OHSC

Office of Health Standards Compliance

Ensuring quality and safety in health care

INSPECTION STRATEGY

FY 2024/2025

TABLE OF CONTENT

FOREWORD BY THE CHAIRPERSON

Over the few past years, the Office of Health Standards Compliance (OHSC), has conducted inspections throughout the country both in public and private sectors covering different levels of care. Inspection coverage is gradually picking up with encouraging signs of improved compliance rates. There have been substantive changes within the OHSC to ramp up efficiencies by reconfiguring the processes, exploring other methods of conducting inspections and providing feedback timeously to health establishments after inspections. However, there is much to do as the OHSC prepares to begin with the tertiary and academic hospital inspections in the Financial Year(FY)2024/25 financial year; because the development of these two Health Establishment categories' inspection tool has been completed, as part of the strategy of using a phased-in approach in the development of tools for the various categories of health establishments.

As the OHSC strides forward into the new financial year, it is an opportune time to combine the strengths for further intensification of inspections in preparation for realization of the planned National Health Insurance in South Africa.

We must hasten to state that our organization has not been spared from internal and external factors such as community protests, natural disasters and budget constraints which had a bearing on achieving the planned performance targets. Notwithstanding these challenges, the Office was able to achieve the inspection target set for the public sector health establishments for 2023/2024. In addition to routine inspections, re-inspections of health establishments that were previously non-compliant, were conducted.

Significant progress has been made towards inspecting all the 3741 public sector health establishments with a total of 3083 inspections conducted to date. Plans for the FY2024/25 will move the Office towards the attainment of the goal of conducting a first inspection of all public health establishments.

The inspection coverage target for FY 2024/25 in the private health sector is 21% (110/526) and in the public health sector is 18.4% (689/3741) health establishments to be inspected. The OHSC will continue to collaborate with the National Health Quality Improvement Plan team (NHQIP), provincial departments of health and private

healthcare groups to increase the rate of compliance across all levels of health establishments.

This FY 2024/25 Annual Inspection Strategy outlines the targets set for routine inspections in both the public and private health sectors, as well as additional inspections (re-inspections and risk-based) envisaged for the FY 2024/25.

I wish to call on the continued support of the entire OHSC to make this plan a success in order to achieve safe and quality health services for all.

Dr E. KENOSHI
OHSC BOARD CHAIRPERSON
DATE: 9th April 2024.

OFFICIAL SIGN-OFF

It is hereby certified that the OHSC Inspection Strategy:

- Was developed by the Compliance Inspectorate Unit under the guidance of the OHSC Management, CEO and Board;
- Considers all the relevant policies, legislation, and other mandates relevant to the OHSC; and

Reflects the strategic outcomes-oriented goals and objectives which the Compliance Inspectorate Unit will endeavour to achieve over the period 2024/25.

MR. KING PHIRI
ACTING DIRECTOR: COMPLIANCE INSPECTORATE
DATE: 04/04/2024

DR. MATHABO MATHEBULA
CHIEF OPERATIONS OFFICER
DATE: 05/04/2024

DR. SIPHIWE MNDAWENI
CHIEF EXECUTIVE OFFICER
DATE: 08/04/2024

Lilian Dudley

PROF L DUDLEY
CHAIRPERSON OF THE CERTIFICATION AND ENFORCEMENT COMMITTEE
DATE: 9 April 2024

DR. E KENOSHI
CHAIRPERSON OF THE BOARD
DATE: 9th April 2024

PART A

OHSC MANDATE

1. Legislative and Policy Mandate

1.1 The National Health Amendment Act (2013)

Chapter 10 of the National Health Act of 2003 relating to the Office of Standards Compliance was repealed in its entirety through the promulgation of the National Health Amendment Act No 12 of 2013 (NHA), which established a new independent regulatory entity, the Office of Health Standards Compliance (OHSC). The Office of Health Standards Compliance as envisaged in the Act would advise on health standards, carry out inspections, monitor compliance, report on non-compliance, issue or withdraw a certificate of compliance, advise on strategies to improve quality, and included a Health Ombud as an independent entity who acts in the investigation and resolution of complaints.

The Objects of the Office are contemplated in the Amendment Act as:

To protect and promote the health and safety of users of health services by:

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

In terms of the Act the OHSC must:

- **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;
- **Inspect and certify** health establishments as compliant or issue a warning for non-compliance with prescribed norms and standards, or where appropriate and necessary, withdraw such certification;
- **Investigate complaints** relating to the national health system;
- **Monitor indicators of risk** as an early warning system relating to 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 a health department of a municipality, 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;
- **Keep records** of all its activities; and
- **Advise the Minister** on any matter referred to it by the Minister.

In addition, the OHSC may:

- **Issue guidelines** for the benefit of health establishments on the implementation of prescribed norms and standards;
- **Publish any information relating to prescribed norms and standards** through the media and, where appropriate, for 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 may, without limiting the generality of this power, require the necessary information from, exchange information with and receive information from any such authority in respect of (i) matters of common interest; or (ii) a specific complaint or investigation; and

Negotiate cooperative agreements with any regulatory authority in order to:

(i) coordinate and harmonise the exercise of jurisdiction over health norms and standards; and

(ii) ensure the consistent application of the principles of this Act.

1.2 National Health Insurance Bill, 2019 (NHI Bill)

To address historical inequities and to ensure universal health coverage for all South Africans, the government decided to implement the National Health Insurance (NHI) as part of transforming the health system and granting all citizens access to good quality health services irrespective of their socio-economic status. The NHI is based on the principles of universal health coverage, right of access to basic health care and social solidarity. These principles are intertwined with the concept of equity. NHI as proposed by the National Department of Health is not just a new financing mechanism

for the health system but a system for ensuring solidarity in the delivery of good quality services, accessible to all South Africans.

The National Health Insurance Bill provides for mandatory prepayment of healthcare services in the Republic in pursuance of Section 27 of the Constitution. It further establishes a NHI 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 healthcare providers will require that health establishments are inspected and certified by the OHSC". This outlines the crucial role to be played by the OHSC concerning the implementation of NHI in the country. It is also key to note, that the importance of the OHSC lies not only in its role under the NHI. The OHSC plays a role in the overall responsibility to regulate compliance of health establishments with national quality norms and standards in support of the improvement of healthcare quality in South Africa, both private and public healthcare.

2. OHSC Legislative Mandate

2.1 Regulated Norms and Standards

The norms and standards regulations applicable to different categories of health establishments were promulgated in February 2018. These regulations became into effect in February 2019 and are used to inspect and certify health establishments as compliant.

The purpose of these regulations is to promote and protect the health and safety of users and health care personnel. These norms and standards regulations are structured into 7 chapters which are the following:

Chapter 1 of the Regulations covers:

1. Definitions,
2. Scope and application,
3. Purpose of the Regulations (these areas are administrative component of the regulations),

Chapter 2 -7 below covers the service delivery aspects, and they are as follows:

Chapter 2 – User Rights

Chapter 3 – Clinical Governance and Clinical Care

Chapter 4 – Clinical Support Services

Chapter 5 – Facilities and Infrastructure

Chapter 6 - Governance and Human Resources

Chapter 7 – General Provisions

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

The procedural regulations were promulgated by the Minister of Health and published in the Gazette on 13 October 2016 to guide the exercise of powers conferred on the Office, the Board, the Chief Executive Officer, the Ombud and the Inspectors by the Amendment Act. The regulations elaborate on procedures and processes to be followed by the OHSC.

Areas covered in these Regulations are:

- Collection of information from health establishments and the designation and

duties of the Person in Charge.

- Inspection strategy, indicating an approach to prioritising, scheduling and conduction of inspections as well as the resources for its implementation and its publication;
- Inspectors and inspections including their appointment, training, experience and conduct and the inspection approach and process including notices and additional inspections;
- Entry and search of premises including procedures to obtain prior consent or the application for a warrant, if required;
- Processes of certification, renewal and suspension;
- Compliance notices, enforcement processes including formal hearings, revocation of certificates, fines, or referral to prosecuting authority, appeals, and reporting;
- Complaints handling, investigation and the resolution procedures, lodging of complaints, their screening, investigation and reporting, and time frames; and
- General provisions regarding the prescribed forms to be used (listed in schedule 1).

The procedural regulations are applicable to all categories of health establishments as per the NHA,

The regulations refer to a notice of inspection to be issued to the establishment, the notice of inspection is issued by the OHSC to the person in charge seven days before the inspection, allowing the health establishment the opportunity to prepare for the inspection. Administrative justice provisions for the person in charge of a health establishment are ensured through the annual distribution of the inspection strategy indicating the proportion of health establishments to be inspected for a particular year, without providing the names of such establishments.

PART B

OHSC STRATEGIC FOCUS

3. VISION

Our vision is: "Consistent safe and quality healthcare for all."

4. MISSION

Our Mission is, "We monitor and enforce healthcare safety and quality standards in health establishments independently, impartially, fairly, and fearlessly on behalf of healthcare users."

5. VALUES

The OHSC's corporate values are shaped by ethical considerations and constitute guiding principles that govern the actions of all employees. OHSC staff members are always required to maintain the highest standards of integrity and our values – listed below – ensure there is no doubt of what is required of them.

- **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 healthcare 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 and promote a positive attitude towards safety.
- **Integrity**
  - We will conduct ourselves with openness, honesty and respect for all stakeholders.

6. Situational Analysis

6.1 External Environment Analysis

The OHSC was able to successfully execute its functions during the financial year 2023/24. However, several factors that affected operations which were beyond the organisation's control including natural disaster like floods in KwaZulu-Natal and Eastern Cape provinces posed challenges to OHSC and made it difficult to conduct inspections in affected areas. The cost of accessing affected areas also impacted on the OHSC budget negatively. The Office was compelled to hire high suspension vehicles at higher costs for inspectors in order to access most of the health establishments due to damaged road infrastructure including having to cross low laying bridges and to ensure the safety of inspectors. Some clinics had to be accessed using ferries which was a new experience but highlighted the reach of OHSC into different communities.

In some instances, major renovation projects of health establishments or the amalgamation of clinics services resulted in the inspectorate being unable to implement its original inspection plan as these changes were not communicated timeously to the Office. However, these factors did not prevent the OHSC's endeavours to pursue its regulatory mandate.

6.2 Internal Environment Analysis

In the previous year projects such as the reconfiguration of inspections sought to better align the OHSC processes within the units in order to improve efficiencies in operations. The inspection and certification process flow was revised to release reports within shorter timelines than prescribed in the regulations. The OHSC unfortunately had to release the Persons Assisting Inspectors (PAI), who were contracted to increase inspection coverage, due to budgetary challenges.
The tertiary and central hospital inspection tools were piloted successfully moving OHSC closer to inspections of these levels of care in the public sector.

The inspection system was reconfigured to align with the revised reinspection processes and has led to the implementation of an interface with hospital CEO/manager, district and provincial managers to review their health establishments quality improvement plans and state of readiness for reinspection.

PART C

MEASURING OHSC COMPLIANCE UNIT PERFORMANCE

7. Compliance Inspectorate Unit Performance Indicators

7.1 Outcomes and Indicators

The indicators and annual targets reflected below were set out in OHSC 5-year Strategic Plan (2020/21 – 2024/25).

Outcome	Outputs	Output indicators	Annual target FY 2024/25
Compliance with norms and standards is effectively monitored.	Health establishments are inspected for compliance with the norms and standards	Percentage of public health establishments inspected for compliance with the norms and standards	18.4% (689 of 3741)
		Percentage of private health establishments inspected for compliance with the norms and standards	21% (110/526)
	Additional inspection is conducted in health establishments where non-compliance was identified	Percentage of additional inspection (re-inspection) conducted in public and private health establishments (graded Excellent, Good or Satisfactory) that have completed the regulated reporting period where non-compliance was identified.	100%
	Regulated inspection reports are published.	Number of reports of inspections conducted with names and location of the health establishments every six months published	2
	Regulated inspection reports are published	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.	1

7.2 Indicators and Quarterly Targets for FY 2024/25

Indicator	Reporting Period	Annual Target	Quarterly Targets			
			1st	2nd	3rd	4th
Percentage of public sector health establishment inspected annually by the OHSC.	Quarterly	689	172	173	172	172
Percentage of private sector health establishment inspected annually by the OHSC	Quarterly	110	27	28	27	28
Percentage of additional inspection (re-inspection) conducted in public and private health establishments(graded Excellent, Good or Satisfactory) that have completed the regulated reporting period where non-compliance was identified	Bi-Annually	100%	100%	100%	100%	100%
Produce reports of inspections conducted with the names and location of the health establishments every six months.	Bi-Annually	2		1		1
Produce an annual report that sets out the compliance status of all HEs and summarises the number and nature of the compliance notices issued.	Annually	1		1 09/2025		

7.3 Coverage of health establishments in public sector per province FY 2024/25

Public Sector FY 2024/25	EC	FS	GP	KZN	LP	MP	NW	NC	WC	TOTAL
Health Establishments	155	47	72	124	96	58	60	31	45	689

7.4 Coverage of private sector health establishments FY 2024/25

Name of Hospital Group	Total number of private health establishments per hospital group	Inspection Coverage per hospital group
Mediclinic	56	12
Intercare	22	5
Netcare	127	26
Life Healthcare	64	13
Clinix	8	2
National Hospital Network	249	52
Total	**526**	**110**

The collaborative approach between the NDoH and OHSC to conduct inspections in Quality Learning Centres (QLC) is still in progress and will include some of the identified tertiary and academic hospitals in FY 2024/25.

7.5 Selection of Health Establishments

The OHSC commenced inspections of health establishments (HEs) using the norms and standards regulations during the 2019/2020 financial year. During this period, the inspected HEs were selected through clustering according to geographic proximity. This approach provided operational convenience to maximize the efficient utilisation of the available resources during inspections. In the FY 2022/23, a two-tier sampling methodology was adopted to accommodate inspections in both private and public health sector. A geographical clustering methodology was used to sample public health sector establishments. For the private health sector, a random sampling methodology was used due to the different network groups geographical spread. The focus of re-inspection will be for health establishments which achieved grading of excellent, good and satisfactory grading as outlined in the Annual Performance Plan.

In order to achieve both logistical and financial benefits for the FY 2024/2025, the same sampling methodologies for selection of HEs for inspection as stated above will continue. The OHSC appreciates the benefit of geographic clustering which provides an opportunity for HEs in the same district and under the same management team to be inspected around the same time. In addition, this provides the prospect of highlighting common areas of non-compliance outside the control of the HEs where the district is required to intervene to ensure compliance.

Given the important role the OHSC is required to play in the implementation of the National Health Insurance (NHI), together with the financial and human resource constraints the Office is experiencing, it is critical that the approach used to select HEs for inspection maximises the use of resources and the ability to reach the increased number of HEs with the least possible cost.

7.6 Annual Returns

In line with the provisions of the Procedural Regulations Pertaining to the Functioning of the OHSC and Handling of Complaints by the Ombud, all health establishments are required to provide information relating to norms and standards regulations, in terms of section 79(2)(b) of the Act, by 31 March of each year. The process of submission of such information, referred to as the Annual Returns (AR), enables the OHSC to collect information from health establishments on an annual basis. The AR serve the

purpose of maintaining the OHSC data base of health establishments, planning of inspections as well as to identify key contextual trends, commonalities, and discrepancies in available resources within the different types of health establishments.

In this regard, information collected through the AR submissions forms an important component and consideration in the planning of inspections as it enables a better understanding of the operational context within which various health establishments exist. In addition, the AR together with other data collected within the Office assist in the profiling of health establishments to understand their performance in respect to the norms and standards regulations.

PART D

TYPES OF INSPECTIONS, INSPECTION PROCESSES AND INSPECTION METHODOLOGY

8. Types of Inspections

8.1 Types of Inspections

Routine Inspections

Every health establishment is to be inspected once every four years according to the National Health Act 61 of 2003, as amended.

Additional Inspections

Additional inspections are inspections conducted to monitor whether breaches identified during the routine inspections have been remedied. In terms of the Regulations, an inspector may, at any time, subject to section 82(1) of the Act, conduct an additional inspection, if he or she has reasonable grounds to believe that:

a) Such an inspection is needed to establish whether non-compliance has been remedied within the health establishment;
b) The health establishment is contravening the Act or any relevant regulations;
c) There are serious breaches of norms and standards, based on the indicators of risk; or
d) The Ombud's findings demonstrate that continued exposure to the healthcare services provided by health establishments may pose a severe risk to users or health care personnel.

Risk-based Inspections

These inspections are triggered by the Early Warning System (EWS) and Ombud findings as per procedural regulation (5)(2)(b).

8.2 Inspection Process

a) Distribution and circulation of the inspection schedule;
b) Sending a Notice of Inspection - sent to health establishments to be inspected;
c) Conduction of the inspection;
d) Team validations;
e) Post inspection peer review;
f) Internal and external quality controls;

g) Issuing of reports; and
h) Publishing of reports

8.3 Inspection Methodology

The methodologies utilised for the collection of data during inspections are the following:

a) Observations;
b) Document review;
c) Patients record analysis;
d) Staff interviews; and
e) Collection of evidence (where necessary)

Verbal consent needs to be obtained from the users and health care personnel who will be interviewed.

Relevant information, documents, records, objects, and materials as produced should be reviewed and analysed for inspection purposes, to establish compliance as required in regulation 14(4)].

8.4 Estimated duration for inspections of different types of health establishments

a) Clinic – one full day.
b) Community Health Centre – one full day.
c) Hospitals – two (2) to five (5) days depending on the size of the health establishment.

8.4.1 Distribution and circulation of the inspection allocation

The Director: Compliance Inspectorate will schedule inspections and circulate the schedule to inspection team leaders and other relevant stakeholders.

8.4.2 The inspectorate team leaders will:

a) Arrange the pre-inspection planning meeting;
b) Delegate the responsible inspector to assist with inspection planning.
c) Allocate tasks to team members to fulfil the pre-inspection planning;
d) Analyse the annual returns from health establishments;
e) Monitor media alerts and complaints against the relevant health establishment;

f) Check the early warning system to identify areas of risk related to the health establishment to be inspected as well as the area;
g) Identify the terrain in the areas to be inspected, note the distances to be travelled and identify the suitable mode of transport.
h) Assign functional areas to be inspected to each inspector; and
i) Allocate the Admin Officer to prepare all assessment tools in order of functional areas with the relevant checklist and give to the respective inspectors.

8.4.3 Notice of Inspection

a) An inspector will, at any time, before commencing with an inspection contemplated in section 82 of the Act, issue a notice of inspection to the health establishment. The notice of inspection will be issued at least seven working days before the date of the inspection.
b) The notice of inspection referred to in sub-regulation (1), will be signed by the Chief Executive Officer or her delegate.
c) In terms of regulation 13(4) of the Procedural Regulations Pertaining to the Functioning of the Office of Health Standards Compliance and Handling of Complaints by the Ombud, the Office may, if it has reasonable grounds to believe that compliance with the notification requirements referred to in regulation (1) may jeopardise user safety or quality of care, conduct an unannounced inspection of a health establishment.

The notices will include, at a minimum, the following information:

a) The purpose of the inspection;
b) The date of the inspection;
c) The estimated duration;
d) The inspection plan referred to in sub-regulation 12(4);
e) The number of authorised personnel expected to take part in the inspection;
f) The contact details of the inspector primarily responsible for the inspection; and
g) The responsibilities of the health establishment.

8.5 Conducting an inspection at a health establishment.

Upon arrival at the premises in a health establishment, the inspector will identify himself / herself to the person in charge by presenting:

(a) A certificate of appointment as an inspector, issued in terms of section 80(3) of the Act; and

(b) a letter of consent referred to in regulation 16(3), or an entry and search warrant issued in terms of section 84(5) of the Act, if applicable;

(c) explain the purpose of inspection to the managers in relation to the National Health Act as Amended, Act 12 of 2013 and its procedural regulations;

(d) describe the inspection methodology and process to be followed;

(e) allow the health establishment to present a facility overview, and

(f) the health establishment should ensure that staff are available to assist during the inspections and a working space should be provided.

Upon finishing the identification process by the inspector to the person in charge, the inspection process will commence, and the inspector will present himself or herself to the relevant functional area for inspecting:

(a) Inspectors will introduce themselves in every unit and inform the unit manager about the inspection process;

(b) The inspection process will not interrupt service delivery;

(c) Standardised inspection questionnaires and checklists are used;

(d) The inspector will score using the inspection tool by allocating 1 for compliant and 0 for non-compliant against the prescribed questionnaires and checklists;

(e) Not applicable (N/A) findings are to be made only if the facility does not provide that service once it has been determined that it is not part of the health establishment's package of services.

9. Post Inspection Processes

9.1 Inspection data verification and validation

The internal processes of inspection findings quality control include team leader Onsite validation, Pre-Preliminary Review and Pre-Final Reviews.

9.1.1 Teams Inspection findings validations

(a) The team leader and team of inspectors verify the inspection findings submitted and validate the correctness of the data and the quality of the reports.

9.1.2 Post inspection review (Pre-Preliminary Review)

(a) A Pre-Preliminary Review (PPR) is conducted by the inspectorate unit post inspections.

(b) Inspection findings undergo internal peer review before issuing the preliminary report to health establishments.

(c) Peer reviews are conducted within 3 days post inspections in accordance with inspection and certification process flow.

(d) These measures are employed to maintain standards, improve performance, and ensure credibility of the inspection findings.

9.1.3 Final Review of Inspection Reports (Pre-Final Review)

Final reports are reviewed internally through Pre-final Reviews (PFR) which include a final team leader review of Non-Negotiable Measures prior to releasing the final report.

9.2 Issuing of individual HE reports.

The preliminary reports will be issued to the person in charge of a health establishment in writing within 20 working days post inspection.

The preliminary reports will:

- identify the main areas of non-compliance with norms and standards;
- set out the consequences of non-compliance as contemplated in section 82A (2) and (4) of the Act; and
- set out the steps that must be undertaken to achieve compliance and timeframes for corrective action.

The inspector will provide the person in charge not more than 20 working days to respond to the preliminary findings in writing.

The inspector shall consider such a response and issue a final report to the person in charge within 20 days of receipt of the response. After issuing a final report contemplated in sub-regulation 8, the inspector may recommend to the Office the issuing of a compliance certificate to the health establishment, in terms of regulation 18(2); or (b) will issue a compliance notice to the health establishment, in terms of section 82A (1) of the Act, if any norms and standards have not been complied with.

9.3 Publishing of reports

The OHSC is required to publish the following:

a) A list of inspections conducted with the names and location of the health establishments every six months (bi-annual report).

b) On an annual basis, produce the Annual Inspection Report for publication on the OHSC public website and any other appropriate publication platform, a report which: –
   (i) sets out the compliance status of all health establishments; and
   (ii) summarizes the number and nature of the compliance notices issued.

10. Costs for the implementation of the Inspection Strategy

Economic classification			Medium-term estimates		
	Audited outcomes 2022/23	2023/24	2024/25	2025/26	2026/27
CURRENT PAYMENTS	75,854,104	57,723,413	61,765,017	63,535,816	66,432,716
Compensation of employees	55,840,957	43,465,719	44,851,946	47,094,720	49,364,188
Goods and services of which:	20,013,147	14,257,694	16,913,071	16,441,096	17,068,528
Travel,subsistence and accommodation	19,888,060	14,248,244	16,900,024	16,427,435	17,054,253
Venues and facilities	64,510	-	-	-	
Catering services	3,154	3,622	6,940	7,266	7,593
Inventory and consumables	57,424	5,828	6,108	6,395	6,683
TOTAL	**75,854,104**	**57,723,413**	**61,765,017**	**63,535,816**	**66,432,716**

The inspection targets outlined in this inspection strategy are based on the above allocated budget. In the event national treasury implement its planned budgets cuts, the Office will not be able to meet the projected targets. Both private and public sectors targets will have to be revised to align with the budget after its reduction.

11. Conclusion

South African National Treasury in the 3rd quarter of FY2023/24 declared cost-containment measures which included budget cuts across the entire spectrum of government departments and entities. These measures will have a significant impact on the OHSC's endeavours to expand inspection coverage if there are no alternative sources of revenue to fund planned activities.

The OHSC therefore presents this strategy to complete inspections of 18% of public sector health establishments in 2024/2025, undertake 21% inspections of private sector HE's as well as reinspections and risk based inspections as required. This plan is made with an understanding that there are resource constraints and there are other external factors that may impede the achievement of these targets, but the OHSC will do all in its powers to remedy any constraints.

Included in such remedies to date have been the reconfiguration of inspections to ramp-up efficiencies and increase coverage of inspections. However, plans for the decentralization of the inspection functions of OHSC have not been implemented to date due to resource constraints. The FY 2024/25 OHSC Inspection strategy is based on the available resources as per the allocated budget and does not align with the legislative requirement to inspect all health establishments once in four(4) years. The OHSC will in FY 2024/2025 also be focusing efforts on activities of revenue generation as prescribed in the National Health Act in order to support its operations.