



Annual Inspection Report

| 2016/17 |



OHSC

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



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Office of Health Standards Compliance

Improving the quality of healthcare in South Africa

ANNUAL INSPECTION REPORT

2016/17



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Table of Contents

| | |
|--|-----------|
| Abbreviations | 1 |
| Foreword by the Acting Chairperson of the Board | 3 |
| Executive Summary | 4 |
| 1. BACKGROUND | 6 |
| 1.1. Legislative framework and other mandates: | 7 |
| 1.1.1. The National Health Act, 2003, (Act No. 61 Of 2003) As Amended (NHA) | 7 |
| 1.1.2. Policy Mandates | 8 |
| 2. METHODOLOGY | 10 |
| 2.1. Sampling of Health Establishments | 10 |
| 2.1.1. Inspection Teams | 11 |
| 2.1.2. Data collection instrument | 11 |
| 2.2. Types of inspections | 12 |
| 2.2.1. Routine Inspections | 12 |
| 2.2.2. Additional Inspections | 12 |
| 2.2.3. Notice of Inspection | 13 |
| 2.2.4. Inspection Process: Pre, during, Post inspections | 13 |
| 2.3. Data Analysis | 13 |
| 3. FINDINGS | 15 |
| 3.1 National Summary | 15 |
| 3.2 Performance Score by Province | 19 |
| 3.3 Performance Score per Six Priority Areas | 19 |



| | | |
|-----------|--|------------|
| 3.4 | Performance Score per Seven Domains..... | 22 |
| 3.5 | Provincial Summary Findings..... | 27 |
| 3.5.1. | Eastern Cape Province..... | 32 |
| 3.5.2. | Free State Province | 43 |
| 3.5.3. | Gauteng Province | 54 |
| 3.5.4. | KwaZulu-Natal Province | 64 |
| 3.5.5. | Limpopo Province | 74 |
| 3.5.6. | Mpumalanga Province | 82 |
| 3.5.7. | Northern Cape Province | 97 |
| 3.5.8. | North West Province | 102 |
| 3.5.9. | Western Cape Province..... | 112 |
| 4. | ADDITIONAL INSPECTIONS | 122 |
| 4.1. | Hospital Re-Inspections..... | 123 |
| 4.1.1. | Summary of hospital re-inspections..... | 124 |
| 4.2. | Community Health Centre Re-Inspections..... | 125 |
| 4.2.1. | Summary of CHC Re-Inspections | 126 |
| 4.3. | Clinic Re-Inspections..... | 127 |
| 5. | EARLY WARNING SYSTEM INSPECTIONS | 157 |
| 6. | DISTRICTS SUMMARY | 175 |
| 7. | CONCLUSION AND RECOMMENDATIONS | 177 |
| | APPENDIX A: List of Health Establishments and Overall Performance Score | 180 |
| | APPENDIX B: Dashboard – Hospitals | 203 |
| | APPENDIX B: Dashboard – CHC | 210 |
| | APPENDIX C: List of Tables and Figures | 214 |



Abbreviations

| | |
|----------------|-------------------------------------|
| A&E | Accident and Emergency |
| AED | Automated Electronic Defibrillator |
| AO | Administrative Officer |
| APP | Annual Performance Plan |
| ARV | Anti-Retroviral |
| AVG | Average |
| BOD | Burden of Disease |
| CEC | Certification Enforcement Committee |
| CEO | Chief Executive Officer |
| CHC | Community Health Centre |
| CSSD | Central Sterile Supply Department |
| CT | Computed Tomography |
| D | Developmental |
| DHP | District Health Plan |
| DPO | Disabled People's Organisation |
| DR | Document Review |
| DHIS | District Health Information System |
| E | Essential |
| EC | Eastern Cape Province |
| EDL | Essential Drug List |
| EMS | Emergency Medical Services |
| ET | Emergency Trolley |
| EWS | Early Warning System |
| FA | Functional Area |
| FS | Free State Province |
| GP | Gauteng Province |
| HAI | Healthcare Associated Infection |
| HCRW | Health Care Risk Waste |
| HE | Health Establishment |
| HOD | Head of Department |
| HP | Health Professional |
| HR | Human Resource |
| ICU | Intensive Care Unit |
| IPC | Infection Prevention and Control |
| IT | Information Technology |
| KZN | KwaZulu-Natal Province |
| LP | Limpopo Province |
| MP | Mpumalanga Province |
| MTP | Medium Term Plan |
| NC | Northern Cape Province |
| NCS | National Core Standards |
| NDOH | National Department of Health |

| | |
|----------------|--|
| NDP | National Development Plan |
| NGO | Non-Governmental Organization |
| NHA | National Health Act |
| NHI | National Health Insurance |
| NHLS | National Health Laboratory Service |
| NW | North West Province |
| OBS | Observation |
| OHS | Occupational Health and Safety |
| OHSC | Office of Health Standards Compliance |
| OPD | Out-Patient Department |
| OSD | Occupation Specific Dispensation |
| PDCA | Plan-Do-Check-Act cycle |
| PDP | Personal Development Plan |
| PEP | Post-Exposure Prophylaxis |
| PFMA | Public Finance Management Act |
| PHC | Primary Health Care |
| PI | Patient Interview |
| PMDS | Performance Management Development System |
| POPD | Paediatrics Outpatient Department |
| PRA | Patient Record Analysis |
| PROATIA | Promotion of Access to Information Act |
| PSIRA | Private Security Industry Regulatory Authority |
| PTC | Pharmacy and Therapeutics Committee |
| QIP | Quality Improvement Plan |
| RCA | Root Cause Analysis |
| RWOPS | Remunerated Work Outside Public Service |
| SAE | Serious Adverse Events |
| SAS | Statistical Analysis Software |
| SI | Staff Interview |
| SLA | Service Level Agreement |
| SOP | Standard Operating Procedure |
| TB | Tuberculosis |
| TOR | Terms of Reference |
| V | Vital |
| WC | Western Cape Province |
| WHO | World Health Organization |
| WSP | Workplace Skills Plan |
| X | Extreme |

Foreword by the Acting Chairperson of the Board



The main objective of the Office of Health Standards Compliance (OHSC) is to protect and promote the health and safety of people as the cornerstone of quality healthcare. Citizens, as consumers of healthcare, increasingly expect decent services from health facilities. It is critical that the OHSC ensures that health establishments deliver safe quality care in line with its mandate to “protect and promote the health and safety of users of health services by monitoring compliance with the National Core Standards (NCS)”. The OHSC remains committed to strengthening leadership and good governance through its oversight and accountability roles.

The team of inspectors have been conducting inspections in public sector health establishments across the country as one of the mechanisms to determine whether healthcare facilities meet required standards of care, that good practice is identified gaps in the health system and areas for improvement are addressed.

The OHSC process of monitoring inspections covers the implementation of clinical guidelines, protocols, effective referral systems and leadership and governance in line with the National Health Insurance (NHI) policy.

In achieving its mandate of ensuring good governance, accountability and monitoring compliance with norms and standards by health establishments, the OHSC is pleased to present the Annual Inspection Report of public sector health establishments inspected during the 2016/2017 financial year. The results indicate that most well performing health establishments are perceived to be providing acceptable levels of care.

Quality assurance leading to improvement is the outcome of a concerted effort by the regulator and the regulated entity. The OHSC makes findings on compliance that help health establishments to identify areas of non-compliance which should be used as guidance in developing quality improvement plans and subsequently being able to address the gaps.

The gaps identified during 2016/2017 are similar to previous findings such as effective governance structures in the majority of health establishments were not available, impacted negatively on leadership or, where in place, there was no evidence of oversight, accountability and good management.

The publication of the Annual Inspection Report is a significant opportunity for health system managers, as a collective, to identify and recognise success and effort in ensuring that all the health establishments receive support and oversight needed. The OHSC will continue to monitor and enforce compliance by health establishments with the health standards in relation to the national health system as a way of protecting and promoting the health and safety of users of healthcare services.

A handwritten signature in black ink, appearing to read 'Oaitse Montshiwa', written over a horizontal line.

Ms Oaitse Montshiwa
Acting Chairperson

Executive Summary

Introduction

In 2013, the OHSC was established following 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 health establishments 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 health establishments in a procedurally fair, economical and expeditious manner.

Aim of the Annual Inspection Report

The aim of the Annual Inspection Report is to present findings of public sector health establishments inspected by the OHSC to monitor compliance with the National Core Standards (NCS) during the 2016/2017 financial year in South Africa.

The NCS define fundamentals for quality of care based on six dimensions of quality listed below: Acceptability, Safety, Reliability, Equity, Accessibility, and Efficiency. The model below depicts the seven domains of the six Ministerial Priority Areas embedded mainly in Patient Rights; Patient Safety, Clinical Governance and Care and Clinical Support Service domains. The figure below illustrates the Structure of the seven domains.



Figure 1: Structure of the seven domains.

The NCS structured assessment tools were used to collect data during inspections across the seven domains namely: Patient Rights; Patient Safety, Clinical Governance and Clinical Care; Clinical Support Services; Public Health; Leadership and Governance; Operational Management and Facilities and Infrastructure. A total of 851 routine inspections were conducted with 201 of these facilities re-inspected. Inspection data was captured on District Health Information System (DHIS) data entry forms and exported for analysis to Statistical Analysis Software (SAS) version 9.4.

Overall findings on the domains:

During 2016/17 OHSC advanced its efforts and inspected 696 public health facilities and 204 additional inspections were conducted. Of these additional inspections, 155 were carried out within 6 months from the first inspection. The number and effort of inspections will need to increase in the coming years to include inspections in the private health facilities.

Inspected health facilities yield scores across 7 domains of quality. National average score was 59% in hospitals, 50% in Community Health Centres (CHCs) and 47% in clinics.

The highest average percentage outcome score among provinces was 61% from Gauteng whilst Eastern Cape and Limpopo provinces had the lowest average percentage outcome score of 43%. Provinces should maximise their efforts and introduce strategies in districts and lower levels to improve their average percentage outcome scores.

Of the 7 domains, the domain Patient Safety, Clinical Governance and Care had the average performance score of 63% in hospitals, 48% in CHCs and 47% in clinics. Clinics and CHCs should receive focus and be assisted to improve their average performance scores as they are the centre of primary health care.

The average percentage score for the Ministerial Priority Areas: Patient Safety, Values and Attitudes, Waiting Times and Availability of Medicines and Supplies ranged from 60% to 69% in hospitals, 48% to 65% in CHCs and 45% to 64% in clinics. There were notable improvements and decline in scores amongst the re-inspected health establishments in relation to the time elapsed between the first and subsequent inspections. Hospitals that were re-inspected after a time lapse greater than 2 years showed a significant decline of 20% and above. Following re-inspections, the scores generally improved in the majority of health establishments; however, none of the health establishments reached a compliance status of 80%.

A total of 28 health establishments were identified using various sources of information to prioritise inspections. The findings of these inspections are based on the NCS linked to the Early Warning Systems. This system is a critical enabler for the OHSC as it plays a key role in identifying high risk health establishments which are prioritised for inspections or investigations.

The provincial summary section will show performance of health establishments inspected per province and performance status in line with the Compliance Judgement Framework. Appendix A summarises the overall performance scores for individual health establishments by province. The District summary section shows average performance of the health establishments assessed in each district including the NHI sites. The lowest average performance score for NHI pilot site districts was for Vhembe district in Limpopo at 42% whilst the highest was for Tshwane district in Gauteng at 70%.

1

BACKGROUND



1. Background

Legislative framework and other mandates:

1.1.1. The National Health Act, 2003, (Act No. 61 Of 2003) as Amended (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 healthcare and safety standards in health establishments through the process of setting and assessing against regulated norms and standards for quality care.

The powers to protect and promote health and safety are defined below:

| 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: | 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) | Advise on the review of norms and standards - S79(1)(a) |
| Inspect and certify health establishments as compliant or non-compliant with norms and standards and withdraw certification - S79(1)(b) | Publish information in relation to prescribed norms and standards through the media, and where appropriate to specific communities - S79(1)(f) |
| Investigate complaints relating to breaches of prescribed norms and standards- S79(1)(c) | Recommend quality assurance and management systems for the national health system - S79(1)(g) |
| Monitor indicators of risk as an early warning system relating to serious breaches of norms and standards - S79(1) (d) | Issue guidelines for the benefit of health establishment on the implementation of prescribed norms and standards - S79(2)(a) |
| Identify areas and make recommendations for intervention - S79(1) (e) | Collect or request any information relating to prescribed norms and standards from health establishments and users - S79(2)(b) |
| Collect or request any information relating to prescribed norms and standards from health establishments and users - S79(2)(b) | Liaise with any other regulatory authority in respect of matters of common interest-S79(2)(c) |
| Liaise with any other regulatory authority in respect of matters or a specific complaint and investigation - 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 the independent entity mandated to promote quality by measuring, benchmarking and certification of actual compliance against quality norms and standards. A specific OHSC focus is on achieving common basic standards of healthcare in the public and private sector.

The National Health Insurance (NHI)

The NHI is based on the principles of Universal Health Coverage and 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, provide financial risk protection to individuals and households by reducing direct costs when accessing healthcare. An effective and well-functioning quality health system with norms and standards that are implemented effectively is essential for the successful implementation of the NHI. The NHI Policy published in June 2017 states that the OHSC will oversee certification of health establishments to ensure compliance with quality standards. Health establishments that are compliant with certification requirement of the OHSC and meet set quality norms and standards will be accredited by the NHI Fund as part of strategic purchasing. In addition, healthcare services will be in an integrated system of accredited and contracted public and private providers. The OHSC monitoring inspections process covers the implementation of clinical guidelines, protocols, effective referral systems and leadership and governance and these are in line with the policy and implementation of the NHI.

The National Core Standards (NCS)

The NCS were published as National Policy following the approval by the National Health Council and issued by the Minister in February 2011. The purpose of the NCS is to develop a common definition of quality care which should be found in all health establishments in South Africa, as a guide to the public and to managers and staff at all levels; establish a benchmark against which health establishments 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. Furthermore, the NCS assist managers in proactively establishing and implementing systems and processes to avoid the most critical risks to quality care or reduce their impact as identified by South African policy context based on existing policies, protocols of the National Department of Health (NDoH), the National Treasury, the Department of Public Service and Administration and the King guidelines on corporate governance.

The NCS are intended to set out the basics for quality of care from these 6 dimensions of quality: acceptability, safety, reliability, equity, accessibility, efficiency, methodology and alignment with current policies and protocols.

2

METHODOLOGY



2. Methodology

In line with the strategic objective of the OHSC, inspections were conducted to monitor compliance with National Core Standards (NCS). The target for 2016/17 financial year was to conduct inspections in 649 of 3816 (17%) public health establishments. The target for re-inspections during 2016/17 was to re-inspect 35% of the health establishments that scored 50% and below.

The inspection teams utilised the National Core Standard structured assessment tools to collect various types of evidence within a period of 6 months for both compliant and non-compliant measures.

2.1. Sampling of health establishments

The sampling strategy took into consideration the distance between the health establishments, budget, time and number of inspectors, for a given inspection week. A multi-stage strategy was used to select facilities to be inspected, starting with province selection first then the district(s) within the selected provinces; thereafter the sub district(s) within the selected districts. Within the sub-districts selected, facilities were generally conveniently sampled based on their location. Facilities that were previously inspected were excluded unless they met the criteria for re-inspection.

The projected number of health establishments that were to be inspected per province to achieve the 17% coverage across the different levels of care are summarized in table 1 and table 2 below.

Table 1: Summary of Inspections targeted in public health establishments per the level of care in the nine provinces for 2016/17.

| Period | Health Establishment Type | Total Number of HE targeted for inspection | Total Number of HE | Expected coverage | Overall targeted Percentage |
|---------|---------------------------|--|--------------------|-------------------|-----------------------------|
| 2016/17 | Clinics | 538 | 3167 | 17% | 17% |
| | CHC | 56 | 324 | 17% | |
| | Hospitals | 55 | 325 | 17% | |
| | | 649 | 3816 | 17% | |

Table 2: Breakdown of targeted public health establishment by Province for 2016/17.

| Province | No of Districts | Sub districts | No of HE | Number of Clinics targeted | Number of CHCs targeted | Number of Hospitals targeted | Total Number of HE targeted |
|----------|-----------------|---------------|-------------|----------------------------|-------------------------|------------------------------|-----------------------------|
| EC | 8 | 26 | 830 | 124 | 7 | 11 | 142 |
| FS | 5 | 22 | 245 | 36 | 2 | 4 | 42 |
| GP | 5 | 27 | 393 | 55 | 6 | 5 | 66 |
| KZN | 11 | 51 | 643 | 94 | 3 | 12 | 109 |
| LP | 5 | 25 | 577 | 86 | 5 | 7 | 98 |
| MP | 3 | 18 | 313 | 40 | 9 | 5 | 54 |
| NC | 5 | 27 | 173 | 22 | 5 | 2 | 29 |
| NW | 4 | 19 | 331 | 45 | 8 | 3 | 56 |
| WC | 6 | 32 | 311 | 36 | 11 | 6 | 53 |
| | 52 | 247 | 3816 | 538 | 56 | 55 | 649 |

2.1.1 Inspection Teams

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

- Clinic – full day;
- Community Health Centre (CHC) – full day;
- Regional and District hospitals – three days; and
- Provincial Tertiary/ Central hospitals – four days.

The following functional areas were inspected according to the level of care.

Table 3: Functional areas inspected according to the level of care.

| Level of care | Management component | Clinical component | Support services | |
|---------------|---|---|-----------------------|----------|
| Clinics | Clinic Manager Maintenance and support | Clinical services | Pharmacy/ cupboard | Medicine |
| CHC | Clinic manager Maintenance and support | Accident and Emergency unit Maternity Obstetrics unit Clinical services Generic ward | Pharmacy | |

| Level of care | Management component | Clinical areas | Administrative | Support Services |
|---------------|---|---|--|---|
| Hospitals | CEO/ Hospital Manager Clinical Management Group Infection control HR management Procurement Communications/PRO Management information systems Case management Occupational Health & Safety Financial management Facility infrastructure | Medical ward Surgical ward Maternity ward Paediatric ward Generic ward Intensive care or high care units Operating theatre Psychiatric Ward Out-patient Department Accident and Emergency unit | Waiting areas Record archive/ department Entrance, reception and help desk Public areas | Blood services Laboratory Health technology services Pharmacy Radiology Therapeutic support services: Physio Facilities and Infrastructure Mortuary services CSSD Cleaning services Food services Laundry services Maintenance services including gardens Waste management Transport services Security services |

2.1.2. Data collection instrument

Inspections were conducted using the NCS assessment tools for clinics, CHCs and hospitals.

The inspection evidence was collected using various methods listed below:

- Review of documentation (such as policies and Standard Operating Procedures (SOPs); Service Level Agreements (SLA) and minutes of meetings);
- Observations of the surroundings in clinical areas;
- Interactions between providers and patients;
- Structured interviews of patients and staff;
- Assessment of patients' records; and
- Photographs.

2.2 Types of inspections

2.2.1 Routine Inspections

It is an unannounced inspection conducted at health establishments using the NCS to determine the compliance status. The inspection is to be conducted every four years.

Inspected health establishment comprised of Clinics, CHCs and hospitals. A total of 851 routine inspections were conducted and surpassed the target of 649 during the 2016/17 financial year across all nine provinces.

2.2.2 Additional Inspections

An additional inspection is conducted as per section 82(1) of the Act, for the following conditions:

- To establish whether non-compliance identified during the first inspection has been remedied within the health establishment;
- The health establishment is contravening the Act or any relevant regulations;
- If there are serious breaches of norms and standards by the health establishment, based on the indicators of risk; or
- The Ombud's findings demonstrate that continued exposure to the healthcare services provided by health establishment may pose a severe risk to users or healthcare personnel.

2.2.3 Notice of Inspection

The inspections were unannounced as provided for in the Act and upon arrival, the inspection Team Leader handed the Notice of Inspection to the Chief Executive Officer of the hospital and the Operational Manager of a primary healthcare facility or any delegated person in charge of the health establishment. 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 in the health establishment expected to take part in the inspection; the contact details of the inspector primarily responsible for the inspection and the responsibilities of the health establishment.

2.2.4 Inspection Process

The Inspection process followed a logical plan, which required that the processes of the inspectorate unit quality improvement cycles be continuously part of how things are done; resulting in continuous improvement in the tools and methods of the process. Each major step within the process had a series of sub steps, which were defined within the Standard Operating Procedure document or Inspectors Manual.

2.3 Data Analysis

The data was captured using the District Health Information System (DHIS) 112 data entry form. The data was exported to MS Excel and analysed with 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 represented non-compliant measures and the 1 represented compliant measures. Checklists were also used to score performance of measures. The overall score for checklists was obtained by dividing the number of compliant items on the checklist by the number of applicable items and, therefore, 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% and Developmental=10%.

Overall 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 measure as the denominator. This formula was used to determine scores in the different level of care namely hospitals, CHC's and clinics. For each province, average Ministerial Priority Area scores, average domain scores and average sub-domain scores were calculated.

To visualise the score results, graphs and tables were produced using Microsoft Excel and Statistical Analysis System (SAS).

3

FINDINGS



3. Findings

3.1 National Summary

Table 4: Number of inspections conducted in public health facilities in the nine provinces.

| Health Establishments | EC | FS | GP | KZN | LP | MP | NW | NC | WC | Total |
|-------------------------------|------------|-----------|------------|------------|------------|-----------|-----------|-----------|-----------|------------|
| Clinics | 187 | 67 | 95 | 95 | 144 | 41 | 56 | 31 | 51 | 767 |
| CHCs | 5 | 3 | 1 | 1 | 4 | 4 | 5 | 8 | 3 | 34 |
| District Hospitals | 9 | 4 | 1 | 4 | 4 | 4 | 3 | 2 | 4 | 35 |
| Regional Hospitals | 1 | 1 | 4 | 3 | 1 | 0 | 1 | 0 | 1 | 12 |
| Provincial Tertiary Hospitals | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 2 |
| Central Hospitals | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Total | 202 | 75 | 102 | 103 | 153 | 50 | 65 | 42 | 59 | 851 |

Table 5: Number of health establishments inspected in public health facilities in the nine provinces.

| Health Establishments | EC | FS | GP | KZN | LP | MP | NW | NC | WC | Total |
|-------------------------------|------------|-----------|-----------|-----------|------------|-----------|-----------|-----------|-----------|------------|
| Clinics | 150 | 43 | 74 | 87 | 102 | 37 | 56 | 26 | 44 | 619 |
| CHCs | 3 | 3 | 1 | 1 | 3 | 4 | 5 | 8 | 3 | 32 |
| District Hospitals | 7 | 3 | 1 | 4 | 4 | 4 | 3 | 2 | 4 | 32 |
| Regional Hospitals | 0 | 1 | 4 | 3 | 1 | 0 | 1 | 0 | 1 | 11 |
| Provincial Tertiary Hospitals | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 2 |
| Central Hospitals | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Total | 160 | 50 | 81 | 95 | 110 | 46 | 65 | 37 | 52 | 696 |

Table 5, above highlight the number of inspections conducted and table 4 shows the number of HEs inspected during 2016/17. The number of inspections conducted would be higher than the HEs as some of the facilities had additional inspections conducted based on performance outcome of non-compliance of the first inspection or facilities identified through the EWS surveillance.

A total of 851 inspections were conducted during 2016/17. The highest number of inspections were in the EC and LP provinces respectively. The NC province had the lowest number of inspections of all the provinces.

Average scores by province

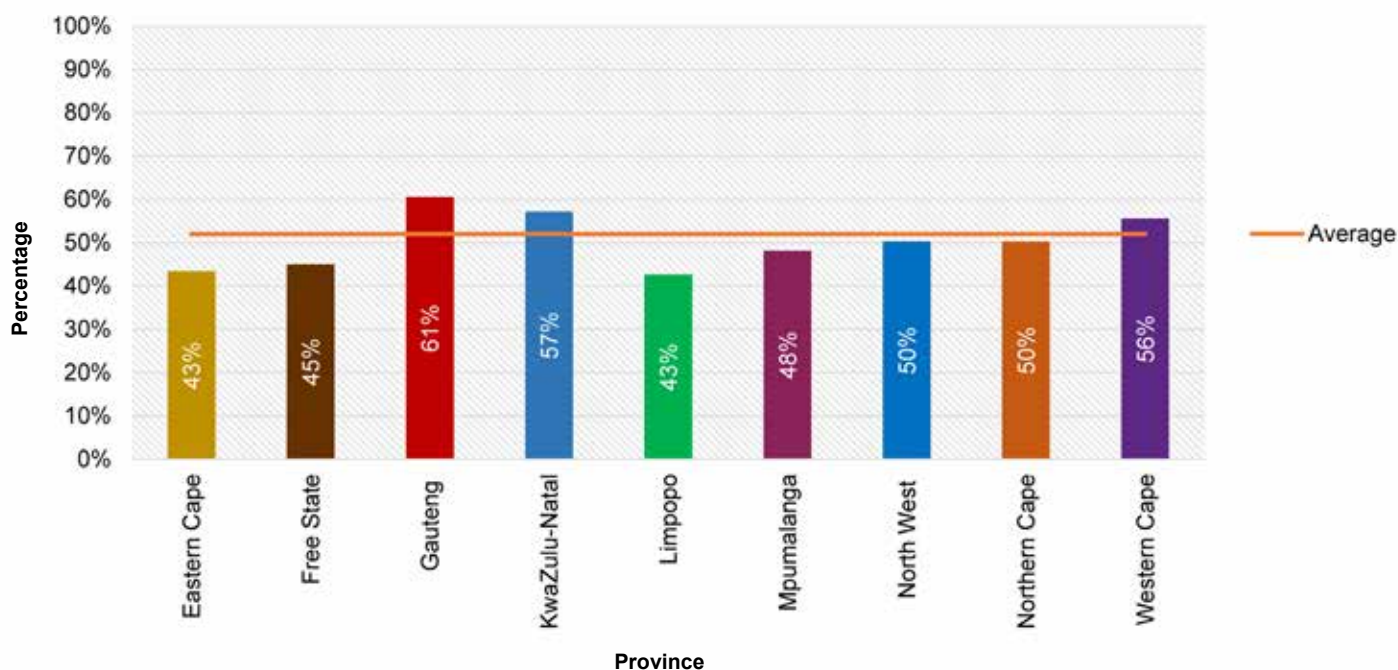


Figure 2: Average scores by province.

The figure above illustrates the national average percentage outcome of 52%, out of the 9 provinces three provinces: Gauteng (61%), KwaZulu-Natal (57%), and Western Cape (56%) had an average percentage outcome scores higher than the national average. Eastern Cape and Limpopo provinces had the lowest average percentage outcome score of 43%.

Improving quality of care in public sector facilities across provinces (especially provinces with scores that are lower than the national average) should be an absolute priority by the National Department of Health. The ideal clinic initiative should be strengthened to promote quality care improvement in HEs in provinces.

Average scores by facility type

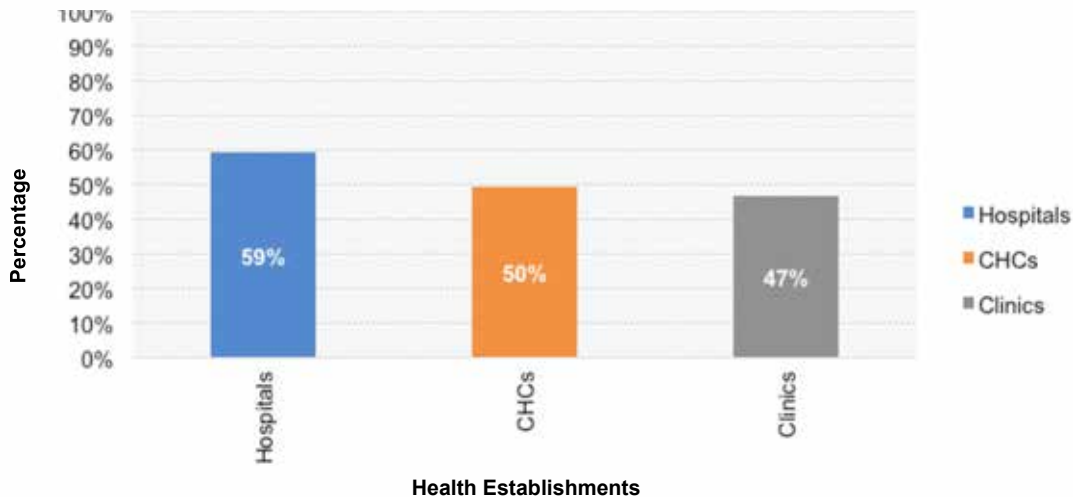


Figure 3: Average scores by facility type.

The figure above shows the national average percentage outcome score per facility type. Of the HEs analysed, 1 was a central hospital, 2 provincial tertiary hospitals, 12 regional hospitals and 35 District hospitals with an average outcome score of 59%; 34 CHCs scored an average of 50% and 768 clinics scored an average of 47%.

Overall, hospitals had higher scores than CHCs and clinics. In line with strengthening primary healthcare in the country, it is imperative that the level of healthcare quality is improved in such HEs. Health services at public sector clinics, community health centres and district hospitals are most widely used by lower socio-economic groups and are the most pro-poor health services available in South Africa. Promoting equitable access to quality healthcare therefore requires a particular emphasis on ensuring quality within clinics and CHCs.

Average scores by facility type and province

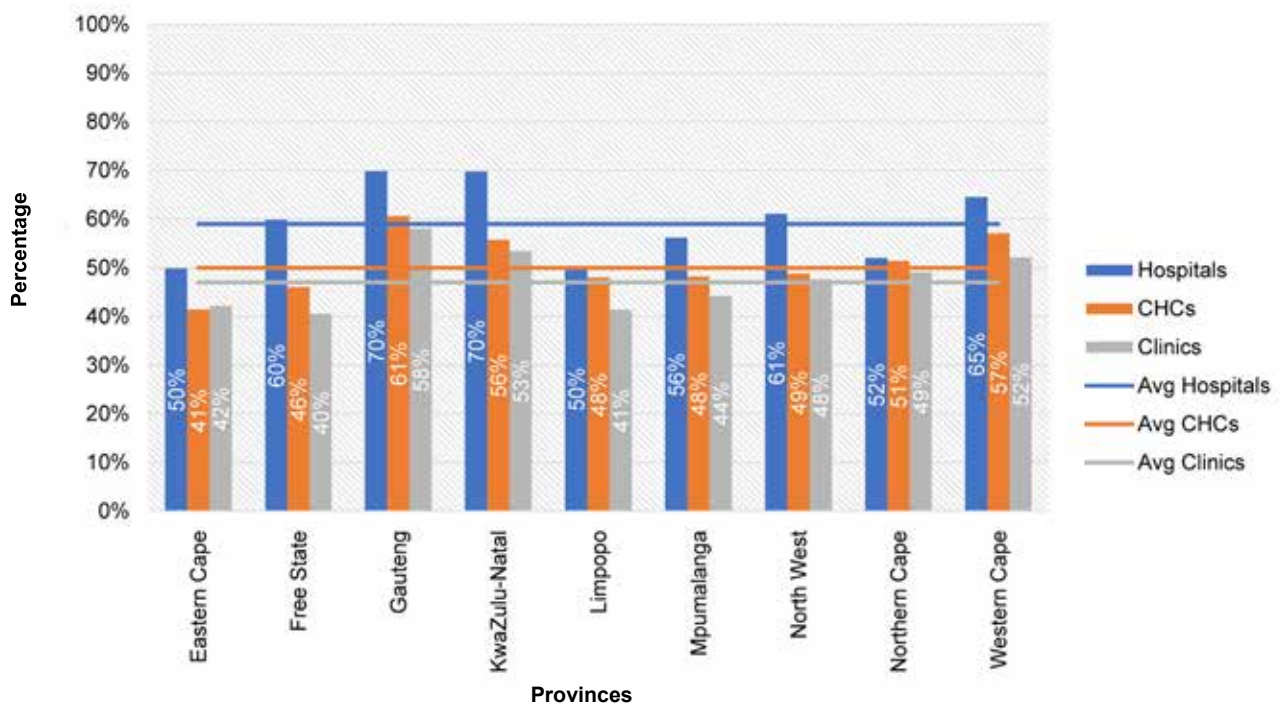


Figure 4: Average scores by facility type and province.

The figure above shows average percentage outcome scores per facility type by provinces. The 3 horizontal lines represents the national average percentage outcome scores. Hospitals in Gauteng, KwaZulu-Natal, Western Cape, North West and Free State provinces had average percentage outcome scores above the national average score of 59%. CHCs in Gauteng, KwaZulu-Natal, Western Cape and Northern Cape provinces had average percentage outcome scores higher than the national average score of 50%. Clinics in Gauteng, KwaZulu-Natal, Western Cape, Northern Cape and North West provinces had average percentage outcome scores higher than the national average of 47%. Overall, hospitals had average percentage outcome scores higher than CHCs and clinics.

Average scores by domain and facility type

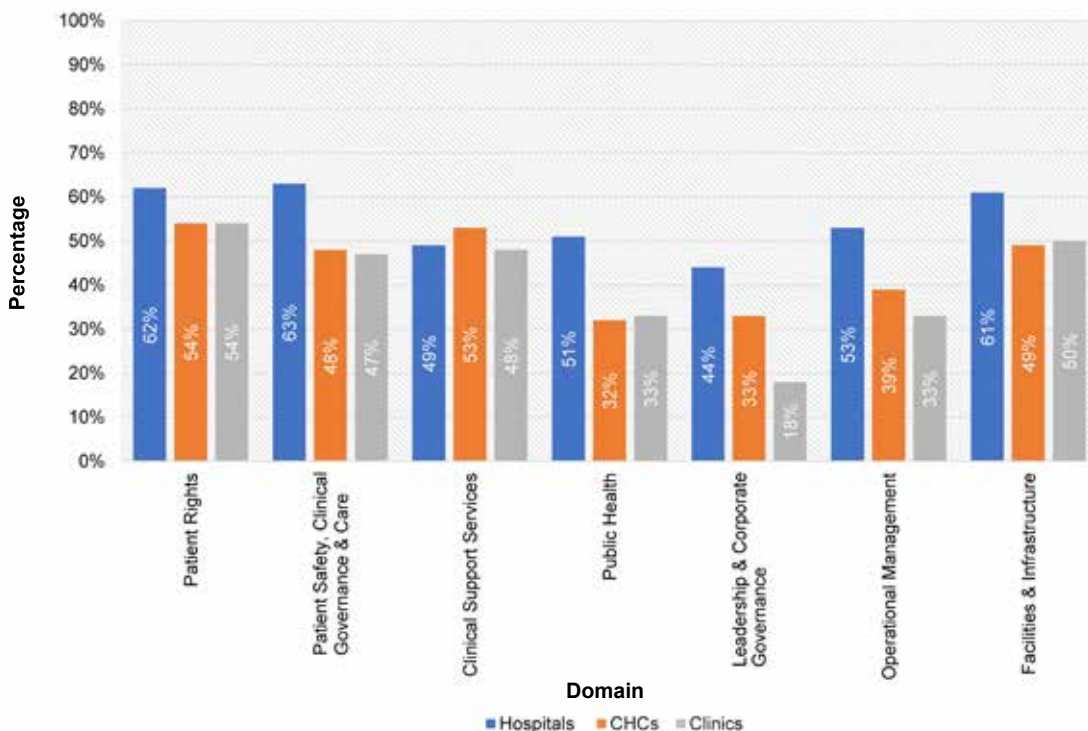


Figure 5: Average scores by domain and facility type.

The figure above demonstrates that of 7 domains, the domain Patient Safety, Clinical Governance and Care average performance score for hospitals was 63% while the domains patient rights and facilities and infrastructure had the hospital average performance scores of 62% and 61% respectively. The lowest average performance score for hospitals was for the domain on Leadership and Corporate Governance which had a score of 44%. Overall, the performance scores for hospitals were higher than those of CHCs and Clinics across all domains except for Clinical Support Services domain where CHCs had an average performance score of 53% whilst hospitals and clinics obtained scores of 49% and 48% respectively.

Average scores by Ministerial Priority Areas and facility type

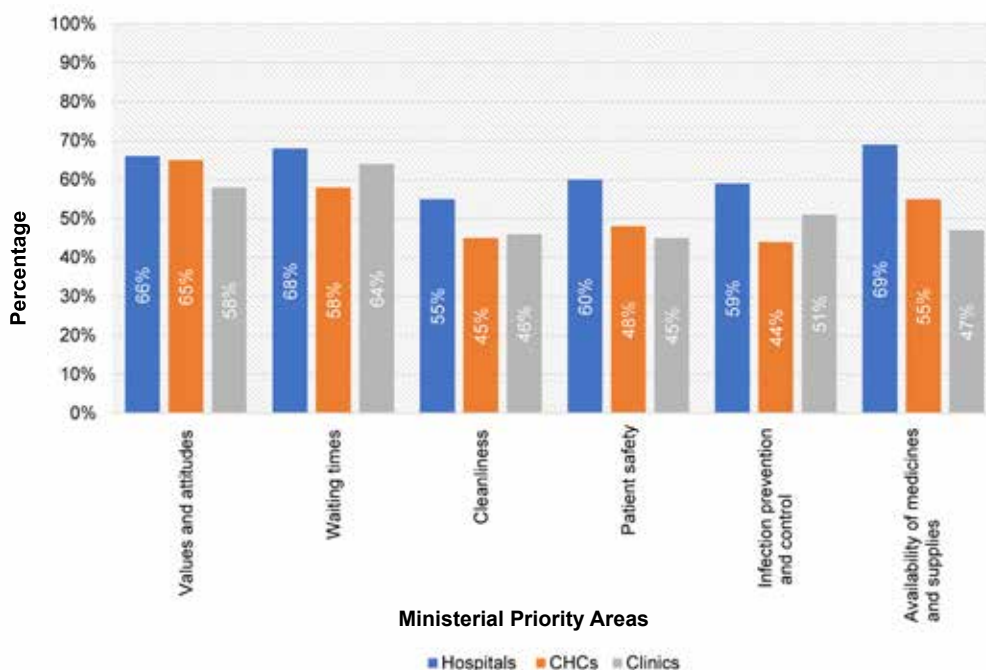


Figure 6: Average scores by Ministerial Priority Areas and facility type.

The figure above shows that the average percentage score for the following Ministerial Priority Areas; Patient Safety, Values and Attitudes, Waiting Times and Availability of Medicines and Supplies for hospitals ranged from 60% to 69%. Hospitals in cleanliness and infection prevention and control had average performance scores of 55% and 59% respectively. Overall, hospitals had higher average performance scores compared to CHCs and clinics.

3.2 Performance Scores by Provinces

Overall average percentage outcome scores per province from 2014/15 to 2016/17



Figure 7: Overall average percentage outcome scores per province.

Figure 7 shows the average percentage outcome scores by provinces from 2014/15 to 2016/17. Most provinces did not show significant improvement in average scores across the three financial years except EC province. GP and KZN provinces had the highest average percentage scores in comparison to other provinces. Meanwhile, EC and LP provinces had the lowest percentage outcome scores. Overall, provinces have not demonstrated expressive improvement of performance scores overtime.

3.3 Performance Score per Six Priority Areas

3.3.1 Availability of Medicines and Supplies

Availability of medicines and supplies scores per province from 2014/15 to 2016/17



Figure 8: Availability of medicines and supplies scores per province.

Figure 8 indicates availability of medicines priority area scores by provinces from 2014/15 to 2016/17. Across all provinces, there was no impenetrable improvement in availability of medicines and supplies across the three financial years. GP and KZN provinces had the highest availability of medicines priority area scores in comparison to other provinces. Meanwhile, EC and LP provinces had the lowest scores. Overall, provinces have not demonstrated expressive improvement of performance scores overtime.

3.3.2 Cleanliness

Cleanliness scores per province from 2014/15 to 2016/17

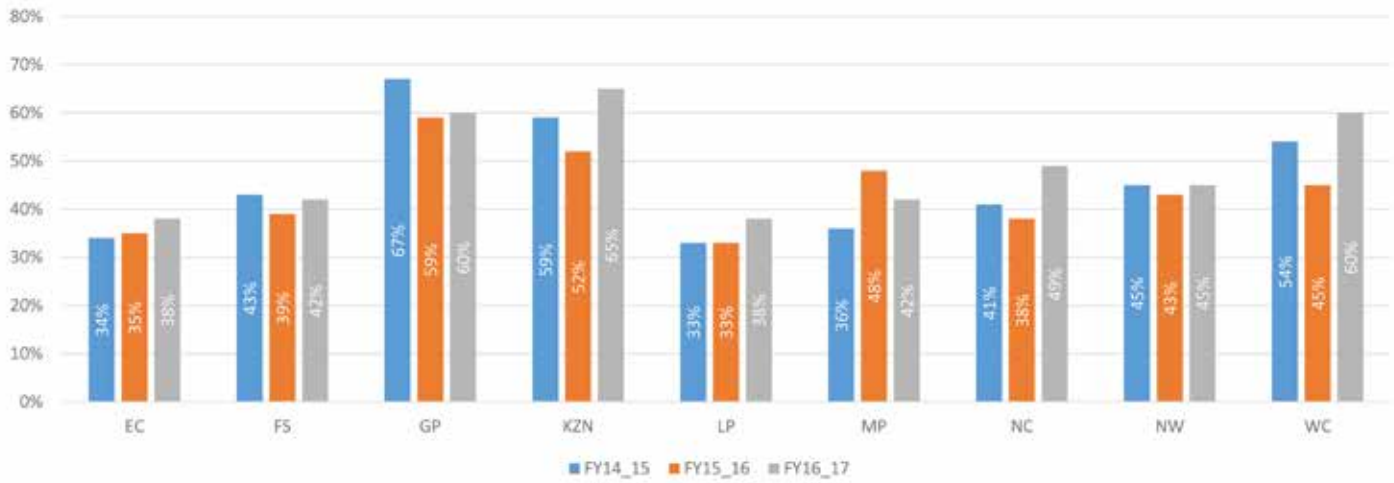


Figure 9: Cleanliness scores per province.

Figure 9 shows cleanliness priority area scores by province from 2014/15 to 2016/17. GP, KZN and WC provinces had the highest cleanliness priority area scores in comparison to other provinces. EC province demonstrated year over year increase in cleanliness scores across the three financial years. Other provinces showed no impenetrable improvement in cleanliness across the three financial years. Meanwhile, EC and LP provinces had the lowest scores. Overall, provinces have not demonstrated expressive improvement of performance scores overtime.

3.3.3 Patient Safety

Patient Safety Scores per province from 2014/15 to 2016/17

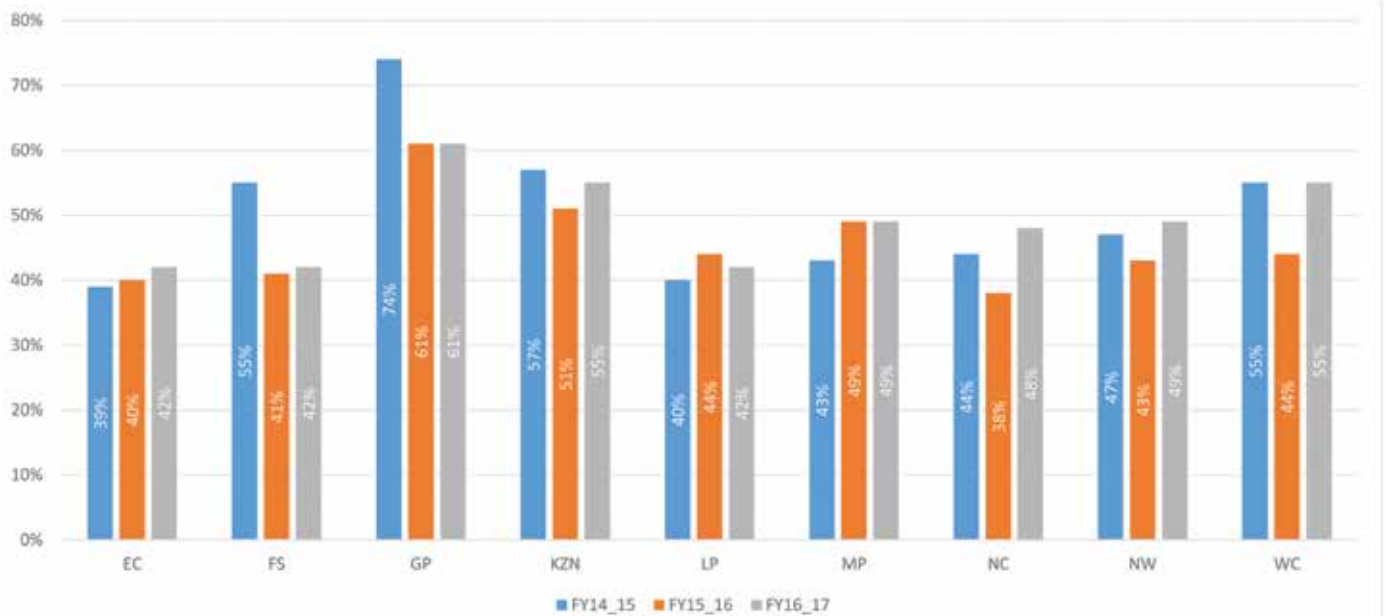


Figure 10: Patient Safety Scores per province.

Figure 10 indicates patient safety priority area scores by province from 2014/15 to 2016/17. GP, KZN and WC provinces had the highest patient safety priority area scores in comparison to other provinces. EC province demonstrated year over year increase in patient safety scores across the financial years. Other provinces showed no impenetrable improvement in patient safety across the three financial years. Meanwhile, EC and LP provinces had the lowest scores. Overall, provinces have not demonstrated expressive improvement of performance scores overtime.

3.3.4 Infection Prevention and Control

Infection Prevention and Control scores per province from 2014/15 to 2016/17

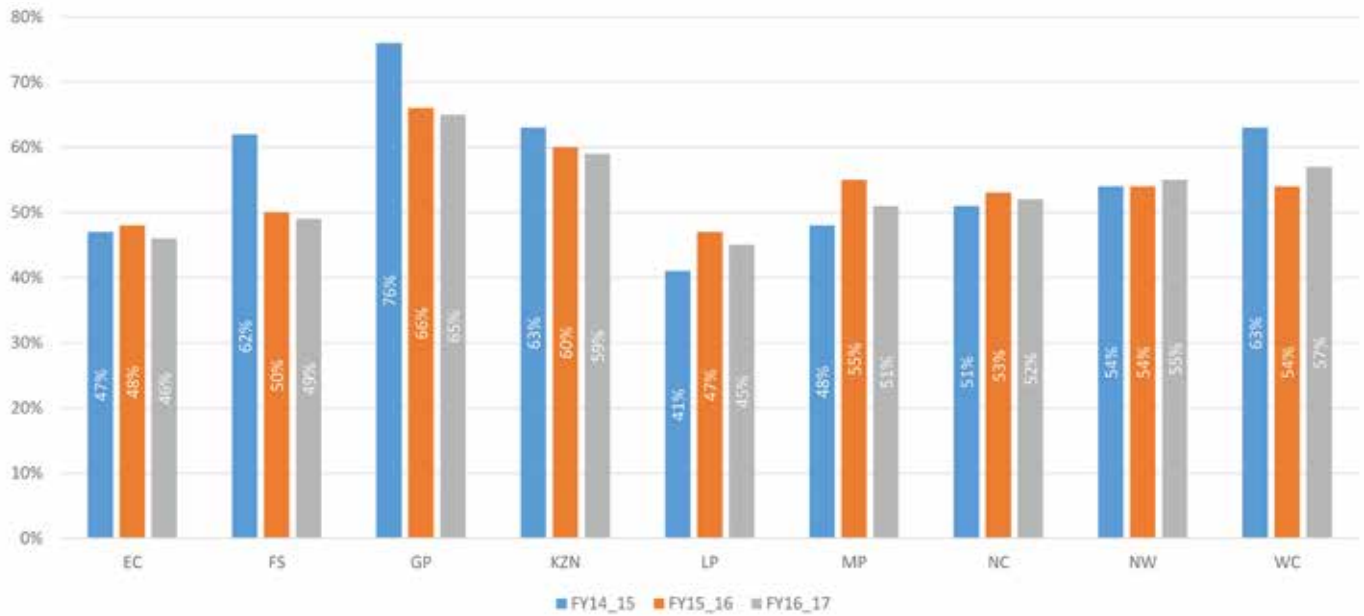


Figure 11: Infection Prevention and Control per province.

Figure 11 displays infection prevention and Control priority area scores by province from 2014/15 to 2016/17. GP, KZN and WC provinces had the highest Infection Prevention and control priority area scores in comparison to other provinces. All provinces showed no impenetrable improvement in infection prevention and control across the financial years. Meanwhile, EC and LP provinces had the lowest scores.

3.3.5 Values and Attitudes

Values and Attitudes scores per province from 2014/15 to 2016/17

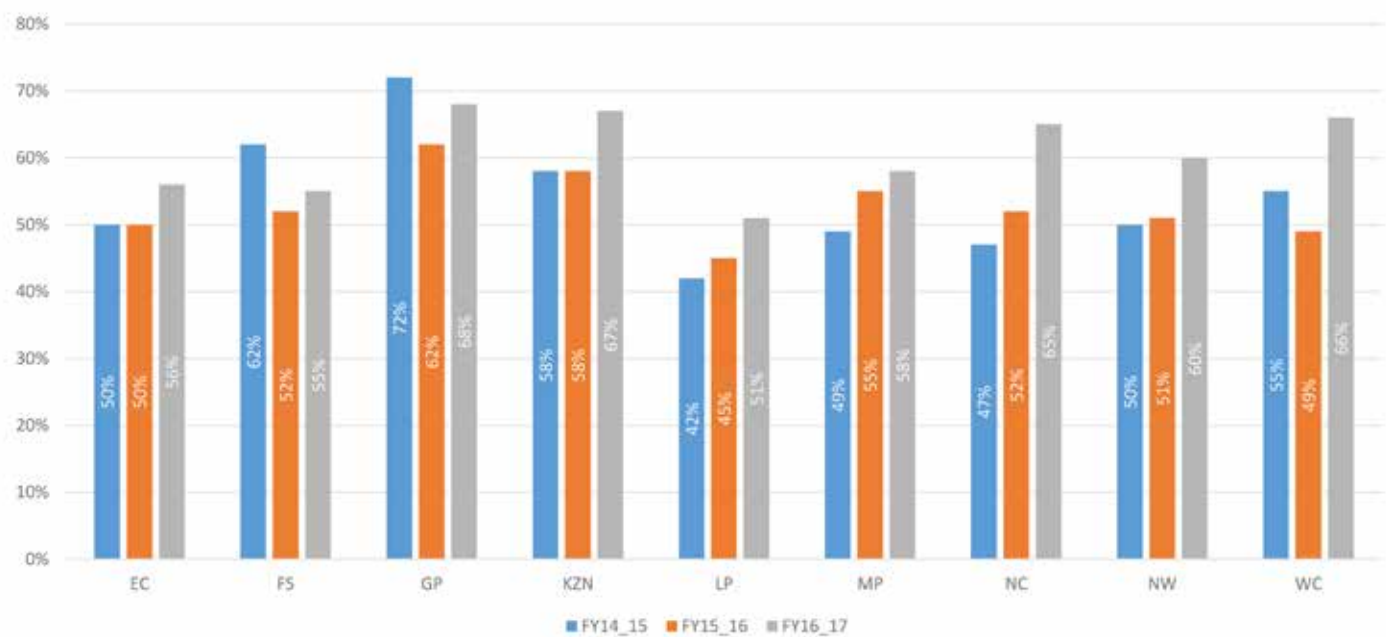


Figure 12: Values and Attitudes scores per province.

Figure 12 shows Values and Attitudes priority area scores by province from 2014/15 to 2016/17. GP, KZN, MP, NC and WC provinces had the highest Values and Attitudes priority area scores in comparison to other provinces. LP, MP and NC provinces demonstrated year over year increase in values and attitudes scores across the three financial years. Other provinces showed no impenetrable improvement in values and attitudes across the financial years three financial years. Meanwhile, EC and LP provinces had the lowest scores. Overall, provinces have not demonstrated expressive improvement of performance scores overtime.

3.3.6 Waiting times

Waiting Times scores per province from 2014/15 to 2016/17

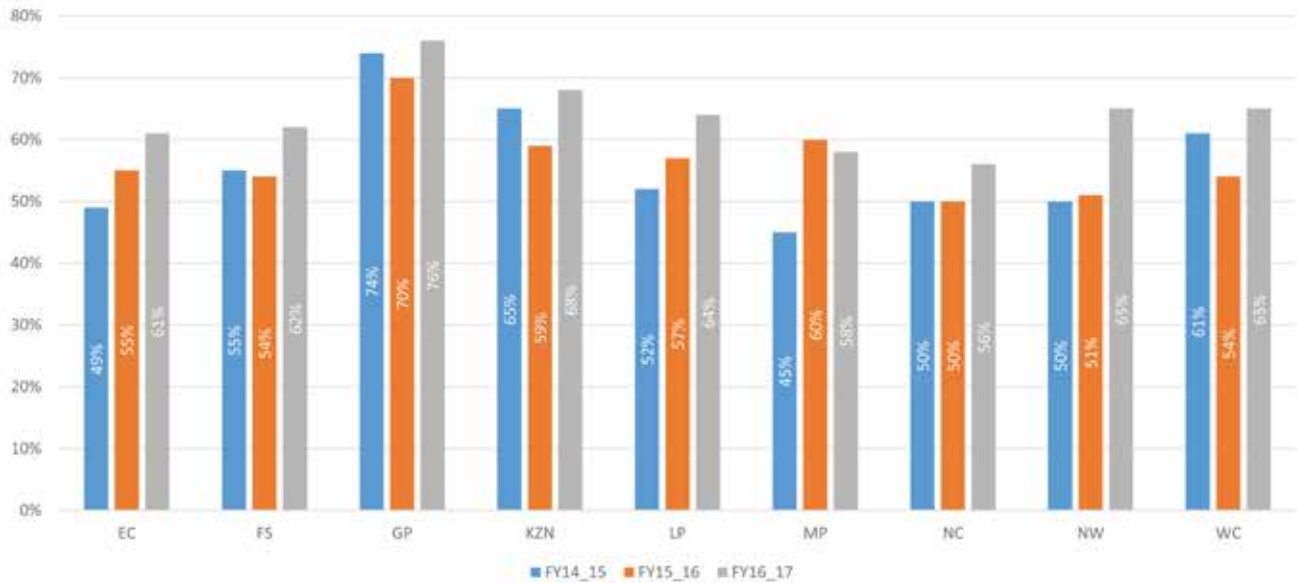


Figure 13: Waiting Times score per province.

Figure 13 demonstrates waiting times priority area scores by province from 2014/15 to 2016/17. GP, KZN and WC provinces had the highest waiting times priority area scores in comparison to other provinces. EC and LP provinces demonstrated year over year increase in waiting times scores across the financial years. Other provinces showed no impenetrable improvement in waiting times across the three financial years.

3.4 Performance Scores per Seven Domains

3.4.1 Patient Rights

Patient Rights scores per province from 2014/15 to 2016/17



Figure 14: Patient Rights scores per province.

Figure 14 displays patient rights domain scores by province from 2014/15 to 2016/17. GP, KZN and WC provinces had the highest scores in comparison to other provinces. EC and LP provinces showed year by year increase in scores over the financial years and had the lowest scores. Other provinces showed no impenetrable improvement in patient rights domain scores across the financial years. Overall, provinces have not demonstrated expressive improvement of performance for the domain patient rights overtime.

3.4.2 Patient Safety

Patient Safety, Clinical Governance and Care scores per province from 2014/15 to 2016/17

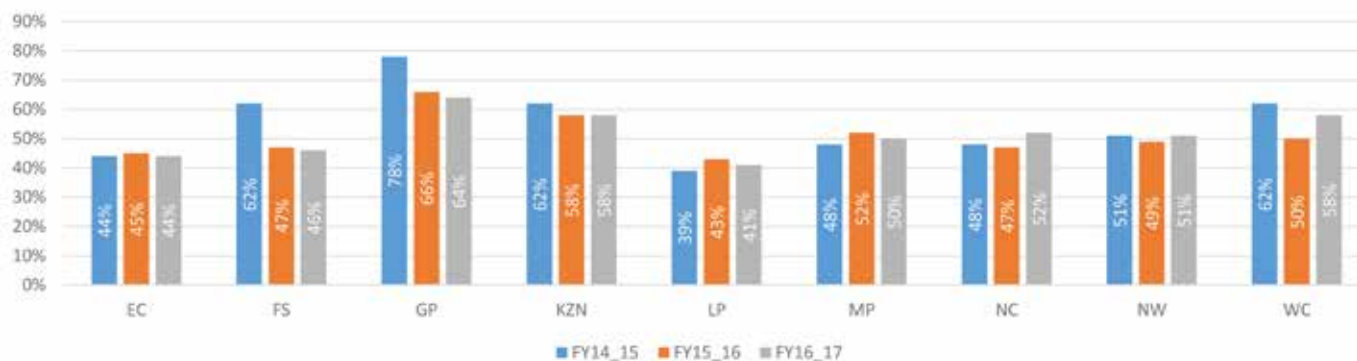


Figure 15: Patient Safety, Clinical Governance and Care scores per province.

Figure 15 shows patient safety, clinical governance and care domain scores by province from 2014/15 to 2016/17. GP, KZN and WC provinces had the highest scores in comparison to other provinces. No province showed no impenetrable improvement in facilities and infrastructure domain scores across the financial years. Meanwhile, EC, LP, NC and NW provinces had the lowest scores. Overall, provinces have not demonstrated expressive improvement of performance for the domain patient safety, clinical governance and care overtime.

3.4.3 Clinical Support Services

Clinical Support Services scores per province from 2014/15 to 2016/17



Figure 16: Clinical Support Services scores per province.

Figure 16 shows clinical support services domain scores by province from 2014/15 to 2016/17. GP, KZN and WC provinces had the highest scores in comparison to other provinces. All provinces showed no impenetrable improvement in clinical support services domain across the financial years. Meanwhile, EC and LP provinces had the lowest scores. Overall, provinces have not demonstrated expressive improvement of performance for the domain clinical support services overtime.

3.4.4 Public Health

Public Health scores per province from 2014/15 to 2016/17

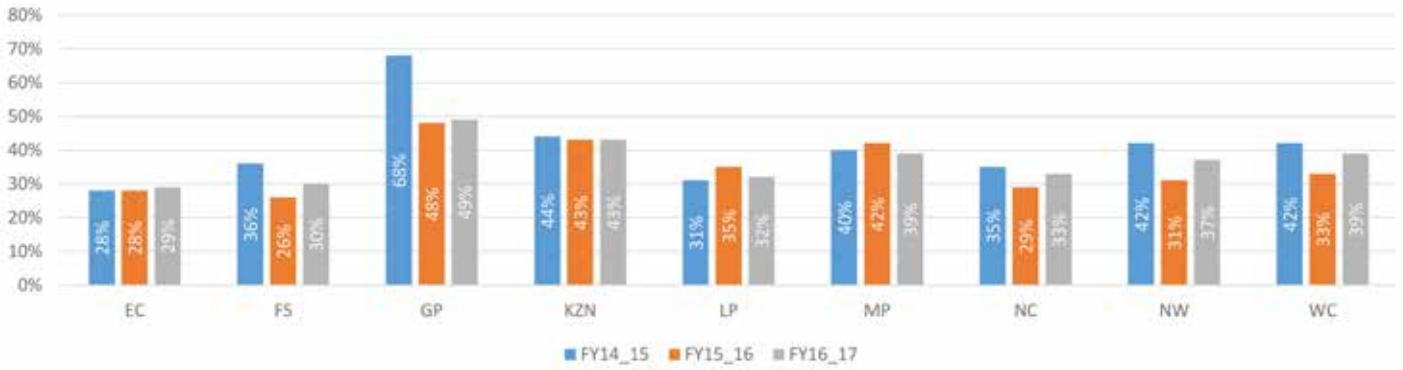


Figure 17: Public Health scores per province.

Figure 17 Shows public health domain scores by province from 2014/15 to 2016/17. GP, KZN, MP, NW and WC provinces had the highest scores in comparison to other provinces. All provinces showed no impenetrable improvement in public health domain scores across the financial years. EC province had the lowest scores. Overall, all provinces have not demonstrated expressive improvement of performance for the domain public health overtime.

3.4.5 Leadership and Corporate Governance

Leadership & Corporate Governance scores per province from 2014/15 to 2016/17



Figure 18: Leadership & Corporate Governance scores per province.

Figure 18 displays leadership and corporate governance domain scores by province from 2014/15 to 2016/17. GP, KZN and WC provinces had the highest scores in comparison to other provinces. EC province showed year by year increase in scores over the financial years. Other provinces showed no impenetrable improvement in facilities and infrastructure domain scores across the financial years. Meanwhile EC, LP and NC provinces had the lowest scores. Overall, provinces have not demonstrated expressive improvement of performance for the domain leadership and corporate governance overtime.

3.4.6 Operational Management

Operational Management scores per province from 2014/15 to 2016/17



Figure 19: Operational Management scores per province.

Figure 19 displays operational management domain scores by province from 2014/15 to 2016/17. GP, KZN and WC provinces had the highest scores in comparison to other provinces. No provinces showed no impenetrable improvement in operational management domain scores across the financial years. Meanwhile, EC, LP and NC provinces had the lowest scores. Overall, provinces have not demonstrated expressive improvement of performance for the domain operational management overtime.



3.4.7 Facilities and Infrastructure

Facilities and Infrastructure Domain scores per province from 2014/15 to 2016/17

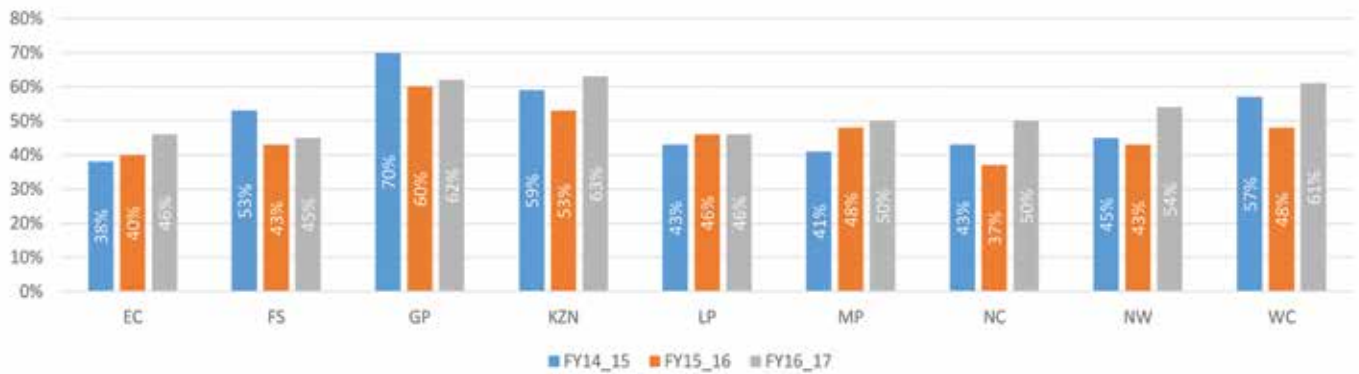


Figure 20: Facilities and Infrastructure Domain scores per province.

Figure 20 displays facilities and infrastructure domain scores by province from 2014/15 to 2016/17. GP, KZN and WC provinces had the highest scores in comparison to other provinces. EC and MP provinces showed year by year increase in scores over the financial years. Other provinces showed no impenetrable improvement in facilities and infrastructure domain scores across the financial years. Meanwhile, EC, LP and NC provinces had the lowest scores. Overall, provinces have not demonstrated expressive improvement of performance for the domain facilities and infrastructure overtime.



3.4 Provincial Summary Findings

This section, highlights the findings of each province where inspections of HEs were conducted. The pie charts shows the performance status of the HEs inspected in line with the Compliance Judgement Framework as in table 6 below. A greater number of HEs in particular clinics performed below 40% in the following provinces: Eastern Cape, Free State, Limpopo and Mpumalanga. Refer to Appendix A for names of the HEs inspected and individual overall performance scores.

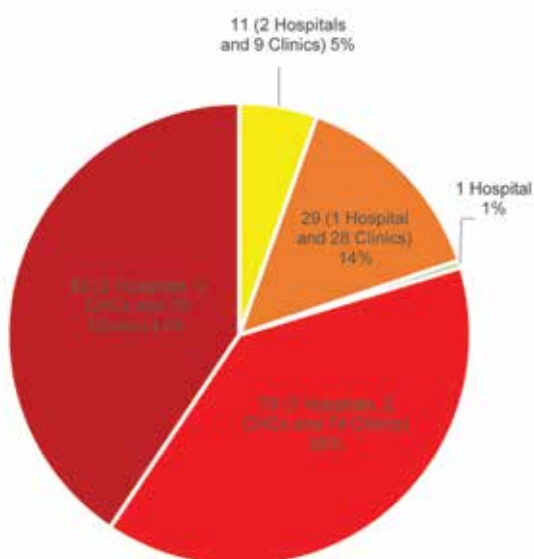
Table 6: Compliance Judgement Framework

| Score | Status | Grade | Follow up mechanism | Inspection frequency/ type of inspection |
|---------|---|-------|---|--|
| ≥ 80% | Compliant | A | Regular routine reporting | Annual reporting: 4 yearly inspection |
| 70%-79% | Compliant with requirement | B | Self-reporting corrections, regular routine reporting | Review/verification |
| 60%-69% | Conditionally compliant | C | Improvement and self-reported review | Review / verification |
| 50%-59% | Conditionally compliant with serious concerns | D | Improvement and specific reporting | Specific Re-inspection |
| 40%-49% | Non-compliant | E | Urgent intervention and complete re-inspection | Complete re-inspection |
| < 40% | Critically non-compliant | F | Urgent intensive intervention with disciplinary steps | Enforcement inspection |

*Can also be defined in standards deviations from expected threshold or benchmark and therefore can be substantiated. # Depends on how many of the key CF are poor and cannot be substantiated. Important to note that the Follow up mechanisms and Inspection Frequency/type of inspection columns have not yet been implemented. These steps will be implemented once the process of certifying HEs is in place.

The Linkage between Provincial Performance to the Compliance Judgement Framework

The pie charts below should be interpreted in conjunction with the Compliance Judgement Framework in table 5 and each provincial pie charts are summarised for ease of reference. The provinces are summarised and discussed in alphabetical order in this section.



Eastern Cape:

In relation to the Compliance Judgement Framework, only 1 hospital was compliant with requirements and scored 71% following inspections in the province. Two hospitals and 9 clinics (5%) were conditionally compliant, 14% (1 hospital and 28 clinics) were conditionally compliant, 39% (3 hospitals; 2 CHCs; 74 clinics) were non-compliant and had scored between 40-49%, 41% (3 Hospitals; 3 CHCs; 76 clinics) were critically non-compliant representing scores below 40%. Among the HEs inspected in the province, the majority of HEs were critically non-compliant according to the Compliance Judgment Framework and need urgent intensive intervention in order for them to be compliant.

Figure 21: Compliance judgement pie charts – Eastern Cape.

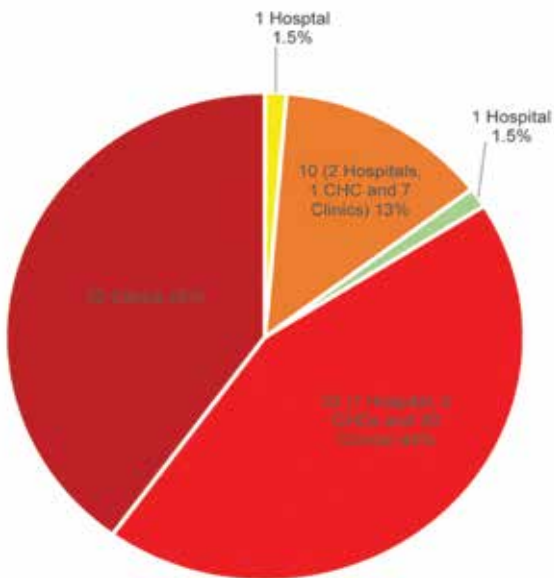


Figure 22: Compliance judgement pie charts – Free State.

Free State:

One (1) hospital was compliant with requirements and scored 74%, 1 hospital was conditionally compliant and had scored 68%, 13% (2 hospitals; 1 CHC; 7 clinics) were conditionally compliant, 44% (1 Hospital; 2 CHCs; 30 clinics) were non-compliant and had scored between 40-49%, 30 clinics were critically non-compliant representing scores below 40%. Among the HEs inspected in the Free State province, a total of 30 clinics were critically non-compliant accordance with the Compliance Judgment Framework and need urgent intensive intervention in order for them to be compliant.

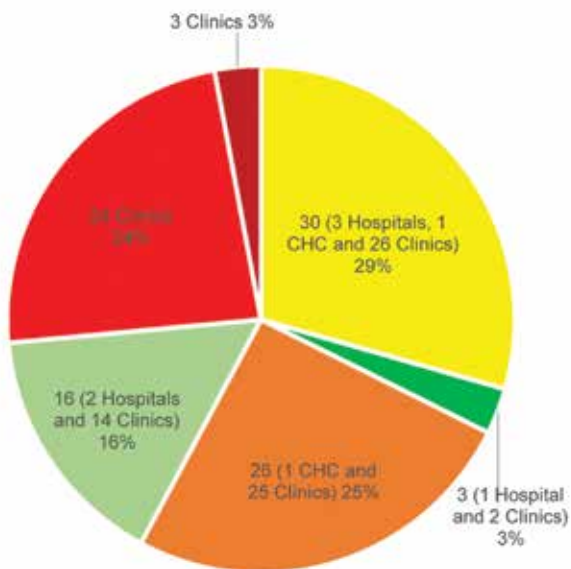


Figure 23: Compliance judgement pie charts – Gauteng.

Gauteng:

One hospital and 2 clinics were compliant and had scored 80% and above, 16% (2 hospitals and 14 clinics) were compliant with requirement and had scored between 70-79%, conditionally compliant HEs accounted for 29% (3 hospitals; 1 CHC and 26 clinics), 25% (1 CHC and 25 Clinics) were conditionally compliant, 24 clinics were non-compliant and had scored between 40-49%, 3 clinics were critically non-compliant representing scores below 40%. Among the HEs inspected in the province, the majority of HEs were conditionally compliant according to the Compliance Judgment Framework and require to be followed-up to enable improvement in order for compliant to be achieved.

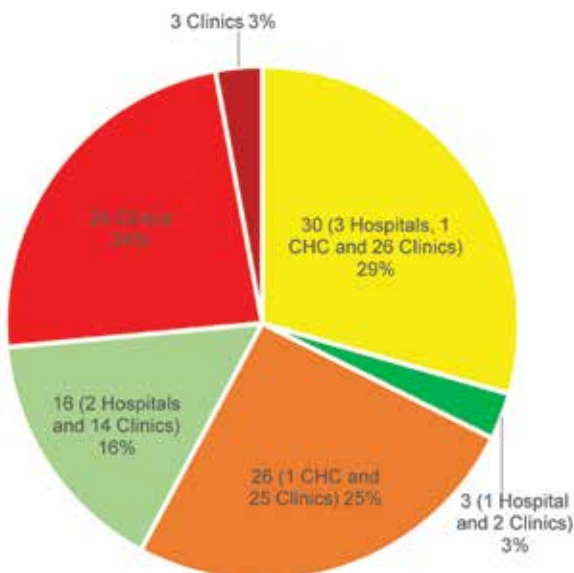
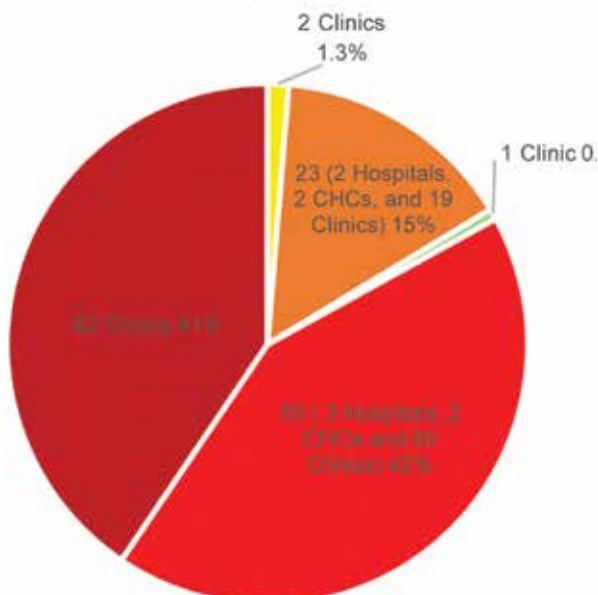


Figure 24: Compliance judgement pie charts – KwaZulu Natal.

KwaZulu-Natal:

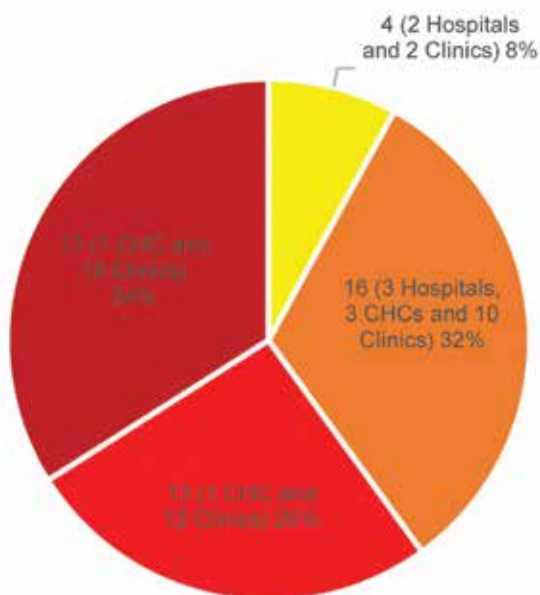
Four (4) hospitals and 4 clinics were compliant with requirement and had scored between 70-79%, 2 hospitals and 16 clinics were conditionally compliant, 41% (1 CHC and 42 clinics) were conditionally compliant, 31 Clinics were non-compliant and had scored between 40-49%, 1 hospital and 3 clinics were critically non-compliant representing scores below 40%. Among the HEs inspected in KwaZulu-Natal province, the majority of HEs were conditionally compliant according to the Compliance Judgment Framework and require to be followed-up to enable improvement in order for compliant to be achieved.



Limpopo:

One (1) clinic was compliant with requirement and scored 70%, 2 clinics were conditionally compliant and had scored 64% and 63% respectively, 15% (2 hospitals; 2 CHC; 19 clinics) were conditionally compliant, 42% (3 hospital; 2 CHCs; 60 clinics) were non-compliant and had scored between 40-49%, 62 clinics were critically non-compliant representing scores below 40%. Among the HEs inspected in the province, the majority of HEs were non-compliant according to the Compliance Judgment Framework and require urgent followed-up to enable improvement and compliance.

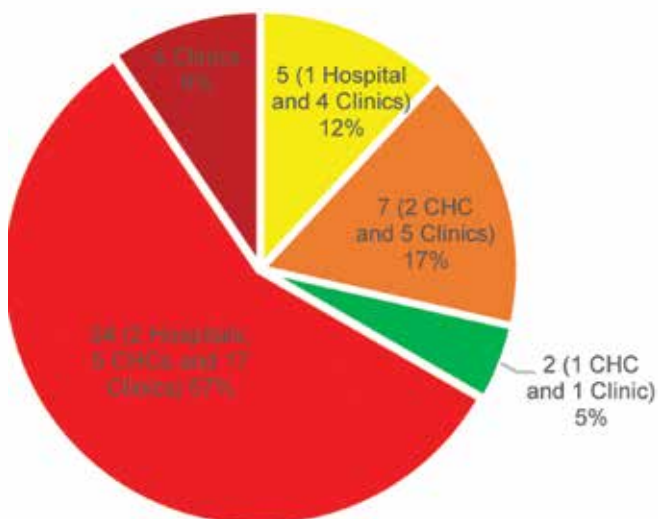
Figure 25: Compliance judgement pie charts – Limpopo.



Mpumalanga:

Among the HEs inspected in the province, the majority of HEs were critically non-compliant in accordance to the Compliance Judgment Framework and require to be followed-up to enable improvement in order for compliance to be achieved. Among the HEs inspected in the province, the majority of HEs were critically non-compliant in accordance to the compliance judgment framework and require to be followed-up to enable improvement in order for compliance to be achieved.

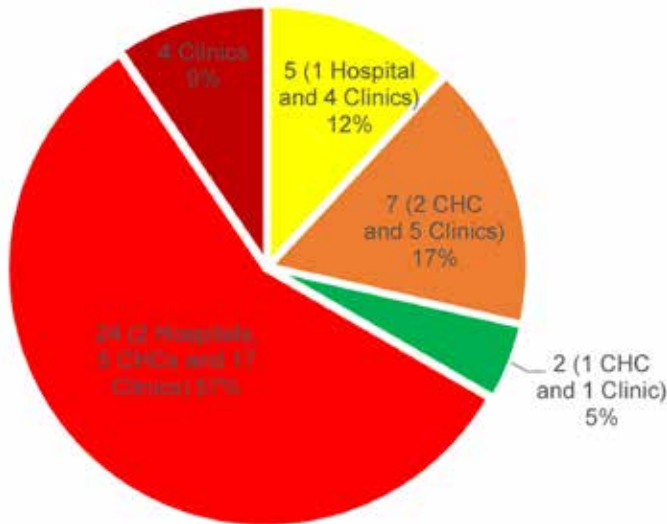
Figure 26: Compliance judgement pie charts – Mpumalanga.



Northern Cape:

One (1) CHC and 1 clinic were compliant with requirement and had scored 74% and 78% respectively, 1 hospital and 4 clinics were conditionally compliant, 17% (2 CHC and 5 clinics) were conditionally compliant with serious concerns, 57% (2 hospitals, 5 CHCs; 17 clinics) were non-compliant and had scored between 40-49%, 4 clinics were critically non-compliant representing scores below 40%. Among the HEs inspected in the province, the majority of HEs were non-compliant according to the Compliance Judgment Framework and require urgent intervention to enable improvement and compliance to be achieved.

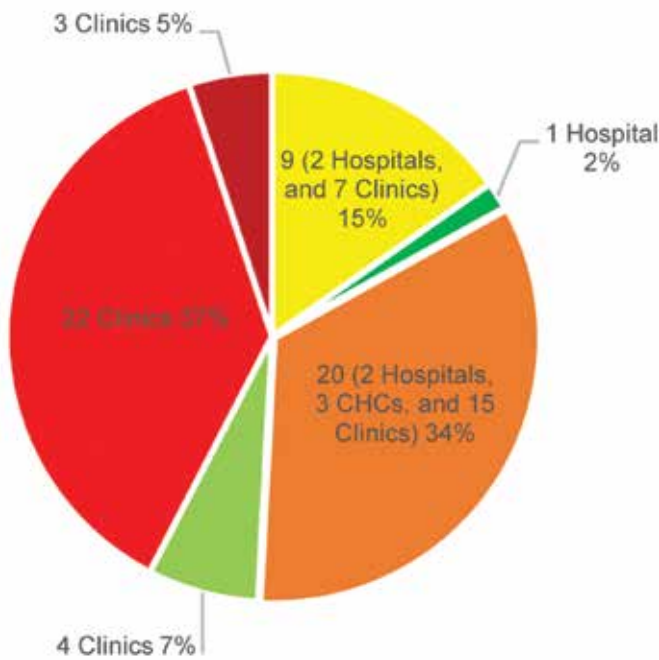
Figure 27: Compliance judgement pie charts – Northern Cape.



North West:

One (1) hospital was compliant and scored 80%, 1 clinic was compliant with requirement and had scored 70%, 11% (1 hospitals; 1 CHC; 5 clinics) were conditionally compliant, 31% (1 Hospital; 2 CHCs; 17 clinics) were conditionally compliant, 26% (1 Hospital; 1 CHC; 15 Clinics) were non-compliant and had scored between 40-49%, 29% (1 CHC, 18 clinics) were critically non-compliant representing scores below 40%. Among the HEs inspected in the province, the majority of HEs were non-compliant according to the Compliance Judgment Framework and require urgent intervention to enable improvement in order for compliance to be achieved.

Figure 28: Compliance judgement pie charts – North West.



Western Cape:

One (1) hospital was compliant and scored 81%, 4 clinics were compliant with requirement and scored between 70-79%, 2 hospitals and 7 clinics were conditionally compliant, (2 hospitals; 3 CHCs; 15 Clinics) were conditionally compliant, 22 clinics were non-compliant and had scored between 40-49%, 3 clinics were critically non-compliant representing scores below 40%. Among the HEs inspected in the province, the majority of HEs were non-compliant according to the Compliance Judgment Framework and require urgent intervention to enable improvement in order for compliance to be achieved.

Figure 29: Compliance judgement pie charts – Western Cape.

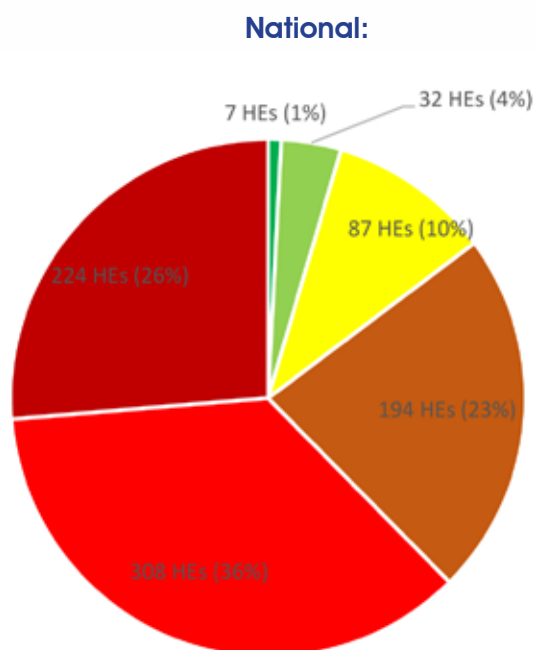


Figure 30: Compliance judgement pie charts – National.

Seven HEs were compliant and had scores above or equal to 80%, 32 HEs were compliant with requirement and had scores between 70-79%, 87 HEs were conditionally compliant, 194 HEs were conditionally compliant with serious concern, 308 HEs were non-compliant and had scores between 40-49%, 224 HEs were critically non-compliant representing scores below 40%. Overall, urgent intervention is required in the majority of HEs to improve compliance status, as 62% of HEs were non-compliant with norms and standards for healthcare quality.

3.5 Provincial Summary Findings

Seven HEs were compliant and had scores above or equal to 8%, 32 HEs were compliant with requirement and had scores between 70-79%, 87 HEs were conditionally compliant, 194 HEs were conditionally compliant with serious concern, 308 HEs were non-compliant and had scores between 40-49%, 224 HEs were critically non-compliant representing scores below 40%. Among the HEs inspected across all provinces, the majority of HEs were non-compliant in accordance to the Compliance Judgment Framework and require urgent intervention and a reinspection to enable improvement in order for compliance to be achieved.

3.5.1. Eastern Cape Province

Average percentage outcome scores per facility type

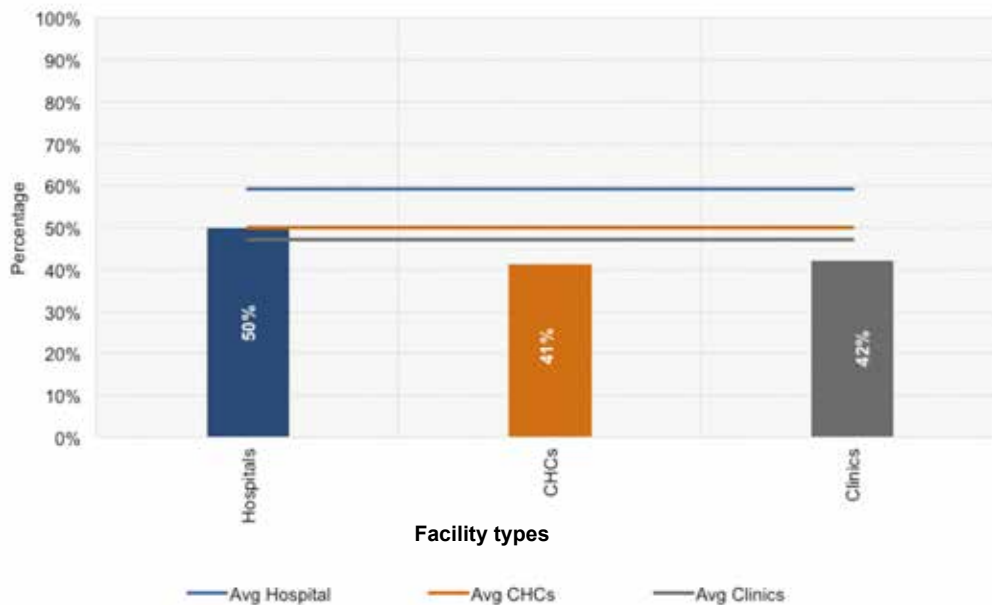


Figure 31: Average percentage outcome scores per facility type.

The figure above shows the 3 horizontal lines which represent the national average. In EC Average percentage outcome score per facility type of the hospitals; 1 was regional hospital and 9 District hospitals with an average percentage score of 50%; 5 CHCs scored on average 41% and 187 clinics scored an average of 42%.

Average percentage outcome scores per facility type

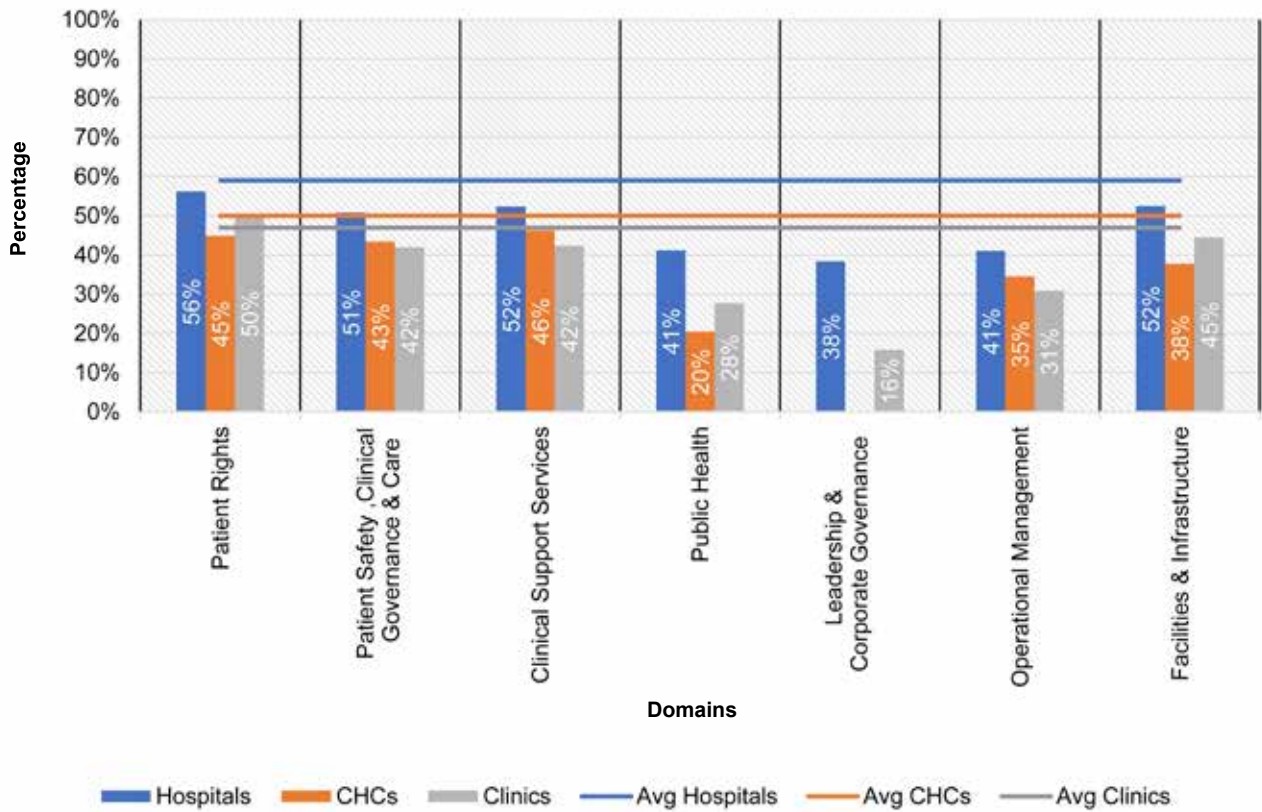


Figure 32: Average percentage outcome scores per facility type.

The figure above shows the 3 horizontal lines represent the national average and this figure above demonstrates that of 7 domains clinical governance scores for hospitals ranged from 51% to 56%, whilst the domains leadership and corporate governance, public health and operational management ranged from 38% to 48%. Overall, the performance scores for hospitals were higher than those of CHCs and Clinics across all domains with an average performance score of 59% while CHCs and clinics had average scores of 50% and 47% respectively.

Average percentage outcome score per Ministerial Priority Area

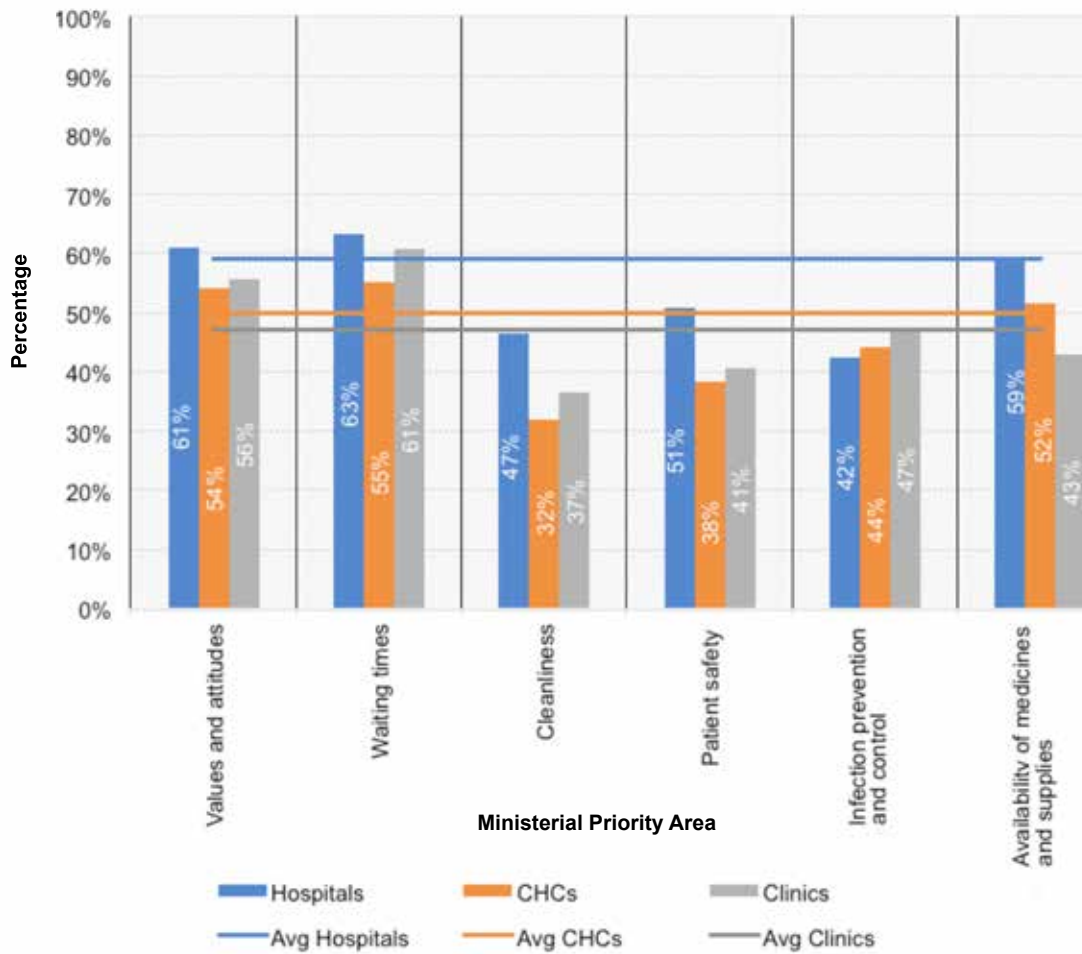


Figure 33: Average percentage outcome score per Ministerial Priority Area.

The figure above shows the 3 horizontal lines which represent the national average percentage score. The average percentage score for the following ministerial priority areas: patient safety, availability of medicines and supplies, values and attitudes and waiting times ranged from 51% to 63%. Infection prevention and control and cleanliness had average performance scores for hospitals of 47% and 51% respectively. Overall, hospitals had higher average performance scores compared to CHCs and Clinics.

Provincial Summary Findings (Continued)

3.5.1.1 Eastern Cape Provincial Summary Findings:

The provincial summary section reflects performance in percentage score for sub-domains. The sub-domains describe key functions within each individual domain. The focus is on commonly identified cross cutting non-compliance measures. Risk rating of each measure is indicated in brackets as follows: **X-Extreme**, V-Vital, E-Essential and D-Developmental. **For each sub-domain, the average score for facilities in the province is provided followed by a list of common deficiencies identified across facilities. In most cases deficiencies identified DO NOT apply to all facilities inspected. Appendix A summarises the overall performance scores for individual HEs by province.**

DOMAIN 1: PATIENT RIGHTS

1.1 Respect and dignity: Average sub-domain score 45%

Deficiencies noted:

- Records to describe actions taken in the event of an incident of staff abuse on patients (actual or alleged) not available (**X-Extreme**).
- Consultation and counselling of patients did not take place in an appropriate area which ensured privacy and confidentiality (E-Essential).
- Patient satisfaction surveys reports not available (E-Essential).
- Clean (drinking) water and disposable cups for patients in waiting areas not available (E-Essential).

1.2 Access to information: Average sub-domain score 62%

Deficiencies noted:

- Consent form not completed correctly (**X-Extreme**).
- Policies and guidelines on informed consent not available (E-Essential).
- Some observed health professionals and providers were not wearing name tags (D-Developmental).
- Patient rights posters were not displayed (D-Developmental).
- A signage board at the entrance of the health establishment indicating times when various services are offered not available in some of the facilities inspected (D-Developmental).
- Help desk and signage directing patients and visitors to key areas was not available (D-Developmental).

1.3 Physical access: Average sub-domain score 62%

Deficiencies noted:

- No ramps of acceptable gradient with hand rails at the entrances and where needed (V-Vital).
- The universal access toilets were not available (E-Essential).
- Signage on access routes not available (D-Developmental).

1.4 Continuity of care: Average sub-domain score 33%

Deficiencies noted:

- Policy, procedures and protocols on patient referrals and bookings were not available (V-Vital).
- Lists of service providers in the referral chain / network were unavailable (E-Essential).
- Most maps of the catchment area were without contact details of service providers in the referral chain (E-Essential).
- The audited files of patients transferred into and out of the health establishment did not contain copies of referral letters (E-Essential).

1.5 Reducing delays in care: Average sub-domain score 60%

Deficiencies noted:

- Designated health professional for triaging patients was not allocated (V-Vital).
- Special queues designated for specific groups of patients not observed (E-Essential).
- Systems for reducing delays in care not in place (E-Essential).
- Document indicating requirement for effective service delivery including human resources and equipment was not available (E-Essential).
- Agreed-upon local targets or benchmarks for waiting times not available and patients not informed on how long they will wait (D-Developmental).

1.6. Emergency care: Average sub-domain score 42%

Deficiencies noted:

- Procedure emphasising the speedy hand over of patients to reduce hand over time from Emergency Medical Services (EMS) not available (V-Vital).
- Policy on health establishment closures and ambulance diversions not available (E-Essential).
- Policy for the diversion of ambulances in the event of closure of HE not available (E-Essential).

1.7. Complaints management: Average sub-domain score 46%

Deficiencies noted:

- Policy for complaints management not available, complaints procedure not displayed, and complaints not logged in the register (E-Essential).
- Committee for reviewing complaints not having terms of reference (E-Essential).

DOMAIN 2: PATIENT SAFETY, CLINICAL GOVERNANCE & CARE**2.1 Patient care: Average sub-domain score 76%**

Deficiency noted:

- Evidence that morbidity and mortality were monitored including statistics was not available (E-Essential).

2.2 Clinical management for improved health outcomes: Average sub-domain score 26%

Deficiency noted:

- Priority programmes or health initiatives not monitored against the relevant targets (E-Essential).

2.3 Clinical leadership: Average sub-domain score 59%

Deficiency noted:

- There were no job descriptions of healthcare providers designated as operational; managers or sectional heads nor did health professionals initiate quality improvement and patient centred quality care (D-Developmental).

2.4 Clinical risk: Average sub-domain score 44%

Deficiencies noted:

- The policy for emergency resuscitation procedure and forum for review of resuscitation including Terms of Reference not available (X-Extreme).
- The procedure for patients with special needs and protocols for safe administration of medication to patients was not available. (V-Vital).
- Clinical risk assessments not done (E-Essential).
- Clinical audits of priority programmes/health initiatives not done (E-Essential).

2.5 Adverse events: Average sub-domain score 30%

Deficiencies noted:

- Policies and procedures on management of adverse events, clinical risks, reporting and staff support staff affected by adverse events not available (V-Vital).
- Forum for reviewing clinical risks not available (E-Essential).
- Annual in-service plan that include training on how to carry safety checks and prevent accidents in the environment not available (D-Developmental).

2.6 Infection prevention and control: Average sub-domain score 49%

Deficiencies noted:

- In hospitals, there were no isolation facilities for infectious and communicable diseases (X- Extreme).
- Policies, procedures and isolation facilities for patients with infectious and communicable diseases including standard precautions, prevention and control were not available (X-Extreme).
- Hand washing campaigns and audits not conducted (V-Vital).
- TORs for the Forum Reviewing Infection Prevention and Control were not in place (V-Vital).
- Evidence of monitoring of common healthcare associated infections and educational material was not available for staff and patients (E-Essential).
- Educational material for patients on specific healthcare associated infections such as swine flu, cholera and Methicillin Resistant Staphylococcus Aureus (MRSA) and staff on respirator use and universal precautions were not available (E-Essential).

DOMAIN 3: CLINICAL SUPPORT SERVICES

3.1 Pharmaceuticals services: Average sub-domain score 48%

Deficiencies noted:

- SOP's on management of Schedule 5 and 6, medical supplies, dispensing of medicines according to Pharmacy Act including after-hours access to medication, monitoring of adverse drug reactions were not available and registers for Schedule 5, and 6 medicines were incorrect or incomplete (V – Vital).
- Medicines and medical supplies were not procured nor managed in compliance with relevant legislation and supply chain management processes (E-Essential).
- Stock control systems including stock take reports for medicines and medical supplies were not in place (E-Essential).
- Pharmacy and Therapeutics Committee in HEs were non-functional and some committees operated without TOR's (E-Essential).
- Duty roster indicating availability of appropriate healthcare provider (pharmacist/ assistant/professional nurse) for dispensing medication according to the SOP during operating hours was not available (E-Essential).

3.2 Diagnostic services: Average sub-domain score 78%

Deficiencies noted:

- Radiology results requested not available in patients file (V-Vital).
- Radiation workers not wearing registered dosimeters (E-Essential).
- X-Ray machines not provided with a log book indicating quality control information on the device (E-Essential).

3.3 Therapeutic support: services: Average sub-domain score 32%

Deficiencies noted:

- Blood and blood products were available to support the level of care required but no evidence that blood reactions were reported monthly to the Adverse Events Committee (V-Vital).

- Regular multi-disciplinary meetings were not held, attended and recorded by a full range of clinical support staff (E-Essential).
- There was no updated list of Non-Governmental Organisations (NGOs) and Disabled People's Organisations (DPOs), nor records of access to a social worker at HE's to ensure patients requiring social support were assessed, treated and referred according to local clinical protocols (D-Developmental).

3.4 Health technology: Average sub-domain score 23%

Deficiencies noted:

- Medical devices were not maintained to ensure safety and availability (V-Vital).
- Records for maintenance of critical equipment and systems to monitor items for replacement/ordering were received within 3 months not available (V-Vital).
- Reports on Adverse Events involving medical equipment as well as actions to prevent recurrence were not available nor time allocated for orientation and staff development and in-service training programmes including assessment and updating on correct use of equipment (V-Vital).

3.5 Mortuary services: Average sub-domain score 47%

Deficiency noted:

- Hospital mortuaries were not compliant with policy and legal requirements as equipment was not regularly serviced nor in working order (E-Essential).

3.6 Sterilisation services: Average sub-domain score 31%

Deficiencies noted:

- Policy on sterilisation and decontamination was not available, nor approved and reviewed by relevant authority as required (E-Essential).
- Managers of sterilisation services were not appropriately qualified, experienced or competent for safe service delivery (E-Essential).

3.7 Clinical efficiency management: Average sub-domain score 16%

Deficiencies noted:

- The case management systems were inefficient in HEs as audits were not conducted to ensure accurate billing (E-Essential).
- No evidence that managers' code according to Prescribed Minimum Benefits nor that quality improvement plans were in place to address shortcomings in coding (E-Essential).
- The procedures for mitigating against patient's medical aid funds being exhausted with costs incorrectly passed to patients were not in place (E-Essential).

DOMAIN 4: PUBLIC HEALTH

4.1 Population planning and service delivery: Average sub-domain score 32%

Deficiencies noted:

- Health establishment was not sign posted on the access road, and minutes or correspondence to indicate remedy to improve signage and road access not available (E-Essential).
- Management had no understanding of the disease burden in the catchment population (D-Developmental).
- The health service plan for health outcomes and needs of the community was not available (D-Developmental).

4.2 Health promotion and disease prevention: Average sub-domain score 44%

Deficiencies noted:

- Evidence of participation in health promotion activities not available (E-Essential).
- Health calendars for health promotion campaigns were not available (D-Developmental).

4.3 Health emergencies and disaster preparedness: Average sub-domain score 14%

Deficiencies noted:

- Inter-sectoral plans for management of potential health emergencies and disease outbreaks were not available nor updated (E-Essential).
- Annual disaster management plans were not available, not updated and not displayed (E-Essential).
- Staff were not knowledgeable on the disaster management plan, including health emergencies and their relevant roles in the plan (E-Essential).

4.4 Environmental controls: Average sub-domain scores 57%

Deficiencies noted:

- Service Level Agreement for safe disposal of toxic chemicals, radioactive waste and expired medicines was not available. Where agreements were available, they were not monitored, reviewed as planned and they did not include safe disposal of radioactive waste (E-Essential).
- Implementation of environmental controls limiting environmental damage and public health risk management were not available (D-Developmental).

DOMAIN 5: LEADERSHIP & CORPORATE GOVERNANCE

5.1 Oversight and accountability: Average sub-domain score 44 %

Deficiency noted:

- There was no evidence that the governance structure provided appropriate oversight to ensure quality, accountability and good management (E-Essential).

5.2 Strategic management: Average sub-domain score 20%

Deficiencies noted:

- Human resource allocation did not ensure sufficient staff in terms of appropriate qualification, scope of practice and disciplines required for service delivery (E-Essential).
- Strategic and operational plans with clear objectives to support the delivery of services were not available nor evidence that findings of internal and external audits were considered (E-Essential)
- HEs did not have a risk management strategy to ensure risks are actively monitored, recorded and managed (E-Essential).

5.3 Risk management: Average sub-domain score 20%

Deficiency noted:

- The risk management strategy not available (E-Essential).

5.4 Quality improvement: Average sub-domain score 50%

Deficiency noted:

- Terms of Reference (TOR) for the forum reviewing quality and minutes indicating that quality aspects were regularly discussed, analysed and actions have been taken to improve quality was not available (E-Essential).

5.5 Effective Leadership: Average sub-domain score 34%

Deficiencies noted:

- Exit interviews and action plans to address concerns raised by managers were not conducted nor were managers held accountable for implementing service delivery objectives, compliance requirements and performance reviews as there were no performance management agreements in place (V-Vital).
- Senior managers did not have evidence of leadership and performance management assessments to support all levels of leadership development (E-Essential).

5.6 Communications and public relations: Average sub-domain score 21%

Deficiencies noted:

- Policy for obtaining patients consent on the disclosure of identifiable information to third parties was not available (V-Vital).
- There was no communication strategy, evidence of communication channels nor staff satisfaction surveys (D-Development).
- Public relations were not well managed to provide accurate and appropriate information on the service rendered or exceptions (D-Developmental).

DOMAIN 6: OPERATIONAL MANAGEMENT

6.1 Human resource management and development: Average sub-domain score 36%

Deficiencies noted:

- Human resources were not appointed, managed in accordance with relevant policies, including retention strategy, monitoring of trends in vacancies, absenteeism, turnover rates nor recruitment and staffing plan for clinical and specialised units (E-Essential).
- Documentation of up to date annual professional registration and continuing professional development were not available (E-Essential).

6.2 Staff welfare and employee wellness: Average sub-domain score 18%

Deficiencies noted:

- There was no evidence that the HEs had zero-tolerance policy on violence and abuse against staff including trauma counselling and support (X-Extreme).
- Occupational Health and Safety systems did not ensure protection of staff from exposure to workplace hazards, including provision of protective gear (V-Vital).
- Health and healthy lifestyle initiatives for staff were not promoted and supported (E-Essential).

6.3 Supply chain and asset management: Average sub-domain score 18%

Deficiencies noted:

- Policy and procedure on local tendering and monitoring of turnaround times for critical stock was not available nor stock management for ensuring effective supply chain management in terms of planned service needs, nor agreement for supply of stock (V-Vital).
- There was no evidence that assets were monitored and variances in asset registers were investigated and acted upon (E-Essential).

6.4 Transport and fleet management: Average sub-domain score 50%

Deficiency noted:

- Maintenance and service plan for vehicles including complete records of all maintenance undertaken was not available (E-Essential).

6.5 Information Management: Average sub-domain scores 49%

Deficiencies noted:

- There were no contingency plans for failure of electronic systems nor evidence that reports generated from information systems were used for planning and decision making (E-Essential).
- The archiving system for confidential patient and personnel records were not secured nor did the staff have adequate knowledge and understanding that records may be used as evidence in litigation and forensic enquiries (E-Essential).

6.6 Medical records: Average sub-domain scores 47%

Deficiencies noted:

- Procedure for request, retrieval filing of patient's files, was not available and staff did not receive training in management of medical archives (V-Vital).
- Space for medical records not sufficient, and access to record room not controlled nor suitable to maintain safety and confidentiality of records (E-Essential).

DOMAIN 7: FACILITIES AND INFRASTRUCTURE

7.1 Buildings and grounds: Average sub-domain scores 52%

Deficiencies noted:

- Available infrastructure was inadequate and not appropriately used as intended according to the original building plans as the layout of HEs did not allow for facilitation of logical flow of patients and services (E-Essential).
- Waiting areas provided inadequate shelter, seating and space for patients with inadequate ventilation and lighting (E-Essential).
- Grounds not maintained (E-Essential).
- Inspections to ensure adequate lighting for safety and protection of the environment for staff, visitors and vehicles were not regularly conducted (D-Developmental).

7.2 Machinery and utilities: Average sub-domain score 44%

Deficiencies noted:

- HEs had no documented evidence that critical clinical areas were supplied with emergency power without delay in the event of disruption, including an electrical power logbook and inspection sheets, nor was there recording of regular functional piped medical gas and vacuum systems (X-Extreme).
- HEs did not have a functional public communications system ensuring communication in the event of an emergency including evacuation (E-Essential).
- There was no evidence that systems and installations were maintained, tested and inspected according to the regulations, nor policy and procedures for the maintenance and management of equipment and installations, nor site and floor plans depicting the location and layout of the main utility services (water, sanitation, electricity and gas) (E-Essential).

7.3 Safe and secure environment: Average sub-domain score 40%

Deficiencies noted:

- Policy on the security system for safeguarding buildings, patients, staff and visitors were not in place nor up to date (V-Vital).
- Fire certificates for HEs compliance with regulations not available, nor were safety and security notices displayed, promoted no quarterly emergency drills conducted (E-Essential).

7.4 Hygiene and cleanliness: Average sub-domain score 39%

Deficiencies noted:

- Not all areas were kept clean, including critical public and patient care areas, nor records of daily inspection of cleanliness and monthly pest control available (V-Vital).
- Cleaning machines not regularly serviced (E-Essential).
- Notices prohibiting smoking were not displayed (D-Developmental).

7.5 Waste management: Average sub-domain score 42%

Deficiencies noted:

- Waste management policies and procedures were not noted, nor up to date waste management plans and reports for Health Care Risk Waste (HCRW) not available.
- General waste was inappropriately removed, stored and not transported timeously.

7.6 Linen and laundry: Average sub-domain score 65%

Deficiencies noted:

- Policies and procedures for handling linen were not available, nor were records of maintenance and servicing of laundry equipment.
- Stock take not done and linen rooms not locked.

7.7 Food services: average sub-domain score 56%

Deficiencies noted:

- The service did not meet required hygiene and environmental standards as meals were not delivered to wards on appropriate trolleys, nor was there evidence of patients' satisfaction with presentation and quality of the food.

3.4.2. Free State Province

Average percentage outcome per facility type

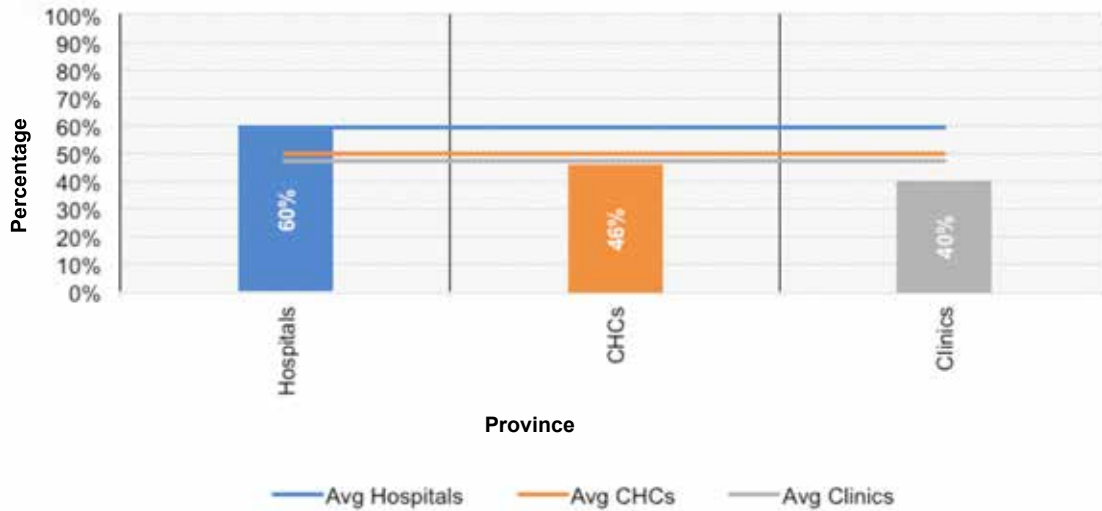


Figure 34: Average percentage outcome per facility type.

The figure above illustrates 3 horizontal lines represent the national average and this figure shows; 1 Regional hospital and 4 District hospitals with an average of 60%, 3 CHCs scored on average 46% and 67 Clinics scored an average of 40%.

Average percentage outcome score by domain

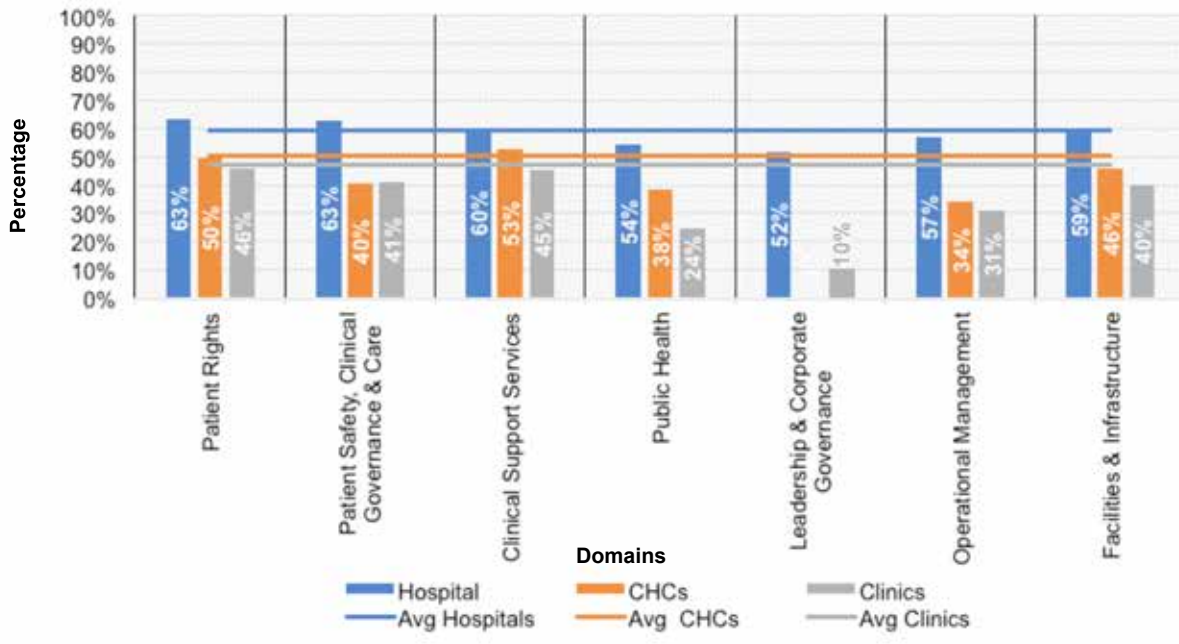


Figure 35: Average percentage outcome score by domain.

The figure above illustrates the 3 horizontal lines represent the national average percentage outcome score and the 7 domains; clinical support services, patient safety, clinical governance and care, and patient rights average performance scores for hospitals ranged from 60% to 63% while the domains on leadership and corporate governance, public health, operational management and facilities and infrastructure had the hospital average performance scores which ranged from 52% to 59%. Overall, the performance scores for hospitals were higher than those of CHCs and Clinics across all domains where hospitals had an average performance score of 59% while CHCs and clinics had scores of 50% and 47% respectively.

Average percentage outcome score per Ministerial priority area

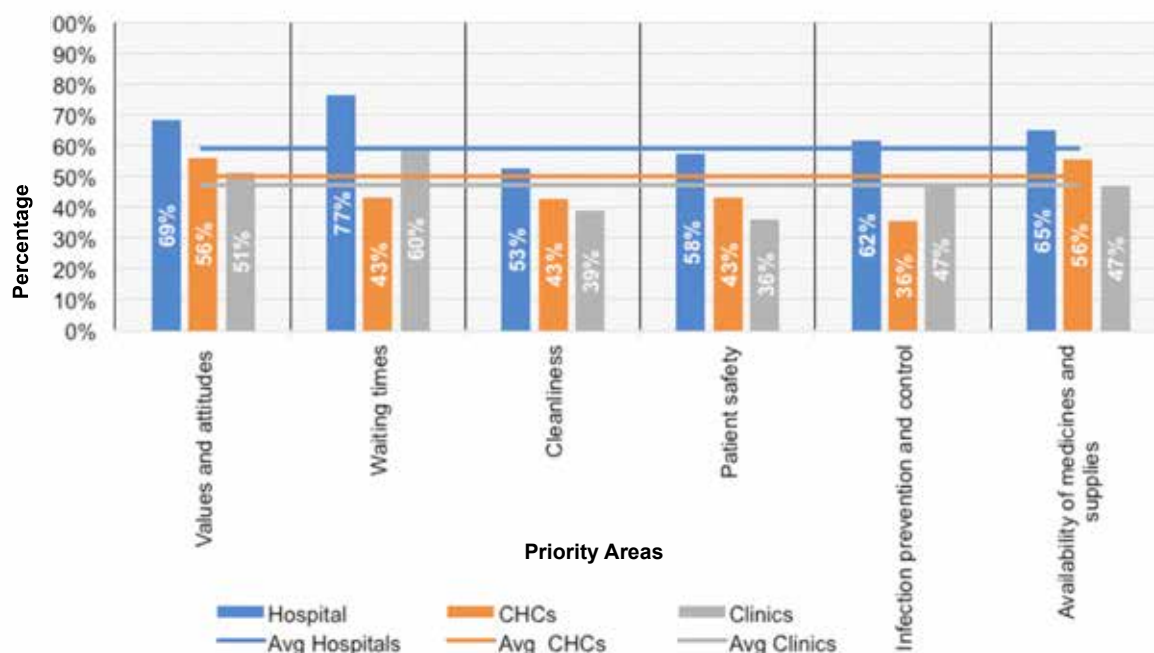


Figure 36: Average percentage outcome score per Ministerial Priority Area

The figure above illustrates the average percentage outcome score per Ministerial Priority Areas with the 3 horizontal lines representing the national average percentage outcome score. The average hospital percentage score for the Ministerial Priority Area waiting times was 77%. The hospital performance scores for infection prevention and control, availability of medicines and supplies, and values and attitude ranged from 62% to 69%. Cleanliness and patient safety hospital performance scores were 53% and 58% respectively.

3.5.2.1 Free State Provincial Summary Findings:

The provincial summary section reflects performance in percentage score for sub-domains. The sub-domains describe key functions within each individual domain. The focus is on commonly identified cross cutting non-compliance measures. Risk rating of each measure is indicated in brackets as follows: **X-Extreme**, **V-Vital**, **E-Essential** and **D-Developmental**. **For each sub-domain, the average score for facilities in the province is provided followed by a list of common deficiencies identified across facilities. In most cases deficiencies identified DO NOT apply to all facilities inspected. Appendix A summarises the overall scores for individual HEs by province.**

DOMAIN 1: PATIENT RIGHTS

1.1 Respect and dignity: Average sub-domain score 48%

Deficiencies noted:

- Records describing action in the event of an incident of staff abuse on patients (whether actual or alleged) were not available (Extreme).
- Annual patient satisfaction survey reports were not available but where available, results reflected a decline in patient satisfaction about services such as cleanliness, linen and food (**X-Extreme**).
- Lack of privacy and confidentiality in areas for consultation and counselling of patients (E-Essential).
- Unavailability of SOPs for ensuring patient privacy and confidentiality (E-Essential).
- Unavailability of policies or guidelines making provision for parents or guardians accompanying children when receiving in-patient treatment, including beds/chairs(E-Essential).
- Failure to provide water and disposable cups for patients in waiting areas (E-Essential).

1.2 Access to information for patients: Average sub-domain score 60%

Deficiencies noted:

- Policies relating to informed consent not available (E-Essential).
- Ethical research policy not available (D-Developmental).
- Help desks not manned consistently (D-Developmental).
- Patient rights posters or leaflets not available in common local languages (D-Developmental).

1.3 Physical access: Average sub-domain score 52%

Deficiencies noted:

- Unavailability of ramps with handrails at entrances where needed (V-Vital).
- Systems ensuring patient and staff safe entry e.g. security guards/CCTV not in place (V-Vital).
- Lack of ablutions facilities (toilets and bathrooms) for disabled persons; where available such facilities used for purposes not intended for example, as storage areas (E-Essential).
- Entrance to health establishments not clearly signposted (D-Developmental).

1.4 Continuity of care: Average sub-domain score 27%

Deficiencies noted:

- Referral policy and SOPs for referral and bookings for patients requiring specialist intervention not available (V-Vital).
- Unavailability of a map of appropriate service providers in the referral chain and their contact details for the catchment areas or available maps not meeting requirements (E-Essential).
- SOP for accessing patient transport services not available (E-Essential).
- Referral letters completed incorrectly and unavailability of copies of referral letters in some of the patient's files (E-Essential).
- Policies and procedures for assistance required for patients with vision, hearing impairment or physical disability not available (D-Developmental).
- Unavailability of TORs for the fora/forum reviewing referrals (D-Developmental).

1.5 Reducing delays in care: Average sub-domain score 62%

Deficiencies noted:

- Health care professional responsible for reviewing, assessing triaging, and channelling patients not able to explain triaging procedure (V-Vital).
- Reports showing that waiting times for elective procedures are monitored regularly and have improved over time were not available (E-Essential).
- Unavailability of special queues designated for specific groups of patients, and patients not informed of queue waiting times (E-Essential).
- Unavailability of persons responsible for management of queues and patient flow (E-Essential).
- System to reduce waiting time for files not in place (E-Essential).
- Documents reflecting agreed-upon local targets or benchmarks for waiting times were not available (D-Developmental).

1.6 Emergency care: Average sub-domain score 52%

Deficiencies noted:

- Procedures emphasising speedy handover of patients and reducing handover time from EMS to hospital staff not available (V-Vital).
- Policy regarding health establishment closures and ambulance diversions were not available (E-Essential).

1.7 Complaints management: Average sub-domain score 40%

Deficiencies noted:

- Terms of reference of fora/forums reviewing complaints not available (E-Essential).
- Procedure for management of complaints not available (E-Essential).
- Complaints not all logged in registers, not classified according to severity, timeframes in which complaints were resolved not recorded and Serious Adverse Events (SAEs) complaints not managed as required in the adverse events management system (E-Essential).

- Information on procedure for complaints not displayed in all service areas, posters/pamphlets on complaints were not available or not in local languages (E-Essential).

DOMAIN 2: PATIENTS SAFETY, CLINICAL GOVERNANCE AND CLINICAL CARE

2.1 Patients care: Average sub-domain score 76%

Deficiency noted:

- Evidence of participation by HEs in monthly maternal and perinatal morbidity and mortality meetings were not available (V-Vital).

2.2 Clinical management of priority health conditions: Average sub-domain score 24%

Deficiencies noted:

- Reports on health initiatives or programmes showing that quality improvements plans had been implemented to address shortcomings and improve outcomes were not available (V-Vital).
- Evidence that health outcomes of priority programmes or health initiatives are monitored against relevant targets and conducting clinical audits for priority programmes not available (E-Essential).

2.3 Clinical leadership: Average sub-domain score 55%

Deficiencies noted:

- Unavailability of quality improvement plans and programmes for implementing relevant improvements to patient care (E-Essential).
- Unavailability of job descriptions for departmental heads in most of the hospitals (D-Developmental).

2.4 Clinical risk: Average sub-domain score 49%

Deficiencies noted:

- Unavailability of policies, SOPs and protocols such as clinical risk management policy, policy for handling emergency resuscitations, SOPs for care of the terminally ill (palliative care) patients, procedures for conducting and acting on risk assessment of frail and elderly patients and protocols regarding safe administration of medicines (X-Extreme).
- Inappropriately stocked emergency trolleys and or unavailability of emergency trolleys or required equipment (X-Extreme).
- Inadequate security measures to safeguard new-borns and unaccompanied children in the wards and specific safety precautions to prevent harm to children (X-Extreme).
- Failure to conduct initial assessments of high risk patients for identification of specific risk factors (V-Vital).
- Unavailability of fora for reviewing resuscitations (E-Essential).
- Appointment letters of fora reviewing clinical risks and minutes of clinical risks and resuscitations not available (E-Essential).

2.5 Adverse events: Average sub-domain score 33%

Deficiencies noted:

- Adverse events policy not meeting requirement (outdated/ draft, not signed by relevant authorities) and procedure to support staff affected by Serious Adverse Events (SAE) not available (V-Vital).
- SAE reports not reflecting immediate actions taken at time of incident nor root cause analysis done to prevent recurrence (V-Vital).
- Reporting system for SAE not in place (E-Essential).
- Evidence for monitoring SAE against relevant targets not available (E-Essential).
- Fora/forum reviewing clinical risk strategy not available (E-Essential).
- Annual in-service training plan not including training on conducting safety checks and accident prevention in the environment (D-Developmental).

2.6 Infection prevention and control: Average sub-domain score 51%

Deficiencies noted:

- Inadequate natural or mechanical ventilation in consulting rooms for patients with respiratory infections (X-Extreme).
- Systems for reporting needle stick injuries or other incidents related to failure of infection prevention and control and for monitoring healthcare acquired infections not in place (V-Vital).
- Evidence of conducting annual hand washing drives or campaigns not available (V-Vital).
- Policy regarding infection prevention and control not meeting requirements (outdated, not signed by relevant authorities) and policy covering universal standard precautions not available (E-Essential).
- Educational material for staff on universal precautions and public/patients on specific healthcare associated infections, e.g. hand washing, respirator use, safe use and disposal of sharps, use of personal protective equipment, including specifics such as Cholera, Methicillin Resistant Staphylococcus Aureus (MRSA) and swine flu not available (E-Essential).
- Infection prevention and control of respiratory infection topics not included in the annual in-service education and training plan (E-Essential).
- Appropriate hand washing facilities and disinfectant solutions not available in the feed preparation areas (E-Essential).

DOMAIN 3: CLINICAL SUPPORT SERVICES

3.1 Pharmaceutical services: Average sub-domain score 52%

Deficiencies noted:

- Forum dealing with adverse drug reactions not in place (V-Vital).
- SOPs for compounding of medicines, storage, control and distribution of schedule 5 and 6 medicines, for dispensing of medicines and monitoring of adverse drug reactions not available (V-Vital).
- Documents outlining delivery schedule for medicine and medical supplies not available (E-Essential).
- Medicines and medical supplies not well managed and controlled, physical stock of supplies not corresponding to stock on inventory management system and re-order levels not in place (E-Essential).
- Entries in the schedule 5 and 6 drug registers incomplete and incorrect (E-Essential).
- Name and contact details of pharmacist on duty for provision of after hours services not available (E-Essential).
- Procedures relating to management of medicines not followed in pharmacies and medicine rooms (E-Essential).
- Evidence of stock take conducted for medicines and medical supplies not available (E-Essential).
- Minutes of the Pharmacy and Therapeutics committees were not available (E-Essential).

3.2 Diagnostic services: Average sub-domain score 84%

Deficiency noted:

- No pattern of non-compliant diagnostic services measures identified across facilities.

3.3 Therapeutic and support services: Average sub-domain score 48%

Deficiencies noted:

- Documentation and reporting of adverse blood reactions to the forum dealing with adverse events not done (V-Vital).
- Evidence of multi-disciplinary meeting held on support services were not available (E-Essential).
- Evidence that patients have access to a social worker or psychologist at the establishment on a regular basis was not available (E-Essential).
- Lists of NGOs and people with disabilities in local areas and referral services for patients requiring continuity of care at an appropriate health establishment closer to their home were not available in the units (D-Developmental).

3.4 Health technology: Average sub-domain score 27%

Deficiencies noted:

- Reports on adverse events involving medical equipment not available (V-Vital).
- Maintenance records for equipment such as ventilators, defibrillators not available (V-Vital).
- System to monitor items requiring replacement or ordering are received within 3 months not in place (V-Vital).
- Orientation programme not addressing training of staff in the use of medical equipment, in-service training and staff development programme not making provision to assess competencies and update staff on correct use of medical equipment (E-Essential).

3.5 Sterilisation service: Average sub-domain score 37%

Deficiencies noted:

- Document showing that all sterilization equipment is licensed and / validated were not available (V-Vital).
- System to monitor all incidents of sterilization failure was not in place (V-Vital).
- The decontamination policy and procedure detailing clear responsibilities for various aspects of sterilisation services were not available (E-Essential).
- A maintenance schedules and service history for all machines and equipment not available (Essential).
- Evidence of training of staff working with sterilisation equipment was not available (E-Essential).

3.6 Mortuary service: Average sub-domain score 44%

Deficiencies noted:

- Mortuary staff not wearing protective clothing such as masks, aprons, warm clothing and suitable gloves (E-Essential).
- The mortuary equipment not serviced regularly (E-Essential).
- The temperature records showed that monitoring of temperature not done twice daily (E-Essential).
- The policy for control of storage and removal and transportation of corpses not available (E-Essential).
- Registers for anatomical waste not correctly filled, dates for placement not written (E-Essential).

3.7 Clinical efficiency management: Average sub-domain score 4%

Deficiencies noted:

- Procedures to mitigate against cost of healthcare being passed onto patients unnecessarily and monitoring and mitigating against patient's medical aid funds being exhausted not available (E-Essential).
- Evidence of audits conducted to ensure efficient and accurate billing for healthcare services not available (E-Essential).
- Evidence of monitoring categories of funder rejections of claims were not available.
- Evidence showing that case managers code prescribed minimum benefits accurately to allow patients to access benefits were not available (E-Essential).
- Quality improvement programmes to improve the accuracy of coding and address shortcomings in length of stay and level of care were not available (E-Essential).
- Case management systems for pre-authorisation of procedures, regular updates and final verification of information to be sent to funders/authorities not in place (D-Developmental).
- Evidence to show that the HE monitors average Length of Stay and Level of Care for the top ten diagnoses against standard norms and targets not available (D-Developmental).

DOMAIN 4: PUBLIC HEALTH

4.1 Population based planning and service delivery: Average sub-domain score 26%

Deficiencies noted:

- HEs not signposted along the access road and no evidence showing contacts to remedy or improve signage and road access where HEs not accessible (E-Essential).
- Structured outreach programmes providing services and supporting the community were not available (E-Essential).
- Management plan/health service plan and engagement program with relevant stakeholders/NGOs to address community needs not available (D-Developmental).
- Documents reflecting/outlining understanding of the disease burden in the catchment population was not available (D-Developmental).
- Evidence of monitoring presenting complaints and diseases seen at HEs was not available (D-Developmental).
- Maps of catchment population with population numbers and demography of each region not available (D-Developmental).

4.2 Health promotion and disease prevention: Average sub-domain score 51%

Deficiencies noted:

- Evidence that HEs participated in health promotion activities was not available (E-Essential).
- Unavailability of health calendars and HEs programmes of activities supporting the health calendar (D-Developmental).

4.3 Environmental controls: Average sub-domain score 60%

Deficiency noted:

- The service level agreement for safe disposal of toxic chemicals / radioactive waste and expired medicines with an accredited service provider was not available (E-Essential).

4.4 Disaster preparedness: Average sub-domain score 19%

Deficiencies noted:

- Disaster management plan was not available (E-Essential).
- Evidence that HEs conducted emergency drills not available (E-Essential).

DOMAIN 5: LEADERSHIP AND CORPORATE GOVERNANCE

5.1 Oversight and accountability: Average sub-domain score 43%

Deficiencies noted:

- Minutes of the governance structure not addressing discussions on strategic plan and direction, organizational risks, management performance and remedial actions for failures in performance (E-Essential).
- Copies of delegations of authority for managers of HEs detailing the management authority in terms of expenditure, procurement and staff appointments in job descriptions was not available (E-Essential).
- Disclosures of financial interest not signed by managers (E-Essential).

5.2. Strategic management: Average sub-domain score 19%

Deficiencies noted:

- The operational plans not monitored quarterly against targets (V-Vital).
- The organogram of the health establishment management structure was not available (E-Essential).
- Strategic plans not available (E-Essential).
- The operational plans not meeting requirements (not aligned with the provincial APP or District Health Plan (DHP) targets, not detailing risk assessments, targets not included) (E-Essential).
- Internal audit reports not available (E-Essential).
- The staff establishment and related priorities such as Mid Term Plan (MTP)/ Annual Performance Plan (APP) not ensuring availability of sufficient staff in the required specialties to deliver services as defined in the strategic plan (E-Essential).

5.3. Risk management: Average sub-domain score 60%

- No trends or pattern of non-compliant risk management measures identified across facilities.

5.4 Quality improvement: Average sub-domain score 77%

- No trends or pattern of non-compliant quality improvement measures identified across facilities.

5.5 Effective leadership: Average sub-domain score 38%

Deficiencies noted:

- Evidence that managers attended leadership and management development courses not available (E-Essential).
- Managers' Performance Management Agreements not available and performance reviews not done quarterly (E-Essential).
- Results of staff satisfaction surveys showed managers were not perceived as role models nor supporting of issues and staff dissatisfaction leading to resignations (E-Essential).

5.6 Communication and public relations: Average sub-domain score 45%

Deficiencies noted:

- Policy for obtaining patients consent on the disclosure of identifiable information to third parties was not available (V-Vital).
- Staff satisfaction survey results not addressing how staff feel about active participation in decision making and consideration of their views on issues related to quality (E-Essential).
- A PROATIA manual not available to be accessed by patients in HEs (D-Developmental).

DOMAIN 6: OPERATIONAL MANAGEMENT

6.1 Human resource management and development: Average sub-domain score 52%

Deficiencies noted:

- Staffing ratios for key areas not in accordance with approved staffing plan (V-Vital).
- The registers/documentation for professional staff annual registration with professional bodies were not up to date as proof of current registration was not available (E-Essential).
- Records of continuing professional development and further education needs for staff were not available (Essential).
- Staff satisfaction survey results showed dissatisfaction with the education they received in clinical technical areas (E-Essential).

- Joint agreement/discussion forum between management and unions for conducting disciplinary proceedings and codes of conduct in the health establishment not available (E-Essential).
- Trends in vacancy, absenteeism and turnover rates not monitored (E-Essential).
- Staff working hours not monitored to ensure compliance with the Basic Conditions of Employment Act in terms of hours worked per week (E-Essential).

6.2 Staff welfare and employee wellness: Average sub-domain score 25%

Deficiencies noted:

- Measures to prevent incidents of harm to staff not in place (X-Extreme).
- Annual report on incidents of harm to staff and evidence of remedial action were not available (X-Extreme).
- Evidence of medical examinations performed for health care workers exposed to potential occupational hazards was not available (V-Vital).
- Records of needle stick injuries showing provision of post exposure prophylaxis and re-testing for blood borne diseases were not available (V-Vital).
- Evidence of EAP utilisation and participation in formal initiatives in the programme were not available (E-Essential).
- Actions not taken to address issues identified in staff satisfaction surveys (E-Essential).

6.3 Financial management: Average sub-domain score 67%

- No pattern of non-compliant financial management measures identified across facilities.

6.4 Supply chain and asset management: Average sub-domain score 25%

Deficiencies noted:

- Policy for filling and management of contracts were not available (E-Essential).
- Inadequate stock control systems without stocktake, re-order levels and physical stock not corresponding to inventory management system (E-Essential).
- Asset Registers not available, inventory records not showing asset monitoring and action on variances not done (E-Essential).
- Loss and theft registers not showing investigation of losses and theft and actions put in place to prevent recurrences (E-Essential).
- Evidence of stock take done was not available (E-Essential).

6.5 Transport and fleet management: Average sub-domain score 71%

- No pattern of non-compliant transport and fleet management measures identified across facilities.

6.6 Information management: Average sub-domain score 55%

Deficiencies noted:

- The policy regarding disposal of confidential information was not available (E-Essential).
- Management staff not aware of a contingency plan in the event of mechanical failure of IT systems which will allow operations to continue in the HEs (E-Essential).
- Proof of testing of contingency plan not available (E-Essential).
- Evidence that management use reports generated by information systems for decision making and planning was not available (E-Essential).

6.7 Medical record: Average sub-domain score 43%

Deficiencies noted:

- SOPs for requests, retrieval and filing of patient files not available (V-Vital).
- Medical records rooms not secured to ensure accessibility by authorised staff only (E-Essential).
- Insufficient space in medical record rooms for effective and secure filing storage and retrieval (E-Essential).

- Evidence of training records room staff in management of medical archives was not available (D-Developmental).

DOMAIN 7: FACILITIES AND INFRASTRUCTURE

7.1. Buildings and ground: Average sub-domain score 53%

Deficiencies noted:

- Safety hazards such as e.g. collapsing ceilings, cracked walls, loose electrical wires observed (V-Vital).
- Inspection reports of safety hazards and maintenance records addressing inspections findings not available (V-Vital).
- Grounds not maintained for safety and cleanliness (E-Essential).
- Access routes and emergency vehicle access roads not marked (E-Essential).
- Inspection records to determine whether available facilities are used as intended in the building plans not available (E-Essential).
- Inadequate patient waiting areas observed (E-Essential).
- Maintenance programme ensuring regular maintenance is carried out as schedule not available (E-Essential).
- The authorisation notices in line with Regulation 42 and the Mental Health Care Act, 2002 (Act No. 17 of 2002) regulations were not available (E-Essential).
- Records of night inspections done to ensure adequate lighting on grounds for a safe environment were not available (D-Developmental).

7.2 Machinery and utilities: Average sub-domain score 46%

Deficiencies noted:

- Systems to supply piped suction and medical gas vacuum not available in clinical areas (X-Extreme).
- Maintenance records for maintenance and testing of systems and installations not available (V-Vital).
- Emergency warning systems that sound throughout staffed areas were not available and staff did not know how to react to an emergency warning (E-Essential).
- Logbook or inspection sheets for electrical power not available (E-Essential).
- Access to switch-board not controlled (D-Developmental).
- Up-to-date lay out plan of all electrical, mechanical, water and sewerage systems were not available (D-Developmental).
- The policy for the maintenance of plant, equipment and installations not available (D-Developmental).

7.3 Safe and secure environment: Average sub-domain score 18%

Deficiencies noted:

- The security policy not available (V-Vital).
- Security systems not positioned at vulnerable patient areas such as maternity, paediatric, psychiatric, emergency units, access points (V-Vital).
- The Fire Certificate unavailable (E-Essential).
- Records of night inspections done on premises to ensure lighting is functional and all areas are lit up was not available (E-Essential).
- Emergency drills not conducted (E-Essential).
- Safety and security notices not displayed in all service areas (D-Developmental).

7.4. Hygiene and cleanliness: Average sub-domain score 43%

Deficiencies noted:

- Toilets and bathrooms not clean (V-Vital).
- Cleaning staff observed not wearing protective clothing while carrying out their duties (V-Vital).

- Records of daily inspections of cleanliness, monthly pest control and mandatory pre-placement tests for cleaning staff (hepatitis A and B) not available (V-Vital).
- Evidence of training cleaners on the use of cleaning equipment, cleaning materials, disinfectants, detergents and infection control procedures not available (E-Essential).
- Maintenance plan ensuring regular service of cleaning machines not available (E-Essential).

7.5 Waste management: Average sub-domain score 51%

Deficiencies noted:

- Outside waste bins/waste storage areas not well maintained and poses a health risk (bins without lids/waste not in bins/waste out in open areas) (V-Vital).
- The policy for HCRW management not meeting requirements (in draft, not signed, signed by unauthorised signatory) (E-Essential).
- Monitoring of the SLAs for waste removal and disposal not done (E-Essential).
- General waste stored in inappropriate containers which are not neatly packed (D-Developmental).

7.6 Linen and laundry: Average sub-domain score 63%

Deficiencies noted:

- Monthly reconciliation of linen stock sheets to identify losses and shortages not done (E-Essential).
- Policies for management of laundry service and handling of clean and dirty, soiled and infectious linen not available (D-Developmental).
- Linen rooms or storage cupboards observed not locked, not well organised or stocked to meet the requirements of HEs (D-Developmental).

7.7 Food services: Average sub-domain score 58%

Deficiencies noted:

- The procedures for procurement, storage and preparation of food services not available (E-Essential).
- Equipment in the kitchens not in proper working order (E-Essential).
- Health inspections not conducted, (records of health inspections not available) (E-Essential).
- Hand washing basins not provided with hand washing material (soap, hand towels) (E-Essential).
- Inappropriate meal delivery trolleys, (not temperature controlled) (E-Essential).
- Records of mandatory pre-employment tests for food-handle not available (E-Essential).

Provincial Summary Findings (Continued)

3.5.3. Gauteng Province

Average percentage outcome score per facility type

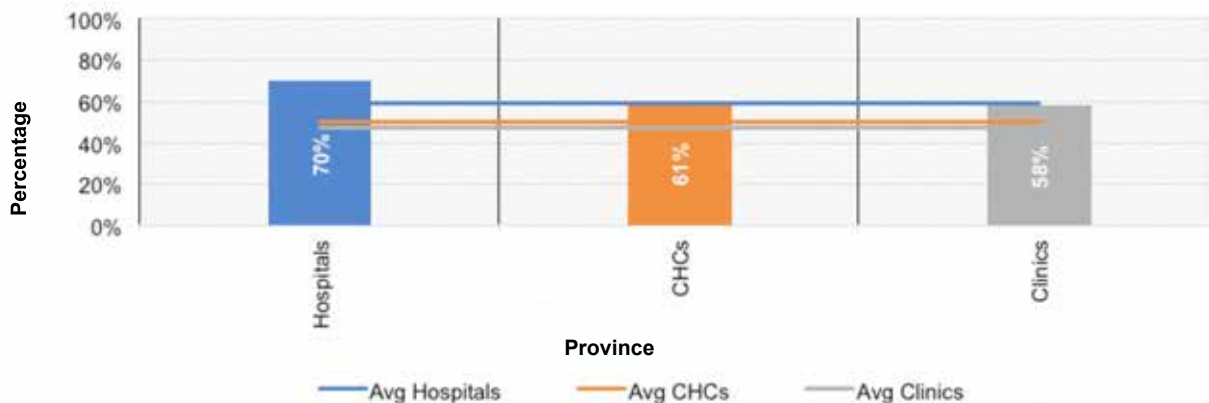


Figure 37: Average percentage outcome score per facility type.

The figure above illustrates the average percentage outcome score per facility type of the hospitals; 1 was central hospital, 4 regional hospitals and 1 district hospital with an average of 70%; 1 CHC scored 61% and 95 clinics scored an average of 58%. (The 3 horizontal lines represent the national average)

Average percentage outcome score per domain

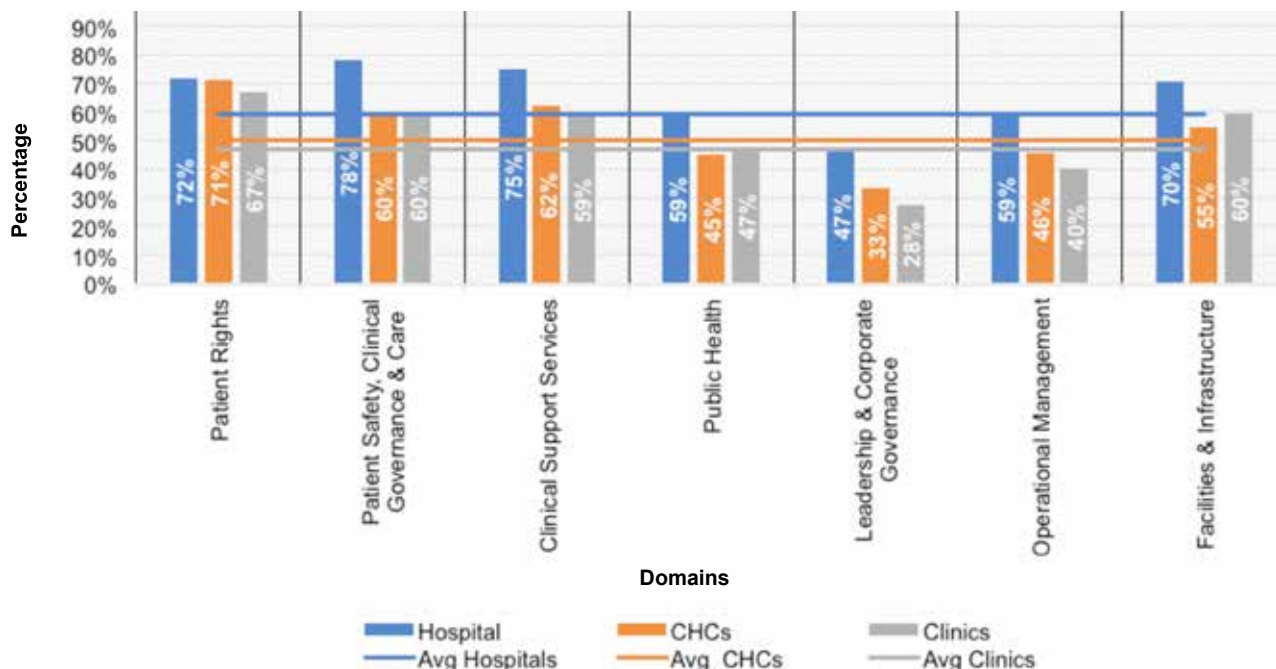


Figure 38: Average percentage outcome score per domain.

The figure above shows the 3 horizontal lines which represent the national average. Of the 7 domains; the domain facilities and infrastructure, patient rights, clinical support services and patient safety clinical governance and care had average performance scores for hospitals ranged from 70% to 78% whilst the domains on leadership and corporate governance, public health and operational management ranged from 47% to 59%. Overall, the performance scores for hospitals were higher than those of CHCs and Clinics across all domains where the average score for hospitals was 59% while CHCs and clinics had scores of 50% and 47% respectively.

Average percentage outcome score per Ministerial Priority Area

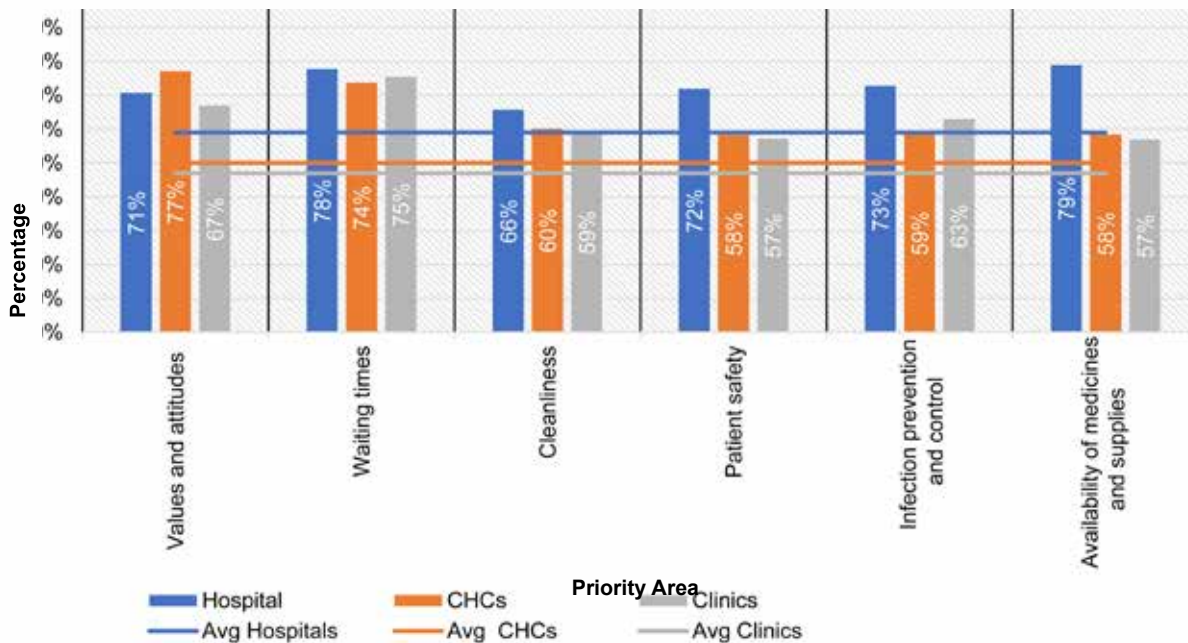


Figure 39: Average percentage outcome score per Ministerial priority area.

The figure above shows the average percentage outcome score per Ministerial Priority Areas and the 3 horizontal lines represent the national average. The average hospital percentage score for the following ministerial priority areas: values and attitudes, patient safety, infection prevention and control, waiting times and availability of medicines and supplies ranged from 71% to 79%. Cleanliness ministerial priority area had the lowest hospital average performance score of 66%. Overall, hospitals had higher average performance scores compared to CHCs and Clinics.

3.5.3.1 Gauteng Provincial Summary Findings:

The provincial summary section reflects performance in percentage score for sub-domains. The sub-domains describe key functions within each individual domain. The focus is on commonly identified cross cutting non-compliance measures. Risk rating of each measure is indicated in brackets as follows: **X-Extreme**, **V-Vital**, **E-Essential** and **D-Developmental**. **For each sub-domain, the average score for facilities in the province is provided followed by a list of common deficiencies identified across facilities. In most cases deficiencies identified DO NOT apply to all facilities inspected. Appendix A summarises the overall performance scores for individual HEs by province**

DOMAIN 1: PATIENT RIGHTS

1.1 Respect and dignity: Average sub-domain score 60%

Deficiencies noted:

- No records showing action that was taken where there were incidents of patients abuse by staff (**X-Extreme**).
- Consultation and counselling not taking place in an appropriate area which ensures users privacy and confidentiality (**E-Essential**).
- Patient satisfaction survey results show that they were not satisfied with food, linen and cleanliness of HEs (**E-Essential**).
- No provision of clean drinking water and disposable cups at waiting areas in the HEs (**E-Essential**).

1.3 Access to information for patients: Average sub-domain score 73%

Deficiencies noted:

- No written policies or guidelines relating to informed consent (X-Extreme).
- Forms for informed consent completed incorrectly by health professionals (X-Extreme).
- No clear signage to different service areas in HEs (D-Developmental).
- Ethical research policy and protocol not available (D-Developmental).
- Signage board at entrance of the HEs did not indicate the times various services were offered (D-Developmental).
- Patient rights posters or leaflets not available in common local languages. (D-Developmental).
- Observed staff were not all wearing name badges (D-Developmental).

1.4 Physical access: Average sub-domain score 79%

Deficiency noted:

- No ablution facilities for disabled persons in the HEs (E-Essential).

1.5 Continuity of care: Average sub-domain score 58%

Deficiencies noted:

- No patient referral policy (V-Vital)
- The procedure by which referrals and bookings for patients requiring specialist interventions and that of accessing patients transport not available (V-Vital).
- The files of the last patients transferred into and out of the HE not containing copies of a referral letter (E-Essential).
- Map/list of catchment areas and service providers in the referral chain with contact details was not available in patient care areas (E-Essential).
- Terms of reference of a forum reviewing referrals not available (D-Developmental).
- No evidence that referral data is regularly monitored to improve the referral system (D-Developmental).

1.6 Reducing delays in care: Average sub-domain score 78%

Deficiencies noted:

- No special queues designated for specific groups of patients and patients not informed of how long they will wait in the queue (E-Essential).
- Waiting times for elective procedures were not monitored (E-Essential).
- No person/s responsible for the management of queues and patient flow (E-Essential).
- No system in place to reduce waiting time for file retrieval (D-Developmental).

1.7 Emergency care: Average sub-domain score 75%

Deficiency noted:

- Policy regarding, HE closures and ambulance diversions not available (E-Essential).

1.8 Complaints management: Average sub-domain score 65%

Deficiencies noted:

- Complaints relating to serious adverse events not managed through the adverse events management system (E-Essential).
- Not all complaints logged in the register as well as time frames in which they are resolved.
- Terms of reference of a forum reviewing complaints not available (E-Essential).
- The poster or pamphlet on complaints not reader friendly and not available in the local languages (E-Essential).
- Information on procedure for complaints not prominently displayed in all service areas (E-Essential) (E-Essential).

DOMAIN 2: PATIENT SAFETY, CLINICAL GOVERNANCE AND CLINICAL CARE

2.1 Patient care: Average sub-domain score 72%

Deficiencies noted:

- No evidence that health establishment monitor its morbidity and mortality statistics and implements improvement programmes to address concerns (E-Essential).
- Interviewed patients indicated that they were not given information or advice about looking after themselves in relation to improving their health (D-Developmental).

2.2 Clinical Management of priority conditions: Average sub-domain score 38%

Deficiencies noted:

- Clinical audits of each priority programme/health initiative not done (V-Vital).
- No evidence showing quality improvement plans have been implemented to address shortcomings and improve outcomes (V-Vital).
- No evidence that health outcomes of priority programmes or health initiatives monitored against relevant targets (E-Essential).

2.3 Clinical Leadership: Average sub-domain score 69%

Deficiencies noted:

- Healthcare professionals interviewed indicated that they do not have access to adequate supervision (V-Vital).
- Quality improvement plans not showing that healthcare professionals, nurses, pharmacists and doctors are responsible for implementing relevant improvements to patient care (E-Essential).

2.4 Clinical risk: Average sub-domain score 71%

Deficiencies noted:

- Policy for handling emergency resuscitations not available (X-Extreme).
- No forum to review resuscitations (X-Extreme).
- Protocol regarding the safe administration of medicines to patients not available (V-Vital).
- Procedure for the management of patients detained for 72-hour observations not available (V-Vital).
- Initial assessments of high risk patients not reflecting the identification of specific risk factors (E-Essential).
- Clinical risk assessments not conducted in each service/department of the establishment according to relevant policy and/or guidelines (E-Essential).

2.5 Adverse events: Average sub-domain score 53%

Deficiencies noted:

- Adverse events policy not available (E-Essential).
- No system for reporting of adverse events indicating severity, categorisation and actions taken (E-Essential).
- Adverse event reports not reflecting that immediate actions are taken at the time of incident and a root cause analysis done to prevent recurrence (E-Essential).
- Procedure that support staff affected by adverse events not available (E-Essential).
- Adverse blood reactions not documented and reported to the forum dealing with adverse events (E-Essential).
- The annual in-service training plan not including training on how to carry out safety checks and prevent accidents in the environment (D-Developmental).

2.6 Infection prevention: Average sub-domain score 68%

Deficiencies noted:

- Policy regarding infection prevention and control in HE/units covering all aspects of infection prevention and control was not available (X-Extreme).
- Policy and procedure covering universal standard precautions not available. (X-Extreme).
- Minutes of the forum reviewing infection control not indicating infection control surveillance data and control measures are regularly discussed and analysed (V-Vital).
- No evidence showing statistics on common health care associated infections are monitored monthly (E-Essential).
- System for monitoring health establishment acquired infections (nosocomial infections) not in place (E-Essential).
- Infection Prevention and Control Programme to reduce healthcare associated infections not implemented (E-Essential).

DOMAIN 3: CLINICAL SUPPORT SERVICES

3.1 Pharmaceutical services: Average sub-domain score 63%

Deficiencies noted:

- Entries in the schedule 5 and/or 6 drug register incomplete and incorrect (V-Vital).
- No procedure relating to management of medicines, medical supplies and devices (V-Vital).
- Prescriptions audited show that prescribing was not in accordance with prescribing guidelines and policies (E-Essential).
- Physical stock not corresponding to stock take on the inventory management system (E-Essential).
- Stock control system not showing minimum and maximum or re-ordering levels for medicines and medical supplies (E-Essential).
- No evidence that stock take was done for medicines and medical supplies (E-Essential).
- Documents outlining terms of agreement for supply of medicines and medical supplies were not available (E-Essential).
- Emergency cupboards for the supply of medicines after hours were not locked (E-Essential).

3.2 Diagnostic services: Average sub-domain score 89%

Deficiency noted:

- No pattern of non-compliant diagnostic services measures identified across facilities (E-Essential).

3.3 Therapeutic and support services: Average sub-domain score 70%

Deficiencies noted:

- List of non-governmental organisations and disabled people organisations not available (D-Developmental).
- Multidisciplinary meetings with full range of clinical support services staff not occurring on a regular basis (D-Developmental).

3.5 Health technology: Average sub-domain score 41%

Deficiencies noted:

- Records not showing that equipment were maintained according to a planned schedule or manufacturers instructions (V-Vital).
- No system in place to monitor turnaround times for items requiring replacement or ordering (V-Vital).
- The staff development and in-service training programme not making provision to assess and update staff on the correct use of medical equipment (E-Essential).
- No evidence showing adverse events involving medical equipment being reported and actions taken to prevent recurrence being implemented (E-Essential).

3.6 Sterilisation services: Average sub-domain score 53%

Deficiency noted:

- Decontamination policy not available (E-Essential).

3.7 Mortuary services: Average sub-domain score 83%

Deficiency noted:

- Mortuary equipment not in good working order and not serviced regularly (E-Essential).

3.8 Clinical efficiency management: Average sub-domain score 43%

Deficiencies noted:

- No evidence showing that quality improvement programmes are in place to improve the accuracy of coding (E-Essential).

DOMAIN 4: PUBLIC HEALTH**4.1 Population based planning and service delivery: Average sub-domain score 45%**

Deficiencies noted:

- Health establishments not clearly signposted along the access roads (E-Essential).
- No evidence showing that correspondence or contacts were made to remedy or improve signage for road access (E-Essential).
- The health service plan for the financial year in which the health outcomes and needs of the community are addressed not available including an engagement program with relevant stakeholders and NGOs (D-Developmental).
- No evidence showing integrated and intersectoral collaboration in addressing policies and practices in relation to environmental hygiene, adolescent health, nutrition, health promotion and school health (D-Developmental).
- No evidence of management representatives' attendance of meetings with the public (D-Developmental).

4.2 Health promotion and disease prevention: Average sub-domain score 69%

Deficiency noted:

- No pattern of non-compliant health promotion and disease prevention measures identified across facilities (E-Essential).

4.3 Health emergencies and disaster preparedness: Average sub-domain score 37%

Deficiencies noted:

- Disaster management plan not available (E-Essential).
- Drills to test the preparedness of the disaster plan including emergency, disease outbreak, fire / and natural disaster not conducted (E-Essential).
- An intersectoral plan for management of possible health emergencies and disease outbreaks not available (E-Essential).
- Interviewed staff not aware of the disaster management plan including health emergencies and their role in the plan (E-Essential).
- No evidence that in-service training was done on disease outbreaks (E-Essential).

4.4 Environmental controls: Average sub-domain score 62%

Deficiencies noted:

- No SLA with an accredited service provider for safe disposal of toxic chemicals, radioactive waste and expired medicines (E-Essential).

DOMAIN 5: LEADERSHIP AND CORPORATE GOVERNANCE

5.1 Oversight and accountability: Average sub-domain score 19%

Deficiencies noted:

- The governance structure to provide strategic direction in HEs not in place (E-Essential).
- A copy of the delegations of authority for managers, detailing the managers authority in terms of expenditure, procurement and staff appointments not available (E-Essential).
- A written organogram of the HE management structure not up to date (E-Essential).

5.2 Strategic management: Average sub-domain score 32%

Deficiencies noted:

- Provincial Annual Performance Plan (APP) or District Health Plans (DPH) not available to ensure alignment with operational plan in HEs (E-Essential).
- No evidence that operational plans were monitored quarterly against targets and indicators. (E-Essential).
- Operational plans not showing clear service delivery requirements for finance, human resources, operations and clinical service components including targets (E-Essential).
- Operational plans not including detailed risk assessments of each critical component in delivering the services against the plan (E-Essential).
- No approval by the governance structure of the budget allocation plan that included key priority areas to be funded (E-Essential).
- Reports of external audits not made available to the management team. (E-Essential).
- Minutes of management meetings not demonstrating internal and external audit reports were considered with actions to address concerns (E-Essential).
- Written organogram not available (E-Essential).

5.3 Risk management: Average sub-domain score 33%

Deficiency noted:

- Risk management strategy document including evidence of monitoring and mitigation action plans was not available (E-Essential).

5.4 Quality improvement: Average sub-domain score 76%

- No pattern of non-compliant quality improvement measures identified across facilities (V-Vital).

5.5 Effective Leadership: Average sub-domain score 45%

Deficiencies noted:

- No evidence showing exit interviews were conducted with all managers who have resigned (V-Vital).
- Performance management agreements of the managers not aligned with the strategic and operational plans and did not contain targets (E-Essential).
- Leadership and management competency assessment for managers were not conducted. (E-Essential).
- Results of staff satisfaction surveys not showing that managers were perceived as role models and leaders in the HE (E-Essential).

5.6 Communication and public relations: Average sub-domain score 48%

Deficiencies noted:

- Policy for obtaining patients consent on the disclosure of identifiable information to third parties was not available (V-Vital).
- According to Staff satisfaction survey results, staff felt they were unable to participate in decision making and that their views were not taken into consideration on issues related to quality (E-Essential).
- A PROATIA manual not available and accessible to patients in the HEs (D-Developmental).

DOMAIN 6: OPERATIONAL MANAGEMENT

6.1 Human resource management and development: Average sub-domain score 51%

Deficiencies noted:

- Staff patient ratios in key areas not in accordance with the approved staffing plan (V-Vital).
- No evidence that agreements with staff who perform remunerated work outside the establishment are monitored (V-Vital).
- No written joint agreement, discussion forum between management and unions for example, on conducting of disciplinary proceedings and codes of conduct in the HEs. (E-Essential).
- A register with up to date annual professional body registration numbers for each category of staff not available (E-Essential).
- Records not kept for each health care professional in terms of their status of continuing professional development and their further educational needs (E-Essential).

6.2 Staff welfare and employee wellness: Average sub-domain score 30%

Deficiencies noted:

- No evidence that medical examinations were done for health care workers exposed to occupational hazards. Pre-placement examination not performed before commencement or within 14 days of employment where relevant (V-Vital).
- No evidence that staff who had needle stick injuries received post exposure prophylaxis and been re-tested (V-Vital).
- No evidence that staff participate in formal initiatives in the Employee Wellness Programme (E-Essential).
- No annual report that reflects incidents of harm to staff and the remedial action taken (E-Essential).
- A report demonstrating that actions have been taken to improve areas identified in staff satisfaction survey not available (E-Essential).

6.3 Financial management: Average sub-domain score 86%

- No pattern of non-compliant financial management measures identified across facilities.

6.4 Supply chain and asset management: Average sub-domain score 29%

Deficiencies noted:

- No evidence that turnaround times for critical stock are set and monitored regularly (V-Vital).
- No asset registers available for categories including disposed and redundant (E-Essential).
- Stock control system not showing minimum and maximum or re-order levels (E-Essential).
- Inventory records not showing that assets were monitored, and variances acted upon (E-Essential).
- There was no evidence that a stock take was done for supplies (E-Essential).
- Physical stock not corresponding to stock on inventory management system (E-Essential).

6.5 Transport and fleet management: Average sub-domain score 74%

Deficiency noted:

- Records not showing that vehicle utilisation in terms of log-sheets, fuel consumption and service plan being monitored and managed to prevent misuse (E-Essential).

6.6 Information management: Average sub-domain score 59%

Deficiencies noted:

- Management staff not aware of a contingency plan in the event of mechanical failure of IT systems which will allow operations to continue in the health establishment (E-Essential).
- Proof of testing the contingency plan which includes backup of data was not available.
- A written policy regarding disposal of confidential waste not available (E-Essential).
- No evidence that reports generated through information systems were used to assist management in planning and decision making (E-Essential).

- Confidential records not archived in a secure access-controlled environment that is fire proof (E-Essential).
- No evidence that information was submitted to the DHIS (D-Developmental).

6.7 Medical Records: Average sub-domain score 55%

Deficiencies noted:

- SOPs for requests, retrieval and filing of patient files not available (V-Vital).
- Records room staff not appropriately trained in the management of medical archives (D-Developmental).

DOMAIN 7: FACILITIES AND INFRASTRUCTURE

7.1 Buildings and grounds: Average sub-domain score 65%

Deficiencies noted:

- Maintenance records not showing annual management inspection reports, recommendations for safety hazards and maintenance needs (V-Vital).
- The authorisation notice in line with Regulation 42 of the Mental Health Act was not available (E-Essential).
- No evidence that procedure for requisitioning of repairs indicates measures and time frames between requisition and finalisation (E-Essential).
- Records showing night inspections to ensure adequate lighting of grounds for a safe environment for vehicles, staff and visitors were not available (D-Developmental).

7.2 Machinery and utilities: Average sub-domain score 61%

Deficiencies noted:

- No documented evidence that in event of power disruption, emergency power supply is available in critical clinical areas (E-Extreme).
- No functional system to supply piped medical gas and suction in some clinical areas (E-Extreme).
- Emergency numbers not displayed at switchboard, reception area and consulting rooms (E-Essential).
- No telephones in working order in reception and some consultation rooms (E-Essential).
- Maintenance records not showing that maintenance and testing of systems and installations were documented in accordance with regulations (E-Essential).
- Logbook or inspection sheets for electrical power not available (E-Essential).
- Lay out plan of all electrical, mechanical, water and sewerage systems including any manholes were not available (D-Developmental).
- Policy and procedures for maintenance of plant, equipment and installations not available (D-Developmental).
- Records not showing where upgrading, replacing, decommissioning and disposal of operational plant was required not done in line with policy and procedures (D-Developmental).

7.3 Safe and security environment: Average sub-domain score 56%

Deficiencies noted:

- Security systems not positioned at vulnerable patient areas such as maternity, paediatric, psychiatric, emergency units and access and egress points (V-Vital).
- Quarterly emergency drills not conducted (E-Essential).
- The Fire Certificate for the HE not available (E-Essential).

7.4 Hygiene and cleanliness: Average sub-domain score 62%

Deficiencies noted:

- Records not showing that daily inspections of cleanliness were carried out (V-Vital).
- Cleaning staff not wearing protective clothing while carrying out their duties (V-Vital).
- No records of the mandatory pre-placement tests for cleaning staff, (hepatitis A and B) (E-Essential).
- Maintenance plan record not showing that cleaning machines were regularly serviced and in good repair (E-Essential).
- Notices prohibiting smoking inside the buildings not prominently displayed (D-Developmental).

7.5 Waste management: Average sub-domain score 65%

Deficiencies noted:

- Records not showing that waste manager monitors and manages SLAs for waste removal and disposal (V-Vital).
- Policy for Healthcare risk waste (HCRW) management not available (E-Essential).

7.6 Linen and laundry: Average sub-domain score 60%

Deficiency noted:

- The policy and procedures for handling of clean, dirty, soiled and infectious linen not available (E-Essential).

7.7 Food Services: Average sub-domain score 73%

- No pattern of non-compliant food services measures identified across facilities.

Provincial Summary Findings (Continued)

3.5.4. KwaZulu-Natal Province

Average percentage outcome score per facility type

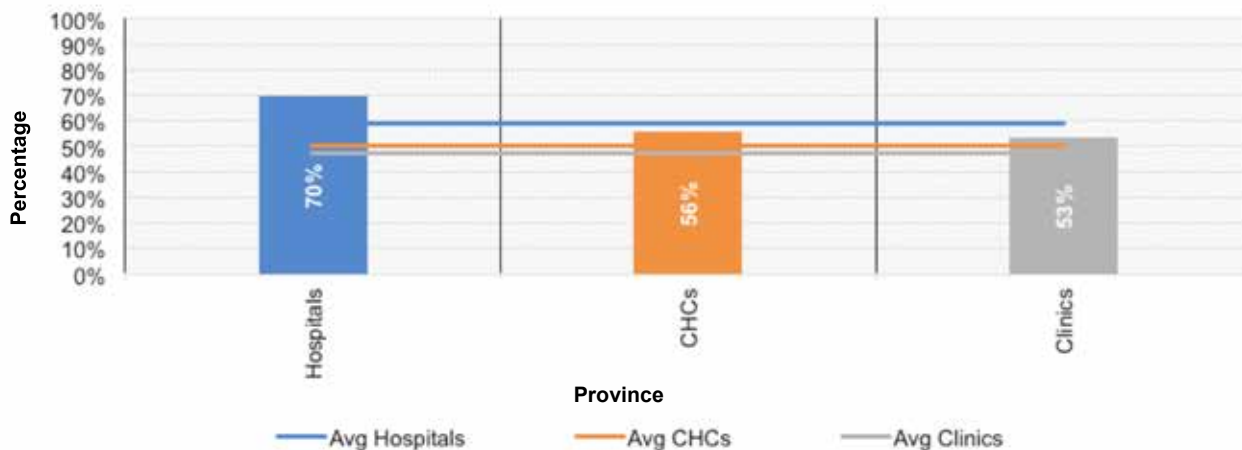


Figure 40: Average percentage outcome score per domain.

The figure above shows the 3 horizontal lines represent the national average. The 3 Regional hospital and 4 District hospitals had an average of 70%; 1 CHC scored 56% and 96 clinics scored an average of 53%.

Average percentage outcome score per domain

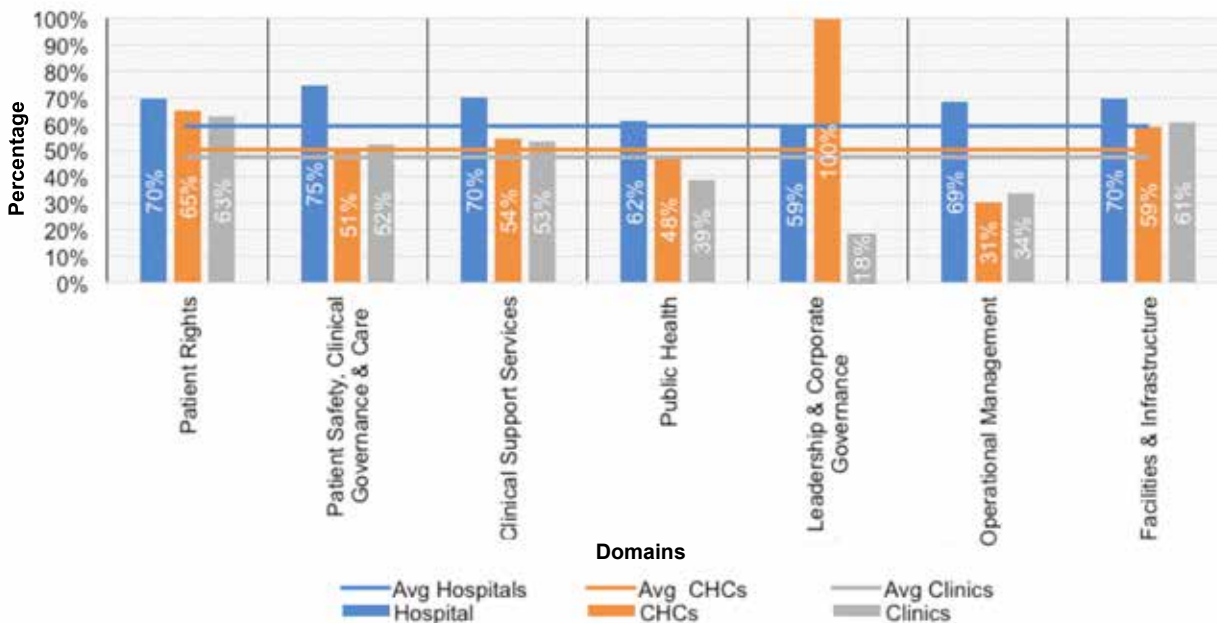


Figure 41: Average percentage outcome score per domain.

The figure above shows the average percentage outcome score per domain and the 3 horizontal lines represent the national average. Of the 7 domains, the domain on patient safety, clinical governance and care had the highest hospital average performance score of 70% in KwaZulu-Natal province whilst the domains on patient rights, clinical support services and facilities and infrastructure's average performance score for hospitals was 70%. Three domains in the province namely: leadership and corporate governance, public health and operational management had the hospital average performance scores which ranged from 59% to 69%. Overall, the performance scores for hospitals were higher than those of CHCs and Clinics across all domains except for leadership and corporate governance domain where CHCs had average performance score of 100% whilst hospitals and clinics had scores of 59% and 18% respectively.

Average percentage outcome per Ministerial Priority Area

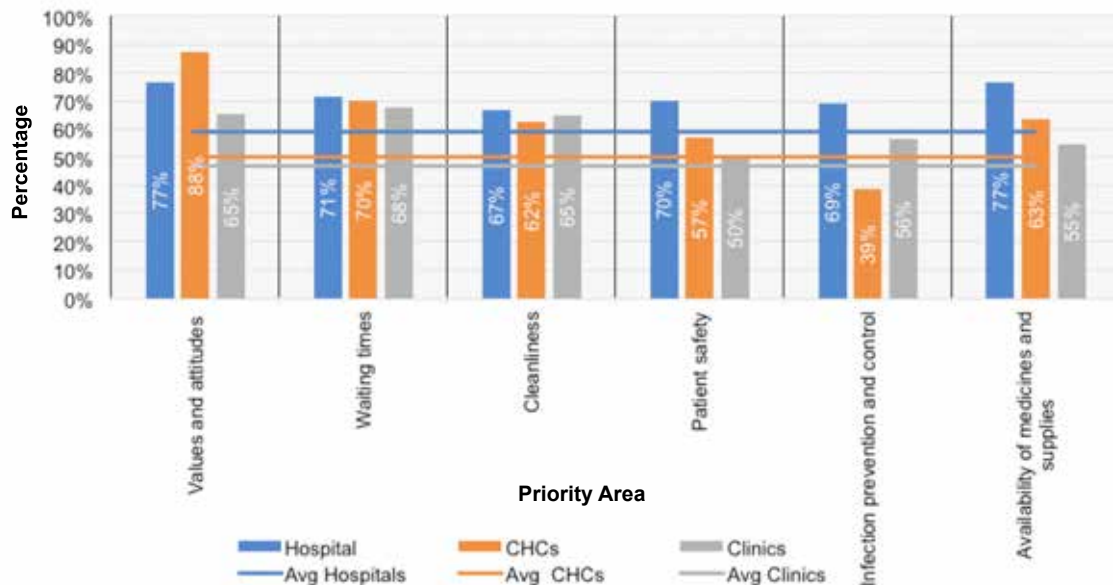


Figure 42: Average percentage outcome per Ministerial Priority Area.

The figure above shows the 3 horizontal lines represent the national average. The average hospital percentage score for the following Ministerial Priority Areas; patient safety, waiting times, values and attitudes and availability of medicines and supplies ranged from 70% to 77%. Cleanliness and infection prevention and control had hospital average performance scores of 67% and 69%. Overall, hospitals had higher average performance scores compared to CHCs and clinics.

3.5.4.1 KwaZulu-Natal Provincial Summary Findings:

The provincial summary section reflects performance in percentage score for sub-domains. The sub-domains describe key functions within each individual domain. The focus is on commonly identified cross cutting non-compliance measures. Risk rating of each measure is indicated in brackets as follows: X-Extreme, V-Vital, E-Essential and D-Developmental. **For each sub-domain, the average score for facilities in the province is provided followed by a list of common deficiencies identified across facilities. In most cases deficiencies identified DO NOT apply to all facilities inspected. Appendix A summarises the overall performance scores for individual HEs by province.**

DOMAIN 1: PATIENT RIGHTS

1.1 Respect and dignity: Average sub-domain score 61%

Deficiencies noted:

- Care was not provided in a manner which maximise patient privacy through closed doors, screens or curtains (E-Essential).
- Some of the observed staff were not wearing name tags(E-Essential).
- Records of monitoring of incidents of staff abuse on patients were not available(E-Essential).
- Patients satisfaction survey report and minutes of the forum discussing patients survey were not available (E-Essential).
- Clean water and disposable cups were not available in patient waiting areas (E-Essential).
- Document for benchmarking of waiting times was not available (D-Developmental)

1.2 Access to information: Average domain score 72%

Deficiencies noted:

- There were no signage boards at the entrance of the HEs, while some were faded, and others did not indicate the service times (D-Developmental).
- There was no signage to different service areas in the HEs.

1.3 Physical access: Average sub-domain score 82%

Deficiencies noted:

- Ramps with handrails of an acceptable gradient were not available at the entrances and where needed (V-Vital).
- There were no ablution facilities for disabled persons in the HEs (E-Essential).

1.4 Continuity of care: Average sub-domain score 44%

Deficiencies noted:

- Standard operating procedures for patient referral, bookings for patients requiring specialist interventions and accessing patient transport services were not available(V-Vital)
- Map of catchment areas and service providers in the referral chain did not contain the contact details (E-Essential).
- The files of the last patients transferred into and out of the health establishment did not contain copies of referral letters. (E-Essential).

1.5 Reducing delays in care: Average sub-domain score 67%

Deficiencies noted:

- There were no special queues designated for specific groups of patients nor a person responsible for the management of queues(V-Vital)
- Patients were not informed of how long they will wait in the queue(E-Essential).
- System to reduce waiting time for retrieval of files was not in place (E-Essential).
- Document reflecting agreed-upon local targets for waiting times not available (D-Developmental).

1.6 Emergency care: Average sub-domain score 70%

Deficiencies noted:

- Procedure which emphasises the speedy handover of patients to reduce handover time from Emergency Medical Services to hospital staff was not available(V-Vital)
- Policy on HEs closures and ambulance diversions was not available(E-Essential).

1.7 Complaints management: Average sub-domain score 62%

Deficiencies noted:

- The procedure for the management of complaints was available, however Information on the procedure for complaints was not displayed (E-Essential).
- Complaints were not classified by order of severity and the time frames in which they have been resolved was not documented in the register (E-Essential).

DOMAIN 2: PATIENT SAFETY, CLINICAL GOVERNANCE & CLINICAL CARE**2.1 Patient care: average sub-domain score 81%**

Deficiency noted:

- Minutes of morbidity and mortality meetings were not signed and there was no evidence of action plans to be taken to address concerns (E-Essential).

2.2 Clinical management and priority health conditions: Average subdomain score 35%

Deficiencies noted:

- Clinical audits of each priority programme and health initiative were not conducted and there were no quality improvement plans (E-Essential).
- Evidence that health outcomes of the priority programmes and health initiatives are monitored against the relevant targets was not available (E-Essential).

2.3 Clinical leadership: Average sub-domain scores 69%

Deficiencies noted:

- Evidence that health professionals used outcomes of quality committee reviews to improve patient care was not available (E-Essential).
- Job descriptions for departmental heads which indicates that posts are filled by appropriately qualified health care professionals were not available (D-Developmental).

2.4 Clinical risk: Average sub-domain scores 62%

Deficiencies noted:

- The policy on handling emergency resuscitations was not available (X-Extreme).
- Procedures for patients with special needs including the terminally ill, patients requiring 72-hour observations or with reduced mobility were not available. (V-Vital).
- Safety precautions that prevent harm in units where children are cared for were not observed (V-Vital).
- Initial assessment of high risk patients was not conducted, and specific risk factors were not identified (E-Essential).
- Terms of reference for the forum reviewing risk were not available (E-Essential). There was no evidence of clinical risk assessment conducted (E-Essential).

2.5 Adverse events: Average sub-domain scores 45%

Deficiencies noted:

- The adverse events policy, and procedure to support staff affected by adverse events and forum reviewing clinical risk strategy were not available (V-Vital).
- Adverse event reports that reflect immediate actions taken at the time of incident and a root cause analysis done to prevent recurrence were not available (V-Vital).
- Protocol regarding safe administration of medicines to patients was not available (V-Vital).
- The annual in-service training plan did not include training on how to carry out safety checks and prevent accidents in the environment (D-Developmental).

2.6 Infection control and control: Average sub-domain score 62%

Deficiencies noted:

- The policies and procedures for infection prevention and control and universal precautions were not available (E-Essential).
- Strict infection control practices were not observed in the designated infant feed preparation areas (E-Essential).
- The annual in-service education and training plan did not include infection control education, prevention of respiratory infections especially TB and universal precautions (E-Essential).
- There were no educational materials for the public and patients on specific healthcare associated infection and for staff on universal precautions (E-Essential).
- There was no evidence that the establishment records all notifiable disease and reports them to the appropriate public health agency (E-Essential).

DOMAIN 3: CLINICAL SUPPORT SERVICES

3.1 Pharmaceutical services: Average sub-domain score 61%

Deficiencies noted:

- SOP indicating how schedule 5 and 6 medicines were stored and controlled was not available (V-Vital).
- Entries in the schedule 5 and/or 6 drug register were incomplete and incorrect (V-Vital).
- Physical stock did not correspond to the stock reflected in the inventory management system, and the stock control system did not show minimum, maximum or re-order levels for medicines and medical supplies (E-Essential).
- There was no evidence that a stock take was conducted (E-Essential).

- There was no duty roster that show that at least one pharmacist assistant was on duty (E-Essential).
- A document outlining the delivery schedule for medical supplies was not available (E-Essential).
- Document which details the membership and terms of reference of the multidisciplinary Pharmacy and Therapeutics Committee (PTC) to optimise quality use of medicine in the health establishment was not available (E-Essential).

3.2 Diagnostic services: Average sub-domain score 82%

Deficiency noted:

- All dosimeters were expired and not monitored (E-Essential).

3.3 Therapeutic and support services: Average sub-domain score 58%

Deficiencies noted:

- There was no evidence to show that multidisciplinary meetings were taking place (E-Essential).
- List of NGOs and Disabled people's organisations was not available (D-Developmental)
- List of referral services for patient that require additional treatment was not available (D-Developmental).

3.4 Health Technology: Average sub-domain score 33%

Deficiencies noted:

- There was no evidence to show that critical equipment was maintained according to manufacturer's requirements (V-Vital).
- Records of adverse events involving medical equipment were not available (V-Vital).
- There was no system in place to monitor turnaround times for items requiring ordering and replacement (V-Vital).
- In-service training programme which makes provision to assess and update staff on use of equipment was not available (V-Vital).
- Replacement or ordering system did not indicate timeframes between requisition and receipt (V-Vital).

3.4 Sterilisation Services: Average sub-domain scores 43%

Deficiencies noted:

- The planned maintenance schedule or a log and service history for each machine was not available (V-Vital).
- There was no system to monitor all incidents of sterilisation failure whereby failures are documented with detailed action plans where failures occurred (V-Vital).

3.5 Mortuary Services: Average sub-domain score 80%

Deficiencies noted:

- The policy for control of storage and removal and transportation of corpses was not available (E-Essential).
- The mortuary equipment was not serviced regularly (E-Essential).

3.6 Clinical Efficiency Management: Average sub-domain score 30%

Deficiencies noted:

- The system to measure average cost per patient day, monitoring outliers and develop improvement plans to address shortcomings was not in place (E-Essential).
- Evidence that audits were conducted, and quality improvement plans have been implemented to ensure efficient and accurate billing was not available (E-Essential).
- Procedure to mitigate against cost of health care being passed onto the patient unnecessary was not available (E-Essential).
- The average length of stay was not monitored (E-Essential).
- Case managers did not receive training and in some HEs there were no dedicated case managers (D-Developmental).

DOMAIN 4: PUBLIC HEALTH

4.1 Population-based planning and service delivery: Average sub-domain score 42%

Deficiencies noted:

- The HEs were not signposted on the access road and there were no minutes or correspondence indicating contacts made to remedy or improve signage (E-Essential).
- The health service plan in which the health outcomes and needs of the community were addressed was not available (D-Developmental).
- Evidence that management monitors the presenting complaint or disease being seen at the establishments was not available (D-Developmental).
- Map of the catchment population including the population numbers and demography in each region was not available (D-Developmental).

4.2 Health promotion and disease prevention: Average sub-domain score 61%

Deficiency noted:

- The health calendar and a programme indicating activities in which the HEs participates was not available (D-Developmental).

4.3 Health emergencies and disaster preparedness: Average sub-domain score 29%

Deficiencies noted:

- Disaster management plan was not available (E-Essential).
- Evidence of drills conducted to test the preparedness in an event of a disaster was not available (E-Essential).
- In-service training was on disease outbreaks not conducted (E-Essential).

4.4 Environmental controls: Average sub-domain scores 44 %

Deficiency noted:

- There were no SLAs for the safe disposal of toxic chemicals, radioactive waste and expired medicines to reduce damage to environment and public health risks. Where SLAs were available, they were neither reviewed nor monitored (E-Essential).

DOMAIN 5: LEADERSHIP AND CORPORATE GOVERNANCE

5.1 Oversight and accountability: Average sub-domain score 47%

Deficiencies noted:

- There was no evidence that the governance structure provides appropriate oversight to ensure quality, accountability and good management of the HEs (E-Essential).
- Organogram not updated and not signed (E-Essential).
- Minutes of management meetings were not signed (E-Essential).

5.2 Strategic management: Average sub-domain score 27%

Deficiencies noted:

- The organograms were not dated, updated and not signed (E-Essential).
- The operational plans were not available (E-Essential).
- Minutes of management meetings did not demonstrate that internal and external audit reports were considered and actioned to address concerns (E-Essential).

5.3 Risk management: Average domain score 29%

Deficiency noted:

- The risk management strategy was not available.

5.4 Quality improvement: Average sub-domain score 78 %

Deficiency noted:

- Minutes of the relevant forum reviewing quality did not indicate that quality was regularly discussed, analysed and actions taken to improve quality(V-Vital).

5.5 Effective leadership: Average sub-domain score 53%

Deficiencies noted:

- There was no evidence that managers had undergone leadership and management development training (E-Essential).
- Competency assessments for all managers were not done within the past 2 years (E-Essential)
- Not all senior managers had performance reviews against targets. (E-Essential).
- Performance agreements were not aligned to strategic and operational plans (E-Essential).

5.6 Communications and public relations: Average sub-domain score 53%

Deficiencies noted:

- PROATIA manual not available (D-Developmental).
- Communication strategy not signed at HEs (D-Developmental).

DOMAIN 6: OPERATIONAL MANAGEMENT**6.1 Human resource management and development: Average sub-domain score 61 %**

Deficiencies noted:

- Staff patient ratios in key areas were not in accordance with the approved staffing plan (V-Vital).
- Staff satisfaction surveys were not conducted(E-Essential).
- Records for professional status of continuing professional development and their further education needs was not available(E-Essential).
- Retention strategy was not available (E-Essential).
- Trends in vacancy, absenteeism and turnover were not monitored (E-Essential).

6.2 Staff welfare and employee wellness: Average sub-domain score 26 %

Deficiencies noted:

- Evidence that medical examination for staff exposed to potential occupational hazards when performing their duties was not available (V-Vital).
- Records of needle stick injuries showing that staff have received post exposure prophylaxis and were retested were not available (V-Vital).
- Report demonstrating that staff utilised the EAP was not available (E-Essential).
- Measures to prevent incidence of harm to staff were not available (E-Essential).
- Annual report reflecting incidence of harm to staff was not available (E-Essential).
- A report demonstrating that actions have been taken to improve on areas identified in staff satisfaction survey was not available (E-Essential).

6.3 Financial Management: Average sub-domain score 87 %

Deficiency noted:

- No pattern of non-compliant financial management measures identified across facilities.

6.4 Supply chain and asset management: Average sub-domain score 30%

Deficiencies noted:

- Evidence that turnaround times for critical stock was set and monitored regularly was not available (V-Vital).

- The stock control system did not show minimum, maximum and re-order levels (E-Essential)
- Physical stock did not correspond to stock on the inventory management system (E-Essential).
- Asset register was not available (E-Essential).
- Policy and procedure on local tendering and contract management was not available (E-Essential).
- There was no evidence to show that a stock take was conducted (E-Essential).
- SLA for outsourced services was not available (E-Essential).

6.5 Information management: Average sub-domain score 62%

Deficiencies noted:

- Confidential records were not kept in an area that is secured and fire proof (E-Essential).
- Contingency plan for mechanical failure of IT system was not available (E-Essential).
- Evidence that reports generated from the information systems were used to assist in making decisions and planning was not available (E-Essential).

6.6 Medical records: Average sub-domain score 49%

Deficiencies noted:

- The procedure for requisition, retrieval and filling of patient's files was not available (V-Vital)
- Medical record room space was inadequate (E-Essential).
- Patient records in the service areas wards, consultation rooms and record rooms were not kept in a suitable place that maintains the patient's confidentiality (E-Essential).
- Medical records room did not restrict access of unauthorised personnel (E-Essential).
- Documented evidence to demonstrate that records room staff have received appropriate training was not available (D-Developmental)

DOMAIN 7: FACILITIES AND INFRASTRUCTURE

7.1 Buildings and grounds: Average sub-domain score 65%

Deficiencies noted:

- Access routes were not clearly marked (E-Essential).
- Emergency vehicle marking was not available (E-Essential).
- Inspection records showing that evaluation was done to determine whether facilities are used as intended in the building was not available (E-Essential).
- Safety hazards were observed e.g. Loose electrical wires, cracked ceilings blocked drains (E-Essential).
- The waiting areas did not have adequate space and some patients were standing in the passage (E-Essential).
- Document to monitor timeframes between requisition and finalization of repairs was not available (E-Essential).
- Planned maintenance programme was not available (E-Essential).
- The records showing that nightly inspections were done to ensure adequate lighting on grounds for a safe environment for vehicles, staff and visitors at night were not available (D-Developmental).

7.2 Machinery and utilities: Average sub-domain score 61%

Deficiencies noted:

- Maintenance records showing monthly water supply quality checks was not available (V-Vital).
- Log book or Inspection sheets for electrical power was not available (E-Essential).
- There was no functional alert system that sounds throughout staffed areas (E-Essential)
- Policy and procedure for the maintenance of equipment and installation were not available (D-Developmental)
- Lay out plan for all electrical, mechanical, water and sewerage and for manhole was not available (D-Developmental).

7.3 Safe and secure environment: Average sub-domain score 55%

Deficiencies noted:

- Security policy not available (V-Vital).
- The minutes of meetings showing what action have been taken to address security incidents report were not available (E-Essential).
- Evidence of conducting emergency drills not available (E-Essential).
- The fire certificate from the Local Authority was not available (D-Developmental).
- Safety and security notices were not displayed in strategic areas (D-Developmental).

7.4 Hygiene and cleanliness: Average sub-domain score 65%

Deficiencies noted:

- Evidence for daily inspections of cleanliness and pest control was not available (V-Vital).
- There was no maintenance plan for cleaning machines (E-Essential).
- Evidence that cleaning staff were trained in the correct use of cleaning equipment not available (E-Essential).
- Notices prohibiting smoking inside the buildings were not displayed (D-Developmental).

7.5 Waste management: Average sub-domain score 71%

Deficiencies noted

- There was no policy and procedures for the collection, handling, segregation, storage and disposal of HCRW and general waste (E-Essential).
- General waste is stored in bins that are not properly closed and burnt in the HEs in different areas (D-Developmental).

7.6 Linen and laundry: Average sub-domain score 70%

Deficiencies noted:

- Areas for clean and dirty linen were not separated (V-Vital).
- Linen room cupboards were not locked, well organised or stocked appropriately (D-Developmental).

7.7 Food services: Average sub-domain score 66%

Deficiencies noted:

- Procedure for procurement, storage and preparation of food was not available (E-Essential).
- Equipment in the kitchen were not all in proper working order (E-Essential).
- Trolleys used to deliver meals were not temperature controlled (E-Essential)

Provincial Summary Findings (Continued)

3.5.5. Limpopo Province

Average percentage outcome score per facility

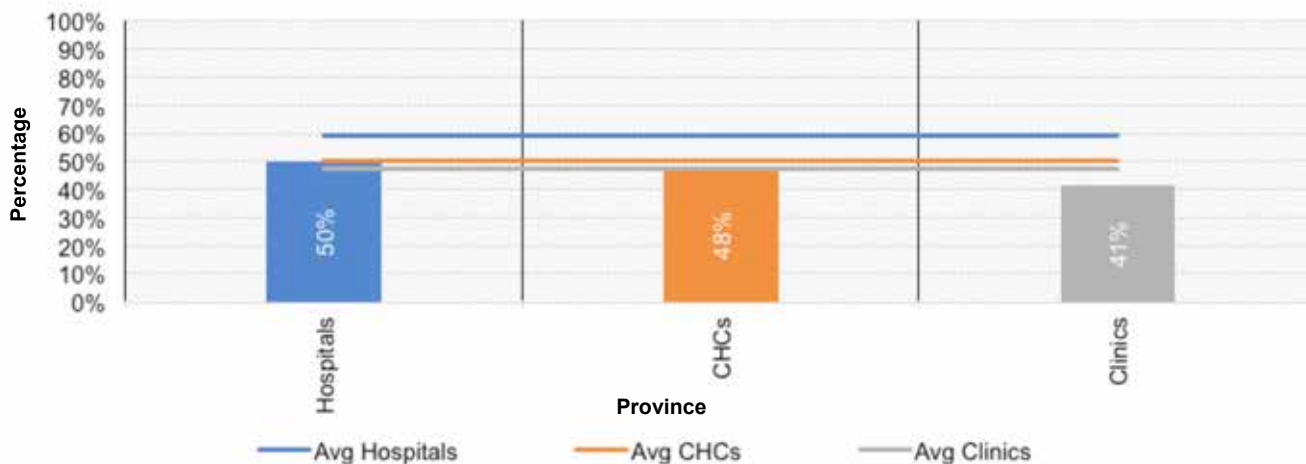


Figure 43: Average percentage outcome score per facility.

The figure above shows 3 horizontal lines represent the national average; 1 Regional hospital and 4 District hospitals had an average of 50%; 4 CHCs an average score of 46% and 144 clinics scored an average of 41%.

Average percentage outcome per domain

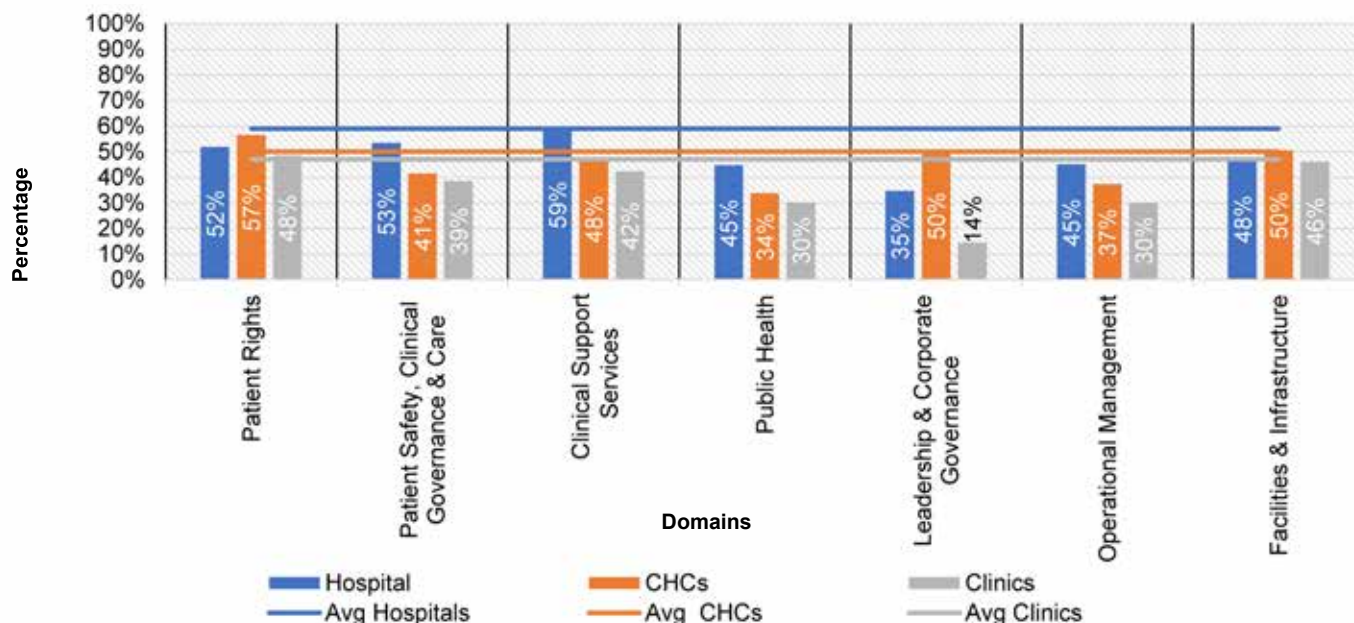


Figure 44: Average percentage outcome per domain.

The figure above demonstrates that of the 7 domains, the domain on patient rights, patient safety clinical governance and clinical support services average performance score for hospitals ranged from 52% to 59% whilst all other domains had scores lower than 50%. Overall, the performance scores for hospitals were higher than those of CHCs and clinics across all domains except for leadership and corporate governance where CHCs had an average performance score of 50% while hospitals and clinics had scores of 35% and 14% respectively.

Average percentage outcome score per Ministerial Priority Area

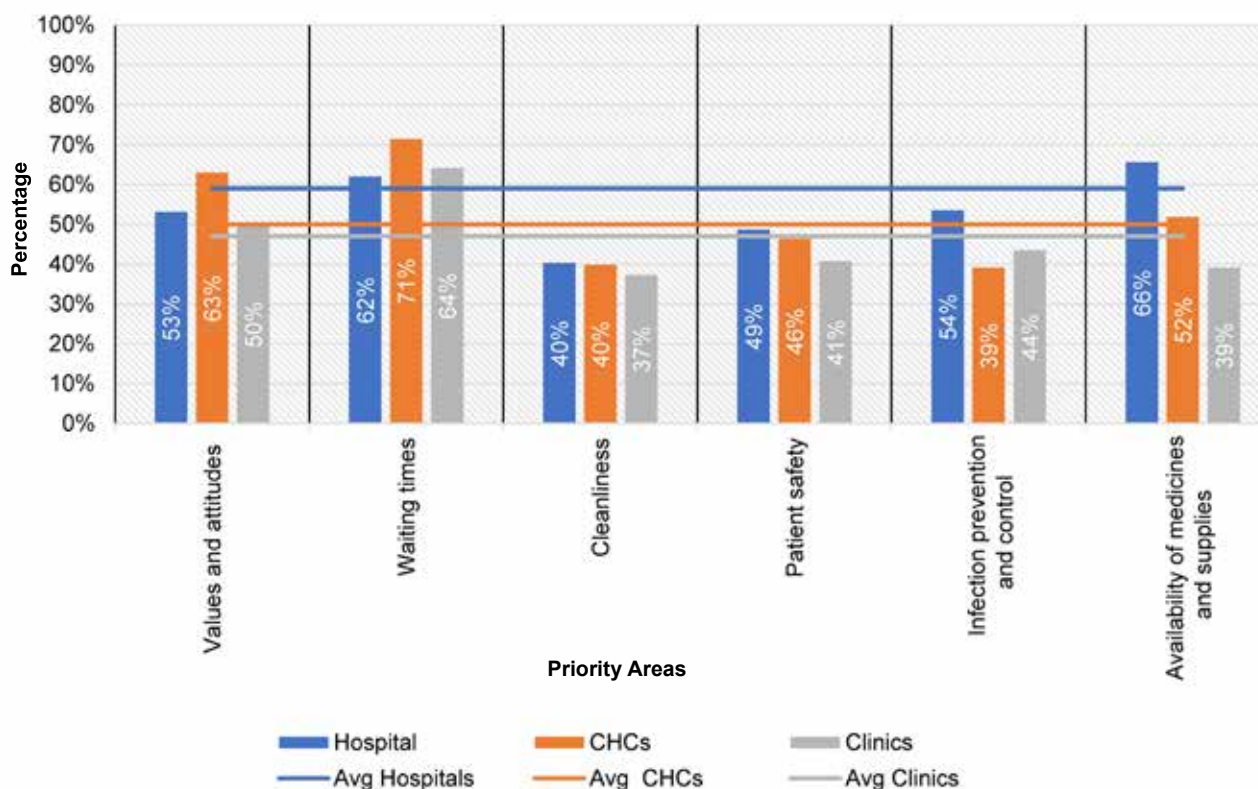


Figure 45: Average percentage outcome score per Ministerial Priority Area.

The figure above demonstrates the average hospital percentage score for the following Ministerial priority areas: values and attitudes, infection prevention and control, waiting times and availability of medicines and supplies ranged from 53% to 66%. Cleanliness Ministerial Priority Area had the lowest hospital average performance score of 40%. Overall, hospitals had higher average performance scores compared to CHCs and clinics with the exception of waiting times and values and attitudes priority areas.

3.5.5.1 Limpopo Provincial Summary Findings:

The provincial summary section reflects performance in percentage score for sub-domains. The sub-domains describe key functions within each individual domain. The focus is on commonly identified cross cutting non-compliance measures. Risk rating of each measure is indicated in brackets as follows:

X-Extreme, V-Vital, E-Essential and D-Developmental. For each sub-domain, the average score for facilities in the province is provided followed by a list of common deficiencies identified across facilities. In most cases deficiencies identified DO NOT apply to all facilities inspected (Refer Appendix A page 188-191 for HEs scores)

DOMAIN 1: PATIENT RIGHTS

1.1 Respect and dignity: Average sub-domain score 44%

Deficiencies noted

- Care was not provided to maximise patient privacy through closed doors, screens or curtains (E-Essential).
- Patients were not treated in a caring and respectful manner as there were no records of monitoring of incidents for staff abuse on patients (E-Essential).
- The reports on patient satisfaction surveys were not available, there was no information of patient's opinion of care to inform quality in HEs (E-Essential).

1.2 Access to information: Average domain score 62%

Deficiencies noted:

- Consent form not completed correctly (X- Extreme).
- Policies and guidelines on informed consent not available (E-Essential).
- Help desks were not observed at the entrance of the HEs (E-Essential)
- Randomly observed health professionals and providers were not wearing name tags (D-Developmental).
- Signage board at the entrance of the health establishment which indicates the times when various services are offered, signage board at the entrance of the unit which indicates the visiting hours specifically for the unit and the signage to the different service areas in the health establishment were either not available or not having all required information (D-Developmental).
- Patients' rights posters were not available (D-Developmental).

1.3 Physical access: Average sub-domain score 71%

Deficiencies noted:

- Ramps with handrails of an acceptable gradient were not available at the entrances and where needed (V-Vital).
- Universal access for the disabled not available (E-Essential).

1.4 Continuity of care: Average sub-domain score 26%

Deficiencies noted:

- Policies for patient referral, bookings and referrals for patients requiring specialist interventions and accessing patient transport services were not available (E-Essential).
- Map of catchment areas and service providers in the referral chain with did not have contact details (E-Essential).
- The files of the last patients transferred into and out of the health establishment did not contain copies of referral letters (E-Essential).

1.5 Reducing delays in Care: Average sub-domain score 62%

Deficiencies noted:

- Patients were not informed of how long they will wait in the queue (E-Essential).
- System to reduce waiting time for files was not in place (E-Essential).
- Special queues were not designated for specific groups of patients and there was no person/s responsible for the management of queues and patient flow (E-Essential).
- Document reflecting agreed-upon local targets for waiting times was not available (D-Developmental)

1.6 Emergency care: Average sub-domain score 41%

Deficiencies noted:

- Procedure emphasises the speedy handover of patients to reduce handover time from Emergency Medical Services to hospital staff was not available (V-Vital).

1.7 Complaints management: Average sub-domain score 34 %

Deficiencies noted:

- The procedure for the management of complaints was not available and Information on the procedure for complaints not displayed (E-Essential).
- Complaints were not monitored correctly as the complaints procedure was not available (E-Essential).
- Complain register not available (E-Essential).

DOMAIN 2: PATIENT SAFETY, CLINICAL GOVERNANCE & CLINICAL CARE

2.1 Patient care: Average sub-domain score 68%

Deficiency noted:

- No pattern of non-compliance on patient care measures identified across health establishments

2.1 Clinical management and Priority Health Conditions: Average sub-domain score 23%

Deficiencies noted:

- Clinical audits of each priority programme and health initiative were not conducted (V-Vital).
- Reports on health initiatives or programmes showing that quality improvements plans had been implemented to address shortcomings and improve outcomes were not available (V-Vital).
- Evidence that health outcomes of the priority programmes and health initiatives are monitored against the relevant targets was not available (E-Essential).

2.2 Clinical leadership: Average sub-domain scores 61%

Deficiencies noted:

- Minutes of the forum reviewing quality not available (E-Essential).
- Evidence that health professionals used outcomes of quality committee reviews to improve patient care was not available (E-Essential).

2.3 Clinical risk: Average sub-domain scores 40%

Deficiencies noted:

- Safety precautions that prevent harm in units where children are cared for was not observed (X-Extreme).
- The policy on handling emergency resuscitations was not available (X- Extreme).
- Emergency trollies were not checked daily and not appropriately stocked (X- Extreme).
- Protocol on safe administration of medicines to patients were not available (V-Vital).
- Procedures for patients with special needs including the terminally ill, patients requiring 72-hour observations or with reduced mobility were not available (V-Vital).
- Formal structures to monitor clinical risk were not in place (E-Essential).

2.4 Adverse events: Average sub-domain scores 30%

Deficiencies noted:

- The forum reviewing clinical risk strategy was not in place (E-Essential).
- The adverse events policy and procedure to support staff affected by adverse events was not available (E-Essential).
- The annual in-service training plan did not include training on how to carry out safety checks and prevent accidents in the environment (D-Developmental).

2.5 Infection prevention and control: Average sub-domain score 45%

Deficiencies noted:

- Appropriate types of masks and FDA approved respirators which are fit tested for all staff who are at risk of contracting TB or for staff exposed to serious contagious respiratory infections were not provided (X-Extreme).
- Statistics on common health care associated infections that demonstrate monitoring on a monthly base were not available and notifiable diseases were not reported to the appropriate public health agency (V-Vital).
- The policies and procedures for infection prevention and control and universal precautions were not available (E-Essential).
- Strict infection control practices were not observed in the designated infant feed preparation areas (E-Essential).
- The annual in-service education and training plan did not include infection control education,

- prevention of respiratory infections especially TB and universal precautions (E-Essential).
- The educational material for staff on universal precautions including hand washing, respirator use, the safe use and disposal of sharps, use of personal protective equipment and cough etiquette were not available (E-Essential).

DOMAIN 3: CLINICAL SUPPORT SERVICES

3.1 Pharmaceutical services: Average sub-domain score 45%

Deficiencies noted:

- The minutes of the forum which deals with adverse drug reactions did not demonstrate that actions have been taken to report, analyse and take appropriate action regarding adverse drug reactions (V-Vital).
- A document outlining the delivery schedule for medicine medical supplies was not available (E-Essential).
- The entries in the schedule 5 and/or 6 drug register were incomplete and incorrect (E-Essential).
- The name and contact details of the pharmacist on duty for the provision of services after hours were not available (E-Essential).
- The stock control system did not show minimum and maximum or re-order levels for medicines and medical supplies/devices (E-Essential).
- The procedure relating to the management of medicines and medical supplies was not available and evidence that a stock take for medicines and medical supplies was done was not available (E-Essential).

3.2 Therapeutic and support services: Average sub-domain score 46%

Deficiencies noted:

- The procedures for the monitoring of adverse drug reactions was not available and there was no evidence that blood reactions were documented and reported to the forum dealing with adverse events (V-Vital).

3.2 Health technology: Average sub-domain score 28%

Deficiencies noted:

- Evidence that critical equipment was maintained according to manufacturer's requirements not available (V-Vital).
- Records of adverse events involving medical equipment were not available (V-Vital).
- There was no system in place to monitor turnaround times for items requiring ordering and replacement (V-Vital).
- Provision was not made to ensure competency in use of medical equipment (E-Essential).

3.3 Sterilisation services: Average sub-domain scores 32%

Deficiencies noted:

- There was no system to monitor all incidents of sterilisation failure whereby failures are documented with detailed action plans where failures occurred (V-Vital).
- The policy and procedure for decontamination was not available (E-Essential).
- The planned maintenance schedule or a log and service history for each machine was not available (E-Essential).

3.4 Mortuary services: Average sub-domain score 58%

Deficiencies noted:

- The policy for control of storage and removal and transportation of corpses was not available (E-Essential).
- The mortuary equipment was not serviced regularly (E-Essential).

3.5 Clinical efficiency Management: Average sub-domain score 30%

Deficiencies noted:

- Evidence that audits were conducted, and quality improvement plans have been implemented to ensure efficient and accurate billing was not available (E-Essential).
- The system to measure average cost per patient day, monitoring outliers and develop improvement plans to address shortcomings was not in place (D-Developmental).

DOMAIN 4: PUBLIC HEALTH**4.1. Population-based planning and service delivery: Average sub-domain score 27%**

Deficiencies noted:

- The HEs were not signposted on the access road and there no minutes or correspondence indicating contacts made to remedy or improve signage (E-Essential).
- The health service plan for the HEs were not available (D-Developmental).
- Management had no plan in which the health outcomes and needs of the community were addressed (D-Developmental).
- Evidence that management monitors the presenting complaint or disease being seen at the establishment was not available (D-Developmental).
- oMap of the catchment population including the population numbers and demography in each region was not available (D-Developmental).

4.2 Health promotion and disease Prevention: Average sub-domain score 57%

Deficiency noted:

- The health calendar and a programme indicating activities in which the HEs participates was not available (D-Developmental).

4.3 Health emergencies and disaster preparedness: Average sub-domain score 16%

Deficiencies noted:

- Disaster management plan was not available (E-Essential).
- Evidence that drills to test the preparedness of the disaster was not available (E-Essential).
- In-service training was not done on disease outbreaks (E-Essential).

4.4 Environmental controls: Average sub-domain scores 50%

Deficiency noted:

- There were no Service Level Agreements for the safe disposal of toxic chemicals, radioactive waste and expired medicines to reduce damage to environment and public health risks in some of the facilities (E-Essential).
- Where SLAs were available, there was no evidence of the monitoring there of (E-Essential).

DOMAIN 5: LEADERSHIP AND GOVERNANCE**5.1 Oversight and accountability: Average sub-domain score 33%**

Deficiency noted:

- There was no evidence that the governance structure provides appropriate oversight to ensure quality, accountability and good management of the Health Establishments (E-Essential).

5.2 Strategic management: Average sub-domain score 18%

Deficiencies noted:

- The organograms were not updated, dated and not signed (E-Essential).
- Minutes of the management meetings that demonstrate that internal audits reports are presented, and action taken is not available (E-Essential).
- The HEs did not to provide evidence to show that the operational plan is monitored quarterly against targets and indicators and did not contain clear requirements for Finance and HR (E-Essential).

5.3 Risk management: Average domain score 20%

Deficiency noted:

- The risk management strategy was not available (E-Essential).

5.4 Quality improvement: Average sub-domain score 23%

Deficiency noted:

- Minutes indicating that quality aspects were regularly discussed, analysed and actions have been taken to improve quality was not available (V-Vital).
- Terms of reference of a forum reviewing quality were not available (E-Essential).

5.5 Effective leadership: Average sub-domain score 34%

Deficiencies noted:

- There was no evidence that managers had undergone leadership and management development training nor competency assessments within the last 2 years (E-Essential).
- Strategic and operational plans not available (E-Essential).
- Performance Management Agreements developed however could not verify alignment with the strategy because document was not available at the HEs (E-Essential).

5.6 Communications and public relations: Average sub-domain score 22%

Deficiencies noted:

- Staff satisfaction survey results not available (E-Essential).
- Promotion of access to information manual not available (D-Developmental).
- Communication strategy invalid. It was either a draft or not approved (D-Developmental).

DOMAIN 6: OPERATIONAL MANAGEMENT

6.1 Human resource management and development: Average sub-domain score 44%

Deficiencies noted:

- Staff patient ratios in key areas were not in accordance with the approved staffing plan (V-Vital).
- Staff satisfaction survey has not been conducted (E-Essential).
- Staff working hours were not monitored to ensure compliance with the Basic Conditions of Employment Act (E-Essential).

6.2 Staff welfare and employee wellness: Average sub-domain score 15%

Deficiencies noted:

- Evidence that medical examination to staff exposed to potential occupational hazard and records of needle stick injuries that show that those staff have received post exposure prophylaxis and have been retested was not available (V-Vital).

- Report demonstrating that staff utilised the employee assistance programme was not available (E-Essential).
- Measure to prevent incidence of harm to staff were not available (E-Essential).
- Evidence that staff participated in formal initiatives planned within the Employee Wellness Programme not available (E-Essential).

6.3 Financial management: Average sub-domain score 70%

Deficiency noted:

- There was no evidence that Management in the HEs were reviewing monthly financial statements (E-Essential).

6.4 Supply chain and asset management: Average domain score 20%

Deficiencies noted:

- Evidence that turnaround times for critical stock was set and monitored regularly was not available (V-Vital).
- The stock control system did not show minimum, maximum and re-order levels and physical stock did not correspond to stock on the inventory management system (E-Essential).
- Asset register for the health establishment not available (E-Essential).
- Loss and theft register showing that losses were investigated and reported not available and inventory records were not available (E-Essential).
- Policy and procedure on local tendering and contract management not available (E-Essential).
- Evidence of a stock take for bulk stock was not available (E-Essential).

6.4 Information management: Average sub-domain score 46%

Deficiencies noted:

- Confidential records were not kept in an area that is secured and not fire proofed (E-Essential).
- Contingency plan for in the event of mechanical failure of IT system not available (E-Essential).
- Evidence that reports generated from the information systems were used to assist making decision and planning was not available (E-Essential).

6.5 Medical records: Average sub-domain score 44%

Deficiencies noted:

- The procedure for requisition, retrieval and filling of patient's files was not available (V-Vital).
- Medical record room space was inadequate and patient records in the service areas wards, consultation rooms and record rooms were not kept in suitable place that maintains the patient's confidentiality (E-Essential).
- Medical records room did not restrict access to authorised staff only (E-Essential).
- Documented evidence that records room staff have received appropriate training was not available (D-Developmental).

DOMAIN 7: FACILITIES AND INFRASTRUCTURE

7.1 Buildings and grounds: Average sub-domain score 56%

Deficiencies noted:

- Access routes were not clearly marked (E-Essential).
- Emergency vehicle marking was not done (E-Essential).
- Grounds and pathways were not well maintained, and obvious safety hazards were observed (E-Essential).
- The waiting areas did not have adequate space, and patients are standing in the passage (E-Essential).
- Document that indicates of measures timeframes between requisition and finalization of repairs was not available (E-Essential).
- The records showing that nightly inspections were done to ensure adequate lighting on grounds for a safe environment for vehicles, staff and visitors at night were not available (D-Developmental).

7.2 Machinery and Utilities: Average sub-domain score 42%

Deficiencies noted:

- There was no documented evidence that in the event of a power disruption emergency power supply is available in critical clinical areas such as ICU, Theatre, Accident and Emergency (X-Extreme).
- Maintenance records showing monthly water supply quality checks not available (V-Vital).
- The efficient alternatives measures of communication were not available for if telephone line is off and there was no functional alerting system that sounds throughout staffed areas (E-Essential).
- Emergency numbers were not displayed at the switchboard, reception area and consulting rooms (E-Essential).
- Interviewed staff members did not know how to react to an emergency warning (E-Essential).
- Log books or Inspection sheets for electrical power was not available (E-Essential).
- Lay out plan for all electrical, mechanical, water and sewerage for any manhole was not available (D-Developmental).
- Policy and procedure for the maintenance of equipment and installation were not available (D-Developmental).

7.2 Safe and secure environment: Average sub-domain score 44%

Deficiencies noted:

- Policy on the security system for safeguarding buildings, patients, staff and visitors were not in place nor up to date (V-Vital).
- The fire certificate from the Local Authority was not available (E-Essential).
- Safety and security notices were not displayed in strategic areas (D-Developmental).

7.3 Hygiene and cleanliness: Average sub-domain score 36 %

Deficiencies noted:

- Not all areas were kept clean and evidence for daily inspections of cleanliness not available (V-Vital).
- Evidence of monthly pest control were not available (V-Vital).
- There was no maintenance plan for cleaning machines as well as evidence that cleaning staff were trained in the correct use of cleaning equipment (E-Essential).
- Notices prohibiting smoking inside the buildings were not displayed (D-Developmental).

7.5 Waste management: Average sub-domain score 44%

Deficiencies noted:

- There was no policy and procedures for the collection, handling, segregation, storage and disposal of health care risk waste and general waste (E-Essential).
- General waste was stored in bins that are not properly closed and burnt in the HEs in different areas (D-Developmental).

7.6 Linen and laundry: Average sub-domain score 69%

Deficiency noted:

- Linen room cupboards were either not locked, well organised or stocked appropriately as per the requirements of HEs (D-Developmental).

7.8 Food services: Average sub-domain score 45%

Deficiencies noted:

- Procedure for procurement, storage and preparation of food services was not available (E-Essential).
- Equipment in the kitchen was not all in proper working order (E-Essential).
- Trolley used to deliver meals was not temperature controlled (E-Essential).
- Evidence that staff were trained in providing for cultural, religious and special dietary needs of patients was not available (E-Essential).

Provincial Summary Findings (Continued)

3.5.6. Mpumalanga Province

Average percentage outcome score per facility type

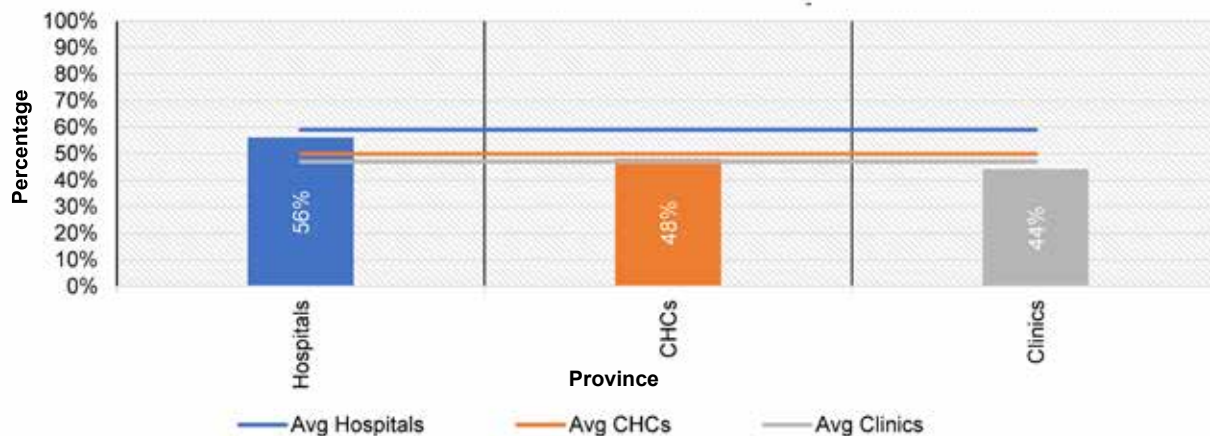


Figure 46: Average percentage outcome score per facility type.

The figure above shows Average percentage outcome score per facility type of the hospitals; 1 was Provincial Tertiary hospital and 4 District hospitals with an average score of 56%; 4 CHCs with an average score of 48% and 41 clinics with an average score of 44%.

Average percentage outcome score per domain

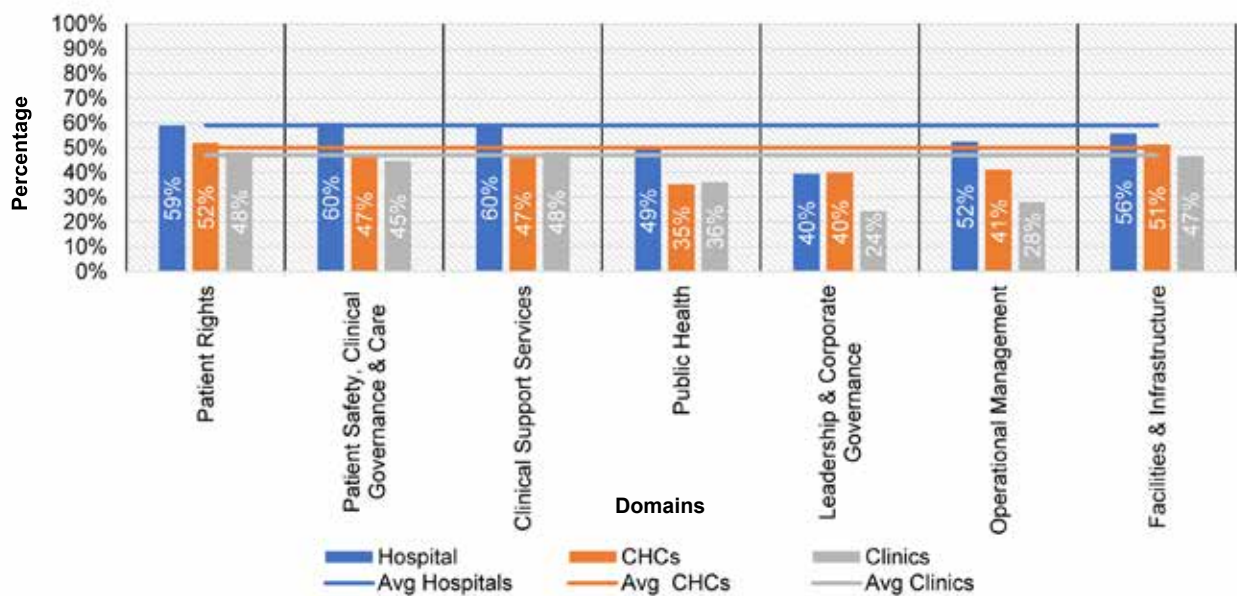


Figure 47: Average percentage outcome score per domain.

The figure above shows the 3 horizontal lines represent the national average. Of the 7 domains; the domain on patient safety, clinical governance and care and clinical support services's average performance score for hospitals was 60% whilst the domains on operational management, facilities and infrastructure and patient rights had the hospital average performance scores which ranged from 52% and 59%. The lowest average performance score for hospitals was for the domain leadership and corporate governance which had a score of 40%. Overall, the performance scores for hospitals were higher than those of CHCs and clinics across all domains except for leadership and corporate governance where CHCs had an average performance score of 40% which was equal to that of hospitals whilst clinics had a score of 24%.

Average percentage outcome score per Ministerial Priority Area

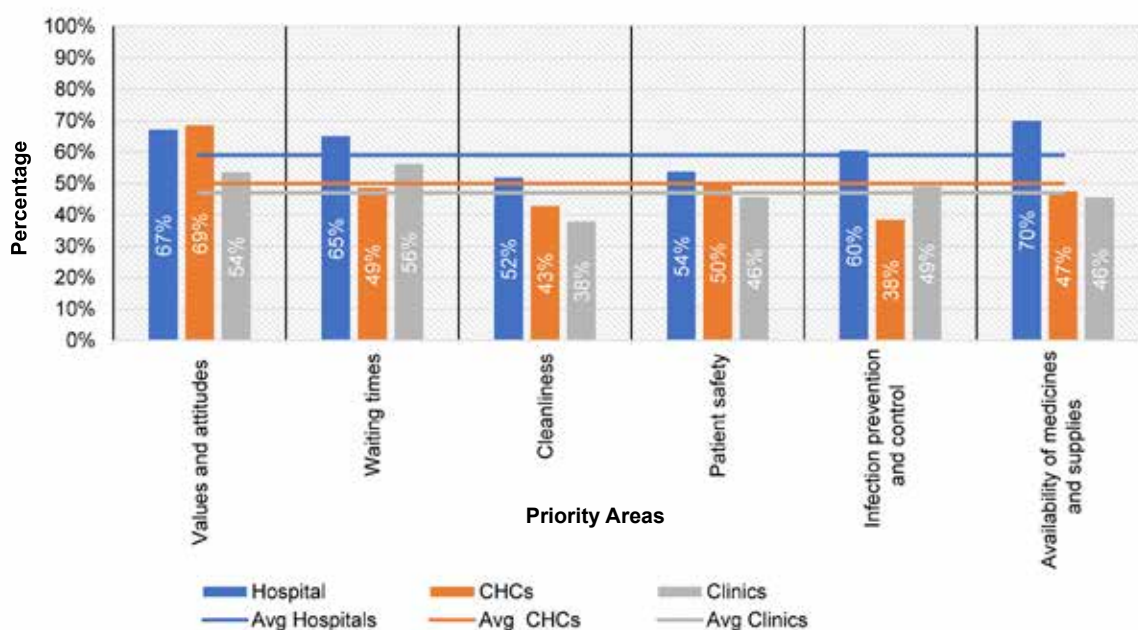


Figure 48: Average percentage outcome score per Ministerial Priority Area.

The figure above shows that the average hospital percentage score for the ministerial priority area; availability of medicines and supplies was 70% whilst all other ministerial priority areas had scores ranging from 52% to 67%. Overall, hospitals had higher average performance scores compared to CHCs and clinics with the exception of the domain on values and attitudes where hospitals had average performance score of 67% whilst CHCs and clinics had scores of 69% and 54% respectively.

3.5.6.1 Mpumalanga Provincial Summary Findings:

The provincial summary section reflects performance in percentage score for sub-domains. The sub-domains describe key functions within each individual domain. The focus is on commonly identified cross cutting non-compliance measures. Risk rating of each measure is indicated in brackets as follows: **X-Extreme**, V-Vital, E-Essential and D-Developmental. **For each sub-domain, the average score for facilities in the province is provided followed by a list of common deficiencies identified across facilities. In most cases deficiencies identified DO NOT apply to all facilities inspected. Appendix A summarises the overall performance scores for individual health establishments by province**

DOMAIN 1: PATIENT RIGHTS

1.1 Respect and dignity: Average sub-domain score 46%

Deficiencies noted:

- Records describing action taken in the event of an incident of staff abuse on patients were not available (**X-Extreme**).
- Consultation and counselling did not take place in an appropriate area which ensured patients privacy and confidentiality (E-Essential).
- Reports of the annual patient satisfaction survey and minutes of the forum which considers patient satisfaction were not available (E-Essential).

1.2 Access to information for patients: Average sub-domain score 59%

Deficiencies noted:

- Consent forms were not completed correctly (**E-Extreme**).
- Policies on informed consent was not available (E-Essential).
- Audited files of discharged patients did not reflect comprehensive summary report (E-Essential).
- Randomly observed health professionals were not wearing name tags (D-Developmental).

- There were no signage boards at the entrances indicating times when various services are offered (D-Developmental).
- Board at the entrance of the unit indicating visiting hours for the unit was not available (D-Developmental.)
- There was no clear signage to the different service areas (D-Developmental).

1.3 Physical access: Average sub-domain score 63%

Deficiencies noted:

- No ramps of acceptable gradient with handrails where needed (V-Vital).
- Lack of ablution facilities for disabled person (E-Essential).

1.4 Continuity of care: Average sub-domain score 33%

Deficiencies noted:

- The procedure on referrals and bookings for patients requiring specialist interventions was not available (Vital).
- Policy and procedure for accessing patient transport services was not available (E-Essential).
- Audited files of patients transferred into and out of the HE did not contain copies of referral letters (E-Essential).
- There was no evidence indicating that referral data was regularly discussed and analysed.
- Terms of reference for the forum reviewing referrals were not available (E-Essential).

1.5 Reducing delays in care: Average sub-domain score 56%

Deficiencies noted:

- The health care professional responsible for assessing and sorting of patients could not explain the procedure (V-Vital).
- There were no special queues designated for specific groups of patients (E-Essential).
- Report showing that waiting times for elective procedures are monitored on a regular basis was not available (E-Essential).
- Document reflecting agreed-upon local targets for waiting times was not available (D-Developmental).

1.6 Emergency Care: Average sub-domain score 45%

Deficiencies noted:

- Procedure emphasising the speedy handover of patients to reduce handover time from Emergency medical services (EMS) was not available (V-Vital).
- Audited patient records did not demonstrate that correct handover procedure was followed between EMS and HEs staff (V-Vital).
- No evidence showing that guidelines on examination and stabilisation of patients have been adhered to (V-Vital).
- Policy and procedure on HE closures, and ambulance diversions was not available (E-Essential).

1.7 Complaints management: Average sub-domain score 51%

Deficiencies noted:

- The procedure for management of complaints which includes acknowledgement, investigation, response, timelines and mitigation strategy was not available (E-Essential).
- Complaints were not all logged on the register, not classified by order of severity and the timeframes in which complaints were resolved were not indicated (E-Essential).
- The poster or pamphlet on complaints was not reader friendly and not available in the local languages (E-Essential).
- Complaints relating to serious adverse events were not managed through adverse events management system (E-Essential).

DOMAIN 2: PATIENT SAFETY, CLINICAL GOVERNANCE AND CLINICAL CARE

2.1 Patient Care: Average sub-domain score 66%

Deficiencies noted:

- There was no evidence that the HE participates in monthly maternal, perinatal morbidity and mortality meetings (V-Vital).
- No evidence that morbidity and mortality were monitored including statistics and implementation of improvement programmes to address concerns (E-Essential).

2.2 Clinical management of priority health condition: Average sub-domain score 30%

Deficiencies noted:

- The clinical audits of each priority programme and health initiative were not conducted (V-Vital).
- There was no evidence showing that quality improvement plans have been implemented to address shortcomings (V-Vital).
- There was no evidence that health outcomes of the priority programmes or health initiatives were monitored against the relevant targets (V-Vital).

2.3 Clinical leadership: Average sub-domain score 69%

Deficiencies noted:

- Interviewed healthcare professionals indicated that they do not have adequate supervision (V-Vital).
- Quality improvement plan and programme did not show that healthcare professionals, nurses, pharmacists and doctors were responsible for implementing relevant improvements to patient care (E-Essential).

2.5 Clinical risk: Average sub-domain score 53%

Deficiencies noted:

- The policy for handling emergency resuscitations was not available (X-Extreme).
- Emergency trolleys were not appropriately stocked and checked regularly (X-Extreme).
- Patient files reviewed did not show that the protocol for administration of blood has been adhered to (X-Extreme).
- The procedures for conducting and acting on risk assessments of frail and aged patients and the care of the terminally ill were not available (V-Vital).
- Minutes of the forum reviewing clinical risks did not indicate that clinical risks and adverse events were regularly analysed and discussed (V-Vital).
- Protocol for safe administration of medication was not available (V-Vital).
- In units where children are cared for specific safety, precautions for prevention of harm were not in place (E-Essential).

2.6 Adverse events: Average sub-domain score 31%

Deficiencies noted:

- There was no adverse events policy detailing the establishments and units approach to the management of clinical risk (E-Essential).
- Staff members interviewed were not encouraged to report adverse events (E-Essential).
- Procedure to support staff affected by adverse events was not available (E-Essential).
- The forum reviewing clinical risk strategy did not have terms of reference detailing the interdisciplinary membership, responsibilities lines of accountability and strategy to manage clinical risks (E-Essential).
- There was no evidence that adverse events were monitored (E-Essential).

2.7 Infection control: Average sub-domain score 54%

Deficiencies noted:

- Reporting system for needle stick injuries or other incidents related to failure of standard precautions were not available (V-Vital).
- The Policy regarding infection control was incomplete, did not cover all aspects of infection prevention and control and procedure for standard precautions was not available (E-Essential).
- There was no evidence that HE records all notifiable diseases and reports them to the appropriate public health agency (E-Essential).
- The annual in-service education and training plan did not include infection control education, prevention of respiratory infections particularly TB and universal standard precautions (E-Essential).

DOMAIN 3: CLINICAL SUPPORT SERVICES

3.1 Pharmaceuticals: Average sub-domain score 54%

Deficiencies noted:

- Procedures relating to the management of medicine as required for Good Pharmacy Practice were not available (E-Essential).
- Standard operating procedures outlining dispensing of medicines according to the Pharmacy Act 53 of 1974 and Medicines and Related Substances Act 101 of 1974 not available (E-Essential).
- SOPs for the monitoring of adverse drug reactions not available (E-Essential)
- Document outlining the SLA for supply of medicine was not available and there was no evidence that compliance with the agreement was being monitored and appropriate action taken (E-Essential).
- Physical stock did not correspond to stock on the inventory management system (E-Essential).
- Duty rosters did not indicate that at least one pharmacist or pharmacist`s assistant or professional nurse in clinics was on duty and available to dispense medicine as required during operating hours (E-Essential).

3.2 Diagnostic services: Average sub-domain score 79%

Deficiency noted:

- No pattern of non-compliant diagnostic services measures identified across facilities.

3.3 Therapeutic and support services: Average sub-domain score 51%

Deficiencies noted:

- Adverse blood reactions were not documented and reported to the forum dealing with adverse events (V-Vital).
- Patients did not have access to a social worker or psychologist on a regular basis (E-Essential).
- List of non-governmental organisations and disabled people`s organisations and updated list of referral services was not available (D-Developmental).

3.4 Health technology: Average sub-domain score 34%

Deficiencies noted:

- There was no evidence to show that adverse events involving medical equipment were recorded, reported and that actions were taken to prevent recurrence. (V-Vital).
- The orientation programme of the health establishment did not allocate time for the training of staff in the use of medical equipment (E-Essential).
- The staff development and in-service training programme did not make provision to assess and update staff on the correct use of medical equipment (E-Essential).

3.5 Sterilisation service: Average sub-domain score 34%

Deficiencies noted:

- Sterilisation equipment were not all validated and licensed according to legislation (V-Vital).
- There was no system in place to monitor all incidents of sterilisation failure (V-Vital).
- Decontamination and sterilisation services policy was not available (E-Essential).
- Staff working with sterilisation equipment did not receive training in the technical aspects of sterilisation and on use of the equipment (E-Essential).
- Staff interviewed were unable to explain the procedure by which used instruments were sterilised from start to finish (E-Essential).

3.6 Mortuary services: Average sub-domain score 47%

Deficiencies noted:

- The policies and procedures for storage, removal and transportation of corpses/bodies was not available (E-Essential).
- There was no register for anatomical waste indicating date of placement and removal for disposal (E-Essential).
- There was no clear labelling procedure for easy identification of bodies and proper storage of records (E-Essential).

- Mortuary vehicles were not clean, and stainless-steel sheets had rust (E-Essential).
- Mortuary staff did not wear protective clothing when conducting their work (E-Essential).

3.7 Clinical efficiency management: Average sub-domain score 26%

Deficiencies noted:

- There was no evidence to show that case managers code Prescribed Minimum Benefits accurately for patients to access medical benefits appropriately (E-Essential).
- Audits were not conducted to ensure efficient and accurate billing of healthcare services (E-Essential).
- There was no evidence that funder rejections of claims are monitored to ensure appropriate care is delivered (D-Developmental).
- Case management systems did not allow for the pre-authorisation of procedures, regular updates and final verification information to be sent to funders (D-Developmental).
- There was no evidence to show that the average length of stay and level of care for the top 10 Diagnoses against standard norms and targets were monitored (D-Developmental).

DOMAIN 4: PUBLIC HEALTH

4.1 Population based planning and service delivery: Average sub-domain score 43%

Deficiencies noted:

- The health establishments were not signposted on access roads and there were no minutes or correspondence indicating that contacts were made to remedy or improve signage and road access (E-Essential).
- Map of the catchment population including population numbers and demography in each region was not available (D-Developmental).
- Management had no plan in which health outcomes and needs of the community are addressed including program of engagement with relevant stakeholders (D-Developmental).
- Management did not monitor the presenting diseases seen at the HEs (D-Developmental).

4.2 Health promotion and disease prevention: Average sub-domain score 60%

Deficiency noted:

- The establishment had no health calendar nor evidence indicating participation in health promotion activities (D-Developmental).

4.3 Disaster preparedness: Average sub-domain score 19%

Deficiency noted:

- Disaster management plans were either not available or outdated (E-Essential).
- Unavailability of intersectoral plans for management of possible health emergencies and disease outbreak (E-Essential).
- Emergency drills to test disaster preparedness were not conducted (E-Essential).
- In-service training on disease outbreaks not done conducted (E-Essential).

4.4 Environmental controls: Average sub-domain score 56%

Deficiency noted:

- The establishment did not have a valid service level agreement for the safe disposal of toxic chemicals, radioactive waste and expired medicines with an accredited service provider (E-Essential).

DOMAIN 5: LEADERSHIP AND CORPORATE GOVERNANCE

5.1 Oversight and accountability: Average sub-domain score 24%

Deficiencies noted:

- The governance structure was not in place (E-Essential).

- A copy of delegations of authority for the manager of the HE is detailing the manager's (authority in terms of expenditure, procurement and staff appointments was not available (E-Essential).
- The organogram of the management structure was not available (E-Essential).
- Managers had not signed disclosures of financial interest (E-Essential).
- There was no documented evidence that appropriate delegations of authority for financial, HR and other management control processes were adhered to (E-Essential).

5.2 Strategic management: Average sub-domain score 32%

Deficiencies noted:

- Evidence that operational plans were monitored quarterly against targets was not available (Essential).
- The operational plans did not contain clear service delivery requirements for Finance, HR, Operations and clinical service components including targets (Essential).
- Alignment of operational plans with the APP or DHP could not be checked in alignment with (APP) as documents were not available (Essential).
- There was no budget allocation plan approved by the governance structure (Essential).
- The staff establishment and related priorities such as Medium-term plan (MTP)/APP did not ensure sufficient staff in the required specialties to deliver services (Essential).

5.5 Risk management: Average sub-domain score 80%

- No pattern of non-compliant risk management measures identified across facilities.

5.6 Quality improvement: Average sub-domain score 54%

- No pattern of non-compliant quality management measures identified across facilities.

5.7 Effective leadership: Average sub-domain score 30%

Deficiencies noted:

- Terms of reference of a forum established to review quality for purposes of quality improvement was not available (V-Vital).
- Performance management agreements of managers were not aligned with the strategic and operational plans and did not contain targets and due dates (E-Essential).
- Leadership and management competency assessment for managers was not performed (E-Essential).
- The performance management agreement between the manager and the supervisor was not available (E-Essential).
- Results of staff satisfaction surveys did not show that managers were perceived as role models and leaders in the HEs (E-Essential).

5.8 Communications and public relations: Average sub-domain score 38%

Deficiencies noted:

- Policy for obtaining patient consent if identifiable information needs to be communicated to a third party was not available (V-Vital).
- Contact details of responsible person for customer care in the health establishments were not visibly displayed (E-Essential).
- The health establishment could not demonstrate that various communication channels were used to provide information to staff (E-Essential).
- A PROATIA (promotion of access to information act) manual was not available and accessible to patients in the health establishment (D-Developmental).
- An up to date communication strategy was not available (D-Developmental).

DOMAIN 6: OPERATIONAL MANAGEMENT

6.1 Human resource management and development: Average sub-domain score 50%

Deficiencies noted:

- Evidence that action was taken to deal with staff absenteeism and vacancies was not available (V-Vital).

- Staff patient ratios in key areas were not in accordance with the approved staffing plan (V-Vital).
- There was no evidence that staff have undergone training in line with the most recent Workplace Skills Plan (E-Essential).
- Records were not kept for each health care professional in terms of continuing professional development and further education needs (E-Essential).
- There was no joint agreement and discussion forum between management and unions (E-Essential).

6.6 Staff welfare and employee wellness: Average sub-domain score 16%

Deficiencies noted:

- There were no records to show that staff who had needle stick injuries received post exposure prophylaxis and have been re-tested (V-Vital).
- Evidence showing that medical examinations were performed for all health care workers who were exposed to potential occupational hazards when performing their duties was not available (V-Vital).
- There was no evidence to demonstrate that staff participates in formal initiatives planned within the Employee Wellness programme (E-Essential).
- Responsible persons were not designated as specified in the Occupational Health and Safety Act with signed letters outlining responsibilities (E-Essential).
- Terms of references for the occupational health and safety committee were not available (E-Essential).
- Staff satisfaction survey results showed that majority of staff were not satisfied with their working conditions (E-Essential).

6.3 Financial management: Average sub-domain score 50%

Deficiencies noted:

- No evidence that expenditure variance reports were compiled at least quarterly and tabled at management meetings where variances are addressed (V-Vital).
- There was no proof that monthly financial statements are reviewed by the HE manager and management team (E-Essential).

6.4 Supply chain and asset management: Average sub-domain score 27%

Deficiencies noted:

- There was no evidence that turnaround times for critical stock were set and monitored (V-Vital).
- The policy and procedure on contract management was not available (E-Essential).
- There was no evidence that the manager in charge of assets monitors service level agreements for maintenance of assets regularly and addresses any concerns directly with the supplier of services (E-Essential)
- Inventory records shows that assets were not monitored, and the asset register was not available (E-Essential).

6.5 Transport and fleet management: Average sub-domain score 57%

Deficiencies noted:

- There was no maintenance and service plan for vehicles including records of all maintenance undertaken (E-Essential).
- The list of drivers with details of their valid driver's License and Professional Drivers Permit was not available (E-Essential).
- Records did not show that vehicle utilisation in terms of log-sheets, fuel consumption and service plan are monitored and managed to prevent misuse (E-Essential).

6.6 Information management: Average sub-domain score 58%

Deficiencies noted:

- Proof of testing of contingency plan for information storage was not available (E-Essential).
- Evidence showing that reports generated from the information systems are used to assist management in decision making and planning was not available (E-Essential).
- Management staff were not aware of a contingency plan in the event of mechanical failure of IT systems to allow operations to continue (E-Essential).
- Confidential records were not archived in a secure and access-controlled environment that is fire proof (E-Essential).
- Policy regarding disposal of confidential waste was not available (E-Essential).

- There was no evidence that the health establishment submitted information into the District Health Information System (DHIS) (D-Developmental).

6.7 Medical records: Average sub-domain score 46%

Deficiencies noted:

- The standard operating procedures for requests, retrieval and filing of patient files was not available (V-Vital).
- Patient records in service areas and wards were not kept in a suitable place that maintains the patient`s confidentiality (E-Essential).
- The medical records room was not secure and accessible only to authorised staff (E-Essential).
- Records room staff did not receive appropriate training in management of medical archives (D-Developmental).

DOMAIN 7: FACILITIES AND INFRASTRUCTURE

7.1 Buildings and grounds: Average sub-domain score 55%

Deficiencies noted:

- The procedure for requisition of repairs was not available and requisitions not reviewed monthly (E-Essential).
- There was no authorisation notice in line with Regulation 42 of the Mental Health Act (E-Essential).
- Grounds were not maintained nor safe and clean (E-Essential).
- The waiting area did not have adequate space, heating and adequate number of chairs to accommodate all patients (E-Essential).
- There were no records showing that nightly inspections were done to ensure adequate lighting of grounds for a safe environment for vehicles, staff and visitors (D-Developmental).

7.2 Machinery and utilities: Average sub-domain score 48%

Deficiencies noted:

- Maintenance records did not reflect maintenance of emergency generator and testing of at least 15-20 minutes on a regular basis (X-Extreme).
- There was no functional alerting system sounding throughout staffed areas (E-Essential).
- Staff members interviewed did not know how to react to an emergency warning (E-Essential).
- There were no records to show that maintenance and testing of systems and installations were done in accordance with regulations (E-Essential).
- There were no accessible telephones in working order in reception and some consultation rooms and no alternative means of communication if telephone line was off (E-Essential).
- The lay out plan of all the electrical, mechanical, water and sewerage for any manholes was not available (D-Developmental).
- Policy and procedure for maintenance of plant, equipment and installations not available (D-Developmental).

7.4 Safe and secure environment: Average sub-domain score 49%

Deficiencies noted:

- Security systems were not positioned at vulnerable patient areas such as maternity, paediatric, psychiatric, emergency units and egress points (V-Vital).
- Security policy was not available (V-Vital).
- The fire certificate for the health establishment was not available (E-Essential).
- Emergency drills were not conducted. (E-Essential).
- There were no records to show what actions were taken to address security incidents reported (E-Essential).
- Safety and security notices were not displayed in all service areas (D-Developmental).
- Records did not show that nightly inspections were done to ensure that lighting was functional, and all areas are lit up (D-Developmental).

7.5 Hygiene and cleanliness: Average sub-domain score 49%

Deficiencies noted:

- Records did not show that daily inspections of cleanliness were conducted (V-Vital).
- Cleaning staff did not wear protective clothing while carrying out their duties (V-Vital).
- Pest control was not done (V-Vital).
- Toilets and bathrooms in most HEs were not clean (V-Vital).
- There were no records of the mandatory pre-placement tests (hepatitis A and B) for cleaning staff (E-Essential).
- The maintenance records did not show that cleaning machines were regularly serviced (E-Essential).
- Notices prohibiting smoking were not displayed (D-Developmental).

7.6 Waste management: Average sub-domain score 38%

Deficiencies noted:

- Records did not show that the waste manager monitored and managed the service level agreements for waste removal and disposal (V-Vital).
- Health Care Risk Waste (HCRW) management report was not available (E-Essential).
- The procedure for obtaining additional HCRW containers was not available (E-Essential).
- The outside bin/waste storage area was not well maintained and posed a health risk (D-Developmental).
- General waste was not stored in appropriate containers which were neatly packed (D-Developmental).

7.7 Linen and laundry: Average sub-domain score 64%

Deficiencies noted:

- The policy and procedures for handling clean, dirty, soiled and infectious linen was not available.
- Linen rooms or storage cupboards were not organised, well stocked and locked.
- Linen stock sheets were not reconciled monthly to identify losses and shortages.
- The machines in the laundry were not all in working order.
- Maintenance records did not show that on-site laundry machines were serviced regularly.

7.8 Food services: Average sub-domain score 53%

Deficiencies noted:

- Procedures for procurement, storage and preparation of food were not available (E-Essential).
- Access to refrigerators and food storages areas was not controlled (E-Essential).
- Food parcels were not provided to patients visiting other facilities (E-Essential).
- The kitchens were dirty, and staff did not use Personal Protection Equipment as necessary (E-Essential).
- Hand washing basins were not provided with soap dispenser, liquid soap, nail brushes and paper towels (E-Essential).
- Records of previous inspections were not available (E-Essential).
- Records did not show that the food service manager monitors the distribution of meals and receiving times of meals in the wards and addresses causes of blockage (E-Essential).
- There were no guidelines for food preparation (D-Developmental).

Provincial Summary Findings (Continued)

3.5.7. Northern Cape Province

Average percentage outcome score per facility type

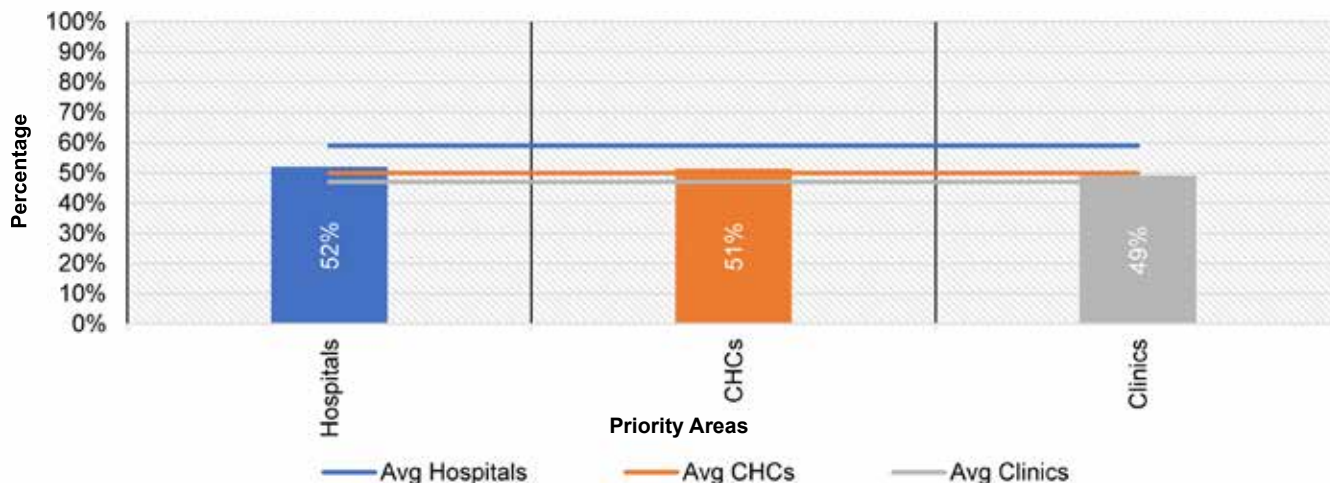


Figure 49: Average percentage outcome score per facility type.

The figure above shows the average percentage outcome score per facility type of the hospitals; 1 was Provincial tertiary hospital and 2 District hospitals with an average of 52%; 8 CHCs with an average score of 51% and 31 clinics scored an average of 49%.

Average percentage outcome score per domain

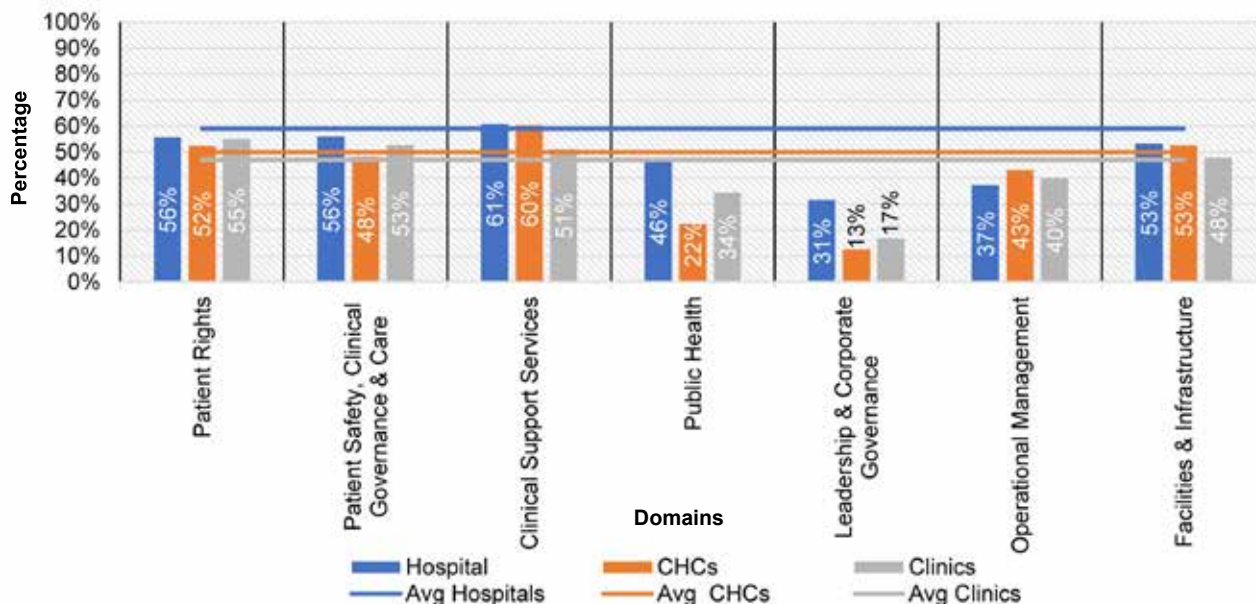


Figure 50: Average percentage outcome score per domain.

The figure above demonstrates that of 7 domains, the domain on clinical support services in the province had the highest hospital average performance score of 61%. Facilities and infrastructure, patient rights and patient safety, clinical governance and care had the hospital average performance scores which ranged from 53% to 56%. The lowest average hospital performance score was for the domain leadership and corporate governance which was 31%. Overall, the performance scores for hospitals were higher than those of CHCs and clinics across all domains except for operational management domain where CHCs in the province had an average performance score of 43% while hospitals and clinics had scores of 37% and 40% respectively.

Average percentage outcome score per Ministerial Priority Area

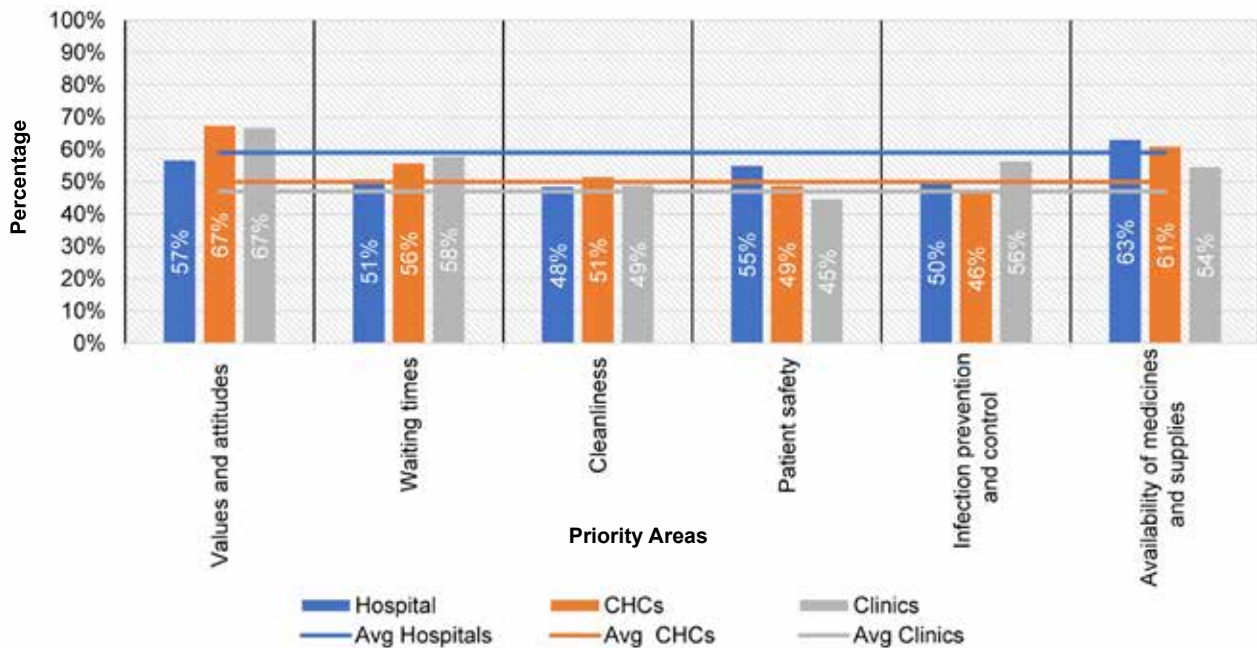


Figure 51: Average percentage outcome score per Ministerial Priority Area.

The figure above shows the average the average percentage outcome score per Ministerial Priority Areas (The 3 horizontal lines represent the national average). The above figure shows that the average hospital percentage score for all Ministerial priority areas was 59% while CHCs and clinics had average score of 50% and 47% in the province. The priority areas namely values and attitudes and availability of medicines and supplies had performance scores above 50% across hospitals, CHCs and clinics.

3.5.7.1 Northern Cape Provincial Summary Findings:

The provincial summary section reflects performance in percentage score for sub-domains. The sub-domains describe key functions within each individual domain. The focus is on commonly identified cross cutting non-compliance measures. Risk rating of each measure is indicated in brackets as follows: X-Extreme, V-Vital, E-Essential and D-Developmental. **For each sub-domain, the average score for facilities in the province is provided followed by a list of common deficiencies identified across facilities. In most cases deficiencies identified DO NOT apply to all facilities inspected. Appendix A summarises the overall performance scores for individual HEs by province.**

DOMAIN 1: PATIENT RIGHTS

1.1 Respect and dignity: Average sub-domain score 59%

Deficiencies noted:

- No records describing action taken in the event of an incident of staff abuse on a patient and zero reporting not done. (X-Extreme).
- Lack of privacy during patient consultations and counselling. (E-Essential).
- Report on the annual patient satisfaction survey not available (E-Essential).
- Minutes of the forum reviewing patient satisfaction survey results were not available (E-Essential).
- Unavailability of drinking water and disposable cups in patient waiting areas (E-Essential).

1.2 Access to information for patients: Average sub-domain score 65%

Deficiencies noted:

- Policies relating to informed consent not available however where policies and SOPs were availed; they were outdated (E-Essential).
- Unavailability of the ethical research policy (D-Developmental).
- Some of the staff members observed were not wearing name tags (D-Developmental).

- Unavailability of patients' rights posters or only available in one language in some HEs (D-Developmental).
- Unavailability of the signage board indicating service times (D-Developmental).
- Absence of processes by which patients who have third party funders of their care are informed of the extent of their liability (D-Developmental).

1.3 Physical access: Average sub-domain score 52%

Deficiencies noted:

- Absence of ablution facilities for disabled patients (E-Essential).
- Policy regarding assistance for the blind, visually impaired and hearing-impaired patients not available (D-Developmental).
- Health establishments entrances not sign posted (D-Developmental).
- Lack of systems for ensuring safe entry at HEs (D-Developmental).

1.4 Continuity of care: Average sub-domain score 32%

Deficiencies noted:

- The referral policy, TOR and minutes of the Forum reviewing referrals were not available (E-Essential).
- Procedure for referrals and bookings of patients requiring specialist interventions not available (E-Essential).
- No procedure for accessing patient transport services (E-Essential).
- Map of the catchment area including service providers in the referral chain and their contact numbers was not available (E-Essential).
- Files of the patients transferred out of the HEs did not contain copies of the referral letters (E-Essential).

1.5 Reducing delays in care: Average sub-domain score 52%

Deficiencies noted:

- There were no special queues designated for specific groups of patients (V-Vital).
- No person responsible for the management of queues (E-Essential).
- System to reduce waiting time for files was not in place (E-Essential).
- Document indicating agreed upon-local targets for waiting times and report on measured waiting times were not available (D-Developmental).
- Patients not informed of waiting times (D-Developmental).

1.6 Emergency care: Average sub-domain score 53%

Deficiencies noted:

- Patient files not indicating correct handover procedure and adherence to guidelines regarding examination and stabilisation of patients (V-Vital).
- The procedure for speedy handover of patients from Emergency Medical Services to hospital staff was not available (V-Vital).
- Policy regarding closures and ambulance diversions not available (E-Essential).

1.7 Complaints management: Average sub-domain score 56%

Deficiencies noted:

- Complaints not classified according to severity and the serious ones not managed via the adverse events management system (E-Essential).
- Complaints procedures not displayed in all service areas (E-Essential).
- Terms of reference for the Forum reviewing complaints not available (E-Essential).
- Unavailability of the complaints register; however, where available it did not indicate time-frames for resolution of complaints (E-Essential).
- Complaints poster not available or only available in one language (E-Essential).

DOMAIN 2: PATIENT SAFETY, CLINICAL GOVERNANCE AND CLINICAL CARE

2.1 Patient care: Average sub-domain score 62%

Deficiency noted:

- No evidence for participation in monthly maternal, perinatal mortality and morbidity meetings (E-Essential).

2.2 Clinical management of priority health conditions: Average sub-domain score 36%

Deficiencies noted:

- Quality improvement plans to address shortcomings and improve health outcomes were not available (V-Vital).
- Clinical audits of priority programmes and health initiatives not done (E-Essential).

2.3 Clinical Leadership: Average sub-domain score 56%

Deficiencies noted:

- Interviewed healthcare professionals specifically physiotherapist, occupational therapist, radiographers and pharmacists indicated that they did not have access to adequate supervision (V-Vital).
- Quality improvement plans did not show that healthcare professionals, nurses, pharmacists and doctors were responsible for implementing improvements plans (E-Essential).
- No job descriptions for departmental/section heads (E-Essential).
- Forum reviewing quality was not in place (E-Essential).

2.4 Clinical risk: Average sub-domain score 56%

Deficiencies noted:

- Resuscitation policy, minutes and TOR of a Forum reviewing resuscitations were not available (X-Extreme).
- Procedure for conducting and acting on risk assessments of frail and aged patients not available (X-Extreme).
- Absence of safety precautions in units where children are cared for (X-Extreme).
- Inadequate security measures to safeguard new-borns and unaccompanied children in the wards (X-Extreme).
- Patient files not availed to demonstrate adherence to the protocol on administration of blood (X-Extreme).
- No protocol for safe administration of medicines (V-Vital).
- Procedures for the care of the terminally ill not available (V-Vital).
- Procedure for conducting and acting on risk assessment of patients with reduced mobility not in place (V-Vital).
- Unavailability of TOR and minutes of Forum reviewing clinical risk (V-Vital).
- Particle counts, and bacterial growth not performed in operating theatres (V-Vital).
- Unavailability of Clinical risk policy (E-Essential).
- Clinical risk assessments not conducted (E-Essential).

2.5 Adverse events: Average sub-domain score 36%

Deficiencies noted:

- The adverse events policy not available, where available it was not signed or in a draft form (V-Vital).
- No evidence of adverse event reports, immediate actions taken at the time of incident and root cause analysis to prevent recurrence (E-Essential).
- Minutes of the forum reviewing adverse events not available (E-Essential).
- In-service training plan did not include training on carrying out safety checks and prevention of accidents in the environment (E-Essential).
- Forum reviewing clinical risk strategy was not in place (E-Essential).
- No procedure for supporting staff affected by adverse events (E-Essential).
- No monitoring of adverse events (E-Essential).
- No reporting system for adverse events (D-Developmental).

2.6 Infection prevention and control: Average sub-domain score 57%

Deficiencies noted:

- Infection Prevention and Control Policy and procedure on standards precautions not available (X-Extreme).
- TOR for the forum reviewing infection prevention control were not available (V-Vital).
- Reporting system for needle stick injuries or other incidents related to failure of standard precautions was not in place (V-Vital).
- Interviewed staff were unable to explain how to carry out of terminal cleaning or disinfection of the room and equipment used by infected patients (E-Essential).
- No statistics on common health care associated infections (E-Essential).
- Unavailability of the annual in-service education and training plan (E-Essential).
- Lack of educational material for the public and patients on specific healthcare associated infections and for staff on universal precautions (E-Essential).

DOMAIN 3: CLINICAL SUPPORT SERVICES

3.1 Pharmaceutical services: Average sub-domain score 59%

Deficiencies noted:

- Standard operating procedure (SOP) on storage, control and distribution of schedule 5 and 6 medicines not available (V-Vital).
- Document detailing the membership and TOR of the multidisciplinary Pharmacy and Therapeutics committee not available (E-Essential).
- No document outlining the terms of agreement for the supply of medicine and medical supplies (E-Essential).
- Schedule 6 drug register entries incomplete and not corresponding with physical stock (E-Essential).
- SOPs outlining the dispensing of medicines and adverse drug reactions monitoring were not available (E-Essential).
- Physical stock for medicine and medical supplies not corresponding with the inventory management system (E-Essential).
- Stock system not showing minimum, maximum and re-order levels for medicine and medical supplies (E-Essential).
- Copy of the current certificate of registration of pharmacy not available (E-Essential).
- No evidence of a stock-take for medicine and medical supplies(E-Essential).

3.2 Diagnostic services: Average sub-domain score 88%

- No pattern of non-compliant diagnostic services measures identified across facilities.

3.3 Therapeutic and support services: Average sub-domain score 47%

Deficiencies noted:

- Adverse blood reactions not documented nor reported (V-Vital).
- Multidisciplinary meetings not held (E-Essential).
- Lack of evidence showing that patients had access to social worker or psychological support services (D-Developmental).
- No list of appropriate Non-Governmental Organisations and Disabled People's Organisations (D-Developmental).

3.4 Health technology: Average sub-domain score 37%

Deficiencies noted:

- Maintenance schedule/plan and maintenance records for equipment were not available (V-Vital).
- No monitoring system showing that items requiring replacement or ordering are received within 3 months (V-Vital).
- Reports on adverse events involving medical equipment were not available (V-Vital).
- There was no staff development, in-service training and orientation programmes in place (E-Essential).

3.5 Sterilisation services: Average sub-domain score 34%

Deficiencies noted:

- No system in place to monitor incidents of sterilisation failure (V-Vital).
- There was no evidence on licensing and validation of sterilisation equipment (V-Vital).
- Decontamination policy was either outdated or not available (E-Essential).
- No maintenance schedule and service history of sterilization machines (E-Essential).
- Training records of staff working with sterilization equipment not available (E-Essential).
- Procedure detailing clear responsibilities for various aspects in decontamination cycle was not available (E-Essential).

3.6 Mortuary services: Average sub-domain score 56%

Deficiencies noted:

- The policy for storage, removal and transportation of corpses not available (E-Essential).
- The mortuary equipment not serviced regularly (D-Developmental).

3.7 Clinical efficiency management: Average sub-domain score 12%

Deficiencies noted:

- Lack of evidence to show that quality improvement plans had been implemented to address shortcomings in average length of stay and level of care (E-Essential).
- Audits to ensure efficient and accurate billing for healthcare services not done (E-Essential).
- Lack of evidence showing that case managers code prescribed minimum benefits appropriately (E-Essential).
- No quality improvement plans showing improvement in the accuracy of coding (E-Essential).
- Lack of evidence showing that HEs monitor the average Length of Stay and Level of Care for the top10 Diagnoses against standard norms and targets (E-Essential).
- Inadequate staffing of the case management department (D-Developmental).
- No procedures to mitigate against cost of healthcare being passed onto the patient unnecessarily (D-Developmental).

DOMAIN 4: PUBLIC HEALTH**4.1 Population based planning and service delivery: Average sub-domain score 29%**

Deficiencies noted:

- HEs not signposted on access roads (E-Essential).
- No correspondence indicating that contacts were made to remedy or improve signage and road access (E-Essential).
- Evidence showing that management representatives attend meetings with the public was not available (D-Developmental).
- A management plan to address the needs and health outcomes of the community was not available (D-Developmental).
- There was no documented evidence that management has assessed the disease burden in the catchment population (D-Developmental).
- No structured outreach programme for services addressing community needs (D-Developmental).
- Catchment area map did not include population numbers and demography in each region (D-Developmental).

4.2 Health promotion and disease prevention: Average sub-domain score 55%

Deficiencies noted:

- Evidence of participation in health promotion activities not available (E-Essential).
- No health calendar and or programme indicating activities supported by HEs (D-Developmental).

4.3 Disaster preparedness: Average sub-domain score 22%

Deficiencies noted:

- Disaster management plans were either not available or outdated (E-Essential).
- Unavailability of intersectoral plans for management of possible health emergencies and disease outbreak (E-Essential).
- Emergency drills to test disaster preparedness were not conducted (E-Essential).
- Management staff not aware of the disaster and disease outbreak plan (E-Essential).
- In-service training on disease outbreaks not done (E-Essential).

4.4 Environmental controls: Average sub-domain score 56%.

Deficiency noted:

- Environmental controls

DOMAIN 5: LEADERSHIP AND CORPORATE GOVERNANCE

5.1 Oversight and accountability: Average sub-domain score 18%

Deficiency noted:

- TOR and minutes of the governance structure were not available (E-Essential).

5.2 Strategic management: Average sub-domain score 21%

Deficiencies noted:

- There were no operational plans and monitoring thereof (V-Vital).
- The HEs strategic management plan not available (E-Essential).
- Minutes of management meetings were not available (E-Essential).
- Available organograms were not signed and dated (E-Essential).
- Internal audit reports were not available (E-Essential).
- Staff establishment and related priorities such as Medium-Term Plan (MTP)/Annual Performance Plan (APP) were not available (E-Essential).
- Budget allocation plan was not approved by the governing structure (E-Essential).
- Lack of evidence showing that relevant managers participated in the budgetary processes (E-Essential).

5.3 Risk management: Average sub-domain score 0%

Deficiency noted:

- Risk management strategy document not available (E-Essential).

5.4 Quality improvement: Average sub-domain score 24%

Deficiencies noted:

- TOR and minutes of the Forum reviewing quality were not available (V-Vital)
- No designated person for coordinating quality improvement (E-Essential).

5.5 Effective leadership: Average sub-domain score 19%

Deficiencies noted:

- No comprehensive performance reviews of senior managers (E-Essential).
- The performance management agreements for managers were available but could not be verified due to unavailability of operational plans (E-Essential).
- Lack of evidence to show that managers had undergone leadership and management competency assessment and development courses (E-Essential).
- Staff satisfaction survey data not analysed (E-Essential).
- No action plans to address issues raised in exit interviews (E-Essential).

5.6 Communication and public relation: Average sub-domain score 39%

Deficiencies noted:

- The PROATIA manual and communication strategy for the HEs were not available (D-Developmental).
- Contact details of responsible person for customer care in HEs were not displayed (D-Developmental).

- Policy for obtaining consent if patients identifiable information need to be communicated to third party not available (D-Developmental).
- No designated staff member handling communication matters at HEs (D-Developmental).

DOMAIN 6: OPERATIONAL MANAGEMENT

6.1 Human resource management and development: Average sub-domain score 43%

Deficiencies noted:

- Agreements with staff who perform Remunerative work outside the public service (RWOPS) not available (V-Vital).
- The records for continuing professional development of health professionals not kept (V-Vital).
- Staff patient ratios in key areas were not in accordance with the approved staffing plan (V-Vital).
- Lack of evidence showing adherence to recruitment procedures (E-Essential).
- Retention strategy not available (E-Essential).
- Lack of evidence reflecting the actions taken to deal with absenteeism and staff vacancies (E-Essential).
- Documentation of up to date annual professional body registration numbers for all staff categories not available (E-Essential).

6.2 Staff welfare and employee wellness: Average sub-domain score 28%

Deficiencies noted:

- A report on incidences of harm to staff and remedial actions taken in the event of an accident or potential harm to staff was not available (X-Extreme).
- No evidence that medical examinations were performed for all health care professionals who are exposed to occupational hazards when performing their duties (V-Vital).
- Records of needle stick injuries not available (V-Vital).
- There were no measures taken to prevent incidents of harm to staff (E-Essential).
- TOR and minutes of the Occupational Health and Safety committees were not available (E-Essential).
- Lack of evidence of staff participation in formal initiatives planned within the Employee Wellness Programme (E-Essential).
- Staff satisfaction survey results and report not available (E-Essential).

6.3 Financial management: Average sub-domain score 13%

Deficiencies noted:

- There were no financial projections (V-Vital).
- No evidence showing that monthly reports are presented to the management team (V-Vital).
- Exception reports not compiled when expenditure on high risk priority areas deviate from the budget (V-Vital).
- Monthly expenditure variance reports were not available (V-Vital).

6.4 Supply chain and asset management: Average sub-domain score 19%

Deficiencies noted:

- Document outlining terms of agreement for the supply of stock was not available (E-Essential).
- Lack of evidence showing monitoring of outsourced contracts (E-Essential).
- The monitoring of inventory records of assets was not done (E-Essential).
- Minutes of the Forum reviewing specifications and adjudications were not available (E-Essential).
- Lack of consistency in the correspondence of physical stock with the inventory management system (E-Essential).
- Records showing monitoring of the SLA for maintenance of the assets by the asset manager not available (E-Essential).
- Lack of bulk storage facilities for orderly storage of stock (E-Essential).
- Lack of evidence that acquisitions were done in line with the procurement plan (E-Essential).
- Asset registers not available, where available it was not updated (E-Essential).
- No minimum, maximum and re-order levels for stock (E-Essential).
- Evidence of stock take not available (E-Essential).
- Loss and theft register not available (E-Essential).

- Policies and procedures on local tendering and contract management was not available (E-Essential).
- No evidence of monitoring turnaround times for critical stock (E-Essential).

6.5 Transport and fleet management: Average sub-domain score 74%

- No pattern of non-compliant transport and fleet management measures identified across facilities (E-Essential).

6.6 Information management: Average sub-domain score 53%

Deficiencies noted:

- Policy regarding disposal of confidential waste not available (E-Essential).
- Interviewed staff reported lack of hardware / software and network connectivity that supports local needs (E-Essential).
- Proof of testing of contingency plan for IT not available (E-Essential).
- No evidence that reports generated from information system are used to assist management in decision making and planning (E-Essential).

6.7 Medical records: Average sub-domain score 58%

Deficiencies noted:

- SOP for requests, retrieval and filing of patient files was either not signed or not available (V-Vital).
- The staff working with medical records did not receive appropriate training for medical archiving (D-Developmental).
- Medical records rooms not locked, and access not controlled (D-Developmental).

DOMAIN 7: FACILITIES AND INFRASTRUCTURE

7.1 Buildings and grounds: Average sub-domain score 59%

Deficiencies noted:

- No inspection records showing whether available facilities are used as intended (V-Vital).
- Access routes and emergency vehicle access roads were not marked (E-Essential).
- No records showing implementation of the recommendations of annual management inspection reports on safety hazards and maintenance needs (E-Essential).
- No evidence of nightly inspections being done to ensure adequate lighting on grounds at night (D-Developmental).
- Inadequate space, number of chairs and heating systems in waiting areas (E-Essential).
- No updated planned maintenance programme (E-Essential).
- Procedure for requisition of repairs measuring time frames between requisition and finalisation of repairs not available (E-Essential).
- No evidence of provision made in the budget to ensure purchasing and maintenance of non-medical equipment (E-Essential).

7.2 Machinery and utilities: Average sub-domain score 55%

Deficiencies noted:

- Lack of documented evidence showing that in the event of a power disruption emergency power supply is available in critical clinical areas (X-Extreme).
- Lack of functional system to supply piped medical gas to clinical areas (X-Extreme).
- Maintenance records reflecting functionality and testing of emergency generator, systems and installations were not available (X-Extreme).
- No maintenance records showing that water supplies are checked daily for adequacy supply, quality and availability from the main reticulation system (V-Vital).
- Logbook or inspection sheets for electrical power not available (E-Essential).
- Uncontrolled access to the switchboard (D-Developmental).
- Unavailability of lay out plans of all electrical, mechanical, water, sewerage or any manholes in HEs (D-Developmental).
- Policy and procedures for the maintenance of plant / equipment / installations not available (D-Developmental).

7.3 Safety and security: Average sub-domain score 20%

Deficiencies noted:

- Security systems was not positioned at vulnerable patient areas (V-Vital).
- Lack of security systems in HEs and security policy either outdated or not available (V-Vital).
- Lack of security measures to ensure safety of patients, staff, goods and assets in HEs (V-Vital).
- Minutes of meetings showing actions taken to address security incidents were not available (E-Essential).
- Unavailability of Fire Certificates in HEs (E-Essential).
- No evidence of quarterly emergency drills (E-Essential).
- No evidence of nightly inspections to ensure that lighting is functional and all areas are lit up (D-Developmental).
- Safety and security notices not displayed in all areas (D-Developmental).

7.4 Hygiene and cleanliness: Average sub-domain score 49%

Deficiencies noted:

- Records of daily inspections of cleanliness not available (V-Vital).
- Pest control records not available (V-Vital).
- Maintenance records for the cleaning machines not available (E-Essential).
- No records of the mandatory pre-placement tests for cleaning staff (E-Essential).
- Evidence of training of cleaners on the use of cleaning equipment not available (E-Essential).

7.5 Waste management: Average sub-domain score 48%

Deficiencies noted:

- No SLA for waste removal and disposal in place, where available there was no evidence of monitoring the SLA (V-Vital).
- Health care risk waste (HCRW) management policy not available (E-Essential).
- Waste management plan not available (E-Essential).
- No designated or appointed waste managers in HEs (E-Essential).
- Procedure for obtaining additional HCRW containers not in place (E-Essential).

7.6 Linen and laundry: Average sub-domain score 54%

Deficiencies noted:

- Evidence showing that linen stock sheets are reconciled monthly to identify losses and shortages not available (E-Essential).
- No maintenance records of onsite laundry machines (E-Essential).
- Laundry machines not all in working order (E-Essential).
- Linen rooms or storage cupboards not locked, organised or well stocked (D-Developmental).

7.7 Food services: Average sub-domain score 59%

Deficiencies noted:

- No evidence showing that problems identified during health inspections have been rectified (V-Vital).
- No documented evidence showing that access to refrigerators and food storage areas is controlled (E-Essential).
- Not all equipment in the kitchen were in proper working order (E-Essential).
- Records of health inspections done were not available (E-Essential).
- Guidelines for food preparation not available (D-Developmental).
- Satisfaction on food was not measured in the patient satisfaction survey (E-Essential).
- Procedures for procurement, storage and preparation of food not available (E-Essential).
- No evidence of monitoring the distribution of meals and receiving times of meals in the wards (E-Essential).
- Evidence of staff training in providing for the cultural, religious and special dietary needs of the patients not available (E-Essential).
- No records of the mandatory pre-placement tests for food-handlers (E-Essential).
- Valid contract and SLA for out sourced food services was not available (E-Essential).

Provincial Summary Findings (Continued)

3.5.8. North West Province

Average percentage outcome score per facility type

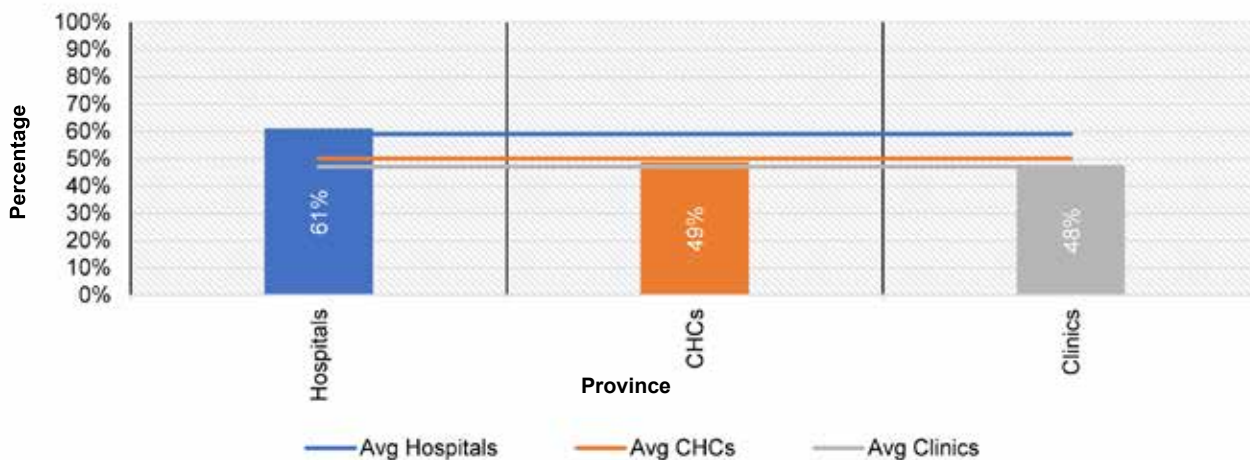


Figure 52: Average percentage outcome score per facility type.

The figure above shows the average percentage outcome score per facility type of the hospitals; 1 was regional hospital and 3 District hospitals with an average score of 61%; 5 CHCs with an average score of 49% and 56 clinics scored an average of 48%.

Average percentage outcome score per domain

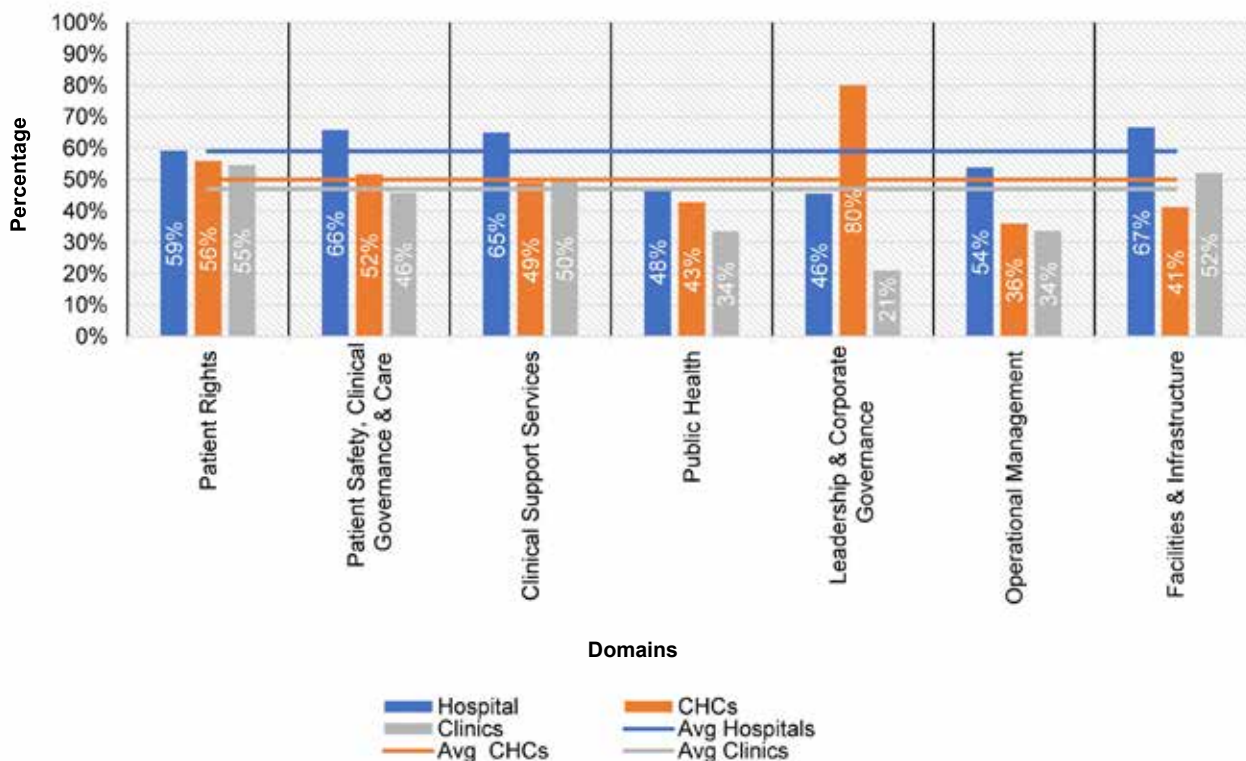


Figure 53: Average percentage outcome score per domain.

The above figure shows 3 horizontal lines which represent the national average and the 7 domains, domain on clinical support services, patient safety, clinical governance and care, facilities and infrastructure average performance scores for hospitals ranged from 65% to 67%. The domain on leadership and corporate governance had the lowest hospital average performance score of 46%. Overall, the performance scores for hospitals were higher than those of CHCs and clinics across all domains except for leadership and corporate governance where CHCs had average performance score of 80% while hospitals and clinics had scores of 46% and 21% respectively.

Average percentage outcome score per domain

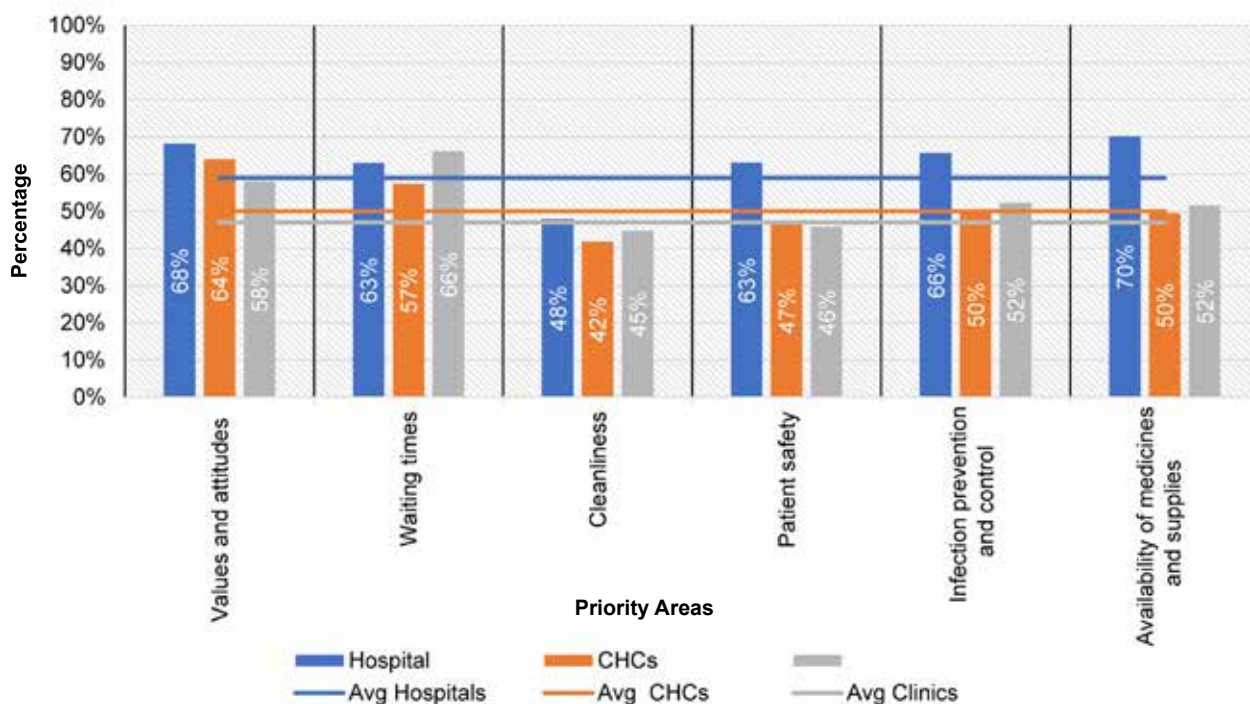


Figure 54: Average percentage outcome score per domain.

The above figure shows that the average hospital percentage score for the Ministerial Priority Areas; availability of medicines and supplies was 70% which was the highest in the province. Cleanliness had the lowest hospital average performance score of 48%. Overall, hospitals had higher average performance scores compared to CHCs and clinics across most Ministerial Priority Areas.

3.5.8.1 North West Provincial Summary Findings:

The provincial summary section reflects performance in percentage score for sub-domains. The sub-domains describe key functions within each individual domain. The focus is on commonly identified cross cutting non-compliance measures. Risk rating of each measure is indicated in brackets as follows: X-Extreme, V-Vital, E-Essential and D-Developmental. **For each sub-domain, the average score for facilities in the province is provided followed by a list of common deficiencies identified across facilities. In most cases deficiencies identified DO NOT apply to all facilities inspected. Appendix A summarises the overall performance scores for HEs by province.**

DOMAIN 1: PATIENT RIGHTS

1.1 Respect and dignity: Average sub-domain score 48%

Deficiencies noted:

- Recent records to describe action taken in the event of an incident of staff abuse (actual or alleged) on a patient were not available (X-Extreme).
- Areas assessed for the state of cleanliness were to be clean (V-Vital).
- Patients not consulted or counselled in a manner which allows for privacy (E-Essential).
- The annual patient satisfaction survey report was not available (E-Essential).
- Unavailability of clean drinking water and disposable cups for patients in waiting areas (E-Essential).
- The forum discussing, and analysing patient satisfaction surveys was not in place (D-Developmental).

1.2 Access to information for patients: Average sub-domain score 70%

Deficiencies noted:

- The policies relating to informed consent were not available (E-Essential).
- Information to enable patients to understand the full extent of the financial obligation was not provided (E-Essential).

- Patient rights posters or leaflets were not available in the common local languages (D-Developmental).
- Some of the randomly observed health professionals were not wearing name tags (D-Developmental).
- provided.

1.3 Physical access: Average sub-domain score 73%

Deficiencies noted:

- Ramps with handrails of an acceptable gradient not available at the entrances and where needed (V-Vital).
- There were no ablution facilities for disabled persons in the HEs (E-Essential).
- Policy on assistance for the blind, visually and hearing-impaired patients was not available (D-Developmental).

1.4 Continuity of care: Average sub-domain score 40%

Deficiencies noted:

- The referral policy and procedure by which referrals and bookings for patients requiring specialist interventions are done were not available (V-Vital).
- Map of catchment areas and service providers in the referral chain with contact details not available in-patient care areas (E-Essential).
- The procedure for accessing patient transport services not available (E-Essential).
- The files of the last patients transferred into and out of the health establishment did not contain copies of referral letters (E-Essential).

1.5 Reducing delays in care: Average sub-domain score 62%

Deficiencies noted:

- Patients were not informed of how long they will wait in the queue (E-Essential).
- Person/s responsible for the management of queues and patient flow not available (E-Essential).
- Designated special queues for specific groups of patients were not available (E-Essential).
- Waiting times for elective procedures not monitored (E-Essential).
- Document reflecting agreed-upon local targets or benchmarks for waiting times was not available (D-Developmental).

1.6 Emergency care: Average sub-domain score 51%

Deficiencies noted:

- The procedure emphasises the speedy handover of patients to reduce handover time from EMS to hospital staff was not available (V-Vital).
- Policies regarding closures of HEs and ambulance diversions were not available (E-Essential).

1.7 Complaints management: Average sub-domain score 49%

Deficiencies noted:

- The procedure for management of complaints was not available (E-Essential).
- Information on the procedure for complaints not displayed in all service areas (E-Essential).
- The poster on complaints was not available in the local languages (E-Essential).
- Not all complaints were logged on the complaints register, complaints not classified by order of severity and the registers did not include the timeframes in which complaints were resolved (E-Essential).
- Complaints relating to serious adverse events not managed via the adverse events management system (E-Essential).
- TOR of a forum reviewing complaints were not available (E-Essential).

DOMAIN 2: PATIENT SAFETY, CLINICAL GOVERNANCE AND CLINICAL CARE

2.1 Patient care: Average sub-domain score 75%

Deficiency:

- Lack of evidence showing that the health establishments participate in monthly maternal and perinatal morbidity and mortality meetings (V-Vital).

2.2 Clinical management of priority health conditions: Average sub-domain score 27%

Deficiencies noted:

- The clinical audits of each priority programme/health initiative were not conducted (V-Vital).
- Quality improvement plans to address shortcomings and improve outcomes were not implemented (V-Vital).

2.3 Clinical leadership: Average sub-domain score 56%

Deficiencies noted

- Quality improvement plan or programme did not show that healthcare professionals, nurses, pharmacists and doctors were responsible for implementing relevant improvement plans (E-Essential).
- No job descriptions for departmental/section heads which indicate that posts were filled by appropriately qualified healthcare professionals and describe the responsibilities and lines of accountability (D-Developmental).

2.4 Clinical risk: Average sub-domain score 55%

Deficiencies noted:

- The policy for handling emergency resuscitations not was available (X-Extreme).
- The protocol regarding the safe administration of medicines was not available (V- Vital).
- The procedure for the management of mentally ill patients admitted for 72-hour observations was not available (V- Vital).
- The clinical risk policy which highlights the establishments approach to the management of clinical risk was not available (E- Essential).
- The forum for review and analysis of clinical risks was not in place (E- Essential).
- The forum for reviewing emergency resuscitation with TOR were not available (E- Essential).

2.5 Adverse events: Average sub-domain score 37%

Deficiencies noted:

- Minutes of the forum reviewing adverse events were not available (V- Vital).
- Adverse events policy and a reporting system for adverse events were not in place (E- Essential).
- No procedure to support staff affected by adverse events (E- Essential).
- TOR of forum reviewing clinical risk strategy was not available (E- Essential).
- Evidence of monitoring adverse events not available (E-Essential).
- Annual in-service training plan did not include training on how to carry out safety checks and prevention of accidents in the environment (D-Developmental).

2.6 Infection control: Average sub-domain score 56%

Deficiencies noted:

- Reporting system for needle stick injuries or other incidents related to failure of standard precautions was not in place (V-Vital).
- No evidence to show that hand washing drives or campaigns were held (V-Vital).
- No infection control Policy and SOP on standard precautions (E-Essential).
- The annual in-service education and training plan did not include infection control education, prevention of respiratory infections especially TB and universal precautions (E-Essential).
- There was no evidence to show that 50% of health professionals have been trained on standard precautions (E-Essential).
- There was no educational material for staff on hand washing, respirator use, the safe use and disposal of sharps and use of personal protective equipment and for patients on swine flu, cholera and Methicillin Resistant Staphylococcus Aureus (MRSA) (E-Essential).
- There was no signage on the door to limit all unnecessary entry in the milk rooms (E-Essential).

DOMAIN 3: CLINICAL SUPPORT SERVICES.

3.1 Pharmaceutical services: Average sub-domain score 57%

Deficiencies noted:

- The copy of the current registration certificate of the responsible pharmacist with the South African Pharmacy Council (hospitals and CHCs) and proof that payment is up to date were not available (E-Essential).
- SOPs relating to dispensing of medicines, monitoring of adverse drug reactions and management of medicine were not available (E-Essential).
- SOP on how health care professionals can access medicines when the pharmacy or medicine room is closed were not available (E-Essential).
- Documents outlining the delivery schedule for medicine and medical supplies were not available (E-Essential).
- The entries in the schedule 5 and/or 6 drug register were incomplete and incorrect (E-Essential).
- Physical stock did not correspond to stock on the inventory management system (E-Essential).
- Stock control system did not show minimum and maximum or re-order levels for medicine and medical supplies (E-Essential).
- There was no evidence that a stock take for medicines and medical supplies was done (E-Essential).
- Document outlining the terms of agreement for the supply of medicine was not available (E-Essential).

3.2 Diagnostic services: Average sub-domain score 74%

- No pattern of non-compliant diagnostic services measures identified across facilities.

3.3 Therapeutic and support services: Average sub-domain score 43%

Deficiencies noted:

- Staff members interviewed were unable to explain how the cold chain was ensured for all blood products including ordering, storage and issuing (V-Vital).
- Adverse blood reactions were not documented and reported to the forum dealing with adverse events (V-Vital).
- List of referral services for patients requiring additional treatment at a more appropriate health establishment closer to their home was not available (E-Essential).
- Patients did not have access to a social worker or psychologist (E-Essential).
- Evidence of multidisciplinary meetings occurring on a regular basis was not available (E-Essential).
- List of NGOs' and Disabled People's Organisations in the local area of the health establishments were not available (D-Developmental).

3.4 Health technology: Average sub-domain score 33%

Deficiencies noted:

- A system for monitoring items requiring replacement or ordering was not in place (V-Vital).
- Records did not show that the equipment listed has been maintained according to a planned schedule or manufacturers instruction (V-Vital).
- A report to show that adverse events involving medical equipment were reported and that actions taken to prevent recurrence have been implemented was not available (V-Vital).
- The staff development and in-service training programme did not make provision to assess and update staff on the correct use of medical equipment (E-Essential).
- The orientation programme did not indicate that time has been allocated for the training of staff in the use of medical equipment (E-Essential).

3.5 Sterilisation services: Average sub-domain score 41%

Deficiencies noted:

- The system for monitoring all incidents of sterilisation failure whereby failures are documented with detailed action plans where failures occurred was not in place (V-Vital).
- Sterilisation equipment was not validated or licensed (V-Vital).
- Staff working with sterilisation equipment did not receive training in the technical aspects of sterilisation and on use of the equipment (E-Essential).
- Decontamination policy was not available (E-Essential).
- There was no planned maintenance schedule and service history for each machine (E-Essential).

3.6 Mortuary services: Average sub-domain score 58%

Deficiencies noted:

- No policy for control of storage, removal and transportation of corpses (E-Essential).
- The establishment did not use cleaning materials approved by the procurement section of the establishment (E-Essential).
- Mortuary staff did not wear protective clothing when conducting their work (E-Essential).

3.7 Clinical efficiency management: Average sub-domain score 16%

Deficiency noted:

- Document that show that audits are conducted to ensure efficient and accurate billing for health care services was not available (E-Essential).

DOMAIN 4: PUBLIC HEALTH

4.1 Population based planning and service delivery: Average sub-domain score 35%

Deficiencies noted:

- The HEs were not signposted on the access road and no evidence to show that contacts have been made to remedy or improve signage and road access (E-Essential).
- Management did not demonstrate an understanding of the disease burden in the catchment population (D- Developmental).
- Presenting complaints and disease seen at the HEs not monitored (D-Developmental).
- The maps of the catchment population including the population numbers and demography in each region were not available (D-Developmental).
- Management had no plan in which the health outcomes and needs of the community are addressed including an engagement program with relevant stakeholders and NGOs (D-Developmental).
- The HEs had no service plan for the current financial year and no structured outreach programme providing services and supporting the community (D-Developmental).

4.2 Health promotion and disease prevention: Average sub-domain score 54%

Deficiencies noted:

- Evidence indicating that the HEs has participated in health promotion activities was not available (E-Essential).
- No health calendar and programme indicating activities in which HEs supports (D-Developmental).

4.3 Health emergencies and disaster preparedness: Average sub-domain score 26%

Deficiencies noted:

- No evidence that emergency drills were conducted (E-Essential).
- No documented evidence of in-service training on disease outbreaks as they present (E-Essential).
- Intersectoral plan for management of possible health emergencies and disease outbreaks was not available (E-Essential).

4.4 Environmental controls: Average sub-domain score 50%

Deficiency noted:

- The SLA for the safe disposal of toxic chemicals, radioactive waste and expired medicines with an accredited service provider was not available (E-Essential).

DOMAIN 5: LEADERSHIP AND CORPORATE GOVERNANCE

5.1 Oversight and accountability: Average sub-domain score 42%

Deficiencies noted:

- The governance structure with TOR was not in place (E-essential).
- The delegations of authority for the managers were not available (E-Essential).
- The hospitals sampled by the Auditor General had qualified reports (E-Essential).

- Board members did not have 90% attendance of meetings (E-Essential).
- Minutes of board meetings were not signed or adopted (E-Essential).

5.2 Strategic management: Average sub-domain score 29%

Deficiencies noted:

- There was no evidence that operational plans were monitored quarterly against targets and indicators (V-Vital).
- The operational plans were not aligned with the provincial Annual Performance Plan (APP) or District Health Plan (E-Essential).
- The operational plans did not include detailed risk assessments of each critical component in delivering the service against the plan and they did not contain clear service delivery requirements for Finance / HR / Operations and clinical service components including targets (E-Essential).
- There was no evidence that revenue collection targets and savings allocations was included in the annual budget. The staff establishment and related priorities such as Medium-Term Plan (MTP)/APP did not ensure that sufficient staff in the required specialties were available to deliver services as defined in the strategic plan (E-Essential).
- There was no documented evidence that all relevant managers and/or unit heads have provided input into the budget (E-Essential).

5.3 Risk management: Average sub-domain score 25%

- No risk management strategy (E-Essential).

5.4 Quality improvement: Average sub-domain score 82%

- No pattern of non-compliant quality improvement measures identified across facilities.

5.5 Effective leadership: Average sub-domain score 36%

Deficiencies noted:

- There was no evidence that exit interviews were conducted with all managers who have resigned (V-Vital).
- Results of staff satisfaction surveys did not show that managers are perceived as role models and leaders (E-Essential).
- Results of staff satisfaction surveys did not show that staff feel motivated and engaged in their work (E-Essential).
- Leadership and management competency assessment were not performed for managers (E-Essential).

5.6 Communication and public relations: Average sub-domain score 30%

Deficiencies noted:

- The policy for obtaining patient consent if patient identifiable information needs to be communicated to a third party was not available (V-Vital).
- Staff satisfaction survey results did not indicate that staff feel that they are able to actively participate in decision making and that their views were taken into consideration on issues related to quality (E-Essential).
- The Promotion of access to information act (PROATIA) manual and communication strategy were not available (D-Developmental).

DOMAIN 6: OPERATIONAL MANAGEMENT

6.1 Human resource management and development: Average sub-domain score 40%

Deficiencies noted:

- Staff patient ratios in key areas were not in accordance with the approved staffing plan (V-Vital).
- Staff satisfaction survey results showed that majority of staff were not satisfied with the education they have received in their clinical technical areas (E-Essential).

- There was no evidence to show that staff have undergone training in line with the most recent workplaces skills plan (E-Essential).
- The retention strategy or a plan with specific focus on retention plans was not available (E-Essential).
- The human resource policies were not available (E-Essential).
- There was no joint agreement and discussion forum between management and unions (E-Essential).
- The HEs did not provide induction/orientation for new members of staff which focuses on policies, procedures, health and safety and clinical quality care (E-Essential).
- Trends in vacancy, absenteeism and turnover rates were not monitored (E-Essential).
- Staff working hours were not monitored to ensure that they comply with the Basic Conditions of Employment Act (E-Essential).
- Records were not kept for each health care professional in terms of their status of continuing professional development and their further education needs (E-Essential).
- A register with up to date annual professional body registration for each category of staff was not available (E-Essential).

6.2 Staff welfare and employee wellness: Average sub-domain score 24%

Deficiencies noted:

- No evidence that medical examinations were performed for all health care workers exposed to potential occupational hazards when performing their duties (V-Vital).
- Records of needle stick injuries did not show that the affected staff have received post exposure prophylaxis and were re-tested (V-Vital).
- No evidence to demonstrate that staff participate in formal initiatives planned within the Employee Wellness Programme such as wellness days and talks (E-Essential).

6.3 Financial management: Average sub-domain score 68%

- No pattern of non-compliant financial management measures identified across facilities.

6.4 Supply chain and asset management: Average sub-domain score 25%

Deficiencies noted:

- The stock control system did not show minimum, maximum and re-order levels (E-Essential).
- Physical stock did not correspond to stock on the inventory management system (E-Essential).
- There was no evidence that a stock take was done for medicines and medical supplies (E-Essential).
- The asset register was not available (E-Essential).
- Policy on local tendering and contract management which adheres to Public Finance Management Act (PFMA) requirements was not available (E-Essential).

6.5 Transport and fleet management: Average sub-domain score 69%

Deficiency noted:

- Professional driver permits for drivers expired (E-Essential).

6.6 Information management: Average sub-domain score 55%

Deficiencies noted:

- Proof of testing of contingency plan for data was not available (E-Essential).
- Policy regarding disposal of confidential waste was not available (E-Essential).
- The confidential records were not archived in a secure and access-controlled environment that is fire proof (E-Essential).
- No evidence that the health establishment submitted information into the District Health Information System (DHIS) in the past three months (D-Developmental).

6.7 Medical records: Average sub-domain score 49%

Deficiencies noted:

- The procedures for requests, retrieval and filing of patient files was not available (V-Vital).
- Patient records in the service areas not kept in a suitable place that maintains confidentiality (E-Essential).
- The medical records room were not secured and only accessible to authorised staff (E-Essential).
- Medical records room did not have enough space for all records (E-Essential).

- Records room staff did not receive appropriate training in the management of medical archives (D-Developmental).

DOMAIN7: FACILITIES AND INFRASTRUCTURE

7.1 Buildings and grounds: Average sub-domain score 59%

Deficiencies noted:

- Safety hazards were observed during the visit such as loose electrical wiring, collapsing ceilings, unstable walls (V-Vital).
- No evidence that annual inspections for safety hazards were done (V-Vital).
- The procedure for requisition of repairs was not available (E-Essential).
- The waiting area did not have adequate space and number of chairs to accommodate all patients in the area (E-Essential).
- The layout of the HEs did not allow for efficient and logical flow of patients (E-Essential).
- Access routes and emergency vehicle access roads were not marked (E-Essential).
- Pathways were not well maintained (D-Developmental).
- The records did not show that nightly inspections were done to ensure adequate lighting on grounds for a safe environment for vehicles, staff and visitors at night (D-Developmental).

7.2 Machinery and utilities: Average sub-domain score 50%

Deficiencies noted:

- There was no documented evidence that in the event of a power disruption; emergency power supply was available in critical clinical areas such as ICU, Theatre, Accident and Emergency (X-Extreme).
- Maintenance records did not reflect that emergency generator was maintained and that the generator was started and run for at least 15-20 minutes on a regular basis (X-Extreme).
- The policy for upgrading, replacing, decommissioning and disposal of operational plant was not available (E-Essential).
- No policy for managing the sewerage system (E-Essential).
- The logbook or inspection sheets for electrical power was not available (E-Essential).
- Staff members did not know how to react to an emergency warning (E-Essential).
- There was no functional alerting system that sounds throughout staffed areas (E-Essential).
- The lay out plan of all the electrical, mechanical, water and sewerage for any manholes was not available (D-Developmental).
- Policy for the maintenance of plant, equipment and installations was not available (D-Developmental).

7.3 Safe and secure environment: Average sub-domain score 50%

Deficiencies noted:

- Emergency drills were not conducted (E-Essential).
- Fire Certificate for HEs was not available (E-Essential).
- Minutes of meetings showing actions taken to address security incidents reported were not available (E-Essential).
- Safety and security notices not strategically displayed (D-Developmental).

7.4 Hygiene and cleanliness: Average sub-domain score 45%

Deficiencies noted:

- Toilets and bathrooms were not clean (V-Vital).
- Records did not show that daily inspections of cleanliness were carried out (V-Vital).
- There was no evidence that pest control was done (V-Vital).
- No evidence that cleaners were trained on the use of cleaning equipment, cleaning materials, disinfectants, detergents and infection control procedures (E-Essential).
- Notices prohibiting smoking inside the buildings were not displayed (D-Developmental).

7.5 Waste management: Average sub-domain score 60%

Deficiencies noted:

- The outside bin/waste storage areas were not well maintained, they posed a health risk and general waste was burnt within the HEs (V-Vital).
- There was no valid contract and SLA for waste removal (E-Essential).
- General waste was not stored in appropriate containers that were neatly packed (D-Developmental)

7.6 Linen and laundry: Average sub-domain score 73%

Deficiency noted:

- Linen rooms or storage cupboards were not locked, well organised and well stocked proportionate to the requirements of the HEs (D-Developmental).

7.7 Food services: Average sub-domain score 68%

Deficiencies noted:

- The records of health inspections carried out which show that the HEs meet the hygiene requirements were not available (E-Essential).
- There were no records for the mandatory pre-employment tests for food-handlers (E-Essential).

Provincial Summary Findings (Continued)

3.5.9. Western Cape Province

Average percentage outcome score per facility type

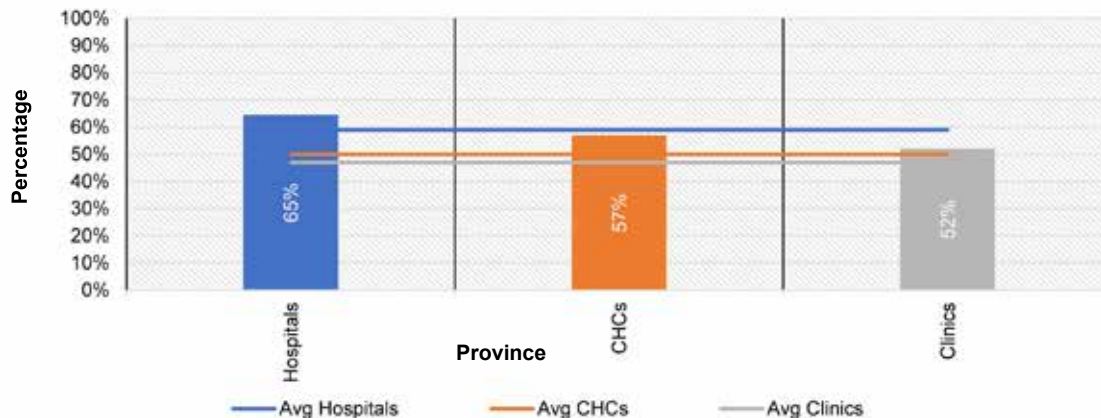


Figure 55: Average percentage outcome score per facility type.

The above figure shows the average percentage outcome score per facility type of the hospitals 1 was regional hospital and 4 District hospitals with an average of 65%; 3 CHCs with an average score of 57% and 51 clinics scored an average of 52%. (The 3 horizontal lines represent the national averages).

Average percentage outcome score per domain

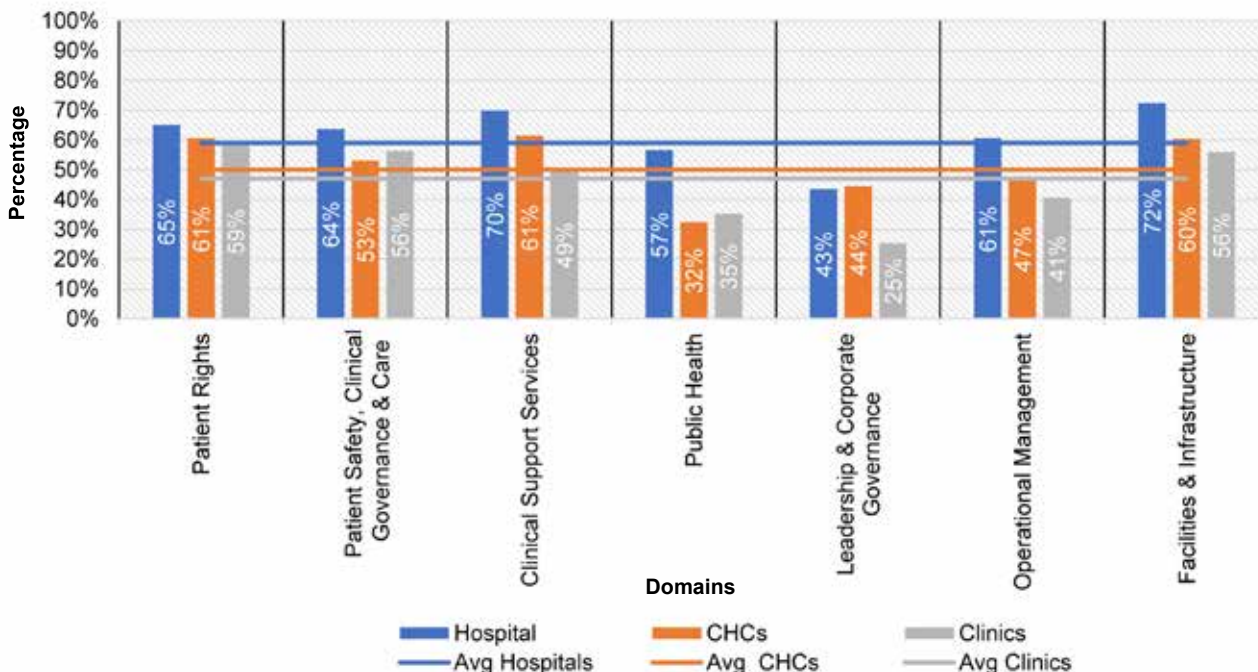


Figure 56: Average percentage outcome score per domain.

The above figure shows the average percentage outcome score per domains (the 3 horizontal lines represent the national average). Of the 7 domains; the domain facilities and infrastructure had the highest hospital average performance score of 72%. The lowest average performance score for hospitals was for the domain leadership and corporate governance which had a performance score of 43%. Overall, the performance scores for hospitals were higher than those of CHCs and clinics across most domains in the province.

Average percentage outcome score per Ministerial priority area

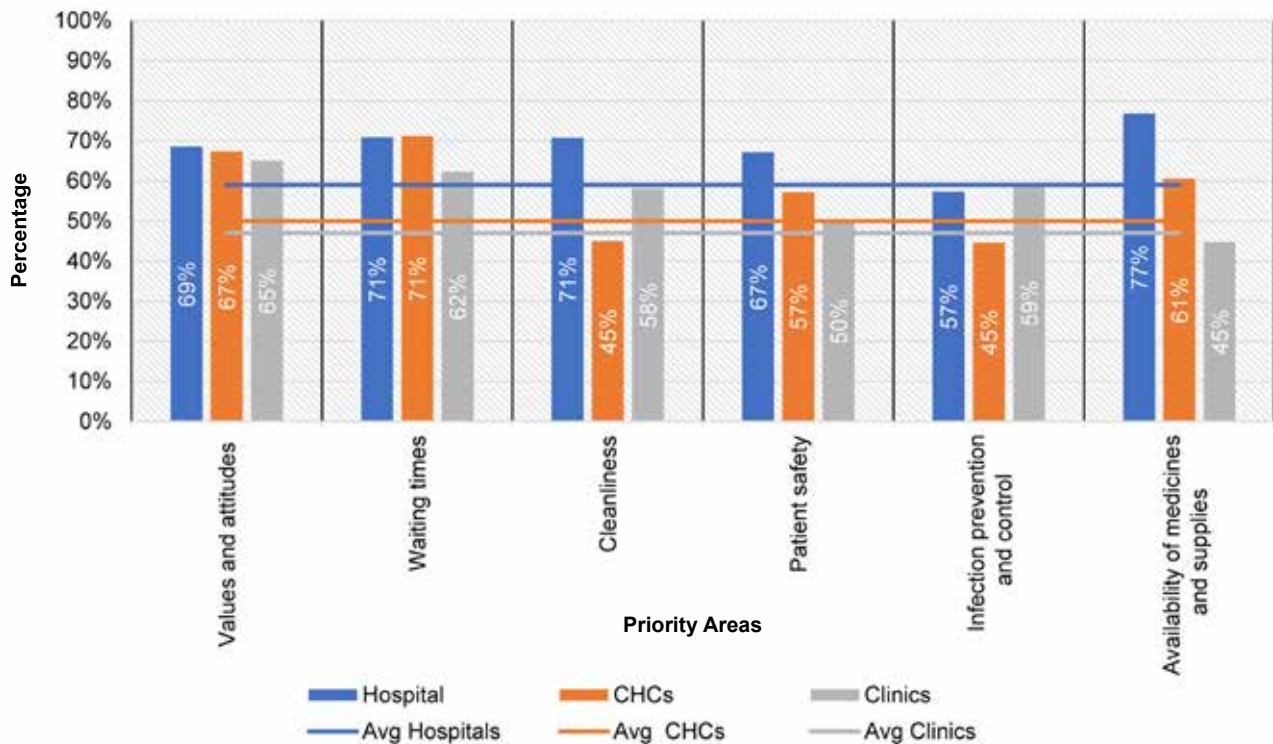


Figure 57: Average percentage outcome score per Ministerial Priority Area.

The above figure shows the 3 horizontal lines which represent the national average and the highest average hospital percentage score for the Ministerial Priority Areas; availability of medicines and supplies which had a performance score of 77%. Infection prevention and control had the lowest hospital average performance score of 57%. Overall, hospitals had higher average performance scores compared to CHCs and clinics across most priority areas.

3.5.9.1 Western Cape Provincial Summary Findings:

The provincial summary section reflects performance in percentage score for sub-domains. The sub-domains describe key functions within each individual domain. The focus is on commonly identified cross cutting non-compliance measures. Risk rating of each measure is indicated in brackets as follows: X-Extreme, V-Vital, E-Essential and D-Developmental. **For each sub-domain, the average score for facilities in the province is provided followed by a list of common deficiencies identified across facilities. In most cases deficiencies identified DO NOT apply to all facilities inspected. Appendix A summarises the overall performance scores for individual HEs by province.**

DOMAIN 1: PATIENT RIGHTS

1.1 Respect and dignity: Average sub-domain score 61%

Deficiencies noted:

- No records describing action taken in the event of an incident of staff abuse on a patient or zero reporting (X-Extreme).
- Lack of privacy during patient consultations or counselling (E-Essential).
- Report on the annual patient satisfaction survey and minutes of the forum reviewing survey results not available (E-Essential).
- No drinking water or disposable cups in patient waiting areas (E-Essential).
- Policy for overnight stay for parents or guardians for children receiving in-patient treatment not approved (E-Essential).

1.2 Access to information for patients: Average sub-domain score 71%

Deficiencies noted:

- Policy on informed consent and ethical research policy not available (E-Essential).
- Files of discharged patients lacking comprehensive discharge summaries (E-Essential).
- Signage board at the entrance not indicating services (D-Developmental).
- Helpdesk not manned regularly (D-Developmental).
- Randomly observed health professionals not wearing name tags (D-Developmental).

1.3 Physical access: Average sub-domain score 69%

Deficiencies noted:

- Ramps on entering to HEs lacked handrails and not of the acceptable gradient (V-Vital).
- Security guards were not evident at the entrance on day of visit (V-Vital).
- Toilets for disabled patients not available or used inappropriately for other purposes (E-Essential).
- Policy regarding assistance required for disabled patients and those with impaired vision not available (D-Developmental).
- Health establishments entrances not sign posted (D-Developmental).

1.4 Continuity of care: Average sub-domain score 41%

Deficiencies noted:

- Patient referral policy and minutes of Forum reviewing referrals not available (V-Vital).
- The procedure for accessing patient transport was not available (E-Essential).
- Procedure for referrals and bookings of patients requiring specialised interventions not available (E-Essential).
- The map of catchment area and service providers not available (E-Essential).

1.5 Reducing delays in care: Average sub-domain score 63%

Deficiencies noted:

- No person responsible for the queue management or triage (E-Essential).
- No document indicating agreed upon-local targets for waiting times or report on measured waiting times (D-Developmental).
- Patients not informed of waiting times (D-Developmental).

1.6 Emergency care: Average sub-domain score 72%

Deficiencies noted:

- The procedure for handover of patients from Emergency Medical Services (EMS) to hospital staff not available (V-Vital).
- Procedure for closure of facilities and ambulance diversions not available (E-Essential).

1.7 Complaints management: Average sub-domain score 51%

Deficiencies noted:

- Complaints not classified according to severity nor the serious ones managed via the adverse events management system (E-Essential).
- Complaints procedures not displayed (E-Essential).
- No terms of reference (TOR) for the forum reviewing complaints (E-Essential).

DOMAIN 2: PATIENT SAFETY**2.1 Patient care: Average sub-domain score 80%**

Deficiency noted:

- No evidence of participation in monthly maternal and perinatal mortality and morbidity meetings (V-Vital).

2.2 Clinical management of priority health conditions: Average sub-domain score 44%

Deficiencies noted:

- National guidelines for priority programmes not available and clinical audits not conducted (V-Vital).
- No evidence showing that the health outcomes of priority programmes or health initiatives are monitored against the relevant targets (E Essential).

2.3 Clinical Leadership: Average sub-domain score 74%

Deficiencies noted:

- Quality improvement plan not showing that healthcare professionals, doctors, nurses and pharmacists are responsible for implementing relevant improvements to patient care (E-Essential).

2.4 Clinical risk: Average sub-domain score 59%

Deficiencies noted:

- Resuscitation policy not available (X- Extreme).
- Procedure for caring for terminally ill patients not available (V-Vital).
- No protocol for safe administration of medicines (V-Vital).
- No evidence that clinical risk assessment was conducted (V-Vital).
- Minutes of the Forum reviewing clinical risk were not available (V-Vital).
- TOR of a Forum reviewing clinical risks not available (V-Vital).
- No minutes of the Forum reviewing resuscitations (E-Essential).
- Clinical risk policy was not available (E- sstantial).

2.5 Adverse events: Average sub-domain score 45%

Deficiencies noted:

- No policy on adverse events detailing management of clinical risk (V-Vital).
- There was no evidence of adverse event reports and immediate actions taken at the time of incident and root cause analysis done to prevent recurrence (V-Vital).
- No minutes of the Forum reviewing adverse events (V-Vital).
- Reporting system for adverse events indicating severity and categorisation not available (E-Essential).
- Terms of reference (TOR) of the Forum reviewing clinical risk strategy not available (E-Essential).
- Procedure for supporting staff affected by adverse events not available (E-Essential).
- No evidence of adverse events being monitored against relevant targets (E-Essential).
- In-service training plan did not include training on carrying out safety checks (D-Developmental).

2.7 Infection prevention and control: Average sub-domain score 61%

Deficiencies noted:

- Minutes of the Forum reviewing infection prevention and control not indicating regular discussion on infection control and action taken to prevent infection nor statistics on common health care associated infections (V-Vital).
- TOR for IPC not detailing interdisciplinary membership and strategy for the management of infections (V-Vital).
- Infection Prevention and Control (IPC) Policy not available nor the policy and procedure on standard precautions (E-Essential).
- The policy on isolation of infectious patients, isolation facilities and disinfection of facilities and equipment not available (E-Essential).
- Information on preparation of infant feeds including disinfection solutions and frequency of replacement not displayed in the milk room (E-Essential).
- The annual in-service education and training plan including infection control, education not available (E- Essential).

DOMAIN 3: CLINICAL SUPPORT SERVICES

3.1 Pharmaceuticals: Average sub-domain score 54%

Deficiencies noted:

- The procedure on schedule 5 and 6 medicines storage, control and distribution in accordance with the Medicine and Related Substance Act 101 of 1965 not available (V-Vital).
- The procedure relating to the management of medicines and medical supplies and compounding of medicines not signed (E-Essential).

- Delivery schedules not available (E-Essential).
- Duty roster indicating availability of pharmacist or professional nurse for dispensing of medicines not available (E-Essential).
- Procedure for afterhours access to medicines and medical supplies when pharmacy is closed not available (E-Essential).
- Entries in schedule 5 and 6 drug registers incorrect and incomplete (E-Essential).
- The procedure on dispensing of medicines according to the Pharmacy Act 53 of 1974 not available (E-Essential).
- Physical stock not corresponding with the inventory management system (E-Essential).
- Stock control system not showing minimum, maximum and re-order levels for medicine and medical supplies (E-Essential).
- No evidence that stock take was conducted (E-Essential).

3.2 Diagnostic services: Average sub-domain score 90%

- No pattern of non-compliant diagnostic services measures identified across facilities.

3.3 Therapeutic and support services: Average sub-domain score 56%

Deficiencies noted:

- No evidence that patients had access to social worker or psychological support services (E-Essential).
- List of referral services for patients requiring further treatment at an appropriate HEs not available (E-Essential).
- No list of appropriate Non-Governmental Organisations and Disabled People's Organisations (D-Developmental).

3.4 Health technology: Average sub-domain score 40%

Deficiencies noted:

- No monitoring system for items requiring replacement or ordering within 3 months (V-Vital).
- Evidence of maintenance of equipment not available (V-Vital).
- Orientation and induction programmes for HEs did not include training of staff on correct use of medical equipment (E-Essential).

3.5 Sterilisation services: Average sub-domain score 38%

Deficiencies noted:

- No evidence of validation or licensing of the sterilization equipment (V-Vital).
- No policy on sterilisation of equipment (E-Essential).
- No records showing that staff working in the sterilisation unit had received appropriate training (E-Essential).

3.6 Mortuary: Average sub-domain score 48%

Deficiencies noted:

- The policy for removal and transportation of corpses was not available (E-Essential).
- The register for anatomical not available (E-Essential).
- The mortuary fridge temperature not monitored twice daily (E-Essential).

3.7 Clinical efficiency management: Average sub-domain score 75%

Deficiency noted:

- No evidence to show that quality improvement plans had been implemented to address shortcomings in length of stay and level of care (E-Essential).

DOMAIN 4: PUBLIC HEALTH

4.1 Population based planning and service delivery: Average sub-domain score 33%

Deficiencies noted:

- No documented evidence that management had assessed the disease burden in the catchment population.
- No evidence of a plan to address the needs and health outcomes of the community.
- No structured outreach programme for services addressing community needs.

4.2 Health promotion and disease prevention: Average sub-domain score 69%

Deficiency noted:

- No health calendar or programme supporting HEs health promotion activities (D-Developmental).

4.3 Disaster preparedness: Average sub-domain score 21%

Deficiencies noted:

- Disaster management plan not available (E-Essential).
- Management and staff not aware of the disaster and disease outbreak plan (E-Essential).
- Lack of in-service training information on disease outbreaks (E-Essential).
- Emergency drills to test preparedness for disaster not conducted (E-Essential).

4.4 Environmental controls: Average sub-domain score 87%

Deficiencies noted:

- No pattern of non-compliant environmental controls measures identified across facilities.

DOMAIN 5: LEADERSHIP AND CORPORATE GOVERNANCE

5.1 Oversight and accountability: Average sub-domain score 59%

Deficiency noted:

- Minutes of the governance structure demonstrate that management performance re oversight and accountability not discussed (E-Essential).

5.2 Strategic management: Average sub-domain score 28%

Deficiencies noted:

- The HEs strategic management plan not available (E-Essential).
- No operational plans (E-Essential).
- Available organograms not dated and could not be verified (E-Essential).
- Minutes of management meetings not available (E-Essential).
- Evidence suggesting that relevant managers had participated in the budgetary processes not available (E-Essential)

5.3 Risk Management: Average sub-domain score 20%

Deficiency noted:

- Risk management strategy document not available (E-Essential).

5.4 Quality improvement: Average sub-domain score 21%

Deficiencies noted:

- TOR and minutes of the forum reviewing quality from the last quarter not available (E-Essential).
- No designated person for coordinating quality improvement (E-Essential).

5.5 Effective leadership: Average sub-domain score 52%

Deficiencies noted:

- The performance management agreements for managers were available but could not be verified for alignment as the operational plan was not available (E-Essential).
- Results of the staff satisfaction survey indicate that staff do not feel motivated and engaged in their work as they do not perceive managers as role models (E-Essential).

5.6 Communication and public relation: Average sub-domain score 34%

Deficiency noted:

- The Promotion of access to information act (PROATIA) manual and communication strategy for the HEs not available (D-Developmental).

DOMAIN 6. OPERATIONAL MANAGEMENT

6.1 Human resource management and development: Average sub-domain score 59%

Deficiencies noted:

- Agreements with staff who perform Remunerative work outside the public service (RWOPS) not available, RWOPS signed for most doctors in 2015 but no staff agreements for 2016 -2017 (V-Vital).
- HR management and development policies not available (E-Essential).
- Records for continuing professional development of health professionals not available (E-Essential).
- No evidence that trends in vacancy, absenteeism and turnover rate were monitored (E-Essential).
- Retention strategy not available (E-Essential)

6.2 Staff welfare and employee wellness: Average sub-domain score 31%

Deficiencies noted:

- No evidence that medical examinations were performed for all health care professionals exposed to occupational hazards.
- No evidence of measures to prevent incidents of harm to staff.
- TOR of the occupational health and safety committee not available, and minutes not detailing occupational risks.
- Reports not showing remedial actions taken in the event of an accident or potential harm to staff.
- Records of needle stick injuries and zero reporting not available.
- The results of staff satisfaction surveys show that majority were not satisfied with working conditions.

6.3 Financial management: Average sub-domain score 70%

- No evidence that monthly expenditure variance reports were presented to the management team (V-Vital).

6.4 Supply chain and asset management: Average sub-domain score 34%

Deficiencies noted:

- The monitoring of inventory records of assets not available (E-Essential).
- Lack of consistency in the corresponding of physical stock with the inventory management system (E-Essential).
- No minimum, maximum and re-order levels nor evidence of a stock take (E-Essential).
- Minutes of the Forum reviewing specifications and adjudications not available (E-Essential).
- No Assets Registers of items for disposal or redundancy (E-Essential).

6.5 Transport and fleet management: Average sub-domain score 54%

Deficiencies noted:

- No evidence of the maintenance and service plan for vehicles (E-Essential).
- Records of monitoring of vehicle utilisation in terms of log sheet and fuel consumption not available (E-Essential).

6.6 Information management: Average sub-domain score 62%

Deficiencies noted:

- Confidential records not archived in a fire proof environment (E-Essential).
- Management staff not aware of contingency plan in the event of mechanical failure of IT systems (E-Essential).
- No proof of testing for contingency plan for IT systems failure (E-Essential).
- No evidence of HEs submitting PHC clinic information to an information system/DHIS (D-Developmental).

6.7 Medical records: Average sub-domain score 56%

Deficiencies noted:

- Medical record rooms had inadequate space for patient's records (E-Essential).
- Records required in service areas not kept in places that protect and maintain confidentiality (E-Essential).
- Medical records rooms not locked, nor access controlled (E-Essential).
- The staff working with medical records did not receive appropriate training for medical archiving (D-Developmental).

Domain 7: Facilities and infrastructure

7.1 Buildings and grounds: Average sub-domain score 63%

Deficiencies noted

- A maintenance plan which is monitored and reflect that maintenance is carried out according to schedule was not available (V-Vital).
- Inspection records to determine whether available facilities were used as intended was not available (E-Essential).
- Waiting areas had inadequate space and number of chairs to accommodate all patients (E-Essential).
- Emergency vehicle access roads were not clearly marked (E-Essential).
- Authorization notice in line with R42 and the mental health Act was not available (E-Essential).
- Evidence that nightly inspections were done to ensure adequate lighting on grounds for a safe environment was not available (D-Developmental).

7.2 Machinery and utilities: Average sub-domain score 69%

Deficiencies noted:

- No maintenance records showing that water supply was checked for quality (V-Vital).
- Logbook or inspection sheets for electrical power not available (E-Essential).
- Policy and procedure for maintenance of equipment and installations not available (D-Developmental).
- Lay out plan of all electrical mechanical, water and sewerage for any manholes was not available (D-Developmental).

7.3 Safe and secure environment: Average sub-domain score 35%

Deficiencies noted:

- Security policy was not available, and security guards were not positioned at vulnerable patient's areas (V-Vital).
- Safety and security notices were not displayed (D-Developmental).
- Records showing that nightly inspections of the premises were done to ensure lighting was functional and all areas are lit up were not available (D-Developmental).

7.4 Hygiene and cleanliness: Average sub-domain score 66%

Deficiencies noted:

- No records showing that daily inspections of cleanliness are carried out (V-Vital).
- Pest control records not available (V-Vital).

- Evidence that cleaning machines were serviced was not available (E-Essential).
- Notices prohibiting smoking were not displayed inside the buildings (D-Developmental).

7.5 Waste management: Average sub-domain score 53%

Deficiencies noted:

- Policy for health care risk waste was not available and there was no health care risk waste management report (E-Essential).
- The outside bin or general waste storage area was not well maintained, plastic bags and boxes were observed in the yard and waste containers were not locked (D-Developmental).

7.6 Linen and laundry: Average sub-domain score 57%

Deficiencies noted

- Policy for the management of laundry services was not valid as it was not signed (E-Essential).
- Evidence that linen stock sheets were reconciled monthly to identify losses and shortages was not available (E-Essential).
- The service level agreement was outdated (E-Essential).

7.7 Food services: Average sub-domain score 67%

Deficiencies noted:

- Documents to show that problems identified during health inspections have been rectified and evidence of quality improvement plans on problems identified was not available (V-Vital).
- Policies and procedures for procurement, storage, preparation and serving of food was not available (E-Essential).
- Patient satisfaction survey reflected that patients were not happy with food (E-Essential).
- There was no evidence that staff were trained in providing for the cultural, religious and special dietary needs of the patients (E-Essential).

4

ADDITIONAL INSPECTIONS



4. Additional Inspections

According to the procedural regulations pertaining to the functioning of the OHSC; an inspector may at any time conduct an additional inspection, provided that he or she has reasonable grounds to believe that such an inspection is needed to establish whether non-compliance has been remedied within the health establishment. In line with the requirement to conduct an additional inspection, the OHSC planned to re-inspect 35% of health establishments that scored 50% and below within a period of 6 months for both compliant and none compliant measures.

In the financial year of 2016/17 a total number of 204 HEs (12 Hospitals; 7 CHC's and 185 clinics) were re-inspected. Of the 204 HEs re-inspected; 155 were re-inspected within 6 months and 49 beyond a 6 months period. The section aimed to highlight if time elapsed between re-inspections had an impact in the performance improvement of HEs; and to specifically determine if HEs improved, declined or there were no changes in scores after HE have been inspected more than once. The analysis compared the current financial year inspections with previous years.

There were disparities in the performance of health establishments in relation to the time they were re-inspected and the performance outcome scores. There were health establishments re-inspected within a period of 6 months and below and either improved, declined or had no change in their overall performance. Interestingly there were health establishments that were re-inspected after 12 months, 2 years even 4 years and either improved, declined or had no change in the scores after the re-inspection.

Analysis of the hospitals and CHCs dashboards (attached as Appendix B) gave an indication of what contributed to the improvement, decline and no change in scores of the health establishments. The dashboards indicated extreme measures that needed to be addressed immediately; developmental measures such as waiting areas; staff or documents/policies and quality improvement plans that needed to be developed to address the gaps.

Table 7: Number of re-inspections conducted in public health establishments in SA for 2016/17.

| HEs | EC | FS | GP | KZN | LP | MP | NW | NC | WC | Total |
|-------------------------------|-----------|-----------|-----------|-----------|-----------|----------|----------|-----------|-----------|------------|
| Clinics | 39 | 31 | 29 | 10 | 49 | 4 | 1 | 13 | 9 | 185 |
| CHCs | 3 | 2 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 7 |
| District Hospitals | 2 | 2 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 6 |
| Regional Hospitals | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| Provincial Tertiary Hospitals | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 2 |
| Central Hospitals | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Total | 44 | 36 | 32 | 10 | 50 | 6 | 1 | 15 | 10 | 204 |

Table 8: Total re-inspections (6 months and beyond 6 months).

| Re-inspection period | EC | FS | GP | KZN | LP | MP | NW | NC | WC | Total |
|----------------------|-----------|-----------|-----------|-----------|-----------|----------|----------|-----------|-----------|------------|
| <6Months | 41 | 25 | 21 | 8 | 43 | 4 | 0 | 6 | 7 | 155 |
| >6Months | 3 | 11 | 11 | 2 | 7 | 2 | 1 | 9 | 3 | 49 |
| Total | 44 | 36 | 32 | 10 | 50 | 6 | 1 | 15 | 10 | 204 |

4.1 Hospital Re-Inspections

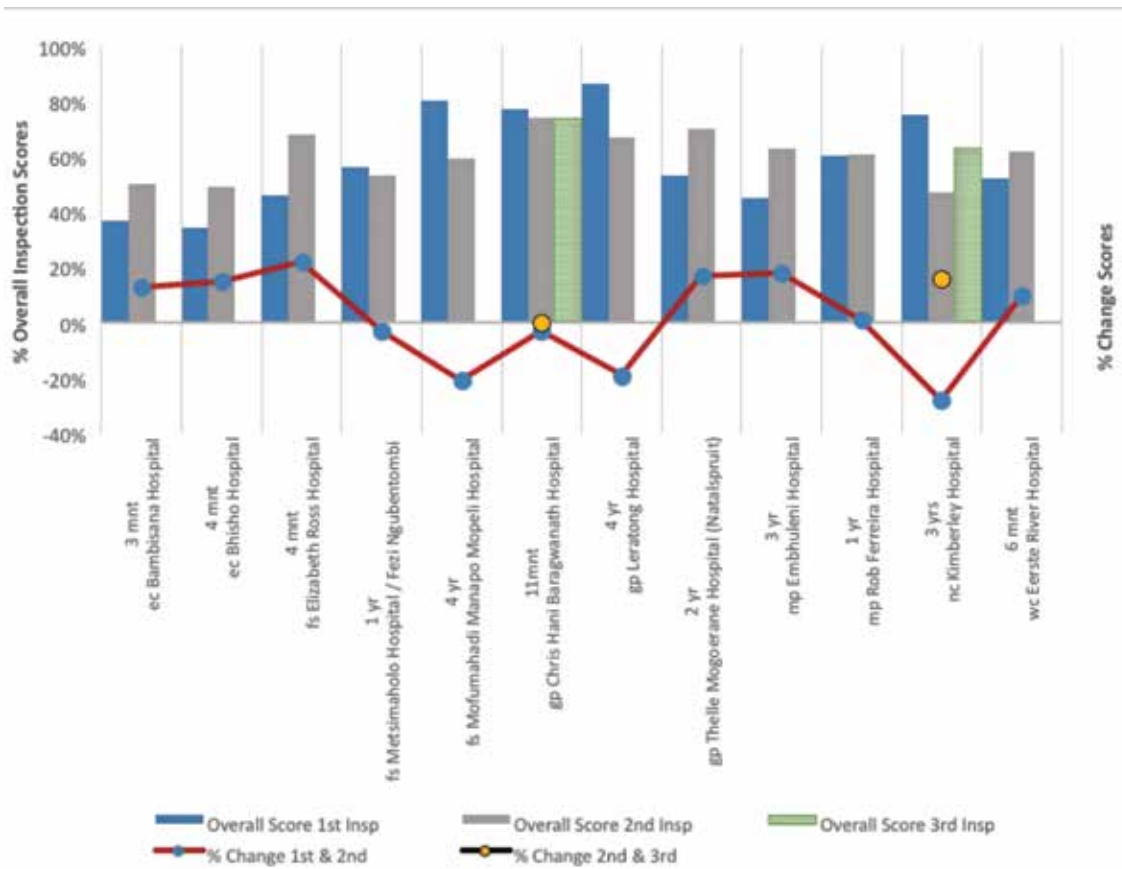


Figure 58: Overall inspection scores and percent score change of re-inspected Hospitals in Provinces.

Hospitals that declined following a re-inspection were not compliant with following extreme measures;

- Formal policy for handling emergency resuscitations.
- Records describing that action that has been taken in the event of an incident of staff abuse (actual or alleged) on a patient
- Measures are in place to prevent any incident of harm to staff
- Documented evidence to show that in the event of a power disruption emergency power supply is available in critical clinical areas such as ICU, Theatre, Accident and Emergency
- Reports that show what remedial actions have been taken in the event of an incident of harm to a staff member

Table 9: Calculated time lapse between 1st and subsequent inspection of hospitals in provinces.

| Facility | Inspection Scores | | | | | Period of Inspections | | | | |
|--|-------------------|--------|-------|------------------|------------------|-----------------------|----------|----------|-------------------------|-------------------------|
| | First | Second | Third | Change 1st & 2nd | Change 2nd & 3rd | Year 1st | Year 2nd | Year 3rd | Time lapsed (1st & 2nd) | Time lapsed (2nd & 3rd) |
| ec Bambisana Hospital | 37% | 50% | | +13% | | 2016 | 2016 | | 3 mnts | |
| ec Bhisho Hospital | 34% | 49% | | +15% | | 2016 | 2016 | | 4 mnts | |
| fs Elizabeth Ross Hospital | 46% | 68% | | +22% | | 2016 | 2016 | | 4 mnts | |
| fs Mofumahadi Manapo Mopeli Hospital | 80% | 59% | | -21% | | 2012 | 2016 | | 4yr 8mnts | |
| fs Metsimaholo Hospital / Fezi Ngubentombi | 56% | 53% | | - 3% | | 2014 | 2016 | | 1yr 11mnts | |
| gp Chris Hani Baragwanath Hospital | 77% | 74% | 74% | - 3% | 0% | 2012 | 2013 | 2016 | 11 mnts | 2yr 9mnts |
| gp Leratong Hospital | 86% | 67% | | -19% | | 2012 | 2016 | | 4yr 4mnts | |
| gp Thelle Mogoerane Hospital (Natalspuit) | 53% | 70% | | +17% | | 2014 | 2016 | | 2yr 5 mnts | |
| mp Embhuleni Hospital | 45% | 63% | | +18% | | 2013 | 2016 | | 3yr 2 mnts | |
| mp Rob Ferreira Hospital | 60% | 61% | | +1% | | 2011 | 2013 | | 1yr 4mnts | |
| nc Kimberley Hospital | 75% | 47% | 63% | -28% | +16% | 2012 | 2016 | 2016 | 3yrs 11mnts | 4 mnts |
| wc Eerste River Hospital | 52% | 62% | | +10% | | 2016 | 2017 | | 6 mnts | |

4.1.1 Summary of hospital re-inspections

There were improvements and decline in scores amongst the 12 hospitals that were re-inspected in relation to the time elapsed between the first and subsequent inspections. Hospitals that were re-inspected after a time lapse greater than 2 years, showed a significant decline of 20% and above. Only one hospital that was re-inspected after 3 years had improved. All the hospitals that were re-inspected within a 6-month period had improved performance scores.

A closer analysis of the dashboards (Appendix B) of three hospitals that had significant declines and time lapse greater than 2 years (Mofumahadi Manapo Mopeli; Leratong and Kimberley) reveals scores ranging between 45% to 85% in priority areas and domains during first inspections compared to scores ranging from 16% to 75% in second re-inspections, highlighting areas requiring attention and improvement.

Of the 12 hospitals; Chris Hani Baragwanath Hospital and Kimberley Hospital had additional three re-inspections. The third re-inspection of Chris Hani Baragwanath Hospital was close to 3 years after the second inspection in which there were no significant changes in overall scores. The HE improved significantly in priority area: cleanliness from 58% during second inspection to 71% in the third inspection. Two domains: Public health and Leadership and Corporate Governance highlighted a need for further improvement as scores declined during the third inspection.

The third re-inspection of Kimberly Hospital was within 4 months with significant improvement in scores from a decline in second inspection as earlier mentioned. Overall, looking at the hospital dashboards Appendix C, there were improvements in most priority areas except cleanliness and waiting times with significant improvement in all the seven domains among the twelve hospitals re-inspected.

4.2 Community Health Centre Re-Inspections

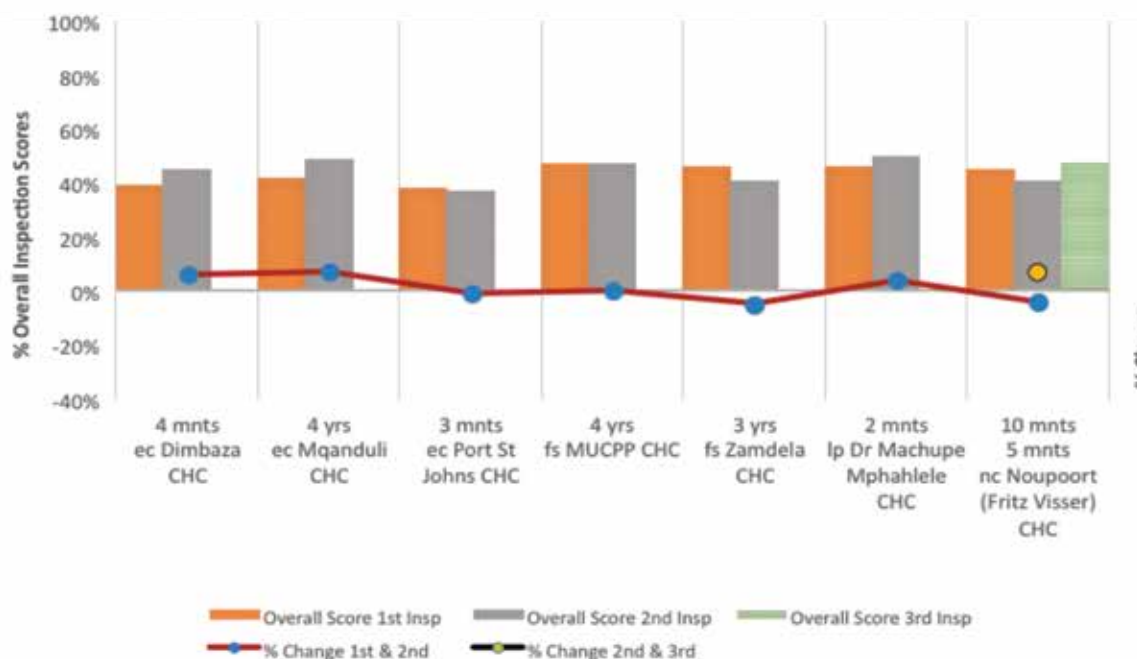


Figure 59: Overall inspection scores and percent score change of re-inspected CHCs in provinces.

CHCs that declined following a re-inspection were not compliant with the following extreme measures:

- Formal policy for handling emergency resuscitations;
- Measures are in place to prevent any incident of harm to staff;
- Reports on what remedial actions have been taken in the event of an incident of harm to a staff member; and
- Documented evidence that in the event of a power disruption emergency power supply is available in critical clinical areas such as ICU, Theatre, Accident and Emergency.

Table 10: Calculated time lapse between 1st and subsequent inspection of CHCs in provinces.

| Facility | Inspection Scores | | | | | Period of Inspections | | | | |
|--------------------------------|-------------------|--------|-------|------------------|------------------|-------------------------|-------------------------|-------------------------|---|---|
| | First | Second | Third | Change 1st & 2nd | Change 2nd & 3rd | Year (1 st) | Year (2 nd) | Year (3 rd) | Time between (1 st & 2 nd) | Time between (2 nd & 3 rd) |
| ec Dimbaza CHC | 39% | 45% | | +6% | | 2016 | 2016 | | 4 mnts | |
| ec Mqanduli CHC | 42% | 49% | | +7% | | 2012 | 2016 | | 3yr 11mnts | |
| ec Port St Johns CHC | 38% | 37% | | -1% | | 2016 | 2016 | | 3 mnts | |
| fs MUCPP CHC | 47% | 47% | | 0% | | 2012 | 2016 | | 4yr 6mnts | |
| fs Zamdela CHC | 46% | 41% | | -5% | | 2013 | 2016 | | 3yr 3mnts | |
| lp Dr Machupe Mphahlele CHC | 46% | 50% | | +4% | | 2016 | 2017 | | 2 mnts | |
| nc Noupoort (Fritz Visser) CHC | 45% | 41% | 48% | -4% | +7% | 2015 | 2016 | 2017 | 5 mnts | 10 mnts |

4.2.1 Summary of CHC Re-Inspections

Of the seven (7) CHCs re-inspected, three had improved scores within varying times; one was inspected within 4 years, the other two within 6 months of first inspection. Although the CHC's had improved scores overall, a closer analysis of the dashboards (Appendix D) indicated need for improvement in priority areas and domains. Improvement efforts were required for priority areas and domains scoring below 40%: Dimbaza CHC (cleanliness, patient safety and security, clinical support services, public health, leadership & corporate governance, operational management and facilities & infrastructure); Mqanduli CHC (waiting times, clinical support services, public health, leadership & corporate governance); Dr Machupe Mphahlele CHC (public health).

MUCPP in the Free State was re-inspected after 4 years with no change in overall score. Improvement efforts were required for priority areas and domains scoring below 40% (cleanliness, infection prevention and control, public health, leadership & corporate governance).

Three (3) CHCs were inspected within 6 months of first inspection but declined in overall scores. Four out of six priority areas and five out of seven domains scored below 40% for Port St Johns CHC. Similar results were obtained for Zamdela CHC. Noupoot (Fritz Visser) had two priority areas and four domains scoring below 40%. Overall, irrespective of time lapse between first and second inspections, greater improvement efforts are required to improve priority areas and domains in CHCs.

4.3 Clinic Re-Inspections

EASTERN CAPE PROVINCE

Alfred Nzo District Municipality

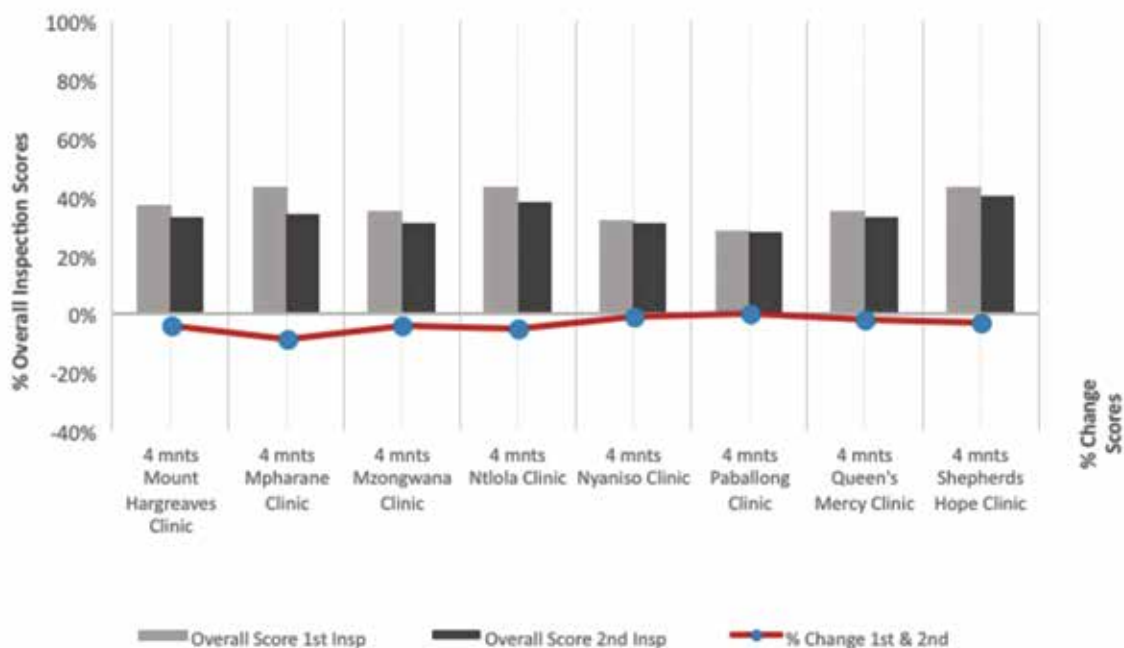


Figure 60: Overall inspection scores and percent score change of re-inspected clinics in Alfred Nzo District Municipality.

Table 11: Calculated time lapse between 1st and subsequent inspection of clinics in Alfred Nzo District Municipality.

| Facility | Inspection Scores | | | Period of Inspections | | |
|----------------------------|-------------------|--------|--|-------------------------|-------------------------|---|
| | First | Second | Change 1 st & 2 nd | Year (1 st) | Year (2 nd) | Time between (1 st & 2 nd) |
| ec Mount Hargreaves Clinic | 37% | 33% | -4% | 2016 | 2016 | 4 mnts |
| ec Mpharane Clinic | 43% | 34% | -9% | 2016 | 2016 | 4 mnts |
| ec Mzongwana Clinic | 35% | 31% | -4% | 2016 | 2016 | 4 mnts |
| ec Ntlole Clinic | 43% | 38% | -5% | 2016 | 2016 | 4 mnts |
| ec Nyaniso Clinic | 32% | 31% | -1% | 2016 | 2016 | 4 mnts |
| ec Paballong Clinic | 28% | 28% | 0% | 2016 | 2016 | 4 mnts |
| ec Queen's Mercy Clinic | 35% | 33% | -2% | 2016 | 2016 | 4 mnts |
| ec Shepherds Hope Clinic | 43% | 40% | -3% | 2016 | 2016 | 4 mnts |

Eight clinics were re-inspected within a 4-month period. The score for 1 clinic had not changed; however there was a decline in scores for the other 7 clinics.

Buffalo City Metropolitan Municipality

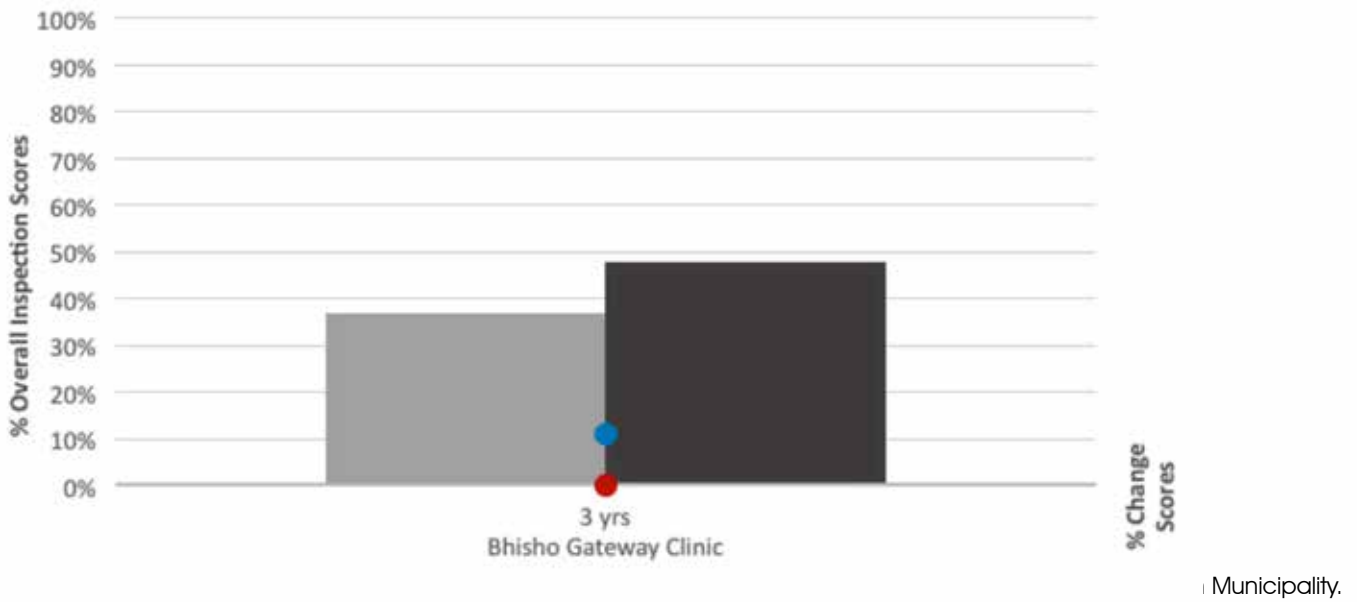


Table 12 Calculated time lapse between 1st and subsequent inspection of clinics in Buffalo City Metropolitan Municipality

| Facility | Inspection Scores | | | Period of Inspections | | |
|--------------------------|-------------------|--------|------------------|-------------------------|-------------------------|--------------------------|
| | First | Second | Change 1st & 2nd | Year (1 st) | Year (2 nd) | Time between (1st & 2nd) |
| ec Bhisho Gateway Clinic | 37% | 48% | +11% | 2014 | 2017 | 2yr 10 mnts |

One clinic was re-inspected after almost 3 years showing a significant improvement in the score.

Chris Hani District Municipality

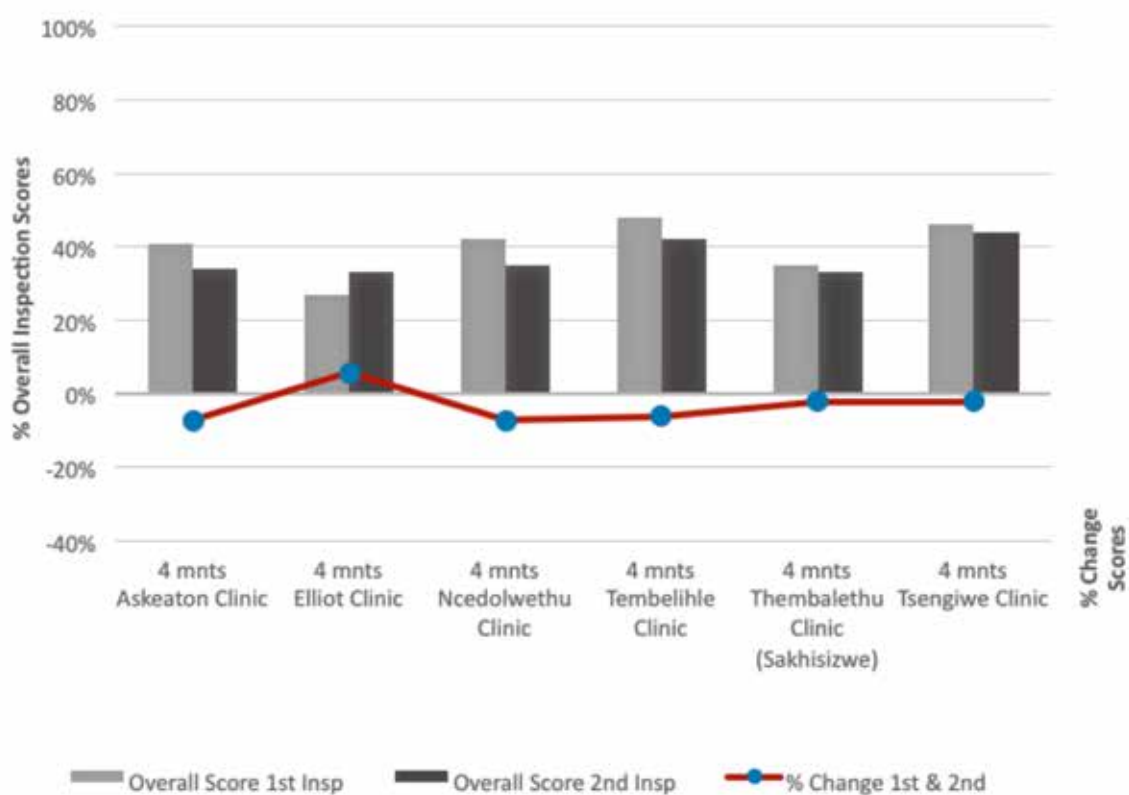


Figure 62: Overall inspection scores and percent score change of re-inspected clinics in Chris Hani District Municipality.

Table 13: Calculated time lapse between 1st and subsequent inspection of clinics in Chris Hani District Municipality.

| Facility | Inspection Scores | | | Period of Inspections | | |
|------------------------------------|-------------------|--------|------------------|-------------------------|-------------------------|--------------------------|
| | First | Second | Change 1st & 2nd | Year (1 st) | Year (2 nd) | Time between (1st & 2nd) |
| ec Askeaton Clinic | 41% | 34% | -7% | 2016 | 2017 | 4 mnts |
| ec Elliot Clinic | 27% | 33% | +6% | 2016 | 2017 | 4 mnts |
| ec Ncedolwethu Clinic | 42% | 35% | -7% | 2016 | 2017 | 4 mnts |
| ec Tembelihle Clinic | 48% | 42% | -6% | 2016 | 2017 | 4 mnts |
| ec Thembalethu Clinic (Sakhisizwe) | 35% | 33% | -2% | 2016 | 2017 | 4 mnts |
| ec Tsengiwe Clinic | 46% | 44% | -2% | 2016 | 2017 | 4 mnts |

Six clinics were re-inspected within a 4-month period with 1 clinic showing improvement; however, scores declined in the remaining 5 clinics.

Joe Gqabi District Municipality

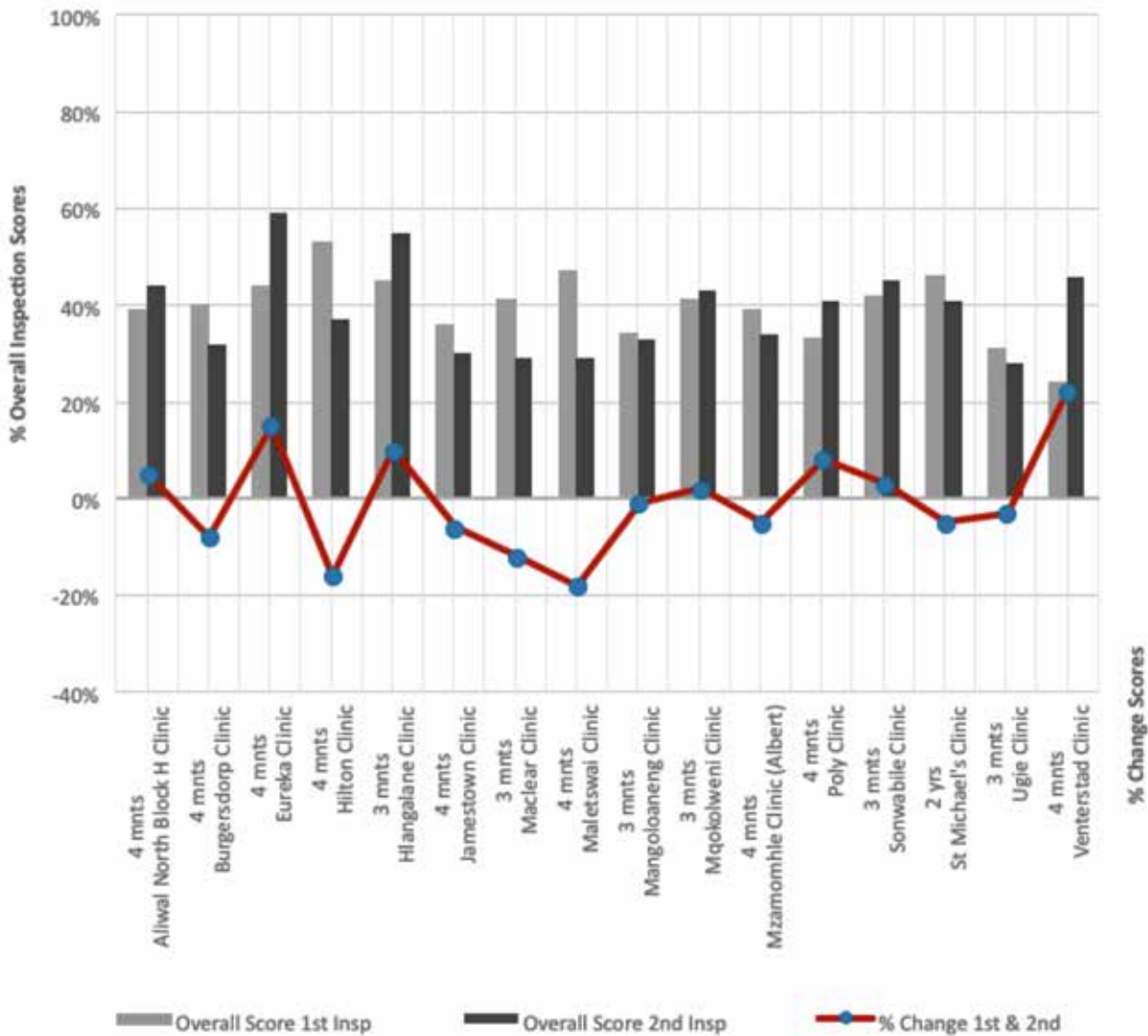


Figure 63: Overall inspection scores and percent score change of re-inspected clinics in Joe Gqabi District Municipality.

Table 14: Calculated time lapse between 1st and subsequent inspection of clinics in Joe Gqabi District Municipality.

| Facility | Inspection Scores | | | Period of Inspections | | |
|--------------------------------|-------------------|--------|------------------|-------------------------|-------------------------|--------------------------|
| | First | Second | Change 1st & 2nd | Year (1 st) | Year (2 nd) | Time between (1st & 2nd) |
| ec Aliwal North Block H Clinic | 39% | 44% | +5% | 2016 | 2016 | 4 mnts |
| ec Burgersdorp Clinic | 40% | 32% | -8% | 2016 | 2016 | 4 mnts |
| ec Eureka Clinic | 44% | 59% | +15% | 2016 | 2016 | 4 mnts |
| ec Hilton Clinic | 53% | 37% | -16% | 2016 | 2016 | 4 mnts |
| ec Hlangalane Clinic | 45% | 55% | +10% | 2016 | 2016 | 3 mnts |
| ec Jamestown Clinic | 36% | 30% | -6% | 2016 | 2016 | 4 mnts |
| ec Maclear Clinic | 41% | 29% | -12% | 2016 | 2016 | 3 mnts |
| ec Maletswai Clinic | 47% | 29% | -18% | 2016 | 2016 | 4 mnts |
| ec Mangoloaneng Clinic | 34% | 33% | -1% | 2016 | 2016 | 3 mnts |
| ec Mqokolweni Clinic | 41% | 43% | +2% | 2016 | 2016 | 3 mnts |
| ec Mzamomhle Clinic (Albert) | 39% | 34% | -5% | 2016 | 2016 | 4 mnts |
| ec Poly Clinic | 33% | 41% | +8% | 2016 | 2016 | 4 mnts |
| ec Sonwabile Clinic | 42% | 45% | +3% | 2016 | 2016 | 3 mnts |
| ec St Michael's Clinic | 46% | 41% | -5% | 2014 | 2016 | 1yr 9mnts |
| ec Ugie Clinic | 31% | 28% | -3% | 2016 | 2016 | 3 mnts |
| ec Venterstad Clinic | 24% | 46% | +22% | 2016 | 2016 | 4 mnts |

Sixteen clinics were re-inspected within 3 and 4-month periods, 1 clinic was re-inspected after two years. Seven of sixteen clinics had improved whilst 9 of 16 had a decline in scores.

Oliver Tambo District Municipality

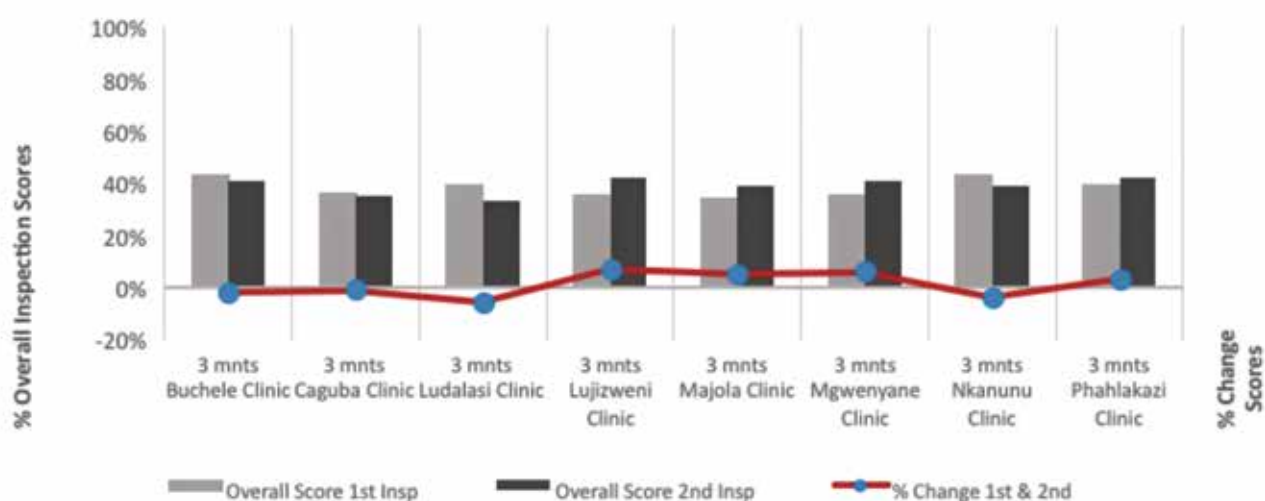
**Figure 64:** Overall inspection scores and percent score change of re-inspected clinics in Oliver Tambo District Municipality.

Table 15: Calculated time lapse between 1st and subsequent inspection of clinics in Oliver Tambo District Municipality.

| Facility | Inspection Scores | | | Period of Inspections | | |
|----------------------|-------------------|--------|---------------------|-------------------------|-------------------------|----------------------------------|
| | First | Second | Change 1st & 2nd | Year (1 st) | Year (2 nd) | Time be- tween (1st & 2nd) |
| ec Buchele Clinic | 43% | 41% | -2% | 2016 | 2016 | 3 mnts |
| ec Caguba Clinic | 36% | 35% | -1% | 2016 | 2016 | 3 mnts |
| ec Ludalasi Clinic | 39% | 33% | -6% | 2016 | 2016 | 3 mnts |
| ec Lujizweni Clinic | 35% | 42% | +7% | 2016 | 2016 | 3 mnts |
| ec Majola Clinic | 34% | 39% | +5% | 2016 | 2016 | 3 mnts |
| ec Mgwenyane Clinic | 35% | 41% | +6% | 2016 | 2016 | 3 mnts |
| ec Nkanunu Clinic | 43% | 39% | -4% | 2016 | 2016 | 3 mnts |
| ec Phahlakazi Clinic | 39% | 42% | +3% | 2016 | 2016 | 3 mnts |

Eight clinics were re-inspected within a 3-month period with half of the clinics having improved, however scores declined in the remaining clinics.

Clinic Re-Inspections

FREE STATE PROVINCE

Fezile Dabi District Municipality

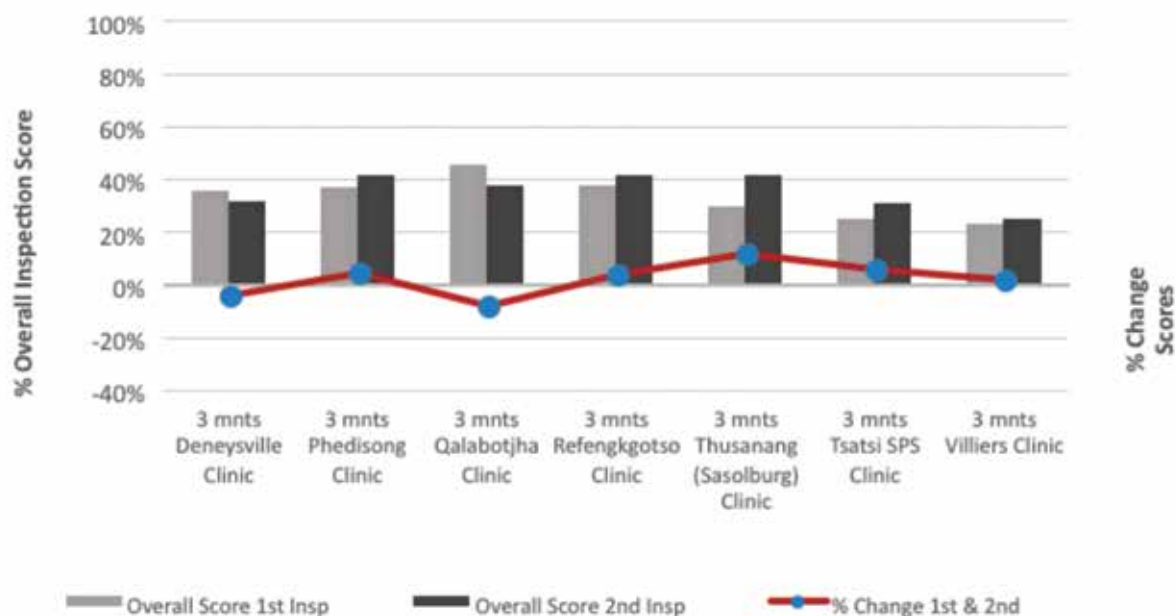


Figure 65: Overall inspection scores and percent score change of re-inspected clinics in Fezile Dabi District Municipality.

Table 16: Calculated time lapse between 1st and subsequent inspection of clinics in Fezile Dabi District Municipality.

| Facility | Inspection Scores | | | Period of Inspections | | |
|---------------------------------|-------------------|--------|------------------|-------------------------|-------------------------|--------------------------|
| | First | Second | Change 1st & 2nd | Year (1 st) | Year (2 nd) | Time between (1st & 2nd) |
| fs Deneysville Clinic | 36% | 32% | -4% | 2016 | 2016 | 3 mnts |
| fs Phedisong Clinic | 37% | 42% | +5% | 2016 | 2016 | 3 mnts |
| fs Qalabotjha Clinic | 46% | 38% | -8% | 2016 | 2016 | 3 mnts |
| fs Refenggotso Clinic | 38% | 42% | +4% | 2016 | 2016 | 3 mnts |
| fs Thusanang (Sasolburg) Clinic | 30% | 42% | +12% | 2016 | 2016 | 3 mnts |
| fs Tsatsi SPS Clinic | 25% | 31% | +6% | 2016 | 2016 | 3 mnts |
| fs Villiers Clinic | 23% | 25% | +2% | 2016 | 2016 | 3 mnts |

Seven clinics were re-inspected within a 3-month period, 5 clinics had improved whereas 2 had declined.

Lejweleputswa District Municipality

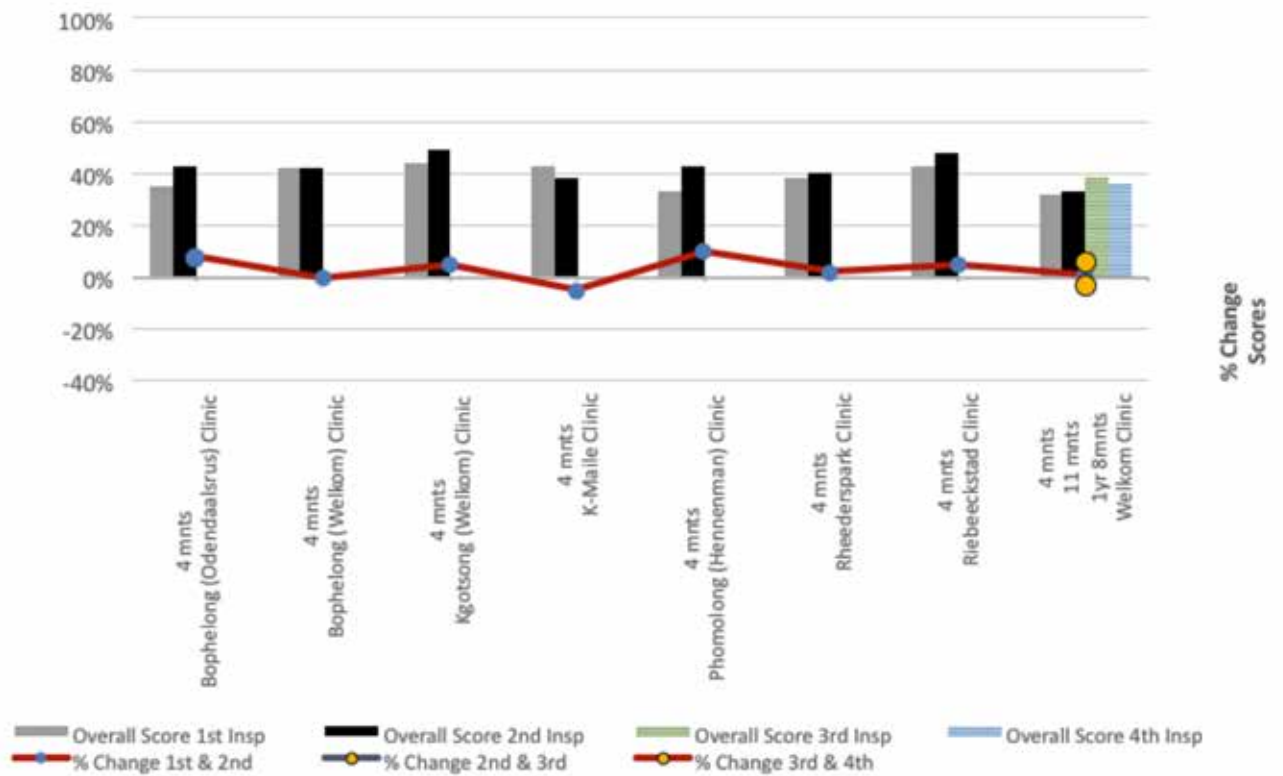


Figure 66: Overall inspection scores and percent score change of re-inspected clinics in Lejweleputswa District Municipality.

Table 17: Calculated time lapse between 1st and subsequent inspection of clinics in Lejweleputswa District Municipality.

| Facility | Inspection Scores | | | | | | | Period of Inspection | | | | | | |
|------------------------------------|-------------------|--------|-------|--------|------------------|------------------|------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|--------------------------|--------------------------|
| | First | Second | Third | Fourth | Change 1st & 2nd | Change 2nd & 3rd | Change 3rd & 4th | Year (1 st) | Year (2 nd) | Year (3 rd) | Year (4 th) | Time between (1st & 2nd) | Time between (2nd & 3rd) | Time between (3rd & 4th) |
| fs Bophelong (Odendaalsrus) Clinic | 35% | 43% | | | +8% | | | 2016 | 2017 | | | 4 mnts | | |
| fs Bophelong (Welkom) Clinic | 42% | 42% | | | 0% | | | 2016 | 2017 | | | 4 mnts | | |
| Fs Kgotsong (Welkom) Clinic | 44% | 49% | | | +5% | | | 2016 | 2017 | | | 4 mnts | | |
| fs K-Maile Clinic | 43% | 38% | | | -5% | | | 2016 | 2017 | | | 4 mnts | | |
| fs Phomolong (Hennenman) Clinic | 33% | 43% | | | +10% | | | 2016 | 2017 | | | 4 mnts | | |
| fs Rheederspark Clinic | 38% | 40% | | | +2% | | | 2016 | 2017 | | | 4 mnts | | |
| fs Riebeeckstad Clinic | 43% | 48% | | | +5% | | | 2016 | 2017 | | | 4 mnts | | |
| fs Welkom Clinic | 32% | 33% | 39% | 36% | +1% | +6% | -3% | 2014 | 2015 | 2016 | 2017 | 1yr 8mnts | 11 mnts | 4 mnts |

Eight clinics were re-inspected; of these, seven were re-inspected within a 4-month period. 5 had improved scores, 1 had a decline and there were no change in scores in the other. Welkom Clinic was first inspected in 2014, re-inspected three times thereafter (2015 and 2016), there was an improved score and in 2017 a decline.

Mangaung Metropolitan Municipality

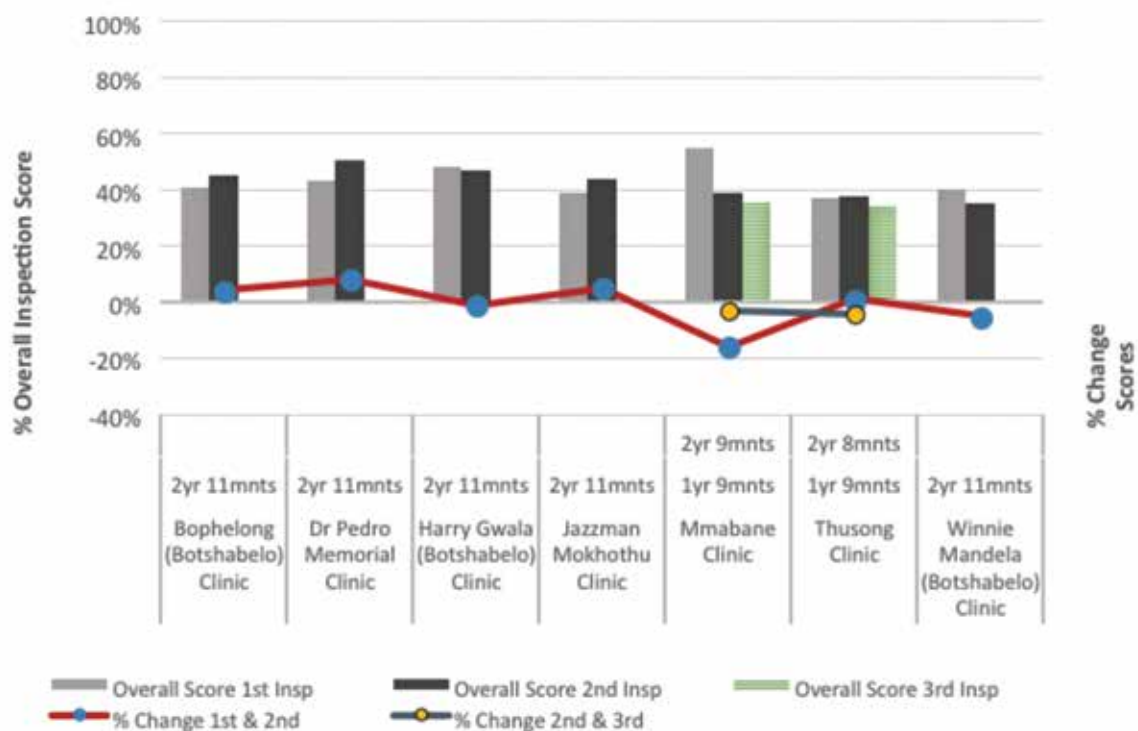


Figure 67: Overall inspection scores and percent score change of re-inspected clinics in Mangaung Metropolitan Municipality.

Table 18: Calculated time lapse between 1st and subsequent inspection of clinics in Mangaung Metropolitan Municipality.

| Facility | Inspection Scores | | | | | Period of Inspection | | | | |
|---------------------------------------|-------------------|--------|-------|------------------|------------------|-------------------------|-------------------------|-------------------------|--------------------------------------|--------------------------|
| | First | Second | Third | Change 1st & 2nd | Change 2nd & 3rd | Year (1 st) | Year (2 nd) | Year (3 rd) | Time between (1 st & 2nd) | Time between (2nd & 3rd) |
| fs Bophelong (Botshabelo) Clinic | 41% | 45% | | +4% | | 2014 | 2017 | | 2yr 11mnts | |
| fs Dr Pedro Memorial Clinic | 43% | 51% | | +8% | | 2014 | 2017 | | 2yr 11mnts | |
| fs Harry Gwala (Botshabelo) Clinic | 48% | 47% | | -1% | | 2014 | 2017 | | 2yr 11mnts | |
| fs Jazzman Mokhothu Clinic | 39% | 44% | | +5% | | 2014 | 2017 | | 2yr 11mnts | |
| fs Thusong Clinic | 37% | 38% | 34% | +1% | -4% | 2012 | 2014 | 2017 | 1yr 9mnts | 2yr 8mnts |
| fs Winnie Mandela (Botshabelo) Clinic | 40% | 35% | | -5% | | 2014 | 2017 | | 2yr 11mnts | |

Five clinics were re-inspected after a 3-year period with 3 having improved and 2 declined. Thusong Clinic was first inspected in 2012 and re-inspected in 2014 in which an improvement was shown after 2 years. There was a third inspection in 2017, after a 3-year period with a decline.

Thabo Mofutsanyane District Municipality

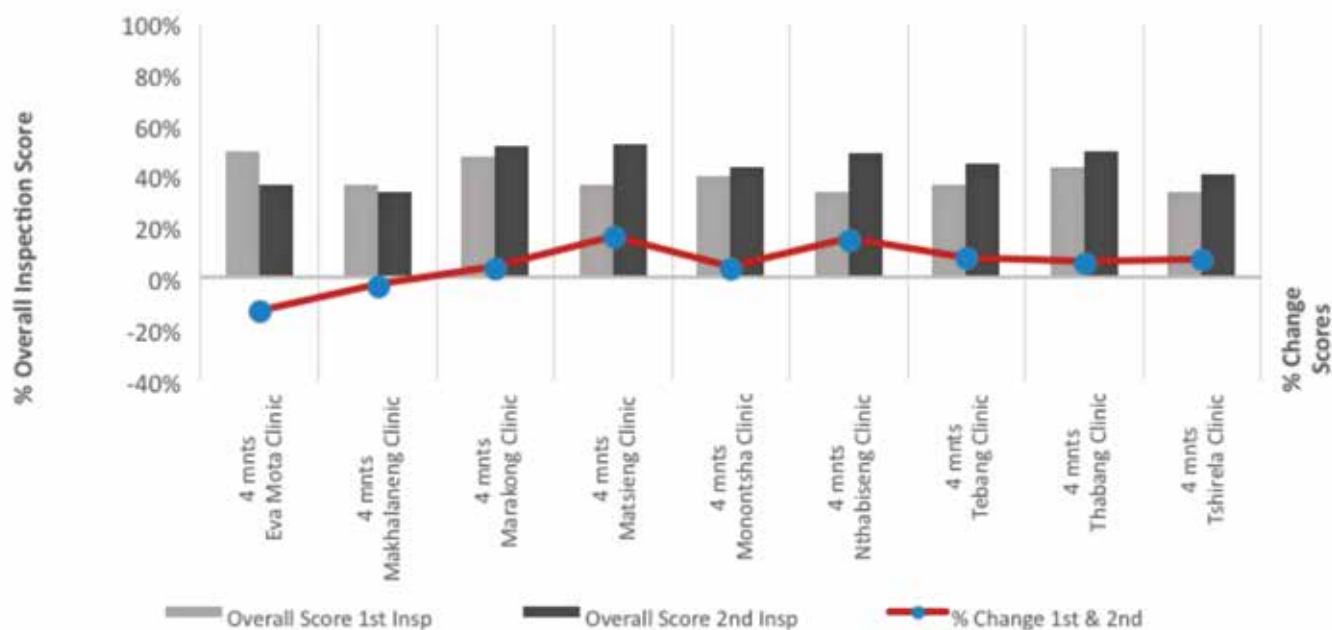


Figure 68: Overall inspection scores and percent score change of re-inspected clinics in Thabo Mofutsanyane District Municipality.

Table 19: Calculated time lapse between 1st and subsequent inspection of clinics in Thabo Mofutsanyane District Municipality.

| Facility | Inspection Scores | | | Period of Inspections | | |
|-----------------------|-------------------|--------|------------------|-------------------------|-------------------------|--------------------------|
| | First | Second | Change 1st & 2nd | Year (1 st) | Year (2 nd) | Time between (1st & 2nd) |
| fs Eva Mota Clinic | 50% | 37% | -13% | 2016 | 2016 | 4 mnts |
| fs Makhalaneng Clinic | 37% | 34% | -3% | 2016 | 2016 | 4 mnts |
| fs Marakong Clinic | 48% | 52% | +4% | 2016 | 2016 | 4 mnts |
| fs Matsieng Clinic | 37% | 53% | +16% | 2016 | 2016 | 4 mnts |
| fs Monontsha Clinic | 40% | 44% | +4% | 2016 | 2016 | 4 mnts |
| fs Nthabiseng Clinic | 34% | 49% | +15% | 2016 | 2016 | 4 mnts |
| fs Tebang Clinic | 37% | 45% | +8% | 2016 | 2016 | 4 mnts |
| fs Thabang Clinic | 44% | 50% | +6% | 2016 | 2016 | 4 mnts |
| fs Tshirela Clinic | 34% | 41% | +7% | 2016 | 2016 | 4 mnts |

Five (5) clinics were re-inspected after a 3-year period with 3 having improved and 2 declined. Mmabane Clinic was first inspected in 2012; thereafter two times in 2014 after almost 2 years with scores declining by 16% and in 2017 after almost 3 years with scores declining by 3%. Similarly, Thusong Clinic was first inspected in 2012; thereafter two times in 2014 after almost 2 years with scores improving by 1% and in 2017 after almost 3 years with scores declining by 4%.

Clinic Re-Inspections

GAUTENG PROVINCE

City of Johannesburg Metropolitan Municipality

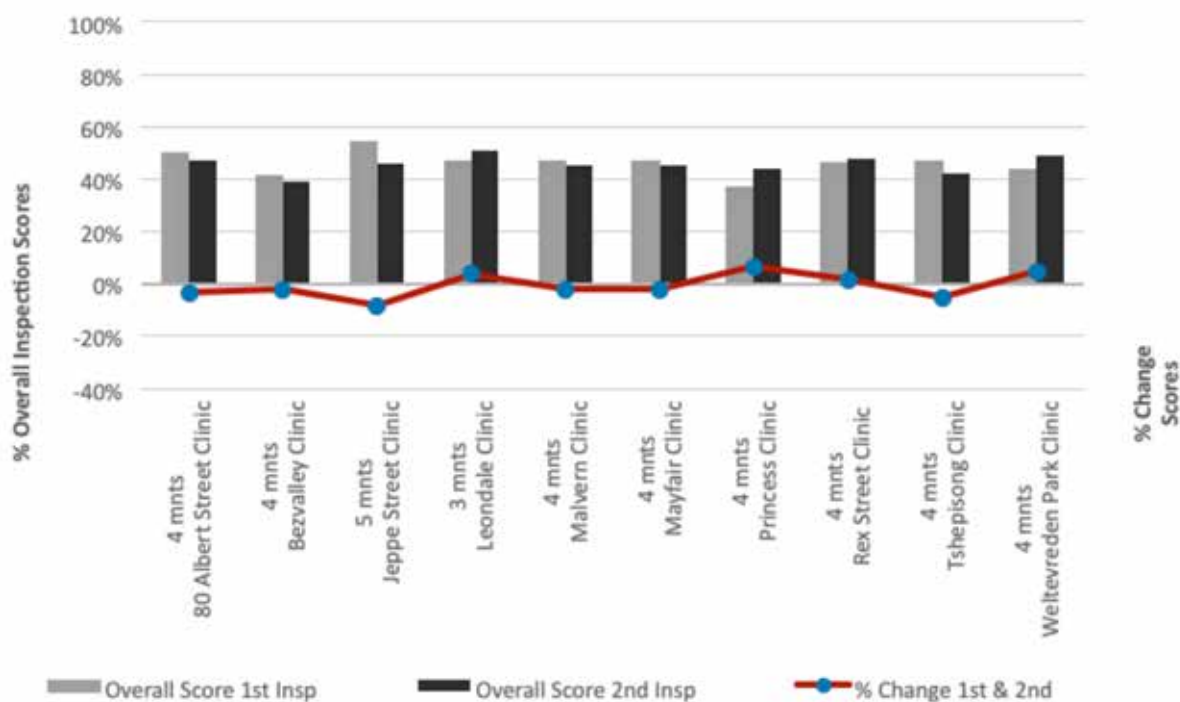


Figure 69: Overall inspection scores and percent score change of re-inspected clinics in City of Johannesburg Metropolitan Municipality.

Table 20: Calculated time lapse between 1st and subsequent inspection of clinics in City of Johannesburg Metropolitan Municipality.

| Facility | Inspection Scores | | | Period of Inspections | | |
|----------------------------|-------------------|--------|------------------|-------------------------|-------------------------|--------------------------|
| | First | Second | Change 1st & 2nd | Year (1 st) | Year (2 nd) | Time between (1st & 2nd) |
| gp 80 Albert Street Clinic | 50% | 47% | -3% | 2016 | 2017 | 4 mnts |
| gp Bezvalley Clinic | 41% | 39% | -2% | 2016 | 2017 | 4 mnts |
| gp Jeppe Street Clinic | 54% | 46% | -8% | 2016 | 2017 | 5 mnts |
| gp Leondale Clinic | 47% | 51% | +4% | 2016 | 2016 | 3 mnts |
| gp Malvern Clinic | 47% | 45% | -2% | 2016 | 2017 | 4 mnts |
| gp Mayfair Clinic | 47% | 45% | -2% | 2016 | 2017 | 4 mnts |
| gp Princess Clinic | 37% | 44% | +7% | 2016 | 2016 | 4 mnts |
| gp Tshepisoong Clinic | 47% | 42% | -5% | 2016 | 2016 | 4 mnts |
| gp Weltevreden Park Clinic | 44% | 49% | +5% | 2016 | 2016 | 4 mnts |

Ten (10) clinics were re-inspected. Eight (8) clinics within a 4-month period of which 3 had improved scores and 5 had a decline. The ninth clinic was inspected within a 3-month period and showed improvement whereas the tenth clinic was inspected after 5 months and had decline in scores..

City of Tshwane Metropolitan Municipality

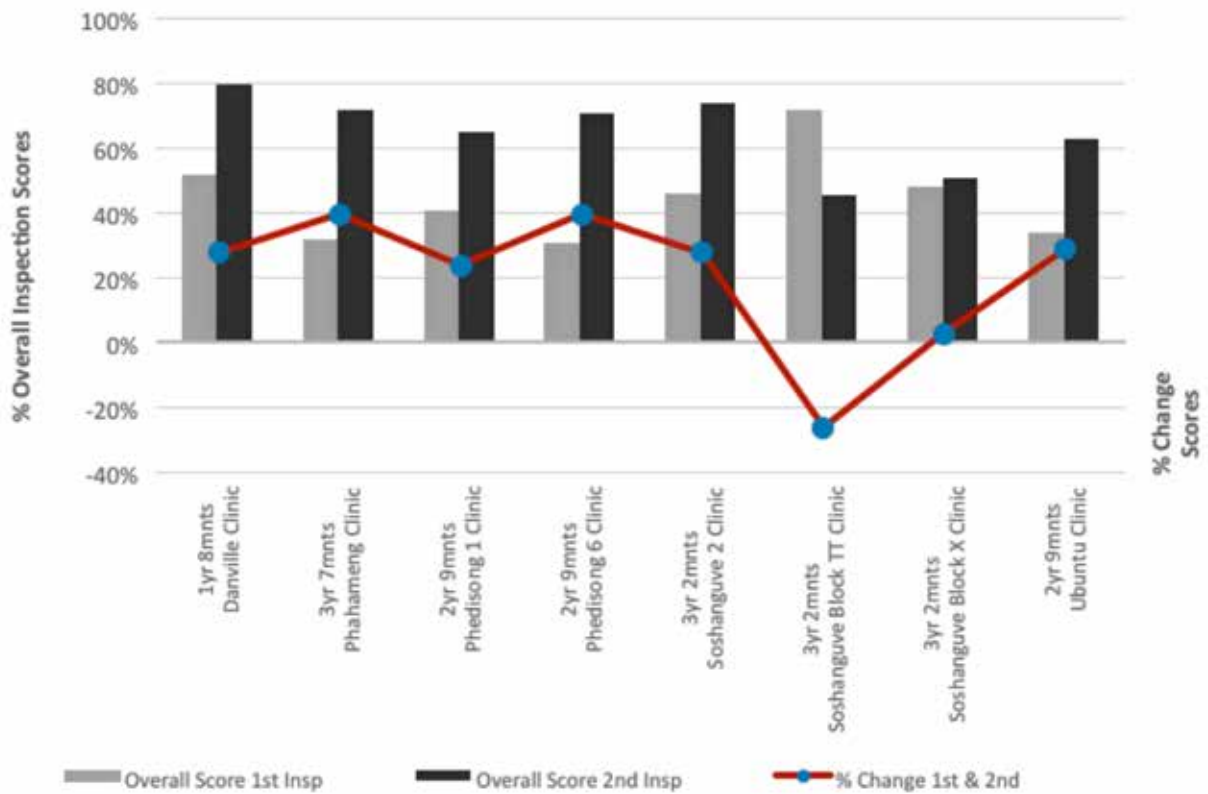


Figure 70: Overall inspection scores and percent score change of re-inspected clinics in City of Tshwane Metropolitan Municipality.

Table 21: Calculated time lapse between 1st and subsequent inspection of clinics in City of Tshwane Metropolitan Municipality.

| Facility | Inspection Scores | | | Period of Inspection | | |
|-------------------------------|-------------------|--------|------------------|-------------------------|-------------------------|--------------------------|
| | First | Second | Change 1st & 2nd | Year (1 st) | Year (2 nd) | Time between (1st & 2nd) |
| gp Danville Clinic | 52% | 80% | +28% | 2014 | 2016 | 1yr 8mnts |
| gp Phahameng Clinic | 32% | 72% | +40% | 2012 | 2016 | 3yr 7mnts |
| gp Phedisong 1 Clinic | 41% | 65% | +24% | 2013 | 2016 | 2yr 9mnts |
| gp Phedisong 6 Clinic | 31% | 71% | +40% | 2013 | 2016 | 2yr 9mnts |
| gp Soshanguve 2 Clinic | 46% | 74% | +28% | 2013 | 2016 | 3yr 2mnts |
| gp Soshanguve Block TT Clinic | 72% | 46% | -26% | 2013 | 2016 | 3yr 2mnts |
| gp Soshanguve Block X Clinic | 48% | 51% | +3% | 2013 | 2016 | 3yr 2mnts |
| gp Ubuntu Clinic | 34% | 63% | +29% | 2013 | 2016 | 2yr 9mnts |

Eight clinics were re-inspected. Seven within a 3-year period, 6 having improved while 1 clinic having a decline in scores. The other clinic re-inspected after 2 years showed an improvement.

Sedibeng District Municipality

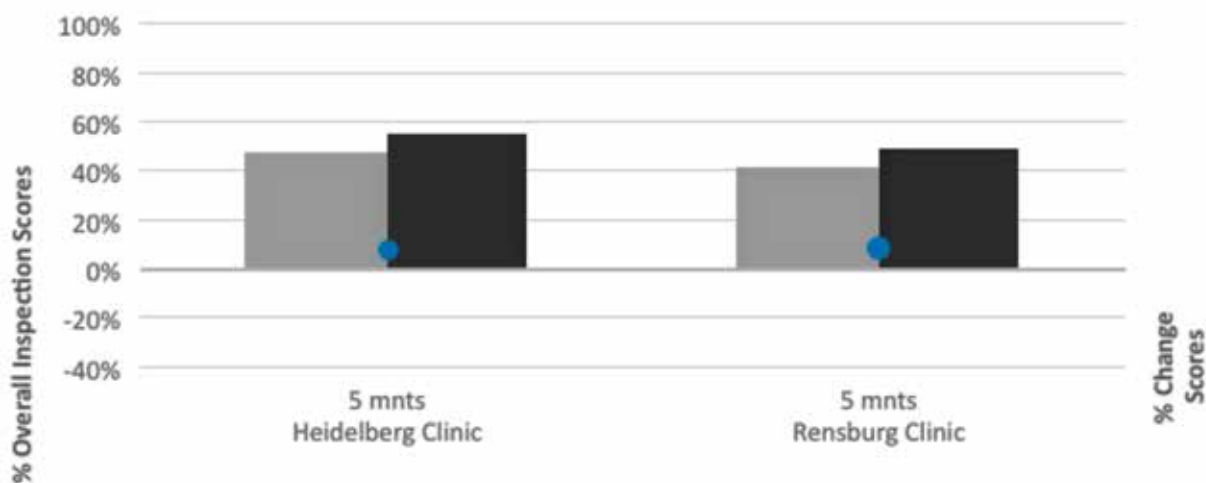


Figure 71: Overall inspection scores and percent score change of re-inspected clinics in Sedibeng District Municipality.

Table 22: Calculated time lapse between 1st and subsequent inspection of clinics in Sedibeng District Municipality.

| Facility | Inspection Scores | | | Period of Inspections | | |
|----------------------|-------------------|--------|------------------|-------------------------|-------------------------|--------------------------|
| | First | Second | Change 1st & 2nd | Year (1 st) | Year (2 nd) | Time between (1st & 2nd) |
| gp Heidelberg Clinic | 47% | 55% | +8% | 2016 | 2016 | 5 mnts |
| gp Rensburg Clinic | 41% | 49% | +8% | 2016 | 2016 | 5 mnts |

Two clinics were re-inspected within 5 months with both having improved scores.

West Rand District Municipality

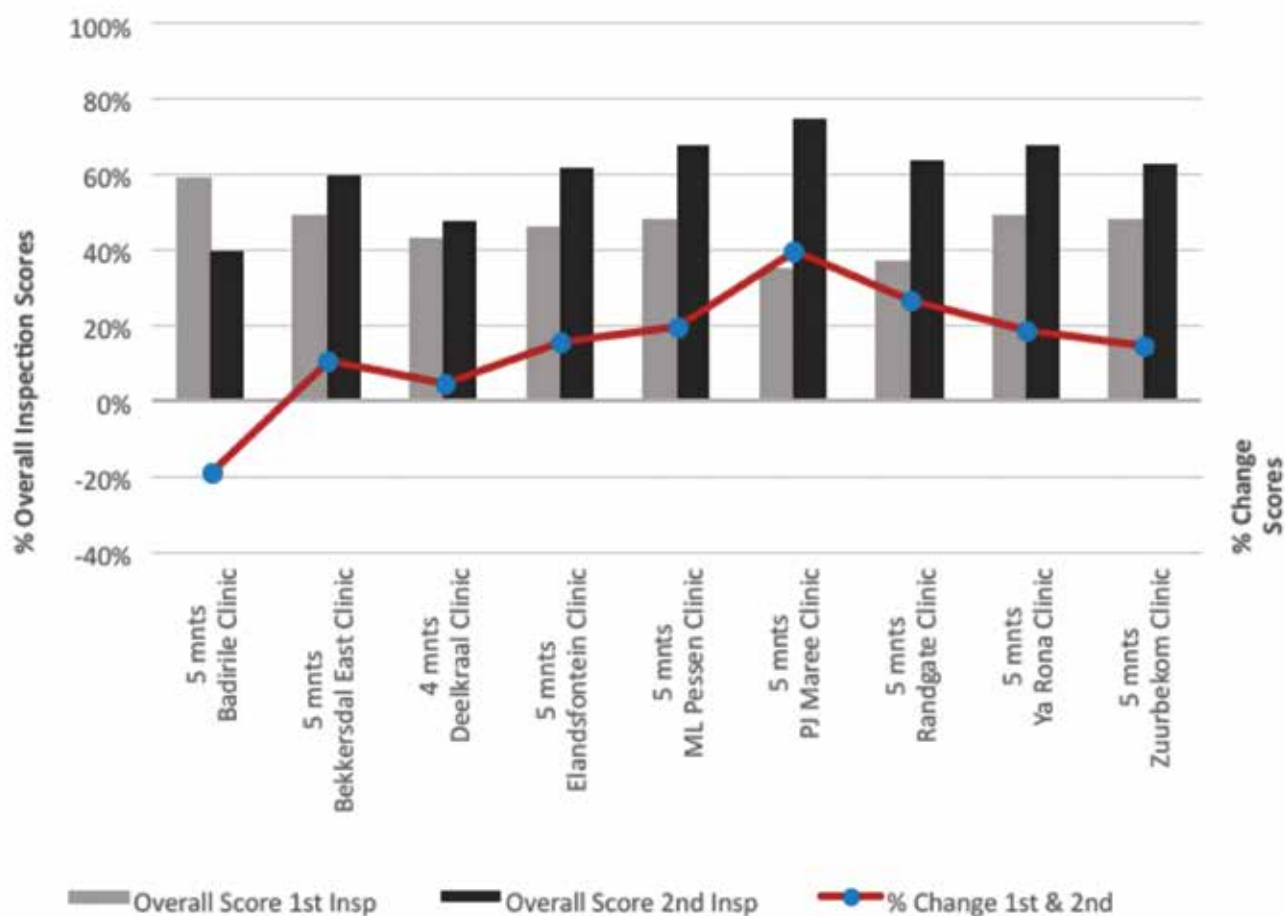


Figure 72: Overall inspection scores and percent score change of re-inspected clinics in West Rand District Municipality.

Table 23: Calculated time lapse between 1st and subsequent inspection of clinics in West Rand District Municipality.

| Facility | Inspection Scores | | | Period of Inspections | | |
|---------------------------|-------------------|--------|------------------|-------------------------|-------------------------|--------------------------|
| | First | Second | Change 1st & 2nd | Year (1 st) | Year (2 nd) | Time between (1st & 2nd) |
| gp Badirile Clinic | 59% | 40% | -19% | 2016 | 2016 | 5 mnts |
| gp Bekkersdal East Clinic | 49% | 60% | +11% | 2016 | 2016 | 5 mnts |
| gp Elandsfontein Clinic | 46% | 62% | +16% | 2016 | 2016 | 5 mnts |
| gp ML Pessen Clinic | 48% | 68% | +20% | 2016 | 2016 | 5 mnts |
| gp PJ Maree Clinic | 35% | 75% | +40% | 2016 | 2016 | 5 mnts |
| gp Randgate Clinic | 37% | 64% | +27% | 2016 | 2016 | 5 mnts |
| gp Ya Rona Clinic | 49% | 68% | +19% | 2016 | 2016 | 5 mnts |
| gp Zuurbekom Clinic | 48% | 63% | +15% | 2016 | 2016 | 5 mnts |

Nine (9) clinics were re-inspected and all within 6 months from the first inspection. 8 clinics had improved scores and 1 clinic had a decline in scores.

Clinic Re-Inspections

KWAZULU-NATAL PROVINCE

iLembe District Municipality

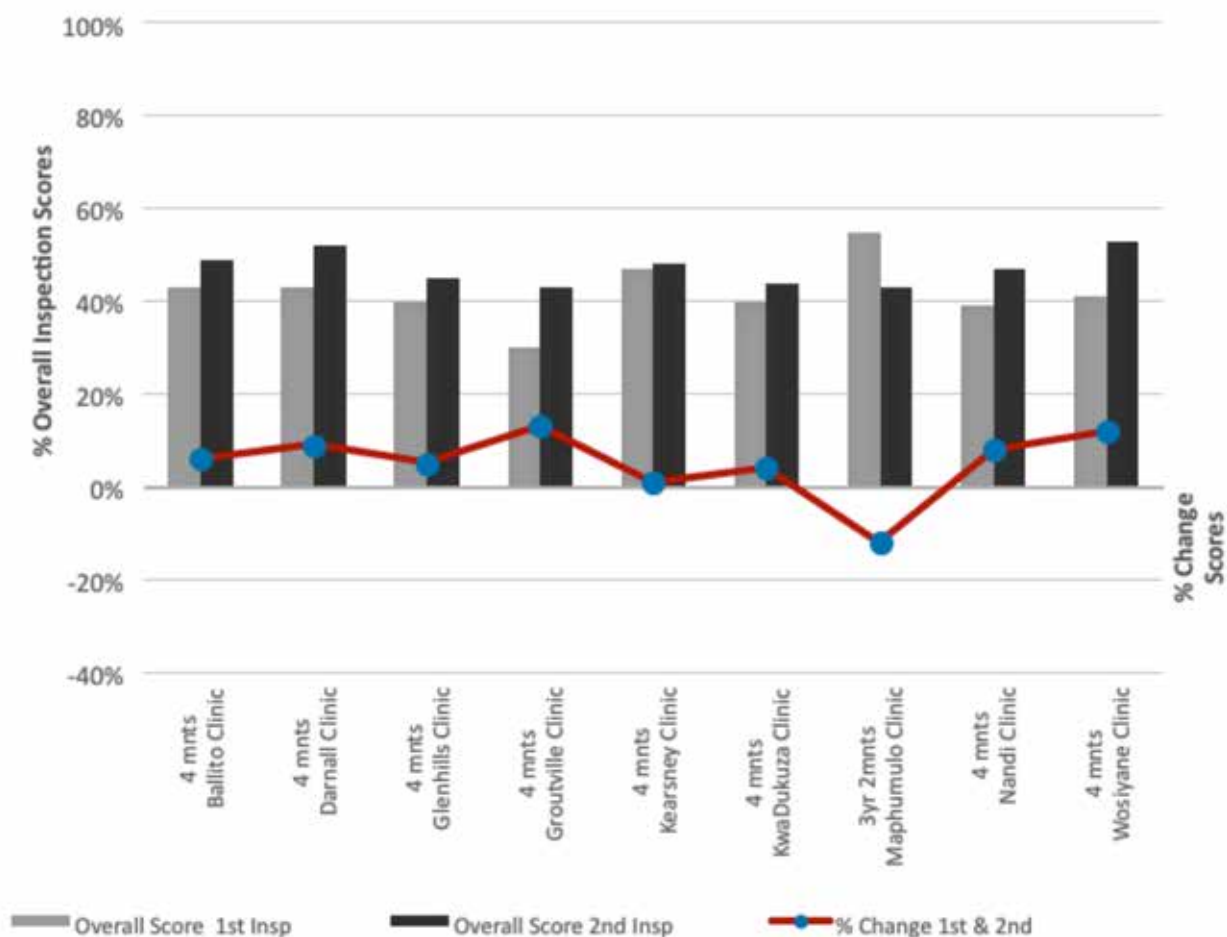


Figure 73: Overall inspection scores and percent score change of re-inspected clinics in iLembe District Municipality.

Table 24: Calculated time lapse between 1st and subsequent inspection of clinics in iLembe District Municipality.

| Facility | Inspection Scores | | | Period of Inspections | | |
|----------------------|-------------------|--------|------------------|-------------------------|-------------------------|--------------------------|
| | First | Second | Change 1st & 2nd | Year (1 st) | Year (2 nd) | Time between (1st & 2nd) |
| kz Ballito Clinic | 43% | 49% | +6% | 2016 | 2016 | 4 mnts |
| kz Darnall Clinic | 43% | 52% | +9% | 2016 | 2016 | 4 mnts |
| kz Glenhills Clinic | 40% | 45% | +5% | 2016 | 2016 | 4 mnts |
| kz Groutville Clinic | 30% | 43% | +13% | 2016 | 2016 | 4 mnts |
| kz Kearsney Clinic | 47% | 48% | +1% | 2016 | 2016 | 4 mnts |
| kz KwaDukuza Clinic | 40% | 44% | +4% | 2016 | 2016 | 4 mnts |
| kz Maphumulo Clinic | 55% | 43% | -12% | 2013 | 2016 | 3yr 2mnts |
| kz Nandi Clinic | 39% | 47% | +8% | 2016 | 2016 | 4 mnts |
| kz Wosiyane Clinic | 41% | 53% | +12% | 2016 | 2016 | 4 mnts |

Nine clinics were re-inspected, 8 were re-inspected within 3 months with all 8 having improved whereas the clinic re-inspected after a 3-year period had a significant decline in scores.

uMgungundlovu District Municipality

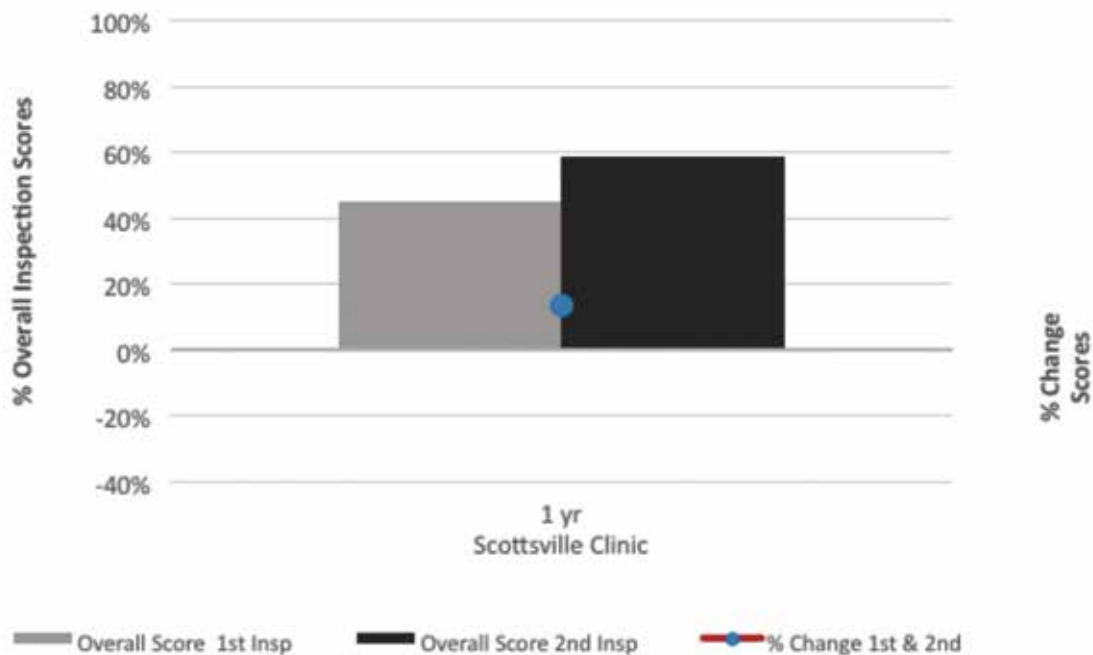


Figure 74: Overall inspection scores and percent score change of re-inspected clinics in uMgungundlovu District Municipality.

Table 25: Calculated time lapse between 1st and subsequent inspection of clinics in uMgungundlovu District Municipality.

| Facility | Inspection Scores | | | Period of Inspections | | |
|-----------------------|-------------------|--------|------------------|-----------------------|----------|--------------------------|
| | First | Second | Change 1st & 2nd | Year 1st | Year 2nd | Time between (1st & 2nd) |
| kz Scottsville Clinic | 45% | 59% | +14% | 2016 | 2017 | 1 yr |

The clinic was re-inspected within a 1-year period and had improved.

Clinic Re-Inspections

LIMPOPO PROVINCE

Capricorn District Municipality

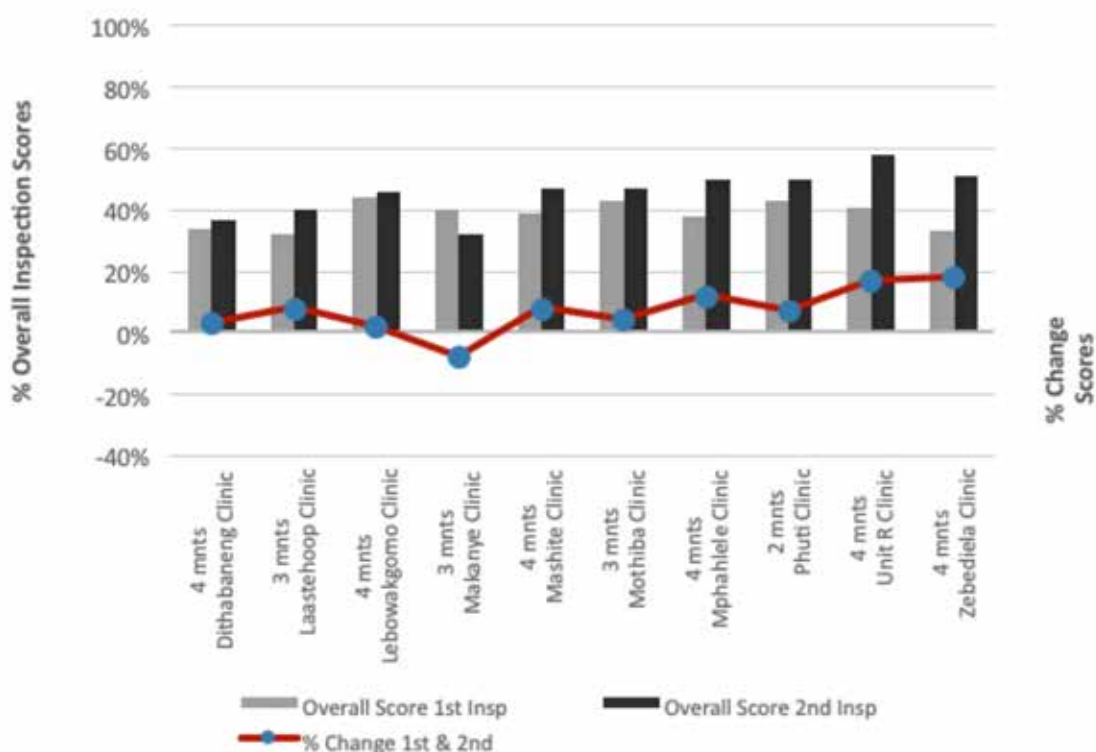


Figure 75: Overall inspection scores and percent score change of re-inspected clinics in Capricorn District Municipality.

Table 26: Calculated time lapse between 1st and subsequent inspection of clinics in Capricorn District Municipality.

| Facility | Inspection Scores | | | Period of Inspection | | |
|-----------------------|-------------------|--------|------------------|-------------------------|-------------------------|---|
| | First | Second | Change 1st & 2nd | Year (1 st) | Year (2 nd) | Time between (1 st & 2 nd) |
| Ip Dithabaneng Clinic | 34% | 37% | +3% | 2016 | 2016 | 4 mnts |
| Ip Laastehoop Clinic | 32% | 40% | +8% | 2016 | 2017 | 3 mnts |
| Ip Lebowakgomo Clinic | 44% | 46% | +2% | 2016 | 2016 | 4 mnts |
| Ip Makanye Clinic | 40% | 32% | -8% | 2016 | 2017 | 3 mnts |
| Ip Mashite Clinic | 39% | 47% | +8% | 2016 | 2016 | 4 mnts |
| Ip Mothiba Clinic | 43% | 47% | +4% | 2016 | 2017 | 3 mnts |
| Ip Mphahlele Clinic | 38% | 50% | +12% | 2016 | 2016 | 4 mnts |
| Ip Phuti Clinic | 43% | 50% | +7% | 2016 | 2017 | 2 mnts |
| Ip Unit R Clinic | 41% | 58% | +17% | 2016 | 2016 | 4 mnts |
| Ip Zebediela Clinic | 33% | 51% | +18% | 2016 | 2016 | 4 mnts |

Ten clinics were re-inspected, 6 within 4 months with all having improved scores, 3 clinics within 3 months and of those, 2 had improved and 1 clinic had declined in score. The remaining clinic had improved when re-inspected within 2 months.

Greater Sekhukhune District Municipality

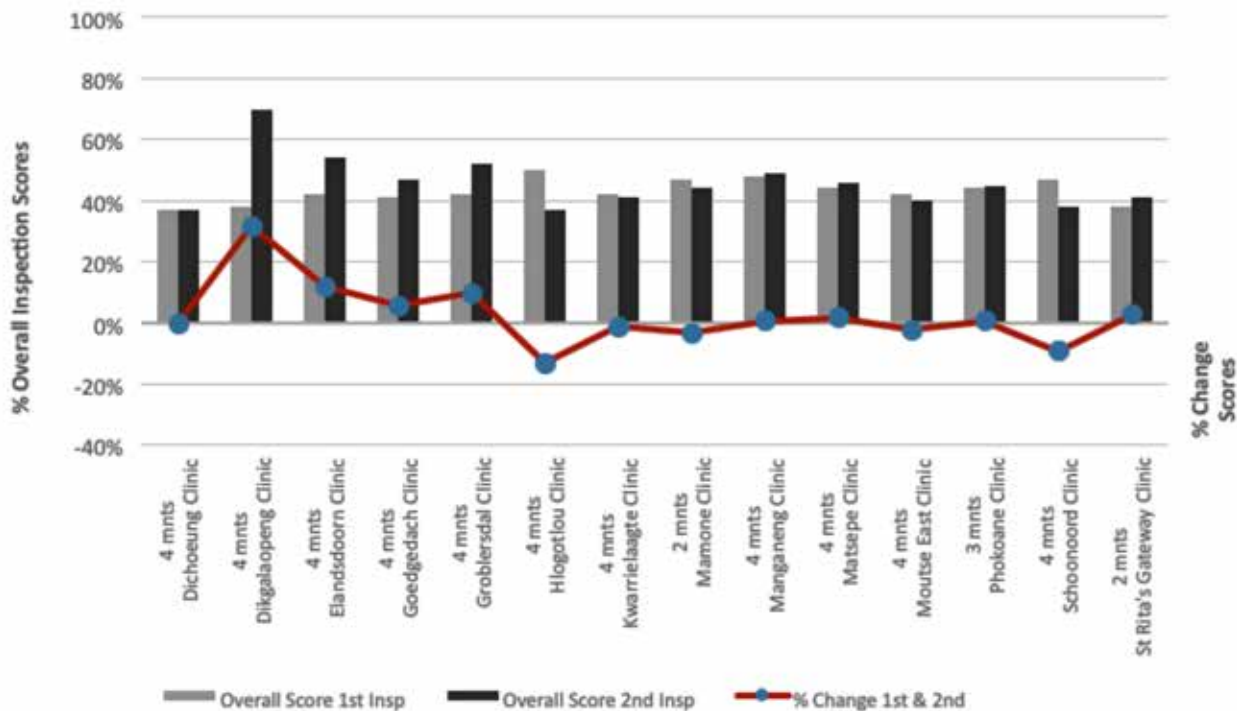


Figure 76: Overall inspection scores and percent score change of re-inspected clinics in Greater Sekhukhune District Municipality.

Table 27: Calculated time lapse between 1st and subsequent inspection of clinics in Greater Sekhukhune District Municipality.

| Facility | Inspection Scores | | | Period of Inspections | | |
|-----------------------------|-------------------|--------|------------------|-------------------------|-------------------------|--------------------------|
| | First | Second | Change 1st & 2nd | Year (1 st) | Year (2 nd) | Time between (1st & 2nd) |
| Ip Dichoeung Clinic | 37% | 37% | 0% | 2016 | 2017 | 4 mnts |
| Ip Dikgalaopeng Clinic | 38% | 70% | +32% | 2016 | 2016 | 4 mnts |
| Ip Elandsdoorn Clinic | 42% | 54% | +12% | 2016 | 2016 | 4 mnts |
| Ip Goedgedach Clinic | 41% | 47% | +6% | 2016 | 2016 | 4 mnts |
| Ip Groblersdal Clinic | 42% | 52% | +10% | 2016 | 2016 | 4 mnts |
| Ip Hlogotlou Clinic | 50% | 37% | -13% | 2016 | 2016 | 4 mnts |
| Ip Kwarrielaagte Clinic | 42% | 41% | -1% | 2016 | 2016 | 4 mnts |
| Ip Mamone Clinic | 47% | 44% | -3% | 2016 | 2017 | 2 mnts |
| Ip Manganeng Clinic | 48% | 49% | +1% | 2016 | 2017 | 4 mnts |
| Ip Matsepe Clinic | 44% | 46% | +2% | 2016 | 2016 | 4 mnts |
| Ip Moutse East Clinic | 42% | 40% | -2% | 2016 | 2016 | 4 mnts |
| Ip Phokoane Clinic | 44% | 45% | +1% | 2016 | 2017 | 3 mnts |
| Ip Schoonoord Clinic | 47% | 38% | -9% | 2016 | 2017 | 4 mnts |
| Ip St Rita's Gateway Clinic | 38% | 41% | +3% | 2016 | 2017 | 2 mnts |

Fourteen clinics were re-inspected. Of the fourteen, 11 re-inspected within 11 months 6 had improved, 4 had declined and 1 had no change in score. Of the remaining 3 clinics 1 was re-inspected after 3 months showed improvement, 2 re-inspected after 2 months, 1 declined and the score of the other having improved.

Mopani District Municipality

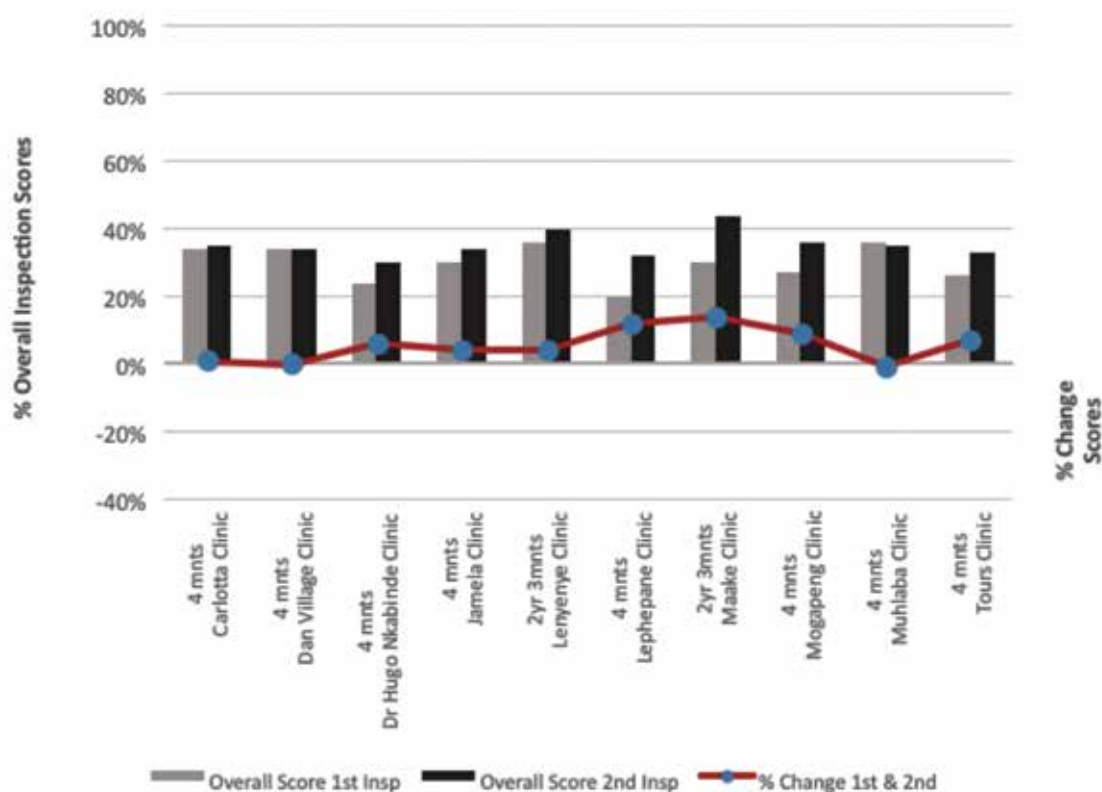


Figure 77: Overall inspection scores and percent score change of re-inspected clinics in Mopani District Municipality.

Table 28: Calculated time lapse between 1st and subsequent inspection of clinics in Mopani District Municipality

| Facility | Inspection Scores | | | Period of Inspections | | |
|----------------------------|-------------------|--------|------------------|-------------------------|-------------------------|--------------------------|
| | First | Second | Change 1st & 2nd | Year (1 st) | Year (2 nd) | Time between (1st & 2nd) |
| Ip Carlotta Clinic | 34% | 35% | +1% | 2016 | 2016 | 4 mnts |
| Ip Dan Village Clinic | 34% | 34% | 0% | 2016 | 2016 | 4 mnts |
| Ip Dr Hugo Nkabinde Clinic | 24% | 30% | +6% | 2016 | 2016 | 4 mnts |
| Ip Jamela Clinic | 30% | 34% | +4% | 2016 | 2016 | 4 mnts |
| Ip Lenyenye Clinic | 36% | 40% | +4% | 2014 | 2016 | 2yr 3mnts |
| Ip Lephepane Clinic | 20% | 32% | +12% | 2016 | 2016 | 4 mnts |
| Ip Maake Clinic | 30% | 44% | +14% | 2014 | 2016 | 2yr 3mnts |
| Ip Mogapeng Clinic | 27% | 36% | +9% | 2016 | 2016 | 4 mnts |
| Ip Muhlaba Clinic | 36% | 35% | -1% | 2016 | 2016 | 4 mnts |
| Ip Tours Clinic | 26% | 33% | +7% | 2016 | 2016 | 4 mnts |

Ten clinics were inspected, 8 within 4 months, 6 having improved scores, 1 had declined and the score in 1 remained the same/unchanged. The remaining 2 were re-inspected within 2 years with both showing improvements.

Vhembe District Municipality



Figure 78: Overall inspection scores and percent score change of re-inspected clinics in Vhembe District Municipality.

Table 29: Calculated time lapse between 1st and subsequent inspection of clinics in Vhembe District Municipality.

| Facility | Inspection Scores | | | Period of Inspections | | |
|--------------------|-------------------|--------|------------------|-------------------------|-------------------------|--------------------------|
| | First | Second | Change 1st & 2nd | Year (1 st) | Year (2 nd) | Time between (1st & 2nd) |
| Ip Levubu Clinic | 37% | 43% | +6% | 2014 | 2017 | 2yr 5mnts |
| Ip Mashau Clinic | 43% | 43% | 0% | 2013 | 2017 | 3yr 3mnts |
| Ip Muledane Clinic | 31% | 45% | +14% | 2014 | 2017 | 2yr 5mnts |
| Ip Waterval Clinic | 41% | 53% | +12% | 2014 | 2017 | 2yr 5mnts |

Four clinics were re-inspected. Three within 2 years had improved while 1 clinic re-inspected within 3 years had no change in the scores.

Waterberg District Municipality

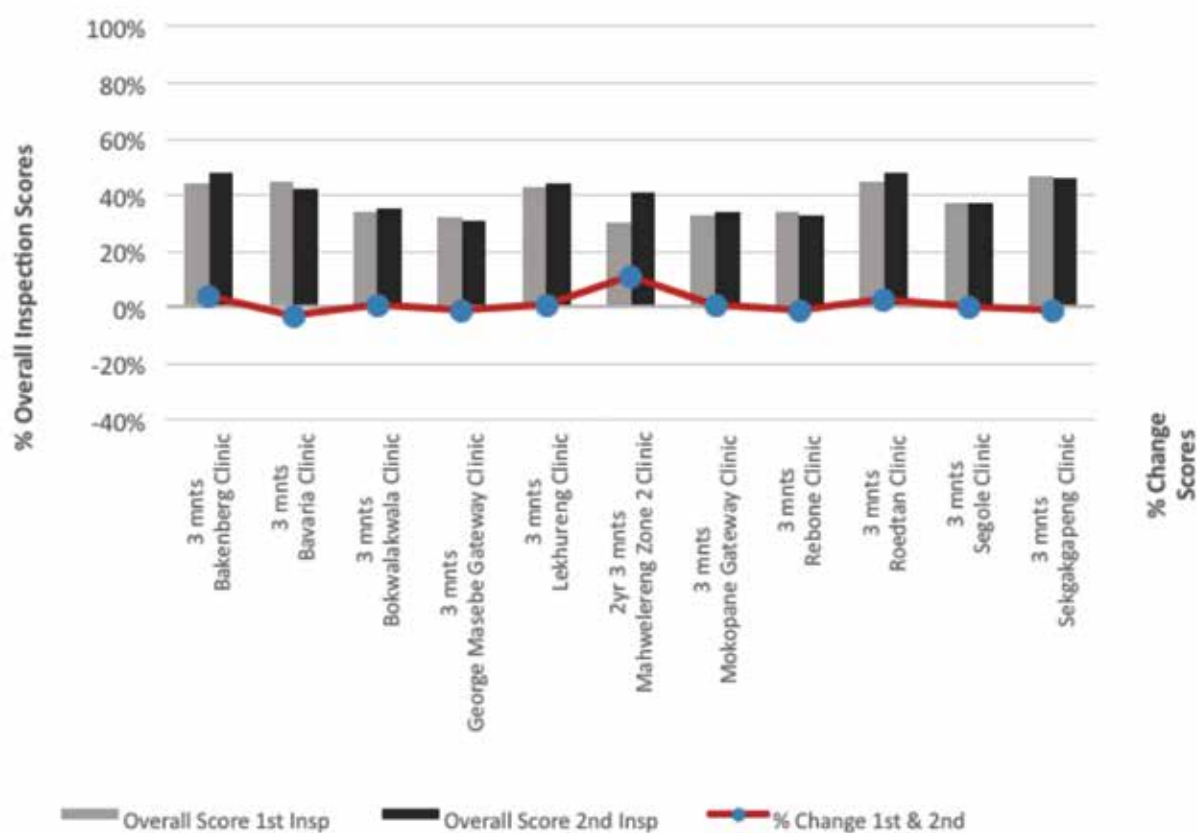


Figure 79: Overall inspection scores and percent score change of re-inspected clinics in Waterberg District Municipality.

Table 30: Calculated time lapse between 1st and subsequent inspection of clinics in Waterberg District Municipality.

| Facility | Inspection Scores | | | Period of Inspections | | |
|---------------------------------|-------------------|--------|------------------|-------------------------|-------------------------|--------------------------|
| | First | Second | Change 1st & 2nd | Year (1 st) | Year (2 nd) | Time between (1st & 2nd) |
| Ip Bakenberg Clinic | 44% | 48% | +4% | 2016 | 2017 | 3 mnts |
| Ip Bavaria Clinic | 45% | 42% | -3% | 2016 | 2017 | 3 mnts |
| Ip Bokwalakwala Clinic | 34% | 35% | +1% | 2016 | 2017 | 3 mnts |
| Ip George Masebe Gateway Clinic | 32% | 31% | -1% | 2016 | 2017 | 3 mnts |
| Ip Lekhureng Clinic | 43% | 44% | +1% | 2016 | 2017 | 3 mnts |
| Ip Mahwelereng Zone 2 Clinic | 30% | 41% | +11% | 2014 | 2017 | 2yr 3 mnts |
| Ip Mokopane Gateway Clinic | 33% | 34% | +1% | 2016 | 2017 | 3 mnts |
| Ip Rebone Clinic | 34% | 33% | -1% | 2016 | 2017 | 3 mnts |
| Ip Roedtan Clinic | 45% | 48% | +3% | 2016 | 2017 | 3 mnts |
| Ip Segole Clinic | 37% | 37% | 0% | 2016 | 2017 | 3 mnts |
| Ip Sekgakgapeng Clinic | 47% | 46% | -1% | 2016 | 2017 | 3 mnts |

Eleven clinics were re-inspected, 10 within 3 months, 5 having improved, 4 had declined and 1 had no change in scores. The remaining clinic re-inspected within 2 years had an improvement in scores.

Clinic Re-Inspections

MPUMALANGA PROVINCE

Ehlanzeni District Municipality

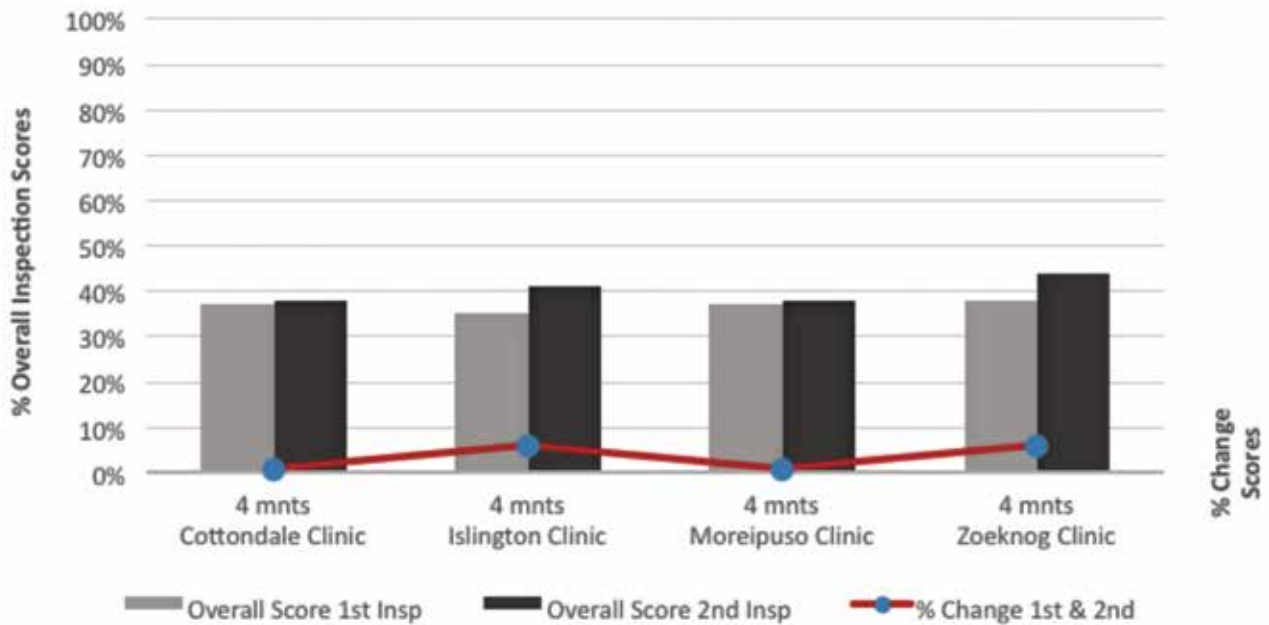


Figure 80: Overall inspection scores and percent score change of re-inspected clinics in Ehlanzeni District Municipality.

Table 31: Calculated time lapse between 1st and subsequent inspection of clinics in Ehlanzeni District Municipality.

| Facility | Inspection Scores | | | Period of inspections | | |
|----------------------|-------------------|--------|------------------|-------------------------|-------------------------|--------------------------|
| | First | Second | Change 1st & 2nd | Year (1 st) | Year (2 nd) | Time between (1st & 2nd) |
| mp Cottondale Clinic | 37% | 38% | +1% | 2016 | 2016 | 4 mnts |
| mp Islington Clinic | 35% | 41% | +6% | 2016 | 2016 | 4 mnts |
| mp Moreipuso Clinic | 37% | 38% | +1% | 2016 | 2016 | 4 mnts |
| mp Zoeknog Clinic | 38% | 44% | +6% | 2016 | 2016 | 4 mnts |

Four clinics were re-inspected within 4 months and all four clinics had improved scores.

CHCs that declined following a re-inspection were not compliant with following extreme measures;

- Formal policy for handling emergency resuscitations.
- Measures are in place to prevent any incident of harm to staff.
- Reports on what remedial actions have been taken in the event of an incident of harm to a staff member.
- Documented evidence that in the event of a power disruption emergency power supply is available in critical clinical areas such as ICU, Theatre, Accident and Emergency.

Clinic Re-Inspections

NORTH WEST PROVINCE

Dr Kenneth Kaunda District Municipality

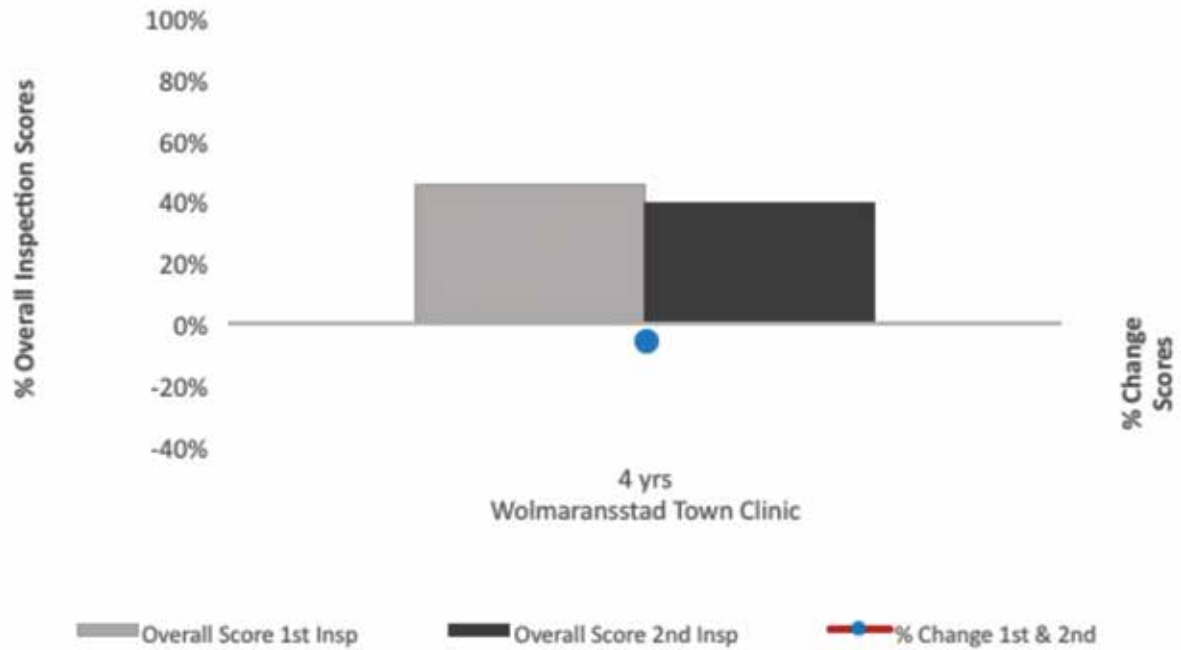


Figure 81: Overall inspection scores and percent score change of re-inspected clinics in Dr Kenneth Kaunda District Municipality.

Table 32: Calculated time lapse between 1st and subsequent inspection of clinics in Dr Kenneth Kaunda District Municipality.

| Facility | Inspection scores | | | Inspection Period | | |
|------------------------------|-------------------|--------|------------------|-------------------------|-------------------------|--------------------------|
| | First | Second | Change 1st & 2nd | Year (1 st) | Year (2 nd) | Time between (1st & 2nd) |
| nw Wolmaransstad Town Clinic | 45% | 39% | -6% | 2013 | 2017 | 4 yr 30 days |

One clinic was re-inspected after a 4-year lapse between first and second inspection showing a decline in scores.

Clinic Re-Inspections

NORTHERN CAPE PROVINCE

John Taolo Gaetsewe District Municipality

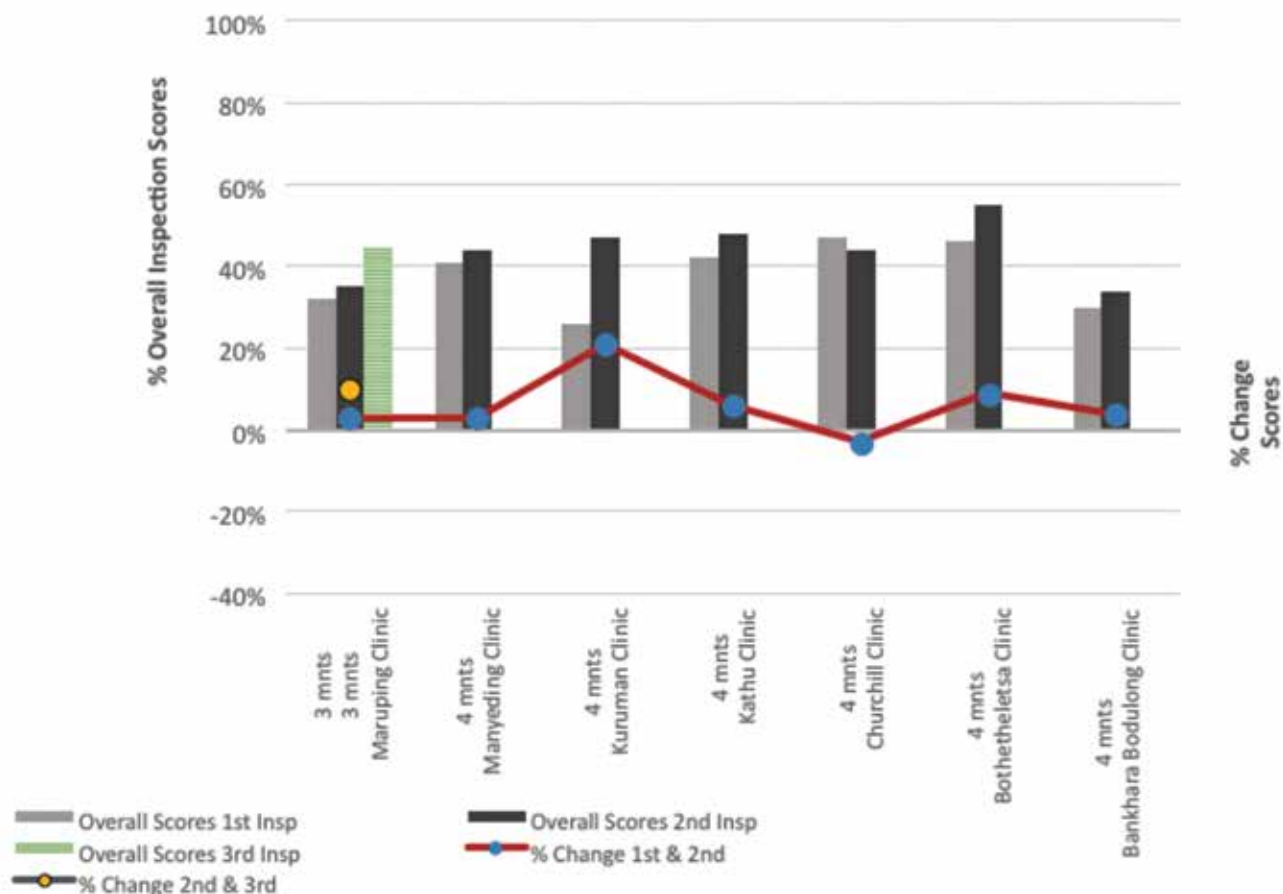


Figure 82: Overall inspection scores and percent score change of re-inspected clinics in John Taolo Gaetsewe District Municipality.

Table 33: Calculated time lapse between 1st and subsequent inspection of clinics in John Taolo Gaetsewe District Municipality.

| Facility | Inspection scores | | | | | Period of Inspections | | | | |
|-----------------------------|-------------------|--------|-------|------------------|------------------|-------------------------|-------------------------|-------------------------|--------------------------|--------------------------|
| | First | Second | Third | Change 1st & 2nd | Change 2nd & 3rd | Year (1 st) | Year (2 nd) | Year (3 rd) | Time between (1st & 2nd) | Time between (2nd & 3rd) |
| nc Maruping Clinic | 32% | 35% | 45% | +3% | +10% | 2015 | 2015 | 2016 | 3 mnts | 1 yr 4 mnts |
| nc Manyeding Clinic | 41% | 44% | - | +3% | - | 2016 | 2016 | - | 4 mnts | - |
| nc Kuruman Clinic | 26% | 47% | - | +21% | - | 2014 | 2016 | - | 2 yr 2 mnts | - |
| nc Kathu Clinic | 42% | 48% | - | +6% | - | 2016 | 2016 | - | 4 mnts | - |
| NC Churchill Clinic | 47% | 44% | - | -3% | - | 2016 | 2016 | - | 4 mnts | - |
| nc Bothetheletsa Clinic | 46% | 55% | - | +9% | - | 2016 | 2016 | - | 4 mnts | - |
| nc Bankhara Bodulong Clinic | 30% | 34% | - | +4% | - | 2016 | 2016 | - | 4 mnts | - |

Seven clinics were re-inspected. Five clinics within 4 months of which 4 improved and 1 clinic declined in scores. Maruping clinic was first inspected in 2015, re-inspected in 2015 and in 2016 and scores improved for both re-inspections. Kuruman Clinic was re-inspected after 2 years and improved significantly.

Namakwa District Municipality

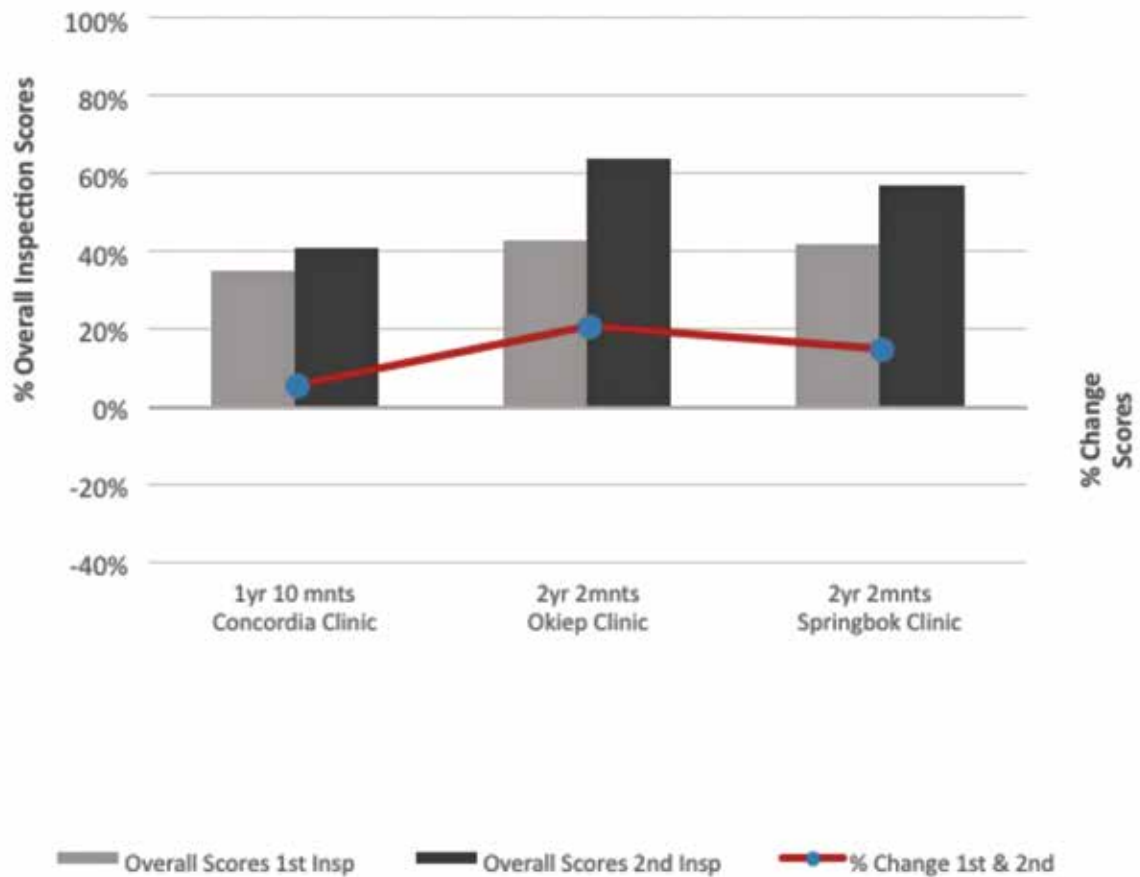


Figure 83: Overall inspection scores and percent score change of re-inspected clinics in Namakwa District Municipality.

Table 34: Calculated time lapse between 1st and subsequent inspection of clinics Namakwa District Municipality.

| Facility | Inspection scores | | | Period of inspections | | |
|---------------------|-------------------|--------|------------------|-------------------------|-------------------------|--------------------------|
| | First | Second | Change 1st & 2nd | Year (1 st) | Year (2 nd) | Time between (1st & 2nd) |
| nc Concordia Clinic | 35% | 41% | +6% | 2014 | 2016 | 1yr 10 mnts |
| nc Okiep Clinic | 43% | 64% | +21% | 2014 | 2017 | 2yr 2mnts |
| nc Springbok Clinic | 42% | 57% | +15% | 2014 | 2017 | 2yr 2mnts |

In Namakwa District Municipality, 3 clinics were re-inspected within 2 years with all 3 showing improvement.

Pixley ka Seme District Municipality

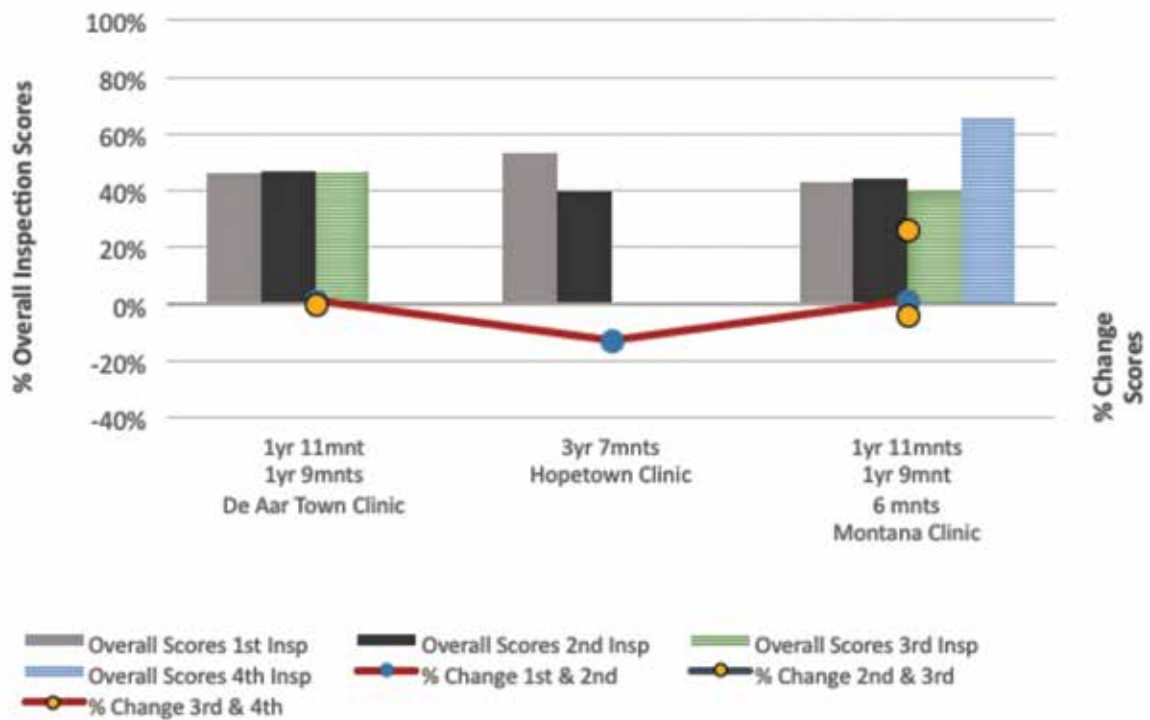


Figure 84: Overall inspection scores and percent score change of re-inspected clinics in Pixley ka Seme District Municipality.

Table 35: Calculated time lapse between 1st and subsequent inspection of clinics in Pixley ka Seme District Municipality.

| Facility | Inspection Scores | | | | | | | Period of Inspections | | | | | | |
|-----------------------|-------------------|--------|-------|--------|------------------|-----------------------|------------------|-----------------------|----------|----------|----------|--------------------------|--------------------------|--------------------------|
| | First | Second | Third | Fourth | Change 1st & 2nd | Change rate 2nd & 3rd | Change 3rd & 4th | Year 1st | Year 2nd | Year 3rd | Year 4th | Time between (1st & 2nd) | Time between (2nd & 3rd) | Time between (3rd & 4th) |
| nc De Aar Town Clinic | 46% | 47% | 47% | | +1% | 0% | | 2013 | 2015 | 2017 | | 1yr 9mnts | 1yr 11mnt | |
| nc Hopetown Clinic | 53% | 40% | | | -13% | | | 2012 | 2016 | | | 3yr 7mnts | | |
| nc Montana Clinic | 43% | 44% | 40% | 66% | +1% | -4% | +26% | 2012 | 2013 | 2015 | 2017 | 6 mnts | 1yr 9mnt | 1yr 11mnts |

Three clinics were re-inspected. De Aar town clinic was re-inspected twice within 2 years with the second re-inspection slightly improved and no change in the third re-inspection. Hopetown clinic was re-inspected within 4 years showing a decline in scores whereas Montana clinic was re-inspected three times with a slight increase, a decrease and a significant increase.

Clinic Re-Inspections

WESTERN CAPE PROVINCE

City of Cape Town Metropolitan Municipality

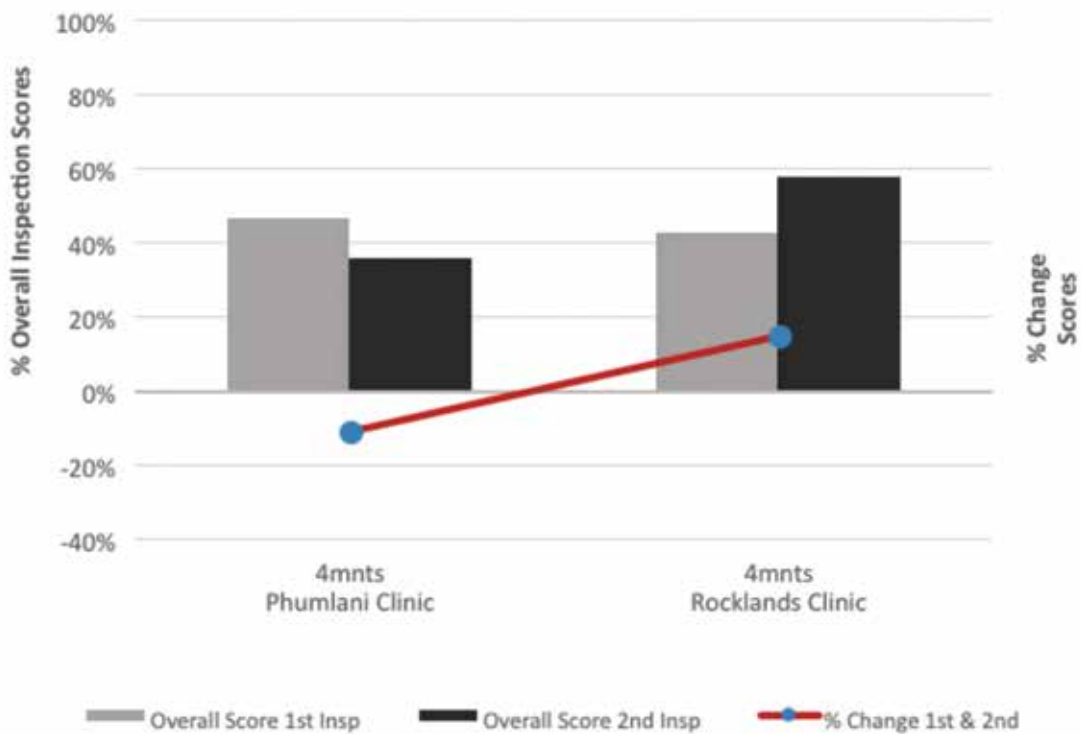


Figure 85: Overall inspection scores and percent score change of re-inspected clinics in City of Cape Town Metropolitan Municipality.

Table 36: Calculated time lapse between 1st and subsequent inspection of clinics in City of Cape Town Metropolitan Municipality.

| Facility | Inspection scores | | | Period of inspection | | |
|---------------------|-------------------|--------|------------------|-------------------------|-------------------------|--------------------------|
| | First | Second | Change 1st & 2nd | Year (1 st) | Year (2 nd) | Time between (1st & 2nd) |
| wc Phumlani Clinic | 47% | 36% | -11% | 2016 | 2017 | 4mnts |
| wc Rocklands Clinic | 43% | 58% | +15% | 2016 | 2017 | 4mnts |

Two clinics were re-inspected within 4 months with 1 clinic having improved and the other clinic score declined.

Overberg District Municipality

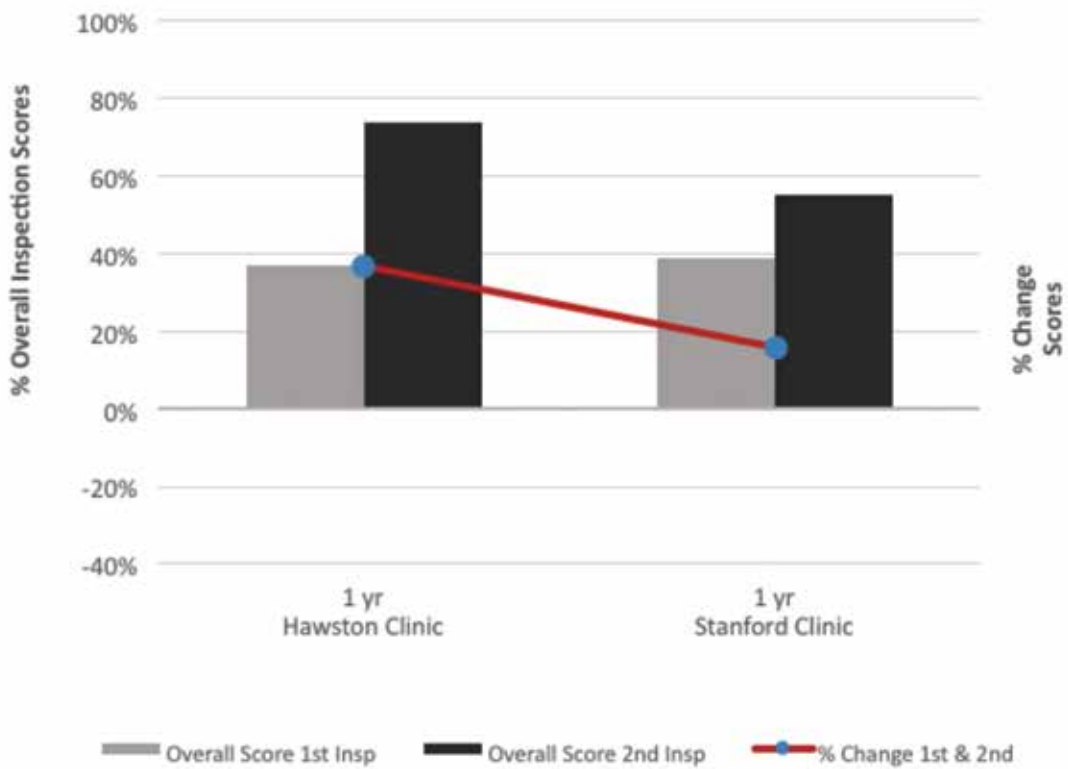


Figure 86: Overall inspection scores and percent score change of re-inspected clinics in Overberg District Municipality.

Table 37: Calculated time lapse between 1st and subsequent inspection of clinics in West Coast District Municipality.

| Facility | Inspection scores | | | Period of Inspections | | |
|--------------------|-------------------|--------|------------------|-----------------------|----------|--------------------------|
| | First | Second | Change 1st & 2nd | Year 1st | Year 2nd | Time between (1st & 2nd) |
| wc Hawston Clinic | 37% | 74% | +37% | 2015 | 2016 | 1 yr |
| wc Stanford Clinic | 39% | 55% | +16% | 2015 | 2016 | 1 yr |

Two clinics were re-inspected within a year of the first inspections with both clinics having improved.

West coast District Municipality

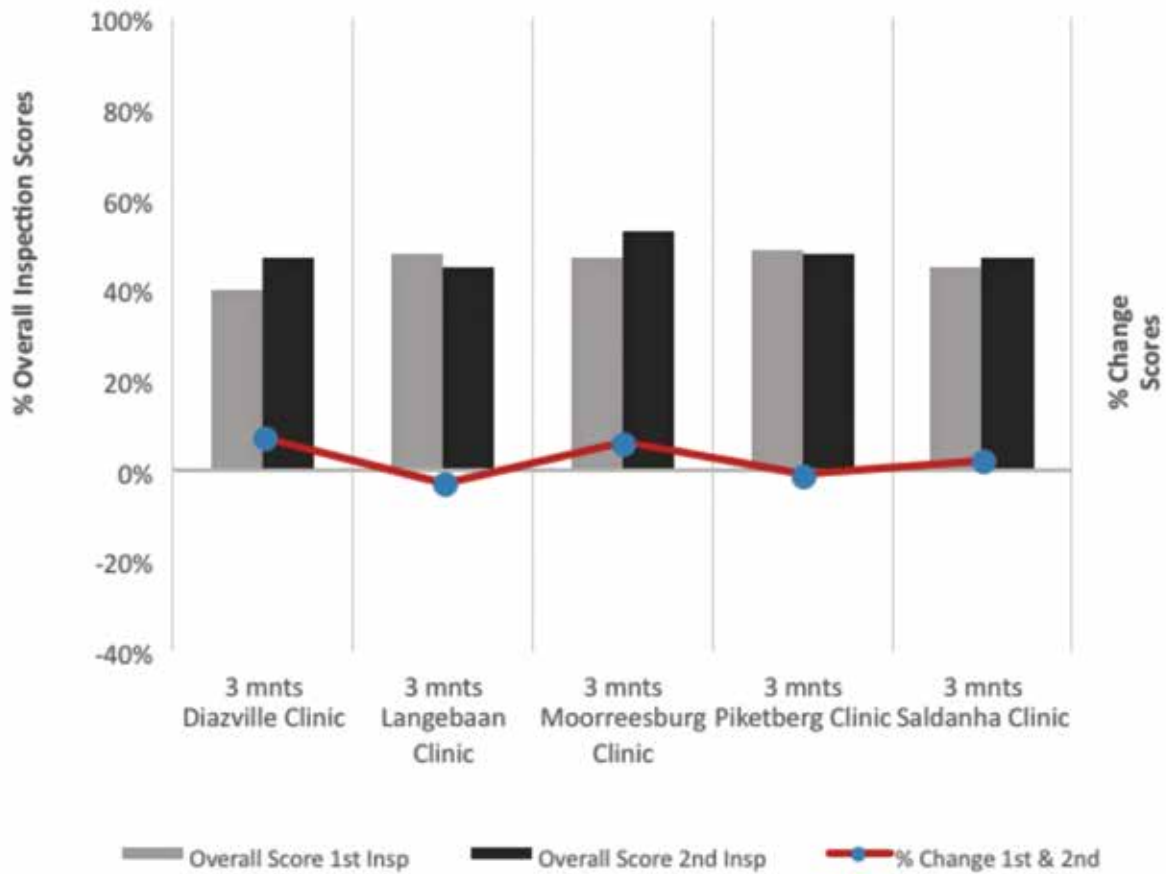


Figure 87: Overall inspection scores and percent score change of re-inspected clinics in West Coast District Municipality.

Table 38: Calculated time lapse between 1st and subsequent inspection of clinics in West Coast District Municipality.

| Facility | Inspection scores | | | Period of inspections | | |
|------------------------|-------------------|--------|------------------|-----------------------|----------|--------------------------|
| | First | Second | Change 1st & 2nd | Year 1st | Year 2nd | Time between (1st & 2nd) |
| wc Diazville Clinic | 40% | 47% | +7% | 2016 | 2016 | 3 mnts |
| wc Langebaan Clinic | 48% | 45% | -3% | 2016 | 2016 | 3 mnts |
| wc Moorreesburg Clinic | 47% | 53% | +6% | 2016 | 2016 | 3 mnts |
| wc Piketberg Clinic | 49% | 48% | -1% | 2016 | 2016 | 3 mnts |
| wc Saldanha Clinic | 45% | 47% | +2% | 2016 | 2016 | 3 mnts |

Five clinics were re-inspected within a 3 months period between the first and second inspections, 3 had improved scores while 2 had a decline.

EARLY WARNING SYSTEM INSPECTIONS



5. Early Warning System Inspections

In terms of section 79(1)(d) of the Act, the Office must monitor indicators of risk in respect of the Early Warning System (EWS). The purpose of the EWS is to ensure the timeous identification of risk in health establishments in order to prioritise inspections. Furthermore, in accordance with the procedural regulations pertaining to the functioning of the OHSC; an Inspector may conduct an additional inspection if there are reasonable grounds to believe that there are serious breaches of norms and standards by the health establishment based on the indicators of risk.

In responding to this mandate, the OHSC has identified various sources of information to profile all health establishments according to their risk level in order to prioritise inspections. In the financial year of 2016/17 the routine data (monthly) as submitted by the health establishments on the District Health Information System (DHIS) was used to identify health establishments on the basis of the performance on the set of indicators in comparison with similar facilities. A total number of 28 health establishments were inspected according to the different level of care that is, 13 Regional and 12 District Hospitals including 3 Community Health Centres. The outcome of these inspections is presented in this section for a sub-set of National Core Standards that are linked to the EWS.

Table 39: District Hospitals.

| DISTRICT HOSPITALS | | | | | | | | | | | | | |
|--------------------|--|-----------------------|-------------------------|-----------------------|----------------------------|-----------------------|---------------------|-----------------------|---------------------|---------------------|----------------------|--|--------------------------|
| | Standards related to the EWS | ec Bambisana Hospital | ec Empilisweni Hospital | lp WF Knobel Hospital | nw Nic Bodenstein Hospital | kz Northdale Hospital | mp Shongwe Hospital | mp Tintswalo Hospital | ec Maclear Hospital | lp Messina Hospital | lp Dilokong Hospital | nc Springbok (Dr Van Niekerk) Hospital | wc Eerste River Hospital |
| Patients Rights | 1.5.2 Waiting times for patients to access elective care are managed to improve efficiency in the delivery of healthcare | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| | 1.6.1 The management of emergency patients arriving at or referred from the health establishment preserves the quality of patient care | 24% | 77% | 33% | 33% | 41% | 47% | 36% | 31% | 28% | 41% | 40% | 97% |

The overall outcome of waiting times for elective procedures indicates that there was no monitoring in the 12 HEs throughout the provinces inspected during the reporting period as reflected by the score of zero percent. Waiting times for patients to access elective care need to be monitored in order to improve the efficiency in the delivery of health care in operating theatres. Processes guiding the handling of emergency cases are not in place which may result in unnecessary delays in receiving emergency patients and commencing appropriate care therefore putting the lives of patients at risk. Of the 12 HEs, 6 scored between 24 - 36% indicating inadequate or lack of documentation regarding the handover of emergency patients from EMS.

Table 40: District Hospitals.

| | | DISTRICT HOSPITALS | | | | | | | | | | | |
|--|---|-----------------------|-------------------------|-----------------------|----------------------------|-----------------------|---------------------|-----------------------|---------------------|---------------------|---------------------|--|--------------------------|
| Standards related to the EWS | | ec Bambisana Hospital | ec Empilisweni Hospital | lp WF Knobel Hospital | nw Nic Bodenstern Hospital | kz Northdale Hospital | mp Shongwe Hospital | mp Tintswalo Hospital | ec Maclear Hospital | lp Messina Hospital | lp Dlokong Hospital | nc Springbok (Dr Van Niekerk) Hospital | wc Eerste River Hospital |
| Domain 2: Patient Safety / Clinical Governance / Clinical Care | 2.1.1 The basic care and treatment of patients contributes to positive health outcomes | 69% | 82% | 62% | 90% | 97% | 53% | 40% | 39% | 55% | 61% | 58% | 97% |
| | 2.4.2 The care rendered to patients with special needs contributes to their recovery and well-being | 35% | 35% | 36% | 11% | 55% | 72% | 57% | 10% | 47% | 48% | 35% | 62% |
| | 2.4.3 Specific safety protocols are in place for patients undergoing high risk procedures | 49% | 69% | 52% | 64% | 83% | 68% | 56% | 43% | 67% | 60% | 65% | 72% |
| | 2.5.1 Adverse events are identified and promptly responded to reducing patient harm and suffering | 38% | 60% | 70% | 75% | 65% | 58% | 43% | 27% | 37% | 50% | 14% | 57% |
| | 2.5.2 Adverse events are analysed and managed in order to prevent recurrence and reduce patient harm | 27% | 9% | 0% | 36% | 55% | 27% | 0% | 0% | 18% | 0% | 0% | 9% |
| | 2.6.1 An Infection Prevention and Control Programme to reduce healthcare associated infections is implemented | 7% | 56% | 26% | 79% | 78% | 81% | 51% | 0% | 28% | 32% | 12% | 62% |
| | 2.6.3 Universal precautions are applied to prevent health care associated infections | 32% | 28% | 39% | 61% | 83% | 80% | 66% | 30% | 57% | 73% | 63% | 37% |

The HEs inspected showed 4 out of 12 achieved scores ranging from 82% - 97% indicating basic care and treatment was implemented in terms of Guidelines whereas 3 of the HEs scored 61% and 69%, 4 scoring between 40%-58% and 1 at 39% and hence compromising patient care. Lack of procedures and precautionary measures required for vulnerable patient with special needs puts patients at risk as demonstrated by 6 of 12 HEs scoring 10% - 36% with 2 of the 6 scoring 10% and 11%, 4 (four) scoring from 47% - 57% and 2 HEs with scores of 72% and 62% respectively. Lack of analysis of information on Adverse Event and Serious Adverse Event reports is inadequate in terms of managing gaps for preventing harm to vulnerable patients with 11 HEs scoring between 0%-36% with 5 at 0%, 2 at 9% and 4 at 18% - 36% on this standard with the exception of 1 HE which scored 55%.

In 6 of the 12 HEs inspected, Infection Prevention Control Programmes lacked evidence of implementation with the score ranging below 0%-32%. Lack of prompt response to Adverse Events and implementation of measures for reducing harm with 3 HEs scoring between 27%-38% and 1 at 14%.

Document review showed some of the following:

- (1) Incomplete clinical assessments in high risk maternity patients and lack of monitoring of morbidity and mortality statistics;
- (2) Absence of Emergency Resuscitation Policy;
- (3) Lack of evidence of safety measures implemented pre- and post-surgery; and
- (4) Admission procedure regarding 72 hour observation of mental health patients not implemented in terms of legislation and environment of care e.g appropriate, safe, secure accommodation.

Table 41: District Hospitals.

| DISTRICT HOSPITALS | | | | | | | | | | | | | |
|-------------------------------------|--|-----------------------|-------------------------|-----------------------|----------------------------|-----------------------|---------------------|-----------------------|---------------------|---------------------|---------------------|--|--------------------------|
| Standards related to the EWS | | ec Bambisana Hospital | ec Emplilsweni Hospital | lp WF Knobel Hospital | nw Nic Bodenstein Hospital | kz Northdale Hospital | mp Shongwe Hospital | mp Tintswalo Hospital | ec Maclear Hospital | lp Messina Hospital | lp Dlokong Hospital | nc Springbok (Dr Van Niekerk) Hospital | wc Eerste River Hospital |
| Domain 3: Clinical Support Services | 3.1.2 The provision of medicines and medical supplies (including disposables) supports the delivery of care | 69% | 60% | 55% | 54% | 91% | 43% | 67% | 36% | 86% | 70% | 70% | 68% |
| | 3.1.5 An effective pharmacovigilance and monitoring system ensures adverse drug reactions are reported and appropriate actions taken timeously | 0% | 0% | 40% | 60% | 100% | 0% | 0% | 0% | 40% | 40% | 0% | 60% |
| | 3.3.1 Accessible and effective blood and blood product services enhance patient management and outcomes | 25% | 53% | 17% | 8% | 97% | 50% | 38% | 21% | 31% | 6% | 33% | 25% |
| | 3.4.1 Medical equipment for safe and effective patient care is available and functional | 46% | 68% | 61% | 78% | 94% | 75% | 72% | 48% | 73% | 60% | 65% | 86% |

On availability of medicines and supplies 12 HEs inspected 8 scored between 60% - 91%, 3 scoring between 43% - 55% whereas 1 had lowest score of 36%. Lack of Stock Control Management Systems are contributory factors in non-availability of medicines and supplies in HEs. Monitoring system for medicine related adverse reactions have not been implemented in 6 of the 12 HEs with 3 scoring 40%, 2 at 60% and 1 Fully Compliant at 100%. Effective blood and blood product services were not accessible in 11 of the 12 HEs, with critical short comings in 11 HEs which scored 53% and below, notably 2 scoring critically low access to blood product of 6% and 8% respectively.

On document review the following were not in place:

- (1) Terms of agreement for medicine and medical supplies;
- (2) Delivery schedule;
- (3) Procedures for accessing medicines when the Pharmacy is closed; and
- (4) Procedures for monitoring Adverse Drug Reactions. **On observation** essential equipment was lacking such as diagnostic set, HB meter, paediatric laryngoscope and infusion pump.

Table 42: District Hospitals.

| DISTRICT HOSPITALS | | | | | | | | | | | | | |
|--|---|-----------------------|-------------------------|-----------------------|----------------------------|-----------------------|---------------------|-----------------------|---------------------|---------------------|--------------------|--|--------------------------|
| Standards related to the EWS | | ec Bambisana Hospital | ec Empilisweni Hospital | lp WF Knobel Hospital | nw Nic Bodenstein Hospital | kz Northdale Hospital | mp Shongwe Hospital | mp Tintswalo Hospital | ec Maclear Hospital | lp Messina Hospital | lp Dikong Hospital | nc Springbok (Dr Van Niekerk) Hospital | wc Eerste River Hospital |
| Domain 5: Leadership and Corporate Governance | 5.5.1 The senior managers are held accountable for implementing the service delivery objectives of the health establishment against the strategic and operational plans | 25% | 61% | 45% | 36% | 41% | 58% | 51% | 19% | 33% | 86% | 23% | 65% |

Vacant key management positions remain a serious challenge resulting in personnel acting for prolonged periods above their level of qualifications and experience, 6 of 12 HEs scored between 19% - 50%, 4 from 51% - 65% with the major impact on leadership and corporate governance with only 1 HE achieving 86% compliance.

On document review the following were noted:

- (1) personnel record incomplete due to job descriptions not in place and performance agreement not signed;
- (2) Important management positions vacant such as Finance and Human Resource; and
- (3) Operational plans not in place.

Table 43: District Hospitals.

| DISTRICT HOSPITALS | | | | | | | | | | | | | |
|----------------------------------|---|-----------------------|-------------------------|-----------------------|----------------------------|-----------------------|---------------------|-----------------------|---------------------|---------------------|----------------------|--|--------------------------|
| Standards related to the EWS | | ec Bambisana Hospital | ec Empilisweni Hospital | lp WF Knobel Hospital | nw Nic Bodenstern Hospital | kz Northdale Hospital | mp Shongwe Hospital | mp Tintswalo Hospital | ec Maclear Hospital | lp Messina Hospital | lp Dilokong Hospital | nc Springbok (Dr Van Niekerk) Hospital | wc Eerste River Hospital |
| Domain 6: Operational Management | 6.2.1 Staff health and welfare is actively promoted to improve working lives | 0% | 67% | 0% | 22% | 56% | 43% | 11% | 0% | 0% | 11% | 0% | 22% |
| | 6.2.2 Staff are protected from exposure to workplace hazards through effective Occupational Health and Safety systems | 54% | 11% | 88% | 100% | 100% | 61% | 63% | 0% | 89% | 84% | 63% | 46% |
| | 6.4.4 Efficient management of stock ensures that supplies meet planned service needs at all times | 17% | 58% | 42% | 42% | 92% | 50% | 90% | 50% | 42% | 50% | 8% | 92% |

Staff health and welfare programme lacking in 5 of 12 HEs scoring 0%, 5 scoring from 11% - 43% and 2 scoring 56% and 67% respectively with implications for staff satisfaction with working conditions. Of 12 HEs inspected 2 scored 0% - 11%, 3 scoring between 61% - 63%, 2 at score of 46% and 54% and 5 achieving 84% - 89% including 2 HEs achieving full compliance of 100% in relation to protecting staff from exposure to workplace hazards. Lack of efficient management of stock was noted with 2 HEs below acceptable levels of 17% and 8%, 7 scoring from 42% - 58% and 2 scoring 90% - 92%.

On document review some of the following documents were found not to be in place such as:

- (1) Reports of remedial actions in cases of incidents of harm to staff members; and
- (2) No measures in place to protect staff from exposure to work place hazards nor effective OHS systems, (3) Reports on EAP utilisation and EWP not available (4) Staff satisfaction surveys not conducted.

Table 44: District Hospitals.

| | | DISTRICT HOSPITALS | | | | | | | | | | | |
|---|--|-----------------------|-------------------------|-----------------------|----------------------------|-----------------------|---------------------|-----------------------|---------------------|---------------------|----------------------|--|--------------------------|
| Standards related to the EWS | | ec Bambisana Hospital | ec Empilisweni Hospital | lp WF Knobel Hospital | nw Nic Bodenstein Hospital | kz Northdale Hospital | mp Shongwe Hospital | mp Tintswalo Hospital | ec Maclear Hospital | lp Messina Hospital | lp Dilokong Hospital | nc Springbok (Dr Van Nlekerk) Hospital | wc Eerste River Hospital |
| Domain 7: Facilities and Infrastructure | 7.1.4 Buildings are maintained to provide safety and promote a positive image of the establishment | 0% | 0% | 0% | 30% | 50% | 0% | 0% | 0% | 20% | 30% | 0% | 60% |
| | 7.2.1 Electrical power / water / sewerage systems are functional and adequate for the needs of the establishment | 49% | 19% | 17% | 41% | 96% | 48% | 35% | 3% | 49% | 59% | 57% | 86% |
| | 7.3.1 People and property are actively protected to minimise safety and security risks | 58% | 20% | 72% | 30% | 42% | 52% | 60% | 1% | 70% | 56% | 13% | 71% |

Maintenance of building is still a serious concern due to lack of maintenance plans, follow up procedure for delays and appropriate action (e.g. broken windows, taps etc) as 7 HEs scored 0%, 3 at 20% - 30%, 2 at 50% and 60% respectively impacting on the positive image of the HEs for staff and service users and on intersectoral collaboration. Lack of piped or portable gas and suction in critical areas, as well as emergency power supply in the event of power disruption is noted as a serious concern impacting on emergency care, quality of care and positive image in 4 of the HEs which scored between 3% - 35%. Safety and security for protection and minimisation of risks in 4 HEs scored 1% - 30% and 12 scored 42% - 72% below due to lack of adequate security measures.

Document review showed the following:

- (1) No annual report on safety and maintenance;
- (2) Maintenance programme and monitoring of maintenance requisitions not reported; and
- (3) No monitoring or reporting of security incidents and breaches.

On observation of facility environment:

- (1) Exposed wires noted (warning signs not available); and
- (2) security and safety notices not displayed as required.

Table 45: Regional Hospitals.

| REGIONAL HOSPITALS | | | | | | | | | | | | | | |
|--------------------------|--|-----------------------------|-----------------------|----------------------|---------------------|--------------------------------------|--|----------------------|---------------------------|---------------------------|-----------------------|-----------------------|--------------------------------------|--|
| Standards by Risk | | ec Mthatha General Hospital | kz Ladysmith Hospital | gp Leratong Hospital | kz Stanger Hospital | fs Mofumahadi Manapo Mopeli Hospital | fs Metsimaholo Hospital / Fezi Ngubentombi | ec Frontier Hospital | NW Potchefstroom Hospital | GP Far East Rand Hospital | gp Pholohong Hospital | lp St Rita's Hospital | kz Prince Mshiyeni Memorial Hospital | Thelle Mogoerane Hospital (Natalispruit) |
| Domain 1: Patient Rights | 1.5.2 Waiting times for patients to access elective care are managed to improve efficiency in the delivery of healthcare | 0% | 0% | 0% | 0% | 0% | 0% | 100% | 0% | 0% | 100% | 0% | 0% | 0% |
| | 1.6.1 The management of emergency patients arriving at or referred from the health establishment preserves the quality of patient care | 78% | 84% | 93% | 97% | 40% | 37% | 99% | 100% | 100% | 71% | 21% | 60% | 81% |

Monitoring of waiting times for elective procedure is a serious challenge in regional hospitals with 11 of the 13 HEs scoring 0% and only 2 HEs achieving compliance score of 100%. Management policy for emergency patients referred to HEs were not in place for 2 HEs nor was the policy in place with regard to closure of HEs and diversion of ambulances and service users to alternative facilities with 3 HEs scoring from 21% - 40%.

Table 46: Regional Hospitals.

| | | REGIONAL HOSPITALS | | | | | | | | | | | | |
|--|---|-----------------------------|-----------------------|----------------------|---------------------|--------------------------------------|--|----------------------|---------------------------|---------------------------|-----------------------|-----------------------|--------------------------------------|---|
| Standards by Risk | | ec Mthatha General Hospital | kz Ladysmith Hospital | gp Leratong Hospital | kz Stanger Hospital | fs Mofumahadi Manapo Mapeli Hospital | fs Metsimaholo Hospital / Fezi Ngubentombi | ec Frontier Hospital | NW Potchefstroom Hospital | GP Far East Rand Hospital | gp Pholosong Hospital | lp St Rita's Hospital | kz Prince Mshiyeni Memorial Hospital | Thelle Mogoerane Hospital (Nataispruit) |
| Patient Safety / Clinical Governance / Clinical Care | 2.1.1 The basic care and treatment of patients contributes to positive health outcomes | 91% | 53% | 82% | 68% | 86% | 68% | 97% | 100% | 100% | 79% | 54% | 82% | 61% |
| | 2.4.2 The care rendered to patients with special needs contributes to their recovery and well-being | 49% | 62% | 79% | 85% | 24% | 32% | 61% | 85% | 63% | 72% | 32% | 83% | 58% |
| | 2.4.3 Specific safety protocols are in place for patients undergoing high risk procedures | 71% | 72% | 90% | 71% | 69% | 67% | 89% | 91% | 92% | 79% | 62% | 79% | 88% |
| | 2.5.1 Adverse events are identified and promptly responded to reducing patient harm and suffering | 82% | 85% | 68% | 48% | 37% | 32% | 58% | 98% | 67% | 40% | 41% | 46% | 62% |
| | 2.5.2 Adverse events are analysed and managed in order to prevent recurrence and reduce patient harm | 73% | 45% | 64% | 55% | 0% | 18% | 72% | 36% | 64% | 27% | 36% | 0% | 64% |
| | 2.6.1 An Infection Prevention and Control Programme to reduce healthcare associated infections is implemented | 44% | 65% | 84% | 88% | 65% | 6% | 59% | 81% | 84% | 32% | 82% | 81% | 72% |
| | 2.6.3 Universal precautions are applied to prevent health care associated infections | 37% | 58% | 79% | 80% | 76% | 41% | 53% | 71% | 86% | 71% | 47% | 77% | 67% |

It is noted all HEs scored above 50% in basic care and treatment of patients that contributes to positive clinical outcomes with gaps identified in clinical assessments that are not comprehensive, in line with guidelines thus compromising care. The care provided for patients with special needs was inadequate in 3 of the HEs, 1 HE scored the lowest at 24% and 2 HEs at 32%. Two (2) HEs scored 49% and 58% respectively, 5 HEs scored between 61% and 79%, whereas 3 HEs scored in the range of 83%-85%.

All 13 HEs scored 62% and above on protocols to safeguard patients undergoing high risk procedures, incomplete records were found to be the common gap in the HEs. Adverse events reporting was found to be inadequate in 2 HEs which scored 37% and 32% respectively. Five (5) HEs scored in the range of 40%-58%, whereas 3 HEs scored between 62% and 68%. The 3 HEs which were found to have adequate adverse events reporting systems in place, scored between 82% - 98%. The analysis of adverse events reports to manage the identified gaps was found lacking in 3 HEs, with 2 scoring 0% and 1 at 18%. Three (3) HEs were found not to be managing adverse events adequately, 1 scoring 27% and 2 scoring 36%. IPC programme was lacking with 2 HEs scoring 6% and 32% respectively. Five (5) HEs scored between 44% - 72%, whereas 6 of the HEs had adequate IPC programme in place scoring between 81% - 88%. The application of universal precautions was inadequate in 1 HE at 37%. Four (4) HEs scored between 41% and 58%, whereas 8 HEs scored between 67% - 86%.

Document review showed the following:

- (1) Procedure for the care of terminally ill not available;
- (2) Procedure for conducting and acting on risk;
- (3) procedures on assessments of frail, patients with reduced mobility and aged patients not available;
- (4) Adverse events policy not in place; and
- (5) Infection control policy was not reviewed according to the date stipulated.

On observations of clinical areas:

- (1) no isolation accommodation for viral hemorrhagic disease;
- (2) Sharps were not safely managed e.g. recapping observed;
- (3) Security measures not adequate to safe guard new-borns; and
- (4) Specific precautions to prevent harm not in place, such as covers on power point.

On Staff interviews some staff member were not knowledgeable about adverse events.

Table 47: Regional Hospitals.

| REGIONAL HOSPITAL | | | | | | | | | | | | | | |
|--|--|-----------------------|----------------------|---------------------|--------------------------------------|--|----------------------|---------------------------|---------------------------|-----------------------|-----------------------|--------------------------------------|---|-----|
| Standards by Risk | ec Mthatha General Hospital | kz Ladysmith Hospital | gp Leratong Hospital | kz Stanger Hospital | fs Mofumahadi Manapo Mopeli Hospital | fs Metsimaholo Hospital / Fezi Ngubentombi | ec Frontier Hospital | NW Potchefstroom Hospital | GP Far East Rand Hospital | gp Pholosong Hospital | lp St Rifa's Hospital | kz Prince Mshiyeni Memorial Hospital | Thelle Mogoerane Hospital (Nataispruit) | |
| Domain 3: Clinical Support Services | 3.1.2 The provision of medicines and medical supplies (including disposables) supports the delivery of care | TBC | 40% | 64% | 80% | 49% | 80% | 56% | 69% | 97% | 89% | 26% | 64% | 84% |
| | 3.1.5 An effective pharmacovigilance and monitoring system ensures adverse drug reactions are reported and appropriate actions taken timeously | 0% | 40% | 100% | 0% | 0% | 40% | 100% | 100% | 100% | 40% | 40% | 40% | 40% |
| | 3.3.1 Accessible and effective blood and blood product services enhance patient management and outcomes | 33% | 54% | 41% | 54% | 50% | 58% | 100% | 94% | 100% | 29% | 38% | 67% | 70% |
| | 3.4.1 Medical equipment for safe and effective patient care is available and functional | 82% | 83% | 90% | 87% | 86% | 76% | 90% | 94% | 95% | 81% | 74% | 92% | 91% |

Document review showed the following

- (1) SOP indicating how health care professional can access medicines when pharmacy;
- (2) A document outlining the terms of agreement for the supply of medical supplies is not available; and
- (3) SOP for monitoring of adverse drug reactions not available (4) Adverse blood reactions are not documented nor reported.

Observations of clinical areas

- (1) No Locked emergency cupboards for supply of medicines;
- (2) Some tracer medicines not all are available such as morphine injection; and
- (3) Some tracer medical supplies not all are available such as dressing packs.

On staff interview, some interviewed staff members not knowledgeable on the maintenance of cold chain for blood.

Table 48: Regional hospitals.

| | | REGIONAL HOSPITALS | | | | | | | | | | | | |
|--|---|-----------------------------|-----------------------|----------------------|---------------------|--------------------------------------|--|----------------------|---------------------------|---------------------------|-------------------------|-----------------------|--------------------------------------|---|
| Standards by Risk | | ec Mthatha General Hospital | kz Ladysmith Hospital | gp Leratong Hospital | kz Stanger Hospital | fs Mofumahadi Manapo Mapele Hospital | fs Metsimaholo Hospital / Fezi Ngubentombi | ec Frontier Hospital | NW Potchefstroom Hospital | GP Far East Rand Hospital | gp Phololosong Hospital | lp St Rita's Hospital | kz Prince Mshiyeni Memorial Hospital | Thelle Mogoerane Hospital (Nataispruit) |
| Domain 5: Leadership and Corporate Governance | 5.5.1 The senior managers are held accountable for implementing the service delivery objectives of the health establishment against the strategic and operational plans | 66% | 81% | 79% | 85% | 35% | 31% | 100% | 85% | 53% | 47% | 7% | 20% | 47% |

Lack of leadership demonstrated in 1 HE that scored 7% and inadequate leadership in 3 HEs with scores between 20%-35%. Three (3) HEs scored between 47% - 53%, 2 HEs scored 66% and 79% respectively, and 4 HEs scoring between 81% - 100%.

Document review showed the following:

- (1) some managers posts not filled, e.g. Head of Clinical Management;
- (2) No job descriptions for some managers; and
- (3) Performance agreement not aligned to strategic and operational plans.

Table 49: Regional Hospitals.

| | | REGIONAL HOSPITALS | | | | | | | | | | | | | |
|----------------------------------|---|-----------------------------|-----------------------|----------------------|---------------------|--------------------------------------|--|----------------------|---------------------------|---------------------------|-----------------------|-----------------------|--------------------------------------|---|--|
| Standards by Risk | | ec Mthatha General Hospital | kz Ladysmith Hospital | gp Leratong Hospital | kz Stanger Hospital | fs Mofumahadi Manapo Mopeli Hospital | fs Meisimaholo Hospital / Fezi Ngubentombi | ec Frontier Hospital | NW Potchefstroom Hospital | GP Far East Rand Hospital | gp Pholosong Hospital | lp St Rita's Hospital | kz Prince Mshiyeni Memorial Hospital | Theille Mogoerane Hospital (Nataalspruit) | |
| Domain 6: Operational Management | 6.2.1 Staff health and welfare is actively promoted to improve working lives | 33% | 56% | 33% | 89% | 0% | 0% | 33% | 78% | 44% | 0% | 0% | 22% | 33% | |
| | 6.2.2 Staff are protected from exposure to workplace hazards through effective Occupational Health and Safety systems | 12% | 73% | 74% | 100% | 78% | 29% | 88% | 80% | 84% | 30% | 20% | 100% | 59% | |
| | 6.4.4 Efficient management of stock ensures that supplies meet planned service needs at all times | 83% | 50% | 42% | 67% | 42% | 67% | 40% | 58% | 58% | 75% | 75% | 42% | 42% | |

Staff wellness programme was found not in place in 4 HEs at 0%, the programme was inadequate in 5 HEs with 1 scoring 22%, and 4 at 33%. 2 HEs scored between 44% and 56%, whereas 2 managed to achieve 89% and 78% respectively. Measures to protect staff from workplace hazards were lacking in 1 HE with score of 12%, 3 with inadequate measure scoring between 20% - 30%. Three (3) HEs scored between 73% - 78%, whereas 5 scored in the range of 80% -100%. Stock control systems in place but inadequate in 8 HEs, scoring between 40% - 58%. Two (2) HEs scored 67%, 2 at 75% and 1 at 83%.

Document review showed the following:

- (1) Reports on remedial actions in the event of incident of harm to staff members were not available, zero reporting not done;
- (2) Report of staff satisfaction survey not available;
- (3) Evidence of staff utilisation of EAP not in place;
- (4) Evidence that measures to prevent incidents of harm to staff are in place not available;
- (5) There was no evidence of medical examinations performed on workers exposed to potential occupational hazards
- (6) Health risk assessment not done; and
- (7) Evidence that medical examinations for staff exposed to occupational hazards not available.

Table 50: Regional Hospitals.

| | | REGIONAL HOSPITAL | | | | | | | | | | | | |
|---|--|-----------------------------|-----------------------|----------------------|---------------------|--------------------------------------|--|----------------------|---------------------------|---------------------------|-----------------------|-----------------------|--------------------------------------|---|
| Standards by Risk | | ec Mthatha General Hospital | kz Ladysmith Hospital | gp Leratong Hospital | kz Stanger Hospital | fs Mofumahadi Manapo Mopeli Hospital | fs Metsimaholo Hospital / Fezi Ngubentombi | ec Frontier Hospital | NW Potchefstroom Hospital | GP Far East Rand Hospital | gp Pholosong Hospital | lp St Rita's Hospital | kz Prince Mshiyeni Memorial Hospital | Thelle Mogoerane Hospital (Nataispruit) |
| Domain 7: Facilities and Infrastructure | 7.1.4 Buildings are maintained to provide safety and promote a positive image of the establishment | 30% | 70% | 40% | 0% | 70% | 20% | 20% | 70% | 50% | 50% | 20% | 70% | 70% |
| | 7.2.1 Electrical power / water / sewerage systems are functional and adequate for the needs of the establishment | 75% | 80% | 29% | 68% | 62% | 77% | 85% | 84% | 85% | 68% | 52% | 52% | 80% |
| | 7.3.1 People and property are actively protected to minimise safety and security risks | 52% | 70% | 65% | 59% | 30% | 33% | 52% | 74% | 76% | 68% | 33% | 75% | 91% |

Maintenance of buildings to promote safety was not in place in 1 HE at 0%. Four (4) HEs were found to have inadequate maintenance programme, with 3 at 20% and 1 scoring 30%. One (1) HE scored 40%, with 2 at 50%, whereas 4 scored 70%. One (1) HE was found to have inadequate electrical system for the needs of the HE, scoring 29%. Two (2) HEs scored 52%, 5 scored in the range between 62%-75% whereas 5 scored between 80% - 85%. Safety of users and property inadequate in 3 HEs, 1 at 30% and 2 at 33%. Two (2) HEs scored 52%, 7 HEs scores ranged between 59% and 75%, whereas 1 HE achieved 91%.

Document reviewed showed the following:

- (1) Maintenance plan not available;
- (2) Repair requisitions not monitored monthly;
- (3) safety hazards report not available;
- (4) Up-to-date layout plan of all electrical/ mechanical/ sewerage reticulation not in place;
- (5) There is no documented evidence to show availability of power supply in the event of power disruption;
- (6) Security policy not available; and
- (7) Fire certificate for the health establishment was not available.

On observations, the following were noted:

- (1) collapsing ceilings and loose electrical wires;
- (2) System to provide medical gas is not available in all clinical areas, some points are not ready for use;
- (3) System for piped suction is not available in all clinical points; and
- (4) Safety and security notices not displayed.

Community Health Centres

Table 51: Community Health Centres.

| COMMUNITY HEALTH CENTRES | | | | |
|--------------------------|--|----------------|-------------------------------|------------------|
| | Standards by Risk | Ip Makhado CHC | nc Douglas (Hester Malan) CHC | nc Warrenton CHC |
| Domain 1: Patient Rights | 1.6.1 The management of emergency patients arriving at or referred from the health establishment preserves the quality of patient care | 65% | 39% | 57% |

The management of emergency patients was found to be compromised in 1 HE with score of 39%. Two (2) HEs scored 57% and 65% respectively.

Documentation review showed the following:

- (1) Procedure emphasising speedy handover time to hospital staff not in place;
- (2) Correct handover procedure was not followed by the EMS and health establishment staff, e.g. times of handover and arrival were not record; and
- (3) Guidelines regarding examination and stabilisation have not been adhered to, e.g. no evidence that the patient was triaged.

Table 52: Community Health Centres.

| COMMUNITY HEALTH CENTRES | | | | |
|--|---|----------------|-------------------------------|------------------|
| Standards by Risk | | Ip Makhado CHC | nc Douglas (Hester Malan) CHC | nc Warrenton CHC |
| Domain 2: Patient Safety / Clinical Governance / Clinical Care | 2.1.1 The basic care and treatment of patients contributes to positive health outcomes | 48% | 47% | 58% |
| | 2.4.2 The care rendered to patients with special needs contributes to their recovery and well-being | 39% | 0% | 49% |
| | 2.4.3 Specific safety protocols are in place for patients undergoing high risk procedures | 52% | 54% | 49% |
| | 2.5.1 Adverse events are identified and promptly responded to reducing patient harm and suffering | 0% | 23% | 62% |
| | 2.5.2 Adverse events are analysed and managed in order to prevent recurrence and reduce patient harm | 0% | 100% | 0% |
| | 2.6.1 An Infection Prevention and Control Programme to reduce healthcare associated infections is implemented | 15% | 40% | 48% |
| | 2.6.3 Universal precautions are applied to prevent health care associated infections | 28% | 54% | 49% |

The basic care and treatment of patients was found to be in line with guidelines, with some gaps identified in the completeness of patients' records with scores ranging between 47%-58% in all 3 inspected HEs. The care for patients with special needs was lacking in 1 HE at 0% and was found to be inadequate in 1 HE at 39%, whereas the highest score was 49%. The outcome on safety protocols in relation to high risk procedure ranged between 49% - 54% due to the notable unpreparedness for emergency cases. Adverse events reporting was not done in 1 HE with 0%, reporting inadequate in 1 at 23% and 1 at 62%. Analysis of AE report to manage gaps identified not done in 2 HEs scoring 0%, 1 achieving 100%. Lack of IPC programme in 1 HE at 15% and implementation thereof lacking in 2 HEs scoring 40% and 48%.

Document review showed the following:

- (1) Evidence of perinatal morbidity and mortality not available;
- (2) Initial assessments of high risk maternity patients incomplete e.g. foetal heart not recorded 1/2 hourly;
- (3) The establishment has a formal policy for handling emergency resuscitations;
- (4) Protocol regarding safe administration of medicine to children not available;
- (5) No system for reporting adverse events;
- (6) No procedure to support staff affected by adverse events; and
- (7) Infection control policy not available.

On observation:

- (1) Emergency trolley not checked daily nor appropriately stocked, e.g. no glucometer, no paediatric Magill forceps, no paediatric Ambu-bag, paediatric tracheal tube not available.

On staff interviews; some of the staff member interviewed were not knowledgeable on adverse event.

Table 53: Community Health Centres.

| COMMUNITY HEALTH CENTRES | | | | |
|---|--|-------------------|-------------------------------------|---------------------|
| Standards by Risk | | Ip Makhado CHC | nc Douglas (Hester Malan) CHC | nc Warrenton CHC |
| Domain 3: Clinical Support Services | 3.1.2 The provision of medicines and medical supplies (including disposables) supports the delivery of care | 43% | 85% | 43% |
| | 3.1.5 An effective pharmacovigilance and monitoring system ensures adverse drug reactions are reported and appropriate actions taken timeously | 0% | 100% | 0% |
| | 3.4.1 Medical equipment for safe and effective patient care is available and functional | 70% | 87% | 78% |

The Supply of medicine was found to be insufficient in 2 HEs, both scoring 43% and 1 achieving 85%. In 2 out of 3 HEs there was no system in place for monitoring of adverse drug reactions scoring 0%, whereas 1 achieved 100% compliance. It is noted that in the availability of medical equipment for safe and effective care the 3 HEs scored between 70 - 87%.

Document review showed the following;

- (1) Delivery schedule for medicine and medical supplies was not available;
- (2) Procedure in which health care professionals access medicines when pharmacy is closed was not available; and
- (3) SOP for monitoring adverse drug reaction was not available.

On observation, some of the following items not available:

- (1) 5ml syringes and tegaderm;
- (2) tracer medicines e.g. Paracetamol and Vitamin A; and
- (3) Functional essential equipment such as Tracheostomy set and IV cut down set.

Table 54: Community Health Centres.

| COMMUNITY HEALTH CENTRE | | | | |
|--|---|-------------------|-------------------------------------|----------------------|
| | Standards by Risk | Ip Makhado CHC | nc Douglas (Hester Malan) CHC | nc Wairrenton CHC |
| Domain 6: Operational Management | 6.2.1 Staff health and welfare is actively promoted to improve working lives | 0% | 0% | 0% |
| | 6.2.2 Staff are protected from exposure to workplace hazards through effective Occupational Health and Safety systems | 50% | 0% | 0% |
| | 6.4.4 Efficient management of stock ensures that supplies meet planned service needs at all times | 0% | 33% | 0% |

Staff Wellness programme not in place in all 3 HEs scoring 0%, protection of staff from workplace hazard lacking in 2 HEs at 0%, 1 with score of 50%. Management of stock was found to be inefficient in all 3 HEs, with 2 scoring 0% and 1 at 33%.

Document review showed the following:

- (1) No evidence that staff participate in planned initiatives of employee wellness programme;
- (2) No evidence of medical examination for all health care workers who are exposed to potential hazards; and
- (3) Stock control systems and records of stock take for medicines and medical supplies not in place.

Table 55: Community Health Centres.

| COMMUNITY HEALTH CENTRE | | | | |
|---|--|----------------|--------------------------------|------------------|
| | Standards by Risk | Ip Makhado CHC | nc Douglas (Hester Matlan) CHC | nc Warrenton CHC |
| Domain 7: Facilities and Infrastructure | 7.1.4 Buildings are maintained to provide safety and promote a positive image of the establishment | 0% | 100% | 100% |
| | 7.2.1 Electrical power / water / sewerage systems are functional and adequate for the needs of the establishment | 23% | 56% | 65% |
| | 7.3.1 People and property are actively protected to minimise safety and security risks | 59% | 24% | 12% |

Maintenance of building and electrical systems were inadequate in 1 HE which scored 0%. Building engineering services were found to be inadequate for the HE needs in 1 HE at 23%, with the other 2 HEs scoring 56% and 65% respectively, the protection of people and properties was lacking in 1 HE at 12%, and inadequate in HE at 24% and the highest score achieved at 59%.

Document review showed the following:

- (1) Layout plan of all electrical mechanical, water, sewerage not available;
- (2) There was no documented evidence of emergency supply of power; and
- (3) Fire certificate for the health establishment not available.

On observation, the following were noted:

- (1) loose electrical wires;
- (2) Safety and security notices not displayed;
- (3) No functional system to supply piped medical gas to all clinical areas; and
- (4) No functional system to supply piped suction/vacuum.

6

DISTRICTS SUMMARY



6. Districts Summary

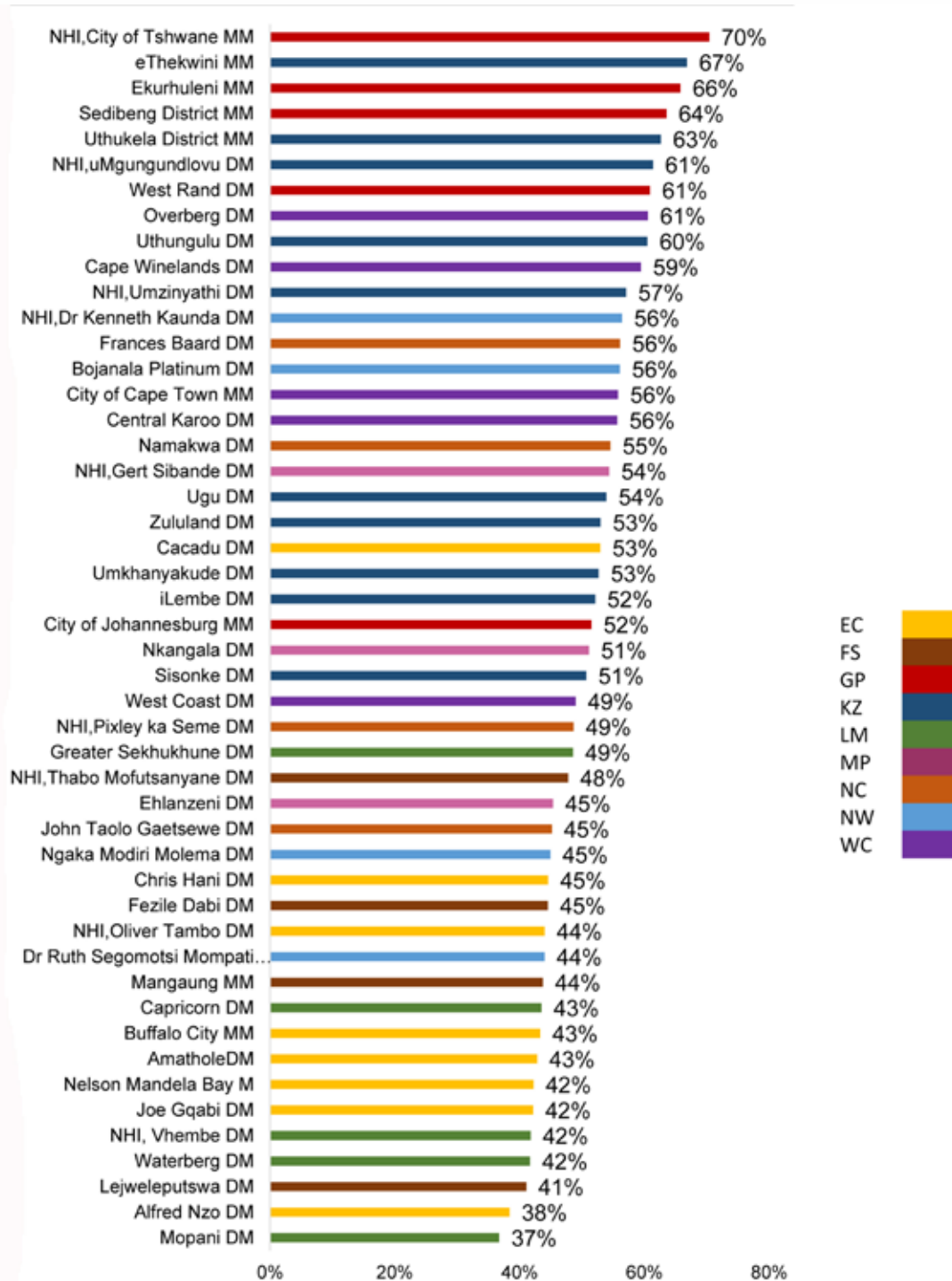


Figure 88: Average Performance score by district.

The above figure illustrates that a total of 48 of 52 districts were inspected during the 2016/17 financial year. Of these, 8 of 11 NHI pilot site districts were inspected. The total number of HEs inspected varied significantly across the districts as indicated in Table 1. Therefore, the average inspection performance score analysis for each district should take this into consideration. The lowest average performance score for NHI pilot districts was for Vhembe District at 42% while the highest was for Tshwane District at 70%. A total of 4 NHI pilot districts namely: Vhembe, OR Tambo, Thabo Mofutsanyane, and Pixley ka Seme had a performance score of less than 50% which is non-compliant. Meanwhile, the other four NHI pilot districts namely: Gert Sibande, Dr Kenneth Kaunda, uMzinyathi, Umgungundlovu and Tshwane had a performance score above 50%. In general, the performance scores for NHI pilot were not significantly different from those of non NHI pilot districts.

CONCLUSION AND RECOMMENDATIONS



7. Conclusion and Recommendations:

- The inspections conducted in 851 facilities in 2016/17 in the public health sector revealed several areas with deficiencies to be attended by management at various levels in order to improve the quality of care and safety of the users of health establishments:
 - a. Leadership and management, including operational management, was poor or lacking leaving subordinates without the required level of supervision, knowledge, competency and support from senior staff including clinical professionals. Governance structures in the greater number of HEs were not available impacting negatively on leadership' where Governance structures were in place there was no evidence that they provided oversight to ensure quality care, accountability and good management.
 - b. Minimal to lack of supportive supervision by competent qualified senior staff for both clinical care and non-clinical services, affected the lower ranks with regard to performance of service delivery and clinical audits that was lacking across the HEs (risk management, safety and security, infection control) including work performance of levels of staff in areas of cleanliness, hygiene, maintenance of equipment, grounds and facilities.
 - c. Operational management including human resource management and development, staff welfare and wellness and financial management, supply chain and medical records were mostly non-compliant with major implications for quality care and service delivery.
 - d. HEs found to be non-compliant in specific measures possibly due to lack of competence and inadequate supportive supervision from relevant authorities in terms of policies, protocols, SOPs and guidelines
 - e. The HEs scores show that improvement work has not been implemented following the presentation and release of findings to the management structure of the HEs in order to close the gaps to reach compliance with the standards on re-inspection.
 - f. It is essential that other HEs in all provinces are proactive if the work of the OHSC team is to contribute to the improvement of quality care and service delivery to rectify the situation where the majority of the HEs performed below 40% including the level of primary health care.
 - g. The poor compliance and large variation in scores for some measures seem to reflect inadequate documentation of the collection, collation, analysis and reporting of incidents.
 - h. There was generally poor knowledge on adverse events and disaster management including risk management at clinic level which may be due to inadequate leadership, governance and implementation of policies and procedures.
 - i. Clinics with no Operational Managers- Affect decision making, stability, continuity and implementation of programmes
 - j. Clinics with Acting Operational Manager/CEOs had no appointment letters and thus no clear delegations of authority to make decisions. Some acting Operational Managers were rotated frequently to avoid payment of acting allowance and as such continuity and stability of the clinic affected.
 - k. Lack of staff in clinics and Operational Managers not able to focus on managerial responsibilities due to other expectations such as service provision

Re-inspections done within a six months interval

Minimal improvement was noted during re-inspections, identified challenges amongst others could be due to the following:

- Infrastructure changes are dependent on budget availability and could take time to be implemented in health establishments.
- Policy development is a lengthy process that involves several consultations could therefore take time to implement.
- Quality Improvement Plans need adequate time to be implemented and with constant monitoring and monitoring. Due to these facts approach to re-inspections will be reviewed.
- Lengthy time-lapsed between inspection and re-inspection.

In general, most HEs inspected did not have the following documentation:

- Disaster plans for clinics and hospitals;
- Operational plans particularly clinics including rural clinics;
- Fire certificates for clinics and hospitals;
- Policy for storage, removal and transportation of corpses not available in HEs, mainly hospitals;
- Infection Prevention and Control Policy for clinics and hospitals;
- Referral policy across all levels of HEs;
- Adverse events policy particularly in clinics;
- Emergency resuscitation policy across all levels; and
- Policy on contract management processes was not available in the majority of HEs.

Limitations during Inspections conducted:

1. Access

- There were challenges beyond the control of Inspectors during the visits to provinces which resulted in cancellation of inspections and/or delays.
- Unfavourable weather conditions such as floods.
- Unpredicted rocky gravel roads in rural areas which were not drivable resulting in delays.

2. Factors that affected Quality

- Budget constraints in health establishments led to unavailability of resources like human resource, equipment, and material.
- Minimal to lack of leadership and oversight.
- Unavailability of running water in rural areas which compromised adherence to infection control principles.

APPENDIX A

LIST OF HEALTH ESTABLISHMENTS AND OVERALL PERFORMANCE SCORE



APPENDIX A: List of Health Establishments and Overall Performance Score

(* Some HEs were inspected more than once and it is indicated as re-inspections)

Eastern Cape

| Facility Name | Score |
|--------------------------------------|-------|
| ec Frontier Hospital | 71% |
| ec Ncera Clinic | 67% |
| ec Port Alfred Hospital | 67% |
| ec Twee Riviere Clinic | 64% |
| ec Mthatha General Hospital | 63% |
| ec Fort Malan Clinic | 62% |
| ec Tarkastad Clinic | 61% |
| ec Zenethemba Clinic | 61% |
| ec Clarkson Clinic | 60% |
| ec Hlankomo Clinic | 60% |
| ec New Brighton (Empilweni) Clinic | 60% |
| ec Ntafufu Clinic | 60% |
| ec Gxwederha Clinic | 59% |
| ec Eureka Clinic | 59% |
| ec Kuyasa Clinic | 58% |
| ec Newlands Clinic | 58% |
| ec Qwidlana Clinic | 58% |
| ec Kleinbulhoek Clinic | 57% |
| ec Masele Clinic | 56% |
| ec Queen Noti Clinic | 56% |
| ec Zikhova Clinic | 56% |
| ec Kamastone Clinic | 56% |
| ec Hlangalane Clinic (Re-Inspection) | 55% |
| ec Mpoza Clinic (Mount Frere) | 55% |
| ec Mxhelo Clinic | 55% |
| ec Pirie Clinic | 55% |
| ec Butterworth Gateway Clinic | 54% |
| ec Kohlo Clinic | 54% |
| ec Xume Clinic | 54% |
| ec Hilton Clinic | 53% |
| ec Misgund Clinic | 52% |
| ec Manzimahle Clinic | 51% |
| ec Mncotsho Clinic | 51% |
| ec Qandu Clinic | 51% |
| ec Qoqodala Clinic | 51% |
| ec Thozamile Madakana Clinic | 51% |

| | |
|---------------------------------------|-----|
| ec Bambisana Hospital (Re-Inspection) | 50% |
| ec Gelvandale Clinic | 50% |
| ec Louterwater Clinic | 50% |
| ec Ngxaza Clinic | 50% |
| ec Philani Clinic (Queenstown) | 50% |
| ec Bhisho Hospital | 49% |
| ec Booyens Park Clinic | 49% |
| ec Mqanduli CHC | 49% |
| ec Openshaw Clinic | 49% |
| ec Didimana Clinic | 49% |
| ec Bhisho Gateway Clinic | 48% |
| ec Gardens Clinic | 48% |
| ec Tembelihle Clinic | 48% |
| ec Upper Lafuta Clinic | 48% |
| ec Empilisweni Hospital | 48% |
| ec Algoa Park Clinic | 47% |
| ec Katkop Clinic | 47% |
| ec Krakeel Clinic | 47% |
| ec Motherwell NU 8 Clinic | 47% |
| ec Needs Camp Clinic | 47% |
| ec Sanddrif Clinic | 47% |
| ec Welcomewood Clinic | 47% |
| ec Wells Estate Clinic | 47% |
| ec Maletswai Clinic | 47% |
| ec Butterworth Hospital | 46% |
| ec New Brighton Clinic | 46% |
| ec Njwaxa Clinic | 46% |
| ec Nqabara Clinic | 46% |
| ec Qamata Clinic | 46% |
| ec Sabalele Clinic | 46% |
| ec Tsengiwe Clinic | 46% |
| ec Zwide Clinic | 46% |
| ec Venterstad Clinic | 46% |
| ec Dimbaza CHC | 45% |
| ec Gonubie Clinic | 45% |
| ec Helenvale Clinic | 45% |
| ec Hlangalane Clinic | 45% |
| ec Kwa-Mkhuloza Clinic | 45% |
| ec Mount Arthur Clinic | 45% |
| ec Sonwabile Clinic (Re-Inspection) | 45% |
| ec Walmer 14th Avenue Clinic | 45% |
| ec Wesley Clinic | 45% |
| ec Healdtown Clinic | 44% |
| | |

| | |
|--|-----|
| ec Nozuko Clinic | 44% |
| ec Tsengiwe Clinic (Re-Inspection) | 44% |
| ec Xonxa Clinic | 44% |
| ec Aliwal North Block H Clinic | 44% |
| ec Buchele Clinic | 43% |
| ec Kareedouw Clinic | 43% |
| ec Kungisizwe Clinic | 43% |
| ec Mpharane Clinic | 43% |
| ec Mqokolweni Clinic (Re-Inspection) | 43% |
| ec Nkanunu Clinic (Re-Inspection) | 43% |
| ec Ntlabeni Clinic | 43% |
| ec Ntloa Clinic | 43% |
| ec Nyalasa Clinic | 43% |
| ec Shepherds Hope Clinic | 43% |
| ec Vaalbank Clinic | 43% |
| ec Bolotwa Clinic (Idutywa) | 42% |
| ec Lujizweni Clinic | 42% |
| ec Luyengweni Clinic | 42% |
| ec Ncedolwethu Clinic | 42% |
| ec Phahlakazi Clinic (Re-Inspection) | 42% |
| ec Sonwabile Clinic | 42% |
| ec Tembelihle Clinic (Re-Inspection) | 42% |
| ec Hukuwa Clinic | 42% |
| ec Tentergate Clinic | 42% |
| ec Askeaton Clinic | 41% |
| ec Buchele Clinic (Re-Inspection) | 41% |
| ec Gwadana Clinic | 41% |
| ec Hillside Clinic (Nkonkobe) | 41% |
| ec Maclear Clinic | 41% |
| ec Magwala Clinic | 41% |
| ec Mgwenyane Clinic | 41% |
| ec Mqokolweni Clinic | 41% |
| ec Ntibane Clinic | 41% |
| ec Rode Clinic | 41% |
| ec St Michael's Clinic | 41% |
| ec Cancele Clinic | 40% |
| ec Machibini Clinic (Kwabhaca) | 40% |
| ec Port Alfred Clinic | 40% |
| ec Shepherds Hope Clinic (Re-Inspection) | 40% |
| ec Swartwater Clinic | 40% |
| ec Burgersdorp Clinic | 40% |
| ec Banzi Clinic | 39% |
| ec Dimbaza CHC | 39% |

| | |
|---------------------------------------|-----|
| ec Ludalasi Clinic (Re-Inspection) | 39% |
| ec Lugangeni Clinic | 39% |
| ec Lulama Kama Clinic | 39% |
| ec Lunga Kobese Clinic | 39% |
| ec Majola Clinic (Re-Inspection) | 39% |
| ec Nkanunu Clinic | 39% |
| ec Phahlakazi Clinic | 39% |
| ec Mzamomhle Clinic (Albert) | 39% |
| ec Berlin Clinic | 38% |
| ec Kruisfontein Clinic | 38% |
| ec Ntloa Clinic (Re-Inspection) | 38% |
| ec Pikholi Clinic | 38% |
| ec Port St Johns CHC | 38% |
| ec Woodlands Clinic | 38% |
| ec Bambisana Hospital | 37% |
| ec Bengu Clinic (Emalahleni) | 37% |
| ec Gqaqhala Clinic | 37% |
| ec Mount Hargreaves Clinic | 37% |
| ec Mtombe Clinic | 37% |
| ec Mtyholo Clinic | 37% |
| ec Port St Johns CHC (Re-Inspection) | 37% |
| ec Qombolo Clinic | 37% |
| ec Veeplaas Clinic | 37% |
| ec Caguba Clinic (Re-Inspection) | 36% |
| ec Empilisweni Clinic | 36% |
| ec Matyantya Clinic | 36% |
| ec Newtown Clinic | 36% |
| ec Nqadu Clinic (Mbhashe) | 36% |
| ec Soweto Clinic | 36% |
| ec Tshabo Clinic | 36% |
| ec Jamestown Clinic | 36% |
| ec Caguba Clinic | 35% |
| ec Lujizweni Clinic (Re-Inspection) | 35% |
| ec Mgwenyane Clinic | 35% |
| ec Mzongwana Clinic (Re-Inspection) | 35% |
| ec Ncedolwethu Clinic (Re-Inspection) | 35% |
| ec Queen's Mercy Clinic | 35% |
| ec Thembalethu Clinic (Sakhisizwe) | 35% |
| ec Zanempilo Clinic (Zwelitsha) | 35% |
| ec Zola Clinic | 35% |
| ec Askeaton Clinic (Re-Inspection) | 34% |
| ec Bhisho Hospital (Re-Inspection) | 34% |
| ec Central Clinic (Port Elizabeth) | 34% |

| | |
|---|-----|
| ec Kwazakhele Clinic | 34% |
| ec Majola Clinic | 34% |
| ec Mangoloaneng Clinic | 34% |
| ec Mpharane Clinic (Re-Inspection) | 34% |
| ec Ndevana Clinic | 34% |
| ec Lahlangubo Clinic (Queenstown) | 34% |
| ec Elliot Clinic (Re-Inspection) | 33% |
| ec Ludalasi Clinic | 33% |
| ec Mangoloaneng Clinic (Re-Inspection) | 33% |
| ec Mount Hargreaves Clinic (Re-Inspection) | 33% |
| ec Queen's Mercy Clinic (Re-Inspection) | 33% |
| ec Tamara Clinic | 33% |
| ec Thanduxolo Clinic | 33% |
| ec Thembaletu Clinic (Sakhisizwe) (Re-Inspection) | 33% |
| ec Poly Clinic | 33% |
| ec Nyaniso Clinic | 32% |
| ec Pakamisa Clinic | 32% |
| ec Qumanco J Tribal Clinic | 32% |
| ec Mzongwana Clinic | 31% |
| ec Nyaniso Clinic (Re-Inspection) | 31% |
| ec Station Hill Clinic | 31% |
| ec Ugie Clinic | 31% |
| ec Umnga Flats Clinic | 31% |
| ec Alphendale Clinic | 30% |
| ec Maclear Hospital | 30% |
| ec Sweetwaters Clinic | 30% |
| ec Maclear Clinic | 29% |
| ec Ntshingeni Clinic | 29% |
| ec Punzana Clinic | 29% |
| ec Sundwana Clinic | 29% |
| ec Horton Clinic | 28% |
| ec Paballong Clinic | 28% |
| ec Paballong Clinic (Re-Inspection) | 28% |
| ec Rodana Clinic | 28% |
| ec Ugie Clinic (Re-Inspection) | 28% |
| ec Elliot Clinic | 27% |
| ec Taleni Clinic | 27% |

Free State

| Province | Facility Name | Score |
|------------|--|-------|
| Free State | fs Tokollo Hospital | 74% |
| Free State | fs Elizabeth Ross Hospital (Re-Inspection) | 68% |
| Free State | fs Mofumahadi Manapo Mopeli Hospital | 59% |
| Free State | fs Bolata Clinic | 56% |
| Free State | fs TS Mahloko Clinic | 54% |

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|------------|---|-----|
| Free State | fs Matsieng Clinic (Re-Inspection) | 53% |
| Free State | fs Metsimaholo Hospital / Fezi Ngubentombi Hospital | 53% |
| Free State | fs Marakong Clinic (Re-Inspection) | 52% |
| Free State | fs Dr Pedro Memorial Clinic | 51% |
| Free State | fs Eva Mota Clinic (Re-Inspection) | 50% |
| Free State | fs Kganya CHC | 50% |
| Free State | fs Thabang Clinic (Re-Inspection) | 50% |
| Free State | Fs Kgotsong (Welkom) Clinic (Re-Inspection) | 49% |
| Free State | fs Nthabiseng Clinic (Re-Inspection) | 49% |
| Free State | fs Marakong Clinic | 48% |
| Free State | fs Riebeeckstad Clinic (Re-Inspection) | 48% |
| Free State | fs Harry Gwala (Botshabelo) Clinic | 47% |
| Free State | fs MUCPP CHC | 47% |
| Free State | fs Opkoms Clinic | 47% |
| Free State | fs Bloemspruit Clinic | 46% |
| Free State | fs Elizabeth Ross Hospital | 46% |
| Free State | fs Qalabotjha Clinic (Re-Inspection) | 46% |
| Free State | fs Bophelong (Botshabelo) Clinic | 45% |
| Free State | fs Fauna Clinic | 45% |
| Free State | fs Tebang Clinic (Re-Inspection) | 45% |
| Free State | fs Fichardtpark Clinic | 44% |
| Free State | fs Jazzman Mokhothu Clinic | 44% |
| Free State | fs Kgotsong (Welkom) Clinic | 44% |
| Free State | fs Monontsha Clinic (Re-Inspection) | 44% |
| Free State | fs Thabang Clinic | 44% |
| Free State | fs Bophelong (Odendaalsrus) Clinic (Re-Inspection) | 43% |
| Free State | fs K-Maile Clinic (Re-Inspection) | 43% |
| Free State | fs Phomolong (Hennenman) Clinic (Re-Inspection) | 43% |
| Free State | fs Riebeeckstad Clinic | 43% |
| Free State | fs Bophelong (Welkom) Clinic | 42% |
| Free State | fs Bophelong (Welkom) Clinic (Re-Inspection) | 42% |
| Free State | fs Phedisong Clinic (Re-Inspection) | 42% |
| Free State | fs Refengkgotso Clinic (Re-Inspection) | 42% |
| Free State | fs Thusanang (Sasolburg) Clinic | 42% |
| Free State | fs Tshirela Clinic (Re-Inspection) | 41% |
| Free State | fs Westdene Clinic | 41% |
| Free State | fs Zamdela CHC | 41% |
| Free State | fs Bainsvlei Clinic | 40% |
| Free State | fs Monontsha Clinic | 40% |
| Free State | fs Rheederspark Clinic (Re-Inspection) | 40% |
| Free State | fs Makoane Clinic | 39% |
| Free State | fs Welkom Clinic | 39% |
| Free State | fs K-Maile Clinic | 38% |
| Free State | fs Qalabotjha Clinic | 38% |
| Free State | fs Refengkgotso Clinic | 38% |
| Free State | fs Rheederspark Clinic | 38% |

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|------------|---|-----|
| Free State | fs Eva Mota Clinic | 37% |
| Free State | fs Makhalaneng Clinic (Re-Inspection) | 37% |
| Free State | fs Matsieng Clinic | 37% |
| Free State | fs Phedisong Clinic | 37% |
| Free State | fs Tebang Clinic | 37% |
| Free State | fs Deneysville Clinic (Re-Inspection) | 36% |
| Free State | fs Mmabana Clinic | 36% |
| Free State | fs Mphatlalatsane Clinic | 36% |
| Free State | fs Welkom Clinic (Re-Inspection) | 36% |
| Free State | fs Bophelong (Odendaalsrus) Clinic | 35% |
| Free State | fs Winnie Mandela (Botshabelo) Clinic | 35% |
| Free State | fs Makhalaneng Clinic | 34% |
| Free State | fs Nthabiseng Clinic | 34% |
| Free State | fs Paballong Clinic | 34% |
| Free State | fs Thusong Clinic | 34% |
| Free State | fs Tshirela Clinic | 34% |
| Free State | fs Phomolong (Hennenman) Clinic | 33% |
| Free State | fs Deneysville Clinic | 32% |
| Free State | fs Phekolong (Cornelia) Clinic | 32% |
| Free State | fs Tsatsi SPS Clinic (Re-Inspection) | 31% |
| Free State | fs Thusanang (Sasolburg) Clinic (Re-Inspection) | 30% |
| Free State | fs Tsatsi SPS Clinic | 25% |
| Free State | fs Villiers Clinic (Re-Inspection) | 25% |
| Free State | fs Villiers Clinic | 23% |

Gauteng

| Province | Facility Name | Score |
|----------|------------------------------------|-------|
| Gauteng | gp Laudium Clinic | 83% |
| Gauteng | gp Danville Clinic | 80% |
| Gauteng | GP Far East Rand Hospital | 80% |
| Gauteng | gp Johan Deo Clinic | 79% |
| Gauteng | gp Kettlehong North Clinic | 79% |
| Gauteng | gp Refentse Clinic (Odi) | 79% |
| Gauteng | gp Randvaal Clinic | 76% |
| Gauteng | gp Andries Raditsela Clinic | 75% |
| Gauteng | gp Kookrus Clinic | 75% |
| Gauteng | gp PJ Maree Clinic | 75% |
| Gauteng | gp Chris Hani Baragwanath Hospital | 74% |
| Gauteng | gp Slovo Park Clinic | 74% |
| Gauteng | gp Soshanguve 2 Clinic | 74% |
| Gauteng | GP Northmead Clinic | 72% |
| Gauteng | gp Phahameng Clinic | 72% |
| Gauteng | gp Soshanguve Block TT Clinic | 72% |
| Gauteng | gp Phedisong 6 Clinic | 71% |
| Gauteng | gp Rondebult Clinic | 70% |

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|---------|--|-----|
| Gauteng | Thelle Mogoerane Hospital (Natalsspruit) | 70% |
| Gauteng | gp Eden Park Clinic | 68% |
| Gauteng | gp ML Pessen Clinic | 68% |
| Gauteng | gp Ya Rona Clinic | 68% |
| Gauteng | gp Boekenhout Clinic | 67% |
| Gauteng | gp Leratong Hospital | 67% |
| Gauteng | gp Thembelisha Clinic | 67% |
| Gauteng | gp Zone 17 Clinic | 67% |
| Gauteng | gp Simunye Clinic (Westonaria) | 67% |
| Gauteng | gp First Avenue Clinic | 66% |
| Gauteng | gp Pholosong Hospital | 66% |
| Gauteng | gp Rosettenville Clinic | 66% |
| Gauteng | gp Sharpeville CHC | 66% |
| Gauteng | gp Zone 14 Clinic | 66% |
| Gauteng | gp Alexandra 8th Avenue Clinic | 65% |
| Gauteng | GP Dan Kubheka Clinic | 65% |
| Gauteng | gp Phedisong 1 Clinic | 65% |
| Gauteng | gp Kopanong Hospital | 64% |
| Gauteng | gp Randgate Clinic | 64% |
| Gauteng | gp Alberton North Clinic | 63% |
| Gauteng | gp Davidsonville Clinic | 63% |
| Gauteng | gp Greenfields Clinic | 63% |
| Gauteng | gp Ubuntu Clinic | 63% |
| Gauteng | gp Zuurbekom Clinic | 63% |
| Gauteng | gp Brackenhurst Clinic | 62% |
| Gauteng | gp Elandsfontein Clinic | 62% |
| Gauteng | gp Sonto Thobela Clinic | 62% |
| Gauteng | gp Wedela Clinic | 61% |
| Gauteng | gp Albertina Sisulu Clinic | 60% |
| Gauteng | gp Bekkersdal East Clinic | 60% |
| Gauteng | gp Carletonville Central Clinic | 60% |
| Gauteng | gp Badirile Clinic | 59% |
| Gauteng | gp Dawn Park Clinic | 58% |
| Gauteng | gp Dresser Clinic | 58% |
| Gauteng | gp Fochville Clinic | 58% |
| Gauteng | gp Randburg Clinic | 57% |
| Gauteng | gp Zone 13 Clinic | 57% |
| Gauteng | gp Goba Clinic | 56% |
| Gauteng | gp Phillip Moyo CHC | 56% |
| Gauteng | gp Crown Gardens Clinic | 55% |
| Gauteng | gp Heidelberg Clinic | 55% |
| Gauteng | gp Market Avenue Clinic | 55% |
| Gauteng | gp Selope Thema Clinic | 55% |
| Gauteng | gp Sol Plaatjies Clinic | 55% |
| Gauteng | gp Zone 3 Clinic | 55% |

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|---------|--|-----|
| Gauteng | gp Thusanang Clinic | 55% |
| Gauteng | gp Jeppe Clinic | 54% |
| Gauteng | gp Jeppe Street Clinic (Re-Inspection) | 54% |
| Gauteng | gp Mogale Clinic | 54% |
| Gauteng | gp Blyvooruitsig Clinic | 53% |
| Gauteng | gp Florida Clinic | 51% |
| Gauteng | gp Leondale Clinic | 51% |
| Gauteng | gp 80 Albert Street Clinic (Re-Inspection) | 50% |
| Gauteng | gp Helderkruijn Clinic | 50% |
| Gauteng | gp Payneville Clinic | 50% |
| Gauteng | gp South Hills Clinic | 50% |
| Gauteng | gp Westonaria Clinic | 50% |
| Gauteng | gp Rensburg Clinic | 49% |
| Gauteng | gp Weltevreden Park Clinic | 49% |
| Gauteng | gp Deelkraal Clinic | 48% |
| Gauteng | gp Rex Clinic | 48% |
| Gauteng | gp Soshanguve Block X Clinic | 48% |
| Gauteng | gp Zuurbekom Clinic (Re-Inspection) | 48% |
| Gauteng | gp 80 Albert Street Clinic | 47% |
| Gauteng | gp Leondale Clinic | 47% |
| Gauteng | gp Malvern Clinic (Re-Inspection) | 47% |
| Gauteng | gp Mayfair Clinic | 47% |
| Gauteng | gp Tshepisoong Clinic (Re-Inspection) | 47% |
| Gauteng | gp Jeppe Street Clinic | 46% |
| Gauteng | gp Rex Street Clinic | 46% |
| Gauteng | gp Crosby Clinic | 45% |
| Gauteng | gp Lenasia Ext 2 Clinic | 45% |
| Gauteng | gp Malvern Clinic | 45% |
| Gauteng | gp Mayfair Clinic (Re-Inspection) | 45% |
| Gauteng | gp Glenhavie Clinic | 45% |
| Gauteng | gp Princess Clinic | 44% |
| Gauteng | gp Weltevreden Park Clinic (Re-Inspection) | 44% |
| Gauteng | gp Lenasia South Civic Centre Clinic | 43% |
| Gauteng | gp Deel Kraal Clinic | 43% |
| Gauteng | gp Tshepisoong Clinic | 42% |
| Gauteng | gp Bezvalley Clinic (Re-Inspection) | 41% |
| Gauteng | gp Bezvalley Clinic | 39% |
| Gauteng | gp Princess Clinic (Re-Inspection) | 37% |
| Gauteng | gp Lenasia Ext 10 Clinic | 33% |

KwaZulu-Natal

| Province | Facility Name | Score |
|----------|--------------------------------------|-------|
| KZN | kz Eshowe Hospital | 74% |
| KZN | kz Wentworth Hospital | 74% |
| KZN | kz Forderville Clinic | 73% |
| KZN | kz St Andrew's Hospital | 72% |
| KZN | kz Trenance Park Clinic | 72% |
| KZN | kz Zwelisha Clinic | 72% |
| KZN | kz Connor Street Clinic | 70% |
| KZN | kz Northdale Hospital | 70% |
| KZN | kz Esigodini Clinic | 69% |
| KZN | kz Ncotshane Clinic | 69% |
| KZN | kz Stanger Hospital | 69% |
| KZN | kz Umkhontokayise Clinic | 69% |
| KZN | kz Makhathini Clinic | 68% |
| KZN | kz Bluff Clinic | 67% |
| KZN | kz Ekuphumuleni Clinic | 66% |
| KZN | kz Ladysmith Hospital | 65% |
| KZN | kz Khandisa Clinic | 64% |
| KZN | kz Ladam Irene Clinic | 64% |
| KZN | kz Ntembeni Clinic | 64% |
| KZN | kz Cornfields Clinic | 63% |
| KZN | kz Prince Mshiyeni Memorial Hospital | 63% |
| KZN | kz Madiba Clinic | 62% |
| KZN | kz Mpophomeni Clinic | 62% |
| KZN | kz Pine Street (Greytown) Clinic | 62% |
| KZN | kz Austerville Clinic | 60% |
| KZN | kz Emkhwakhweni Clinic | 60% |
| KZN | kz Amatimatolo Clinic | 59% |
| KZN | kz Eshane Clinic | 59% |
| KZN | kz Greytown Gateway Clinic | 59% |
| KZN | kz Mandeni Clinic | 59% |
| KZN | kz Maqumbi Clinic | 59% |
| KZN | kz Pongola Clinic | 59% |
| KZN | kz Scottsville Clinic | 59% |
| KZN | kz Sinathing Clinic | 59% |
| KZN | kz Mbekaphansi Clinic | 58% |
| KZN | kz Ukuthula Clinic | 58% |

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|-----|-----------------------------|-----|
| KZN | kz Wembezi Clinic | 58% |
| KZN | kz Mkuze Clinic | 57% |
| KZN | kz Mpumuza Clinic | 57% |
| KZN | kz Nhlabane Clinic | 57% |
| KZN | kz Ntabamhlope Clinic | 57% |
| KZN | kz Belgrade Clinic | 56% |
| KZN | kz Gwaliweni Clinic | 56% |
| KZN | kz KwaShoba Clinic | 56% |
| KZN | kz Mvubukazi Clinic | 56% |
| KZN | kz Phaphamani Clinic | 56% |
| KZN | kz St Chads CHC | 56% |
| KZN | kz Ophondweni Clinic | 55% |
| KZN | kz Santombe Clinic | 55% |
| KZN | kz St Margaret's Clinic | 55% |
| KZN | kz Kranskop Clinic | 54% |
| KZN | kz Willowfountain Clinic | 54% |
| KZN | kz Howick Clinic | 53% |
| KZN | kz Kwambonambi Clinic | 53% |
| KZN | kz Weza Clinic | 53% |
| KZN | kz Wosiyane Clinic | 53% |
| KZN | kz Darnall Clinic | 52% |
| KZN | kz Kokstad Clinic | 52% |
| KZN | kz KwaJali Clinic | 52% |
| KZN | kz Mhlekezi Clinic | 52% |
| KZN | kz Northdale Gateway Clinic | 52% |
| KZN | kz Hartland Clinic | 51% |
| KZN | kz Lourdes Clinic | 51% |
| KZN | kz Xhamini Clinic | 51% |
| KZN | kz King Dinizulu Clinic | 50% |
| KZN | kz Oakford Clinic | 50% |
| KZN | kz Otimati Clinic | 50% |
| KZN | kz Umzimkhulu Clinic | 50% |
| KZN | kz Altona Clinic | 49% |
| KZN | kz Ballito Clinic | 49% |
| KZN | kz Meadow Sweet Clinic | 49% |
| KZN | kz Nondabuya Clinic | 49% |
| KZN | kz Tobolsk Clinic | 49% |
| KZN | kz Gedleza Clinic | 48% |
| KZN | kz Kearsney Clinic | 48% |
| KZN | kz KwaNkundla Clinic | 48% |
| KZN | kz Mthandeni Clinic | 48% |
| KZN | kz Ntuze Clinic | 48% |
| KZN | kz Estcourt Gateway Clinic | 47% |
| KZN | kz Mbonwa Clinic | 47% |

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| KZN | kz Nandi Clinic | 47% |
| KZN | kz Ntembisweni Clinic | 47% |
| KZN | kz Pisgah Clinic | 47% |
| KZN | kz Itshelejuba Gateway Clinic | 46% |
| KZN | kz Makhwela Clinic | 46% |
| KZN | kz Mbotho Clinic | 46% |
| KZN | kz Ndlangubo Clinic | 46% |
| KZN | kz Pata Clinic | 46% |
| KZN | kz Glenhills Clinic | 45% |
| KZN | kz Oqaqeni Clinic | 45% |
| KZN | kz Eshowe Gateway Clinic | 44% |
| KZN | kz KwaDukuza Clinic | 44% |
| KZN | kz Groutville Clinic | 43% |
| KZN | kz Isithundu Clinic | 43% |
| KZN | kz Maphumulo Clinic | 43% |
| KZN | kz Princess Mhlosheni Clinic | 43% |
| KZN | kz Elim Clinic | 42% |
| KZN | kz Harding Clinic | 41% |
| KZN | kz Siphamandla Clinic | 41% |
| KZN | kz KwaMbuzi Clinic | 39% |
| KZN | kz St Andrew's Gateway Clinic | 39% |
| KZN | kz East Griqualand and Usher Memorial Gateway Clinic | 36% |
| KZN | kz Umphumulo Gateway Clinic | 33% |

Limpopo

| Province | Facility Name | Score |
|----------|----------------------------------|-------|
| Limpopo | lp Dikgalaopeng Clinic | 70% |
| Limpopo | lp Ledwaba Clinic | 64% |
| Limpopo | lp Marishane Clinic | 63% |
| Limpopo | lp Parliament Clinic (Unit B) | 59% |
| Limpopo | lp Unit R Clinic (Re-Inspection) | 58% |
| Limpopo | lp Dilokong Gateway Clinic | 56% |
| Limpopo | lp Dilokong Hospital | 56% |
| Limpopo | lp Naboomspruit Clinic | 56% |
| Limpopo | lp Tshehlwaneng Clinic | 56% |
| Limpopo | lp Lebaka Clinic | 55% |
| Limpopo | lp Semenya Clinic | 55% |
| Limpopo | lp Elandsdoorn Clinic | 54% |
| Limpopo | lp Madibong Clinic | 54% |
| Limpopo | lp Rethabile CHC | 54% |
| Limpopo | lp St Rita's Hospital | 53% |
| Limpopo | lp Waterval Clinic | 53% |
| Limpopo | lp Groblersdal Clinic | 52% |

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| Limpopo | Ip Marulaneng Clinic (Makhuduthamaga) | 52% |
| Limpopo | Ip Paulos Clinic | 51% |
| Limpopo | Ip Thondotshivhase Clinic | 51% |
| Limpopo | Ip Zebediela Clinic | 51% |
| Limpopo | Ip Dr Machupe Mphahlele CHC (Re-Inspection) | 50% |
| Limpopo | Ip Mphahlele Clinic (Re-Inspection) | 50% |
| Limpopo | Ip Phuti Clinic (Re-Inspection) | 50% |
| Limpopo | Ip Seshego IV Clinic | 50% |
| Limpopo | Ip Tiberius Clinic | 50% |
| Limpopo | Ip Manganeng Clinic (Re-Inspection) | 49% |
| Limpopo | Ip Phaahla Clinic | 49% |
| Limpopo | Ip Bakenberg Clinic (Re-Inspection) | 48% |
| Limpopo | Ip Manganeng Clinic | 48% |
| Limpopo | Ip Messina Hospital | 48% |
| Limpopo | Ip Roedtan Clinic (Re-Inspection) | 48% |
| Limpopo | Ip Dr CN Phatudi Hospital | 47% |
| Limpopo | Ip Gideon Clinic | 47% |
| Limpopo | Ip Goedgedach Clinic | 47% |
| Limpopo | Ip Jakkalskuil Clinic | 47% |
| Limpopo | Ip Makotopong Clinic | 47% |
| Limpopo | Ip Mamone Clinic | 47% |
| Limpopo | Ip Mashite Clinic (Re-Inspection) | 47% |
| Limpopo | Ip Mothiba Clinic (Re-Inspection) | 47% |
| Limpopo | Ip Schoonoord Clinic | 47% |
| Limpopo | Ip Sekgakgapeng Clinic | 47% |
| Limpopo | Ip WF Knobel Hospital | 47% |
| Limpopo | Ip Bismarck Clinic | 46% |
| Limpopo | Ip Chalema Clinic | 46% |
| Limpopo | Ip Dr Machupe Mphahlele CHC | 46% |
| Limpopo | Ip Ha-mutsha Clinic | 46% |
| Limpopo | Ip Lebowakgomo Clinic (Re-Inspection) | 46% |
| Limpopo | Ip Matsepe Clinic | 46% |
| Limpopo | Ip Sekgakgapeng Clinic (Re-Inspection) | 46% |
| Limpopo | Ip Bavaria Clinic | 45% |
| Limpopo | Ip Buitestraat Clinic | 45% |
| Limpopo | Ip Eerstegeluk Clinic | 45% |
| Limpopo | Ip Muledane Clinic | 45% |
| Limpopo | Ip Phokoane Clinic (Re-Inspection) | 45% |
| Limpopo | Ip Roedtan Clinic | 45% |
| Limpopo | Ip Bakenberg Clinic | 44% |
| Limpopo | Ip De Vrede Clinic | 44% |
| Limpopo | Ip Lebowakgomo Clinic | 44% |
| Limpopo | Ip Lekhureng Clinic (Re-Inspection) | 44% |

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|---------|---|-----|
| Limpopo | Ip Maake Clinic | 44% |
| Limpopo | Ip Mamone Clinic (Re-Inspection) | 44% |
| Limpopo | Ip Phokoane Clinic | 44% |
| Limpopo | Ip Buffelshoek Clinic (Blouberg) | 43% |
| Limpopo | Ip Lekhureng Clinic | 43% |
| Limpopo | Ip Levubu Clinic | 43% |
| Limpopo | Ip Mashau Clinic | 43% |
| Limpopo | Ip Mattanau Clinic | 43% |
| Limpopo | Ip Mothiba Clinic | 43% |
| Limpopo | Ip Phuti Clinic | 43% |
| Limpopo | Ip Sekororo Clinic | 43% |
| Limpopo | Ip Bavaria Clinic (Re-Inspection) | 42% |
| Limpopo | Ip Kromhoek Clinic | 42% |
| Limpopo | Ip Rotterdam Clinic | 42% |
| Limpopo | Ip Dikgale Clinic | 41% |
| Limpopo | Ip Kwarrielaagte Clinic | 41% |
| Limpopo | Ip Mabins Clinic | 41% |
| Limpopo | Ip Mahwelereng Zone 2 Clinic | 41% |
| Limpopo | Ip Makhado CHC | 41% |
| Limpopo | Ip Mamaila Clinic | 41% |
| Limpopo | Ip Murangoni Clinic | 41% |
| Limpopo | Ip St Rita's Gateway Clinic (Re-Inspection) | 41% |
| Limpopo | Ip Unit R Clinic | 41% |
| Limpopo | Ip Calais Clinic | 40% |
| Limpopo | Ip Laastehoop Clinic (Re-Inspection) | 40% |
| Limpopo | Ip Lenyenye Clinic | 40% |
| Limpopo | Ip Makanye Clinic | 40% |
| Limpopo | Ip Manamela Clinic | 40% |
| Limpopo | Ip Mbilwi Clinic | 40% |
| Limpopo | Ip Moutse East Clinic | 40% |
| Limpopo | Ip Rietfontein Clinic at Ngwaritsi | 40% |
| Limpopo | Ip Mashite Clinic | 39% |
| Limpopo | Ip Pfanani Clinic | 39% |
| Limpopo | Ip Sehlale Clinic | 39% |
| Limpopo | Ip Mookgophong Clinic | 38% |
| Limpopo | Ip Mphahlele Clinic | 38% |
| Limpopo | Ip Schoonoord Clinic (Re-Inspection) | 38% |
| Limpopo | Ip St Rita's Gateway Clinic | 38% |
| Limpopo | Ip Dichoeung Clinic | 37% |
| Limpopo | Ip Dichoeung Clinic (Re-Inspection) | 37% |
| Limpopo | Ip Dithabaneng Clinic (Re-Inspection) | 37% |
| Limpopo | Ip Hlogotlou Clinic | 37% |
| Limpopo | Ip Segole Clinic | 37% |

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|---------|---|-----|
| Limpopo | Ip Segole Clinic | 37% |
| Limpopo | Ip Turkey Clinic | 37% |
| Limpopo | Ip Bellevue Clinic | 36% |
| Limpopo | Ip Maphalle Clinic | 36% |
| Limpopo | Ip Mogapeng Clinic (Re-Inspection) | 36% |
| Limpopo | Ip Muhlaba Clinic | 36% |
| Limpopo | Ip Senobela Clinic | 36% |
| Limpopo | Ip Sibasa Clinic | 36% |
| Limpopo | Ip Vleifontein Clinic | 36% |
| Limpopo | Ip Bokwalakwa Clinic (Re-Inspection) | 35% |
| Limpopo | Ip Carlotta Clinic (Re-Inspection) | 35% |
| Limpopo | Ip Lorraine Clinic | 35% |
| Limpopo | Ip Moletjie Clinic | 35% |
| Limpopo | Ip Muhlaba Clinic (Re-Inspection) | 35% |
| Limpopo | Ip Sadu Clinic | 35% |
| Limpopo | Ip Bokwalakwa Clinic | 34% |
| Limpopo | Ip Carlotta Clinic | 34% |
| Limpopo | Ip Dan Village Clinic | 34% |
| Limpopo | Ip Dan Village Clinic (Re-Inspection) | 34% |
| Limpopo | Ip Dithabaneng Clinic | 34% |
| Limpopo | Ip Jamela Clinic (Re-Inspection) | 34% |
| Limpopo | Ip Mokopane Gateway Clinic (Re-Inspection) | 34% |
| Limpopo | Ip Perskebult Clinic | 34% |
| Limpopo | Ip Rebone Clinic | 34% |
| Limpopo | Ip Gondenani Clinic | 33% |
| Limpopo | Ip Grootdraai Clinic | 33% |
| Limpopo | Ip Mokopane Gateway Clinic | 33% |
| Limpopo | Ip Rebone Clinic (Re-Inspection) | 33% |
| Limpopo | Ip Tours Clinic (Re-Inspection) | 33% |
| Limpopo | Ip Zebediela Clinic (Re-Inspection) | 33% |
| Limpopo | Ip George Masebe Gateway Clinic | 32% |
| Limpopo | Ip Laastehoop Clinic | 32% |
| Limpopo | Ip Lephepane Clinic (Re-Inspection) | 32% |
| Limpopo | Ip Makanye Clinic (Re-Inspection) | 32% |
| Limpopo | Ip Pheeha Clinic | 32% |
| Limpopo | Ip Willows Clinic | 32% |
| Limpopo | Ip George Masebe Gateway Clinic (Re-Inspection) | 31% |
| Limpopo | Ip Lwamondo Clinic | 31% |
| Limpopo | Ip Raphahlelo Clinic | 31% |
| Limpopo | Ip Dr Hugo Nkabinde Clinic (Re-Inspection) | 30% |
| Limpopo | Ip Jamela Clinic | 30% |
| Limpopo | Ip My Darling Clinic | 30% |
| Limpopo | Ip Schoongezicht Clinic | 30% |
| Limpopo | Ip Seshego III Clinic | 29% |
| Limpopo | Ip Tshakhuma Clinic | 29% |

| | | |
|---------|----------------------------|-----|
| Limpopo | lp Mogapeng Clinic | 27% |
| Limpopo | lp The Oaks Clinic | 27% |
| Limpopo | lp Tours Clinic | 26% |
| Limpopo | lp Dr Hugo Nkabinde Clinic | 24% |
| Limpopo | lp Lephepane Clinic | 20% |

Mpumalanga

| Province | Facility Name | Score |
|------------|---------------------------------------|-------|
| Mpumalanga | mp Chrissiesmeer Kwachibikhulu Clinic | 65% |
| Mpumalanga | mp Loding Clinic | 65% |
| Mpumalanga | mp Embhuleni Hospital | 63% |
| Mpumalanga | MP Rob Ferreira Hospital | 61% |
| Mpumalanga | mp Lothair Silindile Clinic | 57% |
| Mpumalanga | mp Gottenburg Clinic | 55% |
| Mpumalanga | mp Impungwe Hospital (Wolwekrans | 54% |
| Mpumalanga | mp Orinoco Clinic | 54% |
| Mpumalanga | mp Mayflower CHC | 53% |
| Mpumalanga | mp Rhenosterkop Clinic | 53% |
| Mpumalanga | mp Siphosesimbi CHC | 53% |
| Mpumalanga | mp Badplaas CHC | 52% |
| Mpumalanga | mp Shongwe Hospital | 52% |
| Mpumalanga | mp Tintswalo Hospital | 52% |
| Mpumalanga | mp Emthonjeni Clinic (Msukaligwa) | 51% |
| Mpumalanga | mp Rolle Clinic | 51% |
| Mpumalanga | mp Harmony Hill Clinic | 51% |
| Mpumalanga | mp Allemansdrift B Clinic | 50% |
| Mpumalanga | mp Mananga Clinic | 50% |
| Mpumalanga | mp Shatale Clinic | 50% |
| Mpumalanga | mp Sihlangu Clinic | 49% |
| Mpumalanga | mp Vaalbank Clinic | 49% |
| Mpumalanga | mp Lydenburg Gateway Clinic | 49% |
| Mpumalanga | mp Phake Clinic | 48% |
| Mpumalanga | mp Carolina Clinic | 46% |
| Mpumalanga | mp Silobela Clinic | 46% |
| Mpumalanga | mp Allemansdrift C CHC | 45% |
| Mpumalanga | mp Komatipoort Clinic | 45% |
| Mpumalanga | mp Louisville Clinic | 44% |
| Mpumalanga | mp Zoeknog Clinic (Re-Inspection) | 44% |
| Mpumalanga | mp Sabie Clinic | 44% |
| Mpumalanga | mp Islington Clinic (Re-Inspection) | 41% |
| Mpumalanga | mp Legogote Clinic | 41% |
| Mpumalanga | mp Troya Clinic | 39% |
| Mpumalanga | mp Hazyview Clinic | 39% |

| | | |
|------------|--------------------------------------|-----|
| Mpumalanga | mp Cottondale Clinic (Re-Inspection) | 38% |
| Mpumalanga | mp Moreipuso Clinic (Re-Inspection) | 38% |
| Mpumalanga | mp Zoeknog Clinic | 38% |
| Mpumalanga | mp Cottondale Clinic | 37% |
| Mpumalanga | mp Masibekela Clinic | 37% |
| Mpumalanga | mp Moreipuso Clinic | 37% |
| Mpumalanga | mp Mashishing Clinic | 37% |
| Mpumalanga | mp Langloop CHC | 36% |
| Mpumalanga | mp Islington Clinic | 35% |
| Mpumalanga | mp Strydomblock Clinic | 35% |
| Mpumalanga | mp Simile Clinic | 35% |
| Mpumalanga | mp New Scotland Clinic | 34% |
| Mpumalanga | mp Mthimba Clinic | 34% |
| Mpumalanga | mp Sibange Clinic | 30% |
| Mpumalanga | mp Jeppes Rust Clinic | 28% |

North West

| Province | Facility Name | Score |
|------------|---------------------------------|-------|
| North West | NW Potchefstroom Hospital | 80% |
| North West | nw Makouspan Clinic | 70% |
| North West | NW Potchefstroom Gateway Clinic | 69% |
| North West | nw Brits Hospital | 65% |
| North West | nw Sesobe Clinic | 64% |
| North West | nw Loporung Clinic | 64% |
| North West | nw Eckron Clinic | 63% |
| North West | nw Bafokeng CHC | 61% |
| North West | nw Elandskuil Clinic | 60% |
| North West | nw Bakubung Clinic | 59% |
| North West | nw Sunrise Park Clinic | 59% |
| North West | nw Kraaipan Clinic | 59% |
| North West | nw Dwarsberg Clinic | 58% |
| North West | nw Montsana Clinic | 58% |
| North West | nw Obakeng Clinic | 58% |
| North West | nw Tlhabane CHC | 58% |
| North West | nw Vlakplaas Clinic | 58% |
| North West | nw Austrey Clinic | 57% |
| North West | NW Mohadin Clinic | 57% |
| North West | nw Molorwe Clinic | 57% |
| North West | nw Kudungwane Clinic | 56% |
| North West | nw Morokwaneng Clinic | 56% |
| North West | nw Nic Bodenstein Hospital | 56% |
| North West | nw Lonely Park Clinic | 56% |

| | | |
|------------|-----------------------------------|-----|
| North West | nw Phaposane Clinic | 55% |
| North West | nw Bapong Clinic | 51% |
| North West | nw Mmankaipaya Clinic | 51% |
| North West | nw Kgokgole Clinic | 50% |
| North West | nw Reivilo CHC | 50% |
| North West | nw Karlien Park Clinic | 49% |
| North West | nw Phatsima Clinic | 49% |
| North West | nw Modimola Clinic | 49% |
| North West | nw Setlagole Clinic | 49% |
| North West | nw Bonabona Clinic | 48% |
| North West | nw Madibogopan Clinic | 48% |
| North West | nw Kokoana Clinic | 47% |
| North West | nw Monakato Clinic | 47% |
| North West | nw Maureen Roberts Clinic | 47% |
| North West | nw Ipelegeng Clinic | 43% |
| North West | nw Makwassie Clinic | 43% |
| North West | nw Mogosane Clinic | 42% |
| North West | nw Botshabelo CHC | 41% |
| North West | nw Khudutlou Clinic | 41% |
| North West | nw Segametsi Mogaetsho Clinic | 41% |
| North West | nw Tswelelang 1 Clinic | 41% |
| North West | nw Zeerust Hospital | 40% |
| North West | nw Tlapeng (Greater Taung) Clinic | 39% |
| North West | nw Wolmaransstad Town Clinic | 39% |
| North West | nw Rapulana Clinic | 39% |
| North West | nw Kgabalatsane Clinic | 38% |
| North West | nw Lokaleng Clinic | 38% |
| North West | nw Mocoseng Clinic | 38% |
| North West | nw Bophelo Clinic | 37% |
| North West | nw Schweizer-Reneke Town Clinic | 37% |
| North West | nw Disaneng Clinic | 37% |
| North West | nw Jericho Clinic | 37% |
| North West | nw Madibogo Clinic | 37% |
| North West | nw Pudumoe CHC | 36% |
| North West | nw Tshidilamolomo Clinic | 35% |
| North West | nw Dryharts Clinic | 34% |
| North West | nw Kokomeng Clinic | 33% |
| North West | nw Mothanthanyaneng Clinic | 33% |
| North West | nw Molelema Clinic | 32% |
| North West | nw Mareetsane Clinic | 32% |
| North West | nw Charon Clinic | 27% |

Northern Cape

| Province | Facility Name | Score |
|---------------|---|-------|
| Northern Cape | nc Garies Clinic | 78% |
| Northern Cape | nc Joe Slovo CHC | 74% |
| Northern Cape | nc Ethembeni Clinic | 68% |
| Northern Cape | nc Montana Clinic | 66% |
| Northern Cape | nc Okiep Clinic | 64% |
| Northern Cape | nc Jan Witbooi Clinic | 63% |
| Northern Cape | nc Kimberley Hospital | 63% |
| Northern Cape | nc Springbok Clinic | 57% |
| Northern Cape | nc Matjieskloof Clinic | 56% |
| Northern Cape | nc Bothetheletsa Clinic | 55% |
| Northern Cape | nc Warrenton CHC | 55% |
| Northern Cape | nc Bergsig Max Shapiro Clinic | 53% |
| Northern Cape | nc Mecwetsaneng Clinic | 52% |
| Northern Cape | nc Victoria West (BJ Kempengedenk) CHC | 50% |
| Northern Cape | nc Breijpaal Clinic | 49% |
| Northern Cape | nc Douglas (Hester Malan) CHC | 49% |
| Northern Cape | nc Kathu Clinic (Re-Inspection) | 48% |
| Northern Cape | nc Noupoot (Fritz Visser) CHC | 48% |
| Northern Cape | nc Kamieskroon Clinic | 48% |
| Northern Cape | nc Churchill Clinic | 47% |
| Northern Cape | nc De Aar Town Clinic | 47% |
| Northern Cape | NC Kuruman Clinic | 47% |
| Northern Cape | nc Prof ZK Matthews Hospital | 47% |
| Northern Cape | nc Bothetheletsa Clinic | 46% |
| Northern Cape | nc Kagiso CHC | 46% |
| Northern Cape | nc Pako Seboko Clinic | 46% |
| Northern Cape | nc Maruping Clinic | 45% |
| Northern Cape | NC Churchill Clinic (Re-Inspection) | 44% |
| Northern Cape | nc Manyeding Clinic (Re-Inspection) | 44% |
| Northern Cape | nc Kharkams Garagams Clinic | 44% |
| Northern Cape | nc Griekwastad (Helpmekaar) CHC | 43% |
| Northern Cape | nc Richmond CHC | 43% |
| Northern Cape | nc Springbok (Dr Van Niekerk) Hospital | 43% |
| Northern Cape | nc Kathu Clinic | 42% |
| Northern Cape | nc Manyeding Clinic | 41% |
| Northern Cape | nc Concordia Clinic | 41% |
| Northern Cape | nc Hopetown Clinic | 40% |
| Northern Cape | nc Lehlohonolo Adams Clinic | 40% |
| Northern Cape | nc Mosalashuping Baicumedi Clinic | 35% |
| Northern Cape | nc Bankhara Bodulong Clinic (Re-Inspection) | 34% |
| Northern Cape | nc Wrenchville Clinic | 34% |
| Northern Cape | nc Bankhara Bodulong Clinic | 30% |

Western Cape

| Province | Facility Name | Score |
|--------------|---|-------|
| Western Cape | wc Paarl Hospital | 81% |
| Western Cape | wc Bredasdorp Clinic | 74% |
| Western Cape | wc Hawston Clinic | 74% |
| Western Cape | wc Riviersonderend Clinic | 73% |
| Western Cape | wc Hermanus Clinic | 71% |
| Western Cape | wc Ceres Hospital | 65% |
| Western Cape | wc Manenberg Clinic | 65% |
| Western Cape | wc Silvertown Clinic | 65% |
| Western Cape | wc Hanover Park Clinic | 64% |
| Western Cape | wc Eerste River Hospital (Re-Inspection) | 62% |
| Western Cape | wc Eastridge Clinic | 61% |
| Western Cape | wc Ceres CDC | 60% |
| Western Cape | wc Lansdowne Clinic | 60% |
| Western Cape | wc Weltevreden Valley Clinic | 60% |
| Western Cape | wc Beaufort West Hospital | 59% |
| Western Cape | wc Vanguard CHC | 59% |
| Western Cape | wc Montagu Clinic | 58% |
| Western Cape | wc Rocklands Clinic (Re-Inspection) | 58% |
| Western Cape | wc Kraaifontein CHC | 57% |
| Western Cape | wc Riebeeck Kasteel Clinic | 57% |
| Western Cape | wc Vredenburg Clinic | 57% |
| Western Cape | wc Westridge Clinic | 57% |
| Western Cape | wc Crossroads 1 Clinic | 56% |
| Western Cape | wc Mzamomhle Clinic | 56% |
| Western Cape | wc Porterville Clinic | 56% |
| Western Cape | wc Hanover Park CHC | 55% |
| Western Cape | wc Stanford Clinic | 55% |
| Western Cape | wc Lalie Cleophas Clinic | 55% |
| Western Cape | wc Lenteguur Clinic | 54% |
| Western Cape | wc Moorreesburg Clinic (Re-Inspection) | 53% |
| Western Cape | wc Eerste River Hospital | 52% |
| Western Cape | wc Vuyani Clinic | 52% |
| Western Cape | wc Beaufort West Constitution Street Clinic | 51% |
| Western Cape | wc Louville Clinic | 51% |
| Western Cape | wc Bergsig Clinic | 49% |
| Western Cape | wc McGregor Clinic | 49% |
| Western Cape | wc Piketberg Clinic (Re-Inspection) | 49% |
| Western Cape | wc Napier Clinic | 48% |
| Western Cape | wc Langebaan Clinic | 48% |
| Western Cape | wc Piketberg Clinic | 48% |
| Western Cape | wc Kwamandlenkosi Clinic | 47% |
| Western Cape | wc Struisbaai Clinic | 47% |

| | | |
|--------------|-------------------------------------|-----|
| Western Cape | wc Diazville Clinic (Re-Inspection) | 47% |
| Western Cape | wc Moorreesburg Clinic | 47% |
| Western Cape | wc Phumlani Clinic | 47% |
| Western Cape | wc Saldanha Clinic (Re-Inspection) | 47% |
| Western Cape | wc Langebaan Clinic (Re-Inspection) | 45% |
| Western Cape | wc Saldanha Clinic | 45% |
| Western Cape | wc Masincedane Clinic | 44% |
| Western Cape | wc Elim Clinic | 43% |
| Western Cape | wc Happy Valley Clinic | 43% |
| Western Cape | wc Rocklands Clinic | 43% |
| Western Cape | wc Cogmanskloof Clinic | 40% |
| Western Cape | wc Nkqubela Clinic | 40% |
| Western Cape | wc Diazville Clinic | 40% |
| Western Cape | wc Velddrif Clinic | 40% |
| Western Cape | wc Zolani Clinic | 38% |
| Western Cape | wc Orchard Clinic | 36% |
| Western Cape | wc Phumlani Clinic (Re-Inspection) | 36% |

APPENDIX B

DASHBOARD – HOSPITALS AND CHCs



APPENDIX B: Dashboard – Hospitals

Eastern Cape

| ec Bhisno Hospital | | |
|---|---------|---------|
| Date of Inspection | May-16 | Sep-16 |
| Overall Performance | 34% | 49% |
| Non-Compliance Cut-Off Levels | | |
| Extreme Measure (X): Overall score < 100% will result in "Non-Compliance" | X = 50% | X = 60% |
| Vital Measures (V): Overall score < 90% will result in "Non-Compliance" | V = 29% | V = 44% |
| Essential Measures (E): Overall score < 80% will result in "Non-Compliance" | E = 31% | E = 47% |
| Developmental Measures (D): Overall score < 60% will result in "Non-Compliance" | D = 28% | D = 45% |
| Priority Area | | |
| Availability of medicines and supplies | 56% | 82% |
| Cleanliness | 20% | 34% |
| Improve patient safety and security | 32% | 46% |
| Infection prevention and control | 33% | 41% |
| Positive and caring attitudes | 38% | 63% |
| Waiting times | 64% | 85% |
| Domain | | |
| 1 Patients Rights | 39% | 59% |
| 2 Patient Safety / Clinical Governance / Clinical Care | 36% | 49% |
| 3 Clinical Support Services | 40% | 58% |
| 4 Public Health | 25% | 45% |
| 5 Leadership and Corporate Governance | 10% | 19% |
| 6 Operational Management | 20% | 40% |
| 7 Facilities and Infrastructure | 39% | 50% |

| ec Bambisana Hospital | | |
|---|---------|---------|
| Date of Inspection | Jul-16 | Nov-16 |
| Overall Performance | 37% | 50% |
| Non-Compliance Cut-Off Levels | | |
| Extreme Measure (X): Overall score < 100% will result in "Non-Compliance" | X = 55% | X = 65% |
| Vital Measures (V): Overall score < 90% will result in "Non-Compliance" | V = 40% | V = 57% |
| Essential Measures (E): Overall score < 80% will result in "Non-Compliance" | E = 31% | E = 45% |
| Developmental Measures (D): Overall score < 60% will result in "Non-Compliance" | D = 30% | D = 42% |
| Priority Area | | |
| Availability of medicines and supplies | 54% | 64% |
| Cleanliness | 33% | 53% |
| Improve patient safety and security | 42% | 54% |
| Infection prevention and control | 23% | 28% |
| Positive and caring attitudes | 40% | 68% |
| Waiting times | 57% | 58% |
| Domain | | |
| 1 Patients Rights | 41% | 60% |
| 2 Patient Safety / Clinical Governance / Clinical Care | 39% | 52% |
| 3 Clinical Support Services | 43% | 46% |
| 4 Public Health | 20% | 35% |
| 5 Leadership and Corporate Governance | 15% | 44% |
| 6 Operational Management | 28% | 40% |
| 7 Facilities and Infrastructure | 41% | 56% |

Free State

| fs Mofumahadi Manapo Mopeli Hospital | | |
|---|----------|---------|
| Inspection date | Sep 2012 | Dec-16 |
| Overall Performance | 80% | 59% |
| Compliance Cut-Off Levels | | |
| Extreme Measure (X): Overall score < 100% will result in "Non-Compliance" | X = 88% | X = 69% |
| Vital Measures (V): Overall score < 90% will result in "Non-Compliance" | V = 83% | V = 55% |
| Essential Measures (E): Overall score < 80% will result in "Non-Compliance" | E = 79% | E = 57% |
| Developmental Measures (D): Overall score < 60% will result in "Non-Compliance" | D = 76% | D = 59% |
| Priority Area | | |
| Availability of medicines and supplies | 67% | 66% |
| Cleanliness | 54% | 60% |
| Improve patient safety and security | 88% | 56% |
| Infection prevention and control | 82% | 66% |
| Positive and caring attitudes | 84% | 62% |
| Waiting times | 85% | 79% |
| Domain | | |
| 1 Patients Rights | 78% | 63% |
| 2 Patient Safety / Clinical Governance / Clinical Care | 91% | 63% |
| 3 Clinical Support Services | 68% | 63% |
| 4 Public Health | 71% | 52% |
| 5 Leadership and Corporate Governance | 71% | 42% |
| 6 Operational Management | 89% | 49% |
| 7 Facilities and Infrastructure | 81% | 59% |

| fs Elizabeth Ross Hospital | | |
|---|---------|---------|
| Date of Inspection | May-16 | Sep-16 |
| Overall Performance | 46% | 68% |
| Non-Compliance Cut-Off Levels | | |
| Extreme Measure (X): Overall score < 100% will result in "Non-Compliance" | X = 52% | X = 78% |
| Vital Measures (V): Overall score < 90% will result in "Non-Compliance" | V = 45% | V = 66% |
| Essential Measures (E): Overall score < 80% will result in "Non-Compliance" | E = 45% | E = 67% |
| Developmental Measures (D): Overall score < 60% will result in "Non-Compliance" | D = 48% | D = 68% |
| Priority Area | | |
| Availability of medicines and supplies | 41% | 71% |
| Cleanliness | 26% | 48% |
| Improve patient safety and security | 41% | 67% |
| Infection prevention and control | 50% | 80% |
| Positive and caring attitudes | 64% | 81% |
| Waiting times | 80% | 88% |
| Domain | | |
| 1 Patients Rights | 49% | 70% |
| 2 Patient Safety / Clinical Governance / Clinical Care | 50% | 74% |
| 3 Clinical Support Services | 45% | 66% |
| 4 Public Health | 41% | 72% |
| 5 Leadership and Corporate Governance | 43% | 53% |
| 6 Operational Management | 48% | 71% |
| 7 Facilities and Infrastructure | 42% | 66% |

| fs Fezi Ngumbentombi Hospital | | |
|---|---------|---------|
| Date of Inspection | Dec-14 | Nov-16 |
| Overall Performance | 56% | 53% |
| Non-Compliance Cut-Off Levels | | |
| Extreme Measure (X): Overall score < 100% will result in "Non-Compliance" | X = 72% | X = 73% |
| Vital Measures (V): Overall score < 90% will result in "Non-Compliance" | V = 60% | V = 48% |
| Essential Measures (E): Overall score < 80% will result in "Non-Compliance" | E = 50% | E = 51% |
| Developmental Measures (D): Overall score < 60% will result in "Non-Compliance" | D = 47% | D = 38% |
| Priority Area | | |
| Availability of medicines and supplies | 73% | 68% |
| Cleanliness | 43% | 54% |
| Improve patient safety and security | 57% | 54% |
| Infection prevention and control | 68% | 49% |
| Positive and caring attitudes | 51% | 58% |
| Waiting times | 39% | 64% |
| Domain | | |
| 1 Patients' Rights | 42% | 56% |
| 2 Patient Safety / Clinical Governance / Clinical Care | 66% | 51% |
| 3 Clinical Support Services | 63% | 61% |
| 4 Public Health | 31% | 38% |
| 5 Leadership and Corporate Governance | 45% | 36% |
| 6 Operational Management | 50% | 45% |
| 7 Facilities and Infrastructure | 62% | 61% |

Gauteng

| gp Chris Hani Baragwanath Hospital | | | |
|---|----------|---------|----------|
| Inspection Date | Sep 2012 | Oct-13 | Aug 2016 |
| Overall Performance | 77% | 74% | 74% |
| Non-Compliance Cut-Off Levels | | | |
| Extreme Measure (X): Overall score < 100% will result in "Non-Compliance" | X = 87% | X = 79% | X = 86% |
| Vital Measures (V): Overall score < 90% will result in "Non-Compliance" | V = 78% | V = 70% | V = 72% |
| Essential Measures (E): Overall score < 80% will result in "Non-Compliance" | E = 76% | E = 73% | E = 68% |
| Developmental Measures (D): Overall score < 60% will result in "Non-Compliance" | D = 68% | D = 78% | D = 61% |
| Priority Area | | | |
| Availability of medicines and supplies | 73% | 84% | 85% |
| Cleanliness | 57% | 58% | 71% |
| Improve patient safety and security | 83% | 75% | 75% |
| Infection prevention and control | 82% | 73% | 75% |
| Positive and caring attitudes | 83% | 70% | 74% |
| Waiting times | 92% | 81% | 80% |
| Domain | | | |
| 1 Patients Rights | 84% | 76% | 71% |
| 2 Patient Safety / Clinical Governance / Clinical Care | 88% | 82% | 85% |
| 3 Clinical Support Services | 72% | 72% | 76% |
| 4 Public Health | 74% | 74% | 59% |
| 5 Leadership and Corporate Governance | 67% | 75% | 48% |
| 6 Operational Management | 78% | 62% | 61% |
| 7 Facilities and Infrastructure | 66% | 68% | 70% |

| gp Leratong Hospital | | |
|---|---------|---------|
| Date of Inspection | May 12 | Sep 16 |
| Overall Performance | 86% | 67% |
| Non-Compliance Cut-Off Levels | | |
| Extreme Measure (X): Overall score < 100% will result in "Non-Compliance" | X = 91% | X = 67% |
| Vital Measures (V): Overall score < 90% will result in "Non-Compliance" | V = 86% | V = 70% |
| Essential Measures (E): Overall score < 80% will result in "Non-Compliance" | E = 86% | E = 65% |
| Developmental Measures (D): Overall score < 60% will result in "Non-Compliance" | D = 79% | D = 72% |
| Priority Area | | |
| Availability of medicines and supplies | 95% | 77% |
| Cleanliness | 69% | 63% |
| Improve patient safety and security | 90% | 67% |
| Infection prevention and control | 88% | 68% |
| Positive and caring attitudes | 79% | 68% |
| Waiting times | 81% | 63% |
| Domain | | |
| 1 Patients' Rights | 82% | 65% |
| 2 Patient Safety / Clinical Governance / Clinical Care | 95% | 79% |
| 3 Clinical Support Services | 84% | 74% |
| 4 Public Health | 89% | 57% |
| 5 Leadership and Corporate Governance | 93% | 46% |
| 6 Operational Management | 87% | 60% |
| 7 Facilities and Infrastructure | 77% | 61% |

| gp Thelle Mogoerane (Nataispruit) Hospital | | |
|---|---------|---------|
| Date of Inspection | Feb-14 | Jul-16 |
| Overall Performance | 53% | 70% |
| Non-Compliance Cut-Off Levels | | |
| Extreme Measure (X) : Overall score < 100% will result in "Non-Compliance" | X = 58% | X = 83% |
| Vital Measures (V) : Overall score < 90% will result in "Non-Compliance" | V = 50% | V = 67% |
| Essential Measures (E) : Overall score < 80% will result in "Non-Compliance" | E = 53% | E = 67% |
| Developmental Measures (D) : Overall score < 60% will result in "Non-Compliance" | D = 60% | D = 69% |
| Priority Area | | |
| Availability of medicines and supplies | 57% | 74% |
| Cleanliness | 32% | 61% |
| Improve patient safety and security | 55% | 75% |
| Infection prevention and control | 54% | 71% |
| Positive and caring attitudes | 55% | 69% |
| Waiting times | 67% | 89% |
| Domain | | |
| 1 Patients Rights | 49% | 79% |
| 2 Patient Safety / Clinical Governance / Clinical Care | 65% | 78% |
| 3 Clinical Support Services | 58% | 81% |
| 4 Public Health | 33% | 56% |
| 5 Leadership and Corporate Governance | 65% | 28% |
| 6 Operational Management | 42% | 53% |
| 7 Facilities and Infrastructure | 45% | 71% |

Mpumalanga

| mp Rob Ferreira Hospital | | |
|---|---------|---------|
| Inspection date | May -13 | Jul-16 |
| Overall Performance | 60% | 61% |
| Non-Compliance Cut-Off Levels | | |
| Extreme Measure (X) : Overall score < 100% will result in "Non-Compliance" | X = 67% | X = 71% |
| Vital Measures (V) : Overall score < 90% will result in "Non-Compliance" | V = 61% | V = 59% |
| Essential Measures (E) : Overall score < 80% will result in "Non-Compliance" | E = 58% | E = 56% |
| Developmental Measures (D) : Overall score < 60% will result in "Non-Compliance" | D = 62% | D = 53% |
| Priority Area | | |
| Availability of medicines and supplies | 73% | 76% |
| Cleanliness | 34% | 53% |
| Improve patient safety and security | 62% | 60% |
| Infection prevention and control | 60% | 63% |
| Positive and caring attitudes | 64% | 60% |
| Waiting times | 67% | 51% |
| Domain | | |
| 1 Patients Rights | 56% | 53% |
| 2 Patient Safety / Clinical Governance / Clinical Care | 65% | 64% |
| 3 Clinical Support Services | 71% | 72% |
| 4 Public Health | 53% | 56% |
| 5 Leadership and Corporate Governance | 44% | 32% |
| 6 Operational Management | 62% | 52% |
| 7 Facilities and Infrastructure | 56% | 64% |

| mp Embhuleni Hospital | | |
|---|---------|---------|
| Date of Inspection | Jul-13 | Sep 16 |
| Overall Performance | 46% | 63% |
| Non-Compliance Cut-Off Levels | | |
| Extreme Measure (X): Overall score < 100% will result in "Non-Compliance" | X = 60% | X = 68% |
| Vital Measures (V): Overall score < 90% will result in "Non-Compliance" | V = 40% | V = 64% |
| Essential Measures (E): Overall score < 80% will result in "Non-Compliance" | E = 44% | E = 61% |
| Developmental Measures (D): Overall score < 60% will result in "Non-Compliance" | D = 48% | D = 57% |
| Priority Area | | |
| Availability of medicines and supplies | 54% | 79% |
| Cleanliness | 38% | 52% |
| Improve patient safety and security | 42% | 60% |
| Infection prevention and control | 52% | 70% |
| Positive and caring attitudes | 66% | 75% |
| Waiting times | 43% | 91% |
| Domain | | |
| 1 Patients Rights | 48% | 75% |
| 2 Patient Safety / Clinical Governance / Clinical Care | 51% | 68% |
| 3 Clinical Support Services | 51% | 67% |
| 4 Public Health | 51% | 49% |
| 5 Leadership and Corporate Governance | 16% | 34% |
| 6 Operational Management | 40% | 55% |
| 7 Facilities and Infrastructure | 46% | 60% |

Northern Cape

| nc Kimberley Hospital | | | |
|---|----------|---------|----------|
| Inspection date | Sep 2012 | Feb-16 | Jun 2016 |
| Overall Performance | 75% | 47% | 63% |
| Non-Compliance Cut-Off Levels | | | |
| Extreme Measure (X): Overall score < 100% will result in "Non-Compliance" | X = 90% | X = 68% | X = 77% |
| Vital Measures (V): Overall score < 90% will result in "Non-Compliance" | V = 78% | V = 39% | V = 56% |
| Essential Measures (E): Overall score < 80% will result in "Non-Compliance" | E = 72% | E = 42% | E = 61% |
| Developmental Measures (D): Overall score < 60% will result in "Non-Compliance" | D = 82% | D = 32% | D = 63% |
| Priority Area | | | |
| Availability of medicines and supplies | 71% | 54% | 76% |
| Cleanliness | 53% | 46% | 41% |
| Improve patient safety and security | 82% | 48% | 66% |
| Infection prevention and control | 82% | 53% | 65% |
| Positive and caring attitudes | 77% | 53% | 59% |
| Waiting times | 62% | 63% | 46% |
| Domain | | | |
| 1 Patients Rights | 76% | 51% | 61% |
| 2 Patient Safety / Clinical Governance / Clinical Care | 87% | 55% | 68% |
| 3 Clinical Support Services | 84% | 47% | 70% |
| 4 Public Health | 85% | 22% | 56% |
| 5 Leadership and Corporate Governance | 76% | 16% | 52% |
| 6 Operational Management | 45% | 25% | 56% |
| 7 Facilities and Infrastructure | 72% | 53% | 62% |

Western Cape

| wc Eerste River Hospital | | |
|---|---------|---------|
| Date of Inspection | Jul-16 | Feb 17 |
| Overall Performance | 52% | 62% |
| Non-Compliance Cut-Off Levels | | |
| Extreme Measure (X) : Overall score < 100% will result in "Non-Compliance" | X = 78% | X = 79% |
| Vital Measures (V) : Overall score <90% will result in "Non-Compliance" | V = 49% | V = 60% |
| Essential Measures (E) : Overall score < 80% will result in "Non- Compliance" | E = 47% | E = 58% |
| Developmental Measures (D) : Overall score < 60% will result in "Non-Compliance" | D = 41% | D = 52% |
| Priority Area | | |
| Availability of medicines and supplies | 71% | 71% |
| Cleanliness | 65% | 78% |
| Improve patient safety and security | 55% | 66% |
| Infection prevention and control | 50% | 53% |
| Positive and caring attitudes | 64% | 66% |
| Waiting times | 70% | 68% |
| Domain | | |
| 1 Patients Rights | 58% | 73% |
| 2 Patient Safety / Clinical Governance / Clinical Care | 47% | 63% |
| 3 Clinical Support Services | 66% | 63% |
| 4 Public Health | 26% | 46% |
| 5 Leadership and Corporate Governance | 23% | 21% |
| 6 Operational Management | 38% | 57% |
| 7 Facilities and Infrastructure | 67% | 71% |

APPENDIX B: Dashboard – CHC

| ec Mqanduli CHC | | |
|---|---------|---------|
| Date of Inspection | Nov-12 | Nov-16 |
| Overall Performance | 42% | 49% |
| Non-Compliance Cut-Off Levels | | |
| Extreme Measure (X) : Overall score < 100% will result in "Non-Compliance" | X = 37% | X = 70% |
| Vital Measures (V) : Overall score <90% will result in "Non-Compliance" | V = 48% | V = 50% |
| Essential Measures (E) : Overall score < 80% will result in "Non- Compliance" | E = 43% | E = 43% |
| Developmental Measures (D) : Overall score < 60% will result in "Non-Compliance" | D = 33% | D = 42% |
| Priority Area | | |
| Availability of medicines and supplies | 76% | 45% |
| Cleanliness | 28% | 55% |
| Improve patient safety and security | 40% | 50% |
| Infection prevention and control | 46% | 55% |
| Positive and caring attitudes | 58% | 71% |
| Waiting times | 69% | 35% |
| Domain | | |
| 1 Patients Rights | 55% | 54% |
| 2 Patient Safety / Clinical Governance / Clinical Care | 44% | 55% |
| 3 Clinical Support Services | 55% | 46% |
| 4 Public Health | 24% | 23% |
| 5 Leadership and Corporate Governance | 50% | 0% |
| 6 Operational Management | 28% | 38% |
| | 27% | 49% |

| ec Dimbaza CHC | | |
|---|---------|---------|
| Date of Inspection | May-16 | Sep-16 |
| Overall Performance | 39% | 45% |
| Non-Compliance Cut-Off Levels | | |
| Extreme Measure (X) : Overall score < 100% will result in "Non-Compliance" | X = 51% | X = 46% |
| Vital Measures (V) : Overall score <90% will result in "Non-Compliance" | V = 40% | V = 42% |
| Essential Measures (E) : Overall score < 80% will result in "Non- Compliance" | E = 35% | E = 47% |
| Developmental Measures (D) : Overall score < 60% will result in "Non-Compliance" | D = 35% | D = 46% |
| Priority Area | | |
| Availability of medicines and supplies | 68% | 81% |
| Cleanliness | 29% | 26% |
| Improve patient safety and security | 37% | 38% |
| Infection prevention and control | 35% | 48% |
| Positive and caring attitudes | 37% | 53% |
| Waiting times | 40% | 61% |
| Domain | | |
| 1 Patients Rights | 37% | 42% |
| 2 Patient Safety / Clinical Governance / Clinical Care | 39% | 49% |
| 3 Clinical Support Services | 55% | 65% |
| 4 Public Health | 21% | 31% |
| 5 Leadership and Corporate Governance | 0% | 0% |
| 6 Operational Management | 45% | 37% |
| 7 Facilities and Infrastructure | 27% | 33% |

| ec Port St Johns CHC | | |
|---|---------|---------|
| Date of Inspection | Jul-16 | Nov 16 |
| Overall Performance | 38% | 37% |
| Non-Compliance Cut-Off Levels | | |
| Extreme Measure (X): Overall score < 100% will result in "Non-Compliance" | 1q2 | X = 46% |
| Vital Measures (V): Overall score < 90% will result in "Non-Compliance" | V = 32% | V = 37% |
| Essential Measures (E): Overall score < 80% will result in "Non-Compliance" | E = 42% | E = 35% |
| Developmental Measures (D): Overall score < 60% will result in "Non-Compliance" | D = 37% | D = 32% |
| Priority Area | | |
| Availability of medicines and supplies | 31% | 31% |
| Cleanliness | 25% | 28% |
| Improve patient safety and security | 32% | 35% |
| Infection prevention and control | 49% | 38% |
| Positive and caring attitudes | 52% | 59% |
| Waiting times | 80% | 60% |
| Domain | | |
| 1 Patients Rights | 46% | 47% |
| 2 Patient Safety / Clinical Governance / Clinical Care | 41% | 34% |
| 3 Clinical Support Services | 37% | 29% |
| 4 Public Health | 16% | 11% |
| 5 Leadership and Corporate Governance | 0% | 0% |
| 6 Operational Management | 32% | 22% |
| 7 Facilities and Infrastructure | 34% | 47% |

| fs MUCPP CHC | | |
|---|---------|---------|
| Date of Inspection | Mar 12 | Sep 16 |
| Overall Performance | 47% | 47% |
| Non-Compliance Cut-Off Levels | | |
| Extreme Measure (X): Overall score < 100% will result in "Non-Compliance" | X = 58% | X = 60% |
| Vital Measures (V): Overall score < 90% will result in "Non-Compliance" | V = 38% | V = 44% |
| Essential Measures (E): Overall score < 80% will result in "Non-Compliance" | E = 49% | E = 44% |
| Developmental Measures (D): Overall score < 60% will result in "Non-Compliance" | D = 42% | D = 62% |
| Priority Area | | |
| Availability of medicines and supplies | 58% | 51% |
| Cleanliness | 43% | 32% |
| Improve patient safety and security | 45% | 50% |
| Infection prevention and control | 17% | 36% |
| Positive and caring attitudes | 79% | 48% |
| Waiting times | 62% | 48% |
| Domain | | |
| 1 Patients Rights | 58% | 51% |
| 2 Patient Safety / Clinical Governance / Clinical Care | 25% | 44% |
| 3 Clinical Support Services | 59% | 44% |
| 4 Public Health | 15% | 30% |
| 5 Leadership and Corporate Governance | 50% | 0% |
| 6 Operational Management | 31% | 41% |
| 7 Facilities and Infrastructure | 48% | 54% |

| fs Zamdela CHC | | |
|---|---------|---------|
| Date of Inspection | Jul -13 | Nov-16 |
| Overall Performance | 46% | 41% |
| Non-Compliance Cut-Off Levels | | |
| Extreme Measure (X): Overall score < 100% will result in "Non-Compliance" | X = 51% | X = 48% |
| Vital Measures (V): Overall score <90% will result in "Non-Compliance" | V = 41% | V = 38% |
| Essential Measures (E): Overall score < 80% will result in "Non- Compliance" | E = 50% | E = 40% |
| Developmental Measures (D): Overall score < 60% will result in "Non-Compliance" | D = 38% | D = 49% |
| Priority Area | | |
| Availability of medicines and supplies | 59% | 53% |
| Cleanliness | 41% | 32% |
| Improve patient safety and security | 42% | 37% |
| Infection prevention and control | 48% | 35% |
| Positive and caring attitudes | 60% | 56% |
| Waiting times | 29% | 38% |
| Domain | | |
| 1 Patients Rights | 41% | 42% |
| 2 Patient Safety / Clinical Governance / Clinical Care | 55% | 36% |
| 3 Clinical Support Services | 51% | 55% |
| 4 Public Health | 59% | 31% |
| 5 Leadership and Corporate Governance | 50% | 0% |
| 6 Operational Management | 57% | 18% |
| 7 Facilities and Infrastructure | 33% | 38% |

| Ip Dr Machupe Mphahlele CHC | | |
|---|---------|---------|
| Date of Inspection | Nov 16 | Feb 17 |
| Overall Performance | 46% | 50% |
| Non-Compliance Cut-Off Levels | | |
| Extreme Measure (X): Overall score < 100% will result in "Non-Compliance" | X = 53% | X = 44% |
| Vital Measures (V): Overall score <90% will result in "Non-Compliance" | V = 45% | V = 49% |
| Essential Measures (E): Overall score < 80% will result in "Non- Compliance" | E = 44% | E = 52% |
| Developmental Measures (D): Overall score < 60% will result in "Non-Compliance" | D = 52% | D = 58% |
| Priority Area | | |
| Availability of medicines and supplies | 53% | 47% |
| Cleanliness | 42% | 46% |
| Improve patient safety and security | 44% | 45% |
| Infection prevention and control | 31% | 43% |
| Positive and caring attitudes | 55% | 70% |
| Waiting times | 80% | 82% |
| Domain | | |
| 1 Patients Rights | 56% | 64% |
| 2 Patient Safety / Clinical Governance / Clinical Care | 34% | 41% |
| 3 Clinical Support Services | 47% | 45% |
| 4 Public Health | 27% | 35% |
| 5 Leadership and Corporate Governance | 67% | 67% |
| 6 Operational Management | 13% | 55% |
| 7 Facilities and Infrastructure | 58% | 52% |

| nc Noupoot (Fritz Visser) CHC | | |
|---|---------|---------|
| Date of Inspection | Oct-15 | Mar-16 |
| Overall Performance | 45% | 41% |
| Non-Compliance Cut-Off Levels | | |
| Extreme Measure (X) : Overall score < 100% will result in "Non-Compliance" | X = 57% | X = 64% |
| Vital Measures (V) : Overall score < 90% will result in "Non-Compliance" | V = 37% | V = 39% |
| Essential Measures (E) : Overall score < 80% will result in "Non-Compliance" | E = 46% | E = 35% |
| Developmental Measures (D) : Overall score < 60% will result in "Non-Compliance" | D = 39% | D = 30% |
| Priority Area | | |
| Availability of medicines and supplies | 72% | 53% |
| Cleanliness | 19% | 24% |
| Improve patient safety and security | 44% | 45% |
| Infection prevention and control | 34% | 38% |
| Positive and caring attitudes | 80% | 55% |
| Waiting times | 47% | 53% |
| Domain | | |
| 1 Patients Rights | 50% | 38% |
| 2 Patient Safety / Clinical Governance / Clinical Care | 43% | 46% |
| 3 Clinical Support Services | 57% | 48% |
| 4 Public Health | 21% | 17% |
| 5 Leadership and Corporate Governance | 0% | 67% |
| 6 Operational Management | 41% | 29% |
| 7 Facilities and Infrastructure | 36% | 37% |

APPENDIX C

LIST OF TABLES AND FIGURES



APPENDIX C: List of Tables and Figures

A. List of Tables

- Table 1:** Summary of Inspections targeted in public health establishments per the level of care in the nine provinces for 2016/17.
- Table 2:** Breakdown of targeted public health establishment by Province for 2016/17.
- Table 3:** Functional areas inspected according to the level of care.
- Table 4:** Number of inspections conducted in public health facilities in the nine provinces.
- Table 5:** Number of health establishments inspected in public health facilities in the nine provinces.
- Table 6:** Compliance Judgement Framework.
- Table 7:** Number of re-inspections conducted in public health establishments in SA for 2016/17.
- Table 8:** Total re-inspections (6 months and beyond 6 months).
- Table 9:** Calculated time lapse between 1st and subsequent inspection of Hospitals in Provinces.
- Table 10:** Calculated time lapse between 1st and subsequent inspection of CHCs in Provinces.
- Table 11:** Calculated time lapse between 1st and subsequent inspection of clinics in Alfred Nzo District Municipality.
- Table 12:** Calculated time lapse between 1st and subsequent inspection of clinics in Buffalo City Metropolitan Municipality
- Table 13:** Calculated time lapse between 1st and subsequent inspection of clinics in Chris Hani District Municipality.
- Table 14:** Calculated time lapse between 1st and subsequent inspection of clinics in Joe Gqabi District Municipality.
- Table 15:** Calculated time lapse between 1st and subsequent inspection of clinics in Oliver Tambo District Municipality.
- Table 16:** Calculated time lapse between 1st and subsequent inspection of clinics in Fezile Dabi District Municipality.
- Table 17:** Calculated time lapse between 1st and subsequent inspection of clinics in Lejweleputswa District Municipality.
- Table 18:** Calculated time lapse between 1st and subsequent inspection of clinics in Mangaung Metropolitan Municipality.
- Table 19:** Calculated time lapse between 1st and subsequent inspection of clinics in Thabo Mofutsanyane District Municipality.
- Table 20:** Calculated time lapse between 1st and subsequent inspection of clinics in City of Johannesburg Metropolitan Municipality.
- Table 21:** Calculated time lapse between 1st and subsequent inspection of clinics in City of Tshwane Metropolitan Municipality.
- Table 22:** Calculated time lapse between 1st and subsequent inspection of clinics in Sedibeng District Municipality.
- Table 23:** Calculated time lapse between 1st and subsequent inspection of clinics in West Rand District Municipality.
- Table 24:** Calculated time lapse between 1st and subsequent inspection of clinics in iLembe District Municipality.

| | |
|------------------|--|
| Table 25: | Calculated time lapse between 1st and subsequent inspection of clinics in uMgungundlovu District Municipality. |
| Table 26: | Calculated time lapse between 1st and subsequent inspection of clinics in Capricorn District Municipality. |
| Table 27: | Calculated time lapse between 1st and subsequent inspection of clinics in Greater Sekhukhune District Municipality. |
| Table 28: | Calculated time lapse between 1st and subsequent inspection of clinics in Mopani District Municipality |
| Table 29: | Calculated time lapse between 1st and subsequent inspection of clinics in Vhembe District Municipality. |
| Table 30: | Calculated time lapse between 1st and subsequent inspection of clinics in Waterberg District Municipality. |
| Table 31: | Calculated time lapse between 1st and subsequent inspection of clinics in Ehlanzeni District Municipality. |
| Table 32: | Calculated time lapse between 1st and subsequent inspection of clinics in Dr Kenneth Kaunda District Municipality. |
| Table 33: | Calculated time lapse between 1st and subsequent inspection of clinics in John Taolo Gaetsewe District Municipality. |
| Table 34: | Calculated time lapse between 1st and subsequent inspection of clinics in Namakwa District Municipality. |
| Table 35: | Calculated time lapse between 1st and subsequent inspection of clinics in Pixley ka Seme District Municipality. |
| Table 36: | Calculated time lapse between 1st and subsequent inspection of clinics in City of Cape Town Metropolitan Municipality. |
| Table 37: | Calculated time lapse between 1st and subsequent inspection of clinics in West Coast District Municipality. |
| Table 38: | Calculated time lapse between 1st and subsequent inspection of clinics in West Coast District Municipality. |
| Table 39: | District Hospitals. |
| Table 40: | District Hospitals. |
| Table 41: | District Hospitals. |
| Table 42: | District Hospitals. |
| Table 43: | District Hospitals. |
| Table 44: | District Hospitals. |
| Table 45: | Regional Hospitals. |
| Table 46: | Regional Hospitals. |
| Table 47: | Regional Hospitals. |
| Table 48: | Regional Hospitals. |
| Table 49: | Regional Hospitals. |
| Table 50: | Regional Hospitals. |
| Table 51: | Community Health Centres. |
| Table 55: | Community Health Centres |
| Table 52: | Community Health Centres. |
| Table 53: | Community Health Centres |
| Table 54: | Community Health Centres. |
| Table 55: | Community Health Centres. |

B. List of Figures

- Figure 1:** Structure of the seven domains.
- Figure 2:** Average scores by province.
- Figure 3:** Average scores by facility type.
- Figure 4:** Average scores by facility type and province.
- Figure 5:** Average scores by domain and facility type.
- Figure 6:** Average scores by Ministerial Priority Areas and Facility Type.
- Figure 7:** Overall Average Percentage Outcome Scores per Province.
- Figure 8:** Availability of Medicines and Supplies Scores per Province.
- Figure 9:** Cleanliness Scores per province.
- Figure 10:** Patient Safety Scores per Province.
- Figure 11:** Infection Prevention and Control per Province.
- Figure 12:** Values and Attitudes Scores per Province.
- Figure 13:** Waiting Times Score per Province.
- Figure 14:** Patient Rights Scores per Province.
- Figure 15:** Patient Safety, Clinical Governance and Care Scores per Province.
- Figure 16:** Clinical Support Services Scores per Province.
- Figure 17:** Public Health Scores per Province.
- Figure 18:** Leadership & Corporate Governance Scores per Province.
- Figure 19:** Operational Management Scores per Province.
- Figure 20:** Facilities and Infrastructure Domain Scores per Province.
- Figure 21:** Compliance judgement pie charts – Eastern Cape.
- Figure 22:** Compliance judgement pie charts – Free State.
- Figure 23:** Compliance judgement pie charts – Gauteng.
- Figure 24:** Compliance judgement pie charts – KwaZulu Natal.
- Figure 25:** Compliance judgement pie charts – Limpopo.
- Figure 26:** Compliance judgement pie charts – Mpumalanga.
- Figure 27:** Compliance judgement pie charts – Northern Cape.
- Figure 28:** Compliance judgement pie charts – North West.
- Figure 29:** Compliance judgement pie charts – Western Cape.
- Figure 30:** Compliance judgement pie charts – National.
- Figure 31:** Average percentage outcome scores per facility type.
- Figure 32:** Average percentage outcome scores per facility type.
- Figure 33:** Average percentage outcome score per Ministerial priority area.
- Figure 34:** Average percentage outcome per facility type.
- Figure 35:** Average percentage outcome score by domain.
- Figure 36:** Average percentage outcome score per Ministerial priority area.
- Figure 37:** Average percentage outcome score per facility type.
- Figure 38:** Average percentage outcome score per domain.
- Figure 39:** Average percentage outcome score per Ministerial priority area.
- Figure 40:** Average percentage outcome score per domain.
- Figure 41:** Average percentage outcome score per domain.
- Figure 42:** Average percentage outcome per Ministerial priority area.
- Figure 44:** Average percentage outcome score per facility.
- Figure 45:** Average percentage outcome per domain.
- Figure 46:** Average percentage outcome score per facility type.
- Figure 47:** Average percentage outcome score per domain.

- Figure 48:** Average percentage outcome score per Ministerial priority area.
- Figure 49:** Average percentage outcome score per facility type.
- Figure 50:** Average percentage outcome score per domain.
- Figure 51:** Average percentage outcome score per Ministerial priority area.
- Figure 52:** Average percentage outcome score per facility type.
- Figure 53:** Average percentage outcome score per domain.
- Figure 54:** Average percentage outcome score per domain
- Figure 55:** Average percentage outcome score per facility type.
- Figure 56:** Average percentage outcome score per domain.
- Figure 57:** Average percentage outcome score per Ministerial priority area.
- Figure 58:** Overall inspection scores and percent score change of re-inspected Hospitals in Provinces.
- Figure 59:** Overall inspection scores and percent score change of re-inspected CHCs in Provinces.
- Figure 60:** Overall inspection scores and percent score change of re-inspected clinics in Alfred Nzo District Municipality.
- Figure 61:** Overall inspection scores and percent score change of re-inspected clinics in Buffalo City Metropolitan Municipality.
- Figure 62:** Overall inspection scores and percent score change of re-inspected clinics in Chris Hani District Municipality.
- Figure 63:** Overall inspection scores and percent score change of re-inspected clinics in Joe Gqabi District Municipality.
- Figure 64:** Overall inspection scores and percent score change of re-inspected clinics in Oliver Tambo District Municipality.
- Figure 65:** Overall inspection scores and percent score change of re-inspected clinics in Fezile Dabi District Municipality.
- Figure 66:** Overall inspection scores and percent score change of re-inspected clinics in Lejweleputswa District Municipality.
- Figure 67:** Overall inspection scores and percent score change of re-inspected clinics in Mangaung Metropolitan Municipality.
- Figure 68:** Overall inspection scores and percent score change of re-inspected clinics in Thabo Mofutsanyane District Municipality.
- Figure 69:** Overall inspection scores and percent score change of re-inspected clinics in City of Johannesburg Metropolitan Municipality.
- Figure 70:** Overall inspection scores and percent score change of re-inspected clinics in City of Tshwane Metropolitan Municipality.
- Figure 71:** Overall inspection scores and percent score change of re-inspected clinics in Sedibeng District Municipality.
- Figure 72:** Overall inspection scores and percent score change of re-inspected clinics in West Rand District Municipality.
- Figure 73:** Overall inspection scores and percent score change of re-inspected clinics in iLembe District Municipality.
- Figure 74:** Overall inspection scores and percent score change of re-inspected clinics in uMgungundlovu District Municipality.
- Figure 75:** Overall inspection scores and percent score change of re-inspected clinics in Capricorn District Municipality.
- Figure 76:** Overall inspection scores and percent score change of re-inspected clinics in Greater Sekhukhune District Municipality.
- Figure 77:** Overall inspection scores and percent score change of re-inspected clinics in Mopani District Municipality.
- Figure 78:** Overall inspection scores and percent score change of re-inspected clinics in Vhembe District Municipality.

- Figure 79:** Overall inspection scores and percent score change of re-inspected clinics in Waterberg District Municipality.
- Figure 80:** Overall inspection scores and percent score change of re-inspected clinics in Ehlanzeni District Municipality.
- Figure 81:** Overall inspection scores and percent score change of re-inspected clinics in Dr Kenneth Kaunda District Municipality.
- Figure 82:** Overall inspection scores and percent score change of re-inspected clinics in John Taolo Gaetsewe District Municipality.
- Figure 83:** Overall inspection scores and percent score change of re-inspected clinics in Namakwa District Municipality.
- Figure 84:** Overall inspection scores and percent score change of re-inspected clinics in Pixley ka Seme District Municipality.
- Figure 85:** Overall inspection scores and percent score change of re-inspected clinics in City of Cape Town Metropolitan Municipality.
- Figure 86:** Overall inspection scores and percent score change of re-inspected clinics in Overberg District Municipality.
- Figure 87:** Overall inspection scores and percent score change of re-inspected clinics in West Coast District Municipality.
- Figure 88:** Average Performance Score by district.

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