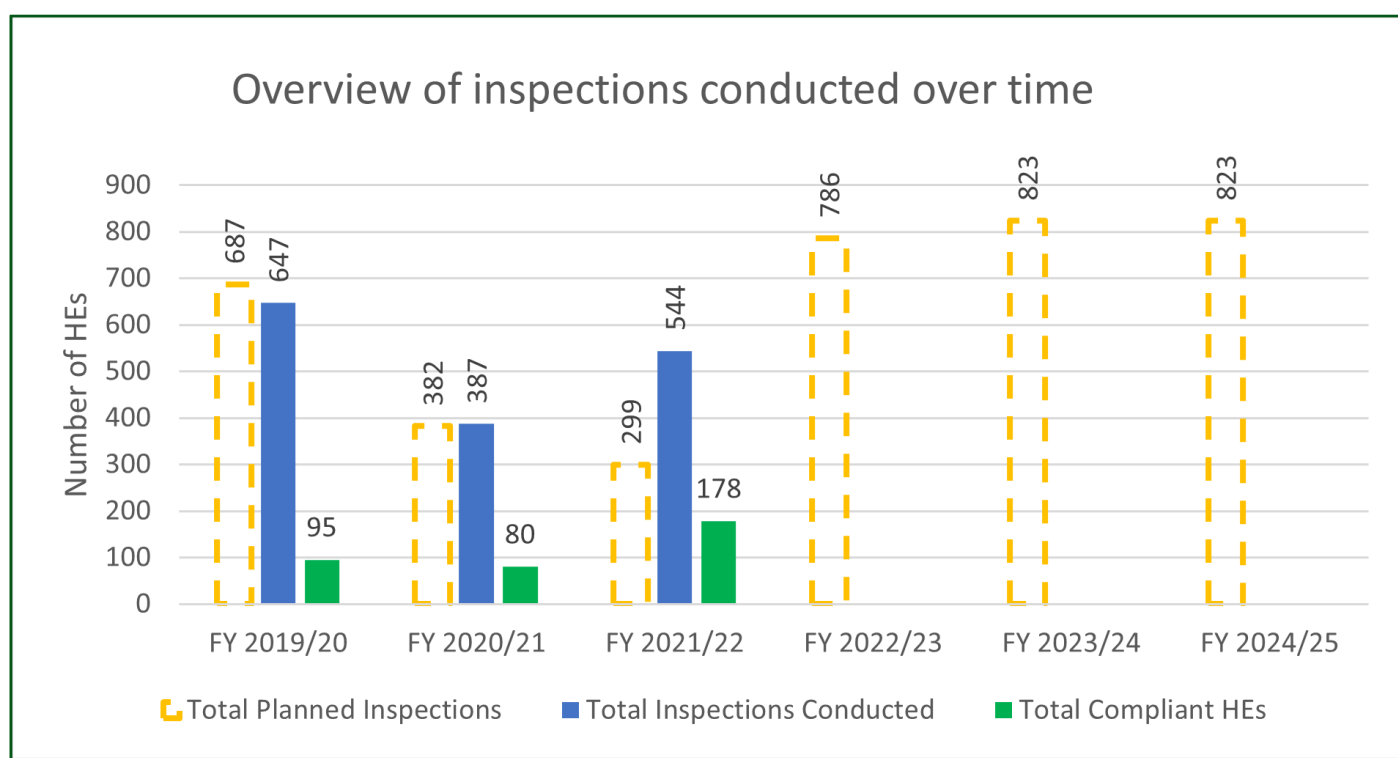


Figure 2: Overview of routine Inspections conducted and planned over time.

5. METHODOLOGY

5.1. Sampling

The selection of the individual health establishments to be inspected in each province was conducted through convenience sampling informed by the number of districts and the geographic clustering of health establishments within the districts. This approach was used to support the efficient use of the human capital and financial resources available for inspections. A limitation is that inspection results for the health establishments inspected cannot be generalised to the whole population of health establishments.

5.2. Inspections approach

A team-based approach was used for conducting inspections. The inspection teams consist of four, or five 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 2021/22 Annual Inspection Strategy, subsequently inspections for each province were scheduled.

The provinces, districts, and health establishments were notified of the date of the inspections through inspection notices. Inspection notices outlined what the inspections would entail, the inspection plan and a compendium of documents the health establishments must prepare for the inspections. Inspection notices were issued to the health establishments as contemplated in section 82 of the Act, at least seven days before the date of the inspection to allow the health establishments enough time to prepare for the inspections.

5.3. Data collection

Inspections were conducted using the approved inspection tool for public sector primary healthcare (PHC) clinics, CHCs, district, and regional hospitals. The methodologies used to collect the inspection data included document reviews, observations, healthcare user record analysis, patient, and staff interviews. The data was captured on the OHSC Inspection Information System. An application on tablets was used to collect data in an off-line mode and data was synchronised to the online mode.

The inspection tools used to assess the level of compliance with the norms and standards regulations followed a defined structure according to the hierarchy as outlined in Figure 3 below. The tools consist of five main chapters/sections which are called domains. Each domain was further divided into sub-sections called sub-domains. There were 19 sub-domains in total across the five domains. Within each sub-domain, standards statements 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.

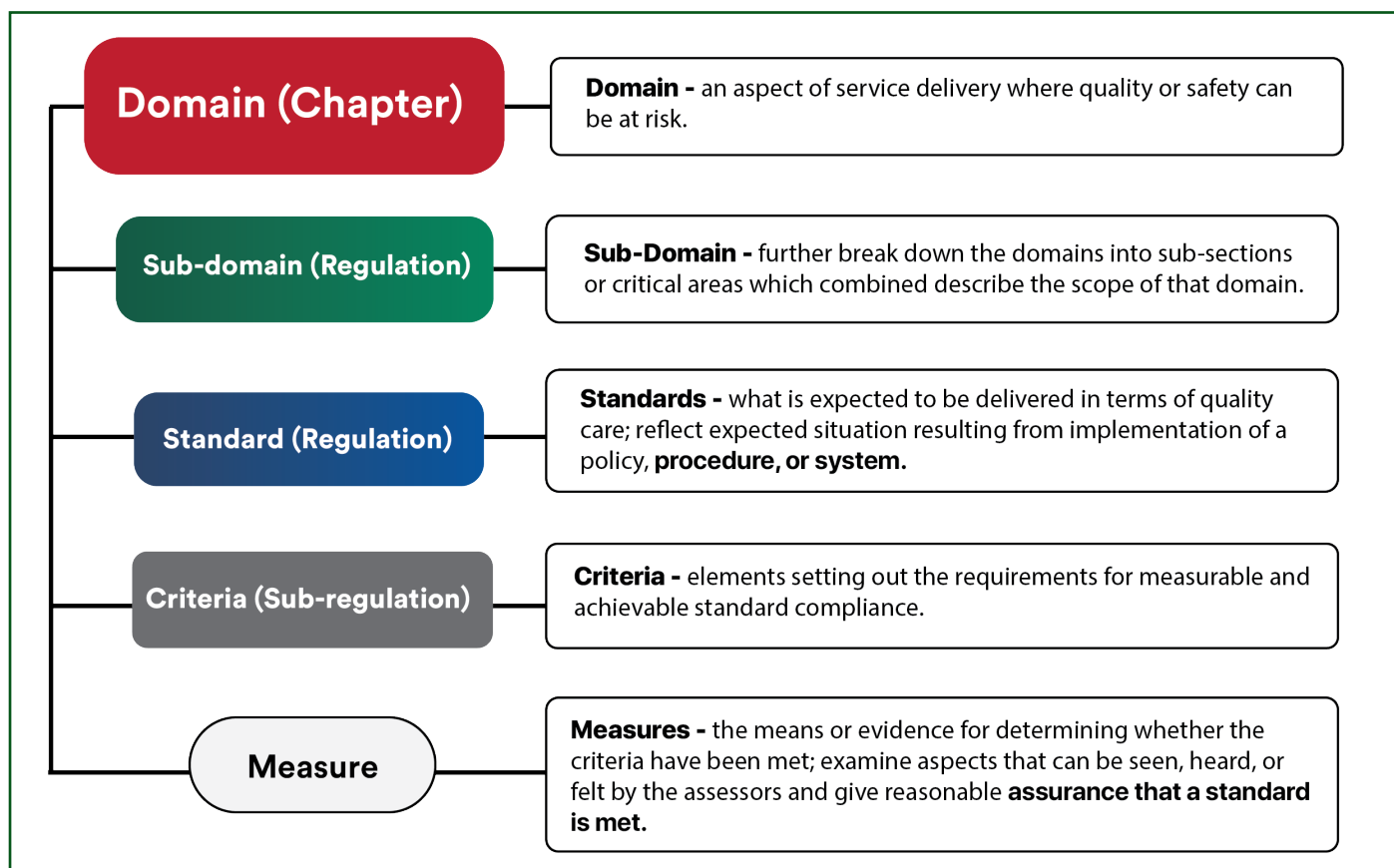


Figure 3: Structure of the inspection tools

The data was collected in clusters of measures referred to as functional areas. Measures were scored one if compliant, zero (0) if non-compliant and not applicable (N/A) if the health establishment did not provide the service, or if the measure, or aspect was not relevant to the health establishment once it had been determined by the inspector. Measures were classified as either direct measures with one requirement, or checklist measures with multiple requirements, or aspects.

5.4. Grading of health establishments

Each measure in the inspection tools was assigned a risk level, or risk rating, taking into consideration the level or severity of risk, and the potential impact as well as likelihood of the risk being realised. There are three risk rating categories for the measures, namely: essential measures, vital measures, and Non-Negotiable Measures. 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 categorised 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 either: Excellent, Good, Satisfactory, or Unsatisfactory. To achieve a compliance status, health establishments were required to comply with all the Non-Negotiable Measures (NNMs), and achieve a grading category of Excellent, Good, or Satisfactory. Health establishments that obtained less than 100% for NNMs irrespective of grading outcome, or those that achieved a grading outcome of Unsatisfactory were automatically found 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%

5.5. Reporting

Following the inspections, the OHSC compiled individual reports for each health establishment. In terms of the applicable procedural regulations, the OHSC is required to provide preliminary reports to all inspected health establishments within 20 days following the completion of the inspection. Upon receipt of the preliminary reports, the health establishments were given 20 days within which to respond 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 including user record audits, healthcare user, and staff interviews.

After the 20 days provided for the health establishments to upload evidence, the inspector has 20 days to consider the evidence, accept 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 health establishment within 20 days of receiving the uploaded evidence. Depending on the compliance status outcome, the health establishment received a Certificate of Compliance 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 health establishments are released on the OHSC Inspection Information System, for which all relevant stakeholders are provided with personalised login details for access.

6. DISTRIBUTION OF INSPECTED HEALTH ESTABLISHMENTS

6.1. Total number of health establishments per category by province

Table 2 shows the total number of public sector clinics, CHCs, district and regional hospitals by province. The Eastern Cape with the highest number (839) of health establishments while the Northern Cape the lowest number (172) of health establishments. Inspections were only conducted in the above-stated categories. Of note is that the numbers exclude the categories that were not inspected during the reporting period.

Table 2: Total number of health establishments per inspected category by province for 2019/2020 until 2021/2022 period.

Province	Clinic	Community Health Centre	District Hospital	Regional Hospital	Total
Eastern Cape	730	41	65	3	839
Free State	210	11	25	4	250
Gauteng	331	33	12	9	385
KwaZulu-Natal	600	22	40	13	675
Limpopo	459	26	31	5	521
Mpumalanga	229	58	23	3	313
North West	252	42	13	5	312
Northern Cape	127	33	11	1	172
Western Cape	192	9	33	5	239
Total	3130	275	253	48	3706

The OHSC targeted a total of 299 (8%) facilities to be inspected during the financial year 2021/22. A total of 544 routine inspections were conducted in the nine provinces as depicted on Table 3 below. Health establishments were selected proportionally considering the total number in the province as well as the number of districts

Table 3: Distribution of Inspected HEs by Province and Category, FY 2021/22

Province	Clinic	CHC	District Hospitals	Regional Hospitals
Eastern Cape	75	3	5	2
Free State	23	1	2	1
Gauteng	31	2		3
KwaZulu-Natal	104	4	2	2
Limpopo	55	8	2	1
Mpumalanga	39	11	3	1
Northwest	64	7	1	2
Northern Cape	24	3	2	0
Western Cape	58	1	2	0
Total	473	40	19	12

Table 4 below depicts that for the two financial years (2019/20 – 2020/21) only clinics were inspected. Inspections of CHCs, districts, and regional hospitals commenced in the 2021/22 financial year. At the time of reporting, a cumulative number of 1578 clinics were inspected with a 22% compliance rate.

Table 4: Cumulative Number of Inspected health establishments by Category, (2019/20 - 2021/22) financial years

	FY2019/20			FY2020/21			FY2021/22			Cumulative Number of Hes (FY 2019/20 - FY 2022/23)		
Facility Type	Inspected	Compliant	Compliance Rate(%)	Inspected	Compliant	Compliance Rate(%)	Inspected	Compliant	Compliance Rate(%)	Inspected	Compliant	Compliance Rate(%)
Clinics	647	95	15%	387	80	21%	473	165	35%	1507	340	23%
CHCs							40	10	25%	40	10	25%
District Hospitals							19	0	0%	19	0	0%
Regional Hospitals							12	3	25%	12	3	25%
Total	647	95	15%	387	80	21%	544	178	33%	1578	353	22%

6.2. National compliance status outcome

A total of 544 health establishments were inspected during the 2021/22 inspection cycle. Figure 4 below shows the number of inspected health establishments by category and compliance status outcome

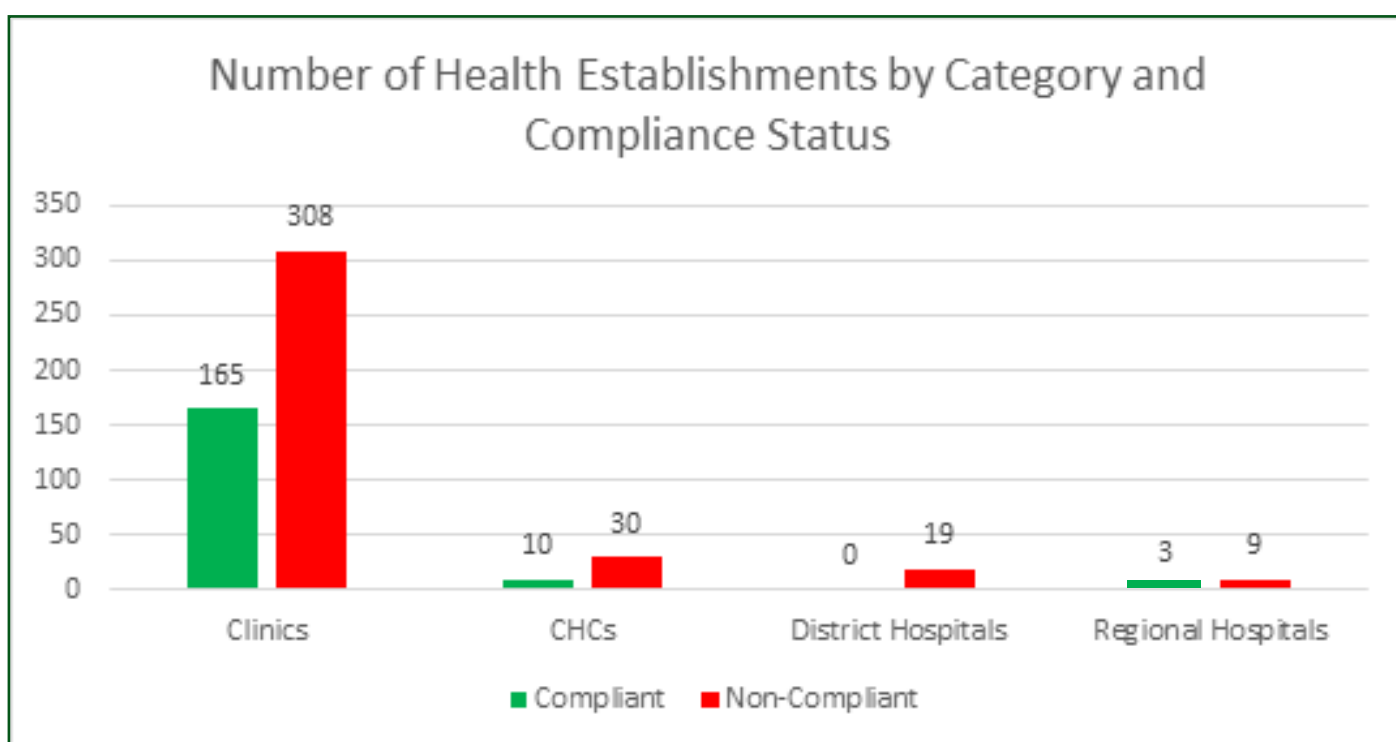


Figure 4: Number of inspected HEs by category and compliance status

The overall compliance rate of inspected health establishments according to their categories is shown in Figure 5 below. In terms of compliance performance, clinics obtained a compliance rate of 35%, both CHCs and regional hospitals attained a 25% compliance rate, while none of the inspected district hospitals met the compliance requirements. Subsequent sections in the report aim to identify factors that account for this compliance performance.

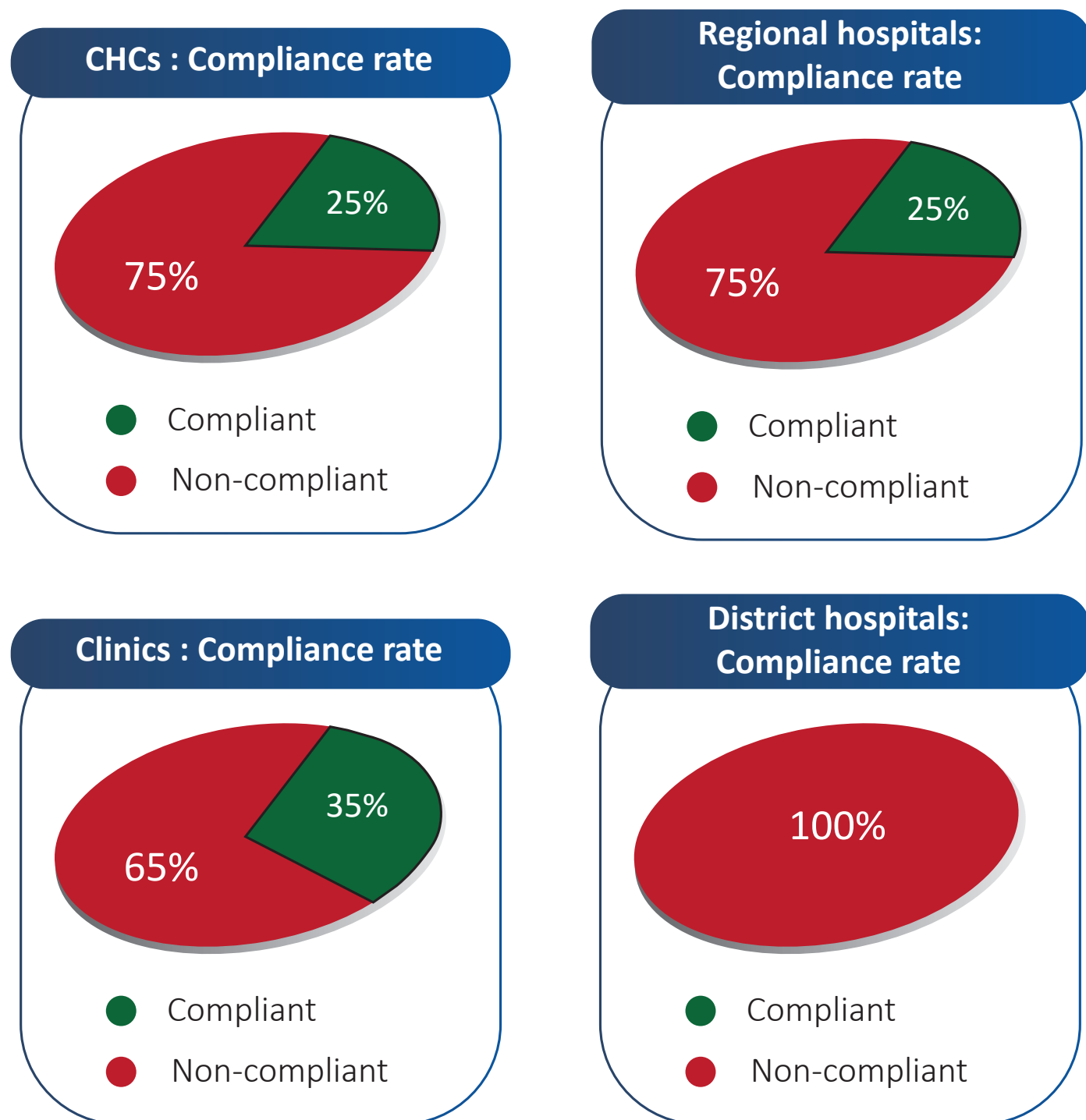


Figure 5: National compliance rate according to four categories of health establishment, fy 2021/22

6.2.1. Compliance status outcome per province

In the period under review, there were no district hospitals inspected in Gauteng and regional hospitals in the Northern Cape, and Western Cape provinces respectively. Table 5 below shows the total number of inspected health establishments per province, category, and compliance performance.

Table 5: Total number of inspected HEs per province, category and compliance status

Clinics				
Province Name	Total Number of Clinics Inspected: FY 2021/22	Compliant	Non- Compliant	Compliance Rate
Eastern Cape	75	11	64	15%
Free State	23	6	17	26%
Gauteng	31	17	14	55%
KwaZulu-Natal	104	64	40	62%
Limpopo	55	2	53	4%
Mpumalanga	39	12	27	31%
North West	64	20	44	31%
Northern Cape	24	3	21	13%
Western Cape	58	30	28	52%
Community Health Centres				
Province Name	Total Number of CHCs Inspected: FY 2021/22	Compliant	Non- Compliant	Compliance Rate
Eastern Cape	3	0	3	0%
Free State	1	0	1	0%
Gauteng	2	2	0	100%
KwaZulu-Natal	4	2	2	50%
Limpopo	8	0	8	0%
Mpumalanga	11	1	10	9%
North West	7	4	3	57%
Northern Cape	3	0	3	0%
Western Cape	1	1	0	100%
District Hospitals				
Province Name	Total Number of District Hospitals Inspected (FY 2021/22)	Compliant	Non- Compliant	Compliance Rate
Eastern Cape	5	0	5	0%
Free State	2	0	2	0%
KwaZulu-Natal	2	0	2	0%
Limpopo	2	0	2	0%
Mpumalanga	3	0	3	0%
North West	1	0	1	0%
Northern Cape	2	0	2	0%
Western Cape	2	0	2	0%

Regional Hospitals				
Province Name	Total Number of Regional Hospitals Inspected (FY 2021/22)	Compliant	Non- Compliant	Compliance Rate
Eastern Cape	2	1	1	50%
Free State	1	0	1	0%
Gauteng	3	1	2	33%
KwaZulu-Natal	2	1	1	50%
Limpopo	1	0	1	0%
Mpumalanga	1	0	1	0%

6.2.2. Compliance status outcome per district for FY 2021/22

A total of 51 districts were inspected in the period under review. A breakdown of all district's performance is depicted in Figures 6, 7, 8 and 9 below.

Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Eastern Cape	Alfred Nzo	11	0	11	0%
	Amathole	11	1	10	9%
	Buffalo City Metro	13	1	12	8%
	Chris Hani	11	1	10	9%
	Joe Gqabi	3	0	3	0%
	Nelson Mandela Bay Metro	4	3	1	75%
	Oliver Tambo	11	1	10	9%
	Sarah Baartman	11	4	7	36%
Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Free State	Fezile Dabi	2	0	2	0%
	Lejweleputswa	7	0	7	0%
	Mangaung Metro	5	3	2	60%
	Thabo Mofutsanyana	9	3	6	33%
Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Gauteng	City of Ekurhuleni Metro	12	5	7	42%
	City of Johannesburg Metro	8	3	5	38%
	City of Tshwane Metro	4	4	0	100%
	Sedibeng	3	2	1	67%
	West Rand	4	3	1	75%
Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
KwaZulu-Natal	Amajuba	5	3	2	60%
	eThekweni Metro	17	13	4	76%
	Harry Gwala	7	1	6	14%
	iLembe	2	1	1	50%
	King Cetshwayo	11	7	4	64%
	Ugu	4	0	4	0%
	uMgungundlovu	14	6	8	43%
	Umkhanyakude	11	4	7	36%
	Umzinyathi	12	11	1	92%
	Uthukela	10	7	3	70%
	Zululand	11	11	0	100%
Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Limpopo	Capricorn	4	0	4	0%
	Mopani	14	1	13	7%
	Sekhukhune	12	0	12	0%
	Vhembe	11	0	11	0%
	Waterberg	14	1	13	7%

Figure 6: Clinics compliance status outcome per province and district

Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Mpumalanga	Ehlanzeni	16	0	16	0%
	Gert Sibande	14	7	7	50%
	Nkangala	9	5	4	56%
Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
North West	Bojanala Platinum	25	14	11	56%
	Dr Kenneth Kaunda	4	0	4	0%
	Dr Ruth Segomotsi Mompati	11	0	11	0%
	Ngaka Modiri Molema	24	6	18	25%
Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Northern Cape	Frances Baard	3	0	3	0%
	John Taolo Gaetsewe	6	0	6	0%
	Namakwa	5	0	5	0%
	Pixley ka Seme	7	3	4	43%
	Zwelentlana Fatman Mgcawu	3	0	3	0%
Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Western Cape	Cape Winelands	12	4	8	33%
	Central Karoo	8	6	2	75%
	City of Cape Town Metro	12	7	5	58%
	Garden Route	10	3	7	30%
	Overberg	8	8	0	100%
	West Coast	8	2	6	25%

Figure 7: CHCs Compliance status outcome per province and district, FY 2021/22

Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Eastern Cape	Buffalo City Metro	2	0	2	0%
	Nelson Mandela Bay Metro	1	0	1	0%
Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Free State	Xhariep	1	0	1	0%
Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Gauteng	City of Tshwane Metro	1	1	0	100%
	Sedibeng	1	1	0	100%
Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
KwaZulu-Natal	Amajuba	1	1	0	100%
	eThekweni Metro	1	0	1	0%
	uMgungundlovu	1	1	0	100%
	Umzinyathi	1	0	1	0%
Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Limpopo	Capricorn	1	0	1	0%
	Mopani	4	0	4	0%
	Vhembe	2	0	2	0%
	Waterberg	1	0	1	0%
Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Mpumalanga	Ehlanzeni	4	0	4	0%
	Gert Sibande	3	0	3	0%
	Nkangala	4	1	3	25%
Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
North West	Bojanala Platinum	4	4	0	100%
	Dr Kenneth Kaunda	2	0	2	0%
	Dr Ruth Segomotsi Mompati	1	0	1	0%

Table 6: District hospitals compliance status outcome per province and district, FY 2021/22

Province Name	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Eastern Cape	ec Alfred Nzo	1	0	1	0%
Eastern Cape	ec Amathole	1	0	1	0%
Eastern Cape	ec Buffalo City	1	0	1	0%
Eastern Cape	ec Nelson Mandela Bay	1	0	1	0%
Eastern Cape	ec Oliver Tambo	1	0	1	0%
Province Name	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Free State	fs Lejweleputswa	1	0	1	0%
Free State	fs Xhariep	1	0	1	0%
Province Name	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
KwaZulu-Natal	kz Ugu	1	0	1	0%
KwaZulu-Natal	kz Umzinyathi	1	0	1	0%
Province Name	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Limpopo	lp Capricorn	1	0	1	0%
Limpopo	lp Mopani	1	0	1	0%
Province Name	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Mpumalanga	mp Ehlanzeni	2	0	2	0%
Mpumalanga	mp Gert Sibande	1	0	1	0%
Province Name	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
North West	nw Dr Ruth Segomotsi Mompoti	1	0	1	0%
Province Name	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Northern Cape	nc John Taolo Gaetsewe	1	0	1	0%
Northern Cape	nc Namakwa	1	0	1	0%
Province Name	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Western Cape	wc City of Cape Town	1	0	1	0%
Western Cape	wc Garden Route	1	0	1	0%



Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Eastern Cape	Buffalo City Metro	1	0	1	0%
	Oliver Tambo	1	1	0	100%
Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Free State	Thabo Mofutsanyana	1	0	1	0%
Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Gauteng	City of Ekurhuleni Metro	1	0	1	0%
	City of Tshwane Metro	1	1	0	100%
	Sedibeng	1	0	1	0%
Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
KwaZulu-Natal	Amajuba	1	1	0	100%
	uMgungundlovu	1	0	1	0%
Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Limpopo	Mopani	1	0	1	0%
Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
Mpumalanga	Ehlanzeni	1	0	1	0%
Province	District	Number Inspected	Compliant	Non-Compliant	Compliance Rate
North West	Bojanala Platinum	1	0	1	0%
	Dr Kenneth Kaunda	1	0	1	0%

Figure 8: Regional hospitals compliance status outcome per province and district, FY 2021/22

7. NATIONAL OVERALL GRADINGS FOR HEALTH ESTABLISHMENTS

7.1. Overall gradings for all health establishments per category (FY 2021/22)

The health establishments are graded into four broad categories: Excellent, Good, Satisfactory, and Unsatisfactory. The grade is an average score across all the measures taken on all standards. However, some measures count for more than others in calculating the average grading, because failure to perform on these measures carries a greater risk to the health and safety of health service users. These are known as vital measures and a higher score is required on vital measures than on essential measures. The overall gradings of inspected health establishments according to their categories are displayed in Figure 6 below

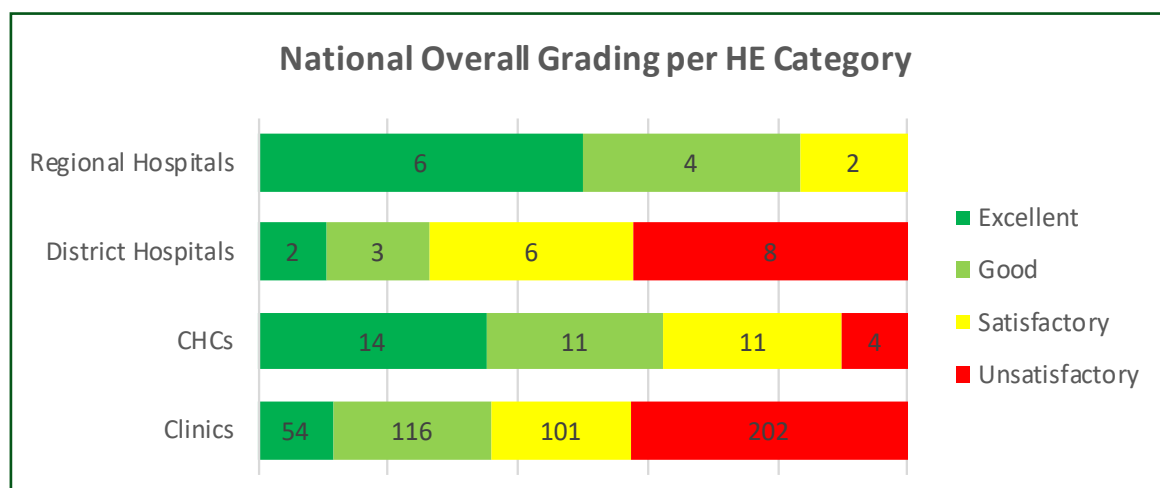


Figure 9: National overall grading per HE category

7.2. Overall grading for all health establishments per province and Category FY 2021/22

Figure 7 below shows the overall grading performance of inspected health establishments per province and category.

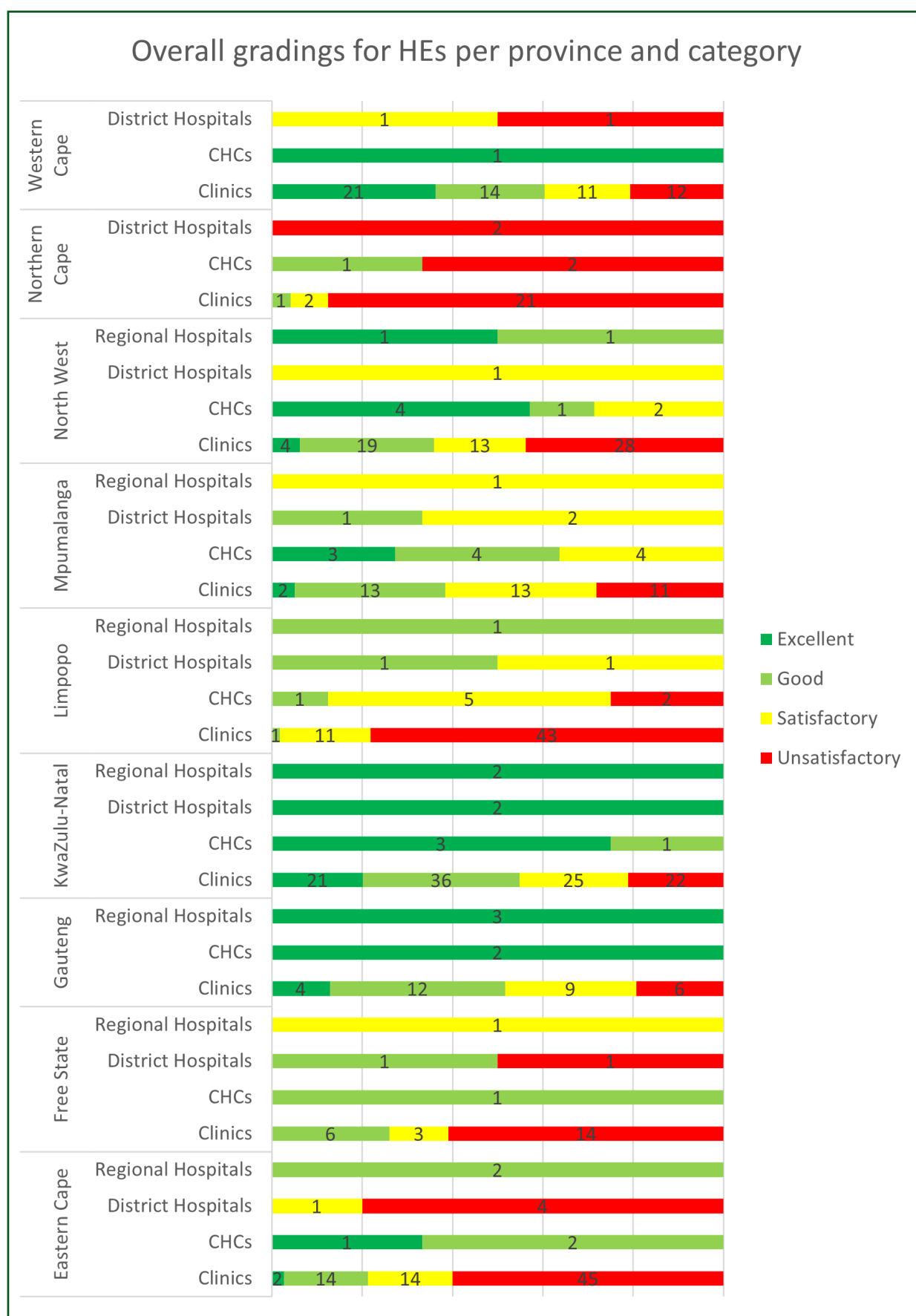


Figure 10: Overall grading for HEs per province and category

8. PERFORMANCE OF HEALTH ESTABLISHMENTS

8.1. Clinics' performance

This section covers the performance of clinics according to the different measures, functional areas and domains disaggregated by the risk rating categories.

8.1.1. Measure performance analysis

8.1.1.1. Non-negotiable measures (NNMs)

Tables 7 and 8 below show the overall compliance performance concerning non-negotiable measures amongst the inspected clinics. The emergency trolley measure performed the lowest, with (39%) of health establishments complying with all the requirements. The other two measures relating to oxygen – particularly cylinder with pressure gauge and cylinder above the minimum level scored an overall compliance of 97%. The finding suggests that the emergency trolley measure contributed significantly to the overall non-compliance rate of clinics during the reporting inspection cycle.

Table 7: Overall Clinics performance on NNMs

Number of Inspected Clinics	NNM Compliant (100%)	NNM Non-Compliant (< 100%)
473	183	290

Table 8: Performance analysis according to the three NNMs.

Measure Name	Total No. of HEs	Compliant	Non- Compliant	Compliance Rate
An oxygen cylinder with pressure gauge is available.	473	462	11	98%
CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	473	183	290	39%
The oxygen available in the cylinder is above the minimum level.	473	457	16	97%



8.1.1.2. Vital measures

Figure 8 below shows the overall health establishment grading performance on vital measures amongst the inspected clinics. According to the report, 184 of the 473 inspected clinics, were graded as Unsatisfactory, while 52 Excellent.

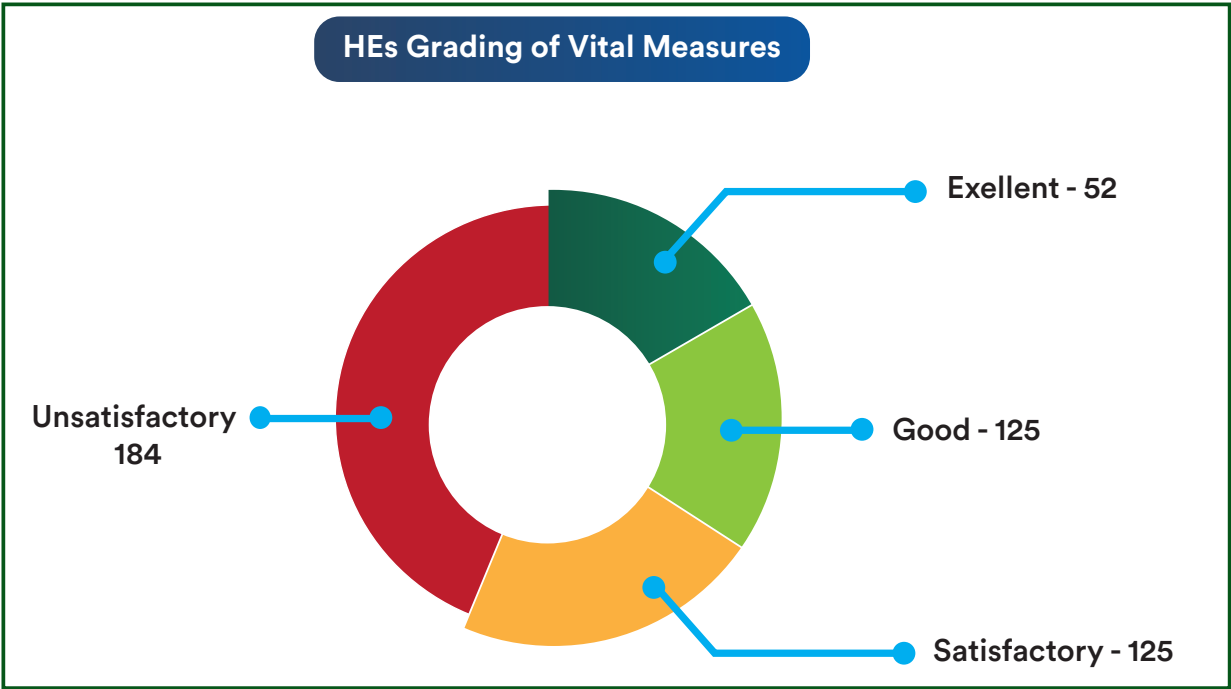


Figure 11: health establishments grading of vital measures

8.1.1.3 Essential measures

Figure 13 below shows the overall health establishment grading performance with respect to essential measures. One hundred and forty-nine (149) of the 473 inspected clinics were found to be Unsatisfactory, while 155 Excellent.

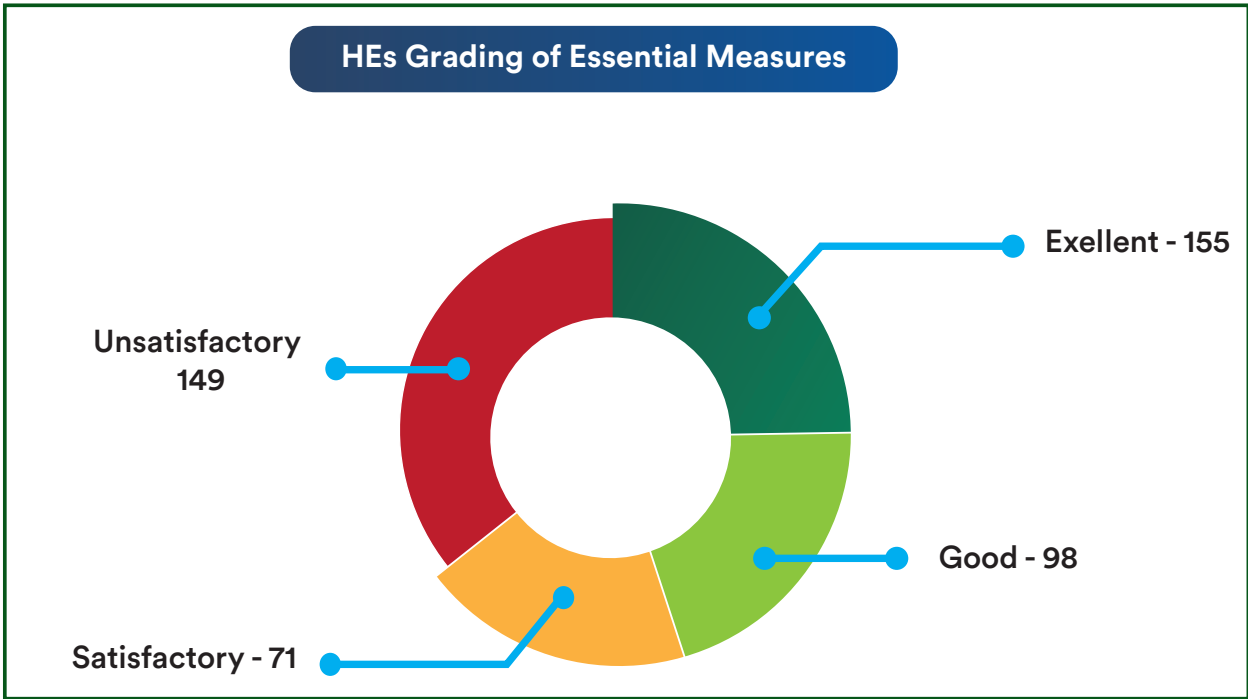


Figure 12: Health establishments grading of essential measures

8.1.2. Overall measure performance by compliance status

8.1.2.1. Non-compliant HEs performance on non-negotiable measures

Three hundred and eight (308) of the 473 clinics inspected were non-compliant, and 202 graded Unsatisfactory. Eighteen of the 202 clinics that were graded Unsatisfactory met the NNM requirements. The grading distribution of the remaining 106 health establishments was Excellent (9), Good (30), and Satisfactory (67).

Table 9: Non-compliant Clinics' performance on non-negotiable measures

NNM'S Compliance	Unsatisfactory	Excellent, Good and Satisfactory
100% Compliant	18	0
Less than 100% Compliant	184	106
TOTAL	202	106

8.1.3. Clinics' overall measure performance by functional area

A functional area is defined as a 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. In the primary healthcare clinic inspection tool, there are four functional areas, namely: Clinic Manager, Clinical Services, Dispensary/Medicine Cupboard, and Maintenance Support. The four functional areas are further discussed in the following sections:

8.1.3.1. Clinic manager

The Clinic Manager's functional area relates to the aspects and requirements that are the responsibility of the facility manager or operational manager at the PHC. The functional area measure assessed related to leadership and governance of the health establishment. Figure 14 below shows aggregate performance in the Clinic Manager functional area per province.

Overall risk rating measure performance by province (clinic manager)

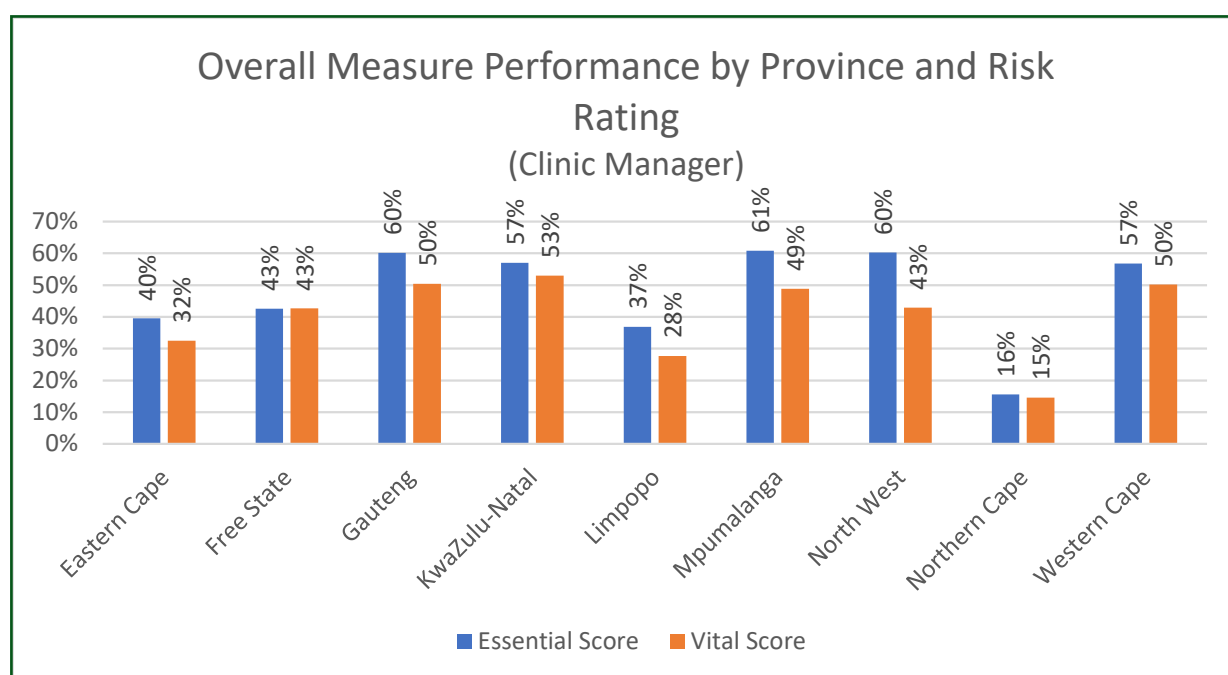


Figure 13: Overall risk rating measure performance by province (clinic manager)

8.1.3.2. Clinical services

The Clinical Services functional area is concerned with aspects of quality clinical service delivery and is assessed for the way clinical services are organised, and delivered to ensure that users receive the care that they need, in line with the best available evidence, and in the most efficient way. Measure performance in this functional area is shown in Figure 15 below.

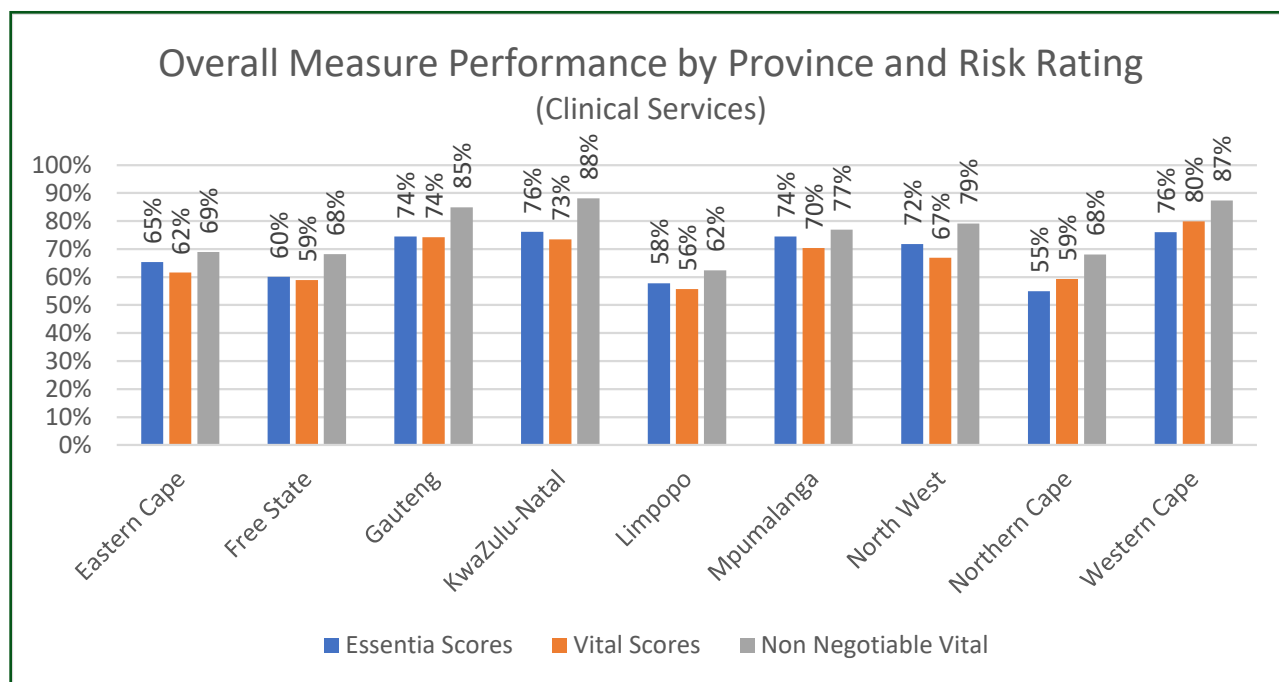


Figure 14: Overall risk rating measure performance by province (clinical services)

8.1.3.3. Dispensary/medicine cupboard

The Dispensary/Medicine cupboard functional area is primarily concerned with aspects of medicine availability and pharmaceutical products management. The functional area is assessed for the effectiveness and efficiency in management of medicines as an essential part of access to quality care at the PHC level. Figure 16 below shows the performance by province and risk rating.

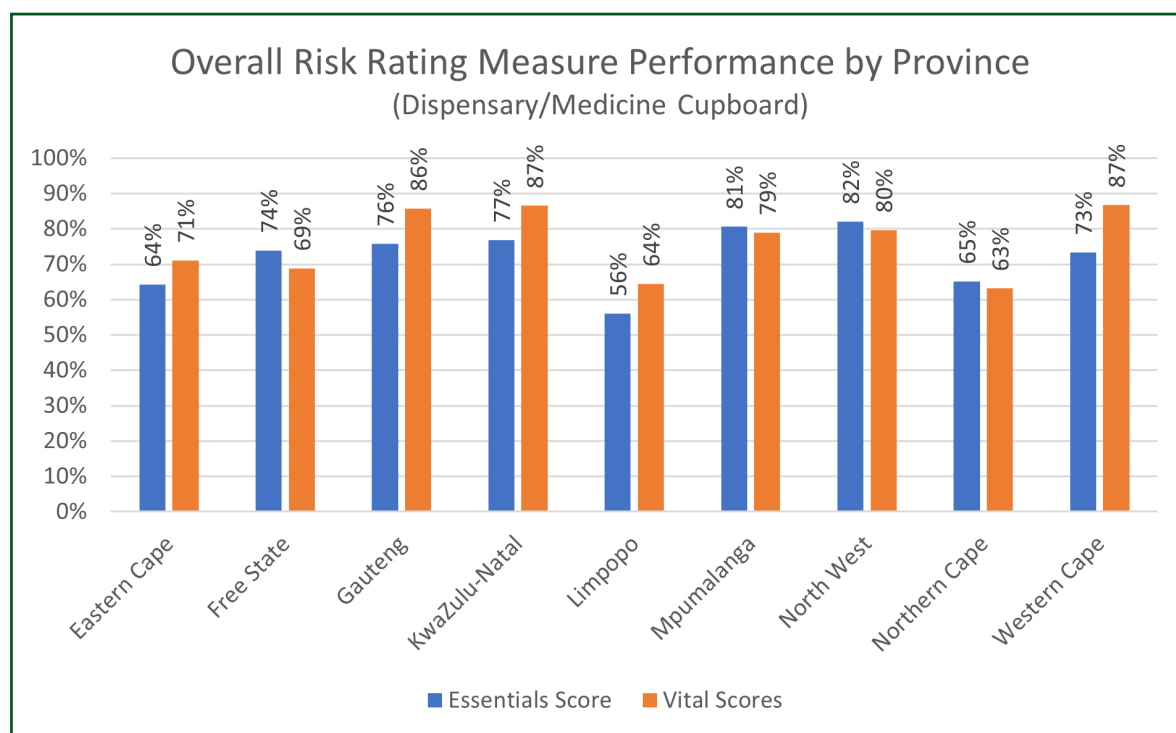


Figure 15: Overall risk rating measure performance by province (dispensary/medicine cupboard)

8.1.3.4. Maintenance support

The Maintenance Support functional area primarily focuses on aspects of health infrastructure and maintenance such as buildings, electricity back-up supply equipment, and sewage systems. Figure 17 below shows performance in the Maintenance Support functional area across the nine provinces.

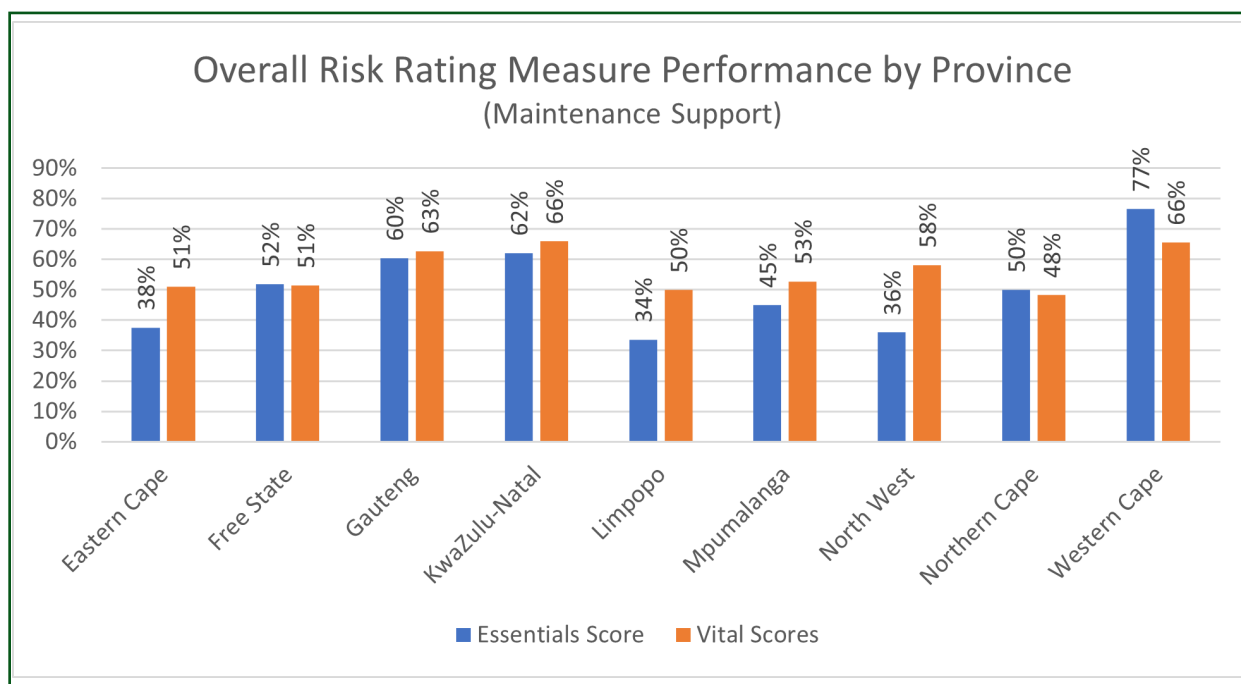


Figure 16: Overall risk rating measure performance by province (maintenance support)

8.1.4. National performance on domains

Aggregate performance outcomes on domains at national level are indicated in Figure 18 below. Domains 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 domains were User Rights followed by Clinical Support Services. The lowest performing domain was Governance and Human Resources. Governance and Human Resources are critical health system inputs that impact on service delivery including the ability to provide quality and safe healthcare. The commonly non-compliant measures included the unavailability of functional clinic committees, non-adherence to the performance management systems and ineffective management of occupational health and safety systems among others.

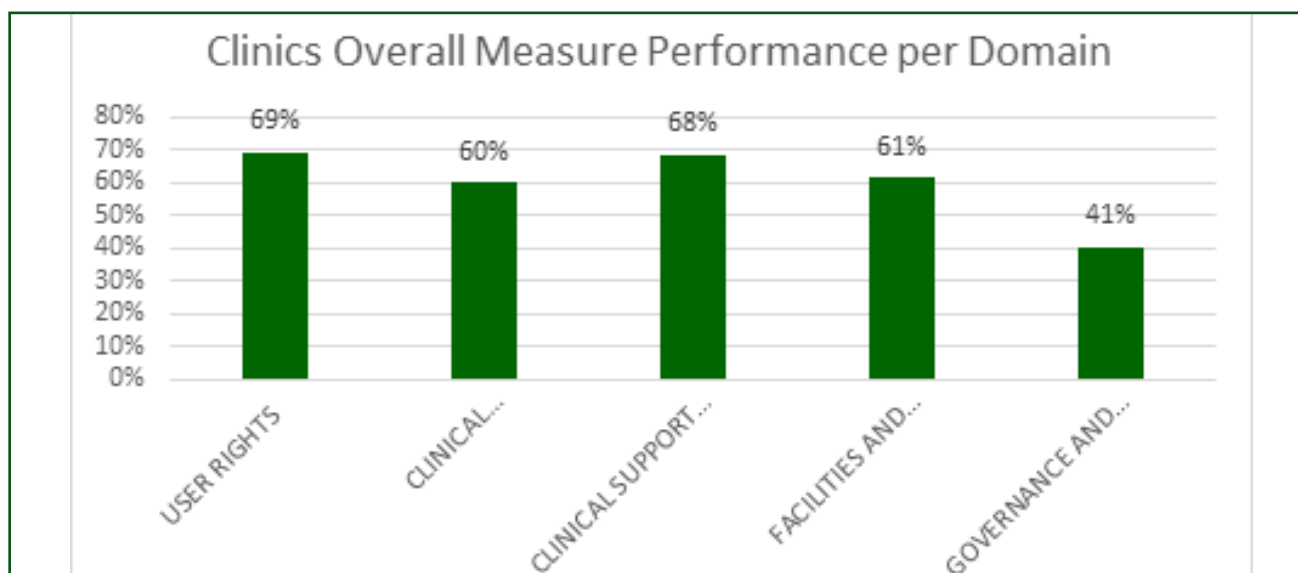


Figure 17: National performance on domains for clinics

8.1.4.1. Clinics performance by domain per Province

Disaggregated performance outcome on domains per province is shown in Figure 18.

PROVINCE	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES	USER RIGHTS
Eastern Cape	53%	59%	57%	30%	61%
Free State	54%	63%	46%	36%	68%
Gauteng	67%	80%	66%	49%	76%
KwaZulu-Natal	67%	79%	65%	47%	78%
Limpopo	45%	51%	57%	30%	56%
Mpumalanga	64%	75%	63%	52%	73%
North West	62%	71%	69%	44%	73%
Northern Cape	43%	50%	40%	19%	48%
Western Cape	71%	75%	67%	48%	76%

Figure 18: Measure performance per province by domain

8.1.4.2. Overall performance of measures according to domains and standards

Specific areas that need improvement to assist health establishments to meet the requirements for compliance to the norms and standards regulations and to achieve certification by the OHSC are identified in the tables below. The standard performance is calculated as the average performance for measures within that standard. Figures 19 to 23 below show the average performance on measures at the level of standards per domain across all inspected clinics.

8.1.4.2.1. User rights

Standard Name	Standard Performance
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	68%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	76%
The health establishment must maintain a system of referral as established by the responsible authority.	62%
The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	68%

Figure 19: Performance on standards across all clinics

8.1.4.2.2. Clinical governance and care

Standard Name	Performance
The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	22%
The health establishment must ensure that health records of health care users are protected managed and kept confidential in line with section 14 15 and 17 of the Act.	67%
The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.	67%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	58%
The health establishment must have a formal process to be followed when obtaining informed consent from the user.	59%
The health establishment must have a system to monitor and report all adverse events.	64%
The health establishment must maintain an environment which minimises the risk of disease outbreaks the transmission of infection to users health care personnel and visitors.	66%

Figure 20: Performance on Standards across all Clinics

8.1.4.2.3. Clinical support services

Standard Name	Standard Performance
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	65%
The health establishment must comply with the provisions of the Pharmacy Act 1974 and the Medicines and Related Substances Act 1965.	70%

Figure 21: Performance on Standards across all Clinics

8.1.4.2.4. Facilities and infrastructure

Standard Name	Standard Performance
The health establishment and their grounds must meet the requirements of the building regulations.	63%
The health establishment must ensure that engineering services are in place.	62%
The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.	72%
The health establishment must have systems to protect users health care personnel and property from security threats and risks.	58%

Figure 22: Performance on Standards across all Clinics

8.1.4.2.5. Governance and human resources

Standard Name	Standard Performance
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	52%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	30%
The health establishment must have a functional governance structure with written Terms of Reference.	5%

Figure 23: Performance on Standards across all Clinics

8.2 Community health centres

This section covers the performance of CHCs according to the different measures, functional areas and domains disaggregated by the risk rating category.

8.2.1. Overall measure performance analysis

8.2.1.1. Non-negotiable measures

A total of 40 CHCs were inspected. Of these, 10 representing 25% achieved 100% on all the NNMs requirements and attained a compliant status. Table 10 below shows the overall grading performance with respect to NNMs amongst the inspected CHCs. The NNMs performance are further discussed per relevant functional areas such as Midwife Obstetric Unit (MoU), Emergency Unit and Clinical Services.

Table 10: Overall CHC Performance on NNMs

Number of Inspected CHCs	NNM Compliant (100%)	NNM Non-Compliant (< 100%)
40	10	30

8.2.1.2. CHC performance on NNMs (MOU, emergency unit and clinical services)

Tables 11, 12 and 13 below show the scores for NNMs in the three functional areas, namely: Midwife Obstetric Unit (MoU), emergency unit, and clinical services. Due to the size and proximity between functional areas at the CHC's, the emergency trolley may have been centralised, and accessible for all other clinical functional areas, hence the variation in the number of applicable measures. Most of the health establishments kept the trolley at the accident, and emergency unit. This explanation applies to all other clinical functional areas discussed below.



Table 11: MoU Performance on NNMs

Measure Name	Applicable Measures	Compliant measures	Compliance Rate
An oxygen cylinder with pressure gauge is available.	39	38	97%
CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	33	12	36%
The oxygen available in the cylinder is above the minimum level.	39	36	92%

Table 12: CHC Performance on NNMs (Emergency Unit)

Measure Name	Applicable Measures	Compliant Measures	Compliance Rate
An oxygen cylinder with pressure gauge is available in the resuscitation or emergency room.	37	37	100%
CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicines and equipment listed below.	36	12	33%
The oxygen available in the cylinder is above the minimum level.	37	37	100%

Table 13: CHC Performance on NNMs (Clinical Services)

Measure Name	Applicable Measures	Compliant Measures	Compliance Rate
An oxygen cylinder with a pressure gauge is available.	28	28	100%
CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	16	3	19%
The oxygen available in the cylinder is above the minimum level.	28	26	93%



8.2.2. Overall CHC performance on vital measures

Figure 19 below shows the overall grading performance with respect to vital measures among the inspected CHCs. Of all 40 inspected CHCs, four were graded Unsatisfactory on vital measures. The remaining 36 were graded Satisfactory, Good and Excellent.

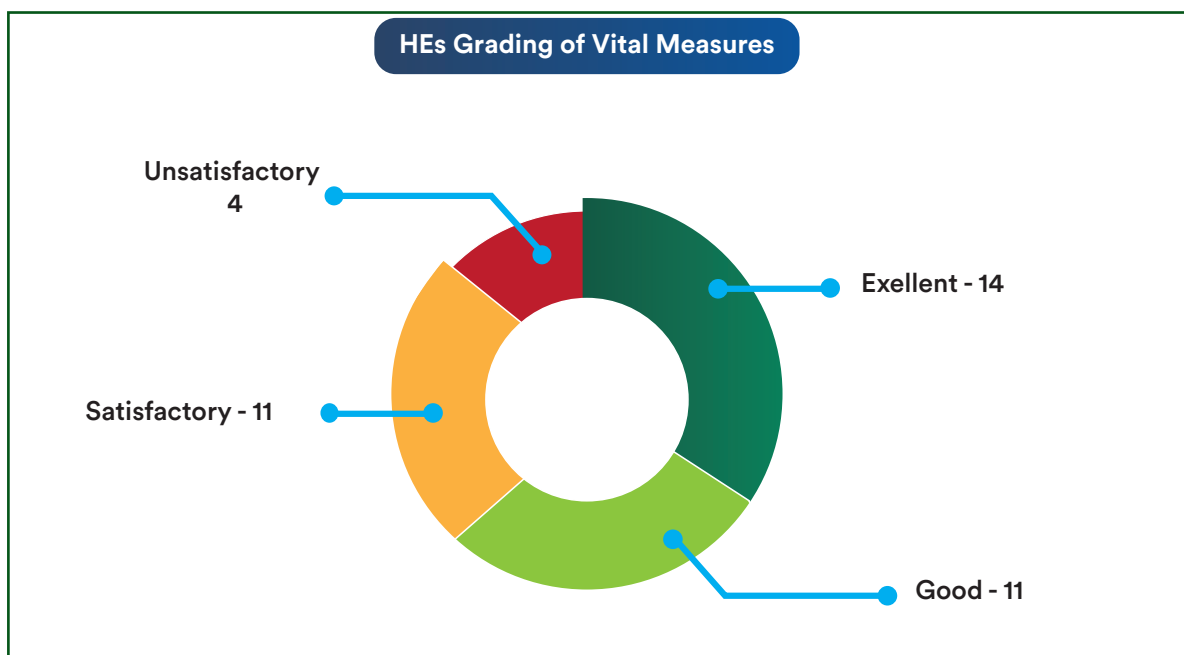


Figure 24: HEs Grading of Vital Measures

8.2.3. Overall CHC performance on essential measures

Only three CHCs were graded unsatisfactory while the other 37 were found to be graded between Satisfactory, Good and Excellent as depicted in Figure 20.

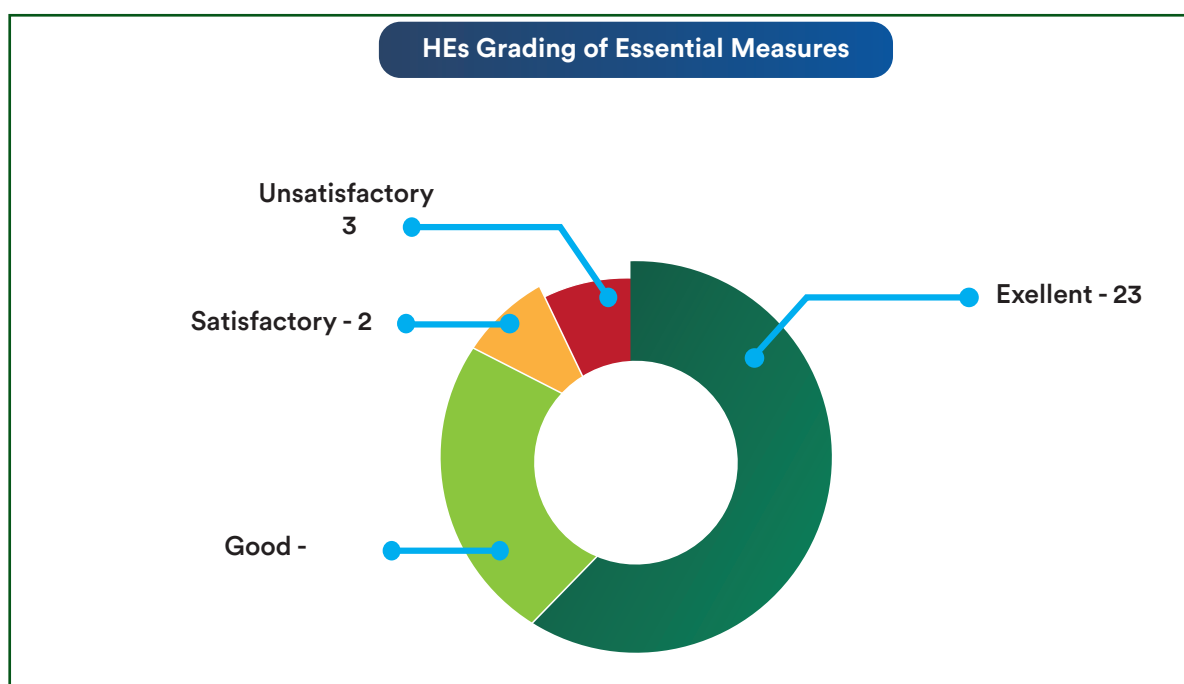


Figure 25: HEs Grading of Essential Measures

8.2.4. Overall CHCs measure performance by compliance status

8.2.4.1. Non-compliant CHCs performance on non-negotiable measures

A total of 30 CHCs were non-compliant on NNMs, of which 26 were graded in the categories of Satisfactory (10), Good (11) and Excellent (5) which would have customarily given them a compliant status as shown in Table 14.

Table 14: Non-Compliant CHCs Performance on NNMs

NNM Compliance	Unsatisfactory	Excellent, Good and Satisfactory
100% Compliant	0	0
Less than 100% Compliant	4	26
TOTAL	4	26

8.2.5. CHCs overall measure performance by functional area

8.2.5.1. CHCs manager

The CHC Manager functional area relates to the aspects and requirements that are the responsibility of the facility manager and is assessed for issues related to leadership and governance of the health establishment. Figure 25 below shows the aggregated performance in the CHC Manager functional area per province.

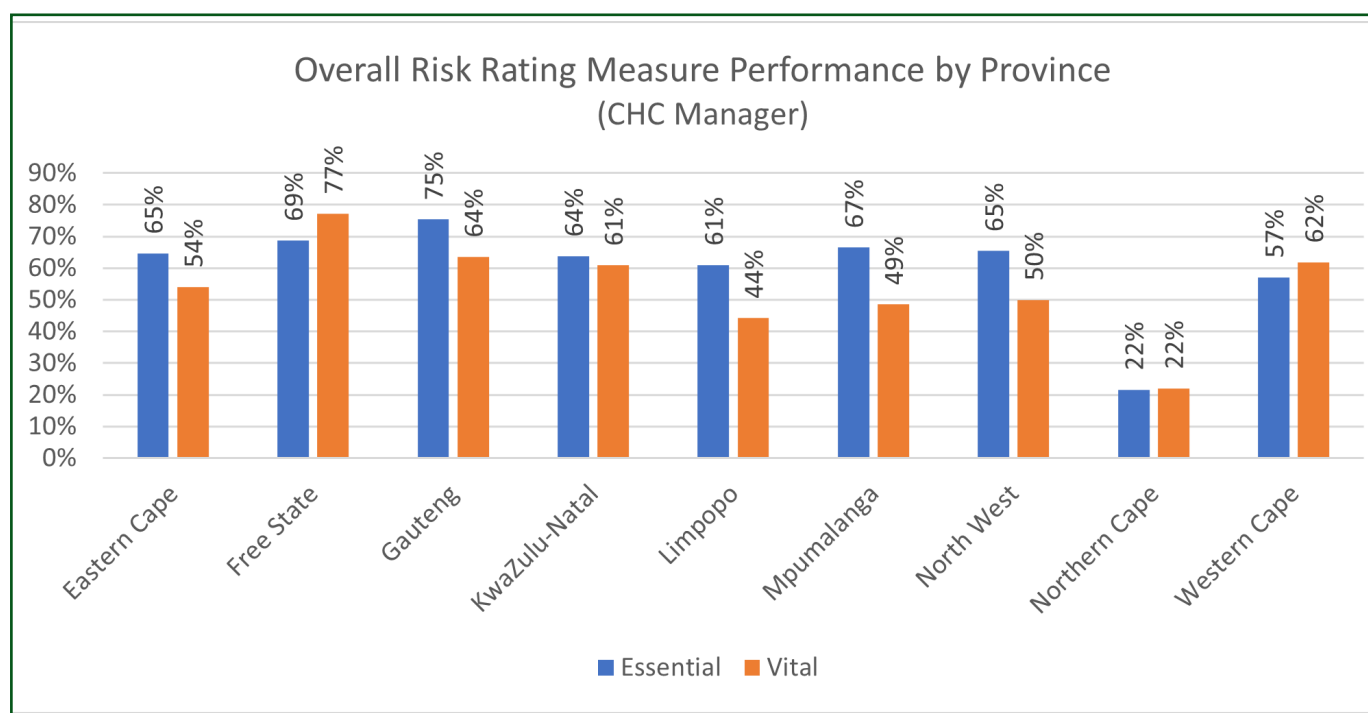


Figure 26: Overall risk rating measure performance by province (CHC Manager)

5.2.5.2. CHCs clinical services performance

Figure 26 below indicates the aggregated performance in the Clinical Services functional area with a marked variation on performance among vital and essential measures in all provinces.

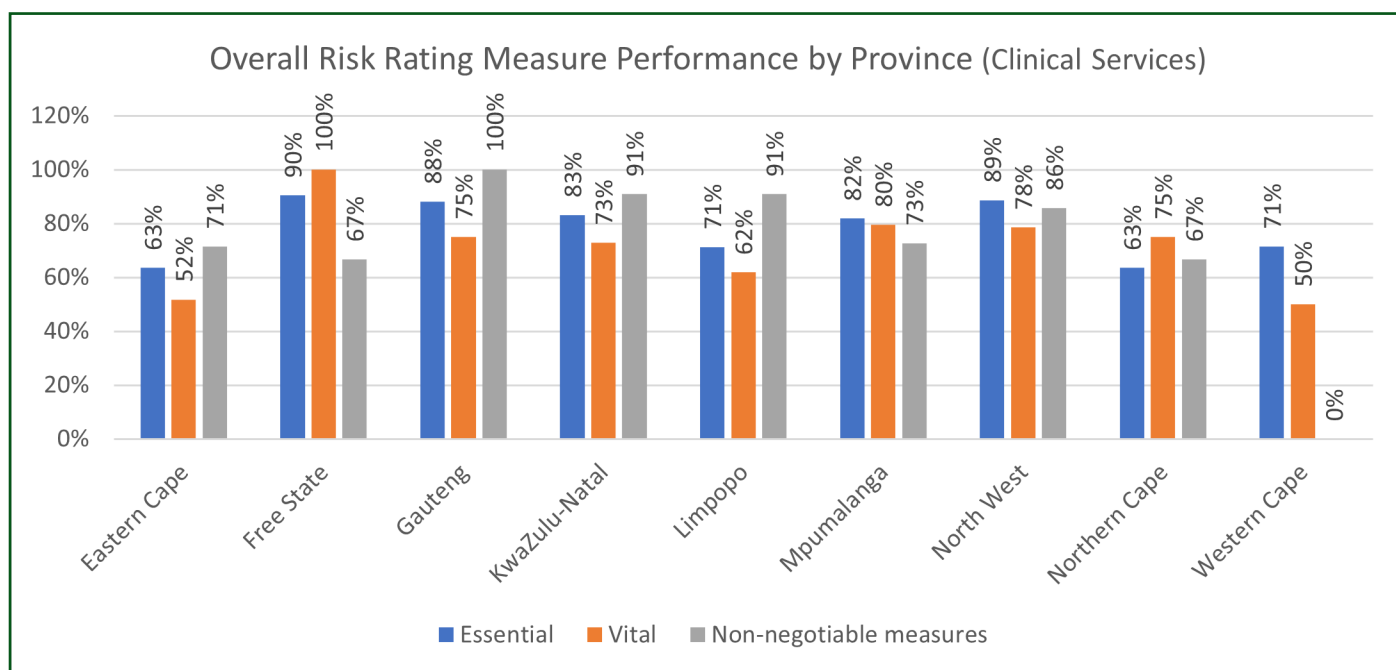


Figure 27: Overall risk rating measure performance by province (clinical services)

8.5.5.3. CHCs emergency unit performance

The inspected health establishments performed generally well in this functional area with average scores across the provinces as shown in Figure 27.

Figure 27: Overall Risk Rating Measure Performance by Province (Emergency Unit)

8.2.5.4. CHCs midwife obstetrics unit performance

Figure 28 below shows that the inspected health establishments performed generally well in this functional area with average scores across the provinces.

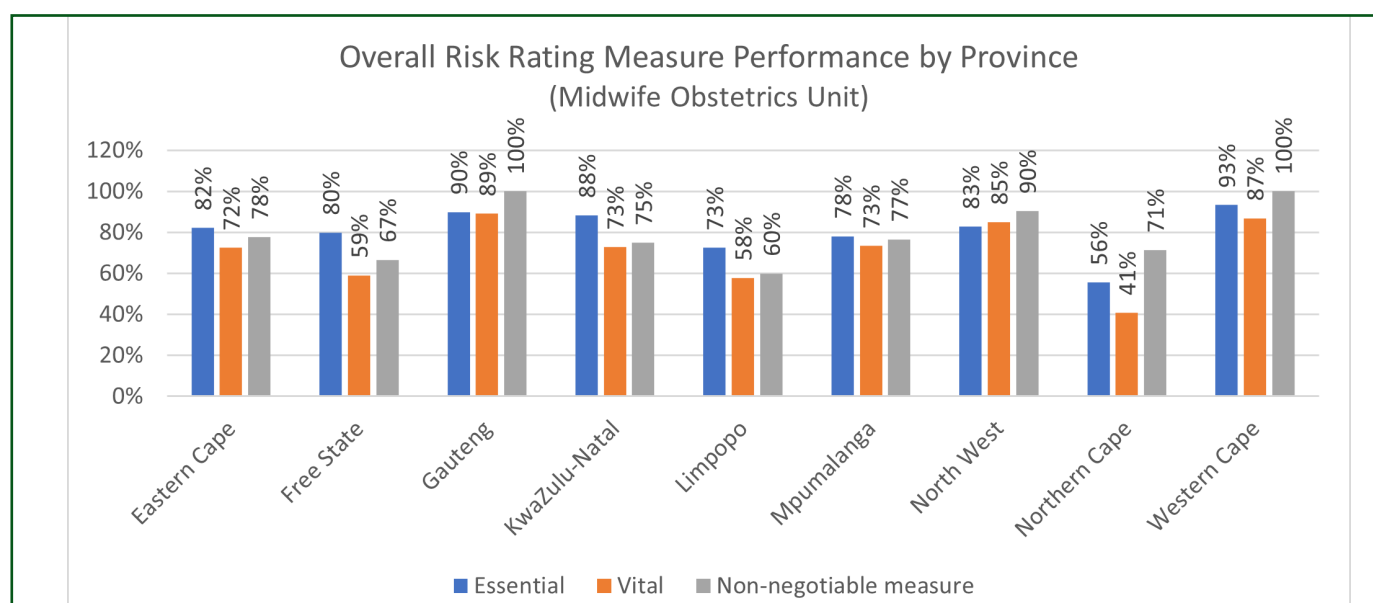


Figure 28: Overall risk rating measure performance by province (midwife obstetrics unit)

8.2.5.5. CHC pharmacy/dispensary performance

The performance in this functional area viewed across the country is shown in Figure 29 below indicating average scores.

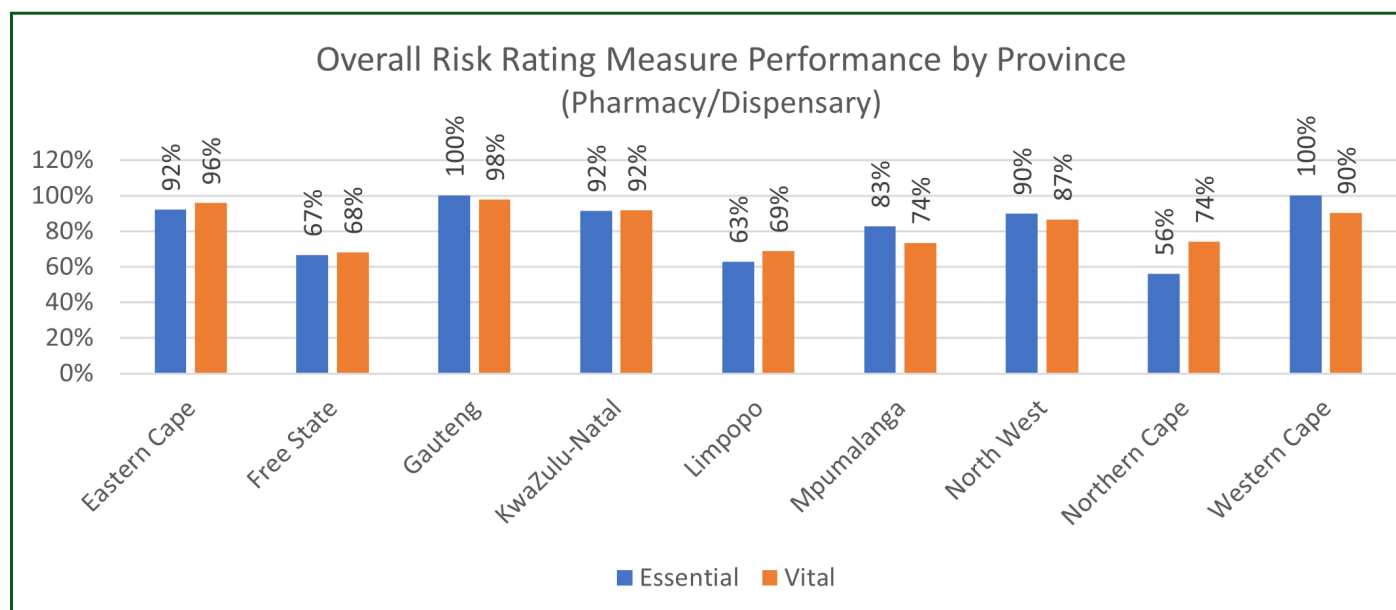


Figure 29: Overall risk rating measure performance by province (pharmacy/dispensary)

8.2.5.6. CHCs maintenance support performance

Figure 30 below shows that the inspected health establishment performed generally well in this functional area with average scores across the provinces.

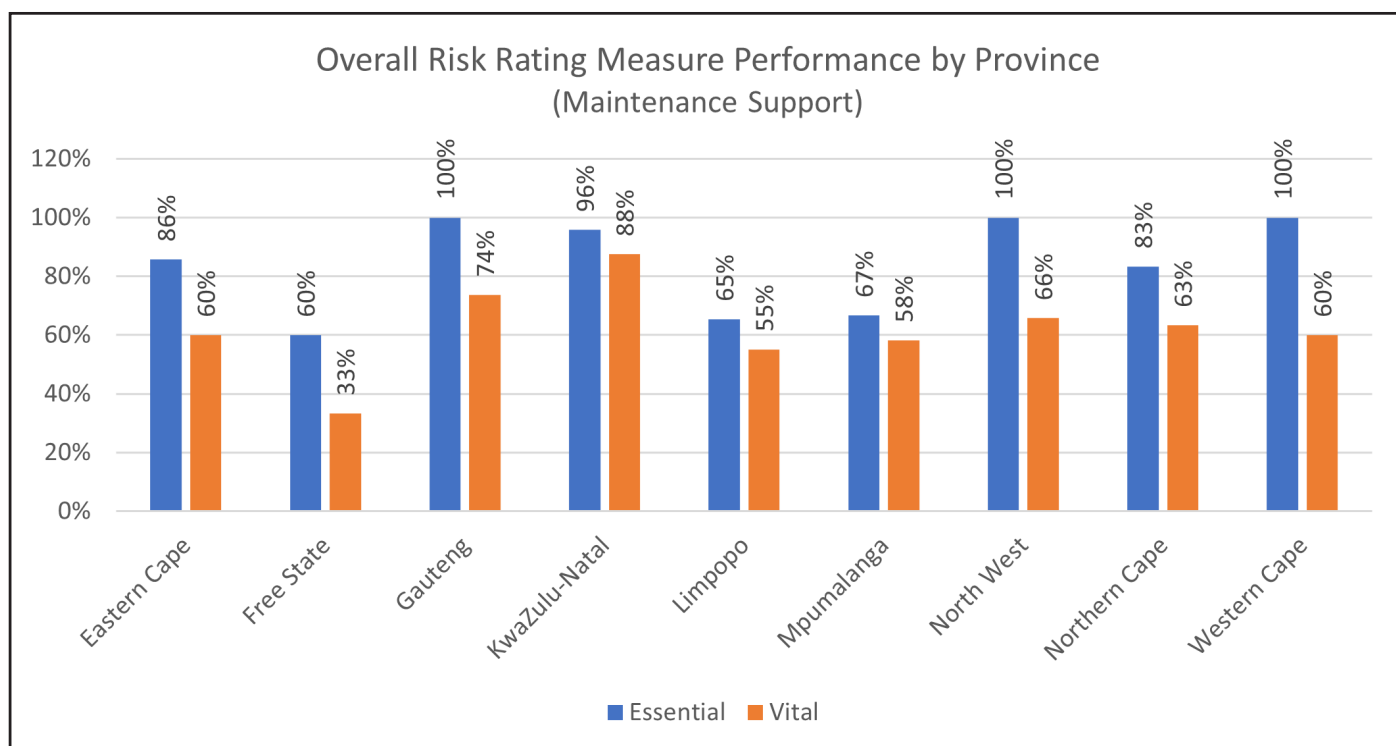


Figure 30: Overall risk rating measure performance by province (maintenance support)

8.2.6. Overall CHC measure performance by domain

8.2.6.1. National CHCs measure performance per domain

Figure 31 below indicates aggregated performance outcome on domains at national level in this category of healthcare. The highest performing domain was Facilities, and Infrastructure followed closely by Clinical Support Services, while the lowest performing domain is Governance and Human Resources. Governance and Human Resources are critical health system inputs that impact on service delivery including the ability to provide quality healthcare. Common non-compliant measures related to staffing needs that were not determined, the absence of functional clinic committees, non-adherence to the performance management systems and ineffective management of occupational health, and safety systems among others.

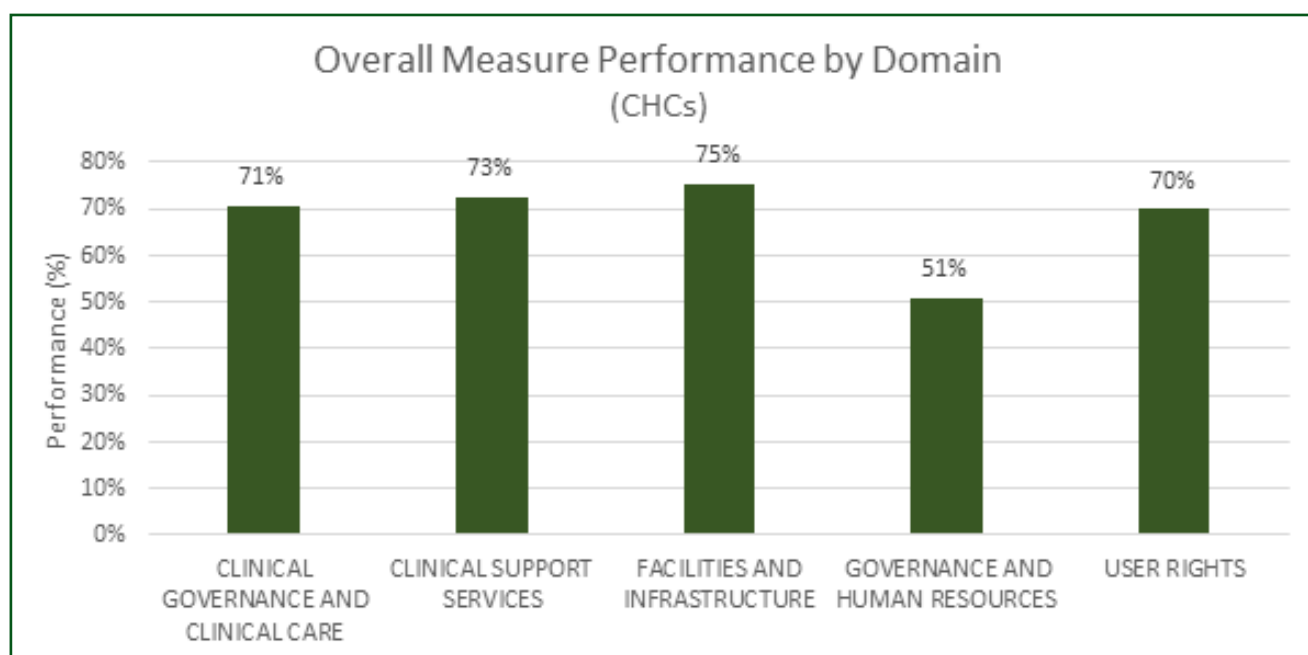


Figure 31: CHC Overall measure performance per domain

8.2.6.2. CHCs measure performance by domain per province

Figure 32 below indicates disaggregated performance outcome on domains in CHC's per province.

PROVINCE	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES	USER RIGHTS
Eastern Cape	65%	70%	77%	59%	73%
Free State	79%	73%	58%	67%	85%
Gauteng	87%	83%	89%	63%	81%
KwaZulu-Natal	78%	77%	84%	60%	76%
Limpopo	60%	60%	73%	44%	64%
Mpumalanga	73%	73%	71%	54%	70%
North West	76%	84%	80%	51%	77%
Northern Cape	54%	61%	70%	26%	41%
Western Cape	78%	76%	76%	50%	79%

Figure 32: Performance outcomes on domains in CHC's per province

8.2.6.3. Overall measure performance of CHCs by standard and domain

Figures 33 to 37 below show average performance on measures at the level of standards per domain across all inspected CHCs. The information in the five tables below identify specific areas that need improvement to assist the health establishments to meet the requirements for compliance with the norms and standards regulations to achieve certification by the OHSC. The standard performance is calculated as the average performance for measures within that standard.

8.2.6.3.1. User rights

Standard Name	Standard Performance
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	67%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	80%
The health establishment must maintain a system of referral as established by the responsible authority.	70%
The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	63%

Figure 33: Performance on Standards across all CHCs

8.2.6.3.2. Clinical governance and care

Standard Name	Standard Performance
(b) A health establishment must establish and maintain systems structures and programmes to manage clinical risk.	69%
The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	63%
The health establishment must ensure that health records of health care users are protected managed and kept confidential in line with section 14 15 and 17 of the Act.	83%
The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.	84%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	56%
The health establishment must have a formal process to be followed when obtaining informed consent from the user.	68%
The health establishment must have a system to monitor and report all adverse events.	81%
The health establishment must issue a discharge report to users in accordance with section 10 of the Act.	85%
The health establishment must maintain an environment which minimises the risk of disease outbreaks the transmission of infection to users health care personnel and visitors.	76%

Figure 34: Performance on Standards across all CHCs

8.2.6.3.3. Clinical support services

Standard Name	Standard Performance
Health establishments must ensure that diagnostic services are available and safe for users and for health care personnel involved in delivering these services.	67%
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	65%
The health establishment must comply with the provisions of the Pharmacy Act 1974 and the Medicines and Related Substances Act 1965.	80%

Figure 35: Performance on Standards across all CHCs

8.2.6.3.4. Facilities and infrastructure

Standard Name	Standard Performance
The health establishment and their grounds must meet the requirements of the building regulations.	79%
The health establishment must ensure that engineering services are in place.	71%
The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.	71%
The health establishment must have systems to protect users health care personnel and property from security threats and risks.	75%

Figure 36: Performance on Standards across all CHCs

8.2.6.3.5. Governance and human resources

Standard Name	Standard Performance
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	64%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	39%
The health establishment must have a functional governance structure with written Terms of Reference.	18%

Figure 37: Performance on Standards across all CHCs



8.3. District Hospitals

This section covers the performance of inspected district hospitals according to the different measures disaggregated by the risk rating categories.

8.3.1. Overall district Hospital measure performance analysis

8.3.1.1. Non-negotiable measures for district hospitals

A total of 19 district hospitals were inspected during the period under review. None of the inspected health establishments were able to achieve 100% on the NNMs requirements and were thus not compliant. Table 15 below shows the overall grading performance with respect to NNMs amongst the inspected district hospitals.

Table 15: Overall District Hospital Performance on NNMs

Number of Inspected district hospitals	NNM Compliant (100%)	NNM Non-Compliant (< 100%)
19	0	19

8.3.1.2. District hospitals performance on NNMs

Table 16 below shows the overall performance with respect to Non-Negotiable Measures among the inspected district hospitals. The emergency trolley measure performed at 3% across the respective functional areas. The measure of correct completion of consent forms was also low at 22%. This finding suggests that the emergency trolley measure and correct completion of consent forms contributed significantly to the overall non-compliance rate of district hospitals during this inspection cycle.

Table 16: Average Performance on NNMs for all functional areas

NN Measures	Non-Compliant	Compliant	Total Measures	Compliance Rate
Emergency trolley is stocked with medicines and equipment.	158	5	163	3.07%
Emergency power supply is available in the ward/unit in the event of a power disruption.	131	110	241	45.64%
Health care providers correctly complete forms used for informed consent.	72	50	221	22.62%
The ward/unit has a functional system to supply piped oxygen to clinical areas.	34	98	132	74.24%
The oxygen available in the cylinder is above the minimum level.	14	16	30	53.33%
An oxygen cylinder with pressure gauge is available.	9	21	30	70.00%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.	9	55	64	85.94%
A system to monitor oxygen levels in the bulk oxygen plant is in place.	6	13	19	68.42%
A functional system is in place to supply piped medical gas to clinical areas.	6	13	19	68.42%

8.3.2. Overall district hospital measure performance by health establishment compliance status

Table 17 below shows that 19 district hospitals were non-compliant of which 11 were graded in the categories Satisfactory (6), Good (3), and Excellent (2). These hospitals would have been compliant had they been compliant with the NNMs requirements.

Table 17: Non-Compliant District Hospitals Performance on NNMs

Health Establishment Grading		
NNM'S Compliance	Unsatisfactory	Excellent, Good and Satisfactory
100% Compliant	0	0
Less than 100% Compliant	8	11
TOTAL	8	11

8.3.2.1. Overall vital measures performance in district hospitals

The overall grading performance with respect to vital measures among the inspected district hospitals as depicted in Figure 33 below. Of the 19 inspected district hospitals in the period under review, a total of 12 health establishments' aggregate performance was graded between Satisfactory and Excellent while seven graded Unsatisfactory. Figure 34 shows a distribution of vital measure scores across the inspected district hospitals.

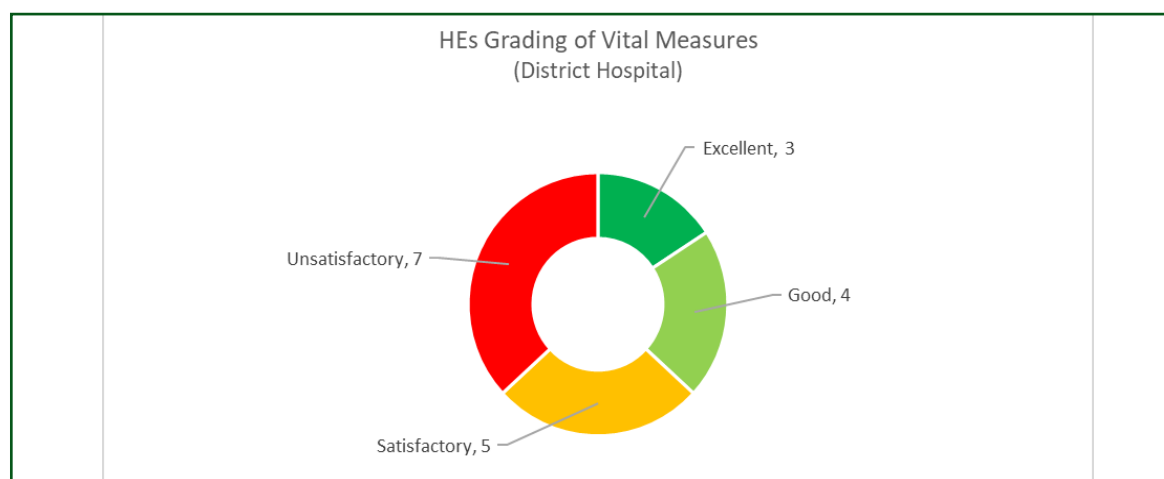


Figure 38: HEs grading of vital measures

Figure 35 below shows the overall grading performance and score respectively regarding essential measures among the inspected district hospitals. Three health establishment aggregate performance on the vital measures were found to be Excellent and Good respectively, while five health establishments were Satisfactory.

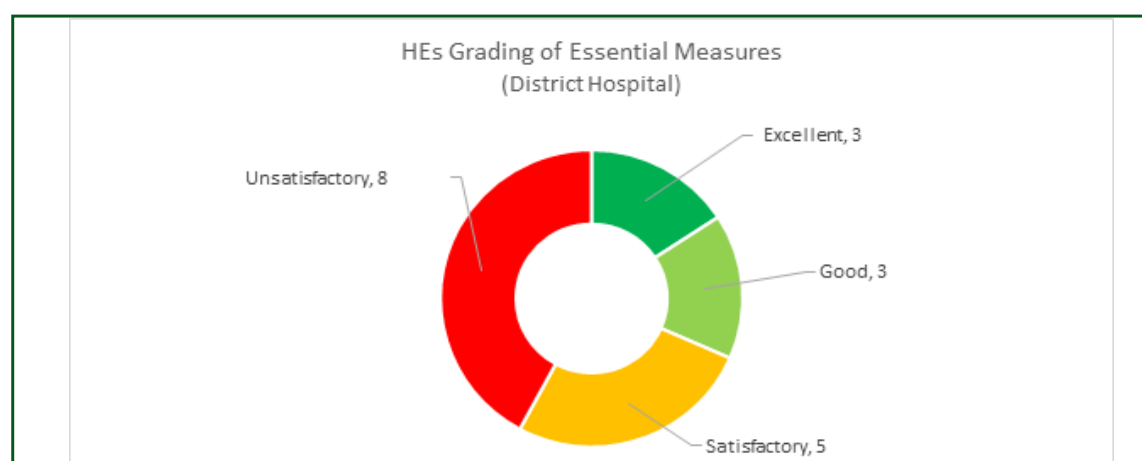


Figure 39: HEs grading of essential measures (district hospitals)

8.3.3. Measure performance by domain for district hospitals

8.3.3.1. National measure performance by domain in district hospitals

Figure 37 and figure 33 below indicate aggregated performance outcomes on domains for district hospitals. Of all the domains in the norms and standards regulations, User Rights was the highest performing, followed by Facilities and Infrastructure, and while the lowest performing was Governance and Human Resources. Governance and Human Resources are critical health system inputs that impact service delivery including the ability to provide safe and quality healthcare.

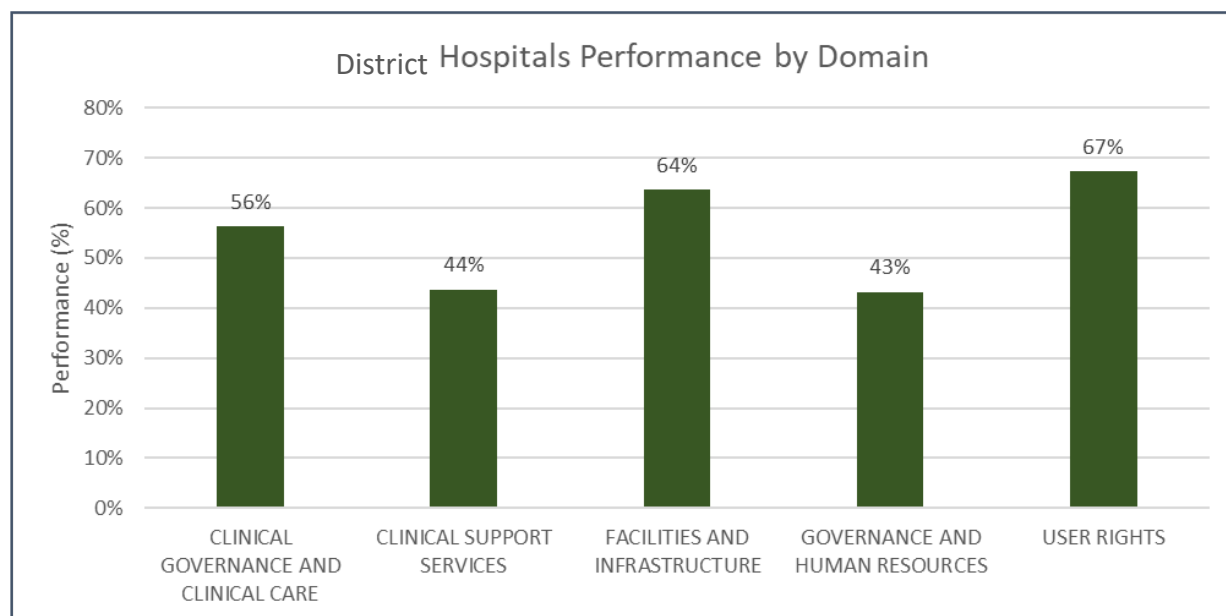


Figure 40: District hospital's performance by domain

PROVINCE	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES	USER RIGHTS
Eastern Cape	48%	42%	56%	33%	60%
Free State	51%	36%	58%	32%	62%
KwaZulu-Natal	78%	59%	80%	70%	95%
Limpopo	66%	50%	68%	63%	83%
Mpumalanga	62%	48%	69%	57%	73%
North West	56%	40%	62%	49%	62%
Northern Cape	46%	30%	53%	14%	55%
Western Cape	50%	36%	68%	35%	51%

Figure 41: Measure performance by domain per province for district hospitals

8.4. Regional hospitals

This section covers the performance of inspected regional hospitals according to the different measures disaggregated by the risk rating categories.

8.4.1.1. Overall measure performance analysis

8.4.1.1 Non-negotiable measures

A total of 12 regional hospitals were inspected, and nine were non-compliant and of which none were graded Unsatisfactory. The grading distribution of the 12 inspected HEs was Excellent (6), Good (4), and Satisfactory (2) as shown in Table 18.

Table 18: Regional Hospitals Grading

Health Establishment Grading		
NNM'S Compliance	Unsatisfactory	Excellent, Good and Satisfactory
100% Compliant	0	3
Less than 100% Compliant	0	9
TOTAL	0	12

Table 19 below shows the overall performance concerning Non-Negotiable Measures among the inspected regional hospitals. The emergency trolley measure performed at 38% across the respective functional areas. This finding suggests that the emergency trolley measure contributed significantly to the overall non-compliance rate of regional hospitals during this inspection cycle.

Table 19: Overall Regional Hospital Performance on NNMs

NN Measures	Non-Compliant	Compliant	Total Measures	Compliance Rate
Emergency trolley is stocked with medicines and equipment.	88	54	142	38.03%
Emergency power supply is available in the ward/unit in the event of a power disruption.	46	123	169	72.78%
Health care providers correctly complete forms used for informed consent.	17	89	106	83.96%
The ward/unit has a functional system to supply piped oxygen to clinical areas.	4	51	55	92.73%
An oxygen cylinder with pressure gauge is available.	3	19	22	86.36%
The oxygen available in the cylinder is above the minimum level.	2	19	21	90.48%
A system to monitor oxygen levels in the bulk oxygen plant is in place.	1	11	12	91.67%

8.4.1.2. Overall vital measures performance in regional hospitals

Figure 39 below shows the overall grading of vital measures for the 12 inspected regional hospitals. A total of eight health establishments aggregated performance on the vital measures was found to be Excellent, three Good, with one Satisfactory.

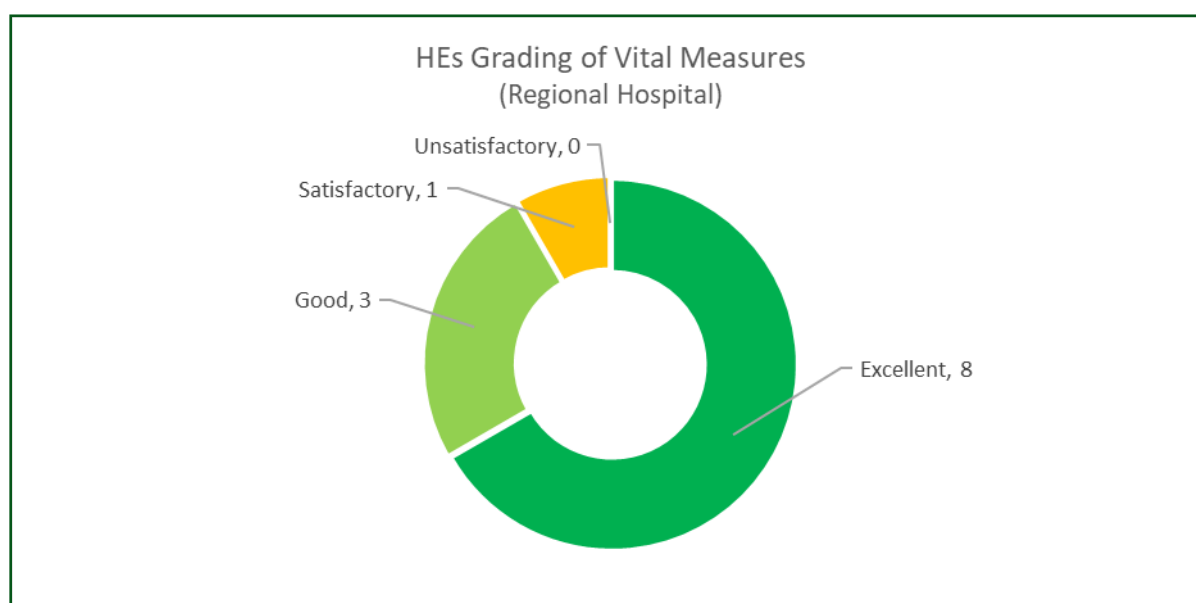


Figure 42: Health establishments grading of vital measures

8.4.1.3. Overall essential measures performance in regional hospitals

Figure 40 below shows the overall grading performance and scores for essential measures among the 12 inspected regional hospitals. A total of seven health establishments aggregated performance on the essential measures as Excellent, three Good, two Satisfactory.

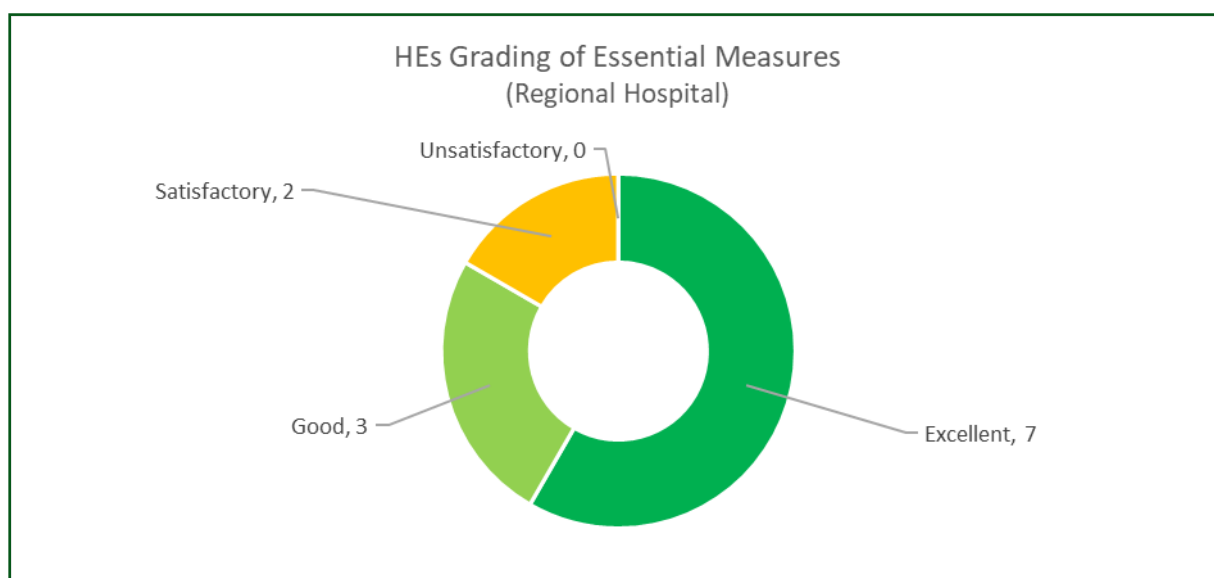


Figure 43: Health establishments Grading of essential measures

8.4.1.4. Overall measure performance by health establishment as per compliance status

8.4.1.4.1. Compliant regional hospitals performance on non-negotiable measures

Three of the 12 inspected regional hospitals were compliant. The subsequent sections will show the analysis of the inspection outcomes concerning all risk rating elements on measures.

8.4.1.4.2. Non-compliant Regional Hospitals performance on non-negotiable measures

Four of the nine non-compliant health establishments were graded Excellent, three Good and two Satisfactory. Table 20 displays the scores for NNMs for non-compliant hospitals.

Table 20: Non-Compliant Regional Hospitals performance on Non-Negotiable Measures

NNM'S Compliance	Health Establishment Grading	
	Unsatisfactory	Excellent, Good and Satisfactory
100% Compliant	0	0
Less than 100% Compliant	0	9
TOTAL	0	9

8.4.2. Measure performance by domain for regional hospitals

8.4.2.1. National measure performance by domain for regional hospitals

Figure 45 and Table 37 below indicate the aggregated performance outcome on domains at the national level. Of all the domains in the norms and standards regulations, User Rights was the highest performing followed by Facilities and Infrastructure, and the lowest performing domain was Clinical Support Services.

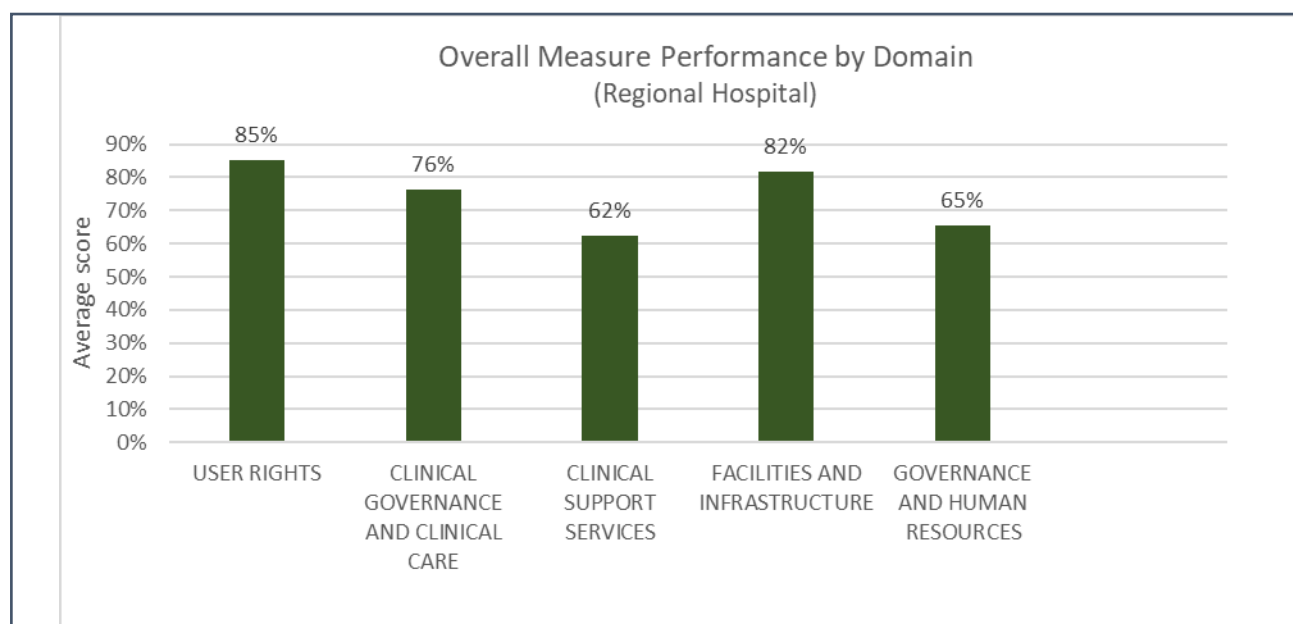


Figure 44: Overall Measure Performance by Domain (Regional Hospitals)

PROVINCE	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES	USER RIGHTS
Eastern Cape	73%	55%	83%	60%	81%
Free State	62%	62%	68%	52%	79%
Gauteng	83%	68%	86%	72%	93%
KwaZulu-Natal	87%	78%	87%	76%	93%
Limpopo	65%	47%	71%	62%	77%
Mpumalanga	63%	40%	66%	51%	71%
North West	77%	64%	88%	66%	85%

Figure 45: Measure performance by domain per province for Regional Hospitals

8.5. Re-inspections

This section highlights the re-inspections of health establishments routinely inspected during the 2019/20 financial year. Notably, there were no inspections conducted in the Western Cape due to the COVID-19 outbreak. A total of 647 clinics were inspected during the financial year, of the total inspected 95 establishments achieved a compliance status (compliance rate of approximately 14.7%). One hundred and eighty-five (185) of the 552 non-compliant clinics were re-inspected in the 2021/22 financial year.

8.5.1. Re-inspections outcome

The re-inspection outcome depicted in Figure 46. One hundred and nineteen (119) clinics that were compliant represented 64% of the 185 that were re-inspected in the 2021/22 financial year.

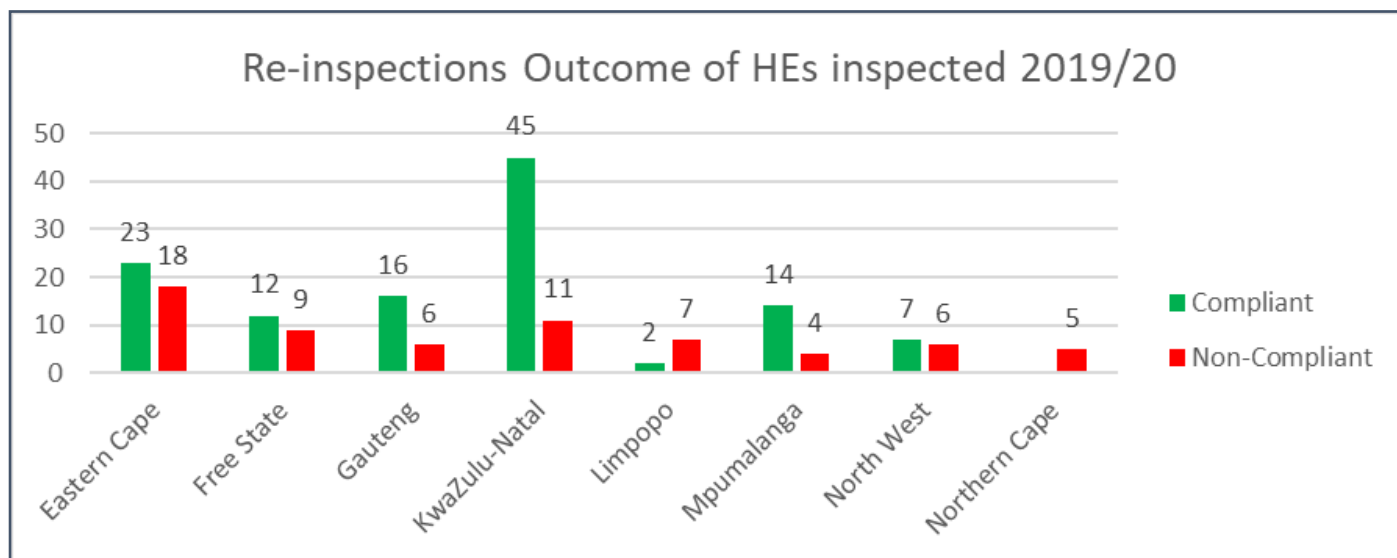


Figure 46: Re-inspections Outcome of HEs inspected 2019/20

8.5.2. Overall re-inspections compliance rate

An overall compliance rate of 64% achieved during the re-inspection conducted in 2021/22 financial year. When the re-inspection outcome considered, the compliance rate for health establishments that were inspected during the 2019/20 inspection cycle improved from 14.7% to about 33%.

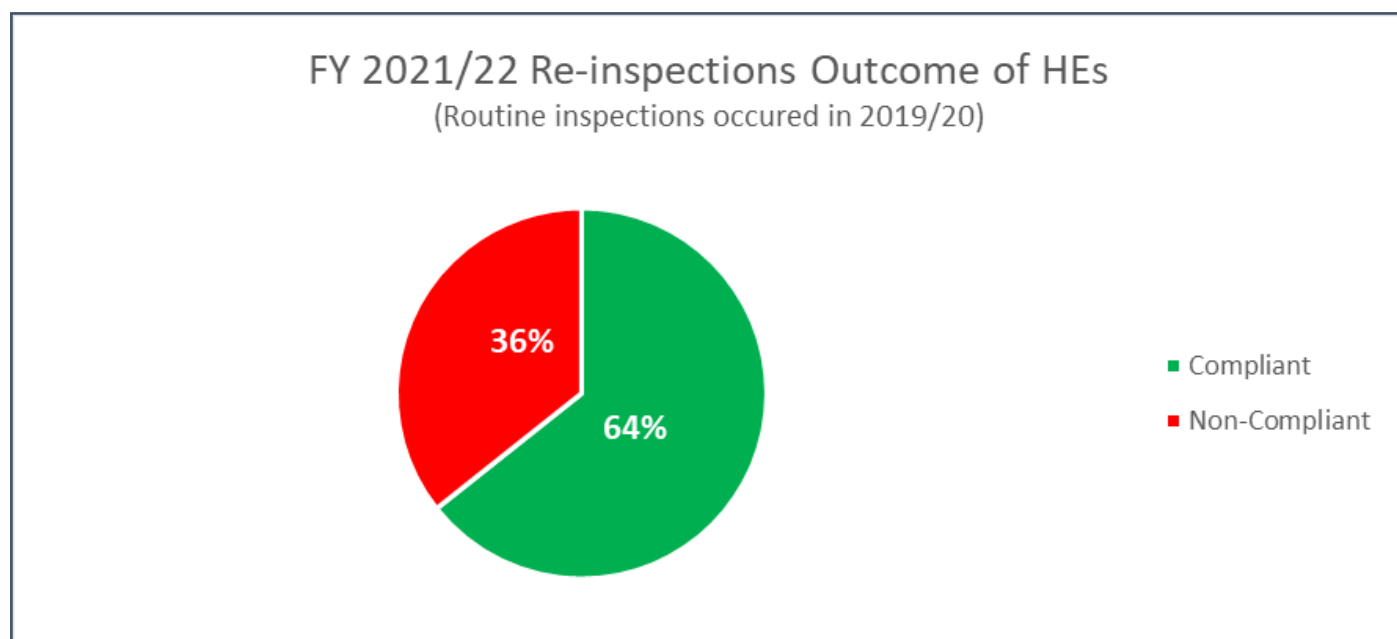


Figure 47: FY 2021/2022 Re-inspections outcome of HEs

8.5.3. Re-inspections compliance rate per province

Figure 48 below shows the compliance rate of re-inspected clinics across provinces.

Province	Number of HEs Re-inspected	Compliant	Non-Compliant	Compliance Rate
Eastern Cape	41	23	18	56%
Free State	21	12	9	57%
Gauteng	22	16	6	73%
KwaZulu-Natal	56	45	11	80%
Limpopo	9	2	7	22%
Mpumalanga	18	14	4	78%
North West	13	7	6	54%
Northern Cape	5	0	5	0%
Grand Total	185	119	66	64%

8.5.1. Re-inspections clinics grading by compliance status

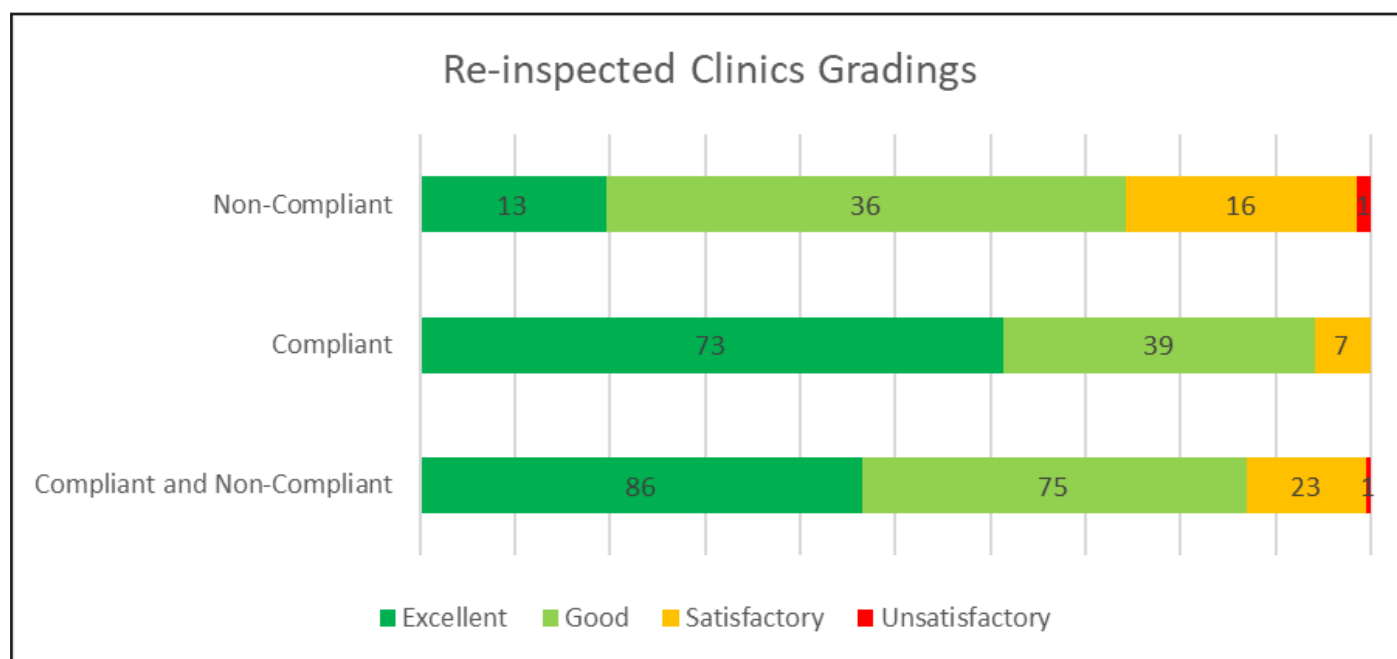


Figure 49: Gradings of re-inspected clinics

8.5.5. Overall Performance on non-negotiable measures of re-inspected HEs

Two of the three non-negotiable measures were compliant in all re-inspected HEs. Sixty-six (66) of 185 re-inspected health establishments were non-compliant with the emergency trolley measure.



Table 21: Performance of Re-inspected HEs on Non-Negotiable Measures

Measure	Number of HEs	Number of HE compliant to this measure	Compliance Rate
An oxygen cylinder with pressure gauge is available.	185	185	100%
CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	185	119	64%
The oxygen available in the cylinder is above the minimum level.	185	185	100%

8.5.2. Overall HEs grading on vital and essential measures

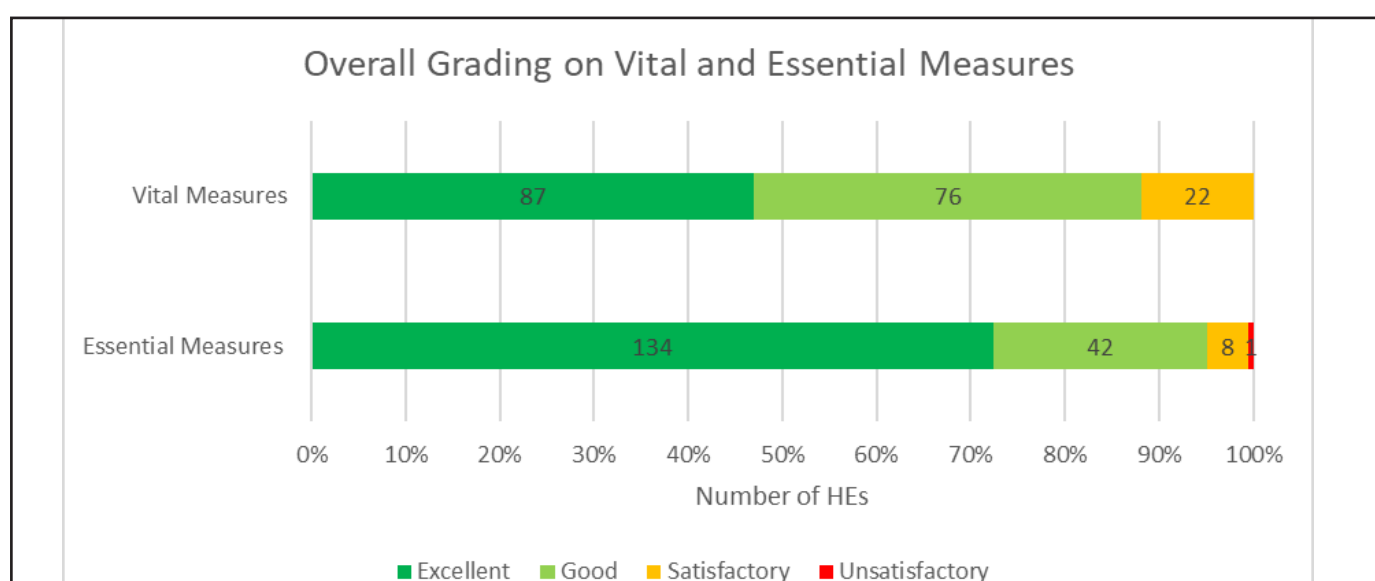


Figure 50: Overall grading on vital and essential measures

9. DISCUSSION

The overall compliance rate of 33% represents 178 of 544 inspected health establishments. It is worth noting that 106 clinics were non-compliant but graded either: Excellent, Good, or Satisfactory. Similar outcomes were noted in the CHCs, districts, and regional hospitals. The reasons for non-compliance were due to the health establishment's inability to fulfill the requirements of the emergency trolley NNMs. Addressing the requirement for the emergency trolley could potentially increase the overall compliance rate of health establishments and reduce the risk to patient safety.

The legal and statutory requirements for the management of user health records were not complied with by the majority of health establishments, which may negatively impact user care and their right to confidentiality. Notably, district hospitals obtained a zero (0%) compliance rate.

The majority of health establishments did not have functional governance structures with written terms of reference, which led to inadequate oversight, and accountability to the communities they served. This resulted to non-compliance status of health establishments attributed to the critical positions not being filled.

Generally, the requirements of management of service level agreements in the health establishments, and compliance of buildings with safety regulations were not adhered to. A low compliance rate of 15% regarding the availability of backup electricity supply systems was noted in clinics. All of the above would negatively affect the service delivery.

It is imperative to note that not all non-compliant HEs for the FY 2019/20 were re-inspected in the period under review. There was a successful conversion from non-compliance to compliance status noted in 119 of the 185 re-inspected health establishments. These may be indications that the health establishments were more prepared for the re-inspection and better understood what was expected from them. The analysis revealed that compliance with NNVs remains a challenge for most clinics. The emergency trolley measure contributed to the re-inspected clinics again achieving non-compliance status.

The performance of inspected and re-inspected health establishments against the promulgated norms and standards regulations suggests 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 concerning to the OHSC - particularly considering that certification of health establishments is envisaged to be a prerequisite for accreditation and subsequently contracting of health establishments with the National Health Insurance (NHI) Fund once the NHI comes into force in the country.

10. LIMITATIONS

There were functional areas and measures that were not applicable in the same category of health establishments such as the availability of official vehicles in clinics, and the unavailability of rehabilitation services in other CHCs, or mental health units in district hospitals. A small sample for district and regional hospital inspections could not be regarded as representative of the status of all health establishments in the same categories across the country. Given the above-mentioned factors, generalisations of findings were not possible.

11. RECOMMENDATIONS

Based on the performance of inspected health establishments, the OHSC makes the following recommendations:

1. The contents of the emergency trolley require urgent and closer attention by the health establishment managers to ensure that they are ready to manage medical emergencies. In addition to the emergency trolley NNMs, there needs to be an overall focus on supporting health establishments to comply with all the NNMs as a substantive proportion of health establishments would have achieved compliant status had they met 100% of the NNMs requirements.
2. The provincial, district, sub-district, and quality managers should address all measures with high rates of non-compliance and support health establishments in developing and overseeing the implementation of quality improvement plans (QIPs).
3. Many other systemic deficiencies such as leadership and governance, clinical audits, and user record management requires strengthening for improvement.
4. Patient records and clinical audits should be conducted to ensure that comprehensive healthcare is provided to users. The findings of such audits must inform quality improvement programmes to mitigate against medicolegal, and other risks.



A large circular graphic composed of concentric rings. The innermost ring is a thick, dark green arc. The next ring out is a lighter green arc. The outermost ring is a thin, light green line. Scattered around these rings are several dark green dots and circles. Some are solid dots, while others are circles with a white center. The text "EASTERN CAPE" is centered within the white space of the innermost ring.

EASTERN CAPE

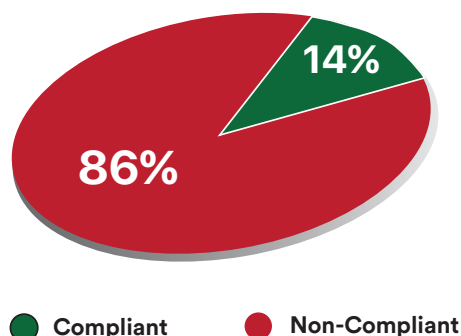
SUMMARY OF EASTERN CAPE INSPECTION OUTCOMES, FY 2021/22

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

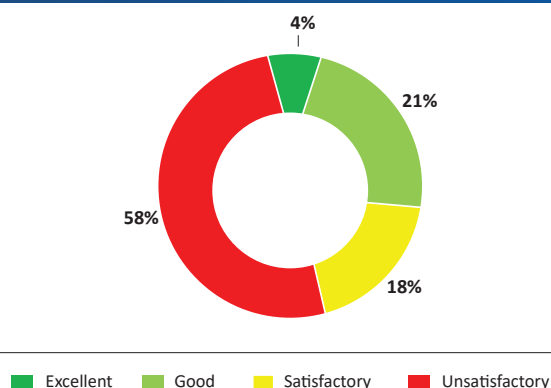
Sampling: From the 3741 HEs, a sample size of 299 health : From the 839 HEs, a sample size of 67 health establishments including Primacy Health Clinics (PHC) =58, Community Health Centers (CHCs) =3, hospital=6 were selected for routine inspection nationally. The selection of health establishments was based on geographic clustering and cost-effectiveness.

Inspected health establishments by Province: : A total of 85 HEs were inspected against the set target of 67. An additional 41 re-inspections were conducted in the provinces.

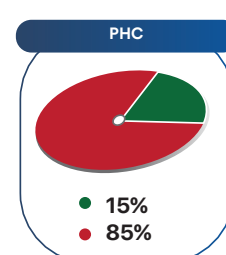
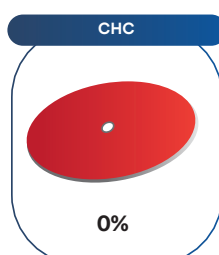
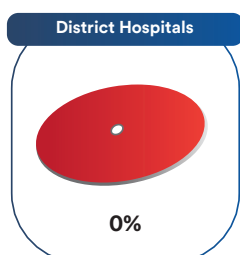
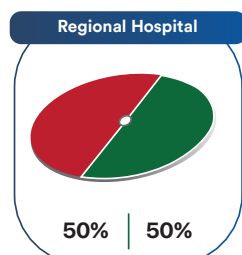
Compliance Status: EC Province



Overall Grading, EC Province



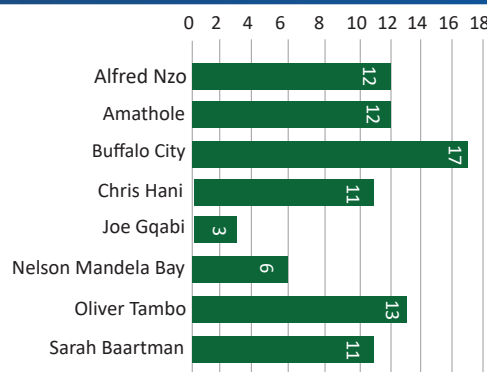
Compliance Rate (%) Per level of care



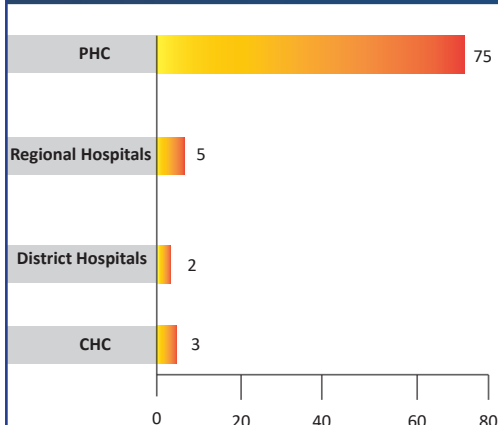
Compliance status by district

	Compliant	Non Compliant
Alfred Nzo	0%	100%
Amathole	8%	92%
Buffalo City	6%	94%
Chris Hani	9%	91%
Joe Gqabi	0%	100%
Nelson Mandela Bay	50%	50%
Oliver Tambo	15%	85%
Sarah Baartman	36%	64%

Number of inspected HEs by district



Inspected HE's by type (N=85)



Overall grading by district %

District	Excellent	Good	Satisfactory	Unsatisfactory
Alfred Nzo	0%	0%	17%	83%
Amathole	0%	8%	17%	75%
Buffalo City	18%	24%	29%	29%
Chris Hani	0%	9%	27%	64%
Joe Gqabi	0%	0%	100%	0%
Nelson Mandela Bay	0%	50%	17%	33%
Oliver Tambo	31%	31%	8%	62%
Sarah Baartman	45%	45%	9%	45%

1. TOTAL NUMBER OF HEALTH ESTABLISHMENTS PER CATEGORY

1.1. Distribution of public sector health establishments(HEs) per province

There are 839 public sector health establishments in the Eastern Cape excluding tertiary and specialised hospitals. The target of inspections conducted were 85 routine inspections (8%) of the total public sector HEs in the province. HEs were selected proportionally considering the total number in the province as well as consideration for the number of districts.

Table 1: Total number of HEs for Inspected Categories

National	Clinic	Community Health Centre	District Hospital	Regional Hospital	Total
Overall	730	41	65	3	839

1.2. Provincial Compliance Status Outcome

Table 2 below presents the number of health establishments Inspected per categories in the Eastern Cape province.

Table2: Distribution of Inspected HEs by province and Category, F/Y 2021/22

Province	Clinic	CHC	District Hospitals	Regional Hospitals	Total
Eastern Cape	75	3	5	2	85

Table 3 below shows the cumulative number of HEs inspected from FY 2019/20 till 2021/22. Notably in FY 2019/20 and FY 2020/21 only clinics were inspected. The table depicts a cumulative compliance rate of 8% for the province.

Table 3: Cumulative Number of Inspected HEs by Category, F/Y 2019/20 - F/Y 2021/22

	FY2019/20			FY2020/21			FY2021/22			Cumulative Number of Hes (FY 2019/20 - FY 2022/23)		
Facility Type	Inspected	Compliant	Compliance Rate(%)	Inspected	Compliant	Compliance Rate(%)	Inspected	Compliant	Compliance Rate(%)	Inspected	Compliant	Compliance Rate(%)
Clinics	161	4	2%	88	80	12.5%	75	11	17%	324	26	8%
CHCs	0	0		0	0		3	0		3	0	0%
District Hospitals	0	0		0	0		5	0		5	0	0%
Regional Hospitals	0	0		0	0		2	1	50%	2	1	50%
Total	161	4		88	11	12.5%	85	12	14%	334	27	8%

1.3 Provincial compliance status outcome

A total of 85 HEs were inspected during the 2021/22 inspection cycle. Figure 1 below shows the number of inspected HEs during the period under review broken down per category and compliance status outcome.

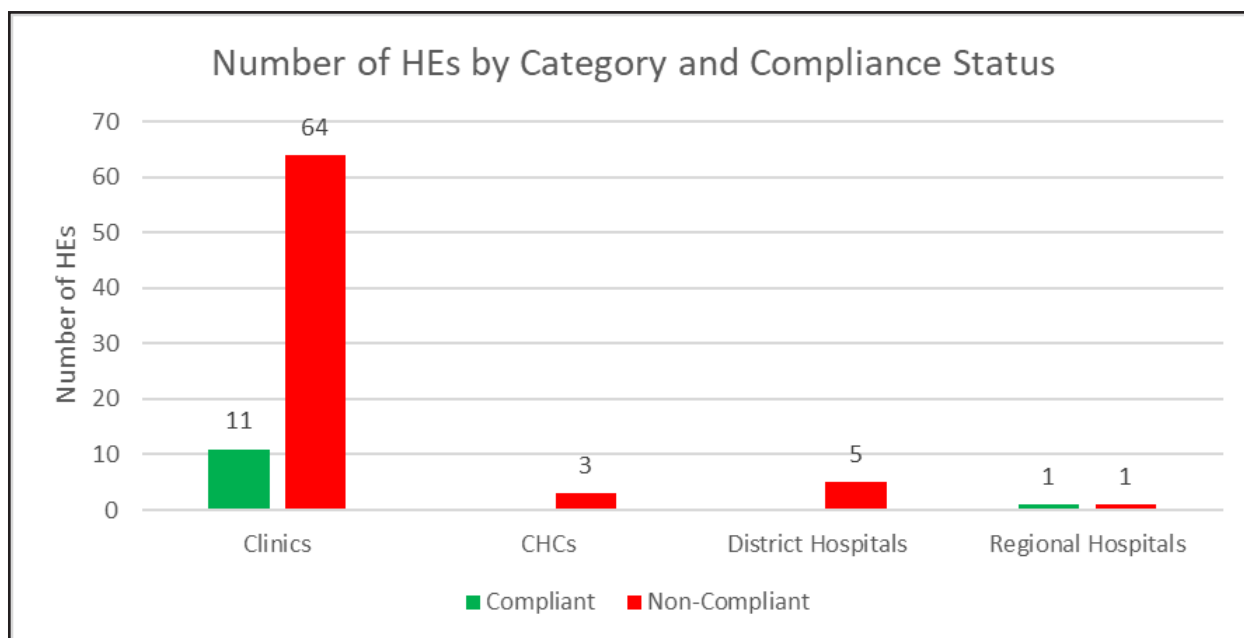


Figure 1: Number of inspected HEs by category and compliance status

The overall compliance rate of inspected HEs according to their categories is shown in Figure 2 below. In terms of compliance performance, the clinics had a compliance rate of 15%, both CHCs and district hospitals had 0% compliance rate whereas regional hospitals had 50% compliance rate. Subsequent sections in the report aim to identify factors that account for this compliance performance.



Figure 2: Provincial compliance rate according to category of HEs, FY 2021/22

1.3.1 Compliance status outcome

Table 4 below shows the total number of inspected HEs by district, category, and compliance performance.

Table 4: Compliance Status Outcome by district FY 2021/22

Clinics				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
Alfred Nzo	11	0	11	0%
Amathole	11	1	10	9%
Buffalo City Metro	13	1	12	8%
Chris Hani	11	1	10	9%
Joe Gqabi	3	0	3	0%
Nelson Mandela	4	3	1	75%
Oliver Tambo	11	1	10	9%
Sarah Baartman	11	4	7	36%
CHCs				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
Buffalo City Metro	2	0	2	0%
Nelson Mandela Bay	1	0	1	0%
District Hospitals				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
Alfred Nzo	1	0	1	0%
Amathole	1	0	1	0%
Buffalo City Metro	1	0	1	0%
Nelson Mandela Bay	1	0	1	0%
Oliver Tambo	1	0	1	0%
Regional Hospitals				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
Buffalo City Metro	1	0	1	0%
Oliver Tambo	1	1	0	100%

2. PROVINCIAL GRADINGS FOR HEALTH ESTABLISHMENTS

2.1 Overall grading for all HEs by category FY 2021/22

The overall grading of inspected HEs according to their categories are displayed in Figure 3 below.

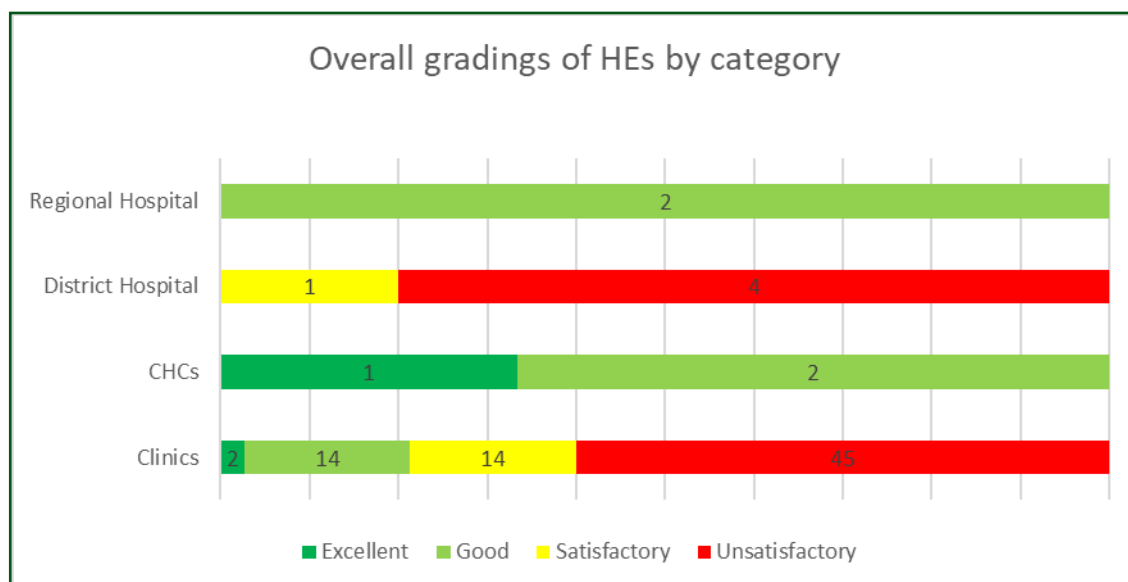
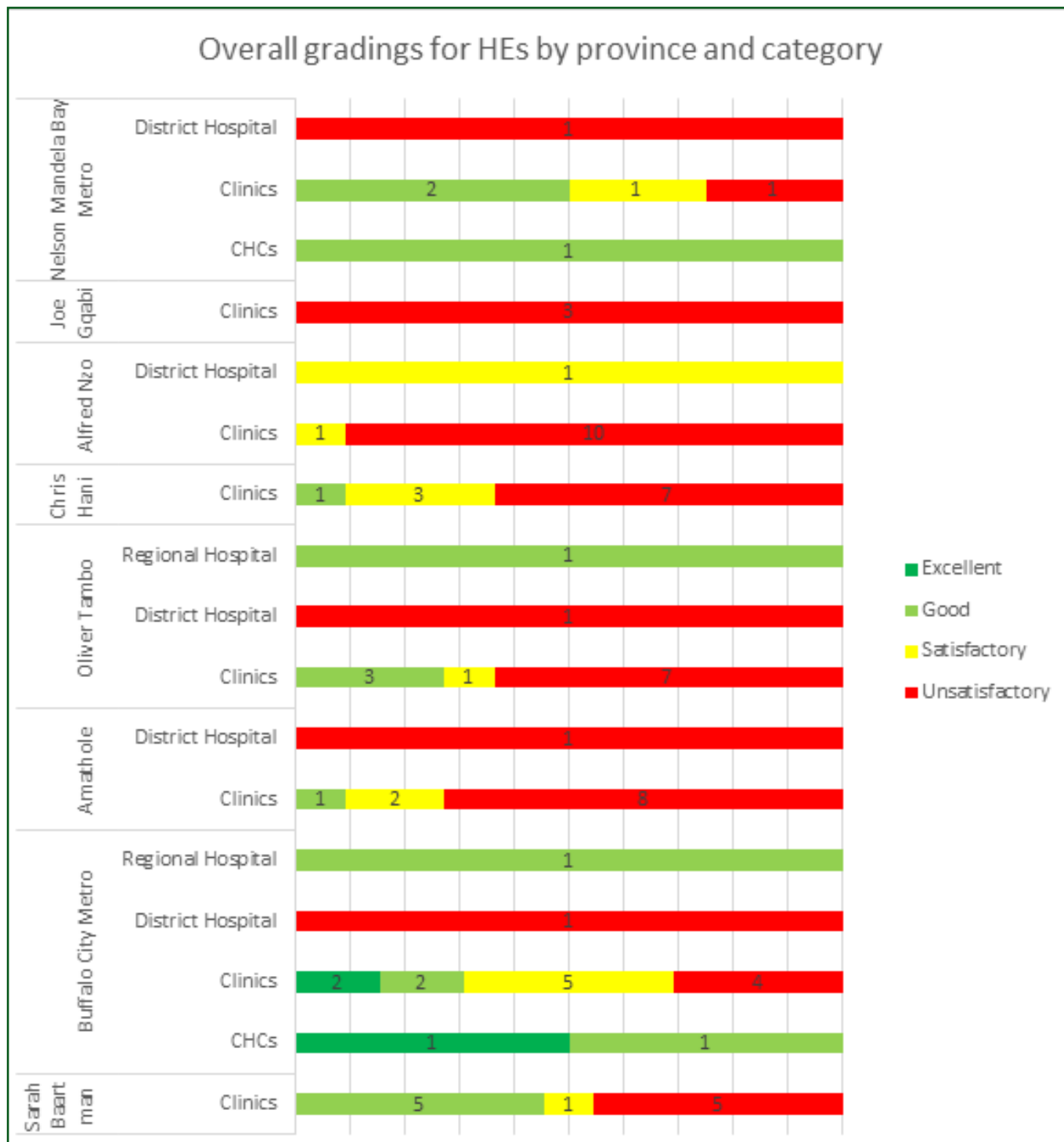


Figure 3 Overall grading by health establishments category

2.2 Overall grading for all HEs by district and category FY 2021/22

Figure 4 below shows the overall grading performance of inspected HE per district and category.



3. PROVINCIAL MEASURE PERFORMANCE FOR HEALTH ESTABLISHMENTS

3.1 Clinics measure performance

This section covers the performance of clinics according to the different measures disaggregated by the risk rating categories.

3.1.1 Measure performance analysis

3.1.1.1 Non-negotiable measures (NNVs)

Table 5 and 6 below shows the overall compliance performance with respect to non-negotiable measures among the inspected clinics. The emergency trolley measure performed the lowest with 17% of HEs complying with all the requirements. The other two measures relating to oxygen had overall compliance of 95%. This finding suggests that the emergency trolley measure contributed significantly to the overall non-compliance rate of clinics during this inspection cycle.

Table 5: Overall Clinics performance on NNVs

Number of inspected clinics	100% Compliant	Less than 100% Compliant
75	13	62

Table 6: Performance analysis according to the three NNVs.

Measures	Total No. of Clinics	Compliant	Non-Compliant	Compliance rate
An oxygen cylinder with pressure gauge is available.	75	71	4	95%
CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	75	13	62	17%
The oxygen available in the cylinder is above the minimum level.	75	71	4	95%



3.1.1.2 Vital measures

Figure 5 below shows the overall grading performance with respect to vital measures among the inspected clinics. Forty-one (41) of the 75 inspected clinics were found to be Unsatisfactory whilst 3 were Excellent.

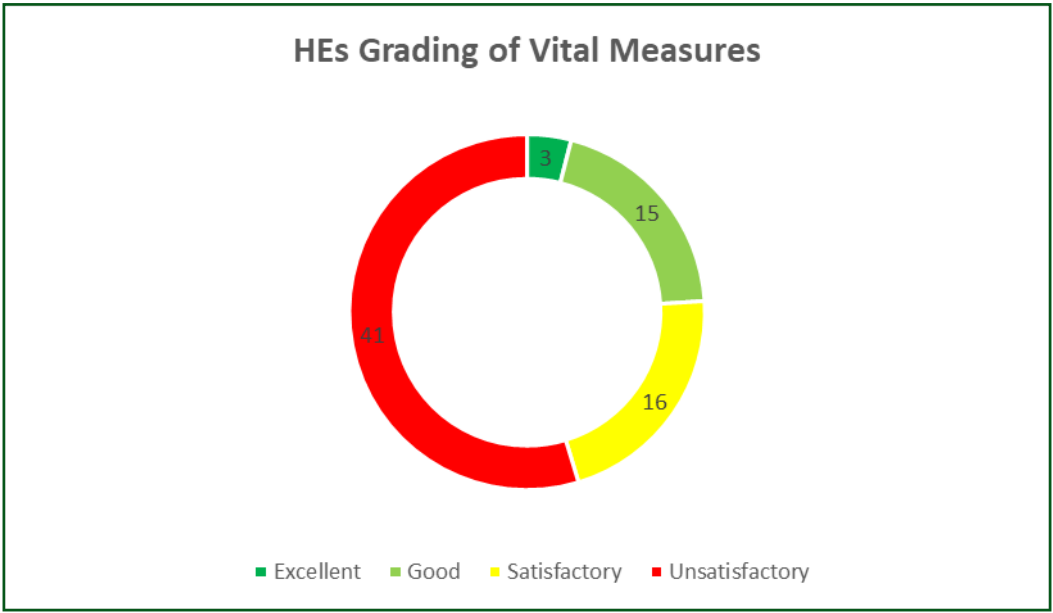


Figure 5: Health establishments grading of vital measures

3.1.1.3. Essential measures

Figure 6 below shows the overall grading performance with respect to essential measures among the inspected clinics. Thirty-five (35) of the 75 inspected clinics were found to be Unsatisfactory whilst 12 were Excellent.

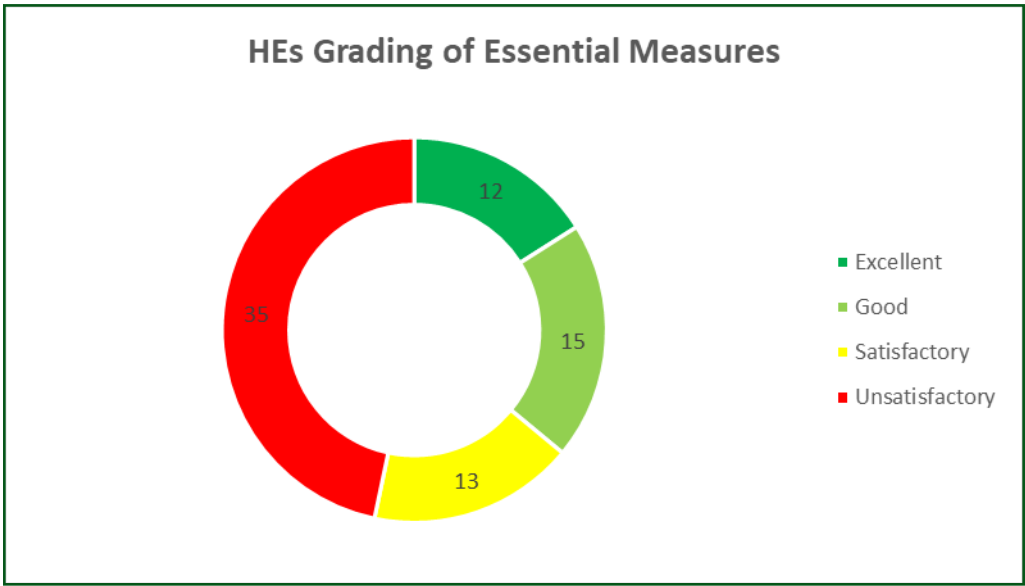
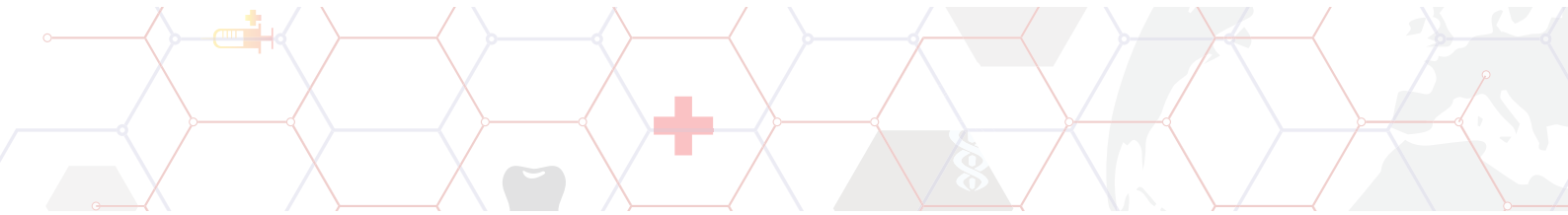


Figure 6: Health establishments grading essential measures



3.1.2. Overall measure performance by compliance status

3.1.2.1. Non-compliant clinics performance on NNVs by grading

Table 7 below indicates 64 of the 75 clinics inspected were found to be non-compliant of which 45 were graded Unsatisfactory. The grading distribution of the remaining 19 HEs was either Excellent, Good and Satisfactory, these clinics would have been compliant if they reached the threshold of 100% on NNVs. Two unsatisfactory HEs met NNVs threshold but failed to reach the acceptable grading.

Table 7: Non-compliant Clinics' performance on NNVs by Grading

NNV Compliance	Excellent, Good & Satisfactory	Unsatisfactory
Compliant (100%)	0	2
Non-Compliant (<100%)	19	43
Total	19	45

3.1.3. Clinics' overall measure performance by functional area(FA)

Functional areas in this context are defined as the areas/units of the HEs where inspections are conducted. In the PHC (clinic) inspection tool, there are 4 FA namely: Clinic Manager, Clinical Services, Dispensary/Medicine Cupboard, and Maintenance Support. The four FAs are further discussed in the following sections.

3.1.3.1. Clinic manager

The Clinic Manager FA relates to the aspects and requirements that are the responsibility of the facility manager or operational manager at the clinic level and is assessed on measures related to leadership and governance of the HE. Figure 7 below, shows aggregate performance in the Clinic Manager functional area per district.

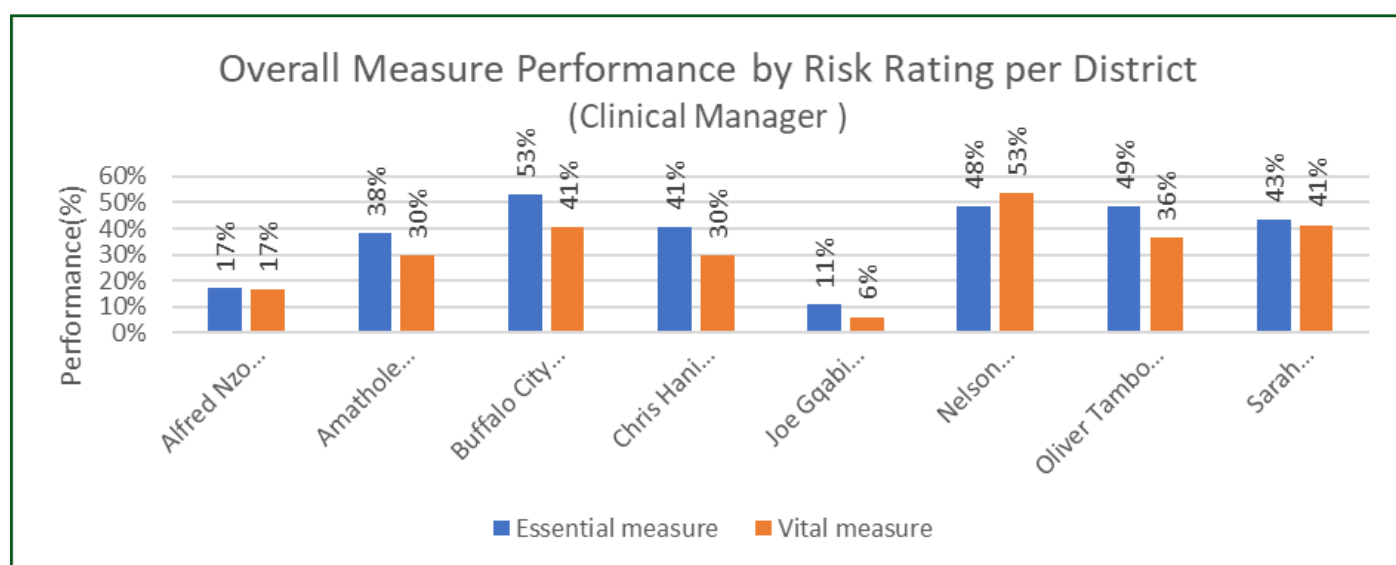


Figure 7: Overall risk rating measure performance by district (clinic manager)

3.1.3.2. Clinical services

Clinical Services FA is concerned with aspects of quality clinical service delivery and is assessed for the way clinical services are organised and delivered to ensure that users receive care that they need, in line with best available evidence, and in the most efficient way. Measure performance in this functional area is shown in Figure 8 below.

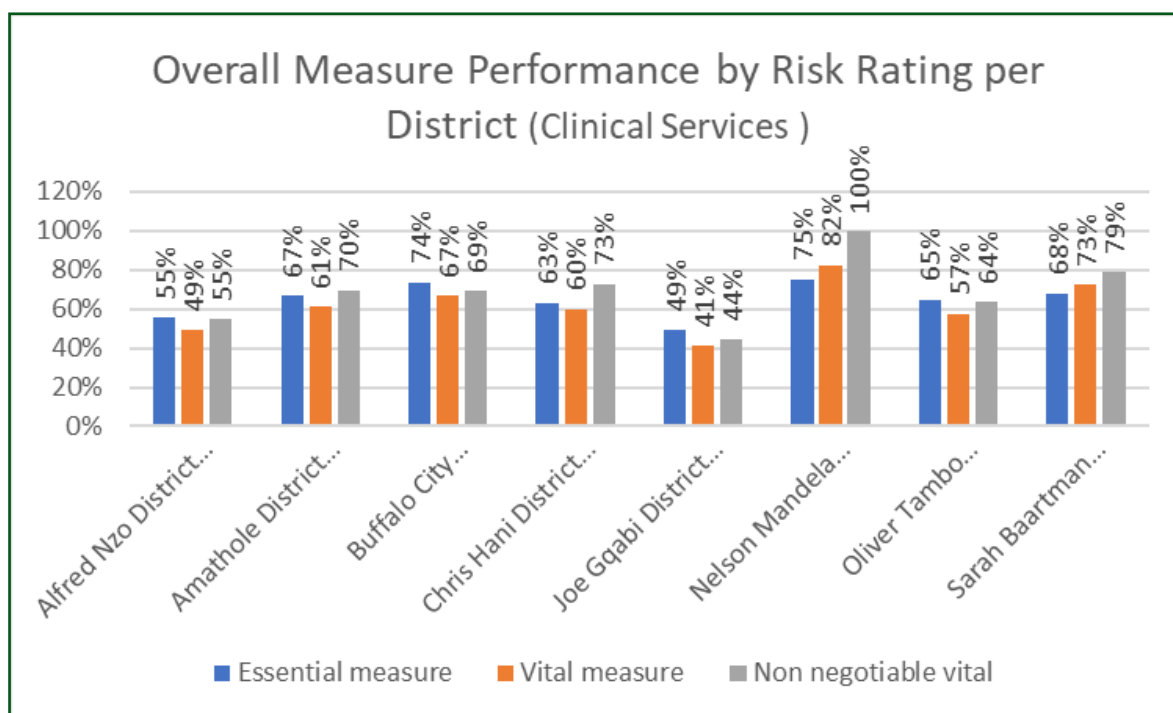


Figure 8: Overall risk rating measure performance by district (clinical services)

3.1.3.3. Dispensary/Medicine cupboard

Dispensary/Medicine cupboard FA is primarily concerned with aspects of medicine availability and pharmaceutical products management and is assessed for the effectiveness and efficiency in management of medicines as an essential part of access to quality at the clinic level. Figure 9 below shows the performance by district and risk rating.

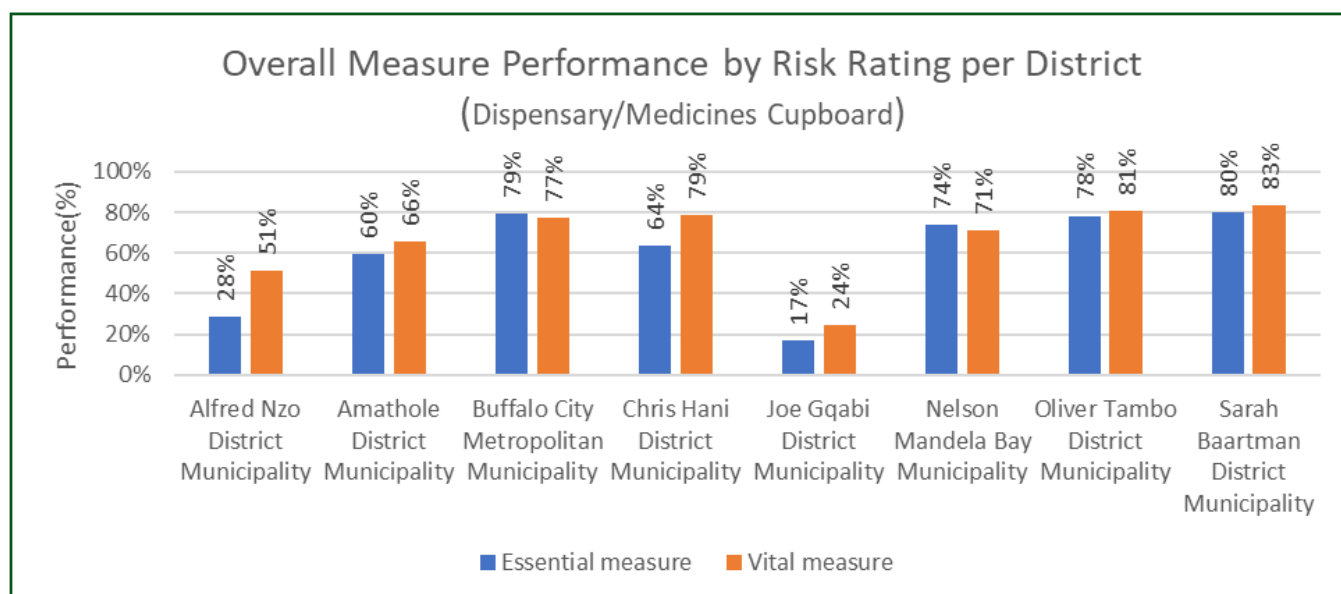


Figure 9: Overall risk rating measure performance by district (dispensary/medicine cupboard)

3.1.3.4. Maintenance support

Maintenance Support FA is primarily concerned with aspects of health infrastructure and maintenance such as buildings, electricity back-up supply equipment, and sewage system. Figure 10 below shows varied performance in the Maintenance Support functional area across the 8 districts.

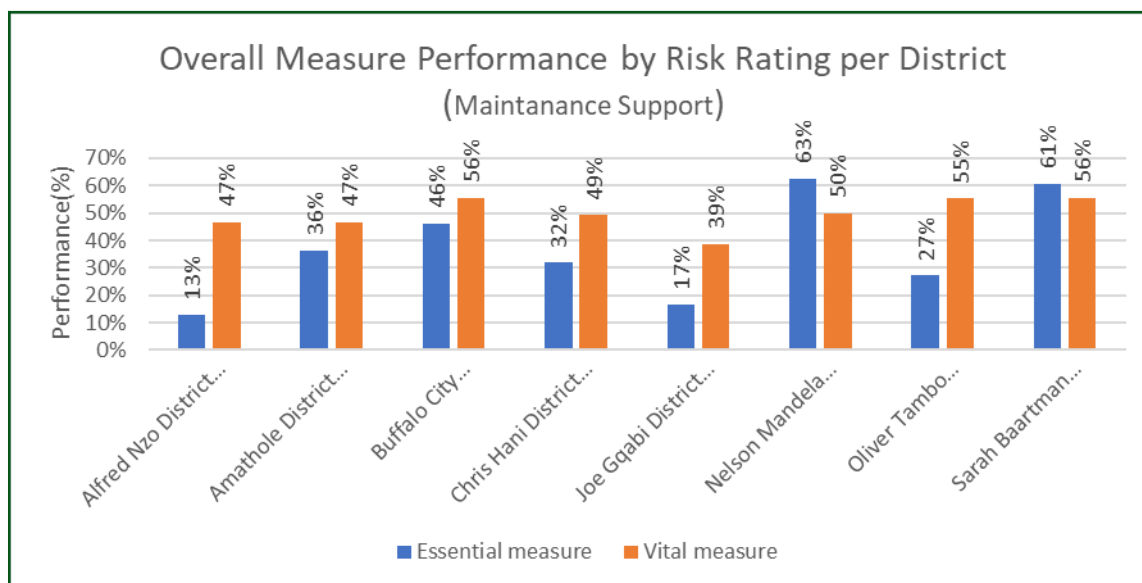


Figure 10: Overall risk rating measure performance by district (maintenance support)

3.1.4. Clinics performance on domains

Aggregate performance outcomes on domains at provincial level are indicated in Figure 11 below. Domains included in the Norms and Standards Regulations for the different categories of HEs 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 User Rights followed closely by Clinical Support Services while the lowest performing domain is Governance and Human Resources. Governance and human resources are critical health system inputs that impact on service delivery including ability to provide quality and safe healthcare. The commonly non-compliant measures included unavailability of functional clinic committees, non-adherence to the performance management systems and ineffective management of occupational health and safety systems among others.

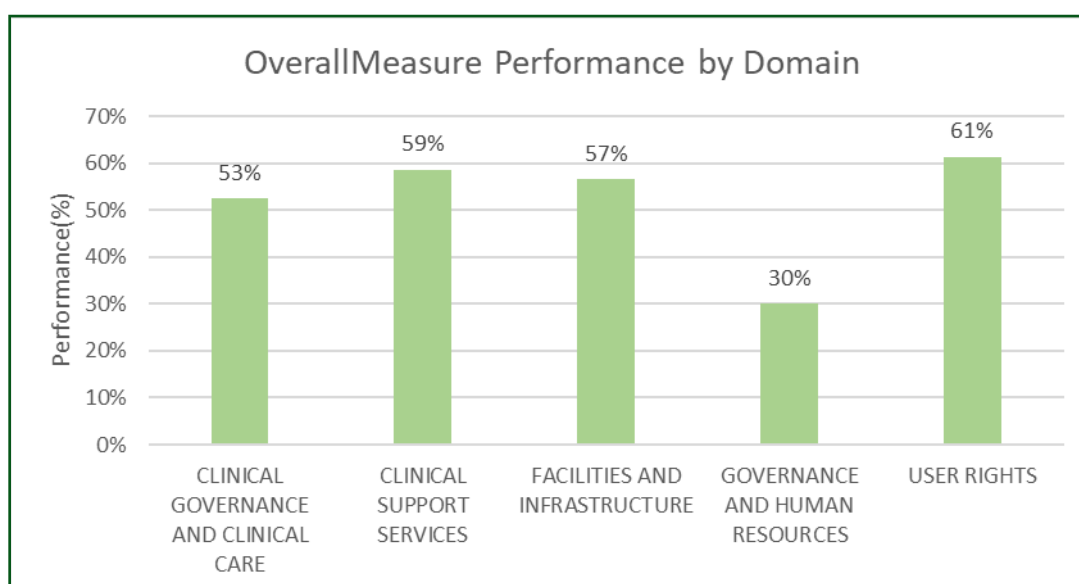


Figure 11: Clinics overall measure performance by domain

3.1.4.1. Clinics overall measure performance by domain per district

Disaggregated performance outcome on domains by district is shown in Figure 12.

District	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES	USER RIGHTS
Alfred Nzo	37%	35%	45%	14%	46%
Amathole	50%	59%	57%	25%	60%
Buffalo City	59%	66%	71%	40%	72%
Chris Hani	53%	63%	56%	31%	57%
Joe Gqabi	25%	19%	33%	18%	39%
Nelson Mandela Bay	66%	76%	61%	37%	75%
Oliver Tambo	56%	61%	66%	29%	64%
Sarah Baartman	62%	71%	49%	43%	71%

Figure 12: Measure performance by domain by district

3.1.4.2. Overall performance of measures according to standards and domains

Figures 13 to 17 below show average performance on measures at the level of standards per domain across all inspected clinics. The information in the five (5) Figures identify specific areas that need improvement to assist the HEs to meet the requirements for compliance to norms and standards regulations and achieve certification by the OHSC. The standard performance is calculated as the average score of measures within that standard.

3.1.4.2.1. User rights

Standard Name	Standard Performance
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	61%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	68%
The health establishment must maintain a system of referral as established by the responsible authority.	61%
The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	54%

Figure 13: Performance on standards across all Clinics (User Rights)

3.1.4.2.2. Clinical governance and clinical care domain

Standard Name	Standard Performance
The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	24%
The health establishment must ensure that health records of health care users are protected managed and kept confidential in line with section 14 15 and 17 of the Act.	63%
The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.	64%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	48%
The health establishment must have a formal process to be followed when obtaining informed consent from the user.	49%
The health establishment must have a system to monitor and report all adverse events.	48%
The health establishment must maintain an environment which minimises the risk of disease outbreaks the transmission of infection to users health care personnel and visitors.	57%

Figure 14: Performance on Standards across all Clinics (Clinical Governance and Care)

3.1.4.2.3 Clinical support services

Standard Name	Standard Performance
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	53%
The health establishment must comply with the provisions of the Pharmacy Act 1974 and the Medicines and Related Substances Act 1965.	62%

Figure 15: Performance on standards across all Clinics (Clinical Support Services)

3.1.4.2.4 Facilities and infrastructure

Standard Name	Standard Performance
The health establishment and their grounds must meet the requirements of the building regulations.	58%
The health establishment must ensure that engineering services are in place.	55%
The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.	71%
The health establishment must have systems to protect users health care personnel and property from security threats and risks.	56%

Figure 16: Performance on standards across all Clinics (Facilities and Infrastructure)

3.1.4.2.5 Governance and human resource

Standard Name	Standard Performance
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	38%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	25%
The health establishment must have a functional governance structure with written Terms of Reference.	3%

Figure17: Performance on standards across all Clinics (Governance and Human Resource)

3.2. Community health centres

This section covers the performance of inspected Community Health Centres (CHCs) according to the different measures disaggregated by the risk rating categories.

3.2.1. Overall measure performance analysis

3.2.1.1. Non-negotiable measures

A total of 3 CHCs were inspected. All the inspected CHCs (3) did not achieve 100% on all the NNMs requirements and as results were non-compliant. Table 8 below shows the overall grading performance with respect to non-negotiable measures (NNMs) amongst the inspected CHCs. The NNMs performance are further discussed per relevant FAs such as Midwife Obstetric Unit (MOU), Emergency Unit and Clinical Services.

Table 8: Overall CHC performance on NNMs

Number of inspected clinics	100% Compliant	Less than 100% Compliant
3	0	3

CHC performance on NNMs (MOU, emergency unit and clinical services)

Table 9, 10 and 11 below show the scores for NNMs in the three FAs, namely MOU, emergency unit and clinical services. Due to the size and proximity between FAs at the CHC's, the emergency trolley may have been centralised and accessible for all other clinical FAs, hence the variation in the number of applicable measures.

Table 9: MOU performance on NNMs

Measure Name	Number of Applicable Measures	Compliant Measures	Compliance Rate
An oxygen cylinder with pressure gauge is available.	3	3	100%
CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	3	1	33%
The oxygen available in the cylinder is above the minimum level.	3	3	100%

Table 10: CHC performance on NNMs (Emergency Unit)

Measure Name	Number of Applicable Measures	Compliant Measures	Compliance Rate
An oxygen cylinder with pressure gauge is available in the resuscitation or emergency room.	3	3	100%
CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicines and equipment listed below.	3	0	0%
The oxygen available in the cylinder is above the minimum level.	3	3	100%

Table 11: CHC performance on NNMs (Clinical Services)

Measure Name	Number of Applicable Measures	Compliant Measures	Compliance Rate
An oxygen cylinder with pressure gauge is available.	3	3	100%
CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	1	0	0%
The oxygen available in the cylinder is above the minimum level.	3	2	67%

3.2.1.2. Overall CHC performance on vital measures

Figure 18 below shows the overall grading performance with respect to vital measures among the inspected CHCs. Of all 3 inspected CHCs, one (1) was graded Excellent and two(2) were graded Good.

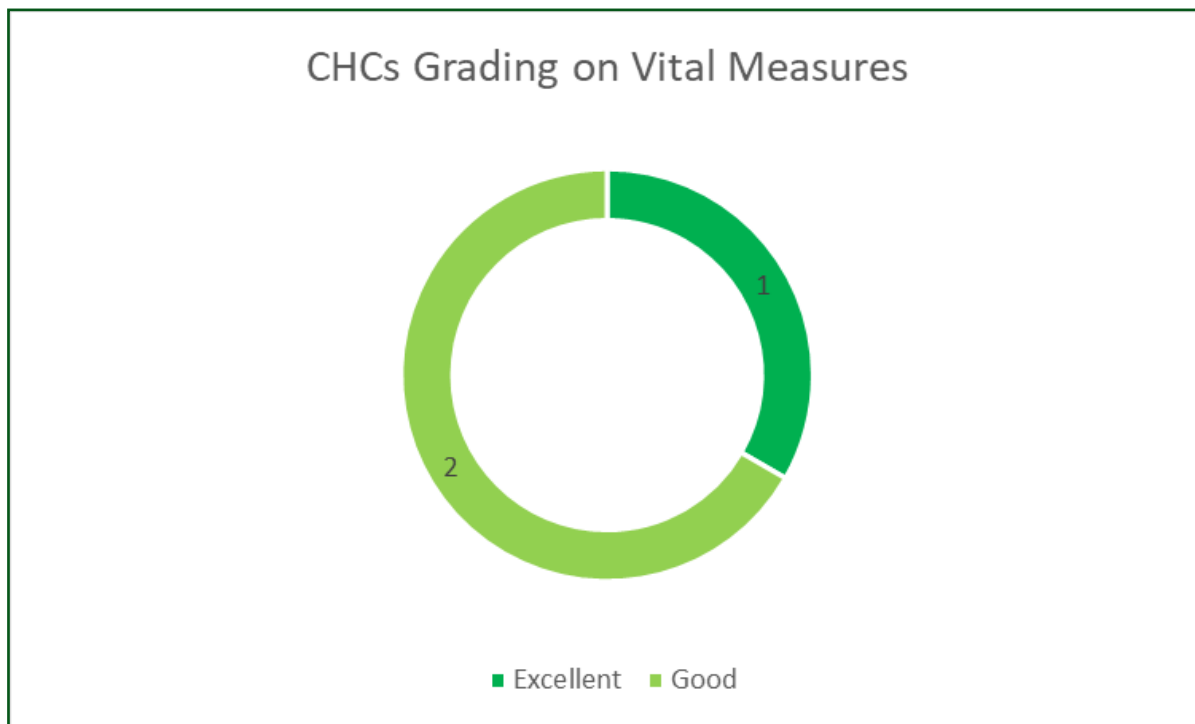


Figure 18: Health establishments grading of vital measures

3.2.1.3. Overall CHC performance on essential measures

Two (2) CHCs were graded Excellent, while one was graded Good as depicted in Figure 19

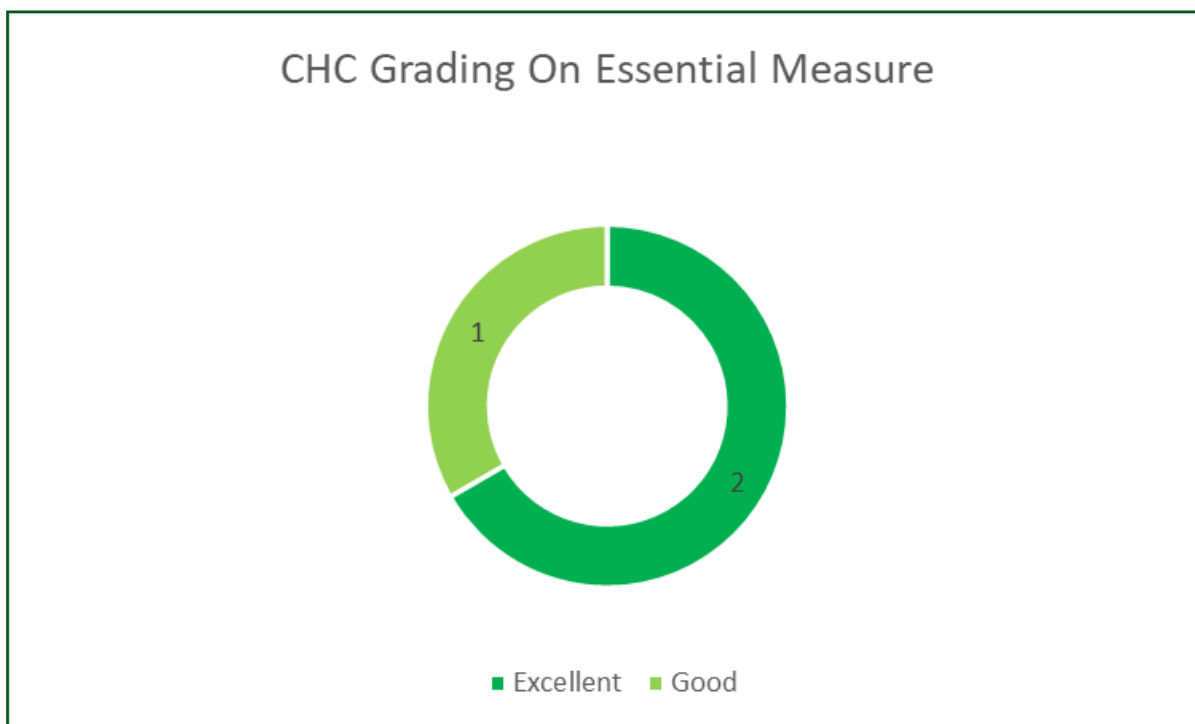


Figure 19: Health establishments grading of essential measures

3.2.2 Overall measure performance by compliance status

3.2.2.1 Non-compliant CHCs performance on NNMs by grading

Table 12 below indicates 3 CHCs inspected were found to be non-compliant of which one was Excellent and two(2) were graded Good. These CHC would have been compliant if they reached the threshold of 100% on NNMs.

Table 12: Non-compliant Clinics' performance on NNVs by Grading

NNV Compliance	Excellent & Good
Compliant (100%)	0
Non-Compliant (<100%)	3
Total	3

3.2.3 CHCs overall measure performance by functional area

3.2.3.1 CHCs manager

The CHC Manager FA relates to the aspects and requirements that are the responsibility of the facility manager and is assessed for issues related to leadership and governance of the HE. Figure 20 below shows the aggregated performance in the CHC Manager functional area per district.

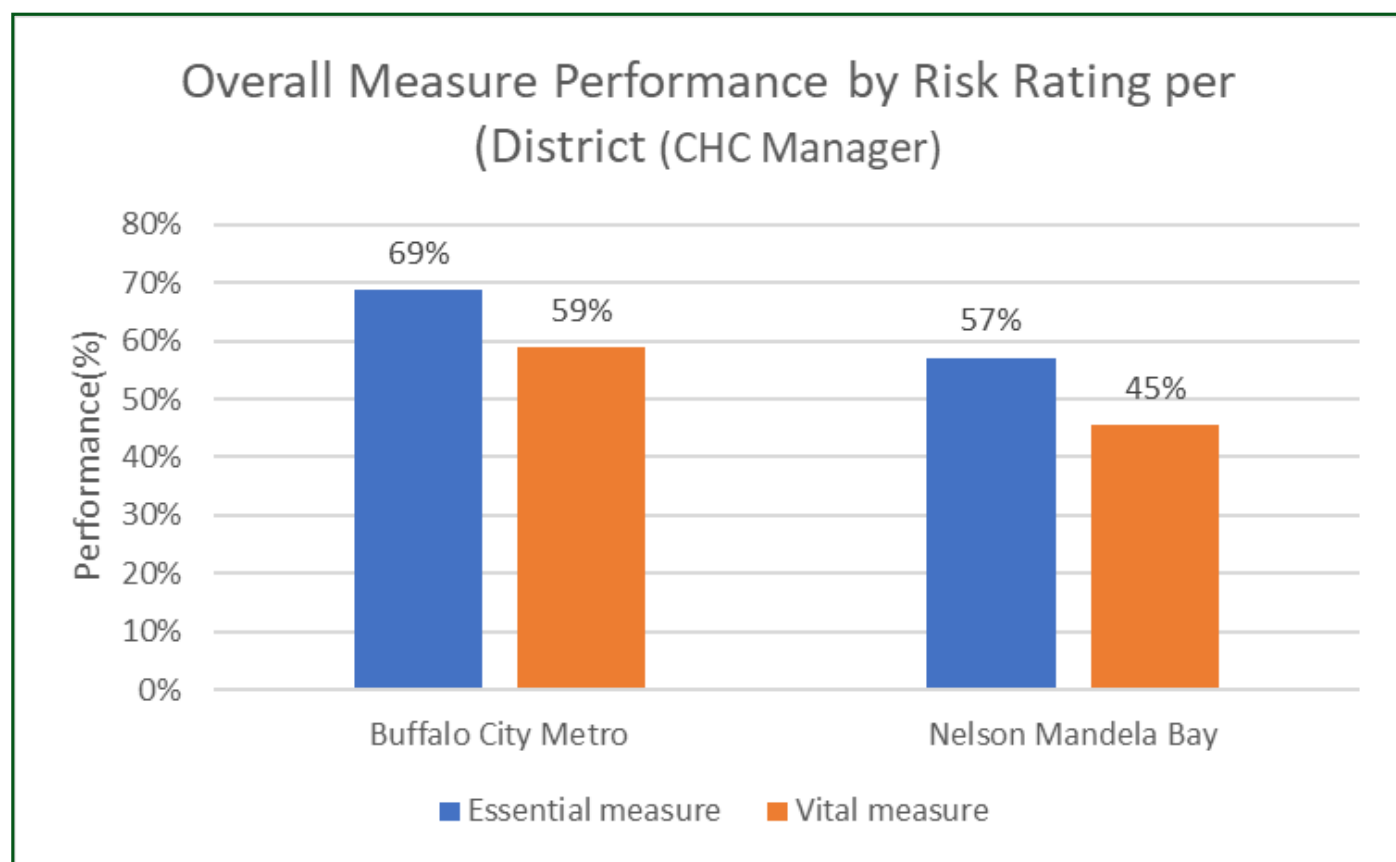


Figure 20: Overall risk rating measure performance by district (CHC manager)

3.2.3.2 CHCs clinical services performance

Figure 21 below indicates the performance in the Clinical Services FA with a variation on performance among vital and essential measures in all districts. Notably, Buffalo City achieved 100% on NNMs whereas Nelson Mandela Bay Municipality achieved 33% on the same risk rating.

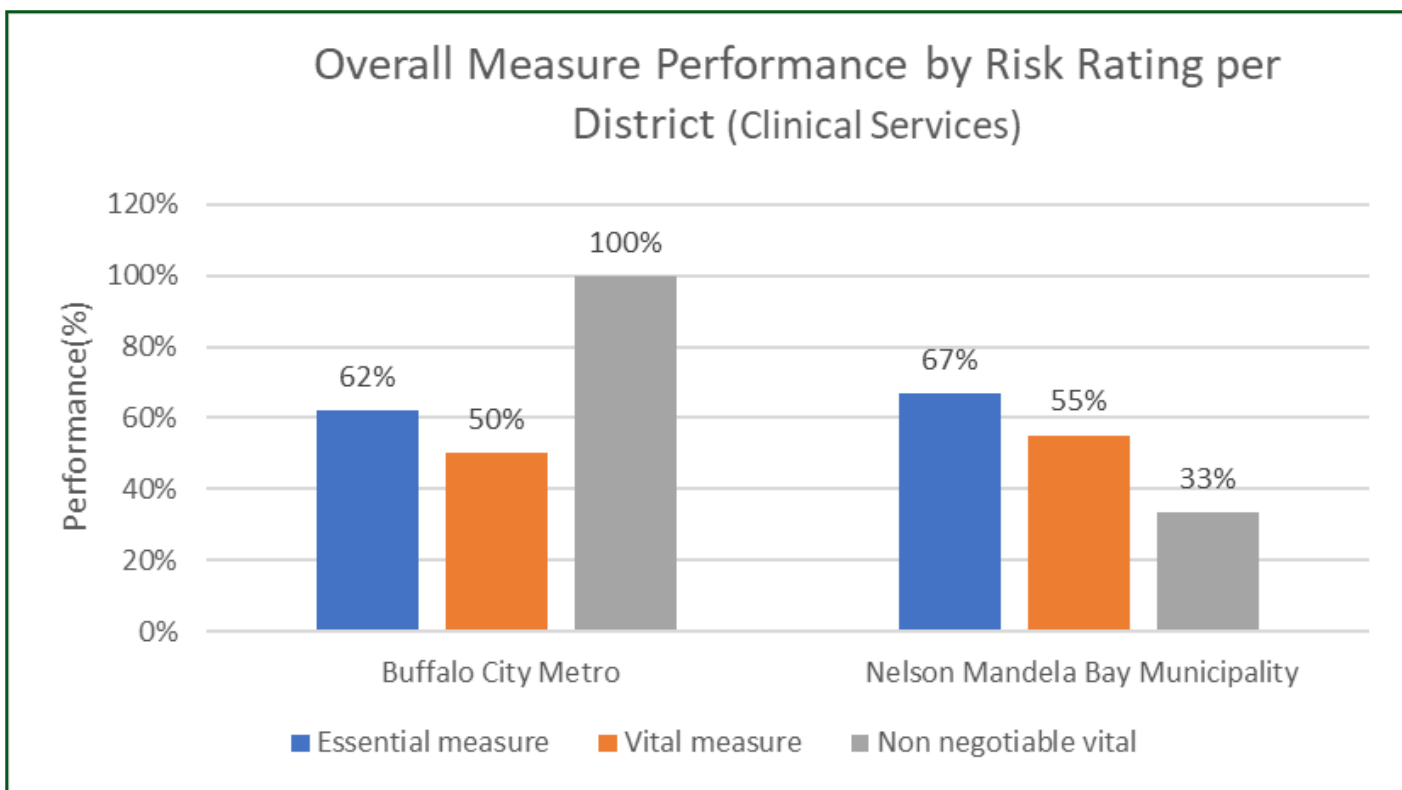


Figure 21 Overall risk rating measure performance by district (clinical services)

3.2.3.3. CHCs emergency Unit performance

Figure 22 below depicts a varied performance of the district on the all the risk rating. Nelson Mandela Bay Municipality achieved the lowest score of 45% on vital measures.

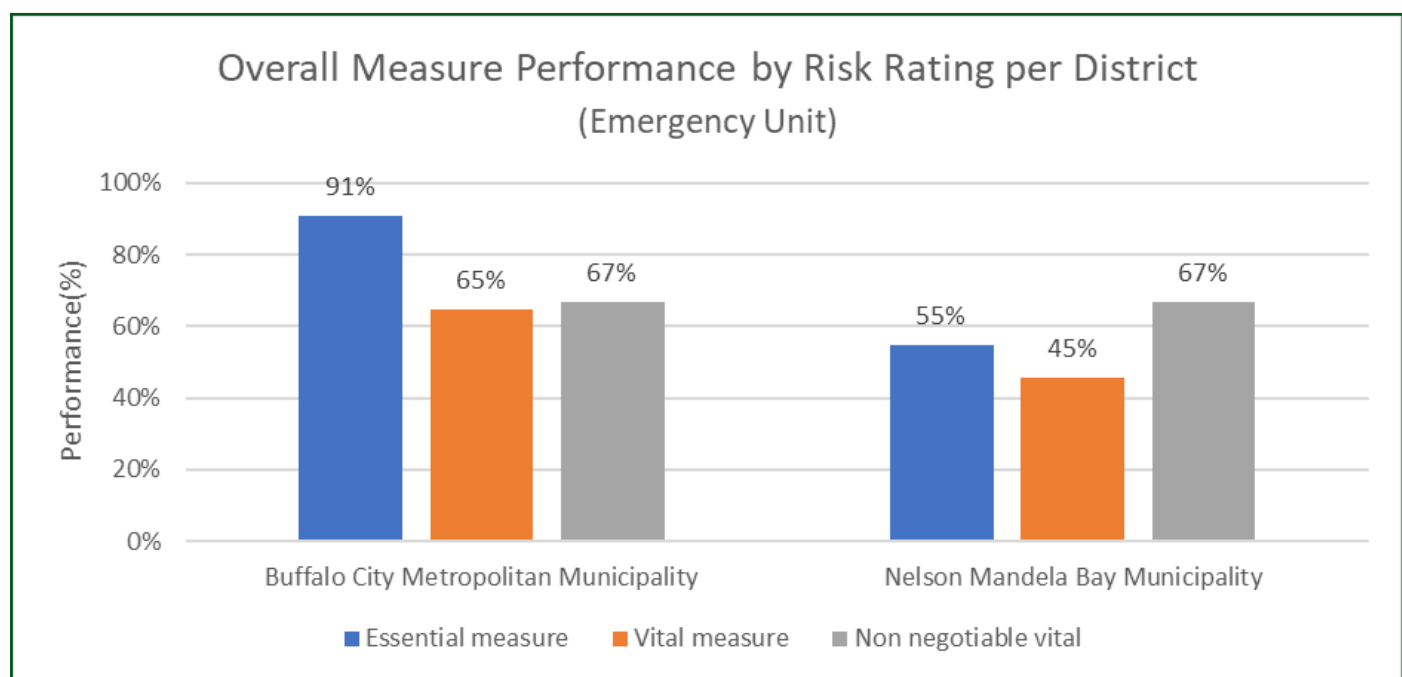


Figure 22: Overall risk rating measure performance by district (emergency unit)

3.2.3.4 CHCs midwife obstetrics unit performance

Figure 23 below shows that the inspected HEs performed generally well in this FA area with average scores across the districts. Nelson Mandela Metropolitan district has performed well on all risk ratings and achieving 100% on NNMs. Buffalo City achieved an average score of 80% on both Essential and Vital measures.

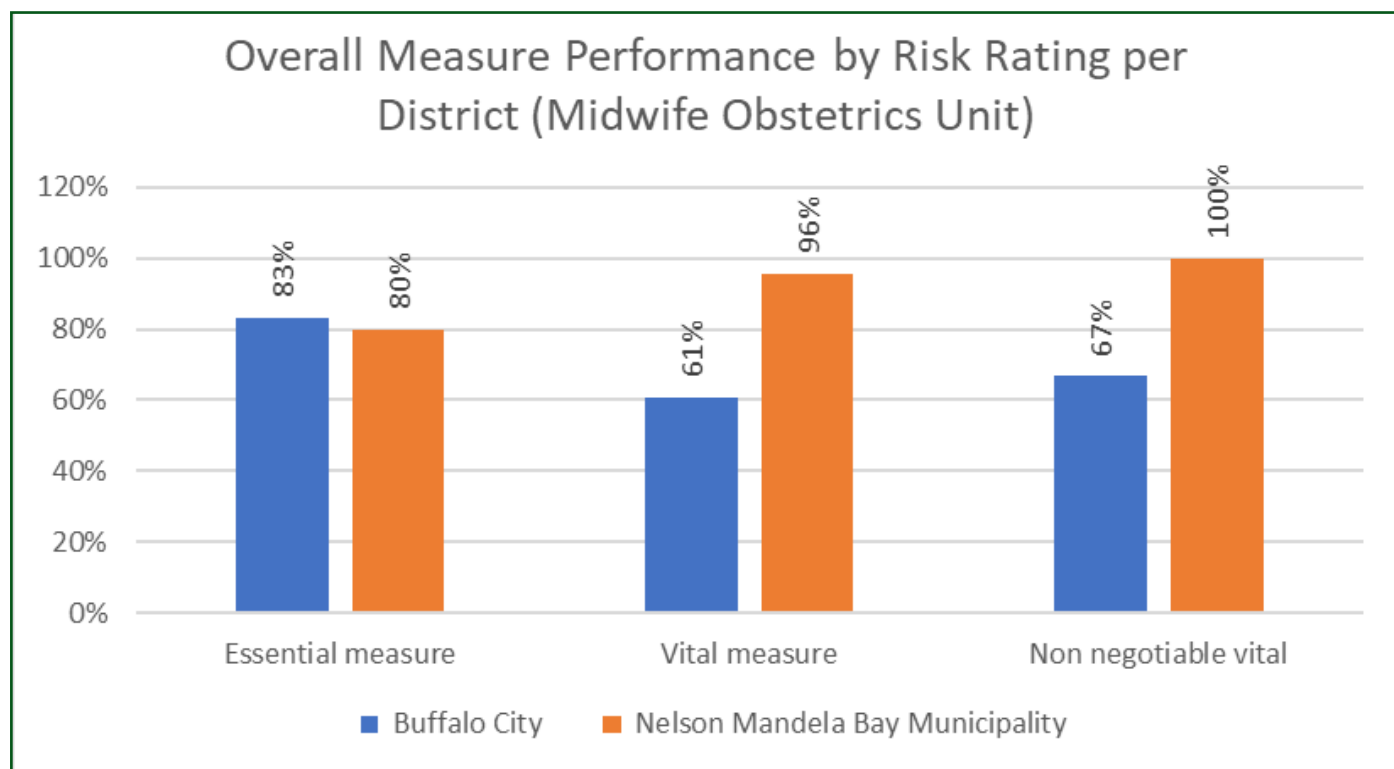


Figure 23: Overall risk rating measure performance by district. (midwife obstetrics unit)

3.2.3.5 CHC pharmacy/dispensary performance

The performance in this FA viewed across the districts is shown in Figure 24 below indicating average scores. Of note, both districts have achieved score of above 70% with Buffalo City achieving 100% on Essential measures.

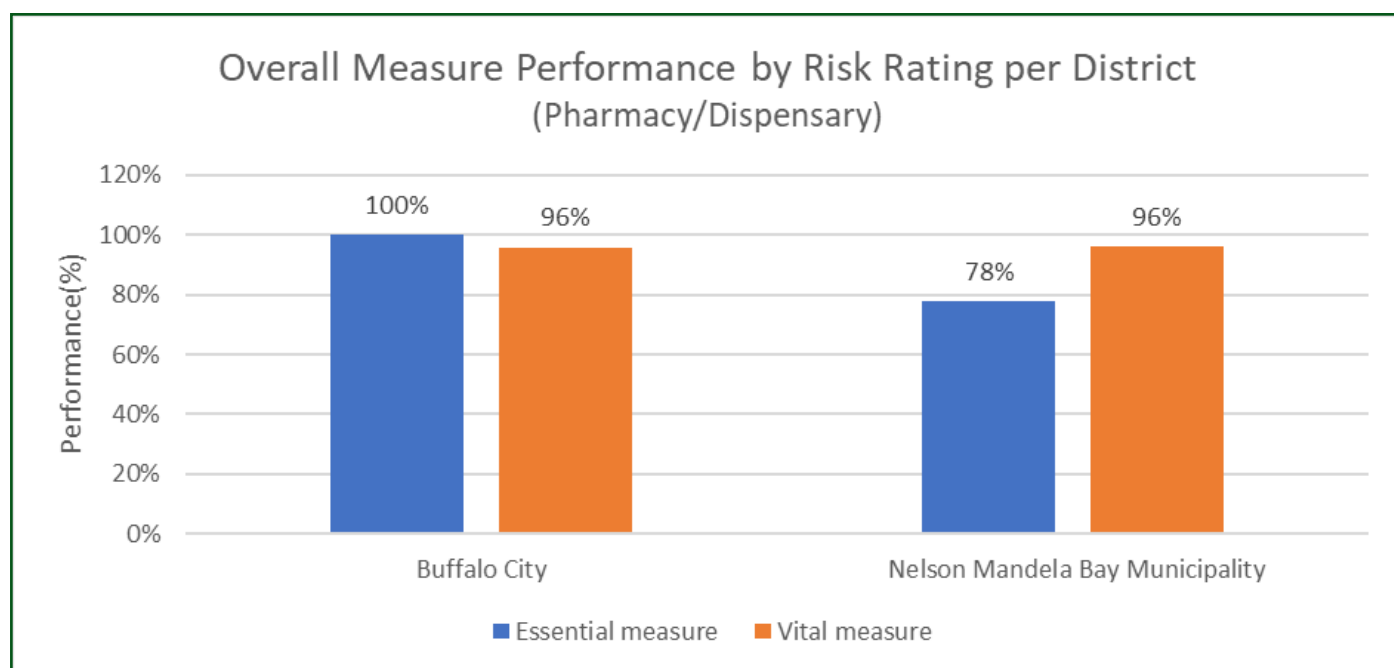


Figure 24: Overall risk rating measure performance by district (pharmacy/dispensary)

3.2.3.6 CHCs maintenance support performance

Figure 25 below shows that the inspected HE performed generally well on Vital measures in this FA. On average, HEs scored above 50% on both risk ratings

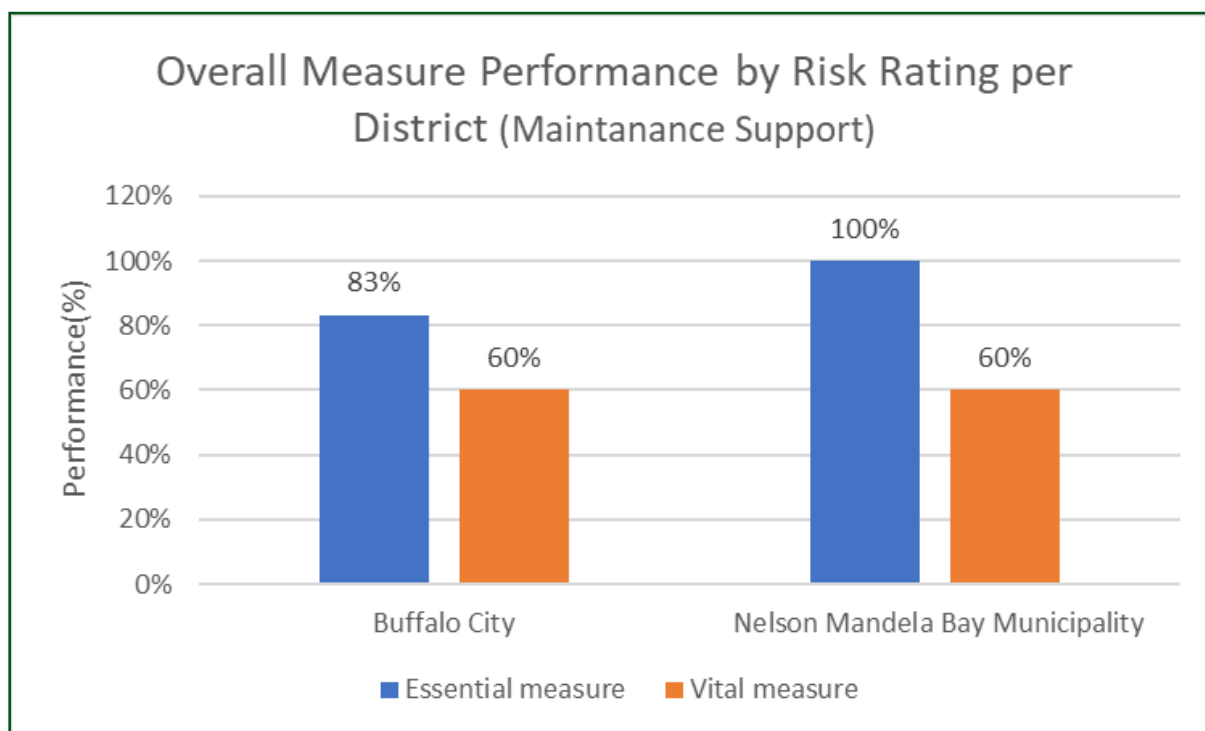


Figure 25: Overall risk rating measure performance by district (maintenance support)

3.2.3.7 Overall measure performance by domain

Figure 26 below indicates aggregated performance outcome on domains at provincial level in this category of healthcare. The highest performing domain is Facilities and Infrastructure followed closely by Clinical Support Services while the lowest performing domain is Governance and Human Resources. Governance and human resources are critical health system inputs that impact on service delivery including ability to provide quality healthcare. Common non-compliant measures related to staffing needs that were not determined, unavailability of functional clinic committees, non-adherence to the performance management systems and ineffective management of occupational health and safety systems among others.

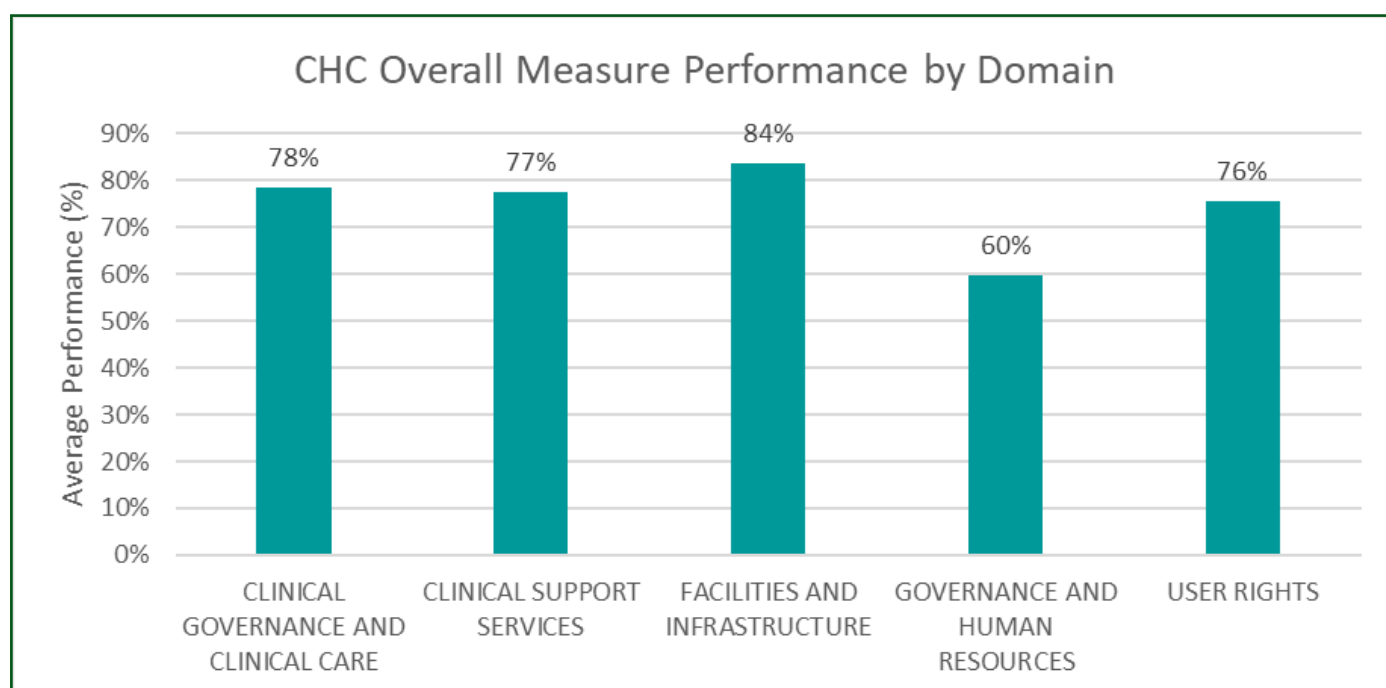


Figure 26: CHC overall measure performance by domain

Figure 27 below indicates disaggregated performance outcome on domains by district. Buffalo City Metro has achieved the lowest score on Governance and Human resources domain.

District	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES	USER RIGHTS
Buffalo City Metro	67%	72%	81%	55%	71%
Nelson Mandela Bay	61%	67%	68%	67%	76%

Figure 27: CHC Overall Measure Performance by Domain per district

3.2.3.8 Overall measure performance by standard and domain

Figure 28 to 32 below show average performance on measures at the level of standards per domain across all inspected CHCs. The information in the five (5) Figures below identify specific areas that need improvement to assist the HEs to meet the requirements for compliance with norms and standards regulations to achieve certification by the OHSC. The standard performance is calculated as the average performance for measures within that standard.

3.2.3.8.1 CHC user rights

Standard Name	Standard Performance
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	58%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	83%
The health establishment must maintain a system of referral as established by the responsible authority.	63%
The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	54%

Figure 28: Performance on standards (User Rights)

3.2.3.8.2 CHCs clinical governance and clinical care

Standard Name	Standard Performance
(b) A health establishment must establish and maintain systems structures and programmes to manage clinical risk.	47%
The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	43%
The health establishment must ensure that health records of health care users are protected managed and kept confidential in line with section 14 15 and 17 of the Act.	70%
The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.	85%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	69%
The health establishment must have a formal process to be followed when obtaining informed consent from the user.	50%
The health establishment must have a system to monitor and report all adverse events.	50%
The health establishment must issue a discharge report to users in accordance with section 10 of the Act.	100%
The health establishment must maintain an environment which minimises the risk of disease outbreaks the transmission of infection to users health care personnel and visitors.	70%

Figure 29: Performance on standards (Clinical Governance and Clinical Care)

3.2.3.8.3 CHC clinical support services

Standard Name	Standard Performance
Health establishments must ensure that diagnostic services are available and safe for users and for health care personnel involved in delivering these services.	100%
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	69%
The health establishment must comply with the provisions of the Pharmacy Act 1974 and the Medicines and Related Substances Act 1965.	85%

Figure 30: Performance on standards (Clinical Support Services)

3.2.3.8.4 CHC facilities and infrastructure

Standard Name	Standard Performance
The health establishment and their grounds must meet the requirements of the building regulations.	72%
The health establishment must ensure that engineering services are in place.	75%
The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.	75%
The health establishment must have systems to protect users health care personnel and property from security threats and risks.	87%

Figure 31: Performance on standards (Facilities and infrastructure)

3.2.3.8.5. CHC governance and human resource

Standard Name	Standard Performance
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	79%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	33%
The health establishment must have a functional governance structure with written Terms of Reference.	33%

Figure 32: Performance on standards (Governance and human resource)

3.3 District hospitals

This section covers the performance of inspected District Hospitals according to the different measures disaggregated by the risk rating categories.

3.3.1 Overall measure performance analysis

3.3.1.1. Non-negotiable measures

A total of 5 district hospitals were inspected during the period under review. None of the inspected HEs were able to achieve a 100% on the NNMs requirements and were not compliant. Table 13 and 14 below shows the overall performance with respect to non-negotiable measures (NNMs) amongst the inspected district hospitals.

Table 13: Overall district hospital performance on NNMs

Number of Inspected district hospitals	NNM 100% Compliant	NNM Non-Compliant (< 100%)
5	0	5

Table 14: District Hospitals NNMs Compliance Rate

NNM	Total Measures	Non-Compliant	Compliant	Compliance Rate
Emergency trolley is stocked with medicines and equipment.	66	66	0	0.00%
Health care providers correctly complete forms used for informed consent.	39	28	11	28.21%
Medical supplies and equipment for resuscitation are available.	66	46	20	30.30%
Emergency power supply is available in the ward/unit in the event of a power disruption.	5	5		0.00%
The oxygen available in the cylinder is above the minimum level.	5	3	2	40.00%
A functional system is in place to supply piped medical gas to clinical areas.	16	5	11	68.75%
An emergency trolley is made available in the diagnostic imaging unit within three minutes of user requiring emergency resuscitation.	30	11	19	63.33%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.	5	2	3	60.00%

None of the district hospitals achieved NNMs overall score of 100% and therefore did not satisfy the requirements for an overall compliance status as shown in figure 32 below. The Bhisho district hospital was the lowest performing with among the five(5) inspected district hospitals.

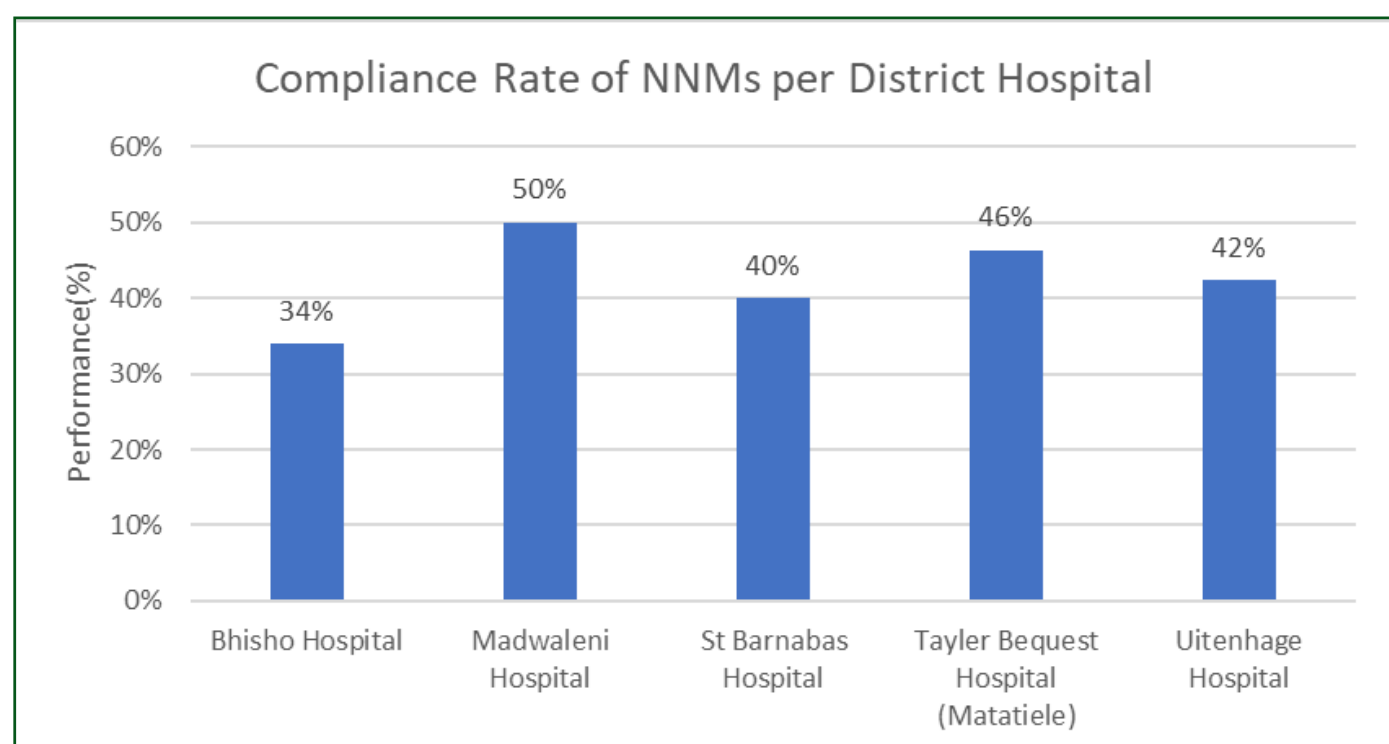


Figure 33: Compliance rate of NNMs per hospital district hospital

3.3.1.2 Overall vital measures grading

Figures 34 below show performance of district hospitals on vital measures. Most of the hospitals vital measures were graded Unsatisfactory and the scores ranged between 0- 50%.

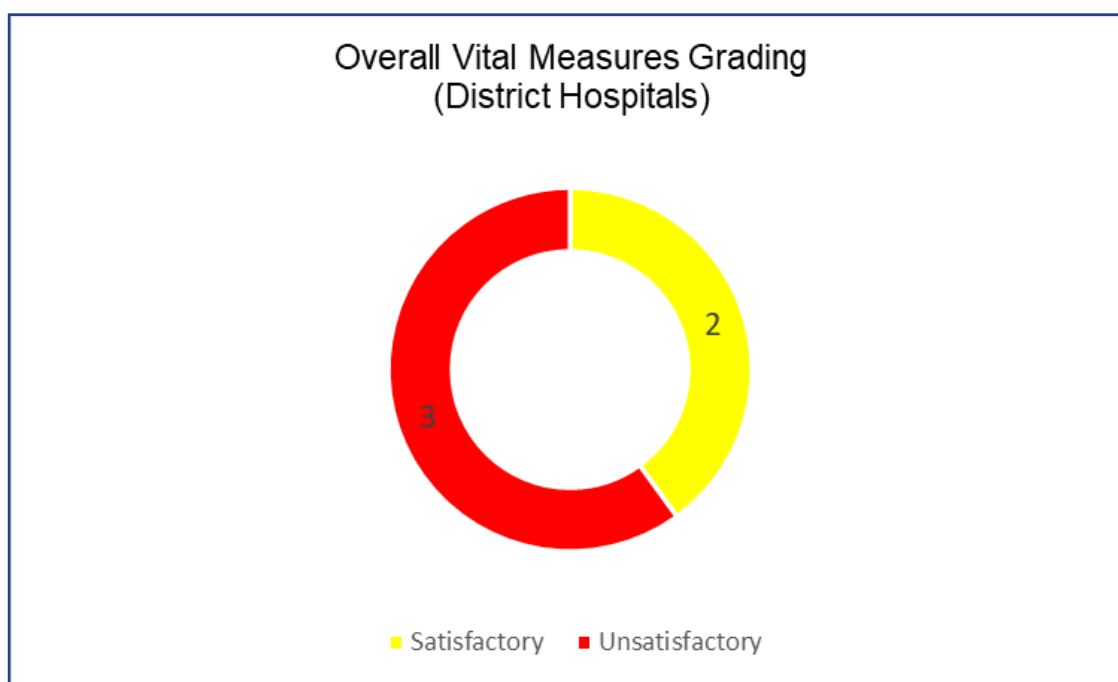


Figure 34: Overall vital measures grading

3.3.1.3 Overall essential measures grading

Figures 35 below show performance of district hospitals on Essential measures. Most of the hospitals Essential measures were graded Unsatisfactory and that of most of the essential measures in the inspection tool, ranged between 0- 48%.

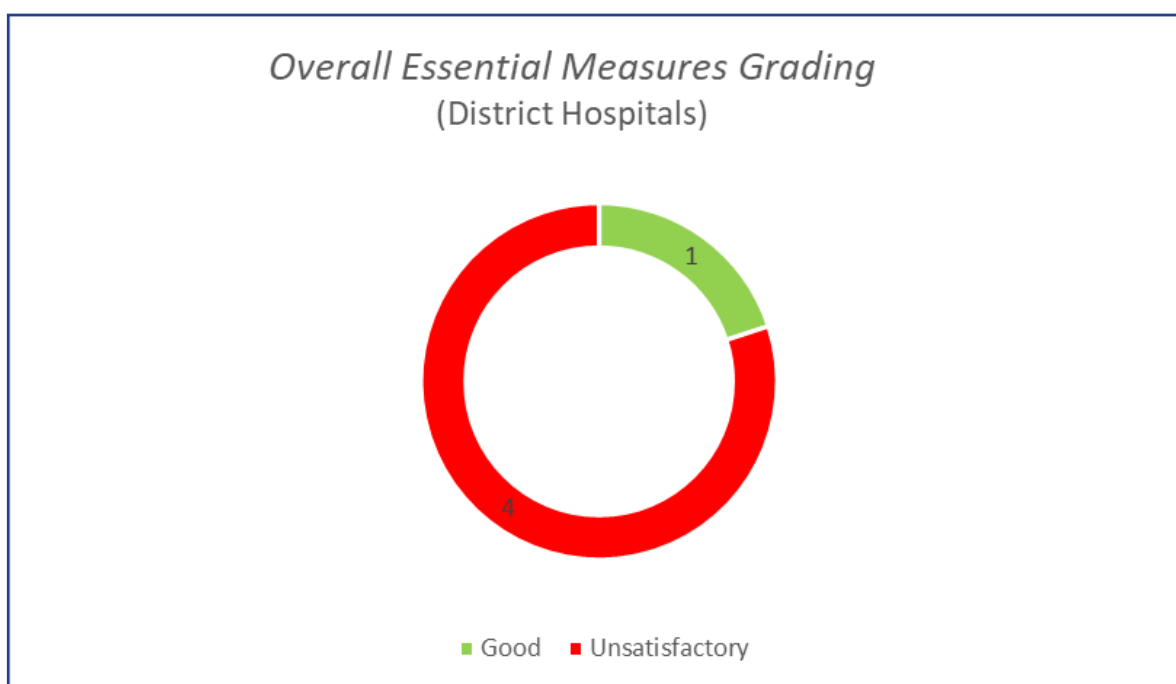


Figure 35: Overall essential measures grading

3.3.2 Overall measure performance by HE compliance status

Table 15 below shows that the four(4) of the five(5) inspected district hospitals were graded Unsatisfactory. Only one hospital was graded Satisfactory and would have been compliant had it achieved 100% with the NNMs requirements.

Table 15: Performance of District Hospitals on NNMs

NNM Compliance	Total Inspected	HE Grading	
		Satisfactory	Unsatisfactory
Non-Compliant	5	1	4

3.3.2.1 Measure performance by domain for district hospitals

Figures 36 below indicate aggregate performance outcome on domains for the five(5) inspected district hospitals. Of all the domains in the norms and standards regulations, User Rights was found to be the highest performing followed closely by Facilities and Infrastructure and Clinical Governance and Clinical Care, while the lowest performing domain is Governance and Human Resources

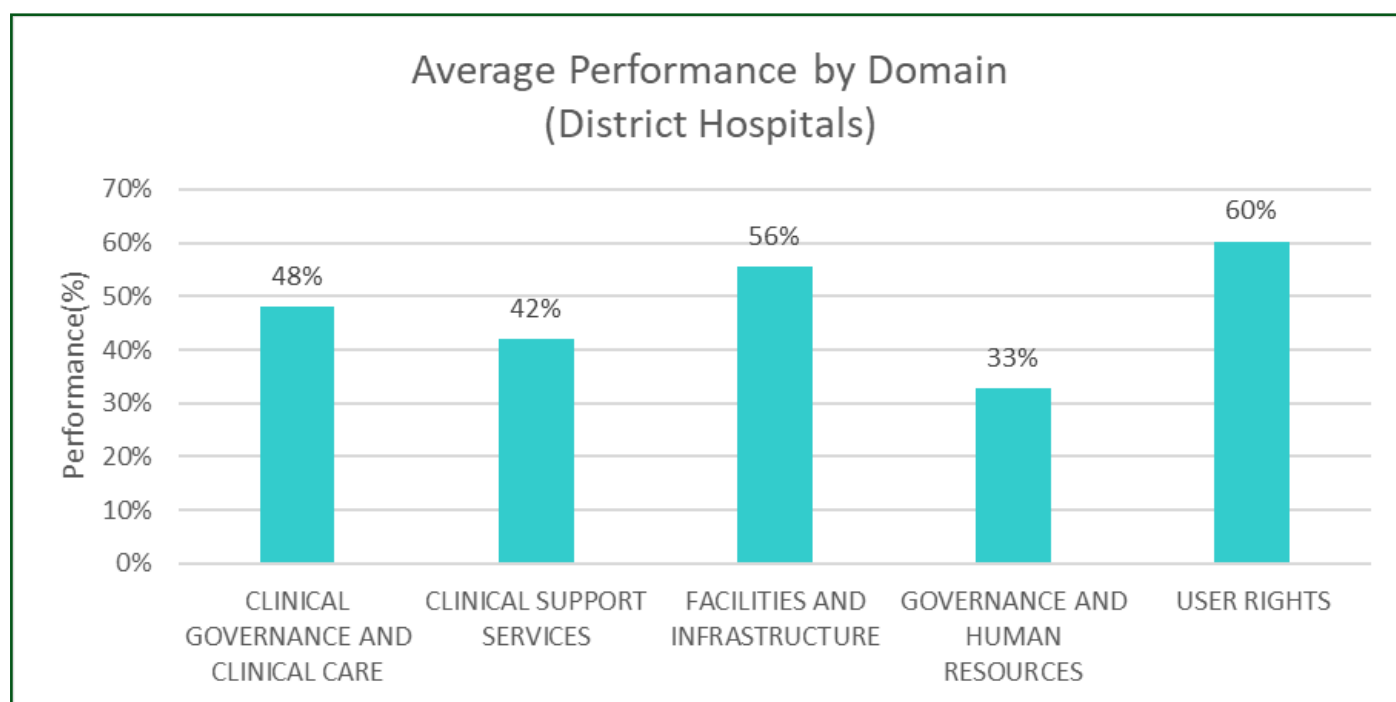


Figure 36: Average Performance by Domain(District Hospitals)

3.3.2.2. Average measure performance by functional Area for district hospitals.

Figure 35 below shows performance of FA in the district hospitals. Laboratory Services and Generic Ward 2 were found to be the highest performing whereas Medical Records Storage and Archives and Technology Services/Engineering Services were the lowest performing functional areas.

Average Measure Performance by FA (District Hospitals)

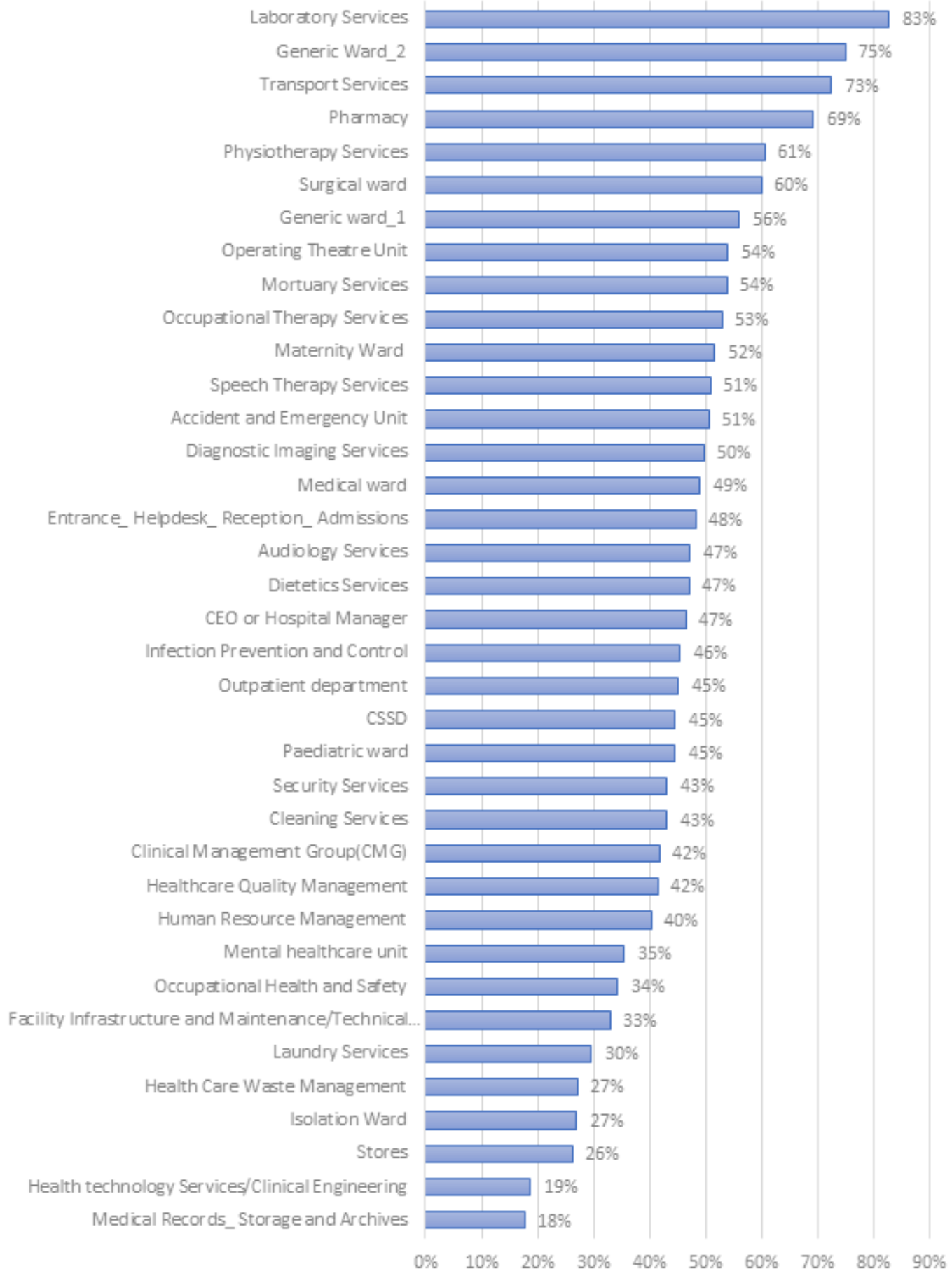


Figure 37: Average measure performance by functional area (regional hospitals)

3.4 Regional hospitals

This section covers the performance of inspected Regional Hospitals according to the different measures disaggregated by the risk rating categories.

3.4.1 Overall measure performance analysis

3.4.1.1. Non-negotiable measures

A total of 2 regional hospitals were inspected during the period under review and only one was able to achieve a 100% on the NNMs requirements while the other one failed to achieve the requirements. Table 16 below shows the overall grading performance with respect to non-negotiable measures (NNMs) amongst the inspected regional hospitals.

3.4.1.2 Overall regional hospital performance on NNMs

Although both regional hospitals were graded “Good”, Mthatha General Hospital complied with 100% of the NNM requirements while Cecilia Makiwane Hospital failed to comply with them therefore rendering it non-compliant. Notably, the requirement for medical supplies and equipment achieved 0% compliance rate.

Table 16: Overall Regional Hospitals Performance on NNMs

Number of Inspected regional hospitals	NNM 100% Compliant	NNM Non-Compliant (< 100%)
2	1	1

Table 17: Regional Hospital NNMs Compliance Rate

NNM	Total Measures	Non-Compliant	Compliant	Compliance Rate
Emergency trolley is stocked with medicines and equipment.	28	21	7	25.00%
Health care providers correctly complete forms used for informed consent.	18	8	10	55.56%
Medical supplies and equipment for resuscitation are available.	2	2	0	0.00%
Emergency power supply is available in the ward/unit in the event of a power disruption.	17	8	9	52.94%
The oxygen available in the cylinder is above the minimum level.	6	3	3	50.00%
A functional system is in place to supply piped medical gas to clinical areas.	2	1	1	50.00%
An emergency trolley is made available in the diagnostic imaging unit within three minutes of user requiring emergency resuscitation.	2	1	1	50.00%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.	2	1	1	50.00%

Table 18 below show performance of both regional hospitals on Non-Negotiable Measures.

Table 18: Performance on NNM of inspected regional Hospitals

Facility Name	Number of Applicable Measures	Compliant Measures	Compliance Rate
Cecilia Makiwane	57	30	53%
Mthatha General Hospital	39	39	100%

Figure 38 and 39 below depicts performance of Mthatha general and Cecilia Makiwane regional hospitals on vital and essential measures. Mthatha general hospital achieved Good grading on Vitals and Excellent on essential measures. Ceceilia Makiwane achieved Excellent grade on vitals and Good grading on essential measures.

3.4.1.3 Overall vital measures performance for regional hospitals.

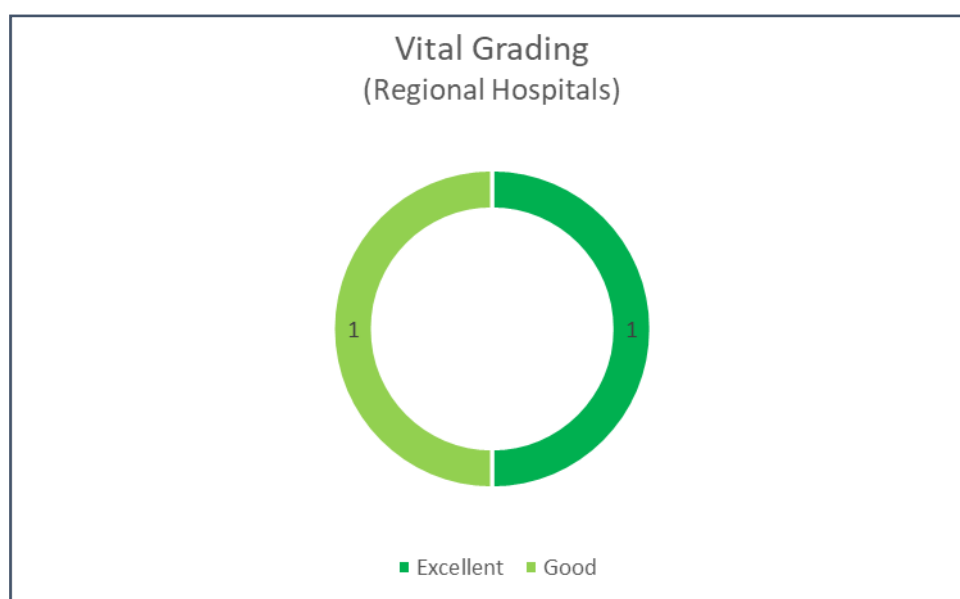


Figure 38: Vital measures grading(reginal hospitals)

3.4.1.4. Overall essential measure performance in regional hospitals.

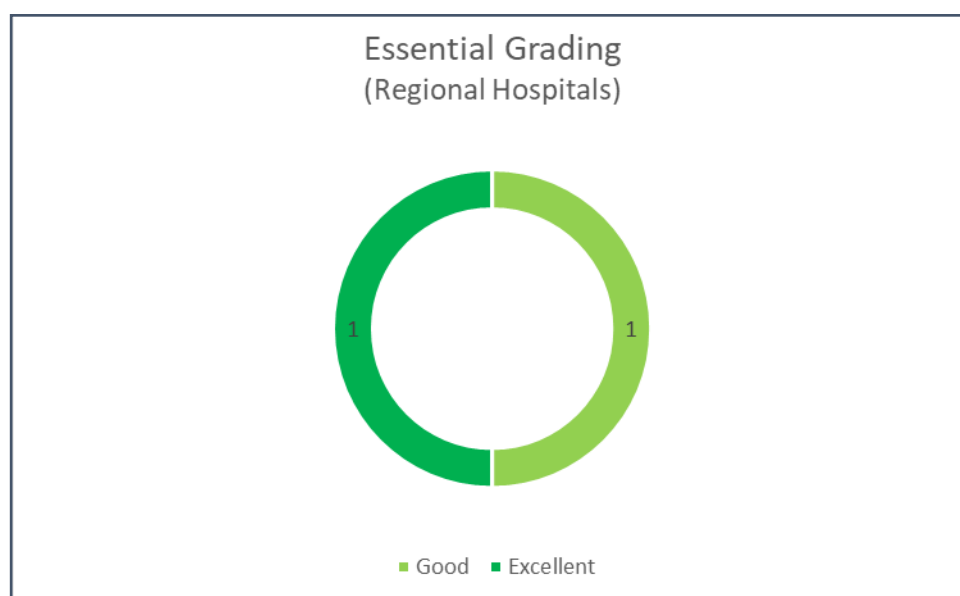


Figure 39: Essential measures grading(reginal hospitals)

3.4.2.1 Measure performance by domain

Average Measure Performance by Domain
(Regional Hospitals)

Domain	Performance (%)
CLINICAL GOVERNANCE AND CLINICAL CARE	73%
CLINICAL SUPPORT SERVICES	55%
FACILITIES AND INFRASTRUCTURE	83%
GOVERNANCE AND HUMAN RESOURCES	60%
USER RIGHTS	81%

Figure 41 below shows performance of functional areas in the district hospitals. Health Quality Management and Laboratory Services were found to be the highest performing whereas Stores and Laundry Services were the lowest performing functional areas.

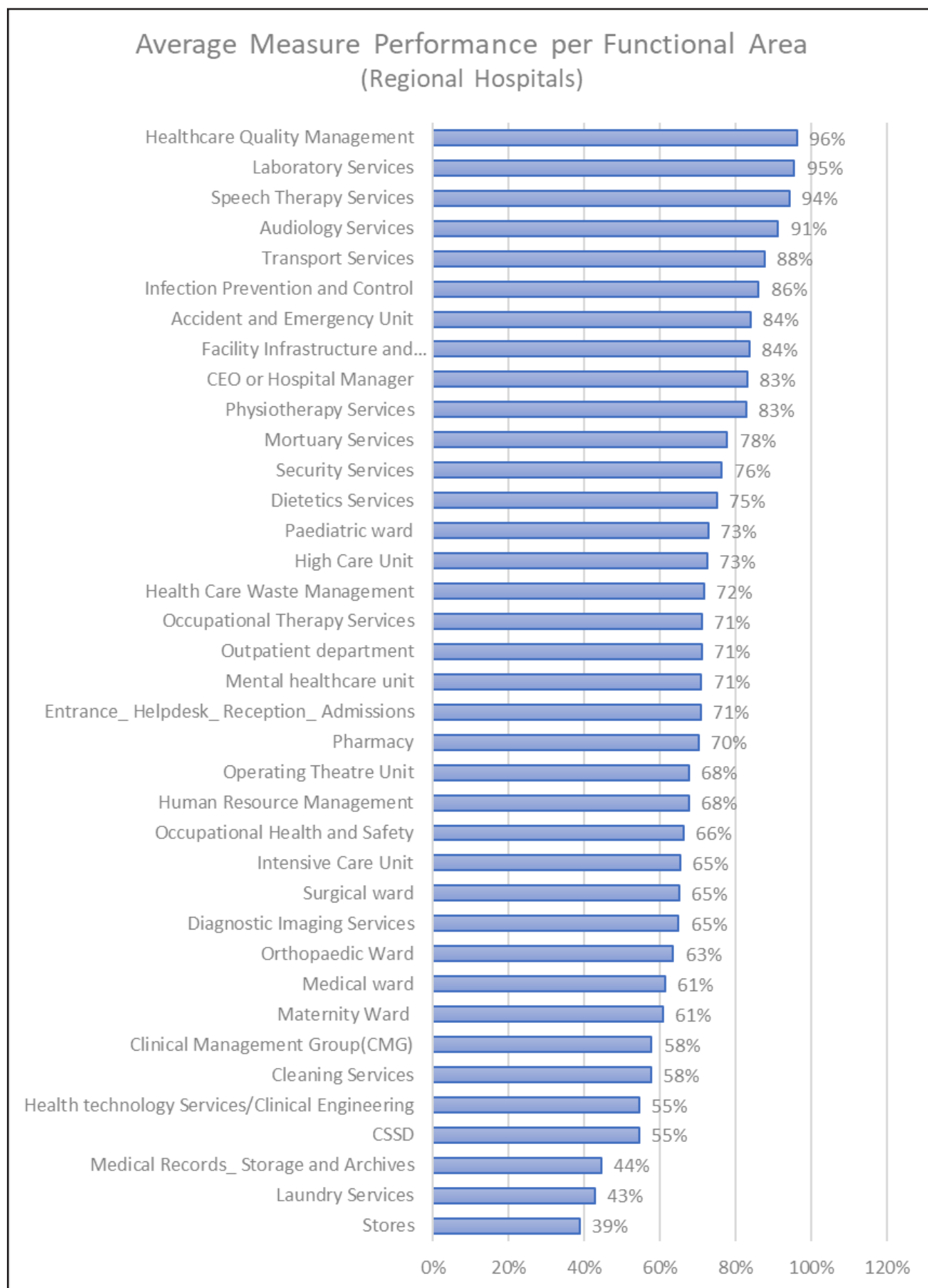


Figure 41: Average measure performance per functional area

3.5 Re-inspection

This section of the report highlights the re-inspection of HEs that were routinely inspected during the FY 2019/20. A total of 161 clinics were inspected during the FY 2019/20 routine inspections, with only 4 achieving a compliance status. Of the 157 non-compliant clinics, 41 were reinspected in FY 2021/22.

3.5.1 Re-inspections outcome

The re-inspection outcome is depicted in Figures 42 and 43 below, twenty-three (23) of forty-one (41) re-inspected clinics were found to be compliant. An overall compliance rate of 56% was achieved for the re-inspection conducted in FY 2021/22.

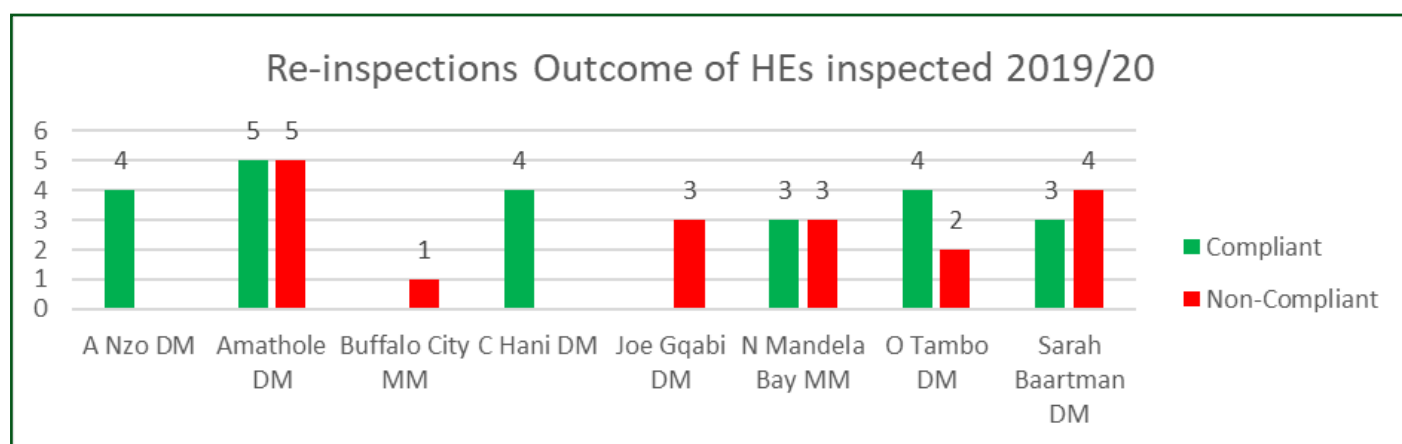


Figure 42: Re-inspection outcome of hes inspected FY 2019/20

3.5.2. Overall re-inspections compliance rate

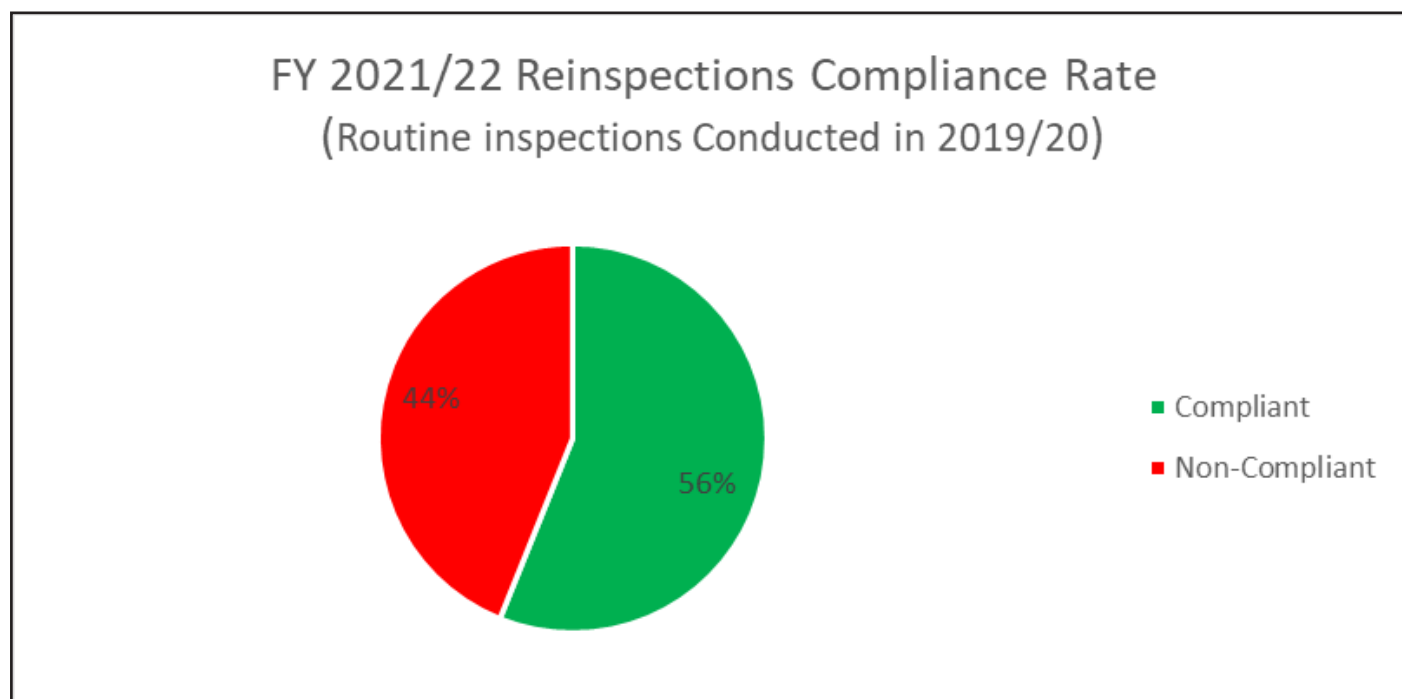


Figure 43: Re-inspection compliance rate of clinics inspected FY 2019/20

3.5.3. Re-inspections compliance rate per district

Table 19 below depicts the re-inspection compliance rate per district. Both Buffalo City MM and Joe Gqabi DM achieved a 0% compliance rate on re-inspected clinics and Alfred Nzo DM achieved 100% compliance rate.

Table 19: Re-inspection compliance rate by district

District	Total Inspected	Compliant	Non-Compliant	Compliance Rate
A Nzo DM	4	4		100%
Amathole DM	10	5	5	50%
Buffalo City MM	1		1	0%
C Hani DM	4	4		100%
Joe Gqabi DM	3		3	0%
N Mandela Bay MM	6	3	3	50%
O Tambo DM	6	4	2	67%
Sarah Baartman DM	7	3	4	43%

3.6. Re-inspections clinics grading by compliance status

Figure 44 below depicts the grading ranging from Excellent to Satisfactory for all the re-inspected HEs (compliant and non-compliant). None of the HEs were graded Unsatisfactory.

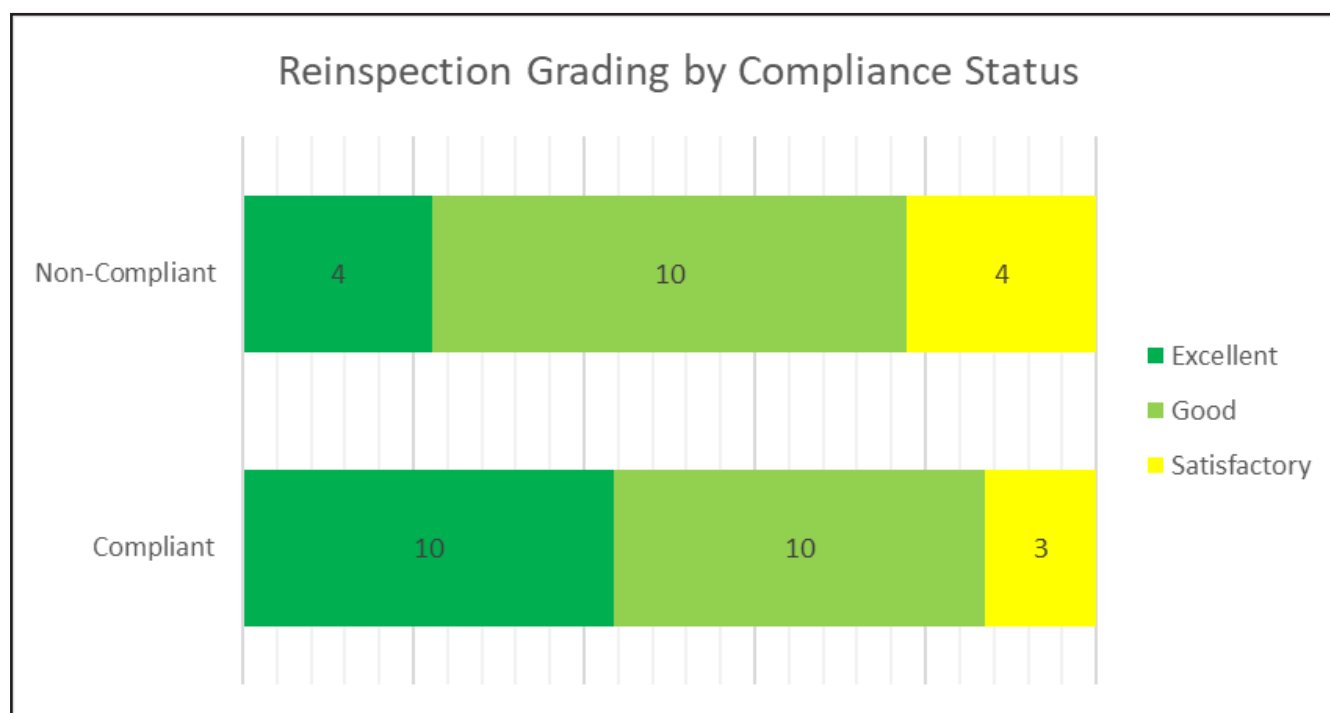


Figure 44: Re-inspection clinic grading by compliance status

3.6.1. Overall performance on non-negotiable measures

The emergency trolley measure had the lowest performance, achieving a compliance rate of 56%. This may be considered a poor performance given that a less than 100% performance on NNMs has a direct implication on the overall compliance status of a HE.

3.6.2 Overall HE grading on vital and essential measures

Figure 45 below depicts the grading of both the vital and essential measures performance for the re-inspected clinics.

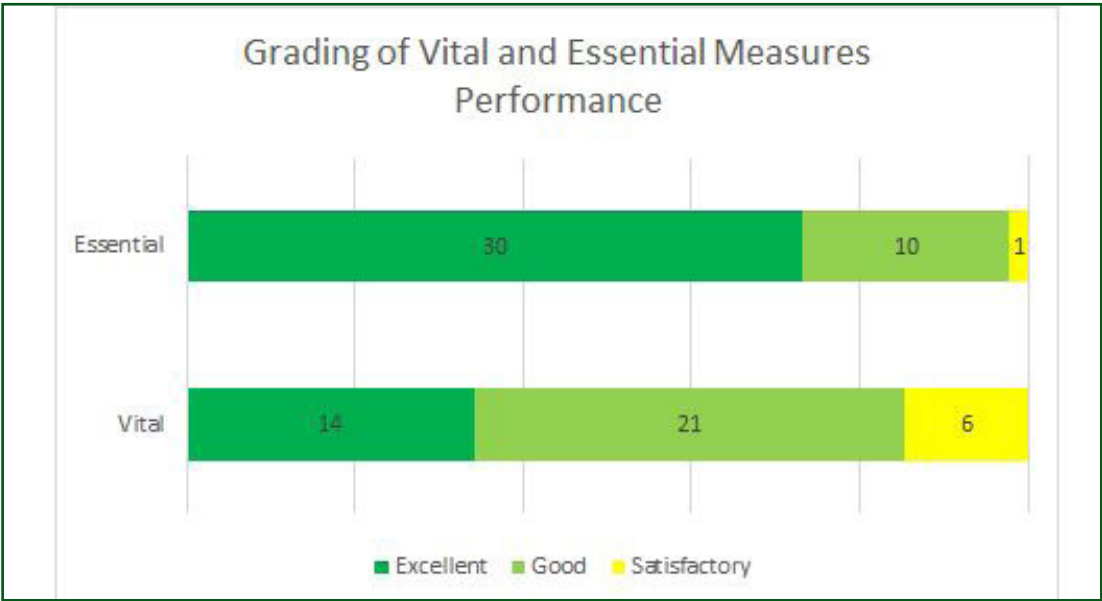


Figure 45: Grading of vital and essential measure performance

3.6.3 Re-inspections summary

Of note is that not all non-compliant HEs for the FY 2019/20 were re-inspected in the period under review. An incline from non-compliance to compliance status was noted in 23 of the 41 re-inspected HEs. This may be an indication that the HEs were more prepared for the re-inspection and better understood what was expected from them. The analysis revealed that compliance with NNVs remains a challenge for most clinics. The emergency trolley measure compliance with NNVs remains a challenge for most clinics. The emergency trolley measure contributed to the clinics achieving non-compliance status.

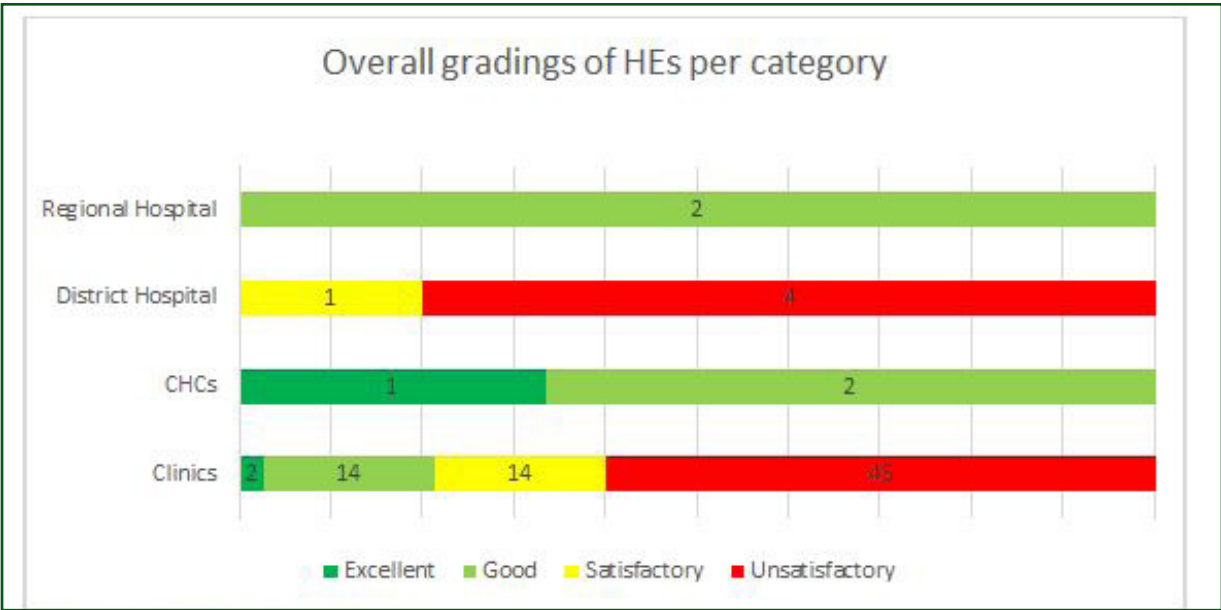


Figure 46: Overall grading per HE category

A large circular graphic composed of concentric rings. The innermost ring is a thick, dark green arc. The next ring out is a lighter green arc. The outermost ring is a thin, light green arc. Scattered around these rings are several dark green dots and circles. Some are solid dots, while others are circles with white centers. The text "FREE STATE" is centered within the white space of the innermost ring.

FREE STATE

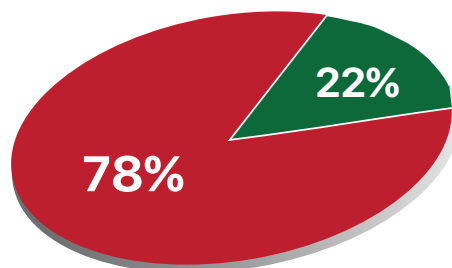
SUMMARY OF FREE STATE INSPECTION OUTCOMES, FY 2021/22

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

Sampling: From the 250 HEs, a sample size of 20 health establishments including Primacy Health Clinics (PHC) =17, Community Health Centers (CHCs) =1, hospitals=2 were selected for routine inspection. The selection of health establishments was based on geographic clustering and cost-effectiveness.

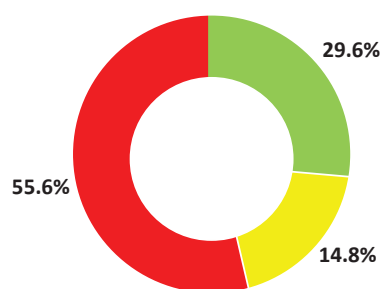
Inspected health establishments by Province: : A total of 27 HEs were inspected against the set target of 20. An additional 41 re-inspections were conducted in the province.

Compliance Status: FS Province



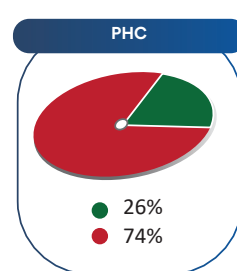
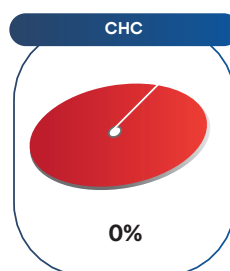
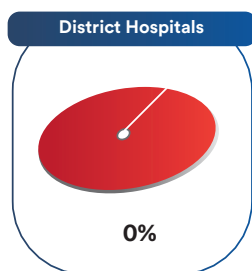
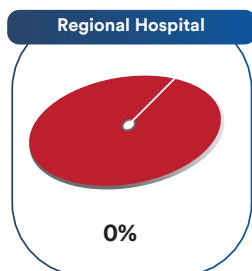
● Compliant ● Non-Compliant

Overall Grading, FS Province



■ Excellent ■ Good ■ Satisfactory ■ Unsatisfactory

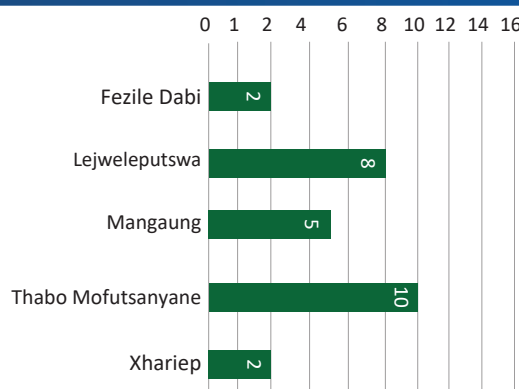
Compliance Rate (%) Per level of care



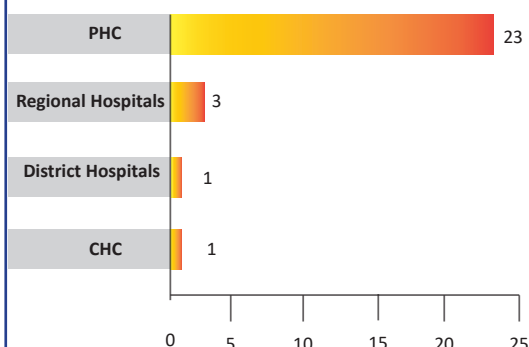
Compliance status by district

	Compliant	Non Compliant
Fezile Dabi	0%	100%
Lejweleputswa	0%	100%
Mangaung	60%	40%
Thabo Mofutsanyana	30%	70%
Xhariep	0%	100%

Number of inspected HEs by district



Inspected HE's by type (N=85)



Overall grading by district

	Excellent	Good	Satisfactory	Unsatisfactory
Xhariep	—	100%	—	—
Thabo Mofutsanyana	—	40%	10%	50%
Mangaung	—	20%	40%	40%
Lejweleputswa	—	—	13%	88%
Fezile Dabi	—	50%	—	50%

% ■ Excellent ■ Good ■ Satisfactory ■ Unsatisfactory

1. DISTRIBUTION OF INSPECTED HEALTH ESTABLISHMENTS

1.2 Distribution of public sector health establishments (HEs) per province

During the FY 2021/22, a total of 27 routine inspections were conducted in 250 public sector HEs in the Free State province. The target for inspections conducted was 8% of the total public sector health establishments in the province. Health establishments are selected proportionally considering the total number in the province as well as consideration for the number of districts.

Tables 1 and 2 below show the number of HEs for inspected categories in the province as well as the distribution of inspected HEs by province and category.

Table 1: Total number of HEs for Inspected Categories

National	Clinic	Community Health Centre	District Hospital	Regional Hospital	Total
Overall	210	11	25	4	250

Table 2: Distribution of Inspected HEs by Province and Category, F/Y 2021/22

Province	Clinic	CHC	District Hospitals	Regional Hospitals
Free State	23	1	2	1

Table 3 below shows the cumulative number of health establishments inspected from the financial year 2019/20 till 2021/22. Notably, only clinics were inspected during the FY 2019/20 and FY 2020/21. The table below depicts a cumulative compliance rate of 12% for the province.

Table 3: Cumulative Number of Inspected HEs by Category, F/Y 2019/20 - F/Y 2021/22

	FY2019/20			FY2020/21			FY2021/22			Cumulative Number of Hes (FY 2019/20 - FY 2022/23)		
Facility Type	Inspected	Compliant	Compliance Rate(%)	Inspected	Compliant	Compliance Rate(%)	Inspected	Compliant	Compliance Rate(%)	Inspected	Compliant	Compliance Rate(%)
Clinics	51	6	12%	28	1	3%	23	6	26%	102	13	13%
CHCs	0	0		0	0		1	0	0%	1	0	0%
District Hospitals	0	0		0	0		2	0	0%	2	0	0%
Regional Hospitals	0	0		0	0		1	0	0%	1	0	0%
Total	51	6	12%	28	1	51%	27	6	22%	106	13	12%



1.3 Provincial compliance status outcome

A total of 27 health establishments were inspected during the 2021/22 inspection cycle.

Figure 1 below shows the number of inspected health establishments during the period under review broken down by categories and compliance status outcome.

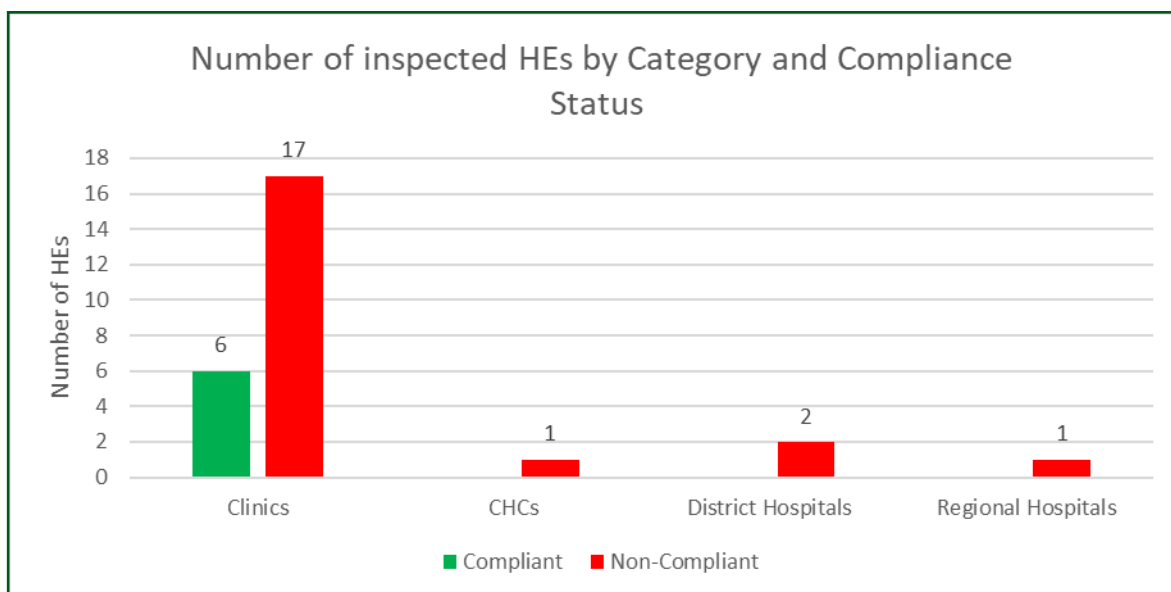


Figure 1: Number of inspected HEs by category and compliance status

The overall compliance rate of inspected health establishments according to their categories is shown in Figure 2 below. In terms of compliance performance, the clinics had a compliance rate of 26%, and CHC district and regional hospitals had a 0% compliance rate respectively. Subsequent sections in the report aim to identify factors that account for this compliance performance.

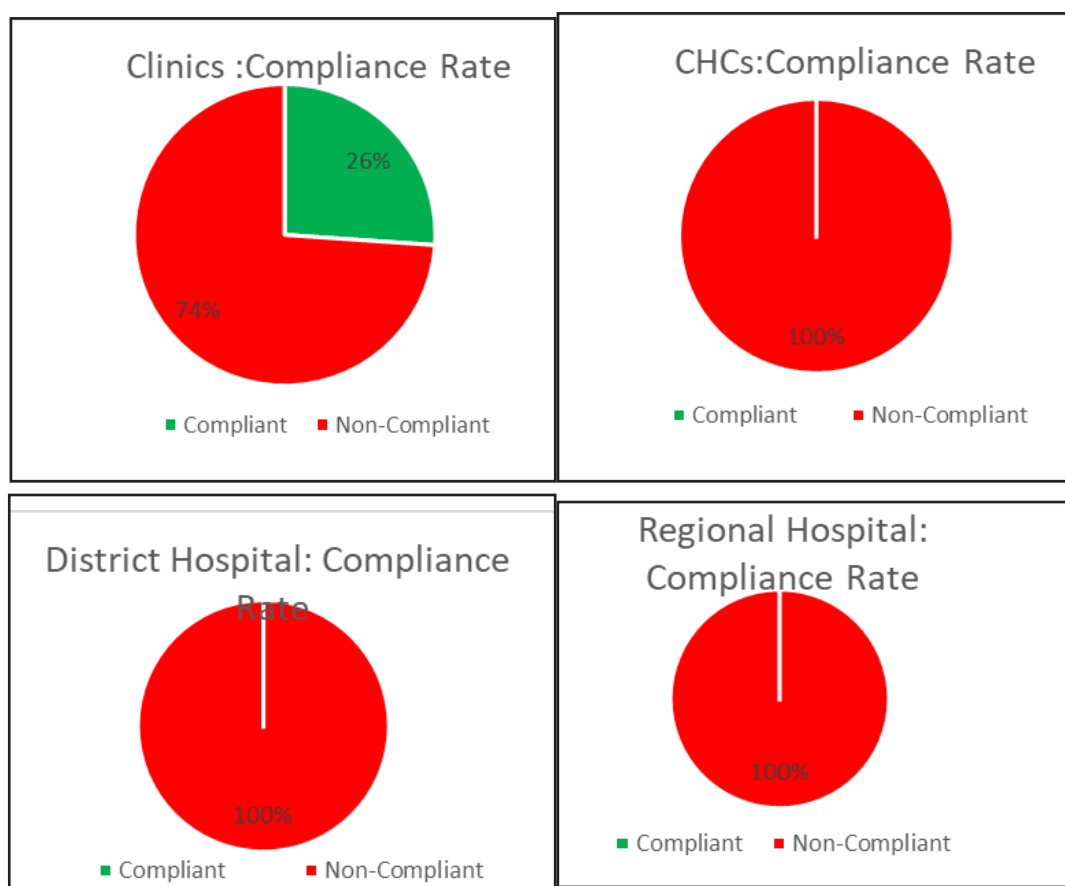


Figure 2: Provincial compliance rate according to categories of health establishments, FY 2021/22.

1.3.1 Compliance status outcome

Table 4 below shows the total number of inspected HEs by district, category, and compliance performance.

Table 4: Compliance Status Outcome by District FY 2021/22

Clinics				
District	Total No. of Inspected HEs	Compliant	Not Compliant	Compliance Rate
Fezile Dabi	2	0	2	0%
Lejweleputswa	7	0	7	0%
Mangaung Metro	5	3	2	60%
Thabo Mofutsanyana	9	3	6	33%
CHCs				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
Xhariep	1	0	1	0%
District Hospitals				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
Lejweleputswa	1	0	1	0%
Xhariep	1	0	1	0%
Regional Hospitals				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
Thabo Mofutsanyana	1	0	1	0%

2. PROVINCIAL GRADINGS FOR HEALTH ESTABLISHMENTS

2.1 Overall grading for all HEs per category FY 2021/22

The overall grading of inspected HEs according to their categories is displayed in Figure 3 below.

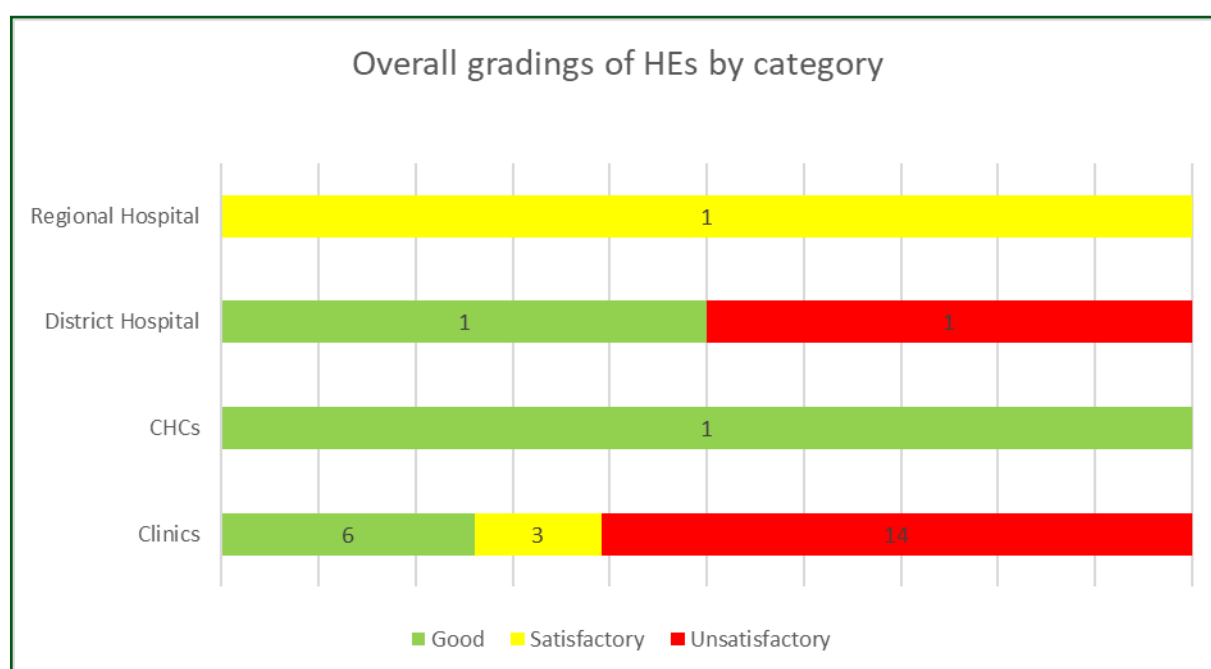


Figure 3: Overall grading by health establishments category

2.2 Overall grading for HEs by district and category FY 2021/22

Figure 4 below shows the overall grading performance of inspected HEs by district and category.



Figure 4: Overall Grading for health establishments by District and Category

3. PROVINCIAL MEASURE PERFORMANCE FOR HEALTH ESTABLISHMENTS

3.1 Clinics measure performance

This section covers the performance of clinics according to the different measures disaggregated by the risk rating categories.

3.1.1. Measure performance analysis

3.1.1.1. Non-negotiable vitals (NNVs)

Tables 5 and 6 below show the overall compliance performance concerning non-negotiable vital measures among the inspected clinics. The emergency trolley measure performed the lowest with 26% of HEs complying with all the requirements. The other two measures relating to oxygen had an overall compliance of 98%. This finding suggests that the emergency trolley measure contributed significantly to the overall non-compliance rate of clinics during this inspection cycle.

Table 5: Overall Clinics Performance on NNVs

Number of inspected clinics	100% Compliant	Less than 100% Compliant
23	6	17

Table 6: Performance analysis according to the three NNVs.

Measures	Total No. of Clinics	Compliant	Non-Compliant	Compliance rate
An oxygen cylinder with a pressure gauge is available.	23	21	2	91%
CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	23	6	17	26%
The oxygen available in the cylinder is above the minimum level.	23	20	3	87%

3.1.1.2. Vital measures

Figure 5 below shows the overall grading performance with respect to vital measures among the inspected clinics. Fourteen (14) of the 23 inspected clinics were found to be Unsatisfactory whilst 6 were Good.

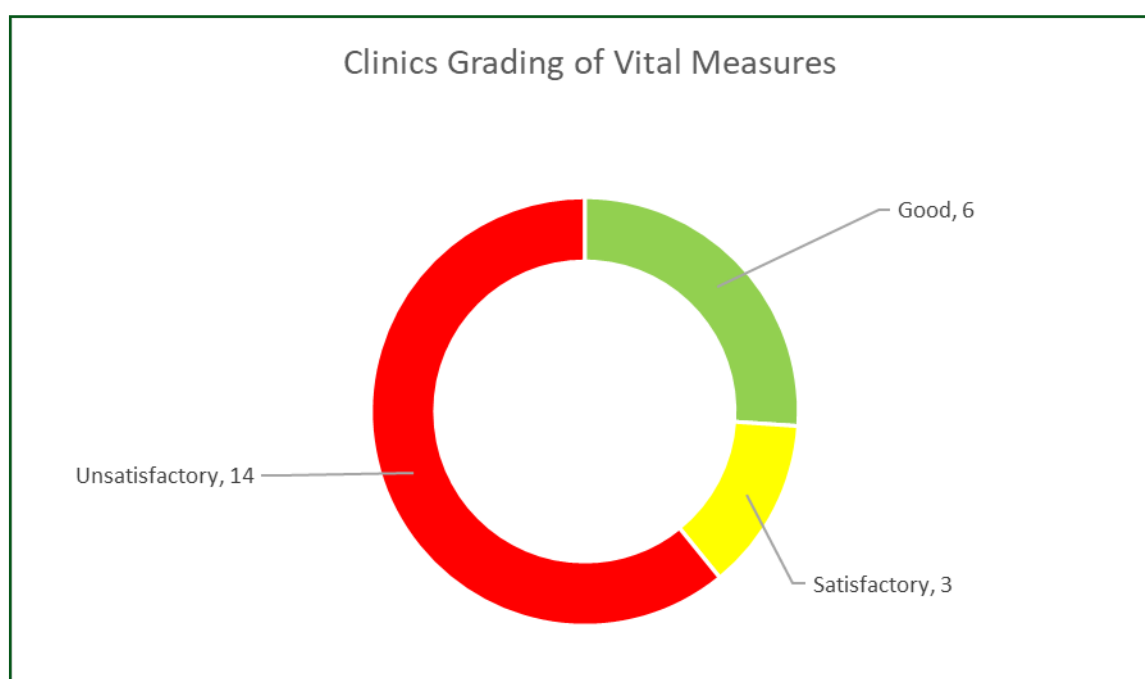


Figure 5: Clinics grading of vital measures

3.1.1.3. Essential measures

Figure 6 below shows the overall grading performance with respect to essential measures among the inspected clinics. Twelve (12) of the 23 inspected clinics were found to be Unsatisfactory whilst 4 were Excellent.

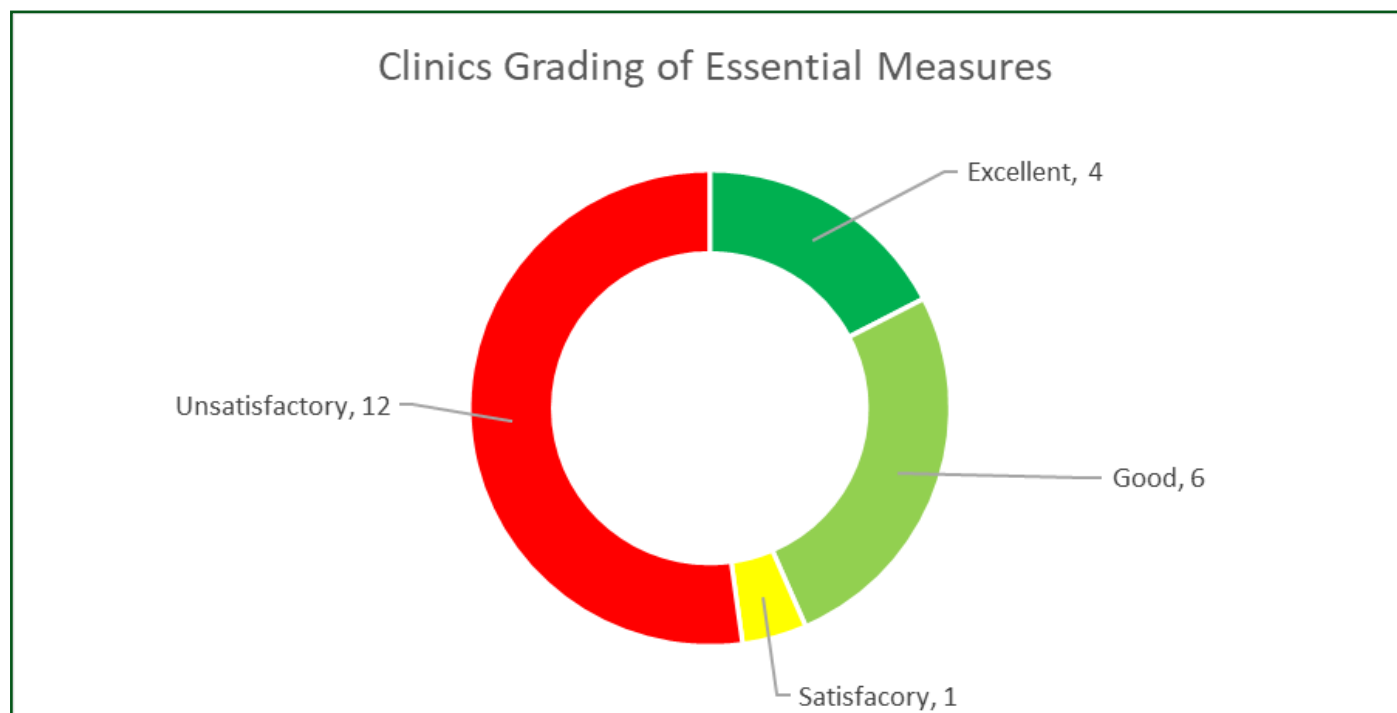


Figure 6: Clinics grading essential measures

3.1.2. Overall measure performance by compliance status

3.1.2.1. Non-compliant clinics performance on NNVs

Table 7 below indicates 17 of the 23 clinics inspected were found to be non-compliant of which 14 were graded Unsatisfactory. The grading distribution of the remaining 3 HEs was either Good or Satisfactory, these clinics would have been compliant if they reached the threshold of 100% on NNVs.

Table 7: Non-compliant Clinics' Performance on NNVs by Grading.

NNV Compliance	Good and Satisfactory	Unsatisfactory
Compliant	0	0
Non-Compliant	3	14
Total	3	14

3.1.3. Clinics' overall measure performance by functional area (FA)

Functional areas in this context are defined as the areas/units of the HEs where inspections are conducted. In the PHC (clinic) inspection tool, there are 4 FAs namely: Clinic Manager, Clinical Services, Dispensary/Medicine Cupboard, and Maintenance Support. The four FAs are further discussed in the following sections.

3.1.3.1. Clinic manager

The Clinic Manager FA relates to the aspects and requirements that are the responsibility of the facility manager or operational manager at the clinic level and is assessed on measures related to leadership and governance of the HEs. Figure 7 below, shows aggregate performance in the Clinic Manager FA by district.

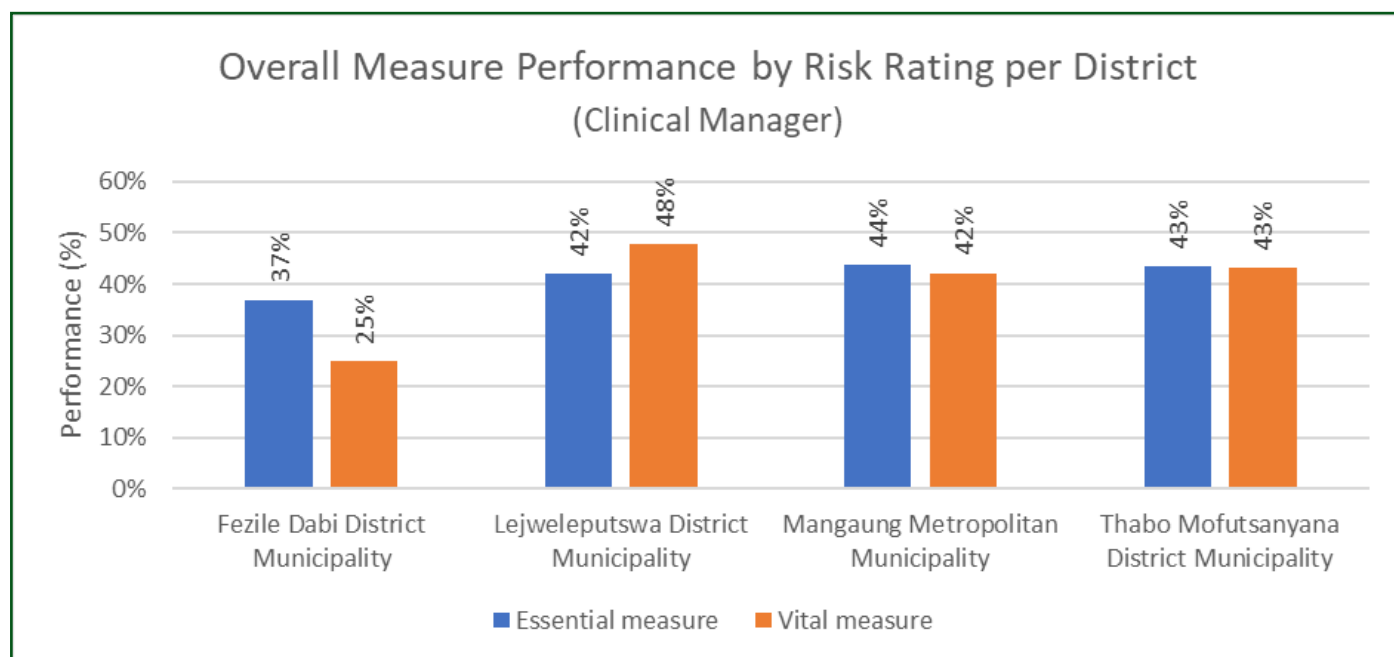


Figure 7: Overall measure performance by risk rating per district (clinic manager)

3.1.3.2. Clinical services

Clinical Services FA is concerned with aspects of quality clinical service delivery and is assessed for the way clinical services are organised and delivered to ensure that users receive the care that they need, in line with the best available evidence, and in the most efficient way. Measure performance in this FA is shown in Figure 8 below.

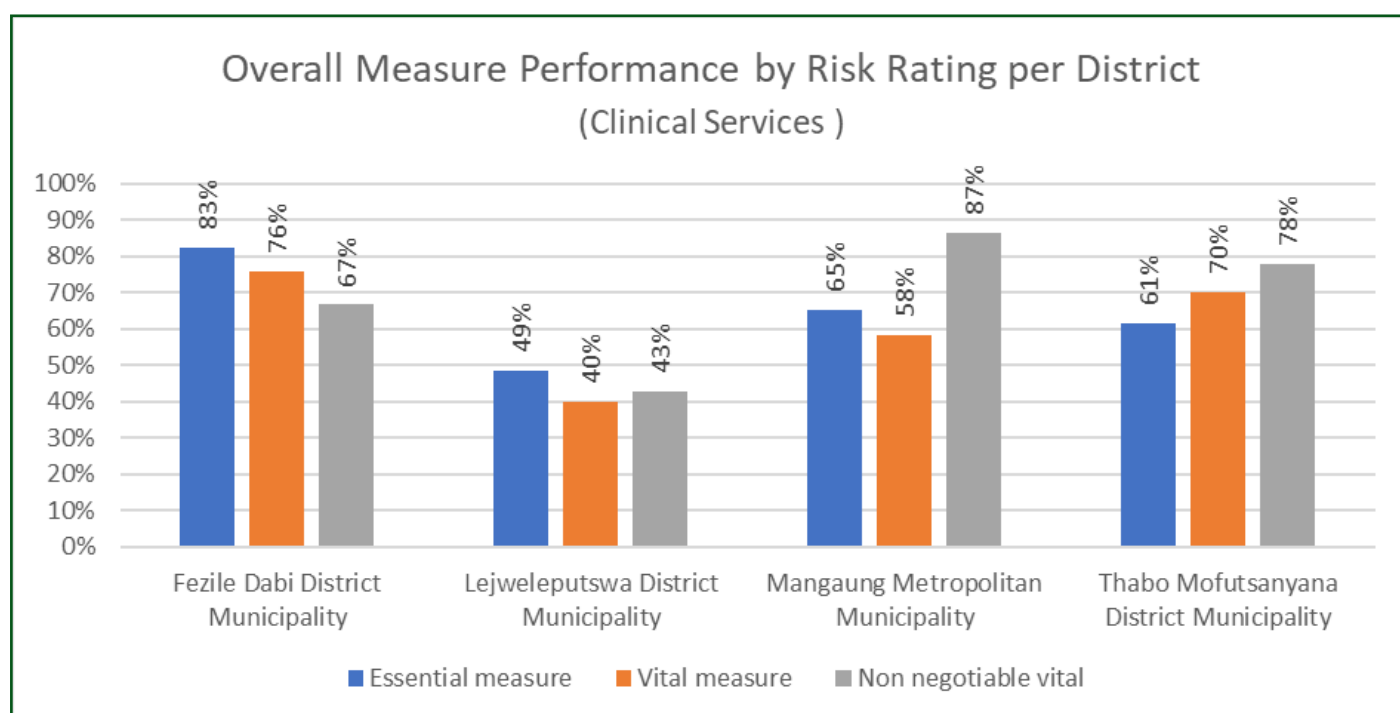


Figure 8: Overall measure performance by risk rating per district (clinical services)

3.1.3.3. Dispensary/medicine cupboard

Dispensary/Medicine cupboard functional area is primarily concerned with aspects of medicine availability and pharmaceutical products management and is assessed for the effectiveness and efficiency in the management of medicines as an essential part of access to quality at the clinic level. Figure 9 below shows the performance by district and risk rating.

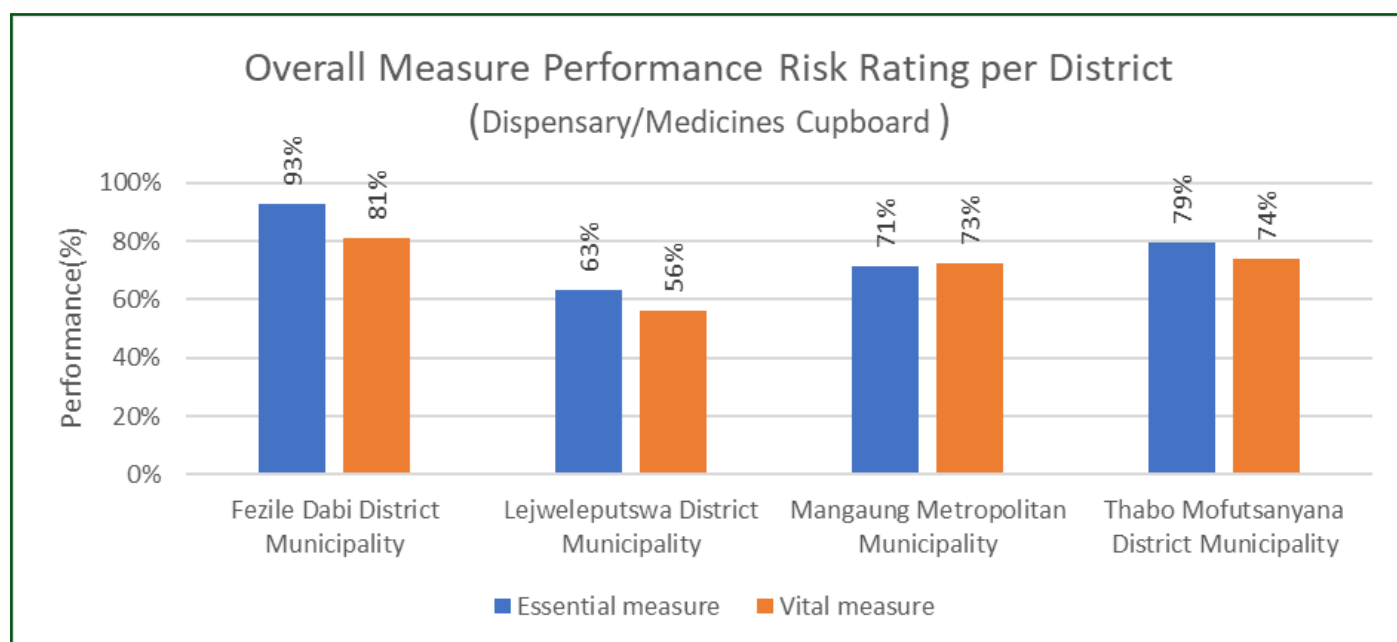


Figure 9: Overall measure performance by risk rating per district (dispensary/medicine cupboard)

3.1.3.4. Maintenance support

Maintenance Support FA is primarily concerned with aspects of health infrastructure and maintenance such as buildings, electricity backup supply equipment, and sewage systems. Figure 10 below shows varied performance in the Maintenance Support FA across the 4 districts.

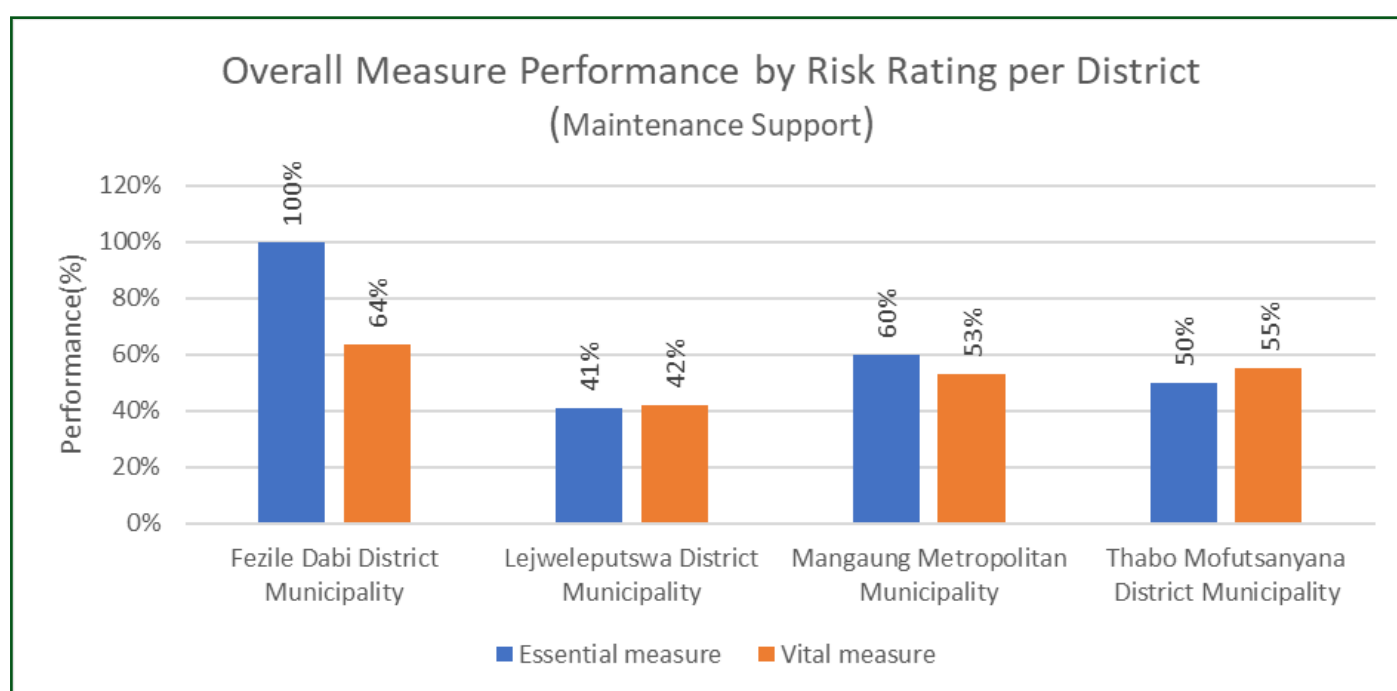


Figure 10: Overall measure performance by risk rating per district (maintenance support)

3.1.4. Clinics performance on domains

Aggregate performance outcomes on domains at the provincial level are indicated in Figure 11 below. Domains included in the Norms and Standards Regulations for the different categories of HEs 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 User Rights followed closely by Clinical Support Services while the lowest-performing domain is Governance and Human Resources. Governance and human resources are critical health system inputs that impact service delivery including the ability to provide quality and safe healthcare. The commonly non-compliant measures included the unavailability of functional clinic committees, non-adherence to the performance management systems and ineffective management of occupational health and safety systems among others.

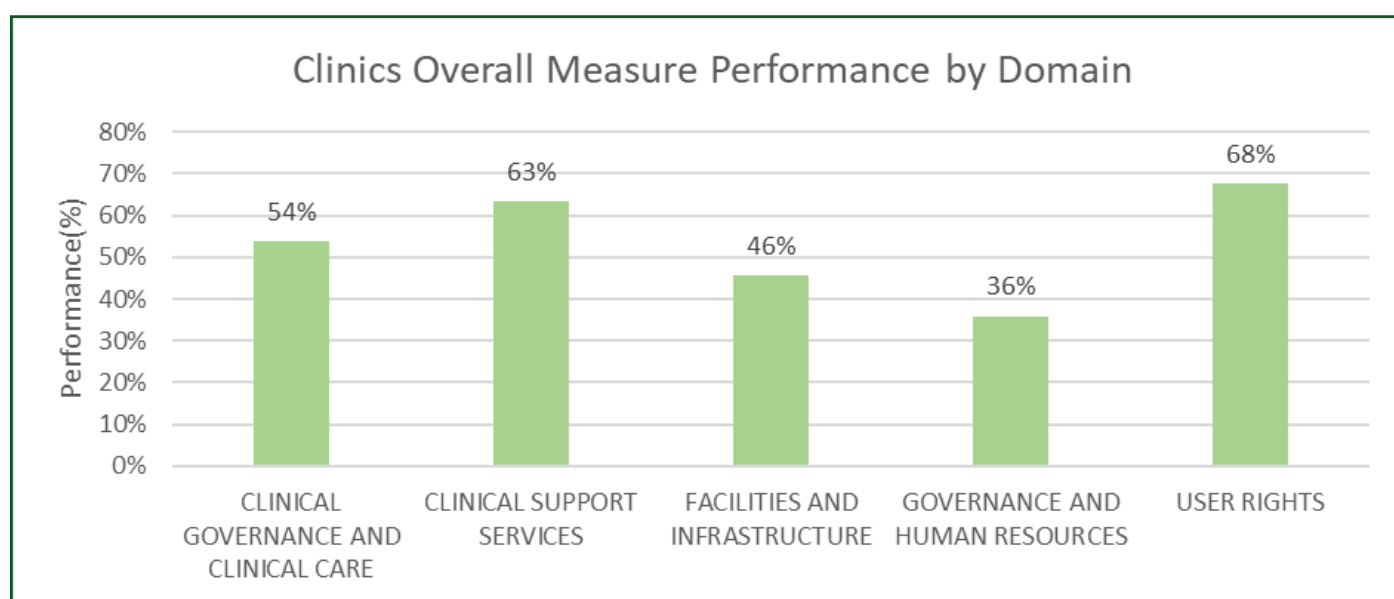


Figure 11: Clinic Overall measure performance by domain

3.1.4.1. Clinics overall measure performance by domain per district

Disaggregated performance outcome on domains by district is shown in Figure 12.

Figure 12: Measure Performance by Domain per District

District	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES	USER RIGHTS
Fezile Dabi	65%	66%	56%	39%	67%
Lejweleputswa	43%	52%	40%	26%	65%
Mangaung	53%	67%	52%	46%	68%
Thabo Mofutsanyana	60%	70%	45%	37%	69%

3.1.4.2. Overall performance of measures according to standards and domains

Figures 13 to 17 below show average performance on measures at the level of standards per domain across all inspected clinics. The information in the five (5) Figures identifies specific areas that need improvement to assist the HEs in meeting the requirements for compliance with norms and standards regulations and achieving certification by the OHSC. The standard performance is calculated as the average score of measures within that standard.

3.1.4.2.1. User rights

Standard Name	Standard Performance
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	69%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	71%
The health establishment must maintain a system of referral as established by the responsible authority.	59%
The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	70%

Figure 13: Performance on standards across all Clinics (User Rights)

3.1.4.2.2. Clinical governance and clinical care domain

Standard Name	Standard Performance
The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	18%
The health establishment must ensure that health records of health care users are protected managed and kept confidential in line with section 14 15 and 17 of the Act.	59%
The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.	67%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	50%
The health establishment must have a formal process to be followed when obtaining informed consent from the user.	50%
The health establishment must have a system to monitor and report all adverse events.	52%
The health establishment must maintain an environment which minimises the risk of disease outbreaks the transmission of infection to users health care personnel and visitors.	60%

Figure 14: Performance on Standards across all Clinics (Clinical Governance and Clinical Care)

3.1.4.2.3. Clinical support services

Standard Name	Standard Performance
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	58%
The health establishment must comply with the provisions of the Pharmacy Act 1974 and the Medicines and Related Substances Act 1965.	66%

Figure 15: Performance on standards across all Clinics (Clinical Support Services)



3.1.4.2.4. Facilities and infrastructure

Standard Name	Standard Performance
The health establishment and their grounds must meet the requirements of the building regulations.	 53%
The health establishment must ensure that engineering services are in place.	 52%
The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.	 25%
The health establishment must have systems to protect users health care personnel and property from security threats and risks.	 30%

Figure 16: Performance on standards across all Clinics (Facilities and Infrastructure)

3.1.4.2.5 Governance and human resource

Standard Name	Standard Performance
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	 44%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	 29%
The health establishment must have a functional governance structure with written Terms of Reference.	 4%

Figure 17: Performance on standards across all Clinics (Governance and Human Resources)

3.1.4.2.6 Community health centres

This section covers the performance of inspected Community Health Centres (CHCs) according to the different measures disaggregated by the risk rating categories.

3.2.1. Overall measure performance analysis

3.2.1.1. Non-negotiable measures

One (1) CHC was inspected. Table 8 below shows the overall grading performance with respect to non-negotiable measures (NNMs) in the inspected CHC. The NNM's performance is further discussed per relevant functional areas such as Midwife Obstetric Unit (MOU), Emergency Unit and Clinical Services.

Table 8: Overall CHC Performance on NNMs

Number of inspected CHCs	100% Compliant	Less than 100% Compliant
1	0	1

3.2.1.2. CHC performance on NNMs (MOU, emergency unit and clinical services)

Tables 9, 10 and 11 below show the scores for Non-negotiable measures in the three functional areas, namely MOU, emergency unit and clinical services. Due to the size and proximity between functional areas at the CHCs, the emergency trolley may have been centralised and accessible for all other clinical functional areas, hence the variation in the number of applicable measures.

Table 9: MOU performance on NNMs

Measure Name	Total Measures	Compliant measures	Compliance Rate
An oxygen cylinder with a pressure gauge is available.	1	1	100%
CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	1	0	0%
The oxygen available in the cylinder is above the minimum level.	1	1	100%

Table 10: CHC performance on NNMs (Emergency Units)

Measure Name	Total Measures	Compliant measures	Compliance Rate
An oxygen cylinder with a pressure gauge is available in the resuscitation or emergency room.	1	1	100%
CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicines and equipment listed below.	1	0	0%
The oxygen available in the cylinder is above the minimum level.	1	1	100%

Table 11: CHC performance on NNMs (Clinical Services)

Measure Name	Total Measures	Compliant measures	Compliance Rate
An oxygen cylinder with a pressure gauge is available.	1	1	100%
CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	1	0	0%
The oxygen available in the cylinder is above the minimum level.	1	1	100%

3.2.2 Overall CHCs measure performance by compliance status

3.2.2.1. Overall non-compliant CHCs performance on NNMs

Table 12 depicts that one CHC was non-compliant and graded Good.

Table 12: CHC performance on Non-Negotiable Measures by grading.

NNM Compliance	Good
100% Compliant	0
Less than 100% Compliant	1
TOTAL	1

3.2.2.2 CHC measures performance by functional area

3.2.2.2.1 CHCs manager

The CHC Manager FA relates to the aspects and requirements that are the responsibility of the facility manager and is assessed for issues related to leadership and governance of the HEs. Figure 18 below shows the aggregated performance of the CHC Manager FA.

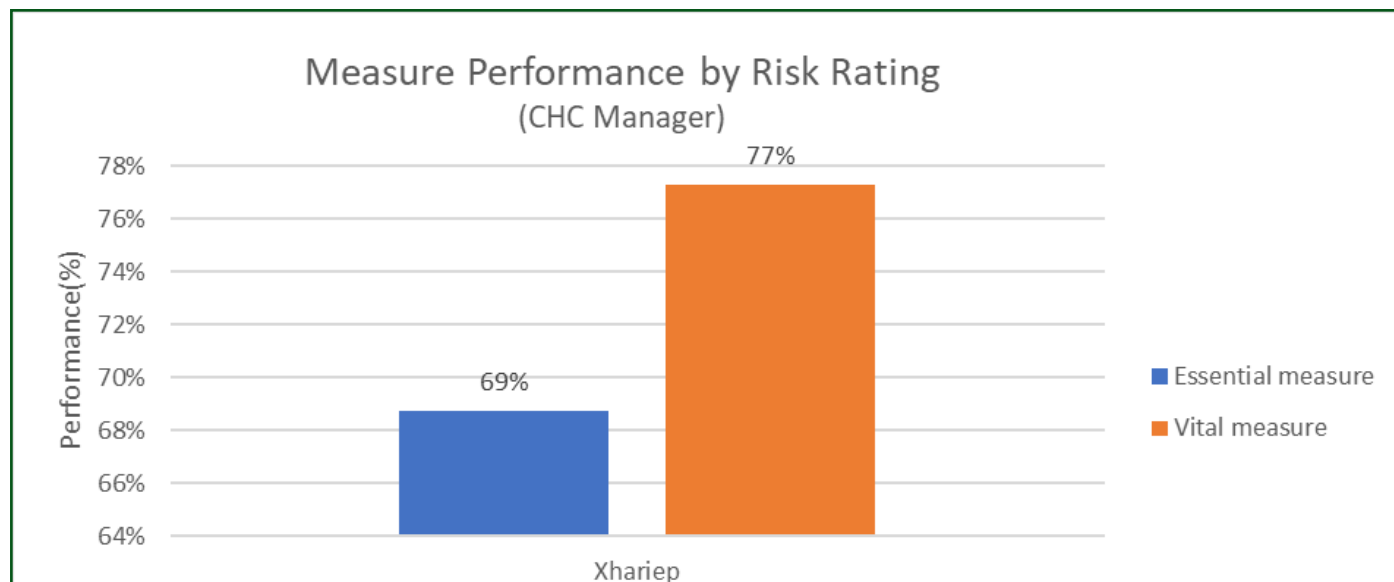


Figure 18: Measure performance by risk rating (chc manager)

3.2.2.2.2 CHC Clinical services performance

Figure 19 below indicates the aggregated performance in the Clinical Services FA with a variation in performance among vital and essential measures. Ranging between 67% and 100%.

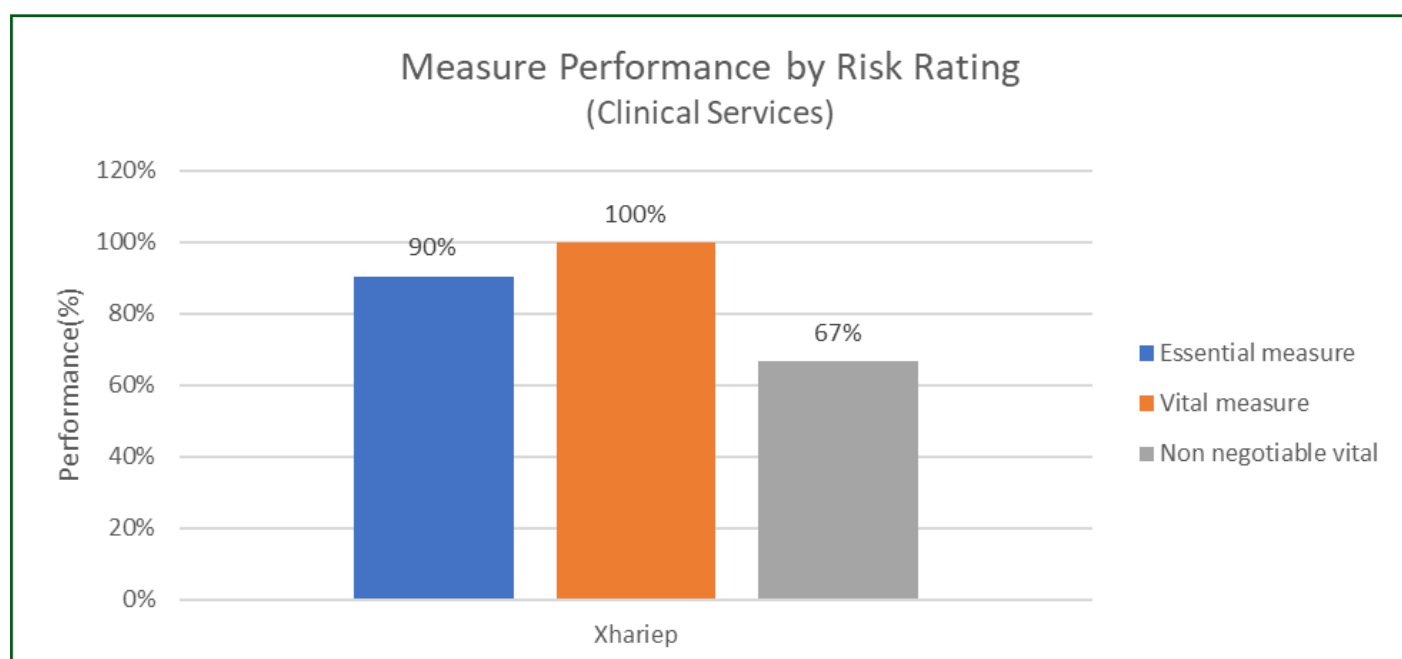


Figure 19: Measure performance by risk rating (clinical services)

3.2.2.2.3 Emergency unit performance

The inspected HEs performed generally well in this FA with average scores ranging between 67% and 100% across all risk ratings, as shown in Figure 20.

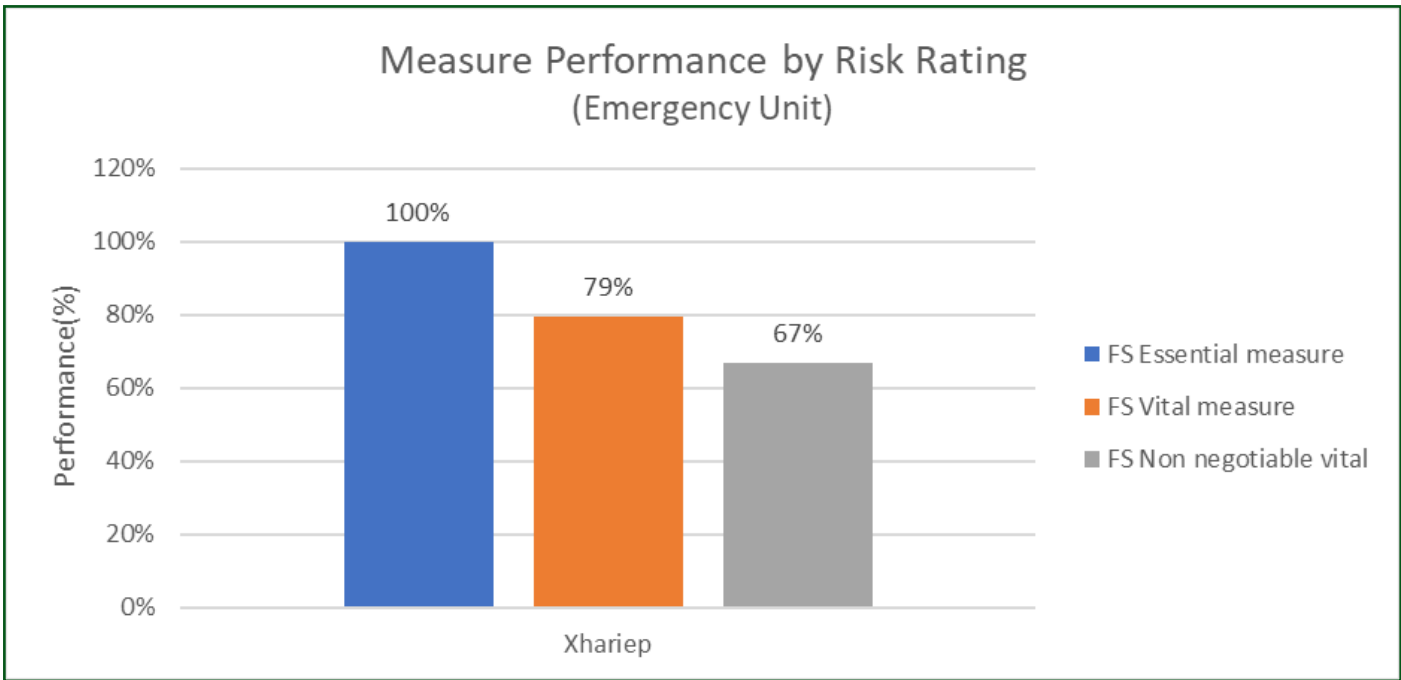


Figure 20: Measure performance by rik rating (emergency unit)

3.2.2.2.4 CHCs midwife obstetrics unit performance

Figure 21 below shows that essential measures performed generally well in this FA with an average score of 80%.

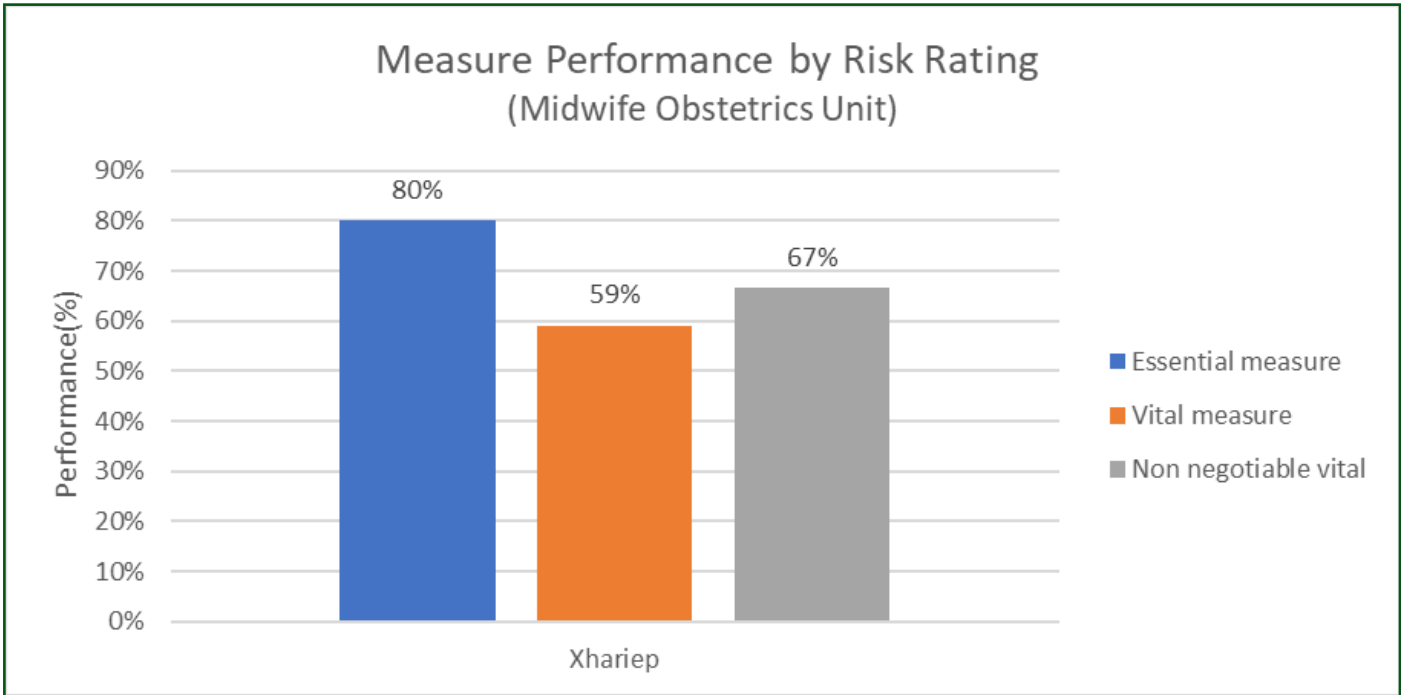


Figure 21: Measure performance by risk rating. (midwife obstetrics unit)

3.2.2.2.5 CHC Pharmacy/dispensary performance

The performance in this FA viewed in Figure 22 below indicates that vital measures performed well, with a score of 68%.

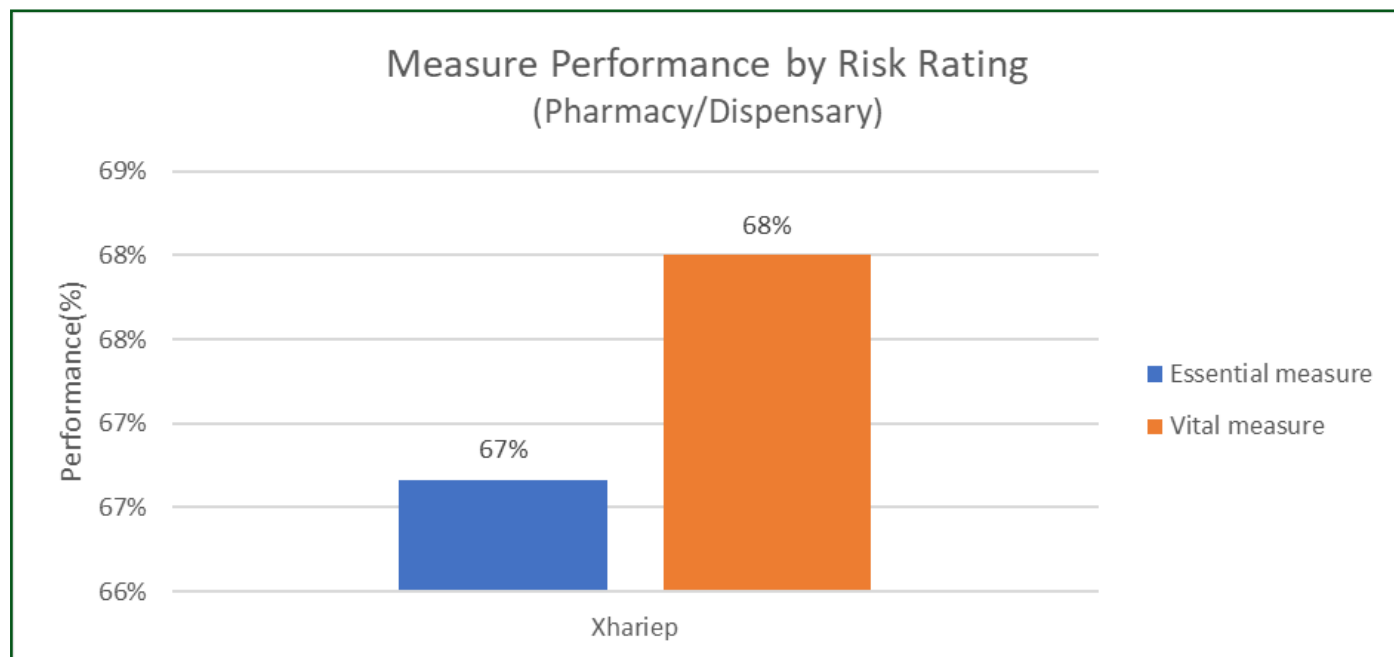


Figure 22: Measure performance by risk rating. (pharmacy/dispensary)

3.2.2.2.6 CHCs maintenance support performance

Figure 23 below shows that the inspected HE performed well on essential measures and scored 60%.

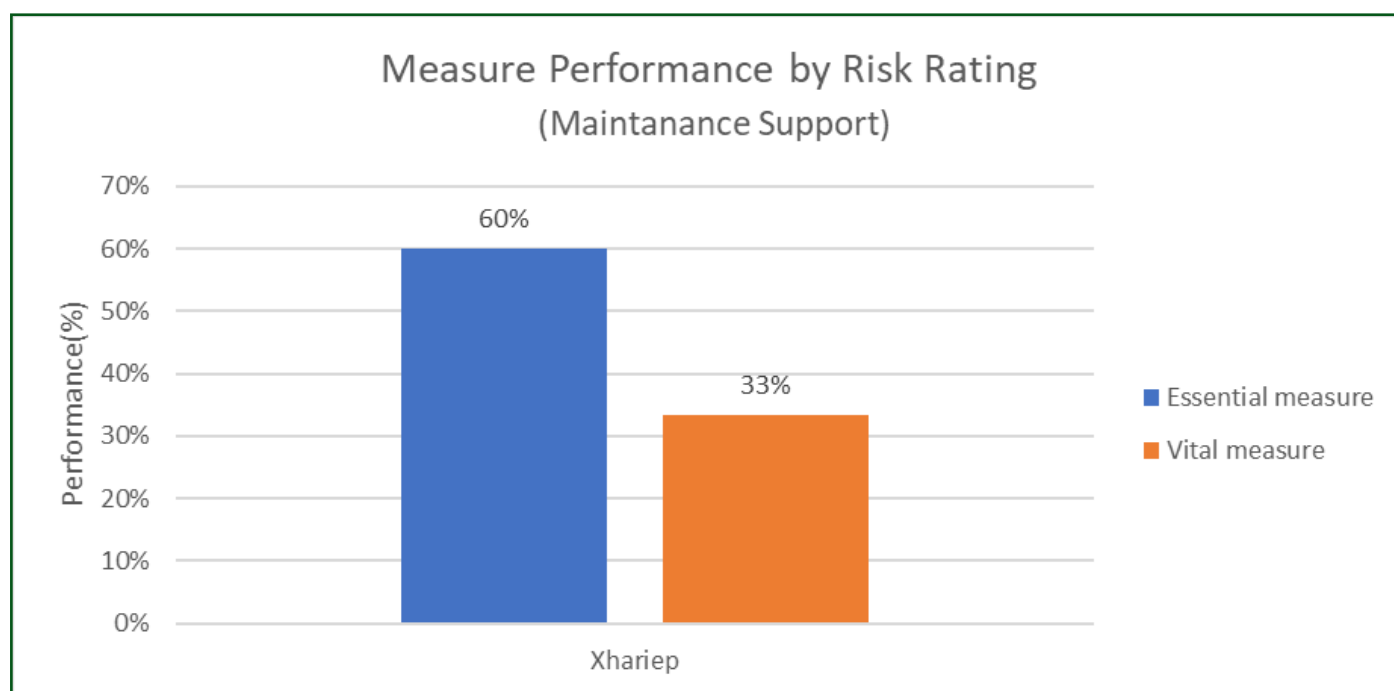


Figure 23: Measure performance by risk rating (maintenance support)

3.2.2.2.7 CHC measures performance by domain

Figure 24 below indicates aggregated performance outcomes on domains in this category of healthcare. The highest-performing domain is User Rights followed closely by Clinical Governance and Clinical Care Services while the lowest-performing domain is Facilities and Infrastructure. Governance and human resources are critical health system inputs that impact service delivery including the ability to provide quality healthcare. Non-compliant measures were related to staffing needs that were not determined, unavailability of functional clinic committees, non-adherence to the performance management systems and ineffective management of occupational health and safety systems among others.

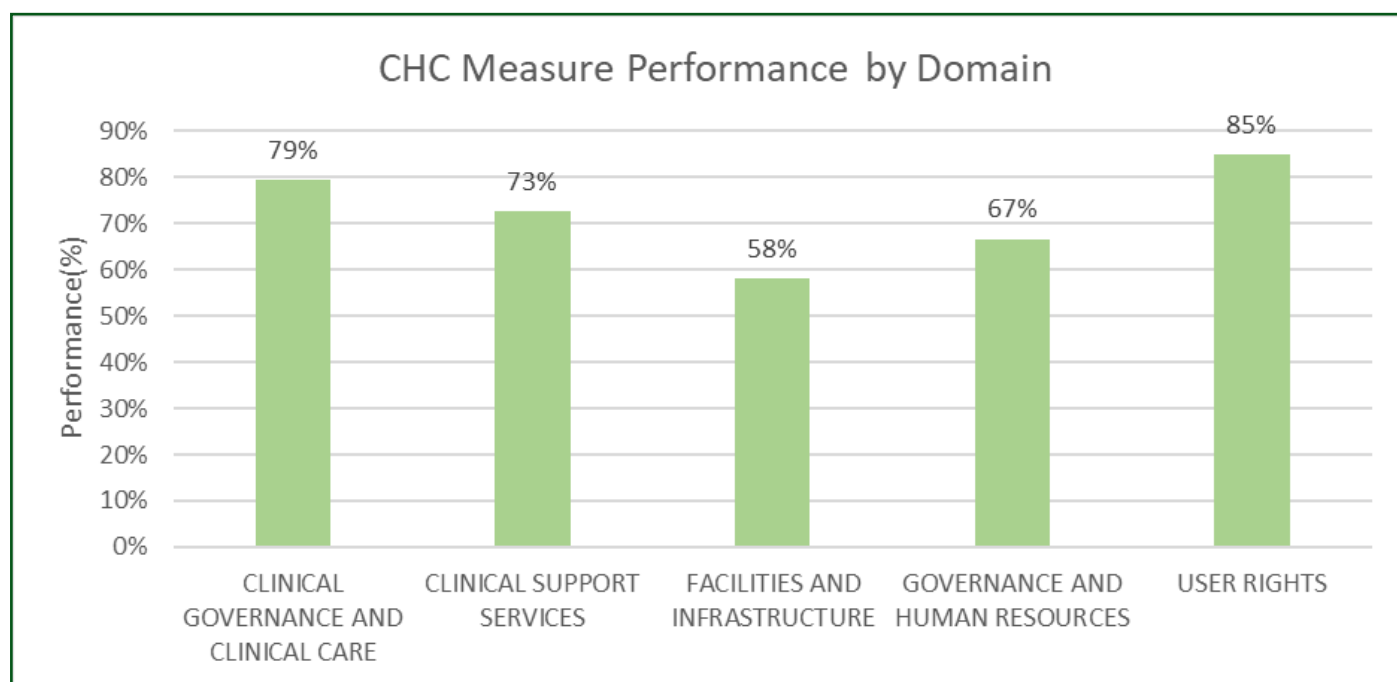


Figure 24: Chc Measure performance by domain

3.2.2.2.8 CHC measures performance by standard and domain

Figures 25 to 29 below show average performance on measures at the level of standards per domain in the inspected CHC. The information in the five (5) Figures below identifies specific areas that need improvement to assist the HE in meeting the requirements for compliance with norms and standards regulations to achieve certification by the OHSC. The standard performance is calculated as the average performance for measures within that standard.

3.2.2.2.9 CHC user rights

Standard Name	Standard Performance
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	72%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	100%
The health establishment must maintain a system of referral as established by the responsible authority.	100%
The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	80%

Figure 25: Performance on standards (User Rights)

3.2.2.2.10 CHC clinical governance and clinical Care

(b) A health establishment must establish and maintain systems structures and programmes to manage clinical risk.	80%
The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	100%
The health establishment must ensure that health records of health care users are protected managed and kept confidential in line with section 14 15 and 17 of the Act.	70%
The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.	90%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	63%
The health establishment must have a formal process to be followed when obtaining informed consent from the user.	100%
The health establishment must have a system to monitor and report all adverse events.	100%
The health establishment must issue a discharge report to users in accordance with section 10 of the Act.	0%
The health establishment must maintain an environment which minimises the risk of disease outbreaks the transmission of infection to users health care personnel and visitors.	83%

Figure 26: CHC Clinical Governance and Clinical Care

3.2.2.2.11 CHC clinical support services

Standard Name	Standard Performance
Health establishments must ensure that diagnostic services are available and safe for users and for health care personnel involved in delivering these services.	0%
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	65%
The health establishment must comply with the provisions of the Pharmacy Act 1974 and the Medicines and Related Substances Act 1965.	81%

Figure 27: CHC Clinical Support Services

3.2.2.2.12 CHC facilities and infrastructure

Standard Name	Standard Performance
The health establishment and their grounds must meet the requirements of the building regulations.	77%
The health establishment must ensure that engineering services are in place.	29%
The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.	33%
The health establishment must have systems to protect users health care personnel and property from security threats and risks.	63%

Figure 28: CHC Facilities and Infrastructure

3.2.2.2.13 CHC Governance and Human Resource

Standard Name	Standard Performance
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	86%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	50%
The health establishment must have a functional governance structure with written Terms of Reference.	0%

Figure 29: CHC Governance and human resource

4. DISTRICT HOSPITALS

This section covers the performance of inspected district hospitals according to the different measures disaggregated by the risk rating categories.

4.1 Overall measure performance analysis

4.1.1. Non-negotiable measures

A total of 2 district hospitals were inspected during the period under review. None of the inspected HEs were able to achieve 100% on the NNMs requirements and were not compliant. Tables 13 and 14 below show the overall performance with respect to non-negotiable measures (NNMs) amongst the inspected district hospitals.

Table 13: Overall district hospital performance on NNMs

Number of Inspected district hospitals	NNM 100% Compliant	NNM Non-Compliant (< 100%)
2	0	2

4.1.2 Non-negotiable measures

Table 14: District Hospitals NNMs Compliance Rate

Non-negotiable Measures	Total Measures	Non-Compliant measures	Compliant measures	Compliance Rate
Emergency trolley is stocked with medicines and equipment.	23	23	0	0%
Healthcare providers correctly complete forms used for informed consent.	15	10	5	33.33%
The oxygen available in the cylinder with a pressure gauge is above the minimum level.	8	6	2	25%
The unit/ward has a functional system to supply piped oxygen.	6	3	3	50%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.	4	3	1	25%
Emergency power supply is available in the ward/unit in the event of a power disruption.	17	11	6	35.29%
Medical supplies and equipment for resuscitation are available.	1	1	0	0%

There were no District hospitals that met the NNM requirements and therefore did not achieve the required compliance status as shown in Table 19.

Table 15: Performance on NNM's of inspected District Hospitals

Facility Name	Number of Applicable Measures	Compliant Measures	Compliance Rate
Albert Nzula District Hospital	45	22	49%
Mohau Hospital	36	15	42%

4.1.3 Overall vital measures grading

Figures 30 below show performance of district hospitals on vital measures. Of the two District hospitals inspected, one was graded good and the other unsatisfactory.

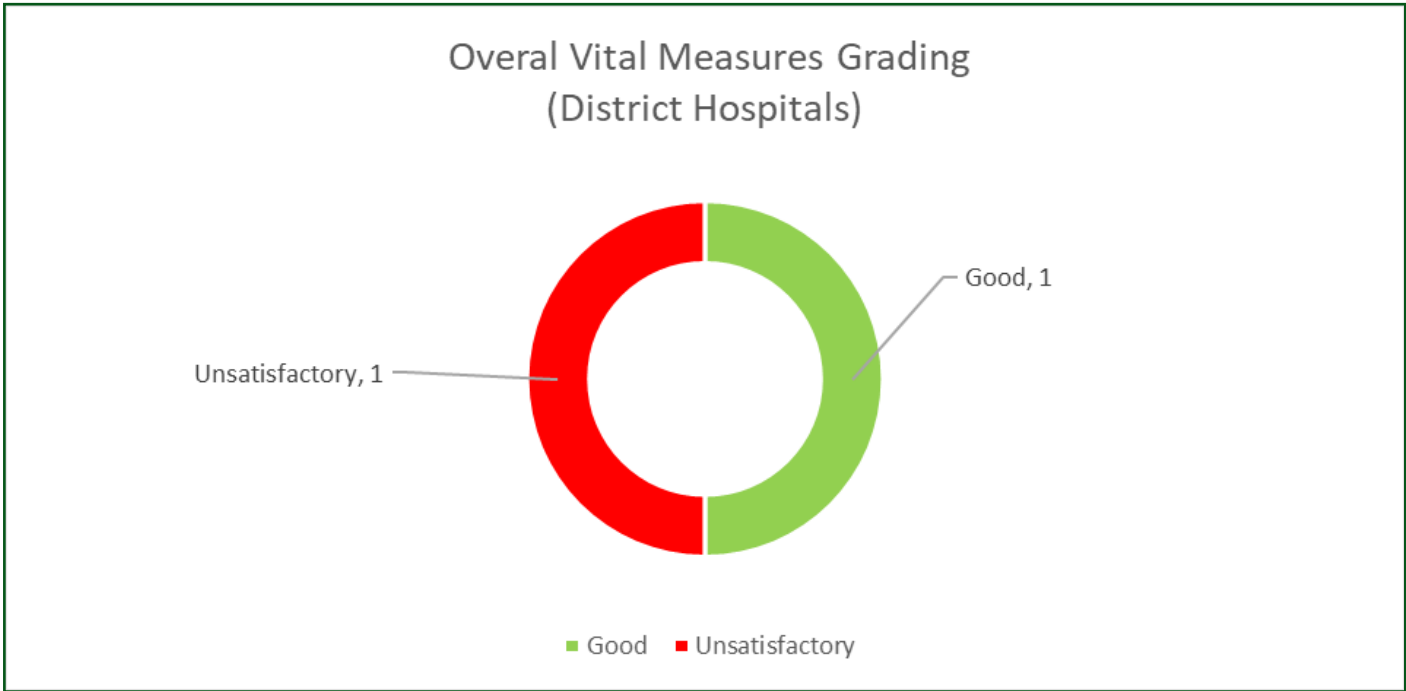


Figure 30: Overall vital measures grading

4.1.4 Overall essential measures scores and grading

Figure 31 below shows that in terms of the essential measures, one hospital was graded good and the other unsatisfactory.

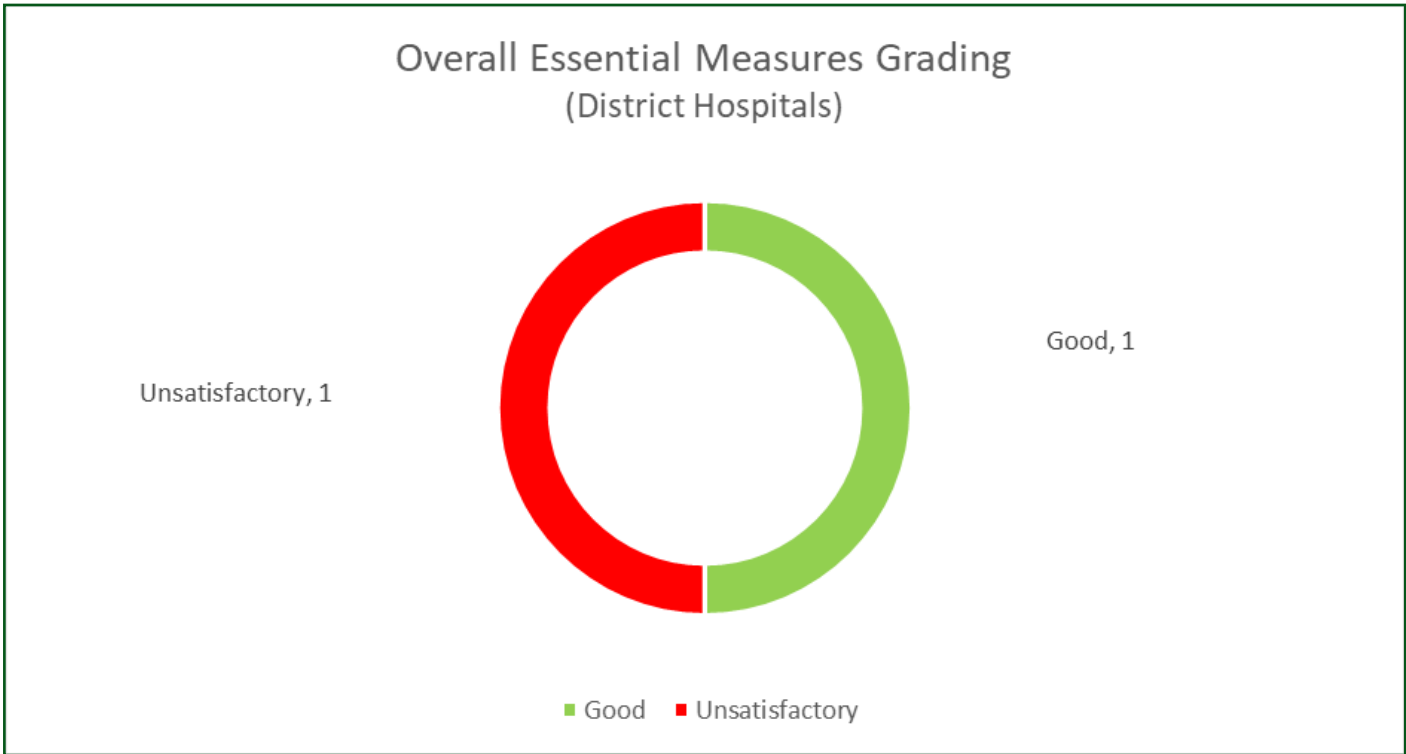


Figure 31: Overall essential measures grading

4.1.5 Overall measure performance by facility compliance status

Table 16 below shows that the two inspected district hospitals were graded good and unsatisfactory respectively. The good, graded hospital would have been compliant had it achieved 100% with the NNMs requirements.

Table 16: Performance of District Hospitals on NNMs

NNM Compliance	Total Inspected	Facility Grading	
		Good	Unsatisfactory
Non-Compliant	2	1	1

4.1.6 Measure performance by domain for district hospitals

Figure 32 below indicates the aggregate performance outcome on domains for the two inspected district hospitals. Of all the domains in the norms and standards regulations, User Rights was found to be the highest performing followed closely by Facilities and Infrastructure and Clinical Governance and Clinical Care, while the lowest performing domain is Clinical Support Services.

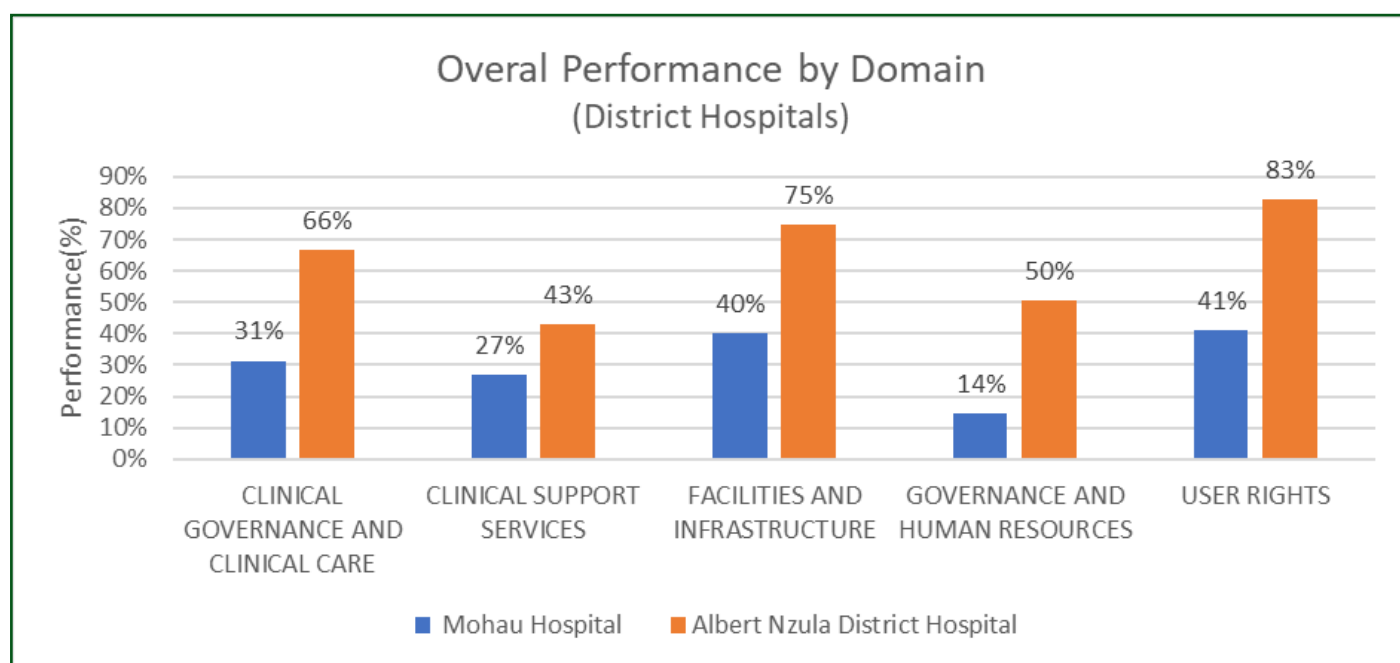


Figure 32: District hospital's performance by domain

4.1.7 Average Measure performance by functional areas for district hospitals

Figure 33 below shows the performance of functional areas in the district hospitals. Entrance and Help Desk and Pharmacy were found to be the highest performing whereas Occupational Therapy Services and Infection Prevention and Control were the lowest performing functional areas.



Average Measure Performance by Functional Area (District Hospitals)

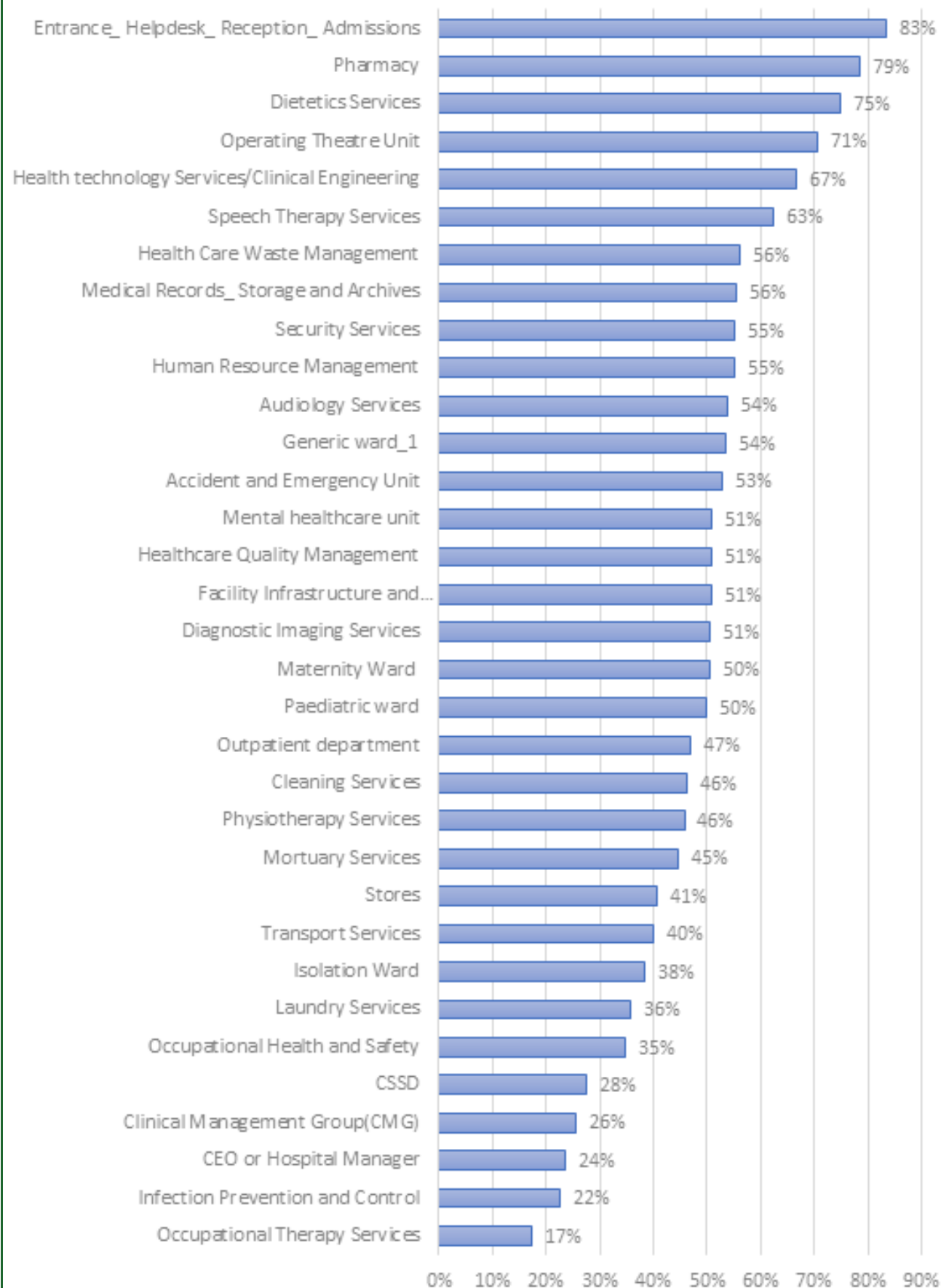


Figure 33: Average measure performance by functional area (district hospitals)

5. Regional hospitals

This section covers the performance of inspected Regional Hospitals according to the different measures disaggregated by the risk rating categories.

5.1 Overall measure performance analysis

5.1.1 Non-negotiable measures

Only one(1) regional hospital (Dihlabeng) was inspected during the period under review and did not achieve 100% of the NNMs requirements.

5.1.2 Overall measure performance analysis

Non-negotiable measures

Tables 17 and 18 below show the overall performance with respect to non-negotiable measures (NNMs) amongst the inspected district hospitals.

Table 17: Regional Hospital NNMs Compliance Rate

Non-negotiable Measures	Total Measures	Non-Compliant measures	Compliant measures	Compliance Rate
Emergency trolley is stocked with medicines and equipment.	12	12	0	0%
Emergency power supply is available in the ward/unit in the event of a power disruption.	14	13	1	7.14%
Medical supplies and equipment for resuscitation are available.	1	1	0	0%
The unit has a functional portable oxygen.	1	1	0	0%
The outpatient department has a functional system to supply piped oxygen to all clinical areas.	1	1	0	0%

Dihlabeng Regional Hospital is graded “Satisfactory” but failed to comply with the NNM requirements as illustrated in table 22 below.

Table 18: Performance on NNMs of inspected Regional Hospital

Facility Name	Number of Applicable Measures	Compliant Measures	Compliance Rate
Dihlabeng Regional Hospital	50	26	52%

5.2 Measure performance by domain for a regional hospital

5.2.1 Average measure performance by domain

Figures 34 below indicate aggregated performance outcomes on domains for the inspected regional hospital. User Rights was found to be the highest performing at 79% while the lowest performing domain is Governance and Human Resources at 52%.

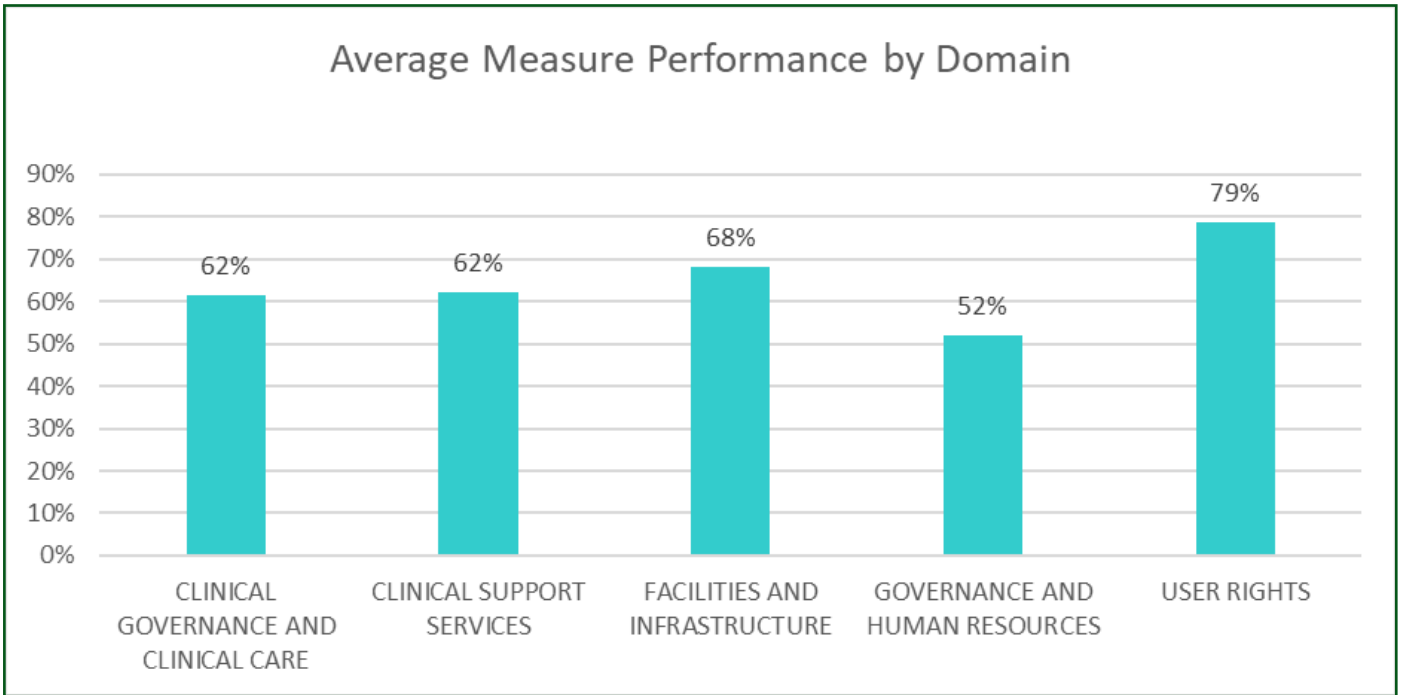


Figure 34: Average measure performance by domain

5.2.2 Measure performance by functional area (regional hospital)

Figure 35 below shows the performance of functional areas in the regional hospital. Laboratory Services and Physiotherapy Services were found to be the highest performing whereas Occupational Health and Safety and Technology Services/Engineering Services were the lowest performing functional areas.



Measure Performance by Functional Area (Regional Hospital)

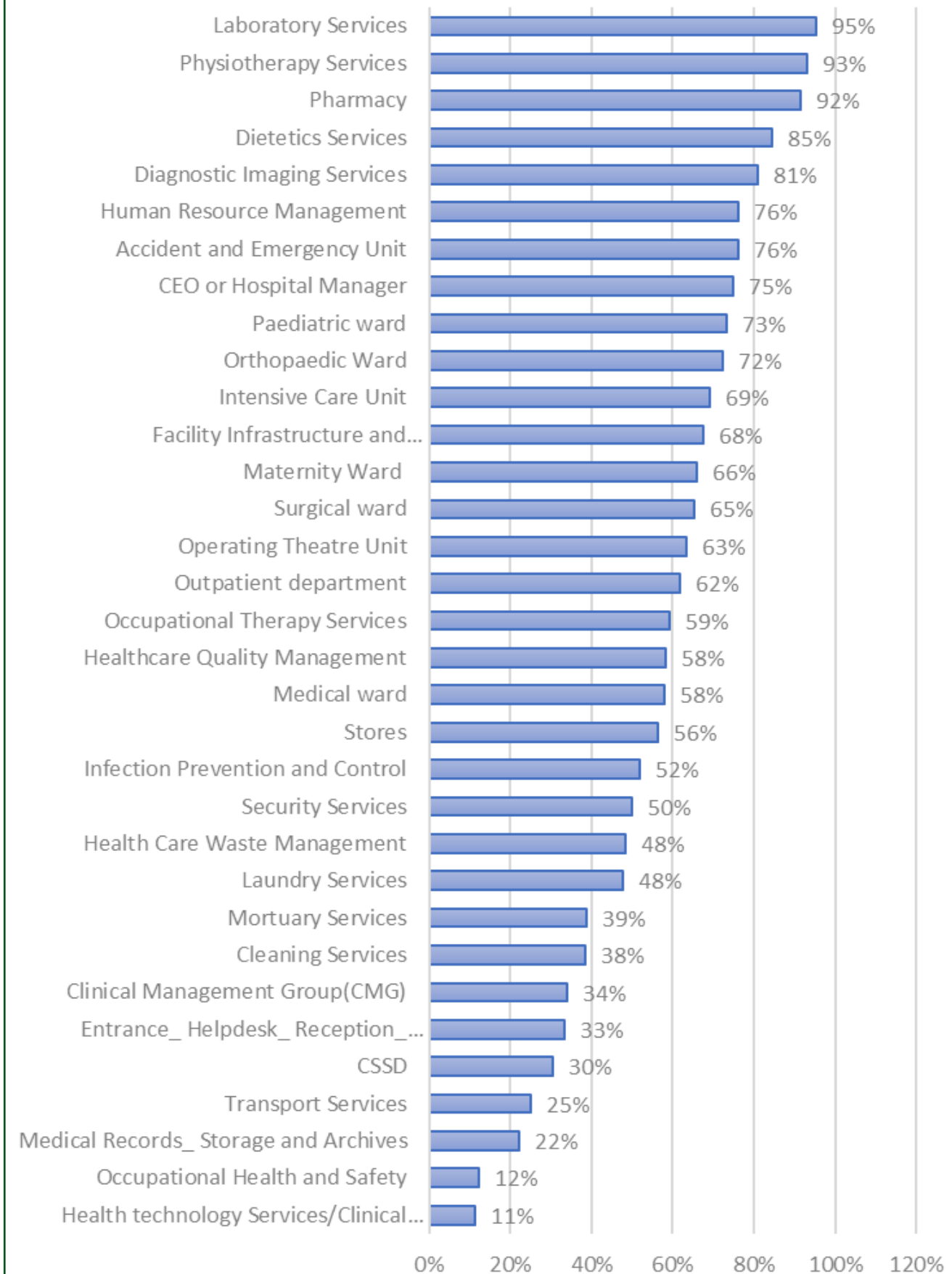


Figure 35: Measure performance by functional area

5.3 Re-inspection

This section of the report highlights the re-inspection of HEs that were routinely inspected during the FY 2019/20. A total of 51 clinics were inspected during the FY 2019/20 routine inspections, with only 6 achieving a compliance status. Of the 45 non-compliant clinics, 21 were reinspected in FY 2021/22.

5.3.1 Re-inspections outcome

The re-inspection outcome is depicted in Figures 36 and 37 below, twelve (12) of 21 re-inspected clinics were found to be compliant. An overall compliance rate of 57% was achieved for the re-inspection conducted in FY 2021/22.

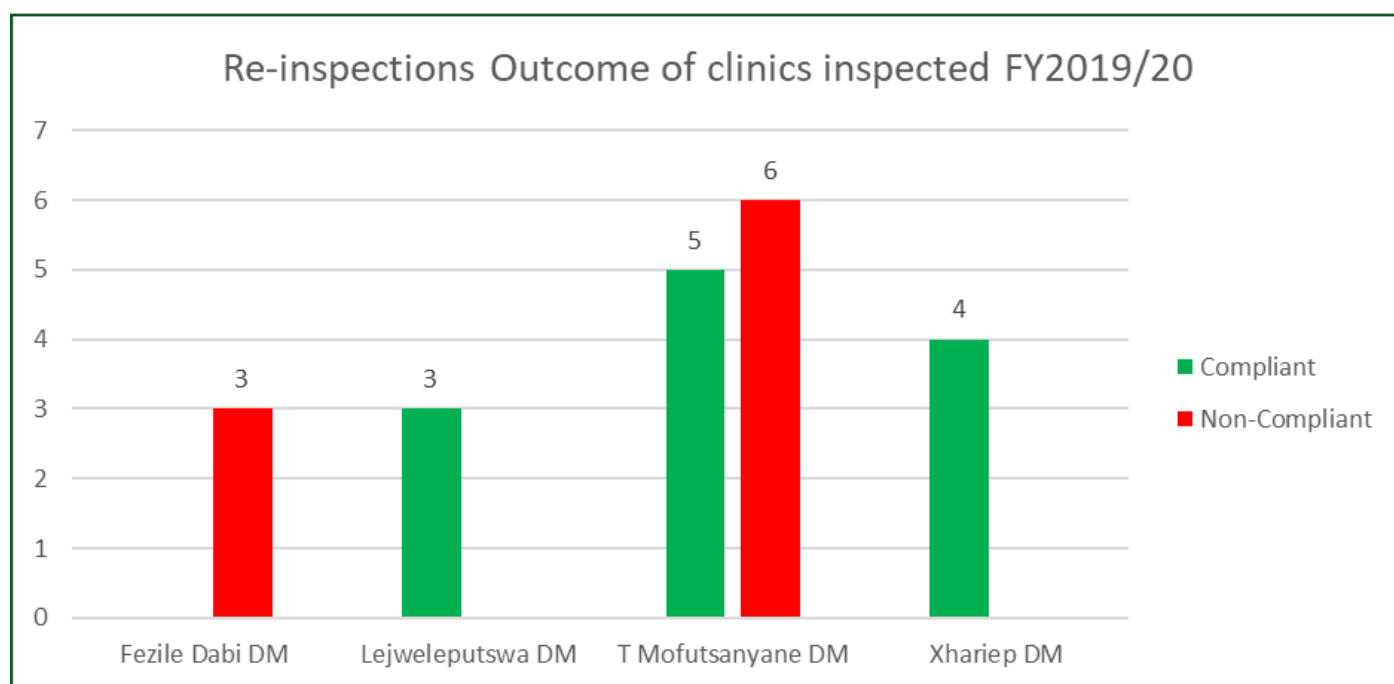


Figure 36: Re-inspections Outcome of clinics inspected FY 2019/20

5.3.2 Overall re-inspections compliance rate

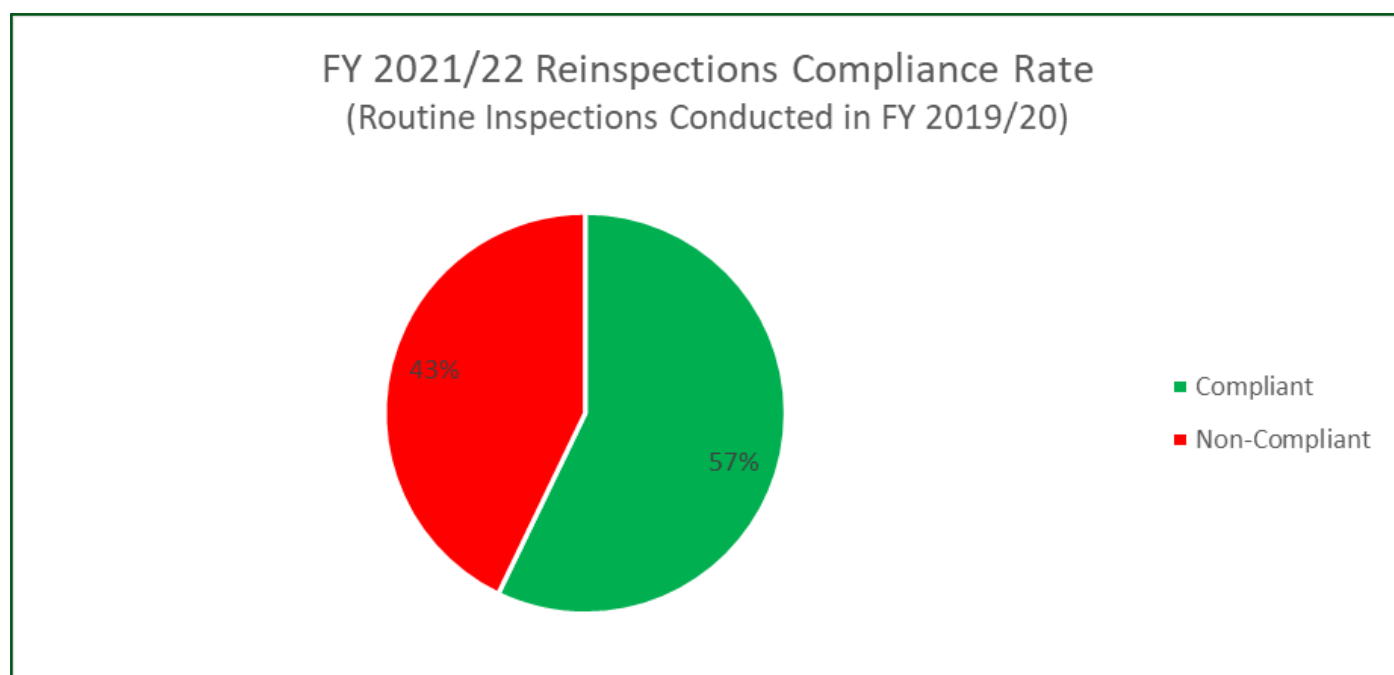


Figure 37: Re-inspection compliance rate of clinics inspected fy 2019/20

5.3.3 Re-inspections compliance rate by district

Table 19 below depicts the re-inspection compliance rate by district.

Table 19: Re-inspections Compliance Rate

District	Total Inspected	Compliant	Non-Compliant	Compliance Rate
Fezile Dabi DM	3	0	3	0%
Lejweleputswa DM	3	3	0	100%
T Mofutsanyane DM	11	5	6	45%
Xhariep DM	4	4	0	100%

5.3.4 Re-inspections clinics grading by compliance status

Figure 38 below depicts the grading ranging from Excellent to Satisfactory for all the re-inspected HEs (compliant and non-compliant). None of the HEs were graded Unsatisfactory.

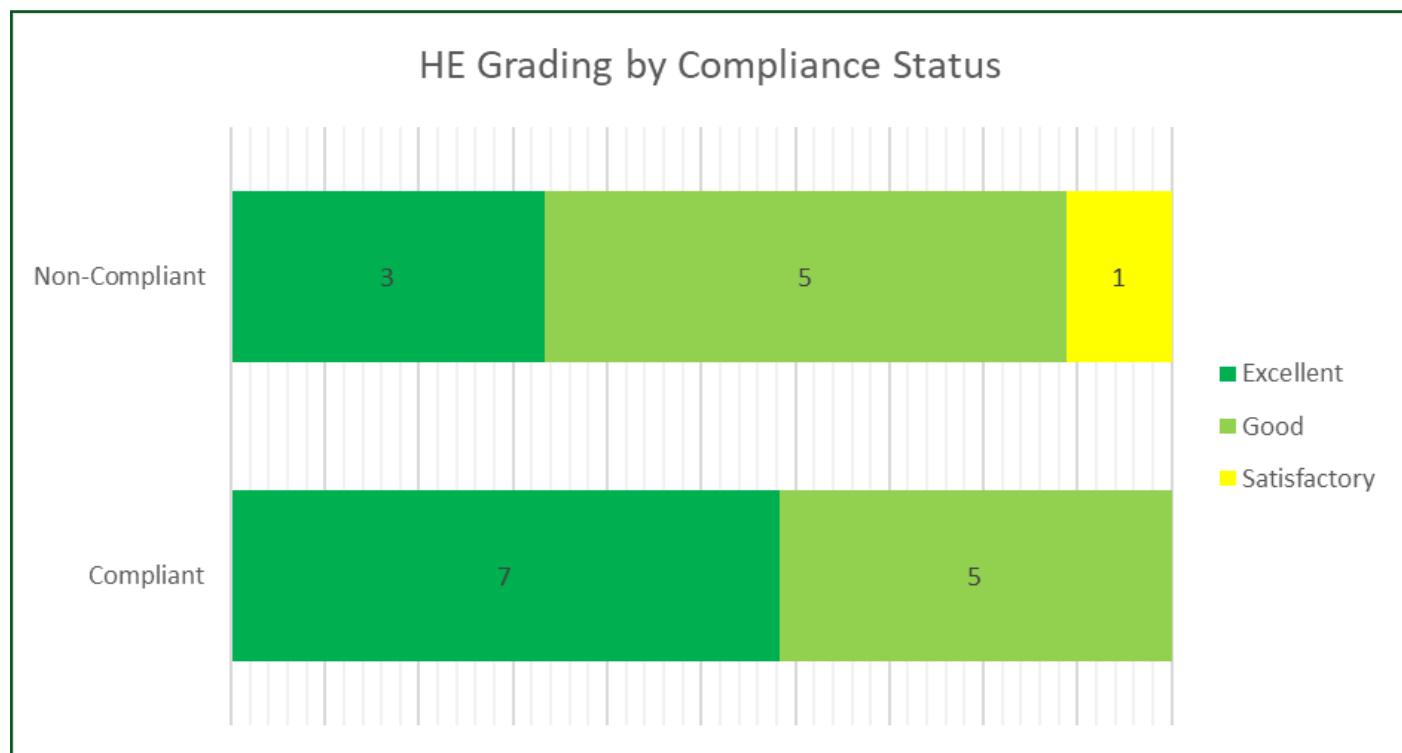


Figure 38: Re-inspection clinic grading by compliance status

5.3.5 Overall performance on non-negotiable measures

The emergency trolley measure had the lowest performance, achieving a compliance rate of 80%, as indicated in Table 20 below. This may be considered a poor performance given that a less than 100% performance on NNVs has a direct implication on the overall compliance status of an HE.

Table 20: Performance analysis according to the three NNVs

Measure Name	Number of Applicable Measures	Sum of Scores	Compliance Rate
An oxygen cylinder with a pressure gauge is available.	56	56	100%
Checklist: Emergency trolley is stocked with the medicines and equipment listed below.	56	45	80%
The oxygen available in the cylinder is above the minimum level.	56	56	100%

5.3.6 Overall HE grading on vital and essential measures

Figure 39 below depicts the grading of both the vital and essential measures of performance for the re-inspected clinics.

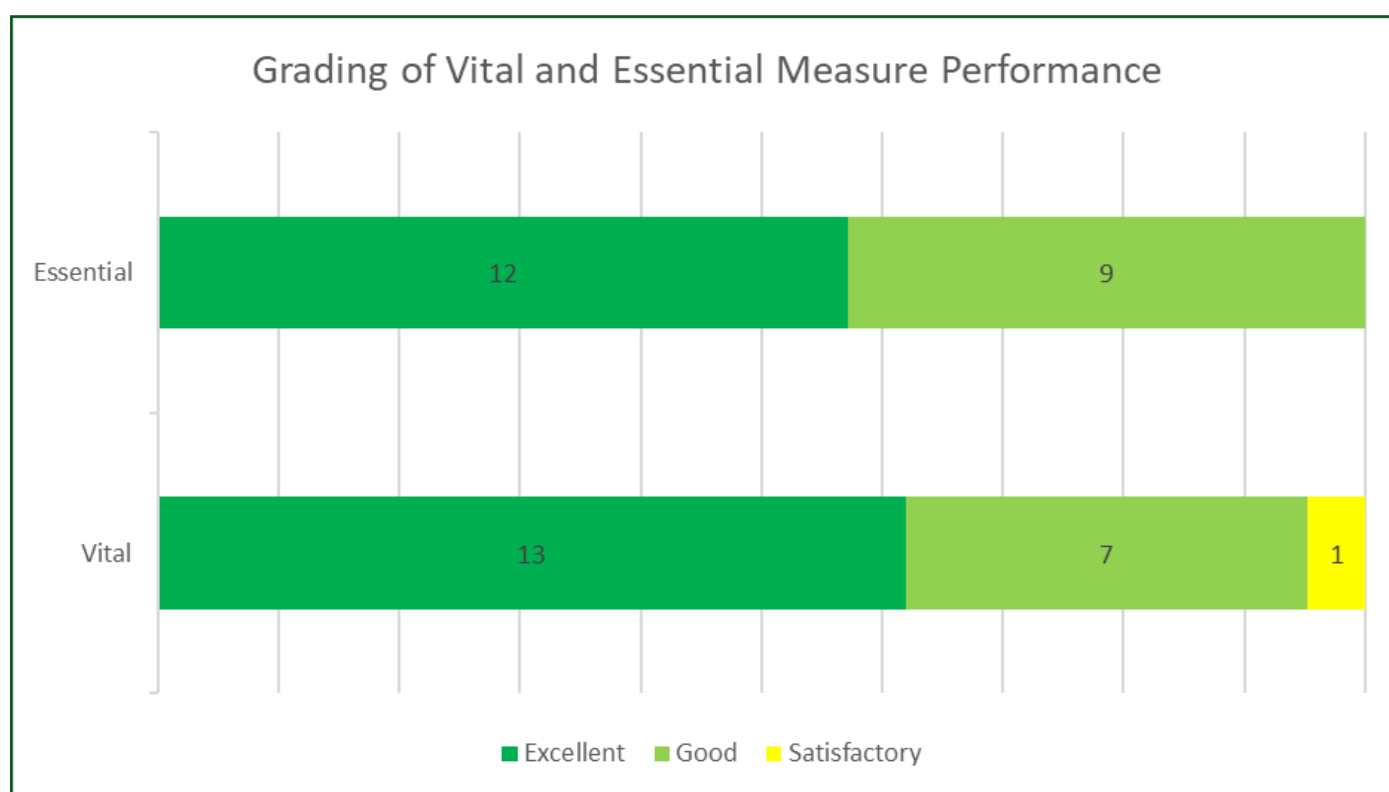


Figure 39: Grading of vital and essential measure performance

5.3.7 Re-inspections summary

Of note is that not all non-compliant HEs for the FY 2019/20 were re-inspected in the period under review. An incline from non-compliance to compliance status was noted in 12 of the 21 re-inspected HEs. This may be an indication that the HEs were more prepared for the re-inspection and better understood what was expected from them. The analysis revealed that compliance with NNVs remains a challenge for most clinics. The emergency trolley measure compliance with NNVs remains a challenge for most clinics.



GAUTENG

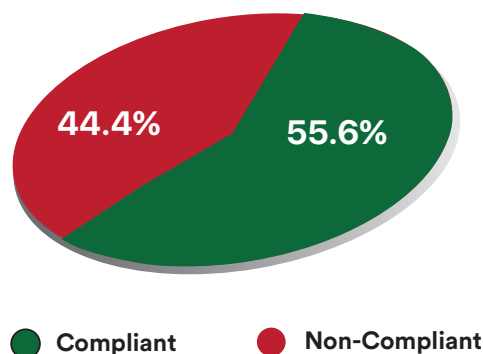
SUMMARY OF GAUTENG INSPECTION OUTCOMES, FY 2021/22

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

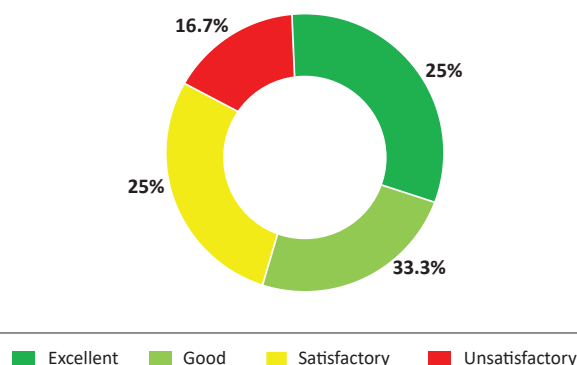
Sampling: From the 385 HEs, a sample size of 31 health establishments including Primary Health Clinics (PHC) =26, Community Health Centers (CHCs) =3, hospitals=2 were selected for routine inspection. The selection of health establishments was based on geographic clustering and cost-effectiveness.

Inspected health establishments by Province: A total of 36 HEs were inspected against the set target of 31. An additional 22 re-inspections were conducted in the province.

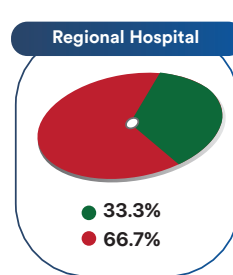
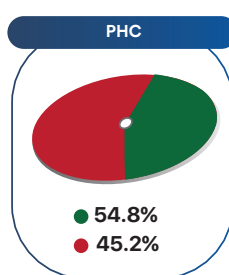
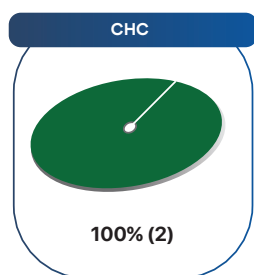
Compliance Status: GP Province



Overall Grading, GP Province



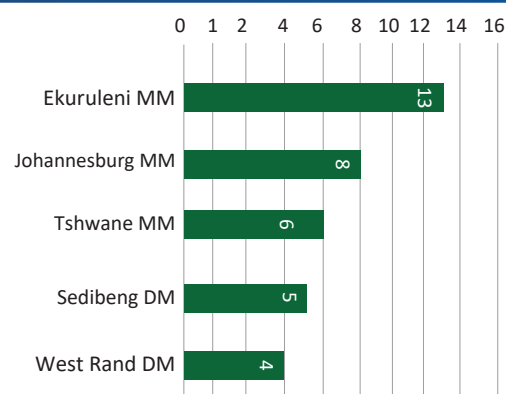
Compliance Rate (%) Per level of care



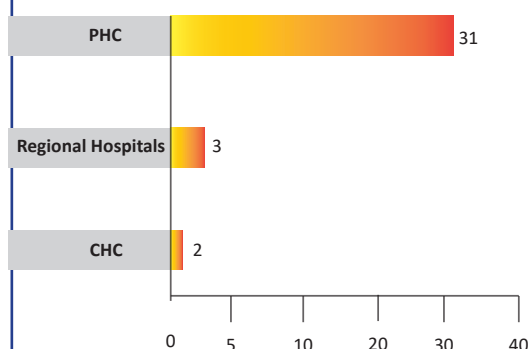
Compliance status by district

	Compliant	Non Compliant
City of Ekuruleni MM	38.5%	61.5%
City of Johannesburg MM	37.5%	62.5%
City of Tshwane MM	100.0%	0.0%
Sedibeng DM	60.0%	40.0%
West Rand DM	75.0%	25.0%

Number of inspected HEs by district



Inspected HE's by type (N=85)



Overall grading by district %

	Excellent	Good	Satisfactory	Unsatisfactory
City of Ekuruleni MM	15.4%	38.5%	15.4%	30.8%
City of Johannesburg MM	—	25%	50%	25%
City of Tshwane MM	—	50%	—	50%
Sedibeng DM	40%	40%	20%	—
West Rand DM	—	50%	—	50%

■ Excellent ■ Good ■ Satisfactory ■ Unsatisfactory

1. DISTRIBUTION OF INSPECTED HEALTH ESTABLISHMENTS

1.1 Distribution of public sector health establishments (HEs) per province

A total of 385 public sector health establishments inspections were conducted in the Gauteng province between FY2019/2020 and FY2021/2022. 36 routine inspections were conducted in the FY 2021/22, The target of inspections conducted was 8% of the total public sector HEs in the province. HEs are selected proportionally considering the total number in the province as well as consideration for the number of districts.

Table 1 and 2 below shows the number of HEs for inspected categories in the province.

Table 1: Total number of HEs for Inspected Categories between 2019/2020 and 2021/2022

National	Clinics	Community Health Centres	District Hospitals	Regional Hospitals	Total
Overall	331	33	12	9	385

Table2: Distribution of Inspected HEs by Province and Category, F/Y 2021/22

Province	Clinic	CHC	District Hospitals	Regional Hospitals
Gauteng	31	2	N/A	3

Table 3 below shows the cumulative number of HEs inspected from FY2019/20 till 2021/22. Notably, in FY 2019/20 and FY 2020/21, only clinics were inspected.

Table 3: Cumulative Number of Inspected HEs by Category, F/Y 2019/20 - F/Y 2021/22

	FY2019/20		FY2020/21		FY2021/22		Cumulative Number of Hes (FY 2019/20 - FY 2022/23)	
Facility Type	Inspected	Compliant	Inspected	Compliant	Inspected	Compliant	Inspected	Compliant
Clinics	87	40	42	22	31	17	160	79
CHCs	0	0	0	0	3	0	3	0
District Hospitals	0	0	0	0	5	0	5	0
Regional Hospitals	0	0	0	0	2	1	2	1
Total	87	40	42	22	36	20	165	82



1.1.1 Provincial compliance status outcome

A total of 36 HEs were inspected during the 2021/22 inspection cycle. Figure 1 below shows the number of inspected HEs during the period under review broken down by categories and compliance status outcome.

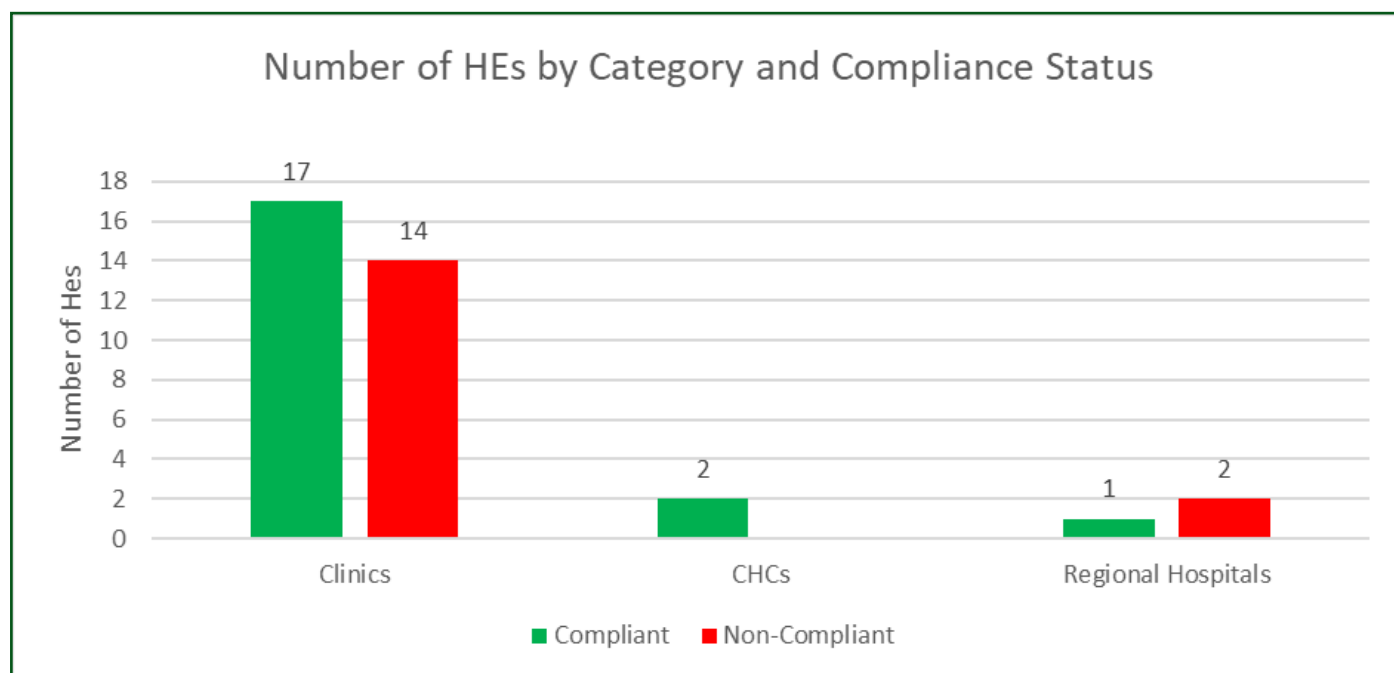
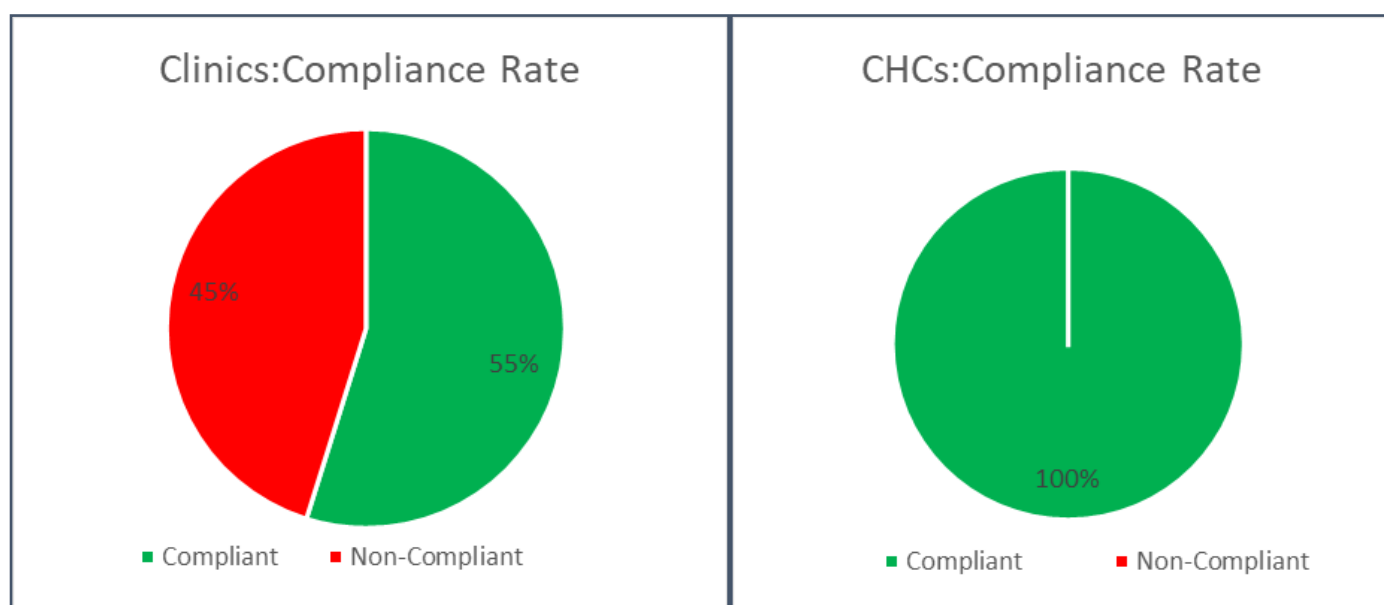


Figure 1: Number of inspected health establishments by category and compliance status

The overall compliance rate of inspected HEs according to their categories is shown in Figure 2 below. In terms of compliance performance, the clinics had a compliance rate of 45%, CHCs compliance rate was 100% and regional hospitals had 33% compliance rate. Subsequent sections in the report aim to identify factors that account for this compliance performance.



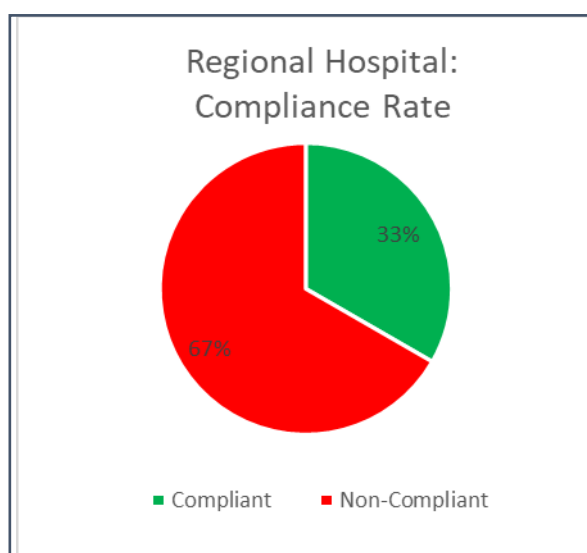


Figure 2: Provincial compliance rate according to categories of health establishments, FY 2021/22

1.1.2 Compliance status outcome.

Table 4 below shows the total number of inspected HEs by district, category, and compliance performance.

Table 4: Compliance Status Outcome by district FY 2021/22

Clinics				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
City of Ekurhuleni Metro	12	5	7	42%
City of Johannesburg Metro	8	3	5	38%
City of Tshwane Metro	4	4	0	100%
Sedibeng	3	2	1	67%
West Rand	4	3	1	75%
CHCs				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
City of Tshwane Metro	1	1	0	100%
Sedibeng	1	1	0	100%
Regional Hospitals				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
City of Ekurhuleni Metro	1	0	1	0%
City of Tshwane Metro	1	1	0	100%
Sedibeng	1	0	1	0%

2. PROVINCIAL GRADINGS FOR HEALTH ESTABLISHMENTS

2.1 Overall grading for all HEs per category FY 2021/22

The overall grading of inspected HEs according to their categories are displayed in Figure 3 below.

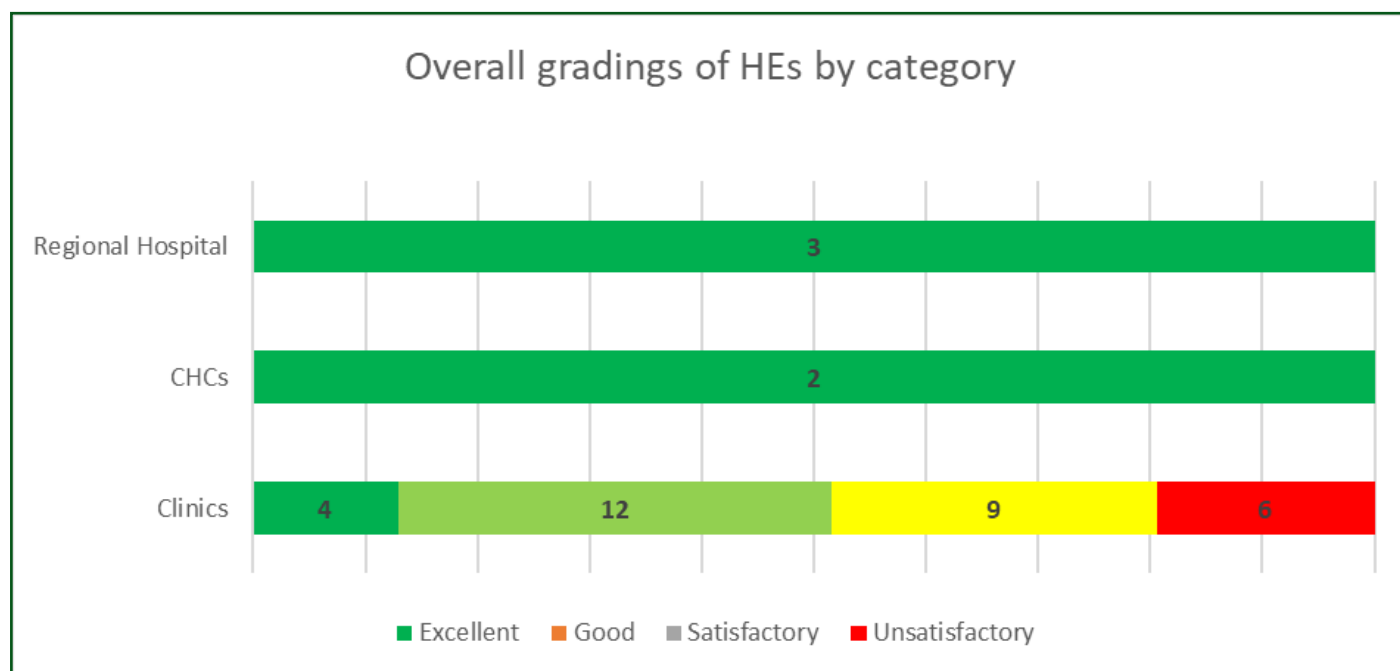
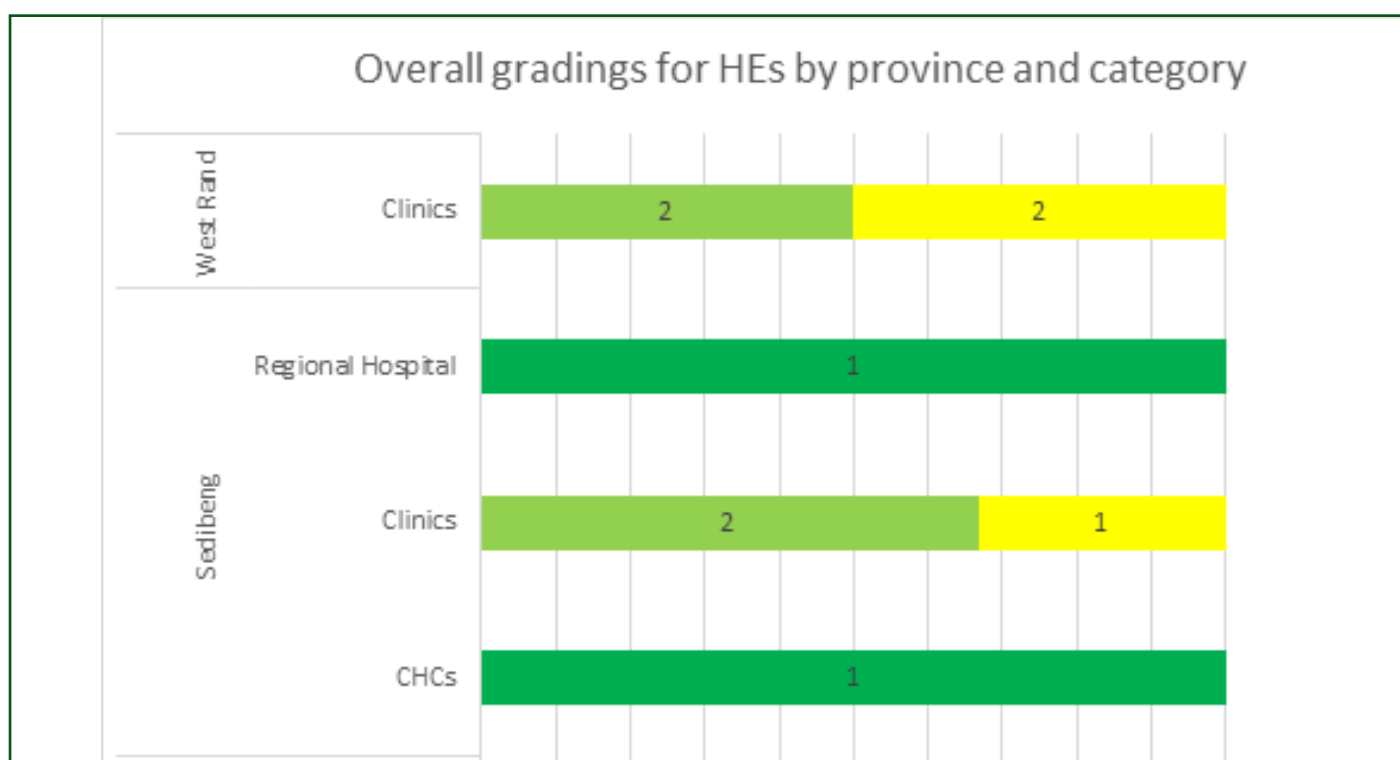


Figure 3: overall grading by health establishments category

2.2 Overall grading for HEs by district and category FY 2021/22

Figure 4 below shows the overall grading performance of inspected health establishments per district and category.



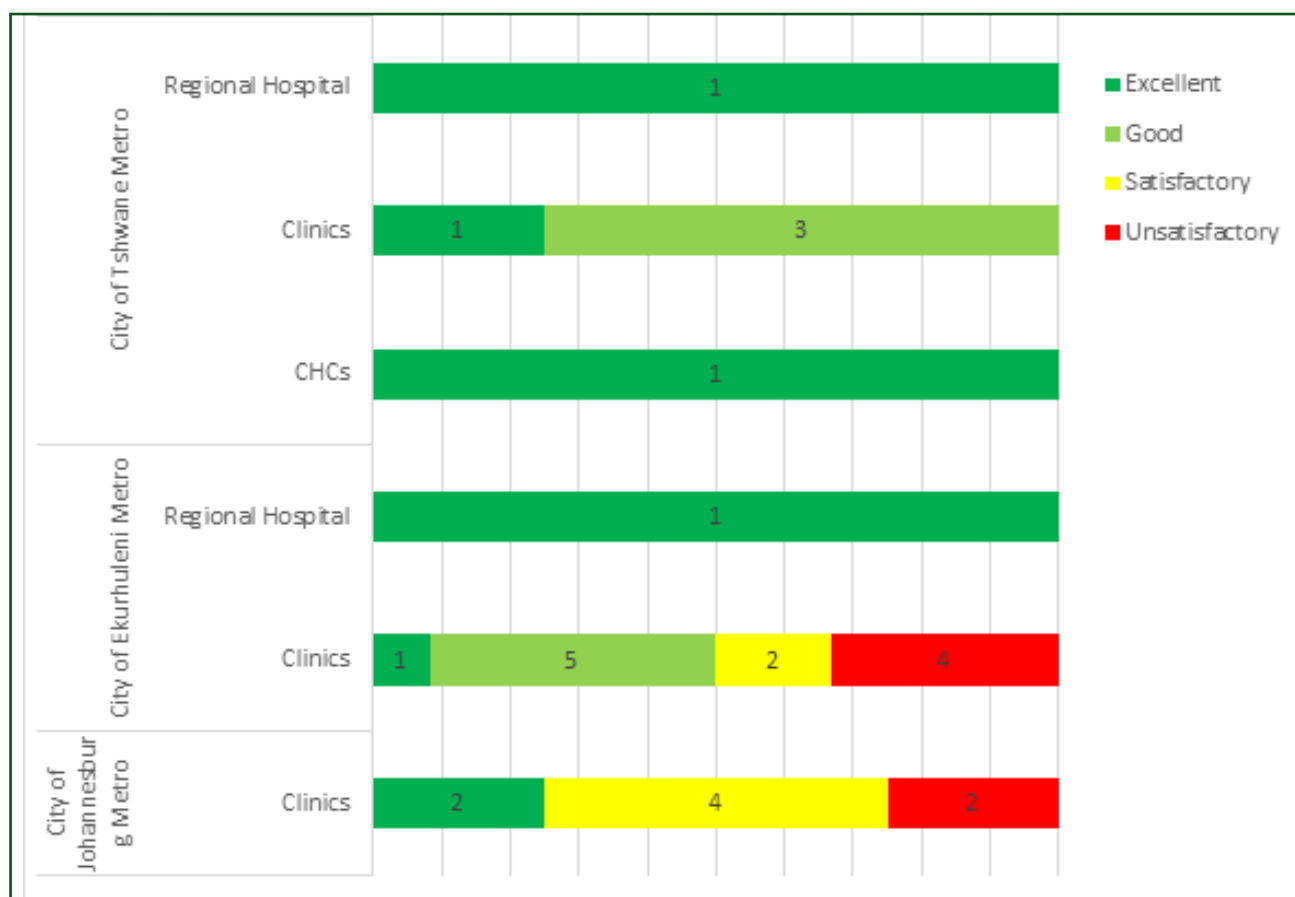


Figure 4: Overall grading for HEs per district and category

3. PROVINCIAL MEASURE PERFORMANCE FOR HEALTH ESTABLISHMENTS

3.1 Clinics measure performance

This section covers the performance of clinics according to the different measures disaggregated by the risk rating categories.

3.1.1 Measure performance analysis

3.1.1.1 Non-negotiable measures (NNMs)

Table 5 and 6 below shows the overall compliance performance with respect to non-negotiable measures among the inspected clinics. The emergency trolley measure performed the lowest with 54% of HEs complying with all the requirements. The other two measures relating to oxygen had an overall compliance of 100%. This finding suggests that the emergency trolley measure contributed to the overall non-compliance rate of clinics during this inspection cycle.

Table 5: Overall Clinic performance on NNMs

Number of inspected clinics	100% Compliant	Less than 100% Compliant
31	17	14

Table 6: Performance analysis according to the NNMs.

GAUTENG				
NNM	0	1	Total Measures	Compliance Rate
Emergency trolley is stocked with the medicines and equipment listed below.	14	17	31	54.84%

3.1.1.2 Vital measures

Figure 5 below shows the overall grading performance with respect to vital measures among the inspected clinics. Five (5) of the 31 inspected clinics were found to be Unsatisfactory 4 were Excellent and 12 were Good.

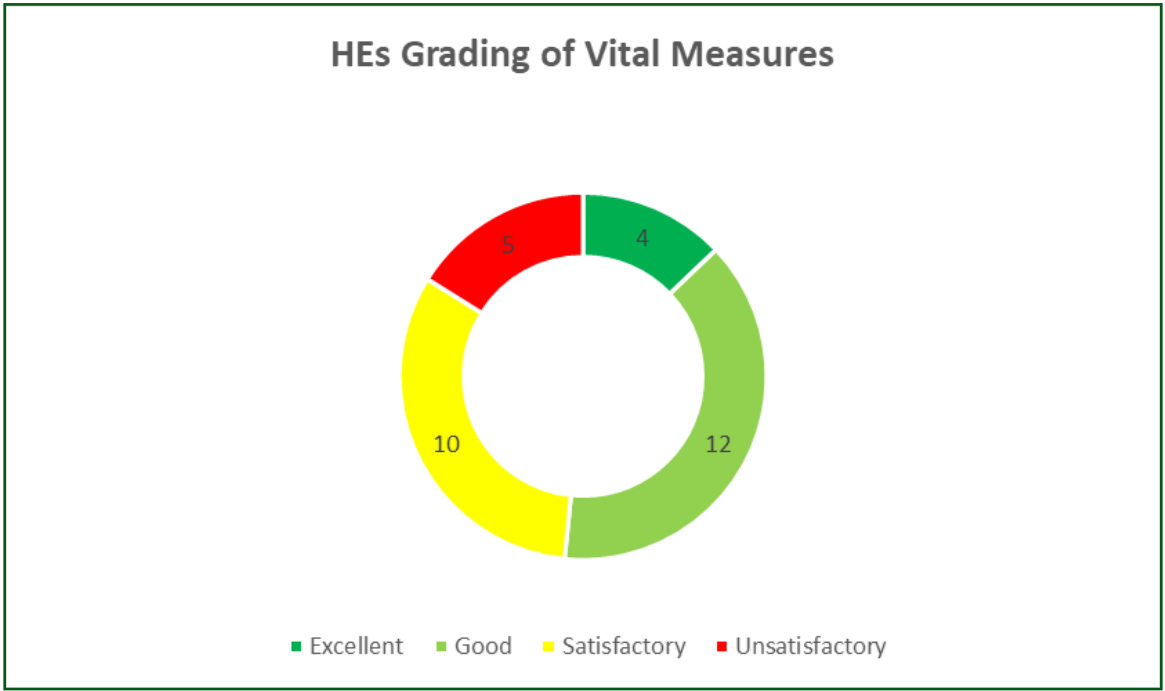


Figure 5: Health establishments grading of vital measures

3.1.1.3 Essential measures

Figure 6 below shows the overall grading performance with respect to essential measures among the inspected clinics. Four (4) of the 36 inspected clinics were found to be Unsatisfactory whilst 14 were Excellent.

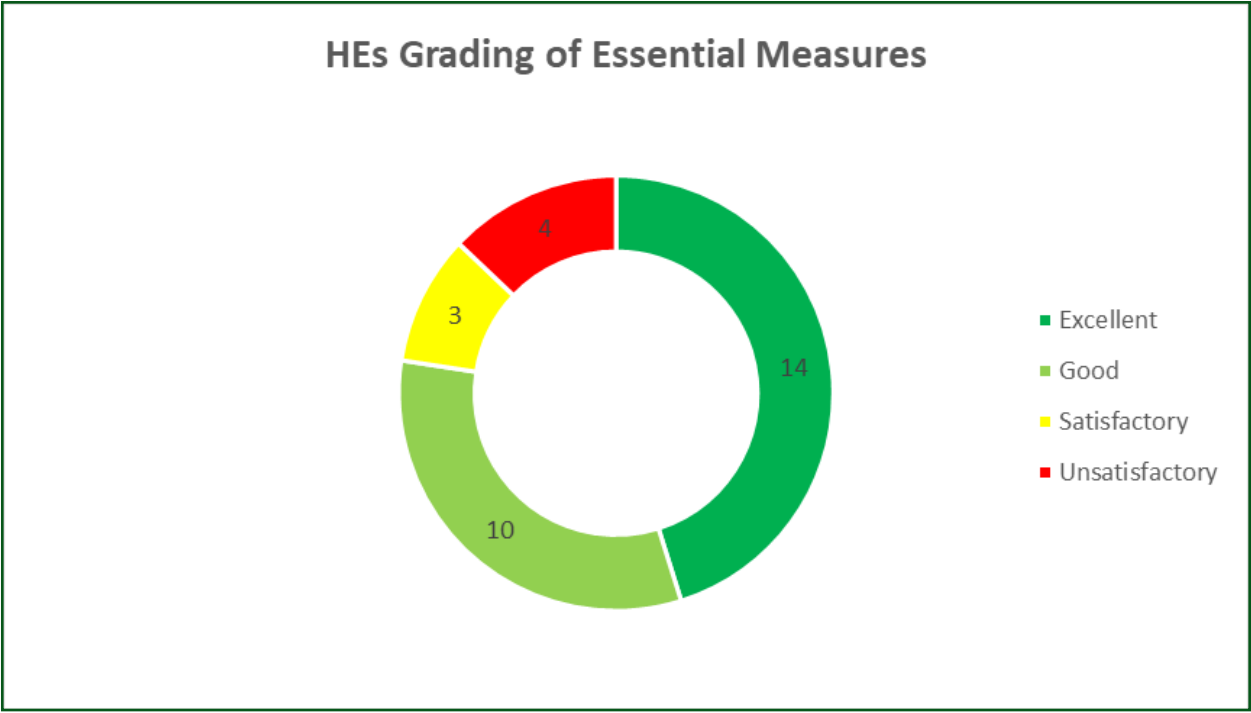


Figure 6: Health establishments grading essential measures

3.1.2 Overall measure performance by compliance status

3.1.2.2 Non-compliant clinics performance on Non-negotiable vitals by grading.

Table 7 below indicates 14 of the 31 clinics inspected were found to be non-compliant of which 6 were graded Unsatisfactory. The grading distribution of the remaining 8 HEs was either Good or Satisfactory, these clinics would have been compliant if they had reached the threshold of 100% on NNVs.

Table 7: Non-compliant Clinics' Performance on Non-negotiable vitals by Grading

NNVs Compliance	Good and Satisfactory	Unsatisfactory
Compliant	0	0
Non-Compliant	8	6
Total	8	6

3.1.2.2 Clinics' overall measure performance by functional area

Functional areas in this context are defined as the areas/units of the HEs where inspections are conducted in the PHC (clinic) inspection tool, there are 4 FAs namely: Clinic Manager, Clinical Services, Dispensary/Medicine Cupboard, and Maintenance Support.

3.1.2.3 Clinic manager

The Clinic Manager's Functional Area relates to the aspects and requirements that are the responsibility of the facility manager or operational manager at the clinic level and is assessed on measures related to leadership and governance of the HE. Figure 7 below, shows aggregate performance in the Clinic Manager functional area per district.

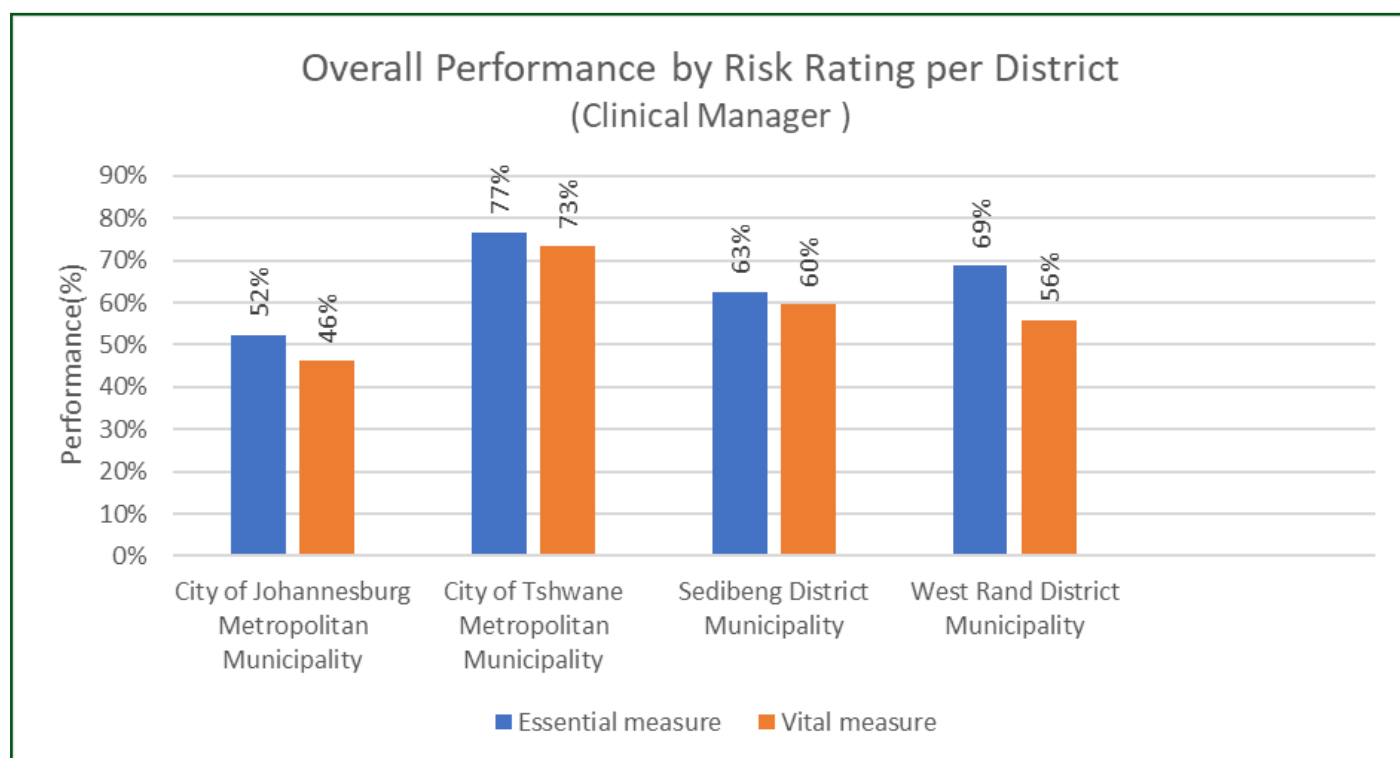


Figure 7: Overall risk rating measure performance by risk rating per district (clinic manager)

3.1.2.4 Clinical services

The clinical Services functional area is concerned with aspects of quality clinical service delivery and is assessed for the way clinical services are organised and delivered to ensure that users receive the care that they need, in line with the best available evidence, and in the most efficient way. Measure performance in this functional area is shown in Figure 8 below.

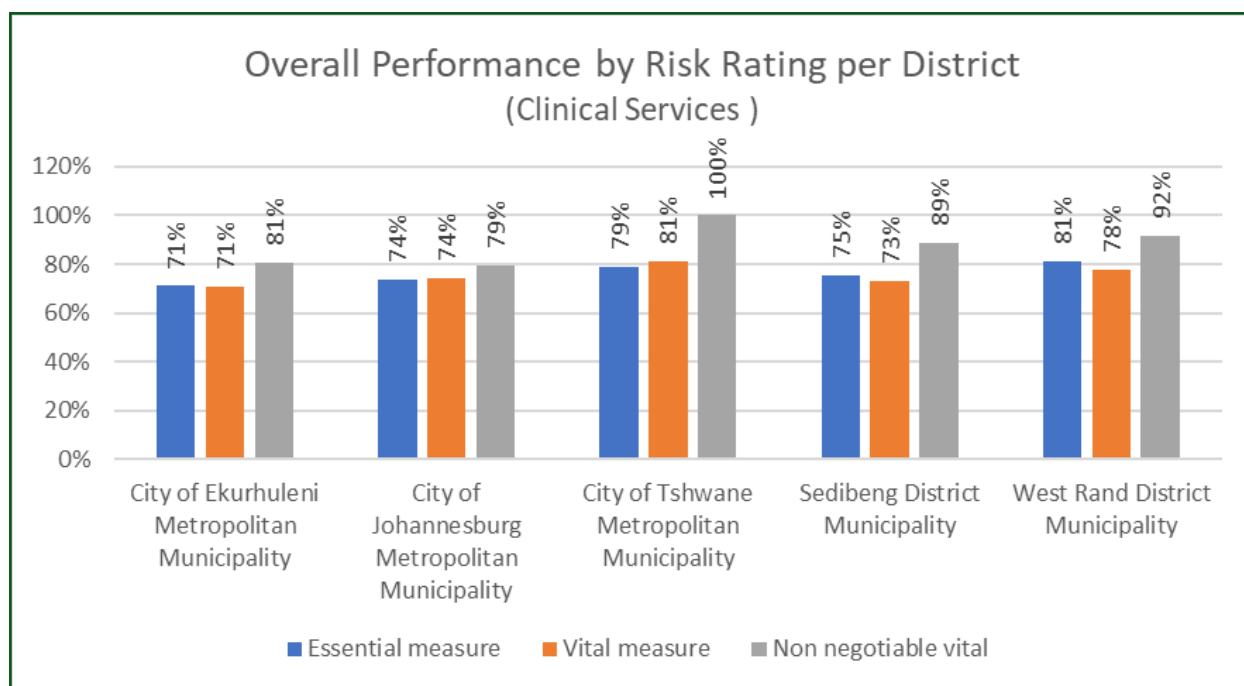


Figure 8: Overall measure performance by risk rating per district (clinical services)

3.1.2.5 Dispensary/medicine cupboard

Dispensary/Medicine cupboard functional area is primarily concerned with aspects of medicine availability and pharmaceutical products management and is assessed for the effectiveness and efficiency in the management of medicines as an essential part of access to quality at the clinical level. Figure 9 below shows the performance by district and risk rating.

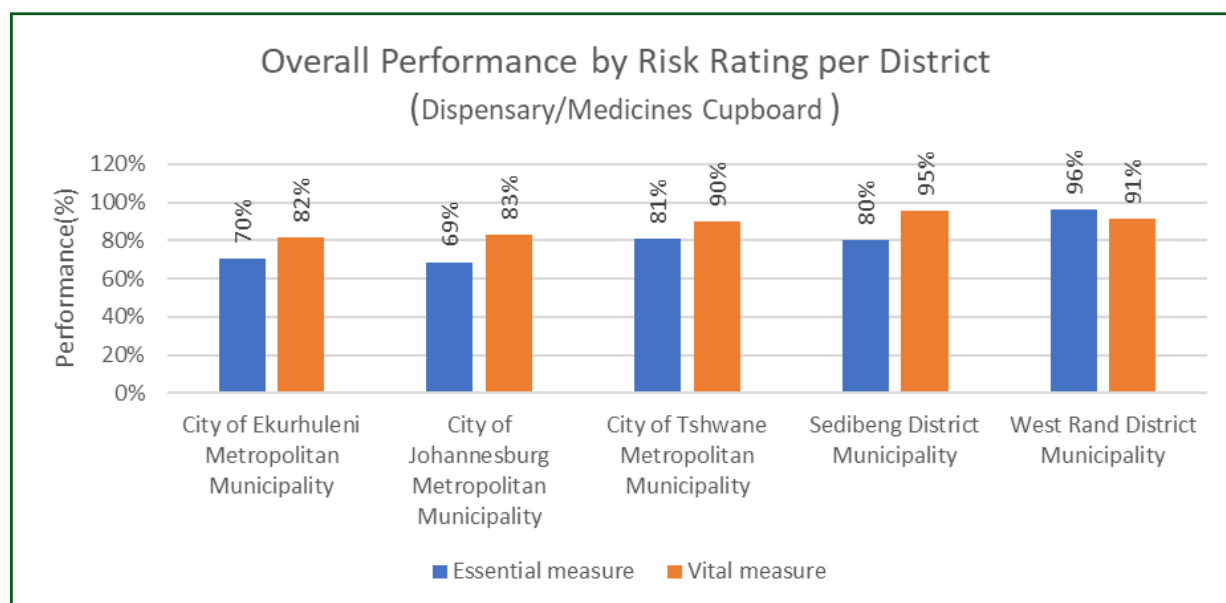


Figure 9: Overall measure performance by risk rating per district (dispensary/medicine cupboard)

3.1.2.6 Maintenance support

The maintenance Support functional area is primarily concerned with aspects of health infrastructure and maintenance such as buildings, electricity backup supply equipment, and sewage systems. Figure 10 below shows varied performance in the Maintenance Support functional area across the 5 districts.

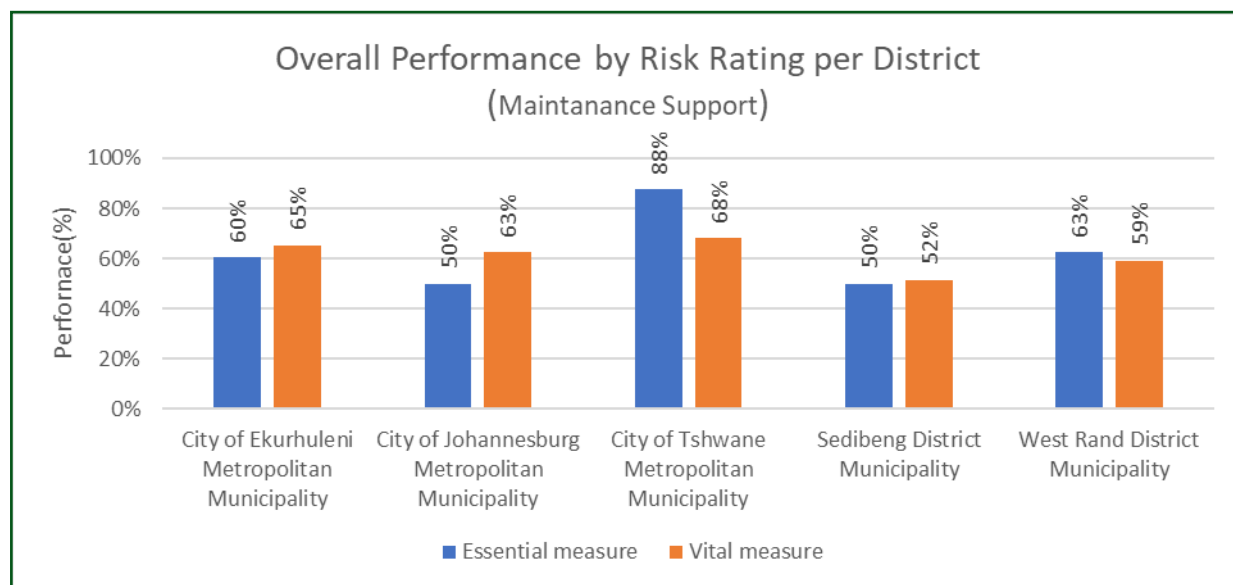


Figure 10: Overall measure performance by risk rating per district (maintenance support)

3.1.2.7 Clinics performance on domains

Aggregate performance outcomes on domains at the national level are indicated in Figure 11 below. Domains included in the Norms and Standards Regulations for the different categories of HEs 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 while the lowest performing domain is Governance and Human Resources. Governance and human resources are critical health system inputs that impact on service delivery including ability to provide quality and safe healthcare. The commonly non-compliant measures included unavailability of functional clinic committees, non-adherence to the performance management systems and ineffective management of occupational health and safety systems among others.

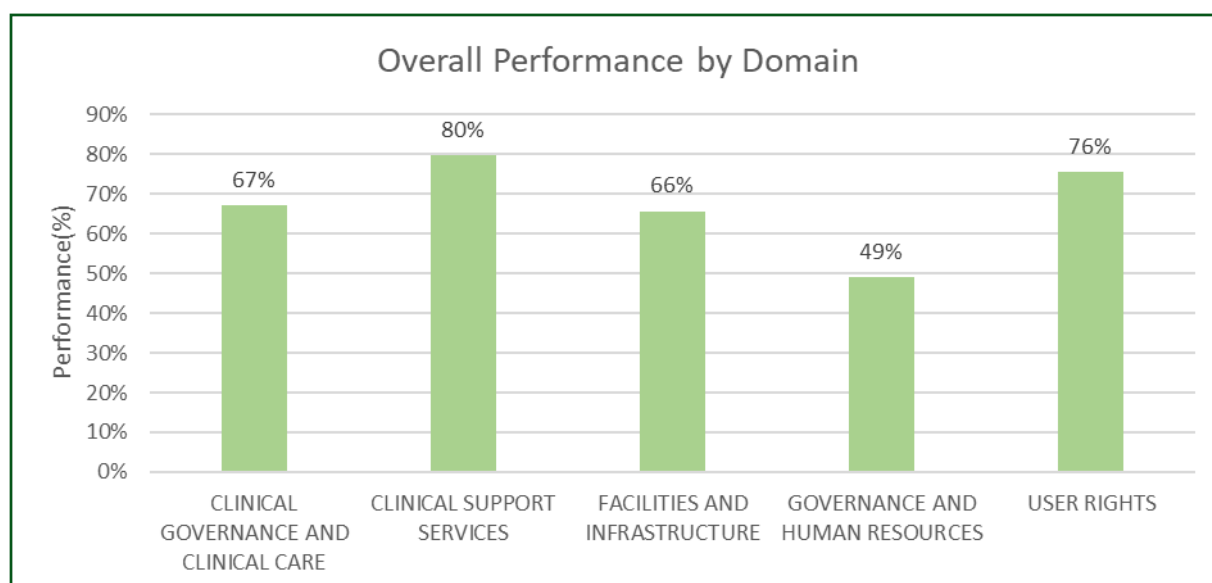


Figure 11: Clinic overall measure performance by domain

3.1.2.8 Clinics overall measure performance by domain per district

Disaggregated performance outcome on domains per province is shown in Table 8.

Figures 12 to 17 below shows the average performance on measures at the level of standards per domain across all inspected clinics. The information in the five (5) Figures identifies specific areas such as that the HE must maintain a referral system as established by the relevant authority, improvement is needed to assist the HEs to meet the requirements for compliance to norms and standards regulations and achieve certification by the OHSC. The standard performance is calculated as the average score of measures within that standard.

District	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES	USER RIGHTS
City of Ekurhuleni	64%	70%	67%	40%	71%
City of Johannesburg	61%	80%	68%	46%	72%
City of Tshwane	78%	96%	66%	69%	85%
Sedibeng	70%	84%	62%	56%	73%
West Rand	73%	87%	61%	53%	90%

Figure 12: Clinics Overall Measure performance per domain

3.1.2.9 Overall performance of measures according to standards and domains

3.1.2.9.1 User rights

Standard Name	Standard Performance
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	71%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	87%
The health establishment must maintain a system of referral as established by the responsible authority.	65%
The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	78%

Figure 13: Performance on standards across all Clinics (User Rights)



3.1.2.9.2 Clinical governance and care

Standard Name	Standard Performance
The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	17%
The health establishment must ensure that health records of health care users are protected managed and kept confidential in line with section 14 15 and 17 of the Act.	78%
The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.	70%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	65%
The health establishment must have a formal process to be followed when obtaining informed consent from the user.	68%
The health establishment must have a system to monitor and report all adverse events.	77%
The health establishment must maintain an environment which minimises the risk of disease outbreaks the transmission of infection to users health care personnel and visitors.	77%

Figure 14: Performance on standards across all Clinics (Clinical Governance and Care)

3.1.2.9.3 Clinical support services

Standard Name	Standard Performance
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	58%
The health establishment must comply with the provisions of the Pharmacy Act 1974 and the Medicines and Related Substances Act 1965.	66%

Figure 15: Performance on standards across all Clinics (Clinical Support Services)

3.1.2.9.4 Facilities and infrastructure

Standard Name	Standard Performance
The health establishment and their grounds must meet the requirements of the building regulations.	64%
The health establishment must ensure that engineering services are in place.	72%
The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.	66%
The health establishment must have systems to protect users health care personnel and property from security threats and risks.	63%

Figure 16: Performance on standards across all Clinics (Facilities and Infrastructure)

3.1.2.9.5 Governance and human resources

Standard Name	Standard Performance
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	64%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	36%
The health establishment must have a functional governance structure with written Terms of Reference.	6%

Figure 17: Performance on standards across all Clinics (Governance and Human Resources)

4. Community health centres

This section covers the performance of inspected Community Health Centres (CHCs) according to the different measures disaggregated by the risk rating categories.

4.1 Overall measure performance analysis

4.1.1 Non-negotiable measures

A total of 2 CHCs were inspected. Of these, both were able to achieve a 100% on all the NNMs requirements and attained a compliance status. Table 8 below shows the overall grading performance with respect to non-negotiable measures (NNMs) amongst the inspected CHCs. The NNM's performance is further discussed per relevant functional areas such as Midwife Obstetric Unit (MOU), Emergency Unit and Clinical Services.

Table 8: Overall CHC performance on NNMs

Number of inspected CHCs	100% Compliant	Less than 100% Compliant
2	2	0

4.1.2 CHC performance on NNMs (MOU, emergency unit and clinical services)

Table 9, 10 and 11 below show the scores for NNMs in the three FAs, namely Clinical Services, MOU and emergency unit. Due to the size and proximity between the FAs, one emergency trolley may be shared. For Levai Mbatha CHC, the emergency trolley in the emergency unit was shared and utilized by both emergency unit and clinical services, hence the variation in the number of applicable NNMs. Both CHCs met the NNM requirements in the three FAs as depicted by the 100% compliance rate.

Table 9: CHC performance on NNMs (MOU)

Measure Name	Applicable Measures	Sum of Scores	Compliance Rate
An oxygen cylinder with pressure gauge is available.	2	2	100%
CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	2	2	100%
The oxygen available in the cylinder is above the minimum level.	2	2	100%

Table 10: CHC performance on NNMs (Emergency Unit)

Measure Name	Applicable Measures	Sum of Scores	Compliance Rate
An oxygen cylinder with pressure gauge is available in the resuscitation or emergency room.	2	2	100%
CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicines and equipment listed below.	2	2	100%
The oxygen available in the cylinder is above the minimum level.	2	2	100%

Table 11: CHC performance on NNMs (Clinical Services)

Measure Name	Applicable Measures	Sum of Scores	Compliance Rate
An oxygen cylinder with pressure gauge is available.	1	1	100%
CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	N/A	N/A	N/A
The oxygen available in the cylinder is above the minimum level.	1	1	100%

4.1.3 Overall CHC performance on vital measures

Only two CHCs were inspected in Gauteng and were both graded as "Excellent" on vital measures.

4.1.4 Overall CHC performance on essential measures

Only two CHCs were inspected in Gauteng and were both graded as "Excellent" on essential measures.

4.1.5 CHCs Overall measure performance by functional area

4.1.5.1 CHCs manager

The CHC Manager FA relates to the aspects and requirements that are the responsibility of the facility manager and is assessed for issues related to leadership and governance of the HE. Figure 18 below shows the aggregated performance in the CHC Manager functional area per district.

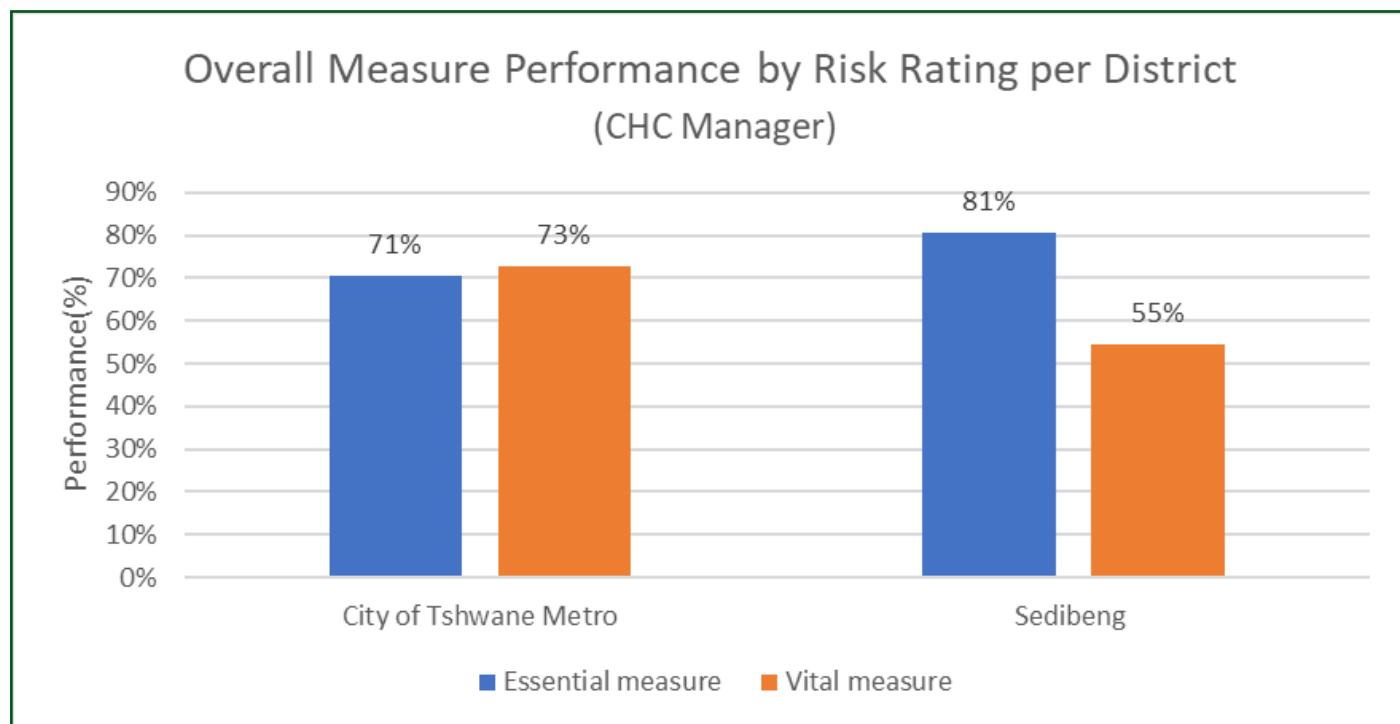


Figure 18: Overall measure performance by risk rating per district (chc manager)

4.1.5.2 CHC clinical services performance

Figure 19 below indicates the aggregated performance in the Clinical Services functional area with a variation in performance among vital and essential measures in all districts.

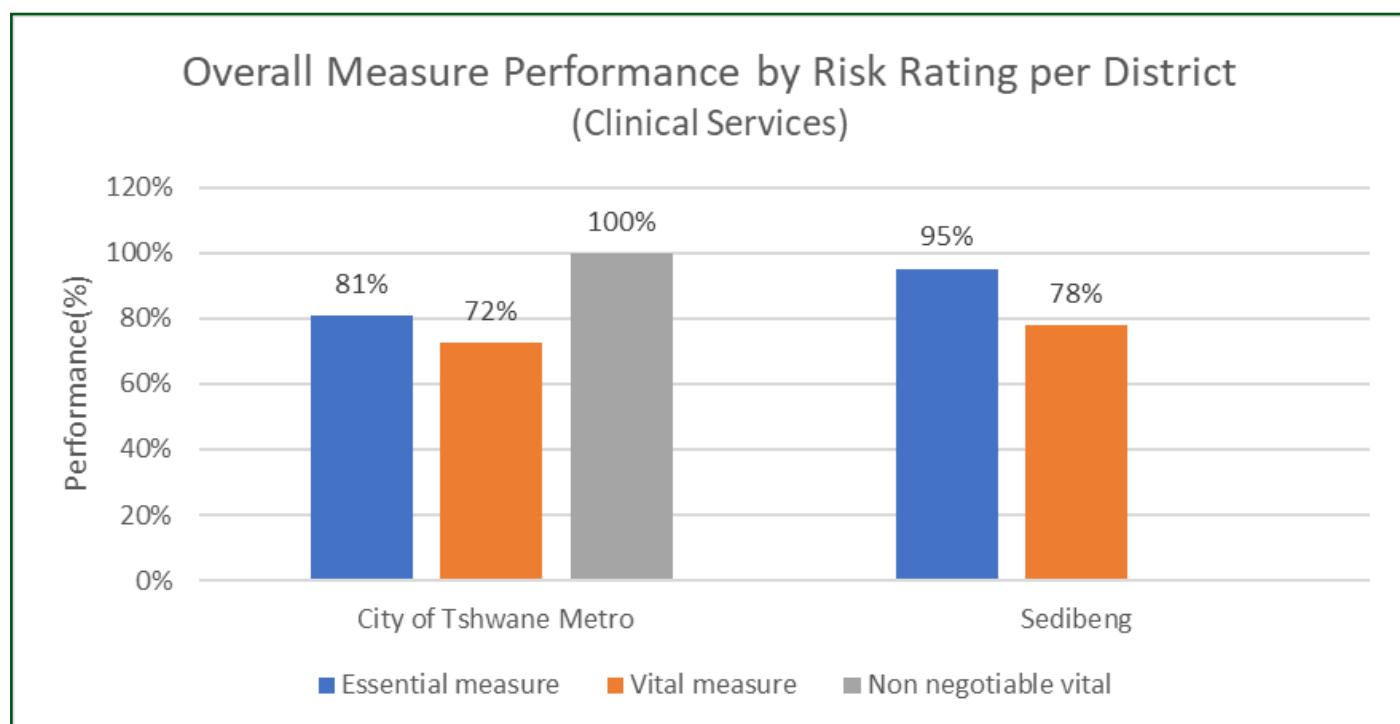


Figure 19: Overall measure performance by risk rating per district (clinical services)

4.1.5.3 CHCs emergency unit performance

The inspected HEs performed generally well in this functional area with average scores above 75% across the districts as shown in Figure 20.

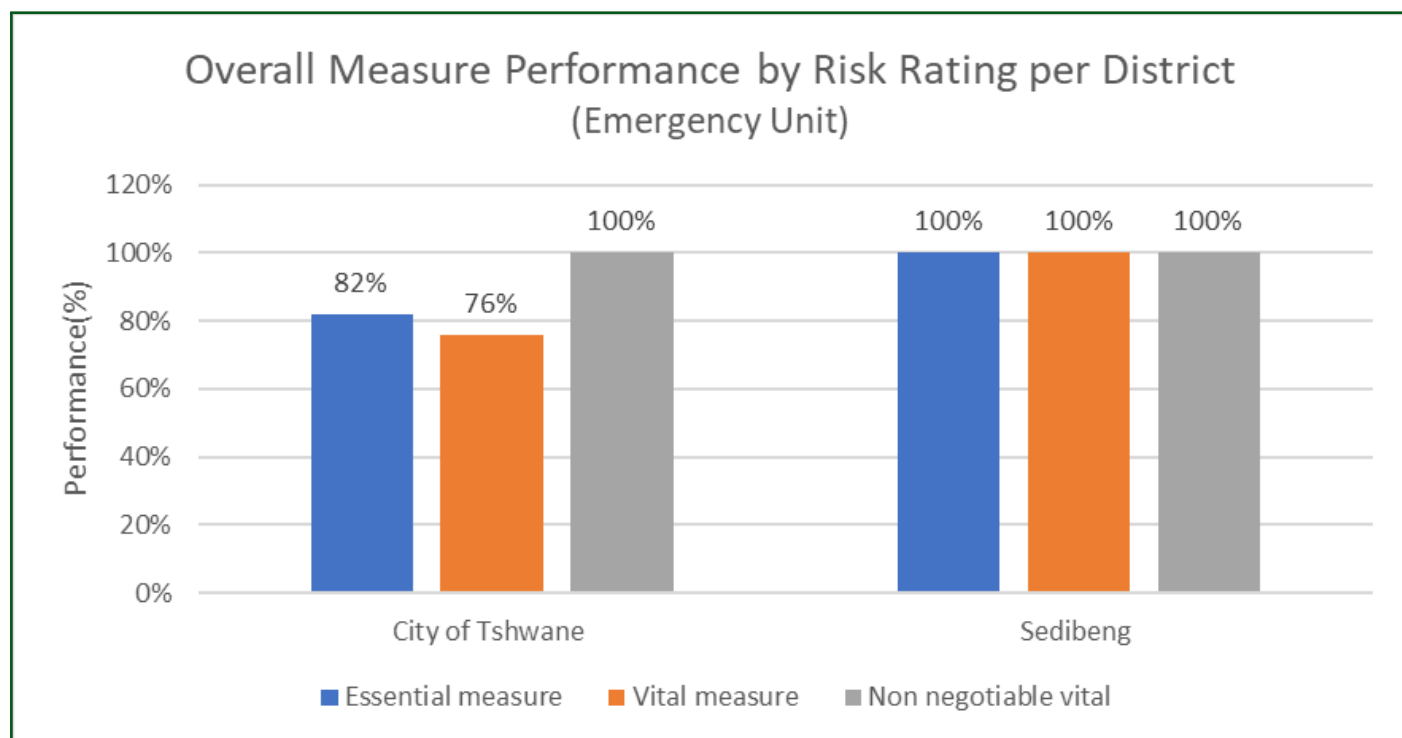


Figure 20: Overall measure performance by risk rating per district (emergency unit)

4.1.5.4 CHCs midwife obstetrics unit performance

Figure 21 below shows that the inspected HEs performed generally well in this functional area with average scores above 80% across the districts.

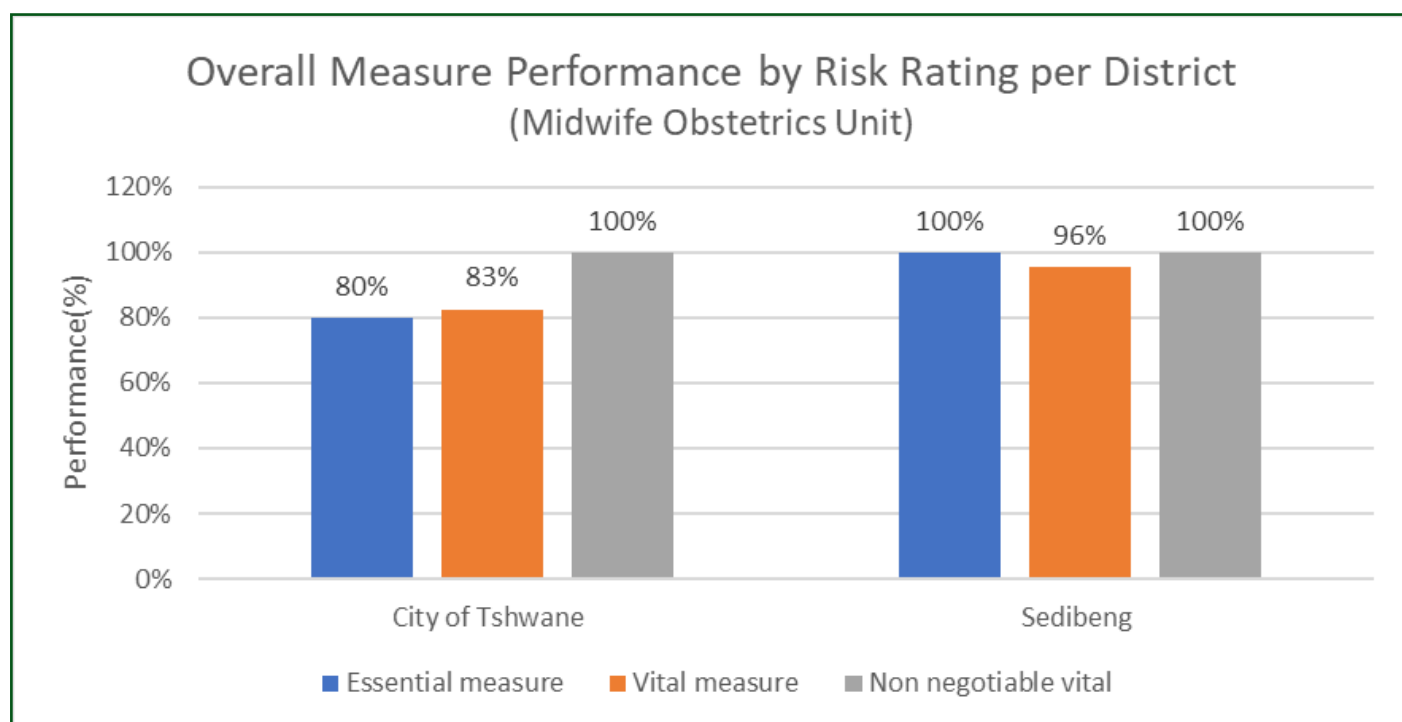


Figure 21: Overall measure performance by risk rating per district. (midwife obstetrics unit)

4.1.5.5 CHC pharmacy/dispensary performance

The performance in this functional area viewed across the country is shown in Figure 22 below indicating average scores above 95%.

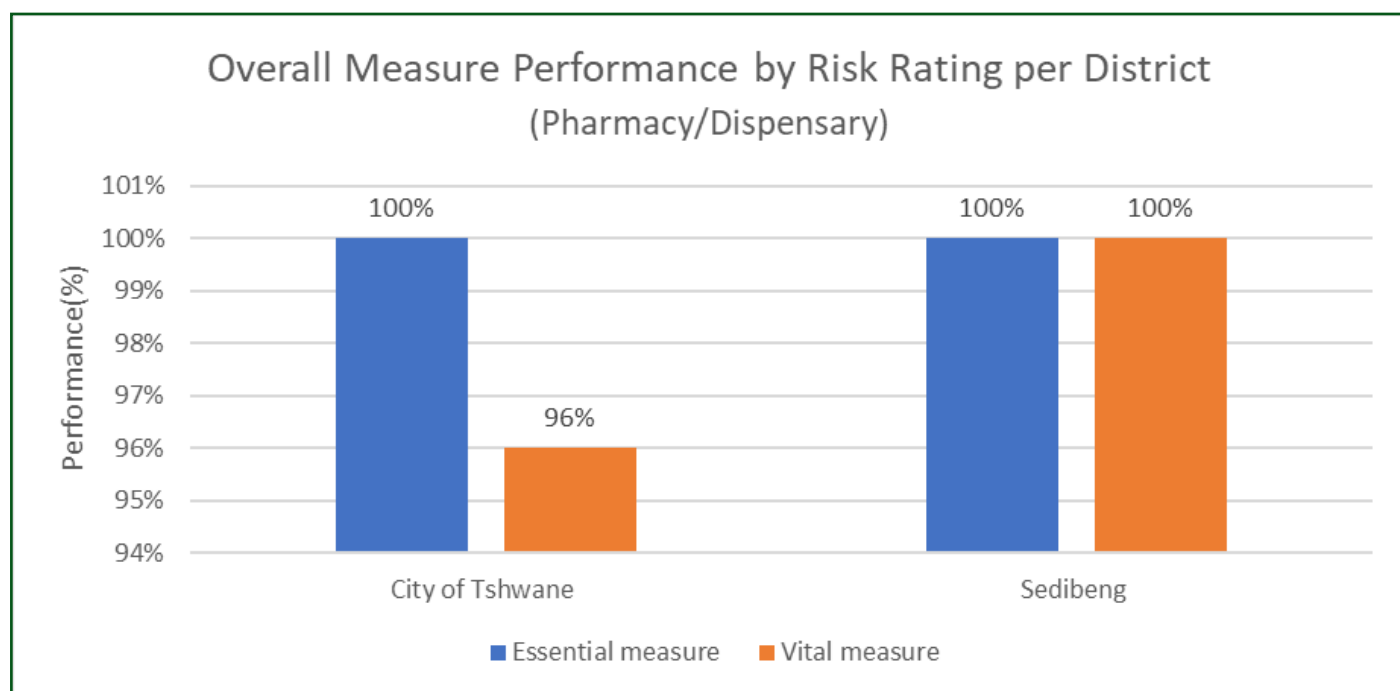


Figure 22: Overall measure performance by risk rating per district (pharmacy/dispensary)

4.1.5.6 CHCs maintenance support performance

Figure 23 below shows that the inspected HE performed generally well in this functional area with an average score above 70% across the districts.

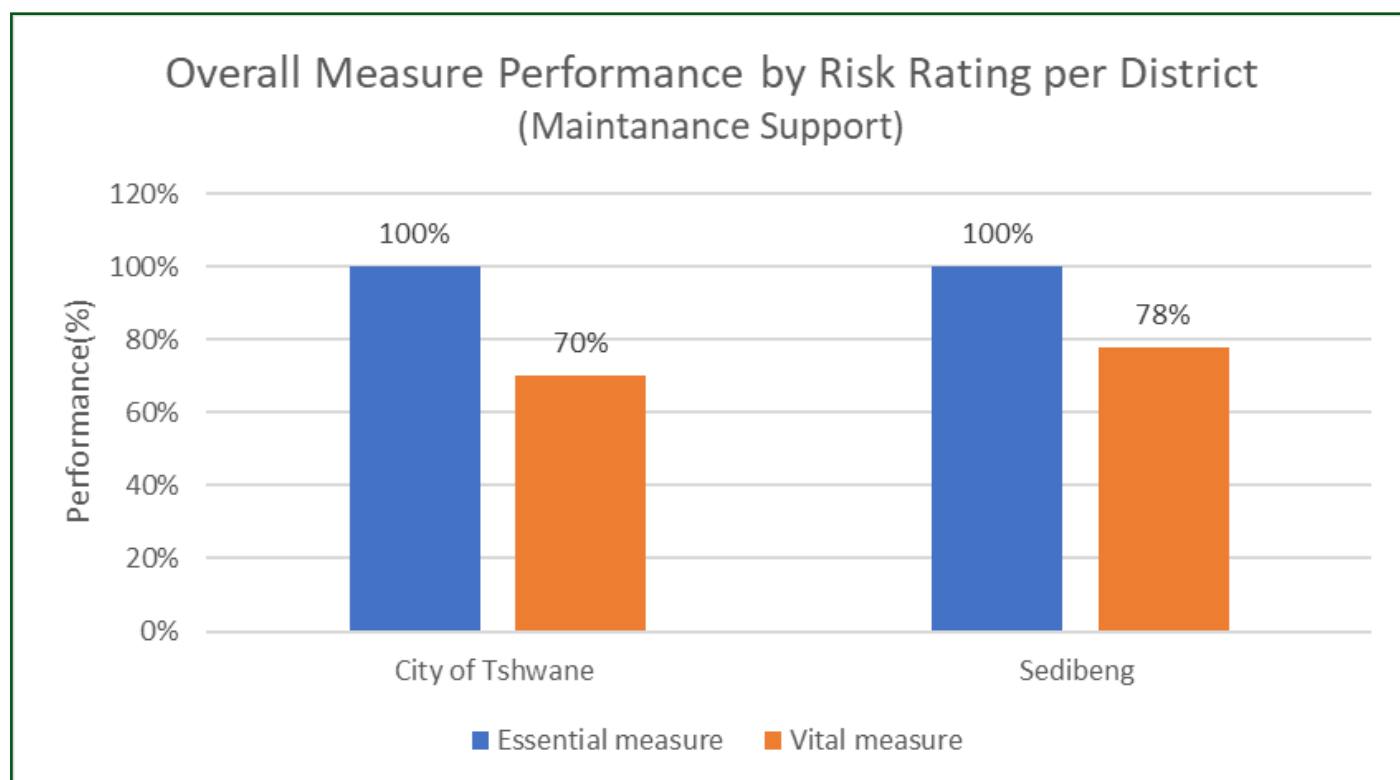


Figure 23: Overall measure performance by risk rating by district (maintenance support)

4.1.5.7 Overall measure performance by domain

4.1.5.7.1 National CHCs measure performance per domain

Figure 24 below indicates aggregated performance outcomes on domains at the provincial level in this category of healthcare. The highest-performing domain is Facilities and Infrastructure followed closely by Clinical Support Services while the lowest-performing domain is Governance and Human Resources. Governance and human resources are critical health system inputs that impact service delivery including the ability to provide quality healthcare. Common non-compliant measures related to staffing needs that were not determined, unavailability of functional clinic committees, non-adherence to the performance management systems and ineffective management of occupational health and safety systems among others.

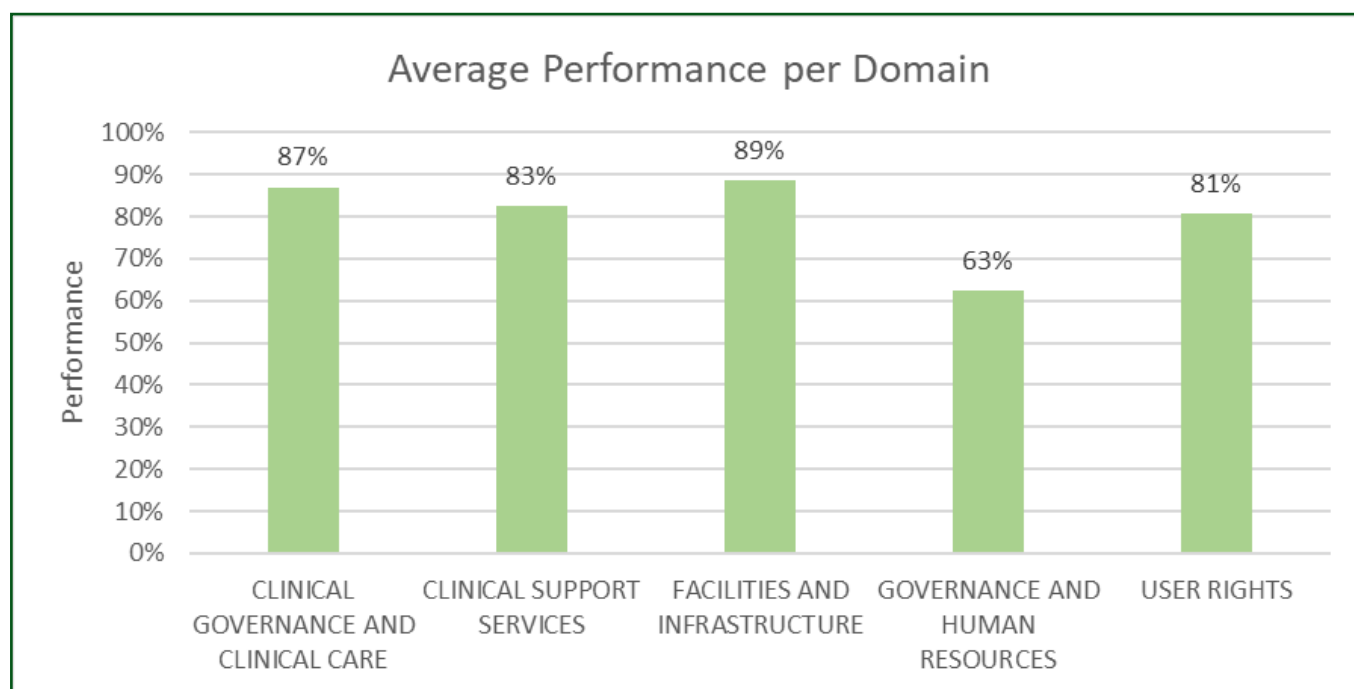


Figure 24: CHC overall measure performance per domain

4.1.5.7.2 CHCs measure performance by domain per district

Figure 25 below indicates CHCs performance outcomes on domains per district.

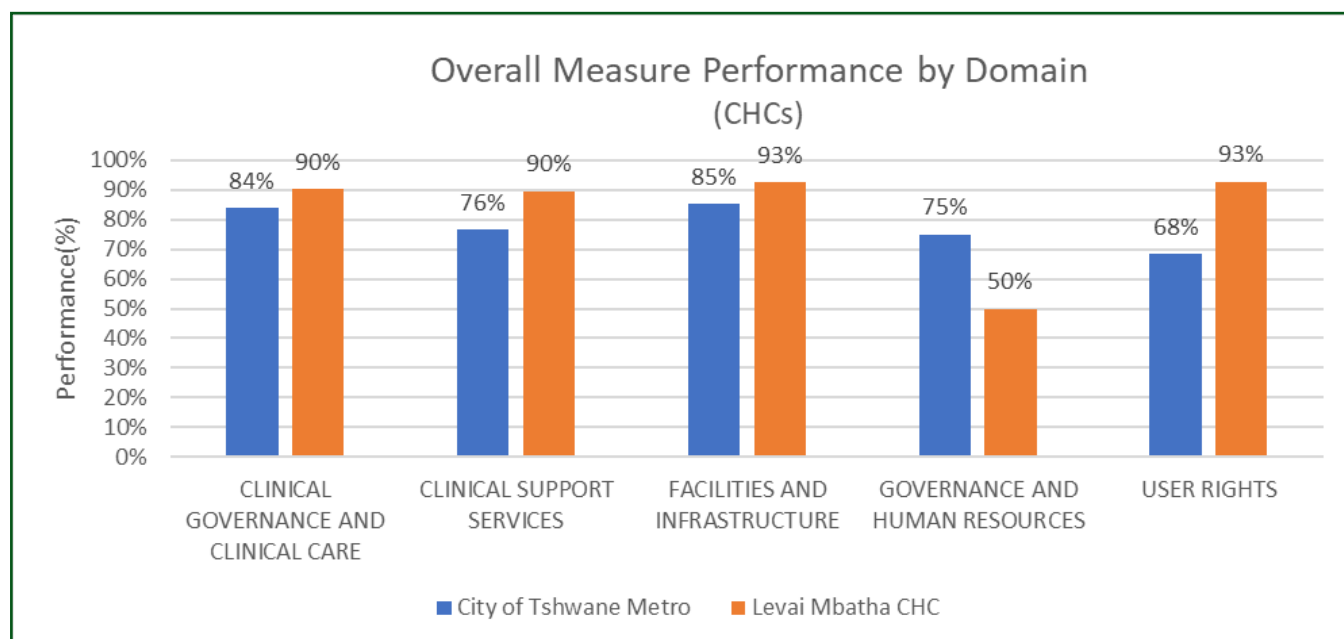


Figure 25: CHC overall measure performance by domain per district

4.1.5.7.3 Overall measure performance by standard and domain

Figure 26 to 30 below show average performance on measures at the level of standards per domain across all inspected CHCs. The information in the five (5) Figures below identifies specific areas that need improvement to assist the HEs in meeting the requirements for compliance with norms and standards regulations to achieve certification by the OHSC. The standard performance is calculated as the average performance for measures within that standard.

4.1.5.7.3.1 CHC User rights

Standard Name	Standard Performance
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	85%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	78%
The health establishment must maintain a system of referral as established by the responsible authority.	69%
The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	89%

Figure 26: CHC User rights

4.1.5.7.3.2 CHCs Clinical Governance and Clinical Care

Standard Name	Standard Performance
(b) A health establishment must establish and maintain systems structures and programmes to manage clinical risk.	94%
The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	79%
The health establishment must ensure that health records of health care users are protected managed and kept confidential in line with section 14 15 and 17 of the Act.	85%
The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.	86%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	86%
The health establishment must have a formal process to be followed when obtaining informed consent from the user.	75%
The health establishment must have a system to monitor and report all adverse events.	92%
The health establishment must issue a discharge report to users in accordance with section 10 of the Act.	100%
The health establishment must maintain an environment which minimises the risk of disease outbreaks the transmission of infection to users health care personnel and visitors.	86%

Figure 27: CHCs Clinical Governance and Clinical Care

4.1.5.7.3.3 CHC Clinical Support Services

Standard Name	Standard Performance
Health establishments must ensure that diagnostic services are available and safe for users and for health care personnel involved in delivering these services.	100%
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	77%
The health establishment must comply with the provisions of the Pharmacy Act 1974 and the Medicines and Related Substances Act 1965.	87%

Figure 28: CHC Clinical Support Services

4.1.5.7.3.4 CHC Facilities and infrastructure

Standard Name	Standard Performance
The health establishment and their grounds must meet the requirements of the building regulations.	85%
The health establishment must ensure that engineering services are in place.	100%
The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.	100%
The health establishment must have systems to protect users health care personnel and property from security threats and risks.	82%

Figure 29: CHC Facilities and infrastructure

4.1.5.7.3.5 CHC Governance and human resource

Standard Name	Standard Performance
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	93%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	25%
The health establishment must have a functional governance structure with written Terms of Reference.	0%

Figure 30: CHC Governance and human resource

4.2 There were no district hospitals inspected in FY2021/22.

4.2.1 Overall measure performance in regional hospitals

4.2.1.1 Non-negotiable measures

All three inspected regional hospitals graded “Excellent” but two failed to comply with the NNM requirements.

Table 12: Regional Hospitals NNMs Compliance Rate

NNM	Total Measures	Non -Compliant Measure	Compliant Measures	Compliance Rate
Emergency trolley is stocked with medicines and equipment.	47	30	17	36.17%
Health care providers correctly complete forms used for informed consent.	32	6	26	81.25%
Medical supplies and equipment for resuscitation are available.	3	2	1	33.33%
A system to monitor oxygen levels in the bulk oxygen plant is in place.	3	1	2	66.67%
The outpatient department has a functional system to supply piped oxygen to all clinical areas.	3	1	2	66.67%
Emergency power supply is available in the ward/unit in the event of a power disruption.	25	6	19	76.00%

Province	Facility Name	Sum of Applicable Measures	Sum of Score	Compliance rate
Gauteng	gp Mamelodi Hospital	56	56	100%
	gp Sebokeng Hospital	59	43	73%
	gp Tambo Memorial Hospital	65	49	75%

Table 13: Overall Measure Performance on NNMs

4.2.1.2 Overall vital measure grading.

All three HEs were rated excellent on vital measures.

4.2.1.3 Overall essential measure grading

All three HEs were rated excellent on essential measures.

4.3 Measure performance by domain for regional hospitals

4.3.1 Measure performance by domain

Figures 31 and 32 below indicate aggregated performance outcomes on domains for the three inspected regional hospitals. Mamelodi Hospital performed above 80% on all the domains with Facilities and Infrastructure being the highest at 92%. User Rights were found to be the highest performing while the lowest performing domain is Governance and Human Resources (69%) at Sebokeng hospital

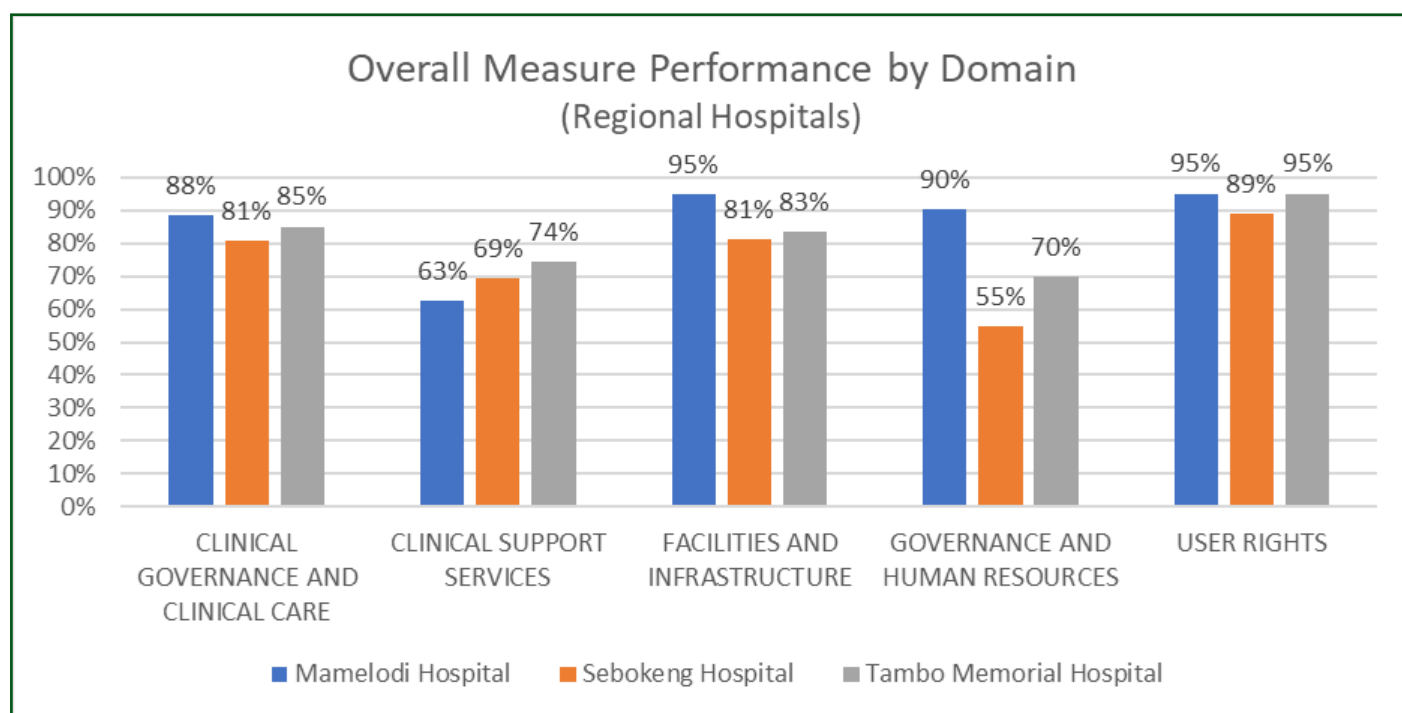


Figure 31: Overall performance by domain (regional hospitals)

District	CLINICAL GOVERNANCE AND	CLINICAL SUPPORT	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN	USER RIGHTS
City of Ekurhuleni Metro	83%	73%	82%	70%	97%
City of Tshwane Metro	87%	62%	95%	90%	96%
Sedibeng	79%	68%	81%	55%	87%

Figure 32: Average performance by domain

4.4 Average performance per functional area (regional hospitals)

Figure 33 below depicts the performance of the three regional hospitals in relation to the functional areas. The Clinical Management Group, Stores and Mortuary performed below 70%. Transport services and Surgical Ward performed above 90%.

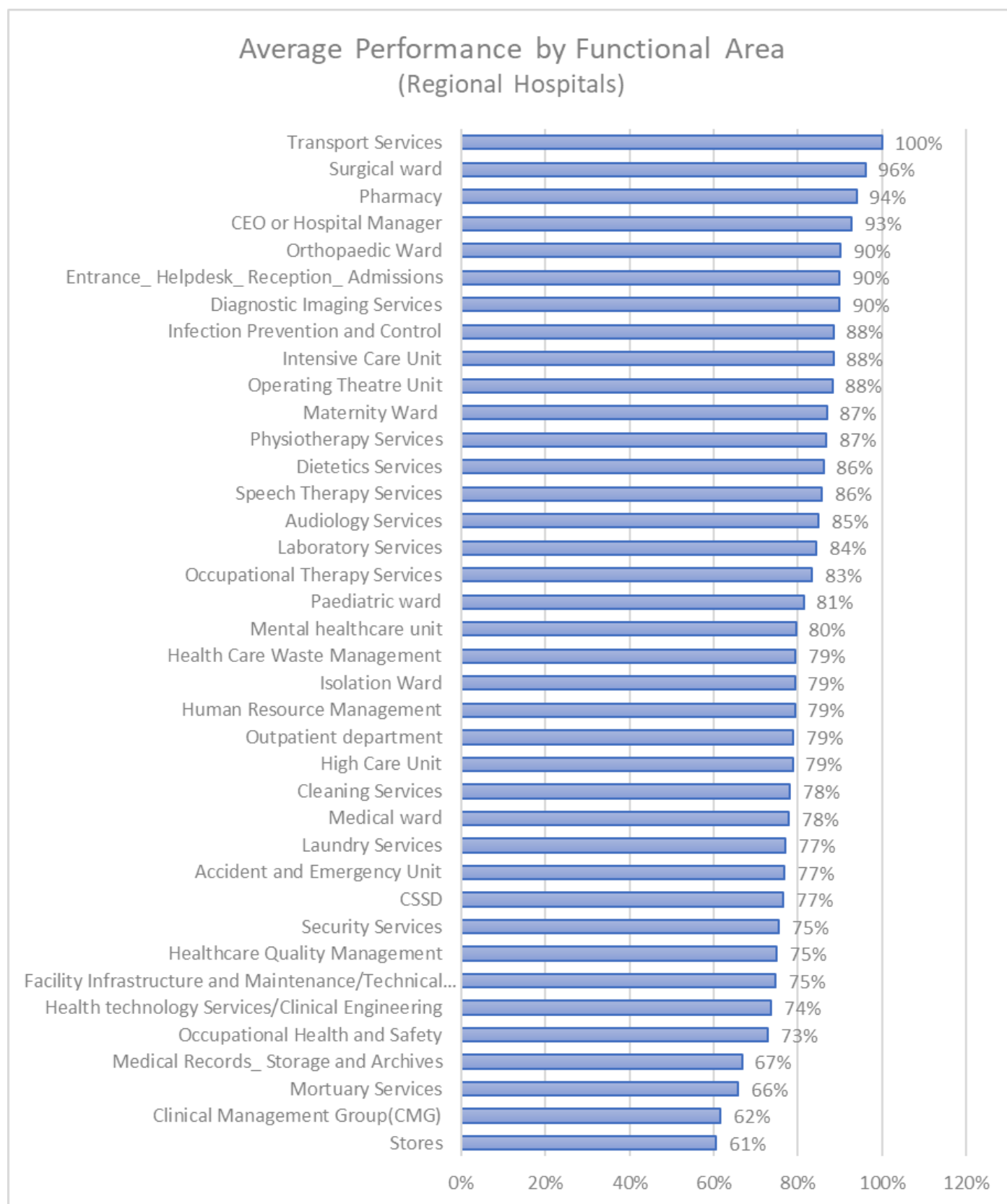


Figure 33 : Average Performance per Functional Area (Regional Hospital)

4.5 Re-inspection

This section of the report highlights the re-inspection of HEs that were routinely inspected during FY 2019/20. A total of 121 clinics were inspected during the FY 2019/20 routine inspections, with only 39 achieving a compliance status. Of the 82 non-compliant clinics, 56 were reinspected in FY 2021/22.

4.6 Re-inspections outcome

The re-inspection outcome is depicted in Figures 34 and 35 below, sixteen (16) of 22 re-inspected clinics were found to be compliant.

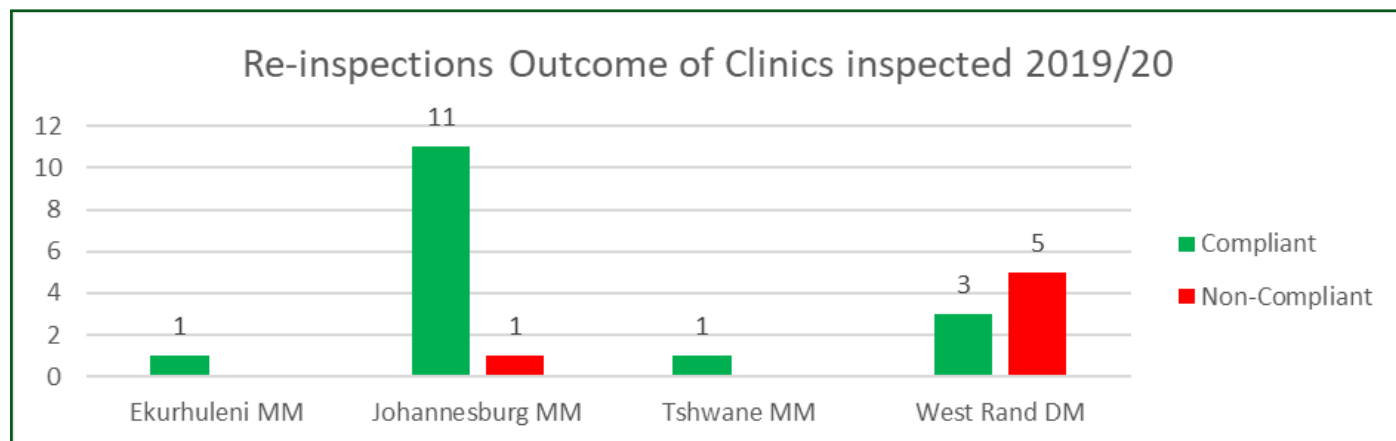


Figure 34: re-inspections outcome of clinics inspected FY 2019/20

4.7 Overall re-inspections compliance rate

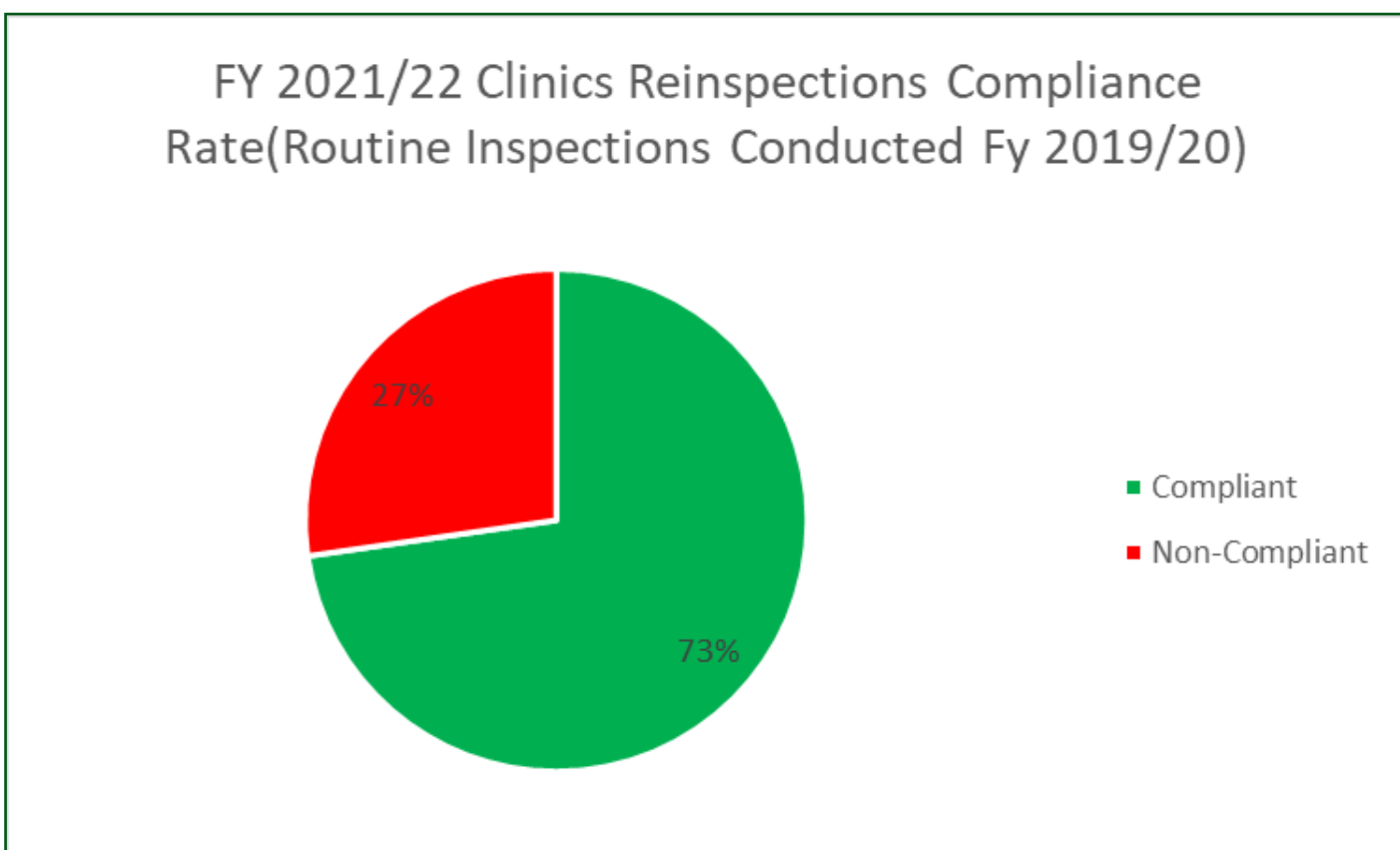


Figure 35: Re-inspection outcome of clinics inspected FY 2019/20

4.8 Re-inspections compliance rate by district

Table 14 below depicts the re-inspection compliance rate by district.

Table 14: Re-inspections compliance rate by district

District	Total Inspected	Compliant	Non-Compliant	Compliance Rate
Ekurhuleni MM	1	1	N/A	100%
Johannesburg MM	12	11	1	92%
Tshwane MM	1	1	N/A	100%
West Rand DM	8	3	5	38%

4.9 Re-inspections clinics grading by compliance status

Figure 36 below depicts that of the six non-compliant clinics re-inspected, one was graded excellent and five were graded good. Of the the 15 that was compliant, nine (9) were graded excellent, six (6) good and one (1) was satisfactory.

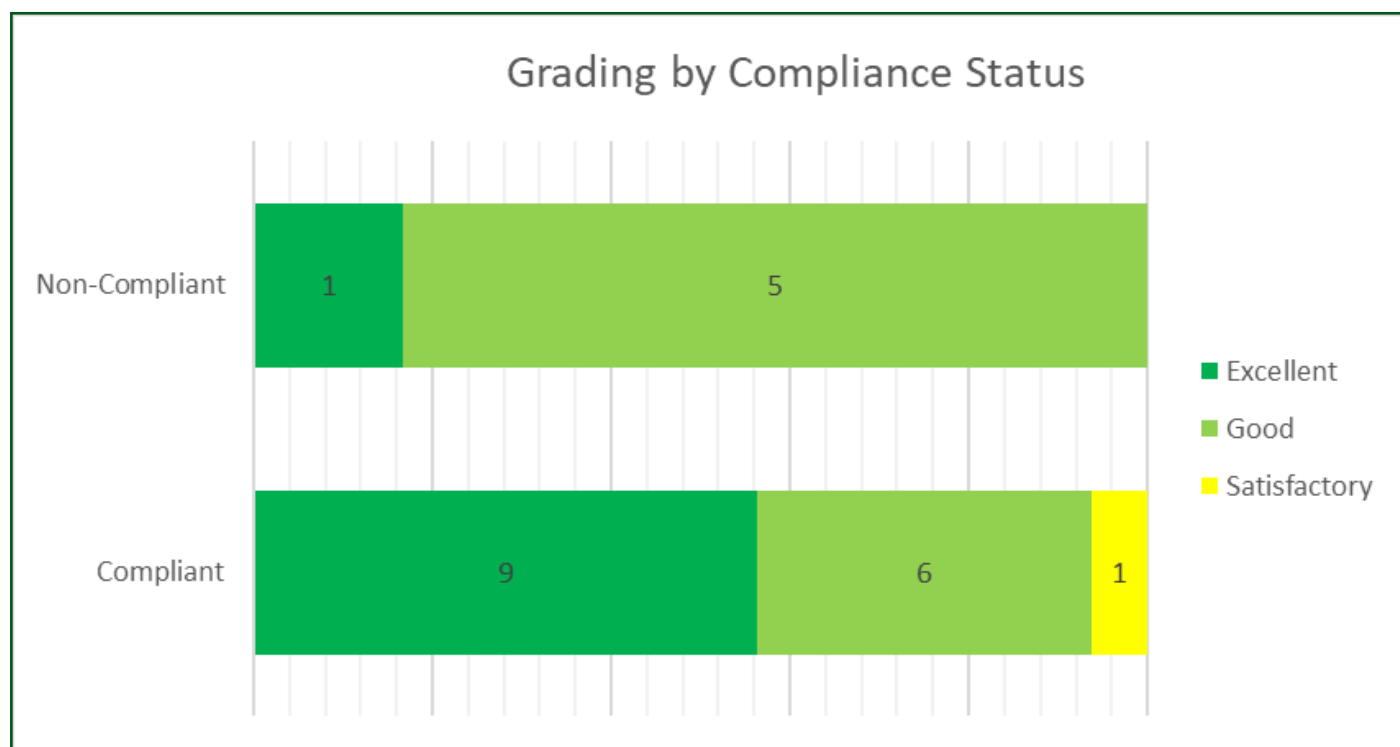


Figure 36: Re-inspection clinic grading by compliance status



4.11 Overall performance on non-negotiable measures

The emergency trolley measure had the lowest performance, achieving a compliance rate of 73%. This may be considered a poor performance given that a less than 100% performance on NNMs has a direct implication on the overall compliance status of a HE.

Table 15: Performance analysis according to the three NNMs.

Measure Name	Number of Applicable Measures	Sum of Scores	Compliance Rate
An oxygen cylinder with pressure gauge is available.	22	22	100%
CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	22	16	73%
The oxygen available in the cylinder is above the minimum level.	22	22	100%

4.12 Overall clinic grading on vital and essential measures

Figure 37 below depicts performance of re-inspected clinics in terms of the essential and vital measures. Fifteen clinics achieved an excellent grading on the essential measures and seven achieved a good grading. For the vital measures, ten (10) clinics achieved a grading of excellent, eleven (11) were good while one (1) achieved a satisfactory grading.

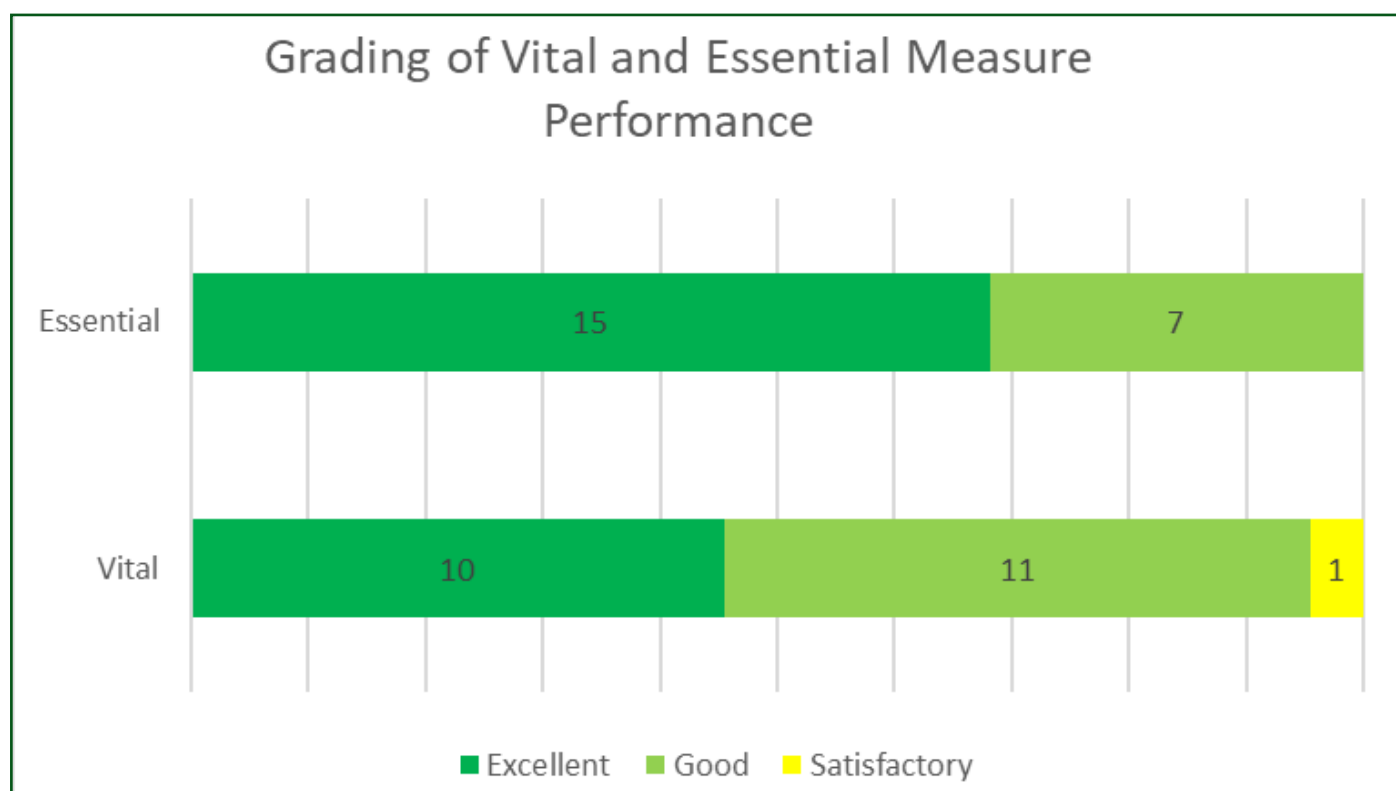


Figure 37: Grading of vital and essential measure performance for re-inspected clinics

4.13 Re-inspections summary

Of note is that not all non-compliant HEs for the FY 2019/20 were re-inspected in the period under review. An incline from non-compliance to compliance status was noted in 16 of the 22 re-inspected HEs. This may be an indication that the HEs were more prepared for the re-inspection and better understood what was expected from them. Compliance with NNVs measures remains a challenge for most clinics. The emergency trolley measure contributed to the clinics achieving non-compliance status.

A decorative circular graphic consisting of concentric rings. The innermost ring is a thick dark green arc. The next ring is a light gray arc. The outermost ring is a thin light green arc. Scattered around these rings are several dark green dots and circles of varying sizes, some with white centers.

**KWAZULU-
NATAL**

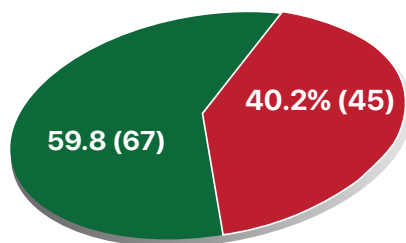
SUMMARY OF KWAZULU-NATAL INSPECTION OUTCOMES, FY 2021/22

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

Sampling: From the 675 HEs, a sample size of 54 health establishments including Primacy Health Clinics (PHC) =48, Community Health Centers (CHCs) =2, hospitals=4 were selected for routine inspection. The selection of health establishments was based on geographic clustering and cost-effectiveness.

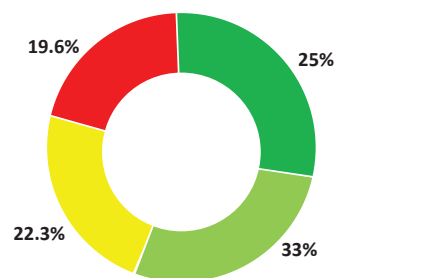
Inspected health establishments by Province: A total of 112 HEs were inspected against the set target of 54. An additional 56 re-inspections were conducted in the province.

Compliance Status: KZN Province



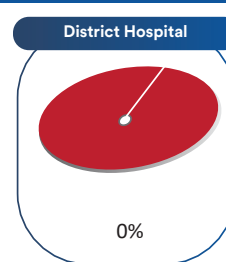
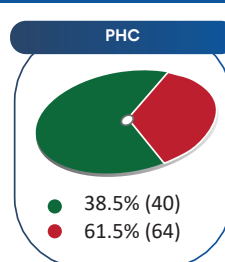
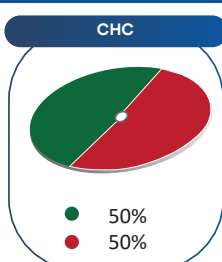
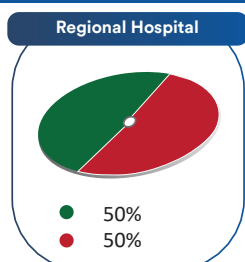
● Compliant ● Non-Compliant

Overall Grading, KZN Province



■ Excellent ■ Good ■ Satisfactory ■ Unsatisfactory

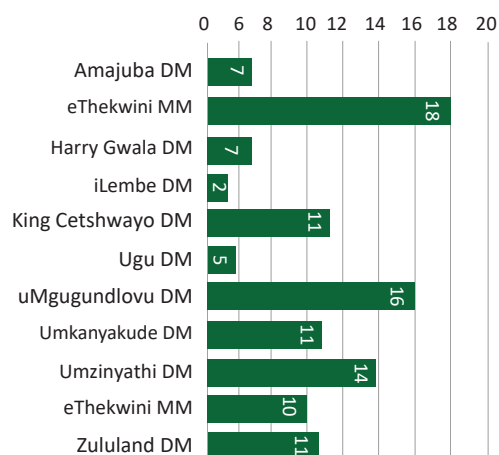
Compliance Rate (%) Per level of care



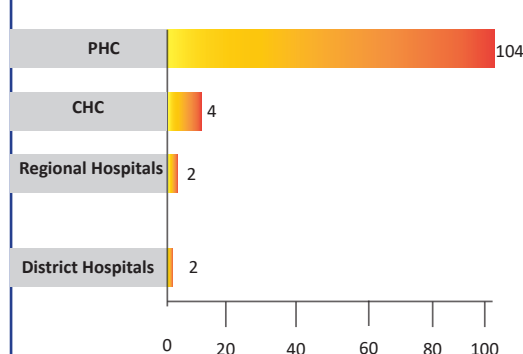
Compliance status by district

	compliant	Not compliant
Amajuba DM	71.4% (5)	28.6% (2)
eThekweni MM	72.2% (13)	27.8% (5)
Harry Gwala DM	14.3% (1)	85.7% (6)
iLembe DM	50% (1)	50% (1)
King Cetshwayo DM	63.6% (7)	36.4% (4)
Ugu DM	0.0% (0)	100% (5)
uMgugundlovu DM	43.8% (7)	56.3% (9)
Umkanyakude DM	36.4% (4)	63.6% (7)
Umzinyathi DM	78.6% (11)	21.4% (3)
eThekweni MM	70.0% (7)	30.0% (3)
Zululand DM	100.0% (11)	0.0% (0)

Number of inspected HEs by district



Inspected HE's by type (N=85)



Overall grading by district

	Excellent	Good	Satisfactory	Unsatisfactory
Zululand DM	54%	36%	9.1%	—
Uthukela DM	—	60%	30%	10%
Umzinyathi DM	50%	50%	—	—
Umkanyakude DM	9.1%	18.2%	18.2%	54%
uMgugundlovu DM	18.8%	18.8%	12.5%	50%
Ugu DM	20%	—	20%	60%
King Cetshwayo DM	18.2%	63.6%	18.2%	—
iLembe DM	—	50%	—	50%
Harry Gwala DM	—	14.3%	42.9%	42.9%
eThekweni MM	27.8%	33.3%	38.9%	—
Amajuba DM	42.9%	—	57.1%	—

% ■ Excellent ■ Good ■ Satisfactory ■ Unsatisfactory

1. DISTRIBUTION OF INSPECTED HEALTH ESTABLISHMENTS

1.1 Distribution of public sector health establishments (HEs) per province

During the FY 2021/22, a total of 112 routine inspections of 675 cumulative total of public sector HEs were conducted in the KwaZulu Natal province. The target of inspections conducted was 8% of the total public sector HEs in the province. HEs are selected proportionally considering the total number in the province as well as consideration for the number of districts.

Table 1 below shows the number of HEs for inspected categories in the province.

Table 1: Total number of HEs for inspected categories

National	Clinic	Community Health Centre	District Hospital	Regional Hospital
Overall	600	22	40	13

Table 2 below shows the cumulative number of HEs inspected from FY 2020/21 till 2021/22. Notably, about 104 clinics, 4 CHCs, 2 District hospitals and 2 regional hospitals were inspected in KwaZulu-Natal province during the FY 2020/21. A total of 112 inspections were conducted during the FY 2020/21 in KwaZulu-Natal province.

Table 2: Distribution of Inspected HEs byCategory, F/Y 2021/22

Province	Clinic	CHC	District Hospitals	Regional Hospitals
KwaZulu-Natal	104	4	2	2

Table 3 below shows the cumulative number of HEs inspected from FY 2020/21 till 2021/22. Notably, only 66 clinics were inspected in KwaZulu-Natal province during the FY 2019/20 and 27 achieved a compliance status. About 104 clinics, 4 CHCs, 2 District hospitals and 2 regional hospitals were inspected during the FY 2020/21. Only 64 of the inspected clinics, 2 CHCs and 1 of the 2 inspected regional hospitals achieved a compliance status respectively. None of the inspected 2 inspected district hospital achieved compliance.

Table 3: Cumulative number of inspected HEs by category, F/Y 2019/20 - F/Y 2021/22

	FY2019/20			FY2020/21			FY2021/22			Cumulative Number of Hes (FY 2019/20 - FY 2022/23)		
Facility Type	Inspected	Compliant	Compliance Rate(%)	Inspected	Compliant	Compliance Rate(%)	Inspected	Compliant	Compliance Rate(%)	Inspected	Compliant	Compliance Rate(%)
Clinics	121	39	32%	66	27	41%	104	64	62%	291	130	45%
CHCs	0	0		0	0		3	2	50%	4	2	50%
District Hospitals	0	0		0	0		5	0	0%	2	0	0%
Regional Hospitals	0	0		0	0		2	1	50%	2	1	50%
Total	121	39	32%	66	27	41%	112	67	64%	299	133	45%

1.2 Provincial compliance status outcome

A total of 112 HEs were inspected during the 2021/22 inspection cycle. Figure 1 below shows the number of inspected HEs during the period under review broken down by categories and compliance status outcome. In terms of compliance performance, regional hospitals achieved 100% compliance rate, clinics achieved 62% compliance rate, 50% for the CHCs, and 0% for district hospitals. Subsequent sections in the report aim to identify factors that account for this performance.

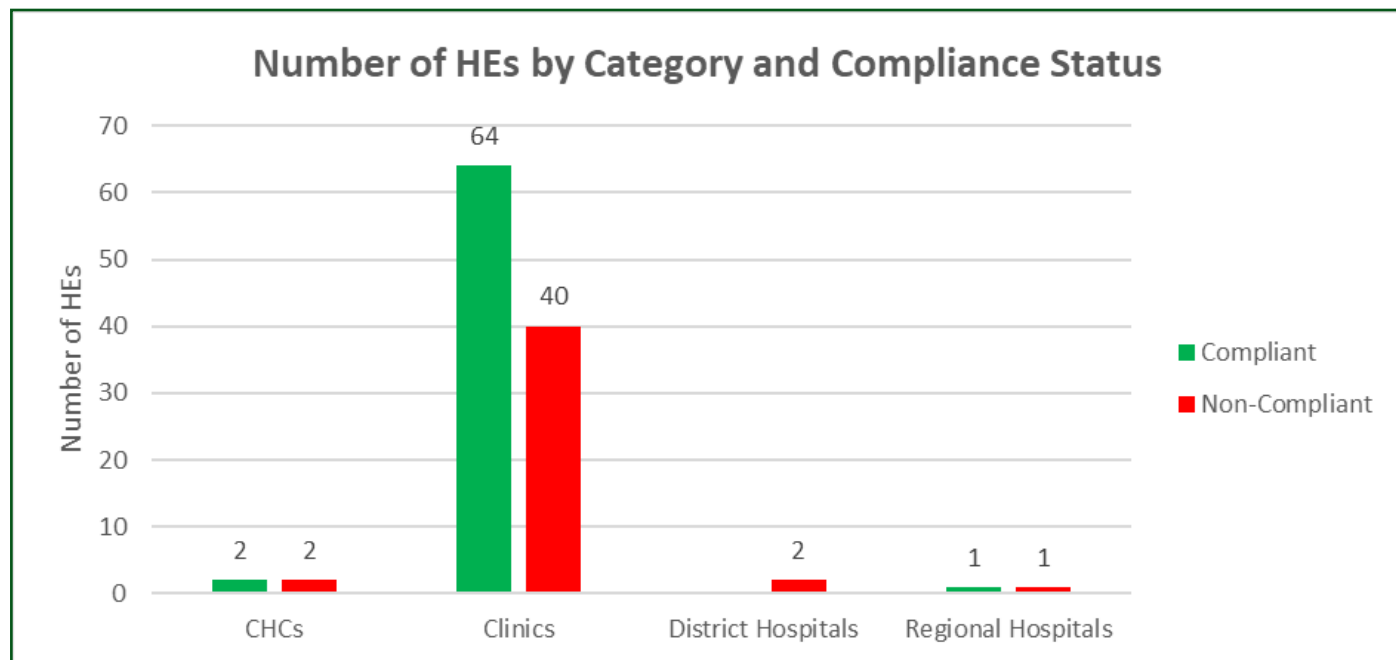
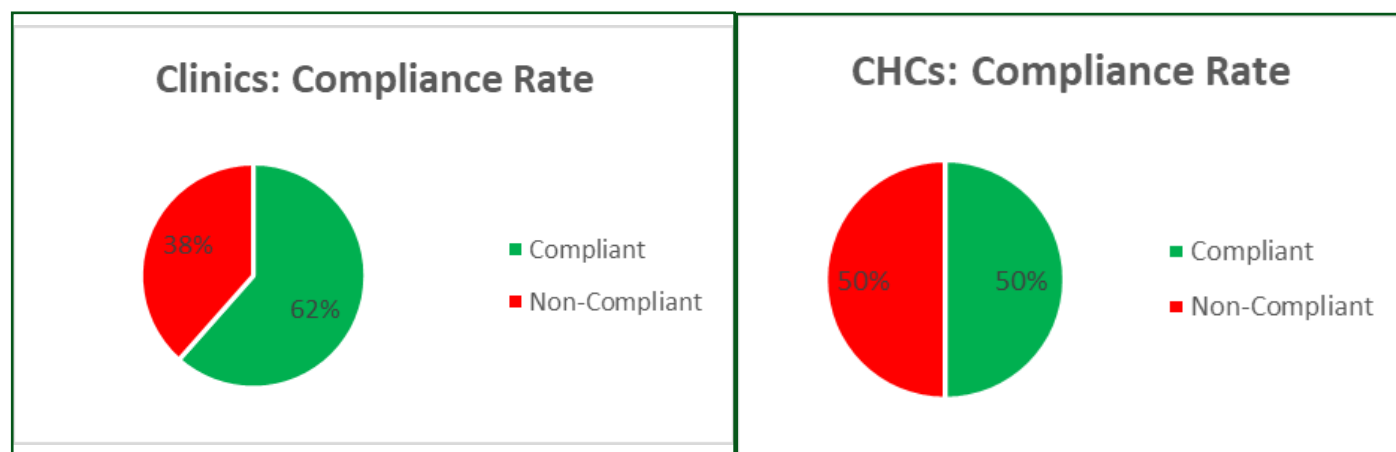


Figure 1: Number of inspected health establishments by category and compliance status

The overall compliance rate of inspected HEs according to their categories is shown in Figure 2 below. In terms of compliance performance, the clinics had a compliance rate of 62%, both CHCs and regional hospitals had 50% compliance rate respectively, and the district hospitals had 0% compliance rate. Subsequent sections in the report aim to identify factors that account for this compliance performance.



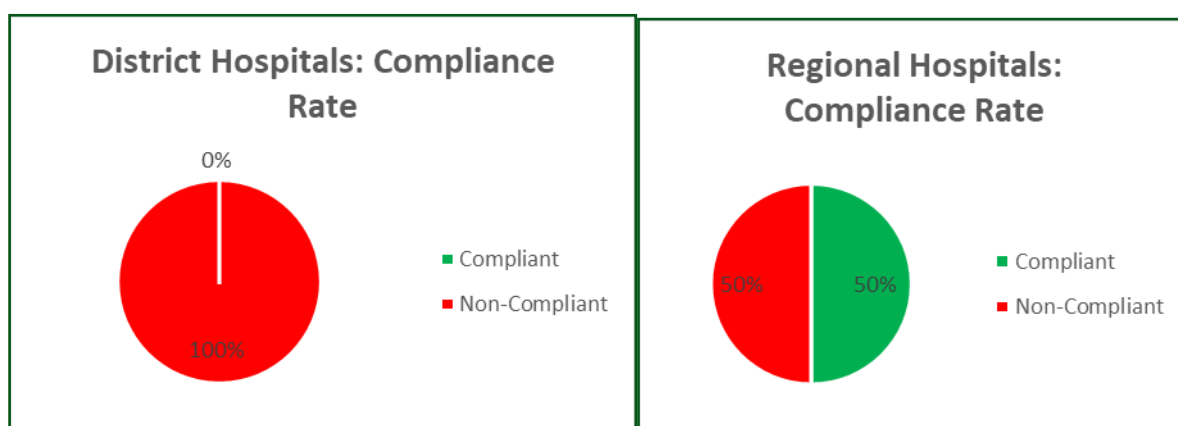


Figure 2: Provincial compliance rate according to categories of HEs, FY 2021/22

1.3 Compliance status outcome

Table 4 below shows the total number of inspected HEs by district, category, and compliance performance.

Table 4: Compliance Status Outcome by district FY 2021/22

Clinics				
District	Number of inspected clinics	Compliant	Non-Compliant	Compliance Rate
eThekwini Metropolitan	17	13	4	76%
King Cetshwayo	11	7	4	64%
uMkhanyakude	11	4	7	36%
uMzinyathi	12	11	1	92%
Zululand	11	11	0	100%
uMgungundlovu	14	6	8	43%
Amajuba	5	3	2	60%
iLembe	2	1	1	50%
Uthukela	10	7	3	70%
Harry Gwala	7	1	6	14%
Ugu	4	0	4	0%
CHCs				
District	Number of inspected CHCs	Compliant	Non-Compliant	Compliance Rate
eThekwini Metropolitan	1	0	1	0%
uMzinyathi	1	0	1	0%
uMgungundlovu	1	1	0	100%
Amajuba	1	1	0	100%
District Hospitals				
District	Number of inspected District Hospitals	Compliant	Non-Compliant	Compliance Rate
uMzinyathi	1	0	1	0%
Ugu	1	0	1	0%

Regional Hospitals				
District	Number of inspected Regional Hospitals	Compliant	Non-Compliant	Compliance Rate
uMgungundlovu	1	0	1	0%
Amajuba	1	1	0	100%

2. PROVINCIAL GRADINGS FOR HEALTH ESTABLISHMENTS

2.1 Overall grading for all HEs by category FY 2021/22

The overall grading of inspected HEs according to their categories are displayed in Figure 3 below.

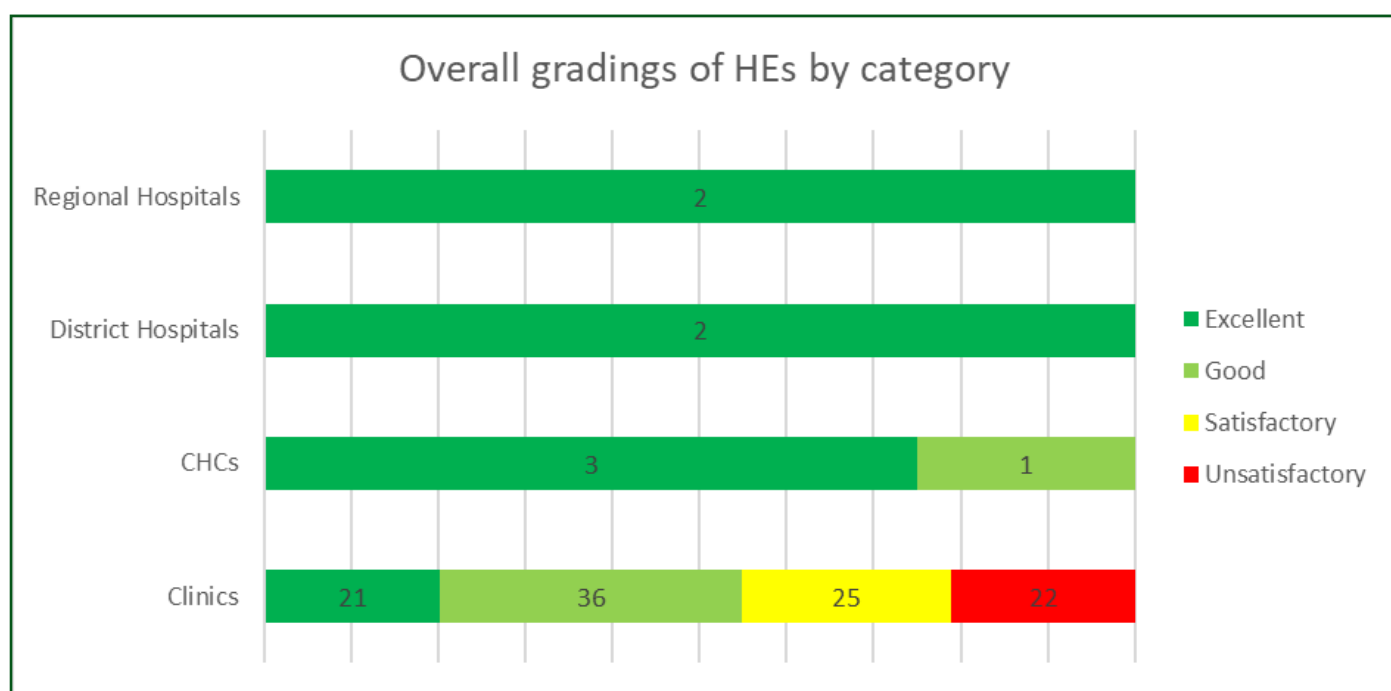


Figure 3: Overall grading by health establishments category



2.2 Overall grading for HEs by district and category FY 2021/22

Figure 4 below shows the overall grading performance of inspected HEs by district and category.

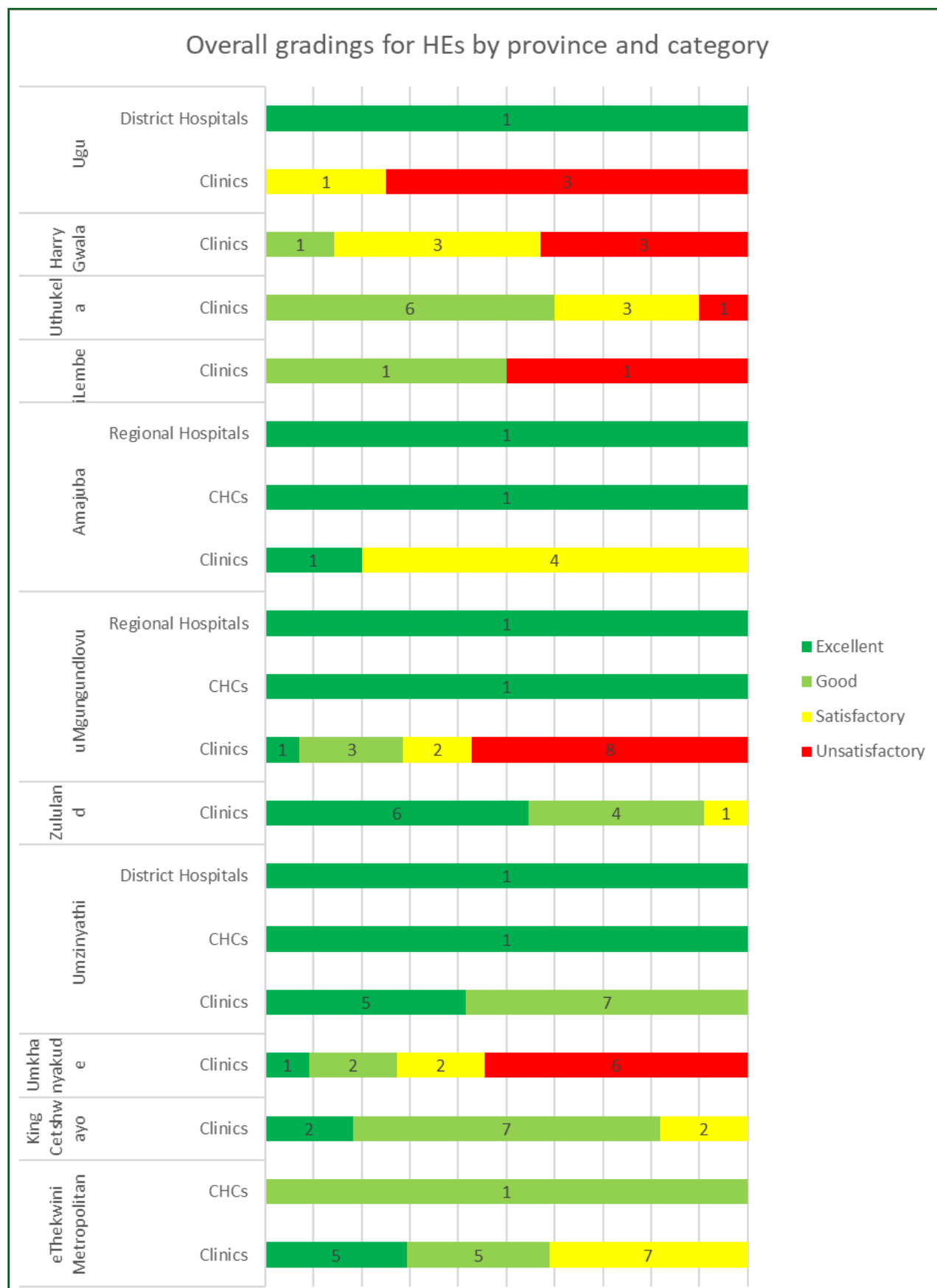


Figure 4: Overall grading for health establishments by district and category

3. PROVINCIAL MEASURE PERFORMANCE FOR HEALTH ESTABLISHMENTS

3.1 Clinics measure performance

This section covers the performance of clinics according to the different measures disaggregated by the risk rating categories.

3.2 Measure performance analysis

3.2.1 Non-negotiable vitals (NNVs)

Table 5 and 6 below shows the overall compliance performance with respect to non-negotiable measures among the inspected clinics. The emergency trolley measure performed the lowest with 67% of HEs complying with all the requirements. The other two measures relating to oxygen had overall compliance of 98%. This finding suggests that the emergency trolley measure contributed significantly to the overall non-compliance rate of clinics during this inspection cycle.

Table 5: Overall Clinics performance on NNVs

Number of inspected clinics	100% Compliant	Less than 100% Compliant
104	70	34

Table 6: Performance analysis according to the three NNVs.

Measures	Total No. of Clinics	Compliant	Non-Compliant	Compliance rate
An oxygen cylinder with pressure gauge is available.	104	103	1	99%
CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	104	70	34	67%
The oxygen available in the cylinder is above the minimum level.	104	102	2	98%

3.2.2 Vital measures

Figure 5 below shows the overall grading performance with respect to vital measures among the inspected clinics. Seventeen (17) of the 104 inspected clinics were found to be Unsatisfactory whilst 25 were Excellent.

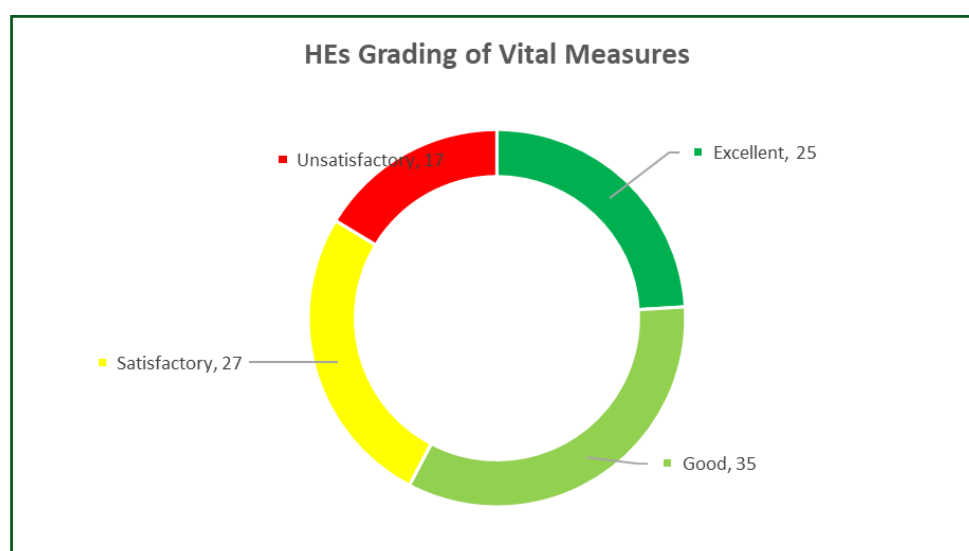


Figure 5: Health establishments grading of vital measures

3.3.3 Essential measures

Figure 6 below shows the overall grading performance with respect to essential measures among the inspected clinics. Eighteen (18) of the 104 inspected clinics were found to be Unsatisfactory whilst 48 were Excellent.

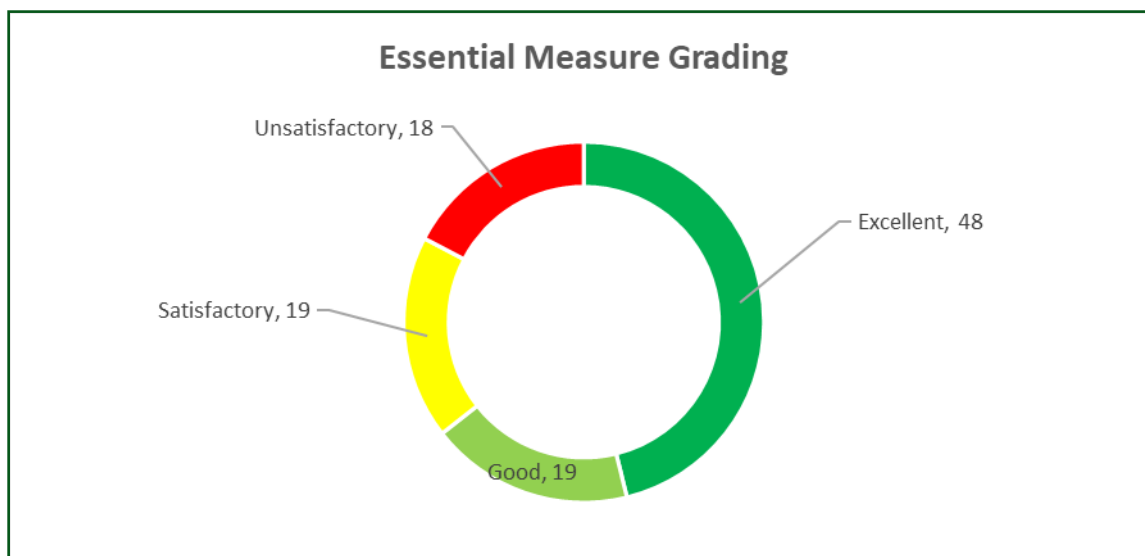


Figure 6: Health establishments grading essential measures

3.3.4 Overall measure performance by compliance status

3.3.4.1 Non-compliant clinics performance on NNVs

Table 7 below indicates 40 of the 104 clinics inspected were found to be non-compliant of which 22 were graded Unsatisfactory. The grading distribution of the remaining **18** HEs was either Excellent, Good and Satisfactory. These HEs would have complied if they achieved the minimum threshold of 100% on NNVs.

Table 7: Non-compliant Clinics' performance on NNVs

Row Labels	Excellent, Good and Satisfactory	Unsatisfactory
100% Compliant	0	6
Less than 100% Compliant	18	16
Grand Total	18	22

3.3.4.2 Clinics' overall measure performance by functional area (FA)

Functional areas in this context are defined as the areas/units of the HEs where inspections are conducted. In the PHC (clinic) inspection tool, there are 4 FAs namely: Clinic Manager, Clinical Services, Dispensary/Medicine Cupboard, and Maintenance Support. The four functional areas are further discussed in the following sections.

Annexures A3 and A4 detail the performance of measures (vital and essential) in these functional areas organised in ascending order for ease of identifying the worst performing measures.

3.3.4.3 Clinic manager

The Clinic Manager FAs area relates to the aspects and requirements that are the responsibility of the facility manager or operational manager at the clinic level and is assessed on measures related to leadership and governance of the HEs. Figure 7 below, shows aggregate performance in the Clinic Manager functional area per district.

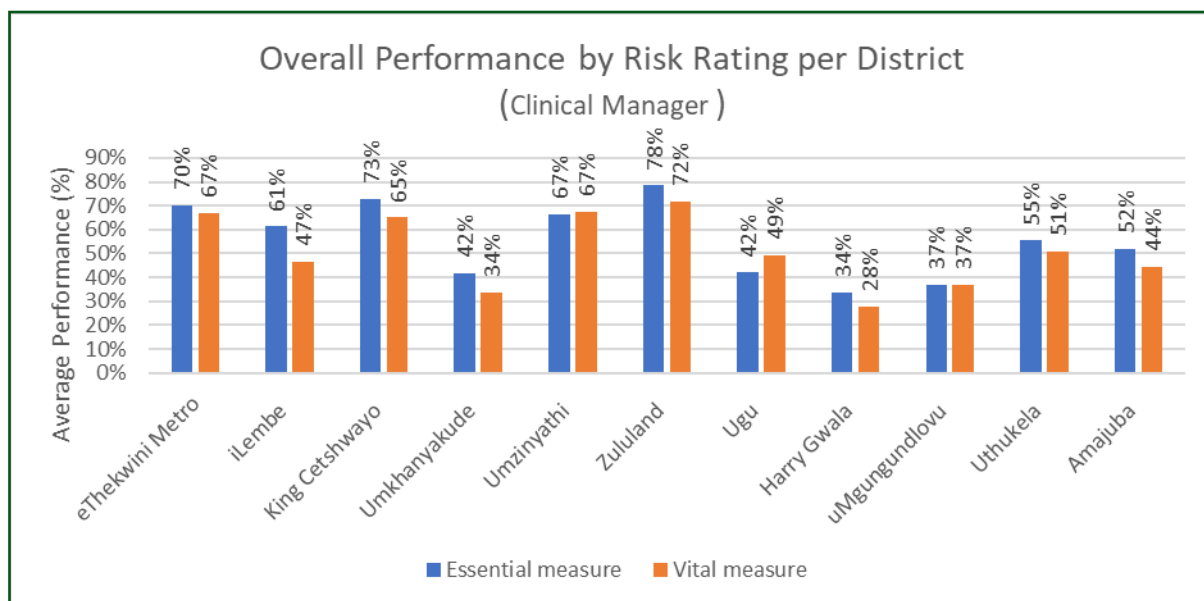


Figure 7: Overall risk rating measure performance by district (clinic manager)

3.3.4.4 Clinical services

Clinical Services FA is concerned with aspects of quality clinical service delivery and is assessed for the way clinical services are organised and delivered to ensure that users receive care that they need, in line with best available evidence, and in the most efficient way. Measure performance in this FA is shown in Figure 8 below.

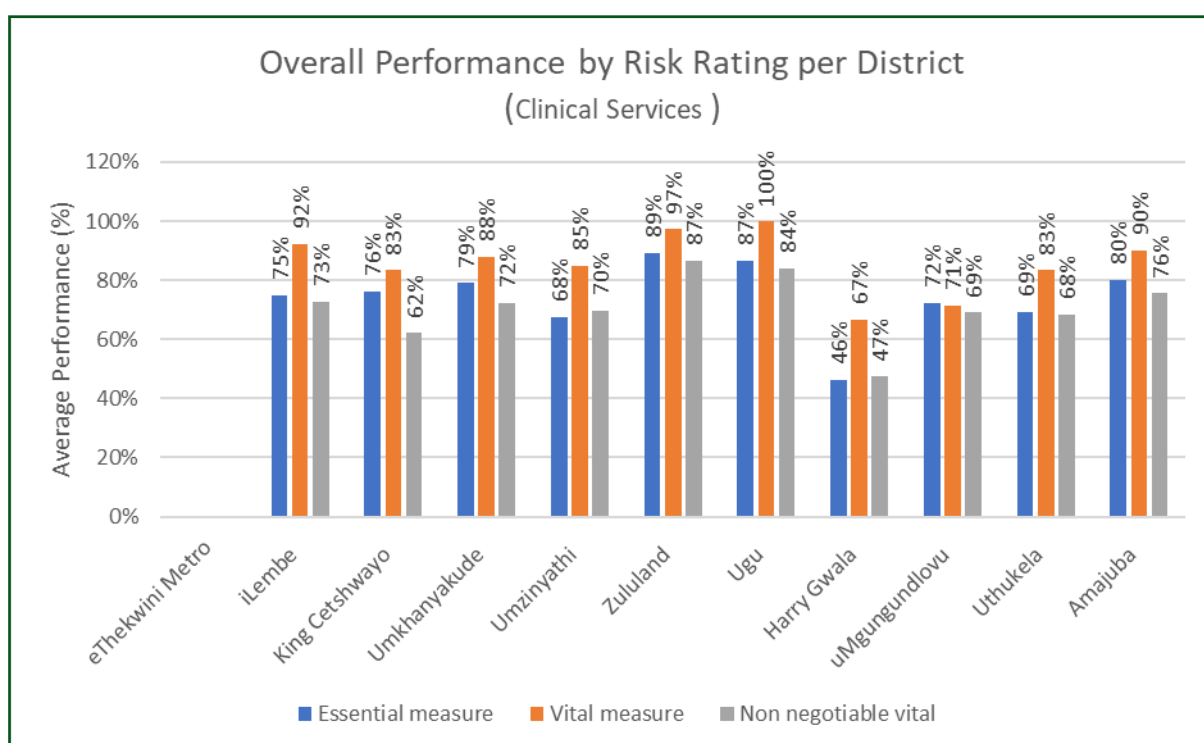


Figure 8: overall measure performance by risk rating per district (clinical services)

3.3.4.5 Dispensary/medicine cupboard

Dispensary/Medicine cupboard FA is primarily concerned with aspects of medicine availability and pharmaceutical products management and is assessed for the effectiveness and efficiency in management of medicines as an essential part of access to quality at the clinic level. Figure 9 below shows the performance by district and risk rating.

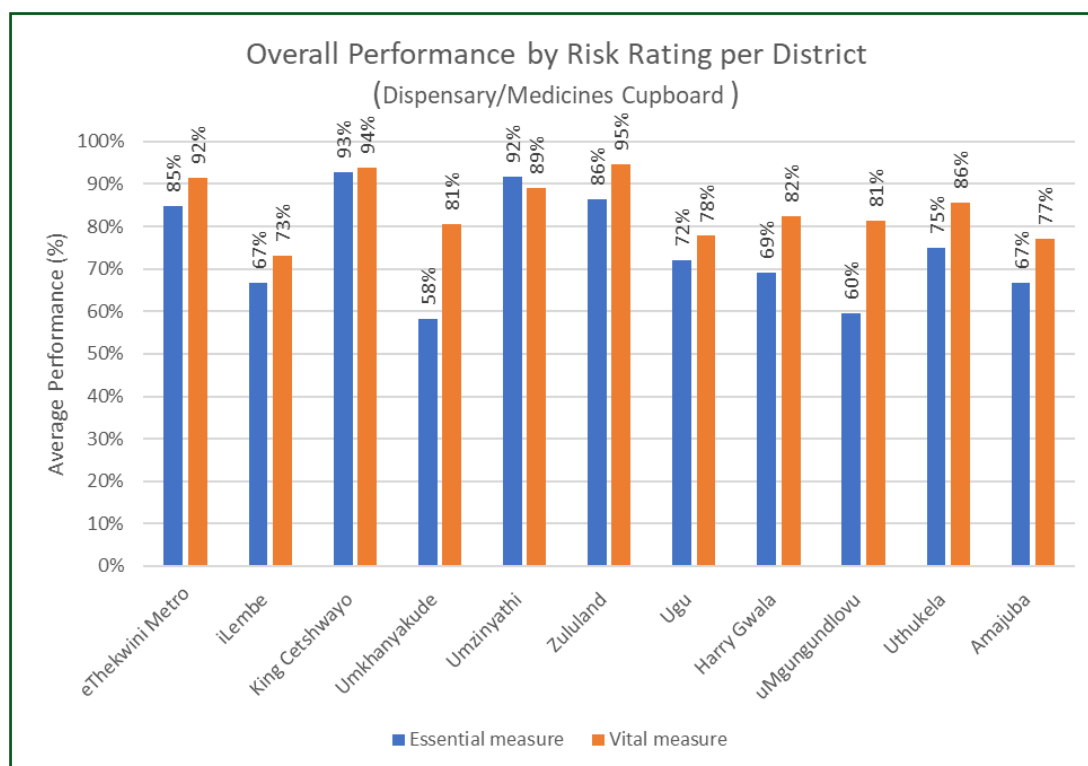


Figure 9: Overall Measure performance by Risk Rating per district (Dispensary/Medicine Cupboard)

3.3.4.6 Maintenance support

Maintenance Support FA is primarily concerned with aspects of health infrastructure and maintenance such as buildings, electricity back-up supply equipment, and sewage system. Figure 10 below shows varied performance in the Maintenance Support FA area across the 11 districts.

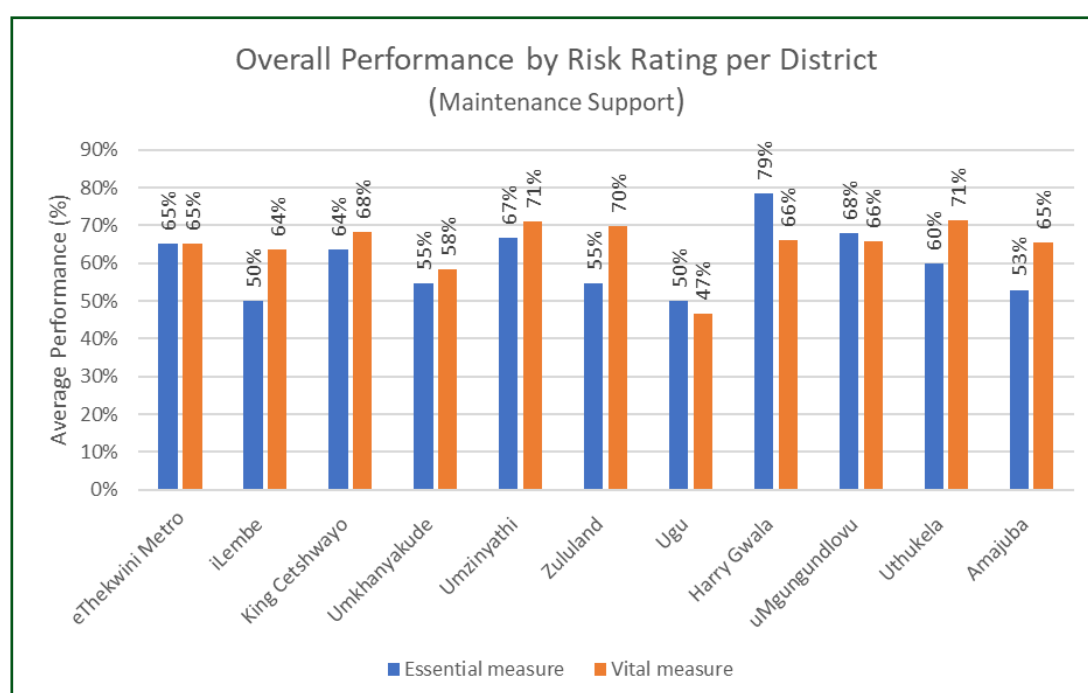


Figure 10: Overall measure performance by risk rating per district (maintenance support)

3.3.4.7 Clinics performance on domains

Aggregate performance outcomes on domains at national level are indicated in Figure 11 below. Domains included in the Norms and Standards Regulations for the different categories of HEs 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 User Rights followed closely by Clinical Support Services while the lowest performing domain is Governance and Human Resources. Governance and human resources are critical health system inputs that impact on service delivery including ability to provide quality and safe healthcare. The commonly non-compliant measures included unavailability of functional clinic committees, non-adherence to the performance management systems and ineffective management of occupational health and safety systems among others.

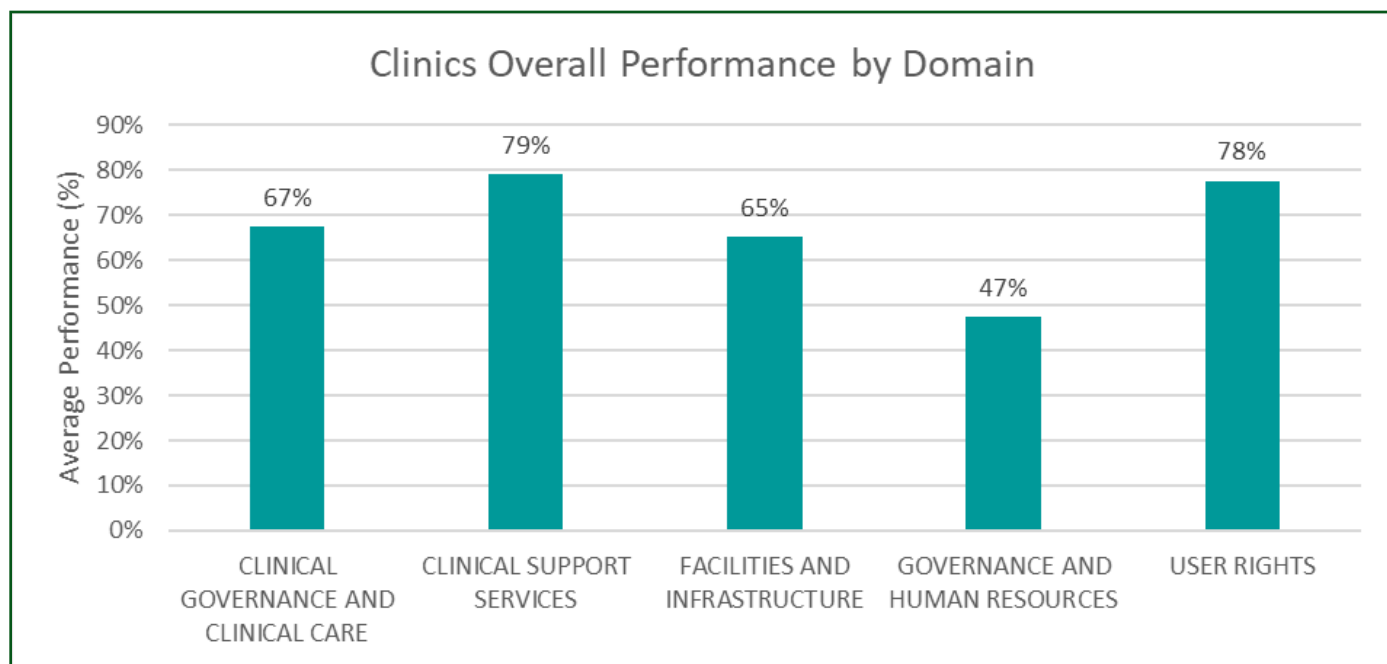


Figure 11: Clinics Overall Measure Performance by Domain

3.3.4.8 Clinics overall measure performance by domain per district

Disaggregated performance outcome on domains by province is shown in Figure 12.

District	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES	USER RIGHTS
eThekweni Metro	73%	85%	64%	60%	83%
iLembe	60%	71%	67%	52%	74%
King Cetshwayo	77%	77%	72%	51%	87%
Umkhanyakude	53%	78%	58%	34%	69%
Umkhanyathi	78%	94%	70%	61%	89%
Zululand	82%	93%	74%	63%	87%
Ugu	49%	58%	49%	24%	66%
Harry Gwala	55%	71%	64%	25%	64%
uMgungundlovu	58%	66%	61%	33%	62%
Uthukela	69%	76%	64%	49%	79%
Amajuba	61%	74%	63%	50%	79%

Figure 12: Measure performance by domain per district

3.3.4.9 Overall performance of measures according to standards and domains

Figures 13 to 17 below show average performance on measures at the level of standards per domain across all inspected clinics. The information in the five (5) Figures identify specific areas that need improvement to assist the HEs to meet the requirements for compliance to norms and standards regulations and achieve certification by the OHSC. The standard performance is calculated as the average score of measures within that standard.

3.3.4.10 User rights

Standard Name	Standard Performance
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	73%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	89%
The health establishment must maintain a system of referral as established by the responsible authority.	64%
The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	84%

Figure 13: Performance on standards across all clinics (user rights)

3.3.4.11 Clinical governance and care domain

Standard Name	Standard Performance
The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	26%
The health establishment must ensure that health records of health care users are protected managed and kept confidential in line with section 14 15 and 17 of the Act.	71%
The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.	75%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	66%
The health establishment must have a formal process to be followed when obtaining informed consent from the user.	63%
The health establishment must have a system to monitor and report all adverse events.	75%
The health establishment must maintain an environment which minimises the risk of disease outbreaks the transmission of infection to users health care personnel and visitors.	74%

Figure 24: Performance on standards across all clinics (clinical governance and care)

3.3.4.12 Clinical support services

Standard Name	Standard Performance
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	78%
The health establishment must comply with the provisions of the Pharmacy Act 1974 and the Medicines and Related Substances Act 1965.	80%

Figure 15: Performance on standards across all Clinics (Clinical Support Services)

3.3.4.13 Facilities and infrastructure

Standard Name	Standard Performance
The health establishment and their grounds must meet the requirements of the building regulations.	69%
The health establishment must ensure that engineering services are in place.	70%
The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.	74%
The health establishment must have systems to protect users health care personnel and property from security threats and risks.	57%

Figure 16: Performance on standards across all clinics (facilities and infrastructure)

3.3.4.14 Governance and human resource

Standard Name	Standard Performance
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	59%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	39%
The health establishment must have a functional governance structure with written Terms of Reference.	3%

Figure 17: Performance on standards across all Clinics (Governance and Human Resource)

3.4 Community health centres

This section covers the performance of inspected Community Health Centres (CHCs) according to the different measures disaggregated by the risk rating categories.

3.4.1 Overall measure performance analysis

3.4.2 Non-negotiable measures

A total of 4 CHCs were inspected. Of these, two (2) representing 50% were able to achieve a 100% on all the NNMs requirements and attained a compliance status. Table 10 below shows the overall grading performance with respect to non-negotiable measures (NNMs) amongst the inspected CHCs. The NNMs performance are further discussed per relevant functional areas such as Midwife Obstetric Unit (MOU), Emergency Unit and Clinical Services.

Table 8: Overall CHC performance on NNMs

Number of Inspected CHCs	NNM 100% Compliant	NNM Non-Compliant (< 100%)
4	2	2

Table 9, 10 and 11 below show the scores for Non-negotiable measures in the three functional areas, namely MOU, emergency unit and clinical services. Due to the size and proximity between functional areas at the CHC's, the emergency trolley may have been centralised and accessible for all other clinical FAs, hence the variation in the number of applicable measures.

Table 9: MOU performance on NNMs

Measure Name	Number of Applicable Measures	Compliant measures	Compliance Rate
An oxygen cylinder with pressure gauge is available.	4	4	100%
CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	4	2	50%
The oxygen available in the cylinder is above the minimum level.	4	3	75%

Table 10: CHC performance on NNMs (Emergency Unit)

Measure Name	Number of Applicable Measures	Compliant measures	Compliance Rate
An oxygen cylinder with pressure gauge is available in the resuscitation or emergency room.	4	4	100%
CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicines and equipment listed below.	4	2	50%
The oxygen available in the cylinder is above the minimum level.	4	4	100%

Table 11: CHC performance on NNMs (Clinical Services)

Measure Name	Number of Applicable Measures	Compliant measures	Compliance Rate
An oxygen cylinder with pressure gauge is available.	4	4	100%
CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	3	2	67%
The oxygen available in the cylinder is above the minimum level.	4	4	100%



3.4.3 Overall CHC performance on vital measures

Figure 18 below shows the overall grading performance with respect to vital measures among the inspected CHCs. Of all 4 inspected CHCs, 3 were graded Excellent and one was graded Good.

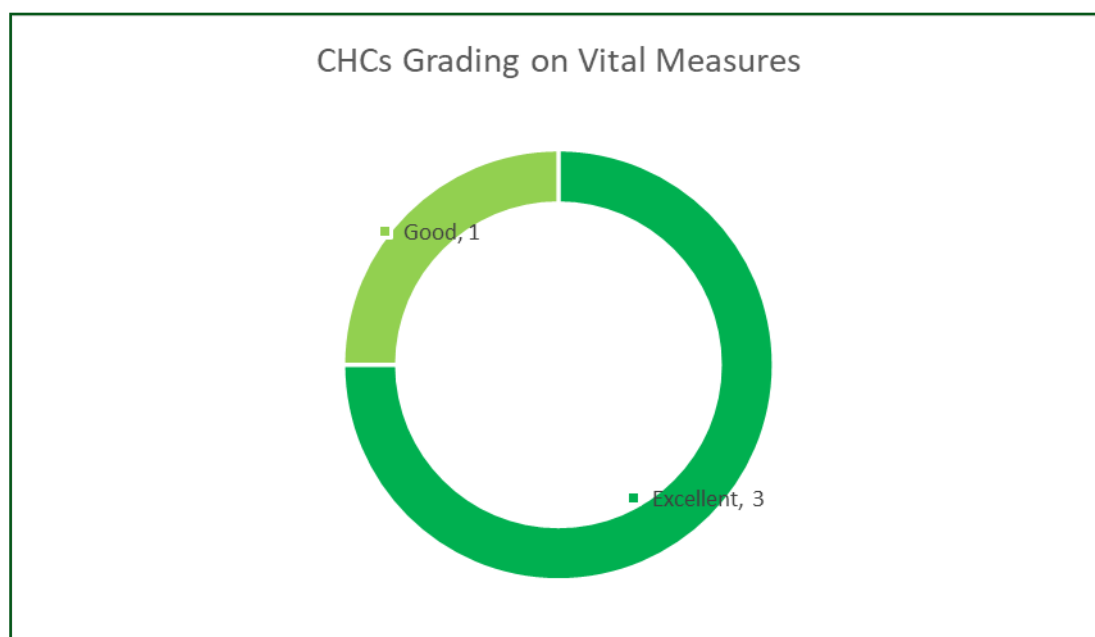


Figure 18: Health establishments grading of vital measures

3.4.4 Overall CHC performance on essential measures

Three (3) CHCs were graded Excellent, while one was graded Good as depicted in Figure 19.

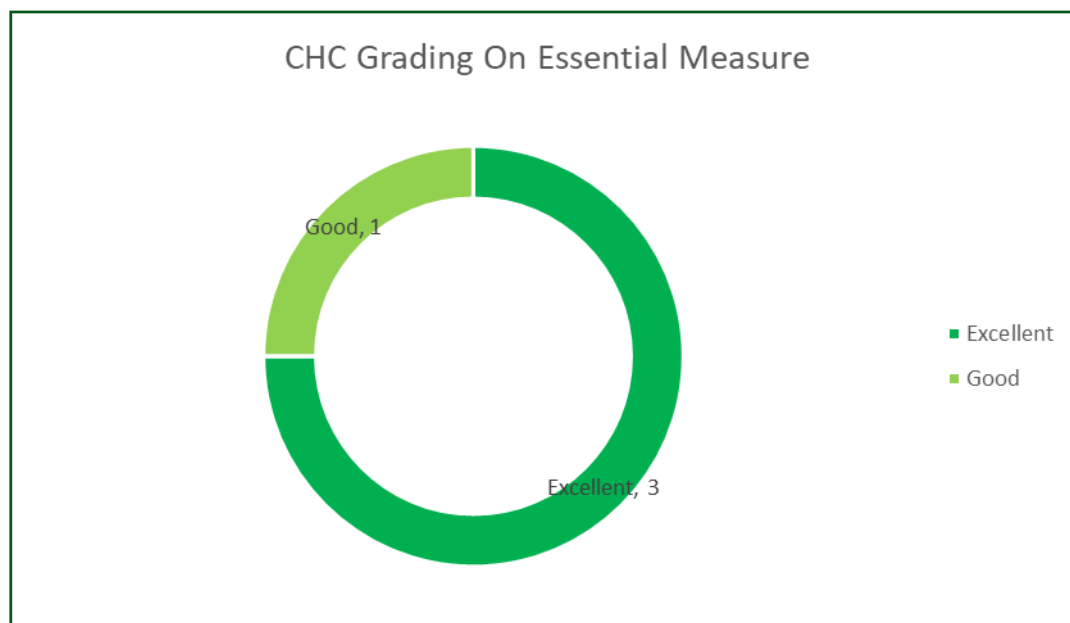


Figure 19: Health establishments grading of essential measures



3.4.5 Non-compliant CHC performance on NNMs by grading

The table below depicts that 2 of the 4 inspected CHCs were non-compliant of which were graded as Excellent and Good. These two CHCs would have achieved compliance if they achieved the minimum threshold of 100% on NNMs.

Table 12: Non-compliant Clinics' performance on NNVs

Row Labels	Excellent, Good and Satisfactory
100% Compliant	2
Less than 100% Compliant	2
Grand Total	4

3.4.6 CHCs overall measure performance by functional area

3.4.6.1 CHCs manager

The CHC Manager FA relates to the aspects and requirements that are the responsibility of the facility manager and is assessed for issues related to leadership and governance of the HEs. Figure 20 below shows the aggregated performance in the CHC Manager FA per district. Both uMgungundlovu and eThekweni performed below 60% and 50% on average for both vital and essential measures respectively.

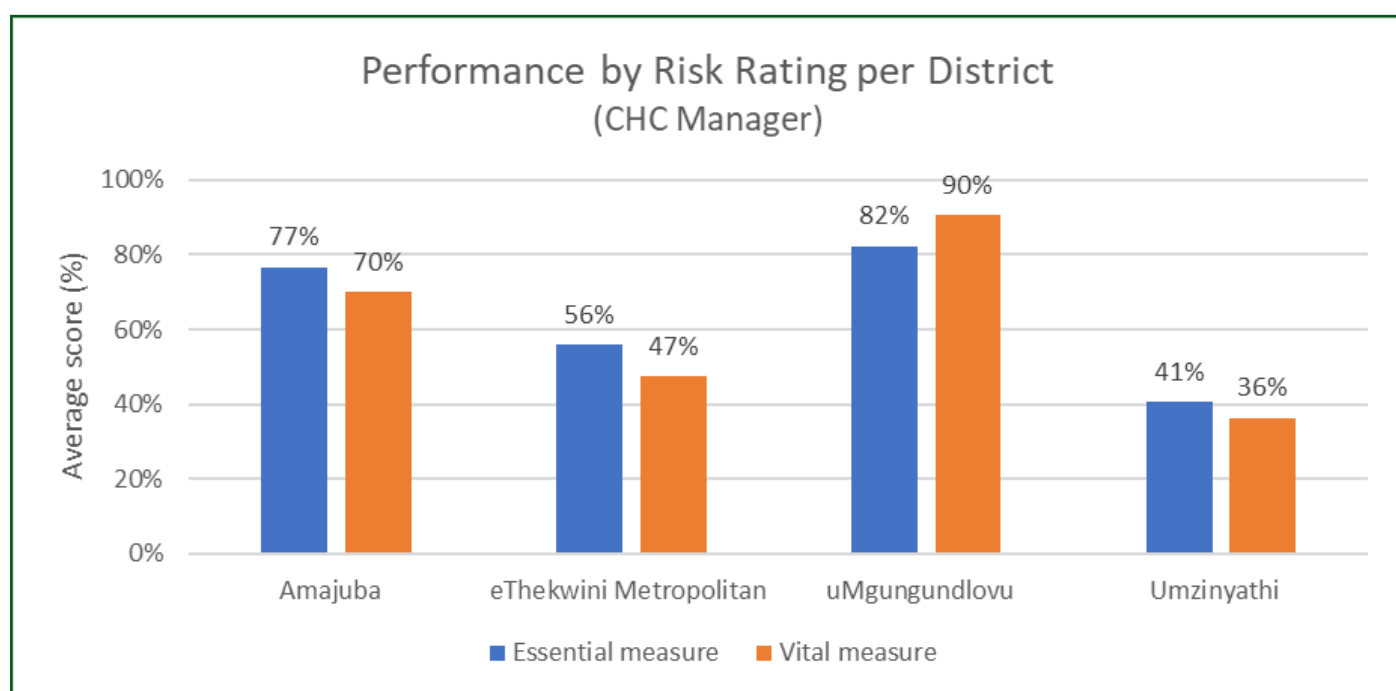


Figure 20: Overall measure performance by risk rating per district (chc manager)

3.4.6.2 Clinical services

Figure 21 below indicates the aggregated performance in the Clinical Services FA with a variation on performance among vital, essential and NNM measures in all districts across the province. On NNMs, all inspected districts achieved 100% except for eThekwini that achieved below 70% for the clinical services FA. While all districts achieved over 70% on vital measures except for uMgungundlovu that achieved 59%. On average, all districts achieved 75% on all essential measures.

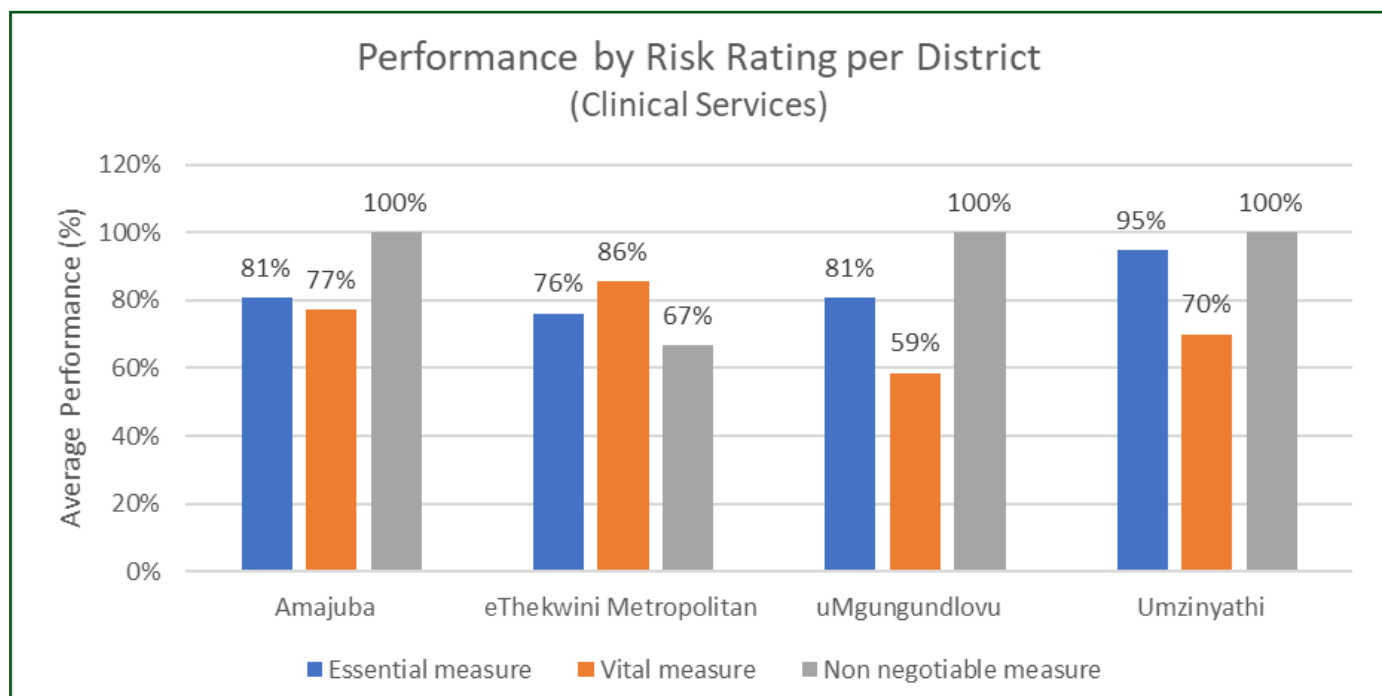


Figure 21: Overall measure performance by risk rating per district (clinical services)

3.4.6.3 Emergency unit

The inspected HEs performed generally well in this FA with average scores across the districts as shown in Figure 22.

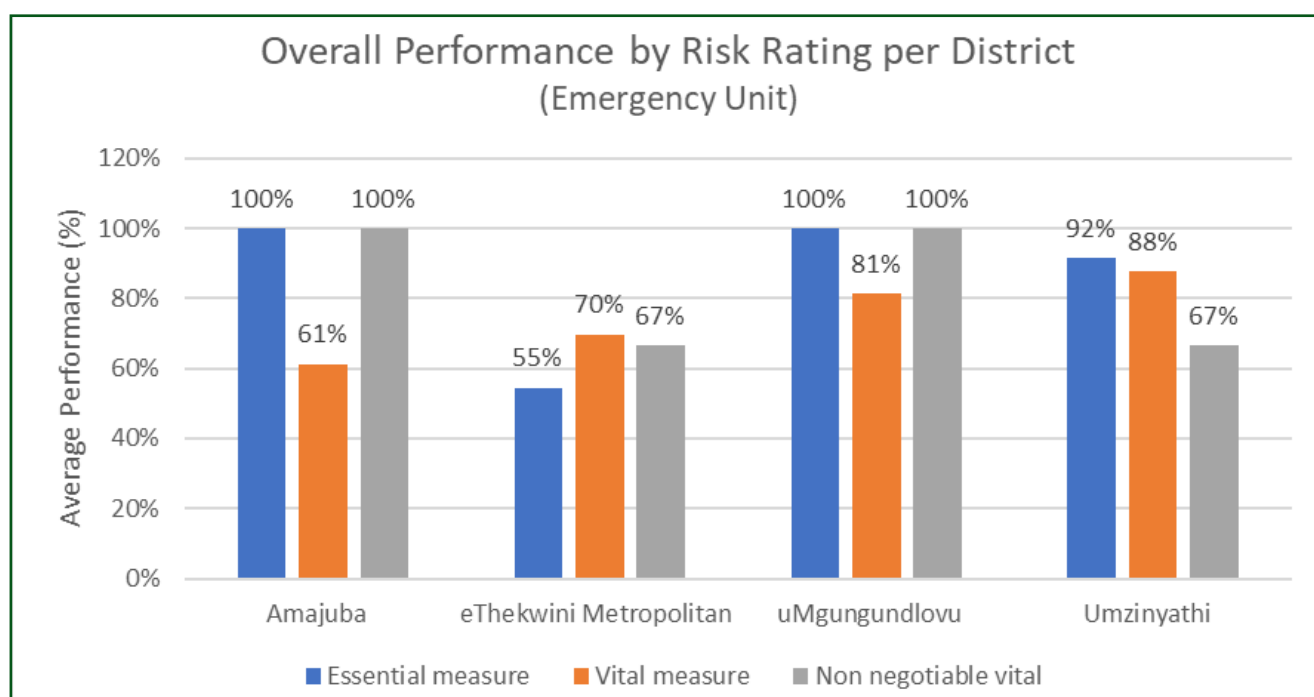


Figure 22: Overall measure performance by risk rating per district (emergency unit)

3.4.6.4 Midwife obstetrics unit

Figure 23 below shows that the inspected HEs performed generally well in this FA with average scores across the districts

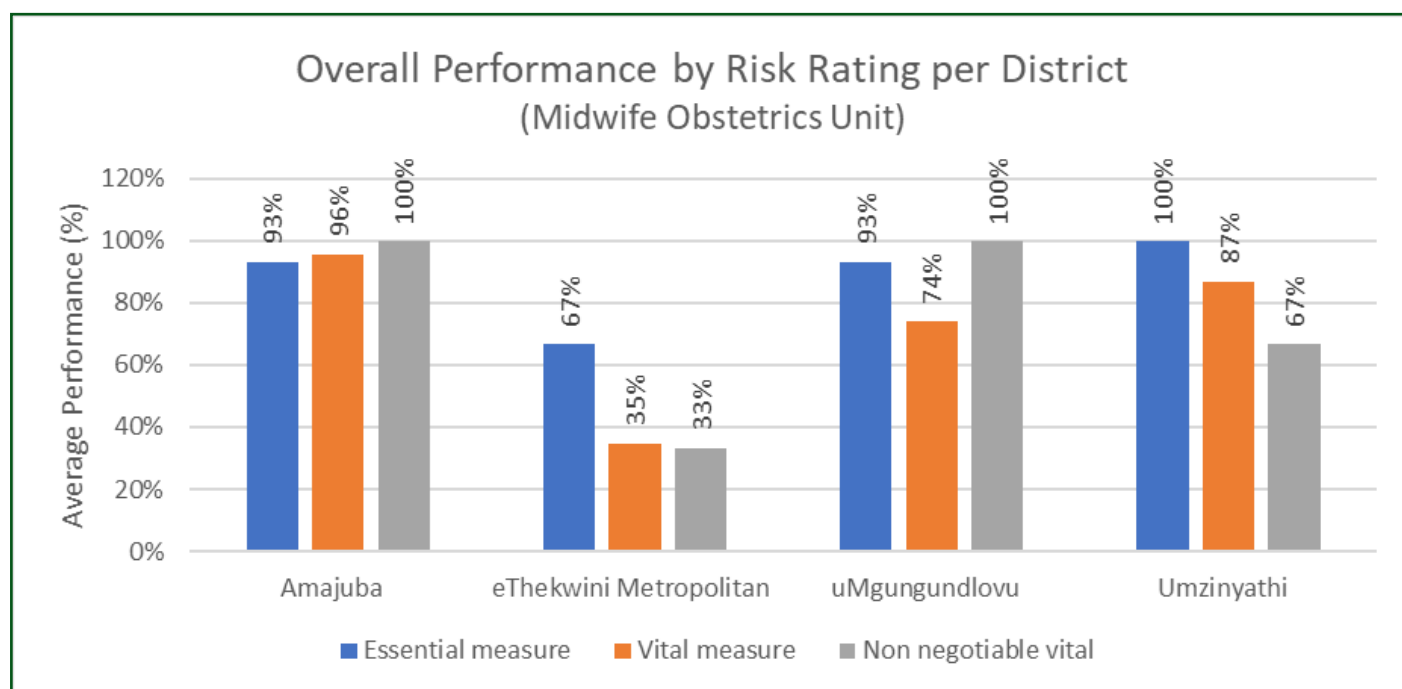


Figure 23: Overall measure performance by risk rating per district. (midwife obstetrics unit)

3.4.6.5 Pharmacy/dispensary

The performance in this FA area viewed across the country is shown in Figure 24 below indicating average scores.

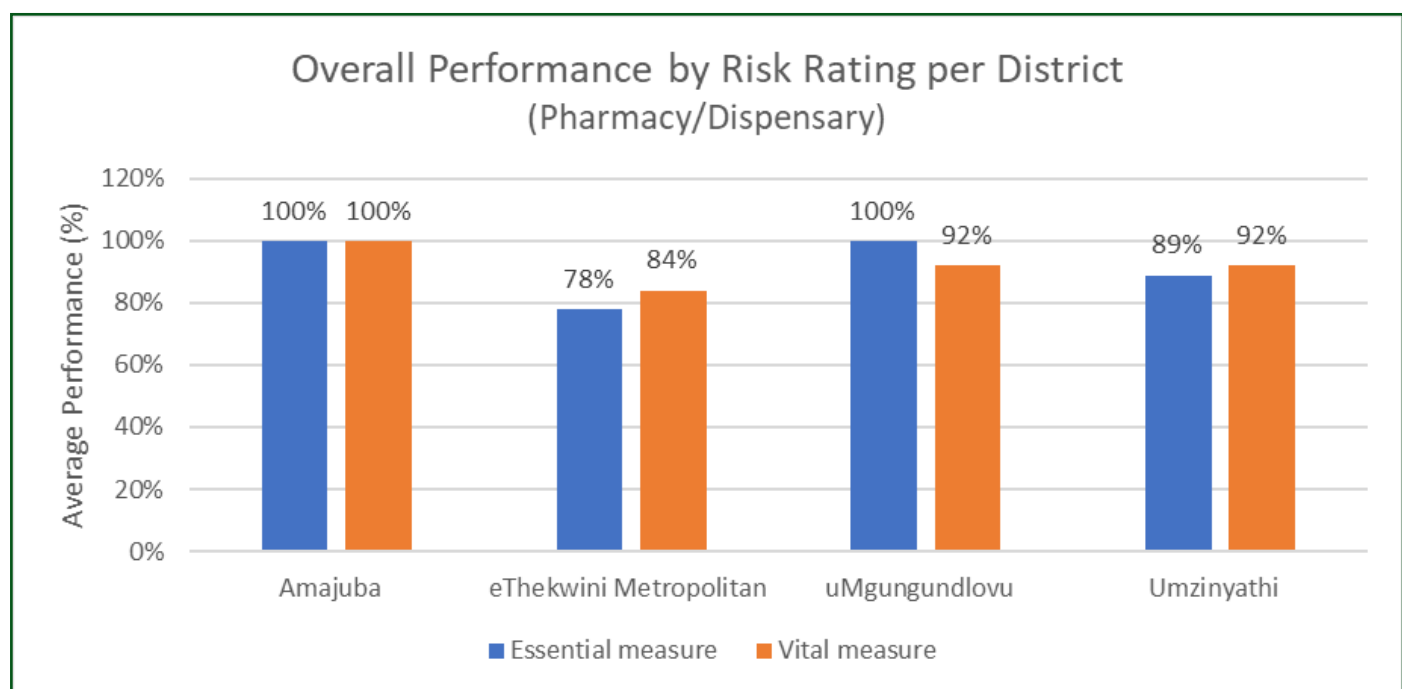


Figure 24: Overall measure performance by risk rating per district (pharmacy/dispensary)

3.4.6.6 Maintenance support

Figure 25 below shows that the inspected HEs performed generally well on both vital and essential measures in this FA with average scores of over 80% across the districts.

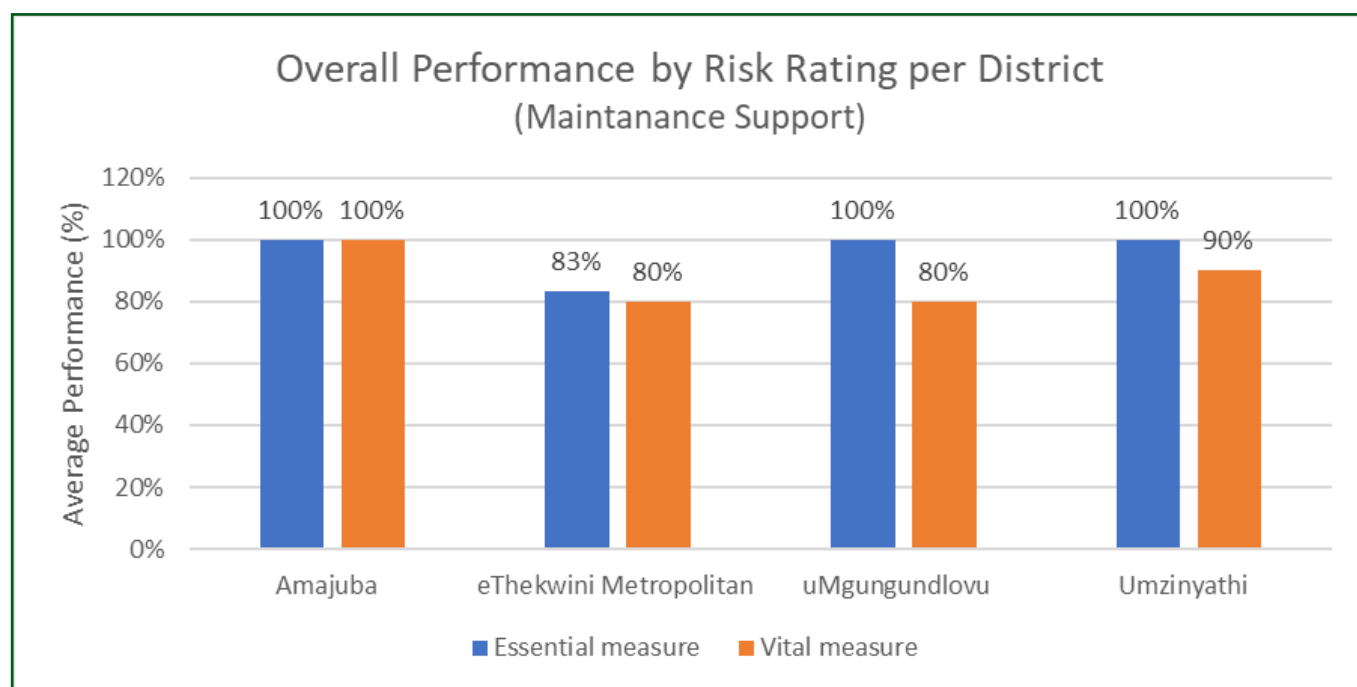


Figure 25: Overall measure performance by risk rating per district (maintenance support)

3.4.6.7 Overall measure performance by domain

Figure 26 below indicates aggregated performance outcome on domains at provincial level in this category of healthcare. The highest performing domain is Facilities and Infrastructure followed closely by Clinical Support Services while the lowest performing domain is Governance and Human Resources. Governance and human resources are critical health system inputs that impact on service delivery including ability to provide quality healthcare. Common non-compliant measures related to staffing needs that were not determined, unavailability of functional clinic committees, non-adherence to the performance management systems and ineffective management of occupational health and safety systems among others.

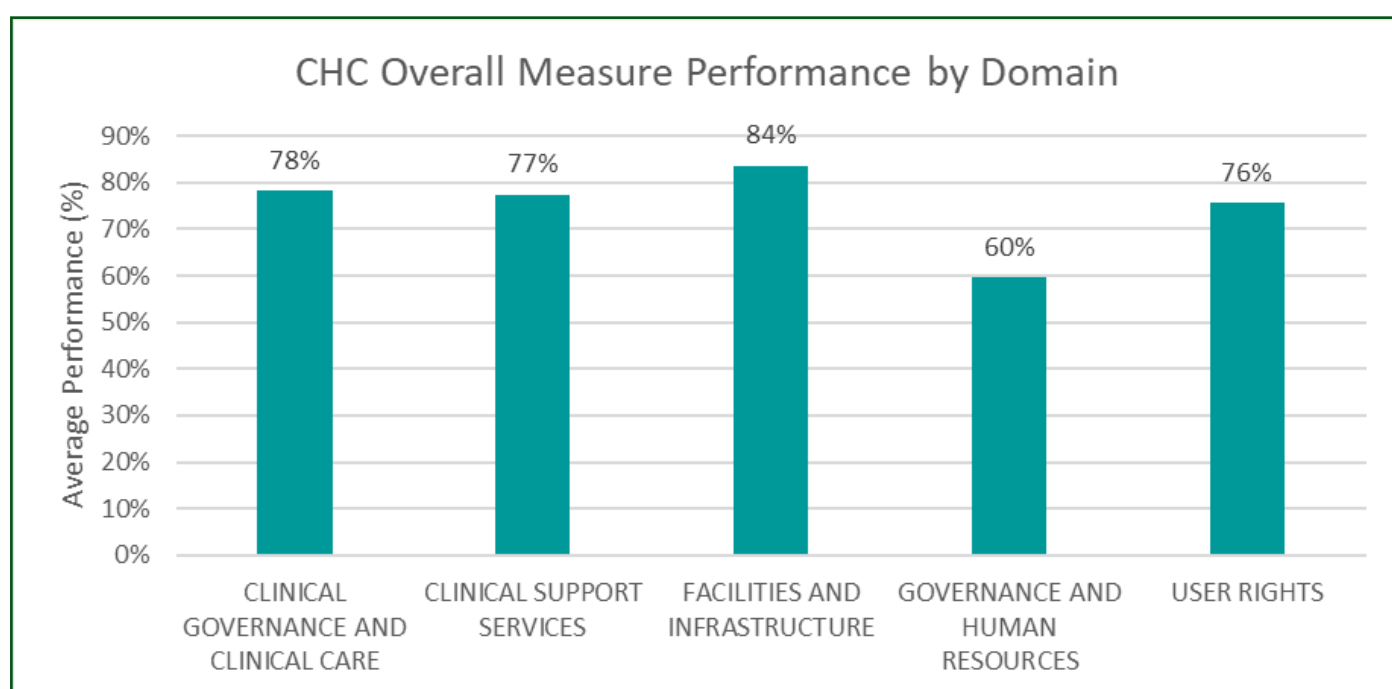


Figure 26: CHC overall measure performance by domain

3.4.6.8 CHCs measure performance by domain per district

Figure 27 below indicates disaggregated performance outcome on domains per district.

DISTRICT	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES	USER RIGHTS
Amajuba	87%	84%	88%	58%	83%
eThekweni Metropolitan	64%	71%	71%	55%	68%
uMgungundlovu	85%	75%	83%	83%	86%
Umzinyathi	78%	80%	94%	42%	66%

Figure 27: Performance outcomes on domains per district.

3.4.6.9 Overall measure performance by standard and domain

Table 28 to 32 below show average performance on measures at the level of standards per domain across all inspected CHCs. The information in the five (5) Figures below identify specific areas that need improvement to assist the HEs to meet the requirements for compliance with norms and standards regulations to achieve certification by the OHSC. The standard performance is calculated as the average performance for measures within that standard.

3.4.6.10 CHC User rights

Standard Name	Standard Performance
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	75%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	89%
The health establishment must maintain a system of referral as established by the responsible authority.	71%
The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	61%

Figure 28: CHC User rights



3.4.6.11 CHCs clinical governance and clinical care

Standard Name	Standard Performance
(b) A health establishment must establish and maintain systems structures and programmes to manage clinical risk.	80%
The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	64%
The health establishment must ensure that health records of health care users are protected managed and kept confidential in line with section 14 15 and 17 of the Act.	76%
The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.	94%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	67%
The health establishment must have a formal process to be followed when obtaining informed consent from the user.	56%
The health establishment must have a system to monitor and report all adverse events.	89%
The health establishment must issue a discharge report to users in accordance with section 10 of the Act.	100%
The health establishment must maintain an environment which minimises the risk of disease outbreaks the transmission of infection to users health care personnel and visitors.	87%

Figure 29: CHCs Clinical Governance and Clinical Care

3.4.6.12 CHC clinical support services

Standard Name	Standard Performance
Health establishments must ensure that diagnostic services are available and safe for users and for health care personnel involved in delivering these services.	100%
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	69%
The health establishment must comply with the provisions of the Pharmacy Act 1974 and the Medicines and Related Substances Act 1965.	85%

Figure 30: CHC Clinical Support Services

3.4.6.13 CHC facilities and infrastructure

Standard Name	Standard Performance
The health establishment and their grounds must meet the requirements of the building regulations.	90%
The health establishment must ensure that engineering services are in place.	87%
The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.	94%
The health establishment must have systems to protect users health care personnel and property from security threats and risks.	67%

Figure 31: CHC Facilities and infrastructure

3.4.6.14 CHC governance and human resource

Standard Name	Standard Performance
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	78%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	44%
The health establishment must have a functional governance structure with written Terms of Reference.	0%

Figure 32: CHC Governance and human resource

3.5 District hospitals

This section covers the performance of inspected District Hospitals according to the different measures disaggregated by the risk rating categories.

3.5.1 Overall measure performance analysis

3.5.2 Non-negotiable measures

A total of 2 district hospitals were inspected during the period under review. None of the inspected HEs were able to achieve a 100% on the NNMs requirements and were not compliant. Table 13 and 14 below shows the overall performance with respect to non-negotiable measures (NNMs) amongst the two inspected district hospitals.

Table 13: Overall District Hospital performance on NNMs

Number of Inspected district hospitals	NNM 100% Compliant	NNM Non-Compliant (< 100%)
2	0	2

Table 14: Districts Hospitals NNMs Compliance Rate

NNMs	Total Measures	Non-Compliant Measures	Compliant Measures	Compliance Rate
Emergency trolley is stocked with medicines and equipment.	29	24	5	82.76%
Health care providers correctly complete forms used for informed consent.	17	7	10	41.18%
Emergency power supply is available in the ward/unit in the event of a power disruption.	20	15	5	75.00%
The ward/unit has a functional system to supply piped oxygen to clinical areas.		3	3	50.00%
Medical supplies and equipment for resuscitation are available.		2		100.00%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.		3	3	50.00%
A functional system is in place to supply piped medical gas to clinical areas.		1	1	50.00%

None of the district hospitals achieved NNMs overall score of 100% and therefore did not satisfy the requirements for an overall compliance status as shown in Table 15.

Table 15: Performance on NNM of inspected District Hospitals

Establishment Name	Number of Applicable Measures	Compliant Measures	Compliance Rate
Dundee Hospital	48	36	75%
GJ Crooke's Hospital	47	23	49%

3.5.3 Overall vital measures grading

Figures 37 and 38 below show that most of the vital measures in the inspection tool, ranged between 80-100%. Both Dundee Hospital and GJ Crooke's Hospital were graded “Excellent” for vital and essential measures.

3.5.4 Overall measure performance by facility compliance status

Table 16 below shows that the two inspected district hospitals were graded Excellent. These hospitals would have been compliant had they achieved 100% with the NNMs requirements.

Table 16: Performance of District Hospitals on NNMs

NNM'S Compliance	Total Inspected	HE Grading
		Excellent
Non-Compliant	2	2

3.5.5 Measure performance by domain for district hospitals

Figures 33 below indicate aggregate performance outcome on domains for the two inspected district hospitals. Of all the domains in the norms and standards regulations, User Rights was found to be the highest performing followed closely by Facilities and Infrastructure and Clinical Governance and Clinical Care, while the lowest performing domain is Clinical Support Services.

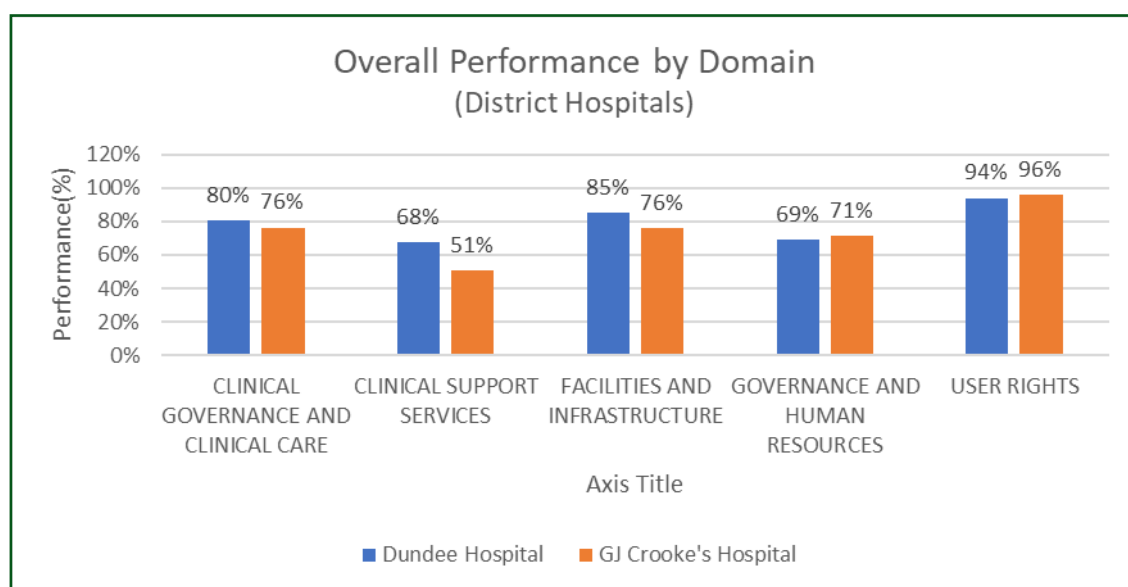


Figure 33: District hospital's performance by domain (district hospital)

3.5.6 Overage measure performance by functional area for district hospitals

Figure 34 below depicts average measure performance of FAs in the two inspected district hospitals. Transport services and Clinical Management Group as the highest performers whereas cleaning and Health technology/clinical engineering performed lowest. All clinical FAs performed on average over 60% except for speech therapy and occupational therapy.

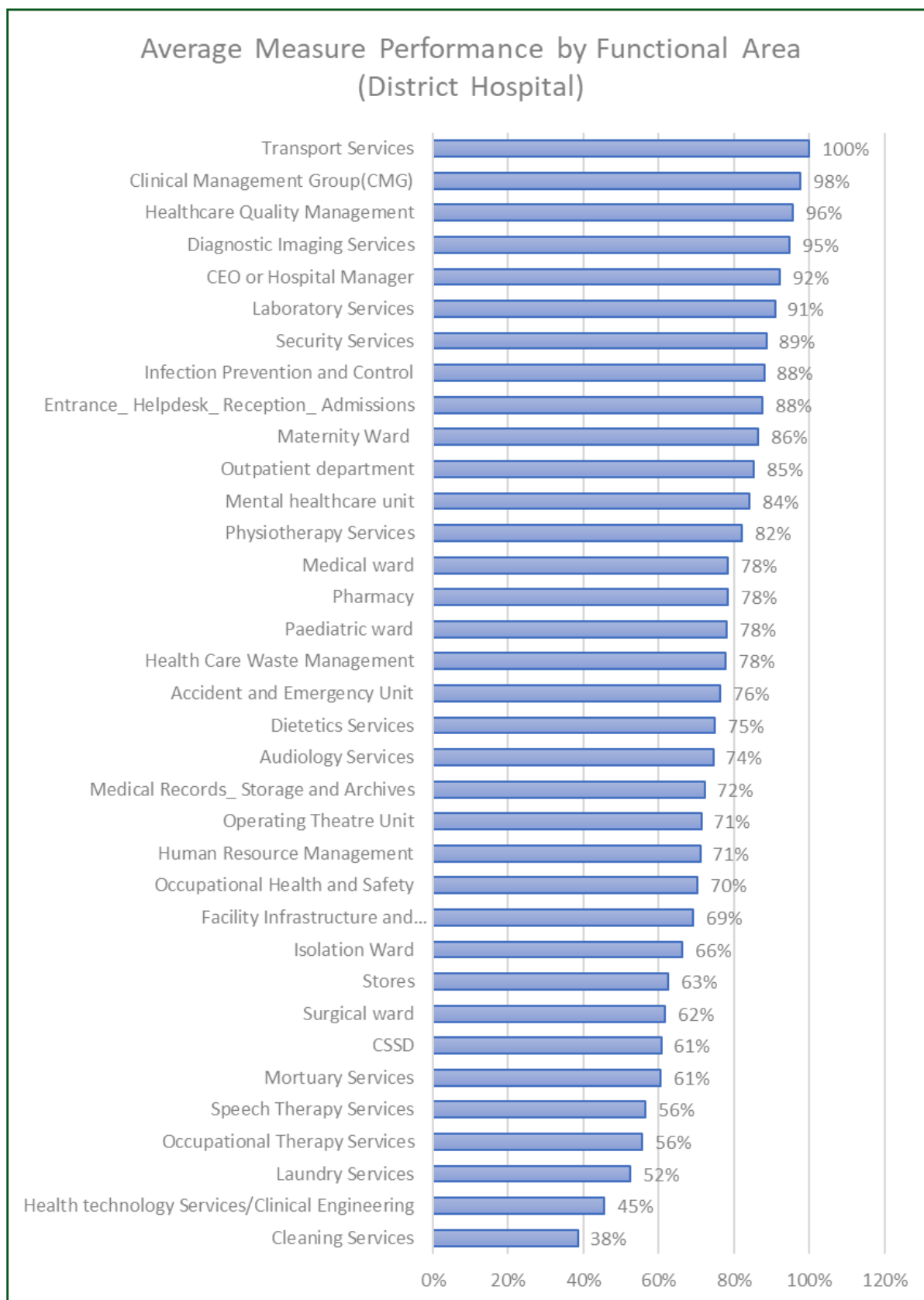


Figure 34: Average measure performance by functional area (district hospital)

3.6 Regional hospitals

This section covers the performance of inspected Regional Hospitals according to the different measures disaggregated by the risk rating categories.

3.6.1 Overall measure performance analysis

3.6.1.1 Non-negotiable measures

A total of 2 regional hospitals were inspected during the period under review and only one was able to achieve a 100% on the NNMs requirements while the other one was not compliant. Table 27 below shows the overall grading performance with respect to non-negotiable measures (NNMs) among the inspected regional hospitals.

3.6.1.2 Overall regional hospital performance on NNMs

Although both regional hospitals were graded “Excellent”, Madadeni Hospital complied with 100% of the NNM requirements while Edendale Hospital did not comply.

Table 17: Overall Regional Hospitals Performance on NNMs

Number of Inspected regional hospitals	NNM 100% Compliant	NNM Non-Compliant (< 100%)
2	1	1

Table 18: Regional Hospital NNMs Compliance Rate

NNM	Total Measures	Non-Compliant Measures	Compliant Measures	Non - Compliance Rate
Emergency trolley is stocked with medicines and equipment.	26	6	20	23.08%
Health care providers correctly complete forms used for informed consent.	19	5	14	26.32%
Medical supplies and equipment for resuscitation are available.	2	1	1	50.00%
An emergency power supply is available in the diagnostic imaging unit.	2	1	1	50.00%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.	6	4	2	66.67%
The ward has a functional system to supply piped oxygen to clinical areas.	5	1	4	20.00%
In the event of a power disruption emergency power supply is available in the unit.	2	1	1	50.00%

Both regional hospitals were graded “Excellent”, however Edendale did not comply with the NNM requirements.

Table 19: Overall Measure Performance on NNMs

Inspected Regional Hospitals	NNM Performance	Compliant Measures	Compliance Rate
Edendale Hospital	64	56	88%
Madadeni Hospital	53	53	100%

3.6.1.3 Overall vital measure performance in regional hospitals.

Figures 43 and 44 below show that of most of the vital measures in the inspection tool, ranged between 80- 100%. Both Madadeni Hospital and Edendale Hospital were graded “Excellent” for vital and essential measures.

3.6.2 Measure performance by domain for regional hospitals

3.6.2.1 Average measure performance by domain

Figures 35 below indicate aggregated performance outcome on domains for the two inspected regional hospitals. Madadeni hospital performed above 80% on all the domains with Facilities and Infrastructure being the highest at 92%. User Rights was found to be the highest performing while the lowest performing domain was Governance and Human Resources (69%) at Edendale hospital.

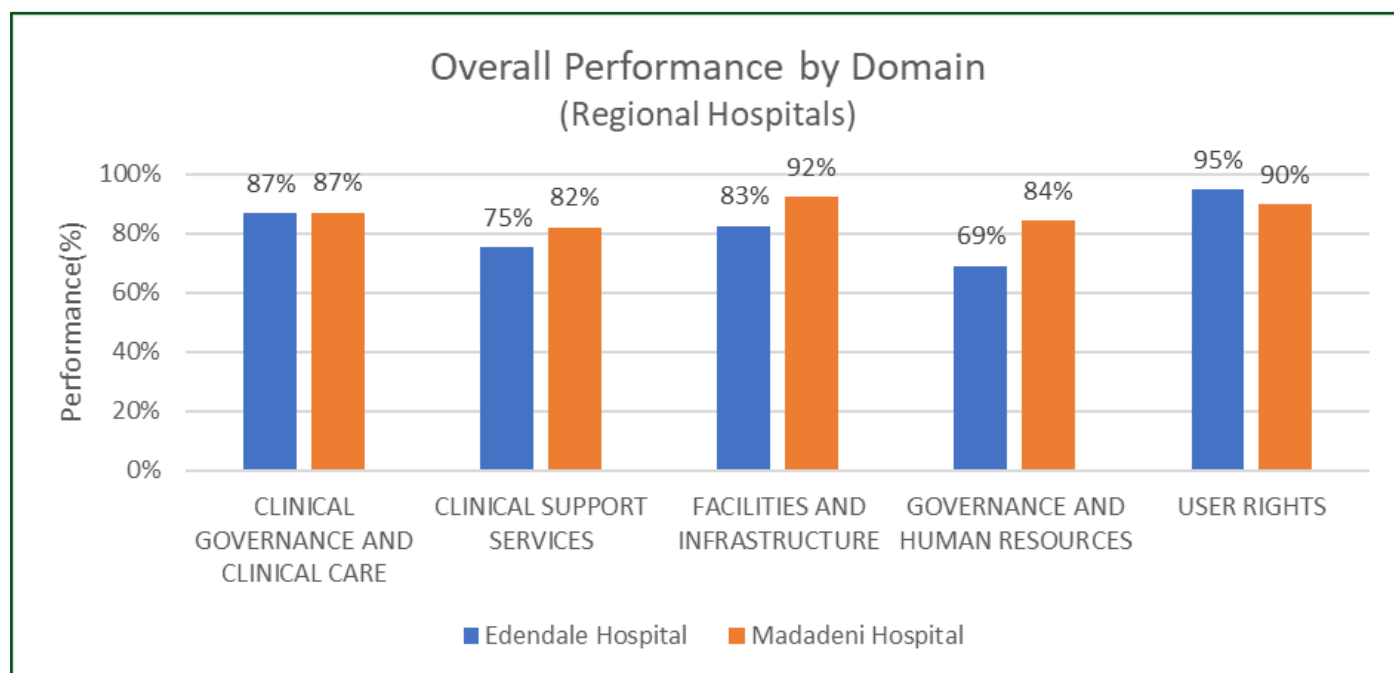


Figure 35: Average measure performance by domain (regional hospitals)

3.6.3 Average measure performance by functional area

Transport and Health quality management performed optimally on average for both district hospitals achieving 100% while all other FAs achieved over 60% except for the Occupational Therapy which achieved 56%.

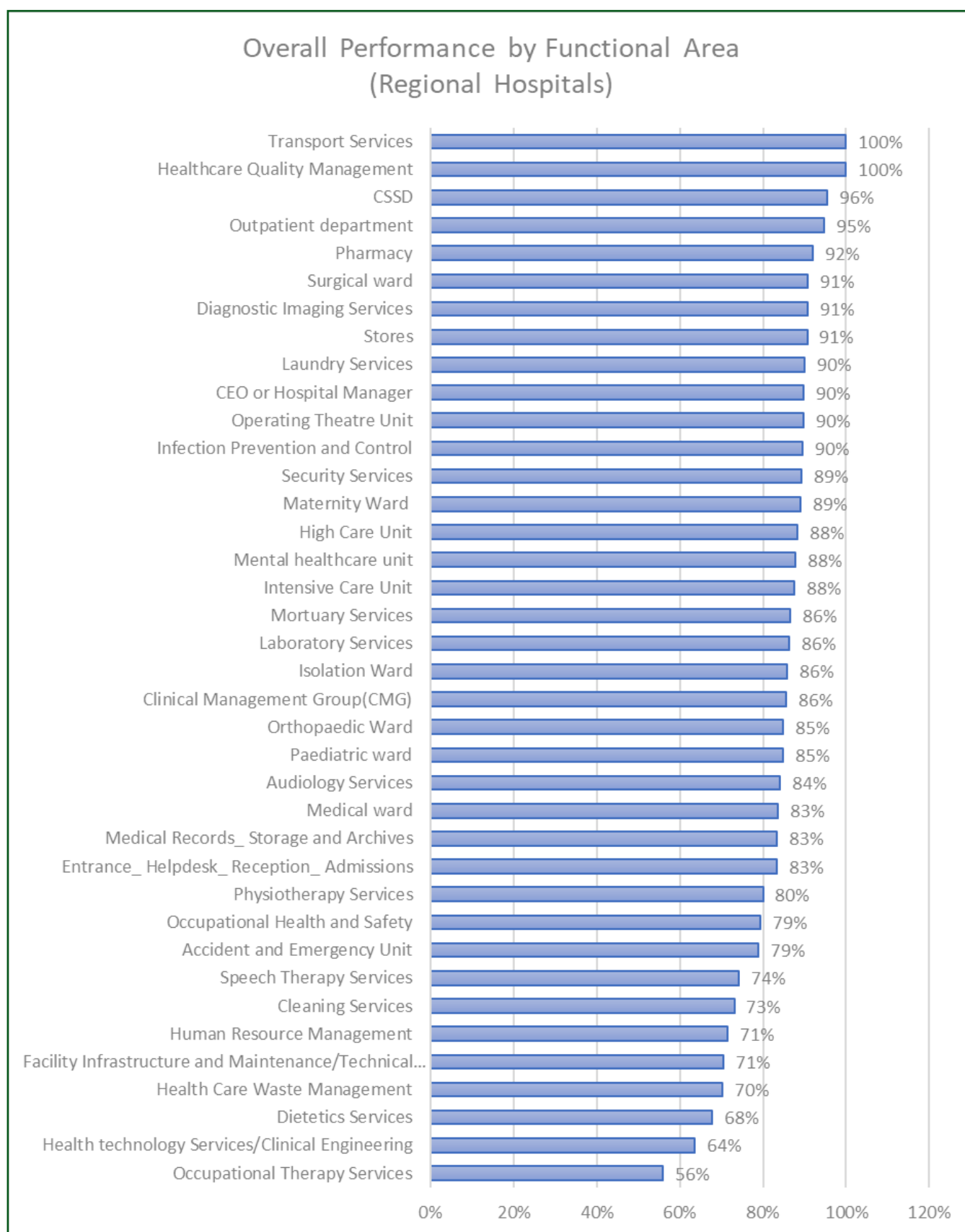


Figure 36 Average measure performance by functional area

3.7 Re-inspection

This section of the report highlights the re-inspection of HEs that were routinely inspected during the FY 2019/20. A total of 121 clinics were inspected during the FY 2019/20 routine inspections, with only 39 achieving a compliance status. Of the 82 non-compliant clinics, 56 were reinspected in FY 2021/22.

3.7.1 Re-inspections outcome

The re-inspection outcome is depicted in Figures 37 and 38 below, forty-five (45) of 56 re-inspected clinics were found to be compliant. An overall compliance rate of 80% was achieved for the re-inspection conducted in FY 2021/22.

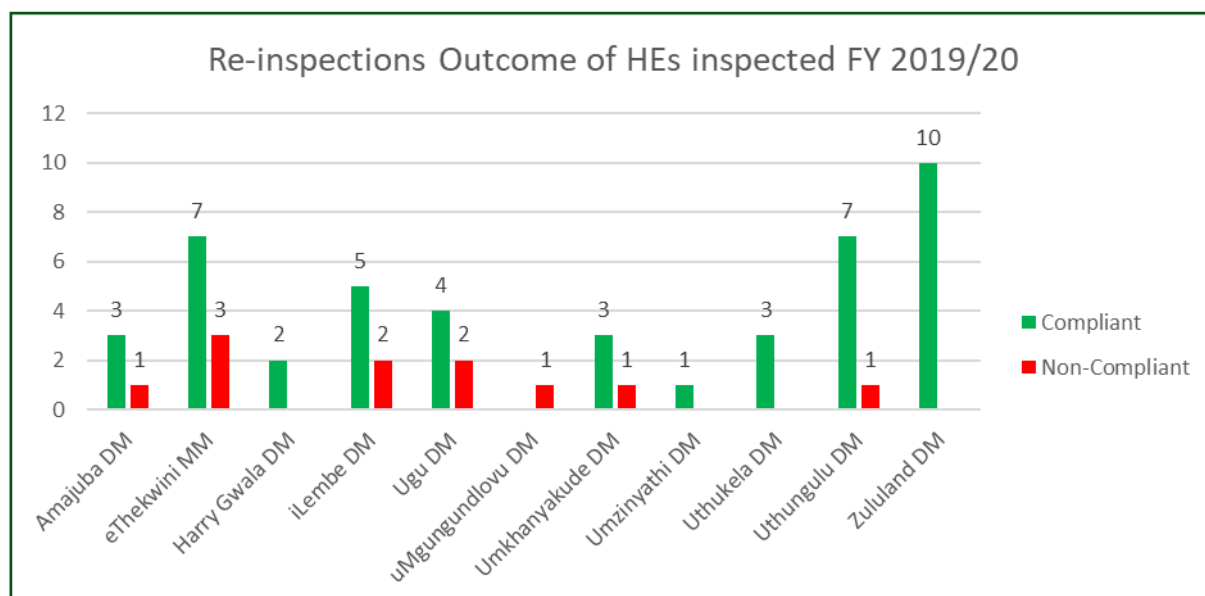


Figure 37: Re-inspections outcome of clinics inspected fy 2019/20

3.7.2 Overall re-inspections compliance rate

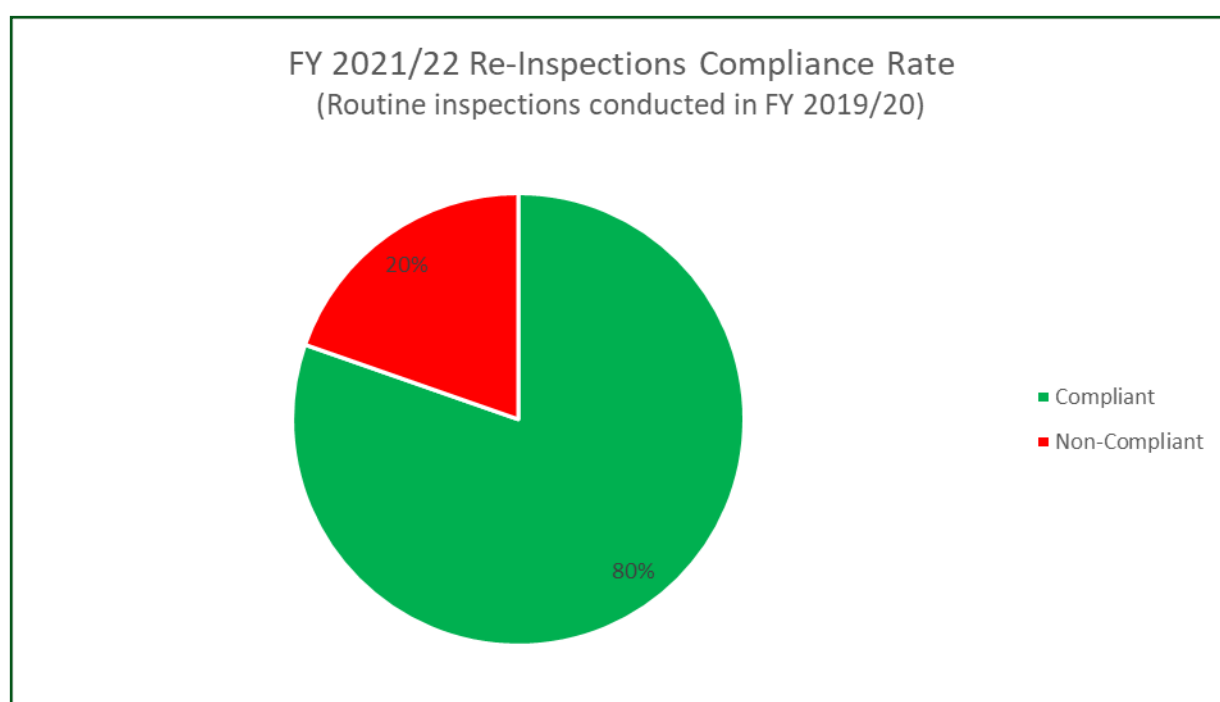


Figure 38: Re-inspection compliance rate of clinics inspected in fy 2019/20

3.7.3 Re-inspections compliance rate per district

Table 20 below depicts the re-inspection compliance rate per district for routine inspections conducted during FY 2019/20.

Table 20: Re-inspections compliance rate per district

District	Number of re-inspected HEs	Compliant	Non-Compliant	Compliance Rate
Amajuba DM	4	3	1	75%
eThekweni MM	10	7	3	70%
Harry Gwala DM	2	2	0	100%
iLembe DM	7	5	2	71%
Ugu DM	6	4	2	67%
uMgungundlovu DM	1	0	1	0%
uMkhanyakude DM	4	3	1	75%
uMzinyathi DM	1	1	0	100%
uThukela DM	3	3	0	100%
uThungulu DM	8	7	1	88%
Zululand DM	10	10	0	100%
Grand Total	56	45	11	80%

3.7.4 Re-inspections clinics grading by compliance status

Figure 39 below depicts the grading ranging from Excellent to Satisfactory for all the re-inspected Clinics (compliant and non-compliant). None of the HEs were graded Unsatisfactory.

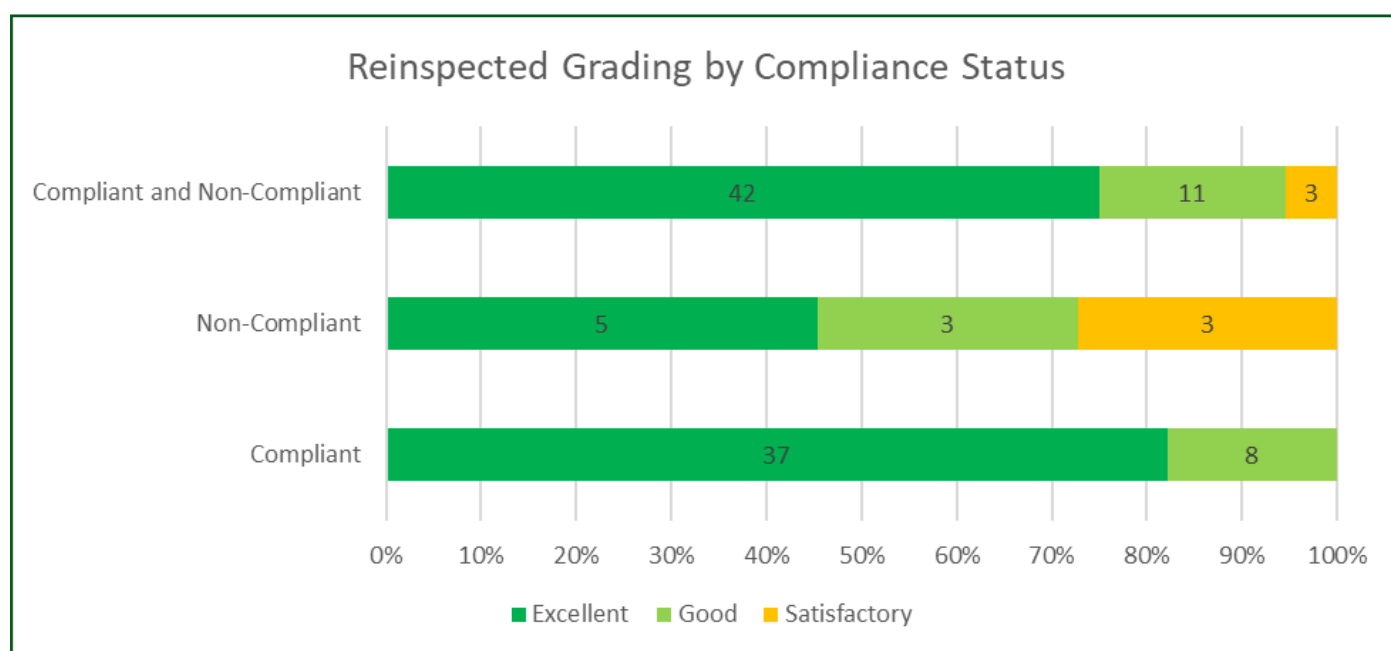


Figure 39: Re-inspection Clinic Grading by Compliance Status

3.7.5 Overall performance on non-negotiable measures

The emergency trolley measure had the lowest performance achieving a compliance rate of 80%. This may be considered a poor performance given that a less than 100% performance on NNMs has a direct implication on the overall compliance status of a HEs.

Table 21: Overall performance on Non-Negotiable Measures

Measure Name	Number of Applicable Measures	Compliant measures	Compliance Rate
An oxygen cylinder with pressure gauge is available.	56	56	100%
Checklist: Emergency trolley is stocked with the medicines and equipment listed below.	56	45	80%
The oxygen available in the cylinder is above the minimum level.	56	56	100%

3.7.6 Overall HEs grading on vital and essential measures

Figure 40 below depicts the grading of both the vital and essential measures performance for the re-inspected clinics.

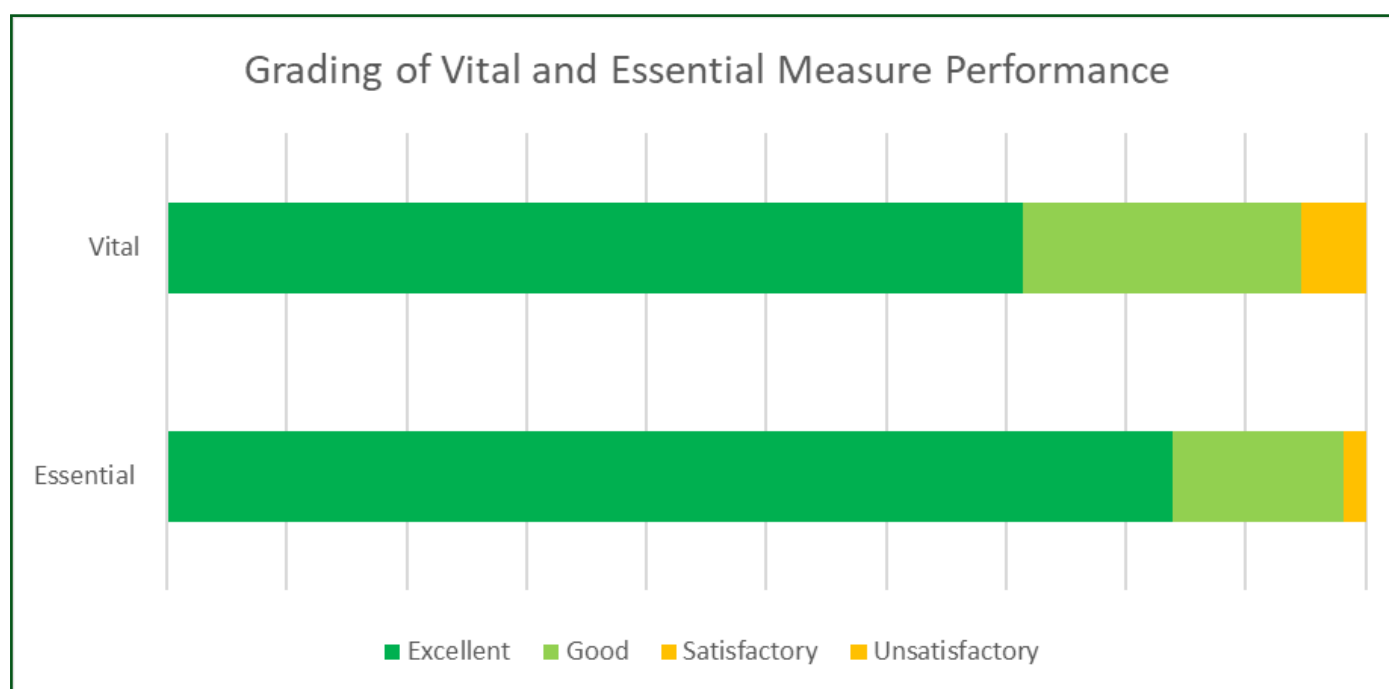


Figure 40: Grading of vital and essential measure performance for re-inspected clinics

3.7.7 Re-inspections summary

Of note is that not all non-compliant HEs for the FY 2019/20 were re-inspected in the period under review. An incline from non-compliance to compliance status was noted in 45 of the 56 re-inspected HEs. This may be an indication that the HEs were more prepared for the re-inspection and better understood what was expected from them. The analysis revealed that compliance with NNVs remains a challenge for most clinics. The emergency trolley measure compliance with NNVs remains a challenge for most clinics, and thus contributed to the clinics achieving non-compliance status.

4. DISCUSSION

The overall clinic compliance rate of 62% represents 64 clinics. It is worth noting that there were a further 18 clinics that were non-compliant but graded either Excellent, Good, or Satisfactory. Similar outcomes were also noted in the CHCs, district and regional hospitals. The reason for non-compliance was due to inability to fulfil the requirements with the emergency trolley NNM. Addressing the requirements for the emergency trolley could potentially increase the overall compliance rate of HEs thus reducing the risk to patient safety.

The legal and statutory requirements for the management of user health records were not complied with by the majority of HEs which may negatively impact user care and their right to confidentiality.

Notably, the two district hospitals had a zero (0%) compliance rate despite having attained the Excellent grading.

The majority of HEs did not have functional governance structures with written terms of reference which led to inadequate oversight. The non-compliance statuses of HEs can be attributed to the critical posts not being filled.

Generally, the requirements of management of service level agreements in the HEs and compliance of buildings with safety regulations were not adhered to.

5. LIMITATIONS

Not all measures were scored as some appeared to be not applicable in the same category of healthcare, thus making generalisations impossible and painting a blurry picture about the reasons for non-compliant inspection outcomes.

A smaller scope/coverage for district and regional HEs inspections could not be regarded as representative of the status of all HEs in the same categories across the country, thus limits the meaningful national overview reporting.

6. RECOMMENDATIONS

Based on the performance of inspected HEs, the OHSC makes the following recommendations:

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 NNM, there needs to be an overall focus on supporting HEs to comply with all the NNMs as a substantive proportion of HEs would have achieved compliant status had they met 100% of the NNM requirements.

The provinces, districts, and HEs managers should address all measures with high rates of non-compliance and support HEs in developing and overseeing the implementation of quality improvement plans (QIPs).

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.

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.



A circular graphic consisting of three concentric rings. The innermost ring is a thick, dark green arc. The middle ring is a lighter green arc. The outermost ring is a thin, light green arc. There are eight small, solid dark green dots positioned along the outermost ring. There are also four larger, hollow dark green circles positioned along the middle ring. The word "LIMPOPO" is centered within the white space of the innermost ring.

LIMPOPO

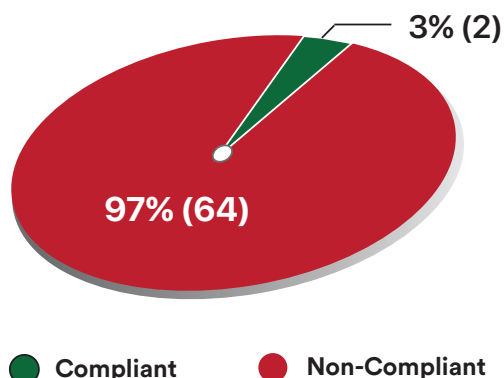
SUMMARY OF LIMPOPO INSPECTION OUTCOMES, FY 2021/22

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

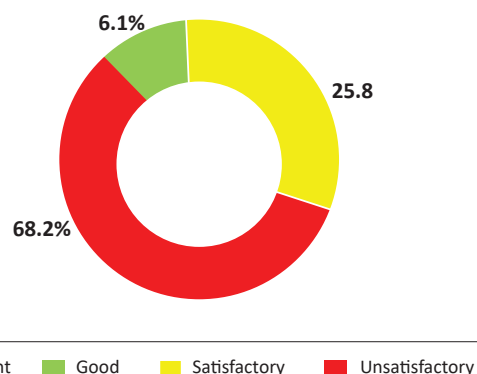
Sampling: : From the 521 HEs, a sample size of 42 health establishments including Primacy Health Clinics (PHC) =37, Community Health Centers (CHCs) =2, hospitals=3 were selected for routine inspection. The selection of health establishments was based on geographic clustering and cost-effectiveness.

Inspected health establishments by Province: : A total of 66 HEs were inspected against the set target of 42. An additional 9 re-inspections were conducted in the province.

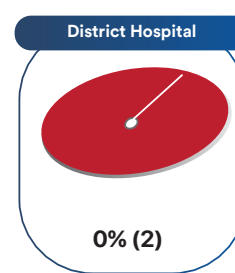
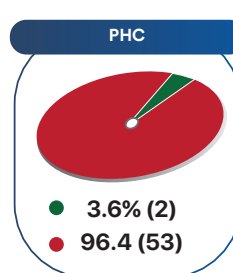
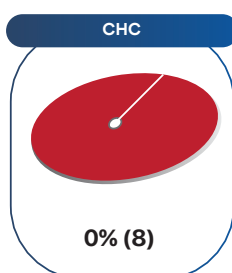
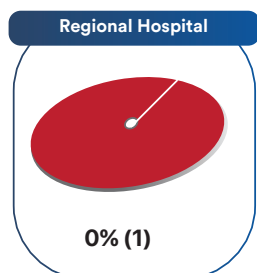
Compliance Status: LP Province



Overall Grading, LP Province



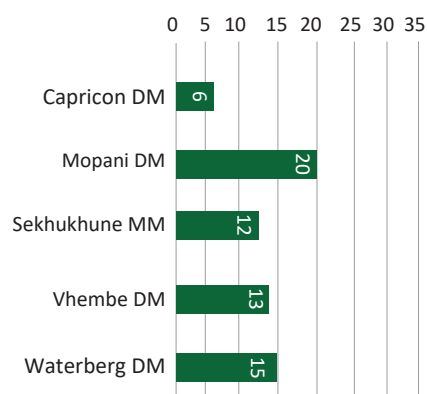
Compliance Rate (%) Per level of care



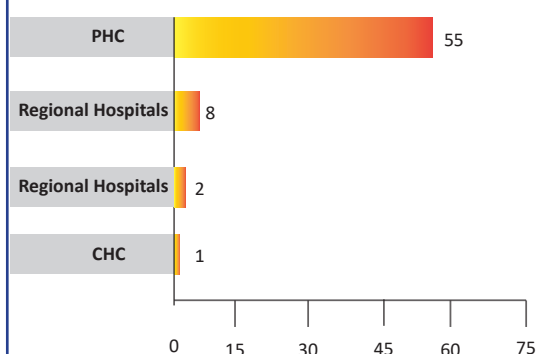
Compliance status by district

	Compliant	Non Compliant
Capricon DM	0%	100%
Mopani DM	5%	95%
Sekhukhune MM	0%	100%
Vhembe DM	0%	100%
Waterberg DM	6.7%	93.3%

Number of inspected HEs by district



Inspected HE's by type (N=85)



Overall grading by district %

	Excellent	Good	Satisfactory	Unsatisfactory
Waterberg DM	—	13.3%	20%	66.7%
Vhembe DM	—	—	23.1%	76.9%
Sekhukhune MM	—	0	—	100%
Mopani DM	—	5%	40%	55%
Capricon DM	—	16.7%	50%	33.3%

1. DISTRIBUTION OF INSPECTED HEALTH ESTABLISHMENTS

1.1 Distribution of public sector health establishments (HEs)

During the FY 2021/22, a total of 66 routine inspections of 521 public sector HEs were conducted in the province. The target of inspections conducted was 13% of the total public sector HEs in the province. HEs are selected proportionally considering the total number in the province as well as consideration for the number of districts.

Table 1 below shows the number of HEs for inspected categories in Limpopo province and Table 2 the inspected HEs by category.

Table 1: Total number of HEs for Inspected Categories

National	Clinic	Community Health Centre	District Hospital	Regional Hospital	Total
Overall	459	26	31	5	521

Table 2: Distribution of Inspected HEs by Category, F/Y 2021/22

Province	Clinic	CHC	District Hospitals	Regional Hospitals
Limpopo	55	8	2	1

Table 3 below shows the cumulative number of HEs inspected from FY 2019/20 till 2021/22. Notably, in FY 2019/20 and FY 2020/21, only clinics were inspected. The table depicts a cumulative compliance rate of 2% for the province.

Table 3: Cumulative Number of Inspected HEs by Category, F/Y 2019/20 - F/Y 2021/22

	FY2019/20			FY2020/21			FY2021/22			Cumulative Number of Hes (FY 2019/20 - FY 2022/23)		
Facility Type	Inspected	Compliant	Compliance Rate(%)	Inspected	Compliant	Compliance Rate(%)	Inspected	Compliant	Compliance Rate(%)	Inspected	Compliant	Compliance Rate(%)
Clinics	73	0	0%	53	1	2%	55	2	4%	181	3	2%
CHCs	0	0		0	0		8	0	0%	8	0	0%
District Hospitals	0	0		0	0		2	0	0%	2	0	0%
Regional Hospitals	0	0		0	0		1	0	0%	1	0	0%
Total	73	0	0%	53	1	2%	66	2	3%	192	3	2%

1.2 Provincial compliance status outcome

A total of 66 HEs were inspected during the 2021/22 inspection cycle. Figure 1 below shows the number of inspected HEs during the period under review broken down by categories and compliance status outcome.

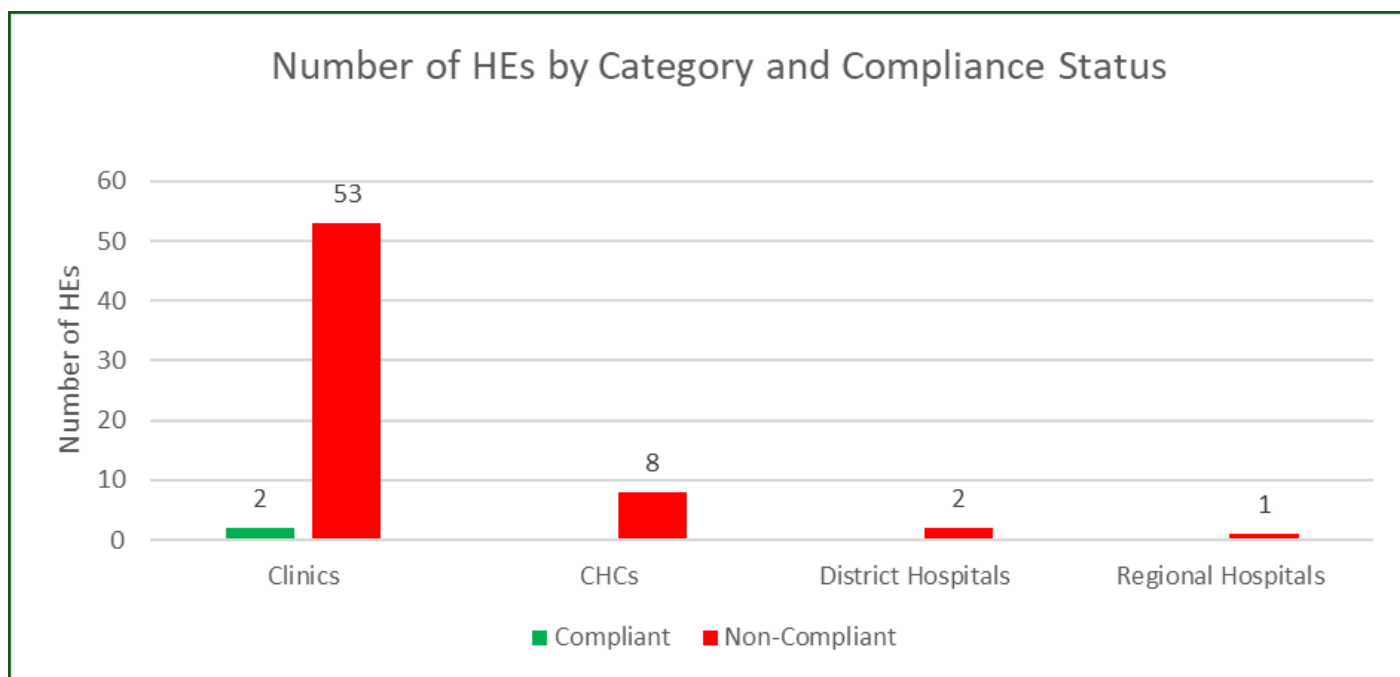


Figure 1: Number of inspected HEs by Category and compliance status

The overall compliance rate of inspected HEs according to their categories is shown in Figure 2 below. In terms of compliance performance, the clinics had a compliance rate of 4%, while CHCs, district and regional hospitals had a 0% compliance rate. Subsequent sections in the report aim to identify factors that account for this performance.

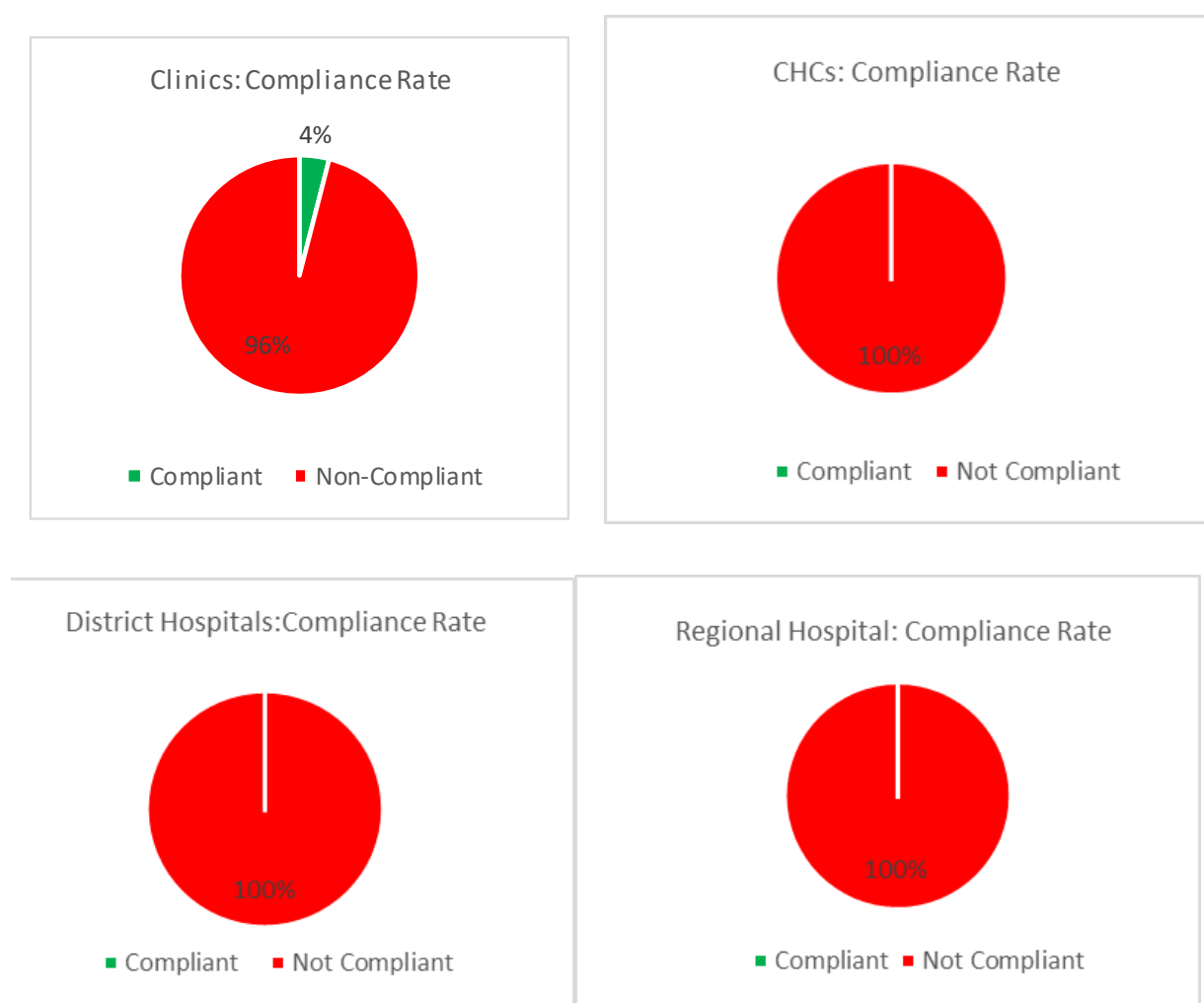


Figure 2: Provincial compliance rate according to categories of HEs, FY 2021/22

1.3 Compliance status outcome

Table 4 below shows the total number of inspected HEs by district, category, and compliance performance.

Table 4: Compliance Status Outcome by District FY 2021/22

Clinics				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
Capricorn	4	0	4	0%
Mopani	14	1	13	7%
Sekhukhune	12	0	12	0%
Vhembe	11	0	11	0%
Waterberg	14	1	13	7%

CHCs				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
Capricorn	1	0	1	0%
Mopani	4	0	4	0%
Vhembe	2	0	2	0%
Waterberg	1	0	1	0%

District Hospitals				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
Capricorn	1	0	1	0%
Mopani	1	0	1	0%

Regional Hospitals				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
Mopani	1	0	1	0%

2. PROVINCIAL GRADINGS FOR HEALTH ESTABLISHMENTS

The overall gradings of inspected HEs according to their categories are displayed in Figure 3 below.

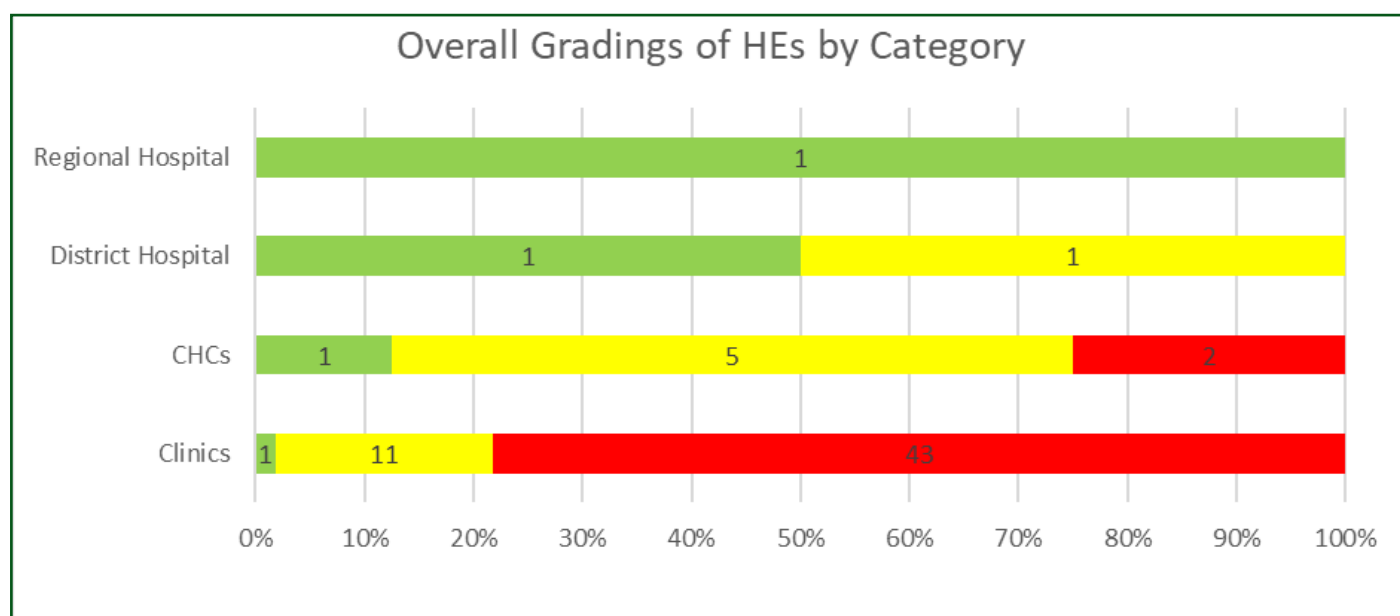


Figure 3: Overall grading of HEs by category

2.1 Overall grading for HEs by district and category FY 2021/22

Figure 4 below shows the overall grading performance of inspected HEs by district and category.

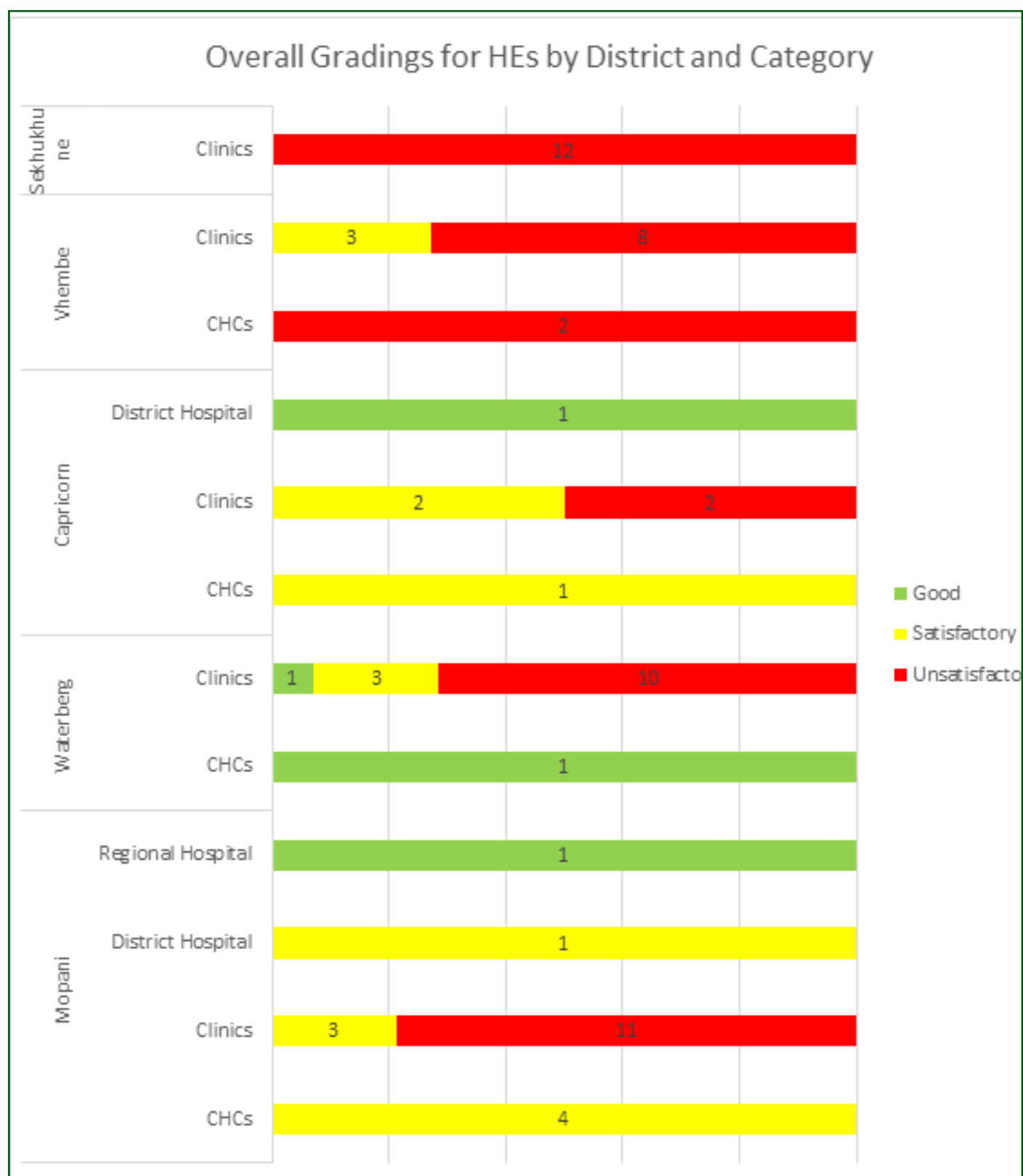


Figure 4: Overall grading for HEs by district and category

3, PROVINCIAL MEASURE PERFORMANCE FOR HEALTH ESTABLISHMENTS

3.1 Clinics measure performance

This section covers the performance of clinics according to the different measures disaggregated by the risk rating categories.

3.2 Measure performance analysis

3.2.1 Non-negotiable vitals (NNVs)

Tables 5 and 6 below show the overall compliance performance with respect to non-negotiable vitals among the inspected clinics. The emergency trolley measure performed the lowest with 4% of HEs complying with all the requirements. The other two measures relating to oxygen had overall compliance of 89% and 95%. This finding suggests that the emergency trolley measure contributed significantly to the overall non-compliance rate of clinics during this inspection cycle.

Table 5: Overall Clinic Performance on NNVs

Number of inspected clinics	100% Compliant	Less than 100% Compliant
55	2	53

6: Performance analysis according to the three NNVs.

Measures	Total No. of Clinics	Compliant	Non-Compliant	Compliance rate
An oxygen cylinder with a pressure gauge is available.	55	52	3	95%
CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	55	2	53	4%
The oxygen available in the cylinder is above the minimum level.	55	49	6	89%



3.2.2 Vital measures

Figure 5 below shows the overall grading performance with respect to vital measures among the inspected clinics. Forty-three (43) of the 55 inspected clinics were found to be Unsatisfactory whilst one was Good and 11 were Satisfactory.

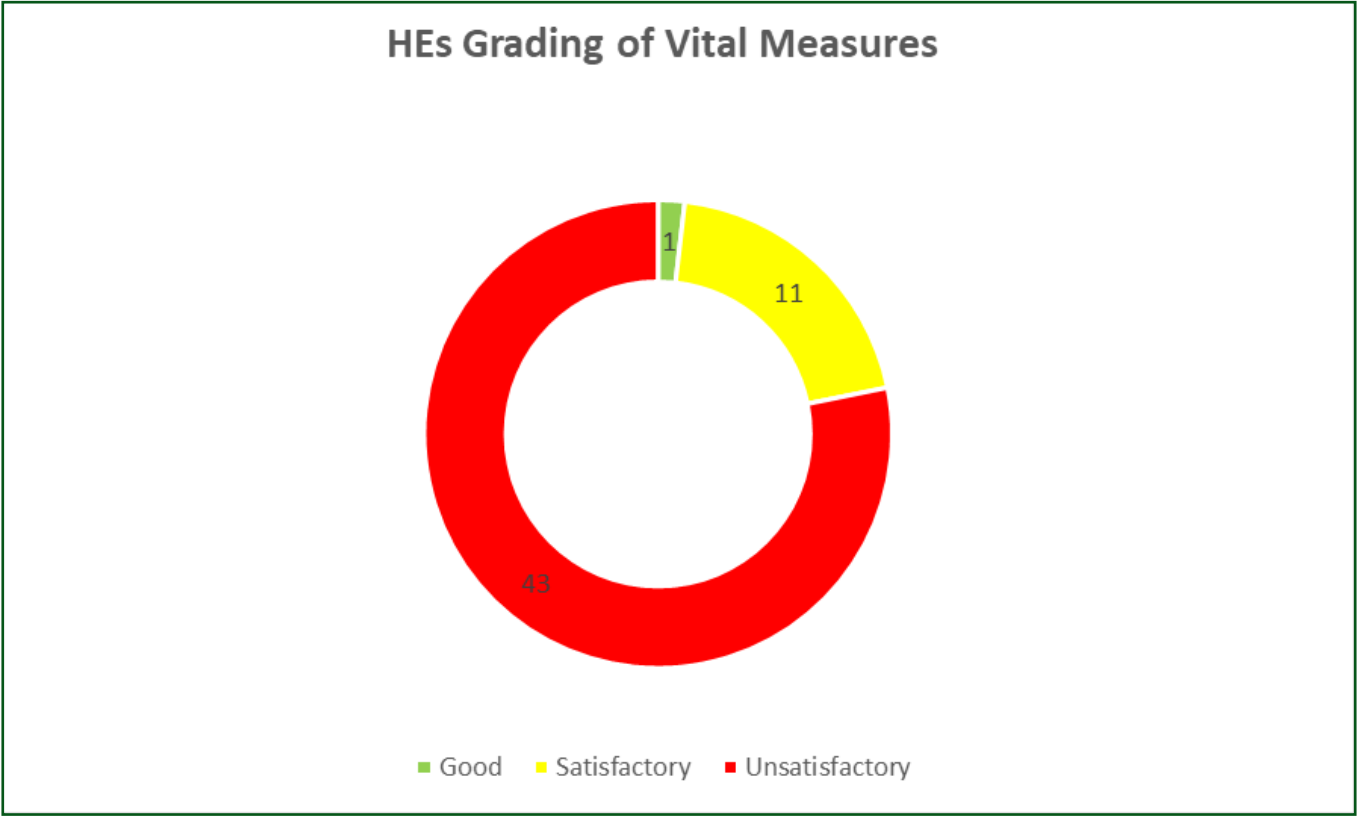


Figure 5: Health establishments grading of vital measures

3.2.3 Essential measures

Figure 6 below shows the overall grading performance with respect to essential measures among the inspected clinics. Thirty-two (32) of the 55 inspected clinics were found to be Unsatisfactory whilst only two were Excellent.

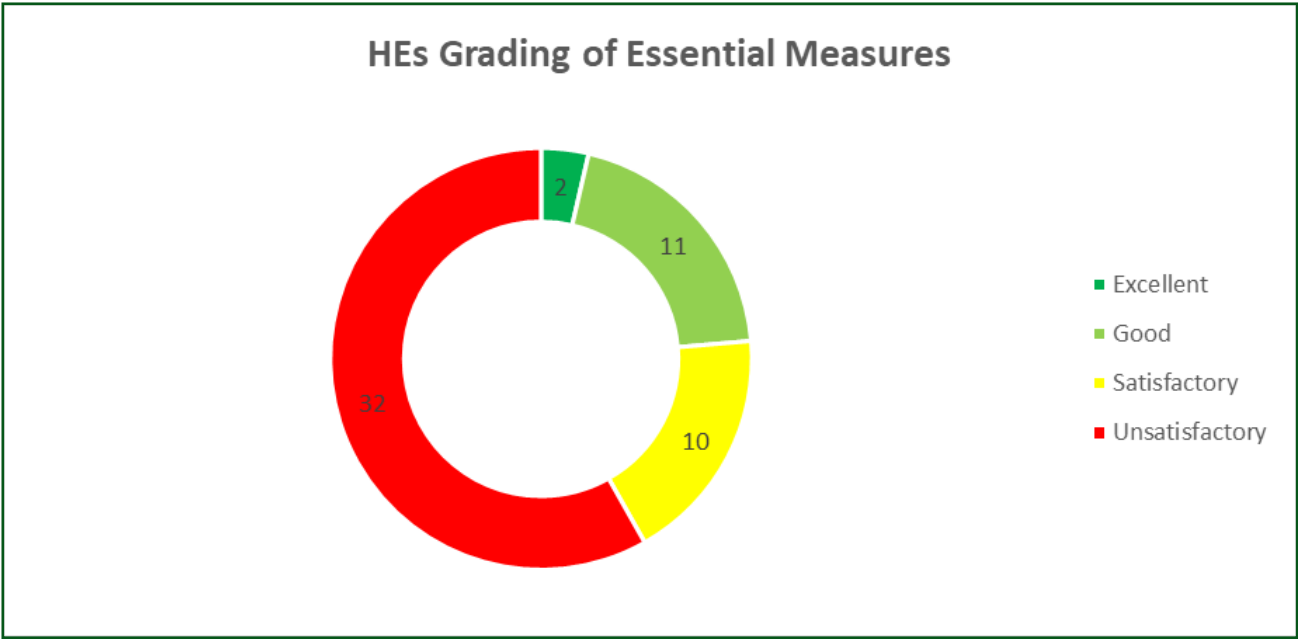


Figure 6: Health establishments grading of essential measures

3.3 Overall measure performance by compliance status

3.3.1 Non-compliant clinic's performance on NNVs by grading

Table 7 below indicates that 53 of the 55 clinics inspected were found to be non-compliant, of which 43 were graded Unsatisfactory. The grading distribution of the remaining 10 HEs was Satisfactory 9 and Good with none of the HEs graded Excellent, these clinics would have been compliant if they reached the threshold of 100% on NNVs.

Table 7: Non-compliant Clinics' Performance on NNVs by Grading

NNVs Compliance	Good and Satisfactory	Unsatisfactory
Compliant	0	0
Non-Compliant	10	43
Total	10	43

3.3.2 Clinics' overall measure performance by functional area (FAs)

Functional areas in this context are defined as the areas/units of the HEs where inspections are conducted. In the PHC (clinic) inspection tool, there are 4 FAs namely: Clinic Manager, Clinical Services, Dispensary/Medicine Cupboard, and Maintenance Support. The four FAs are further discussed in the following sections.

3.3.3 Clinic manager

The Clinic Manager FA relates to the aspects and requirements that are the responsibility of the facility manager or operational manager at the clinic level and is assessed on measures related to leadership and governance of the HE. Figure 7 below, shows the aggregate performance in the Clinic Manager FA per district.

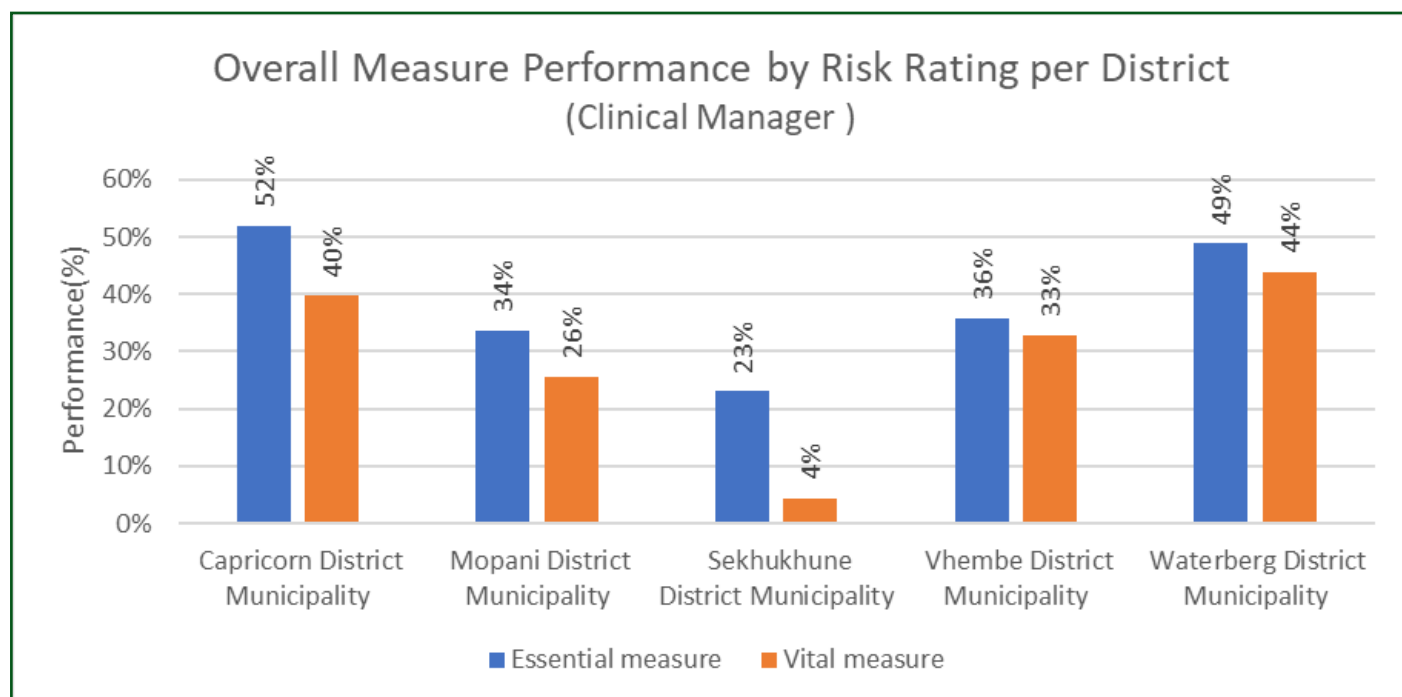


Figure 7: Overall Measure Performance by Risk Rating per District (Clinic Manager)

3.3.4 Clinical services

Clinical Services FA is concerned with aspects of quality clinical service delivery and is assessed for the way clinical services are organised and delivered to ensure that users receive the care that they need, in line with the best available evidence, and in the most efficient way. Measure performance in this FA is shown in Figure 8 below.

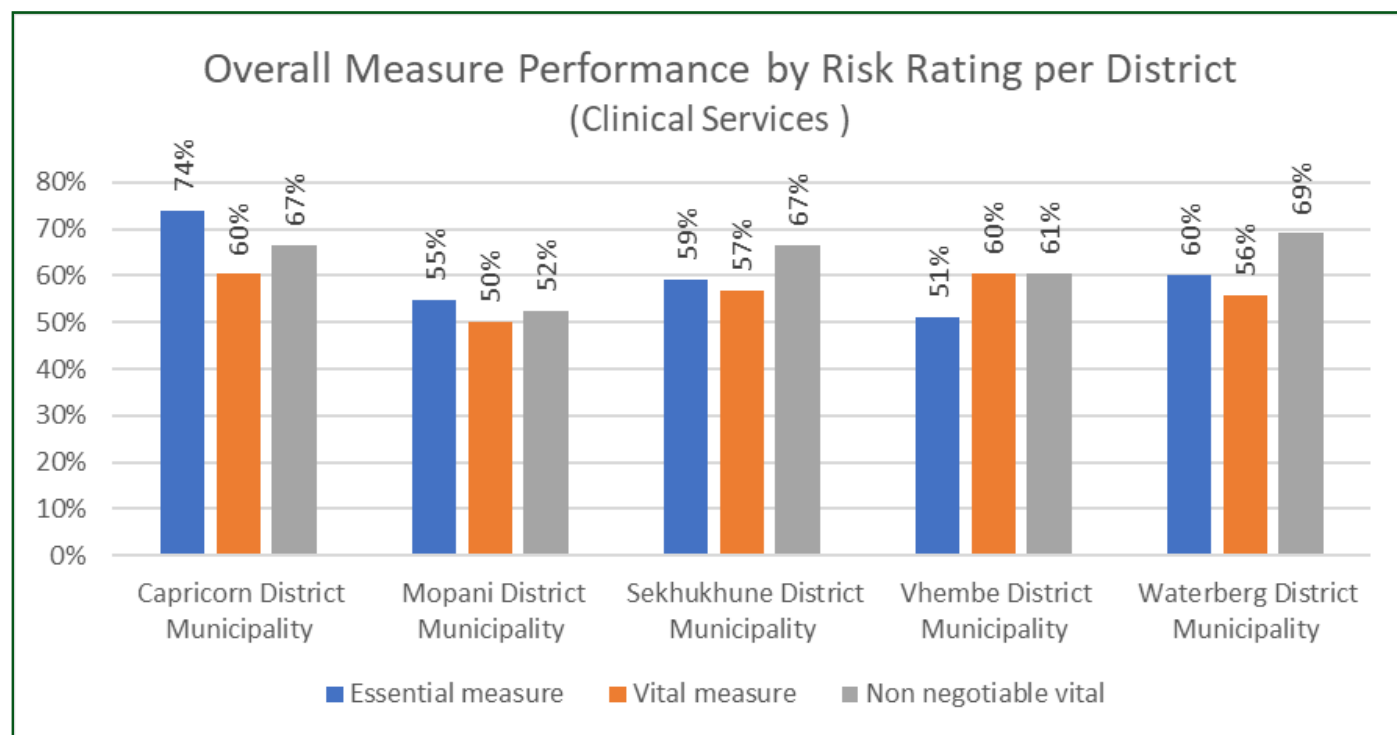


Figure 8: Overall Measure Performance by Risk Rating per District (Clinical Services)

3.3.5 Dispensary/medicine cupboard

Dispensary/Medicine cupboard FA is primarily concerned with aspects of medicine availability and pharmaceutical products management and is assessed for the effectiveness and efficiency in the management of medicines as an essential part of access to quality at the clinic level. Figure 9 below shows the performance by district and risk rating.

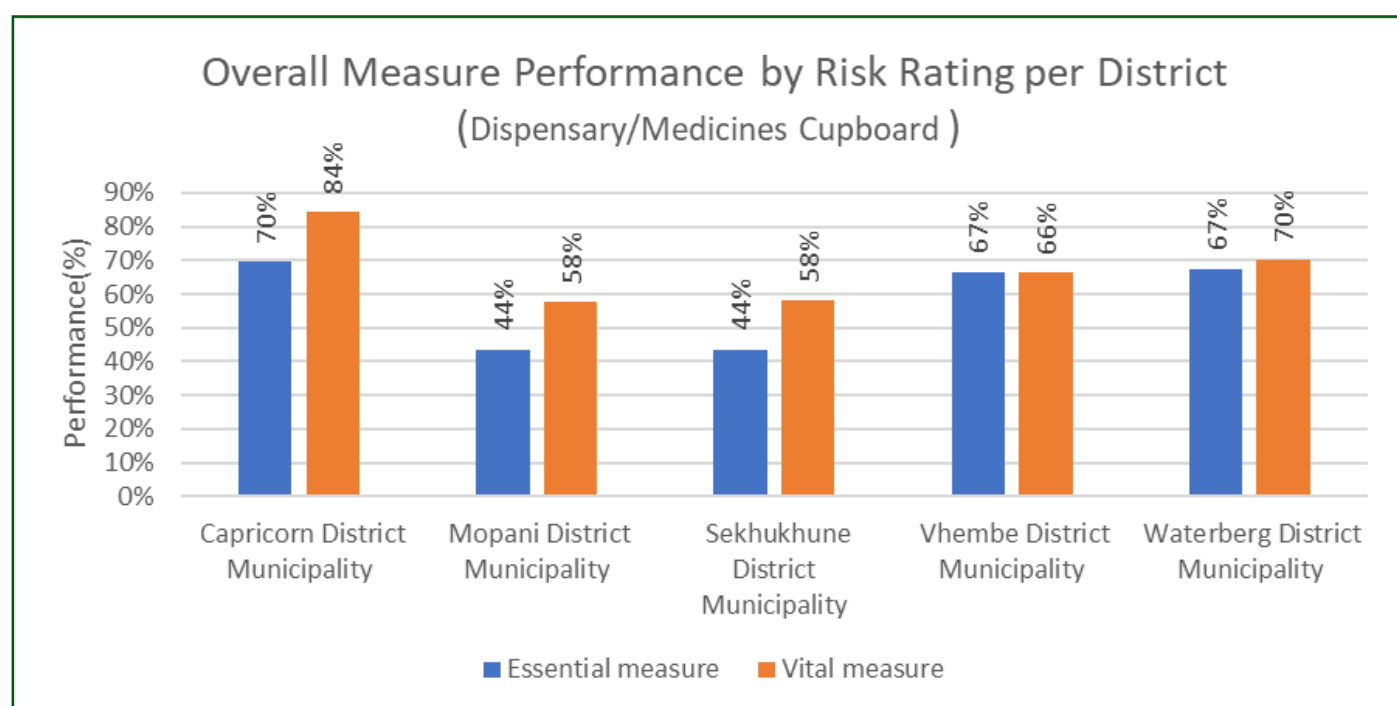


Figure 9: Overall Measure Performance by Risk Rating per District (Dispensary/Medicine Cupboard)

3.3.6 Maintenance support

Maintenance Support FA is primarily concerned with aspects of health infrastructure and maintenance such as buildings, electricity backup supply equipment, and sewage systems. Figure 10 below shows varied performance in the Maintenance Support FA across the 5 districts.

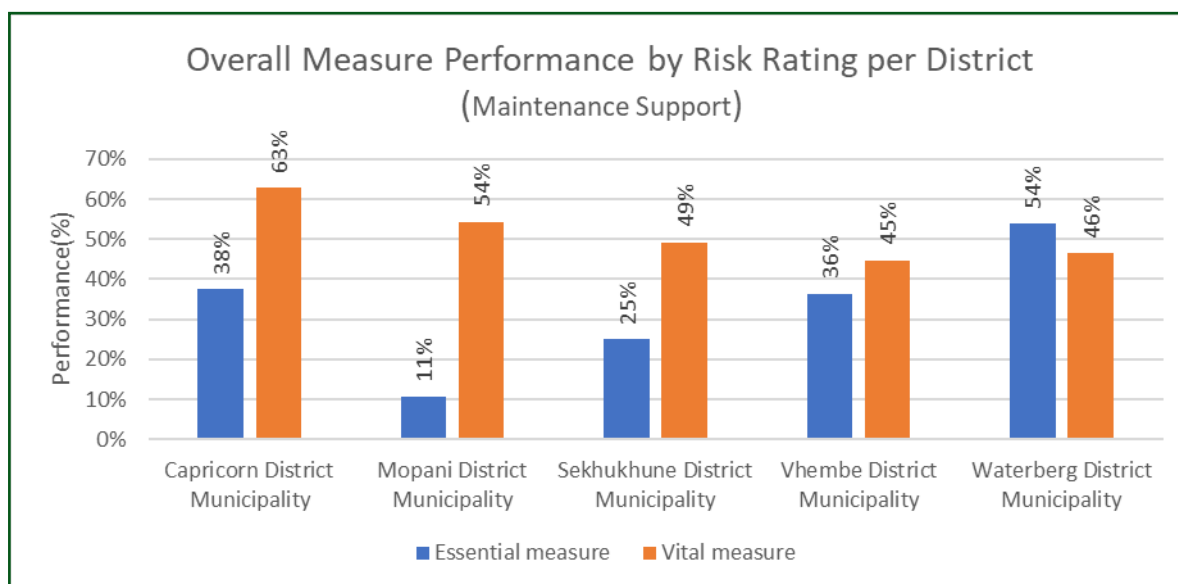


Figure 10: Overall Measure Performance by Risk Rating per District (Maintenance Support)

3.3.7 Clinics performance on domains

Aggregate performance outcomes on domains are indicated in Figure 11 below. Domains included in the Norms and Standards Regulations for the different categories of HEs 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 Facilities and Infrastructure followed closely by User Rights while the lowest-performing domain is Governance and Human Resources. Governance and human resources are critical health system inputs that impact service delivery including the ability to provide quality and safe healthcare. The commonly non-compliant measures included the unavailability of functional clinic committees, non-adherence to the performance management systems and ineffective management of occupational health and safety systems among others.

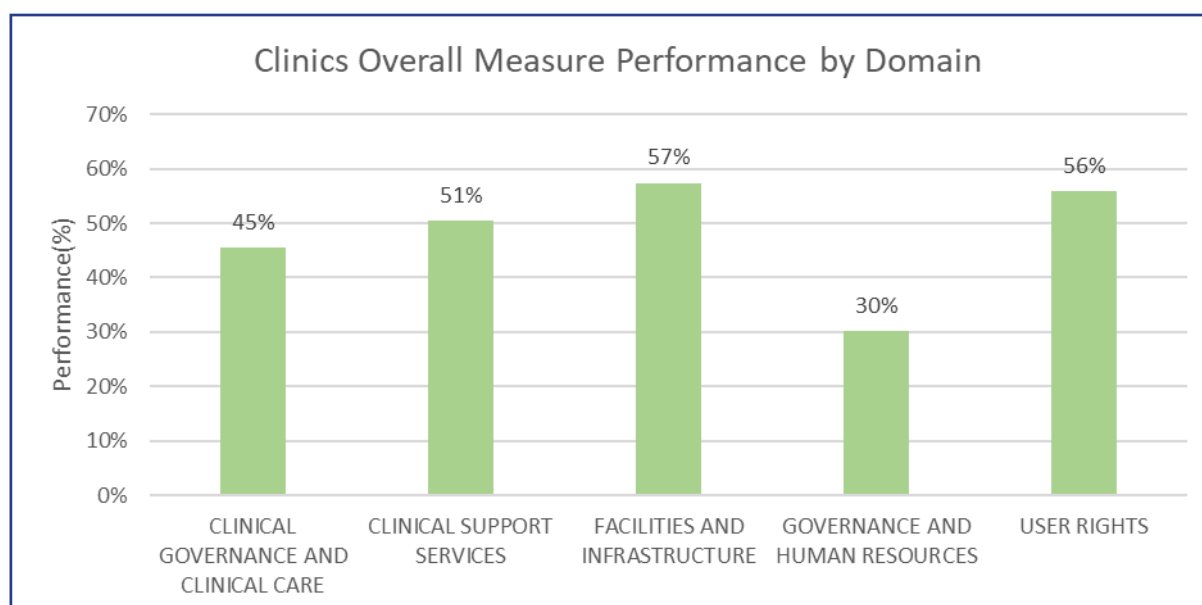


Figure 11: Clinics Overall Measure Performance by Domain

3.3.8 Clinics overall measure performance by domain per district

Disaggregated performance outcome on domains by district is shown in Figure 12.

District	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES	USER RIGHTS
Capricorn	57%	59%	66%	42%	77%
Mopani	41%	44%	55%	27%	53%
Sekhukhune	37%	45%	55%	19%	50%
Vhembe	49%	55%	55%	29%	50%
Waterberg	52%	57%	61%	41%	63%

Figure 12: Clinics Overall Measure Performance by Domain

3.3.9 Overall performance of measures according to standards and domains

Figures 13 to 17 below show average performance on measures at the level of standards per domain across all inspected clinics. The information in the five (5) Figures identifies specific areas that need improvement to assist the HEs in meeting the requirements for compliance with norms and standards regulations and achieving certification by the OHSC. The standard performance is calculated as the average score of measures within that standard.

3.3.9.1 User rights

Standard Name	Standard Performance
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	58%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	58%
The health establishment must maintain a system of referral as established by the responsible authority.	50%
The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	54%

Figure 13: Performance on Standards across all Clinics (User Rights)



3.3.9.2 Clinical governance and care domain

Standard Name	Standard Performance
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	80%
The health establishment must comply with the provisions of the Pharmacy Act 1974 and the Medicines and Related Substances Act 1965.	80%

Figure 14: Performance on Standards across all Clinics (Clinical Governance and Clinical Care)

3.3.9.3 Clinical support services

Standard Name	Standard Performance
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	80%
The health establishment must comply with the provisions of the Pharmacy Act 1974 and the Medicines and Related Substances Act 1965.	80%

Figure 15: Performance on Standards across all Clinics (Clinical Support Services)

3.3.9.4 Facilities and infrastructure

Standard Name	Standard Performance
The health establishment and their grounds must meet the requirements of the building regulations.	56%
The health establishment must ensure that engineering services are in place.	55%
The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.	73%
The health establishment must have systems to protect users health care personnel and property from security threats and risks.	60%

Figure 16: Performance on Standards across all Clinics (Facilities and Infrastructure)

3.3.9.5 Governance and human resource

Standard Name	Standard Performance
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	36%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	27%
The health establishment must have a functional governance structure with written Terms of Reference.	0%

Figure17: Performance on Standards across all Clinics (Governance and Human Resources)



3.3.9.6 Community health centres

This section covers the performance of inspected Community Health Centres (CHCs) according to the different measures disaggregated by the risk rating categories.

3.3.9.7 Overall measure performance analysis

3.3.9.7.1 Non-negotiable measures

A total of 8 CHCs were inspected. None of the inspected CHCs achieved 100% compliance with the NNMs. Table 8 below shows the overall performance with respect to non-negotiable measures (NNMs) amongst the inspected CHCs. The NNM's performance is further discussed per relevant functional areas such as Midwife Obstetric Unit (MOU), Emergency Unit and Clinical Services.

Table 8: Overall CHC performance on NNMs

Number of inspected CHCs	100% Compliant	Less than 100% Compliant
8	0	8

3.3.9.8 CHC performance on NNMs (MOU, emergency unit and clinical services)

Tables 9, 10 and 11 below show the scores for Non-negotiable measures in the three FAs, namely MOU, emergency unit and clinical services. Due to the size and proximity between FAs at the CHCs, the emergency trolley may have been centralised and accessible for all other clinical FAs, hence the variation in the number of applicable measures.

Table 9: MOU performance on NNMs

Measure Name	Number of Applicable Measures	Compliant Measures	Compliance Rate
An oxygen cylinder with a pressure gauge is available.	7	6	86%
CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	6	0	0%
The oxygen available in the cylinder is above the minimum level.	7	6	86%



Table 10: CHC performance on NNMs (Emergency Units)

Measure Name	Number of Applicable Measures	Compliant Measures	Compliance Rate
An oxygen cylinder with a pressure gauge is available in the resuscitation or emergency room.	7	7	100%
CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicines and equipment listed below.	7	1	14%
The oxygen available in the cylinder is above the minimum level.	7	7	100%

Table 11: CHC performance on NNMs (Clinical Services)

Measure Name	Number of Applicable Measures	Compliant Measures	Compliance Rate
An oxygen cylinder with a pressure gauge is available.	5	5	100%
CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	1	0	0%
The oxygen available in the cylinder is above the minimum level.	5	5	100%

3.3.9.9 Overall CHC performance on vital measures

Figure 18 below shows the overall grading performance with respect to vital measures among the inspected CHCs. Of the 8 inspected CHCs, 2 were graded Unsatisfactory, 5 Satisfactory and one Good

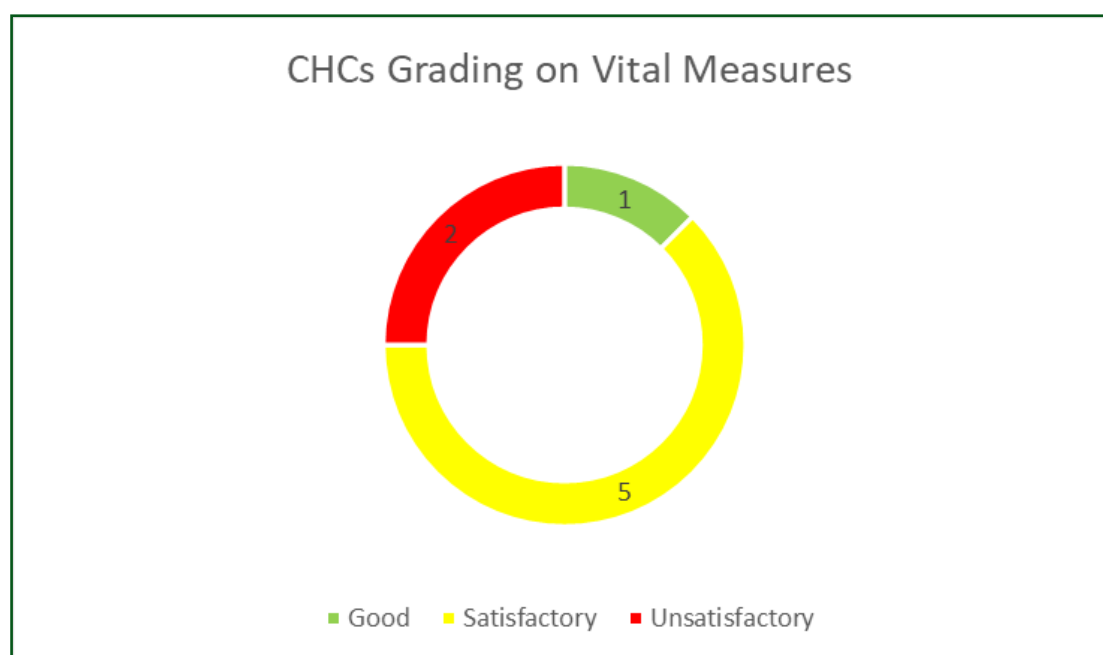


Figure 18: CHC Grading on Vital Measures

3.3.9.10 Overall CHC performance on essential measures

Two (2) CHCs were graded Excellent, while 4 were graded Good, one Satisfactory and one Unsatisfactory as depicted in Figure 19.

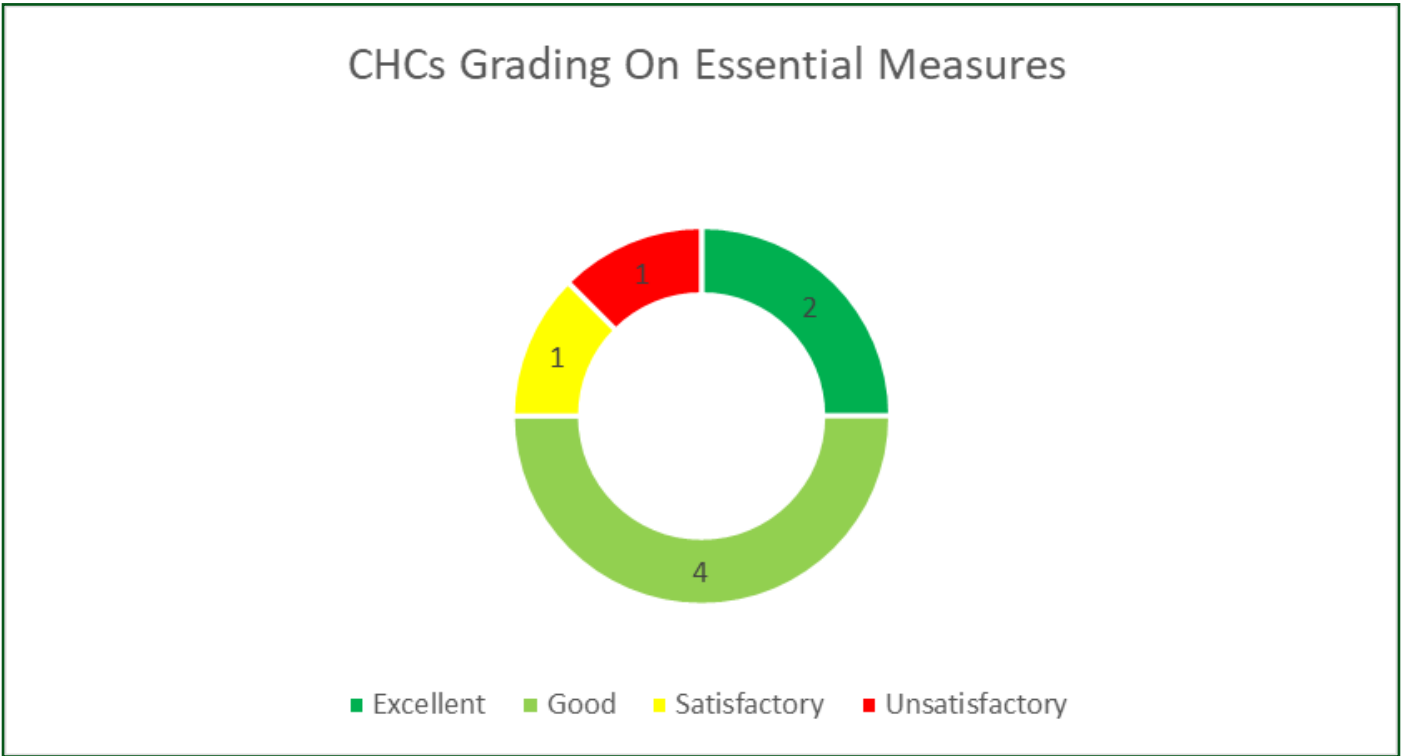


Figure 19: CHCs Grading on Essential Measures

3.3.9.11 Overall CHCs performance on NNVs by grading

Table 12 depicts that all 8 CHCs were non-compliant of which 1 was graded Good, 5 Satisfactory and 2 Unsatisfactory. The six CHCs that were graded Good and Satisfactory would have been compliant if they reached the threshold of 100% on NNMs.

Table 12: CHC performance on NNMs by Grading

NNMs Compliance	Good and Satisfactory	Unsatisfactory
Compliant (100%)	0	0
Non-Compliant (Less than 100%)	6	2



3.3.9.12 CHCs overall measure performance by functional area

3.3.9.12.1 CHCs Manager

The CHC Manager FA relates to the aspects and requirements that are the responsibility of the facility manager and is assessed for issues related to leadership and governance of the HE. Figure 20 below shows the aggregated performance of the CHC Manager FA per district.

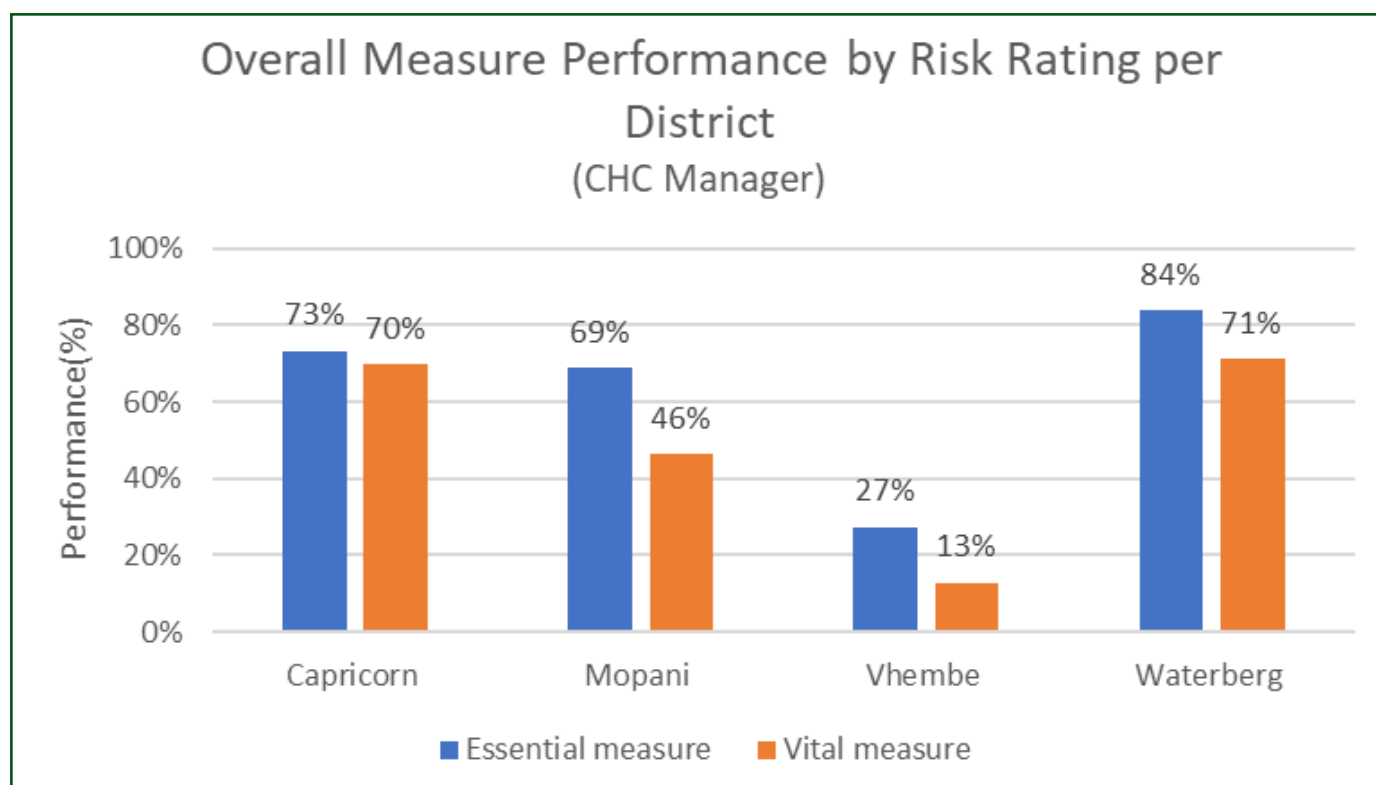


Figure 20: Overall Measure Performance by Risk Rating per District (CHC Manager)

3.3.9.12.2 CHC clinical services performance

Figure 21 below indicates the aggregated performance in the Clinical Services FA with a variation in performance among vital and essential measures in all districts.

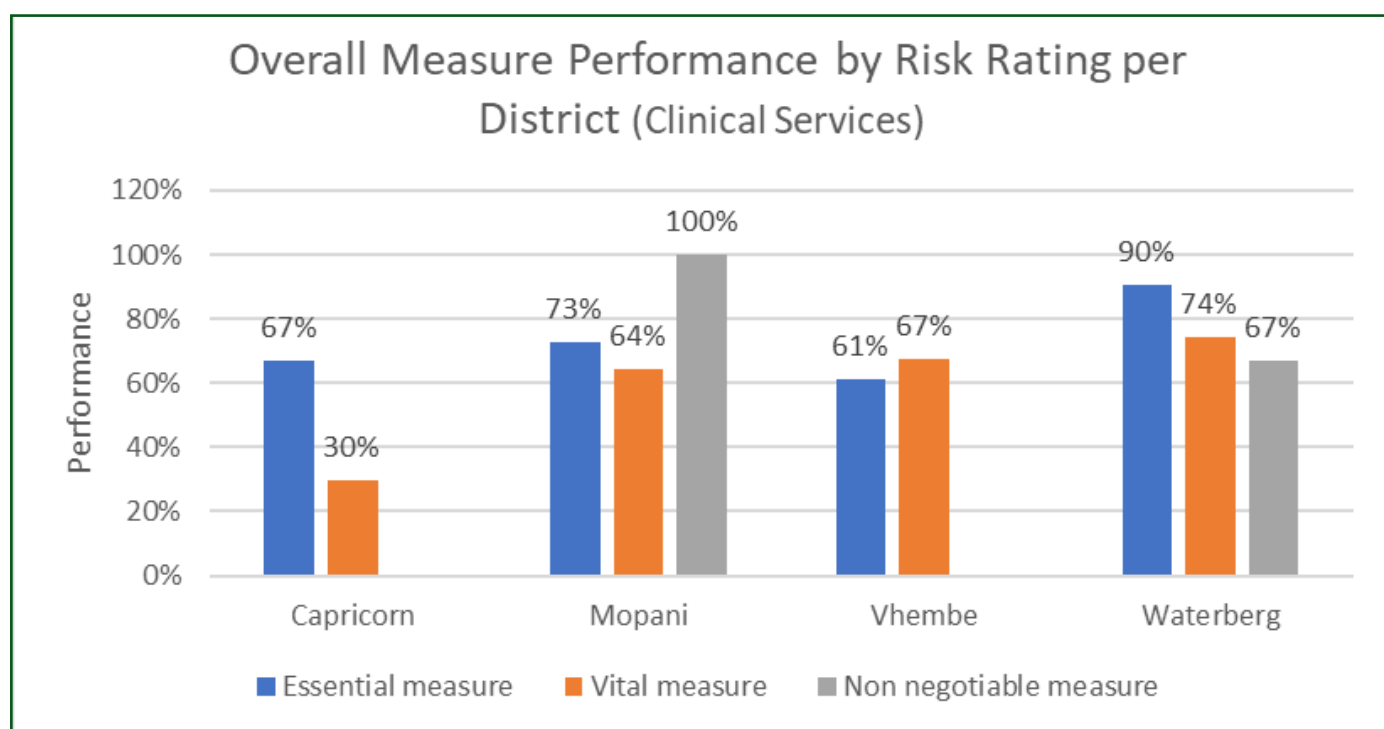


Figure 21: Overall Measure Performance by Risk Rating per District (Clinical Services)

3.3.9.12.3 CHCs emergency unit performance

Figure 22 below indicates a variation in performance among vital and essential measures in all districts.

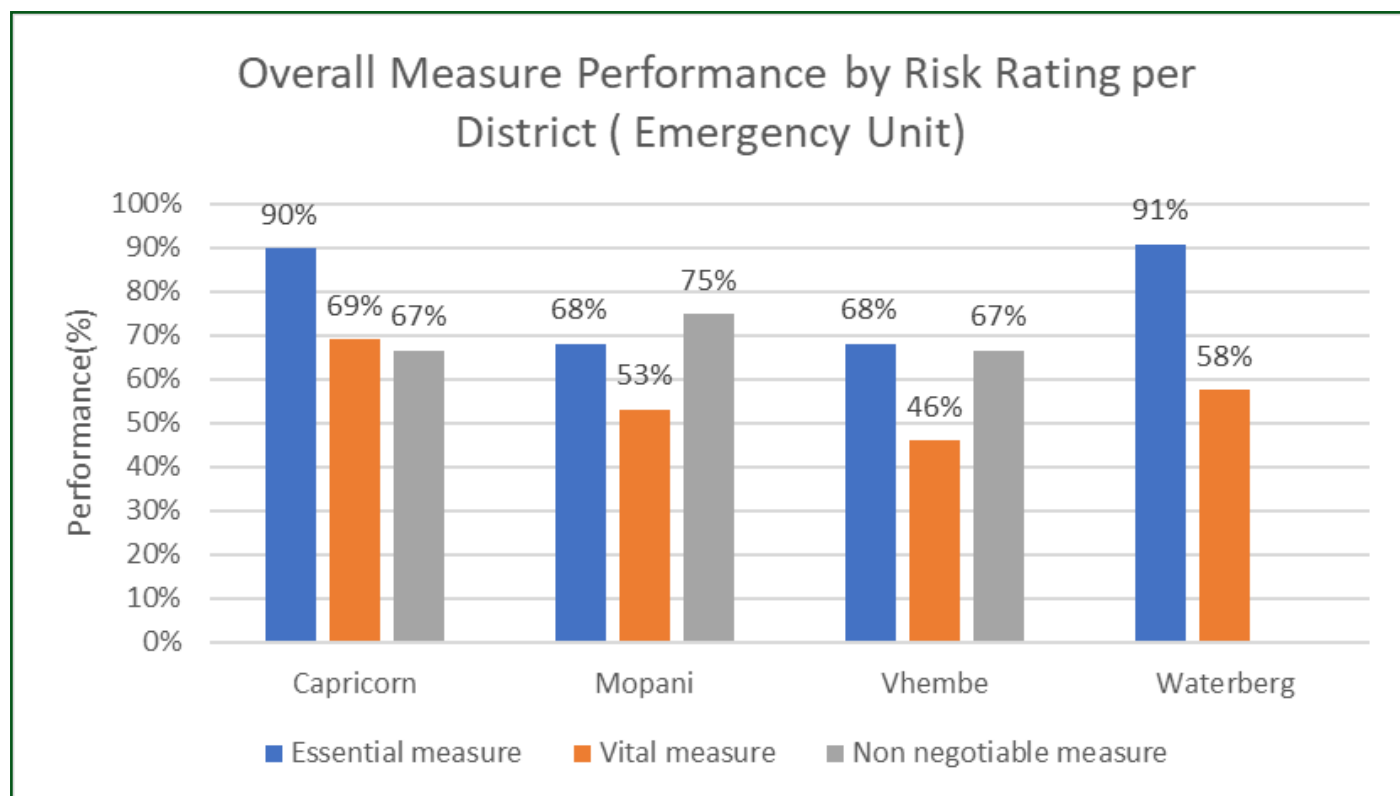


Figure 22: Overall Measure Performance by Risk Rating per District (Emergency Unit)

3.3.9.12.4 CHCs midwife obstetrics unit performance

Figure 23 below shows that Waterberg district performed well on both vital and essential measures while Vhembe district was the lowest performing district on vital measures.

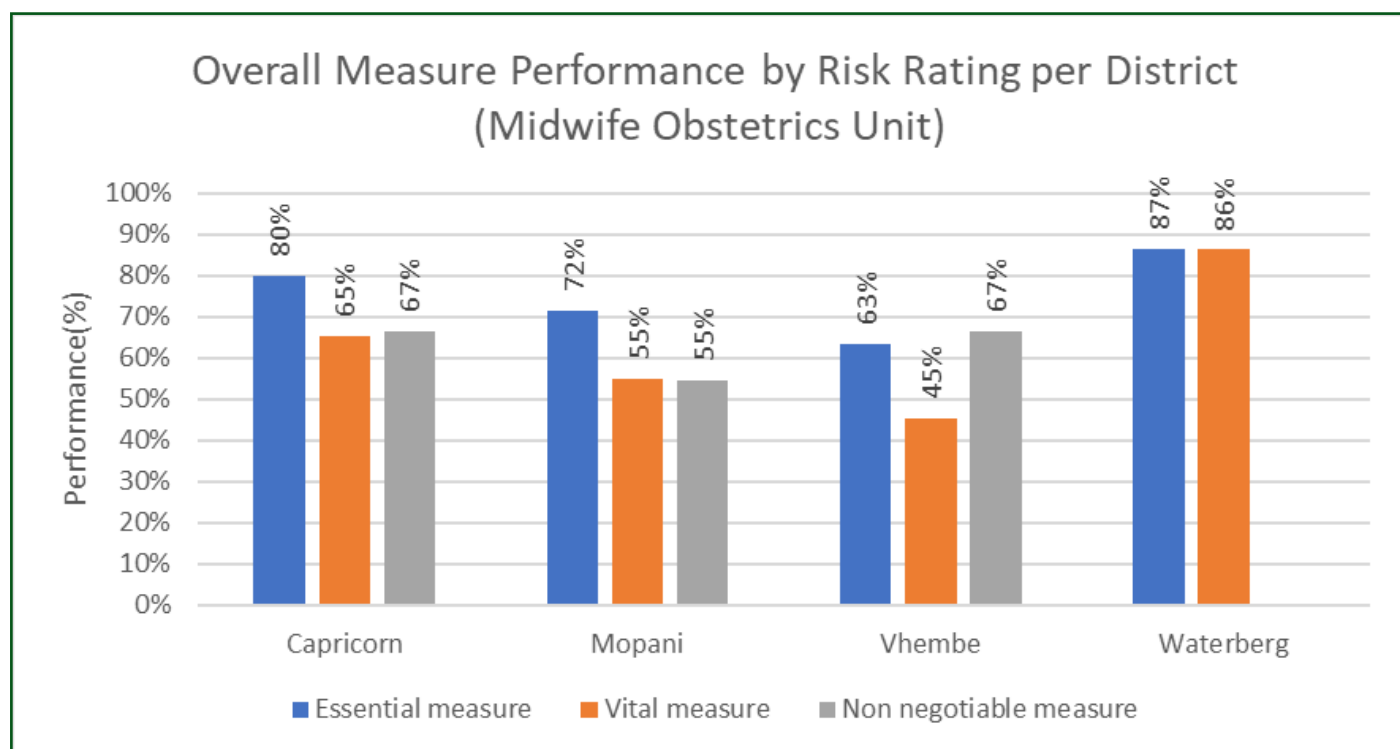


Figure 23: Overall Measure Performance by Risk Rating per District. (Midwife Obstetrics Unit)

3.3.9.12.5 CHC pharmacy/dispensary performance

The performance in this functional area viewed across the districts is shown in Figure 24 below indicating average scores. Of note is that the Capricorn and Waterberg districts performed well on both vitals and essentials.

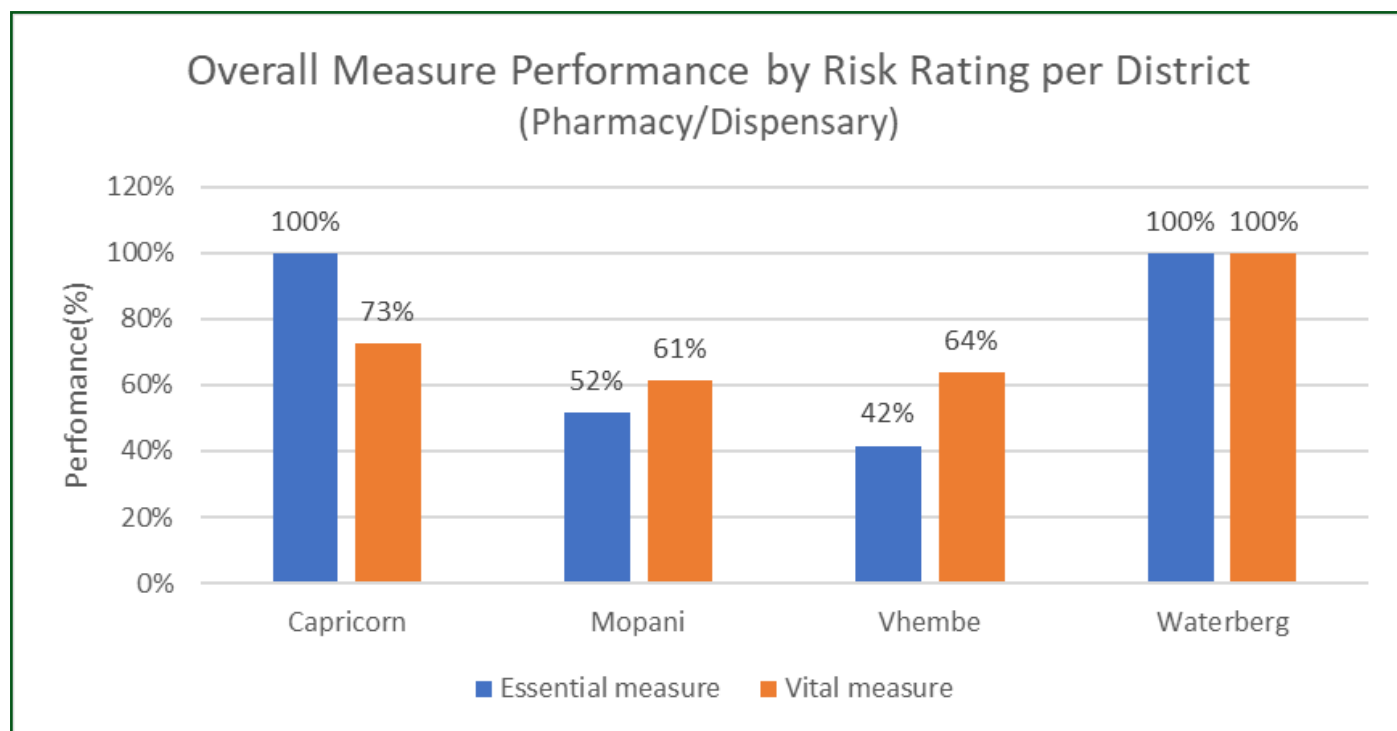


Figure 24: Overall measure performance by risk rating per district (pharmacy/dispensary)

3.3.9.12.6 CHCs maintenance support performance

Figure 25 below shows that the inspected HEs in the Capricorn and Waterberg districts performed generally well on Essentials and Vitals. The lowest-performing district on both risk ratings is Vhembe.

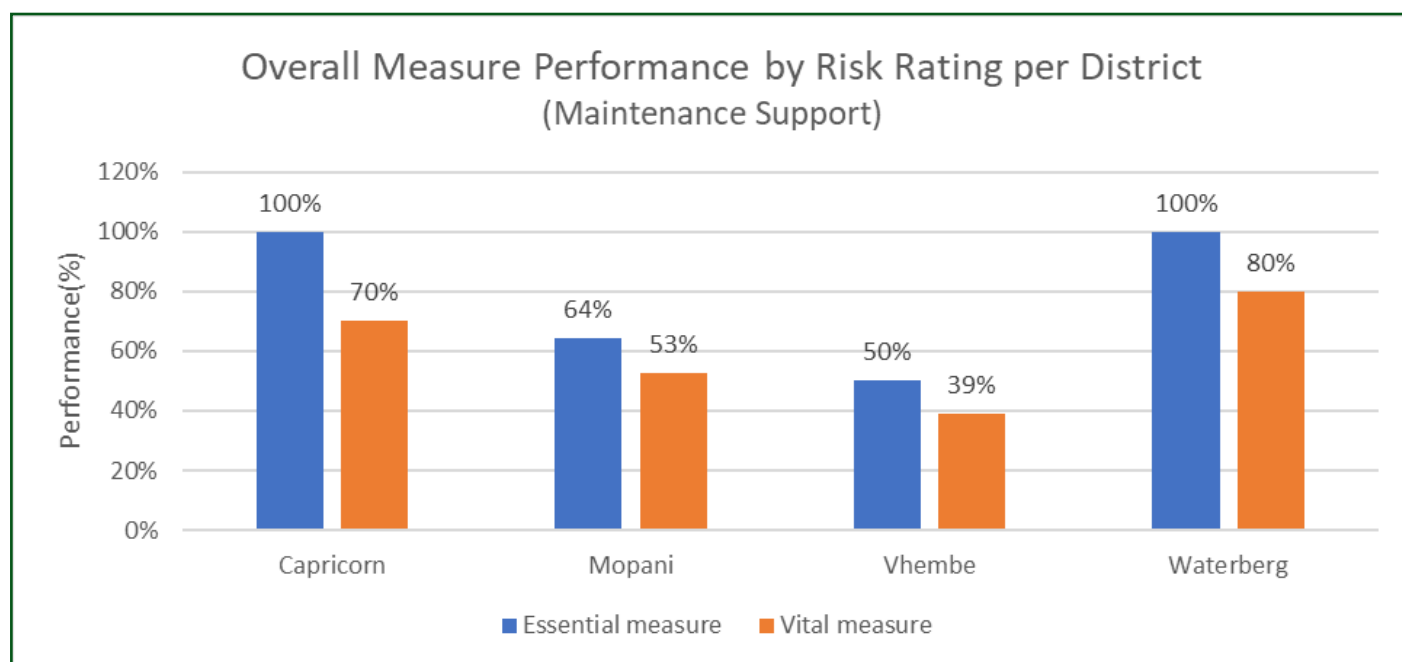


Figure 25: Overall measure performance by risk rating per district (maintenance support)

3.3.9.12.7 Overall measure performance by domain

Figure 26 below indicates aggregated performance outcomes on domains in this category of healthcare. The highest-performing domain is Facilities and Infrastructure followed by User Rights while the lowest-performing domain is Governance and Human Resources. Governance and human resources are critical health system inputs that impact service delivery including the ability to provide quality healthcare. Common non-compliant measures related to staffing needs that were not determined, unavailability of functional clinic committees, non-adherence to the performance management systems and ineffective management of occupational health and safety systems among others.

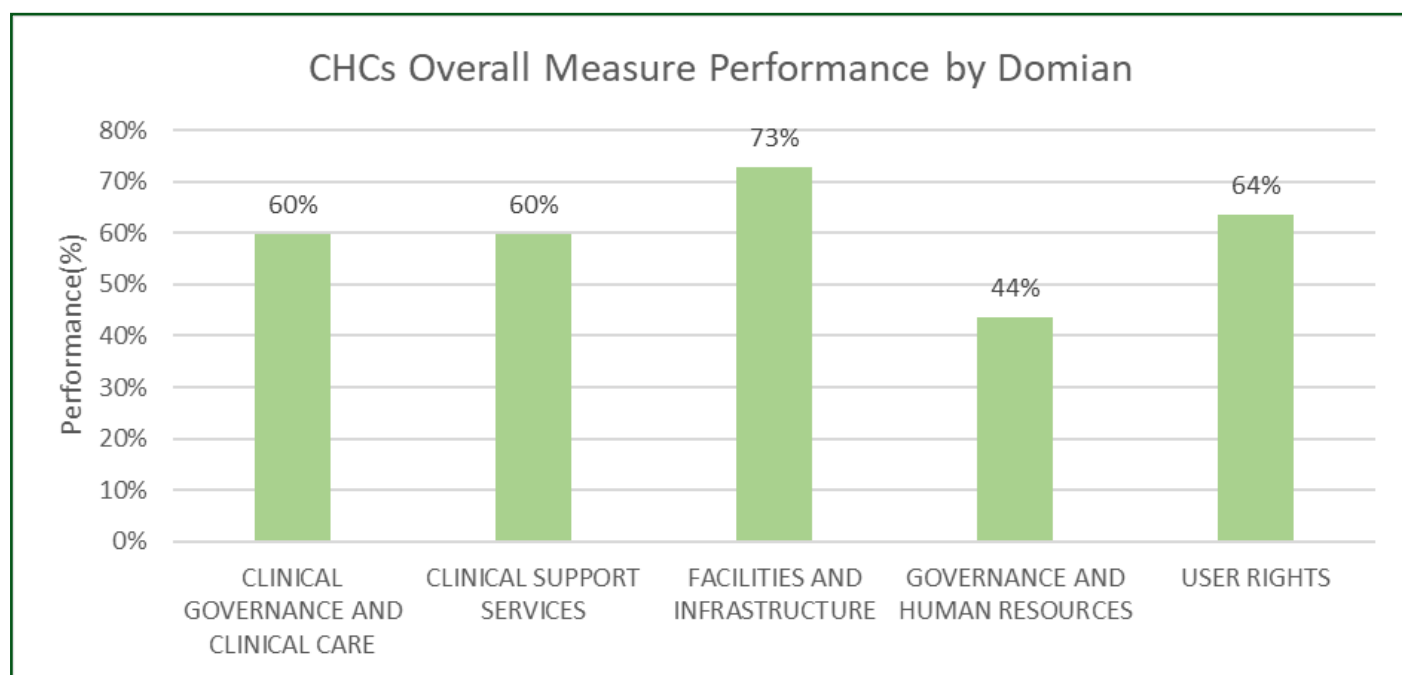


Figure 26: CHCs Overall Measure Performance by Domain

3.3.9.12.8 CHCs measure performance by domain per district

Figure 27 below indicates disaggregated performance outcomes on domains by district.

District	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES	USER RIGHTS
Capricorn	70%	56%	77%	40%	71%
Mopani	57%	63%	74%	53%	65%
Vhembe	48%	51%	60%	14%	49%
Waterberg	84%	70%	89%	70%	80%

Figure 27: CHCs Overall Measure Performance by Domain per District

3.3.9.12.9 Overall measure performance by standard and domain

Figures 28 to 32 below show average performance on measures at the level of standards per domain across all inspected CHCs. The information in the five (5) Figures below identifies specific areas that need improvement to assist the HEs in meeting the requirements for compliance with norms and standards regulations to achieve certification by the OHSC. The standard performance is calculated as the average performance for measures within that standard.

3.3.9.12.10 User rights

Standard Name	Standard Performance
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	58%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	83%
The health establishment must maintain a system of referral as established by the responsible authority.	63%
The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	54%

Figure 28: Performance on Standards across all CHCs (User rights)

3.3.9.12.11 Clinical governance and clinical care

Standard Name	Standard Performance
(b) A health establishment must establish and maintain systems structures and programmes to manage clinical risk.	47%
The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	57%
The health establishment must ensure that health records of health care users are protected managed and kept confidential in line with section 14 15 and 17 of the Act.	80%
The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.	81%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	44%
The health establishment must have a formal process to be followed when obtaining informed consent from the user.	58%
The health establishment must have a system to monitor and report all adverse events.	84%
The health establishment must issue a discharge report to users in accordance with section 10 of the Act.	63%
The health establishment must maintain an environment which minimises the risk of disease outbreaks the transmission of infection to users health care personnel and visitors.	64%

Figure 29: Performance on Standards across all CHCs (Clinical Governance and Clinical Care)

3.3.9.12.12 Clinical support services

Standard Name	Standard Performance
Health establishments must ensure that diagnostic services are available and safe for users and for health care personnel involved in delivering these services.	0%
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	52%
The health establishment must comply with the provisions of the Pharmacy Act 1974 and the Medicines and Related Substances Act 1965.	68%

Figure 30: Performance on Standards across all CHCs (Clinical Support Services)



3.3.9.12.13 Facilities and infrastructure

Standard Name	Standard Performance
The health establishment and their grounds must meet the requirements of the building regulations.	76%
The health establishment must ensure that engineering services are in place.	57%
The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.	64%
The health establishment must have systems to protect users health care personnel and property from security threats and risks.	83%

Figure 31: Performance on Standards across all CHCs (Facilities and infrastructure)

3.3.9.12.14 Governance and human resource

Standard Name	Standard Performance
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	51%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	44%
The health establishment must have a functional governance structure with written Terms of Reference.	0%

Figure 32: Performance on Standards across all CHCs (Governance and human resource)

3.4 District hospitals

This section covers the performance of inspected District Hospitals according to the different measures disaggregated by the risk rating categories.

3.4.1 Overall measure performance analysis

3.4.1.1 Non-negotiable measures

A total of 2 district hospitals were inspected during the period under review. None of the inspected HEs were able to achieve 100% on the NNMs requirements and were not compliant. Tables 12 and 13 below show the overall performance with respect to non-negotiable measures (NNMs) amongst the inspected district hospitals.

Table 12: Overall district hospital performance on NNMs

Number of Inspected district hospitals	NNM 100% Compliant	NNM Non-Compliant (< 100%)
2	0	2



Table 13: District Hospitals NNMs Compliance Rate

NNMs	Total Measures	Non-compliant Measures	Compliant Measures	Compliance Rate
Emergency trolley is stocked with medicines and equipment.	27	27	0	0.00%
Healthcare providers correctly complete forms used for informed consent.	15	10	5	33.33%
Emergency power supply is available in the ward/unit in the event of a power disruption.	20	13	7	35.00%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.	10	8	2	20.00%
The oxygen available in the cylinder is above the minimum level.	2	2	0	0.00%
Medical supplies and equipment for resuscitation are available.	2	2	0	0.00%
The ward/unit has a functional system to supply piped oxygen to clinical areas.	10	5	5	50.00%
A system to monitor oxygen levels in the bulk oxygen plant is in place.	2	1	1	50.00%

None of the district hospitals achieved NNMs overall score of 100% and therefore did not satisfy the requirements for an overall compliance status as shown in Table 14.

Table 14: Performance on NNM of inspected District Hospitals

Facility Name	Number of Applicable Measures	Compliant Measures	Compliance Rate
Maphutha L Malatjie Hospital	41	15	37%
Seshego Hospital	48	23	48%

3.4.1.2 Overall vital measures grading

Both Maphutha L. Malatjie and Seshego Hospitals were graded Good for vital measures.

3.4.1.3 Overall essential measures grading

Figure 33 below depicts that Seshego Hospital was graded Excellent on essentials while Maphutha L. Malatji was graded Satisfactory.

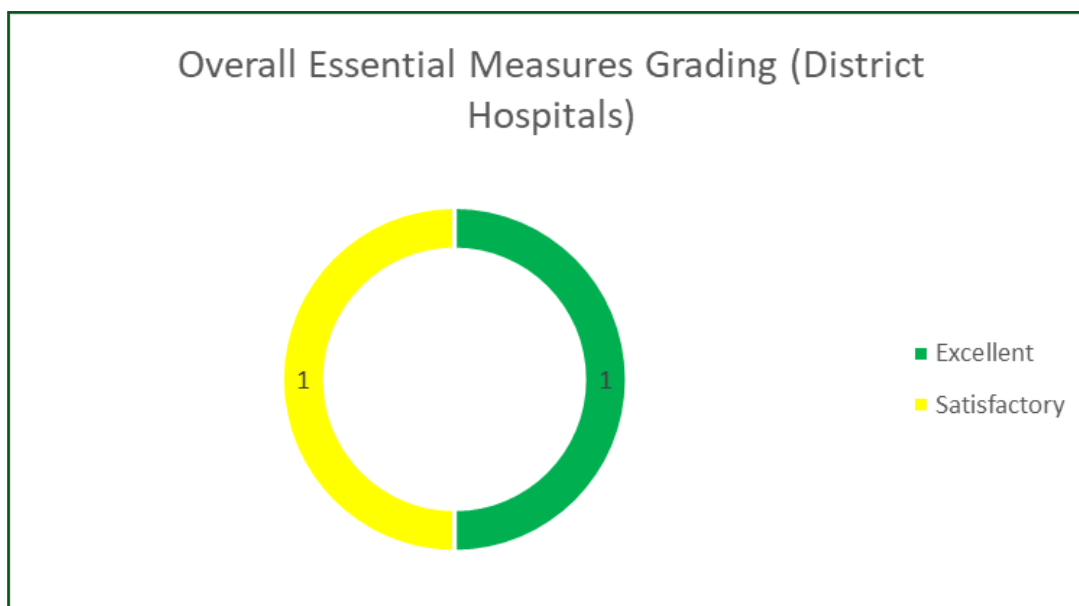


Figure 33: Overall essential measures grading for district hospitals

3.4.1.4 Overall measure performance by HE compliance status

Table 15 below shows that the two inspected district hospitals were graded Good and Satisfactory. These hospitals would have been compliant had they achieved 100% with the NNM requirements.

Table 15: Performance of District Hospitals on NNMs

NNM Compliance	Total Inspected	HE Grading	
		Good	Satisfactory
Non-Compliant	2	1	1

3.4.1.5 Measure performance by domain for district hospitals

Figures 34 below indicate aggregate performance outcomes on domains for the two inspected district hospitals. Of all the domains in the norms and standards regulations, User Rights was found to be the highest performing followed by Facilities and Infrastructure and Clinical Governance and Clinical Care, while the lowest performing domain is Clinical Support Services.

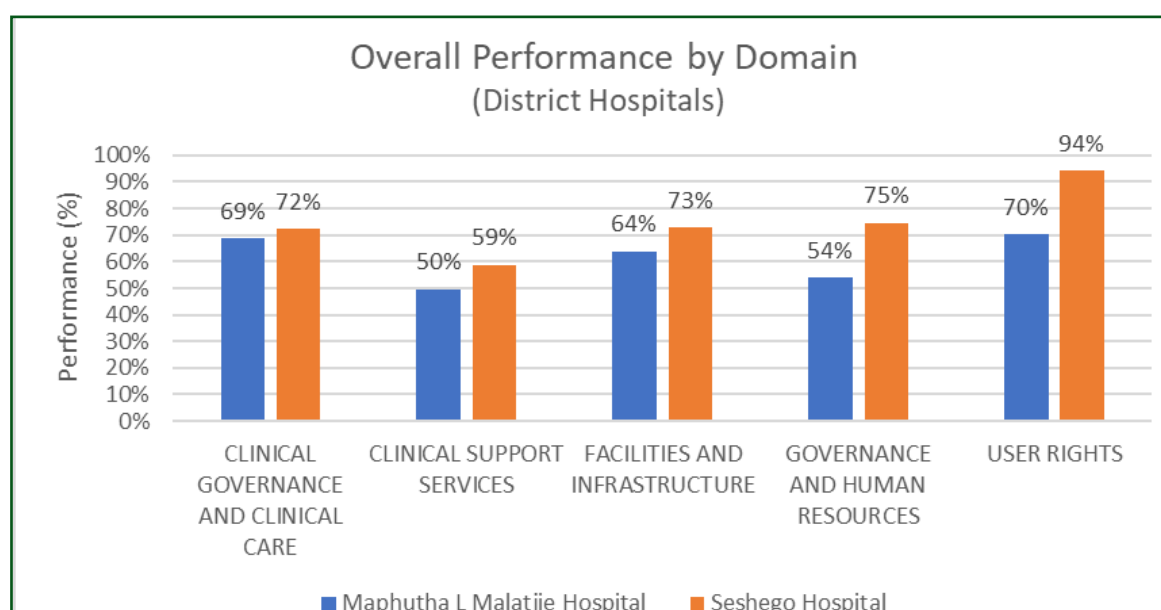


Figure 34: Overall performance by domain (district hospitals)



Figure 35: Average measure performance by functional area (district hospitals)

3.5 Regional hospitals

This section covers the performance of inspected Regional Hospitals according to the different measures disaggregated by the risk rating categories.

3.5.1 Overall measure performance analysis

3.5.1.1 Non-negotiable measures

One regional hospital was inspected during the period under review and was not able to achieve 100% on the NNMs requirements and therefore not compliant. Table 17 below shows the overall performance with respect to non-negotiable measures (NNMs) in the inspected regional hospital.

The inspected regional hospital, Letaba Hospital was graded Good, but failed to comply with 100% of the NNM requirements and therefore was non-compliant. Tables 16 and 17 below depict the non-compliance with the NNMs.

Table 16: Regional Hospital Performance on NNMs

Number of Inspected district hospitals	NNM 100% Compliant	NNM Non-Compliant (< 100%)
1	0	1

Table 17: Regional Hospital NNMs Compliance Rate

NNMs	Total Measures	Non-compliant Measures	Compliant Measures	Compliance Rate
Emergency trolley is stocked with medicines and equipment.	16	16	0	0.00%
Healthcare providers correctly complete forms used for informed consent.	8	3	5	62.50%
Medical supplies and equipment for resuscitation are available.	1	1	0	0.00%
Emergency power supply is available in the ward/unit in the event of a power disruption.	4	4	0	0.00%
The oxygen available in the cylinder is above the minimum level.	4	3	1	25.00%
The unit has a functional system to supply piped oxygen.	1	1	0	0.00%

The inspected regional hospital was graded “Good” but failed to comply with the NNM requirements as depicted in Table 18 below.

Table 18: Performance on NNM of inspected Regional Hospital

HE Name	Number of Applicable Measures	Compliant Measures	Compliance Rate
Letaba Hospital	59	38	64%

3.5.1.2 Overall vital and essential measure grading

The Vital and Essential measures in Letaba Hospital were graded as Good.

3.5.1.3 Measure performance by domain for a regional hospital

Figures 36 below indicate aggregated performance outcomes on domains for the inspected regional hospital. Of all the domains in the norms and standards regulations, User Rights was found to be the highest performing at 77%, followed by Facilities and Infrastructure at 71%, while the lowest performing domain is Clinical Support Services at 47%.

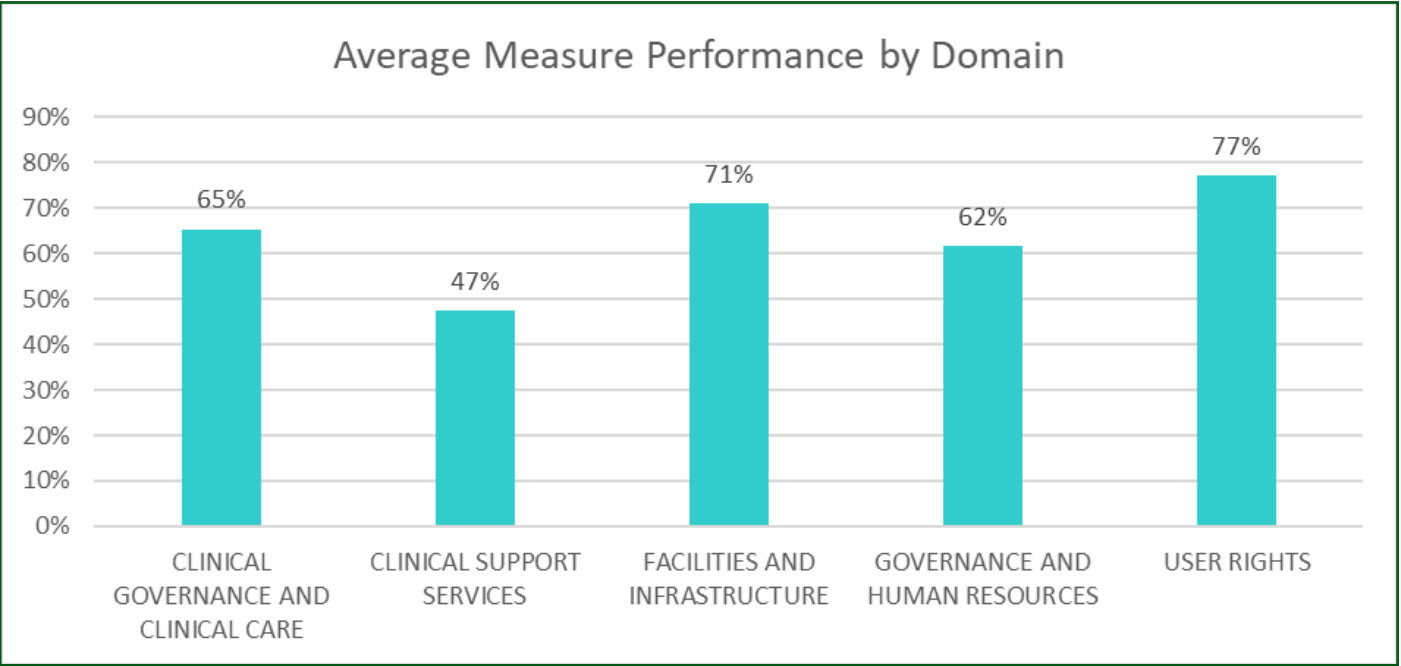


Figure 36: Average Performance by Domain

3.5.1.4 Measure performance by functional area (regional hospital)

Transport Services and Laboratory Services functional areas had the highest scores while Health Technology Service had the lowest score of 0% as depicted in Figure 37 below.



Measure Performance by Functional Area (Regional Hospital)

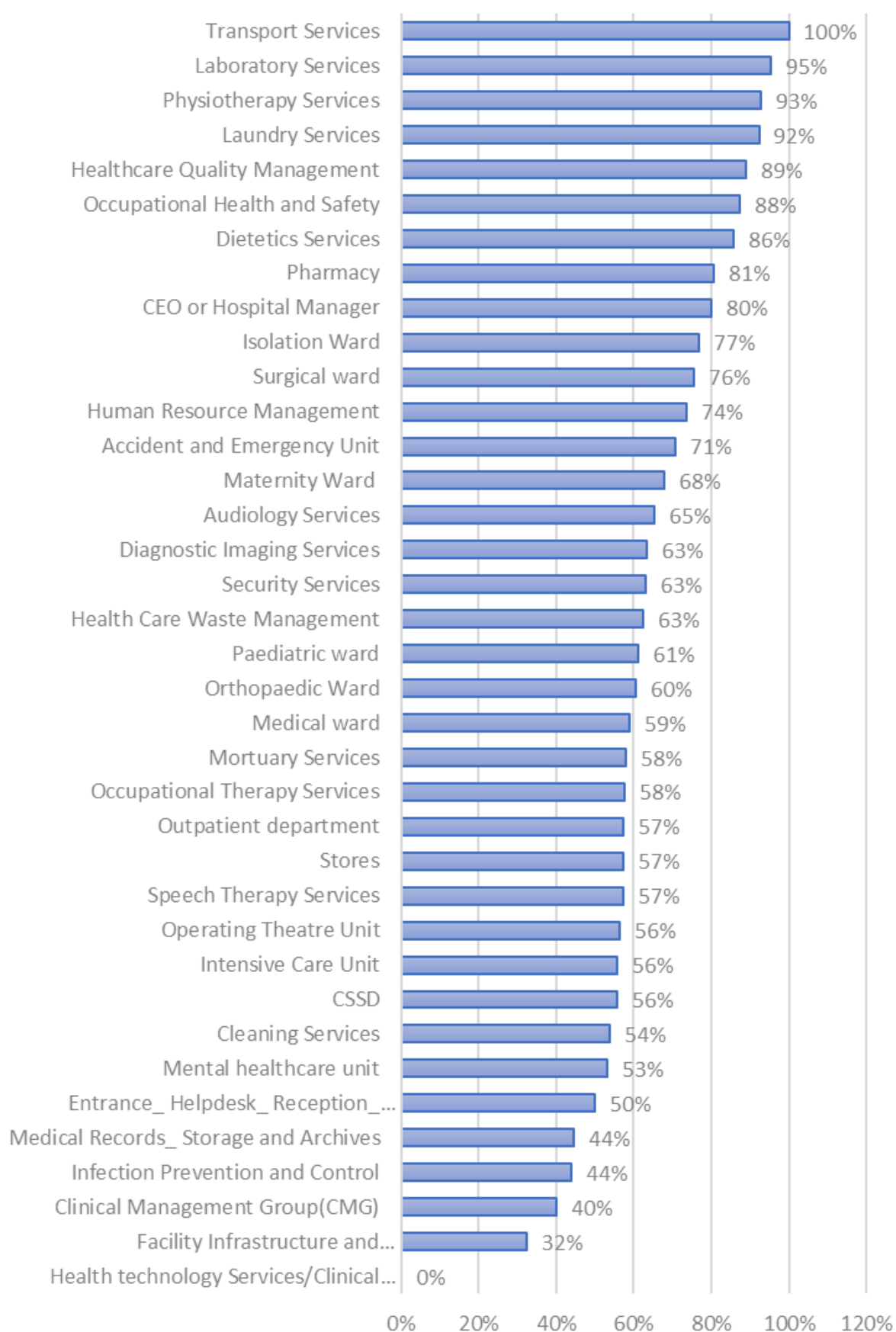


Figure 37: Measure Performance by Functional Area

3.6 Re-inspection

This section of the report highlights the re-inspection of HEs that were routinely inspected during FY 2019/20. A total of 73 clinics were inspected during the FY 2019/20 routine inspections, with none achieving a compliance status. Of the 73 non-compliant clinics, 9 were reinspected in FY 2021/22.

3.6.1 Re-inspections outcome

The re-inspection outcome is depicted in Figures 38 and 39 below, two (2) of 9 re-inspected clinics were found to be compliant. An overall compliance rate of 22% was achieved for the re-inspections conducted in FY 2021/22.

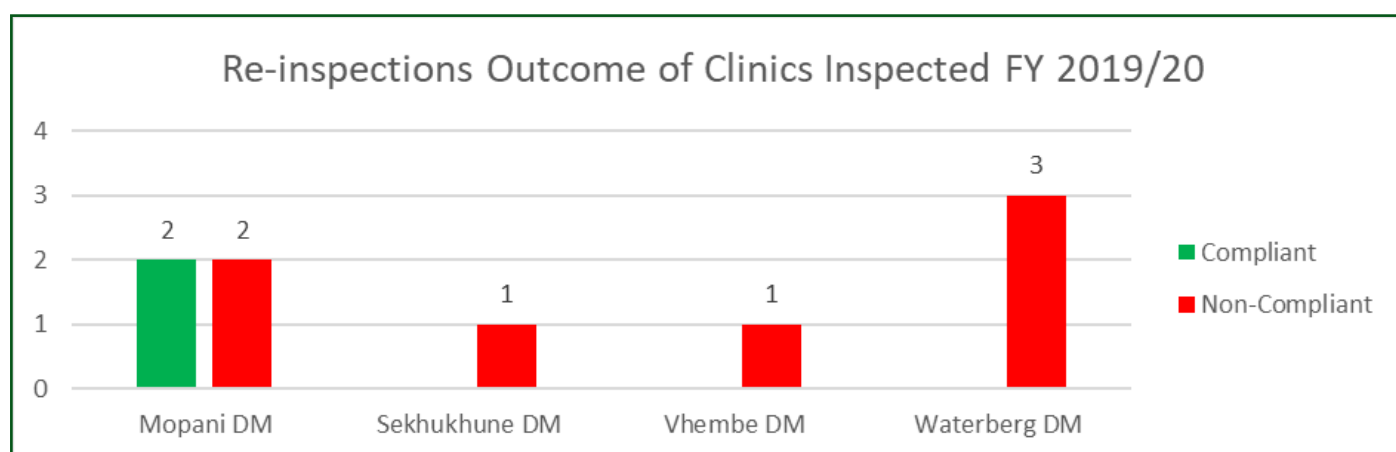


Figure 38: Re-inspections Outcome of Clinics Inspected FY 2019/20

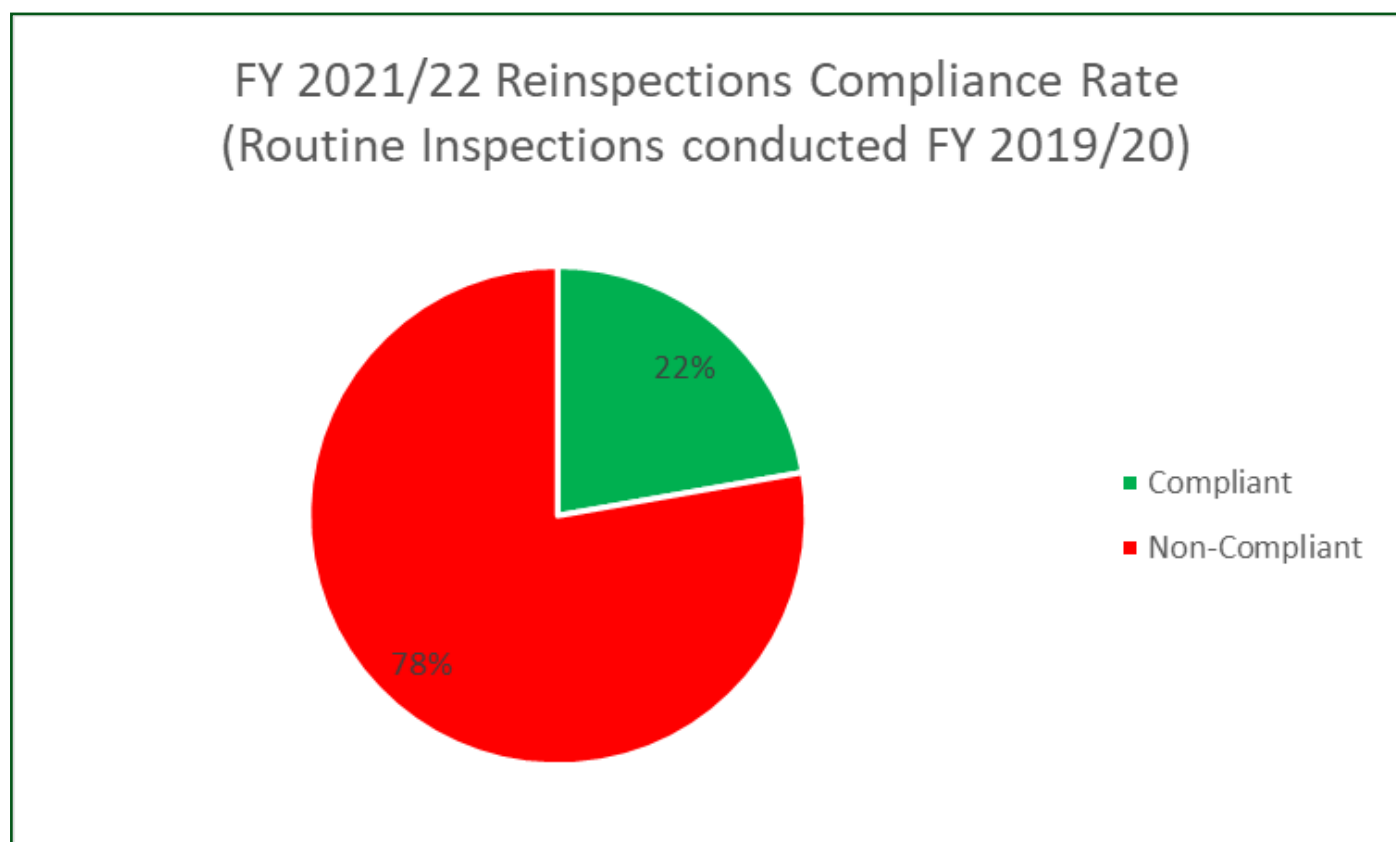


Figure 39: Re-inspections Compliance Rate of Clinics Inspected FY 2019/20

3.6.2 Re-inspections compliance rate per district

Table 19 below depicts the re-inspection compliance rate by district.

Table 19: Re-inspections compliance rate by district

District	Total Inspected	Compliant	Non-Compliant	Compliance Rate
Mopani DM	4	2	2	50%
Sekhukhune DM	1	0	1	0%
Vhembe DM	1	0	1	0%
Waterberg DM	3	0	3	0%

3.6.3 Re-inspections clinics grading by compliance status

Figure 40 below depicts the gradings of Satisfactory and Good for all the re-inspected Clinics (compliant and non-compliant). None of the HEs were graded as Unsatisfactory or Excellent.

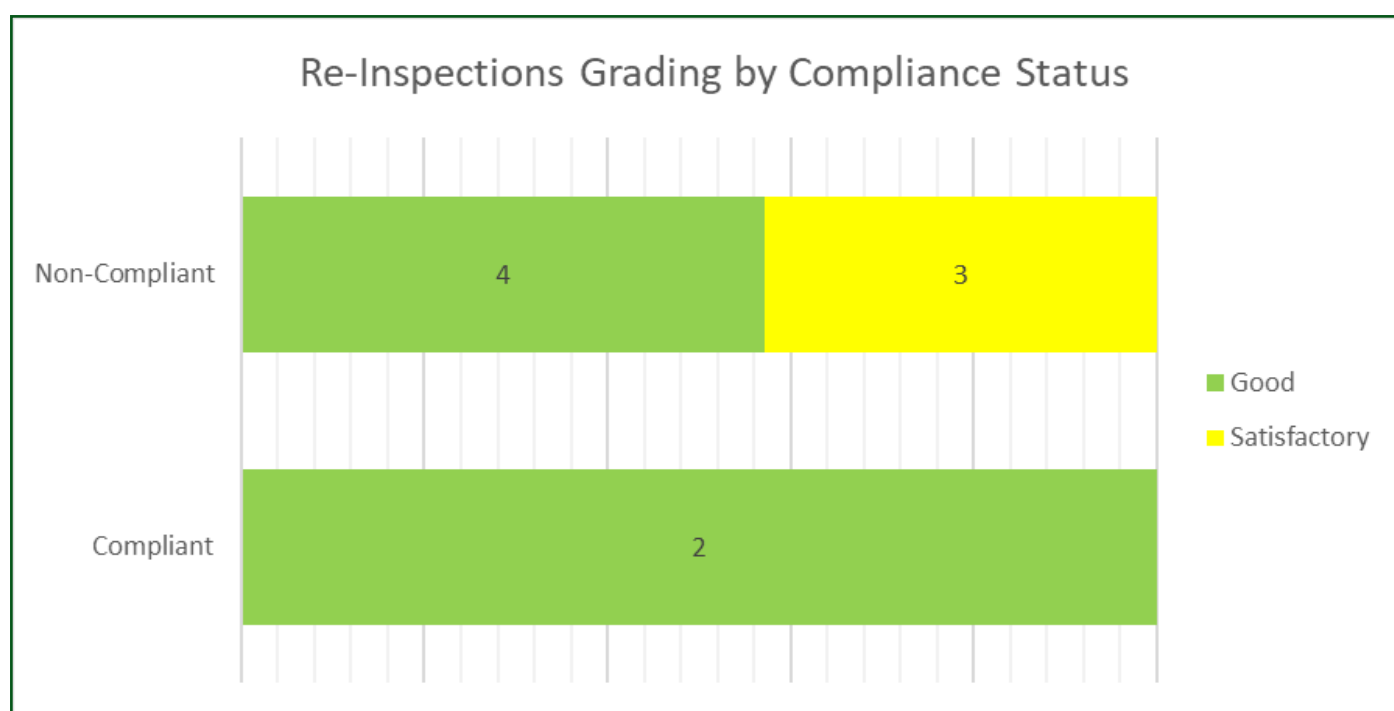


Figure 40: Re-inspections Grading by Compliance Status

3.6.4 Overall performance on non-negotiable measures

The emergency trolley measure had the lowest performance achieving a compliance rate of 22% as depicted in Table 20. This is considered poor performance given that a less than 100% performance on NNMs has a direct implication on the overall compliance status of a HE.



Table 20: Performance analysis according to the three NNVs.

Measure Name	Number of Applicable Measures	Compliant Measures	Compliance Rate
An oxygen cylinder with a pressure gauge is available.	9	9	100%
CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	9	2	22%
The oxygen available in the cylinder is above the minimum level.	9	9	100%

3.6.5 Overall HE grading on vital and essential measures

Figure 41 below depicts the grading of both the vital and essential measures of performance for the re-inspected clinics.

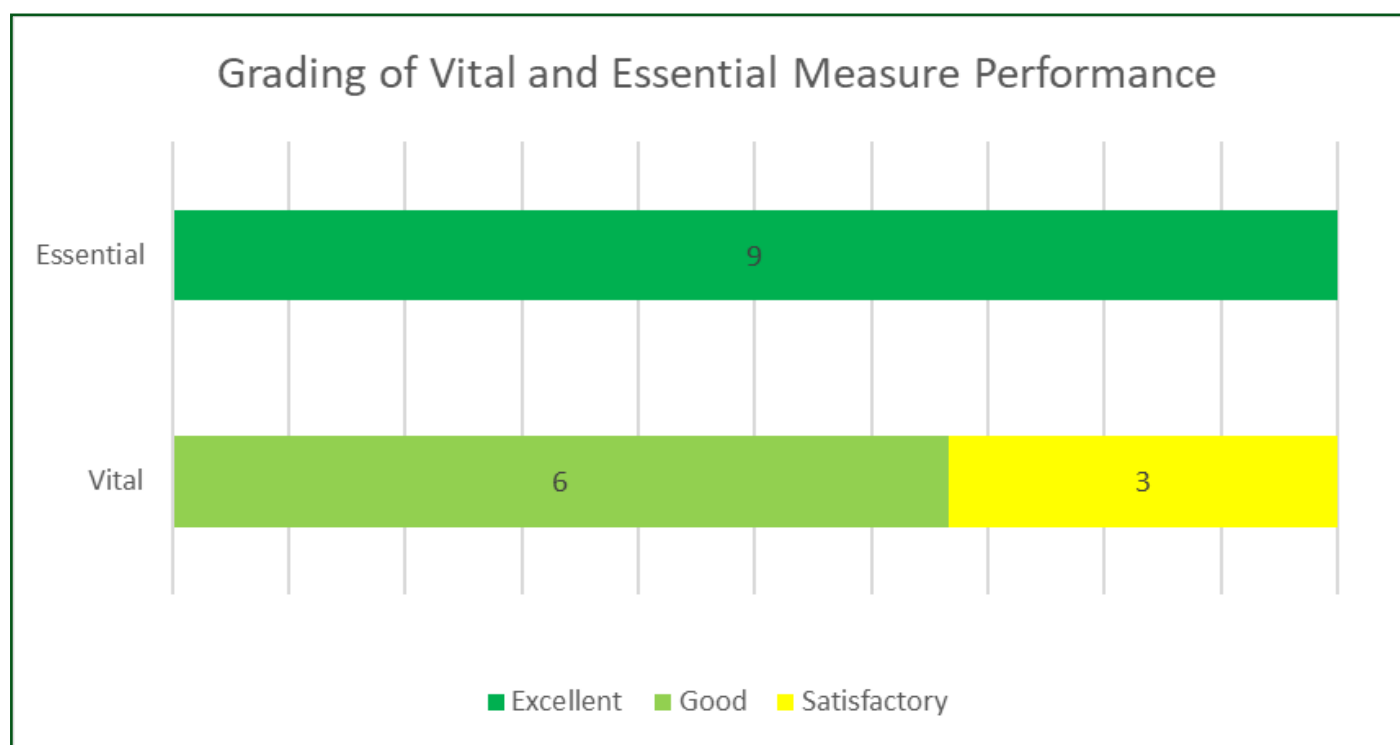


Figure 41: Grading of Vital and Essential Measure Performance

3.6.6 Re-inspections summary

Of note is that not all non-compliant HEs for the FY 2019/20 were re-inspected in the period under review. An incline from non-compliance to compliance status was noted in only 2 of the 9 re-inspected HEs. The analysis revealed that compliance with NNVs remains a challenge for most clinics. The emergency trolley measure contributed to the clinics achieving non-compliance status.

4. DISCUSSION

The overall clinic compliance rate of 4% represents 2 clinics of the 55 inspected clinics. It is worth noting that there were a further 10 clinics that were non-compliant but graded Satisfactory. Similar outcomes were also noted in the CHCs, districts and regional hospitals. The reason for non-compliance was due to the inability to fulfil the requirements with the emergency trolley NNM. Addressing the requirements for the emergency trolley could potentially increase the overall compliance rate of HEs thus reducing the risk to patient safety.

The legal and statutory requirements for the management of user health records were not complied with by the majority of HEs which may negatively impact user care and their right to confidentiality.

Notably, CHCs and district and regional hospitals had a zero (0%) compliance rate.

The majority of HEs did not have functional governance structures with written terms of reference which led to inadequate oversight. The non-compliance statuses of HEs can be attributed to the critical posts not being filled.

Generally, the requirements of management of service level agreements in the HEs and compliance of buildings with safety regulations were not adhered to. A compliance rate of 15% regarding the availability of a backup electricity supply system was noted in clinics. All of the above would negatively affect service delivery.

5. LIMITATIONS

Not all measures were scored as some appeared to be not applicable in the same category of healthcare, thus making generalisations impossible and painting a blurry picture about the reasons for non-compliant inspection outcomes.

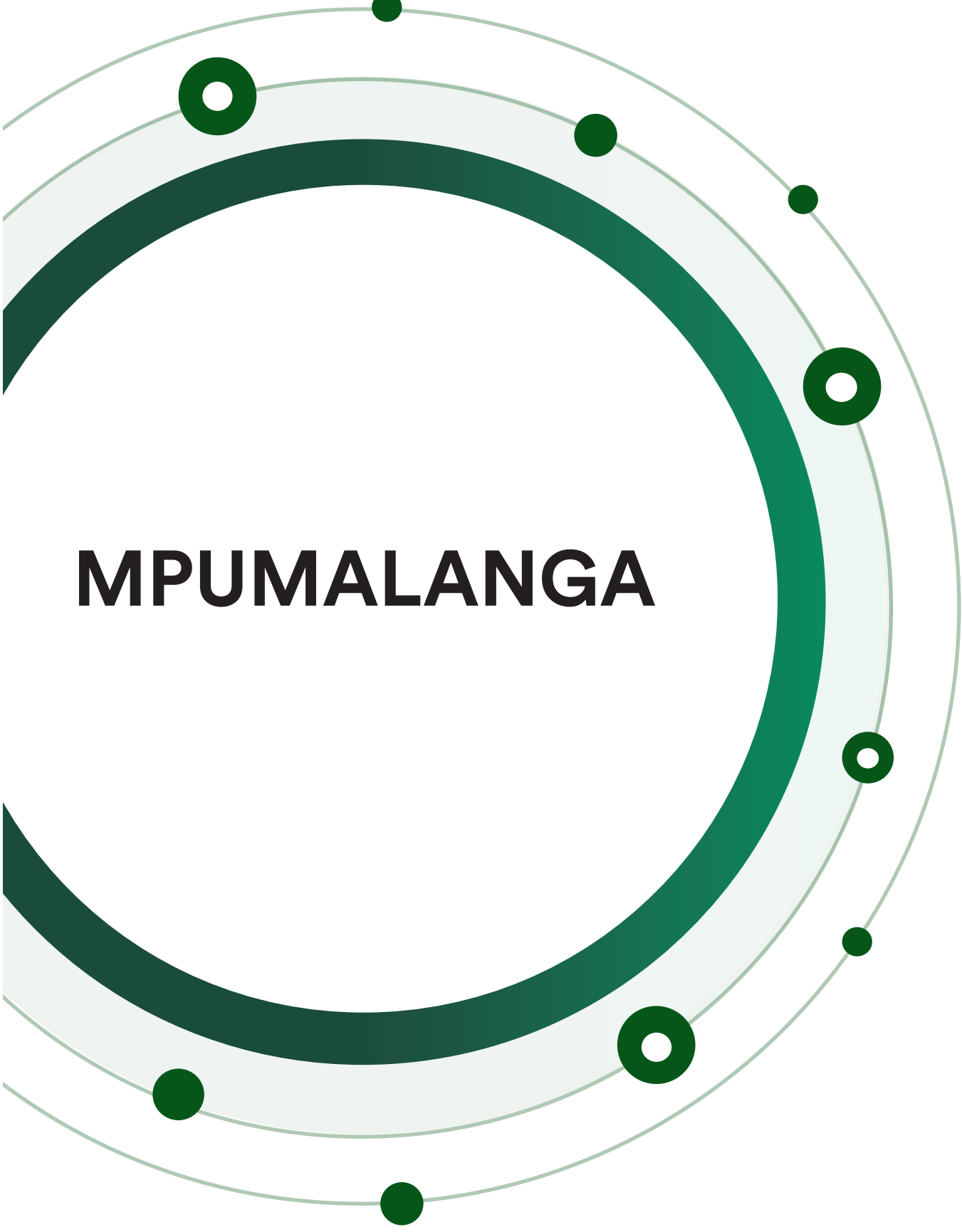
A smaller scope/coverage for district and regional HEs inspections could not be regarded as representative of the status of all HEs in the same categories across the country, thus limiting the meaningful national overview reporting.

6. RECOMMENDATIONS

Based on the performance of inspected HEs, the OHSC makes the following recommendations:

1. 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 NNM, there needs to be an overall focus on supporting HEs to comply with all the NNMs as a substantive proportion of HEs would have achieved compliant status had they met 100% of the NNM requirements.
2. The provinces, districts, and HEs managers should address all measures with high rates of non-compliance and support HEs in developing and overseeing the implementation of quality improvement plans (QIPs).
3. 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.
4. 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.



A decorative circular graphic consisting of concentric rings. The innermost ring is a thick dark green arc. The middle ring is a light gray arc. The outermost ring is a thin light green arc. Scattered around these rings are several dark green circles of varying sizes, some solid and some hollow.

MPUMALANGA

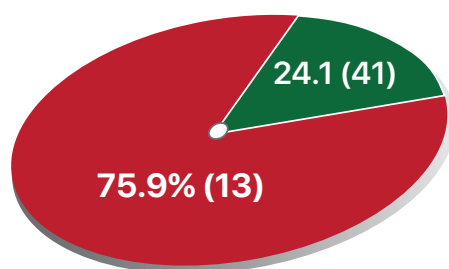
SUMMARY OF MPUMALANGA INSPECTION OUTCOMES, FY 2021/22

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

Sampling: From the 313 HEs, a sample size of 26 health establishments including Primacy Health Clinics (PHC) =19, Community Health Centers (CHCs) =5, hospitals=2 were selected for routine inspection. The selection of health establishments was based on geographic clustering and cost-effectiveness.

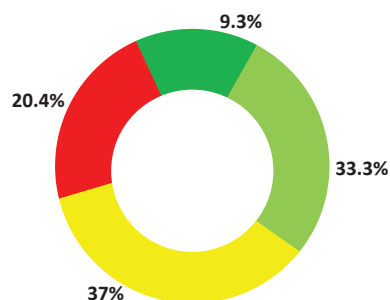
Inspected health establishments by Province: A total of 54 HEs were inspected against the set target of 26. An additional 18 re-inspections were conducted in the province.

Compliance Status: MP Province



● Compliant ● Non-Compliant

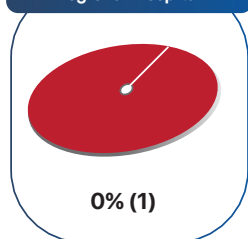
Overall Grading, MP Province



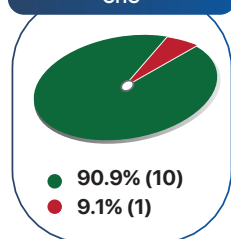
■ Excellent ■ Good ■ Satisfactory ■ Unsatisfactory

Compliance Rate (%) Per level of care

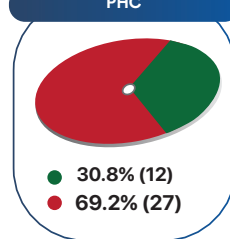
Regional Hospital



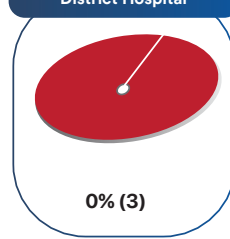
CHC



PHC



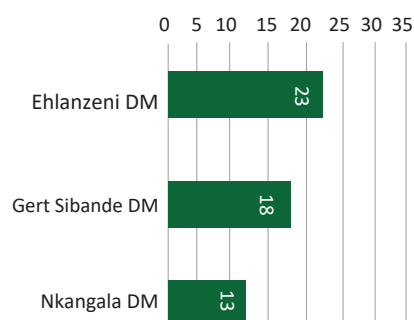
District Hospital



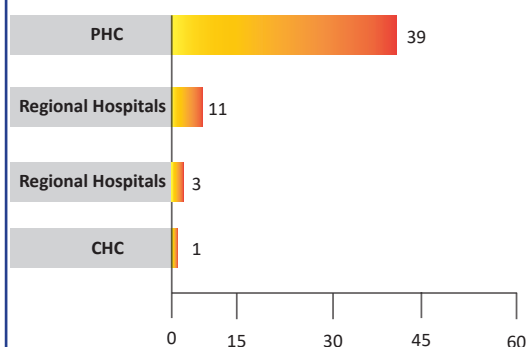
Compliance status by district

	Compliant	Non Compliant
Ehlanzeni DM	0%(0)	100% (23)
Gert Sibande DM	38.9%(7)	61.1%(11)
Nkangala DM	46.2%(6)	53.8%(7)

Number of inspected HEs by district



Inspected HE's by type (N=85)



Overall grading by district %



1. DISTRIBUTION OF INSPECTED HEALTH ESTABLISHMENTS

1.1 Distribution of public sector hes in mpumalanga province

Table 1 below shows the number of health establishments for inspected categories in Mpumalanga province.

Table 1: Total number of Health Establishments for Inspected Categories

National	Clinic	Community Health Centre	District Hospital	Regional Hospital	Total
Overall	229	58	23	3	313

During the FY 2021/22, a total of 54 routine inspections of 313 public sector HEs were conducted in the province. The target of inspections conducted was 8% of the total public sector health establishments in the province. Health establishments are selected proportionally considering the total number in the province as well as consideration for the number of districts.

Table 2: Distribution of Inspected HEs by province and Category, F/Y 2021/22

Province	Clinic	CHC	District Hospitals	Regional Hospitals
Mpumalanga	39	11	3	1

Table 3: Cumulative Number of Inspected HEs by Category, F/Y 2019/20 - F/Y 2021/22

	FY 2019/20			FY 2020/21			FY 2021/22			Cumulative Number of HEs (FY 2019/20 – FY 2021/22)		
HE Category ⁹⁹	Inspected	Compliant	Compliance Rate	Inspected	Compliant	Compliance Rate	Inspected	Compliant	Compliance Rate	Inspected	Compliant	Compliance Rate
Clinics	54	5	9%	34	3	9%	39	12	31%	127	20	16%
CHCs	-	-	-	-	-	-	11	1	9%	11	1	9%
District Hospitals	-	-	-	-	-	-	3	0	0%	3	0	0%
Regional Hospital	-	-	-	-	-	-	1	0	0%	1	0	0%
Total	54	5	9%	34	3	9%	54	13	24%	142	21	15%

1.2 Provincial compliance status outcome

A total of 54 health establishments were inspected during the 2021/22 inspection cycle. Figure 1 below shows the number of inspected health establishments during the period under review broken down by categories and compliance status outcome.



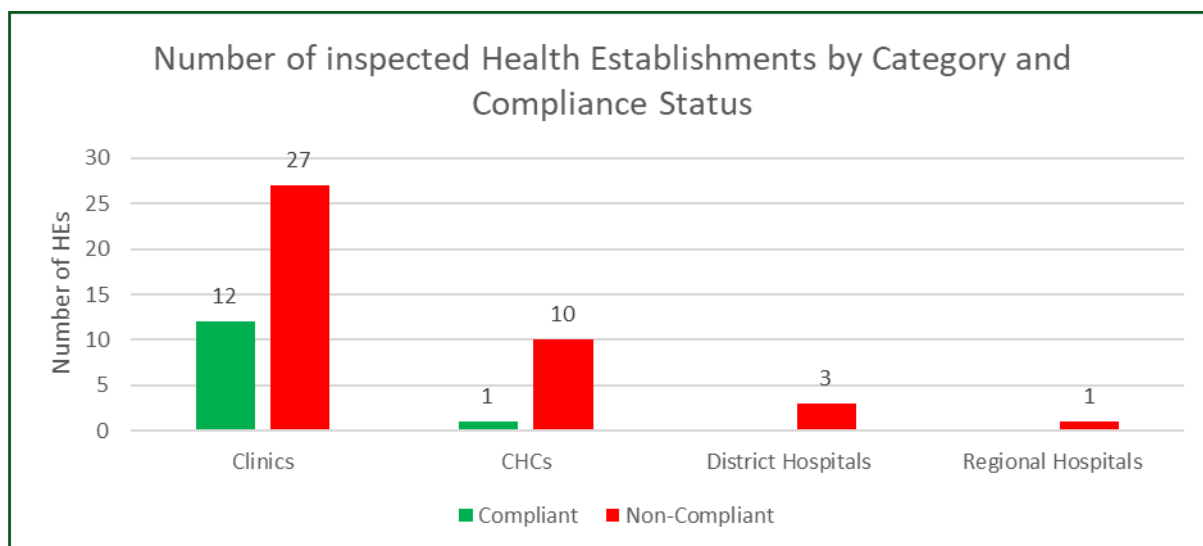


Figure 1: Number of inspected health establishments by category and compliance status

The overall compliance rate of inspected health establishments according to their categories is shown in Figure 2 below. In terms of compliance performance, the clinics had a compliance rate of 31%, CHCs 9% and district and regional hospitals had a 0% compliance rate respectively. Subsequent sections in the report aim to identify factors that account for this compliance performance.

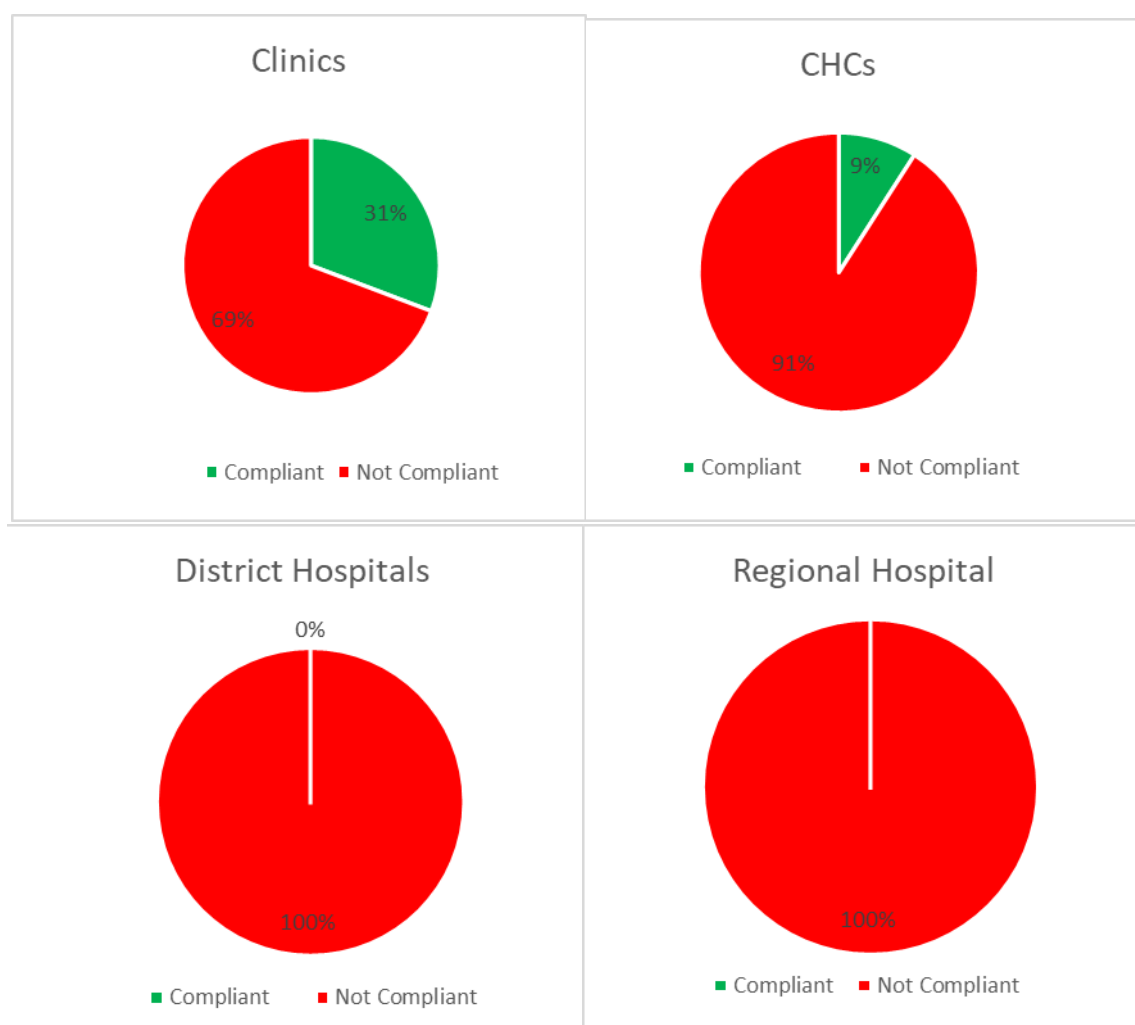


Figure 2: Provincial Compliance Rate according to four categories of Health Establishments, FY 2021/22

1.3 Compliance status outcome in mpumalanga

Table 4 below shows the total number of inspected health establishments per district, category, and compliance performance.

Table 4: Compliance Status Outcome per District FY 2021/22

Clinics				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
Ehlanzeni	16	0	16	0%
Gert Sibande	14	7	7	50%
Nkangala	9	5	4	56%
CHCs				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
Ehlanzeni	4	0	4	0%
Gert Sibande	3	0	3	0%
Nkangala	4	1	3	25%
District Hospitals				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
Ehlanzeni	2	0	2	0%
Gert Sibande	1	0	1	0%
Regional Hospitals				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
Ehlanzeni	1	0	1	0%

2. PROVINCIAL GRADINGS FOR HEALTH ESTABLISHMENTS

2.1 Overall grading for all health establishments per category FY 2021/22

The overall gradings of inspected health establishments according to their categories are displayed in Figure 3 below.



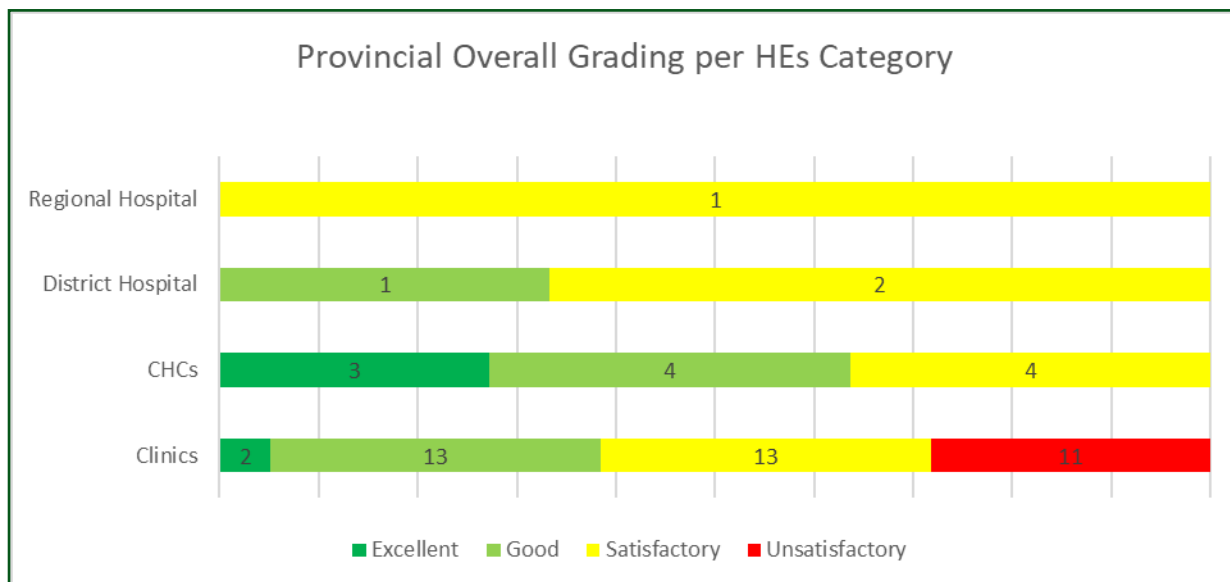


Figure 3: Provincial overall grading per HE Category

2.2 Overall grading for all health establishments per district and category FY 2021/22

Figure 4 below shows the overall grading performance of inspected health establishments per district and category.

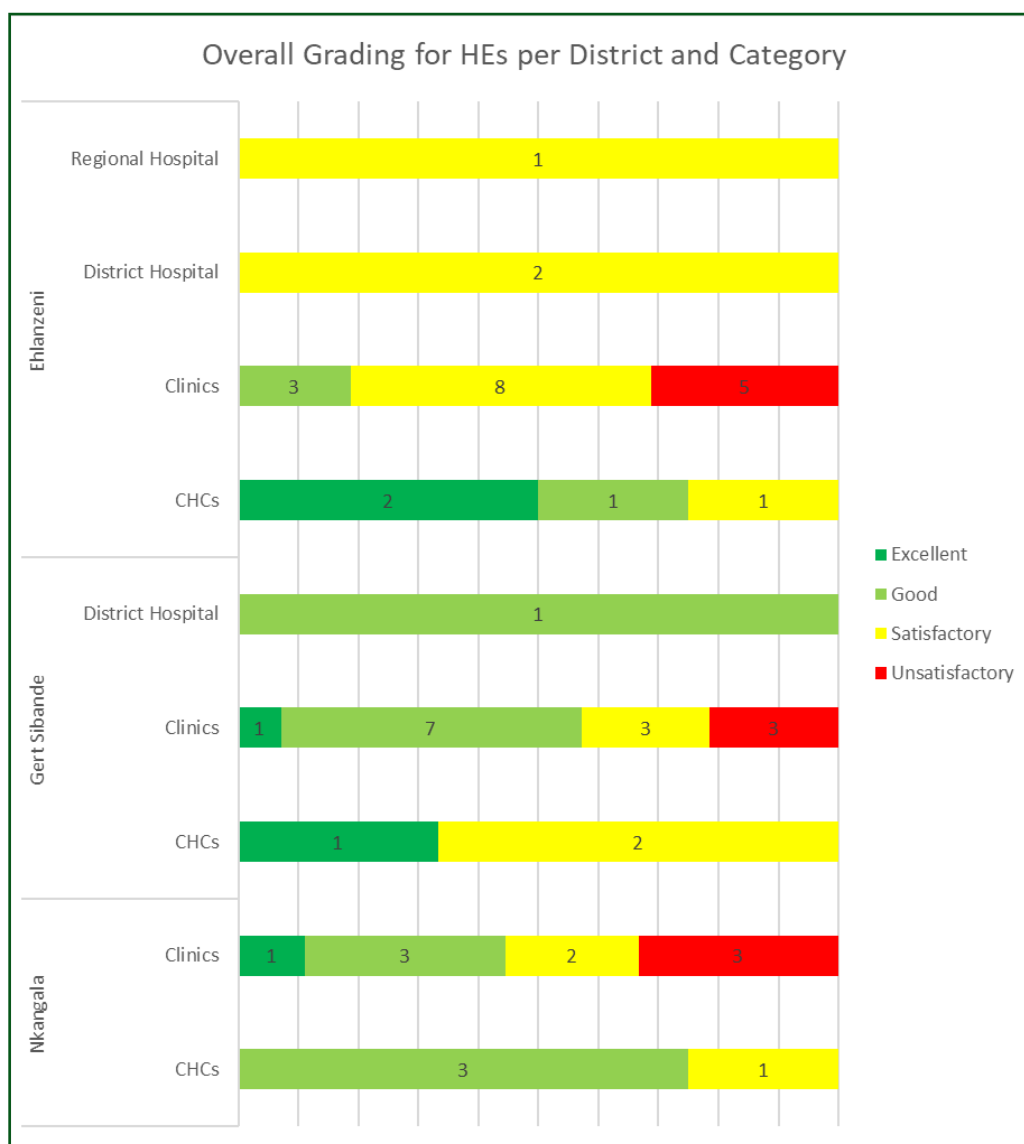


Figure 4: Overall grading for HEs per district and category

3. PROVINCIAL MEASURE PERFORMANCE FOR HEALTH ESTABLISHMENTS

3.1 Clinics measure performance

This section covers the performance of clinics according to the different measures disaggregated by the risk rating categories.

3.2 Measure performance analysis

3.2.1 Non-negotiable measures (NNMs)

Tables 5 and 6 below show the overall compliance performance with respect to non-negotiable measures among the inspected clinics. The emergency trolley measure performed the lowest with 31% of health establishments complying with all the requirements. The other two measures relating to oxygen had an overall compliance of 100%. This finding suggests that the emergency trolley measure contributed significantly to the overall non-compliance rate of clinics during this inspection cycle.

Table 5: Overall clinic performance on NNMs

Number of inspected clinics	100% Compliant	Less than 100% Compliant
39	12	27

Table 6: Performance analysis according to the three NNMs.

Measures	Total No. of Clinics	Compliant	Non-Compliant	Compliance rate
An oxygen cylinder with a pressure gauge is available.	39	39	0	100%
CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	39	12	27	31%
The oxygen available in the cylinder is above the minimum level.	39	39	0	100%

3.2.2 Vital measures

Figure 5 below shows the overall grading performance with respect to vital measures among the inspected clinics. Ten (10) of the 39 inspected clinics were found to be Unsatisfactory while 2 were Excellent.

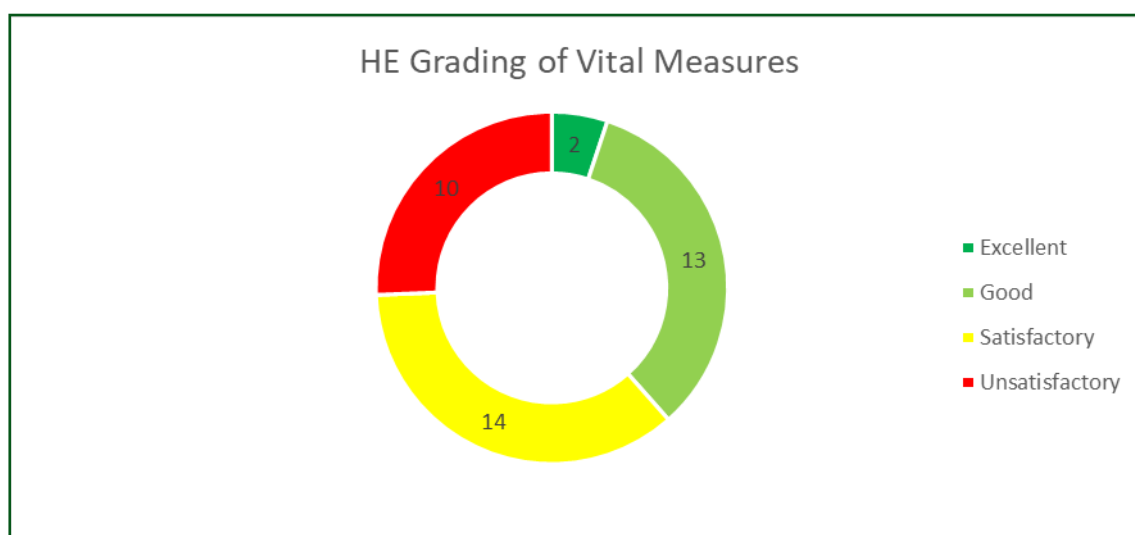


Figure 5: Health establishments grading of vital measures

3.2.3 Essential measures

Figure 6 below shows the overall grading performance with respect to essential measures among the inspected clinics. Eighteen (18) of the 104 inspected clinics were found to be Unsatisfactory whilst 48 were Excellent.

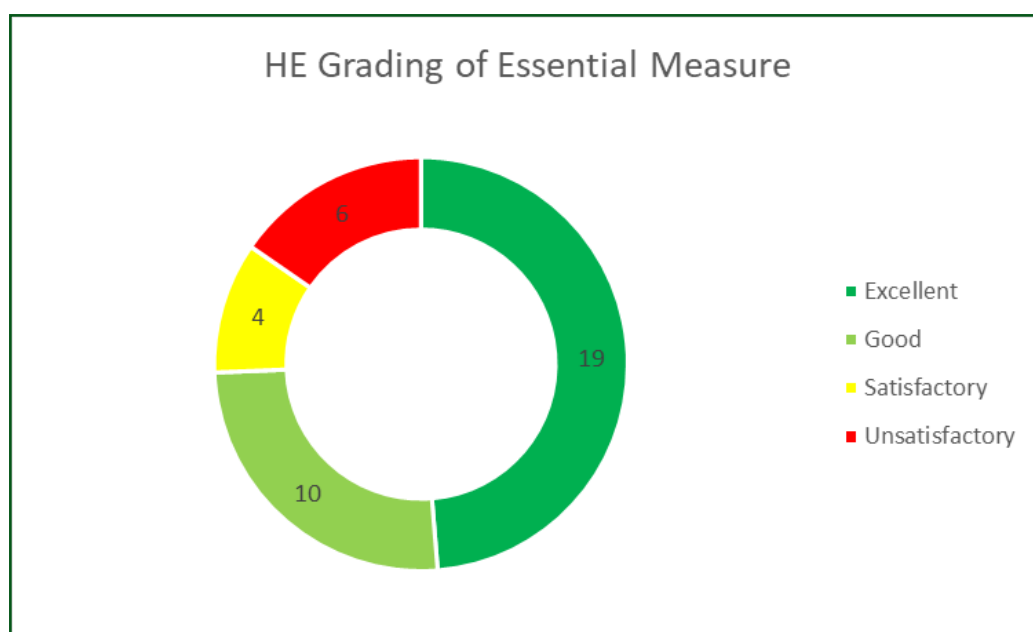


Figure 6: Health establishments grading of essential measures

3.3 Overall measure performance by compliance status

3.3.1 Non-compliant clinics performance on NNV by grading

Table 7 below indicates 27 of the 39 clinics inspected were found to be non-compliant of which 11 were graded Unsatisfactory. The grading distribution of the remaining **16** HEs were either graded Excellent, Good or Satisfactory.

Table 7: Non-compliant Clinics' performance on NNVs by Grading

Row Labels	Excellent, Good and Satisfactory	Unsatisfactory
Non-Compliant	16	11
Grand Total	16	11

3.3.2 Clinics' overall measure performance by functional area

Functional areas in this context are defined as the areas/units of the health establishments 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 four functional areas are further discussed in the following sections.

Annexures A3 and A4 detail the performance of measures (Vital and Essential) in these functional areas organised in ascending order for ease of identifying the worst performing measures.



3.3.3 Clinic manager

The Clinic Manager's Functional Area relates to the aspects and requirements that are the responsibility of the facility manager or operational manager at the clinic level and is assessed on measures related to leadership and governance of the health establishment. Figure 7 below, shows aggregate performance in the Clinic Manager functional area per district.

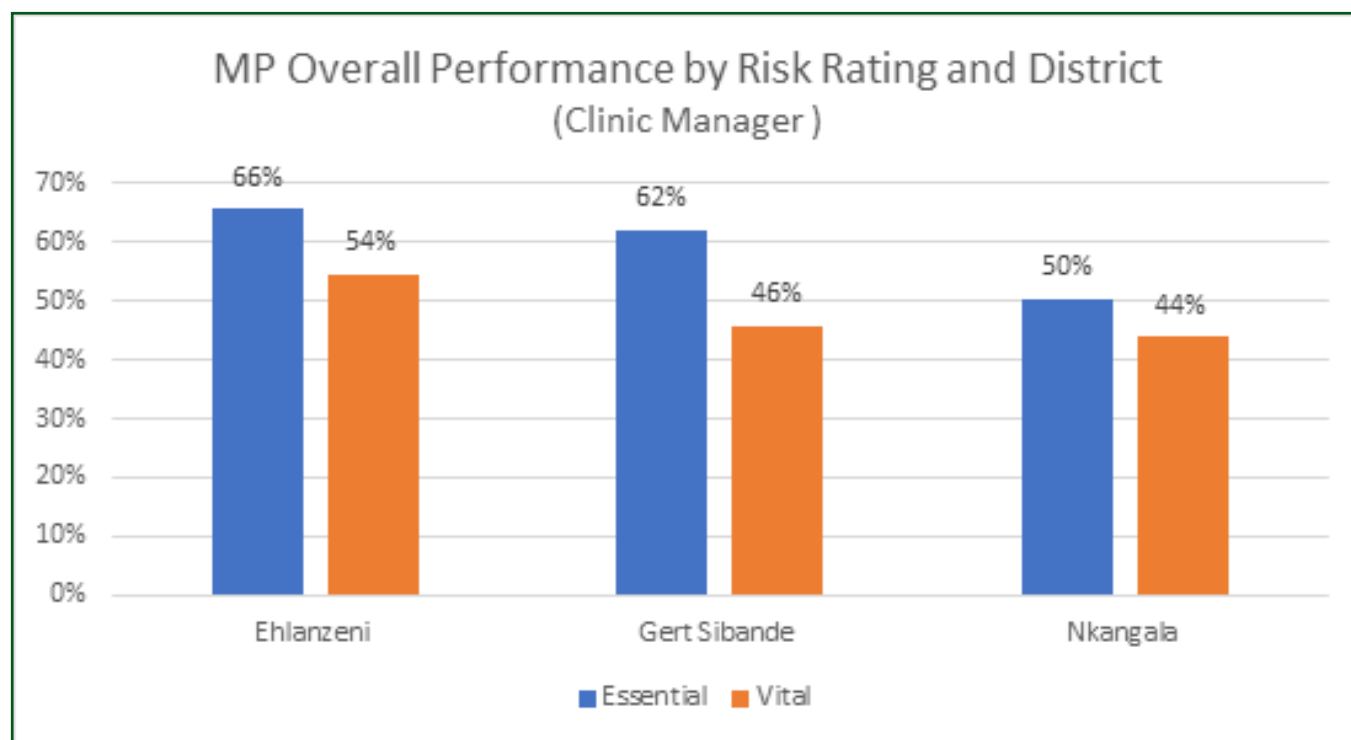


Figure 7: Overall measure performance by risk rating per district (clinic manager)

3.3.4 Clinical services

Clinical Services functional area is concerned with aspects of quality clinical service delivery and is assessed for the way clinical services are organised and delivered to ensure that users receive the care that they need, in line with the best available evidence, and in the most efficient way. Measure performance in this functional area is shown in Figure 8 below.

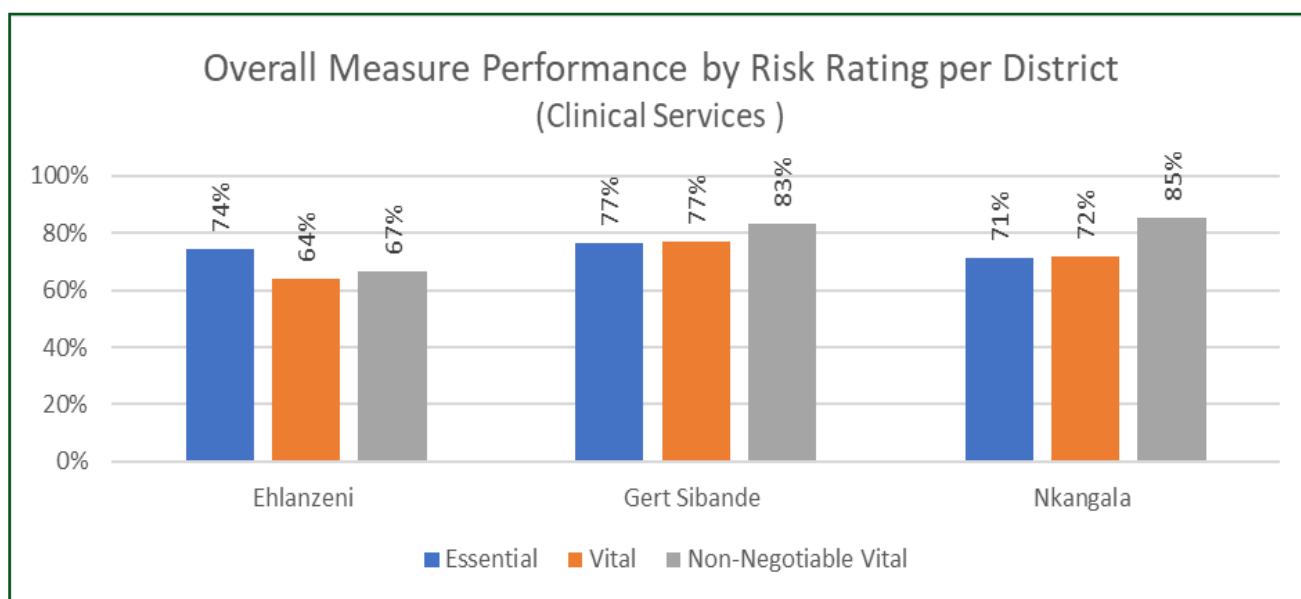


Figure 8: Overall measure performance by risk rating per district (clinical services)

3.3.5 Dispensary/medicine cupboard

Dispensary/Medicine cupboard functional area is primarily concerned with aspects of medicine availability and pharmaceutical products management and is assessed for the effectiveness and efficiency in the management of medicines as an essential part of access to quality at the clinic level. Figure 9 below shows the performance by district and risk rating.

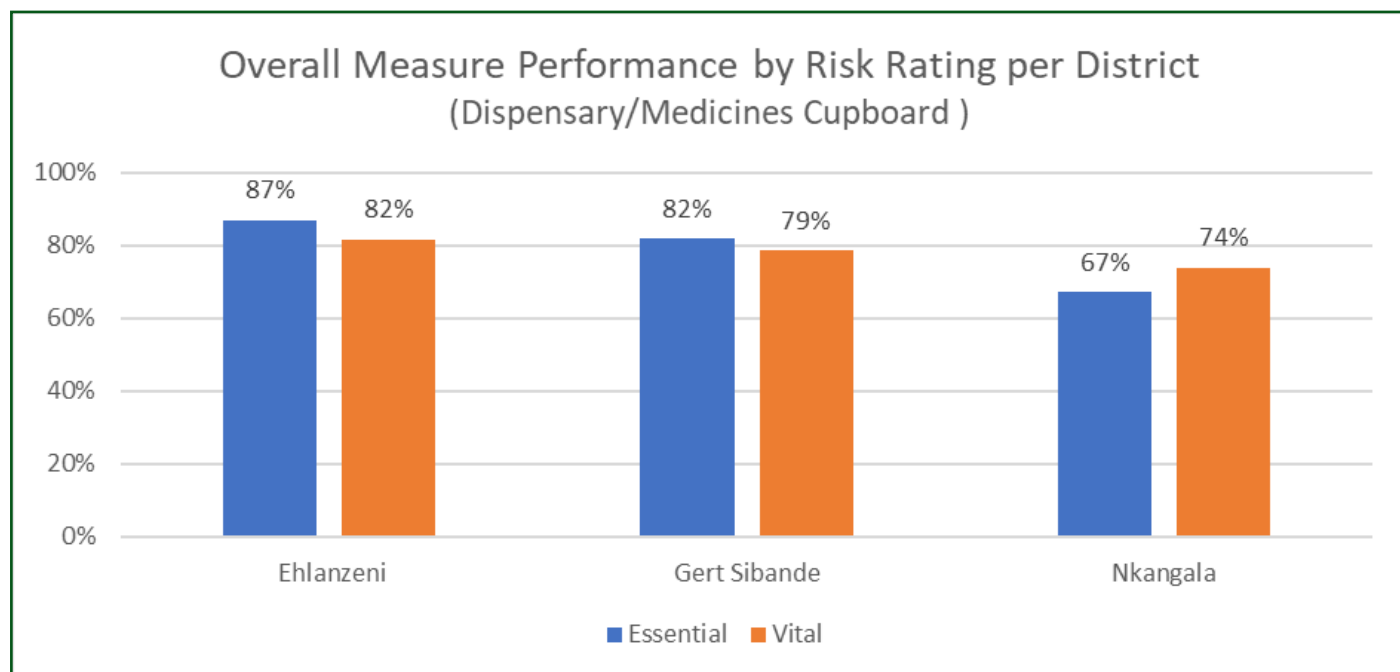


Figure 9: Overall measure performance risk rating per district (dispensary/medicine cupboard)

3.3.6 Maintenance support

Maintenance Support functional area is primarily concerned with aspects of health infrastructure and maintenance such as buildings, electricity backup supply equipment, and sewage systems. Figure 10 below shows varied performance in the Maintenance Support functional area across the 11 districts.

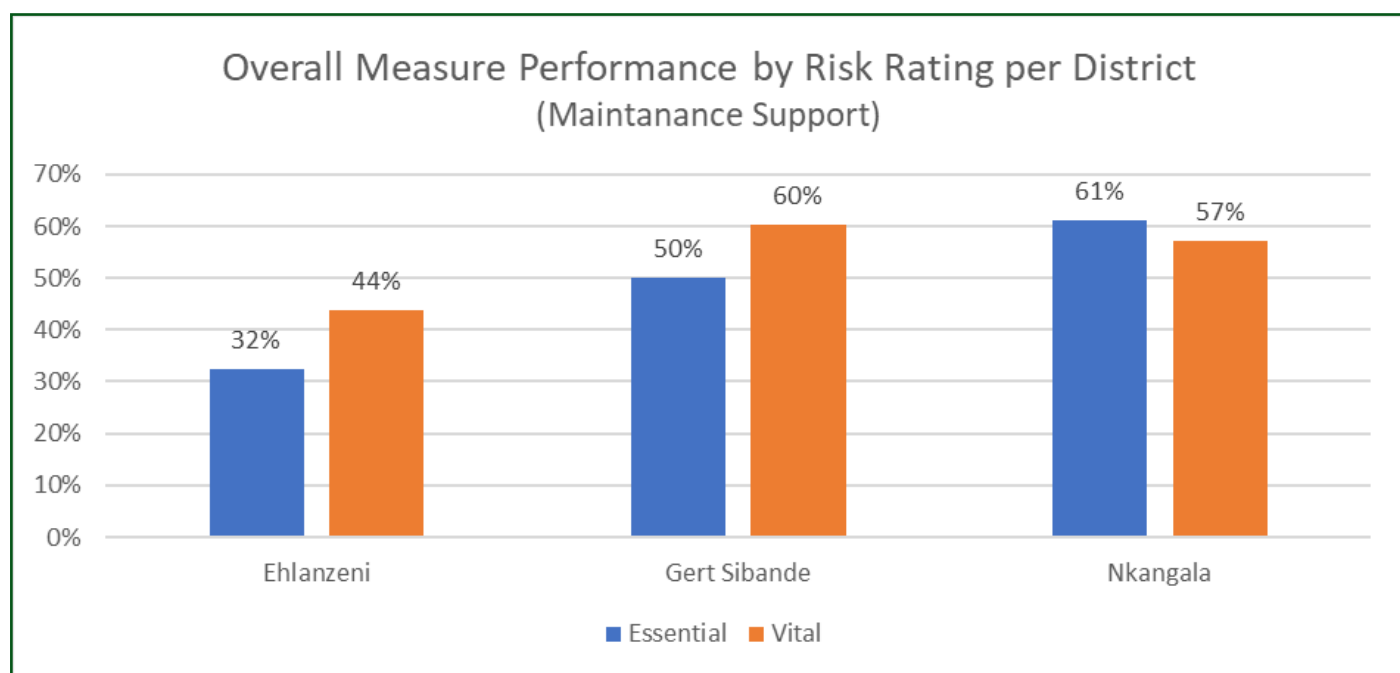


Figure 10: Overall measure performance by risk rating per district (maintenance support)

3.3.7 Clinics performance on domains

Aggregate performance outcomes on domains at the national level are indicated in Figure 11 below. Domains 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 health system inputs that impact service delivery including the ability to provide quality and safe healthcare. The commonly non-compliant measures included the unavailability of functional clinic committees, non-adherence to the performance management systems and ineffective management of occupational health and safety systems among others.

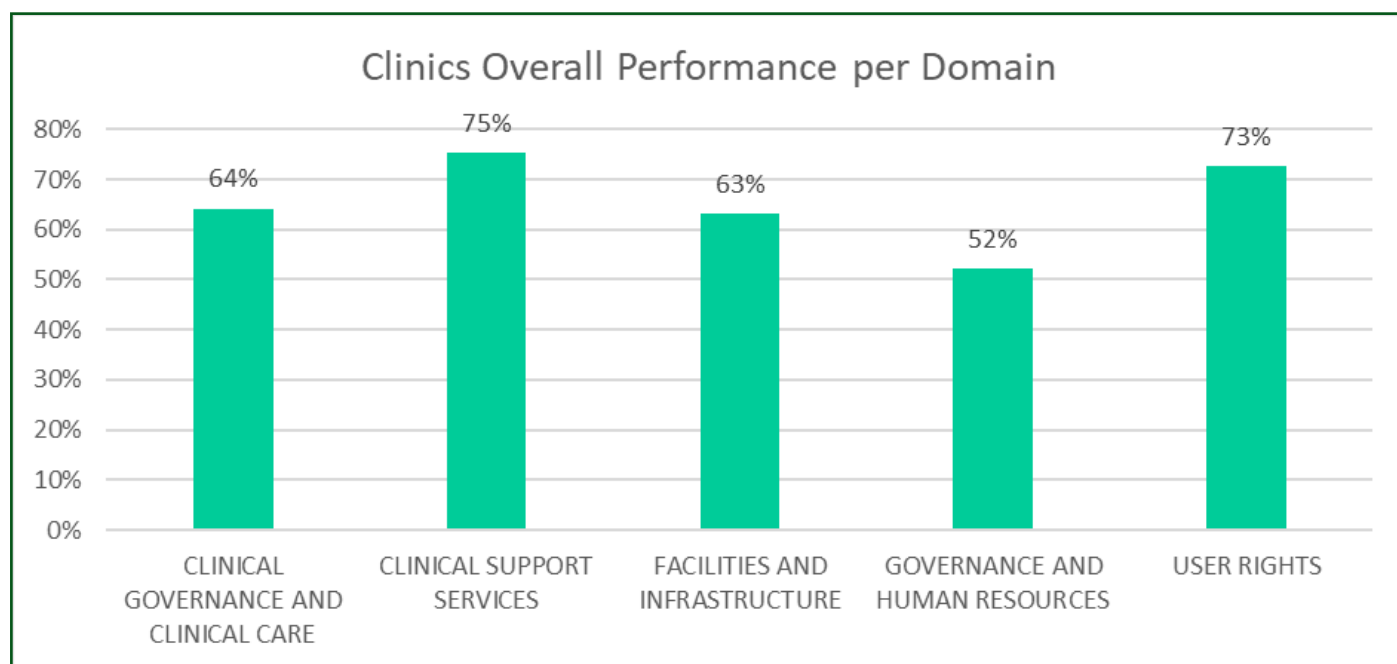


Figure 11: Clinics overall measure performance per domain

3.3.8 Clinics overall measure performance by domain per district

Disaggregated performance outcome on domains per province is shown in Figure 12.

District	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES	USER RIGHTS
Ehlanzeni	65%	70%	59%	61%	73%
Gert Sibande	66%	84%	68%	47%	75%
Nkangala	60%	71%	64%	44%	69%

Figure 12: Measure performance per domain by district

3.3.9 Overall performance of measures according to standards and domains

Figures 13 to 17 below show average performance on measures at the level of standards per domain across all inspected clinics. The information in the five (5) Figures identifies specific areas that need improvement to assist the health establishments in meeting the requirements for compliance with norms and standards regulations and achieving certification by the OHSC. The standard performance is calculated as the average score of measures within that standard.

3.3.10 Clinical governance and clinical care

Standard Name	Standard Performance
The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	26%
The health establishment must ensure that health records of health care users are protected managed and kept confidential in line with section 14 15 and 17 of the Act.	70%
The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.	70%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	62%
The health establishment must have a formal process to be followed when obtaining informed consent from the user.	55%
The health establishment must have a system to monitor and report all adverse events.	72%
The health establishment must maintain an environment which minimises the risk of disease outbreaks the transmission of infection to users health care personnel and visitors.	73%

Figure 13: Performance on standards across all Clinics (Clinical Governance and Clinical Care)

3.3.11 Clinical support services

Standard Name	Standard Performance
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	71%
The health establishment must comply with the provisions of the Pharmacy Act 1974 and the Medicines and Related Substances Act 1965.	78%

Figure 14: Performance on Standards across all Clinics (Clinical Support Services)

3.3.12 Facilities and infrastructure

Standard Name	Standard Performance
The health establishment and their grounds must meet the requirements of the building regulations.	59%
The health establishment must ensure that engineering services are in place.	58%
The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.	0%
The health establishment must have systems to protect users health care personnel and property from security threats and risks.	73%

Figure 15: Performance on standards across all Clinics (Facilities and Infrastructure)

3.3.13 Governance and human resource

Standard Name	Standard Performance
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	67%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	41%
The health establishment must have a functional governance structure with written Terms of Reference.	10%

Figure 16: Performance on standards across all Clinics (Governance and Human Resources)

3.3.14 User rights

Standard Name	Standard Performance
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	72%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	75%
The health establishment must maintain a system of referral as established by the responsible authority.	70%
The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	74%

Figure 17: Performance on standards across all Clinics (User Rights)

3.4 Community health centres

This section covers the performance of inspected Community Health Centres (CHCs) according to the different measures disaggregated by the risk rating categories.

3.4.1 Overall measure performance analysis

3.4.1.1 Non-negotiable measures

A total of 11 CHCs were inspected. Of these, one (1) representing 9% was able to achieve 100% on all the NNM requirements and attained a compliance status. Table 8 below shows the overall grading performance with respect to non-negotiable measures (NNMs) amongst the inspected CHCs. The NNM's performance is further discussed per relevant functional areas such as the Midwife Obstetric Unit (MOU), Emergency Unit and Clinical Services.

Table 8: Overall CHC performance on NNMs

Number of Inspected CHCs	NNM 100% Compliant	NNM Non-Compliant (< 100%)
11	1	10

3.4.1.2 CHC performance on NNMs (MOU, emergency unit and clinical services)

Tables 9, 10 and 11 below show the scores for Non-negotiable measures in the three functional areas, namely MOU, emergency unit and clinical services. Due to the size and proximity between functional areas at the CHCs, the emergency trolley may have been centralised and accessible for all other clinical functional areas, hence the variation in the number of applicable measures.

Table 9: MOU performance on NNMs

Measure Name	Number of Applicable Measures	Sum of Scores	Compliance Rate
An oxygen cylinder with a pressure gauge is available.	11	11	100%
CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	8	1	13%
The oxygen available in the cylinder is above the minimum level.	11	11	100%

Table 10: CHC performance on NNMs (Emergency Units)

Measure Name	Number of Applicable Measures	Sum of Scores	Compliance Rate
An oxygen cylinder with a pressure gauge is available in the resuscitation or emergency room.	10	10	100%
CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicines and equipment listed below.	10	2	20%
The oxygen available in the cylinder is above the minimum level.	10	10	100%

Table 11: CHC performance on NNMs (Clinical Services)

Measure Name	Number of Applicable Measures	Sum of Scores	Compliance Rate
An oxygen cylinder with a pressure gauge is available.	8	8	100%
CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	6	1	17%
The oxygen available in the cylinder is above the minimum level.	8	7	88%



3.4.1.3 Overall CHC performance on vital measures

Figure 18 below shows the overall grading performance with respect to vital measures among the inspected CHCs. Of all 11 inspected CHCs, 3 were graded Excellent and 4 each were graded Good and Satisfactory respectively.

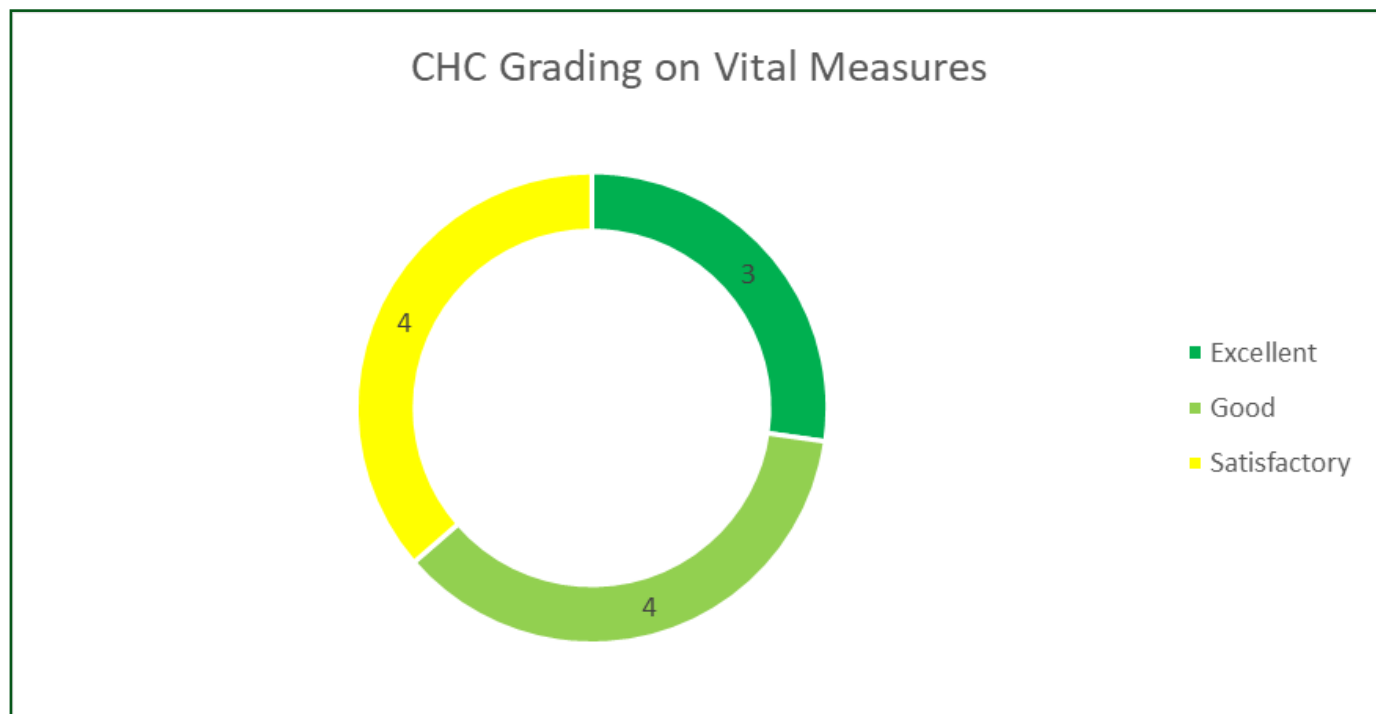


Figure 18: CHC grading on vital measures

3.4.1.4 Overall CHC performance on essential measures

Seven (7) CHCs were graded Excellent, while four were graded Good as depicted in Figure 19 below.

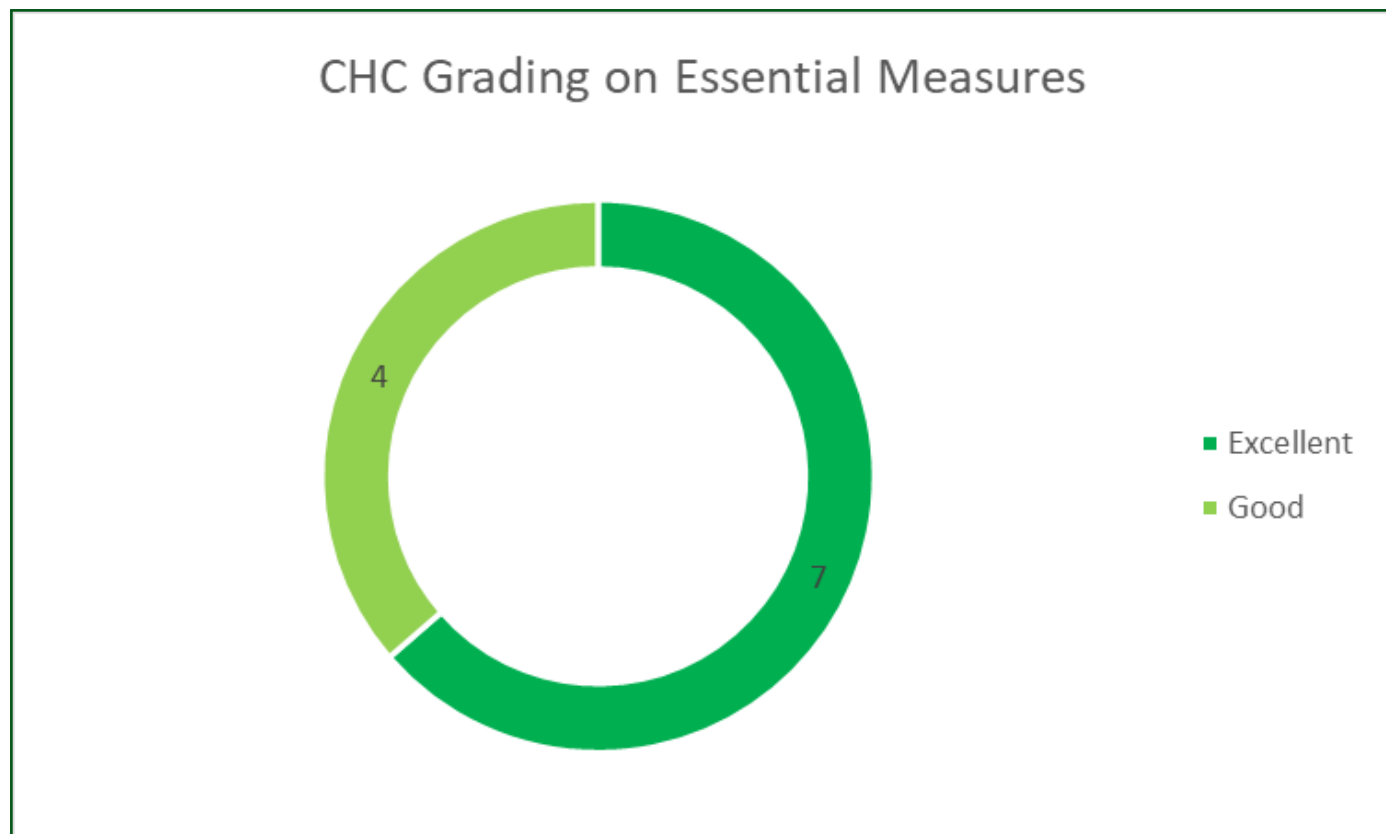


Figure 19: CHC grading on essential measures

3.4.1.5 Overall CHCs performance on NNMs by grading

Table 12 depicts that a total of 10 CHCs were non-compliant and were graded Excellent, Good or Satisfactory.

Table 12: CHCs performance on NNMs by Grading

NNMs Compliance	Unsatisfactory	Excellent and Good and Satisfactory
Non-compliant (Less than 100%)	0	10
TOTAL	0	10

3.4.1.6 CHCs overall measure performance by functional area

3.4.1.6.1 CHCs manager

The CHC Manager functional area relates to the aspects and requirements that are the responsibility of the facility manager and is assessed for issues related to leadership and governance of the health establishment. Figure 20 below shows the aggregated performance in the CHC Manager functional area per district.

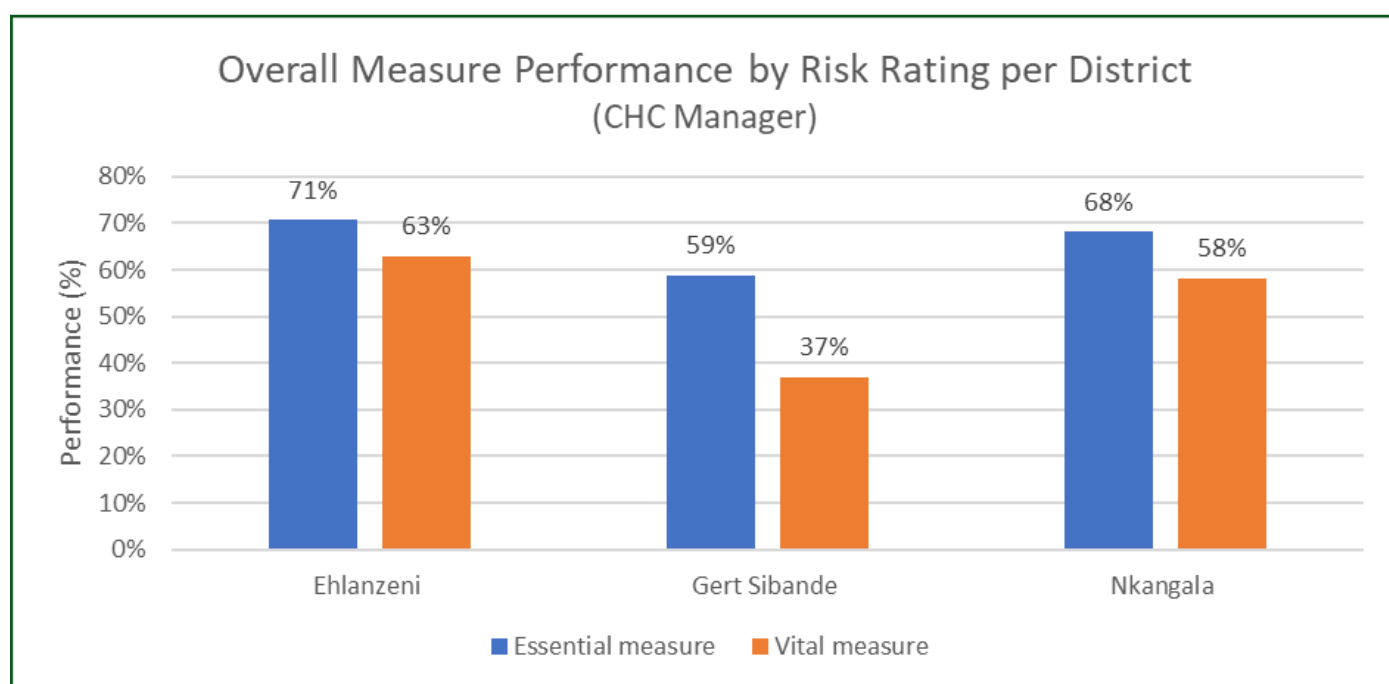


Figure 20: Overall measure performance by risk rating per district (chc manager)

3.4.1.6.2 CHC clinical services performance

Figure 21 below indicates the aggregated performance in the Clinical Services functional area with a variation in performance among vital and essential measures in all districts.

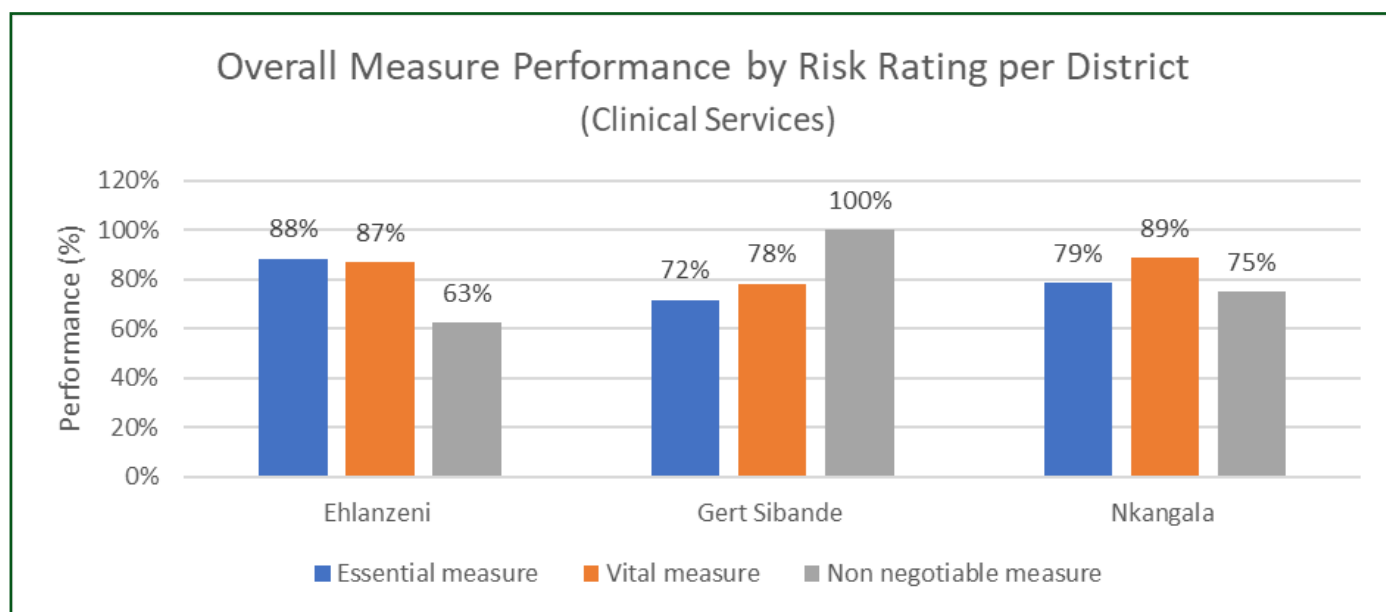


Figure 21: Overall measure performance by risk rating per district (clinical services)

3.4.1.6.3 CHCs emergency unit performance

The performance of inspected health establishments in this functional area with average scores across the districts is shown in Figure 22 below.

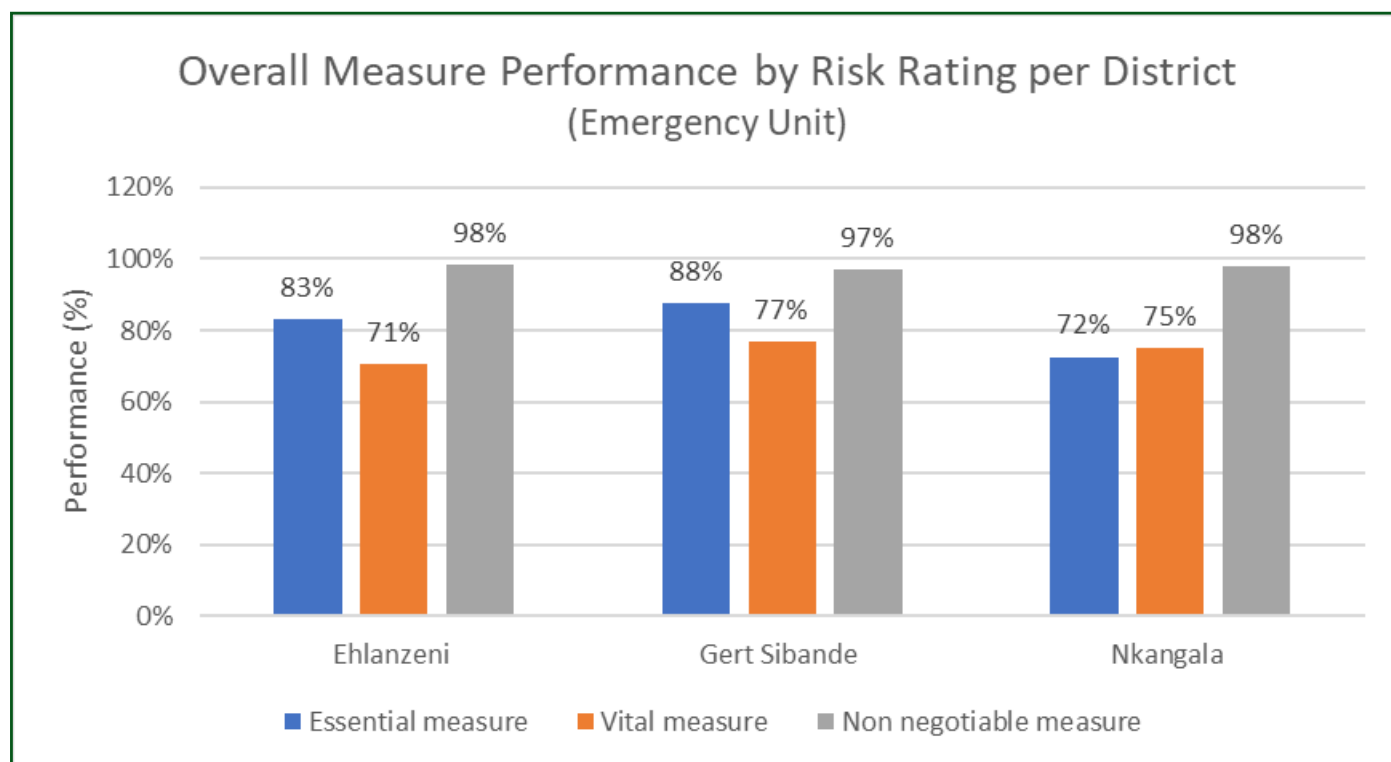


Figure 22: Overall measure performance by risk rating per district (emergency unit)

3.4.1.6.4 CHCs midwife obstetrics unit performance

Figure 23 below shows the performance of inspected health establishments in this functional area with average scores across the districts.

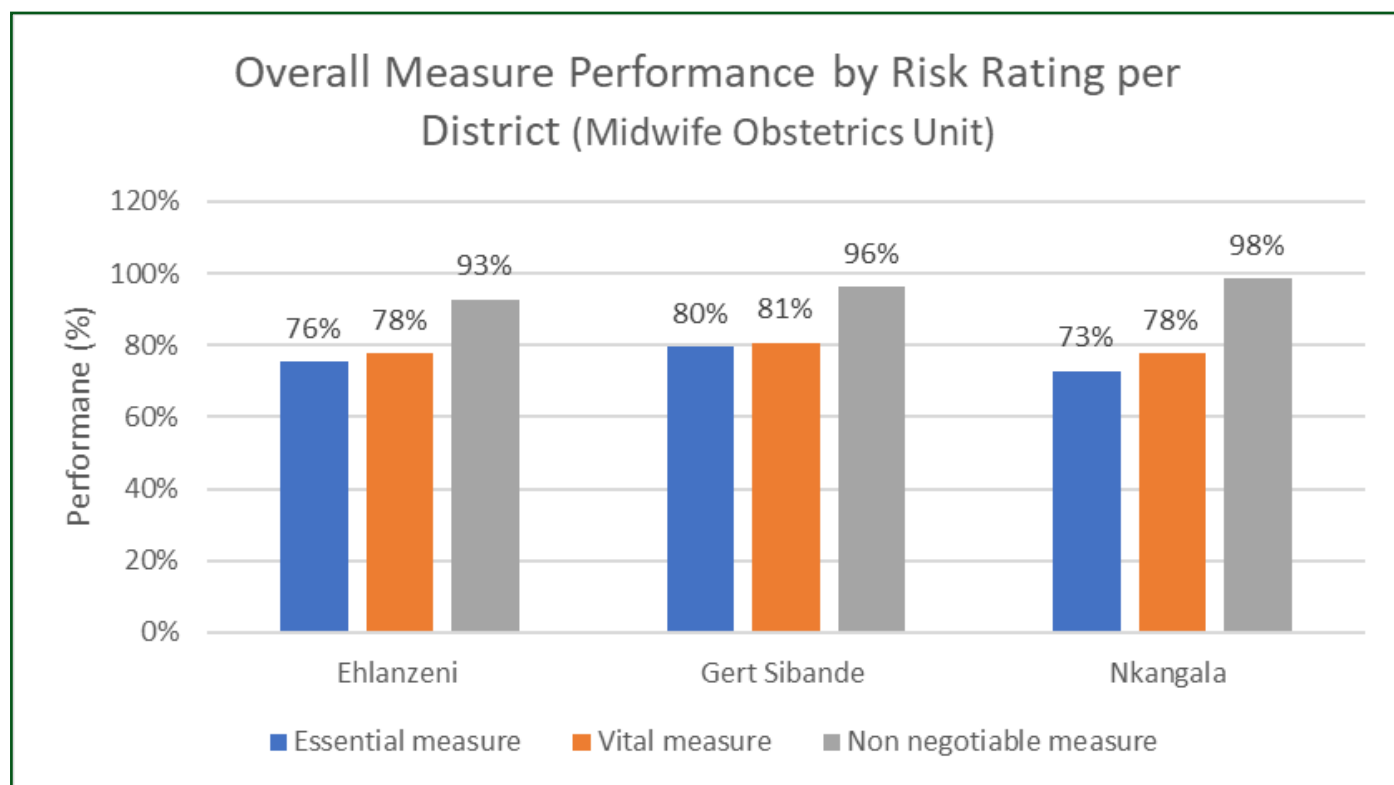


Figure 23: Overall measure performance by risk rating per district (midwife obstetrics unit)

3.4.1.6.5 CHC pharmacy/dispensary performance

The performance in this functional area viewed across the province is shown in Figure 24 below indicating average scores.

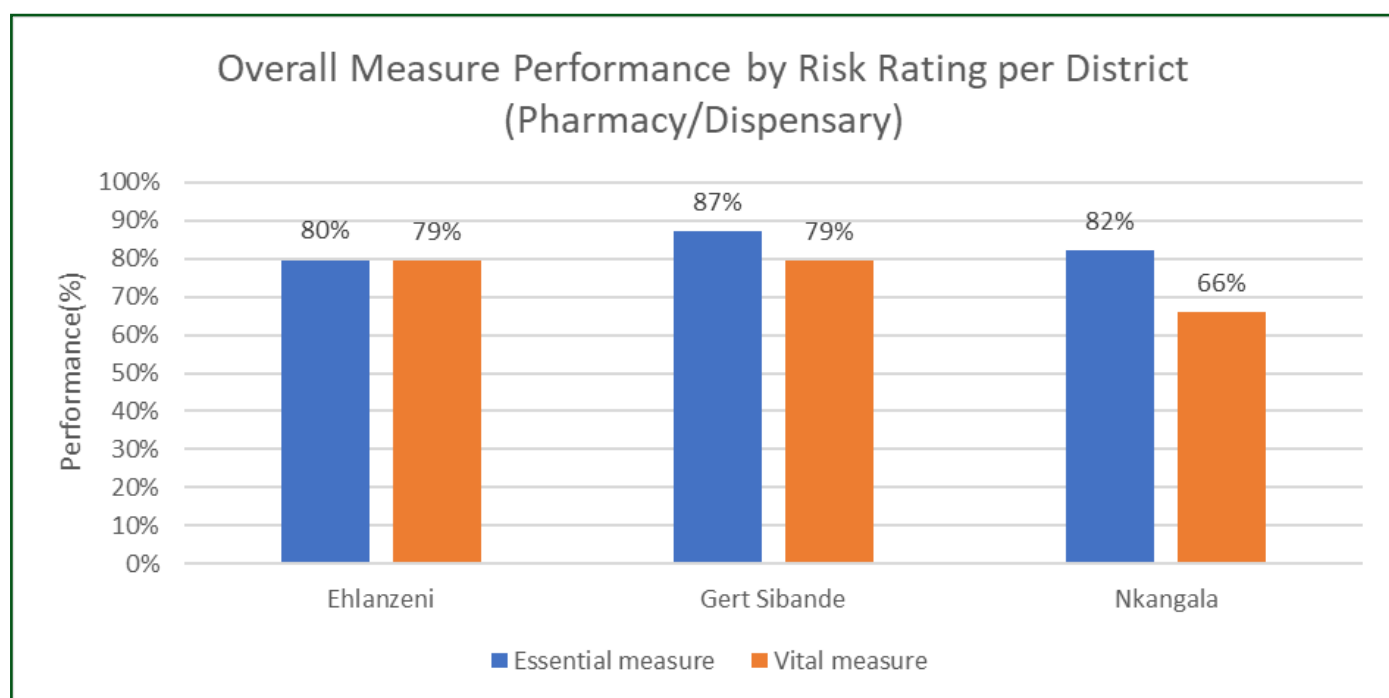


Figure 24: Overall measure performance by risk rating per district (pharmacy/dispensary)

3.4.1.6.6 CHCs maintenance support performance

Figure 25 below shows the performance of inspected health establishments in this functional area with average scores across the districts. Both Nkangala and Ehlanzeni performed the highest on Essential measures.

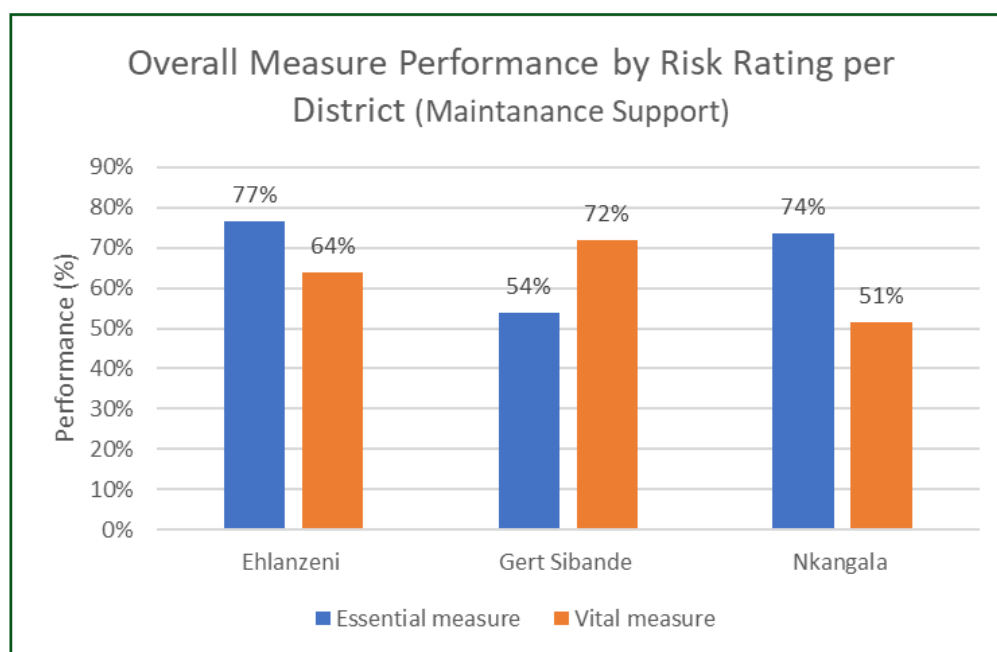


Figure 25: Overall measure performance by risk rating per district (maintenance support)

3.4.1.6.7 Overall measure performance by domain

3.4.1.6.7.1 National CHCs measure performance per domain

Figure 26 below indicates aggregated performance outcomes on domains at a provincial level in this category of healthcare. The highest-performing domain is Facilities and Infrastructure followed closely by Clinical Support Services while the lowest-performing domain is Governance and Human Resources. Governance and human resources are critical health system inputs that impact service delivery including the ability to provide quality healthcare. Common non-compliant measures related to staffing needs that were not determined, unavailability of functional clinic committees, non-adherence to the performance management systems and ineffective management of occupational health and safety systems among others.

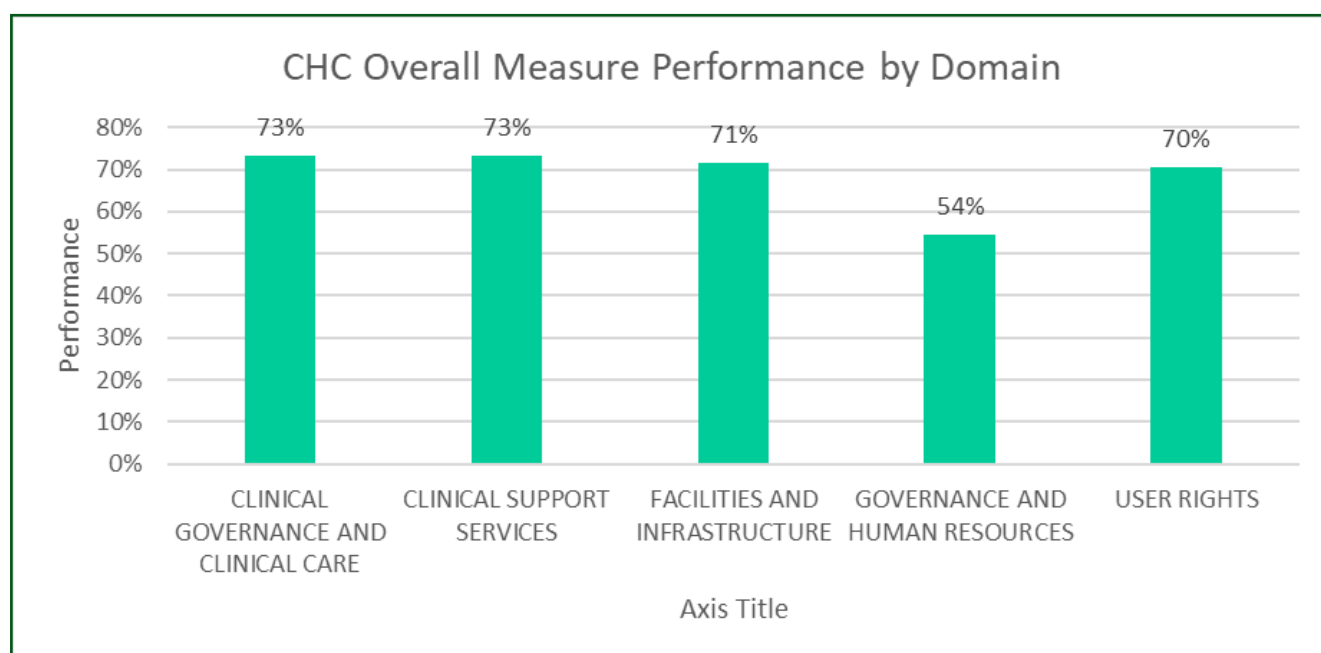


Figure 26: CHC overall measure performance by domain

3.4.1.6.7.2 CHCs measure performance by domain per district

Figure 27 below indicates disaggregated performance outcomes on domains per district.

District	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES	USER RIGHTS
Ehlanzeni	80%	79%	69%	64%	75%
Gert Sibande	71%	89%	76%	56%	65%
Nkangala	75%	85%	71%	40%	72%

Figure 27: Performance outcomes on domains per district

3.4.1.6.7.3 Overall measure performance by standard and domain

Figures 28 to 32 below show average performance on measures at the level of standards per domain across all inspected CHCs. The information in the five (5) Figures below identifies specific areas that need improvement to assist the HEs in meeting the requirements for compliance with norms and standards regulations to achieve certification by the OHSC. The standard performance is calculated as the average performance for measures within that standard.

3.4.1.6.7.4 Clinical governance and clinical care

Standard Name	Standard Performance
(b) A health establishment must establish and maintain systems structures and programmes to manage clinical risk.	78%
The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	77%
The health establishment must ensure that health records of health care users are protected managed and kept confidential in line with section 14 15 and 17 of the Act.	87%
The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.	86%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	58%
The health establishment must have a formal process to be followed when obtaining informed consent from the user.	82%
The health establishment must have a system to monitor and report all adverse events.	86%
The health establishment must issue a discharge report to users in accordance with section 10 of the Act.	86%
The health establishment must maintain an environment which minimises the risk of disease outbreaks the transmission of infection to users health care personnel and visitors.	79%

Figure 28: Performance on Standards across all inspected CHCs (Clinical Governance and Clinical Care)

3.4.1.6.7.5 Clinical support services

Standard Name	Standard Performance
Health establishments must ensure that diagnostic services are available and safe for users and for health care personnel involved in delivering these services.	100%
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	85%
The health establishment must comply with the provisions of the Pharmacy Act 1974 and the Medicines and Related Substances Act 1965.	83%

Figure 29: Performance on Standards across all inspected CHCs (Clinical Support Services)

3.4.1.6.7.6 Facilities and infrastructure

Standard Name	Standard Performance
The health establishment and their grounds must meet the requirements of the building regulations.	73%
The health establishment must ensure that engineering services are in place.	73%
The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.	25%
The health establishment must have systems to protect users health care personnel and property from security threats and risks.	73%

Figure 30: Performance on Standards across all inspected CHCs (Facilities and Infrastructure)

3.4.1.6.7.7 Governance and human resource

Standard Name	Standard Performance
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	61%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	49%
The health establishment must have a functional governance structure with written Terms of Reference.	34%

Figure 31: Performance on Standards across all inspected CHCs (Governance and Human Resources)

3.4.1.6.7.8 User rights

Standard Name	Standard Performance
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	69%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	77%
The health establishment must maintain a system of referral as established by the responsible authority.	71%
The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	69%

Figure 32: Performance on Standards across all inspected CHCs (User Rights)

3.5 District hospitals

This section covers the performance of inspected District Hospitals according to the different measures disaggregated by the risk rating categories.

3.5.1 Overall measure performance analysis

3.5.1.1 Non-negotiable measures

A total of 3 district hospitals were inspected during the period under review. None of the inspected health establishments were able to achieve 100% on the NNMs requirements and were therefore not compliant. Table 13 below shows the overall grading performance with respect to non-negotiable measures (NNMs) amongst the inspected district hospitals.

Table 13: Overall district hospital performance on NNMs

Number of Inspected district hospitals	NNM 100% Compliant	NNM Non-Compliant (< 100%)
3	0	3

3.5.2 District hospital NNMs compliance rate

Table 14: District Hospital NNMs Compliance Rate

Measure Name (NNM)	Applicable Measures	Compliant measures	Compliance Rate
Emergency trolley is stocked with medicines and equipment.	44	0	0.00%
Healthcare providers correctly complete forms used for informed consent.	26	11	42.31%
Emergency power supply is available in the ward/unit in the event of a power disruption.	29	11	37.93%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.	15	9	60%
The oxygen available in the cylinder is above the minimum level.	9	7	77.78%

Measure Name (NNM)	Applicable Measures	Compliant measures	Compliance Rate
Medical supplies and equipment for resuscitation are available.	3	0	0.00%
The ward/unit has a functional system to supply piped oxygen to clinical areas.	21	13	61.90%
A system to monitor oxygen levels in the bulk oxygen plant is in place.			

None of the district hospitals achieved NNMs' overall score of 100% and therefore did not satisfy the requirements for an overall compliance status as shown in Table 15 below.

Table 15: Performance of NNMs of inspected District Hospitals

Health Establishment	Applicable Measures	Compliant measures	Compliance Rate
Barberton Hospital	55	28	51%
Standerton Hospital	43	30	70%
Tintswalo Hospital	51	19	37%

3.5.3 Overall vital measures scores and grading

Figures 33 and 34 below show that one of the three inspected hospitals was graded Excellent and Good for vital measures respectively while two were graded Satisfactory for both risk ratings respectively.

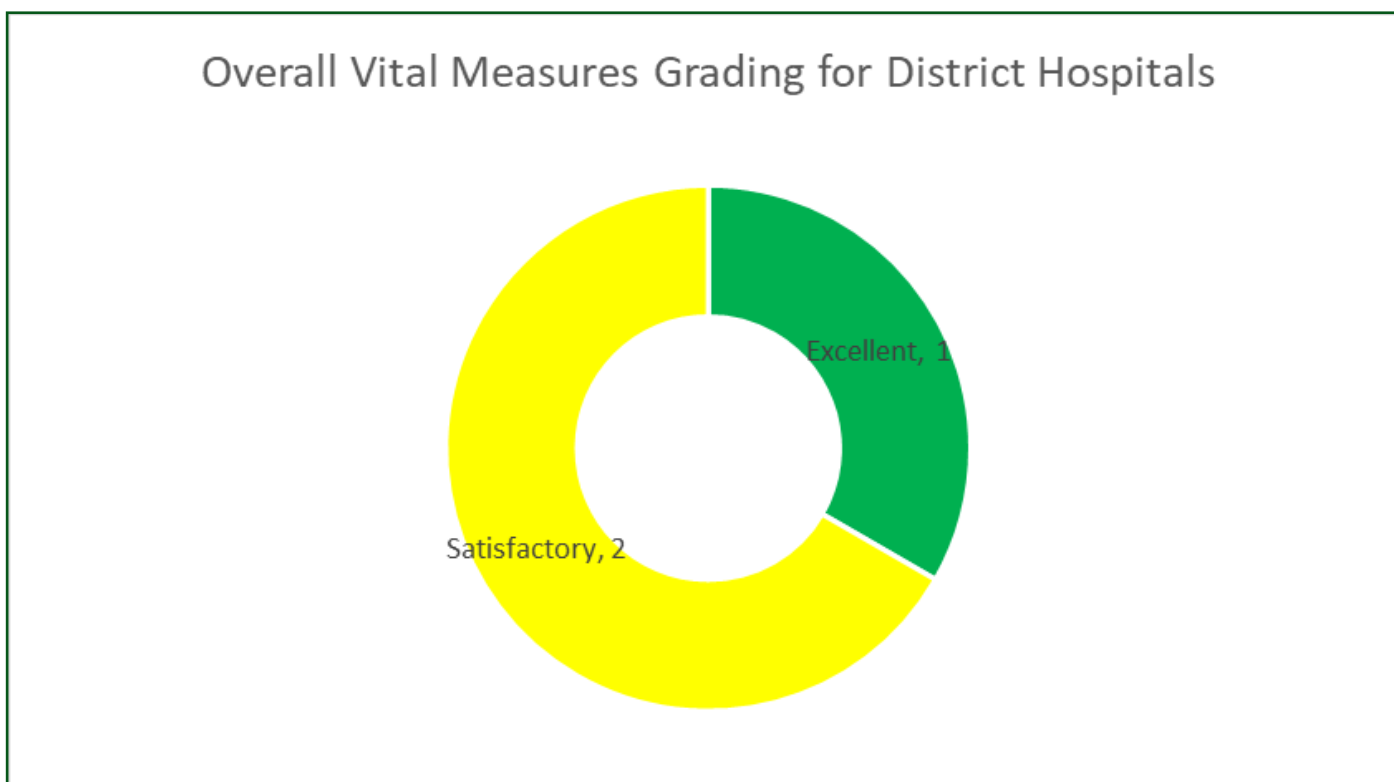


Figure 33: Overall vital measures grading for district hospitals

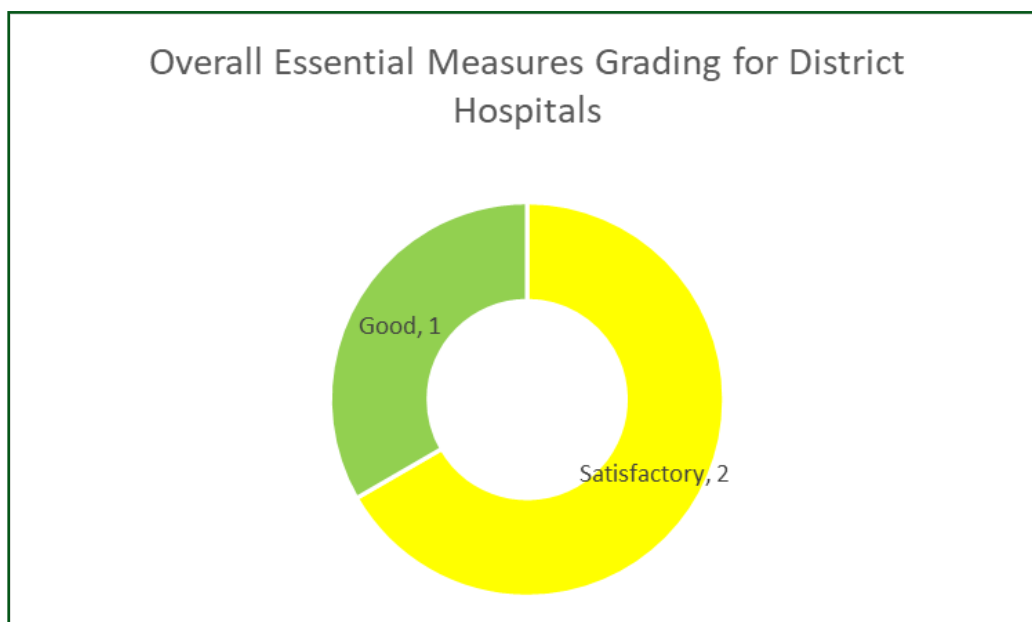


Figure 34: Overall essential measures grading for district hospitals

3.5.4 Overall measure performance by HE compliance status

Table 16 below shows that the three inspected district hospitals were graded Good and Satisfactory however, they did not achieve 100% with the NNMs requirements.

Table 16: Performance of District Hospitals on NNMs

NNMs Compliance	Total Inspected	HE Grading	
		Good	Satisfactory
Non-Compliant	3	1	2

3.5.5 Measure performance by domain for district hospitals

Figures 35 below indicate aggregate performance outcomes on domains for the three inspected district hospitals. Of all the domains in the norms and standards regulations, User Rights was found to be the highest performing followed closely by Facilities and Infrastructure and Clinical Governance and Clinical Care, while the lowest performing domain is Clinical Support Services.

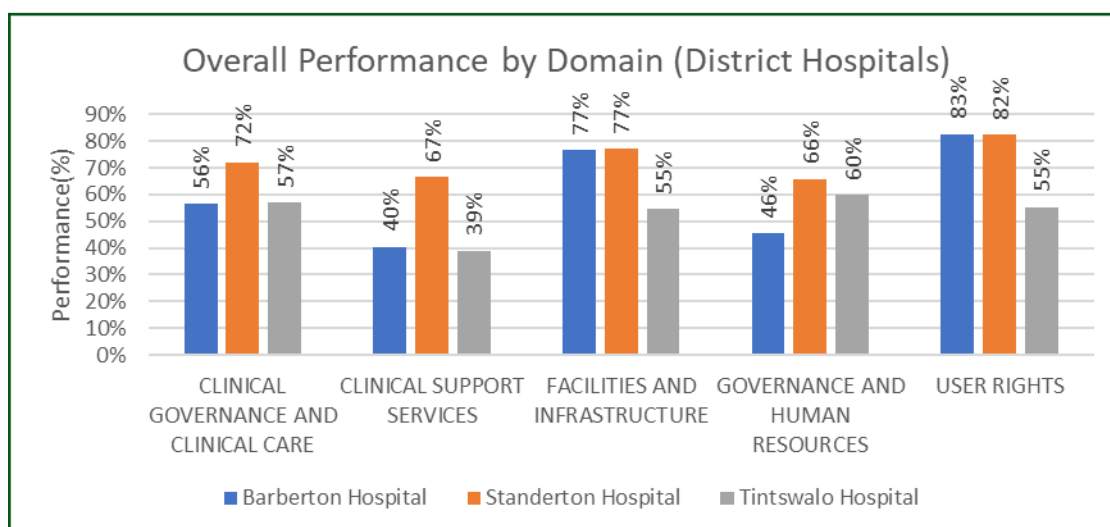


Figure 35: Overall Performance by Domain (District Hospitals)

3.5.6 Average measure performance by functional area for district hospitals

Figure 36 below depicts that Laboratory Services had the highest (91%) aggregated scores in the three district hospitals followed closely by Infection Prevention and Control as well as Healthcare Quality Management functional areas at 84% each respectively while Generic Ward 1 had the lowest aggregated score of 28%. The performance of the functional areas varies based on the availability, settings and applicability of the service areas.

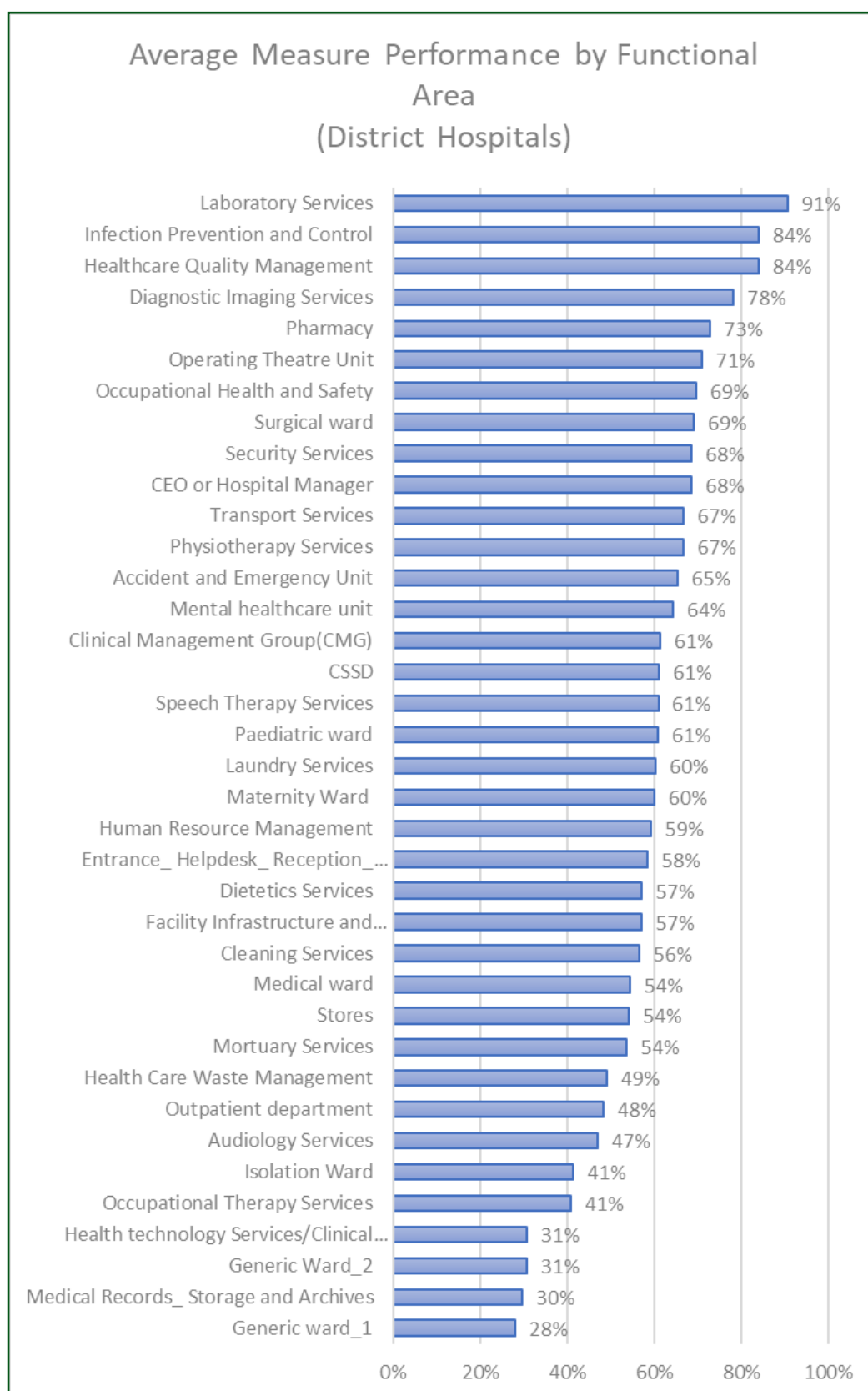


Figure 36: Average measure performance by functional area (district hospitals)

3.6 Regional hospitals

This section covers the performance of inspected Regional Hospitals according to the different measures disaggregated by the risk rating categories.

3.6.1 Overall measure performance analysis

3.6.1.1 Non-negotiable measures

Mapulaneng Regional Hospital was the only one inspected in this category during the period under review and did not achieve 100% on the NNMs requirements resulting in a non-compliant status. Table 17 below shows the overall grading performance with respect to non-negotiable measures (NNMs) of the inspected regional hospital.

The grading outcome for Mapulaneng Regional Hospital was Satisfactory and it failed to comply with the NNMs requirement.

Table 17: Overall Regional Hospitals Performance on NNMs

Number of Inspected regional hospitals	NNM 100% Compliant	NNM Non-Compliant (< 100%)
1	0	1

Table 18: Average performance on NNMs for all functional areas

None of the NNMs met the 100% requirements for compliance in Mapulaneng Regional Hospital.

Table 18: Regional hospital compliance rate

Measure Name (NNM)	Applicable Measures	Compliant measures	Compliance Rate
Emergency trolley is stocked with medicines and equipment.	16	0	0.00%
Healthcare providers correctly complete forms used for informed consent.	10	5	50.00%
Emergency power supply is available in the ward/unit in the event of a power disruption.	8	1	12.50%
The physiotherapy unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.	1	0	0.00%
The oxygen available in the cylinder is above the minimum level.	2	1	50.00%
Medical supplies and equipment for resuscitation are available.	1	0	0.00%
The ward/unit has a functional system to supply piped oxygen to clinical areas.	1	0	0.00%
A system to monitor oxygen levels in the bulk oxygen plant is in place.			

3.6.2 Overall measure performance in regional hospitals

3.6.2.1 Non-negotiable measures

Table 19 below shows the number of applicable NNMs in the inspected regional hospital and their compliance rate of 59%.

Table 19: Performance of NNMs of the Inspected Regional Hospital

Inspected Regional Hospitals	Number of Applicable Measures	Compliant Measures	Compliance Rate
Mapulaneng Hospital	58	34	59%

3.6.3 Overall vital and essential measure grading

Both the vital and essential measures for Mapulaneng Regional Hospital were graded Satisfactory.

3.6.4 Measure performance by domain for the inspected regional hospital

Figures 37 below indicate aggregated performance outcomes on domains for the inspected regional hospital. The user Rights domain performed the highest at 71% followed by Facilities and Infrastructure at 66%. Clinical Support Services was the lowest at 40%.

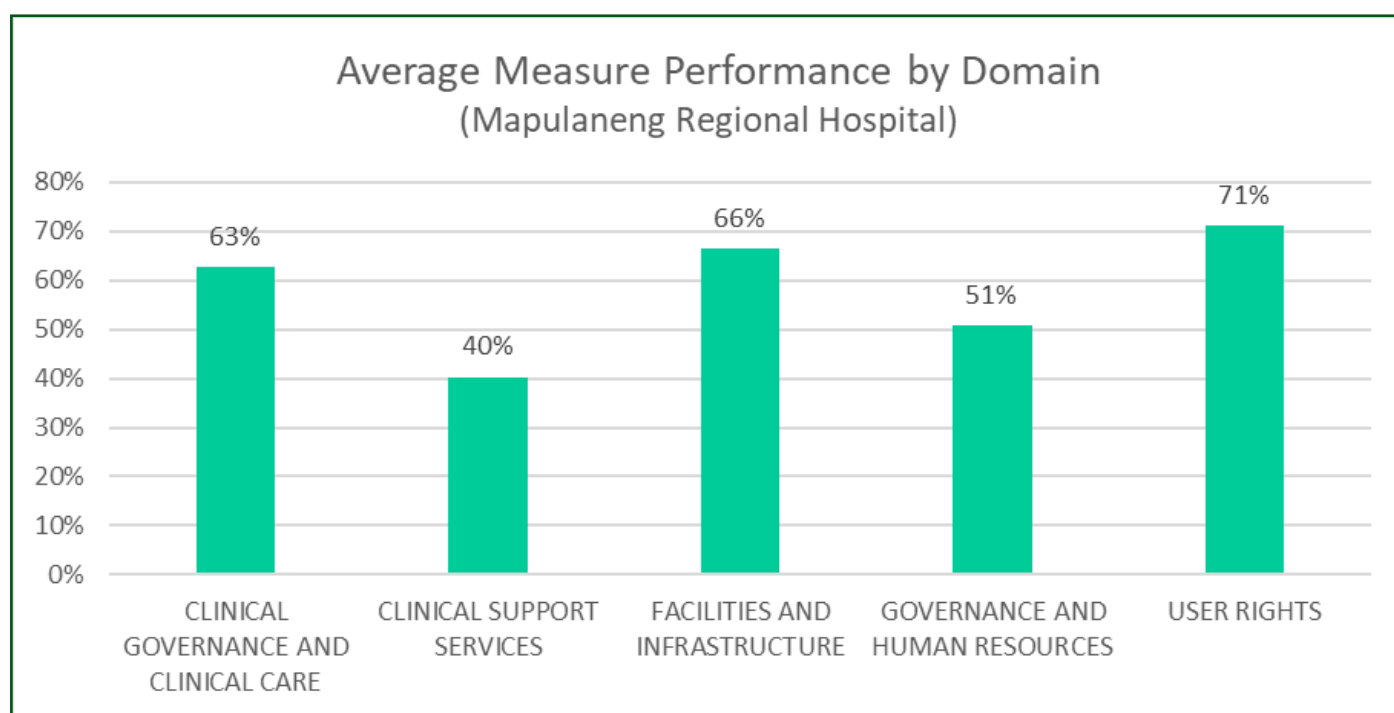


Figure 37: Average Measure Performance by Domain (Mapulaneng Regional Hospital)

3.6.5 Measure performance by functional area (regional hospital)

Figure 38 below depicts that the Laboratory Services functional area had the highest (95%) aggregated scores in the Mapulaneng regional hospital followed by Infection Prevention and Control at 88% and Healthcare Quality Management at 85%. Medical Records, Storage and Archives was the lowest at 0%.

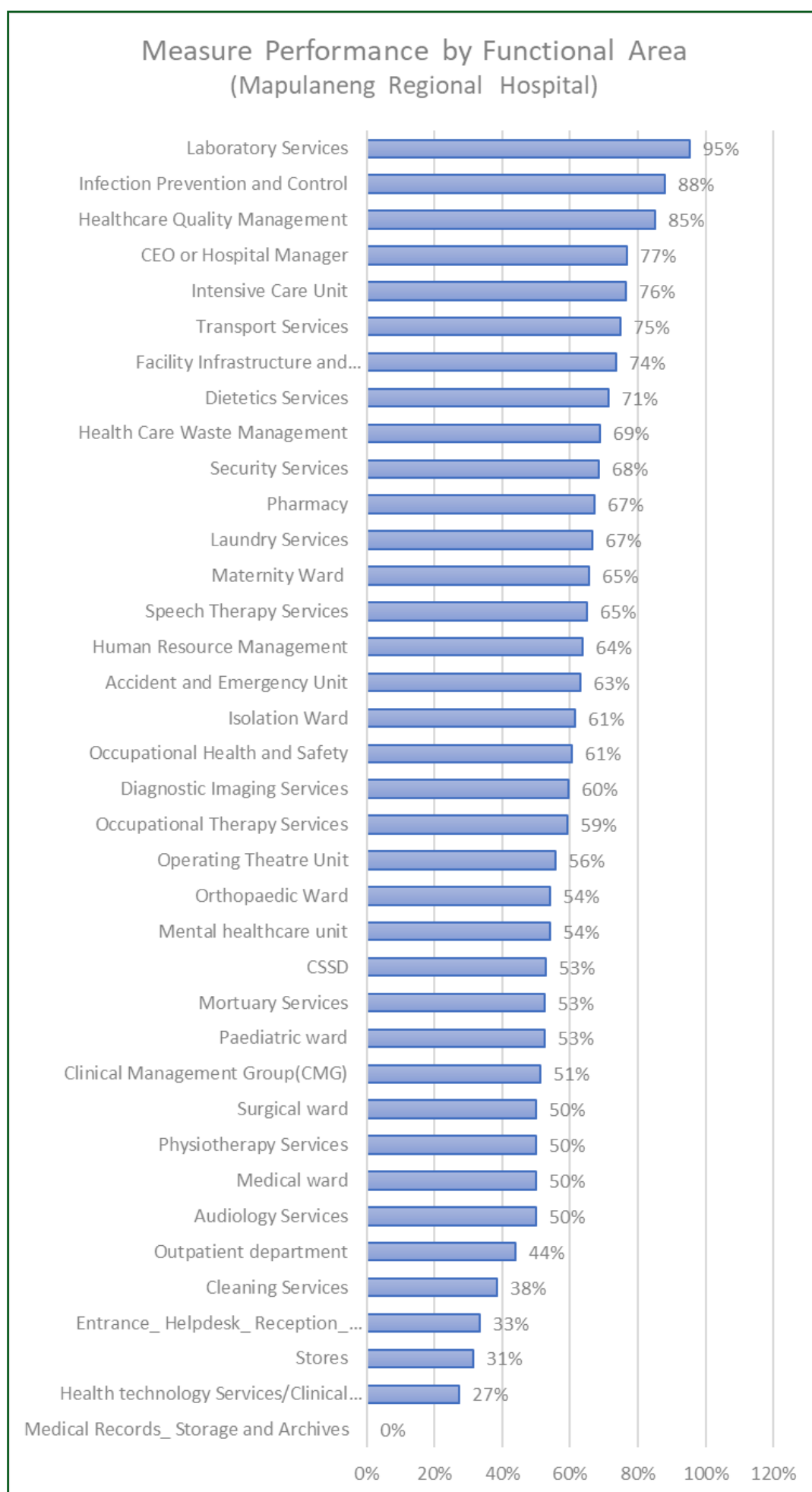


Figure 38: Measure Performance by Functional Area (Mapulaneng Regional Hospital)

3.7 Re-inspection

This section of the report highlights the re-inspection of HEs that were routinely inspected during the FY 2019/20. A total of 54 clinics were inspected during the FY 2019/20 routine inspections, with only 5 achieving a compliance status. Of the 49 non-compliant clinics, 18 were reinspected in FY 2021/22.

3.7.1 Re-inspections outcome

The re-inspection outcome is depicted in Figures 39 and 40 below, fourteen (14) of 18 re-inspected clinics were found to be compliant. An overall compliance rate of 78% was achieved for the re-inspection conducted in FY 2021/22.

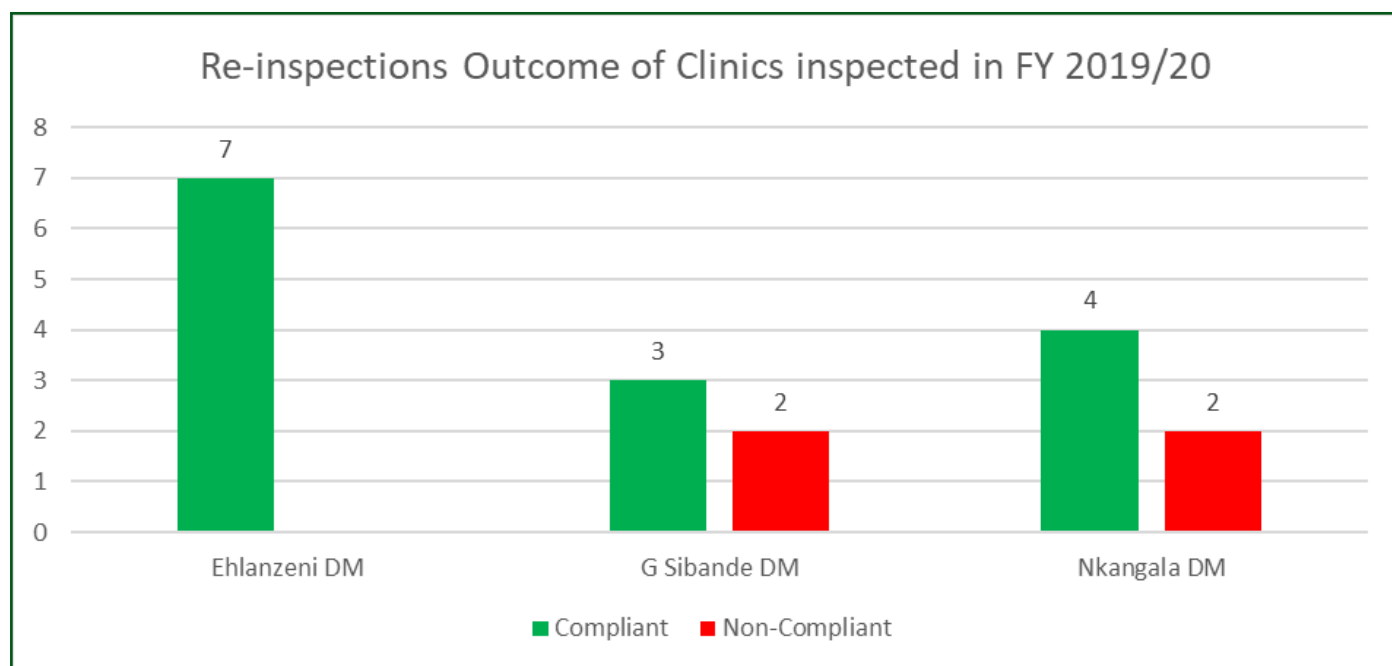


Figure 39: Re-inspections outcome of clinics inspected in fy 2019/20

3.7.2 Overall re-inspections compliance rate

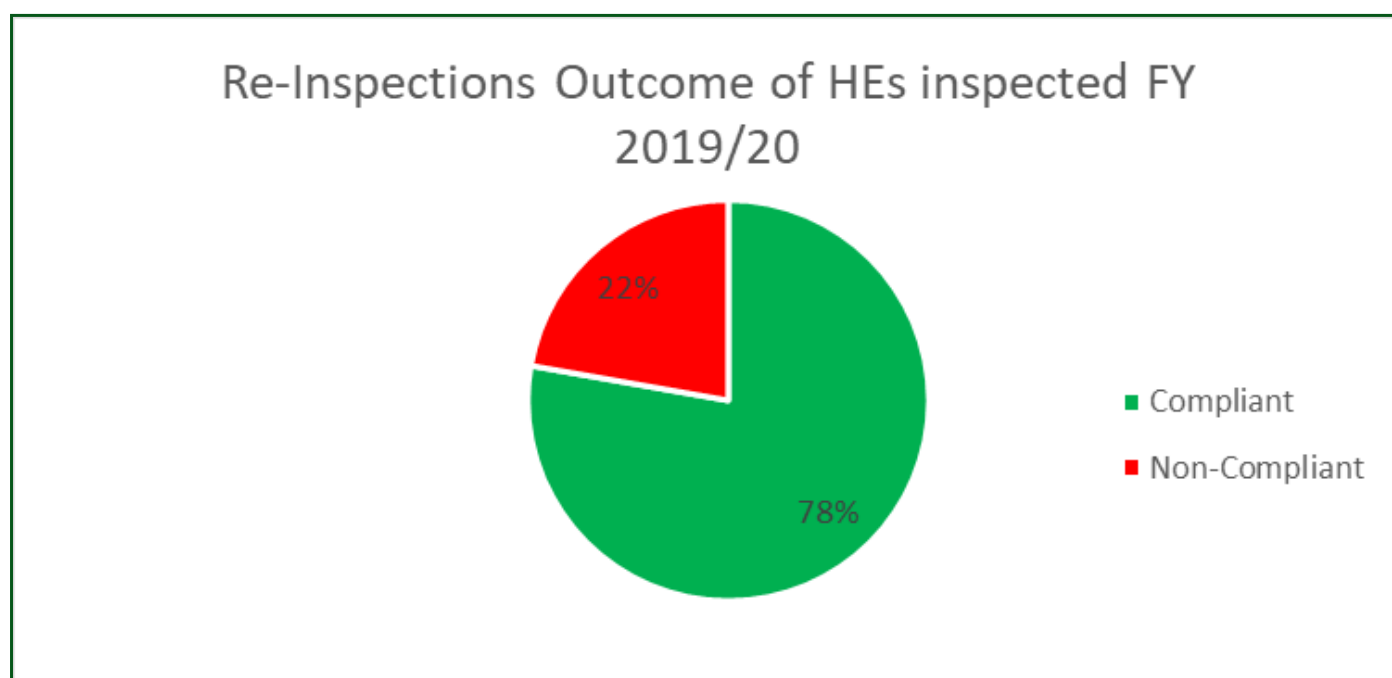


Figure 40: Re-inspection outcome of health establishments inspected fy 2019/20

3.7.3 Re-inspections compliance rate per district

Table 20 below depicts the re-inspection compliance rate per district.

Table 20: Re-inspections compliance rate per district

District	Number of re-inspected HEs	Compliant	Non-Compliant	Compliance Rate
Ehlanzeni DM	7	7	0	100%
G Sibande DM	5	3	2	60%
Nkangala DM	6	4	2	67%
Total	18	14	4	78%

3.7.4 Re-inspections clinics grading by compliance status

Figure 41 below depicts the grading ranging from Excellent to Satisfactory for all the re-inspected HEs (compliant and non-compliant). None of the HEs were graded Unsatisfactory.

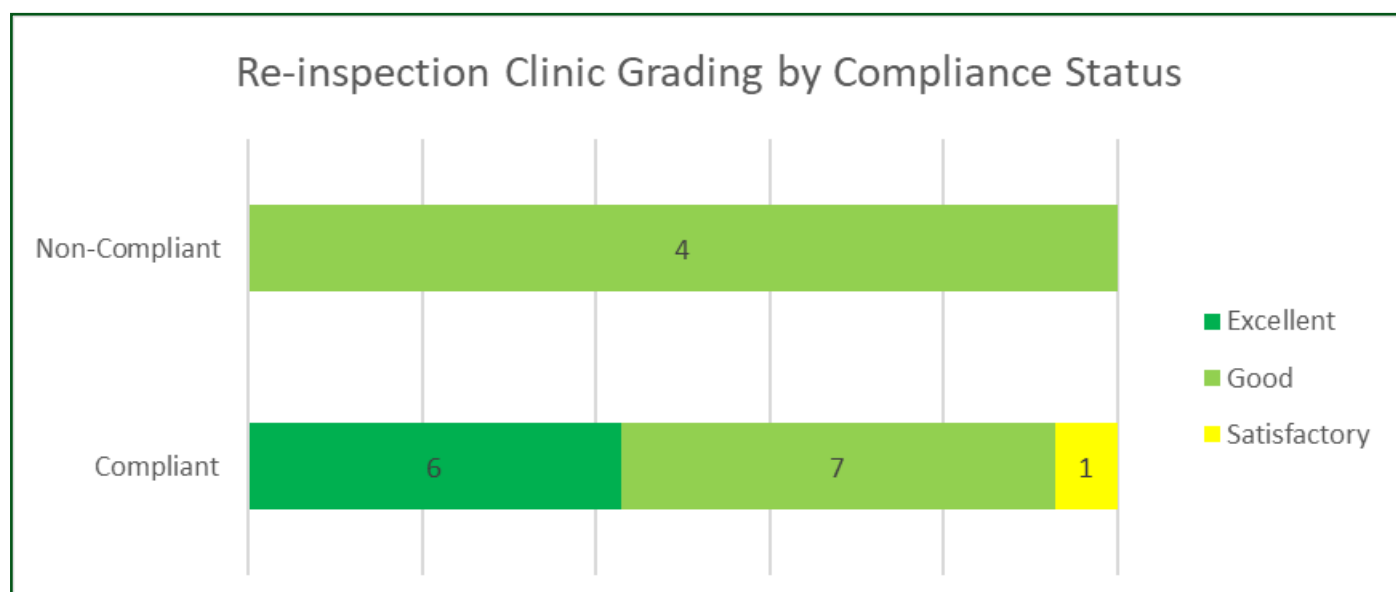


Figure 41: Re-inspection Clinic Grading by Compliance Status

3.7.5 Overall performance on non-negotiable measures

The emergency trolley measure had the lowest performance achieving a compliance rate of 78%. This may be considered a poor performance given that a less than 100% performance on NNMs has a direct implication on the overall compliance status of a health establishment.

Table 21: Performance analysis of the three NNVs

Measure Name	Number of Applicable Measures	Sum of Scores	Compliance Rate
An oxygen cylinder with a pressure gauge is available.	18	18	100%
CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	18	14	78%
The oxygen available in the cylinder is above the minimum level.	18	18	100%

3.7.6 Overall HE grading on vital and essential measures

Figure 42 below depicts the grading of both the vital and essential measures of performance for the re-inspected clinics.

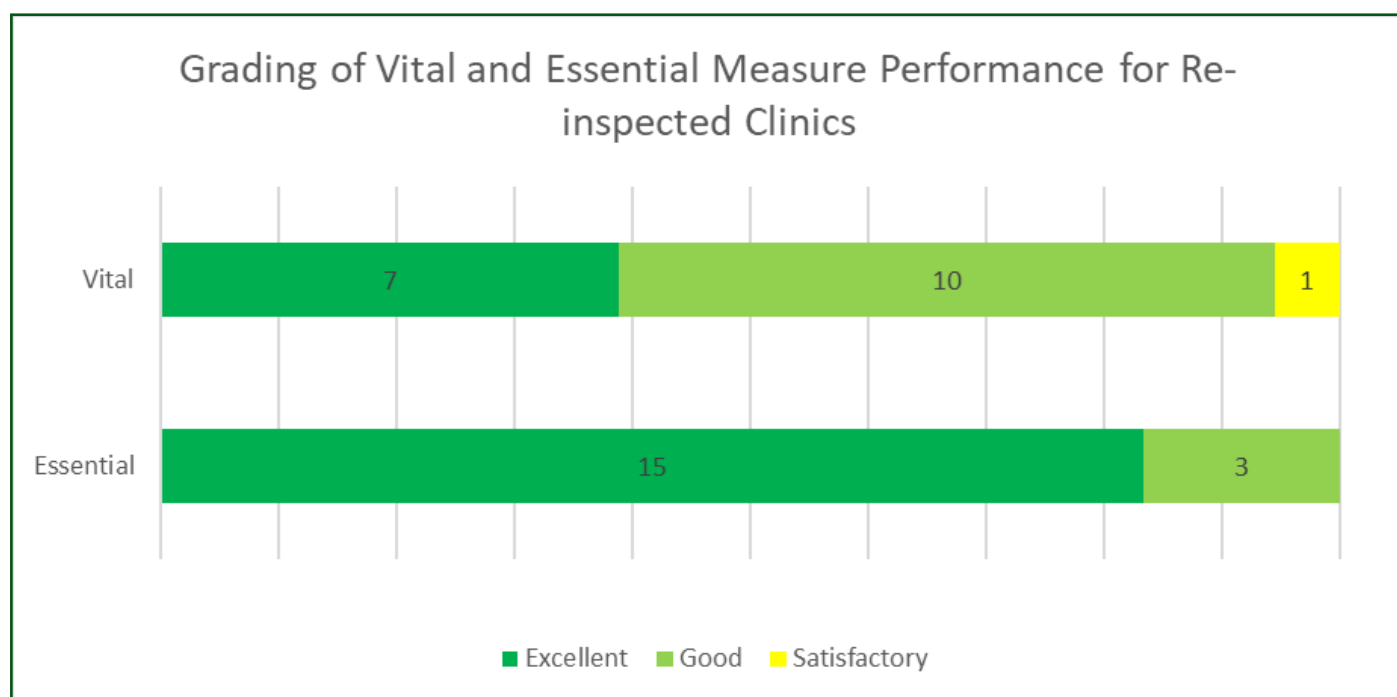


Figure 42: Grading of vital and essential measure performance for re-inspected clinics

3.7.7 Re-inspections summary

Of note is that not all non-compliant HEs for the FY 2019/20 were re-inspected in the period under review. An incline from non-compliance to compliance status was noted in 14 of the 18 re-inspected HEs. This may be an indication that the HEs were more prepared for the re-inspection and better understood what was expected from them. The analysis revealed that compliance with NNVs remains a challenge for the four non-compliant clinics. The emergency trolley measure compliance with NNVs remains a challenge for the re-inspected clinics. The emergency trolley measure contributed to the 4 clinics achieving a non-compliance status.

4. Discussion

The overall clinic compliance rate of 31% represents 12 of the 39 inspected clinics. It is worth noting that there were a further 27 clinics that were non-compliant and were graded Unsatisfactory. Similar outcomes were also noted in the CHCs, districts and regional hospitals. The reason for non-compliance was due to the inability to fulfil the requirements with the emergency trolley NNM. Addressing the requirements for the emergency trolley could potentially increase the overall compliance rate of health establishments thus reducing the risk to patient safety.

The legal and statutory requirements for the management of user health records were not complied with by the majority of health establishments which may negatively impact user care and their right to confidentiality.

Community health centres had a compliance rate of 9%. Notably, district and regional hospitals had a zero (0%) compliance rate.

The majority of health establishments did not have functional governance structures with written terms of reference which led to inadequate oversight. The non-compliance statuses of health establishments can be attributed to the critical posts not being filled.

Generally, the requirements of management of service level agreements in the health establishments and compliance of buildings with safety regulations were not adhered to. The compliance rate of 31% regarding the availability of emergency trolley equipment and medicines was noted in clinics. All of the above would negatively affect the service delivery.

5. Limitations

Not all measures and functional areas were scored as some were not applicable in the inspected CHCs and district hospitals, thus making generalisations impossible and painting a blurry picture about the reasons for non-compliant inspection outcomes.

A smaller scope/coverage for district and regional health establishments inspections could not be regarded as representative of the status of all health establishments in the same categories across the country, thus limiting the meaningful national overview reporting.

6. RECOMMENDATIONS

Based on the performance of inspected health establishments, the OHSC makes the following recommendations:

1. 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 NNM, there needs to be an overall focus on supporting HEs to comply with all the NNMs as a substantive proportion of HEs would have achieved compliant status had they met 100% of the NNM requirements.
2. The provinces, districts, and HEs managers should address all measures with high rates of non-compliance and support HEs in developing and overseeing the implementation of quality improvement plans (QIPs).
3. 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.
4. 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.

A decorative circular graphic consisting of concentric rings. The innermost ring is a thick dark green arc. The next ring is a light gray arc. The outermost ring is a thin light green arc. Scattered around these rings are several dark green circles of varying sizes, some of which are hollow (white centers) and some are solid.

NORTHERN CAPE

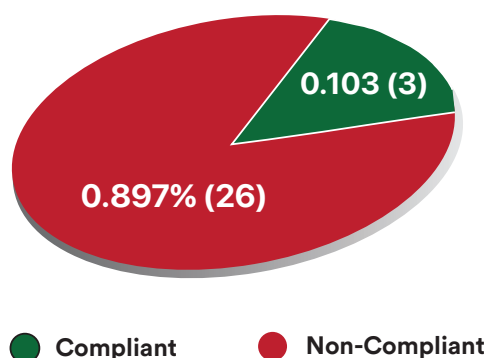
SUMMARY OF NORTHERN CAPE INSPECTION OUTCOMES, FY 2021/22

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

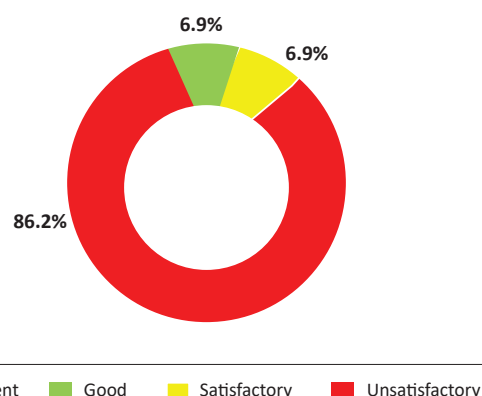
Sampling: From the 172 HEs, a sample size of 16 health establishments including Primacy Health Clinics (PHC) =10, Community Health Centers (CHCs) =4, hospitals=2 were selected for routine inspection. The selection of health establishments was based on geographic clustering and cost-effectiveness.

Inspected health establishments by Province: A total of 29 HEs were inspected against the set target of 16. An additional 5 re-inspections were conducted in the province.

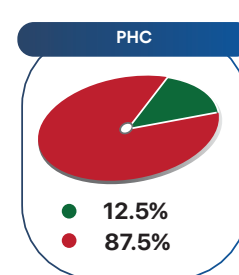
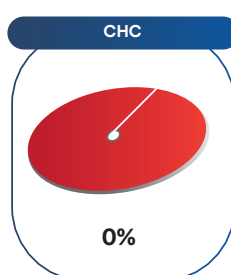
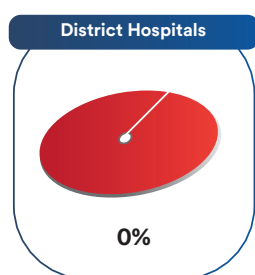
Compliance Status: NC Province



Overall Grading, NC Province



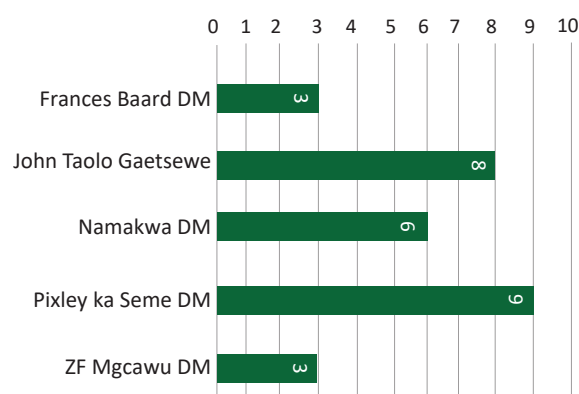
Compliance Rate (%) Per level of care



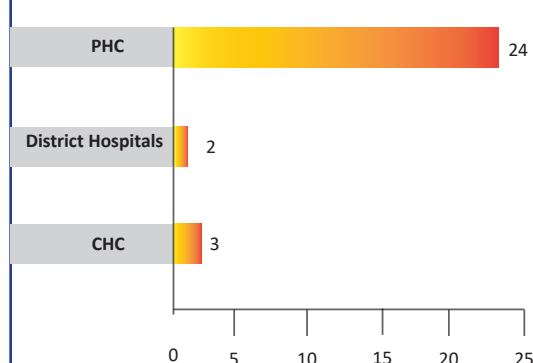
Compliance status by district

	Compliant	Non Compliant
Frances Baard DM	0%	100%
John Taolo Gaetsewe	0%	100%
Namakwa DM	0%	100%
Pixley ka Seme DM	33.3% (3)	66.7% (6)
ZF Mgcawu DM	0%	100%

Number of inspected HEs by district



Inspected HE's by type (N=85)



Overall grading by district

	Excellent	Good	Satisfactory	Unsatisfactory
ZF Mgcawu DM	100%	0%	0%	0%
Pixley ka Seme DM	22.2%	22.2%	55.6%	0%
Namakwa DM	100%	0%	0%	0%
John Taolo Gaetsewe	100%	0%	0%	0%
Frances Baard DM	100%	0%	0%	0%

% Excellent Good Satisfactory Unsatisfactory

1. DISTRIBUTION OF INSPECTED HEALTH ESTABLISHMENTS

1.2 Distribution of public health establishments (HEs)

A total of 171 public sector health establishments were conducted in the Northern Cape province for the period FY 2019/2020 until FY 2021/2022. During the FY 2021/22, a total of 29 routine inspections were conducted in the Northern Cape Province. The target of inspections conducted was eight (8%) of the total public sector health establishments in the province. HEs are selected proportionally considering the total number in the province as well as consideration for the number of districts.

Table 1 below shows the number of HEs for inspected categories in the Northern Cape province and Table 2, the inspected HEs by category.

Table 1: Total number of HEs for Inspected Categories FY 2019/2020 until FY 2021/2023

National	Clinic	Community Health Centre	District Hospital	Total
Overall	127	33	11	171

Table 2: Distribution of Inspected HEs by Province and Category, F/Y 2021/22

Province	Clinic	Community Health Centre	District Hospitals
Northern Cape	24	3	2

Table 3 below shows the cumulative number of HEs inspected from FY 2019/20 till 2021/22. Inspections of CHCs and district hospital commenced in the FY 2021/22. The table depicts a cumulative compliance rate of 5.9% for the province.

Table 3: Cumulative Number of Inspected HEs by Category, F/Y 2019/20 - F/Y 2021/22

HE Category	FY 2019/20			FY 2020/21			FY 2021/22			Cumulative Number of HEs (FY 2019/20 – FY 2021/22)		
	Inspected	Compliant	Compliance Rate	Inspected	Compliant	Compliance Rate	Inspected	Compliant	Compliance Rate	Inspected	Compliant	Compliance Rate
Clinics	38	1	2.6%	17	1	5.9%	24	3	12%	79	5	6.3%
CHCs	-	-	-	-	-	-	3	0	0%	3	0	0%
District Hospitals	-	-	-	-	-	-	2	0	0%	2	0	0%
Total	38	1	2.6%	17	1	5.9%	29	3	12%	84	5	5.9%

1.3 Provincial compliance status outcome

A total of 29 HEs were inspected during the 2021/22 inspection cycle. Figure 1 below shows the number of inspected HEs during the period under review broken down by categories and compliance status outcome.

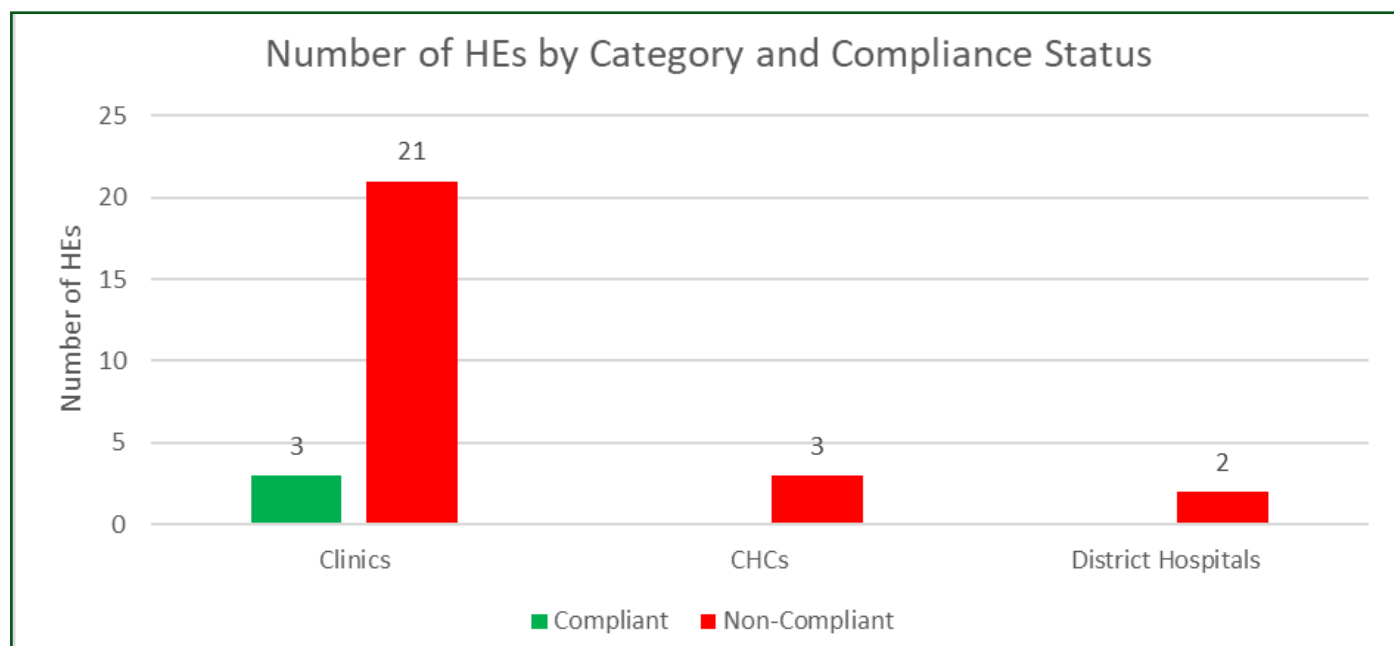


Figure 1: Number of inspected health establishments by category and compliance status

The overall compliance rate of inspected HEs according to their categories is shown in Figure 2 below. In terms of compliance performance, the clinics had a compliance rate of 12% while both CHCs and district hospitals had a zero (0%) compliance rate respectively. Subsequent sections in the report aim to identify factors that account for this compliance performance.

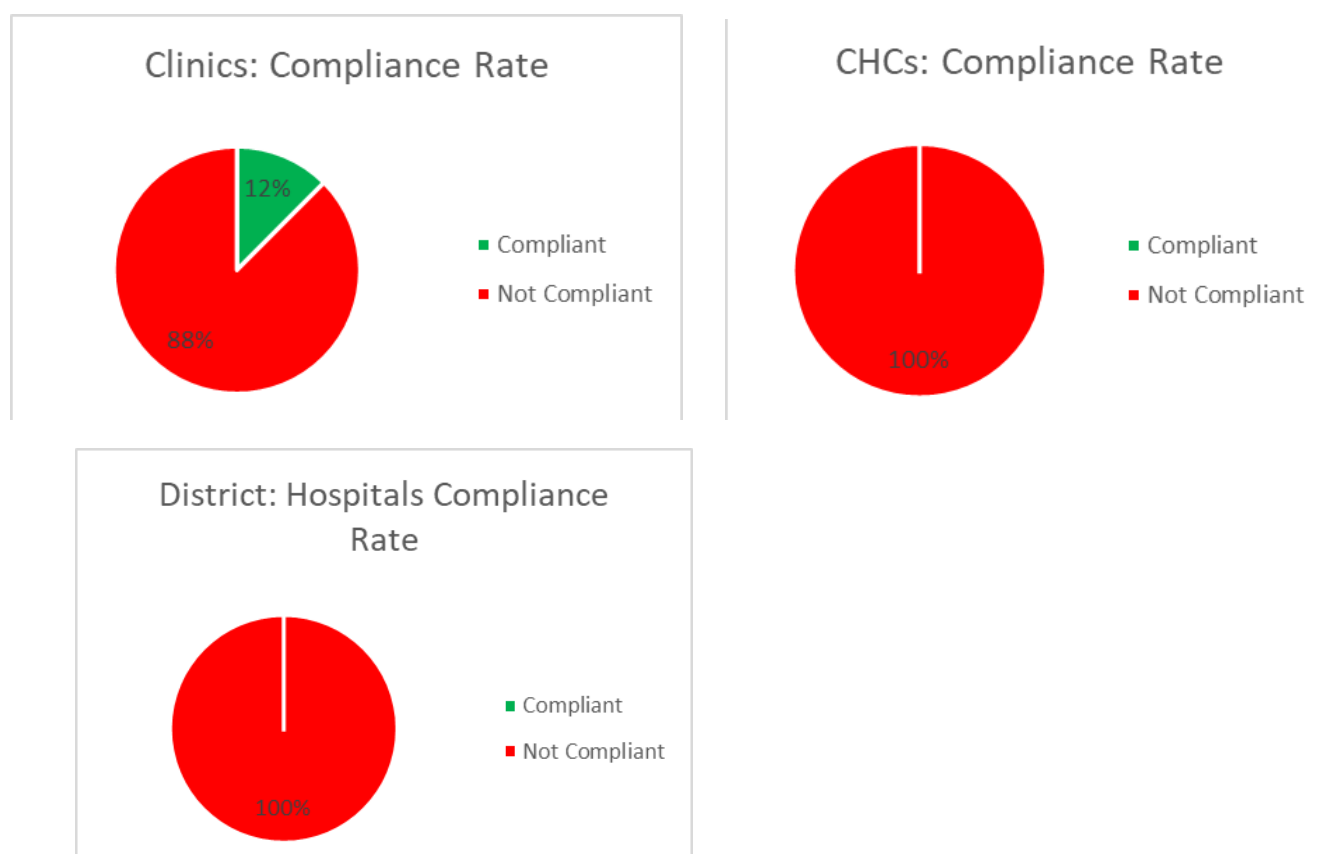


Figure 2: Provincial compliance rate according to categories of HEs, FY 2021/22

Figure 2: Provincial Compliance Rate according to Categories of HEs, FY 2021/22

1.4 Compliance status outcome

Table 4 below shows the total number of inspected HEs by district, category, and compliance performance.

Table 4: Compliance status outcome by district FY 2021/22

Clinics				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
Frances Baard	3	0	3	0%
John Taolo Gaetsewe	6	0	6	0%
Namakwa	5	0	5	0%
Pixley ka Seme	7	3	4	43%
Zwelentlanga Fatman Mgcawu	3	0	3	0%
CHCs				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
John Taolo Gaetsewe	1	0	1	0%
Pixley ka Seme	2	0	2	0%
District Hospitals				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
John Taolo Gaetsewe	1	0	1	0%
Namakwa	1	0	1	0%

2. PROVINCIAL GRADINGS FOR HEALTH ESTABLISHMENTS

2.1 Overall grading for hes by category FY 2021/22

The overall grading of inspected HEs according to their categories are displayed in Figure 3 below.

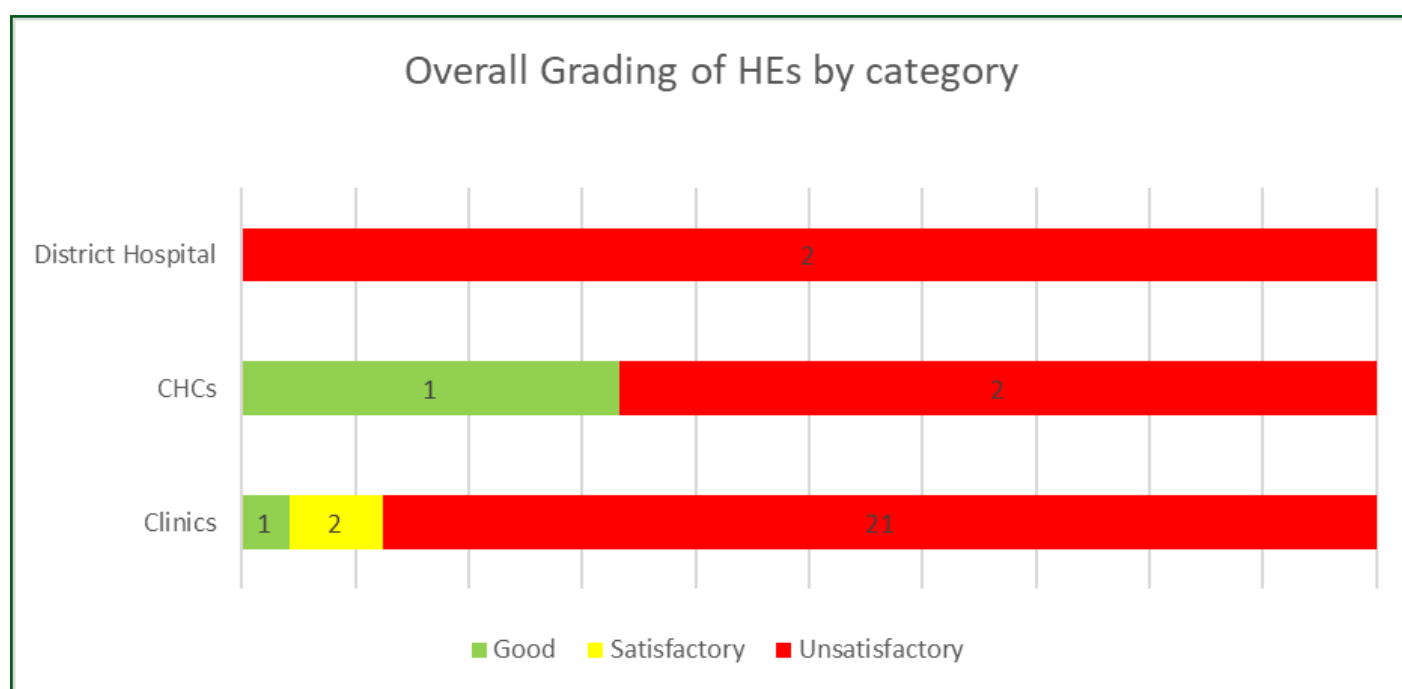


Figure 3: Overall grading of health establishments by category

2.2 Overall grading for hes by district and category FY 2021/22

Figure 4 below shows the overall grading performance of inspected HEs by district and category. Notably, all the health establishments inspected in the four districts (Frances Baard, Zwelentlang a Fatman Mgcawu, John Taolo Gaetsewe and Namakwa) had a zero (0%) compliance rate.

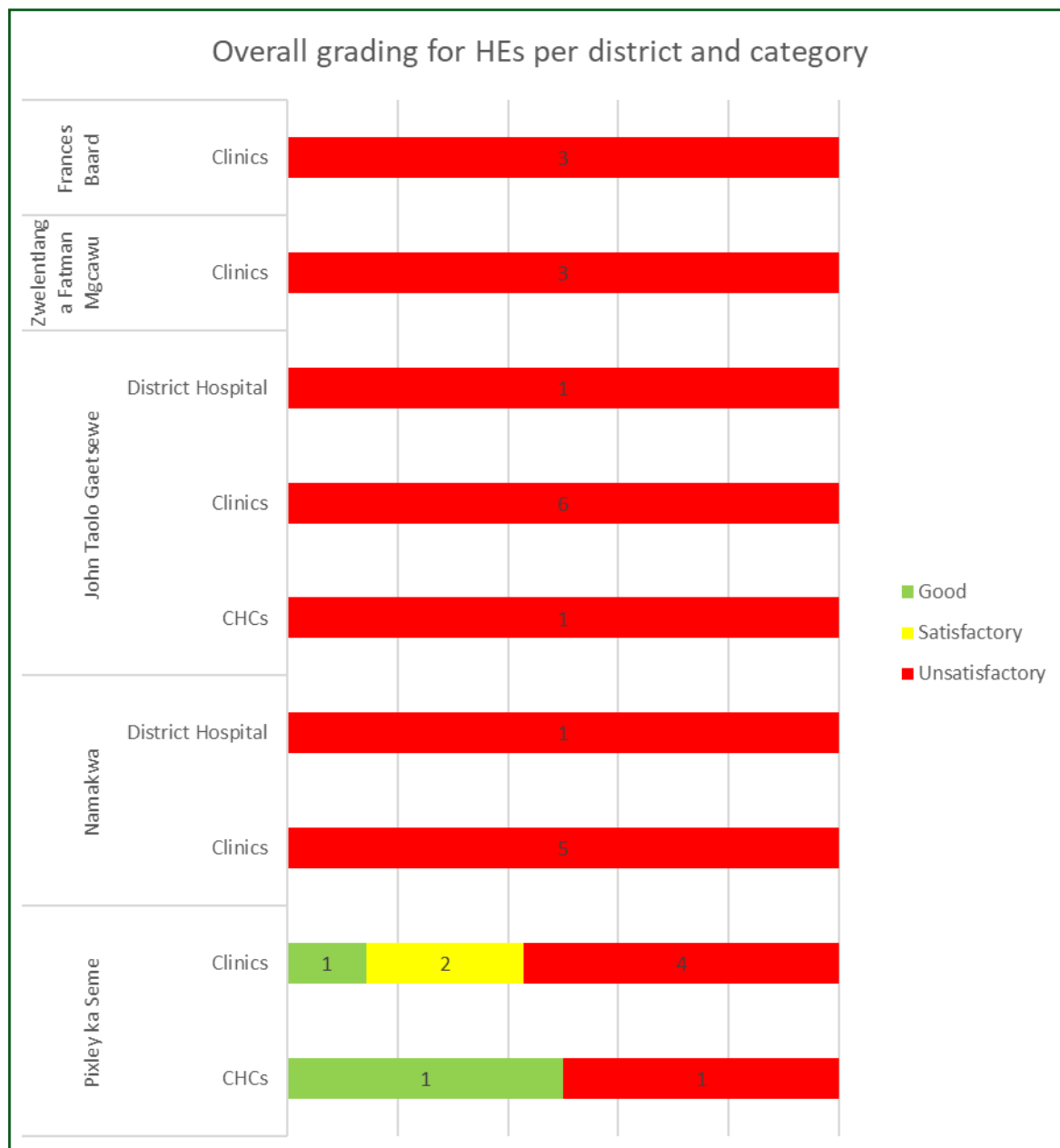


Figure 4: Overall grading for health establishments by district and category

3. PERFORMANCE OF HEALTH ESTABLISHMENTS

3.1 Clinics measure performance

This section covers the performance of clinics according to the different measures disaggregated by the risk rating categories.

3.2 Measure performance analysis

3.2.1 Non-negotiable measures (NNVs)

Tables 5 and 6 below shows the overall compliance performance with respect to non-negotiable measures among the inspected clinics. The emergency trolley measure performed the lowest with 13% of HEs complying with all the requirements. The other two measures relating to oxygen had an overall compliance of 96%. This finding suggests that the emergency trolley measure contributed significantly to the overall non-compliance rate of clinics during this inspection cycle.

Table 5: Overall clinics performance on NNVs

Number of inspected clinics	100% Compliant	Less than 100% Compliant
24	3	21

Table 6: Performance analysis according to the three NNV

Measures	Total No. of Clinics	Compliant	Non-Compliant	Compliance rate
An oxygen cylinder with pressure gauge is available.	24	23	1	96%
CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	24	3	21	13%
The oxygen available in the cylinder is above the minimum level.	24	23	1	96%

3.2.2 Vital measures

Figure 5 below shows the overall grading performance with respect to vital measures among the inspected clinics. Nineteen (19) of the 24 inspected clinics were found to be Unsatisfactory while one was graded Excellent.

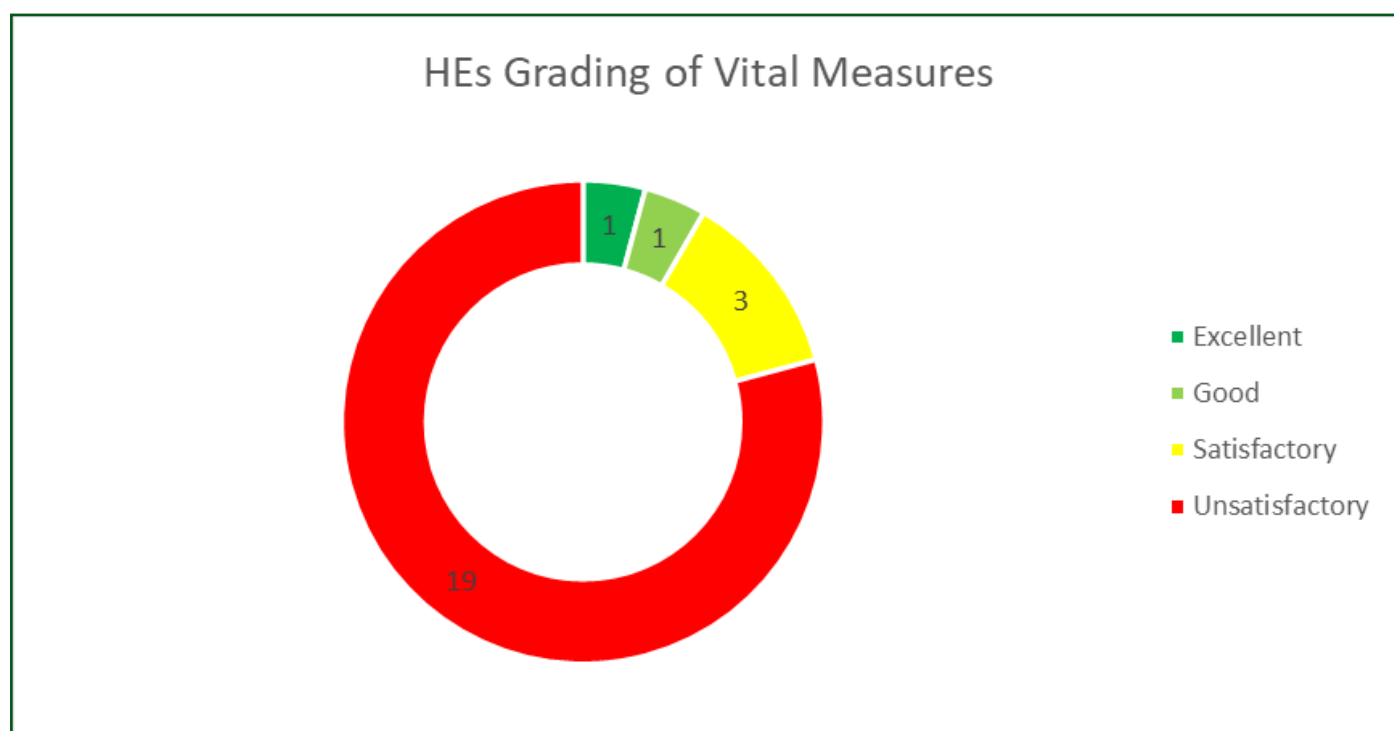


Figure 5: Health establishments grading of vital measures

3.2.3 Essential measures

Figure 6 below shows the overall grading performance with respect to essential measures among the inspected clinics. Twenty (20) of the 24 inspected clinics were found to be Unsatisfactory while none was Excellent.

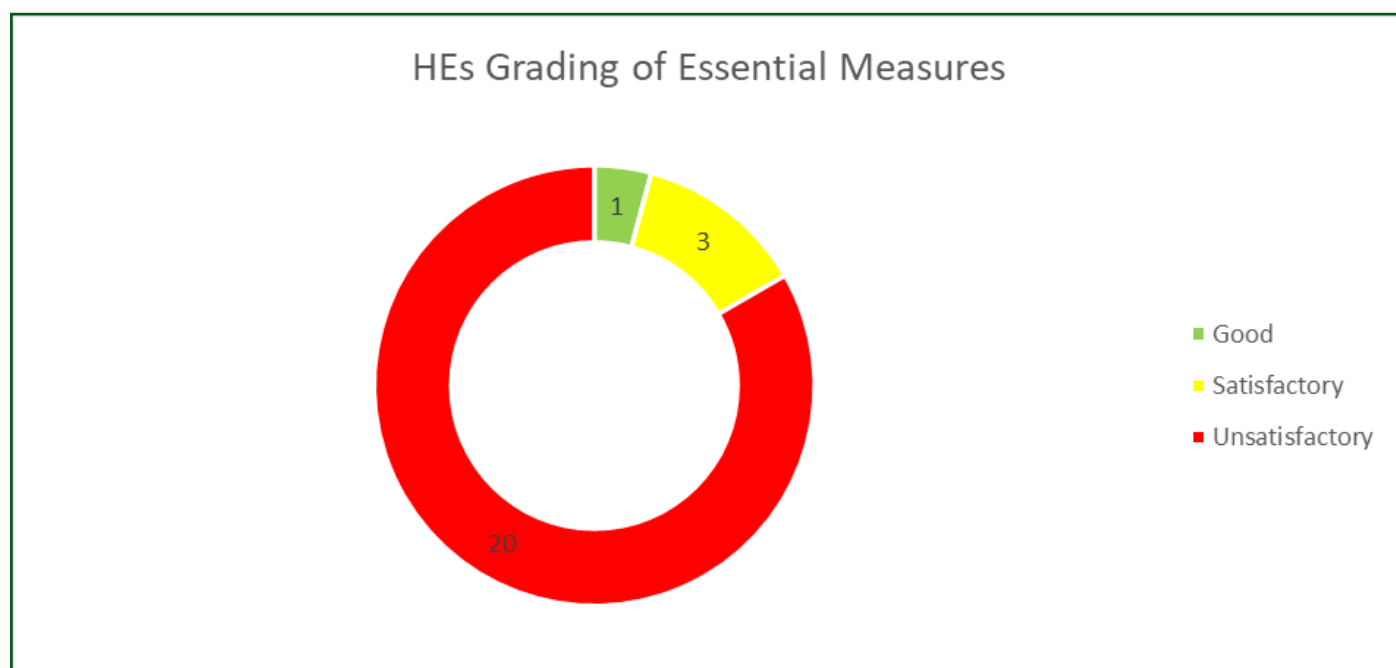


Figure 6: Health establishments grading of essential measures

3.3 Overall measure performance by compliance status

3.3.1 Non-compliant hes performance on NNVs by grading

Table 7 below indicates that 21 of the 24 clinics inspected were found to be non-compliant and all the 21, were graded Unsatisfactory.

Table 7: Non-compliant Clinic's performance on NNVs by Grading

NNV'S Compliance	Unsatisfactory	Excellent, Good and Satisfactory
Compliant	0	0
Non-Compliant	21	0
Grand Total	21	0

3.3.2 Clinics' overall measure performance by functional area

Functional areas (FAs) in this context are defined as the areas/units of the HEs where inspections are conducted. In the PHC (clinic) inspection tool, there are four (4) FAs namely: Clinic Manager, Clinical Services, Dispensary/ Medicine Cupboard, and Maintenance Support. The four FAs are further discussed in the following sections.

3.3.3 Clinic manager

The Clinic Manager's functional area relates to the aspects and requirements that are the responsibility of the facility manager or operational manager at the PHC clinic and is assessed on measures related to leadership and governance of the health establishment. Figure 7 below, shows aggregate performance in the Clinic Manager functional area per district.

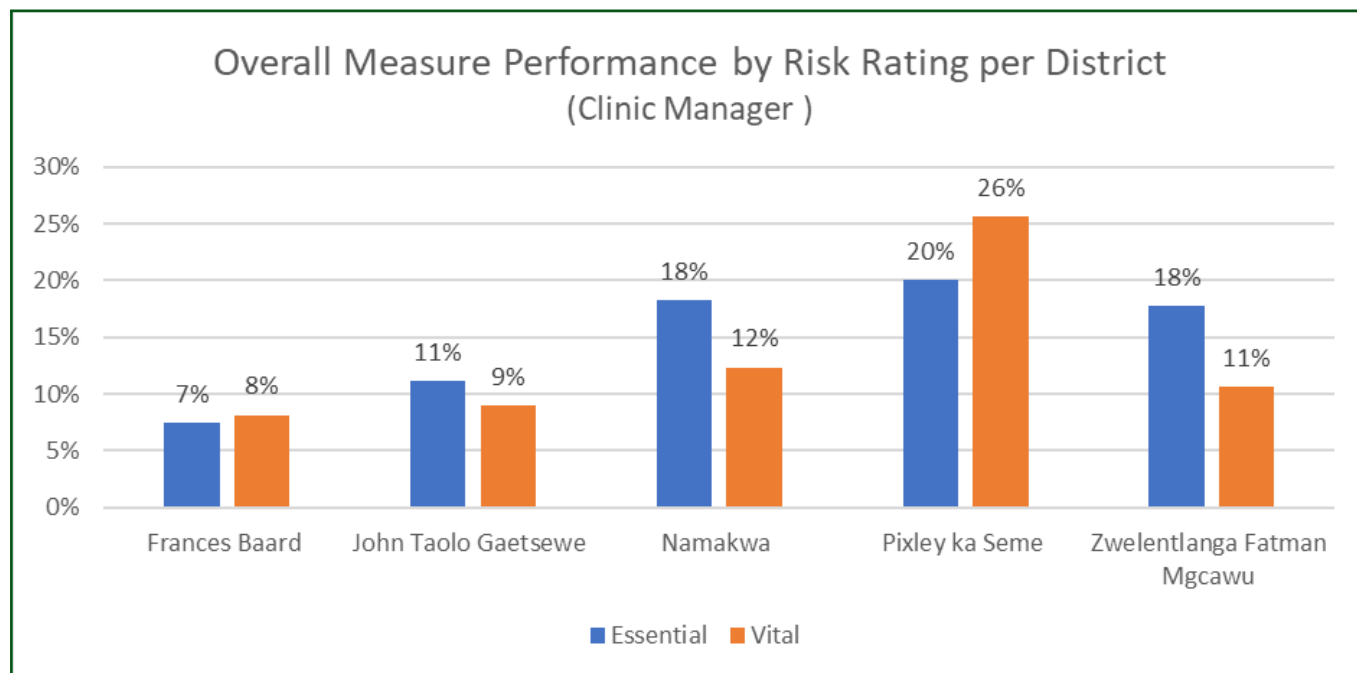


Figure 7: Overall measure performance by risk rating per district (clinic manager)

3.3.4 Clinical services

The Clinical Services FA is concerned with aspects of quality clinical service delivery and is assessed for the way clinical services are organised and delivered to ensure that users receive the care that they need, in line with the best available evidence, and in the most efficient way. Measure performance in this FA is shown in Figure 8 below.

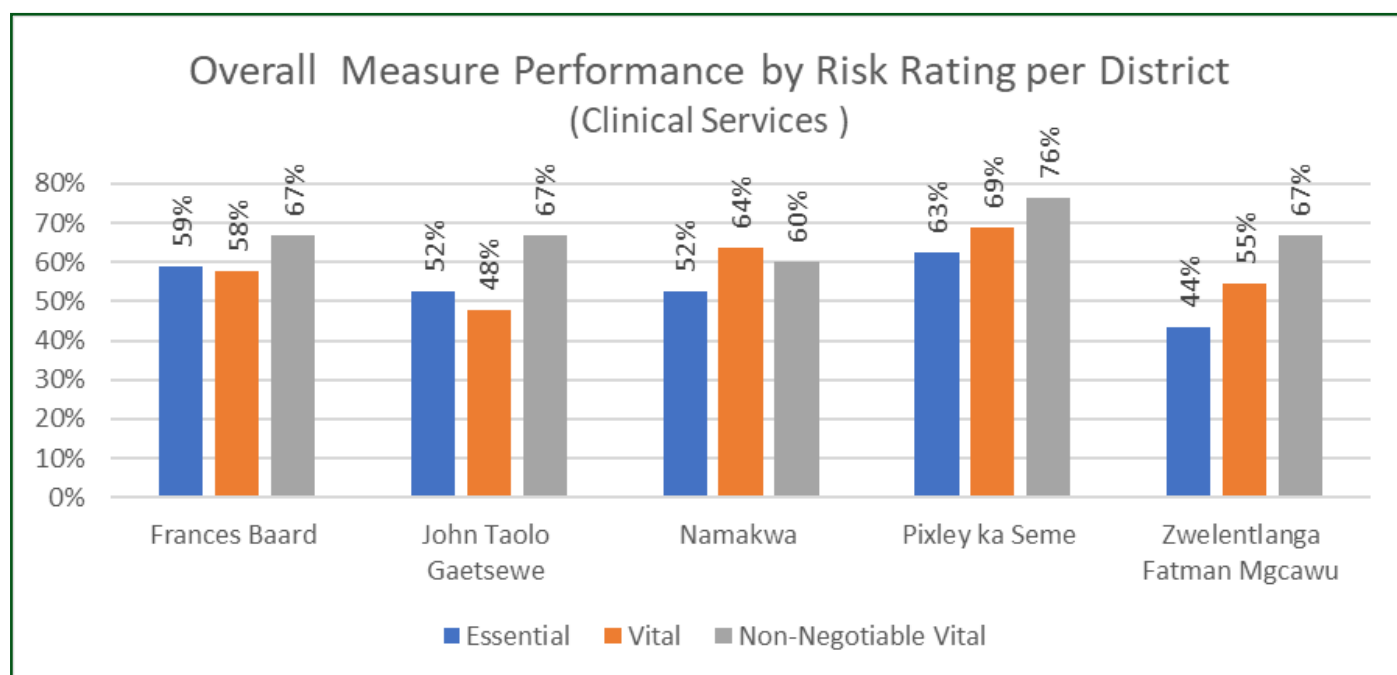


Figure 8: Overall measure performance by risk rating per district (clinical services)

3.3.5 Dispensary/medicine cupboard

The Dispensary/Medicine cupboard FA is primarily concerned with aspects of medicine availability and pharmaceutical product management. The FA is assessed for the effectiveness and efficiency in the management of medicines as an essential part of access to quality care at the PHC level. Figure 9 below shows the performance by district and risk rating.

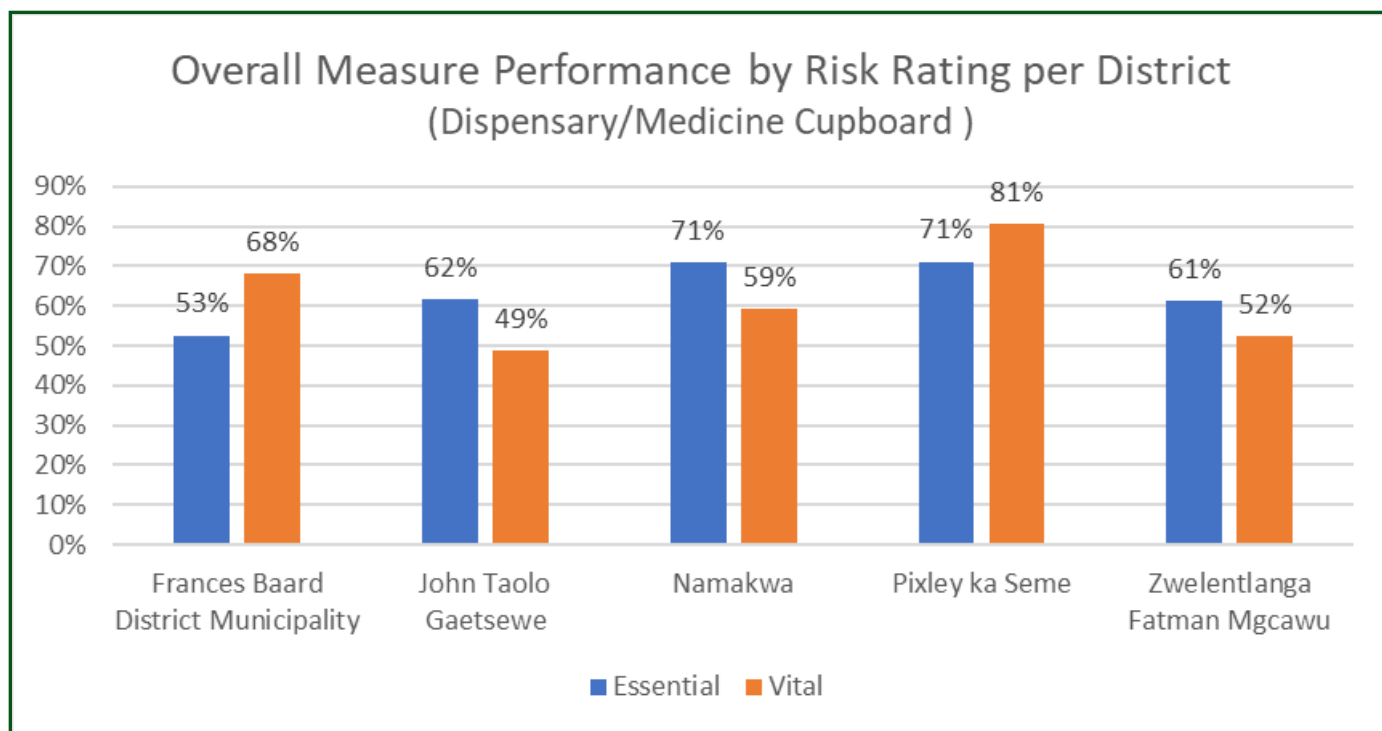


Figure 9: Overall measure performance by risk rating per district (dispensary/medicine cupboard)

3.3.6 Maintenance support

Maintenance Support FA is primarily concerned with aspects of health infrastructure and maintenance such as buildings, electricity backup supply equipment, and sewage systems. Figure 10 below shows varied performance in the Maintenance Support FA across the 5 districts.

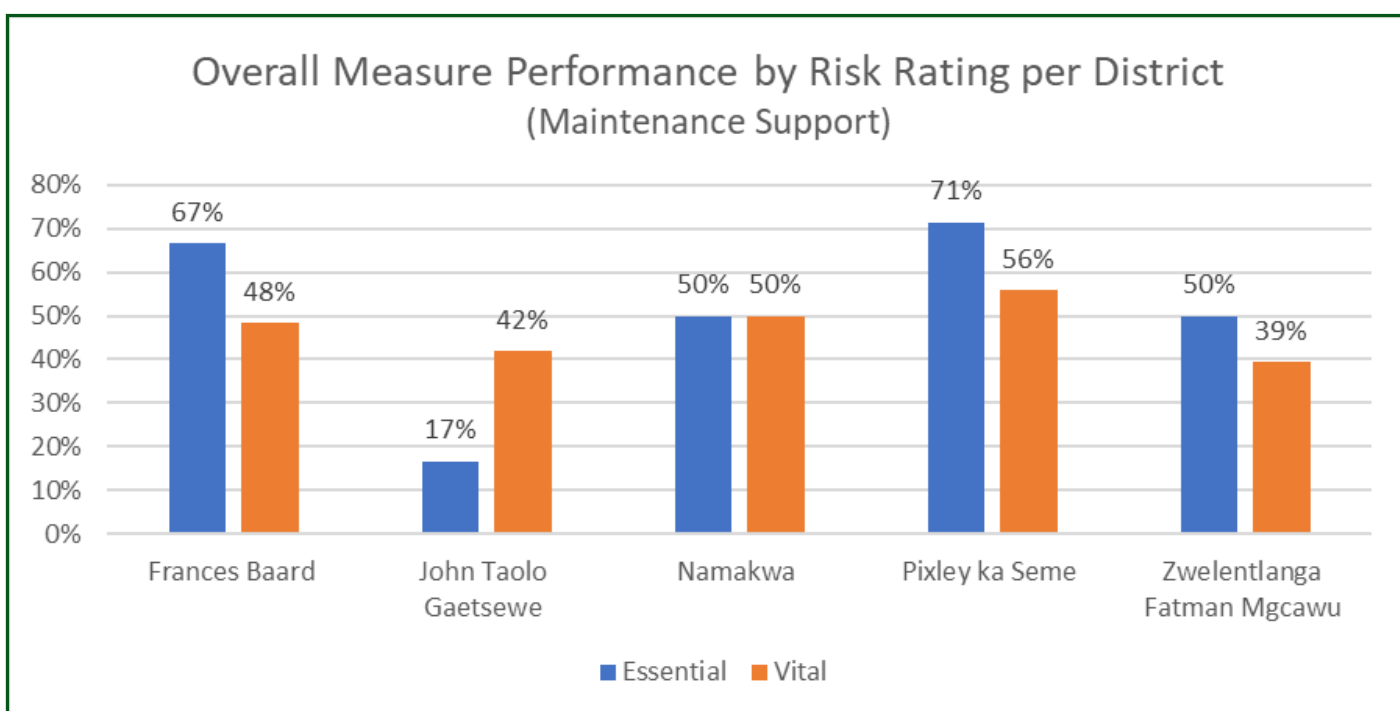


Figure 10: Overall measure performance by risk rating per district (maintenance support)

3.3.7 Clinic performance on domains

Aggregate performance outcomes on domains at the provincial level are indicated in Figure 11 below. Domains included in the Norms and Standards Regulations for the different categories of HEs 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 while the remaining domains performed below 50%. The lowest-performing domain is Governance and Human Resources. Governance and human resources are critical health system inputs that impact service delivery including the ability to provide quality and safe healthcare. The commonly non-compliant measures included the unavailability of functional clinic committees, non-adherence to the performance management systems and ineffective management of occupational health and safety systems among others.

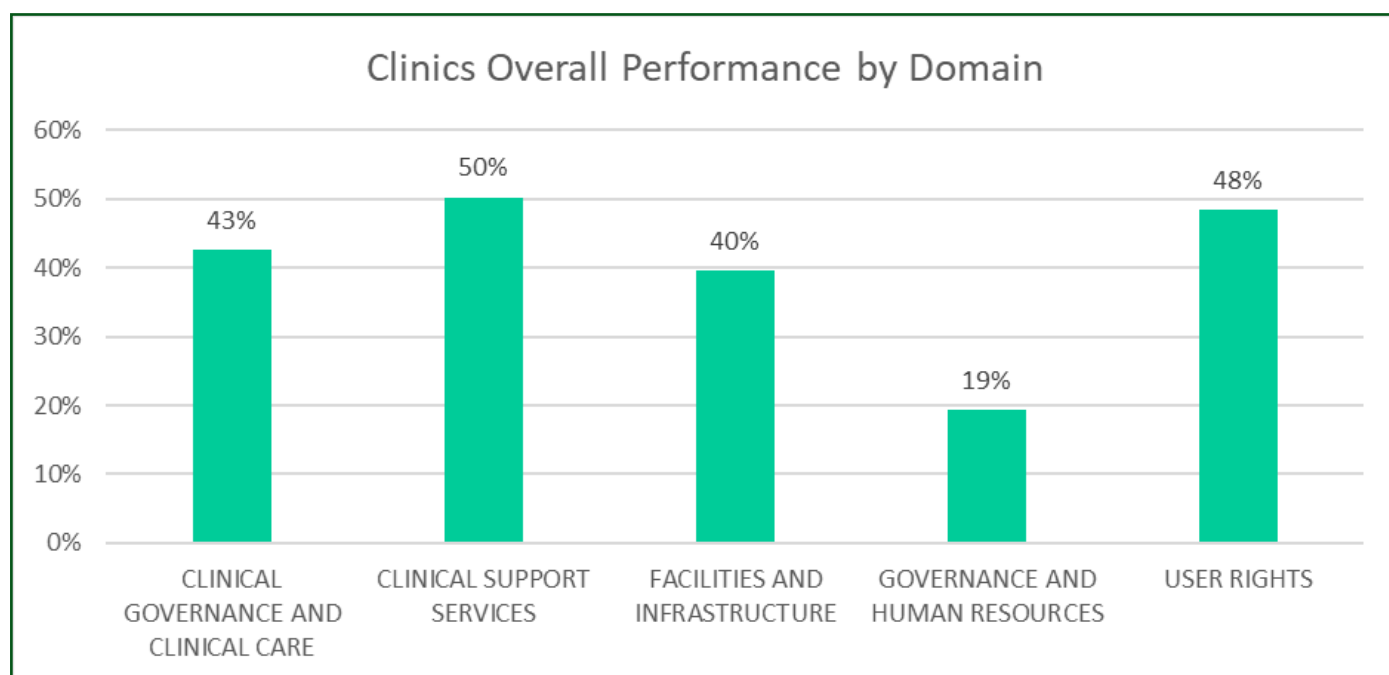


Figure 11: Clinics overall measure performance by domain

3.3.8 Clinics overall measure performance by domain per district

Disaggregated performance outcome on domains per district is shown in Figure 12 below.

Figure 12: Measure performance by domain per district

District	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES	USER RIGHTS
Frances Baard	41%	47%	41%	11%	43%
John Taolo Gaetsewe	33%	37%	34%	19%	47%
Namakwa	44%	52%	41%	21%	44%
Pixley ka Seme	52%	64%	45%	25%	56%
Zwelentlanga Fatman Mgcawu	38%	45%	34%	13%	47%

3.3.9 Overall performance of measures according to standards and domains

Figures 13 to 17 below show the average performance on measures at the level of standards per domain across all inspected clinics. The information in the five (5) Figures identifies specific areas that need improvement to assist the health establishments in meeting the requirements for compliance with the norms and standards regulations and to achieve certification by the OHSC. The standard performance is calculated as the average performance for measures within that standard.

3.3.10 User rights

The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	51%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	58%
The health establishment must maintain a system of referral as established by the responsible authority.	33%
The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	45%

Figure 13: Performance on standards across all Clinics (User Rights)

3.3.11 Clinical governance and clinical care

The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	20%
The health establishment must ensure that health records of health care users are protected managed and kept confidential in line with section 14 15 and 17 of the Act.	49%
The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.	54%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	42%
The health establishment must have a formal process to be followed when obtaining informed consent from the user.	33%
The health establishment must have a system to monitor and report all adverse events.	31%
The health establishment must maintain an environment which minimises the risk of disease outbreaks the transmission of infection to users health care personnel and visitors.	42%

Figure 14: Performance on standards across all Clinics (Clinical Governance and Care)

3.3.12 Clinical support services

Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	39%
The health establishment must comply with the provisions of the Pharmacy Act 1974 and the Medicines and Related Substances Act 1965.	57%

Figure 15: Performance on standards across all Clinics (Clinical Support Services)

3.3.13 Facilities and infrastructure

The health establishment and their grounds must meet the requirements of the building regulations.	57%
The health establishment must ensure that engineering services are in place.	52%
The health establishment must have systems to protect users health care personnel and property from security threats and risks.	13%

Figure 16: Performance on standards across all Clinics (Facilities and Infrastructure)

3.3.14 Governance and human resource

The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	27%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	10%
The health establishment must have a functional governance structure with written Terms of Reference.	0%

Figure 17: Performance on standards across all Clinics (Governance and Human Resource)

3.4 Community health centres

This section covers the performance of inspected Community Health Centres (CHCs) according to the different measures disaggregated by the risk rating categories.

3.4.1 Overall measure performance analysis

3.4.1.1 Non-negotiable measures

Table 8 below indicates that a total of three (3) CHCs were inspected during the FY 2021/22, and none was able to achieve 100% on all the NNMs requirements and attain a compliance status. The NNMs' performance is further discussed per relevant functional areas such as Midwife Obstetric Unit (MOU), Emergency Unit and Clinical Services.

Table 8: Overall CHC performance on NNMs

Number of Inspected CHCs	NNM 100% Compliant	NNM Non-Compliant (< 100%)
3	0	3

3.4.1.2 CHC performance on NNMs (MOU, emergency unit and clinical services)

Tables 9, 10 and 11 below show the scores for Non-negotiable measures in the three FAs, namely MOU, emergency unit and clinical services. Due to the size and proximity between FAs at the CHCs, the emergency trolley may have been centralised and accessible for all other clinical functional areas, hence the variation in the number of applicable measures.



Table 9: MOU performance on NNMs

Measure Name	Number of Applicable Measures	Sum of Scores	Compliance Rate
An oxygen cylinder with pressure gauge is available.	3	3	100%
CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	1	0	0%
The oxygen available in the cylinder is above the minimum level.	3	2	67%

Table 10: CHC performance on NNMs (Emergency Unit)

Measure Name	Number of Applicable Measures	Sum of Scores	Compliance Rate
An oxygen cylinder with pressure gauge is available in the resuscitation or emergency room.	2	2	100%
CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicines and equipment listed below.	1	0	0%
The oxygen available in the cylinder is above the minimum level.	2	2	100%

Table 11: CHC performance on NNMs (Clinical Services)

Measure Name	Number of Applicable Measures	Sum of Scores	Compliance Rate
An oxygen cylinder with a pressure gauge is available.	3	3	100%
CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	3	0	0%
The oxygen available in the cylinder is above the minimum level.	3	3	100%



3.4.1.3 CHC Performance on vital and essential measures

Figure 18 below shows the overall grading performance with respect to vital measures among the inspected CHCs. Of the three (3) inspected CHCs, two (2) were graded Unsatisfactory and one (1) was graded Good.

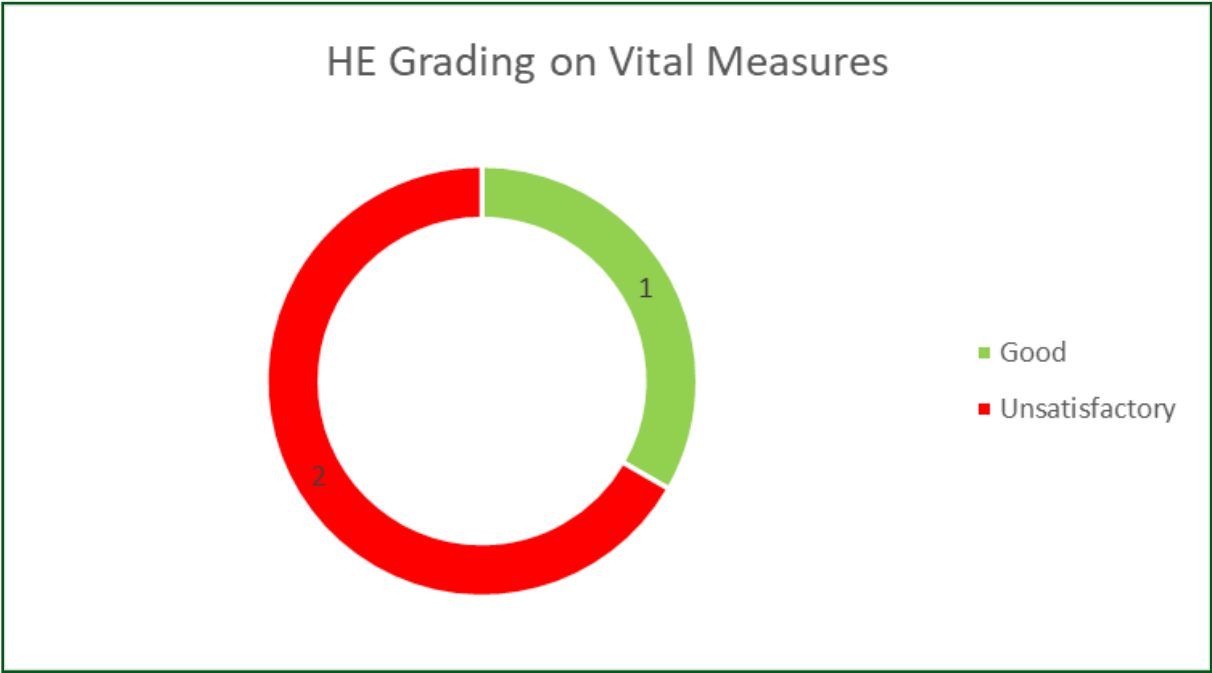


Figure 18: Health establishments grading on vital measures

3.4.1.4 Overall CHC performance on essential measures

The two (2) inspected CHCs were graded Unsatisfactory, while one (1) was graded Good as depicted in Figure 19 below.

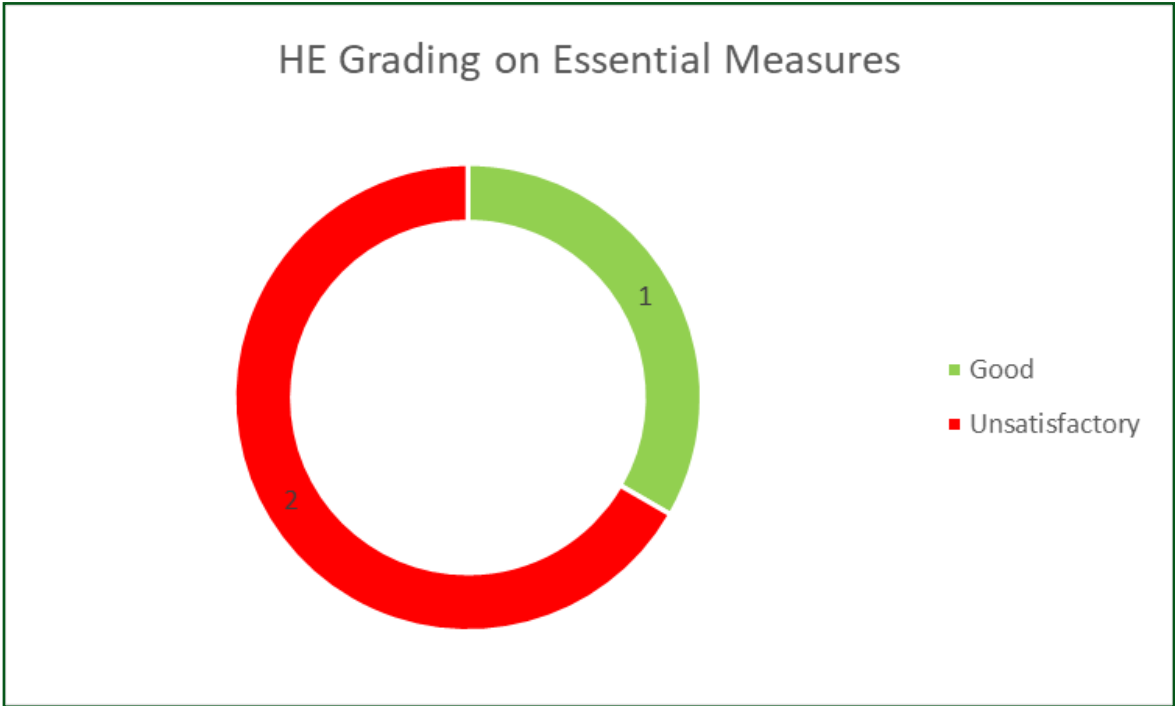


Figure 19: Health establishments grading on essential measures

3.4.1.5 Overall CHCs measure performance by compliance status

Table 12 depicts that all three (3) inspected CHCs were non-compliant, and two (2) were graded unsatisfactory while one (1) was graded Good. The CHC that was graded Good would have been compliant if it reached the threshold of 100% on NNMs

Table 12: Non-Compliant CHCs performance on Non-Negotiable Measures

NNM Compliance	Good and Satisfactory	Unsatisfactory
Compliant (100%)	0	0
Non-Compliant (Less than 100%)	1	2
TOTAL	1	2

3.4.1.6 CHCs overall measure performance by functional area

3.4.1.6.1 CHCs manager

The CHC Manager functional area relates to the aspects and requirements that are the responsibility of the operational manager and is assessed for issues related to leadership and governance of the HE. Figure 20 below shows the aggregated performance in the CHC Manager FA per district.

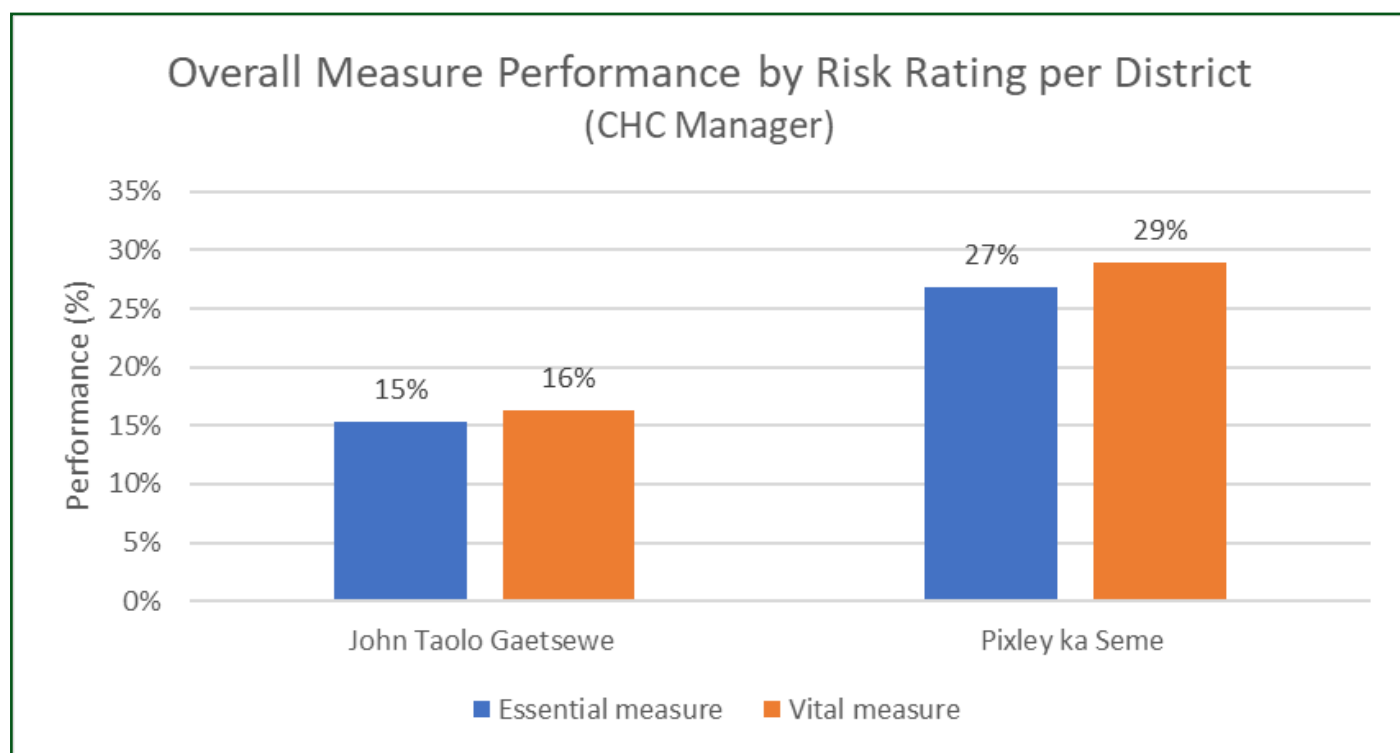


Figure 20: Overall measure performance by risk rating per district (chc manager)

3.4.1.6.2 CHC clinical services performance

Figure 21 below indicates the aggregated performance in the Clinical Services FA with a variation in performance among vital and essential measures in the inspected HEs.

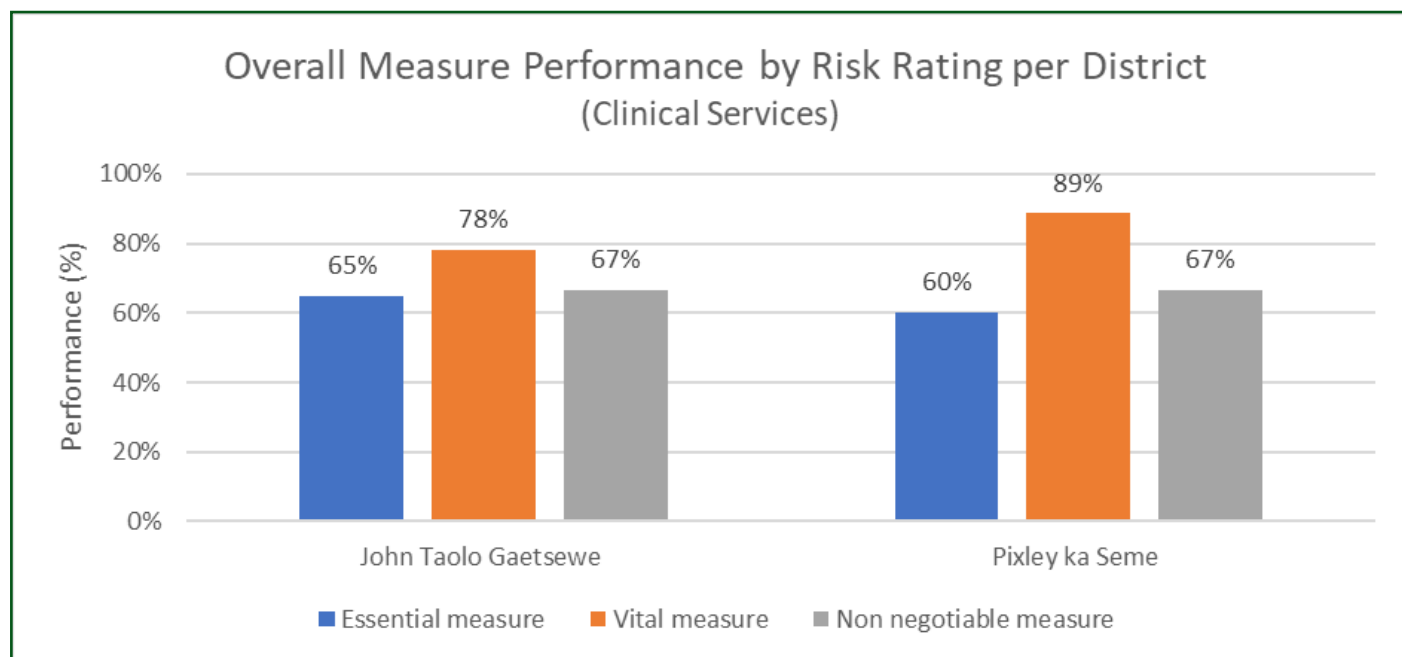


Figure 21: Overall measure performance by risk rating per district (clinical services)

3.4.1.6.3 CHCs emergency unit performance

Figure 22 below depicts the overall performance in the emergency unit of the inspected HEs across the districts.

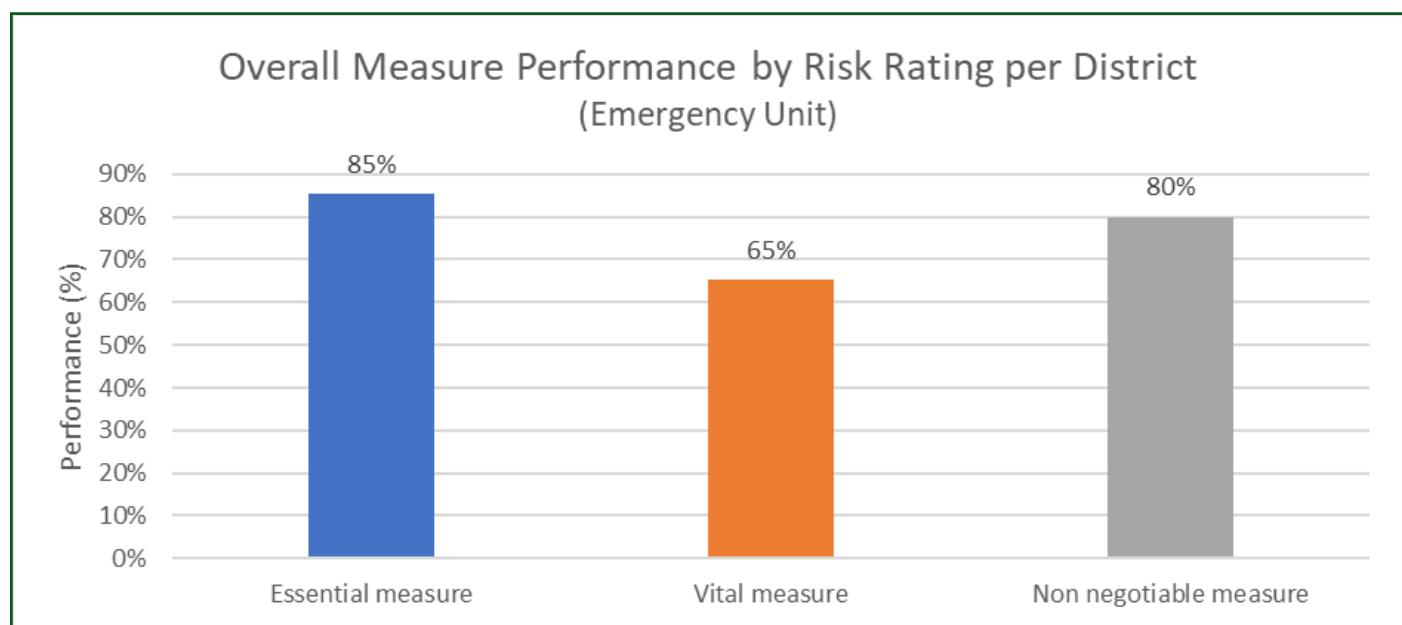


Figure 22: Overall measure performance by risk rating per district (emergency unit)



3.4.1.6.4 CHCs midwife obstetrics unit performance

Figure 23 below shows the varied performance of the inspected HEs in this FA across the districts.

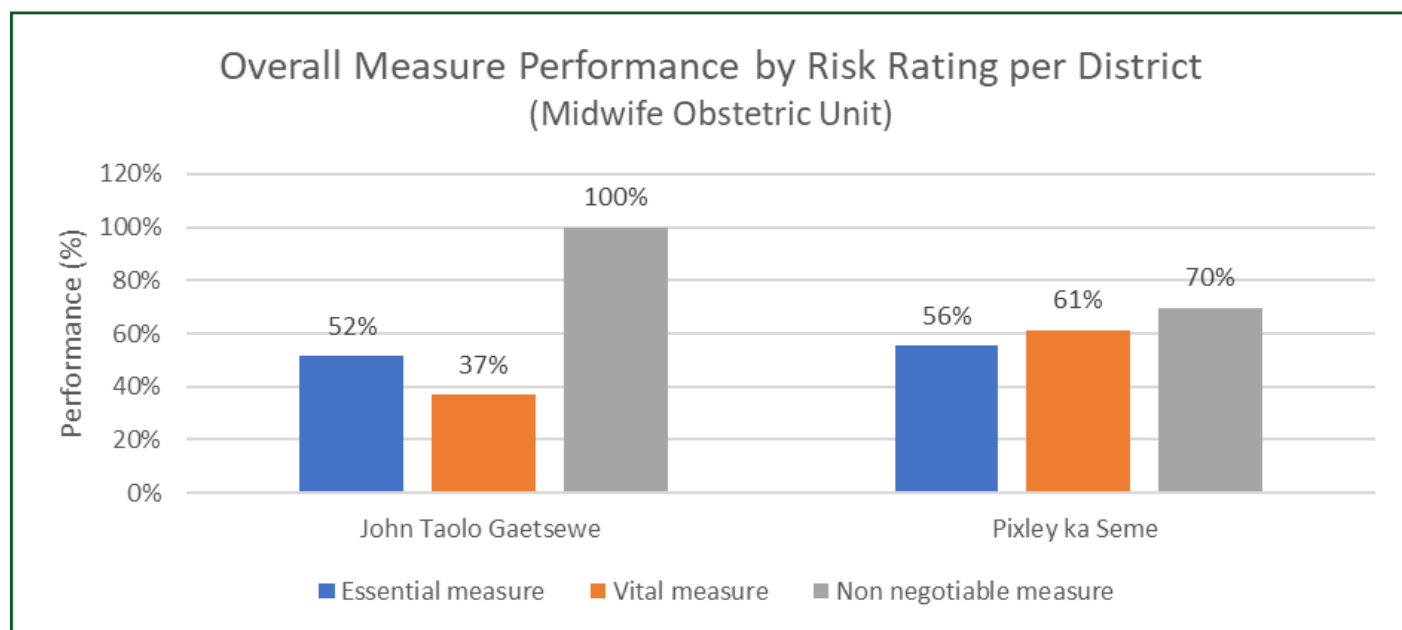


Figure 23: Overall measure performance by risk rating per district (midwife obstetric unit)

3.4.1.6.5 CHC pharmacy/dispensary performance

The performance in this functional area viewed across the districts is shown in Figure 24 below indicating average scores.

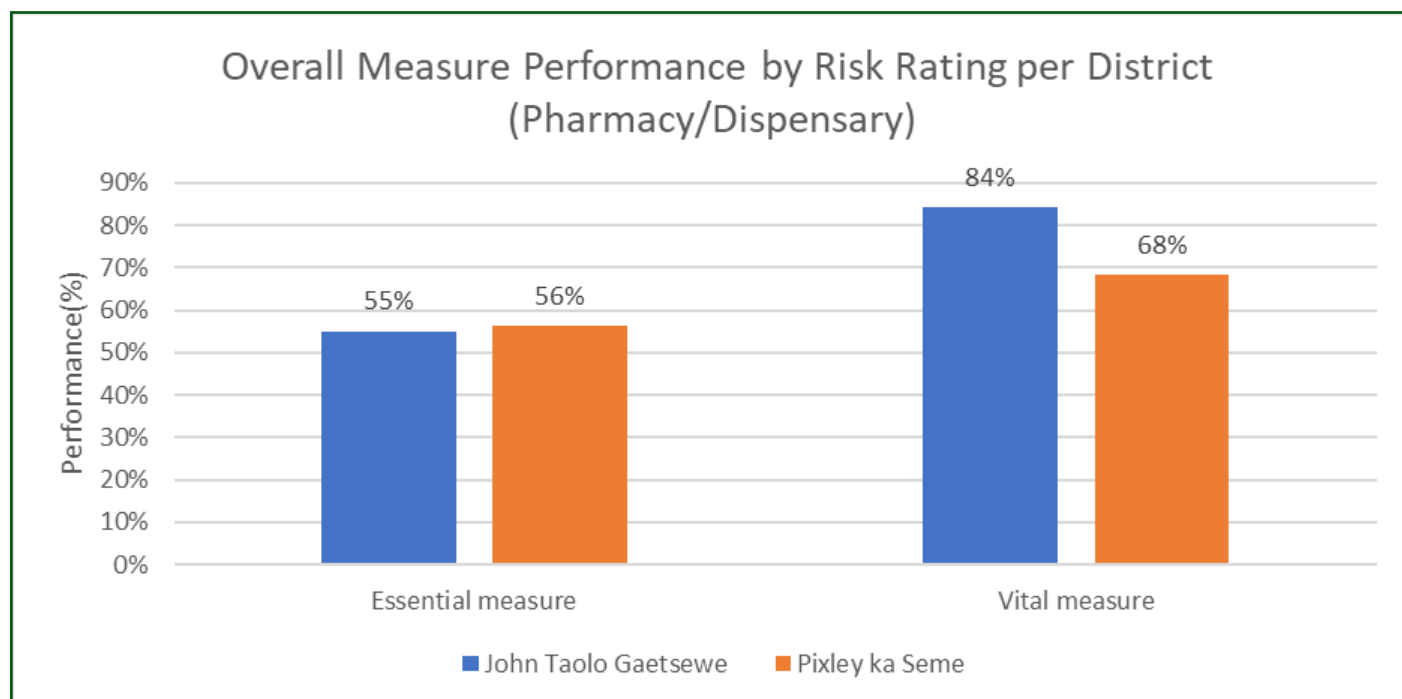


Figure 24: Overall measure performance by risk rating per district (pharmacy/dispensary)



3.4.1.6.6 CHCs maintenance support performance

Figure 25 below shows the varied performance of the inspected HEs this FA across the two districts.

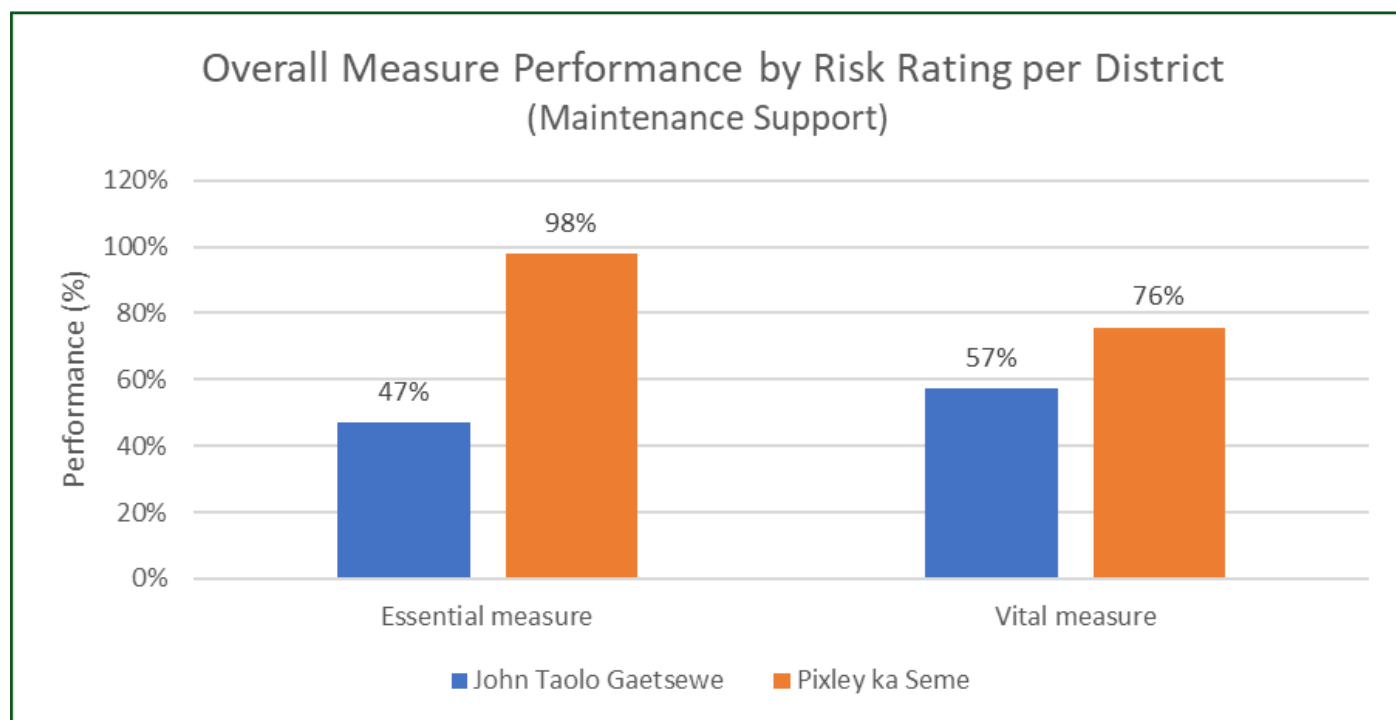


Figure 25: Overall measure performance by risk rating per district (maintenance support)

3.4.1.6.7 CHC measures performance by domain

Figure 26 below indicates the performance outcome on domains for inspected CHCs. The highest-performing domain is Facilities and Infrastructure followed closely by Clinical Support Services while the lowest-performing domain is Governance and Human Resources. Governance and human resources are critical health system inputs that impact service delivery including the ability to provide quality healthcare. Common non-compliant measures related to staffing needs that were not determined, unavailability of functional clinic committees, non-adherence to the performance management systems and ineffective management of occupational health and safety systems among others.

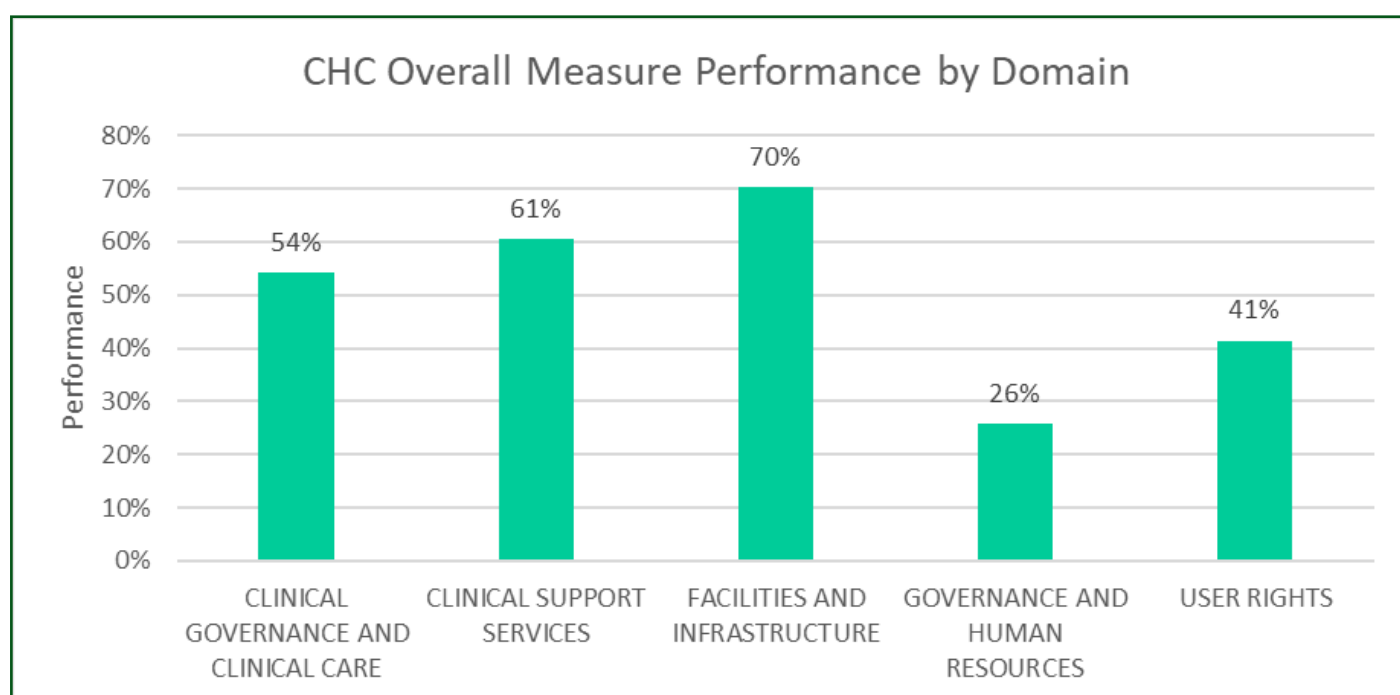


Figure 26: CHC overall measure performance by domain

3.4.1.6.8 CHCs measure performance by standard and domain

Figure 27 below indicates disaggregated performance outcomes on domains per district.

District	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES	USER RIGHTS
John Taolo Gaetsewe	50%	75%	62%	30%	32%
Pixley ka Seme	63%	70%	74%	22%	46%

Figure 27: Performance outcomes on domains per district.

3.4.1.6.9 CHC measures performance by standard and domain

Figures 28 to 32 below show average performance on measures at the level of standards per domain across the inspected CHCs. The information in the five (5) Figures below identifies specific areas that need improvement to assist the HEs in meeting the requirements for compliance with norms and standards regulations to achieve certification by the OHSC. The standard performance is calculated as the average performance for measures within that standard.

3.4.1.6.10 User rights

The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	40%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	46%
The health establishment must maintain a system of referral as established by the responsible authority.	53%
The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	21%

Figure 28: Performance on standards (User Rights)



3.4.1.6.11 Clinical governance and clinical care

(b) A health establishment must establish and maintain systems structures and programmes to manage clinical risk.		77%
The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.		72%
The health establishment must ensure that health records of health care users are protected managed and kept confidential in line with section 14 15 and 17 of the Act.		67%
The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.		69%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.		27%
The health establishment must have a formal process to be followed when obtaining informed consent from the user.		48%
The health establishment must have a system to monitor and report all adverse events.		65%
The health establishment must issue a discharge report to users in accordance with section 10 of the Act.		61%
The health establishment must maintain an environment which minimises the risk of disease outbreaks the transmission of infection to users health care personnel and visitors.		67%

Figure 29: Performance on standards (Clinical Governance and Clinical Care)

3.4.1.6.12 Clinical support services

Health establishments must ensure that diagnostic services are available and safe for users and for health care personnel involved in delivering these services.		0%
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.		73%
The health establishment must comply with the provisions of the Pharmacy Act 1974 and the Medicines and Related Substances Act 1965.		72%

Figure 30: Performance on standards (Clinical Support Services)

3.4.1.6.13 Facilities and infrastructure

The health establishment and their grounds must meet the requirements of the building regulations.		75%
The health establishment must ensure that engineering services are in place.		87%
The health establishment must have systems to protect users health care personnel and property from security threats and risks.		50%

Figure 31: Performance on standards (Facilities and Infrastructure)

3.4.1.6.14 Governance and human resource

The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.		25%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.		30%
The health establishment must have a functional governance structure with written Terms of Reference.		0%

Figure 32: Performance on standards (Governance and Human Resource)

3.5 District hospitals

This section covers the performance of inspected District Hospitals according to the different measures disaggregated by the risk rating categories.

3.5.1 District hospital measure performance analysis

3.5.1.1 Non-negotiable measures

A total of two (2) district hospitals were inspected during the period under review and none were able to achieve 100% on the NNMs requirements and were not compliant. Tables 13 and 14 below show the overall grading performance with respect to non-negotiable measures (NNMs) among the inspected district hospitals.

Table 13: Overall district hospital performance on NNMs

Number of Inspected district hospitals	NNM 100% Compliant	NNM Non-Compliant (< 100%)
2	0	2

Non-negotiable measures

Table 14: Average Performance on NNMs for all functional areas

NNMs	Total Measures	Non-compliant Measures	Compliant Measures	Compliance Rate
Emergency trolley is stocked with medicines and equipment.	25	25	0	0.00%
Health care providers correctly complete forms used for informed consent.	14	11	3	21.43%
Emergency power supply is available in the ward/unit in the event of a power disruption.	14	10	4	28.57%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.	6	3	3	50.00%
The oxygen available in the cylinder is above the minimum level.	6	5	1	16.67%
Medical supplies and equipment for resuscitation are available.	2	2	0	0.00%
The ward/unit has a functional system to supply piped oxygen to clinical areas.	6	4	2	33.33%
A system to monitor oxygen levels in the bulk oxygen plant is in place.	2	1	1	50.00%

None of the district hospitals achieved NNMs overall score of 100% and therefore did not satisfy the requirements for an overall compliance status as shown in Table 15.

Table 15: Performance on NNM of inspected District Hospitals

Facility Name	Number of Applicable Measures	Compliant Measures	Compliance Rate
Calvinia (Abraham Esau) Hospital	37	18	49%
Kuruman Hospital	41	17	41%

3.5.1.2 Overall measure performance by HEs compliance status

Table 16 below shows that the two inspected district hospitals were graded unsatisfactory and did not achieve 100% with the NNMs requirements.

Table 16: Performance of District Hospitals on NNMs

NNM'S Compliance	Total HEs inspected	Facility Grading
		Unsatisfactory
Non- Compliant	2	2

3.5.1.3 Measure performance by domain for district hospitals

Figure 33 below indicates the aggregate performance outcome on domains for the two inspected district hospitals. The two HEs had varied performance across the domains in the norms and standards regulations. The lowest performing domain is Governance and Human Resources.

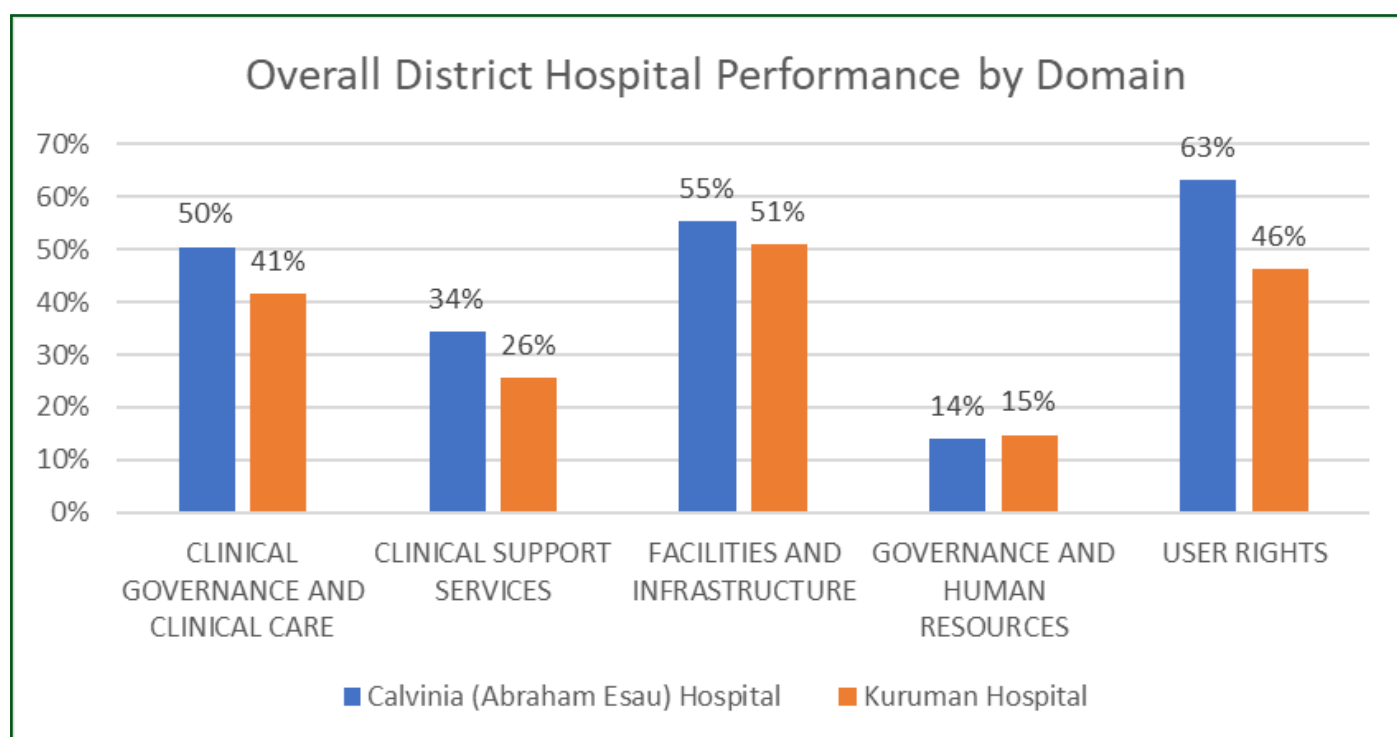


Figure 33: Overall district hospital performance by domain

3.5.1.4 Average measure performance by functional area for district hospitals

Figure 34 below depicts the performance of the two district hospitals in relation to the FAs. Health Technology Services, CEO or Hospital Manager as well as Cleaning Services functional areas performed below 20% whereas Pharmacy and Transport Services performed above 70%.

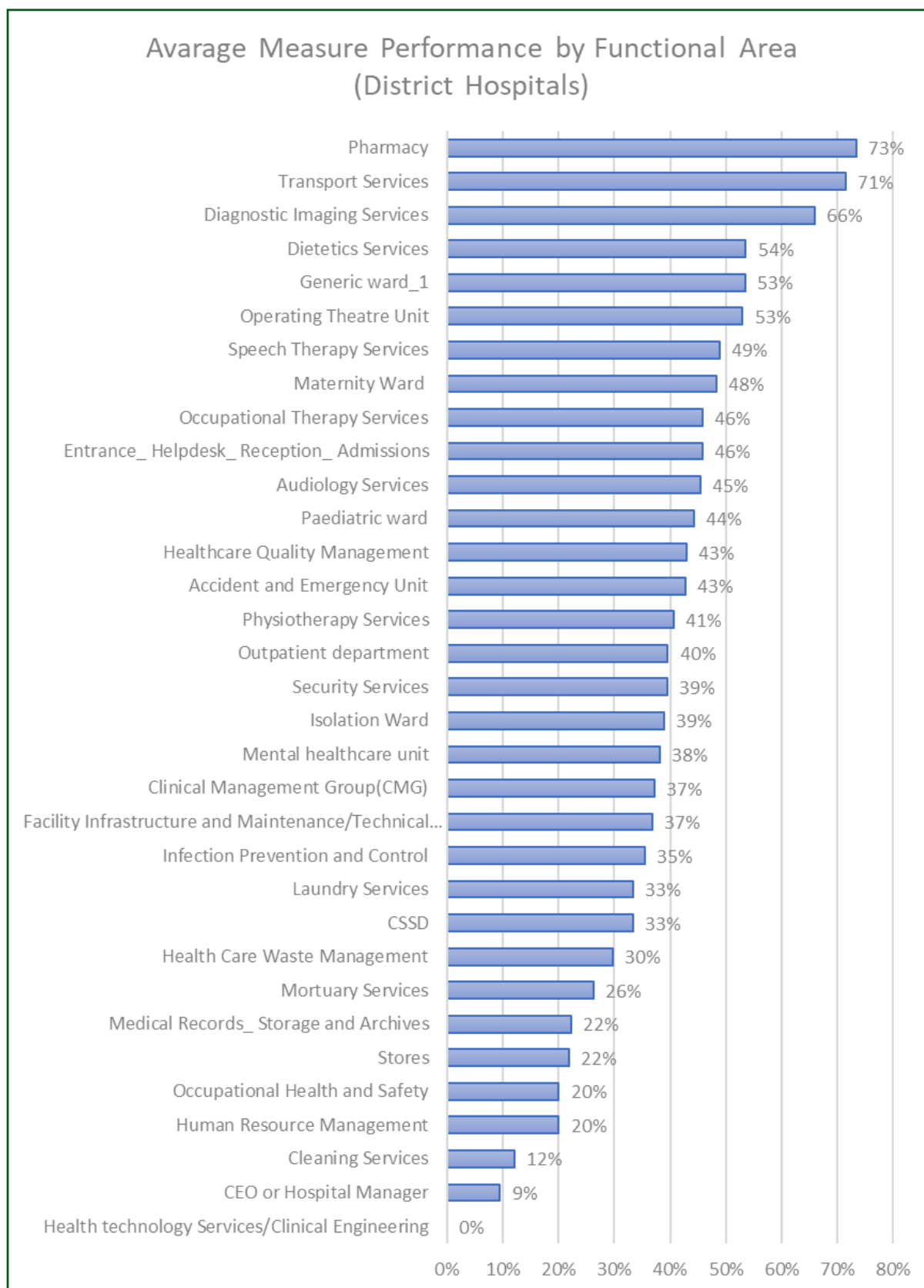


Figure 34: Average Measure Performance by Functional Area (District Hospitals)

3.6 Re-inspections

This section of the report highlights the re-inspection of HEs that were routinely inspected during FY 2019/20. A total of 38 clinics were inspected during the FY 2019/20 routine inspections, with only one (1) achieving a compliance status. Of the 37 non-compliant clinics, 5 were reinspected in FY 2021/22.

3.6.1 Re-inspection outcome

The re-inspection outcome is depicted in Figures 35 and 36 below, none of the 5 re-inspected clinics were found to be compliant. An overall compliance rate of 0% was achieved for the re-inspections conducted in FY 2021/22.

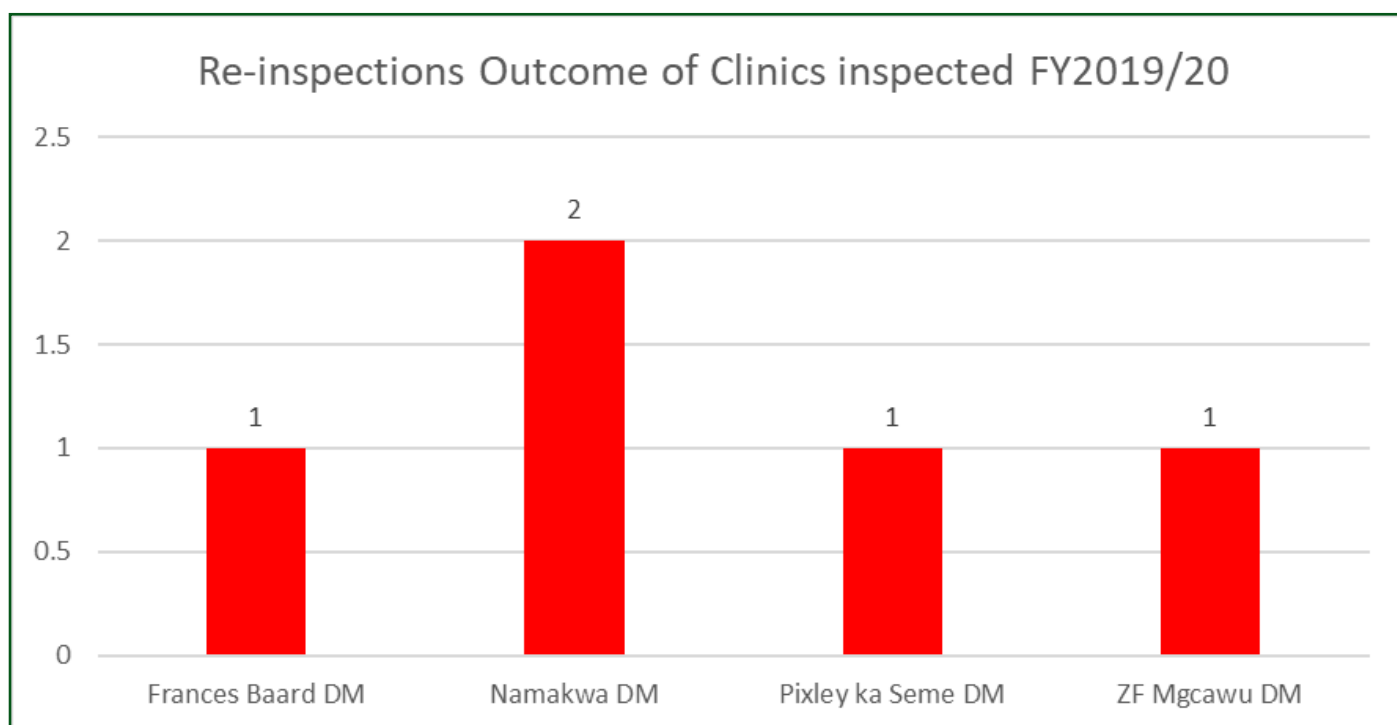


figure 35: re-inspections outcome of clinics inspected fy 2019/20

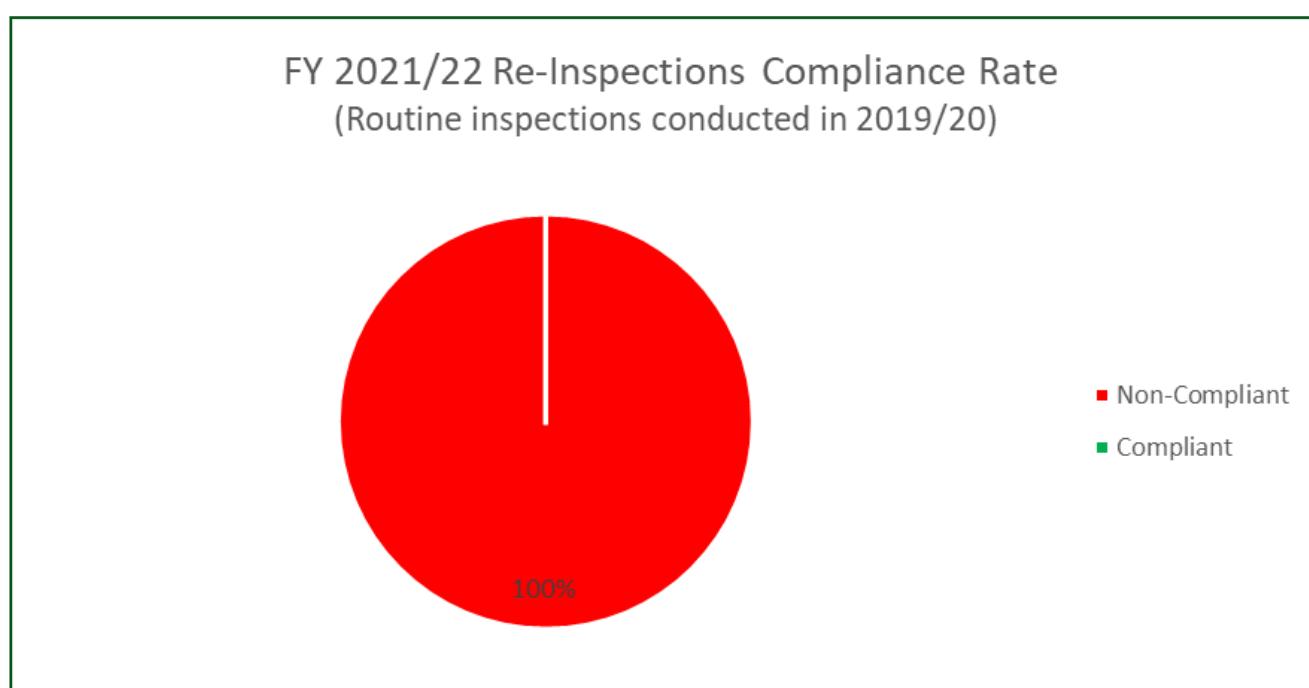


Figure 36: Re-inspection compliance rate of clinics inspected fy 2019/20

3.6.2 Re-inspections compliance rate per district

Table 17 below depicts the re-inspection compliance rate by the district.

Table 17: Re-inspections compliance rate per district

District	Number of re-inspected HEs	Compliant	Non-Compliant	Compliance Rate
Frances Baard DM	1	0	1	0%
Namakwa DM	2	0	2	0%
Pixley ka Seme DM	1	0	1	0%
ZF Mgcawu DM	1	0	1	0%
Total	5	0	5	0%

3.6.3 Re-inspections clinics grading by compliance status

Figure 37 below depicts the grading of Good and Satisfactory for all the re-inspected HEs (non-compliant). None of the HEs were graded Excellent and Unsatisfactory.

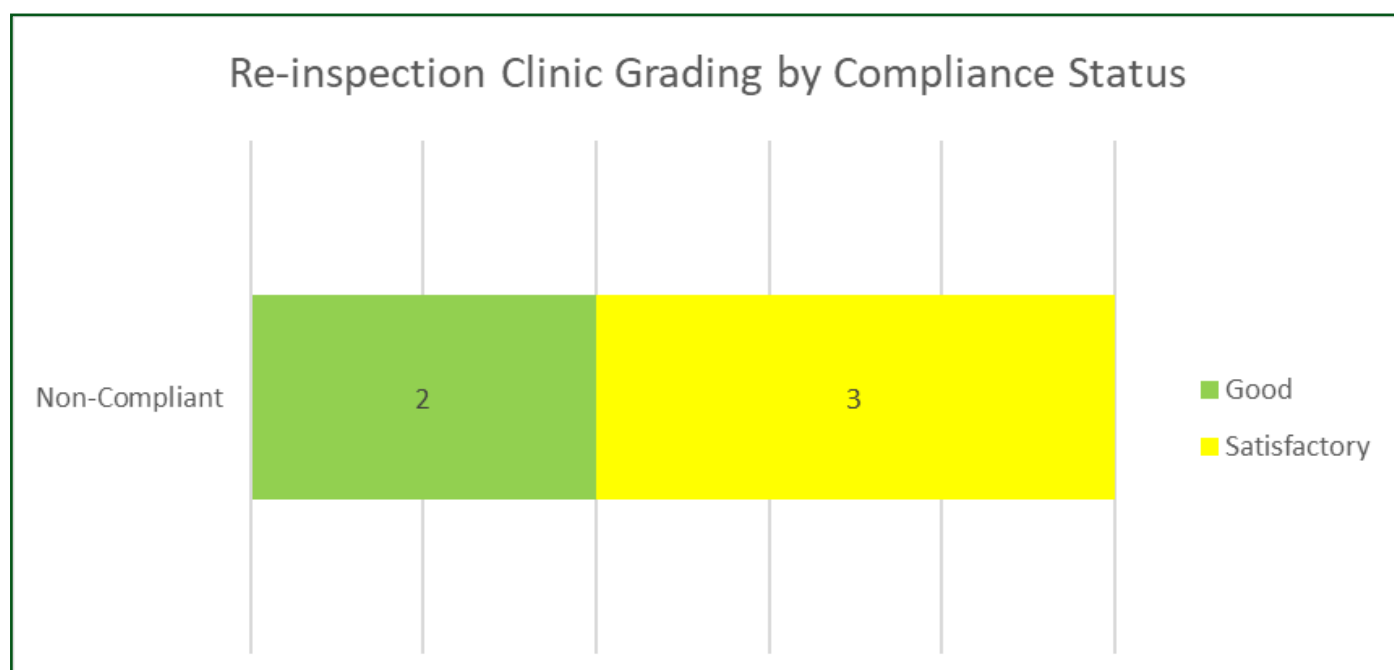


Figure 37: Re-inspection clinic grading by compliance status

3.6.4 Overall performance on non-negotiable measures

The emergency trolley measure had the lowest performance, achieving a compliance rate of 0% while the other two non-negotiable measures had a 100% compliance rate as depicted in Table 18 below. This may be considered a poor performance given that a less than 100% performance on NNMs has a direct implication on the overall compliance status of a health establishment.

Table18: Overall performance on Non-Negotiable Measures

Measure Name	Number of Applicable Measures	Sum of Scores	Compliance Rate
An oxygen cylinder with pressure gauge is available.	5	5	100%
CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	5	0	0%
The oxygen available in the cylinder is above the minimum level.	5	5	100%

3.6.5 Overall HE grading on vital and essential measures

Figure 38 below depicts the grading of both the vital and essential measures performance for the re-inspected clinics.

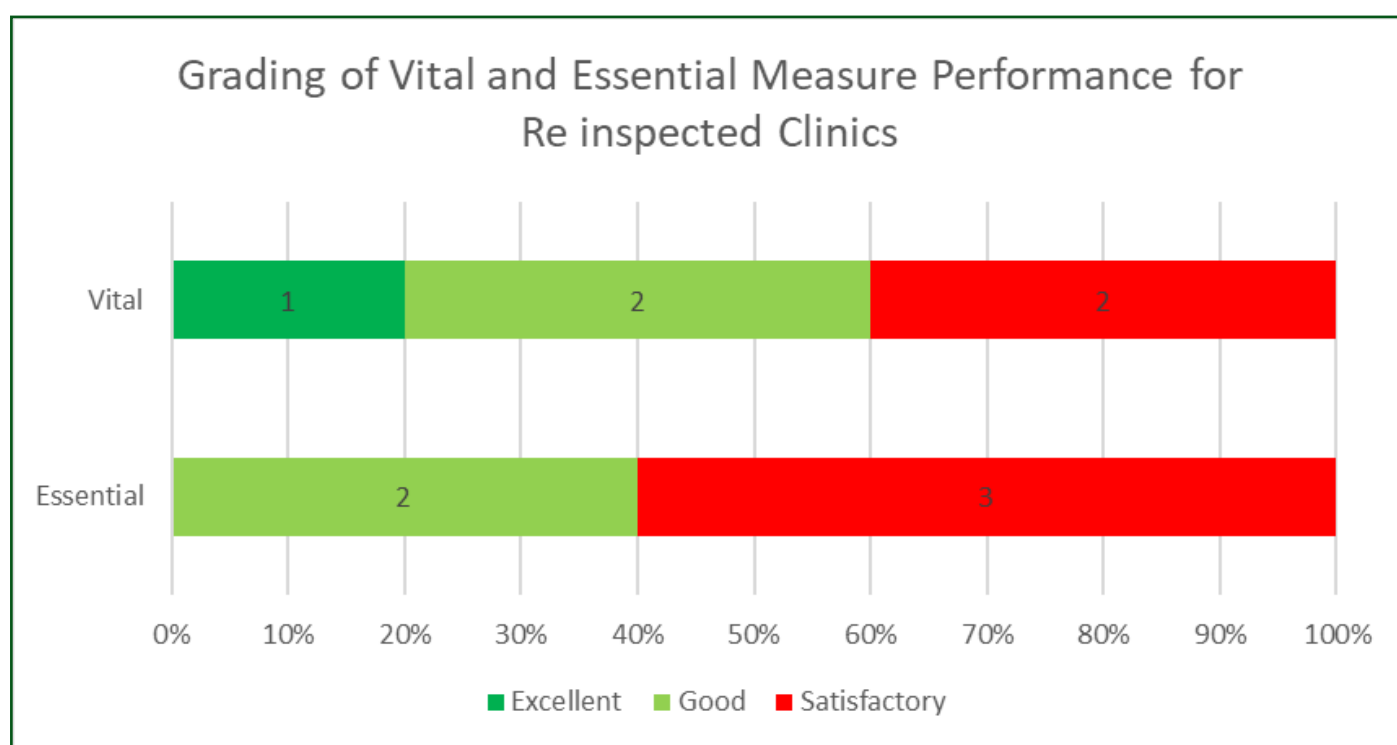


Figure 38: Grading of vital and essential measure performance (re-inspected clinics)

3.6.6 Re-inspections summary

Of note is that not all non-compliant HEs for the FY 2019/20 were re-inspected in the period under review. None of the five re-inspected HEs was found to be compliant. The analysis revealed that compliance with NNMs remains a challenge for most clinics. The emergency trolley measure contributed to the clinics achieving non-compliance status.

A circular graphic composed of concentric rings. The innermost ring is a thick, dark green arc. The next ring out is a lighter green arc. The outermost ring is a thin, light green line. Scattered around these rings are several dark green dots and circles. Some are solid dots, while others are circles with white centers. The text "NORTH-WEST" is centered within the white space of the innermost ring.

NORTH-WEST

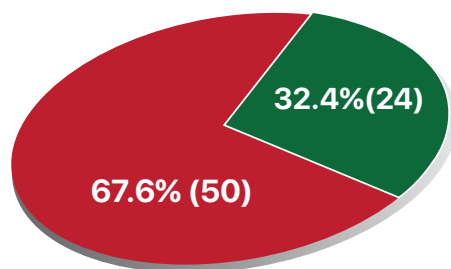
SUMMARY OF NORTH WEST INSPECTION OUTCOMES, FY 2021/22

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

Sampling: : From the 312 HEs, a sample size of 24 health establishments including Primacy Health Clinics (PHC) =21, Community Health Centers (CHCs) =1, hospitals=2 were selected for routine inspection. The selection of health establishments was based on geographic clustering and cost-effectiveness.

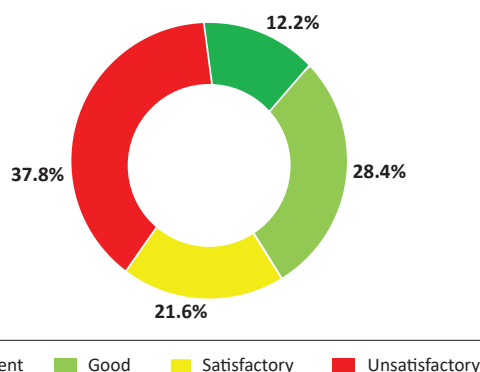
Inspected health establishments by Province: : A total of 74 HEs were inspected against the set target of 24. An additional 18 re-inspections were conducted in the province.

Compliance Status: NW Province



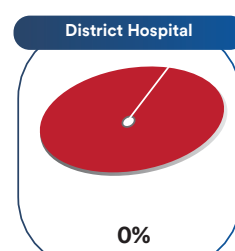
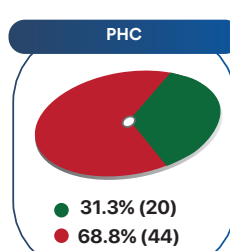
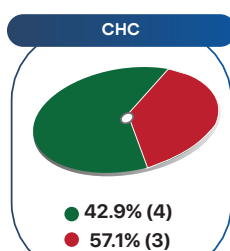
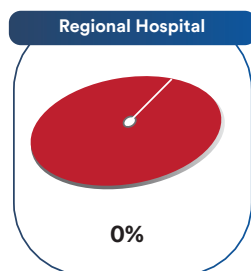
● Compliant ● Non-Compliant

Overall Grading, NW Province



■ Excellent ■ Good ■ Satisfactory ■ Unsatisfactory

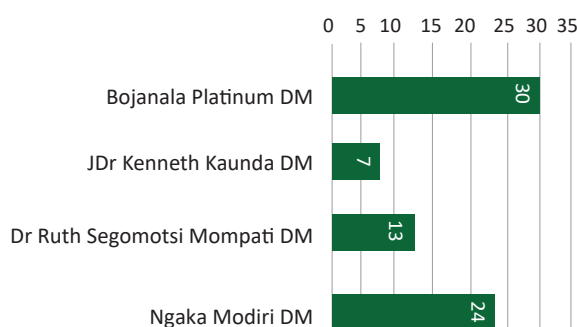
Compliance Rate (%) Per level of care



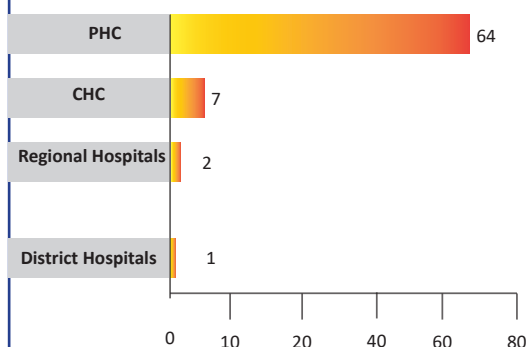
Compliance status by district

	Compliant	Non Compliant
Bojanala Platinum DM	60% (18)	40% (12)
Dr Kenneth Kaunda DM	0%	100% (7)
Dr Ruth Segomotsi Mompoti DM	0%	100% (13)
Ngaka Modiri DM	25% (6)	66.7% (6)

Number of inspected HEs by district



Inspected HE's by type (N=85)



Overall grading by district

	Excellent	Good	Satisfactory	Unsatisfactory
Ngaka Modiri DM	12.5%	20.8%	29.2%	37.5%
Dr Ruth Segomotsi Mompoti DM	—	7.7%	38.5%	53.8%
Dr Kenneth Kaunda DM	—	14.3%	28.6%	57.1%
Bojanala Platinum DM	20%	46.7%	6.7%	26.7%

% ■ Excellent ■ Good ■ Satisfactory ■ Unsatisfactory

1. DISTRIBUTION OF INSPECTED HEALTH ESTABLISHMENTS

1.1 Distribution of public sector health establishments (hes) per province

A total of 312 public sector health establishments for the categories inspected were conducted in the Northwest province for FY 2019/2020 to FY 2021/2022 period. A total of 74 routine inspections were conducted during FY 2021/2022. The target of inspections conducted was 8% of the total public sector HEs in the province. HEs were selected proportionally considering the total number in the province as well as consideration for the number of districts.

Table 1 and 2 below shows the number of HEs for the categories inspected in the province.

Table 1: Total number of HEs for the inspected categories for FY 2019/2020 until 2021/2022.

National	Clinic	Community Health Centre	District Hospital	Regional Hospital	Total
Overall	252	42	13	5	312

Table 2: Distribution of Inspected HEs by Province and Category, F/Y 2021/22

Province	Clinic	CHC	District Hospitals	Regional Hospitals
Northwest	64	7	1	2

Table 3 below shows the cumulative number of HEs inspected from FY 2019/20 till 2021/22. Notably, in FY 2019/20 and FY 2020/21, only clinics were inspected. The table depicts a cumulative compliance rate of 16%.

Table 3: Cumulative Number of Inspected HEs by Category, F/Y 2019/20 - F/Y 2021/22

	FY2019/20			FY2020/21			FY2021/22			Cummulative Number of Hes (FY 2019/20 - FY 2022/23)		
Facility Type	Inspected	Compliant	Compliance Rate(%)	Inspected	Compliant	Compliance Rate(%)	Inspected	Compliant	Compliance Rate(%)	Inspected	Compliant	Compliance Rate(%)
Clinics	62	0	0%	30	04	13%	64	19	29%	156	23	15%
CHCs	0	0		0	0		07	04	57%	07	04	57%
District Hospitals	0	0		0	0		01	0%	0%	01	0	0%
Regional Hospitals	0	0		0	0		02	0%	0%	02	0	0%
Total	62	0	0%	30	04	13%	74	23	31%	166	27	16%

1.2 Provincial compliance status outcome

A total of 74 HEs were inspected during the 2021/22 inspection cycle. Figure 1 below shows the number of inspected HEs during the period under review broken down by categories and compliance status outcome.

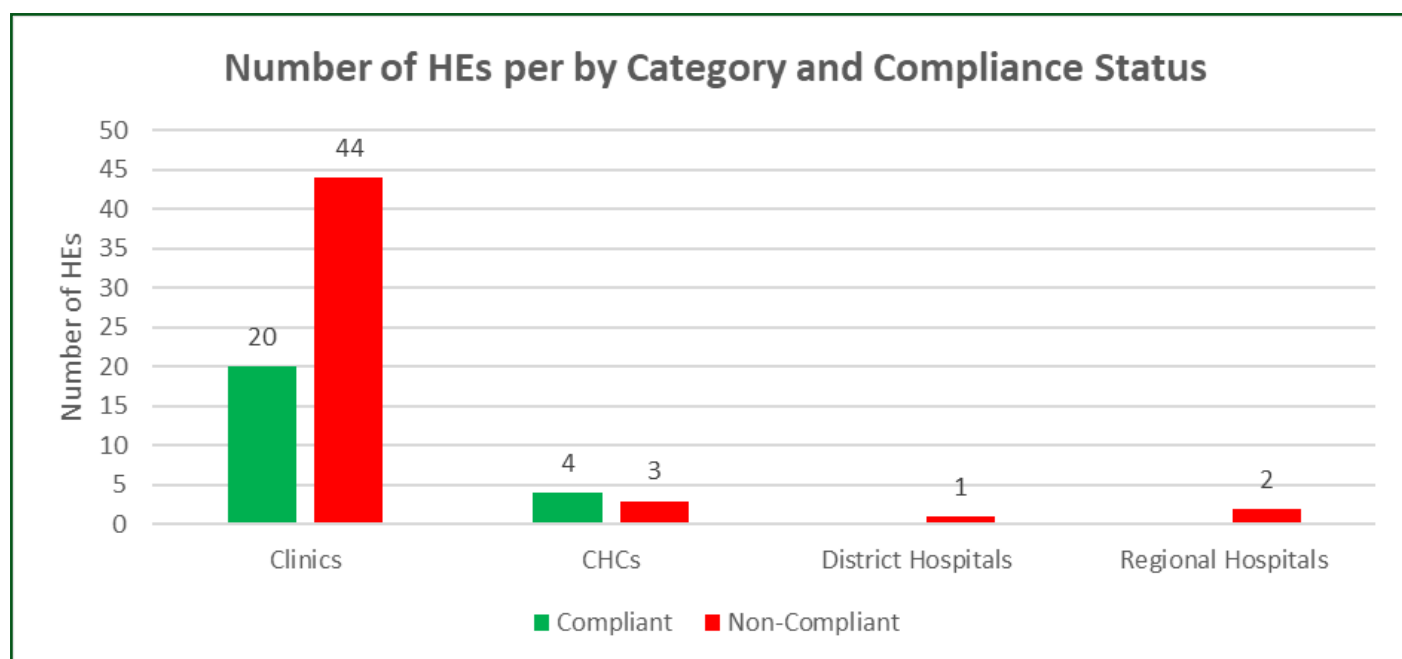
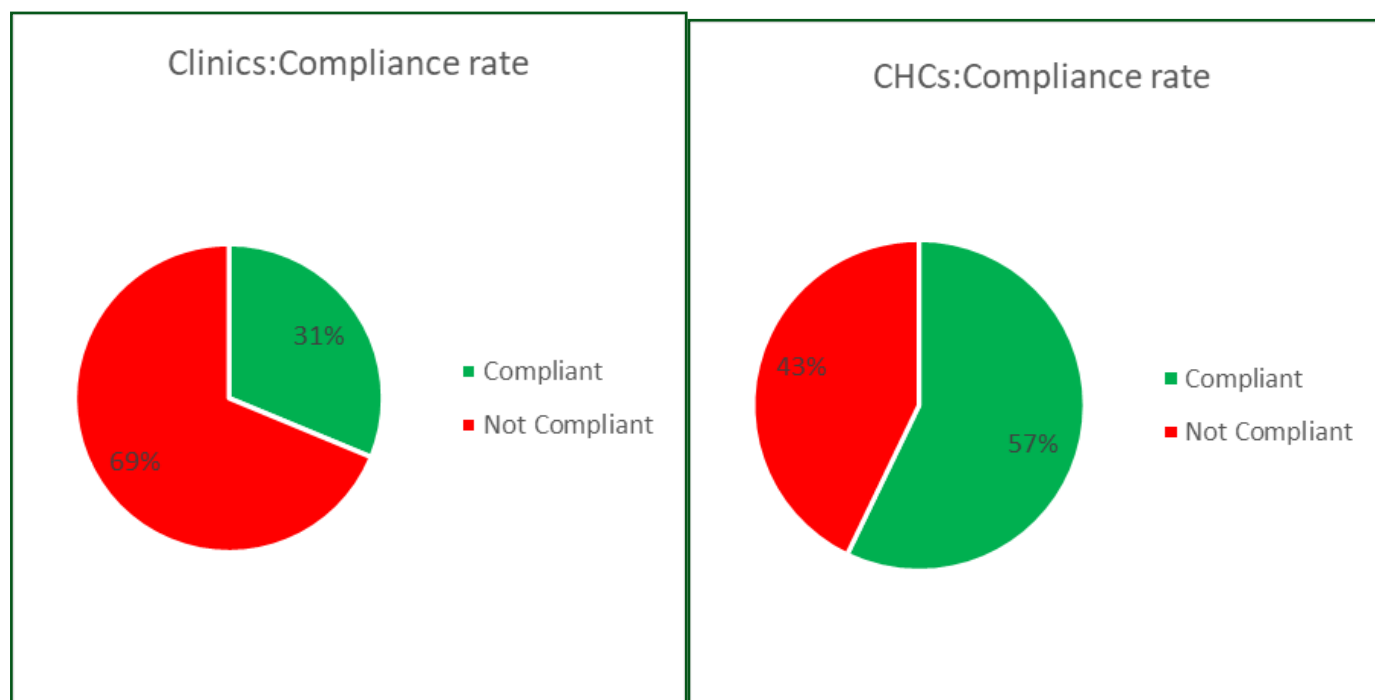


Figure 1: Number of inspected HEs by category and compliance status

The overall compliance rate of inspected HEs according to their categories is shown in Figure 2 below. In terms of compliance performance, the clinics had a compliance rate of 31% and the CHC compliance rate was 57%, while district and regional hospitals had a 0% compliance rate. Subsequent sections in the report aim to identify factors that account for this compliance performance.



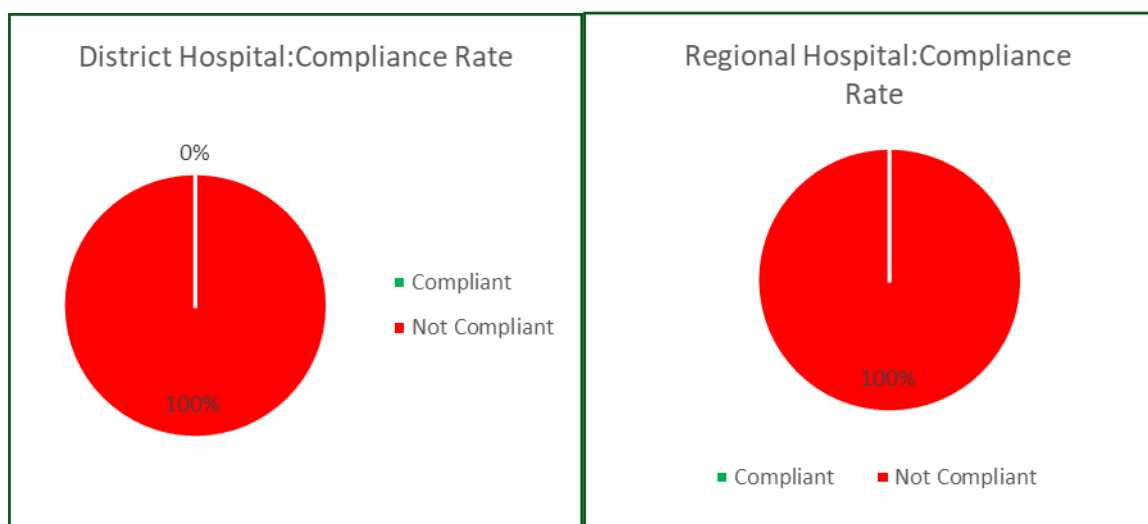


Figure 2: Provincial compliance rate according to categories of health establishments, FY 2021/22

Table 4 below shows the total number of inspected HEs per district, category, and compliance performance.

1.3 Compliance status outcome

Table 4: Compliance Status Outcome by District FY 2021/22

Clinics				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
Bojanala Platinum	25	14	11	56%
Dr Kenneth Kaunda	4	0	4	0%
Dr Ruth Segomotsi Mompoti	11	0	11	0%
Ngaka Modiri Molema	24	6	18	25%
CHCs				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
Bojanala Platinum	4	4	0	100%
Dr Kenneth Kaunda	2	0	2	0%
Dr Ruth Segomotsi Mompoti	1	0	1	0%
District Hospitals				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
Dr Ruth Segomotsi Mompoti	1	0	1	0%
Regional Hospitals				
District	Total No. of Inspected HEs	Compliant	Non-Compliant	Compliance Rate
Bojanala Platinum	1	0	1	0%
Dr Kenneth Kaunda	1	0	1	0%

2. PROVINCIAL GRADINGS FOR HEALTH ESTABLISHMENTS

2.1 Overall grading for all HEs by category FY 2021/22

The overall grading of inspected HEs according to their categories is displayed in Figure 3 below.

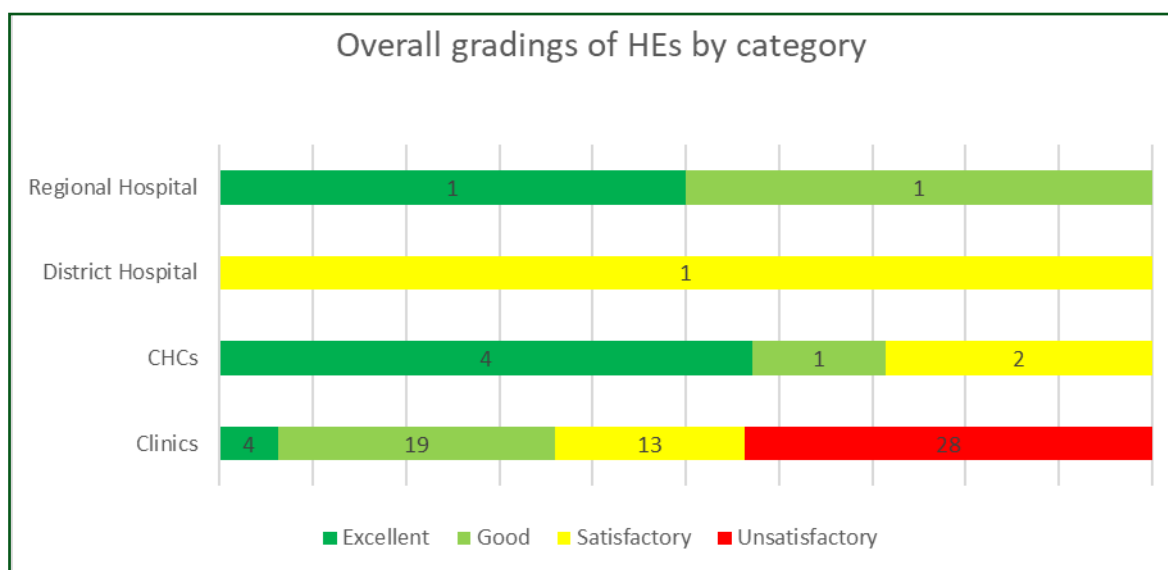


Figure 3: Provincial overall grading by health establishments category

2.2 Overall grading for all HEs by district and category FY 2021/22

Figure 4 below shows the overall grading performance of inspected HE by district and category.

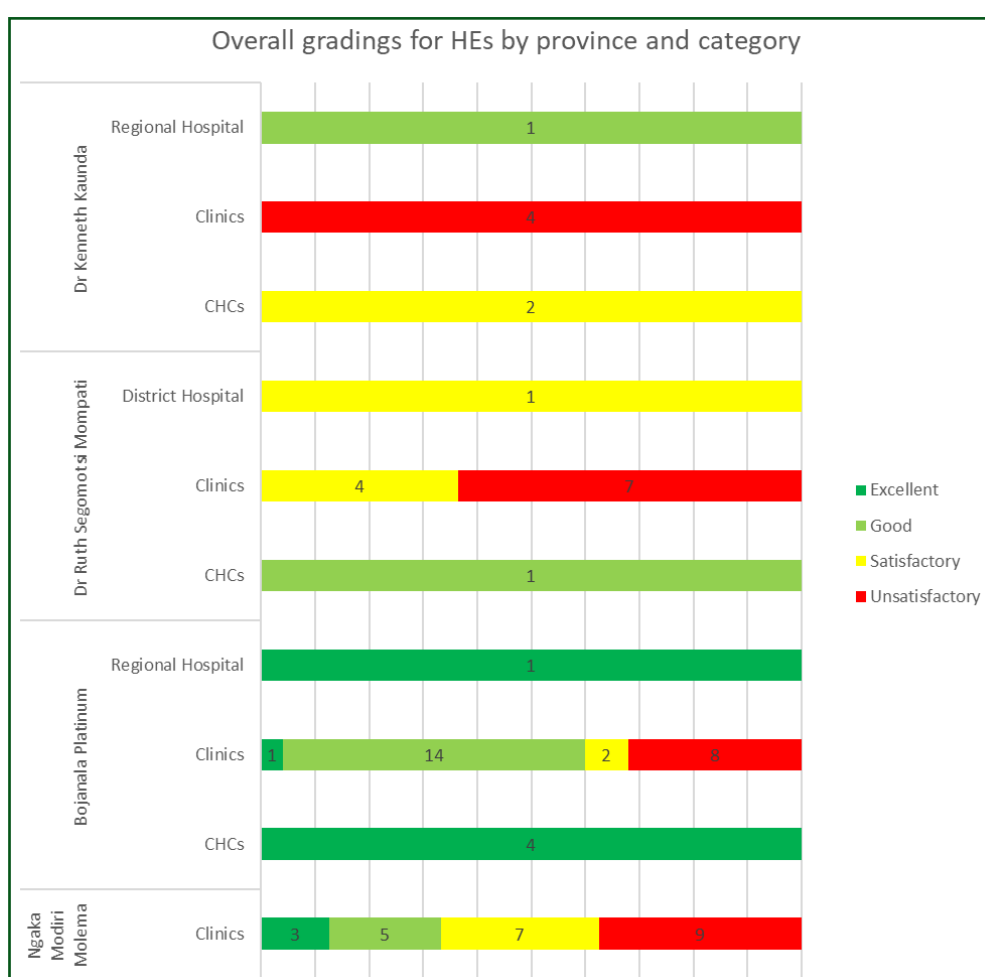


Figure 4: Overall grading for health establishments per district and category

3. PROVINCIAL MEASURE PERFORMANCE FOR HEALTH ESTABLISHMENTS

3.1 Clinics measure performance

This section covers the performance of clinics according to the different measures disaggregated by the risk rating categories.

3.1.1 Measure performance analysis

3.1.1.1 Non-negotiable vitals (NNVs)

Table 5 and 6 below shows the overall compliance performance with respect to non-negotiable measures among the inspected clinics. The emergency trolley measure performed the lowest with 38 % of HEs complying with all the requirements. The other two measures relating to oxygen had an overall compliance of 100%. This finding suggests that the emergency trolley measure contributed significantly to the overall non-compliance rate of clinics during this inspection cycle.

Table 5: Overall Clinic performance on NNVs

Number of inspected clinics	100% Compliant	Less than 100% Compliant
64	24	40

Table 6: Performance analysis according to the three NNVs.

Measures	Total No. of Clinics	Compliant	Non-Compliant	Compliance rate
An oxygen cylinder with a pressure gauge is available.	64	64	0	100%
CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	64	24	40	38%
The oxygen available in the cylinder is above the minimum level.	64	64	0	100%



3.1.1.2 Vital measures

Figure 5 below shows the overall grading performance with respect to vital measures among the inspected clinics. Twenty-six (26) of the 64 inspected clinics were found to be Unsatisfactory whilst 04 were Excellent.

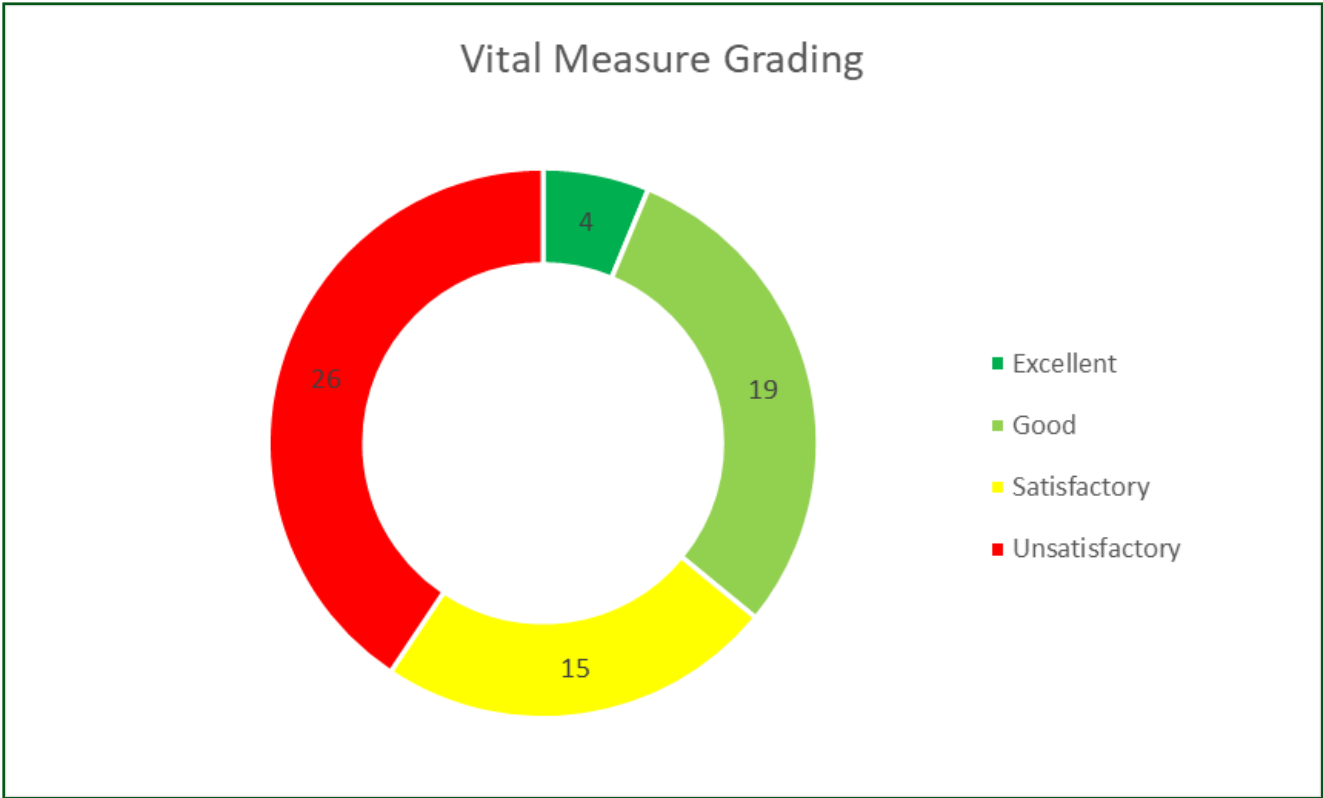


Figure 5: Health establishments grading of vital measures

3.1.1.3 Essential measures

Figure 6 below shows the overall grading performance with respect to essential measures among the inspected clinics. Thirteen (13) of the 64 inspected clinics were found to be Unsatisfactory whilst 29 were Excellent.

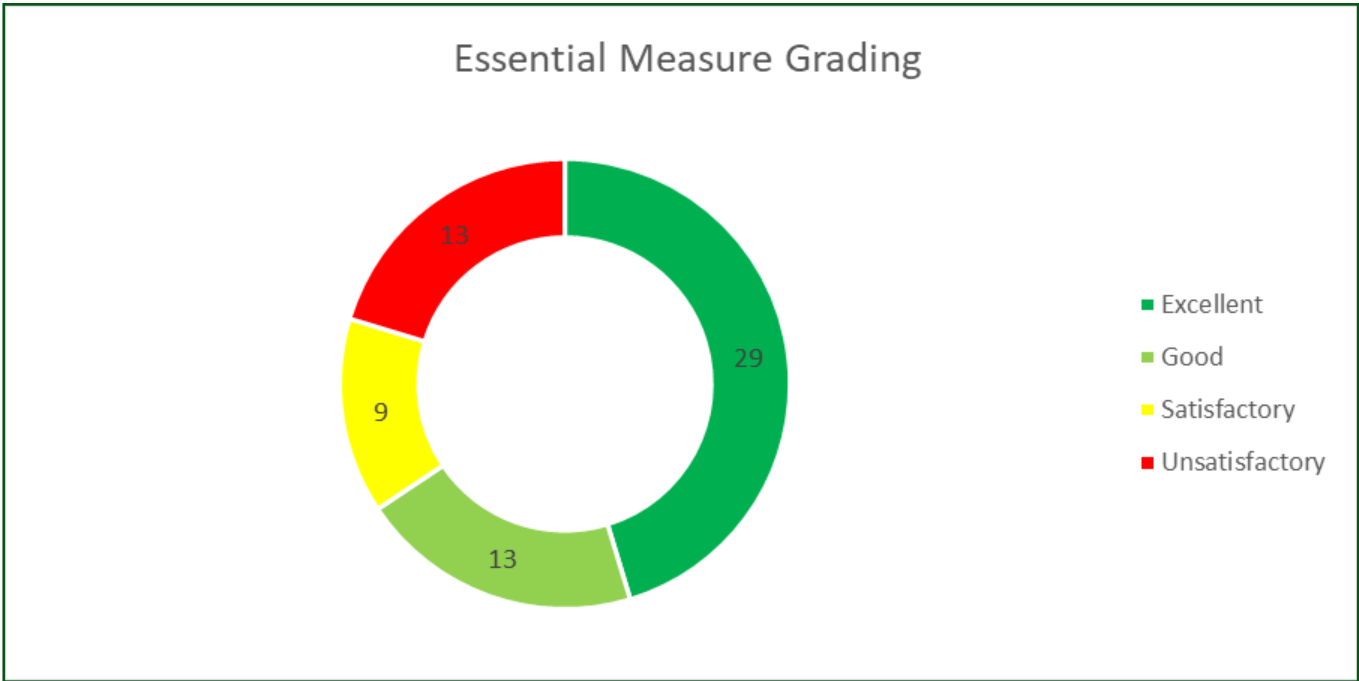


Figure 6: Health establishments grading essential measures

3.1.1.4 Overall measure performance by compliance status

3.1.1.4.1 Non-compliant clinics performance on NNVs by grading

Table 7 below indicates 42 of the 64 clinics inspected were found to be non-compliant of which 28 were graded Unsatisfactory. Two clinics of unsatisfactory grade were compliant with NNM's but did not reach the threshold for overall compliance. The grading distribution of the remaining 22 HEs was either Excellent, Good or Satisfactory, these clinics would have been complied if they reached the threshold of 100% on NNVs. Two Unsatisfactory clinics reached the NNV threshold of 100% but failed to reach acceptable grading.

Table 7: Non-compliant Clinics Performance on NNVs

NNV Compliance	Excellent, Good & Satisfactory	Unsatisfactory
Compliant	20	02
Non-Compliant	14	26
Total	24	28

3.1.1.4.2 Clinics' overall measure performance by functional area

FAs in this context are defined as the areas/units of the HEs where inspections are conducted. In the PHC (clinic) inspection tool, there are 4 FAs (FAs) namely: Clinic Manager, Clinical Services, Dispensary/Medicine Cupboard, and Maintenance Support. The four FAs are further discussed in the following sections.

Annexures A3 and A4 detail the performance of measures (vital and essential) in these FAs organised in ascending order for ease of identifying the worst performing measures.

3.1.1.4.3 Clinic manager

The Clinic Manager relates to the aspects and requirements that are the responsibility of the facility manager or operational manager at the clinic level and is assessed on measures related to leadership and governance of the HE. Figure 7 below, shows aggregate performance in the Clinic Manager Faper district.

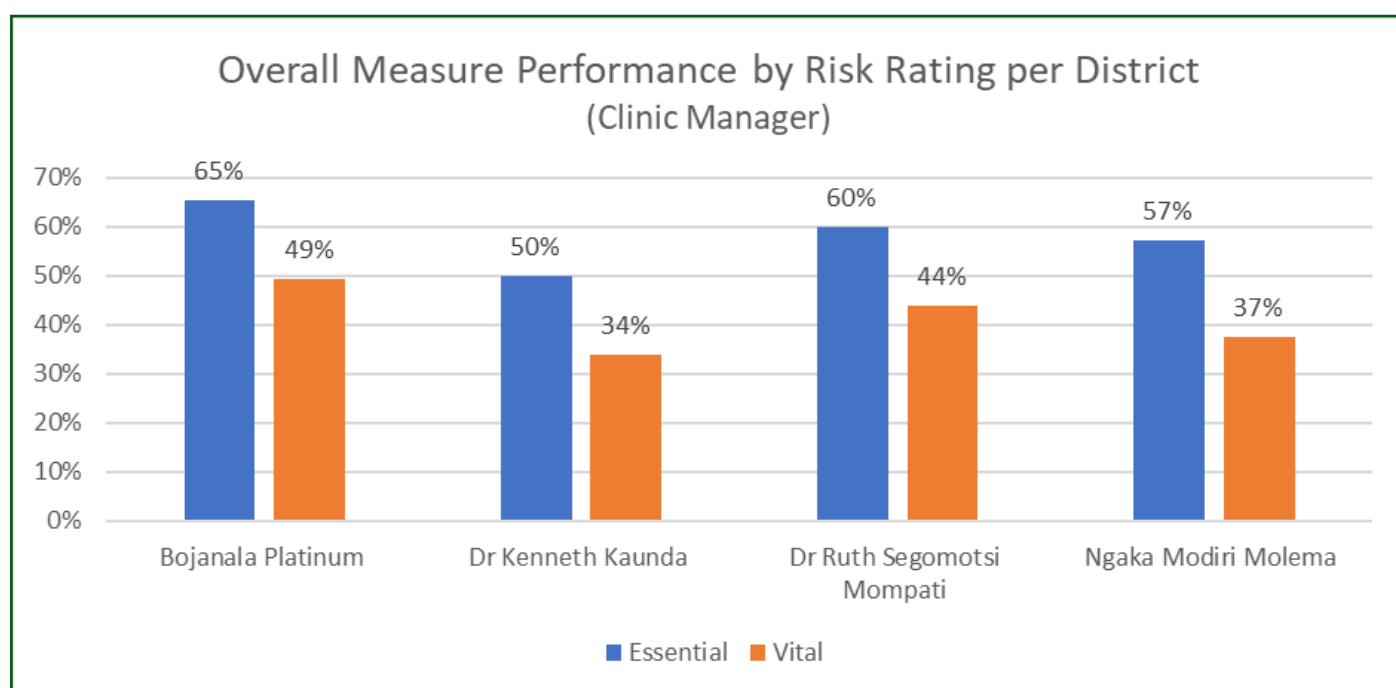


Figure 7: Overall risk rating measure performance by district (clinic manager)

3.1.1.4.4 Clinical services

Clinical Services FA is concerned with aspects of quality clinical service delivery and is assessed for the way clinical services are organised and delivered to ensure that users receive the care that they need, in line with the best available evidence, and in the most efficient way. Measure performance in this FA is shown in Figure 8 below.

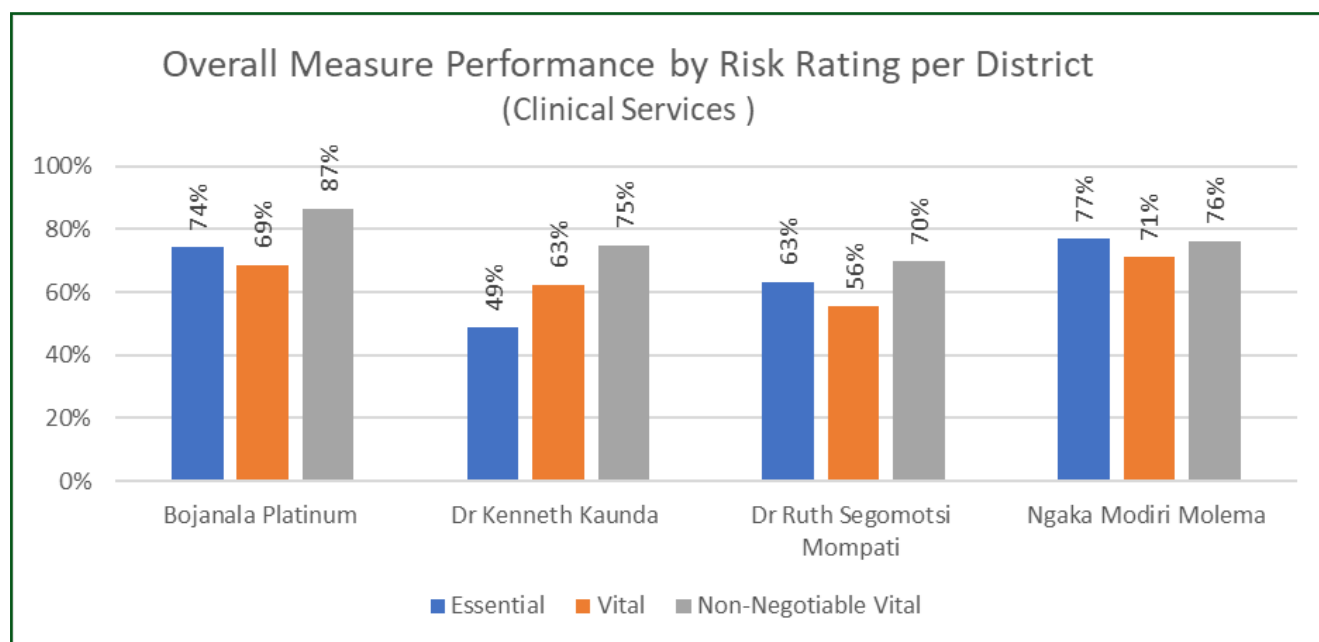


Figure 8: Overall risk rating measure performance by district (clinical services)

3.1.1.4.5 Dispensary/medicine cupboard

Dispensary/Medicine cupboard FA is primarily concerned with aspects of medicine availability and pharmaceutical products management and is assessed for the effectiveness and efficiency in the management of medicines as an essential part of access to quality at the clinic level. Figure 9 below shows the performance by district and risk rating.

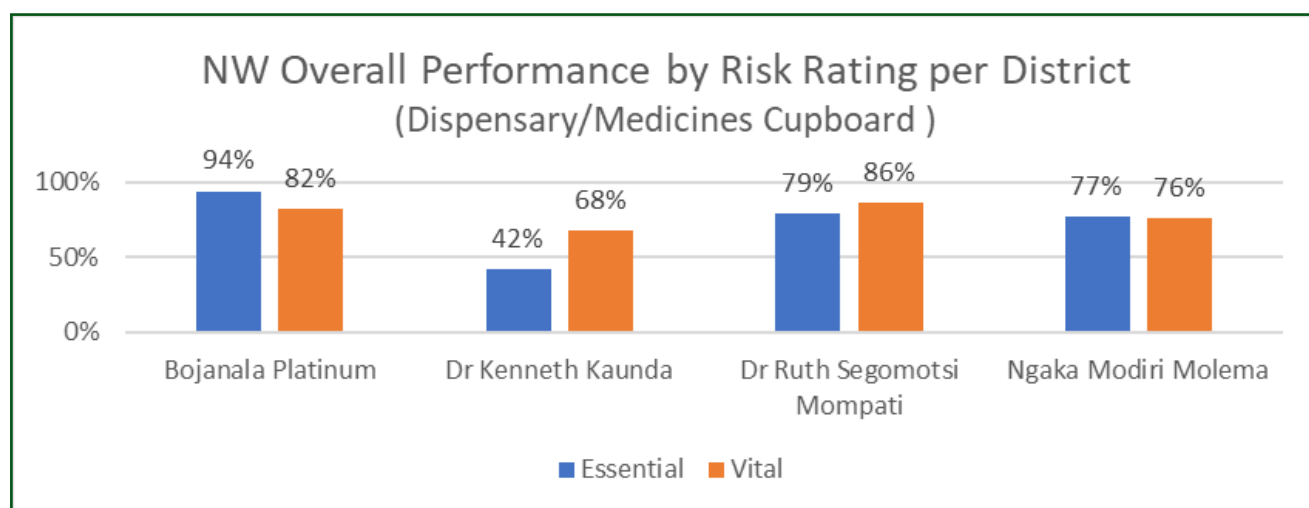


Figure 9: Overall risk rating measure performance district (dispensary/medicine cupboard)

3.1.1.4.6 Maintenance support

Maintenance Support FA is primarily concerned with aspects of health infrastructure and maintenance such as buildings, electricity backup supply equipment, and sewage systems. Figure 10 below shows varied performance in the Maintenance Support FA across the 10 districts.

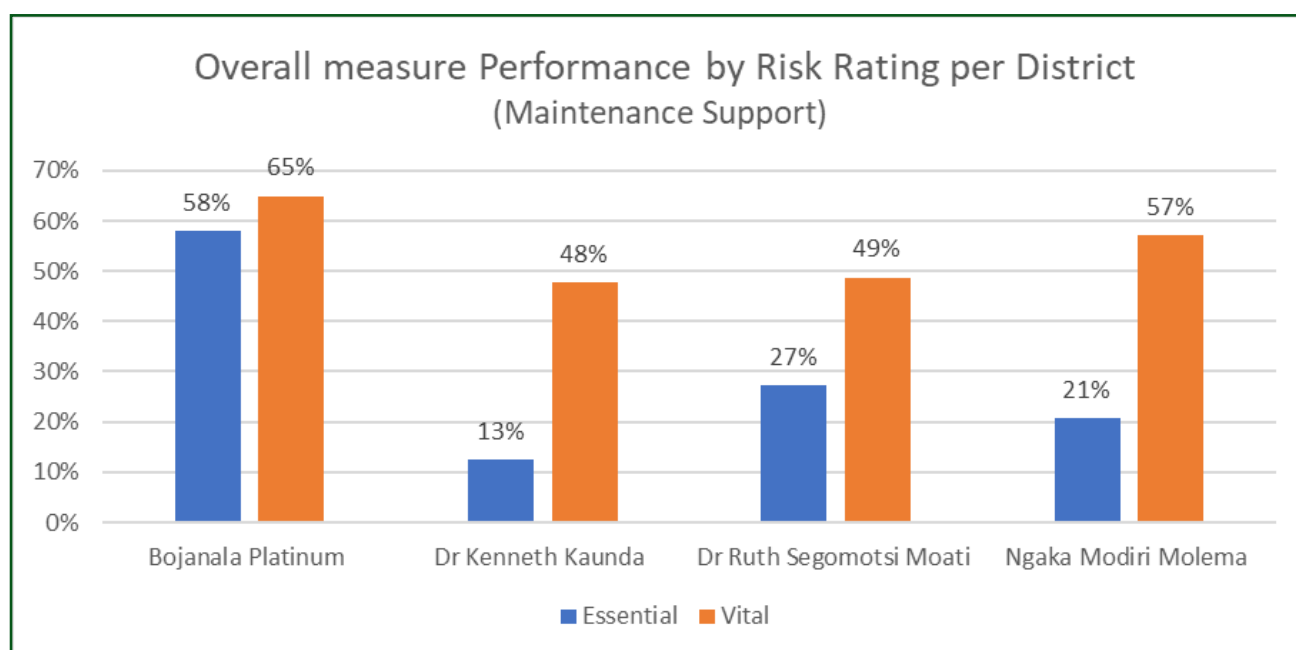


Figure 10: Overall risk rating measure performance by district (maintenance support)

3.1.1.4.7 Clinics performance on domains

Aggregate performance outcomes on domains at the national level are indicated in Figure 11 below. Domains included in the Norms and Standards Regulations for the different categories of HEs 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 User Rights followed closely by Clinical Support Services while the lowest-performing domain is Governance and Human Resources. Governance and human resources are critical health system inputs that impact service delivery including the ability to provide quality and safe healthcare. The commonly non-compliant measures included the unavailability of functional clinic committees, non-adherence to the performance management systems and ineffective management of occupational health and safety systems among others.

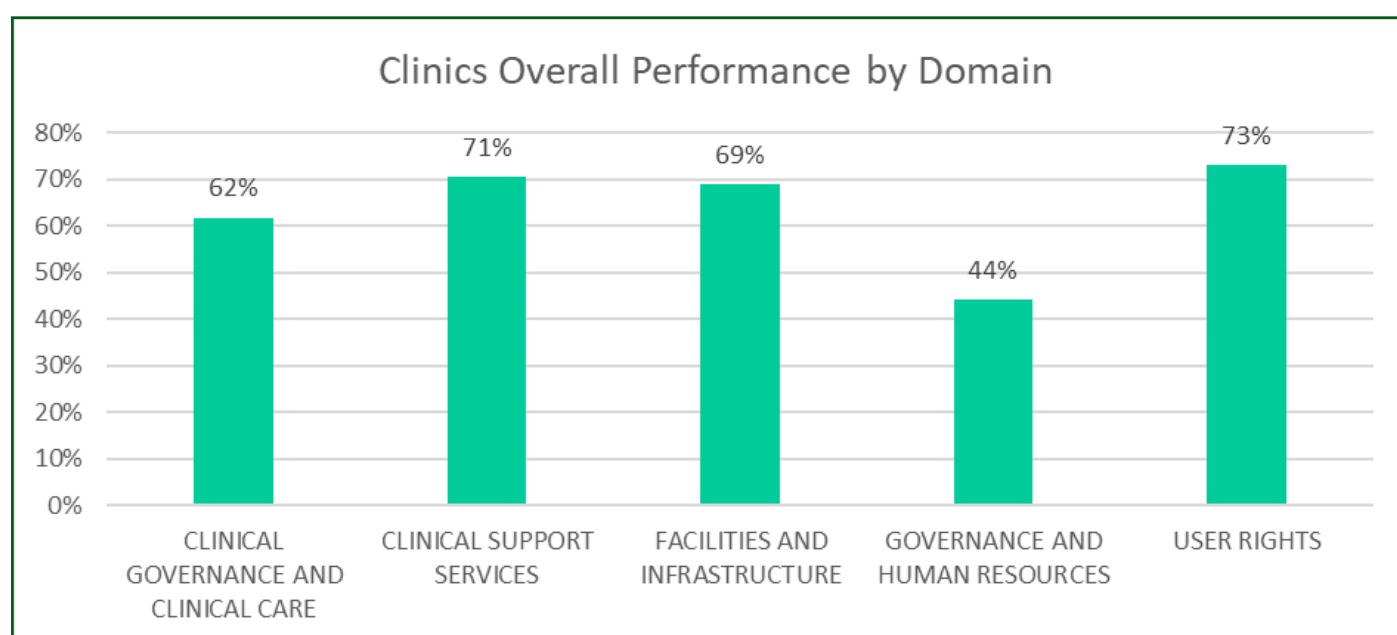


Figure 11: Clinic Overall Measure Performance per Domain

3.1.1.4.8 Clinics overall measure performance by domain per district

Disaggregated performance outcome on domains per province is shown in Figure 12.

NW					
District	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES	USER RIGHTS
Bojanala Platinum	65%	77%	74%	49%	79%
Dr Kenneth Kaunda	53%	53%	54%	14%	66%
Dr Ruth Segomotsi Mompati	56%	63%	65%	43%	71%
Ngaka Modiri Molema	62%	70%	68%	45%	69%

Figure 12: Measure performance by domain per district

3.1.1.4.9 Overall performance of measures according to standards and domains

Figures 13 to 17 below show average performance on measures at the level of standards per domain across all inspected clinics. The information in the five (5) Figures identifies specific areas that need improvement to assist the HEs in meeting the requirements for compliance with norms and standards regulations and achieving certification by the OHSC. The standard performance is calculated as the average score of measures within that standard.

3.1.1.4.10 User rights

Standard Name	Standard Performance
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	74%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	79%
The health establishment must maintain a system of referral as established by the responsible authority.	69%
The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	65%

Figure 13: Performance on standards across all Clinics (User Rights)

3.1.1.4.11 Clinical governance and clinical care domain

Standard Name	Standard Performance
The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	19%
The health establishment must ensure that health records of health care users are protected managed and kept confidential in line with section 14 15 and 17 of the Act.	67%
The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.	68%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	60%
The health establishment must have a formal process to be followed when obtaining informed consent from the user.	63%
The health establishment must have a system to monitor and report all adverse events.	74%
The health establishment must maintain an environment which minimises the risk of disease outbreaks the transmission of infection to users health care personnel and visitors.	69%

Figure 14: Performance on Standards across all Clinics (Clinical Governance and Clinical Care)

3.1.1.4.12 Clinical support service

Standard Name	Standard Performance
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	67%
The health establishment must comply with the provisions of the Pharmacy Act 1974 and the Medicines and Related Substances Act 1965.	73%

Figure 15: Performance on standards across all Clinics (Clinical Support Services)

3.1.1.4.13 Facilities and infrastructure

Standard Name	Standard Performance
The health establishment and their grounds must meet the requirements of the building regulations.	66%
The health establishment must ensure that engineering services are in place.	60%
The health establishment must have systems to protect users health care personnel and property from security threats and risks.	79%

Figure 16: Performance on standards across all Clinics (Facilities and Infrastructure)

3.1.1.4.14 Governance and human resource

Standard Name	Standard Performance
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	64%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	22%
The health establishment must have a functional governance structure with written Terms of Reference.	16%

Figure 17: Performance on standards across all Clinics (Governance and Human Resources)

3.2 Community health centres

This section covers the performance of inspected Community Health Centres (CHCs) according to the different measures disaggregated by the risk rating categories.

3.2.1 Overall measure performance analysis

3.2.1.1 Non-negotiable measures

A total of 7 CHCs were inspected. Of these, four (4) were able to achieve a 100% on all the NNMs requirements and attained a compliance status. Table 8 below shows the overall grading performance with respect to non-negotiable measures (NNMs) amongst the inspected CHCs. The NNMs' performance is further discussed per relevant FAs such as the Midwife Obstetric Unit (MOU), Emergency Unit and Clinical Services.

Table 8: Overall CHC performance on NNMs

Number of Inspected CHCs	NNM 100% Compliant	NNM Non-Compliant (< 100%)
7	4	3

3.2.1.2 CHC performance on NNMs (MOU, emergency unit and clinical services)

Tables 9, 10 and 11 below show the scores for Non-negotiable measures in the three FAs, namely MOU, emergency unit and clinical services. Due to the size and proximity between FAs at the CHCs, the emergency trolley may have been centralised and accessible for all other clinical FAs, hence the variation in the number of applicable measures.

Table 9: MOU performance on NNMs

Measure Name	Number of Applicable Measures	Compliant measures	Compliance Rate
An oxygen cylinder with a pressure gauge is available.	7	7	100%
CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	7	5	71%
The oxygen available in the cylinder is above the minimum level.	7	7	100%

Table 10: CHC performance on NNMs (Emergency Unit)

Measure Name	Number of Applicable Measures	Compliant measures	Compliance Rate
An oxygen cylinder with pressure gauge is available in the resuscitation or emergency room.	7	7	100%
CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicines and equipment listed below.	7	4	57%
The oxygen available in the cylinder is above the minimum level.	7	7	100%

Table 11: CHC performance on NNMs (Clinical Services)

Measure Name	Number of Applicable Measures	Compliant measures	Compliance Rate
An oxygen cylinder with a pressure gauge is available.	3	3	100%
CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	1	0	0%
The oxygen available in the cylinder is above the minimum level.	3	3	100%



3.2.1.3 Overall CHC performance on vital measures

Figure 18 below shows the overall grading performance with respect to vital measures among the inspected CHCs. Of all 7 inspected CHCs, 4 were graded Excellent, one good and two were satisfactory.

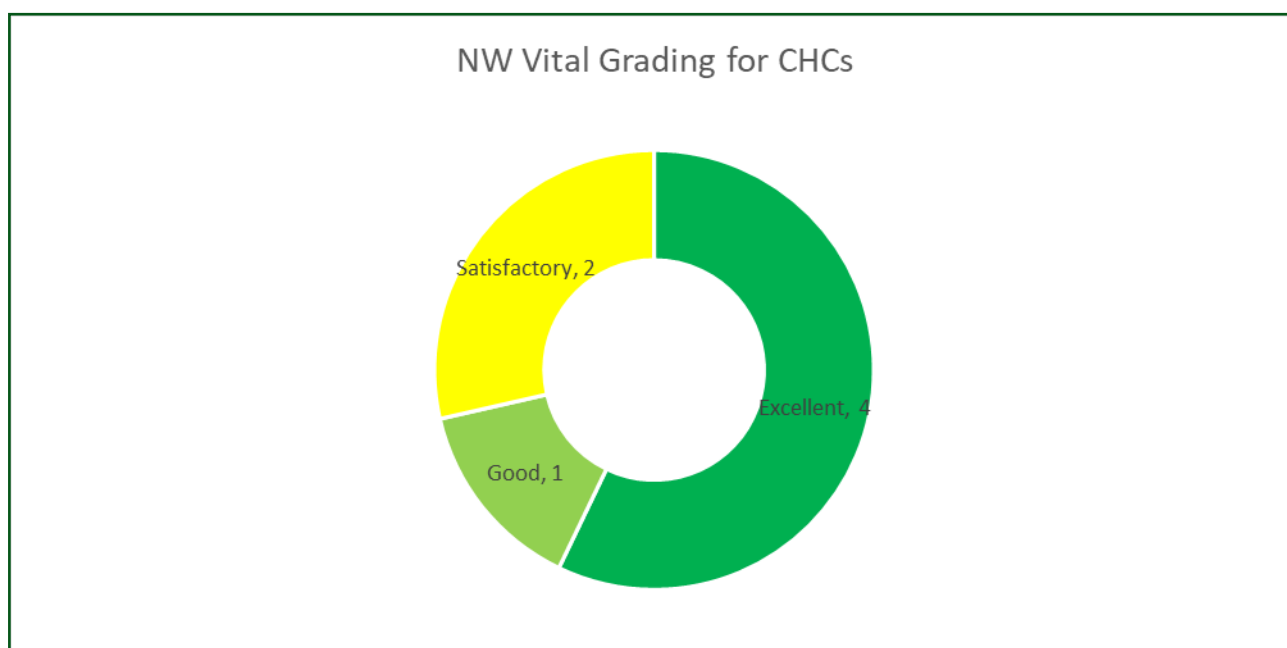


Figure 18: Health establishments grading of vital measures

3.2.1.4 Overall CHC performance on essential measures

Five (5) CHCs were graded Excellent, while remaining two were graded Good and Satisfactory as depicted in Figure 19.

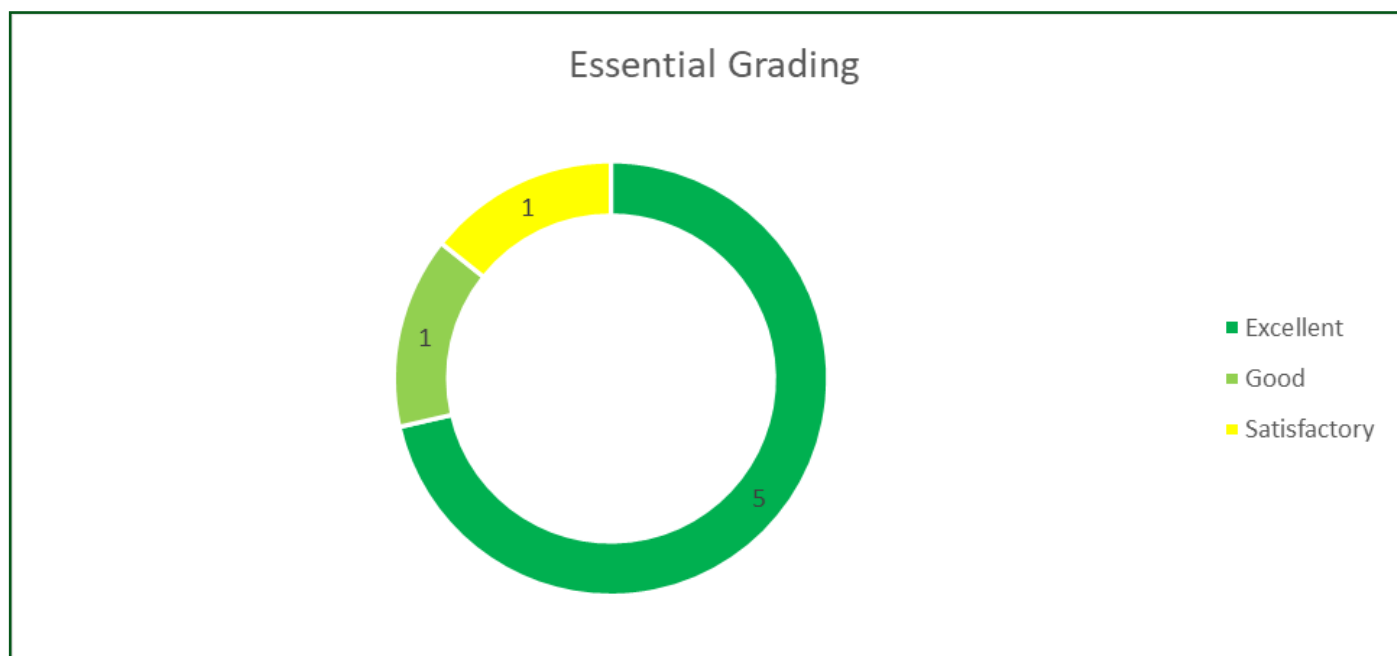


Figure 19: Health establishments grading of essential measures

3.2.1.5 Non-compliant chcs performance on NNMs by grading

Table 12 depicts the total of seven (07) CHCs, of which three were non-compliant with NNM's which were graded good (01) and two (02) were graded Satisfactory. Four CHCs which were compliant with NNMs were graded Excellent.

Table 12: Non-Compliant CHCs performance on NNVs by grading

NNM Compliance	Excellent Good Satisfactory	Unsatisfactory
Compliant (100%)	04	0
Non-Compliant (Less than 100%)	03	0

3.2.1.6 CHCs overall measure performance by functional area

3.2.1.6.1 CHCs manager

The CHC Manager FA relates to the aspects and requirements that are the responsibility of the facility manager and is assessed for issues related to leadership and governance of the HE. Figure 20 below shows the aggregated performance in the CHC Manager FA per district.

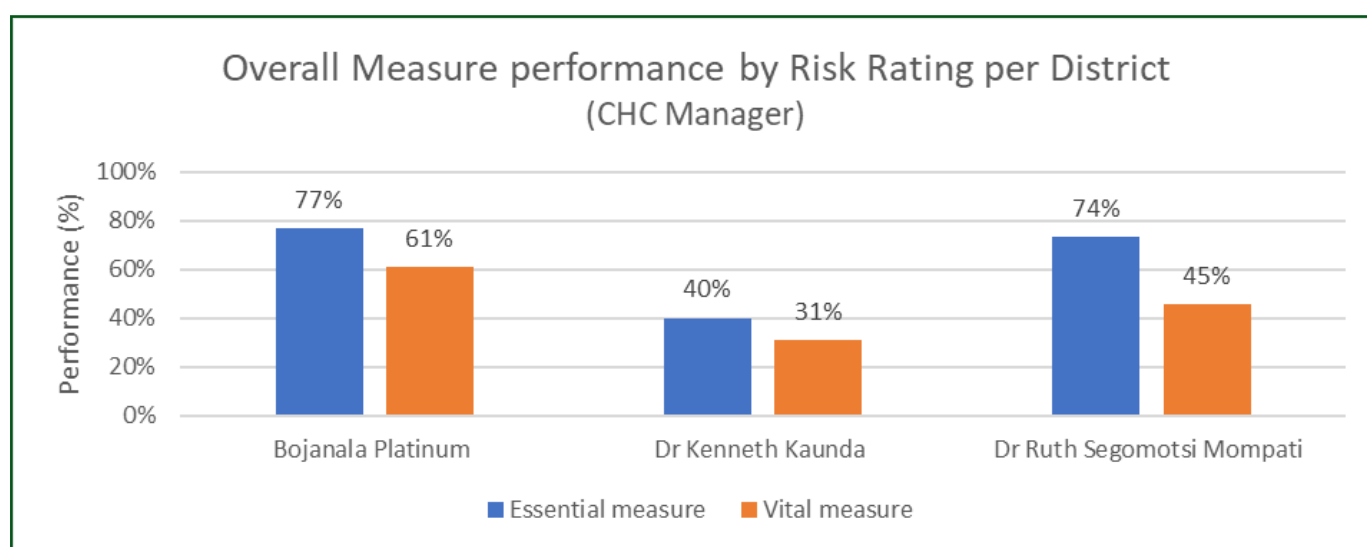


Figure 20: Overall measure performance by risk rating per district (chc manager)

3.2.1.6.2 CHC clinical services performance

Figure 21 below indicates the aggregated performance in the Clinical Services FA with a variation on performance among vital and essential measures in all districts.

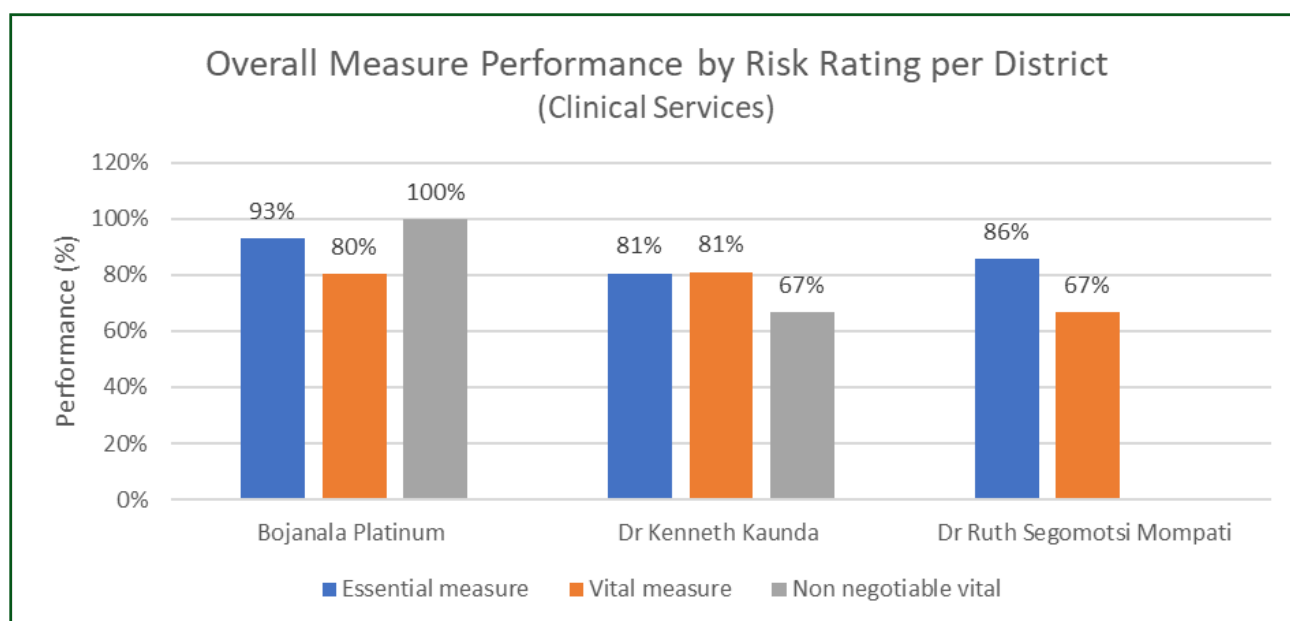


Figure 21: Overall measure performance by risk rating per district (clinical services)

3.2.1.6.3 CHC emergency unit performance

The inspected HEs in this FA with variation in performance with variation in scores across the districts as shown in Figure 22.

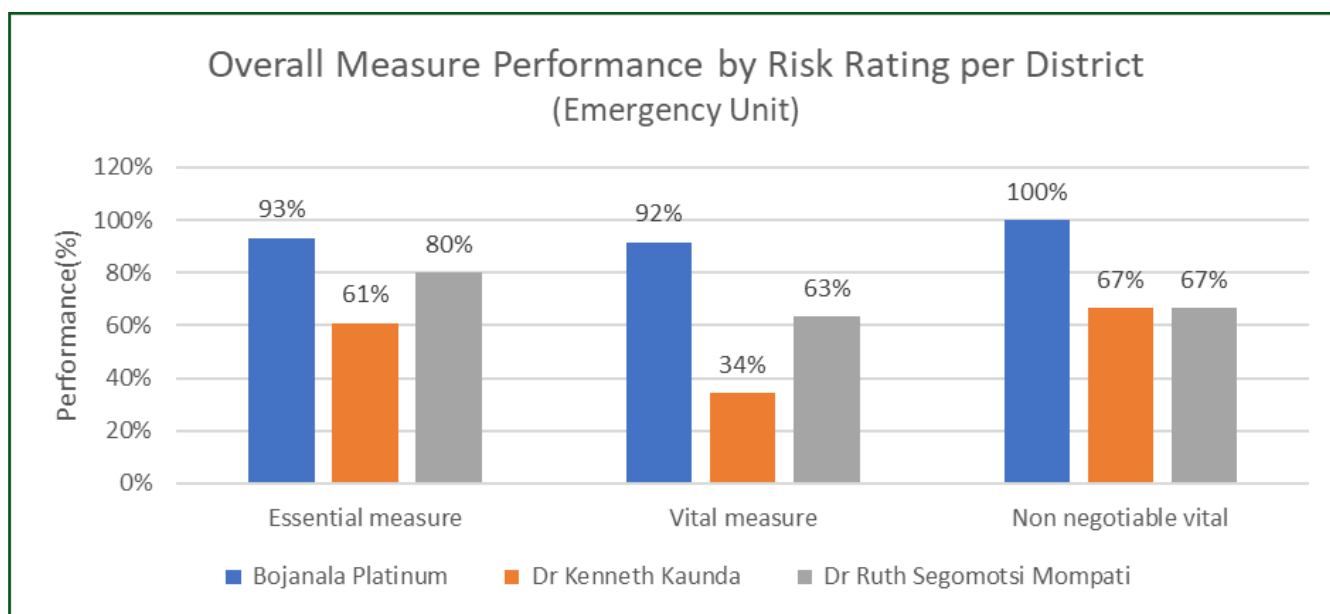


Figure 22: Overall measure performance by risk rating per district (emergency unit)

3.2.1.6.4 CHCs midwife obstetrics unit performance

Figure 23 below shows the inspected HEs in this FA with variation in performance across the districts

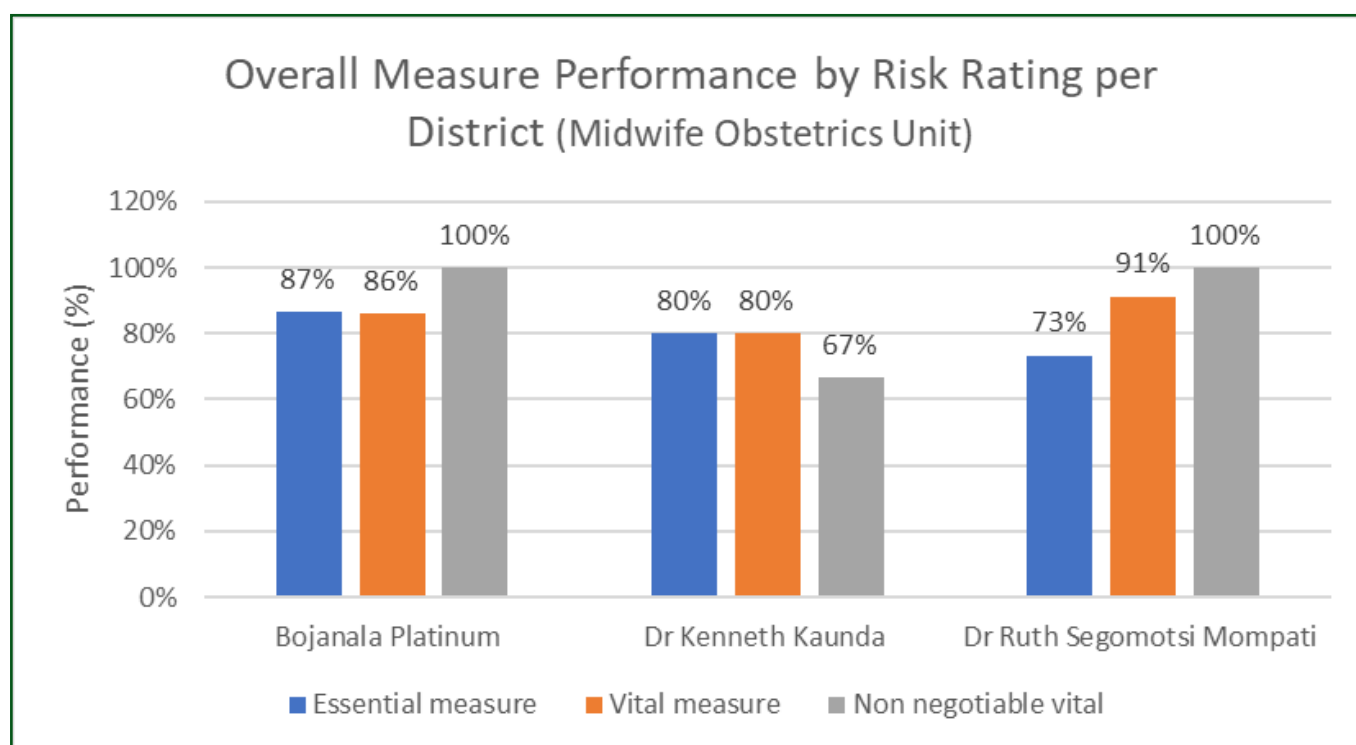


Figure 23: Overall measure performance by risk rating per district. (midwife obstetrics unit)

3.2.1.6.5 CHC pharmacy/dispensary performance

FA below shows the inspected HEs in this FA with variation in performance across the districts as shown in Figure 24

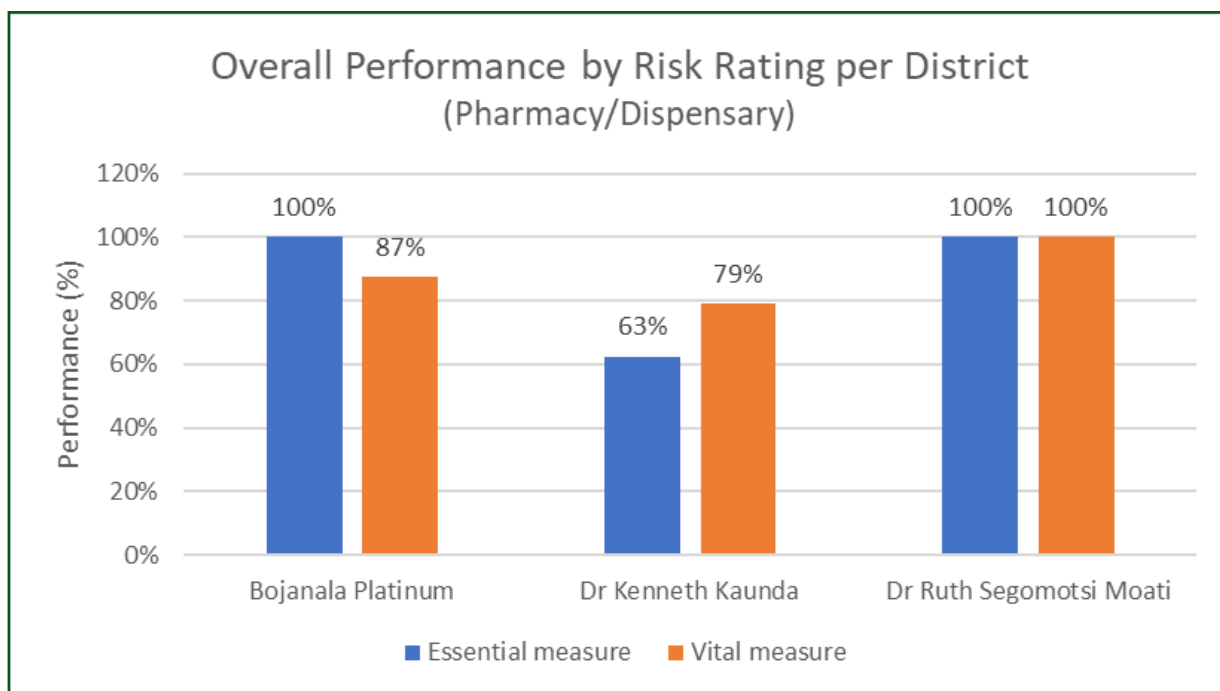


Figure 24: Overall measure performance by risk rating per district (pharmacy/dispensary)

3.2.1.6.6 CHC maintenance support performance

Figure 25 below shows that the inspected HEs performed generally well on Essential Measures on FA (100%) while Vital Measure performed with an average score of above 65% across the districts.

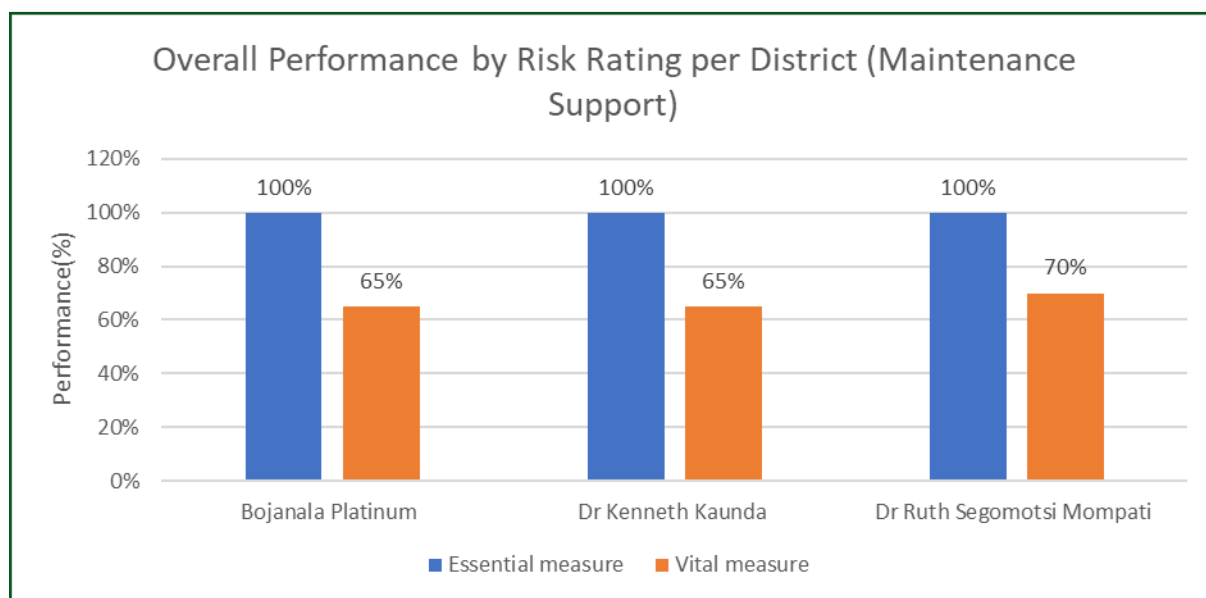


Figure 25: Overall measure performance by risk rating per district (maintenance support)

3.2.1.6.7 Overall measure performance by domain

Figure 26 below indicates aggregated performance outcomes on domains at the provincial level in this category of healthcare. The highest-performing domain is Facilities and Infrastructure followed closely by Clinical Support Services while the lowest-performing domain is Governance and Human Resources. Governance and human resources are critical health system inputs that impact service delivery including the ability to provide quality healthcare. Common non-compliant measures related to staffing needs that were not determined, unavailability of functional clinic committees, non-adherence to the performance management systems and ineffective management of occupational health and safety systems among others.

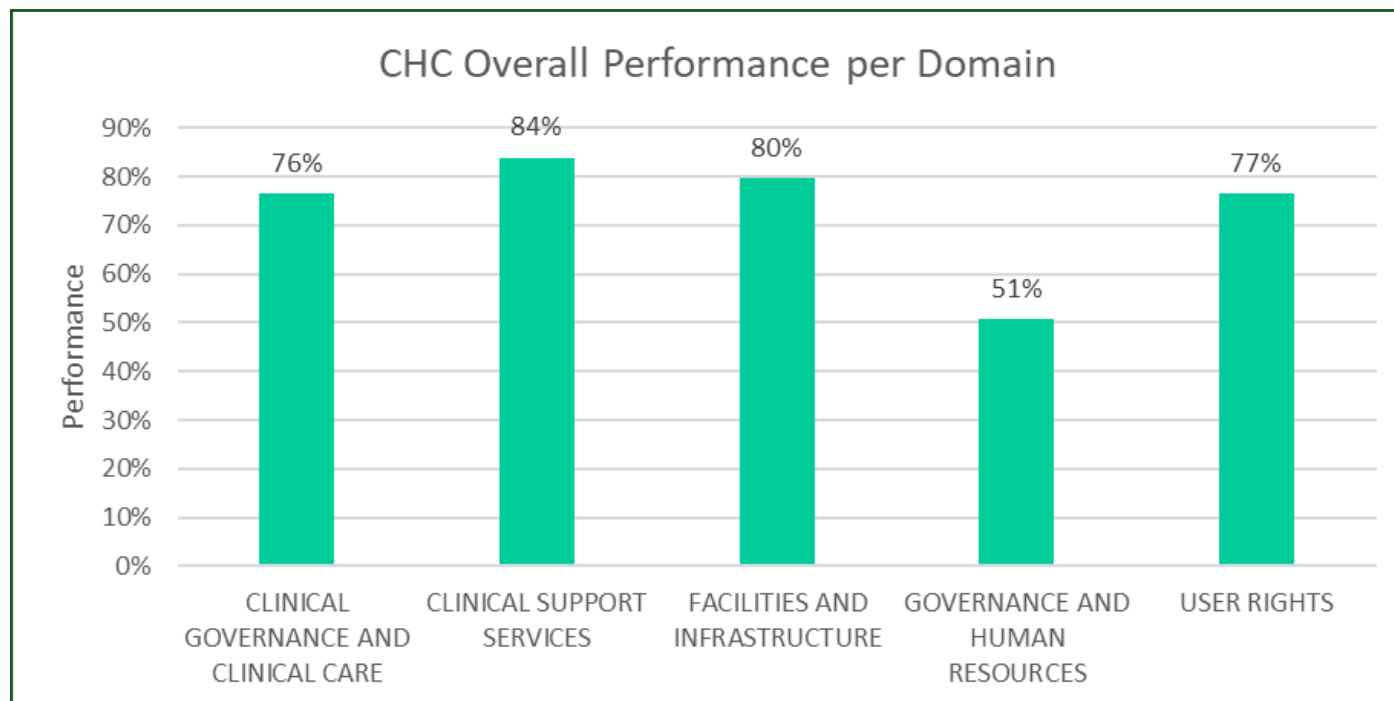


Figure 26: CHC Overall Measure Performance per Domain

3.2.1.6.8 CHCs measure performance by domain per district

Figure 27 below indicates disaggregated performance outcomes on domains per district.

Figure 27: Performance outcomes on domains per district.

District	Bojanala	Dr Kenneth Kaunda	Dr Ruth Segomotsi Mompati
CLINICAL GOVERNANCE AND CLINICAL CARE	88%	63%	77%
CLINICAL SUPPORT SERVICES	93%	86%	91%
FACILITIES AND INFRASTRUCTURE	82%	68%	91%
GOVERNANCE AND HUMAN RESOURCES	60%	38%	73%
USER RIGHTS	85%	63%	71%

3.2.1.6.9 Overall measure performance by standard and domain

Tables 28 to 32 below show average performance on measures at the level of standards per domain across all inspected CHCs. The information in the five (5) figures below identifies specific areas that need improvement to assist the HEs in meeting the requirements for compliance with norms and standards regulations to achieve certification by the OHSC. The standard performance is calculated as the average performance for measures within that standard.

(b) A health establishment must establish and maintain systems structures and programmes to manage clinical risk.	80%
The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	77%
The health establishment must ensure that health records of health care users are protected managed and kept confidential in line with section 14 15 and 17 of the Act.	90%
The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.	89%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	66%
The health establishment must have a formal process to be followed when obtaining informed consent from the user.	81%
The health establishment must have a system to monitor and report all adverse events.	85%
The health establishment must issue a discharge report to users in accordance with section 10 of the Act.	93%
The health establishment must maintain an environment which minimises the risk of disease outbreaks the transmission of infection to users health care personnel and visitors.	86%

Figure 28: CHCs Clinical Governance and Clinical Care

Health establishments must ensure that diagnostic services are available and safe for users and for health care personnel involved in delivering these services.	0%
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	90%
The health establishment must comply with the provisions of the Pharmacy Act 1974 and the Medicines and Related Substances Act 1965.	92%

Figure 29: CHC Clinical Support Services

The health establishment and their grounds must meet the requirements of the building regulations.	87%
The health establishment must ensure that engineering services are in place.	67%
The health establishment must have systems to protect users health care personnel and property from security threats and risks.	80%

Figure 30: CHC Facilities and Infrastructure

The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.		68%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.		42%
The health establishment must have a functional governance structure with written Terms of Reference.		38%

Figure 31: CHC Governance and Human Resource

The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.		76%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.		86%
The health establishment must maintain a system of referral as established by the responsible authority.		78%
The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.		61%

Figure 32: CHC User rights

3.3 District hospitals

This section covers the performance of inspected District Hospitals according to the different measures disaggregated by the risk rating categories.

3.3.1 Overall measure performance analysis

3.3.2 Non-negotiable measures

One district hospital was inspected during the period under review. None of the inspected HE were able to achieve a 100% on the NNMs requirements and was not compliant. Table 13 and 14 below shows the overall performance with respect to non-negotiable measures (NNMs) amongst the inspected district hospital.

Table 13: Overall district hospital performance on NNMs

Number of Inspected district hospitals	NNM 100% Compliant	NNM Non-Compliant (< 100%)
1	0	1

Table 14: District Hospitals on NNMS compliance rate

NORTWEST				
NNM	Total Measures	Non-compliant	Compliant	Compliance Rate
The emergency trolley is stocked with medicines and equipment.	11	11		0.00%
Healthcare providers correctly complete forms used for informed consent.	7	6	1	14.29%
The ward/unit has a functional system to supply piped oxygen to clinical areas.	4	3	1	25.00%
Emergency power supply is available in the ward/units in the event of a power disruption.	5	4	1	20.00%
A system to monitor oxygen levels in the bulk oxygen plant is in place.	1	1		0.00%
Medical supplies and equipment for resuscitation are available.	1	1		0.00%
The oxygen available in the cylinder is above the minimum level.	2	2		0.00%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.	1	1		0.00%
A functional system is in place to supply piped medical gas to clinical areas.	1	1		0.00%

None of the district hospitals achieved NNMs overall score of 100% and therefore did not satisfy the requirements for an overall compliance status as shown in Table 15.

Table 15: Performance on NNM of inspected District Hospitals

Facility Name	Number of Applicable Measures	Compliant measure	Compliance rate
Schweizer-Reneke Hospital	41	16	39%

3.3.3 Vital and essential measures grading

Most of the vital measures in the inspection tool ranged between 60- 69%. Schweizer Reneke Hospital was graded “Satisfactory” for vital and essential measures.

3.3.4 Overall essential measures scores and grading

Figures 35 below show that of most of the essential measures in the inspection tool, ranged between 80-100%.

Figure 36: Distribution of Average Scores for Essential Measures (Schweizer-Reneke Hospital)

3.3.5 Overall measure performance by HEs compliance status

Table 18 below shows that one inspected district hospital was graded satisfactory. This hospital would have

Table 16: Performance of District Hospitals on NNMs

NNM'S Compliance	Total inspected	Facility Grading	
		Unsatisfactory	Satisfactory
Non-Compliant	01	0	01

3.3.6 Measure performance by domain for district hospitals

Figures 33 below indicate aggregate performance outcome on domains for the one inspected district hospital. Of all the domains in the norms and standards regulations, User Rights was found to be the highest performing equalling by Facilities and Infrastructure and followed by Clinical Governance and Clinical Care, while the lowest performing domain are Clinical Support Services and Governance and Human Resources.

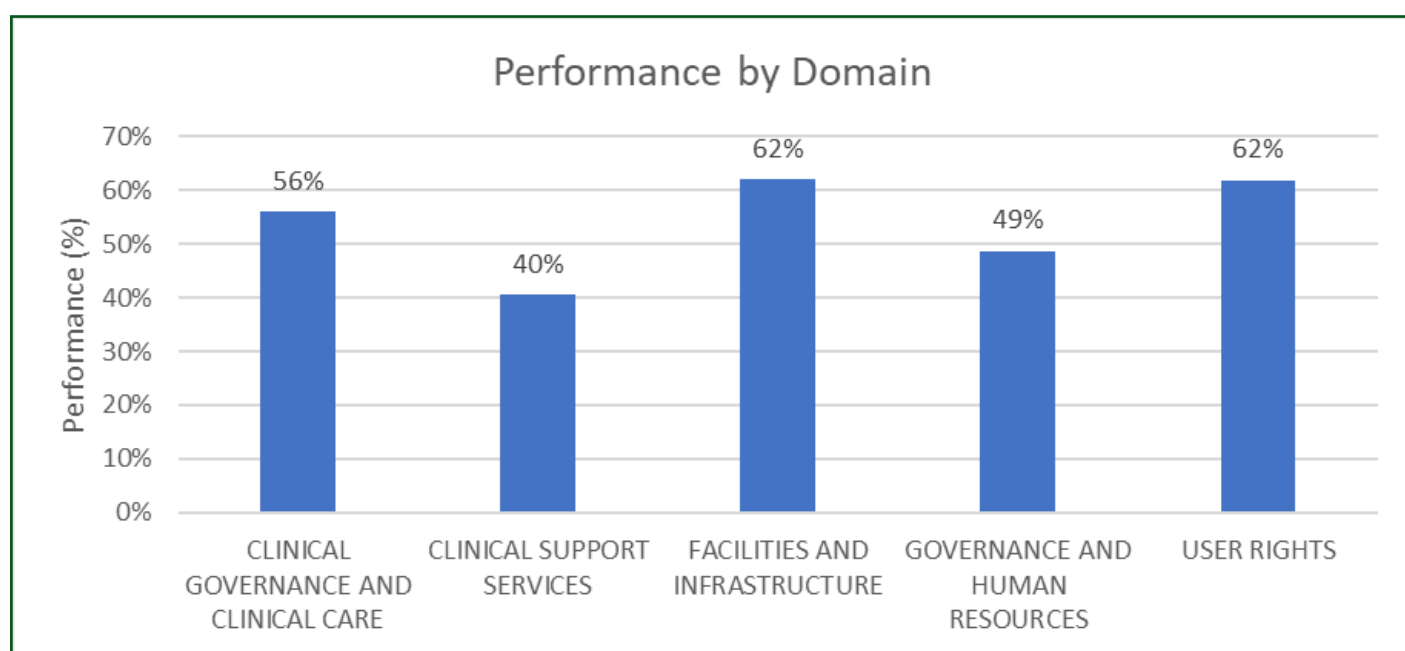


Figure 33: District hospital's performance by domain (gj crooke's hospital)



3.3.7 Measure performance by fas for district hospital

Figure 34 below shows the overall performance of FAs in the inspected district hospital. The information below shows that Dietetics, Pharmacy and Stores performed more than 80%, while Hospital Manager, Cleaning Services and Medical Records and Archives performed below 35%.

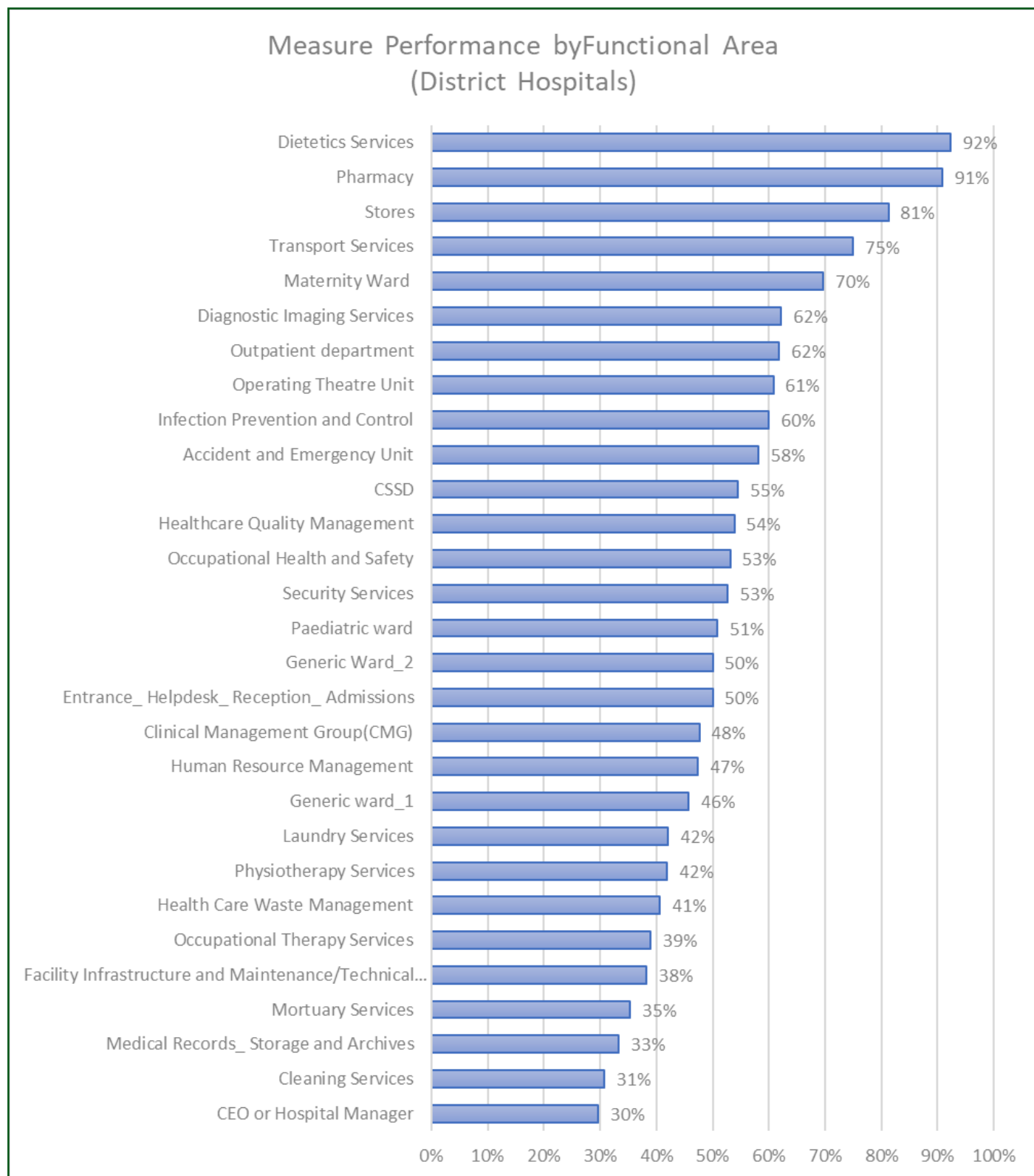


Figure 34: Figure: Average Measure Performance per FA

3.4 Regional hospitals

This section covers the performance of inspected Regional Hospitals according to the different measures disaggregated by the risk rating categories.

3.4.1 Overall measure performance analysis

3.4.1.1 Non-negotiable measures

A total of 02 Regional Hospitals were inspected and both hospitals were non-compliant with non-negotiable measures. The grading distribution of the 02 inspected HEs was Excellent and Good. Table 17.

Table 17: Regional Hospital Grading

HE Grading		
NNM'S Compliance	Unsatisfactory	Excellent, Good and Satisfactory
100% Compliant	0	0
Less than 100% Compliant	0	2
TOTAL	0	02

One regional hospital graded “Good” while the other was graded “Excellent”, but hospitals failed to comply with the NNM requirements as depicted in Table 18.

Table 18: Overall Measure Performance on NNMs

Facility Name	Total measure	Compliant measure	Compliance rate
Job Shimankana Tabane Hospital	63	47	75%
Potchefstroom Hospital	50	38	76%

Table 19 below shows the overall performance with respect to Non-Negotiable Measures among the inspected Regional Hospitals. The emergency trolley measure was performed at 38% across the respective FAs. This finding suggests that the emergency trolley measure contributed significantly to the overall non-compliance rate of Regional Hospitals during this inspection cycle.

Table 19: Overall Regional Hospital Performance on NNMs

NORTHWEST				
NNM	Total Measures	Non-compliant	Compliant	Compliance Rate
The emergency trolley is stocked with medicines and equipment.	30	25	5	16.67%
Health care providers correctly complete forms used for informed consent.	19	6	13	68.42%
Medical supplies and equipment for resuscitation are available.	2	2		0.00%
Emergency power supply is available in the ward/ unit in the event of a power disruption.	13	6	7	53.85%

3.4.1.2 Overall essential measures scores and grading

Figures 35 below depicts that the 2 inspected hospitals were graded Good and Excellent on essential measures.

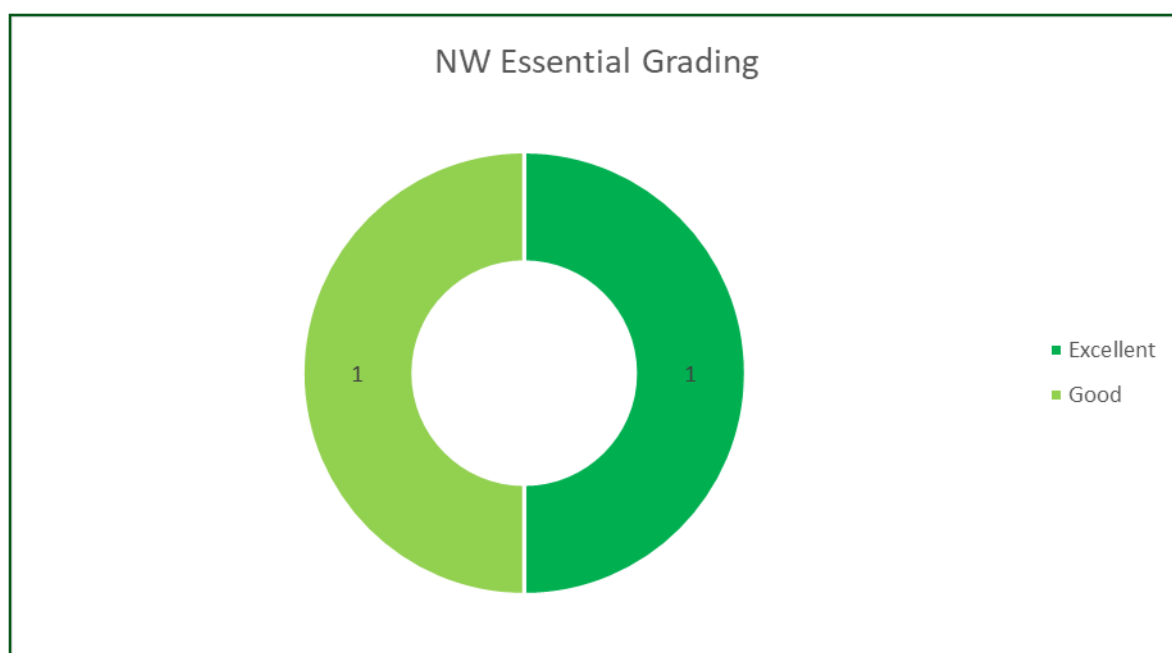


Figure 35: Health establishments essential measures grading

3.4.1.3 Overall vital measures grading

Both Job Shimankana Tabane and Potchefstroom Hospital were graded excellent for vital measures.

3.4.1.3.1 Measure performance by domain for regional hospitals

3.4.1.3.1.1 Average measure performance by domain

Figure 36 below indicate aggregated performance outcome on domains for the two inspected district hospitals. One of two regional inspected hospitals performed above 80% on all the domains with Facilities and Infrastructure being the highest at 91%. User Rights was found to be the highest performing while the lowest performing domain is Clinical Support Service (61%) at Regional inspected hospital.

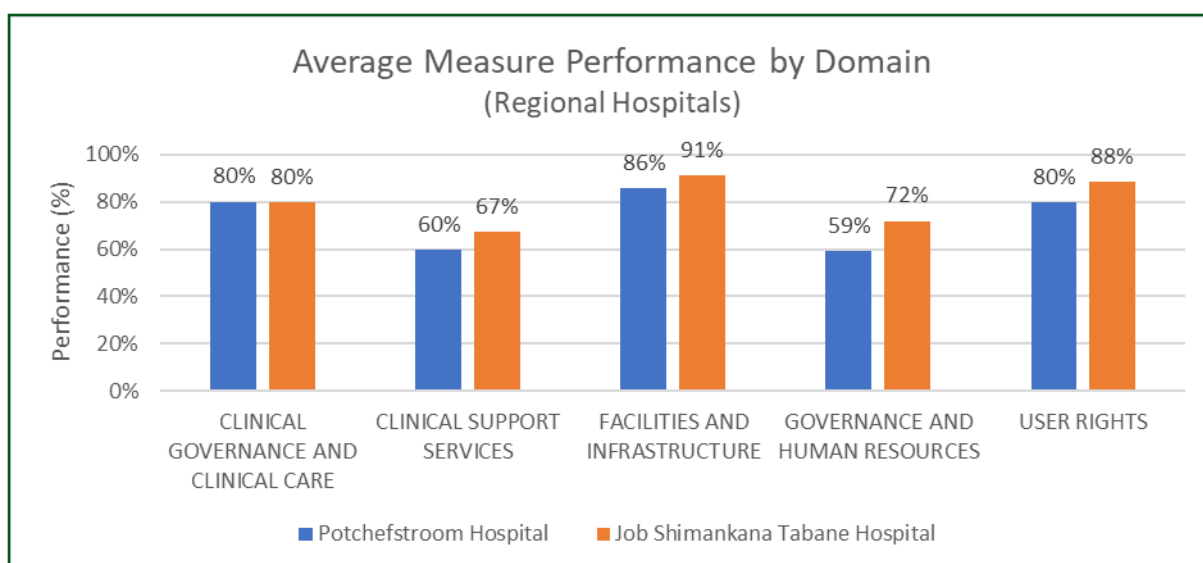


Figure 36: Average performance by domain (regional hospital)

3.4.1.3.1.2 Average measure performance by FA (regional hospitals)

Transport services and Health Quality management achieved the highest scores while Medical Records and Achieve achieved the lowest score as per figure 37 below

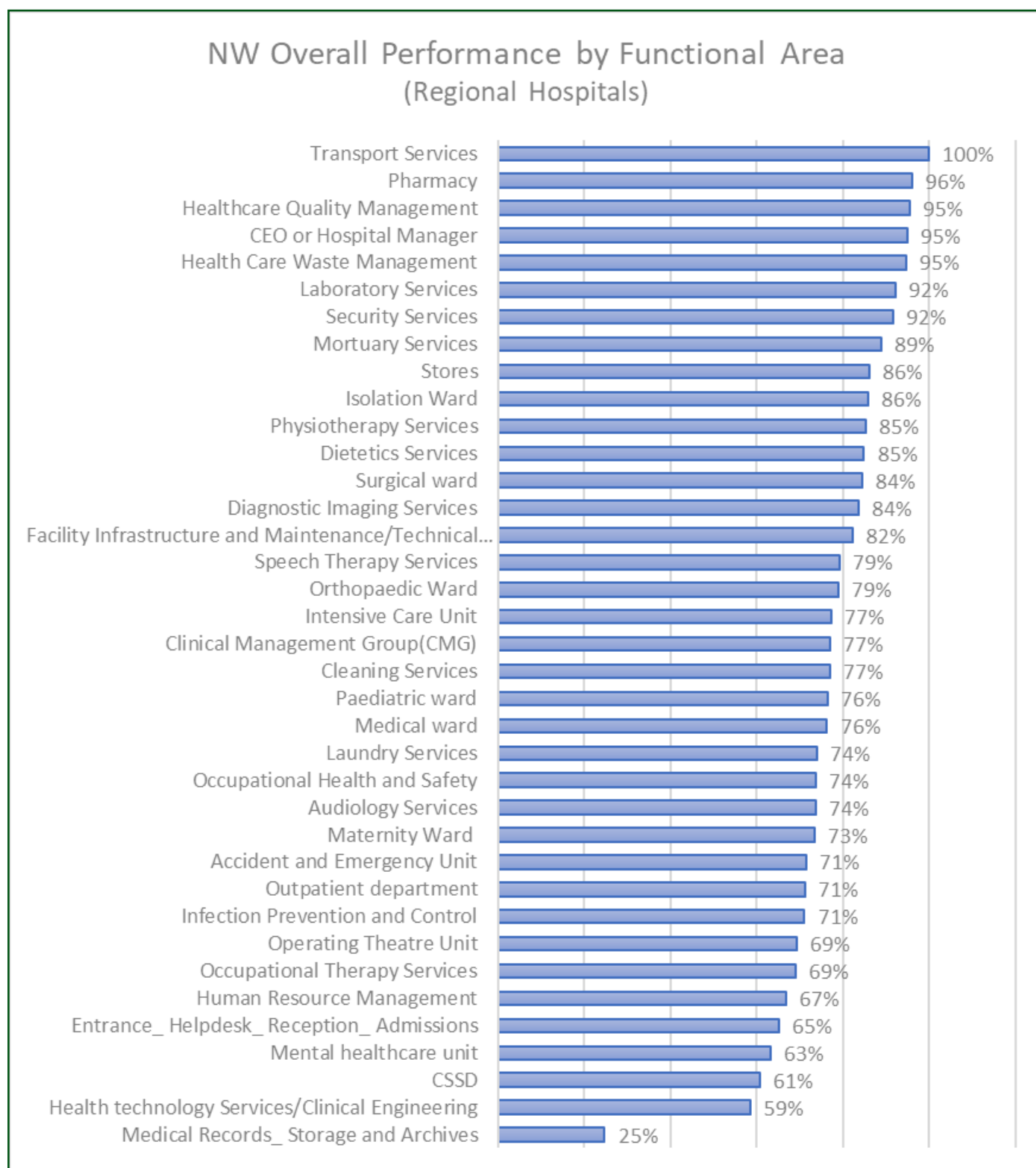


Figure 37: Measure performance by Functional area

3.5 Re-inspection

This section of the report highlights the re-inspection of HEs that were routinely inspected during FY 2019/20. A total of 73 clinics were inspected during the FY 2019/20 routine inspections, with none achieving a compliance status. Of the 73 non-compliant clinics, 9 were reinspected in FY 2021/22.

3.5.1 Re-inspections outcome

The re-inspection outcome is depicted in Figures 38 and 39 below, seven (07) of 13 re-inspected clinics were found to be compliant. An overall compliance rate of 54% was achieved for the re-inspections conducted in FY 2021/22.

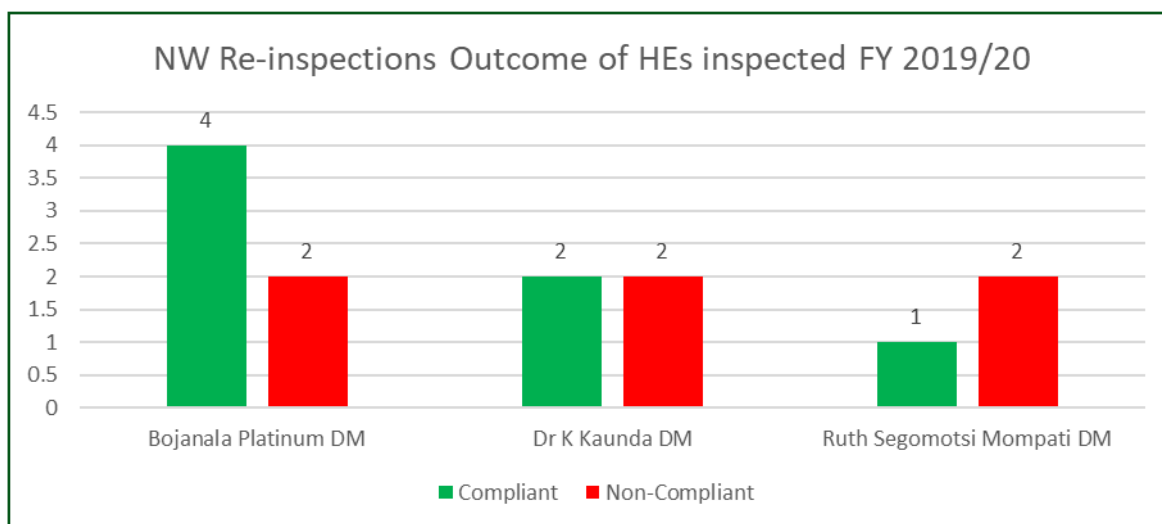


Figure 38: Re-inspections outcome of clinics inspected fy 2019/20

3.5.2 Overall re-inspections compliance rate

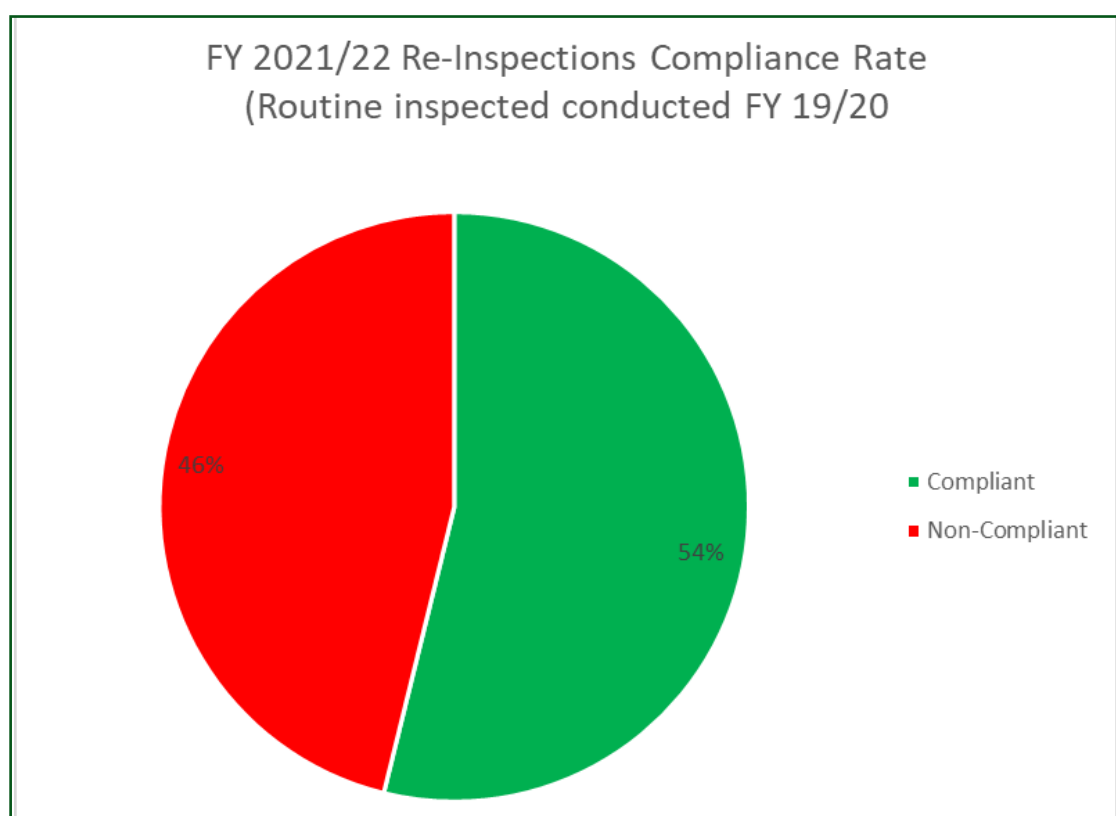


Figure 39: Re-inspection compliance rate of clinics of inspected fy 2019/20

3.5.3 Re-inspections compliance rate by district

Table 20 below depict the re-inspection compliance rate per district.

District	Number of re-inspected HEs	Compliant	Non-Compliant	Compliance Rate
Bojanala Platinum DM	6	4	2	67%
Dr K Kaunda DM	4	2	2	50%
Ruth Segomotsi Mompoti DM	3	1	2	33%
Total	13	7	6	54%

3.5.4 Re-inspections clinics grading by compliance status

Figure 40 below depicts the grading ranging from Excellent to Satisfactory for all the re-inspected clinics (compliant and non-compliant). Four HEs were graded excellent

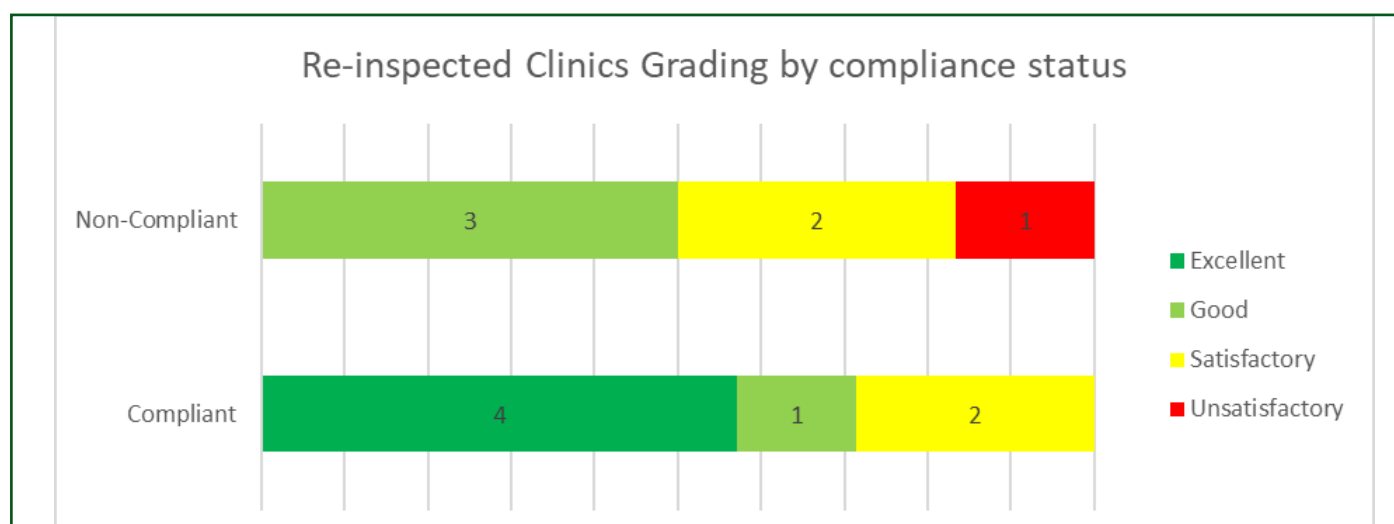


Figure 40: Grading of re-inspected clinics

3.5.5 Overall performance on non-negotiable vital of re-inspected HEs

Two of the three NNVs were compliant in all re-inspected HEs. Seven of Thirteen re-inspected HEs were non-compliant to the emergency trolley measure.

Table 21: Performance analysis according to Non-Negotiable Measures

Measure Name	Number of Applicable Measures	Compliant measures	Compliance Rate
An oxygen cylinder with pressure gauge is available.	13	13	100%
CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	13	7	54%
The oxygen available in the cylinder is above the minimum level.	13	13	100%

3.5.6 Overall HE grading on vital and essential measures

Figure 41 below depicts the grading of both the vital and essential measures performance for the re-inspected clinics

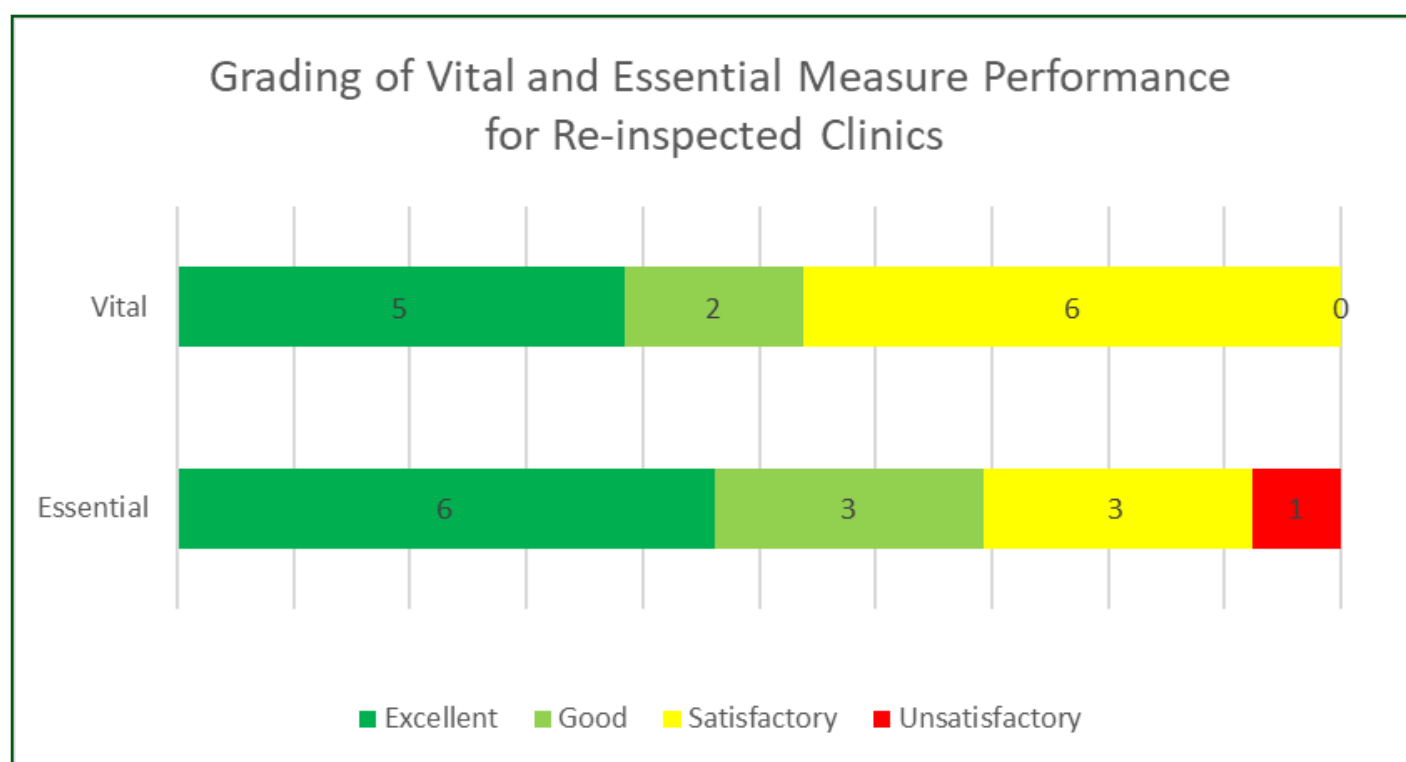


Figure 42: Grading of vital and essential measure performance for re-inspected clinics

3.5.7 Re-inspections summary

Of note is that not all non-compliant HEs for the FY 2019/20 were re-inspected in the period under review. A successful conversion from non-compliance to compliance status was noted in seven (07) of the 13 re-inspected HEs. This may be an indication that the HEs were more prepared for the re-inspection and better understood what was expected from them. The analysis revealed that compliance with NNVs remains a challenge for most clinics. The emergency trolley measure contributed to the re-inspected clinics again achieving non-compliance status.

4. DISCUSSION

The overall clinic compliance rate of 35% represents 165 clinics. It is worth noting that there were a further 106 clinics that were non-compliant but graded either Excellent, Good, or Satisfactory. Similar outcomes were also noted in the CHCs, districts and regional hospitals. The reason for non-compliance was due to the inability to fulfil the requirements with the emergency trolley NNM. Addressing the requirements for the emergency trolley could potentially increase the overall compliance rate of HEs thus reducing the risk to patient safety.

The legal and statutory requirements for the management of user health records were not complied with by the majority of HEs which may negatively impact user care and their right to confidentiality.

Notably, district hospitals had a zero (0%) compliance rate.

The majority of HEs did not have functional governance structures with written terms of reference which led to inadequate oversight. The non-compliance statuses of HEs can be attributed to the critical posts not being filled.

5. LIMITATIONS

There were FAs and measures that were not applicable in the same category of HEs such as the availability of official vehicles in clinics and the unavailability of rehabilitation services in other CHCs, or mental health units in district hospitals. A small sample for district and regional hospital inspections could not be regarded as representative of the status of all HEs in the same categories across the country. Given the above-mentioned factors, generalisations of findings were not possible.

6. RECOMMENDATIONS

Based on the performance of inspected HEs, the OHSC makes the following recommendations:

1. 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 NNM, there needs to be an overall focus on supporting HEs to comply with all the NNMs as a substantive proportion of HEs would have achieved compliant status had they met 100% of the NNM requirements.
2. The provincial, district, sub-district and quality managers should address all measures with high rates of non-compliance and support HEs in developing and overseeing the implementation of quality improvement plans (QIPs).
3. There are many other systemic deficiencies such as leadership and governance, clinical audits, and user record management that require strengthening for improvement.
4. Patient record and clinical audits should be conducted to ensure that comprehensive health care is provided to users. The findings of such audits must inform quality improvement programmes to mitigate against medicolegal and other risks.



A circular graphic composed of concentric arcs and dots. The innermost arc is a thick dark green ring. Surrounding it is a light gray ring, followed by a thin light green outer arc. Ten dark green dots are positioned along the outer arc, with five of them being hollow circles and five being solid circles, alternating around the circle.

WESTERN CAPE

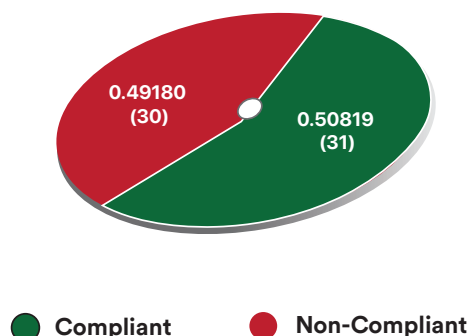
SUMMARY OF WESTERN CAPE INSPECTION OUTCOMES, FY 2021/22

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

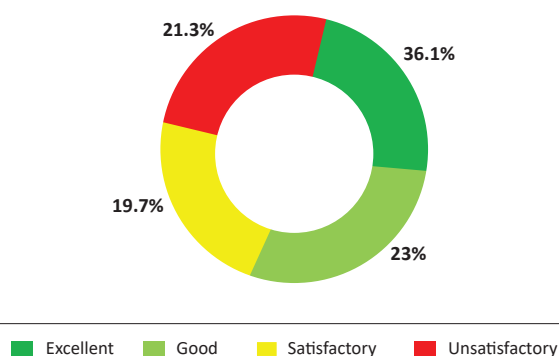
Sampling: From the 239 HEs, a sample size of 19 health establishments including Primacy Health Clinics (PHC) =15, Community Health Centers (CHCs) =1, hospitals=3 were selected for routine inspection. The selection of health establishments was based on geographic clustering and cost-effectiveness.

Inspected health establishments by Province: A total of 61 HEs were inspected against the set target of 19. No re-inspections were conducted in the province during the year under review.

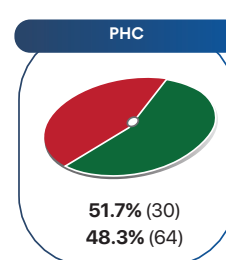
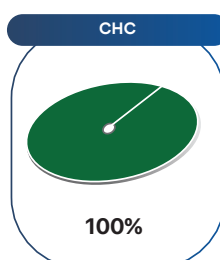
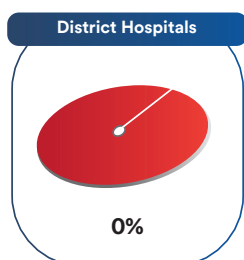
Compliance Status: WC Province



Overall Grading, WC Province



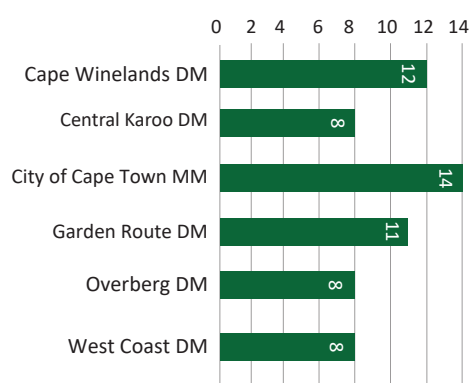
Compliance Rate (%) Per level of care



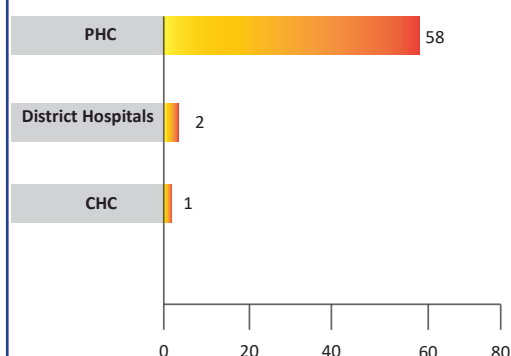
Compliance status by district

	Compliant	Non Compliant
Cape Winelands DM	0%	100%
Central Karoo DM	8%	92%
City of Cape Town MM	6%	94%
Garden Route DM	9%	91%
Overberg DM	0%	100%
West Coast DM	50%	50%

Number of inspected HEs by district



Inspected HE's by type (N=85)



Overall grading by district %

	Excellent	Good	Satisfactory	Unsatisfactory
West Coast DM	12.5%	12.5%	62.5%	12.5%
Overberg DM	87.5%	12.5%	—	—
Garden Route DM	9.1%	45.5%	27.3%	18.2%
City of Cape Town MM	42.9%	14.3%	14.3%	28.6%
Central Karoo DM	50%	25%	—	25%
Cape Winelands DM	25%	25%	16.7%	33.3%

■ Excellent ■ Good ■ Satisfactory ■ Unsatisfactory

1. DISTRIBUTION OF INSPECTED HEALTH ESTABLISHMENTS

1.1 Distribution of public sector health establishments (HEs) per province

239 public sector health establishments were inspected in the Western Cape province between 2020/2021 and 2021/2022 financial years. 61 of the inspected HEs were for routine inspections. The target of inspections conducted was eight (8%) of the total public sector HEs in the province. HEs are selected proportionally considering the total number in the province as well as consideration for the number of districts.

Tables 1 and 2 below show the number of HEs for inspected categories in Western Cape province.

Table 1: Total Number of HEs for Inspected Categories between FY2020/2021 and FY2021/2022

National	Clinic	Community Health Centre	District Hospital	Regional Hospital	Total
Overall	192	9	33	5	239

Table 2: Distribution of Inspected HEs by Province and Category, F/Y 2021/22

Province	Clinic	CHC	District Hospitals	Regional Hospitals
Western Cape	58	1	2	0

Table 3 below shows the cumulative number of HEs inspected from FY 2020/21 till 2021/22. Notably, there were no HEs inspected in Western Cape province during the FY 2019/20 and only clinics were inspected during the FY 2020/21. The table depicts a cumulative compliance rate of 48% for the province.

Table 3: Cumulative Number of Inspected HEs by Category, F/Y 2019/20 - F/Y 2021/22

	FY2020/21			FY2021/22			Cumulative Number of HEs (FY2019/20 - FY2021/22)		
Facility Type	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)
Clinics	25	10	40%	58	30	52%	83	40	48%
CHCs	-	-	-	1	1	100%	1	1	100%
District Hospitals	-	-	-	2	0	0%	2	0	0%
Regional Hospitals	-	-	-	-	-	-	-	-	-
Total	25	10	40%	61	31	51%	86	41	48%

1.2 Provincial compliance status outcome

A total of 61 HEs were inspected during the 2021/22 inspection cycle. Figure 1 below shows the number of inspected HEs during the period under review broken down by categories and compliance status outcome.

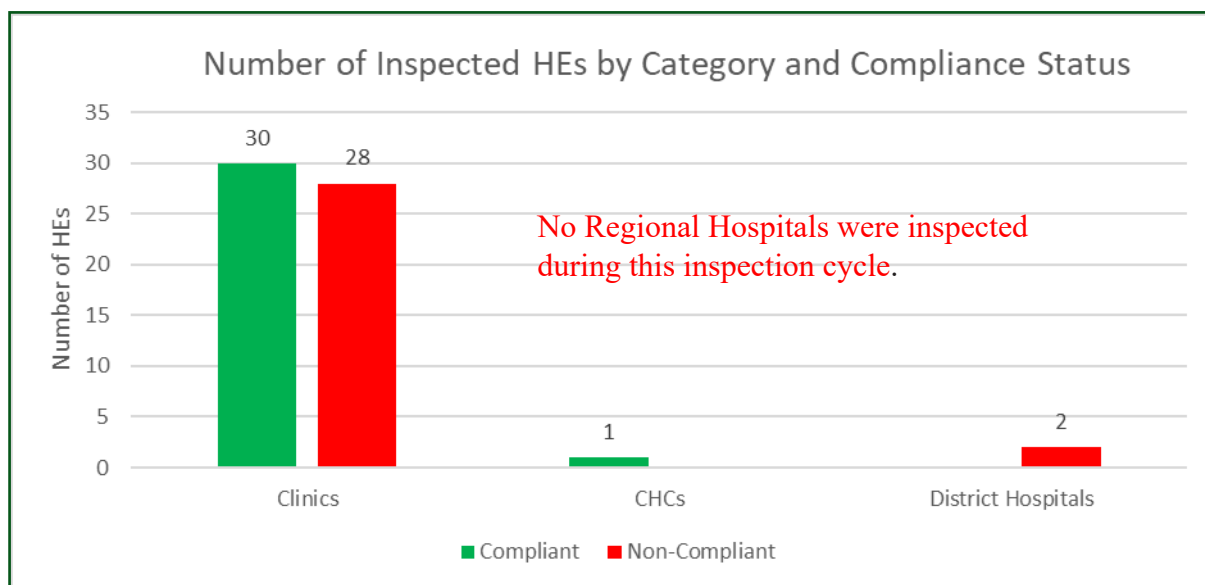


Figure 1: Number of inspected hes by category and compliance status

The overall compliance rate of inspected HEs according to their categories is shown in Figure 2 below. In terms of compliance performance, the clinics had a compliance rate of 48%, 100% for the CHCs while the district hospitals had zero (0%) compliance rate. There were no regional hospitals inspected during this inspection period. Subsequent sections in the report aim to identify factors that account for this performance.

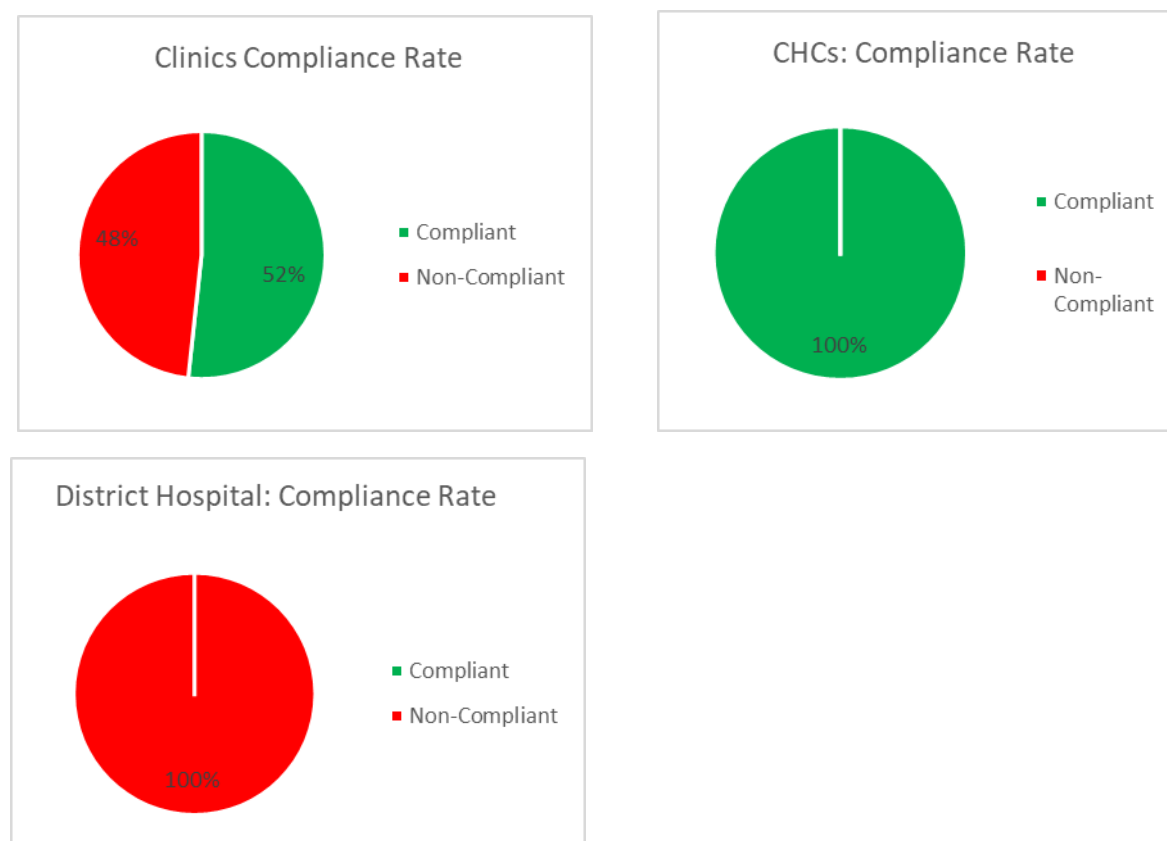


Figure 2: Provincial compliance rate according to categories of health establishments, fy202/22

1.3 Compliance status outcome

Table 4 below shows the total number of inspected HEs by district, category, and compliance performance.

Table 4: compliance status outcome by district fy 2021/22

Clinics				
District	Total No. of Inspected HEs	Compliant	Not Compliant	Compliance Rate
Cape Winelands	12	4	8	33%
Central Karoo	8	6	2	75%
City of Cape Town Metro	12	7	5	58%
Garden Route	10	3	7	30%
Overberg	8	8	0	100%
West Coast	8	2	6	25%
CHCs				
District	Total No. of Inspected HEs	Compliant	Not Compliant	Compliance Rate
City of Cape Town Metro	1	1	0	100%
District Hospitals				
District	Total No. of Inspected HEs	Compliant	Not Compliant	Compliance Rate
City of Cape Town Metro	1	0	1	0%
Garden Route	1	0	1	0%

2. PROVINCIAL GRADINGS FOR HEALTH ESTABLISHMENT

2.1 Overall grading for all hes per category FY 2021/22

The overall grading of inspected HEs according to their categories is displayed in Figure 3 below.

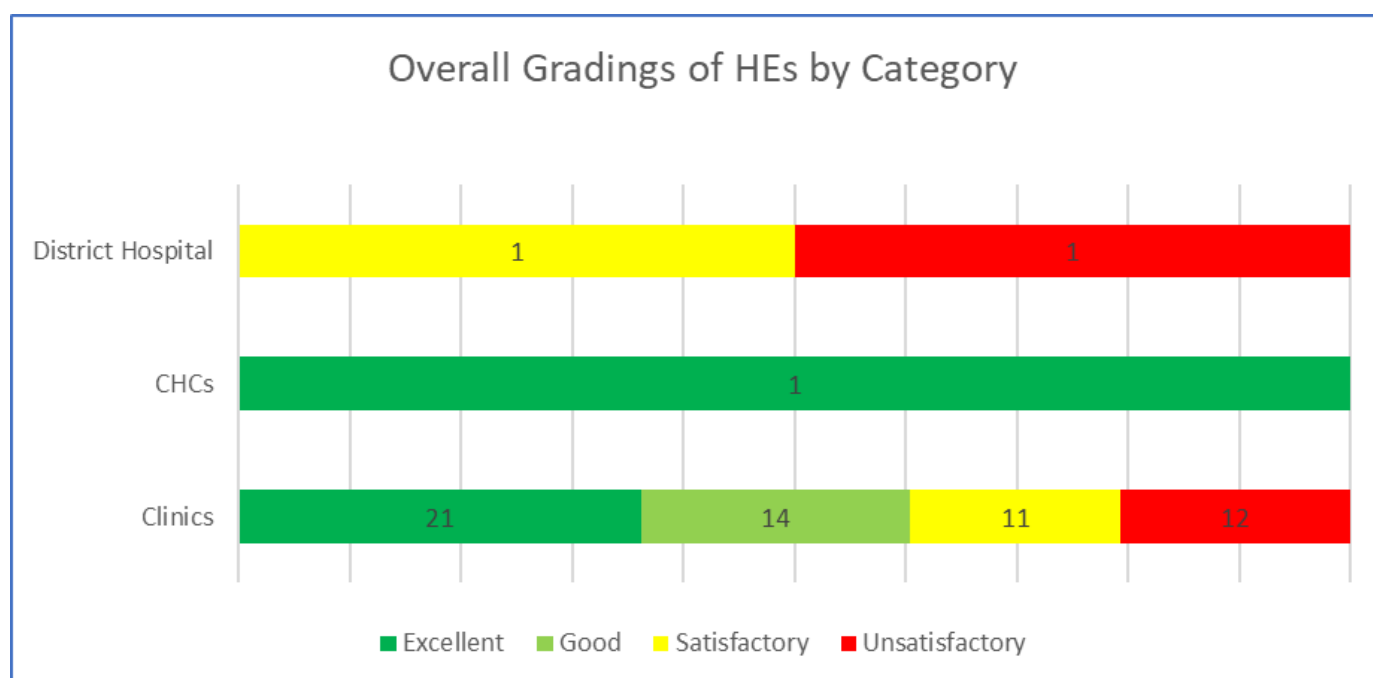


Figure 3: Overall grading by health establishments category

2.2 Overall grading for hes by district and category FY 2021/22

Figure 4 below shows the overall grading performance of inspected HE by district and category.

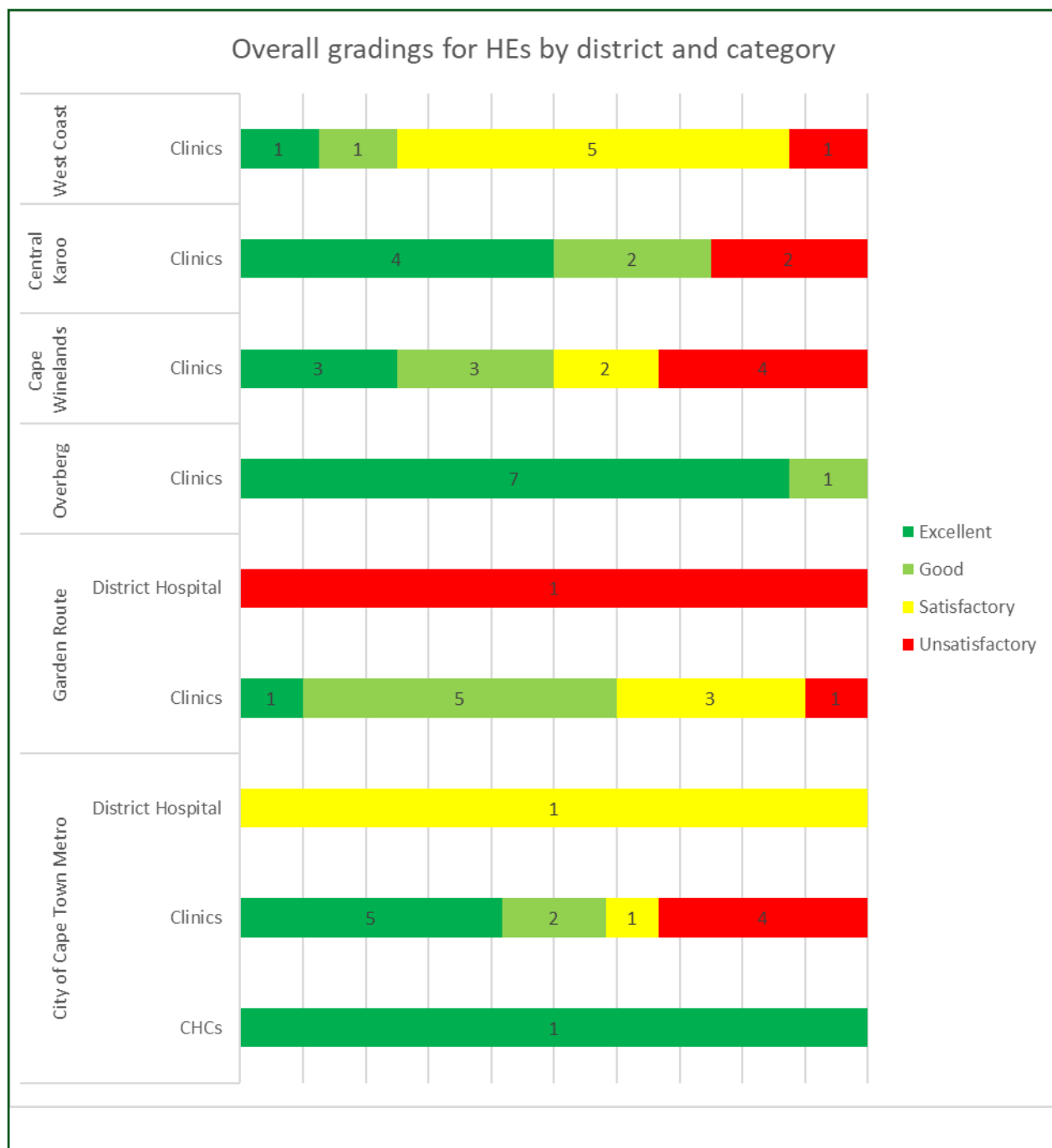


Figure 4: Overall grading for health establishments by district and category



3. PROVINCIAL MEASURE PERFORMANCE FOR HEALTH ESTABLISHMENTS

3.1 Clinics measure performance

This section covers the performance of clinics according to the different measures disaggregated by the risk rating categories.

3.2 Measure performance analysis

3.2.1 Non-negotiable vitals (NNVs)

Table 5 and 6 below shows the overall compliance performance with respect to non-negotiable measures among the inspected clinics. The emergency trolley measure performed the lowest with 62% of HEs complying with all the requirements. The other two measures relating to oxygen had an overall compliance of 100%. This finding suggests that the emergency trolley measure contributed significantly to the overall non-compliance rate of clinics during this inspection cycle.

Table 5: Overall Clinic Performance on NNVs

Number of inspected clinics	100% Compliant	Less than 100% Compliant
58	36	22

Table 6: Performance analysis according to the three NNVs.

Measures	Total No. of Clinics	Compliant	Non-Compliant	Compliance rate
An oxygen cylinder with a pressure gauge is available.	58	58	0	100%
CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	58	36	22	62%
The oxygen available in the cylinder is above the minimum level.	58	58	0	100%



3.2.2 Vital measures

Figure 5 below shows the overall grading performance with respect to vital measures among the inspected clinics. Five (5) of the 58 inspected clinics were found to be Unsatisfactory whilst 21 were Excellent.

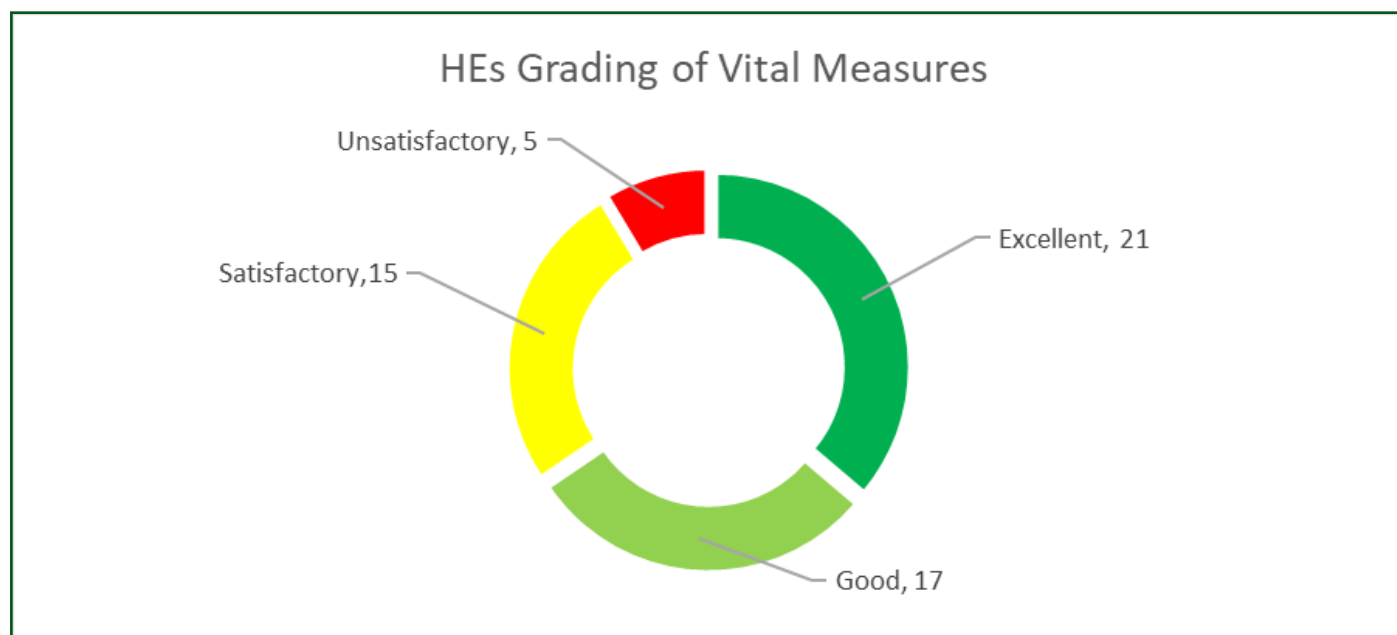


Figure 5: Health establishments grading of vital measures

3.2.3 Essential measures

Figure 6 below shows the overall grading performance with respect to essential measures among the inspected clinics. Nine (9) of the 58 inspected clinics were found to be Unsatisfactory whilst 27 were Excellent.

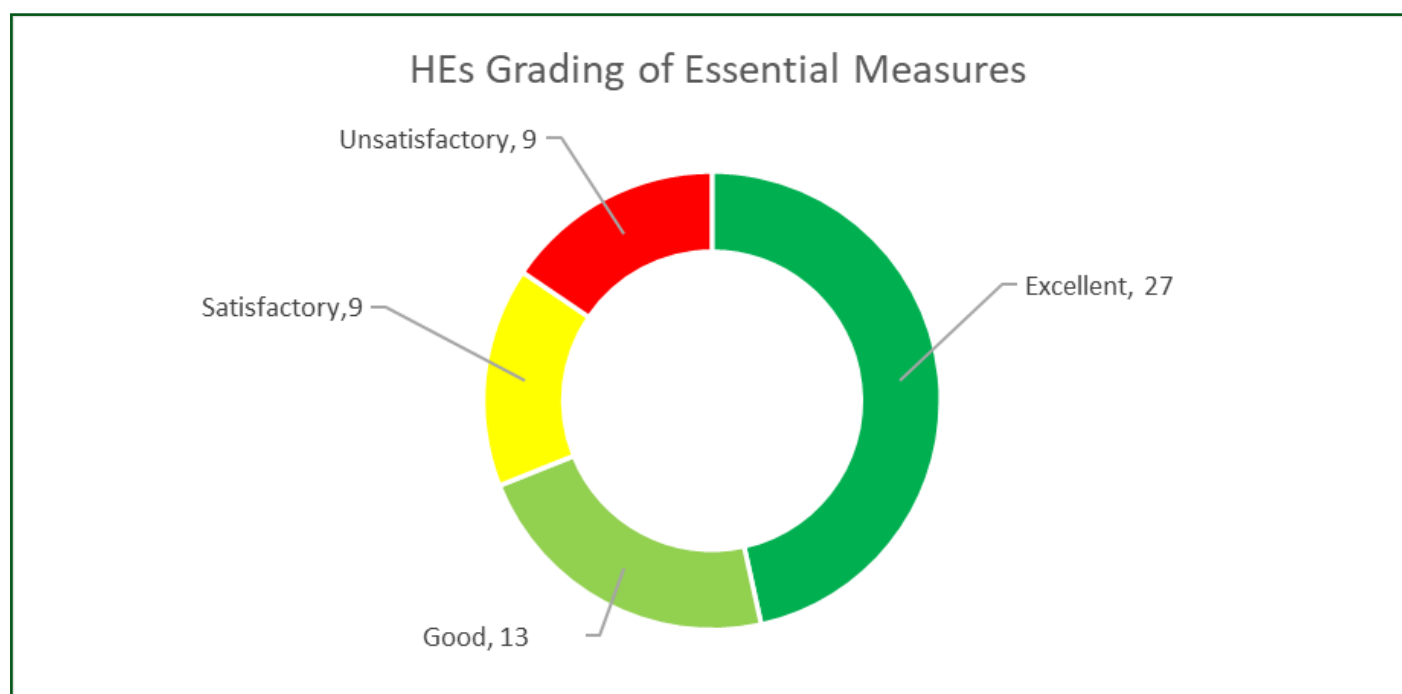


Figure 6: Health establishments grading essential measures



3.2.4 Overall measure performance by compliance status

3.2.4.1 Non-Compliant Clinics Performance on NNVs

Table 7 below indicates 28 of the 58 clinics inspected were found to be non-compliant of which 12 were graded Unsatisfactory. The grading distribution of the remaining 18 HEs was either Excellent, Good or Satisfactory, these clinics would have been compliant if they reached the threshold of 100% on NNVs.

Table 7: Non-compliant Clinics Performance on NNVs

NNVs Compliance	Excellent, Good and Satisfactory	Unsatisfactory
100% Compliant with NNMs	0	6
Less than 100% Compliant with NNMs	16	6
Grand Total	16	12

3.2.4.2 Clinics' overall measure performance by FA

FAs (FAs) in this context are defined as the areas/units of the HEs where inspections are conducted. In the PHC (clinic) inspection tool, there are 4 FAs (FAs) namely: Clinic Manager, Clinical Services, Dispensary/Medicine Cupboard, and Maintenance Support. The four FAs are further discussed in the following sections.

3.2.4.3 Clinic manager

The Clinic Manager FAs relates to the aspects and requirements that are the responsibility of the facility manager or operational manager at the clinic level and is assessed on measures related to leadership and governance of the HE. Figure 7 below, shows aggregate performance in the Clinic Manager FA per district.

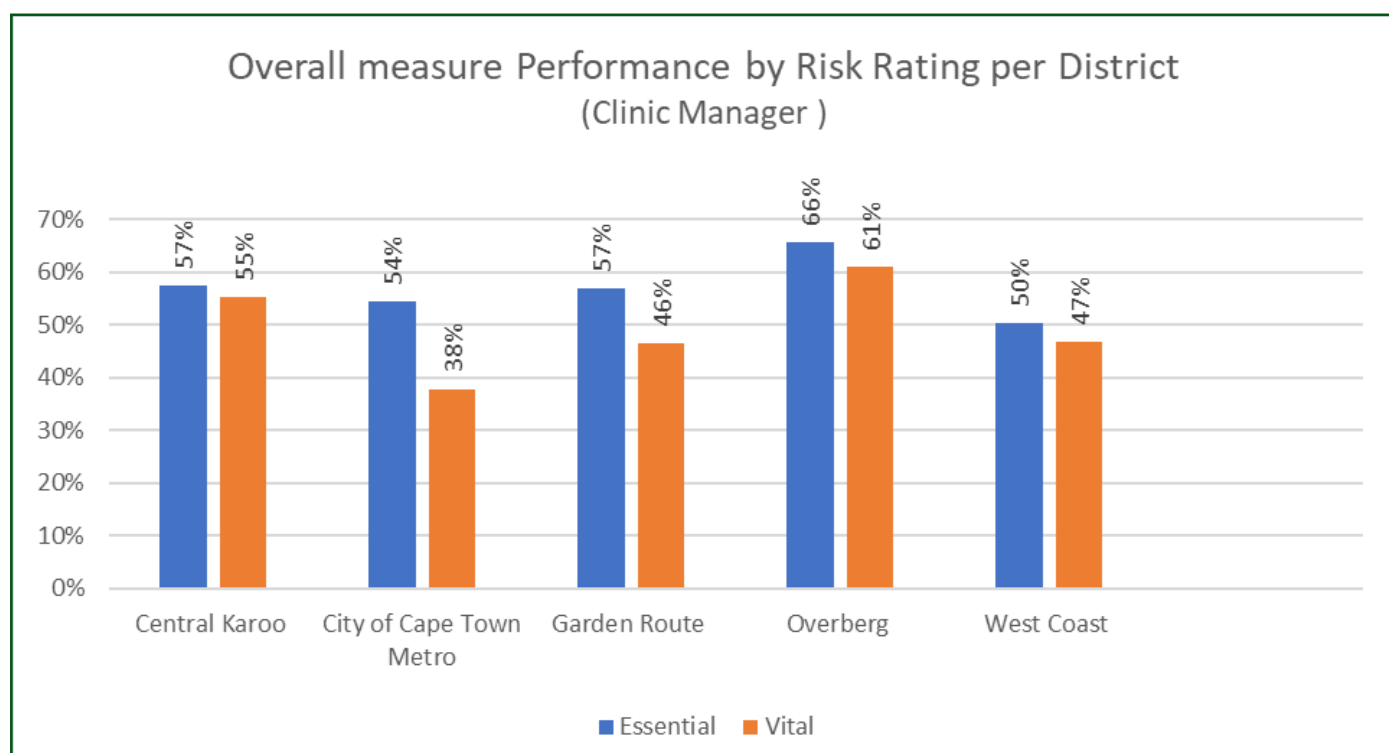


Figure 7: Overall measure performance by risk rating by district (clinic manager)

3.2.4.4 Clinical services

Clinical Services FA is concerned with aspects of quality clinical service delivery and is assessed for the way clinical services are organised and delivered to ensure that users receive care that they need, in line with best available evidence, and in the most efficient way. Measure performance in this FA is shown in Figure 8 below.

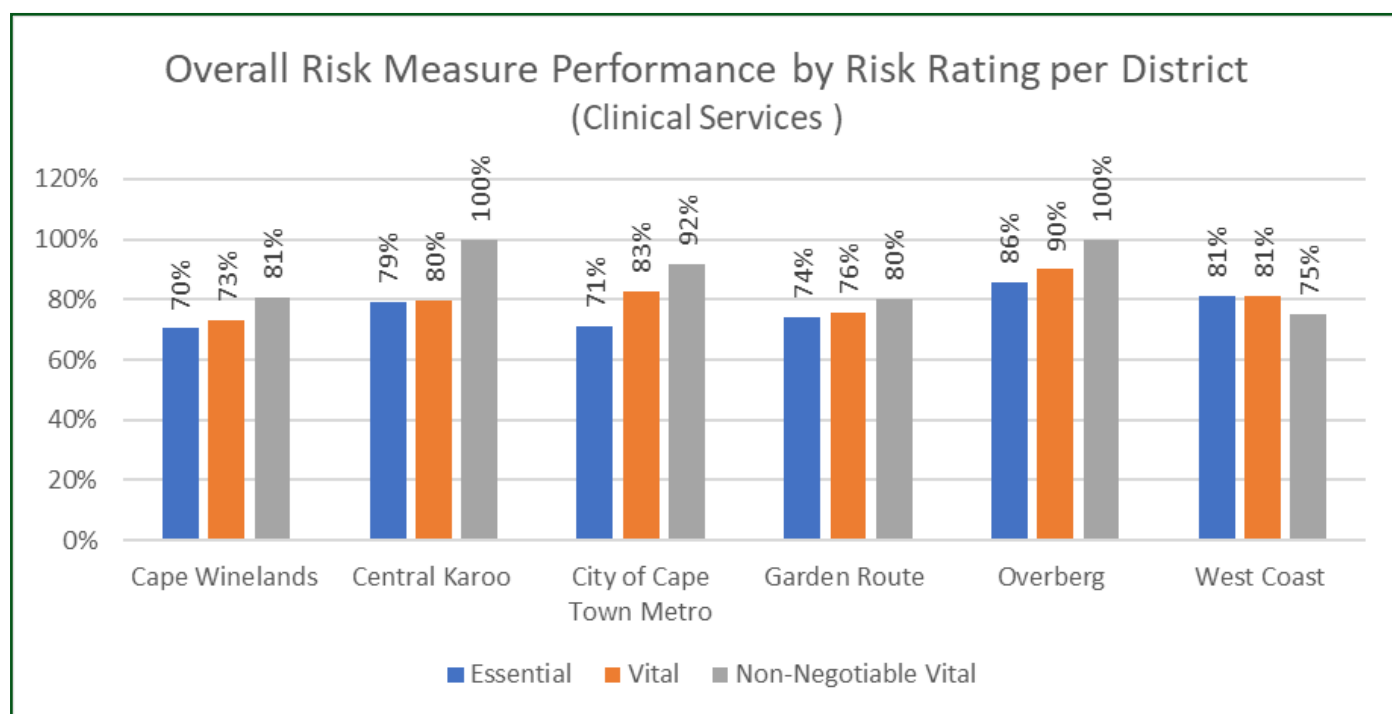


Figure 8: Overall measure performance by risk rating per district (clinical services)

3.2.4.5 Dispensary/medicine cupboard

Dispensary/Medicine cupboard FA is primarily concerned with aspects of medicine availability and pharmaceutical products management and is assessed for the effectiveness and efficiency in management of medicines as an essential part of access to quality at the clinic level. Figure 9 below shows the performance by district and risk rating.

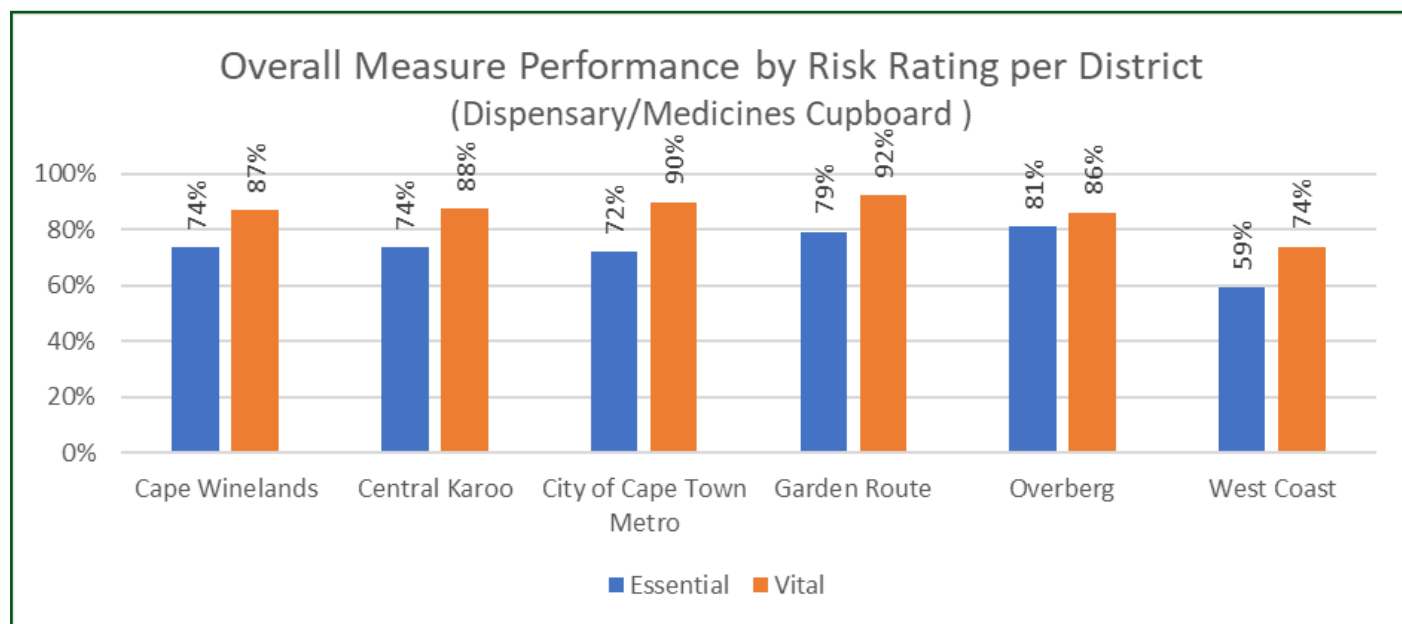


Figure 9: Overall measure performance by risk rating per district (dispensary/medicine cupboard)

3.2.4.6 Maintenance support

Maintenance Support FA is primarily concerned with aspects of health infrastructure and maintenance such as buildings, electricity back-up supply equipment, and sewage system. Figure 10 below shows varied performance in the Maintenance Support FA across the 11 districts.

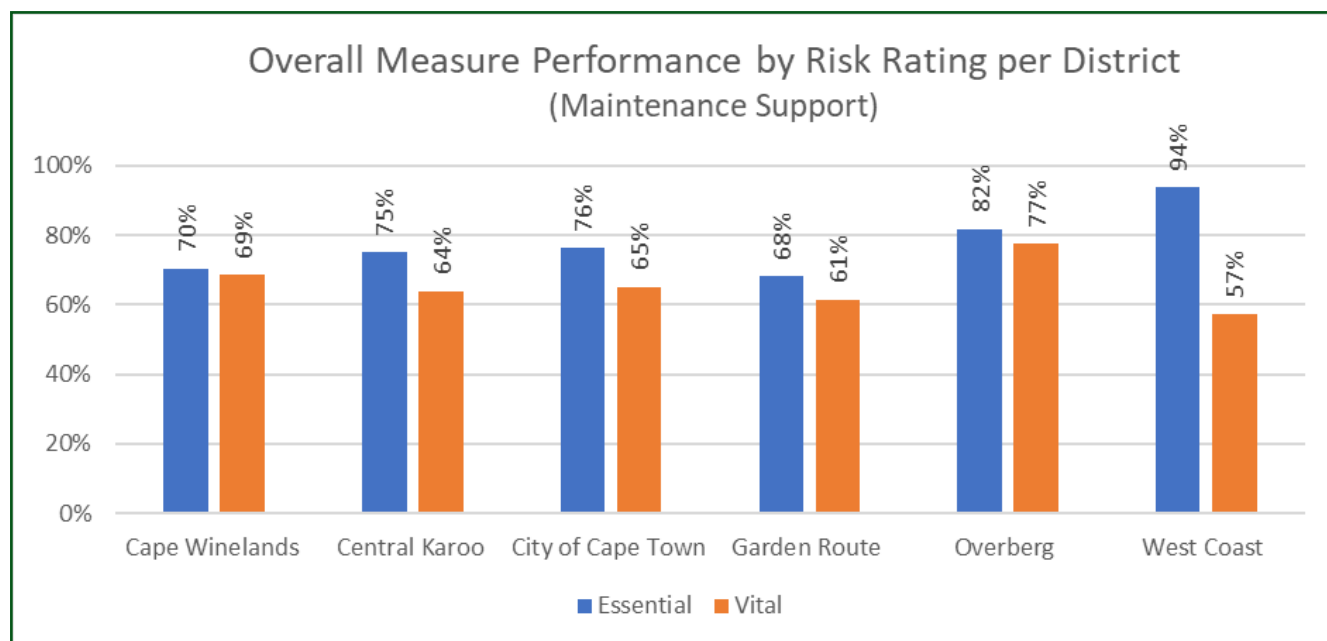


Figure 10: Overall measure performance by risk rating per district (maintenance support)

3.2.4.7 Clinics performance on domains

Aggregate performance outcomes on domains at the provincial level are indicated in Figure 11 below. Domains included in the Norms and Standards Regulations for the different categories of HEs 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 User Rights followed closely by Clinical Support Services while the lowest-performing domain is Governance and Human Resources. Governance and human resources are critical health system inputs that impact service delivery including the ability to provide quality and safe healthcare. The commonly non-compliant measures included the unavailability of functional clinic committees, non-adherence to the performance management systems and ineffective management of occupational health and safety systems among others.

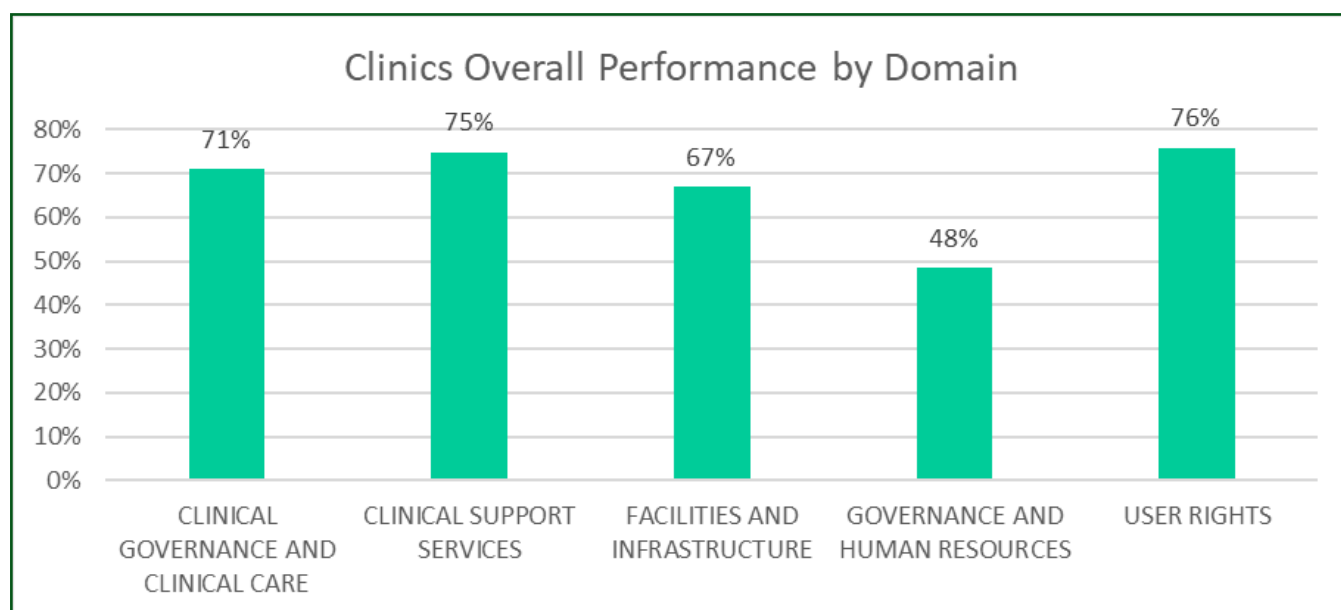


Figure 11: Clinics overall measure performance by domain

3.2.4.8 Clinics overall measure performance by domain per district

Disaggregated performance outcome on domains per district is shown in Table 8.

District	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES	USER RIGHTS
Cape Winelands	72%	70%	67%	49%	69%
Central Karoo	71%	80%	68%	45%	80%
City of Cape Town Metro	68%	75%	67%	52%	72%
Garden Route	68%	76%	63%	50%	80%
Overberg	81%	85%	75%	51%	86%
West Coast	69%	66%	62%	42%	74%

Figure 12: Measure performance by domain per district

3.2.4.9 Overall performance of measures according to standards and domains

Figures 13 to 17 below show average performance on measures at the level of standards per domain across all inspected clinics. The information in the five (5) Figures identifies specific areas that need improvement to assist the HEs in meeting the requirements for compliance with norms and standards regulations and achieving certification by the OHSC. The standard performance is calculated as the average score of measures within that standard.

3.2.4.10 User rights

Standard Name	Standard Performance
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	74%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	82%
The health establishment must maintain a system of referral as established by the responsible authority.	69%
The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	77%

Figure 13: Performance on standards across all clinics (user rights)



3.2.4.11 Clinical governance and care domain

Standard Name	Standard Performance
The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	24%
The health establishment must ensure that health records of health care users are protected managed and kept confidential in line with section 14 15 and 17 of the Act.	78%
The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.	77%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	70%
The health establishment must have a formal process to be followed when obtaining informed consent from the user.	80%
The health establishment must have a system to monitor and report all adverse events.	76%
The health establishment must maintain an environment which minimises the risk of disease outbreaks the transmission of infection to users health care personnel and visitors.	77%

Figure 14: Performance on standards across all clinics (clinical governance and care)

3.2.4.12 Clinical support services

Standard Name	Standard Performance
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	82%
The health establishment must comply with the provisions of the Pharmacy Act 1974 and the Medicines and Related Substances Act 1965.	71%

Figure 15: Performance on standards across all clinics (clinical support services)

3.2.4.13 Facilities and infrastructure

Standard Name	Standard Performance
The health establishment and their grounds must meet the requirements of the building regulations.	72%
The health establishment must ensure that engineering services are in place.	69%
The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.	97%
The health establishment must have systems to protect users health care personnel and property from security threats and risks.	57%

Figure 16: Performance on standards across all clinics (facilities and infrastructure)



3.2.4.14 Governance and human resource

Standard Name	Standard Performance
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	66%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	32%
The health establishment must have a functional governance structure with written Terms of Reference.	5%

Figure 17: Performance on standards across all clinics (governance and human resource)

3.3 Community health centres

This section covers the performance of inspected Community Health Centres (CHCs) according to the different measures disaggregated by the risk rating categories.

3.3.1 Overall measure performance analysis

3.3.1.1 Non-negotiable measures

Table 9 below indicates that only one CHC was inspected during FY2021/22, it achieved 100% compliance with the NNMs and was found to be compliant.

Table 8: Overall CHC performance on NNMs

Number of Inspected CHCs	NNM 100% Compliant	NNM Non-Compliant (< 100%)
1	1	0

3.3.1.2 MOU, emergency unit and clinical services

Tables 9 and 10 below show the scores for NNMs in the two FAs, namely MOU and emergency unit. Due to the size and proximity between the FAs, one emergency trolley may be shared. For this CHC, the emergency trolley in the emergency unit was shared and utilized by both the emergency unit and clinical services, hence the variation in the number of applicable NNMs.

Table 9: MOU performance on NNMs

Measure Name	Number of Applicable Measures	Sum of Scores	Compliance Rate
An oxygen cylinder with a pressure gauge is available.	1	1	100%
CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	1	1	100%
The oxygen available in the cylinder is above the minimum level.	1	1	100%

Table 10: CHC performance on NNMs (emergency units)

Measure Name	Number of Applicable Measures	Sum of Scores	Compliance Rate
An oxygen cylinder with a pressure gauge is available in the resuscitation or emergency room.	1	1	100%
CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicines and equipment listed below.	1	1	100%
The oxygen available in the cylinder is above the minimum level.	1	1	100%

3.3.1.3 CHC performance on vital measures

The inspected CHC was graded Excellent on Vital measures.

3.3.1.4 CHC performance on essential measures

The inspected CHC was graded Excellent on Essential measures.

3.3.1.5 CHC overall measure performance by functional area

3.3.1.6 CHCs manager

The CHC Manager FA relates to the aspects and requirements that are the responsibility of the facility manager and is assessed for issues related to leadership and governance of the HE. Figure 18 below shows the aggregated performance in the CHC Manager functional for the inspected HE.

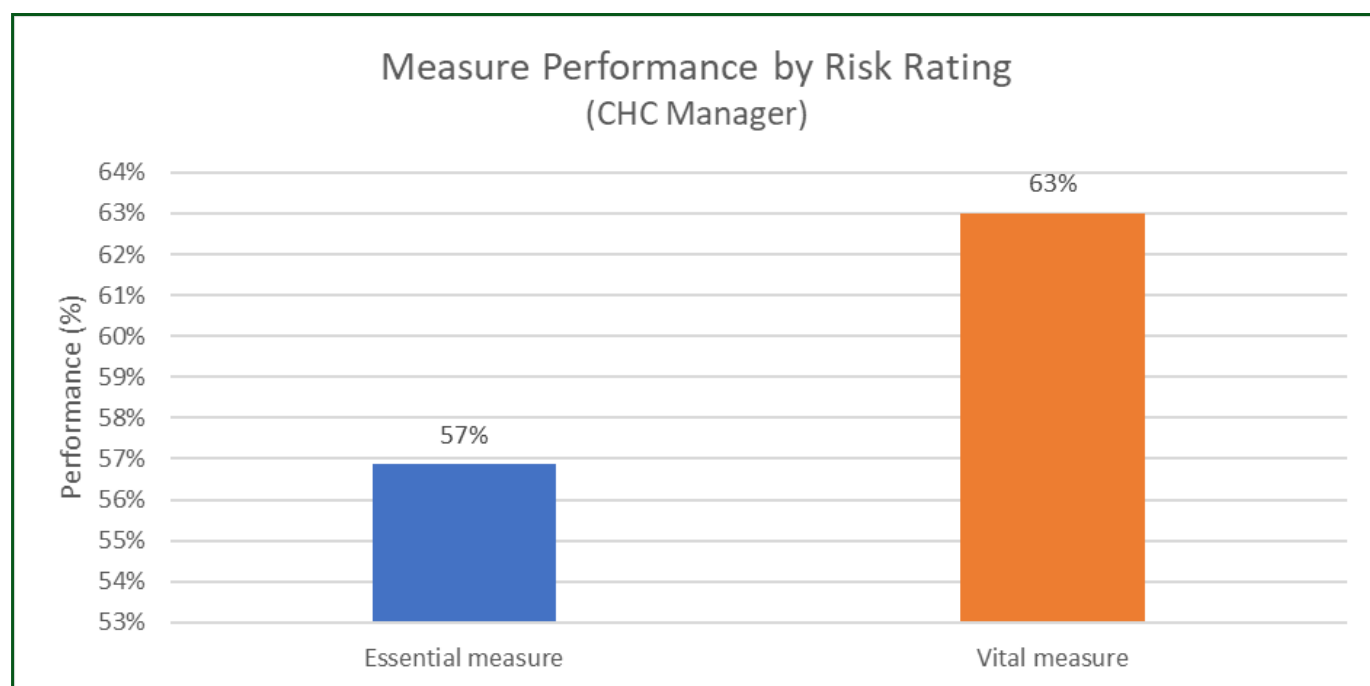


Figure 18: Measure performance by risk rating (CHC manager)



3.3.1.7 CHC clinical services performance

Figure 19 below indicates the performance of the Clinical Services FA in terms of the vital and essential measures in the inspected HE.

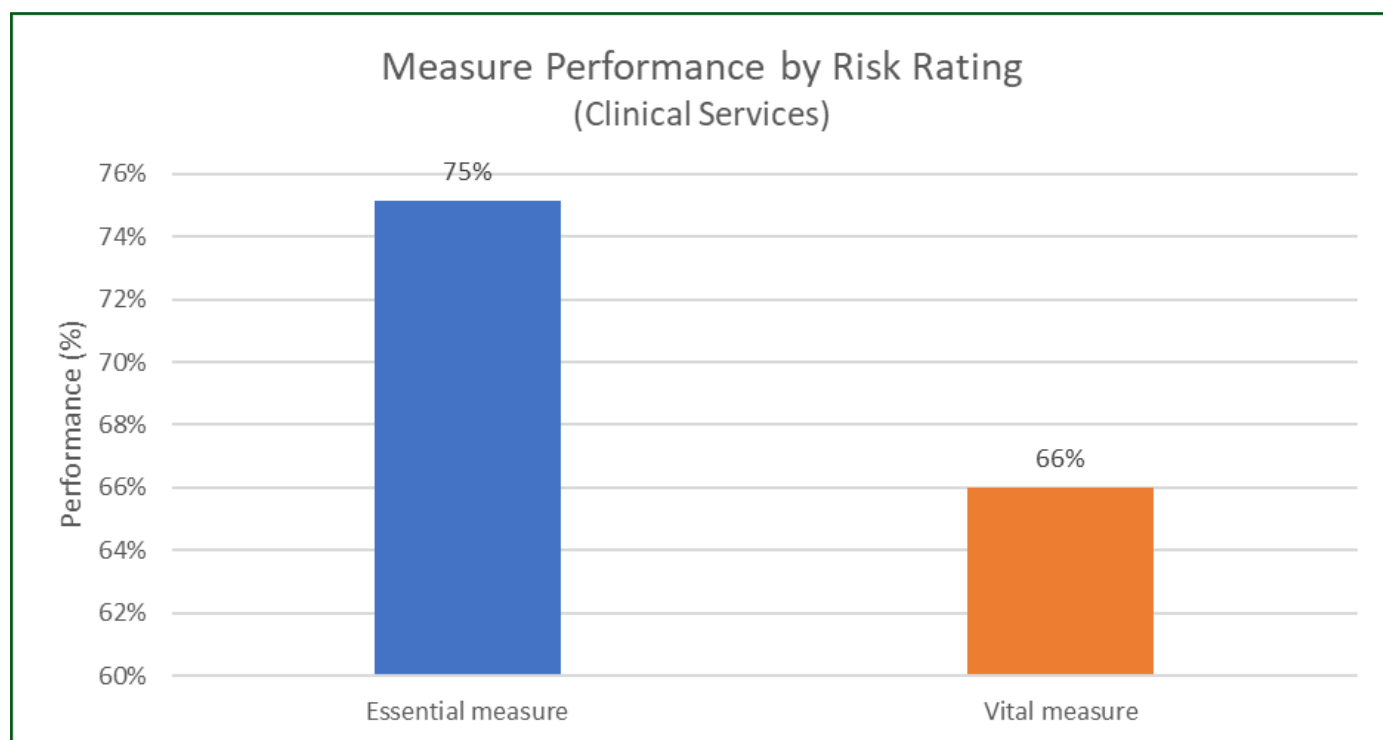


Figure 19: Measure performance by risk rating (clinical services)

3.3.1.8 CHCs emergency unit performance

Figure 20 below depicts that the inspected CHC performed achieved above 90% across all the measures.

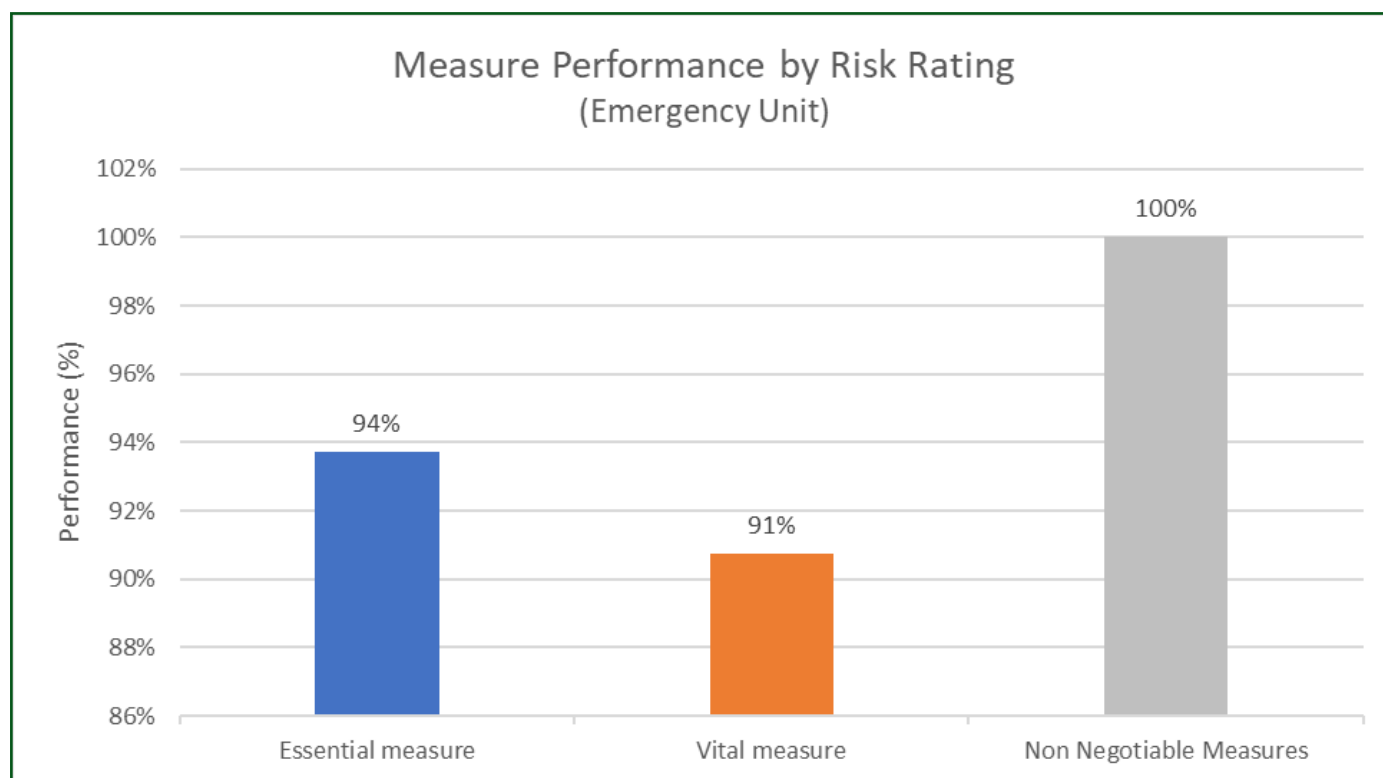


Figure 20: Measure performance by risk rating (emergency unit)

3.3.1.9 HCs midwife obstetrics unit performance

Figure 21 below shows that the inspected HE performed generally well in this FA with all the measures performing above 90%.

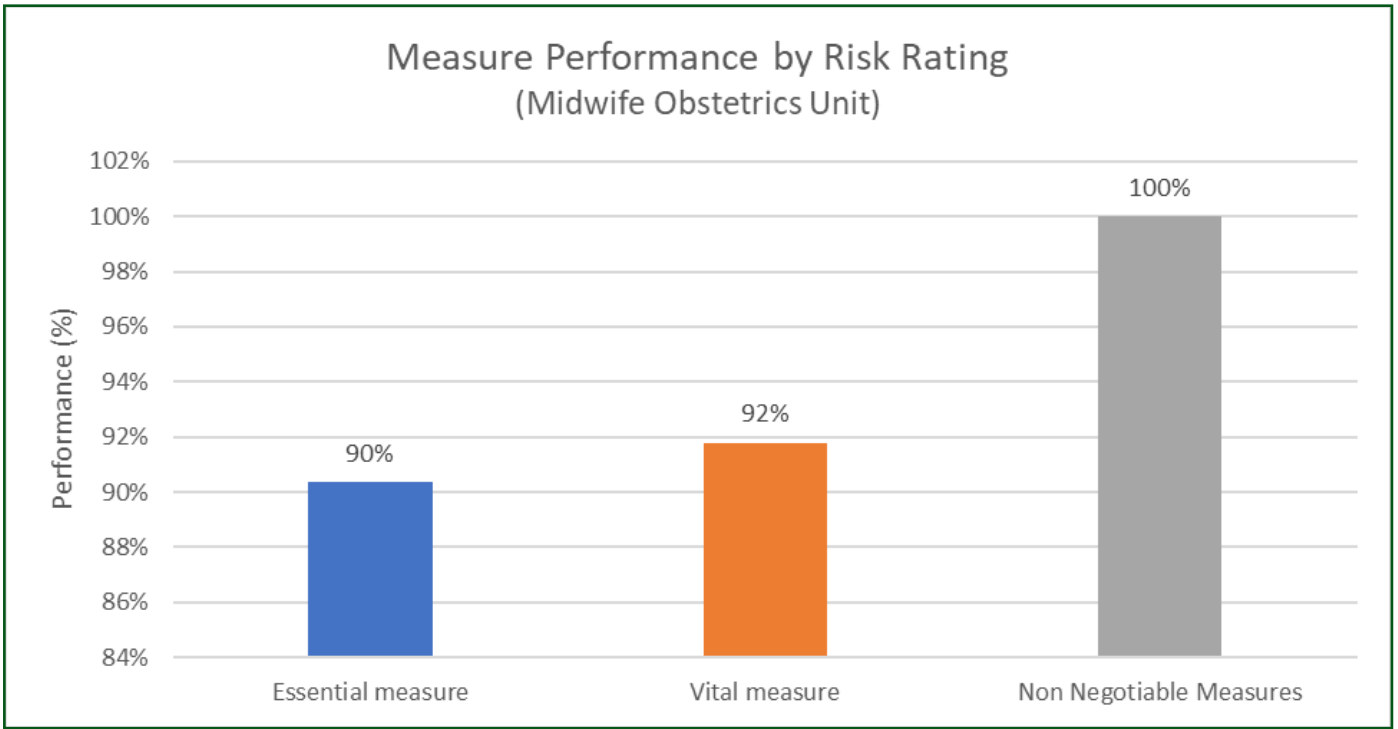


Figure 21: Measure performance by risk rating (midwife obstetrics unit)

3.3.1.10 CHC pharmacy/dispensary performance

The CHC performed generally well in both the essential and vital measures as shown in Figure 22 below.

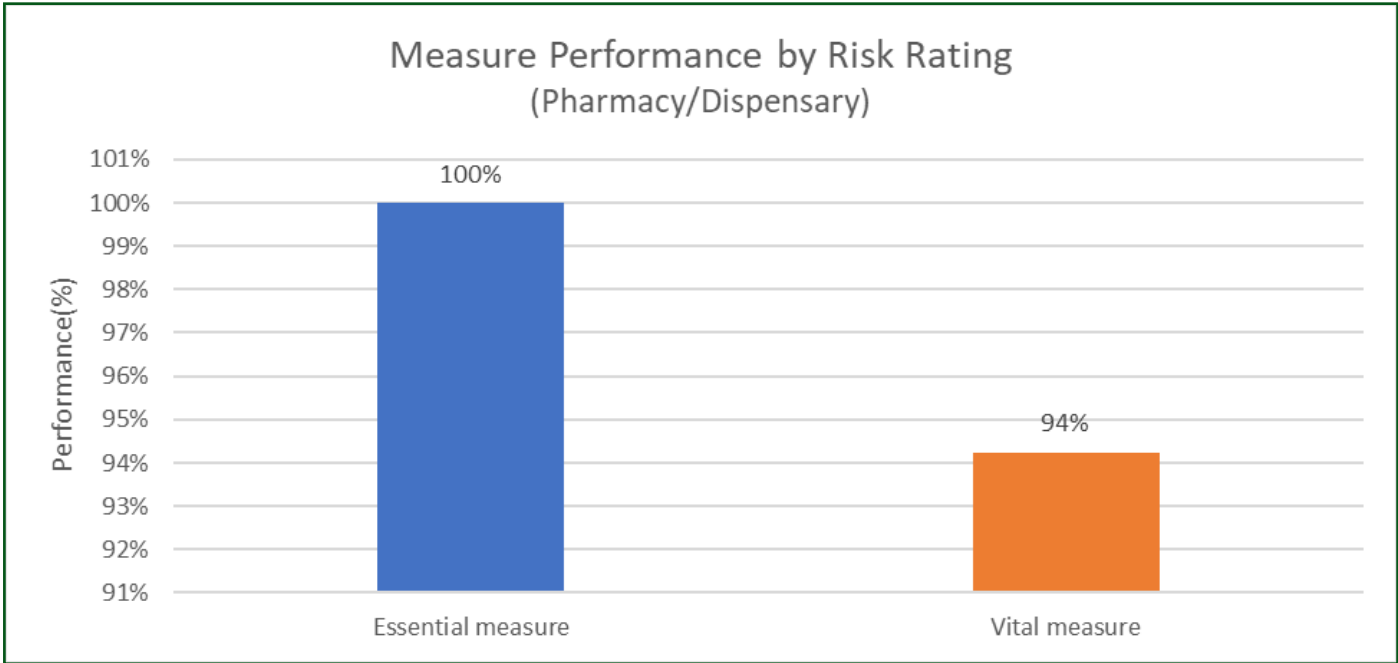


Figure 22: Measure performance by risk rating (pharmacy/dispensary)

3.3.1.11 CHCs maintenance support performance

Figure 23 below shows that the inspected HE performed generally well on essential measures in this FA.

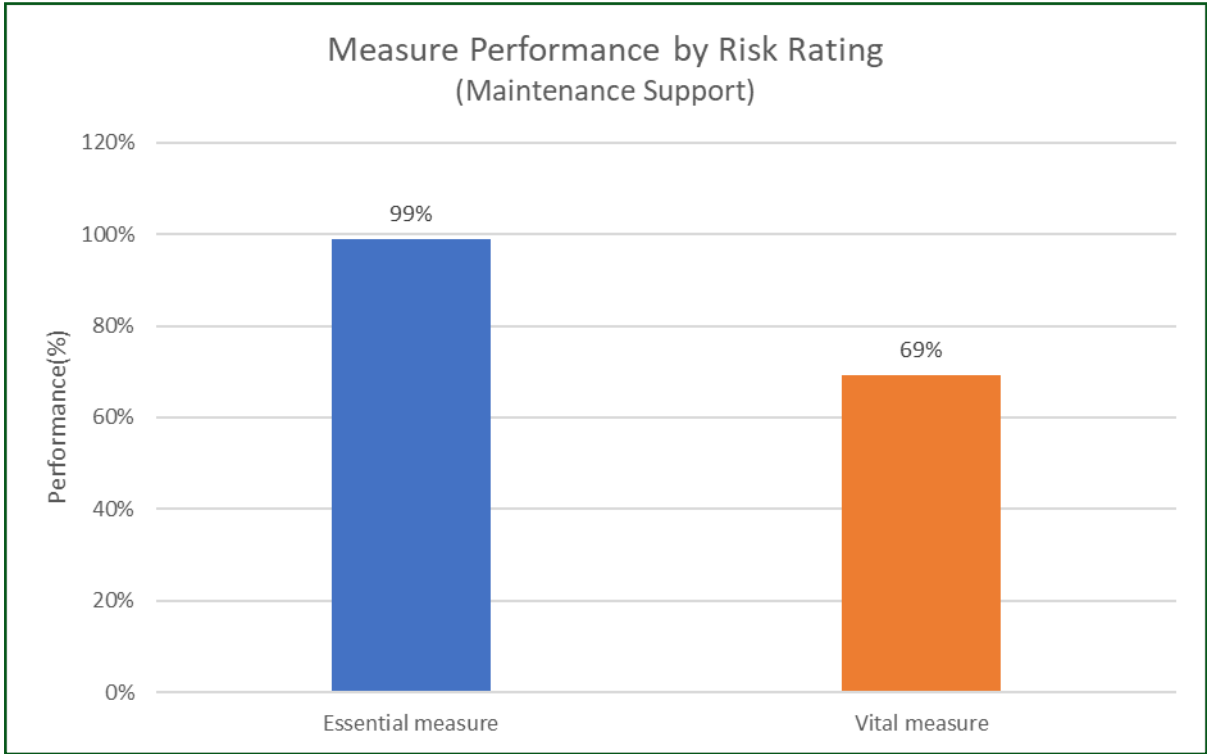


Figure 23: Measure performance by risk rating (maintenance support)

3.3.1.12 CHC measure performance by domain

Figure 24 below indicates the performance outcome on domains for the inspected CHC. The highest-performing domain is User Rights followed closely by Clinical Support Services while the lowest-performing domain is Governance and Human Resources. Governance and human resources are critical health system inputs that impact service delivery including the ability to provide quality healthcare. Common non-compliant measures related to staffing needs that were not determined, unavailability of functional clinic committees, non-adherence to the performance management systems and ineffective management of occupational health and safety systems among others.

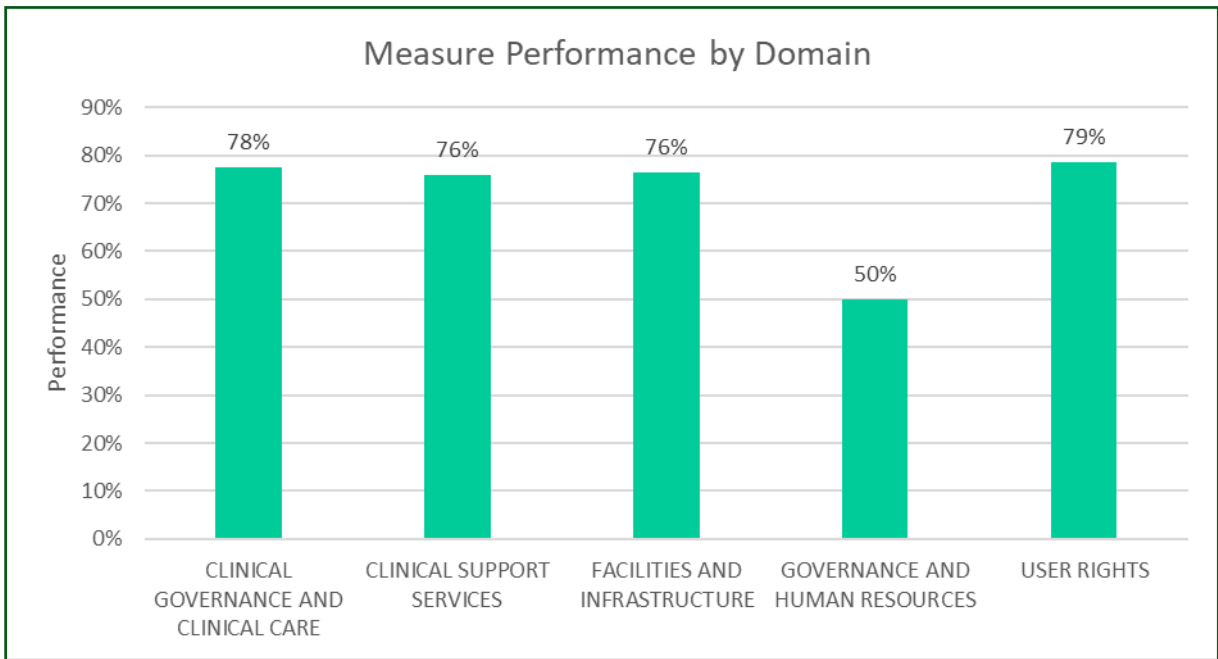


Figure 24: CHC measure performance by domain

3.3.1.13 CHC measures performance by standard and domain

Figures 25 to 29 below show average performance on measures at the level of standards per domain in the inspected CHC. The information below identifies specific areas that need improvement to assist the HE in meeting the requirements for compliance with norms and standards regulations to achieve certification by the OHSC. The standard performance is calculated as the average performance for measures within that standard.

3.3.1.14 CHC user rights

Standard Name	Standard Performance
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	 74%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	 85%
The health establishment must maintain a system of referral as established by the responsible authority.	 78%
The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	 80%

Figure 25: performance on standards (user rights)

3.3.1.15 CHCs clinical governance and clinical care

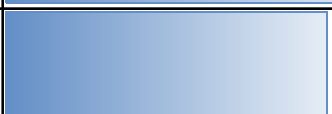
Standard Name	Standard Performance
(b) A health establishment must establish and maintain systems structures and programmes to manage clinical risk.	 86%
The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.	 65%
The health establishment must ensure that health records of health care users are protected managed and kept confidential in line with section 14 15 and 17 of the Act.	 94%
The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.	 81%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	 72%
The health establishment must have a formal process to be followed when obtaining informed consent from the user.	 50%
The health establishment must have a system to monitor and report all adverse events.	 100%
The health establishment must issue a discharge report to users in accordance with section 10 of the Act.	 98%
The health establishment must maintain an environment which minimises the risk of disease outbreaks the transmission of infection to users health care personnel and visitors.	 85%

Figure 26: performance on standards (clinical governance and clinical care)

3.3.1.16 CHC clinical support services

Standard Name	Standard Performance
Health establishments must ensure that diagnostic services are available and safe for users and for health care personnel involved in delivering these services.	100%
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	85%
The health establishment must comply with the provisions of the Pharmacy Act 1974 and the Medicines and Related Substances Act 1965.	90%

Figure 27: performance on standards (clinical support services)

3.3.1.17 CHC facilities and infrastructure

Standard Name	Standard Performance
The health establishment and their grounds must meet the requirements of the building regulations.	88%
The health establishment must ensure that engineering services are in place.	69%
The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.	100%
The health establishment must have systems to protect users health care personnel and property from security threats and risks.	69%

Figure 28: performance on standards (facilities and infrastructure)

3.3.1.18 CHC governance and human resource

Standard Name	Standard Performance
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	79%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	14%
The health establishment must have a functional governance structure with written Terms of Reference.	25%

Figure 29: performance on standards (governance and human resource)



3.4 District Hospitals

This section covers the performance of inspected District Hospitals according to the different measures disaggregated by the risk rating categories.

3.4.1 District hospital measure performance analysis

3.4.2 Non-negotiable measures

A total of 2 district hospitals were inspected during the period under review. None of the inspected HEs were able to achieve 100% on the NNMs requirements and were not compliant. Table 11 and 12 below shows the overall performance with respect to non-negotiable measures (NNMs) amongst the inspected district hospitals.

Table 11: overall district hospital performance on NNMs

Number of Inspected district hospitals	NNM 100% Compliant	NNM Non-Compliant (< 100%)
2	0	2

Table 12: district hospitals NNMs compliance rate

NNMs	Total Measures	Non-compliant Measures	Compliant Measures	Compliance Rate
Emergency trolley is stocked with medicines and equipment.	25	25		0.00%
Health care providers correctly complete forms used for informed consent.	14	11	3	21.43%
Emergency power supply is available in the ward/unit in the event of a power disruption.	20	15	5	25.00%
Medical supplies and equipment for resuscitation are available.	2	2		0.00%
The oxygen available in the cylinder is above the minimum level.	6	3	3	50.00%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.	4	3	1	25.00%
The ward has a functional system to supply piped oxygen to clinical areas.	4	1	3	75.00%
The unit has a functional system to supply piped oxygen.	2	1	1	50.00%

None of the district hospitals achieved NNMs overall score of 100% and therefore did not satisfy the requirements for an overall compliance status as shown in Table 13.

Table 13: performance on nnm of inspected district hospitals

Establishment Name	Number of Applicable Measures	Compliant Measures	Compliance rate
Alan Blyth Hospital	32	19	59%
Khayelitsha Hospital	45	21	47%

3.4.3 Overall vital measures grading

Figure 30 below shows that in Alan Blyth Hospital, the vital measures were graded Unsatisfactory and in Khayelitsha Hospital, Good.

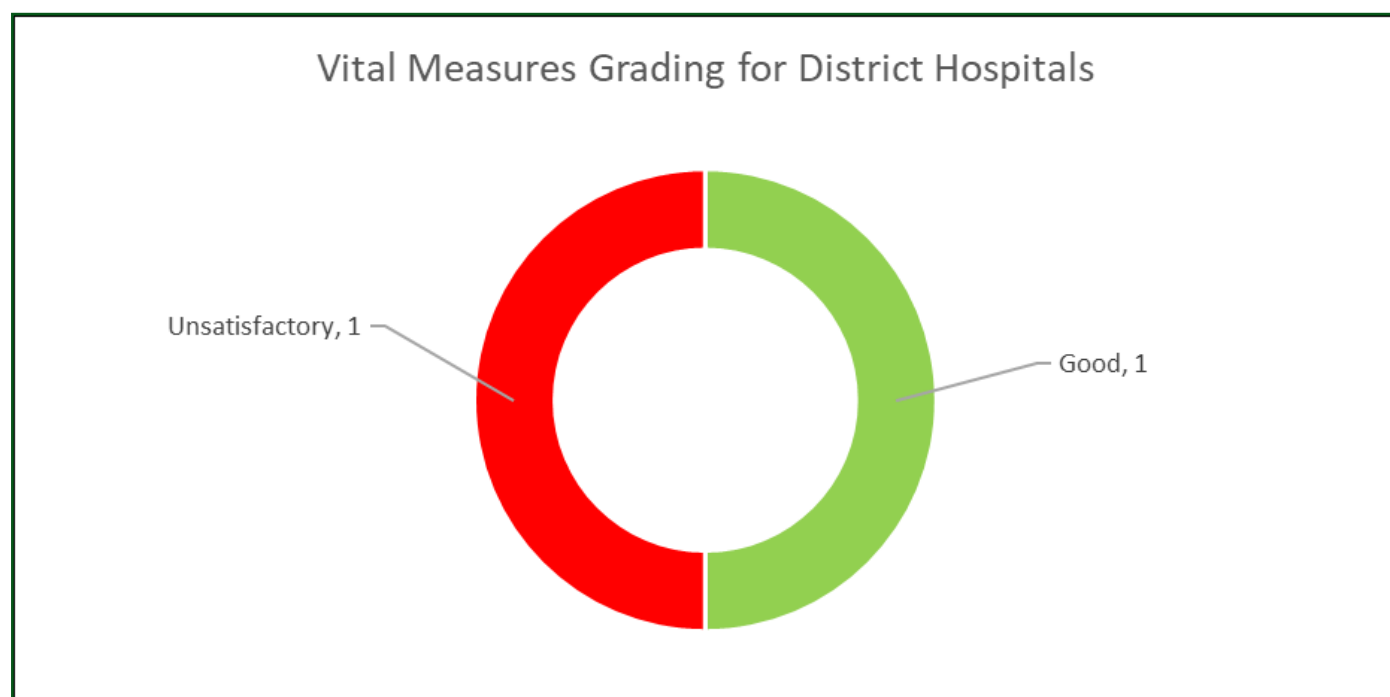


Figure 30: Vital measures grading

3.4.4 Overall essential measures grading

Figure 31 below shows that in Alan Blyth hospital the essential measures were graded Unsatisfactory and in Khayelitsha hospital, Satisfactory.

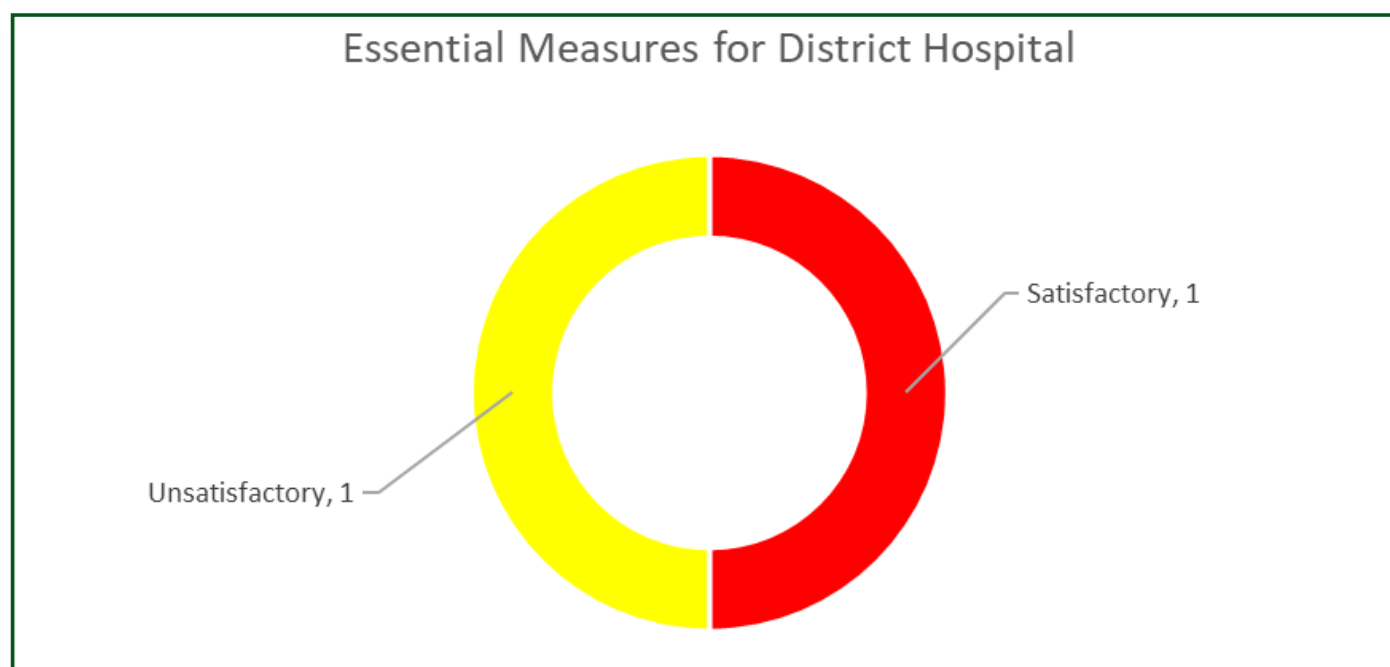


Figure 31: Essential measures grading

3.4.5 Overall measure performance by facility compliance status

Table 14 below shows that the two inspected district hospitals were graded Satisfactory and Unsatisfactory. The one hospital graded Satisfactory would have been compliant had it achieved 100% with the NNMs requirements.

Table 14: performance of district hospitals on nnms

NNM'S Compliance	Total inspected	Facility Grading	
		Unsatisfactory	Satisfactory
Non-Compliant	2	1	1

3.4.6 Measure performance by domain for district hospitals

Figures 32 below indicate aggregate performance outcome on domains for the two inspected district hospitals. Of all the domains in the norms and standards regulations, Facilities and Infrastructure was found to be the highest performing while the lowest performing domain is Clinical Support Services for Alan Blyth hospital and Governance and Human Resources for Khayelitsha Hospital.

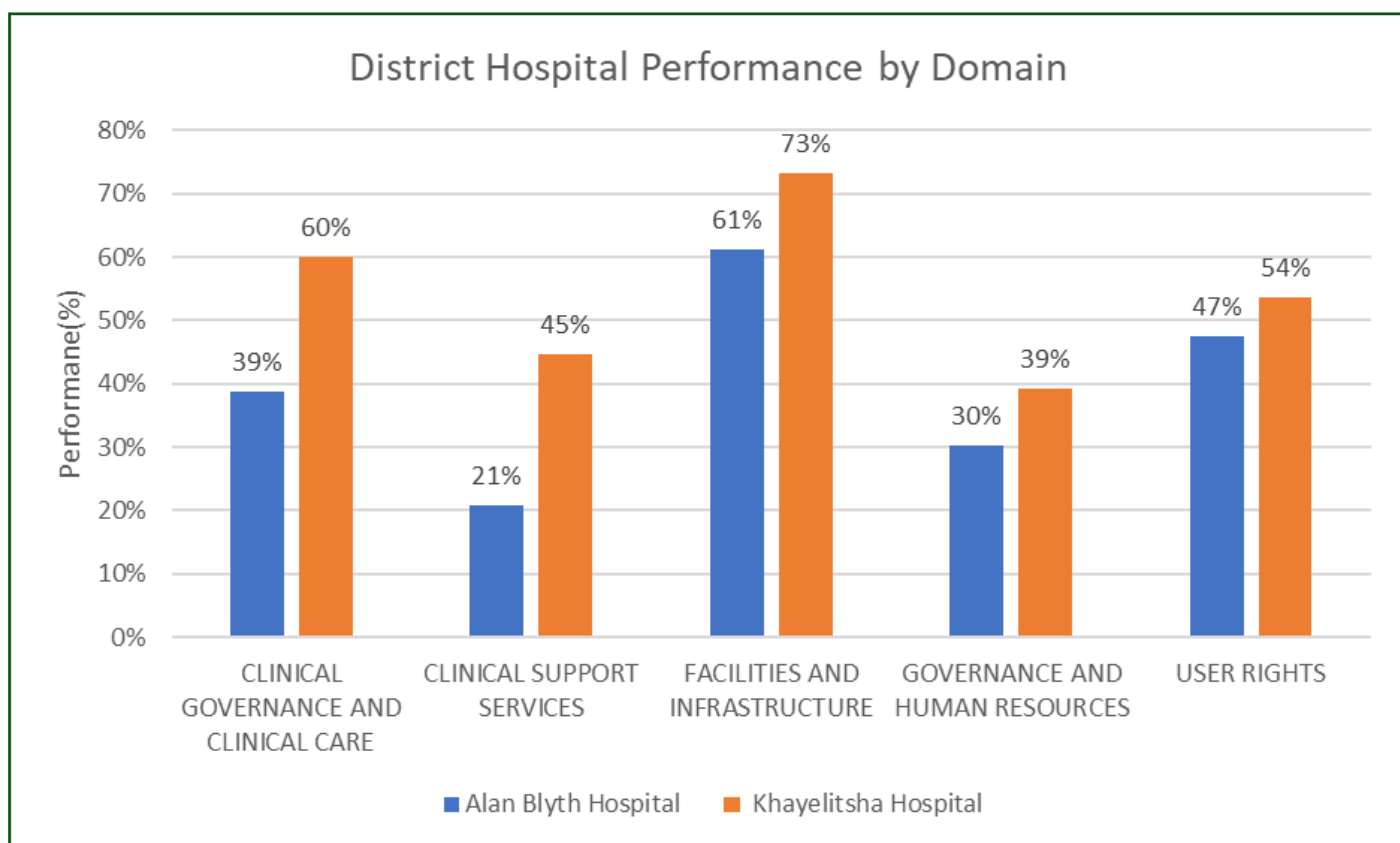


Figure 32: District hospitals performance by domain

3.4.7 Average measure performance by functional areas for district hospitals

Figure 33 below depicts performance of the two district hospitals in relation to the FAs. CEO or Hospital Manager as well as Clinical Management Group FAs performed below 30% whereas the Laboratory Services and Isolation Ward performed above 74%.

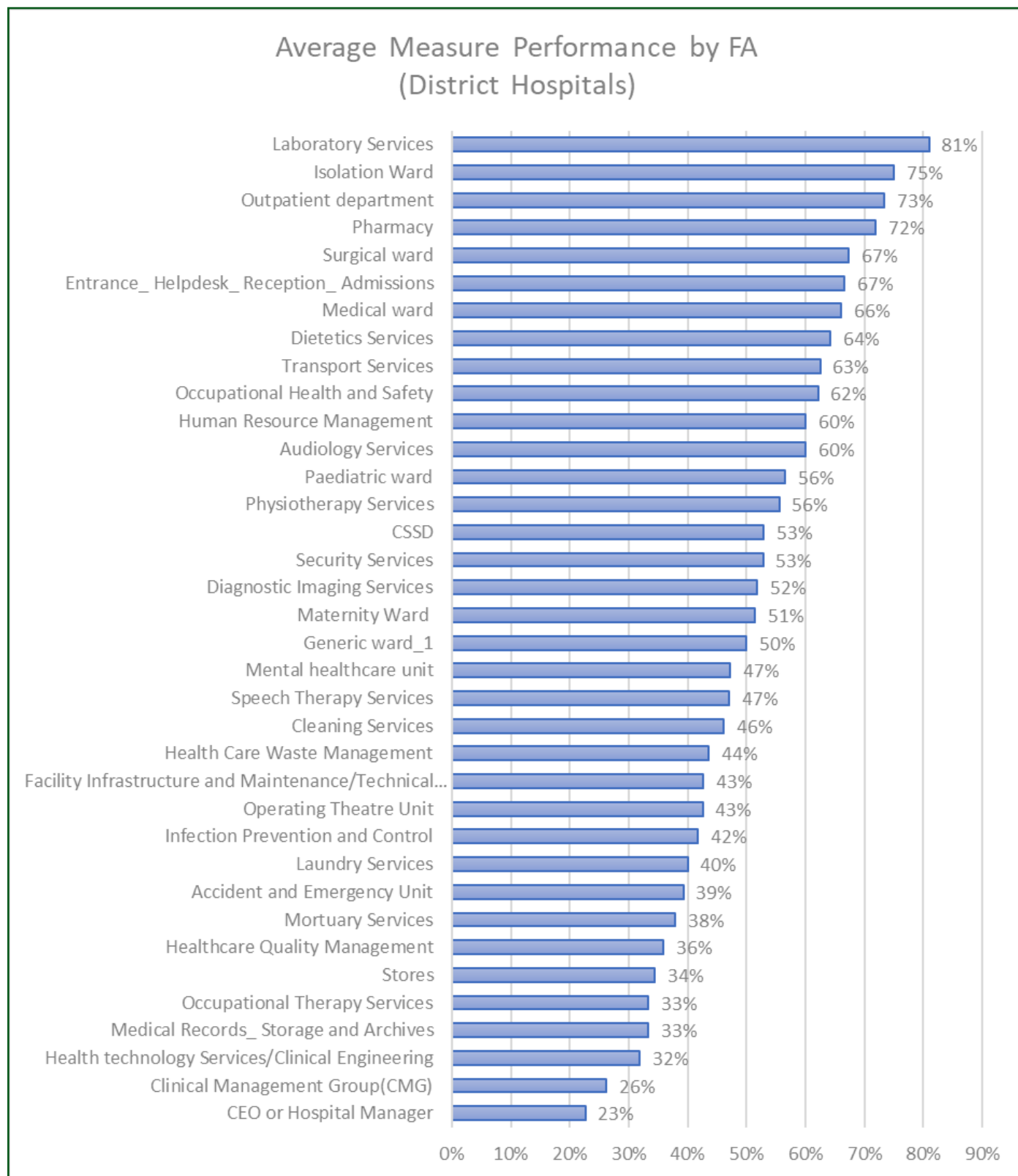


Figure 33: Average measure performance by fa (district hospitals)

3.5 Regional hospitals

There were no regional hospital inspections conducted in the Western Cape province during the period under review.

3.5.1 Re-inspection

There were no re-inspections conducted in the Western Cape province during the period under review.



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