



## LEARNING NETWORK

# Health Committee Training Learning Circles

**The National Core Standards and Annual Performance Plan**



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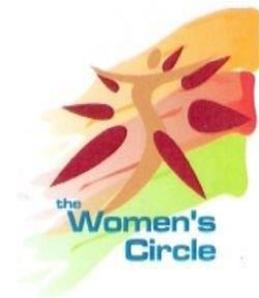
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The **Learning Network** is a collection of 5 civil society organisations based in Cape Town:

1. The Women's Circle,
2. Ikamva Labantu,
3. Epilepsy South Africa,
4. Women on Farms Project and the
5. Cape Metro Health Forum

The **Learning Network** serves as the umbrella body in the Western Cape and includes 4 higher education institutions:

1. University of Cape Town (UCT)
2. University of the Western Cape (UWC)
3. Maastricht University, in the Netherlands
4. Warwick University in the UK



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## Background

### **The National Core Standards (NCS)**

In his foreword to the National Core Standards for Health Establishments in South Africa, the Minister of Health, Dr Aaron Motsoaledi, stated that:

**“The importance of providing quality health services is non-negotiable.** Improved quality of care is fundamental in improving South Africa’s current poor health outcomes and in restoring patient and staff confidence in the public and private health care system. Furthermore, if quality is defined as “getting the best possible results within available resources”, **then these National Core Standards set out how best to achieve this”.**

### **The history and development of the National Core Standards (NCS)**

For the past twenty years, South Africa has been focusing on health quality improvement.

- ✚ In 1997 two white papers were filed related to quality; transformation of the health system and transforming public service delivery (Batho Pele paper).
- ✚ In 2003 the new National Health Act was established and it refers to an Office of Standards Compliance (OSC) within the National Department of Health (NDoH).
- ✚ The Patients’ Rights Charter of 2005 outlines the rights and responsibilities of patients in terms of health care and reflects the national government’s commitment the right of access to healthcare.
- ✚ 2009-2014 (10 point plan): one focus area was “significantly improving the quality of health services that we provide to our citizens through the establishment of an independent National Quality Accreditation Body”.

## **The Annual Performance Plan (APP)**

Planning is vital in providing effective, efficient and good quality health care. Every year the national department of health prepares an Annual Performance Plan (APP). All national and provincial departments are required by legislation to compile an APP with a uniform framework (Public Finance Management Act, 1999). The APP outlines the performance targets that the department aims to accomplish in the upcoming budget year. It is important that these performance indicators and targets are aligned across an institution's annual plans, budgets, and annual reports.

The national department of health allocates a budget to each provincial health department based on population size and need. Although planning of provincial health services is managed by provincial departments of health, it should be aligned with national and international objectives. For example, South Africa aims to adhere to the global agreement of reducing poverty through the Millennium Development Goals (MDGs). Planning at a provincial level should align with this international objective. Aligning objectives creates cohesion and ensures global, national and provincial goals are considered in health plans at all levels.

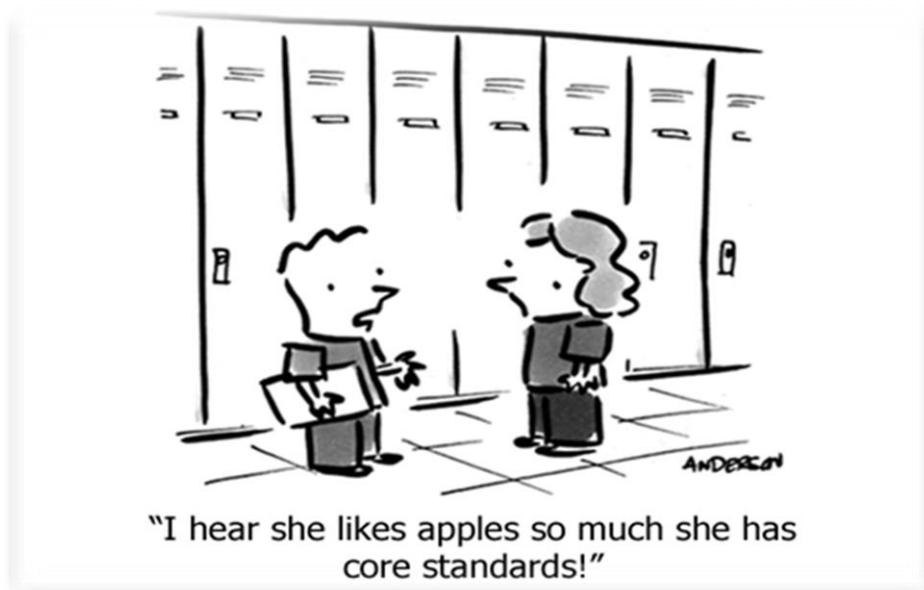


## The National Core Standards (NCS)

### Learning Outcomes

By the end of this session the participants should be able to:

- Understand what quality health care is and how it is measured;
- Apply the concepts of the NCS in their roles as CHC members;
- Use information about the NCS to engage with the community and promote their right to quality health care.



**Session1: Increasing understanding of National Core Standards, the importance of quality health care, and how Clinic Health Committees (CHCs) can participate**

**1. What is quality and how is quality defined?**

**Activity 1: What is quality?**

**10 minutes**

**Purpose:** To discover CHCs' values of services

**Method:** Group activity

**Procedure:** Ask participants to choose an item or service that they use often and give reasons why they chose it over others.

	<b>Type of service or item</b>	<b>Reason for chosen service or item</b>
Example	Choosing to buy "x" bread	It may be the freshest, cheapest, tastes the best or possibly it is the only bread available.

*Definition 1: "Quality is the standard of something as measured against other things of a similar kind, the degree of excellence of something"*

*Definition 2: "Quality is getting the best results possible within the available resources", (Policy on Quality in Health Care for South Africa, National Department of Health, April 2007).*

To some people the cost of an item or service might naturally play an important part in their decisions. However think again of the service or item chosen in the activity above. If the cost of the item or service was the same for all providers which one would you choose? This will give a good indication of the item or service with the best quality. Unfortunately the cost is an important factor therefore a choice needs to be made to select the item or service, as close to the best quality as possible, that fits within the budget.

## **2. Quality in Health Care**

Quality in health care refers to “the extent to which an organisation meets its clients’ needs and expectations. It is a complex, multifaceted concept which can be assessed and measured against predetermined standards” (Whittaker, 2011).

According to the World Health Organisation, quality has six dimensions, which state that health care should be:

1. **Effective** – ensuring that the health care delivered is based on evidence and need as well as results in improved health outcomes for individuals and communities;
2. **Efficient** – organizing health care delivery in a way that maximizes resources prevents wastage;
3. **Accessible** – delivering health care that is timely, within a reasonable distance from, and appropriate to the need of, the communities utilising the care;
4. **Acceptable/patient-centred** – providing health care which focuses on the patient and community by incorporating the preferences of individual service users and the cultures of the communities;
5. **Equitable** – Ensuring that health care services do not differ in quality due to an individual’s personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status; and

6. **Safe** – Providing health care that which minimizes potential risks and harms to patients.

In order to define what quality means in a practical sense, **standards** have to be developed. This provides in detail the level of care required to ensure quality.

### 3. What is a standard?

*Definition:* A **standard** is a statement of an expected level of quality delivery. Standards reflect the ideal performance level of a health establishment in providing quality care.

#### Activity 2: Understanding standards of quality

10 minutes

**Purpose:** To introduce participants to the concept of assessing standards of quality care in health

**Method:** Group discussion

**Procedure:** Ask participants to reflect on this picture and discuss their understanding of the meaning of standards. They should also discuss the meaning of 'exceeding standards?'



Standards are determined by professional bodies, healthcare professionals, staff, patients and citizens, and should be regarded as optimal and achievable, and should be designed to encourage continuous improvement. Standards are

designed to be used by all managers and supervisors as a guide to expected service planning and delivery.

#### **4. National Core Standards (NCS)**

##### **4.1. What are the NCS**

As discussed earlier, there has been a major focus over the last few years to improve quality of healthcare in the public sector in South Africa. This has primarily been driven by the proposed introduction of universal health coverage under the name of National Health Insurance (NHI). A critical issue that needs to be addressed, in order for the NHI to be successful, is the overall improvement in quality of the public health system.

The National Department of Health has taken several steps towards this improvement. One of these steps is the development of a policy document called the National Core Standards (NCS) in 2008. The document is constantly being refined. The NCS aims to set the benchmark for quality improvement in public health establishments.

##### **4.2. What is the intention of the NCS**

The main purposes of the NCS are to:

- Develop a way that quality of care can be commonly defined and should be in all health establishments in South Africa, as a guide to the public, managers and staff at all levels;
- Establish a certain level against which public health establishments can be assessed, gaps identified and strengths evaluated; and
- Provide a framework for national certification of public health establishments.

##### **4.3. Concepts of NCS**

The National Core Standards have been arranged into seven different domains, with each domain relating to an area where quality or safety might be at risk (WHO). The first three domains are related to the core business of the health system directly delivering quality health care to patients. The last four domains

support the health systems ensuring that the system delivers quality health care.

**Seven Domains of the National Core Standards**

1. Patient Rights	2. Patient Safety, Clinical Governance & Care 3. Clinical Support Services
4. Public Health	
5. Leadership & Corporate Governance	
6. Operational Management	
7. Facilities & Infrastructure	

Domains are then further divided into sub-domains. Within each sub-domain are a set of standards which define what is expected to be delivered in terms of quality care and best practice. Linked to each standard are a number of criteria, which are the elements setting out the requirements to achieve compliance with the standard. Criteria are measurable and achievable as reflected in the measures.

<b>Activity 3: Matching values to the domains</b>	<b>10 minutes</b>
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**Purpose:** To match the domain of NCS to CHC values and expectation of quality of care

**Method:** Group activity

**Procedure:** Ask participants to write down all aspects of a health facility that need to be assessed for quality. Give the participants a copy of NCS domains and ask participants to allocate the aspects written down to a NCS domain (Appendix B)

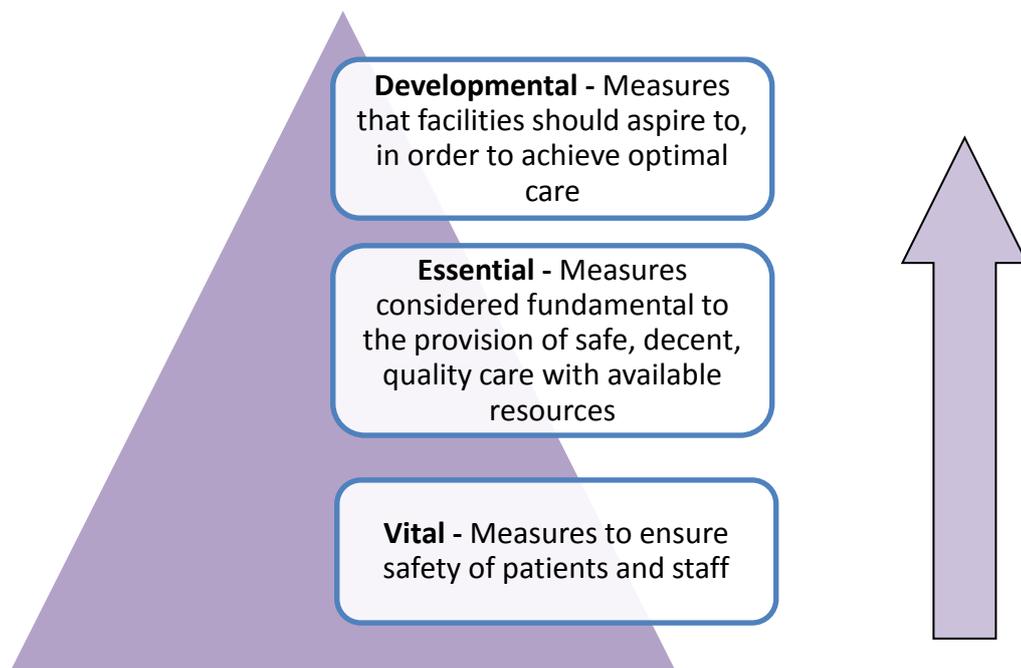
Appendix G is template of a NCS audit for facilities. It shows how standards of quality are practically assessed by using checklists of measures. There are certain measures which relate directly and indirectly to CHC. According to NCS, domain 5 mentions clinic committees and their supportive function directly.

There other domains and measures which relate indirectly to CHC. These measures are areas where CHC could assist their facilities in achieving compliance (highlighted blue on the appendix).

#### 4.4. What is a measure?

Measures can be defined as “the practical means of evaluating if a criterion has been achieved.” A criterion is “the element that is required to achieve compliance with a standard”. Measures are the physical things that can be observed by the evaluator either directly (e.g. can be seen) or indirectly (i.e. through patient record reviews). They form the basis for the assessment tool used in NCS.

**Measures for each standard are grouped according to the risk levels below:**



**Diagram showing relationship of NCS concepts**



## 5. Who is responsible for ensuring quality health care?

An independent body is needed to make sure health care facilities comply with the NCS and this will be achieved partly by conducting external audits. The audit will determine the level of compliance by a facility and will issue the relevant compliance certificate or take appropriate measures to enforce compliance. In 2011, the green paper on the NHI tied in the accreditation of health facilities with the NCS for NHI funding.

*Definition:* “**Compliance** is conforming to an agreed set of criteria: this can include for example: rules, standards, medical advice, or contractual agreements. In this context the health establishment conforms to the norms and standards after inspection”.

## 6. The Office of Health Standards Compliance (OHSC)

### 6.1. What is the OHSC?

The Office of Health Standard Compliance (OHSC) is the independent regulatory body that will assess and ensure compliance of facilities with the NCS.



The OHSC aims to protect the safety of public health service users by ensuring compliance with the NCS by carrying out inspections and through extensive monitoring. Ombudsmen will also be appointed to create a direct link for red-flagging of facilities. The OHSC will only have regulatory functions and will not get involved with clinical competence assessments therefore the office may only advise the NDoH on the NCS. The OSC piloted the NCS in 2008. The NCS were revised in 2010 and then further piloted. In 2011/2012 an audit and self-assessment was carried out at 4210 facilities in the country to assess compliance with the NCS.

## 6.2. The role of the OHSC

The role of the office is to protect and promote the safety of users of health services by:

- “Monitoring and enforcing compliance by health establishments with prescribed norms and standards; and
- Ensuring consideration, investigation and disposal of complaints relating to breaches of norms and standards”



## 6.3. The functions of the OHSC

The Specific functions of the OHSC are to:

- Advise the Minister on determination and review of norms and standards;
- Inspect and certify health establishments as compliant or non-compliant and where necessary withdraw certification;

- Investigate complaints relating to breaches of prescribed standards;
- Monitor indicators of risk as an early warning system;
- Identify areas and make recommendations for intervention;
- Publish information relating to prescribed norms and standards;
- Recommend quality assurance and management systems for the national health system; and
- Keep records of all its activities.

## 7. Quality Improvement

### Activity 4: Improving quality health care

10 minutes

**Purpose:** To encourage participants to think of ways in which quality can be improved at health facilities

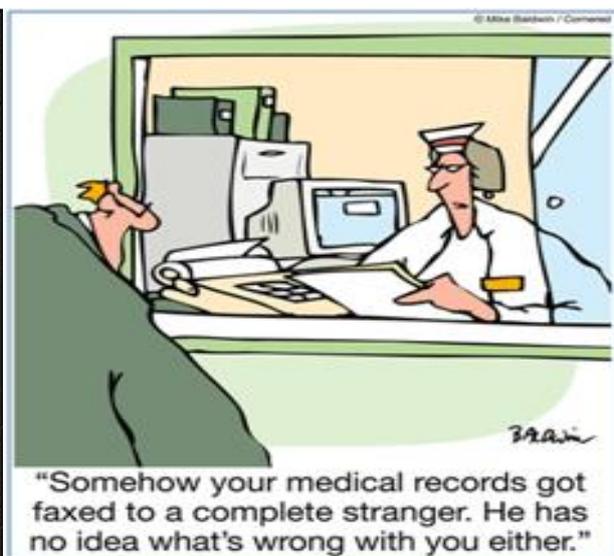
**Method:** Group debate

**Procedure:** Divide into two groups and ask participants to reflect on the scenarios below. Discuss and write down your opinions of the scenarios. What role can CHCs play in addressing the situation?

### Scenario 1



### Scenario 2



The NCS is a tool used to assess quality however there should be a simultaneous focus on improving quality. Therefore the OHSC have formulated a Quality Improvement Guide to complement the NCS. A Quality Improvement Plan (QIP) should be completed by every facility once an audit has been conducted.

*Definition: “Quality improvement includes any activities or processes that are designed to improve acceptability, efficiency and effectiveness of service delivery and contribute to better health outcomes as an ongoing and continuous process.”*

## 7.1. The Quality Improvement Guide

According to the guide there are five foundation principles of quality improvement:

### 1) Focus on the client

“Services should be designed or restructured to meet the needs of the patient, family and community.”

### 2) Focus on teamwork

“Teams bring together varied understanding and insight into various components of the system, problems and possible solutions.”

### 3) Focus on data

Data provides insight into the extent of the problem; assists in identifying gaps, and enables the measurement of performance.

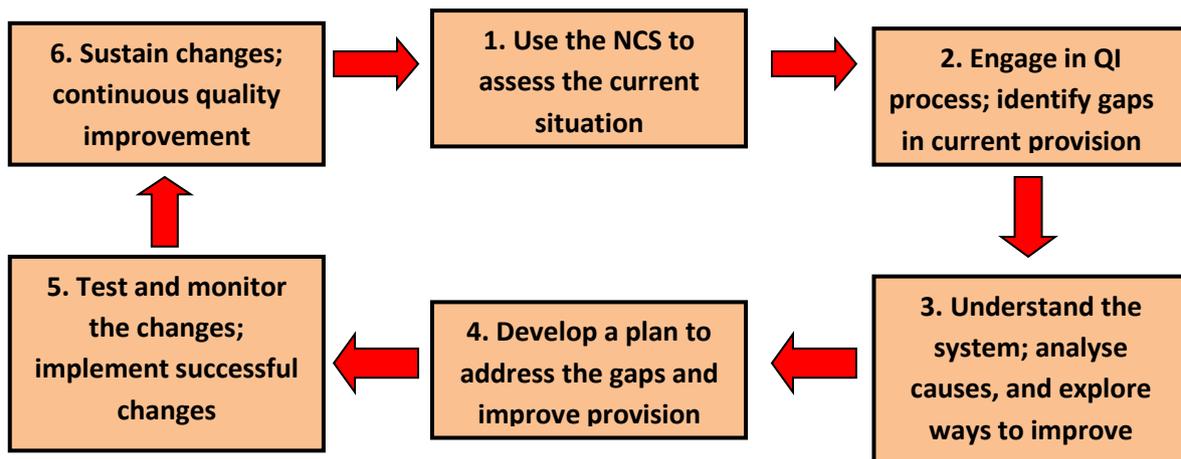
### 4) Focus on systems and processes

Poorly designed systems generate inefficiency, waste, poor health care quality and negative health outcomes.

### 5) Communication and feedback

Effective communication and feedback on issues and progress are essential to sustainable quality improvement activities

Quality improvement is an ongoing, continuous process. The diagram below formulated by the OHSC demonstrates this process:

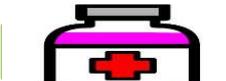


## 7.2. Quality Improvement Plan

Once an audit has been conducted on a facility by the OSHC (or District Health Services on behalf of the OHSC), a Quality Improvement Plan (QIP) needs to be compiled by the facility in a specified time. CHC could act in an oversight role by providing input into the QIP, monitoring the development of the QIP by the required deadline, and ensuring that the targets set in the QIP are achieved.

## 8. Fast-track improvement to meet patients' immediate expectations

As quality improvement is an on-going process and a long-term commitment. Although it is expected that all establishments will ensure they are compliant with all the NCS, six priority areas have been identified for immediate improvement. These areas largely reflect the first three domains of the NCS.

- 
1. Values and attitudes of staff
- 
2. Cleanliness
- 
3. Waiting times
- 
4. Patient safety and security
- 
5. Infection prevention and control
- 
6. Availability of basic medicines and supplies

## 9. Relevance of NCS to Health Clinic Committees

### Activity 5: Role of CHCs in ensuring quality health care

10 minutes

**Purpose:** To reflect on the role of CHCs in promoting the NCS

**Method:** Brainstorm

**Procedure:** Ask participants to choose domains of the NCS which fall under CHCs scope and assess their facility's compliance with NCS especially taking into consideration the 6 fast track goals. What roles are you currently playing in improving and monitoring these areas?

Relevant NCS Domain	Facility compliance with NCS? YES/NO	Reason for non-compliance	Current role in monitoring/improving compliance
E.g. Patient's rights	NO	Disrespect to patients by reception staff	Empower patient about their rights and reporting to facility manager

## Empowering your community about NCS, quality health care and their rights is an important role of a CHC



### 9.1. The role of CHCs in improving quality

CHC members can help increase public awareness of the NCS and their rights to quality healthcare. Empowering the public is a key role and advising the community on the quality of health care they should expect, is vital for accountability. CHC members can further explain to the community how they can help improve quality at their own health facility, who they can contact to report bad quality and provide information regarding the Office of Health Standard Compliance (OHSC). All six of the fast track goals are of particular importance to CHC members and can play an active role in monitoring the facility's progress with them. Once the OSCH has completed the NCS compliance audit, a quality improvement plan for the facility will be developed. The CHC members could assist the facility with achieving the goals associated with the plan.

## The Annual Performance Plan

### Learning Outcomes

By the end of this session the participants should be able to:

- Understand the importance of planning for health care;
- Describe the components of the Annual Performance Plan;
- Explain how performance targets relate to budget allocation;
- Contribute towards reaching performance targets by promoting community participation.



## Session 2: Understanding the Annual performance plan, the importance of planning for health care and how Health Committees can participate.

### 1. Understanding the importance of planning

#### 1.1. The components of planning

##### Activity 1: What is planning?

10 Minutes

**Purpose:** To explore CHCs understanding of planning.

**Method:** Brainstorm

**Procedure:** Think of an event or activity that you have planned. What did you need to think about in order for the event or activity to take place? Did everything work well? If the event was a failure, what could be improved?

**Definition 1:** “Planning is the process of setting goals, developing strategies, and outlining tasks and schedules to accomplish the goals.

**Definition 2:** “Planning is preparing a sequence of action steps to achieve some specific goal. A plan is like a map.”

#### 1.2. The importance of planning

##### Activity 2: Why is planning important?

10 Minutes

**Purpose:** To highlight the advantages of planning.

**Method:** Brainstorm

**Procedure:** Ask participants to reflect on the activity 1 above. Did they plan for the event? Discuss and write down the advantages of planning and where failures could be improved upon.

### 1.3. The advantages of planning

#### 1. Clear objectives

Planning involves stating objectives/goals which creates a focus and guide for all members of the organisation. This is expected to create order and rationality.

#### 2. Co-ordination

Due to the complexity of organisations, planning is required to direct all activities towards common goals to avoid duplication or counterproductive efforts by members.

#### 3. Minimizing uncertainty

Preparing for the future helps the organisation to deal with unexpected results or events (risks).

#### 4. Efficient use of resources

Planning ensures that resources are allocated appropriately and in the most efficient way in order to reduce wastage.

#### 5. Moral

Planning helps give clear guidance to employees and enables them to perform their duties for effectively as they know what is expected of them.

#### 6. Measuring of performance

Planning creates objectives as discussed above by which performance can be measured. It is a way in which activities can be controlled and assessed

## 2. Planning in Health care

### Activity 3: Planning for health care

10 Minutes

**Purpose:** Explore CHCs understanding of what needs to be considered when planning for health care.

**Procedure:** In groups

**Method:** Ask participants to reflect on the picture below and write down what areas they think need to be considered when planning to provide health services to the public.



There are many components that make up a health care facility and each component needs to be planned accordingly.

These could include:

- The infrastructure of the facility itself – repairs or renovations;
- Staff – medical, cleaning, maintenance, administrative;
- Pharmaceuticals, medical supplies (equipment and consumables);
- Waste removal and cleaning supplies
- Administrative supplies
- Security, transport
- Training

## **2.1. Planning for health care**

Planning is vital in providing effective, efficient and good quality health care. Every year the national department of health prepares an Annual Performance Plan (APP). The plan details strategic objectives of the department and how the budget allocated by treasury will be assigned. The national department of health allocates a budget to each provincial health department according to equitable share per capita (population size and need) based on information from Statistics South Africa.

Each provincial department prepares an APP with its specific strategic objectives and allocation of funds. The provincial APP is formulated as part of a three year rolling plan which is legally required by treasury. The APP must adhere to a specified framework established by the treasury in order to create cohesion. Planning of provincial health services is managed by provincial departments of health however it should be aligned with national and international objectives.

### **3. The Annual Performance Plan (APP)**

The Annual Performance Plan (APP) is a plan formulated by provincial health departments outlining the strategic goals for the department for the upcoming annual period. It is prepared by 1<sup>st</sup> of March every year and then is submitted to parliament for public comment. The plan is valid from 1<sup>st</sup> April to 31<sup>st</sup> March the following year in line with the financial year.

#### **3.1. The function of the APP**

One of the major functions of the APP is to show the budget allocation to treasury. This is a legal requirement according to the *Public Finance Management Act (no 1 of 1999)*. The APP outlines the province's strategic goals for the year as part of a rolling three year provincial strategic plan. The three year provincial plan incorporates the three year plans formulated by each district. The goals of the APP are set as targets for performance, which can be measured therefore the APP functions as an accountability mechanism. Additionally the APP provides a framework to facilitate cohesion of health plans and objectives at all levels.

### 3.2. Formulation of the APP

Each district and sub-district prepares a three strategic plan and a one year operational plan. These plans are based on: the clinic and community health clinic expenditure reviews and hospital annual reports which contribute to the sub-district reports (prepared by sub-district health committees). The sub-district reports are then collated into the district reports (prepared by district health planning committees) and finally into the provincial annual report (prepared by the provincial planning committee). The full sub-district and district health planning committee should include representatives from CHCs in the district.

#### Activity 4: Planning for health care

10 Minutes

**Purpose:** To explore CHC representation in planning.

**Procedure:** In groups

**Method:** Imagine the picture below represents the district planning committee. Are CHCs represented? If so how and what does that representative contribute?



The district health plans (three year plans):

- Need to be in alignment with the five year provincial strategic plan and service delivery plans which is prepared every five years of political terms of office (*Public Services Regulation, 1999*);
- Must be based on the ten year provincial service platform plans which project the targets for the number, types and locations of hospitals and PHC facilities as well as for staff and funding; and

- Provide a basis of the health section for the five year municipal Integrated Development Plans (IDPs). To ensure this integration, municipal members should be a part of the district and sub-district planning committees.

#### 4. Framework for planning APP

The provincial APP for health needs to be in alignment with global, national and provincial objectives in order to create a cohesive vision for health care.

##### 4.1. Global Objectives

The United Nations Millennium Declaration, signed in September 2000 by world leaders of 189 countries including South Africa developed the 8 MDGs (Millennium Development Goals) to reduce poverty. Goals 4, 5 and 6 are directly related to health.

The eight MDGs are:



##### 4.2. National Objectives

The provincial strategic plans are in alignment with the:

- **Twelve National Outcomes and resulting Negotiated Service Delivery Agreement (NSDA) that the Ministers signed with the President.**  
The relevant outcome for health is number four of the twelve national outcomes:

- ❖ Improve healthcare and life-expectancy among all South Africans.

The objectives of the NSDA that the Minister of Health signed are:

- 1) Increasing life-expectancy;
- 2) Decreasing maternal and child mortality;
- 3) Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis; and
- 4) Strengthening health system effectiveness.

- **2030 healthcare vision**
- **Ten point health plan**

The ten point plan outlines the priorities of the National Health Department for health systems for a five year period.

### Diagram representing International and National Objectives



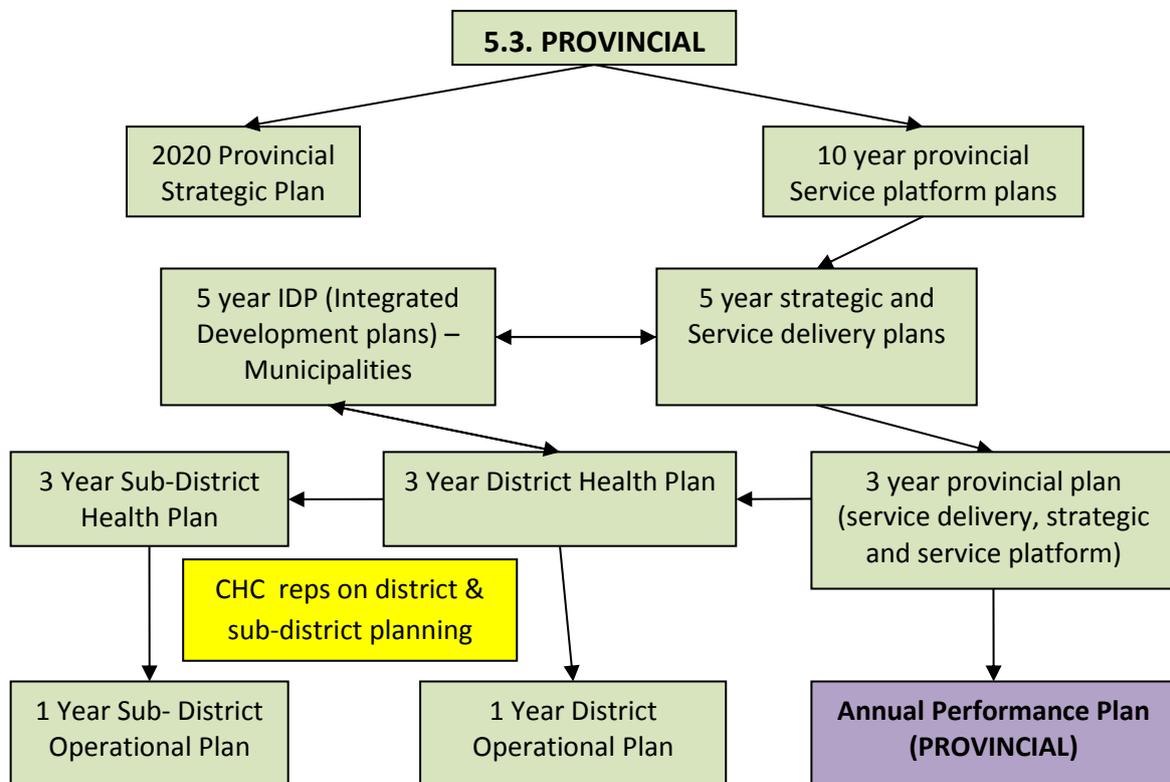
### 4.3. Provincial Objectives

- **Western Cape Provincial Strategic plan for 2030**

The Western Cape provincial strategic plan for 2030 aims at creating an “open society for all”. The strategic goal for health is to **increase wellness**. This is hoped to be achieved by the following goals:

- Addressing the burden of disease.
- Improving the quality of health services and the patient experience.
- Ensure and maintain organisational strategic management capacity and synergy.
- Develop and maintain and capacitated workforce to deliver the required health services.
- Develop and maintain appropriate health technology, infrastructure and ICT.
- Optimal financial management to maximise health outcomes.

**Diagram representing provincial objectives**



#### **4.4. Structure of the APP**

The APP is divided into three parts:

##### **Part A: Strategic Overview**

- Vision, mission and values
- Strategic goals, situation analysis
- Organisational environment, Provincial service delivery environment
- Legislative mandates, policy initiatives
- Overview

##### **Part B: Programme and Sub-programme plans**

- Executive summary
  1. Administration
  2. District Health Services
  3. Emergency Medicine Services
  4. Provincial Hospital Services
  5. Central Hospital Services (highly specialised)
  6. Health sciences and training
  7. Health care support and services
  8. Health facilities management

##### **Part C: Link to other plans**

- Links to long-term infrastructure and other capital plans
- Conditional grants, public entities
- Public private partnerships
- Conclusion

## 5. CHCs role in planning

### Activity 5: What can CHCs contribute to planning in health care? 10 Minutes

**Purpose:** Explore CHCs understanding of how they could contribute to the planning process and performance targets.

**Procedure:** Brainstorm, flipchart

**Method:** Ask participants to discuss how they think they could contribute to planning at their health care facilities. How could CHCs assist facilities reaching performance targets?

#### 5.1. How can you assist in planning health care at your facility?

Communicating the needs of your community to the facility managers and/or sub-district manager can assist them in planning for appropriate health care at your facility. This can be achieved by helping to promote community members to have an active voice regarding their health care needs. Helping to mobilise the community to seek treatment for certain underutilised programmes can aid your facility in reaching their performance targets and securing more future funds for your facility.

The APP is up for public comment March of every year in parliament. At the recent District Health Council Consultation in February 2015, two time periods were identified for potential community input to the District Health Plan. CHC need to address how community input can be gathered for their sub-district to be presented to the district health planning committee. Appendix H is a copy of the timetable for district health planning showing the two time periods of possible community input.

**Activity 6: How can CHCs gather and reflect the true voices of the community for planning? 10 minutes**

**Purpose:** To discover how CHCs understanding can practically and effectively gather input from the communities and relay the information to sub-district and district level for presentation at the proposed community input dates in the district health planning schedule.

**Procedure:** Groups

**Method:** Ask participants to discuss in groups how they would arrange for input from their community for district health planning, how this information could be successfully organised at a sub-district and district level and in what format it would eventually be presented to the district health planning committee.

A lot of planning is required by CHCs to ensure that information and input by all communities is gathered in time to be presented by the proposed dates. The community has an important role to play in planning for their own health care and it is important that the information presented for planning reflect the true voice of the community.

**Pre and post assessment questionnaire**

1. What is your understanding of quality healthcare? \_\_\_\_\_  
\_\_\_\_\_
2. Who is responsible to ensure quality healthcare? \_\_\_\_\_  
\_\_\_\_\_
3. What are the National Core Standards of Health? \_\_\_\_\_  
\_\_\_\_\_
4. List the first two domains in the NCS  
(a) \_\_\_\_\_  
(b) \_\_\_\_\_
5. How is quality measured? \_\_\_\_\_  
\_\_\_\_\_
6. What is the Annual Performance Plan? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What do you think needs to be thought about when planning health care? \_\_\_\_\_  
\_\_\_\_\_
8. Who is responsible for planning? \_\_\_\_\_  
\_\_\_\_\_
9. Name three objectives that planning needs to be aligned with.  
(a) \_\_\_\_\_  
(b) \_\_\_\_\_  
(c) \_\_\_\_\_
10. The provincial APP runs from ..... to ..... every year.
11. List two of the three MDGs that relate to health.  
(a) \_\_\_\_\_  
(b) \_\_\_\_\_
12. How can you as CHC member be involved in the planning process for your facility?  
\_\_\_\_\_  
\_\_\_\_\_

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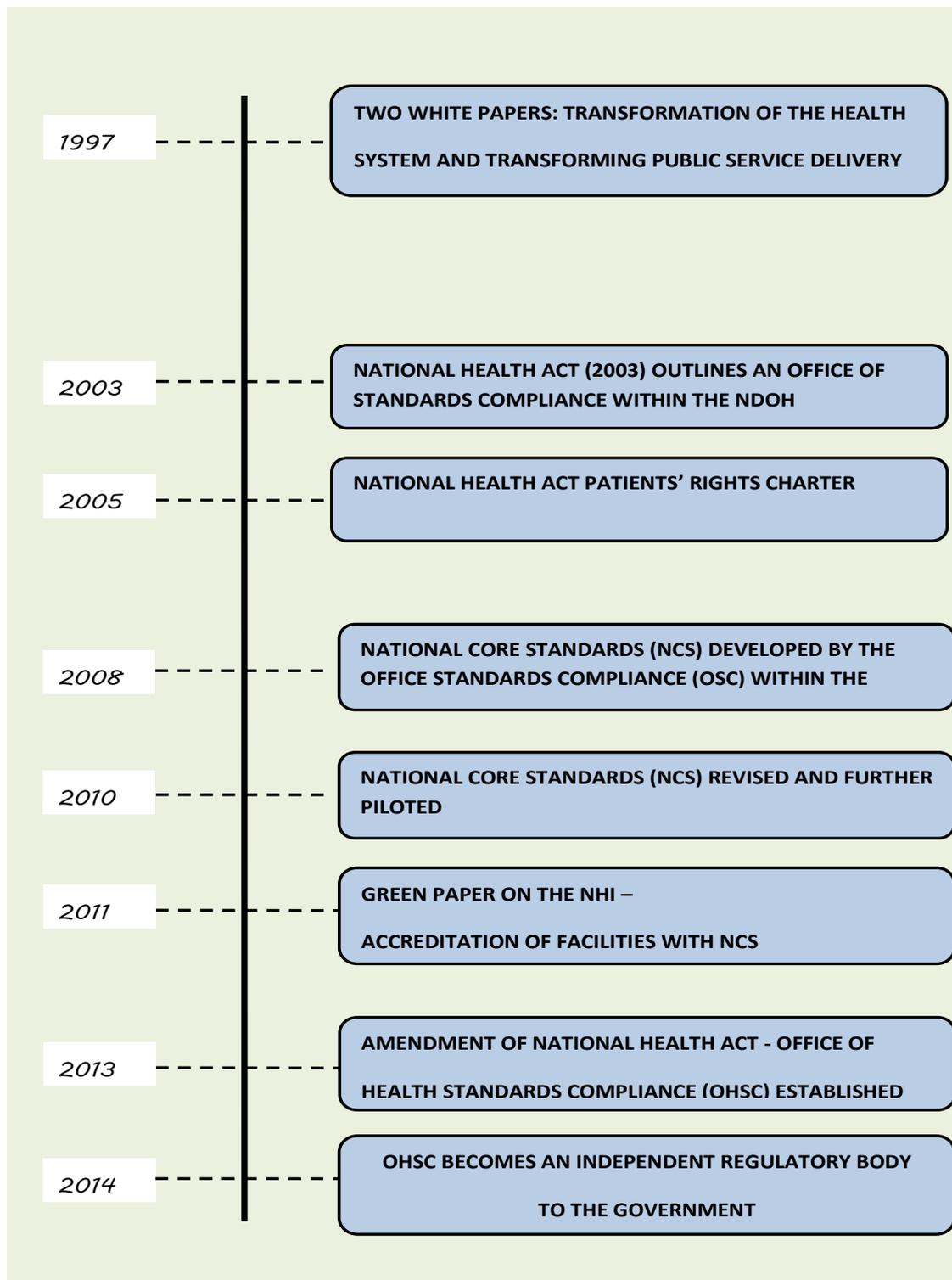
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## Appendices

### Appendix A: Historical Timeline of the NCS



## Appendix B: Scope of each domain with the relevant sub-domains

### **Domain 1: Patient Rights**

<p>The domain sets out what a facility must do to make sure that patients are respected and their rights upheld, including getting access to needed care and respectful, informed and dignified attention, in an acceptable and hygienic environment, seen from the point of view of the patient, in accordance with Batho Pele principles and the Patient Rights Charter.</p>	<p><b>Sub-domains:</b></p> <ol style="list-style-type: none"><li>1.1 Respect and dignity</li><li>1.2 Information to patients</li><li>1.3 Physical access</li><li>1.4 Continuity of care</li><li>1.5 Reducing delays in care</li><li>1.6 Emergency care</li><li>1.7 Access to package of services</li><li>1.8 Complaints management</li></ol>
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### **Domain 2: Patient Safety, Clinical Governance & Care**

<p>The domain covers how to:</p> <ul style="list-style-type: none"><li>• Ensure quality nursing and clinical care and ethical practice;</li><li>• Reduce unintended harm to health care users or patients in identified cases of greater clinical risk;</li><li>• Prevent or manage problems or adverse events, including health care associated infections; and</li><li>• Support any affected patients or staff.</li></ul>	<p><b>Sub-domains:</b></p> <ol style="list-style-type: none"><li>2.1 Patient care</li><li>2.2 Clinical management for improved health outcomes</li><li>2.3 Clinical leadership</li><li>2.4 Clinical risk</li><li>2.5 Adverse events</li><li>2.6 Infection prevention and control</li></ol>
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### **Domain 3: Clinical Support Services**

<p>The domain covers specific services essential in the provision of clinical care and includes the timely availability of medicines and efficient provision of diagnostic, therapeutic and other clinical support services and necessary medical technology, as well as systems to monitor the efficiency of the care provided to patients.</p>	<p><b>Sub-domains:</b></p> <ol style="list-style-type: none"><li>3.1 Pharmaceutical services</li><li>3.2 Diagnostic services</li><li>3.3 Therapeutic and support services</li><li>3.4 Health technology services</li><li>3.5 Sterilisation services</li><li>3.6 Mortuary services</li><li>3.7 Efficiency management</li></ol>
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#### ***Domain 4: Public Health***

<p>The domain covers how health facilities should work with NGOs and other health care providers along with local communities and relevant sectors, to promote health, prevent illness and reduce further complications; and ensure that integrated and quality care is provided for their whole community, including during disasters.</p>	<p><b>Sub-domains</b></p> <ul style="list-style-type: none"><li>4.1 Population based service planning and delivery</li><li>4.2 Health promotion and disease prevention</li><li>4.3 Disaster preparedness</li><li>4.4 Environmental control</li></ul>
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#### ***Domain 5: Leadership and Governance***

<p>The domain covers the strategic direction provided by senior management, through proactive leadership, planning and risk management, supported by hospital board, clinic committee as well the relevant supervisory support structures and includes the strategic functions of communication and quality improvement.</p>	<p><b>Sub-domains:</b></p> <ul style="list-style-type: none"><li>5.1 Oversight and accountability</li><li>5.2 Strategic management</li><li>5.3 Risk management</li><li>5.4 Quality improvement</li><li>5.5 Effective leadership</li><li>5.6 Communications and public relations</li></ul>
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### ***Domain 6: Operational Management***

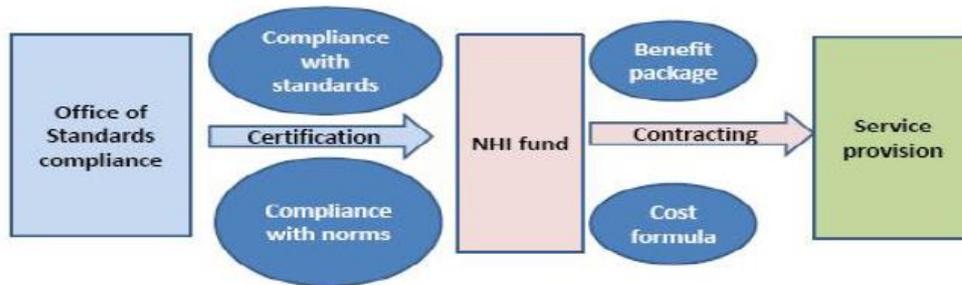
<p>The domain covers the day-to-day responsibilities involved in supporting and ensuring delivery of safe and effective patient care, including management of human resources, finances, assets and consumables, and of information and records.</p>	<p><b>Sub-domains:</b></p> <ul style="list-style-type: none"><li>6.1 Human resource management &amp; development</li><li>6.2 Employee wellness</li><li>6.3 Financial resource management</li><li>6.4 Supply chain management</li><li>6.5 Transport and fleet management</li><li>6.6 Information management</li><li>6.7 Medical records</li></ul>
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### ***Domain 7: Facilities and Infrastructure***

<p>The <b>Facilities and Infrastructure</b> domain covers the requirements for clean, safe and secure physical infrastructure (buildings, plant and machinery, equipment) and functional, well managed hotel services; and effective waste disposal.</p>	<p><b>Sub-domains:</b></p> <ul style="list-style-type: none"><li>7.1 Buildings and grounds</li><li>7.2 Machinery and utilities</li><li>7.3 Safety and security</li><li>7.4 Hygiene and cleanliness</li><li>7.5 Waste management</li><li>7.6 Linen and laundry</li><li>7.7 Food services</li></ul>
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Appendix C: NHI linking NCS compliance to funding

The OHSC, the NCS, and the National Health Insurance



Certification of compliance as a pre-requisite for funding

## Appendix D: The 12 National Outcomes of National Government

### **The 12 National Outcomes of National Government**

- 1) Improve the quality of basic education.
- 2) Create decent employment through inclusive economic growth.
- 3) Develop a skilled and capable workforce.
- 4) Improve healthcare and life-expectancy among all South Africans.
- 5) Build a safer country.
- 6) Support an efficient, competitive and responsive economic infrastructure network.
- 7) Develop vibrant, equitable and sustainable rural communities that contribute to adequate food supply.
- 8) Protect our environment and natural resources.
- 9) Create sustainable human settlements and improved quality of household life.
- 10) Build a responsive, accountable effective local government system.
- 11) Create a better South Africa, a better Africa and a better World.
- 12) Generate an efficient, effective and development orientated public services and an empowered, fair and inclusive citizenship.

## Appendix E: The 10 point plan

**The ten point plan indicates the National Health Systems priorities for a five year period (1999 – 2014).**

1. Provision of strategic leadership and creation of social compact for better health outcomes.
2. Implementation of the National Health Insurance (NHI).
3. Improving the quality of health services.
4. Overhauling the health care system and improving its management.
5. Improved human resources planning development and management.
6. Revitalisation of infrastructure.
7. Accelerated implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases.
8. Mass mobilisation for the better health for the population.
9. Review of drug policy.
10. Strengthening research and development.

## Appendix F: The Western Cape Provincial Strategic plan for 2030

The Western Cape Provincial strategic plan for 2030 with the following objectives aimed at creating an “open society for all”.

1. Creating opportunities for growth and jobs.
2. Improving education outcomes.
3. Increasing access to safe and efficient transport.
4. Increasing wellness.
5. Increasing safety.
6. Developing integrated and sustainable human settlements.
7. Mainstreaming sustainable and optimising resource use efficiency.
8. Promoting social inclusion and reducing poverty
9. Integrating service delivery for maximum impact.
10. Increasing opportunities for growth and development in rural areas.
11. Building the best –run provincial government in the world.

