ANNUAL INSPECTION REPORT 2017/18

OHSC

Office of Health Standards Compliance

Ensuring quality and safety in health care

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IMPROVING THE QUALITY OF HEALTHCARE IN SOUTH AFRICA

ABBREVIATIONS & ACRONYMS

CEO	Chief Executive Officer
CIS	Compliance Inspection System
DHIS	District Health Information System
DM	District Municipality
EC	Eastern Cape
EWS	Early Warning System
FAs	Functional Areas
FS	Free State
GP	Gauteng
HE	Health Establishment
HOD	Head of Department
KZN	KwaZulu-Natal
LP	Limpopo
MM	Metropolitan Municipality
MP	Mpumalanga
NC	Northern Cape
NDoH	National Department of Health
NDP	National Development Plan
NHA	National Health Act
NHI	National Health Insurance
NW	North West
OHSC	Office of Health Standards Compliance
PAs	Priority Areas
PECS	Patient Experience of Care Surveys
PHC	Primary Health Care
QCP	Quality Control Process
QIPs	Quality Improvement Plans
SD	Standard Deviation
SAS	Statistical Analysis Software
SLAs	Service Level Agreements
SOPs	Standard Operating Procedures
WC	Western Cape

GLOSSARY OF TERMS

Access	Ability of service users or potential service users to obtain required or available services when needed within an appropriate time.
Accountability	Responsibility and requirement to answer for tasks or activities. This responsibility may not be delegated and should be transparent to all stakeholders.
Adverse event	An undesired outcome or occurrence, not expected within the normal course of care or treatment, disease process, condition of the patient, or delivery of services.
Assessment tools	Questionnaires which are used by the inspectors to assess the health establishment usually within a functional area.
Availability of Medicine	Refers to the system where the management of medicines is ensured by making sure that there are documents guiding management of medicines. These documents are implemented, and they include processes such as following principles of ordering, stock taking, storage, stock availability prescribing and issuing of medicines.
Cleanliness	It is system, processes and programs that ensures that the environment where patients are cared for is clean and infection control principles are followed. It includes availability of all the well-functioning cleaning equipment and adequate material for cleaning to ensure the safety of patients and staff.
Clinical audits	A quality assurance tool that seeks to monitor and improve the quality of clinical practice; user care and outcomes through the systemic review of care against explicit standards.
Clinical governance	A system through which organizations are accountable for continuously improving the quality of their services and safeguarding high standards of care. This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence in clinical care to flourish.
Clinical outcomes	The condition of the user at the end of treatment or a disease process, including the degree of wellness and the need for continuing care, medication, support, counseling, or education.
Clinical risk	The likelihood that an adverse incident will cause injury or harm to users.
Domain	An aspect of service delivery where quality or safety can be at risk.
Emergency	An unanticipated or sudden occasion, as in emergency surgery needed to prevent death or serious disability.
Essential medicine list	A list of medicines that satisfy the priority health care needs of the population and should be available within the context of a functioning health systems at all times in adequate quantities in the appropriate dosage forms with assured quality and adequate information and at a price the individual and the community can afford.

Facilities and infrastructure	Covers the requirements for clean, safe and secure physical infrastructure (buildings, plant and machinery, equipment), functional, well managed hotel services and effective waste disposal.
Functional Area	Department, ward or place where the services are provided an inspection occurs i.e. Medical ward, CEO's office, laundry etc.
Hazard	Any source of potential damage, harm, adverse health effects on users or health care personnel, or any threat to their safety; / a circumstance, agent or action with the potential to cause harm (PSI Framework) p10
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 health care provider, at the time of or shortly after seeing the user, upon examination or treatment, that contains information about the health of the user and includes any results of diagnostic investigations performed on the user and is recorded by a health care provider, either personally or under his or her direction.
Healthcare Associated Infection	(Nosocomial or hospital-associated infection) an infection acquired in a healthcare facility by healthcare user, healthcare worker or a visitor to a healthcare facility who was in a facility for a reason other than infection. Such infection should have neither been present or incubating at the time of admission or when initial contact with the facility was made.
Healthcare user	Refers to a person receiving care, treatment and rehabilitation services or using a health service at a health establishment.
Improving Staff values and attitudes	Core values and the way health workers, supervisors and managers interact with users, visitors, family members and colleagues and respectfully address their concerns.
Infection prevention and control programme	A comprehensive programme that encompasses all aspects of infection prevention and control, covering education and training, surveillance, environmental management, waste management, outbreaks investigation, development and updating of infection prevention and control policies, guidelines and protocols, cleaning, disinfection and sterilization, employee health and quality management in infection control.
Informed Consent	A process of communication between a patient and their medical officer that results in the patient's authorisation or agreement to undergo a specific medical intervention or procedure.
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.

Medical equipment	Any instrument, apparatus or machine, intended for use in the clinical diagnosis, treatment, monitoring and direct care of users that needs to be calibrated, maintained, repaired and decommissioned.
Medical supplies	Products and devices other than medicines that are used for therapeutic purposes.
Occupational Health and safety	WHO definition: occupational health deals with all aspects of health and safety in the workplace and has a strong focus on primary prevention of hazards. It encompasses the social, mental and physical well-being of workers.
Operational management	Covers the day-to-day responsibilities involved in supporting and ensuring delivery of safe and effective patient care, including management of human resources, finances, assets and consumables, and of information and records.
Patient Rights	Sets out what a hospital or clinic must do to make sure that patients are respected and their rights upheld, including getting access to needed care and to respectful, informed and dignified attention in an acceptable and hygienic environment, seen from the point of view of the patient, in accordance with Batho Pele principles and the Patient Rights Charter.
Patient Safety	It is the reduction of risk of unnecessary harm associated with healthcare to an acceptable minimum.
Patients' safety incident	An event or circumstance that could have resulted or did result in harm to a user of healthcare services provided, and not due to an underlying health condition.
Personal protective equipment	Items specifically used to protect the healthcare worker from exposure to body substances or from droplet or airborne organism. Personal protective equipment includes but not limited to glove, gowns, caps, masks and protective eye wear.
Priority areas	Six most critical areas linked to National Core Standards for patient-centred care.
Referral letter	A letter used to refer clients: – from one level of care to another within the health care system; – different departments/health practitioners within a health establishment;to other services outside the health establishment or sector.
Risk assessment	The assessment of an environment to identify any hazards or circumstances which compromises safety and has the potential to cause harm or loss.
Risk management	All processes involved in identifying, assessing and judging risks, assigning ownership, taking actions to mitigating or anticipate them, and monitoring and review progress.

Security system	Systems to ensure safety of staff, clients, patients and the public. In this context includes lighting (particularly at night in commonly used public areas); codes for doors with limited access; security guards present and screening movement; security cameras, in working conditions and monitored with radio control.
Service operating times	The times during which the health establishment will be providing services.
Standard	A statement that defines the performance expectations, structures, or processes that must be in place for an organization to provide safe treatment and quality services.
Tracer medicine / medical supplies	Essential medicines/supplies as per EDL or formulary.
Triage	The process of determining the priority of users' treatments based on the severity of their condition. This rations patient treatment efficiently when resources are insufficient for all to be treated immediately.
User experience of care	A mechanism to get feedback from user as per district, provincial or national protocol. It could include a formal survey, individual interviews and/or focus group discussions. It can also include an analysis of other mechanisms to get user feedback e.g. suggestion boxes; comment book. Can be done internally or by an external organization.
Waiting times	The time the user spends waiting for service/s in a facility per visit and is calculated from the time the patient enters the facility (taking into consideration the official opening time of the facility) to the time that user leaves the facility.
Waste management system	All the activities, administrative and operational, involved in the production, handling, treatment, conditioning, storage, transportation and disposal of waste generated by healthcare establishments.

FOREWORD BY THE ACTING CHAIRPERSON OF THE BOARD

The Office of Health Standards Compliance (OHSC) is an independent entity established in terms of the National Health Act, 2003 (Act No. 61 of 2003) and has a mandate of protecting and promoting the health and safety of users of health services.

In terms of Section 78 of the Act, the objectives of the OHSC are to protect and promote the health and safety of users of health services in South Africa by:

- Monitoring and enforcing compliance by HEs with norms and standards prescribed by the minister of health in relation to the national health system; and
- Ensuring consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards for HEs in a procedurally fair, economical and expeditious manner.

The OHSC will play a key role in strengthening the health system towards achieving Universal Healthcare Coverage. The OHSC has been conducting mock inspections in public HEs to monitor compliance with the National Core Standards (NCS). In line with its legal mandate, the OHSC compiled the Annual Inspection Report for public sector HEs for the 2017/18 financial year following inspections that were conducted.

The inspection report is a reflection of concerted efforts of the OHSC to execute its mandate. The report presents the findings from 923 HEs in the public sector across the country. The weaknesses and gaps identified during 2017/18 were comparable to findings in previous inspections reports and can be summarised as follows: unavailability of effective governance structures in the majority of HEs, ineffective leadership, poor oversight, lack of accountability and absence of good management systems. The number and intensity of inspections will need to increase in the coming years to include inspections in the private HEs.

However, it must be noted that there are aspects of improvements/standards that are outside the scope of responsibilities of the HEs that require district or provincial support. Therefore, since improvements related to leadership and corporate governance are critical for the effective functioning of the HEs, this aspect should be addressed at the appropriate level. Supportive supervision as part of operational management is key to the performance of HEs.

The OHSC is committed to working with HEs by conducting inspections in private and public sectors towards improvement of the quality of healthcare in South Africa.

MS OAITSE AUDREY MONTSHIWA
ACTING CHAIRPERSON
DATE: 27 September 2019

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EXECUTIVE SUMMARY

This Annual Inspection Report provides findings of health establishments (HEs) inspected by the OHSC for monitoring compliance with the National Core Standards (NCS) during the 2017/18 financial year. The NCS define fundamentals for quality of care based on six dimensions of quality: acceptability, safety, reliability, equity, accessibility, and efficiency. The model comprises of seven domains which are: Patient Rights, Patient Safety, Clinical Governance and Clinical Care, Clinical Support Services, Public Health, Leadership and Corporate Governance, Operational Management as well as Facilities and Infrastructure.

The Six Ministerial Priority Areas (PAs) embedded in these domains are: Availability of Medicines and Supplies, Cleanliness, Improved Patient Safety and Security, Infection Prevention and Control, Positive and Caring Attitudes as well as Waiting Times. Not all standards are applicable across all levels of care. There are standards that are only applicable to hospitals and not to clinics. The tools were divided into functional areas (FAs) for clinics, Community Health Centres (CHCs) and hospitals.

RESULTS AND FINDINGS

Interpretation of inspection findings in this report should take into consideration that inspections were conducted in selected health establishments and therefore, do not necessarily represent generalized findings for the entire country.

A total of 923 public HEs inspections were conducted by the OHSC in all levels of care to improve quality of care within the public health system during the 2017/18 financial year.

The inspections findings showed that 152 of selected health establishments inspected during the 2017/18 financial year were compliant, while some of selected HEs were compliant with conditions to be addressed. There were similar trends between provincial results and national results regarding distribution of HEs. The results from most provinces for overall outcome scores for HEs were lower than the national average.

Western Cape, Gauteng, and KwaZulu-Natal and Mpumalanga provinces scored higher than the national average score of 50%. The majority of inspections were in clinics.

The domain Patient Rights achieved a relatively high score across all provinces while

Leadership and Corporate Governance domain had the lowest score. The results further indicated that Waiting Times was the PA which had the highest score, while Improved Patient Safety and Security had the lowest score.

These findings should be used as a guide to key stakeholders for making evidence-based decisions to support the implementation of the NCS and overall strengthening of the health system in the country.

The OHSC recommends that:

- Efforts to implement strict follow up mechanisms for all non-compliant HEs to achieve compliance should be fortified.
- There is a need for continuous provision of training and support on the implementation of the NCS.
- It may be worthwhile to consider conducting a qualitative research study to establish issues that hinder HEs in terms of successful implementation of the NCS. Case studies may also be conducted to establish possible success factors which have enabled compliant HEs to achieve above average scores and to identify challenges hindering non-compliant HEs to achieve compliance.
- There is a need to address human resource, leadership and corporate governance issues in HEs including strategies to address current infrastructural gaps.

1. INTRODUCTION

1.1 BACKGROUND

Legislative framework and other mandates:

1.1.1 The National Health Act, 2003, (Act No. 61 of 2003) (NHA)

The OHSC was established in terms of the NHA as an independent entity and regulator in the healthcare sector. The objectives of the OHSC as defined in the NHA are "to protect and promote the health and safety of users of health services" within the Republic of South Africa. The regulatory role of the OHSC is influenced by among others, the following legislation, regulations and policies: Constitution of the Republic of South Africa, particularly Chapter 2 (Bill of Rights); The National Health Act, 2003, (Act No. 61 of 2003) as amended (NHA); National Development Plan (NDP), the NCS and the National Health Insurance (NHI) Policy.

The OHSC acts independently, impartially, fairly and fearlessly on behalf of the people of South Africa in guiding, monitoring and enforcing quality health care and safety standards in HEs.

The OHSC's powers to protect and promote health and safety are summarised below:

Table 1:Powers to protect and promote health and safety

How does the OHSC "protect the health and safety of users"?	How does the OHSC "promote the health and safety of users"?
Powers that enable the OHSC to achieve this objective are: ▣ Advise on the determination of the norms and standards to be prescribed - S79(1)(a) ▣ Inspect and certify HEs as compliant or non-compliant with norms and standards and withdraw certification where applicable - S79(1)(b) ▣ Investigate complaints relating to breaches of prescribed norms and standards- S79(1)(c) ▣ Monitor indicators of risk as an early warning system relating to serious breaches of norms and standards - S79(1) (d) ▣ Identify areas of non-compliance and make recommendations for intervention - S79(1) (e) ▣ Collect or request any information relating to prescribed norms and standards from HEs and users - S79(2)(b) ▣ Liaise with any other regulatory authority in respect of matters of a specific complaint and investigation - S79(2)(c)	**Powers that enable the OHSC to achieve this objective are:** ▣ Advise on the review of norms and standards - S79(1)(a) ▣ Publish information in relation to prescribed norms and standards through the media, and where appropriate to specific communities - S79(1)(f) ▣ Recommend quality assurance and management systems for the national health system - S79(1)(g) ▣ Issue guidelines for the benefit of HEs on the implementation of prescribed norms and standards - S79(2)(a) ▣ Collect or request any information relating to prescribed norms and standards from HEs and users - S79(2)(b) ▣ Liaise with any other regulatory authority in respect of matters of common interest -S79(2)(c) ▣ Negotiate cooperative agreements with any regulatory authority S79(2)(d)

1.1.2 Policy mandates

▣ **The National Development Plan (NDP)**

The NDP vision 2030, Priority 2 focuses on strengthening the health system and includes the role of the OHSC as an independent entity mandated to promote quality by measuring, benchmarking and certification of compliance against quality norms and standards.

The National Health Insurance (NHI)

The NHI is based on the principles of universal health care coverage through the establishment of a unified health system for equity, right of access to basic healthcare and social solidarity, irrespective of a person's socio-economic status. The NHI will extend the population coverage, improve the quality and quantity of services, as well as provide financial risk protection to individuals and households by reducing direct costs when accessing health care. An effective and well functioning quality health system with norms and standards that are implemented effectively is essential for the successful implementation of NHI. The NHI Policy published in June 2017 states that the OHSC will oversee certification of HEs to ensure compliance with quality standards. HEs that are compliant with certification requirement of the OHSC by meeting set quality norms and standards will be accredited by the NHI Fund as part of strategic purchasing of health services.

The National Core Standards

The NCS were published as National Policy in February 2011. The purpose of the NCS is to: Develop a common definition of quality care which should be found in all HEs in South Africa, as a guide to the public and to managers and staff at all levels; establish a benchmark against which HEs can be assessed, gaps identified and strengths appraised; and set the framework for the national certification of compliance with mandatory standards as part of the regulated entity of the OHSC. The NCS is intended to set out the basics for quality of care from the 6 dimensions of quality which are: acceptability, safety, reliability, equity, accessibility and efficiency. Furthermore, the NCS assist managers in proactively establishing and implementing systems and processes to avoid risks to quality care or reduce the impact based on existing policies, protocols of the National Department of Health (NDOH), National Treasury, the Department of Public Service Administration.

1.2 RATIONALE

The OHSC was established in 2013 following the amendment of the National Health Act No. 61 of 2003.

In terms of Section 78 of the Act, the objectives of the OHSC are to protect and promote the health and safety of users of health services in South Africa by:

- Monitoring and enforcing compliance by HEs with norms and standards prescribed by the minister of health in relation to the national health system; and
- Ensuring consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards for HEs in a procedurally fair, economical and expeditious manner.

The intended objective of these inspections was to improve quality of care within the public health system. Eight hundred and eighty-seven (887) of these inspections were conducted in clinics while 36 were in hospitals (25 in district hospitals, 7 in regional hospitals, 3 in central hospitals and 1 in a provincial tertiary hospital). The largest number of inspections were in the Eastern Cape Province where 213 inspections were conducted while 60 inspections were in the Northern Cape Province where the least number of inspections were conducted. The majority of inspections were in clinics with 96% of inspections. The highest scores were in Gauteng Province where the average score of 62% was obtained. Western Cape and KwaZulu-Natal Provinces attained average scores of 57% and 56% respectively. Mpumalanga Province had the average inspection score of 51% while Eastern Cape, Northern Cape, Free State, Limpopo and North west Provinces scores ranged from 42% to 48%.

This report therefore aims to provide an analysis of HEs performance following inspections of HEs in accordance with implementation of the NCS across the nine provinces of South Africa.

2. METHODOLOGY

Inspections were conducted to monitor compliance with NCS. The planned inspections target for the 2017/18 financial year was to conduct inspections in 689 of 3816 (18%) public HEs. The inspection teams utilised the electronic CIS as a tool to collect data in public sector HEs (clinics and hospitals) the during 2017/18 financial year.

2.1 SAMPLING OF HEALTH ESTABLISHMENTS

The sampling strategy took into consideration the distance between the HEs, allocated budget, time and number of inspectors available for a given inspection period.

A convenient sampling methodology was used where a desired target of 18% was applied in provinces and districts in accordance with the type of HEs as shown in tables 2 and 3. The location of HEs in sub-districts and districts was considered in selection of HEs to maximise efficiency in use of a limited inspection resources.

The projected number of HEs that were inspected per province to achieve the 18% coverage is summarised in Tables 2 and 3.

Table 2:Inspections targeted in public HEs per level of care in the nine provinces the for 2017/18 financial year

Period	Type of HE	Total Number of HEs targeted for inspection	Total Number of HEs	Expected Coverage	Average Targeted Percentage
2017/18	Clinics	570	3167	18%	18%
	CHCs	59	324	18%	
	Hospitals	60	325	18%	
		689	3816	18%	

Table 3:Targeted public HE by province for 2017/18

Province	No of HEs in South Africa	%	Total number of HEs targeted
Eastern Cape	828	18	149
Free State	252	18	45
Gauteng	395	18	71
KwaZulu-Natal	671	18	121
Limpopo	509	18	93
Mpumalanga	317	18	57
Northern Cape	175	18	33
North West	335	18	60
Western Cape	334	18	60
Total	3816	18	689

2.2 INSPECTION TOOLS

The inspection tool for clinics, CHCs and hospitals covered the following domains: Patient Rights, Patient Safety, Clinical Governance and Clinical Care, Clinical Support Services, Public Health, Leadership and Corporate Governance, Operational Management, and Facilities and Infrastructure. All seven domains have a number of standards built in. HEs were inspected for compliance with these standards. Not all standards are applicable across all levels of care. There are standards that are only applicable to hospitals and not to clinics. The tools were divided into FAs, for clinics, CHCs and hospitals as shown in the Table 4 below.

Table 4: FAs per level of care

Level of Care	Management	Clinical management		Clinical Support
Clinics	Clinic Manager Maintenance and Support	Clinical Services		Pharmacy/ Medicine Cupboard
Level of Care	**Management**	**Patient Care Areas**	**Support Services**	**Clinical Support**
CHC	CHC Manager	Clinical Services Maternity Accident and Emergency Generic Ward Theatre	Maintenance Food Services	Pharmacy/ Medicine Cupboard Radiology
Level of Care	**Management**	**Patient Care Areas**	**Support Services**	**Clinical Support**
Hospitals	CEO/Hospital Manager Clinical Management Group Infection control HR Management Procurement Communication/PRO Management Information Systems Case Management Occupational health and Safety Financial Management Facility Infrastructure	Medical Ward Surgical Ward Maternity Ward Paediatric Ward Generic Ward Speciality Ward -Intensive Care or High care units or Burns unit Operating theatre Psychiatric ward Out-Patient Department Accident and Emergency unit Therapeutic support services: Physio	Record/archive department Entrance, reception and help desk CSSD Mortuary services Cleaning services Food services Laundry services Maintenance services including gardens Waste management Transport services Security services	Blood Services Laboratory Health Technology Services Pharmacy Radiology

The tools consisted of measures which were rated as compliant or non-compliant or required a checklist to be completed. Non-compliant measures or non-compliant check lists required additional comments and, where possible, photographic evidence.

For each measure, the method to collect the data was specified as follows:

- Review of documentation (policies, standard operating procedures (SOPs), operational plans, patient experience of care surveys (PECS), quality improvement plans (QIPs), service level agreements (SLAs) and minutes of meetings).
- Observations of the surroundings within the HE.
- Observations of interactions between providers and patients.
- Structured interviews for patients.
- Structured interviews for staff.
- Assessment of patients' records.

Each measure had been allocated a risk rating of either extreme, vital, essential or developmental. The risk rating for a measure was based on the severity of the outcome and the number of patients/ staff likely to be affected if the HE was non-compliant for that measure. Facilities were required to attain a minimum of 100% for extreme measures, 90% for vital measures, 80% for essential measures and 60% for developmental measures.

2.3 TYPES OF INSPECTIONS

2.3.1 Routine inspections

An inspector may, in terms of section 82(1) of the Act, enter any HE, at any reasonable time, for purposes of carrying out an inspection contemplated in section 82(1) of the Act. A routine inspection is carried out to assess compliance with the NCS. HEs that are found to be compliant will be scheduled for a routine inspection once the certificate of compliance has expired.

2.3.2 Additional inspections

Section 82(1) of the National Health Amendment Act makes provision for an inspector to conduct additional inspection at any given time should he/ she have reasonable grounds to believe that such an inspection is needed to establish if non-compliance has been remedied within the HE.

2.4 THE INSPECTION PROCESS

2.4.1 Inspection teams

Eight inspection teams conducted inspections across the nine provinces. Each inspection team was comprised of five inspectors led by a team leader. The time allocated to conduct an inspection for the level of care was as follows:

- Clinics – full day;
- Regional and District hospitals – three days; and
- Provincial Tertiary /Central hospitals – four days.

2.4.2 The inspection process flow in line with ISO 90011:2002

The major steps in the inspection process (pre, during, and post inspections), follow a logical cycle which results in continuous improvement in the tools and methods of the unit. Each major step (Plan, Do, Check and Act) has a series of sub-steps which are defined in the SOPs of the Compliance Inspectorate Unit.

2.4.3 Pre-inspection planning

The pre-inspection planning consists of reviewing facility profiles, early warning system (EWS), complaints, media reports and previous inspection reports by the inspection teams, team members are allocated to FAs and other necessary logistical arrangements.

2.4.4 Actual inspections

The inspections were unannounced, upon arrival, the inspection team leader handed the Notice of Inspection (OHSC form 3) to the Chief Executive Officer (CEO) of the hospital and the Operational Manager of a primary health care facility or any delegated person in charge of the HE. The Notice of Inspection included the following information: the purpose of the inspection; the date of the inspection; the estimated duration of the inspection; the inspection plan; the number of authorized personnel expected to take part in the inspection of

the HE; the contact details of the inspector primarily responsible for the inspection and the responsibilities of the HE. Inspections commenced with a briefing to management and other relevant staff members.

2.4.5 Post-inspection quality control process (QCP)

The data collected was reviewed according to the data quality control steps outlined in the SOPs to ensure the validity of the inspection process.

2.5 DATA ANALYSIS

Data was captured using the CIS and was exported to MS Excel and Statistical Analysis Software (SAS) version 9.4. The database was structured to allow analysis of domains, sub-domains, standards, criteria, measures and values, as well as aggregation of the values by province, district, sub-district, facility name and facility type. Values of the measures were structured as zero (0) and one (1). The 0 (zero) represented non-compliant measures while 1 (one) represented compliant measures. Checklists were also used to score performance of measures. The average score for checklists was obtained by dividing the number of compliant items on the checklist by the number of applicable items and ranged from 0 to 1. Pre-determined weights were attached to the value of the measures. The weights were determined based on the risk level of the measures and were structured as follows:

- Extreme=40%
- Vital =30%
- Essential =20%
- Developmental=10%

Average scores were determined by using the sum of the weighted compliant measures as the numerator and the sum of all weighted compliant and non-compliant measures as the denominator. This formula was used to calculate scores in the different levels of care for all HEs.

2.6 REPORTING OF FINDINGS

Each HE inspected during the 2017/18 financial year received three reports which are: weighted feedback by FA; weighted feedback by standard and a picture evidence report for non-compliant measures. HEs further received a quality improvement template that was pre-populated with non-compliant measures. This document assist HEs to develop QIPs.

Feedback sessions were held in all nine provinces, through communication sent to the provincial HOD's. The managers invited for the feedback sessions comprised of the relevant provincial, district and HE operational managers. The feedback presentation for inspected HEs covered average provincial score, technical reports, evidence-based report and the quality improvement template.

This infographic provides comprehensive summary and graphical information for the “Annual Inspection Report 2017/18”. It represents the National and Provincial findings at a glance as well as recommendations.

INFOGRAPHIC

ANNUAL INSPECTION REPORT 2017/18

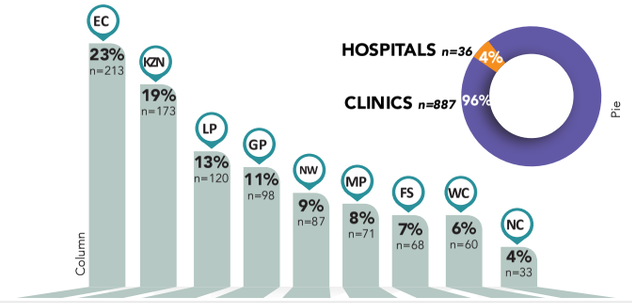
1. AIM

To provide an overview of data analysis following inspections in public health establishments (HEs) across the nine provinces of South Africa during the financial year 2017/18.

2. RATIO OF HEs TO NUMBER OF FUNCTIONAL AREAS (FAs) AND MEASURES

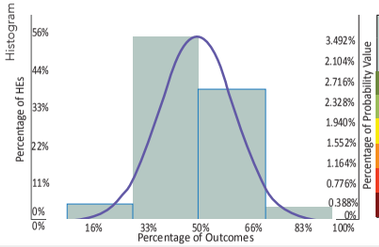
Each hospital recorded approximately (749) measures within (43) FAs, while each clinic recorded (185) measures within (4) FAs.

3. DISTRIBUTION OF HEs *n=923*



Clinics accounted to a higher percentage of HEs inspected 96% (887) and hospitals recorded 4% (36). HEs inspected in Eastern Cape accounted to 23% (213), KwaZulu-Natal 19% (173) and Limpopo 13% (120). Gauteng recorded 11% (98), North West 9% (87) and Mpumalanga 8% (71), Free State 7% (68), Western Cape 6% (60) and lastly Northern Cape 4% (33).

4. AVERAGE OUTCOMES *n=923*



Compliance* %	HEs		FAs	
	Clinics n=887	Hospitals n=36	Clinics 4 FAs	Hospitals 43 FAs
≥80	11	0	0	4
70-79	17	7	1	15
60-69	103	14	0	7
50-59	246	9	1	8
40-49	301	5	0	6
< 40	209	1	2	3

Inspected HEs recorded 50% average score, clinics scored 48% and hospitals 61%. 11 clinics attained scores of (>=80%) and no hospital obtained a score of (≥80%). 17 clinics and 7 hospitals had a score between 70-79%. 103 clinics and 14 hospitals attained a score between 60-69%. 246 clinics and 9 hospitals achieved a score between 50-59%. 301 clinics and 5 hospitals scored between 40-49%. 209 clinics and 1 hospital scored < 40%.

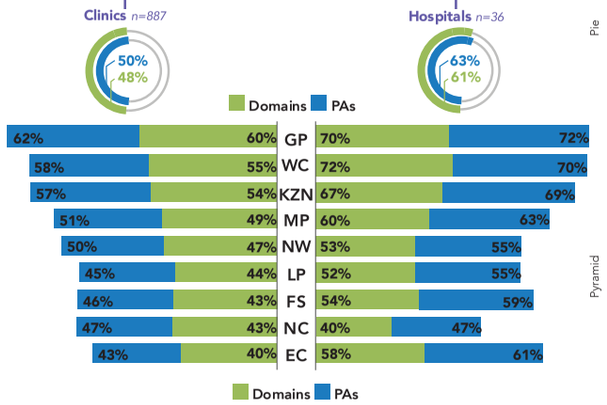
43 FAs were inspected in hospitals. 4 FAs achieved >= 80%. 15 FAs attained between 70-79%, and 7 FAs achieved a score between 60-69%. 8 FAs scored between 50- 59%. 6 FAs achieved between 40-49% and lastly 3 FAs attained < 40%. Four FAs were inspected in clinics. 1FA scored between 70-79%, while 1 FA had a score between 50-59%. The remaining 2 FAs scored < 40%.

Overall, 377 (43%) of clinics and 30 (83%) hospitals were compliant with the NCS.

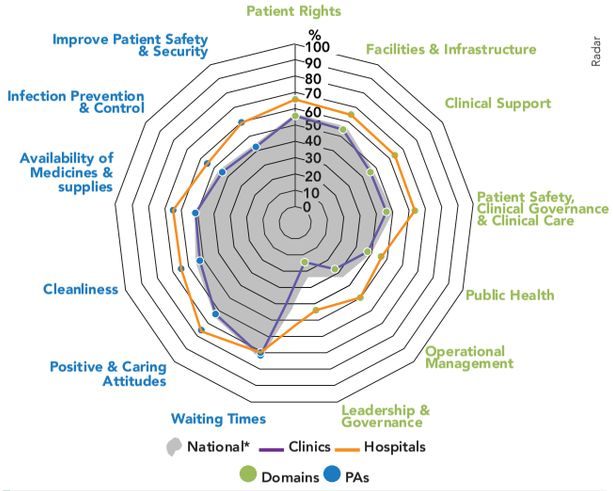
*** Compliance Status Framework :** ≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.

5. AVERAGE SCORE BY DOMAINS AND PRIORITY AREAS (PAs) *n=923*

Average score for hospitals and clinics was (61%) and (48%) for domains respectively. Average score for PAs for Hospitals and clinics was (63%) and (50%).



Hospitals in Gauteng achieved 70% and clinics 60% for domains. Hospitals scored 72% and clinics 62% for PAs. Clinics in Eastern Cape attained 40% on domain while hospitals scored 58%. For PAs Clinics scored 43% and hospitals had 61%.



Domains: Patient Rights had the average score of 58%, hospitals had 67% and clinics 57%. Leadership and corporate governance had the average score of 22%, where hospitals had 45% and clinics 14%.

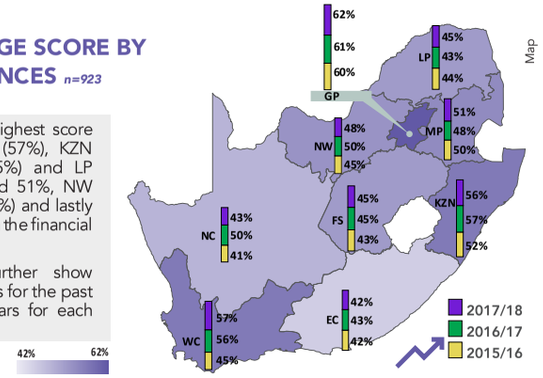
PAs: Waiting Times had the average score of 74%, hospitals scored 71% and clinics 75%. Improved patient safety and security attained the average score of 46%, hospitals had 64% and clinics 56%. Independent measure had an average score of 43%, where hospitals attained 55% and clinics 40%.

**National represents combined scores for hospitals and clinics.*

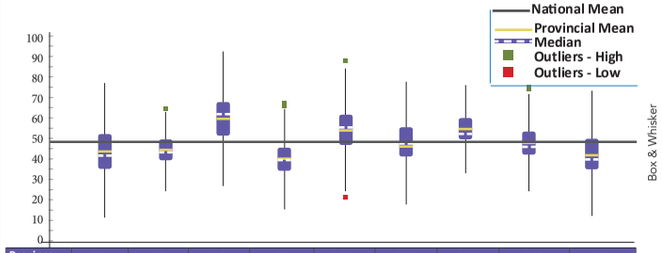
6. AVERAGE SCORE BY PROVINCES *n=923*

GP had the highest score of 62%, WC (57%), KZN (56%), FS (45%) and LP (45%). MP had 51%, NW (48%), NC (43%) and lastly EC had 42% in the financial year 2017/18.

The map further show average scores for the past 3 financial years for each province.



7. OVERVIEW OF OUTLIER DETECTION *n=923*



Province	FS	LP	GP	EC	KZN	NW	WC	MP	NC
No of HEs	68	120	98	213	173	87	60	71	33
Median	43%	44%	60%	40%	54%	48%	55%	49%	42%

Bekulwandle (BT) Clinic in (KZN) had a score of 20% and was classified under low-end outliers, reflecting to poor performance. HEs classified under high-end outliers (green) were Mpola Clinic in (KZN) (85%), Mboniseni Clinic and Ermelo Hospital (MP) both with a score of 72%. Donald Fraser Hospital (LP) scored 65%, Nelson Mandela Academic Hospital (64%), as well as St Francis Bay and Mqambeli Clinic (EC) both scoring 63%. These reflect better performance achieved by health establishments as compared to performance within the same province.

8. CONCLUSION AND RECOMMENDATIONS

The results indicate that HEs had an average score of 50%. A total of 393 (43%) of HEs attained average scores greater than 50%. At this stage, it is essential to note that good performance by HEs is integral and instrumental as South Africa embark on the implementation of primary healthcare (PHC) Re-engineering and National Health Insurance (NHI) for continuous provision of quality of care and health service.

In line with the findings, the following recommendations can be made:

I. Implementation of strict follow up mechanisms for all non-compliant HEs to achieve compliance is essential.

II. Continuous provision of training and support on the implementation of the National Core Standards (NCS) must be strengthened.

III. Address human resource, leadership and corporate governances as well as infrastructural gaps.

IV. Qualitative research to establish issues that hinder HEs in terms of successful implementation of the NCS must be conducted. Case studies may also be conducted to determine success factors which have enabled compliant HEs to achieve above average performance and identify challenges hindering compliance with NCS.

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

3. NATIONAL OVERVIEW

3.1 RATIO OF HEALTH ESTABLISHMENTS TO NUMBER OF FUNCTIONAL AREAS AND MEASURES

The ratio of HEs to number of FAs and measures are presented on Figure 1. According to the results, there are differences in the number of FAs and measures assessed between hospitals and clinics. As reflected by the findings, each hospital had approximately 749 measures and 43 FAs depending on the level and size of hospital while each clinic had nearly 185 measures and only 4 FAs. There were no inspections conducted in community health centres (CHCs) due to scheduled transitioning from manual to live web-based system in this financial year.

Figure 1: Ratio of HEs to number of FAs and measures

3.2 DISTRIBUTION OF HEALTH ESTABLISHMENTS

With reference to Figure 2, the total number of HEs inspected for the financial year 2017/18 were 923. A total of 887 clinics amounting to 96% and 36 hospitals constituting to 4% of HEs were inspected. The low number of hospitals inspected was due to the electronic inspection tool for hospitals only being ready for use in the final quarter of the financial year. No CHCs were inspected due to the CHC electronic tool not being ready for use within the financial year.

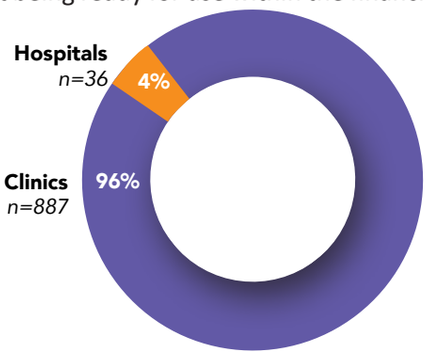


Figure 2: Distribution by HEs type (n=923)

Eastern Cape Province accounted for 23% (213) of the total HEs that were inspected. Five hospitals and 208 clinics were inspected in the Province. KwaZulu-Natal and Limpopo Provinces accounted to 19% and 13% that is 173 and 120 HEs inspected respectively. Seven hospitals were inspected in KwaZulu-Natal Province while 3 hospitals were from Limpopo Province. A total of 166 clinics were inspected in KwaZulu-Natal Province while 117 clinics were inspected in Limpopo Province. Gauteng Province recorded 11% that is 98 HEs inspections for the Province. North West Province recorded 9%; that is 87 HEs inspected while Mpumalanga Province constituted to 8% of the inspections that is 71 HE inspections. Inspections in Gauteng Province covered 6 hospitals and 92 clinics. In North West Province, 3 hospitals and 84 clinics were inspected. Five hospitals and 66 clinics were inspected in Mpumalanga Province. In Free State Province, 3 hospitals and 65 clinics were inspected. On the other hand 2 hospitals were inspected in the Western Cape Province. Furthermore, 2 hospitals were inspected in the Northern Cape Province (58 and 31 clinics were inspected in these Provinces respectively). Refer to figure 3 and table 5.

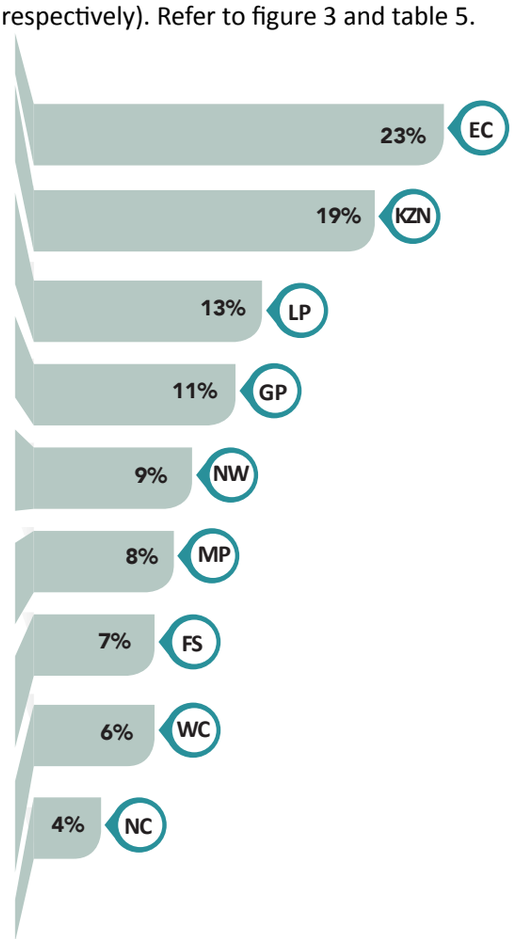


Figure 3: Distribution of HEs by province (n = 923)

Table 5: Distribution of HEs by province (n = 923)

Province (n=923)	Clinics (n=887)	Hospitals (n=36)
Eastern Cape (n=213)	208	5
KwaZulu-Natal (n=173)	166	7
Limpopo (n=120)	117	3
Gauteng (n=98)	92	6
North West (n=87)	84	3
Mpumalanga (n=71)	66	5
Free State (n=68)	65	3
Western Cape (n=60)	58	2
Northern Cape (n=33)	31	2

3.3 AVERAGE OUTCOME SCORES

A closer examination of the results on Figure 4 below reflects that the inspected HEs achieved an average score of 50% and a standard deviation (SD) of 11%. The SD is a commonly used summary measure of variation or stability of a set of data. It is a "typical" distance from the mean (average). In this regard, there appear to be variations between HEs inspected in terms of their level of compliance to NCS. The average score for clinics was 48% and 61% in hospitals. Table 6 shows that a total of 11 clinics scored greater than or equal to 80% while no hospitals attained such score. Additionally, 17 clinics and 7 hospitals scored between 70%-79%, while 103 clinics and 14 hospitals scored between 60%-69%. A total of 246 clinics and 9 hospitals scored between 50%-59%.

It is essential to note that performance by HEs is fundamental for continual provision of quality of care and health service as South Africa embarks on the implementation of NHI.

The results in table 6 reflected that 11 clinics obtained a score above 80% , 17 clinics and 7 hospitals obtained 70-79%. Hundred and three clinics and 14 hospitals scored between 60-69% while 301 clinics and 5 hospitals scored between 40-49%. Finally, 209 clinics and 1 hospital scored less than 40%. Overall, 377 (43%) of clinics and 30 (83%) hospitals were compliant with conditions.

> **It is essential to note that compliance by HEs is fundamental for continual provision of quality of care and health service as South Africa embarks on the implementation of PHC Re-engineering and NHI.**

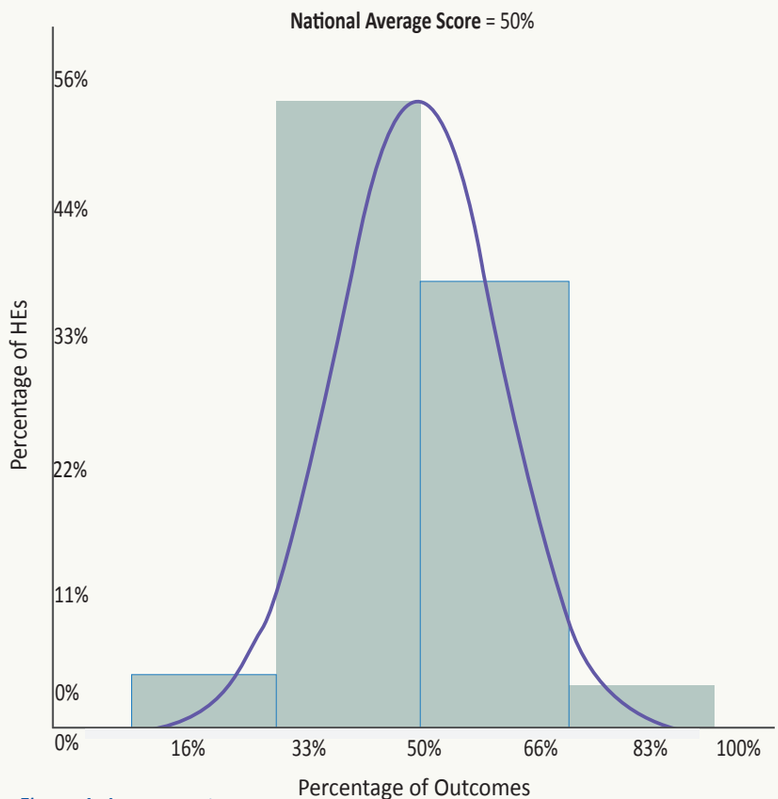


Figure 4: Average outcome scores

Table 6: Average outcome Scores

Compliance* %	Health Establishment Type	
	Clinics (n=887)	Hospitals (n=36)
Average	48%	61%
≥80	11	0
70-79	17	7
60-69	103	14
50-59	246	9
40-49	301	5
< 40	209	1

*** Compliance Status Framework :**

■ ≥80% compliant, ■ 70-79% compliant with a requirement, ■ 60-69% conditionally compliant, ■ 50-59% conditionally compliant with serious concerns, ■ 40-49% non-compliant, ■ <40% critically non-compliant.

3.4 AVERAGE SCORE BY FUNCTIONAL AREAS

According to results for average score by FAs, approximately 43 FAs (refer to Table 8) were analysed for hospitals and 4 for clinics (refer to Table7). Results for hospitals reflects that 4 of 43 FAs scored greater than or equal to 80%. The four FAs were namely; Blood Services, Surgical ward, and Radiology and Operating theatre Incl. cath labs. On the other hand, 15 FAs scored between 70%-79%, while 7 FAs scored between 60%-69%. Furthermore, 8 FAs had scores between 50%-59%. Following this, 6 FAs scored between 40%-49% while 3 FAs scored less than 40%. These FAs were Procurement, Case Management and Health Technology Services.

A closer examination of the clinic results in Table 7 indicate that two of four FAs had scores higher than 50%. These FAs were namely; Clinical Services which had a score of 72% and Dispensary/Medicine Cupboard which scored 54%. The remaining two FAs which scored below 40% were Maintenance Support with a score of 38% and Clinic Manager at 29%.

Table 7: Score by FAs for clinics

Functional Areas	Score
Clinical Services	72%
Dispensary / Medicine Cupboard	55%
Maintenance Support	38%
Clinic Manager	29%

Table 8: Average score by FAs for hospitals

Functional Areas	Score
Blood Services	86%
Surgical Ward	83%
Radiology	82%
Operating Theatre Incl. cath Labs	80%
Operating Theatre Incl. cath Labs	79%
Medical Ward	78%
Laboratory	77%
Entrance/Reception and Help Desk	75%
Generic Wards / Measure is generic to any ward or day ward	75%
Accident and Emergency Unit	74%
Maternity Ward incl Maternity Theatres	73%
Medical Ward	73%
Generic Wards / Measure is generic to any ward or day ward	73%
Therapeutic Support Services - Physio	72%
Outpatient Department	72%
Therapeutic Support Services - Occupational	70%
Pharmacy	70%
Transport Services-Ambulances/Patient Transport/Staff Transport/Other Vehicles	70%
Paediatric Ward	70%
Surgical Ward	69%
Speciality Wards and Services/ICU/HCU/Burn Units/Oncology/Dialysis Units	68%

Functional Areas	Score
Mortuary Services	66%
Psychiatric Ward	65%
Cleaning Services	63%
Food Services	63%
Infection Control	60%
Communications/PRO	59%
Laundry Services	58%
Record Archive/Department	57%
Waste Management	57%
Management Information System	56%
Financial Management	54%
Facility Infrastructure	51%
Security Services	51%
Occupational Health and Safety	47%
CEO or Hospital Manager	46%
HR Management	44%
CSSD	43%
Maintenance Services includes garden	43%
Clinical Management Group	42%
Procurement	38%
Case Management	25%
Health Technology Services	20%

3.5 AVERAGE SCORE BY DOMAINS AND PRIORITY AREAS

The average score for hospitals and clinics was 61% and 48% for domains respectively. Meanwhile, average scores for PAs for hospitals and clinics were 63% and 50%. Refer to Figure 5.

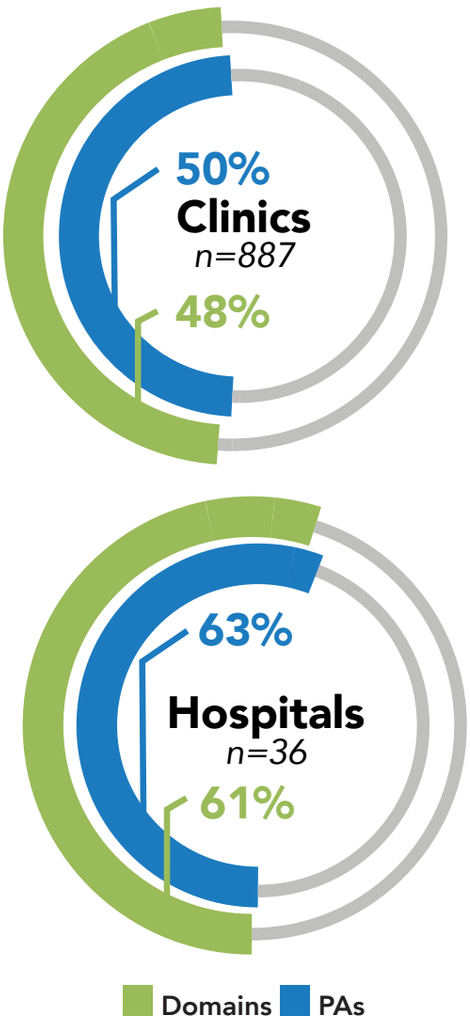


Figure 5: Average score by domains and PAs

Results for provincial score by domains and PAs are provided on figure 6 and table 9. According to the results, Gauteng Province scored 62%, while Eastern Cape Province scored 42%.

In terms of average scores for domains according to HE type, hospitals in Gauteng Province scored 70%, while clinics had a score of 60%. In relation to PAs, hospitals in the same Province scored 72%, while clinics had a score of 62%.

Western Cape Province attained an average score of 57%. Average scores for domains reflected that hospitals had a score of 72% and clinics scored 55%. In terms of implementation of the PAs within the Province, hospitals scored 70% and clinics 58%.

KwaZulu-Natal Province had an average score of 56%. A further breakdown of the results according to HE type score indicated that hospitals scored 69% and 67% for PAs and domains respectively. Clinics scored 57% and 54% for PAs and domains respectively.

Free State Province had an average score of 45%; hospitals in the same Province attained 54% while clinics scored 43% in terms of domains. In relation to average score for PAs, hospitals in the same Province scored 59%, while clinics scored 46%.

Limpopo Province had an average score of 45%. Results further indicated that hospitals in the Province scored 55% and 52% for PAs and domains respectively, while clinics scored 44% and 45% respectively.

Average score for Mpumalanga Province was 51%. In terms of domains and PAs score by HE type, the results reflected that hospitals scored 60% and clinics 49%. Results for PAs indicated that hospitals scored 63% and 51% for clinics.

North West Province had an average score of 48%. Results further indicated that hospitals in the Province scored 55% and 53% for domains and PAs respectively while clinics scored 50% and 47% respectively.

Northern Cape Province had an average score of 43%. Hospitals in the same Province scored 40% and 43% for clinics in terms of domains. In relation to scores for PAs, hospitals in the same Province scored 59%, while clinics had a score of 43%.

Eastern Cape Province had an average score of 42%. In this Province, clinics scored 40%, while hospitals scored 58% on domains. In relation to scores for PAs, hospitals scored 61%, while clinics had a score of 43%.

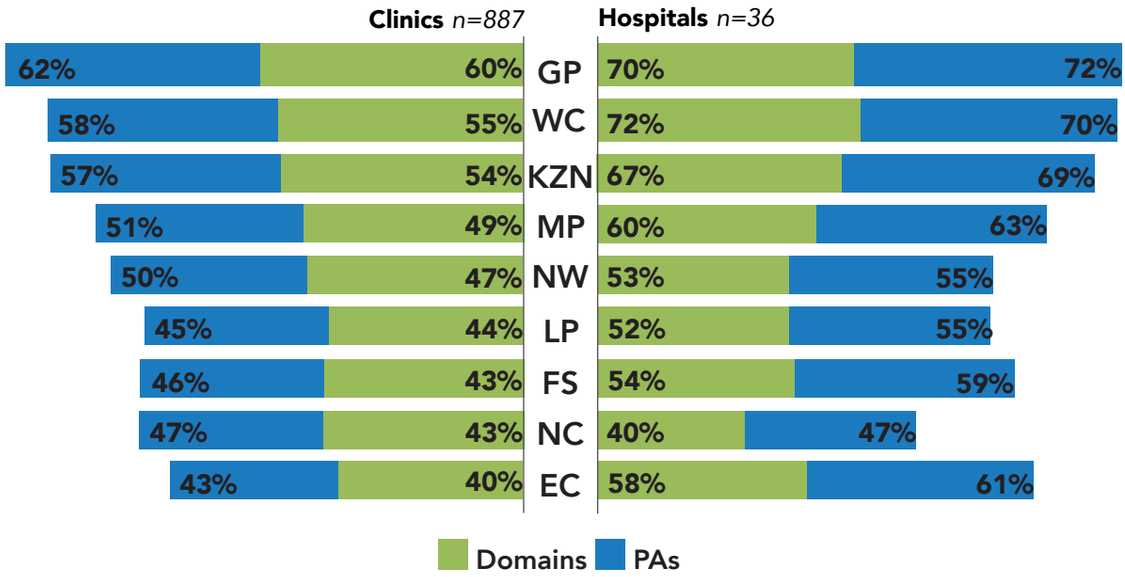


Figure 6: Average provincial score by domains and PAs

Table 9: Average provincial score by domains and PAs (HE type)

Province	Average	Clinics		Hospitals	
		Domain	PA	Domain	PA
Gauteng	62%	60%	62%	70%	72%
Western Cape	57%	55%	58%	72%	70%
KwaZulu-Natal	56%	54%	57%	67%	69%
Mpumalanga	51%	49%	51%	60%	63%
North West	48%	47%	50%	53%	55%
Limpopo	45%	44%	45%	52%	55%
Free State	45%	43%	46%	54%	59%
Northern Cape	43%	43%	47%	40%	47%
Eastern Cape	42%	40%	43%	58%	61%

Results for national average score (combined scores for hospitals and clinics) by domains reflected on Figure 7, table 10 and 11 indicates that the domain Patient Rights achieved a relatively high score of 58%. A further breakdown of the results according to HE type reflected that hospitals scored 67% and clinics scored 57% for the same domain.

The domain Facilities and Infrastructure scored 58%. Hospitals scored 64%, while clinics scored 56% for the same domain.

Average score for the domain Clinical Support was 49%, hospitals scored 63% and clinics had a score of 48%.

These first three domains namely; Patient Rights, Patient Safety/Clinical Governance/Clinical care and Clinical Support are involved directly with the core business of the health system of delivering quality health care to healthcare users or patients.

Patient Safety/ Clinical Governance/ Clinical Care domain had an average score of 50%. The results further indicated that hospitals scored 63% and clinics scored 48% for the same domain.

The domain Public Health scored 40%. In terms of score by HE type, hospitals scored 48% and clinics had 39%.

Operational Management had an average score of 33%. Hospitals had a score of 50% while clinics had 29%.

Leadership and Corporate Governance scored 22%. In this domain Hospitals scored 45% and clinics 14%.

The last 4 domains are critical in healthcare service delivery as they are essentially the support system that ensures the health system delivers its core mandate.

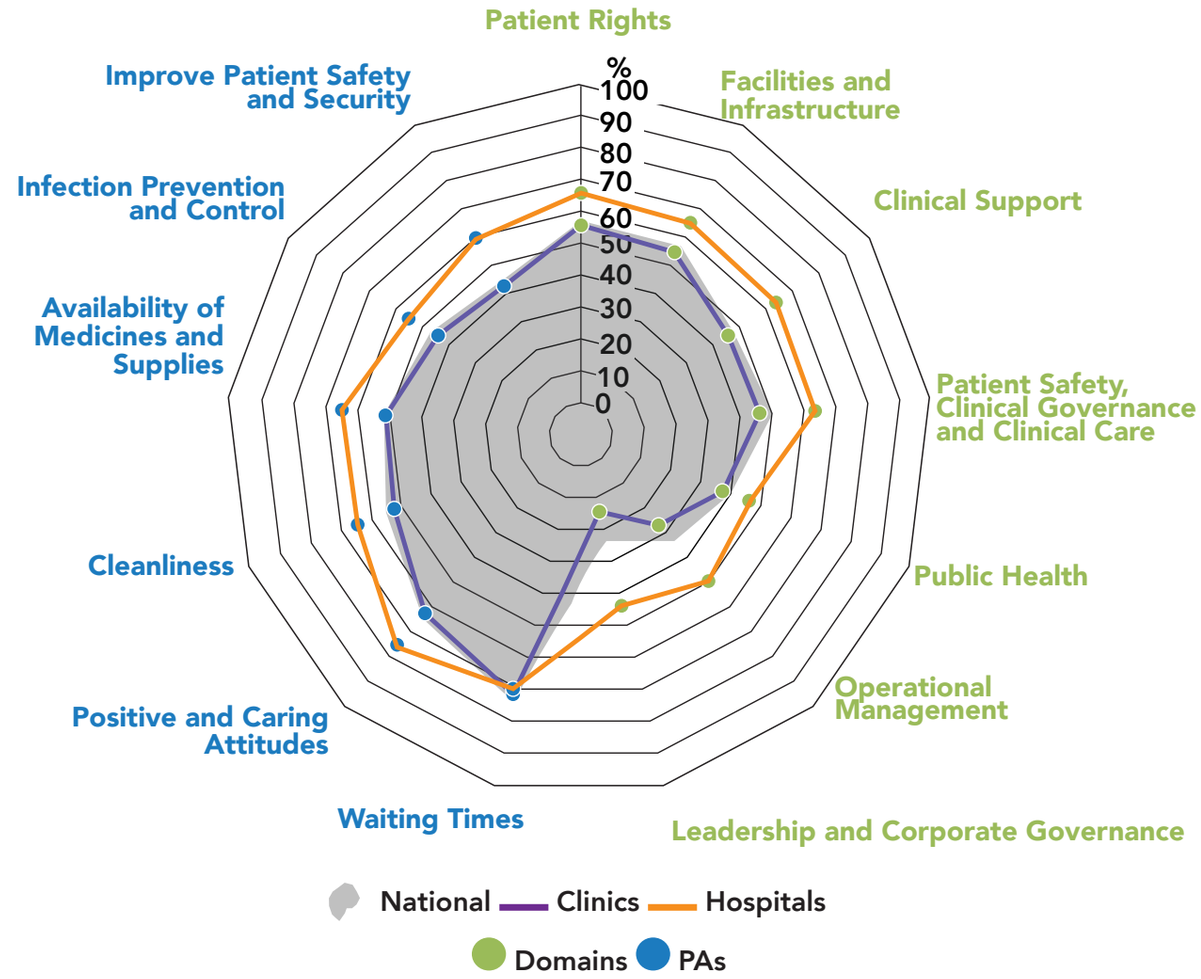


Figure 7: Average provincial score by domains and PAs

Table 10: Average provincial score by domains

Domains	National	Clinics	Hospitals
Patient Rights	58%	57%	67%
Facility and Infrastructure	58%	56%	64%
Clinical Support	49%	48%	63%
Patient Safety/ Clinical Governance/ Clinical Care	50%	47%	63%
Public Health	40%	39%	48%
Operational Management	33%	29%	50%
Leadership and Corporate Governance	22%	14%	45%

Table 11: Average provincial score by PAs

Priority Areas	National	Clinics	Hospitals
Waiting Times	74%	75%	71%
Positive and Caring Attitudes	66%	64%	77%
Cleanliness	55%	53%	68%
Availability of Medicines and Supplies	52%	51%	67%
Infection Prevention and Control	49%	47%	59%
Improve Patient Safety and Security	46%	44%	60%

Furthermore, Figure 7 illustrates that the highest and the lowest scores for PAs were Waiting Times which scored 74%. Results for the same PA revealed that hospitals scored 71% and clinics scored 75%.

Positive and Caring Attitudes scored an average of 66%. In this PA Hospitals had a score of 77% and clinics scored 64%.

Regarding Cleanliness, the PA had a score of 55%. Analysis of the results for the PA according to HE type revealed that hospitals scored 68% while clinics scored 53%.

Availability of Medicines and Supplies scored 52%; hospitals had a score of 67% and clinics scored 51%.

Infection Prevention and Control attained an average score of 49%. Hospitals achieved a score of 59% and clinics scored 47%.

Lastly, Improve Patient Safety and Security had an average score of 46%. Analysis of the results for the PA according to HE type indicated that hospitals scored 60% while clinics had a score of 44%.

3.6 AVERAGE SCORE BY PROVINCES

Results for average score by Provinces illustrated by the map reflects provincial position and scores in terms of implementation of the NCS for the last three financial years (2015/16, 2016/17 and 2017/18). Refer to figure 8 and table 12.

Gauteng Province had average scores of 60%; 61%; 62% for the financial years (2015/16; 2016/17; 2017/18) respectively.

Free State Province showed an improvement though not significant and had scores of 43%, 45% and 45% for financial years (2015/16; 2016/17; 2017/18).

Limpopo Province demonstrated an improvement in the financial years (2016/17 and 2017/18) and scored 43% and 45% respectively.

Western Cape Province showed an improvement in terms of average score over the financial years (2015/16; 2016/17; 2017/18), the provincial score improved significantly overtime as follows 45%; 56%; 57% respectively.

Average scores for North West, KwaZulu-Natal, Northern Cape and Eastern Cape Provinces have not been stable. The results for these Provinces showed declines in scores.

For the 2016/17 financial year, the score for North West was 50% compared to 48% in 2017/18.

For the 2016/17 financial year, the score for Northern Cape was 50% compared to 43% in 2017/18.

KwaZulu-Natal Province scored 57% in the financial year 2016/17 and experienced a decline in score in the financial year 2017/18.

Eastern Cape Province has not only showed declines in scores, that is 42%, 43%, and 42%, but also had the lowest scores over the last three years. Declines in scores by Provinces need to be further investigated to ensure that the level of healthcare service provision is not negatively impacted.

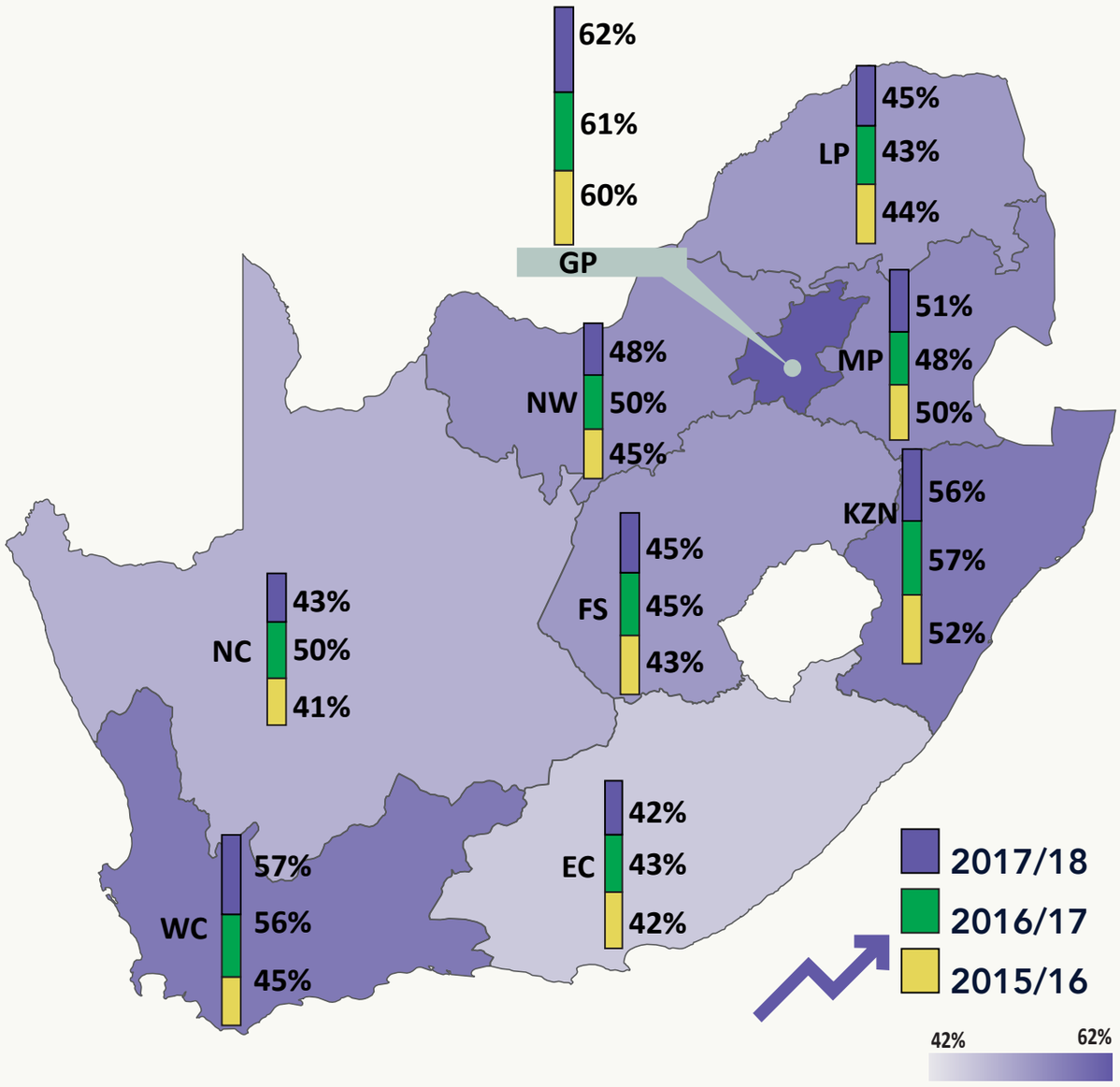


Figure 8: Average score by provinces (2015/16, 2016/17 and 2017/18)

Table 12: Average score by provinces

Province	2015/16	2016/17	2017/18
Gauteng	60%	61%	62%
Western Cape	45%	56%	57%
KwaZulu-Natal	52%	57%	56%
Mpumalanga	50%	48%	51%
North West	41%	50%	48%
Limpopo	43%	45%	45%
Free State	44%	43%	45%
Northern Cape	45%	50%	43%
Eastern Cape	42%	43%	42%

3.8 HISTORICAL PATTERN

Variations in terms of the aggregated national average scores for HEs are illustrated by the graph below representing the historical patterns by scores for the financial years 2014/15; 2015/16; 2016/17 and 2017/18. The results exemplifies the inspected HE's capabilities to respond to the norms and standards. As indicated by the results, the inspected HEs had national average scores of 50% during the financial years 2014/15 and 2017/18.

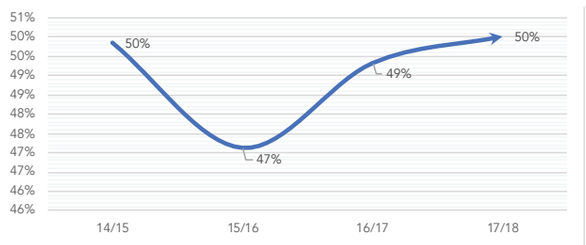


Figure 9: Historical Pattern

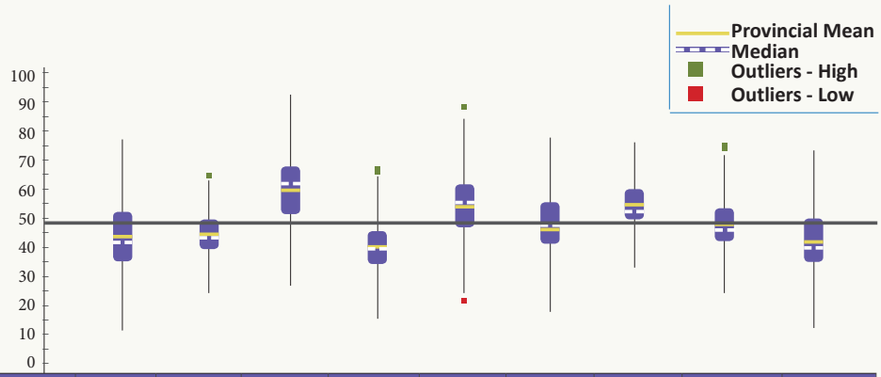
Overall, scores were lower than 50% for the financial year 2015/16 and 2016/17, with a 3% decrease in scores observed from 50% to 47% between the financial year 2014/15 and 2015/16. In contrast, the national score improved by a 2% during the financial year 2016/17. This subsequently improved to 49% from the previous score of 47%. In the financial year 2017/18, the national average score increased to 50%. The intermittent scores visualised by the graph indicates that presently HEs in South Africa are striving unsatisfactory to improve health service delivery. There are areas where individual HEs are required to improve to enable them to meet the full requirements of the NCS.

3.9 OVERVIEW OF OUTLIER DETECTION

According to figure 10, few HEs were classified as high and low-end outliers. Only one HE, namely; Bekulwandle (BT) Clinic in KwaZulu-Natal Province which had a score of 20% and was classified under low end outliers, reflecting a low performance. Further investigations of HEs which had poor performance will help to establish reasons hindering the HEs to achieve the desired level of performance.

HEs classified under high end outliers were Mpola Clinic in KwaZulu-Natal Province which had a score of 85%. Mbonisweni Clinic and Ermelo Hospital in Mpumalanga Province scored 72% each. Donald Fraser Hospital in Limpopo Province scored 65%, while Nelson Mandela Academic Hospital attained 64%. Moreover, St Francis Bay and Mqambeli Clinic in the Eastern Cape Province had a score of 63% each.

The above HEs had higher scores compared to HE's within their Provinces and it will be ideal to conduct case studies to establish success factors which have enabled these HEs to perform above average. These results can be used as a benchmark by other HEs demonstrating poor performance to improve their scores on compliance with the NCS.



Province	FS	LP	GP	EC	KZN	NW	WC	MP	NC
No of HEs	68	120	98	213	173	87	60	71	33
Median	43%	44%	60%	40%	54%	48%	55%	49%	42%

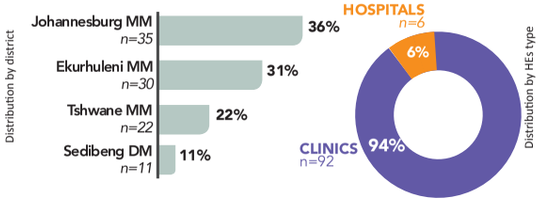
Figure 10: High- and low-end outliers

4. PROVINCIAL OVERVIEW

This section of the report provides individual provincial findings for inspections conducted in selected HEs in all the nine provinces. The results provide a summary of provincial average scores in accordance with domains and PAs. Furthermore, a summary of scores for each district is provided within the respective province as well as the highest and the lowest performing HE. The provincial results are presented in a chronological order in-line with overall performance in each province.

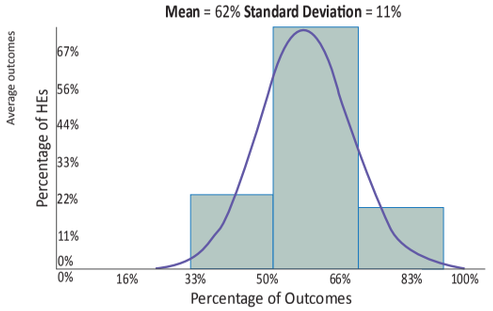
INFOGRAPHIC
GAUTENG

I. DISTRIBUTION OF HES *n=98*



Gauteng recorded 98 HE inspections; 92 (94%) of inspections were clinics. Six (6%) HEs were Hospitals. The highest numbers of HEs inspected were from Johannesburg MM, which was 35, contributing to 36%. Sedibeng DM had the lowest number of HEs inspected, making up 11 inspections.

II. AVERAGE OUTCOME SCORES BY HE TYPE *n=98*



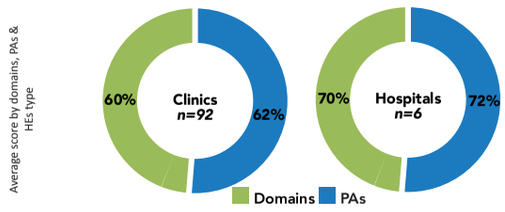
Average outcomes by HEs & FAs

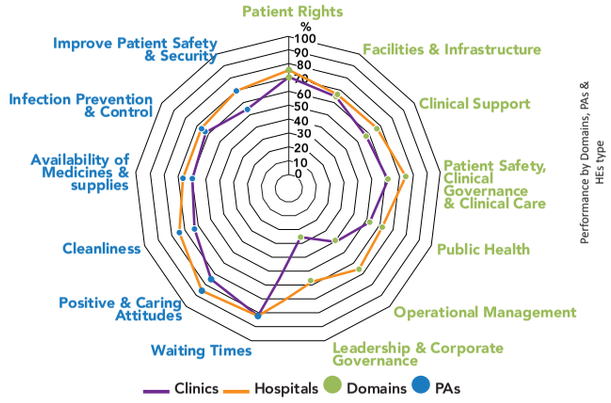
Compliance* %	HEs		FAs	
	Clinics n=92	Hospitals n=6	Clinics 4 FAs	Hospitals 42 FAs**
≥80	7	0	0	13
70-79	6	3	1	10
60-69	31	3	1	7
50-59	32	0	0	6
40-49	13	0	2	4
< 40	3	0	0	2

Outcome average score for Gauteng was 62%. Seven clinics scored greater than or equal 80%, no hospitals attained the same score while 13 clinics as well as 3 hospitals scored less than 40%. Thirteen FAs for hospitals had a score of greater than or equal 80%, no clinics managed to attain the same score, while 2 FAs for hospitals scored less than 40%.

*** Compliance Status Framework :**
≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.
**** Approximate Number FAs is 42**

III. AVERAGE PERFORMANCE BY DOMAINS AND PAs BY HE TYPE





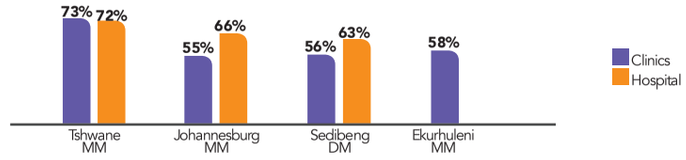
Average Performance by Domains & PAs

Domains	Clinics	Hospital
Patients Rights	70%	75%
Facility & Infrastructure	65%	68%
Clinical Support	58%	69%
Patient Safety/Clinical Governance/ Clinical Care	62%	75%
Public Health	51%	62%
Operational Management	40%	67%
Leadership & Corporate Governance	27%	58%

Priority Areas	Clinics	Hospital
Waiting Times	82%	82%
Positive& caring attitudes	75%	84%
Cleanliness	63%	75%
Availability of Medicines & Supplies	60%	75%
Infection Prevention & Control	61%	67%
Improve Patient Safety & Security	56%	70%

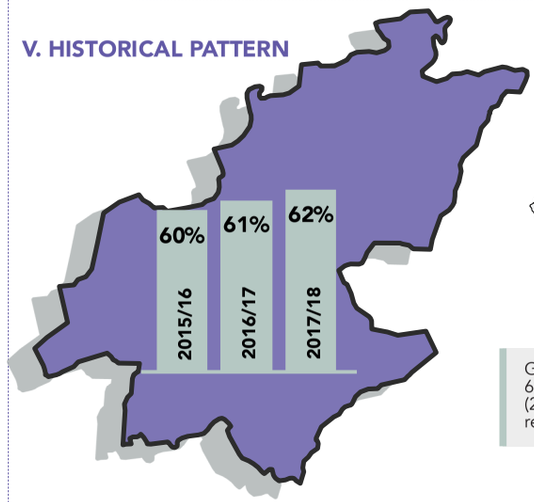
Hospital average score for domains was 70% and clinics scored 60%. In relation to scores for PAs, hospitals scored 72% and clinics scored 62%.
– The domain Patient Rights scored 75% for hospitals and 70% in clinics. The domain Leadership and Corporate Governance scored 58% for hospitals and 27% for clinics.
– Waiting Times scored 82% for hospitals and clinics, while Improve Patient Safety & Security scored 70% for hospitals and 56% for clinics.

IV. AVERAGE SCORE BY DISTRICT & HE TYPE



Hospitals in Tshwane District scored 72%, while clinics scored 73%. In the Johannesburg MM, clinics and hospitals scored 55% and 66% respectively. Clinics in Ekurhuleni MM and Sedibeng DM scored 58% and 56% respectively. Hospitals in Sedibeng Districts scored 63%.

V. HISTORICAL PATTERN



Gauteng Province scored 60%; 61%; 62% over the financial years (2015/16; 2016/17; 2017/18) respectively.

VI. RECOMMENDATIONS

In line with the findings, the following are the overall recommendations:

– Implementation of the procedural regulations that ensures a degree of accountability through the person in charge following up on all non-compliant related matters to achieve compliance.
– Address human resources, leadership and corporate governances as well as infrastructural gaps as they are critical for effective functioning of any HE.
– Continual provision of training and support on the implementation of the NCS.
– Consider conducting a qualitative research to establish challenges that hinder HEs successful implementation of the NCS. Optionally case studies can be conducted to establish success factors which have enabled compliant HEs to achieve exceptional score.

4.1 GAUTENG

For the financial year 2017/18, the Office of Health Standards Compliance inspected health establishments using inspection tools adapted from the National Core Standards. These mock inspections were conducted as part of overall strategies aimed at improving the quality of care and safety of the healthcare users as well as prepare health establishments once the norms and standards are promulgated as regulations. The regulations have since been promulgated in February 2018. Inspections were conducted in 98 of 393 HEs in Gauteng for the 2017/18 financial year.

4.1.1 Distribution of health establishments *(refer to figure 11 & figure 12)*

Gauteng recorded 98 HE inspections during the financial year 2017/18. Ninety four percent equivalent to 92 inspections were clinics, while 6% were hospitals constituting to 6 HEs.

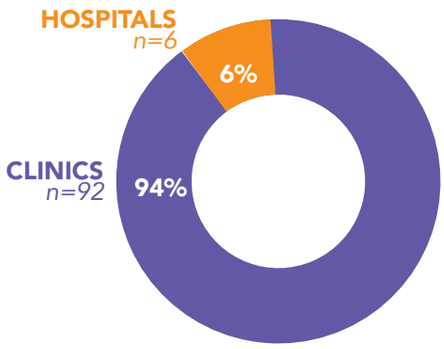


Figure 11: Distribution by HEs type

Inspections in Gauteng were conducted in the following districts: Johannesburg Metro Municipality (MM); Ekurhuleni MM; Tshwane MM; and Sedibeng District Municipality (DM).

The highest number of HEs inspected were from Johannesburg MM which was 35 contributing to 36%. Thirty - four clinics and 1 hospital were inspected in the district. Sedibeng DM had the lowest number of HEs inspected making up a total of 11 inspections. A total of 10 clinics and 1 hospital were inspected in the district. Ekurhuleni MM and Tshwane MM had 31% and 22% constituting to 30 and 22 total HEs inspected respectively.

Results according to HE type showed that 30 clinics were inspected and none of the hospitals were inspected at Ekurhuleni MM. Tshwane district recorded 18 clinics and 4 hospitals inspections in the district.

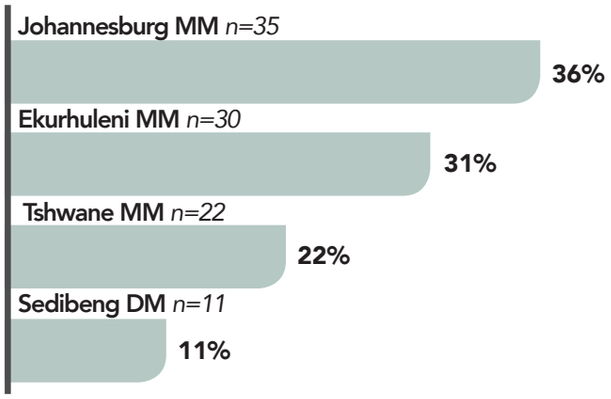


Figure 12: Distribution by district

4.1.2 Average outcome scores by health establishment type *(refer to figure 13 & table 13)*

Average scores for HEs in Gauteng indicated that the Province scored 62%. A total of 7 clinics scored greater than or equal to 80%.

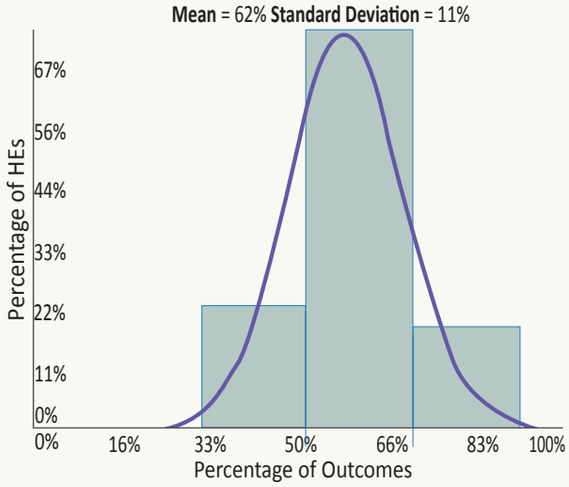


Figure 13: Average outcomes

Table 13: Average outcomes by HEs & FAs

Compliance* %	HEs		FAs	
	Clinics n=92	Hospitals n=6	Clinics 4 FAs	Hospitals 42 FAs**
≥80	7	0	0	13
70-79	6	3	1	10
60-69	31	3	1	7
50-59	32	0	0	6
40-49	13	0	2	4
< 40	3	0	0	2

*** Compliance Status Framework :**
≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant,
50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.
**** Approximate Number FAs is 42**

Six clinics and 3 hospitals scored between 70%-79%. An additional 31 clinics and 3 hospitals scored between 60%-69%. A total of 32 clinics scored between 50%- 59%, while 13 clinics as well as 3 hospitals scored less than 40%.

Table 15 - Gauteng inspections results highlighted that 42 FAs and 4 FAs were analysed for hospitals and clinics respectively. A total of 13 FAs for hospitals scored greater than or equal to 80%. Ten FAs and 1 FA which were analysed from hospitals and clinics scored between 70%-79%, while 7 FAs for hospitals and 1 FA for clinics scored between 60%-69%. A total of 6 FAs inspected for hospitals scored between 50%-59%. Additionally, 4 FAs and 2 FAs for hospitals and clinics respectively scored between 40%-49%. Lastly, only 2 FAs for hospitals scored less than 40%.

4.1.3 Average score for domains and priority areas by health establishment type

(refer to figure 14, figure 15 & table 14)

Provincial average scores for HEs on domains and PAs reflected that hospitals scored 70% in terms of domains while clinics scored 60%. In relation to scores for PAs, hospitals scored 72% while clinics scored 62%.

A further breakdown of the results according to HE types reflected that hospitals scored 75% and clinics scored 70% for the domain Patient Rights. A presentation of the results for the domain Facilities and Infrastructure according to HE types revealed that hospitals scored 68%, while clinics scored 65%. Hospitals scored 69% and clinics scored 58% for the domain Clinical Support. Patient Safety/ Clinical Governance/ Clinical Care domain score for hospitals and clinics was 75% and 62% respectively. In terms of score by HE types, hospitals scored 62% while clinics scored 51% for the domain Public Health. Operational Management domain scores for hospitals were 67% and 40% for clinics. Hospitals scored 58%, while clinics scored 27% for the domain Leadership and Corporate Governance.

Results for Waiting Times indicated that both hospitals and clinics scored 82%. For Positive and Caring Attitude, hospitals and clinics scored 75% and 84% respectively. The results for Cleanliness according to HE types revealed that hospitals scored 75%, while clinics scored 63%. Availability of Medicines and Supplies scores for hospitals and clinics were 75% and 60% respectively. Hospitals scored 67% in Infection Prevention and Control and the clinics scored 61%. Lastly, hospitals scored 70%, while clinics scored 56% for the domain Improved Patient Safety and Security. The results further reflected that hospitals scored 65% and clinics 54% for independent measures (other).

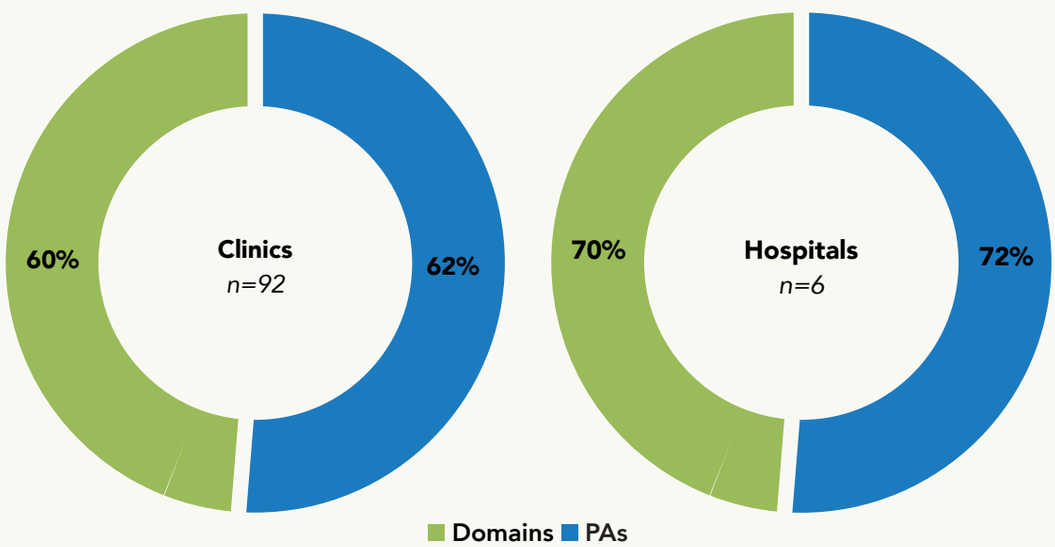


Figure 14: Average score by domains, PAs & HEs type

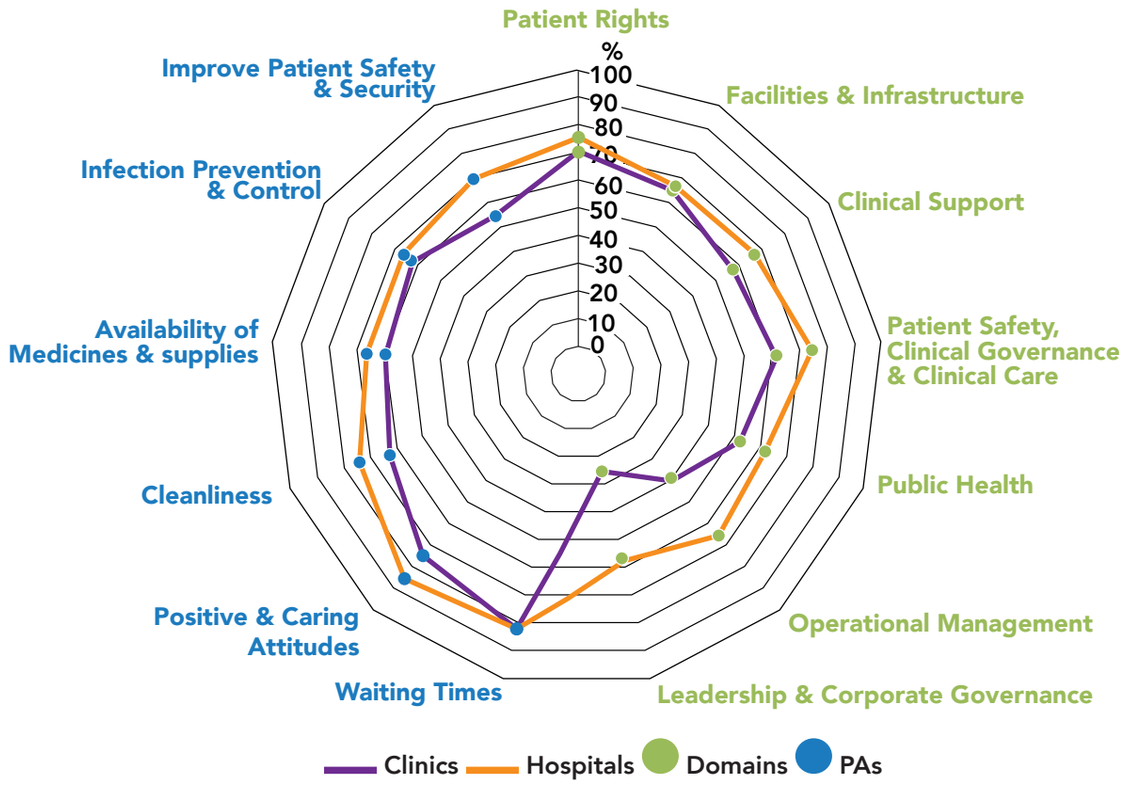


Figure 15: Performance by domains, PAs & HEs type

Table 14: Average performance by Domains & PAs

Domains	Clinics	Hospital
Patients Rights	70%	75%
Facility & Infrastructure	65%	68%
Clinical Support	58%	69%
Patient Safety/Clinical Governance/Clinical Care	62%	75%
Public Health	51%	62%
Operational Management	40%	67%
Leadership & Corporate Governance	27%	58%

Priority Areas	Clinics	Hospital
Waiting Times	82%	82%
Positive & Caring Attitudes	75%	84%
Cleanliness	63%	75%
Availability of Medicines & Supplies	60%	75%
Infection Prevention & Control	61%	67%
Improve Patient Safety & Security	56%	70%

4.1.4 Average score by district and health establishment type *(refer to figure 16)*

Clinics in the Tshwane MM district scored 73%, while hospitals scored 72%. In Johannesburg MM, clinics and hospitals scored 55% and 66% respectively. Clinics in Ekurhuleni MM and Sedibeng DM scored 58% and 56% respectively. Hospitals in Sedibeng district scored 63%.

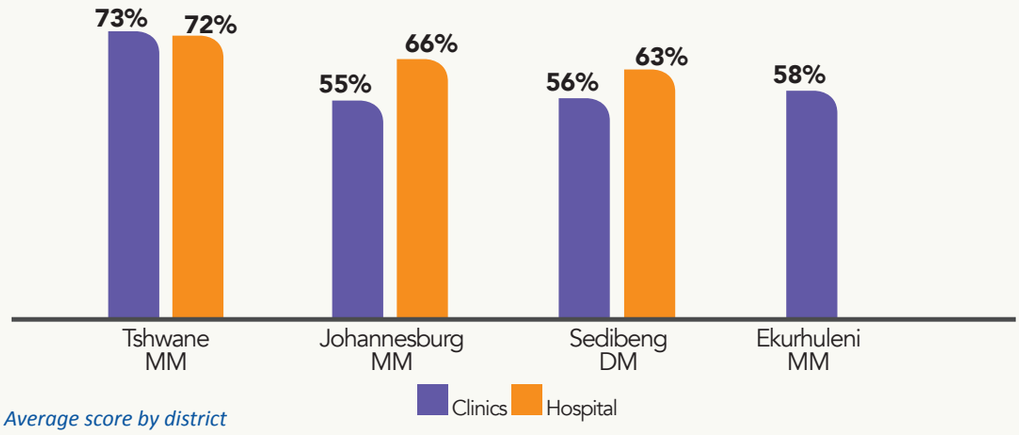


Figure 16: Average score by district

4.1.5 Average score by health establishments

(Refer to table 16)

Table 16 gives an illustration of the average score for each HE inspected. A breakdown according to HE types indicated that the clinic which had the highest score was Lotus Gardens which scored 88%, while the clinic which scored the lowest score was Noordgesig clinic with 36%. Amongst the hospitals inspected, Tshwane District Hospital scored 77%, while Heidelberg Hospital scored 63%.

4.1.6 Conclusion

Scores for Gauteng Province according to the findings showed pockets of best practices identified across the Province as seen in patients' rights both in clinics and hospitals, Clinical support and Operational management in hospitals.

Data was processed and analysed to provide report used by management for decision making, planning and quality improvement.

Regarding clinical support services the report demonstrated that Pharmaceutical services were legally compliant with South African Pharmaceutical Council, while other support and diagnostic services such as laboratory services were accessible to facilitate diagnosing of the patients.

Waiting areas were appropriately located and provided adequate shelter and sitting for patients. Infrastructure was appropriately used according to level of care.

Both Hospitals and clinics did not perform as expected in Public Health and Corporate and clinical governance domains. In Clinics, Leadership and Corporate Governance scored 27%.

Critical aspect that contributed to low scores were most identified in documents such as patient records, strategic documents, standard operating procedures that were outdated and others not approved. Patients records were not written according to guidelines. Lack of documented evidence for implementation of some of the plans and programs.

Clinical audits for strategic programs were conducted, however there was lack of evidence of improvement thereof. In general, most establishments did not have documents to guide

> ***Score of Gauteng province according to the findings showed pockets of good score identified across the province as seen in patients' rights both in clinics and hospitals, Clinical support and Operational Management in hospitals.***

safety practice of the patients such as emergency disaster plan, Standard Operating Procedure and proof of checking functionality and availability of medicines and equipment. It was also observed that there was lack of documents guiding the internal processes within the HEs. The importance of health promotion and disease prevention was not actively promoted and practiced in most HEs.

Report shows that in-service training of staff on patient safety, use of medical equipment and disaster management was not done in most HEs.

Waiting times could have improved if there was proper monitoring of set targets and actions thereof.

4.1.7 Recommendations

- **Quality improvement processes**

Structures within the HEs dealing with patient related data such as patients' safety incidences, complaints, patient experience of care, should have an implementation framework.

The system for management of patients' data needs to be strengthened. There is a need to analyse data for complaints, waiting time and put action plans to correct and improve processes.

- **Documentation**

Regarding documentation whether for patient's

administration or any other business process, there should be a trail of activities done at the health establishment. Documents for clinical audits for all priority conditions should be available at the point of audit in order to follow up progress for continual improvement. Through relevant structures, there is a need to ensure implementation of a seamless patient safety system that involves clinical support services. These structures should ensure that SOPs, policies and guidelines for patient safety are communicated in a standardised manner.

There should be visible synergy in the form of documents for strategic priority programs audits conducted in the HEs and the reports for strategic priority programs indicators that is sent to the district, Province and National Department of Health.

All activities within district relating to disease prevention, health promotion and staff wellness should be documented, and such evidence kept.

The program of good pharmacy practice including pharmacovigilance needs serious attention, including management of adverse events.

- **Operational issues**

Operational and skills development plans, asset management, medical and non-medical equipment plans as well as infrastructure plans should be linked to budget and risk management plans and be reviewed periodically. For safety of the health care users, emergency disaster preparedness plans and management of resuscitation trolleys need regular checking and improvement.

Plans such as infrastructure maintenance including electrical, mechanical, sewerage and equipment maintenance plan for both medical and non-medical equipment should be implemented across the Province and be aligned to operational plans so as to ensure that there are funds set aside for their implementation.

A reporting system of audits, availability and functionality in line with maintenance plan should be strengthened to avoid keeping non-functional equipment.

- **Assets and contract management**

Contract management should state clearly responsibilities at all levels of care and not be kept at head office, this resulting in the end user not being aware of the responsibilities of the service provider. This will ensure that the HE staff are able to manage assets and equipment and monitor the service provider accordingly rather than just being end users.

- **Corporate Governance, Leadership and Supervision**

There should be structures responsible for management of risk in both hospitals and clinics. Such structures should be guided by both clinical and legal guidelines to ensure compliance. Good practices should be defined in the SOPs. Risk management, Clinical and general waste management need more attention in terms of monitoring and mitigation to ensure safety of the patients.

Public participation and intersectoral collaboration in order to support service planning and delivery to improve population health need to be strengthened in hospitals.

Leadership issues such as strategic management, monitoring and evaluation, risk assessment and supervision of Inservice training especially in primary health care needs more attention.

Governance structures should be strengthened and adhere to guidelines in order to provide appropriate oversight to assure quality. Terms of reference regarding responsibilities and accountabilities should be emphasised. Delegation of authority documents should be in place and be monitored.

Table 15: Average score by functional areas

Clinic	
79%	Clinical Services
65%	Dispensary / Medicine Cupboard
46%	Maintenance Support
45%	Clinic Manager
Hospital	
98%	Blood Services
95%	Surgical Ward
90%	Operating theatre incl cath labs
88%	Radiology
87%	Generic wards/Measure is generic to any ward or day ward
87%	Entrance/Reception and help desk
86%	Maternity Ward incl maternity theatres
84%	Accident and Emergency Unit
84%	Operating theatre incl cath labs
82%	Therapeutic support services - Physio
82%	Pharmacy
81%	Financial Management
80%	Communications/PRO
79%	Surgical ward
79%	Medical ward
79%	Transport services-ambulances/Patient transport/Staff transport/Other vehicles
78%	Outpatient department
77%	Paediatric ward
76%	Infection Control
74%	Generic wards / Measure is generic to any ward or day ward
74%	Medical ward
71%	Psychiatric ward
70%	Speciality wards and services/ICU/HCU/Burn units/Oncology/Dialysis Units
69%	Cleaning Services
67%	Occupational health and safety
66%	Food Services
64%	Laboratory
64%	Record archive/department
64%	HR Management
64%	Laundry Services
59%	Mortuary Services
59%	Management information system
58%	Security Services
54%	Clinical Management Group
54%	Procurement
52%	CEO or Hospital Manager
49%	Waste Management
49%	Maintenance services includes garden
47%	Facility Infrastructure
45%	CSSD
38%	Case Management
33%	Health technology Services

Compliance Status Framework : ■ ≥80% compliant, ■ 70-79% compliant with a requirement, ■ 60-69% conditionally compliant, ■ 50-59% conditionally compliant with serious concerns, ■ 40-49% non-compliant, ■ <40% critically non-compliant.

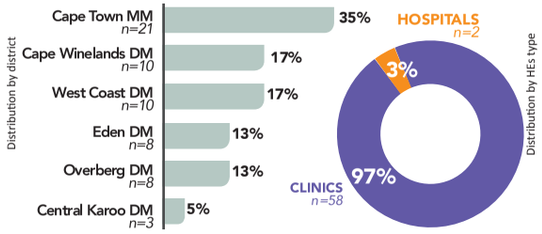
Table 16: Average score by health establishments (n=98)

Clinic *(n= 92)*	
88%	Lotus Gardens
86%	Gazankulu
84%	Rosslyn
83%	Atteridgeville
82%	Danville
82%	Hercules
81%	Folang
79%	Suurman
76%	Parkhurst
75%	Thoko Mngoma
75%	Dilopye
74%	Saulsville
70%	Itireleng Region B
70%	New Eersterus
69%	Alexandra East Bank
69%	Dukathole
69%	Eldorado X2
68%	Kingsway
68%	Bedfordview
67%	Klopper Park
66%	Kliptown
66%	Phomolong
66%	Rus ter vaal
66%	Ennerdale X8
66%	Winnie Mandela
65%	Pontshong
65%	Mlands Z2 Prov
65%	Kemston
64%	Jack Hindon
64%	Chief A Luthuli
63%	Evaton Main
63%	Karenpark
62%	FF Ribeiro
62%	Zonkizizwe 1
62%	Ramotse
62%	Zonkizizwe 2
61%	Thula Mntwana
61%	Berario
61%	Siphumlile
61%	Weilers Farm
61%	Ennerdale X9
60%	Wannenburg
60%	Jubilee Gateway
60%	Joy
60%	Tembisa Main
60%	Olifantsfontein
59%	Germiston
59%	Eldorado X9
59%	Ratanda
58%	Boitumelo
57%	Birchleigh North
57%	Green Vil Port Cabin
57%	Usizolwethu
56%	Van Dyk Park
56%	Sophiatown
56%	Crystal Park
56%	Calcot Dhlephu
55%	Wendywood
55%	Kemp Park Civ
55%	Erin
55%	Osizweni
54%	Klipspruit West
54%	Orlando Prov
54%	Tsakane
54%	Sinqobile
54%	Kibler Park
53%	Reedville
53%	Bellavista
53%	Naledi
53%	Emaphupheni
53%	Glenanda
51%	Geluksdal
51%	Kekana Gardens
51%	Senaoane
50%	Mid Ennerdale
50%	Beverly Hills
50%	Ratanda Ext 7
50%	Spartan
50%	Barcelona
48%	Zondi
47%	Birchleigh
46%	Shanty
45%	Wildebees
45%	Phuthanang
45%	Petervale
44%	Diepkloof Prov
44%	Elsburg
43%	Orange Farm Ext 7
43%	B Molokoane
40%	Ratanda Ext 23
39%	Sandown
36%	Noordgesig Prov
Hospital *(n=6)*	
77%	Tshwane Dist Hospital
74%	Jubilee Hospital
71%	Dr G Mukhari Hospital
67%	Odi Hospital
66%	Bheki Mlangeni District Hospital
63%	Heidelberg Hospital

Compliance Status Framework : ■ ≥80% compliant, ■ 70-79% compliant with a requirement, ■ 60-69% conditionally compliant, ■ 50-59% conditionally compliant with serious concerns, ■ 40-49% non-compliant, ■ <40% critically non-compliant.

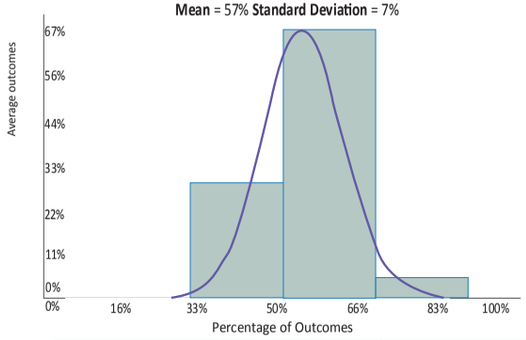
INFOGRAPHIC
WESTERN CAPE

I. DISTRIBUTION OF HES *n=60*



Western Cape recorded 98 HE inspections; Clinics contributed the highest number of 58 inspections making up 97% while only 2, that is 3% of HEs inspected were hospitals. The districts with the highest and lowest HE inspections were Cape Town MM with 21 inspections, making up 35% of the inspections and Central Karoo DM with 3 inspections, making up 5% of the inspections.

II. AVERAGE OUTCOME SCORES BY HE TYPE *n=60*



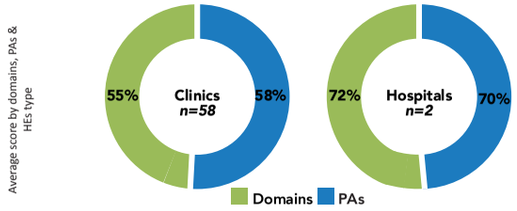
Average outcomes by HEs & FAs

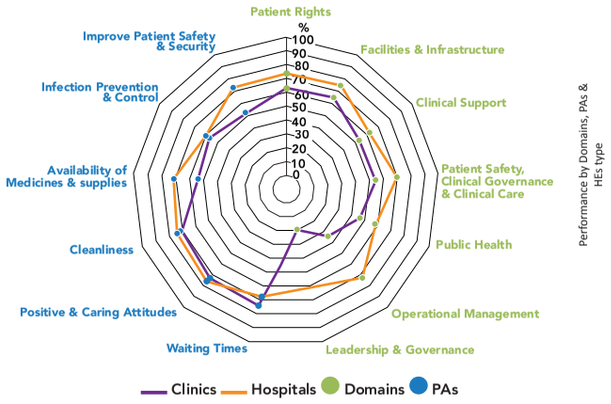
Compliance* %	HEs		FAs	
	Clinics n=58	Hospitals n=2	Clinics 4 FAs	Hospitals 38 FAs**
≥80	0	0	0	13
70-79	2	1	1	11
60-69	13	1	0	7
50-59	26	0	1	4
40-49	17	0	1	1
< 40	0	0	1	2

Outcome average score for Western Cape was 57%. Two clinics and 1 hospital scored between 70%-79%. In the province, no clinics or hospitals had a score greater than or equal to 80% or less than 40% respectively. Thirteen FAs for hospitals scored 80% or more and none of the clinics FAs had the same score. Two FAs for hospitals and 1 FAs for clinics scored less than 40%.

*** Compliance Status Framework :**
≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.
**** Approximate Number FAs is 38**

III. AVERAGE PERFORMANCE BY DOMAINS AND PAs BY HE TYPE





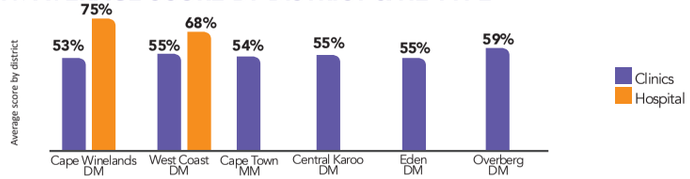
Average Performance by Domains & PAs

Domains	Clinics	Hospital
Patients Rights	62%	73%
Facility & Infrastructure	65%	76%
Clinical Support	53%	71%
Patient Safety/Clinical Governance/ Clinical Care	56%	70%
Public Health	48%	59%
Operational Management	35%	73%
Leadership & Corporate Governance	20%	67%

Priority Areas	Clinics	Hospital
Waiting Times	75%	69%
Positive& caring attitudes	74%	77%
Cleanliness	71%	76%
Availability of Medicines & Supplies	54%	74%
Infection Prevention & Control	58%	60%
Improve Patient Safety & Security	51%	71%

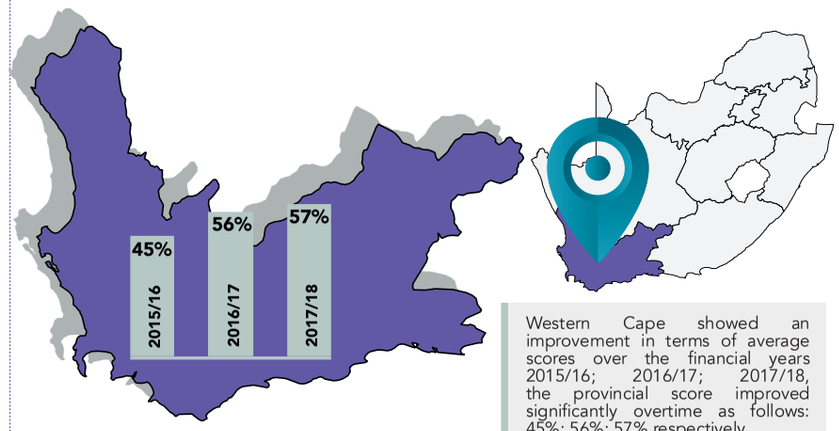
Inspected hospitals in Western Cape had an average score of 72% for domains and clinics scored 55%, while hospitals scored 70% and clinics scored 58% for PAs.
- The domain Patient Rights scored 73% for hospitals and clinics 62%. The domain Leadership and Corporate Governance scored 67% for hospitals and 20% for clinics.
- Waiting Times scored 69% for hospitals and 75% for clinics. Improve Patient Safety & Security recorded scores of 71% for hospitals and clinics scored 51%.

IV. AVERAGE SCORE BY DISTRICT & HE TYPE



Hospitals in Cape Winelands scored 75%, while hospitals in West Coast DM scored 68%. The rest of the districts did not record any hospital inspections. Clinics in Overberg DM scored 59%. Clinics in West Coast DM, Central Karoo DM and Eden DM scored 55% in each of the districts. Clinics in Cape town MM and Cape Winelands scored 54% and 53% respectively.

V. HISTORICAL PATTERN



Western Cape showed an improvement in terms of average scores over the financial years 2015/16; 2016/17; 2017/18, the provincial score improved significantly overtime as follows: 45%; 56%; 57% respectively.

VI. RECOMMENDATIONS

In line with the findings, the following are the overall recommendations:

- Implementation of the procedural regulations that ensures a degree of accountability through the person in charge following up on all non-compliant related matters to achieve compliance.
- Address human resources, leadership and corporate governances as well as infrastructural gaps as they are critical for effective functioning of any HE.
- Continual provision of training and support on the implementation of the NCS.
- Consider conducting a qualitative research to establish challenges that hinder HEs successful implementation of the NCS. Optionally case studies can be conducted to establish success factors which have enabled compliant HEs to achieve exceptional score.

4.2 WESTERN CAPE

For the financial year 2017/18, the Office of Health Standards Compliance inspected health establishments using inspection tools adapted from the National Core Standards. These mock inspections were conducted as part of overall strategies aimed at improving the quality of care and safety of the healthcare users as well as prepare health establishments for when promulgated norms and standards are implemented. The regulations have since been promulgated in February 2018. Inspections were conducted in 60 of 311 HEs in Western Cape for the 2017/18 financial year.

4.2.1 Distribution of health establishments

(refer to figure 17 & figure 18)

Western Cape recorded a total of 60 HEs that were inspected in the Province. Clinics contributed the highest number of inspections which was 58 making up 97%, while only 2 that is 3% of HEs inspected were hospitals.

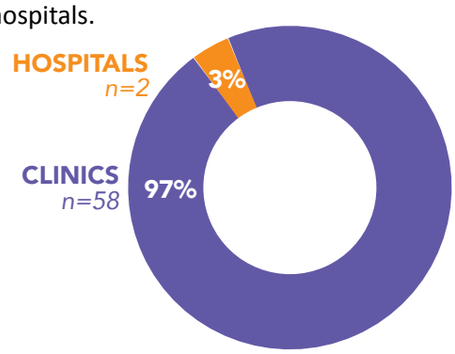


Figure 17: Distribution by HEs type

According to results, HEs that were inspected were from Cape Town MM, Cape Winelands DM, West Coast DM, Eden DM, Overberg DM and Central Karoo DM. Cape Town MM recorded 21 inspections making up 35% of the inspections. Clinics inspected in the district were 21, while hospitals were not inspected. Central Karoo DM had only 3 inspections making up 5%. A total of 3 clinics and no hospital were inspected in the district. Cape Winelands and West Coast DM both had a total of 10 inspections, each constituting to 17% of HE inspections in each district. These two districts accounted for the same number of clinics and hospital inspections that were 9 clinics and 1 hospital respectively. Lastly, Overberg DM and Eden DM both had 8 inspections making up 13% of inspections in each district. They both accounted to 8 clinics and no hospitals were inspected in each district.

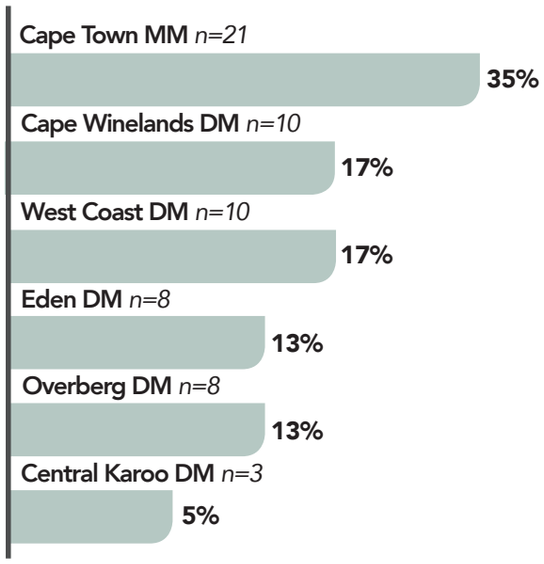


Figure 18: Distribution by district

4.2.2 Average outcome scores by health establishment type

(refer to figure 19 & table 15)

The average scores for HEs in Western Cape showed that the Province scored and average of 57.

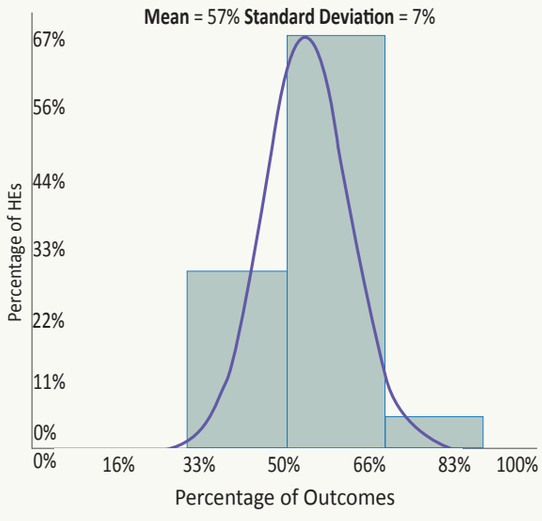


Figure 19: Average outcomes

Table 17: Average outcomes by HEs & FAs

Compliance* %	HEs		FAs	
	Clinics n=58	Hospitals n=2	Clinics 4 FAs	Hospitals 38 FAs**
≥80	0	0	0	13
70-79	2	1	1	11
60-69	13	1	0	7
50-59	26	0	1	4
40-49	17	0	1	1
< 40	0	0	1	2

*** Compliance Status Framework :**
≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant,
50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.
**** Approximate Number FAs is 38**

None of the clinics and hospitals scored greater than or equal to 80% in the Province. Two clinics and 1 hospital had scores of between 70% and 79%. An additional 13 clinics and 1 hospital scored between 60% and 69% respectively. A total of 26 clinics scored between 50% and 59%. Results further elucidated that 17 clinics scored between 40% and 49%. None of the health establishments scored less than 40%.

Table 19 - Western Cape revealed that 38 FAs and 4 FAs were analysed for hospitals and clinics respectively. Thirteen hospitals FAs managed to score greater than or equal to 80% and none of the clinics FAs scored the same score. Additionally, 11 hospitals FAs and 1 FA for clinics scored between 70% and 79%, while only 7 FAs for hospitals and none of the clinics scored between 60% and 69%. A total of 4 FAs inspected for hospitals and 1 FA for clinics scored between 50% and 59%. In addition, 1 FA for hospitals and 1 FA for clinics scored between 40% and 49%. Lastly, only 2 FAs for hospitals and 1 FA for clinics scored less than 40%

4.2.3 Average score for domains and priority areas by health establishment type *(refer to figure 20, figure 21 & table 16)*

Provincial average score for HEs by domains and PAs reflected that hospitals scored 72% in terms of domains, while clinics scored 55%. In relation to PAs, hospitals scored 70%, while clinics scored 58%.

A further breakdown of the results according to HE type reflected that hospitals scored 73% and clinics scored 62% for the domain Patient Rights

A presentation of the results for Facilities and Infrastructure according to HE types highlighted that hospitals scored 76%, while clinics scored 65%. Hospitals scored 71% and clinics scored 53% for the domain Clinical Support. Patient Safety/ Clinical Governance/ Clinical Care domain reflected that hospitals scored 70% and clinics scored 56%. In terms of score by HE types, hospitals scored 59% and clinics 48% for the domain Public Health. Operational Management domain scores were 73% for hospitals and 35% for clinics. Hospitals scored 67% and 20% for clinics for the domain Leadership and Corporate Governance.

Results for Waiting Times showed that hospitals and clinics scored 69% and 75% respectively. Hospitals scored 77% while clinics scored 74% for Positive and Caring Attitudes. Presentation of the results for Cleanliness according to HE types indicated that hospitals scored 76%, while clinics scored 71%. Availability of Medicines and Supplies scored 74% for hospitals and 54% for clinics. Infection Prevention and Control scored 60% for hospitals and 58% for clinics. Lastly, hospitals scored 71% while clinics scored 51% for Improved Patient Safety and Security.

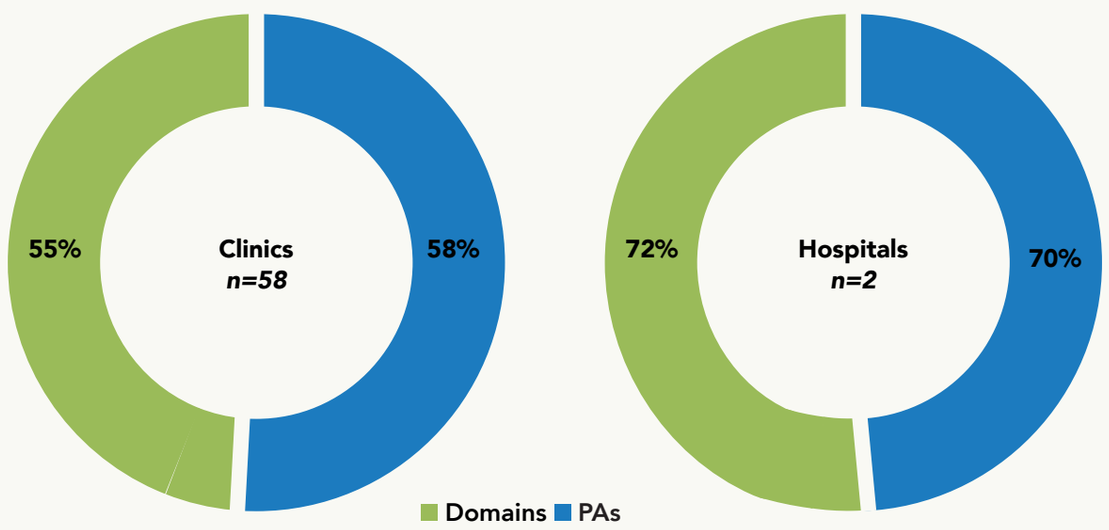


Figure 20: Average score by domains, PAs & HEs type

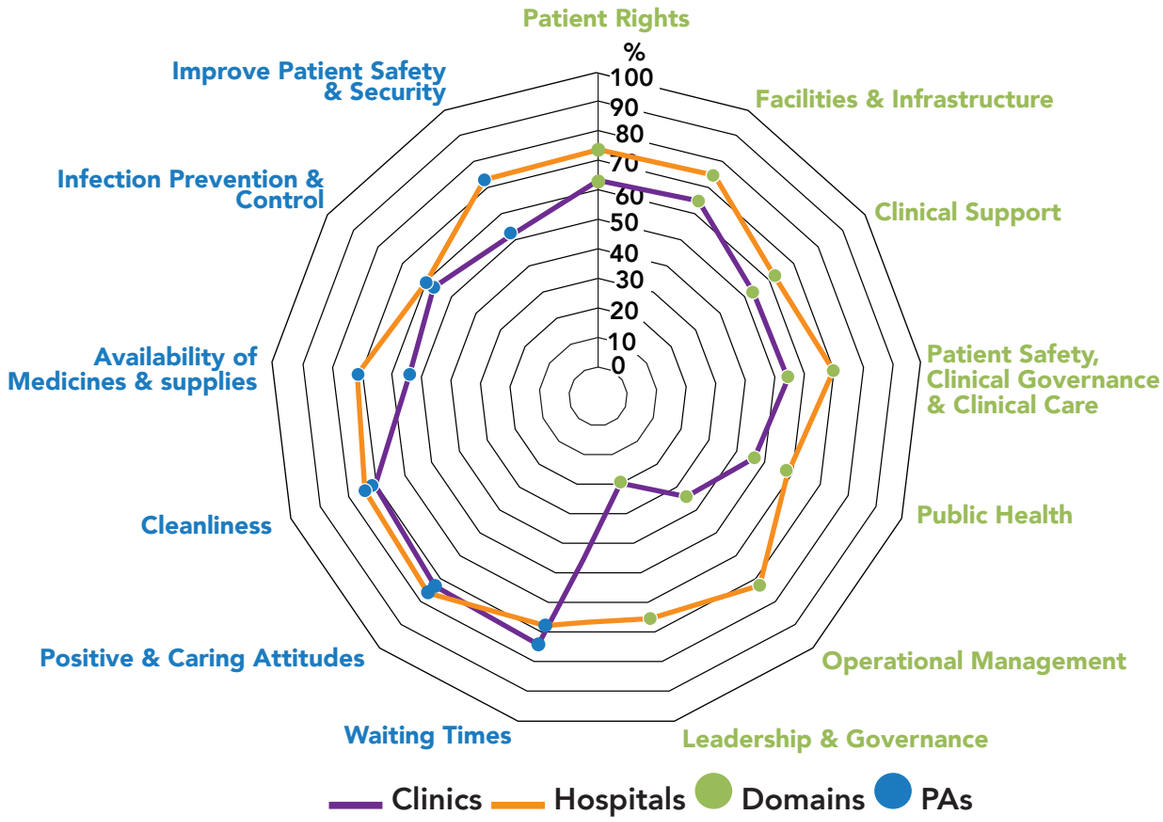


Figure 21: Performance by domains, PAs & HEs type

Table 18: Average performance by Domains & PAs

Domains	Clinics	Hospital
Patients Rights	62%	73%
Facility & Infrastructure	65%	76%
Clinical Support	53%	71%
Patient Safety/Clinical Governance/Clinical Care	56%	70%
Public Health	48%	59%
Operational Management	35%	73%
Leadership & Corporate Governance	20%	67%

Priority Areas	Clinics	Hospital
Waiting Times	75%	69%
Positive & Caring Attitudes	74%	77%
Cleanliness	71%	76%
Availability of Medicines & Supplies	54%	74%
Infection Prevention & Control	58%	60%
Improve Patient Safety & Security	51%	71%

4.2.4 Average score by district and health establishment type *(refer to figure 22)*

Clinics in Overberg DM scored 59% and no hospitals were inspected in that district. Clinics in Eden DM scored 53% and no hospitals were inspected in that district. Clinics and hospitals in West Coast DM managed to score 55% and 68% respectively. In Central Karoo DM clinics scored 55% and there were no hospitals inspected in the district.

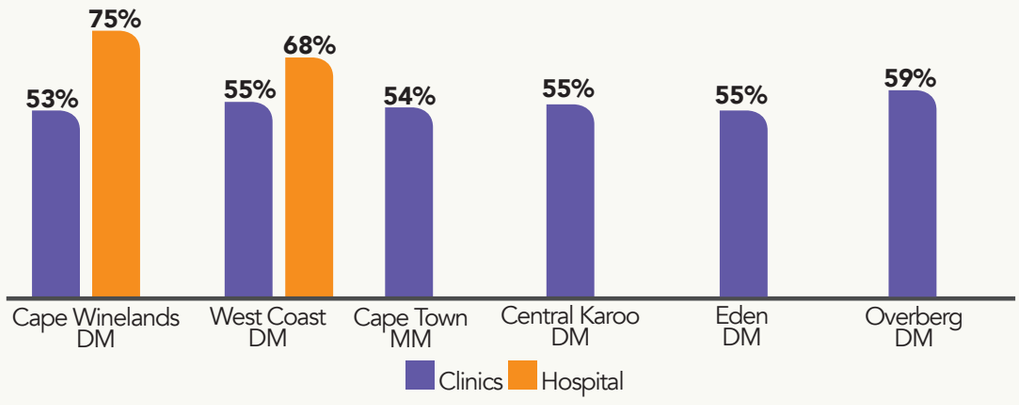


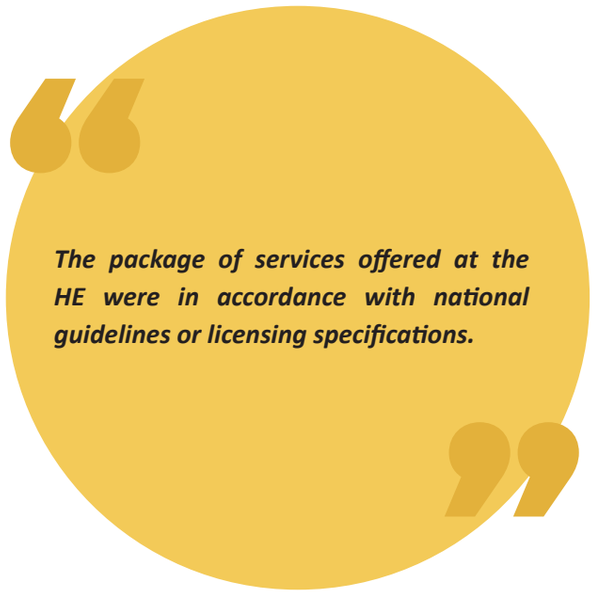
Figure 22: Average score by district

4.2.5 Average score by health establishments *(Refer to table 20)*

A break down according to HE type indicated that the clinic which had the highest score was Barrydale Clinic which scored 75% and Maitland Clinic scored 43%. Only two hospitals were inspected in the Province, amongst the two Worcester Hospital scored 75%, while Vredenburg Hospital scored 68%.

4.2.6 Conclusion

The Western Cape findings suggest that most patients were treated in a caring and respectful manner by staff with the appropriate values and attitudes. The package of services offered at the HEs were in accordance with national guidelines or licensing specifications. It seems like patients' opinions did not inform quality improvements in the HEs more especially in clinics. Most patients were satisfied with the cleanliness of the HEs. The clinics performed well as compared to the hospitals regarding specific precautions being taken to reduce or prevent respiratory infections. Most of the health providers indicated they had access to supervision. Availability of SOPs was a challenge as they were either outdated or not signed by the relevant authority. However, the main challenge remains with the specific safety protocols that were not in place for patients undergoing high risk procedures as emergency trolleys were not appropriately stocked nor regularly checked in most HEs.



4.2.7 Recommendations

Patient opinions need to inform quality improvements in the HEs. Patients experience of care surveys need to be conducted to inform quality improvements.

Management of referrals should preserve the quality of patient care; patient's clinical status needs to be recorded during handover between emergency medical services and HEs staff.

HEs need to have a structured approach to the management of clinical risk in the health establishment. Clinical risk policies and terms of reference for the forum reviewing clinical risk need to be available.

Infection Prevention and Control Programme to

reduce healthcare associated infections need to be implemented while standard precautions need to be followed in clinical areas. Strict infection control practices need to be followed.

Medical devices such as defibrillator need to be properly maintained to ensure patient safety, availability and functionality. Emergency plans to protect public safety in the event of significant disease outbreaks or other health emergencies need to be in place and staff should be trained about them.

Operational plans need to support the delivery of services according to the set objectives.

Staff need to be protected from exposure to workplace hazards through effective Occupational Health and Safety systems. Pre-placement examinations need to be performed before commencement of duty or within 14 days of employment as stipulated by the Occupational Health and Safety Act: 85 of 1993.

The establishment should be organised/ furnished/ equipped to meet patient needs and comfort. There should be SOPs on repairs of non-medical equipment and infrastructure.

Emergency plans to protect public safety in the event of significant disease outbreaks or other health emergencies need to be in place and staff should be trained about them.

Table 19: Average score by functional areas

Clinic	
78%	Clinical Services
59%	Dispensary / Medicine Cupboard
49%	Maintenance Support
36%	Clinic manager
Hospital	
93%	Transport services-ambulances/Patient transport/Staff transport/Other vehicles
93%	Mortuary Services
93%	Surgical ward
92%	Food Services
90%	Communications/PRO
88%	Radiology
88%	Laboratory
87%	Management information system
86%	Laundry Services
85%	Medical ward
83%	Psychiatric ward
81%	Maternity Ward incl maternity theatres
80%	Procurement
79%	Blood Services
78%	Entrance/Reception and help desk
78%	Generic wards / Measure is generic to any ward or day ward
78%	Therapeutic support services - Physio
75%	Accident and Emergency Unit
74%	CEO or Hospital Manager
74%	Operating theatre incl cath labs
73%	Security Services
72%	Paediatric ward
71%	Financial Management
70%	Facility Infrastructure
69%	Pharmacy
69%	Clinical Management Group
67%	HR Management
64%	Cleaning Services
63%	Outpatient department
62%	Waste Management
61%	Speciality wards and services/ICU/HCU/Burn units/Oncology/Dialysis Units
57%	Case Management
56%	Infection Control
55%	Maintenance services includes garden
50%	Record archive/department
46%	Occupational health and safety
38%	CSSD
17%	Health technology Services

Compliance Status Framework : ≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.

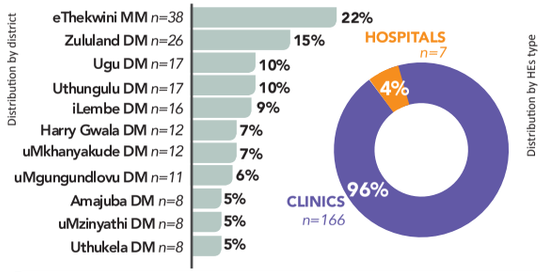
Table 20: Average score by health establishments (n=60)

Clinic *(n=58)*	
75%	Barrydale Clinic
71%	Kuilsriver Clinic
69%	Vredendal North Clinic
63%	Scottsdene Clinic
63%	Saxon Sea Clinic
62%	Botrivier Clinic
62%	Vredendal Central Clinic
62%	Citrusdal Clinic
61%	Durbanville Clinic
61%	Protea Park Clinic
60%	Bloekombos Clinic
60%	Harmonie Clinic
60%	Klapmuts Clinic
60%	Villiersdorp Clinic
60%	Huis McCrone Clinic
59%	P Albert Clinic
59%	Greyton Clinic
58%	Idas Valley Clinic
58%	Kranshoek Clinic
58%	Brackenfell Clinic
57%	Wallacedene Clinic
57%	Caledon Clinic
57%	Sarepta Clinic
56%	New Horizon Clinic
56%	Sedgefield Clinic
56%	Suurbraak Clinic
55%	Lamberts Bay Clinic
55%	Buffeljagsrivier Clinic
55%	De Doorns Clinic
54%	Hanna Coetzee Clinic
54%	Crags Clinic
54%	Simondium Clinic
52%	Kwamandlenkosi Clinic
52%	Nieuveldpark Clinic
52%	Lutzville Clinic
51%	Plettenberg Bay Clinic
51%	Brighton Clinic
51%	Khayelethu Clinic
51%	Knysna Town Clinic
51%	Elands Bay Clinic
51%	Northpine Clinic
49%	Chapel Street Clinic
49%	Groendal Clinic
49%	Kayamandi Clinic
49%	Albow Gardens Clinic
48%	Genadendal Clinic
48%	Langa Clinic
47%	Spencer Road Clinic
47%	Muizenberg Clinic
47%	Kylemore Clinic
47%	Graafwater Clinic
47%	Klawer Clinic
46%	Aan-het-Pad Clinic
46%	KeurhoekClinic
45%	Factreton Clinic
45%	Philippi Clinic
45%	Fisantekraal Clinic
43%	Maitland Clinic
Hospital *(n=2)*	
75%	Worcester Hosp
68%	Vredenburg Hosp

Compliance Status Framework : ≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.

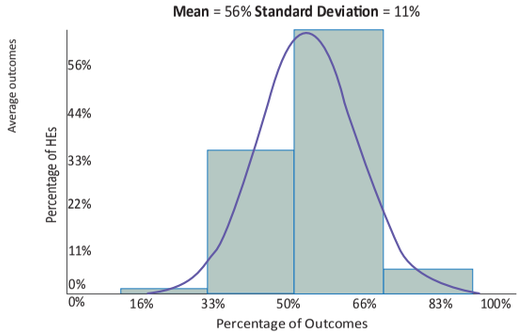
INFOGRAPHIC
KWAZULU-NATAL

I. DISTRIBUTION OF HES *n=173*



A total of 173 HE inspections were recorded in KwaZulu Natal province; Clinics contributed to 96% equivalent to 166 HE inspections while hospitals recorded 4% equal to 7 HEs inspections. EThekwini MM had the highest number of inspections that is 38 making up to 22% of the HEs inspected, while Amajuba DM, uMzinyathi DM as well uThukela DM each had 8 HEs inspected, contributing to 5 % of the inspections in each district.

II. AVERAGE OUTCOME SCORES BY HE TYPE *n=173*



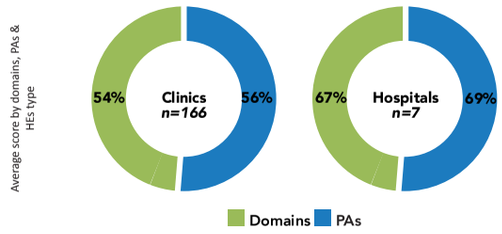
Average outcomes by HEs & FAs

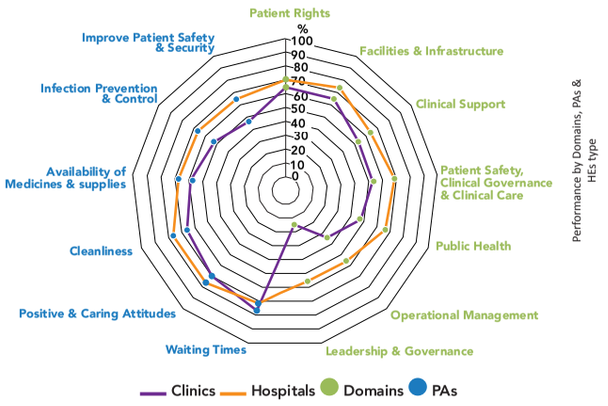
Compliance* %	HEs		FAs	
	Clinics n=166	Hospitals n=7	Clinics 4 FAs	Hospitals 41 FAs**
≥80	4	0	0	13
70-79	7	2	1	10
60-69	37	3	1	7
50-59	66	2	0	4
40-49	40	0	1	5
< 40	12	0	1	2

Outcome average score for the province was 56%. Four clinics and no hospitals had a score greater than or equal to 80% while 12 clinics and no hospitals scored less than 40%. A total of 13 FAs for hospitals scored greater than or equal to 80%, while no clinics had the same score. Two FAs for hospitals and 1 FA for clinics achieved scores of less than 40%.

*** Compliance Status Framework :**
≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.
**** Approximate Number FAs is 41**

III. AVERAGE PERFORMANCE BY DOMAINS AND PAs BY HE TYPE





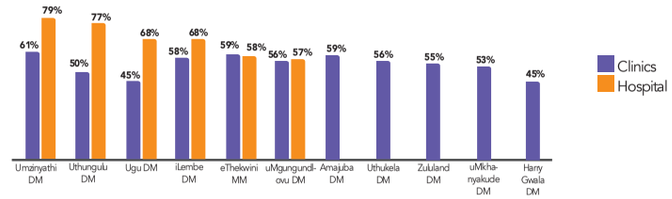
Average Performance by Domains & PAs

Domains	Clinics	Hospital
Patients Rights	65%	70%
Facility & Infrastructure	65%	73%
Clinical Support	53%	65%
Patient Safety/Clinical Governance/ Clinical Care	52%	69%
Public Health	48%	66%
Operational Management	34%	56%
Leadership & Corporate Governance	16%	56%

Priority Areas	Clinics	Hospital
Waiting Times	79%	72%
Positive& caring attitudes	70%	76%
Cleanliness	68%	77%
Availability of Medicines & Supplies	59%	69%
Infection Prevention & Control	51%	68%
Improve Patient Safety & Security	48%	66%

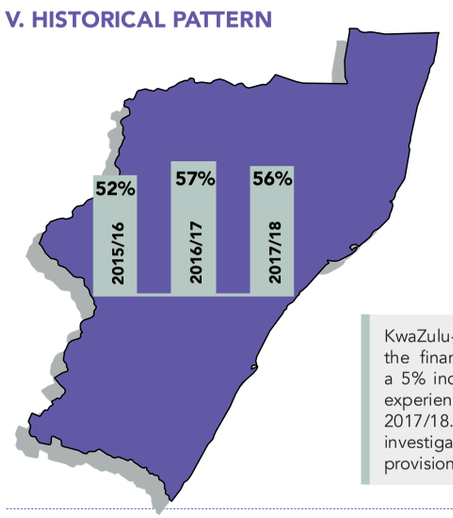
Average score for hospitals was 67% in terms of domains while clinics scored 54%. Hospitals scored 69% while clinics scored 56% in relation to PAs.
- The domain Patient Rights scored 70% for hospitals and clinics 65%. The domain Leadership and Corporate Governance scored the lowest score of 56% for hospitals and 16% for clinics.
- Waiting Times scored 72% for hospitals and 79% for clinics. Improve Patient Safety & Security recorded a score of 66% for hospitals and clinics attained 48%.

IV. AVERAGE SCORE BY DISTRICT & HE TYPE



Clinics in Umzinyathi DM scored 61% and hospitals scored 79%. Harry Gwala DM and Ugu DM scored 45% in each respective district. uMgungundlovu DM scored 57% for hospitals.

V. HISTORICAL PATTERN



KwaZulu-Natal average score was 52% score for the financial year 2015/16. The province recorded a 5% increase in score in 2016/17 to 57% however experienced a decline in score in the financial year 2017/18. Declines in scores by the province may need investigation to ensure the level of healthcare service provision is not negatively impacted.

VI. RECOMMENDATIONS

In line with the findings, the following are the overall recommendations:

- Implementation of the procedural regulations that ensures a degree of accountability through the person in charge following up on all non-compliant related matters to achieve compliance.
- Address human resources, leadership and corporate governances as well as infrastructural gaps as they are critical for effective functioning of any HE.
- Continual provision of training and support on the implementation of the NCS.
- Consider conducting a qualitative research to establish challenges that hinder HEs successful implementation of the NCS. Optionally case studies can be conducted to establish success factors which have enabled compliant HEs to achieve exceptional score.

4.3 KWAZULU-NATAL

For the financial year 2017/18, the Office of Health Standards Compliance inspected health establishments using inspection tools adapted from the National Core Standards. These mock inspections were conducted as part of overall strategies aimed at improving the quality of care and safety of the healthcare users as well as prepare health establishments once the norms and standards are promulgated as regulations. The regulations have since been promulgated in February 2018. Inspections were conducted in 117 of 643 HEs in KwaZulu-Natal for the 2017/18 financial year.

4.3.1 Distribution of health establishments *(refer to figure 23 & figure 24)*

Clinics contributed to a total of 166 inspections making up 96%, while 7 inspections were for hospitals constituting to 4% of inspections.

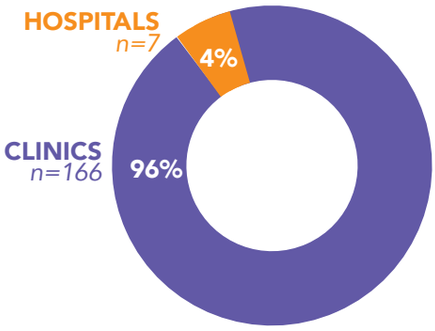


Figure 23: Distribution by HEs type

According to results, HEs that were inspected were from these following districts: eThekwini MM; Zululand DM; UGu DM; uThungulu DM; iLembe DM; Harry Gwala DM; uMkhanyakude DM; uMgungundlovu DM; Amajuba DM; uMzinyathi DM and lastly uThukela DM. EThekwini MM had 38 making up to 22% of the HEs inspected and 2 hospitals were inspected in that district. Amajuba DM, uMzinyathi DM as well uThukela DM had each 8 HEs inspected comprising each of 5 % of inspections in each district. One hospital was inspected in uMzinyathi DM and no hospitals were inspected in Amajuba DM, uMkhanyakude DM, Harry Gwala DM and uThukela DM. A total of 26 HEs were inspected in Zululand DM making up 15% of the HEs inspected. All of the 26 were clinics and no hospitals were inspected. UGu DM and uThungulu DM recorded 17 HEs inspected in each district, scored 10% of the HE inspections each. A total of 16 clinics for each district were inspected, while 1 hospital was inspected in each of these districts. On the other hand, iLembe DM contributed to 16 HE inspections, making up 9% of the HEs inspected. One hospital and 15 clinics were inspected. Harry Gwala DM and uMkhanyakude DM, both contributed to 7% equivalent to 12 HEs inspected in each district. A total of 12 clinics in these districts were inspected.

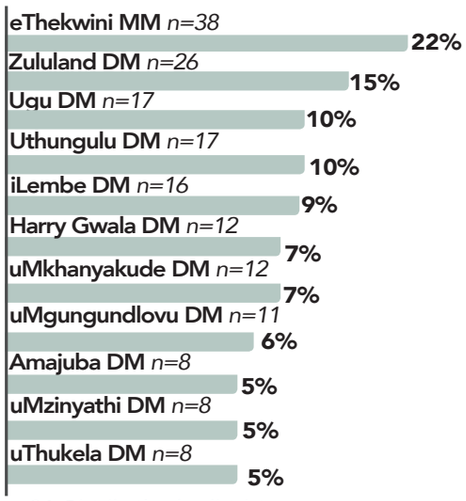


Figure 24: Distribution by district

4.3.2 Average outcome scores by health establishment type *(refer to figure 25 & table 17)*

The average outcome scores for HEs in KwaZulu-Natal indicated that the Province scored 56%.

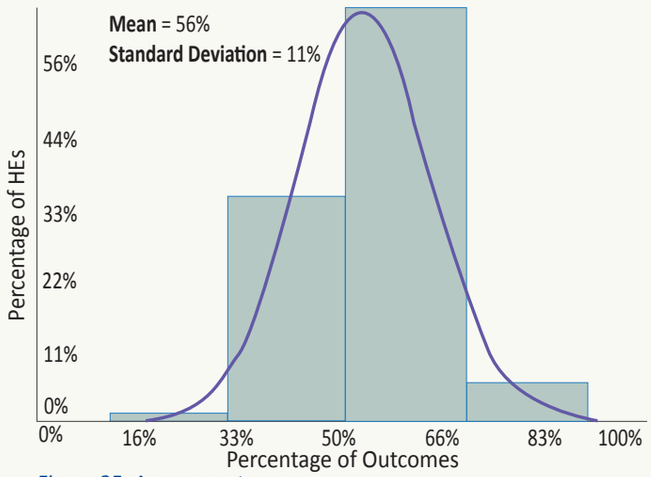


Figure 25: Average outcomes

Table 21: Average outcomes by HEs & FAs

Compliance* %	HEs		FAs	
	Clinics n=166	Hospitals n=7	Clinics 4 FAs	Hospitals 41 FAs**
≥80	4	0	0	13
70-79	7	2	1	10
60-69	37	3	1	7
50-59	66	2	0	4
40-49	40	0	1	5
< 40	12	0	1	2

*** Compliance Status Framework :**
≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant,
50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.
**** Approximate Number FAs is 41**

Four clinics scored an average greater than or equal to 80%. Additionally, 7 clinics and 2 hospitals scored between 70% and 79%. An additional 37 clinics and 3 hospitals scored between 60% and 69%, while 66 clinics and 2 hospitals scored 50% and 59%. Results further elucidated that 40 clinics scored between 40% and 49%. Lastly, 12 clinics scored less than 40%. No hospitals scored between 40% and 49% and less than 40% respectively.

In Kwazulu-Natal, 41 FAs and 4 FAs were analysed for hospitals and clinics respectively. A total of 13 FAs for hospitals scored greater than or equal to 80%, while no clinics scored the same. Additionally, 10 FAs for hospitals and 1 FA for clinics scored between 70% and 79%, while only 7 FAs for hospitals and 1 FA for clinics scored between 60% and 69%. A total of 4 FAs inspected for hospitals and no clinics scored between 50% and 59%. In addition, 5 FAs and 1 FA from hospitals and clinics scored between 40% and 49%. Lastly, only 2 FAs for hospitals and 1 FA for clinics scored less than 40%.

4.3.3 Average score for domains and priority areas by health establishment type

(refer to figure 26, figure 27 & table 18)

Average scores by HE for domains and PAs reflected that hospitals scored 67% in terms of domains, while clinics scored 54%. In relation to compliance of priority areas, hospitals scored 69%, while clinics scored 56%.

A further breakdown of the results according to HE types reflected that hospitals scored 70% and clinics scored 65% for the domain Patient Rights. Results for the domain Facilities and Infrastructure according to HE types revealed that hospitals scored 73%, while clinics scored 65%. Hospitals scored 65% and clinics scored 53% for the domain Clinical Support, while results for the Patient Safety/ Clinical Governance/ Clinical Care domain reflected that hospitals scored 69% and clinics 52%. Hospitals scored 66% and clinics 48% for the domain Public Health. Operational Management domain score for hospitals was 56% and clinics scored 34%. Hospitals scored 56% and clinics 16% for the domain Leadership and Corporate Governance.

Results for Waiting Times revealed that hospitals and clinics scored 72% and 79% respectively. Positive and Caring Attitudes score for hospitals shows 76% and clinics 70%. Results for the domain Cleanliness revealed that hospitals scored 77%, while clinics scored 68%. Availability of Medicines and Supplies scores for hospitals and clinics were 69% and 59% respectively. Infection Prevention and Control attained a score of 68% for hospitals and 51% for clinics. Lastly, Improved Patient Safety and Security score for hospitals was 66%, while clinics scored 48%. The results reflected that hospitals scored 62% and clinics scored 47% for independent measures (other).

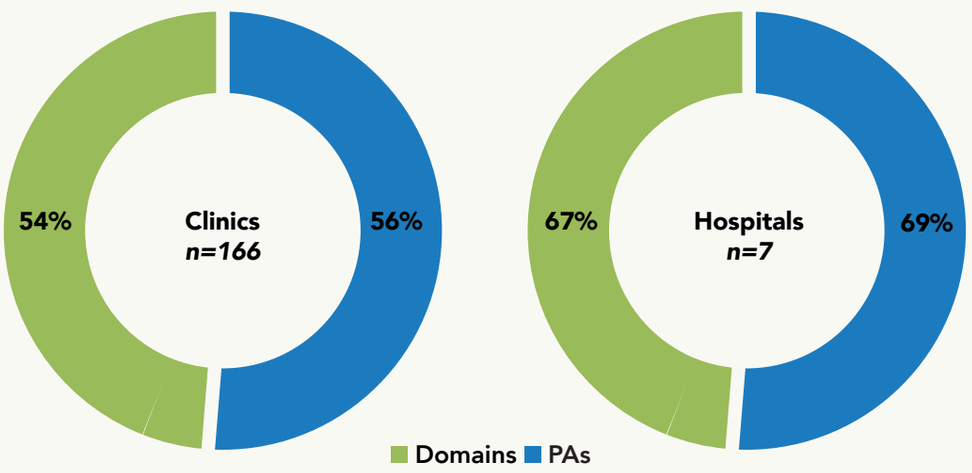


Figure 26: Average score by domains, PAs & HEs type

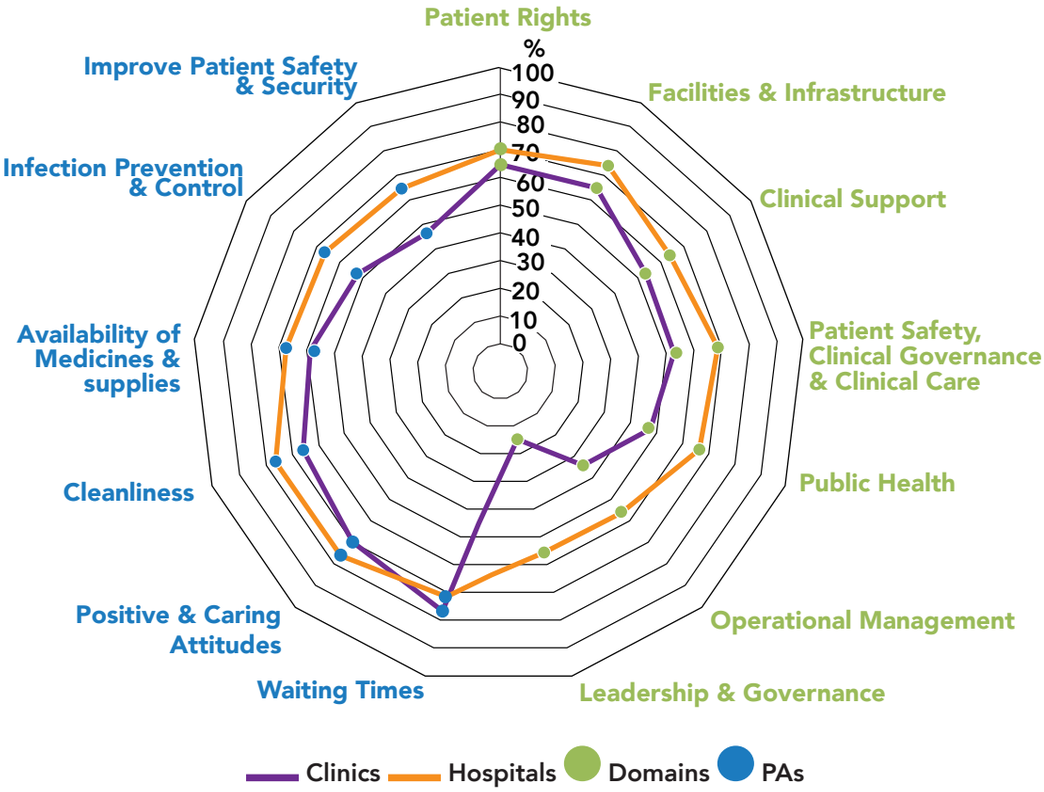


Figure 27: Performance by domains, PAs & HEs type

Table 22: Average performance by Domains & PAs

Domains	Clinics	Hospital
Patients Rights	65%	70%
Facility & Infrastructure	65%	73%
Clinical Support	53%	65%
Patient Safety/Clinical Governance/Clinical Care	52%	69%
Public Health	48%	66%
Operational Management	34%	56%
Leadership & Corporate Governance	16%	56%

Priority Areas	Clinics	Hospital
Waiting Times	79%	72%
Positive & Caring Attitudes	70%	76%
Cleanliness	68%	77%
Availability of Medicines & Supplies	59%	69%
Infection Prevention & Control	51%	68%
Improve Patient Safety & Security	48%	66%

4.3.4 Average score by district and health establishment type *(refer to figure 28)*

According to results for average score by district, clinics in uMzinyathi DM scored 61% and hospitals scored 79%. In Harry Gwala DM clinics scored 45% and no hospitals were inspected. Hospitals in eThekwini MM, and iLembe DM achieved 68% and 58% respectively. No hospitals were inspected in Amajuba DM. Meanwhile clinics in the same districts achieved 59%, 58% and 59% in that order.

Scores for hospitals and clinics in uMgungundlovu DM were 57% and 56% respectively. No Hospitals in uThukela DM were inspected, and clinics scored 56%. In Zululand DM, no hospitals were inspected, while clinics scored 55%. Lastly clinics in uMkhanyakude DM, uThungulu DM and UGu DM scored 53%, 50% and 45% respectively. Scores for hospitals in uThungulu DM and UGu DM were 77% and 68% respectively. No hospitals were inspected in uMkhanyakude DM.

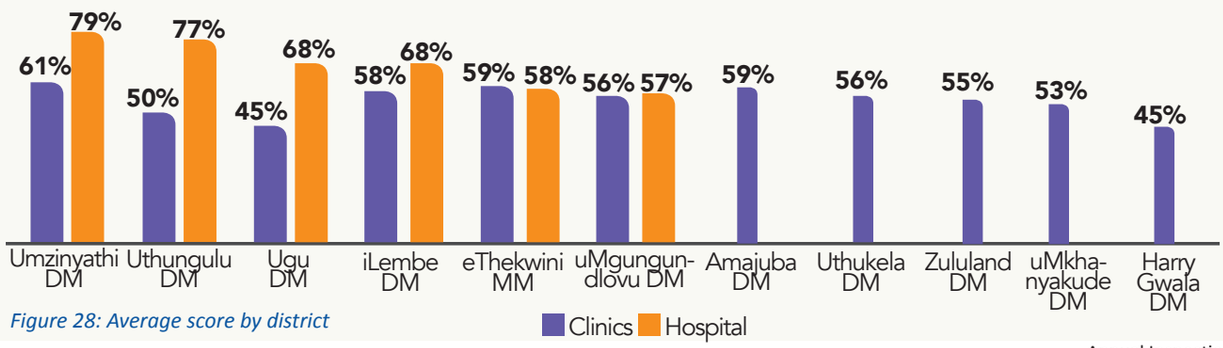


Figure 28: Average score by district

4.3.5 Average score by health establishments

(Refer to table 24)

A breakdown according to HE types indicated that Mpola Clinic scored 85%, and Bekulwandle clinic scored 20%. Dundee Hospital scored 79%, while St Aidans Hospital scored 50%.

4.3.6 Conclusion

The KwaZulu-Natal inspection findings suggest that patients were treated in a caring and respectful manner in most HEs. Hospitals met the patients' expectations of cleanliness, hygiene and accommodation. Strict infection control practices were in place in hospitals. Laboratory services were accessible, effective and enhanced patient diagnosis. General waste in offices, kitchens, garden and household waste were managed according to protocols and protected the safety of staff and patients. However, there is still a challenge with the maintenance of operational plant/ machinery/ equipment according to the needs of the HEs and regulatory requirements. In most HEs medical device maintenance, availability and functionality was alarming and requires attention. Standard operating procedures need to be available in HEs to guide, validate practice and to ensure healthcare users receive safe quality healthcare they deserve.

> ***The KwaZulu-Natal inspection findings suggest that patients were treated in a caring and respectful manner in most HEs.***

4.3.7 Recommendations

- **Quality Improvement Processes**

Structures within the HEs dealing with patients related data such as patients' safety incidences, complaints, patient experience of care should have a framework that includes identification of problems, data analysis and putting action plans to ensure quality improvement as well as measures to sustain quality by monitoring at set time frames.

- **Documentation**

Patient record documentation should be strengthened to ensure full assessment and treatment is provided for patients in line with treatment guidelines. Documents for Clinical audits of all priority conditions should be available at the point of audit to follow up progress for continual improvement of patient care rendered.

All activities within district relating to disease

> ***The maintenance of operational plant / machinery/equipment according to the needs of the HE and regulatory requirements remains a challenge.***

prevention, health promotion, environmental control measures and staff wellness should be documented.

Policies, SOPs and terms of reference should be in place and authenticated to guide processes within health establishments.

- **Operational issues**

Operational plans, skills development plans, asset management, medical and non-medical equipment maintenance plans should be linked to budget and risk management plans, be implemented and monitored for effectiveness. For safety of the healthcare users, emergency disaster preparedness plans and management of resuscitation trolleys need to be in place and communicated to all staff.

- **Assets and Contract management**

Contract management should state clearly responsibilities at all level of care. End users should be aware of the services that should be provide by services provider according to server level agreement. Assets should be managed at HE level through monthly inventory records which indicate variances and redundant items.

- **Corporate Governance, Leadership and Supervision**

Leadership issues such as strategic management, monitoring and evaluation, risk assessment, supervision and implementation of in-service training especially in Primary health care needs more attention.

Governance structures should be strengthened and adhere to guidelines to provide appropriate oversight to assure quality. Terms of reference regarding responsibilities and accountabilities should be emphasised. Delegation of authority documents should also be in place and be monitored.

Table 23: Average score by functional areas

Clinic	
77%	Clinical Services
62%	Dispensary / Medicine Cupboard
41%	Maintenance Support
36%	Clinic manager
Hospital	
95%	Blood Services
90%	Operating theatre incl cath labs
88%	Laboratory
88%	Transport services-ambulances/Patient transport/Staff transport/Other vehicles
84%	Communications/PRO
84%	Radiology
83%	Medical ward
82%	Mortuary Services
82%	Accident and Emergency Unit
82%	Operating theatre incl cath labs
81%	Surgical ward
81%	Paediatric ward
81%	Entrance/Reception and help desk
78%	Maternity Ward incl maternity theatres
78%	Outpatient department
76%	Generic wards / Measure is generic to any ward or day ward
75%	Waste Management
72%	Infection Control
72%	Pharmacy
72%	Food Services
70%	Therapeutic support services - Physio
70%	Psychiatric ward
70%	Cleaning Services
68%	Laundry Services
68%	Security Services
68%	Speciality wards and services/ICU/HCU/Burn units/Oncology/Dialysis Units
65%	Record archive/department
64%	Facility Infrastructure
61%	Financial Management
60%	Maintenance services includes garden
56%	Grand Total
56%	CEO or Hospital Manager
53%	HR Management
52%	Occupational health and safety
49%	CSSD
49%	Generic wards / Measure is generic to any ward or day ward
48%	Procurement
46%	Management information system
44%	Clinical Management Group
30%	Health technology Services
27%	Case Management

Compliance Status Framework : ≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.

Table 24: Average score by health establishments (n=173)

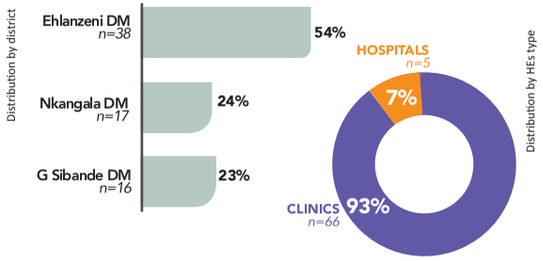
Clinic *(n=166)*	
85%	Mpola Clinic
82%	New Germany Clinic
81%	Stonebridge Clinic
80%	Thafamasi Clinic
75%	Balgowan Clinic
75%	Khambi Clinic
74%	Grove End Clinic
71%	Louwsburg Clinic
71%	Mabedlane Clinic
71%	Acaciavale Clinic
70%	Amakhabela Clinic
69%	Durnacol Clinic
69%	Tshelimnyama Clinic
68%	Adams Mission Clinic
68%	Mangeni Clinic
67%	Craigieburn Clinic
67%	Thandanani (Dann)
66%	Kingsburgh Clinic
66%	Inanda Seminary Clinic
66%	Waterfall Clinic
66%	Mduku Clinic
65%	Lomo Clinic
65%	Bhekezulu Clinic
65%	KwaNdengezi Clinic
64%	Walton Clinic
64%	KwaNyuswa Clinic
64%	Madadeni 7 Clinic
64%	Amandlalathi Clinic
64%	Hlobane Clinic
64%	Macabuzela Clinic
63%	Hambanathi Clinic
63%	Emfundweni Clinic
63%	Redcliffe Clinic
63%	Injabulo Clinic
63%	Besters Clinic
62%	Hlomendlini
62%	Mpumalanga Clinic
62%	Kloof Clinic
62%	Ehlanzeni Clinic
61%	Appelsbosch Gateway
61%	Wela Clinic
61%	Mkhonjane Clinic
61%	Mpumelelo Clinic
61%	Magabheni Clinic
60%	Untunjambili Gateway
60%	Mpandleni Clinic
60%	Peaceville Clinic
60%	Felani Clinic
59%	Ndulinde Clinic
59%	Sydenham Heights Clinic
59%	Ottawa Clinic
59%	Cinci Clinic
59%	Mayizekane Clinic
58%	Ntinini Clinic
58%	GJ Crooke's Gateway
58%	Isithebe Clinic
58%	Esidumbini Clinic
58%	Zwelibomvu Clinic
58%	Limehill Clinic
57%	Ombimbini
57%	Ekuvukeni Clinic
57%	Inhlwathi Clinic
57%	Malenge Clinic
57%	Mdumezulu Clinic
57%	Makhowe Clinic
57%	KwaMakhutha Clinic
56%	Overport Clinic
56%	Macambini Clinic
56%	Caneside Clinic
55%	Nongamlane Clinic
55%	Ulundi A Clinic
55%	Kleinfontein Clinic
55%	Umzinto Clinic
55%	Esidakeni Clinic
55%	Baniyena Clinic
54%	Folweni Clinic
54%	Clare Estate Clinic
54%	Ohwebede Clinic
54%	Nellies Farm Clinic
54%	Gluckstadt Clinic
54%	Osizweni 1 Clinic
54%	Ndabaningi Clinic
54%	Nhlungwana Clinic
53%	Gcumisa Clinic
53%	Buxedene Clinic
53%	KwaMteyi Clinic
53%	KwaNdaba Clinic
53%	Dengeni Clinic
53%	Nomponjwana Clinic
53%	St Faith's Clinic
53%	Thalaneni Clinic
52%	Cramond Clinic
52%	Maputa Clinic
52%	Thengane Clinic
52%	Sokhulu Clinic
52%	Qadi Clinic
52%	Luneburg Clinic
52%	Buchanana Clinic
52%	Osizweni 3 Clinic
52%	Kwamashumi Clinic
52%	Nkunzana Clinic
52%	Ntababomvu Clinic
52%	Ocilwane Clinic
52%	Goodwins Clinic
51%	Mfume Clinic
51%	Madadeni 5 Clinic
51%	Nkwalini Clinic
50%	Phelandaba Clinic
50%	Danganya Clinic
50%	Isithundu Clinic
50%	Emtulwa Clinic
50%	Luwamba Clinic
50%	Khan Road Clinic
50%	Shakaskraal Clinic
49%	Sibuyane Clinic
49%	Manaba Clinic
49%	Ophuzana Clinic
48%	Ngqeku Clinic
48%	Sangcwaba Clinic
48%	Sandanezwe Clinic
48%	Sivananda Clinic
48%	Xulu Clinic
48%	Zilulwane Clinic
48%	Riverside Clinic
48%	Mvelabusha Clinic
47%	Bhekabantu Clinic
47%	Sahlumbe Clinic
47%	Underberg Clinic
46%	Mphise Clinic
46%	KwaMame Clinic
45%	Malunga Clinic
45%	Ntimbankulu Clinic
45%	Mntungwana Clinic
45%	Pennington Clinic
44%	Ntshongweni Clinic
44%	Scottburgh Clinic
44%	Watersmeet Clinic
44%	Ndwebu Clinic
44%	Maphophoma Clinic
44%	Ncwadi Clinic
44%	Assisi Clinic
44%	Nkwali Clinic
44%	Gqayinyanga Clinic
43%	Chwezi Clinic
43%	Starwood Clinic
43%	Mpungamhlophe Clinic
43%	Khayelihle Clinic
42%	Halley Stott Clinic
42%	Mshudu Clinic
42%	Montebello Gateway
42%	Odidini Clinic
41%	Makhosini Clinic
41%	Bambanani Clinic
41%	KwaMbiza Clinic
39%	Mahashini Clinic
39%	Baphumile Clinic
38%	Nokweja Clinic
38%	Nsimbini Clinic
38%	Morrison's Post Clinic
37%	Ndelu Clinic
37%	Christ the King Gateway
37%	Mnyamana Clinic
36%	Mfongosi Clinic
36%	Ibisi Clinic
35%	Mgayi Clinic
20%	Bekulwandle (BT) Clinic

Hospital *(n=7)*	
79%	Dundee Hospital
77%	Eshowe Hospital
68%	Murchison Hospital
68%	Umphumulo Hospital
65%	Addington Hospital
57%	Appelsbosch Hospital
50%	St Aidans Hospital

Compliance Status Framework : ■ ≥80% compliant, ■ 70-79% compliant with a requirement, ■ 60-69% conditionally compliant, ■ 50-59% conditionally compliant with serious concerns, ■ 40-49% non-compliant, ■ <40% critically non-compliant.

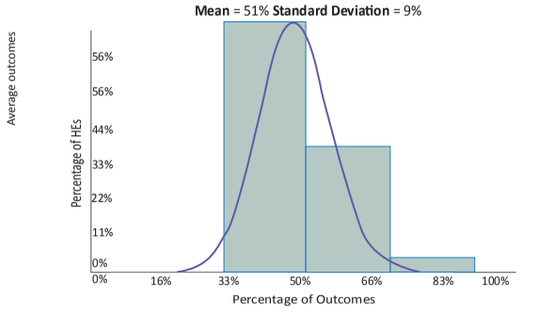
INFOGRAPHIC
MPUMALANGA

I. DISTRIBUTION OF HES *n=71*



Mpumalanga recorded 71 HE inspections. Sixty-six clinics contributing to 93% of inspections and 5 equating to 7% of inspections were hospitals. Ehlanzeni DM recorded the highest number of 38 HE inspections making up 54%, followed by Nkangala DM which recorded a total of 17 HE inspections equivalent to 24%. G Sibande DM recorded 16 HE inspections constituting 23% of the total inspections.

II. AVERAGE OUTCOME SCORES BY HE TYPE *n=71*



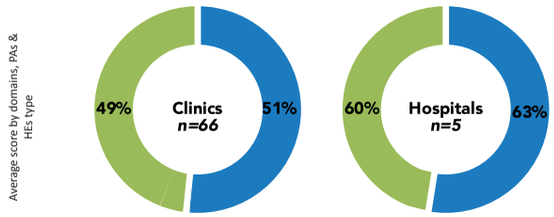
Average outcomes by HEs & FAs

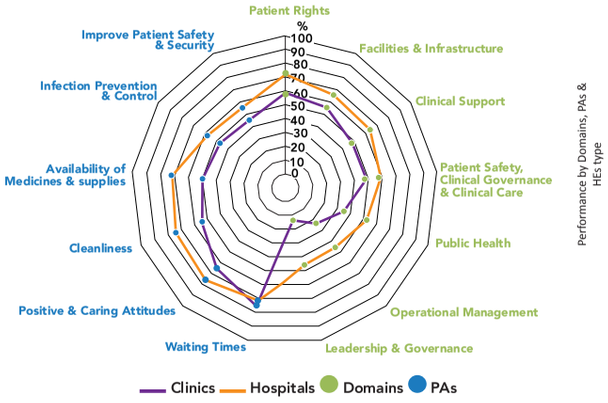
Compliance* %	HEs		FAs	
	Clinics n=66	Hospitals n=5	Clinics 4 FAs	Hospitals 38 FAs**
≥80	0	0	0	2
70-79	1	1	1	15
60-69	6	3	0	3
50-59	21	0	1	7
40-49	30	1	1	5
< 40	8	0	1	6

Mpumalanga scored an average 51%. One hospital and 1 clinic had a score of between 70%-79%. No clinics or hospitals in the province managed to score 80% or higher. Eight clinics had a score of less than 40%. No hospitals achieved scores of less than 40%. Two FAs for hospitals managed to attain a score greater than or equal to 80% and 6 FAs for hospitals and 1 FA for clinics achieved scores less than 40%.

*** Compliance Status Framework :**
≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.
**** Approximate Number FAs is 41**

III. AVERAGE PERFORMANCE BY DOMAINS AND PAs BY HE TYPE





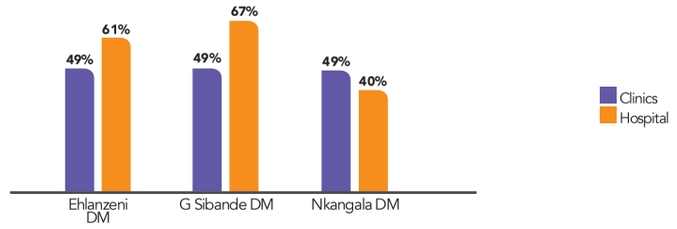
Average Performance by Domains & PAs

Domains	Clinics	Hospital
Patients Rights	58%	71%
Facility & Infrastructure	56%	65%
Clinical Support	49%	64%
Patient Safety/Clinical Governance/ Clinical Care	49%	59%
Public Health	45%	51%
Operational Management	24%	45%
Leadership & Corporate Governance	13%	48%

Priority Areas	Clinics	Hospital
Waiting Times	76%	73%
Positive& caring attitudes	64%	78%
Cleanliness	52%	74%
Availability of Medicines & Supplies	50%	73%
Infection Prevention & Control	49%	59%
Improve Patient Safety & Security	46%	56%

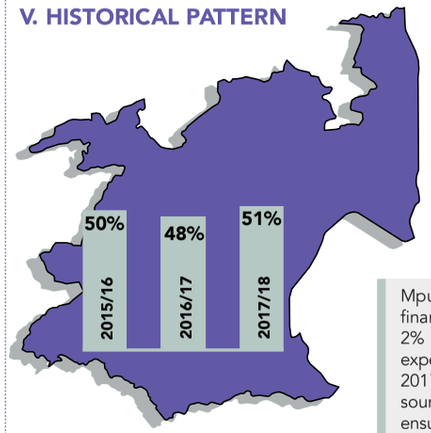
Hospitals scored 60% while clinics scored 49% for domains average score. In relation to compliance to PAs, hospitals scored 63% while clinics scored 51%.
– The domain Patient Rights scored 71% for hospitals and clinics scored 58%. The domain Leadership and Corporate Governance scored 48% for hospitals and 13% for clinics.
– Waiting Times scored 73% for hospitals and 76% for clinics. Improve Patient Safety & Security recorded a score of 56% for hospitals and clinics scored 46%.

IV. AVERAGE SCORE BY DISTRICT & HE TYPE



Average scores for hospitals and clinics in G Sibande DM were 67% and 49% in that order. Meanwhile, in Nkangala DM hospitals had a score of 40% and 49% for clinics. Lastly, hospitals in Ehlanzeni DM achieved 61% and clinics scored 49%.

V. HISTORICAL PATTERN



Mpumalanga average score was 50% score for the financial year 2015/16. The province recorded a 2% decline in score in 2016/17 to 48% however experienced a 3% rise in score in the financial year 2017/18. It is worthwhile to assess and address the source of these fluctuating scores by the province, and ensure the province do not continue displaying such trends but rather experience continuous increase in its score and response to norms and standards.

VI. RECOMMENDATIONS

In line with the findings, the following are the overall recommendations:

– Implementation of the procedural regulations that ensures a degree of accountability through the person in charge following up on all non-compliant related matters to achieve compliance.
– Address human resources, leadership and corporate governances as well as infrastructural gaps as they are critical for effective functioning of any HE.
– Continual provision of training and support on the implementation of the NCS.
– Consider conducting a qualitative research to establish challenges that hinder HEs successful implementation of the NCS. Optionally case studies can be conducted to establish success factors which have enabled compliant HEs to achieve exceptional score.
– success factors which have enabled compliant HEs to achieve exceptional score.

4.4 MPUMALANGA

For the financial year 2017/18, the Office of Health Standards Compliance inspected health establishments using inspection tools adapted from the National Core Standards. These mock inspections were conducted as part of overall strategies aimed at improving the quality of care and safety of the healthcare users as well as prepare health establishments once the norms and standards are promulgated as regulations. The regulations have since been promulgated in February 2018. Inspections were conducted in 71 of 313 HEs in Mpumalanga for the 2017/18 financial year.

4.4.1 Distribution of health establishments *(refer to figure 29 & figure 30)*

Mpumalanga recorded a total of 71 HE inspections. Results for distribution of HEs for Mpumalanga Province reflected that 66 clinics contributing to 93% of inspections while only 5 equating to 7% of inspections were hospitals.

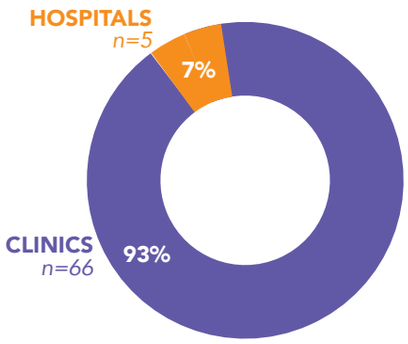


Figure 29: Distribution by HEs type

The HEs which were inspected where from the following districts: Ehlanzeni DM; G Sibande DM and Nkangala DM. Out of the three districts, Ehlanzeni DM recorded the highest number of 38 HE inspections making up 54%, followed by Nkangala DM which recorded a total of 17 HE inspections equivalent to 24%. Gert Sibande DM recorded 16 HE inspections constituting to 23% of the total inspections. Ehlanzeni DM recorded 2 hospitals and 36 clinic inspections respectively. In Nkangala DM, a total of 16 clinics and 1 hospital were inspected, while 14 clinics and 2 hospitals were inspected in Gert Sibande DM.

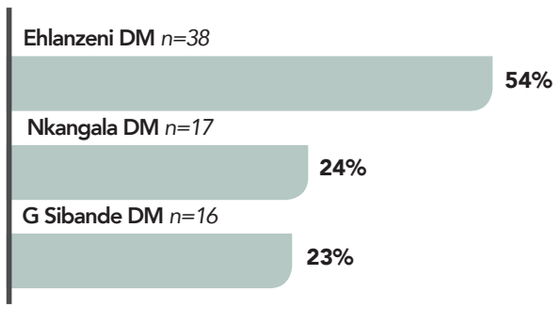


Figure 30: Distribution by district

4.4.2 Average outcome scores by health establishment type *(refer to figure 31 & table 19)*

Results for Mpumalanga indicated that the Province achieved a score of 51%.

One hospital and 1 clinic scored between 70% and 79%. An additional 6 clinics and 3 hospitals scored between 50% and 59%. Results further elucidated that 30 clinics and 1 hospital scored 40% and 49%. Lastly 8 clinics had a score less than 40%.

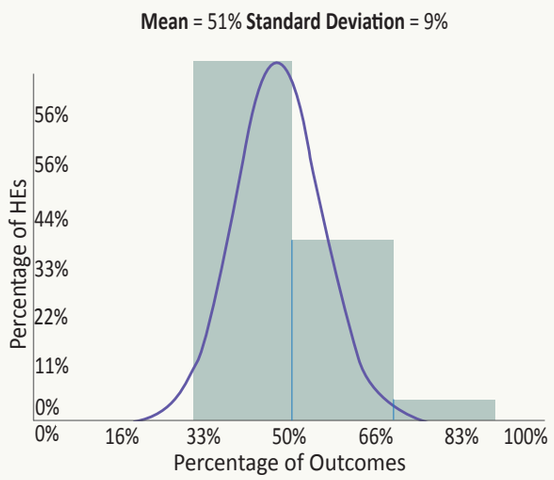


Figure 31: Average outcomes

Table 25: Average outcomes by HEs & FAs

Compliance* %	HEs		FAs	
	Clinics n=66	Hospitals n=5	Clinics 4 FAs	Hospitals 38 FAs**
≥80	0	0	0	2
70-79	1	1	1	15
60-69	6	3	0	3
50-59	21	0	1	7
40-49	30	1	1	5
< 40	8	0	1	6

*** Compliance Status Framework :**
≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant,
50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.
**** Approximate Number FAs is 38**

between 60% and 69%. A total of 21 clinics scored.

Table 27 – The results further highlight that 38 FAs and 4 FAs were measured for hospitals and clinics respectively. Average outcomes. Two FAs for hospitals had scores greater than or equal to 80%. Additionally, 15 FAs for hospitals and 1 FA for clinic scored between 70% and 79%, while only 3 FAs for hospitals scored between 60% and 69%. A total of 7 FAs inspected for hospitals and 1 FA for clinics scored between 50% and 59%. In addition, 5 FAs and 1 FA for hospitals and clinics scored between 40% and 49%. Lastly, only 6 FAs for hospitals and 1 FA for clinics scored less than 40%.

4.4.3 Average score for domains and priority areas by health establishment type

(refer to figure 32, figure 33 & table 20)

Provincial average score by HEs for domains and PAs compliance reflected that hospitals scored 60% while clinics scored 49% for domains. In relation to compliance to PAs, hospitals scored 63% while clinics scored 51%.

A further breakdown of the results according to HE type reflected that hospitals scored 71% and clinics scored 58% for the domain Patient Rights. The domain Facilities and Infrastructure scored 65% for hospitals, while clinics scored 56%. Hospitals scored 64% and clinics 49% for the domain Clinical Support, while hospitals scored 59% and clinics 49% for Patient Safety/Clinical Governance/ Clinical Care domain. Hospitals scored 51% and clinics 45% for the domain Public Health. Operational Management domain score for hospitals was 45% and clinics 24%. Hospitals achieved a score of 48% and clinics 13% for the domain Leadership and Corporate Governance.

Results for Waiting Times revealed that hospitals and clinics scored 73% and 76% respectively. Positive and Caring Attitudes score for hospitals was 78% and clinics 64%. Hospitals scored 74%, while clinics scored 52% for Cleanliness. Availability of Medicines and Supplies scores for hospitals and clinics were 73% and 50% respectively. Infection Prevention and Control scored 59% for hospitals and 49% for clinics. Lastly, hospitals scored 56% while clinics scored 46% for Improved Patient Safety and Security. The results further reflected that hospitals scored 55% and clinics 40% for independent measures (other).

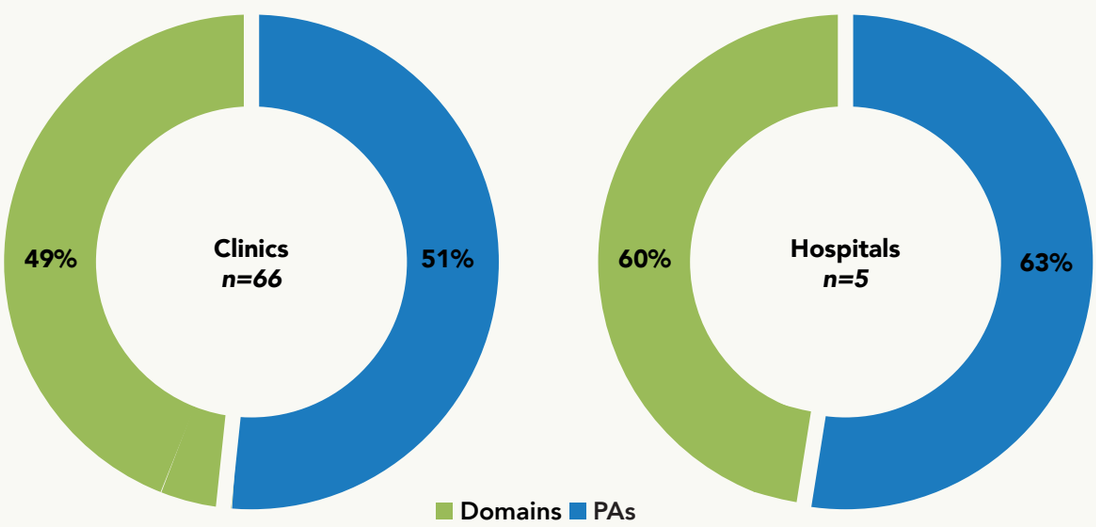


Figure 32: Average score by Domains, PAs & Average outcomes HEs Type

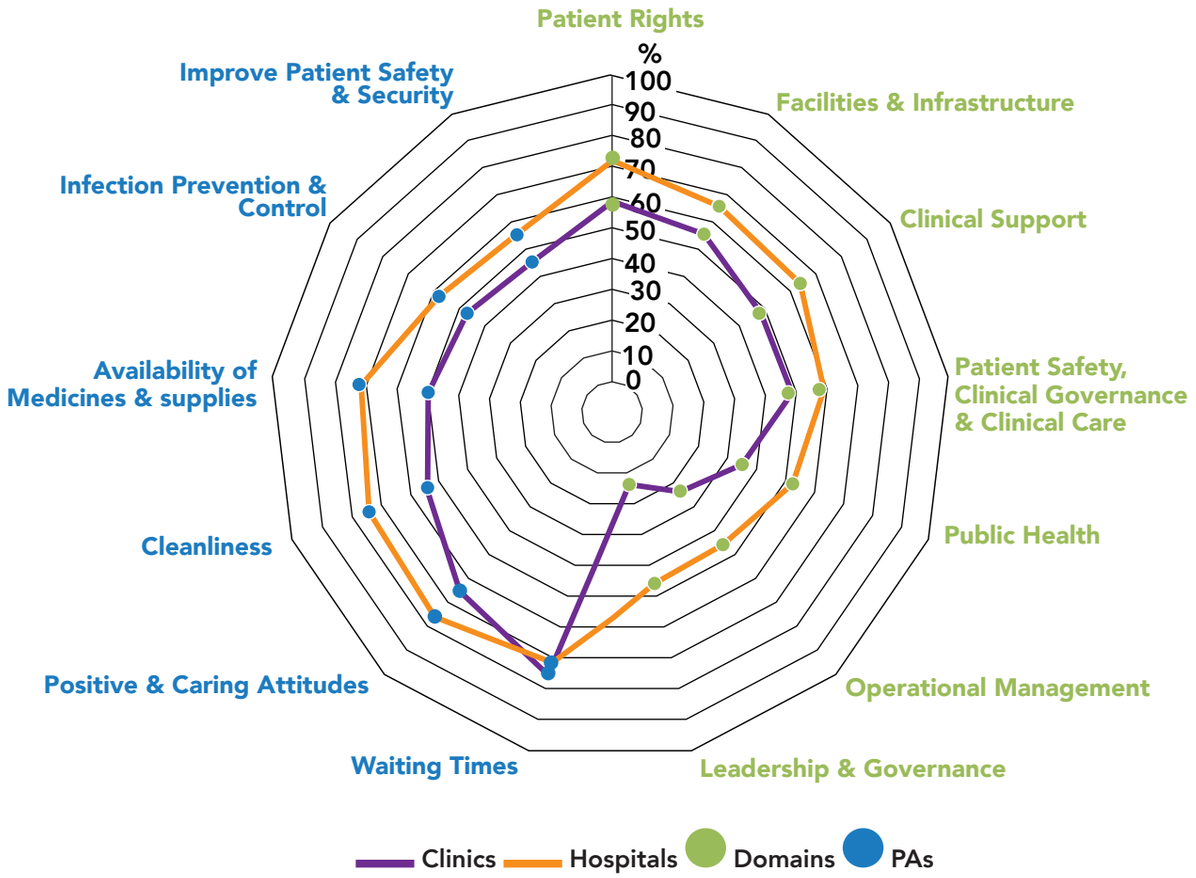


Figure 33: Performance by domains, PAs & HEs type

Table 26: Average performance by domains & PAs

Domains	Clinics	Hospital
Patients Rights	58%	71%
Facility & Infrastructure	56%	65%
Clinical Support	49%	64%
Patient Safety/Clinical Governance/Clinical Care	49%	59%
Public Health	45%	51%
Operational Management	24%	45%
Leadership & Corporate Governance	13%	48%

Priority Areas	Clinics	Hospital
Waiting Times	76%	73%
Positive & Caring Attitudes	64%	78%
Cleanliness	52%	74%
Availability of Medicines & Supplies	50%	73%
Infection Prevention & Control	49%	59%
Improve Patient Safety & Security	46%	56%

4.4.4 Average score by district and health establishment type *(refer to figure 34)*

Average score for hospitals and clinics in Gert Sibande DM were 67% and 49% respectively. Meanwhile, in Nkangala DM hospitals scored 40% and clinics 49%. Lastly hospitals in Ehlanzeni DM scored 61% and clinics scored 49%.

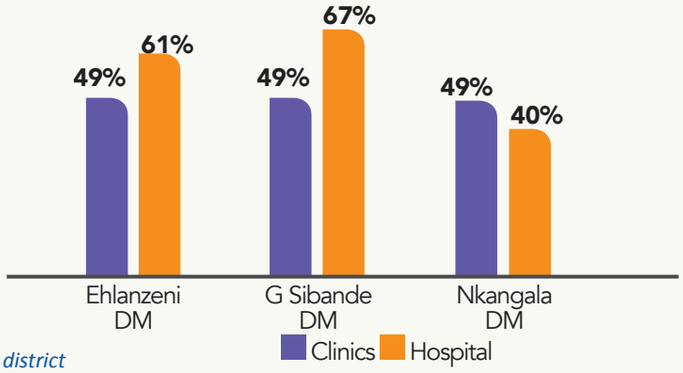


Figure 34: Average score by district

4.4.5 Average score by health establishments

(Refer to table 28)

Ermelo Hospital scored 72%, while Grove Hospital scored 40%. Amongst clinics, Mbonisweni Clinic scored 72% and Elandsfontein Clinic had scored 33%.

4.4.6 Conclusion

In general, most establishments did not have documents to guide safety practice of the patients such as emergency disaster plans and SOPs on infection control, clinical risk and patient safety incidents.

Poor documentation of collection, collation, analysis and reporting of patient safety incidents.

Complaints were not used to improve service delivery, were not managed systematically and patients' opinions did not inform quality improvements in the health establishments.

The importance of health promotion and disease prevention as part of patient care was not actively promoted and practiced.

Waiting times were not managed to improve patient satisfaction and care.

Inservice training for staff on patient safety incidents, use of medical equipment, risk management and disaster management were not done.

Maintenance plans for installations and equipment were not available and evidence of implementation of maintenance on buildings, installations and equipment was not available.

Monitoring and reporting of adverse events was not practiced correctly. Quality improvement plans were either not available or not implemented to improve compliance with standards.

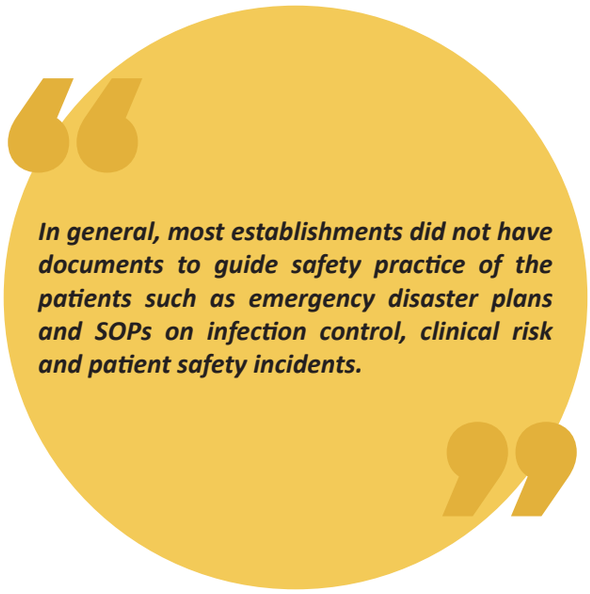
Patients were not provided with information to enable them to make informed decisions.

Management of referrals was poorly implemented.

Lack of supervision /inadequate supervision was identified through staff interviews.

Patients were not provided with information regarding side effects of medicine.

Waste was not managed appropriately especially



the segregation of general and medical waste and recapping of needles.

Challenges were noted regarding cleanliness, infection control and maintenance of grounds.

4.4.7 Recommendations

- **Quality Improvement Processes**

Structures within the HEs dealing with patients related data such as patient's safety incidences, complaints, patient experience of care should have a framework that includes identification of problems, data analysis and putting action plans to ensure quality improvement as well as measures to sustain quality by monitoring at set time frames.

- **Documentation**

Patient record documentation should be strengthened to ensure full assessment and treatment is provided for patients in line with treatment guidelines. Documents for Clinical audits of all priority conditions should be available at the point of audit so as to follow up progress for continual improvement of patient care rendered.

All activities within districts relating to disease prevention, health promotion and staff wellness should be documented.

Policies, SOPs and terms of reference should be in place and authenticated to guide processes within health establishments.

- **Operational issues**

Operational plans, skills development plans, asset management, medical and non-medical equipment maintenance plans should be linked to budget, and risk management plans be implemented and monitored for effectiveness. For safety of the health care users, emergency disaster preparedness plans and management of emergency trolleys should be in place and communicated to all staff.

- **Assets and Contract management**

Contract management should state clearly responsibilities at all level of care. End users should be aware of the services that should be provide by services provider according to server level agreement. Assets should be managed at HEs level through monthly inventory records which indicate variances and redundant items.

- **Corporate Governance, Leadership and Supervision**

Leadership issues such as strategic management, monitoring and evaluation, risk assessment, supervision and implementation of in-service training especially in Primary health care should be given more attention.

Governance structures should be strengthened and adhere to guidelines so as to provide appropriate oversight to assure quality. Terms of reference regarding responsibilities and accountabilities should be emphasised. Delegation of authority documents should be in place and be monitored.

> ***Patient record documentation should be strengthened to ensure full assessment and treatment is provided for patients in line with treatment guidelines.***

Table 27: Average score by functional areas

Clinic	
72%	Clinical Services
57%	Dispensary / Medicine Cupboard
40%	Maintenance Support
29%	Clinic manager
Hospital	
84%	Blood Services
82%	Medical ward
79%	Radiology
79%	Generic wards / Measure is generic to any ward or day ward
79%	Operating theatre incl cath labs
77%	Pharmacy
77%	Surgical ward
76%	Therapeutic support services - Physio
76%	Maternity Ward incl maternity theatres
73%	Mortuary Services
72%	Speciality wards and services/ICU/HCU/Burn units/Oncology/Dialysis Units
72%	Entrance/Reception and help desk
72%	Record archive/department
71%	Cleaning Services
71%	Food Services
70%	Outpatient department
70%	Paediatric ward
69%	Laboratory
68%	Accident and Emergency Unit
60%	Management information system
57%	CEO or Hospital Manager
57%	Laundry Services
56%	Waste Management
55%	Psychiatric ward
53%	Occupational health and safety
52%	Infection Control
51%	Transport services-ambulances/Patient transport/Staff transport/Other vehicles
49%	Security Services
49%	Communications/PRO
48%	CSSD
46%	Clinical Management Group
43%	Financial Management
37%	Maintenance services includes garden
37%	HR Management
33%	Facility Infrastructure
25%	Procurement
20%	Health technology Services
2%	Case Management

Compliance Status Framework : ≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.

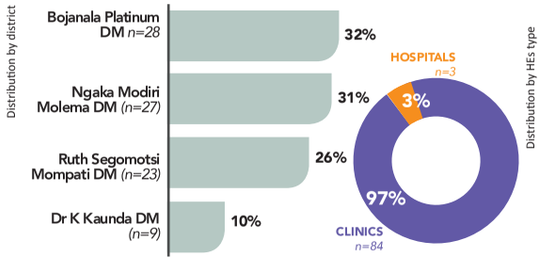
Table 28: Average score by health establishments (n=71)

Clinic *(n=66)*	
72%	Mbonisweni
65%	Luphisi
65%	Mpakeni
64%	Langverwacht Ext 14
64%	Sandrivier
61%	Bloedfontein
60%	Sibuyile
59%	Weltevrede
58%	Arthurseat
57%	Xanthia
56%	White River Clinic
55%	Skukuza Clinic
55%	Makoko
55%	Khumbula
54%	Nthoroane
53%	Eziweni
53%	Siyathuthuka
53%	Entombe
52%	Diepdale
51%	Dwaleni
51%	Simunye
51%	Jim Brown
51%	Mispel Street
50%	RPL Moripe
50%	Kromdraai
50%	Tonga Block C
50%	Valschfontein
50%	Lillydale
49%	Trichardt Clinic
49%	Marite
49%	Greylingstad
49%	Machadodorp
49%	Leeufontein
49%	Pieterskraal
49%	Wonderfontein
48%	Sakhelwe
48%	Bethal Town Clinic
47%	Clau Clau
46%	Kamhlushwa
46%	Msogwaba
46%	Gutshwa
45%	Eastdene
45%	Davel
45%	SEAD
45%	Fernie 2
45%	Richtershoek
44%	Wolwekraal
44%	Murhotso
44%	Valencia Park Clinic
44%	Utah Clinic
43%	Lefisoane
43%	Mbangwane
42%	Maviljan
42%	Justicia
41%	Stanwest/Azalia
41%	Glory Hill
40%	W Boven Gateway
40%	Emthonjeni Clinic (Macha)
39%	Madras
39%	Zwelisha
37%	Cunningmoore
37%	Oakley
37%	Welverdiend
36%	Nhlazatshe 6
36%	Shatale
33%	Elandsfontein
Hospital *(n=5)*	
72%	Ermelo Hosp
63%	Piet Retief Hosp
62%	Sabie Hosp
60%	Mapulaneng Hosp
40%	HA Grove Hosp

Compliance Status Framework : ≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.

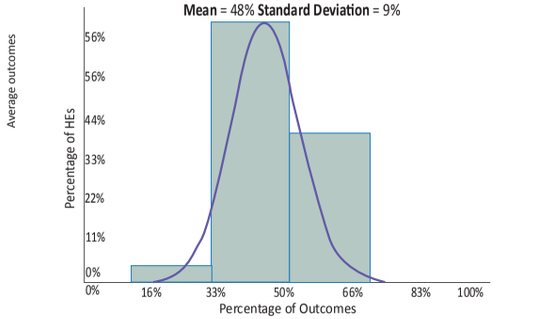
INFOGRAPHIC
NORTH WEST

I. DISTRIBUTION OF HES *n=87*



North West recorded 87 HE inspections. A total of 84 clinics constituting 97% of HEs were inspected, while 3 hospitals making up 3% were inspected in North West province. Bojanala Platinum DM has the highest HE inspections in the province and recorded 28 HE inspections making up 32% while Dr K Kaunda DM had 9 inspections constituting 10% of HEs inspections, making it the lowest.

II. AVERAGE OUTCOME SCORES BY HE TYPE *n=87*



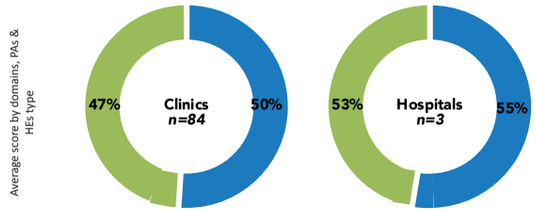
Average outcomes by HEs & FAs

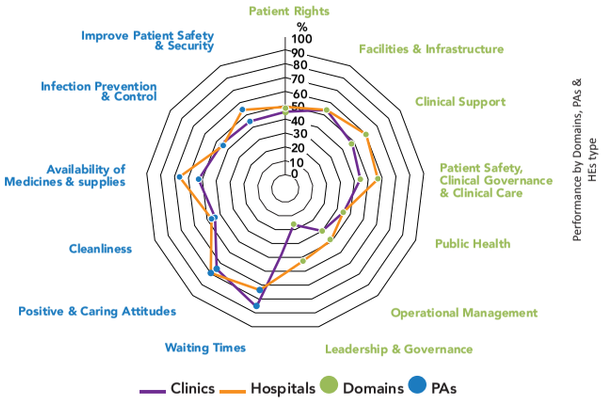
Compliance* %	HEs		FAs	
	Clinics n=84	Hospitals n=3	Clinics 4 FAs	Hospitals 40 FAs**
≥80	0	0	0	3
70-79	0	0	1	5
60-69	7	0	0	5
50-59	27	3	1	7
40-49	31	0	0	11
< 40	19	0	2	9

The average outcome score for the province was 48%. In the province, no hospitals or clinics had scores greater than or equal to 80% respectively while, 19 clinics scored less than 40%. Three FAs for hospitals scored greater than or equal to 80% while 9 FAs for hospitals and 2 FAs for clinics scored less than 40%.

*** Compliance Status Framework :**
≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.
**** Approximate Number FAs is 41**

III. AVERAGE PERFORMANCE BY DOMAINS AND PAs BY HE TYPE





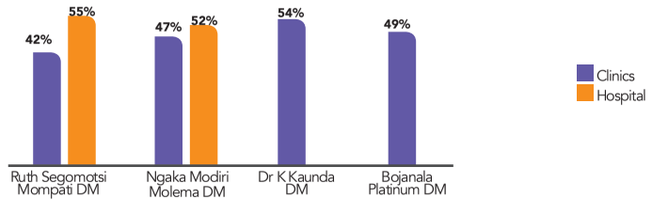
Average Performance by Domains & PAs

Domains	Clinics	Hospital
Patients Rights	56%	59%
Facility & Infrastructure	53%	53%
Clinical Support	49%	60%
Patient Safety/Clinical Governance/ Clinical Care	45%	56%
Public Health	34%	34%
Operational Management	30%	39%
Leadership & Corporate Governance	18%	41%

Priority Areas	Clinics	Hospital
Waiting Times	76%	63%
Positive& caring attitudes	64%	70%
Cleanliness	45%	48%
Availability of Medicines & Supplies	53%	67%
Infection Prevention & Control	46%	45%
Improve Patient Safety & Security	44%	55%

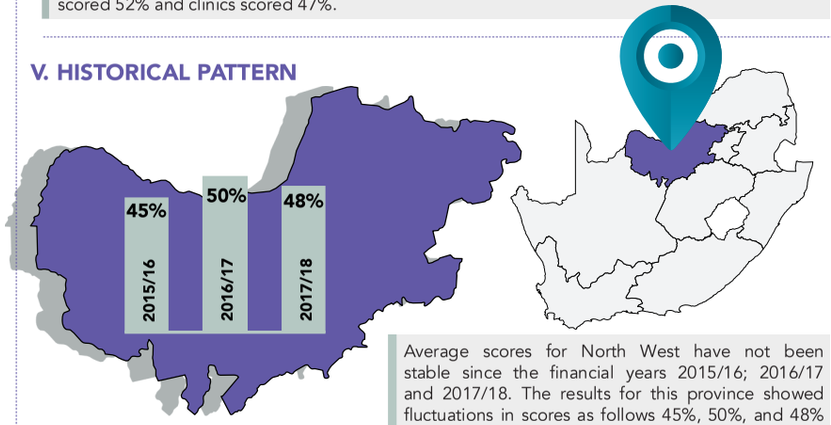
Domain average score for hospitals was 53% while clinics scored 47%. In relation to PAs, hospitals scored 55% while clinics scored 50%.
- The domain Patient Rights scored 59% for hospitals and clinics scored 56%. The domain Leadership and Corporate Governance scored 41% for hospitals and 18% for clinics.
- Waiting Times scored 63% for hospitals and 76% for clinics. Improve Patient Safety & Security recorded a score of 55% for hospitals and clinics scored 44%.

IV. AVERAGE SCORE BY DISTRICT & HE TYPE



Clinics in Bojanala Platinum DM and Dr K Kaunda DM scored 49% and 54% in that order, while no hospitals were inspected in both districts. Hospitals and clinics in Ruth Segomotsi Mompati DM had 55% and 42% respectively. In Ngaka Modiri Molema District Municipality, inspected hospitals scored 52% and clinics scored 47%.

V. HISTORICAL PATTERN



Average scores for North West have not been stable since the financial years 2015/16; 2016/17 and 2017/18. The results for this province showed fluctuations in scores as follows 45%, 50%, and 48% for the financial years. Fluctuating scores by the province may require investigations to ensure that the province do not continue displaying such trends but rather experience continuous increase in their scores in response to norms and standards

VI. RECOMMENDATIONS

In line with the findings, the following are the overall recommendations:

- Implementation of the procedural regulations that ensures a degree of accountability through the person in charge following up on all non-compliant related matters to achieve compliance.
- Address human resources, leadership and corporate governances as well as infrastructural gaps as they are critical for effective functioning of any HE.
- Continual provision of training and support on the implementation of the NCS.
- Consider conducting a qualitative research to establish challenges that hinder HEs successful implementation of the NCS. Optionally case studies can be conducted to establish success factors which have enabled compliant HEs to achieve exceptional score.

4.5 NORTH WEST

For the financial year 2017/18, the Office of Health Standards Compliance inspected health establishments using inspection tools adapted from the National Core Standards. These mock inspections were conducted as part of overall strategies aimed at improving the quality of care and safety of the healthcare users as well as prepare health establishments once the norms and standards are promulgated as regulations. The regulations have since been promulgated in February 2018. Inspections were conducted in 87 of 331 HEs in North West for the 2017/18 financial year.

4.5.1 Distribution of health establishments

(refer to figure 35 & figure 36)

As outlined in the figure below, 87 HEs inspections were conducted in the Province. A total of 84 clinics constituting to 97% of HEs inspected, while 3 hospitals making up 3% were inspected in the province.

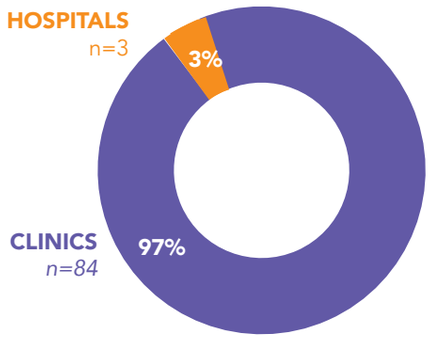


Figure 35: Distribution by HEs type

Four district municipalities within the Province namely; Bojanala Platinum DM, Ruth Segomotsi Mompati DM, Dr K Kaunda DM, and Ngaka Modiri Molema DM were inspected.

Bojanala Platinum DM accounted for 28 HEs, all of which were clinics, as such, making up 32% of HE inspections. Dr K Kaunda had 9 HEs, all of which were clinics, and accounted for 10% of HEs inspections in the Province. The remaining two district municipalities; Ruth Segomotsi Mompati, and Ngaka Modiri Molema DM contributed 23 and 27 HEs equivalent to 26% and 31% of HEs inspected respectively. Moreover, only 1 hospital was inspected in Ruth Segomotsi Mompati DM, and 2 in Ngaka Modiri Molema DM, while clinics inspected were at a total of 22 and 25 respectively.

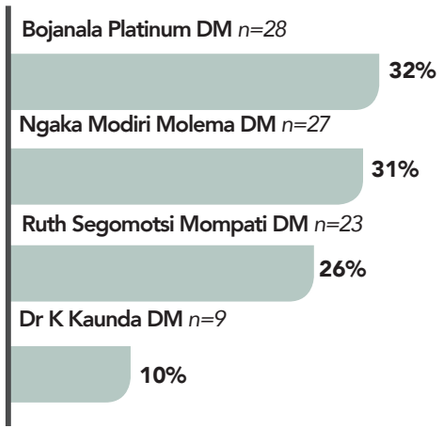


Figure 36: Distribution by district

4.5.2 Average outcome scores by health establishment type

(refer to figure 37 & table 21)

The average scores of HEs indicated that the Province scoredan average of 48%.

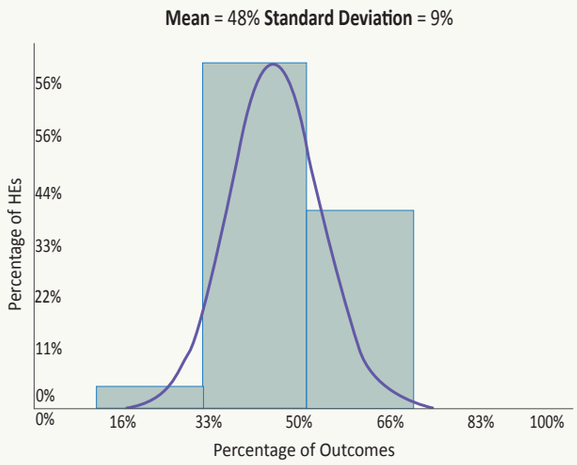


Figure 37: Average outcomes

Table 29: Average outcomes by HEs & FAs

Compliance* %	HEs		FAs	
	Clinics n=84	Hospitals n=3	Clinics 4 FAs	Hospitals 40 FAs**
≥80	0	0	0	3
70-79	0	0	1	5
60-69	7	0	0	5
50-59	27	3	1	7
40-49	31	0	0	11
< 40	19	0	2	9

*** Compliance Status Framework :**
≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.
**** Approximate Number FAs is 40**

In the Province, no hospitals or clinics scored in the range of 70% - 79% greater than or equal to 80%. In the 60% - 69% compliance range, only seven clinics fell in this range. In addition, 27 clinics and 3 hospitals scored between 50% and 59%, while 31 clinics and no hospitals scored between 40% and 49%. Furthermore 19 clinics scored less than 40%.

Table 31 - North West reflected that 40 FAs and 4 FAs findings were analysed for hospitals and clinics respectively. Three FAs for hospitals scored greater than or equal to 80%. Additionally, 5 FAs for hospitals and 1 FA for clinics scored between 70% and 79%, while only 5 FAs for hospitals scored 60% and 69%, while no FAs for clinics scored in that range. A total of 7 FAs inspected for hospitals and 1 FA for clinics scored between 50% and 59%. In addition, 11 FAs for hospitals achieved scores between 40% and 49%. Lastly, 9 FAs for hospitals and 2 FAs for clinics scored less than 40%.

4.5.3 Average score for domains and priority areas by health establishment type *(refer to figure 38, figure 39 & table 22)*

Provincial average score by HEs for domains and PAs compliance reflected that hospitals scored 53% in terms of domains while clinics scored 47%. In relation to compliance with PAs, hospitals scored 55% while clinics scored 50%.

A further breakdown of the results by HE types reflected that hospitals scored 59% and clinics scored 56% for the domain Patient Rights. Results for Facilities and Infrastructure indicated that hospitals and clinics scored 53% each. Hospitals scored 60% and clinics 49% for the domain Clinical Support, while score for Patient Safety/Clinical Governance/ Clinical Care domain for hospitals was 56% and clinics 45%. Furthermore, scores by HE type, hospitals and clinics scored 34% each for the domain Public Health. Operational Management domain score for hospitals was 39% and clinics 30%. Hospitals scored 41% and clinics 18% for the domain Leadership and Corporate Governance.

Results for Waiting Times indicated that hospitals and clinics scored 63% and 76% respectively. Hospitals scored 70%, while clinics scored 64% in Positive and Caring Attitudes. Hospitals scored 48% while clinics scored 45% for Cleanliness. Availability of Medicines and Supplies score for hospitals and clinics were 67% and 53% respectively. Infection Prevention and Control with a score of 45% for hospitals and 46% for clinics. Lastly, Improve Patient Safety and Security scores in hospitals was 55%, while clinics scored 44%.

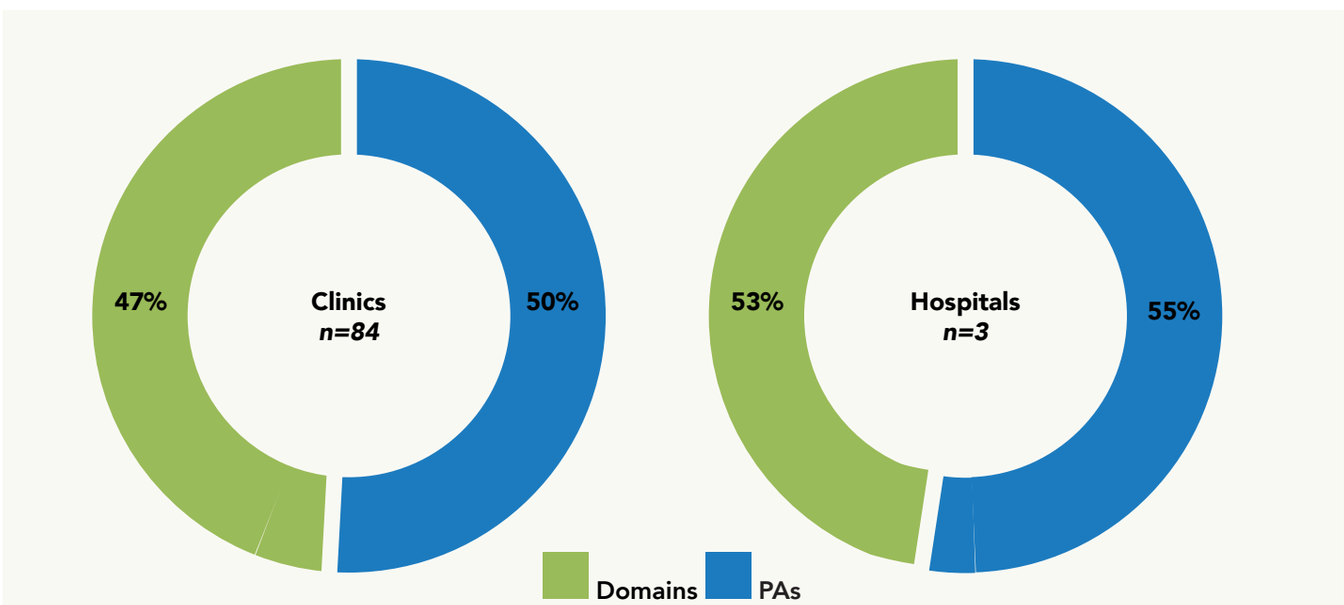


Figure 38: Average score by Domains, PAs & HEs type

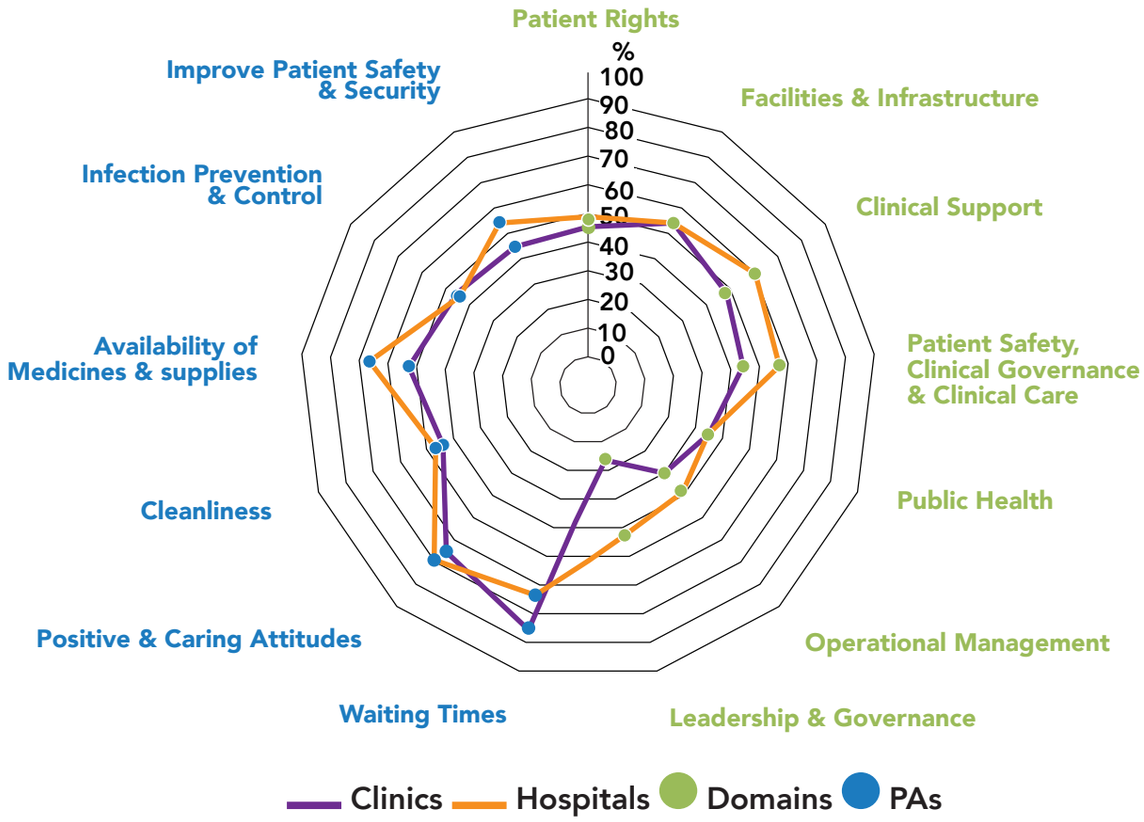


Figure 39: Performance by Domains, PAs & HEs type

Table 30: Average performance by Domains & PAs

Domains	Clinics	Hospital
Patients Rights	56%	59%
Facility & Infrastructure	53%	53%
Clinical Support	49%	60%
Patient Safety/Clinical Governance/Clinical Care	45%	56%
Public Health	34%	34%
Operational Management	30%	39%
Leadership & Corporate Governance	18%	41%

Priority Areas	Clinics	Hospital
Waiting Times	76%	63%
Positive & Caring Attitudes	64%	70%
Cleanliness	45%	48%
Availability of Medicines & Supplies	53%	67%
Infection Prevention & Control	46%	45%
Improve Patient Safety & Security	44%	55%

4.5.4 Average score by district and health establishment type *(refer to figure 40)*

Clinics in Bojanala Platinum DM and Dr K Kaunda DM scored 49% and 54% respectively, and no hospitals were inspected in both districts. Hospitals and clinics in Ruth Segomotsi Mompati DM had average scores of 55% and 42% respectively. Moreover, in Ngaka Modiri Molema DM, inspected hospitals scored 52%, while clinics scored 47%.

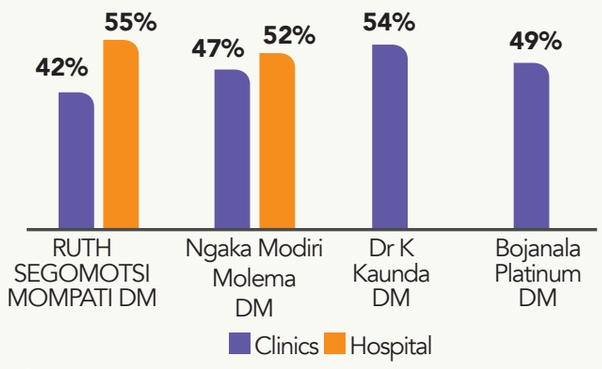


Figure 40: Average score by district

4.5.5 Average score by health establishments *(Refer to table 32)*

Table 2. Gives an illustration of the average score for each HE inspected. The Marcus Zinzele Clinic had an average score of 65%, and Kgomotso Clinic had an average score of 27%. Three hospitals were inspected in the Province, and those included; Schweizer-Reinecker Hospital scoring an average score of 55%, while Mahikeng Provincial Hospital scored 51%.

Score of North West Province according to the findings in the report demonstrated that interviewed patients were treated in a caring and respectful manner by staff.

4.5.6 Conclusion

Score of North West Province according to the findings in the report demonstrated that interviewed patients were treated in a caring and respectful manner by staff. Regarding clinical support services, healthcare users received medication from Pharmaceutical services that were consistent with the South African Pharmaceutical Council. Packages of service notice boards were displayed in most clinics.

HEs needs more support in the implementation of policies and procedures, and the monitoring of such implementations. The importance of providing quality healthcare should form basis of all staff development programmes.

4.5.7 Recommendations

- **Quality Improvement Processes**

Structures within the HEs dealing with patients related data such as patients' safety incidences, complaints, and patient experience of care should have a framework that includes identification of problems, data analysis and putting action plans to ensure quality improvement as well as measures to sustain quality by monitoring at set time frames.

HE should have a framework that includes identification of problems, data analysis and action plans to ensure quality improvement.

- **Documentation**

Regarding documentation for patients' administration or any other business process, there should be a trail of activities done at the HEs. Documents for Clinical audits of all priority conditions should be available at the point of audit to follow up progress for continual improvement. Furthermore, monitoring of service level agreements should be performed, and any maintenance work done should be documented. All activities within district relating to disease prevention, health promotion, staff wellness should be documented.

- **Operational issues**

Skills development plans, asset management, maintenance plans for infrastructure, medical and non-medical equipment should be linked to budget and risk management plans and be reviewed timely. For safety of the health care users, emergency disaster preparedness plans, and management of resuscitation trolleys needs improvement.

Proper infection control measures need to be reinforced. There should be a system to monitor the implementation of SOPs.

- **Assets and Contract management**

Contract management should state clearly responsibilities at all level of care. End users should be aware of the services that should be provide by services provider according to server level agreement. Procedures to ensure that expenditure meets defined service needs for staff and other inputs to be reinforced.

- **Corporate Governance, Leadership and Supervision**

Leadership issues such as strategic management, monitoring and evaluation, risk assessment and supervision of in-service training needs more attention.

Governance structures should be strengthened and adhere to guidelines in order to provide appropriate oversight to assure quality. Terms of reference regarding responsibilities and accountabilities should be emphasised.

Table 31: Average score by functional areas

Clinic	
72%	Clinical Services
58%	Dispensary / Medicine Cupboard
36%	Maintenance Support
26%	Clinic manager
Hospital	
85%	Surgical ward
80%	Entrance/Reception and help desk
80%	Blood Services
78%	Radiology
77%	Maternity Ward incl maternity theatres
74%	Operating theatre incl cath labs
74%	Generic wards / Measure is generic to any ward or day ward
74%	Pharmacy
69%	Speciality wards and services/ICU/HCU/Burn units/Oncology/Dialysis Units
67%	Record archive/department
66%	Generic wards / Measure is generic to any ward or day ward
65%	Accident and Emergency Unit
62%	Transport services-ambulances/Patient transport/Staff transport/Other vehicles
58%	Outpatient department
57%	Therapeutic support services - Physio
56%	Facility Infrastructure
56%	Security Services
56%	Management information system
54%	Paediatric ward
50%	Food Services
49%	Psychiatric ward
48%	Laboratory
48%	Communications/PRO
48%	Grand Total
47%	Medical ward
47%	Mortuary Services
47%	Infection Control
44%	Waste Management
42%	Cleaning Services
42%	HR Management
40%	CEO or Hospital Manager
38%	Maintenance services includes garden
38%	Case Management
36%	CSSD
36%	Clinical Management Group
33%	Financial Management
31%	Laundry Services
17%	Procurement
16%	Occupational health and safety
10%	Health technology Services

Compliance Status Framework : ≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.

Table 32: Average score by health establishments (n=87)

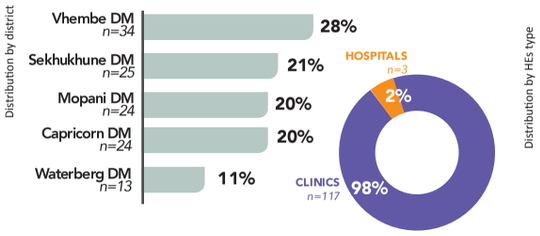
Clinic *(n=84)*	
65%	Marcus Zinzele Clinic
65%	Swartdam Clinic
63%	Lesego Clinic
63%	Masutlhe 2 Clinic
60%	Cyferkuil Clinic
60%	Kgakala Clinic
60%	Mothutlong Clinic
59%	Mofufutso Clinic
59%	Driefontein
58%	Boitumelong Clinic
57%	Rietfontein Clinic
57%	Bodibe 1 Clinic
57%	Park Street Clinic
56%	Lebotloane Clinic
56%	Makapanstad Clinic
56%	Boikanyo Clinic
56%	Matile Clinic
55%	Maruping Clinic
55%	Top City Clinic
55%	Ipopeng Clinic
54%	Ikhutseng Clinic
54%	Coverdale Clinic
54%	Tweelingspan Clinic
53%	Glaudina Clinic
53%	Amalia Clinic
52%	Motlhabeng Clinic
52%	Thulwe Clinic
52%	Stilfontein Clinic
52%	Ngobi Clinic
52%	Buxton Clinic
52%	Logageng Clinic
52%	Baleema Clinic
51%	Dithakong (MHK) Clinic
50%	Kunana Clinic
49%	Moretele Clinic
49%	Madikwe Clinic
49%	Tweelaagte Clinic
48%	Kgomo-Kgomo Clinic
48%	Tlapeng (MHK) Clinic
48%	Kanana Clinic
48%	Pitsedisulejang Clinic
47%	Groot Marico Clinic
47%	Thusong Gateway Clinic
47%	Rietpan
46%	Mokgareng Clinic
45%	Boitshoko Clinic
45%	Upper Majeakgoro Clinic
45%	Fafung Clinic
44%	Witrantjies Clinic
43%	Leshobo Clinic
43%	Orkney Town Clinic
43%	Maboloka Clinic
43%	Rabokala Clinic
43%	Letlhakeng Clinic
43%	Pachsdraai
42%	Khunotswana
42%	Broederstroom Clinic
42%	Rampampaspoort Clinic
42%	Motswedi
41%	Tshunyane Clinic
41%	Mammutla Clinic
41%	Tsholofelo Clinic
40%	Picong Clinic
40%	Masamane Clinic
40%	Lehurutshe Clinic
39%	Madidi Clinic
39%	Phalane Clinic
38%	Maganeng Clinic
38%	Gelukspan Gateway clinic
38%	Matshepe Clinic
38%	Madipelesa Clinic
38%	Christiana Town Clinic
37%	Lincoe Clinic
37%	Taung Station Clinic
36%	Moiletsoane Clinic
36%	Zeerust Clinic
36%	Utlwanang Clinic
35%	Maphoitsile Clinic
34%	Taung Gateway Clinic
33%	Cokonyane Clinic
33%	Mmasebudule
31%	Magogong Clinic
30%	L Majeakgoro Clinic
27%	Kgomotso Clinic

Hospital *(n=3)*	
55%	Schweizer-Ren Hospital
52%	Thusong Hospital
51%	Mahikeng Prov Hospital

Compliance Status Framework : ≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.

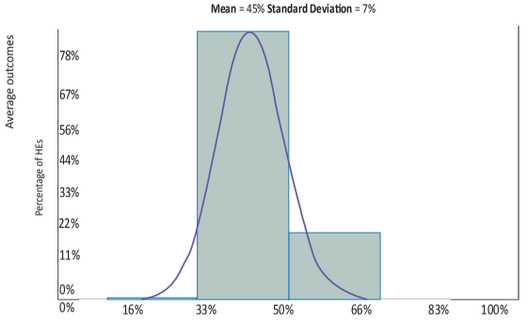
INFOGRAPHIC
LIMPOPO

I. DISTRIBUTION OF HES *n=120*



A total of 120 HE inspections were conducted in Limpopo Province, 98% equivalent to 117 were clinics and 2% making up 3 were hospitals. Vhembe DM recorded the highest HE inspections with 34 amounting to 28% of HEs inspected, while Waterberg DM recorded the lowest HE inspections with 13 constituting to 11% of HE inspected within the province.

II. AVERAGE OUTCOME SCORES BY HE TYPE *n=120*



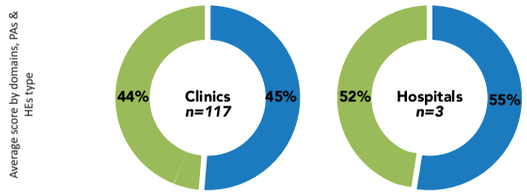
Average outcomes by HEs & FAs

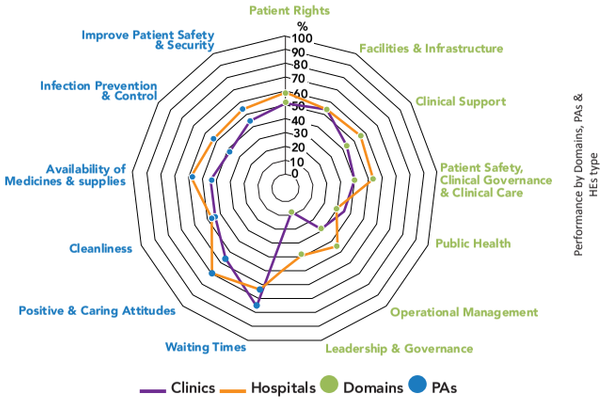
Compliance* %	HEs		FAs	
	Clinics n=117	Hospitals n=3	Clinics 4 FAs	Hospitals 41 FAs**
≥80	0	0	0	6
70-79	0	0	1	3
60-69	0	1	0	10
50-59	22	1	0	10
40-49	63	1	2	3
< 40	32	0	1	9

Outcome average score for Limpopo was 45%. In the province, no hospitals or clinics scored between 70%-79% and greater than or equal to 80% respectively. Nine FAs for hospitals and 1 FA for clinics scored less than 40%

*** Compliance Status Framework :**
≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.
**** Approximate Number FAs is 41**

III. AVERAGE PERFORMANCE BY DOMAINS AND PAs BY HE TYPE





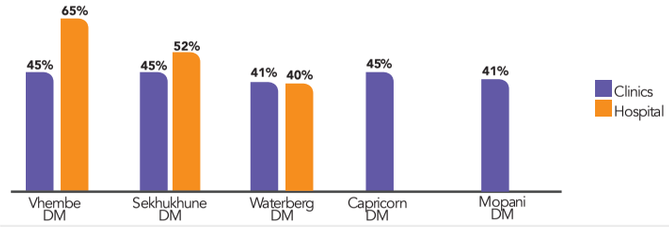
Average Performance by Domains & PAs

Domains	Clinics	Hospital
Patients Rights	51%	59%
Facility & Infrastructure	55%	55%
Clinical Support	43%	56%
Patient Safety/Clinical Governance/ Clinical Care	40%	54%
Public Health	36%	30%
Operational Management	29%	46%
Leadership & Corporate Governance	9%	35%

Priority Areas	Clinics	Hospital
Waiting Times	74%	64%
Positive& caring attitudes	58%	70%
Cleanliness	45%	47%
Availability of Medicines & Supplies	44%	59%
Infection Prevention & Control	42%	56%
Improve Patient Safety & Security	39%	52%

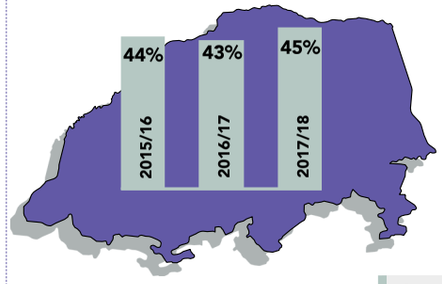
- Hospital average score for domains was 52% and clinics scored 44%. In relation to scores for PAs, hospitals scored 55% and clinics scored 45%.
- The domain Patient Rights scored 59% for hospitals and clinics 51%. The domain Leadership and Corporate Governance scored 35% for hospitals and 9% for clinics.
- Waiting Times scored 64% for hospitals and 74% for clinics, while Improve Patient Safety & Security scored 52% for hospitals and clinics 39%.

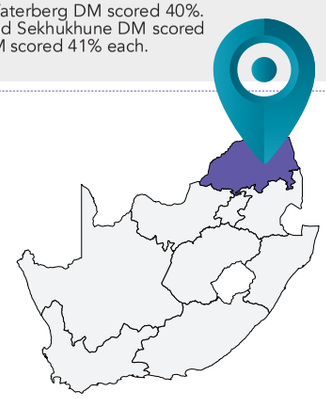
IV. AVERAGE SCORE BY DISTRICT & HE TYPE



Hospitals in Vhembe DM scored 65% and hospitals in Waterberg DM scored 40%. Clinics in Vhembe District Municipality, Capricorn DM and Sekhukhune DM scored 45% each, while clinics in Waterberg DM and Mopani DM scored 41% each.

V. HISTORICAL PATTERN





As other provinces, the scores for Limpopo have not been stable for the financial years 2015/16; 2016/17 and 2017/18. During the financial year 2016/17, the province experienced a decline in scores from 44% to 43% nonetheless demonstrated an improvement in the financial years 2016/17 and 2017/18 and managed to attain 43% and 45% respectively.

VI. RECOMMENDATIONS

In line with the findings, the following are the overall recommendations:

- Implementation of the procedural regulations that ensures a degree of accountability through the person in charge following up on all non-compliant related matters to achieve compliance.
- Address human resources, leadership and corporate governances as well as infrastructural gaps as they are critical for effective functioning of any HE.
- Continual provision of training and support on the implementation of the NCS.
- Consider conducting a qualitative research to establish challenges that hinder HEs successful implementation of the NCS. Optionally case studies can be conducted to establish success factors which have enabled compliant HEs to achieve exceptional score.

4.6 LIMPOPO

For the financial year 2017/18, the Office of Health Standards Compliance inspected health establishments using inspection tools adapted from the National Core Standards. These mock inspections were conducted as part of overall strategies aimed at improving the quality of care and safety of the healthcare users as well as prepare health establishments once the norms and standards are promulgated as regulations. The regulations have since been promulgated in February 2018. Inspections were conducted in 120 of 577 HEs in Limpopo for the 2017/18 financial year.

4.6.1 Distribution of health establishments *(refer to figure 41 & figure 42)*

Results for distribution of HEs for Limpopo indicated that out of the 120 HEs that were inspected in the Province, 117 were clinics, that is 98% of the HEs inspected while only 3 making up 2% of the HEs inspected were hospitals.

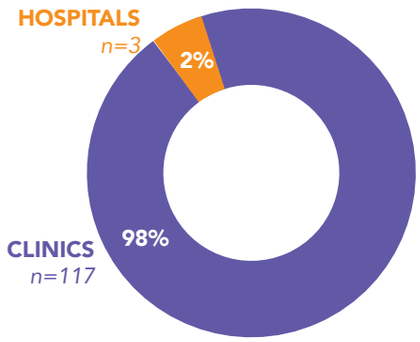


Figure 41: Distribution by HEs type

Inspections in Limpopo were conducted in the following districts; Vhembe DM, Sekhukhune DM, Mopani DM, Capricorn DM and Waterberg DM.

Vhembe DM recorded 34 inspections amounting to 28% of HEs inspected, followed by Sekhukhune DM which recorded 25 inspections making up 21% of HEs inspected. Only 1 hospital was inspected in each of these two districts, while 33 clinics were inspected in Vhembe DM and 24 clinics in Sekhukhune DM. Mopani DM and Capricorn DM contributed to 24 clinic inspections making up 20% of inspections in each district. A total of 13 HE inspections were conducted in Waterberg DM constituting 11% of HE inspected within the Province. Only 1 hospital and 12 clinics were inspected in the district.

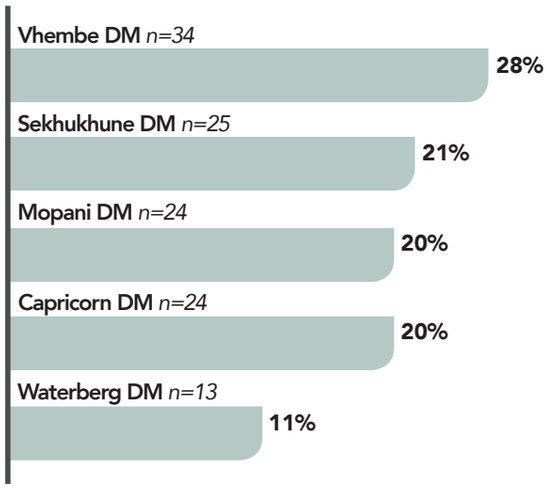


Figure 42: Distribution by tistrict

4.6.2 Average outcome scores by health establishment type *(refer to figure 43 & table 23)*

Limpopo Province had an average score of 45%. In the Province no hospitals or clinics scored between

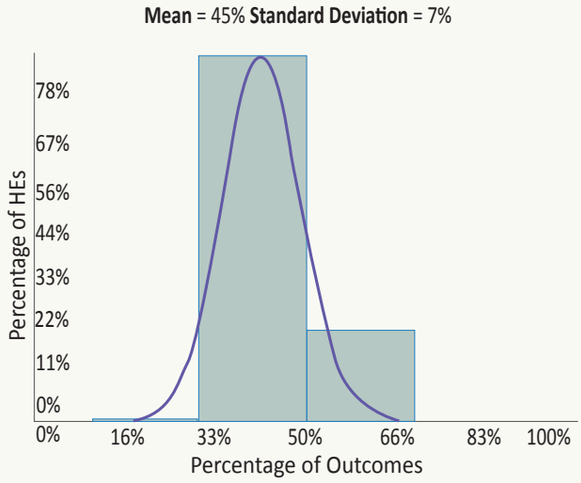


Figure 43: Average outcomes

Table 33: Average outcomes by HEs & FAs

Compliance* %	HEs		FAs	
	Clinics n=117	Hospitals n=3	Clinics 4 FAs	Hospitals 41 FAs**
≥80	0	0	0	6
70-79	0	0	1	3
60-69	0	1	0	10
50-59	22	1	0	10
40-49	63	1	2	3
< 40	32	0	1	9

*** Compliance Status Framework :**
≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.
**** Approximate Number FAs is 41**

70% and-79% and greater than or equal to 80% respectively. One hospital scored between 60% and 69%. In addition, 22 clinics and 1 hospital scored between 50% and 59%, while 63 clinics and 1 hospital scored between 40% and 49%. Meanwhile, 32 clinics scored less than 40%.

Table 35 - Limpopo revealed that 41 FAs and 4 FAs were analysed for hospitals and clinics respectively. No FAs for clinics and 6 FAs for hospitals score greater than or equal to 80%. Additionally, 3 FAs for hospitals and 1 FA for clinics scored between 70% and 79%, while 10 FAs for hospitals and no clinics scored between 60% and 69% and 50% and 59% respectively. Three FAs for hospitals and 2 FAs for clinics scored between 40% and 49%. Lastly, 9 FAs for hospitals and 1 FA for clinics scored less than 40%.

4.6.3 Average score for domains and priority areas by health establishment type

(refer to figure 44, figure 45 & table 24)

Provincial average score by HEs for domains and PAs compliance reflected that hospitals scored 52% in terms of domains, while clinics scored 44%. In relation to compliance to PAs, hospitals scored 55% while clinics scored 45%.

A further breakdown of the results according to HE type reflected that hospitals scored 59% and clinics scored 51% for the domain Patient Rights. Results for the domain Facilities and Infrastructure revealed that both hospitals and clinics scored 55% each. Hospitals scored 56% and clinics scored 43% for the domain Clinical Support, while Patient Safety/ Clinical Governance/ Clinical Care domain score reflected that hospitals scored 54% and clinics 40%. Hospitals and clinics scored 30% and 36% for the domain Public Health. Operational Management domain score for hospitals was 46% and clinics 29%. Hospitals scored 35% and clinics 9% for the domain Leadership and Corporate Governance. Results for Waiting Times revealed that hospitals and clinics scored 64% and 74% respectively. Hospitals scored a score of 70% and clinics 58% for Positive and Caring Attitudes. Hospitals scored 47% while clinics scored 45% for Cleanliness. Availability of Medicines and Supplies scores for hospitals and clinics were 59% and 44% respectively. Infection Prevention and Control scored 56% for hospitals and 42% for clinics. Lastly, Improved Patient Safety and Security showed that hospitals scored 52% while clinics scored 39%.

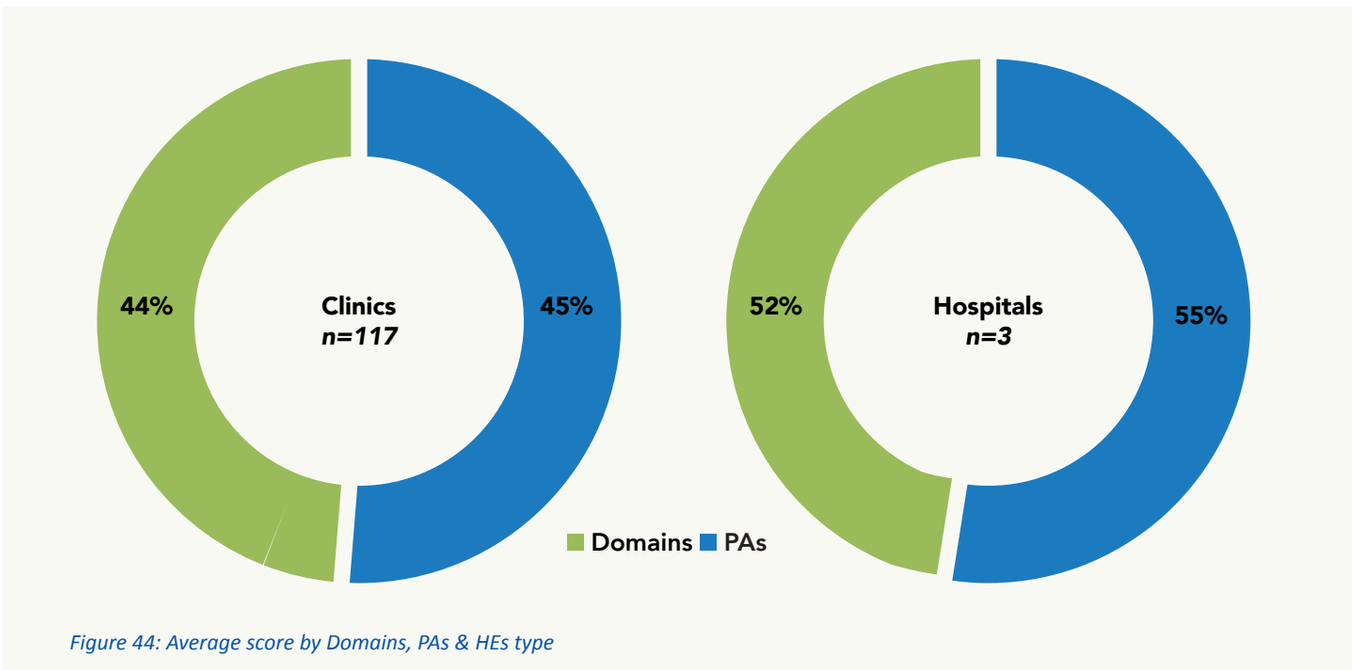


Figure 44: Average score by Domains, PAs & HEs type

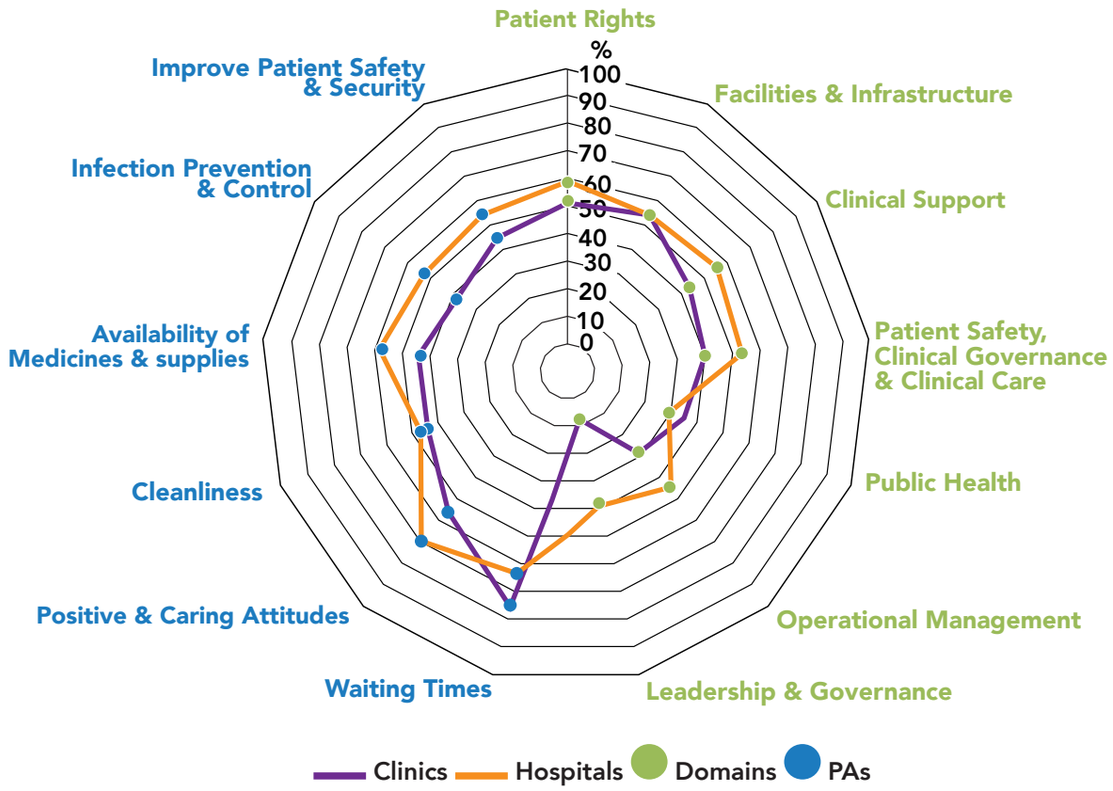


Figure 45: Performance by Domains, PAs & HEs type

Table 34: Average performance by Domains & PAs

Domains	Clinics	Hospital
Patients Rights	51%	59%
Facility & Infrastructure	55%	55%
Clinical Support	43%	56%
Patient Safety/Clinical Governance/Clinical Care	40%	54%
Public Health	36%	30%
Operational Management	29%	46%
Leadership & Corporate Governance	9%	35%

Priority Areas	Clinics	Hospital
Waiting Times	74%	64%
Positive & Caring Attitudes	58%	70%
Cleanliness	45%	47%
Availability of Medicines & Supplies	44%	59%
Infection Prevention & Control	42%	56%
Improve Patient Safety & Security	39%	52%

4.6.4 Average score by district and health establishment type *(refer to figure 46)*

Clinics in Vhembe DM, Capricorn DM and Sekhukhune DM scored 45% respectively. While hospitals in Vhembe and Sekhukhune districts scored 65% and 52% respectively. In Mopani DM and Waterberg DM clinics in both districts scored 41% respectively. No hospitals were inspected in Mopani DM and Capricorn DM; however, hospitals in Waterberg scored 40%.

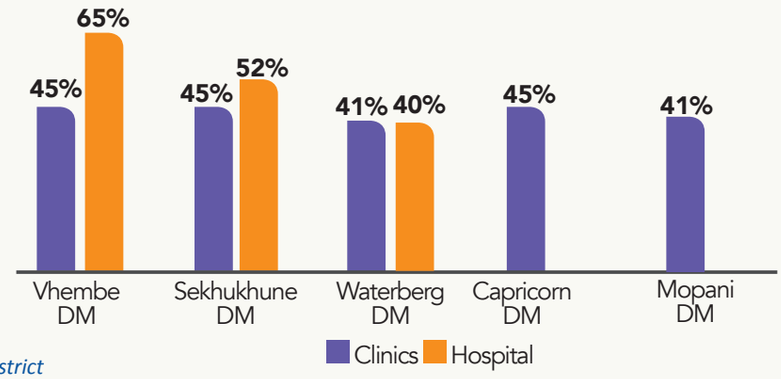


Figure 46: Average score by district

4.6.5 Average score by health establishments

(Refer to table 36)

Table 36 gives an illustration of the average score for each HE inspected. D Fraser Hospital scored 65%, while Nkomo B clinic scored 59%. Warmbaths Hospital scored 40% and Mahale clinic scored 27%.

4.6.6 Conclusion

The findings in this report suggest that patients in Limpopo Province are treated in a caring and respectful manner by staff. Patients had access to information and package of healthcare services.

Laboratory services were accessible to facilitate diagnosis of the patients.

The buildings and the available infrastructure were appropriately used according to the level of care. Waiting areas were appropriately located and provided adequate shelter and seating for patients, whilst the grounds were maintained to be safe and orderly.

Data was processed and analysed to provide report used by management for decision making, planning and quality improvement.

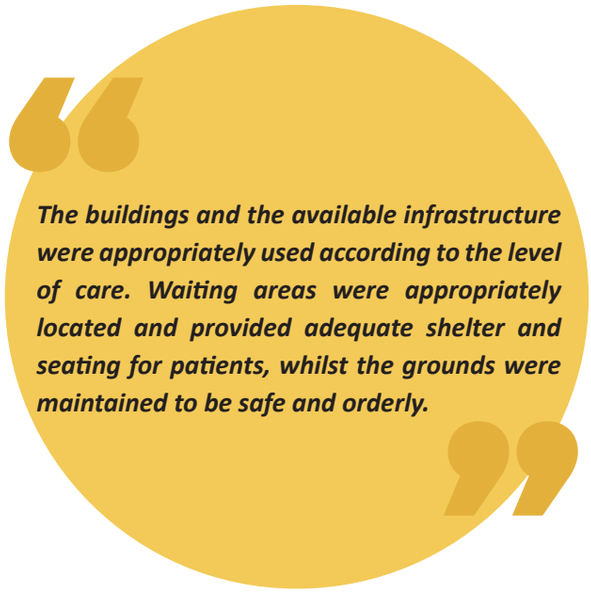
In general, most health establishments did not have documents to guide safety practice of the patients such as emergency disaster plans and SOPs on infection control, clinical risk and patient safety incidents.

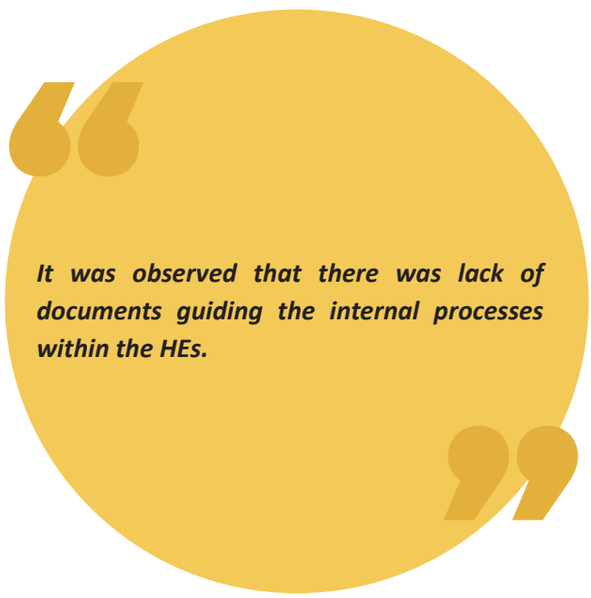
It was also observed that there was lack of documents guiding the internal processes within the HEs such as operational plans, monitoring of service level agreements, maintenance plans for equipment and installations, inventory records and terms of references of various structures such as the governance structure.

The importance of health promotion and disease prevention was not actively promoted and practiced in most health establishments.

Report shows that in-service training of staff on patient safety, use of medical equipment, infection control and disaster management was not done in most HEs.

Referrals of patients were not managed to ensure continuity of care in most clinics, copies of referral





letters for patients transferred out were not available in-patient files.

4.6.7 Recommendations

- **Quality Improvement Processes**

Structures within the HEs dealing with patients related data such as patient's safety incidences, complaints, patient experience of care should have a framework that includes identification of problems, data analysis and putting action plans to ensure quality improvement as well as measures to sustain quality by monitoring at set time-frames.

- **Documentation**

Patient record documentation should be strengthened to ensure full assessment and treatment is provided for patients in line with treatment guidelines. Documents for Clinical audits of all priority conditions should be available at the point of audit so as to follow up progress for continual improvement of patient care rendered.

All activities within district relating to disease prevention, health promotion and staff wellness should be documented.

Policies, SOPs and terms of reference should be in place and authenticated to guide processes within health establishments.

- **Operational issues**

Operational plans, skills development plans, asset management, medical and non-medical equipment maintenance plans should be linked to budget and risk management plans, be implemented and monitored for effectiveness. For safety of the healthcare users, emergency disaster preparedness plans and management of resuscitation trolleys need to be in place and communicated to all staff.

- **Assets and Contract management**

Contract management should state clearly responsibilities at all level of care. End users should be aware of the services that should be provide by services provider according to server level agreement. Assets should be managed at HEs level through monthly inventory records which indicate variances and redundant items.

- **Corporate Governance, Leadership and Supervision**

Leadership issues such as strategic management, monitoring and evaluation, risk assessment, supervision and implementation of in-service training especially in Primary health care needs more attention.

Governance structures should be strengthened and adhere to guidelines to provide appropriate oversight to assure quality. Terms of reference regarding responsibilities and accountabilities should be emphasised. Delegation of authority documents should be in place and be monitored.

Table 35: Average score by functional areas

Clinic	
70%	Clinical Services
48%	Dispensary / Medicine Cupboard
40%	Maintenance Support
23%	Clinic manager
Hospital	
95%	Transport services-ambulances/Patient transport/Staff transport/Other vehicles
93%	Blood Services
89%	Operating theatre incl cath labs
88%	Surgical ward
88%	Laboratory
83%	Radiology
75%	Operating theatre incl cath labs
73%	Generic wards / Measure is generic to any ward or day ward
70%	Medical ward
67%	Waste Management
66%	Psychiatric ward
66%	Accident and Emergency Unit
64%	Paediatric ward
63%	Speciality wards and services/ICU/HCU/Burn units/Oncology/Dialysis Units
62%	Maternity Ward incl maternity theatres
62%	Generic wards / Measure is generic to any ward or day ward
62%	Entrance/Reception and help desk
61%	Outpatient department
60%	Communications/PRO
56%	Food Services
55%	Pharmacy
53%	Therapeutic support services - Occupational
53%	Therapeutic support services - Physio
53%	Mortuary Services
53%	Infection Control
53%	CSSD
52%	Facility Infrastructure
51%	Occupational health and safety
51%	Financial Management
42%	M08 Management information system
41%	S02 Cleaning Services
41%	M10 Procurement
38%	CEO or Hospital Manager
37%	Laundry Services
37%	Security Services
37%	Record archive/department
33%	Maintenance services includes garden
26%	Clinical Management Group
24%	HR Management
17%	Case Management
13%	Health technology Services

Compliance Status Framework : ≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.

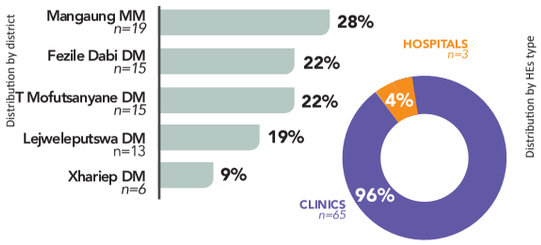
Table 36: Average score by health establishments (n=120)

Clinic *(n=117)*	
59%	Nkomo B
58%	Wayeni
57%	Chuene
57%	Jane Furse Gateway
55%	Naboomkoppies
55%	Shikundu
55%	Riverplaats
53%	Mamotshwa
53%	Manotoana
53%	Namakgale B
53%	Krantzplaas
53%	Morotse-Thamagane
53%	Morapalala
52%	Lambani
52%	Tshififi
52%	Rakgoatha
51%	Shotong
51%	Peninghotsa
51%	Moeding
50%	Rooiberg
50%	Toitskraal
50%	Boschplaats
49%	Elandsdoorn
49%	Matoks
49%	Ikageng
49%	Spitspunte Clinic
49%	Eisleben
48%	Marble Hall Clinic
48%	Sekgopo
48%	Manyima
48%	Makuya
48%	Nthabiseng Clinic
48%	Mogoto
48%	Benfarm
47%	Modjadji 5
47%	Seloane
47%	Tshiombo
47%	Lesfontein
47%	Khomela
47%	Moganyaka
47%	Madala
46%	Mulala
46%	Vhurivhuri
46%	Matavhela
45%	Taaibos
45%	Muwaweni
45%	De Hoop Clinic
45%	Vaalwater Clinic
45%	Makuleke
45%	Nkoana
44%	Mathabatha
44%	Burgerecht Clinic
44%	Phagameng
44%	Vuvha
44%	Dwaalboom
44%	Mudimeli
44%	Boschkloof
44%	Zebediela Gateway
44%	Phalaborwa Busstop
44%	Valdezia
44%	Nghezimani
43%	Phatantsoane
43%	Ngoabe
43%	Mphanama
43%	Rambuda
43%	Witfontein
42%	Tshifudi
42%	Chromite Clinic
42%	Byldrift
42%	Selepe
41%	Matswi
41%	Nylstroom LA
41%	Eensaam
41%	Tshaulu Clinic
41%	Mawa
41%	Block 14
41%	Ntlhaveni C
41%	Towerfontein
40%	Duvhuledza
40%	Meedingen
40%	Alldays Clinic
40%	Tshixwadza
40%	Zeist Clinic
40%	Bolobedu
40%	Shigalo
39%	Ntlhaveni D
39%	Nchabeleng Clinic
39%	Helene Franz Gateway
39%	Thabazimbi Clinic
39%	Makonde Clinic
38%	Mamanyoha
38%	Mankotsane
38%	Ramotshinyadi
38%	Philadelphia Gateway
38%	Ratanang
38%	Swartklip Clinic
38%	Mashabela
38%	Motupa
38%	Tshepong Clinic
37%	Makahlule
37%	Regorogile 1
37%	Makgato
37%	Regorogile 2
37%	Mahubahube
36%	Kgapane
36%	Sambandou
36%	Vleifontein
35%	Seapole
35%	Makhushane Clinic
34%	Kheyi
34%	Botlok Gateway
34%	Ooghoek
33%	Motsepe
33%	Ramokgopa
33%	Warmbaths Clinic
31%	Mokgwathi
27%	Mahale Clinic
Hospital *(n=3)*	
65%	D Fraser Hospital
52%	Groblersdal Hospital
40%	Warmbaths Hospital

Compliance Status Framework : ≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.

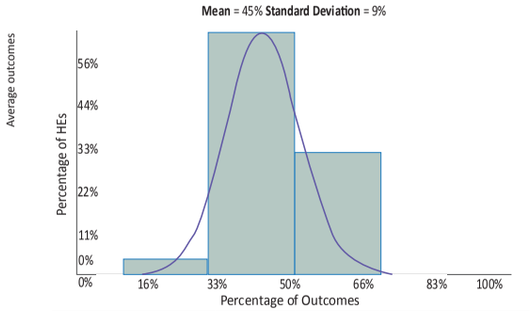
INFOGRAPHIC
FREE STATE

I. DISTRIBUTION OF HES *n=68*



Free State province recorded 68 HE inspections across the province. A total of 65 clinics constituting 96% of inspections were inspected. Three HEs making up 4% of the total inspections were hospitals. Mangaung MM recorded the highest HE inspections with 19 HEs inspected making up a 28% of the total of inspections. The district with the lowest HE inspections was Xhariep DM which recorded 6 amounting to 9% of the inspections.

II. AVERAGE OUTCOME SCORES BY HE TYPE *n=68*



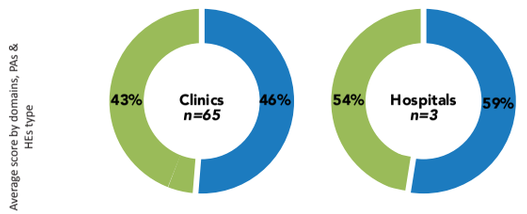
Average outcomes by HEs & FAs

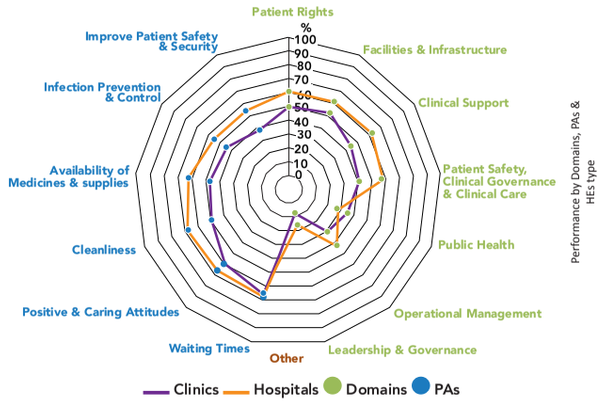
Compliance* %	HEs		FAs	
	Clinics n=65	Hospitals n=3	Clinics 4 FAs	Hospitals 43 FAs**
≥80	0	0	0	2
70-79	0	0	0	8
60-69	2	1	1	13
50-59	18	1	1	3
40-49	19	1	1	6
< 40	26	0	1	11

The average outcome score for HEs in Free State was 45%. No clinics or hospitals in the province had a score between 70%-79% and greater than or equal to 80% respectively while 26 clinics and no hospitals scored less than 40%. No FAs for clinics and 2 FAs for hospitals had a score greater than or equal to 80% whereas 11 FAs for hospitals and 1 FA for clinics scored less than 40%.

*** Compliance Status Framework :**
≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.
**** Approximate Number FAs is 43**

III. AVERAGE PERFORMANCE BY DOMAINS AND PAs BY HE TYPE





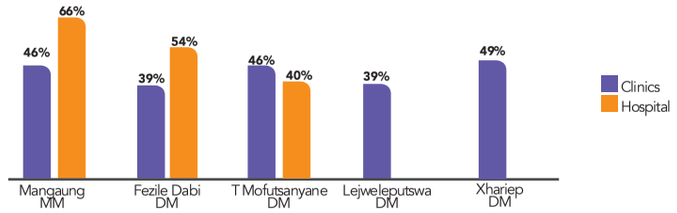
Average Performance by Domains & PAs

Domains	Clinics	Hospital
Patients Rights	50%	61%
Facility & Infrastructure	52%	61%
Clinical Support	46%	61%
Patient Safety/Clinical Governance/ Clinical Care	44%	59%
Public Health	36%	29%
Operational Management	23%	41%
Leadership & Corporate Governance	8%	16%

Priority Areas	Clinics	Hospital
Waiting Times	66%	69%
Positive& caring attitudes	60%	77%
Cleanliness	50%	69%
Availability of Medicines & Supplies	48%	61%
Infection Prevention & Control	44%	55%
Improve Patient Safety & Security	39%	54%

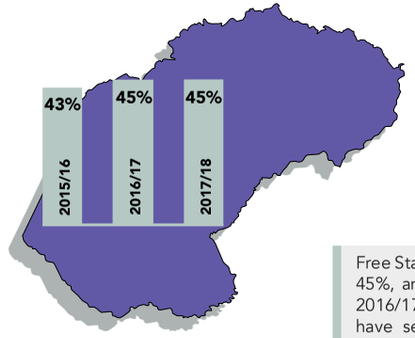
Hospital average score for domains was 54% and clinics scored 43%. In relation to scores for PAs, hospitals scored 59% and clinics scored 46%.
– The domain Patient Rights scored 61% for hospitals and clinics 50%. The domain Leadership and Corporate Governance scored 16% for hospitals and 8% for clinics.
– Waiting Times scored 69% for hospitals and 66% for clinics, while Improve Patient Safety & Security scored 54% for hospitals and clinics 39%.

IV. AVERAGE SCORE BY DISTRICT & HE TYPE



Clinics in Xhariep DM scored 49% while those in Fezile Dabi DM and Lejweleputswa DM scored of 39% respectively. Hospitals in Mangaung MM scored 66% while those in Thabo Mofutsanyane DM scored 40%.

V. HISTORICAL PATTERN



Free State showed steady and improved scores of 43%, 45%, and 45% scores for the financial years 2015/16; 2016/17; 2017/18. The scores though not significant have seen the province managing to attain a 2 % increase for the financial year 2016/17. The province however experienced no increase in its score for the financial year 2017/18 compared to the previous financial year.

VI. RECOMMENDATIONS

In line with the findings, the following are the overall recommendations:

– Implementation of the procedural regulations that ensures a degree of accountability through the person in charge following up on all non-compliant related matters to achieve compliance.
– Address human resources, leadership and corporate governances as well as infrastructural gaps as they are critical for effective functioning of any HE.
– Continual provision of training and support on the implementation of the NCS.
– Consider conducting a qualitative research to establish challenges that hinder HEs successful implementation of the NCS. Optionally case studies can be conducted to establish success factors that have enabled compliant HEs to achieve exceptional score.

4.7 FREE STATE

For the financial year 2017/18, the Office of Health Standards Compliance inspected health establishments using inspection tools adapted from the National Core Standards. These mock inspections were conducted as part of overall strategies aimed at improving the quality of care and safety of the healthcare users as well as prepare health establishments once the norms and standards are promulgated as regulations. The regulations have since been promulgated in February 2018.Inspections were conducted in 68 of 245 HEs in the Free State Province during the financial year 2017/18.

4.7.1 Distribution of health establishments *(refer to figure 47 & figure 48)*

Free State Province recorded a total of 68 HEs inspections across the Province. A total of 65 clinics equivalent to 96% of inspections were inspected, while 4% equivalent to 3 HEs inspections were hospitals. Inspections were conducted in the following districts: Mangaung MM; Fezile Dabi DM; T Mofutsanyane DM; Lejweleputswa DM; and Xhariep DM.

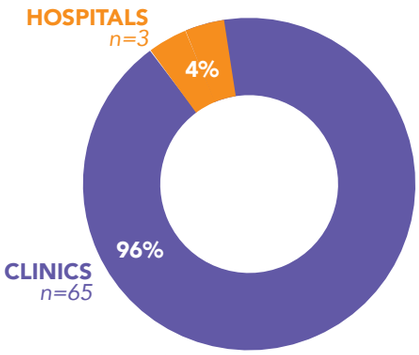


Figure 47: Distribution by HEs type

Mangaung MM recorded 19 HEs inspected making up 28% of the fraction of inspections. One hospital and 18 clinics were inspected in the district. A total of 6 amounting to 9% of the inspections were from Xhariep DM. In that district, only 6 clinics were inspected. Of the remaining three districts, both Fezile Dabi DM and T Mofutsanyane DM accounted for 15 HEs inspections equating to 22% in each district. These two districts had 1 hospital and 14 clinic inspections respectively. A total of 13 HEs were inspected in Lejweleputswa DM, making up 19%. Hospital inspections were not conducted, and 13 clinics were inspected in the district.

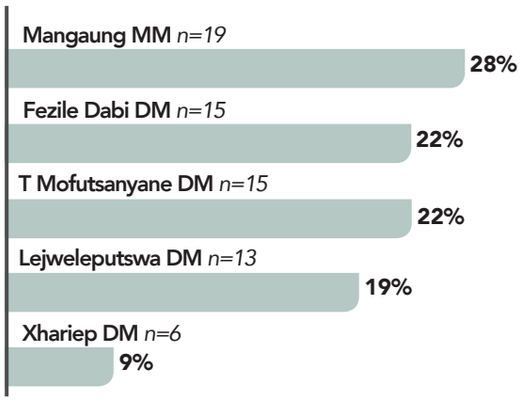


Figure 48: Distribution by district

4.7.2 Average outcome scores by health establishment type *(refer to figure 49 & table 25)*

The average outcome scores for HEs in Free State indicated that the Province scored 45%. Results for average outcome score by HE types for Free State Province showed that no HEs managed to score between 70% and 79%, greater than or equal to 80% respectively.

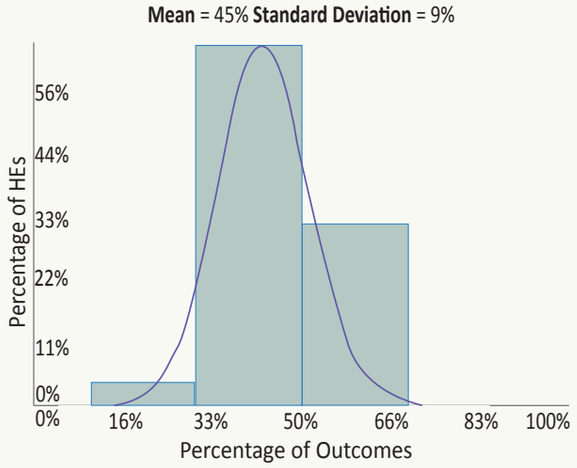


Figure 49: Average outcomes

Table 37: Average outcomes by HEs & FAs

Compliance* %	HEs		FAs	
	Clinics n=65	Hospitals n=3	Clinics 4 FAs	Hospitals 43 FAs**
≥80	0	0	0	2
70-79	0	0	0	8
60-69	2	1	1	13
50-59	18	1	1	3
40-49	19	1	1	6
< 40	26	0	1	11

*** Compliance Status Framework :**
≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.
**** Approximate Number FAs is 43**

1 hospital and 2 clinics scored between 60% and 69%. A total of 18 clinics and 1 hospital scored between 50% and 59%. Results further elucidated that 19 clinics and 1 hospital scored between 40% and 49%. Lastly 26 clinics scored less than 40%.

Table 39 - The results further depicted that 43 FAs were measured for hospitals and 4 FAs measured for clinics in the Province. 2 FAs for hospitals scored greater than or equal to 80%. No FAs in clinics scored greater than or equal to 80%.

Additionally, 8 FAs for hospitals scored between 70% and 79%. No FAs for clinics scored between 70% and 79%, while 13 FAs for hospitals and 1 FA for clinics scored between 60% and 69%. Three FAs inspected for hospitals and 1 FA for clinics scored between 50% and 59%. In addition, 6 FAs in hospitals and 1 FA in clinics scored between 40% and 49% respectively. Lastly, 11 FAs in hospitals and 1 FA in clinics scored less than 40%.

4.7.3 Average score for domains and priority areas by health establishment type *(refer to figure 50, figure 51 & table 26)*

Provincial average score by HEs for domains and PAs compliance reflected that hospitals scored 54% in terms of domains while clinics scored 43%. In relation to PAs, hospitals scored 59%, while clinics scored 46%.

A further breakdown of the results according to HE type reflected that hospitals scored 61% and clinics scored 50% for the domain Patient Rights. The domain Facilities and Infrastructure scored 61% for hospitals, while clinics scored 52%. Hospitals scored 61% and clinics scored 46% for Clinical Support, while Patient Safety/ Clinical Governance/ Clinical Care domain score for hospitals was 59% and 44% for clinics. Hospitals scored 29% and clinics 36% for the domain Public Health. Operational Management domain score for hospitals was 41% and clinics 23%. Hospitals scored 16% and clinics 8% for the domain Leadership and Corporate Governance.

Average score for Waiting Times in hospitals was 69% and 66% in clinics. Positive and Caring Attitudes score for hospitals was 77% and clinics 60%. Hospitals scored 69%, while clinics scored 50% for Cleanliness. Availability of Medicines and Supplies scores for hospitals and clinics were 61% and 48% respectively. Infection Prevention and Control scored 55% for hospitals and 44% for clinics. Improved Patient Safety and Security scores for hospitals was 54% and 39% for clinics.

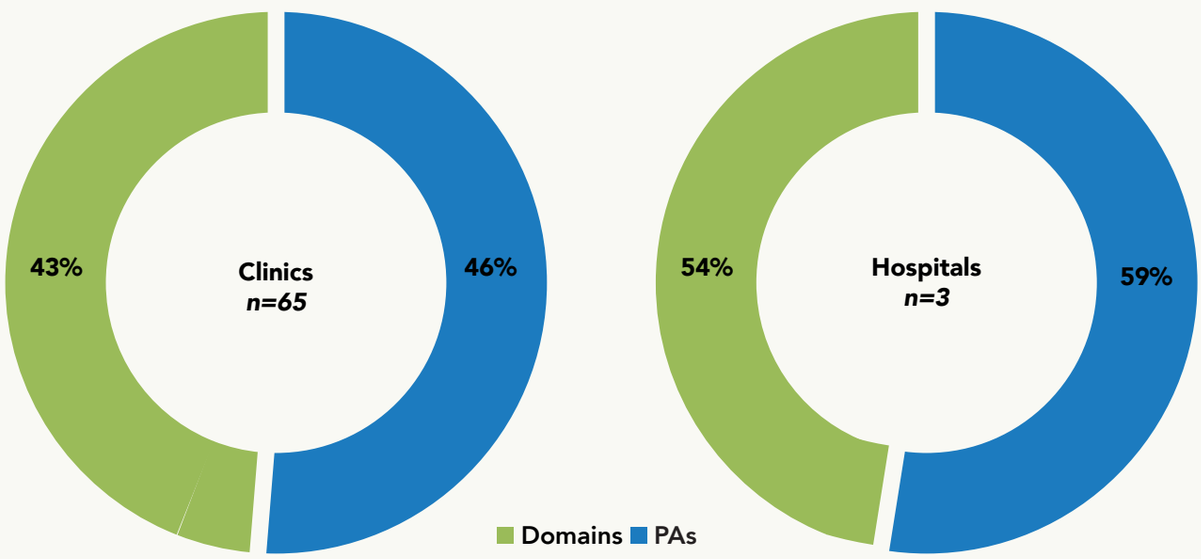


Figure 50: Average score by domains, PAs & HEs type

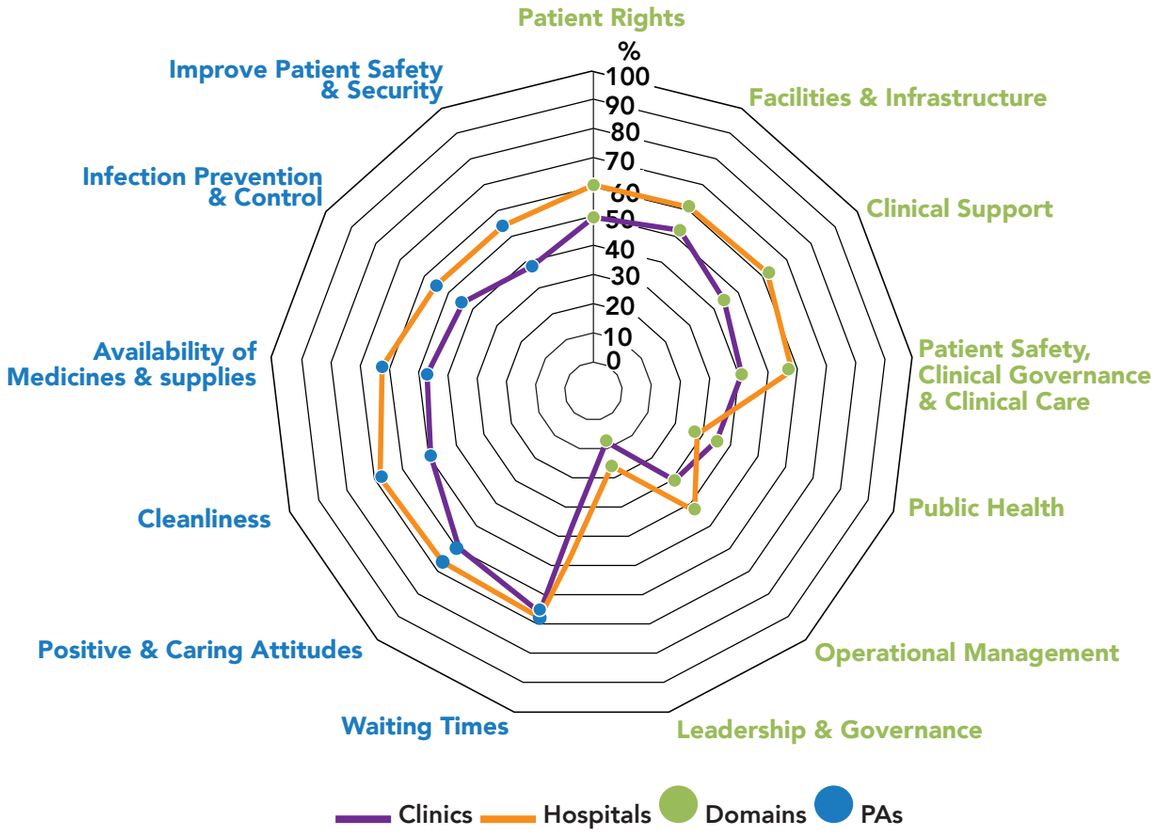


Figure 51: Performance by domains, PAs & HEs type

Table 38: Average performance by Domains & PAs

Domains	Clinics	Hospital
Patients Rights	50%	61%
Facility & Infrastructure	52%	61%
Clinical Support	46%	61%
Patient Safety/Clinical Gover-nance/Clinical Care	44%	59%
Public Health	36%	29%
Operational Management	23%	41%
Leadership & Corporate Governance	8%	16%

Priority Areas	Clinics	Hospital
Waiting Times	66%	69%
Positive & Caring Attitudes	60%	77%
Cleanliness	50%	69%
Availability of Medicines & Supplies	48%	61%
Infection Prevention & Control	44%	55%
Improve Patient Safety & Security	39%	54%

4.7.4 Average score by district and health establishment type *(refer to figure 52)*

According to results for average score by district, no hospitals were inspected in Xhariep DM and Lejweleputswa DM, while clinics in the districts scored 49% and 39% respectively. In Mangaung hospitals scored 66% and clinics scored 46%. Hospitals in Thabo Mofutsanyane DM scored 40%, while clinics scored 46%. Fezile Dabi DM hospitals scored 54% and clinics 39%.

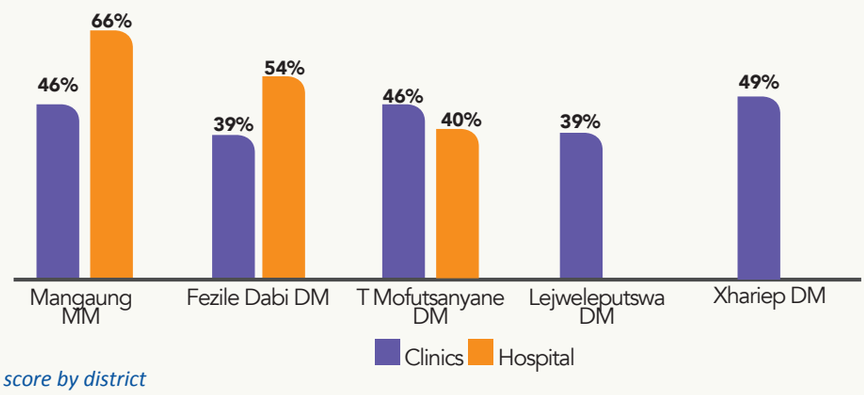


Figure 52: Average score by district

4.7.5 Average score by health establishments

(Refer to table 40)

Universitas Hospital scored 66%, while Thebe Hospital scored 40%.

4.7.6 Conclusion

Free State Province report demonstrated that the Province had pockets of excellence identified across the Province as seen in patients' rights domain.

Management of patient's data showed that data was processed and analysed to provide report used by management for decision making, planning and quality improvement.

Regarding clinical support services the report demonstrate that Pharmaceutical services were legally compliant with South African Pharmaceutical Council and other support and diagnostic services such as laboratory services were accessible to facilitate diagnosing of the patients.

Waiting areas were appropriately located and provided adequate shelter and sitting for patients. Infrastructure was appropriately used according to level of care. Health establishments across the Province did not perform well in Public Health and Corporate and clinical governance domains.

Most plans that were supposed to guide and give direction to business processes within HEs such as standard operation procedures, patient safety guidelines, customer care and compliants guidelines, disaster plans, equipment maintenance plans, were not available as such implementation, monitoring and proof of quality improvement could not be measured.

There was no clarity and evidence trail of conducted clinical audits on national priority programmes.

4.7.7 Recommendations

- **Quality improvement processes**

At the provincial level there should be a clear Quality improvement framework that is cascaded to lower levels on how all quality programs will be seamlessly implemented, monitored and sustained within the Province. Such structures should also be part of the clinical governance including pharmacovigilance. Structures at all levels within the health establishment dealing with patients related data such as patient's safety incidences, complaints, patient experience of care should be guided by such an implementation framework.

The system for management of patient's data need to be strengthened. (There is a need to analyse data for compliants, waiting time and put reasonable action plans to correct and improve processes following quality improvement strategies and ensure that these are resolved within set time frames as set in the National guidelines.

- **Documentation**

There should be a system on documentation management whether for patient's administration or any other business process, there should be a trail of activities done at the HE. Documents for Clinical audits of all priority conditions should be available at the point of audit so as to follow up progress for continual improvement.

Clinical governance structures at all levels should ensure implementation of a seamless patient safety system that involves clinical support services. These structures should ensure that SOPs, policies and guidelines for patient safety and other relevant plans such as plans for medical equipment maintenance are communicated and applied in a standardised manner.

There should be visible synergy in the form of documents for strategic priority programs audits conducted in the HEs and the reports for strategic priority programs indicators that is sent to the district, Province and National Department of Health.

All activities within district relating to disease prevention, health promotion, staff wellness should be documented and kept as evidence at the levels of implementation. A system to report on these and monitor their implementation to ensure quality must be in place. To ensure effectiveness and quality service, there should be a structure with oversight role on all these plans including risk management plans. These plans include:

- Disaster plans
- Operational plans
- Risk management plans

- In-service and education of staff
- Policies and Standard Operating procedures pertaining to all business processes

Incident management system must collaborate with clinical governance structures and data and findings of these incidences should inform management on the direction to take towards planning and ensuring improvement in the overall clinical governance.

Operational issues

Operational plans, skills development plans, asset management, medical and non-medical equipment plans, infrastructure plans should be linked to budget and risk management plans and be reviewed timely. For safety of the health care users, emergency disaster preparedness plans, and management of resuscitation trolleys need improvement.

Plans such as infrastructure maintenance including electrical mechanical, sewerage and equipment maintenance plan for both medical and non-medical should be implemented across the Province and be aligned to operational plans so as to ensure that there are funds set aside for their implementation. A reporting system of audits, availability and functionality in line with maintenance plan should be strengthened to avoid keeping non- functional equipment.

Waste management practice including segregation of general, medical waste and avoidance of recapping needles should be reinforced

Assets and Contract management

Where contract management is centralised, clear responsibilities regarding monitoring should be communicated to all levels. Such responsibilities should also state what actions should be taken in the event of non-compliance to the contract.

Corporate Governance, Leadership and Supervision

Training of leaders should be re-enforced as this will ensure that subordinates have adequate supervision and leaders are able to demonstrate positive leadership values.

There should be structure responsible for management of risk in both hospitals and clinics. Such risk management structures should include both clinical risk and operational risk. Waste management needs more attention in terms of mitigation and monitoring to ensure safety of the patients.

Public participation and intersectoral collaboration in order to support service planning and delivery to improve population health need to be strengthened in hospitals.

Leadership issues such as strategic management, monitoring and evaluation, risk assessment and supervision of Inservice training especially in Primary health care needs more attention.

Governance structures should be strengthened by adhering to guidelines so as to provide appropriate oversight in ensuring quality. Terms of reference regarding responsibilities and accountabilities should be emphasised.

Table 39: Average score by functional areas

Clinic	
66%	Clinical Services
52%	Dispensary / Medicine Cupboard
41%	Maintenance Support
25%	Clinic manager
Hospital	
88%	Therapeutic support services - Occupational
84%	Surgical ward
78%	Therapeutic support services - Physio
77%	Outpatient department
77%	Operating theatre incl cath labs
76%	Radiology
75%	Generic wards / Measure is generic to any ward or day ward
73%	Generic wards / Measure is generic to any ward or day ward
71%	Medical ward
71%	Speciality wards and services/ICU/HCU/Burn units/Oncology/Dialysis Units
69%	Laboratory
69%	Cleaning Services
68%	Accident and Emergency Unit
68%	Blood Services
68%	Surgical ward
67%	Operating theatre incl cath labs
67%	Pharmacy
67%	Entrance/Reception and help desk
66%	Paediatric ward
64%	Infection Control
62%	Maternity Ward incl maternity theatres
61%	Laundry Services
61%	Mortuary Services
57%	Food Services
53%	Management information system
53%	Medical ward
49%	Waste Management
48%	Occupational health and safety
48%	Transport services-ambulances/Patient transport/Staff transport/Other vehicles
45%	Record archive/department
43%	Psychiatric ward
43%	Facility Infrastructure
36%	Maintenance services includes garden
36%	Security Services
35%	CSSD
33%	HR Management
30%	Clinical Management Group
30%	Case Management
25%	Financial Management
24%	Procurement
20%	Communications/PRO
20%	CEO or Hospital Manager
13%	Health technology Services

Compliance Status Framework : ≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.

Table 40: Average score by health establishments (n=68)

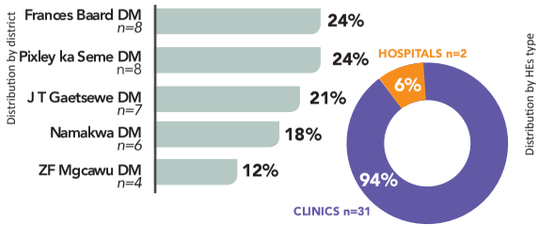
Clinic *(n=65)*	
62%	Botshabelo Industr Clinic
61%	Mokwena Clinic
59%	Phekolong (Redd) Clinic
57%	Potlako Motlohi Clinic
57%	Pule Sefatsa Clinic
57%	Bophelong (Vrede) Clinic
56%	Phuthaditjhaba Clinic
56%	Lindley Clinic
54%	Batho Clinic
54%	Fauresmith Clinic
53%	Petsana Clinic
53%	Vrede Clinic
53%	Reitz Clinic
52%	Itumeleng (Botsha) Clinic
52%	Itumeleng Clinic
52%	Mafane Clinic
52%	Molefi Tau Clinic
52%	Geneva Clinic
51%	Maletsatsi Mabaso Clinic
51%	Phahameng (Bult) Clinic
49%	Qholaqhwe Clinic
48%	Sediba Clinic
47%	W Mandela (Roux)
47%	Phillippolis
47%	Sasolburg Clinic
47%	Leseding Clinic
46%	Tshwaraganang (H) Clinic
46%	Seeisoville Clinic
46%	Albert Luthuli Mem Clinic
45%	Virginia Clinic
45%	National Dis Hosp Gateway
43%	Brentpark Clinic
43%	Hoopstad Clinic
42%	Sedibeng sa Bophel Clinic
41%	Hill Street Clinic
41%	Gaongalelwe Clinic
41%	Ma-haig Clinic
40%	Relebohile (Vrdef) Clinic
40%	Memel Clinic
39%	Harry Gwala (Sasl) Clinic
39%	AM Kruger Clinic
39%	Tshiame B Clinic
38%	Tshepong (Kroon) Clinic
38%	Harrismith Clinic
37%	Tweefontein Clinic
37%	Dinaane Clinic
37%	Schonkenville Clinic
36%	Parys Clinic
35%	Intabazwe Clinic
35%	Thaba Nchu Clinic
34%	Tumahole Clinic
34%	Thusanong (Kroon) Clinic
34%	Meloding Clinic
33%	Zamani Clinic
33%	Bophelong (Allan) Clinic
33%	Vanstadensrus Clinic
33%	Kgalala Clinic
33%	Allanridge Clinic
33%	Tiger River Clinic
32%	Kgotsong (Botha) Clinic
32%	Bophelong (Kroon) Clinic
31%	Boithusong Clinic
29%	Phetogo Clinic
28%	Rammulotsi Clinic
26%	Leratong Clinic

Hospital *(n=3)*	
66%	Universitas (C) Hosp
54%	Boitumelo Hosp
40%	Thebe Hosp

Compliance Status Framework : ≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.

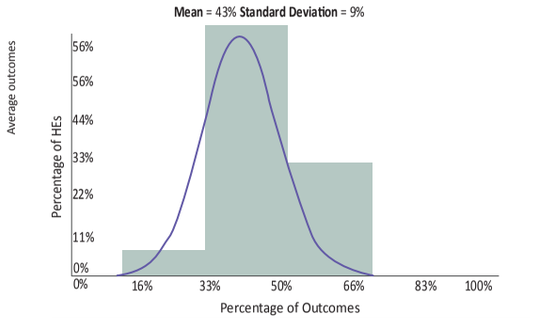
INFOGRAPHIC
NORTHERN CAPE

I. DISTRIBUTION OF HES *n=33*



Northern Cape recorded 33 HE inspections. Thirty-one inspections were from clinics, making up 94% while 2 inspections were hospitals, equivalent to 6% of HEs inspected. Frances Baard DM and Pixley ka Seme DM recorded the highest with 8 HE inspections, that is 24% of the inspections. Four HE inspections equivalent to 12% were conducted in ZF Mgcawu DM and were the lowest.

II. AVERAGE OUTCOME SCORES BY HE TYPE *n=33*



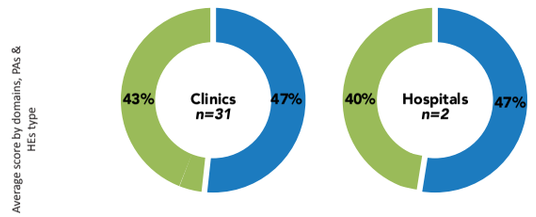
Average outcomes by HEs & FAs

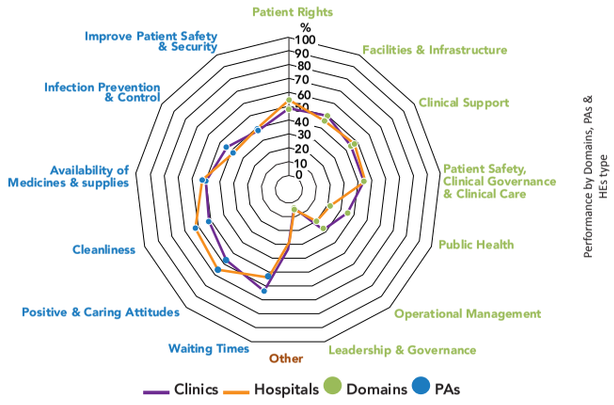
Compliance* %	HEs		FAs	
	Clinics n=31	Hospitals n=2	Clinics 4 FAs	Hospitals 37 FAs**
≥80	0	0	0	1
70-79	0	0	0	1
60-69	0	0	1	5
50-59	9	0	1	7
40-49	10	1	0	5
< 40	12	1	2	18

The average outcome score for Northern Cape was 43%. No clinics or hospitals scored between 70%-79%, greater than or equal to 80% and 60%-69% respectively while 12 clinics and 1 hospital scored less than 40%. No FAs for clinics and 1 FA for hospitals scored greater than or equal to 80% while 18 FAs for hospitals and 2 FAs for clinics scored less than 40%.

*** Compliance Status Framework :**
≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.
**** Approximate Number FAs is 37**

III. AVERAGE PERFORMANCE BY DOMAINS AND PAs BY HE TYPE





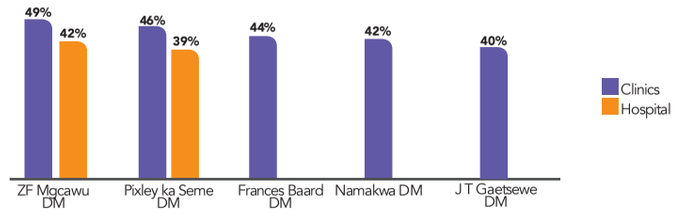
Average Performance by Domains & PAs

Domains	Clinics	Hospital
Patients Rights	49%	54%
Facility & Infrastructure	50%	47%
Clinical Support	46%	48%
Patient Safety/Clinical Governance/ Clinical Care	44%	44%
Public Health	35%	21%
Operational Management	29%	20%
Leadership & Corporate Governance	6%	7%

Priority Areas	Clinics	Hospital
Waiting Times	74%	62%
Positive& caring attitudes	58%	67%
Cleanliness	52%	61%
Availability of Medicines & Supplies	50%	52%
Infection Prevention & Control	44%	39%
Improve Patient Safety & Security	39%	40%

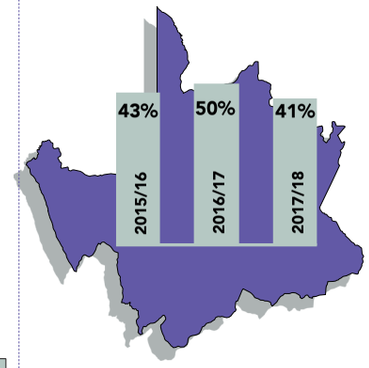
Provincial average scores domains and PAs for hospitals was 40%, and clinics scored 43% while both hospitals and clinics scored 47% respectively.
- The domain Patient Rights scored 54% for hospitals and clinics scored 49%. The domain Leadership and Corporate Governance scored 7% for hospitals and 6% for clinics.
- Waiting Times scored 62% for hospitals and 74% for clinics. Improve Patient Safety & Security recorded a score of 40% for hospitals and clinics scored 39%.

IV. AVERAGE SCORE BY DISTRICT & HE TYPE



Clinics in Frances Baard DM, Namakwa DM and JT Gaetsewe DM scored 44%, 42% and 40% respectively. No hospitals were inspected from these districts. In ZF Mgcawu DM, hospitals scored 42% and clinics scored 49%. Clinics in Pixley ka Seme District Municipality had a score of 46% while hospitals scored 39%.

V. HISTORICAL PATTERN



Average scores for the financial years 2015/16; 2016/17; 2017/18 for Northern Cape have not been stable. During these financial years, the province encountered fluctuating scores as follows 43%, 50% and 41% respectively. The province recorded a decline in score during the financial year 2017/18 though it had previously scored higher in the financial year 2016/17. Declines in scores by the province need further investigation to ensure the level of healthcare service provision is not negatively impacted.

VI. RECOMMENDATIONS

In line with the findings, the following are the overall recommendations:

- Implementation of the procedural regulations that ensures a degree of accountability through the person in charge following up on all non-compliant related matters to achieve compliance.
- Address human resources, leadership and corporate governances as well as infrastructural gaps as they are critical for effective functioning of any HE.
- Continual provision of training and support on the implementation of the NCS.
- Consider conducting a qualitative research to establish challenges that hinder HEs successful implementation of the NCS. Optionally case studies can be conducted to establish success factors which have enabled compliant HEs to achieve exceptional score.

4.8 NORTHERN CAPE

4.8.1 Distribution of health establishments
(refer to figure 53 & figure 54)

For the financial year 2017/18, the Office of Health Standards Compliance inspected health establishments using inspection tools adapted from the National Core Standards. These mock inspections were conducted as part of overall strategies aimed at improving the quality of care and safety of the healthcare users as well as prepare health establishments once the norms and standards are promulgated as regulations. The regulations have since been promulgated in February 2018. Inspections were conducted in 33 of 175 HEs in the Northern Cape for the 2017/18 financial year.

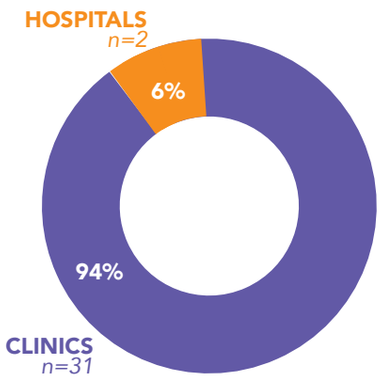


Figure 53: Distribution by HEs type

Inspections from Northern Cape were conducted in the following districts; Frances Baard DM, Pixley ka Seme DM, J T Gaetsewe DM, Namakwa DM and ZF Mgcawu DM. Frances Baard DM and Pixley ka Seme DM recorded a total of 8 HE inspections that is 24% of the inspections. Seven inspections that is 21% of the total inspections were conducted in J T Gaetsewe DM, while 6 inspections equivalent to 18% were conducted in Namakwa DM. Lastly 4 HE inspections equivalent to 12% were conducted in ZF Mgcawu DM. No hospitals were inspected in Frances Baard DM, J T Gaetsewe DM and Namakwa DM. However, number of clinics from these districts constituted to 8, 7 and 6 respectively. In Pixley ka Seme DM, 7 clinics and 1 hospital were inspected. Lastly 3 clinics and 1 hospital were inspected in ZF Mgcawu DM.

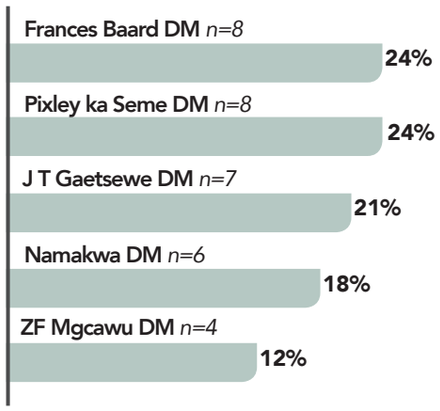


Figure 54: Distribution by district

4.8.2 Average outcome scores by health establishment type
(refer to figure 55 & table 27)

The average outcome scores for HEs in Northern Cape indicated that the Province scored 43%.

A total of 9 clinics scored between 50%- 59%. Results further elucidated that 10 clinics and 1 hospital scored between 40% and 49%. Lastly 12 clinics and 1 hospital scored less than 40%.

Table 43 - Northern Cape revealed that 37 FAs and 4 FAs were analysed for hospitals and clinics respectively.

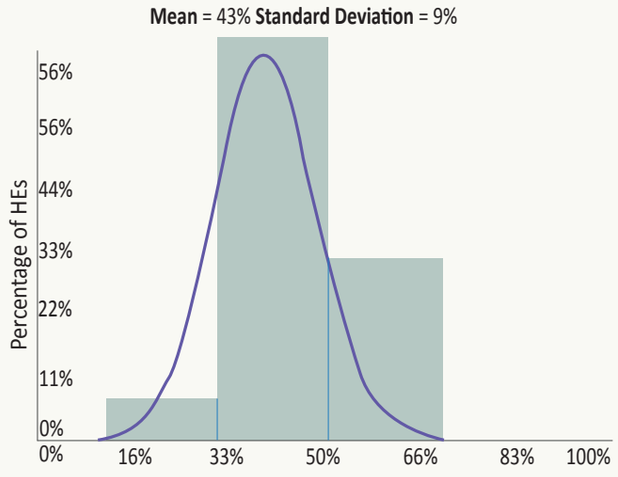


Figure 55: Average outcomes

Table 41: Average outcomes by HEs & FAs

Compliance* %	HEs		FAs	
	Clinics n=31	Hospitals n=2	Clinics 4 FAs	Hospitals 37 FAs**
≥80	0	0	0	1
70-79	0	0	0	1
60-69	0	0	1	5
50-59	9	0	1	7
40-49	10	1	0	5
< 40	12	1	2	18

*** Compliance Status Framework :**
≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.
**** Approximate Number FAs is 37**

One FA for hospitals had a score greater than or equal to 80%. Additionally, 1 FA for hospitals had a score between 70% and 79%, while 5 FAs for hospitals and 1 FA for clinics scored between 60% and 69%. Seven FAs for hospitals and 1 FA for clinics scored between 50% and 59%. In addition, 5 FAs for hospitals scored between 40% and 49%. Lastly, 18 FAs for hospitals and 2 FAs for clinics a scored less than 40%.

4.8.3 Average score for domains and priority areas by health establishment type

(refer to figure 56, figure 57 & table 28)

Provincial average score of HEs for domains and PAs reflected that hospitals scored 40% in terms of domains, while clinics scored 43%. In relation to compliance to PAs, both hospitals and clinics scored 47%.

A further breakdown of the results according to HE type reflected that hospitals scored 54% and clinics scored 49% for the domain Patient Rights. The domain Facilities and Infrastructure scored 47% for hospitals, while clinics scored 50%. Hospitals scored 48% and clinics scored 46% for the domain Clinical Support, while Patient Safety/ Clinical Governance/ Clinical Care domain score for both hospitals and clinics was 44% respectively. Hospitals scored 21% and clinics 35% for the domain Public Health. Operational Management domain score for hospitals was 20% and clinics 29%. Hospitals scored 7% and clinics 6% for the domain Leadership and Corporate Governance.

Results for Waiting Times revealed that hospitals and clinics achieved 62% and 74% respectively. Positive and Caring Attitudes score for hospitals was 67% and clinics 58%. Cleanliness score for hospitals was 61% and clinics 52%. Availability of Medicines and Supplies scores for hospitals and clinics were 52% and 50% respectively. Infection Prevention and Control scored 39% for hospitals and 44% for clinics. Improved Patient Safety and Security scores for hospitals were 40% and 39% for clinics.

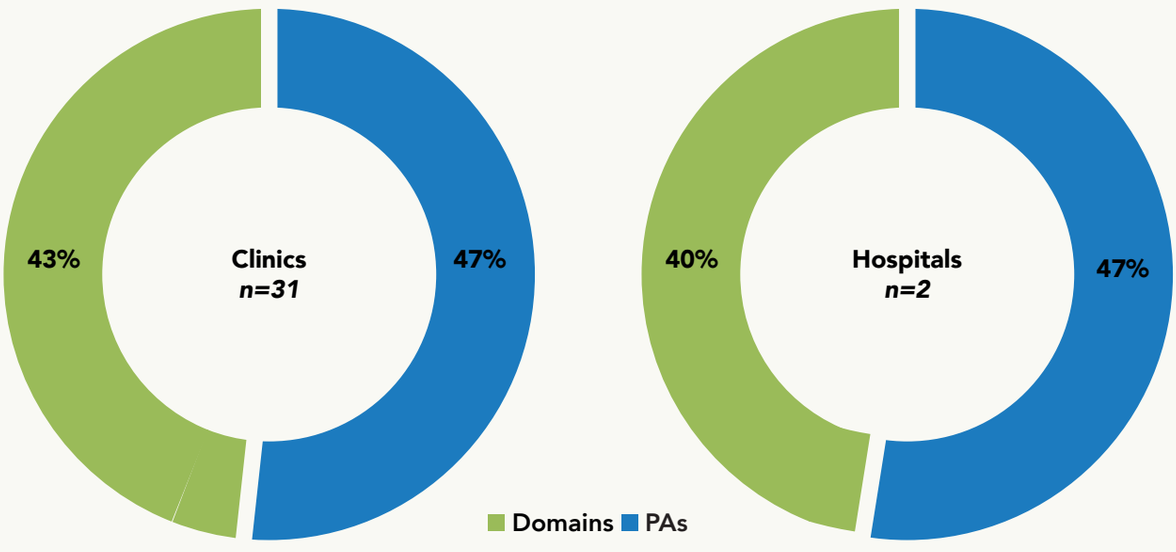


Figure 56: Average score by domains, PAs & HEs type

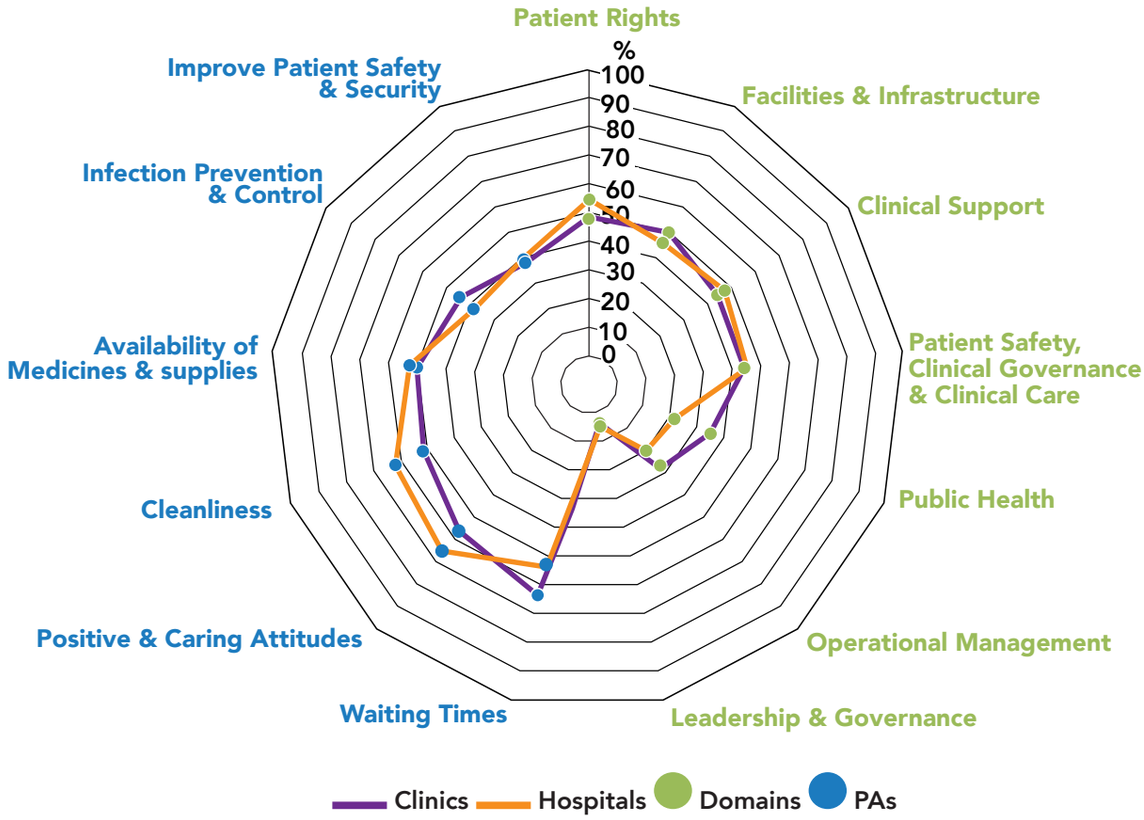


Figure 57: Performance by domains, PAs & HEs type

Table 42: Average performance by Domains & PAs

Domains	Clinics	Hospital
Patients Rights	49%	54%
Facility & Infrastructure	50%	47%
Clinical Support	46%	48%
Patient Safety/Clinical Governance/Clinical Care	44%	44%
Public Health	35%	21%
Operational Management	29%	20%
Leadership & Corporate Governance	6%	7%

Priority Areas	Clinics	Hospital
Waiting Times	74%	62%
Positive & Caring Attitudes	58%	67%
Cleanliness	52%	61%
Availability of Medicines & Supplies	50%	52%
Infection Prevention & Control	44%	39%
Improve Patient Safety & Security	39%	40%

4.8.4 Average score by district and health establishment type *(refer to figure 58)*

According to results for average score by district, no hospitals were inspected in Frances Baard DM, Namakwa DM and JT Gaetsewe DM, while clinics in the districts scored 44%, 42% and 40% respectively. In ZF Mgcawu DM, hospitals scored 42% and clinics 49%. Clinics in Pixley ka Seme DM scored 46% while hospitals scored 39%.

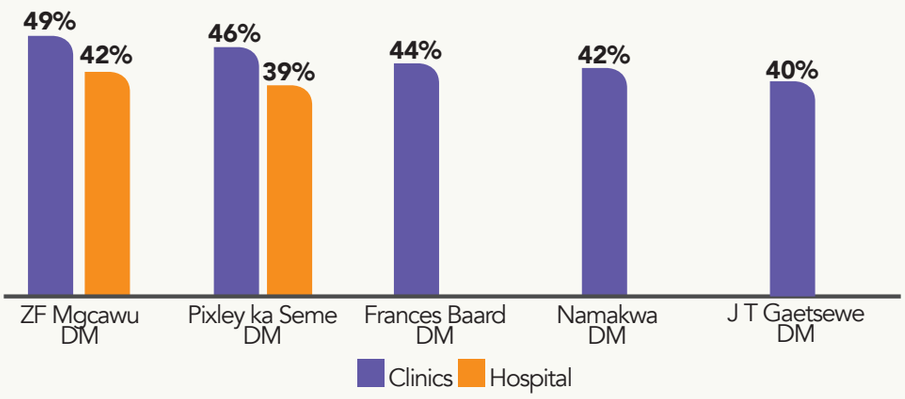


Figure 58: Average score by district

4.8.5 Average score by health establishments

Only two hospitals were inspected in the Province. Postmasburg Hospital had a score of 42% and De Aar Hospital scored 39%. Alexander Bay clinic scored 59%, while Lekkersing Clinic scored 26%.

4.8.6 Conclusion

Interviewed patients reported that they were treated in a caring and respectful manner by staff. Packages of services were displayed in most HEs, which helped to provide patients with information of services provided at the HEs. Laboratory services were accessible to facilitate diagnosis of the patients.

In general, most health establishments did not have documents to guide safety practice of the patients such as emergency disaster plan, Standard Operating procedures and proof of checking functionality and availability of drugs and equipment. It was also observed that there was lack of documents guiding the internal processes within the HE. The importance of health promotion and disease prevention was not actively promoted and practiced in most health establishments.

Report showed that in-service training of staff on patient safety, use of medical equipment and disaster management was not done in most HEs.

Packages of services were displayed in most HEs, which helped to provide patients with information of services provided at the HEs.

4.8.7 Recommendations

- **Quality Improvement Processes**

Structures within the HEs dealing with patients related data such as patient's safety incidences, complaints, patient experience of care should have a framework that includes identification of problems, data analysis and putting action plans to ensure quality improvement as well as measures to sustain quality by monitoring set timeframes.

- **Documentation**

Patient record documentation should be strengthened to ensure full assessment and treatment is provided for patients in line with treatment guidelines. Documents for clinical audits of all priority conditions should be available at the point of audit so as to follow up progress for continual improvement of patient care rendered. Activities within district and HEs relating to disease prevention, health promotion, staff wellness and

Policies, SOPs and terms of reference should be in place and authenticated to guide processes within HEs.

training should be documented.

Policies, SOPs and terms of reference should be in place and authenticated to guide processes within HEs. Systems to be in place to monitor the implementation of those policies and procedures.

- **Operational issues**

Operational plans, skills development plans, asset management, medical and non-medical equipment maintenance plans should be linked to budget and risk management plans, be implemented and monitored for effectiveness. For safety of the health care users, emergency disaster preparedness plans, and management of resuscitation trolleys need to be in place and communicated to all staff.

- **Assets and Contract management**

Contract management should state clearly responsibilities at all level of care. End users should be aware of the services that should be provide by services provider according to server level agreement. Assets should be monitored, and variances addressed at district and HEs level. Monthly and annual inventory records which indicate variances and redundant items should be kept at HE level.

- **Corporate Governance, Leadership and Supervision**

Leadership issues such as strategic management, monitoring and evaluation, risk assessment, supervision and implementation of in-service at HEs needs attention.

Governance structures should be strengthened and adhere to guidelines so as to provide appropriate oversight to assure quality. Terms of reference regarding responsibilities and accountabilities should be emphasised. Delegation of authority documents should be in place and implementation be monitored.

Table 43: Average score by functional areas

Clinic	
69%	Clinical Services
56%	Dispensary / Medicine Cupboard
36%	Maintenance Support
22%	Clinic manager
Hospital	
83%	Operating theatre incl cath labs
73%	Blood Services
69%	Therapeutic support services - Physio
69%	Generic wards / Measure is generic to any ward or day ward
69%	Accident and Emergency Unit
62%	Pharmacy
61%	Entrance/Reception and help desk
59%	Laboratory
59%	Cleaning Services
58%	Generic wards / Measure is generic to any ward or day ward
57%	Outpatient department
55%	Radiology
54%	Maternity Ward incl maternity theatres
54%	Mortuary Services
49%	Paediatric ward
48%	Infection Control
43%	Grand Total
43%	Food Services
42%	Waste Management
39%	Psychiatric ward
39%	Record archive/department
37%	Management information system
36%	Transport services-ambulances/Patient transport/Staff transport/Other vehicles
35%	Laundry Services
29%	Security Services
28%	Communications/PRO
27%	Facility Infrastructure
21%	Clinical Management Group
17%	Procurement
11%	Financial Management
10%	CSSD
10%	HR Management
10%	CEO or Hospital Manager
9%	Occupational health and safety
5%	Maintenance services includes garden
4%	Case Management
4%	Health technology Services

Compliance Status Framework : ≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.

Table 44: Average score by health establishments (n=33)

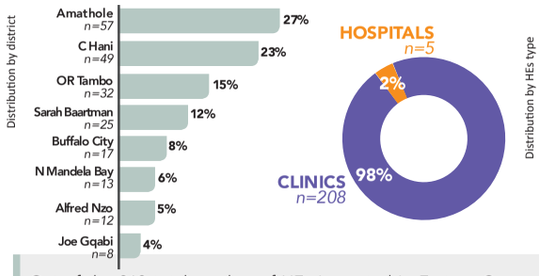
Clinic *(n=31)*	
59%	Alexander Bay
57%	Norvalspont
56%	Valspan
55%	Lowryville
55%	J Kempdorp Clinic
55%	Logobate
52%	Postmasburg Clinic
51%	Mataleng
50%	Port Nolloth Clinic
49%	Richmond Clinic
48%	Postdene Clinic
47%	Jerry Botha Clinic
47%	Eurekaville Clinic
45%	Deerward
45%	Boichoko Clinic
42%	Steinkopf
42%	Dithakong
42%	Kuyasa
40%	Kuboes Clinic
38%	Warrenvale
38%	Seoding
36%	Delportshoop
36%	Hanover Clinic
35%	Vioolsdrift Clinic
35%	Dingleton
35%	Campbell
34%	Pholong
34%	Glen Red
33%	Longlands
28%	Bothithong
26%	Lekkersing Clinic

Hospital *(n=2)*	
42%	Postmasburg Hosp
39%	De Aar Hosp

Compliance Status Framework : ≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.

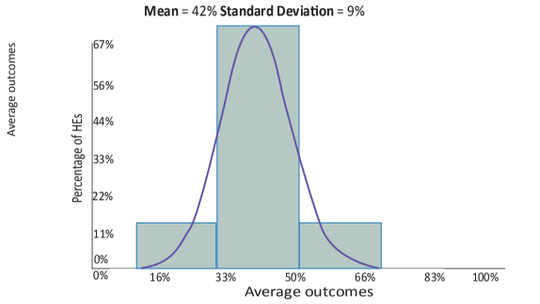
INFOGRAPHIC
EASTERN CAPE

I. DISTRIBUTION OF HES *n=213*



Out of the 213 total number of HEs inspected in Eastern Cape, 208 of the inspections making up 98% were conducted in clinics while 5, that is 2% of the inspections were conducted in hospitals. Amathole DM recorded the highest HE inspections making up 57, equal to 27% of HEs inspected, while Joe Gqabi DM recorded 8, equating to 4% of the total inspections and was the lowest.

II. AVERAGE OUTCOME SCORES BY HE TYPE *n=213*



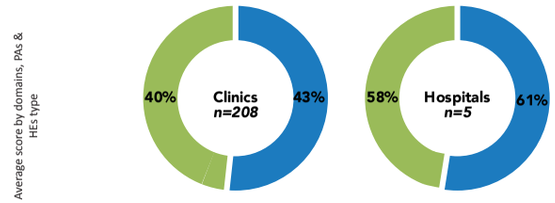
Average outcomes by HEs & FAs

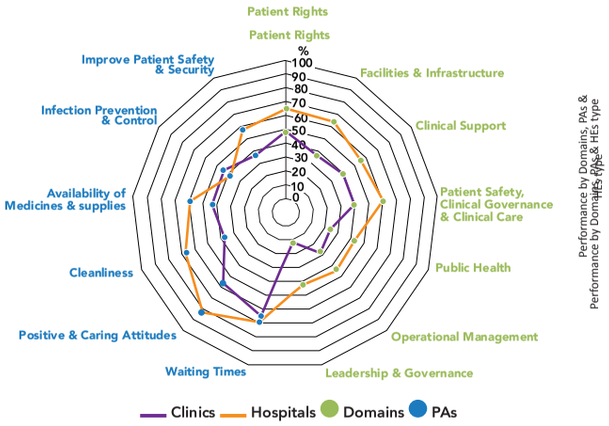
Compliance* %	HEs		FAs	
	Clinics n=208	Hospitals n=5	Clinics 4 FAs	Hospitals 42 FAs**
≥80	0	0	0	6
70-79	0	0	0	8
60-69	6	2	1	10
50-59	24	2	0	4
40-49	80	1	1	7
< 40	98	0	2	7

Eastern Cape had an average score of 42%. No clinics or hospitals had scores of between 70%-79% and greater than or equal to 80% and 98 clinics scored less than 40%. Six FAs for hospitals and No FAs for clinics scored greater than or equal to 80% while 7 FAs for hospitals and 2 FAs for clinics scored less than 40%.

*** Compliance Status Framework :**
≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.
**** Approximate Number FAs is 42**

III. AVERAGE PERFORMANCE BY DOMAINS AND PAs BY HE TYPE





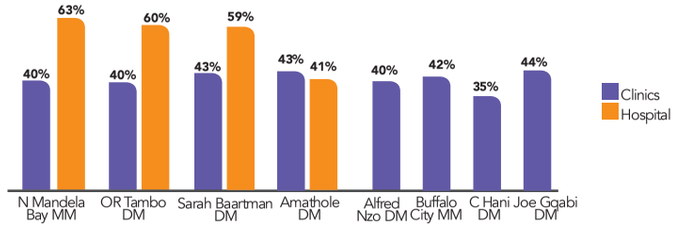
Average Performance by Domains & PAs

Domains	Clinics	Hospital
Patients Rights	49%	67%
Facility & Infrastructure	47%	63%
Clinical Support	40%	58%
Patient Safety/Clinical Governance/ Clinical Care	40%	60%
Public Health	26%	41%
Operational Management	23%	45%
Leadership & Corporate Governance	11%	42%

Priority Areas	Clinics	Hospital
Waiting Times	70%	68%
Positive& caring attitudes	58%	82%
Cleanliness	38%	68%
Availability of Medicines & Supplies	42%	60%
Infection Prevention & Control	39%	53%
Improve Patient Safety & Security	38%	59%

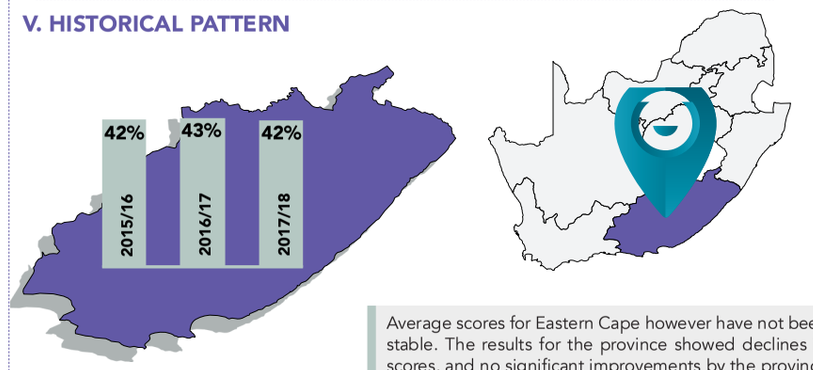
Provincial average score for hospitals in Eastern Cape was 58% for domains while clinics scored 40%. Hospital average score for PAs was 61% and clinics scored 43%.
– The domain Patient Rights scored 67% for hospitals and clinics 49%. The domain Leadership and Corporate Governance scored 42% for hospitals and 11% for clinics.
– Waiting Times scored 68% for hospitals and 70% for clinics. Improve Patient Safety & Security recorded a score of 59% for hospitals and clinics scored 38%.

IV. AVERAGE SCORE BY DISTRICT & HE TYPE



Hospitals in Nelson Mandela Bay MM scored 63% while hospitals in Amathole scored 41%. The clinics in Sarah Baartman DM and Amathole DM scored 43% each, while the clinics in Chris Hani DM and Joe Gqabi DM scored 35% and 44% respectively.

V. HISTORICAL PATTERN



Average scores for Eastern Cape however have not been stable. The results for the province showed declines in scores, and no significant improvements by the province in terms of its scores over the last three years. Eastern Cape has not only showed declines in scores, that is 42%, 43%, and 42%, but also had the lowest scores over the last three years.

VI. RECOMMENDATIONS

In line with the findings, the following are the overall recommendations:

– Implementation of the procedural regulations that ensures a degree of accountability through the person in charge following up on all non-compliant related matters to achieve compliance.
– Address human resources, leadership and corporate governances as well as infrastructural gaps as they are critical for effective functioning of any HE.
– Continual provision of training and support on the implementation of the NCS.
– Consider conducting a qualitative research to establish challenges that hinder HEs successful implementation of the NCS. Optionally case studies can be conducted to establish success factors which have enabled compliant HEs to achieve exceptional score.

4.9 EASTERN CAPE

For the financial year 2017/18, the Office of Health Standards Compliance inspected health establishments using inspection tools adapted from the National Core Standards. These mock inspections were conducted as part of overall strategies aimed at improving the quality of care and safety of the healthcare users as well as prepare health establishments once the norms and standards are promulgated as regulations. The regulations have since been promulgated in February 2018. Inspections were conducted in 213 of 830 HEs in Eastern Cape for the 2017/18 financial year.

4.9.1 Distribution of health establishments *(refer to figure 59 & figure 60)*

According to results, out of the 213 total number of HEs inspected in the Province, 208 of the inspections making up 98% were conducted in clinics while 5 that is 2% of the inspections were conducted in hospitals.

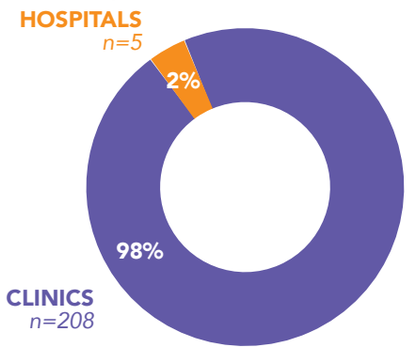


Figure 59: Distribution by HEs Type

Inspections from Eastern Cape were conducted in the following districts; Amathole DM, Chris Hani DM, OR Tambo DM, Sarah Baartman DM, Buffalo City MM, Nelson Mandela Bay MM, Alfred Nzo DM and Joe Gqabi DM. Amathole DM recorded 27% equal to of 57 HEs inspected, followed by Chris Hani DM which had 23% equivalent to 49 HE inspections, 32 HE inspections in OR Tambo DM making up 15% and 25 HE inspections in Sarah Baartman DM making up 12% of the inspections. Alfred Nzo DM recorded 12 HE inspections contributing to 5% of HEs inspected while Nelson Mandela Bay MM recorded 13 HE inspections making up 6% of inspections conducted in the Province. Lastly Joe Gqabi DM recorded 8 HE inspections making up 4% of the total inspections. A total of 56 clinics were inspected in Amathole DM, while 49 clinics were inspected in Chris Hani DM, 30 clinics inspected in OR Tambo DM and lastly 24 clinics were inspected in Sarah Baartman DM. No hospitals were inspected in Chris Hani DM, Buffalo CityMM and Alfred Nzo DM. One hospital was inspected in Amathole DM, and 2 hospitals inspected in OR Tambo DM. Eight clinics were inspected in Alfred Nzo DM and 12 clinics were inspected in Nelson Mandela Bay MM.

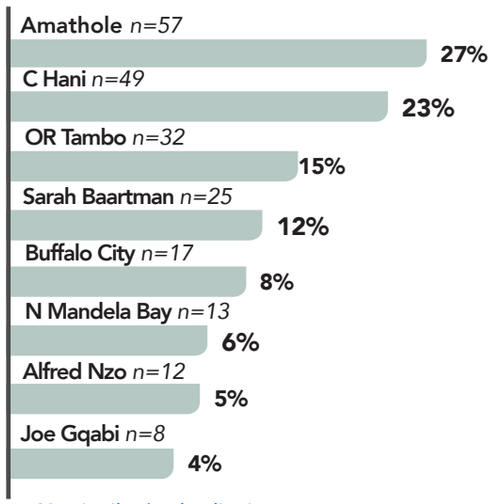


Figure 60: Distribution by district

4.9.2 Average outcome scores by health establishment type *(refer to figure 61 & table 29)*

Eastern Cape had an average score of 42%. Two

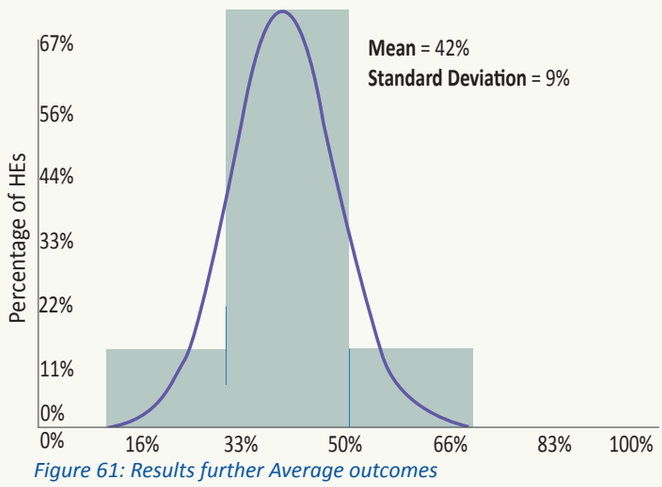


Figure 61: Results further Average outcomes

Table 45: Average outcomes by HEs & FAs

Compliance* %	HEs		FAs	
	Clinics n=208	Hospitals n=5	Clinics 4 FAs	Hospitals 42 FAs**
≥80	0	0	0	6
70-79	0	0	0	8
60-69	6	2	1	10
50-59	24	2	0	4
40-49	80	1	1	7
< 40	98	0	2	7

Compliance Status Framework :
≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant,
50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.
** **Approximate Number FAs is 42**

hospitals and 6 clinics attained scores between 60% and 69%. A total of 24 clinics and 2 hospitals attained scores between 50% and 59%. Average outcomes by HEs & FAs elucidated that 80 clinics and 1 hospital scored between 40% and 49%. Lastly 98 clinics scored less than 40%.

Table 47 - Eastern Cape revealed that 42 FAs and 4 FAs were analysed for hospitals and clinics respectively. Eight FAs for hospitals scored between 70% and 79%, while 10 FAs for hospitals and 1 FA for clinics scored between 60% and 69%. Four FAs for hospitals and no FAs for clinics scored between 50% and 59%. In addition, 7 FAs and 1 FA for hospitals and clinics scored between 40% and 49% respectively. Lastly, 7 FAs for hospitals and 2 FAs for clinics scored less than 40%.

4.9.3 Average score for domains and priority areas by health establishment type

(refer to figure 62, figure 63 & table 30)

Provincial average score by HEs for domains and PAs reflected that hospitals scored 58% in terms of domains while clinics scored 40%. In relation to compliance to PAs, hospitals scored 61% and clinics 43%.

A further breakdown of the results according to HE type reflected that hospitals scored 67% and clinics scored 49% for Patient Rights. Facilities and Infrastructure scored 63% for hospitals, while clinics scored 47%. Hospitals scored 58% and clinics 40% for Clinical Support, while Patient Safety/ Clinical Governance/ Clinical Care domain hospitals scored 60% and clinics 40%. Hospitals scored 41% and clinics 26% for Public Health. Operational Management score for hospitals was 45% and clinics 23%. Hospitals scored 42% and clinics 11% for the domain Leadership and Corporate Governance.

Results for Waiting Times revealed that hospitals and clinics scored 68% and 70% respectively. Positive and Caring Attitudes score for hospitals was 82% and clinics 58%. Cleanliness score for hospitals was 68% while clinics scored 38%. Availability of Medicines and Supplies scores for hospitals and clinics were 60% and 42% respectively. Infection Prevention and Control attained a score of 53% for hospitals and 39% for clinics. Lastly, Improved Patient Safety and Security score for hospitals was 59% and clinics scored 38%.

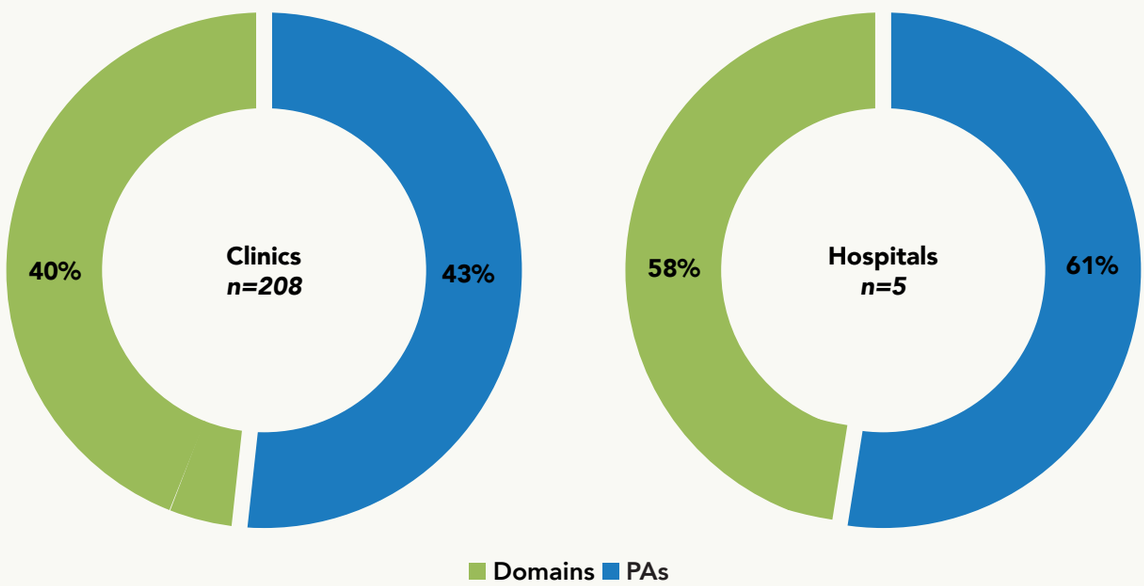


Figure 62: Average score by domains, PAs & HEs type

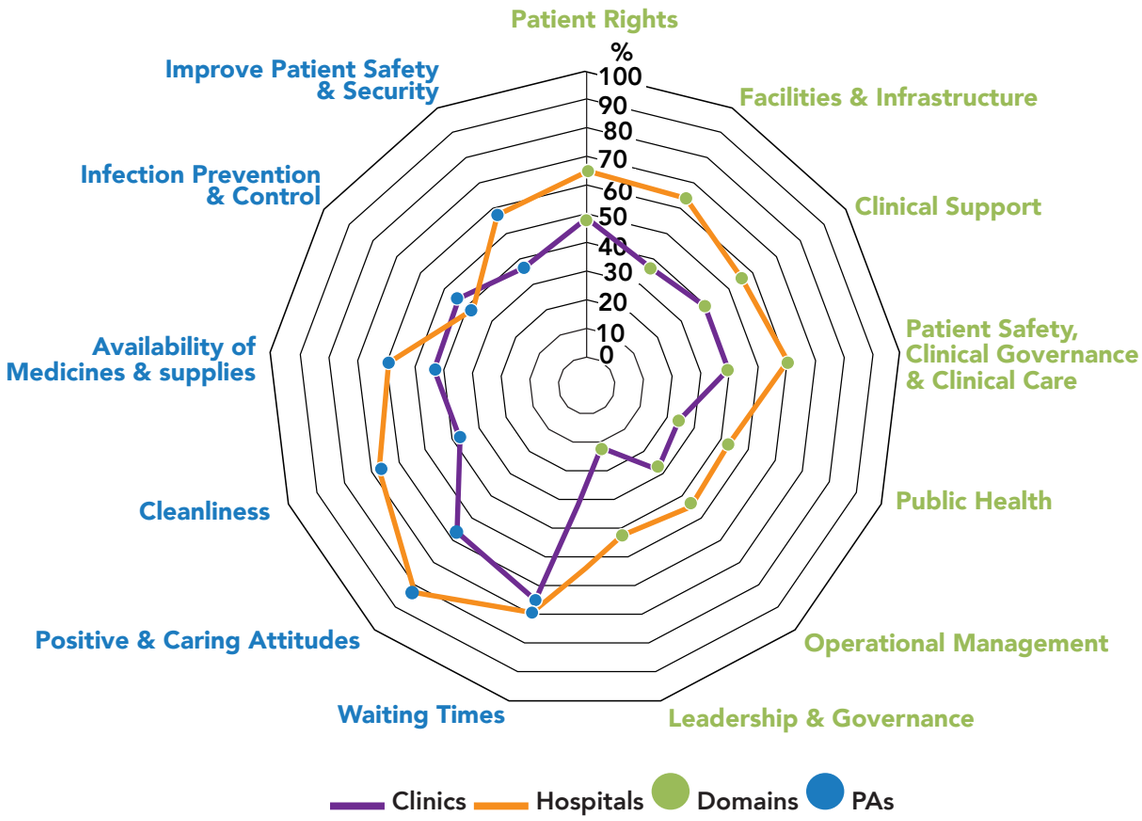


Figure 63: Performance by domains, PAs & HEs type

Table 46: Average performance by Domains & PAs

Domains	Clinics	Hospital
Patients Rights	49%	67%
Facility & Infrastructure	47%	63%
Clinical Support	40%	58%
Patient Safety/Clinical Governance/Clinical Care	40%	60%
Public Health	26%	41%
Operational Management	23%	45%
Leadership & Corporate Governance	11%	42%

Priority Areas	Clinics	Hospital
Waiting Times	70%	68%
Positive & Caring Attitudes	58%	82%
Cleanliness	38%	68%
Availability of Medicines & Supplies	42%	60%
Infection Prevention & Control	39%	53%
Improve Patient Safety & Security	38%	59%

4.9.4 Average score by district and health establishment type *(refer to figure 64)*

Clinics in Nelson Mandela Bay MM, OR Tambo DM and Alfred Nzo DM scored 40% for each district while hospitals in Nelson Mandela Bay MM scored 63% and 60% respectively. In Sarah Baartman DM, hospitals scored 59% while clinics scored 43%. No hospitals were inspected in Chris Hani DM and Joe Gqabi DM. The clinics in these districts scored 35% and 44% respectively.

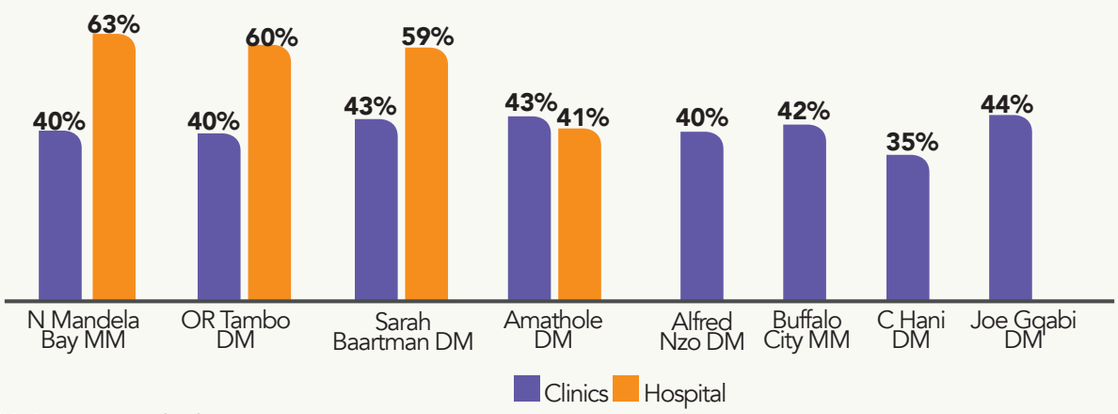


Figure 64: Average score by district

4.9.5 Average score by health establishments

(Refer to table 48)

Mqambeli Clinic scored 64%, while Mahlubini clinic scored 23%. Nelson Mandela Academic Hospital scored 64% while Komga Hospital had a score of 41%.

4.9.6 Conclusion

The findings in this report suggest that patients were treated in a caring and respectful manner by staff. In some area's patients had access to information and to health care services.

Regarding clinical support services the report demonstrated that Pharmaceutical services were legally compliant with South African Pharmaceutical Council while other support and diagnostic services such as Laboratory services were accessible to facilitate diagnosing of the patients.

Data was processed and analysed to provide report used by management for decision making, planning and quality improvement.

Waiting areas were appropriately located and provided adequate shelter and sitting for patients. Infrastructure was appropriately used according to level of care.

In general, most establishments did not have documents to guide safety practice of the patients such as emergency disaster plan, Standard Operating procedures and proof of checking functionality and availability of drugs and equipment. It was also observed that there was lack of documents guiding the internal processes within the HE. The importance of health promotion and disease prevention was not actively promoted and practiced in most health establishments.

Report showed that in-service training of staff on patient safety, use of medical equipment and disaster management was not done in most HEs.

Waiting times could have improved if there was proper monitoring of set targets and actions thereof.

4.9.7 Recommendations

- **Quality Improvement Processes**

Structures within the HEs dealing with patients related data such as patients' safety incidences,

complaints, patient experience of care should have a framework that includes identification of problems, data analysis and putting action plans to ensure quality improvement as well as measures to sustain quality by monitoring at set time-frames.

- **Documentation**

Regarding documentation whether for patient's administration or any other business process, there should be a trail of activities done at the HE. Documents for Clinical audits of all priority conditions should be available at the point of audit so as to follow up progress for continual improvement.

All activities within districts relating to disease prevention, health promotion, staff wellness should be documented, and evidence kept.

- **Operational issues**

Operational plans, skills development plans, asset management, medical and non-medical equipment plans, infrastructure plans should be linked to budget and risk management plans and be reviewed timeously. For safety of the health care users, emergency disaster preparedness plans and management of resuscitation trolleys need improvement.

- **Assets and Contract management**

Contract management should state clearly responsibilities at all level of care. End users should be aware of the services that should be provide by services provider according to server level agreement.

- **Corporate Governance, Leadership and Supervision**

Leadership issues such as strategic management, Monitoring and evaluation, risk assessment and supervision of In-service training especially in Primary health care should be given more attention. Governance structures should be strengthened and adhere to guidelines so as to provide appropriate oversight to assure quality. Terms of reference regarding responsibilities and accountabilities should be emphasised. Delegation of authority documents should be in place and be monitored.

> ***All plans should be linked to budget and risk management plans and be reviewed timely.***

> ***Governance structures should be strengthened and adhere to guidelines so as to provide appropriate oversight to assure quality.***

Table 47: Average score by functional areas

Clinic	
64%	Clinical Services
46%	Dispensary / Medicine Cupboard
28%	Maintenance Support
21%	Clinic manager
Hospital	
92%	Medical ward
91%	Surgical ward
88%	Laboratory
87%	Radiology
85%	Generic wards / Measure is generic to any ward or day ward
83%	Medical ward
79%	Blood Services
78%	Outpatient department
75%	Entrance/Reception and help desk
75%	Operating theatre incl cath labs
73%	Generic wards / Measure is generic to any ward or day ward
73%	Psychiatric ward
72%	Accident and Emergency Unit
70%	Operating theatre incl cath labs
67%	Therapeutic support services - Physio
67%	Paediatric ward
66%	Mortuary Services
66%	Maternity Ward incl maternity theatres
65%	Management information system
63%	Speciality wards and services/ICU/HCU/Burn units/Oncology/Dialysis Units
62%	Cleaning Services
61%	Financial Management
60%	Transport services-ambulances/Patient transport/Staff transport/Other vehicles
60%	Facility Infrastructure
59%	Laundry Services
58%	Pharmacy
54%	Waste Management
51%	Infection Control
49%	Food Services
48%	Record archive/department
45%	CEO or Hospital Manager
43%	Surgical ward
43%	Occupational health and safety
42%	Clinical Management Group
41%	Communications/PRO
39%	Maintenance services includes garden
39%	CSSD
37%	Security Services
34%	HR Management
29%	Procurement
19%	Case Management
11%	Health technology Services

Compliance Status Framework : ≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.

Table 48: Average score by health establishments (n=213)

Clinic *(n=208)*	
64%	Mqambeli
63%	St Francis Bay
61%	Kati-Kati
60%	Amabele
60%	Wartburg
60%	Nompumelelo Gateway
58%	Addo Clinic
58%	Soto
57%	Ethembeni
56%	Kenton-On-Sea
55%	Wittebergen
55%	Cumakala 2
55%	L Grange Clinic
55%	Tembisa NU 7
54%	SS Gida Gateway
53%	Kwazamukucinga
53%	Philani Clinic (KWT)
53%	Baviaans
52%	Fezeka NU 3
51%	Komga Clinic
51%	Ntaba ka Ndoda
51%	Ginsberg
51%	Mooiplaas
51%	Tantyi
51%	Sidwadweni
51%	Lenye
50%	Washington
50%	Zalara
50%	Dundee
50%	Mcambalala
49%	L Zingcuka
49%	Sangoni
49%	Cumakala 1
48%	Hackney
48%	Perksdale
48%	Zihlahleni
48%	Maxwele
48%	Shawbury
47%	Pellsrus
47%	Joe Slovo
47%	Umlamli Gateway
47%	Pal 2
47%	Mxalanga
47%	Zingisa NU 5
47%	Ndofela
47%	Andrieskraal Clinic
46%	Ngceza Clinic
46%	Jaji
46%	Gqaga
46%	Tyata Clinic
45%	Musong
45%	Elucwecwe
45%	Mhlopekazi
45%	Mpeko
45%	Ndabakazi
45%	Ntlangaza
45%	Tsembeyi
45%	Cwili
45%	Mjika
45%	Umtumase
45%	Twecu
45%	Bergsig
44%	Mbadango Clinic
44%	EL NU 17
44%	Mvenyane
43%	Bluegums
43%	Ncizele
43%	Middle Street
43%	Imidange
43%	Peelton
43%	Rabula
43%	Lotana
43%	Qina
43%	Plumstead
43%	Amantshangase
43%	Tora
42%	Mapuzi
42%	Zweledinga
42%	Ngwemnyama
42%	Palmietfontein
42%	Kwazenzele
42%	Gustav Lamour
42%	Glenmore
42%	Afsondering
42%	Sinebhongo
41%	Maqashu
41%	Potsdam
41%	Ngqwarha
41%	Du Preez Street
41%	Norah
41%	Mpoza Lus
41%	Malangeni
41%	Agnes Rest
41%	Qokolweni
41%	Kirkwood Clinic
41%	Jama
40%	Ntsimba
40%	Likhetlane
40%	Nomangesi Jayiya
40%	Rolweni
40%	Sada Clinic
40%	Mgwalana
40%	Gxulu
40%	Park Centre
40%	Mbotyi Clinic
40%	Mgwali
40%	Thornhill
40%	Elukholweni

Compliance Status Framework : ≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.

39%	Marselle
39%	Tabase
39%	Parkvale
39%	Engojini
39%	Ntshabeni
39%	Nkanya
39%	Wilo
39%	Matomela
39%	Tyali
39%	Magadla
38%	Khuze Clinic
38%	Ngcolora
38%	Cathcart Clinic
38%	Mjanyana Clinic
38%	Ndonga
38%	Mabandla
38%	Qolora-By-Sea
38%	Moore Street
38%	Isolomzi
38%	Mbokotwana
37%	Joza
37%	Pricesdale
37%	Tsolo
37%	Magwa
37%	Pefferville
37%	Tutura
37%	Debe Nek
37%	Macibe
37%	Weston
37%	Pal 1
36%	Qibira
36%	Lukhanyiso
36%	Zadungeni
36%	Drake Road
36%	Sonwabo Zandile
36%	Macacuma Clinic
36%	Ntlenzi
36%	Nqanda A
35%	Yonda
35%	Nququ
35%	Tsomo Village
35%	Ngqusi
35%	Brug Straat Clinic
34%	Kruisrivier
34%	Aspiranza
34%	Cwecweni
34%	Kwa-Nonqubela
34%	Gqogqora
34%	Bomvana
34%	Braelyn Clinic
34%	Thabachicha
34%	Edamini
34%	Ilita
33%	Zidindi
33%	Bilatye
33%	Masakhe
33%	Moses Mabida
33%	EL Central
33%	Oxton
33%	Stanford Terrace
32%	Xurana
32%	Sterkstroom Clinic
32%	Gqunqe
32%	Dordrecht Clinic
31%	Guba
31%	Cwele
31%	Alexandria Clinic
31%	Isikhoba
31%	Tela
30%	Hlala Uphilile
30%	Kwadwesi
30%	Boomplaas
30%	Shiloh
30%	Eluhewini
29%	Nkwenkwana
29%	Hamburg
29%	Masakhane (Hankey)
29%	Bolotwa (Cofim)
29%	Mdanjelwa
29%	Msendo
28%	Bokleni
28%	Springs Clinic
28%	Nompumelelo
28%	Mnyolo
28%	Zabasa
27%	Mqhele
27%	Mahlungulu (KSD)
27%	L Ngcana
26%	Kotyana Clinic
26%	Kambi
25%	Mbulukweza
25%	Lanti
25%	Mpame Clinic
25%	Hobeni Clinic
25%	Mpozolo
25%	Mgudu
24%	Sinqumeni
23%	Mahlubini
Hospital *(n=5)*	
64%	Nelson Mandela Academic Hospital
63%	Dora Nginza Hospital
59%	Humansdorp Hospital
56%	Dr Malizo Mpehle Hospital
41%	Komga Hospital

Compliance Status Framework : ≥80% compliant, 70-79% compliant with a requirement, 60-69% conditionally compliant, 50-59% conditionally compliant with serious concerns, 40-49% non-compliant, <40% critically non-compliant.

5. CONCLUSION AND RECOMMENDATIONS

This report presented results from public HE inspections conducted by the OHSC in line with its mandate to inspect compliance with NCS. The findings are for a total of 923 inspections conducted out of 3816 existing public sector HEs in South Africa, during the period of 2017/18. The results from the analysis gives a national view of HE's scores in terms of implementation of the NCS, in this regard data presented was from 36 hospitals and 887 clinics constituting to 24% of HEs inspected across the country.

The results indicate that HEs achieved an average score of 50%. A total of 393 HEs constituting 43% of HEs managed to attain scores greater than 50%. The findings showed that few HEs performed well in the period 2017/18 and were compliant to the norms and standards though with minor requirements for them to achieve a score equal and above 80%.

There were similar trends between provincial results and national results regarding distribution of HEs; clinics accounted to a higher percentage of HEs inspected compared to hospitals. In terms of overall scores by domains and PAs, hospitals attained higher scores compared to clinics in the majority of provinces.

The domain Patient Rights achieved a relatively high score across all provinces while Leadership and Corporate Governance domain had the lowest score. Results further indicated that Waiting Times was the PA which had the highest score while the PA which had the lowest score was Improved Patient Safety and Security. Results from most provinces for overall outcome scores for HEs were lower than the national average. Gauteng, Western Cape, KwaZulu-Natal and Mpumalanga provinces had scores which were higher than the national average score of 50%.

These findings can be used as a guide to key stakeholders for making evidence-based decisions to support the implementation of the NCS and overall strengthening of the health system in the country.

In line with the above findings the recommendations can be made:

- Efforts to implement strict follows up mechanisms for all non-compliant HEs to achieve compliance should be fortified.
- There is need for continuous provision of training and support on the implementation of the NCS.
- It may be worthwhile to consider conducting a qualitative research study to establish issues that hinder HEs in terms of successful implementation of the NCS. Case studies may also be conducted to establish possible success factors which have enabled compliant HEs to achieve above average scores and to identify challenges hindering non-compliant HEs to achieve compliance.
- There is need to address human resource, leadership and corporate governances issues in HEs including strategies to address current infrastructural gaps.