

STRATEGIC PLAN 2021/22 – 2024/25
&
ANNUAL PERFORMANCE PLAN 2021/22
OF THE OFFICE OF HEALTH STANDARDS COMPLIANCE

PRESENTATION TO THE HEALTH PORTFOLIO COMMITTEE
6 May 2021

PRESENTED BY

Dr. Siphwe Mndaweni
Chief Executive Officer

Mr. Julius Mapatha
Chief Financial Officer



OUTLINE

BACKGROUND AND INTRODUCTION

- **Opening Remarks**
- **Introduction**
- **Mandate of the OHSC**

STRATEGIC PLAN 2020/21 – 2024/25

- **To the next 5 Years**

ANNUAL PERFORMANCE PLAN 2021/22

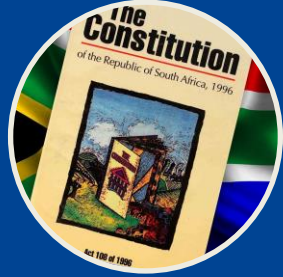
- **Performance Information (Outputs, Output Indicators and Targets)**
- **Financial Information**

INTRODUCTION

The OHSC was established in terms of the **National Health Amendment Act, 2003 (Act No. 12 of 2003)** as a juristic person under the oversight control and leadership of a Board appointed by the Minister of Health. The entity is further governed through the **Public Finance Management Act, 1999 (PFMA)** and is listed under **Schedule 3A** as a public entity.



POLICY AND LEGISLATIVE MANDATE



**CONSTITUTIONAL
MANDATE:
Section 27**



POLICY AND LEGISLATIVE MANDATE:

NHA, 2003

NHI Bill, 2019

National Policy on Quality 2007

NDP, MTSF, SDG

Norms & Standards, Procedural Regulations

Policies and Strategies

(Presidential Health Summit Compact)

Relevant Court Rulings



MANDATE OF OHSC

National Health Amendment Act # 12 of 2013 established the OHSC as an independent public entity:

- **Section 78. Objects of the Office**
 - The objects of the Office are to protect and promote the health and safety of users of health services by:
 - Monitoring and enforcing compliance by health establishments (HEs) with prescribed norms and standards.
 - Ensuring consideration, investigation and disposal of complaints relating to breaches of norms and standards.



THE MANDATE...Cont'd

The mandate contributes to two distinct but interdependent regulatory outcomes

Reduction in avoidable mortality, morbidity and harm within health establishments through reliable and safe health services

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

STRATEGIC FOCUS

VISION:

**Consistent safe
and quality
healthcare**

MISSION:

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

VALUES AND PRINCIPLES

OHSC has adopted corporate values which serve as guiding principles around which its corporate culture and actions are governed and shaped.

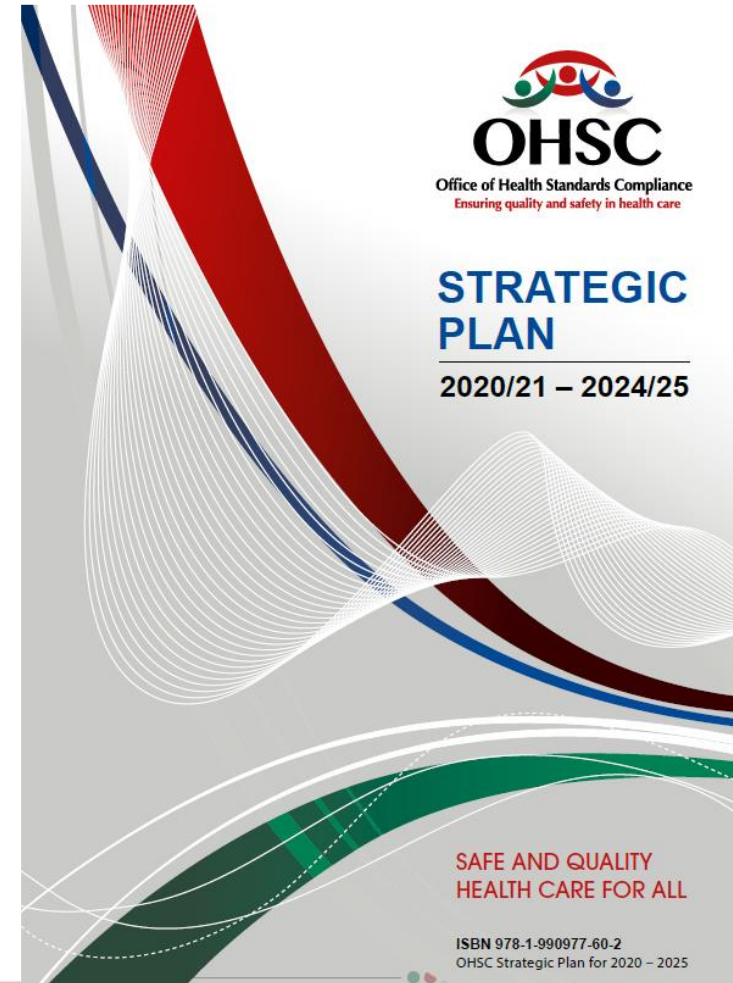
The OHSC's values are grounded in strong ethical considerations.

As a result, OHSC staff members are required to maintain the highest standards of proper conduct and integrity at all times and to ensure that there is no doubt as to what is required.

VALUES AND PRINCIPLES

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.

Office of Health Standards Compliance **STRATEGIC PLAN** **2020/21-2024/25**



STRATEGIC PLAN PROCESS



The OHSC is committed to an **ongoing, inclusive process** of strategy crafting, planning, alignment and review. As an important part of this process, the OHSC engages with its key stakeholders and obtains structured inputs into its planning and review process.



The changes relate mostly to the alignment of the SP with the Revised Framework for Strategic Plans and Annual Performance Plans

STRATEGIC PLAN 2020/21-2024/25

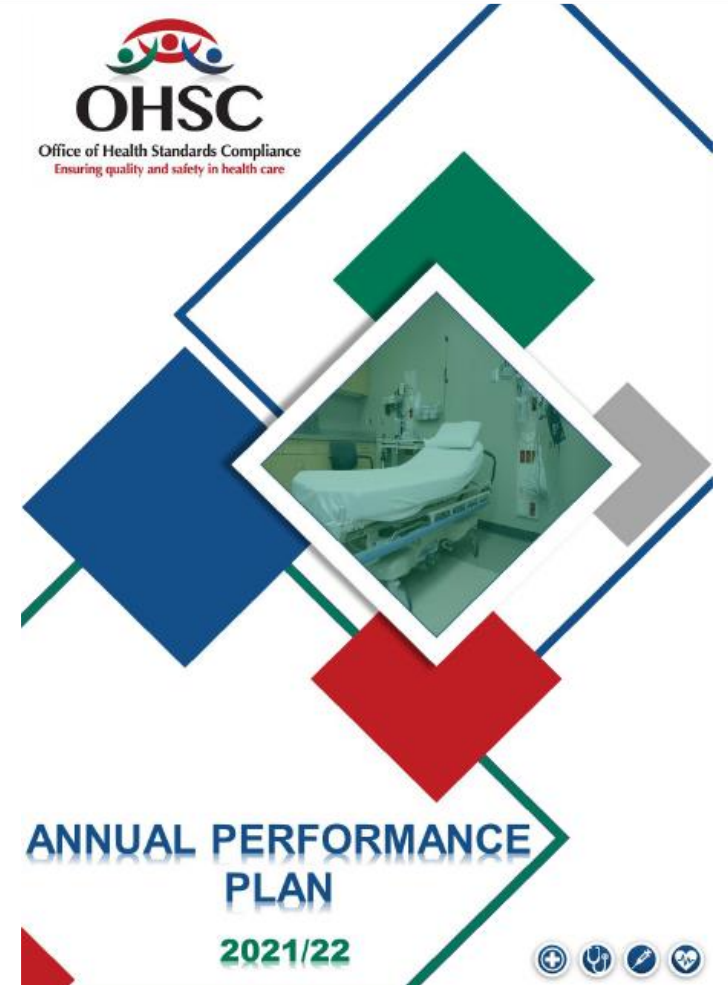
Impact Statement	Outcomes
Safe and quality health care services	1. A fully functional OHSC
	2. Compliance with norms and standards is effectively monitored
	3. Improved quality of health care services rendered to the users in the Health Establishments
	4. Facilitate achievement of compliance with the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

Over the next five years, the OHSC strategic objectives are structured into five outcomes which are well aligned to the MTSF 2019-2024

5 Outcomes mapped against 1 impact statement.

22 Output indicators

Office of Health Standards Compliance **ANNUAL PERFORMANCE PLAN 2021/22**



MEASURING OUR PERFORMANCE

OUTCOMES, OUTPUTS, PERFORMANCE INDICATORS AND ANNUAL TARGETS



1) ADMINISTRATION



1) ADMINISTRATION...Cont'd

OUTPUTS	OUTPUT INDICATORS	ANNUAL TARGETS						
		AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MTEF PERIOD		
		2017 /18	2018 /19	2019 /20	2020 /21	2021 /22	2022 /23	2023 /24
Vacancies filled within four months of the vacancy existing	Percentage of vacancies filled within four months of the vacancy existing	NI ₁	NI	NI	90%	90%	92%	93%
Inspectors certified after completion of training	Percentage of certified inspectors after successful completion of training	NI	0%	92%	95%	95%	95%	95%
Unqualified Audit Opinion achieved by the OHSC	Unqualified Audit Opinion achieved by the OHSC	UA ₂	UA	UA	UA	UA	UA	UA
IT Service Availability	Percentage of ICT availability for core OHSC services	NI	NI	NI	95%	95%	95%	95%
	Percentage of ICT availability for OHSC support services	NI	NI	NI	95%	95%	95%	95%
Awareness about the role and powers of the OHSC and Health Ombud is raised	Number of community stakeholder engagements to raise public awareness on the role and powers of the OHSC and Health Ombud	NI	NI	NI	12	12	12	12
	Number of private sector engagements to raise awareness on the role and powers of the OHSC and Health Ombud	NI	NI	NI	8	8	8	8

₁NI (New Indicator), ₂UA (Unqualified audit)

1) ADMINISTRATION...Cont'd

Indicators, Annual and Quarterly Targets

OUTPUT INDICATORS	ANNUAL TARGET	Q1	Q2	Q3	Q4
Percentage of vacancies filled within four months of vacancy existing	90%	85%	86%	90%	90%
Percentage of certified inspectors after successful completion of training	95%	-	-	-	95%
Unqualified audit opinion achieved by the OHSC	UA ₁	-	-	-	UA
Percentage of ICT availability for core OHSC services	95%	95%	95%	95%	95%
Percentage of ICT availability for OHSC support services	95%	95%	95%	95%	95%
Number of community stakeholder engagements to raise public awareness on the role of the OHSC and Health Ombud	12	3	3	3	3
Number of private sector engagements to raise awareness on the role and of the OHSC and Health Ombud	8	2	2	2	2

₁UA (Unqualified audit)

2) COMPLIANCE INSPECTORATE



Compliance with norms and standards is effectively monitored

2) COMPLIANCE INSPECTORATE...Cont'd

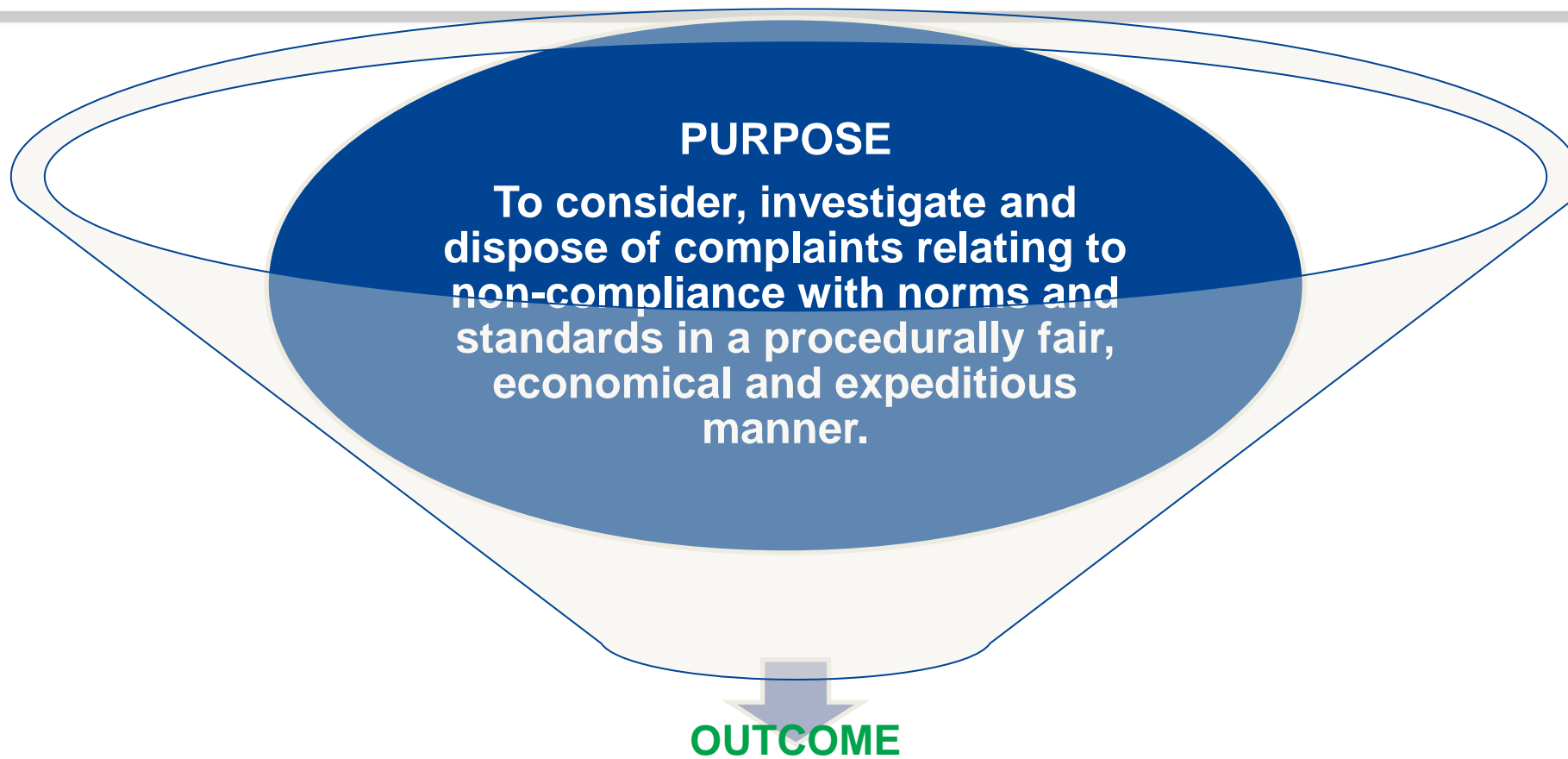
OUTPUTS	OUTPUT INDICATORS	ANNUAL TARGETS						
		AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MTEF PERIOD		
		2017 /18	2018 /19	2019 /20	2020 /21	2021 /22	2022 /23	2023 /24
Health Establishments (HEs) are inspected for compliance with the norms and standards	Percentage of public health establishments inspected for compliance with the norms and standards	24.18%	19.13%	16.95 %	10% (382 of 3816)	8% (299 of 3741)	7% (262 of 3741)	6% (224 of 3741)
	Percentage of private health establishments inspected for compliance with the norms and standards	NI ₁	NI	0%	6% (24 of 393)	6% (24 of 393)	6% (24 of 393)	6% (24 of 393)
Additional inspection is conducted in HEs where non-compliance was identified	Percentage of additional inspection conducted in private and public health establishments where non-Compliance was identified	NI	NI	NI	100%	100%	100%	100%
Regulated inspection reports are published	Publish bi-annual consolidated reports on health establishments performance against the norms and standards	NI	NI	NI	2	2	2	2
	Publish an annual report that sets out the compliance status of all HEs and summarizes the number and nature of the compliance notices issued	NI	NI	NI	1	1	1	1

2) COMPLIANCE INSPECTORATE...Cont'd

Indicators, Annual and Quarterly Targets

OUTPUT INDICATORS	ANNUAL TARGET	Q1	Q2	Q3	Q4
Percentage of public health establishments inspected for compliance with the norms and standards	8% (299 of 3741)	3.6% (135 of 3741)	4% (150 of 3741)	0.37% (14 of 3741)	0%
Percentage of private health establishments inspected for compliance with the norms and standards	6% (26 of 431)	0%	0%	0%	6% (26 of 431)
Percentage of additional inspection conducted in private and public health establishments where non-compliance was identified	100%	-	100%	100%	100%
Publish bi-annual consolidated reports on health establishments performance against the norms and standards	2	-	1	-	1
Publish an annual report that sets out the compliance status of all HEs and summarises the number and nature of the compliance notices issued	1	-	-	-	1

3) COMPLAINTS MANAGEMENT & OFFICE OF THE HEALTH OMBUD



Improved quality of health care services rendered to the users in the Health Establishment

3) COMPLAINTS MANAGEMENT & OFFICE OF THE HEALTH OMBUD...Cont'd

OUTPUTS	OUTPUT INDICATORS	ANNUAL TARGETS						
		AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MTEF PERIOD		
		2017 /18	2018 /19	2019 /20	2020 /21	2021 /22	2022 /23	2023 /24
Low risk complaints resolved within twenty-five working days of lodgement in the call centre.	Percentage of low-risk complaints resolved within twenty-five working days of lodgement in the call centre.	NI ₁	77.84%	95.58%	65%	75%	80%	85%
User complaints resolved within 30 working days through assessment after receipt of a response from the complainant and/or the health establishments	Percentage of user complaints resolved within 30 working days through assessment after receipt of a response from the complainant and/or the health establishments	NI	49.42%	7.3%	45%	55%	65%	70%
Complaints resolved six months through investigation	Percentage of complaints resolved six months through investigation	NI	NI	10%	5%	10%	20%	40%
Complaints resolved 12 months through investigation	Percentage of complaints resolved 12 months through investigation	NI	NI	NI	NI	5%	5%	10%
Complaints resolved 18 months through investigation	Percentage of complaints resolved 18 months through investigation	NI	NI	NI	NI	2%	5%	10%

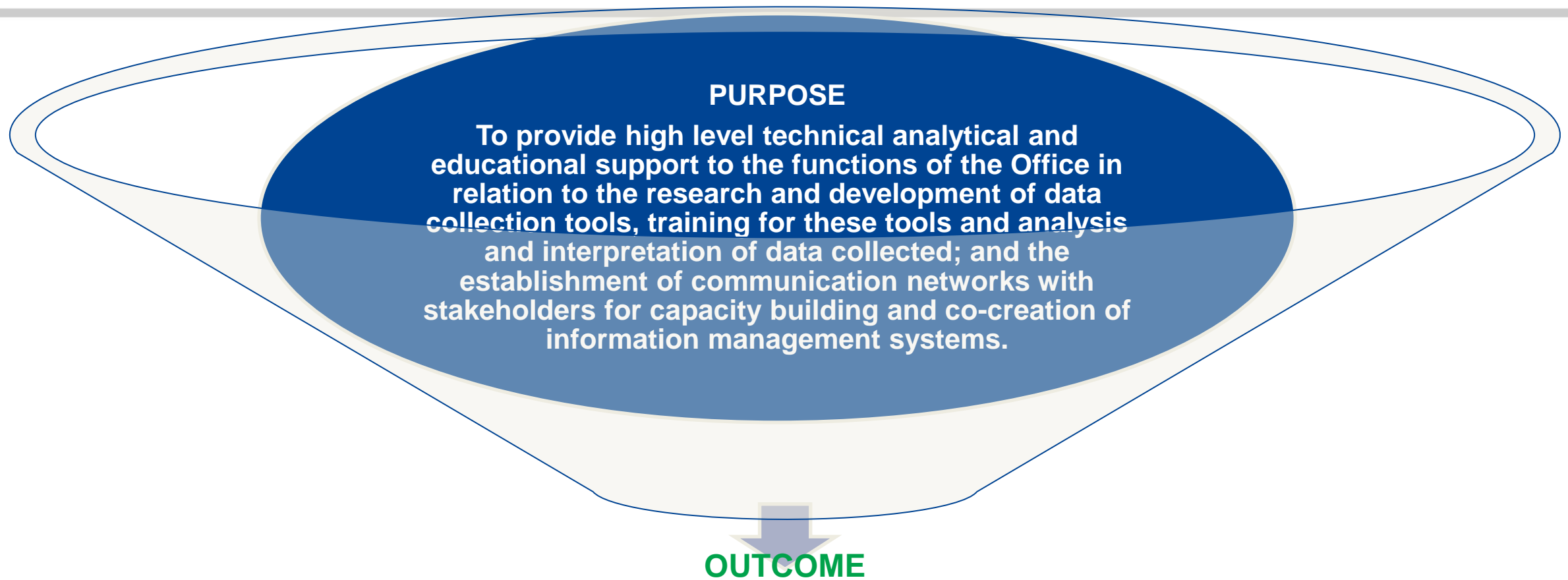
¹NI (New Indicator)

3) COMPLAINTS MANAGEMENT & OFFICE OF THE HEALTH OMBUD...Cont'd

Indicators, Annual and Quarterly Targets

OUTPUT INDICATORS	ANNUAL TARGET	Q1	Q2	Q3	Q4
Percentage of low-risk complaints resolved within twenty-five working days of lodgment in the call center.	75%	60%	65%	70%	75%
Percentage of user complaints resolved within 30 working days through assessment after receipt of a response from the complainant and/or the health establishments	55%	40%	45%	50%	55%
Percentage of complaints resolved six months through investigation	10%	5%	10%	10%	15%
Percentage of complaints resolved 12 months through investigation	5%	5%	5%	5%	5%
Percentage of complaints resolved 18 months through investigation	2%	2%	2%	2%	2%

4) HEALTH STANDARDS DESIGN, ANALYSIS AND SUPPORT



Compliance with the norms and standards regulations for different categories of health establishments

4) HEALTH STANDARDS DESIGN, ANALYSIS AND SUPPORT...Cont'd

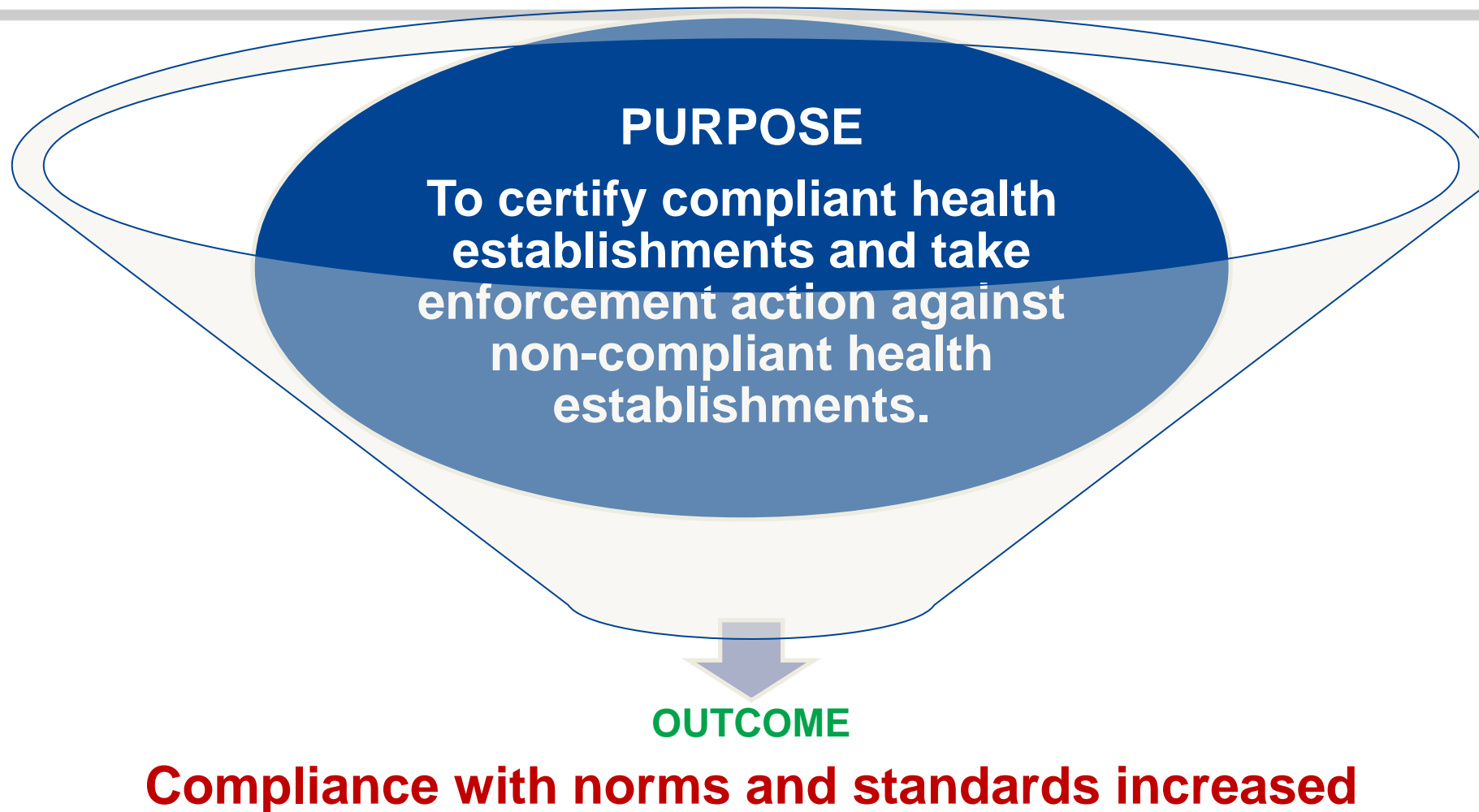
OUTPUTS	OUTPUT INDICATORS	ANNUAL TARGETS						
		AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MTEF PERIOD		
		2017 /18	2018 /19	2019 /20	2020 /21	2021 /22	2022 /23	2023 /24
Recommendation report for improvement in the health sector completed and shared with relevant authorities for implementation	Number of recommendations for improvement in the healthcare sector made to relevant authorities	NI ₁	NI	NI	3	3	3	3
Guidance workshops on norms and standards regulations conducted	Number of guidance workshops conducted to facilitate implementation of the norms and standards regulations	NI	NI	NI	24	24	24	24

4) HEALTH STANDARDS DESIGN, ANALYSIS AND SUPPORT...Cont'd

Indicators, Annual and Quarterly Targets

OUTPUT INDICATORS	ANNUAL TARGET	Q1	Q2	Q3	Q4
Number of recommendations for improvement in the healthcare sector implemented by relevant authorities	3	-	-	-	3
Number of guidance workshops conducted to facilitate implementation of the norms and standards regulations	24	4	6	8	6

5) CERTIFICATION & ENFORCEMENT



5) CERTIFICATION & ENFORCEMENT...Cont'd

OUTPUTS	OUTPUT INDICATORS	ANNUAL TARGETS						
		AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MTEF PERIOD		
		2017 /18	2018 /19	2019 /20	2020 /21	2021 /22	2022 /23	2023 /24
Compliant health establishments are issued with a certificate of compliance	Percentage of health establishments issued with a certificate of compliance within 15 days from the date of the final inspection report	NI ¹	NI	NI	100%	100%	100%	100%
Enforcement action is taken against noncompliant health establishments	Percentage of health establishments against which enforcement action has been initiated within 10 days from the date of the final inspection report	NI	NI	NI	100%	100%	100%	100%
Health establishment compliance status reports are published	Number of health establishment compliance status reports published every six months	NI	NI	NI	2	2	2	2

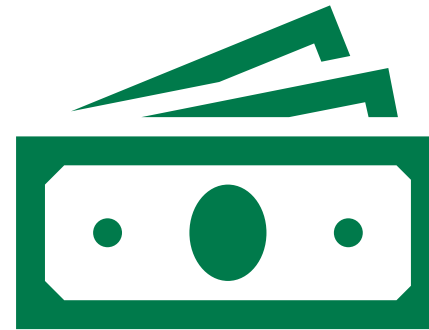
¹NI (New Indicator)

5) CERTIFICATION & ENFORCEMENT...Cont'd

Indicators, Annual and Quarterly Targets

OUTPUT INDICATORS	ANNUAL TARGET	Q1	Q2	Q3	Q4
Percentage health establishments issued with a certificate of compliance within 15 days from the date of the final inspection report	100%	100%	100%	100%	100%
Percentage of health establishments against which enforcement action has been initiated within 10 days from the date of the final additional inspection report	100%	100%	100%	100%	100%
Number of health establishment compliance status reports published every six months	2	-	1	-	1

RESOURCE CONSIDERATION OVERALL BUDGET ALLOCATION



2021/22 MTEF BUDGET estimates

DIVISION	Audited outcomes 2019/20	2020/21	2021/22	2022/23	2023/24
Office of the CEO	11,900,989	14,239,955	13,796,772	14,440,591	13,879,561
Compliance Inspection	55,359,810	48,086,600	53,988,829	55,253,818	57,001,509
Certification and Enforcement	-	2,660,511	2,692,353	2,855,347	2,822,357
Complaints Management and Ombud	18,761,727	19,797,768	20,388,822	21,733,705	21,564,179
Corporate Services	58,724,820	46,441,237	47,626,315	49,002,207	43,938,464
Health Standards Design, Analysis & Support	13,509,942	12,743,929	13,395,909	14,223,332	13,519,931
TOTAL	158,257,287	143,970,000	151,889,000	157,509,000	152,726,000

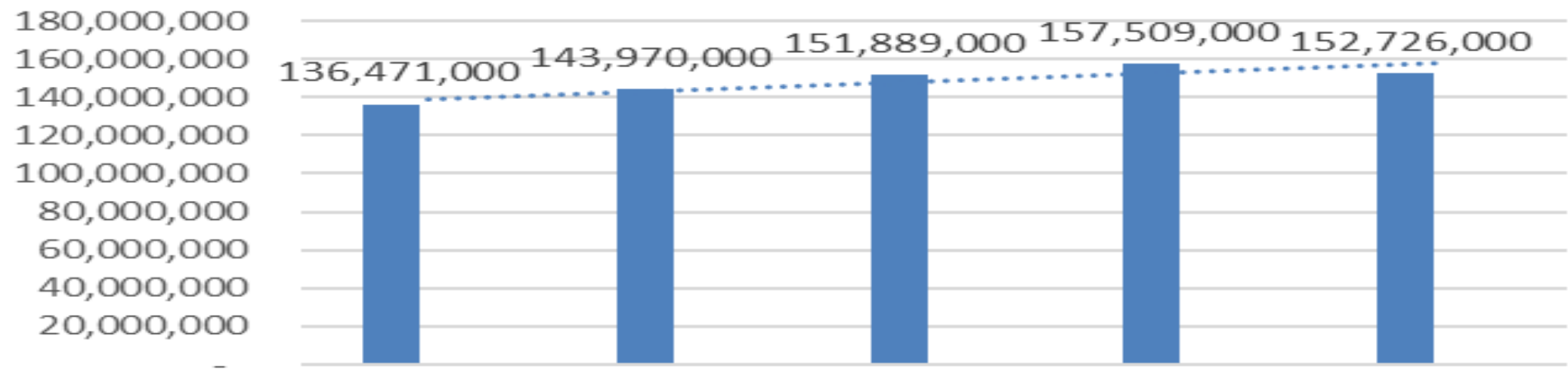
ACTUAL RECEIVED FOR 2020/21 WAS R137 648 000

2021/22 MTEF BUDGET ESTIMATES

	Audited outcomes 2019/20	2020/21	2021/22	2022/23	2023/24
CURRENT PAYMENTS	154,055,718	138,974,473	149,449,624	155,437,790	151,413,242
Compensation of employees	97,379,642	98,421,963	105,444,163	112,257,631	112,778,698
Goods and services of which:	56,676,076	40,552,510	44,005,462	43,180,159	38,634,543
Board fees and related costs	2,104,342	2,330,497	1,491,339	1,491,339	1,491,339
Travel, subsistence and accommodation	10,923,824	8,492,360	11,764,146	9,978,391	10,653,357
Training and development	3,918,661	984,220	1,054,442	1,122,576	1,127,787
Venues and facilities	2,256,140	989,334	1,055,987	1,065,245	775,072
Catering services	72,952	223,922	50,000	50,000	50,000
Consulting and professional services	1,675,016	2,129,287	1,370,188	1,391,335	1,152,596
Inventory and consumables	276,849	402,434	355,615	360,235	225,654
Advertising	226,268	327,869	249,698	261,684	274,245
Relocation expenses	155,200	57,650	57,650	60,417	60,417
Printing and stationery	705,495	490,178	300,000	300,000	300,000
Bank charges	71,467	72,701	78,867	82,653	86,620
Insurance	300,356	243,886	280,000	280,000	280,000
Water, electricity, rates and taxes	4,314,010	2,310,979	3,600,066	3,772,869	3,953,967
Cleaning services	1,699,025	1,878,014	1,971,914	2,066,566	2,165,761
Communication costs (telephone and data)	1,468,629	1,162,659	1,300,000	1,300,000	1,000,000
Lease payments	10,696,211	11,531,855	12,448,689	13,436,538	10,303,028
Depreciation and amortisation	6,504,080	-	-	-	-
Audit costs	1,473,523	1,400,474	1,447,542	1,517,024	1,589,842
IT maintenance and support	5,376,847	2,196,176	2,230,997	1,745,743	1,147,316
Legal fees	177,394	1,200,000	1,000,000	1,000,000	500,000
Motor vehicle expenses	198,271	138,754	100,000	100,000	100,000
Loss on asset theft	52,159	-	-	-	-
Postage and couriers	8,540	15,857	8,967	8,950	8,950
Subscription	51,504	-	-	-	-
Repairs and maintenance	125,604	380,600	149,630	148,869	148,869
Security services	767,419	736,219	839,724	839,724	839,724
Publications and marketing	1,076,290	856,584	800,000	800,000	400,000
PAYMENTS FOR CAPITAL ASSETS	4,201,570	4,995,527	2,439,376	2,071,210	1,312,758
Other machinery and equipments	300,736	436,444	328,126	-	450,000
Office furniture	499,336	-	-	-	-
Leasehold Improvement	1,102,255	-	-	-	-
Software and intangible assets	1,296,596	4,131,583	1,591,250	1,596,250	365,000
Computer equipment	1,002,646	427,500	520,000	474,960	497,758
TOTAL	158,257,287	143,970,000	151,889,000	157,509,000	152,726,000

2021/22 MTEF BUDGET ESTIMATES

Total budget

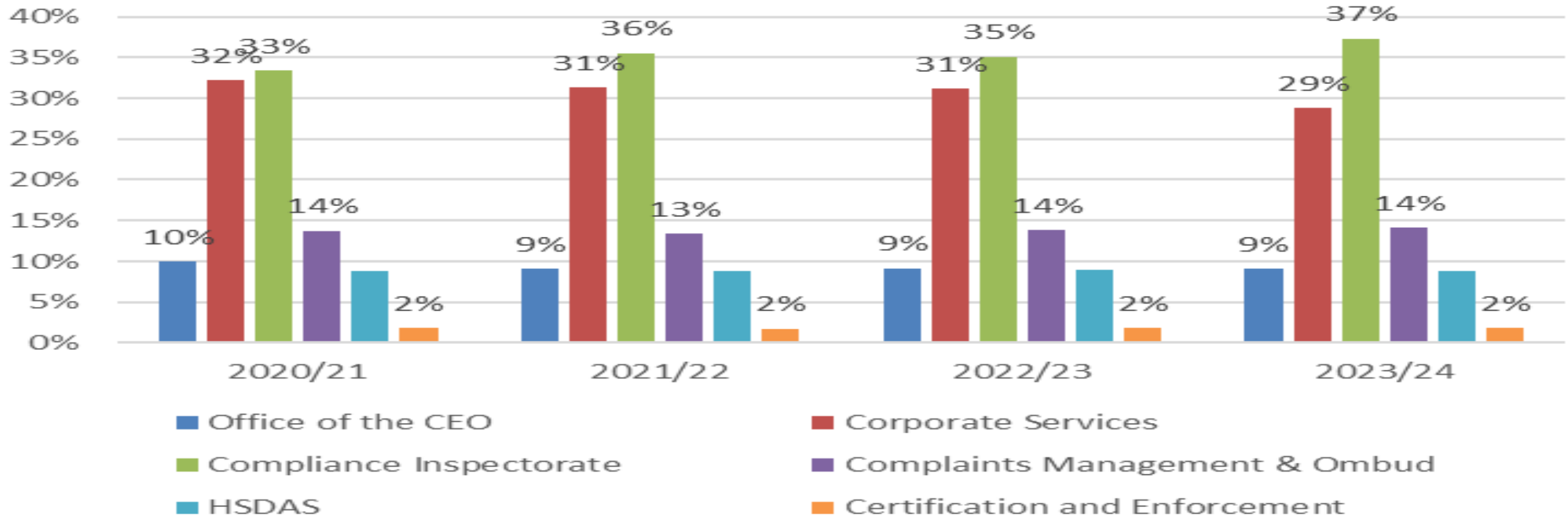


	2019/20	2020/21	2021/22	2022/23	2023/24
■ Total	136,471,000	143,970,000	151,889,000	157,509,000	152,726,000
■ % increase on prior year		5%	5.5%	3.7%	-3.0%

■ Total ■ % increase on prior year

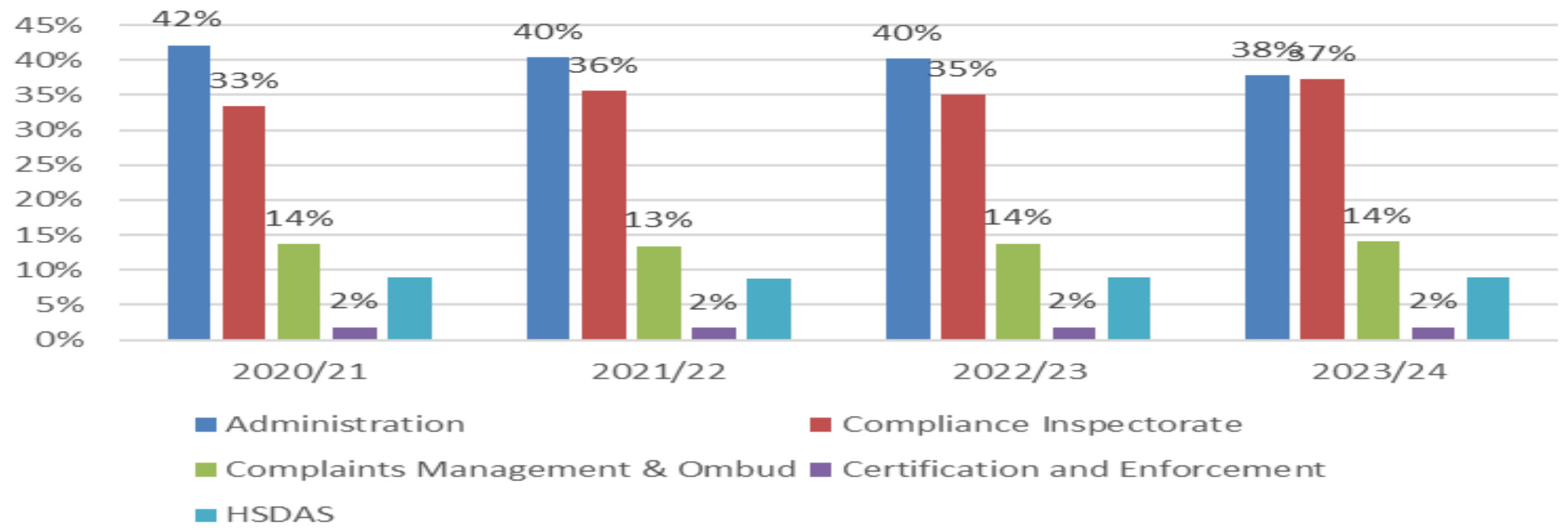
2021/22 MTEF BUDGET ESTIMATES

Allocation per division



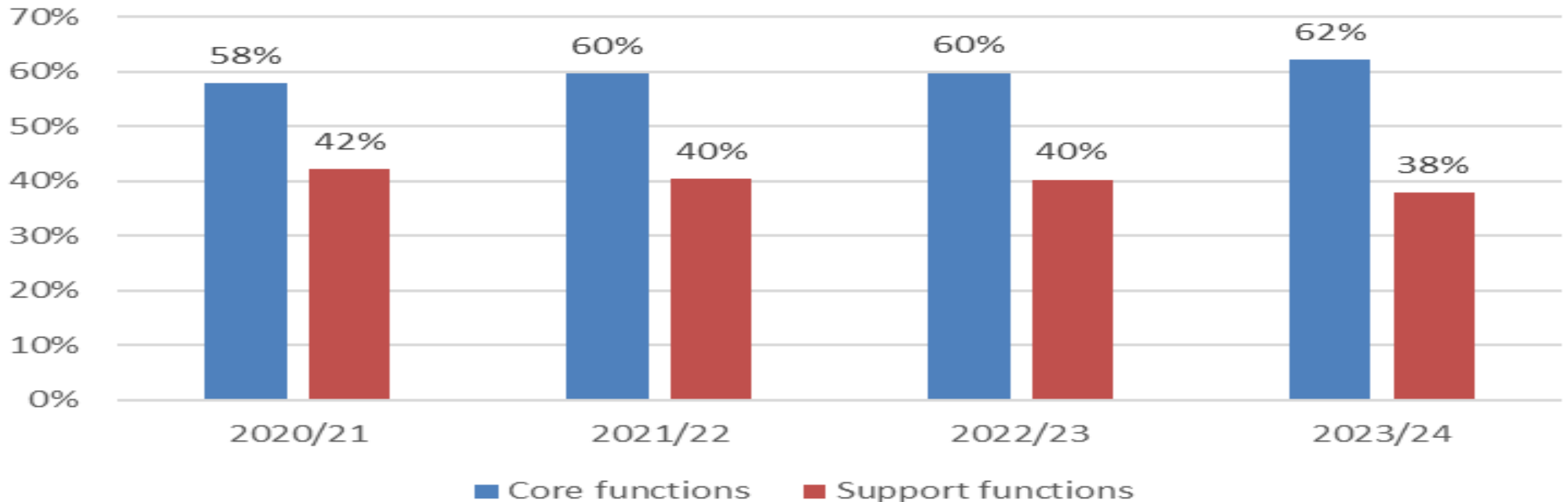
2021/22 MTEF BUDGET ESTIMATES

Allocation per program

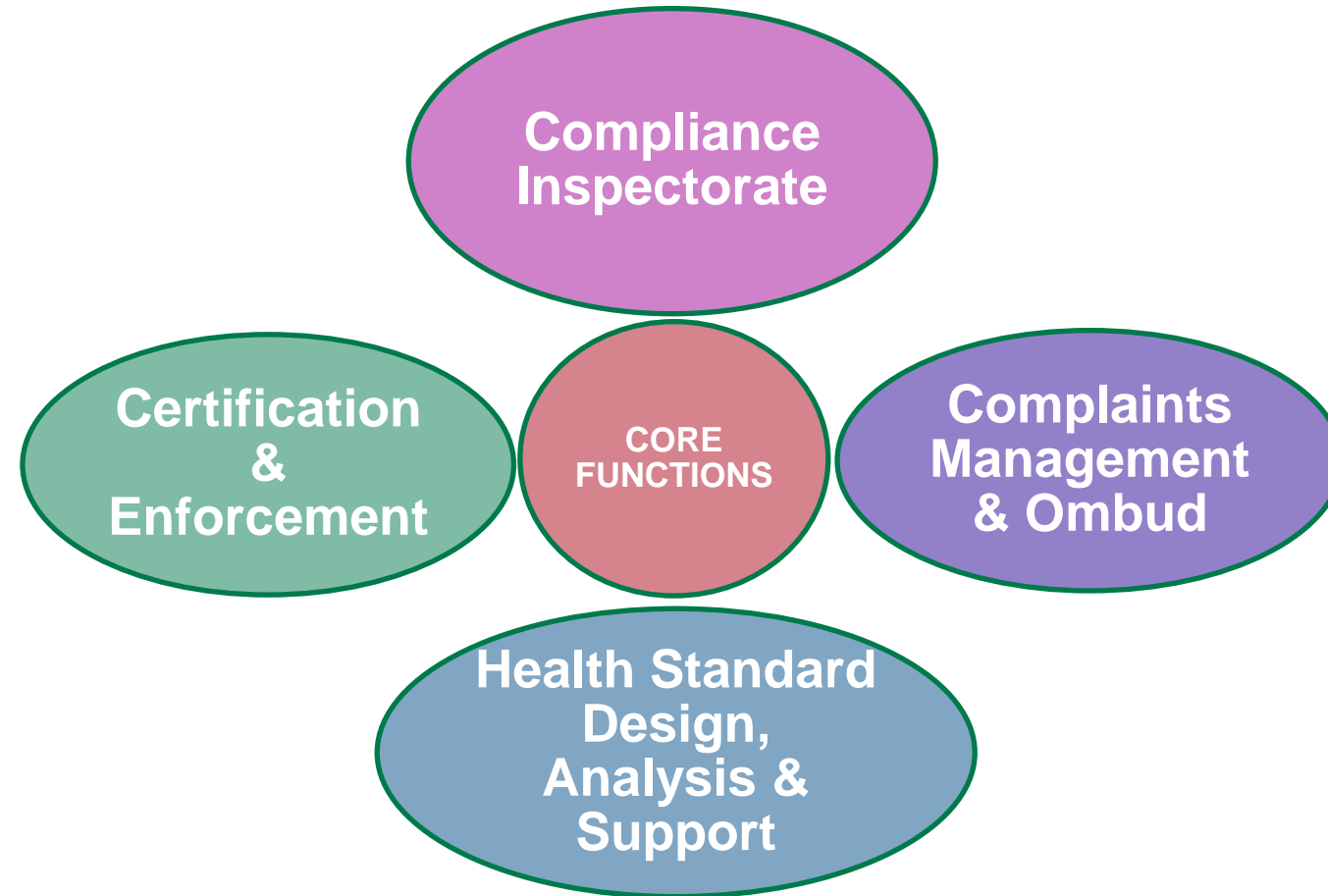


2021/22 MTEF BUDGET ESTIMATES

Core vs support functions



FOCUS AREAS



FOCUS AREAS (SUPPORT)



**BOARD/
GOVERNANCE**



**FINANCE & SUPPLY
CHAIN
MANAGEMENT**



**HUMAN
RESOURCES
MANAGEMENT**



**INFORMATION &
COMMUNICATIONS
TECHNOLOGY**



**COMMUNICATION &
STAKEHOLDER
RELATIONS**



LEGAL SERVICES

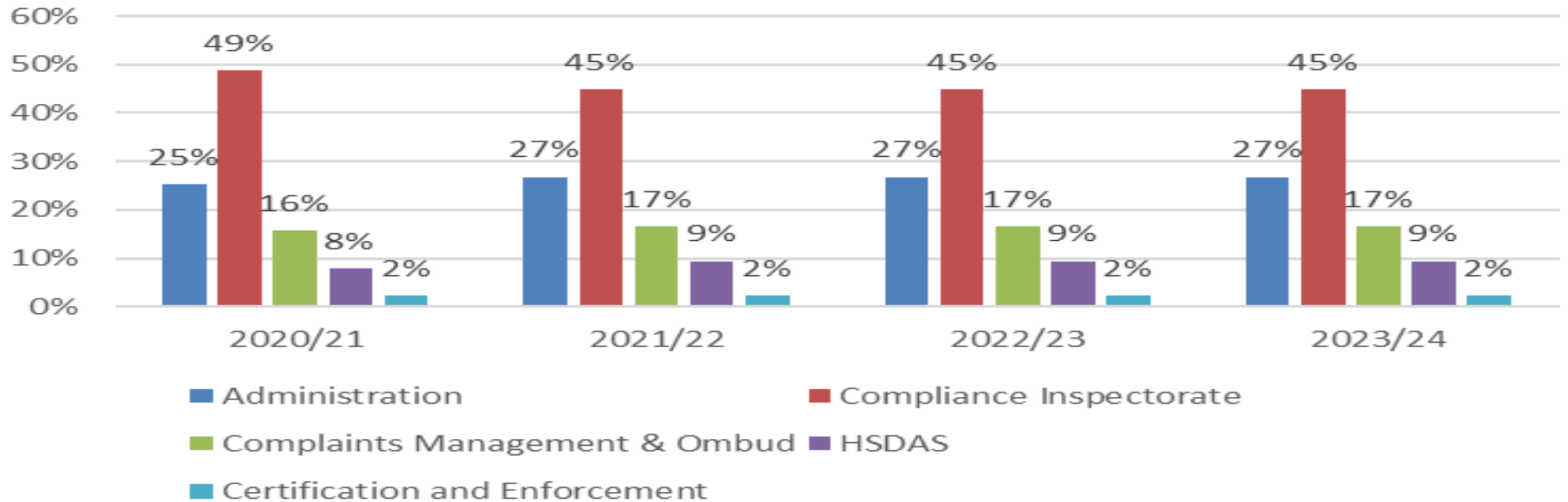


**FACILITY
MANAGEMENT**



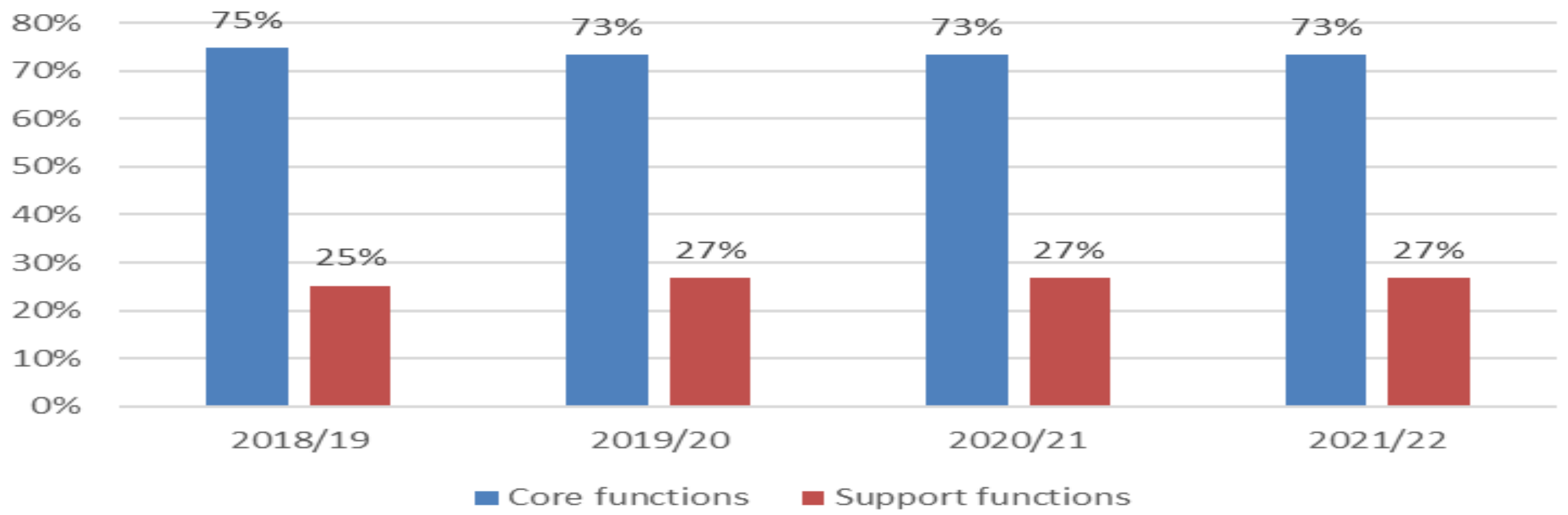
2021/22 MTEF BUDGET ESTIMATES

Employees per program



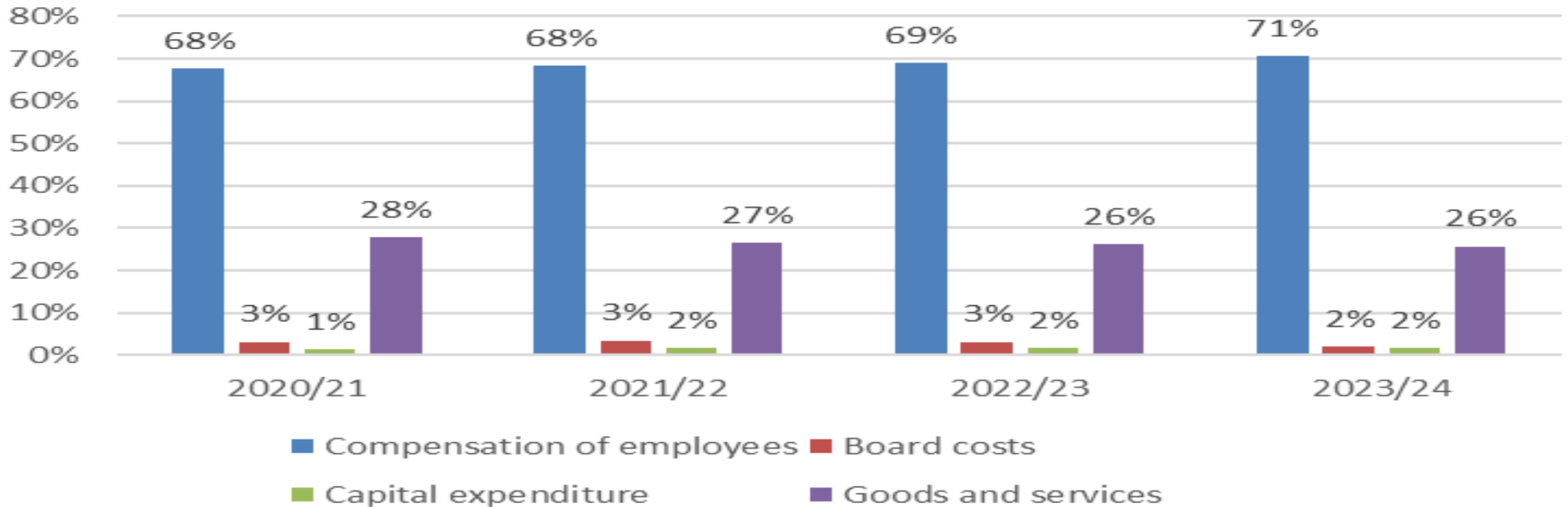
2021/22 MTEF BUDGET ESTIMATES

Employees - core vs support functions



2021/22 MTEF BUDGET ESTIMATES

Economic Classification



KEY CONSIDERATIONS OF THE BUDGET

Over the MTEF period, the budget increases by an average of 2%

The compliance inspection division receives the highest allocation in line with the OHSC's founding legislation of conducting inspections of health establishments

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 continued 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

A large portion of administration allocation relates to 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 remains the same at 127 over the MTEF period, with 73% of staff members are in the core operations of compliance inspections, certification and enforcement, complaints management, and standards design

27% 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



OHSC

Office of Health Standards Compliance

Ensuring quality and safety in health care

NGIYATHOKOZA!

ro livhuwa!

dankie!

ke a leboga!

ENKOSI!

inkomu!

thank you!

udo livhuwa!

ke a leboga!

ngiyabonga!

siyabonqa!