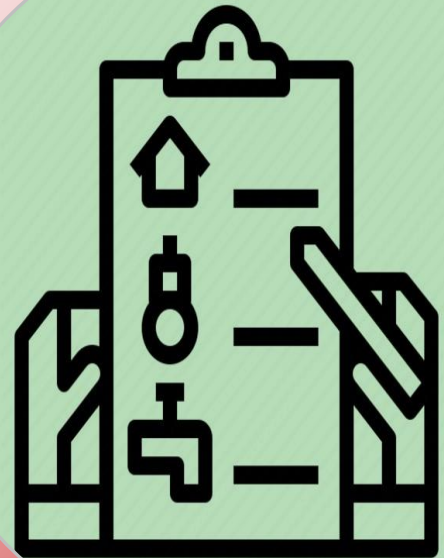




OHSC

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

Regulatory Central Hospital Inspection Tool v1.0



Human Resource Management



Facility:
Date:

- **Tool Name:** Regulatory Central Hospital Inspection Tool v1.0
- **HEs Type:** Hospitals
- **Sector:** Public
- **Specialization:** Central
- **Created By:** Health Standards Development and Training

2 Human Resource Management

Domain 2.2 CLINICAL GOVERNANCE AND CLINICAL CARE

Sub Domain 2.2.1 7 Clinical management

Standard 2.2.1.1 7(2) (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

Criterion 2.2.1.1.1 7 Health care personnel receive ongoing in-service education according to their roles and responsibilities.

2.2.1.1.1.1 The annual in-service education and training plan is available.

Assessment type: Document - **Risk rating:** Essential measure

Request the annual in-service education and training plan. The document must be signed and dated.

Not applicable: Never

Score	Comment

Criterion 2.2.1.1.2 7 Health care providers must provide clinical services consistent with their qualifications.

2.2.1.1.2.1 There is a designated or appointed central sterilisation services manager.

Assessment type: Document - **Risk rating:** Vital measure

Evidence could include a formal letter of appointment or designation or included in job description.

Not applicable: Never

Score	Comment

2.2.1.1.2.2 There is a designated or appointed radiology department manager.

Assessment type: Document - **Risk rating:** Vital measure

Evidence could include a formal letter of appointment or designation or included in job description.

Not applicable: Never

Score	Comment

2.2.1.1.2.3 There is a designated or appointed infection prevention and control manager.

Assessment type: Document - **Risk rating:** Vital measure

Evidence could include a formal letter of appointment or designation or included in job description.

Not applicable: Never

Score	Comment

Criterion 2.2.1.1.3 7 Health care personnel must be inducted into the health establishment's policies and procedures and receive orientation training for their specific responsibilities.

2.2.1.1.3.1 The health establishment provides induction to newly appointed health care personnel.

Assessment type: Document - **Risk rating:** Essential measure

Request records from the previous twelve months and verify whether induction has been conducted for newly appointed health care personnel. Evidence should include proof of attendance, additional evidence may comprise of an induction programme, presentations and induction report.

Not applicable: Where no new health care personnel were appointed in the previous twelve months.

Score	Comment

Criterion 2.2.1.1.4 7 A designated and knowledgeable staff member responsible for waste management must oversee compliance with relevant legislation and standards.

2.2.1.1.4.1 There is a designated or appointed waste manager.

Assessment type: Document - **Risk rating:** Essential measure

Evidence could include a formal letter of appointment or designation or included in job description.

Not applicable: Never

Score	Comment

Criterion 2.2.1.1.5 7 The health establishment must have a functional quality management system.

2.2.1.1.5.1 There is a designated individual to co-ordinate quality management programme.

Assessment type: Document - **Risk rating:** Vital measure

Evidence could include a formal letter of appointment or designation or included in job description.

Not applicable: Never

Score	Comment

Domain 2.4 GOVERNANCE AND HUMAN RESOURCES

Sub Domain 2.4.1 19 Human resources management

Standard 2.4.1.1 19(1) The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation, policies and guidelines.

Criterion 2.4.1.1.1 19(2)(a) The health establishment must, as appropriate to the type and size of the establishment, have and implement a human resource plan that meet the needs of the health establishment.

2.4.1.1.1.1 Senior management positions are occupied by permanently appointed health care personnel.

Assessment type: Document - **Risk rating:** Essential measure

Verify whether senior management positions in the health establishments are occupied by individuals appointed permanently. Score 1 if the aspect is compliant and 0 if not compliant. Score 0 where the position has been occupied by an acting person for more than twelve months, this is in line with Public Service Regulation section 65(7). Reference: (R. 877 Public Service Act, 1994: Public Service Regulations, 2016). (R. 878 Public Service Act, 1994 (section 41): Government notice: Public Service Regulations, 2016)

Score	Comment	
Aspects	Score	Comment
1. Hospital manager or CEO		
2. Human resources manager		
3. Nursing services manager		
4. Quality manager		
5. Financial manager. (In other health establishments one manager will be responsible for Finance and Procurement)		
6. Procurement manager. (In other health establishments one manager will be responsible for Finance and Procurement)		
7. Facility infrastructure manager		
8. Head of clinical management		
9. Pharmacy Manager		

2.4.1.1.1.2 Senior managers have the required qualifications.

Assessment type: Document - **Risk rating:** Essential measure

Verify whether appointed senior managers comply with qualifications listed below. Score 1 if compliant and 0 if not compliant.

Not applicable: For positions not available in the health establishments' structure or positions not filled.

Score	Comment	
Aspects	Score	Comment
1. Manager or CEO (A health qualification or business management qualification or other higher education qualification).		
2. Human resources manager (Diploma or degree in human resources management)		
3. Nursing services manager (Diploma or degree in nursing management)		
4. Quality manager (Qualifications in health-related field)		
5. Financial manager (Diploma or degree in financial management). (In other health establishments one manager will be responsible for Finance and Procurement)		
6. Procurement manager (Diploma or degree in financial management or procurement). (In other health establishments one manager will be responsible for Finance and Procurement)		

7. Facility infrastructure manager (Diploma or degree in facility management or engineering)		
8. Head of clinical management (Degree in medicine)		
9. Pharmacy Manager (Degree in Pharmacy)		

2.4.1.1.1.3 Health care personnel appointments are consistent with the approved staffing plan.

Assessment type: Document - **Risk rating:** Essential measure

Verify whether health care personnel are appointed in line with the approved staffing plan. Sample any five units and assess whether the health care personnel complement aligns with the approved staffing plan. Score 1 if compliant and 0 if not.

Score	Comment	
Aspects	Score	Comment
1. Unit 1		
2. Unit 2		
3. Unit 3		
4. Unit 4		
5. Unit 5		

2.4.1.1.1.4 The health establishment has a strategy or standard operating procedure or guideline for staff retention in place.

Assessment type: Document - **Risk rating:** Essential measure

A document with specific focus on retention plans and health care personnel rewards, recognition programmes and incentives must be available.

Not applicable: Never

Score	Comment

2.4.1.1.1.5 Health care personnel have signed job descriptions.

Assessment type: Document - **Risk rating:** Essential measure

Randomly sample five health care personnel files and verify whether job descriptions are available. The job descriptions must as a minimum include name and surname of incumbent, list of activities or responsibilities or key performance areas, must be dated, must be signed by the incumbent and supervisor. Score 1 if compliant and 0 if it is not.

Score	Comment	
Aspects	Score	Comment
1. Health care personnel 1		

2. Health care personnel 2		
3. Health care personnel 3		
4. Health care personnel 4		
5. Health care personnel 5		

Criterion 2.4.1.1.2 19(2)(b) The health establishment must, as appropriate to the type and size of the establishment, have a performance management and development system in place.

2.4.1.1.2.1 Health care personnel have signed performance management agreements.

Assessment type: Document - **Risk rating:** Essential measure

Randomly sample five files of health care personnel and verify whether performance agreements are available. The performance agreements must as a minimum include name and surname of incumbent, key performance areas, activities, outputs, must be dated, must be signed by the incumbent and supervisor. Score 1 if the aspect is compliant and 0 if not compliant.

Score	Comment	
Aspects	Score	Comment
1. Health care personnel 1		
2. Health care personnel 2		
3. Health care personnel 3		
4. Health care personnel 4		
5. Health care personnel 5		

2.4.1.1.2.2 Health care personnel undergo performance reviews.

Assessment type: Document - **Risk rating:** Essential measure

The performance reviews must do conducted in line with the DPSA PMDS Policy. Randomly sample five files of health care personnel and verify whether performance reviews have been conducted in the previous financial year. The performance reviews must be dated and signed by the incumbent and supervisor. Score 1 if compliant and 0 if not.

Score	Comment	
Aspects	Score	Comment
1. Health care personnel 1		
2. Health care personnel 2		
3. Health care personnel 3		
4. Health care personnel 4		
5. Health care personnel 5		

2.4.1.1.2.3 Remedial action is implemented where poor performance is identified.

Assessment type: Document - **Risk rating:** Essential measure

Implementation/intervention reports indicating action taken to address failures in performance must be available. Reports must be dated and signed by the respective individuals and their supervisors.

Not applicable: Where no remedial action is required.

Score	Comment

Criterion 2.4.1.1.3 19(2)(c) The health establishment must, as appropriate to the type and size of the establishment, have a system to monitor that health care personnel maintain their professional registration with the relevant councils on an annual basis.

2.4.1.1.3.1 Health care providers have a current registration with relevant health professional bodies.

Assessment type: Document - **Risk rating:** Essential measure

Randomly sample fifteen files of health care providers from different categories and verify whether they have current registration with the relevant professional/statutory bodies. A copy of the registration certificate or card issued by the professional/statutory body must be available. For nurses the following evidence must be accepted (a) a copy of the last published issue of a register or any supplementary list purported to be printed and published in terms of section 35 of the Act;(b) a South African Nursing Council certificate of registration ; (c) a South African Nursing Council annual practising certificate (APC); (d) a certified copy under the hand of the Registrar of the entry of the person's name in the register; (e) eRegister published (displayed on the Internet) in terms of section 35 of the Nursing Act, 2005 can legally be used by employers to verify that a person is registered in terms of the Nursing Act, 2005. Other Statutory bodies/councils will issue a virtual card which must be accepted. Score 1 if compliant and 0 if not.

Score	Comment	
Aspects	Score	Comment
1. Health care provider 1		
2. Health care provider 2		
3. Health care provider 3		
4. Health care provider 4		
5. Health care provider 5		
6. Health care provider 6		
7. Health care provider 7		
8. Health care provider 8		
9. Health care provider 9		
10. Health care provider 10		
11. Health care provider 11		
12. Health care provider 12		
13. Health care provider 13		

14. Health care provider 14		
15. Health care provider 15		

Criterion 2.4.1.1.4 19 Health care personnel recruitment and selection procedures must be adhered to by the health establishment.

2.4.1.1.4.1 The health establishment adheres to its recruitment and selection procedures.

Assessment type: Document - **Risk rating:** Vital measure

Randomly sample three recruitment documents of employees appointed by the health establishment in the previous twelve months. Verify whether the appointments comply with the requirements listed in the recruitment and selection procedures (this will include but is not limited to advertisement of position, screening of applications, shortlisting of applicants, interview process and appointment of successful candidate). Score 1 if the files are compliant and 0 if not compliant.

Score	Comment	
Aspects	Score	Comment
1. Record 1		
2. Record 2		
3. Record 3		

Criterion 2.4.1.1.5 19 The health establishment must have the most up to date human resources policies and comply with labour legislation.

2.4.1.1.5.1 Provincial or health establishment human resources policies are available.

Assessment type: Document - **Risk rating:** Essential measure

Verify whether the documents listed below are available. The documents must be dated and signed. Score 1 if the document is available and 0 if not available.

Score	Comment	
Aspects	Score	Comment
1. Leave Policy		
2. Recruitment and Selection Policy		
3. Skills Development Policy or Education and Training Policy		
4. Remuneration Policy		
5. Performance Management Policy		
6. Employment Equity Policy		
7. Disciplinary Policy		
8. Grievance Handling and Dispute Resolution Policy		
9. Occupational Health and Safety Policy		

10. Internship Policy		
11. Relocation Policy		
12. Personnel Retention Policy		
13. Sexual Harassment Policy		
14. Remunerative Work Outside the Public Service (RWOPS) Policy		
15. Financial Disclosure Policy		
16. Commuted Overtime Policy		

Domain 2.5 FACILITIES AND INFRASTRUCTURE

Sub Domain 2.5.1 17 Security services

Standard 2.5.1.1 17(1) The health establishment must have systems to protect users, health care personnel and property from security threats and risks.

Criterion 2.5.1.1.1 17 The health establishment must have a zero-tolerance approach to violence and abuse towards health care personnel and must take action to support this.

2.5.1.1.1.1 The report or statistics for incidents of harm to health care personnel is available.

Assessment type: Document - **Risk rating:** Vital measure

The report or statistics from the previous twelve months must include information about incidents of violence and abuse to health care personnel.

Not applicable: Where no incidents of violence and abuse to health care personnel have occurred in the previous twelve months.

Score	Comment

2.5.1.1.1.2 Remedial action taken in response to incidents of violence and abuse to health care personnel.

Assessment type: Document - **Risk rating:** Vital measure

Remedial action taken in response to incidents of violence and abuse to health care personnel from the previous twelve months must be available.

Not applicable: Where no incidents of violence and abuse to health care personnel have occurred.

Score	Comment

Official Sign-Off

The National Health Act, 2003 (Act No. 61 of 2003) provides for quality requirements and standards in respect of health services provided by health establishments to the public. The main objective is to promote and protect the health and safety of the users of health services and contribute to improved outcomes and improved population health. To achieve this mandate standardised inspection tools aligned to Norms and Standards Regulations applicable to different categories of health establishments promulgated by the Minister of Health in 2018 have been developed for Central Hospitals.


Acknowledgments


The Office of Health Standards Compliance wishes to extend heartfelt acknowledgment and gratitude to the following: who have contributed to the development of the Regulatory Central Hospital Inspection Tools version 1.0.

- Health Standards Development and Training unit team (Ms. Izelle Loots, Mr. Jabu Nkambule, Ms. Busisiwe Mashinini, Ms. Derelene Hans, Ms Charlotte Ndlovu and Ms. Andiswa Maflika) for the development of the Central Hospital inspection tools.
- The internal OHSC teams (Compliance Inspectorate, for their contribution during the development and piloting of the Central Hospital inspection tools).
- National Department of Health for their input and comments on the inspection tools during the consultation phase.
- The Provincial Departments of Health for their input and comments during the consultation phase.

It is hereby certified that the Regulatory Central Hospital Inspection Tools version 1.0 was developed by the Office of Health Standards Compliance.

SIGNATURE: 
MS. WINNIE MOLEKO
EXECUTIVE MANAGER: HEALTH STANDARDS, DEVELOPMENT ANALYSIS AND SUPPORT
DATE: 10/05/2024

SIGNATURE: 
DR MATHABO MATHEBULA
CHIEF OPERATIONS OFFICER: OHSC
DATE: 10/05/2024

SIGNATURE: 
DR SIPHIWE MNDAWENI
CHIEF EXECUTIVE OFFICER: OHSC
DATE: 10/05/2024

Telephone: 012 942 7700
Email: admin@ohsc.org.za
Website: www.ohsc.org.za

Physical address:
The Office of Health Standards
Compliance,
79 Steve Biko Road,
Prinshof,
Pretoria
0084

Postal Address:
Private Bag X21
Arcadia
0007

ISBN:
978-0-620-90157-4

A decorative graphic on the left side of the page, consisting of three curved, overlapping bands of color: a dark blue band at the top, a red band in the middle, and a green band at the bottom. The bands curve from the left edge towards the right, creating a sense of movement and depth.