



OHSC

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

ANNUAL INSPECTION REPORT

2023/24



NATIONAL OVERVIEW

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Abbreviations and acronyms

CEO	Chief Executive Officer
CFO	Chief Financial Officer
CIS	Compliance Inspection System
COVID-19	Coronavirus Disease
CSF	Compliance Status Framework
DM	District Municipality
EC	Eastern Cape Province
EWS	Early Warning System
FAs	Functional Areas
FS	Free State Province
FY	Financial Year
GP	Gauteng Province
HE	Health Establishment
KZN	KwaZulu-Natal Province
LM	Local Municipality
LP	Limpopo Province
MM	Metropolitan Municipality
MP	Mpumalanga Province
NC	Northern Cape Province
NDoH	National Department of Health
NDP	National Development Plan
NHA	National Health Act
NHI	National Health Insurance
NNM's	Non-negotiable Vital Measures
NQIP	National Quality Improvement Program
NW	North West Province
OHSC	Office of Health Standards Compliance
PHC	Primary Health Care
PPE	Personal Protective Clothing
QIPs	Quality Improvement Plans
SLAs	Service Level Agreements
WC	Western Cape Province

Glossary of terms

TERM	DEFINITION
Access	The ability of service users or potential service users to obtain the required, or available services needed within an appropriate time and distance.
Adverse event	An undesired outcome or occurrence within the normal course of care or treatment, disease process, condition of the patient, or delivery of services.
Clinical audits	A quality assurance tool seeks to monitor and improve the quality of clinical practice, user care, and outcomes through the systemic review of care against clinical protocols and guidelines.
Clinical governance	A system through which organisations are accountable for continually improving the quality of their services and safeguarding high standards of care. This can be achieved by creating an environment of transparent responsibility and accountability for maintaining standards and allowing excellence in clinical care to flourish.
Clinical outcomes	The condition of the user at the end of treatment or a disease process, including the degree of wellness and the need for continued care, medication, support, counselling, or education.
Clinical risk	The likelihood that a patient safety incident will cause injury or harm to users.
Compliance	Conformance to a rule, specification, policy, standard, or law.
Compliance Status Framework	A tool used by the OHSC to determine the status of a health establishment's compliance with regulated norms and standards.
Domain	<p>A domain is “an aspect of service delivery where quality or safety can be at risk.”</p> <p>User rights— This section sets out what a health establishment must do to ensure that users are respected, and their rights upheld. This includes getting access to needed care and respectful, informed, and dignified attention in an acceptable and hygienic environment, seen from the user's point of view, in accordance with the Batho Pele principles and the Patient Rights Charter.</p> <p>Clinical Governance and Clinical Care—Clinical Governance— assesses the availability of structures and processes that guide and oversee the organisation of clinical service delivery platforms. On the other hand, Clinical Care looks at actual service delivery aspects, such as the availability and implementation of existing clinical guidelines for managing common clinical</p>

	<p>conditions. Other important elements in this domain include the management of user healthcare records.</p> <p>Clinical Support Services—include all the services that support the clinical management of the patient, such as pharmacy, rehabilitation services, and the management of medical equipment and medical consumables (supply chain systems, health technology, and maintenance).</p> <p>Governance and Human Resources—Governance at the health establishment encompasses the leadership and management aspects, including the various committees established to support these functions. Human resources refer to the availability and management of staff according to the health establishment's staffing needs in line with the types of services provided.</p> <p>Facilities and Infrastructure—This domain covers the safety requirements of buildings where services are rendered. These can be formal or temporary structures and may form a whole or part of a health establishment. The health establishment's physical infrastructures that are not fit for purpose may pose safety hazards and risks to users, including personnel.</p>
Essential risk-rated measures	Measures that are necessary for safe, decent, and quality care
Excellent grading	Services exceed the minimum set norms and standards.
Functional area	Department, ward, or place where the services are provided and inspection takes place, e.g., Clinical services, Clinic Manager's office, Pharmacy, and Maintenance services.
Good grading	Most services are better than the set norms and standards.
Health Establishment	The whole or part of a public or private institution, facility, building, or place, whether for profit or not, that is operated or designed to provide inpatient or outpatient treatment, diagnostic or therapeutic interventions, nursing, rehabilitative, palliative, convalescent, preventative, or other health services.
Health record	Any record made by a healthcare provider, at the time of or shortly after seeing the user, upon examination or treatment, that contains information about the user's health and includes any results of diagnostic investigations performed on the user and recorded by a healthcare provider, either personally or under user direction.
Healthcare user	This refers to a person receiving care, treatment, or rehabilitation services or using a health service at a health establishment.

Informed consent	A process of communication between a patient and their medical officer that results in the patient's authorisation or agreement to undergo a specific medical intervention or procedure.
Inspection	On-site visits to health establishments to gather information and evidence to assess compliance or investigate breaches of norms and standards.
Inspector	Qualified and trained health professional appointed as such by the Chief Executive Officer (CEO) of the OHSC in terms of section 80(2) of the National Health Act (No 61 of 2003) as amended.
Inspection tools	Questionnaires are used to inspect the Health Establishment within a functional area.
Medical supplies	Products and devices other than medicines used for therapeutic purposes.
Non-Negotiable Measures	These measures can cause loss of life or a prolonged recovery period if not addressed within a short period. Failure to comply with these measures, which have been identified as non-negotiable, is highly likely to result in severe harm or death. Health establishments must comply with all these measures to be eligible for certification.
Norm/s	A norm is a usual or average level of performance.
Occupational health and safety	WHO (World Health Organisation) definition: Occupational health deals with all aspects of health and safety in the workplace and focuses strongly on the primary prevention of hazards. It encompasses the social, mental, and physical well-being of workers.
Office of Health Standards Compliance	This means the Office was established in terms of section 78(1) of Chapter 10 of NHAA
Patient safety incident	An event or circumstance that could have resulted or did result in harm to a user of healthcare services provided and not due to an underlying health condition.
Risk rating	A methodology used to determine the level or extent of risk as being minimal, low, medium, or high based on the potential consequences of such a risk. Risk is evaluated at the measure level.
Risk management	This refers to all processes involved in identifying, assessing, and judging risks, assigning ownership, taking action to mitigate or anticipate them, and monitoring and reviewing progress.
Satisfactory grading	Services meet the set norms and standards as well as the minimum risk.
Standard	A statement defines the performance expectations, structures, or processes that must be in place for an organisation to provide safe and quality services. A standard is a "basis of measurement" and "a definite level of excellence.

Unsatisfactory grading	The services are at risk of avoidable harm and do not meet the set minimum norms and standards, resulting in limited safety assurance.
Vital risk-rated measures	Measures considered critical to ensure the safety of staff and users so as not to result in harm or irreversible ill health.

Foreword by the chairperson

I am pleased to present the Office of Health Standard Compliance (OHSC) annual inspection report for the 2023/24 fiscal year. This year, the OHSC had considerable progress in developing inspection tools. The OHSC completed and piloted Tertiary and Central hospital inspection tools, which are ready for implementation in the next fiscal year (2024/25). It is also a year where consultations with general practitioners ensued to develop inspection tools for this level of care. In the same year, the Office also brought the public and private sector (hospital CEOs, National Quality Improvement Program & other managers) together to find solutions to address compliance challenges, particularly for hospitals, which was of great concern. Road shows were conducted in media platforms to raise public awareness of the role of OHSC, including participation in other stakeholder conferences such as the Hospital Association of South Africa (HASA).

The OHSC is crucial in promoting and monitoring safe and quality healthcare delivery. A certificate of compliance is required for health establishments to be accredited and participate in the National Health Insurance (NHI) Fund. The OHSC uses a compliance status framework (CSF) to assess the level of care provided in both the public and private healthcare sectors. The tool also helps the OHSC determine the risk level when grading the inspection outcome of health establishments.

The annual inspection report provides an overview of the inspections conducted at primary healthcare clinics, community health centres (CHCs), and district, regional, and acute private hospitals during the 2023/2024 fiscal year. In the 2023/24 reporting period, the Office recorded a significant increase in compliance rate of 79% from the 793 inspected health establishments compared to 42% in the previous year.

Providing inspection performance feedback across provinces must be made to increase the compliance rate of district hospitals, which is still below 50%. District hospital category indicates significant gaps and areas for improvement in safe and quality healthcare services in this category.

Closer and meaningful collaboration between stakeholders should be at the centre of our operations to achieve safe and quality healthcare for all South Africans. The OHSC and the Board commit to continuing to work with the public and private healthcare sectors to improve healthcare quality in South Africa.



DR. E KENOSHI
CHAIRPERSON OF THE OHSC BOARD
DATE: 19th November 2025.

1. Executive summary

The Office of Health Standards Compliance (OHSC) is an independent health regulator established under the National Health Act, No. 61 of 2003 (as amended). The regulations outlining the norms and standards for various categories of health establishments took effect in February 2019. Consequently, the five categories of inspection tools were developed and implemented to align with these regulations.

The inspections across all nine provinces used these inspection tools. The primary goal of the inspection process is to certify health establishments by the OHSC. While the inspections assess compliance with the required norms and standards, the quality assurance process significantly enhances the quality and safety of healthcare services. Moreover, certification by the OHSC is a prerequisite for healthcare providers seeking accreditation to be contracted by the National Health Insurance (NHI) Fund.

During the fiscal year 2023/24, the OHSC conducted 793 routine inspections of health establishments, surpassing the target of 789. This target includes both public and private sector health facilities. This report analyses and presents the outcomes of these inspections at national, provincial, and district levels. Individual health establishments received their respective reports.

In FY 2023/24, the compliance rate nearly doubled compared to the previous fiscal year (2022/23), reaching a significant performance of 79%. However, district hospitals recorded the lowest compliance rate at 44%, which was lower than other types of care. Many non-compliant health establishments struggled to meet the Non-Negotiable Measure (NNM) requirements for emergency trolleys.

The report highlights areas of satisfactory performance while also identifying gaps and weaknesses that require improvement. It recommends that health establishments, districts, provincial health departments, and private hospital groups implement quality improvement interventions to ensure the delivery of high-quality healthcare. Different health establishments' categories of the inspection tools were developed and implemented to align with these regulations.

2. Introduction and background

The OHSC is an independent healthcare quality assurance regulator established by the National Health Act, No. 61 of 2003 (as amended). The Board of the OHSC, appointed by the Minister of Health, is the accounting authority and provides strategic oversight and guidance in its functioning.

The OHSC's mandate is to protect and promote the health and safety of users of health establishments across the Republic of South Africa. The entity fulfils its mandate in accordance with the procedural regulations regarding the functioning of the OHSC and the handling of complaints by the Ombud.

The Office adopted an incremental approach in developing the various categories of inspection tools. The inspection tools for clinics, CHCs, district, and regional hospitals in the public health sector are available and used for the 2021/22 and 2022/23 inspections. Acute private healthcare hospitals were available in the second quarter of FY2022/23 and have been used to date.

The OHSC inspections are conducted by qualified and trained Inspectors appointed as such by the Chief Executive Officer (CEO) of the OHSC in terms of section 80(2) of the National Health Act (No 61 of 2003) as amended. Using approved inspection tools, the inspection approach includes the on-site assessment of the systems, processes, and procedures that promote and ensure quality health services for compliance with prescribed norms and standards. A software application was used to collect data offline, and later data was synchronised to the online mode. The OHSC conducts two main types of inspections: routine and additional inspections.

Routine inspections are conducted within health establishments selected by the OHSC in a specified fiscal year. The office publishes an annual Inspection Strategy that outlines the number of routine health establishments scheduled for inspection nationally and per province for that fiscal year in line with the Annual Performance Plan (APP). The strategy also outlines the OHSC methodology used to select the health establishments scheduled for inspection by province.

Following the completion of inspections, the findings of each health establishment are subjected to interpretation through a Compliance Status Framework (CSF) to determine compliance status outcomes. The ultimate inspection outcome of any inspected health establishment can either be compliance or non-compliance status. Health establishments that achieve compliance with the norms and standards regulations receive certificates of compliance valid for four years. After this period, they must go under routine inspections for recertification. Health establishments that do not comply with the requirements receive Compliance Notices, which detail the areas of non-compliance and suggest steps for improvement.

In addition to routine inspections, the OHSC also undertakes additional inspections. These additional inspections include re-inspections and risk-based inspections (RBIs). RBIs arise from the Early Warning System (EWS) triggers and are means to monitor indicators of risks related to serious breaches of norms and standards regulations. RBIs are qualitative inspections that establish the root causes of serious norms and standards regulations breaches.

Re-inspections are scheduled to assess whether the non-compliant areas on routine inspection have been addressed. A certificate of compliance is issued to the health establishment found to be compliant after a re-inspection. If the health establishment continues to be non-compliant after re-inspection, the OHSC will take enforcement action against it incrementally in line with its Enforcement Policy.

Enforcement action ranges from a warning for minor cases to a fine or referral to a relevant authority, including the National Prosecuting Authority, for criminal offences. The OHSC can revoke a certificate of compliance after it is issued in case of serious breaches of the prescribed norms and standards.

Routine compliance inspections follow a formal process consisting of well-defined and regulated steps, as prescribed in the Procedural Regulations. The inspection process consists of three distinct stages, as outlined in Figure 1 below.

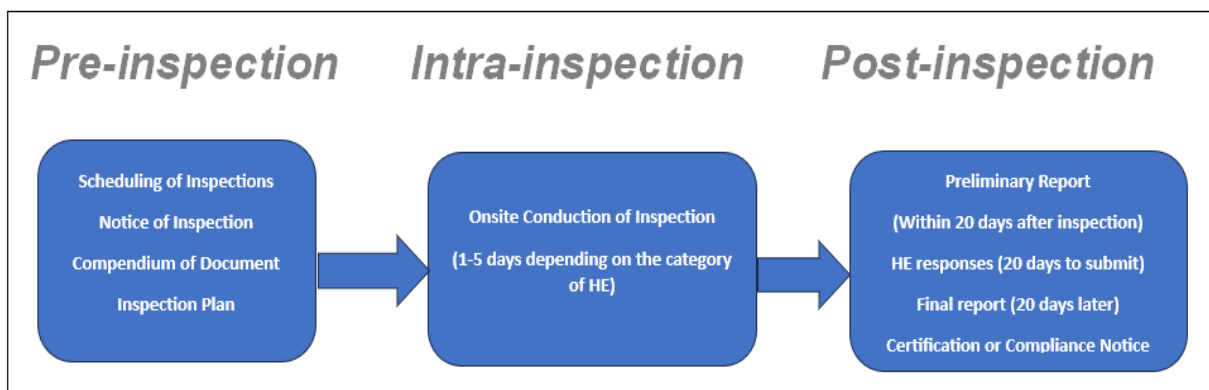


Figure 1: Inspection process

3. Legislation and regulations applicable to the functioning of OHSC

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

4. Methodology

4.1. Sampling

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

4.2. Inspections approach.

The inspections were conducted using a team-based approach. The inspection teams comprised four members and a team leader who oversaw the team's work. After the number of inspections for each province was determined and outlined in the 2023/24 Annual Inspection Strategy, inspections for each province were scheduled.

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

4.3 Data collection

Inspections were conducted using approved inspection tools for public-sector primary healthcare (PHC) clinics, CHCs, and district and regional hospitals. The methodologies used to collect the inspection data included document reviews, observations, healthcare user record analysis, and patient and staff interviews. The data was captured on the OHSC Inspection Information System.

The inspection tools used to assess compliance with the norms and standards regulations follow a defined structure according to the hierarchy outlined in Figure 2 below. The tools consist of five main chapters/sections called domains. Each domain was further divided into sub-sections called sub-domains. There were nineteen sub-domains across the five domains in total. Within each sub-domain, standards statements defined what was expected to be complied with and criteria statements that set out the requirements to achieve compliance with the set standards. The measures are the specific elements for which evidence must be provided to ascertain whether the requirements have been met.

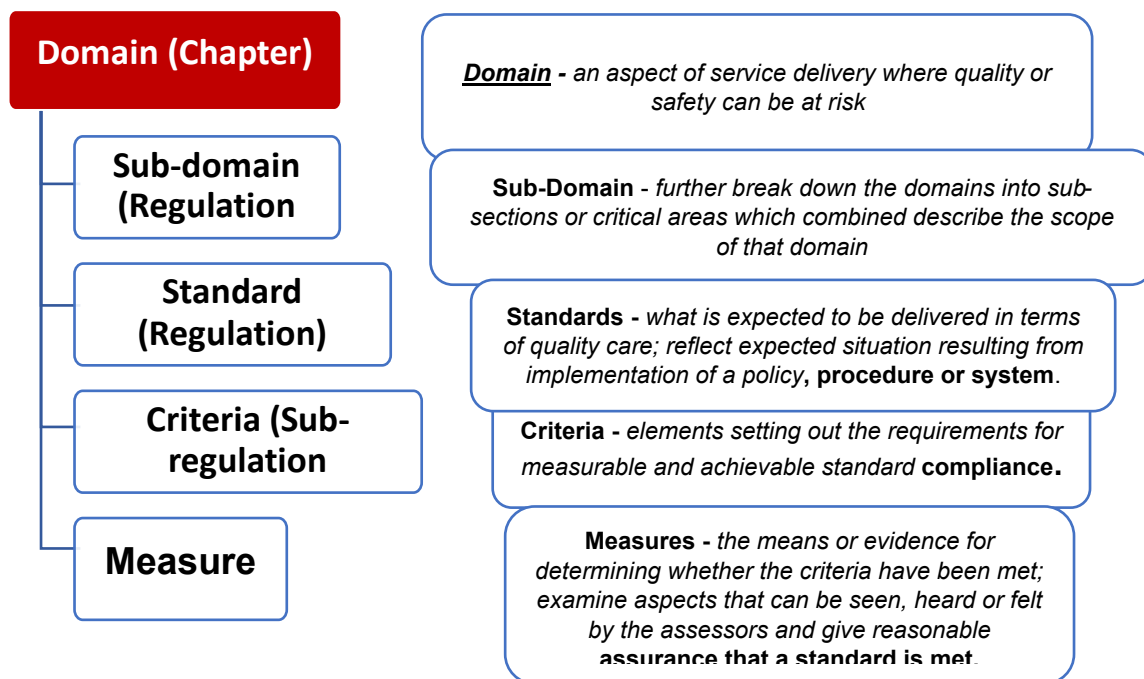


Figure 2: Structure of the Inspection Tools

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

4.3. Grading of health establishments

Each measure in the inspection tools was assigned a risk level or risk rating, considering the level or severity of risk, the potential impact, and the likelihood of the risk being realised. There are three risk rating categories for the measures: essential measures, vital measures, and non-negotiable measures. Grading performance depends on attaining specified percentage scores and thresholds based on essential and vital measures.

The grading performance of health establishments is categorised into four distinct categories, as indicated in Table 1 below. The health establishments had to reach specific threshold scores for vital and essential measures to be graded as Excellent, Good, Satisfactory, or Unsatisfactory. To achieve a compliance status, health establishments were required to comply with all the Non-negotiable Measures (NNMs) and achieve a grading category of Excellent, Good, or Satisfactory. Health establishments that obtained less than 100% for NNMs, irrespective of grading outcome, or those that achieved a grading outcome of Unsatisfactory were automatically found non-compliant.

Table 1: Grading model

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

4.4. Reporting

Following the inspections, the OHSC compiled individual reports for each health establishment. Regarding the applicable procedural regulations, the OHSC must provide preliminary reports to all inspected health establishments within 20 days following the completion of the inspection. Upon receipt of the preliminary reports, the health establishments were given 20 days to respond to the preliminary inspection findings. Examples of measures for which further evidence is accepted retrospectively include confirmation that certain required documents unavailable during the inspection have since been made available. Measures for which no additional evidence can be considered after the inspection consist of user record audits, healthcare users, and staff interviews.

After the 20 days provided for the health establishments to upload evidence, the OHSC inspector has 20 days to consider the evidence, accept that which is acceptable, change scores accordingly, and indicate reasons for not accepting evidence, thus retaining the initial score. The inspectors were required to produce and submit final inspection reports to each health establishment within 20 days of receiving the uploaded evidence. Depending on the compliance status outcome, the health establishment received a certificate of compliance if found to be compliant or a Compliance Notice if found to be non-compliant, as explained in section 4.4 above. The individual inspection reports for health establishments are released on the OHSC Inspection Information System, for which all relevant stakeholders are provided with personalised login details for access.

5. Distribution of health establishments in the country

5.1 Total number of health establishments per category by province

Tables 2 and 3 below show the total number of public sector health establishments (clinics, CHCs, district and regional hospitals) and private sector health establishments (private acute hospitals) in the provinces that can be sampled and inspected with the applicable OHSC regulatory inspection tools.

Table 2: Total number of public health establishments per category by province

Province	Clinic	Community Health Centre	District Hospital	Regional Hospital	Total per Province
Eastern Cape	730	41	65	3	839
Free State	210	11	25	4	250
Gauteng	331	33	12	9	385
KwaZulu-Natal	600	22	44	12	678
Limpopo	459	26	31	5	521
Mpumalanga	229	58	23	3	313
Northwest	252	42	12	5	311
Northern Cape	127	33	11	1	172
Western Cape	192	9	33	5	239
Total per Category	3130	275	256	47	3708

Table 3: Total number of private acute hospitals per hospital group by province

Province	Clinix Health Group	Day Hospital Association of South Africa	Life Healthcare	Mediclinic	Netcare	NHN	Total per Province
Eastern Cape	0	0	9	0	2	6	17
Gauteng	4	0	18	13	28	26	89
Kwazulu-Natal	0	4	7	3	9	19	42
Limpopo	0	0	0	4	1	2	7
Mpumalanga	0	0	2	3	0	6	11
Northwest	1	0	1	2	1	6	11
Northern Cape	0	0	0	3	0	5	8
Western Cape	0	0	5	17	5	8	35
Total per Group	5	4	42	45	46	78	220

6. Overview of inspections planned, conducted, and compliant over time in the public and private sectors

The decision regarding the number of inspections conducted during any financial year depends on the available human and financial resources, relevant inspection tools, and the strategy and approach for quality standards regulations. Figure 3 below shows the planned and actual inspections carried out over the years.

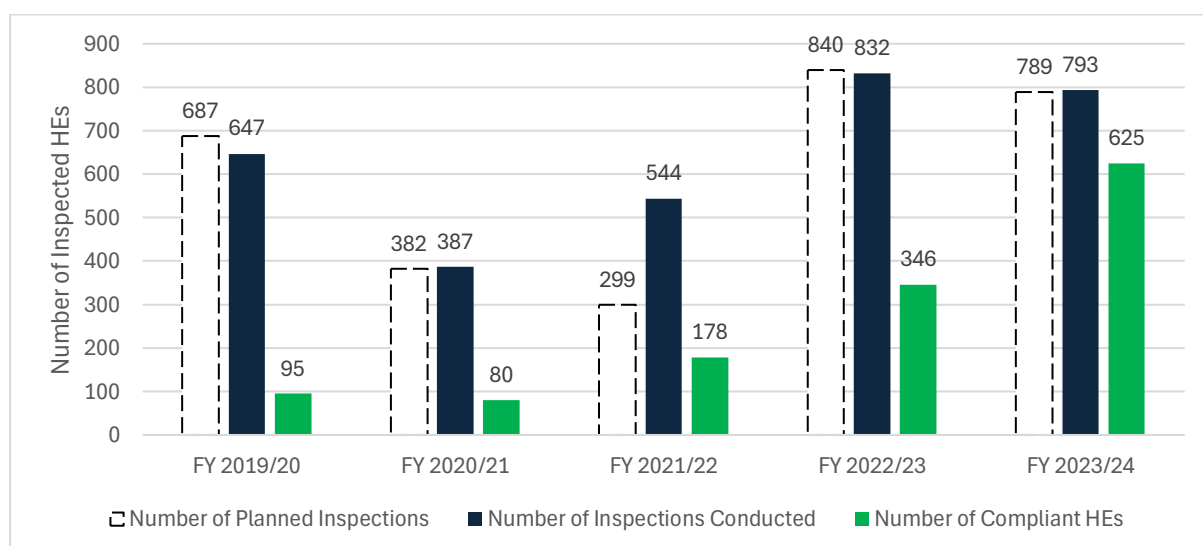


Figure 3: Overview of inspections planned, conducted, and compliant in the public and private sectors over time.

Table 4: Cumulative Number of Inspected Public and Private Health Establishments by Category (FY 2019/20 – FY2023/24)

Facility Type	FY2019/20			FY2020/21			FY2021/22			FY2022/23			FY 2023/24			Cumulative No. of HEs (FY 2019/20 - FY 2023/24)		
	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)
	Clinics	647	95	15%	387	80	21%	473	165	35%	614	254	41%	600	479	80%	2721	1073
CHCs	-	-	-	-	-	-	40	10	25%	84	33	39%	103	78	76%	227	121	53%
District Hospitals	-	-	-	-	-	-	19	0	0%	72	11	15%	27	12	44%	118	23	19%
Regional Hospitals	-	-	-	-	-	-	12	3	25%	11	4	36%	3	2	67%	26	9	35%
Private Acute Hospitals	-	-	-	-	-	-	-	-	-	51	44	86%	60	54	90%	111	98	88%
Total Inspected	647	95	15%	387	80	21%	544	178	33%	832	346	42%	793	625	79%	3203	1324	41%

While the overall cumulative compliance rate for all health establishments is 41% (1324/3203), there has been a significant increase in compliance across all categories of inspected health establishments. During FY2023/24, district hospitals had the lowest compliance rate of 44% (12/27), followed by regional hospitals at 67% (2/3), and community health centres at 76% (78/103). Both private healthcare facilities and clinics achieved the highest compliance rates of 90% (54/60) and 80% (479/600), respectively.

7. Distribution of inspected public and private sector health establishments in f/y 2023/24

Tables 5 and 6 show the distribution of inspected HEs in the public and private sectors by province and category. The distribution of HEs across provinces is based on the annual APP target of 18.42% (public) and 19% (private).

Table 5: Distribution of Inspected Public health establishments per category by Province, F/Y 2023/24

Province	HE Category					Total Per Province
	Clinics	CHCs	District Hospitals	Regional Hospitals	Private Acute Hospitals	
Eastern Cape	148	7	3	0	3	161
Free State	42	6	5	1	6	60
Gauteng	76	10	4	0	12	102
KwaZulu-Natal	118	7	3	0	17	145
Limpopo	79	8	6	0	2	95
Mpumalanga	37	23	2	0	4	66
North West	35	25	2	0	5	67
Northern Cape	16	16	1	1	2	36
Western Cape	49	1	1	1	9	61
Total per HE Category	600	103	27	3	60	793

Table 6: Distribution of Inspected Private Acute Hospitals by Province and Groups, FY 2023/24

Province	Hospital Group					Total Per Province
	Clinix	Life Healthcare	Mediclinic	National Hospital Network	Netcare	
Eastern Cape	0	1	0	1	1	3
Free State	0	0	1	4	1	6
Gauteng	1	2	1	5	3	12
KwaZulu-Natal	0	1	0	8	8	17
Limpopo	0	0	1	1	0	2
Mpumalanga	0	1	1	2	0	4
North West	1	1	0	2	1	5
Northern Cape	0	0	1	1	0	2
Western Cape	0	2	2	2	3	9
Total per Hospital Group	2	8	7	26	17	60

7.1 National Compliance Status for Public & Private Sector for FY 2023/24

A total of 793 health establishments were inspected during the 2023/24 inspection cycle. Figure 4 below shows the number of inspected public and private health establishments by category and compliance status. Of concern is the compliance rate of district hospitals, which are the second point of entry from primary healthcare.

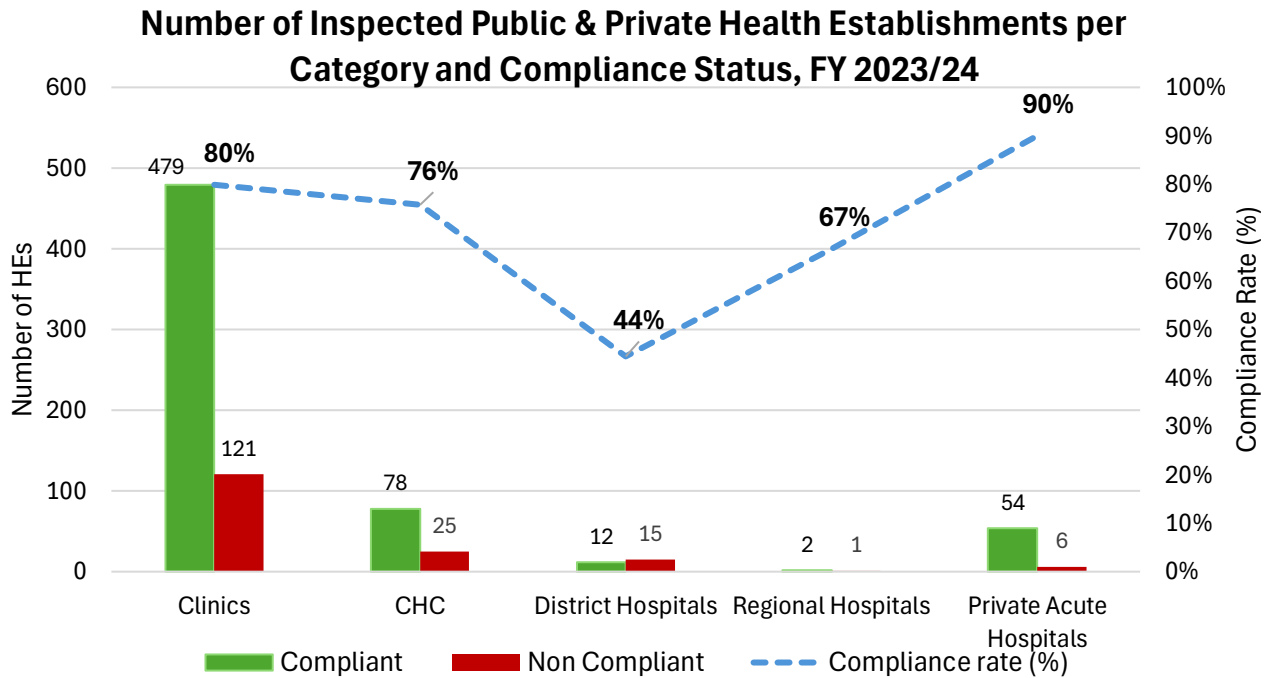


Figure 4: Number of Inspected Public and Private HEs by Category and Compliance Status, FY 2023/24.

7.2 Compliance Status for Inspected Public and Private Health Establishments per Province and Category

Table 7 below shows the total number of inspected health establishments per province, category, and compliance performance. Of concern, a poor compliance rate was observed in the district hospitals in five (5) provinces, while the Free State province compliance rate is the lowest compared to all the provinces.

Table 7: Compliance Status for Inspected Public and Private Health Establishments by Province and Category FY 2023/24

Province Name	Compliance Rate				
	Clinics	CHC	District Hospitals	Regional Hospitals	Private Acute Hospitals
Eastern Cape	68%	71%	33%	-	67%
Free State	33%	50%	20%	0%	83%
Gauteng	99%	100%	100%	-	100%
KwaZulu-Natal	100%	100%	67%	-	88%
Limpopo	72%	63%	33%	-	50%
Mpumalanga	70%	83%	0%	-	100%
North West	91%	92%	0%	-	100%
Northern Cape	75%	31%	100%	100%	50%
Western Cape	90%	100%	100%	100%	100%
National Average	80%	76%	44%	67%	90%

8. National overall gradings for inspected public health establishments and private groups

8.1 Overview of the Grading Process

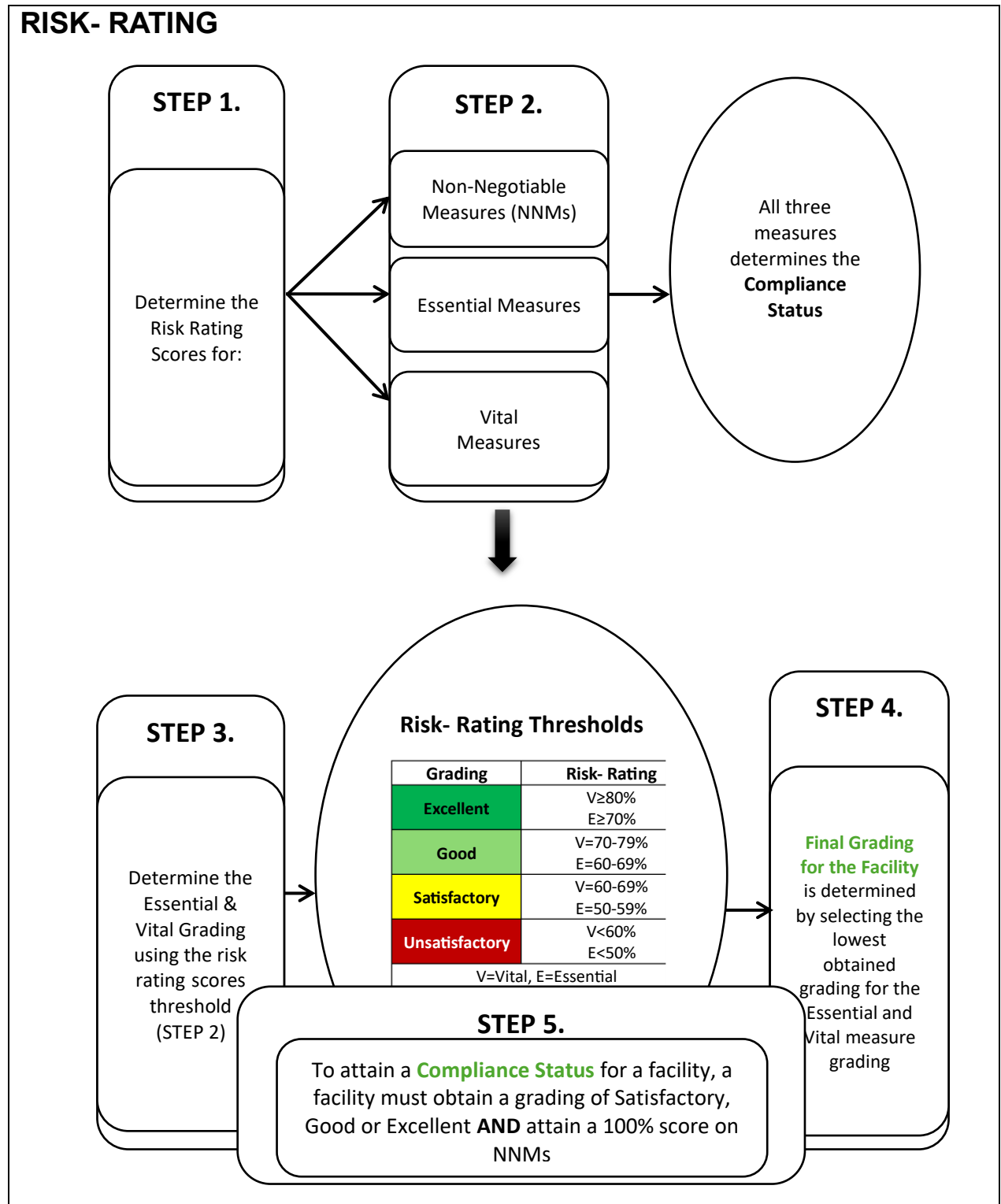


Figure 5: Overview of the grading process

8.2 Overall Grading for Inspected Public and Private Health Establishments by Category FY 2023/24

The overall gradings of inspected health establishments according to their categories are displayed in Figure 6 below. The clinics had the highest number of health establishments graded unsatisfactory, while the regional and district hospitals categories had none graded unsatisfactory.

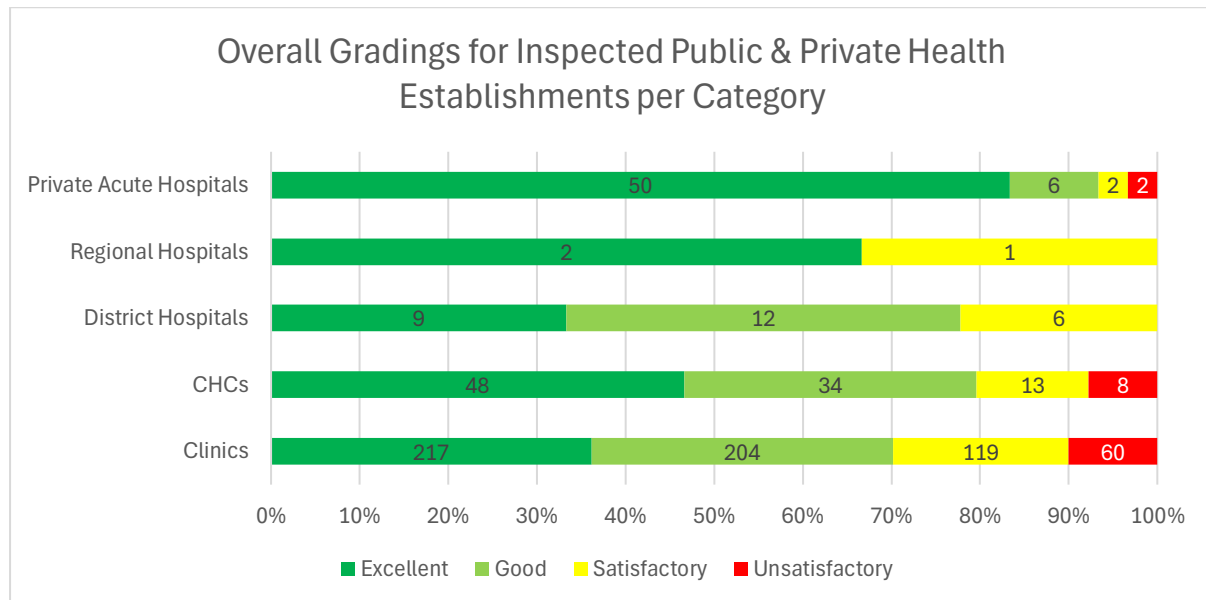


Figure 6: Overall gradings for inspected public and private HE graded per category

9. Performance of non-negotiable measures for public and private health establishments per category

To achieve compliance status, health establishments are required to comply with all the Non-negotiable Measures (NNMs) and achieve a grading category of Excellent, Good, or Satisfactory. Health establishments that obtain less than 100% for NNMs irrespective of grading outcome or those that achieve a grading outcome of Unsatisfactory are automatically non-compliant.

Failure to comply with these measures, which have been identified as non-negotiable, is highly likely to result in severe harm or death. Health establishments must comply with all these measures to be eligible for certification. The average compliance rate of public sector HEs was 80% (588/733) and 92% (55/60) for private sector HEs.

Table 8: Overall Non-Negotiable Measures (NNMs) Compliance Rate for Public and Private Health Establishments per Category.

HE Category	Number of Inspected HEs	NNM Compliant	NNM non-compliant	NNM Compliance Rate
Clinics	600	495	105	83%
CHC	103	79	24	77%
District Hospitals	27	12	15	44%
Regional Hospitals	3	2	1	67%
Private Acute Hospitals	60	55	5	92%
National Total	793	643	150	81%

9.1 Clinics' Performance on Non-Negotiable Measures

Table 9-13 below covers the performance of different levels of care on non-negotiable measures (NNM). It is important to note that the commonly non-compliant aspects of NNMs are the emergency trolley stocked with medicines and equipment across all 4 levels of care in both public and private sectors.

Table 9: Clinic performance according to the three NNMs.

Measure Name	Sum of Applicable Measures	Sum of Scores	Performance	Frequently Missing Items
An oxygen cylinder with pressure gauge is available.	602	599	100%	
CHECKLIST: Emergency trolley is stocked with medicines, medical supplies, and equipment.	602	497	83%	Oropharyngeal airways & feeding tubes
The oxygen available in the cylinder is above the minimum level.	602	594	99%	
Clinics NNMs Average	1806	1690	94%	

9.2 Community Health Center's (CHCs) Performance on Non-Negotiable Measures

Table 10: CHC Performance on Non-Negotiable Measures per Functional Area

Functional Area Name	Measure Name	Sum of Applicable Measures	Sum of Scores	Compliance Rate	Frequently Missing Items
Clinical Services	An oxygen cylinder with pressure gauge is available.	89	88	99%	
	CHECKLIST: Emergency trolley is stocked with medicines, medical supplies, and equipment.	62	50	81%	Endotracheal tubes, Oropharyngeal & Pharyngeal airways, feeding tubes, Blades for laryngoscope, AED/Defibrillator, AED pads, Pulse Oximeter, and emergency drugs
	The oxygen available in the cylinder is above the minimum level.	88	87	99%	
Clinical Services Average		239	225	94%	
Emergency Unit	An oxygen cylinder with pressure gauge is available in the resuscitation or emergency room.	52	52	100%	
	CHECKLIST: The emergency trolley is stocked with medicine, medical supplies, and equipment.	52	40	77%	
	The oxygen available in the cylinder is above the minimum level.	52	52	100%	
Emergency Unit Average		156	144	92%	
Midwife Obstetric Unit (MOU)	An oxygen cylinder with pressure gauge is available.	82	81	99%	
	CHECKLIST: The emergency trolley is stocked with the medicine, medical supplies, and equipment.	79	63	80%	Endotracheal tubes, Oropharyngeal & Laryngeal mask airways, feeding tubes, Blades for laryngoscope, AED/Defibrillator, AED pads, and emergency drugs
	The oxygen available in the cylinder is above the minimum level.	82	80	98%	
Midwife Obstetric Unit (MOU) Average		243	224	92%	

9.3 District hospital's performance on Non-Negotiable Measures

Table 11: District hospitals' performance according to the NNMs

Measure Name	Applicable Measures	Sum of Scores	Compliance Rate	Frequently Missing Items
A functional system is in place to supply piped medical gas to clinical areas.	25	20	80.00%	
Emergency power supply is available.	27	27	100.00%	
Emergency trolley is stocked with medicines and equipment.	173	101	58.38%	Endotracheal tubes, Oropharyngeal & Pharyngeal airways, feeding tubes, Blades for laryngoscope, AED/Defibrillator, AED pads, and emergency drugs
Health care providers correctly complete forms used for informed consent.	140	105	75.00%	
The unit has a functional system to supply piped oxygen to all clinical areas.	178	167	93.82%	
The oxygen available in the cylinder is above the minimum level with the pressure gauge.	59	54	91.53%	
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.	84	82	97.62%	
Medical supplies and equipment for resuscitation are available.	1	1	0.00%	

9.4 Regional Hospitals' Performance on Non-Negotiable Measures

Table 12: Regional hospitals' performance according to the NNMs

Measure Name	Applicable Measures	Sum of Scores	Compliance Rate	Frequently Missing Items
A functional system is in place to supply piped medical gas to clinical areas.	4	3	75.00%	
Emergency power supply is available.	3	3	100.00%	
Emergency trolley is stocked with medicines and equipment.	33	21	63.64%	Endotracheal tubes, Oropharyngeal & Pharyngeal airways, feeding tubes, Blades for laryngoscope, AED/Defibrillator, AED pads, and emergency drugs
Health care providers correctly complete forms used for informed consent.	22	22	100.00%	
The unit has a functional system to supply piped oxygen to all clinical areas.	29	27	93.10%	
The oxygen available in the cylinder is above the minimum level with the pressure gauge.	10	9	90.00%	
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.	8	8	100.00%	
A functional system is in place to supply piped medical gas to clinical areas.	1	1	0.00%	

9.5 Private Acute Hospitals' Performance on Non-Negotiable Measures

Table 13: Private acute hospitals' performance according to the NNMs

Measure Name	Applicable Measures	Sum of Scores	Compliance Rate	Frequently Missing Items
Emergency power supply is available.	60	60	100.00%	
Emergency trolley is stocked with medicines and equipment.	391	379	96.93%	Endotracheal and Oropharyngeal & Laryngeal mask airways for infants and neonates, feeding tubes, Blades for laryngoscope, AED/Defibrillator, expired AED pads and emergency drugs
The oxygen available in the cylinder is above the minimum level with pressure gauge.	790	789	99.87%	
The unit has a functional system to supply piped oxygen to the clinical areas.	389	389	100.00%	

10. Performance of domain (chapters) and standards for public and private health establishments

10.1 Overall Performance of Public and Private Health Establishments by Domains (Chapters)

Table 14 and 15 below show performance of public and private health establishments against domains(chapters) across provinces. Governance and Human Resources was the least performing domain, whereas the other four domains achieved scores of 70% and above.

It should be noted that this poor-performing domain involves governance at the health establishment relating to both leadership and management. Human resources refer to the availability and management of staff according to staffing needs. Public health establishment performance was below 50% in Eastern Cape, Free State, and Northern Cape provinces.

Table 14: Public Health Establishment Performance by Domains (Chapters)

Province	USER RIGHTS	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES
Eastern Cape	73%	76%	82%	67%	49%
Free State	75%	72%	73%	60%	49%
Gauteng	83%	83%	86%	77%	53%
KwaZulu-Natal	87%	88%	90%	81%	62%
Limpopo	78%	76%	82%	72%	54%
Mpumalanga	81%	80%	88%	73%	59%
North West	82%	80%	86%	78%	58%
Northern Cape	67%	74%	78%	64%	42%
Western Cape	82%	84%	79%	74%	59%
National Average	79%	80%	83%	72%	54%

Table 15: Private Health Establishment Performance by Domains (Chapters)

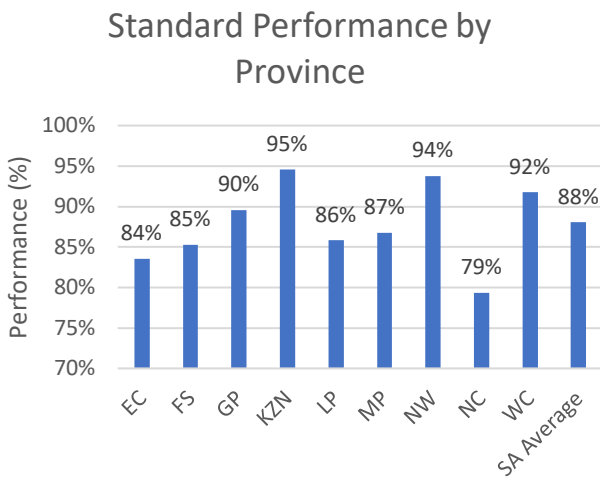
Province	USER RIGHTS	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES
Eastern Cape	92%	86%	85%	94%	74%
Free State	87%	84%	78%	90%	71%
Gauteng	96%	92%	87%	95%	91%
KwaZulu-Natal	96%	93%	89%	97%	89%
Limpopo	86%	68%	71%	83%	69%
Mpumalanga	98%	86%	82%	90%	77%
North West	90%	89%	91%	96%	80%
Northern Cape	90%	75%	80%	82%	61%
Western Cape	97%	94%	90%	98%	84%
National Average (Private)	94%	90%	87%	95%	83%

10.2 Overall performance of public health establishment according to Domain, Standards and Criteria

Table 16: Domain: User Rights

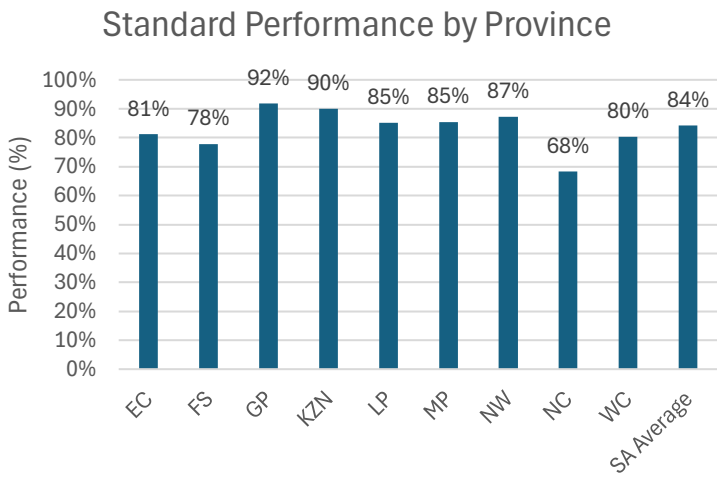
Standard: The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.																																	
<p style="text-align: center;">Standard Performance by Province</p> <table border="1"> <caption>Standard Performance by Province Data</caption> <thead> <tr> <th>Province</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>EC</td><td>69%</td></tr> <tr><td>FS</td><td>70%</td></tr> <tr><td>GP</td><td>78%</td></tr> <tr><td>KZN</td><td>81%</td></tr> <tr><td>LP</td><td>72%</td></tr> <tr><td>MP</td><td>75%</td></tr> <tr><td>NW</td><td>76%</td></tr> <tr><td>NC</td><td>63%</td></tr> <tr><td>WC</td><td>77%</td></tr> <tr><td>SA Average</td><td>74%</td></tr> </tbody> </table>	Province	Performance (%)	EC	69%	FS	70%	GP	78%	KZN	81%	LP	72%	MP	75%	NW	76%	NC	63%	WC	77%	SA Average	74%	<table border="1"> <thead> <tr> <th>Criteria Name</th> <th>Performance</th> </tr> </thead> <tbody> <tr> <td>The health establishment must adhere to clinical guidelines on stabilizing users presenting in an emergency before referring them to another health establishment.</td> <td style="text-align: center;">25%</td> </tr> <tr> <td>The health establishment must ensure access to emergency medical transport for users requiring urgent transfer to another health establishment and that they are accompanied by a health care provider.</td> <td style="text-align: center;">74%</td> </tr> <tr> <td>The health establishment must implement a system of triage.</td> <td style="text-align: center;">88%</td> </tr> <tr> <td>Standard Average Score</td> <td style="text-align: center;">73%</td> </tr> </tbody> </table>	Criteria Name	Performance	The health establishment must adhere to clinical guidelines on stabilizing users presenting in an emergency before referring them to another health establishment.	25%	The health establishment must ensure access to emergency medical transport for users requiring urgent transfer to another health establishment and that they are accompanied by a health care provider.	74%	The health establishment must implement a system of triage.	88%	Standard Average Score	73%
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Standard Average Score	73%																																

Standard: The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.



Criteria	Performance
The health establishment must display the results of user experience of care surveys conducted within the past twelve months.	86%
The health establishment must provide users with information relating to any fees that are payable for health care services, insofar as it is practical to do so before the commencement of the provision of health care services.	74%
The health establishment must provide users with information relating to service opening and closing times.	85%
The health establishment must provide users with information relating to the complaints, compliments, and suggestions management system.	92%
The health establishment must provide users with information relating to the health care services provided by the health establishment.	88%
The health establishment must provide users with information relating to visiting hours where relevant.	97%
Standard Average Score	88%

Standard: The health establishment must maintain a system of referral as established by the responsible authority.



Criteria	Performance
The health establishment must ensure that a copy of the referral document is kept in the user's health record.	76%
The health establishment must ensure that users are provided with information relating to their referral to another health establishment.	82%
Standard Average Score	80%

Standard: The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.

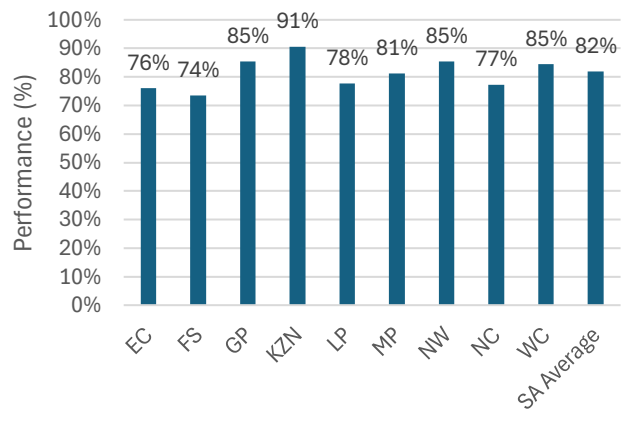
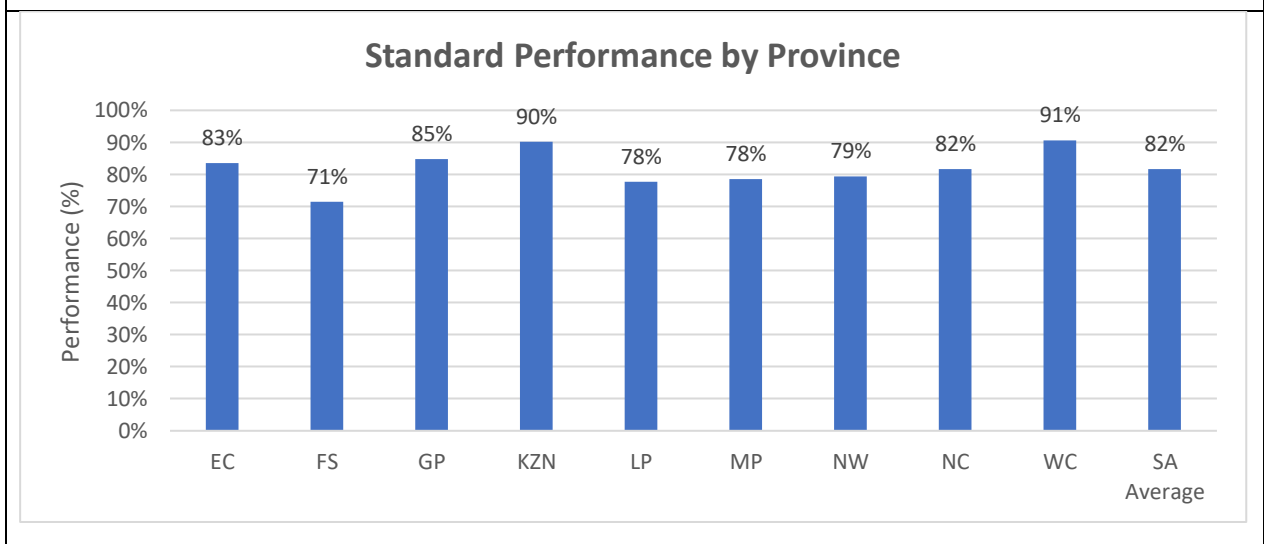
Standard Performance by Province	Criteria	Performance
	Waiting times are monitored and improvement plans are implemented.	70%
	Standard Average Score	70%

Table 17: Domain: Clinical Governance and Clinical Care

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



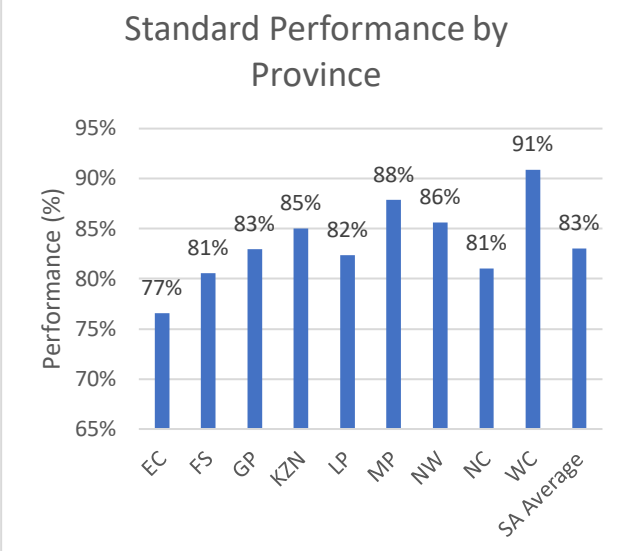
Criteria Name	Performance
A designated and knowledgeable staff member responsible for waste management must oversee compliance with relevant legislation and standards.	90%
A functional audit committee that ensures quality use of medicines must be in place.	78%
A functional pharmaceutical and therapeutics committee must be appointed in the health establishment to ensure the rational use of medicines.	85%
A system to manage adverse drug reactions must be implemented.	74%
All local tendering and contracting processes must be in accordance with relevant legislation.	63%
An updated computerised or manual (stock cards) inventory management system for medical supplies must be in place.	97%
Appropriate cleaning materials and equipment must be available and safely stored.	51%
Authorisation must be confirmed for all research projects involving users at the health establishment.	67%
Cleaning personnel must have been trained to conduct terminal cleaning.	73%
Communication during user handover must be standardised to advance user safety.	71%
Communication systems must be available and functional to facilitate adequate user care and safety of user and health care personnel.	92%
Designated suppliers and delivery systems for medicines must adhere to their contractual obligations for the supply and delivery of medicines.	97%
Equipment for storage and transportation of bodies are available and meet environmental hygiene standards.	96%
Formal processes are in place to manage clinical risk.	42%
Health care personnel must be inducted into the health establishments policies and procedures and receive orientation training for their specific responsibilities.	86%
Health care personnel receive ongoing in-service education according to their roles and responsibilities.	80%
Health care providers must provide clinical services consistent with their qualifications.	89%
Implementation of standard operating procedures must be monitored.	86%
Infection prevention and control management must be led by trained and experienced health care personnel.	53%
Infection prevention and control measures must be implemented in the feed preparation area.	81%
Infection prevention and control messages must be communicated.	100%
Managerial clinical and administrative information must be used to support decision-making and planning.	92%
Medical equipment management systems must be in place to minimise the risk of patient safety incidents related to medical equipment.	62%
Medicines must be stored and managed in compliance with the Pharmacy Act 53 of 1974 the Medicines and Related Substances Act 101 of 1965 and the relevant rules and regulations.	93%
Practices for dispensing medicines must comply with the Pharmacy Act 53 of 1974 the Medicines and Related Substances Act 101 of 1965 and relevant regulations.	83%
Procedures to minimise the risk of health care-associated infections must be implemented.	73%
Standard operating procedures for decontamination processes must be available.	80%
Standard operating procedures for the management of complaints must be implemented.	89%

Standard operating procedures to guide the implementation of infection prevention and control practices must be available.	64%
Standardised procedures to identify and mitigate clinical risk must be implemented during the care of vulnerable users.	59%
Systems must be in place to facilitate user identification.	88%
Systems to mitigate the risk of medicine-related patient safety incidents must be implemented.	79%
The designated pharmacist must be registered with the South African Pharmacy Council.	97%
The establishment must have undertaken a health care risk waste management process in the previous two years to identify the hazardous waste that it generates and must establish how to deal with it safely.	62%
The health establishment implements process to ensure environmental cleanliness.	78%
The health establishment management structure must implement an effective health care-associated infections surveillance programme.	63%
The health establishment must adhere to a planned schedule for maintaining equipment.	34%
The health establishment must have a functional infection prevention and control management structure.	75%
The health establishment must have a functional quality management system	64%
The health establishment must implement an effective waste management procedure within the health establishment and buildings and grounds.	72%
The health establishment must implement systems to ensure that blood and blood products are available and administered safely.	74%
The health establishment must monitor clinical outcomes to improve service delivery.	71%
The health establishment must report information on health care-associated infections and notifiable diseases to the appropriate public health agencies.	75%
The infection prevention and control management structure must identify and manage risk in relation to health care-associated infections.	70%
The management of complaints must deliver improvements in the quality of services provided to users.	63%
The management of emergency resuscitations must be guided and monitored to improve user outcomes.	84%
The management of used and soiled linen must meet infection prevention and control requirements.	91%
The mortuary service must be compliant with relevant legislation.	80%
The pharmacy must be licensed by the Director-General of the National Department of Health.	100%
The pharmacy must be registered with the South African Pharmacy Council.	100%
The physical environment in the operating theatre department must comply with user safety requirements.	38%
The success of sterilisation procedures must be monitored.	43%
Users and health care personnel must be protected against ionising radiation exposure.	83%
Users must be counselled appropriately to ensure adherence to therapy.	93%
Users must obtain their medicines from the pharmacy on the day of their visit.	93%
Where sterilisation services are outsourced the service level agreement must be managed effectively.	33%
Standard Average Score	78%

Standard: The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.

	Criteria	Performance																						
<table border="1"> <caption>Standard Performance by Province</caption> <thead> <tr> <th>Province</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>EC</td><td>92%</td></tr> <tr><td>FS</td><td>78%</td></tr> <tr><td>GP</td><td>90%</td></tr> <tr><td>KZN</td><td>90%</td></tr> <tr><td>LP</td><td>77%</td></tr> <tr><td>MP</td><td>79%</td></tr> <tr><td>NW</td><td>67%</td></tr> <tr><td>NC</td><td>77%</td></tr> <tr><td>WC</td><td>90%</td></tr> <tr><td>SA Average</td><td>82%</td></tr> </tbody> </table>	Province	Performance (%)	EC	92%	FS	78%	GP	90%	KZN	90%	LP	77%	MP	79%	NW	67%	NC	77%	WC	90%	SA Average	82%	The health establishment must record information relating to the examination and health care interventions of users.	56%
Province	Performance (%)																							
EC	92%																							
FS	78%																							
GP	90%																							
KZN	90%																							
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NW	67%																							
NC	77%																							
WC	90%																							
SA Average	82%																							
	The health establishment must record the biographical data of the user and the identification and contact information of the user and his or her next of kin.	90%																						
	Standard Average Score	66%																						

Standard: The health establishment must ensure that health records of health care users are protected managed and kept confidential in line with section 14 15 and 17 of the Act.

	Criteria	Performance																						
 <table border="1" data-bbox="207 358 837 907"> <caption>Standard Performance by Province</caption> <thead> <tr> <th>Province</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>EC</td><td>77%</td></tr> <tr><td>FS</td><td>81%</td></tr> <tr><td>GP</td><td>83%</td></tr> <tr><td>KZN</td><td>85%</td></tr> <tr><td>LP</td><td>82%</td></tr> <tr><td>MP</td><td>88%</td></tr> <tr><td>NW</td><td>86%</td></tr> <tr><td>NC</td><td>81%</td></tr> <tr><td>WC</td><td>91%</td></tr> <tr><td>SA Average</td><td>83%</td></tr> </tbody> </table>	Province	Performance (%)	EC	77%	FS	81%	GP	83%	KZN	85%	LP	82%	MP	88%	NW	86%	NC	81%	WC	91%	SA Average	83%	The health establishment must ensure confidentiality of health records.	94%
Province	Performance (%)																							
EC	77%																							
FS	81%																							
GP	83%																							
KZN	85%																							
LP	82%																							
MP	88%																							
NW	86%																							
NC	81%																							
WC	91%																							
SA Average	83%																							
	The health establishment must have a health record filing archiving disposing storage and retrieval system which complies with the law.	80%																						
	The health establishment must secure health records with appropriate security control measures in the records storage area and in the clinical service area in accordance with the Protection of Personal Information Act 2013 (Act No. 4 of 2013).	74%																						
	Standard Average Score	82%																						

Standard: The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.

Standard Performance by Province	Criteria	Performance																				
	<table border="1"> <caption>Standard Performance by Province (Waste Handling)</caption> <thead> <tr> <th>Province</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>FS</td><td>58%</td></tr> <tr><td>GP</td><td>72%</td></tr> <tr><td>KZN</td><td>81%</td></tr> <tr><td>LP</td><td>68%</td></tr> <tr><td>MP</td><td>69%</td></tr> <tr><td>NW</td><td>69%</td></tr> <tr><td>NC</td><td>56%</td></tr> <tr><td>WC</td><td>67%</td></tr> <tr><td>SA Average</td><td>68%</td></tr> </tbody> </table>	Province	Performance (%)	FS	58%	GP	72%	KZN	81%	LP	68%	MP	69%	NW	69%	NC	56%	WC	67%	SA Average	68%	Films and reagents must be stored and disposed of according to guidelines.
Province	Performance (%)																					
FS	58%																					
GP	72%																					
KZN	81%																					
LP	68%																					
MP	69%																					
NW	69%																					
NC	56%																					
WC	67%																					
SA Average	68%																					
	The health establishment must have appropriate waste containers at the point of waste generation.	95%																				
	The health establishment must implement procedures for the collection handling storage and disposal of waste.	77%																				
	Standard Average Score	83%																				

Standard: The health establishment must have a formal process to be followed when obtaining informed consent from the user.

Standard Performance by Province	Criteria	Performance																						
	<table border="1"> <caption>Standard Performance by Province (Informed Consent)</caption> <thead> <tr> <th>Province</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>EC</td><td>89%</td></tr> <tr><td>FS</td><td>82%</td></tr> <tr><td>GP</td><td>94%</td></tr> <tr><td>KZN</td><td>95%</td></tr> <tr><td>LP</td><td>87%</td></tr> <tr><td>MP</td><td>94%</td></tr> <tr><td>NW</td><td>92%</td></tr> <tr><td>NC</td><td>83%</td></tr> <tr><td>WC</td><td>89%</td></tr> <tr><td>SA Average</td><td>90%</td></tr> </tbody> </table>	Province	Performance (%)	EC	89%	FS	82%	GP	94%	KZN	95%	LP	87%	MP	94%	NW	92%	NC	83%	WC	89%	SA Average	90%	A documented procedure which describes the information to be collected and discussed during the process to obtain informed consent is implemented in accordance with Chapter 2 of the National Health Act (Section 7).
Province	Performance (%)																							
EC	89%																							
FS	82%																							
GP	94%																							
KZN	95%																							
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NW	92%																							
NC	83%																							
WC	89%																							
SA Average	90%																							
	The health establishment must ensure that confidential information or user-identifiable data is not divulged without prior consent as per legislation.	73%																						
	Standard Average Score	87%																						

Standard: The health establishment must have a system to monitor and report all adverse events.

<p style="text-align: center;">Standard Performance by Province</p>	Criteria	Performance	
		The health establishment must have a register for all adverse events.	74%
		The health establishment must have systems in place to report adverse incidents to a structure in the health establishment or responsible authority that monitors these events.	78%
		Standard Average Score	78%

Standard: The health establishment must issue a discharge report to users in accordance with section 10 of the Act.

<p style="text-align: center;">Standard Performance by Province</p>	Criteria	Performance	
		Comprehensive discharge reports must be provided to users to ensure continuity of care.	69%
		Standard Average Score	69%

Standard: The health establishment must maintain an environment which minimises the risk of disease outbreaks, the transmission of infection to users' health care personnel and visitors.

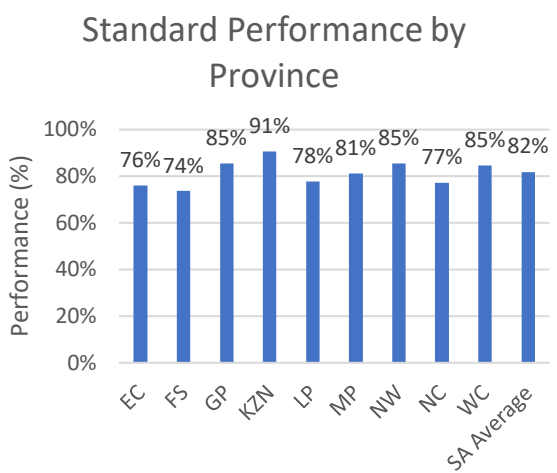
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Province	Performance (%)																							
EC	76%																							
FS	74%																							
GP	85%																							
KZN	91%																							
LP	78%																							
MP	81%																							
NW	85%																							
NC	77%																							
WC	85%																							
SA Average	82%																							
	The health establishment must ensure that there are hand washing facilities in every service area.	86%																						
	The health establishment must ensure there is clean linen to meet the needs of users.	75%																						
	The health establishment must provide isolation units or cubicles where users with contagious infections can be accommodated.	81%																						
	Standard Average Score	79%																						

Table 18: Domain: Clinical Support Services

Standard: Health establishments must ensure that diagnostic services are available and safe for users and for health care personnel involved in delivering these services.

Standard Performance by Province		Criteria	Performance																						
<table border="1"> <caption>Standard Performance by Province (Diagnostic Services)</caption> <thead> <tr> <th>Province</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>EC</td><td>100%</td></tr> <tr><td>FS</td><td>78%</td></tr> <tr><td>GP</td><td>100%</td></tr> <tr><td>KZN</td><td>83%</td></tr> <tr><td>LP</td><td>78%</td></tr> <tr><td>MP</td><td>100%</td></tr> <tr><td>NW</td><td>33%</td></tr> <tr><td>NC</td><td>100%</td></tr> <tr><td>WC</td><td>83%</td></tr> <tr><td>SA Average</td><td>83%</td></tr> </tbody> </table>		Province	Performance (%)	EC	100%	FS	78%	GP	100%	KZN	83%	LP	78%	MP	100%	NW	33%	NC	100%	WC	83%	SA Average	83%	The health establishment must where applicable be accredited by the relevant regulatory body relating to the type of diagnostic service.	83%
Province	Performance (%)																								
EC	100%																								
FS	78%																								
GP	100%																								
KZN	83%																								
LP	78%																								
MP	100%																								
NW	33%																								
NC	100%																								
WC	83%																								
SA Average	83%																								
		Standard Average Score	83%																						

Standard: Health establishments must ensure that the medical equipment is available and functional in compliance with the law.

Standard Performance by Province		Criteria	Performance																						
<table border="1"> <caption>Standard Performance by Province (Medical Equipment)</caption> <thead> <tr> <th>Province</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>EC</td><td>76%</td></tr> <tr><td>FS</td><td>78%</td></tr> <tr><td>GP</td><td>88%</td></tr> <tr><td>KZN</td><td>94%</td></tr> <tr><td>LP</td><td>87%</td></tr> <tr><td>MP</td><td>90%</td></tr> <tr><td>NW</td><td>89%</td></tr> <tr><td>NC</td><td>77%</td></tr> <tr><td>WC</td><td>80%</td></tr> <tr><td>SA Average</td><td>85%</td></tr> </tbody> </table>		Province	Performance (%)	EC	76%	FS	78%	GP	88%	KZN	94%	LP	87%	MP	90%	NW	89%	NC	77%	WC	80%	SA Average	85%	The health establishment must ensure that equipment is in accordance with the essential equipment list in all clinical service areas.	82%
Province	Performance (%)																								
EC	76%																								
FS	78%																								
GP	88%																								
KZN	94%																								
LP	87%																								
MP	90%																								
NW	89%																								
NC	77%																								
WC	80%																								
SA Average	85%																								
		The health establishment must ensure that equipment is licensed where required from the relevant licensing body.	21%																						
		Standard Average Score	81%																						

Standard: Hospitals and CHCs must ensure that users have access to blood and blood products when required.

	Criteria	Performance
	The health establishment must ensure that adverse blood reactions are reported to a committee in the health establishment that monitor adverse incidents.	12%
	Standard Average Score	12%

Standard: The health establishment must comply with the provisions of the Pharmacy Act 1974 and the Medicines and Related Substances Act 1965.

	Criteria	Performance
	The health establishment must ensure the availability of medicines and medical supplies for the delivery of services.	87%
	The health establishment must implement and maintain a stock control system for medicine and medical supplies.	76%
	Standard Average Score	81%

Table 19: Domain: Facilities and Infrastructure

Standard: The health establishment and their grounds must meet the requirements of the building regulations.																																			
<p style="text-align: center;">Standard Performance by Province</p> <table border="1"> <caption>Standard Performance by Province Data</caption> <thead> <tr> <th>Province</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>EC</td><td>61%</td></tr> <tr><td>FS</td><td>69%</td></tr> <tr><td>GP</td><td>72%</td></tr> <tr><td>KZN</td><td>81%</td></tr> <tr><td>LP</td><td>70%</td></tr> <tr><td>MP</td><td>71%</td></tr> <tr><td>NIW</td><td>78%</td></tr> <tr><td>NC</td><td>69%</td></tr> <tr><td>WC</td><td>76%</td></tr> <tr><td>SA...</td><td>71%</td></tr> </tbody> </table>	Province	Performance (%)	EC	61%	FS	69%	GP	72%	KZN	81%	LP	70%	MP	71%	NIW	78%	NC	69%	WC	76%	SA...	71%	<table border="1"> <thead> <tr> <th>Criteria</th> <th>Performance</th> </tr> </thead> <tbody> <tr> <td>The health establishment must as appropriate for the type of buildings and grounds of the establishment ensure emergency exit and entrance points are provided in all service areas and always kept clear.</td> <td>93%</td> </tr> <tr> <td>The health establishment must as appropriate for the type of buildings and grounds of the establishment have a maintenance plan for buildings and the grounds.</td> <td>52%</td> </tr> <tr style="background-color: red; color: white;"> <td>The health establishment must as appropriate for the type of buildings and grounds of the establishment have all the required compliance certificates in terms of the building regulations.</td> <td>43%</td> </tr> <tr> <td>The health establishment must as appropriate for the type of buildings and grounds of the establishment have ventilation systems that maintain the inflow of fresh air temperature humidity and purity of the air within specified limits set for different service areas such as theatres kitchen and isolation units.</td> <td>95%</td> </tr> <tr> <td>Standard Average Score</td> <td>70%</td> </tr> </tbody> </table>	Criteria	Performance	The health establishment must as appropriate for the type of buildings and grounds of the establishment ensure emergency exit and entrance points are provided in all service areas and always kept clear.	93%	The health establishment must as appropriate for the type of buildings and grounds of the establishment have a maintenance plan for buildings and the grounds.	52%	The health establishment must as appropriate for the type of buildings and grounds of the establishment have all the required compliance certificates in terms of the building regulations.	43%	The health establishment must as appropriate for the type of buildings and grounds of the establishment have ventilation systems that maintain the inflow of fresh air temperature humidity and purity of the air within specified limits set for different service areas such as theatres kitchen and isolation units.	95%	Standard Average Score	70%
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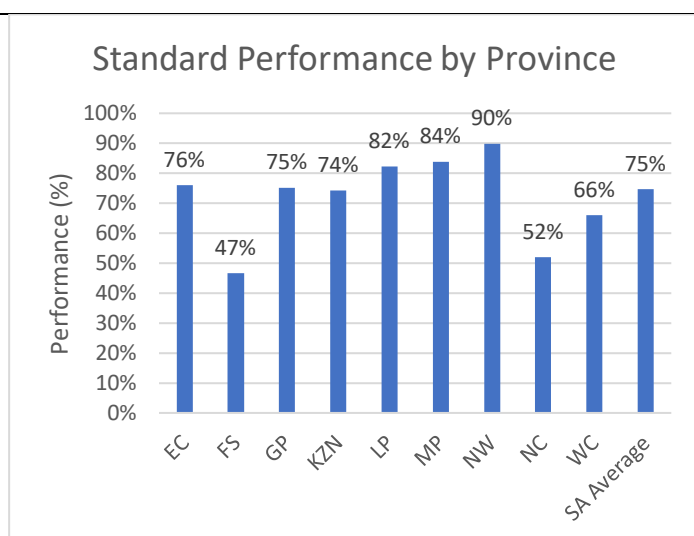
Standard: The health establishment must ensure that engineering services are in place.

Standard Performance by Province		Criteria	Performance																						
<table border="1"> <caption>Standard Performance by Province (Engineering Services)</caption> <thead> <tr> <th>Province</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>EC</td><td>65%</td></tr> <tr><td>FS</td><td>51%</td></tr> <tr><td>GP</td><td>85%</td></tr> <tr><td>KZN</td><td>85%</td></tr> <tr><td>LP</td><td>64%</td></tr> <tr><td>MP</td><td>64%</td></tr> <tr><td>NW</td><td>66%</td></tr> <tr><td>NC</td><td>66%</td></tr> <tr><td>WC</td><td>78%</td></tr> <tr><td>SA Average</td><td>72%</td></tr> </tbody> </table>		Province	Performance (%)	EC	65%	FS	51%	GP	85%	KZN	85%	LP	64%	MP	64%	NW	66%	NC	66%	WC	78%	SA Average	72%	The health establishment must have 24-hour electrical power lighting medical gas water supply and sewerage disposal system.	71%
Province	Performance (%)																								
EC	65%																								
FS	51%																								
GP	85%																								
KZN	85%																								
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WC	78%																								
SA Average	72%																								
		Standard Average Score	71%																						

Standard: The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.

Standard Performance by Province		Criteria	Performance																						
<table border="1"> <caption>Standard Performance by Province (Vehicle Safety and Maintenance)</caption> <thead> <tr> <th>Province</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>EC</td><td>79%</td></tr> <tr><td>FS</td><td>94%</td></tr> <tr><td>GP</td><td>91%</td></tr> <tr><td>KZN</td><td>81%</td></tr> <tr><td>LP</td><td>74%</td></tr> <tr><td>MP</td><td>62%</td></tr> <tr><td>NW</td><td>90%</td></tr> <tr><td>NC</td><td>72%</td></tr> <tr><td>WC</td><td>79%</td></tr> <tr><td>SA Average</td><td>80%</td></tr> </tbody> </table>		Province	Performance (%)	EC	79%	FS	94%	GP	91%	KZN	81%	LP	74%	MP	62%	NW	90%	NC	72%	WC	79%	SA Average	80%	The health establishment must ensure that drivers have a valid driver's license and or public transport driving permit.	85%
Province	Performance (%)																								
EC	79%																								
FS	94%																								
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		Standard Average Score	80%																						

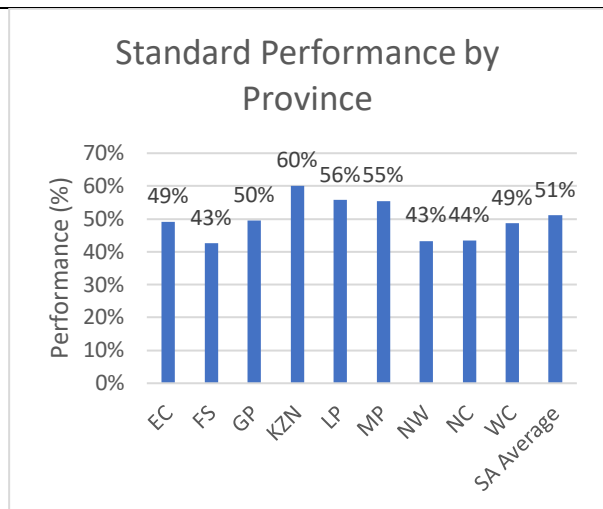
Standard: The health establishment must have systems to protect users' health care personnel and property from security threats and risks.



Criteria	Performance
All security incidents must be reported and addressed.	49%
Internal and external lighting must be adequate to protect user's visitors and personnel.	51%
Security systems must safeguard the building user's visitors and health care personnel.	96%
The health establishment must ensure that security staff are capacitated to deal with security incidents threats and risks.	72%
The health establishment must have a zero-tolerance approach to violence and abuse towards health care personnel and must take action to support this.	50%
Standard Average Score	74%

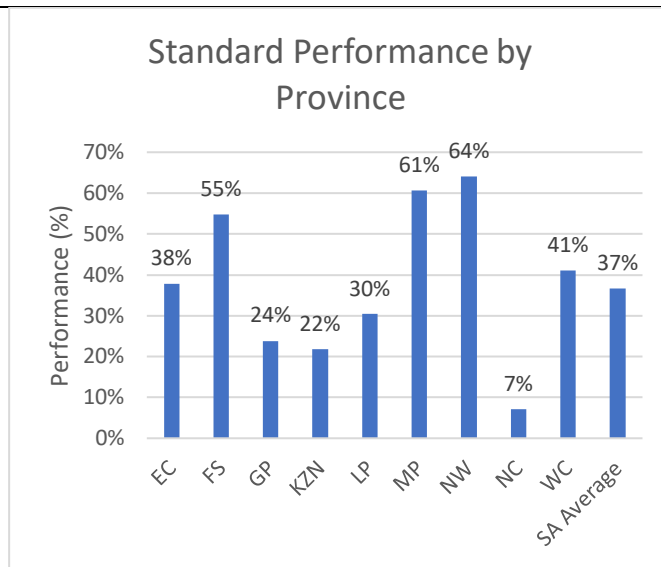
Table 20: Domain: Governance and Human Resources

Standard: The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.



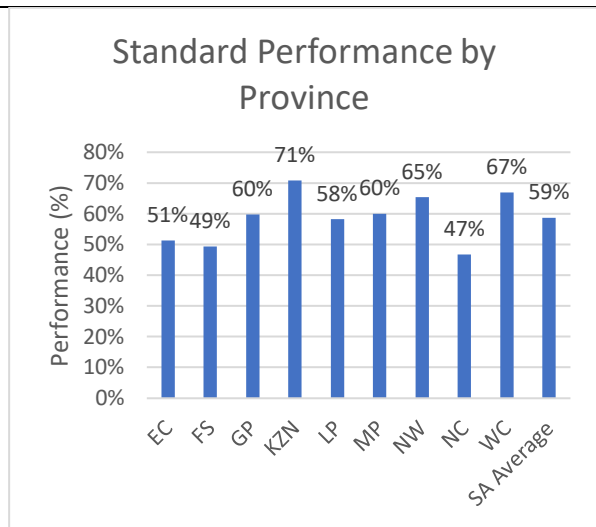
Criteria	Performance
Health care personnel recruitment and selection procedures must be adhered to by the health establishment.	82%
The health establishment must as appropriate to the type and size of the establishment have a performance management and development system in place.	68%
The health establishment 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.	92%
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.	21%
The health establishment must have the most up to date human resources policies and comply with labour legislation.	57%
Standard Average Score	50%

Standard: The health establishment must have a functional governance structure with written Terms of Reference.



Criteria	Performance
The governance structure must ensure effective management and development of human resources.	53%
The governance structure must ensure that organisational risks are identified and mitigated.	50%
The governance structure must ensure that the financial sustainability of the health establishment is assured.	47%
The governance structure must monitor implementation of the strategic plan.	53%
The governance structure must monitor the quality of care including user safety.	58%
The health establishment has a functional governance structure.	25%
Standard Average Score	33%

Standard: The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.



Criteria	Performance
A medical surveillance plan for at-risk personnel must be implemented based on a health risk assessment.	30%
A programme for the prevention and control of respiratory infections must be in place.	55%
An active Health and Safety Committee ensures a safe working environment	48%
Awareness of safety and security issues must be promoted	66%
Information regarding occupational health and safety matters must be readily available to employees.	77%
Measures must be in place to minimise the incidence of critical occupationally acquired injuries and diseases.	64%
Responsibilities in terms of the Occupational Health and Safety Act must be assigned in writing.	70%
The disaster management plan must be communicated to personnel and tested annually.	48%
The health and safety committee must ensure appropriate management of occupational health and safety incidents.	70%
The health and safety committee must ensure effective management of reported health and safety incidents.	64%

	The health establishment must have a disaster management plan in place which is communicated to health care personnel and tested annually.	66%
	The health establishment must have a disaster management plan in place which is updated annually and in response to personnel turnover.	64%
	Standard Average Score	58%

11. Re-inspections

This section highlights the re-inspections of health establishments conducted during the 2023/24 financial year. A total of 240 health establishments, from both the public and private sectors, were re-inspected.

11.1 Overall re-inspections compliance rate per Province

Table 21 below shows the compliance rate of re-inspected public and private health establishments across provinces. An overall compliance rate of 84% (201/240) was achieved for re-inspections, and the 39 health establishments that failed to comply with the norms and standards were recommended for enforcement action. The lowest compliance rate was noted in Northern Cape province at 30% (6/20), while all other provinces had a compliance rate above 60%.

Table 21: Compliance rate of re-inspected HEs inspected in FY 2023/24 across provinces

Province Name	Clinics			Community Day Centres			Community Health Centres			District Hospitals			Regional Hospitals			Private-Acute Hospitals			Total Inspected per Province		
	Inspected	Compliant	Compliance Rate	Inspected	Compliant	Compliance Rate	Inspected	Compliant	Compliance Rate	Inspected	Compliant	Compliance Rate	Inspected	Compliant	Compliance Rate	Inspected	Compliant	Compliance Rate	Inspected	Compliant	Compliance Rate
Eastern Cape	15	12	80%	-	-	-	14	12	86%	8	8	100%	3	3	100%	-	-	-	40	35	88%
Free State	25	16	64%	-	-	-	4	2	50%	-	-	-	-	-	-	-	-	-	29	18	62%
Gauteng	7	6	86%	1	1	100%	-	-	-	3	3	100%	2	2	100%	4	4	100%	17	16	94%
KwaZulu-Natal	13	13	100%	-	-	-	-	-	-	14	14	100%	2	2	100%	1	1	100%	30	30	100%
Limpopo	22	17	77%	-	-	-	3	1	33%	12	11	92%	2	2	100%	-	-	-	39	31	79%
Mpumalanga	11	10	91%	-	-	-	11	9	82%	-	-	-	-	-	-	-	-	-	22	19	86%
Northwest	33	30	91%	-	-	-	3	2	67%	5	5	100%	2	2	100%	-	-	-	43	39	91%
Northern Cape	9	3	33%	-	-	-	1	0	0%	-	-	-	-	-	-	-	-	-	10	3	30%
Western Cape	3	3	100%	3	3	100%	4	4	100%	-	-	-	-	-	-	-	-	-	10	10	100%
TOTAL	138	110	80%	4	4	100%	40	30	75%	42	41	98%	11	11	100%	5	5	100%	240	201	84%

11.2 Gradings of re-inspected health establishments by province and category

Figure 7 below depicts the grading ranging from Excellent to Unsatisfactory for all the re-inspected HEs (compliant and non-compliant). Notably, twelve (12) non-compliant re-inspected HEs were graded unsatisfactory, while 39 HEs were graded Satisfactory and the remaining 189 HEs were graded either Good or Excellent.

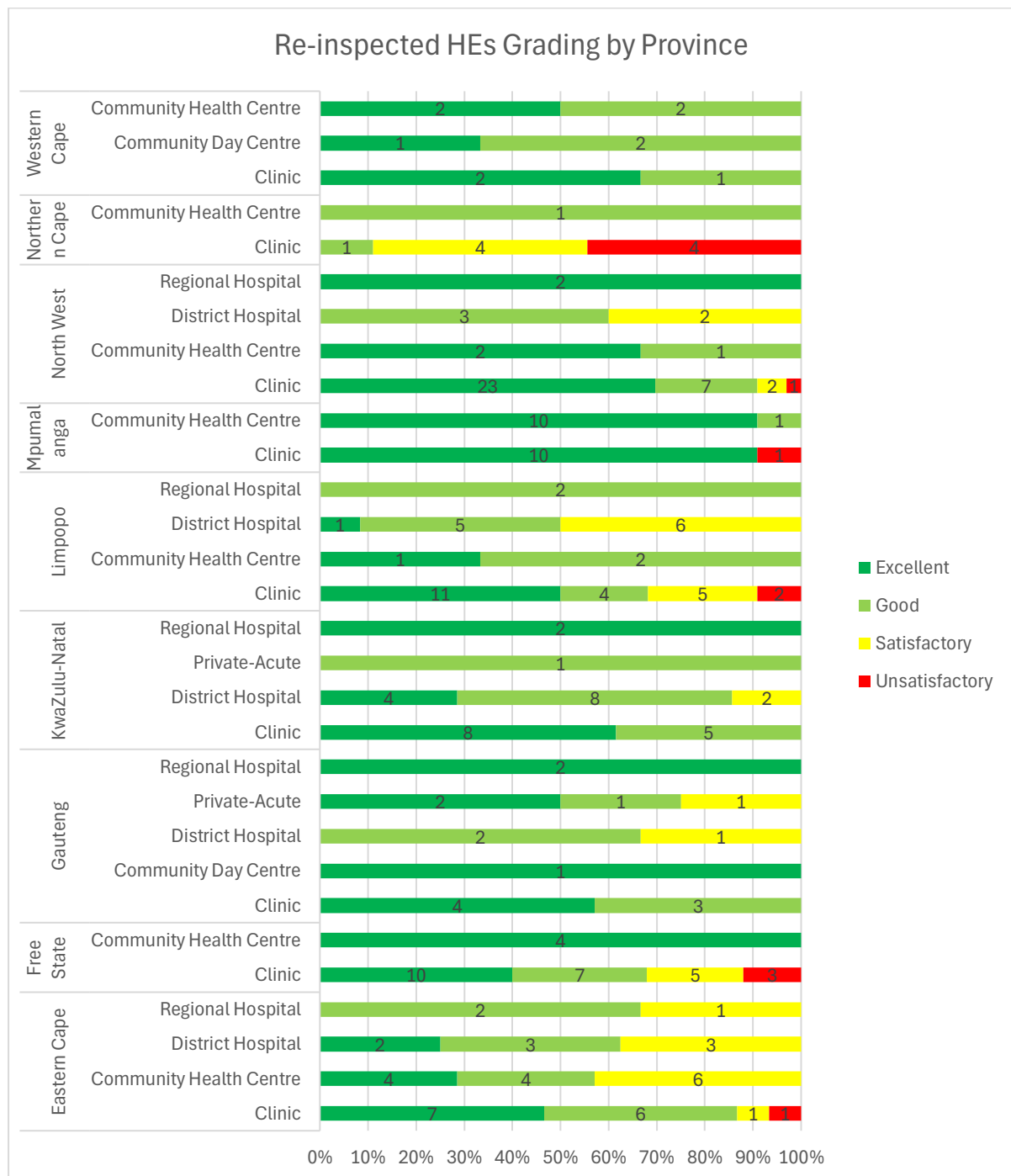


Figure 7: Re-inspected HEs grading by province.

11.3 Performance on Non-Negotiable Measures for re-inspected Public and Private Health Establishments

The depicted performance of non-negotiable measures signifies the state of readiness of HEs to manage emergency resuscitation. NNMs include measures such as emergency trolley stocked with equipment, medical supplies and medicine, oxygen cylinders with functional gauges and a level of oxygen above the minimum level. Failure to comply with NNMs results in non-compliance with the norms and standards. NNM's overall compliance rate for public HEs is 85 %, while Private HEs had a 100% compliance rate. Clinics had an NNM compliance rate of 82% (113/138), CHCs 75% (30/40) and district hospitals 98% (41/42). Community Day Centres (4/4), regional hospitals (11/11) and private acute hospitals (5/5) achieved compliance rate of 100%with the NNMs.

Table 22: Overall Non-Negotiable Measures (NNMs) compliance rate per category

Province Name	Number of Inspected HEs	NNM Compliant (100%)	NNM non-compliant (< 100%)	Proportion
				(NNV 100 % Compliant)
Clinics	138	113	25	82%
Community Day Centre	4	4	0	100%
CHCs	40	30	10	75%
District Hospitals	42	41	1	98%
Regional Hospital	11	11	0	100%
Private Acute Hospital	5	5	0	100%

11.3.1. Re-inspected Clinic Performance on Non-Negotiable Measures

Failure to comply with NNMs results in non-compliance with the norms and standards. Clinics have three measures NNMs, which are the availability of oxygen gauge with gauge above the minimum level which achieved 99%, while performance was at 82% on the fully equipped emergency trolley. The performance of above three measures indicates that non-compliance of re-inspected clinics was related to poor performance on emergency trolley.

Table 23: Performance of Re-inspected Clinics on Non-Negotiable Measures

Measure Name	Sum of Number of Applicable Measures	Sum of Score	Compliance Rate
An oxygen cylinder with pressure gauge is available.	140	139	99%
CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	138	113	82%
The oxygen available in the cylinder is above the minimum level.	140	139	99%

11.3.2. Re-inspected Community Day Centres Performance on Non-Negotiable Measures

Community Day Centres, like clinics, have the same three measures of NNMs. Four community day centres were re-inspected, and all achieved 100% on NNMs.

Table 24: Performance of Re-inspected Community Day Centres on Non-Negotiable Measures

Measure Name	Sum of Number of Applicable Measures	Sum of Score	Compliance Rate
An oxygen cylinder with pressure gauge is available.	4	4	100%
CHECKLIST: Emergency trolley is stocked with the medicines and equipment listed below.	4	4	100%
The oxygen available in the cylinder is above the minimum level.	4	4	100%

11.3.3. Re-inspected Community Health Centres (CHCs) Performance on Non-Negotiable Measures

Community Health Centers have three functional areas (FAs) with measures on NNMs, namely clinical services, Emergency Unit and Midwife Obstetric Unit. These three FAs need to comply with NNMs for HEs compliance. All Functional Areas (FA) achieved 100% (31/31) on the availability of oxygen cylinder above the minimum level and pressure gauge, 85% (11/13) on the emergency trolley of clinical service, 80% (28/35) Emergency Unit and MOU at 88% (66/75). Poor performance of emergency trolley measures on three FAs resulted in non-compliance of re-inspected CHCs.

Table 25: Performance of Re-inspected Community Health Centres on Non-Negotiable Measures

Functional Area Name	Measure Name	Sum of Applicable Measures	Sum of Score	Compliance Rate
Clinical Services	An oxygen cylinder with pressure gauge is available.	31	31	100%
	CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	13	11	85%
	The oxygen available in the cylinder is above the minimum level.	31	31	100%
Emergency Unit	An oxygen cylinder with pressure gauge is available in the resuscitation or emergency room.	35	35	100%
	CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicines' medical supplies and equipment.	35	28	80%
	The oxygen available in the cylinder is above the minimum level.	35	35	100%
Midwife Obstetric Unit (MOU)	An oxygen cylinder with pressure gauge is available.	38	38	100%
	CHECKLIST: The emergency trolley is stocked with the medicines' medical supplies and equipment.	75	66	88%
	The oxygen available in the cylinder is above the minimum level.	38	38	100%

11.3.4. Re-inspected District Hospital Performance on Non-Negotiable Measures

The depicted district hospital performance of non-negotiable measures signifies the state of readiness of HEs to manage emergency resuscitation. Failure to comply with NNMs results in non-compliance with the norms and standards. Clinical areas, clinical support areas, and maintenance and facility FAs have measures for NNMs. Notably, measures on NNMs of emergency trolley achieved 98,7 of district hospital re-inspected while other measures were at 100%. Re-inspected district hospitals that did not get 100% on NNM, resulting in HE non-compliance.

Table 26: Performance of Re-inspected District Hospital on Non-Negotiable Measures

NNM	Non-Compliant	Compliant	Applicable Measures	Compliant Rate
A functional system is in place to supply piped medical gas to clinical areas.		41	41	100.00%
A system to monitor oxygen levels in the bulk oxygen plant is in place.		6	6	100.00%
Emergency power supply is available and supplying power to the unit (in the event of power disruption).		106	106	100.00%
The oxygen available in the cylinder is above the minimum level with pressure gauge.		97	97	100.00%
Emergency trolley is stocked with medicines and equipment.	4	306	310	98.71%
Health care providers correctly complete forms used for informed consent.		203	203	100.00%
Medical supplies and equipment for resuscitation are available.		4	4	100.00%
The unit has a functional system to supply piped oxygen to the clinical areas.		305	305	100.00%

11.3.5. Re-inspected Regional Hospital Performance on Non-Negotiable Measures

The depicted regional hospital performance of non-negotiable measures signifies the state of readiness of HEs to manage emergency resuscitation. All re-inspected regional hospital achieved 100% on NNMs and were compliant with norms and standards.

Table 27: Performance of Re-inspected Regional Hospital on Non-Negotiable Measures

NNM	Non-Compliant	Compliant	Applicable Measures	Compliant Rate
A functional system is in place to supply piped medical gas to clinical areas.		11	11	100.00%
A system to monitor oxygen levels in the bulk oxygen plant is in place.		7	7	100.00%
Emergency power supply is available and supplying power to the unit (in the event of power disruption).		116	116	100.00%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.		46	46	100.00%
The oxygen available in the cylinder is above the minimum level with pressure gauge.		42	42	100.00%
Emergency trolley is stocked with medicines and equipment.		122	122	100.00%
Health care providers correctly complete forms used for informed consent.		82	82	100.00%
Medical supplies and equipment for resuscitation are available.		3	3	100.00%

11.3.6. Re-inspected Private Acute Hospital Performance on Non-Negotiable Measures

The depicted Private hospital performance on non-negotiable measures signifies the state of readiness of HEs to manage emergency resuscitation. All re-inspected private hospitals achieved 100% on NNMs, which indicates that Acute Private hospitals were compliant.

Table 28: Performance of Re-inspected Acute Private Hospital on Non-Negotiable Measures

NNM	Non-Compliant	Compliant	Applicable Measures	Compliant Rate
The oxygen available in the cylinder is above the minimum level with pressure gauge.		76	76	100.00%
Emergency power supply is available.		5	5	100.00%
Emergency trolley is stocked with medicines and equipment.		38	38	100.00%
The unit has a functional system to supply piped oxygen to the clinical areas.		36	36	100.00%

11.4 Re-inspected Summary

Notably, not all 240 re-inspected HEs for FY 2023/24 achieved compliance status. A higher conversion from non-compliance to compliance status was noted in 201 of the 240 re-inspected HEs. The analysis revealed that compliance with NNMs remains challenging for some HEs. The emergency trolley measure contributed the most to the non-compliance of the re-inspected HEs.

12. Discussion

The OHSC inspected 793 health establishments against a set target of 789 in distinct categories for both public and private sectors, including clinics, community health centres, district hospitals, regional hospitals, and acute private sector hospitals. With a compliance rate of 79% overall, the private acute hospitals were the highest performing HEs in the category of hospitals, with an overall compliance rate of 90%, followed by regional hospitals at 67%. The district hospitals performed the lowest with a compliance rate of 44%; Clinics, Community Health Centres (CHC) and acute private healthcare achieved 90%, 76% and 90%, respectively, for the same period. These health establishments were recommended for certification, whereas the non-compliant HEs are to be re-inspected. Similarly, the HEs reinspected during FY2023/24 and found compliant were recommended for certification, and the non-compliant were recommended for enforcement action.

Non-compliance in health establishments is primarily attributed to their inability to meet the required thresholds for Non-Negotiable Measures (NNMs). While compliance rates tend to be higher in private-sector hospitals compared to public-sector facilities, this disparity is due to unequal resource allocation, ineffective governance structures, and a high vacancy rate in key management positions within the public sector. However, with strong support and commitment from provincial authorities, district management teams, and the offices of the MECs, public health establishments could effectively address these challenges. By improving compliance with NNMs, including emergency trolley requirements and other essential and vital measures, healthcare facilities can enhance overall performance, mitigate clinical risks, and uphold patient safety and users' rights.

13. Limitations

Despite the OHSC's efforts to standardize assessment tools for public and private healthcare facilities, variations in service availability created challenges in comparing findings. Differences in services management such as transport services which followed either a decentralized or centralized approach depending on the facility type, complicated direct comparisons between PHCs and hospitals services. Furthermore,

differences in operational requirements such as vehicle management protocols at the PHC level, further contributed to these inconsistencies. To enhance assessment accuracy, the OHSC should refine its tool structure to focus on specific quality elements across all five chapters rather than limiting evaluations to emergency preparedness alone.

14. Recommendations

The inspection findings of this report identified the cross-cutting key focal areas within the specific domains that performed unsatisfactory below 50%. The OHSC recommends that the provincial leadership, district management, health establishment management and private groups senior management address these key focal areas to improve patient safety and quality healthcare services:

Domain: User Rights

- a) The health establishment must ensure that users are dealt with in a manner which is consistent with the nature and severity of their health condition.
 - Health establishment must adhere to clinical guidelines on stabilizing users presenting in an emergency before referring them to another health establishment of care.

Domain: Clinical Governance and Clinical Care

- a) **A health establishment must establish and maintain systems structures and programmes to manage clinical risk.**
 - Formal processes are in place to manage clinical risk.
 - Appropriate cleaning materials and equipment must be available and safely stored.
 - Trained and experienced health care personnel must lead infection prevention and control management.
 - Standardised procedures to identify and mitigate clinical risk to be implemented during the care of vulnerable users.
 - The health establishment must adhere to a planned schedule for maintaining equipment.

b) A health establishment must establish and maintain systems structures and programmes to manage clinical risk.

- The health establishment must have a functional quality management system.
- The management of complaints must deliver improvements in the quality of services provided to users.
- The physical environment in the operating theatre department must comply with user safety requirements.
- Staff must monitor the success of sterilisation procedures.
- Where sterilisation services are outsourced the service level agreement must be managed effectively.

Domain: Clinical Support Services

c) Health establishments must ensure that the medical equipment is available and functional in compliance with the law.

- The health establishment must ensure that equipment is licensed where required from the relevant licensing body.
- The health establishment must ensure that adverse blood reactions are reported to a committee in the health establishment that monitor adverse incidents.

Domain: Facilities and Infrastructure

d) The health establishment and their grounds must meet the requirements of the building regulations.

- The health establishment must as appropriate for the type of buildings and grounds of the establishment have a maintenance plan for buildings and the grounds.
- The health establishment must as appropriate for the type of buildings and grounds of the establishment have all the required compliance certificates in terms of the building regulations.
- All security incidents must be reported and addressed.

Domain: Governance and Human Resources

e) The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.

- The health establishment must as appropriate to the type and size of the establishment have a performance management and development system in place.

- 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.

f) Functional governance structure (Hospital board and Clinic/CHC Committee) with written Terms of Reference

- The health establishment has a functional governance structure.
- The governance structure must ensure that the financial sustainability of the health establishment is assured.
- The governance structure must monitor implementation of the strategic plan.
- The governance structure must monitor the quality of care including user safety.

g) The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.

- Medical surveillance plan for at-risk personnel must be implemented based on a health risk assessment.
- An active Health and Safety Committee ensures a safe working environment.
- The disaster management plan must be communicated to personnel and evaluated annually.



Eastern Cape

1. Distribution of Health Establishments in the province

1.1. Total number of health establishments per category by province

Tables 1 and 2 below show the total number of public sector health establishments (clinics, CHCs, district and regional hospitals) and private sector health establishments (private acute hospitals) in the province that can be sampled and inspected with the applicable OHSC regulatory inspection tools.

Table 1: Total number of public health establishments per category by district

District	HE Classification				Total per district
	Clinic	Community Health Centre	District Hospital	Regional Hospital	
Alfred Nzo District	73	2	6		81
Amathole District	143	5	12		160
Buffalo City Metro	74	5	2		81
Chris Hani District	149	7	14	1	171
Joe Gqabi District	53		11		64
Nelson Mandela Bay	39	9	1		49
Oliver Tambo District	139	10	9	2	160
Sarah Baartman District	60	3	10		73
Total per HE category	730	41	65	3	839

Table 2: Total number of private acute hospitals by hospital group

Hospital Group	Number of Acute Hospitals
Netcare	2
Life	9
National Hospital Network	6
Total	17

2. Overview of inspections conducted and compliant over time in public and private health establishments

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

Table 3 below depicts the cumulative inspections conducted from FY 2019/20 to 2023/24, including the compliance rate. Notably, the compliance rate has consistently increased, and there was a significant leap in both clinics and CHCs. Of concern is the district hospitals, with a cumulative compliance rate of 5% (1/5) and 27% (185/684) average provincial compliance rate for all health establishments.

Table 3: Cumulative Number of Inspected Public and Private Health Establishments by Category (FY 2019/20 – FY2023/24)

Facility Type	FY2019/20			FY2020/21			FY2021/22			FY2022/23			FY2023/24			Cumulative Number of HEs (FY 2019/20 - FY 2023/24)		
	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)
Clinics	161	3	2%	88	11	13%	75	11	15%	146	39	27%	148	101	68%	618	165	27%
CHCs							3	0	0%	24	8	33%	7	5	71%	34	13	38%
District Hospitals							5	0	0%	13	0	0%	3	1	33%	21	1	5%
Regional Hospitals							2	1	50%	2	0	0%	-	-	-	4	1	25%
Private Acute Hospitals										4	3	75%	3	2	67%	7	5	71%
Total	161	3	2%	88	11	13%	85	12	14%	189	50	26%	161	109	68%	684	185	27%

3. Distribution of inspected public and private health establishments in f/y 2023/24

Table 5 below shows the number of inspected HEs per category across districts and acute private hospital groups. The planned inspection, according to the Annual Performance Plan (APP), informed the total numbers, which was 18.4% for public sector inspections and 19% for private sector inspections. There were no regional hospitals inspected. It must be noted that the Amathole district had the highest number of health establishments.

Table 4: Distribution of Inspected Public HEs per category by District and Private HEs per category, F/Y 2023/24

Sector	District	Clinics	CHC	District Hospitals	Private Acute Hospitals	Total Inspected per District
Public	Amathole	65	2	3	-	70
	Buffalo City Metro	34	2	-	-	36
	Chris Hani	26	3	-	-	29
	Joe Gqabi	23	-	-	-	23
Private	Private	-	-	-	3	3
	Total Inspected Per Category	148	7	3	3	161

3.1. Provincial Compliance Status for Inspected Public & Private Health Establishments for FY 2023/24

During the 2023/24 inspection cycle, 161 health establishments were inspected in the Eastern Cape. Figure 1 below shows the number of inspected health establishments by category and compliance status. District hospital achieved the lowest compliance rate of 33% (1/3), whereas acute private hospitals achieved 67% (2/3).

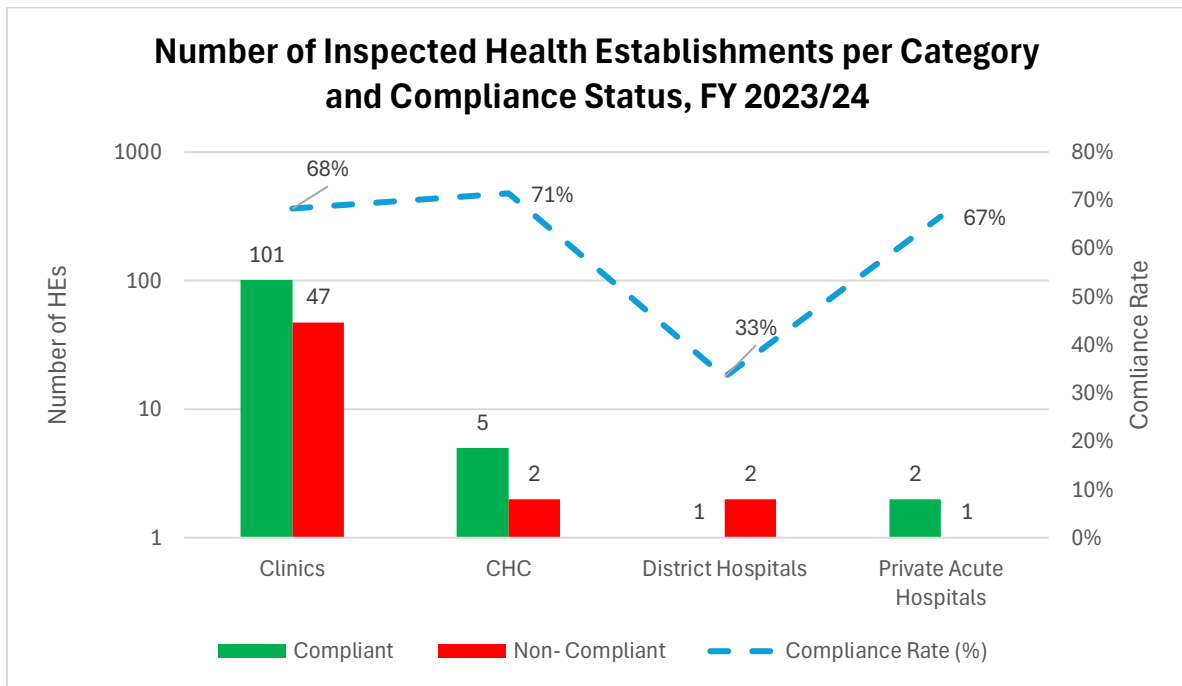


Figure 1: Number of Inspected HEs by Category and Compliance Status

3.2. Compliance Status of Inspected Public & Private HEs per District and Category

Table 5 below shows the total number of inspected health establishments per district, category, and compliance performance. Notably, Amathole District achieved a 33% (1/3) compliance rate for the district hospitals, and Chris Hani District achieved a 100% compliance rate for the CHCs.

Table 5: Compliance status of inspected Public HEs per District and category and Private HEs per category for FY 2023/24

District	HE Category			
	Clinics	CHC	District Hospitals	Private Acute Hospitals
Amathole	85%	50%	33%	-
Buffalo City Metro	85%	50%	-	-
Chris Hani	65%	100%	-	-
Joe Gqabi	0%	-	-	-
Private	-	-	-	67%
EC Average	68%	71%	33%	67%

4. Overall gradings for inspected public & private health establishments

4.1. Overall Grading for Inspected Public & Private Health Establishments per District and Category for FY 2023/24

Figure 2 below displays the overall gradings of inspected health establishments according to their categories. Clinics were the only category with Unsatisfactory grading.

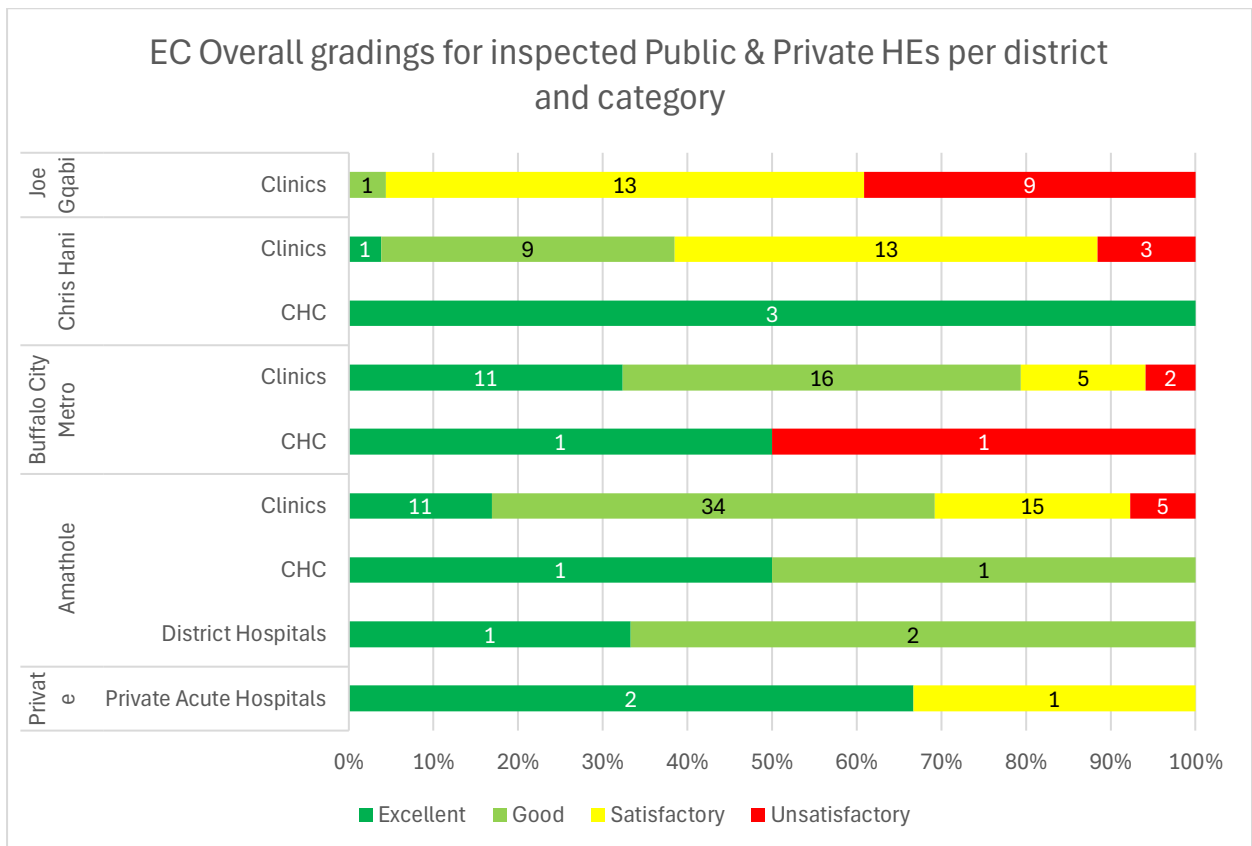


Figure 2: Provincial (EC) overall grading of inspected HE per district and category

5. Performance of non-negotiable measures for inspected public and private health establishments per category

Failure to comply with these measures, which have been identified as non-negotiable, is highly likely to result in severe harm or death. Health establishments must comply with all these measures to be eligible for certification. Thirty-three percent (33%) of inspected district hospitals (1/3) complied with NNM requirements. By implication, users of healthcare services may be exposed to potential harm due to a lack of preparedness to manage emergencies because of non-compliance with NNMs' requirements, as depicted in Table 6 below. According to the Compliance Status Framework (CSF), all HEs should achieve 100% compliance with NNM.

Table 6: Overall Non-Negotiable Measures (NNMs) compliance rate per category

HE Category	Number of Inspected HEs	NNM Compliant	NNM non-compliant	Proportion (NNM 100 % Compliant)
CHC	7	6	1	86%
Clinics	148	103	45	70%
District Hospitals	3	1	2	33%
Private Acute Hospitals	3	2	1	67%
TOTAL	161	112	49	70%

5.1. Clinics' Performance on Non-Negotiable Measures

This section covers the performance of clinics on non-negotiable measures. Table 7-9 highlight some of the commonly missing emergency trolley items which directly impacted the compliance of inspected health establishments.

Table 7: Clinic performance according to the three NNMs.

Measure Name	Number of Applicable Measures	Sum of Scores	Compliance Rate
An oxygen cylinder with pressure gauge is available.	148	145	98%
CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	148	103	70% Laryngeal mask airways Intravenous Cannula Manual resuscitator device or bag and valve mask Oxygen masks- re-breather 60%
The oxygen available in the cylinder is above the minimum level.	148	144	97%

5.2. Community Health Centres'(CHCs) Performance on Non-Negotiable Measures

Table 8 below shows the average Emergency Unit performance on emergency trolley which the lowest compared to the other two units at 50%

Table 8: CHC performance according to the NNMs (Clinical Services, Emergency Unit and Midwife Obstetric Unit (MOU)).

Functional Area Name	Measure Name	Number of Applicable Measures	Sum of Scores	Compliance Rate
Clinical Services	An oxygen cylinder with pressure gauge is available.	5	5	100%
	CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	5	5	100%
	The oxygen available in the cylinder is above the minimum level.	5	5	100%
Emergency Unit	An oxygen cylinder with pressure gauge is available.	2	2	100%
	CHECKLIST: The emergency trolley is stocked with the medicines, medical supplies, and equipment.	2	1	50% Commonly missing items <ul style="list-style-type: none"> • Adult-size introducer • AED
	The oxygen available in the cylinder is above the minimum level.	2	2	100%
Midwife Obstetric Unit (MOU)	An oxygen cylinder with pressure gauge is available in the unit.	5	5	100%
	CHECKLIST: The emergency trolley is stocked with the medicines, medical supplies, and equipment.	5	4	80% Commonly missing items <ul style="list-style-type: none"> • Adult-size introducer • AED • Straight blades for laryngoscope
	The oxygen available in the cylinder is above the minimum level.	5	5	100%

5.3. District Hospitals' Performance on Non-Negotiable Measures

Table 9: District Hospital performance according to the NNMs

NNM	Non-Compliant	Compliant	Applicable Measures	Compliance Rate
A functional system is in place to supply piped medical gas to clinical areas.	2	1	3	33%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.		6	6	100%
Emergency power supply is available.		3	3	100%
Emergency trolley is stocked with medicines and equipment.	6	9	15	60% <ul style="list-style-type: none"> • Endotracheal tubes - uncuffed • Laryngeal mask airways
Health care providers correctly complete forms used for informed consent.	4	11	15	73%
The unit has a functional system to supply piped oxygen to all clinical areas.		15	15	100%
The oxygen available in the cylinder is above the minimum level with pressure gauge.		3	3	100%

5.4. Private Acute Hospitals' Performance on Non-Negotiable Measures

Table 10: Private Acute Hospitals performance according to the NNMs

NNM	Non-Compliant	Compliant	Applicable Measures	Compliance Rate
Emergency power supply is available.		3	3	100%
Emergency trolley is stocked with medicines and equipment.	3	16	19	84% Commonly missing items <ul style="list-style-type: none"> • Straight blade for laryngoscope • Curved blade for laryngoscope • Endotracheal tubes • Oropharyngeal airway
The oxygen available in the cylinder is above the minimum level with pressure gauge.		38	38	100%
The unit has a functional system to supply piped oxygen to the clinical areas.		19	19	100%

6. Performance of domain (chapters) and standards for inspected public and private health establishments

6.1. Overall Performance of Inspected Public and Private Health Establishments by Domains (Chapters)

Table 11 below shows the performance of public health establishments against domains (chapters) across four districts, and Figure 3 below shows the performance of acute private healthcare health establishments by domains (chapters). Governance and Human Resources was the least performing domain, particularly in the Chris Hani and Joe Gqabi districts, whereas the other four (4) domains achieved scores between 67% and 82%.

It should be noted that these poor-performing domains involve governance at the health establishment, which relates to both leadership and management. Human resources refer to the availability and management of staff according to staffing needs. Staff shortages were notable, and hospitals operated without permanently appointed senior management staff.

Table 11: Public Health Establishment Performance by Domains (Chapters)

District	USER RIGHTS	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES
Amathole	77%	80%	82%	68%	53%
Buffalo City Metro	75%	79%	90%	70%	56%
Chris Hani	72%	75%	81%	64%	40%
Joe Gqabi	63%	60%	71%	62%	34%
EC Average	73%	76%	82%	67%	49%

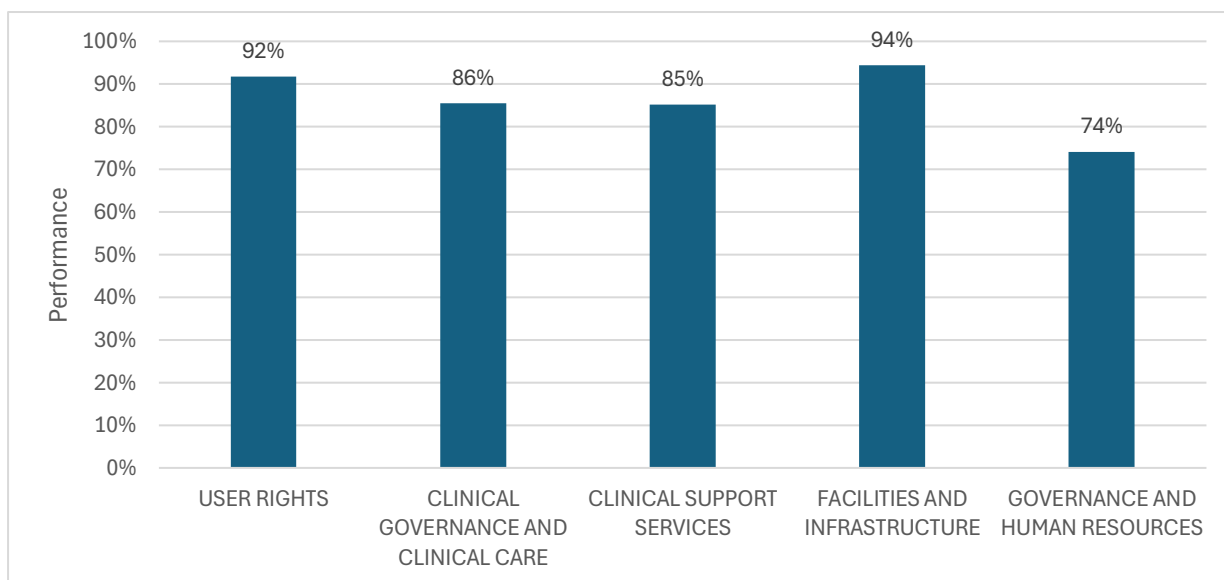


Figure 3: Private Health Establishment Performance by Domains (Chapters)

6.2. Overall performance of public health establishments according to Domain, Standards and Criteria

Tables 12-17 below indicate the overall performance of standards/regulations. The red-highlighted criteria raise serious concerns and pose a risk to users if not adhered to. Some of these criteria include establishing a system to manage adverse blood reactions and having a zero-tolerance approach to violence and abuse towards healthcare personnel etc.

Table 12: Domain: User Rights

Standard	Criteria Name	Performance
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	The health establishment must adhere to clinical guidelines on stabilizing users presenting in an emergency before referring them to another health establishment.	100%
	The health establishment must implement a system of triage.	76%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	The health establishment must display the results of user experience of care surveys conducted within the past twelve months.	100%
	The health establishment must provide users with information relating to any fees that are payable for health care services insofar it being practical to do so before the commencement of the provision of health care services.	100%
	The health establishment must provide users with information relating to service opening and closing times.	100%
	The health establishment must provide users with information relating to the complaints compliments and suggestions management system.	95%
	The health establishment must provide users with information relating to the health care services provided by the health establishment.	100%
	The health establishment must provide users with information relating to visiting hours where relevant.	100%
The health establishment must maintain a system of referral as established by the responsible authority.	The health establishment must ensure that a copy of the referral document is kept in the user's health record.	67%
	The health establishment must ensure that users are provided with information relating to their referral to another health establishment.	78%

Table 13: Domain: Clinical Governance and Clinical Care

Standard	Criteria Name	Performance
(b) A health establishment must establish and maintain systems structures and programmes to manage clinical risk.	A designated and knowledgeable staff member responsible for waste management must oversee compliance with relevant legislation and standards.	67%
	A system to manage adverse drug reactions must be implemented.	87%
	All local tendering and contracting processes must be in accordance with relevant legislation.	67%
	An effective clinical risk management system must be implemented for diagnostic services.	92%
	An updated computerised or manual (stock cards) inventory management system for medical supplies must be in place.	100%
	Appropriate cleaning materials and equipment must be available and safely stored.	79%
	Authorisation must be confirmed for all research projects involving users at the health establishment.	50%
	Cleaning personnel must have been trained to conduct terminal cleaning.	90%
	Communication during user handover must be standardised to advance user safety.	87%
	Communication systems must be available and functional to facilitate adequate user care and safety of user and health care personnel.	88%
	Formal processes are in place to manage clinical risk.	67%
	Health care personnel must be inducted into the health establishment policies and procedures and receive orientation training for their specific responsibilities.	67%
	Health care personnel receive ongoing in-service education according to their roles and responsibilities.	100%
	Health care providers must provide clinical services consistent with their qualifications.	83%
	Implementation of standard operating procedures must be monitored.	88%
Infection prevention and control management must be led by trained and experienced health care personnel.	67%	

Infection prevention and control measures must be implemented in the feed preparation area.	100%
Infection prevention and control messages must be communicated.	100%
Medical equipment management systems must be in place to minimise the risk of patient safety incidents related to medical equipment.	63%
Medicines must be stored and managed in compliance with the Pharmacy Act 53 of 1974 the Medicines and Related Substances Act 101 of 1965 and the relevant rules and regulations.	92%
Practices for dispensing medicines must comply with the Pharmacy Act 53 of 1974 the Medicines and Related Substances Act 101 of 1965 and relevant regulations.	100%
Procedures to minimise the risk of health care-associated infections must be implemented.	71%
Standard operating procedures for decontamination processes must be available.	81%
Standard operating procedures for the management of complaints must be implemented.	62%
Standard operating procedures to guide the implementation of infection prevention and control practices must be available.	70%
Standardised procedures to identify and mitigate clinical risk must be implemented during the care of vulnerable users.	81%
Systems must be in place to facilitate user identification.	87%
Systems to mitigate the risk of medicine-related patient safety incidents must be implemented.	87%
The designated pharmacist must be registered with the South African Pharmacy Council.	100%
The establishment must have undertaken a health care risk waste management process in the previous two years to identify the hazardous waste that it generates and must establish how to deal with it safely.	67%
The health establishment implements process to ensure environmental cleanliness.	89%

	The health establishment management structure must implement an effective health care-associated infections surveillance programme.	100%
	The health establishment must adhere to a planned schedule for maintaining equipment.	100%
	The health establishment must have a functional quality management system	65%
	The health establishment must implement systems to ensure that blood and blood products are available and administered safely.	75%
	The health establishment must monitor clinical outcomes to improve service delivery.	60%
	The health establishment must report information on health care-associated infections and notifiable diseases to the appropriate public health agencies.	100%
	The infection prevention and control management structure must identify and manage risk in relation to health care-associated infections.	65%
	The management of emergency resuscitations must be guided and monitored to improve user outcomes.	95%
	The management of used and soiled linen must meet infection prevention and control requirements.	99%
	The pharmacy must be licensed by the Director-General of the National Department of Health.	100%
	The pharmacy must be registered with the South African Pharmacy Council.	100%
	The physical environment in the operating theatre department must comply with user safety requirements.	83%
	The success of sterilisation procedures must be monitored.	100%
	Users must obtain their medicines from the pharmacy on the day of their visit.	100%
	Where sterilisation services are outsourced the service level agreement must be managed effectively.	n/a
The health establishment must create and maintain a system of health records of users in accordance with	The health establishment must record information relating to the examination and health care interventions of users.	88%

the requirements of section 13 of the Act.	The health establishment must record the biographical data of the user and the identification and contact information of the user and his or her next of kin.	90%
The health establishment must ensure that health records of health care users are protected managed and kept confidential in line with section 14 15 and 17 of the Act.	The health establishment must ensure confidentiality of health records.	92%
	The health establishment must have a health record filing archiving disposing storage and retrieval system which complies with the law.	55%
	The health establishment must secure health records with appropriate security control measures in the records storage area and in the clinical service area in accordance with the Protection of Personal Information Act 2013 (Act No. 4 of 2013).	89%
The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.	The health establishment must have appropriate waste containers at the point of waste generation.	97%
	The health establishment must implement procedures for the collection handling storage and disposal of waste.	89%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	Health care personnel must be informed about standard operating procedure and guidelines.	75%
	The health establishment implements process to ensure environmental cleanliness.	93%
	The health establishment must ensure that clinical policies and guidelines for priority health conditions issued by the national department are available and communicated to health care personnel.	86%
The health establishment must have a formal process to be followed when obtaining informed consent from the user.	A documented procedure which describes the information to be collected and discussed during the process to obtain informed consent is implemented in accordance with Chapter 2 of the National Health Act (Section 7).	98%
	The health establishment must ensure that confidential information or user-identifiable data is not divulged without prior consent as per legislation.	83%
	The health establishment must have a register for all adverse events.	67%

The health establishment must have a system to monitor and report all adverse events.	The health establishment must have systems in place to report adverse incidents to a structure in the health establishment or responsible authority that monitors these events.	84%
The health establishment must issue a discharge report to users in accordance with section 10 of the Act.	Comprehensive discharge reports must be provided to users to ensure continuity of care.	66%
The health establishment must maintain an environment which minimises the risk of disease outbreaks the transmission of infection to users' health care personnel and visitors.	The health establishment must ensure that health care personnel are protected from acquiring infections using personal protective equipment and prophylactic immunisations.	97%
	The health establishment must ensure that there are hand washing facilities in every service area.	97%
	The health establishment must ensure there is clean linen to meet the needs of users.	84%
	The health establishment must provide isolation units or cubicles where users with contagious infections can be accommodated.	88%

Table 14: Domain: Clinical Support Services

Standard	Criteria Name	Performance
Health establishments must ensure that diagnostic services are available and safe for users and for health care personnel involved in delivering these services.	The health establishment must where applicable be accredited by the relevant regulatory body relating to the type of diagnostic service.	72%
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	The health establishment must ensure that equipment is in accordance with the essential equipment list in all clinical service areas.	91%
	The health establishment must ensure that equipment is licensed where required from the relevant licensing body.	100%
Hospitals and CHCs must ensure that users have access to blood and blood products when required.	The health establishment must ensure that adverse blood reactions are reported to a committee in the health establishment that monitor adverse incidents.	20%
The health establishment must comply with the provisions of the Pharmacy Act 1974 and the	The health establishment must ensure the availability of medicines and medical supplies for the delivery of services.	96%

Medicines and Related Substances Act 1965.	The health establishment must implement and maintain a stock control system for medicine and medical supplies.	88%
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Table 15: Domain: Facilities and Infrastructure

Standard	Criteria Name	Performance
The health establishment and their grounds must meet the requirements of the building regulations.	The health establishment must as appropriate for the type of buildings and grounds of the establishment ensure emergency exit and entrance points are provided in all service areas and always kept clear.	93%
	The health establishment must as appropriate for the type of buildings and grounds of the establishment have a maintenance plan for buildings and the grounds.	96%
	The health establishment must as appropriate for the type of buildings and grounds of the establishment have all the required compliance certificates in terms of the building regulations.	100%
	The health establishment must as appropriate for the type of buildings and grounds of the establishment have ventilation systems that maintain the inflow of fresh air temperature humidity and purity of the air within specified limits set for different service areas such as theatres kitchen and isolation units.	100%
The health establishment must ensure that engineering services are in place.	The health establishment must have 24-hour electrical power lighting medical gas water supply and sewerage disposal system.	91%
The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.	The health establishment must ensure that drivers have a valid driver's license and or public transport driving permit.	100%
	The health establishment must ensure that vehicles owned or used are licensed and maintained.	100%
The health establishment must have systems to protect user's health care personnel and property from security threats and risks.	All security incidents must be reported and addressed.	100%
	Internal and external lighting must be adequate to protect user's visitors and personnel.	100%
	Security systems must safeguard the building user's visitors and health care personnel.	100%

	The health establishment must ensure that security staff are capacitated to deal with security incidents threats and risks.	97%
	The health establishment must have a zero-tolerance approach to violence and abuse towards health care personnel and must take action to support this.	0%

Table 16: Domain: Governance and Human Resources

Standard	Criteria Name	Performance
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	A medical surveillance plan for at-risk personnel must be implemented based on a health risk assessment.	54%
	A programme for the prevention and control of respiratory infections must be in place.	83%
	An active Health and Safety Committee ensures a safe working environment	55%
	Awareness of safety and security issues must be promoted	77%
	Information regarding occupational health and safety matters must be readily available to employees.	57%
	Measures must be in place to minimise the incidence of critical occupationally acquired injuries and diseases.	75%
	Responsibilities in terms of the Occupational Health and Safety Act must be assigned in writing.	71%
	The disaster management plan must be communicated to personnel and tested annually.	63%
	The health and safety committee must ensure appropriate management of occupational health and safety incidents.	67%
	The health and safety committee must ensure effective management of reported health and safety incidents.	67%
	The health establishment must have a disaster management plan in place which is communicated to health care personnel and tested annually.	73%
The health establishment must ensure that they have systems in place to manage health care personnel in line	Health care personnel recruitment and selection procedures must be adhered to by the health establishment.	100%

with relevant legislation policies and guidelines.	The health establishment must as appropriate to the type and size of the establishment have a performance management and development system in place.	24%
	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.	99%
	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.	78%
	The health establishment must have the most up to date human resources policies and comply with labour legislation.	91%
The health establishment must have a functional governance structure with written Terms of Reference.	The governance structure must ensure effective management and development of human resources.	83%
	The governance structure must ensure that organisational risks are identified and mitigated.	83%
	The governance structure must monitor the quality of care including user safety.	83%
	The health establishment has a functional governance structure.	100%

6.3. Overall performance of Functional Areas for public health establishments

Figures 4-7 below depict the performance of functional areas across the different categories of care. The three common functional areas that achieved below 50% for district hospitals were Health Technology Services/ Clinical Engineering, Facility Infrastructure and Occupational Health and Safety.

6.3.1. Clinics functional area performance

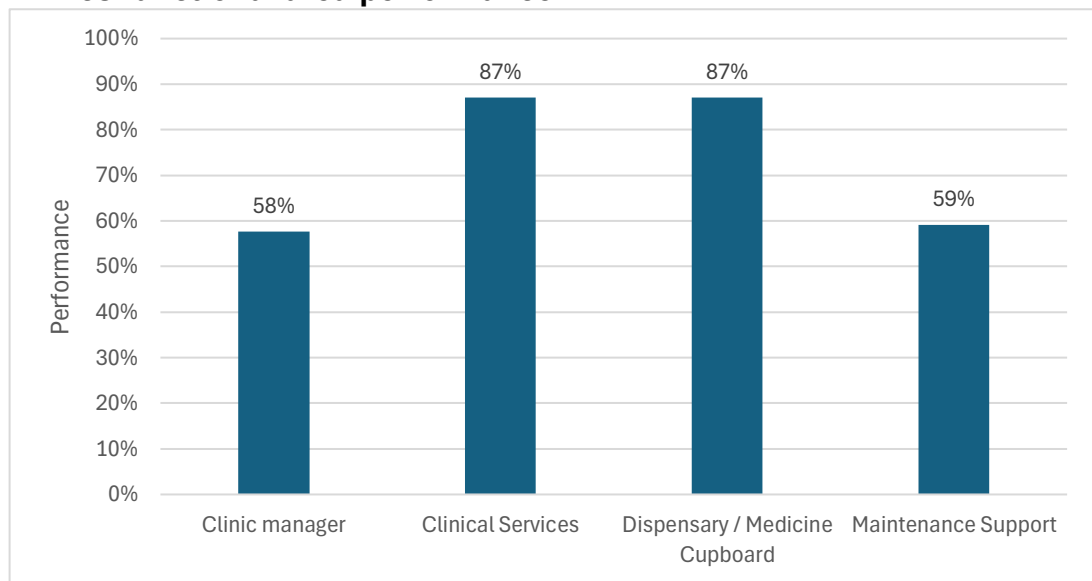


Figure 4: Clinics Average Performance per Functional Area

6.3.2. Community Health Centres Functional Area Performance

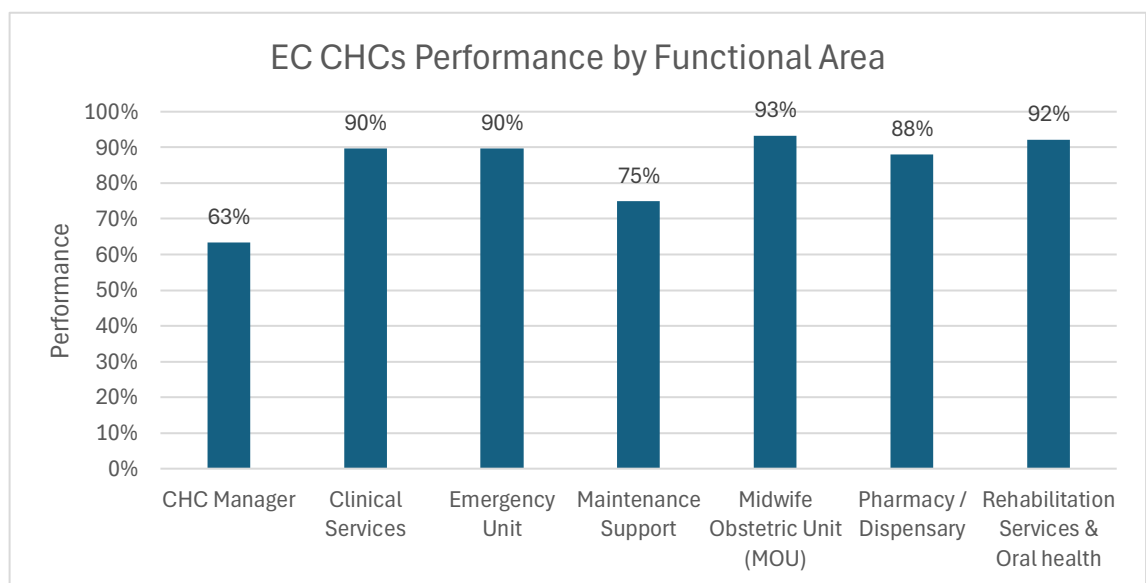


Figure 5: CHC Average Performance by Functional Area

6.3.3. District Hospitals functional areas performance

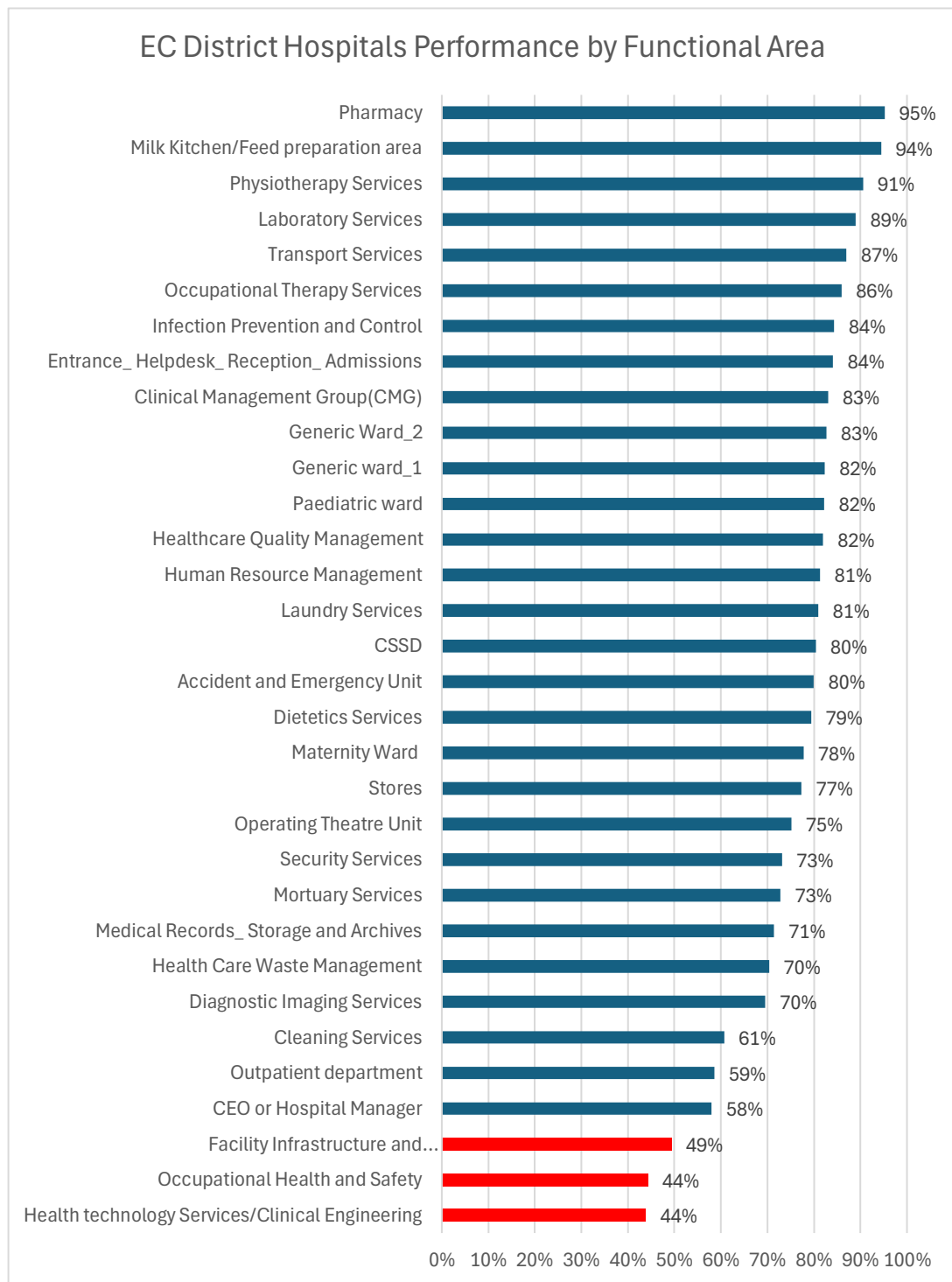


Figure 6: District Hospitals Average Performance per Functional Area

6.3.4. Private Acute Hospitals

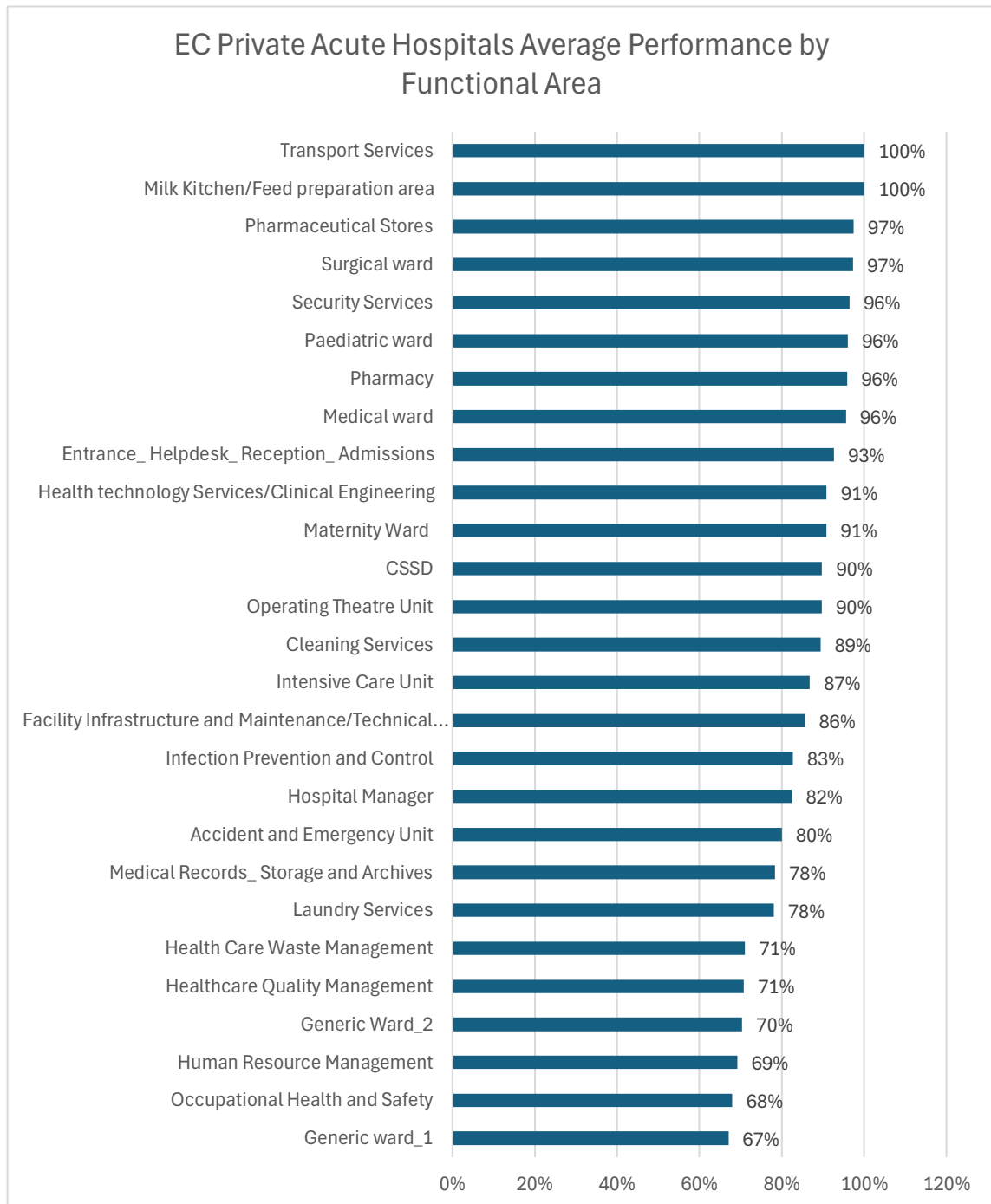


Figure 7: EC Private Acute Hospitals Average Performance by Functional Area

7. Re-inspections

7.1 Number of re-inspected public health establishments by district, category, and compliance rate

Table 17 below shows the compliance rate of re-inspected health establishments across districts. The overall compliance rate is 88% (35/40). Of concern is that even after reinspection, some HEs failed to comply with norms and standards, perpetually putting the safety of healthcare users at risk.

Table 17: Compliance rate of re-inspected HEs across district inspected in FY 2023/24

Province Name	Clinics			Community Health Centres			District Hospitals			Regional Hospitals			Total Inspected per Province		
	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)
Alfred Nzo	1	1	100%	1	1	100%	4	4	100%	0	-	-	6	6	100%
Amathole	2	2	100%	3	3	100%	-	-	-	0	-	-	5	5	100%
Buffalo City Metro	-	-	-	2	2	100%	-	-	-	1	1	100%	3	3	100%
Joe Gqabi	2	0	0%	0	-	-	-	-	-	0	-	-	2	0	0%
Nelson Mandela Bay	3	3	100%	1	1	100%	-	-	-	1	1	100%	5	5	100%
Oliver Tambo	7	6	86%	7	5	71%	4	4	100%	1	1	100%	19	16	84%
EC Re-Inspections Total	15	12	80%	14	12	86%	8	8	100%	3	3	100%	40	35	88%

7.2 Gradings of re-inspected health establishments by District and Category

Figure 8 below shows the grading of reinspected health establishments. One clinic failed to change the Unsatisfactory grading.

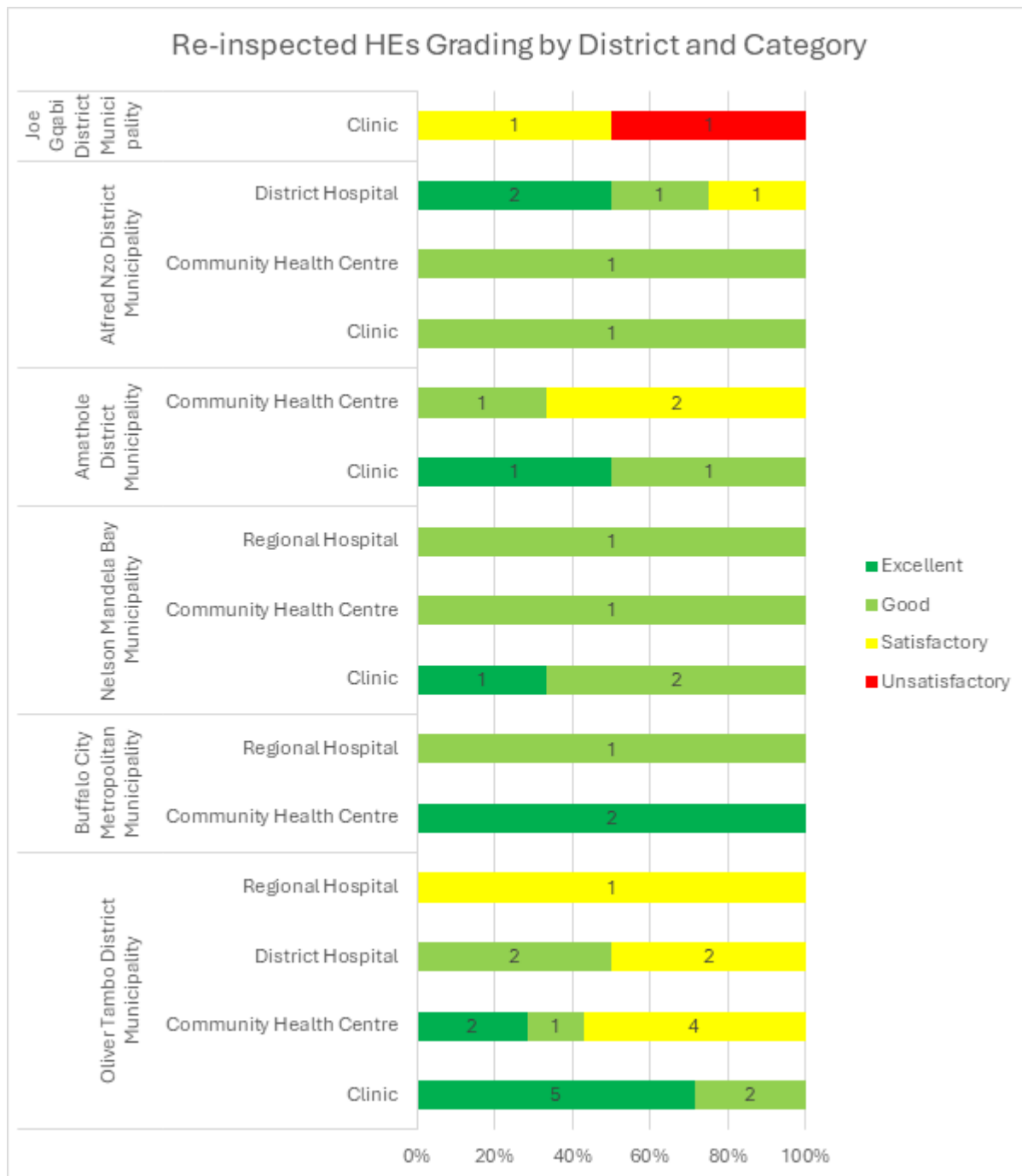


Figure 8: Re-inspected HEs grading by district and category

7.3 Performance on Non-Negotiable Measures for Re-inspected Public Health Establishments

Table 18 below depicts the NNM performance of reinspected HEs. There was a significant improvement in both the district and regional hospitals, which achieved 100% compliance with NNMs. Clinics were the lowest performing category, at 80% (12/15).

Table 18: Overall Non-Negotiable Measures (NNMs) compliance rate per category

HE Category	Number of Inspected HEs	NNM Compliant (100%)	NNM non-compliant (< 100%)	Proportion (NNV 100 % Compliant)
Clinic	15	12	3	80%
Community Health Centre	14	12	2	86%
District Hospital	8	8	0	100%
Regional Hospital	3	3	0	100%

7.3.1 Re-inspected Clinic Performance on Non-Negotiable Measures

Table 19: Performance of Re-inspected Clinics on Non-Negotiable Measures

Measure Name	Number of Applicable Measures	Sum of Score	Compliance Rate
An oxygen cylinder with pressure gauge is available.	17	16	94%
CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	15	12	80%
The oxygen available in the cylinder is above the minimum level.	17	16	94%

7.3.2 Re-inspected Community Health Centres (CHCs) Performance on Non-Negotiable Measures

Table 20: Performance of Re-inspected CHCs on Non-Negotiable Measures

Functional Area	Measure Name	Number of Applicable Measures	Sum of Scores	Compliance rate
Clinical Services	An oxygen cylinder with pressure gauge is available.	14	14	100%
	CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	7	7	100%
	CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	1	1	100%
	The oxygen available in the cylinder is above the minimum level.	14	14	100%
Functional Area	Measure Name	Number of Applicable Measures	Sum of Scores	Compliance rate
Emergency Unit	An oxygen cylinder with pressure gauge is available in the resuscitation or emergency room.	13	13	100%
	CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicines and equipment listed below.	3	3	100%
	CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicine's medical supplies and equipment.	10	8	80%
	The oxygen available in the cylinder is above the minimum level.	13	13	100%
Functional Area	Measure Name	Number of Applicable Measures	Sum of Scores	Compliance rate
Midwife Obstetric Unit (MOU)	An oxygen cylinder with pressure gauge is available.	14	14	100%
	CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	2	2	100%
	CHECKLIST: The emergency trolley is stocked with the medicine's medical supplies and equipment.	11	9	82%
	The oxygen available in the cylinder is above the minimum level.	14	14	100%

7.3.4. Re-inspected District Hospital Performance on Non-Negotiable Measures

The reinspected district (8) and regional (3) hospitals achieved 100% compliance on NNMs,

7.4. Re-inspected Summary

Notably, not all 40 health establishments achieved compliance status during the review period. However, all 11 reinspected hospitals attained 100% compliance. Clinics and community health centres (CHCs) achieved compliance rates of 80% (12/15) and 86% (12/14), respectively. A significant shift from non-compliance to compliance was observed across all levels of care that underwent reinspection. However, the analysis highlighted that compliance with National Norms and Standards (NNMs) remains challenging for clinics and CHCs. The emergency trolley measure contributed to continued non-compliance among reinspected clinics and CHCs. Persistent non-compliance with requirements such as endotracheal tubes, portable oxygen cylinders with oxygen, and Magill forceps may hinder these health establishments' ability to effectively manage patients needing emergency care, thereby compromising patient safety.

7. DISCUSSION

Three categories of care achieved compliance rates above 60%: community health centres (71%) (5/7), clinics (68%) (101/148), and private acute healthcare facilities (67%) (2/3). However, the low compliance rate of district hospitals at 33% (1/3) is concerning. Immediate attention should be directed to Joe Gqabi District, which recorded a 0% (0/23) compliance rate, significantly lower than other districts in the province. Notably, only twenty out of 161 inspected health establishments in the province were graded as Unsatisfactory, raising serious concerns about the quality and safety of care. The overall clinic compliance rate of 68%, representing 101 out of 148 inspected clinics, highlights the need for targeted interventions. Particular attention should be given to 49 National Norms and Standards (NNMs) (Table 6), which directly influence compliance. Addressing key requirements, such as emergency trolley provisions and backup power supply in community health centres and hospitals, could enhance overall compliance rates.

Additionally, health establishments lacked functional governance structures with clearly defined terms of reference, leading to inadequate oversight and weakened service delivery. Comprehensive support from all management levels is essential to improve compliance, ensuring the provision of safe, high-quality healthcare services.

8. LIMITATIONS

Not all measures and functional areas were assessed, as some were not applicable to the inspected Community Health Centres (CHCs) and district hospitals. This limitation makes it impossible to generalize the reasons for non-compliant inspection outcomes. Additionally, the limited scope of inspections in district and regional health establishments cannot be considered representative of all facilities in these categories nationwide, thereby restricting the ability to provide a meaningful national overview.

9. RECOMMENDATIONS

Below are the recommendations to the health establishments based on the performance of the norms and standards:

HEALTH ESTABLISHMENT MANAGEMENT	DISTRICT MANAGEMENT	PROVINCE /PRIVATE HEALTH GROUP MANAGEMENT
<p>Report and Monitor Adverse Blood Reactions: Establish a committee to monitor and report adverse blood reactions and other adverse incidents.</p> <p>Implement a Zero-Tolerance Policy for Violence: Enforce a zero-tolerance policy against violence or abuse towards healthcare personnel, with preventive measures and support systems for affected staff.</p> <p>Establish and maintain a performance management and development system that aligns with its type and size: This system should include structured performance evaluations, professional development opportunities, and capacity-building initiatives to enhance staff competency and service delivery. Regular assessments and feedback mechanisms should be implemented to support continuous improvement and career progression.</p>	<p>Maintain Clinical Risk Management Programs: Develop and sustain systems, structures, and programs dedicated to managing clinical risks.</p> <p>Monitor Implementation of Comprehensive Human Resource Plan: Develop a human resource plan that aligns with the specific size and needs of the health establishment, ensuring sufficient staffing levels to meet operational demands.</p> <p>Research Authorization: Develop systems for authorization for all research projects involving users at the health establishment, ensuring ethical approval and compliance with relevant regulations</p>	<p>Human Resource Plan: Develop a human resource plan that aligns with the specific size and needs of the health establishment, ensuring sufficient staffing levels to meet operational demands.</p> <p>Establish Governance Structures with Defined Terms of Reference: The MEC of Health should appoint a governance structure for hospitals and clinics within the province, ensuring that members are inducted and trained as per their responsibilities.</p>



Free State

1. Distribution of health establishments in the province

1.1. Total number of health establishments per category by province

Table 1 and Table 2 below shows the total number of public sector health establishments (clinics, CHCs, district and regional hospitals) and private sector health establishments (private acute hospitals) in the province that can be sampled and inspected with the applicable OHSC regulatory inspection tools.

Table 1: Total number of public health establishments per category by district

District	HE Classification				Total
	Clinic	Community Health Centre	District Hospital	Regional Hospital	
Fezile Dabi District	36	6	4	1	47
Lejweleputswa District	43	1	5	1	50
Mangaung Metro	44	2	3	0	49
Thabo Mofutsanyana District	71	1	9	2	83
Xhariep District	16	1	4	0	21
Total per category	210	11	25	4	250

Table 2: Total number of private acute hospitals by hospital group

Hospital Group	Number of Acute Hospital
Busamed	
Clinix	
Life	
Mediclinic	1
National Hospital Network	6
Netcare	2
Total	

2. Overview of inspections conducted and compliant over time in public and private health establishments

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

The number of actual inspections conducted during the 2019/20, 2020/21, 2021/22, 2022/23 and 2023/24 fiscal years depicted in Table 3 below, and the private hospitals were only inspected from 2022/23. It must be noted that compliance rate has been below 40% in the public sector, and the regional hospitals have achieved a 0% compliance rate over three years inspection cycles.

Private healthcare sector achieved 83% compliance rate of the inspected acute health hospitals. The average provincial compliance rate for public sector health establishments (HE) level highlights the struggle the HEs face to achieve compliance.

Table 3: Cumulative Number of Inspected Public and Private health establishments by Category, (FY 2019/20 – FY2023/24)

Facility Type	FY2019/20			FY2020/21			FY2021/22			FY2022/23			FY2023/24			Cumulative Number of HEs (FY 2019/20 - FY 2023/24)		
	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)
Clinics	51	6	12%	28	1	4%	23	6	26%	52	13	25%	42	14	33%	196	40	20%
CHCs	-	-	-	-	-	-	1	0	0%	3	0	0%	6	3	50%	10	3	30%
District Hospitals	-	-	-	-	-	-	2	0	0%	12	2	17%	5	1	20%	19	3	16%
Regional Hospitals	-	-	-	-	-	-	1	0	0%	1	0	0%	1	0	0%	3	0	0%
Private Acute Hospitals	-	-	-	-	-	-	-	-	-	3	3	100%	6	5	83%	9	8	89%
Total Inspected HEs	51	6	12%	28	1	4%	27	6	22%	71	18	25%	60	23	38%	237	41	17%

3. Distribution of inspected public and private health establishments in F/Y 2023/24

Table 4 below shows the number of inspected HEs per category across districts and acute private hospital groups. The total number of 60, was informed by the Annual Performance Plan (APP), which was 18.4% of the planned inspection for the public sector and 19% for the private sector.

Table 4: Distribution of Inspected Public HEs per category by District and Private HEs per category, F/Y 2023/24

District	Clinics	CHCs	District Hospitals	Regional Hospitals	Private Acute Hospitals	Total Inspected per District
Fezile Dabi	23	5	4	1	-	33
Lejweleputswa	12	1	0	0	-	13
Mangaung Metro	1	0	0	0	-	1
Xhariep	6	0	1	0	-	7
Private	-	-	-	-	6	6
Total per Category	42	6	5	1	6	60

3.1. Provincial Compliance Status for Inspected Public & Private Health Establishments for FY 2023/24

A total of 60 health establishments were inspected in the Free State province during the 2023/24 inspection cycle. Figure 1 below shows the number of inspected public and private health establishment by category and compliance status.

Of note, none of the inspected categories of health establishments achieved 100% compliance rate. The private acute hospitals (5/6) had the highest compliance rate of 83% followed by community health centres (3/6) with 50% compliance rate. The clinics (14/42) achieved 33% compliance rate, district hospitals (1/5) with 20% compliance rate while the regional hospital (0/1) obtained the lowest compliance rate of 0%.

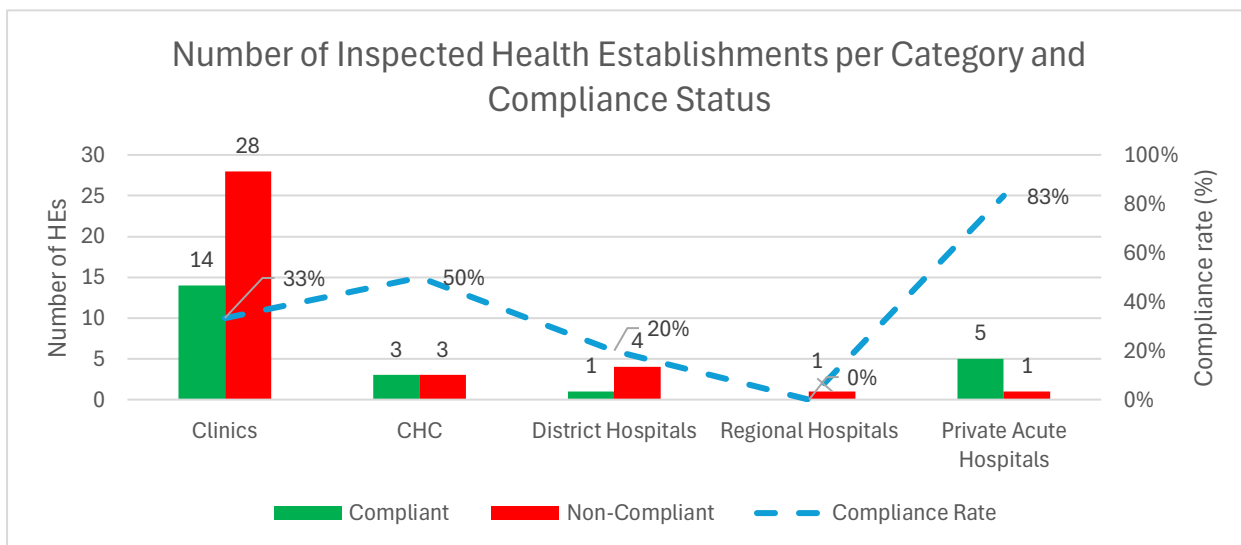


Figure 1: Number of Inspected HEs by Category and Compliance Status

3.2. Compliance Status of Inspected Public & Private HEs per District and Category

Table 5 below shows the total number of inspected health establishments per district, category, and compliance performance. Mangaung metro achieved a compliance rate of 100% for the clinic (1/1), Fezile Dabi district achieved 30% for clinics (7/23), 40% for the CHCs (2/5), 25% for the district hospitals (1/4) and 0% for the regional hospital (0/1). Lejweleputswa district achieved 25% compliance rate for clinics (3/12) and 100% for the CHC (1/1). Xhariep district achieved compliance rate of 50% for clinics (3/6) and 0% for the district hospital (0/1).

Table 5: Compliance status of inspected public and private HEs per District and category for FY 2023/24

District	Clinics	CHC	District Hospitals	Regional Hospitals	Private Acute Hospitals
Fezile Dabi	30%	40%	25%	0%	-
Lejweleputswa	25%	100%	-	-	-
Mangaung Metro	100%	-	-	-	-
Xhariep	50%	-	0%	-	-
Private	-	-	-	-	83%
FS Average	33%	50%	20%	0%	83%

4. Overall gradings for inspected public & private health establishments

4.1. Overall Grading for Inspected Public & Private Health Establishments per District and Category for FY 2023/24

The overall gradings of inspected health establishments according to their categories are displayed in Figure 2 below. The clinics were the only category that had HEs graded Unsatisfactory, the regional hospital was graded Satisfactory while 50% of the private acute hospitals had an Excellent and Good grading respectively.

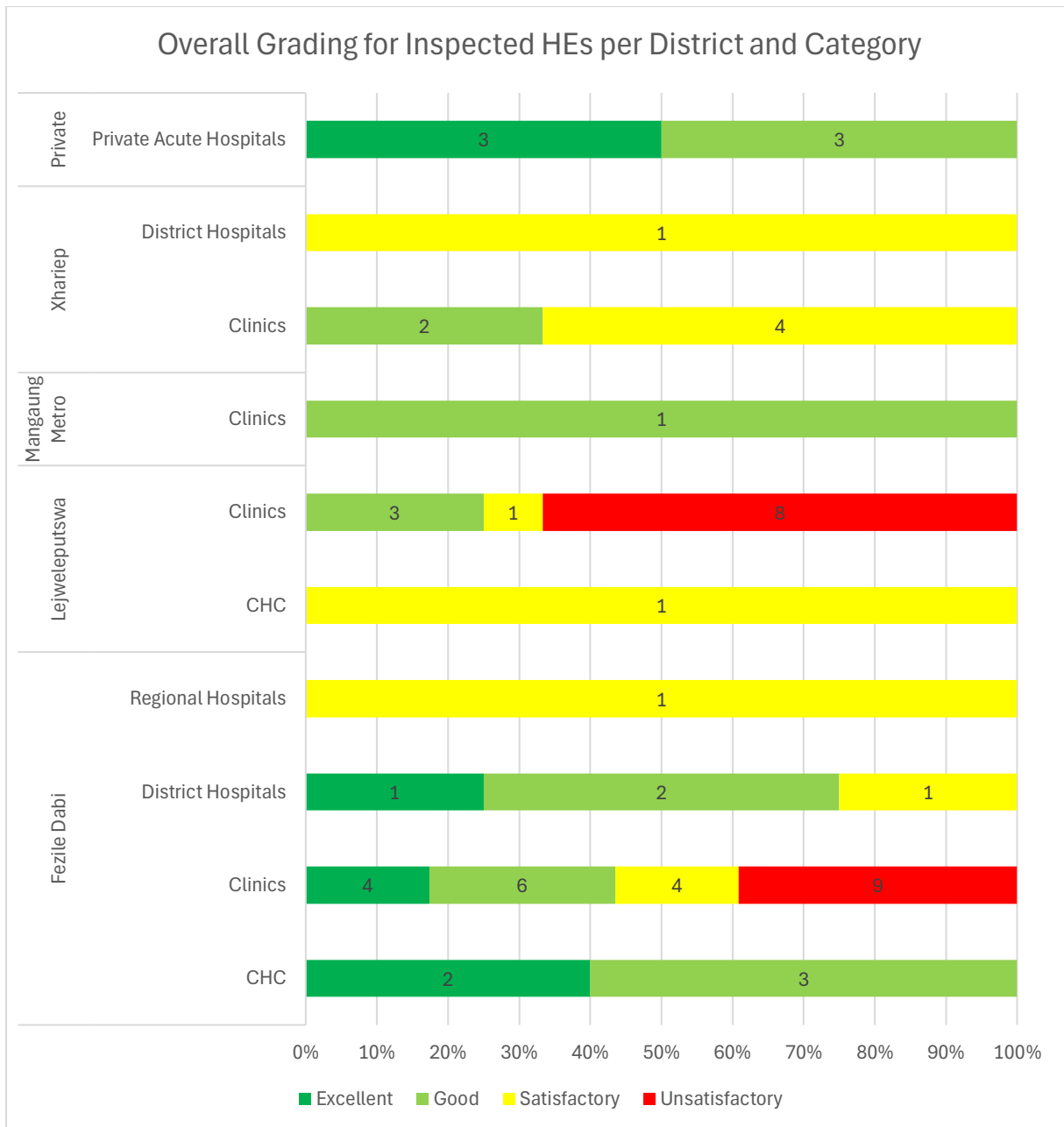


Figure 2: Overall grading of inspected HE by districts and category.

5. Performance of non-negotiable measures for inspected public and private health establishments per category

Health establishments must comply with non-negotiable measures to be eligible for certification. Failure to comply with these measures is more likely to result in severe harm or death. The compliance rate with non-negotiable measures for the regional hospital (0/1) was 0%, the district (1/4) hospitals was 20% while the private acute hospitals (5/6) had 83%. Clinics (18/42) had a compliance rate with NNMs of 43% while CHCs (3/6) had a compliance rate of 50%.

Tables 6 -11 cover the performance of different levels of care on Non-Negotiable Measures (NNMs). It is important to note that the NNM that is commonly non-compliant is the emergency trolley stocked with medicines and equipment for resuscitation in the inspected categories of health establishments.

Table 6: Overall Non-Negotiable Measures (NNMs) compliance rate per category

HE Category	Number of Inspected HEs	NNM Compliant	NNM non-compliant	Proportion (NNM 100 % Compliant)
Clinics	42	18	24	43%
CHCs	6	3	3	50%
District Hospitals	5	1	4	20%
Regional Hospitals	1	0	1	0%
Private Acute Hospitals	6	5	1	83%
Total	60	27	33	45%

5.1. Clinics' Performance on Non-Negotiable Measures

This section covers the performance of clinics on non-negotiable measures.

Table 7: Clinic performance according to the three NNMs.

Measure Name	Applicable Measures	Sum of Scores	Compliance Rate (%)
An oxygen cylinder with pressure gauge is available.	42	42	100%
CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	42	19	45% Salbutamol nebulising solution or 2.5mg/2.5ml or 5mg/2.5ml unit dose vials Promethazine 25mg/2ml OR 25mg/1ml ampoule Neonatalyte 200ml solution. Reservoir mask for oxygen (adult) Simple face mask (paediatric) <i>Oropharyngeal airways (Guedel) size 5</i>
The oxygen available in the cylinder is above the minimum level.	42	40	95%

5.2. Community Health Centres'(CHCs) Performance on Non-Negotiable Measures

Table 8: CHC performance according to the NNMs (Clinical Services, Emergency Unit)

Functional Area Name	Measure Name	Applicable Measures	Sum of Scores	Performance
Clinical Services	An oxygen cylinder with pressure gauge is available.	4	4	100%
	CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	2	1	50% Expired defibrillator pads.
	The oxygen available in the cylinder is above the minimum level.	3	3	100%

Functional Area Name	Measure Name	Number of Applicable Measures	Sum of Scores	Performance
Emergency Unit	An oxygen cylinder with pressure gauge is available in the resuscitation or emergency room.	4	4	100%
	CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicines, medical supplies, and equipment.	4	2	50% Paediatric straight blades for laryngoscope, size 00, Laryngeal mask airways size three or size four or size five Oropharyngeal airways (Guedel) size five Expired defibrillator pads
	The oxygen available in the cylinder is above the minimum level.	4	4	100%

5.3. District Hospitals' Performance on Non-Negotiable Measures

Table 9: District Hospital performance according to the NNMs

Measure Name	Applicable Measures	Sum of Score	Compliance Rate
A functional system is in place to supply piped medical gas to clinical areas.	4	3	75%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.	10	8	80%
Emergency power supply is available.	5	5	100%
Emergency trolley is stocked with medicines and equipment.	28	7	25%
Health care providers correctly complete forms used for informed consent.	20	16	80%

Medical supplies and equipment for resuscitation are available.	1	0	0%
The unit has a functional system to supply piped oxygen to all clinical areas.	27	24	89%
The oxygen available in the cylinder is above the minimum level with pressure gauge.	9	9	100%

5.4. Regional Hospitals' Performance on Non-Negotiable Measures

Table 10: Regional Hospital performance according to the NNMs

Measure Name	Applicable Measures	Sum of Score	Compliance Rate
A functional system is in place to supply piped medical gas to clinical areas.	1	0	0%
Emergency power supply is available.	1	1	100%
Emergency trolley is stocked with medicines and equipment.	12	0	0%
Health care providers correctly complete forms used for informed consent.	6	6	100%
The oxygen available in the cylinder is above the minimum level with pressure gauge.	4	3	75%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.	2	2	100%
The unit has a functional system to supply piped oxygen to all clinical areas.	10	8	80%

5.5. Private Acute Hospitals' Performance on Non-Negotiable Measures

Table 11: Private Acute Hospitals performance according to the NNMs

Measure Name	Applicable Measures	Sum of Score	Compliance Rate
Emergency power supply is available.	6	6	100%
Emergency trolley is stocked with medicines and equipment.	36	32	89%
The oxygen available in the cylinder is above the minimum level with pressure gauge.	72	72	100%

The unit has a functional system to supply piped oxygen to all clinical areas.	33	33	100%
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6. Performance of domain (chapters) and standards for public and private health establishments

6.1. Overall Performance of Public and Private health establishment by Domains (Chapters)

Table 12 below shows the performance of public health establishments against domains (chapters) across districts. All the domains got average scores of 70% except for Facilities and Infrastructure with 60% score and the lowest was Governance and Human Resources with 49% score.

The poor performing domains indicates unavailability or non-functionality of governance structures, staff shortages, poorly maintained infrastructure and inadequate implementation of occupational health and safety processes.

Figure 3 below shows the performance of private health establishments by domains (chapters). All the domains in the private acute hospitals performed above 70%.

Table 12: Public Health Establishment Performance by Domains (Chapters)

District	USER RIGHTS	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES
Fezile Dabi	77%	74%	73%	63%	53%
Lejweleputswa	65%	64%	74%	44%	29%
Mangaung Metro	69%	69%	75%	56%	50%
Xhariep	78%	69%	75%	61%	45%
FS Average	75%	72%	73%	60%	49%

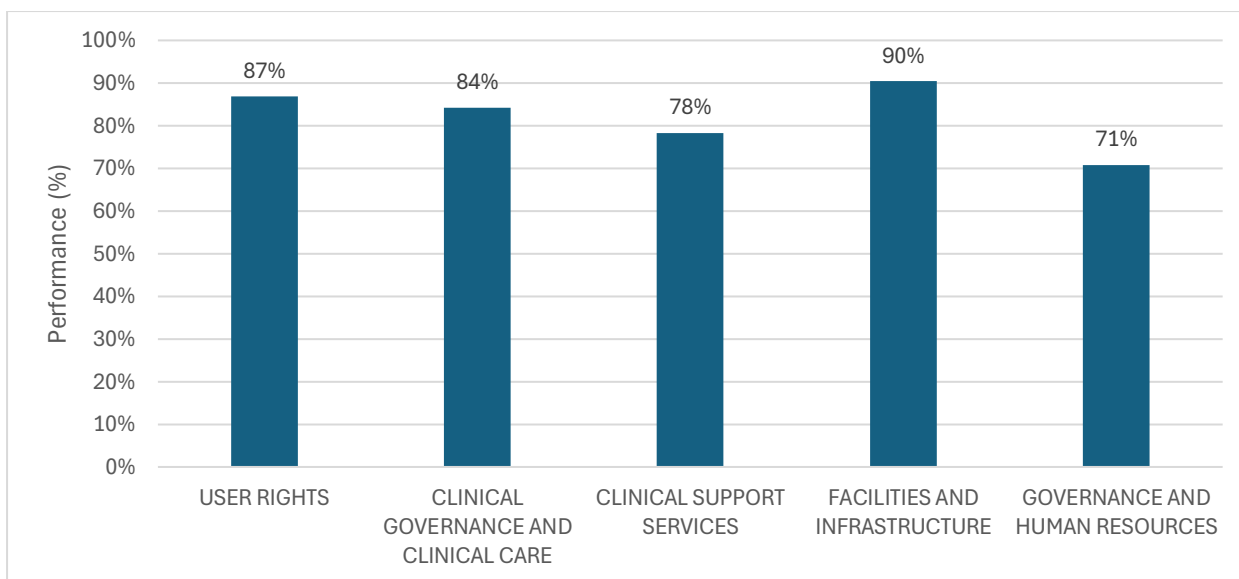


Figure 3: Private Health Establishment Performance by Domains (Chapters)

6.2. Overall performance of measures according to standards and criteria by Domain for public health establishments (Below 60% scores)

Table 13 below shows the overall performance of standards/regulations that performed below 60%. The performance is highlighted in red indicating standards and criteria in the province that performed below 60% and therefore raise cause for concern as users may be exposed to risk. These criteria include stabilising of users in an emergency, processes to manage clinical risks⁵ and infection prevention and control surveillance among others.

Domain: User Rights

Standard Name	Criteria Name	Performance (%)
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	The health establishment must adhere to clinical guidelines on stabilizing users presenting in an emergency before referring them to another health establishment.	44%

Domain: Clinical Governance and Clinical Care

Standard Name	Criteria Name	Performance (%)
(b) A health establishment must establish and maintain systems structures and programmes to manage clinical risk.	All local tendering and contracting processes must be in accordance with relevant legislation.	38%
	Authorisation must be confirmed for all research projects involving users at the health establishment.	0%
	Formal processes are in place to manage clinical risk.	33%
	Infection prevention and control measures must be implemented in the feed preparation area.	53%
	Procedures to minimise the risk of health care-associated infections must be implemented.	44%
	Standard operating procedures to guide the implementation of infection prevention and control practices must be available.	36%
	Standardised procedures to identify and mitigate clinical risk must be implemented during the care of vulnerable users.	53%
	The health establishment management structure must implement an effective health care-associated infections surveillance programme.	45%
	The health establishment must adhere to a planned schedule for maintaining equipment.	44%
	The health establishment must have a functional quality management system	53%

	The management of complaints must deliver improvements in the quality of services provided to users.	50%
	The physical environment in the operating theatre department must comply with user safety requirements.	38%
	The success of sterilisation procedures must be monitored.	22%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	The health establishment implements process to ensure environmental cleanliness.	56%
	The health establishment monitors indicators of clinical risk and implements actions to mitigate risk when necessary.	47%

Domain: Clinical Support Services

Standard Name	Criteria Name	Performance (%)
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	The health establishment must ensure that equipment is licensed where required from the relevant licensing body.	27%
Hospitals and CHCs must ensure that users have access to blood and blood products when required.	The health establishment must ensure that adverse blood reactions are reported to a committee in the health establishment that monitor adverse incidents.	23%

Domain: Facilities and Infrastructure

Standard Name	Criteria Name	Performance (%)
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The health establishment and their grounds must meet the requirements of the building regulations.	The health establishment must as appropriate for the type of buildings and grounds of the establishment have all the required compliance certificates in terms of the building regulations.	48%
The health establishment must ensure that engineering services are in place.	The health establishment must have 24-hour electrical power lighting medical gas water supply and sewerage disposal system.	46%
The health establishment must have systems to protect user's health care personnel and property from security threats and risks.	Internal and external lighting must be adequate to protect user's visitors and personnel.	51%
The health establishment and their grounds must meet the requirements of the building regulations.	The health establishment must as appropriate for the type of buildings and grounds of the establishment ensure emergency exit and entrance points are provided in all service areas and always kept clear.	50%
The health establishment and their grounds must meet the requirements of the building regulations.	The health establishment must as appropriate for the type of buildings and grounds of the establishment have ventilation systems that maintain the inflow of fresh air temperature humidity and purity of the air within specified limits set for different service areas such as theatres kitchen and isolation units.	58%
The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.	The health establishment must ensure that vehicles owned or used are licensed and maintained.	43%
The health establishment must have systems to protect user's health care personnel and property from security threats and risks.	Security systems must safeguard the building user's visitors and health care personnel.	40%

Domain: Governance and Human Resources

Standard Name	Criteria Name	Performance (%)
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	A medical surveillance plan for at-risk personnel must be implemented based on a health risk assessment.	17%
	A programme for the prevention and control of respiratory infections must be in place.	50%
	An active Health and Safety Committee ensures a safe working environment	42%
	Awareness of safety and security issues must be promoted	48%
	The disaster management plan must be communicated to personnel and tested annually.	33%
	The health establishment must have a disaster management plan in place which is communicated to health care personnel and tested annually.	55%
	The health establishment must have a disaster management plan in place which is updated annually and in response to personnel turnover.	29%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	The health establishment must as appropriate to the type and size of the establishment have a performance management and development system in place.	58%
	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.	21%
	The health establishment must have the most up to date human resources policies and comply with labour legislation.	35%

The health establishment must have a functional governance structure with written Terms of Reference.

The health establishment has a functional governance structure.

27%

6.3. Overall performance of Functional Area for public health establishments (Below 60% scores)

Figures 4 - 8 below indicate the performance of functional areas across the different categories of care. In clinics, the Clinic Manager scored the lowest at 60% while Maintenance Support functional area performance below 60% in both clinics and CHCs.

Both the district and regional hospitals Clinical Management Group and Clinical Engineering were among the functional areas that had performance of below 60%. Notably, more than half of the functional areas scored below 60% in the regional hospital. The private acute hospitals had the Hospital Manager functional area scoring the lowest at 69%.

6.3.1. Clinics functional area performance

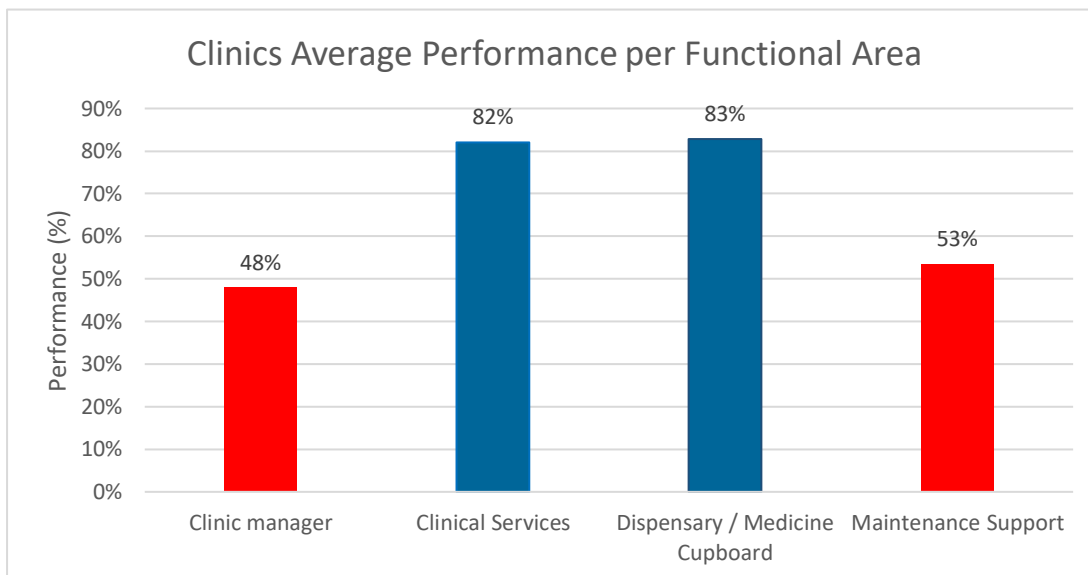


Figure 4: Clinics Average Performance per Functional Area

6.3.2. Community Health Centres functional area performance

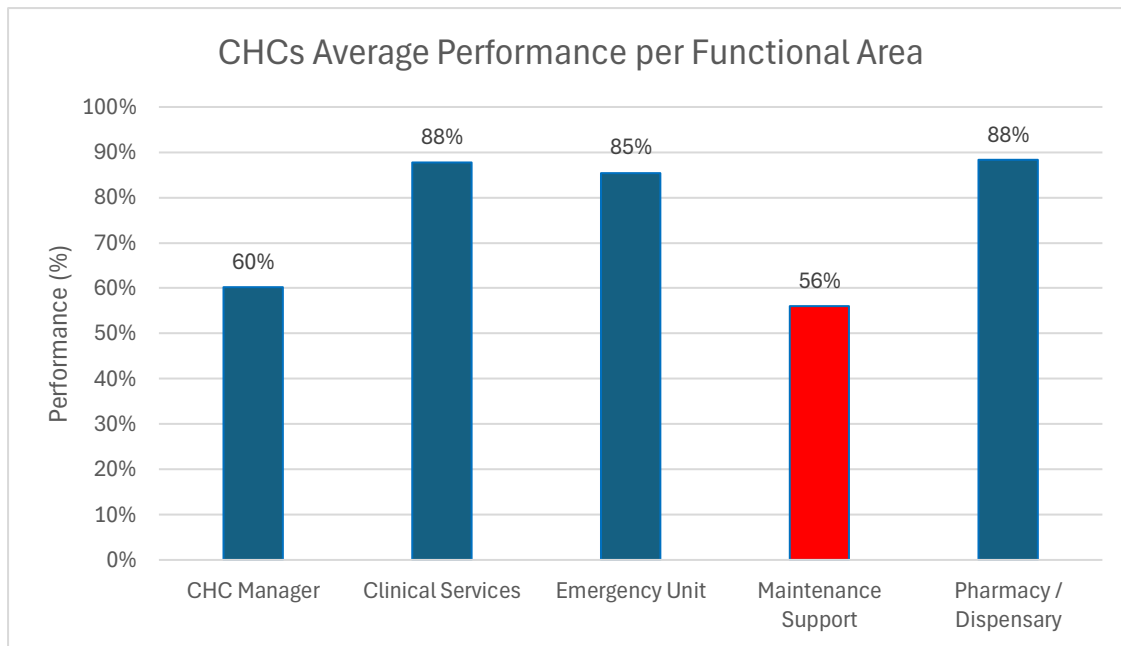


Figure 5: CHC Average Performance per Functional Area

6.3.3. District Hospitals functional area performance

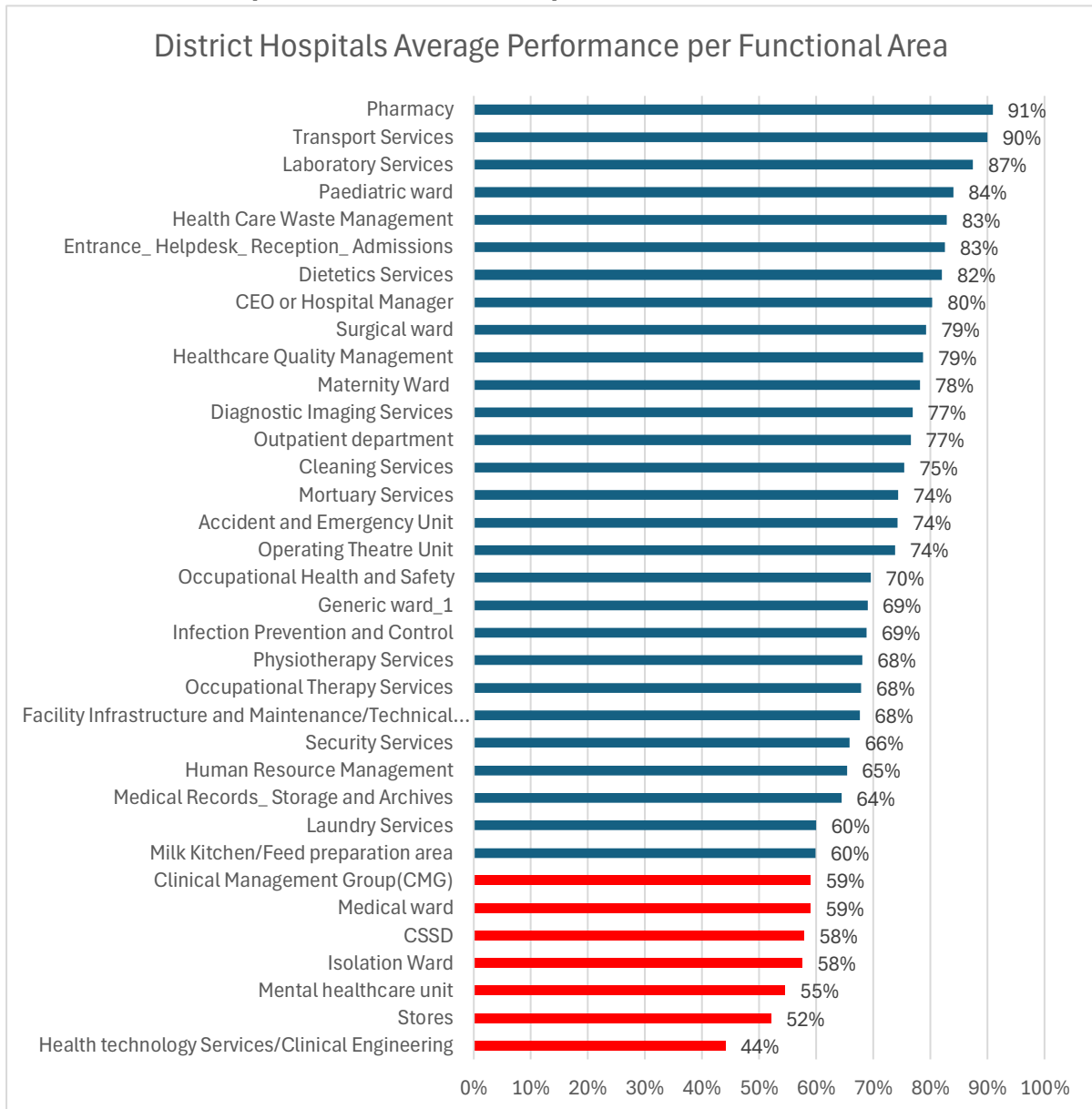


Figure 6: District Hospitals Average Performance per Functional Area

6.3.4. Regional Hospitals functional area performance

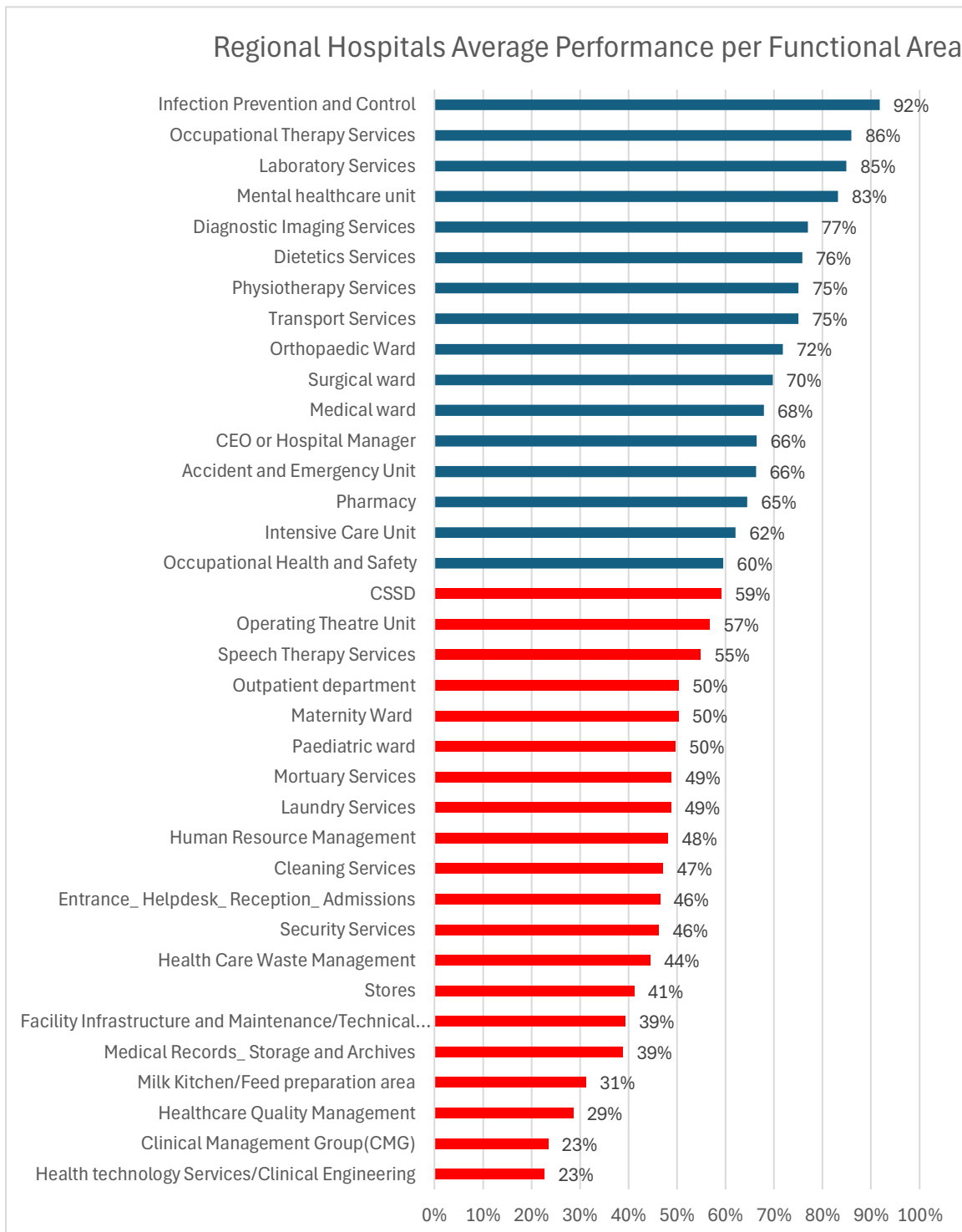


Figure 7: Regional Hospitals Average Performance per Functional Area

6.3.5. Private Acute Hospitals

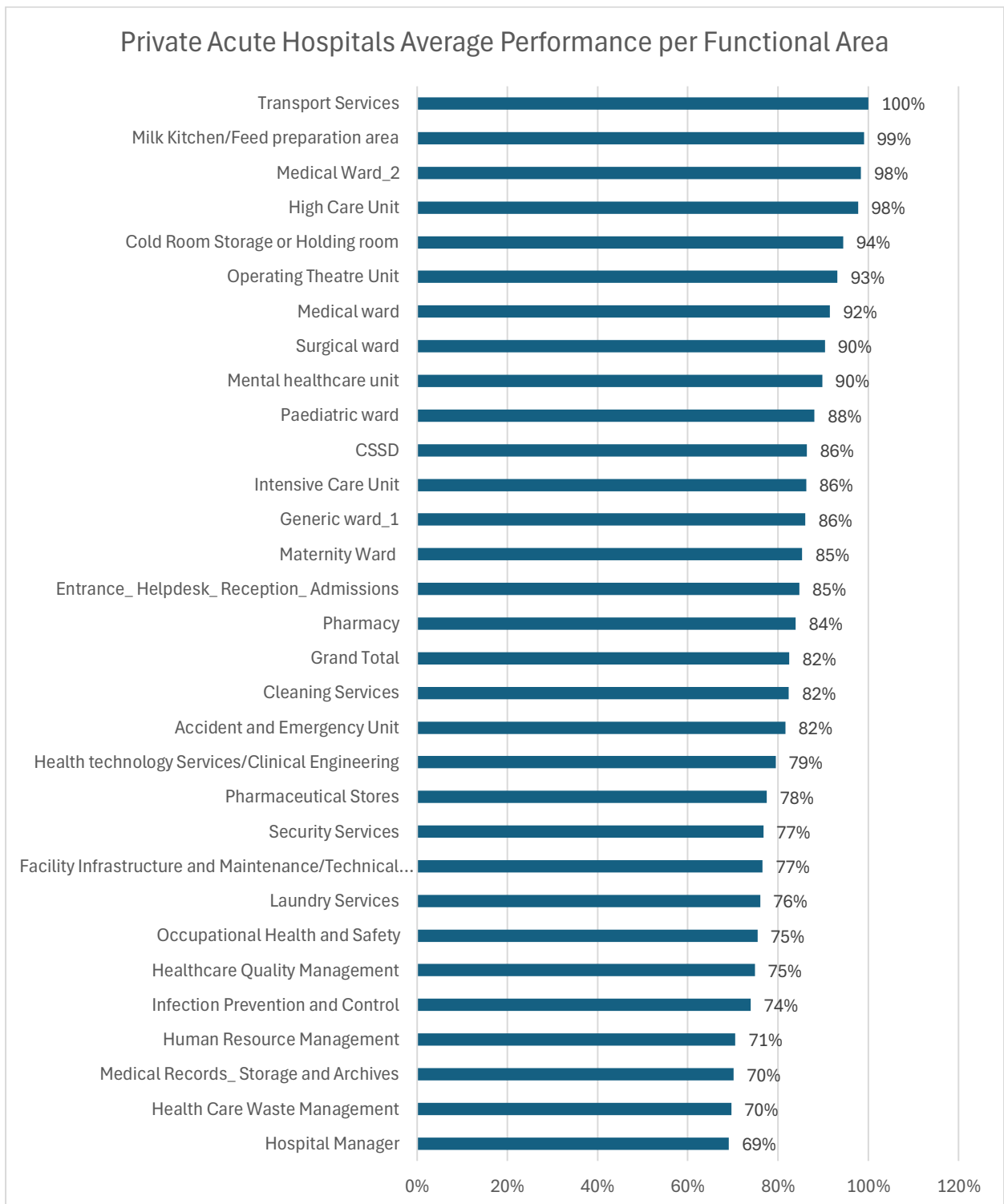


Figure 8: Private Acute Hospitals Average Performance per Functional Area

7. Re-inspections

Number of re-inspected public health establishments by district, category, and compliance rate

Table 13 below shows the compliance rate of re-inspected health establishments across the districts. An overall compliance rate of 62% (18/29) was achieved for the re-inspected health establishments. The re-inspections were conducted in clinics and CHCs.

Table 13: Compliance rate of re-inspected HEs across districts inspected in FY 2023/24

Province Name	Clinics			Community Health Centres			Total Re-inspected per District		
	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)
Fezile Dabi	2	1	50%	0	-	-	2	1	50%
Lejweleputswa	5	3	60%	0	-	-	5	3	60%
Mangaung	12	7	58%	2	1	50%	14	8	57%
Thabo Mofutsanyana	6	5	83%	1	1	100%	7	6	86%
Xhariep	0	-	-	1	-	-	1	0	0%
FS Re-Inspections Total	25	16	64%	4	2	50%	29	18	62%

7.1. Gradings of re-inspected public health establishments by districts and category

The overall gradings of re-inspected health establishments per district and category are displayed in Figure 9 below. The majority (26/29) of re-inspected health establishments were graded either Excellent, Good or Satisfactory.

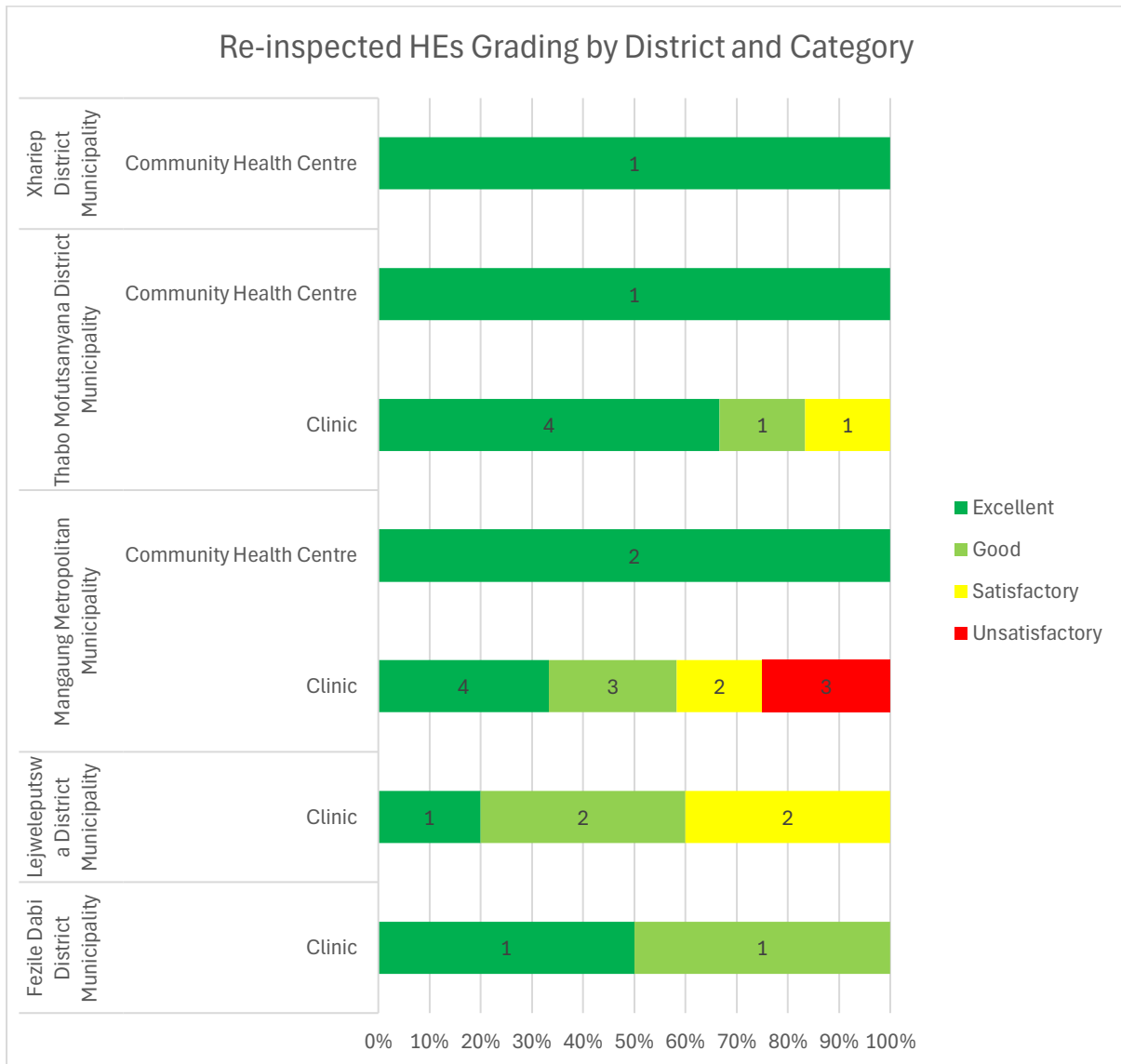


Figure 9: Re-inspected HEs grading by district and category

7.2 Performance on Non-Negotiable Measures for re-inspected Public Health Establishments

Tables 14 to 16 below shows the overall non-negotiable measures compliance rate for re-inspected public HEs.

The emergency trolley measure was found to be non-compliant in 31% (9/29) of HEs re-inspected while, the other two measures relating to oxygen had overall compliance of 100%. There were two (2) clinics that had 100% compliance rate with non-negotiable measures but were non-compliant as they had achieved Unsatisfactory grading.

This finding suggests that the emergency trolley measure contributed significantly to the overall non-compliance rate of both the clinics and the CHCs during this inspection cycle. The five (5) districts raise concerns about failure to achieve 100% on the second inspection episode.

Table 14: Overall Non-Negotiable Measures (NNMs) compliance rate per category

HE Category	Number of Inspected HEs	NNM Compliant (100%)	NNM non-compliant (< 100%)	Proportion (NNV 100 % Compliant)
Clinic	25	18	7	72%
Community Health Centre	4	2	2	50%

7.3.1. Re-inspected Clinic Performance on Non-Negotiable Measures

Table 15: Performance of Re-inspected Clinics on Non-Negotiable Measures

Measure Name	Applicable Measures	Sum of Scores	Compliance Rate (%)
An oxygen cylinder with pressure gauge is available.	25	25	100%
CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	25	18	72%
The oxygen available in the cylinder is above the minimum level.	25	25	100%

7.3.2. Re-inspected Community Health Centres (CHCs) Performance on Non-Negotiable Measures

Table 16: Performance of Re-inspected CHCs on Non-Negotiable Measures

Functional Area Name	Measure Name	Applicable Measures	Sum of Score	Compliance Rate (%)
Clinical Services	An oxygen cylinder with pressure gauge is available.	3	3	100%
	CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	2	2	100%
	The oxygen available in the cylinder is above the minimum level.	3	3	100%
Functional Area Name	Measure Name	Applicable Measures	Sum of Score	Compliance Rate (%)
Emergency Unit	An oxygen cylinder with pressure gauge is available in the resuscitation or emergency room.	3	3	100%
	CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicines, medical supplies, and equipment.	3	1	33%
	The oxygen available in the cylinder is above the minimum level.	3	3	100%
Functional Area Name	Measure Name	Applicable Measures	Sum of Score	Compliance Rate (%)
Midwife Obstetric Unit (MOU)	An oxygen cylinder with pressure gauge is available.	3	3	100%
	CHECKLIST: The emergency trolley is stocked with the medicines, medical supplies, and equipment.	3	1	33%

	The oxygen available in the cylinder is above the minimum level.	3	3	100%
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8. Discussion

The province achieved an overall compliance rate of 38% (23/60). The clinics were the only category with health establishments graded Unsatisfactory. It is worth noting that there were a further 20 health establishments for all inspected categories that were non-compliant but graded either Excellent, Good, or Satisfactory. The reason for non-compliance was due to not being able to fulfil the requirements with the non-negotiable measures, with the emergency trolley being commonly non-compliant. Addressing the requirements for the emergency trolley could potentially increase the overall compliance rate of HEs thus reducing the risk to patient safety.

The legal and statutory requirements for the management of user health records were not complied with by the majority of HEs which may negatively impact user care and their right to confidentiality. Notably, the regional hospital had a zero (0%) compliance rate despite having attained the Satisfactory grading.

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

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

9. Limitations

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

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

10. Recommendations

Based on the performance of inspected HEs, the OHSC makes the following recommendations to the provincial, district, health establishment for both public and private sector:

PUBLIC/PRIVATE HEALTH ESTABLISHMENT MANAGEMENT	PUBLIC DISTRICT /PRIVATE HEALTH GROUP MANAGEMENT	PUBLIC PROVINCIAL /PRIVATE HEALTH GROUP MANAGEMENT
<p>Adhere to Clinical Emergency Guidelines: Ensure all clinical staff are trained in emergency stabilization procedures for patients, establishing standard protocols to stabilize patients before referring them elsewhere.</p> <p>Monitor Clinical Risk Indicators: Actively track and monitor clinical risk indicators, implementing prompt action plans when risks are identified to safeguard patient and staff welfare.</p> <p>Establish a Medical Equipment Management System: Develop a systematic approach to maintain medical equipment, ensuring its functionality and compliance with safety standards to reduce patient safety risks.</p> <p>Report and Monitor Adverse Blood Reactions: Establish a committee responsible for monitoring and reporting all adverse blood reactions to ensure continuous improvement in safety.</p>	<p>Adhere to Clinical Emergency Guidelines: Ensure all clinical staff are trained in emergency stabilization procedures for patients, establishing standard protocols to stabilize patients before referring them elsewhere.</p> <p>Monitor Clinical Risk Indicators: Actively track and monitor clinical risk indicators, implementing prompt action plans when risks are identified to safeguard patient and staff welfare.</p> <p>Establish a Medical Equipment Management System: Develop a systematic approach to maintain medical equipment, ensuring its functionality and compliance with safety standards to reduce patient safety risks.</p> <p>Report and Monitor Adverse Blood Reactions: Establish a committee responsible for monitoring and reporting all adverse blood reactions to ensure continuous improvement in safety.</p>	<p>Establish and maintain systems structures and programmes to manage clinical risk: All local tendering and contracting processes must be in accordance with relevant legislation.</p> <p>Monitor Implementation of Comprehensive Human Resource Plan: Develop a human resource plan that aligns with the specific size and needs of the health establishment, ensuring sufficient staffing levels to meet operational demands.</p> <p>Establish Governance Structures with Defined Terms of Reference: The MEC of Health should appoint a governance structure for hospitals and clinics within the province, ensuring that members are inducted and trained as per their responsibilities.</p>

PUBLIC/PRIVATE HEALTH ESTABLISHMENT MANAGEMENT	PUBLIC DISTRICT /PRIVATE HEALTH GROUP MANAGEMENT	PUBLIC PROVINCIAL /PRIVATE HEALTH GROUP MANAGEMENT
<p>Meet the requirements of the building regulations: Have all the required compliance certificates in terms of the building regulations.</p> <p>Engineering services are in place: 24-hour electrical power lighting medical gas water supply and sewerage disposal system.</p> <p>Vehicles used to transport users and health care personnel are safe and well maintained: Vehicles owned or used are licensed and maintained.</p> <p>Protect user’s health care personnel and property from security threats and risks: Safeguard the building, users, visitors and health care personnel.</p> <p>Comply with the requirements of the Occupational Health and Safety Act 1993: Establish Health and Safety Committee to ensure a safe working environment.</p>	<p>Meet the requirements of the building regulations: Have all the required compliance certificates in terms of the building regulations.</p> <p>Engineering services are in place: 24-hour electrical power lighting medical gas water supply and sewerage disposal system.</p> <p>Vehicles used to transport users and health care personnel are safe and well maintained: Vehicles owned or used are licensed and maintained.</p> <p>Protect user’s health care personnel and property from security threats and risks: Safeguard the building, users, visitors and health care personnel.</p> <p>Comply with the requirements of the Occupational Health and Safety Act 1993: Establish Health and Safety Committee to ensure a safe working environment.</p>	



Gauteng

1. DISTRIBUTION OF HEALTH ESTABLISHMENTS IN THE PROVINCE

1.1. Total number of health establishments per category by district

Table 1 below shows the total number of public sector health establishments (clinics, CHCs, district and regional hospitals) while Table 2 outlines the private sector health establishments (private acute hospitals) in the province that can be sampled and inspected with the applicable OHSC regulatory inspection tools by hospital groups.

Table 1: Total number of public health establishments per category by district

District	HE Classification				Total per district
	Clinic	Community Health Centre	District Hospital	Regional Hospital	
City of Ekurhuleni Metro	84	7	1	4	96
City of Johannesburg Metro	107	11	2	2	122
City of Tshwane Metro	65	8	5	1	79
Sedibeng District	30	4	2	1	37
West Rand District	45	3	2	1	51
Total per category	331	33	12	9	385

Table 2: Total number of private acute hospitals by hospital group

Hospital Group	Number of Private Acute Hospitals
Clinix Health Group	4
Life Healthcare	18
Mediclinic	12
Netcare	26
NHN	21
Total	81

2. OVERVIEW OF INSPECTIONS CONDUCTED AND COMPLIANT OVER TIME IN PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS

Table 3 below shows the cumulative inspections conducted from FY 2019/20 to FY 2023/24, including the inspection compliance outcomes. A significant increase in compliance rate from 2022/23 and 2023/24 FY it is noted in Gauteng province across all categories. The province achieved an overall of 73% (n=245/337) cumulative compliance rate.

Table 3: Cumulative Number of Inspected Public and Private health establishments by Category, (FY 2019/20 – FY2023/24)

Facility Type	FY2019/20			FY2020/21			FY2021/22			FY2022/23			FY2023/24			Cumulative Number of HEs (FY 2019/20 - FY 2023/24)		
	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)
Clinics	87	39	45%	42	22	52%	31	17	55%	35	35	100%	76	75	99%	271	188	69%
CHCs							2	2	100%	10	10	100%	10	10	100%	22	22	100%
District Hospitals							0			6	3	50%	4	4	100%	10	7	70%
Regional Hospitals							3	1	33%	1	1	100%			-	4	2	50%
Private Acute Hospitals										18	14	78%	12	12	100%	30	26	87%
Total	87	39	45%	42	22	52%	36	20	56%	70	63	90%	102	101	99%	337	245	73%

Regional hospitals achieved a cumulative 50% (2/4) while Clinics achieved a cumulative compliance rate of 69% (188/271) over a three-year period. The CHCs inspected during the reporting achieved a 100% (22/22) compliance rate over three years. Regional hospitals were not inspected during the FY 2024/24.

3. DISTRIBUTION OF INSPECTED PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS IN F/Y 2023/24

Table 4 below depicts the number of inspected HEs per category across the different districts. The total numbers are based on the planned inspection according to the Annual Performance Plan (APP), using a sampling of 18.4% from the total numbers of public sector HEs and 19% for private sector respectively.

Table 4: Distribution of inspected public and private HEs per category by district F/Y 2023/24

District	Clinics	CHC	District Hospitals	Private Acute Hospitals	Total per District
City of Johannesburg Metro	54	8	1		63
Sedibeng	14	2	1		17
West Rand	8		2		10
Private				12	12
GP Total per Category	76	10	4	12	102

3.1. Provincial compliance status for inspected public & private health establishments for FY 2023/24

A total of 102 health establishments were inspected in the Gauteng province during the 2023/24 financial year (FY). Figure 1 below outlines the number of inspected public and private health establishment by category and compliance status. CHCs (10/10), district (4/4) and private (12/12) hospitals achieved a 100% compliance rate while clinics achieved 99% (75/76).

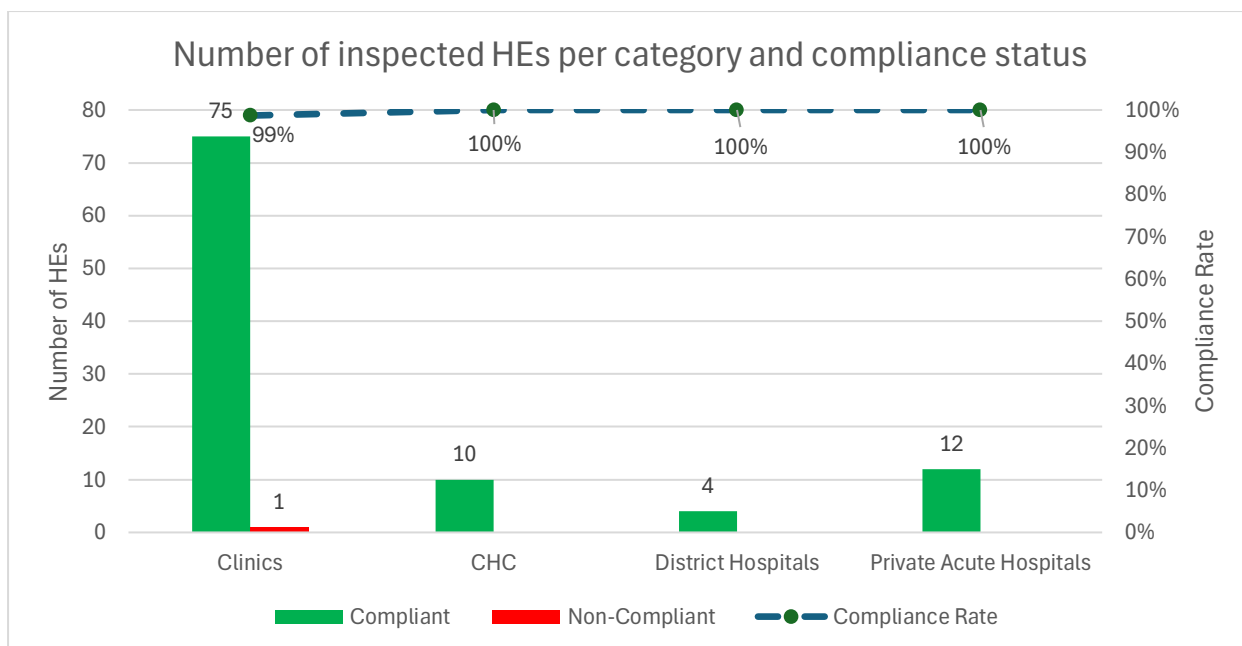


Figure 1: Number of Inspected HEs by Category and Compliance Status

3.2 Compliance Status per district and private groups

Table 5 below shows the compliance rate of inspected health establishments per district and category. Sedibeng and West Rand Districts achieved a 100% compliance rate respectively across all levels of public health care inspected. In Sedibeng 17 health establishments were inspected and all were compliant whereas ten were inspected in West Rand and were also compliant. City of Johannesburg Metro attained 98% (53/54) compliance rate for the clinics and 100% for both the CHCs (8/8) and for district hospitals (1/1). Acute private hospitals achieved 100% (12/12) compliance.

Table 5: Compliance status of public and private HEs by district and category in FY 2023/24

District	Clinics	CHC	District Hospitals	Private Acute Hospitals
City of Johannesburg Metro	98%	100%	100%	-
Sedibeng	100%	100%	100%	-
West Rand	100%	-	100%	-
Private	-	-	-	100%
GP Average	100%	100%	100%	100%

4. OVERALL GRADINGS FOR INSPECTED PUBLIC HEALTH & PRIVATE HEALTH ESTABLISHMENTS

4.1 Overall grading for inspected public & private health establishments per district and category for FY 2023/24

The overall gradings of inspected health establishments according to their categories are displayed in Figure 2 below. Of all the inspected public HES across the three districts, a total of 49 were graded Excellent, 35 were Good, 6 were graded Satisfactory and none were graded Unsatisfactory. All the 12 inspected acute private hospitals were graded Excellent.

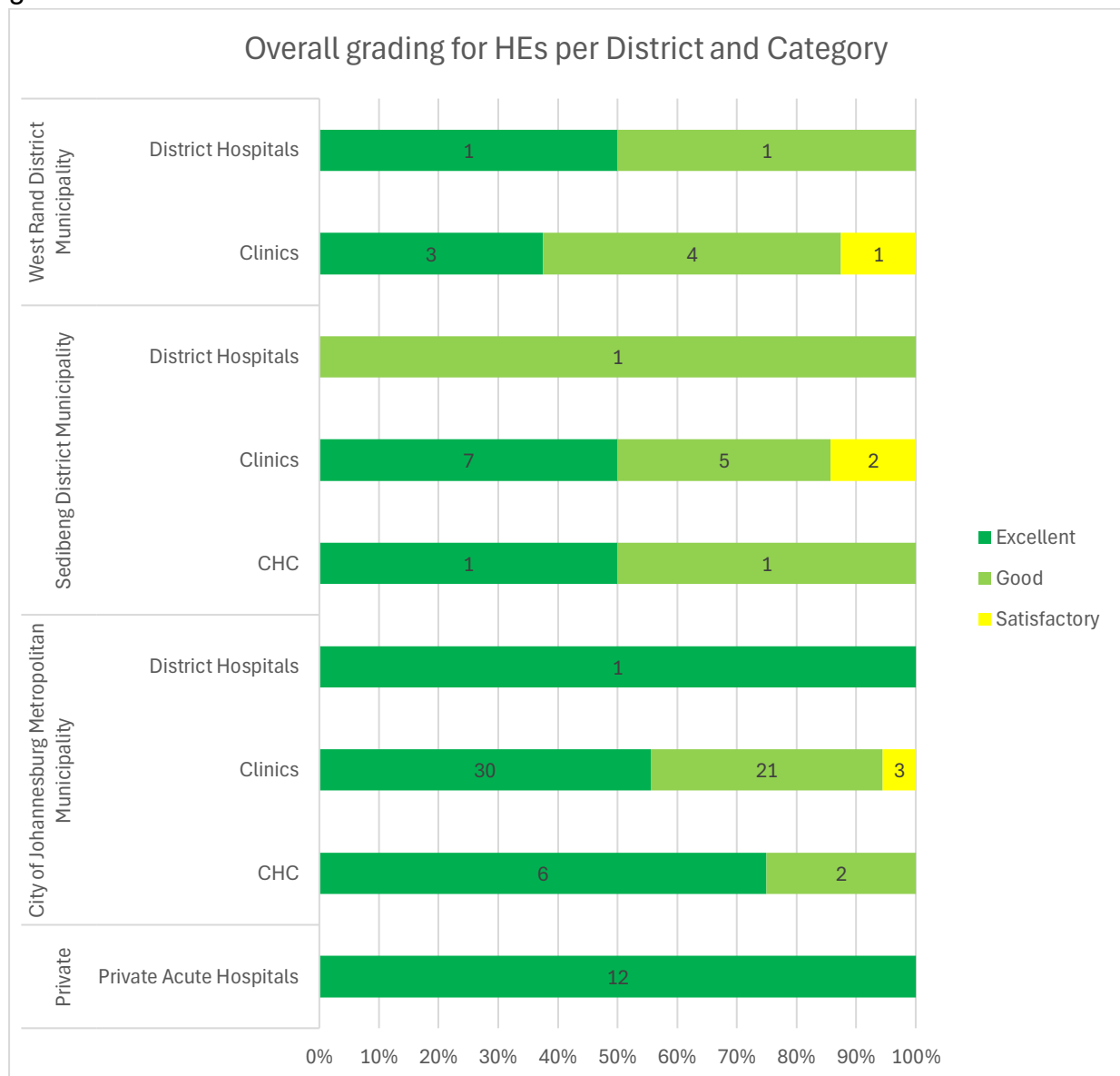


Figure 2 Provincial overall grading of inspected HE by district and category

5. PERFORMANCE OF NON-NEGOTIABLE MEASURES FOR PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS PER CATEGORY

Failure by health establishments to comply with non-negotiable measures has the greatest likelihood to result in severe, irreversible harm or death to healthcare users. Health establishments must comply with all these measures and be graded Excellent, Good and Satisfactory to be eligible for certification. Only one of the 76 clinics failed to comply with the non-negotiable measures, by implication, exposing the healthcare users to potential harm, as depicted in Table 6 below

Table 6: Overall Non-Negotiable Measures (NNMs) compliance rate per category

HE Category	Number of Inspected HEs	NNM Compliant	NNM non-compliant	Proportion (NNM 100 % Compliant)
Clinics	76	75	1	99%
CHC	10	10	0	100%
District Hospitals	4	4	0	100%
Private Acute Hospitals	12	12	0	100%

Tables 7-10 below covers the performance of different levels of care on Non-Negotiable measures (NNMs) among all inspected HEs. It is important to note that the commonly non-compliant aspect of NNM is the emergency trolley stocked with medicines and equipment.

5.1. Clinics' Performance on Non-Negotiable Measures

Table 7: Clinic performance according to the three NNMs.

Measure Name	Applicable Measures	Sum of Score	Compliance Rate (%)
An oxygen cylinder with pressure gauge is available.	76	76	100%
CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	76	75	99%
The oxygen available in the cylinder is above the minimum level.	76	76	100%

5.2. Community Health Centres’(CHCs), District and Acute Private Hospitals Performance on Non-Negotiable Measures

For the reporting period, all inspected Community Health Centres, District and acute private hospitals met the NNM requirements. Regional hospitals were not inspected during the FY 2023/24.

6. PERFORMANCE OF DOMAIN (CHAPTERS) AND STANDARDS FOR PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS

6.1 Overall Performance of Public and Private health establishment by Domains (Chapters)

Table 11 and Figure 3 below show the performance of public and private health establishments against domains (chapters) across the districts. Governance and Human Resources was the least performing domain in the public health establishments at 53%, whereas the other four domains achieved scores of 77% and above. The least performing domain in the private health establishment was Clinical Support Services at 87%. It should be noted that the poor-performing domains involve governance at the health establishment relating to both leadership and management, availability and management of staff according to staffing needs as well as reporting of adverse blood reactions to a committee in the health establishment that monitors adverse incidents.

Table 11: Public Health Establishment Performance by Domains (Chapters)

	USER RIGHTS	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES
City of Johannesburg Met	83%	84%	89%	78%	59%
Sedibeng	81%	83%	82%	75%	43%
West Rand	87%	80%	80%	79%	47%
GP Average	83%	83%	86%	77%	53%

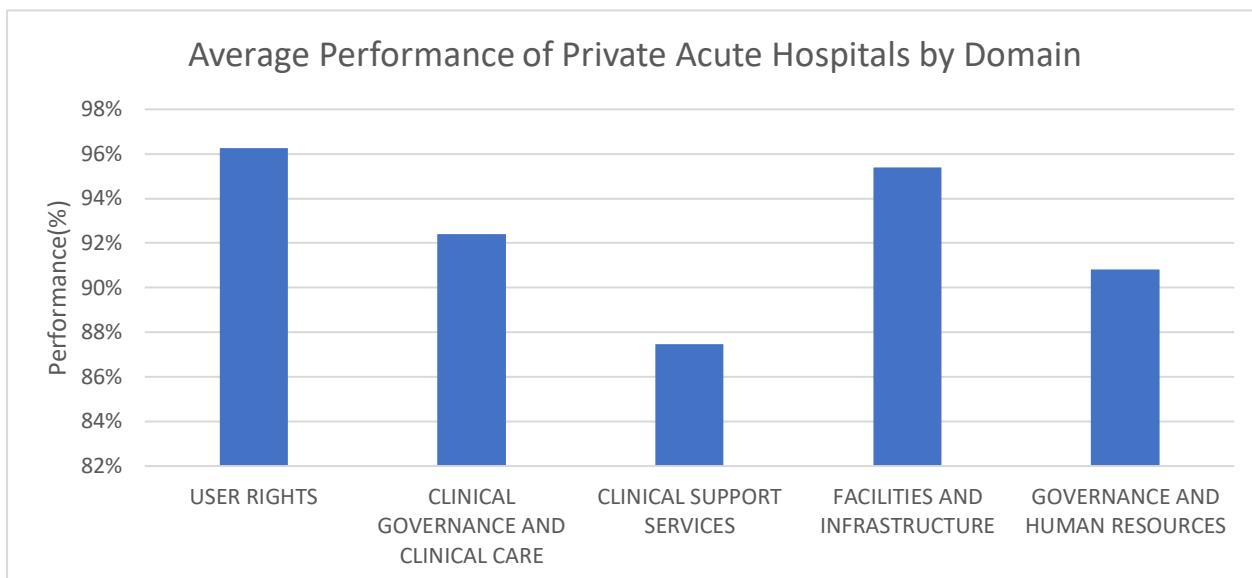


Figure 3: Private Health Establishment Performance by Domains (Chapters)

6.2. Overall performance of measures according to standards and criteria by Domain for public health establishments (Below 60% scores)

This section focuses on the overall performance of measures according to standards and criteria that specifically scored below 60% in the province. The failed measures outlined in Table 12 below require specific attention to ensure that users of health care services are provided with safe care, as some relate to infection prevention and control and systems relating to risk management.

Domain: User Rights

Standard Name	Criteria Name	Performance (%)
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	The health establishment must adhere to clinical guidelines on stabilizing users presenting in an emergency before referring them to another health establishment.	34%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health	The health establishment must provide users with information relating to any fees that are payable for health care services insofar it being practical to do so before the commencement of the provision of health care services.	50%

establishment and information about accessing those services.		
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Domain: Clinical Governance and Clinical Care

Standard Name	Criteria Name	Performance (%)
(b) A health establishment must establish and maintain systems structures and programmes to manage clinical risk.	A functional audit committee that ensures quality use of medicines must be in place.	44%
	All local tendering and contracting processes must be in accordance with relevant legislation.	45%
	Authorisation must be confirmed for all research projects involving users at the health establishment.	50%
	Formal processes are in place to manage clinical risk.	21%
	Standard operating procedures to guide the implementation of infection prevention and control practices must be available.	34%
	The health establishment must adhere to a planned schedule for maintaining equipment.	45%
	The health establishment must implement an effective waste management procedure within the health establishment and buildings and grounds.	56%

Domain: Clinical Support Services

Standard Name	Criteria Name	Performance (%)
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	The health establishment must ensure that equipment is licensed where required from the relevant licensing body.	25%
Hospitals and CHCs must ensure that users have access to blood and blood products when required.	The health establishment must ensure that adverse blood reactions are reported to a committee in the health establishment that monitor adverse incidents.	10%
The health establishment and their grounds must	The health establishment must as appropriate for the type of buildings and grounds of the establishment have a	52%

meet the requirements of the building regulations.	maintenance plan for buildings and the grounds.	
	The health establishment must as appropriate for the type of buildings and grounds of the establishment have all the required compliance certificates in terms of the building regulations.	57%
The health establishment must have systems to protect users' health care personnel and property from security threats and risks.	Internal and external lighting must be adequate to protect users' visitors and personnel.	57%

Domain: Facilities and Infrastructure

Standard Name	Criteria Name	Performance (%)
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	A medical surveillance plan for at-risk personnel must be implemented based on a health risk assessment.	41%
	An active Health and Safety Committee ensures a safe working environment	54%
	Awareness of safety and security issues must be promoted	55%
	The disaster management plan must be communicated to personnel and tested annually.	50%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	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.	13%
The health establishment must have a functional governance structure with written Terms of Reference.	The governance structure must ensure effective management and development of human resources.	25%
	The governance structure must ensure that organisational risks are identified and mitigated.	50%
	The governance structure must ensure that the financial sustainability of the health establishment is assured.	42%
	The governance structure must monitor implementation of the strategic plan.	29%

	The governance structure must monitor the quality of care including user safety.	50%
	The health establishment has a functional governance structure.	13%

users are attended to in a manner which is consistent with the nature and severity of their health condition.

Domain: Governance and Human Resources

Standard Name	Criteria Name	Performance (%)
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	The health establishment must adhere to clinical guidelines on stabilizing users presenting in an emergency before referring them to another health establishment.	34%
The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	The health establishment must provide users with information relating to any fees that are payable for health care services insofar it being practical to do so before the commencement of the provision of health care services.	50%

6.3. Overall performance of functional areas for public health establishments

This section depicts the overall performance of functional areas of different categories of care, as illustrated in Figures 4 - 7 below. Functional areas such as Medical Records Storage and Archive, Health Technology/ Clinical Engineering and Laundry achieved the lowest scores in district hospitals. Poor records management could lead to a lack of continuity of care and delay the diagnosis and treatment of healthcare service users while poor performance in health technology could lead to misdiagnosis of user as the equipment used in their diagnosis are not tested and maintained as required.

6.3.1. Clinics functional areas performance

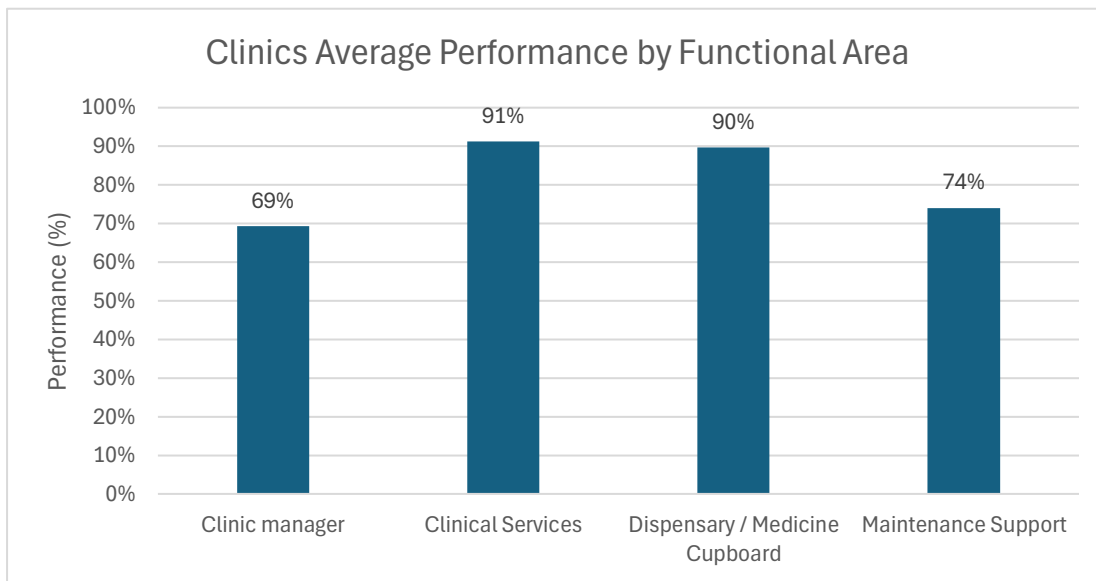


Figure 4: Clinics Average Performance per Functional Area

6.3.2. Community Health Centres functional areas performance

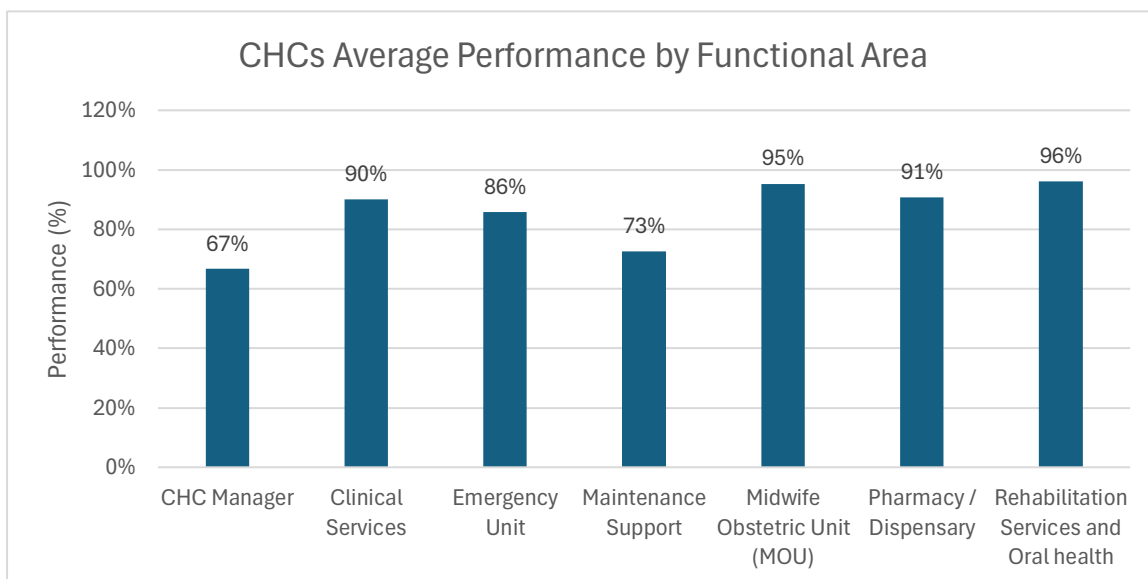


Figure 5: CHC Average Performance by Functional Area

6.3.3. District Hospitals functional areas performance

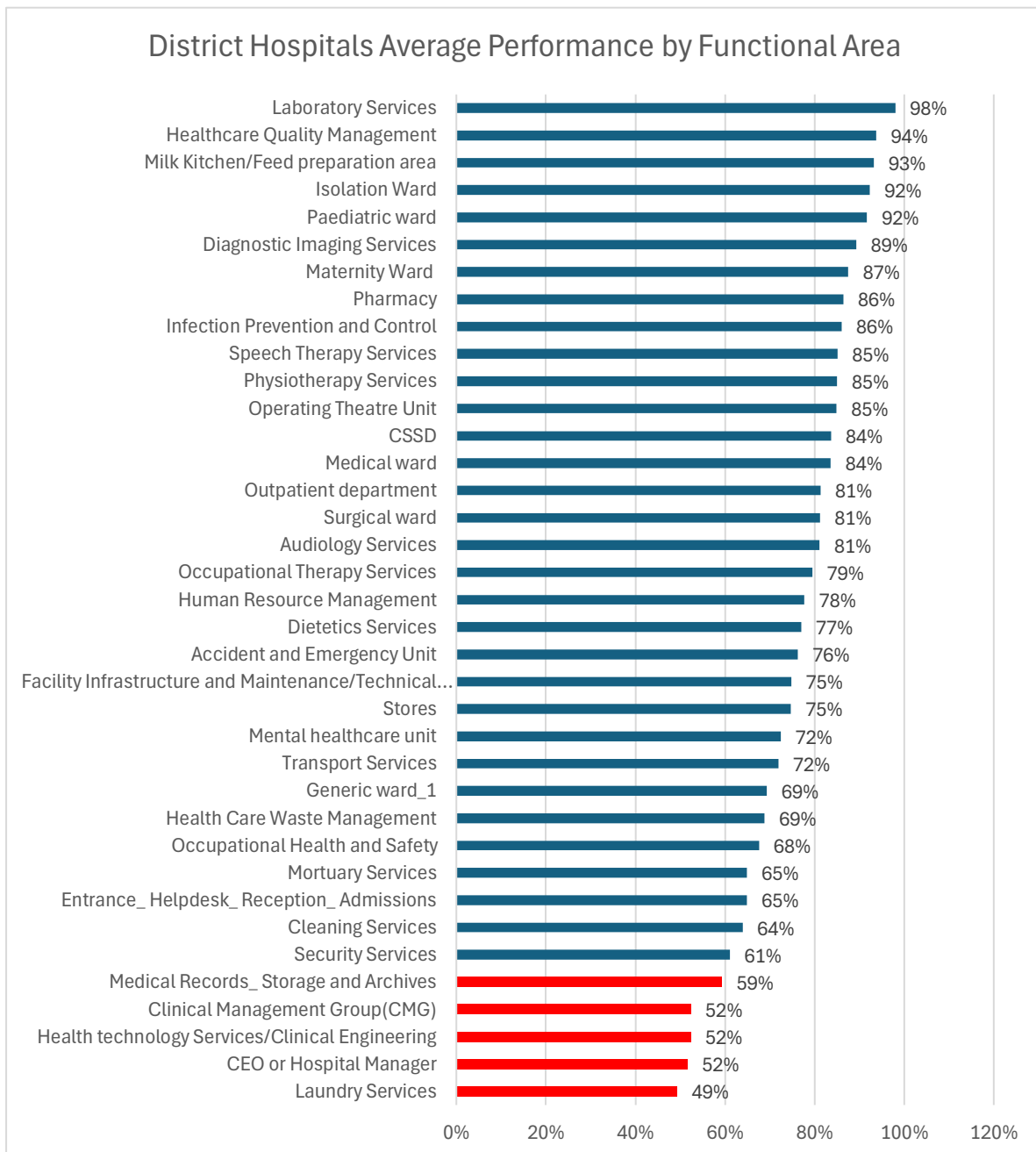


Figure 6: District Hospitals Average Performance by Functional Area

6.3.5. Private Acute Hospitals functional areas performance

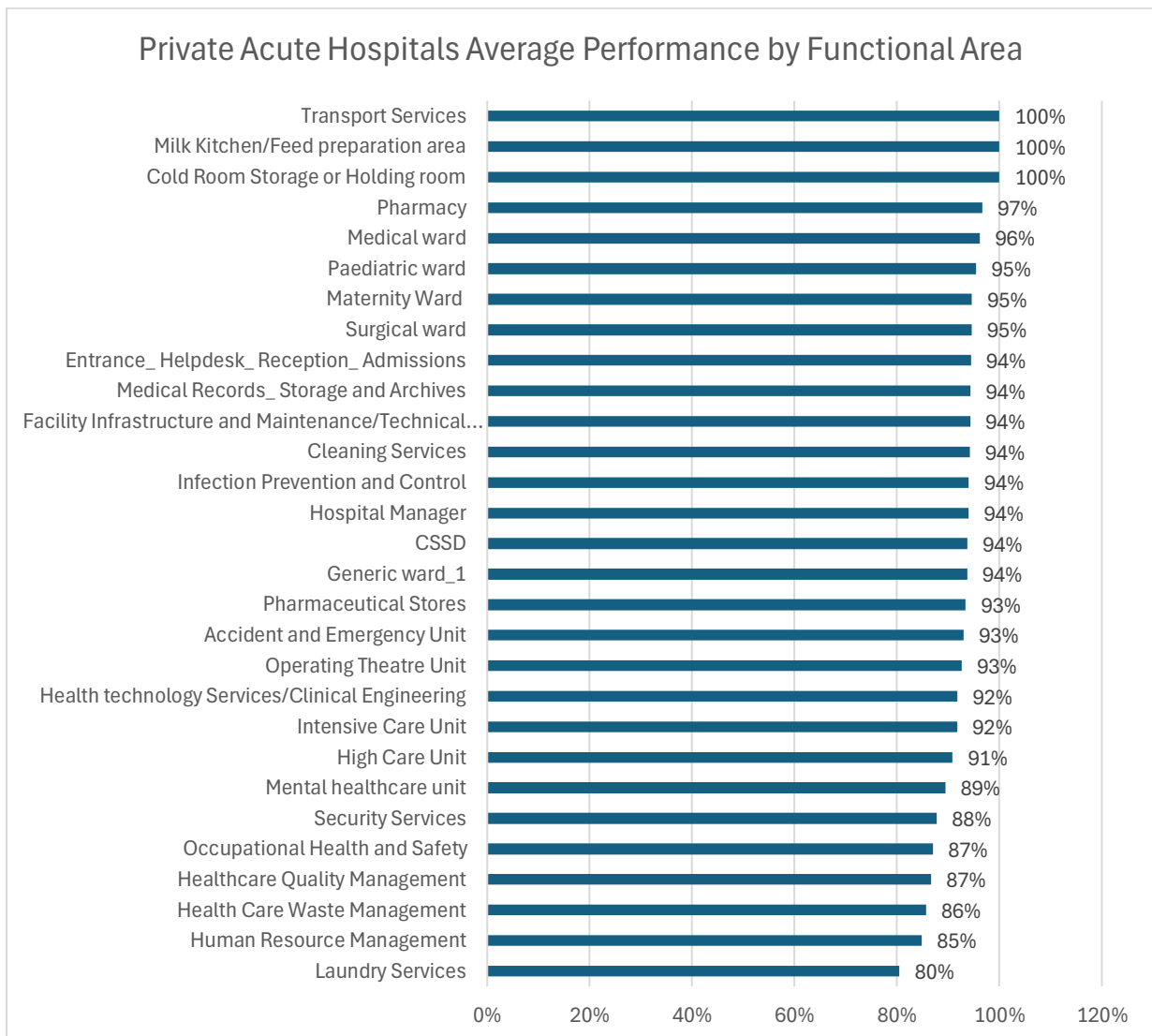


Figure 7: Private Acute Hospitals Average Performance by Functional Area

7. RE-INSPECTIONS

7.1. Compliance rate for re-inspected public health establishments by district.

Table 13 below depicts the compliance rate of re-inspected health establishments across districts. Re-inspected HEs achieved an overall compliance rate of 94% (16/17). The City of Ekurhuleni achieved a compliance rate of 75 % (3/4), while Sedibeng achieved 100% (4/4), City of Johannesburg 100% (3/3) and the City of Tshwane Metro achieved a 100% (2/2) compliance rate.

Table 13: Compliance rate of re-inspected HEs across districts inspected in FY 2023/24

Province Name	Clinics			Community Health Centres			District Hospitals			Regional Hospitals			Private Acute Hospitals			Total Inspected per Province		
	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)
City of Ekurhuleni Metro	2	1	50%	1	1	100%	-	-	-	1	1	100%	-	-	-	4	3	75%
City of Johannesburg Metro	3	3	100%	-	-	-	-	-	-	-	-	-	-	-	-	3	3	100%
City of Tshwane Metro	-	-	-	-	-	-	2	2	100%	-	-	-	-	-	-	2	2	100%
Sedibeng	2	2	100%	-	-	-	1	1	100%	1	1	1	-	-	-	4	4	100%
Private	-	-	-	-	-	-	-	-	-	-	-	-	4	4	1	4	4	100%
GP Re-inspected Total	7	6	86%	1	1	100%	3	3	100%	2	2	100%	4	4	100%	17	16	94%

7.2. Gradings of re-inspected public health establishments by districts and category

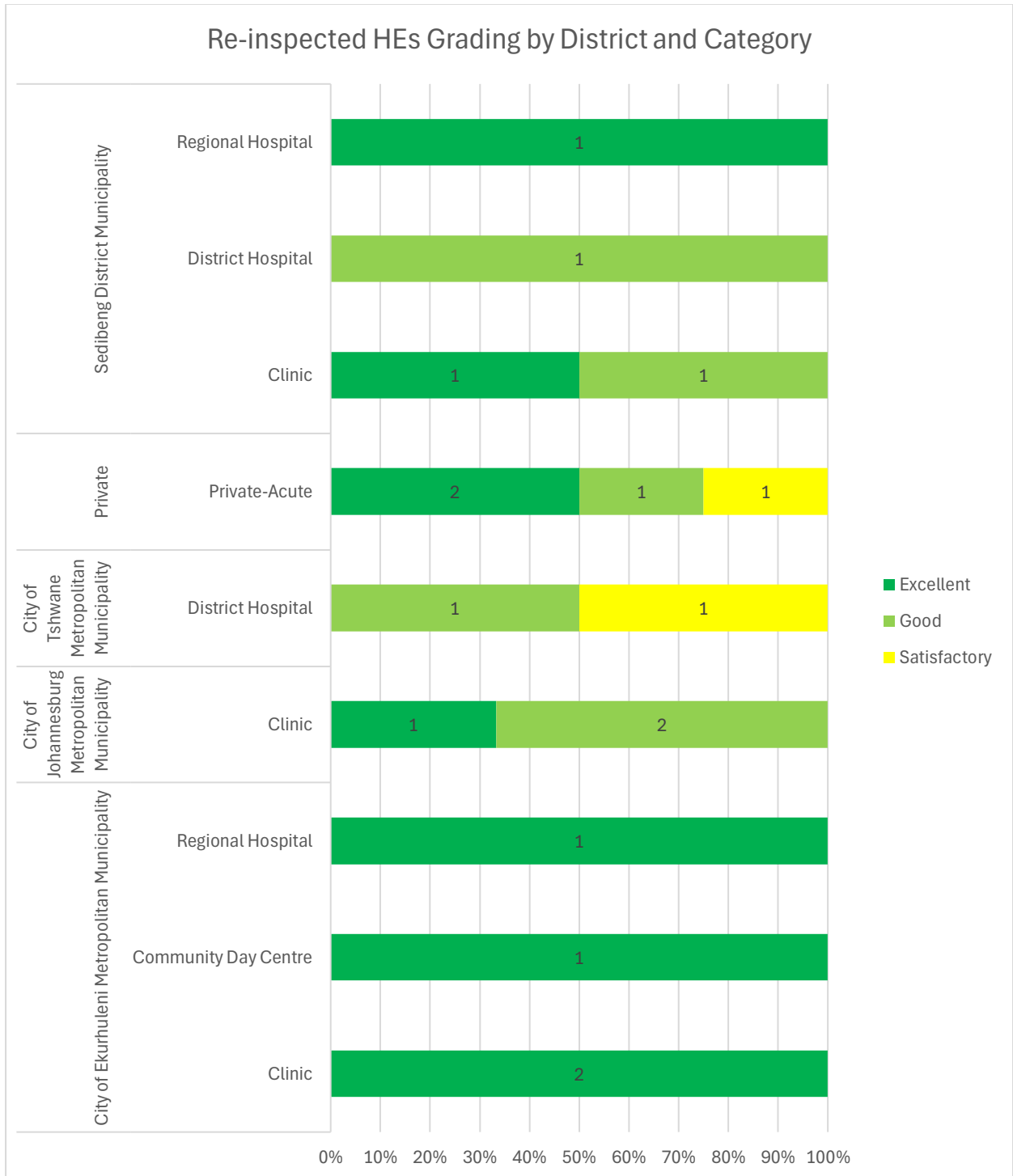


Figure 8: Re-inspected HEs grading by district and category

7.3. Overall performance on Non-Negotiable Measures for re-inspected Public and Private Health Establishments

There was only one clinic that did not achieve 100% compliance with the non-negotiable measures.

Table 14: Overall Non-Negotiable Measures (NNMs) compliance rate per category

HE Category	Number of Inspected HEs	NNM Compliant	NNM non-compliant	Proportion (NNM 100 % Compliant)
Clinic	7	6	1	86%
Community Day Centre	1	1	0	100%
District Hospital	3	3	0	100%
Regional Hospital	2	2	0	100%
Private-Acute	4	4	0	100%

7.3.1. Re-inspected Clinic Performance on Non-Negotiable Measures

The non-negotiable measure relating to the emergency trolley being stocked with medicines, and medical supplies and equipment was the only measure not complied with by the clinics. An overall compliance rate of 86% was achieved for the measure.

Table 15: Performance of Re-inspected Clinics on Non-Negotiable Measures

Measure Name	Applicable Measures	Sum of Score	Performance (%)
An oxygen cylinder with pressure gauge is available.	7	7	100%
CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	7	6	86%
The oxygen available in the cylinder is above the minimum level.	7	7	100%

7.3.2. Re-inspected Community Health Centres'(CHCs), District, Regional and Acute Private Hospitals Performance on Non-Negotiable Measures

During FY 2023/24, all re-inspected Community Health Centres, District, Regional and acute private hospitals met the NNM requirements.

7.4. Re-inspections summary

Seventeen health establishments were re-inspected during the period under review and only one clinic was non-compliant. The one non-compliant HE achieved an Excellent grading. It is important to note that there was a significant shift from non-compliance to compliance status, with 94% (16/17) re-inspected HEs achieving compliance status. The emergency trolley measure contributed to the one re-inspected clinic not achieving compliance status.

8. DISCUSSION

For the period under review, 102 health establishments were inspected across various categories in both the public and acute private sectors within the province. The inspected health establishments included clinics, CHCs, district and acute private hospitals. An overall compliance rate of 99% was achieved by all the inspected facilities with clinics also achieving 99% compliance rate. The inspected hospitals (public and private) achieved 100% compliance rate.

Notably, only one of the seventy-six clinics did not meet the compliance requirements as it failed to comply with the NNMs despite achieving a good grading. Addressing the emergency trolley requirements could potentially change health establishment's compliance status, thus reducing the risk to patient safety, potentially improve the overall performance rate and reduce the clinical risks associated with patient safety incidents.

9. LIMITATIONS

Despite the effort made by the OHSC to customise the tools for both public and private to be similar in standards of measurements, the differences in the availability of specific services made it slightly difficult to compare some of the findings as the services elements such as the availability of transport services were managed differently in PHCs and hospitals across the province – wherein some had a decentralised approach while others had centralised approach. It became difficult to

compare the inspection outcomes across categories such as PHCs, CHCs, all inspected levels of public hospitals and acute private hospitals as there were variations in the availability of service areas such as rehabilitation services, mental health services, emergency services or units, MOUs, cold rooms, or applicability of certain measures such the management of vehicles at PHC level making generalisations about the reasons for non-compliant inspection outcomes impossible.

10. RECOMMENDATIONS

The OHSC recommends support and commitment from the respective districts/ municipalities, provincial and the office of the MECs to the health establishment should be able to resolve or address the challenges and various aspects that were failed in the below table.

HEALTH ESTABLISHMENT MANAGEMENT	DISTRICT MANAGEMENT	PROVINCE MANAGEMENT
<p>Adhere to Clinical Emergency Guidelines: Ensure all clinical staff are trained in emergency stabilization procedures for patients, establishing standard protocols to stabilize patients before referring them elsewhere.</p> <p>Monitor Clinical Risk Indicators: Actively track and monitor clinical risk indicators, implementing prompt action plans when risks are identified to safeguard patient and staff welfare.</p> <p>Establish a Medical Equipment Management System: Develop a systematic approach to maintain medical equipment, ensuring its functionality and compliance with safety standards to reduce patient safety risks.</p> <p>Report and Monitor Adverse Blood Reactions: Establish a committee responsible for monitoring and reporting all adverse blood reactions to ensure continuous improvement in safety.</p>	<p>Adhere to Clinical Emergency Guidelines: Ensure all clinical staff are trained in emergency stabilization procedures for patients, establishing standard protocols to stabilize patients before referring them elsewhere.</p> <p>Monitor Clinical Risk Indicators: Actively track and monitor clinical risk indicators, implementing prompt action plans when risks are identified to safeguard patient and staff welfare.</p> <p>Establish a Medical Equipment Management System: Develop a systematic approach to maintain medical equipment, ensuring its functionality and compliance with safety standards to reduce patient safety risks.</p> <p>Report and Monitor Adverse Blood Reactions: Establish a committee responsible for monitoring and reporting all adverse blood reactions to ensure continuous improvement in safety.</p>	<p>Adhere to Clinical Emergency Guidelines: Ensure all clinical staff are trained in emergency stabilization procedures for patients, establishing standard protocols to stabilize patients before referring them elsewhere.</p> <p>Monitor Clinical Risk Indicators: Actively track and monitor clinical risk indicators, implementing prompt action plans when risks are identified to safeguard patient and staff welfare.</p> <p>Establish a Medical Equipment Management System: Develop a systematic approach to maintain medical equipment, ensuring its functionality and compliance with safety standards to reduce patient safety risks.</p> <p>Report and Monitor Adverse Blood Reactions: Establish a committee responsible for monitoring and reporting all adverse blood reactions to ensure continuous improvement in safety.</p>

<p>Monitor Implementation of Comprehensive Human Resource Plan: Develop a human resource plan that aligns with the specific size and needs of the health establishment, ensuring sufficient staffing levels to meet operational demands.</p> <p>Establish Governance Structures with Defined Terms of Reference: The MEC of Health should appoint a governance structure for hospitals and clinics within the province, ensuring that members are inducted and trained as per their responsibilities.</p> <p>Manage patient acuity: The health establishment must ensure that users receive timely and appropriate care based on the severity and urgency of their health condition.</p>	<p>Monitor Implementation of Comprehensive Human Resource Plan: Develop a human resource plan that aligns with the specific size and needs of the health establishment, ensuring sufficient staffing levels to meet operational demands.</p> <p>Establish Governance Structures with Defined Terms of Reference: The MEC of Health should appoint a governance structure for hospitals and clinics within the province, ensuring that members are inducted and trained as per their responsibilities.</p> <p>Manage patient acuity: The health establishment must ensure that users receive timely and appropriate care based on the severity and urgency of their health condition.</p>	<p>Monitor Implementation of Comprehensive Human Resource Plan: Develop a human resource plan that aligns with the specific size and needs of the health establishment, ensuring sufficient staffing levels to meet operational demands.</p> <p>Establish Governance Structures with Defined Terms of Reference: The MEC of Health should appoint a governance structure for hospitals and clinics within the province, ensuring that members are inducted and trained as per their responsibilities.</p> <p>Manage patient acuity: The health establishment must ensure that users receive timely and appropriate care based on the severity and urgency of their health condition.</p>
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KwaZulu-Natal

1. DISTRIBUTION OF HEALTH ESTABLISHMENTS IN THE PROVINCE

1.1 Total number of health establishments per category by district

Table 1 and Table 2 below show the total number of public sector health establishments (clinics, CHCs, district and regional hospitals) and private sector health establishments (private acute hospitals) in the province that can be sampled and inspected with the applicable OHSC regulatory inspection tools.

Table 1: Total number of public health establishments per category by district

District	HE Classification				Total per district
	Clinic	Community Health Centre	District Hospital	Regional Hospital	
Amajuba District	25	1	1	2	29
eThekweni Metro	116	8	4	7	135
Harry Gwala District	40	1	4	-	45
iLembe District	33	2	3	1	39
King Cetshwayo District	63	1	6	1	71
Ugu District	53	2	3	1	59
uMgungundlovu District	50	3	2	1	56
Umkhanyakude District	57	1	5	-	63
Umzinyathi District	51	1	4	-	56
Uthukela District	38	1	2	1	42
Zululand District	74	1	6	-	81
Total per category	600	22	40	14	676

Table 2: Total number of private acute hospitals by hospital group

Hospital Group	Number of Acute Hospital
Independent	4
Life Healthcare	7
Mediclinic	3
National Hospital Network	19
Netcare	9
Total	42

2. OVERVIEW OF INSPECTIONS CONDUCTED AND COMPLIANT OVER TIME IN PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS

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

The number of actual inspections conducted during the 2019/20, 2020/21, 2021/22, 2022/23 and 2023/24 financial years are depicted in Table 3 below. OHSC started inspecting private hospitals in 2022/23 financial year since the norms and standards were promulgated in 2019 and 17 were inspected during the year under review. The compliance rate had steadily increased relative to the number and types of health establishments inspected. The inspection of district, regional hospitals, and private acute care inspections began in 2021/22 and 2022/23 FY, respectively. District hospitals achieved a cumulative 23% (5/22). Regional hospitals achieved accumulative compliance rate of 40% (2/5) over a three-year period. Clinics inspected during the reporting achieved a 100% compliance rate and 65% (340/526) cumulatively over four years. The CHCs achieved a 67% (10/15) cumulative compliance rate. Acute private healthcare HEs achieved an 88% (15/17) compliance rate during the reporting period and a cumulative compliance rate of 63%.

Table 3: Cumulative Number of Inspected Public and Private health establishments by Category, (FY 2019/20 – FY2023/24)

Facility Type	FY2019/20			FY2020/21			FY2021/22			FY2022/23			FY2023/24			Cumulative Number of HEs (FY 2019/20 - FY 2023/24)		
	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)
Clinics	121	39	32%	66	27	41%	104	64	62%	117	92	79%	118	118	100%	526	340	65%
CHCs							4	2	50%	4	1	25%	7	7	100%	15	10	67%
District Hospitals							2	0	0%	17	3	18%	3	2	67%	22	5	23%
Regional Hospitals							2	1	50%	3	1	33%			-	5	2	40%
Private Acute Hospitals										7	1	14%	17	15	88%	24	16	67%
Total	121	39	32%	66	27	41%	112	67	60%	148	98	66%	145	142	98%	592	373	63%

3. DISTRIBUTION OF INSPECTED PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS IN F/Y 2023/24

Table 4: Distribution of Inspected Public HEs per category by District and Private HEs per category, F/Y 2023/24

District	Clinics	CHC	District Hospitals	Private Acute Hospitals	Total per District
eThekwini Metro	10	-	-	-	10
iLembe	12	2	-	-	14
King Cetshwayo	3	-	-	-	3
Ugu	20	2	-	-	22
uMgungundlovu	14	2	-	-	16
Umkhanyakude	29	1	-	-	30
Umzinyathi	24	-	3	-	27
Uthukela	1	-	-	-	1
Zululand	5	-	-	-	5
Private	-	-	-	17	17
KZN Total per Category	118	7	3	17	145

3.1 Provincial Compliance Status for Inspected Public & Private Health Establishments for FY 2023/24

A total of 145 health establishments were inspected in KwaZulu-Natal during the 2023/24 inspection cycle. Figure 1 below shows the number of inspected public and private health establishment by category and compliance status. Clinics recorded a 100% compliance rate among the inspected categories of care during the same reporting period in the province.

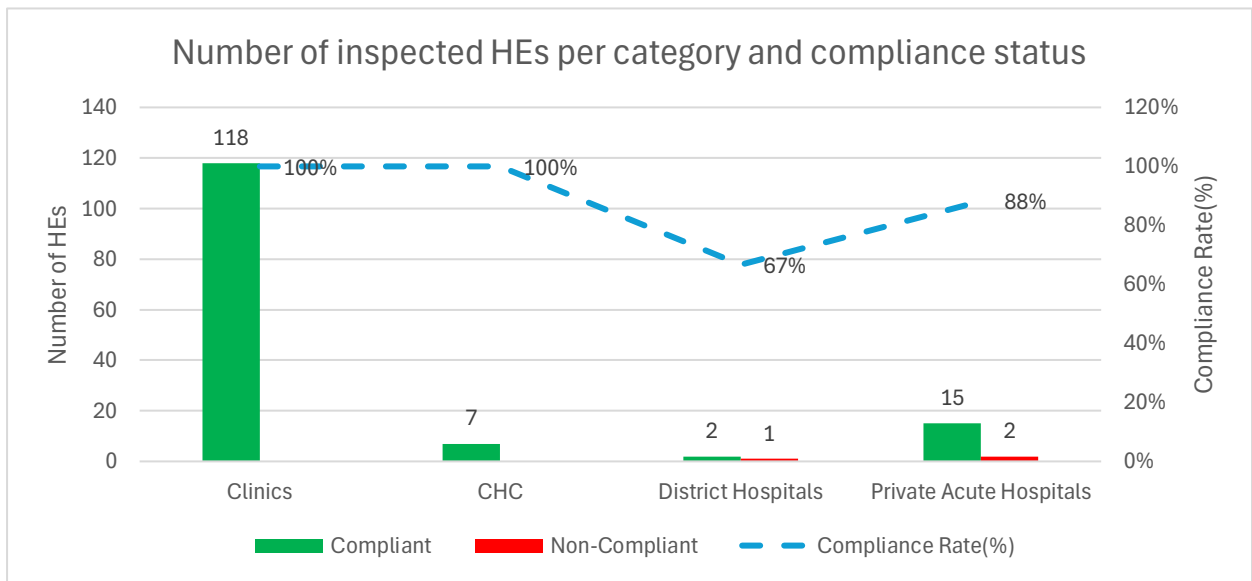


Figure 1: Number of Inspected HEs by Category and Compliance Status

3.2 Compliance Status of Inspected Public & Private HEs per District and Category

Table 5 below shows the total number of inspected health establishments per district, category, and compliance performance. The only three district hospitals were inspected in uMzinyathi district municipality and one of them was non-compliant. Additionally, two of the seventeen private acute hospitals inspected were also found to be non-compliant. All (125) of the inspected clinics (118) and CHC (7) across all districts were compliant with norms and standards regulations.

Table 5: Compliance status of inspected Public HEs per District and category and Private HEs per category for FY 2023/24

District	Clinics	CHC	District Hospitals	Private Acute Hospitals
eThekweni Metro	100%	-	-	-
iLembe	100%	100%	-	-
King Cetshwayo	100%	-	-	-
Ugu	100%	100%	-	-
uMgungundlovu	100%	100%	-	-
Umkhanyakude	100%	100%	-	-
Umzinyathi	100%	-	67%	-
Uthukela	100%	-	-	-
Zululand	100%	-	-	-
Private	-	-	-	88%
KZN Average	100%	100%	67%	88%

4. OVERALL GRADINGS FOR INSPECTED PUBLIC & PRIVATE HEALTH ESTABLISHMENTS

4.1. Overall Grading for Inspected Public & Private Health Establishments per District and Category for FY 2023/24

The overall gradings of inspected health establishments according to their categories are displayed in Figure 2 below. Notably, all districts did not have HEs that were graded Unsatisfactory.

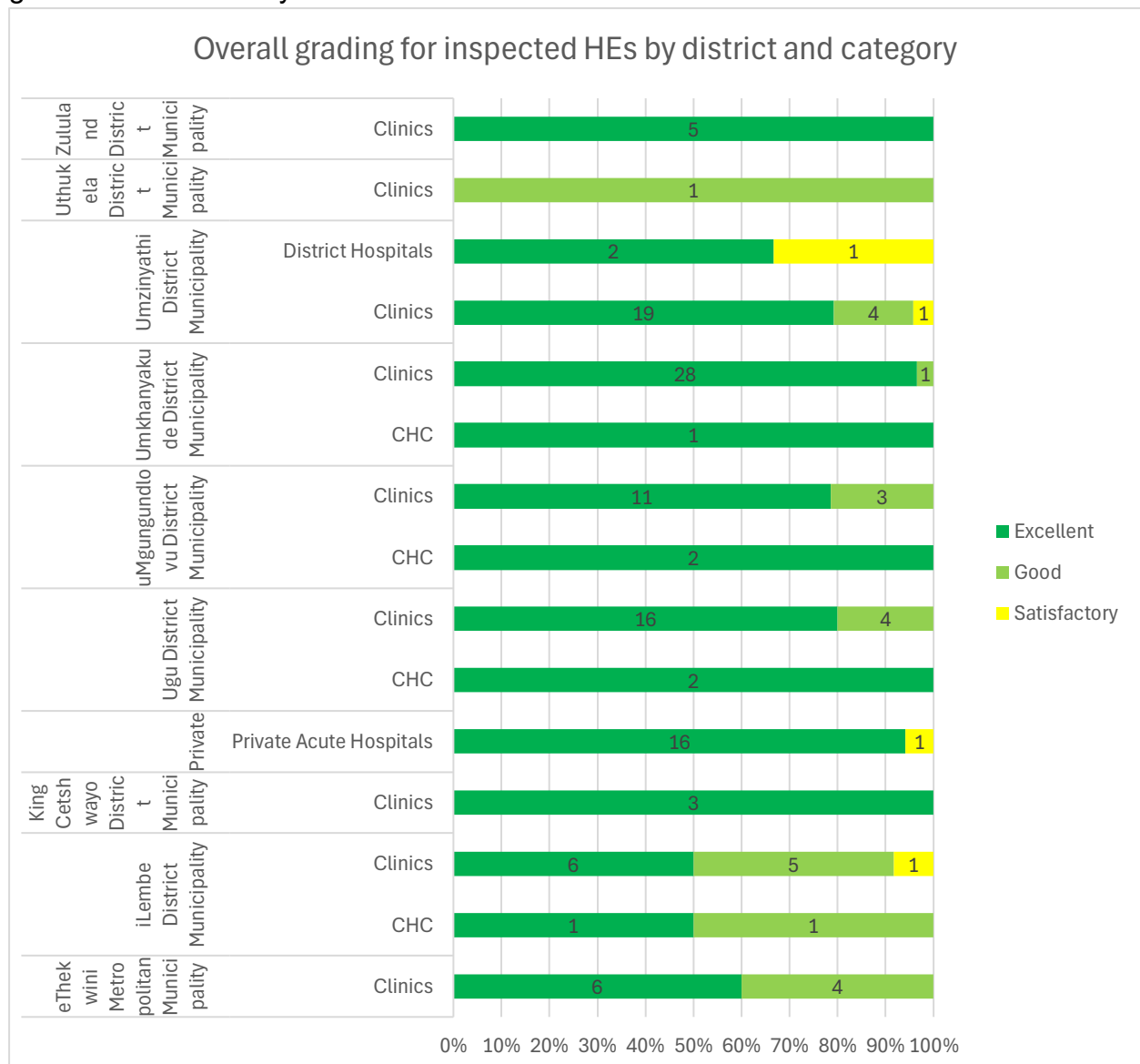


Figure 2: Provincial overall grading of inspected HE district and category

5. PERFORMANCE OF NON-NEGOTIABLE MEASURES FOR INSPECTED PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS PER CATEGORY

Failure to comply with these measures which have been identified as non-negotiable, is highly likely to result in severe, irreversible harm or death to healthcare users. Health establishments must comply with all these measures to be eligible for certification. The average compliance rate of NNMs for clinics and CHC was 100% (118/118), hospitals achieved 67% (2/3) and private healthcare 88% (15/17). Overall NNM Compliance rate for public HEs = 99%. Overall NNM Compliance rate for Private HEs = 88%

Table 6: Overall Non-Negotiable Measures (NNMs) compliance rate per category

HE Category	Number of Inspected HEs	NNM Compliant (100%)	NNM non-compliant (< 100%)	Proportion (NNV 100 % Compliant)
Clinics	118	118	0	100%
CHC	7	7	0	100%
District Hospitals	3	2	1	67%
Private Acute Hospitals	17	15	2	88%

5.1. Clinics' Performance on Non-Negotiable Measures

This section covers the performance of clinics on non-negotiable measures. Tables 7-10 below cover the performance of different levels of care on Non-Negotiable Measures (NNM). All the inspected clinics have achieved the 100% threshold requirement on all three NNMs which resulted in a compliant status.

Table 7: Clinic performance according to the three NNMs.

Measure Name	Applicable Measures	Sum of Scores	Compliance (%)
An oxygen cylinder with pressure gauge is available.	118	118	100%
CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	118	118	100%
The oxygen available in the cylinder is above the minimum level.	118	118	100%

5.2. Community Health Centres'(CHCs) Performance on Non-Negotiable Measures

The 3 functional areas namely, Clinical Services, Emergency Unit and Midwife Obstetric Unit complied with the requirement of the 3 NNMs as depicted in Table 8 below.

Table 8: CHC performance according to the NNMs (Clinical Services, Emergency Unit and Midwife Obstetric Unit)

Functional Area	Measure Name	Applicable Measures	Sum of Score	Compliance Rate (%)
Clinical Services	An oxygen cylinder with pressure gauge is available.	7	7	100%
	CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	6	6	100%
	The oxygen available in the cylinder is above the minimum level.	7	7	100%
Functional Area	Measure Name	Applicable Measures	Sum of Score	Compliance Rate (%)
Emergency Unit	An oxygen cylinder with pressure gauge is available.	5	5	100%
	CHECKLIST: The emergency trolley is stocked with the medicines, medical supplies, and equipment.	5	5	100%
	The oxygen available in the cylinder is above the minimum level.	5	5	100%
Functional Area	Measure Name	Applicable Measures	Sum of Score	Compliance Rate (%)
Midwife Obstetric Unit (MOU)	An oxygen cylinder with pressure gauge is available in the unit.	7	7	100%
	CHECKLIST: The emergency trolley is stocked with the	7	7	100%

	medicines, medical supplies, and equipment.			
	The oxygen available in the cylinder is above the minimum level.	7	7	100%

5.3. District Hospitals' Performance on Non-Negotiable Measures

There were four measures in any of the three inspected hospitals that were found to be non-compliant with the requirement of the availability of the system to supply piped medical gas/oxygen to clinical areas. Two emergency trolleys in any of the three inspected hospitals were not fully stocked with the required medicines and equipment.

Table 9: District Hospital performance according to the NNMs

Measure Name	Applicable Measures	Sum of Score	Compliance (%)
A functional system is in place to supply piped medical gas to clinical areas.	3	3	67%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.	11	11	100%
Emergency power supply is available.	3	3	100%
Emergency trolley is stocked with medicines and equipment.	22	22	91%
Health care providers correctly complete forms used for informed consent.	20	20	95%
The unit has a functional system to supply piped oxygen to all clinical areas.	21	21	86%
The oxygen available in the cylinder is above the minimum level with pressure gauge.	10	10	90%

5.4. Private Acute Hospitals' Performance on Non-Negotiable Measures

The three NNM measures that were not fully complied with were about the emergency trolleys in the seventeen inspected hospitals that were not fully stocked with the required medicines and equipment.

Table 10: Private Acute Hospitals performance according to the NNMs

Measure Number	Applicable Measures	Sum of Score	Compliance (%)
Emergency power supply is available.	17	17	100%
Emergency trolley is stocked with medicines and equipment.	119	119	97%
The oxygen available in the cylinder is above the minimum level with pressure gauge.	238	238	100%
The unit has a functional system to supply piped oxygen to the clinical areas.	119	119	100%

6. PERFORMANCE OF DOMAIN (CHAPTERS) AND STANDARDS FOR PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS

6.1. Overall Performance of Public and Private health establishment by Domains (Chapters)

Table 11 below shows the performance of public sector health establishments against domains (chapters) across districts. Governance and Human Resources was the least performing domain, at an average of 62%, whereas the other four domains achieved scores above 80%. It should be noted that the low-performing domain involve governance at the health establishments, which relate to both leadership and management. Human resources refer to the availability and management of staff according to staffing needs.

Table 11: Public Health Establishment Performance by Domains (Chapters)

t	USER RIGHTS	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES
eThekweni Metro	85%	84%	97%	70%	63%
iLembe	80%	83%	91%	73%	44%
King Cetshwayo	72%	84%	99%	82%	70%
Ugu	87%	89%	91%	80%	61%
uMgungundlovu	82%	88%	95%	82%	59%
Umkhanyakude	92%	94%	98%	88%	72%
Umzinyathi	88%	85%	80%	81%	61%
Uthukela	90%	70%	83%	61%	40%
Zululand	96%	93%	100%	86%	82%
KZN Average	87%	88%	90%	81%	62%

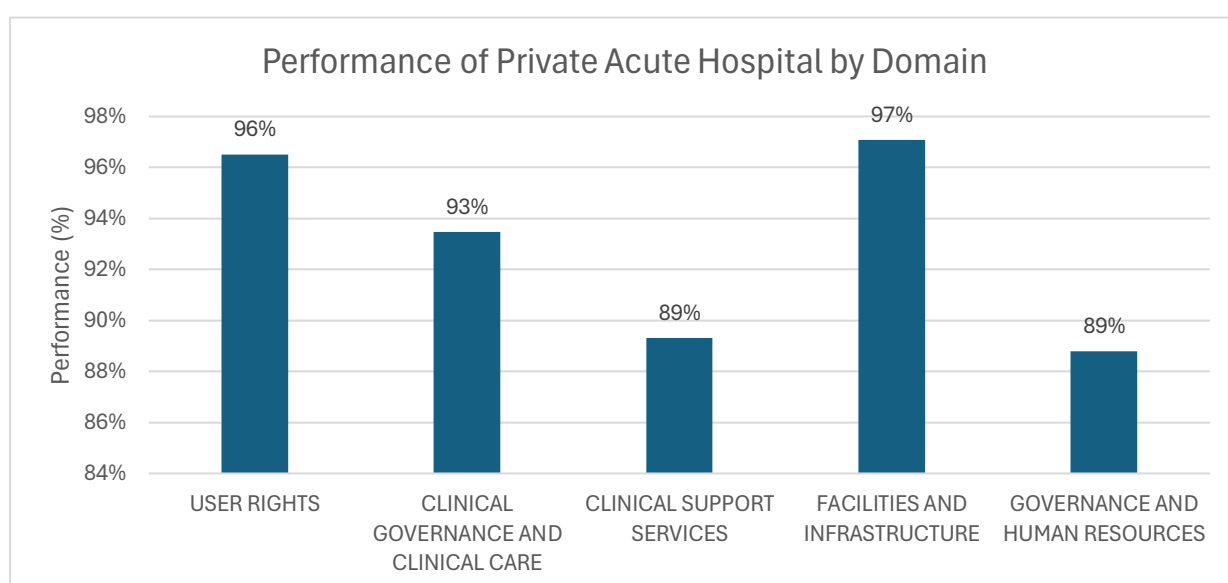


Figure 3: Private Health Establishment Performance by Domains (Chapters)

6.2. Overall performance of measures according to standards and criteria by Domain for public health establishments (Below 60% scores)

This section depicts the overall performance of measures according to standards and criteria. Tables 12-15 below focus on the overall performance of measures according to standards and criteria that specifically scored below 60% in the province. The criterion highlighted in red in this section requires specific attention to ensure that users of health care services are provided with safe care, as some relate to infection prevention and control and adhere to a planned schedule for maintaining medical equipment and systems relating to risk management.

Table 12: Domain: User Rights

Standard Name	Criteria Name	Performance (%)
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	The health establishment must adhere to clinical guidelines on stabilizing users presenting in an emergency before referring them to another health establishment.	44%

Table 13: Domain: Clinical Governance and Clinical Care

Standard Name	Criteria Name	Performance (%)
(b) A health establishment must establish and maintain systems structures and programmes to manage clinical risk.	Where sterilisation services are outsourced the service level agreement must be managed effectively.	38%

Table 14: Domain: Clinical Support Services

Standard Name	Criteria Name	Performance (%)
Hospitals and CHCs must ensure that users have access to blood and blood products when required.	The health establishment must ensure that adverse blood reactions are reported to a committee in the health establishment that monitor adverse incidents.	24%

Domain: Facilities and Infrastructure

It is worth noting that there were no standards and criteria that scored below 60% in this domain.

Table 15: Domain: Governance and Human Resources

Standard Name	Criteria Name	Performance (%)
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	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.	58%

The health establishment must have a functional governance structure with written Terms of Reference.	The health establishment has a functional governance structure.	24%
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6.3. Overall performance of Functional Area for public health establishments (Below 60% scores)

This section depicts the overall performance of functional areas of different categories of care, as illustrated in Figures 4-7 below. Functional areas such as Isolation Ward, Occupational Health and Safety, Occupational Therapy and Cleaning Services scored lowest in district hospitals. Unavailability of functional cleaning equipment and materials may lead to the poor state of cleanliness in hospitals where infection control will be compromised.

6.3.1. Clinics functional area performance

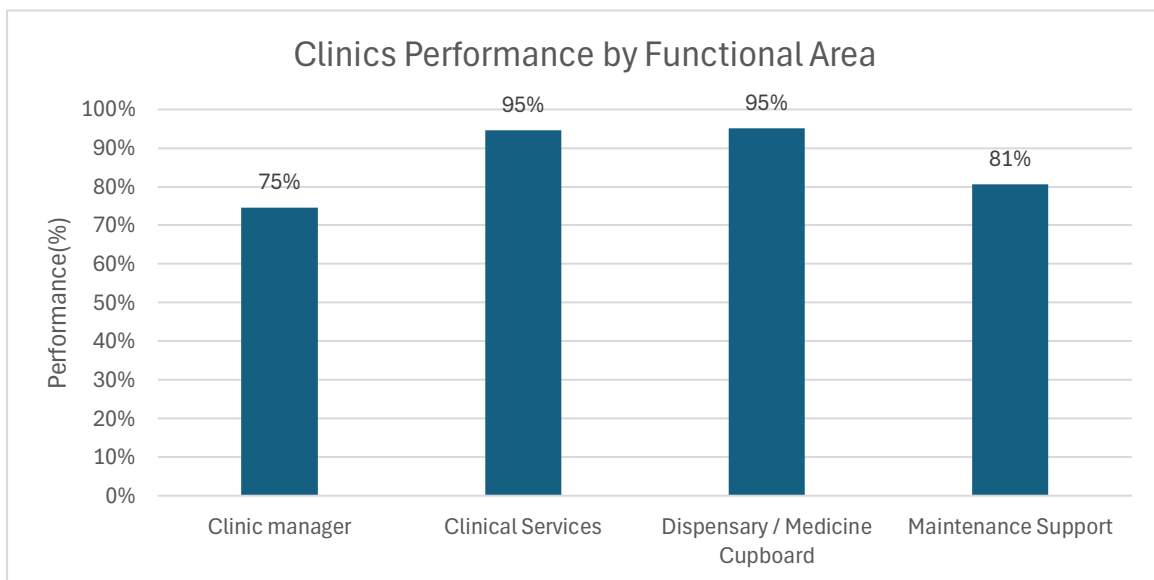


Figure 4: Clinics Average Performance per Functional Area

6.3.2. Community Health Centres functional area performance

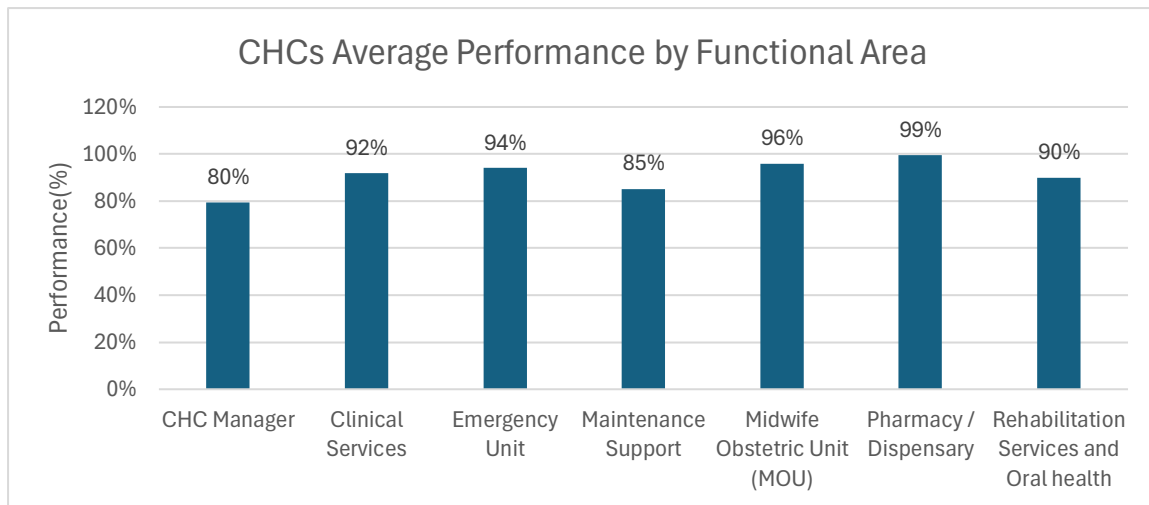


Figure 5: CHC Average Performance per Functional Area

6.3.3. District Hospitals functional area performance

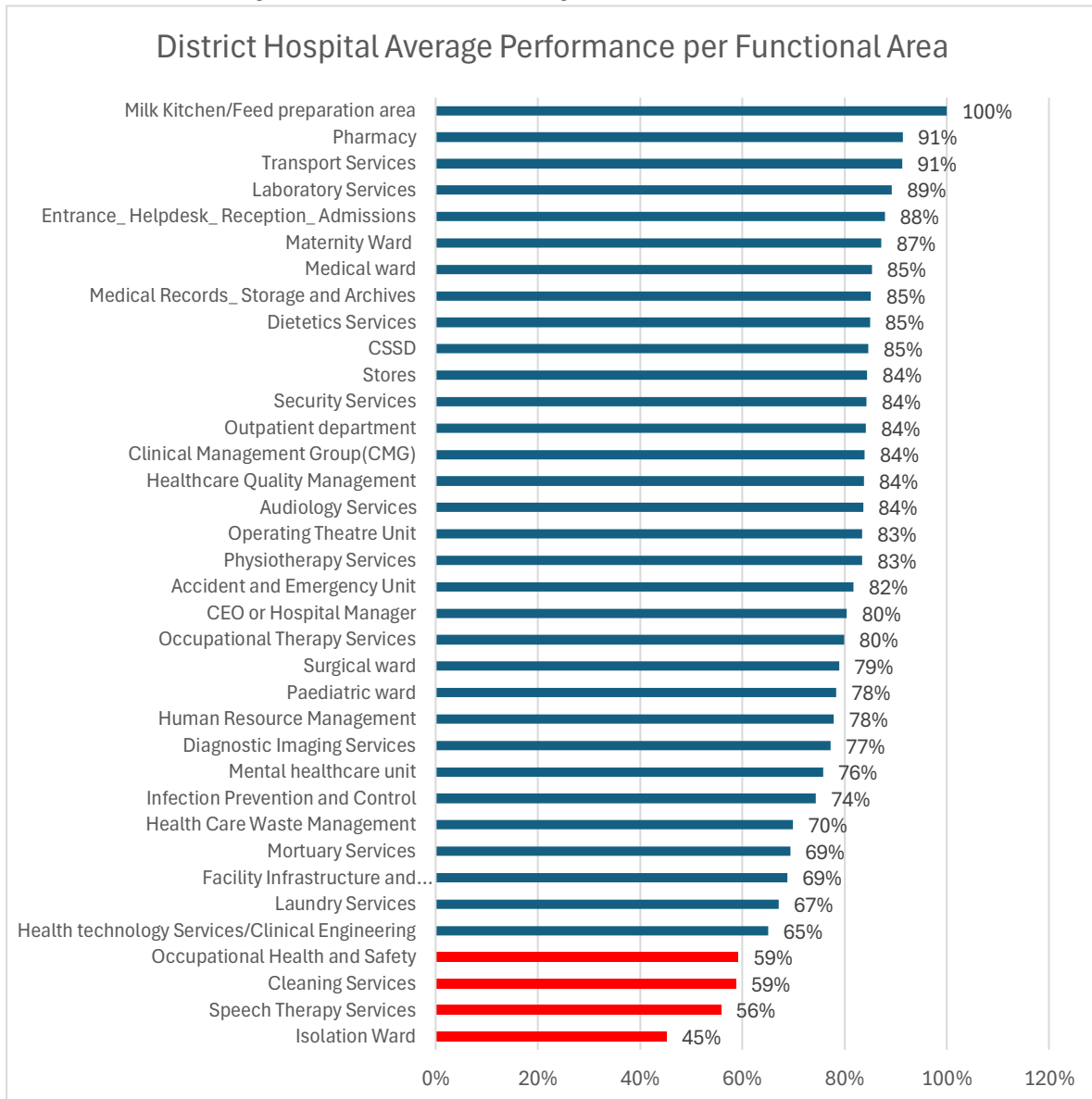


Figure 6: District Hospitals Average Performance per Functional Area

6.3.4. Private Acute Hospitals

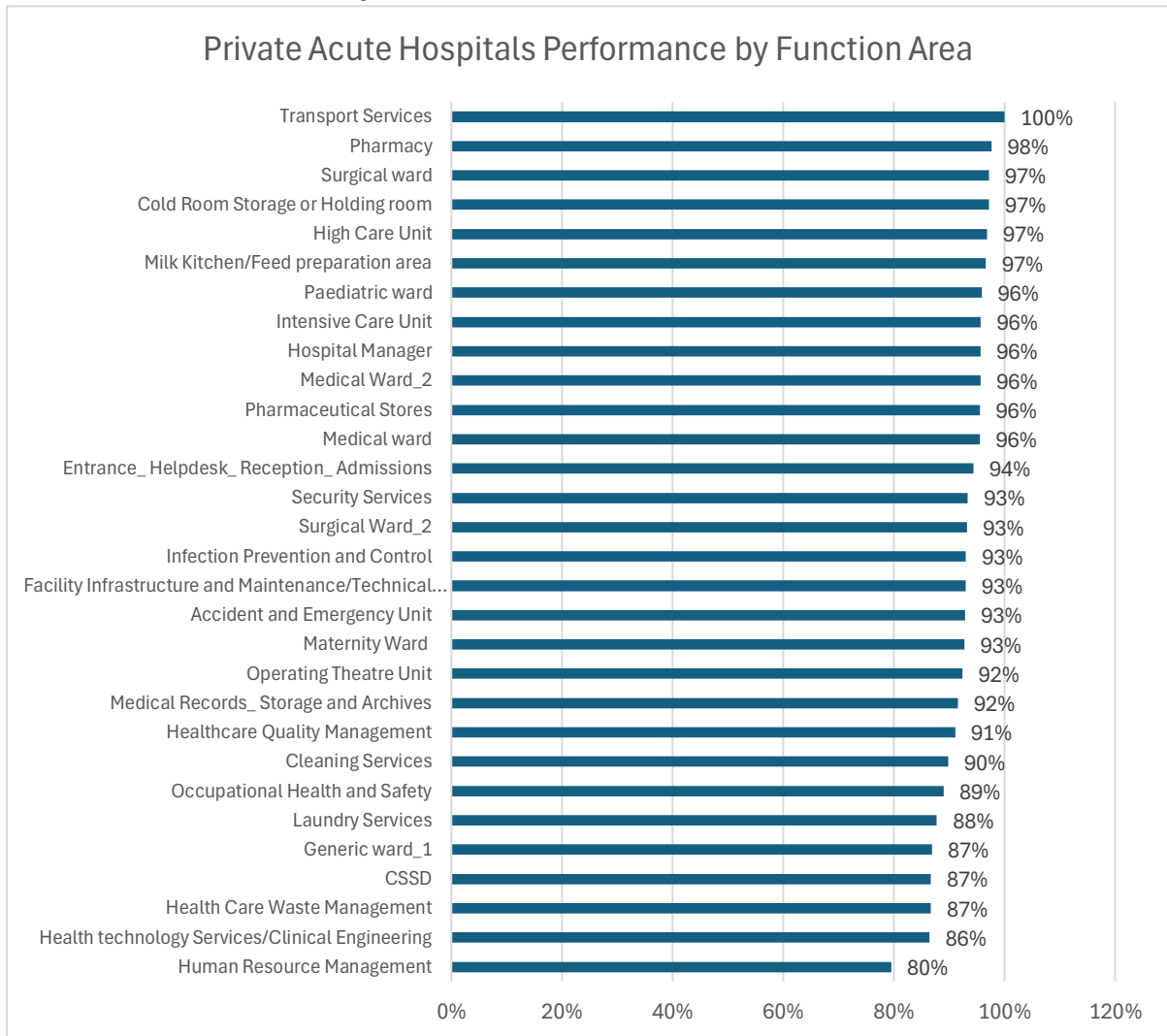


Figure 7: Private Acute Hospitals Average Performance per Functional Area

7. RE-INSPECTIONS

7.1 Number of re-inspected public health establishments by district, category, and compliance rate

Table 12 below shows re-inspected health establishments across districts. All re-inspected health establishments were compliant. The overall compliance rate is 100%. Of note is that there were no CHCs that had been re-inspected during the period under review.

Table 12: Compliance rate of re-inspected HEs across districts inspected in FY 2023/24

District	Clinic	District Hospitals	Regional Hospitals	Private-Acute Hospitals	Total Inspected per District
Amajuba District Municipality		1	1		2
Harry Gwala District Municipality		2			2
King Cetshwayo District Municipality	7	4			11
Ugu District Municipality		1			1
uMgungundlovu District Municipality	1		1		2
Umkhanyakude District Municipality	2				2
Umzinyathi District Municipality		1			1
Uthukela District Municipality		1			1
Zululand District Municipality	3	4			7
Private				1	1
KZN Re-Inspections Total	13	14	2	1	30

7.2 Gradings of re-inspected public health establishments by districts and category

Figure 8 below shows that none of the re-inspected HEs achieved an Unsatisfactory grading across all categories.

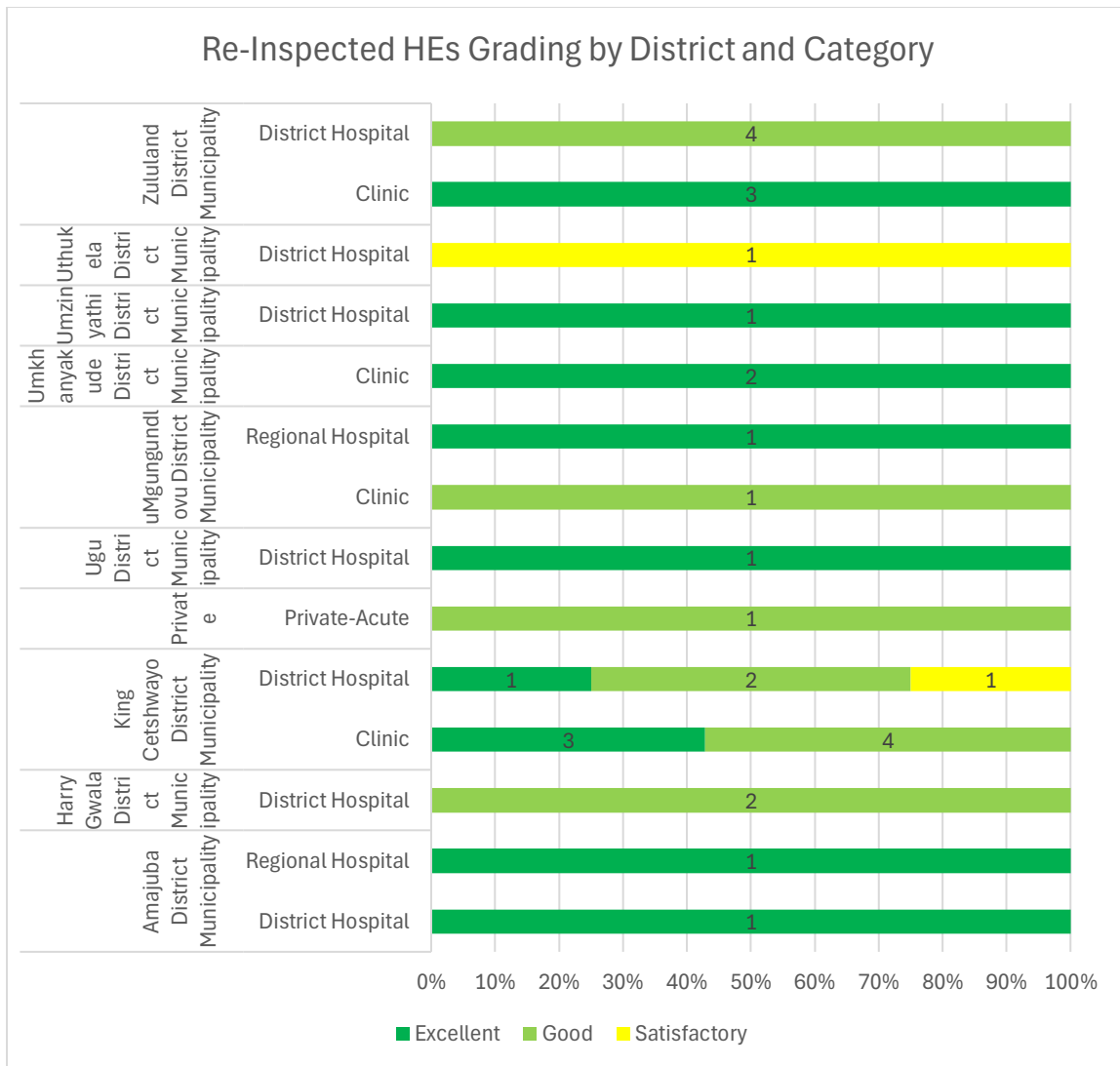


Figure 8: Re-inspected HEs grading bt district and category

7.3 Performance on Non-Negotiable Measures for re-inspected Public and Private Health Establishments

This section covers the performance of re-inspected HEs on non-negotiable measures. Tables 13-10 below cover the performance of different levels of care on Non-Negotiable Measures (NNMs). All the re-inspected HEs have achieved the 100% threshold requirement on the NNMs which resulted in a compliant status for all. Failure to comply with these measures which have been identified as non-negotiable, is highly likely to result in severe, irreversible harm or death to healthcare users. Health establishments must comply with all these measures to be eligible for certification. Overall NNM Compliance rate for both re-inspected public and private HEs = 100 %

Table 13: Overall Non-Negotiable Measures (NNMs) compliance rate per category

HE Category	Number of Inspected HEs	NNM Compliant	NNM non-compliant	Proportion (NNM 100 % Compliant)
Clinic	13	13	0	100%
District Hospital	14	14	0	100%
Regional Hospital	2	2	0	100%
Private-Acute Hospital	1	1	0	100%

7.3.1. Re-inspected Clinic Performance on Non-Negotiable Measures

Table 14: Performance of Re-inspected Clinics on Non-Negotiable Measures

Measure Name	Applicable Measures	Sum of Score	Compliance (%)
An oxygen cylinder with pressure gauge is available.	13	13	100%
CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	13	13	100%
The oxygen available in the cylinder is above the minimum level.	13	13	100%

7.3.2. Re-inspected District Hospital Performance on Non-Negotiable Measures

All the non-negotiable measures of the 14 re-inspected district hospitals achieved a 100% required threshold.

Table 15: Performance of Re-inspected District Hospitals on Non-Negotiable Measures

Measure Name	Applicable Measures	Sum of Score	Compliance (%)
A functional system is in place to supply piped medical gas to clinical areas.	14	14	100%
A system to monitor oxygen levels in the bulk oxygen plant is in place.	2	2	100%
Emergency power supply is available and supplying power to unit (in the event of power disruption).	38	38	100%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.	40	40	100%
The oxygen available in the cylinder is above the minimum level with pressure gauge.	33	33	100%
Emergency trolley is stocked with medicines and equipment.	105	105	100%
Health care providers correctly complete forms used for informed consent.	67	67	100%
The unit has a functional system to supply piped oxygen to clinical areas.	108	108	100%
Medical supplies and equipment for resuscitation are available.	1	1	100%

7.3.3. Re-inspected Regional Hospital Performance on Non-Negotiable Measures

All the non-negotiable measures of the two re-inspected regional hospitals achieved a 100% required threshold.

Table: 16 Performance of Re-inspected Regional Hospitals on Non-Negotiable Measures

Measure Name	Applicable Measures	Sum of Score	Compliance (%)
A functional system is in place to supply piped medical gas to clinical areas.	2	2	100%
A system to monitor oxygen levels in the bulk oxygen plant is in place.	1	1	100%
Emergency power supply is available and supplying power to unit (in the event of power disruption).	18	18	100%
The oxygen available in the cylinder is above the minimum level with pressure gauge.	6	6	100%
Emergency trolley is stocked with medicines and equipment.	22	22	100%
Health care providers correctly complete forms used for informed consent.	14	14	100%
Medical supplies and equipment for resuscitation are available.	1	1	100%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.	4	4	100%
The unit has a functional system to supply piped oxygen to clinical areas.	18	18	100%

7.3.4. Re-inspected Private Acute Hospital Performance on Non-Negotiable Measures

All the non-negotiable measures of the one re-inspected private acute hospital achieved a 100% required threshold.

Table 17: Performance of Re-inspected Private Acute Hospitals on Non-Negotiable Measures

Measure Name	Applicable Measures	Sum of Score	Compliance (%)
The oxygen available in the cylinder is above the minimum level with pressure gauge.	14	14	100.00%
Emergency power supply is available.	1	1	100.00%
Emergency trolley is stocked with medicines and equipment.	7	7	100.00%
The unit has a functional system to supply piped oxygen to the clinical areas.	8	8	100.00%

Re-inspection summary

There were 30 HEs re-inspected in KZN, with all facilities attaining a compliant status and were recommended for certification. There were no CHCs that were re-inspected in the province during the financial year under review. The analysis shows that when systems and processes are put in place, HEs can be able to meet the set threshold requirements for compliance to deliver safe and quality healthcare services to the users.

8. DISCUSSION

Routine inspections were conducted in 145 health establishments in both the public and private sectors. The majority (118) of the inspected HEs were clinics. It was noted that all the clinics and CHCs (7) that were inspected in Kwazulu-Natal province have achieved a compliant status and recommended certification. Non-compliance was noted in one of the three district hospitals as well as two of the seventeen private acute hospitals inspected respectively. Governance and Human Resources was the lowest performing domain.

All the 30 re-inspected HEs in the province achieved a compliant status which could be attributed to the management team at various levels, having better understanding of the compliance requirements and putting systems in place to ensure 100% achievement.

9. LIMITATIONS

Despite the OHSC's efforts to standardize assessment tools for public and private healthcare facilities, there were variations in the availability of services such as emergency units and rehabilitation services in CHCs and shared emergency trollies in district hospitals, which created challenges in comparing findings. There were differences in how services such as transport were managed in clinics, which followed either a decentralized or centralized approach. The differences in the operational requirements of vehicle management protocols at the PHC level further contributed to these inconsistencies which also complicated direct comparisons among the inspected health establishments. To enhance assessment accuracy, the OHSC should refine its tool structure to focus on specific quality elements across all five chapters rather than limiting evaluations to emergency preparedness alone.

10. RECOMMENDATIONS

With an overall compliance rate of 98% during the period under review, the province is encouraged to maintain the status for the duration of certification and work towards achieving 100% compliance rate as well as sharing best practices with HEs and districts that were not inspected and those that are eligible for re-inspections.

HEALTH ESTABLISHMENT MANAGEMENT	DISTRICT MANAGEMENT	PROVINCE MANAGEMENT
<ul style="list-style-type: none"> • Report and Monitor Adverse Blood Reactions: Establish a committee responsible for monitoring and reporting all adverse blood reactions to ensure continuous improvement in safety. • Monitor Implementation of Comprehensive Human Resource Plan: Develop a human resource plan that aligns with the specific size and needs of the health establishment, ensuring sufficient staffing levels to meet operational demands. 	<ul style="list-style-type: none"> • Monitor Implementation of Comprehensive Human Resource Plan: Develop a human resource plan that aligns with the specific size and needs of the health establishment, ensuring sufficient staffing levels to meet operational demands. 	<ul style="list-style-type: none"> • Monitor Implementation of Comprehensive Human Resource Plan: Develop a human resource plan that aligns with the specific size and needs of the health establishment, ensuring sufficient staffing levels to meet operational demands. • Establish Governance Structures with Defined Terms of Reference: The MEC of Health should appoint a governance structure for hospitals and clinics within the province, ensuring that members are inducted and trained as per their responsibilities.



Limpopo

1. DISTRIBUTION OF HEALTH ESTABLISHMENTS IN THE PROVINCE

1.1 Total number of health establishments per category by province

Table 1 and 2 below shows the total number of public sector health establishments (clinics, CHCs, district and regional hospitals) and private sector health establishments (private acute hospitals) in the province that can be sampled and inspected with the applicable OHSC regulatory inspection tools.

Table 1: Total number of public health establishments per category by district

District	HE Classification				Total per district
	Clinic	Community Health Centre	District Hospital	Regional Hospital	
Capricorn District	97	4	6		107
Mopani District	97	11	6	1	115
Sekhukhune District	86	2	5	2	95
Vhembe District	116	6	7	1	130
Waterberg District	63	3	7	1	74
Total per category	459	26	31	5	521

Table 2: Total number of private acute hospitals by hospital group

Hospital Group	Number of Acute Hospital
Clinix	0
Life	0
Mediclinic	4
National Hospital Network	2
Netcare	1
Total	

2. OVERVIEW OF INSPECTIONS CONDUCTED AND COMPLIANT OVER TIME IN PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS

The decision regarding the number of inspections conducted during any financial year is determined by the available human and financial resources, the availability of relevant inspection tools, and the incremental strategy and approach to quality standards regulations. The number of actual inspections conducted during the 2019/20, 2020/21, 2021/22 and 2022/23 and 2023/24 financial years are depicted in Table 3 below.

Table 3: Cumulative Number of Inspected Public and Private health establishments by Category, (FY 2019/20 – FY2023/24)

Facility Type	FY2019/20			FY2020/21			FY2021/22			FY2022/23			FY2023/24			Cumulative Number of HEs (FY 2019/20 - FY 2023/24)		
	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)
Clinics	73	0	0%	53	1	2%	55	2	4%	100	4	4%	79	57	72%	360	64	18%
CHCs							8	0	0%	4	0	0%	8	5	63%	20	5	25%
District Hospitals							2	0	0%	7	0	0%	6	2	33%	15	2	13%
Regional Hospitals							1	0	0%	1	0	0%			-	2	0	0%
Private Acute Hospitals										2	2	100%	2	1	50%	4	3	75%
Total	73	0	0%	53	1	2%	66	2	3%	114	6	5%	95	65	68%	401	74	18%

While the overall cumulative compliance rate is 18% (74/401) for all health establishments, there is a drastic improvement in the compliance rate in all the categories of health establishments inspected. The district hospitals achieved the lowest performance of 33% (2/6), followed by private acute hospital at 50% (1/2) and community health centre achieved 63% (5/8) for the same FY 2023/24. A 72% (57/79) compliance rate was observed in the clinics. It should be noted that inspection of private acute hospital commenced in FY 2022/23.

3. DISTRIBUTION OF INSPECTED PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS IN F/Y 2023/24

Table 4: Distribution of Inspected Public HEs per category by District and Private HEs per category, F/Y 2023/24

District	Clinics	CHC	District Hospitals	Private Acute Hospitals	Total per District
Capricorn	26	2	2		30
Vhembe	27	4			31
Waterberg	26	2	4		32
Private				02	1
LP Total per Category	79	8	6	2	95

3.1 Provincial Compliance Status for Inspected Public & Private Health Establishments for FY 2023/24

A total of 94 health establishments were inspected in Limpopo during the 2023/24 inspection cycle. Figure 1 below shows the number of inspected public and private health establishment by category and compliance status.

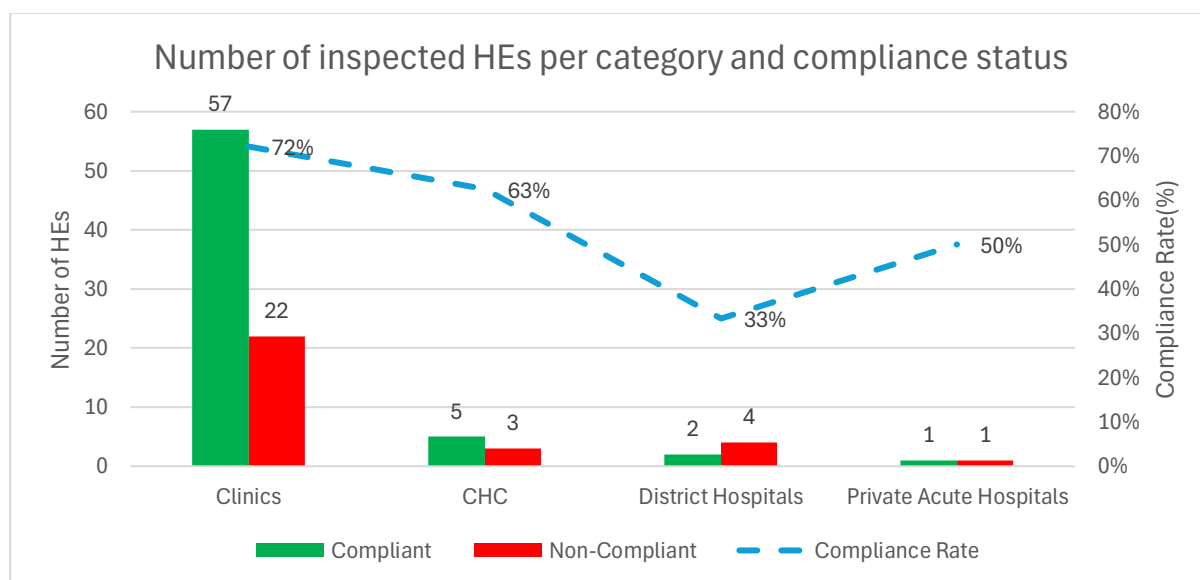


Figure 1: Number of Inspected HEs by Category and Compliance Status

3.2 Compliance Status of Inspected Public & Private HEs per District and Category

Table 5 below shows the total number of inspected health establishments per district, category, and compliance performance. Of concern, a poor compliance rate was observed in the four inspected district hospitals of Waterberg District while the Vhembe district compliance rate was the lowest in Clinics compared to the other inspected district.

Table 5: Compliance status of inspected Public HEs per District and category and Private HEs per category for FY 2023/24

District	Clinics	CHC	District Hospitals	Private Acute Hospitals
Capricorn	100%	100%	50%	-
Vhembe	48%	50%	-	-
Waterberg	69%	50%	25%	-
Private	-	-	-	50%
LP Average	72%	63%	33%	50%

4. OVERALL GRADINGS FOR INSPECTED PUBLIC & PRIVATE HEALTH ESTABLISHMENTS

4.1. Overall Grading for Inspected Public & Private Health Establishments per District and Category for FY 2023/24

The overall gradings of inspected health establishments according to their categories are displayed in Figure 2 below. The clinics had the highest number (8) of health establishments graded Unsatisfactory in Waterberg district (4) and Vhembe (4), while the district hospitals categories had none graded Unsatisfactory.

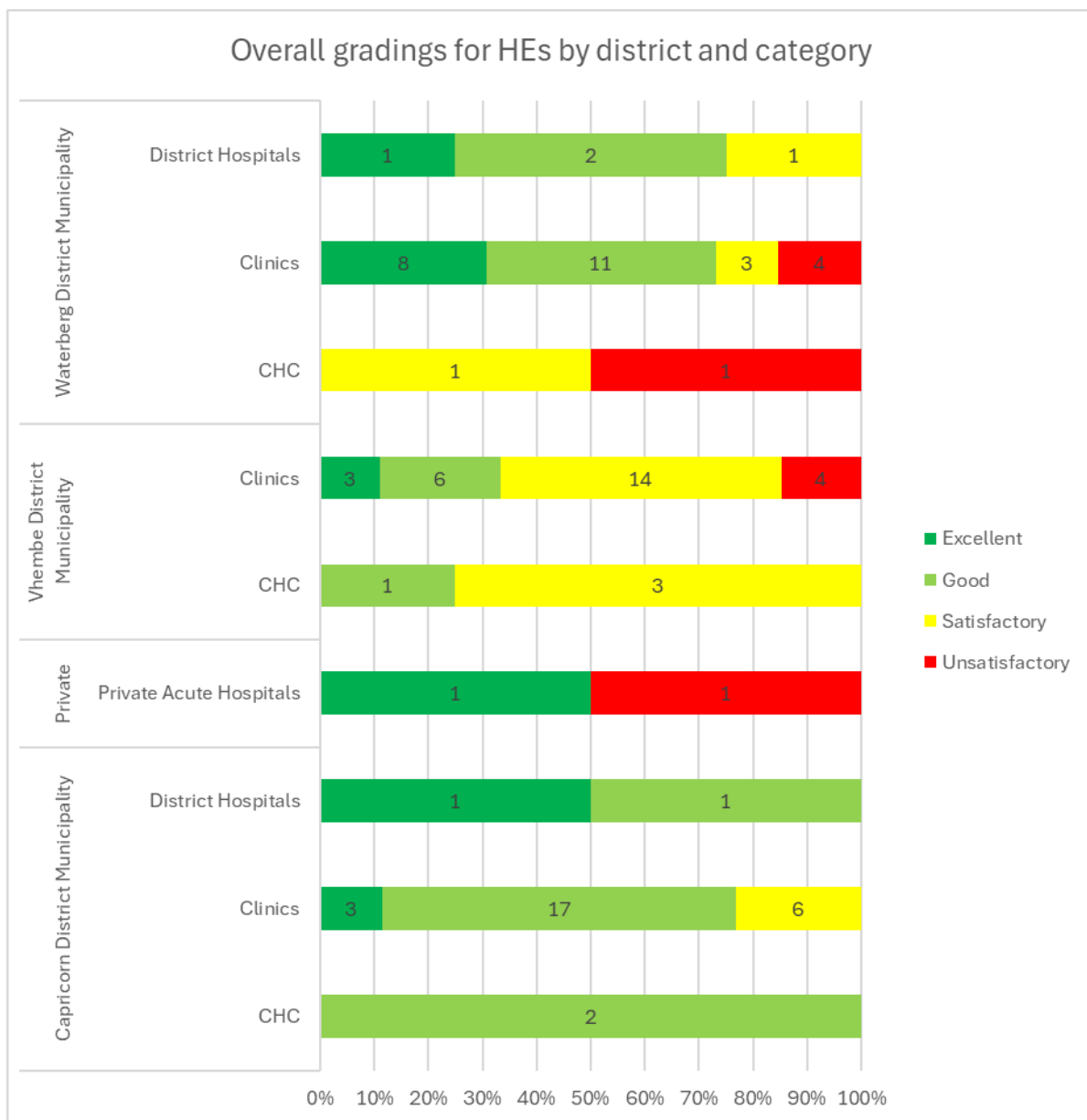


Figure 2: Provincial overall grading of inspected HE by district and category

5. PERFORMANCE OF NON-NEGOTIABLE MEASURES FOR INSPECTED PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS PER CATEGORY.

To achieve a compliance status, health establishments are required to comply with all the Non-negotiable Measures (NNMs), and achieve a grading category of Excellent, Good, or Satisfactory. Health establishments that obtain less than 100% for NNMs irrespective of grading outcome, or those that achieve a grading outcome of Unsatisfactory are automatically non-compliant. Failure to comply with these measures that have been identified as non-negotiable has the greatest likelihood of severe harm or death of the users during emergency care.

Table 5: Overall Non-Negotiable Measures (NNMs) compliance rate per category

HE Category	Number of Inspected HEs	NNM Compliant	NNM non-compliant	Proportion (NNM 100 % Compliant)
Clinics	79	57	22	72%
CHC	8	5	3	63%
District Hospitals	6	2	4	33%
Private Acute Hospitals	2	2	0	100%

5.1. Clinics' Performance on Non-Negotiable Measures

Table 6-9 below covers the performance of different levels of care on non-negotiable measures (NNM). It is important to note that the commonly non-compliant aspects of NNM is the emergency trolley stocked with medicines and equipment across all four levels of care in both public and private sector.

Table 6: Clinic performance according to the three NNMs.

Measure Name	Applicable Measures	Sum of Score	Compliance Rate (%)
An oxygen cylinder with pressure gauge is available.	81	81	100%
CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	81	58	72%
The oxygen available in the cylinder is above the minimum level.	81	79	98%

5.2. Community Health Centres'(CHCs) Performance on Non-Negotiable Measures

Table 7: CHC performance according to the NNMs (Clinical Services, Emergency Unit and Midwife Obstetric Unit)

Functional Area Name	Measure Name	Applicable Measures	Sum of Scores	Performance (%)	Frequently missing items
Clinical Services	An oxygen cylinder with pressure gauge is available.	3	3	100%	
	CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	1	0	0%	Blades for laryngoscope, Endotracheal, Oropharyngeal, pharyngeal, and feeding tubes, Adult-size introducer, and AED/Defibrillator
	The oxygen available in the cylinder is above the minimum level.	3	3	100%	
Functional Area Name	Measure Name	Applicable Measures	Sum of Scores	Performance (%)	
Emergency Unit	An oxygen cylinder with pressure gauge is available in the resuscitation or emergency room.	2	2	100%	
	CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicines, medical supplies, and equipment.	2	1	50%	Blades for laryngoscope, Endotracheal, Oropharyngeal, pharyngeal, and feeding tubes, Adult-size introducer, and AED/Defibrillator
	The oxygen available in the cylinder is above the minimum level.	2	2	100%	
Functional Area Name	Measure Name	Applicable Measures	Sum of Scores	Performance (%)	

Midwife Obstetric Unit (MOU)	An oxygen cylinder with pressure gauge is available.	2	2	100%	
	CHECKLIST: The emergency trolley is stocked with the medicines, medical supplies, and equipment.	2	1	50%	Blades for laryngoscope, Endotracheal, Oropharyngeal, pharyngeal, and feeding tubes, Adult-size introducer, and AED/Defibrillator and Pulse oximeter
	The oxygen available in the cylinder is above the minimum level.	2	2	100%	

5.3. District Hospitals' Performance on Non-Negotiable Measures

NNM	Applicable measures	Sum of Scores	Compliant Rate	Frequently missing items
A functional system is in place to supply piped medical gas to clinical areas.	12	12	100.00%	
A system to monitor oxygen levels in the bulk oxygen plant is in place.	2	2	100.00%	
Emergency power supply is available and supplying power to unit (in the event of power disruption).	31	31	100.00%	
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.	44	44	100.00%	
Emergency trolley is stocked with medicines and equipment.	87	83	95.40%	Endotracheal tubes, Oropharyngeal & Pharyngeal airways, feeding tubes, Blades

				for laryngoscope, AED/Defibrillator, AED pads, Pulse Oximeter and
Health care providers correctly complete forms used for informed consent.	59	59	100.00%	
Medical supplies and equipment for resuscitation are available.	1	1	100.00%	
The unit has a functional system to supply piped oxygen to clinical areas.	86	86	100.00%	
The oxygen available in the cylinder is above the minimum level with pressure gauge.	29	29	100.00%	

Table 8: District Hospital performance according to the NNMs

5.4. Private Acute Hospitals' Performance on Non-Negotiable Measures

Measure Name	Applicable Measures	Sum of Scores	Compliance Rate	Frequently Missing Items
Emergency power supply is available.	2	2	100.00%	
Emergency trolley is stocked with medicines and equipment.	12	12	100.00%	
The oxygen available in the cylinder is above the minimum level with pressure gauge.	4	4	100.00%	
The unit has a functional system to supply piped oxygen to the clinical areas.	10	10	100.00%	

Table 9: Private Acute Hospitals performance according to the NNMs

6. PERFORMANCE OF DOMAIN (CHAPTERS) AND STANDARDS FOR PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS

6.1. Overall Performance of Public and Private health establishment by Domains (Chapters)

Table 10 and figure 03 below show performance of public and private health establishments against domains(chapters) across districts. Governance and Human Resources was the least performing domain whereas the other four domains achieved scores of 70% and above.

It should be noted that this poor performing domain involves governance at the health establishment relating to both leadership and management. Human resources refer to the availability and management of staff according to the staffing needs. In private acute hospitals clinical governance and clinical care was the least performing domain while the user rights were the best performing domain at 86%.

Table 10: Public Health Establishment Performance by Domains (Chapters)

District	USER RIGHTS	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES
Capricorn	88%	83%	83%	79%	65%
Vhembe	66%	71%	83%	62%	45%
Waterberg	80%	74%	79%	72%	52%
LP Average	78%	76%	82%	72%	54%

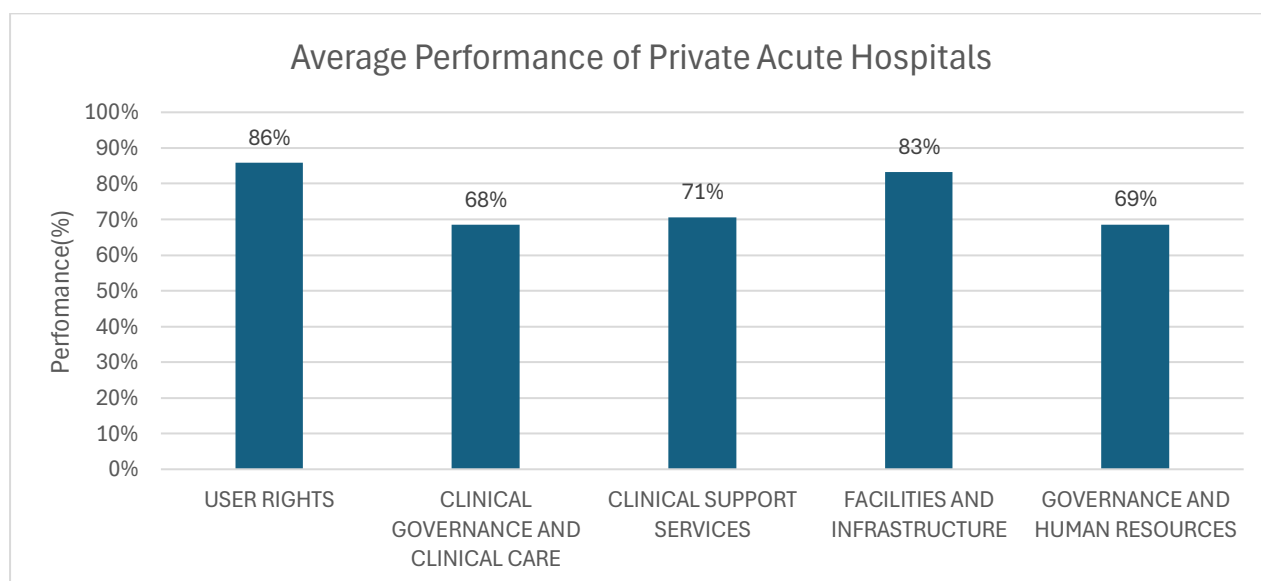


Figure 3: Private Health Establishment Performance by Domains (Chapters)

6.2. Overall performance of measures according to standards and criteria by Domain for public health establishments (Below 60% scores)

The province's performance of measures according to standards and criteria was at 72%. The below section focuses on the overall performance of measures according to standards and criteria that specifically scored below 60% in the province.

Table 11: Domain: User Rights

Standard Name	Criteria Name	Performance (%)
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	The health establishment must adhere to clinical guidelines on stabilizing users presenting in an emergency before referring them to another health establishment.	20%

Table 12: Domain: Clinical Governance and Clinical Care

Standard Name	Criteria Name	Performance (%)
(b) A health establishment must establish and maintain systems structures and programmes to manage clinical risk.	Appropriate cleaning materials and equipment must be available and safely stored.	50%
	Formal processes are in place to manage clinical risk.	33%
	Infection prevention and control management must be led by trained and experienced health care personnel.	57%
	Medical equipment management systems must be in place to minimise the risk of patient safety incidents related to medical equipment.	57%
	The health establishment must adhere to a planned schedule for maintaining equipment.	28%
	The health establishment must have a functional quality management system	56%

	The health establishment must implement an effective waste management procedure within the health establishment and buildings and grounds.	59%
	The infection prevention and control management structure must identify and manage risk in relation to health care-associated infections.	59%
	The management of complaints must deliver improvements in the quality of services provided to users.	47%
	The physical environment in the operating theatre department must comply with user safety requirements.	42%
	The success of sterilisation procedures must be monitored.	6%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	Healthcare personnel must be informed about standard operating procedure and guidelines.	60%
	The health establishment monitors indicators of clinical risk and implements actions to mitigate risk when necessary.	59%
	The health establishment must establish and maintain systems structures and programmes to manage clinical risks.	50%
The health establishment must have a formal process to be followed when obtaining informed consent from the user.	The health establishment must ensure that confidential information or user-identifiable data is not divulged without prior consent as per legislation.	50%

Table 13: Domain: Clinical Support Services

Standard Name	Criteria Name	Performance (%)
Health establishments must ensure that the medical equipment is available and functional in compliance with the law.	The health establishment must ensure that equipment is licensed where required from the relevant licensing body.	17%

Hospitals and CHCs must ensure that users have access to blood and blood products when required.	The health establishment must ensure that adverse blood reactions are reported to a committee in the health establishment that monitor adverse incidents.	10%
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Table 14: Domain: Facilities and Infrastructure

Standard Name	Criteria Name	Performance (%)
The health establishment and their grounds must meet the requirements of the building regulations.	The health establishment must as appropriate for the type of buildings and grounds of the establishment have a maintenance plan for buildings and the grounds.	59.9%
	The health establishment must as appropriate for the type of buildings and grounds of the establishment have all the required compliance certificates in terms of the building regulations.	24%
The health establishment must have systems to protect users' health care personnel and property from security threats and risks.	All security incidents must be reported and addressed.	56%
	Internal and external lighting must be adequate to protect user's visitors and personnel.	50%
	The health establishment must have a zero-tolerance approach to violence and abuse towards health care personnel and must take action to support this.	33%

Table 15: Domain: Governance and Human Resources

Standard Name	Criteria Name	Performance (%)
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	A medical surveillance plan for at-risk personnel must be implemented based on a health risk assessment.	6%

	An active Health and Safety Committee ensures a safe working environment	42%
	The disaster management plan must be communicated to personnel and tested annually.	44%
	The health establishment must have a disaster management plan in place which is communicated to health care personnel and tested annually.	57%
	The health establishment must have a disaster management plan in place which is updated annually and in response to personnel turnover.	57%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	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.	25%
The health establishment must have a functional governance structure with written Terms of Reference.	The governance structure must ensure effective management and development of human resources.	42%
	The governance structure must ensure that organisational risks are identified and mitigated.	33%
	The governance structure must ensure that the financial sustainability of the health establishment is assured.	29%
	The governance structure must monitor implementation of the strategic plan.	33%
	The governance structure must monitor the quality of care including user safety.	33%
	The health establishment has a functional governance structure.	29%

6.3. Overall performance of Functional Area for public health establishments

Figure 3 to 6 below show performance of public and private health establishments on various level of care by functional area across province. Maintenance support in Clinics and CHC was the least performing functional area (FAs) with score of below 60%, while pharmacy and clinical services were above 70% on both of level of care. Health technology and CEO/Hospital Manager in district hospital were the least performing with score of least than 50%, while Pharmacy and Laboratory were the best performing FAs with scores of more than 85%. Infection and prevention control and Health quality management FAs in Acute private hospital were the least performing FAs with scores of less than 45%, while the transport and generic ward were the best performing FAs with scores of more than 95%. It should be noted that regional hospitals were not inspected on FY23/24.

6.3.1. Clinics functional area performance

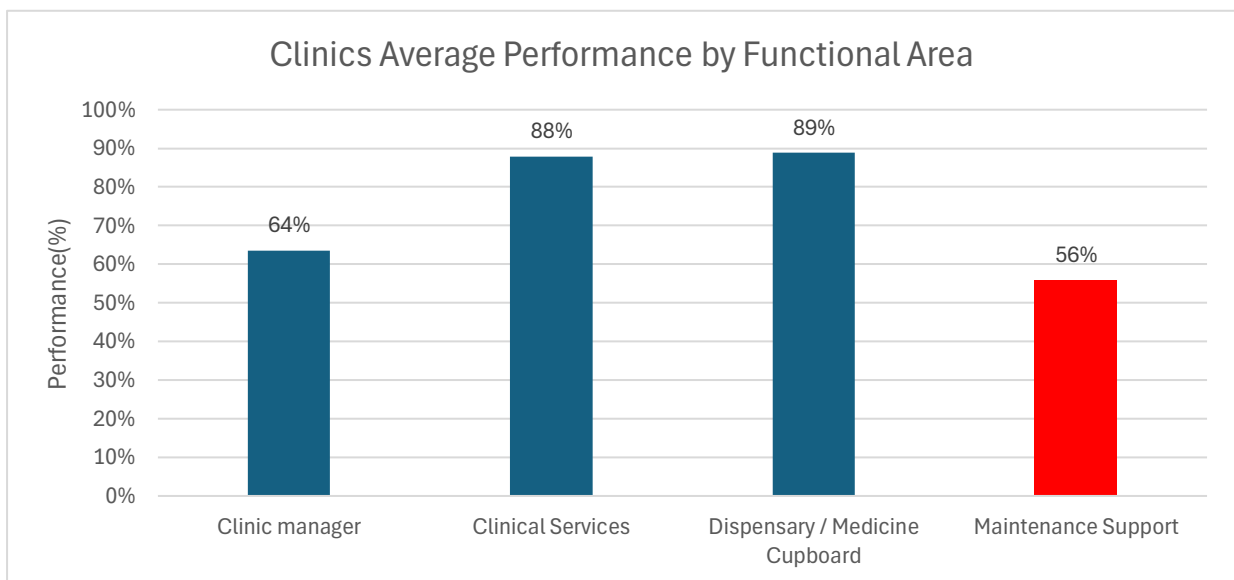


Figure 3: Clinics Average Performance per Functional Area

6.3.2. Community Health Centres functional area performance

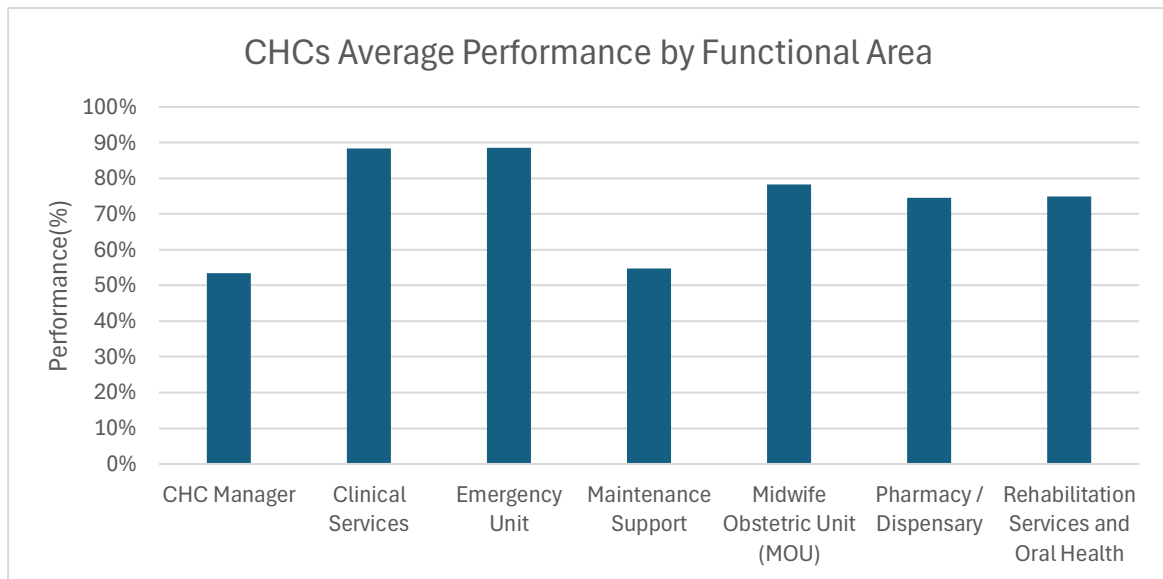


Figure 4: CHC Average Performance per Functional Area

6.3.3. District Hospitals functional area performance

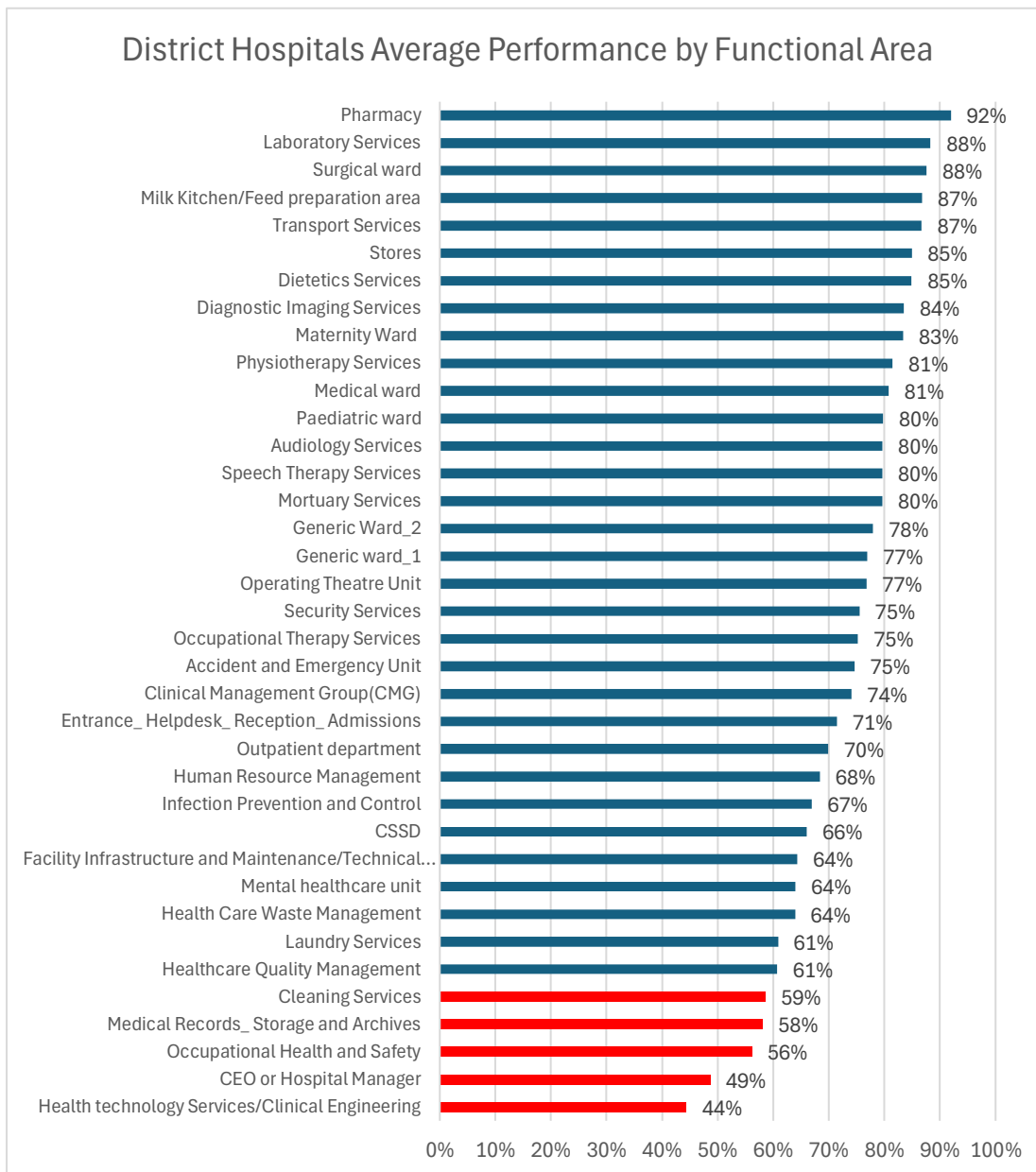


Figure 5: District Hospitals Average Performance per Functional Area

6.3.4. Private Acute Hospitals functional area performance

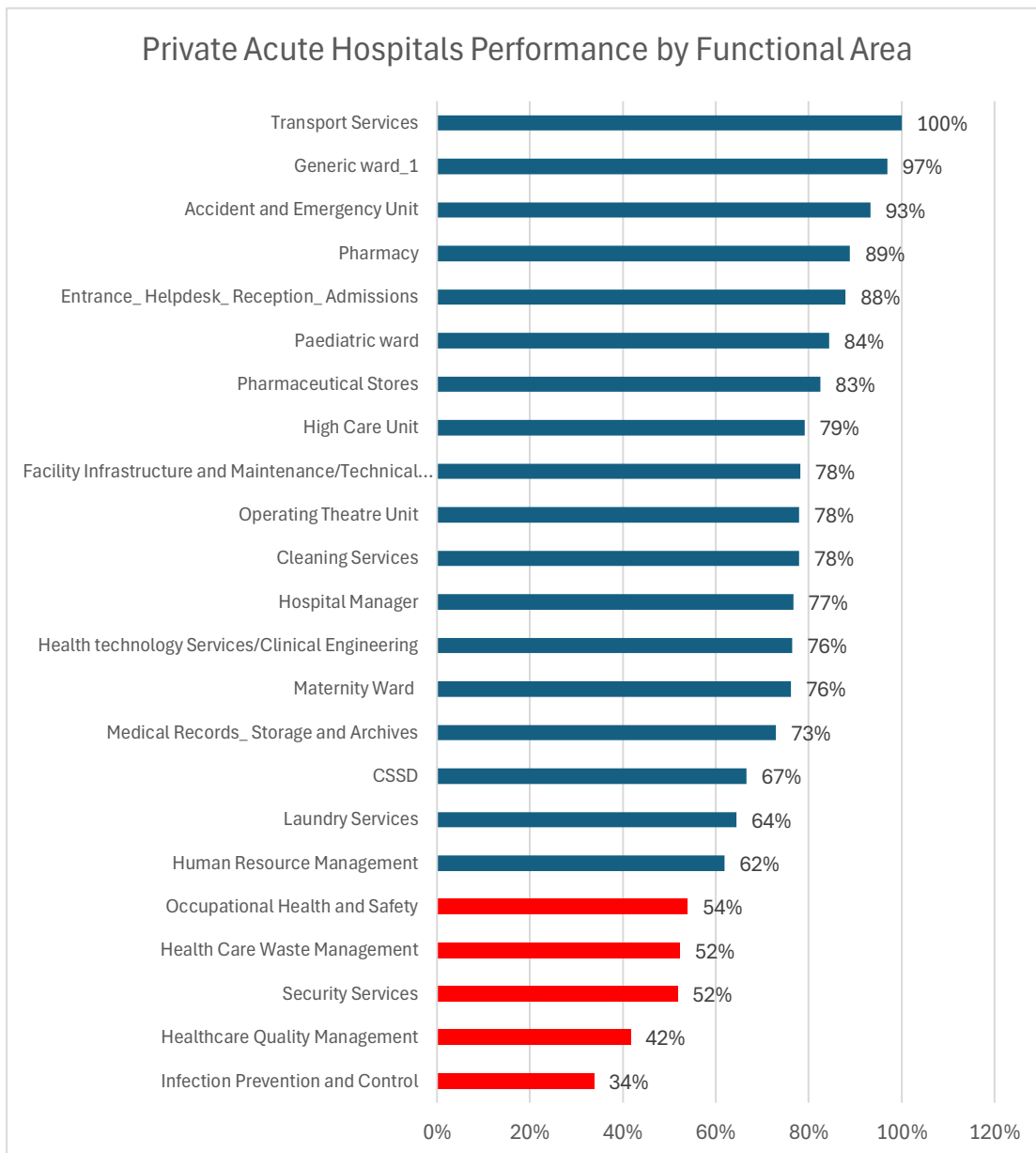


Figure 6: Private Acute Hospitals Average Performance per Functional Area

7. RE-INSPECTIONS

This section highlights the re-inspections of health establishments conducted during the 2023/24 financial year. A total number of 39 health establishments were re-inspected from public sectors. There were no HEs re-inspected for private sectors.

7.1 Number of re-inspected public health establishments by district, category, and compliance rate

Table 16 below shows the compliance rate of re-inspected public health establishments across districts. An overall compliance rate of 79% (31/39) was achieved for re-inspections and eight (8) health establishments which failed to comply with the norms and standards were recommended for enforcement action. The least compliance rate was noted in the Waterberg district at 38% (3/8) while all other districts had a compliance rate above 80%.

Table 16: Compliance rate of re-inspected HEs across districts inspected in FY 2023/24

District	Clinics			Community Health Centres			District Hospitals			Regional Hospitals			Total Inspected per District		
	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)
Capricorn District Municipality	4	4	100%	-	-	-	2	2	100%	-	-	-	6	6	100%
Mopani District Municipality	6	6	100%	1	1	100%	5	4	80%	1	1	100%	13	12	92%
Vhembe District Municipality	8	7	88%	1	0	0%	2	2	100%	1	1	100%	12	10	83%
Waterberg District Municipality	4	0	0%	1	0	0%	3	3	100%	-	-	-	8	3	38%
LP Re-Inspections Total	22	17	77%	3	1	33%	12	11	92%	2	2	100%	39	31	79%

7.2 Gradings of re-inspected public health establishments by districts and category

Figure 7 below depicts the grading ranging from Excellent to Unsatisfactory for all the re-inspected HEs by districts and category (compliant and non-compliant). Notably,

two re-inspected HEs were graded unsatisfactory, while nine HEs were graded Satisfactory and the remaining HEs were graded either Good or Excellent.

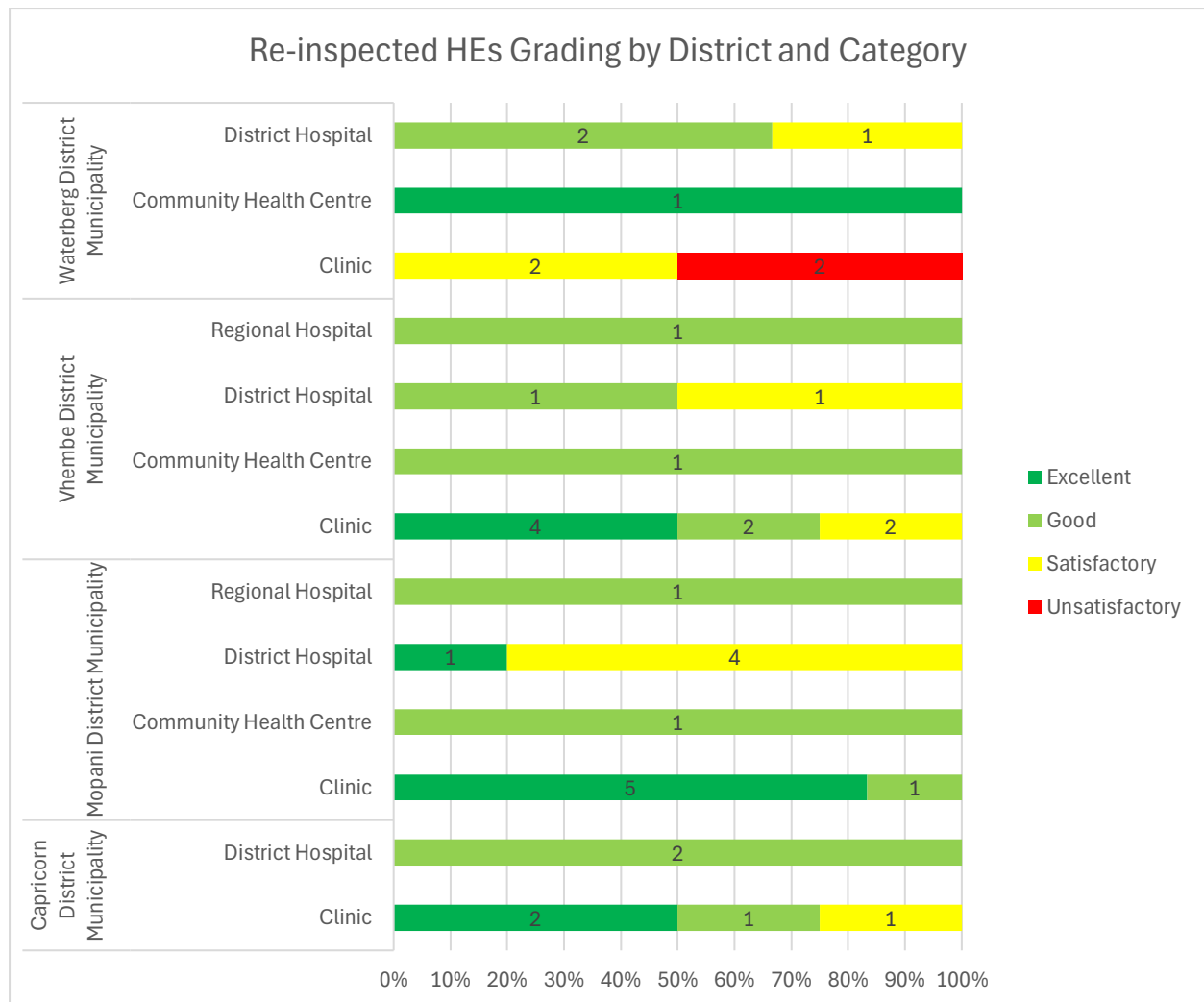


Figure 7: Provincial overall grading of inspected HE by district and category

7.3 Performance on Non-Negotiable Measures for re-inspected Public and Private Health Establishments

The depicted performance of non-negotiable measures signifies the state of readiness of HEs to manage emergency resuscitation. NNMs include measures such as emergency trolley stocked with equipment, medical supplies and medicine, oxygen cylinder with functional gauge and level of oxygen above minimum level. Failure to comply with NNMs results in non-compliance with the norms and standards. NNM overall compliance rate for public HEs is 78%. CHCs were the least performing on NNM with compliance rate of 33% (1/3), while Clinics were 77% (17/22) (30/40) and district hospitals 92% (11/12). Regional hospitals (2/2) achieved a compliance rate of 100% with the NNMs.

Table 17: Overall Non-Negotiable Measures (NNMs) compliance rate per category

HE Category	Number of Inspected HEs	NNM Compliant	NNM non-compliant	Proportion (NNM 100 % Compliant)
Clinic	22	17	5	77%
Community Health Centre	3	1	2	33%
District Hospital	12	11	1	92%
Regional Hospital	2	2	0	100%

7.3.1. Re-inspected Clinic Performance on Non-Negotiable Measures

Failure to comply with NNMs results in non-compliance with the norms and standards. Clinics has three measures on NNMs, which are availability of oxygen gauge with gauge above minimum level which they achieved 100%, while performance was at 77% on fully equipped emergency trolley. The performance of above three measures indicates that non-compliance of re-inspected clinics was related to poor performance on emergency trolley.

Table 18: Performance of Re-inspected Clinics on Non-Negotiable Measures

Measure Name	Applicable Measures	Sum of Scores	Compliance Rate (%)
An oxygen cylinder with pressure gauge is available.	22	22	100%
CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	22	17	77%
The oxygen available in the cylinder is above the minimum level.	22	22	100%

7.3.2. Re-inspected Community Health Centres (CHCs) Performance on Non-Negotiable Measures

Community Day Centre has three measures on NNMs same as clinics, on different clinical functional areas. Only one of three community day centres re-inspected were

compliant with NNMs. The non-compliant ones did not perform well (less than 50%) on emergency trolley.

Table 19: Performance of Re-inspected CHCs on Non-Negotiable Measures

Functional Area Name	Measure Name	Applicable Measures	Sum of Scores	Compliance Rate (%)
Clinical Services	An oxygen cylinder with pressure gauge is available.	3	3	100%
	CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	1	0	0%
	The oxygen available in the cylinder is above the minimum level.	3	3	100%
Functional Area Name	Measure Name	Applicable Measures	Sum of Scores	Compliance Rate (%)
Emergency Unit	An oxygen cylinder with pressure gauge is available in the resuscitation or emergency room.	2	2	100%
	CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicine's medical supplies and equipment.	2	1	50%
	The oxygen available in the cylinder is above the minimum level.	2	2	100%
Functional Area Name	Measure Name	Applicable Measures	Sum of Scores	Compliance Rate (%)
Midwife Obstetric Unit (MOU)	An oxygen cylinder with pressure gauge is available.	2	2	100%
	CHECKLIST: The emergency trolley is stocked with the medicine's medical supplies and equipment.	2	1	50%

	The oxygen available in the cylinder is above the minimum level.	2	2	100%
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7.3.4. Re-inspected District Hospital Performance on Non-Negotiable Measures

The depicted district hospital performance of non-negotiable measures signifies the state of readiness of HEs to manage emergency resuscitation. Failure to comply with NNMs results in non-compliance with the norms and standards. Clinical areas, clinical support areas and maintenance and facility FAs has measures on NNMs. Notably, measures on NNMs of emergency trolley achieved 97% of district hospital re-inspected while other measures were at 100%. Re-inspected district hospitals that did not get 100% on NNM, resulted in non-compliance of HE.

DISTRICT HOSPITALS				
NNM	NC	Compliance	Applicable Measure	Compliant Rate
A functional system is in place to supply piped medical gas to clinical areas.		41	41 ▲	100.00%
A system to monitor oxygen levels in the bulk oxygen plant is in place.		6	6 ▲	100.00%
Emergency power supply is available and supplying power to the unit (in the event of power disruption).		106	106 ▲	100.00%
The oxygen available in the cylinder is above the minimum level with pressure gauge.		97	97 ▲	100.00%
Emergency trolley is stocked with medicines and equipment.	4	306	310 ▼	98.71%
Health care providers correctly complete forms used for informed consent.		203	203 ▲	100.00%
Medical supplies and equipment for resuscitation are available.		4	4 ▲	100.00%
The unit has a functional system to supply piped oxygen to the clinical areas.		305	305 ▲	100.00%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.		124	124 ▲	100.00%

7.3.5. Re-inspected Regional Hospital Performance on Non-Negotiable Measures

The depicted regional hospital performance of non-negotiable measures signifies the state of readiness of HEs to manage emergency resuscitation. All re-inspected regional hospital achieved 100% on NNMs and were compliant with norms and standards.

NNM	Compliant	Applicable Measures	Compliant Rate
A functional system is in place to supply piped medical gas to clinical areas.	11	11	100.00%
A system to monitor oxygen levels in the bulk oxygen plant is in place.	7	7	100.00%
Emergency power supply is available and supplying power to the unit (in the event of power disruption).	116	116	100.00%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.	46	46	100.00%
The oxygen available in the cylinder is above the minimum level with pressure gauge.	42	42	100.00%
Emergency trolley is stocked with medicines and equipment.	122	122	100.00%
Health care providers correctly complete forms used for informed consent.	82	82	100.00%
Medical supplies and equipment for resuscitation are available.	3	3	100.00%
The unit has a functional system to supply piped oxygen to the clinical areas.	109	109	100.00%

8. DISCUSSION

The OHSC inspected a total ninety-five health establishments in distinct categories for both public and private sectors which included clinics, community health centres, district hospitals, regional hospitals, and acute private sector hospitals. With a compliance rate of 68% overall, the clinics were the highest performing HEs in the category with an overall compliance rate of 72%, followed by CHC at 63%. The district hospitals performed the lowest with a compliance rate of 33% and 50% for private acute hospital.

It was noted that the 28% (22/582 percent of inspected clinics and 37% of CHCs that did not meet the NNM's requirements were plotted on any of the four gradings (Excellent, Good, Satisfactory and Unsatisfactory). Should these health establishments achieve the minimum threshold on NNMs, they could improve the compliance outcomes and be recommended for certification. The clinical support services domain was the highest performing in all categories achieving over 82% followed by user rights achieving 78%. The governance and human resources domain performed the lowest impacted by the standard regulation regarding the functionality of governance structures which scored 54%.

It is imperative to note that not all 39 re-inspected HEs for FY 2023/24 achieved compliance status. A higher conversion from non-compliance to compliance status was noted in 31 of the 39 re-inspected HEs. The analysis revealed that compliance

with NNMs remains a challenge for some of the HEs. The emergency trolley measure contributed the most to the non-compliance of the re-inspected HEs.

The commonly predominant factors for non-compliance were the health establishments' failure to achieve the required threshold on NNMs. With sound support and commitment from the respective provincial structures, districts and the office of the MECs, the health establishments should be able to resolve or address these challenges and various aspects that are failed on the emergency trolley designated as non-negotiable measures and other measures designated as vitals and essentials; this has the potential improve the overall performance rate and reduce the clinical risks associated with patient safety incidents and compromised users rights.

9. LIMITATIONS

Despite the effort made by the OHSC to customise the tools for both public and private to be similar in standards of measurements, the differences in the availability of specific services made it slightly difficult to compare some of the findings as the services elements such as the availability of transported services were managed differently in PHCs and hospitals across the country – wherein some had a decentralised approach while others had centralised approach. The availability and unavailability of rehabilitation services across district hospitals, mental healthcare services also made it difficult to determine access to health services. The generalisation of inspections findings was almost impractical for the most variables that were important in the performance of the health establishments.

It became difficult to compare the inspection outcomes across categories such as PHCs, CHCs, all inspected levels of public hospitals and acute private hospitals as there were variations in the availability of service areas such as rehabilitation services, mental health services, emergency services or units, MOUs, cold rooms, or applicability of certain measures such the management of vehicles at PHC level. The need to improve the tool structure for specific or defined quality elements by the OHSC and not only the emergency preparedness by health establishments but a complete overview of all five chapters.

10. RECOMMENDATIONS

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

HEALTH ESTABLISHMENT MANAGEMENT	DISTRICT MANAGEMENT	PROVINCE /PRIVATE GROUP HOSPITAL MANAGEMENT
<ul style="list-style-type: none"> • Manage patient acuity: The health establishment must ensure that users receive timely and appropriate care based on the severity and urgency of their health condition. • Manage Patient Waiting Times: Utilize the National Guideline on Management of Patient Waiting Time to optimize service delivery and reduce patient waiting periods. • Report and Monitor Adverse Blood Reactions: Establish a committee responsible for monitoring and reporting all adverse blood reactions to ensure continuous improvement in safety. • Initiative-taking maintenance: The health establishment must implement and adhere to a structured maintenance schedule for all medical equipment to ensure safety, reliability, and compliance with regulatory standards. • Establish and implement a systematic process to monitor the effectiveness of sterilization procedures, ensuring compliance with safety and quality standards. • The health establishment must ensure that all required equipment is properly licensed by the relevant licensing body and remains compliant with regulatory standards. 	<ul style="list-style-type: none"> • Maintain Clinical Risk Management Programs: Develop and sustain systems, structures, and programs dedicated to managing clinical risks. • Monitor Implementation of Comprehensive Human Resource Plan: Develop a human resource plan that aligns with the specific size and need • s of the health establishment, ensuring sufficient staffing levels to meet operational demands. • Research Authorization: Develop systems for authorization for all research projects involving users at the health establishment, ensuring ethical approval and compliance with relevant regulations 	<ul style="list-style-type: none"> • Defined Terms of Reference: The MEC of Health should appoint a governance structure for hospitals and clinics within the province, ensuring that members are inducted and trained as per their responsibilities. • Compliance certificates for its buildings and grounds. The health establishment must ensure that all required compliance certificates for its buildings and grounds are obtained and maintained in accordance with applicable building regulations. • Proper Human resource: The health establishment must develop and implement a human resource plan appropriate to its type and size, ensuring it meets operational and service needs.

- | | | |
|--|--|--|
| <ul style="list-style-type: none">• A medical surveillance plan must be implemented for at-risk personnel, informed by a comprehensive health risk assessment.• The health establishment must enforce a zero-tolerance policy toward violence and abuse against healthcare personnel and implement measures to support and protect staff. | | |
|--|--|--|



Mpumalanga

1. DISTRIBUTION OF HEALTH ESTABLISHMENTS IN THE PROVINCE

1.1 Total number of health establishments per category by province

Table 1 and Table 2 below show the total number of public sector health establishments (clinics, CHCs, district, and regional hospitals) and private sector health establishments (private acute hospitals) in the province that can be sampled and inspected with the applicable OHSC regulatory inspection tools.

Table 1: Total number of public health establishments per category by district

District	HE Classification				Total per district
	Clinic	Community Health Centre	District Hospital	Regional Hospital	
Ehlanzeni District	102	15	8	1	126
Gert Sibande District	55	21	8	2	86
Nkangala District	72	22	7		101
Total per category	229	58	23	3	313

Table 2: Total number of private acute hospitals by hospital group

Hospital Group	Number of Private Acute Hospitals
Life Healthcare	2
Mediclinic	3
NHN	6
Total	11

2. OVERVIEW OF INSPECTIONS CONDUCTED AND COMPLIANT OVER TIME IN PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS

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

The total cumulative number of actual inspections conducted during the 2019/20, 2020/21, 2021/22, 2022/23 and 2023/24 fiscal years are depicted in Table 3 below except for Private Hospitals that were inspected from 2022/23 financial year.

Table 3: Cumulative Number of Inspected Public and Private health establishments by Category, (FY 2019/20 – FY2023/24)

Facility Type	FY2019/20			FY2020/21			FY2021/22			FY2022/23			FY2023/24			Cumulative Number of HEs (FY 2019/20 - FY 2023/24)		
	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)
Clinics	54	5	9%	34	3	9%	39	12	31%	45	22	49%	37	26	70%	209	91	44%
CHCs							11	1	9%	14	4	29%	23	19	83%	48	34	71%
District Hospitals							3	0	0%	6	0	0%	2		0%	11	6	55%
Regional Hospitals							1	0	0%	2	0	0%	-	-	-	3	2	67%
Private Acute Hospitals										3	3	100%	4	4	100%	7	7	100%
Total	54	5	9%	34	3	9%	54	13	24%	70	29	41%	66	49	74%	278	140	50%

The overall total cumulative compliance rate improved over time for all categories, with the highest rate observed in the private sector hospitals followed by CHCs, regional hospitals, district hospital and clinics over the five-year period.

3. DISTRIBUTION OF INSPECTED PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS IN F/Y 2023/24

A total of 66 health establishments were inspected in the Mpumalanga province during the 2023/24 inspection cycle comprising of clinics, CHCs, district hospitals and private acute hospitals. Table 5 below shows the number of inspected public and private health establishment by category in all the four districts.

Table 5: Distribution of Inspected Public HEs per category by District and Private HEs per category, F/Y 2023/24

District	Clinics	CHC	District Hospitals	Private Acute Hospitals	Total per District
Ehlanzeni	11	4	2		17
Gert Sibande	12	10			22
Nkangala	14	9			23
Private				4	4
Total per Category	37	23	2	4	66

3.1 Provincial Compliance Status for Inspected Public & Private Health Establishments for FY 2023/24

Figure 1 shows compliance status across the inspected categories of the 66 inspected health establishments in the four districts. Out of 37 inspected clinics, 26 were compliant, while 11 were non-compliant, resulting in a 70% compliance rate. Among 23 CHCs inspected, 19 were compliant, while 4 were non-compliant, leading to an 83% compliance rate. All the inspected district hospitals did not achieve compliance for this category highlighting a serious concern on the safety of healthcare users and the need to improve while a 100% (4/4) achieved in private acute hospitals. This data suggests that private acute hospitals have stronger adherence to healthcare standards compared to public healthcare facilities.

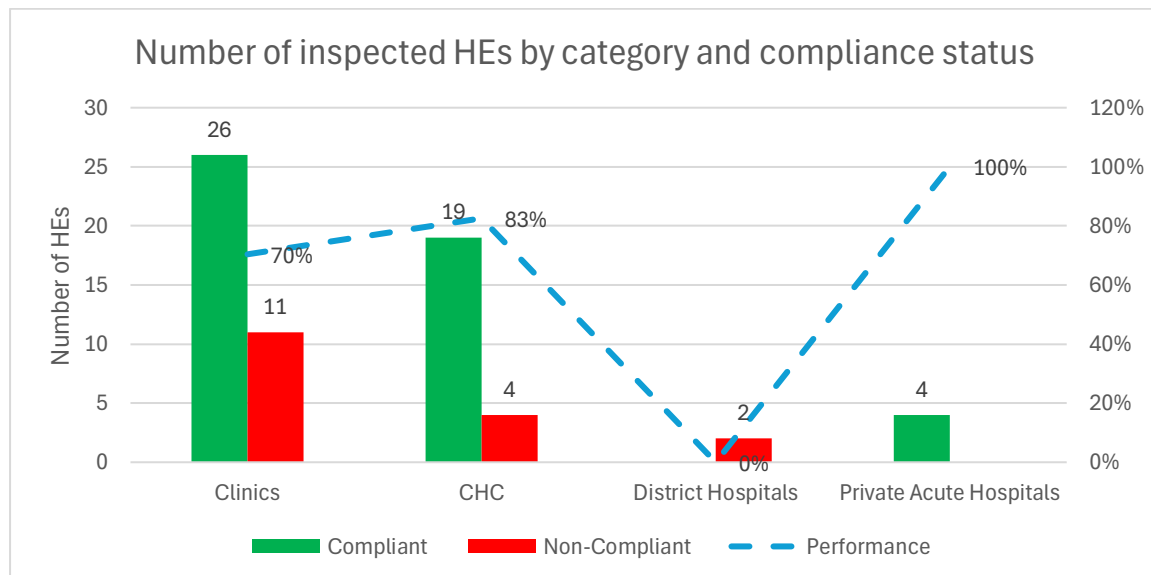


Figure 1: Number of Inspected HEs by Category and Compliance Status

3.2 Compliance Status of Inspected Public & Private HEs per District and Category

Table 6 below shows the total number of inspected health establishments per district, category, and compliance performance for both public and private sectors. Both district hospitals (0/2) did not achieve compliance while clinic and CHCs achieved 70% (26/37) and 83% (19/23) respectively. The highest performer in this category is the private acute hospitals which achieved 100% (4/4). Gert Sibande achieved the highest level at 92% for the clinics category while Ehlanzeni was the lowest at 45%. For the CHC category, Gert Sibande topped the group with 100% while Nkangala was the lowest at 67%.

Table 6: Compliance status of inspected Public HEs per District and category and Private HEs per category for FY 2023/24

District	Clinics	CHC	District Hospitals	Private Acute Hospital
Ehlanzeni	45%	75%	0%	-
Gert Sibande	92%	100%	-	-
Nkangala	71%	67%	-	-
Private	-	-	-	100%
MP Average	70%	83%	0%	100%

4. OVERALL GRADINGS FOR INSPECTED PUBLIC & PRIVATE HEALTH ESTABLISHMENTS

4.1. Overall Grading for Inspected Public & Private Health Establishments per District and Category for FY 2023/24

The overall gradings of inspected health establishments according to their categories are displayed in Figure 2 below. Gert Sibande had the highest values of HEs graded excellent and good, followed by Nkangala in the same categories. Four of the clinics in Ehlanzeni were graded unsatisfactory, followed by three in Nkangala and only one in Gert Sibande. The private acute achieved excellent and good grades respectively for two of the four inspected HEs. The findings suggest a need for focused interventions in underperforming clinics and district hospitals to enhance healthcare service delivery across these regions.

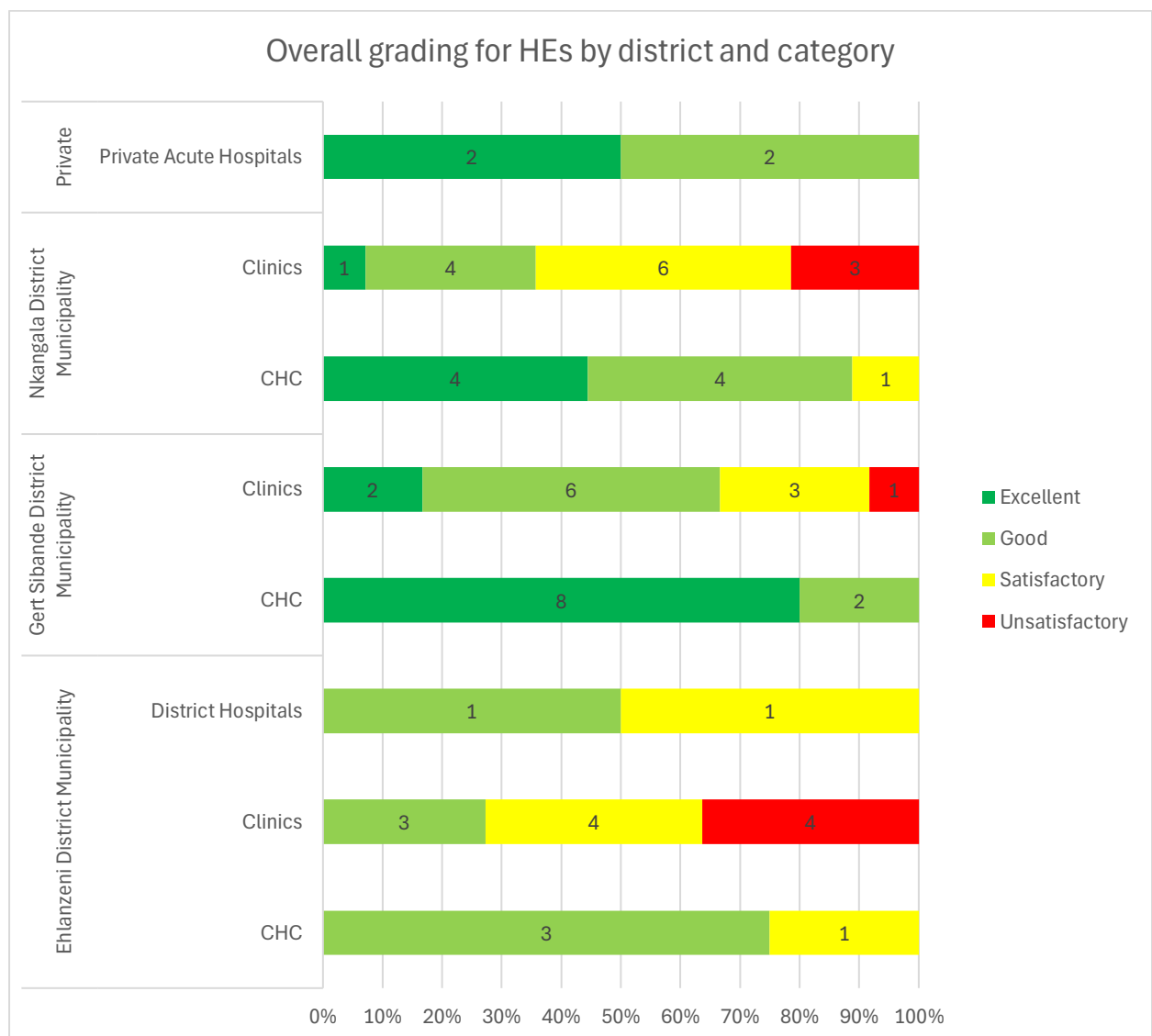


Figure 2: Provincial overall grading of inspected HE by district and category

5. PERFORMANCE OF NON-NEGOTIABLE MEASURES FOR INSPECTED PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS PER CATEGORY.

To achieve compliance, every inspected health establishment (HE) must meet specific requirements: a 100% score on Non-Negotiable Measures (NNMs) and adherence to set thresholds for both vital and essential measures. These thresholds form the basis for risk-related care, categorized as Excellent, Good, or Satisfactory grading. Health establishments scoring below 100% on NNMs are deemed non-compliant, regardless of their overall grading. Additionally, any establishment receiving an Unsatisfactory grading is automatically classified as non-compliant. Non-compliance with NNMs significantly increases the likelihood of failing to save lives when necessary and may lead to severe, irreversible harm or death for healthcare users. Compliance with all these measures is mandatory for certification. Currently, the average compliance rate for NNMs is 79% in the public sector and 100% in private-sector health establishments. By implication, healthcare users may be exposed to potential harm due to noncompliance with NNMs requirements while receiving care at the HEs inspected.

Overall NNM Compliance rate for public HEs = 79%

Overall NNM Compliance rate for Private HEs = 100%

Table 7: Overall Non-Negotiable Measures (NNMs) compliance rate per category

HE Category	Number of Inspected HEs	NNM Compliant	NNM non-compliant	Proportion (NNM 100 % Compliant)
Clinics	37	30	7	81%
CHC	23	19	4	83%
District Hospitals	2	0	2	0%
Private Acute Hospitals	4	4	0	100%

5.1. Clinics' Performance on Non-Negotiable Measures

This section covers the performance of clinics on non-negotiable measures. The commonly failed non-compliant across all levels and categories has been observed as the emergency trolley being stocked with medicines and equipment to manage medical emergencies. The table below depicts the performance on NNMs by clinics in the province.

Table 8 below depicts clinics that achieved a 98.95% compliance rate on oxygen availability with functional gauge while the stocking of the emergency trolley achieved 82.32% compliance rate. While the provided data shows that most clinics maintained adequate stocking levels, some facilities still needed to enhance their preparedness to

handle manage medical emergencies. With a strong adherence to oxygen availability standards across both CHC and Clinics levels, the emergency trolley stocking showed slightly lower compliance, indicating an area for improvement.

CLINICS			
NNM	Applicable Measures	Sum of Scores	Compliance
The oxygen available in the cylinder is above the minimum level with pressure gauge.	1052	1041	98.95%
Emergency trolley is stocked with medicines medical supplies and equipment.	526	433	82.32%

Table 8: Clinic performance according to the three NNMs.

5.2. Community Health Centres'(CHCs) Performance on Non-Negotiable Measures

The table below depicts the performance of CHCs in the province with the commonly failed NNMs highlighted. The measure on the availability of Oxygen Availability achieved 98.88% compliance rate with only a 1.2% failing to achieve compliance while the measure on the stocking of the emergency trolley with medicines 79.27% compliance rate. While most emergency trolleys were properly stocked, some still required improvements to improve the HEs ability to manage emergencies in times of need.

CHC			
NNM	Applicable Measures	Compliant	Compliance Rate
The oxygen available in the cylinder is above the minimum level with pressure gauge.	445	440	98.88%
Emergency trolley is stocked with the medicine's medical supplies and equipment.	193	153	79.27%

Table 9: CHC performance according to the NNMs (Clinical Services, Emergency Unit and Midwife Obstetric Unit)

Functional Area Name	Measure Name	Applicable Measures	Sum of Scores	Compliance Rate (%)
Clinical Services	An oxygen cylinder with pressure gauge is available.	21	21	100%

	CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	9	9	100%
	The oxygen available in the cylinder is above the minimum level.	21	21	100%
Functional Area Name	Measure Name	Applicable Measures	Sum of Scores	Compliance Rate (%)
Emergency Unit	An oxygen cylinder with pressure gauge is available in the resuscitation or emergency room.	14	14	100%
	CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicine's medical supplies and equipment.	14	12	86%
	The oxygen available in the cylinder is above the minimum level.	14	14	100%
Functional Area Name	Measure Name	Applicable Measures	Sum of Scores	Compliance Rate (%)
Midwife Obstetric Unit (MOU)	An oxygen cylinder with pressure gauge is available.	20	20	100%
	CHECKLIST: The emergency trolley is stocked with the medicine's medical supplies and equipment.	18	14	78%
	The oxygen available in the cylinder is above the minimum level.	20	19	95%

5.3. District Hospitals' Performance on Non-Negotiable Measures

Table 10 below shows the breakdown in compliance rate for non-negotiable measures across the inspected categories. The commonly failed non-negotiable measure is the measure on the availability of the emergency trolley being stocked with medicines and equipment required to manage medical emergencies and the availability of critical resuscitation equipment and supplies. The completion of consent forms remains a critical challenge as the measure is also failed more often in all the inspected district hospitals in the province.

DISTRICT			
	Applicable Measures	Compliant	Compliance Rate
NNM			
A functional system is in place to supply piped medical gas to clinical areas.	25	20	80.00%
Emergency power supply is available.	27	27	100.00%

Emergency trolley is stocked with medicines and equipment.	173	101	58.38%
Health care providers correctly complete forms used for informed consent.	140	105	75.00%
The unit has a functional system to supply piped oxygen to all clinical areas.	178	167	93.82%
The oxygen available in the cylinder is above the minimum level with pressure gauge.	59	54	91.53%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.	84	82	97.62%
Medical supplies and equipment for resuscitation are available.	1		0.00%

Table 10: District Hospital performance according to the NNMs

5.4. Private Acute Hospitals' Performance on Non-Negotiable Measures

Table 11 below shows the breakdown in compliance rate for non-negotiable measures across the inspected private acute hospital category in the province. The measure on the availability of the emergency trolley being stocked with medicines and equipment required to manage medical emergencies has been observed as the most failed measure in this category, followed by the measure on the availability of oxygen with a functional gauge and being within the required limits to assist in times of need.

While the measures on emergency power supply and availability of piped oxygen achieved a compliance rate of 100.00% for district hospitals, the measures on emergency trolley stocking and oxygen cylinder availability achieved 96.93% and 99.87% compliance rate respectively. The overall data demonstrated a high compliance level across all assessed areas, ensuring patient safety and operational efficiency in the healthcare facilities though improvements are still required as NNMs need to be fully complied with to achieve compliance at HE level.

NNM	Non-Compliant	Compliant	Applicable Measures	Compliant Rate
Emergency power supply is available.	0	60	60	100.00%
Emergency trolley is stocked with medicines and equipment.	12	379	391	96.93%

The oxygen available in the cylinder is above the minimum level with pressure gauge.	1	789	790	99.87%
The unit has a functional system to supply piped oxygen to the clinical areas.	0	389	389	100.00%

Table 11: Private Acute Hospitals performance according to the NNMs

6. PERFORMANCE OF DOMAIN (CHAPTERS) AND STANDARDS FOR PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS

6.1. Overall Performance of Public and Private health establishment by Domains (Chapters)

Table 12 below shows the performance of public sector health establishments against domains(chapters) across districts. Governance and Human Resources was the least performing domain, at 59% on average, whereas the other four (4) domains achieved scores above 70% in all districts except for Ehlanzeni which achieved 69%. It should be noted that this poor-performing domain involves governance at the health establishment relating to both leadership and management wherein the availability of human resources to service the healthcare users.

Table 12: Public Health Establishment Performance by Domains (Chapters)

District	USER RIGHTS	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES
Ehlanzeni	78%	75%	78%	69%	58%
Gert Sibande	86%	85%	93%	79%	65%
Nkangala	79%	82%	92%	71%	54%
MP Average	81%	80%	88%	73%	59%

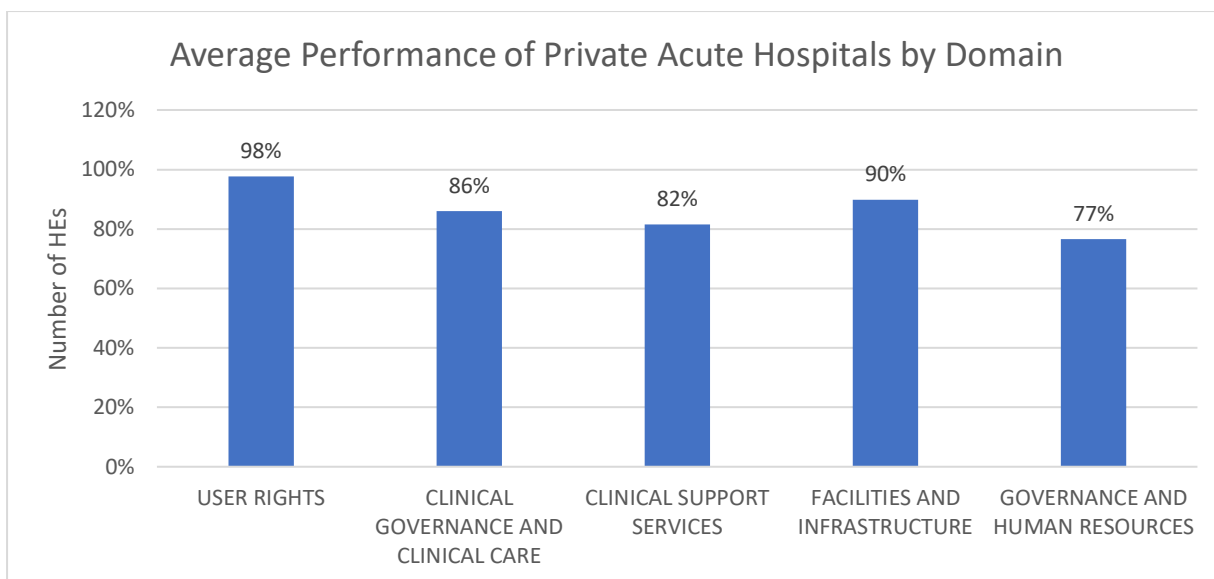


Figure 3: Private Health Establishment Performance by Domains (Chapters)

6.2. Overall performance of measures according to standards and criteria by Domain for public health establishments (Below 60% scores)

The section below depicts overall performance of measures according to standards and criteria that scored below 60% in the province. The user right domain failed by 70% or more for the two outlined standards for the provision of adequate information to the users and timeous attendances to their needs. The clinical governance and care failed most measures for the maintenance of the systems to manage clinical risk wherein most criterions achieved 50% or less. The facilities and infrastructure domain also achieved for most of the standards less than 50% and the governance and human resources domain also achieved less than 50% for most of the standards as outline in the table below.

Domain: User Rights

Standard Name	Criteria Name	Performance
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	The health establishment must adhere to clinical guidelines on stabilizing users presenting in an emergency before referring them to another health establishment.	30%

The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.	The health establishment must provide users with information relating to any fees that are payable for health care services insofar it being practical to do so before the commencement of the provision of health care services.	33%
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Domain: Clinical Governance and Clinical Care

Standard Name	Criteria Name	Performance
(b) A health establishment must establish and maintain systems structures and programmes to manage clinical risk.	A designated and knowledgeable staff member responsible for waste management must oversee compliance with relevant legislation and standards.	50%
	All local tendering and contracting processes must be in accordance with relevant legislation.	45%
	Appropriate cleaning materials and equipment must be available and safely stored.	33%
	Authorisation must be confirmed for all research projects involving users at the health establishment.	50%
	Cleaning personnel must have been trained to conduct terminal cleaning.	38%
	Formal processes are in place to manage clinical risk.	56%
	Health care personnel receive ongoing in-service education according to their roles and responsibilities.	56%

	Infection prevention and control management must be led by trained and experienced health care personnel.	21%
	Infection prevention and control measures must be implemented in the feed preparation area.	33%
	Medical equipment management systems must be in place to minimise the risk of patient safety incidents related to medical equipment.	51%
	Standardised procedures to identify and mitigate clinical risk must be implemented during the care of vulnerable users.	51%
	The establishment must have undertaken a health care risk waste management process in the previous two years to identify the hazardous waste that it generates and must establish how to deal with it safely.	50%
	The health establishment must adhere to a planned schedule for maintaining equipment.	12%
	The health establishment must have a functional infection prevention and control management structure.	56%
	The health establishment must have a functional quality management system	49%
	The infection prevention and control management structure must identify and manage risk in relation to health care-associated infections.	47%

	The management of complaints must deliver improvements in the quality of services provided to users.	50%
	The mortuary service must be compliant with relevant legislation.	0%
	The physical environment in the operating theatre department must comply with user safety requirements.	0%
	Where sterilisation services are outsourced the service level agreement must be managed effectively.	50%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	The health establishment monitors indicators of clinical risk and implements actions to mitigate risk when necessary.	56%

Domain: Clinical Support Services

Standard Name	Criteria Name	Performance
Hospitals and CHCs must ensure that users have access to blood and blood products when required.	The health establishment must ensure that adverse blood reactions are reported to a committee in the health establishment that monitor adverse incidents.	10%

Domain: Facilities and Infrastructure

Standard Name	Criteria Name	Performance
The health establishment and their grounds must meet the requirements of the building regulations.	The health establishment must as appropriate for the type of buildings and grounds of the establishment have a maintenance plan for buildings and the grounds.	45%

	The health establishment must as appropriate for the type of buildings and grounds of the establishment have all the required compliance certificates in terms of the building regulations.	50%
The health establishment must ensure that vehicles used to transport users and health care personnel are safe and well maintained.	The health establishment must ensure that drivers have a valid driver's license and or public transport driving permit.	56%
The health establishment must have systems to protect users' health care personnel and property from security threats and risks.	All security incidents must be reported and addressed.	25%
	Internal and external lighting must be adequate to protect user's visitors and personnel.	0%
	The health establishment must have a zero-tolerance approach to violence and abuse towards health care personnel and must take action to support this.	50%

Domain: Governance and Human Resources

Standard Name	Criteria Name	Performance
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	A programme for the prevention and control of respiratory infections must be in place.	25%
	An active Health and Safety Committee ensures a safe working environment	49%
	Information regarding occupational health and safety matters must be readily available to employees.	50%

	The disaster management plan must be communicated to personnel and tested annually.	29%
	The health establishment must have a disaster management plan in place which is communicated to health care personnel and tested annually.	53%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	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.	26%
The health establishment must have a functional governance structure with written Terms of Reference.	The governance structure must ensure effective management and development of human resources.	50%
	The governance structure must ensure that organisational risks are identified and mitigated.	50%
	The governance structure must ensure that the financial sustainability of the health establishment is assured.	58%
	The governance structure must monitor implementation of the strategic plan.	50%
	The governance structure must monitor the quality of care including user safety.	50%

6.3. Overall performance of Functional Area for public health establishments (Below 60% scores)

While all the HEs components achieved over 60% on average for the range of public clinics inspected; it is observed that the maintenance support component has achieved the lowest with 61% – indicating a need on improving maintenance matters that have a direct impact on patient care. The unavailability of training documents and those of governance systems are depicted by the 70% performance on the Clinic Managers FA.

On average, the CHCs performed above 70%, with maintenance support being the lowest at 71% with similar challenges as that of the clinics.

6.3.1. Clinics functional areas performance

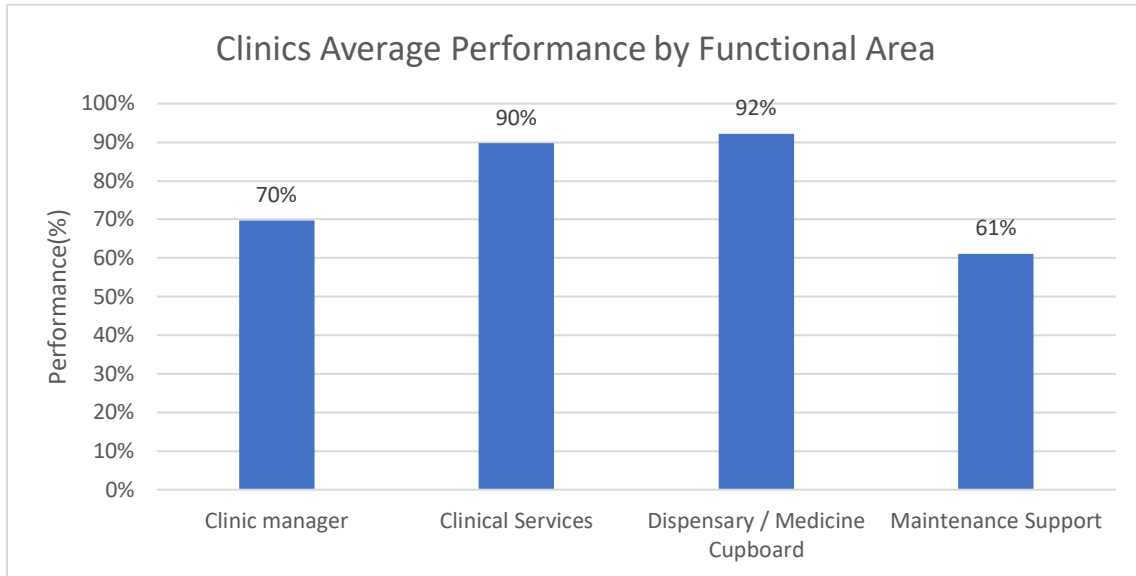


Figure 4: Clinics Average Performance per Functional Area

6.3.2. Community Health Centres functional areas performance

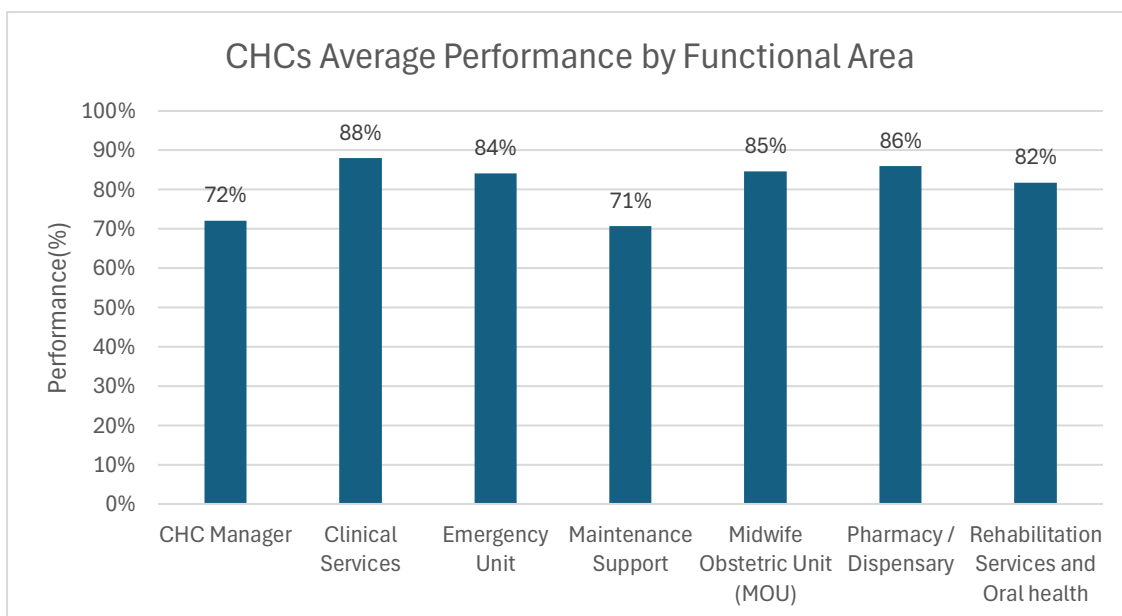


Figure 5: CHC Average Performance per Functional Area

6.3.3. District Hospitals functional areas performance

The section for district hospitals depicts that most of the support components achieved below 60% indicating a need to improve those component as they have impeding effects on direct or indirect patient care or services. The Lab being the utmost top achiever followed by clinical support component with an average of 90%. The private sector achieved above 60% for all components with transport services component achieving 100% followed by most clinical component achieving over 90%.

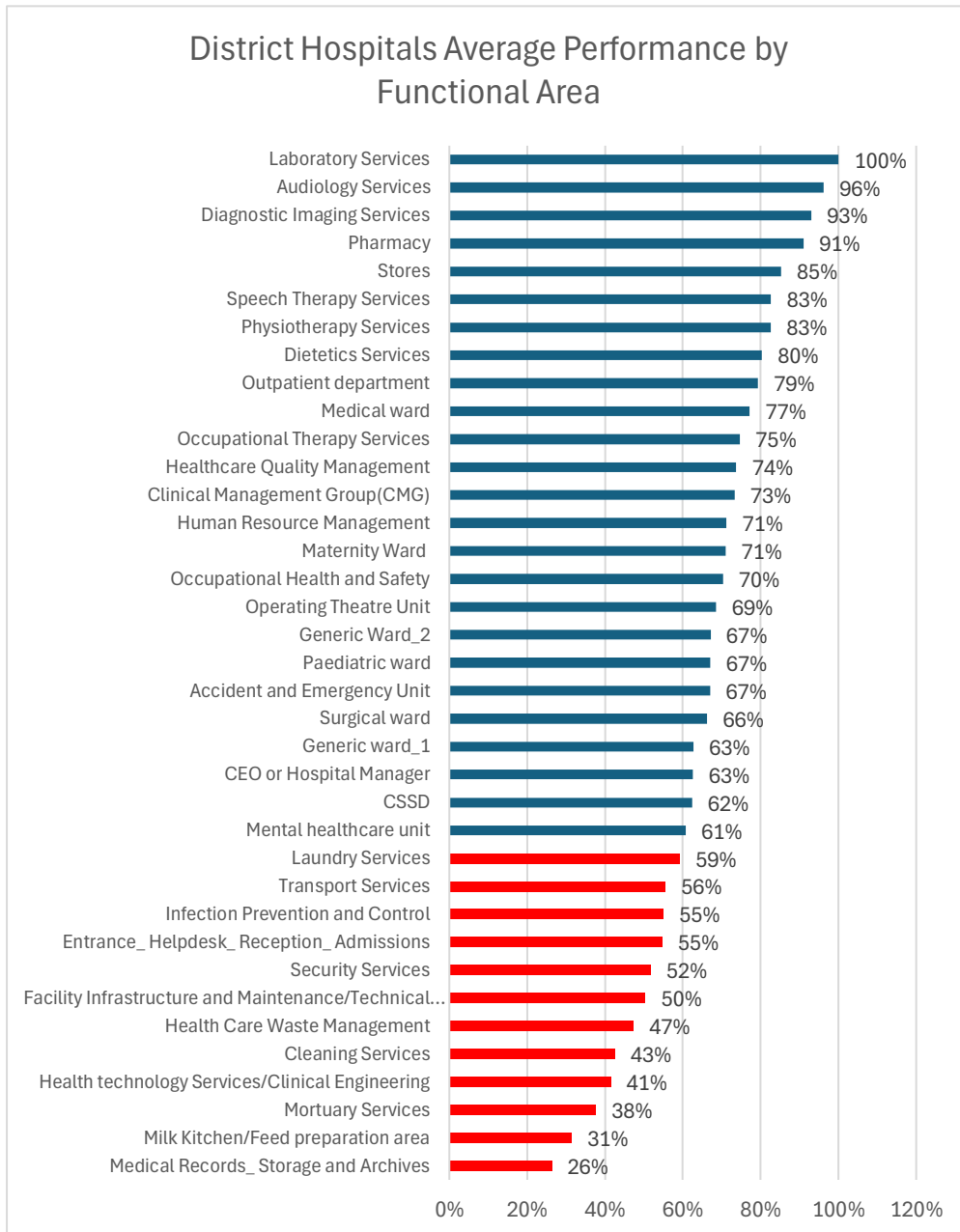


Figure 6: District Hospitals Average Performance per Functional Area

6.3.5. Private Acute Hospitals functional areas performance

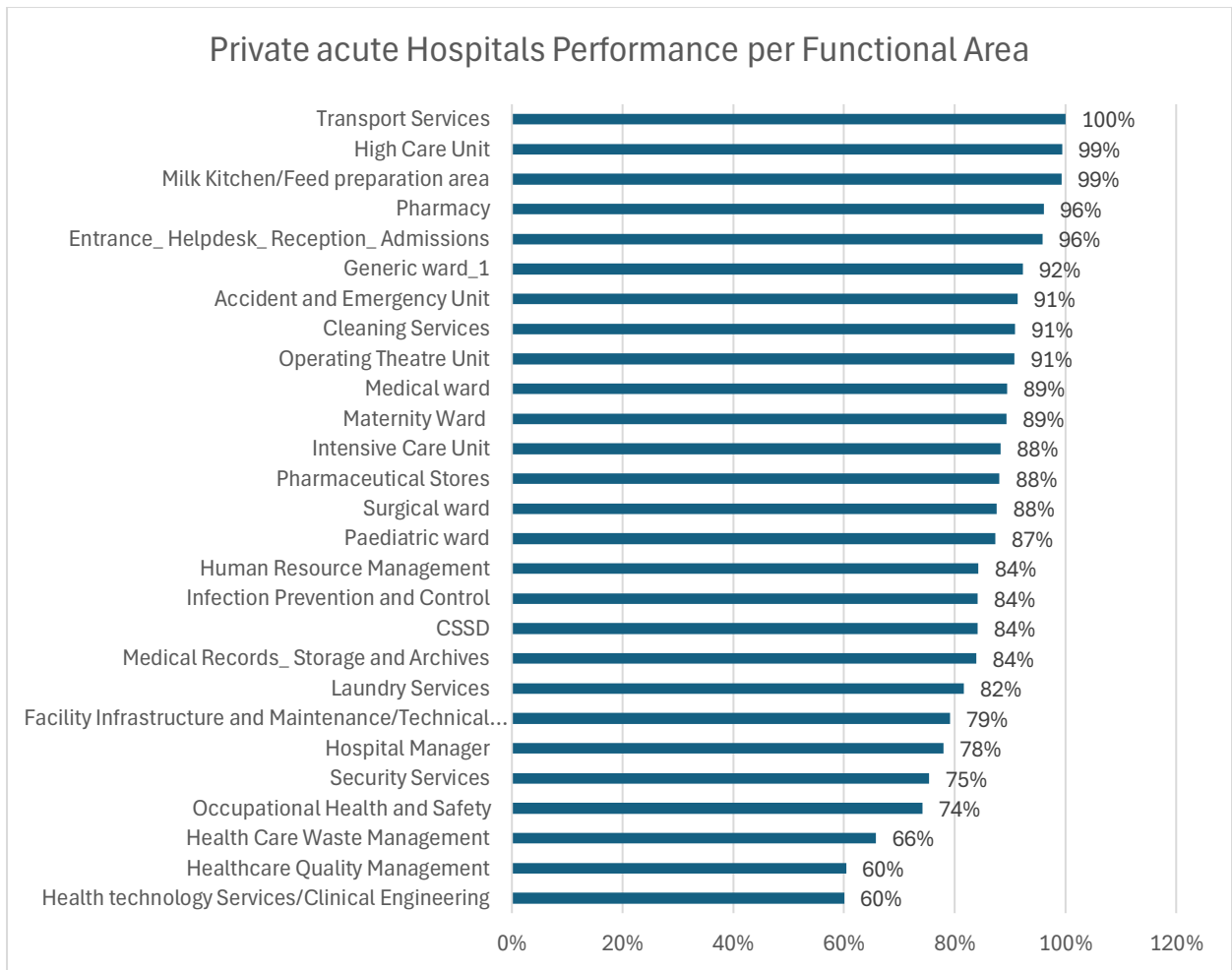


Figure 7: Private Acute Hospitals Average Performance per Functional Area

7. RE-INSPECTIONS

7.1. Number of re-inspected public health establishments by district, category, and compliance rate

Table 12 below shows the compliance rate of re-inspected health establishments across districts. An overall compliance rate of 86%.

Table 12: Compliance rate of re-inspected HEs across districts inspected in FY 2023/24

District	Clinic			Community Health Centre			Total Inspected per District		
	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)
Ehlanzeni	7	6	86%	4	3	75%	11	9	82%
Gert Sibande	2	2	100%	7	6	86%	9	8	89%
Nkangala	2	2	100%	-	-	-	2	2	100%
MP Total	11	10	91%	11	9	82%	22	19	86%

7.2 Gradings of re-inspected public health establishments by districts and category

Figure 8 below shows the grading performance of reinspected clinics by compliance status. Most of the non-compliant clinics achieved an Excellent grade, with a few on good grade and a few achieving Unsatisfactory.

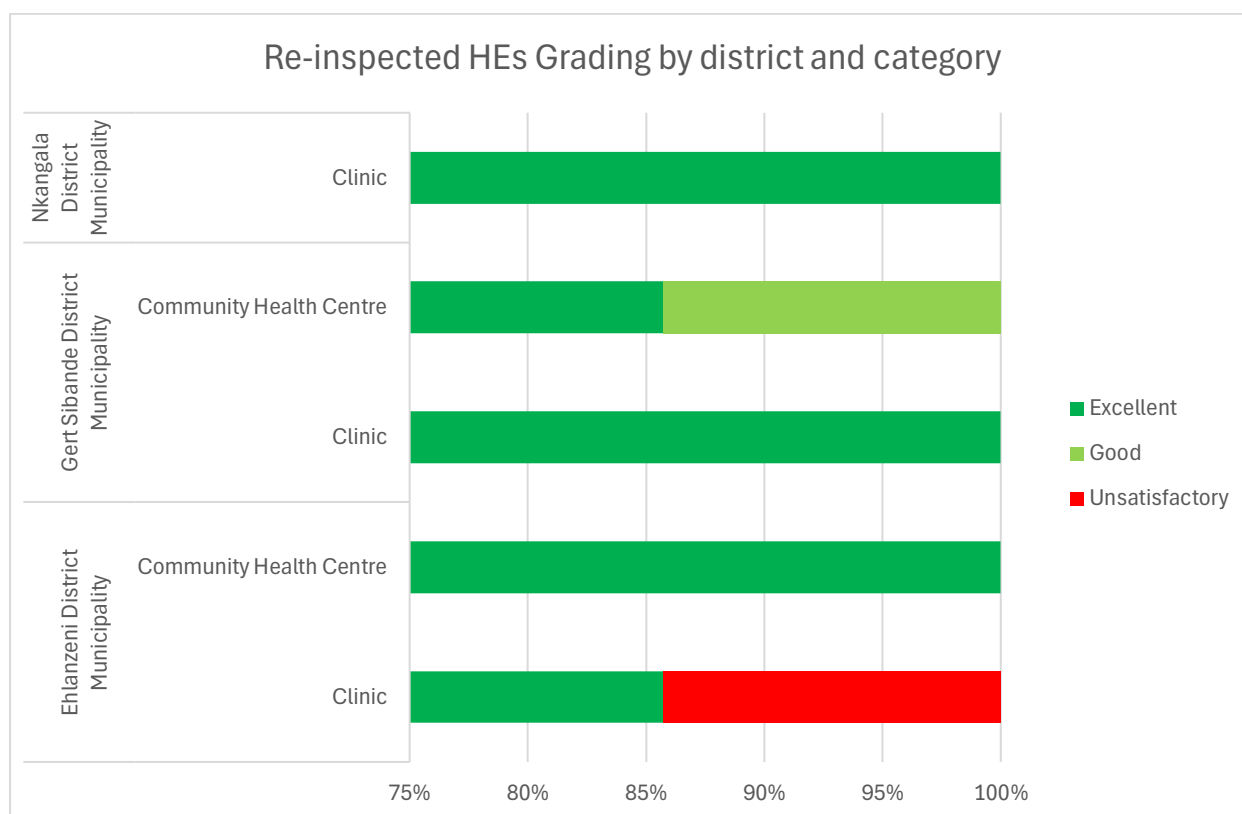


Figure 8 Provincial overall grading of inspected HE by district and category

7.3 Performance on Non-Negotiable Measures for re-inspected Public Health Establishments

The Non-Negotiable Measures (NNMs) remain the critical determinant of compliance for health establishments (HEs) that have received Excellent, Good, or Satisfactory grades during re-inspections. The thresholds set for each grade establish the foundation for the allocated grading, reflecting the associated level of risk in providing care or the capacity to mitigate life-threatening conditions when required. It is imperative that all HEs scoring less than 100% on NNMs, regardless of their overall grading outcome, are deemed non-compliant. Additionally, any establishment achieving an Unsatisfactory grade is automatically categorized as non-compliant. Non-compliance with NNMs is strongly linked to a heightened likelihood of failing to

save lives, when necessary, potentially resulting in severe, irreversible harm or death for healthcare users.

For the current reporting period, the average compliance rate for NNMs in re-inspected public sector HEs stands at 86%. No re-inspections were conducted in the private sector during this assessment period in Mpumalanga province.

Overall NNM compliance rate for re-inspected public HEs in Mpumalanga Province was recorded at 86%, as detailed in the tables below per HE category.

Table 13: Overall Non-Negotiable Measures (NNMs) compliance rate per category

HE Category	Number of Inspected HEs	NNM Compliant	NNM non-compliant	Proportion (NNM 100 % Compliant)
Clinic	11	10	1	91%
Community Health Centre	11	9	2	82%

7.3.1. Re-inspected Clinic Performance on Non-Negotiable Measures

Table 14: Performance of Re-inspected Clinics on Non-Negotiable Measures

Measure Name	Applicable Measures	Sum of Scores	Compliance Rate (%)
An oxygen cylinder with pressure gauge is available.	140	139	99%
CHECKLIST: Emergency trolley is stocked with medicines, medical supplies, and equipment.	138	113	82%
The oxygen available in the cylinder is above the minimum level.	140	139	99%

7.3.2. Re-inspected Community Health Centres Performance on Non-Negotiable Measures

Table 15: Performance of Re-inspected CHCs on Non-Negotiable Measures

Functional Area Name	Measure Name	Number of Applicable Measures	Sum of Score	Compliance Rate (%)
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Clinical Services	An oxygen cylinder with pressure gauge is available.	31	31	100%
	CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	13	11	85%
	The oxygen available in the cylinder is above the minimum level.	31	31	100%
Functional Area Name	Measure Name	Number of Applicable Measures	Sum of Score	Compliance Rate (%)
Emergency Unit	An oxygen cylinder with pressure gauge is available in the resuscitation or emergency room.	35	35	100%
	CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicine's medical supplies and equipment.	35	28	80%
	The oxygen available in the cylinder is above the minimum level.	35	35	100%
Functional Area Name	Measure Name	Number of Applicable Measures	Sum of Score	Compliance Rate (%)
Midwife Obstetric Unit (MOU)	An oxygen cylinder with pressure gauge is available.	38	38	100%
	CHECKLIST: The emergency trolley is stocked with the medicines and equipment listed below.	7	5	71%
	CHECKLIST: The emergency trolley is stocked with the medicine's medical supplies and equipment.	30	23	77%
	The oxygen available in the cylinder is above the minimum level.	38	38	100%

8. DISCUSSION

While the province demonstrated great performance in the private sector acute private hospital inspections, it remains important to acknowledge the range of improvements achieved in the public sector for all the categories of clinics, CHCs and district hospitals. The most common findings were attributed to the failures in the Facilities and Infrastructure domains and that of Governance and Human Resources. While most of these HEs had no maintenance plans in place, most also do not have appropriate organograms and have high vacancy rates for management, clinical functions and admin support. The availability and management of medicines seem to have improved greatly over the years and clinical functions relating to user care and documentation of user records. The need to improve and plan for improvements in infrastructure remains key in addressing domain 1 and 2 aspects relating to user safety and rights. A systemic review of operations and a package of services in relation to demography and the proximity of the nearest hospitals should be considered when allocating service packages as per the gazette for PHC HEs. The inclusion and involvement of the district management teams in improving PHCs is fundamental and highly required to improve outcomes and user experience while accessing services.

9. LIMITATIONS

It is important to note that not all measures and functional areas were scored, as some were deemed not applicable in the inspected CHCs and district hospitals, generalizing about the reasons for non-compliant inspection outcomes impossible. This is mainly due to classification issues and packages of service that differed despite the gazette levels; wherein some clinics had additional components, CHCs not fully operate like clinic and district hospitals with no clear demarcations on specialties and regarded as general wards, thus limiting the meaningful provincial overview and comparisons to other provinces on reporting.

While the OHSC acknowledges the need for real-time reporting, it remains imperative for the provincial departments and their respective districts to liaise in the completion and submission of evidence, mostly on re-inspections of HEs. The realization of improved regulations to allow clinical output measurement will also help improve the output measures of the reports to depict clinical significance for the OHSC as a health regulator. With advancements in technology and reviews in regulation, inspection tools can be more advanced and shorter to improve the turnaround time for releasing the reports and issuing notices on-site where necessary.

10. RECOMMENDATIONS

OHSC provide the following recommendations per level of public and private management.

HEALTH ESTABLISHMENT	DISTRICT MANAGEMENT	PROVINCE MANAGEMENT
<ul style="list-style-type: none"> • Implement Formal Clinical Risk Management Processes: Establish formal processes to identify, monitor, and manage clinical risks across the health establishment. • Implement Medical Surveillance for At-Risk Personnel: Based on health risk assessments, implement a comprehensive medical surveillance plan to monitor and protect at-risk personnel. • Introduce Infection Risk Minimization Procedures: Establish procedures to reduce the risk of healthcare associated infections. • Annually Test and Communicate Disaster Management Plan: Make sure the disaster management plan is communicated to personnel and tested on an annual basis. • Ensure Environmental Cleanliness Standards: Maintain a structured process to uphold cleanliness and hygiene in all areas of the health establishment. • Ensure Safety Compliance in Operating Theatres: Maintain the physical 	<ul style="list-style-type: none"> • Maintain Clinical Risk Management Programs: Develop and sustain systems, structures, and programs dedicated to managing clinical risks. • Monitor Implementation of Comprehensive Human Resource Plan: Develop a human resource plan that aligns with the specific size and needs of the health establishment, ensuring sufficient staffing levels to meet operational demands. • Research Authorization: Develop systems for authorization for all research projects involving users at the health establishment, ensuring ethical approval and compliance with relevant regulations 	<ul style="list-style-type: none"> • Human Resource Plan: Develop a human resource plan that aligns with the specific size and needs of the health establishment, ensuring sufficient staffing levels to meet operational demands. • Establish Governance Structures with Defined Terms of Reference: The MEC of Health should appoint a governance structure for hospitals and clinics within the province, ensuring that members are inducted and trained as per their responsibilities.

<p>environment in operating theatres according to user safety standards</p> <ul style="list-style-type: none"> • Manage Outsourced Sterilization Services Effectively: For outsourced sterilization, actively manage service level agreements to ensure quality and compliance. • Report and Monitor Adverse Blood Reactions: Establish a committee responsible for monitoring and reporting all adverse blood reactions to ensure continuous improvement in safety. • Conduct Healthcare Risk Waste Management: Health establishments should conduct a thorough healthcare risk waste management assessment at least every two years to identify hazardous waste generated and establish safe handling, storage, and disposal protocols. • Address and Report Security Incidents: Ensure that all security incidents are reported and addressed promptly. • Research Authorization: Implement research authorization processes for all research projects involving users at the health establishment, ensuring ethical approval and compliance with relevant regulations • Adhere to Emergency Stabilization Guidelines: Follow clinical guidelines for stabilizing patients in 		
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emergencies before referring them to another establishment, ensuring continuity and quality of care		
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Northern Cape

1. DISTRIBUTION OF HEALTH ESTABLISHMENTS IN THE PROVINCE

1.1 Total number of health establishments per category by province

Table 1 and Table 2 below shows the total number of public sector health establishments (clinics, CHCs, district and regional hospitals) and private sector health establishments (private acute hospitals) in the province that can be sampled and inspected with the applicable OHSC regulatory inspection tools.

Table 1: Total number of public health establishments per category by district

District	HE Classification				Total per district
	Clinic	Community Health Centre	District Hospital	Regional Hospital	
Francis Baard District	25	4	2	-	31
John Taolo Gaetsewe District	38	5	2	-	45
Namakwa District	21	10	2	-	33
Pixley ka Seme District	28	8	3	-	39
Zwelentlanga Fatman Mgawu District	15	6	2	1	24
Total per category	127	33	11	1	172

Table 2: Total number of private acute hospitals by hospital group

Hospital Group	Number of Acute Hospital
Mediclinic	3
National Hospital Network	5
Total	8

2. OVERVIEW OF INSPECTIONS CONDUCTED AND COMPLIANT OVER TIME IN PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS

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

The cumulative inspections conducted from 2019/20 up to 2023/24 fiscal years are depicted in Table 3 below. The district and regional hospital inspections commenced in FY 2021/22 and private acute inspections in FY 2022/23. The clinics achieved a cumulative compliance rate of 15% (17/115) over the 5 years and for the reporting period they achieved 75% ((12/16) compliance rate. CHCs achieved a cumulative compliance rate of 17% (5/29). Of note is that CHCs (13) and district hospitals (5) achieved a 0% compliance rate in the FYs 2021/22 and 2022/23. District and regional hospitals both achieved 100% compliance rate for the reporting period, with one hospital inspected per each category. The private acute hospitals achieved a cumulative compliance rate of 60% (3/5). There is notable improvement in compliance rate 56% (20/36) in this reporting period as compared to the previous fiscal years.

Table 3: Cumulative Number of inspected public and private health establishments by category, (FYs 2019/20 – FY2023/24)

Facility Type	FY2019/20			FY2020/21			FY2021/22			FY2022/23			FY2023/24			Cumulative Number of HEs (FY 2019/20 - FY 2023/24)		
	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)
Clinics	38	1	3%	17	1	6%	24	3	13%	20	0	0%	16	12	75%	115	17	15%
CHCs	-	-	-	-	-	-	3	0	0%	10	0	0%	16	5	31%	29	5	17%
District Hospitals	-	-	-	-	-	-	2	0	0%	3	0	0%	1	1	100%	6	1	17%
Regional Hospitals	-	-	-	-	-	-	-	-	-	-	-	-	1	1	100%	1	1	100%
Private Acute Hospitals	-	-	-	-	-	-	-	-	-	3	2	67%	2	1	50%	5	3	60%
Total	38	1	3%	17	1	6%	29	3	10%	36	2	6%	36	20	56%	156	27	17%

3. DISTRIBUTION OF INSPECTED PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS IN F/Y 2023/24

Table 4 below shows the number of inspected HEs per category across districts and acute private hospital groups. The total number of 36, was informed by the Annual Performance Plan (APP), which was 18.4% of the planned inspection for the public sector and 19% for the private sector.

Table 4: Distribution of Inspected Public HEs per category by District and Private HEs per category, F/Y 2023/24

District	Clinics	CHC	District Hospitals	Regional Hospitals	Private Acute Hospitals	Total per District
Namakwa	8	8	1	-	-	17
Pixley ka Seme	5	2	-	-	-	7
Zwelentlanga Fatman Mgcawu	3	6	-	1	-	10
Private					2	2
Total per Category	16	16	1	1	2	36

3.1 Provincial Compliance Status for Inspected Public & Private Health Establishments for FY 2023/24

A total of 36 health establishments were inspected in the Northern Cape during the 2023/24 inspection cycle. Figure 1 below shows the number of inspected public and private health establishment by category and compliance status. District (1/1) and regional (1/1) hospitals achieved 100% compliance rate followed by clinics (13/16) with 81% compliance rate. Private acute hospitals (1/2) had a 50% compliance rate while CHCs (5/16) obtained the lowest compliance rate of 31%.

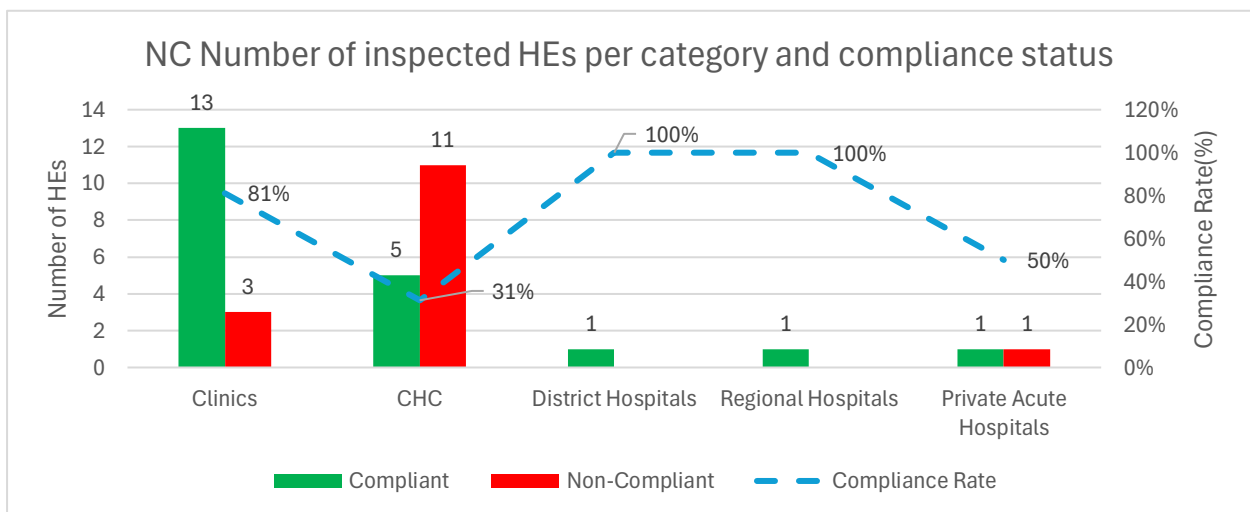
















Figure 1: Number of Inspected HEs by Category and Compliance Status

3.2 Compliance Status of Inspected Public & Private HEs per District and Category

Table 5 below shows the total number of inspected health establishments per district, category, and compliance performance.

Namakwa district achieved a compliance rate of 13% for CHCs (1/8), 63% for clinics (5/8) and 100% for district hospitals (1/1). Zwelentlanga Fatman Mgcawu district achieved 33% compliance rate for CHCs (2/6), 67% for clinics (2/3) and 100% for regional hospital (1/1). Pixley ka Seme district achieved compliance rate of 100% for both clinics (5/5) and CHCs (2/2).

Table 5: Compliance status of inspected Public HEs per District and category and Private HEs per category for FY 2023/24

District	Clinics	CHC	District Hospitals	Regional Hospitals	Private Acute Hospitals
Namakwa	 63%	 13%	 100%		
Pixley ka Seme	 100%	 100%			
Zwelentlanga Fatman Mgcawu	 67%	 33%		 100%	
Private					 50%
NC Average	 75%	 31%	 100%	 100%	 50%

4. OVERALL GRADINGS FOR INSPECTED PUBLIC & PRIVATE HEALTH ESTABLISHMENTS

4.1. Overall Grading for Inspected Public & Private Health Establishments per District and Category for FY 2023/24

The overall gradings of inspected health establishments according to their categories are displayed in Figure 2 below. CHCs had the highest number of HEs graded unsatisfactory.

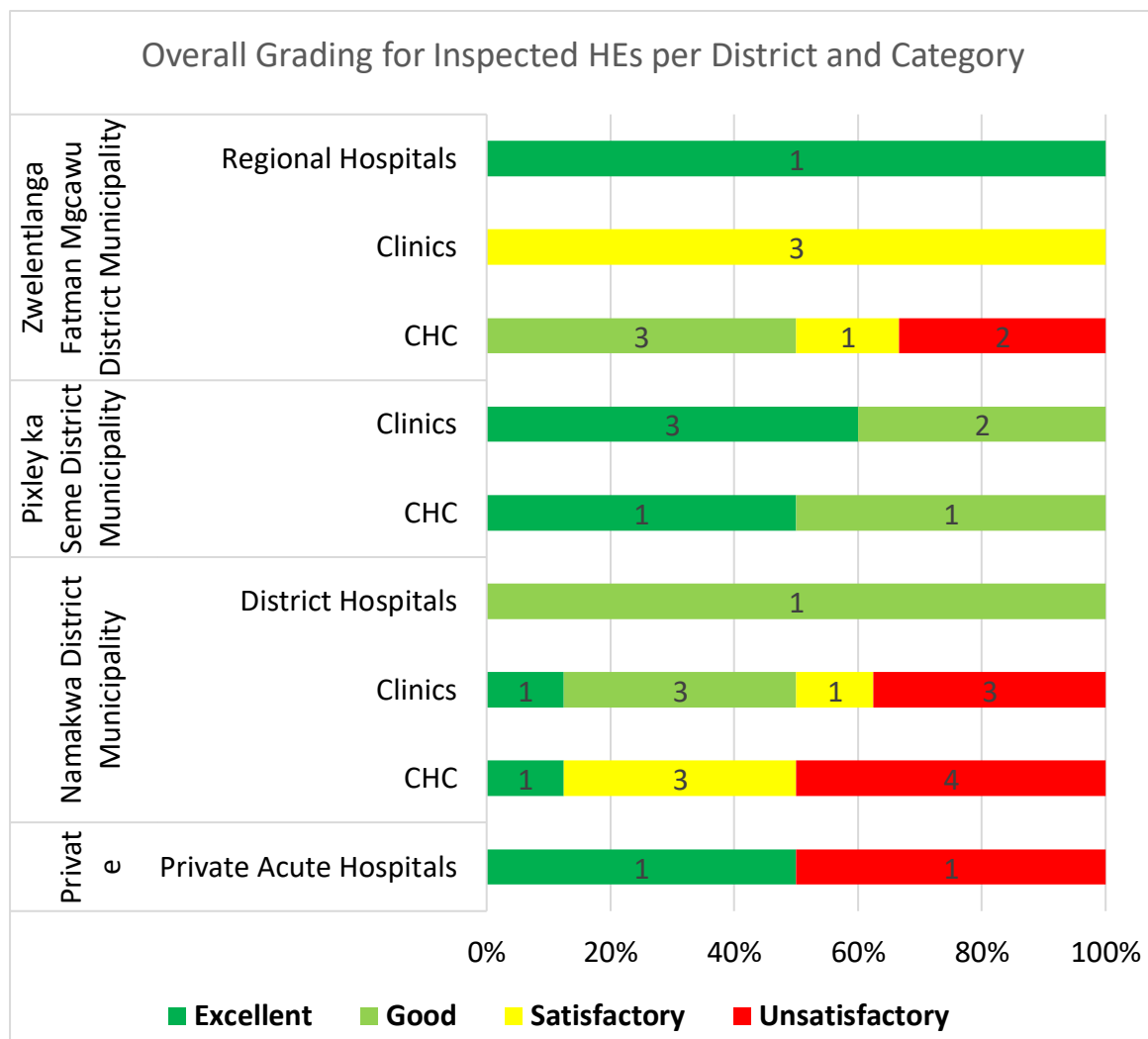


Figure 2: overall gradings of inspected HEs per category

5. PERFORMANCE OF NON-NEGOTIABLE MEASURES FOR INSPECTED PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS PER CATEGORY

Health establishments must comply with non-negotiable measures to be eligible for certification. Failure to comply with these measures is more likely to result in severe harm or death.

The compliance rate with non-negotiable measures for the district (1/1) and regional (1/1) hospitals was 100% and for private acute hospitals (1/2) 50%. Clinics (13/16) had a compliance rate with NNMs of 81% while CHCs (5/16) had a compliance rate of 33% as depicted in Table 6 below.

Table 6: Overall Non-Negotiable Measures (NNMs) compliance rate per category

HE Category	Number of Inspected HEs	NNM Compliant	NNM non-compliant	Proportion (NNM 100 % Compliant)
Clinics	16	13	3	81%
CHCs	16	5	11	31%
District Hospital	1	1		100%
Regional Hospital	1	1		100%
Private Acute Hospitals	2	1	1	50%
TOTAL	36	21	15	58%

Tables 7-11 cover the performance of different levels of care on Non-Negotiable Measures (NNMs). It is important to note that the NNM that is commonly non-compliant is the emergency trolley stocked with medicines and equipment.⁷

5.1. Clinics' Performance on Non-Negotiable Measures

Table 7: Clinic performance according to the three NNMs.

Measure Name	Applicable Measures	Sum of Score	Compliance Rate (%)
An oxygen cylinder with pressure gauge is available.	16	16	100%
CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	6	13	81%

The oxygen available in the cylinder is above the minimum level.	16	16	100%
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5.2. Community Health Centres'(CHCs) Performance on Non-Negotiable Measures

Table 8: CHC performance according to the NNMs (Clinical Services, Emergency Unit)

Functional Area Name	Measure Name	Applicable Measures	Sum of Scores	Compliance Rate (%)
Clinical Services	An oxygen cylinder with pressure gauge is available.	13	12	92%
	CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	11	4	36%
	The oxygen available in the cylinder is above the minimum level.	13	12	92%
Functional Area Name	Measure Name	Applicable Measures	Sum of Scores	Compliance Rate
Emergency Unit	An oxygen cylinder with pressure gauge is available in the resuscitation or emergency room.	9	9	100%
	CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicines, medical supplies, and equipment.	9	3	33%
	The oxygen available in the cylinder is above the minimum level.	9	9	100%
Functional Area Name	Measure Name	Applicable Measures	Sum of Scores	Compliance Rate
Midwife Obstetric Unit (MOU)	An oxygen cylinder with pressure gauge is available.	13	12	92%
	CHECKLIST: The emergency trolley is stocked with the	12	5	42%

	medicines, medical supplies, and equipment.			
	The oxygen available in the cylinder is above the minimum level.	13	12	92%

5.3. District Hospitals' Performance on Non-Negotiable Measures

Table 9: District Hospital performance according to the NNMs

NNM	Non-Compliant	Compliant	Applicable Measures	Compliance Rate
A functional system is in place to supply piped medical gas to clinical areas.		1	1	100%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.		3	3	100%
Emergency power supply is available.		1	1	100%
Emergency trolley is stocked with medicines and equipment.		4	4	100%
Health care providers correctly complete forms used for informed consent.		2	2	100%
The unit has a functional system to supply piped oxygen to all clinical areas.		3	3	100%
The oxygen available in the cylinder is above the minimum level with pressure gauge.		3	3	100%

5.4. Regional Hospitals' Performance on Non-Negotiable Measures

Table 10: Regional Hospital performance according to the NNMs

NNM	Non-Compliant	Compliant	Applicable Measures	Compliance Rate
A functional system is in place to supply piped medical gas to clinical areas.		1	1	100%
Emergency power supply is available.		1	1	100%
Emergency trolley is stocked with medicines and equipment.		10	10	100%
Health care providers correctly complete forms used for informed consent.		7	7	100%
The oxygen available in the cylinder is above the minimum level with pressure gauge.		2	2	100%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation		3	3	100%
The unit has a functional system to supply piped oxygen to all clinical areas.		9	9	100%

5.5. Private Acute Hospitals' Performance on Non-Negotiable Measures

Table 11: Private Acute Hospitals performance according to the NNMs

NNM	Non-Compliant	Compliant	Applicable Measures	Compliance Rate
Emergency power supply is available.		2	2	100%
Emergency trolley is stocked with medicines and equipment.	2	9	11	82%
The oxygen available in the cylinder is above the minimum level with pressure gauge.	1	23	24	96%
The unit has a functional system to supply piped oxygen to the clinical areas.		12	12	100%

6. PERFORMANCE OF DOMAIN (CHAPTERS) AND STANDARDS FOR PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS

6.1. Overall Performance of Public and Private health establishment by Domains (Chapters)

Table 12 below shows the performance of public health establishments against domains (chapters) across districts. All the domains got average scores below 60%. The poor performing domains indicates unavailability or non-functionality of governance structures, staff shortages, poorly maintained infrastructure and inadequate implementation of occupational health and safety processes.

Figure 3 below shows the performance of private health establishments by domains (chapters). All the domains in the private acute hospitals performed above 60%.

Table 12: Public Health Establishment Performance by Domains (Chapters)

District	USER RIGHTS	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES
Namakwa	38%	40%	42%	38%	23%
Pixley ka Seme	45%	46%	47%	41%	37%
Zwelentlanga Fatman Mgcawu	41%	44%	45%	40%	34%
NC Average	40%	43%	44%	39%	29%

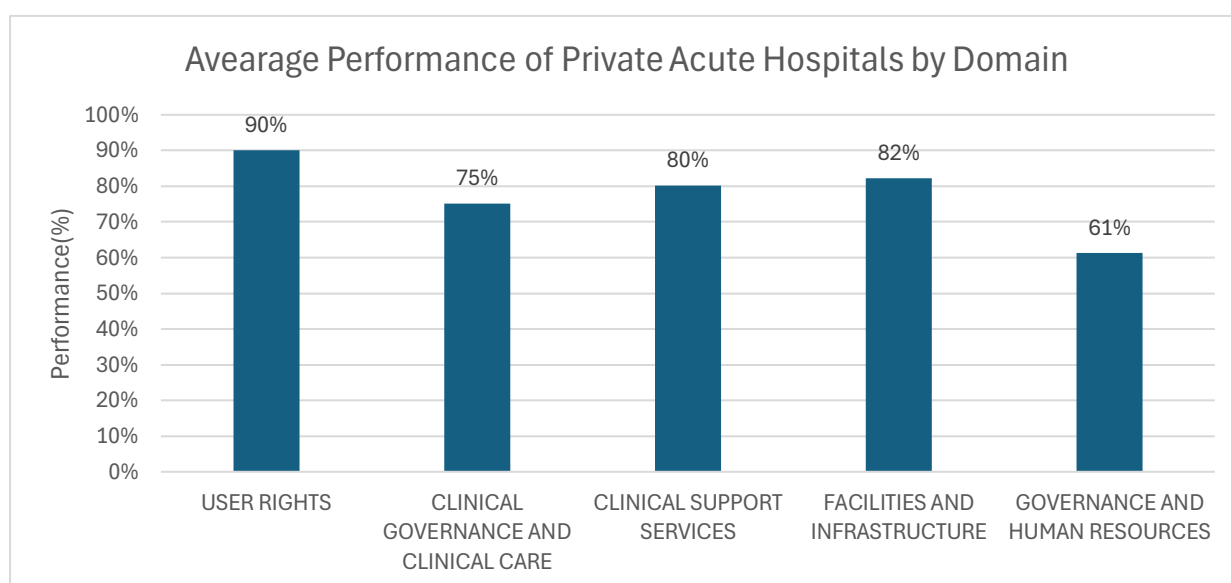


Figure 3: Private Health Establishment Performance by Domains (Chapters)

6.2. Overall performance of measures according to standards and criteria by Domain for public health establishments

Table 13 below shows the overall performance of standards/regulations that performed below 60%. The performance is highlighted in red indicating standards and criteria in the province that performed below 60% and therefore raise cause for concern as users may be exposed to risk. These criteria include stabilising of users in an emergency and infection prevention and control surveillance among others.

Domain: User Rights

Standard Name	Criteria Name	Performance (%)
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	The health establishment must adhere to clinical guidelines on stabilizing users presenting in an emergency before referring them to another health establishment.	46%
The health establishment must maintain a system of referral as established by the responsible authority.	The health establishment must ensure that a copy of the referral document is kept in the user's health record.	57%
The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.	Waiting times are monitored and improvement plans are implemented.	55%

Domain: Clinical Governance and Clinical Care

Standard Name	Criteria Name	Performance (%)
(b) A health establishment must establish and maintain systems structures and programmes to manage clinical risk.	An effective clinical risk management system must be implemented for diagnostic services.	0%
	Authorisation must be confirmed for all research projects involving users at the health establishment.	50%
	Formal processes are in place to manage clinical risk.	50%
	Health care personnel must be inducted into the health establishments' policies and procedures and receive orientation training for their specific responsibilities.	44%
	Health care personnel receive ongoing in-service education according to their roles and responsibilities.	51%
	Infection prevention and control management must be led by trained and experienced health care personnel.	48%
	Managerial clinical and administrative information must be used to support decision-making and planning.	50%
	Standard operating procedures to guide the implementation of infection prevention and control practices must be available.	51%

	The establishment must have undertaken a health care risk waste management process in the previous two years to identify the hazardous waste that it generates and must establish how to deal with it safely.	17%
	The health establishment must have a functional quality management system	60%
	The health establishment must report information on health care-associated infections and notifiable diseases to the appropriate public health agencies.	59%
	The infection prevention and control management structure must identify and manage risk in relation to health care-associated infections.	42%
	The management of complaints must deliver improvements in the quality of services provided to users.	50%
	The physical environment in the operating theatre department must comply with user safety requirements.	38%
The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.	Films and reagents must be stored and disposed of according to guidelines.	0%
The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	The health establishment monitors indicators of clinical risk and implements actions to mitigate risk when necessary.	46%
	The health establishment must establish and maintain systems structures and programmes to manage clinical risks.	46%
The health establishment must have a formal process to be followed when obtaining informed consent from the user.	The health establishment must ensure that confidential information or user-identifiable data is not divulged without prior consent as per legislation.	58%

Domain: Clinical Support Services

Standard Name	Criteria Name	Performance (%)
Hospitals and CHCs must ensure that users have access to blood and blood products when required.	The health establishment must ensure that adverse blood reactions are reported to a committee in the health	25%

	establishment that monitor adverse incidents.	
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Domain: Facilities and Infrastructure

Standard Name	Criteria Name	Performance (%)
The health establishment and their grounds must meet the requirements of the building regulations.	The health establishment must as appropriate for the type of buildings and grounds of the establishment have a maintenance plan for buildings and the grounds.	58%
The health establishment and their grounds must meet the requirements of the building regulations.	The health establishment must as appropriate for the type of buildings and grounds of the establishment have all the required compliance certificates in terms of the building regulations.	41%
The health establishment must have systems to protect users' health care personnel and property from security threats and risks.	Internal and external lighting must be adequate to protect users' visitors and personnel.	38%
	The health establishment must ensure that security staff are capacitated to deal with security incidents threats and risks.	51%
	The health establishment must have a zero-tolerance approach to violence and abuse towards health care personnel and must take action to support this.	33%

Domain: Governance and Human Resources

Standard Name	Criteria Name	Performance (%)
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	A medical surveillance plan for at-risk personnel must be implemented based on a health risk assessment.	44%
	A programme for the prevention and control of respiratory infections must be in place.	50%
	An active Health and Safety Committee ensures a safe working environment	25%
	Information regarding occupational health and safety matters must be readily available to employees.	52%

	Measures must be in place to minimise the incidence of critical occupationally acquired injuries and diseases.	47%
	The health and safety committee must ensure effective management of reported health and safety incidents.	38%
	The health establishment must have a disaster management plan in place which is updated annually and in response to personnel turnover.	40%
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	The health establishment must as appropriate to the type and size of the establishment have a performance management and development system in place.	49%
	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.	30%
The health establishment must have a functional governance structure with written Terms of Reference.	The governance structure must ensure effective management and development of human resources.	25%
	The governance structure must ensure that organisational risks are identified and mitigated.	25%
	The governance structure must ensure that the financial sustainability of the health establishment is assured.	0%
The health establishment must have a functional governance structure with written Terms of Reference.	The governance structure must monitor implementation of the strategic plan.	0%
	The governance structure must monitor the quality of care including user safety.	25%
	The health establishment has a functional governance structure.	16%

6.3. Overall performance of Functional Areas for public health establishments (Below 60% scores)

Figures 4-8 below indicate the performance of functional areas across the distinct categories of care. In clinics the clinic manager and maintenance functional areas had performance below 60% and in CHCs the CHC manager and Rehabilitation Services functional areas scored below 60%.

It is of note that in both district hospitals and private acute hospitals CEO/Hospital manager, Occupational Health and Safety and Healthcare quality functional areas had performances below 60%.

6.3.1. Clinics functional area performance

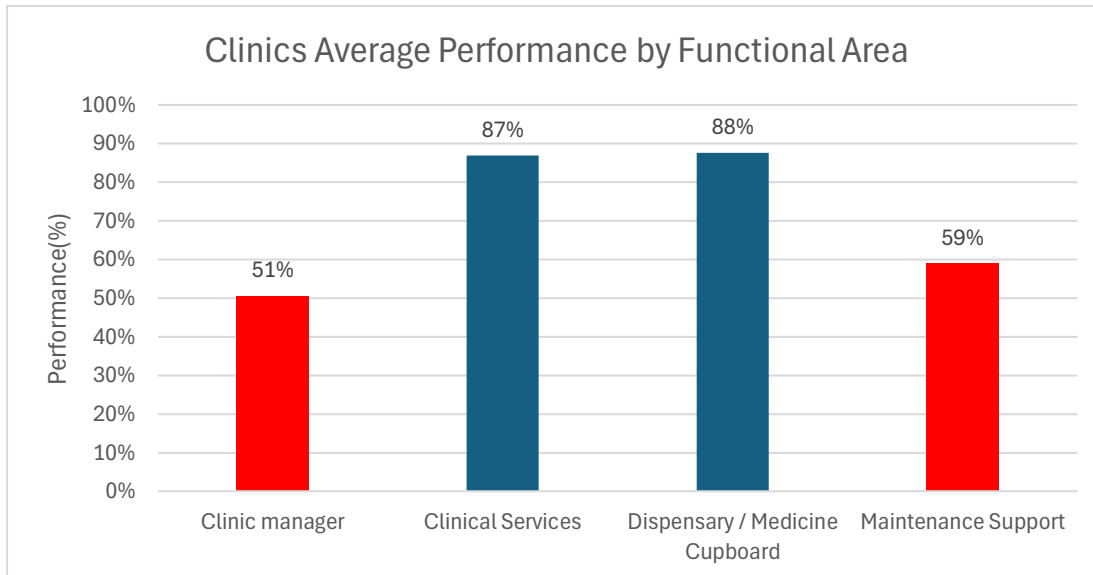


Figure 4: Clinics Average Performance per Functional Area

6.3.2. Community Health Centres functional area performance

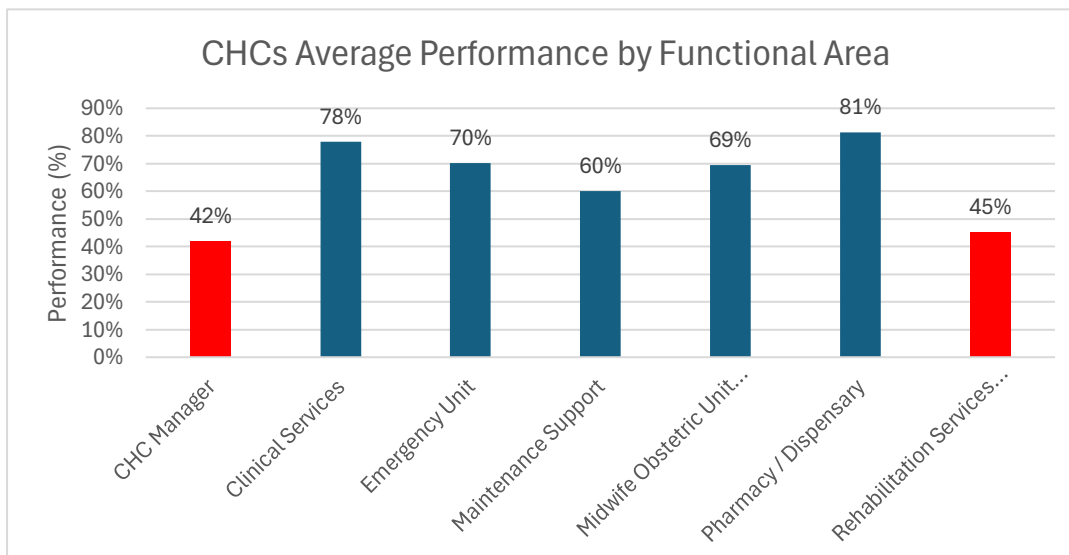


Figure 5: CHC Average Performance per Functional Area

6.3.3. District Hospitals functional area performance

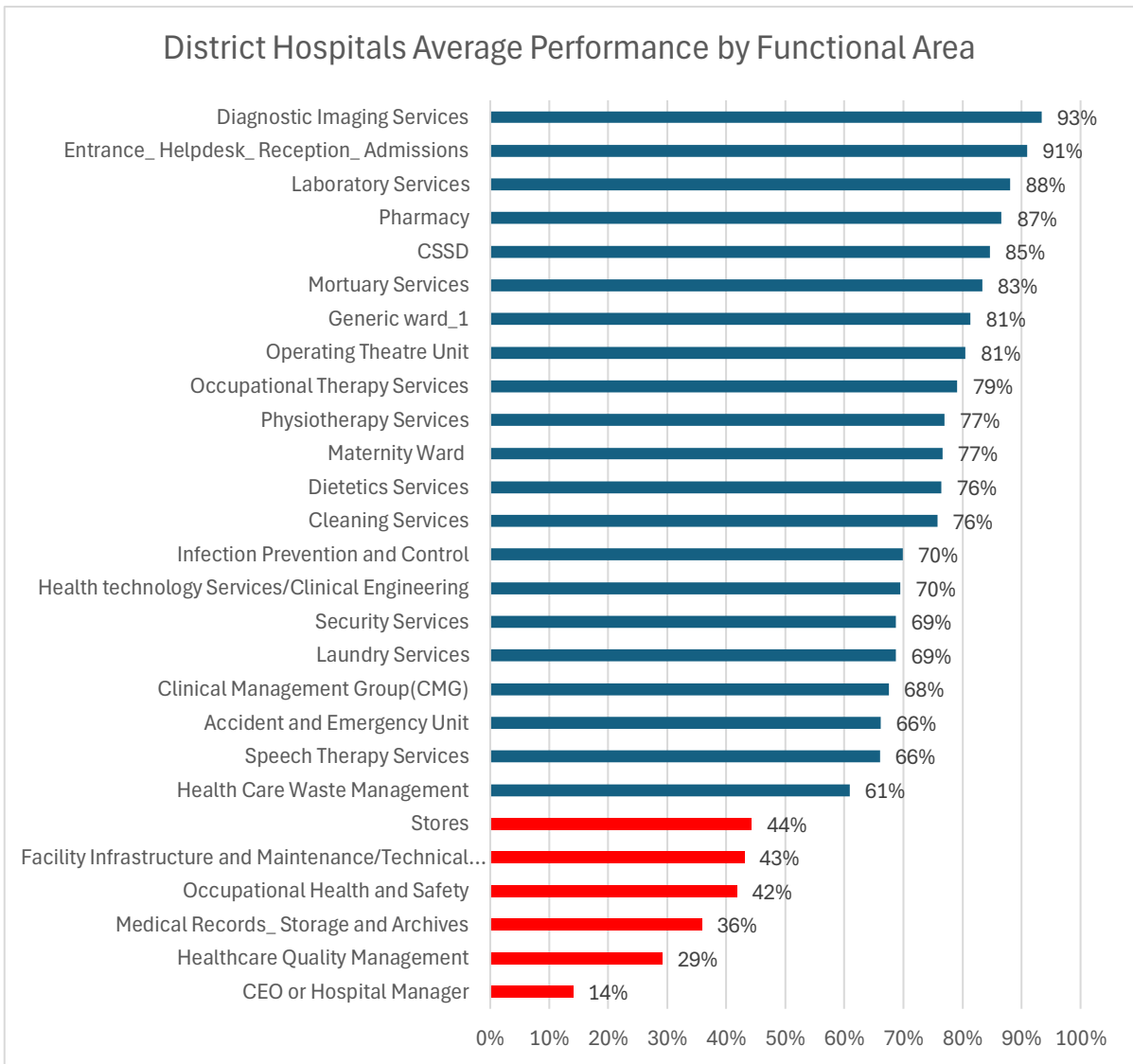


Figure 6: District Hospitals Average Performance per Functional Area

6.3.4. Regional Hospitals functional area performance

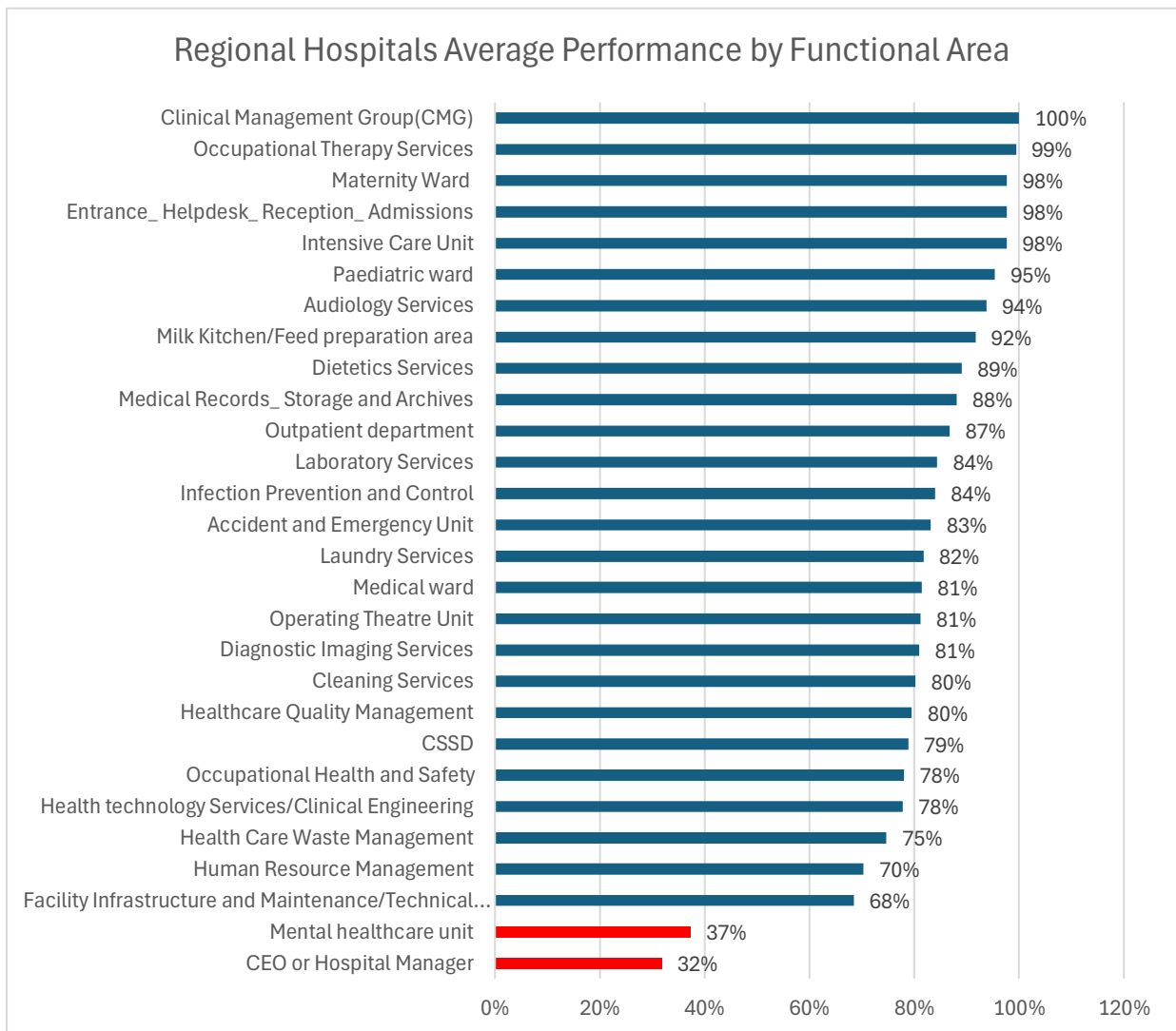


Figure 7: Regional Hospitals Average Performance per Functional Area

6.3.5. Private Acute Hospitals

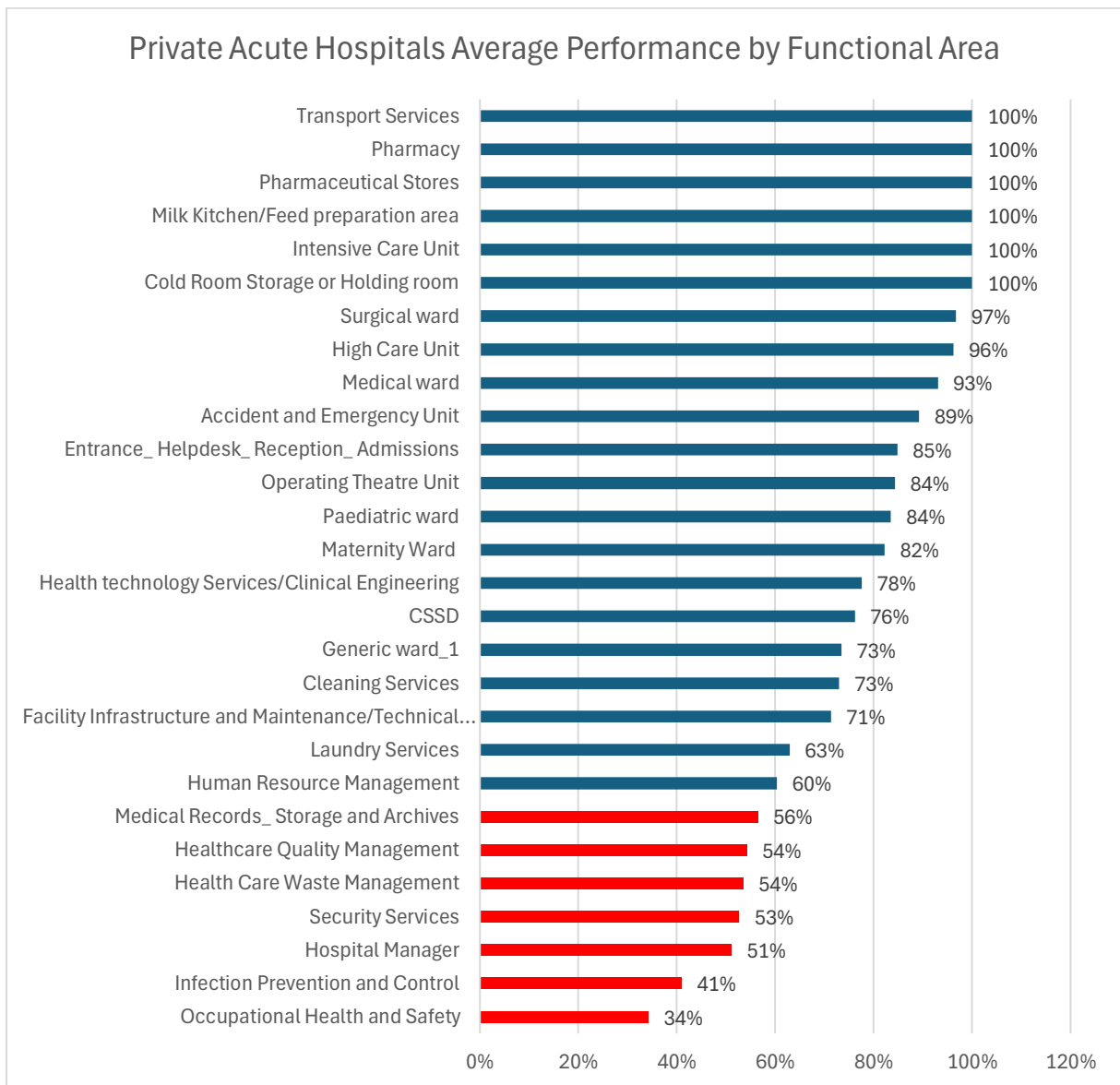


Figure 8: Private Acute Hospitals Average Performance per Functional Area

7. RE-INSPECTIONS

7.1 Number of re-inspected public health establishments by district, category, and compliance rate

Table 14 below shows the compliance rate of re-inspected health establishments across districts. An overall compliance rate of 30% (3/10) was achieved for the re-inspected health establishments. HEs inspected in Frances Baard (0/5) and Namakwa (0/2) districts did not achieve compliance while Zwelentlanga Fatman Mgcawu district (3/3) achieved 100% compliance

Table 14: Compliance rate of re-inspected HEs across districts inspected in FY 2023/24

Province Name	Clinics			Community Health Centres			Total Inspected per Province		
	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)
Frances Baard	4	-	0%	1	0	0%	5	0	0%
Namakwa	2	-	0%	-	-	-	2	0	0%
Zwelentlanga Fatman Mgcawu	3	3	100%	-	-	-	3	3	100%
NC Re-inspections Total	9	3	33%	1	0	0%	10	3	30%

7.2 Gradings of re-inspected public health establishments by districts and category

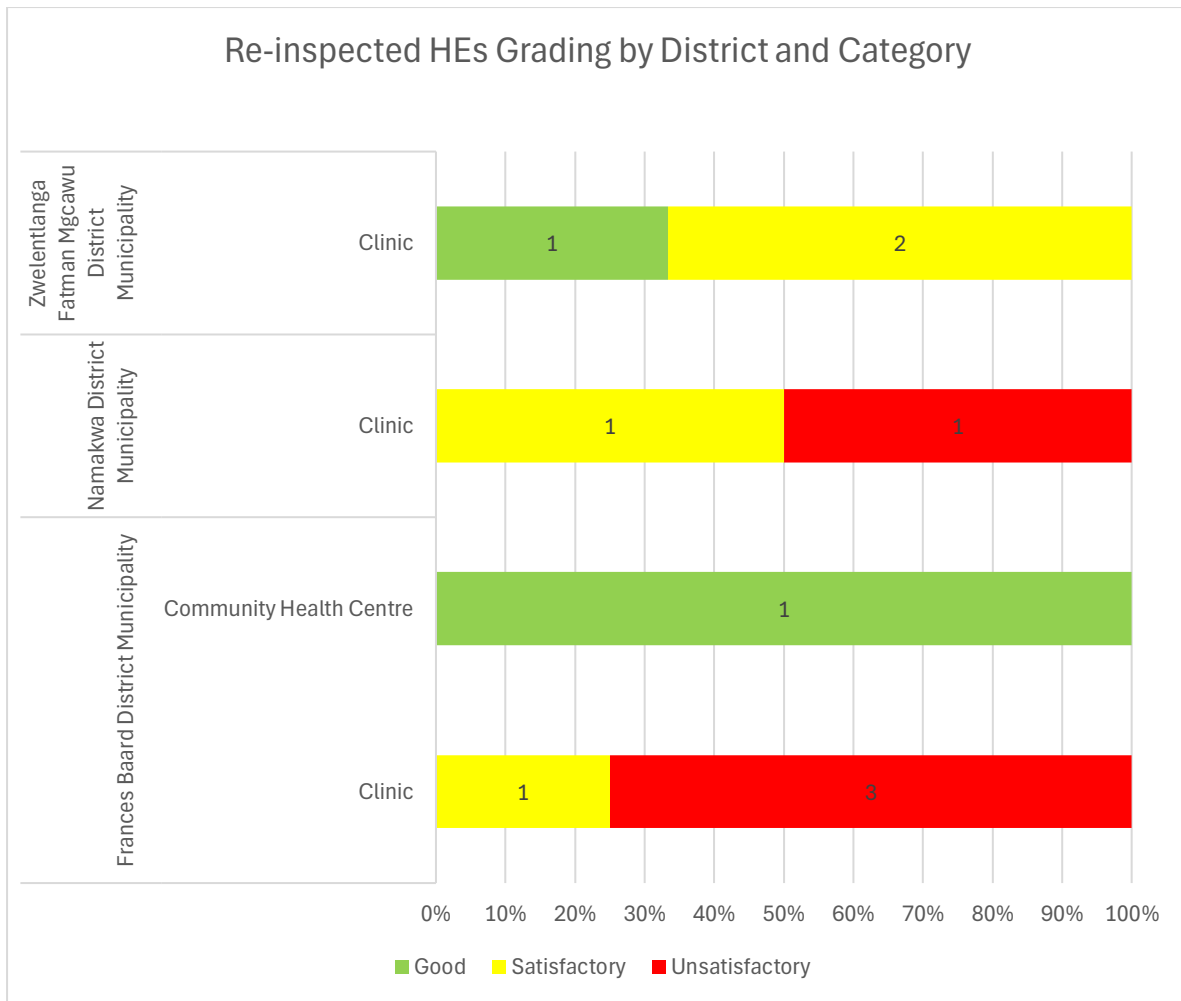


Figure 9: Provincial overall grading of inspected HE by district and category

7.3 Overall Performance on Non-Negotiable Measures for re-inspected Public Health Establishments

Overall NNM Compliance rate for re-inspected public HEs was 30 %.

Table 15: Overall Non-Negotiable Measures (NNMs) compliance rate per category

HE Category	Number of Inspected HEs	NNM Compliant	NNM non-compliant	Proportion (NNM 100 % Compliant)
Clinic	9	3	6	33%
Community Health Centre	1		1	0%

7.3.1. Re-inspected Clinic Performance on Non-Negotiable Measures

The non-negotiable measure relating to the emergency trolley being stocked with medicines, and medical supplies and equipment was the only measure not complied with by the clinics. An overall compliance rate of 33% (3/9) was achieved for the measure.

Table 16: Performance of Re-inspected Clinics on Non-Negotiable Measures

Measure Name	Applicable Measures	Sum of Scores	Compliance Rate (%)
An oxygen cylinder with pressure gauge is available.	9	9	100%
CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	9	3	33%
The oxygen available in the cylinder is above the minimum level.	9	9	100%

7.3.2. Re-inspected Community Health Centres (CHCs) Performance on Non-Negotiable Measures

The non-negotiable measure relating to the emergency trolley being stocked with medicines, and medical supplies and equipment was the only measure not complied with by the CHCs. An overall compliance rate of 0% (2/2) was achieved for the measure.

Table 17: Performance of Re-inspected CHCs on Non-Negotiable Measures

Functional Area	Measure Name	Applicable Measures	Sum of Scores	Performance (%)
Emergency Unit	An oxygen cylinder with pressure gauge is available in the resuscitation or emergency room.	1	1	100%

	CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicines, medical supplies, and equipment.	1	0	0%
	The oxygen available in the cylinder is above the minimum level.	1	1	100%
Functional Area	Measure Name	Number of Applicable Measures	Sum of Score	Performance (%)
Midwife Obstetric Unit (MOU)	An oxygen cylinder with pressure gauge is available.	1	1	100%
	CHECKLIST: The emergency trolley is stocked with the medicines, medical supplies, and equipment.	1	0	0%
	The oxygen available in the cylinder is above the minimum level.	1	1	100%

7.4 Re-inspections Summary

There were 10 HEs re-inspected during the reporting period across three districts. Of the 10 HEs, there were nine clinics and one CHC. The CHC and six clinics did not achieve compliance with the norms and standards. The persistent non-compliance of Primary Health Care HEs is concerning as this is the entry to the health system, posing a risk to safety and health of users. Four of the clinics were graded Unsatisfactory which symbolises inferior quality of care in these HEs. These persistently non-compliant HEs will be referred for enforcement action to ensure they comply with the norms and standards.

8. DISCUSSION

The compliance rate of inspected HEs across all categories was 56% which represents 20 of the thirty-six inspected HEs. CHCs achieved the lowest compliance rate of 31% (5/16) followed by private acute hospitals at 50% (1/2) and clinics 75% (12/16). District (1/1) and regional (1/1) hospitals each achieved a compliance rate of 100%.

Health establishments that did not meet compliance requirements did not have emergency trolley supplies. Addressing these requirements could potentially change the health establishments' compliance status and reduce risk to patient safety.

9. LIMITATIONS

The small coverage of health establishments inspections cannot be regarded as representative of the status of all health establishments in the same categories across the province, thus limiting the meaningful provincial overview reporting.

Not all measures and functional areas were scored in inspected HEs as some were not applicable in the inspected CHCs and district hospitals, making generalisations about the reasons for non-compliant inspection outcomes impossible.

10. RECOMMENDATIONS

OHSC provide the following recommendations per level of public and private management.

HEALTH ESTABLISHMENT MANAGEMENT	DISTRICT MANAGEMENT	PROVINCIAL MANAGEMENT
<ul style="list-style-type: none"> • Adhere to Clinical Emergency Guidelines: Ensure all clinical staff are trained in emergency stabilization procedures for patients, establishing standard protocols to stabilize patients before referring them elsewhere. • Monitor Clinical Risk Indicators: Actively track and monitor clinical risk indicators, implementing prompt action plans when risks are identified to safeguard patient and staff welfare. 	<ul style="list-style-type: none"> • Maintain Clinical Risk Management Programs: • Develop and sustain systems, structures, and programs • dedicated to managing clinical risks. • Monitor Implementation of Comprehensive Human Resource Plan: Develop a human resource plan that aligns with the specific size and needs of the health 	<ul style="list-style-type: none"> • Establish Governance Structures with Defined Terms of Reference: The MEC of Health should appoint a governance structure for hospitals and clinics within the province, ensuring that members are inducted and trained as per their responsibilities. • Compliance certificates for its buildings and grounds. The health establishment must ensure that all required compliance certificates for its buildings and grounds are obtained and

<ul style="list-style-type: none"> • A medical surveillance plan must be implemented for at-risk personnel, informed by a comprehensive health risk assessment. • The health establishment must enforce a zero-tolerance policy toward violence and abuse against healthcare personnel and implement measures to support and protect staff. • Manage Patient Waiting Times: Utilize the National Guideline on the Management of Patient Waiting Time to optimize service delivery and reduce patient waiting periods. • Report and Monitor Adverse Blood Reactions: Establish a committee responsible for monitoring and reporting all adverse blood reactions to ensure continuous safety improvement. 	<ul style="list-style-type: none"> • establishment, ensuring • sufficient staffing levels to • meet operational demands. 	<p>maintained in accordance with applicable building regulations.</p> <ul style="list-style-type: none"> • Proper Human resources: The health establishment must develop and implement a human resource plan appropriate to its type and size, ensuring it meets operational and service needs.
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North West

1. DISTRIBUTION OF HEALTH ESTABLISHMENTS IN THE NORTH WEST PROVINCE

1.1 Total number of health establishments per category in the province

Table 1 and Table 2 below shows the total number of public sector health establishments (clinics, CHCs, district and regional hospitals) and private sector health establishments (private acute hospitals) in the province that can be sampled and inspected with the applicable OHSC regulatory inspection tools.

Table 1: Total number of public health establishments per category by district

District	HE Classification				Total per district
	Clinic	Community Health Centre	District Hospital	Regional Hospital	
Bojanala Platinum District	103	7	3	1	114
Dr Kenneth Kaunda District	29	9	1	2	41
Dr Ruth Segomotsi Mompati District	47	11	4	1	63
Ngaka Modiri Molema District	73	15	5	1	94
Total per category	252	42	13	5	312

Table 2: Total number of private acute hospitals by hospital group

Hospital Group	Number of Acute Hospital
Clinix	1
Life	1
Mediclinic	0
National Hospital Network	2
Netcare	1
Total	5

2. OVERVIEW OF INSPECTIONS CONDUCTED AND COMPLIANT OVER TIME IN PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS

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

The number of actual inspections conducted during the 2019/20, 2020/21, 2021/22 and 2022/23 and 2023/24 fiscal years are depicted in Table 3 below.

Table 3: Cumulative Number of Inspected Public and Private health establishments by Category, (FY 2019/20 – FY2023/24)

Facility Type	FY2019/20			FY2020/21			FY2021/22			FY2022/23			FY2023/24			Cumulative Number of HEs (FY 2019/20 - FY 2023/24)		
	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)
Clinics	62	0	0%	34	4	12%	64	4	6%	56	20	36%	35	32	91%	251	99	39%
CHCs	-	-	-	-	-	-	7	4	57%	7	4	57%	25	23	92%	39	36	92%
District Hospitals	-	-	-	-	-	-	1	0	0%	4	1	25%	2	0	0%	7	6	86%
Regional Hospitals	-	-	-	-	-	-	2	0	0%	-	-	-	-	-	-	2	0	0%
Private Acute Hospitals	-	-	-	-	-	-	-	-	-	2	2	100%	5	5	100%	7	7	100%
Total	62	0	0%	34	4	12%	74	8	11%	69	27	39%	67	60	90%	306	148	48%

The compliance rate for the clinics and CHC's were at 91% and 92% respectively with the only 0% compliance rate attributed to the 2 district hospitals inspected in the 2023/24 period. The clinics and CHC's had shown a dramatic improvement in compliance rate from the previous fiscal year improving from 32% and 23% respectively to 91% and 92%. There were no regional hospitals inspected in the 2023/24 period.

3. DISTRIBUTION OF INSPECTED PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS IN F/Y 2023/24

Table 4: Distribution of Inspected Public HEs per category by District and Private HEs per category, F/Y 2023/24

District	Clinics	CHC	District Hospitals	Private Acute Hospitals	Total per District
Bojanala	3	-	-	-	3
Dr Ruth Segomotsi Mompoti	13	10	-	-	23
Ngaka Modiri Molema	19	15	2	-	36
Private	-	-	-	5	5
Total per Category	35	25	2	5	67

3.1 Provincial Compliance Status for Inspected Public & Private Health Establishments for FY 2023/24

A total of 67 health establishments were inspected in the North West province during the 2023/24 inspection cycle. Figure 1 below shows the number of inspected public and private health establishments by category and compliance status.

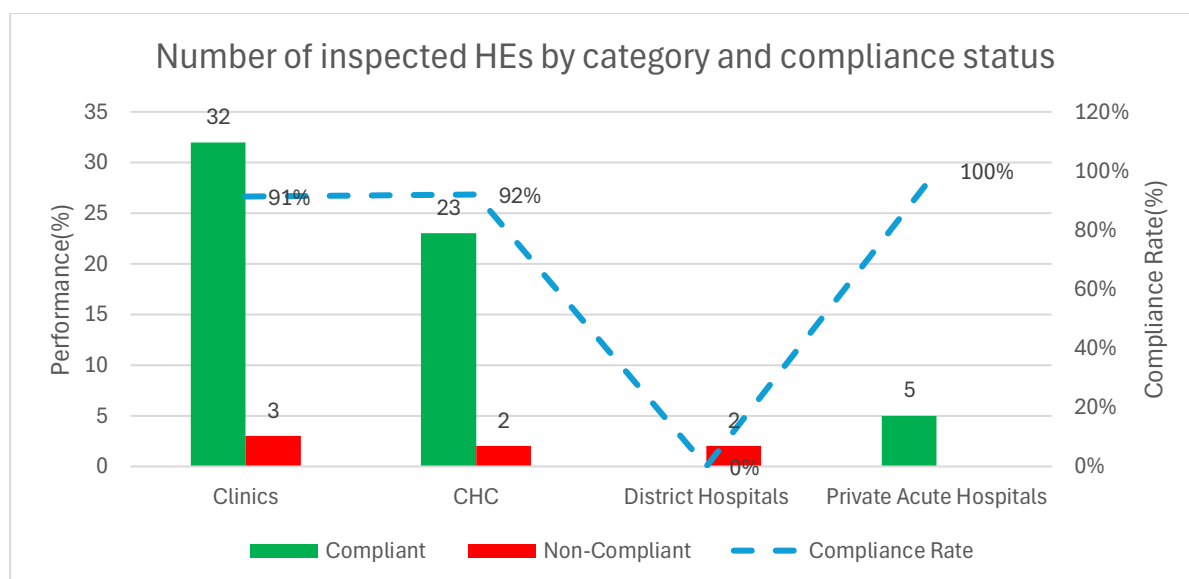


Figure 1: Number of Inspected HEs by Category and Compliance Status

3.2 Compliance Status of Inspected Public & Private HEs per District and Category

Table 5 below shows the total number of inspected health establishments per district, category, and compliance performance.

District	Clinics	CHC	District Hospitals	Private Acute Hospitals
Bojanala	100%	-	-	-
Dr Ruth Segomotsi Mompoti	77%	80%	-	-
Ngaka Modiri	100%	100%	50%	-
Private	-	-	-	100%
NW Average	91%	92%	50%	100%

Table 5: Compliance status of inspected Public HEs per District and category and Private HEs per category for FY 2023/24

The North West provincial compliance status shows that the two district hospitals inspected in the Ngaka Modiri district was at 0%.

4. OVERALL GRADINGS FOR INSPECTED PUBLIC & PRIVATE HEALTH ESTABLISHMENTS

4.1. Overall Grading for Inspected Public & Private Health Establishments per District and Category for FY 2023/24

The overall gradings of inspected health establishments according to their categories are displayed in Figure 2 below.

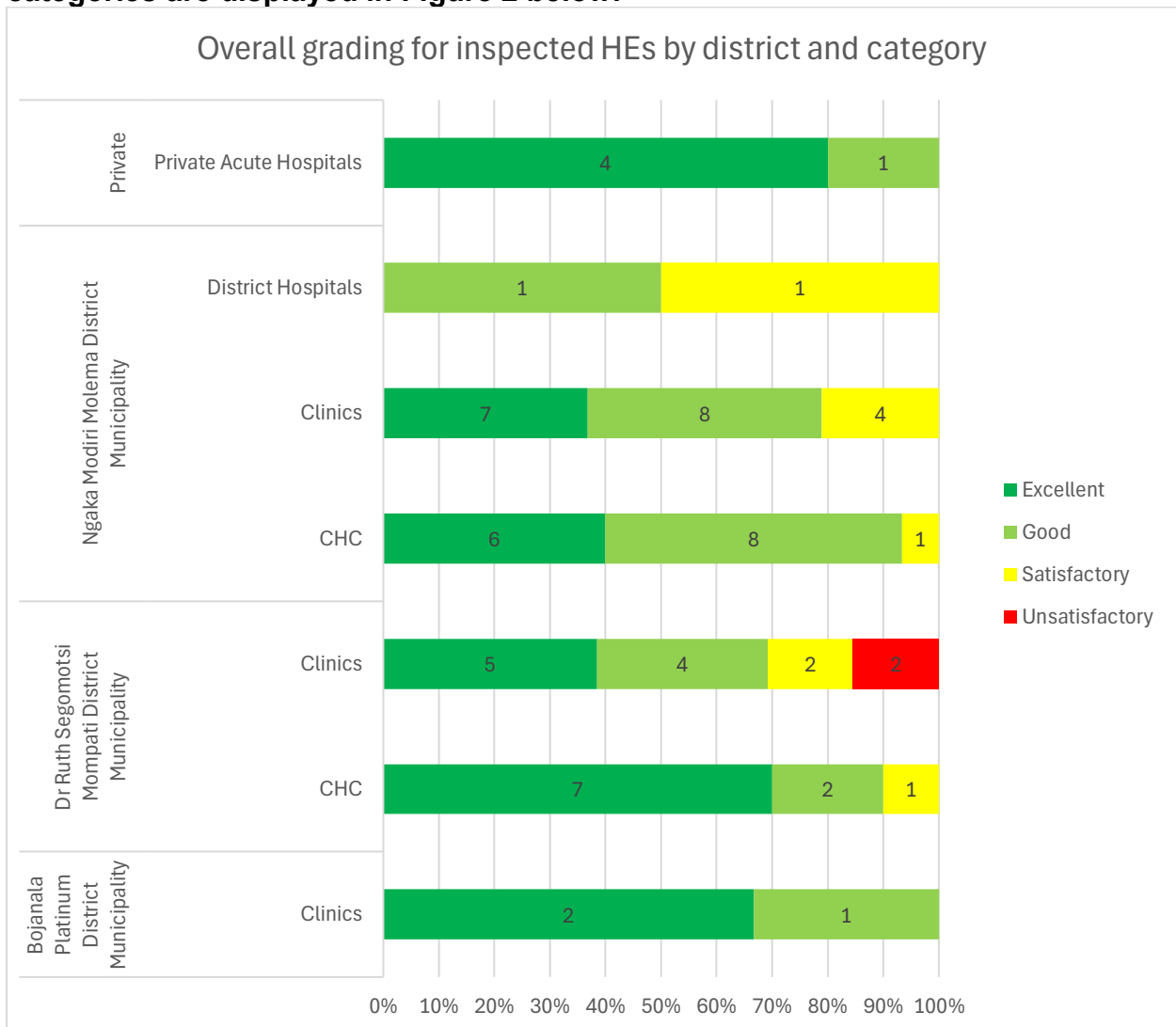


Figure 2: Provincial overall grading of inspected HE by district and category

5. PERFORMANCE OF NON-NEGOTIABLE MEASURES FOR INSPECTED PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS PER CATEGORY

The compliance with the non-negotiable measures were as follows:

- Overall NNM Compliance rate for public HEs = 92%
- Overall NNM Compliance rate for Private HEs = 100%

Table 6: Overall Non-Negotiable Measures (NNMs) compliance rate per category

HE Category	Number of Inspected HEs	NNM Compliant	NNM non-compliant	Proportion (NNM 100 % Compliant)
Clinics	35	34	1	97%
CHC	25	23	2	92%
District Hospitals	2	0	2	0%
Private Acute Hospitals	5	5	0	100%

5.1. Clinics' Performance on Non-Negotiable Measures

This section covers the performance of clinics on non-negotiable measures.

Table 7: Clinic performance according to the three NNMs.

Measure Name	Applicable Measures	Sum of Scores	Compliance Rate
An oxygen cylinder with pressure gauge is available.	35	35	100%
CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	35	34	97%
The oxygen available in the cylinder is above the minimum level.	35	35	100%

Two of the non-compliant clinics had 100% compliance on NNM but had an unsatisfactory grading resulting in a non-compliant status. The one health establishment with NNM non-compliant status was due to the absence of the pulse oximeter with adult and paediatric probes.

5.2. Community Health Centres'(CHCs) Performance on Non-Negotiable Measures

Table 8: CHC performance according to the NNMs (Clinical Services, Emergency Unit and Midwife Obstetric Unit)

Functional Area Name	Measure Name	Applicable Measures	Sum of Score	Compliance Rate (%)
Clinical Services	An oxygen cylinder with pressure gauge is available.	24	24	100%
	CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	21	20	95%
	The oxygen available in the cylinder is above the minimum level.	24	24	100%
Functional Area Name	Measure Name	Applicable Measures	Sum of Score	Compliance Rate (%)

Emergency Unit	An oxygen cylinder with pressure gauge is available in the resuscitation or emergency room.	5	5	100%
	CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicines, medical supplies, and equipment.	5	4	80%
	The oxygen available in the cylinder is above the minimum level.	5	5	100%
Functional Area Name	Measure Name	Applicable Measures	Sum of Score	Compliance Rate (%)
Midwife Obstetric Unit (MOU)	An oxygen cylinder with pressure gauge is available.	18	18	100%
	CHECKLIST: The emergency trolley is stocked with the medicines, medical supplies, and equipment.	18	17	94%
	The oxygen available in the cylinder is above the minimum level.	18	18	100%

The CHC non-compliant with NNM's were because of the unavailability of paediatric straight blades for laryngoscope, size 00 as well as pulse oximeter with adult & paediatric probes.

5.3. District Hospitals' Performance on Non-Negotiable Measures

Table 9: District Hospital performance according to the NNMs

NNM	Non-Compliant	Compliant	Applicable Measures	Compliance Rate
A functional system is in place to supply piped medical gas to clinical areas.	1	0	1	0%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.		5	5	100%
Emergency power supply is available.		2	2	100%
Emergency trolley is stocked with medicines and equipment.	7	2	9	22%
Health care providers correctly complete forms used for informed consent.	6	4	10	40%
The unit has a functional system to supply piped oxygen to all clinical areas.	1	12	13	92%
The oxygen available in the cylinder is above the minimum level with pressure gauge.	2	2	4	50%

The district hospital performance on NNMs indicates areas of non-compliance are mostly related to the emergency trolley not being stocked with medicines and equipment as well as the unavailability of piped medical gas, oxygen as well portable oxygen via oxygen cylinders being below the minimum level.

5.4. Private Acute Hospitals' Performance on Non-Negotiable Measures

Table 10: Private Acute Hospitals performance according to the NNMs

NNM	Non-Compliant	Compliant	Applicable Measures	Compliance Rate
Emergency power supply is available.		5	5	100%
Emergency trolley is stocked with medicines and equipment.		29	29	100%
The oxygen available in the cylinder is above the minimum level with pressure gauge.		60	60	100%
The unit has a functional system to supply piped oxygen to the clinical areas.		29	29	100%

The private hospital inspected complied with all NNMs.

6. PERFORMANCE OF DOMAIN (CHAPTERS) AND STANDARDS FOR PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS

6.1. Overall Performance of Public and Private health establishment by Domains (Chapters)

Table 11: Public Health Establishment Performance by Domains (Chapters)

District	USER RIGHTS	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES
Bojanala	87%	79%	78%	74%	63%
Dr Ruth Segomotsi Mompati	82%	82%	89%	78%	63%
Ngaka Modiri Molema	81%	78%	84%	79%	56%
NW Average	82%	80%	86%	78%	58%

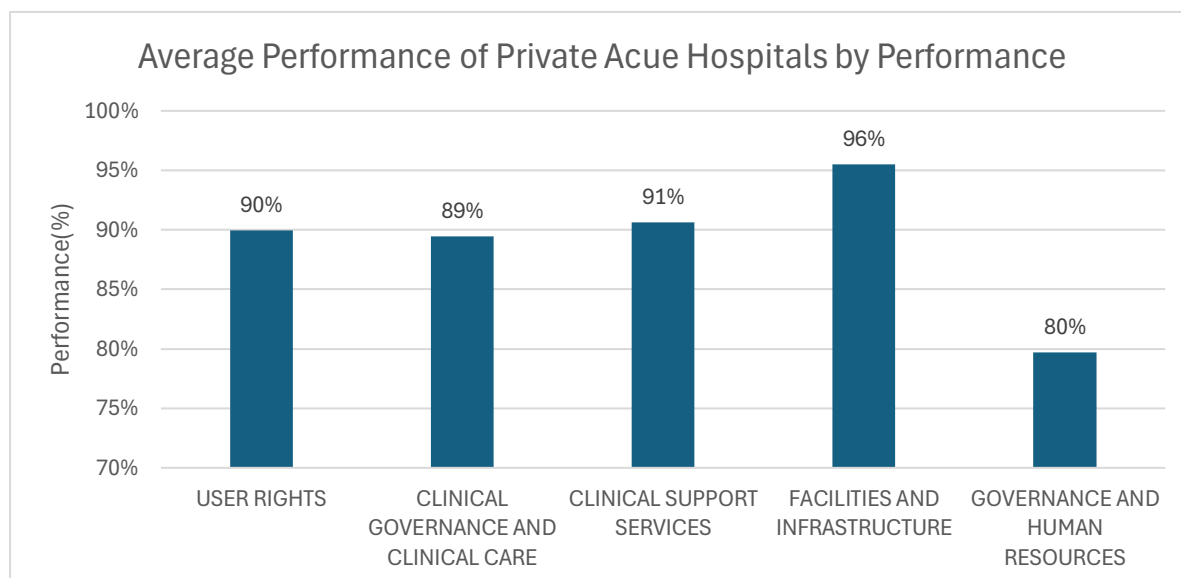


Figure 3: Private Health Establishment Performance by Domains (Chapters)

6.2. Overall performance of measures according to standards and criteria by Domain for public health establishments (Below 60% scores)

Section 10.2 of the National Overview Report depicts overall performance of measures according to standards and criteria. The below section focuses on the overall

performance of measures according to standards and criteria that specifically scored below 60% in the province.

Domain: User Rights

Standard Name	Criteria Name	Performance (%)
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	The health establishment must adhere to clinical guidelines on stabilizing users presenting in an emergency before referring them to another health establishment.	19%

Domain: Clinical Governance and Clinical Care

Standard Name	Criteria Name	Performance (%)
(b) A health establishment must establish and maintain systems structures and programmes to manage clinical risk.	A functional audit committee that ensures quality use of medicines must be in place.	56%
	Authorisation must be confirmed for all research projects involving users at the health establishment.	0%
	The health establishment must implement an effective waste management procedure within the health establishment and buildings and grounds.	31%
	The health establishment must monitor clinical outcomes to improve service delivery.	48%
	The management of complaints must deliver improvements in the quality of services provided to users.	33%
	The success of sterilisation procedures must be monitored.	53%
	Where sterilisation services are outsourced the service level agreement must be managed effectively.	50%
	The health establishment must ensure that waste is handled stored and disposed of safely in accordance with the law.	Films and reagents must be stored and disposed of according to guidelines.

The health establishment must establish and maintain clinical management systems structures and procedures that give effect to national policies and guidelines.	The health establishment monitors indicators of clinical risk and implements actions to mitigate risk when necessary.	54%
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Domain: Clinical Support Services

Standard Name	Criteria Name	Performance (%)
Hospitals and CHCs must ensure that users have access to blood and blood products when required.	The health establishment must ensure that adverse blood reactions are reported to a committee in the health establishment that monitor adverse incidents.	56%

Domain: Facilities and Infrastructure

Standard Name	Criteria Name	Performance (%)
The health establishment must have systems to protect users' health care personnel and property from security threats and risks.	All security incidents must be reported and addressed.	58%

Domain: Governance and Human Resources

Standard Name	Criteria Name	Performance (%)
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	A medical surveillance plan for at-risk personnel must be implemented based on a health risk assessment.	43%
	The disaster management plan must be communicated to personnel and tested annually.	53%
	The health and safety committee must ensure effective management of reported health and safety incidents.	57%
	The health establishment must have a disaster management plan in place which is updated annually and in response to personnel turnover.	0%

The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	The health establishment must as appropriate to the type and size of the establishment have a performance management and development system in place.	56%
	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.	34%
The health establishment must have a functional governance structure with written Terms of Reference.	The governance structure must ensure that the financial sustainability of the health establishment is assured.	33%

6.3. Overall performance of Functional Area for public health establishments (Below 60% scores)

6.3.1. Clinics functional areas performance

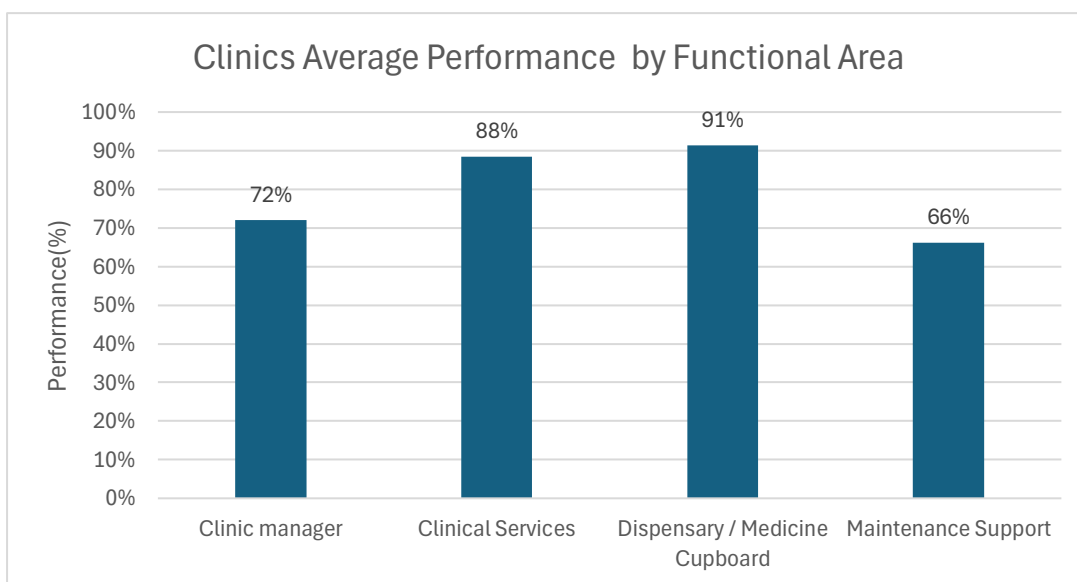


Figure 4: Clinics Average Performance per Functional Area

6.3.2. Community Health Centres functional areas performance

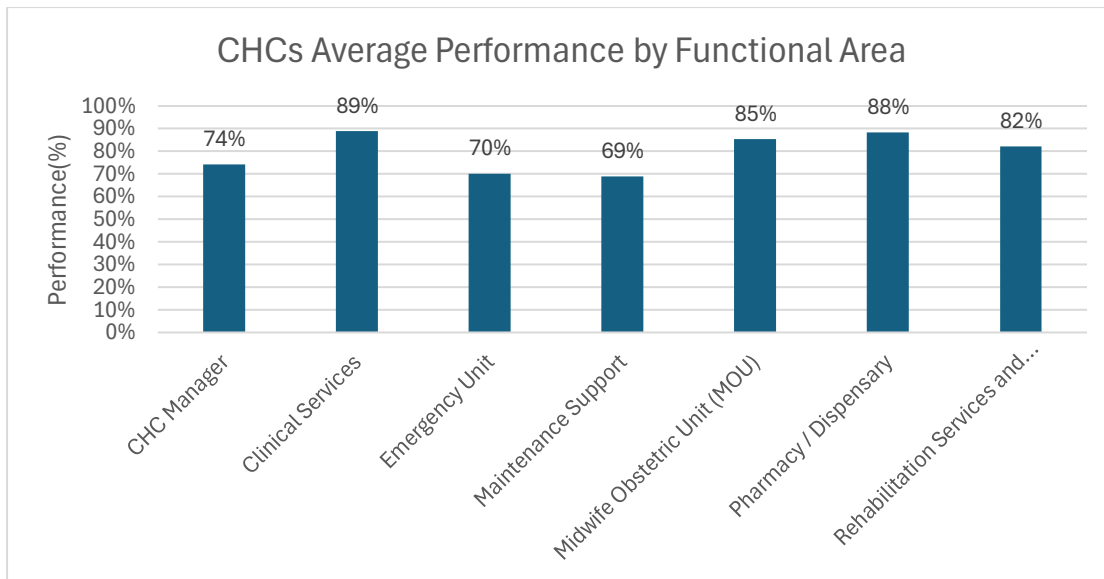


Figure 5: CHC Average Performance per Functional Area

6.3.3. District Hospitals functional areas performance

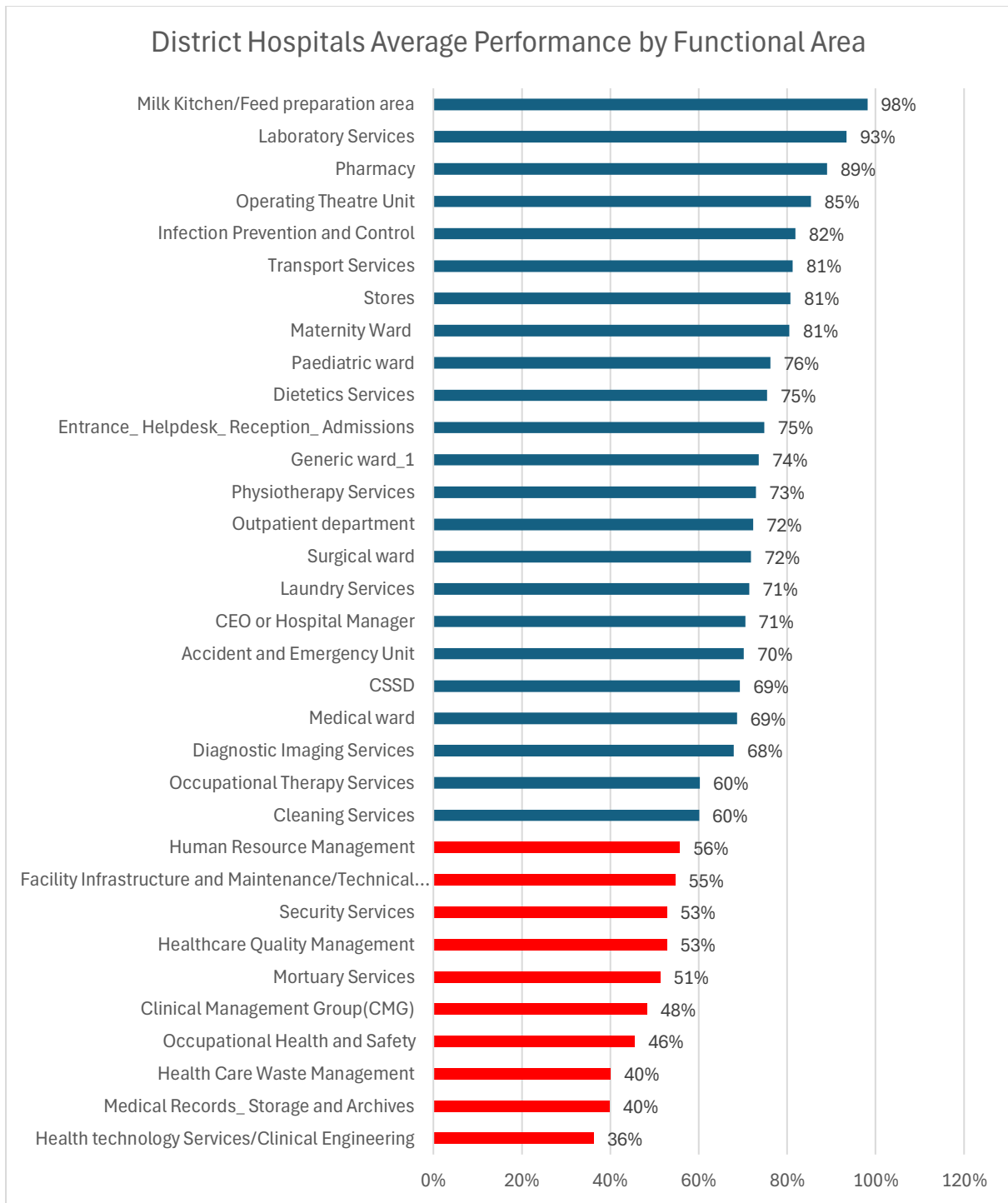


Figure 6: District Hospitals Average Performance per Functional Area

6.3.5. Private Acute Hospitals functional areas performance

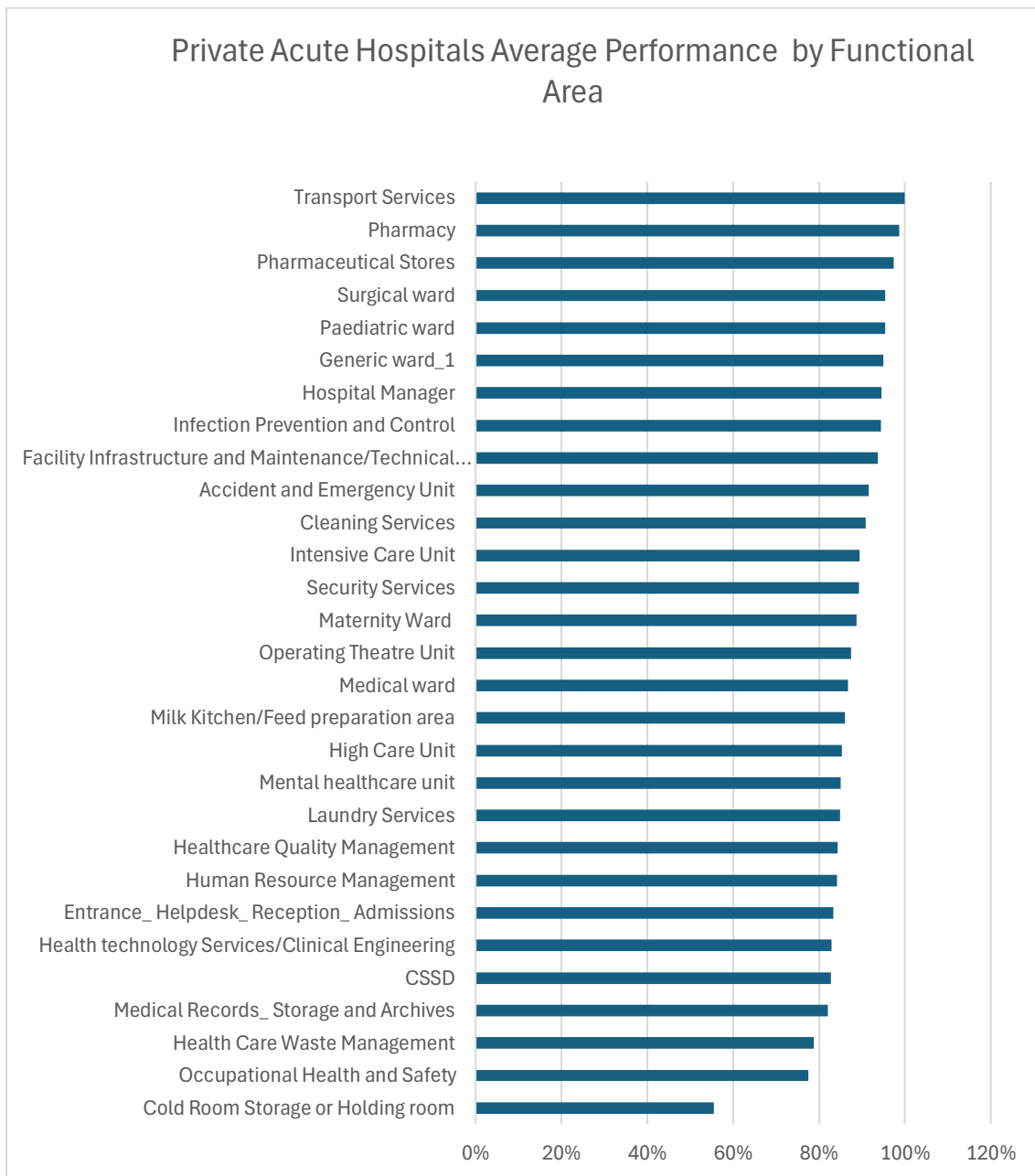


Figure 7: Private Acute Hospitals Average Performance per Functional Area

7. RE-INSPECTIONS

7.1 Number of re-inspected public health establishments by district, category, and compliance rate

Table 12 below shows the compliance rate of re-inspected health establishments across districts. An overall compliance rate of 91%.

Table 12: Compliance rate of re-inspected HEs across districts inspected in FY 2023/24

District	Clinic			Community Health Centre			District Hospitals			Regional Hospitals			Total Inspected per District		
	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)
Bojanala	14	14	100%	1		0%	2	2	100%	1	1	100%	18	17	94%
Dr Kenneth Kaunda	2	2	100%	1	1	100%	-	-	-	1	1	100%	4	4	100%
Dr Ruth Segomotsi Mompati	4	4	100%	1	1	100%	1	1	100%	-	-	-	6	6	100%
Ngaka Modiri Molema	13	10	77%	-	-		2	2	100%	-	-	-	15	12	80%
Grand Total	33	30	91%	3	2	67%	5	5	100%	2	2	100%	43	39	91%

7.2 Gradings of re-inspected public health establishments by districts and category

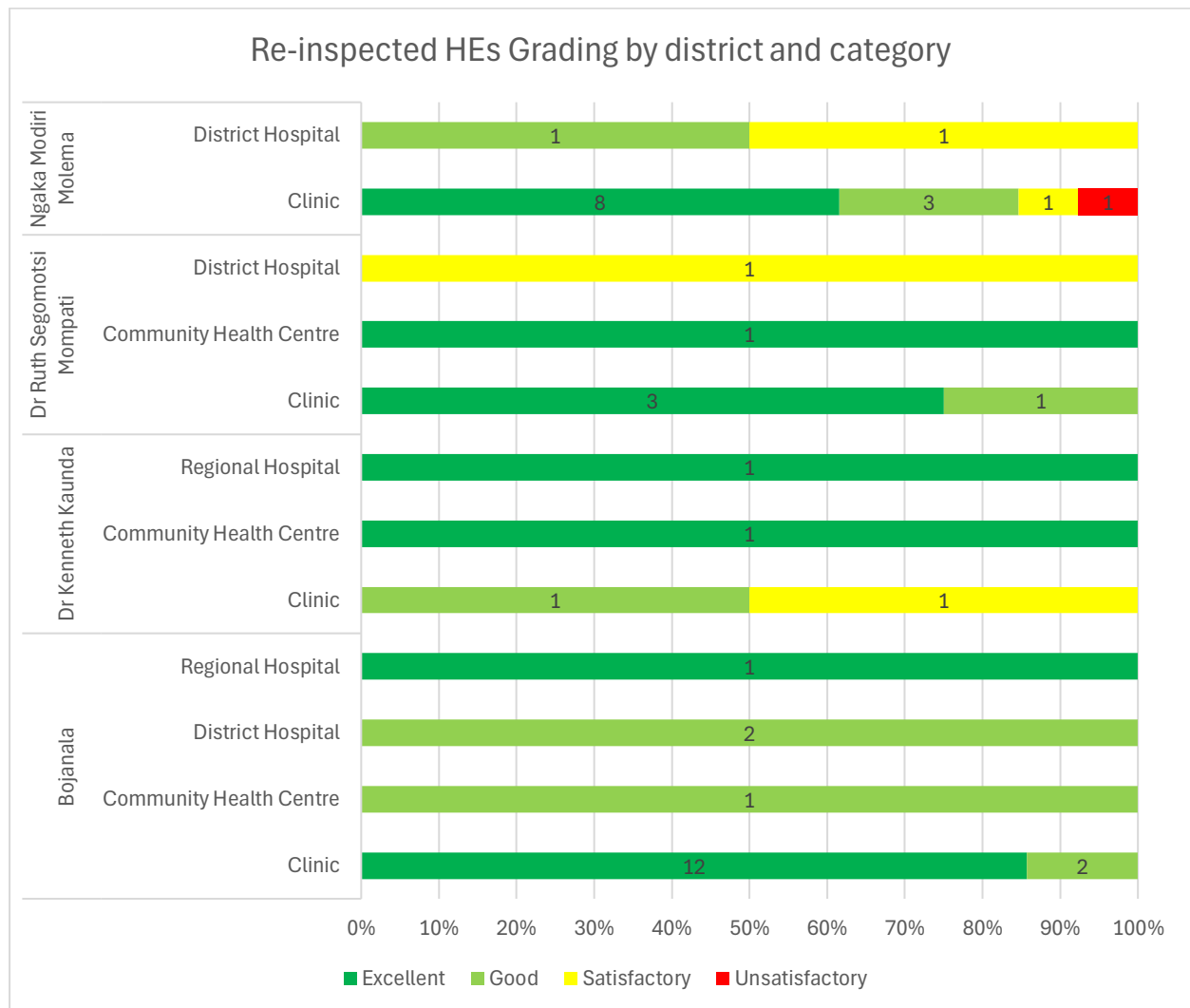


Figure 8: Provincial overall grading of inspected HE by district and category

7.3 Performance on Non-Negotiable Measures for re-inspected Public and Private Health Establishments

The NNM's includes measures such as emergency trolley is stocked with equipment, medical supplies and medicines, oxygen cylinders with functioning gauges and a level of oxygen above the minimum level.

Failure to comply with NNM's results in non-compliance with the norms and standards.

Overall NNM Compliance rate for re-inspected public HEs = 93 %

Table 12: Overall Non-Negotiable Measures (NNMs) compliance rate per category

HE Category	Number of Inspected HEs	NNM Compliant	NNM non-compliant	Proportion (NNM 100 % Compliant)
Clinic	33	31	2	94%
Community Health Centre	3	2	1	67%
District Hospital	5	5	0	100%
Regional Hospital	2	2	0	100%

7.3.1. Re-inspected Clinic Performance on Non-Negotiable Measures

Table 13: Performance of Re-inspected Clinics on Non-Negotiable Measures

Measure Name	Applicable Measures	Sum of Scores	Compliance Rate (%)
An oxygen cylinder with pressure gauge is available.	33	33	100%
CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	33	31	94%
The oxygen available in the cylinder is above the minimum level.	33	33	100%

7.3.2. Re-inspected Community Health Centres Performance on Non-Negotiable Measures

Table 14: Performance of Re-inspected CHCs on Non-Negotiable Measures

Functional Area Name	Measure Name	Applicable Measures	Sum of Scores	Compliance Rate (%)
Clinical Services	An oxygen cylinder with pressure gauge is available.	2	2	100%
	CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	1	1	100%
	The oxygen available in the cylinder is above the minimum level.	2	2	100%

Functional Area Name	Measure Name	Applicable Measures	Sum of Scores	Compliance Rate (%)
Emergency Unit	An oxygen cylinder with pressure gauge is available in the resuscitation or emergency room.	2	2	100%
	CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicine medical supplies and equipment.	2	2	100%
	The oxygen available in the cylinder is above the minimum level.	2	2	100%
Functional Area Name	Measure Name	Applicable Measures	Sum of Scores	Compliance Rate (%)
Midwife Obstetric Unit (MOU)	An oxygen cylinder with pressure gauge is available.	3	3	100%
	CHECKLIST: The emergency trolley is stocked with the medicine medical supplies and equipment.	3	2	67%
	The oxygen available in the cylinder is above the minimum level.	3	3	100%

7.3.3. Re-inspected District Hospital Performance on Non-Negotiable Measures

NNM	Non-Compliant	Compliant	Applicable Measures	Compliance Rate
A functional system is in place to supply piped medical gas to clinical areas.	1	0	1	0%
The unit has access to an emergency trolley within three minutes of a user requiring emergency resuscitation.		5	5	100%
Emergency power supply is available.		2	2	100%
Emergency trolley is stocked with medicines and equipment.	7	2	9	22%

Health care providers correctly complete forms used for informed consent.	6	4	10	40%
The unit has a functional system to supply piped oxygen to all clinical areas.	1	12	13	92%
The oxygen available in the cylinder is above the minimum level with pressure gauge.	2	2	4	50%

Re-Inspected Summary

It must be noted that of the 43 HE's re-inspected 40 obtained compliance while 3 HE's were still non-compliant. The main reason for non-compliance remains the emergency trolley not being fully stocked with medicines and supplies.

8. DISCUSSION

The OHSC inspected a total of 67 HE's in the province with an overall compliance rate of 90%.

The compliance rate for PHC's was 91%, 34 compliant of 35 inspected, CHC's was at 92%, 23 compliant out of 25 inspected and Private hospitals were at 100% 5 were inspected all compliant. There were 2 District Hospital inspected which was non-compliant thus the compliance rate of 0%.

Non-compliance in the health establishments is mostly attributed to meet the requirements set for the NNM's.

Provincial health establishment can improve their compliance status with support and commitment from provincial and district management teams.

9. LIMITATIONS

Not all measures and functional areas were scored as some were not applicable in the inspected clinics, CHCs and district hospitals, making generalisations about the reasons for non-compliant inspection outcomes impossible.

A smaller scope/coverage for district and health establishments inspections could not be regarded as representative of the status of all health establishments in the same categories across the province, thus limiting the meaningful provincial overview reporting.

10. RECOMMENDATIONS

OHSC provide the following recommendations per level of public and private management. With the support and commitment from the respective districts/ municipalities, provincial and the office of the MECs, the health establishments should be able to resolve or address the challenges and various aspects that were failed.

HEALTH ESTABLISHMENT MANAGEMENT	DISTRICT MANAGEMENT	PROVINCE MANAGEMENT
<ul style="list-style-type: none"> • Implement human resource plan appropriate to the type and size of the establishment to meet staffing needs effectively • Monitor and Mitigate Clinical Risk Indicators: • Regularly monitor clinical risk indicators and take necessary actions to mitigate identified risks. • Maintain an Active Health and Safety Committee: Operate an active Health and Safety Committee to promote a safe working environment for staff and users 	<ul style="list-style-type: none"> • Develop a human resource plan that aligns with the specific size and needs of the health establishment ensuring sufficient staffing levels to meet operational demands. 	<ul style="list-style-type: none"> • Develop a human resource plan that aligns with the specific size and needs of the health establishment ensuring sufficient staffing levels to meet operational demands.



Western Cape

1. DISTRIBUTION OF HEALTH ESTABLISHMENTS IN THE PROVINCE.

1.1 Total number of health establishments per category by district.

Table 1 and Table 2 below, shows the total number of public sector health establishments (clinics, CHCs, district and regional hospitals) and private sector health establishments (private acute hospitals) in the province that can be sampled and inspected with the applicable OHSC regulatory inspection tools.

Table 1: Total number of public health establishments per category by district

District	HE Classification				Total per district
	Clinic	Community Health Centre	District Hospital	Regional Hospital	
Cape Winelands District	38	0	4	2	44
Central Karoo District	8	0	4	0	12
City of Cape Town Metro	69	9	8	2	88
Garden Route District	35	0	6	1	42
Overberg District	17	0	4	0	21
West Coast District	25	0	7	0	32
Total per category	192	9	33	5	239

Table 2: Total number of private acute hospitals by hospital group

Hospital Group	Number of Acute Hospital
Life	05
Mediclinic	17
National Hospital Network	08
Netcare	05
Total	35

2. OVERVIEW OF INSPECTIONS CONDUCTED AND COMPLIANT OVER TIME IN PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS

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

The number of actual inspections conducted during the 2019/20, 2020/21, 2021/22 and 2022/23 and 2023/24 fiscal years are depicted in Table 4 below.

Table 3: Cumulative Number of Inspected Public and Private health establishments by Category, (FY 2019/20 – FY2023/24)

Facility Type	FY2020/21			FY2021/22			FY2022/23			FY2023/24			Cumulative Number of HEs (FY 2020/21 - FY 2023/24)		
	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)	Inspected	Compliant	Compliance Rate (%)
Clinics	25	10	40%	58	30	52%	43	28	65%	49	44	90%	175	112	64%
CHCs	0	0	0	1	0	0%	4	4	100%	1	1	100%	6	5	83%
District Hospitals	0	0	0	2	0	0%	2	2	100%	1	1	100%	5	3	60%
Regional Hospitals	0	0	0	0	0	0	1	1	100%	1	1	100%	2	2	100%
Private Acute Hospitals	0	0	0	0	0	0	8	8	100%	9	9	100%	17	17	100%
Total	25	10	40%	61	30	49%	58	43	74%	61	56	92%	205	139	68%

The compliance rate of clinics gradually improved over time from 40% in 2020/21 to 90% in 2023/24. The CHC's and Hospitals maintained a compliance rate of 100% over a 3-year cycle period. Western Cape was not inspected in 2019/20 due to the lockdown that came because of covid 19 pandemic

3. DISTRIBUTION OF INSPECTED PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS IN F/Y 2023/24

Table 4: Distribution of Inspected Public HEs per category by District and Private HEs per category, F/Y 2023/24

District	CHC	Clinics	District Hospitals	Private Acute Hospitals	Regional Hospitals	Total per District
City of Cape Town Metro	1	32	0	0	0	33
Garden Route	0	17	1	0	1	19
Private	0	0	0	9	0	9
WC Total per Category	1	49	1	9	1	61

3.1 Provincial Compliance Status for Inspected Public & Private Health Establishments for FY 2023/24

A total of 61 health establishments were inspected in the Western Cape during the 2023/24 inspection cycle. Figure 1 below shows the number of inspected public and private health establishment by category and compliance status.

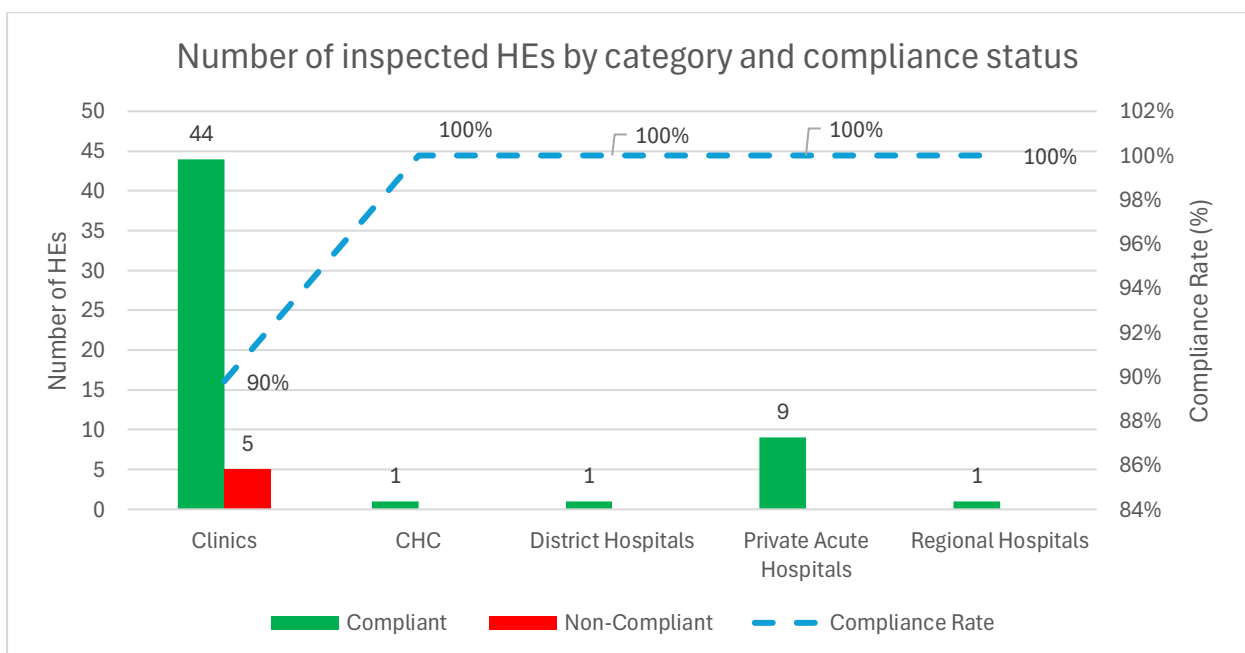


Figure 1: Number of Inspected HEs by Category and Compliance Status

3.2 Compliance Status of Inspected Public & Private HEs per District and Category

Table 5 below shows the total number of inspected health establishments per district, category, and compliance performance. Outstanding performance was noted in Garden Route District and Private sector. Five (5) of Forty-nine (49) clinics inspected in City of Cape Town were no compliant, yielding an average compliance of 84%.

Table 5: Compliance status of inspected Public HEs per District and category and Private HEs per category for FY 2023/24

District	Clinics	CHC	District Hospitals	Regional Hospitals	Private Acute Hospitals
City of Cape Town Metro	84%	100%	-	-	-
Garden Route	100%	-	100%	100%	-
Private	-	-	-	-	100%
WC Average	90%	100%	100%	100%	100%

4. OVERALL GRADINGS FOR INSPECTED PUBLIC & PRIVATE HEALTH ESTABLISHMENTS

4.1. Overall Grading for Inspected Public & Private Health Establishments per District and Category for FY 2023/24

The overall gradings of inspected health establishments according to their categories are displayed in Figure 2 below. Notably, the clinics are the only category which has been graded unsatisfactory, all other inspected categories were graded excellent.

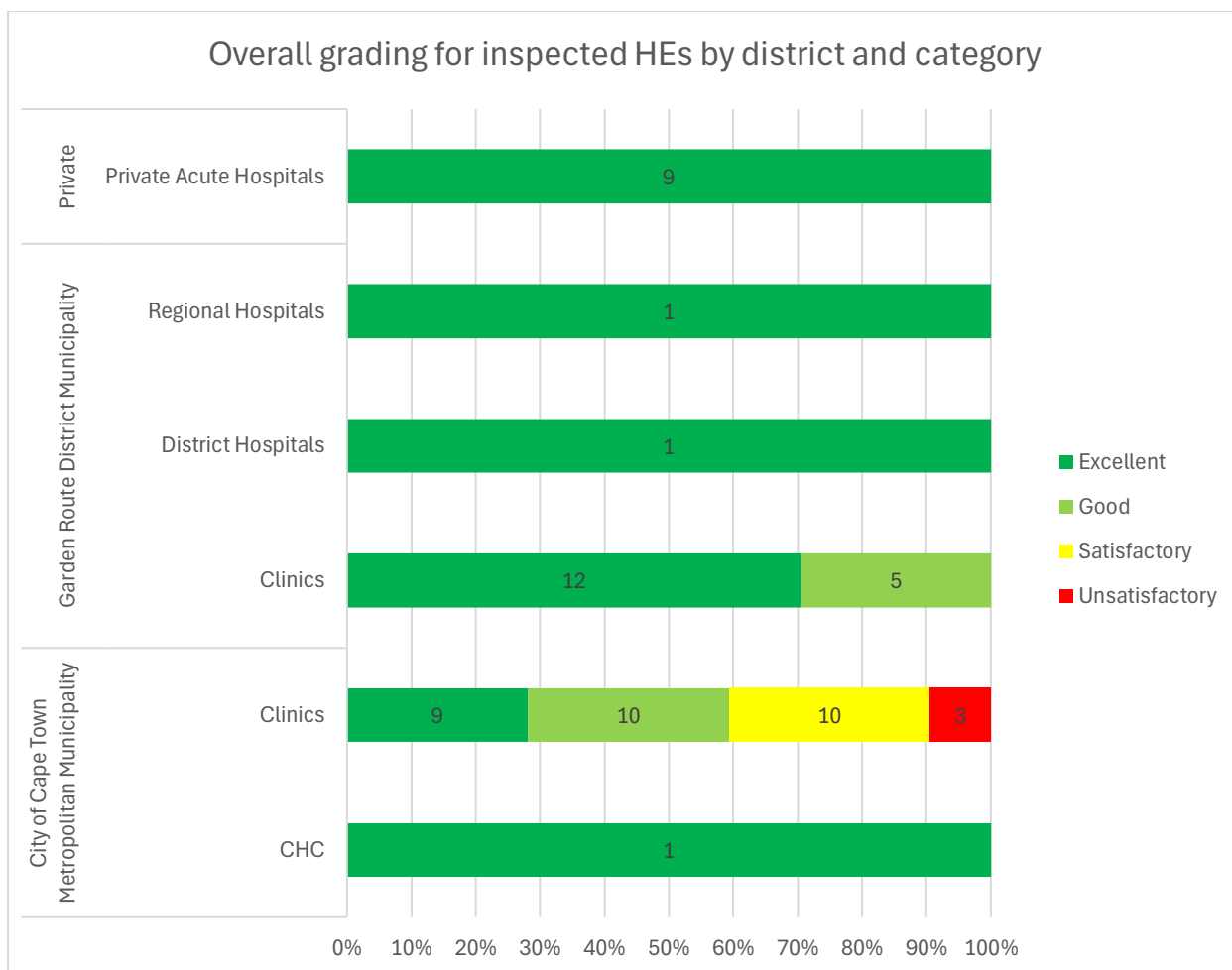


Figure 2: Provincial overall grading of inspected HE by district and category

5. PERFORMANCE OF NON-NEGOTIABLE MEASURES FOR INSPECTED PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS PER CATEGORY

To achieve a compliance status, health establishments are required to comply with all the Non-negotiable Measures (NNMs), and achieve a grading category of Excellent, Good, or Satisfactory. Health establishments that obtain less than 100% for NNMs irrespective of grading outcome, or those that achieve a grading outcome of Unsatisfactory are automatically non-compliant.

Failure to comply with these measures that have been identified as non-negotiable is highly likely to result in severe harm or death. Health establishments must comply with all these measures to be eligible for certification. Average compliance rate of public sector HEs was 90% (44/49) and 100% (9/9) for private sector HEs.

Table 6: Overall Non-Negotiable Measures (NNMs) compliance rate per category

HE Category	Number of Inspected HEs	NNM Compliant	NNM non-compliant	Proportion (NNM 100 % Compliant)
Clinics	49	44	5	90%
CHC	1	1	0	100%
District Hospitals	1	1	0	100%
Regional Hospitals	1	1	0	100%
Private Acute Hospitals	9	9	0	100%

5.1. Clinics' Performance on Non-Negotiable Measures

This section covers the performance of clinics on non-negotiable measures.

Table 7: Clinic performance according to the three NNMs.

Measure Name	Applicable Measures	Sum of Scores	Compliance Rate (%)
An oxygen cylinder with pressure gauge is available.	49	49	100%
CHECKLIST: Emergency trolley is stocked with medicines medical supplies and equipment.	49	47	96%
The oxygen available in the cylinder is above the minimum level.	49	49	100%

6. PERFORMANCE OF DOMAIN (CHAPTERS) AND STANDARDS FOR PUBLIC AND PRIVATE HEALTH ESTABLISHMENTS

6.1. Overall Performance of Public and Private health establishment by Domains (Chapters)

Table 12 and figure 3 below show performance of public and private health establishments against domains(chapters). Governance and Human Resources was the least performing domain whereas the other four domains achieved scores of 68% and above.

It should be noted that this poor performing domain involves governance at the health establishment relating to both leadership and management. Human resources refer to the availability and management of staff according to the staffing needs. Public health establishment performance was below 50% in City of Cape Town District.

Table 12: Public Health Establishment Performance by Domains (Chapters)

District	USER RIGHTS	CLINICAL GOVERNANCE AND CLINICAL CARE	CLINICAL SUPPORT SERVICES	FACILITIES AND INFRASTRUCTURE	GOVERNANCE AND HUMAN RESOURCES
City of Cape Town Metro	79%	78%	78%	68%	44%
Garden Route	87%	90%	80%	82%	72%
WC Average	82%	84%	79%	74%	59%

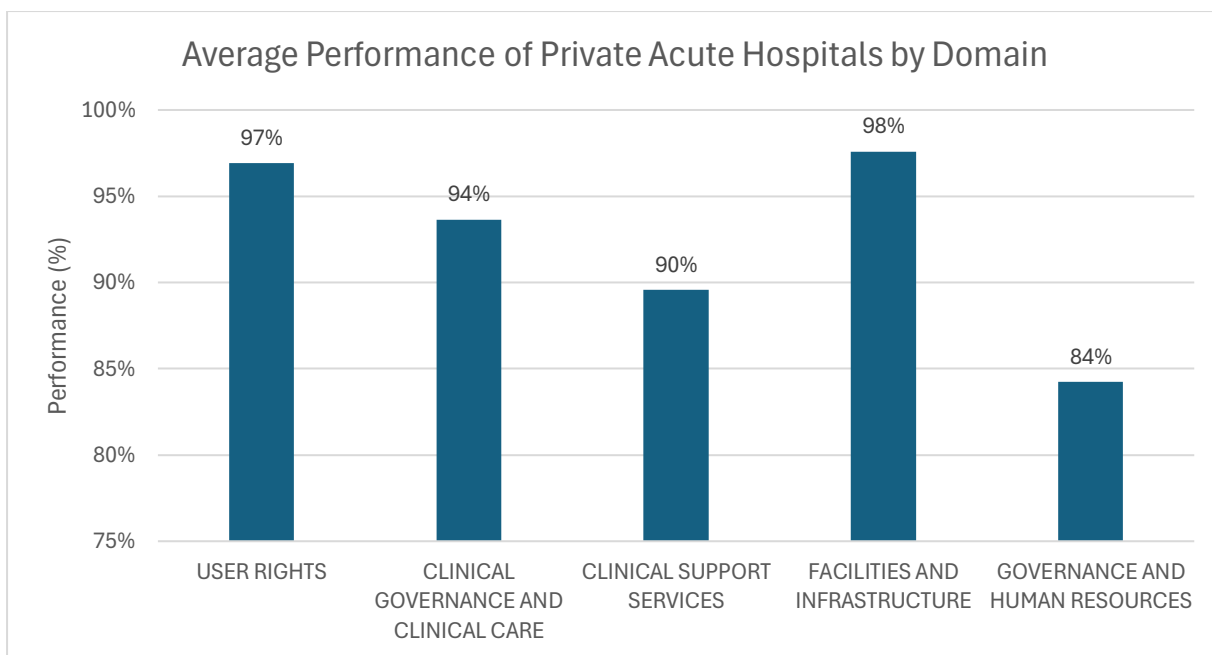


Figure 3: Private Health Establishment Performance by Domains (Chapters)

6.2. Overall performance of measures according to standards and criteria by Domain for public health establishments (Below 60% scores)

Section 8.2 of this Report depicts overall performance of measures according to standards and criteria. The below section focuses on the overall performance of measures according to standards and criteria that specifically scored below 60% in the province.

Table 13: Domain: User Rights

Standard Name	Criteria Name	Performance (%)
The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.	The health establishment must adhere to clinical guidelines on stabilizing users presenting in an emergency before referring them to another health establishment.	55%

Table 14: Domain: Clinical Governance and Clinical Care

Standard Name	Criteria Name	Performance (%)
(b) A health establishment must establish and maintain systems structures and programmes to manage clinical risk.	The health establishment must have a functional infection prevention and control management structure.	50%
	The physical environment in the operating theatre department must comply with user safety requirements.	45%
The health establishment must establish and maintain clinical management systems structures and	The health establishment monitors indicators of clinical risk and implements actions to mitigate risk when necessary.	50%

procedures that give effect to national policies and guidelines.		
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Table 15: Domain: Clinical Support Services

Standard Name	Criteria Name	Performance (%)
Hospitals and CHCs must ensure that users have access to blood and blood products when required.	The health establishment must ensure that adverse blood reactions are reported to a committee in the health establishment that monitor adverse incidents.	35%

Table 16: Domain: Governance and Human Resources

Standard Name	Criteria Name	Performance (%)
The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation policies and guidelines.	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.	56%
The health establishment must comply with the requirements of the Occupational Health and Safety Act 1993.	An active Health and Safety Committee ensures a safe working environment	52%
The health establishment must have a functional governance structure with written Terms of Reference.	The governance structure must monitor implementation of the strategic plan.	50%
The health establishment must have a functional governance structure with written Terms of Reference.	The health establishment has a functional governance structure.	44%

6.3. Overall performance of Functional Area for public health establishments.

6.3.1. Clinics functional areas performance

Figure 4 below reflects that the lowest performing functional area is Clinic manager at 62% and the highest performing functional area is clinical services at 91%.

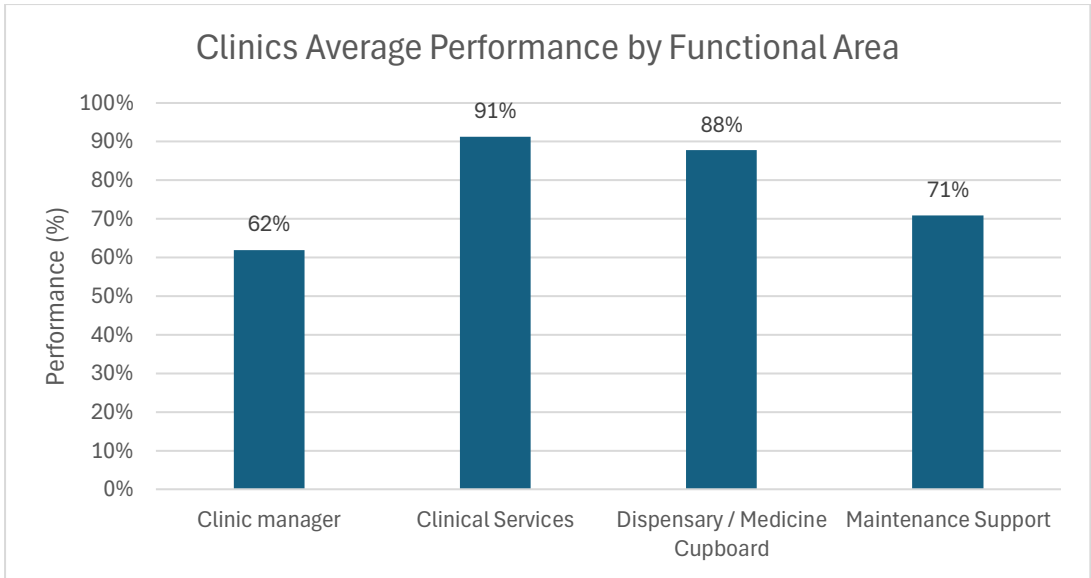


Figure 4: Clinics Average Performance per Functional Area

6.3.2. Community Health Centres functional areas performance

Figure 5 below reflects that the lowest performing functional area is Clinic manager at 69% and the highest performing functional area is Rehabilitation Services and Oral health at 99%.

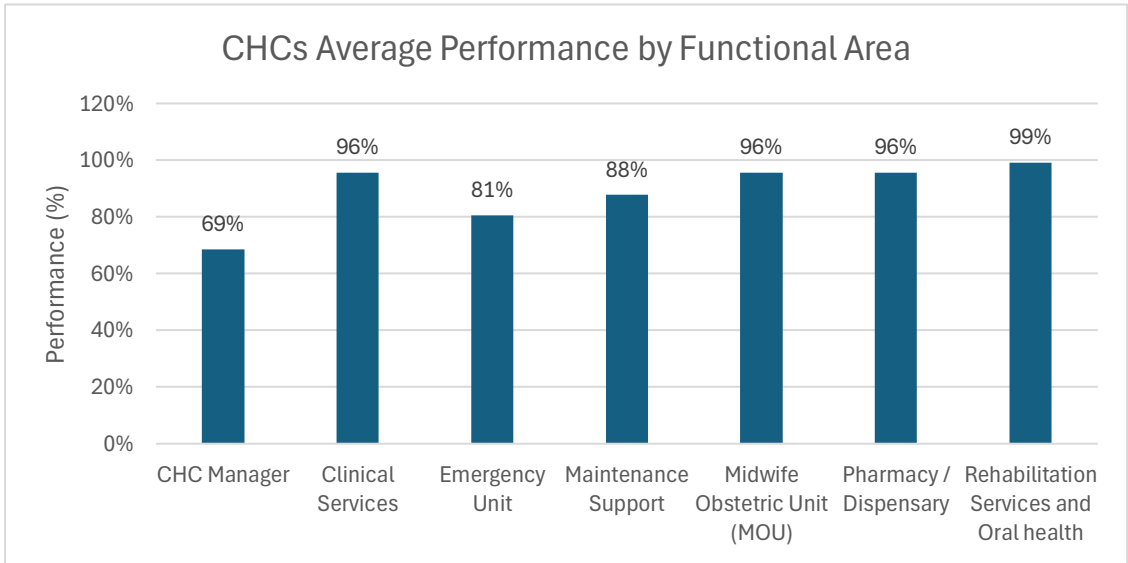


Figure 5: CHC Average Performance per Functional Area

6.3.3. District Hospitals functional areas performance

Figure 6 below reflects that the lowest performing functional area is CEO at 42%. Health technology Services and Infection Prevention and Control followed at 44% and 47% respectively. The highest performing functional areas were three (3) laundry and transport services and Entrance Helpdesk Reception Admissions which scored 100%.

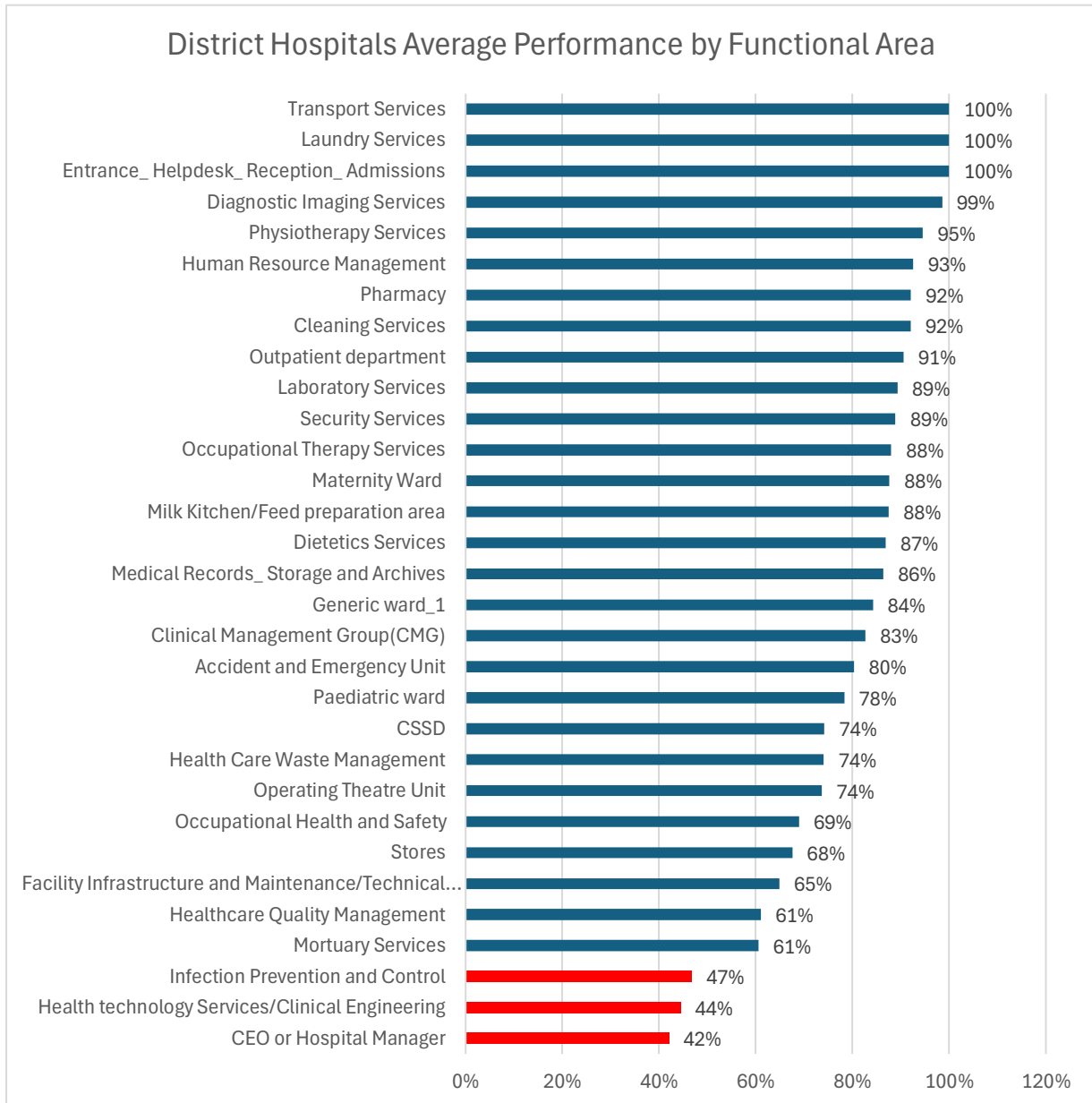


Figure 6: District Hospitals Average Performance per Functional Area

6.3.4. Regional Hospitals functional area performance

Figure 7 below reflects that there was no functional area that scored below 60% in Regional Hospitals category.

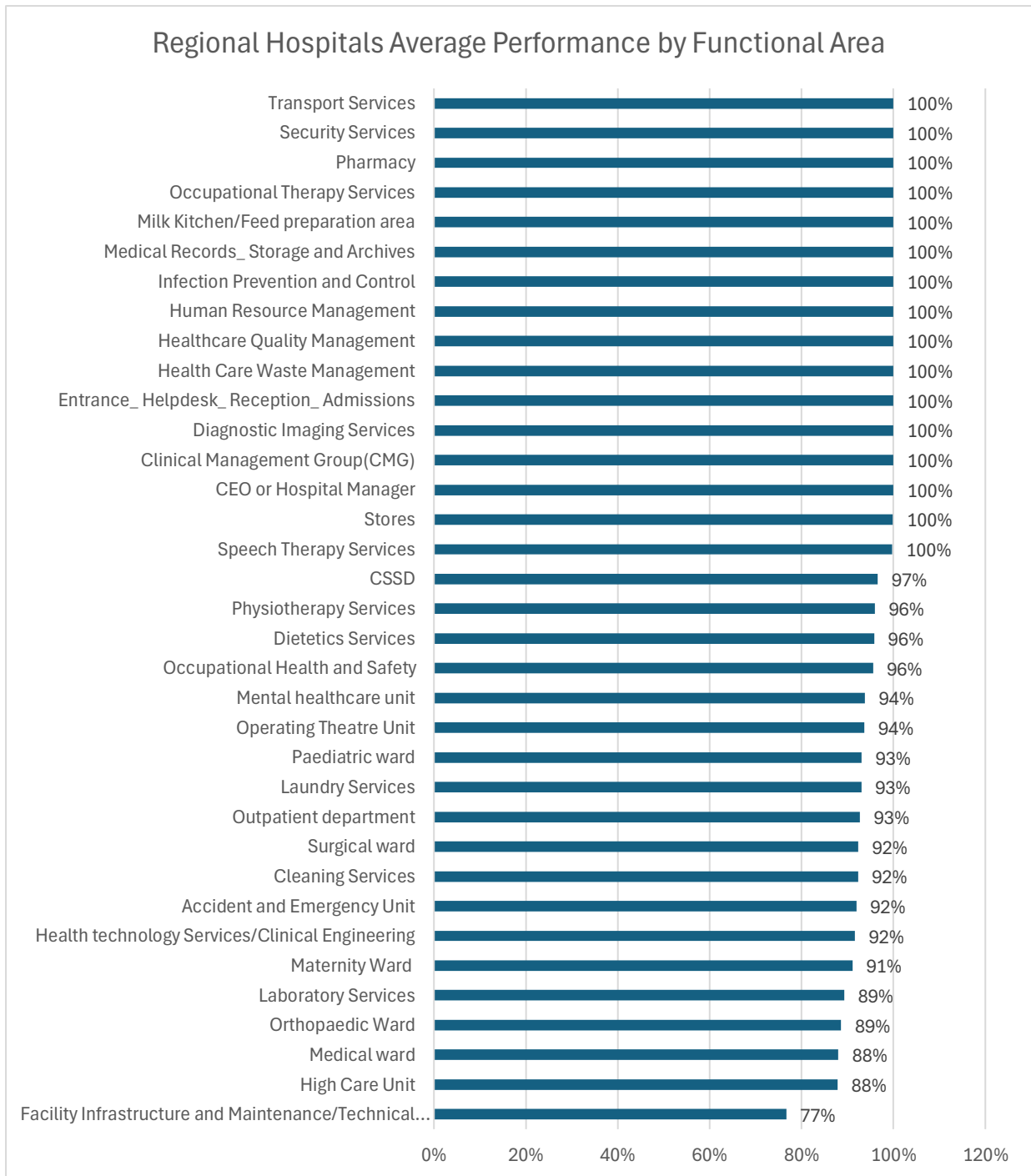


Figure 7: Regional Hospitals Average Performance per Functional Area

6.3.5. Private Acute Hospitals functional areas performance

Figure 8 below reflects that there was no functional area that scored below 60% in Private Acute Hospitals category.

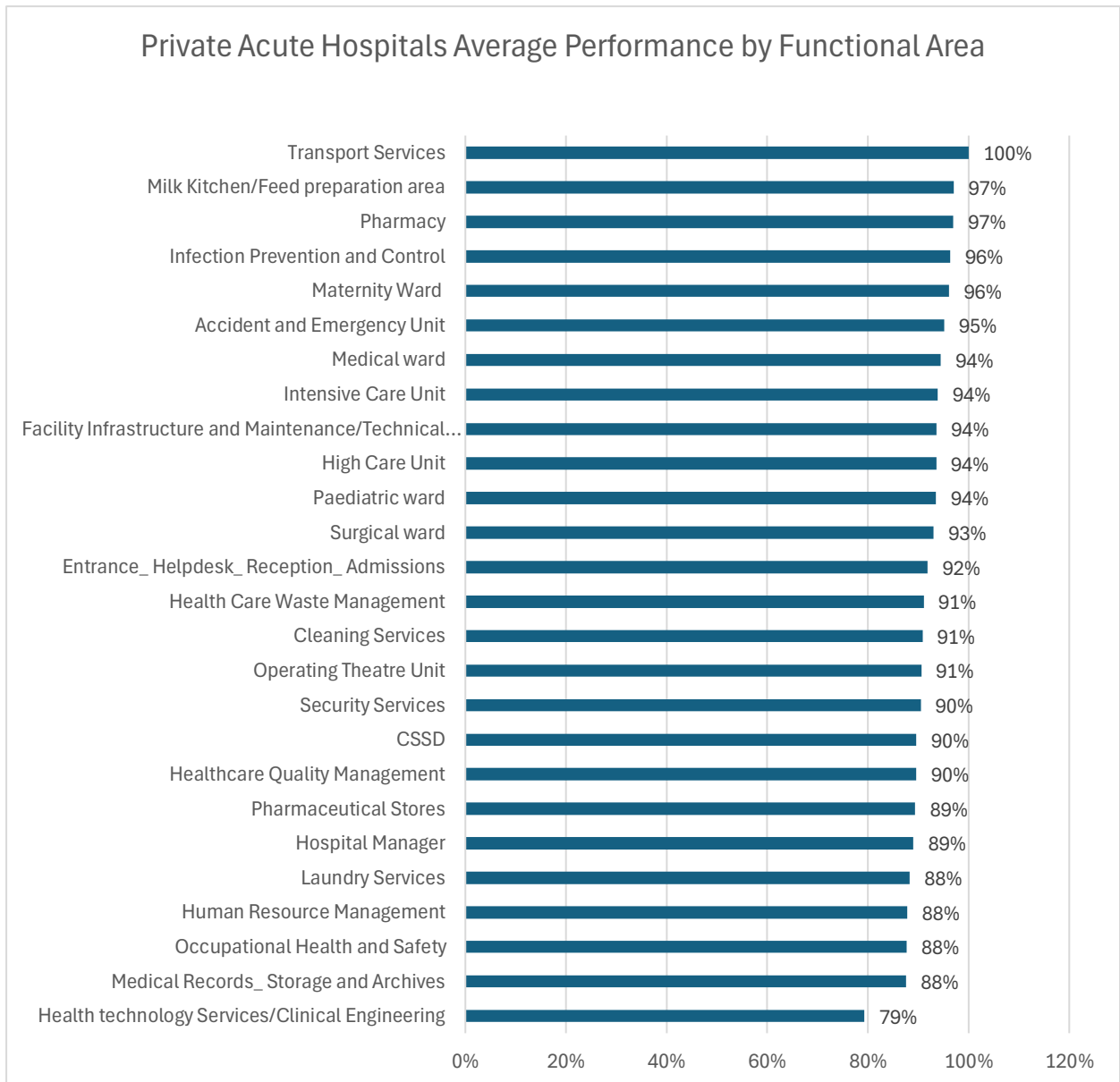


Figure 8: Private Acute Hospitals Average Performance per Functional Area

7. RE-INSPECTIONS

7.1 Number of re-inspected public health establishments by district, category, and compliance rate

Table 18 below shows re-inspected health establishments across districts and categories. All the re-inspected health establishments have achieved a compliance rate of 100%.

Table 18: Number of re-inspected public health establishments by district and category in 2023/24

District	Clinic	Community Day Centre	Community Health Centre	Total per Province
City of Cape Town Metro	2	2	4	8
Garden Route	1	1		2
WC Total	3	3	4	10

7.2 Gradings of re-inspected public health establishments by districts and category

Figure 9 below depicts the grading ranging from Excellent and Good for all the re-inspected HEs. Notably, all re-inspected HEs were compliant with 5 graded Good and 5 graded Excellent.

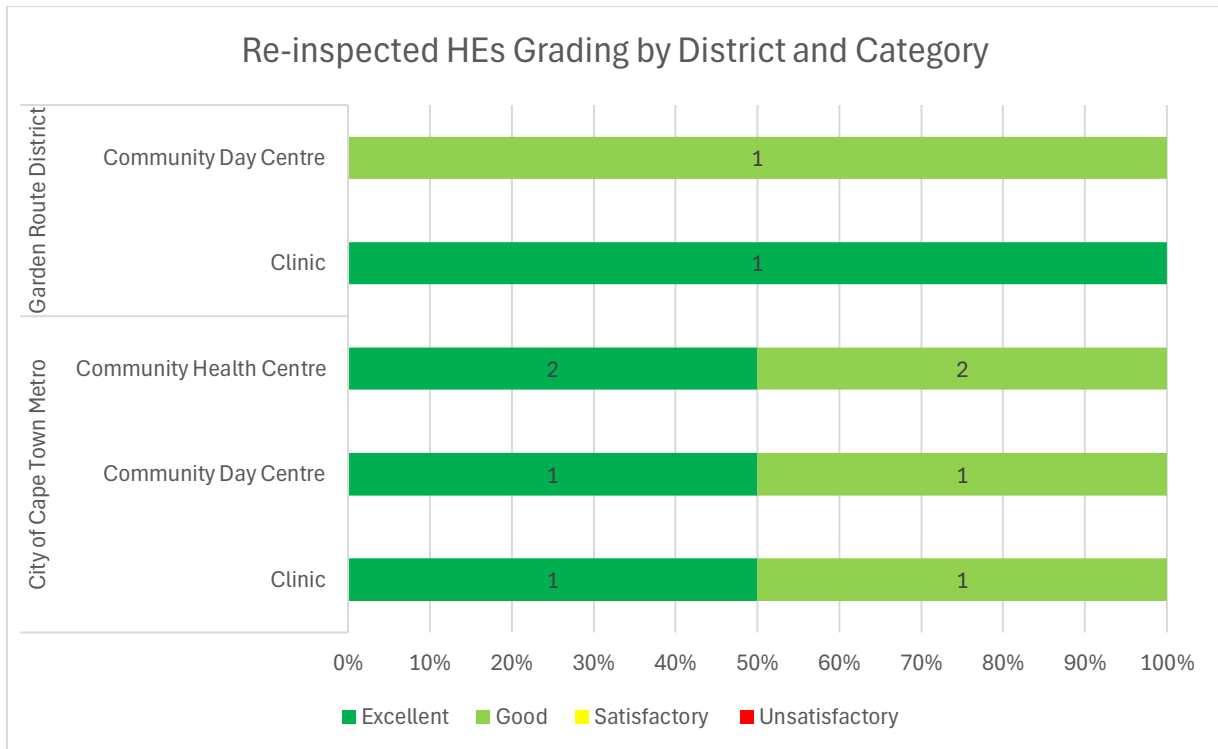


Figure 9: Re-inspected HEs grading by district and category

7.3 Performance on Non-Negotiable Measures for re-inspected Public and Private Health Establishments

Overall NNM Compliance rate for re-inspected public HEs (clinics, community day centres and community health centres) was 100 %.

All the reinspected health establishments were found to be compliant.

8. DISCUSSION

Of the 61 inspected health establishments, 56 achieved either Excellent, Good, or Satisfactory grading and complied with the regulated norms and standards, whereas 3 were graded Unsatisfactory, 2 were Satisfactory and did not comply with NNMs' requirements, thus were non-compliant. The 3 non-compliant HEs that were graded Unsatisfactory, raising serious concerns about the safety and quality of care. Notably, the district and regional and private acute hospitals inspected achieved 100% compliance rate. Similarly, all the re-inspected HEs complied with norms and

standards. Addressing the emergency trolley requirements could potentially increase health establishments' overall compliance rate, thus reducing the risk to patient safety. The lowest performing functional area in district hospitals is CEO at 42%. Health technology Services and Infection Prevention and Control followed at 44% and 47% respectively.

In general, there are five (5) domains that the Western Cape did not perform well on and are as follows: User Rights; Clinical Governance and Clinical Care; Clinical Support Services; Facilities and Infrastructure and Governance and Human Resources. The average individual performance of these domains was below 60%.

9. LIMITATIONS

Not all measures and functional areas were scored as some were not applicable in the inspected clinics, CHCs and district hospitals, making generalisations about the reasons for non-compliant inspection outcomes impossible.

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

10. RECOMMENDATIONS

With support and commitment from the respective districts/ municipalities, provincial and the office of the MECs, the health establishments should be able to resolve or address the challenges and various aspects that were failed.

HEALTH ESTABLISHMENT MANAGEMENT	DISTRICT /PRIVATE GROUP HOSPITAL MANAGEMENT	PROVINCE MANAGEMENT
<p>Establish an Infection Prevention and Control (IPC) Management Structure: Create a dedicated IPC management team to proactively identify, assess, and mitigate risks related to healthcare associated infections. This team should focus on rigorous infection control protocols,</p>	<p>District Managers to Ensure Functional Infection Prevention and Control (IPC) Management: District managers should oversee the establishment and maintenance of a functional IPC management structure in each health facility within</p>	<p>Develop a Comprehensive Human Resource Plan: Develop a human resource plan that aligns with the specific size and needs of the health establishment, ensuring sufficient staffing levels to meet operational demands.</p> <p>Establish Governance Structures with Defined Terms of Reference: The MEC of Health should appoint a governance structure for</p>

<p>risk management, and continuous monitoring to safeguard patients and staff from infection-related hazards.</p> <p>Implementation a Human Resource Plan: Implement human resource plan appropriate to the type and size of the establishment to meet staffing needs effectively</p> <p>Monitor and Mitigate Clinical Risk Indicators: Regularly monitor clinical risk indicators and take necessary actions to mitigate identified risks.</p> <p>Ensure Compliance with Safety Standards in Operating Theatres: Maintain the physical environment in the operating theatre department in line with user safety requirements.</p> <p>Report Adverse Blood Reactions: Establish a committee responsible for monitoring and reporting all adverse blood reactions, ensuring thorough documentation and follow-up</p> <p>Maintain an Active Health and Safety Committee: Operate an active Health and Safety Committee to promote a safe working environment for staff and users.</p>	<p>their authority to mitigate infection risks.</p> <p>Ensure the Implementation a Human Resource Plan: Tailor a human resource plan appropriate to the type and size of the establishment to meet staffing needs effectively</p> <p>Maintain Clinical Risk Management Programs: Develop and sustain systems, structures, and programs dedicated to managing clinical risks.</p>	<p>hospitals and clinics within the province, ensuring that members are inducted and trained as per their responsibilities.</p>
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