

# **OFFICE OF HEALTH STANDARDS COMPLIANCE**



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

**Strategic Plan for  
2020/21 – 2024/25**

**Date of Tabling  
March 2020**

## **EXECUTIVE AUTHORITY STATEMENT**

The development of the Office of Health Standards Compliance (OHSC) Strategic Plan for 2020 - 2025 was largely informed by the experience with the implementation of the strategic plan for 2015 - 2020 which marked the initial years of functioning of the OHSC and the Annual Performance Plan (APP) for the entity in the 2018/19 financial year. The OHSC Strategic plan comes at a time when the entity is functioning within a 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 goal of Government.

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



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**Dr ZL Mkhize, MP**  
**Minister of Health**

## **ACCOUNTING AUTHORITY STATEMENT**

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

### **Protecting and Promoting health and safety**

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

### **Improving responsiveness of health services to the users**

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

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

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

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

- a) Ms Oaitse Montshiwa;
- b) Professor Ethelwynn Stellenberg;
- c) Mr Kariem Hoosain;
- d) Professor Morgan Chetty;
- e) Mr Bada Pharasi;
- f) Ms Sheila Brasel;
- g) Ms Keitumetse Mahlangu; and
- h) Professor Stuart Whittaker.



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**Dr Ernest Kenoshi**  
**Chairperson of the Board**  
**OHSC**

## OFFICIAL SIGN-OFF

It is hereby certified that this Strategic Plan:

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

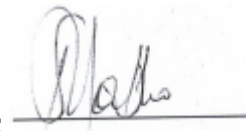
**Adv Makhwedi Makgopa-Madisa**  
**Acting Director: Governance, Strategy and Board Secretariat**

**Signature:**



**Ms Matshidiso Montsho**  
**Acting Executive Manager: Compliance Inspectorate**

**Signature:**



**Mr Monnatau Tlholoe**  
**Director: Complaints Assessment**

**Signature:**



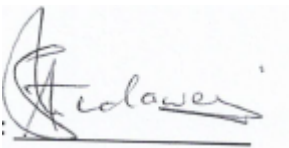
**Ms Winnie Moleko**  
**Executive Manager: Health Standards, Design Analysis and Support**

Signature: 

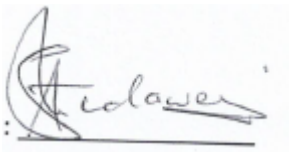
**Mr Julius Mapatha**  
**Chief Financial Officer**

Signature: 

**Dr Sipiwe Mndaweni**  
**Chief Executive Officer**

Signature: 

**Dr Ernest Kenoshi**  
**Chairperson of the Board**

Signature: 

**Approved by:**

**Dr ZL Mkhize, MP**  
**Minister of Health**

Signature: 

# Part A: Our Mandate

## 1. Constitutional mandate

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

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

## 2. Legislative and policy mandates

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### 2.1 National Health Act, 2003

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

The Act provides the overarching legislative framework for a structured and uniform national healthcare system. It highlights the rights and responsibilities of healthcare providers and healthcare users and ensures broader community participation in healthcare delivery from a health facility level up to national level. With respect to the sections now being amended, although never promulgated, the Act provided for the creation within the National Department of Health of an Office of Standards Compliance with provincial Inspectorate units. The Office of Standards Compliance as then envisaged would advise on health standards, carry out inspections and monitor compliance, report on non-compliance, issue or withdraw a certificate of

compliance, and advise on strategies to improve quality and included an Ombudsperson.

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

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

1. Monitoring and enforcing compliance by health establishments with norms and standards prescribed by the Minister in relation to the national health system; and
2. Ensuring consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair, economical and expeditious manner”.

## **2.2 National Health Insurance Bill, 2019 (NHI Bill)**

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

The National Health Insurance Bill (NHI Bill) provides for mandatory payment healthcare services in the Republic in pursuance of Section 27 of the Constitution. It further establishes a National Health Insurance Fund and provides for its powers, functions and governance structures. The NHI Bill recognises the socio-economic injustices, imbalances and inequalities of the past, the need to heal the divisions of the past and need to establish a society based on democratic values, social justice and fundamental human rights and to improve the life expectancy and the quality of life for all citizens.



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

### **2.3 National Policy on Quality (2007)**

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

The objectives of the National Policy on Quality are to:

- improve access to quality healthcare;
- increase patients’ participation and the dignity afforded to them;
- reduce underlying causes of illness, injury, and disability;
- expand research on treatments specific to South African needs and on evidence of effectiveness;
- ensure appropriate use of services; and
- reduce errors in healthcare.

### **2.4 National Development Plan (NDP)**

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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.

## **2.5 Medium-Term Strategic Framework 2019 - 2024**

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

## **2.6 Sustainable Development Goals**

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The Sustainable Development Goals (SDGs) is a plan created in 2015 after leaders of about 193 countries met and came to a common understanding that there is enough food to feed the world, but that was not shared; that the medication for HIV and other diseases was available but costly; that earth quakes and floods were inevitable, but

the high death tolls were not; and that billions of people worldwide share their hope for a better future. These SDGs are as follows:

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

## **2.7 Norms and standards**

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

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

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

## **2.8 Procedural regulations**

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

### **3. Institutional Policies and Strategies over the five-year planning period**

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

### **4. Relevant Court Rulings**

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

# Part B: Our Strategic Focus

## 5. Vision

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Safe and quality healthcare for all.

## 6. Mission

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We act independently, impartially, fairly and fearlessly on behalf of healthcare users in guiding, monitoring and enforcing health care safety and quality standards in health establishments.

## 7. Values

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Our values are informed by the South African Constitution: "Human dignity, accountability, transparency and integrity."

## 8. SITUATIONAL ANALYSIS

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### 8.1. External Environment Analysis

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South Africa, like any other developing country, is faced with a huge burden of disease. Notwithstanding Government's effort towards reducing the burden of disease, inequality and poverty levels, the challenge of the disease burden remains. The below mentioned priorities as identified by the then Minister of Health in relation to the national health system remains a challenge to achieve in South Africa, despite government's effort of doing the outmost best to ensure that those are addressed. The identified Ministerial priorities in patient safety and quality of care are the following: —

- Staff attitudes;
- Waiting times;
- Cleanliness;
- Availability of medicines;
- Infection control; and

➤ Safety and security of staff and patients.

The 2015-2020 OHSC Strategic Plan ends at a very crucial point in the healthcare industry with the National Health Insurance (NHI) Bill tabled in Parliament, in July 2019. The National Health Insurance Bill (NHI) (2019) makes provision for the NHI Fund as a juristic person to be responsible for the purchasing and financing health services in the Country. The NHI fund relies on certification issued by the OHSC as a prerequisite before further assessment by the fund. This means that the OHSC is an enabler towards NHI implementation. The Parliamentary Committee on Health provides oversight on the activities of the OHSC and supports the OHSC in its quest towards achieving the legislative mandate.

Mental healthcare has also become the centre of attention in relation to provision of healthcare services. The release of the Life Esidimeni Report in 2017 led to the identification of gaps in the healthcare system in relation to delivery and access of mental health services. The Life Esidimeni report contributed to a major mind shift in mental healthcare services, including reprioritisation, resource allocation and community-based delivery of those services.

The promulgation of the norms and standards applicable to different categories of health establishments implied that the OHSC has enabled the OHSC to inspect public and private healthcare and ensure enforcement wherein there is non-compliance. Several engagements have occurred between the OHSC and private healthcare sector and the private sector has shown keen interest and willingness to understand the functions of the in-measuring quality of healthcare services in the private sector.

## **8.2. Internal Environment Analysis**

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The Performance delivery environment in the context of a regulator is influenced by the policy and legislative provisions outlined above, as well as by the actual situation pertaining on the ground and the responses and initiatives being implemented to address challenges and reinforce successes.

The evolution of the OHSC up to the promulgation and coming into effect of the *Norms and Standards applicable to Different Categories of Health Establishments* has extended over 6 years and has enable acquiring of much needed experience and knowledge and awareness across the overall healthcare system. The establishment of a healthcare regulator brings with it both a key strength in that its work will become enforceable , more objective and focused, as well as the challenge of setting up of completely new structures and systems, and attempting to meet public expectations for immediate impact while still in the phase of growth and development itself.

# Part C: Measuring Our Performance

## 9. Institutional Performance Information

### 9.1. Measuring the Impact

|                         |  |
|-------------------------|--|
| <b>Impact statement</b> | <b>Safe and quality health care services</b> |
|-------------------------|--|

### 9.2. Measuring Outcomes

| <b>Outcome</b>  | <b>Outcome Indicator</b>   | <b>Baseline</b>          | <b>Five-year target</b>  |
|---|--|--------------------------|--------------------------|
| A fully functional OHSC                                       | Percentage of vacancies filled within four months of the vacancy existing                                | New Indicator            | 93%                      |
|   | Percentage of certified inspectors after successful completion of training                               | New Indicator            | 95%                      |
|   | Unqualified audit opinion achieved by the OHSC   | Unqualified audit report | Unqualified audit report |
|   | Percentage of ICT availability for core OHSC services  | 99.9%                    | 95%                      |
|   | Percentage of ICT availability for OHSC support services   | New Indicator            | 95%                      |
|   | Number of community stakeholder engagements to raise public awareness on the role and powers of the OHSC | New Indicator            | 60                       |
|   | Number of private sector engagements to raise awareness on the role and powers of the OHSC               | New Indicator            | 40                       |
| <b>Compliance with and is standards effectively monitored</b> | Percentage of public health establishments inspected for compliance with the norms and standards         | 19.13%                   | 100%                     |
|   | Percentage of private health establishments inspected for compliance with the norms and standards        | New Indicator            | 100%                     |



|  |   |               |      |
|--|---|---------------|------|
|  | Percentage of additional inspection conducted in private and public health establishments where non-compliance was identified           | New Indicator | 100% |
|  | Publish bi-annual consolidated reports on health establishments performance against the norms and standards                             | New Indicator | 10   |
| <b>Improved quality of health care services rendered to the users in the Health Establishments</b>                                     | Percentage of low risk complaints resolved within twenty-five working days of lodgement in the call centre                              | New Indicator | 90%  |
|  | Percentage of user complaints resolved 30 days after receipt of information requested from the health establishment and /or complainant | 44%           | 75%  |
|  | Percentage of complaints resolved six months through investigation  | 2%            | 70%  |
|  | Percentage of complaints resolved 12 months through investigation   | New           | 70%  |
|  | Percentage of complaints resolved 18 months through investigation   | New           | 70%  |
|  |   |               |      |
| <b>Facilitate achievement of compliance with the norms and standards regulations for different categories of health establishments</b> | Number of recommendations for improvement in the healthcare sector made to relevant authorities   | New Indicator | 15   |
|  | Number of guidance visits to facilitate implementation of the   | New Indicator | 120  |

|  |  |               |      |
|--|--|---------------|------|
|  | norms and standards regulations  |               |      |
| <b>Compliance with norms and standards increased</b> | Percentage health establishments issued with a certificate of compliance within 15 days from the date of the final inspection report                           | New Indicator | 100% |
|  | Percentage of health establishments against which enforcement action has been initiated within 10 days from the date of the final additional inspection report | New Indicator | 100% |
|  | Number of health establishment compliance status reports published every six months  | New Indicator | 10   |

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

- a) The OHSC supports the implementation of the National Development Plan 2030 through contributing towards realization of quality healthcare services for all users. Processes have been put in place to monitor organisational performance against set targets. The mandate of the OHSC as defined in the National Health Act, 2003 (Act No. 61 of 2003) relates to the protection of all users of healthcare services irrespective of their background, race or gender. Therefore, the OHSC is an advocate of provision of quality healthcare services for all the users of the service within the Republic.
- b) The OHSC has revised the Organogram, approved by the Board for organizational efficiency. The current framework for delivery of the OHSC mandate is comprised of five performance Programmes. Each programme has a purpose and relevant objectives to achieve towards contributing to the overall mission and vision in order to realize the impact of the organization. In choosing the outcome indicators, consideration was given to each programme purpose, the objectives, intended outcomes as well as the overall impact the OHSC aims to achieve.
- c) The OHSC currently operates with limited financial and human resources, which adversely affects and restricts implementation of the objectives, in turn affecting the actual performance and core functions of the organization. The budgetary constraints will have negative consequences in the expansion of inspection coverage, both in the

public and private healthcare sector and the timeous resolution of complaints received from users. With the envisaged implementation of the phases of the National Health Insurance (NHI), it is prudent for the OHSC to be well resourced. The availability of additional funding for the OHSC is an imperative and will assist in increasing the inspection coverage, review and develop additional norms and standards, develop inspection tools, conduct in depth scientific analysis of the inspection findings to inform improvements in the health system, provide sufficient training and guidance to implementers of the norms and standards, management of complaints from the public and engagement with communities and various stakeholders on raising awareness on the work of the OHSC. The OHSC capacity constraints was also recognized in the Presidential Health Summit Compact, 2018. Under the fifth pillar of the compact, it was stated that the OHSC should be provided with capacity and resources needed to perform its mandate.

- d) The OHSC aims to contribute towards the provision of safe and quality healthcare services, it is therefore important for selected outcomes to be aligned to the envisaged impact. The OHSC outcomes in this Strategic Plan have been developed to ensure that there is sustained improvement in the quality of services and safety of users and realize the dream of improved health for the population. One important outcome is the effective monitoring of compliance with norms and standards. In order to contribute towards provision of high-quality healthcare services, effective monitoring system are a prerequisite.

## 10. Key Risks

| Outcome                                       | Key Risk   | Risk Mitigation  |
|---|--|--|
| Compliance with norms and standards increased | Limited number of norms and standards for different types of HEs | OHSC proactively advises the Minister on the development of additional norms and standards and review of existing norms and standards.   |
| Compliance with norms and standards increased | Litigation against the OHSC                                      | Compliance with the relevant inspection and certification frameworks.<br>Continuous training and certification of inspectors and employees on applicable prescripts.<br>Regular review of OHSC regulatory framework.<br>Future establishment of a compliance function. |

|   |   |  |
|---|---|--|
| A fully functional OHSC   | Inadequate funding for OHSC operations              | Develop and obtain approval for a revenue generation model.<br>Source for donor funding.<br>Motivate for additional funding from the National Treasury   |
| A fully functional OHSC   | Fraud and corruption                                | Fraud and corruption prevention plan.<br>Fraud hotline.<br>Vetting of employees.<br>Code of conduct.<br>Monitoring of compliance to prescripts.<br>Internal Audit.<br>Policies and Procedures  |
| A fully functional OHSC   | Insufficient human resource capacity and skills-mix | Implement new approved OHSC organogram.<br>Sufficient Budget.<br>Use of contract employees for additional capacity.<br>HR Policies and procedures.<br>Employee wellness program.<br>Use of <i>ad hoc</i> expert panels.<br>Review the remuneration strategy. |
| Improved quality of health care services rendered to the users in the Health Establishments | Delays in the resolution of complaints              | Complaints call centre established.<br>Policies and procedures in place.<br>Signed MOU's with other regulators.<br>Consultative engagements with relevant stakeholders.<br>Use of contract employees.  |

**11. Public Entities**

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

## Part D: Technical Indicator Description (TID)

| Indicator title   | Definition   | Source of Data                                   | Method of Calculation  | Assumptions   | Disaggregation of beneficiaries                                | Spatial Transformation | Reporting cycle | Desired performance       | Indicator Responsibility  |
|---|--|--|--|---|--|------------------------|-----------------|---------------------------|---------------------------|
| <b>Percentage of vacancies filled within four months of the vacancy existing</b>  | Vacancies should be filled within four months of existence   | Register of vacant posts and appointment letters | Numerator is vacancies filled within four months, denominator is total number of vacant posts, excluding posts not vacant for at least four months | Line managers available at all times of the recruitment process                                     | N/A  | None                   | Quarterly       | 93%                       | Director: Human Resources |
| <b>Percentage of certified inspectors after successful completion of training</b> | Inspectors trained in a curriculum and training course approved by the Board and certified as Inspectors by the CEO  | Certificate of appointed                         | Percentage   | Inspectors Certified  | N/A  | None                   | Annually        | 95%                       | Director: Human Resources |
| <b>Unqualified Audit Opinion Achieved by the OHSC</b>                             | This indicator measures the Annual Unqualified Audit Opinion achieved by the OHSC as determined by Auditor General in accordance with section 188 of the Constitution states that the Auditor-General must audit and report on the accounts, financial statements and financial management of all government institutions. | Auditor-General Report                           | None   | None  | None   | None                   | Annually        | Unqualified Audit Opinion | Director: Finance         |
| <b>Percentage of IT availability for core OHSC services</b>                       | This indicator measures availability of Electronic Inspection System, Call Centre System, Annual Returns Systems, to ensure that the level of service availability   | Reports from server and network infrastructure   | Numerator: Minutes of uptime minus downtime<br><br>Denominator: Total number of minutes for the specified period                                   | OHSC power generator and Uninterrupted Power Supply (UPS) are always fully serviced and operational | Inspection System, Call Centre System, & Annual Returns System | None                   | Quarterly       | 95%                       | Director: IT              |

| Indicator title   | Definition  | Source of Data  | Method of Calculation   | Assumptions  | Disaggregation of beneficiaries   | Spatial Transformation | Reporting cycle | Desired performance | Indicator Responsibility                          |
|---|---|---|---|--|---|------------------------|-----------------|---------------------|---|
|   | meets the current business needs  |   |   |  |   |                        |                 |                     |   |
| <b>Percentage of ICT availability for OHSC support services</b>   | This indicator measures availability of Wide Area Network, Local Area Network, Active Directories, File server and Websites to ensure that the level of service availability meets the current business needs | Reports from server and network infrastructure                                | Numerator: Minutes of uptime minus downtime<br><br>Denominator: Total number of minutes for the specified period                                | OHSC power generator and Uninterrupted Power Supply (UPS) are always fully serviced and operational at all times | Wide Area Network, Local Area Network, Active Directories, File server and Websites | None                   | Quarterly       | 95%                 | Director: IT                                      |
| <b>Number of community stakeholder engagements to raise public awareness on the role and powers of the OHSC</b> | This indicator measures awareness campaigns, roadshows, events and other engagements conducted to promote the role and powers of the OHSC in the communities or to the public.                                | Awareness activities conducted to the public and attendance registers         | Number  | Stakeholder engagements on the role and powers of the OHSC will be conducted                                     | N/A   | None                   | Quarterly       | 60                  | Director: Communication and Stakeholder relations |
| <b>Number of private sector engagements to raise awareness on the role and powers of the OHSC</b>               | This indicator measures awareness campaigns, roadshows, events and other engagements conducted to promote the role and powers of the OHSC to the private sector.  | Awareness activities conducted in the private sector and attendance registers | Number  | Stakeholder engagements on the role and powers of the OHSC will be conducted                                     | The target group is the private sector  | None                   | Quarterly       | 40                  | Director: Communication and Stakeholder relations |
| <b>Percentage of public health establishments inspected for compliance with the norms and standards</b>         | Public health establishments are inspected for compliance with norms and standards  | Inspection Register   | Numerator: number of inspections conducted in the public health establishments<br><br>Denominator: total number of public health establishments | All public health establishments will be inspected, human and financial resources will be provided accordingly   | N/A   | None                   | Quarterly       | 100%                | Executive Manager: Inspectorate                   |

| Indicator title  | Definition  | Source of Data   | Method of Calculation  | Assumptions  | Disaggregation of beneficiaries                               | Spatial Transformation  | Reporting cycle | Desired performance | Indicator Responsibility           |
|--|---|--|--|--|---|---|-----------------|---------------------|------------------------------------|
| <b>Percentage of private health establishments inspected for compliance with the norms and standards</b>                             | Private health establishments are inspected for compliance with norms and standards   | Inspection Register  | Numerator:<br>number of inspections conducted in the private health establishments<br><br>Denominator:<br>total number of private health establishments  | All public health establishments will be inspected, human and financial resources will be provided accordingly                 | N/A   | None  | Quarterly       | 100%                |                                    |
| <b>Percentage of additional inspection conducted in private and public health establishments where non-compliance was identified</b> | Additional inspections conducted at public and private health establishments graded unsatisfactory to establish if non-compliance have been remedied  | Inspection Register  | Numerator:<br>Number of additional inspections conducted at health establishments graded unsatisfactory<br><br><b>Denominator:</b><br>Number of all Health establishments that are graded unsatisfactory | Public and private health establishments graded unsatisfactory to be inspected to establish if noncompliance has been remedied | N/A   | None  | Bi-annually     | 100%                | Executive Manager:<br>Inspectorate |
| <b>Publish bi-annual consolidated reports on health establishments performance against the norms and standards</b>                   | Summary of compiled inspection findings analyzed and communicated to stakeholders every six months. These reports will include the inspections conducted as well as the names and locations of health establishments. | Individual health establishment inspection report and provincial reports | Numerator:<br>Number of reports published<br><br>Denominator:<br>Number of regulated reports   | Inspection reports will be published   | N/A   | None  | Bi-annually     | 10                  | Executive Manager:<br>Inspectorate |
| <b>Percentage of low risk complaints resolved within twenty-five working days of lodgement in the call centre</b>                    | 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  | Low Complaint Register and Request Details Reports                       | Numerator:<br>number of low risk complaints resolved within 25 working days of logging   | Full human resource capacity within the Call Centre  | Rural complainants who accessed the OHSC complaints mechanism | Effective services for complainants as the bases for an equitable healthcare delivery | Percentage      | 90%                 | Director:<br>Complaints Assessment |

| Indicator title   | Definition   | Source of Data  | Method of Calculation  | Assumptions   | Disaggregation of beneficiaries   | Spatial Transformation  | Reporting cycle | Desired performance | Indicator Responsibility               |
|---|--|---|--|---|---|---|-----------------|---------------------|--|
|   | 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  |   | Denominator: Total number of low risk complaints logged in the last 25 working days  |   |   |   |                 |                     |  |
| <b>Percentage of user complaints resolved within 30 working days through assessment after receipt of a response from the complainant and/or the health establishments</b> | 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 | Service Level Agreement (SLA) Screening Register and Final Assessment Reports                       | Numerator: number of assessment reports finalised within 30 working days of receipt of response to complaint request from the complainants and/or health establishments<br><br>Denominator: Total number of responses received from the complainants and/or health | 100% funding of the assessors' posts and established expert panels for specialist inputs. Health establishments implement recommendation for service delivery improvement | Rural complainants who accessed the OHSC complaints mechanism   | Complaint assessment report drive the reshaping and reconfiguration of health establishments where applicable | Quarterly       | 75%                 | Director: Complaints Assessment        |
| <b>Percentage of complaints resolved through investigation within six months from the date of referral</b>  | Complaints that are investigated within 6 months from date of referral from Complaints Assessment Centre to the Complaints Investigations Unit with production of a final report   | Investigation register, Investigation Service Level Agreement (SLA) and Final Investigation Reports | Numerator number of cases resolved within 6 months<br><br>Denominator: number of cases referred for investigation in the last 6 months   | 100% funding of the vacant posts in the Complaints Investigation Unit. Cooperation from Health Establishment on submission of requested documents. Appointment            | Public v/s Private Health Establishments Investigation findings on common nature of complaints across the 9 Provinces | Resource access across the 9 Provinces  | Quarterly       | 70%                 | Senior Investigator: Health Care Cases |



| Indicator title  | Definition  | Source of Data   | Method of Calculation  | Assumptions   | Disaggregation of beneficiaries  | Spatial Transformation                 | Reporting cycle | Desired performance | Indicator Responsibility               |
|--|---|--|--|---|--|--|-----------------|---------------------|--|
|  |   |  |  | of expert/panel for expert opinion  |  |  |                 |                     |  |
| <b>Percentage of complaints resolved within 12 months through investigation</b>                        | Complaints that are investigated within 12 months from date of referral from Complaints Assessment Centre to the Complaints Investigations Unit with production of a final report | Investigation register, Investigation Service Level Agreement (SLA) and final Investigation Reports  | Numerator<br>number of cases resolved within 12 months<br><br>Denominator:<br>number of cases referred for investigation in the last 12 months | 100% funding of the vacant posts in the Complaints Investigation Unit. Cooperation from Health Establishment on submission of requested documents. Appointment of expert/panel for expert opinion | Public v/s Private Health Establishments Investigations finding on common nature of complaints across the 9 Provinces    | Resource access across the 9 Provinces | Quarterly       | 70%                 | Senior Investigator: Health Care Cases |
| <b>Percentage of complaints resolved within 18 months through investigation</b>                        | Complaints that are investigated within 18 months from date of referral from Complaints Assessment Centre to the Complaints Investigations Unit with production of a final report | Investigation register, Investigation Service Level Agreement (SLA) and final investigation reports. | Numerator<br>number of cases resolved within 18 months<br><br>Denominator:<br>number of cases referred for investigation in the last 18 months | 100% funding of the vacant posts in the Complaints Investigation Unit. Cooperation from Health Establishment on submission of requested documents. Appointment of expert/panel for expert opinion | Public v/s Private Health Establishments Investigation findings on common nature of complaints across the 9 Provinces    | Resource access across the 9 Provinces | Quarterly       | 70%                 | Senior Investigator: Health Care Cases |
| <b>Number of recommendations for improvement in the healthcare sector made to relevant authorities</b> | The indicator will track the number of reports submitted to relevant authorities on an annual basis   | Reports developed by HSDAS   | Register to track reports developed and submitted to relevant authorities  | Relevant authorities will cooperate and provide data for annual returns and EWS from health establishment   | Different levels of authority (national, provincial, municipal, health care organization); users of health care services | None                                   | Annual          | 15                  | Executive Manager: HSDAS               |

| Indicator title   | Definition  | Source of Data   | Method of Calculation  | Assumptions   | Disaggregation of beneficiaries | Spatial Transformation | Reporting cycle | Desired performance | Indicator Responsibility                |
|---|---|--|--|---|---------------------------------|------------------------|-----------------|---------------------|---|
|   |   |  |  | s as requested                                      |                                 |                        |                 |                     |   |
| <b>Number of guidance visits to facilitate implementation of the norms and standards regulations</b>  | At least two training session to be provided to each province and each private health care organization on an annual basis  | Agendas, Attendance registers and reports for each training session provided | This indicator will be measured by the number of training sessions delivered   | Staff to be trained are made available for training | None                            | None                   | Annual          | 120                 | Executive Manager: HSDAS                |
| <b>Percentage health establishments issued with a certificate of compliance within 15 days from the date of the final inspection report</b>                           | 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. | Final Inspection report  | Numerator: total number of compliant health establishments<br><br>Denominator: total number of inspected health establishments     | HEs will comply with the norms and standards        | N/A                             | None                   | Quarterly       | 100%                | Director: Certification and Enforcement |
| <b>Percentage of health establishments against which enforcement action has been initiated within 10 days from the date of the final additional inspection report</b> | 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  | Final Additional Inspection report   | Numerator: total number of non-compliant health establishments<br><br>Denominator: total number of inspected health establishments | HEs will not comply with the norms and standards    | N/A                             | None                   | Quarterly       | 100%                | Director: Certification and Enforcement |

| Indicator title  | Definition   | Source of Data   | Method of Calculation   | Assumptions                   | Disaggregation of beneficiaries | Spatial Transformation | Reporting cycle | Desired performance | Indicator Responsibility                   |
|--|--|--|---|-------------------------------|---------------------------------|------------------------|-----------------|---------------------|--|
|  | 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.                             |  |   |                               |                                 |                        |                 |                     |  |
| <b>Number of health establishment compliance status reports published every six months</b> | 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. | Certification and Enforcement Register<br><br>Hearing tribunal reports | Numerator:<br>Number of reports published<br><br>Denominator:<br>Number of regulated reports required for publication | Inspections will be conducted | N/A                             | None                   | Bi-Annually     | 10                  | Director:<br>Certification and Enforcement |