



OHSC

Office of Health Standards Compliance

Ensuring quality and safety in health care

STRATEGIC PLAN

2020/21 – 2024/25

SAFE AND QUALITY
HEALTH CARE FOR ALL

ISBN 978-1-990977-60-2

OHSC Strategic Plan for 2020 – 2025

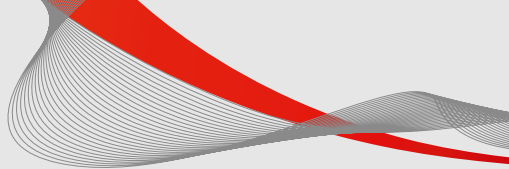
THE OHSC: A BRIEF OVERVIEW

The Office of Health Standards Compliance (OHSC) is a listed Schedule 3A public entity in terms of the Public Finance Management Act (PFMA).

The overall purpose of the OHSC as an independent entity is to protect and promote the health and safety of users of health services.

In brief, the OHSC is mandated to amongst others:

- Advise the Minister of Health on the determination of standards and norms to be prescribed for the National Health System;
- Inspect and certify health establishments (HEs) as compliant or non-compliant with prescribed norms and standards;
- Investigate complaints relating to breaches of prescribed norms and standards; and
- Publish any information relating to prescribed norms and standards.



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EXECUTIVE AUTHORITY STATEMENT

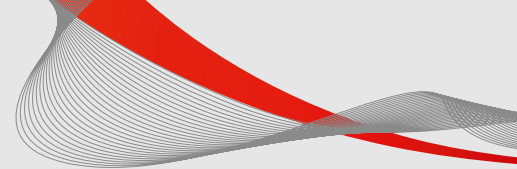


Dr Zwelini Mkhize

The development of the Office of Health Standards Compliance (OHSC) Strategic Plan for 2020 - 2025 was largely informed by the experience gained with the implementation of the Strategic Plan for 2015 - 2020 which marked the initial years of functioning of the OHSC and the Annual Performance Plan (APP) for the entity in the 2018/19 financial year. The OHSC Strategic Plan comes at a time when the entity is functioning within an enhanced regulatory environment following the promulgation of regulations for different health care establishments. The regulations for quality patient care and patient safety provide the necessary support towards improving the overall quality of services both in the public and private health sector. Avoiding preventable patient harm in the process of providing care to patients is a priority for Government.

The priorities which guided the development of this Strategic Plan included the review of programme performance information to ensure alignment between the National Health Insurance Bill, 2019 (NHI Bill), the Presidential Health Compact, the 2019–2024 Medium Term Strategic Framework (MTSF), and the mandate of the OHSC as in the National Health Act, 2003 (Act No. 61 of 2003). The revision considered in this Strategic Plan included expansion of the Compliance Inspection coverage of health establishments, both public and private, strengthening capacity of the Complaints Management Division to be able to manage the increasing number of complaints. The continued advocacy and awareness activities by the OHSC over the past years have improved visibility of the OHSC, public awareness and interaction with the entity.

Dr Zwelini Mkhize, MP
Minister of Health



ACCOUNTING AUTHORITY STATEMENT



Dr Ernest Kenoshi

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

PROTECTING AND PROMOTING HEALTH AND SAFETY

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

IMPROVING RESPONSIVENESS OF HEALTH SERVICES TO THE USERS

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

This Strategic Plan for 2020-2025 represents a new phase in strengthening the functions of the OHSC as a regulator for health establishments. It will also assist the OHSC to strengthen relationships with various stakeholders in the health sector and other regulatory entities to facilitate and support the implementation of norms and standards for different levels of care. The process of establishing an effective and efficient office is an ongoing and evolving process. Communication with internal and external role players is essential; the OHSC is in the process of creating platforms to further engage stakeholders and build strong, competent and dynamic internal teams.

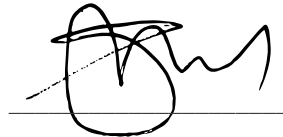
I would like to thank the OHSC Management, the Health Ombud, Professor Malegapuru Makgoba and OHSC Staff for their continued hard work and dedication. I would like to express my appreciation and support that the OHSC has received overtime from the former Minister of Health, Dr Aaron Motsoaledi, the current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

ACCOUNTING AUTHORITY STATEMENT

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

- a) Ms Oaitse Montshiwa (Deputy Chairperson);
- b) Professor Ethelwynn Stellenberg;
- c) Mr Kariem Hoosain;
- d) Professor Morgan Chetty;
- e) Mr Bada Pharasi;

- f) Ms Sheila Barsel;
- g) Ms Keitumetse Mahlangu; and
- h) Professor Stuart Whittaker.



Dr Ernest Kenoshi

Chairperson of the Board OHSC

OFFICIAL SIGN-OFF

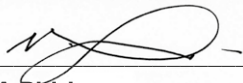
It is hereby certified that this Strategic Plan:

- Was developed by the management of the OHSC under the guidance of the Board.
- Takes into account all the relevant policies, legislation and other mandates for which the OHSC is responsible.
- Accurately reflects the Impact, Outcomes and Outputs indicators which the OHSC will endeavour to achieve over the period 2020 - 2025.



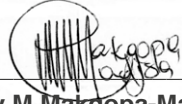
Mr M Govuzela

Director: Planning, Monitoring and Evaluation



Mr A Phiri

Acting Director: Inspectorate Compliance



Adv M Makgopa-Madisa

Director: Certification and Enforcement



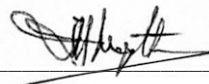
Dr D Jacobs

Executive Manager: Complaints Management and Ombud



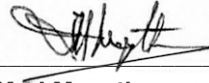
Ms W Moleko

Executive Manager: Health Standards, Design, Analysis and Support Assessment



Mr J Mapatha

Chief Financial Officer



Mr J Mapatha

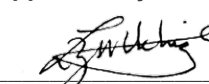
Acting Chief Executive Officer



Dr E Kenoshi

Chairperson of the Board

Approved By:



Dr Z. L. Mkhize

Minister of Health, MP



PART A:

OUR MANDATE

PART A: OUR MANDATE

1. CONSTITUTIONAL MANDATE

The Constitution of the Republic of South Africa, 1996 in its Bill of Rights (Chapter 2) confers certain human rights, Section 27 of the Bill of Rights gives everyone the right to healthcare services and other social rights. It provides as follows: -

1. “Everyone has the right to have access to:
 - a) health care services, including reproductive health care;
 - b) sufficient food and water; and
 - c) social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.
2. The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.
3. No one may be refused emergency medical treatment.”

2. LEGISLATIVE AND POLICY MANDATES

2.1 National Health Act, 2003

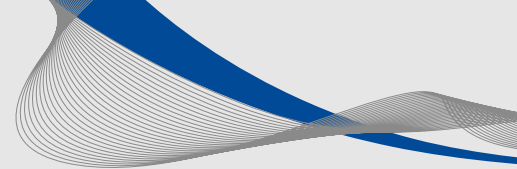
The National Health Act, 2003 (the Act) re-affirms the constitutional rights of users to access health services and just administrative action. As a result, Section 18 allows any user of health services to lay a complaint about the manner in which he or she was treated at a health establishment. The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

The Act provides the overarching legislative framework for a structured and uniform national healthcare system. It 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. With respect to the sections now being amended, although never promulgated, the Act provided for the creation within the National Department of Health of an Office of Standards Compliance with provincial Inspectorate units. The Office of Standards Compliance as then envisaged would advise on health standards, carry out inspections and monitor compliance, report on non-compliance, issue or withdraw a certificate of compliance, and advise on strategies to improve quality and included an Ombudsperson.

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

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

1. Monitoring and enforcing compliance by health establishments with norms and standards prescribed by the Minister 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”.

2.2 National Health Insurance Bill, 2019 (NHI Bill)

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

The National Health Insurance Bill (NHI Bill) provides for mandatory payment 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 need to establish a society based on democratic values, social justice and fundamental human rights and to improve the life expectancy and the quality of life for all citizens.

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

2.3 National Policy on Quality (2007)

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

The objectives of the National Policy on Quality 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 on evidence of effectiveness;
- ensure appropriate use of services; and
- reduce errors in healthcare.

2.4 National Development Plan (NDP)

In June 2011 the National Planning Commission released its Diagnostic Report which set out South Africa’s achievements and shortcoming since 1994. It identified a failure to implement various policies and an absence of

PART A: OUR MANDATE CONTINUED

broad partnerships as the main reasons for slow progress, and set out nine primary challenges:

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

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

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

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

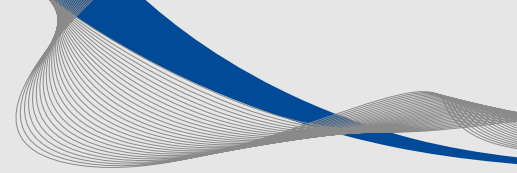
Chapter 10 of the NDP (on Health), Priority 2 which relates to “strengthening the health system”, includes the role of the OHSC as an independent entity mandated to promote quality by measuring, benchmarking and accrediting actual performance against norms and standards for health quality. The OHSC will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

2.5 Medium-Term Strategic Framework 2019 - 2024

The OHSC will take into account the Medium-Terms Strategic Framework (MTSF) in the execution of its mandate.

2.6 Sustainable Development Goals

The Sustainable Development Goals (SDGs) is a plan created in 2015 after leaders of about 193 countries met and came to a common understanding that there is enough food to feed the world, but that was not shared; that the medication for HIV and other diseases was available but costly; that earth quakes and floods were inevitable, but the high death tolls were not; and that billions of people worldwide share their hope for a better future. These SDGs are as follows:



1. No Poverty;
2. Zero Hunger;
3. Good Health and Wellbeing;
4. Quality Education;
5. Gender Equality;
6. Clean Water;
7. Affordable and Clean Energy;
8. Decent Work and Economic Growth;
9. Industry, Innovation and Infrastructure;
10. Reduced Inequalities;
11. Sustainable Cities and Communities;
12. Responsible Consumption and Production;
13. Climate Action;
14. Life Below Water;
15. Life on Land;
16. Peace, Justice and Strong Institutions; and
17. Partnership for the Goals.

2.7 Norms and standards

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

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

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

2.8 Procedural regulations

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

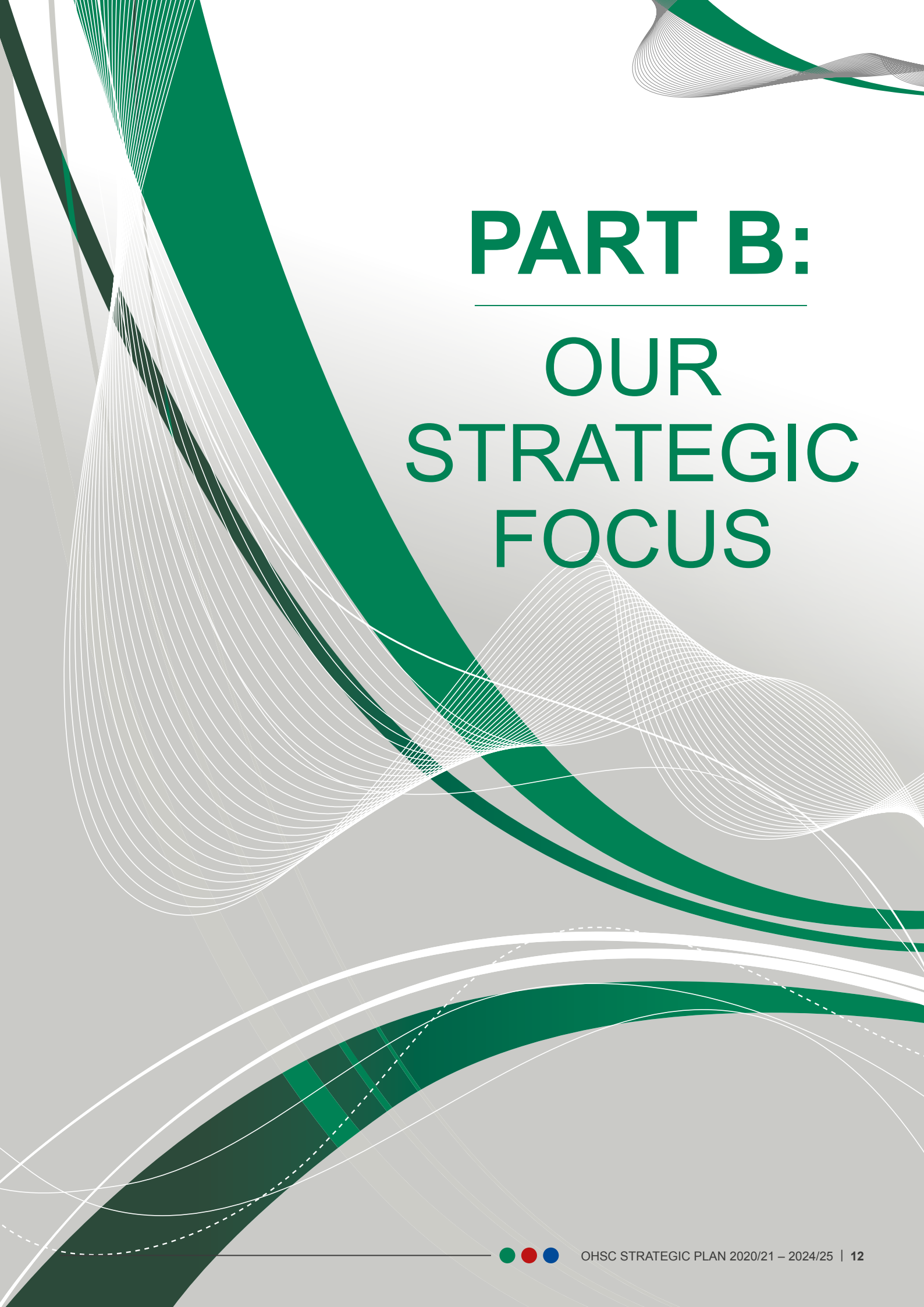
PART A: OUR MANDATE CONTINUED

3. INSTITUTIONAL POLICIES AND STRATEGIES OVER THE FIVE-YEAR PLANNING PERIOD

The Presidential Health Summit Compact, 2018 states that “Regulation plays a crucial role in establishing the rules within which professionals and organisations must operate within a more people-centered and integrated health system. To remedy, institute a full organisational review of the legislation on health and propose new governance and administrative structures. Furthermore, the Office of the 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 a separate OHSC Bill which would remove the functions of the OHSC from chapter 10 of the National Health Act, 2003. During this five-year term, the OHSC will also explore the possibility of establishing Provincial Offices and the possibility of decentralising some of its functions.

4. RELEVANT COURT RULINGS

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



PART B:

OUR STRATEGIC FOCUS

PART B: OUR STRATEGIC FOCUS

5.

VISION

Consistent safe and quality healthcare for all.

6.

MISSION

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

7.

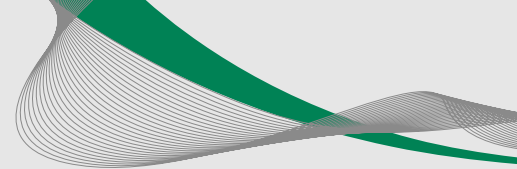
VALUES

OHSC has adopted the following 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 the highest standards 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’s value statements are reflected in the table below:

These corporate values are listed as follows:

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

The OHSC will strive to be a learning organisation, continuously evolving and developing to ensure safe and quality healthcare for all. All OHSC employees are consistently encouraged to live the OHSC’s 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.



8. SITUATIONAL ANALYSIS

The situation analysis is a narration of prevailing facts and their implications for OHSC and the execution of its mandate. It is a logical step that follows any form of planning. The OHSC has performed a PESTLE analysis, a SWOT analysis, and Stakeholder Analysis.

The OHSC's macro-environment was assessed, taking into consideration the **Political, Economic, Social, Technological, Legal / Ethics & Environmental** aspects. These trends have informed the development of the impact statement, outcomes, and outcome indicators to steer the organisation on its path to deliver on its mandate.

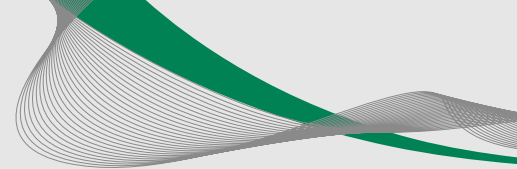
8.1 External Environment Analysis

Political & Technological aspects	
Political	Technological
• Generally good political support for OHSC • There is strong political will to embrace NHI and the role of the OHSC in this landscape • Increased activism regarding public service delivery. • Potential for reports issued to be used for political purposes • Rise in populism with a more militant approach to social change. • More conflictual collective bargaining environment.	• Investigate new trends and technology in safe and quality healthcare– embrace the most recent technology • There is a need to keep abreast of advances in technology as well as new trends and methodologies in respect of safe and quality healthcare facilities • Government systems are not fully integrated with each other. • The infrastructure of the OHSC is inadequate. • Information security challenges. • Open source platforms and optimising operations and access to technology. • Rise of flexible working and tele-commuting. • Real potential of a paperless environment. • The rise of 'big data', predictive analytics and intelligent forecasting and reporting tools. • Availability of "off the shelf" software to impact Information and Communications Technology (ICT) process, e.g. recording, tracking and reporting. • Increasing sophistication of threats on ICT security and Human Resource Management (HRM) processes. • Increasing cost effective technology for effective records management.

PART B: OUR STRATEGIC FOCUS CONTINUED

Economics & Legal/Ethics aspects	
Economic	Legal/Ethics
• Covid-19 and other austerity measures have resulted in government funding being under pressure. • The levels of investor confidence are low. • South Africa has competing social, education, infrastructure, and health budget priorities. OHSC currently has financial challenges with regards to conducting of inspections in all provinces. OHSC needs to diversify its income streams. • A Funding Model to ensure long term sustainability of the OHSC can be outlined. • Subdued economic growth. • Potential for economic opportunities and employment on the decline • Possibility of further consolidation of public sector entities.	• Pending implementation of the NHI - Current changes in the legislative environment – the NHI Bill will potentially influence operations. • Look at steps and procedures to be followed on litigations - there will always be legal challenges from health facilities.





Social & Environmental aspects	
Social	Environmental
• OHSC has received generally good public support. • There needs to be greater social education and awareness of the OHSC and its functions. • Social impact of COVID-19 on the workforce • Workplaces migrated to working from home • There is 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.	• Geographical distance makes work challenging - nature of where we work • 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. • The organisation has cultivated a good working relationship with other health agencies/ regulators. • The OHSC receives good support from the Auditor-General. • Co-operation with key external stakeholders i.e., (private healthcare facilities, medical aid schemes, etc is required. • Establish interactions with organised labour. • OHSC environmental responsibilities in respect of sustainable consumption. • Prioritise electronic communication. • Need to minimise its Carbon Footprint. Reduced consumption - printing, water, and electricity. Rise in environmentally friendly practices. • Need to innovatively share and package information.

The OHSC will continue to monitor the ongoing changes in its external environment in order to respond timeously, appropriately and with relevance to any significant shifts or changes.

8.2 Internal Environment 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.

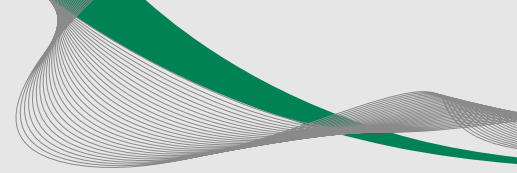
PART B: OUR STRATEGIC FOCUS CONTINUED

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.

SWOT: List of Strengths, Weaknesses	
Strengths	Weaknesses
• OHSC’s mandate is legislated and unambiguous. • Core staff is suitably qualified and generally experienced staff. • Technical expertise in inspections and complaints investigations. • Board and management are committed to the open, transparent, and accountable management of OHSC – Approachable leadership. • Political support • International and local connectedness and Memoranda of Understanding (MoU) in place. • Clean audits as part of good reputation. • Young staff contingent, who are dedicated, innovative. • Staff are open to change. • Strong, ethical ethos of management and staff. • Industry knowledge. • Stable leadership	• Unsustainability of funding – this negatively influences acting and expanding on the mandate. • Need advanced ICT and analysis systems • Centralised inspections at the moment • Conduct and Style: Tick-box compliance mode • Sustainable leadership • Internal communication structures not adequate and needs improvement • Internal processes and systems not completely in place, need for further enhancement. • Change management processes need to be strengthened.



SWOT: List of Opportunities and Threats

Opportunities	Threats
• Self-funding activities: offer other services, training opportunities etc. • Charging for inspections Alternative sources of funding – co-joining other institutions. • Room for physical and resource growth. • Catalyst to fast track the NHI – being adequately prepared. • Evolving culture. • Meaningful contribution to South Africa's socio-economic transformation, NDP and MTSF imperatives. • Centre of excellence in healthcare regulation. • Render advisory services to other regulators in SADC countries. • Build strong co-operative partnerships with research organisations and higher education institutions to enhance and complement OHSC's competencies. • Public participation. • Harness innovation by staff. • Become the employer of choice in the sector. • Nurture and cultivate a productive workforce.	• Partial funding of mandate. • Massive mandate – the task will take time and adequate resources to fulfil. • Other bodies and institutions creeping on OHSC's mandate. • Litigation - OHSC and Health Ombud findings are appealable. • Possibility to lose staff due to brain drain. • Communication with stakeholders not adequate. • Negative public perception and sentiment regarding the inspections of health facilities. • Lack of critical mass of skilled and suitable qualified individuals to conduct inspections - critical skills shortage. • Change in regulatory requirements. • Loss of mandate due to non-delivery. • Industry knowledge.

PART B: OUR STRATEGIC FOCUS CONTINUED

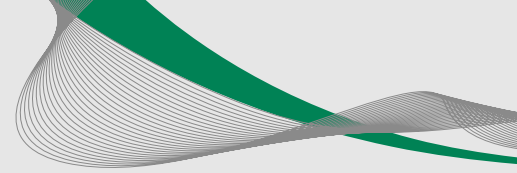
8.3 Stakeholder Analysis

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.

Stakeholder Analysis Matrix in Table 7 depicts the 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:

Stakeholder Analysis Matrix		
Stakeholder	Influence	Expectation
Minister (Executive Authority)	Identifying, monitoring, and reporting on impact of strategy	- Policy development - Enhancing reputation - Risk Management
National and Provincial Departments of Health	Consultation	National and Provincial Departments of Health bilateral discussions / consultation on various issues including inspection tools development
Recipients of healthcare	Responsiveness	Deal with complaints
Public and Private Health Establishments	Implement healthcare standards / Compliance	Fair process
Health Ombud	Ability to conduct investigations and issue reports	Adequate resourcing
The Board and Governance Committees e.g. Technical Operations Committee, Social and Ethics Committee, Audit and Risk Committee	Strategic direction	- Transparency - Accountability - Governance, Integrity, Ethics
Parliamentary Portfolio Committees	- Legislation - Oversight budget and reporting	- Accountability - Governance, Integrity, Ethics - Contribution to National Priorities - Provision of direction



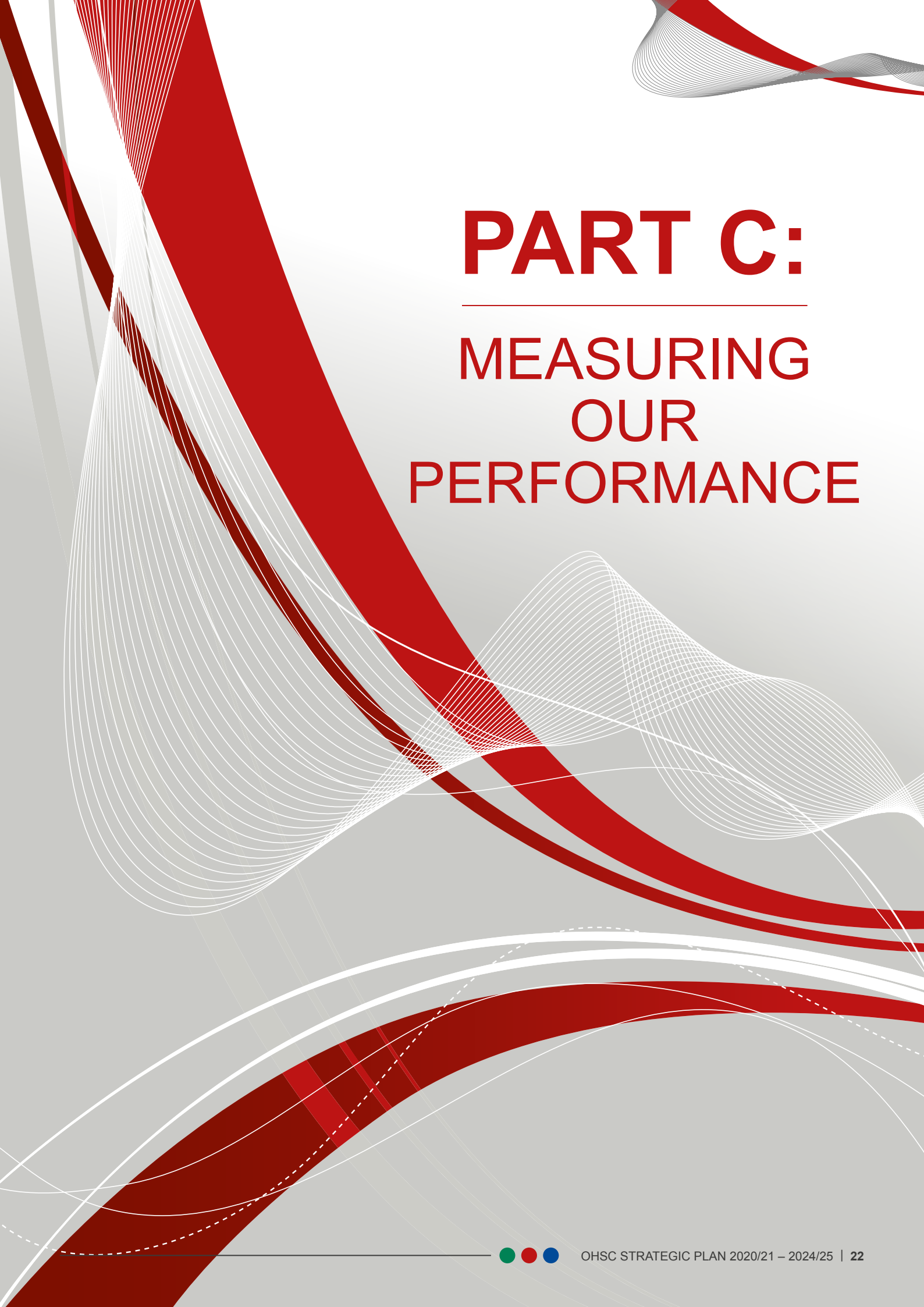


Stakeholder Analysis Matrix		
Stakeholder	Influence	Expectation
OHSC Employees	• Productivity • Morale • Public Perception • Performance Effectiveness	• Fairness • Respect of Worker Rights • Equity • Involvement • Best Practice HRM policies/ practices • Conducive work environment • Adequate resourcing • 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 and interaction
The Public/Public interest groups	• Operations • Strategy • Culture	• Transparency • Fairness • Consistent delivery • Integrity • Values orientation • Information sharing • Corporate Social Investment (CSI)
Suppliers	• Risk • Effectiveness • Turnaround	• Transparency • Fairness • Consistency • Ethical Behaviour
National Treasury (NT)	• Regulatory environment • Remuneration • Budgeting	• Reporting • Governance • Revenue collection

PART B: OUR STRATEGIC FOCUS CONTINUED

Stakeholder Analysis Matrix		
Stakeholder	Influence	Expectation
Auditor General (AG)	- Regulatory environment - Remuneration	- Reporting - Governance - Audit outcomes - Performance
International Partners, Agencies and other international bodies etc	- Policy - Guidance - Safety standards - Direction	- Compliance - Implement international best practice-benchmarking - Capacity building - Research and Development - Collaboration
Regulators	Source of regulation	- Service delivery - Efficiency - Fairness - Regulate - Transparency - Due process - Cooperation
Scientific and Academic Institutions	Research agenda	- Partnerships - Collaboration - Compliment the Research and development mandate





PART C:

MEASURING OUR PERFORMANCE

PART C: MEASURING OUR PERFORMANCE

9. INSTITUTIONAL PERFORMANCE INFORMATION

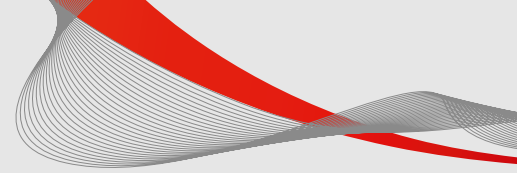
9.1. MTSF 2019 – 2024 link to the OHSC Outcomes

The OHSC Annual Performance Plan is aligned to the National Department of Health’s plan that responds to priorities identified by the Cabinet of the 6th administration of a democratic South Africa, which are embodied in the Medium-Term Strategic Framework for the period 2019 to 2021.

Over the next five years, the OHSC responses are structured into five outcomes which are well aligned to the NDoH goals as well as the Pillars of the Presidential Health Summit compact, as outlined in the table below:

NDoH MTSF 2019 – 2024 Impacts	OHSC Outcomes	OHSC Outputs	Presidential Health Summit Compact Pillars
Goal 1: Increase Life Expectancy, improve health and Prevent Disease	A fully functional OHSC Compliance with norms and standards is effectively monitored.	Vacancies filled within four months of existence. Inspectors certified after completion of training.	Not applicable
Goal 2: Achieve UHC by Implement NHI	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.	Awareness of the role and powers of the OHSC and Health Ombud is raised. Unqualified audit opinion of the Auditor General. Health establishments are inspected for compliance with the norms and standards. Regulated inspection reports are published. User complaints are resolved. Recommendations for improvement of health establishments. Compliant health establishments are issued with certificate of compliance. Guidance workshops on norms and standards regulations conducted.	Pillar 4: Engage the private sector in improving the access, coverage, and quality of health services; and Pillar 6: Improve the efficiency of public section financial management systems and processes.





NDoH MTSF 2019 – 2024 Impacts	OHSC Outcomes	OHSC Outputs	Presidential Health Summit Compact Pillars
Goal 3: Quality Improvement in the Provision of care	Compliance with norms and standards is effectively monitored.		Pillar 1: Augment Human Resources Health Operational Plan
	Improved quality of health care services rendered to the users in the Health Establishments.		Pillar 2: Ensure improved access to essential medicines, vaccines, and medical products through better management of supply chain equipment and machinery
	Facilitate achievement of compliance with the norms and standards regulations for different categories of health establishments.		Pillar 5: Improve the quality, safety, and quantity of health services provided with a focus on primary health care
	Compliance with norms and standards increased.		Pillar 6: Improve the efficiency of public sector financial management systems and processes
			Pillar 7: Strengthen Governance and Leadership to improve oversight, accountability and health system performance at all levels
			Pillar 8: Engage and empower the community to ensure adequate and appropriate community-based care
			Pillar 9: Develop an Information System that will guide the health system policies, strategies, and investments
Goal 4: Build Health Infrastructure for effective service delivery	Facilitate achievement of compliance with the norms and standards regulations for different categories of health establishments. Compliance with norms and standards increased.		Pillar 3: Execute the infrastructure plan to ensure adequate, appropriately distributed and well-maintained health facilities

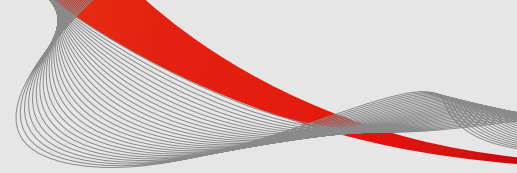
PART C: MEASURING OUR PERFORMANCE CONTINUED

9.2. Measuring the Impact

Impact statement - Safe and quality health care services

9.3. Measuring Outcomes

Outcome	Outcome Indicator	Baseline	Five-year target
A fully functional OHSC	Percentage of vacancies filled within four months of the vacancy existing	New Indicator	93%
	Percentage of certified inspectors after successful completion of training	New Indicator	95%
	Unqualified audit opinion achieved by the OHSC	Unqualified audit report	Unqualified audit report
	Percentage of ICT availability for core OHSC services	New Indicator	95%
	Percentage of ICT availability for OHSC support services	New Indicator	95%
	Number of community stakeholder engagements to raise public awareness on the role and powers of the OHSC	New Indicator	60
	Number of private sector engagements to raise awareness on the role and powers of the OHSC	New Indicator	40
Compliance with norms and standards is effectively monitored	Percentage of public health establishments inspected for compliance with the norms and standards	19.13%	100%
	Percentage of private health establishments inspected for compliance with the norms and standards	New Indicator	100%
	Percentage of additional inspection conducted in private and public health establishments where non-compliance was identified	New Indicator	100%
	Publish bi-annual consolidated reports on health establishments performance against the norms and standards	New Indicator	10

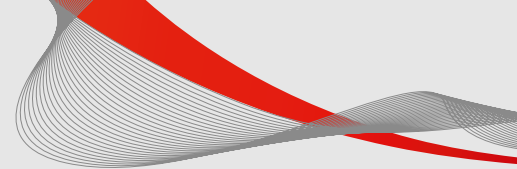


Outcome	Outcome Indicator	Baseline	Five-year target
Improved quality of health care services rendered to the users in the Health Establishments	Percentage of low risk complaints resolved within 25 working days of lodgement in the call centre	New Indicator	90%
	Percentage of user complaints resolved through assessments within 30 working days of receipt of a response from the complainant and /or health establishment	44%	75%
	Percentage of complaints resolved within 6 months through investigation	2%	70%
	Percentage of complaints resolved within 12 months through investigation	New	70%
	Percentage of complaints resolved within 18 months through investigation	New	70%
Facilitate achievement of compliance with the norms and standards regulations for different categories of health establishments	Number of recommendations for improvement in the healthcare sector made to relevant authorities	New Indicator	15
	Number of guidance workshops conducted to facilitate implementation of the norms and standards regulations	New Indicator	120
Compliance with norms and standards increased	Percentage health establishments issued with a certificate of compliance within 15 days from the date of the final inspection report	New Indicator	100%
	Percentage of health establishments against which enforcement action has been initiated within 10 days from the date of the final additional inspection report	New Indicator	100%
	Number of health establishment compliance status reports published every six months	New Indicator	10

PART C: MEASURING OUR PERFORMANCE CONTINUED

9.4. Explanation of Planned Performance over the Five-Year Planning Period.

- a) The OHSC supports the implementation of the National Development Plan 2030 through contributing towards realization of quality healthcare services for all users. Processes have been put in place to monitor organisational performance against set targets. The mandate of the OHSC as defined in the National Health Act, 2003 (Act No. 61 of 2003) relates to the protection of all users of healthcare services irrespective of their background, race or gender. Therefore, the OHSC is an advocate of provision of quality healthcare services for all the users of the service within the Republic.
- b) The OHSC has revised the Organogram, approved by the Board for organizational efficiency. The current framework for delivery of the OHSC mandate is comprised of five performance Programmes. Each programme has a purpose and relevant objectives to achieve towards contributing to the overall mission and vision in order to realize the impact of the organization. In choosing the outcome indicators, consideration was given to each programme purpose, the objectives, intended outcomes as well as the overall impact the OHSC aims to achieve.
- c) The OHSC currently operates with limited financial and human resources, which adversely affects and restricts implementation of the objectives, in turn affecting the actual performance and core functions of the organization. The budgetary constraints will have negative consequences in the expansion of inspection coverage, both in the public and private healthcare sector and the timeous resolution of complaints received from users. With the envisaged implementation of the phases of the National Health Insurance (NHI), it is prudent for the OHSC to be well resourced. The availability of additional funding for the OHSC is an imperative and will assist in increasing the inspection coverage, review and develop additional norms and standards, develop inspection tools, conduct in depth scientific analysis of the inspection findings to inform improvements in the health system, provide sufficient training and guidance to implementers of the norms and standards, management of complaints from the public and engagement with communities and various stakeholders on raising awareness on the work of the OHSC. The OHSC capacity constraints was also recognized in the Presidential Health Summit Compact, 2018. Under the fifth pillar of the compact, it was stated that the OHSC should be provided with capacity and resources needed to perform its mandate.
- d) The OHSC aims to contribute towards the provision of safe and quality healthcare services, it is therefore important for selected outcomes to be aligned to the envisaged impact. The OHSC outcomes in this Strategic Plan have been developed to ensure that there is sustained improvement in the quality of services and safety of users and realize the dream of improved health for the population. One important outcome is the effective monitoring of compliance with norms and standards. In order to contribute towards provision of high-quality healthcare services, effective monitoring system are a prerequisite.



10. KEY RISKS

Outcome	Key Risk	Risk Mitigation
Compliance with norms and standards is effectively monitored	Limited number of norms and standards for different types of health establishments	OHSC proactively advises the Minister on the development of additional norms and standards and review of existing norms and standards
	Inconsistency in assessing compliance by Inspectors	Continuous training and certification of Inspectors
	Litigation against the OHSC	- Continuous training and certification of inspectors and employees on applicable prescripts - Future establishment of a compliance function - Certification of new inspectors and continuous training of inspectors and employees on applicable prescripts - Regular review of OHSC regulatory framework
A fully functional OHSC	Inadequate funding for OHSC operations	- Budget allocation from the national fiscus - Interest revenue from investment of funds - Develop and obtain approval for a revenue generation model
	Fraud and corruption	- Fraud and corruption prevention plan - Fraud hotline - Vetting of employees - Code of conduct - Monitoring of compliance to prescripts - Internal Audit - Policies and Procedures
	Insufficient human resource capacity and skills-mix	- Implement new approved OHSC organogram - Sufficient Budget - Use of contract employees for additional capacity - HR Policies and procedures - Employee wellness program - Use of ad hoc expert panels - Review the remuneration strategy
	Potential failure of ICT infrastructure	- ICT Strategy - ICT policies and procedures - SLA with service provider - Monthly and Quarterly meetings with service providers - Budget allocation
	Absence of Business Continuity Plans & Disaster Recovery Plans	- Offsite back-up storage implemented - Establishment BCP Committee

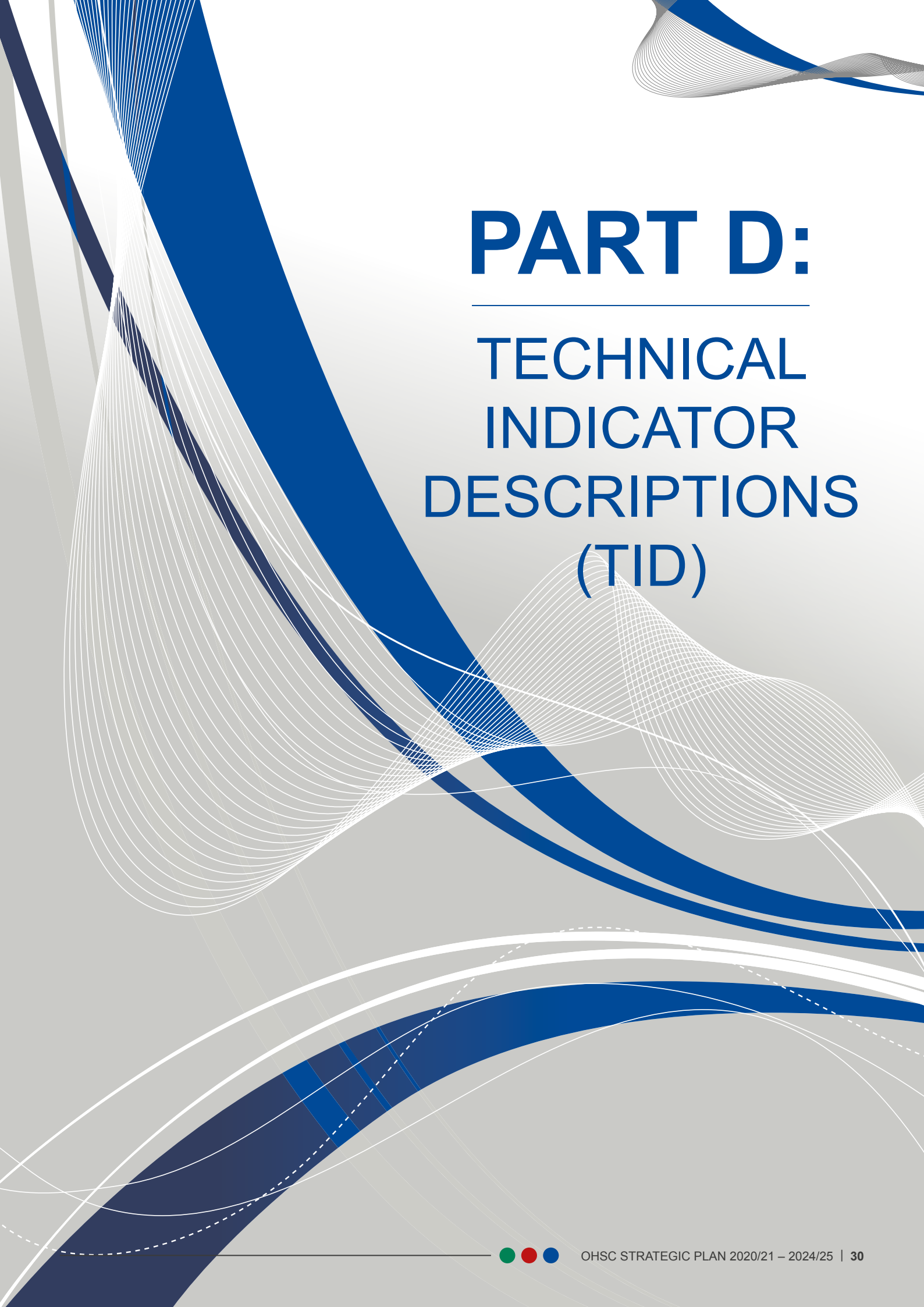
PART C: MEASURING OUR PERFORMANCE CONTINUED

Outcome	Key Risk	Risk Mitigation
Improved quality of health care services rendered to the users in the health establishments	Delays in administrative decision-making process which may lead to litigations.	- Fast-track appointment of executive manager - OHO delegation for managing complaints
	High Backlog complaints	Full capacity of the Complaints Management structure
	Limited understanding and clarity on independence and mandate of OHSC by key stakeholders	- Complaints Call Centre established - Policies and procedures in place. - Signed MOU's with other regulators - Consultative engagements with relevant stakeholders - The Communication and Stakeholder Relations Strategy and Stakeholder Map is continuously implemented and monitored - The Stakeholder Engagement Protocol is in the process of being finalised - Signed MOU's with other regulators - Consultative engagements with relevant stakeholders - Use of contract employees
Facilitate achievement of compliance with the norms and standards regulations for different categories of health establishments	Poor submission rate for Annual Returns and Early Warning System (EWS) reports	Provide timeous feedback to relevant authority on non-submissions

11. PUBLIC ENTITIES

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





PART D:

TECHNICAL INDICATOR DESCRIPTIONS (TID)

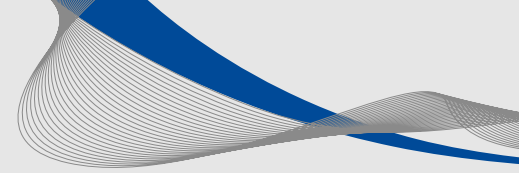
PART D: TECHNICAL INDICATOR DESCRIPTION

PROGRAMME 1: ADMINISTRATION

Sub-programme: Human Resources

Indicator title	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 and appointment letters
Method of calculation / assessment	$\left(\frac{\text{Number of vacancies filled within four months of existence}}{\text{Total number of vacant posts, excluding posts, not vacant for at least four months}} \right) \times 100$
Means of verification	Register of vacant and funded posts filled within four months of existence
Assumptions	Line managers and HR unit available and co-operating with each during the recruitment process
Disaggregation of beneficiaries (where applicable)	Target for woman: N/A Target for youth: N/A Target for disabled persons: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Non-cumulative
Reporting cycle	Quarterly
Desired performance	93%
Indicator responsibility	Director: Human Resources

Indicator title	Percentage of certified Inspectors after completion of training
Definition	Inspectors trained in a curriculum and training course approved by the Board and certified by the CEO
Source of data	Certificate of appointment
Method of calculation / assessment	$\left(\frac{\text{Number of certified inspectors}}{\text{Total number of inspectors trained in a curriculum and training course approved by the Board}} \right) \times 100$
Means of verification	Register of certified Inspectors
Assumptions	Staff to be trained are made available for training
Disaggregation of beneficiaries (where applicable)	N/A
Spatial transformation (where applicable)	N/A
Calculation type	Non-cumulative
Reporting cycle	Annual
Desired performance	95%
Indicator responsibility	Director: Human Resources



Sub-programme: Information and Communication Technology (ICT)

Indicator title	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. The following core OHSC services are monitored: Electronic Inspection System, Call Centre System, Annual Returns Systems.
Source of data	Reports from server and network infrastructure
Method of calculation / assessment	$\left(\frac{\text{Minutes of uptime}}{\text{Total number of minutes for the period under review}} \right) \times 100$ The above formula is used to calculate the availability of each monitored core OHSC service before computing an average percentage availability for the period under review.
Means of verification	Portfolio of evidence
Assumptions	OHSC power generator and Uninterrupted Power Supply (UPS) are always fully serviced and operational
Disaggregation of beneficiaries (where applicable)	N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative Monthly
Reporting cycle	Quarterly
Desired performance	95%
Indicator responsibility	Director IT

PART D: TECHNICAL INDICATOR DESCRIPTION CONTINUED

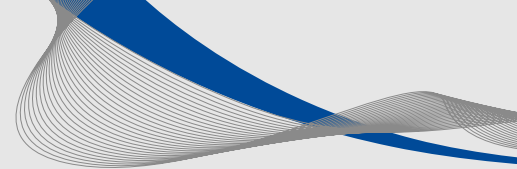
PROGRAMME 1: ADMINISTRATION Continued

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

Indicator title	Percentage of ICT availability for core OHSC 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 from server and network infrastructure
Method of calculation / assessment	$\left(\frac{\text{Minutes of uptime} - \text{Minutes of downtime}}{\text{Total number of minutes for the period under review}} \right) \times 100$ The above formula is used to calculate the availability of each monitored OHSC support service before computing an average percentage availability for the period under review.
Means of verification	Portfolio of evidence
Assumptions	OHSC power generator and Uninterrupted Power Supply (UPS) are always fully serviced and operational
Disaggregation of beneficiaries (where applicable)	N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative Monthly
Reporting cycle	Quarterly
Desired performance	95%
Indicator responsibility	Director IT

Sub-programme: Communications and Stakeholder Relations

Indicator title	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	Awareness activities conducted with the public and attendance registers
Method of calculation / assessment	A simple count of awareness activities and events conducted
Means of verification	Attendance registers for awareness activities conducted
Assumptions	Stakeholder engagements on the role and powers of the OHSC and Health Ombud conducted
Disaggregation of beneficiaries (where applicable)	N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative
Reporting cycle	Quarterly
Desired performance	60
Indicator responsibility	Director: Communication and Stakeholder Relations



Sub-programme: Communications and Stakeholder Relations Continued

Indicator title	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 public sector
Source of data	Awareness activities conducted with the public sector and registers
Method of calculation / assessment	A simple count of awareness activities and events conducted
Means of verification	Attendance registers for awareness activities conducted
Assumptions	Stakeholder engagements on the role and powers of the OHSC and Health Ombud conducted
Disaggregation of beneficiaries (where applicable)	N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative
Reporting cycle	Quarterly
Desired performance	40
Indicator responsibility	Director: Communication and Stakeholder Relations

Sub-programme: Finance

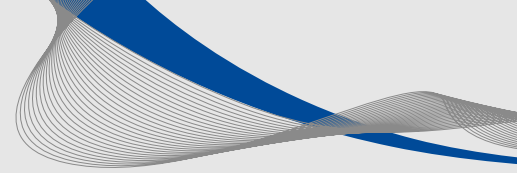
Indicator title	Unqualified Audit Opinion Achieved by the OHSC
Definition	This indicator measures the Annual Unqualified Audit Opinion on the annual financial statements achieved by the OHSC as determined by Auditor General
Source of data	Auditor General report
Method of calculation / assessment	Performance is assessed by evaluation of audit opinion obtained
Means of verification	Audit opinion of the Auditor-General
Assumptions	Management and staff follow all prescripts, policies and procedures as expected
Disaggregation of beneficiaries (where applicable)	N/A
Spatial transformation (where applicable)	N/A
Calculation type	N/A
Reporting cycle	Annual
Desired performance	Unqualified audit without findings
Indicator responsibility	Chief Financial Officer

PART D: TECHNICAL INDICATOR DESCRIPTION CONTINUED

PROGRAMME 2: COMPLIANCE INSPECTORATE

Indicator title	Percentage of public sector 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 register and inspection reports
Method of calculation / assessment	$\left(\frac{\text{Number of inspections conducted in the public health establishments}}{\text{Total number of public health establishments}} \right) \times 100$
Means of verification	Inspection register and inspection reports
Assumptions	All public health establishments will be inspected, human and financial resources will be provided accordingly
Disaggregation of beneficiaries (where applicable)	Different levels of authority (national, provincial, municipal, health care organisation); users of health care services
Special transformation (where applicable)	N/A
Calculation type	Cumulative
Reporting cycle	Quarterly
Desired performance	100%
Indicator responsibility	Executive Manager: Compliance Inspectorate

Indicator title	Percentage of private sector 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 register and inspection reports
Method of calculation / assessment	$\left(\frac{\text{Number of inspections conducted in the public health establishments}}{\text{Total number of public health establishments}} \right) \times 100$
Means of verification	Inspection register and inspection reports
Assumptions	All private health establishments will be inspected, human and financial resources will be provided accordingly
Disaggregation of beneficiaries (where applicable)	Different levels of authority (national, provincial, municipal, health care organisation); users of health care services
Special transformation (where applicable)	N/A
Calculation type	Cumulative
Reporting cycle	Quarterly
Desired performance	100%
Indicator responsibility	Executive Manager: Compliance Inspectorate



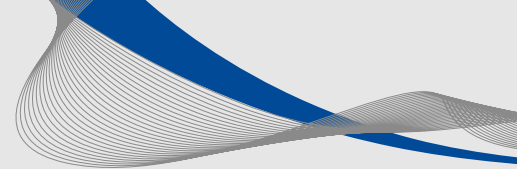
Indicator title	Percentage of additional inspection conducted in private and public health establishments where non-compliance was identified
Definition	Additional inspections conducted (re-inspection) at public and private health establishments that did not comply with the non-negotiable vital measures but were graded either excellent, good or satisfactory
Source of data	Inspection register and inspection reports
Method of calculation / assessment	$\left(\frac{\text{Additional inspections @conducted (re-inspection) at public and private health establishments that did not comply with the non-negotiable vital measures but were graded either excellent, good or satisfactory}}{\text{Public and private health establishments that did not comply with the non-negotiable vital measures but were graded either excellent, good or satisfactory}} \right) \times 100$
Means of verification	Inspection register and inspection reports
Assumptions	All health establishments that are eligible for re-inspection will be inspected, human and financial resources will be provided accordingly
Disaggregation of beneficiaries (where applicable)	Different levels of authority (national, provincial, municipal, health care organisation); users of health care services
Special transformation (where applicable)	N/A
Calculation type	Cumulative
Reporting cycle	Bi-annually
Desired performance	100%
Indicator responsibility	Executive Manager: Compliance Inspectorate

PART D: TECHNICAL INDICATOR DESCRIPTION CONTINUED

PROGRAMME 2: COMPLIANCE INSPECTORATE Continued

Indicator title	Publish bi-annual and annual consolidated reports on health establishments performance against the norms and standards as per regulations
Definition	Publishing bi-annual inspection findings report that sets out the compliance status of all health establishments.
Source of data	Individual health establishment inspection report and provincial reports.
Method of calculation / assessment	A simple count of bi-annual inspection report
Means of verification	Inspection register
Assumptions	Inspection reports will be published as required by the regulations.
Disaggregation of beneficiaries (where applicable)	N/A
Special transformation (where applicable)	N/A
Calculation type	Cumulative
Reporting cycle	Bi-annually
Desired performance	10
Indicator responsibility	Executive Manager: Compliance Inspectorate

Indicator title	Publish an annual report that sets out the compliance status of all HEs and summarises the number and nature of the compliance notices issued.
Definition	Publishing 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	Individual health establishment inspection report and provincial reports.
Method of calculation / assessment	A simple count of approved annual report that sets out the compliance status of all HEs and summarises the number and nature of the compliance notices issued.
Means of verification	Inspection register Approved annual report
Assumptions	Inspection reports will be published as required by the regulations.
Disaggregation of beneficiaries (where applicable)	N/A
Special transformation (where applicable)	N/A
Calculation type	Cumulative
Reporting cycle	Annually
Desired performance	5
Indicator responsibility	Executive Manager: Compliance Inspectorate



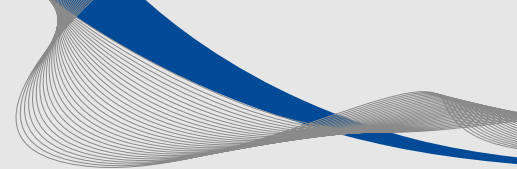
PROGRAMME 3: COMPLAINTS MANAGEMENT AND OFFICE OF THE OMBUD

Indicator title	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.
Source of Data	Request Details input form.
Method of Calculation / Assessment	$\left(\frac{\text{Number of low risk complaints resolved within 25 working days of logging}}{\text{Total number of low risk complaints logged during the current reporting period plus the total number of unresolved low risk complaints lodged in the pervious reporting period minus complaints assigned for assessment}} \right) \times 100$
Means of Verification	Complaints Register
Assumptions	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.
Disaggregation of Beneficiaries (where applicable)	Target for women: N/A Target for youth: N/A Target for people with disabilities: N/A
Spatial Transformation	N/A
Calculation Type	Cumulative (year- to-date)
Reporting Cycle	Quarterly
Desired Performance	90%
Indicator Responsibility	Director: CC&A

PART D: TECHNICAL INDICATOR DESCRIPTION CONTINUED

PROGRAMME 3: COMPLAINTS MANAGEMENT AND OFFICE OF THE OMBUD Continued

Indicator title	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.
Source of Data	Request Details input form
Method of Calculation / Assessment	$\left(\frac{\text{Number of complaints resolved through assessment within 30 working days of receipt of response to complaint request from the complainants or health establishments during period under review}}{\text{Total number of complaints assigned to assessment during the period under review plus complaints that remained unresolved from the previous period}} \right) \times 100$
Means of Verification	Screening SLA Report
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.
Disaggregation of Beneficiaries (where applicable)	Target for women: N/A Target for youth: N/A Target for people with disabilities: N/A
Spatial Transformation (where applicable)	N/A
Calculation Type	Cumulative (year- to-date)
Reporting Cycle	Quarterly
Desired Performance	75%
Indicator Responsibility	Director: CC&A

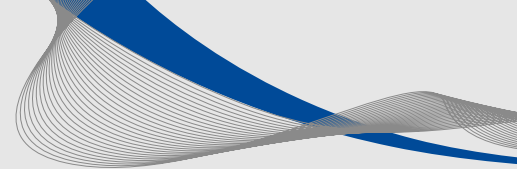


Indicator title	Percentage of complaints resolved within 6 months through investigation
Definition	Complaints that are investigated within 6 months from date of assignment from Complaints Assessment Centre to the Complaints Investigations Unit. A final report, referral report to other entities and close out reports are produced.
Source of Data	Investigation register, Investigation Service Level Agreement (SLA) and final Investigation Report, Close out report and Referral to other entities report.
Method of Calculation / Assessment	$\left(\frac{\text{Number of complaints resolved within 6 months of assignment from Complaints Assessment Centre to the Complaints Investigations Unit}}{\text{Total number of cases referred for investigation during the current reporting period plus number of unresolved complaints referred for investigation in the previous reporting period}} \right) \times 100$
Means of Verification	A final report, referral report to other entities and close out report. A register of assigned complaints including the status of each complaint.
Assumptions	100% funding of the vacant posts in the Complaints Investigation Unit. Performance is predicated on the continued employment of the contract workers. Cooperation from Health Establishment on submission of requested documents. Availability of Quality Assurance system for the report. Established system for legal vetting of report. Appointment of expert/panel for expert opinion. We consider the open complaints at the beginning of the period under review plus unresolved complaints referred for investigation during the previous period.
Disaggregation of Beneficiaries (where applicable)	Target for women: N/A Target for youth: N/A Target for people with disabilities: N/A
Spatial Transformation (where applicable)	Private and public health care establishments across the 9 provinces
Calculation Type	Non-cumulative
Reporting Cycle	Quarterly,
Desired Performance	70%
Indicator Responsibility	Senior Investigator: Health Care Cases Executive Manager

PART D: TECHNICAL INDICATOR DESCRIPTION CONTINUED

PROGRAMME 3: COMPLAINTS MANAGEMENT AND OFFICE OF THE OMBUD Continued

Indicator title	Percentage of complaints resolved within 12 months through investigation
Definition	Complaints that are investigated within 12 months from date of assignment from Complaints Assessment Centre to the Complaints Investigations Unit. A final report, referral report to other entities and close out reports are produced.
Source of Data	Investigation register, Investigation Service Level Agreement (SLA) and final Investigation Report, Close out report and Referral to other entities report.
Method of Calculation / Assessment	$\left(\frac{\text{Number of complaints resolved within 12 months of assignment from Complaints Assessment Centre to the Complaints Investigations Unit}}{\text{Total number of cases referred for investigation during the current reporting period plus number of unresolved complaints referred for investigation in the previous reporting period}} \right) \times 100$
Means of Verification	A final report, referral report to other entities and close out report. A register of assigned complaints including the status of each complaint.
Assumptions	100% funding of the vacant posts in the Complaints Investigation Unit. Performance is predicated on the continued employment of the contract workers. Cooperation from Health Establishment on submission of requested documents. Availability of Quality Assurance system for the report. Established system for legal vetting of report. Appointment of expert/panel for expert opinion. We consider the open complaints at the beginning of the period under review plus unresolved complaints referred for investigation during the previous period.
Disaggregation of Beneficiaries (where applicable)	Target for women: N/A Target for youth: N/A Target for people with disabilities: N/A
Spatial Transformation (where applicable)	Private and public health care establishments across the 9 provinces
Calculation Type	Non-cumulative
Reporting Cycle	Quarterly
Desired Performance	70%
Indicator Responsibility	Senior Investigator: Health Care Cases Executive Manager



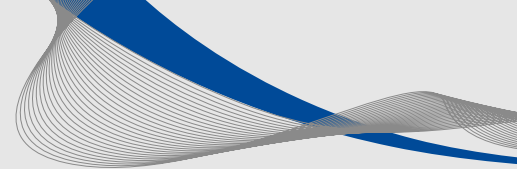
Indicator title	Percentage of complaints resolved within 18 months through investigation
Definition	Complaints that are investigated within 18 months from date of assignment from Complaints Assessment Centre to the Complaints Investigations Unit. A final report, referral report to other entities and close out reports are produced.
Source of Data	Investigation register, Investigation Service Level Agreement (SLA) and final Investigation Report, Close out report and Referral to other entities report.
Method of Calculation / Assessment	$\left(\frac{\text{Number of complaints resolved within 18 months of assignment from Complaints Assessment Centre to the Complaints Investigations Unit}}{\text{Total number of cases referred for investigation during the current reporting period plus number of unresolved complaints referred for investigation in the previous reporting period}} \right) \times 100$
Means of Verification	A final report, referral report to other entities and close out report. A register of assigned complaints including the status of each complaint.
Assumptions	100% funding of the vacant posts in the Complaints Investigation Unit. Performance is predicated on the continued employment of the contract workers. Cooperation from Health Establishment on submission of requested documents. Availability of Quality Assurance system for the report. Established system for legal vetting of report. Appointment of expert/panel for expert opinion. We consider the open complaints at the beginning of the period under review plus unresolved complaints referred for investigation during the previous period.
Disaggregation of Beneficiaries (where applicable)	Target for women: N/A Target for youth: N/A Target for people with disabilities: N/A
Spatial Transformation (where applicable)	Private and public health care establishments across the 9 provinces
Calculation Type	Non-cumulative
Reporting Cycle	Quarterly
Desired Performance	70%
Indicator Responsibility	Senior Investigator: Health Care Cases Executive Manager

PART D: TECHNICAL INDICATOR DESCRIPTION CONTINUED

PROGRAMME 4: HEALTH STANDARDS DESIGN, ANALYSIS AND SUPPORT

Indicator title	Number of recommendations 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
Source of data	EWS, Annual returns and Inspection findings analysis reports
Method of calculation / assessment	A simple count of recommendations reports developed by HSDAS
Means of verification	Register to track reports developed and submitted to relevant authorities
Assumptions	Relevant authorities will cooperate and provide data for annual returns and EWS from health establishment. Compliance inspection reports are finalised and available.
Disaggregation of beneficiaries (where applicable)	Target for women: N/A Target for youth: N/A Target for people with disabilities: N/A
Special transformation (where applicable)	N/A
Calculation type	Non-cumulative
Reporting cycle	Annual
Desired performance	15 Recommendation reports
Indicator responsibility	Executive Manager: HSDAS

Indicator title	Number of guidance workshops conducted to facilitate implementation of the norms and standards regulations
Definition	At least two training sessions to be provided to each province and each private health care organisation on an annual basis
Source of data	Agendas, Attendance Registers, Presentations and Reports for each training session provided
Method of calculation / assessment	A simple count of the number of training sessions delivered
Means of verification	Agendas, Attendance Registers, Presentations and Reports for each training session provided
Assumptions	Health care personnel to be trained are made available for training
Disaggregation of beneficiaries (where applicable)	Target for women: N/A Target for youth: N/A Target for people with disabilities: N/A
Special transformation (where applicable)	N/A
Calculation type	Cumulative
Reporting cycle	Quarterly
Desired performance	120
Indicator responsibility	Executive Manager: HSDAS



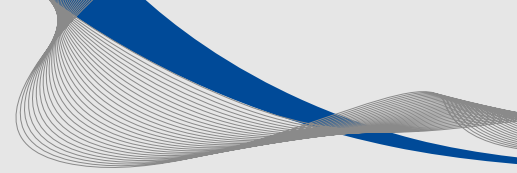
PROGRAMME 5: CERTIFICATION AND ENFORCEMENT

Indicator title	Percentage health establishments issued with a certificate of compliance within 15 days from the date of the final inspection report
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. 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
Method of calculation / assessment	$\left(\frac{\text{Total number of compliant health establishments and issued with a certificate of compliance within 15 days from the date of the final inspection report}}{\text{Total number of health establishment found to be compliant with the norms and standards and are recommended for certification in the final inspection report.}} \right) \times 100$
Means of verification	Inspection Register
Assumptions	HEs will comply with the norms and standards
Disaggregation of beneficiaries (where applicable)	N/A
Special transformation (where applicable)	N/A
Calculation type	Non-cumulative
Reporting cycle	Quarterly
Desired performance	100%
Indicator responsibility	Director: Certification and Enforcement

PART D: TECHNICAL INDICATOR DESCRIPTION CONTINUED

PROGRAMME 5: CERTIFICATION AND ENFORCEMENT Continued

Indicator title	Percentage of health establishments against which enforcement action has been initiated within 10 days from the date of the final inspection report
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. 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
Method of calculation / assessment	$\left(\frac{\text{Total number of non-compliant health establishments against which enforcement action has been initiated within 10 days from the date of the final inspection report}}{\text{Total number of non-compliant health establishments referred for enforcement in the final additional inspection report.}} \right) \times 100$
Means of verification	Inspection Register
Assumptions	HEs will not comply with the norms and standards
Disaggregation of beneficiaries (where applicable)	N/A
Special transformation (where applicable)	None
Calculation type	Non-cumulative
Reporting cycle	Quarterly
Desired performance	100%
Indicator responsibility	Director: Certification and Enforcement



Indicator title	Number of health establishment compliance status reports published every six months
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	Certification and Enforcement Register Hearing tribunal reports
Method of calculation / assessment	A simple count of reports health establishment compliance status reports published every six months
Means of verification	Inspection Register
Assumptions	Inspections will be conducted
Disaggregation of beneficiaries (where applicable)	N/A
Special transformation (where applicable)	None
Calculation type	Cumulative
Reporting cycle	Bi-Annually
Desired performance	10
Indicator responsibility	Director: Certification and Enforcement

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