



ANNUAL PERFORMANCE PLAN 2023/24



OHSC

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

ANNUAL PERFORMANCE PLAN 2023/2024



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Ensuring quality and safety in health care

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DR. MJ PHAAHLA (MP)
MINISTER OF HEALTH

The Office of Health Standards Compliance (OHSC) has presented its Annual Performance Plan for 2023/24 financial year as part of legal requirements. The OHSC plays a key role towards the transformation of the South African healthcare sector. The OHSC as a regulator of health system was formed as part of the bold steps taken by the government over the years to improve the quality of services and safety of the users of our services including health workers.

The OHSC was established to play a significant role – particularly to assist health establishments at all levels of care to end the HIV (human immunodeficiency virus) and Tuberculosis (TB) epidemics, malaria, and other communicable and non-communicable diseases, as well as the realisation of universal health coverage in the form of the National Health Insurance (NHI) system.

Various initiatives are underway to improve the quality of healthcare at all levels of care in preparation for a planned integrated public and private provider network under NHI system. These initiatives reiterated government's commitment to overcoming the current two-tier (public and private) health system, its inequities, and inefficiencies through the progressive implementation of the NHI system.

The OHSC is anticipated to pave the way for implementation of the NHI through its inspections and certification processes to strengthen the health system in all levels of care. The goal of NHI is to make sure that people can access care as close to their homes as possible and to put primary healthcare providers at the centre of healthcare services. The OHSC's success will be measured by the improvement in the quality and safety of the services provided in the country.

Dr. M J Phaahla, MP
Minister of Health



DR. ERNEST KENOSHI
CHAIRPERSON OF THE BOARD



The OHSC has prioritised advancement of more efficient operations and increased outputs as part of increasing its footprint in all provinces. These include the possibility of decentralising the OHSC operations to reduce the time and cost incurred by inspectors in covering health institutions in all provinces.

Dr. Ernest Kenoshi
Chairperson of the Board

The OHSC as a regulator of healthcare sector in South Africa, is pleased to submit its Annual Performance Plan (APP) for 2023/24 financial year. The plan is in alignment with the strategic planning sessions held by the Board, executives, senior and middle management. The Board and management have been actively engaged in considering options for more efficient operations and increased output. The options explored included re-prioritising, and refining OHSC to ever evolving conditions, including preparation for the implementation of the planned National Health Insurance (NHI).

The OHSC strives to conduct inspection and certification processes professionally and impartially in line with its legal mandate of ensuring consistent, safe, and quality improvement in all health establishments in the country. The inspections conducted by OHSC are aimed at ensuring that health establishments across all levels of care comply with the prescribed norms and standards. All health establishments in the country will be required to receive certification by the OHSC as a gateway to participate and be accredited by the NHI Fund.

The OHSC acknowledges that will need to speed up the pace of inspections and certification significantly in order to certify the required number of health establishments. Clear and prompt communication between the OHSC and health establishments, patients, and other interested parties is helpful in executing inspection and certification processes. All health establishments must adhere to policy priorities and minimal standards of care in order to maintain the quality of health services.

The OHSC has prioritised advancement of more efficient operations and increased outputs as part of increasing its footprint in all provinces. These include the possibility of decentralising the OHSC operations to reduce the time and cost incurred by inspectors in covering health institutions in all provinces.

There have been other significant initiatives in recent years to address the quality of healthcare in all levels of care across the country. The initiatives include the National Health Quality Improvement Plan, which envisages the designation of two quality improvement centres in every province.

These centres will comprise public health facilities, private hospitals, emergency medical services and private medical practitioners. Laying the ground all constituent services will be assessed by the OHSC and assisted to become fully compliant with norms and standards. Following this, they will provide quality improvement support to all other health establishments in their areas to enable them to achieve OHSC certification.

The OHSC wishes to encourage health establishments to strengthen enhancement of quality and safety across healthcare facilities as the country prepares for the next phase in the implementation of the NHI once it is passed by Parliament.

It is hereby certified that this Annual Performance Plan:

- Was developed by the Accounting Authority and Management of the OHSC under the guidance of the National Department of Health
- Takes into account all the relevant policies, legislation and other mandates for which the OHSC is responsible
- Accurately reflects the outcomes and outputs which the OHSC will endeavour to achieve over the period 2023/24



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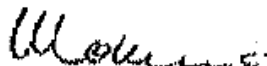
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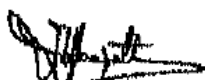
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Dr. Ernest Kenoshi
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APPROVED BY:



Dr. M J Phaahla (MP)
Minister of Health

4 LIST OF ABBREVIATIONS



APP	Annual Performance Plan
ARFC	Audit Risk and Finance Committee
AU	African Union
BCP	Business Continuity Plan
CAU	Complaints Assessment Unit
CCC	Complaints Call Centre
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CIU	Complaints Investigation Unit
CMS	Centres for Medicare and Medicaid Services
CQC	Centre Quality Commission
HE(s)	Health Establishment(s)
HHS	Health and Human Services
HR	Human Resource
HSDAS	Health Standards Design, Analysis and Support
ICT	Information and Communication Technology
IOI	International Ombudsman Institutes
IRP	Integrated Resource Plan
MECs	Members of the Executive Councils
MTEF	Medium Term Expenditure Fund
MTSF	Medium Term Strategic Framework
NDoH	National Department of Health
NDP	National Development Plan
NHA	National Health Act
NHAA	National Health Amendment Act
NHI	National Health Insurance
NHS	National Health Service
NPQ	National Policy on Quality in Healthcare
OHO	Office of the Health Ombud
OHSC	Office of Health Standards Compliance
PESTLE	Political, Economic, Social, Technological, Legal, Environmental
PFMA	Public Finance Management Act
PHSC	Presidential Health Summit Compact
PHSO	Parliamentary Health Services Ombud
PME	Planning, Monitoring and Evaluation
PoPI	Protection of Personal Information
QIOs	Quality Improvements Organisations
QMS	Quality Management System
SADC	South African Development Community
SCM	Supply Chain Management
SDGs	Sustainable Development Goals
SFDRR	Sendai Framework for Disaster Risk Reduction
SHEQ	Safety, Health, Environment and Quality
SWOT	Strengths, Weaknesses, Opportunities and Threats



A

PART

OUR MANDATE

The OHSC is established under the National Health Amendment Act (NHA) of 2013, to promote and protect the health and safety of the users of health services. The OHSC is listed as a Schedule 3A public entity in terms of the PFMA.

The legislative mandate of the OHSC is derived from the Constitution, the National Health Amendment Act No. 12 of 2013, several pieces of legislation passed by Parliament guided by sections 9, 12 and 27 of the Constitution, regulations, and national policies.

LEGISLATIVE MANDATES

Constitution of the Republic of South Africa

The Bill of Rights, which forms part of the Constitution, underpins the entire health system.

Section 27 establishes a universal right to have access to healthcare services, including reproductive health services and emergency medical treatment. It states categorically that nobody may be refused emergency medical treatment. The Constitution requires the state to take reasonable legislative and other measures, within available resources, to achieve the progressive realisation of access to healthcare. Section 28 of the South African Constitution provides an important benchmark in the protection of children in South Africa as principles derived from international law on children's rights are now enshrined as the highest law of the land. It states that every child has a right to basic health care services.

The regulation of the quality of health services requires all health establishments to comply with policy priorities and minimum standards of care. In this manner, the regulation of quality contributes directly to the government's progressive realisation of its constitutional obligations. The OHSC carries out its work having due regard to the fundamental rights as contained in the Constitution and other related legislation.

The National Health Act, 2003 (Act No. 61 of 2003)

The National Health Act, 2003 (Act No. 61 of 2003) (NHA) reaffirms the constitutional rights of users to access health services and unjust administrative action. As a result, Section 18 allows any user of health services to lay a complaint about the way he or she was treated at a health establishment. The NHA further obliges Members of the Executive Councils (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 or pose a threat to the health and safety of users and healthcare staff alike.

The NHA provides the overarching legislative framework for a structured and uniform national healthcare system. The Act highlights the rights and responsibilities of healthcare providers and healthcare users and ensures broader community participation in healthcare delivery from a health facility level up to national level. Chapter 10 of the NHA, as it

relates to the OHSC, was repealed in its entirety (and other minor changes were enacted) through the promulgation of the National Health Amendment Act, 2013 (Act No. 12 of 2013) (NHAA). This replaced the previous provisions that had never been brought into effect with a new independent entity, the OHSC.

The object of the OHSC in Section 78 of the NHAA is to protect and promote the health and safety of users of health services by:

- Monitoring and enforcing compliance by health establishments with norms and standards prescribed by the Minister concerning the national health system; and
- Ensuring that complaints about non-compliance with prescribed norms and standards are considered, investigated, and disposed of in a procedurally fair, economical, and expeditious manner.

In terms of Section 79 of the NHAA, the OHSC must:

- Advise the Minister on matters relating to norms and standards for the national health system and the review of such norms and standards, or any other matter referred to it by the Minister;
- Inspect and certify compliance by health establishments with prescribed norms and standards, or where appropriate and necessary, withdraw such certification;
- Investigate complaints about the national health system;
- Monitor indicators of risk as an early-warning system about serious breaches of norms and standards and report any breaches to the Minister without delay;
- Identify areas and make recommendations for intervention by a national or provincial department of health or municipal health department, where necessary, to ensure compliance with prescribed norms and standards;
- Recommend quality assurance and management systems for the national health system to the Minister for approval; and
- Keep records of all OHSC activities.

In addition, the OHSC may:

- Issue guidelines for the benefit of health establishments to implement prescribed norms and standards;
- Publish any information relating to prescribed norms and standards through the media and, where appropriate, within specific communities;
- Collect or request any information relating to prescribed norms and standards from health establishments and users;
- Liaise with any other regulatory authority and, without limiting the generality of this power, request information from, exchange information with and receive information from any such authority about matters of common interest or a specific complaint or investigation; and
- Negotiate cooperative agreements with any regulatory authority to coordinate and harmonise the exercise of jurisdiction over health norms and standards and ensure the consistent application of the principles of this Act.

Norms and standards applicable to different categories of health establishments

The Minister of Health promulgated the norms and standards regulations on 2 February 2018. The norms and standards regulations came into operation on 2 February 2019 and apply to the following categories of health establishments:

- Public sector hospitals, as set out Government Gazette, No 35101;
- Public sector clinics;
- Public sector community health centres;
- Private sector acute hospitals;
- Private sector Primary Health Care clinics and centres; and
- General Practitioners.

Procedural Regulations Pertaining to the Functioning of the Office of Health Standards Compliance and Handling of Complaints by the Ombud

These regulations will guide the exercise of powers conferred on the OHSC and its Board, the Chief Executive Officer, the Ombud, Inspectors and Investigators, which they will elaborate on in the form of details, procedures, and processes.

The regulations cover the following areas:

- Collection of information from health establishments and designation and duties of the person in charge;
- Appointment of Inspectors, training and expertise;
- The inspection process and timelines;
- Additional inspections;
- Entry and search of premises including prior-consent procedures or the application for a warrant if required;
- Processes of certification, renewal and suspension;
- Compliance notice and enforcement process, including formal hearing, revocation of a certificate, fines or referral to prosecuting authority, appeals and reporting;
- Complaints handling, investigation and resolution procedures, lodging of complaints, screening, investigation and reporting and turnaround times; and
- General provisions about using prescribed forms (listed in Schedule 1).

Public Finance Management Act, 1999 (Act No. 1 of 1999)

Section 50 of the Public Finance Management Act, 1999 (Act 1 of 1999) (PFMA) sets out the fiduciary duties of accounting authorities. Section 51 sets out the responsibilities of accounting authorities. The PFMA regulates public sector managers to manage and improve accountability in by eliminating waste and corruption in the use of public funds.

The act enables public sector managers to manage and improve accountability in terms of eliminating waste and corruption in the use of public funds. OHSC is listed as a *Schedule 3A* public entity.

The Protection of Personal Information Act, 2013 (Act No. 4 of 2013)

The purpose of the Protection of Personal Information Act, 2013 (Act No. 4 of 2013) (PoPI Act) is to ensure that all South African institutions, including the OHSC, conduct themselves in a responsible manner when collecting, processing, storing and sharing personal information by holding them accountable should they abuse or compromise such information in any way. The PoPI Act regards personal information as “precious goods” and gives owners of personal information certain rights of protection and the ability to exercise control over:

When and how the information is shared (requires individual consent):

- The type and extent of information that is shared (must be collected for valid reasons);
- The transparent and accountable use of the data (limited to the purpose) and notification if/when the data are compromised;
- Who accesses personal information and the right to have personal data removed and/or destroyed;
- Adequate measures and controls to access personal information and tracking access to prevent unauthorised access;
- The storage of personal information (requires adequate measures and controls to safeguard personal information and protect it from theft or being compromised); and
- The integrity and continued accuracy of personal information (must be captured correctly and maintained by the institution that/ person who accessed it).

Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)

Section 32 (1) (a) of the Constitution states that everyone has a right to access any information held by the state or another person to protect any rights. The Promotion of Access to Information Act, 2000 (Act No. 2 of 2000) (PAIA) gives all South Africans the right to access records held by the State, government institutions and private bodies.

The objectives of the PAIA are to:

- Ensure that the State promotes a human rights culture and social justice;
- Encourage openness and establish voluntary and mandatory mechanisms;
- Establish procedures for the right to access information quickly, effortlessly, cost-effectively and as reasonably as possible;
- Promote transparency, accountability and effective governance of all public and private bodies by empowering and educating everyone to understand their rights in terms of the PAIA and to public and private bodies;
- Create and understanding of the functions and operation of public bodies; and
- Encourage the scrutiny of and participation in decision-making by public bodies that affect individual/public rights.

Promotion of Administrative Justice Act, 2000 (Act No. 3 of 2000)

Section 33 (1) and (2) of the Constitution guarantees that administrative action will be reasonable, lawful and procedurally fair, and it makes sure that people have the right to ask for written reasons when administrative action has a negative impact on them. Promotion of Administrative Justice Act, 2000 (Act No. 3 of 2000) (PAJA) aims to make the administration effective and accountable to people for its actions. The objectives of the PAJA are to:

- Promote an efficient administration and good governance; and
- Create a culture of accountability, openness and transparency in the public administration.

Disaster Management Act, 2002 (Act 57 of 2002)

The Disaster Management Act, 2002 (Act No. 57 of 2002) (DMA) provides for an integrated and coordinated disaster management policy in South Africa that focuses on preventing and reducing the risk of disasters, mitigating the severity of disasters, emergency preparedness, rapid and effective response to disasters and post-disaster recovery. It regulates the establishment of national, provincial, and municipal disaster management centres.

Preferential Procurement Policy Framework Act, 2000 (Act No. 05 of 2000)

The Preferential Procurement Policy Framework Act, 2000 (Act No. 05 of 2000) (PPPFA) gives effect to Section 217 (3) and provides a framework for the implementation of the procurement policy contemplated in Section 217 (2) of the Constitution.

Skills Development Act, 1998 (Act No. 97 of 1998)

The Skills Development Act, 1998 (Act No. 97 of 1998) (SDA) provides an institutional framework to devise and implement national, sector and workplace strategies to develop and improve the skills of the South African workforce.

Employment Equity Act, 1998 (Act No. 55 of 1998)

The Employment Equity Act, 1998 (Act No. 55 of 1998) serves as a mechanism to redress the effects of unfair discrimination and to assist in the transformation of workplaces, so as to reflect a diverse and broadly representative workforce.

Intergovernmental Relations Framework Act, 2005 (Act No.13 of 2005) (IRFA)

Establishes a framework for national, provincial and local government to promote and facilitate intergovernmental relations and to provide a mechanism and procedure to facilitate the settlement of intergovernmental disputes.

POLICY MANDATES

In addition to the Constitution and Legislative mandates, the following related policy mandates have an impact and influence on the functioning of the OHSC:

National Health Insurance (NHI)

South Africa, in pursuance of fundamental transformation of the health system and implementation of universal health coverage, has embarked upon the National Health Insurance (NHI) program in order to grant all citizens access to good quality health services irrespective of their socio-economic status. NHI, as proposed and envisaged by the National Department of Health (NDOH) of South Africa, is not just a new financing mechanism for the health system but a significant paradigm shift in the system that is based on the principles of universal coverage, right of access to basic and quality health care, social solidarity and equity.

The National Health Insurance Bill (NHI Bill) provides for mandatory prepayment of healthcare 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 the 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 OHSC”. This provision in the Bill therefore outlines and underscores the crucial role to be played by the OHSC in relation to the implementation of NHI in the country. In order for the OHSC to fulfil its role as prescribed in the implementation of the NHI, it is imperative to increase the OHSC inspection coverage in the healthcare sector. It is also key to note that the importance of the OHSC lies not only in its role under the NHI but that it must also play a role in the overall improvement of healthcare quality in South Africa as it relates to both private and public healthcare establishments.

National Development Plan (NDP)

The NDP Vision 2030 states that a health system with positive health outcomes for the country is possible and will:

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

Priority 2 as contained in chapter 10 of the NDP focuses on strengthening the healthcare system and includes the role of the OHSC as the independent entity mandated to promote quality by measuring, benchmarking, and accrediting actual performance against quality standards. A specific OHSC focus is on achieving common basic standards in the public and private sectors.

Medium Term Strategic Framework (MTSF), 2019-2024

The purpose of the Medium-Term Strategic Framework (MTSF) is to outline the Government strategic intent in implementing the electoral mandate and National Development Plan (NDP) Vision 2030. The structure of the MTSF document provides a situational analysis outlining the developmental challenges we are facing as a country, particularly in addressing the triple challenges of poverty, inequality, and unemployment.

The MTSF 2019-2024 aims to address the challenges of unemployment, inequality, and poverty through three pillars of the NDP. The three pillars are: achieving a more capable state, driving a strong and inclusive economy, and building and strengthening the capabilities of South Africans. The seven priorities of Government are embedded into the 3 pillars. Priority 3: Education, skills and health are of specific importance to the OHSC. The OHSC will take into account the Medium-Term Strategic Framework (MTSF) in the execution of its mandate. The OHSC responses are structured into five outcomes which are well aligned to the NDoH MTSF goals.

National Policy on Quality in Healthcare (NPQ), 2007

A focus on quality assurance and improvement is not a new concept. The 2001 NPQ was revised in 2007. The policy identifies mechanisms to improve the quality of healthcare in the public and private sectors and highlights the need to involve health professionals, communities, patients and the broader healthcare delivery system (National Department of Health, referred to as the NDoH) in capacity-building efforts and quality initiatives.

The objectives of the NPQ are to:

- Improve access to quality healthcare;
- 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 the evidence of effectiveness;
- Ensure the appropriate use of services; and
- Reduce errors in healthcare.

Batho Pele and the Patient's Rights Charter

Alongside health-specific policies and legislation, the Batho Pele principles govern all public services, including healthcare delivery. The Batho Pele ("People First") initiative encourages service-orientation, excellence, and improved delivery among public servants. The eight Batho Pele principles, aimed at enhancing public service delivery (Republic of South Africa, 2007) are:

- Regularly consult with customers;
- Set service standards;
- Increase access to services;
- Ensure higher levels of courtesy;
- Provide more and better information about services;
- Increase openness and transparency about services;
- Remedy failures and mistakes; and
- Give the best possible value for money.

In response, the health sector promulgated the "Patient's Rights Charter", which specifies – as reiterated in the Norms and Standards Regulations applicable to different categories of Health Establishments– that the rights of patients must be respected and upheld, including the right to access to basic care and receive a respectful, informed, and dignified attention in an acceptable and hygienic environment.

Patients should be empowered to make informed decisions about their health and complain if they do not receive decent care.

Presidential Health Summit Compact (PHSC), 2018

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-centred and integrated health system". One of the interventions recommended at the Presidential Health Summit is a full organisational review of the legislation on health and new governance and administrative structures to improve quality, transparency, accountability, and efficiency in the health sector (public and private). Furthermore, the Office of the Health 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 is also a process of drafting a separate OHSC Bill which would remove the functions of the OHSC from chapter 10 of the National Health Act, 2003.

United Nations Sustainable Development Goals (SDGs)

The Sustainable Development Goals (SDGs) are part of the United Nation's global agenda, made up of 17 interlinked goals, with a vision of ending poverty, protecting the planet, and ensuring that humanity enjoys peace, prosperity and sustainable future. The agenda appreciates that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development.

African Union (AU) Agenda 2063

The African Union Agenda 2063 envisages an integrated, prosperous, and peaceful Africa through inclusive growth and sustainable development.

Sendai Framework for Disaster Risk Reduction (SFDRR), 2015-2030

The Sendai Framework is a non-binding voluntary framework; whose main focus is on the reduction of disaster risk.

UPDATES TO INSTITUTIONAL POLICIES AND STRATEGIES

2

There are no changes to the OHSC institutional policies and strategies.

UPDATES TO RELEVANT COURT RULINGS

3

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





B

PART

OUR STRATEGIC FOCUS



NATIONAL DEVELOPMENT PLAN 2030

NHA-61 of 2003 [NHAA-12 of 2013]	MTSF 2019-2024
MANDATE	

The OHSC has been created by the National Health Amendment Act of 2013 and, in terms of section 78 of the Act, the objects of the Office are to protect and promote the health and safety of users of health services by:

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

VISION	VALUES	MISSION	IMPACT
Consistent, safe, and quality healthcare for all	Human Dignity We will have respect for human individuality and treat each individual as a unique human being. Accountability We will take responsibility for our results and outcomes. Transparency We will operate in a way that creates openness between managers and employees. Quality healthcare Quality health care means doing the right thing, at the right time, in the right way, for the right person – and having the best possible results. Safety Maintain a safe and healthy workplace for all employees in compliance with all applicable laws and regulations. Integrity We will conduct ourselves with openness, honesty, and respect for all stakeholders.	We monitor and enforce healthcare safety and quality standards in health establishments independently, impartially, fairly, and fearlessly on behalf of health care users.	Safe and quality health care services.

Downward Process

Outcome 1	Outcome 2	Outcome 3	Outcome 4	Outcome 5
A fully functional OHSC	Compliance with norms and standards is effectively monitored	Improved quality of health care services rendered to the users in the health establishments	Facilitate achievement of compliance with the norms and standards regulations for different categories of health establishments	Compliance with norms and standards increased

The OHSC has adopted corporate values, which serve as guiding principles around which its corporate culture and actions are governed and shaped. The OHSC's values are grounded in strong ethical considerations. As a result, OHSC staff members are required to maintain a highest standard of proper conduct and integrity at all times and to ensure that there is no doubt as to what is required. To this end, the OHSC has developed a set of core values.

The OHSC will strive to be a learning organisation, continuously evolving and developing to ensure safe and quality health-care for all. All OHSC employees are consistently encouraged to live the organisational values in all that they do. The OHSC will continue to encourage staff to do so until such time as the values form an integral part of the work life of all staff at the OHSC. Regular communication sessions will continue to be held detailing the OHSC's purpose, mandate, role, functions and ways of working. This will ensure that the OHSC's strategy and values remain relevant and become firmly institutionalised.



Healthcare Environment

Service delivery during the year under review continued to be impacted upon by the unfolding COVID-19 pandemic. The COVID-19 pandemic has, to some extent, magnified pre-existing weaknesses in our healthcare system and exacerbated some of them. Efficient and equitable allocation and utilisation of limited healthcare resources has thus become more critical now than ever before. Unless we prioritise interventions that are cost-effective and address the major challenges from both the demand side and the supply side, South Africa will experience increased mortality and morbidity from diseases that have been side-lined in favour of COVID-19. The potential regression in population health outcomes will obliterate hard-won improvements in life expectancy over the past decade, thwarting any chance of South Africa reaching its SDG 2030 targets.

Though South Africa health expenditure as a share of GDP has fluctuated substantially in recent years, estimates suggest that South Africa spends about 9.1% of GDP on healthcare (World Bank, 2019) – a relatively high amount when compared with countries of comparable developmental status – but it has not reaped proportionate returns in terms of the health of its population. Quite to the contrary: the country carries a heavy and complex burden of disease – comprising of high rates of communicable diseases, non-communicable diseases, maternal and child mortality, and trauma.

The inequitable distribution of health spending is at the heart of the above-mentioned situation of overall high total health expenditure as a proportion of GDP without commensurate improvement in health outcomes. Only 15% of the country's population is covered by medical scheme insurance, according to the Council for Medical Schemes (Council for Medical Schemes, 2021), and nearly 43% of health spending occurs within the private healthcare market. Government spending on health amounts to 54% of total health spending and this is stretched to finance healthcare for at least 72% of the population who regard public facilities as their first, and in most instances, the only option. (Barber, S. L., et al, 2018).

The private healthcare sector is characterised by “highly concentrated funders and facilities markets, disempowered and uninformed consumers, a general absence of value-based purchasing, practitioners who are subject to little regulation, and failures of accountability at many levels”, according to the 2019 report of Health Market Inquiry, instituted by the Competition Commission. Despite considerable overutilisation of services, the Health Market Inquiry observed, health outcomes were not good even among this privileged group of private health service consumers (Competition Commission South Africa, 2019).

It is common cause that the public health sector is not adequately funded to fulfil the service needs of the majority of South Africans. Crowded waiting rooms, long waiting periods even for critically needed care (such as oncology services), poorly maintained and equipped facilities, and

overworked health professionals are common features of the public health sector. Maintaining quality healthcare services under these circumstances requires great commitment and sophisticated management of the health system.

Promulgated Norms and Standards

The promulgated norms and standards for different categories of health establishments came into effect in February 2019. These norms and standards are critical and play a central role in the functioning of the OHSC as a healthcare quality assurance regulator. The promulgated norms and standards have strengthened the mandate of the OHSC to conduct compliance inspections, investigate complaints, enforce compliance as well as certify both public and private health establishments found compliant with the regulations.

The promulgated norms and standards applicable to different categories of health establishments paved the way for the engagements between the OHSC and the health sector on the development of inspection tools applicable to the sector. Inspections conducted in terms of the promulgated norms and standards and certification of health establishments by the OHSC is an important precondition for accreditation of healthcare providers wishing to be contracted by the NHI Fund to provide services.

The current promulgated norms and standards are limited in relation to the variety of health establishments in the health system. The approach adopted by the OHSC in the development of tools is incremental through the different and various levels of care. To this extent, there are certain categories of health establishments, particularly for specialised health services and sectors for which inspection tools will only be finalised once the standards have been developed.

Presidential Health Compact

The NDoH focused on accelerating the path towards Universal Health Coverage and implementing the resolutions of the Presidential Health Compact (2018) with a view to introduce the necessary health reformations for successful implementation and rollout of the National Health Insurance. The Presidential Health Compact seeks to address the crisis facing the health system through nine pillars with key activities, interventions, indicators, and time-bound targets. One of the interventions recommended at the Presidential Health Summit is a full organisational review of the legislation on health and new governance and administrative structures to improve quality, transparency, accountability, and efficiency in the health sector (public and private). Furthermore, the Office of the Health Ombud must be separated from the OHSC to ensure independence, transparency, and good governance. To that extent, the Health Ombud and the Minister of Health are in a process of drafting the Health Ombud Bill. There is also a process of drafting a separate OHSC Bill which would remove the functions of the OHSC from chapter 10 of the National Health Act, 2003.

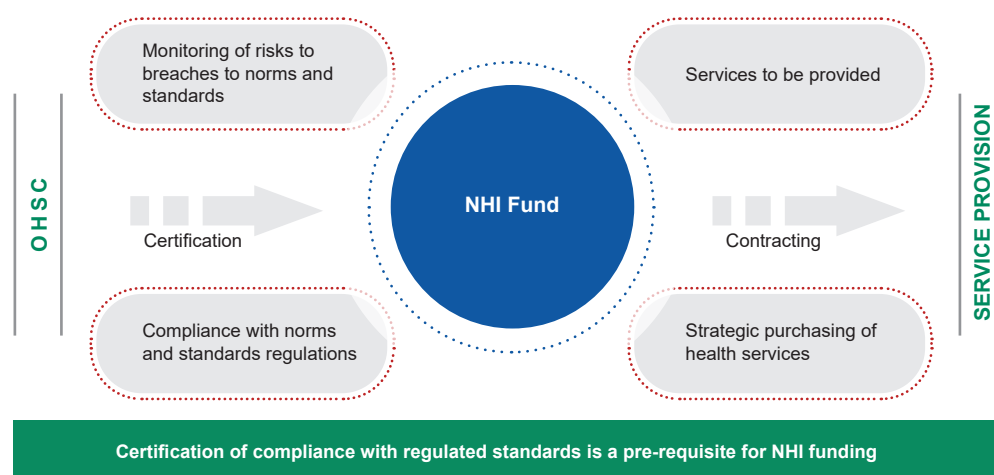
Universal Health Coverage

The NDoH has adopted a phased approach to the implementation of the NHI as UHC model for South Africa. The NHI Bill was introduced in Parliament in July 2019 and the Portfolio Committee on Health conducted public hearings in all provinces later that year. The COVID-19 pandemic disrupted the committee's plans to hear further submissions during 2020 and these were rescheduled to mid-2021, continued in 2022. The OHSC has a clearly defined role in the NHI programme. The NHI Bill provides that health establishments seeking service contracts with the NHI Fund must be accredited and "the process of accreditation of health care providers will require that health establishments are inspected and certified by the OHSC". It is important to note that, while the OHSC is critical to the unfolding of the NHI, its broader role of improving the quality of public and private sector healthcare remains its fundamental mandate.

The figure below alludes to the importance of the OHSC and the linkage to the roll out of the National Health Insurance as a model for achieving the aims of Universal Health Coverage (UHC) in South Africa. The organisational realities of the OHSC pertaining to the current funding model, the centralised operations and limited human resources capacity, compared to the projected and estimated number of health establishments to be inspected for certification, means that the OHSC is unlikely to fully meet the expectations of certifying all health establishment in South Africa at least once in four years. In this regard, the OHSC requires expansion and coverage in all provinces both the public and private sectors.

The OHSC with its current capacity and centralised inspection model is unable to inspect the required number of health establishments to meet its mandate. Pressure on the OHSC to increase both the number of health establishments to be inspected and certified has been intensified by the responsibility of the OHSC to certify health establishments prior to be accredited by the NHI fund. In recognition of the above, the OHSC has developed the 'OHSC Business Case' which details the framework to increase its capacity to carry out inspections. The OHSC Business Case provides an overview of the current scenarios, the organisational design of the OHSC, a decentralisation model of operations, an accompanying Human Resource model as well as a financial model outlining a forecast of costs and expenditure over four years. The OHSC Information Technology infrastructure and analytical business intelligence capability needs to be aligned to the future needs of the organisation. The ultimate goal of the OHSC is not only to inspect but to certify compliant health establishments and to achieve an environment of health service delivery that ensure safe and quality health care for all. In order to achieve this goal, the OHSC requires more resources in the identified areas of operational need.

There is an immediate need for funding injection to implement a decentralised model of operations and to increase inspectorate teams in order expand the inspection capability and certification of compliant health establishments. The ability of the OHSC to deliver on this mandate hinges on and can only be made possible with the review of the current funding model (adequacy) to cater for sufficient human capital and the physical expansion of OHSC regulatory functions to all provinces.



Universal Health Coverage

The Competition Commission's Health Market Inquiry (HMI), the most systematic and comprehensive investigation carried out into the South African health sector, took note of the role of the OHSC as an independent regulator with powers to enforce compliance against norms and standards, and its intended role in both the public and private sectors. The HMI has recommended that both doctors' surgical rooms as well as hospitals be given a practice code number conditional on achieving OHSC certification. As providers will not be able to be reimbursed without such a number, this will be useful as a lever to promote compliance with health norms and standards regulations. It will also allow the NHI Fund, once it begins to purchase, to know where both GP and hospital resources are located and have some reassurance of minimum quality standards being met. Overall, infrastructure in both the public and private health sectors must meet the requirements of the OHSC.

2.1 External Environmental Analysis

A Political, Economic, Social, Technological, Legal/Ethics and Environmental (PESTLE) analysis is a strategic framework commonly used to analyse external factors that could affect an organisation's decisions, helping it to maximise opportunities and minimise threats. Traditionally, the framework was referred to as a PEST analysis, which was an acronym for Political, Economic, Social, and Technological; in more recent history, the framework was extended to include Environmental and Legal factors as well.

Table 1: Political, Economic, Social, Technological, Legal/Ethics and Environmental (PESTLE) Analysis

POLITICAL ANALYSIS	1	The OHSC enjoys a generally positive political support. The introduction of universal health coverage in the form of National Health Insurance (NHI) remains a priority of the 6th administration. Quality improvement in the healthcare sector has been identified as critical in the successful implementation of the NHI. 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 provision of safe and quality healthcare services in South Africa.
	2	Increased activism regarding public service delivery, and healthcare services in particular, have shown a spotlight on the work of the OHSC. The OHSC received support from business, government, and civil society at the 2018 Presidential Health Summit Compact, which resolved that there must be adequate capacitation and resourcing of the OHSC.
	3	Geopolitical tensions (Russia-Ukraine conflict) are expected to result in a global economic crisis including raised food prices, unsustainable fuel costs, inflation, and disruption of supply lines.
	4	Environmental factors giving rise to political unrests have a potential to affect the OHSC negatively in the execution of its mandate. The OHSC was unable to access healthcare facilities during the July 2021 social unrests in the provinces of KwaZulu-Natal and Gauteng.
	5	Rise in populism with a more militant approach to social change.
	6	The OHSC has cultivated a good working relationship with other health agencies/regulators.
ECONOMIC ANALYSIS	1	Weak economic growth means the OHSC will be required to do more with fewer resources than originally planned. The biggest strategic challenge facing the OHSC is how to progress in terms of fulfilling its mandate, particularly the compliance inspection and certification functions – with very limited resources. Additional sources of funding for the OHSC under consideration.
	2	Weak economic growth is expected to have a direct impact on the cost of living, increased unemployment, cuts in budgets for the public sector and public entities, lower than expected collection of taxes, inflation, increasing interest rates, and increase fuel and transport costs.
	3	COVID-19, violent unrests as experienced in July 2021, environmental disasters that destroyed infrastructure and displaced people in KwaZulu-Natal and the Eastern Cape in 2022, the increasing public sector wage bill and other austerity measures have resulted in government funding being under pressure.
	4	The levels of investor confidence are extremely low.
	5	South Africa has competing social, education, infrastructure, and health budget priorities.

- 1 Higher population growth will place an additional strain on healthcare services – further worsening the shortage of human resources for health.
- 2 Change of diseases load towards chronic illnesses.
- 3 Increasing rates of inequality and poverty is associated with various adverse health outcomes, including shorter life expectancy, higher infant mortality rates, and higher death rates for leading causes of death.
- 4 Favourable population distribution (young human resources to total population ratio).
- 5 Degradation of social fibre. South Africa is experiencing increasing rates of social harms and anomalies, including gender-based violence, crimes, and violence.
- 6 Long term health impacts of COVID-19 remain unknown.
- 7 Increased mortality and morbidity from diseases that have been side-lined in favour of COVID-19.
- 8 Youth disillusionment, social cohesion erosion and digital inequality.
- 9 Scepticism about COVID-19 and hesitancy regarding SARS-CoV-2 vaccination
- 10 There is an increased awareness of social media and digital connectedness. Social media like (Facebook, Twitter, Snapchat, blogs) can be used as an effective tool for communication with stakeholders to keep them informed of the work of OHSC.
- 11 Workplaces migrated to working from home (hybrid model).
- 12 More conflictual collective bargaining environment.

- 1 It is imperative for the OHSC to embrace the most recent advancement in technology, including investigating new trends and technology in safe and quality healthcare, and exploring the possibility of using technology to conduct virtual inspections, considering both the large number of health establishments in both the private and public health sectors, and limited resources and capacity at the disposal of the OHSC.
- 2 There is a need to keep abreast of advances in technology (4IR) as well as new trends and methodologies in respect of safe and quality healthcare facilities.
- 3 Technical advances and increasing trends in cyber-crimes create risks to unauthorised access to sensitive information. Data security is growing business consideration that must be prioritised.
- 4 Open-source platforms and optimising operations and access to technology.
- 5 Since the emergence of the COVID-19 pandemic, staff have been working remotely and therefore heavily relying on information technology. This has caused an increase in the expenditure associated with provision of data and mobile telephones to staff, notwithstanding the limited budget of the OHSC.
- 6 It is imperative for the OHSC to push towards digitisation-dubbed the “paperless office”.
- 7 The rise of ‘big data’, predictive analytics and intelligent forecasting and reporting tools
- 8 Availability of “off-the-shelf” software to impact information and communications technology (ICT) process, e.g., recording, tracking, and reporting.
- 9 Increasing cost-effective technology for effective knowledge management.
- 10 Increasing sophistication of threats on IT security and Human resource management (HRM) processes.
- 11 Rise of flexible working and tele-commuting.
- 12 Increasing cost effective technology for effective knowledge management.
- 13 Real potential of a paperless environment.

LEGAL ANALYSIS

- 1 Right to access to healthcare services enshrined in the Constitution.
- 2 Litigations
- 3 Delays in parliamentary processes
- 4 New legislation: NHI, OHSC, and Health Ombuds Bills
- 5 Virtual vs. onsite compliance inspection. There is a need to align legislation with 4IR developments
- 6 Current changes in the legislative environment - the NHI Bill will potentially influence operations.
- 7 Look at steps and procedures to be followed on litigations - there will always be legal challenges from health facilities.

ENVIRONMENTAL ANALYSIS

- 1 Climate change and global warming has led to the environment becoming a global agenda item. The public is becoming more and more aware of the environment as they would like to preserve the environment for future generations. OHSC plays a key role in protecting the environment for the current and future generations through its regulatory functions on the safe management and disposal of waste from health establishments.
- 2 OHSC environmental responsibilities in respect of sustainable consumption
- 3 The OHSC must take practical steps to reduce its carbon footprint. Reduced consumption - printing, water, and electricity. Rise in environmentally friendly practices.
- 4 Rolling blackouts (load shedding)
- 5 Geographical distance makes work challenging - nature of where we work.
- 6 Increasing resource scarcity - water and electricity.

2.2 Internal Environmental Analysis

A SWOT analysis is a powerful tool for sizing up an organisation's resource capabilities and deficiencies. The OHSC's internal strengths and weaknesses, together with the external opportunities and threats referenced earlier, were evaluated to provide a basis for re-aligning, re-prioritising and refining the OHSC's impact statement, outcomes, and outcome indicators. The purpose is for the OHSC to optimise identified strengths, harness opportunities, offset identified weaknesses and mitigate threats.

Strengths are factors that give the OHSC a distinctive advantage or competitive edge within the environment within which it operates. The organisation can use such factors to accomplish its strategic objectives. The weaknesses refer to a limitation, fault, or defect within the organisation that prevent it from achieving its objectives; it is what an organisation does poorly or where it has inferior capabilities or limited resources as compared to other organisations within which it operates. Opportunities include any favourable current or prospective situation which could be facilitated to allow the organisation to enhance its competitive edge. Threats may be a barrier, constraint, or anything which may inflict challenges, damages, harm, or injury to the organisation.

Table 2: Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

STRENGTHS	WEAKNESSES
1 The OHSC has autonomy and authority in the quality assurance environment in both the public and private healthcare sectors thanks to a clearly defined legal mandate To carry out its mandate, the OHSC employs a core group of professionals with the necessary training and experience, as well as technical expertise in inspection tools development, support and guidance, compliance inspections, certification and enforcement processes, complaint investigations, data analysis and research. Political support for the OHSC as evidenced by its prominent role in the implementation of the National Health Insurance. Consider: 3 • Presidential Health Summit • Lancet Commission Report. The OHSC has connections on a global and local scale, as well as Memoranda of Understanding (MoU) with other regulators and academic institutions. The OHSC has consistently received an unqualified audit opinion from the Auditor-General South Africa (AGSA), which fosters public confidence and a positive reputation. Agile Information and Technology systems which allowed the organisation to adapt to changing circumstances. The competitive advantage of being the only health care quality assurance regulator in sub-Saharan Africa. 	1 Insufficient funding provided to the OHSC would impact on the adequacy to fulfil the mandate as prescribed by the National Health Act. Sufficient funding enables the OHSC to procure resources such as human, tools of trade. 2 The centralised delivery model hampers the wider reach and geo-specialisation in the delivery of services. 3 Due to the specialised nature of the OHSC regulatory work, there is unavailability of pool to recruit from.

OPPORTUNITIES

- 1 Charging inspection fees will boost revenue generation and operational efficiency.
- 2 Adopting comprehensive digitalisation through cutting-edge technical solutions has the ability to increase efficiency and effectiveness.
- 3 The OHSC Bill will improve autonomy and authority of the OHSC within the quality assurance environment.
- 4 A greater understanding of the role and powers of the OHSC and the Health Ombud by regulated entities and the public.
- 5 The OHSC to play a significant role in the implementation of the National Health Insurance (NHI).
- 6 Being the only health care quality assurance regulator in sub-Saharan Africa provides an opportunity to be the centre of excellence in regulation and render advisory services to the African Union (AU) and Southern African Development Community (SADC) countries.
- 7 A strong co-operative partnership built with other institutions enhances and complements OHSC's competencies.
- 8 The organisational independence as a regulator from the National Department of Health provides competitive advantage to leverage on acquiring more resources.

THREATS

- 1 The possibility of other bodies and institutions encroaching on the OHSC mandate exists.
- 2 An unfavourable inspection or complaint investigation outcome to the health establishment may result in legal challenges against the OHSC
- 3 Loss of OHSCs niche skills set base due to multiple reasons
- 4 Changes in the political regulatory requirements in future might affect OHSC operations
- 5 Negative public perception and sentiment toward health-care facility inspections.
- 6 Delays in finalisation of NHI Bill will compromise sustainability and mandate of the OHSC.
- 7 The OHSC lacks adequate funding to carry out its mandate.



A SWOT analysis is a powerful tool for sizing up an organisation's resource capabilities and deficiencies. The OHSC's internal strengths and weaknesses, together with the external opportunities and threats referenced earlier, were evaluated to provide a basis for re-aligning, re-prioritising and refining the OHSC's impact statement, outcomes, and outcome indicators. The purpose is for the OHSC to optimise identified strengths, harness opportunities, offset identified weaknesses and mitigate threats.

2.3 Stakeholder Analysis

OHSC's stakeholder management strategy ensures that the advancement of enhanced stakeholder participation and corporate transparency go hand in glove. Stakeholder confidence building strategies and policies are specific and take into account various diversities.

Table 3: Stakeholder Analysis Matrix depicts variety of stakeholders who assume substantial influence over the operation of the organisation. These stakeholders have respective expectations that must be fulfilled as tabulated below:

Table 3: Stakeholder Analysis Matrix

STAKEHOLDER	INFLUENCE	EXPECTATION
Minister of Health (Executive Authority)	Identifying, monitoring, and reporting on impact of strategy	Policy development Enhancing reputation Risk Management
National and Provincial Departments of Health	Consultation	Accountability Contribution to National Priorities Compliance
National Health Insurance (NHI)	Quality inspections	Certification of health establishments
Recipients of Healthcare	Access to OHSC services such as complaints on various stakeholders Perception/reputation of OHSC services	Deal with complaints Empowerment Regular communication
Public and Private health establishments	Implement healthcare standards / Compliance	Fair process
Health Ombud	Dealing with complaints and investigations Appeals	OHSC will respond in compliance with legislation
The Board and Governance Committees	Strategic direction	Transparency Accountability Governance, Integrity, Ethics
Parliamentary Portfolio Committees	Sanction Legislation Oversight budget and reporting	Accountability Governance, Integrity, Ethics Contribution to National Priorities
Staff	Productivity Morale Public perception Performance effectiveness	Fairness Respect of worker rights Equity Involvement Best practice HRM policies/practices Conducive work environment Adequate resourcing Transparency Ethical behaviour
Media	Public perception	Regular communication Transparency Access to information
Organised Labour	Policies Productivity	Framework for engagement Willingness to work Transparency Communication Fairness Enabling environment for association
The Public/ Public Interest Groups	Operations Strategy Culture	Transparency Fairness Consistent delivery Integrity Values orientation Information sharing

Suppliers	Risk Effectiveness Turnaround	Transparency Fairness Consistency Ethical behaviour
National Treasury (NT)	Regulatory environment Remuneration Budgeting	Reporting Governance Revenue collection
Auditor-General (AG)	Regulatory environment Remuneration	Reporting Governance Audit outcomes Performance
International Partners, Agencies, and other international bodies	Policy Guidance Safety standards Direction	Compliance Implement international best practice-benchmarking Capacity building Research and Development Collaboration
Regulators	Source of regulation Reputation	Service delivery Efficiency Fairness Regulate Transparency Due process Cooperation
Scientific and Academic Institutions	Research agenda	Partnerships Collaboration Compliment the research and development mandate

2.4 Status of compliance with the Broad-Based Black Economic Empowerment (BBBEE) Act

A BBBEE compliance status was prepared by an independent service provider. This report indicated a non-compliance status. The OHSC will engage with the Broad-Based Black Economic Empowerment Commission to seek advice on how to enhance compliance with the Broad-Based Economic Empowerment Act. These activities will be completed during the 2023/24 financial year.

2.5 Organisational Structure

2.5.1 Governance Structure

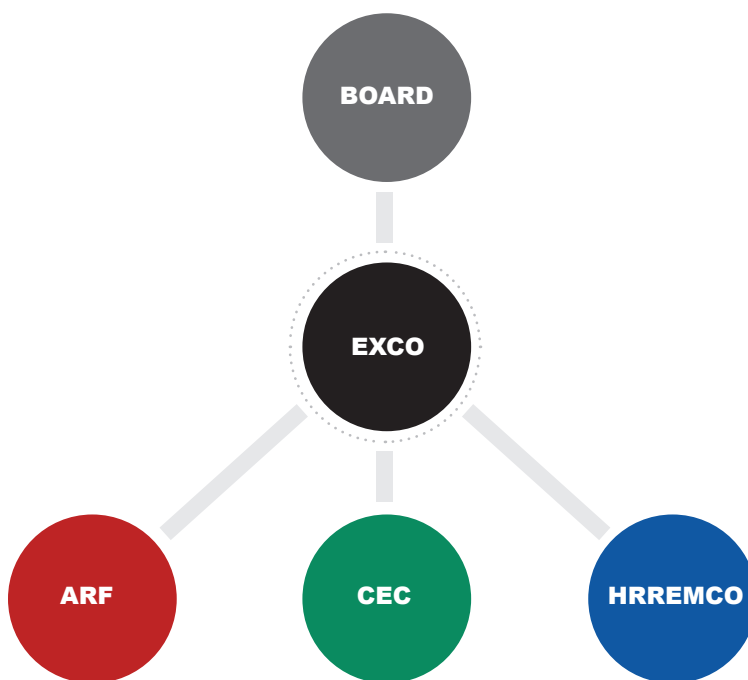
The OHSC is a Schedule 3A public entity that reports to the Executive Authority i.e., the Minister of Health. The OHSC's activities are funded by the provision of a budget from funds voted annually to the NDoH. The governance of the OHSC is entrusted to a Board appointed in accordance with Section 79 of the National Health Amendment Act, 2013 (Act No 12 of 2013). Section 79 B (1) provides that the Board consists of no less than 7 and no more than 12 members appointed by the Minister. In terms of Section 79B, the Minister has appointed 11 members.

Currently the Board has the following committees:

1. EXCO- Board Chairperson and Chairpersons of the Board sub-committees
2. Certification and Enforcement Committee
3. Audit, Risk and Finance Committee
4. Human Resource and Remuneration Committee

The OHSC's Accounting Authority (OHSC Board) is accountable for the OHSC governance and oversight. Good governance is crucial to business sustainability and growth of the organisation. The OHSC Board sub-committees advise the Accounting Authority on matters pertaining to the OHSC programmes and governance.

The Chief Executive Officer, assisted by a senior management team which comprises of the Chief Financial Officer, Executive Managers and Programme Managers, are responsible for the day-to-day running of the OHSC.

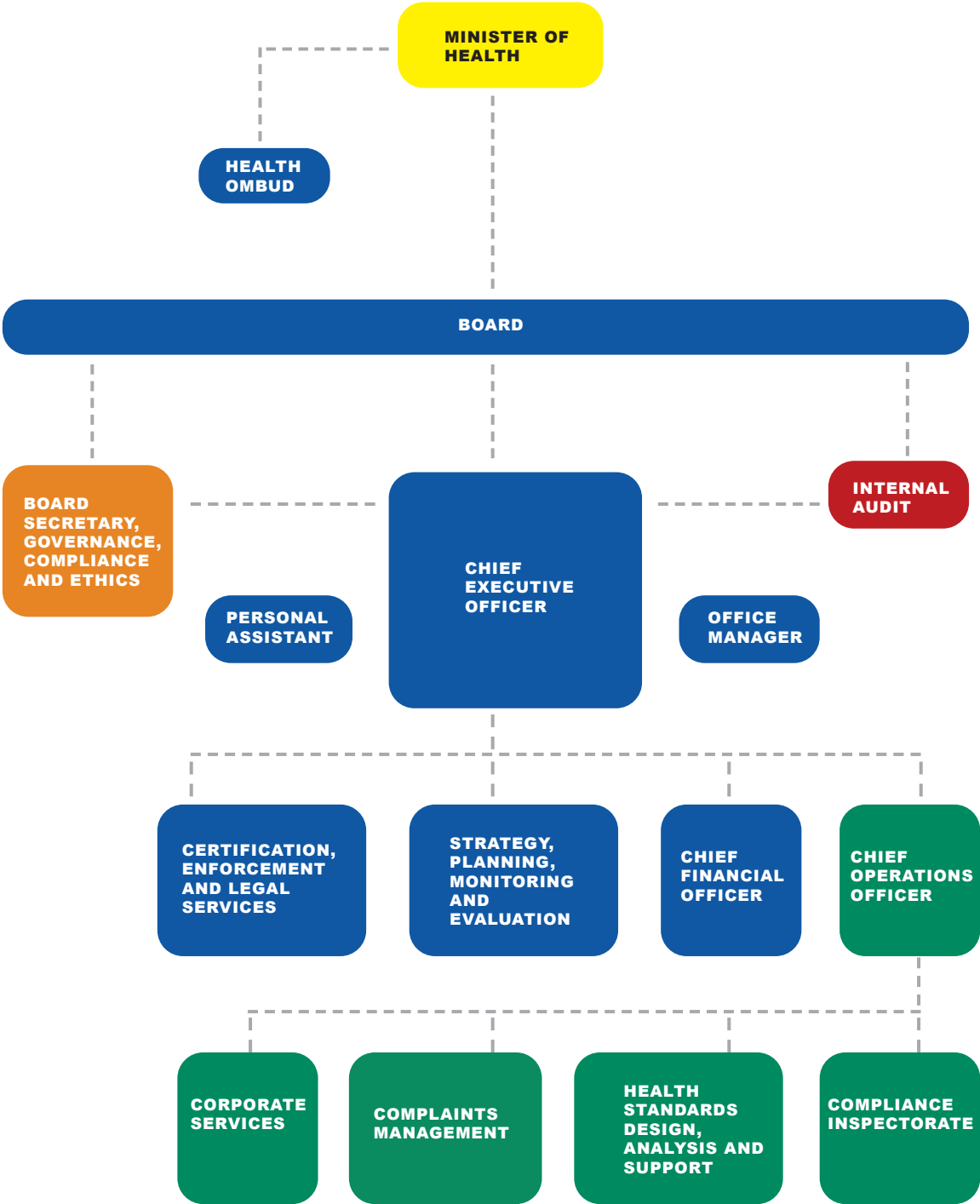


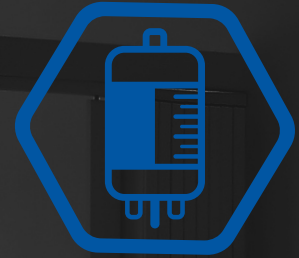
2.5.2 Operational Structure

The current operational structure of the OHSC was approved by the Board. The OHSC underwent an organisational development and design process where the structure has been adjusted to ensure that it remains relevant and appropriate to organisational requirements. The organisational structure of the OHSC has therefore been designed according to the design principles of consistency, continuity, accountability, flexibility and efficiency. The OHSC strives to ensure that it has the right people, with the right skills and competencies available at the right time, at the appropriate level to deliver on its mandate.

In order to ensure consistency and continuity, the OHSC will embark on a full Workforce Planning exercise or scenario forecasting (quantitative and qualitative) exercise that will determine its specific resourcing requirements (as contained within a Workforce and Strategic Sourcing Plan) for coming years.

The organogram that follows represents the organisational structure for 2023/24 of the OHSC. It sets out the operational structures, based on the OHSC’s Strategy 2020-2025 and Annual Performance Plan 2023/24, which will best enable it to deliver on its mandate.





C

PART

MEASURING OUR PERFORMANCE

1.1 Programme 1: Administration

Programme Purpose

The purpose of the programme is to provide the leadership and administrative support necessary for the OHSC to deliver on its mandate and comply with all relevant legislative requirements.

1.1.1 Sub-programme: Human Resource Management

Sub-programme Purpose

The purpose of the sub-programme is to create an enabling environment for employees to contribute towards the achievements of the organisation objectives and mandate. The Human Resource (HR) Management Unit assists the Office to attract, develop and retain skilled people and to meet transformation targets.

Human Resources Management unit consists of the following sub-programmes.

Labour Relations - to manage and facilitate the provision of labour relations and workplace support services to the OHSC.

Human Resources Management - to manage and support HR related matters including service benefits, training, performance management as well as fleet management.

Facility management - management of all matters relating to the building maintenance/facilities, cleaning, security, and the gardens.

1.1.1.1 Outcomes, Outputs, Output Indicators and Targets

Output Indicators	Audited Performance			Estimated Performance	MTEF Targets		
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26

Outcome 1: A fully functional OHSC

Output 1.1: Vacancies filled within four months of the vacancy existing

Output Indicator	Percentage of vacancies filled within four months of the vacancy existing	-	41.7% (10/24)	21.43% (3/14)	90%	91%	92%	93%
Output Indicator	Percentage vacancy rate per year	-	-	-	7%	6%	5%	5%

Output 1.2: Inspectors certified after completion of training

Output Indicator	Percentage of certified inspectors after successful completion of training	-	80% (49/61)	95.24% (40/42)	95%	95%	95%	95%
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1.1.1.2 Output Indicators: Annual and Quarterly Targets

Output Indicators		Reporting Period	Annual targets	Q1	Q2	Q3	Q4
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Output 1.1: Vacancies filled within four months of the vacancy existing

Output Indicator	Percentage of vacancies filled within four months of the vacancy existing	Quarterly	91%	75%	76%	85%	91%
Output Indicator	Percentage vacancy rate per year	Annually	6%	-	-	-	6%

Output 1.2: Inspectors certified after completion of training

Output Indicator 1.2.1	Percentage of certified inspectors after successful completion of training	Annually	95%	-	-	-	95%
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1.1.1.3 Explanation of Planned Performance Over the Medium-Term Period

In order for the OHSC to fulfill its mandate, it must be fully operational and staffed with individuals who have the necessary skills and knowledge to carry out their duties.

Certified inspectors will assist the OHSC in ensuring the quality standard of inspections being conducted. The outcomes contribute to ensuring that OHSC fulfils its mandate through the use of certified inspectors and it is also fully functional as an organisation in which posts are filled timeously and efficiently.

1.1.1.4 Programme Alignment to Imperatives

NDP 2030	NDOH/MTSF Outcomes	Presidential Health Summit Compact Pillars	OHSC Strategic Outcomes
GOAL 8:			
Universal health care coverage	Quality improvement in the provision of care	Augment Human resources for Health operation plan	A fully functional OHSC

1.1.2 Sub-programme: Information and Communication Technology (ICT)

Sub-programme Purpose

The purpose of the Information and Communication Technology (ICT) sub-programme is to provide and ensure infrastructure and systems are fully available for business to utilise effectively in achieving its operational objectives. The ICT programme undertakes long-term planning and provides day-to-day support across the OHSC in respect of ICT needs, services and systems. The main purpose of this ICT strategic plan is to guide the development and management of the ICT environment within the OHSC to contribute to effective service delivery and to meet a broad set of evolving organisational needs.

1.1.2.1 Outcomes, Outputs, Output Indicators and Targets

Output Indicators	Audited Performance			Estimated Performance	MTEF Targets		
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26

Outcome 1: A fully functional OHSC

Output 1.4: IT Service Availability

Output Indicator 1.4.1	Percentage of ICT availability for core OHSC services	-	99.84%	99.98%	95%	95%	95%	95%
Output Indicator 1.4.2	Percentage of ICT availability for OHSC support services	-	98.22%	99.96%	95%	95%	95%	95%

1.1.2.2 Output Indicators: Annual and Quarterly Targets

Output Indicators		Reporting Period	Annual targets	Q1	Q2	Q3	Q4
Output 1.4: IT Service Availability							
Output Indicator 1.4.1	Percentage of ICT availability for core OHSC services	Quarterly	95%	95%	95%	95%	95%
Output Indicator 1.4.2	Percentage of ICT availability for OHSC support services	Quarterly	95%	95%	95%	95%	95%

1.1.2.3 Explanation of Planned Performance Over the Medium-Term Period

The OHSC aims to expand its ICT efforts by:

- Strengthening the use of technology to improve service delivery.
- Ensuring that OHSC has proper functional equipment for staff to achieve their operational objectives.
- Monitoring and evaluation of IT systems monthly.
- Scheduled maintenance on IT infrastructure to ensure functionality of the system.
- Upgrade of system software.
- Future system enhancement to optimise performance (upgrade of technology and systems)

1.1.2.4 Programme Alignment to Imperatives

NDP 2030	NDOH/MTSF Outcomes	Presidential Health Summit Compact Pillars	OHSC Strategic Outcomes
GOAL 8:	GOAL 4:		
• Universal health care coverage	• Build Health infrastructure for effective service delivery.	• Efficient health management information system for improved decision making.	• Fully functional OHSC • Ensure that OHSC systems are functional. This allows for OHSC to contribute toward NDOH/MTSF and Presidential Health Summit objectives

1.1.3 Sub-programme: Communication and Stakeholder Relations

Sub-programme Purpose

To raise awareness on the role and powers of the OHSC and Health Ombud. The Communication and Stakeholder Relations sub-programme aims to facilitate delivery of the OHSC and Health Ombud's mandate through effective stakeholder engagement and developing partnerships that are mutually beneficial.

1.1.3.1 Sub-programme: Communication and Stakeholder Relations

Output Indicators	Audited Performance			Estimated Performance	MTEF Targets		
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26

Outcome 1: A fully functional OHSC

Output 1.5: Awareness about the role and powers of the OHSC is raised

Output Indicator 1.5.1	Number of community stakeholder engagements to raise public awareness on the role and powers of the OHSC and Health Ombud	-	6	32	12	12	12	12
Output Indicator 1.5.2	Number of private sector engagements to raise awareness on the role and powers of the OHSC and Health Ombud	-	3	9	8	8	8	8

1.1.3.2 Output Indicators: Annual and Quarterly Targets

Output Indicators	Reporting Period	Annual targets	Q1	Q2	Q3	Q4
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Output 1.5: Awareness about the role and powers of the OHSC is raised

Output Indicator 1.5.1	Number of community stakeholder engagements to raise public awareness on the role and powers of the OHSC and Health Ombud	Quarterly	12	3	3	3	3
Output Indicator 1.5.2	Number of private sector engagements to raise awareness on the role and powers of the OHSC and Health Ombud	Quarterly	8	2	2	2	2

1.1.3.3 Explanation of Planned Performance Over the Medium-Term Period

The OHSC aims to expand its communication efforts to the public and stakeholders – especially health establishments by:

- Utilising community radio stations to reach greater numbers of stakeholders including women more efficiently than is possible by face-to-face communication – and overcoming potential barriers posed by the COVID-19 pandemic.
- Building its programme of webinars to reach more stakeholders across all provinces.
- Collaborating with other regulators and organisations representing health establishments and health service users to share information across the country.
- Strengthening the use of digital media platforms to update stakeholders timeously of decisions taken by the OHSC.
- In addition, now that the inspection of health establishments is based on promulgated regulations, priority will be given to working with relevant programmes to publish reports on the process and outcomes of inspections, as required by legislation.

1.1.3.4 Programme Alignment to Imperatives

NDP 2030	NDOH/MTSF Outcomes	Presidential Health Summit Compact Pillars	OHSC Strategic Outcomes
GOAL 8:	GOAL 1:	PILLAR 4:	
Universal health care coverage	Increase Life Expectancy, improve health and Prevent Disease	Engage the private sector in improving the access, coverage, and quality of health services.	Fully functional OHSC: Community and private sector engagements to raise awareness of the role and powers of the OHSC and Ombud.

1.1.4 Sub-programme: Finance and Supply Chain Management

Sub-programme Purpose

The OHSC is a public entity with a regulatory mandate in the health sector, where accountability and transparency are of paramount importance.

It is crucial for the OHSC to demonstrate accountability by obtaining an unqualified audit in order to promote public trust in the OHSC and the way the OHSC conducts its affairs, both in financial governance and performance reporting.

1.1.4.1 Outcomes, Outputs, Output Indicators and Targets

Output Indicators	Audited Performance			Estimated Performance	MTEF Targets		
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26

Outcome 1: A fully functional OHSC

Output 1.6: Unqualified audit opinion achieved

Output Indicator	Unqualified audit opinion achieved by the OHSC	-	Unqualified audit	Unqualified audit	Unqualified audit	Unqualified audit	Unqualified audit	Unqualified audit
1.6.1								

1.1.4.2 Output Indicators: Annual and Quarterly Targets

Output Indicators		Reporting Period	Annual targets	Q1	Q2	Q3	Q4
Output 1.6: Unqualified audit opinion achieved							
Output Indicator 1.6.1	Unqualified audit opinion achieved by the OHSC	Annual	Unqualified audit	N/A	N/A	N/A	Unqualified audit

1.1.4.3 Explanation of Planned Performance Over the Medium-Term Period

The Finance and Supply Chain Management sub-programme ensures compliance with all relevant financial statutes and regulations. In order to ensure the achievement of an unqualified audit, the following will be implemented:

- Ensuring compliance with the relevant legislative prescripts
- Monitoring of implementation of audit recommendations
- Regular risk and fraud risk assessments

Policies and procedures are reviewed from time to time to ensure relevance and responsiveness to changing circumstances

1.1.4.4 Programme Alignment to Imperatives

NDP 2030	NDOH/MTSF Outcomes	Presidential Health Summit Compact Pillars	OHSC Strategic Outcomes
GOAL 8:	GOAL 2:	PILLAR 6:	
Universal health care coverage	Achieve UHC by implementing NHI Policy	Improve the efficiency of public sector financial management systems and processes	Fully functional OHSC: Unqualified audit opinion achieved by the OHSC.

1.1.5 Programme Resource Considerations

Overall Budget Allocation

Economic classification	Medium-term estimates				
	Audited outcomes 2021/22	2022/23	2023/24	2024/25	2025/26
CURRENT PAYMENTS	149,029,849	150,382,076	159,063,690	167,901,023	177,702,617
Compensation of employees	100,254,886	98,788,864	108,677,771	113,663,265	113,986,217
Goods and services of which:	48,774,963	51,593,212	50,385,919	54,237,759	63,716,400
Board fees and related costs	1,082,252	1,344,579	1,407,774	1,472,532	1,740,268
Travel, subsistence and accommodation	9,750,268	19,344,331	15,723,288	16,923,747	19,659,945
Training and development	1,040,566	987,889	1,086,778	1,136,633	1,139,862
Venues and facilities	3,500	391,488	409,888	428,743	548,465
Catering services	52,871	47,968	166,287	173,936	291,937
Consulting and professional services	1,728,462	1,858,861	1,307,740	1,368,198	1,931,135
Inventory and consumables	1,154,175	857,667	507,573	531,276	665,714
Advertising	535,576	260,261	560,748	586,543	613,524
Relocation expenses	74,130	62,851	77,614	77,539	77,539
Printing and stationery	573,128	300,000	600,065	627,667	827,667
Bank charges	91,535	82,203	151,067	158,016	165,284
Insurance	197,374	350,000	253,739	292,287	299,670
Water, electricity, rates and taxes	3,028,101	3,600,066	3,404,284	3,560,568	3,797,044
Cleaning services	700,951	648,407	648,407	677,472	807,256
Communication costs (telephone and data)	1,996,457	932,754	1,476,594	1,544,517	1,715,565
Lease payments	11,498,162	13,411,243	13,422,439	14,117,658	15,290,469
Depreciation and amortisation	6,893,014	-	-	-	-
Audit costs	1,382,434	1,421,240	1,491,362	1,562,317	1,634,184
IT maintenance and support	3,611,966	1,236,000	2,671,933	3,748,526	3,959,625
Legal fees	908,990	1,374,136	1,453,594	1,520,859	1,990,819
Motor Vehicle expenses	131,425	112,568	117,825	123,245	159,096
Loss on asset theft	23,130	-	-	-	-
Postage and couriers	17,883	9,000	18,724	19,585	30,486
Subscription	10,748	188,512	220,908	231,070	261,699
Repairs and maintenance	884,717	586,481	926,299	968,909	1,113,478
Security services	865,105	984,708	1,030,989	1,078,415	1,228,022
Publications and marketing	538,044	1,200,000	1,250,000	1,307,500	3,767,645
PAYMENTS FOR CAPITAL ASSETS	3,143,624	7,126,924	3,662,310	3,697,976	4,046,383
Other machinery and equipments	32,058	300,000	50,000	50,000	50,000
Office furniture	16,205	50,000	100,000	100,000	100,000
Software and intangible assets	1,456,458	6,276,924	2,988,810	3,000,395	3,064,813
Computer equipment	1,638,903	500,000	523,500	547,581	831,570
TOTAL	152,173,473	157,509,000	162,726,000	171,599,000	181,749,000

The OHSC has compiled the MTEF budget in accordance with the indicative MTEF budget allocations as provided by the National Treasury.

The budget which the OHSC had compiled for the MTEF period exceeded the budget allocations from the National Treasury. However, the OHSC had to constrain the actual budget to the National Treasury allocation in accordance with the requirements of the PFMA, that public entities are not allowed to budget for a deficit without the approval of the National Treasury.

The budget which the OHSC had compiled over the MTEF period was as follows: 2023/24 - R201 million; 2024/25 - R207 million; and 2025/26 - R210 million.

Amongst others, this budget was meant to cover the following critical areas:

- Increase the staff compliment in the Complaints Investigation unit to enable speedy investigation, resolution, and disposal of complaints.
- Increase the staff compliment of the Compliance Inspectorate unit to enable increased inspection coverage in anticipation of NHI. This included decentralisation of some activities of the OHSC by establishing two pilot sites in two Provinces for purposes of conducting inspections.
- Increase in staff in the Health Standards Design, Analysis and Support division to assist in the development of inspection tools which are crucial in the inspection process.
- Increase the staff in the Certification and Enforcement unit, noting that certification by the OHSC will be a mandatory aspect for participation on the NHI fund.

Programme 1: Administration

Economic Classification	Audited outcomes		Medium-term estimates		
	2021/22	2022/23	2023/24	2024/25	2025/26
CURRENT PAYMENTS	65,481,209	57,553,081	65,613,840	69,673,749	75,555,457
Compensation of employees	27,054,795	27,189,350	31,699,148	33,142,081	33,237,333
Goods and services of which:	38,426,414	30,363,731	33,914,692	36,531,668	42,318,124
Board fees and related costs	1,082,252	1,344,579	1,407,774	1,472,532	1,740,268
Travel, subsistence and accommodation	95,084	690,865	652,372	682,381	713,771
Training and development	1,040,566	987,889	1,086,778	1,136,633	1,139,862
Venues and facilities	3,500	191,488	200,488	209,711	219,358
Catering services	40,334	16,563	143,960	150,582	157,509
Consulting and professional services	1,334,669	538,075	547,635	573,128	699,492
Inventory and consumables	1,150,566	848,258	497,722	520,971	544,936
Advertising	535,576	260,261	560,748	586,543	613,524
Relocation expenses	74,130	62,851	77,614	77,539	77,539
Printing and stationery	573,128	300,000	600,065	627,667	827,667
Bank charges	91,535	82,203	151,067	158,016	165,284
Insurance	197,374	350,000	253,739	292,287	299,670
Water, electricity, rates and taxes	3,028,101	3,600,066	3,404,284	3,560,568	3,797,044
Cleaning services	700,951	648,407	648,407	677,472	807,256
Communication costs (telephone and data)	1,996,457	932,754	1,476,594	1,544,517	1,715,565
Lease payments	11,498,162	13,411,243	13,422,439	14,117,658	15,290,469
Depreciation and amortisation	6,893,014	-	-	-	-
Audit costs	1,382,434	1,421,240	1,491,362	1,562,317	1,634,184
IT maintenance and support	3,611,966	1,236,000	2,671,933	3,748,526	3,959,625
Legal fees	625,565	359,721	1,054,966	1,103,895	1,354,674
Motor Vehicle expenses	131,425	112,568	117,825	123,245	159,096
Loss on asset theft	23,130	-	-	-	-
Postage and couriers	17,883	9,000	18,724	19,585	30,486
Subscription	10,748	188,512	220,908	231,070	261,699
Repairs and maintenance	884,717	586,481	926,299	968,909	1,113,478
Security services	865,105	984,708	1,030,989	1,078,415	1,228,022
Publications and marketing	538,044	1,200,000	1,250,000	1,307,500	3,767,645
PAYMENTS FOR CAPITAL ASSETS	3,143,624	7,126,924	3,662,310	3,697,976	4,046,383
Other machinery and equipments	32,058	300,000	50,000	50,000	50,000
Office furniture	16,205	50,000	100,000	100,000	100,000
Software and intangible assets	1,456,458	6,276,924	2,988,810	3,000,395	3,064,813
Computer equipment	1,638,903	500,000	523,500	547,581	831,570
TOTAL	68,624,833	64,680,005	69,276,150	73,371,725	79,601,840

The Administration Programme comprises the Office of the CEO, Corporate Services, Governance, Monitoring and Evaluation, Board Secretariat, as well as Communication and Stakeholder Relations. The programme provides 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 information systems which will support all functions of the OHSC, including the lease of office space, as well as Board and related costs to enable adequate corporate governance and oversight.

Other support functions include audit costs, training and development, telephone and data costs, as well as information technology maintenance and support.

Provision has also been made for activities to raise stakeholder awareness of the OHSC and its operations.

1.2 Programme 2: Compliance Inspectorate

Programme Purpose

To manage the inspection of health establishments in order to assess compliance with the national health system norms and standards regulations, as prescribed by the Minister.

1.2.1 Outcomes, Outputs, Output Indicators and Targets

Output Indicators	Audited Performance			Estimated Performance	MTEF Targets		
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26

Outcome 2: Compliance with norms and standards is effectively monitored

Output 2.1: Health establishments are inspected for compliance with the norms and standards

Output Indicator 2.1.1	Percentage of public health establishments inspected for compliance with the norms and standards	16.95% (647/ 3 816)	10.14% (387/ 3 816)	14.54% (544/ 3 741)	21% (788/ 3 741)	18.4% (689/ 3 741)	18.4% (689/ 3 741)	18.4% (689/ 3 741)
Output Indicator 2.1.2	Percentage of private health establishments inspected for compliance with the norms and standards	-	0% (0/431)	N/A	12% (52/431)	19% (100/526)	21% (110/526)	21% (110/526)

Output 2.2: Additional inspection is conducted in health establishments where non-compliance was identified

Output Indicator 1.2.1	Percentage of additional inspection (re-inspection) conducted in public and private health establishments that have completed the regulated reporting period where non-compliance was identified	-	0%	99.5% (181/ 182)	100%	100%	100%	100%
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Output 2.3: Regulated inspection reports are published

Output Indicator 2.3.1	Number of reports of inspections conducted with the names and location of the health establishments every six months published	-	1	2	2	2	2	2
Output Indicator 2.3.1	Number of annual reports that set out the compliance status of all health establishments and summarises the number and nature of the compliance notices issued published	-	0	1	1	1	1	1

1.2.2 Output Indicators: Annual and Quarterly Targets

Output Indicators		Reporting Period	Annual targets	Q1	Q2	Q3	Q4
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Output 2.1: Health establishments are inspected for compliance with the norms and standards

Output Indicator 2.1.1	Percentage of public health establishments inspected for compliance with the norms and standards	Quarterly	18.4% (689/3 741)	4,62% (173/3 741)	4,60% (172/3 741)	4,60% (172/3 741)	4,60% (172/3 741)
Output Indicator 2.1.2	Percentage of private health establishments inspected for compliance with the norms and standards	Quarterly	19% (100/526)	4,75% (25/526)	4,75% (25/526)	4,75% (25/526)	4,75% (25/526)

Output 2.2: Additional inspection is conducted in health establishments where non-compliance was identified

Output Indicator 2.2.1	Percentage of additional inspection (re-inspection) conducted in public and private health establishments that have completed the regulated reporting period where non-compliance was identified	Quarterly	100%	100% Q4	100% Q1	100% Q2	100% Q3
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Output 2.3: Regulated inspection reports are published

Output Indicator 2.3.1	Number of reports of inspections conducted with the names and location of the health establishments every six months published	Bi-Annual	2	-	1	-	1
Output Indicator 2.3.2	Number of annual reports that set out the compliance status of all health establishments and summarises the number and nature of the compliance notices issued published	Annual	1	-	-	-	1

1.2.3 Explanation of Planned Performance Over the Medium-Term Period

The most critical input is the appointment of additional inspection teams to increase coverage of all types of institutions over time. In order to ensure effective functioning of the inspection teams in terms of onsite inspections, there is a critical need for tools of trade, travel costs, as well as accommodation. Inspection coverage should be 100% in remaining 3 years. There will also be a need to conduct additional inspections in cases where the health facilities are not compliant. In addition, the early warning system may trigger that a risk-based inspection be conducted.

Assumptions for planned performance over the medium-term period:

- Quality Learning Centres (QLCs) project with National Department of Health (NDoH)
- Reconsideration of budget priorities
- No major disruptions (COVID-19, unrests, staff turnover, etc.)
- Alternative staffing solutions-Extension of the PAIs contract by 12 months.

1.2.4 Programme Alignment to Imperatives

NDP 2030	NDOH/MTSF Outcomes	Presidential Health Summit Compact Pillars	OHSC Strategic Outcomes
GOAL 8:			
• Universal health care coverage	• Quality improvement in the provision of care	• Augment Human resources for health operational plan	• Compliance with norms and standards is effectively monitored

1.2.5 Programme Resource Considerations

Economic classification	Medium-term estimates				
	Audited outcomes 2021/22	2022/23	2023/24	2024/25	2025/26
CURRENT PAYMENTS	50,882,843	58,469,205	57,726,413	60,882,950	63,450,649
Compensation of employees	41,435,192	40,804,570	43,465,719	45,486,696	45,666,082
Goods and services of which:	9,447,650	17,664,635	14,260,694	15,396,254	17,784,567
Travel, subsistence and accommodation	9,438,733	17,652,744	14,248,244	15,383,231	17,750,945
Catering services	8,589	6,325	6,622	6,927	17,245
Inventory and consumables	328	5,566	5,828	6,096	16,377
TOTAL	50,882,843	58,469,205	57,726,413	60,882,950	63,450,649

The Compliance Inspectorate is the largest programme of the OHSC and requires adequate funding to achieve its performance targets for the inspection of health establishments.

The mandate of the OHSC, coupled with the critical role in the implementation of the NHI requires that the current number of inspectors be increased.

The biggest proportion of the unit's budget is allocated towards compensation of employees to ensure that there are enough inspectors and support staff to enable the OHSC to conduct the legislated inspections required to enhance and enforce compliance with the promulgated norms and standards. The remainder of the budget goes towards the actual cost of inspections, which includes travel, subsistence, and accommodation.

1.3 Programme 3: Complaints Management and Office of the Ombud

Programme Purpose:

The purpose of this programme is to consider, investigate and dispose of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair, economical, and expeditious manner

Sub-programme Purpose

Sub-programmes: The Complaints Management Programme comprises three distinct but inter-related programmes:

- Complaints Call Centre (CCC) – call centre operators are employed by OHSC to receive complaints from the public through calls, email, and written letters. They register, record, and screen all complaints received and signpost to the health establishment or refer to the Complaints Assessment Unit for further handling. All low-risk complaints are addressed at the level of the call centre.
- Complaints Assessment Unit (CAU) – All complaints that receive a medium high and extreme risk rating are referred to the Complaints Assessment Unit (CAU). Assessors are employed by OHSC to analyse and assess medium high and extreme risk rated complaints. Cases that are assessed and report generated within 15 working days of laying of the complaint, following the receipt of submissions from the Complainants and Health Establishments. Cases that are assessed as high and extreme risk rated are further escalated to the Investigation Unit to be investigated, upon completion of the screening process.
- Complaints Investigation Unit (CIU) – All complaints that receive a high and extreme risk rating are referred to the Complaints Investigation Unit. Investigators are employed to investigate high and extreme risk rated complaints.

1.3.1 Outcomes, Outputs, Output Indicators and Targets

Output Indicators	Audited Performance			Estimated Performance	MTEF Targets		
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26

Outcome 3: Improved quality of health care services rendered to the users in the Health Establishments

Output 3.1: Low risk complaints resolved within twenty-five working days of lodgement in the call centre

Output Indicator 3.1.1	Percentage of low-risk complaints resolved within twenty-five working days of lodgement in the call centre	-	91.81% (2 108/2 296)	83.09% (2 756/3 317)	80%	85%	90%	90%
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Output 3.2: User complaints resolved within 30 working days through assessment after receipt of a response from the complainant and/or the health establishment

Output Indicator 3.2.1	Percentage of user complaints resolved through assessment within 30 working days of receipt of a response from the complainant and/or the health establishment	7.3% (9/24)	2.46% (5/203)	26.71% (39 /146)	65%	70%	75%	75%
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Output 3.3: Complaints resolved within 6 months through investigation

Output Indicator 3.3.1	Percentage of complaints resolved within 6 months through investigation	10% (2/20)	11.11% (1/9)	4.43% (7/158)	15%	20%	40%	40%
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Output 3.4: Complaints resolved within 24 months through investigation

Output Indicator 3.4.1	Percentage of complaints resolved within 24 months through investigation	-	-	-	-	5%	8%	10%
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Output 3.5: Complaints older than 24 months resolved

Output Indicator 3.5.1	Percentage of backlog complaints older than 24 months resolved through investigation	-	-	-	-	2%	2%	2%
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1.3.2 Output Indicators: Annual and Quarterly Targets

Output Indicators		Reporting Period	Annual targets	Q1	Q2	Q3	Q4
Output 3.1: Low risk complaints resolved within twenty-five working days of lodgement in the call centre							
Output Indicator 3.1.1	Percentage of low-risk complaints resolved within twenty-five working days of lodgement in the call centre	Quarterly	85%	65%	70%	80%	85%
Output 3.2: User complaints resolved within 30 working days through assessment after receipt of a response from the complainant and/or the health establishment							
Output Indicator 3.2.1	Percentage of user complaints resolved through assessment within 30 working days of receipt of a response from the complainant and/or the health establishment	Quarterly	70%	45%	55%	65%	70%
Output 3.3: Complaints resolved within 6 months through investigation							
Output Indicator 3.3.1	Percentage of complaints resolved within 6 months through investigation	Quarterly	20%	5%	10%	15%	20%
Output 3.4: Complaints resolved within 24 months through investigation							
Output Indicator 3.4.1	Percentage of complaints resolved within 24 months through investigation	Quarterly	5%	1.25%	2.5%	3.75%	5%
Output 3.4: Complaints older than 24 months resolved							
Output Indicator 3.4.1	Percentage of backlog complaints older than 24 months resolved through investigation	Quarterly	2%	0.5%	1%	1.5%	2%

1.3.3 Explanation of Planned Performance Over the Medium-Term Period

The effective and efficient consideration of complaints by the Complaints Management and Office of the Health Ombud (OHO) will support strengthening of the health system, improve safe and quality healthcare as well as reduce the high burden of medico-legal claims against the national health system.

There will be effective health services for users as the basis for an equitable healthcare delivery platform, who will receive timely responses to their complaints.

Quality of healthcare services will be improved for the users of health services.

Secondment of staff to the Office of the Health Ombud by the OHSC will limit dual reporting and handling of complaints by the relevant authority as guided by NHA and related regulations.

The capacitation of the Complaints Management programme, in terms of staff and / training will add value towards the achievement of the programme outputs and other related projects.

An additional indicators (3.4.1 and 3.5.1) has been added, following a board resolution on 26 January 2023, to ensure that outputs of the Complaints Investigation Unit are captured accurately.

1.3.4 Programme Alignment to Imperatives

NDP 2030	NDOH/MTSF Outcomes	Presidential Health Summit Compact Pillars	OHSC Strategic Outcomes
GOAL 8:	GOAL 2:	PILLAR 4:	
Universal health care coverage	Achieve UHC by implementing NHI	Engage the private sector in improving the access, coverage, and quality of health service; and	Improved quality of health care services rendered to the users in the Health Establishments
	GOAL 3:	PILLAR 6:	
	Quality improvement in the Provision of care	Improve the efficiency of public section financial management systems and processes.	
		PILLAR 1:	
		Augment Human Resources Health Operational Plan	
		PILLAR 2:	
		Ensure improved access to essential medicines, vaccines, and medical products through better management of supply chain equipment and machinery.	

1.3.5 Programme Resource Considerations

Economic classification	Medium-term estimates				
	Audited outcomes 2020/21	2022/23	2023/24	2024/25	2025/26
CURRENT PAYMENTS	19,763,046	20,890,411	21,403,802	22,378,216	22,957,228
Compensation of employees	19,019,525	18,953,578	20,394,351	21,322,331	21,352,772
Goods and services of which:	743,520	1,936,833	1,009,450	1,055,885	1,604,456
Travel, subsistence and accommodation	195,988	552,110	205,199	214,638	324,512
Catering services	2,981	-	-	-	-
Agency and support outsourced	185,605	330,880	346,432	362,367	479,036
Legal fees	283,426	900,000	296,747	310,397	424,675
Consulting and professional services	72,725	150,000	157,050	164,274	271,831
Inventory and consumables	2,796	3,842	4,023	4,208	104,402
TOTAL	19,763,046	20,890,411	21,403,802	22,378,216	22,957,228

Over the past few years, there has been steady increase in the number of complaints received by the OHSC. The increase in the volume of complaints requires an addition of human resource capacity to enable timeous investigation, resolution, and disposal of complaints. Currently, the programme is inadequately resourced in terms of human resources, which, in some instances, contributes to delayed resolution of complex complaints.

The total budget in the programme has stayed virtually the same as in the prior year due to financial resource constraints. This does not adequately cater for the investigation of an increasing number of high risk and extreme-risk complaints received from the users of health care services.

Provision has also been made for the functioning of the Complaints Call Centre, as well as legal fees.

1.4 Programme 4: Health Standards Design, Analysis and Support (HSDAS)

Programme Purpose:

To provide high level technical analytical support to the functions of the Office through research and health system analysis; development of data collection tools, provide training in the use of the tools and in-depth analysis and interpretation of data collected, and the establishment of stakeholder networks for capacity building and co-creation of information management systems.

- Design and develop health norms and standards.
- Monitor and analyse health establishment data
- Manage research,
- Provide guidance to the relevant authorities on the implementation of the health norms and standards regulations
- Provide ongoing training to inspectors
- Establish communication networks with stakeholders.

1.4.1 Outcomes, Outputs, Output Indicators and Targets

Output Indicators	Audited Performance			Estimated Performance	MTEF Targets		
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26

Outcome 4: Facilitate achievement of compliance with the norms and standards regulations for different categories of health establishments

Output 4.1: Implementation of recommended improvements by relevant authorities in the healthcare authorities

Output Indicator	4.1.1	Number of recommendations reports for improvement in the healthcare sector made to relevant authorities	-	3	3	3	3	3	3
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Output 4.2: Improved implementation of the norms and standards

Output Indicator	4.2.1	Number of guidance workshops conducted to facilitate implementation of the norms and standards regulations	15	18	26	24	24	24	24
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1.4.2 Output Indicators: Annual and Quarterly Targets

Output Indicators		Reporting Period	Annual targets	Q1	Q2	Q3	Q4
Output 4.1: Implementation of recommended improvements by relevant authorities in the healthcare authorities							
Output Indicator 4.1.1	Number of recommendations reports for improvement in the healthcare sector made to relevant authorities	Annual	3	-	-	-	3
Output 4.2: Improved implementation of the norms and standards							
Output Indicator 4.2.1	Number of guidance workshops conducted to facilitate implementation of the norms and standards regulations	Quarterly	24	4	6	8	6

1.4.3 Explanation of Planned Performance Over the Medium-Term Period

The OHSC is required by law to inspect and certify health establishments as compliant with the norms and standards regulations. The inspection and certification processes are directly aligned to three (3) of the five (5) OHSC outcomes.

In view of the above outcomes, it is worth emphasising that the compliance inspection process for different categories of health establishments is dependent on the following:

- (1) The development and availability of approved inspection tools;
- (2) Training of inspectors on the use of the inspection tools;
- (3) The guidance and support training provided to the relevant health authorities and stakeholders on the intention of the norms and standards regulations, methods of collecting data and tools to be used.

In this regard, development of primary health care (PHC) clinics, community health centres (CHCs), the district, regional, and private acute hospital tools have been finalised, approved, and being implemented. We also envisage that inspection tools for provincial tertiary and central hospitals would be finalised soon. Guidance and support training workshops will continue for the different categories of health establishments. The draft 3 version inspection tool of the General Practice (GP) has been finalised and the national consultative workshops with the wider General Practitioner community commenced in the fourth quarter of 2022/23 financial year.

Recommendations reports for improvement of health establishments in relation to compliance with norms and standards regulations, Annual returns, Early Warning System, and norms and standards for the health system to be considered for promulgation by the Minister of health is ongoing.

The programme outputs in terms of development of inspection tools is an ongoing process and progress is being made for the outstanding categories of health establishments. The guidance and support workshops are being rolled out to all relevant health authorities and stakeholders to provide the requisite guidance on compliance with norms and standards regulations. In-depth and relevant analysis of data from the annual returns, the early warning system, complaints management system, compliance inspections, and evidence-based practices through research would enable production of recommendation reports for norms and standards to be promulgated for the national health system as well as for improvement by health establishments on compliance with norms and standards regulations.

1.4.4 Programme Alignment to Imperatives

NDP 2030	NDOH/MTSF Outcomes	Presidential Health Summit Compact Pillars	OHSC Strategic Outcomes
GOAL 8:	GOAL 2:	PILLAR 5:	
Universal health care coverage	Achieve UHC by Implement NHI	Improve the quality, safety, and quantity of health services provided with a focus on primary health care	Facilitate achievement of compliance with the norms and standards regulations for different categories of health establishments.

GOAL 3:

- Quality improvement in the Provision of care

PILLAR 5:

- Improve the quality, safety, and quantity of health services provided with a focus on primary health care
- Facilitate achievement of compliance with the norms and standards regulations for different categories of health establishments.

1.4.5 Programme Resource Considerations

Economic classification	Audited outcomes 2021/22	Medium-term estimates			
		2022/23	2023/24	2024/25	2025/26
CURRENT PAYMENTS	10,632,379	10,971,686	11,519,376	12,036,850	12,383,005
Compensation of employees	10,489,428	9,743,721	10,667,218	11,145,492	11,150,646
Goods and services of which:	142,951	1,227,965	852,158	891,357	1,232,360
Travel, subsistence and accommodation	6,035	287,420	500,929	523,972	648,074
Venues and facilities	-	200,000	209,400	219,032	329,108
Inventory and consumables	486	-	-	-	-
Catering services	967	10,080	-	-	-
Consulting and professional services	135,462	730,465	141,829	148,353	255,178
TOTAL	10,632,379	10,971,686	11,519,376	12,036,850	12,383,005

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 programme is responsible for the development of standards and tools, tracking and analysis of health establishment data, provision of guidance, support to health establishments and making recommendations to relevant authorities for implementation in the health system.

The budget caters for the remuneration of employees in the programme; additional work in terms of guidance, support and research at both national and provincial levels; additional external technical expertise and input in the development of inspection tools for the norms and standards.

1.5 Programme 5: Certification and Enforcement

Programme Purpose:

The purpose of Certification and Enforcement is to certify compliant health establishments and take enforcement action against non-compliant health establishments.

The programme is also responsible to publish information relating to certificates of compliance issued and enforcement actions taken against health establishments, this includes convening of *ad hoc* hearing tribunals for the purposes of enforcing compliance.

1.5.1 Outcomes, Outputs, Output Indicators and Targets

Output Indicators	Audited Performance			Estimated Performance	MTEF Targets		
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26

Outcome 5: Compliance with norms and standards increased

Output 5.1: Compliant health establishments are issued with a certificate of compliance

Output Indicator 5.1.1	Percentage of health establishments issued with a certificate of compliance within 15 days from the date of the final inspection report and a recommendation by an Inspector	-	100% (33/33)	85.19% (161/189)	100%	100%	100%	100%
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Output 5.2: Enforcement action is taken against non-compliant health establishments

Output Indicator 5.2.1	Percentage of health establishments against which enforcement action has been initiated within 10 days from the date of the final inspection report and a recommendation by an Inspector	-	0%	0% (0/23)	100%	100%	100%	100%
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Output 5.3: Health establishment compliance status reports are published

Output Indicator 5.3.1	Number of bi-annual reports developed for publication on the OHSC website	-	1	2	2	2	2	2
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1.5.2 Output Indicators: Annual and Quarterly Targets

Output Indicators		Reporting Period	Annual targets	Q1	Q2	Q3	Q4
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Output 5.1: Compliant health establishments are issued with a certificate of compliance

Output Indicator 5.1.1	Percentage of health establishments issued with a certificate of compliance within 15 days from the date of the final inspection report and a recommendation by an Inspector	Bi-Annual	100%	-	100%	-	100%
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Output 5.2: Enforcement action is taken against non-compliant health establishments

Output Indicator 5.2.1	Percentage of health establishments against which enforcement action has been initiated within 10 days from the date of the final inspection report and a recommendation by an Inspector	Bi-Annual	100%	-	100%	-	100%
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Output 5.3: Health establishment compliance status reports are published

Output Indicator 5.3.1	Number of bi-annual reports developed for publication on the OHSC website	Bi-Annual	2	-	1	-	1
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1.5.3 Explanation of Planned Performance Over the Medium-Term Period

The contribution of its outputs to achieving the intended outcomes and impact in the Strategic Plan and the institution's mandate including, where applicable, priorities in relation to women, youth and people with disabilities.

The OHSC is required by law to inspect and certify health establishments as compliant with the norms and standards. Furthermore, the certificate of compliance issued by the OHSC is a pre-requisite for health establishments to apply for and be accredited to participate in the NHI fund. Certification is also a way of encouraging health establishments to work hard in order to achieve compliance

1.5.4 Programme Alignment to Imperatives

NDP 2030	NDOH/MTSF Outcomes	Presidential Health Summit Compact Pillars	OHSC Strategic Outcomes
GOAL 8:	GOAL 2:	PILLAR 5:	
Universal health care coverage	Achieve Universal Health Coverage by implementing NHI Policy	Improve the quality and safety	Compliance with norms and standards increased – health establishments certified for compliance with the norms and standards
	GOAL 3:	PILLAR 5:	
	Quality Improvement in the provision of care	Improve the quality and safety	

1.5.5 Programme Resource Considerations

Economic classification	Medium-term estimates				
	Audited outcomes 2021/22	2022/23	2023/24	2024/25	2025/26
CURRENT PAYMENTS	2,270,373	2,497,693	2,800,260	2,929,258	3,356,277
Compensation of employees	2,255,945	2,097,645	2,451,335	2,566,664	2,579,384
Goods and services of which:	14,428	400,048	348,925	362,595	776,893
Travel, subsistence and accommodation	14,428	161,192	116,544	119,525	222,642
Catering services	-	15,000	15,705	16,427	117,183
Consulting and professional services	-	109,442	114,794	120,075	225,598
Legal Fees	-	114,415	101,881	106,568	211,470
TOTAL	2,270,373	2,497,693	2,800,260	2,929,258	3,356,277

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 (NHI).

There is minimal budget and human resource allocation which may negatively impact on the OHSC's achievement of its certification and enforcement mandate. The function of this Programme is largely dependent on the work of inspections and/or the inspection outcomes. The volume of inspection coverage and the anticipated additional norms and standards to be developed and monitored automatically impact on the workload within this Programme

Risk No	Outcome	Key Risk	Risk Mitigation
1	Outcome 3	Delays in the resolution of complaints	1. Motivate for additional funding in relation to sourcing additional human capital - Implement the revised organisational structure 2. Review and amendment of the relevant legislation - Health Ombud bill. Funding aspect to establish a regulatory unit 3. Continue engagements with relevant stakeholders to ensure that reports are obtained on time. 4. Implement joint investigation with other stakeholders. Relevant councils to assist on cases out of OHSC scope
2	Outcome 2 and 4	Limited set of norms and standards for different types of HEs	1. Continued engagements with the Minister. 2. Ongoing communication to the NDoH by means of recommendation reports. 3. Advocacy for the amendment of Chapter 10 in the National Health Act
3	Outcome 2 and 4	Weaknesses in the organisational culture	1. Develop and implement a change strategy for the organisation. 2. Encourage inter-unit collaborations. 3. Design feedback mechanism (i.e. suggestion box) from OHSC employees on a quarterly basis. 4. Develop action plan for implementing outputs of employee perception and/or satisfaction surveys conducted. 5. Conduct team building initiatives. 6. Review of organisational performance management 7. Implement incentive-based system for recognition
4	Outcome 2, 3, and 4	Litigation against the OHSC	1. Ensure compliance with the relevant inspection and certification frameworks. 2. Continuous training of inspectors. 3. Regular review of OHSC regulatory framework. 4. Conduct internal audits and implementing recommendations thereof. 5. Establish the compliance function. 6. Advocate for the resourcing of the legal function. 7. Establishment of legal services as a support function
5	All outcomes	Business Continuity risk	1. Finalise IT Disaster recovery plan (DRP) 2. Finalise a Business Continuity Plan (BCP) 3. Testing of recovery plans

Risk No	Outcome	Key Risk	Risk Mitigation	CONTINUED
6	All outcomes	Insufficient human resource capacity and skills-mix	1. Review the remuneration strategy. 2. Source donor assistance. 3. Reprioritisation of existing funds. 4. Implementation of the revised organisational structure. 5. Enhancement of existing HR policies encompassing succession planning, talent retention, etc.	
7	All outcomes	Inadequate funding for OHSC operations	1. Develop and obtain approval for a revenue generation model. (To include charging for services rendered). 2. Source for donor funding. 3. Motivate for additional funding from the National Treasury. 4. Finalised draft regulations for revenue generation model	
8	All outcomes	Limited understanding and clarity on independence and mandate of OHSC by key stakeholders	1. Enter into new MoUs with other relevant entities and regulators. 2. Continuous implementation and monitoring of the Communication and Stakeholder Relations Strategy, stakeholder map and protocol of engagement. 3. Conduct a perception survey to test the effectiveness of the communication strategy. 4. Publish and release OHSC work in relevant publications within reasonable timeframes. 5. Increase visibility by engaging with stakeholders on an ongoing basis 6. Improve social media presence	
9	All outcomes	Non-compliance with applicable regulatory requirements (core business and administrative processes)	1. Implement consequence management for instances of non-compliance. 2. Establishing and resourcing of an independent compliance function. 3. Induction and re-orientation of existing policies, procedures, and frameworks.	
10	All outcomes	Fraud and Corruption	1. Induction and re-orientation of existing policies, procedures and frameworks. 2. Conduct Ethics awareness workshop for OHSC employees. (To include training on the code of conduct) 3. Establish a board social and ethics committee.	
11	All outcomes	Low level of certification	1. Continuous training on OHSC processes and inspection tools. 2. Take enforcement actions for non-compliance with the norms and standards. 3. Communicate inspection findings to the relevant authorities for intervention	

Outcome 01:
Outcome 02:
Outcome 03:
Outcome 04:
Outcome 05:

A fully functional OHSC
Compliance with norms and standards is effectively monitored.
Improved quality of health care services rendered to the users in the Health Establishments.
Facilitate achievement of compliance with the norms and standards regulations for different categories of health establishments.
Compliance with norms and standards increased.

12. Materiality and Significance Framework for the Financial Year 2023/24

12.1 Background

- a. The OHSC was established in terms of the National Health Act, 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 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

- a. 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%

- b. 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.
- c. 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.
- d. For purposes of determining the rand values of the identified elements, the audited annual financial statements of OHSC for the year ended 31 March 2022 were applied as follows:

Element	% range to be applied against the rand value	Amount per audited financial statements (2021/22)	Significance amount
Total revenue	1%	R160,074,372	1,600,743

12.4 Review

- a. 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.
- b. 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.
- c. 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.
- d. 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.
- e. However, more frequent review of the framework may be necessary if major changes in the operating environment occur during the year.

PUBLIC ENTITIES

3

Name of public entity	Mandate	Key Outputs	Current annual budget (R thousands)
Not Applicable			

INFRASTRUCTURE PROJECTS

4

No.	Project name	Programme	Description	Start date	Completion date	Total estimated cost	Current year expenditure
Not Applicable							

PUBLIC-PRIVATE PARTNERSHIPS (PPPs)

5

PPP name	Purpose	Outputs	Current value of agreement	End-date of agreement
Not Applicable				



D

PART

TECHNICAL INDICATOR DESCRIPTIONS (TIDs)

Programme 1: Administration

Sub-programme: Human Resource Management

Output Indicator Title 1.1.1	Percentage of vacancies filled within four months of the vacancy existing
Definition	Vacancies should be filled within four months of existence.
Source of data	List of vacant and funded posts including appointment letters. The list to include the date of post existing and the date post was filled.
Method of calculation	$\frac{\text{Number of vacancies filled within four months (of becoming vacant) within that particular quarter}}{\text{Number of vacancies filled within that particular quarter}} \times 100$
Means of verification	Copy of a list of vacant and funded posts including appointment letters. The list to include the date of post existing and the date post was filled.
Assumptions	- Line managers and HR unit available and co-operating with each during the recruitment process - Suitable candidates found in first round of recruitment and no readvertisement of posts will be desired - Line managers will always be available for shortlisting and interviews - There won't be a need for headhunting process desired for any posts and that all first round of recruitment processes will always be successful - There will always be vacancies - Successful candidates will always accept our offer of employment - Post of the Chief Executive Officer is excluded. The position of CEO is outside the control of the OHSC as the appointment of this position is carried out with the concurrence of the Executive Authority - Recruitment process for each post could be finalised in a short space of time - All offers of employment will be accepted and this has since proved not to be the case at all times - Recruitment process will at all times yield the desired results and there will be no need to restart the process, which has since proved not to be the case at all times - Recruitment will be confined to existing posts that have already been evaluated therefore ignoring other process that had to be held before recruitment. The vacancy will only be regarded as becoming vacant from the date on which the job evaluation outcome is received - The strategic plan and annual performance plan, confine HR to report only vacant and funded posts. This has proved to pose difficulties as there have been extensive recruitment processes which led to numerous posts being filled on a contract basis and the amount of time HR spends in filling such posts is not taken into account in the performance measures - Limited funding- this affects the filling of posts as only a limited (40%) number of posts are funded – (129/323) for the current financial year - The situation forces the organisation to resort to short time solutions by filling some posts on short term contracts funded from surplus funds. This means that the shortage of staff will reach an unmanageable proportion the day surplus funds are no longer available for the organisation - Historical/ vacancies not filled within four months will only be accounted for in the quarter in which they are filled
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative Year-End
Reporting cycle	Quarterly
Desired performance	90%- of vacant and funded posts filled within four months of vacancy existing.
Indicator responsibility	Director: Human Resources

Output Indicator Tittle 1.1.2	Percentage vacancy rate per year
Definition	This is the level at which the Human Resources Unit aims to maintain vacancy rate at all times.
Source of data	Register of approved funded posts (1 April to 31 March).
Method of calculation	$\frac{\text{Total number of funded vacant posts}}{\text{Total number of approved funded posts}} \times 100$
Means of verification	Register of approved funded posts (1 April to 31 March)
Assumptions	- The OHSC can retain scarce, critical, professional and technical skills and maintain a low staff turnover. - Post of the Chief Executive Officer is excluded as it is dependent on external party decision making process
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Non-Cumulative
Reporting cycle	Annual
Desired performance	An achievement of a vacancy rate of 6% and below.
Indicator responsibility	Director: Human Resources

Output Indicator Tittle 1.2.1	Percentage of certified inspectors after successful completion of training
Definition	Inspectors certified as Inspectors upon successful completion of Inspector Training Course approved by the OHSC.
Source of data	Certificate of appointment as an inspector.
Method of calculation	$\frac{\text{Number of certified inspectors}}{\text{Total number of inspectors in the employ of the OHSC}} \times 100$
Means of verification	Register of certified inspectors and/ or a copy of the certificate
Assumptions	- Staff to be trained are made available for training by line managers - There will be new inspectors to be trained
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Non-Cumulative

Reporting cycle	Annual
Desired performance	95%- of inspectors trained and certified upon completion of the course.
Indicator responsibility	Director: Human Resources

Sub-programme: Information and Communications Technology

Output Indicator Title 1.4.1	Percentage of ICT availability for core OHSC services
Definition	This indicator refers to the average percentage core systems up-time and availability maintained over the year or a period of time. The systems include Electronic Inspection System, Call Centre System and Annual Returns Systems.
Source of data	Reports generated from server and network infrastructure
Method of calculation	Percentage uptime information is obtainable from the reports generated from server and network infrastructure Uptime for all tracked core service per month = $\frac{\% \text{Uptime core service} + \% \text{Uptime core service} + \% \text{Uptime core service}}{n}$ where n = number of tracked core services Average uptime for all tracked core services per quarter = $\frac{\text{Month 1} + \text{Month 2} + \text{Month 3}}{3}$
Means of verification	Copy of reports generated from server and network infrastructure
Assumptions	Fully serviced and operational: - OHSC power generator - Uninterrupted Power Supply (UPS) - Air Conditioners in server room Reports are system generated – no absolute numbers relating to system performance are available for some services
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative Year-End
Reporting cycle	Quarterly
Desired performance	An achievement of 95% of core OHSC ICT availability services
Indicator responsibility	Director: Information Technology

Percentage of ICT availability for OHSC support services

Definition	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.
Source of data	Reports generated from server and network infrastructure
Method of calculation	Percentage uptime information is obtainable from the reports generated from server and network infrastructure Uptime for all tracked support service per month= $\frac{\% \text{Uptime support service} + \% \text{Uptime support service} + \% \text{Uptime support service}}{n}$ where n = number of tracked core services Average uptime for all tracked core services per quarter= $\frac{\text{Month 1} + \text{Month 2} + \text{Month 3}}{3}$
Means of verification	Copy of reports generated from server and network infrastructure
Assumptions	Fully serviced and operational: - OHSC power generator, and - Uninterrupted Power Supply (UPS) - Air Conditioners in server room Reports are system generated – no absolute numbers relating to system performance are available for some services
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative Year-End
Reporting cycle	Quarterly
Desired performance	An achievement of 95% of support OHSC ICT availability services
Indicator responsibility	Director: Information Technology

Sub-programme: Communication and Stakeholder Relations

Output Indicator Title 1.5.1	Number of community stakeholder engagements to raise public awareness on the role and powers of the OHSC and Health Ombud
Definition	This indicator measures awareness campaigns, roadshows, events and other engagements conducted to promote the role and powers of the OHSC and Health Ombud in the communities or to the public
Source of data	Reports and/ or attendance registers and/ or recordings for the awareness activities/events conducted with the public
Method of calculation	A simple count of awareness activities and events conducted
Means of verification	Attendance registers and/or reports/media clips and/ or recordings for awareness/events activities conducted
Assumptions	Stakeholder engagements on the role and powers of the OHSC and Health Ombud conducted
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative Year-End
Reporting cycle	Quarterly
Desired performance	An achievement of 12 and above
Indicator responsibility	Director: Communication and Stakeholder Relations

Output Indicator Title 1.5.2	Number of private sector engagements to raise awareness on the role and powers of the OHSC and Health Ombud
Definition	This indicator measures awareness campaigns, workshops, seminars, training sessions, lectures, conferences, and other engagements conducted to promote the role and powers of the OHSC and Health Ombud to the private sector.
Source of data	Reports and/ or attendance registers and/ or recordings for the awareness activities/event conducted with the private sector
Method of calculation	A simple count of awareness activities and events conducted
Means of verification	Attendance registers and/or reports/media clips and/ or recordings for awareness/events activities conducted
Assumptions	Stakeholder engagements on the role and powers of the OHSC and Health Ombud conducted
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative Year-End
Reporting cycle	Quarterly
Desired performance	An achievement of 8 and above
Indicator responsibility	Director: Communication and Stakeholder Relations

Sub-programme: Finance and Supply Chain Management

Output Indicator Tittle 1.6.1	Unqualified Audit opinion achieved by the OHSC
Definition	This indicator measures the Annual Unqualified Audit Opinion on the annual financial statements achieved by the OHSC as determined by Auditor General. Normally the audit report is contained in the Annual Report preceding financial year period.
Source of data	Auditor General Report
Method of calculation	A simple capturing of the audit opinion obtained
Means of verification	Copy of Auditor General Report with Audit Status
Assumptions	Management and staff follow all prescripts, policies and procedures as expected
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Non-Cumulative
Reporting cycle	Annual
Desired performance	An achievement of an unqualified audit opinion by the Auditor-General
Indicator responsibility	Chief Financial Officer

Programme 2: Compliance Inspectorate

Output Indicator Title 2.1.1	Percentage of public health establishments inspected for compliance with the norms and standards
Definition	Public health establishments are inspected for compliance with norms and standards
Source of data	Inspection registers and/or inspection reports
Method of calculation	$\frac{\text{"Number of inspections conducted in the public health establishments"}}{\text{"Total number of public health establishments"}} \times 100$
Means of verification	Inspection registers and/or inspection reports
Assumptions	- All public health establishments will be inspected, human and financial resources will be provided accordingly - Inspections tools are in place
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative Year-End
Reporting cycle	Quarterly
Desired performance	18.4% (689 of 3741) of public health establishments are inspected
Indicator responsibility	Executive Manager: Compliance Inspectorate

Output Indicator Title 2.1.2	Percentage of private health establishments inspected for compliance with the norms and standards
Definition	Private health establishments are inspected for compliance with norms and standards
Source of data	Inspection registers and/or inspection reports
Method of calculation	$\frac{\text{Number of inspections conducted in the private health establishments}}{\text{Total number of private health establishments}} \times 100$
Means of verification	Inspection registers and/or inspection reports
Assumptions	- All private health establishments will be inspected, human and financial resources will be provided accordingly; - The denominator will change to include all categories of private health establishments which will require a review of the denominator for this indicator. The private hospitals will be inspected, assuming that inspection tools will be available
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative Year-End
Reporting cycle	Quarterly
Desired performance	19% (80 of 431) of private health establishments are inspected
Indicator responsibility	Executive Manager: Compliance Inspectorate

Output Indicator Title 2.2.1	Percentage of additional inspection (re-inspection) conducted in public and private health establishments that have completed the regulated reporting period where non-compliance was identified
Definition	Additional inspections conducted (re-inspection) at public and private health establishments that did not comply with the non-negotiable vital measures but were graded either excellent, good or satisfactory.
Source of data	Re-inspection register and/or inspection reports
Method of calculation	$\frac{\text{Total number of health establishment (public and private) which are graded excellent, good or satisfactory but not certified that were re-inspected}}{\text{Total number of health establishments (public and private) that did not comply with the non-negotiable vital measures but were graded either excellent, good or satisfactory}} \times 100$
Means of verification	Re-inspection register and/or inspection reports
Assumptions	All Public and/ or private health establishments which are graded Excellent, Good, Satisfactory and not certified will be re-inspected
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative (Year-To-Date)
Reporting cycle	Quarterly
Desired performance	100% additional inspections be conducted at eligible HE
Indicator responsibility	Executive Manager: Compliance Inspectorate

Output Indicator Title 2.3.1	Number of reports of inspections conducted with the names and location of the health establishments every six months published
Definition	A report on inspections conducted every six months, with the names and location of the health establishments
Source of data	A consolidated report of individual health establishment inspection report and provincial reports including inspection register and inspection system.
Method of calculation	Simple count of a consolidated report of individual health establishment inspection report and provincial reports.
Means of verification	A consolidated report of individual health establishment inspection report and provincial reports
Assumptions	Inspection reports will be published as required by the regulations.
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative Year-End
Reporting cycle	Bi-annual
Desired performance	Two (2) report/s with the names and location of the health establishments inspected every six months.
Indicator responsibility	Executive Manager: Compliance Inspectorate

**Output Indicator
Title 2.3.2**

Number of annual reports that set out the compliance status of all health establishments and summarises the number and nature of the compliance notices issued published

Definition	Publish an annual report that sets out the compliance status of all HEs and summarises the number and nature of the compliance notices issued.
Source of data	A consolidated single annual report containing information from individual health establishment inspection report and provincial reports including inspection register and inspection system.
Method of calculation	Simple count of a consolidated report of individual health establishment inspection report and provincial reports converted into a single annual report
Means of verification	A consolidated report converted into single annual report from the Individual health establishment inspection report and provincial reports
Assumptions	Inspection reports will be published as required by the regulations.
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Non-cumulative
Reporting cycle	Annually
Desired performance	1 (one) report sets out the compliance status of all health establishments inspected and summarises the number and nature of the compliance notices published.
Indicator responsibility	Executive Manager: Compliance Inspectorate

Programme 3: Complaints Management and Office of the Ombud

Output Indicator Title 3.1.1	Percentage of low-risk complaints resolved within twenty-five working days of lodgement in the call centre
Definition	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. Signposted refers to the process of sending back a complaint to the implicated health establishment. Low risk complaints refer/s to complaints that are less serious in terms of the impact it has on the recipient of healthcare (healthcare user).
Source of data	Re-inspection register and/or inspection reports
Method of calculation	$\frac{\text{Number of low-risk complaints resolved within 25 working days of logging}}{\text{Total number of low - risk complaints logged during the current reporting period plus the total number of unresolved low risk complaints logged in the previous reporting period minus complaints assigned for assessment}} \times 100$
Means of verification	Call Centre Complaints Register
Assumptions	- Complaints will be logged - Full human resource capacity within the Call Centre. Performance is predicated on the continued employment of the contract workers. - The unresolved complaints carried over from the previous reporting period are included in the complaints register. - Tickets assigned to Assessors excluded from the calculation method to avoid double reporting
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative Year-to-Date
Reporting cycle	Quarterly
Desired performance	Achievement of the target of 85% desirable
Indicator responsibility	Executive Manager: Complaints Management and Ombud

Output Indicator Title 3.2.1	Percentage of user complaints resolved through assessment within 30 working days of receipt of a response from the complainant and/or the health establishment
Definition	- 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 in accordance with regulation 38 of the Procedural Regulations Pertaining to the Functioning of the Office of Health Standards Compliance and Handling of Complaints by the Ombud. - The complaint is resolved based on the following conditions - Upon completion of the screening, the Ombud must– (a) make a decision on whether– (i) to investigate the complaint. (ii) to refer the complaint to any other statutory authority or other appropriate or suitable body or entity; or (iii) to take no further action in relation to the complaint. (b) give notice of the decision to the complainant and the relevant health establishment, and reasons for the decisions.

Method of calculation	$\frac{\text{Number of complaints resolved through assessment within 30 working days of receipt of responses to complaint request from complainants and / or health establishments}}{\text{Total number of complaints assigned to assessment during the period under review plus complaints that remain unresolved from the previous period}} \times 100$
Means of verification	Complaints register, Service Level Agreement (SLA)
Assumptions	- Full human resource capacity of Assessors. Performance is predicated on the continued employment of the contract workers. - The unresolved complaints carried over from the previous reporting period are included in the complaints register. - Assigned cases to investigation regarded as resolved through screening. - Pausing or "SLA hold" for the ticket when - Sharing preliminary/provisional report with the Health Establishment and / Complainant - An Assessor is on short-term (<26 days) leave - A screening extension is requested
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative Year-to-Date
Reporting cycle	Quarterly
Desired performance	Achievement of the target of 70% desirable
Indicator responsibility	Executive Manager: Complaints Management and Ombud

Output Indicator Title 3.3.1	Percentage of complaints resolved within 6 months through investigation
Definition	Complaints are investigated within six (6) months from date of referral from the Complaints Assessment Centre to the Complaints Investigations Unit. A complaint is resolved after producing a final investigation report per Procedural Regulation 41, which stipulates the decision to take no further action on the complaint.
Source of data	Investigation register
Method of calculation	$\frac{\text{Number of complaints resolved within six (6) months of assignment from Complaints Assessment Centre to the Complaints Investigation Unit}}{\text{Total number of cases eligible for investigation during the current reporting period}} \times 100$
Means of verification	Call Centre Complaints Register
Assumptions	- A full staff complement for the Complaints Investigation Unit. - Cooperation from the Health Establishment on the submission of requested documents. - Availability of a Quality Assurance and legal vetting system for the Final Investigation reports. - Appointment of expert/panel for expert opinion. - Complaints referred and greater than 24 months do not form part of the denominator population
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative Year-to-Date

Reporting cycle	Quarterly
Desired performance	Achievement of the 15% target is desirable with a full complement of Human resource capacity.
Indicator responsibility	Executive Manager: Complaints Management and Ombud

Output Indicator Title 3.4.1	Percentage of complaints resolved within 24 months through investigation
Definition	Complaints* are investigated within 24 months following an extension to be resolved within 24 months from the date of referral from the Complaints Assessment Centre to the Complaints Investigations Unit . A complaint is resolved after producing a final investigation report per Procedural Regulation 41, which stipulates the decision to take no further action on the complaint
Source of data	Investigation register
Method of calculation	$\frac{\text{Number of complaints resolved within 24 months of assignment from Complaints Assessment Centre to the Complaints Investigation Unit}}{\text{Total number of cases eligible for investigation during the current reporting period}} \times 100$ The total number of cases resolved within 6 months through investigation do not form part of the population.
Means of verification	Investigation register final Investigation Report,
Assumptions	• A full staff complement for the Complaints Investigation Unit. • Cooperation from the Health Establishment on the submission of requested documents. • Availability of a Quality Assurance and legal vetting system for the Final Investigation reports. • Appointment of expert/panel for expert opinion
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative Year-to-Date
Reporting cycle	Quarterly
Desired performance	Achievement of the 5% target is desirable with a full complement of Human resource capacity.
Indicator responsibility	Executive Manager: Complaints Management and Ombud

Output Indicator Title 3.5.1	Percentage of backlog complaints older than 24 months resolved through investigation
Definition	Backlog complaints* older than 24 months are cases that were not resolved within 24 months in view of all the circumstances, including the size and complexity of the matters being investigated. A complaint is resolved after producing a final investigation report per Procedural Regulation 41, which stipulates the decision to take no further action on the complaint
Source of data	Investigation register
Method of calculation	$\frac{\text{Number of backlog complaints greater than 24 months resolved through investigation}}{\text{Total number of backlog cases older than 24 months during the current reporting period}} \times 100$ The total number of cases resolved within 24 months through investigation do not form part of the population.
Means of verification	Investigation register final Investigation Report,
Assumptions	• A full staff complement for the Complaints Investigation Unit. • Cooperation from the Health Establishment on the submission of requested documents. • Availability of a Quality Assurance and legal vetting system for the Final Investigation reports. • Appointment of expert/panel for expert opinion.
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative Year-to-Date
Reporting cycle	Quarterly
Desired performance	Achievement of the 2% target is desirable with a full complement of Human resource capacity
Indicator responsibility	Executive Manager: Complaints Management and Ombud

Programme 4: Health Standards Design, Analysis and Support

Output Indicator Title 4.1.1	Number of recommendations reports for improvement in the healthcare sector made to relevant authorities
Definition	The indicator will track the number of reports submitted to relevant authorities on an annual basis to fulfil the mandate of the Office as contemplated in Section 79 (1)(e) of the National Health Amendment Act, 2013 (Act No. 12 of 2013).
Source of data	EWS, Annual returns and Inspection findings analysis reports
Method of calculation	A simple count of reports produced containing recommendations made
Means of verification	A copy of actual report with recommendations
Assumptions	- Relevant authorities will cooperate and provide data for annual returns and EWS from health establishment. - Compliance inspection reports are finalised and available - Relevant stakeholders will implement the recommendations
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Non-cumulative
Reporting cycle	Annually
Desired performance	3 recommendations reports
Indicator responsibility	Executive Manager: Health Standards Design, Analysis and Support

Output Indicator Title 4.2.1	Number of guidance workshops conducted to facilitate implementation of the norms and standards regulations
Definition	Makes reference to the number of guidance workshops conducted with the aim of facilitating implementation of norms and standards regulations
Source of data	EWS, Annual returns and Inspection findings analysis reports. Queries received from health establishments as identified during implementation of norms and standards regulations.
Method of calculation	A simple count of the number of workshop sessions delivered
Means of verification	Agenda and Attendance Registers
Assumptions	
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative Year-End
Reporting cycle	Quarterly
Desired performance	24 workshops
Indicator responsibility	Executive Manager: Health Standards Design, Analysis and Support

Programme 5: Certification and Enforcement

Output Indicator Title 5.1.1	Percentage of health establishments issued with a certificate of compliance within 15 days from the date of the final inspection report and a recommendation by an Inspector
Definition	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 and is not in dispute, incomplete or referred back for additional information. 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.
Source of data	Final inspection report, Inspectors recommendation for certification and copy of a certification of health establishment
Method of calculation	$\frac{\text{Total number of compliant health establishments and issued with a certificate of compliance within 15 days from the date of the recommendation by an Inspector}}{\text{Total number of health establishment found to be compliant with the norms and standards and are recommended for certification}} \times 100$
Means of verification	Inspectors' recommendation for certification and copy of a certification of health establishment
Assumptions	• Inspections will be conducted • HEs will comply with the norms and standards. There will be recommendations for certification of Health Establishment (HEs) • Date of a valid recommendation from inspector
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative Year-End
Reporting cycle	Bi-Annually
Desired performance	The desired performance is that 100% of compliant health establishment must be issued with a certificate of compliance within 15 days from the date of the recommendation by an Inspector
Indicator responsibility	Director: Certification and Enforcement

Output Indicator Title 5.2.1	Percentage of health establishments against which enforcement action has been initiated within 10 days from the date of the final inspection report and a recommendation by an Inspector
Definition	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 and is not in dispute, incomplete or referred back for additional information.. 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.
Source of data	Final Additional Inspection report and recommendations for enforcement,
Method of calculation/ Assessment	$\frac{\text{Total number of non-compliant health establishments against which enforcement action has been initiated within 10 days from the date of the recommendation for enforcement}}{\text{Total number of non-compliant health establishments recommended for enforcement}} \times 100$
Means of verification	Inspectors' recommendation for certification and copy of a certification of health establishment
Assumptions	• Health Establishment (HEs) will not comply with the norms and standards • There will be referrals for compliance enforcement • Date of a valid recommendation from inspector

Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	None
Calculation type	Cumulative Year-End
Reporting cycle	Bi-Annually
Desired performance	The desired performance is that compliance enforcement be effected against all persistently non-compliance health establishments.
Indicator responsibility	Director: Certification and Enforcement

**Output Indicator
Title 5.3.1**

Number of bi-annual reports developed for publication on the OHSC website

Definition	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.
Source of data	Ad hoc enforcement hearing tribunal reports List of Certified health establishments List of health establishments referred for enforcement
Method of calculation	A simple count of reports on certification and enforcement published every six months
Means of verification	Inspection Register and or copy of bi-annual report/s
Assumptions	• Inspections will be conducted • Certificates of compliance will be issued to health establishments • Ad hoc enforcement hearings will be convened
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative Year-End
Reporting cycle	Bi-Annually
Desired performance	The desired performance is that health establishments compliance status is published for public information.
Indicator responsibility	Director: Certification and Enforcement

ANNEXURES:



Annexure A: Amendments to the Strategic Plan and Annual Performance Plan

Amendments to the Annual Performance Plan and subsequently Strategic Plan are as follows:

Programme 3: Complaints Management and Office of the Ombud

Outcomes, Outputs, Output Indicators and Targets

Output Indicators	Audited Performance			Estimated Performance	MTEF Targets		
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26

Outcome 3: Improved quality of health care services rendered to the users in the Health Establishments

Output 3.4: Complaints resolved within 24 months through investigation

Output Indicator	Percentage of complaints resolved within 24 months through investigation	-	-	-	-	5%	8%	10%
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Output 3.5: Complaints older than 24 months resolved

Output Indicator	Percentage of backlog complaints older than 24 months resolved through investigation	-	-	-	-	2%	2%	2%
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Output Indicators: Annual and Quarterly Targets

Output Indicators		Reporting Period	Annual targets	Q1	Q2	Q3	Q4
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Output 3.4: Complaints resolved within 24 months through investigation

Output Indicator	Percentage of complaints resolved within 24 months through investigation	Quarterly	5%	1.25%	2.5%	3.75%	5%
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Output 3.4: Complaints older than 24 months resolved

Output Indicator	Percentage of backlog complaints older than 24 months resolved through investigation	Quarterly	2%	0.5%	1%	1.5%	2%
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Technical Indicator Description

Output Indicator title 3.4.1	Percentage of complaints resolved within 24 months through investigation
Definition	Complaints* are investigated within 24 months following an extension to be resolved within 24 months from the date of referral from the Complaints Assessment Centre to the Complaints Investigations Unit . A complaint is resolved after producing a final investigation report per Procedural Regulation 41, which stipulates the decision to take no further action on the complaint.
Source of data	Investigation register
Method of calculation	$\frac{\text{Number of complaints resolved within 24 months of assignment from Complaints Assessment Centre to the Complaints Investigation Unit}}{\text{Total number of cases eligible for investigation during the current reporting period}} \times 100$ The total number of cases resolved within 6 months through investigation do not form part of the population.
Means of verification	Investigation register final Investigation Report,
Assumptions	• A full staff complement for the Complaints Investigation Unit. • Cooperation from the Health Establishment on the submission of requested documents. • Availability of a Quality Assurance and legal vetting system for the Final Investigation reports. • Appointment of expert/panel for expert opinion
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative Year-to-Date
Reporting cycle	Quarterly
Desired performance	Achievement of the 5% target is desirable with a full complement of Human resource capacity.
Indicator responsibility	Executive Manager: Complaints Management and Ombud

Output Indicator title 3.5.1	Percentage of backlog complaints older than 24 months resolved through investigation
Definition	Backlog complaints* older than 24 months are cases that were not resolved within 24 months in view of all the circumstances, including the size and complexity of the matters being investigated. A complaint is resolved after producing a final investigation report per Procedural Regulation 41, which stipulates the decision to take no further action on the complaint
Source of data	Investigation register
Method of calculation	$\frac{\text{Number of backlog complaints greater than 24 months resolved through investigation}}{\text{Total number of backlog cases older than 24 months during the current reporting period}} \times 100$ The total number of cases resolved within 24 months through investigation do not form part of the population.
Means of verification	Investigation register final Investigation Report,
Assumptions	• A full staff complement for the Complaints Investigation Unit. • Cooperation from the Health Establishment on the submission of requested documents. • Availability of a Quality Assurance and legal vetting system for the Final Investigation reports. • Appointment of expert/panel for expert opinion.
Disaggregation of beneficiaries (where applicable)	Women: N/A Youth: N/A People with disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative Year-to-Date
Reporting cycle	Quarterly
Desired performance	Achievement of the 2% target is desirable with a full complement of Human resource capacity
Indicator responsibility	Executive Manager: Complaints Management and Ombud

Annexure B: Conditional grants

Not applicable

Annexure C: Consolidated indicators

Office of Health Standards Compliance does not have consolidated indicators.

Annexure D: District Development Model

Not Applicable

ENDNOTES:



The OHSC revised several output indicators in the 2023-2024 Annual Performance Plan in terms of the Revised Framework for Strategic Plans and Annual Performance Plans, to align with outcomes performance reporting and/or to address findings by the auditors. Please refer to these end notes for information on actual amendments made and published.

-: No target for the period.



Output Indicator 1.1.1 "Percentage vacancies filled within four months of the vacancy existing". The indicator Technical Indicator Description is revised to explicitly exclude the position of the Chief Executive Officer (CEO). The appointment of the CEO is the responsibility of the Executive Authority and therefore is outside the control of the OHSC.

Output Indicator 1.1.2 "Percentage vacancy rate per year". New indicator added to the 2022-2023 Annual Performance Plan

Output Indicator 1.2.1 "Percentage of certified inspectors after completion of training". Denominator in the Method of Calculation changed from "Total number of inspectors trained in a curriculum and training course approved by the board" to "Total number of inspectors in the employ of the OHSC". In addition, the word successful was added for the indicator to be the same as in the 2020/21-2024/25 Strategic Plan.

Output Indicator 1.5.1 "Number of community stakeholder engagements to raise public awareness on the role and powers of the OHSC and Health". Means of Verification revised to include: "Attendance registers and/or reports/media clips and/ or recordings for awareness/events activities conducted"

Output Indicator 1.5.2 "Number of private sector engagements to raise awareness on the role and powers of the OHSC and Health Ombud". Means of Verification revised to include "Attendance registers and/or reports/media clips and/ or recordings for awareness/events activities conducted"

Output Indicator 1.6.1 "Unqualified audit opinion achieved". The word "by the OHSC" was added for the indicator to be the same as in the 2020/21-2024/25 Strategic Plan.

Output Indicator 2.2.1 "Percentage of additional inspection (re-inspection) conducted in public and private health establishments that have completed the regulated reporting period where non-compliance was identified". The indicator title was expanded explicitly as compared to the 2020/21-2024/25 Strategic Plan indicator title which was named "Percentage of additional inspection conducted in private and public health establishments where non-compliance was identified".

Output Indicator 2.3.1 "Number of reports of inspections conducted with the names and location of the health establishments every six months published" revised. Previously in the 2021/22 Annual Performance Plan the indicator title was "Publish reports of inspections conducted with the names and location of the health establishments every six months" and in the 2020/21-2024/25 Strategic Plan the indicator title was "Publish bi-annual consolidated reports on health establishments performance against the norms and standards".

Output Indicator 2.3.2 "Number of annual reports that sets out the compliance status of all health establishments and summarises the number and nature of the compliance notices issued published" revised. Previously "Publish an annual report that sets out the compliance status of all health establishments and summarises the number and nature of the compliance notices issued"

Output Indicator 3.1.1 "Number of low-risk complaints resolved within twenty-five working days of lodgement in the call centre". The meaning of the 25 working days in the 2020/21-2024/25 Strategic Plan versus twenty-five working days in the 2023/24 Annual Performance Plan is the same.

Output Indicator 3.4.1 "Percentage of complaints resolved within 12 months through investigation". Reviewed and replaced with Output Indicator "Percentage of complaints resolved within 24 months through investigation"

Output Indicator 3.5.1 "Percentage of complaints resolved within 18 months through investigation". Reviewed and replaced with Output Indicator "Percentage of backlog complaints older than 24 months resolved through investigation"

Output Indicator 4.1.1 "Number of recommendations reports for improvement in the healthcare sector made to relevant authorities". The counting of the indicator in the 2020/21-2024/25 Strategic Plan refers to recommendations reports as alluded to the 2023/24 Annual Performance Plan.

Output Indicator 5.1.1 "Percentage of health establishment issued with a certificate of compliance within 15 days from the date of the final inspection report and a recommendation by an inspector" Method of Calculation expanded to include "recommendation by an inspector", Means of Verification expanded to include "a copy of certificate of Health Establishment", Desired Performance revised to: "The desired performance is that 100% of compliant health establishment must be issued with a certificate of compliance within 15 days from the date of the recommendation by an Inspector".

Output Indicator 5.2.1 "Percentage of health establishment against which enforcement action has been initiated within 10 days from the date of the final inspection report and recommendation by an inspector". Method of Calculation revised to include of the "referral for enforcement". Means of Verification revised to include "enforcement verdict"/decision or recommendation by/for inspector/enforcement.

Output Indicator 5.3.1 "Number of bi-annual reports developed for publication on the OHSC website" Method of Calculation expanded to reports on certification and enforcement published every six months, Means of Verification expanded to include a copy of bi-annual report/s. The wording used in the indicator titles in both 2020/21-2024/25 Strategic Plan and 2023/24 Annual Performance Plan is not similar, but the meaning is the same.

Output Indicator title 1.1.1 "Percentage of vacancies filled within four months of the vacancy existing". Method of Calculation revised to numerator (number of vacancies filled within four months (of becoming vacant) within that particular quarter) and denominator (number of vacancies filled within that particular quarter). This includes changes in the technical indicator description of the Strategic Plan 2020/21-2024/25.

Output Indicator 2.1.2 "Percentage of private sector health establishments inspected for compliance with the norms and standards". The word "sector" was removed in the technical indicator description section to align to the indicator in the measuring our performance section. This includes changes in the technical indicator description of the Strategic Plan 2020/21-2024/25.

Output Indicator 3.4.1 "Percentage of complaints resolved within 12 months through investigation". Method of Calculation revised to include: "The total number of cases resolved within 6 months through investigation do not form part of the population".

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