

ANNUAL PERFORMANCE PLAN 2020/21



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

Safe and quality health care for all

Table of Content

Executive Authority Statement	2
Accounting Authority Statement	3
Official Sign-Off	4

PART A: OUR MANDATE **5**

1. Updates to relevant Legislative and policy mandates	6
1.1 National Health Act, 2003	6
1.2 National Health Insurance Bill, 2019 (NHI Bill)	6
1.3 Norms and standards	6
1.4 Procedural regulations	7
1.5 National Policy on Quality (2007)	7
1.6 National Development Plan (NDP)	7
2. Updates to Institutional Policies and Strategies	8
3. Updates to Relevant Court Rulings	8

PART B: OUR STRATEGIC FOCUS **9**

4. Updated Situational Analysis	10
4.1. External Environment Analysis	10
4.2. Internal Environment Analysis	10

PART C: MEASURING OUR PERFORMANCE **11**

5. Institutional Performance Information	12
5.1 Programme 1: Administration	12
5.2 Programme 2: Compliance Inspectorate	14
5.3 Programme 3: Complaints Management and Office of the Ombud	16
5.4 Programme 4: Health Standards Design, Analysis and Support	18
5.5. Programme 5: Certification and Enforcement	19
6. Explanation of Planned Performance over the mid-term Period	20
7. Programme Resource Considerations	21
7.1 Overall budget allocation	21
7.2 Programme 1: Administration	22
7.3 Programme 2: Compliance Inspectorate	23
7.4 Programme 3: Complaints Management and Office of the Ombud	24
7.5 Programme 4: Health Standards Design, Analysis and Support	24
7.6 Programme 5: Certification and Enforcement	25
8. Updated Key Risks	26
9. Entities	26
10. Infrastructure Projects	26
11. Public Private Partnerships	26
12. Materiality and Significance Framework for the Financial Year 2020/21	27
12.1 Background	27
12.2 Qualitative Aspects	27
12.3 Quantitative Aspects	28
12.4 Review	28

PART D: TECHNICAL INDICATOR DESCRIPTION (TID) **29**

Executive Authority Statement



“The regulations for quality patient care and patient safety provide the necessary support towards improving the overall quality of services both in the public and private health sector”

The development of the Office of Health Standards Compliance (OHSC) Annual Performance Plan for 2020-2021 was largely informed by the experience with the implementation of the Strategic Plan for 2015-2020 which marked the initial years of functioning of the OHSC and the Annual Performance Plan (APP) for the entity in the 2018/19 financial year. This APP comes at a time when the entity is functioning within a regulatory environment following the promulgation of regulations for different categories of health establishments. The regulations for quality patient care and patient safety provide the necessary support towards improving the overall quality of services both in the public and private health sector. Avoiding preventable patient harm in the process of providing care to patients is a goal of Government.

The priorities which guided the development of this APP included the review of programme performance information to ensure alignment between the National Health Insurance Bill, 2019 (NHI Bill) and the mandate of the OHSC as in the National Health Act, 2003 (Act No. 61 of 2003). The continued advocacy and awareness activities by the OHSC over the past years have improved visibility of the OHSC, public awareness and interaction with the entity.

A handwritten signature in black ink, appearing to read 'Z. Mkhize', written in a cursive style.

Dr ZL Mkhize, MP
Minister of Health

Accounting Authority Statement



“The main objective is to promote and protect the health and safety of the users of health services and contribute to improved outcomes and improved population health”

Access to quality health care for South Africans reflects the constitutional obligations contained in the Bill of Rights. In carrying out its mandate and function for the Medium-Term Strategic Frameworks (MTSF) period, the OHSC's vision is to contribute to safe and quality health care by reducing avoidable mortality, morbidity and harm within health establishments through monitoring compliance with the norms and standards, responsiveness and accessibility of health services for users.

Protecting and Promoting health and safety

The National Health Act, 2003 (Act No. 61 of 2003) provides for quality requirements and standards in respect of health services provided by health establishments to the public. The main objective is to promote and protect the health and safety of the users of health services and contribute to improved outcomes and improved population health.

Improving responsiveness of health services to the users

The OHSC came into existence after the amendment of Chapter 10 of the National Health Act, 2003. The OHSC is an independent regulatory body responsible to monitor quality of health care services rendered in all health establishments. The first and second OHSC Board of Directors have been appointed and the term for the second Board of Directors ended in December 2019.

This Strategic Plan for 2020-2025 represents a new phase in strengthening the functions of the OHSC as a regulator for health establishments. It will also assist the OHSC to strengthen relationships with various stakeholders in the health sector and other regulatory entities to facilitate and support the implementation of norms and standards for different levels of care. The process of establishing an

effective and efficient office is an ongoing and evolving process. Communication with internal and external role players is essential; the OHSC is in the process of creating platforms to further engage stakeholders and build strong, competent and dynamic internal teams.

I would like to thank the OHSC Management, the Health Ombud, Professor Malegapuru Makgoba and OHSC Staff for their continued hard work and dedication. I would like to express my appreciation and support that the OHSC has received overtime from the former Minister of Health, Dr Aaron Motsoaledi, the current Minister of Health, Dr Zweli Mkhize, the former Director-General of Health, Ms Malebona Matsoso, the National Department of Health (NDoH) and Provincial Departments of Health for their support towards the mandate of the OHSC.

I wish to extend most heartfelt acknowledgement and gratitude to the Board Members who served in the OHSC Board for their contribution, support and guidance towards the development of this Strategic Plan:

- a) Ms Oaitse Montshiwa;
- b) Professor Ethelwynn Stellenberg;
- c) Mr Kariem Hoosain;
- d) Professor Morgan Chetty;
- e) Mr Bada Pharasi;
- f) Ms Sheila Barsel;
- g) Ms Keitumetse Mahlangu; and
- h) Professor Stuart Whittaker.

Dr Ernest Kenoshi
Chairperson of the Board

Official Sign-Off

It is hereby certified that this Annual Performance Plan:

- Was developed by the management of the OHSC under the guidance of the Board.
- Takes into account all the relevant policies, legislation and other mandates for which the OHSC is responsible.
- Accurately reflects the Outcomes, Outputs and Output indicators which the OHSC will endeavour to achieve over the period 2020 - 2021.

Adv Makhwedi Makgopa-Madisa

Acting Director: Governance, Strategy and Board Secretariat

Signature: _____



Ms Matshidiso Montsho

Acting Executive Manager: Compliance Inspectorate

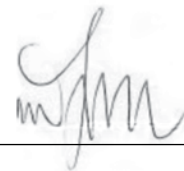
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Mr Monnatau Tlholoe

Director: Complaints Assessment

Signature: _____



Ms Winnie Moleko

Executive Manager: Health Standards, Design Analysis and Support

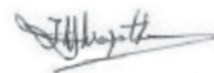
Signature: _____



Mr Julius Mapatha

Chief Financial Officer

Signature: _____



Dr Siphwe Mndaweni

Chief Executive Officer

Signature: _____



Dr Ernest Kenoshi

Chairperson of the Board

Signature: _____



APPROVED BY:

Dr ZL Mkhize, MP

Minister of Health

Signature: _____



PART A:

Our Mandate



1. UPDATES TO RELEVANT LEGISLATIVE AND POLICY MANDATES

1.1 National Health Act, 2003

The National Health Act, 2003 (the Act) re-affirms the constitutional rights of users to access health services and just administrative action. As a result, Section 18 allows any user of health services to lay a complaint about the manner in which he or she was treated at a health establishment. The Act further obliges Members of Executive Council (MECs) to establish procedures for dealing with complaints within their areas of jurisdiction. Complaints provide useful feedback on the areas within health establishments that do not comply with prescribed standards which define the systems and processes which safeguard users and health care personnel.

The Act provides the overarching legislative framework for a structured and uniform national health care system. It highlights the rights and responsibilities of health care providers and health care users and ensures broader community participation in health care delivery from a health establishment level up to national level.

Chapter 10 of the Act relating to the Office of Standards Compliance was repealed in its entirety (and other minor changes were enacted) through the promulgation of the National Health Amendment Act No 12 of 2013, which replaced the previous provisions (that had never been brought into effect) with a new independent entity, the Office of Health Standards Compliance.

The Objects of the Office are reflected in the Act as being “to protect and promote the health and safety of users of health services by:

1. Monitoring and enforcing compliance by health establishments with norms and standards prescribed by the Minister of Health in relation to the national health system; and
2. Ensuring consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair, economical and expeditious manner”.

1.2 National Health Insurance Bill, 2019 (NHI Bill)

In order to address previous historical inequities and to ensure universal coverage for all South Africans, Government decided on National Health Insurance (NHI) as the means to transform the health system and grant all citizens access to good quality health services irrespective of their socio-economic status. The NHI is based on the principles of universal coverage, right of access to basic health care and social solidarity. These principles are intertwined with the concept of equity. The NHI as proposed by the National Department of Health (NDoH) is not just a new financing mechanism for the health system but a system for ensuring solidarity in the delivery of good quality services, accessible to all South Africans.

The NHI Bill provides for mandatory payment health care services in the Republic in pursuance of Section 27 of the Constitution. It further establishes a National Health Insurance Fund and provides for its powers, functions and governance structures. The NHI Bill recognises the socio-economic injustices, imbalances and inequalities of the past, the need to heal the divisions of the past and need to establish a society based on democratic values, social justice and fundamental human rights and to improve the life expectancy and the quality of life for all citizens.

In relation to the OHSC, the NHI Bill provides that “the process of accreditation of health care providers will require that health establishments are inspected and certified by the Office of Health Standards Compliance”. This therefore outlines the crucial role to be played by the OHSC in relation to the implementation of NHI in the Country. It is also key to note, however, that the importance of the OHSC lies not only in its role under the NHI. It must also play a role in the improvement of health care quality in South Africa as it relates to both the private and public health care.

1.3 Norms and standards

The norms and standards applicable to different categories of health establishments were promulgated by the Minister of Health in February 2018 and came into effect in February 2019. These prescribed norms and standards are applicable to the following categories of health establishments at present:

- Public sector hospitals set out in the regulations relating to the categories of hospital as per notice in Gazette No. 35101;
- Public sector clinics;
- Public sector Community health centres;
- Private sector hospitals; and
- Private sector primary health care clinics or centres.

The norms and standards regulations do not specify the measurement criteria used to determine compliance, nor the guidance to be issued by the OHSC, however those are developed separately.

1.4 Procedural regulations

The procedural regulations pertaining to the functioning of the Office of Health Standards Compliance and Handling of Complaints by the Ombud guide the exercise of powers conferred on the OHSC, the Chief Executive Officer, the Ombud and the Inspectors by the NHA, which they elaborate on in the form of details, procedures and processes. The procedural regulations are applicable to all categories of health establishments as per the NHA.

1.5 National Policy on Quality (2007)

A focus on quality assurance and quality improvement is not a new concept. A National Policy on Quality in Health care was initially developed for South Africa in 2001 and revised in 2007. The policy identifies mechanisms for improving the quality of health care in both public and private sectors. It highlights the need to focus capacity-building efforts and quality initiatives on health professionals, communities, patients and the broader health care delivery system (National Department of Health, National Policy on Quality in Health Care).

The objectives of the National Policy on Quality are to:

- improve access to quality health care;
- increase patients' participation and the dignity afforded to them;
- reduce underlying causes of illness, injury, and disability;
- expand research on treatments specific to South African needs and on evidence of effectiveness;
- ensure appropriate use of services; and
- reduce errors in health care.

1.6 National Development Plan (NDP)

In June 2011 the National Planning Commission (NDP) released its Diagnostic Report which set out South Africa's achievements and shortcoming since 1994. It identified a failure to implement various policies and an absence of broad partnerships as the main reasons for slow progress, and set out nine primary challenges:

- a. Too few people work;
- b. The standards of education for most black learners is of poor quality;
- c. Infrastructure is poorly located, under-maintained and insufficient to foster higher growth;
- d. Spatial patterns exclude the poor from the fruits of development;
- e. The economy is overly unsustainably resource intensive;
- f. A widespread disease burden is compounded by a failing public health system;
- g. Public services are uneven and often of poor quality;
- h. Corruption is widespread; and
- i. South Africa remains a divided society.

The NDP aims to eliminate poverty and reduce inequality by 2030. With more than 25 years into democracy, South Africa has made a number of gains on the economic front, in particular on its macro-economic policy. However, health challenges are more than medical. Behaviour and lifestyle also contribute to ill-health. To become a healthy nation, South Africans need to make informed decisions about what they eat, whether or not they consume alcohol, and their sexual behaviour, among other factors.

The NDP Vision 2030 states that a health system that works for everyone and produces positive health outcomes is not out of reach. It is possible to:

- a. Raise the life expectancy of South Africans to at least 70 years;
- b. Ensure that the generation of under-20s is largely free of HIV;
- c. Significantly reduce the burden of disease; and
- d. Achieve an infant mortality rate of less than 20 deaths per thousand live births, including under-5 mortality rate of less than 30 per thousand.

Chapter 10 of the NDP on Health, Priority 2 which relates to “strengthening the health system”, includes the role of the OHSC as an independent entity mandated to promote quality by measuring, benchmarking and accrediting actual performance against norms and standards for health quality. The OHSC will be responsible for ensuring that standards are met in every sphere and at every level. Specific focus will be on achieving common basic standards in the public and private sectors.

2. UPDATES TO INSTITUTIONAL POLICIES AND STRATEGIES

The Presidential Health Summit Compact, 2018 states “Regulation plays a crucial role in establishing the rules within which professionals

and organisations must operate within a more people-centered and integrated health system. To remedy, institute a full organisational review of the legislation on health and propose new governance and administrative structures. Furthermore, the Office of the Ombud must be separated from the OHSC to ensure independence, transparency and good governance. To that extent the Ombud and the Minister are in a process of drafting the Health Ombud Bill. There also a process of a separate OHSC Bill which would remove the functions of the OHSC from chapter 10 of the National Health Act, 2003.

3. UPDATES TO RELEVANT COURT RULINGS

There are no current court actions or rulings regarding the OHSC, its establishment and/or functions.

PART B:

Our Strategic Focus



4. UPDATED SITUATIONAL ANALYSIS

4.1. External Environment Analysis

South Africa, like any other developing country, is faced with a huge burden of disease. Notwithstanding Government's effort towards reducing the burden of disease, inequality and poverty levels, the challenge of the disease burden remains. The below mentioned priorities as identified by the then Minister of Health in relation to the national health system remains a challenge to achieve in South Africa, despite government's effort of doing the outmost best to ensure that those are addressed. The identified Ministerial priorities in patient safety and quality of care are the following:

- Staff attitudes;
- Waiting times;
- Cleanliness;
- Availability of medicines;
- Infection control; and
- Safety and security of staff and patients.

The 2015-2020 OHSC Strategic Plan ends at a very crucial point in the health care industry with the National Health Insurance Bill, 2019 (NHI Bill) tabled in Parliament, in July 2019. The NHI Bill makes provision for the NHI Fund as a juristic person to be responsible for the purchasing and financing health services in the Country. The NHI fund relies on certification issued by the OHSC as a prerequisite before further assessment by the fund. This means that the OHSC is an enabler towards NHI implementation. The Parliamentary Committee on Health provides oversight on the activities of the OHSC and supports the OHSC in its quest towards achieving the legislative mandate.

Mental health care has also become the centre of attention in relation to provision of health care services. The release of the Life Esidimeni Report in 2017 led to the identification of gaps in the health care system in relation to delivery and access of mental health services. The Life Esidimeni Report contributed to a major mind shift in mental health care services, including reprioritisation, resource allocation and community-based delivery of those services.

The promulgation of the norms and standards applicable to different categories of health establishments has enabled the OHSC to inspect public and private health care and ensure enforcement wherein there is non-compliance. Several engagements have occurred between the OHSC and private health care sector and the private sector has shown keen interest and willingness to understand the functions of the OHSC in-measuring quality of health care services in the private sector.

4.2. Internal Environment Analysis

The Performance delivery environment in the context of a regulator is influenced by the policy and legislative provisions outlined above, as well as by the actual situation pertaining on the ground and the responses and initiatives being implemented to address challenges and reinforce successes.

The evolution of the OHSC up to the promulgation and coming into effect of the norms and standards applicable to different categories of health establishments has extended over 6 years and has enable acquiring of much needed experience and knowledge and awareness across the overall health care system. The establishment of a health care regulator brings with it both a key strength in that its work will become enforceable , more objective and focused, as well as the challenge of setting up of completely new structures and systems, and attempting to meet public expectations for immediate impact while still in the phase of growth and development itself.

PART C:

Measuring Our Performance



5. Institutional Performance Information

5.1 Programme 1: Administration

5.1.1. Purpose: To provide the leadership and administrative support necessary for the OHSC to deliver on its mandate and comply with all relevant legislative requirements.

Outcomes, Outputs, Performance Indicators and Targets

Outcome	Outputs	Output Indicators	Annual Targets						
			Audited/Actual Performance			Estimated Performance	MTEF Period		
			2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
A fully functional OHSC	Turnaround time for the filling of funded vacancies	Percentage of vacancies filled within four months of the vacancy existing	New Indicator	New Indicator	New Indicator	90%	90%	92%	93%
	Inspectors are certified after successful completion of training	Percentage of certified inspectors after successful completion of training	New Indicator	New Indicator	New Indicator	95%	95%	95%	95%
	Unqualified Audit Opinion achieved by the OHSC	Unqualified Audit Opinion achieved by the OHSC	Unqualified Audit	Unqualified Audit	Not yet reported	Unqualified audit	Unqualified audit	Unqualified audit	Unqualified audit
	IT Service Availability	Percentage of ICT availability for core OHSC services	New Indicator	New Indicator	New Indicator	95%	95%	95%	95%
		Percentage of ICT availability for OHSC support services	New Indicator	New Indicator	New Indicator	95%	95%	95%	95%
	Awareness about the role and powers of the OHSC is raised	Number of community stakeholder engagements to raise public awareness on the role and powers of the OHSC	New Indicator	New Indicator	New Indicator	12	12	12	12
		Number of private sector engagements to raise awareness on the role and powers of the OHSC	New Indicator	New Indicator	New Indicator	8	8	8	8

Indicators, Annual and Quarterly Targets

Output Indicators	Annual Target	Q1	Q2	Q3	Q4
Percentage of vacancies filled within four months of vacancy existing	90%	85%	86%	90%	90%
Percentage of certified inspectors after successful completion of training	95%	-	-	-	95%
Audit Opinion Achieved by the OHSC	Unqualified audit	-	-	-	Unqualified audit
Percentage of ICT availability for core OHSC services	95%	95%	95%	95%	95%
Percentage of ICT availability for OHSC support services	95%	95%	95%	95%	95%
Number of community stakeholder engagements to raise public awareness on the role of the OHSC	12	3	3	3	3
Number of private sector engagements to raise awareness on the role and of the OHSC	8	2	2	2	2

5.2 Programme 2: Compliance Inspectorate

5.2.1. Purpose: To manage the inspection of health establishments in order to assess compliance with national health system's norms and standards as prescribed by the Minister.

Outcomes, Outputs, Performance Indicators and Targets

Outcome	Outputs	Output Indicators	Annual Targets						
			Audited/Actual Performance			Estimated Performance	MTEF Period		
			2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Compliance with norms and standards is effectively monitored	Health establishments are inspected for compliance with the norms and standards	Percentage of public health establishments inspected for compliance with the norms and standards	24.18%	19.13%	Not yet reported	10% (382 of 3816)	9% (343 of 3816)	8% (305 of 3816)	7% (267 of 3816)
		Percentage of private health establishments inspected for compliance with the norms and standards	New Indicator	New Indicator	New Indicator	6% (24 of 393)	6% (24 of 393)	6% (24 of 393)	6% (24 of 393)
	Additional inspection is conducted in health establishments where non-compliance was identified	Percentage of additional inspection conducted in private and public health establishments where non-compliance was identified	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%
	Regulated inspection reports are published	Publish bi-annual consolidated reports on health establishments performance against the norms and standards	New Indicator	New Indicator	New Indicator	2	2	2	2

Indicators, Annual and Quarterly Targets

Output Indicators	Annual Target	Q1	Q2	Q3	Q4
Percentage of public health establishments inspected for compliance with the norms and standards	10% (382 of 3816)	4.3% (165 of 3816)	4.8% (185 of 3816)	0% (0)	0.8% (32 of 3816)
Percentage of private health establishments inspected for compliance with the norms and standards	6% (16 of 393)	0%	0%	6% (24 of 393)	0%
Percentage of additional inspection conducted in private and public health establishments where non-compliance was identified	100%	100%	100%	100%	100%
Publish bi-annual consolidated reports on health establishments performance against the norms and standards	2	-	1	-	1

5.3 Programme 3: Complaints Management and Office of the Ombud

5.3.1. Purpose: To consider, investigate and dispose of complaints relating to non-compliance with norms and standards in a procedurally fair, economical and expeditious manner.

Outcomes, Outputs, Performance Indicators and Targets

Outcome	Outputs	Output Indicators	Annual Targets						
			Audited/Actual Performance			Estimated Performance	MTEF Period		
			2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Improved quality of health care services rendered to the users in the health establishments	Low risk complaints resolved within twenty-five working days of lodgement in the call centre	Percentage of low risk complaints resolved within twenty-five working days of lodgement in the call centre.	New Indicator	New Indicator	New Indicator	65%	75%	80%	85%
	User complaints resolved within 30 working days through assessment after receipt of a response from the complainant and/or the health establishment	Percentage of user complaints resolved within 30 working days through assessment after receipt of a response from the complainant and/or the health establishment	New Indicator	New Indicator	44%	45%	55%	65%	70%
	Complaints resolved within six months through investigation	Percentage of complaints resolved within six months through investigation	New Indicator	New Indicator	2%	10%	25%	40%	60%
	Complaints resolved within 12 months through investigation	Percentage of complaints resolved within 12 months through investigation	New Indicator	New Indicator	New Indicator	20%	30%	40%	60%
	Complaints resolved within 18 months through investigation	Percentage of complaints resolved within 18 months through investigation	New Indicator	New Indicator	New Indicator	20%	30%	40%	60%

Indicators, Annual and Quarterly Targets

Output Indicators	Annual Target	Q1	Q2	Q3	Q4
Percentage of low risk complaints resolved within twenty-five working days of lodgement in the call centre	65%	50%	55%	60%	65%
Percentage of user complaints resolved within 30 working days through assessment after receipt of a response from the complainant and/or the health establishment	45%	25%	30%	35%	45%
Percentage of complaints resolved within six months through investigation	10%	5%	10%	8%	10%
Percentage of complaints resolved within twelve months through investigation	20%	10%	20%	10%	20%
Percentage of complaints resolved within eighteen months through investigation	20%	10%	20%	10%	20%

5.4 Programme 4: Health Standards Design, Analysis and Support

5.4.1.Purpose: To provide high level technical analytical and educational support to the functions of the Office in relation to the research and development of data collection tools, training for these tools and analysis and interpretation of data collected; and the establishment of communication networks with stakeholders for capacity building and co-creation of information management systems.

Outcomes, Outputs, Performance Indicators and Targets

Outcome	Outputs	Output Indicators	Annual Targets						
			Audited/Actual Performance			Estimated Performance	MTEF Period		
			2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Compliance with the norms and standards regulations for different categories of health establishments	Implementation of recommended improvements by relevant authorities in the health care sector	Number of recommendations for improvement in the health care sector made to relevant authorities	New Indicator	New Indicator	New Indicator	3 (1 - annual returns report; 2 - recommendations for improvements to include EWS data; 3 - advice regarding norms and standards to be prescribed)	3	3	3
	Improved implementation of the norms and standards	Number of guidance visits to facilitate implementation of the norms and standards regulations	New Indicator	New Indicator	New Indicator	24	24	24	24

Indicators, Annual and Quarterly Targets

Output Indicators	Annual Target	Q1	Q2	Q3	Q4
Number of recommendations for improvement in the health care sector implemented by relevant authorities	3	-	-	-	3
Number of guidance visits to facilitate implementation of the norms and standards regulations	24	4	4	10	6

5.5. Programme 5: Certification and Enforcement

5.5.1 Purpose: To certify compliant health establishments and take enforcement action against non-compliant health establishments.

Outcomes, Outputs, Performance Indicators and Targets

Outcome	Outputs	Output Indicators	Annual Targets						
			Audited/Actual Performance			Estimated Performance	MTEF Period		
			2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Compliance with norms and standards increased	Compliant health establishments are issued with a certificate of compliance	Percentage of health establishments issued with a certificate of compliance within 15 days from the date of the final inspection report	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%
	Enforcement action is taken against non-compliant health establishments	Percentage of health establishments against which enforcement action has been initiated within 10 days from the date of the final inspection report	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%
	Health establishment compliance status reports are published	Number of health establishment compliance status reports published every six months	New Indicator	New Indicator	New Indicator	2	2	2	2

Indicators, Annual and Quarterly Targets

Output Indicators	Annual Target	Q1	Q2	Q3	Q4
Percentage health establishments issued with a certificate of compliance within 15 days from the date of the final inspection report	100%	100%	100%	100%	100%
Percentage of health establishments against which enforcement action has been initiated within 10 days from the date of the final additional inspection report	100%	100%	100%	100%	100%
Number of health establishment compliance status reports published every six months	2	-	1	-	1

6. EXPLANATION OF PLANNED PERFORMANCE OVER THE MID-TERM PERIOD

The OHSC supports the implementation of the National Development Plan 2030 through contributing towards realisation of quality health care services for all users. Processes have been put in place to monitor organisational performance against set targets. The mandate of the OHSC as defined in the National Health Act, 2003 (Act No. 61 of 2003) relates to the protection of all users of health care services irrespective of their background, race or gender. Therefore, the OHSC is an advocate of provision of quality health care services for all the users of the service within the Republic.

b) The OHSC has revised the Organogram, approved by the Board for organisational efficiency. The current framework for delivery of the OHSC mandate is comprised of five performance programmes. Each programme has a purpose and relevant objectives to achieve towards contributing to the overall mission and vision in order to realise the impact of the organisation. In choosing the outcome indicators, consideration was given to each programme purpose, the objectives, intended outcomes as well as the overall impact the OHSC aims to achieve.

c) The OHSC currently operates with limited financial and human resources, which adversely affects and restricts implementation of the objectives, in turn affecting the actual performance and core functions of the organisation. The budgetary constraints will have negative consequences in the expansion of inspection coverage, both in the public and private health care sector and the timeous

resolution of complaints received from users. With the envisaged implementation of the phases of the National Health Insurance (NHI), it is prudent for the OHSC to be well resourced. The availability of additional funding for the OHSC is an imperative and will assist in increasing the inspection coverage, review and develop additional norms and standards, develop inspection tools, conduct in depth scientific analysis of the inspection findings to inform improvements in the health system, provide sufficient training and guidance to implementers of the norms and standards, management of complaints from the public and engagement with communities and various stakeholders on raising awareness on the work of the OHSC. The OHSC capacity constraints was also recognised in the Presidential Health Summit 2018 Compact. Under the fifth pillar of the compact, it was stated that the OHSC should be provided with capacity and resources needed to perform its mandate.

d) The OHSC aims to contribute towards the provision of safe and quality health care services, it is therefore important for selected outcomes to be aligned to the envisaged impact. The OHSC outcomes in this Strategic Plan have been developed to ensure that there is sustained improvement in the quality of services and safety of users and realise the dream of improved health for the population. One important outcome is the effective monitoring of compliance with norms and standards. In order to contribute towards provision of high-quality health care services, effective monitoring system are a prerequisite.

7. PROGRAMME RESOURCE CONSIDERATIONS

7.1 Overall budget allocation

Economic classification	Audited outcomes 2018/19	2019/20	Medium-term estimates		
			2020/21	2021/22	2022/23
CURRENT PAYMENTS	137 254 629	132 190 068	138 974 473	147 164 291	154 430 706
Compensation of employees	89 438 403	92 513 061	98 421 963	104 820 784	111 443 099
Goods and services of which:	47 816 226	39 677 008	40 552 510	42 343 507	42 987 607
Board fees and related costs	2 519 610	1 769 705	2 330 497	2 447 022	2 564 479
Travel, subsistence and accommodation	18 837 014	7 489 558	8 492 360	8 446 150	7 862 535
Training and development	437 462	925 131	984 220	1 048 208	1 114 431
Venues and facilities	2 044 948	660 568	989 334	1 095 824	1 203 135
Catering services	194 304	143 682	223 922	234 474	245 099
Consulting and professional services	2 351 260	3 001 926	2 129 287	2 231 914	2 334 100
Inventory and consumables	448 478	690 369	402 434	420 174	438 012
Advertising	620 482	267 181	327 869	344 262	360 787
Relocation expenses	23 989	150 000	57 650	57 500	57 200
Printing and stationery	639 014	578 190	490 178	519 687	549 432
Bank charges	69 174	66 718	72 701	76 337	80 001
Insurance	398 374	400 000	243 886	243 886	243 886
Water, electricity, rates and taxes	1 327 249	1 573 209	2 310 979	2 476 528	2 643 401
Cleaning services	190 521	720 000	1 878 014	1 971 914	2 066 566
Communication costs (telephone and data)	1 362 352	1 433 695	1 162 659	1 200 092	1 237 825
Lease payments	7 152 604	10 762 058	11 531 855	12 448 689	13 436 538
Depreciation and amortisation	4 886 925	-	-	-	-
Audit costs	1 058 841	1 667 952	1 400 474	1 447 542	1 517 024
IT maintenance and support	947 311	2 610 994	2 196 176	2 219 328	1 733 139
Legal fees	381 458	1 642 121	1 200 000	1 200 000	1 000 000
Motor Vehicle expenses	93 836	156 320	138 754	145 691	152 684
Loss on asset theft	19 403	-	-	-	-
Postage and couriers	15 087	31 412	15 857	15 842	15 811
Repairs and maintenance	10 733	600 000	380 600	380 000	378 800
Security services	249 814	768 000	736 219	773 030	810 136
Publications and marketing	1 517 358	1 568 219	856 584	899 413	942 585
Office Utensils	18 626	-	-	-	-
PAYMENTS FOR CAPITAL ASSETS	8 194 517	4 280 932	4 995 527	4 724 709	3 078 293
Other machinery and equipments	39 374	925 002	436 444	328 126	-
Office furniture	8 490	312 758	-	-	-
Software and intangible assets	2 141 443	2 371 500	4 131 583	3 876 583	2 603 333
Computer equipment	6 005 210	671 672	427 500	520 000	474 960
TOTAL	145 449 146	136 471 000	143 970 000	151 889 000	157 509 000

BUDGET ALLOCATION FOR EACH PROGRAMME:

7.2 Programme 1: Administration

Economic classification	Audited outcomes 2018/19	2019/20	Medium-term estimates		
			2020/21	2021/22	2022/23
CURRENT PAYMENTS	50 095 508	53 429 020	55 685 664	59 069 053	61 730 550
Compensation of employees	21 151 532	24 061 375	26 142 886	27 812 422	29 514 870
Goods and services of which:	28 943 975	29 367 645	29 542 778	31 256 631	32 215 680
Board fees and related costs	2 519 610	1 769 705	2 330 497	2 447 022	2 564 479
Travel, subsistence and accommodation	1 167 477	520 317	545 347	580 288	569 811
Training and development	437 462	925 131	984 220	1 048 208	1 114 431
Venues and facilities	1 391 020	169 020	174 466	183 189	192 008
Catering services	107 405	49 571	82 591	86 720	90 883
Consulting and professional services	1 913 931	1 405 537	974 427	1 023 148	1 072 259
Inventory and consumables	441 523	585 296	350 776	368 314	385 993
Advertising	620 482	267 181	327 869	344 262	360 787
Relocation expenses	23 989	150 000	57 650	57 500	57 200
Printing and stationery	639 014	578 190	490 178	519 687	549 432
Bank charges	69 174	66 718	72 701	76 337	80 001
Insurance	398 374	400 000	243 886	243 886	243 886
Water, electricity, rates and taxes	1 327 249	1 573 209	2 310 979	2 476 528	2 643 401
Cleaning services	190 521	720 000	1 878 014	1 971 914	2 066 566
Communication costs (telephone and data)	1 362 352	1 433 695	1 162 659	1 200 092	1 237 825
Lease payments	7 152 604	10 762 058	11 531 855	12 448 689	13 436 538
Depreciation and amortisation	4 886 925	-	-	-	-
Audit costs	1 058 841	1 667 952	1 400 474	1 447 542	1 517 024
IT maintenance and support	947 311	2 610 994	2 196 176	2 219 328	1 733 139
Legal fees	381 458	589 121	300 000	300 000	-
Motor Vehicle expenses	93 836	156 320	138 754	145 691	152 684
Loss on asset theft	19 403	-	-	-	-
Postage and couriers	15 087	31 412	15 857	15 842	15 811
Repairs and maintenance	10 733	600 000	380 600	380 000	378 800
Security services	249 814	768 000	736 219	773 030	810 136
Publications and marketing	1 517 358	1 568 219	856 584	899 413	942 585
Office Utensils	1 025	-	-	-	-
PAYMENTS FOR CAPITAL ASSETS	8 194 517	4 280 932	4 995 527	4 724 709	3 078 293
Other machinery and equipments	39 374	925 002	436 444	328 126	-
Office furniture	8 490	312 758	-	-	-
Software and intangible assets	2 141 443	2 371 500	4 131 583	3 876 583	2 603 333
Computer equipment	6 005 210	671 672	427 500	520 000	474 960
TOTAL	58 290 025	57 709 952	60 681 191	63 793 762	64 808 843

The Administration Programme comprises the Office of the CEO, Corporate Services, Governance, Strategy, Board Secretariat, as well as Communication and Stakeholder Relations. These provide the critical strategic support services and systems necessary for the OHSC to deliver on its mandate and comply with relevant legislative requirements.

The budget in this Programme will fund:

- the requisite systems which will support all functions of the OHSC, including the lease of office space;
- the implementation of the approved Communication and Stakeholder Relations Strategy to increase the OHSC's brand visibility and public awareness;
- the Board and related costs to enable adequate corporate governance and oversight; and
- Other support functions such as audit costs, training and development, telephone and data costs, as well as information technology maintenance and support.

7.3 Programme 2: Compliance Inspectorate

Economic classification	Audited outcomes 2018/19	Medium-term estimates			
		2019/20	2020/21	2021/22	2022/23
CURRENT PAYMENTS	61 474 100	48 774 611	48 086 600	50 779 361	53 017 834
Compensation of employees	45 065 580	42 700 206	41 115 501	43 935 622	46 793 810
Goods and services of which:	16 408 519	6 074 405	6 971 099	6 843 740	6 224 024
Travel, subsistence and accommodation	16 268 655	5 826 868	6 722 936	6 583 168	5 950 945
Venues and facilities	64 110	24 719	67 380	70 749	74 145
Catering services	56 141	51 027	59 004	61 954	64 928
Consulting and professional services	-	111 197	116 868	122 711	128 602
Office Utensils	14 940	-	-	-	-
Inventory and consumables	4 673	60 594	4 912	5 157	5 405
TOTAL	61 474 100	48 774 611	48 086 600	50 779 361	53 017 834

The Compliance Inspectorate is the largest Programme of the entity and requires adequate funding to increase its performance targets for the inspection of health establishments, as well as progressive enforcement of compliance as dictated by the National Health Act. However, the increase in targets might not be possible as a result of the budgetary constraints.

The promulgation of norms and standards has paved the way for the OHSC to inspect both private and public health establishments. This implies that the OHSC requires an increase in the number of compliance inspectors to ensure on-the-ground inspection coverage of all health establishments across the country, to enable the OHSC to deliver on its mandate.

The budget allocation has gone in large part into funding the number of inspectors to initiate inspections of both public and private health establishments, which are needed in order to contribute to the objective of enhancing and enforcing compliance.

Inspections come with all the requirements for the inspection teams to function in terms of travel costs, subsistence and accommodation.

7.4 Programme 3: Complaints Management and Office of the Ombud

Economic classification	Audited outcomes 2018/19	2019/20	Medium-term estimates		
			2020/21	2021/22	2022/23
CURRENT PAYMENTS	15 819 398	17 514 893	19 797 768	20 861 064	22 367 549
Compensation of employees	14 914 437	15 406 273	18 039 981	19 065 229	20 234 733
Goods and services of which:	904 961	2 108 619	1 757 786	1 795 835	2 132 816
Travel, subsistence and accommodation	659 273	428 690	492 895	517 540	542 382
Venues and facilities	36 455	55 598	58 434	58 378	58 267
Catering services	12 020	32 065	12 633	12 621	12 597
Agency and support outsourced	29 897	150 000	273 626	287 307	400 000
Legal fees	-	1 053 000	800 000	800 000	1 000 000
Consulting and professional services	165 035	344 787	73 451	73 286	72 956
Inventory and consumables	2 282	44 479	46 747	46 703	46 614
TOTAL	15 819 398	17 514 893	19 797 768	20 861 064	22 367 549

Over the last five years, the OHSC has experienced trends and patterns which have shown a significant increase in the number of complaints received by the OHSC. This increase continued to pose a challenge for the OHSC to adequately and expeditiously investigate and dispose of complaints due to an inadequate staff complement.

The total budget in the Programme is not proportionate with the increase in the number of complaints observed over a five-year period of operation.

The budget for the Programme caters for the investigation of complaints received from the users of health care services.

Provision has also been made for expert panels to assist in investigations where appropriate, functioning of the complaints call centre, as well as legal fees to cater for potential challenges related to the findings on investigations.

7.5 Programme 4: Health Standards Design, Analysis and Support

Economic classification	Audited outcomes 2018/19	2019/20	Medium-term estimates		
			2020/21	2021/22	2022/23
CURRENT PAYMENTS	9 865 623	12 471 544	12 743 929	13 626 601	14 435 663
Compensation of employees	8 306 854	10 345 206	10 864 833	11 593 550	12 347 426
Goods and services of which:	1 558 770	2 126 338	1 879 096	2 033 051	2 088 237
Travel, subsistence and accommodation	741 610	713 683	579 432	608 403	637 607
Venues and facilities	553 363	411 231	689 055	783 508	878 716
Office Utensils	2 662	-	-	-	-
Catering services	18 738	11 020	19 694	20 679	21 671
Consulting and professional services	242 397	990 405	590 915	620 461	550 243
TOTAL	9 865 623	12 471 544	12 743 929	13 626 601	14 435 663

The OHSC's founding legislation mandates the OHSC to advise the Minister of Health on matters relating to the determination of norms and standards to be prescribed for the national health system and the review of such norms and standards. The Health Standards Development, Analysis and Support Programme is responsible for the development of standards and tools, tracking and analysis of health establishment data, and provision of guidance and support to health establishments.

The budget caters for:

- the remuneration of employees in view of the division's plans to conduct a review of and/or develop new norms and standards, and measurement tools;
- additional work in terms of guidance, support and research at both national and provincial levels;
- increased travelling and accommodation; and
- additional external technical expertise and input in the development of measurement tools for the norms and standards.

7.6 Programme 5: Certification and Enforcement

Economic classification	Audited outcomes 2018/19	2019/20	Medium-term estimates		
			2020/21	2021/22	2022/23
CURRENT PAYMENTS	-	-	2 660 511	2 828 212	2 879 110
Compensation of employees	-	-	2 258 761	2 413 962	2 552 260
Goods and services of which:	-	-	401 750	414 250	326 850
Travel, subsistence and accommodation	-	-	151 750	156 750	161 790
Catering services	-	-	50 000	52 500	55 020
Consulting and professional services	-	-	100 000	105 000	110 040
Legal Fees	-	-	100 000	100 000	-
TOTAL	-	-	2 660 511	2 828 212	2 879 110

The Certification and Enforcement Programme is responsible for the certification of health establishments found to be compliant with the norms and standards, as well as to effect enforcement action against those found to be non-compliant. The certification function is anticipated to have a direct impact on the implementation of the National Health Insurance.

There is minimal budget and human resource allocation which may negatively impact on the OHSC's achievement of its certification mandate. The increased inspection coverage and additional norms and standards automatically impact on the workload within this Programme.

8. UPDATED KEY RISKS

Outcome	Key Risk	Risk Mitigation
Compliance with norms and standards monitored	Limited number of norms and standards for different types of HES	OHSC proactively advises the Minister on the development of norms and standards.
Compliance with norms and standards monitored	Litigation against the OHSC	- Compliance with the relevant inspection and certification frameworks; - Continuous training and certification of inspectors and employees on applicable prescripts; - Regular review of OHSC regulatory framework; - Future establishment of a compliance function.
A fully functional OHSC	Inadequate funding for OHSC operations	- Develop and obtain approval for a revenue generation model. - Source for donor funding. - Motivate for additional funding from the National Treasury.
A fully functional OHSC	Fraud and corruption	- Fraud and corruption prevention plan; - Fraud hotline; - Vetting of employees; - Code of conduct; - Monitoring of compliance to prescripts; - Internal Audit; - Policies and Procedures.
A fully functional OHSC	Insufficient human resource capacity and skills-mix	- Implement new approved OHSC organogram; - Budget; - Use of contract employees for additional capacity; - HR Policies and procedures; - Employee wellness program; - Use of ad hoc expert panels; - Review the remuneration strategy.
Improved quality of health care services rendered to the users in the health establishments	Delays in the resolution of complaints	- Complaints call centre established; - Policies and procedures in place; - Signed MOU's with other regulators; - Consultative engagements with relevant stakeholders; - Use of contract employees.

9. PUBLIC ENTITIES

Name of Public Entity	Mandate	Outcomes	Current Annual Budget
N/A	N/A	N/A	N/A

10. INFRASTRUCTURE PROJECTS

No.	Project Name	Programme	Project Description	Outputs	Project Start date	Project Completion date	Total Estimated Cost	Current year expenditure
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

11. PUBLIC PRIVATE PARTNERSHIPS

PPP	Purpose		Outputs	Current Value of Agreement	End date of Agreement
N/A	N/A		N/A	N/A	N/A

12. MATERIALITY AND SIGNIFICANCE FRAMEWORK FOR THE FINANCIAL YEAR 2020/21

12.1 Background

- a) The OHSC was established by the National Health, 2003 (Act No. 61 of 2003), and also listed as Schedule 3A public entity in terms of the Public Finance Management Act (PFMA) No 1 of 1999.
- b) The OHSC's materiality and significance framework is developed in terms of the following sections of the PFMA:
 - i) Section 50 - Fiduciary duties of the Accounting Authority;
 - ii) Section 54 - Information to be submitted by the Accounting Authorities; and
 - iii) Section 55 - Annual report and financial statements.
- c) In terms of Treasury Regulation 28.3, the Accounting Authority must develop and agree a framework of acceptable levels of materiality and significance with the relevant Executive Authority.
- d) In terms of the South African Auditing Standards, SAAS 320, "information is material if its omission or misstatement could influence the economic decisions of users taken on the basis of the financial statements. Materiality depends on the size of the item or error judged in the particular circumstances of its omission or misstatement. Thus, materiality provides a threshold or cut-off point, rather than being a primary qualitative characteristic which information must have if it is to be useful."
- e) In line with the legislative requirements stipulated above, the OHSC's materiality and significance framework is herein developed and is based on both qualitative and quantitative aspects.
- f) In arriving at the materiality levels, the OHSC took into account the nature of its mandate and the statutory requirements prescribed under its founding legislation.

12.2 Qualitative Aspects

- a) Irrespective of the amount involved, the following significant events will be disclosed to the Executive Authority in the event that they occur within the OHSC, and further that approval will be sought from the Executive Authority before the OHSC can conclude on them:
 - i) establishment or participation in the establishment of a company or public entity;
 - ii) participation in a significant partnership, trust, unincorporated joint venture, public private partnerships or similar arrangement;
 - iii) acquisition or disposal of a significant shareholding in a company;
 - iv) acquisition or disposal of a significant asset that would significantly affect the operations of the OHSC;
 - v) commencement or cessation of a significant business activity; and
 - vi) a significant change in the nature or extent of its interest in a significant partnership, trust, unincorporated joint venture or similar arrangement.
- b) The following significant events will be disclosed to the Executive Authority if they occur within the OHSC:
 - i) material infringement of legislation that governs the OHSC;
 - ii) material losses resulting from criminal or fraudulent conduct in excess of the parameters significance parameters below; and
 - iii) all material facts and/or events, including those reasonably discoverable, which in any way may influence the decisions or actions of the executive authority.

12.3 Quantitative Aspects

The National Treasury issued a Practice Note - "Practice Note on Applications Under Section 54 of the Public Management Act No. 1 of 1999 by Public Entities" - setting the parameters for the rand value determinations of significance. The Practice Note further stipulates that the parameters should be derived from the rand values of certain elements of the audited annual financial statements as follows:

Element	% Range to be applied against the rand value
Total assets	1% - 2%
Total revenue	0,5% - 1%
Profit after tax [Surplus]	2% - 5%

- The OHSC takes cognisance of the fact that financial transactions are not of the same nature. Thus, the determination of the materiality parameters takes into account that some of the transactions may not arise out of the normal activities of the OHSC.
- When determining materiality, it is generally accepted that the lower the risk, the higher the percentage to be used, and the higher the risk, the lower the percentage to be used.
- For purposes of determining the rand values of the identified elements, the audited annual financial statements of OHSC for the year ended 31 March 2019 were applied as follows:

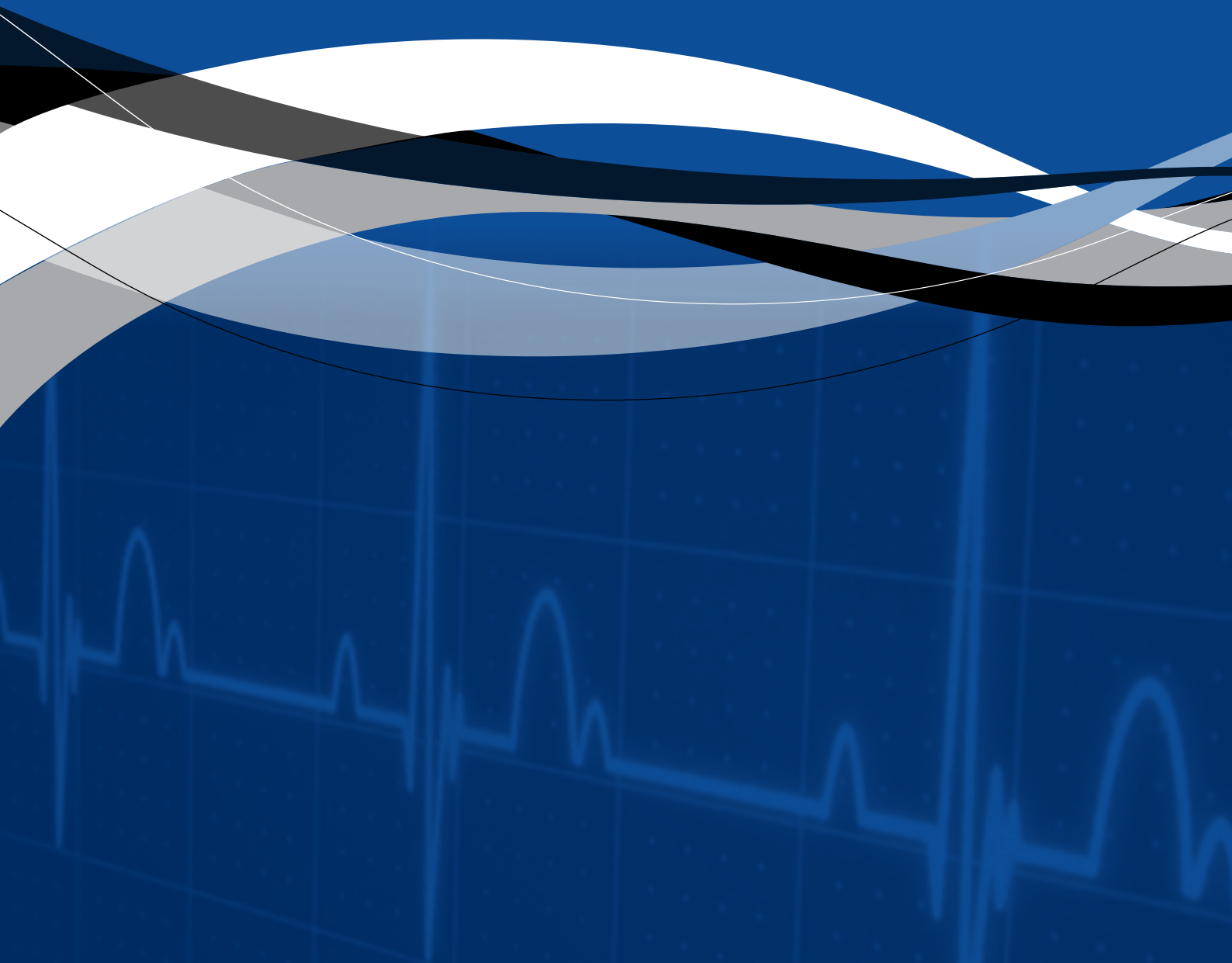
Element	% Range to be applied against the rand value	Amount per audited financial statements (2018/19)	Significance amount
Total revenue	1%	R131 329 293	R1 313 293

12.4 Review

- The OHSC is fully aware that the environment in which it operates is a dynamic one, wherein key developments may affect the way it conducts its business.
- On an annual basis, the OHSC will conduct a strategic risk assessment to determine any new risks that may have emerged since the conclusion of the prevailing risk management framework.
- In line with the afore-mentioned process, the OHSC will revisit the materiality and significance framework and align it accordingly to deal with any new and emerging risks in its portfolio.
- The review of the materiality and significance framework will, among others, take into account the previous year's audited financial statements, management letter by the Auditor General, the internal auditor's report, any new and relevant legislation, and the expectations of the OHSC's stakeholders.
- However, more frequent review of the framework may be necessary if major changes in the operating environment occur during the year.

PART D:

Technical Indicator Description (TID)



Indicator title	Definition	Source of Data	Method of Calculation	Assumptions	Disaggregation of beneficiaries	Spatial Transformation	Reporting cycle	Desired performance	Indicator Responsibility
Percentage of vacancies filled within four months of the vacancy existing	Vacancies should be filled within four months of existence	Register of vacant posts and appointment letters	Numerator: vacancies filled within four months Denominator: total number of vacant posts, excluding posts not vacant for at least four months	Line managers available at all times of the recruitment process	N/A	None	Quarterly	90%	Director: Human Resources Management
Percentage of certified inspectors after successful completion of training	Inspectors trained in a curriculum and training course approved by the Board and certified as Inspectors by the CEO	Certificate of appointed	Number: the number of inspectors certified Denominator: the total number of inspectors within the OHSC as at 31 March 2021	Inspectors Certified	N/A	None	Annually	95%	Director: Human Resources Management
Unqualified Audit Opinion Achieved by the OHSC	This indicator measures the Annual Unqualified Audit Opinion achieved by the OHSC as determined by Auditor General in accordance with section 188 of the Constitution states that the Auditor-General must audit and report on the accounts, financial statements and financial management of all government institutions	Auditor-General Report	None	None	None	None	Annually	Unqualified audit	Director: Finance and Supply Chain Management

Indicator title	Definition	Source of Data	Method of Calculation	Assumptions	Disaggregation of beneficiaries	Spatial Transformation	Reporting cycle	Desired performance	Indicator Responsibility
Percentage of IT availability for core OHSC services	This indicator measures availability of Electronic Inspection System, Call Centre System, Annual Returns Systems, to ensure that the level of service availability meets the current business needs	Reports from server and network infrastructure	Numerator: Minutes of uptime minus downtime Denominator: Total number of minutes for the specified period	OHSC power generator and Uninterrupted Power Supply (UPS) are always fully serviced and operational	Inspection System, Call Centre System, & Annual Returns System	None	Quarterly	95%	Director: IT
Percentage of ICT availability for OHSC support services	This indicator measures availability of Wide Area Network, Local Area Network, Active Directories, File server and Websites to ensure that the level of service availability meets the current business needs	Reports from server and network infrastructure	Numerator: Minutes of uptime minus downtime Denominator: Total number of minutes for the specified period	OHSC power generator and Uninterrupted Power Supply (UPS) are always fully serviced and operational at all times	Wide Area Network, Local Area Network, Active Directories, File server and Websites	None	Quarterly	95%	Director: IT
Community stakeholder engagements to raise public awareness on the role and powers of the OHSC	This indicator measures awareness campaigns, roadshows, events and other engagements conducted to promote the role and powers of the OHSC in the communities or to the public	Awareness activities conducted to the public and attendance registers	Number	Stakeholder engagements on the role and powers of the OHSC will be conducted	N/A	None	Quarterly	12	Director: Communication and Stakeholder Relations

Indicator title	Definition	Source of Data	Method of Calculation	Assumptions	Disaggregation of beneficiaries	Spatial Transformation	Reporting cycle	Desired performance	Indicator Responsibility
Private sector engagements to raise awareness on the role and powers of the OHSC	This indicator measures awareness campaigns, roadshows, events and other engagements conducted to promote the role and powers of the OHSC to the private sector	Awareness activities conducted in the private sector and attendance registers	Number	Stakeholder engagements on the role and powers of the OHSC will be conducted	The target group is the private sector	None	Quarterly	8	Director: Communication and Stakeholder Relations
Percentage of public health establishments inspected for compliance with the norms and standards	Public health establishments are inspected for compliance with norms and standards	Inspection Register	Numerator: number of inspections conducted in the public health establishments Denominator: total number of public health establishments	All public health establishments will be inspected, human and financial resources will be provided accordingly	N/A	None	Quarterly	10% (382 of 3816)	Executive Manager: Compliance Inspectorate
Percentage of private health establishments inspected for compliance with the norms and standards	Private health establishments are inspected for compliance with norms and standards	Inspection Register	Numerator: number of inspections conducted in the private health establishments Denominator: total number of private health establishments	All public health establishments will be inspected, human and financial resources will be provided accordingly	N/A	None	Quarterly	6% (24 of 393)	Executive Manager: Compliance Inspectorate

Indicator title	Definition	Source of Data	Method of Calculation	Assumptions	Disaggregation of beneficiaries	Spatial Transformation	Reporting cycle	Desired performance	Indicator Responsibility
Percentage of additional inspection conducted in private and public health establishments where non-compliance was identified	Additional inspections conducted at public and private health establishments graded unsatisfactory to establish if non-compliance have been remedied	Inspection Register	Numerator: Number of additional inspections conducted at health establishments graded unsatisfactory Denominator: Number of all Health establishments that are graded unsatisfactory	Public and private health establishments graded unsatisfactory to be inspected to establish if noncompliance has been remedied	N/A	None	Bi-annually	100%	Executive Manager: Compliance Inspectorate
Publish bi-annual consolidated reports on health establishments performance against the norms and standards	Summary of compiled inspection findings analyzed and communicated to stakeholders every six months. These reports will include the inspections conducted as well as the names and locations of health establishments	Individual health establishment inspection report and provincial reports	Numerator: Number of reports published Denominator: Number of regulated reports	Inspection reports will be published	N/A	None	Bi-annually	2	Executive Manager: Compliance Inspectorate

Indicator title	Definition	Source of Data	Method of Calculation	Assumptions	Disaggregation of beneficiaries	Spatial Transformation	Reporting cycle	Desired performance	Indicator Responsibility
Percentage of low risk complaints resolved within twenty-five working days of lodgement in the call centre	Low risk complaints received through the Call Centre, logged on the OHSC Complaint Management System and responded to within 25 working days from date of logging. A complaint is resolved when it was signposted to the health establishment for action, an acknowledgement received from the health establishment and complainant informed OHSC of his/her satisfaction to the signposting	Low Complaint Register and Request Details Reports	Numerator: number of low risk complaints resolved within 25 working days of logging Denominator: Total number of low risk complaints logged in the last 25 working days	Full human resource capacity within the Call Centre	Rural complainants who accessed the OHSC complaints mechanism	Effective services for complainants as the bases for an equitable health care delivery	Quarterly (Cumulative)	65%	Director: Complaints Centre and Assessment

Indicator title	Definition	Source of Data	Method of Calculation	Assumptions	Disaggregation of beneficiaries	Spatial Transformation	Reporting cycle	Desired performance	Indicator Responsibility
Percentage of user complaints resolved within 30 working days through assessment after receipt of a response from the complainant and/or the health establishment	Complaints assigned to assessors for screening and a final report tabled with appropriate decision within 30 working days from date of receipt of response to complaint request from the complainant and/or health establishment. The decision may be either to dispose, investigate or refer to external stakeholders	Service Level Agreement (SLA) Screening Register and Final Assessment Reports	Numerator: number of assessment reports finalised within 30 working days of receipt of response to complaint request from the complainants and/or health establishments Denominator: Total number of responses received from the complainants and/or health establishments in the last 30 working days of the reporting period	100% funding of the assessors' posts and established expert panels for specialist inputs. Health establishments implement recommendation for service delivery improvement	Rural complainants who accessed the OHSC complaints mechanism	Complaint assessment report drive the reshaping and reconfiguration of health establishments where applicable	Quarterly (Cumulative)	45%	Director: Complaints Centre and Assessment
Percentage of complaints resolved through investigation within six months from the date of referral	Complaints that are investigated within 6 months from date of referral from Complaints Assessment Centre to the Complaints Investigations Unit with production of a final report	Investigation register, Investigation Service Level Agreement (SLA) and Final Investigation Reports	Numerator number of cases resolved within 6 months Denominator: number of cases referred for investigation in the last 6 months	100% funding of the vacant posts in the Complaints Investigation Unit. Cooperation from Health Establishment on submission of requested documents. Appointment of expert/panel for expert opinion	Public v/s Private Health Establishments Investigation findings on common nature of complaints across the 9 Provinces	Resource access across the 9 Provinces	Quarterly	10%	Senior Investigator: health care cases

Indicator title	Definition	Source of Data	Method of Calculation	Assumptions	Disaggregation of beneficiaries	Spatial Transformation	Reporting cycle	Desired performance	Indicator Responsibility
Percentage of complaints resolved within 12 months through investigation	Complaints that are investigated within 12 months from date of referral from Complaints Assessment Centre to the Complaints Investigations Unit with production of a final report	Investigation register, Investigation Service Level Agreement (SLA) and final Investigation Reports	Numerator: number of cases resolved within 12 months Denominator: number of cases referred for investigation in the last 12 months	100% funding of the vacant posts in the Complaints Investigation Unit. Cooperation from Health Establishment on submission of requested documents. Appointment of expert/panel for expert opinion	Public v/s Private Health Establishments Investigations finding on common nature of complaints across the 9 Provinces	Resource access across the 9 Provinces	Quarterly	20%	Senior Investigator: health care cases
Percentage of complaints resolved within 18 months through investigation	Complaints that are investigated within 18 months from date of referral from Complaints Assessment Centre to the Complaints Investigations Unit with production of a final report	Investigation register, Investigation Service Level Agreement (SLA) and final investigation reports.	Numerator: number of cases resolved within 18 months Denominator: number of cases referred for investigation in the last 18 months	100% funding of the vacant posts in the Complaints Investigation Unit. Cooperation from Health Establishment on submission of requested documents. Appointment of expert/panel for expert opinion	Public v/s Private Health Establishments Investigation findings on common nature of complaints across the 9 Provinces	Resource access across the 9 Provinces	Quarterly	20%	Senior Investigator: health care cases
Number of recommendations for improvement in the health care sector made to relevant authorities	The indicator will track the number of reports submitted to relevant authorities on an annual basis	Reports developed by HSDAS	Register to track reports developed and submitted to relevant authorities	Relevant authorities will cooperate and provide data for annual returns and EWS from health establishments as requested	Different levels of authority (national, provincial, municipal, health care organization); users of health care services	None	Annual	3	Executive Manager: HSDAS

Indicator title	Definition	Source of Data	Method of Calculation	Assumptions	Disaggregation of beneficiaries	Spatial Transformation	Reporting cycle	Desired performance	Indicator Responsibility
Number of guidance visits to facilitate implementation of the norms and standards regulations	At least two training sessions to be provided to each province and 6 training sessions to be provided for the private health care sector on an annual basis	Agendas, Attendance registers and reports for each training session provided	This indicator will be measured by the number of training sessions delivered	Staff to be trained are made available for training	None	None	Annual	24	Executive Manager: HSDAS
Percentage of health establishments issued with a certificate of compliance within 15 days from the date of the final inspection report	Certified health establishments are health establishment found to be compliant with the norms and standards and are recommended for certification in the final inspection report. A final inspection report is an inspection report which would have been processed through preliminary, review and final stages. The report will also state the compliance status of a health establishment, grading level and will be accompanied by an Inspector's recommendation for certification	Final Inspection report	Numerator: total number of compliant health establishments Denominator: total number of inspected health establishments	HEs will comply with the norms and standards	N/A	None	Quarterly	100%	Director: Certification and Enforcement

Indicator title	Definition	Source of Data	Method of Calculation	Assumptions	Disaggregation of beneficiaries	Spatial Transformation	Reporting cycle	Desired performance	Indicator Responsibility
Percentage of health establishments against which enforcement action has been initiated within 10 days from the date of the final inspection report	Non-compliant health establishments referred for enforcement in the final additional inspection report. The final additional inspection report is report emanating from an additional inspection conducted in a health establishment which was found to be non-compliant with norms and standards during a routine inspection. The report will also state the compliance status of a health establishment, grading level and will be accompanied by an Inspector's recommendation for compliance enforcement	Final Additional Inspection report	Numerator: total number of non-compliant health establishments Denominator: total number of inspected health establishments	HEs will not comply with the norms and standards	N/A	None	Quarterly	100%	Director: Certification and Enforcement

Indicator title	Definition	Source of Data	Method of Calculation	Assumptions	Disaggregation of beneficiaries	Spatial Transformation	Reporting cycle	Desired performance	Indicator Responsibility
Number of health establishment compliance status reports published every six months	Compliance status report prescribed by Regulation 31 (1) (b) (ii) and (iii) is published every six months. The compliance status report will include the compliance certificates issued and enforcement hearings conducted, outcome of the hearing as well as the names and location of the health establishments	Certification and Enforcement Register Hearing tribunal reports	Numerator: Number of reports published Denominator: Number of regulated reports required for publication	Inspections will be conducted	N/A	None	Bi-Annually	2	Director: Certification and Enforcement

1880

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**Telephone:**

012 942 7700

**Physical Address:**

The Office of Health Standards and Compliance
79 Steve Biko Road
Prinshof
Pretoria

**Postal Address:**

OHSC
Private Bag X21
Arcadia, 0007

**Website:**

www.ohsc.org.za

ISBN: 978-0-620-88023-7

