

# ROLE OF OFFICE OF HEALTH STANDARDS COMPLIANCE

PORTFOLIO COMMITTEE ON HEALTH

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

# PURPOSE

- Brief the Portfolio Committee on Health on the mandate of the Office of Health Standards Compliance (OHSC)
- Share the Annual Performance Plan for the Financial Year 2019/20

## **MANDATE OF OHSC**

**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

# MANDATE OF OHSC

National Amendment Act  
# 12 of 2013  
establishment of the OHSC  
as an independent entity



## **“Protect”**

implies the State’s responsibility  
is to protect citizens from harm



## **“Promote”**

implies the state plays an ‘active’  
role in quality and safety of  
health services

# VISION AND MISSION OF THE OHSC



## Vision

Safe and Quality Healthcare for all South Africans



## Mission:

Act independently, impartially, fairly and fearlessly on behalf of the people of South Africa in guiding, monitoring and enforcing health care safety and quality standards in health establishments

**Our Values are informed by the South African Constitution and Batho-Pele Principles:  
“Human dignity; freedom and the achievement of equality; and that people must come first”**

## **VALUES AND PRINCIPLES**

### **Our Mandate implies that we shall:**

- 1) Act as the champion of the public and of healthcare users so as to restore credibility and trust;**
- 2) Respect healthcare users and their families as well as healthcare personnel;**
- 3) Push for effectiveness in achieving health system change and social impact**
- 4) Strive for excellence, innovation and efficiency in our operations**
- 5) Be truthful, fair and committed to intellectual honesty**
- 6) Practice transparency but respect confidentiality**
- 7) Achieve the highest standards of ethical behaviour, teamwork and collaboration**
- 8) Promote professionalism, compassion, diversity, and social responsibility**

# NATIONAL HEALTH ACT, NO 12 OF 2013

**Section 79** of the  
**National Health, Act  
No. 12 of 2013 – The  
Functions of the Office**

**MUST**

1. **Advise the Minister of Health on determining norms and standards** to be prescribed for the National Health System and review of such norms and standards
2. **Inspect and certify health establishments** as compliant or non-compliant with prescribed norms and standards or, where appropriate, withdraw such certification
3. **Make recommendations for intervention** by national, provincial or municipal health departments or by individual health establishments to ensure compliance with prescribed norms and standards
4. **Publish information** relating to prescribed norms and standards through the media, website and Gazette, where appropriate, to specific communities
5. **Recommend to the Minister quality assurance and management system** for the national health systems

# NATIONAL HEALTH ACT, NO 12 OF 2013

**Section 79** of the  
**National Health, Act No.  
12 of 2013 – The  
Functions of the Office**

**MAY**

- 1. Issue guidelines** to help health establishments implement the prescribed norms and standards
- 2. Request or collect any information** on prescribed norms and standards from health establishments and health service users
- 3. Liaise with and exchange information with other regulatory authorities** on matters of common interest and specific complaints or investigations
- 4. Negotiate co-operative agreements with any regulatory authority** in order to co-ordinate and harmonise their work where their jurisdictions are closely related



# POWERS OF OHSC AND IMPLICATIONS



## Assess; “diagnose”

Monitor compliance; Early Warning Indicators of breach of norms & standards [Annual Returns, EWS, Complaints]

Investigate complaints relating to breaches of norms & standards [Complaints Call Centre assesses calls, allocated for management or referred for investigation]

Inspect to assess compliance with norms & standards [Routine and risk-based inspections]



## Advise

Advise on prescribed norms and standards for the health system [Publications / guidance outlining requirements]



## Recommend

Issue guidance relating to norms & standards [Guidance outlining best practice]

Recommend interventions and systems [Issue recommendations and publish response & outcomes]



## Enforce

Issue notice of non-compliance with norms & standards; monitor [Health establishments must implement corrective action]

Implement sanctions for persistent non-compliance with norms & standards [May receive written warning, be subject to a hearing]

Certify compliance with norms & standards (link to NHI) [Performance improving slowly]

## WHAT BEHAVIOUR DO WE 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
- Acceptance of mediocrity “Its not my fault”

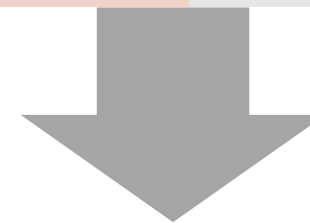
DESIRED  
REGULATORY  
OUTCOMES/  
IMPACT



The mandate of the OHSC contributes to two distinct but interdependent regulatory outcomes

Reductions in avoidable mortality, morbidity and harm within HEs through reliable and safe health services

Improvements in the availability, responsiveness and acceptability of health services for users



In addition, it will contribute to enhancing universal access to quality services



**OFFICE OF HEALTH  
STANDARDS  
COMPLIANCE  
INSPECTIONS**

## APPOINTMENT OF INSPECTORS

OHSC inspectors are qualified health professionals registered with professional bodies such as, the Allied Health Professions, Health Professions Council of South Africa, South African Nursing Council, or South African Pharmacy Council.



The OHSC Inspectors, Complaints Assessors and Investigators capacitated through Compliance Officer Training programme as required by the Procedural Regulations Pertaining to the Functioning of the OHSC and Handling of Complaints by the Ombud.

# INSPECTION STRATEGY

The OHSC Inspection Strategy developed annually to guide the approach to inspection of Health Establishments, published on the OHSC website

The Inspection Strategy include the following:

1) An approach to prioritising, scheduling and conducting inspections

2) Resources for the implementation of the inspection strategy.

# OHSC INSPECTIONS

## TYPES OF INSPECTIONS

ROUTINE INSPECTIONS	ADDITIONAL INSPECTIONS	RISK-BASED INSPECTIONS
<p>Every health establishment to be inspected according to the National Health Act 61 of 2003 as amended once in four (4) years</p>	<p>The OHSC may, at any time, conduct additional inspections within the health establishment to establish whether non-compliance has been remedied; the health establishment is contravening the act or any relevant regulations; There are serious breaches of norms and standards, based on the indicators of risk; or The ombudsman findings demonstrate that continued exposure to the healthcare services provided by health establishment may pose a severe risk to users or healthcare personnel.</p>	<p>Targeted for persistent or critical noncompliance triggered by an Early Warning System and Ombudsman findings.</p>

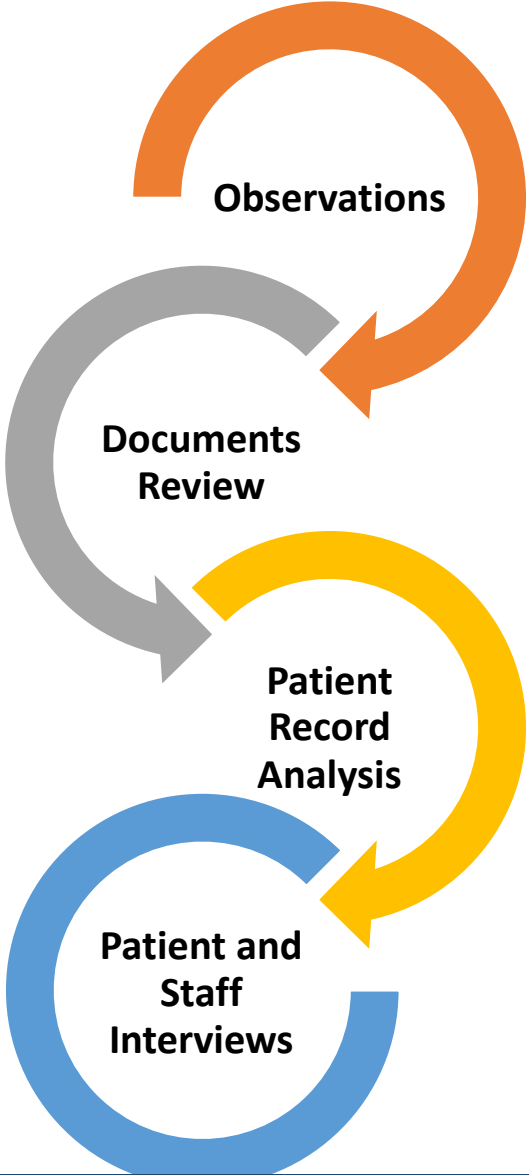
## INSPECTION PROCESS (Cont'd)

The notice of inspection should include the following information:





# INSPECTION METHODOLOGY



EVIDENCE IS COLLECTED FOR BOTH COMPLIANT AND NON-COMPLIANT MEASURES

# INSPECTION PROCESS

**(1)**

The health establishment must make available the necessary staff, resources and space to allow inspectors to complete the inspection in a timely and expeditious manner.

**(2)**

The responsibilities of the health establishment during an inspection

**(3)**

An inspector may question any user, occupant, healthcare personnel or any person on the premises of a health establishment about any information that is relevant to the inspection or require the person in charge to produce any document, record or material for inspection.

**(4)**

The person in charge may provide the inspector with any relevant information, documents, records, objects or materials for the inspector's consideration during the inspection visit.

## TYPES OF HEALTH ESTABLISHMENTS

**PUBLIC HOSPITALS**

**PUBLIC CLINICS AND CHC's**

**PRIVATE HOSPITALS AND CLINICS**



## STANDARD EVALUATION CHAIN

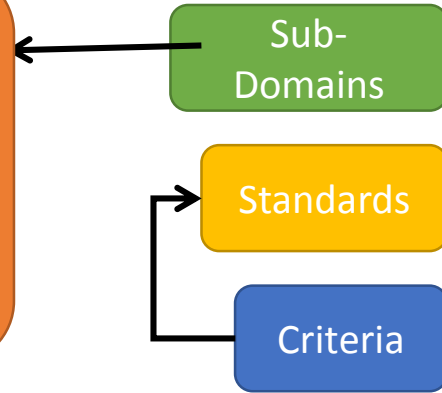
- **Domain** - an aspect of service delivery where quality or safety can be at risk
- **Sub Domain** - further break down the domains into subsections or critical areas which combined describe the scope of that domains
- **Standards** - define what is expected to be delivered in the sub domain which reflects the expected situation resulting from successful implementation of policies, procedures and the related Functional areas
- **Criteria** - elements setting out the requirements to achieve compliance with the standard; are measurable and achievable
- **Measures** – evidence that the required criteria have been met

# Measurement process to evaluate the regulated standards

## WHAT IS MEASURED?

Risk (Domains) in Functional Areas (FA)

Evaluation of the risk of harm to patients and to the health establishment



## MEASUREMENT PROCESS

Measures  
Evidence

Risk Categories

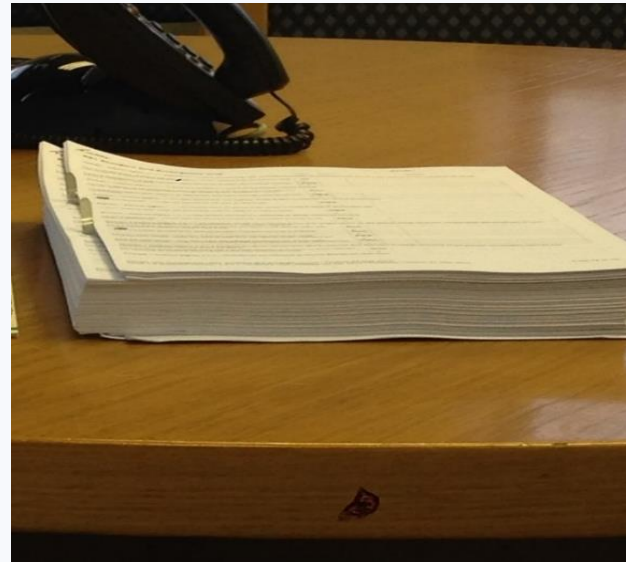
- Extreme
- Vital
- Essential
- Developmental

Assessment Methods

- Documents
- Observation
- Patient interviews
- Patient record assessment
- Staff interviews
- Statistics

## TOOLS USED TO MEASURE:

Questionnaires containing standards and measures are set for each FA



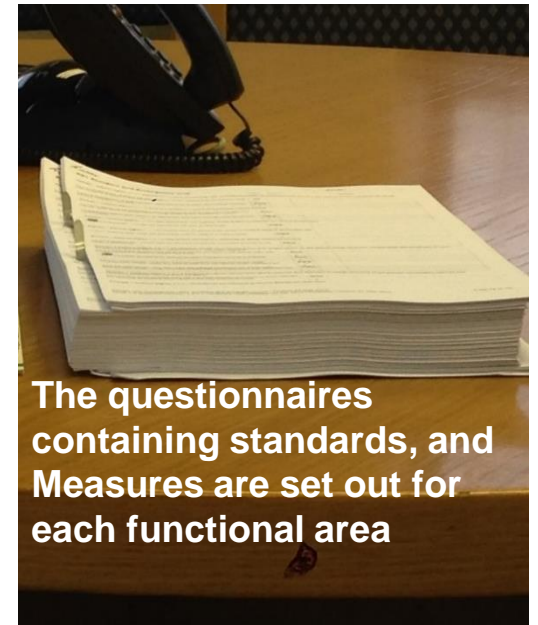
Dependant on type of Facility

## EVALUATION TOOLS USED IN HEALTH ESTABLISHMENTS

To facilitate the evaluation process, the measures, criteria and standards that directly impact on specific Functional Areas have been grouped together into questionnaires.

There is one questionnaire for each **Functional Area**.

By complying with the measures set out in the questionnaires, the risk of adverse events and clinical negligence will be reduced and HEs will gain certification.



**General hospital departments, also called functional areas (FAs) where risk is assessed**

Health  
Establishment  
FUNCTIONAL  
AREAS (FAs)

HOSPITAL FUNCTIONAL AREAS

CLINIC FUNCTIONAL AREAS

CHC FUNCTIONAL AREAS

# HOSPITAL Functional Areas

## NON-CLINICAL SERVICES

### **MANAGEMENT**

HR management, Procurement, Occupational risk management, Communications/PRO, Management information systems, Case management, Occupational Health & Safety, Financial management and Facility management

### **ADMINISTRATIVE SERVICES**

Waiting areas, Record archive/department, Reception, help desk and Switchboard and Public areas

### **SUPPORT SERVICES**

Facility Infrastructure, Mortuary services, CSSD, Cleaning services, Food services, Laundry services, Maintenance services including gardens, Waste management, Transport services, Security services, CEO/ Hospital Manager, Clinical Management Group and Infection control

## CLINICAL SERVICES

### **INPATIENT SERVICES:**

Medical ward, Surgical ward, Maternity ward, Paediatric ward, New-borns, Neonatal ICU, TB, Isolation room, HIV/AIDS, Intensive care or high care units, Operating theatre, Procedure room, Psychiatric ward (Acute ward, Child and adolescent unit, Forensic Observation unit, Long term ward, State, patient unit), Antenatal clinic, Oral health and Overnight/short stay ward

### **OUTPATIENT SERVICES:**

Outpatient department, Accident and Emergency unit and Procedure room

### **CLINICAL SUPPORT SERVICES:**

Blood services, Laboratory, Health technology services, Pharmacy, Radiology, Medical Supplies and Therapeutic support services (Physio, Occupational, Speech, Optometry)



**COMMUNITY  
HEALTH  
CENTRE  
Functional  
Areas**



- MANAGEMENT**  
HOD
- GENERAL SUPPORT SERVICE**  
Maintenance and Support



- CLINICAL SERVICES**
- CLINICAL SUPPORT SERVICES**  
Pharmacy Medicine Cupboard
- OUTPATIENT SERVICES**  
Accident and Emergency unit, Maternity, Obstetrics unit, Clinical services and Generic ward

# CLINIC Functional Areas

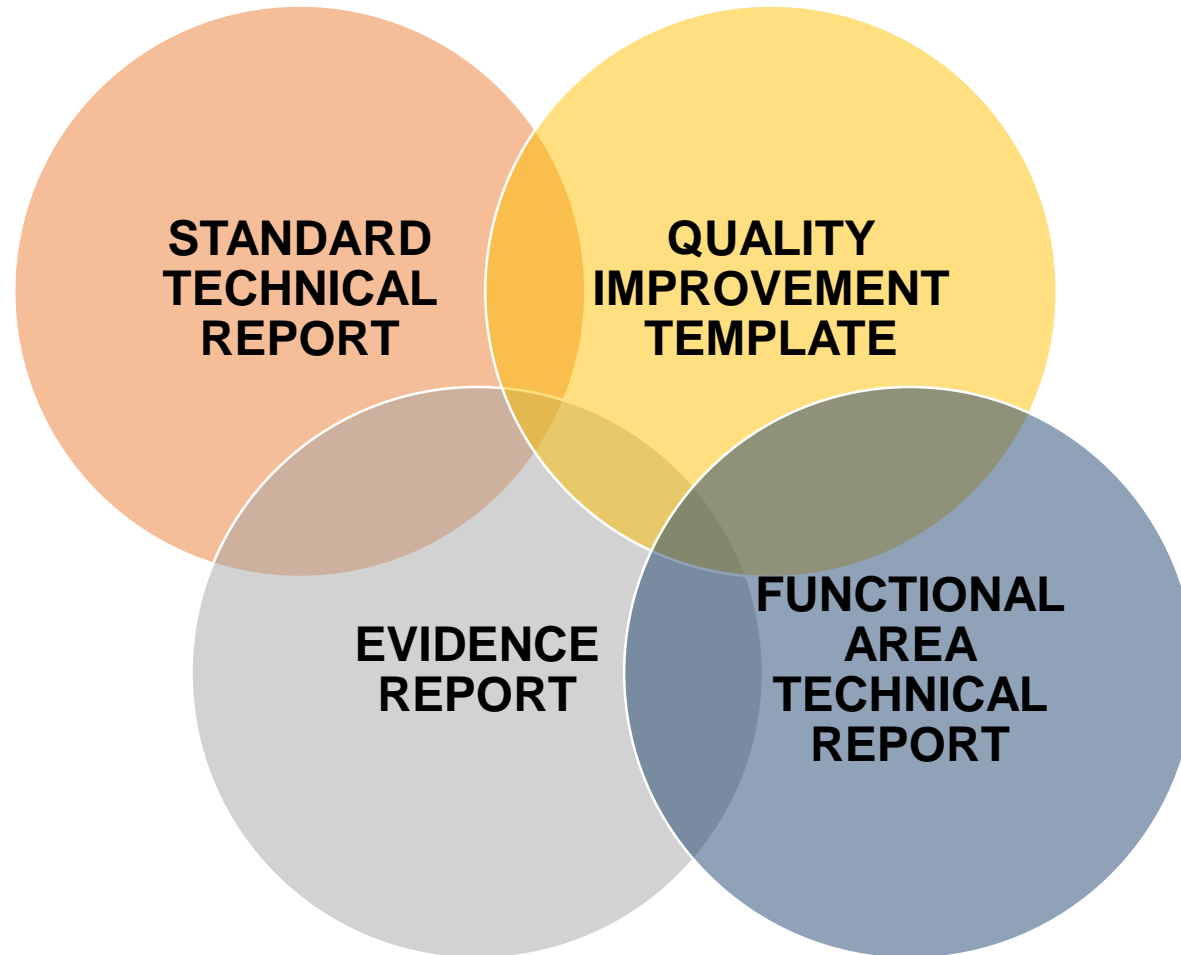
NON-CLINICAL  
SERVICES

**MANAGEMENT**  
Clinic Manager and HOD  
**GENERAL SUPPORT SERVICE**  
Maintenance and Support

CLINICAL SERVICES

**CLINICAL SERVICES**  
**CLINICAL SUPPORT SERVICES**  
Pharmacy Medicine Cupboard  
**OUTPATIENT SERVICES**

**INSPECTION  
REPORTS**





**CERTIFICATION  
AND  
ENFORCEMENT**

# CERTIFICATION AND ENFORCEMENT

## CERTIFICATION OF HEALTH ESTABLISHMENTS

- The OHSC will be issuing Certificates of Compliance to HEs compliant with the regulated norms and standards. The Certificate of Compliance will be valid for a period of four (4) years and is subject to renewal.
- A Compliance Notice issued against a certified HE suspends the compliance status until the conditions set out in the compliance notice are fulfilled.

## RENEWAL OF CERTIFICATION OF COMPLIANCE

- Health establishments shall apply for renewal of the certificate of compliance six months before the expiry date;
- Certification/Compliance status for a health establishment which has applied for renewal may be extended for a period not more than one year to afford the Office an opportunity to schedule an inspection;

## REQUIREMENTS FOR APPLICATION FOR RENEWAL

- Regulation 19 (2) states the following requirements:
- OHSC Form 5 of the Regulations;
- Annual self assessments; and
- Most recent quality plans.

# THE OHSC AND THE LINK TO THE NATIONAL HEALTH INSURANCE FUNDING FOR UNIVERSAL HEALTH COVERAGE



Certification of compliance with regulated standards is a pre-requisite for funding.



## REGULATIONS

The norms and standards applicable to different categories of health establishments were promulgated by the Minister of Health to strengthen the mandate of the OHSC to:

- Monitor and enforce compliance, investigate complaints related to breaches of the prescribed norms and standards, and
- Certification of health establishments found compliant with the prescribed norms and standards.
- Inspections of facilities commenced during the 2019/20 financial year.

# OHSC ENFORCEMENT APPROACH

The OHSC developed an Enforcement Policy outlining the approach to be followed in the exercise of its enforcement powers.

The Enforcement Approach adopted by the Office is progressive in nature







## COMPLIANCE NOTICE

### **Compliance notice:**

Inspectors shall immediately issue a Compliance Notices to the persons in charge of a HEs in cases where there are breaches to prescribed norms and standards.

### **Purpose:**

To inform the HE of transgressions of norms and standards and to give HEs an opportunity to comply;

### **A compliance notice, when issued, set out the following:**

- The particulars of the HE;
- Prescribed norms and standards that have not been complied with;
- Details of the nature and extent of non-compliance;
- Any steps that are required to be taken and the period over which such steps must be taken; and
- Penalties that may be imposed in the event of persistent non-compliance.

### **Why enforcement compliance notice?**

- To protect healthcare users from harm and risk of harm;
- To ensure that health care users receive health care services of a suitable standard;
- To hold a HE, the person in charge or any responsible person accountable for any breach of the prescribed norms and standards.



## ENFORCEMENT CRITERIA

### **Criteria to be used in deciding the appropriate action to be taken:**

- The adverse effect / the extent of the risk, the seriousness of the breach and the actual or potential consequences;
- The extent to which the person in charge / employees of a HE contributed to the breach;
- Compliance history of a HE;
- Any mitigating / aggravating factors;
- Whether the breach is imminent.

### **Aim of enforcement criteria**

- To decide on the type and intensity of action to be taken against a health establishment following an inspection;
- To determine the type of inspection to be conducted following the outcome of a compliance decision.

# ENFORCEMENT ACTIONS

## Regulatory Powers

(As prescribed by Section 82A (4) (a) – (f) Act)



## OFFENSES AND PENALTIES

**Section 89 (1) states that person is guilty of an offence if they, among others:**

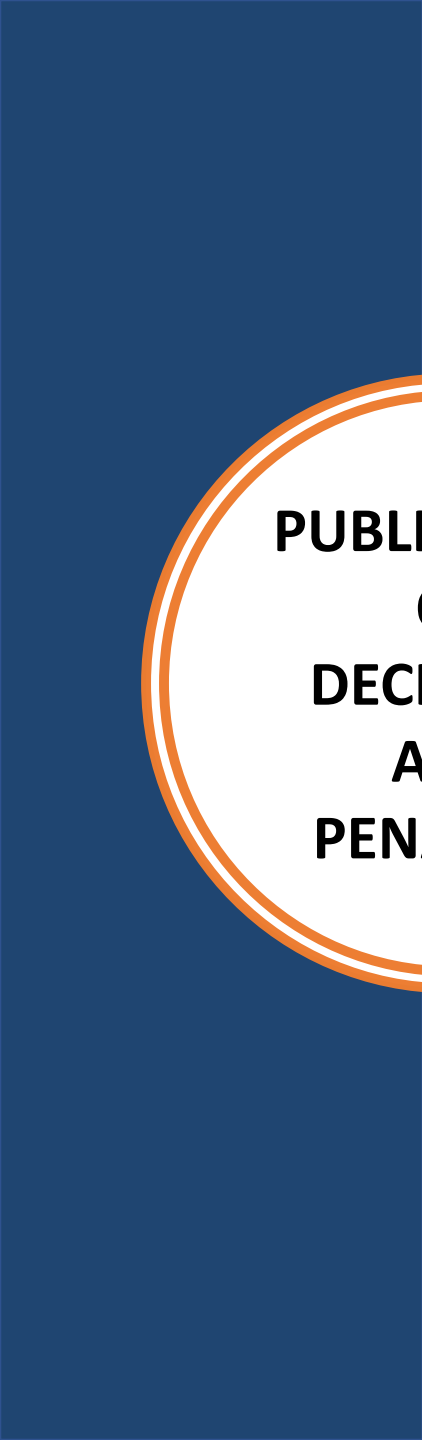
- Obstruct and hinder an inspector in performing their function;
- Refuse to provide an inspector with such information they are required to provide under the Act;
- Knowingly give false or misleading information to an inspector or health officer;
- Fail to comply with a compliance notice;
- Disclose any information acquired in the performance of any function in terms of the Act which relates to the financial or business affairs of any person.

A person convicted of an offence in terms of the Act is liable on conviction to a fine or imprisonment for a period not exceeding 10 years or to both imprisonment and a fine.

## APPEALS

- Any person aggrieved by the decision of the OHSC has the right to appeal the decision within **30 days** from the date of gaining knowledge of the decision;
- The appeal must be lodged to the Minister of Health in the prescribed format (form OHSC 9 in the Regulations).

There is no right of appeal to the Minister of Health against a conviction for an offence if prosecuted.



**PUBLICATION  
OF  
DECISIONS  
AND  
PENALTIES**

- The OHSC will publish the decisions of the ad hoc tribunal in the Gazette within **25 days** from the date of the decision (Regulation 31 (1) (a));
- A report on certificates of compliance issued, hearings conducted and recommendations made to the relevant authorities will be published every **6 months** (Regulation 31 (1) (b)).



**COMPLAINTS AND  
INVESTIGATIONS**

**HEALTH OMBUD**



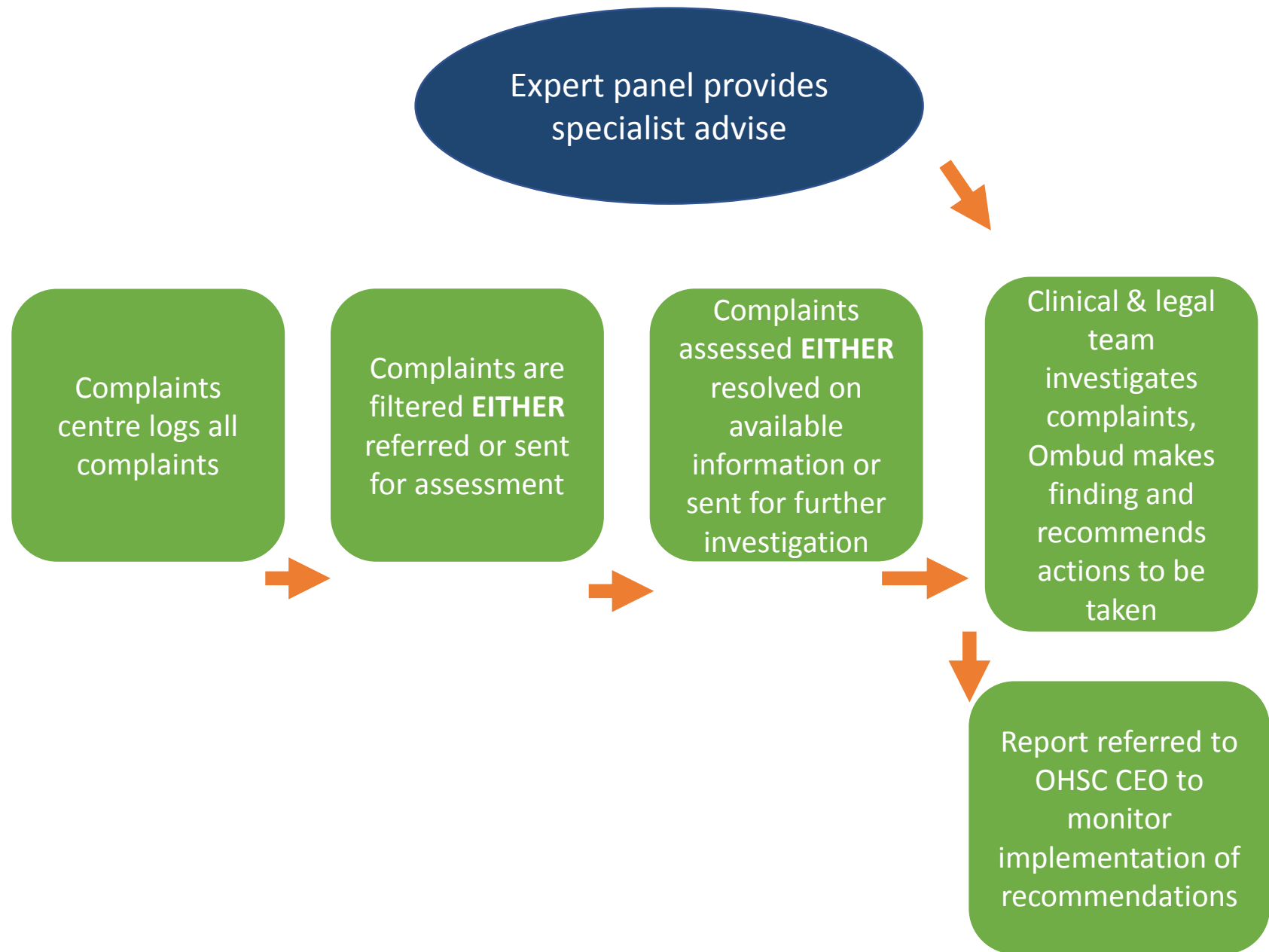
**COMPLAINTS  
MANAGEMENT  
AND  
INVESTIGATIONS**

**Complaints management and the Ombud:**

- Purpose is to consider, investigate and dispose of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair, economical and expeditious manner.
- Ombud functions integrated functionally into Strategic objectives and indicators
- The Ombud is located with the Office [NHAA S 81 (3) (b)]
- The Ombud uses staff of the Office NHAA S 81 (3) (c)].



# COMPLAINTS MANAGEMENT UNIT AND THE OMBUD



## INVESTIGATION PROCESS

### 1) Investigation Plan

- Develop the Investigation Plan
- Identify and advise all parties involved through notices, 14 working days, 3 working days and notice of investigation
- Seek expert advice on complex Cases

### 2) Gather Information

- Search and establish facts
- Documentary evidence, face to face interviews , observations and photographic evidence

### 3) Evaluate

- Evaluate the information obtained
- What should have happened,
- What did happen and discrepancies
- Does this constitute improper conduct as envisaged in the prescribed legislation, policies, procedures and standards

### 4) Health Establishment Opportunity for comments

- Provide opportunity to HE to comment on preliminary findings, then finalise the investigation report and share it with all relevant stakeholders



**COMMUNICATION  
and  
STAKEHOLDER  
ENGAGEMENTS**

# STAKEHOLDER ENGAGEMENT



The OHSC embarked on a series of consultative workshops with the public and private healthcare sector to communicate the work of the OHSC in all provinces



Collaborations formed with bodies such as the Special Investigative Unit, Health Africa Congress, Board of Healthcare Funders, Hospital Association of South Africa and Health Professions Council of South Africa



Public Awareness Campaigns in a form of roadshows were conducted in all Provinces

# PUBLIC AWARENESS CAMPAIGNS (ROADSHOWS)

Community outreach conducted in Gauteng, Limpopo and Free State provinces and information education communication material distributed



NATIONAL COUNCIL OF PROVINCES FREE STATE Province

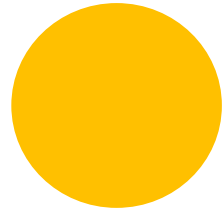
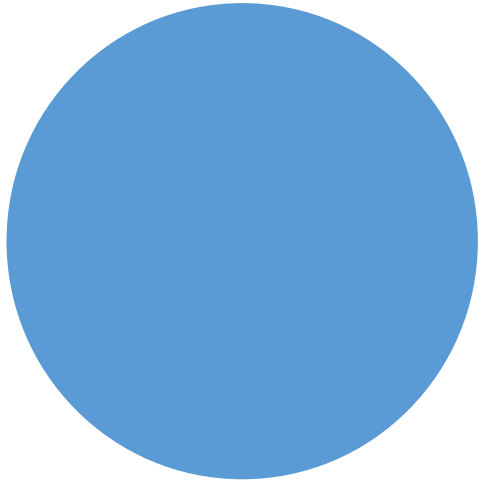


Roadshows in Limpopo



Strategic partnerships and collaboration in public awareness and community outreach in Mpumalanga





# ANNUAL PERFORMANCE PLAN

Financial Year  
2019/20



**OHSC**

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

# STRATEGIC OUTCOME-ORIENTED GOALS

## Goal 01

Publicly demonstrate responsiveness and accountability as an effective and efficient high-performance organisation

**Goal statement;** The OHSC is an effective and efficient high-performance organisation that is responsive and publicly accountable

**Indicator;**

1. Auditor General's annual findings rating

## Goal 02

Inspect Health Establishments (HEs) for compliance with quality norms and standards

**Goal statement;** Health establishments comply with norms and standards for health and safety of users and provision of quality, compassionate and responsive care.

**Indicator;**

1. % of compliant HEs certified by the OHSC within 60 days after the final inspection report

## Goal 03

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

**Goal statement;** The public is protected through ensuring that poor care and situations of concern are investigated and responded to

**Indicators;**

1. % of low risk complaints resolved in the Call Centre within two months of lodgment
2. % of user complaints resolved within 30 working days through assessment/screening
3. % of complaints received for investigation and responded to within six months
4. % of Ombud recommendations monitored for implementation within six months of tabling to OHSC

## Goal 04

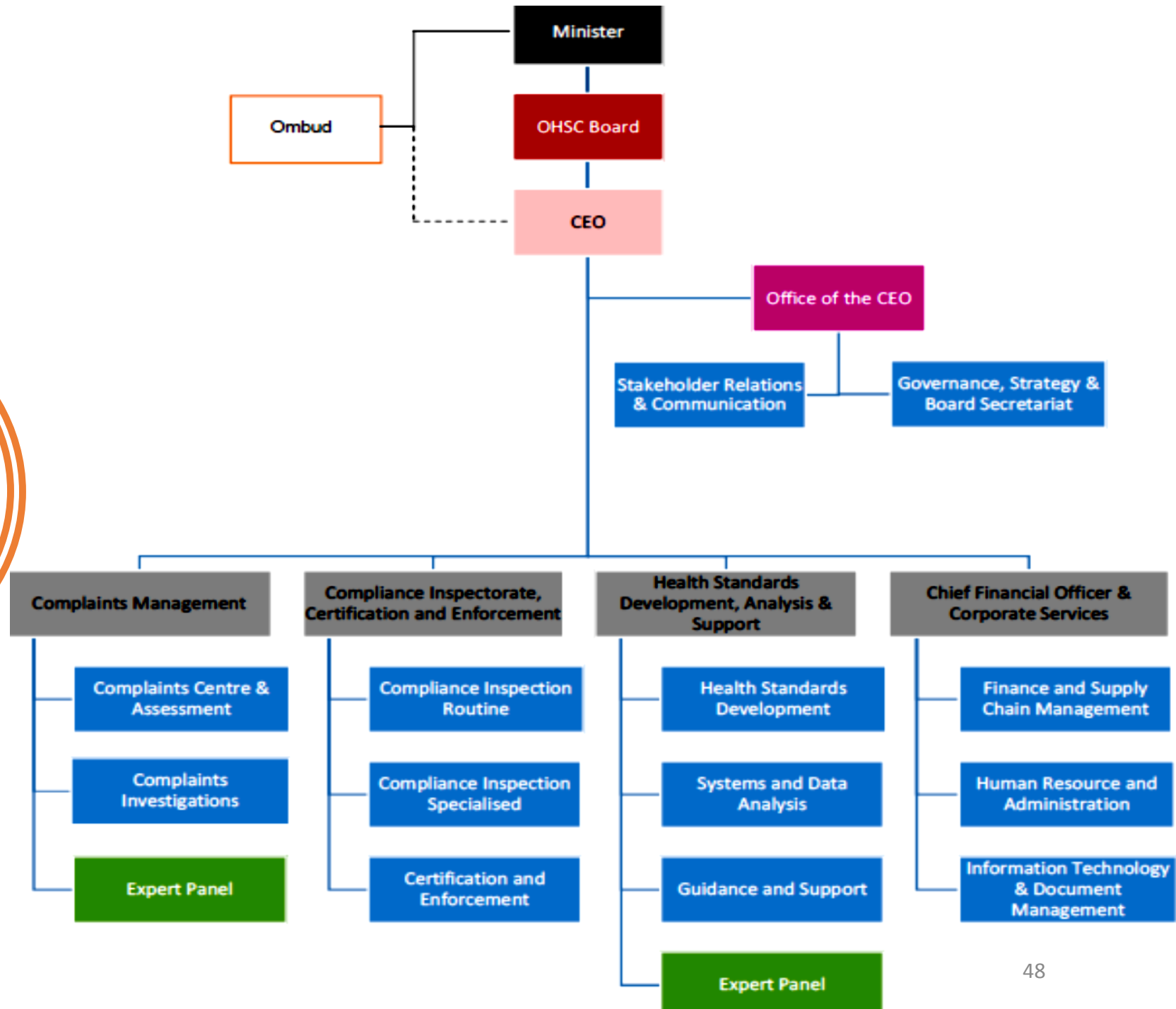
Progressively improve the quality and safety of healthcare through effective communication and collaboration with users, providers and other relevant stakeholders

**Goal statement;** Communicate and work with users, providers and other relevant stakeholders through written agreements of collaboration and information sharing to enhance quality and compliance.

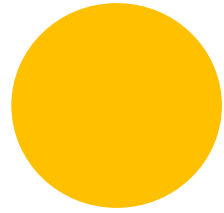
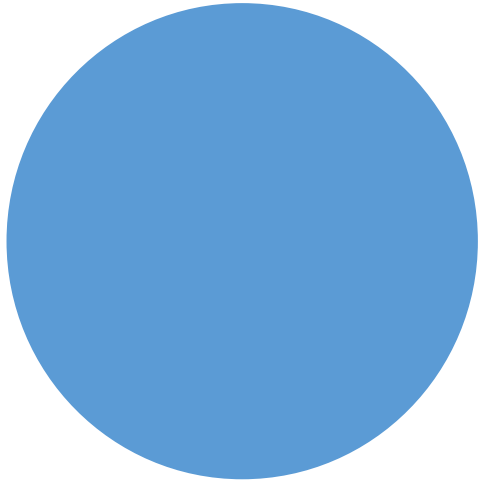
**Indicator;**

1. Number of public awareness initiatives executed

# ORGANISATIONAL STRUCTURE







# **STRATEGIC OVERVIEW**

# **PART A**

# SITUATIONAL ANALYSIS

- 1) The Annual Performance Plan of the OHSC in previous years of operation mainly focused on putting systems and processes in place to execute the mandate stipulated in the Act.
- 2) During 2018/19 Financial year, the Minister of Health promulgated the norms and standards for different categories of Health establishments into regulations.
- 3) The Office developed the Annual Performance Plan for 2019/20 informed by the revised strategic plan for Medium-Term Strategic Framework (MTSF) period 2015/16, introduced revised goals in the programme of Complaints Management and Health Ombud.
- 4) OHSC continued to monitor recommendations emanating from the Life Esidimeni report released by the Health Ombud. in August 2018, the Health Ombud released an investigation report into the allegations of patient mismanagement and patient rights violations at Tower Psychiatric Hospital and Psychosocial Rehabilitation Centre in the Eastern Cape.
- 5) Improving the quality of health care is a critical components of the National Development Plan outcome to "strengthen health system effectiveness" through enabling external assessments of compliance with prescribed standards.
- 6) Promulgated norms and standards, investigation and resolution of complaints received by the OHSC will contribute towards improving the health system effectiveness.

# PERFORMANCE DELIVERY ENVIRONMENT

- 1) Changes in the performance service delivery environment gave rise to the need to adapt and reallocate performance indicators based on audited performance information results.
- 2) The Promulgation of the Norms and Standards Regulations applicable to different health establishments paved a way for the inclusion of private sector hospitals and clinics in the key performance indicators in Compliance Inspectorate. The OHSC allocated inspections in both the public and private sector within the current limited funding envelope. This will impact on the percentage of inspections that will be conducted in the public sector health establishments
- 3) The existence of systems and processes in other areas will ensure delivery on the core business and support functions of OHSC.  
The establishment of the Monitoring and Evaluation Unit in 2019 will assist in the management of strategic information to further enhance tracking implementation of the OHSC programme outputs in the public and private sector.
- 4) The appointment of additional personnel in monitoring and evaluation will also assist in ensuring that strategic objectives of OHSC are delivered as planned in 2019/20.

# ORGANISATIONAL ENVIRONMENT

## 1) Promulgated regulations came into operation in February 2019:

Necessitated adaptation of inspection tools

Training of Inspectors aligned to the promulgated norms and standards

More inspections to be conducted in public and private sector

## 2) Observed exponential increase in the number of complaints received.

Due to the limited budgetary allocation over the MTEF period, OHSC has very limited capacity to increase human resources to:

Increase the number of inspections conducted,

Manage complaints and investigations,

Develop more standards.

## 3) Main Changes in Strategic Direction reflected in the 2019/20 APP:

Inclusion of the private sector health establishments

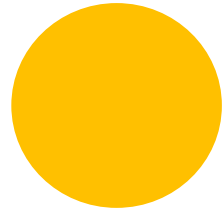
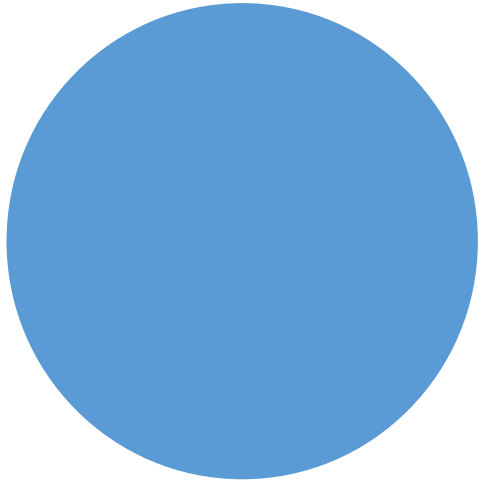
Fiscal constraints which do not allow the OHSC to expand its Staff capacity

**REVISIONS  
TO  
LEGISLATIVE  
AND OTHER  
MANDATES**

**Apart from the publication and promulgation of the norms and standards regulations, there is no significant changes to the OHSC's legislative and other mandates**

**The National Health Insurance Bill (NHIB) and the Council for Medical Schemes Amendment Bill.**

The NHIB requires public and private service providers to be in possession of and produce certification by the OHSC in order to be accredited by the NHI Fund.



# **STRATEGIC OBJECTIVES**

## **PART B**

1

**PROGRAMME ONE  
(ADMINISTRATION)**

**PROGRAMME PURPOSE**

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

**STRATEGIC  
OBJECTIVE &  
PERFORMANCE  
INDICATORS  
ANNUAL  
TARGETS  
2019/2020**

Strategic Objective	Indicator	Strategic Plan Target	Audited performance	Medium-term targets			
			2017/18	2018 /19	2019 /20	2020 /21	2021 /22
1.1. Establish a fully functional Office suitably staffed to execute the mandate and goals of the OHSC	% of funded staff appointed.	90%	93%	90%	90%	90%	90%
1.2. Accredit inspectors after successfully completing approved training course	% of compliance inspectors accredited.	100%	0%	85%	90%	90%	90%
1.3. Implement good governance, oversight and accountability through appropriate delegations, including financial management and compliance to PFMA	Auditor General’s annual findings rating.	UNQ* audit report	UNQ audit report	UNQ audit	UNQ audit	UNQ audit	UNQ audit
1.4. Leverage the Information Technology to meet the needs of the OHSC and to deliver OHSC services more efficiently	% of IT systems uptime.	95%	99%	95%	80 %	90%	95%
1.5. Create public, provider and stakeholder awareness about the roles and powers of the OHSC	# of media and communication events and campaigns conducted annually.	18	8	8	12	12	12
1.6. Support the mandate and objectives of the OHSC through Memorandum of Understanding (MOUs) with relevant regulators or other organisations	# of MOUs signed annually with regulators/other organisations to protect and promote healthcare quality and safety.	10	2	4	2	2	2

UNQ\* Unqualified



# 2

## **PROGRAMME TWO COMPLIANCE INSPECTORATE, CERTIFICATION & ENFORCEMENT**

### **PROGRAMME PURPOSE**

To manage the inspection of health establishments in order to assess compliance with national health system's norms and standards as prescribed by the Minister, certify health establishments as compliant or noncompliant with prescribed norms and standards and take enforcement action against non-compliant health establishments.

Strategic Objective	Indicator	Strategic Plan Target	Audited Performance	Medium-term Targets			
			2017/18	2018/19	2019/20	2020/21	2021/22
2.1. Inspect regulated (public and private) health establishment for compliance with prescribed norms and standards at least every 4 years	# and % of public sector health establishment inspected annually by the OHSC	20%	24,18	19%	18%	18%	18%
				(725 of 3816)	(687 of 3816)	(687 of 3816)	(687 of 3816)
	# and % of private sector health establishment inspected annually by the OHSC	30%	-	25%	6%	6 %	6 %
				(92 of 369)	(24 of 393)	(147 of 393)	(147 of 393)
2.2. Certify HEs that are compliant with prescribed norms and standards	Procedures for certification process developed	Certification procedures developed	Draft certification procedures developed	-	Certification procedures developed and finalised	Certification procedures implemented	Certification procedures implemented
	% compliant HEs certified within 60 days after the final inspection report	100%	-	-	100%	100%	100%
2.3. Effect enforcement action against persistently non-compliant HEs	Procedures for timely enforcement action developed	Enforcement procedures developed	Draft enforcement procedures developed	-	Enforcement procedures developed and finalised	Enforcement procedures implemented	Enforcement procedures implemented
	% persistently non-compliant health establishments for which enforcement action is initiated within 10 days from date of receipt of re-inspection report	100%	-	-	100%	100%	100%
2.4. Publish information about compliance status of HE with norms and standards	# of reports on inspections conducted, remedial recommendations issued and compliance status of health establishments (annual inspection report)	5	1	1	1	1	1

# 3

## PROGRAMME THREE COMPLAINTS MANAGEMENT & HEALTH OMBUD\*

### PROGRAMME PURPOSE

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

\*The Health Ombud functions integrated into Strategic Objectives and indicators.

The Health Ombud is functionally located with the Office [NHAA S 81 (3) (b) and uses staff of the Office NHAA S 81 (3) (c)].

STRATEGIC OBJECTIVE	INDICATOR	STRATEGIC PLAN TARGET	PERFORMANCE	MEDIUM-TERM TARGETS				
			2017 /18	2018 /19	2019 /20	2020 /21	2021 /22	
3.1. An accessible mechanism by which Complaints can be lodged with the OHSC is in place	Fully functional Call Centre for receiving complaints	Call Centre functional	Call centre	-	-	-	-	-
3.2. Investigate and respond to complaints about non-compliance with norms and standards effectively	% low risk complaints resolved in the Call Centre within two months of lodgment	N/A	New	50%	60%	75% 70%	80%	
	% of user complaints resolved within 30 working days through assessment/screening	N/A	New	50%	30%	45% 35%	55%	
	% complaints lodged with the OHSC investigated and responded to within 6 months	80%	38.20%	80%	-	-	-	
	% complaints received for investigation and responded to within 6 months	N/A	New	-	40%	45%	55% 50%	
3.3. Issue findings and recommendations about complaints of non-compliance with prescribed norms and standards within six months	System and procedures for investigation of complaints set up	System set up and functional	-	-	-	-	-	
	% of investigation finalised within 6 months by the Ombud	80%	-	80%	-	-	-	
3.4. Communicate and monitor recommendations made by the Ombud	Procedures for communication and monitoring of Ombud recommendations set up and functional	System set up and functional	-	-	-	-	-	
	% of Ombud recommendations monitored for implementation by health establishment within six months of tabling to OHSC	80%	-	80%	-	-	-	
	% of Ombud recommendations monitored for implementation within six months of tabling to OHSC	N/A	New	-	85%	95%	100%	

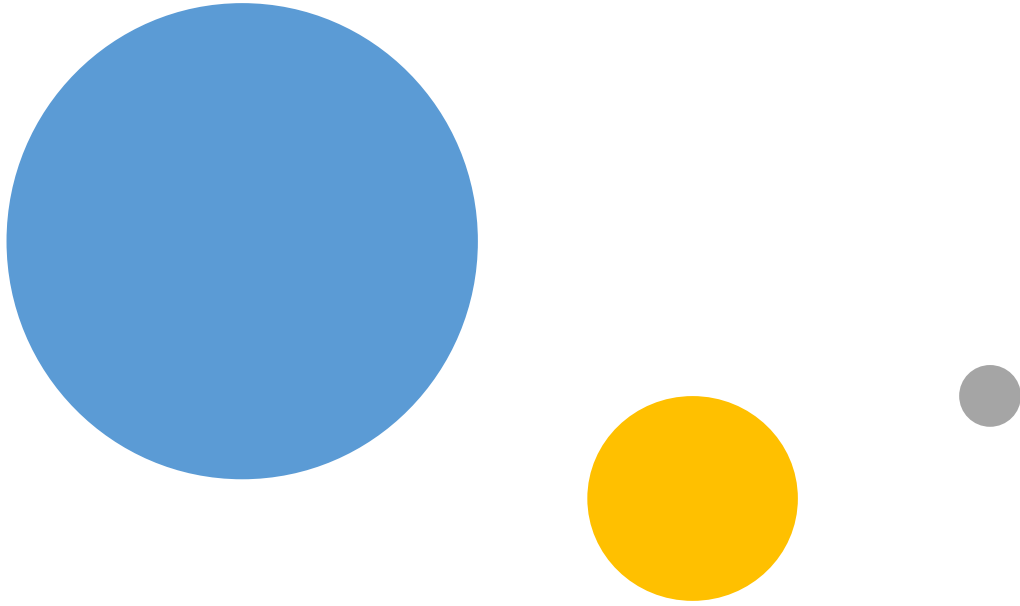
# 4

**PROGRAMME  
FOUR:  
HEALTH  
STANDARDS  
DESIGN,  
ANALYSIS &  
SUPPORT  
(HSDAS)**

## **PROGRAMME PURPOSE**

To provide high-level technical, analytical and educational support to the work of the Office in relation to the research, development; analysis of norms and standards and support; capacity building; and establishment of communication networks with stakeholders.

Strategic Objective	Indicator	Strategic Plan Target	Audited performance	Medium-term targets			
			2017/18	2018/19	2019/20	2020/21	2021/22
4.1. All HEs obligated or regulated by prescribed norms & standards to submit annual returns before the end of March each year for purposes of monitoring & inspections	System for submission of annual returns by regulated health establishments set up and functional	System set up and Functional	System of submission for annual returns set up and functional	-	-	-	-
	% of annual returns analysed within 60 days to determine the profiles of public HEs	80%	-	80%	80%	80%	80%
	% of annual returns analysed within 60 days to determine the profiles of private sector HEs	N/A	New	-	80%	80%	80%
4.2. Recommend norms & standards for different types of HEs for submission to the Minister for promulgation	Number of norms and standards recommended to the Minister annually.	3	1	1	-	1	1
4.3. Provide guidance on compliance with norms & standards for regulated HEs	# of relevant authorities responsible for support to HEs that have received guidance for compliance with norms and standards	14	8	12	14	14	14
4.4. Monitor early-warning reports of situations of potential risk from HEs or users to prioritise inspections	Fully functional surveillance system that reports on potential risks to compliance	System set up and Functional	System in development phase	System for data collection and surveillance set up	System for data collection and surveillance set up	-	-
	% of health establishments identified as high risk that are referred to the appropriate division/unit within OHSC	100%	100%	100%	100%	100%	100%



# LINKS TO OTHER PLANS

There are no links to other plans or envisaged capital investments

**PART C**

# BUDGET

## 2019/20 MTEF BUDGET ESTIMATES

PROGRAMME	Audited outcomes 2017/18	2018/19	Medium-term estimates		
			2019/20	2020/21	2021/22
Administration	49 691 934	50 381 055	57 709 952	60 536 306	65 109 931
Compliance Inspection, Certification and Enforcement	48 469 981	49 469 981	48 774 611	51 632 507	52 966 982
Complaints Management and Ombud	16 222 130	17 810 707	17 514 893	18 875 491	20 548 955
Health Standards Design, Analysis and Support	6 931 714	12 186 593	12 471 544	12 925 696	13 263 132
<b>Total</b>	<b>121 315 759</b>	<b>129 678 000</b>	<b>136 471 000</b>	<b>143 970 000</b>	<b>151 889 000</b>

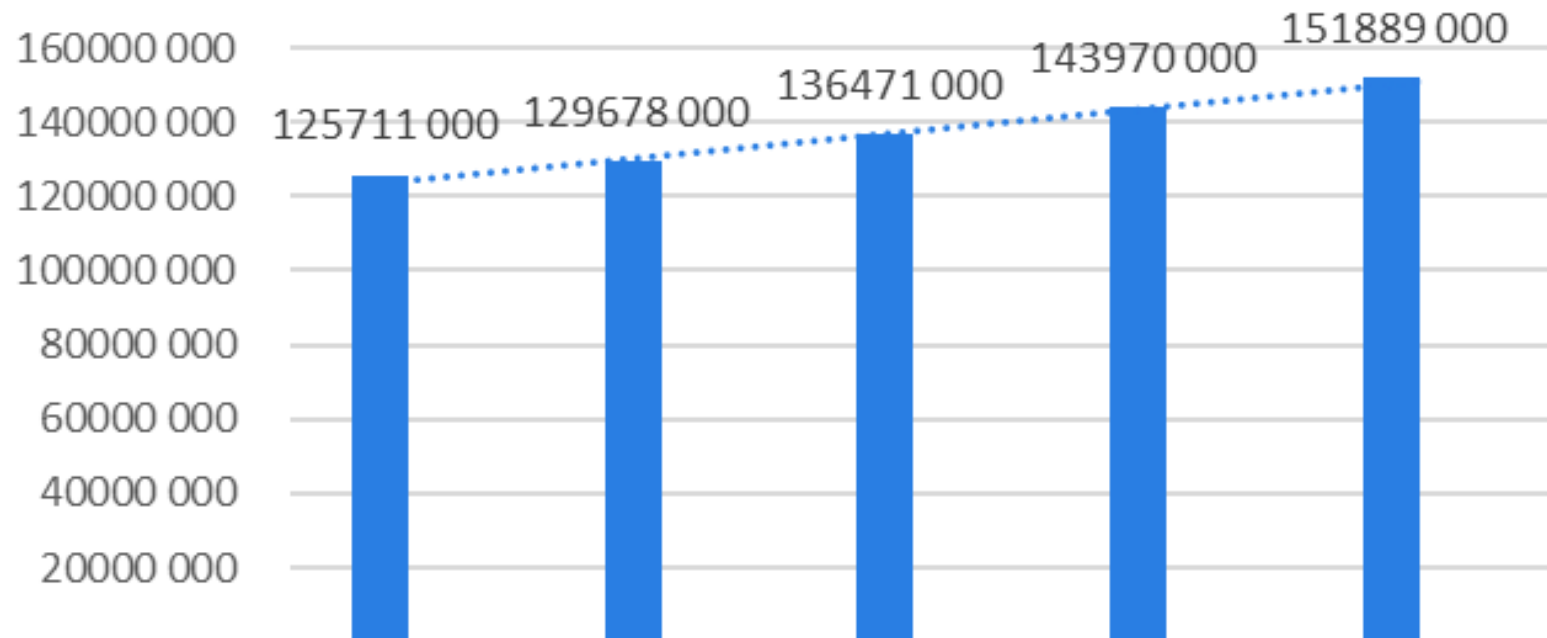


# 2019/20 MTEF BUDGET ESTIMATES

Economic classification	Medium-term estimates				
	Audited outcomes 2017/18	2018/19	2019/20	2020/21	2021/22
<b>CURRENT PAYMENTS</b>	<b>111 620 492</b>	<b>126 833 713</b>	<b>132 190 068</b>	<b>140 300 486</b>	<b>148 034 224</b>
Compensation of employees	74 151 937	85 822 022	92 513 061	98 609 411	106 504 832
Goods and services of which:	37 468 555	41 011 691	39 677 007	41 691 075	41 529 392
Board fees and related costs	1 712 665	1 982 384	1 769 705	1 867 039	1 969 726
Travel, subsistence and accommodation	12 867 439	11 123 992	7 489 558	7 658 796	5 666 722
Training and development	1 322 469	950 400	925 131	986 094	1 065 048
Venues and facilities	432 831	644 160	660 568	823 899	890 714
Catering services	55 724	308 206	143 682	151 584	159 921
Legal fees	3 459 804	1 584 636	1 642 121	1 732 438	1 827 722
Consulting and professional services	(213 823)	3 304 653	3 001 926	2 838 726	2 779 146
Office utensils	4 035	-	-	-	-
Inventory and consumables	884 760	683 125	690 369	727 286	766 178
Publications and marketing	1 186 310	2 587 200	1 568 219	1 654 472	1 745 468
Advertisement	2 943 463	633 600	267 181	267 181	281 341
Relocation expenses	15 383	300 000	150 000	158 250	166 954
Printing and stationery	570 660	591 360	578 190	738 840	834 476
Bank charges	61 215	63 360	66 718	70 254	73 978
Insurance	274 806	300 000	400 000	421 200	443 524
Water, electricity, rates and taxes	387 575	334 620	1 573 209	1 598 649	1 623 184
General maintenance	-	-	600 000	633 000	667 815
Communication costs (telephone and data)	1 354 124	1 334 704	1 433 695	1 512 789	1 595 993
Lease payments	2 408 923	11 459 076	10 762 058	11 616 938	12 539 874
Loss on stolen assets	14 919	-	-	-	-
Postage and courier services	54 064	29 831	31 412	33 139	34 896
Motor vehicle expenses	99 907	8 944	156 320	164 917	173 988
Security services	-	105 900	768 000	810 240	854 803
Cleaning services	131 643	359 040	720 000	759 600	801 378
Depreciation and amortisation	2 826 342	-	-	-	-
Audit costs	1 504 180	1 584 000	1 667 952	1 756 353	1 533 072
IT maintenance and support	3 109 138	738 500	2 610 994	2 709 390	3 033 473
					-
<b>PAYMENTS FOR CAPITAL ASSETS</b>	<b>9 695 267</b>	<b>2 844 287</b>	<b>4 280 932</b>	<b>3 669 514</b>	<b>3 854 776</b>
Other machinery and equipments	454 264	716 002	925 002	786 444	828 126
Office furniture	85 349	300 000	312 758	100 000	105 300
Motor vehicles	1 056 089	-	-	-	-
Software and intangible assets	7 297 501	1 073 285	2 371 500	2 423 070	2 489 351
Computer equipment	802 065	755 000	671 672	360 000	432 000
<b>TOTAL</b>	<b>121 315 759</b>	<b>129 678 000</b>	<b>136 471 000</b>	<b>143 970 000</b>	<b>151 889 000</b>

# 2019/20 MTEF BUDGET ESTIMATES

## Total budget

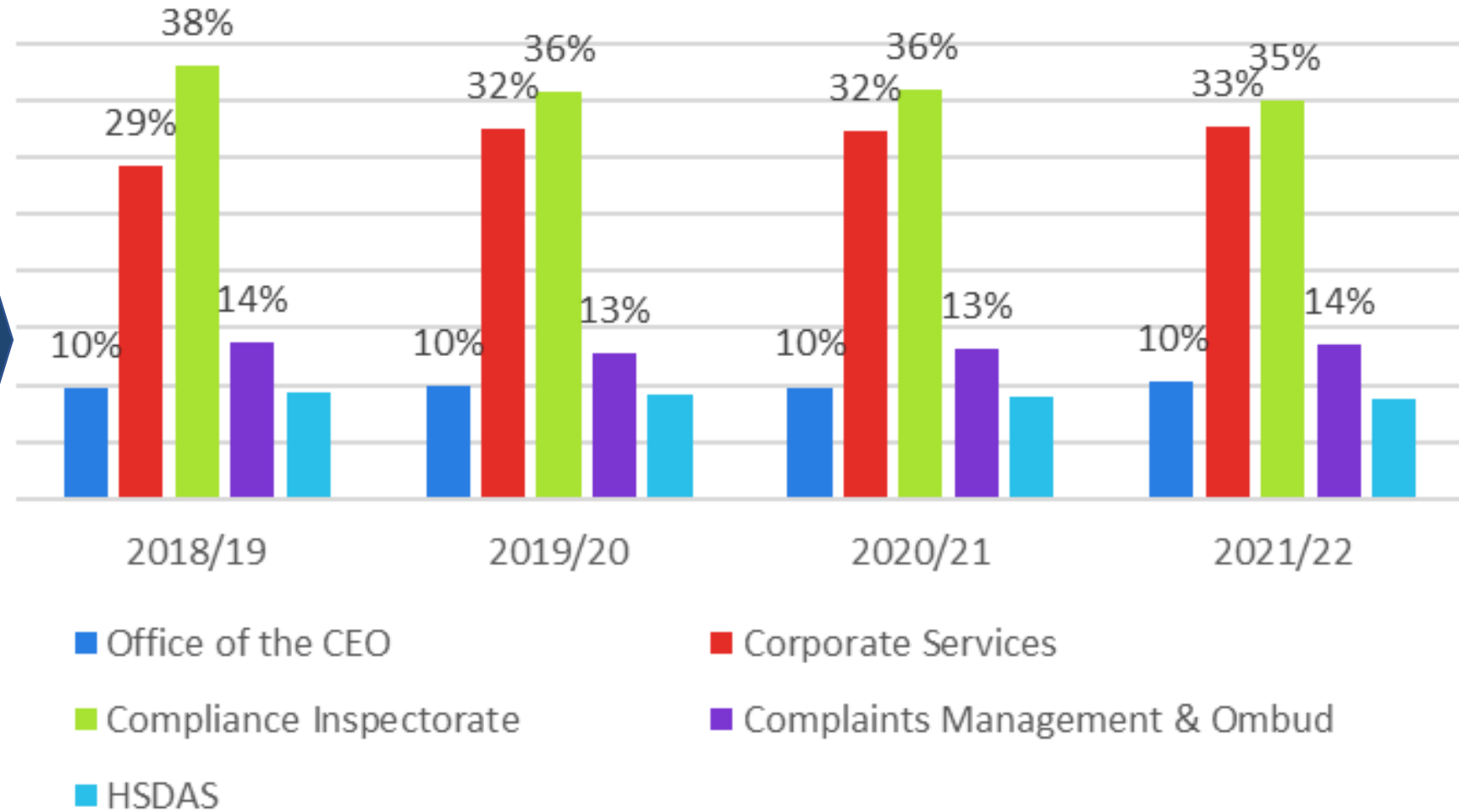


	2017/18	2018/19	2019/20	2020/21	2021/22
Total	125711 000	129678 000	136471 000	143970 000	151889 000
% increase on prior year		3%	5.2%	5.5%	5.5%

■ Total      ..... Linear (Total )

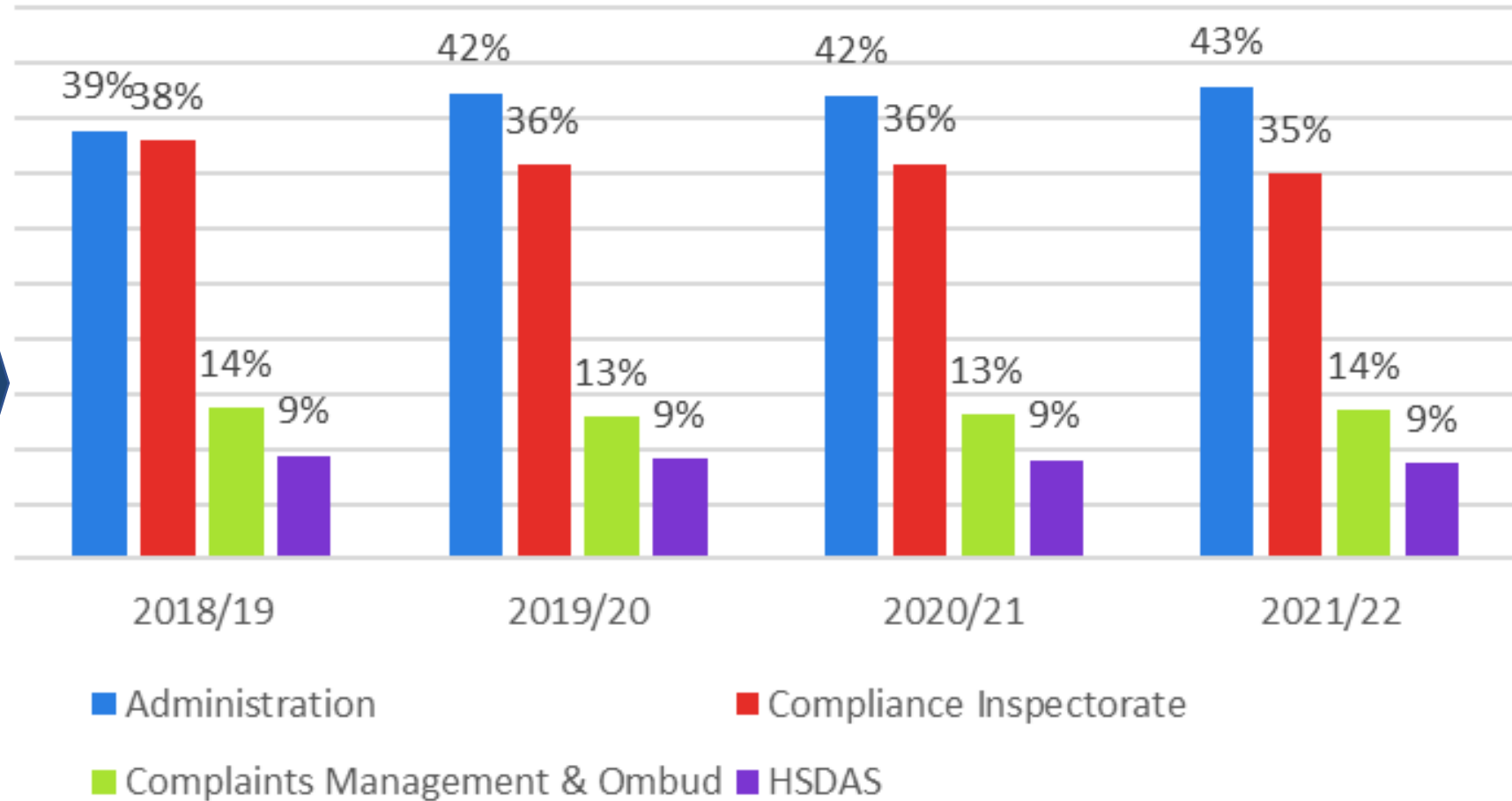
# 2019/20 MTEF BUDGET ESTIMATES

## Allocation per division



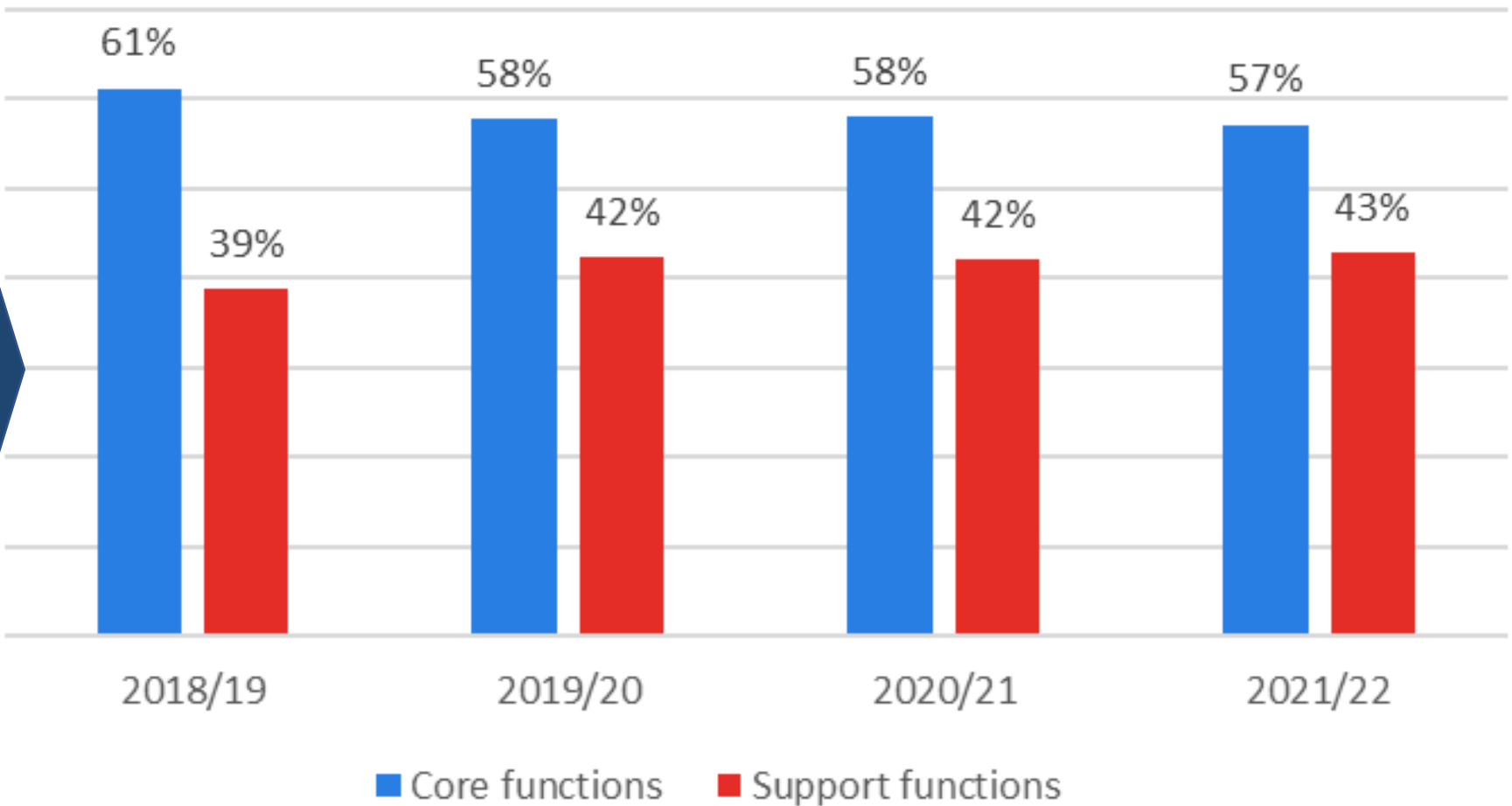
# 2019/20 MTEF BUDGET ESTIMATES

## Allocation per program



# Core vs support functions

2019/20 MTEF  
BUDGET  
ESTIMATES



## FOCUS AREAS

### CORE FUNCTIONS

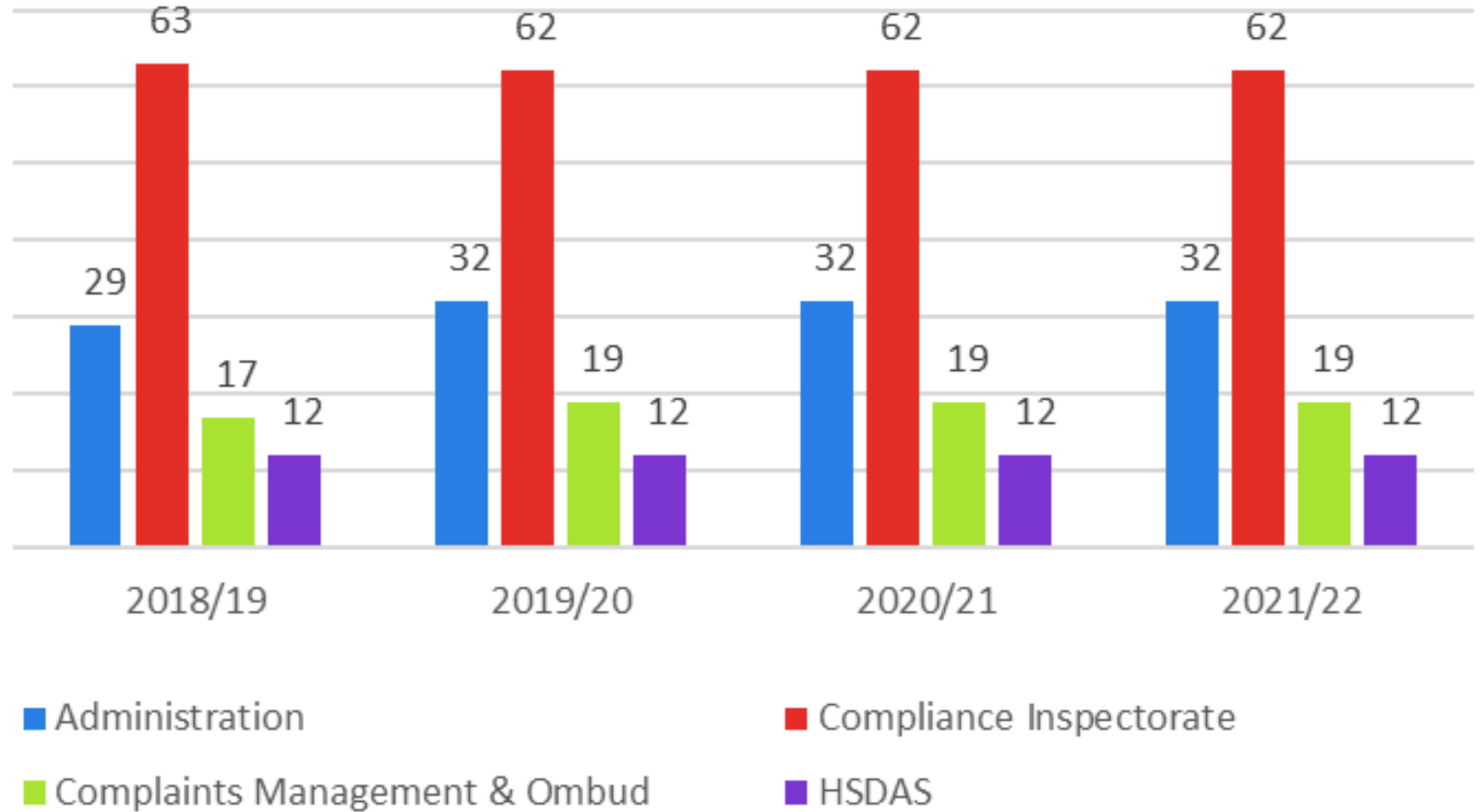
- Compliance inspectorate,
- Compliance certification and enforcement
- Complaints management and Ombud
- Health standards design, analysis and support

### Support functions

- Board/Governance
- Finance and supply chain management
- Human resource management
- Information technology
- Communications and stakeholder relations
- Legal services
- Facilities management

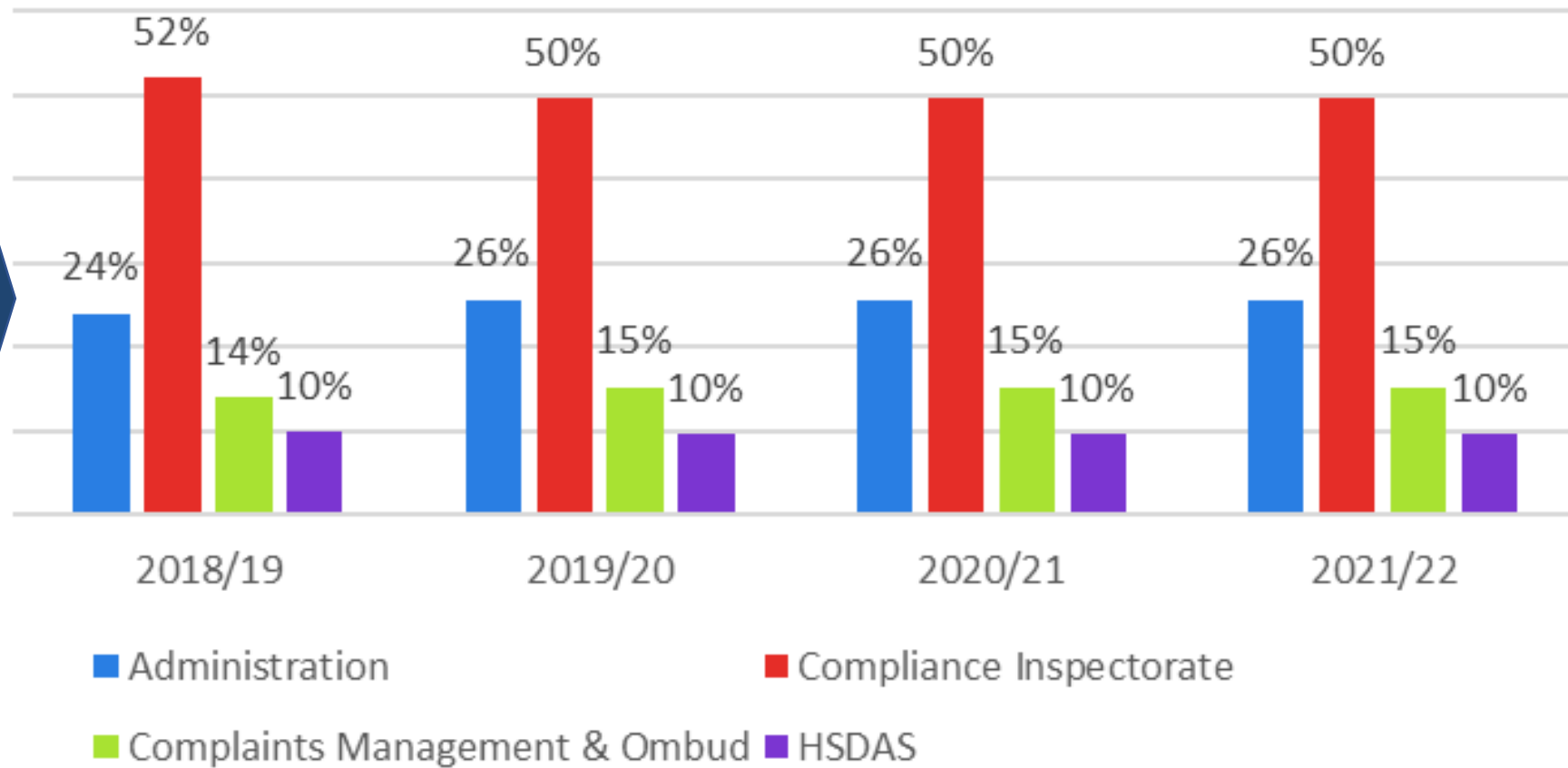
# 2019/20 MTEF BUDGET ESTIMATES

## Employee numbers per program



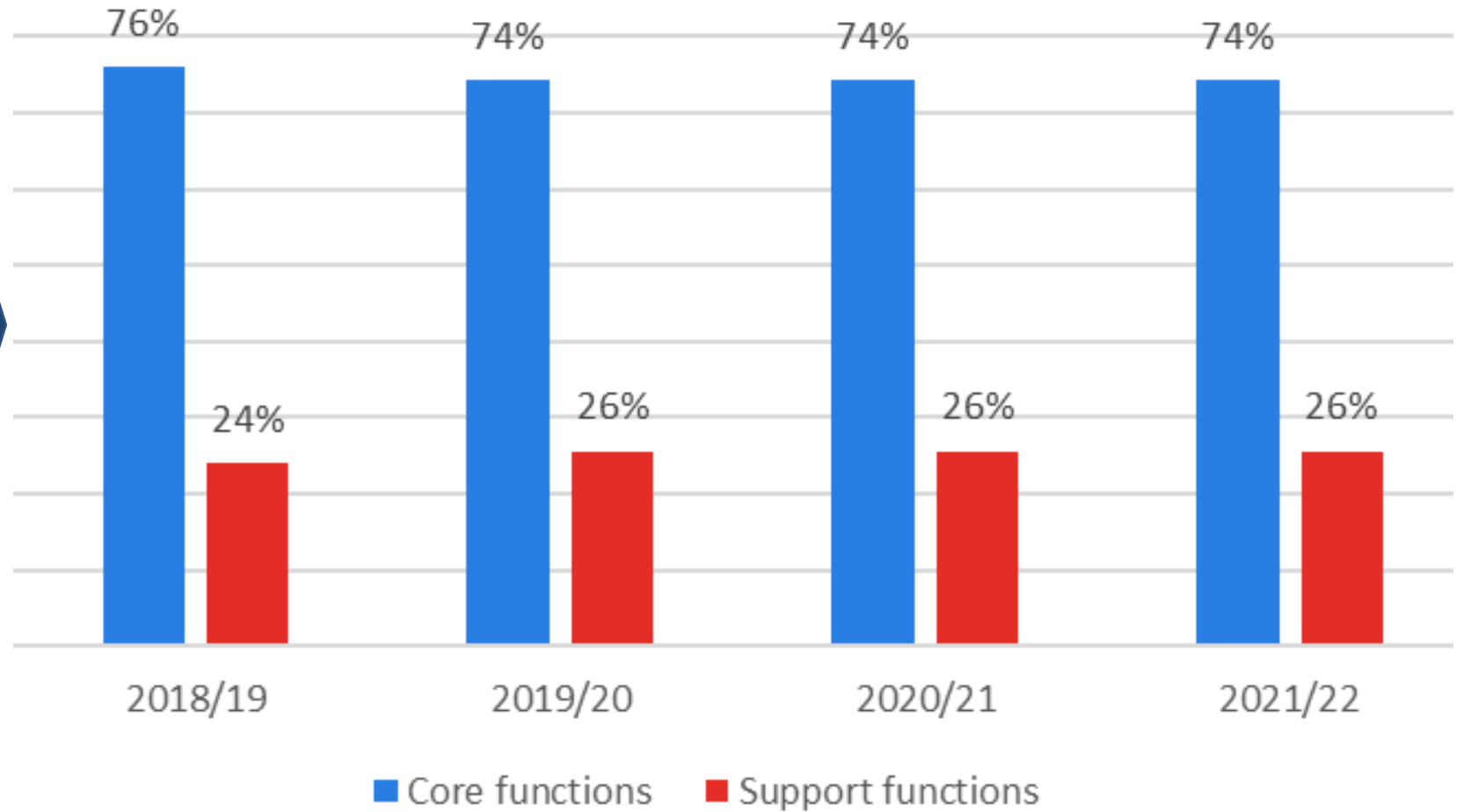
# 2019/20 MTEF BUDGET ESTIMATES

## Employees per program





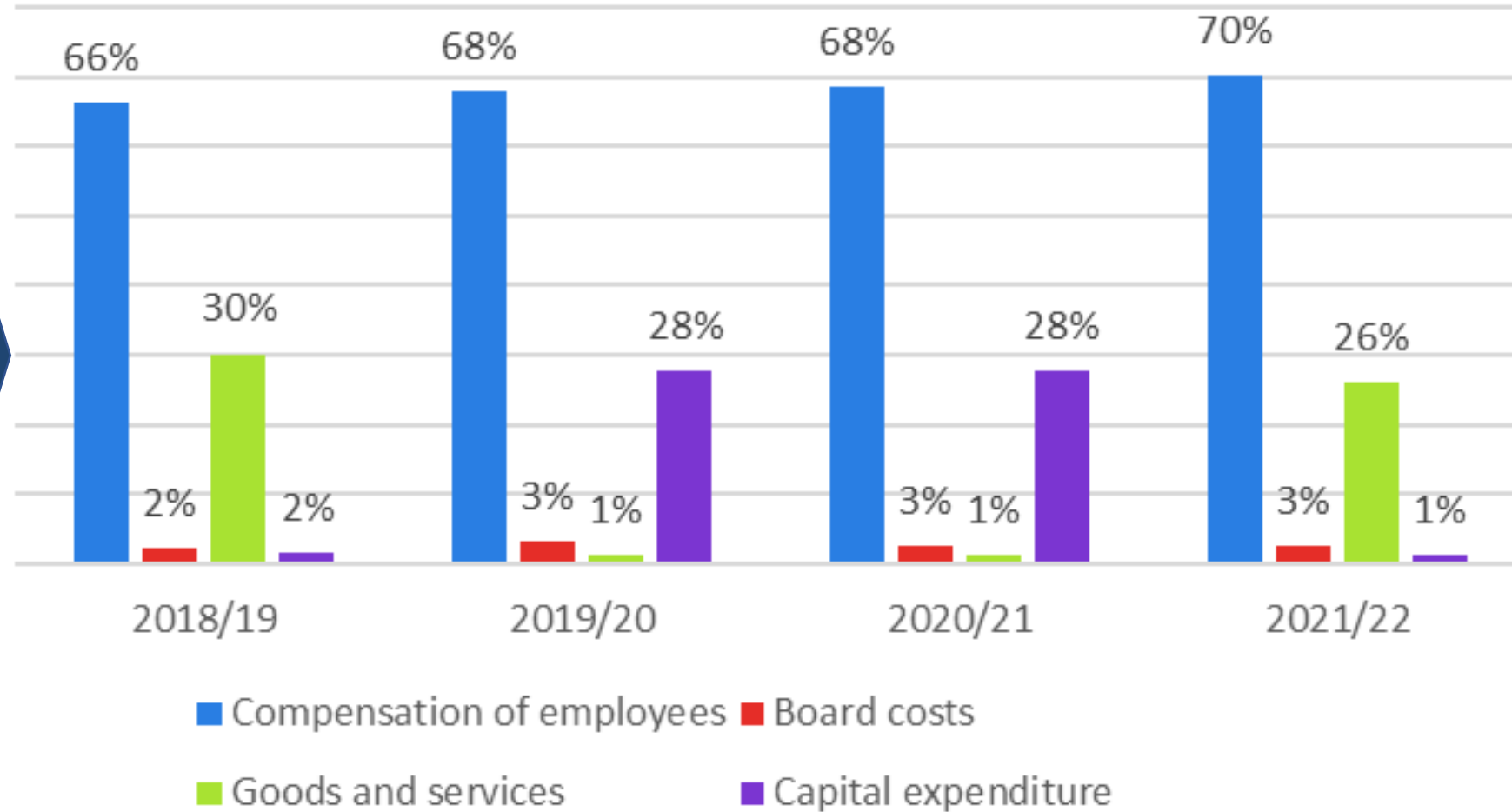
## Employees - core vs support functions



2019/20 MTEF  
BUDGET  
ESTIMATES

# 2019/20 MTEF BUDGET ESTIMATES

## Economic Classification



**KEY  
CONSIDERATIONS OF THE  
BUDGET**

- Over the MTEF period, the budget increases by an average of 5%, with compensation growing by an average of 8%.
- Allocation for goods and services, and capital expenditure decreases over the MTEF to accommodate the differential rates between overall budget increase and compensation costs.
- The compliance inspection division receives the highest allocation in line with the OHSC's founding legislation of conducting inspections of health establishments.
- There has been a significant increase in the number of complaints. Budgetary constraints limited the allocation of more resources to the complaints management division to accommodate the growing increase in the number of complaints received.
- The need for increased guidance and support on norms and standards, as well as inspection tools, at both national and provincial levels, to increase compliance with norms and standards.

**KEY  
CONSIDERATIONS OF THE  
BUDGET...  
Cont'd**

- Consideration for a conducive working environment through the provision of adequate office space, tools of trade, as well as training and development.
- Although very low, provision is made for legal costs for potential litigation pertaining to the decisions of the OHSC.
- Due to the nature of the OHSC services, staff members are key to achieving the OHSC objectives, hence personnel cost remains the highest cost element.
- Staff complement increase from 121 to 125 over the MTEF period.
- 74% of staff members are in the core operations of compliance inspections, complaints management, standards design, and the Ombud.
- 26% of staff members are allocated to the CEO's office, communications and stakeholder relations, finance, supply chain management, human resource management, information technology, and administration.

THANK YOU



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