OHSC

Office of Health Standards Compliance

Ensuring quality and safety in health care

ANNUAL PERFORMANCE PLAN

2026/2027

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EXECUTIVE AUTHORITY STATEMENT

The Office of Health Standards Compliance (OHSC) plays a crucial role in the South African healthcare system. The Annual Performance Plan (APP) for the 2026/27 financial year sets out the OHSC's legislated mandate, responsibilities, and priorities for the period under review.

The OHSC is tasked with regulating healthcare services to ensure compliance with established standards of care. This involves regular inspections of healthcare establishments to monitor adherence to safety and quality standards. The OHSC is expected to support the government in monitoring the implementation of policies and regulations that align with national health priorities. This includes contributing to the development of prescribed norms and standards, as well as regulations that enhance the quality of care. It also involves promoting practices that enhance patient safety and improving the overall quality of care provided by healthcare establishments and healthcare providers.

An important aspect of the OHSC's role is its involvement in the National Health Insurance (NHI). As South Africa moves towards universal health coverage, the OHSC is vital in ensuring that all healthcare providers meet the required standards for the NHI's successful implementation. This alignment with the NHI objectives ensures that patients receive high-quality and safe healthcare services. The OHSC's regulatory functions will certify health establishments or healthcare providers that comply with the safety and quality standards necessary for NHI.

In fulfilling its mandate, the OHSC collaborate with various stakeholders, including healthcare providers, government entities, and civil society organisations. This collaboration promotes a collaborative approach to improving healthcare standards and encourages a shared responsibility in enhancing service delivery.

The OHSC also facilitates training and capacity-building initiatives to enhance the knowledge and skills of healthcare professionals and healthcare providers, ensuring they are well-equipped to meet regulatory standards.

I hereby endorse the Annual Performance Plan of the OHSC for the fiscal year 2026/27, developed by its Accounting Authority and Management under the guidance of the National Department of Health.

Dr PA Motsoaledi, MP
Minister of Health
Date: 10/3/2026

ACCOUNTING OFFICER STATEMENT

The term of office for the Board of the Office of Health Standards Compliance (OHSC) will come to an end in February 2026, following their term that started in February 2023. As the Board prepares to complete its term, it has assisted management in finalising the OHSC Annual Performance Plan (APP) for the fiscal year 2026/27. Additionally, the Board has completed a handover report with resolutions to support the new Board in continuing the organisation's fiduciary responsibilities. As the accounting authority of OHSC, South Africa's first healthcare regulator, the Board is committed to guiding the OHSC in advancing healthcare standards and promoting health and safety for users.

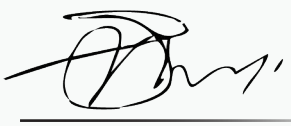
Overseeing approximately 51,000 health establishments, the Board is proud that OHSC plans to decentralise operations to enhance inspection capabilities and visibility nationwide. A feasibility study is underway to explore this, alongside the integration of artificial intelligence (AI) and smart inspections to improve efficiency through technology and data analytics.

The OHSC prioritises the review of norms and standards regulations through stakeholder consultations to address the clinical outcome measures and emerging healthcare challenges. It aims to register and profile health establishments and health providers to strengthen regulatory effectiveness.

Since its inception, the OHSC has received a clean audit opinion from the Auditor-General of South Africa (AGSA) in each of the past five years. This consistent milestone is commendable to the Board, as it affirms that the organisation has effective governance systems in place, which is critical for how state resources are used and accounted for. Long-term financial sustainability is vital, and the OHSC is finalising a revenue generation model in consultation with key stakeholders, based on charging for services rendered.

Additionally, the OHSC has always strived to issue certificates of compliance to facilities that meet the required standards within the stipulated timelines after final inspections. Further, enforcement actions are continuously prioritised to ensure timely accountability for non-compliant establishments, aiming for actions taken within the regulated timelines.

The OHSC plans to fast-track non-compliance cases within stipulated working timelines and will publish bi-annual compliance reports to maintain transparency and public trust in the healthcare system. Together, these efforts aim to ensure safe, high-quality, patient-centred care.

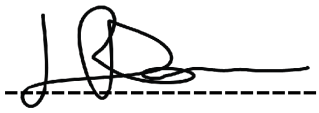


Dr Ernest Kenoshi
Chairperson of the Board: Office of Health Standards Compliance
Date: 30-01-2026

OFFICIAL SIGN-OFF

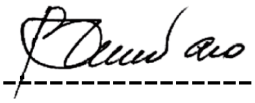
It is hereby certified that this Annual Performance Plan:

- 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 Output indicators that the OHSC will endeavour to achieve over the period 2026/2027.



Dr. Lesiba Rashokeng

Director: Certification and Enforcement



Mr. Bonginkosi Khumalo

Director: Compliance Inspectorate

Ms. Helen Phetoane

Acting Executive Manager: Complaints Management and Ombud

Ms. Winnie Moleko

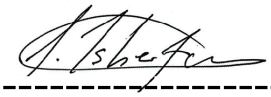
Executive Manager: Health Standards Design, Analysis and Support

Mr. Tsokodi Ntsoane

Executive Manager: Corporate Services

Mr. Julius Mapatha

Chief Financial Officer



Mr. Siyabulela Tshefu

Director: Planning, Monitoring & Evaluation

Dr. Mathabo Mathebula
Chief Operations Officer

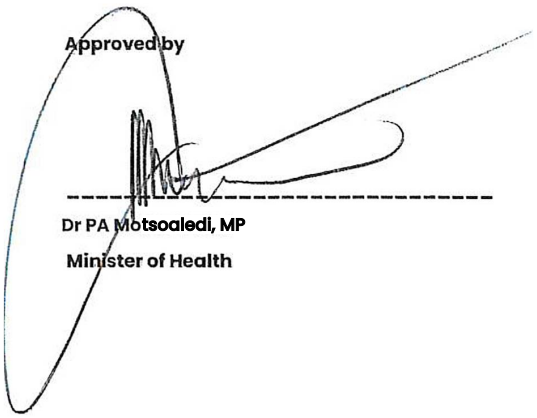
Dr. Siphiwe Mndaweni

Chief Executive Officer

Dr. Ernest Kenoshi

Chairperson of the Board

Approved by



Dr PA Motsoaledi, MP

Minister of Health

LIST OF ABBREVIATIONS

AI	Artificial Intelligence
APP	Annual Performance Plan
AR	Annual Returns
ARF	Audit Risk Finance
AU	African Union
BBBEE	Broad-Based Black Economic Empowerment
CAU	Complaints Assessment Unit
CCC	Complaints Call Centre
CE	Certification and Enforcement
CEC	Certificate and Enforcement Committee
CEO	Chief Executive Officer
CHCs	Community Health Centres
CIU	Complaints Investigation Unit
CMS	Council for Medical Schemes
COO	Chief Operations Officer
CPD	Continuing Professional Development
DPME	Department of Planning, Monitoring and Evaluation
EMS	Emergency Medical Services
EWS	Early Warning System
EXCO	Executive Committee
FAQs	Frequently Asked Questions
GPs	General Practices
HEs	Health Establishment
HO	Health Ombud
HR	Human Resource
HRREMO	Human Resource and Remuneration Committee
HSDAS	Health Standards Design, Analysis and Support
ICT	Information And Communication Technology
MEC	Member of the Executive Council
MTDP	Medium-Term Development Plan
MTEF	Medium-Term Expenditure Framework
NDoH	National Department of Health
NDP	National Development Plan
NHA	National Health Act
NHAA	National Health Amendment Act
NHC	National Health Council
NHI	National Health Insurance
NPM	National Preventative Mechanism

NPQ	National Policy on Quality in Healthcare
OHSC	Office of Health Standards Compliance
PHC	Primary Health Care
PSC	Public Service Commission
Q&A	Questions and Answers
QIP	Quality Improvement Plan
RPA	Robotic Process Automation
RSA	Republic of South Africa
SAAS	South African Auditing Standards
SDGs	Sustainable Development Goals
SEIAS	Socio-Economic Impact Assessment System
SFDRR	Sendai Framework for Disaster Risk Reduction
SMS	Senior Management
SOAR	Strengths, Opportunities, Aspiration and Results
TIDs	Technical Indicator Description
TWG	Technical Working Group
UFFP	Unity Forum of Family Practitioners
UHC	Universal Health Coverage

PART A

OUR MANDATE

1. CONSTITUTIONAL MANDATE

The Constitution of the Republic of South Africa (Act No. 108 of 1996)

The Bill of Rights in the South African Constitution underpins the entire health system. Section 27 establishes a universal right to access healthcare services, including reproductive health services and emergency medical treatment. It states categorically that nobody may be refused emergency medical treatment. The Constitution requires the state to take reasonable legislative and other measures, within available resources, to achieve the progressive realisation of access to healthcare. Section 28 of the South African Constitution provides an important benchmark for the protection of children in South Africa, as principles derived from international law on children's rights are now enshrined as the highest law of the land. It states that every child has the right to basic healthcare services.

The regulation of health service quality requires all health establishments to comply with policy priorities and adhere to minimum standards of care. In this manner, the regulation of quality contributes directly to the government's progressive realisation of its constitutional obligations. The OHSC conducts its work with due regard for the fundamental rights outlined in the Constitution and other relevant legislation.

2. UPDATES TO THE RELEVANT LEGISLATIVE AND POLICY MANDATES

2.1 The National Health Act (Act No. 61 of 2003)

The National Health Act, 2003 (Act No. 61 of 2003) (NHA) reaffirms 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 how he or she was treated at a health establishment. The NHA further obliges Members of the Executive Councils (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 or pose a threat to the health and safety of users and healthcare staff alike.

The NHA provides the overarching legislative framework for a structured and uniform national healthcare system. The Act highlights the rights and responsibilities of healthcare providers and users. It ensures broader community participation in healthcare delivery from health facilities to the national level.

The objects of the OHSC in Section 78 of the National Health Act, 2003 (Act No. 61 of 2003) ("the Act"), as amendedare to protect and promote the health and safety of users of health services by:

- Monitoring and enforcing compliance by health establishments with norms and standards prescribed by the Minister concerning the national health system; and
- Ensuring that complaints about non-compliance with prescribed norms and standards are considered, investigated, and disposed of in a procedurally fair, economical, and expeditious manner.

In terms of Section 79 of the NHA, **the OHSC must:**

- Advise the Minister on matters relating to norms and standards for the national health system and the review of such norms and standards or any other matter referred to it by the Minister;
- Inspect and certify compliance by health establishments with prescribed norms and standards, or where appropriate and necessary, withdraw such certification;
- Investigate complaints relating to breaches of prescribed norms and standards;
- Monitor indicators of risk as an early-warning system relating to serious breaches of norms and standards and report any breaches to the Minister without delay;
- Identify areas and make recommendations for intervention by a national or provincial department of health, a health department of a municipality, or a health establishment, where necessary, to ensure compliance with prescribed norms and standards;
- Publish any information relating to prescribed norms and standards through the media and, where appropriate, within specific communities;
- Recommend quality assurance and management systems for the national health system to the Minister for approval;
- Keep records of all OHSC activities; and
- Advise the Minister on any matter referred to it by the Minister.

In addition, , **the OHSC may:**

- Issue guidelines for the benefit of health establishments on the implementation of prescribed norms and standards;
- Collect or request any information relating to prescribed norms and standards from health establishments and users;
- Liaise with any other regulatory authority, and without limiting the generality of this power, request information from, exchange information with, and receive information from any such authority in respect of matters of common interest or a specific complaint or investigation; and
- Negotiate cooperative agreements with any regulatory authority to coordinate and harmonise the exercise of jurisdiction over health norms and standards and ensure the consistent application of the principles of the Act

2.2 Norms and Standards Regulations Applicable to Different Categories of Health Establishments, 2018

The Minister of Health promulgated the Norms and Standards Regulations in February 2018. The Norms and Standards Regulations, in terms of section 90 (1)(b) and (c) of the National Health Act, 2003 (Act No. 61 of 2003) are applicable to certain categories of health establishments and came into operation in 2019.

They apply to the following categories of health establishments:

- Public sector hospitals, as set out in Government Gazette, No 35101;
- Public sector clinics;
- Public sector community health centres;
- Private sector acute hospitals;
- General Practices; and
- Private sector Primary Health Care clinics and centres.

These regulations will apply to other categories of health establishments contemplated in section 35 of the Act, once the Minister has prescribed specific norms and standards for such categories. The minimum requirements for different types of health establishments in South Africa are detailed in the Norms and Standards Regulations of the National Health Act, 2003. These regulations aim to ensure that health services are delivered in a safe, effective, and patient-centred manner. The key areas covered by these regulations include:

- User Rights;
- Clinical Governance and Clinical Care;
- Clinical Support Services;
- Facilities and Infrastructure; and
- Governance and Human Resources.

2.3 Procedural Regulations Pertaining to the Functioning of the Office of Health Standards Compliance and Handling of Complaints by the Ombud, 2016

The procedural regulations guide operations and exercise of powers conferred to OHSC, the Board, and the Office of the Health Ombud.

The procedural regulations cover the following areas:

- Collection of information from health establishments and designation and duties of the person in charge;
- Appointment of Inspectors, training, and expertise;
- The inspection process and timelines;
- Additional inspection;
- Entry and search of premises, including prior-consent procedures or the application for a warrant if required;
- Processes of certification, renewal, and suspension;
- Compliance notice and enforcement process, including formal hearing, revocation of a certificate, fines, or referral to prosecuting authority, appeals, and reporting;
- Complaints handling, investigation, and resolution procedures; lodging of complaints, screening, investigation and reporting, and turnaround times; and
- General provisions about using prescribed forms (listed in Schedule 1).

2.4 National Health Insurance Act (Act No. 20 of 2023)

The government, through the National Department of Health, introduced Universal Health Coverage through the National Health Insurance Fund. President Cyril Ramaphosa signed the National Health Insurance Bill into law on 15 May 2024. The National Health Insurance (NHI) aims to provide access to high-quality healthcare services for all citizens, regardless of their financial situation.

National Health Insurance Act, 2023 (Act 20 of 2023) section 39(2)(b) states that to be accredited by the Fund, a health care service provider or health establishment, as the case may be, must be in possession of and produce proof of certification by the Office of Health Standards Compliance. Section 39(12) states that the Fund may grant conditional accreditation to a health care service provider or health establishment as prescribed by the Minister after consultation with the Office of Health Standards Compliance.

For the OHSC to fulfil its role as prescribed in implementing the NHI, increasing the OHSC compliance inspection coverage in the healthcare sector is imperative. It is also vital to note that the OHSC's importance lies in its role under the NHI and in the overall improvement of healthcare quality in South Africa as it relates to healthcare establishments.

Healthcare facilities will only be part of the NHI system if they meet the prescribed norms and standards of care and are accredited by the OHSC. Therefore, this provision in the Act outlines and underscores the crucial role the OHSC will play in implementing NHI in the country. The OHSC will guide and inspect health facilities and only certify those meeting minimum compliance requirements.

3. UPDATES TO INSTITUTIONAL POLICIES AND STRATEGIES

3.1 National Policy on Quality in Healthcare, 2007

A focus on quality assurance and improvement is not a new concept. The 2001 National Policy on Quality (NPQ) was revised in 2007. The policy identifies mechanisms to improve the quality of healthcare in the public and private sectors. It highlights the need to involve health professionals, communities, patients, and the broader healthcare delivery system (National Department of Health, referred to as the NDoH) in capacity-building efforts and quality initiatives.

The objectives of the NPQ 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 the evidence of effectiveness;
- Ensure the appropriate use of services; and
- Reduce errors in healthcare.

3.2 National Development Plan Vision 2030

The National Development Plan (NDP) Vision 2030 states that a health system with positive health outcomes for the country is possible and will:

- Raise the life expectancy of South Africans to at least 70 years;
- Ensure that the under-20s generation is largely free of HIV;
- Significantly reduce the burden of disease; and
- Achieve an infant mortality rate of fewer than 20 deaths per thousand live births and an under-five mortality rate of fewer than 30 per thousand.

Priority 2, as contained in Chapter 10 of the NDP, focuses on strengthening the healthcare system and includes the role of the OHSC as the independent entity mandated to promote quality by measuring, benchmarking, and accrediting actual performance against quality standards. A specific OHSC focus is on achieving common basic standards in the public and private sectors.

3.3 Medium-Term Development Plan (2024 – 2029)

The Office of Health Standards Compliance will take into account the Medium-Term Development Plan (MTDP) 2024-2029 in the execution of its mandate. The MTDP acts as the execution framework for the National Development Plan (NDP): Vision 2030, which is South Africa's long-term strategy towards 2030.

The seventh Administration of Government focused on three Strategic Priorities, namely:

i. Strategic Priority 1: Inclusive growth and job creation
ii. Strategic Priority 2: Reduce poverty and tackle the high cost of living
iii. Strategic Priority 3: A capable, ethical, and developmental state

The office is classified under Outcome 3, which is part of Priority 2 in the MTDP. Outcome 3 focuses on enhancing access to high-quality and affordable healthcare services. The OHSC is crucial in ensuring that health establishments meet the required quality standards. Its mandate is to monitor and enforce compliance by health establishments with norms and standards prescribed by the Minister of Health in relation to the national health system.

The OHSC management and Board identified eight key policy priorities for implementing the strategic plan. These priorities are crucial for healthcare quality assurance and safety in South Africa.

3.4 United Nations Sustainable Development Goals, 2015

The Sustainable Development Goals (SDGs) are part of the United Nations' global agenda, comprising 17 interlinked goals, with a vision of ending poverty, protecting the planet, and ensuring that humanity enjoys peace, prosperity, and a sustainable future. The agenda 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.

3.5 African Union Agenda 2063

African Union (AU) Agenda 2063 envisages an integrated, peaceful continent where prosperity is achieved through inclusive growth and sustainable development, and human rights and democratic practices are observed. It recognises that the health and nutrition of the population contribute to the growth and that capable institutions are necessary to build a rights-based culture.

3.6 Sendai Framework for Disaster Risk Reduction, 2015-2030

The Sendai Framework for Disaster Risk Reduction (SFDRR) is a non-binding voluntary framework adopted at a UN global conference in 2015. It aims to enhance countries' disaster preparedness, resilience, and recovery and reduce loss of life, livelihoods, health, and social assets.

3.7 Presidential Health Compact Summit, 2023

The Presidential Health Compact (PHC) is an agreement and commitment by key stakeholders, signed in July 2019, to identify primary focus areas for establishing a unified, integrated, and responsive health system. Partners committed themselves to a 5-year program of partner with the government in improving health care services in our country. In 2024, the second Presidential Health Compact (2024 - 2029) was adopted. The Health Compact has 10 Pillars to advance the implementation of National Health Insurance (NHI), which is essential for preparing the health system to serve the entire population and ensure access to quality healthcare.

The summit brought together various stakeholders, including government officials, health professionals, and civil society, to discuss and develop solutions to improve healthcare delivery and achieve Universal Health Coverage (UHC) and sustainable development. A key focus was the implementation of the NHI and the establishment of a National Public Health Institute. In relation to the OHSC, the summit emphasised the importance of maintaining high standards in healthcare facilities across the country.

The OHSC plays a crucial role in ensuring healthcare providers adhere to quality standards and regulations, which are essential for implementing the NHI. Discussions highlighted the need for robust monitoring and evaluation mechanisms to ensure compliance and improve overall healthcare quality. However, several objectives from the 2018 summit remain unresolved. The Health Department missed 60% of its goals, including issues with Pillar 6 (Health Financing: Securing sustainable funding for healthcare services). The Health Ombud's office lacks sufficient funding for the next five years. Provinces are still struggling with payment backlogs, and a plan to improve services at central hospitals by 2022 failed.

3.8. 2025-2030 Policy Priorities

In preparation for the 2025-2030 Strategic Plan, OHSC management and the Board identified eight key policy priorities. These priority areas are critical to improving healthcare quality and safety in South Africa. The eight key policy priorities that emerged from the OHSC engagements with various stakeholders and after the review and analysis of the past five years performance are:

3.8.1 Progressive scale-up of inspections to fulfil the mandate

3.8.1.1 Decentralisation of the Inspectorate functions

The OHSC is required to inspect all health establishments every four years according to the definition of a Health Establishment in the National Health Act (No. 61 of 2003). The number of health establishments is estimated at 51,000 for all levels of care across all nine (9) provinces.

Considering the amount of work and resources required to cover 25% of health establishments each year, OHSC must consider decentralising some of its functions to increase coverage and accessibility to the public. Currently, all the office's operations are centralised in Pretoria, and inspectors conduct bi-weekly inspections in the provinces as per the inspection strategy.

During 2026/27, the OHSC will commence discussions on conducting a feasibility study to explore the associated cost-effectiveness and risks prior to implementing decentralisation. Furthermore, the OHSC will consider other modalities to decentralise operations, such as artificial intelligence, smart inspections, and subcontracting some functions. A decentralised model will assist the OHSC in increasing inspection coverage and making it accessible to stakeholders in provinces.

3.8.1.2 Smart Inspections

The OHSC is currently exploring ways to initiate smart inspections using technology and data analytics to improve the efficiency and effectiveness of inspections. Smart inspections will focus on routine and re-inspections of public and private health establishments. The current process for executing an inspection involves an on-site visit to the health establishment for data collection, packaging, and analysis, resulting in a report.

In cases where a software APP is utilised, it will allow the dissemination of information, the responsibility to promote a safer working environment to all those who will have access to the software APP and improved time management for inspection and reporting purposes.

This will be done to eliminate long analytical processes, long paper reports, and a management interface that allows planning inspections, defining action plans for identified deviations, and issuing on time reports and recommendations for inspection activities.

3.8.1.3 Self-Assessment System

The Procedural Regulations pertaining to the functioning of the OHSC and handling of complaints by the Ombud have provisions for self-assessment. In Section 4(2)(j), health establishments are required to submit results of their most recent annual self-assessment against norms and standards. In section 19(2), the application for renewal of the certificate of compliance must include annual self-assessments of the health establishment's compliance with norms and standards.

Self-assessment enables health establishments to inspect themselves, identify gaps, and address them effectively. Following a self-assessment, quality improvement plans are developed to activate actions that address these identified gaps. OHSC successfully rolled out the self-assessment system for private acute hospitals. This method is proposed to the OHSC to scale up its inspection processes. If health establishments in private and public sectors conduct annual self-assessments, the OHSC can reduce the time spent on inspections. During the four (4) yearly inspections, the OHSC inspectors will conduct verification audits by sampling and verifying specific measures from the inspection tool.

This approach will enable the OHSC to inspect as many health establishments as possible, while empowering these facilities with the necessary tools to identify gaps and enhance the quality and safety of the services they provide. By shifting to a model in which health establishments conduct self-assessments, the OHSC can focus on verification audits, ensuring that improvements are sustained and that health establishments maintain compliance, all while optimising the use of its resources and expanding its reach across both private and public sectors

3.8.1.4 Risk-based Inspections

To maximise the mandate of the OHSC over the next five years, the OHSC will conduct risk-based inspections of public and private health establishments to monitor the provision of safe and quality healthcare for users admitted and respond to the risks prevailing in these establishments, particularly where breaches of norms and standards occur. Inspections are also informed by data from monitoring risk profiles of health establishment systems, including early warning systems and annual reports, as well as from the occurrence of other risk indicators, such as media reports, complaints, or whistle-blowers.

3.8.2 Advising Minister and Provinces of quality across the health system

3.8.2.1 Registration and Profiling of Health Establishments

Annual Return is the process of submitting health establishment profiles to the OHSC annually. The process is legislated under section 79(2)(b) of the National Health Amendment Act (NHAA 12 of 2013) and Sub-regulation 4(1) of the Procedural Regulations pertaining to the functioning of the OHSC and handling of complaints by the Ombud. All health establishments are required to submit annual returns to the OHSC. An annual return profile is created for every registered health establishment. Inspectors undertake inspections of registered establishments. After the inspection, the establishment is classified according to its level of compliance. Data is submitted online by 31 March annually as per the Procedural Regulations (2016). OHSC Health registers exist for private and public Health Establishments. During the next five years, the OHSC will enhance the registration and profiling of health establishments, including general practitioners and allied health professionals.

The registration and profiling of health establishments by the OHSC will entail the following processes:

- Health establishments would have obtained licenses and permits to operate from the Provincial Department of Health prior to OHSC registration and profiling. This may include a business license, building permits, zoning approval, and specific health facility licenses (e.g., hospitals, clinics, pharmacies, etc.)
- The OHSC will register and profile health establishments. This will entail the establishments accessing the OHSC Annual Returns System to capture their registration details and health establishment profiles. The profiles will include information regarding the facility overview, contact details, infrastructure, package of services, human resources, governance and finance information, etc. The profiles will be required to be submitted on an annual basis.
- The OHSC will undertake a project to register and profile health establishments.

3.8.2.2 Improvement of the implementation of an Early Warning System as per legislative requirement

The Early Warning System (EWS) surveillance started in 2020 with 11 reportable indicators. Regular monitoring and evaluation of risk indicators help identify areas for improvement and ensure the system is functioning as intended. The OHSC will revise and improve EWS indicators to better monitor and respond to serious breaches in healthcare norms and standards. The reviewed norms and standards regulations will be used to align the newly proposed risk indicators. Over the next five years, the OHSC will enhance the EWS system by ensuring the timely reporting of EWS indicators by health establishments and implementing real-time monitoring. The system enhancements will include, but not be limited to the following:

- **Electronic uploads,** e.g PDF files of requested documents from health establishments such as comprehensive incident reports and Quality Improvement Plans (QIPs).
- **Capturing Media Alerts** on the EWS system.
- **Alert System—**flagging and notifying incident trends according to determined incident thresholds. The alert systems will notify health establishments, healthcare providers, and relevant stakeholders, e.g., policymakers, when a threshold is crossed or a significant trend is identified.
- **Data Visualisation feature—**a visual analytics platform with GIS Maps. The platform will also include a summary analysis of data and trends and a summary report generator. The reports summarise the findings from the monitoring and analysis of EWS processes and will be accessible to all relevant stakeholders.

3.8.2.3 Quality Assurance Recommendations Reports

The OHSC offers a detailed recommendations report based on its comprehensive regulatory assessments to relevant authorities and healthcare establishments that intend to improve the quality of healthcare services. These quality assurance recommendations stem from identified gaps in healthcare facilities and must carry substantial weight and be more holistic. The OHSC needs to consolidate these recommendations to have a significant impact on the health sector, ultimately enhancing the quality and safety of care provided. To achieve this, the OHSC will triangulate data from all its sources, offering a more complete and nuanced perspective on the shortcomings within health establishments and ensuring that interventions are targeted and effective.

3.8.2.4 Quantify the size of the OHSC mandate

The OHSC mandate is to ensure the quality and safety of healthcare in South Africa. Its mandate can be quantified in terms of the number of public and private healthcare establishments it inspects and monitors. This will include inspections of public and private hospitals, clinics, and other healthcare establishments (e.g., General practices, emergency medical services) with applicable regulatory inspection tools to ensure compliance with norms and standards regulations. The exact number of health establishments will vary over time. The OHSC Health registers and annual returns systems for public and private health establishments will form a base to quantify the size (denominator) of the OHSC mandate.

3.8.3 Reviewing of Norms and Standards Regulations

Over the next five years, the OHSC will prioritise reviewing norms and standards regulations to adapt to emerging healthcare challenges. This strategic focus ensures that the regulations remain aligned with evolving best practices and innovations, reinforcing the delivery of safe, high-quality healthcare services for all. Reviewing these standards, the OHSC aims to promote efficiency, compliance with legal and regulatory frameworks, and the consistent provision of patient-centred care. These efforts are crucial to maintaining public trust and confidence in the healthcare system, ensuring that healthcare establishments meet the highest safety and quality standards in a dynamic healthcare environment.

3.8.3.1 Measuring Clinical Outcomes

The norms and standards regulations promulgated in 2018 were progressive in nature, laying the foundation for a regulatory environment focused on the processes and inputs into the healthcare system necessary to improve health outcomes; however, without measuring clinical outcomes, key aspects crucial for user care and safety are not adequately addressed.

Measuring and assessing quality in the health system is a complex and multifaceted. Clinical indicators play an essential role in this, as they provide measurable data that can evaluate healthcare performance, particularly in terms of patient outcomes. Without these indicators, monitoring the quality of care becomes nearly impossible, as they provide critical insights into successes and areas that need improvement. Quality indicators reflect the effectiveness of clinical interventions and support healthcare decision-making by helping providers, and policymakers prioritise initiatives to enhance patient safety, efficiency, and overall care quality.

Permission to review norms and standards was granted in 2025 and work is progressing well. A technical working group has been appointed to review the norms and standards, with its terms of reference defined. Consultative workshops were held with the Department of Planning, Monitoring and Evaluation (DPME) and the Presidency.

Three meetings have taken place since the project began in August 2025. The TWG for reviewing norms and standards regulations comprises representatives from the internal OHSC technical units, stakeholders from the NDOH, nine provincial departments of health, private hospital groups, the Clinix group, the National Hospital Network, and the UFFP forum. The next physical workshop will take place from the 5th to the 7th of February 2026 to produce the first draft of the revised regulations.

3.8.4 Implement the full array of enforcement actions

3.8.4.1 Conditional Certification and Enforcement Process

The Certification and Enforcement processes are fundamental to ensuring patient safety and regulatory compliance within the healthcare sector. Certification is awarded to health establishments that meet the minimum compliance requirements established by the OHSC. In contrast, enforcement actions are initiated to compel establishments to adhere to the regulated norms and standards when they fail to meet these requirements.

To further expand participation in the National Health Insurance (NHI) programme and enhance the overall quality of healthcare services nationwide, the OHSC will leverage the Self-Assessment System as a mechanism to certify new health establishment applicants. By permitting new facilities to conduct self-assessments against the relevant norms and standards, the OHSC provides health establishments with an accessible and efficient pathway to certification. This proactive approach enables new applicants to:

- Identify Compliance Gaps Internally: Empowering establishments to self-evaluate allows them to recognise areas needing improvement before formal inspections.
- Implement Necessary Improvements: Facilities can address identified gaps proactively, ensuring they meet compliance standards and deliver high-quality care.

Upon submitting their self-assessment results and quality improvement plans, these health establishments can receive certification from the OHSC through a streamlined certification pathway that ensures the delivery of quality services. This process accelerates their integration into the NHI framework and reduces the administrative burden on regulators and facilities. By empowering new applicants to take ownership of their compliance journey, we foster a culture of continuous improvement and accountability from the outset.

This strategy aims to:

1. **Increase Participation:** By simplifying the certification process, the OHSC encourages more health establishments to participate the NHI, thereby expanding access to quality healthcare services for the population.
2. **Enhance Compliance:** Facilitating early identification and remediation of compliance issues leads to higher standards of care across all health establishments.
3. **Optimise Resource Utilisation:** Allowing the OHSC to allocate inspection resources more effectively by focusing verification efforts on high-impact areas ensures that resources are used where they are most needed.
4. **Support Universal Health Coverage:** Aligning with the entity's commitment to the successful rollout of the NHI, the OHSC ensures that existing health establishments currently providing services to the public are not hindered from participating in the NHI but are supported to meet consistent quality standards.

By integrating the Self-Assessment System into the OHSC' certification and enforcement processes, we streamline regulatory compliance and reinforce our commitment to enhancing healthcare quality during the 2025-2030 strategic period. This initiative is pivotal to achieving universal health coverage and fostering a robust, high-performing healthcare system that benefits all stakeholders.

3.8.4.2. A risk-based enforcement strategy

Enforcement actions are currently taken against health establishments that persistently fail to comply with regulated norms and standards, particularly after a re-inspection and failure to adhere to an issued Compliance Notice. Previously, these enforcement actions have included issuing written warnings to non-compliant establishments. However, relying solely on written warnings has proven insufficient in compelling some establishments to achieve compliance. There is a clear need to extend enforcement actions beyond written warnings to ensure adherence to the required standards and safeguard patient safety.

As a pivotal component of the entity's 2025–2030 strategic plan, the OHSC will implement a Risk-Based Enforcement Strategy to enhance the monitoring of patient safety standards and elevate healthcare quality compliance levels across all health establishments. This proactive approach prioritises regulatory enforcement actions based on the level of risk each healthcare facility poses to public health and patient well-being. By focusing our resources on high-risk establishments—those where non-compliance could lead to the most severe consequences—we ensure efficient use of our capabilities and drive significant improvements in compliance outcomes.

3.8.5 Financial Sustainability of the OHSC

3.8.5.1 Revenue Generation Model

The OHSC regards long-term financial sustainability as one of the critical enablers towards fully realising its legislative mandate. In terms of the OHSC's founding legislation, the OHSC should be funded by fees from services rendered to supplement the current financial resources. In this regard, the OHSC is developing a revenue-generation model that identifies the various services it renders as potential sources of additional revenue.

The Board has approved the revenue generation model, which will assist the OHSC in effectively carrying out its mandate. The additional revenue will be generated through the introduction of user fees, as is the case with many other regulatory entities in South Africa.

OHSC has adopted a phased approach, with the first phase focused on developing regulations on fees. The Regulations on Fees Payable have been developed and submitted for approval.

The next phase will entail consultations with the NHCTech and the NHC through the NDoH, publication of draft regulations for public comment, gazetting of the regulations, and implementation by the OHSC.

3.8.5.2 Increased budget advocacy to the National Treasury

The OHSC's founding legislation stipulates that money appropriated by Parliament also funds the OHSC. In this regard, the OHSC's main source of funding remains the public fiscus as allocated by the National Treasury.

It has become evident that, given the current size of the allocation, the OHSC will not be in a position to fully execute its mandate, considering the requirements placed on the OHSC by the National Health Act. The current constrained financial resources significantly hamper the OHSC's ability to fully realise its mandate.

In this regard, the OHSC will continue to engage with both the National Treasury and the National Department of Health on the feasibility of increasing the current budget allocation for the OHSC.

3.8.5.3 Development partners (discrete initiatives)

The OHSC anticipates that specific projects may be undertaken over the medium to long term in line with its legislative mandate. In this regard, various development partners will be approached to provide in-kind resources and assistance, including skills, systems, and requisite technologies.

3.8.6 Scale-Up Communication and Brand Awareness Initiatives

Strategic communication is crucial for promoting OHSC's work among its target audiences. The goal is to achieve clear, consistent, and empathetic communication and messaging to improve understanding, participation, and connection with healthcare users and professionals. Communication with key stakeholders, especially health users and professionals, is the cornerstone of OHSC's integrated marketing communication efforts. Stakeholder interaction and communication efforts aim to establish a responsible healthcare ecosystem network through the integrated marketing and communication efforts listed below.

3.8.6.1 Adding value to our Stakeholders

The OHSC's stakeholder engagement initiatives are centred on creating impact and driving change through our Integrated Marketing Communication Strategy. The OHSC aims to provide communication value to its stakeholders and the healthcare sector by:

- Listening to discussions and feedback from the organisation's diverse stakeholders across various platforms on matters of importance for enhancing and ensuring quality and safety in healthcare.
- Acting in the interest of healthcare users and the public.
- Sharing reports and findings related to inspections, early warning systems (EWS) indicators, certification of health establishments, various enforcement actions and hearings conducted to help citizens and healthcare users view the OHSC as an effective, impartial, transparent, and accountable regulator.
- Setting an example as a regulator that promotes quality and safety in healthcare services.
- Conducting compliance inspections most cost-effectively, efficiently, and economically.

3.8.6.2 Review of the Marketing and Communications Strategy

The OHSC is currently reviewing its Communication Strategy to measure its effectiveness and make continuous improvements in developing a five-year Integrated Marketing Communication Strategy. This integrated strategy will guide the entity's communication efforts for the 2025/30 strategic period. It aims to foster a collaborative approach to ensure adequate and consistent communication support for the entity's strategic focus areas and organisational change. Based on four critical pillars informed by the healthcare sector environment and performance analysis, OHSC's organisational character, past performance, and programme priorities, the strategy provides a roadmap to guide and support future communication. It aims to ensure consistency in messaging and grow the entity's reputation in the health sector. The primary communication intervention pillars are designed to achieve the objectives refined from the situation analysis and encompass the following critical interventions:

3.8.6.3 Regular Stakeholder Collaborations and Media Engagements

Strengthen efforts to promote OHSC's functions through marketing, media, and engagements among the various stakeholders to ensure regular encounters with detailed information on OHSC's programmes, utilising appropriate communication channels. Host regular media briefings to communicate the outcomes of the institution's compliance inspection findings and healthcare status regarding quality and safety. To enhance media interactions, one-on-one media interview sessions with mainstream and regional media agencies and entity executives will be prioritised.

To further reach its audience, the entity will continue exploiting diverse and multiple communication channels, amongst others, and embark on a project to ensure OHSC's brand identity presence as the health regulator through the display of visual mediums (A1 posters) in all health establishments nationwide capturing the regulatory role of the OHSC/Health Ombud. Given the financial and administrative logistics and the extensive nature of the project, the rollout will be implemented in phases. Various communication mediums, such as earned, shared, owned, and paid media, will also be thoroughly explored.

Intensify initiatives to communicate the expected standards of care from various health establishments and how to leverage the OHSC's powers to address lapses in quality of care. The OHSC plans to increase its use of mass media and advertising to raise public awareness, strengthen its authority, and reinforce its role in ensuring healthcare quality. The key focus will be on attracting media coverage and establishing media partnerships through hosting workshops with journalists. The workshops will educate journalists on how to report in a way that influences compliance and guides audiences to act. The messages intended for journalists and the public will be simplified to enhance understanding of healthcare compliance audit terminology and issues affecting the efficiency of healthcare services. These messages aim to empower citizens and healthcare users, enabling them to be well-informed and engaged members of the community. The initiatives will prioritise national and community broadcaster programs to advance public education commitments. impacting healthcare services' efficiency

Support organisational change by developing a change management communication strategy with messages to support the entity as it transitions towards implementing the National Health Insurance (NHI), smart inspections, a decentralised operational model, and revenue generation initiatives. Communication messages will focus on the rationale for change and the appropriateness of the new structure to the OHSC's evolving role, specifically in relation to NHI. The implementation plan will prioritise regular face-to-face meetings between affected stakeholders, backed by written communication.

Strengthen communication channels available to the OHSC by building systems for efficient communication with stakeholders and developing the capacity to communicate directly with health establishments, eliminating the need for third-party platforms and channels. The OHSC's creation of mass digital communication systems to reach every health establishment is crucial to the organisation's ability to maintain efficient communication with these establishments. Such a system would support the whole of the OHSC's programmes since they are, by some means, bound by regulation to interact with health establishments in a specific manner.

3.8.6.4Host a Symposium on Quality Assurance

During this five-year strategic period, the OHSC intends to reinforce its regulatory mandate by hosting a biennial symposium on Quality Assurance. As the quality regulatory body, the OHSC is optimally positioned to provide a platform for sector collaborations and bring together health experts and professionals to network and access OHSC compliance inspection findings, insights, enforcement processes, and sector-specialised knowledge. This concept notion was amongst the issues that emerged from the stakeholder engagement sessions held in preparation for developing the OHSC Strategic Plan between May and July 2024. To promote compliance, especially with the implementation of the NHI, the OHSC plans to host Annual Recognition Awards for health establishments that comply with the relevant regulations.

3.8.6.5 Participate in National Health-Related Conferences and Shows

The OHSC will continue its efforts to ensure the delivery of its mandate by participating in sector-related conferences. These include National Health-Related Conferences and Shows, such as amongst others, African Health, the Hospital Association of South Africa, the Board of Healthcare Funders, Pharmacy, African Nursing Conference, the South African Medical Association Conference, SA Renal Conference, Hospital Show, Unjani Clinics Conference, GP Expo, and The Hospital Show. This participation aims to improve brand awareness and visibility and strengthen pivotal strategic networks and relations. The overall goal of participating in sector conferences goes beyond taking up exhibition space; it aims to influence the conference agenda and drive compliance in the health sector.

3.8.6.6 Engagement of a PR Company

The OHSC plans to form a strategic partnership with a PR company to achieve this. This initiative aims to supplement our limited human resources and enhance communication and brand awareness through media and stakeholder relations, storytelling, and comprehensive communication initiatives.

This strategic move will involve evaluating our current communication and brand position and creating a tailored PR strategy. Critical components of this strategy will include conducting regular perception surveys, engaging proactively with the media, creating engaging content, fostering active social media interactions, and forming partnerships with influential figures.

By taking this innovative approach, we aim to increase community involvement and solidify our position as a leading regulatory body in the health sector. This is not just about increasing visibility; it is a strategic step to drive the OHSC to new heights of success and relevance in the health sector.

3.8.7 Strengthening Complaints Management

The Complaints Management team, overseen by the Health Ombud (HO) will continue to consider, investigate and dispose of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair, economical, and expeditious manner. In addition, any instances of apparent or suspected infractions of norms and standards will be investigated as part of the Health Ombud's initiatives.

3.8.7.1 Resolution of Backlog cases

The HO will source additional resources to reduce the large number of backlog cases, through a "Letsema" project. Several avenues will be explored to resource the Letsema project, including the National Treasury and the National Department of Health.

3.8.7.2 Prioritisation of resolution of complaints within 6 months and 24 months

The HO will prioritise the resolution of complaints received within the stipulated time frames, thereby avoiding an increase in the number of backlog cases.

3.8.7.3 Implementation of Recommendations

The HO will proactively follow up on the implementation of recommendations made following the assessment or investigation of complaints. Currently, not all recommendations are being implemented by health establishments due to a gap in monitoring their implementation. Through this initiative, the quality of healthcare services and patient safety will be improved, and patient safety incidents and adverse events will ultimately be reduced.

3.8.7.4 National Preventive Mechanism

The HO will continue to participate in the National Preventive Mechanism (NPM), an initiative of the United Nations, which is chaired by the South African Human Rights Commission in South Africa. The NPM seeks to identify any forms of cruelty or torture perpetuated against individuals detained against their will (such as those in Psychiatric institutions or prisons), and advocate against such treatment.

3.8.7.5 Involvement with other Organs of State

The Health Ombud will continue to collaborate with several other state institutions, including the Public Service Commission (PSC), the Health Professions Council of South Africa (HPCSA), the Council for Medical Schemes (CMS), and the Office of the Public Protector (PP).

3.8.8 Alignment of OHSC mandate with NDoH and NHI Fund, regulatory coherence.

3.8.8.1 Alignment between accreditation (five years) and certification cycles

Aligning the NHI accreditation with the OHSC certification cycles is pivotal for streamlining regulatory processes and reducing administrative burdens on healthcare establishments. Currently, NHI accreditation operates on a five-year cycle, while OHSC certification is valid for a maximum of four years, with a possible extension of one additional year upon submission of a satisfactory self-assessment by the health establishment.

Since OHSC certification occurs upon inspection—which can happen at any time during the NHI accreditation cycle—there is potential for misalignment that could complicate compliance efforts for healthcare providers. To address this, we plan to synchronise certification timelines with the NHI accreditation cycles where feasible. This will involve strategic scheduling of inspections and certifications to better align renewal dates, ensuring that health establishments can more efficiently meet the requirements of both systems.

By utilising the Self-Assessment System to inspect and certify new applicants, we not only streamline the certification process but also reinforce our dedication to assuring healthcare quality during the 2025 - 2030 strategic period. Regulatory coherence between the OHSC and the NHI Fund will drive this process, ensuring that standards and requirements are aligned and mutually reinforcing. This collaboration facilitates a more efficient certification pathway for health establishments, reducing redundancies and enhancing compliance.

Furthermore, the Self-Assessment System employed by OHSC in this strategic period, empowers new health establishment applicants to proactively evaluate their compliance with norms and standards. By identifying internal gaps and implementing necessary improvements before formal inspections, these establishments can receive certification and achieve conditional accreditation more quickly. This approach not only accelerates their integration into the NHI framework but also promotes a culture of continuous improvement and accountability from the outset.

This initiative is a pivotal step towards achieving universal health coverage and fostering a robust, high-performing healthcare system. By aligning certification and accreditation cycles and leveraging self-assessment for new applicants and renewal of certification, the OHSC enhances its operational efficiency, supports seamless NHI rollout, and upholds the highest standards of healthcare quality and safety nationwide.

4. UPDATES TO RELEVANT COURT RULINGS

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

PART B

OUR STRATEGIC FOCUS

OUR STRATEGIC FOCUS

5 Vision

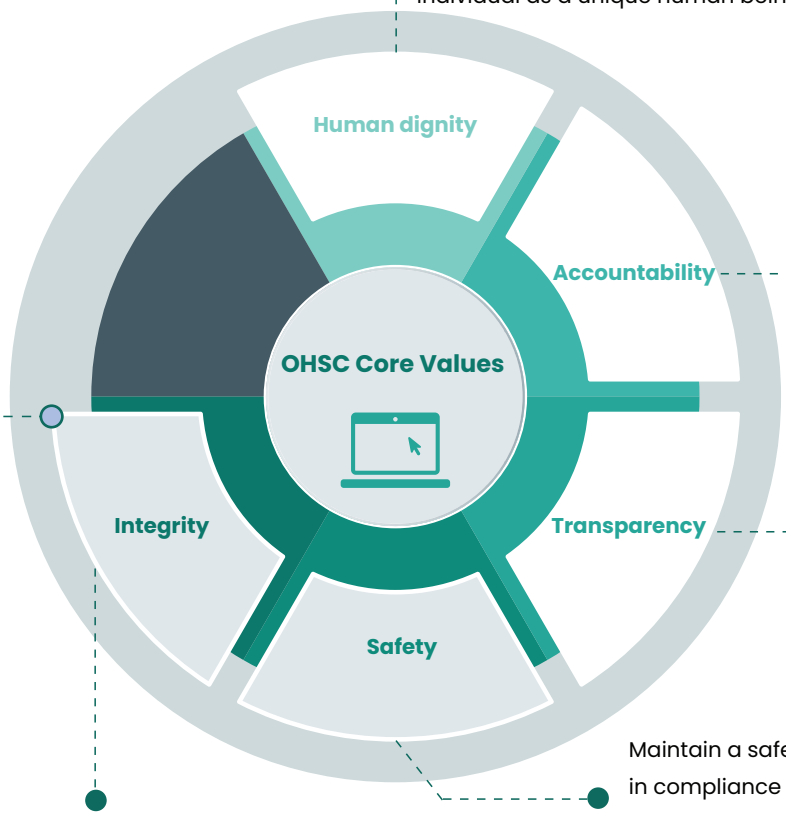
Assuring safe and quality healthcare for all.

6 Mission

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

7 Values

The OHSC's value statements are reflected below. The OHSC will endeavour to:



Respect for human individuality and treat each individual as a unique human being

Take responsibility for our results and outcomes

Operate in a way that creates openness between managers and employees as well as OHSC stakeholders.

Maintain a safe and healthy workplace for all employees in compliance with all applicable laws and regulations. Promote a positive attitude towards safety

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 always consistently encouraged to live the OHSC's values in all that they do. The OHSC will continue to motivate staff to embrace and live the values as an integral part of the work-life. 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.

8. UPDATED SITUATION ANALYSIS

The OHSC classified as a Schedule 3A public entity, is mandated to monitor and enforce compliance by health establishments with the norms and standards prescribed by the Minister of Health. In fulfilling this mandate, the OHSC is responsible to consider, investigate, and resolve complaints pertaining to non-compliance in a manner that is procedurally fair, economically sound, and expeditious. The OHSC's mandate applies to all categories of health establishments throughout the Republic of South Africa.

The OHSC in consultation with the National Department of Health, are in the process of reviewing the norms and standards. A technical working group has been appointed to review the norms and standards, with its terms of reference defined. Consultative workshops with the Department of Planning, Monitoring and Evaluation (DPME) and the Presidency were held. The DPME officials presented on the key factors for consideration in the introduction of norms and standards and deliberated on strategies for improving health outcomes in the Republic of South Africa (RSA) through improved quality of care. This included the theory of change for the review, finalisation and implementation of the revised norms and standards.

The OHSC recognised the need to start with the Socio-Economic Impact Assessment System (SEIAS) before the review of norms and standards. The Presidency conducted the introductory SEIAS workshop in July 2025. The second proposed workshop was not held in September 2025, following a decision from the two institutions that there was no need for an additional workshop. Instead, further guidance was provided via emails on how to complete the SEIAS Significant Test Template. The SEIAS Significant Template was populated by the HSDAS division and shared with internal TWG members for their input on or before December 10, 2025. The extension for inputs was provided and all inputs received will be incorporated accordingly in preparation for submission of the document to the Presidency for review and further guidance in February 2026.

The review of norms and standards regulations work is progressing well. Three meetings have taken place since the start of the project in August 2025. The TWG for reviewing norms and standards regulations comprises representatives from the internal OHSC technical units, stakeholders from the NDOH, nine provincial departments of health, private hospital groups, the Clinix group, the National Hospital Network, and the UFFP forum. The next physical workshop will take place from the 5th to the 7th of February 2026 to produce the first draft of the revised regulations.

A total of eight regulatory inspection tools, namely Clinic, Community Health Centre (CHC), District Hospital, Regional Hospital, Central Hospital, Tertiary Hospital, General Practices (GPs), and Private acute Hospital tools, were developed since the Financial Year 2020/21. The approach adopted by the OHSC in the development of inspection tools is incremental through the different categories of health establishments and various levels of care.

The Emergency Medical Services (EMS) tool is currently under development. Orientation visits and scoping visits were conducted to gain insights into the environments in which the tools will be applied. Draft 3 of the inspection tool was shared with stakeholders in all provinces at the end of September 2025 for input. No feedback was received from stakeholders, and Draft 3 was subsequently resent. Stakeholder input was requested by 31 December 2025. Draft 1 of the Psychiatric Hospital inspection tools was developed and shared with the Technical Working Group. Input that was received from the Technical Working Group is currently being incorporated into the inspection tool.

In accordance with procedural regulations, health establishments are required to conduct annual self-assessments. The OHSC successfully rolled out the self-assessment system to users within private acute hospitals. A total of approximately 4,500 users from over 240 private acute hospitals were successfully registered and onboarded onto the platform. The system was enhanced to enable users to immediately receive a Quality Improvement Plan (QIP) upon completion of the self-assessment.

The QIP is automatically generated based on the assessment outcomes and pre-populated with identified non-compliant measures. To further support hospitals in understanding the purpose and process of self-assessment, a dedicated podcast was developed and uploaded to the OHSC website. The Office is currently preparing the platform to accommodate an additional 30,000 users from General Practices. This will enable the rollout of the self-assessment process to General Practitioners (GPs) by the end of 2026.

Verification of the use of the self-assessment system is done through the digital platform, which records submission data, completion dates, and user activity. This enabled the OHSC to confirm whether health establishments had completed their annual self-assessment.

Monitoring of implementation was done on an ongoing basis. From January each year, the OHSC team monitored self-assessments submitted on the system and contacted the management of private acute hospitals that had not completed or submitted their self-assessments. This proactive engagement supported timely compliance and addressed challenges experienced by facilities.

During the 2024–2025 financial year, hospital groups were retrained on the self-assessment process. This retraining was necessitated by the onboarding of a significant number of new users on the system and the need to reinforce a consistent understanding of the self-assessment methodology. The self-assessments submitted by health establishments are not utilised for certification purposes. The OHSC conducts independent inspections to certify health establishments as compliant or non-compliant with norms and standards

Through this comparative analysis, trends and recurring gaps were identified, highlighting areas requiring further guidance and capacity building. In response, targeted workshops were conducted with selected hospitals to equip them with knowledge of the identified trends and non-compliance areas, thereby strengthening the accuracy of self-assessments and supporting continuous quality improvement.

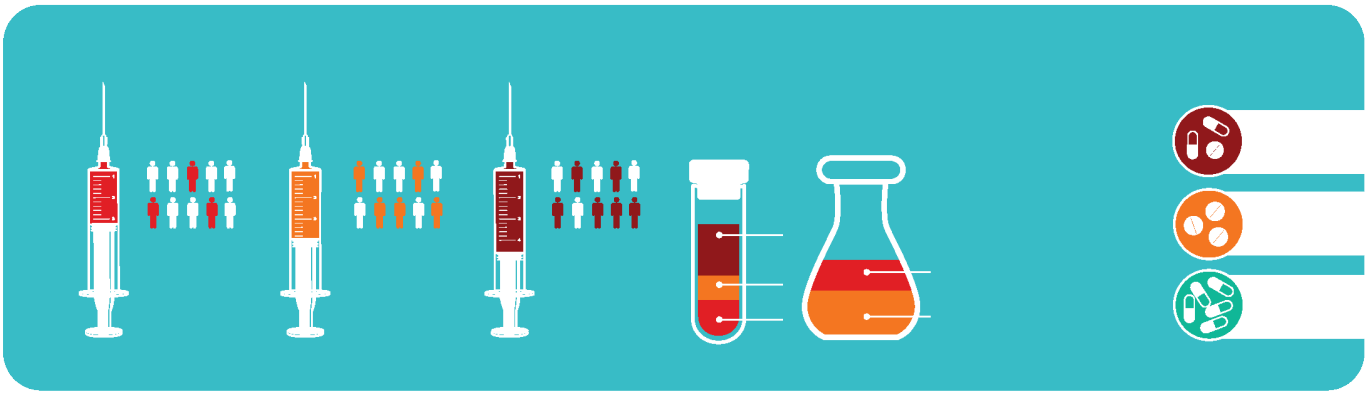
Since the beginning of the current financial year (FY 2025/2026), a total of twenty-six (26) guidance workshops has been conducted in various districts across the country. There is a total of 43 inspectors within the OHSC, and all the inspectors have completed the required training. The training of newly appointed inspectors was conducted in-house over ten (10) days, commencing on 20 October 2025 and concluding as planned on 31 October 2025.

A total of ten (10) participants, comprising nine (9) inspectors and one member from Certification and Enforcement, were trained. During the training programme, nine (9) modules were delivered, including eight (8) core modules facilitated by various OHSC units, with additional input from an external facilitator from the National Department of Health on the Health System and National Health Insurance, as well as an additional module on Ethics, Professionalism, Accountability, and the Code of Conduct for Inspectors presented by an external facilitator from the South African Nursing Council. Therefore, inspectors will be qualified and certified to perform their duties effectively and in full compliance with the provisions of the Act.

The OHSC plays a crucial role in the implementation of NHI by conducting inspections of health establishments to ensure compliance with the regulated norms and standards. Through the OHSC's outcome of effectively monitoring compliance with norms and standards, the OHSC has a critical role in the implementation of NHI. OHSC certification is a prerequisite for participation in the NHI fund. The OHSC recommends remedial actions where non-compliance is identified, as outlined in the Compliance Notices. Since the beginning of the seventh administration, the OHSC has inspected 674 public health establishments and 95 private health establishments by the end of December 2025. The office also conducted additional inspections forty-eight (48) health establishments in the public health sector and conducted four (4) risk-based Inspections in four different provinces (Free State=1, Eastern Cape =1, Gauteng =1 and KZN=1). All EWS-triggered risk incidents were inspected in the reporting period.

The OHSC and HO resolved 88.43% (2 914/2 577) of low-risk complaints and 37.5% (15/40) of medium-risk complaints as of 31 December 2025. The high and extreme-risk-rated complaints are resolved through investigation. The investigation targets were not met primarily due to increased case complexity, necessitating an extensive literature review, expert consultation, and a limited number of investigation staff who are concurrently handling cases initiated by the Health Ombud and referrals from the Minister of Health. All the investigators were engaged in the Ombud's initiative case investigations as well as the referrals from the Minister of Health. Additionally, there was a notable increase in the number of new cases received and case resolution has been delayed, especially in cases involving multiple facilities. Clearing the backlog of high-risk complaints remained a priority, with 128 cases still pending as of 31 December 2025.

To address some of these challenges, the OHSC has authorised the Health Ombud to deviate from the normal procurement of Specialised medical experts on an ad hoc basis to assist with medical expert opinion. An in-house expert panel that will be readily available to provide expert opinion will be appointed.



8.1. External environment analysis

A PESTEL analysis was conducted to identify possible opportunities and threats that could affect the strategic decision-making, long-term planning, and overall success of the organisation. This analysis included evaluating six main areas: Political, Economic, Social, Technological, Environmental, and Legal factors are described in the table below.

Table 1: PESTEL Analysis

PESTEL ANALYSIS	
POLITICAL	The OHSC receives significant political support within the health sector and other key stakeholders. The 7th administration prioritises, the implementation of National Health Insurance (NHI) for universal health coverage. Enhancing quality in healthcare is crucial for the successful rollout of the NHI. The NHI Bill states that healthcare providers must be inspected and certified by the OHSC for accreditation. This highlights the critical function the OHSC will have in implementing NHI in the country. However, it is important to emphasise that the OHSC's significance does not solely come from its involvement in the NHI. It must also contribute to enhancing the delivery of safe and quality healthcare services in South Africa.
ECONOMIC	The poor economic growth in the country has resulted in reduced funds in the National Treasury causing the OHSC to face significant budget limitations in expanding its human resources. The biggest strategic challenge facing the OHSC is how to progress in terms of fulfilling its mandate, particularly the compliance inspection and certification functions with very limited resources. Additional sources of funding for the OHSC, such as revenue generation, are under consideration.
SOCIAL	An increase in population growth will place an additional strain on the healthcare system, further exacerbating the shortage of human resources for health. Increasing rates of inequality and poverty are associated with various adverse health outcomes, including shorter life expectancy, higher infant mortality rates, and higher death rates for leading causes of death.
TECHNOLOGICAL	With the speed of technological developments, the OHSC has a unique opportunity to become more efficient and cost-effective through technology. The OHSC needs to explore options to automate some of its core functions. The OHSC will embark on implementing the smart inspection model, which involves using technology to improve the efficiency and effectiveness of operations.
LEGAL	Recent legislative changes, including the signing of the NHI Act into law, are expected to significantly impact OHSC operations. Laws safeguarding patient rights, including confidentiality and informed consent, are integral to OHSC and require strict enforcement. The minimum requirements for different types of health establishments in South Africa are detailed in the Norms and Standards Regulations of the National Health Act, 2003. These regulations aim to ensure that health services are delivered in a safe, effective, and patient-centred manner.
ENVIRONMENTAL	Take active and practical steps in reducing the carbon footprint of the organisation by recycling and also making employees aware of the waste within the workplace of resources like paper, electricity, and the like. The impact of global warming on health care and health care outcomes and considerations with regards to quality of care. Geographical distance makes work challenging - nature of where we work. 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.

8.2. Internal environment

STRENGTHS, OPPORTUNITIES, ASPIRATIONS AND RESULTS (SOAR) ANALYSIS

During the planning process, a SOAR analysis was conducted to scan the internal environment. A SOAR analysis is a strategic planning tool that stands for Strengths, Opportunities, Aspirations, and Results. It is intended to help organisations focus on their strengths and opportunities while establishing aspirational goals and outlining quantifiable outcomes. The SOAR framework is particularly effective since it focuses on positive aspects and future possibilities, rather than just identifying weaknesses and threats like the SWOT analysis. Furthermore, it promotes engagement and participation within the organisation, helping to align everyone's vision, mission, and values with the overall. By focusing on opportunities and aspirations, SOAR encourages creative thinking and innovation. It helps create a strategic plan that is closely aligned with your organization's strengths and desired outcomes. The SOAR analysis for the OHSC is described in the table below.

Table 2: SOAR Analysis

STRENGTHS	ASPIRATIONS
• The OHSC has a clearly defined legal mandate in the quality assurance environment, in both the public and private health care sectors. • The appointment of a new minister, whose focus is, amongst others, on the NHI, which is integral to the mandate of the OHSC. • The OHSC has consistently received an unqualified audit opinion from the AGSA, which fosters public confidence. • Qualified and Multidisciplinary personnel. • Established communication channels with healthcare providers and stakeholders. • Track record of clean audits and sound internal control environment • Highly skilled, ethical and committed teams • Established guiding legislation in place (PRs and Policies) • Positive working relationships with internal and external stakeholders • Institutional memory in the unit • Ability to work collaboratively with other units • Required job knowledge and interrelated skills to execute the unit's core functions - standard development & training. • Well-established stakeholder relationships and trust • Various individual strengths of team members in the unit complement each other	• For the OHSC to become a world-class health regulator with a reputation as a highly professional, responsive, and ethical body. • For staff to function harmoniously among units with a common goal to meet and advance the mandate of the organisation. • Creation of harmonious and collegial organisational culture. • Agility of OHSC systems. • Modernisation of infrastructure technology. • Improved cybersecurity posture. • Execute all enforcement actions provided for by section 82A (4) of the National Health Act, 2013 as amended. • To have a designated panel of experts for prompt expert opinion on complex cases. • Review of the Procedural Regulations. • Benchmark with the Regulators of similar mandates. • Develop OHSC online training platform. • To promote a culture of transparency and responsiveness in communication. • To position OHSC as a leader in health communication within the sector. • Digitisation of most of the OHSC functions • Increased revenue collection and budget allocation • Access to a readily available designated panel of experts for prompt expert opinions on complex cases. • OHSC online training platform • Continuous capacitation of team members and opportunities for benchmarking and attending conferences to network and expand knowledge.

OPPORTUNITIES	RESULTS
• Develop and implement an income-generation model to assist minimizing dire staff shortage, thereby enabling OHSC to have capacity to deliver on its mandate from a human resource perspective. • The OHSC will play a significant role in implementing the NHI which will in turn, advance the profile and footprint of the OHSC. • Review business operating model with a view to improving footprint across all provinces. • Implementation of AI and automation of systems. • Leverage the entity's stakeholder engagements to create awareness of OHSC and OHO. • Strengthen collaborations with sector stakeholders to communicate the entity's programmes, given the resource limitations. • Improved Quality of Healthcare services through the recommendations. • Conduct joint investigation with regulatory entities of similar mandate. • Develop measures for clinical outcomes. • Expand digital communication strategies to reach a broader audience. • Collaborate with community organisations to disseminate health compliance information. • Sole health regulator of its type in South Africa • Online health establishment register • Increase revenue through charging fees for services rendered • Improve the visibility of the OHO • Professional development of OHO staff • Benchmarking with international Ombuds • Monitor the implementation of the findings and recommendations of the Ombud. • Conduct joint investigations with regulatory entities with similar mandates. • Provide recommendations to relevant authorities that will have an impact on the quality and safety of the health system • Develop measures for clinical outcomes • Develop a database of measures • Expand knowledge on standards development (formal training)	• A well-known and highly respected and effective regulator that makes a visible and tangible impact on the quality of health care received by all. • An organisation which is regarded as an employer of choice due to a harmonious workforce, working for the common good of the organization and the public. • Consistent compliance with the norms and standards by both private and public health establishments. • Improved relations with media houses - increased access to information. • The Ombud's findings and recommendations influence the review and development of protocols and Standard Operating Procedures (SOPs). • Developed relevant inspection tools for all categories of health establishments • Increased engagement and interaction with the community and healthcare providers. • Higher levels of awareness regarding health standards and compliance responsibilities. • Self-sustaining OHSC in terms of funding • Fully capacitated OHSC in terms of systems and human resources • Improved quality of healthcare provided by public and private establishments. • Efficient complaints management systems and processes • Developed relevant inspection tools for all categories of health establishments • Increased number of guidance and support workshops and expanded to wider communities (e.g. academic institutions) • Positive impact of the guidance and support workshops to increase the number of Health establishments that are certified as compliant • Implementation of OHSC recommendations by the relevant authorities

9. STAKEHOLDER ENGAGEMENTS

The OHSC will continue to collaborate with stakeholders through various approaches to enhance public awareness of the work of the Health Ombud's role. The intended audiences include health establishments (such as healthcare professionals), the general public, and relevant stakeholders such as regulatory bodies, provincial health departments, and health groups in the private sector.

10. STRENGTHEN OUR INTERNAL ENVIRONMENT

An active effort is made to fill vacant funded posts as quickly as possible; however, challenges have been experienced in filling senior and top management positions, for which a unique combination of qualifications and experience is required. With effect from 1 April 2025, one further contract post was funded and converted to a permanent post, resulting in 143 permanent funded posts within the OHSC structure. Currently, the OHSC has 143 funded posts, of which a total of 136 have been filled as of 31 December 2025. This equates to 95.1% of funded posts being filled by senior and top management posts that are filled, 39% (7/18) were occupied by females as of 31 December 2025. Regarding people living with disabilities, the organisation has 0% (0/136) of its posts filled in this category. The organisation will have to make a concerted effort to increase this percentage.

The OHSC recognises the critical role of Information and Communication Technology (ICT) in strengthening service delivery, enhancing regulatory effectiveness, and driving organisational efficiency. The Board and management have identified ICT as a strategic enabler for the OHSC business units in achieving organisational objectives that flow from the recently identified strategic policy outcomes. The OHSC has adopted several initiatives designed to improve efficiencies, accuracy, and consistency in operations as described below. Through the adoption of systems automation, cloud strategy, infrastructure modernisation, and artificial intelligence, the OHSC is laying the foundation for a digitally enabled organisation that is agile, resilient, and future-focused. These initiatives will not only improve operational efficiency and regulatory effectiveness but also enhance service delivery to stakeholders across the health sector. By investing in modern ICT capabilities, the OHSC is ensuring that its systems are secure, scalable, and responsive, thereby strengthening its ability to fulfil its mandate and contribute to the broader goal of improving healthcare standards in South Africa.

Systems automation involves deploying digital tools to automate repetitive, manual, and time-consuming business processes using workflow tools, robotic process automation (RPA), and integration technologies, thereby enhancing efficiency and accessibility. The purpose of system automation is to improve efficiency by reducing manual intervention, minimising human error and improving service delivery, enhancing staff productivity by enabling focus on strategic tasks and providing better data accuracy and reporting for informed decision-making.

Implementation will follow a structured methodology, beginning with process assessments to identify suitable projects for automation, developing user requirements specifications, and introducing automation tools in phases starting with high-impact processes. This will be followed by the integration of automated systems with core applications to ensure seamless operations, and continuous monitoring, refinement, and scaling of automation over time. The key beneficiaries of this initiative include internal business units such as the Inspectorate, HSDAS, and Call Centre, who will experience reduced workloads, as well as departments like HRM and Finance, who will benefit from faster and more accurate services. The Certification & Enforcement (C&E) Module, which incorporates integrated workflows for inspection verification, certification, and enforcement, has been developed. The OHSC plans to fully roll out this module to enhance efficiency in certification and enforcement processes.

The adoption of a cloud strategy focuses on leveraging cloud-based technologies to improve the efficiency, scalability, and accessibility of services within the OHSC. This strategy entails migrating applications, infrastructure, and data into a secure and scalable cloud environment, whether private or hybrid. The primary objectives are to enhance the scalability and flexibility of ICT resources, improve cost efficiency by reducing reliance on on-premises infrastructure, and strengthen disaster recovery and business continuity capabilities. Implementation will follow a structured approach that includes developing a comprehensive cloud adoption roadmap, beginning with non-critical systems before moving to mission-critical workloads, ensuring compliance with data protection and security regulations, and training staff to effectively support cloud-based operations. The beneficiaries of this initiative include all business units that require flexible, reliable, and accessible ICT solutions, end-users who will gain easier access to systems from anywhere, and ICT teams who will be able to manage resources more efficiently.

The OHSC plans to replace ageing infrastructure to reduce downtime and maintenance costs, enhance system performance, speed, and reliability, strengthen the organisation's cybersecurity posture, and ensure seamless support for digital transformation initiatives. Infrastructure modernisation will focus on upgrading ICT hardware, networks, storage, and security systems to build a robust, high-performing, and secure technology environment. This process will involve replacing legacy systems, adopting cloud-based solutions, optimising workflows, and integrating data-driven tools to support digital transformation and enhance overall performance. Implementation will include conducting a gap analysis of the current infrastructure, developing a phased upgrade plan with priority given to critical systems, and incorporating energy-efficient and scalable technologies, while continuously monitoring and evaluating performance improvements. The primary beneficiaries of this initiative are internal teams who depend on fast and stable ICT systems, as well as ICT staff who will benefit from modern, more efficient, and easier-to-maintain infrastructure.

The adoption of Artificial Intelligence (AI) technologies involves integrating AI tools and solutions to strengthen decision-making, improve operational efficiency, and enhance customer and stakeholder engagement. This initiative aims to enhance analytics for more informed, data-driven decisions, improve user experiences through intelligent service delivery, automate complex tasks that extend beyond traditional process automation, and proactively identify patterns and risks using predictive analytics. Implementation will follow a phased methodology, beginning with the identification of priority areas where AI can deliver the most value, piloting AI projects with measurable outcomes before scaling, and ensuring that all practices align with ethical standards and regulatory requirements. Additionally, internal capacity will be developed to effectively manage and govern AI solutions. The beneficiaries of this initiative include business units leveraging AI-driven insights for strategic decision-making, clients and stakeholders who will experience more personalised and efficient services, and ICT teams that will be able to drive innovation within the organisation.

The health sector requires timely and accurate communication to align health establishments, professionals, and the public with regulations and compliance standards. A mobile APP for real-time updates can serve as a centralised platform for sharing regulatory updates, guidelines, and compliance alerts. It will also allow users to access frequently asked questions (FAQs), submit feedback, and seek clarification. The APP aims to ensure timely access to information, improve compliance through reminders and alerts, strengthen communication between the OHSC/HO and stakeholders, enhance patient safety and quality of care, increase stakeholder engagement and accessibility and facilitate data-driven decision-making through usage analytics. The APP will be implemented in phases, focusing on efficiency and user adoption. This includes needs assessments, stakeholder consultations, design and development, training, and pilot testing.

The OHSC will launch social media campaigns using videos and infographics to simplify compliance and promote its programmes. These campaigns aim to strengthen compliance, increase awareness and promote safer healthcare practices effectively. By using social media, email newsletters, and digital ads, the OHSC will deliver engaging content on compliance and best practices. Monitoring engagement and feedback will refine the campaigns, ensuring they effectively raise awareness and build trust in the healthcare system.

To enhance the reach of the OHSC and effectively communicate its roles, the organisation should partner with credible influencers. These influencers can simplify complex messages, build trust, and engage communities that may not access official communication channels. By utilising the credibility of influencers, the OHSC aims to raise awareness of health standards, boost public confidence, and encourage compliance through relatable storytelling. Content will be shared on the OHSC's social media platforms to maximise engagement, and influencers will be encouraged to interact with their audiences through comments and polls.

The OHSC will conduct educational webinars to provide a clear explanation of complex norms and standards regulations. The sessions are designed to provide accessible and engaging learning opportunities for healthcare providers and stakeholders. They will encourage interaction through question-and-answer (Q&A) sessions and polls, ensuring consistent messaging, enhancing capacity building, strengthening compliance, and fostering trust in the health system. To effectively implement these webinars, the OHSC will take a structured, stakeholder-focused approach, scheduling them quarterly based on identified knowledge gaps and key regulatory topics. Interactive content, including presentations and case studies, will simplify complex information. The entity will utilise platforms like Zoom or Teams for live engagement, Q&A, and resource sharing. Feedback and analytics after each webinar will help improve future sessions, maintaining their accessibility and impact in enhancing compliance and promoting safer healthcare practices.

The OHSC will utilise visual storytelling through video content to showcase success stories and the impact of compliance, effectively communicating the work of the Office. These videos will showcase compliant healthcare establishments, demonstrating the tangible benefits of adhering to norms and standards while promoting transparency and building trust with stakeholders. This approach aims to engage audiences more effectively than traditional text-based methods, emphasising the importance of compliance and encouraging healthcare providers and the public to adopt best practices for safer, more accountable healthcare delivery. The OHSC will create short videos featuring real-life success stories that illustrate the benefits of meeting regulatory standards. These videos will be shared on OHSC's social media, website, and during workshops and inspections, demonstrating to other establishments that achieving compliance is attainable.

11. ORGANISATIONAL STRUCTURE

11.1 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 seven and no more than twelve (12) members appointed by the Minister. In terms of Section 79B, the Minister has appointed 12 members.

The OHSC's Accounting Authority (OHSC Board) is accountable for the governance and oversight of the organisation. Good governance is crucial for the OHSC's sustainability and growth. The Board's subcommittees advise the Accounting Authority on matters pertaining to OHSC programmes and governance. The Chief Executive Officer, supported by a senior management team, which comprises the Chief Financial Officer, Executive Managers, and Programme Managers, oversees the organisation's daily operations.

Currently the Board has the following committees:

1. Executive Committee (EXCO)- Board Chairperson and Chairpersons of the Board sub-committees
2. Certification and Enforcement (CEC) Committee
3. Audit, Risk and Finance (ARF) Committee
4. Human Resource and Remuneration Committee (HRREMCO)

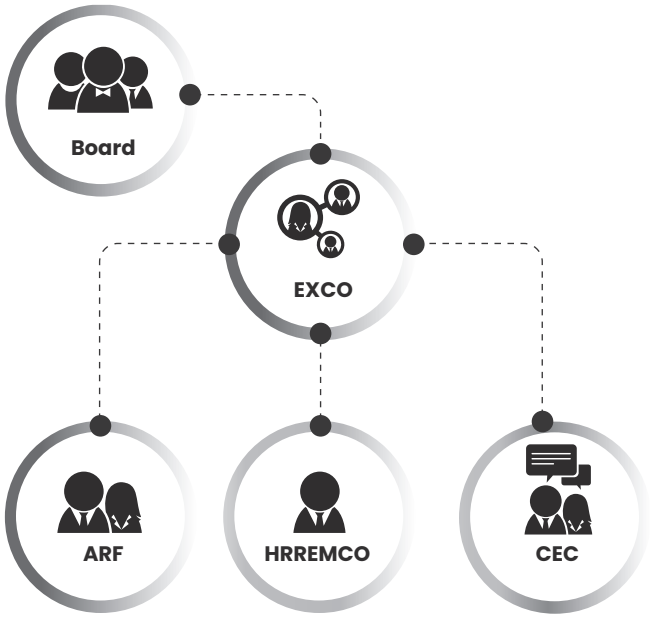


Figure 1: OHSC Board sub-committees

11.2 Operational Structure

The current operational structure of the OHSC was approved by its Board following a comprehensive organisational development and design process. This process aimed to ensure that the structure remains aligned with the evolving needs and strategic objectives of the organisation. The revised structure is underpinned by key 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.

Ensuring consistency and continuity in operations remains a key priority for the OHSC. In pursuit of this objective, the OHSC will initiate a comprehensive Workforce Planning exercise, incorporating both quantitative and qualitative scenario forecasting. This initiative will identify the organisation's specific resourcing needs over the medium to long term, which will be documented in a formal Workforce and Strategic Sourcing Plan.

The organogram presented below outlines the OHSC's current organisational structure. It sets out the operational structures, based on the OHSC's Strategy which will best enable the organisation to deliver on its mandate.

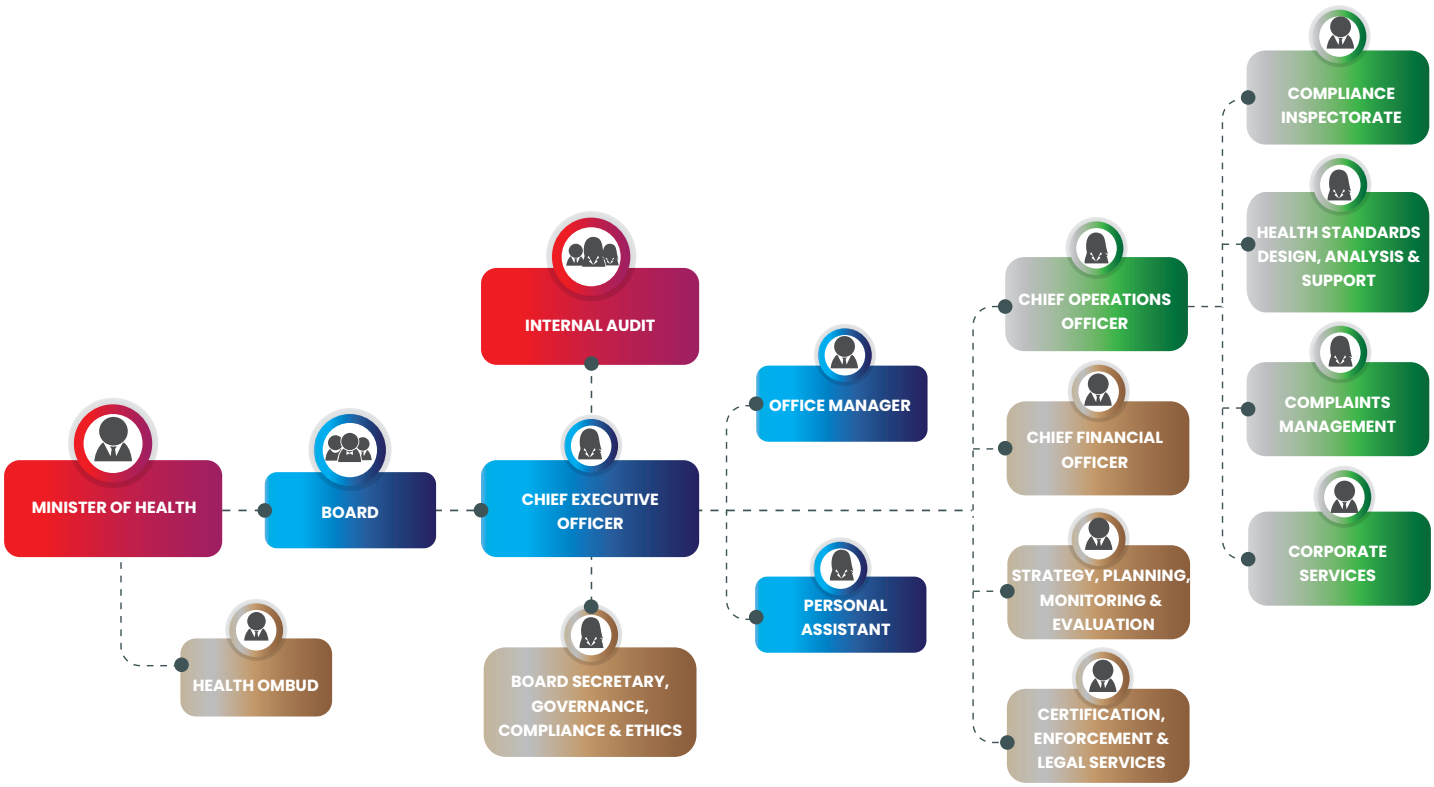


Figure 2: Approved organisational structure.

The current approved organisational structure consists of 323 posts, of which 180 posts are unfunded, and 143 posts are funded. As of 31 December 2025, 136 posts were filled and seven (7) posts were vacant, equating to a vacancy rate of 4.8%. Of the filled posts, 37% (51/136) are occupied by males, and 63% (85/136) by females. Notwithstanding the limited number of funded posts, the organisation has managed to fill the majority of posts, maintaining a low vacancy rate that has assisted units in functioning at their optimum under the circumstances of a general staff shortage. This has assisted the workforce in meeting some strategic goals and objectives of the OHSC. The representation of persons living with disabilities stands at 0.73% (1/136). The organisation has experienced a challenge in recruiting persons living with disabilities, as few or no applications are received from such persons, despite indicating in all adverts that persons living with disabilities are encouraged to apply.

11.3 Employment equity status and five-year target

The OHSC, in terms of the amended Employment Equity Act, 1998, has an obligation to work towards attaining the newly determined sectoral targets which include 27,6% males and 43,7% females from designated groups in top management 39,8% males and 46,1% females from designated groups in senior management positions and 3% of persons living with disabilities.

The attainment of targets, however, will be dependent on various factors, including budget allocation for compensation of employees in the Medium-Term Expenditure Framework (MTEF), the five-year strategic plan, as well as the availability of candidates from designated groups for the various vacant posts. Interventions such as targeted recruitment of candidates from designated groups (black people, women, and people with disabilities will need to be pursued. The table below indicates the employment equity of OHSC.

Table 3: Employment equity of OHSC

	African				Coloured			
	Male		Female		Male		Female	
	Current	Target	Current	Target	Current	Target	Current	Target
Top Management	3	3	3	4		1		1
Senior Management	7	7	3	4				1
Professional qualified	14	15	17	17	1	1		
Skilled	14	15	44	44		1	1	1
Semi-skilled	10	10	14	13				1
Unskilled	-	-	-	-	-	-	-	-
Total	**48**	**49**	**81**	**81**	**1**	**3**	**1**	**2**

	Indian				White			
	Male		Female		Male		Female	
	Current	Target	Current	Target	Current	Target	Current	Target
Top Management				1				
Senior Management	1	1		1			1	1
Professional qualified		1	1	1	1	1	1	1
Skilled						1		
Semi-skilled		1			-	1		1
Unskilled	-	-	-	-		-		
Total	**1**	**2**	**1**	**2**	**1**	**1**	**2**	**3**

12. STATUS OF COMPLIANCE WITH THE BROAD-BASED BLACK ECONOMIC EMPOWERMENT (BBBEE) ACT

The Broad-Based Economic Empowerment Act, 2003, in terms of section 13G (1), requires that all spheres of government, public entities, and organs of state report on their compliance with broad-based black economic empowerment in their audited annual financial statements and annual reports required under the Public Finance Management Act, 1999 (Act No.1 of 1999).

Regulation 12(2) requires a sphere of government to file audited annual financial statements and annual reports compiled in terms of section 13G (1) with the B-BBEE Commission in the prescribed Form B-BBEE 1 within 30 days of the approval of such audited annual financial statements and annual report.

The OHSC continues to submit necessary documents for compliance with the Broad-Based Black Economic Empowerment (B-BBEE) Act, which seeks to advance economic transformation and enhance the economic participation of Black people (African, Coloured, and Indian people who are South African citizens) in the South African economy.

13. PLANNING PROCESS TOWARDS THE DEVELOPMENT OF 2026-2027 ANNUAL PERFORMANCE PLAN

The OHSC commenced the strategic planning review process with preparatory engagements with the extended management to discuss the strategic planning concept document for the development of the APP FY 2026/2027. The concept document was endorsed by management. The OHSC undertook a series of discussions that culminated in the review and development of its planning documents (2026/27 Annual Performance Plan and 2026/27 Annual Operational Plans). The key role players, especially the leadership within the OHSC, were involved in the development and review of the strategy. The strategic planning review sessions focused on the identification of performance indicators and targets that the institution will seek to achieve in the 2026/27 financial year and during the remaining period of MTDP.

The strategic review and planning sessions were held in three phases. The first phase was the Programme pre-planning sessions. The representatives from various programmes were encouraged to participate in the sessions of other programmes to foster the exchange of ideas and support collaborative, integrated working approaches. Each programme has undergone a planning review session where the Programme Managers provided a strategic thrust for each programme. The second phase was the entire OHSC management discussing strategic priorities/interventions for the 7th Administration (2026/27). A two-day management strategic planning session was held from the 3rd to the 4th of September 2025 to discuss the identified indicators and targets that the institution plans to achieve in the FY 2026/27 and the remaining MTDP period.

The third phase was convened for the Board strategic review session on 16-17 September 2025, where management engaged with the entire Board to share the proposed priorities/interventions that will be implemented in the 2026/27 financial year. During the Management and Board strategic review sessions, the strategic risks were reviewed.

PART C

MEASURING OUR PERFORMANCE

14. INSTITUTIONAL PROGRAMME PERFORMANCE INFORMATION

14.1 Programme 1: Administration

Programme Purpose

The purpose of the programme is to provide the leadership and administrative support necessary for the OHSC to deliver on its mandate and comply with all relevant legislative requirements.

14.1.1 Sub-programme: Human Resource Management

14.1.1.1 Sub-programme Purpose

The purpose of the sub-programme is to create an enabling environment for employees to contribute towards the achievements of the organisation objectives and mandate. The Human Resource (HR) Management Unit assists the Office to attract, develop and retain skilled people and to meet transformation targets.

The Human Resources Management unit consists of the following sub-programmes:

- **Labour Relations:** Manage and facilitate the provision of labour relations and workplace support services to the OHSC.
- **Human Resources Management:** Manage and support HR related matters including service benefits, training, performance management as well as fleet management
- **Facility management:** Management of all matters relating to the building maintenance/facilities, cleaning, security, and the gardens.

14.1.1.2 Outcomes, Outputs, Output Indicators and Targets

	Outcomes	Outputs	Output Indicators	Annual Targets						
				Audited/Actual Performance			Estimated Performance	MTEF Period		
				2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29
1	Highly effective and financially sustainable OHSC	Vacancies filled per annum	Percentage vacancy rate	4.65% (6/129)	4.65% (6/129)	3,5% (5/142)	6%	6%	6%	6%
2		Women in SMS level	Percentage representation of women in SMS positions	-	-	New Indicator	50%	50%	50%	50%

14.1.1.3 Indicators, Annual and Quarterly Targets

	Output Indicators	Annual targets	Q1	Q2	Q3	Q4
1	Percentage vacancy rate	6%	6%	6%	6%	6%
2	Percentage representation of women in SMS positions	50%	-	-	-	50%

14.1.1.4 Explanation of planned performance over the medium-term period

The Human Resource Management unit will implement an integrated HR Strategy to ensure adequate human resources to meet the OHSC's strategic priorities and it has the right people in place, the right mix of skills, that employees display the right attitudes and behaviours, and that employees are developed in the right way.

In terms of attracting and recruiting a skilled workforce, remuneration policy is in place and allows the OHSC to offer a better offer in instances where remuneration is a discouraging factor for one to decline the offer. A skills retention policy will be used to attract and retain the current staff in case they opt to leave the organisation. In addition to this, the existing interviews are also conducted to determine the push factors. The OHSC will ensure that the performance management policy and procedures are implemented to recognise the performance and motivate employees. To equip the employees with the necessary skills, the Workplace Skills Plan will be developed and implemented. Based on the plan, several employees will attend various short courses, seminars, workshops and conferences relevant to OHSC work.

14.1.2 Sub-programme: Information and Communication Technology

14.1.2.1 Sub-programme Purpose

The purpose of the Information and Communication Technology (ICT) sub-programme is to provide and ensure that infrastructure and systems are fully available for businesses to use effectively in achieving their operational objectives.

The ICT programme undertakes long-term planning and provides day-to-day support across the OHSC pertaining to ICT needs, services, and systems. The main purpose of this ICT strategic plan is to guide the development and management of the ICT environment within the OHSC to contribute to effective service delivery and meet a broad set of evolving organisational needs.

14.1.2.2 Outcomes, Outputs, Output Indicators and Targets

	Outcomes	Outputs	Output Indicators	Annual Targets						
				Audited/Actual Performance			Estimated Performance	MTEF Period		
				2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29
1	Highly effective and financially sustainable OHSC	An effective and efficient IT service provided	Percentage of uptime of critical systems	-	-	New Indicator	96%	96%	96%	96%
2		Enhancement of support system functionality	Number of enhanced systems to support functionality	-	-	-	3	3	1	1

14.1.2.3 Indicators, Annual and Quarterly Targets

	Output Indicators	Annual targets	Q1	Q2	Q3	Q4
1	Percentage of uptime of critical systems.	96%	96%	96%	96%	96%
2	Number of enhanced systems to support functionality	3	-	-	1	2

14.1.2.4 Explanation of planned performance over the medium-term period

The Information and Communication Technology (ICT) unit will continue to play a significant role in providing technology enablers that support strategic processes and projects identified by the business. The ICT unit will improve resource efficiency, leading to decreased manual labour, time savings, and ensuring resources are utilised in the most necessary areas. Repetitive tasks will be automated leading to increased productivity and improved turnaround times for organisational operations.

Agile information technology systems will ensure real-time data sharing in reporting OHSC's findings and outcomes, enhancing prompt decision-making and interoperability of systems. Systems to be automated are as follows: geographic information system, performance information system and data and research repository.

The ICT unit will further enhance the organisation's cybersecurity posture through a structured framework of policies, processes, and technologies designed to protect information assets from cyber threats. The ICT unit will leverage AI to automate workflow processes to improve operational efficiency for the organisation, while BI will focus on data analysis, reporting, and decision support.

14.1.3 Sub-programme: Communication and Stakeholder Relations

14.1.3.1 Sub-programme Purpose

To raise awareness on the role and powers of the OHSC and Health Ombud. The Communication and Stakeholder Relations sub-programme aims to facilitate the delivery of the OHSC and Health Ombud's mandate through effective stakeholder engagement and developing partnerships that are mutually beneficial

14.1.3.2 Outcomes, Outputs, Output Indicators and Targets

	Outcomes	Outputs	Output Indicators	Annual Targets						
				Audited/Actual Performance			Estimated Performance	MTEF Period		
				2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29
1	Increased communication initiatives in profiling OHSC programmes.	Engagements to profile OHSC programmes	Number of engagements to profile OHSC programmes	-	-	New indicator	24	24	24	24
2		Media initiatives to increase awareness of OHSC programmes	Number of media initiatives to increase awareness of OHSC programmes	-	-	New indicator	4	4	4	4
3		Digital campaigns to profile OHSC programmes	Number of digital campaigns to profile OHSC programmes	-	-	New indicator	24	24	24	24

14.1.3.3 Indicators, Annual and Quarterly Targets

	Output Indicators	Annual targets	Q1	Q2	Q3	Q4
1	Number of engagements to profile OHSC programmes	24	6	6	6	6
2	Number of media initiatives to increase awareness of OHSC programmes	4	1	1	1	1
3	Number of digital campaigns to profile OHSC programmes	24	6	6	6	6

14.1.3.4 Explanation of planned performance over the medium-term period

The key focus of the Communication and Stakeholder Relations unit is to advance the OHSC's commitment to promoting awareness of its role and mandate through targeted communication initiatives.

In the upcoming medium-term period, the unit plans to engage with stakeholders to highlight OHSC programmes, aiming for 24 initiatives annually, with six initiatives each quarter. These engagements will strengthen relationships with key stakeholders, provide platforms for dialogue, and enhance understanding of compliance and certification requirements.

To increase public awareness, the unit will implement media initiatives such as media briefings and interviews, which will improve the OHSC's visibility and establish it as a credible voice on health standards and patient safety. The target is to conduct four media initiatives annually, with one initiative planned for each quarter.

Additionally, the unit will execute digital campaigns across OHSC digital platforms to showcase OHSC programmes and encourage compliance. These campaigns aim to broaden the entity's reach, improve access to information, and engage diverse audiences in real-time.

Through these combined efforts, the unit will significantly contribute to building public trust, enhancing stakeholder understanding, and reinforcing the OHSC's role as a proactive and transparent regulator of health standards.

14.1.4 Sub-programme: Finance and Supply Chain Management

14.1.4.1 Sub-programme Purpose

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 way the OHSC conducts its affairs, both in financial governance and performance reporting.

14.1.4.2 Outcomes, Outputs, Output Indicators and Targets

	Outcomes	Outputs	Output Indicators	Annual Targets						
				Audited/Actual Performance			Estimated Performance	MTEF Period		
				2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29
1.	Highly effective and financially sustainable OHSC	Unqualified audit opinion achieved by the OHSC	Unqualified audit opinion achieved by the OHSC	Unqualified audit	Unqualified audit	Unqualified audit	Unqualified audit	Unqualified audit opinion achieved by the OHSC	Unqualified audit opinion achieved by the OHSC	Unqualified audit opinion achieved by the OHSC

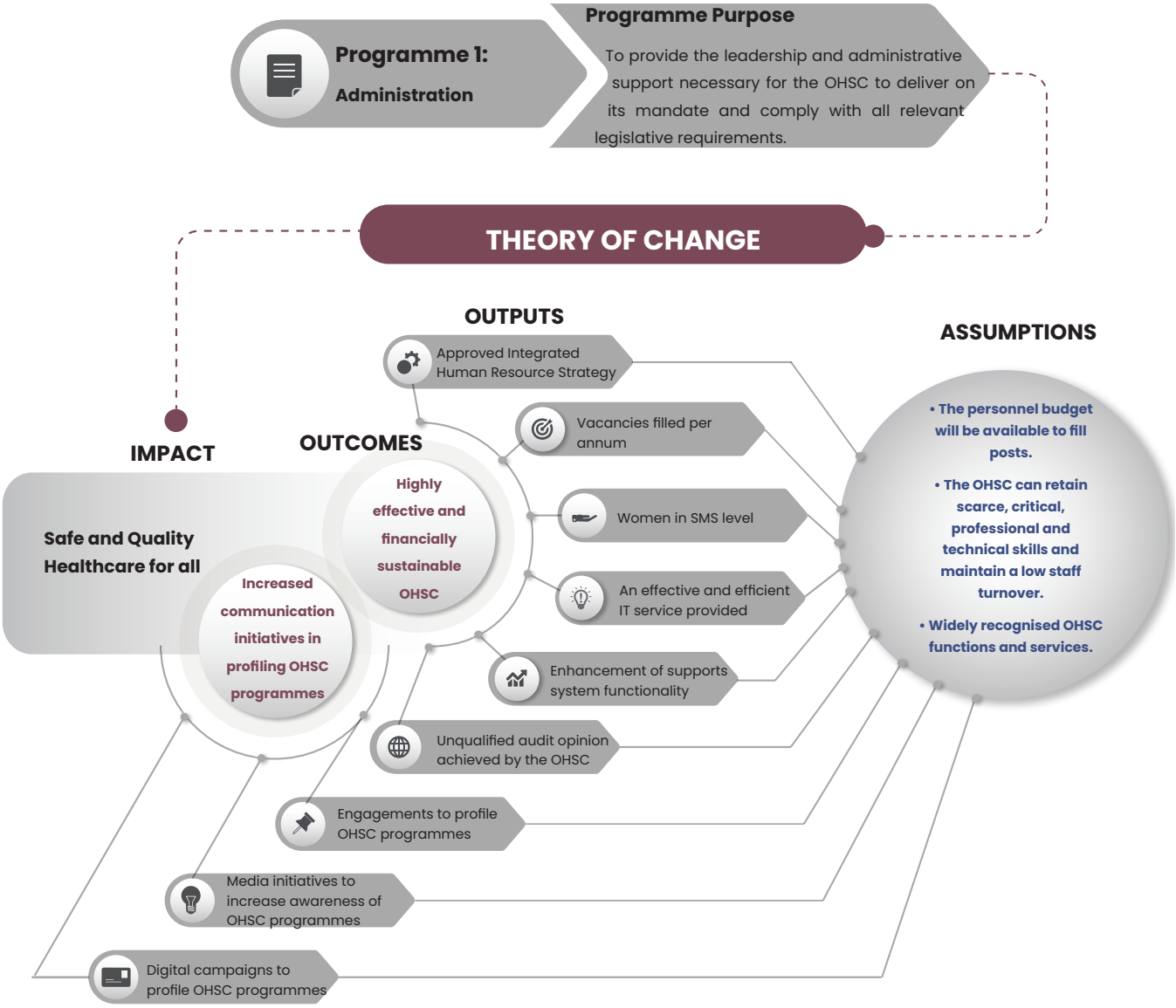
14.1.4.3 Indicators, Annual and Quarterly Targets

	Output Indicators	Annual targets	Q1	Q2	Q3	Q4
1	Unqualified audit opinion achieved by the OHSC	Unqualified audit opinion achieved by the OHSC	-	-	-	Unqualified audit opinion achieved by the OHSC

14.1.4.4 Explanation of planned performance over the medium-term period

The OHSC seeks to maintain the trend of obtaining an unqualified audit (clean audit) opinion by the Auditor-General, demonstrating good corporate governance. The OHSC will strengthen the implementation of policies, procedures and internal control measures, including the National Treasury prescripts, to ensure compliance with applicable legislative requirements. Measures will continue to be implemented to prevent and detect irregular expenditure and optimise resource utilisation. Continuous engagement with Internal Audit, as well as risk management to identify emerging risks, will continue to strengthen the internal environment. Furthermore, the OHSC will continue to enhance the existing policies to strengthen the existing internal control environment.

14.1.4.5 Programme Theory of Change



14.1.4.6 OHSC Resource Considerations

OHSC

Economic classification	Audited outcomes		Medium-term estimates		
	2024/25	2025/26	2026/27	2027/28	2028/29
CURRENT PAYMENTS	**192,823,650**	**186,959,000**	**201,506,790**	**210,579,142**	**218,594,719**
Compensation of employees	131,609,248	135,255,929	150,945,973	159,105,126	167,883,759
Goods and services of which:	61,214,402	51,703,070	50,560,817	51,474,016	50,710,959
Board fees and related costs	2,199,722	2,111,526	2,190,918	2,286,442	2,389,103
Travel, subsistence and accommodation	20,428,012	19,673,676	16,365,197	16,771,688	16,163,617
Training and development	1,513,555	1,352,559	1,509,460	1,591,051	1,678,838
Venues and facilities	764,886	940,000	854,076	891,314	481,334
Catering services	169,310	45,897	47,798	49,881	52,121
Consulting and professional services	2,190,552	1,220,400	1,011,144	1,055,230	1,102,610
Inventory and consumables	411,333	358,746	277,388	289,482	302,480
Advertising	104,500	250,000	120,000	125,232	130,855
Relocation expenses	218,673	250,000	150,000	156,540	163,569
Staff transportation	-	-	1,320,000	677,552	707,974
Printing and stationery	498,422	300,000	312,420	326,042	340,681
Bank charges	91,683	165,759	95,478	99,641	104,115
Insurance	344,838	292,287	312,000	325,603	340,223
Water, electricity, rates and taxes	3,291,696	1,536,604	2,757,914	2,878,159	3,007,389
Cleaning services	731,150	740,442	1,080,000	1,127,088	1,177,694
Communication costs (telephone and data)	1,844,375	1,254,000	1,884,800	1,966,977	2,055,295
Lease payments	8,553,723	9,194,819	7,517,029	7,844,771	8,197,001
Depreciation and amortisation	7,180,218	-	-	-	-
Audit costs	1,577,213	2,055,911	2,051,262	2,140,697	2,236,814
IT maintenance and support	6,994,970	6,749,622	7,615,000	7,647,014	6,710,896
Legal fees	208,338	1,023,500	1,045,173	1,090,742	1,139,717
Motor Vehicle expenses	192,038	320,451	193,324	201,753	210,812
Postage and couriers	29,311	28,208	29,376	30,656	32,033
Subscription	280,648	336,312	350,234	365,505	381,916
Repairs and maintenance	-	52,350	54,517	56,894	59,449
Security services	887,135	240,000	516,309	538,820	563,013
Publications and marketing	508,103	1,210,000	900,000	939,240	981,412
Bursary scheme			-	-	-
PAYMENTS FOR CAPITAL ASSETS	**3,982,185**	**4,790,000**	**4,536,210**	**4,362,857**	**3,779,281**
Other machinery and equipments	137,104	50,000	52,070	54,340	56,780
Office furniture	7,999	100,000	104,140	108,681	113,560
Software and intangible assets	3,105,341	4,060,000	3,880,000	3,678,037	3,063,712
Computer equipment	731,741	580,000	500,000	521,800	545,229
TOTAL	**196,805,835**	**191,749,000**	**206,043,000**	**214,942,000**	**222,374,000**

The OHSC has compiled the MTEF budget in accordance with the indicative MTEF budget allocations as provided by the National Treasury.

The OHSC's budgetary requirements exceed the MTEF budget allocation from the National Treasury; however, the OHSC had to constrain the estimated budget to the National Treasury allocation in accordance with the requirements of the PFMA, which states that public entities are not allowed to budget for a deficit without the approval of the National Treasury.

Overall, the budget provides a total of 153 funded posts, of which 74% are allocated to the core programs, and 26% to the support programs.

- In developing this budget, the OHSC has noted the following as areas of concern:
- The actual cost of living adjustments on compensation may differ from the one applied in the budget, as this will change from time to time, depending on the outcome of the negotiations between the government and labour unions.
- The number and location of facilities to be re-inspected is unknown, as this depends on the compliance status of facilities during the first routine inspection.
- The number and location of risk-based inspections triggered by the early warning system and media alerts are unknown.
- The number and location of health establishments to be used for any possible pilot inspections are unknown.
- Costs such as legal fees and complaints investigations are unpredictable, as the volume, complexity and frequency of these are dependent on the circumstances or cases that may or may not arise during the course of a financial year.

Based on the inputs from the OHSC's various units, the allocation would have been exceeded by R23.8 million. The requirements for the OHSC included funding for additional human resource capacity for complaints resolution; health systems, data analysis and research; conduct pre-enforcement sessions for non-compliant establishments; quality assurance stakeholder engagements; as well as enhancements to the current ICT systems.

ADMINISTRATION Economic Classification	Audited outcomes		Medium-term estimates		
	2024/25	2025/26	2026/27	2027/28	2028/29
CURRENT PAYMENTS	77,798,341	68,881,215	78,031,699	80,848,711	83,403,528
Compensation of employees	37,916,194	38,893,749	45,429,235	47,809,001	50,343,455
Goods and services of which:	39,882,147	29,987,466	32,602,464	33,039,710	33,060,073
Board fees and related costs	2,199,722	2,111,526	2,190,918	2,286,442	2,389,103
Travel, subsistence and accommodation	348,810	109,679	114,219	119,199	124,551
Training and development	1,513,555	1,352,559	1,509,460	1,591,051	1,678,838
Venues and facilities	184,598	340,000	354,076	369,514	186,105
Catering services	80,943	45,897	47,798	49,881	52,121
Consulting and professional services	1,807,882	470,400	521,651	544,395	568,839
Inventory and consumables	244,570	177,746	185,105	193,175	201,849
Advertising	104,500	250,000	120,000	125,232	130,855
Relocation expenses	218,673	250,000	150,000	156,540	163,569
Staff transportation	-	-	1,320,000	677,552	707,974
Printing and stationery	498,422	300,000	312,420	326,042	340,681
Bank charges	91,683	165,759	95,478	99,641	104,115
Insurance	344,838	292,287	312,000	325,603	340,223
Water, electricity, rates and taxes	3,291,696	1,536,604	2,757,914	2,878,159	3,007,389
Cleaning services	731,150	740,442	1,080,000	1,127,088	1,177,694
Communication costs (telephone and data)	1,844,375	1,254,000	1,884,800	1,966,977	2,055,295
Lease payments	8,553,723	9,194,819	7,517,029	7,844,771	8,197,001
Depreciation and amortisation	7,180,218	-	-	-	-
Audit costs	1,577,213	2,055,911	2,051,262	2,140,697	2,236,814
IT maintenance and support	6,994,970	6,749,622	7,615,000	7,647,014	6,710,896
Legal fees	207,772	523,500	545,173	568,942	594,488
Motor Vehicle expenses	192,038	320,451	193,324	201,753	210,812
Postage and couriers	29,311	28,208	29,376	30,656	32,033
Subscription	246,248	215,705	224,635	234,429	244,955
Repairs and maintenance	-	52,350	54,517	56,894	59,449
Security services	887,135	240,000	516,309	538,820	563,013
Publications and marketing	508,103	1,210,000	900,000	939,240	981,412
PAYMENTS FOR CAPITAL ASSETS	3,982,185	4,790,000	4,536,210	4,362,857	3,779,281
Other machinery and equipments	137,104	50,000	52,070	54,340	56,780
Office furniture	7,999	100,000	104,140	108,681	113,560
Software and intangible assets	3,105,341	4,060,000	3,880,000	3,678,037	3,063,712
Computer equipment	731,741	580,000	500,000	521,800	545,229
TOTAL	**81,780,526**	**73,671,215**	**82,567,909**	**85,211,569**	**87,182,809**

Programme 1: Administration Resource Considerations

The programme provides the critical strategic support services and systems necessary for the OHSC to deliver on its mandate and comply with relevant legislative requirements.

The budget for this Programme will fund the requisite information systems that 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, and information technology maintenance and support. Provision has also been made for activities to raise stakeholder awareness of the OHSC and its operations.

14.2 Programme 2: Compliance Inspectorate

14.2.1 Programme Purpose

To manage the inspection of health establishments in order to assess compliance with the national health system norms and standards regulations, as prescribed by the Minister.

14.2.2 Outcomes, Outputs, Output Indicators and Targets

	Outcomes	Outputs	Output Indicators	Annual Targets						
				Audited/Actual Performance			Estimated Performance	MTEF Period		
				2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29
1	Improved inspection coverage of HEs.	Public Health establishments are inspected for compliance with the norms and standards	Percentage of public health establishments inspected for compliance with the norms and standards	20.8% (781/ 3 741)	19.62% (734/ 3 741)	19,11 % (715/ 3 741)	100% (761/761)	20% (761/3805)	20% (761/3805)	20% (761/3805)
2		Private Health establishments are inspected for compliance with the norms and standards	Percentage of private health establishments inspected for compliance with the norms and standards	11.8% (51/431)	11.4% (60/526)	18,44% (97/526)	100% (210/210)	16.3% (210/1290)	22.4% (289/1290)	22.4% (289/1290)
3		Additional inspection is conducted in health establishments where non-compliance was identified	Percentage of additional inspection (re-inspection) conducted in public and private health establishments that have completed the regulated reporting period where non-compliance was identified	100% (106/106)	49.4% (79/160)	100% (92/92)	60%	70%	80%	90%
4		Regulated annual inspection report published	Number of annual reports that set out the compliance status of all health establishments and summarise the number and nature of the compliance notices issued published	1	1	0	1	1	1	1

14.2.3 Indicators, Annual and Quarterly Targets

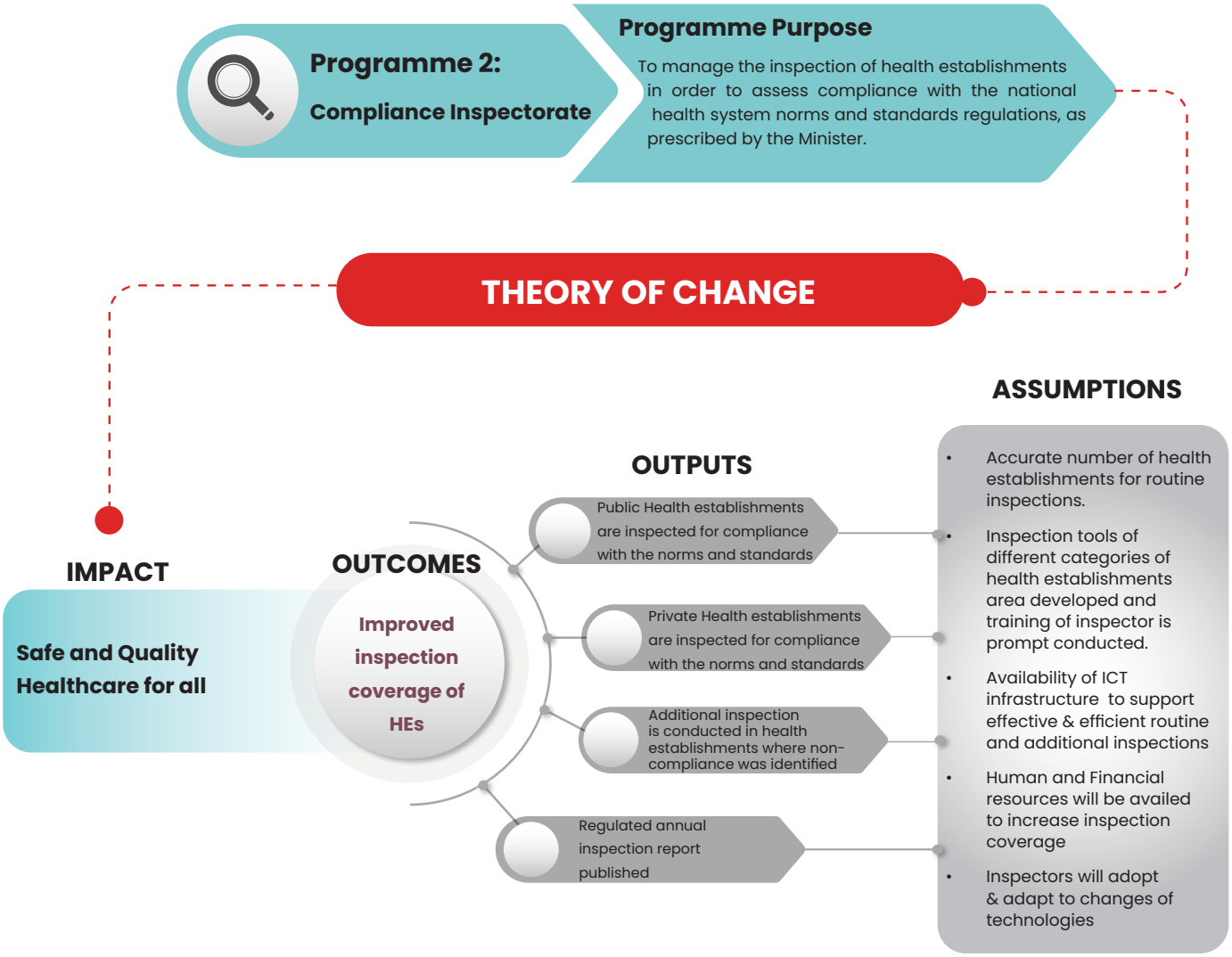
	Output Indicators	Annual targets	Q1	Q2	Q3	Q4
1	Percentage of public health establishments inspected for compliance with the norms and standards	20% (761/3805)	5% (190/3805)	5% (191/3805)	5% (190/3805)	5% (190/3805)
2	Percentage of private health establishments inspected for compliance with the norms and standards.	16.2% (210/1290)	4% (52/1290)	4% (52/1290)	4.1% (53/1290)	4.1% (53/1290)
3	Percentage of additional inspection (re-inspection) conducted in public and private health establishments that have completed the regulated reporting period where non-compliance was identified	70%	70%	70%	70%	70%
4	Number of annual reports that set out the compliance status of all health establishments and summarise the number and nature of the compliance notices issued published	1	-	-	1	-

14.2.4 Explanation of planned performance over the medium-term period

The OHSC will inspect health establishments in both the private and public sectors, as set out in the inspection strategy, with 20% (761/3905) in the public sector and 4.9% (289/1290) in the private sector. Seventy percent (70%) of additional inspection (re-inspection) will be conducted in public and private health establishments where non-compliance was identified. Risk-based inspections will be conducted when breaches of norms and standards are identified. An annual inspection report that sets out the compliance status of all health establishments and summarises the number and nature of the compliance notices issued will be developed and published as per Regulation 31 of the Procedural Regulations on the OHSC website.

OHSC plays a crucial role in the implementation of NHI by conducting inspections of health establishments to ensure compliance with the regulated norms and standards. Through the OHSC's effective monitoring of compliance with norms and standards, the office plays a critical role in the implementation of NHI. OHSC certification is a prerequisite for participation in the NHI fund. The OHSC should increase inspection coverage and certification of different categories of health establishments before they receive accreditation from the NHI fund.

14.2.4.1 Programme Theory of Change



14.2.5 Programme Resource Considerations

COMPLIANCE INSPECTORATE Economic classification	Audited outcomes 2024/25	Medium-term estimates			
		2025/26	2026/27	2027/28	2028/29
CURRENT PAYMENTS	64,291,934	66,748,540	65,984,624	69,158,216	71,531,918
Compensation of employees	45,745,645	49,823,542	51,842,120	54,699,099	57,784,705
Goods and services of which:	18,546,289	16,924,997	14,142,505	14,459,118	13,747,212
Travel, subsistence and accommodation	18,525,799	16,894,997	14,111,263	14,426,514	13,713,144
Inventory and consumables	18,490	30,000	31,242	32,604	34,068
TOTAL	64,291,934	66,748,540	65,984,624	69,158,216	71,531,918

The Compliance Inspectorate is the largest programme of the OHSC and requires significant funding to achieve its performance targets for the inspection of health establishments. The recently signed National Health Insurance Act places the OHSC at the centre of the accreditation process through its certification of compliant health establishments.

The mandate of the OHSC requires that the current number of inspectors be increased. The biggest proportion of the unit's budget is allocated towards the compensation of employees. This will ensure that there are enough inspectors to enable the OHSC to conduct the legislated inspections required to enhance and enforce compliance with the promulgated norms and standards, in accordance with the targets set over the MTEF period. The remainder of the budget goes towards the actual cost of inspections, which includes travel, subsistence, and accommodation. In addition to the routine inspections planned to be conducted, the Programme will be expected to conduct risk-based inspections, as well as pilot inspections using the newly developed inspection tools for other categories of health establishments.

14.3 Programme 3: Complaints Management and Office of the Health Ombud

14.3.1 Programme Purpose

The purpose of this programme 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

14.3.1.1 Sub-programme

Sub-programmes: The Complaints Management Programme comprises three distinct but inter-related programmes:

i. **Complaints Call Centre (CCC)** –The complaints call centre receives complaints from the public through calls, email, and written letters. The registers, records, and screens all complaints received and refer low-risk-rated complaints to the Health Establishment or refer Medium, high and extreme risk-rated complaints low-risk-rated Complaint Assessment Unit for further handling. All low-risk complaints are addressed at the level of the call centre.

ii. **Complaints Assessment Unit (CAU)** – All complaints that receive a medium-high and extreme risk rating are referred to the Complaints Assessment Unit (CAU). Assessors are employed by OHSC to analyse and assess medium, high, and extreme risk-rated complaints. Cases that are assessed and reports generated within 15 working days of laying of the complaint, following the receipt of submissions from the complainants and health establishments. Cases that are assessed as high and extreme risk rated are further escalated to the Investigation Unit to be investigated, upon completion of the screening process.

iii. **Complaints Investigation Unit (CIU)** – All complaints that receive a high and extreme risk rating are referred to the Complaints Investigation Unit. Investigators are employed to investigate high and extreme-risk-rated complaints.

14.3.2 Outcomes, Outputs, Output Indicators and Targets

	Outcomes	Outputs	Output Indicators	Annual Targets						
				Audited/Actual Performance			Estimated	MTEF Period		
				2022/23		2024/25	2025/26		2027/28	2028/29
1	Improved quality of healthcare services and patient safety through the implementation of Ombuds recommendations	Low-risk complaints closed within twenty-five working days of lodgement in the call centre	Percentage of low-risk complaints closed within twenty-five working days of lodgement in the call centre	93.4% (2 472/ 2 647)	96.6% (2308/ 2389)	95.67% (3645/ 3810)	90%	90%	90%	90%
2		User complaints resolved within 60 working days through assessment after receipt of a response from the complainant and/or the health establishment	Percentage of medium risk-rated complaints resolved within 60 working days	-	-	New indicator	50%	45%	50%	55%
3		Complaints resolved within 6 months through the issuance of the final investigation report.	Percentage of complaints resolved within 6 months through the issuance of the final investigation report.	0.63% (1/157)	21.4% (3/14)	48.78% (20/41)	50%	40%	45%	50%
4		Complaints resolved within 24 months through the issuance of the final investigation report.	Percentage of complaints resolved within 24 months through the issuance of the final investigation report.	-	42.9% (12/28)	50% (16/32)	20%	15%	20%	25%
5		Complaints beyond 24 months resolved through the issuance of the final investigation report.	Percentage of complaints resolved beyond 24 months resolved through the issuance of the final investigation report.	-	-	10.56% (15/142)	12%	8%	10%	12%

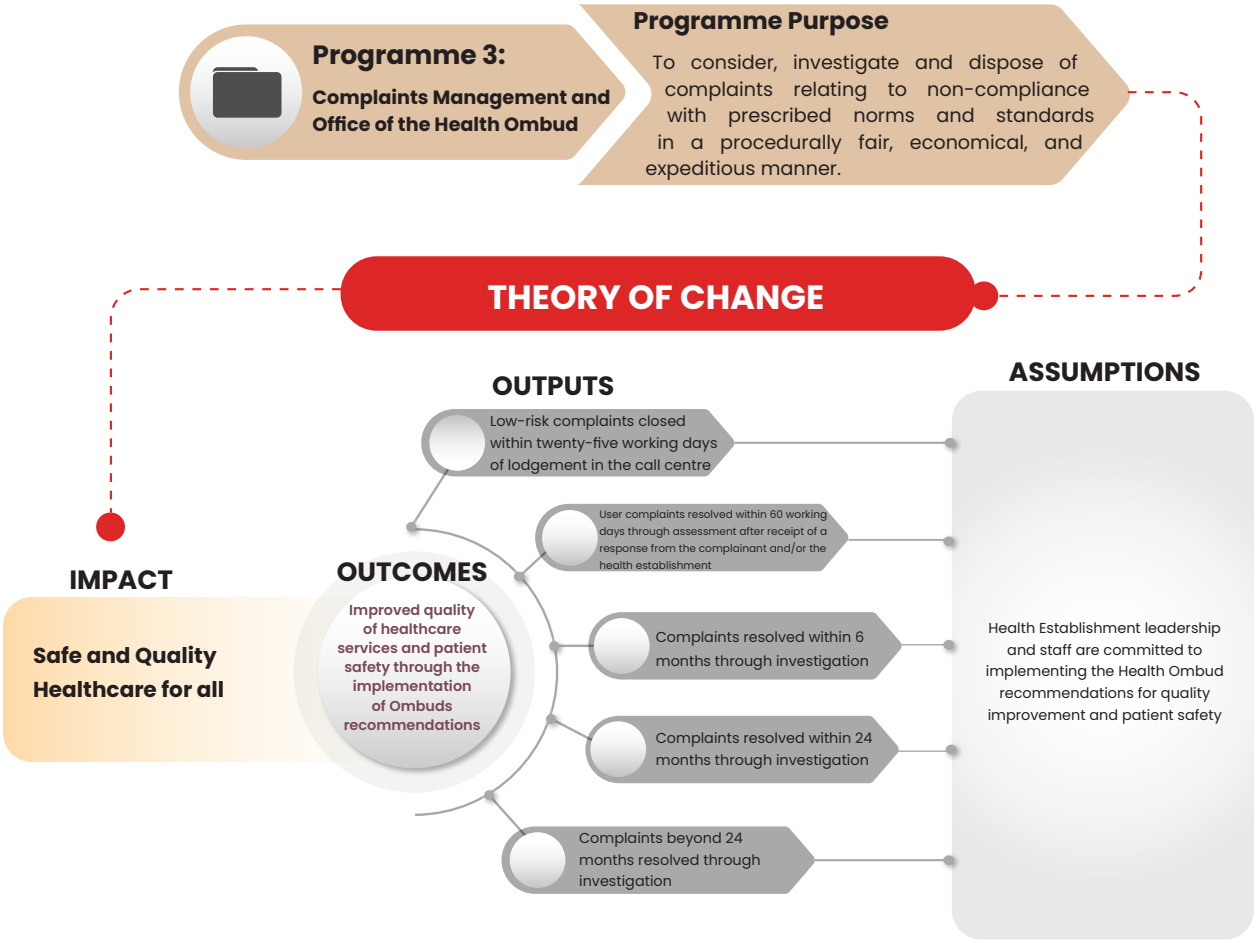
14.3.3 Indicators, Annual and Quarterly Targets

	Output Indicators	Annual targets	Q1	Q2	Q3	Q4
1	Percentage of low-risk complaints closed within twenty-five working days of lodgement in the call centre	90%	75%	80%	85%	90%
2	Percentage of medium risk-rated complaints resolved within 60 working days	45%	30%	35%	40%	45%
3	Percentage of complaints resolved within 6 months through the issuance of the final investigation report.	40%	10%	10%	20%	40%
4	Percentage of complaints resolved within 24 months through the issuance of the final investigation report.	15%	5%	5%	10%	15%
5	Percentage of complaints resolved beyond 24 months resolved through the issuance of the final investigation report.	8%	6.5%	7%	7.5%	8%

14.3.4 Explanation of planned performance over the medium-term period

The Health Ombud will improve complaint resolution efficiency by reducing the turnaround time for case resolution to align with the 6-month target, while ensuring a procedurally fair and thorough investigation. The office will also develop and implement a plan to clear the backlog of cases, prioritising cases based on complexity, urgency and impact on stakeholders. The Unit will also streamline the investigation processes, leveraging technology and best practices to improve efficiency and quality in case resolution. The office also plans to enhance the capacity of the Health Ombud's office through strategic staffing, training to support improved case resolution and backlog clearance.

14.3.5 Programme Theory of Change



Programme Resource Considerations

COMPLAINTS MANAGEMENT AND OMBUD Economic classification	Audited outcomes		Medium-term estimates		
	2024/25	2025/26	2026/27	2027/28	2028/29
CURRENT PAYMENTS	32,941,059	32,319,573	36,148,677	38,087,727	40,186,594
Compensation of employees	31,440,573	30,146,966	34,011,574	35,864,477	37,863,521
Goods and services of which:	1,500,486	2,172,607	2,137,103	2,223,250	2,323,074
Travel, subsistence and accommodation	912,063	1,269,000	1,339,715	1,391,096	1,453,556
Venues and facilities	7,433	-	-	-	-
Catering services	70,970	-	-	-	-
Agency and support outsourced	369,368	266,762	154,879	161,632	168,889
Legal fees	566	500,000	500,000	521,800	545,229
Consulting and professional services	13,302	33,238	34,614	36,123	37,745
Subscription	16,742	102,607	106,854	111,513	116,520
Inventory and consumables	110,042	1,000	1,041	1,087	1,136
TOTAL	**32,941,059**	**32,319,573**	**36,148,677**	**38,087,727**	**40,186,594**

As per the founding legislation, the Office of the Ombud is required to resolve complaints in a procedurally fair, economical, and expeditious manner. The volume of complaints requires an addition of human resource capacity to enable timeous investigation, resolution, and disposal of complaints.

Currently, the programme is inadequately resourced in terms of overall human resource capacity, which, in some instances, contributes to the delayed resolution of complex complaints, resulting in a backlog of complaints. The total budget caters to the compensation of employees to handle the resolution of complaints for an increasing number of high-risk and extreme-risk complaints received from the users of health care services. Further, the findings of the Health Ombud may be appealed against by any affected stakeholder, and this requires provision for potential legal costs.

14.4 Programme 4: Health Standards Design, Analysis and Support

14.4.1 Programme Purpose

To provide high-level technical and analytical support to the office's functions through research and health system analysis; development of data collection tools; training in the use of the tools and in-depth analysis and interpretation of collected data; and establishment of stakeholder networks for capacity building and co-creation of information management systems.

- Design and develop health norms and standards.
- Monitor and analyse health establishment data.
- Manage research.
- Provide guidance to the relevant authorities on the implementation of the health norms and standards regulations.
- Provide ongoing training to inspectors.
- Establish communication networks with stakeholders.

14.4.2 Outcomes, Outputs, Output Indicators and Targets

	Outcomes	Outputs	Output Indicators	Annual Targets						
				Audited/Actual Performance			Estimated Performance	MTEF Period		
				2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29
1	Improved access to health care services through registering and profiling of health facilities	Recommendation report for improvement in the health sector completed and shared with relevant authorities, to ensure compliance with prescribed norms and standards	Number of quality recommendation reports developed for relevant authorities	3	3	3	1	1	1	1
2		Guidance workshops to facilitate the implementation of the norms and standards regulations	Number of guidance workshops conducted	25	29	43	30	30	30	30
3		Health establishments registered and profiled	Number of public health establishments registered and profiled	-	-	New Indicator	Public: = 3935	Public: = 3935	Public: = 3935	Public: = 3935
4.		Health establishments registered and profiled	Number of private health establishments registered and profiled	-	-	New Indicator	Private= 1020	Private =1970	Private =2920	Private = 3870

14.4.3 Indicators, Annual and Quarterly Targets

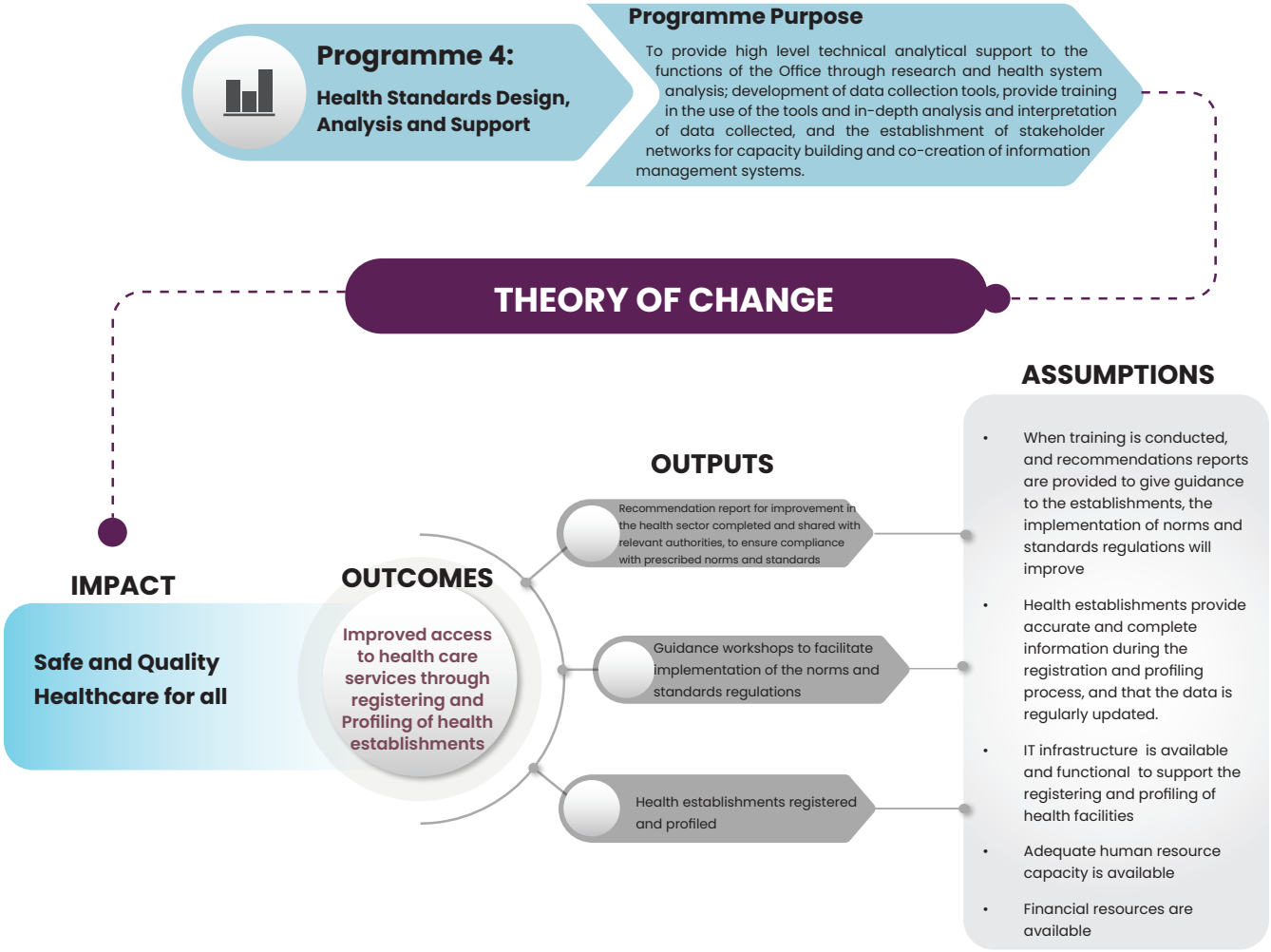
	Output Indicators	Annual targets	Q1	Q2	Q3	Q4
1	Number of quality recommendation reports developed for relevant authorities	1	-	-	-	1
2	Number of guidance workshops conducted	30	8	8	8	6
3	Number of public health establishments registered and profiled	Public: = 3935	-	Public: = 1967	-	Public: = 1968
4	Number of private health establishments registered and profiled	Private =1970	-	Private = 980	-	Private = 990

***The bi-annual report for Quarter 1 represents the activities performed during the period October 2025 -March 2026

14.4.4 Explanation of planned performance over the medium-term period

The OHSC will continue to develop different inspection tools for the various categories of health establishments following a consultative process that involved key stakeholders, including the relevant health establishments in that category. The Emergency Medical Services (EMS) tool is currently under development. Guidance and support for health establishments through workshops remains a key priority. A total of 30 workshops are planned to be conducted during 2026/27. The OHSC continue to implement a new approach; workshops will be broken down into shorter, more focused sessions. This change is intended to maintain the depth of learning while reducing the time commitment required from participants, ultimately ensuring the sessions are more engaging and have a greater impact.

14.4.4.1 Programme Theory of Change



Programme Resource Considerations

HEALTH STANDARDS DESIGN, ANALYSIS AND SUPPORT Economic classification	Audited outcomes		Medium-term estimates		
	2024/25	2025/26	2026/27	2027/28	2028/29
CURRENT PAYMENTS	14,145,308	15,485,071	16,903,414	17,834,098	18,592,457
Compensation of employees	13,269,209	13,317,071	15,584,669	16,457,855	17,404,422
Goods and services of which:	876,099	2,168,000	1,318,745	1,376,242	1,188,036
Travel, subsistence and accommodation	295,795	1,100,000	500,000	521,800	545,229
Venues and facilities	572,855	600,000	500,000	521,800	295,229
Catering services	1,923	-	-	-	-
Subscription	17,658	18,000	18,745	19,562	20,441
Inventory and consumables	(12,132)	-	-	-	-
Consulting and professional services	-	450,000	300,000	313,080	327,137
TOTAL	**14,145,308**	**15,485,071**	**16,903,414**	**17,834,098**	**18,592,457**

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 developing standards and tools, tracking and analysing health establishment data, providing guidance, supporting health establishments, and making recommendations to relevant authorities for implementation in the health system.

The budget caters for the compensation of employees in the programme; additional work in terms of guidance and support at both national and provincial levels; additional external technical expertise and input in the development of inspection tools for the norms and standards regulations

14.5 Programme 5: Certification and Enforcement

14.5.1 Programme Purpose

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

The programme is also responsible to publish information relating to certificates of compliance issued and enforcement actions taken against health establishments; this includes the convening of *ad hoc* hearing tribunals for the purposes of enforcing compliance.

14.5.2 Outcomes, Outputs, Output Indicators and Targets

	Outcomes	Outputs	Output Indicators	Annual Targets						
				Audited/Actual Performance			Estimated Performance	MTEF Period		
				2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29
1	Enhanced public trust in the safety and quality of healthcare services	Compliant health establishments are issued with a certificate of Compliance.	Percentage of health establishments issued with a certificate of compliance within 15 days from the date of the final inspection report and a recommendation by an Inspector	100%	91.0% (563/618)	91.19% (1252/1373)	100%	100%	100%	100%
2		Enforcement action is taken against non-compliant health establishments.	Percentage of health establishments against which enforcement action has been taken within 30 days from the date of the final inspection report.	-	-	New indicator	90%	100%	100%	100%
3			Percentage of enforcement action taken against non-complaint health establishment resolved within 90 working days	-	-	New indicator	80%	80%	80%	80%
4		Health establishment compliance status reports published every six months.	Number of bi-annual reports developed for publication on the OHSC website.	2	2	2	2	2	2	2

14.5.3 Indicators, Annual and Quarterly Targets

	Output Indicators	Annual targets	Q1	Q2	Q3	Q4
1	Percentage of health establishments issued with a certificate of compliance within 15 days from the date of the final inspection report and a recommendation by an Inspector	100%	100%	100%	100%	100%
2	Percentage of health establishments against which enforcement action has been taken within 30 days from the date of the final inspection report.	100%	100%	100%	100%	100%
3	Percentage of enforcement action taken against non-compliant health establishments resolved within 90 working days	80%	80%	80%	80%	80%
4	***Number of bi-annual reports developed for publication on the OHSC website.	2	1	-	1	-

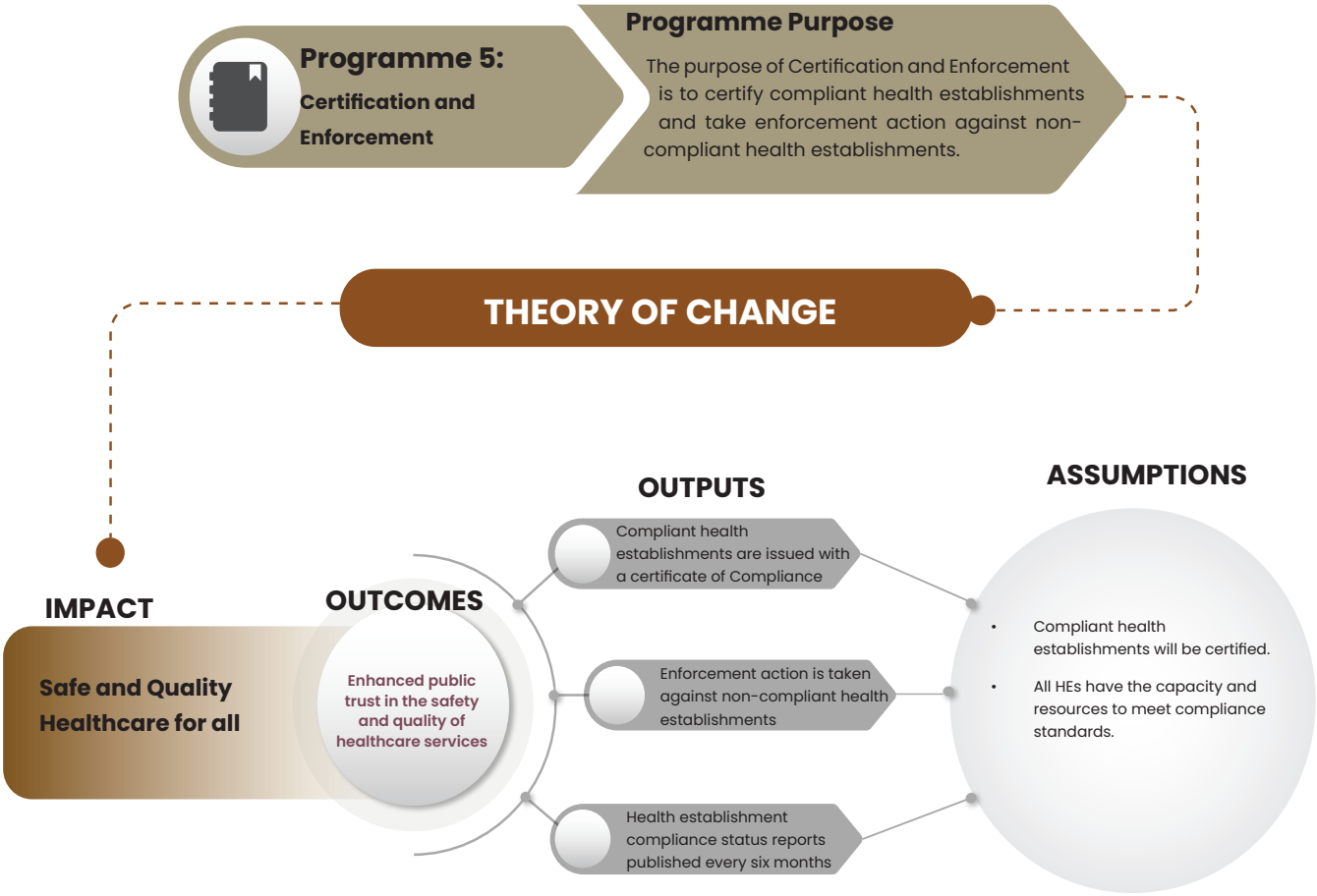
***The bi-annual report for Quarter 1 represents the activities performed during the period October 2025 -March 2026

14.5.4 Explanation of planned performance over the medium-term period

The mandate of the OHSC is to inspect and certify health establishments as compliant with the norms and standards. Furthermore, 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. The OHSC will continue to issue 100% of health establishments with a certificate of compliance within 15 days from the date of the final inspection report and a recommendation by an Inspector.

The enforcement actions will focus on timely accountability for persistent non-compliant health establishments with the prescribed norms and standards. The plan aims for 100% of enforcement actions to be taken within 30 days of the final inspection report and recommendation by the Compliance Inspectorate unit, with a new focus on full resolution of enforcement actions by setting resolution targets. Furthermore, the OHSC will resolve 80% within 90 working days against non-compliant health establishments. Additionally, bi-annual compliance reports published on the OHSC website will ensure transparency and keep the public informed on enforcement actions taken against non-compliant health establishments.

14.5.4 .1 Programme Theory of Change



Programme Resource Considerations

CERTIFICATION AND ENFORCEMENT Economic classification	Audited outcomes	Medium-term estimates			
	2024/25	2025/26	2026/27	2027/28	2028/29
CURRENT PAYMENTS	3,647,009	3,524,601	4,438,375	4,650,390	4,880,221
Compensation of employees	3,237,627	3,074,601	4,078,375	4,274,694	4,487,656
Goods and services of which:	409,382	450,000	360,000	375,696	392,565
Travel, subsistence and accommodation	345,544	300,000	300,000	313,080	327,137
Inventory and consumables	50,363	150,000	60,000	62,616	65,427
Catering services	13,475	-	-	-	-
TOTAL	**3,647,009**	**3,524,601**	**4,438,375**	**4,650,390**	**4,880,221**

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 NHI Act. The budget provision and human resource capacity are minimal, and this may negatively impact the OHSC's achievement of its certification and enforcement mandate.

The function of this Programme is largely dependent on the work of inspections and/or the inspection outcomes. The volume of inspection coverage and the anticipated additional norms and standards to be developed and monitored automatically impact on the workload within this Programme.

15. UPDATED KEY RISKS

Outcome	Key Risk	Risk Mitigation
Highly effective and financially sustainable OHSC	Misalignment between development, updating and appropriateness of norms and standards	• Advising the Minister on the standards to be developed and reviewed
	Vulnerable organisational culture that may impede cohesion and cross-functional coordination	• Develop and implement a change strategy for the organisation. • Review of organisational performance management system • Conduct staff/experience culture surveys and implement recommendations
	Lack of Business Continuity Management systems to sustain operations during disruptions.	• Development of a Business Continuity Plan (BCP)
	Unsustainable financial operating model	• Development of a revenue generation model
	Failure to exercise oversight functions by governing body	• Continuous monitoring and review of internal control environment
	Reputational damage due to Fraud and Corruption	• Induction and re-orientation on the fraud prevention plan • Conduct Ethics awareness workshop for OHSC employees.
	Cyber Security risk - Failure to protect systems and information.	• Conduct an ICT maturity review. • Building internal ICT capacity. • Conduct annual external penetration testing • Acquiring specialist software that assists in proactive monitoring of firewall and network platforms. • Conduct quarterly ICT awareness in staff meeting agenda.
	Inadequate capacity of the Early Warning System (EWS) to monitor breaches of norms and standards regulations	• Fast track the process of reviewing the norms and standards regulations. • Additional capacity required, contractors to be utilised as temporary measures. • Continuous engagement with relevant stakeholders
Increased communication initiatives for profiling OHSC programmes.	Lack of Business Continuity Management systems to sustain operations during disruptions.	• Development of Business Continuity Plan (BCP)
	Unsustainable financial operating model	• Development of a revenue generation model
	Non-compliance of operational functions to regulatory requirements	• Continuous monitoring and review of the internal control environment
	Reputational damage due to Fraud and Corruption	• Induction and re-orientation on the fraud prevention plan • Conduct an Ethics awareness workshop for OHSC employees.
	Cyber Security risk - Failure to protect systems and information.	• Conduct an ICT maturity review. • Building internal ICT capacity. • Conduct annual external penetration testing • Acquiring specialist software that assists in proactive monitoring of firewall and network platforms. • Conduct quarterly ICT awareness on the staff meeting agenda.
	Inadequate capacity of the Early Warning System (EWS) to monitor breaches of norms and standards regulations	• Fast track the process of reviewing the norms and standards regulations. • Additional capacity required, contractors to be utilised as temporary measures. • Continuous engagement with relevant stakeholders

Outcome	Key Risk	Risk Mitigation
Improved inspection coverage of HEs.	Lack of Business Continuity Management systems to sustain operations during disruptions.	• Development of a Business Continuity Plan (BCP)
	Unsustainable financial operating model	• Development of a revenue generation model
	Non-compliance of operational functions to regulatory requirements	• Continuous monitoring and review of the internal control environment
	Reputational damage due to Fraud and Corruption	• Induction and re-orientation on the fraud prevention plan • Conduct an Ethics awareness workshop for OHSC employees.
	Low level of inspection and certification coverage of health establishments (every 4 years)	• Development of mechanisms to monitor compliance of health establishments that are eligible for certification • Implement a full array of enforcement actions for non-compliance with the norms and standards
	Cyber Security risk - Failure to protect systems and information.	• Conduct an ICT maturity review. • Building internal ICT capacity. • Conduct annual external penetration testing • Acquiring specialist software that assists in proactive monitoring of firewall and network platforms. • Conduct quarterly ICT awareness in staff meeting agenda.
	Inadequate capacity of the Early Warning System (EWS) to monitor breaches of norms and standards regulations	• Fast track the process of reviewing the norms standards regulations. • Additional capacity required, contractors to be utilised as temporary measures. • Continuous engagement with relevant stakeholders
Improved quality of healthcare services and patient safety through the implementation of Ombuds recommendations	Exposure of the OHSC to legal proceedings	• Ensure compliance with the relevant inspection and certification frameworks. • Continuous training of inspectors.
	Exposure of the Health Ombud to Legal Proceedings	• Ensure compliance with the relevant investigation policies and guidelines. • Continuous training of investigators. • Regular review of OHO regulatory framework. • Capacitation of the Legal sub-unit
	Lack of Business Continuity Management systems to sustain operations during disruptions.	• Development of Business Continuity Plan (BCP)
	Non-compliance of operational functions to regulatory requirements	• Continuous monitoring and review of the internal control environment
	Unsustainable financial operating model	• Development of a revenue generation model
	Reputational damage due to Fraud and Corruption	• Induction and re-orientation on the fraud prevention plan • Conduct an Ethics awareness workshop for OHSC employees.
	Cyber Security risk - Failure to protect systems and information.	• Conduct an ICT maturity review. • Building internal ICT capacity. • Conduct annual external penetration testing • Acquiring specialist software that assists in proactive monitoring of firewall and network platforms. • Conduct quarterly ICT awareness in the staff meeting agenda.
	Inadequate capacity of the Early Warning System (EWS) to monitor breaches of norms and standards regulations	• Fast-track the process of reviewing the norms and standards regulations. • Additional capacity required, contractors to be utilised as temporary measures. • Continuous engagement with relevant stakeholders

Outcome	Key Risk	Risk Mitigation
Improved inspection coverage of HEs.	Lack of Business Continuity Management systems to sustain operations during disruptions.	• Development of a Business Continuity Plan (BCP)
	Unsustainable financial operating model	• Development of a revenue generation model
	Non-compliance of operational functions to regulatory requirements	• Continuous monitoring and review of the internal control environment
	Reputational damage due to Fraud and Corruption	• Induction and re-orientation on the fraud prevention plan • Conduct an Ethics awareness workshop for OHSC employees.
	Low level of inspection and certification coverage of health establishments (every 4 years)	• Development of mechanisms to monitor compliance of health establishments that are eligible for certification • Implement a full array of enforcement actions for non-compliance with the norms and standards
	Cyber Security risk - Failure to protect systems and information.	• Conduct an ICT maturity review. • Building internal ICT capacity. • Conduct annual external penetration testing • Acquiring specialist software that assists in proactive monitoring of firewall and network platforms. • Conduct quarterly ICT awareness in staff meeting agenda.
	Inadequate capacity of the Early Warning System (EWS) to monitor breaches of norms and standards regulations	• Fast track the process of reviewing the norms standards regulations. • Additional capacity required, contractors to be utilised as temporary measures. • Continuous engagement with relevant stakeholders
Improved quality of healthcare services and patient safety through the implementation of Ombuds recommendations	Exposure of the OHSC to legal proceedings	• Ensure compliance with the relevant inspection and certification frameworks. • Continuous training of inspectors.
	Exposure of the Health Ombud to Legal Proceedings	• Ensure compliance with the relevant investigation policies and guidelines. • Continuous training of investigators. • Regular review of OHO regulatory framework. • Capacitation of the Legal sub-unit
	Lack of Business Continuity Management systems to sustain operations during disruptions.	• Development of Business Continuity Plan (BCP)
	Non-compliance of operational functions to regulatory requirements	• Continuous monitoring and review of the internal control environment
	Unsustainable financial operating model	• Development of a revenue generation model
	Reputational damage due to Fraud and Corruption	• Induction and re-orientation on the fraud prevention plan • Conduct an Ethics awareness workshop for OHSC employees.
	Cyber Security risk - Failure to protect systems and information.	• Conduct an ICT maturity review. • Building internal ICT capacity. • Conduct annual external penetration testing • Acquiring specialist software that assists in proactive monitoring of firewall and network platforms. • Conduct quarterly ICT awareness in the staff meeting agenda.
	Inadequate capacity of the Early Warning System (EWS) to monitor breaches of norms and standards regulations	• Fast-track the process of reviewing the norms and standards regulations. • Additional capacity required, contractors to be utilised as temporary measures. • Continuous engagement with relevant stakeholders

Outcome	Key Risk	Risk Mitigation
Improved access to health care services through the registration and profiling of health facilities	Lack of Business Continuity Management systems to sustain operations during disruptions.	• Development of a Business Continuity Plan (BCP)
	Unsustainable financial operating model	• Development of a revenue generation model
	Non-compliance of operational functions to regulatory requirements	• Continuous monitoring and review of the internal control environment
	Reputational damage due to Fraud and Corruption	• Induction and re-orientation on the fraud prevention plan • Conduct Ethics awareness workshop for OHSC employees.
	Cyber Security risk - Failure to protect systems and information.	• Conduct an ICT maturity review. • Building internal ICT capacity. • Conduct annual external penetration testing • Acquiring specialist software that assists in proactive monitoring of firewall and network platforms. • Conduct quarterly ICT awareness in staff meeting agenda.
	Inadequate capacity of the Early Warning System (EWS) to monitor breaches of norms and standards regulations	• Fast track the process of reviewing the norms standards regulations. • Additional capacity required, contractors to be utilised as temporary measures. • Continuous engagement with relevant stakeholders
Enhanced public trust in the safety and quality of healthcare services	Misalignment between development, updating and appropriateness of norms and standards	• Advising the Minister on the standards to be developed and reviewed
	Exposure of the OHSC to legal proceedings	• Regular review of OHSC regulatory framework. • Establishment and capacitation of a Compliance Unit
	Lack of Business Continuity Management systems to sustain operations during disruptions.	• Development of a Business Continuity Plan (BCP)
	Unsustainable financial operating model	• Development of a revenue generation model
	Failure to exercise oversight functions by governing body	• Continuous monitoring and review of the internal control environment
	Reputational damage due to Fraud and Corruption	• Induction and re-orientation on the fraud prevention plan • Conduct an Ethics awareness workshop for OHSC employees.
	Cyber Security risk - Failure to protect systems and information.	• Conduct an ICT maturity review. • Building internal ICT capacity. • Conduct annual external penetration testing • Acquiring specialist software that assists in proactive monitoring of firewall and network platforms. • Conduct quarterly ICT awareness on the staff meeting agenda.
	Inadequate capacity of the Early Warning System (EWS) to monitor breaches of norms and standards regulations	• Fast track the process of reviewing the norms and standards regulations. • Additional capacity required, contractors to be utilised as temporary measures. • Continuous engagement with relevant stakeholders

16. MATERIALITY AND SIGNIFICANCE FRAMEWORK FOR THE FINANCIAL YEAR 2025/26

16.1. Background

a) The OHSC was established under the National Health Act, 2003 (Act No. 61 of 2003) and is also listed as a Schedule 3A public entity under 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 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.

16.2. 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.

16.3. 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 2025 were applied as follows:

Element	% range to be applied against the rand value	Amount per audited financial statements (2024/25)	Significance amount
Total revenue	1%	R184,540,580	R 1,845,405,80

16.4. 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) The OHSC will conduct a strategic risk assessment on an annual basis 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 other things, consider the previous year's audited financial statements, the 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, if major changes in the operating environment occur during the year, a more frequent review of the framework may be necessary.

17. PUBLIC ENTITIES

Name of Public Entity	Mandate	Key Outputs	Current Annual Budget (R thousand)
Not Applicable			

18. INFRASTRUCTURE PROJECTS

No	Project name	Programme	Project description	Outputs	Start date	Project completion date	Total Estimated cost	Curent year Expenditure
Not applicable								

19. PUBLIC PRIVATE PARTNERSHIPS

PPP Name	Purpose	Output	Current Value of Agreement	End Date of Agreement
Not applicable				

PART

TECHNICAL INDICATOR DESCRIPTIONS (TIDS)

20. PROGRAMMES' TECHNICAL INDICATOR DESCRIPTIONS

20.1 PROGRAMME 1: ADMINISTRATION

20.1.1 Sub-programme: Human Resource Management

Output Indicator title 1.1.1	Percentage vacancy rate
Definition	At this level, the Human Resources Unit aims to maintain the vacancy rate at all times.
Source of data	Register of approved, funded posts (1 April to 31 March)
Method of calculation	$\left(\frac{Total\ number\ of\ funded\ vacant\ posts}{Total\ number\ of\ approved\ funded\ posts}\right) \times 100$
Means of verification	Register of approved funded posts (1 April to 31 March)
Assumptions	The OHSC can retain scarce, critical, professional, and technical skills and maintain a low staff turnover. The post of the Chief Executive Officer is excluded as it is dependent on an external party's decision-making process
Disaggregation of beneficiaries (where applicable)	Women: **N/A** Youth: **N/A** People with disabilities: **N/A**
Spatial transformation (where applicable)	**N/A**
Calculation type	Non-Cumulative
Reporting cycle	Quarterly
Desired performance	An achievement of a vacancy rate of 6% and below.
Indicator responsibility	Executive Manager: Corporate Services

Output Indicator Title 1.1.2	Representation of women in SMS positions
Definition	Working towards the achievement of the national target of 50% equity representation of women at the SMS level.
Source of data	Register of approved, funded SMS posts (1 April to 31 March)
Method of Calculation/ Assessment	*(Total number of women at SMS levels /Total number of SMS employees) x 100*
Means of verification	Register of approved, funded SMS posts (1 April to 31 March)
Assumptions	Applications received from suitable female candidates who apply for the SMS post
Disaggregation of beneficiaries (where applicable)	Women: **50%** Youth: **N/A** People with disabilities: **N/A**
Spatial transformation (where applicable)	Not applicable
Calculation type	Non- Cumulative
Reporting cycle	Annually
Desired performance	Improve equity representation of women at the SMS level
Indicator responsibility	Executive Manager: Corporate Services

20.1.2 Sub-programme: Information and Communications Technology

Output Indicator title 1.2.1	Percentage of uptime of critical systems
Definition	This indicator refers to the average percentage of critical systems up-time and availability maintained over the year or period of time. The critical systems include Electronic Inspection tool, Annual Returns, Early Warning Systems, Self-Assessment, Certification and Enforcement and Call Contact Center.
Source of data	Reports generated from servers.
Method of Calculation/ Assessment	*Percentage of uptime information obtainable from reports generated from servers.* *Uptime of all tracked critical services per month = {% Uptime of critical systems + % Uptime of critical systems + {% Uptime of critical systems / n)* *n = number of tracked critical services* *Average uptime for all tracked critical services per quarter = {month 1 + month 2 + month 3 / 3)*
Means of verification	Copy of reports from servers.
Assumptions	Fully serviced and operational - OHSC power generator, UPS, and Air conditioners in server room
Disaggregation of beneficiaries	Women: **N/A** Youth: **N/A** People with disabilities: **N/A**
Spatial transformation (where applicable)	**N/A**
Calculation type	Non-Cumulative
Reporting cycle	Quarterly
Desired performance	An achievement of 96% of critical OHSC systems.
Indicator responsibility	Executive Manager: Corporate Services

Output Indicator title 1.2.2	Number of enhanced systems to support functionality
Definition	This indicator refers to the enhancement of core / operational systems functionality to improve efficiency and operations. The enhancement refers to a significant improvement to an existing system's functionality and performance.
Source of data	OHSC Information Systems
Method of Calculation/ Assessment	*Number of enhanced systems to support functionality*
Means of verification	Enhanced Systems functionality is operational.
Assumptions	Enhanced Systems to support functionality will be enhanced.
Disaggregation of beneficiaries	Women: N/A Youth: N/A Disabilities: N/A
Spatial transformation (where applicable)	N/A
Calculation type	Cumulative Year End
Reporting cycle	Quarterly
Desired performance	Three enhanced systems per Annum.
Indicator responsibility	Executive Manager: Corporate Services

20.1.3 Communication and Stakeholder Relations

Output Indicator title 1.3.1	Number of engagements to profile OHSC programmes
Definition	This indicator measures the number of campaigns/events/stakeholder engagements embarked on to communicate OHSC mandate and programmes amongst stakeholders
Source of data	Artwork produced and uploaded/attendance registers/signed campaign reports/approved recordings for awareness/published media clips or articles/approved submissions
Method of Calculation/ Assessment	*A simple count of campaigns/events/stakeholder engagements embarked on*
Means of verification	Artwork produced and uploaded/attendance registers/signed campaign reports/approved recordings for awareness/published media clips or articles/approved submissions
Assumption	Engagements to communicate OHSC mandate and programmes amongst stakeholders will be conducted.
Disaggregation of beneficiaries (where applicable)	Women: **N/A** Youth: **N/A** Disabilities: **N/A**
Spatial transformation (where applicable)	**N/A**
Calculation type	Cumulative year-end
Reporting cycle	Quarterly
Desired performance	Increased number of engagements to profile OHSC programmes.
Indicator responsibility	Executive Manager: Corporate Services

Output Indicator title 1.3.2	Number of media awareness initiatives to increase awareness and profile OHSC programmes
Definition	This indicator measures the number of media initiatives (interviews/enquiries submitted/media briefings/media statements issued/opinion pieces/articles/advertising campaigns) to increase brand awareness and visibility
Source of data	Media interview clip/media enquiries responded/attendance register/media statement/media alert issued/list of possible lines of questioning generated
Method of Calculation/ Assessment	*A simple count of media awareness and initiatives conducted/held*
Means of verification	Media interview clips/signed-off or approved media enquiries response /attendance register/ media statement published/media alert published/media reports/opinion pieces/articles/ advertising campaigns)
Assumptions	Engagements to communicate OHSC mandate and programmes amongst stakeholders will be conducted
Disaggregation of beneficiaries (where applicable)	Women: **N/A** Youth: **N/A** Disabilities: **N/A**
Spatial transformation (where applicable)	**N/A**
Calculation type	Cumulative year-end
Reporting cycle	Quarterly
Desired performance	High number of media awareness initiatives to increase awareness and profile OHSC programmes
Indicator responsibility	Executive Manager: Corporate Services

Output Indicator title 1.3.3	Number of digital campaigns to profile OHSC programmes
Definition	This indicator measures the number of campaigns conducted on OHSC digital platforms (website and social media) through OHSC initiatives
Source of data	Approved campaign banners/content/images/articles/advertisements/audio and video clips
Method of Calculation/ Assessment	*A simple count of content/campaign banners/images/articles/advertisements/audio and video clips broadcasts or published on OHSC digital media platforms*
Means of verification	Approved content/campaign banners/images/articles/advertisements/audio and video clips broadcasts or published on OHSC digital media platforms
Assumptions	Engagements to communicate OHSC mandate and programmes amongst stakeholders
Disaggregation of beneficiaries (where applicable)	Women: **N/A** Youth: **N/A** Disabilities: **N/A**
Spatial transformation (where applicable)	**N/A**
Calculation type	Cumulative year-end
Reporting cycle	Quarterly
Desired performance	High number digital campaigns to profile OHSC programmes
Indicator responsibility	Executive Manager: Corporate Services

20.1.4 Sub-programme: Finance and Supply Chain Management

Output Indicator tittle 1.4.1	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. Normally, the audit report is contained in the Annual Report preceding the financial year period.
Source of data	Auditor General Report
Method of calculation	*A simple capturing of the audit opinion obtained*
Means of verification	Copy of Auditor-General Report with Audit Status
Assumptions	OHSC will receive an unqualified audit opinion
Disaggregation of beneficiaries (where applicable)	Women: **N/A** Youth: **N/A** People with disabilities: **N/A**
Spatial transformation (where applicable)	**N/A**
Calculation type	Non-Cumulative
Reporting cycle	Annual
Desired performance	An achievement of an unqualified audit opinion by the Auditor-General
Indicator responsibility	Chief Financial Officer

20.2 PROGRAMME 2: COMPLIANCE INSPECTORATE

Output Indicator tittle 2.1	Percentage of public 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 registers and/or inspection reports
Method of calculation	$\left(\frac{\text{Number of inspections conducted in the public health establishments}}{\text{Total number of public health establishments}}\right) x\ 100$
Means of verification	Inspection registers and/or inspection reports OHSC health establishment register
Assumptions	All public health establishments will be inspected, human and financial resources will be provided accordingly Inspections tools are in place
Disaggregation of beneficiaries (where applicable)	Women: **N/A** Youth: **N/A** People with disabilities: **N/A**
Spatial transformation (where applicable)	**N/A**
Calculation type	Cumulative Year-End
Reporting cycle	Quarterly
Desired performance	20% (761/3805)of public health establishments inspected
Indicator responsibility	Executive Manager: Compliance Inspectorate

Output Indicator title 2.2	Percentage of private 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 registers and/or inspection reports
Method of calculation	$\left(\frac{\text{Number of inspections conducted in the private health establishments}}{\text{Total number of private health establishments}}\right) x\ 100$
Means of verification	Inspection registers and/or inspection reports OHSC health establishment register
Assumptions	All private health establishments will be inspected, human and financial resources will be provided accordingly. The denominator will change to include all categories of private health establishments which will require a review of the denominator for this indicator. The private hospitals will be inspected, assuming that inspection tools will be available
Disaggregation of beneficiaries (where applicable)	Women: **N/A** Youth: **N/A** People with disabilities: **N/A**
Spatial transformation (where applicable)	**N/A**
Calculation type	Cumulative Year-End
Reporting cycle	Quarterly
Desired performance	16.3% (210/1290) of private health establishments are inspected.
Indicator responsibility	Executive Manager: Compliance Inspectorate

Output Indicator title 2.3	Percentage of additional inspection (re-inspection) conducted in public and private health establishments that have completed the regulated reporting period 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	Re-inspection register and/or inspection reports
Method of calculation	$\left(\frac{\begin{array}{c}Total\ number\ of\ health\ establishment\ (public\ and\ private) \\ which\ are\ graded\ excellent, good \\ or\ satisfactory\ but\ not\ certified\ that\ were\ re-inspected\end{array}}{\begin{array}{c}Total\ number\ of\ health\ establishments\ (public\ and\ private) \\ that\ did\ not\ comply\ with\ the\ non-negotiable\ vital\ measures \\ but\ were\ graded\ either\ excellent, good\ or\ satisfactory\end{array}} \right) x\ 100$
Means of verification	Re-inspection register and/or inspection reports OHSC health establishment register
Assumptions	All public and/ or private health establishments which were inspected in the previous financial year and were graded Excellent, Good, Satisfactory and not certified will be re-inspected.
Disaggregation of beneficiaries (where applicable)	Women: **N/A** Youth: **N/A** People with disabilities: **N/A**
Spatial transformation (where applicable)	**N/A**
Calculation type	Cumulative (Year-To-Date)
Reporting cycle	Quarterly
Desired performance	70% additional inspections be conducted at eligible HE
Indicator responsibility	Executive Manager: Compliance Inspectorate

Output Indicator title 2.4	Number of annual reports that set out the compliance status of all health establishments and summarise the number and nature of the compliance notices issued published
Definition	Publish 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	A consolidated single annual report containing information from individual health establishment inspection reports and provincial reports, including inspection register and inspection system.
Method of calculation	*Simple count of a consolidated report of individual health establishment inspection reports and provincial reports converted into a single annual report*
Means of verification	A consolidated report converted into single annual report from the Individual health establishment inspection report and provincial reports
Assumptions	Inspection reports will be published as required by the regulations.
Disaggregation of beneficiaries (where applicable)	Women: **N/A** Youth: **N/A** People with disabilities: **N/A**
Spatial transformation (where applicable)	**N/A**
Calculation type	Non-cumulative
Reporting cycle	Annually
Desired performance	1 (one) report sets out the compliance status of all health establishments inspected and summarises the number and nature of the compliance notices published.
Indicator responsibility	Executive Manager: Compliance Inspectorate

20.3 PROGRAMME 3: COMPLAINTS MANAGEMENT AND OFFICE OF THE HEALTH OMBUD

Output Indicator title 3.1	Percentage of low-risk complaints closed within twenty-five working days of lodgement in the complaints call centre
Definition	Low-risk complaints received through the Call Centre, logged on the OHSC Complaints Management System and closed within 25 working days from the date of logging. A complaint is closed when it is referred to the health establishment. The complainant will be informed that his/her complaint was referred to the health establishment.
Source of data	HALOITSM Complaints Call Centre Report
Method of Calculation/ Assessment	$\frac{\text{Number of low-risk complaints closed within 25 working days of logging}}{\text{Total number of low-risk complaints logged during the current reporting period plus the total number of open complaints lodged in the previous reporting peiod}} \times 100$
Means of verification	Complaints call centre register
Assumptions	Complaints logged will be closed within 25 working days. The unresolved complaints carried over from the previous reporting period are included in the complaints register. Variance may be observed in the number of reported complaints at any point, as the complaints management system (HaloITSM) is live.
Disaggregation of beneficiaries (where applicable)	Women: **N/A** Youth: **N/A** People with disabilities: **N/A**
Spatial transformation (where applicable)	**N/A**
Calculation type	Cumulative (Year to date)
Reporting cycle	Quarterly
Desired performance	90% low-risk complaints will be closed within twenty-five working days of lodgement in the call centre
Indicator responsibility	Executive Manager: Complaints Management and OHO

Output Indicator title 3.2	Percentage of the user complaints (Medium risk-rated) resolved within 60 working days after the receipt of information from the Health Establishment and or from the Complainant
Definition	Medium-risk rated complaints assigned to the Assessors and report (Either closeout or final report) tabled with an appropriate decision taken within 60 working days from the receipt of complete submissions from the Health Establishment and/or complainant. The decision may be to dispose, investigate, or refer to external stakeholders in compliance with Procedural Regulation 38 of the Procedural Regulations Pertaining to the functioning of the Office of the Health Standards Compliance and handling of complaints by the Ombud.
Source of data	HALO IT System
Method of Calculation/ Assessment	$\frac{\text{Number of medium risk-rated complaints resolved within 60 working days following the receipt of the informatiom from the HE and/or from the complainant}}{\text{Number of complaints that received information from the HE and/or from the complainant}} x100$
Means of verification	Spreadsheet from the HALO IT SYSTEM (SLA REPORT)
Assumptions	All medium-risk-rated complaints will be resolved within 60 working days
Disaggregation of beneficiaries	Women: **N/A** Youth: **N/A** People with disabilities: **N/A**
Spatial transformation	**N/A**
Calculation type	Cumulative (Year-to-date)
Reporting cycle	Quarterly
Desired performance	45% medium risk-rated complaints will be resolved within 60 working days
Indicator responsibility	Executive Manager: Complaints Management and OHO

Output Indicator title 3.3	Percentage of complaints resolved within 6 months through the issuance of the final investigation report.
Definition	Cases resolved within 6 months of assignment from the Complaints Assessment through the issuance of the final investigation report.
Source of data	HALOITSM Clinical Investigations Register
Method of Calculation/ Assessment	$\frac{\text{Investigation Cases resolved within 6 months plus cases resolved in the previous reporting period}}{\text{Investigation assigned for investigation within 6 months plus cases resolved in the previous reporting period}} \times 100$
Means of verification	Final Investigation Report, Investigation Registers retrieved from the HALOITSM
Assumptions	All complaints will be resolved within 6 months through the issuance of the final investigation report.
Disaggregation of beneficiaries	Women: **N/A** Youth: **N/A** People with disabilities: **N/A**
Spatial transformation (where applicable)	Public and Private Sectors across 9 provinces.
Calculation type	Cumulative (Year-to-date)
Reporting cycle	Quarterly
Desired performance	40% complaints will be resolved within 6 months through the issuance of the final investigation report.
Indicator responsibility	Executive Manager: Complaints Management and OHO

Output Indicator title 3.4	Percentage of complaints resolved within 24 months through the issuance of the final investigation report.
Definition	Cases resolved within 24 months of assignment from the Complaints Assessment through issuance of the final investigation report.
Source of data	HALOITSM Investigations Register
Method of Calculation/ Assessment	$\frac{\text{Investigation Cases resolved within 24 months plus cases resolved in the previous reporting period}}{\text{Investigation assigned for investigation within 24 months plus cases resolved in the previous reporting period}} \times 100$
Means of verification	Final Investigation Report, Investigation Registers retrieved from the HALOITSM
Assumption	All complaints will be resolved within 24 months through the issuance of the investigation report. The total number of cases resolved within 6 months through the issuance of the investigation report does not form part of the population.
Disaggregation of beneficiaries (where applicable)	Women: **N/A** Youth: **N/A** People with disabilities: **N/A**
Spatial transformation (where applicable)	Public and Private Sector across 9 provinces
Calculation type	Cumulative (Year-to-date)
Reporting cycle	Quarterly
Desired performance	15% complaints will be resolved within 24 months through the issuance of the final investigation report.
Indicator responsibility	Executive Manager: Complaints Management and OHO

Output Indicator title 3.5	Percentage of complaints resolved beyond 24 months resolved through the issuance of the final investigation report.
Definition	All complaints resolved beyond 24 months through the issuance of a final investigation report are cases that were not resolved within 24 months, given all the circumstances, including the size and complexity of the matters being investigated. A complaint is resolved after issuance of a final investigation report per Procedural Regulation 41.
Source of data	Investigation register and final investigation report.
Method of calculation	$\frac{Number\ of\ legacy\ cases\ resolved}{Total\ number\ of\ legacy\ cases\ during\ the\ current\ reporting\ period} x100$ The total number of cases resolved within 24 months through investigation do not form part of the population.
Means of verification	Investigation register and/or final Investigation Report.
Assumptions	All complaints beyond 24 months will be resolved through investigation and allocation of additional human resources.
Disaggregation of beneficiaries (where applicable)	Women: **N/A** Youth: **N/A** People with disabilities: **N/A**
Spatial transformation (where applicable)	**N/A**
Calculation type	Cumulative (Year-to-date)
Reporting cycle	Quarterly
Desired performance	8% complaints resolved beyond 24 months would be attained through the allocation of additional human resources.
Indicator responsibility	Executive Manager: Complaints Management and Ombud

20.4 PROGRAMME 4: HEALTH STANDARDS DESIGN, ANALYSIS AND SUPPORT

Indicator title 4.1	Number of quality recommendation reports developed for relevant authorities
Definition	The indicator will track the number of reports submitted to relevant authorities on an annual basis to facilitate compliance to health standards and improvement of quality and safety in the healthcare system
Source of data	Early Warning System (EWS), Annual returns, and Inspection findings analysis reports
Method of Calculation/ Assessment	A simple count of the number of quality recommendation reports developed.
Means of verification	The recommendations report shared with the relevant authorities
Assumptions	Recommendation report will be developed
Disaggregation of beneficiaries (where applicable)	Target for Women: **N/A** Target for Children: **N/A** Target for Youth: **N/A** Target for People with Disabilities: **N/A**
Spatial transformation (where applicable)	**N/A**
Calculation type	Non-Cumulative
Reporting cycle	Annual
Desired performance	1 Recommendation report will be developed
Indicator responsibility	Executive Manager: HSDAS

Indicator title 4.2	Number of guidance workshops conducted
Definition	This indicator will track guidance workshops conducted for all health sectors to facilitate the implementation of the prescribed health standards aimed at the improvement of healthcare quality and safety. At least two training sessions to be provided to each province and each private healthcare organisation on an annual basis
Source of data	Agendas, Attendance Registers, Presentations and Reports for each training session provided Need for training may be identified through Inspection findings analysis reports, EWS reports, complaints reports, queries received from the implementers, and frequently asked questions.
Method of Calculation/ Assessment	This is measured quantitatively by counting the number of guidance workshops conducted.
Means of verification	Agenda and attendance register for each guidance workshop conducted
Assumptions	Guidance workshops will be conducted
Disaggregation of beneficiaries (where applicable)	Target for Women: **N/A** Target for Children**: N/A** Target for Youth: **N/A** Target for People with Disabilities: **N/A**
Spatial transformation (w**here applicable)**	**N/A**
Calculation type	Cumulative (Year-End)
Reporting cycle	Quarterly
Desired performance	30 guidance workshops will be conducted
Indicator responsibility	Executive Manager: HSDAS

Indicator title 4.3	Number of public health establishments registered and profiled
Definition	To measure the proportion of public health facilities that are registered, profiled, and compliant with the OHSC requirements by submitting their annual returns as mandated. This indicator reflects the coverage and compliance of public health facilities with regulatory requirements.
Source of data	Numerator: Annual Returns database and Denominator: Health Establishment Registry.
Method of Calculation/ Assessment	A simple count of public health establishments registered and profiled.
Means of verification	Annual Returns Register
Assumptions	Public Health Facilities will comply and submit annual returns in terms of section 79(2)(b) of the Act
Disaggregation of beneficiaries (where applicable)	Target for Women: **N/A** Target for Children: **N/A** Target for Youth: **N/A** Target for People with Disabilities: **N/A**
Spatial transformation **(where applicable)**	**N/A**
Calculation type	Non-Cumulative
Reporting cycle	Bi-Annual
Desired performance	All public health establishments will be registered and profiled.
Indicator responsibility	Executive Manager: HSDAS

Indicator title 4.4	Number of private health establishments registered and profiled
Definition	To measure the proportion of private health facilities that are registered, profiled, and compliant with the OHSC requirements by submitting their annual returns as mandated. This indicator reflects the coverage and compliance of private health facilities with regulatory requirements.
Source of data	Numerator: Annual Returns database and Denominator: Health Establishment Registry.
Method of Calculation/ Assessment	A simple count of private health establishments registered and profiled.
Means of verification	Annual Returns Register
Assumptions	Private Health Facilities will comply and submit annual returns in terms of section 79(2)(b) of the Act
Disaggregation of beneficiaries (where applicable)	Target for Women: **N/A** Target for Children: **N/A** Target for Youth: **N/A** Target for People with Disabilities: **N/A**
Spatial transformation (where applicable)	**N/A**
Calculation type	Non-Cumulative
Reporting cycle	Bi-Annual
Desired performance	All private health establishments will be registered and profiled.
Indicator responsibility	Executive Manager: HSDAS

20.5 PROGRAMME 5: CERTIFICATION AND ENFORCEMENT

Output Indicator title 5.1	Percentage of health establishments issued with a certificate of compliance within 15 days from the date of the final inspection report and a recommendation by an Inspector
Definition	Certified health establishments are establishments found to be compliant with the norms and standards and are recommended for certification in the final inspection report, and are not in dispute, incomplete or referred back for additional information. A final inspection report is an inspection report that would have been processed through preliminary, review, and final stages. The report will also state the compliance status of a health establishment and grading level and will be accompanied by an Inspector's recommendation for certification.
Source of Data	Final inspection report, Inspectors recommendation for certification and copy of a certification of health establishment
Method of Calculation/ Assessment	$\left(\frac{\text{Total number of compliant health establishments and issued with a certificate of compliance within 15 days from the date of the recommendation by an Inspector}}{\text{Total number of health establishment found to be compliant with the norms and standards and are recommended for certification}}\right) \times 100$
Means of Verification	Inspectors' recommendation for certification and copy of a certification of health establishment
Assumptions	Inspections will be conducted HEs will comply with the norms and standards. There will be recommendations for certification of Health Establishment (HEs) Date of a valid recommendation from the inspector.
Disaggregation of Beneficiaries (where applicable)	Women: **N/A** Youth: **N/A** People with disabilities: **N/A**
Spatial Transformation (where applicable)	**N/A**
Calculation Type	Cumulative Year-End
Reporting Cycle	Quarterly
Desired Performance	The desired performance is that 100% of compliant health establishment must be issued with a certificate of compliance within 15 days from the date of the recommendation by an Inspector
Indicator Responsibility	Director: Certification and Enforcement

Output Indicator title 5.2	Percentage of health establishments against which enforcement action has been initiated within 30 days from the date of the final inspection report and a recommendation by an Inspector
Definition	Non-compliant health establishments are referred for enforcement in the final additional inspection report. The final additional inspection report is a report emanating from an additional inspection conducted in a health establishment that was found to be non-compliant with norms and standards during a routine inspection and is not in dispute, incomplete, or referred back for additional information. The report will also state the compliance status of a health establishment and grading level and will be accompanied by an Inspector's recommendation for compliance enforcement.
Source of Data	Final Additional Inspection report and recommendations for enforcement,
Method of Calculation/ Assessment	$\left(\frac{\text{Total number of non – compliant health establishments against which enforcement action has been initiated within 30 days from the date of the recommendation for enforcement}}{\text{Total number of non – compliant health establishments recommended for enforcement}}\right) X\ 100$
Means of Verification	Proof of enforcement action taken and recommendation for enforcement
Assumptions	Health Establishment (HEs) will not comply with the norms and standards There will be referrals for compliance enforcement Date of a valid recommendation from inspector
Disaggregation of Beneficiaries (where applicable)	Women: **N/A** Youth: **N/A** People with disabilities: **N/A**
Spatial Transformation (where applicable)	None
Calculation Type	Cumulative Year-End
Reporting Cycle	Quarterly
Desired Performance	The desired performance is that compliance enforcement be effected against all persistently non-compliance health establishments.
Indicator Responsibility	Director: Certification and Enforcement

Indicator title 5.3	Percentage of enforcement action taken against non-complaint health establishment resolved within 90 working days
Definition	Enforcement actions are taken against non-compliant re-inspected health establishments following recommendation by an inspector. A health establishment which is found to be non-compliant with norms and standards regulations during a re-inspection and is not in dispute or referred back for additional information will be enforced within 90 working days.
Source of data	Enforcement Register and Final Enforcement Report
Method of calculation/ Assessment	$\frac{\text{Total number of non–compliant health establishments against which enforcement action has been initiated within 90 days from the date of the recommendation for enforcement}}{\text{Total number of non–compliant health establishment recommended for enforcement)}} x100$
Means of verification	Enforcement Register and Final Enforcement Report
Assumptions	Enforcement action will be taken against non-complaint health establishment within 90 working days of recommendations
Disaggregation of beneficiaries (where applicable)	Women: **N/A** Youth: **N/A** People with disabilities: **N/A**
Spatial transformation (where applicable)	**N/A**
Calculation type	Cumulative Year-End
Reporting cycle	Quarterly
Desired performance	80% of enforcement actions taken resolved within 90 working days.
Indicator responsibility	Director: Certification and Enforcement

Output Indicator title 5.4	Number of bi-annual reports developed for publication on the OHSC website
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, the outcome of the hearing, as well as the names and locations of the health establishments.
Source of Data	*Ad hoc* enforcement hearing tribunal reports List of Certified health establishments List of health establishments referred for enforcement
Method of Calculation/ Assessment	*A simple count of reports on certification and enforcement published every six months*
Means of Verification	Inspection Register and or copy of bi-annual report/s
Assumptions	Inspections will be conducted Certificates of compliance will be issued to health establishments *Ad hoc* enforcement hearings will be convened
Disaggregation of Beneficiaries (where applicable)	Women: **N/A** Youth: **N/A** People with disabilities: **N/A**
Spatial Transformation (where applicable)	**N/A**
Calculation Type	Cumulative Year-End
Reporting Cycle	Bi-Annually
Desired Performance	Bi-annual reports will be developed for publication on the OHSC website**.**
Indicator Responsibility	Director: Certification and Enforcement

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