

OFFICE OF HEALTH STANDARDS COMPLIANCE



Annual Performance Plan 2021/22

Date of Tabling

March 2021

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EXECUTIVE AUTHORITY STATEMENT

The development of the Office of Health Standards Compliance (OHSC) Annual Performance Plan for 2021 - 2022 was largely informed by the experience gained with the implementation of the strategic plan for 2015/16 – 2019/20 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. This APP 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 APP included the review of programme performance information to ensure alignment between the National Health Insurance Bill, 2019 (NHI Bill) and the mandate of the OHSC in the National Health Act, 2003 (Act No. 61 of 2003).

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 ZL Mkhize, MP

Minister of Health

ACCOUNTING AUTHORITY STATEMENT

It gives me immense pleasure to present the Annual Performance Plan for the Office of Health Standards Compliance (OHSC) for the period 2021/22. This Annual Performance Plan is aligned with the National Department of Health's (NDoH) strategic priorities and it contributes towards the delivery of the objectives of the National Development Plan (NDP) as well as the Medium-Term Strategic Framework (MTSF). It establishes the key areas of focus that will enable the OHSC to deliver on its mandate.

In preparation of this plan key consideration was taken of the Constitution of the Republic of South Africa, the National Health Act, and other laws and regulations that are applicable.

Since its inception, the OHSC has steadily developed into a hub of organisational excellence. It has strengthened its core competencies of management of inspections as outlined in its mandate. The organisation is admired for having achieved its targets and having received unqualified audits from the Auditor General for the past five (5) consecutive years.

The OHSC's success may be partly attributed to the fact that it applies a project management-based approach and concentrates on both processes and people whilst being cognisant of finances. It offers a unique and integrated service to its stakeholders.

With the regulatory landscape consistently changing the OHSC has had to respond strategically and operationally in creative and innovative ways. South African citizens' expectations for improved governance and service delivery from State Institutions are ever-increasing. The increased calls from the public to ensure safe and quality healthcare for all has also forced OHSC to conduct business in an acceptable manner and within the confines of international standards.

Changes to the legislation (i.e., NHI Bill) are also being expected and this will set the stage for OHSC to operate more efficiently. Overall, these anticipated legislative

changes have already prompted the OHSC to quickly evolve its ways of conducting business.

The OHSC has embraced technology-enabled process innovation as a way of ensuring that it is able to successfully execute on its mandate. This enablement includes the automation of processes to ensure that non-value adding work is eradicated whilst there is the intelligent generation of data and reports to inform effective analysis and decision making.

Other differentiated ways of operating will in the future include flexible employment models as well as the upskilling of staff to assist with specific matters, further enhancements in technology. All these approaches will jointly contribute to increasing organisational efficiency and effectiveness.

The OHSC will engage in research and development and collaborate with international counterparts to benchmark and implement cutting edge technologies and practices in the field. We will enhance our capability so that OHSC can be a centre of excellence in this field.

Change management is high on the OHSC agenda as the organisation experiences successive cycles of planned change. The organisation will continue to support strategic change initiatives with full planning processes as well as support change enablement tools and methodologies. The organisation will continue to afford this priority until these changes are firmly institutionalised.

The Board, together with the OHSC management and staff will be working to ensure that the organisation continues to operate at a high level of performance, efficiency and effectiveness. A solid foundation has been set. The OHSC has emerged as an organisation that has well-trained, competent and efficient staff who are committed to the work that they do.

It is my fervent desire that the Board, together the Health Ombud, Management and Staff of the OHSC, colleagues at the National Department of Health (NDoH) and other stakeholders continue to work proactively to ensure that we execute our mandate

effectively. These efforts will improve public perception, trust and willingness to accept the OHSC as the regulator for quality healthcare in South Africa.

I would like to encourage all to embrace and accept this Annual Performance Plan and contribute towards realising the impact statement, outcomes and outputs contained therein.

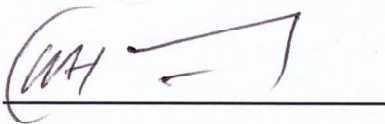
Signature:  _____

Dr Ernest Kenoshi
Chairperson of the Board

OFFICIAL SIGN-OFF

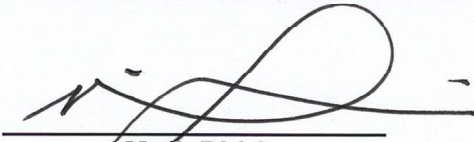
It is hereby certified that this Annual Performance Plan:

- Was developed by the management of the Office of Health Standards Compliance (OHSC) under the guidance of the Chief Executive Officer
- Takes into account all the relevant policies, legislation and other mandates for which the OHSC is responsible
- Accurately reflects the outcomes and outputs which the OHSC will endeavour to achieve over the period 2021/22



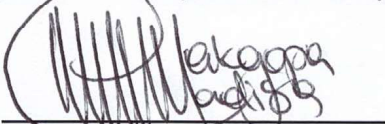
Mr M Govuzela

Director: Planning, Monitoring and Evaluation



Mr A Phiri

Acting Director: Inspectorate Compliance



Adv M Makgopa-Madisa

Director: Certification and Enforcement



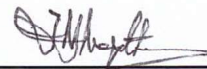
Dr D Jacobs

Executive Manager: Complaints Management and Ombud

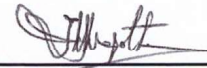


Ms W Moleko

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



Mr J Mapatha
Chief Financial Officer

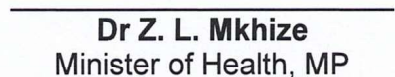


Mr J Mapatha
Acting Chief Executive Officer



Dr E Kenoshi
Chairperson of the Board

APPROVED BY:



Dr Z. L. Mkhize
Minister of Health, MP

Table 1: List of Abbreviations

Acronym/Term	Description/Definition
ARF	Audit, Risk and Finance
AU	African Union
BCP	Business Continuity Plan
CEO	Chief Executive Officer
CFO	Chief Financial Officer
NDoH	National Department of Health
HE(s)	Health Establishment(s)
IRP	Integrated Resource Plan
MTEF	Medium Term Expenditure Fund
MTSF	Medium Term Strategic Framework
NHA	National Health Act
NDP	National Development Plan
PESTLE	Political, Economic, Social, Technological, Legal, Environmental
PFMA	Public Finance Management Act
QMS	Quality Management System
SADC	South African Development Community
SHEQ	Safety, Health, Environment and Quality
SWOT	Strengths, Weaknesses, Opportunities and Threats

PART A: OUR MANDATE

PART A: OUR MANDATE

1. Updates to the relevant legislative and policy mandates

The Office of Health Standards Compliance (OHSC) carries out its work having due regard to the fundamental rights as contained in the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996) and other related legislation. The following sections are extracts from the Constitution which have a direct bearing on the institution in terms of delivering on their 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.”

In turn, the above constitutional provisions inform further pieces of legislation that impact the functioning of OHSC.

The OHSC is also subject to the provisions of the following other acts and policies:

National Health Act, 2003 (Act 61 of 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 the areas

within health establishments that do not comply with prescribed standards which define the systems and processes which safeguard users and health care personnel.

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 establishment level up to national level.

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”.

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 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 prepayment of 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 the need to establish a society based on democratic values, social justice and fundamental human rights and to improve the life expectancy and the quality of life for all citizens.

In relation to the OHSC, the NHI Bill provides that “the process of accreditation of 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.

The 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 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.

Norms and standards regulations

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:

- 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.

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 by the OHSC.

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 National Health Act (NHA), which is elaborated on in the form of details, procedures and processes. The procedural regulations are applicable to all categories of health establishments as per the NHA.

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, National Policy on Quality in Healthcare).

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.

Public Finance Management Act, 1999 (Act 01 of 1999 as amended by Act 29 of 1999):

enables public sector managers to manage and improve accountability in terms of eliminating waste and corruption in the use of public funds. OHSC is listed as a *Schedule 3A* public entity.

Promotion of Administrative Justice Act, 2000 (Act 03 of 2000): gives effect to the constitutional right to just administrative action for any member of the public whose rights have

been adversely affected and to ensure efficient, effective and legitimate administration within all spheres of government.

Preferential Procurement Policy Framework Act, 2000 (Act 05 of 2000): gives effect to Section 217 (3) and provides a framework for the implementation of the procurement policy contemplated in Section 217 (2) of the Constitution.

Promotion of Access to Information Act, 2000 (Act 02 of 2000): gives effect to the constitutional right of access to any information held by the State and any information held by a private person that is required for the exercise or protection of any other right.

Intergovernmental Relations Framework Act, 2005 (Act 13 of 2005): establishes a framework for national, provincial and local government to promote and facilitate intergovernmental relations and to provide a mechanism and procedure to facilitate the settlement of intergovernmental disputes.

Skills Development Act, 1998 (Act 97 of 1998): provides an institutional framework to devise and implement national, sector and workplace strategies to develop and improve the skills of the South African workforce.

Employment Equity Act, 1998 (Act 55 of 1998): serves as a mechanism to redress the effects of unfair discrimination and to assist in the transformation of workplaces, so as to reflect a diverse and broadly representative workforce.

2. Updates to Institutional Policies and Strategies

There are a number of key policy mandates that comprehensively capture our vision and thus describe what we do and why we do them. In short, these are programs and plans that seek to address public interest. The policy mandates also provide for a relevant international framework that has a bearing on OHSC and South Africa's policies.

Medium Term Strategic Framework 2019-2024

The purpose of the Medium-Term Strategic Framework (MTSF) is to outline the Government strategic intent in implementing the electoral mandate and National Development Plan (NDP) Vision 2030. The structure of the MTSF document provides a situational analysis outlining the developmental challenges we are facing as a country, particularly in addressing the triple challenges of poverty, inequality, and unemployment. The MTSF 2019-2024 aims to address the challenges of unemployment, inequality, and poverty through three pillars of the NDP. The three pillars are: achieving a more capable state, driving a strong and inclusive economy, and building and strengthening the capabilities of South Africans. The seven priorities of Government are embedded into the 3 pillars. Priority 3: Education, skills and health are of specific importance to the OHSC. The OHSC will take into account the Medium-Term Strategic Framework (MTSF) in the execution of its mandate. Over the next five years, the OHSC responses are structured into five outcomes which are well aligned to the NDoH MTSF goals.

Presidential Health Summit Compact, 2018

The Presidential Health Summit Compact, 2018 states “Regulation plays a crucial role in establishing the rules within which professionals and organisations must operate within a more people-centred and integrated health system”. One of the interventions recommended at the Presidential Health Summit is a full organisational review of the legislation on health and new governance and administrative structures to improve quality, transparency, accountability, and efficiency in the health sector (public and private). 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 drafting a separate OHSC Bill which would remove the functions of the OHSC from chapter 10 of the National Health Act, 2003.

Sustainable Development Goals

A global agenda with a vision of ending poverty, protecting the planet, and ensuring that humanity enjoys peace and prosperity. It appreciates that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development.

African Union 2063 Agenda

The Africa 2063 Agenda envisages an integrated, prosperous and peaceful Africa through inclusive growth and sustainable development.

Sendai Framework for Disaster Risk Reduction 2015-2030

The Sendai Framework is a non-binding voluntary framework; whose main focus is on the reduction of disaster risk.

3. Updates to Relevant Court Rulings

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

PART B: OUR STRATEGIC FOCUS

PART B: OUR STRATEGIC FOCUS

4. VISION

Consistent safe and quality healthcare for all.

5. MISSION

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

6. 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:

Table 2: OHSC Core Values

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.

7. 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.

7.1 External Environment Analysis

Table 3: Political & Technological aspects

Political	Technological
<ul style="list-style-type: none"> ▪ 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. 	<ul style="list-style-type: none"> ▪ 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.

Political	Technological
<ul style="list-style-type: none"> ▪ More conflictual collective bargaining environment. 	<ul style="list-style-type: none"> ▪ 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.

Table 4: Economics & Legal/Ethics aspects

Economic	Legal/Ethics
<ul style="list-style-type: none"> ▪ 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. 	<ul style="list-style-type: none"> ▪ 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.

Table 5: Social & Environmental aspects

Social	Environmental
<ul style="list-style-type: none"> ▪ 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. 	<ul style="list-style-type: none"> ▪ 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.

7.2 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.

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.

Table 6: SWOT: List of Strengths, Weaknesses

Strengths	Weaknesses
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Sustainability 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

Strengths	Weaknesses
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Internal processes and systems not completely in place, need for further enhancement. • Change management processes need to be strengthened.

Table 7: SWOT: List of Opportunities and Threats

Opportunities	Threats
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.

Opportunities	Threats
<ul style="list-style-type: none"> • Public participation. • Harness innovation by staff. • Become the employer of choice in the sector. • Nurture and cultivate a productive workforce. 	

7.3 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:

Table 8: Stakeholder Analysis Matrix

Stakeholder	Influence	Expectation
Minister (Executive Authority)	<ul style="list-style-type: none"> • Identifying, monitoring, and reporting on impact of strategy 	<ul style="list-style-type: none"> • Policy development • Enhancing reputation • Risk Management
National and Provincial Departments of Health	<ul style="list-style-type: none"> • Consultation 	<ul style="list-style-type: none"> • National and Provincial Departments of Health bilateral discussions / consultation on various issues including inspection tools development

Stakeholder	Influence	Expectation
Recipients of healthcare	<ul style="list-style-type: none"> • Responsiveness 	<ul style="list-style-type: none"> • Deal with complaints
Public and Private Health Establishments	<ul style="list-style-type: none"> • Implement healthcare standards / Compliance 	<ul style="list-style-type: none"> • Fair process
Health Ombud	<ul style="list-style-type: none"> • Ability to conduct investigations and issue reports 	<ul style="list-style-type: none"> • Adequate resourcing
The Board and Governance Committees e.g. Technical Operations Committee, Social and Ethics Committee, Audit and Risk Committee	<ul style="list-style-type: none"> • Strategic direction 	<ul style="list-style-type: none"> • Transparency • Accountability • Governance, Integrity, Ethics
Parliamentary Portfolio Committees	<ul style="list-style-type: none"> • Legislation • Oversight budget and reporting 	<ul style="list-style-type: none"> • Accountability • Governance, Integrity, Ethics • Contribution to National Priorities • Provision of direction
OHSC Employees	<ul style="list-style-type: none"> • Productivity • Morale • Public Perception • Performance Effectiveness 	<ul style="list-style-type: none"> • Fairness • Respect of Worker Rights • Equity • Involvement • Best Practice HRM policies/practices • Conducive work environment • Adequate resourcing • Transparency • Ethical Behaviour
Media	<ul style="list-style-type: none"> • Public Perception 	<ul style="list-style-type: none"> • Regular Communication • Transparency • Access to Information

Stakeholder	Influence	Expectation
Organised Labour	<ul style="list-style-type: none"> • Policies • Productivity 	<ul style="list-style-type: none"> • Framework for engagement • Willingness to work • Transparency • Communication • Fairness • Enabling environment for association and interaction
The Public/Public interest groups	<ul style="list-style-type: none"> • Operations • Strategy • Culture 	<ul style="list-style-type: none"> • Transparency • Fairness • Consistent delivery • Integrity • Values orientation • Information sharing • Corporate Social Investment (CSI)
Suppliers	<ul style="list-style-type: none"> • Risk • Effectiveness • Turnaround 	<ul style="list-style-type: none"> • Transparency • Fairness • Consistency • Ethical Behaviour
National Treasury (NT)	<ul style="list-style-type: none"> • Regulatory environment • Remuneration • Budgeting 	<ul style="list-style-type: none"> • Reporting • Governance • Revenue collection
Auditor General (AG)	<ul style="list-style-type: none"> • Regulatory environment • Remuneration 	<ul style="list-style-type: none"> • Reporting • Governance • Audit outcomes • Performance
International Partners, Agencies and other international bodies etc	<ul style="list-style-type: none"> • Policy • Guidance • Safety standards • Direction 	<ul style="list-style-type: none"> • Compliance • Implement international best practice-benchmarking

Stakeholder	Influence	Expectation
		<ul style="list-style-type: none"> • Capacity building • Research and Development • Collaboration
Regulators	<ul style="list-style-type: none"> • Source of regulation 	<ul style="list-style-type: none"> • Service delivery • Efficiency • Fairness • Regulate • Transparency • Due process • Cooperation
Scientific and Academic Institutions	<ul style="list-style-type: none"> • Research agenda 	<ul style="list-style-type: none"> • Partnerships • Collaboration • Compliment the Research and development mandate

7.4 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. The OHSC outcomes and outputs are well aligned to 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. Improved quality of health care services rendered to the users in the Health Establishments.	Vacancies filled withing out months of existence. Inspectors certified after completion of training. Awareness of the role and powers of the OHSC and Health Ombud is raised.	Not applicable
Goal 2: Achieve UHC by Implement NHI	Facilitate achievement of compliance with the norms and standards regulations for different categories of health establishments. Compliance with norms and standards increased.	Unqualified audit opinion of the Auditor General. Health establishments are inspected for compliance with the norms and standards. Regulated inspection reports are published. Low risk complaints resolved within twenty-five working days of lodgement in the call centre.	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.
Goal 3: Quality Improvement in the Provision of care	Compliance with norms and standards is effectively monitored.	User complaints resolved within 30 working days	Pillar 1: Augment Human Resources Health Operational Plan

NDoH MTSF 2019 – 2024 Impacts	OHSC Outcomes	OHSC Outputs	Presidential Health Summit Compact Pillars
	<p>Improved quality of health care services rendered to the users in the Health Establishments.</p> <p>Facilitate achievement of compliance with the norms and standards regulations for different categories of health establishments.</p> <p>Compliance with norms and standards increased.</p>	<p>through assessment after receipt of a response from the complainant and/or the health establishment.</p> <p>Recommendations for improvement of health establishments.</p> <p>Compliant health establishments are issued with certificate of compliance.</p>	<p>Pillar 2: Ensure improved access to essential medicines, vaccines, and medical products through better management of supply chain equipment and machinery</p> <p>Pillar 5: Improve the quality, safety, and quantity of health services provided with a focus on primary health care</p> <p>Pillar 6: Improve the efficiency of public sector financial management systems and processes</p> <p>Pillar 7: Strengthen Governance and Leadership to improve oversight, accountability and health system performance at all levels</p> <p>Pillar 8: Engage and empower the community to ensure adequate and appropriate community-based care</p> <p>Pillar 9: Develop an Information System that will guide the health system policies, strategies, and investments</p>

NDoH MTSF 2019 – 2024 Impacts	OHSC Outcomes	OHSC Outputs	Presidential Health Summit Compact Pillars
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

8. ORGANISATIONAL STRUCTURE

8.1 Governance structure

The OHSC is a Schedule 3A public entity that reports to the Executive Authority i.e., the Minister of Health. The OHSC's activities are funded by the provision of a budget from funds voted annually to the NDoH. The governance of the OHSC is entrusted to a Board appointed in accordance with Section 79 of the National Health Amendment Act, 2013 (Act No 12 of 2013). Section 79 B (1) provides that the Board consists of no less than 7 and no more than 12 members appointed by the Minister. In terms of Section 79B, the Minister has appointed 11 members.

Currently the Board has the following committees:

- 1) EXCO- Board Chair and Chairs of the other sub-committees
- 2) Certification and Enforcement Committee
- 3) Audit, Risk and Finance Committee
- 4) Human Resource and Remuneration Committee

The Board has approved the split of the ARF Committee into 2 committees: Audit and Risk Committee and Finance and ICT Committee. This split is expected to be in place this Financial Year (2021/22). These committees' function by way of a formal Board Charter and Terms of reference specific to Board committees.

The OHSC's Accounting Authority (OHSC Board) is accountable for the OHSC governance and oversight. Good governance is crucial to business sustainability and growth of the

organisation. The OHSC Board sub-committees advise the Accounting Authority on matters pertaining to governance.

The Chief Executive Officer, assisted by a senior management team which comprises of the Chief Financial Officer, Executive Managers and Programme Managers, are responsible for the day-to-day running of the OHSC.

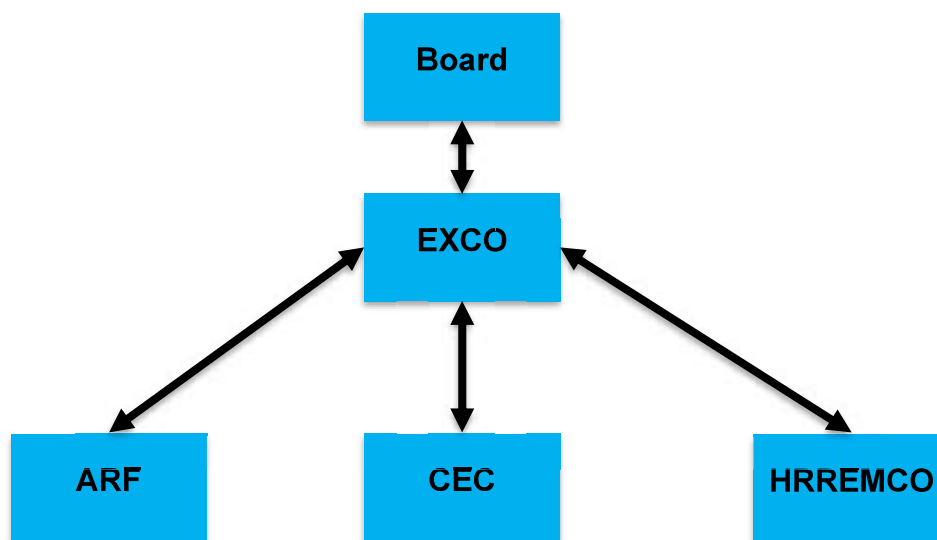


Figure 1: Board Structure

8.2 Operational structure

The current operational structure of the OHSC was approved by the Board. The OHSC underwent an organisational development and design process where the structure has been adjusted to ensure that it remains relevant and appropriate to organisational requirements. The organisational structure of the OHSC has therefore been designed according to the design principles of consistency, continuity, accountability, flexibility and efficiency. The OHSC strives to ensure that it has the right people, with the right skills and competencies available at the right time, at the appropriate level to deliver on its mandate.

In order to ensure consistency and continuity, the OHSC will embark upon a full Workforce Planning exercise or scenario forecasting (quantitative and qualitative) exercise that will

determine its specific resourcing requirements (as contained within a Workforce and Strategic Sourcing Plan) for coming years.

The organogram that follows represents the organisational structure for 2021/22 of the OHSC. It sets out the operational structures, based on the OHSC's Strategy 2020-2025 and Annual Performance Plan 2021/22, which will best enable it to deliver on its mandate.



Figure 2: Organisational Structure (High level)

To ensure accountability, the OHSC, wherever possible, ensures that whole work processes with discrete work products are owned 'end to end' by functional teams. The OHSC will also use Project Management principles in managing their projects. In order to ensure efficiency, the OHSC will be structured with a combination of permanent and contingent employees. This allows for the work-force, and the consequent employment cost, to flex and adjust to the OHSC's variable types and to the types of inspections required. It also provides an opportunity for the OHSC to carefully manage the transition process.

The CEO oversees the OHSC. The key divisions within the organisation are Administration, Compliance Inspectorate, Complaints Management and Office of the Ombud, Health Standards Design, Analysis and Support and Certification and Enforcement. The Administration division includes the Human Resource Unit. HR's focus has shifted from a traditional "support unit" to one that is now a strategic delivery partner. Human resources functions incorporate amongst others, organisation design, strategic workforce planning and sourcing as well as human resource development, inclusive of a focus on ongoing learning.

To ensure the consistent communication of business objectives and changes, as well as the engagement of all staff at all levels, Administration also includes internal & external communications. The role of Administration in the OHSC also includes ensuring employment-related regulatory compliance as well as the appropriate design and utilisation of all aspects of its physical space in order to create an optimal, safe and cost-effective environment for OHSC employees. This is accomplished by managing the core facilities management activities which include Occupational Health and Safety (OHS), maintenance, security and cleaning.

The OHSC has a reasonably stable management core enjoying a degree of continuity. This core is tasked with managing employees whose numbers vary according to organisational requirements. The evolving profile of the OHSC workforce indicates a transition to a predominantly younger workforce over time. Managing this young, largely contingent workforce will require leadership within the OHSC to develop the necessary skills to manage millennial employees.

9. DESCRIPTION OF THE PLANNING 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 following strategic planning workshops have been held to provide relevant input into the OHSC Strategy and Annual Performance Plan:

- On 31 August 2020 and 01 September 2020, the OHSC Board, Executive and management team participated in a workshop to update inputs for the Strategy and to plan the APP going forward.
- On the 5th of October 2020, the OHSC Board and top management team held a further meeting to discuss aspects of the budget and further reviewed and refined the content of the Strategy and APP.
- On the 29th of October 2020, at a Board meeting, the Revised Strategy and First Draft of APP 2021/22 were reviewed and approved for final submission.
- On the 28th of January 2021, at a Board meeting, the Revised Strategy and Final Draft of APP 2021/22 were reviewed and approved for final submission.

**PART C: MEASURING OUR
PERFORMANCE**

PART C: MEASURING OUR PERFORMANCE**10. INSTITUTIONAL PROGRAMME PERFORMANCE INFORMATION****10.1 Programme 1: Administration**

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

10.1.1 Sub-programme: Human Resources

Human Resources Unit creates an enabling environment for employees to contribute towards the achievements of the organisation objectives and mandate. Human Resources unit also provides transformational HR support enabling the entity to attract, develop and retain skilled people across the organisation.

Sub-programme performance indicators and annual targets for 2021/22

Performance indicators		Audited performance			Estimated performance	MTEF targets		
		2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Outcome 1: A fully functional OHSC								
Output 1.1: Vacancies filled within four months of the vacancy existing								
Output Indicator 1.1.1	Percentage of vacancies filled within four months of the vacancy existing	New Indicator	New Indicator	New Indicator	90%	90%	90%	92%
Output 1.2: Inspectors certified after completion of training								
Output Indicator 1.2.1	Percentage of certified Inspectors after completion of training	New indicator	New indicator	92%	95%	95%	95%	95%

Sub-programme quarterly targets for 2021/22

Output indicators		Reporting period	Annual targets	Quarterly Targets			
		2021/2022	2021/2022	Q1	Q2	Q3	Q4
Output 1.1: Vacancies filled within four months of the vacancy existing							
Output Indicator 1.1.1	Percentage of vacancies filled within four months of the vacancy existing	Quarterly	90%	86%	86%	90%	90%
Output 1.2: Inspectors certified after completion of training							
Output Indicator 1.2.1	Percentage of certified inspectors after completion of training	Annual	95%	-	-	-	95%

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

Information and Communication Technology (ICT) provides long term planning and day to day support in respect of ICT needs, services, and systems.

Sub-programme performance indicators and annual targets for 2021/22

Performance indicators		Audited performance			Estimated performance	MTEF targets		
		2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Outcome 1: A fully functional OHSC								
Output 1.3: IT Service Availability								
Output Indicator 1.3.1	Percentage of ICT availability for core OHSC services	New Indicator	New Indicator	New Indicator	95%	95%	95%	95%
Output Indicator 1.3.2	Percentage of ICT availability for OHSC support services	New Indicator	New Indicator	New Indicator	95%	95%	95%	95%

Sub-programme quarterly targets for 2021/22

Output indicators		Reporting period	Annual targets	Quarterly Targets			
		2021/2022	2021/2022	Q1	Q2	Q3	Q4
Output 1.3: IT Service Availability							
Output Indicator 1.3.1	Percentage of ICT availability for core OHSC services	Quarterly	95%	95%	95%	95%	95%
Output Indicator 1.3.2	Percentage of ICT availability for OHSC support services	Quarterly	95%	95%	95%	95%	95%

10.1.3 Sub-programme: Communications and stakeholder Relations

Communications and Stakeholder Relations aims to remove existing constraints by achieving alignment through effective stakeholder engagement and value-adding partnerships

that are mutually beneficial which will result in the organisation meeting and exceeding its goals.

Sub-programme performance indicators and annual targets for 2021/22

Performance indicators		Audited performance			Estimated performance	MTEF targets		
		2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Outcome 1: A fully functional OHSC								
Output 1.4: Awareness about the role and powers of the OHSC and Health Ombud is raised								
Output Indicator 1.4.1	Number of community stakeholder engagements to raise public awareness on the role and powers of the OHSC and Health Ombud	New Indicator	New Indicator	New Indicator	12	12	12	12
Output Indicator 1.4.2	Number of private sector engagements to raise awareness on the role and powers of the OHSC and Health Ombud	New Indicator	New Indicator	New Indicator	8	8	8	8

Sub-programme quarterly targets for 2021/22

Output indicators		Reporting period	Annual targets	Quarterly Targets			
		2021/2022	2021/2022	Q1	Q2	Q3	Q4
Output 1.4: Awareness about the role and powers of the OHSC and Health Ombud is raised							
Output Indicator 1.4.1	Number of community stakeholder engagements to raise public awareness on the role and powers of the OHSC and Health Ombud	Quarterly	12	3	3	3	3
Output Indicator 1.4.2	Number of private sector engagements to raise awareness on the role and powers of the OHSC and Health Ombud	Quarterly	8	2	2	2	2

10.1.4 Sub-programme: Finance

The OHSC is a public entity with a regulatory mandate in the health sector, where accountability and transparency are of paramount importance.

It is crucial for the OHSC to demonstrate accountability by obtaining an unqualified audit in order to promote public trust in the OHSC and the manner in which the OHSC conducts its affairs, both in financial governance and performance reporting.

Sub-programme performance indicators and annual targets for 2021/22

Performance indicators		Audited performance			Estimated performance	MTEF targets		
		2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Outcome 1: A fully functional OHSC								
Output 1.5: Unqualified audit opinion achieved by the OHSC								
Output Indicator 1.5.1	Unqualified audit opinion achieved by the OHSC	Unqualified audit	Unqualified audit	Unqualified audit	Not yet reported	Unqualified audit	Unqualified audit	Unqualified

Sub-programme quarterly targets for 2021/22

Output indicators		Reporting period	Annual targets	Quarterly Targets			
		2021/2022	2021/2022	Q1	Q2	Q3	Q4
Output 1.5: Unqualified audit opinion achieved by the OHSC							
Output Indicator 1.5.1	Unqualified audit opinion achieved by the OHSC	Annual	Unqualified audit	-	-	-	Unqualified audit

10.1.5 Explanation of planned performance over the medium-term period

a) In order to have a fully functional OHSC there must be a focus on the human resources, financial resources, ICT, Board governance, legal aspects, certification and enforcement as well as communications, amongst other divisions in the organisation. There is also a need for the various policies, processes and strategies to be in place. In this case, the outputs include implementation of the finance strategy, human capital plan, ICT plan, and stakeholder engagements to raise awareness. All of these contribute towards achieving the outcome and impact statement.

b) Strategic support at OHSC comprises of a multitude of activities which are conducted by specific units within the organisation. All of these activities need to be timeously co-ordinated and meticulously implemented in order to ensure that the organisation is able to execute its mandate. Financial viability and sustainability (compliance to the PFMA and Treasury Regulations) must be tracked and monitored to ensure sustainable operations, support effective asset management, and deliver appropriate levels of service to stakeholders. OHSC seeks to ensure that governance protocols are adhered to by employing robust internal control systems. The Human Capital plan seeks to understand and anticipate the organisations talent needs. The strategy will focus on attracting, maintaining, and retaining appropriate human capital and providing opportunities for employee growth and advancement.

10.1.6 Programme Resource Considerations

Overall Budget Allocation

Economic classification	Audited outcomes 2019/20	2020/21	Medium-term estimates		
			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

Programme 1: Administration

Economic Classification	Medium-term estimates				
	Audited outcomes 2019/20	2020/21	2021/22	2022/23	2023/24
CURRENT PAYMENTS	66 424 239	55 685 664	58 983 712	61 371 588	56 505 267
Compensation of employees	23 014 611	26 142 886	28 260 074	30 012 050	30 043 908
Goods and services of which:	43 409 628	29 542 778	30 723 638	31 359 538	26 461 359
Board fees and related costs	2 104 342	2 330 497	1 491 339	1 491 339	1 491 339
Travel, subsistence and accommodation	430 961	545 347	454 123	440 409	271 566
Training and development	3 918 661	984 220	1 054 442	1 122 576	1 127 787
Venues and facilities	40 030	174 466	194 631	204 006	213 833
Catering services	50 018	82 591	15 891	16 654	17 453
Consulting and professional services	1 149 521	974 427	748 277	647 870	399 844
Inventory and consumables	267 802	350 776	301 190	315 647	180 798
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	300 000	600 000	400 000	100 000
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 improvements	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	70 625 809	60 681 191	61 423 088	63 442 798	57 818 025

The Administration Programme comprises the Office of the CEO, Corporate Services, Governance, Monitoring and Evaluation, Board Secretariat, as well as Communication and Stakeholder Relations. These provide the critical strategic support services and systems

necessary for the OHSC to deliver on its mandate and comply with relevant legislative requirements.

The budget in this Programme will fund the requisite information systems which will support all functions of the OHSC, including the lease of office space, as well as Board and related costs to enable adequate corporate governance and oversight.

Other support functions include audit costs, training and development, telephone and data costs, as well as information technology maintenance and support.

10.2 Programme 2: Compliance Inspectorate

The purpose of the Compliance and Inspectorate is 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

10.2.1 Programme performance indicators and annual targets for 2021/22

Performance indicators		Audited performance			Estimated performance	MTEF targets		
		2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Outcome 2: Compliance with norms and standards is effectively monitored								
Output 2.1: Health establishments are inspected for compliance with the norms and standards								
Output Indicator 2.1.1	Percentage of public HEs inspected for compliance with the norms and standards	24.18%	19.13%	16.95%	10% (382 of 3 816)	8% (299 of 3 741)	7% (262 of 3 741)	6% (224 of 3 741)
Output Indicator 2.1.2	Percentage of private HEs inspected for compliance with the norms and standards	New Indicator	New Indicator	New Indicator	6% (26 of 431)	6% (26 of 431)	6% (26 of 431)	6% (26 of 431)
Output 2.2: Additional inspection is conducted in health establishments where non-compliance was identified								
Output Indicator 2.2.1	Percentage of additional inspections (re-inspection) conducted in public and private HEs that have completed the regulated reporting period and where non-compliance was identified from April to October of the year under review	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%

Office of Health Standards Compliance Annual Performance Plan for 2021/22

Performance indicators		Audited performance			Estimated performance	MTEF targets		
		2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Output 2.3: Regulated inspection reports are published								
Output Indicator 2.3.1	Publish reports of inspections conducted with the names and location of the health establishments every six months.	New Indicator	New Indicator	New Indicator	2	2	2	2
Output Indicator 2.3.2	Publish an annual report that sets out the compliance status of all HEs and summarises the number and nature of the compliance notices issued.	New Indicator	New Indicator	New Indicator	1	1	1	1

10.2.2 Programme quarterly targets for 2021/22

Output indicators		Reporting period	Annual targets	Quarterly Targets			
		2021/2022	2021/2022	Q1	Q2	Q3	Q4
Output 2.1: Health establishments are inspected for compliance with the norms and standards							
Output Indicator 2.1.1	Percentage of public health establishments inspected for compliance with the norms and standards	Quarterly	8.0% (299 of 3 741)	3.6% (135 of 3 741)	4.0% (150 of 3 741)	0,37% (14 Of 3 741)	0%
Output Indicator 2.1.2	Percentage of private health establishments inspected for compliance with the norms and Standards	Quarterly	6.0% (26 of 431)	0%	0%	0%	6.0% (26 of 431)
Output 2.2: Additional inspection is conducted in health establishments where non-compliance was identified							
Output Indicator 2.2.1	Percentage of additional inspections (re-inspection) conducted in public and private health establishments that have completed the regulated reporting period and where non-compliance was identified from April to October	Quarterly	100%	-	100%	100%	100%
Output 2.3: Regulated inspection reports are published							
Output Indicator 2.3.1	Publish reports of inspections conducted with the names and location of the health establishments every six months.	Bi-Annual	2	-	1	-	1
Output Indicator 2.3.2	Publish an annual report that sets out the compliance status of all HEs and summarises the number and nature of the compliance notices issued.	Annual	1	-	-	-	1

10.2.3 Explanation of planned performance over the medium-term period

The most critical input for this programme is the appointment of additional inspection teams to increase coverage across all types of institutions over time. More inspection teams will also be able to conduct all types of additional inspections. To ensure effective functioning of the inspection teams in terms of on-site inspections, there will be a need for availability of tools of trade, ICT support, travel costs, as well as accommodation costs.

There is a need for a progressive increase in budget allocation to enable an increase in the numbers of inspectors and thus increase the coverage in public and private sectors. This will also assist towards initiating inspections of specialised hospitals and ensuring enough resources are put into the objective of enhancing and enforcing compliance. Inspection coverage in all health establishments should be 100% in four years. There will also be a need to conduct additional inspections in cases where the health facilities are not compliant. In addition, the early warning system may trigger that a risk-based inspection be conducted.

10.2.4 Programme Resource Considerations

Economic classification	Medium-term estimates				
	Audited outcomes 2019/20	2020/21	2021/22	2022/23	2023/24
CURRENT PAYMENTS	55 359 810	48 086 600	53 988 829	55 253 818	57 001 509
Compensation of employees	46 419 714	41 115 501	44 129 113	47 233 273	47 477 508
Goods and services of which:	8 940 096	6 971 099	9 859 716	8 020 545	9 524 001
Travel, subsistence and accommodation	8 929 758	6 722 936	9 848 308	8 008 589	9 511 471
Venues and facilities	-	67 380	-	-	-
Catering services	5 499	59 004	6 068	6 359	6 665
Consulting and professional services	-	116 868	-	-	-
Inventory and consumables	4 839	4 912	5 341	5 597	5 866
TOTAL	55 359 810	48 086 600	53 988 829	55 253 818	57 001 509

The Compliance Inspectorate is the largest Programme of the entity and requires adequate funding to achieve its performance targets for the inspection of health establishments. In real terms, the budget allocation is lower than the actual expenditure of prior years, thus the increase in targets might not be possible as a result of the budgetary constraints.

The promulgation of norms and standards has paved the way for the OHSC to inspect both private and public health establishments. This implies that the OHSC requires an increase in the number of compliance inspectors to ensure on-the-ground inspection coverage of all health establishments across the country, to enable the OHSC to deliver on its mandate.

The budget allocation has gone in large part into funding the number of inspectors to initiate inspections of both public and private health establishments, which are needed in order to contribute to the objective of enhancing and enforcing compliance.

Inspections come with all the requirements for the inspection teams to function in terms of travel costs, subsistence and accommodation.

10.3 Programme 3: Complaints Management and Office of the Ombud

The purpose of the **Complaints Management and Office of the Ombud** 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 is located within the Office (NHAA S 81(3) (b) and uses staff of the Office).

10.3.1 Programme performance indicators and annual targets for 2021/22

Performance indicators		Audited performance			Estimated performance	MTEF targets		
		2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Outcome 3: Improved quality of health care services rendered to the users in the Health Establishments								
Output 3.1: Low risk complaints resolved within twenty-five working days of lodgement in the call centre.								
Output Indicator 3.1.1	Percentage of low risk complaints resolved within twenty-five working days of lodgement in the call centre	New indicator	New indicator	New indicator	65%	75%	80%	85%
Output 3.2: User complaints resolved within 30 working days through assessment after receipt of a response from the complainant and/or the health establishment								
Output Indicator 3.2.1	Percentage of user complaints resolved through assessment within 30 working days of receipt of a response	New indicator	49,42%	7.3%	45%	55%	65%	70%

Office of Health Standards Compliance Annual Performance Plan for 2021/22

Performance indicators		Audited performance			Estimated performance	MTEF targets		
		2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	from the complainant and/or the health establishment							
Output 3.3: Complaints resolved within 6 months through investigation								
Output Indicator 3.3.1	Percentage of complaints resolved within 6 months through investigation	New Indicator	New Indicator	6.45%	5%	10%	20%	40%
Output 3.4: Complaints resolved within 12 months through investigation								
Output Indicator 3.4.1	Percentage of complaints resolved within 12 months through investigation	New Indicator	New Indicator	New Indicator	New Indicator	5%	5%	10%
Output 3.5: Complaints resolved within 18 months through investigation								
Output Indicator 3.5.1	Percentage of complaints resolved within 18 months through investigation	Not Planned	Not Planned	Not Planned	New Indicator	2%	5%	10%

10.3.2 Programme quarterly targets for 2021/22

Output indicators		Reporting period	Annual targets	Quarterly Targets			
		2021/2022	2021/2022	Q1	Q2	Q3	Q4
Output 3.1: Low risk complaints resolved within twenty-five working days of lodgement in the call centre.							
Output Indicator 3.1.1	Percentage of low risk complaints resolved within twenty-five working days of lodgement in the call centre	Quarterly	75%	60%	65%	70%	75%
Output 3.2: User complaints resolved within 30 working days through assessment after receipt of a response from the complainant and/or the health establishment							
Output Indicator 3.2.1	Percentage of user complaints resolved through assessment within 30 working days of receipt of a response from the complainant and/or the health establishment	Quarterly	55%	40%	45%	50%	55%
Output 3.2: Complaints resolved within 6 months through investigation							
Output Indicator 3.3.1	Percentage of complaints resolved within 6 months through investigation	Quarterly	10%	5%	10%	10%	15%
Output 3.3: Complaints resolved within 12 months through investigation							
Output Indicator 3.3.1	Percentage of complaints resolved within 12 months through investigation	Quarterly	5%	5%	5%	5%	5%
Output 3.4: Complaints resolved within 18 months through investigation							
Output Indicator 3.4.1	Percentage of complaints resolved within 18 months through investigation	Quarterly	2%	2%	2%	2%	2%

10.3.3 Explanation of planned performance over the medium-term period

The effective and efficient consideration of complaints by the Complaints Management and Office of the Ombud will support strengthening of the health system, improve safe and quality healthcare as well as reduce high burden of medico-legal claims to the national health system. There will be effective health services for users as the basis for an equitable healthcare delivery platform. Quality of health care services will be improved for the users of health services.

Capacity building and peer review mechanisms with similar organisations are envisaged to streamline management of complaints, especially on production of impact adding complaints reports. Users of health services receive positive response to their complaints. Secondment of staff to the Health Ombud by the OHSC will limit dual reporting and handling of complaints by the relevant authority as guided by the National Health Act and its related regulations. The resolution of user complaints and the impact of the Health Ombud's recommendations to the national health system will be monitored. The capacitation of the Complaints Management division will add value towards the achievement of the programme outputs and other related projects.

10.3.4 Programme Resource Considerations

Economic classification	Audited outcomes 2019/20	2020/21	Medium-term estimates		
			2021/22	2022/23	2023/24
CURRENT PAYMENTS	18 761 727	19 797 768	20 388 822	21 733 705	21 564 179
Compensation of employees	18 071 580	18 039 981	19 208 338	20 234 984	20 428 939
Goods and services of which:	690 147	1 757 786	1 180 484	1 498 721	1 135 240
Travel, subsistence and accommodation	487 870	492 895	328 389	344 151	180 671
Venues and facilities	-	58 434	61 356	61 239	61 239
Catering services	4 141	12 633	4 348	4 340	4 340
Agency and support outsourced	188 319	273 626	287 307	400 000	400 000
Legal fees	-	800 000	300 000	500 000	300 000
Consulting and professional services	5 611	73 451	150 000	150 000	150 000
Inventory and consumables	4 207	46 747	49 084	38 991	38 991
TOTAL	18 761 727	19 797 768	20 388 822	21 733 705	21 564 179

Since the OHSC commenced with its operations, the trends of complaints received by the OHSC indicated a significant increase. This increase continued to pose a challenge for the OHSC to, adequately and expeditiously, investigate and dispose of complaints due to an inadequate staff complement.

The total budget in the Programme is not proportionate with the increase in the number of complaints observed over a five-year period of operation.

The budget for the Programme caters for the investigation of complaints received from the users of health care services.

Provision has also been made for expert panels to assist in investigations where appropriate, functioning of the complaints call centre, as well as legal fees to cater for potential challenges related to the findings on investigations.

10.4 Programme 4: Health Standards Design, Analysis and Support

The purpose of the **Health Standards Design, Analysis and Support** is to provide high level technical, analytical and educational support to the functions of the Office in relation to the research and development of data collection tools, training for these tools and analysis and interpretation of data collected; and the establishment of communication networks with stakeholders for capacity building and co-creation of information management systems.

10.4.1 Programme performance indicators and annual targets for 2021/22

Performance indicators		Audited performance			Estimated performance	MTEF targets		
		2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Outcome 4: Facilitate achievement of compliance with the norms and standards regulations for different categories of health establishments								
Output 4.1: Recommendation report for improvement in the health sector completed and shared with relevant authorities for implementation								
Output Indicator 4.1.1	Number of recommendations for improvement in the healthcare sector made to relevant authorities	New indicator	New indicator	New indicator	3	3	3	3
Output 4.2: Guidance workshops on norms and standards regulations conducted								
Output Indicator 4.2.1	Number of guidance workshops conducted to facilitate implementation of the norms and standards regulations	8	15	17	24	24	24	24

10.4.2 Programme quarterly targets for 2021/22

Output indicators		Reporting period	Annual targets	Quarterly Targets			
		2021/2022	2021/2022	Q1	Q2	Q3	Q4
Output 4.1: Recommendation report for improvement in the health sector completed and shared with relevant authorities for implementation							
Output Indicator 4.1.1	Number of recommendations for improvement in the healthcare sector made to relevant authorities	Annual	3	-	-	-	3
Output 4.2: Guidance workshops on norms and standards regulations conducted							
Output Indicator 4.2.1	Number of guidance workshops conducted to facilitate implementation of the norms and standards regulations	Quarterly	24	4	6	8	6

10.4.3 Explanation of planned performance over the medium-term period

These outputs will assist towards an improved understanding and knowledge on the implementation of the norms and standards. This will also assist towards effectively identifying areas/gaps where quality improvement is required.

Comprehensive/robust/in-depth analysis of information collected through various sources within the OHSC. Identification of gaps in achieving compliance with norms and standards as depicted by the inspection findings. Identification of serious breaches to the norms of standards as reported on the Early Warning system.

10.4.4 Programme Resource Considerations

Economic classification	Medium-term estimates				
	Audited outcomes 2019/20	2020/21	2021/22	2022/23	2023/24
CURRENT PAYMENTS	13 509 942	12 743 929	13 395 909	14 223 332	13 519 931
Compensation of employees	9 873 737	10 864 833	11 530 058	12 306 320	12 349 302
Goods and services of which:	3 636 205	1 879 096	1 865 852	1 917 012	1 170 629
Travel, subsistence and accommodation	1 075 235	579 432	976 576	1 023 452	572 577
Venues and facilities	2 216 110	689 055	800 000	800 000	500 000
Catering services	13 294	19 694	9 671	10 135	10 622
Consulting and professional services	331 565	590 915	79 605	83 426	87 430
TOTAL	13 509 942	12 743 929	13 395 909	14 223 332	13 519 931

The OHSC's founding legislation mandates the OHSC to advise the Minister of Health on matters relating to the determination of norms and standards to be prescribed for the national health system and the review of such norms and standards. The Programme is responsible for the development of standards and tools, tracking and analysis of health establishment data, provision of guidance, support to health establishments and making recommendations to relevant authorities for implementation in the health system.

The budget caters for:

- the remuneration of employees in the Programme;
- additional work in terms of guidance, support and research at both national and provincial levels;
- increased travelling and accommodation; and
- additional external technical expertise and input in the development of measurement tools for the norms and standards.

10.5 Programme 5: Certification and Enforcement

The purpose of **Certification and Enforcement** is to certify compliant health establishments and take enforcement action against non-compliant health establishments.

10.5.1 Programme performance indicators and annual targets for 2021/22

Performance indicators		Audited performance			Estimated performance	MTEF targets		
		2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Outcome 5: Compliance with norms and standards increased								
Output 5.1: Compliant health establishments are issued with a certificate of compliance								
Output Indicator 5.1.1	Percentage of HEs issued with a certificate of compliance within 15 days from the date of the final inspection report	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%
Output 5.2: Enforcement action is taken against non-compliant health establishments								
Output Indicator 5.2.1	Percentage of HEs against which enforcement action is initiated within 10 days from the date of the final inspection report	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%
Output 5.3 Health establishment compliance status reports are published								
Output Indicator 5.3.1	Number of health establishment compliance status reports published every six months	New Indicator	New Indicator	New Indicator	2	2	2	2

10.5.2 Sub-programme quarterly targets for 2021/22

Output indicators		Reporting period	Annual targets	Quarterly Targets			
		2021/2022	2021/2022	Q1	Q2	Q3	Q4
Output 5.1: Compliant health establishments are issued with a certificate of compliance							
Output Indicator 5.1.1	Percentage of HEs issued with a certificate of compliance within 15 days from the date of the final inspection report	Quarterly	100%	100%	100%	100%	100%
Output 5.2: Enforcement action is taken against non-compliant health establishments							
Output Indicator 5.2.1	Percentage of HEs against which enforcement action is initiated within 10 days from the date of the final inspection report	Quarterly	100%	100%	100%	100%	100%
Output 5.3: Health establishment compliance status reports are published							
Output Indicator 5.3.1	Number of health establishment compliance status reports published every six months	Bi-annual	2	-	1	-	1

10.5.3 Explanation of planned performance over the medium-term period

Certification and Enforcement Programme is responsible for the certification function of the OHSC. The Certificate of Compliance issued by the OHSC is a pre-requisite for health establishments to apply for and be accredited to participate in the NHI fund.

As required by the legislation, the Programme has planned to certify all health establishments found to be compliant with the prescribed norms and standards. There is a need to capacitate the Certification and Enforcement unit in order to fulfil the mandate of the OHSC.

10.5.4 Programme Resource Considerations

Economic classification	Audited outcomes 2019/20	2020/21	Medium-term estimates		
			2021/22	2022/23	2023/24
CURRENT PAYMENTS	-	2 660 511	2 692 353	2 855 347	2 822 357
Compensation of employees	-	2 258 761	2 316 581	2 471 005	2 479 042
Goods and services of which:	-	401 750	375 772	384 342	343 315
Travel, subsistence and accommodation	-	151 750	156 750	161 790	117 072
Catering services	-	50 000	14 022	12 512	10 921
Consulting and professional services	-	100 000	105 000	110 040	115 322
Legal Fees	-	100 000	100 000	100 000	100 000
TOTAL	-	2 660 511	2 692 353	2 855 347	2 822 357

The Certification and Enforcement Programme is responsible for the certification of health establishments found to be compliant with the norms and standards, as well as to effect enforcement action against those found to be non-compliant. The certification function is anticipated to have a direct impact on the implementation of the National Health Insurance.

There is minimal budget and human resource allocation which may negatively impact on the OHSC's achievement of its certification mandate. The volume of inspection coverage and additional norms and standards automatically impact on the workload within this Programme.

11 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Continuous training and certification of Inspectors
	Litigation against the OHSC	<ul style="list-style-type: none"> Compliance with the relevant inspection and certification frameworks. Continuous training and certification of inspectors and employees on applicable prescripts. Regular review of OHSC regulatory framework. Future establishment of a compliance function.
A fully functional OHSC	Inadequate funding for OHSC operations	<ul style="list-style-type: none"> Budget allocation from the national fiscus Interest revenue from investment of funds Develop and obtain approval for a revenue generation model
	Fraud and corruption	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Implement new approved OHSC organogram. Sufficient Budget. Use of contract employees for additional capacity. HR Policies and procedures. Employee wellness program. Use of <i>ad hoc</i> expert panels. Review the remuneration strategy.
	Potential failure of ICT infrastructure	<ul style="list-style-type: none"> ICT Strategy. ICT policies and procedures. Service Level Agreement with service provider.

Outcome	Key Risk	Risk Mitigation
		<ul style="list-style-type: none"> • Monthly and Quarterly meetings with service providers • Budget allocation.
	Absence of Business Continuity Plans (BCP) & Disaster Recovery Plans	<ul style="list-style-type: none"> • Offsite back-up storage implemented • Establishment of Business Continuity Plans Committee
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.	<ul style="list-style-type: none"> • Staff with requisite competencies • Secondment of Staff to the Health Ombud for managing complaints
	High backlog of complaints	<ul style="list-style-type: none"> • Full capacity of the Complaints Management structure
	Limited understanding and clarity on independence and mandate of OHSC by key stakeholders	<ul style="list-style-type: none"> • 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 • 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	<ul style="list-style-type: none"> • Provide timeous feedback to relevant authority on non-submissions.

12. MATERIALITY AND SIGNIFICANCE FRAMEWORK FOR THE FINANCIAL YEAR 2021/22

12.1 BACKGROUND

- a) The OHSC was established by the National Health, 2003 (Act No. 61 of 2003), and also listed as Schedule 3A public entity in terms of the Public Finance Management Act (PFMA) No 1 of 1999.
- b) The OHSC's materiality and significance framework is developed in terms of the following sections of the PFMA:
 - i) Section 50 - Fiduciary duties of the Accounting Authority;
 - ii) Section 54 - Information to be submitted by the Accounting Authorities; and
 - iii) Section 55 - Annual report and financial statements.
- c) In terms of Treasury Regulation 28.3, the Accounting Authority must develop and agree a framework of acceptable levels of materiality and significance with the relevant Executive Authority.
- d) In terms of the South African Auditing Standards, SAAS 320, "information is material if its omission or misstatement could influence the economic decisions of users taken on the basis of the financial statements. Materiality depends on the size of the item or error judged in the particular circumstances of its omission or misstatement. Thus, materiality provides a threshold or cut-off point, rather than being a primary qualitative characteristic which information must have if it is to be useful."
- e) In line with the legislative requirements stipulated above, the OHSC's materiality and significance framework is herein developed and is based on both qualitative and quantitative aspects.
- f) In arriving at the materiality levels, the OHSC took into account the nature of its mandate and the statutory requirements prescribed under its founding legislation.

12.2 QUALITATIVE ASPECTS

- a) Irrespective of the amount involved, the following significant events will be disclosed to the Executive Authority in the event that they occur within the OHSC, and further that approval will be sought from the Executive Authority before the OHSC can conclude on them:
 - i) establishment or participation in the establishment of a company or public entity;

- ii) participation in a significant partnership, trust, unincorporated joint venture, public private partnerships or similar arrangement;
 - iii) acquisition or disposal of a significant shareholding in a company;
 - iv) acquisition or disposal of a significant asset that would significantly affect the operations of the OHSC;
 - v) commencement or cessation of a significant business activity; and
 - vi) a significant change in the nature or extent of its interest in a significant partnership, trust, unincorporated joint venture or similar arrangement.
- b) The following significant events will be disclosed to the Executive Authority if they occur within the OHSC:
- i) material infringement of legislation that governs the OHSC;
 - ii) material losses resulting from criminal or fraudulent conduct in excess of the parameters significance parameters below; and
 - iii) all material facts and/or events, including those reasonably discoverable, which in any way may influence the decisions or actions of the executive authority

12.3 QUANTITATIVE ASPECTS

- a) The National Treasury issued a Practice Note - “Practice Note on Applications Under Section 54 of the Public Management Act No. 1 of 1999 by Public Entities” - setting the parameters for the rand value determinations of significance. The Practice Note further stipulates that the parameters should be derived from the rand values of certain elements of the audited annual financial statements as follows:

Element	% Range to be applied against the rand value
Total assets	1% - 2%
Total revenue	0,5% - 1%
Profit after tax [Surplus]	2% - 5%

- b) The OHSC takes cognizance of the fact that financial transactions are not of the same nature. Thus, the determination of the materiality parameters takes into account that some of the transactions may not arise out of the normal activities of the OHSC.

- c) When determining materiality, it is generally accepted that the lower the risk, the higher the percentage to be used, and the higher the risk, the lower the percentage to be used.
- d) For purposes of determining the rand values of the identified elements, the audited annual financial statements of OHSC for the year ended 31 March 2020 were applied as follows:

Element	% range to be applied against the rand value	Amount per audited financial statements (2019/20)	Significance amount
Total revenue	1%	R143 666 577	R1 436 666

12.4 REVIEW

- a) The OHSC is fully aware that the environment in which it operates is a dynamic one, wherein key developments may affect the way it conducts its business.
- b) On an annual basis, the OHSC will conduct a strategic risk assessment to determine any new risks that may have emerged since the conclusion of the prevailing risk management framework.
- c) In line with the afore-mentioned process, the OHSC will revisit the materiality and significance framework and align it accordingly to deal with any new and emerging risks in its portfolio.
- d) The review of the materiality and significance framework will, among others, take into account the previous year's audited financial statements, management letter by the Auditor General, the internal auditor's report, any new and relevant legislation, and the expectations of the OHSC's stakeholders.
- e) However, more frequent review of the framework may be necessary if major changes in the operating environment occur during the year.

12 PUBLIC ENTITIES

N/A

13 INFRASTRUCTURE PROJECTS

OHSC does not have any infrastructure projects.

14 PUBLIC PRIVATE PARTNERSHIPS

OHSC does not have any public-private partnerships.

**PART D: TECHNICAL INDICATOR
DESCRIPTION**

PART D: TECHNICAL INDICATOR DESCRIPTIONS (TIDs)**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	90%
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	$\left(\frac{\text{Minutes of uptime}}{\text{Total number of minutes for the specified period}} \right) \times 100$ <p>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.</p>
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

Indicator title	Percentage of ICT availability for OHSC support Services
Definition	This indicator measures availability of Wide Area Network, Local Area Network, Active Directories, File server and OHSC Website 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	$\left(\frac{\text{Minutes of uptime}}{\text{Total number of minutes for the specified period}} \right) \times 100$ <p>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.</p>
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	12
Indicator responsibility	Director: Communication and Stakeholder Relations

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	8
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	N/A
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

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	8% (299 of 3741)
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	$\left(\frac{\text{Number of inspections conducted in the private health establishments}}{\text{Total number of private health establishments}} \right) \times 100$
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	6% (26 of 431)
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	$\frac{\text{Additional inspections conducted (re – inspection) at public and private health establishments that did not comply with the non – negotiable vital measures but were graded either excellent, good or satisfactory}}{\text{Public and private health establishments that did not comply with the non – negotiable vital measures but were graded either excellent, good or satisfactory}} \times 100$
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

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	2
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	1
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	<p>Full human resource capacity within the Call Centre. Performance is predicated on the continued employment of the contract workers.</p> <p>The unresolved complaints carried over from the previous reporting period are included in the complaints register.</p>
Disaggregation of Beneficiaries (where applicable)	<p>Target for women: N/A</p> <p>Target for youth: N/A</p> <p>Target for people with disabilities: N/A</p>
Spatial Transformation (where applicable)	N/A
Calculation Type	Cumulative (year- to-date)
Reporting Cycle	Quarterly
Desired Performance	Achievement of the target of 90% desirable
Indicator Responsibility	Director: CC&A

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	$\left(\frac{\text{Number of complaints resolved through assessment within 30 working days of receipt of response to complaint request from the complainants or health establishments during period under review}}{\text{Total number of complaints assigned to assessment the period under review plus complaints that remained unresolved from the previous period minus complaints assigned for assessment}} \right) \times 100$
Means of Verification	Screening SLA Report
Assumptions	<p>Full human resource capacity of Assessors. Performance is predicated on the continued employment of the contract workers.</p> <p>The unresolved complaints carried over from the previous reporting period are included in the complaints register.</p>
Disaggregation of Beneficiaries (where applicable)	<p>Target for women: N/A</p> <p>Target for youth: N/A</p> <p>Target for people with disabilities: N/A</p>
Spatial Transformation (where applicable)	N/A
Calculation Type	Cumulative (year- to-date)
Reporting Cycle	Quarterly
Desired Performance	Achievement of the target of 75% desirable.
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	<p>A final report, referral report to other entities and close out report.</p> <p>A register of assigned complaints including the status of each complaint.</p>
Assumptions	<p>100% funding of the vacant posts in the Complaints Investigation Unit. Performance is predicated on the continued employment of the contract workers.</p> <p>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.</p> <p>We consider the open complaints at the beginning of the period under review plus unresolved complaints referred for investigation during the previous period.</p>
Disaggregation of Beneficiaries (where applicable)	<p>Target for women: N/A</p> <p>Target for youth: N/A</p> <p>Target for people with disabilities: N/A</p>
Spatial Transformation (where applicable)	Private and public health care establishments across the 9 provinces
Calculation Type	Non-cumulative
Reporting Cycle	Quarterly,
Desired Performance	10%
Indicator Responsibility	Senior Investigator: Health Care Cases Executive Manager

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	<p>A final report, referral report to other entities and close out report.</p> <p>A register of assigned complaints including the status of each complaint.</p>
Assumptions	<p>100% funding of the vacant posts in the Complaints Investigation Unit. Performance is predicated on the continued employment of the contract workers.</p> <p>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.</p> <p>We consider the open complaints at the beginning of the period under review plus unresolved complaints referred for investigation during the previous period.</p>
Disaggregation of Beneficiaries (where applicable)	<p>Target for women: N/A</p> <p>Target for youth: N/A</p> <p>Target for people with disabilities: N/A</p>
Spatial Transformation (where applicable)	Private and public health care establishments across the 9 provinces
Calculation Type	Non-cumulative
Reporting Cycle	Quarterly,
Desired Performance	10%
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	<p>A final report, referral report to other entities and close out report.</p> <p>A register of assigned complaints including the status of each complaint.</p>
Assumptions	<p>100% funding of the vacant posts in the Complaints Investigation Unit. Performance is predicated on the continued employment of the contract workers.</p> <p>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.</p> <p>We consider the open complaints at the beginning of the period under review plus unresolved complaints referred for investigation during the previous period.</p>
Disaggregation of Beneficiaries (where applicable)	<p>Target for women: N/A</p> <p>Target for youth: N/A</p> <p>Target for people with disabilities: N/A</p>
Spatial Transformation (where applicable)	Private and public health care establishments across the 9 provinces
Calculation Type	Non-cumulative
Reporting Cycle	Quarterly
Desired Performance	10%
Indicator Responsibility	Senior Investigator: Health Care Cases Executive Manager

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
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	3 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	24
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

Indicator title	Percentage of health establishments against which enforcement action is 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	$\left(\frac{\text{Total number of non – compliant health establishments against which enforcement action is initiated within 10 days from the date of the final inspection report}}{\text{Total number of non – compliant health establishments referred for enforcement in the final additional inspection report.}} \right) \times 100$
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 Final inspection report Final additional inspection report Hearing tribunal reports Copies of Compliance Certificates Issued
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	2
Indicator responsibility	Director: Certification and Enforcement