

***Strategic plan of the
Office of Health Standards Compliance
for the years 2015/16 to 2019/20
(revised)***

***Presentation to the Health Portfolio Committee
15TH APRIL 2015***



OHSC

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

Presented by the Board of the OHSC

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- ***Professor Ethelwynn Stellenberg***
- ***Professor Gert van Zyl***
- ***Professor Stuart Whittaker***

PART A - STRATEGIC OVERVIEW

Mandate, Vision, Mission and Values

- **Mandate: from the National Health Amendment Act**

- **Desired outcomes:**

- **Vision:** “Safe and Quality Healthcare for all South Africans”

- **Mission:** “To act independently, impartially, fairly and fearlessly for the people of South Africa in guiding, monitoring and enforcing health care safety and quality standards in health establishments”

- **Values:**

- **Principles of good regulation:**

Legislative mandates

- ***The Constitution***
- ***The National Health Act***
- ***The National Health Amendment Act***
- ***The Public Finance Management Act***
- ***Other health-related Acts***
- ***Other legislation***

The National Health Amendment Act (12 of 2013) (our mandate)

S 78

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

– ***Monitoring and enforcing compliance by health establishments with norms and standards prescribed by the Minister in relation to the national health system; and***

– ***Ensuring consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair, economical and expeditious manner”***

Powers / functions of the Office of Health Standards

Compliance

Assess

Monitor compliance; early warning indicators of breach of norms & standards

Investigate complaints relating to breaches of norms & standards

Inspect to assess compliance with norms & standards

Advise

Advise on ... Prescribed norms and standards for the health system

Enforce

Issue notice of non-compliance with norms & standards; monitor

Implement sanctions for persistent non-compliance with norms & standards

Recommend

Issue guidance relating to norms & standards

Recommend interventions & systems

Collaborate with other entities

**Certify compliance with norms & standards
*(link to NHI)***

Legal context: Other legislation

- **Legislation relating to operations of entities**
 - Strengthen mandate of inspectors
 - Obligation on OHSC
- **Legislation relating to functioning of health establishments and their staff**
 - Strengthen mandate of inspectors
 - Coordination

Policy mandates

- ***National policy on quality in Health (2001 – 2007)***
- ***Batho Pele and the Patient's Rights Charter***
- ***National Core Standards for Health Establishments in South Africa (2011)***
- ***National Development Plan***
- ***National Health Insurance (green paper)***
- ***Regulations in terms of the NHAA (gazetted for comment)***
 - Norms and Standards Regulations
 - Procedural Regulations

SITUATIONAL ANALYSIS

Performance delivery

environment

The quality challenge and health reform efforts

- ***The National Development Plan***
- ***The National Core Standards***
- ***Focus on preparing for implementation of NHI – improvement of quality in the public (and private) sectors***
- ***Key current initiatives reflected in and reinforced by the regulated norms and standards / National Core Standards***
 - Infrastructure and equipment, Human resource planning, Availability of medicines, Ideal clinics, Placement of additional staff , Strengthening management capacity

“Mock” inspections” - findings to date

- ***To date O(H)SC has conducted over 1000 “mock” or training inspections***

- ***The findings highlight large variations and significant deficits in the quality of health services***

- Between individual establishments
- Between types of HE (particular problem with clinics – cornerstone for NHI)

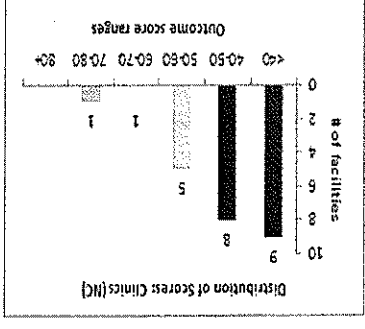
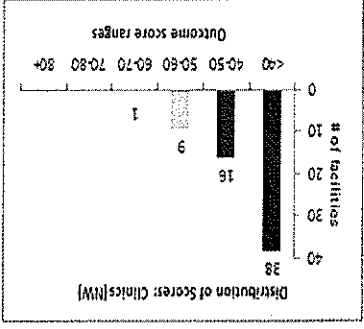
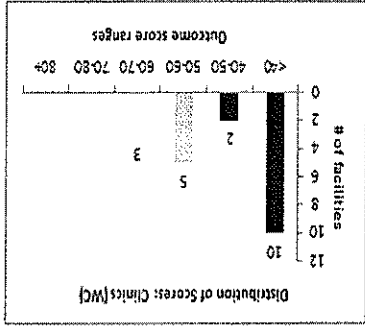
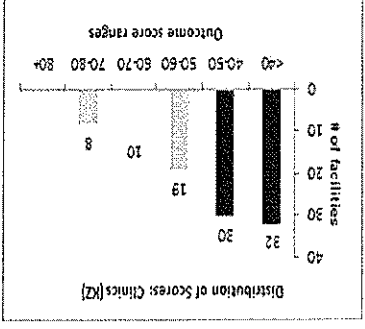
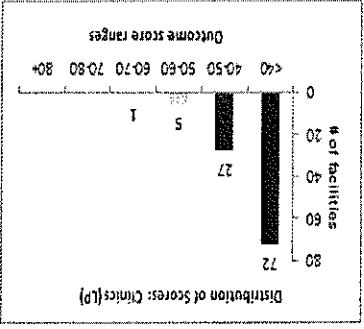
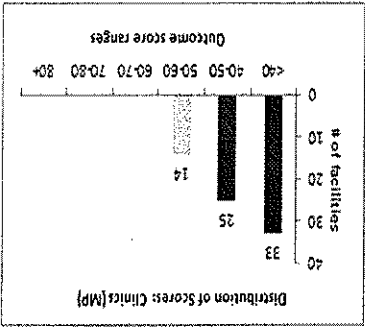
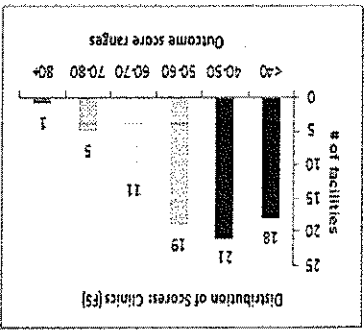
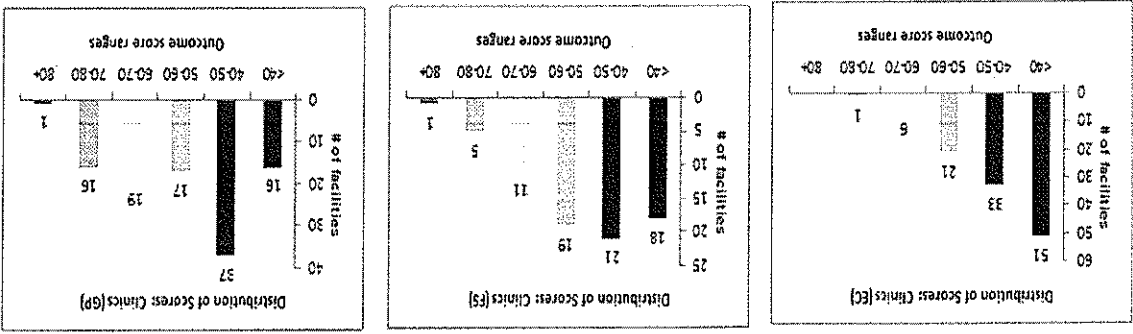
- Between provinces (persistent inequities)
- In the functionality of supply and support systems
- In the degree of individual management responsibility for delivering basic quality care to users of health services

“Mock” inspections to date (2010-2015) – National Coverage by type of establishment

Facility type	Number of Inspections	Re-inspections	# of inspected Facilities	Total # of facilities by type	Percentage coverage
Central Hospital	20	10	10	10	100%
CHC	61	7	54	267	20%
Clinic	1039	164	875	3167	28%
District Hospital	82	21	61	199	31%
Provincial Tertiary Hospital	16	3	13	16	81%
Regional Hospital	29	4	25	47	53%
Specialised Psychiatric Hospital	2	0	2	24	8%
Specialised(TB)	3	0	3	29	10%
TOTAL	1252	209	1043	3759 (4000)	28%

Results of the mock inspections

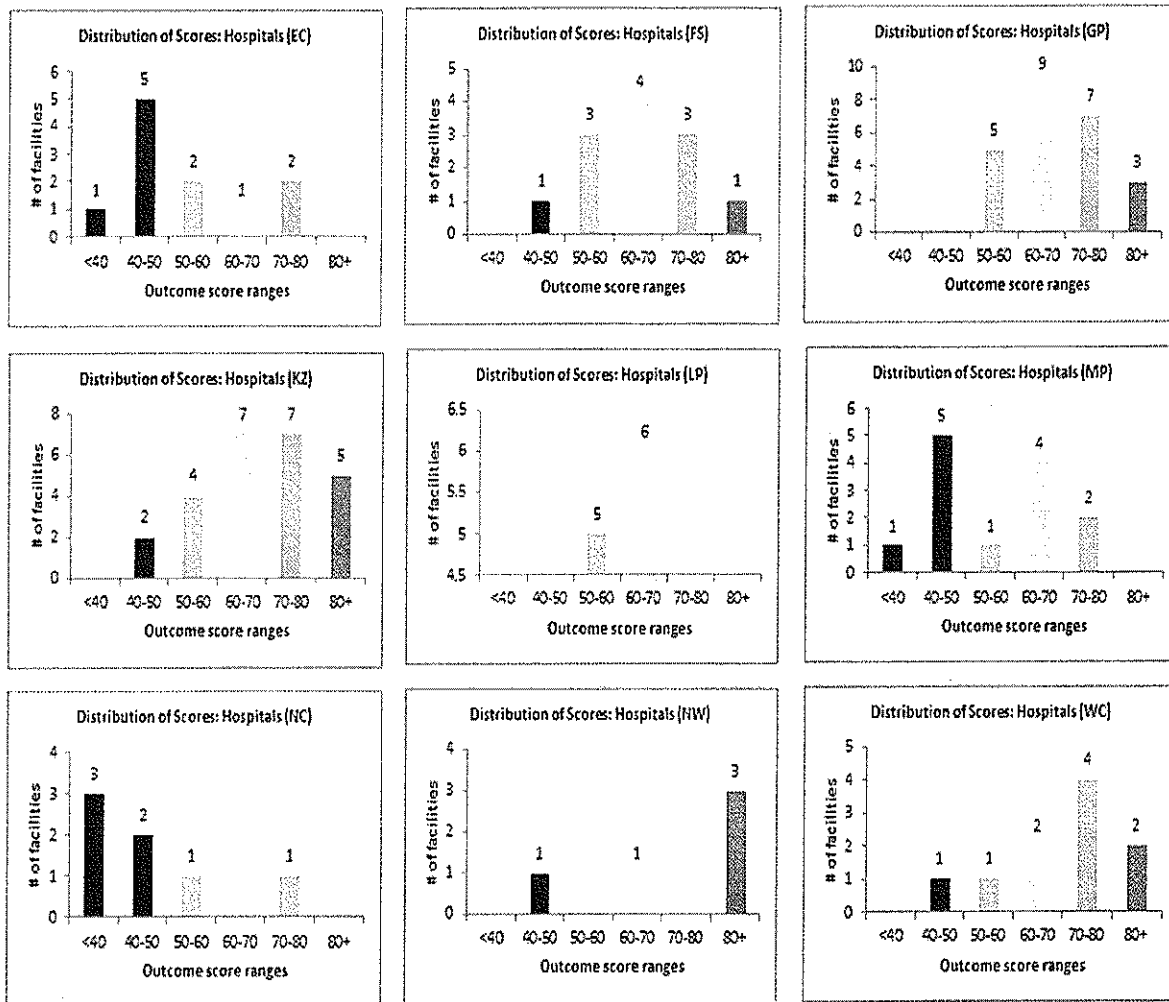
Performance of Clinics by Province (to Nov14)



Outcome score ranges	# of facilities
<40	10
40-50	2
50-60	5
60-70	3
70-80	0
80+	0

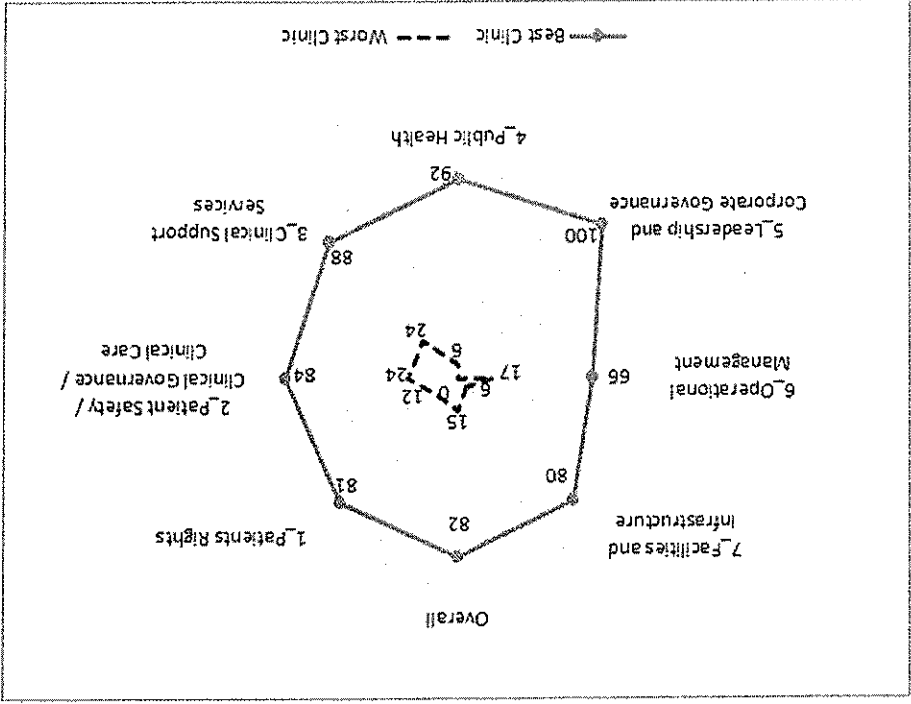
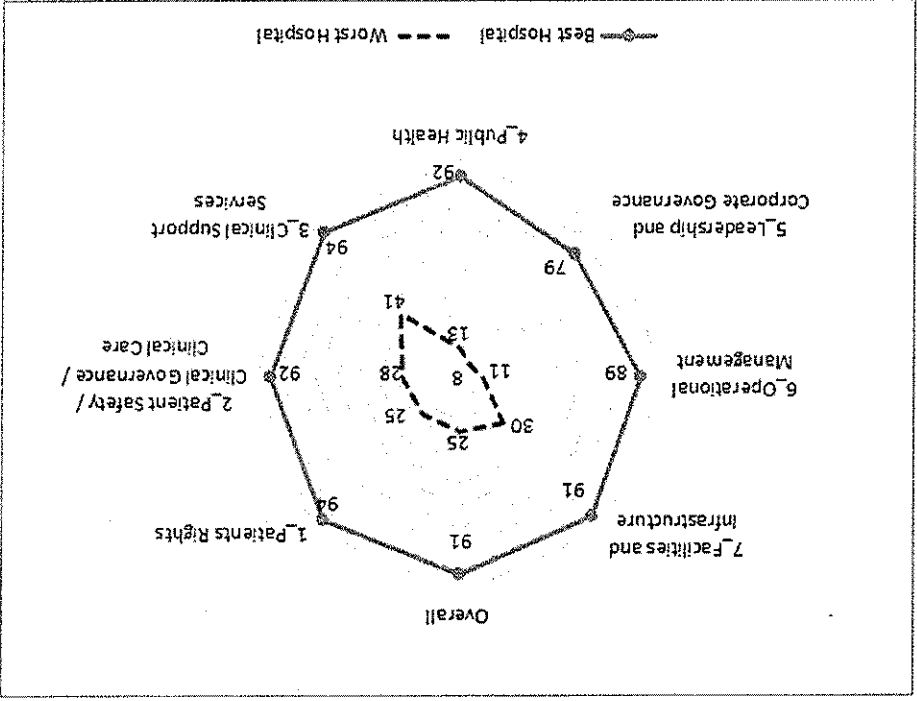
Results of the mock inspections

Performance of Hospitals by Province (to Nov 14)



<40	40-50	50-60	60-70	70-80	80+

Results of the mock inspections – Outliers: Best-Worst Facilities



Results of the mock inspections: Re-inspections (to Nov 14)

Re-inspections⁺

- 34% of facilities inspected showed improvement (more than 10% change in score from baseline)

Facility Type	Province	Change from 1 st Inspection*			
		Worse	Same	Better	% Better
Clinic	EC			1	100%
	FS	2	2	3	43%
	GP		3	1	25%
	KZ	4	1	4	44%
	LP	5	7	2	14%
	MP		3	2	40%
	NC		1		0%
	NW		3	1	25%
Hospital	EC		1	2	67%
	FS	1			0%
	GP	1	2	3	50%
	KZ		1	2	67%
	LP		3		0%
	MP	1	1		0%
	NC	1		1	50%
	Total		15	28	22

+ As at September 2014

***Worse:** Scores <10% of 1st Inspection

Same: Scores between -10% and 10% of 1st Inspection

Better: Scores >10% of 1st Inspection

Organisational environment

SITUATIONAL ANALYSIS

SWOT analysis

<p>Strengths</p> <ul style="list-style-type: none">•Legislated authority as new health sector public entity / regulator•Independent Board and Ombudsman•Cross-sectoral mandate (public, private)•Cross-sectional, diverse and experienced Board	<p>Weaknesses</p> <ul style="list-style-type: none">•Limited powers to directly enforce compliance•Start-up phase and challenges (resourcing, track record, regulations)
<p>Opportunities</p> <ul style="list-style-type: none">•Strong political and public support•Favourable context and clear expectation / role within NDP•Significant contribution towards NHI	<p>Threats</p> <ul style="list-style-type: none">•Resistance from establishments or authorities not willing to comply•Real or perceived interference in selection of facilities or complaints, reporting of findings or certification•Concurrent powers and disagreements with other regulators

Rationale / approaches to regulation

Regulation may be

- ***“Negotiated”*** – cooperative, educative, flexible, discretionary, or
- ***“Enforced”*** – Coercive, rigid, punitive,

- Regulation is “the intentional use of authority to change the behavior of people and/or the operations of systems, in line with set standards, in order to realise defined regulatory outcomes”

What behaviour does the OHSC seek to change?

Promote and recognise

- ***Systems to assess and control risks to safety and quality***
- ***“User focus” - compassionate, respectful, available***
- ***“Provider focus” - effective, efficient***
- ***Proactive, problem-solving***
- ***Accountable***

Discourage and penalise

- ***Ad-hoc and arbitrary actions / activities***
- ***Impunity - for abuse of power, negligence, non-delivery***
- ***Mediocrity***
- ***“Its not my fault”***
- ***The bottom line / the budget as the primary goal***

**Benchmarking and “Compliance” -
Making it more comfortable to do your job than not to**

Strategies in implementing our regulatory mandate

- 1. Prioritise weakest establishments serving most
disadvantaged users to shift the system towards
safer care; but also encourage and recognise
excellence**
- 2. Use progressive and developmental approach to
enforcement to enhance change across the system**
- 3. Use power of information and communication as
strategic tool to influence decisions and behaviour**
- 4. Collaborate with key user, provider and leadership
groups towards improved outcomes**
- 5. Develop capacity of staff and others as agents of
change**

Norms and standards regulations

- ***Based on the National Core Standards, drawing on widespread awareness of these***
- ***Articulate the risks to health and safety and the needed control mechanisms***
- ***Performance-based standards; stipulate intent as well as standard of proof***
- ***Assessment tools to measure evidence of compliance are an integral component***

Scope of the Norms and Standards (N&S) regulations

- "The Minister may, after consultation with relevant regulatory authorities, issue different norms and standards for different types of health establishments" (S90 (e))

• Types of Health Establishment covered by these N&S (phase 1):

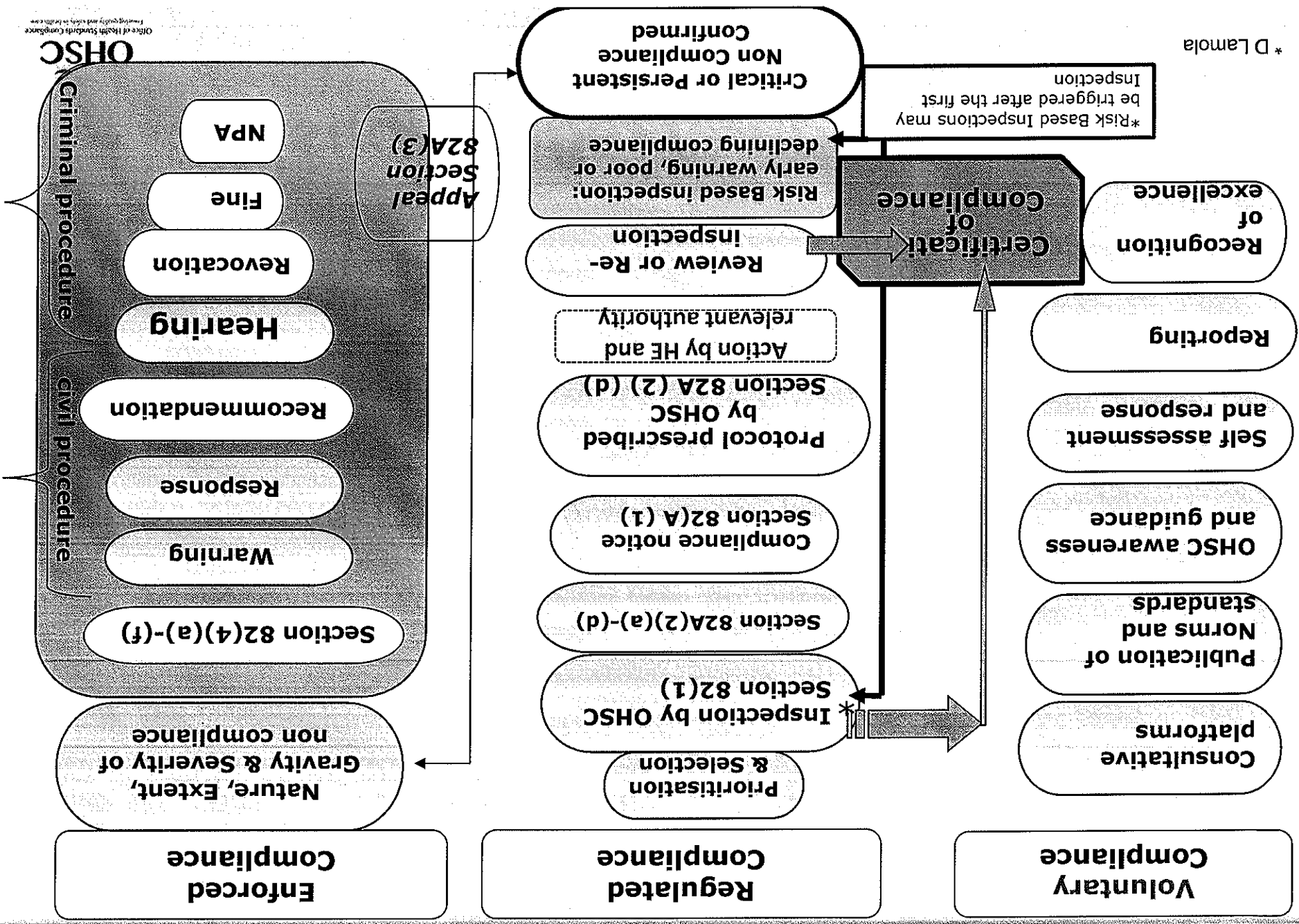
1. Public hospitals
2. Public clinics and CHCs
3. Private hospitals and clinics

(The specificity of these different types of establishments is dealt with in the measurement tools)

Procedural regulations

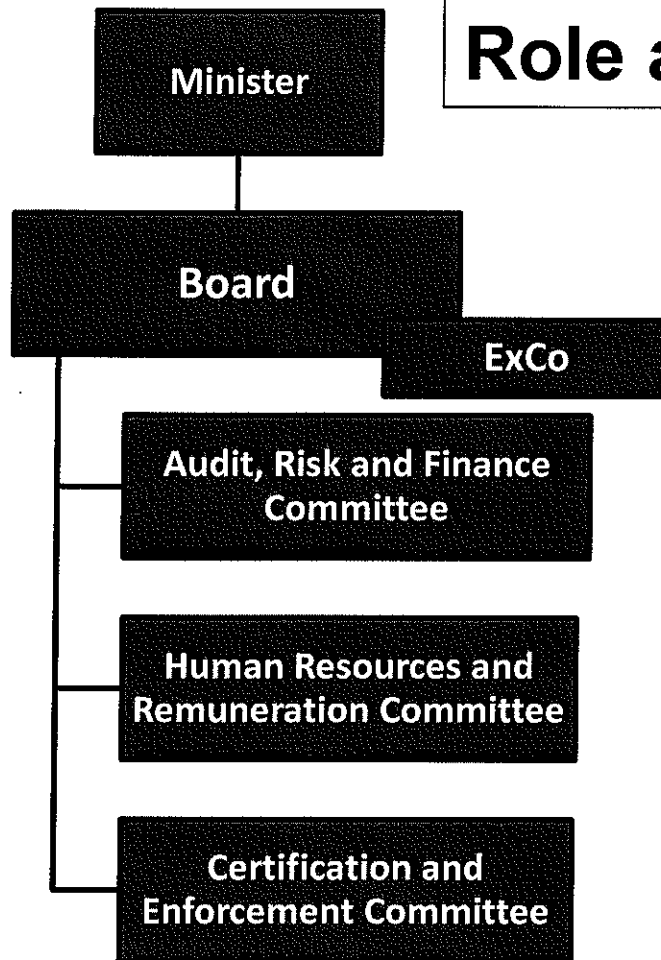
- ***Procedural regulations specify:***
 - The obligations of the health establishment in relation to the Office and its regulatory mandate
 - E.g. Health Establishment to render reasonable assistance to the OHSC or Ombud during inspection or investigation; submit reports
 - The duties of the Office in respect of its regulatory functions:
 - E.g. the Office must prepare an inspection strategy annually
 - The strategy is used as a basis for obtaining consent from the 'owners of health establishments'
 - Regulatory practices and processes
 - E.g. regulations prescribe the skills and qualifications required when appointing an inspector
 - Holding formal hearings prior to recommending / imposing sanctions

OHSC Inspection Framework*



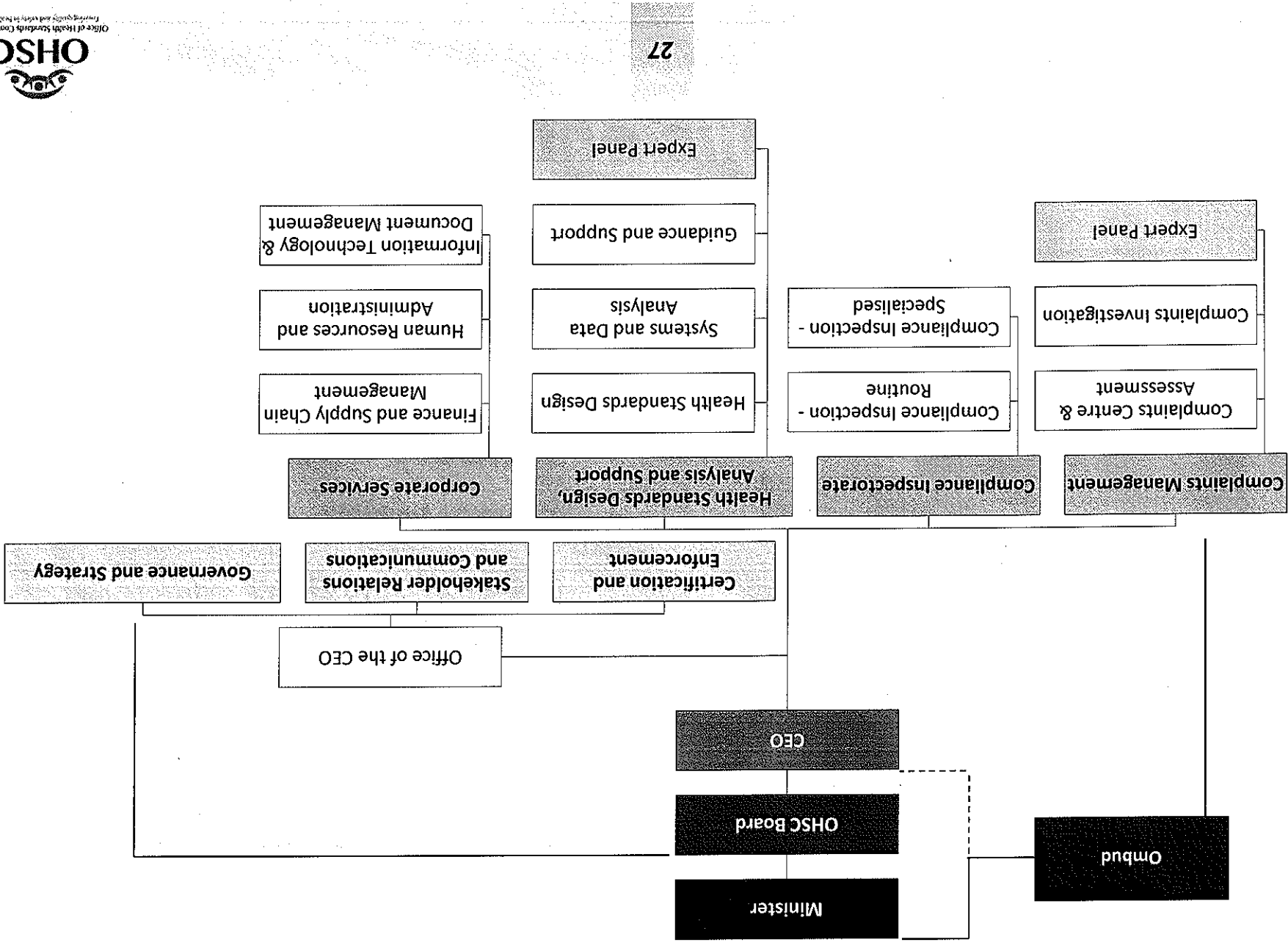
The OHSC as a newly established public entity

Role and functioning of the Board



- *Board inaugurated 29th January 2014*
- *Accounting authority*
- *Oversight and governance*
- *Policies and plans*
- *Appoint CEO; approve executive managers*

OHSC approved Organisational Structure



Transition to an independent public entity

- ***Listed as a Schedule 3A public entity May 2014***
- ***Formal MOA between NDOH and OHSC facilitated the transition; independent funding from 1st April 2015***
- ***Policies developed, systems established, bank account in place***
- ***Staffing and recruitment:***
 - CEO appointed on interim basis from 1 April 2014 to 31 July 2015; post advertised
 - Acting CFO appointed on contract basis (December 2014); post re-advertised after unsuccessful first attempt
 - 1 Executive, 2(+1) senior and 2 middle managers appointed
 - 7 senior managers and 9 staff interviewed (no suitable candidates in 18%)
 - Remaining 25 for interview by end of May
 - 50 staff in final stages of transfer from NDOH

Projected staffing numbers – evolution over time

Budget programme / business unit	2014/15	2015/16	2016/17	2017/18
1. Office of the CEO	2	8	9	11
2. Corporate Services	3	17	19	26
3. Compliance Inspection	43	50	56	65
4. Complaints Management	3	12	14	21
5. Health Standards Design, Analysis & Support	0	9	10	14
TOTAL	51	96	108	137

Key processes

- ***Development of partnerships***
 - Extensive briefings and discussions on coordination
- ***Process of revising Strategic plan***
 - Close involvement of Board
 - Draws on extensive process of consultation related to Regulations

STRATEGIC GOALS AND OBJECTIVES

Strategic Outcome-oriented Goals and indicators

Goals	Indicators
1. Health Establishments (HEs) comply with quality norms and standards	Number and % of HEs certified as complying with quality standards
2. Patient and community complaints regarding poor care and situations of concern are heard and responded to	Number and % of complaints from users and communities that are responded to within 6 months
3. The quality and safety of healthcare is progressively improved through effective communication and collaboration between the OHSC and users, providers and other entities	# Public awareness initiatives executed
4. The OHSC is an efficient and effective high performing organisation that is responsive and publicly accountable	Auditor General Annual Findings Rating

Strategic objectives - Goal 1

Health establishments (HES) comply with quality norms and standards

- 1.1 All HES regulated by prescribed norms and standards are registered annually for purposes of monitoring and inspections
- 1.2 Guidance is provided on compliance with norms and standards for regulated HES
- 1.3 Compliance with quality standards in regulated health establishments is monitored and inspected at least every 4 years
- 1.4 Non-compliant HE are subjected to re-inspection or review within 6 months
- 1.5 Health Establishments found to be compliant with prescribed norms and standards are certified.
- 1.6 Enforcement action is effected with respect to persistently non-compliant health establishments
- 1.7 An early warning system of potential situations of risk is implemented by HES to prioritise inspections

Strategic objectives – Goal 2

Patient and community complaints regarding poor care and situations of concern are heard and responded to

- 2.1 An accessible mechanism by which Complaints can be lodged with the OHSC is in place
- 2.2 Complaints or concerns regarding non-compliance with norms and standards are effectively managed and disposed of
- 2.3 Findings and recommendations relating to complaints of non-compliance with prescribed norms and standards are issued within agreed time frames
- 2.4 Recommendations made by the Ombud are communicated and monitored

Strategic objectives – Goal 3

The quality and safety of healthcare is progressively improved through effective communication and collaboration between the OHSC and users, providers and other entities.

3.1 Public, provider and stakeholder awareness on the roles and powers of OHSC is created

3.2 Norms and standards for different types of HES are consulted, developed and/or revised for submission to the Minister for promulgation

3.3 Memoranda of Agreement to further the mandate and objectives of the OHSC are in place with relevant regulators or other organisations
3.4 Information relating to compliance with norms and standards is published

3.5 An Early warning system of potential situations of risk from users and other entities is in place to prioritise inspections

***PART B: STRATEGIC
OBJECTIVES BY
PROGRAMME***

Strategic objectives – Goal 4

Efficient and effective high performing organization that is responsive and publicly accountable.

- 4.1 A functional Office is set-up and suitably staffed in accordance with the mandate and goals of the OHSC
- 4.2 Inspectors are accredited after successfully completing approved training course
- 4.3 Financial management and PFMA requirements are complied with
- 4.4 The IT system meets the needs of the OHSC

MTEF allocated budget 2014-2017

	2015/16	2016/17	2017/18
Budget programme / business unit			
1. Office of the CEO	11,048,093	11,146,196	13,041,414
2. Corporate Services	25,611,190	29,742,230	34,543,243
3. Compliance Inspection	34,501,367	38,706,705	47,617,275
4. Complaints Management	7,030,219	8,388,239	15,084,253
4a. Office of the Ombud	2,538,099	2,679,873	2,826,636
5. Health Standards Design, Analysis & Support	8,177,033	9,871,757	12,598,179
Total	88,906,000	100,535,000	125,711,000
Economic classification			
Compensation of employees	53,100,362	62,326,209	83,720,111
Goods and services	31,441,815	35,459,158	38,659,744
Payments for capital assets	4,363,823	2,749,633	3,331,145
Total and MTEF allocation	88,906,000	100,535,000	125,711,000

Budget programme 1: CEO's Office

Purpose: Provide the leadership, communication and regulatory functions required to carry out the mandate and functions of the OHSC as per legislative requirements

Objectives:

- 1.5 Health Establishments found to be compliant with prescribed norms and standards are certified.
- 1.6 Enforcement action is effected with respect to persistently non-compliant health establishments
- 2. 4 Recommendations made by the Ombud are communicated and monitored
- 3.1 Public, provider and stakeholder awareness on the roles and powers of OHSC is created
- 3.3 Memoranda of Agreement are in place with relevant regulators or other organisations
- 3.4 Information relating to compliance with norms and standards is published

Classification	Amount 2015/16	2016/17	2017/18
COE	6,070,836	6,694,671	7,571,232
G&S	4,977,257	4,451,525	5,470,182
Capital	-	-	-
Total	11,048,093	11,146,196	13,041,414

Budget:



Budget programme 2: Corporate services

Purpose: To provide the financial, human resources, IT and administrative support necessary for the OHSC to deliver on its mandate and comply with all relevant legislative requirements.

Objectives:

- 4.1 A fully functional Office is set-up and suitably staffed in accordance with the mandate and goals of the OHSC
- 4.3 Financial management and PFMA requirements are complied with
- 4.4 The IT system meets the needs of the OHSC

Budget:

Classification	Amount 2015/16	2016/17	2017/18
COE	8,051,490	10,155,842	13,125,066
G&S	13,195,876	16,836,755	18,087,032
Capital	4,363,823	2,749,633	3,331,145
Total	25,611,190	29,742,230	34,543,243

Budget programme 3: Compliance inspectorate

Purpose: To inspect health establishments in order to monitor compliance with prescribed norms and standards

Objectives:

- 1.3 Compliance with quality standards in regulated health establishments is monitored and inspected at least every 4 years
- 1.4 Non-compliant HE are subjected to re-inspection or review within 6 months
- 4.2 Inspectors are accredited after successfully completing approved training course

Classification	Amount 2015/16	2016/17	2017/18
COE	24,562,643	27,921,785	36,163,584
G&S	9,938,724	10,784,920	11,453,691
Capital	-	-	-
Total	34,501,367	38,706,705	47,617,275

Budget programme 4: Complaints management (and Ombud)

Purpose: To consider, investigate and dispose of complaints relating to non-compliance with prescribed norms and standards

Objectives:

- 2.1 An accessible mechanism by which Complaints can be lodged with the OHSC is in place
- 2.2 Complaints or concerns regarding non-compliance with norms and standards are effectively managed and disposed of
- 2.3 Findings and recommendations relating to complaints of non-compliance with prescribed norms and standards are issued within agreed time frames

Budget

Classification	Amount 2014/15	2015/16	2016/17
COE	6,042,683	7,399,558	14,046,138
G&S	987,536	988,681	1,038,115
Capital	-	-	-
Total	7,030,219	8,388,239	15,084,253

Budget programme 5: Health

Standards design, analysis & support

Purpose: To provide support to the work of the Office in relation to the development and analysis of norms and standards and their dissemination

Objectives:

3.2 Norms and standards for different types of HE's are consulted, developed and/or revised for submission to the Minister for promulgation

1.1 All HES regulated by prescribed norms and standards are registered annually for purposes of monitoring and inspections

1.2 Guidance is provided on compliance with norms and standards for regulated HE's

3.5 An Early warning system of potential situations of risk from users and other entities is in place to prioritise inspections

Classification	Amount 2014/15	2015/16	2016/17
COE	5,954,578	7,600,262	10,119,903
G&S	2,222,630	2,271,136	2,478,276
Capital	-	-	-
Total	8,177,208	9,871,398	12,598,179

