



INSPECTION STRATEGY

FY 2023/2024



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FOREWORD BY THE CHAIRPERSON

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The OHSC continues working towards fulfilling its legal mandate through ensuring that health services are reliable, safe and of an acceptable quality for users in public and private health establishments in South Africa. One of the important ways the OHSC achieves this, is by conducting inspections in health facilities to assess compliance with the promulgated Norms and Standards.

The Norms and Standards Regulations Applicable to Different Categories of Health Establishments were published by the Minister of Health in 2018. The OHSC followed with the development of inspection tools for various categories of health establishments through a consultative process with various stakeholders. Financial and Human resources constraints resulted in the OHSC adopting a phased-in approach in the development of tools for the various categories of health establishments. The inspections of the different categories are therefore phased-in over-time as the tools are finalised.

The inspection tools for Community Healthcare Centres were finalised in the FY2020/21 and this category of health establishments were inspected for the first time using the norms and standards regulations during the FY2021/22. The District and Regional hospital inspection tools were finalised in the FY 2021/2022 and inspections commenced in the last quarter of FY2021/22. Inspection tools for private hospitals were finalised in FY 2022/23 as planned, and inspections in the private sectors commenced in the 3rd quarter of FY 2022/23.

In spite of the impact of both Internal and external environmental factors, the Office was able to exceed the inspection targets set for the public sector. In addition, re-inspections of health establishments that were previously non-compliant, were conducted. Additional funds were received from the National Department of Health through National Treasury to conduct inspections in the Quality Learning Centres.

Significant progress has been made towards inspecting all the 3741 public sector health establishments with a total of 2348 inspections conducted to date, plans for the FY2023/24 will move the Office towards the attainment of this goal. The overall

number of public and private health establishments to be inspected by the OHSC far exceed the 3 741 health establishments.

The inspection coverage for FY 2023/24 in private health sector is 19% (100/526) and public health sector is 18.4% (689/3741) health establishments to be inspected. The OHSC will continue to collaborate with the National Health Quality Improvement Plan team (NHQIP) and provinces to increase the rate of compliance across all levels of health establishments.

The FY 2023/24 Annual Inspection Strategy outlines the targets set for routine inspections in both the public and private health sectors, as well as additional inspections (re-inspections and risk-based) envisaged for the FY 2023/24.

The OHSC will continue striving for safe and quality health services for all.



Dr E. KENOSHI
OHSC BOARD CHAIRPERSON
DATE: 3/5/2023



OFFICIAL SIGN-OFF

It is hereby certified that the OHSC Inspection Strategy:

- Was developed by the Compliance Inspection Unit under the guidance of the OHSC Management, CEO and Board.
- Considers all the relevant policies, legislation, and other mandates relevant to the OHSC; and

Reflects the strategic outcomes-oriented goals and objectives which the Compliance Inspectorate Unit will endeavour to achieve over the 2023/24 period.

MR. KING PHIRI
ACTING DIRECTOR: COMPLIANCE INSPECTORATE
DATE: 21/04/2023

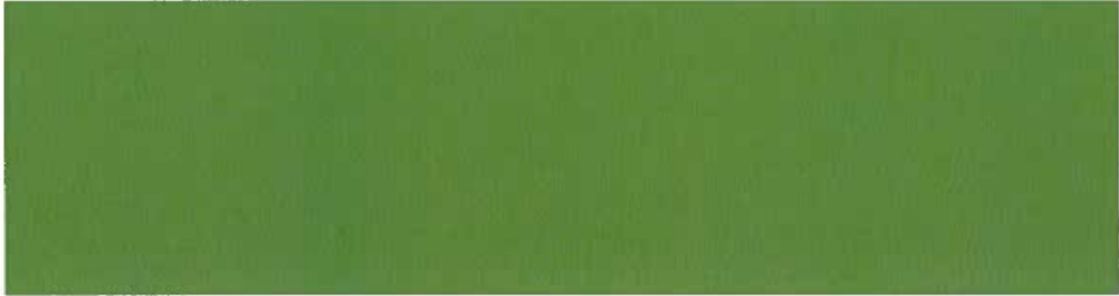
DR. MATHABO MATHEBULA
CHIEF OPERATING OFFICER
DATE: 24/04/2023

DR. AS MNDAWENI
CHIEF EXECUTIVE OFFICER
DATE: 02/05/2023

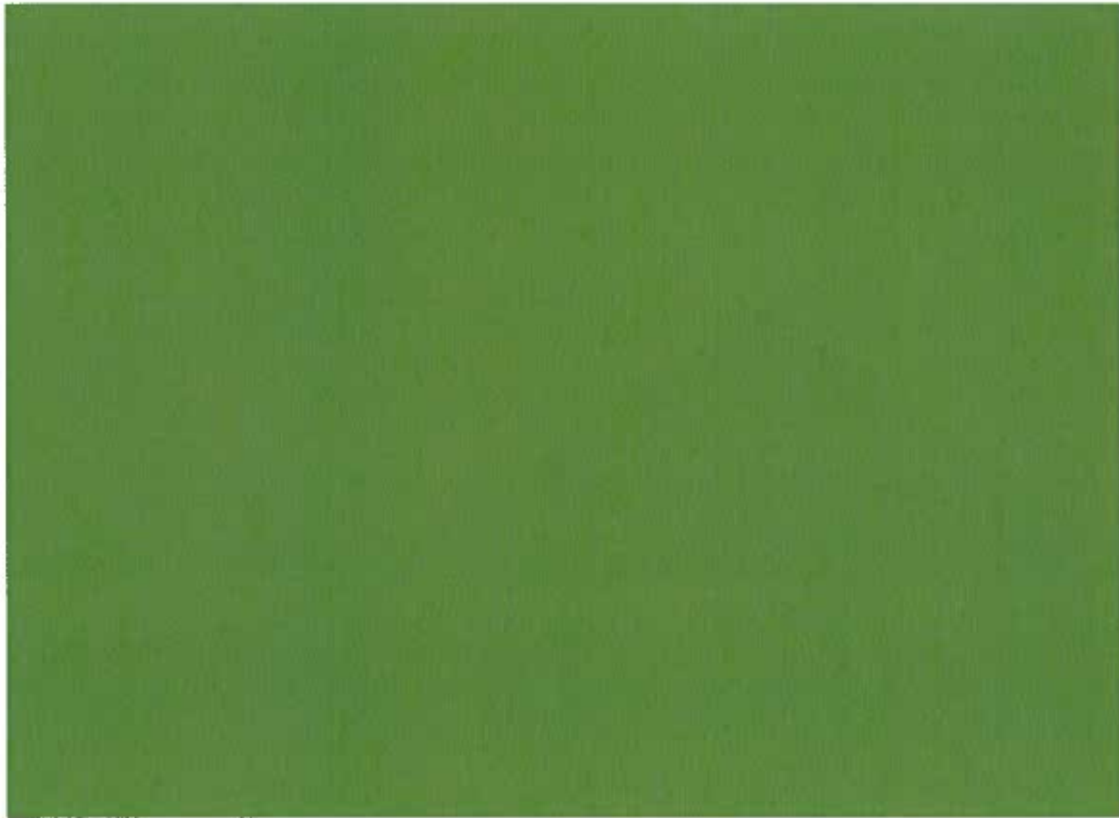
PROF. LILIAN DUDLEY
CHAIRPERSON OF THE CERTIFICATION AND ENFORCEMENT COMMITTEE
DATE:

DR. E KENOSHI
CHAIRPERSON OF THE BOARD

DATE: 3/5/2023



PART A: OHSC MANDATE





Legislative and Policy mandate

1.1 The National Health Amendment Act (2013)

Chapter 10 of the National Health Act of 2003 relating to the Office of Standards Compliance was repealed in its entirety through the promulgation of the National Health Amendment Act No 12 of 2013, which established a new independent regulatory entity, the Office of Health Standards Compliance (OHSC). The Office of Health Standards Compliance as envisaged in the Act would advise on health standards, carry out inspections, monitor compliance, report on non-compliance, issue or withdraw a certificate of compliance, advise on strategies to improve quality, and included a Health Ombud as an independent entity who acts in the investigation and resolution of complaints.

The Objects of the Office are contemplated in the Amendment Act as:

To protect and promote the health and safety of users of health services by:

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

In terms of the Act the OHSC must:

- **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;
- **Inspect and certify** health establishments as compliant or issue a warning for non-compliance with prescribed norms and standards, or where appropriate and necessary, withdraw such certification;
- **Investigate complaints** relating to the national health system;
- **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 or a health department of a municipality, where necessary, to ensure compliance with prescribed norms and standards;
- **Recommend quality assurance and management systems** for the national health system to the Minister for approval;
- **Keep records** of all its 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;
- **Publish any information relating to prescribed norms and standards** through the media and, where appropriate, for specific communities;
- **Collect or request any information relating to prescribed norms and standards** from health establishments and users;
- **Liaise with any other regulatory authority** and may, without limiting the generality of this power, require the necessary information from, exchange information with and receive information from any such authority in respect of (i) matters of common interest; or (ii) 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 this Act.

1.2 National Health Insurance Bill, 2019 (NHI Bill)

To address previous historical inequities and to ensure universal health coverage for all South Africans, the government decided to implement the National Health Insurance (NHI) as part of means to transform the health system and grant all citizens access to good quality health services irrespective of their socio-economic status. NHI is based on the principles of universal health coverage, right of access to basic health care and social solidarity. These principles are intertwined with the concept of equity.



NHI as proposed by the National Department of Health is not just a new financing mechanism for the health system but a system for ensuring solidarity in the delivery of good quality services, accessible to all South Africans.

The National Health Insurance Bill provides for mandatory prepayment of healthcare services in the Republic in pursuance of Section 27 of the Constitution. It further establishes an NHI Fund and provides for its powers, functions, and governance structures. The NHI Bill recognises the socio-economic injustices, imbalances, and inequalities of the past, the need to heal the divisions of the past and the need to establish a society based on democratic values, social justice, and fundamental human rights and to improve the life expectancy and the quality of life for all citizens. In relation to the OHSC, the NHI Bill provides that “the process of accreditation of healthcare providers will require that health establishments are inspected and certified by the OHSC”. This outlines the crucial role to be played by the OHSC concerning the implementation of NHI in the country. It is also key to note, that the importance of the OHSC lies not only in its role under the NHI; however, plays a role in the overall responsibility to regulate compliance of facilities in the improvement of healthcare quality in South Africa, both private and public healthcare.





OHSC Legislative Mandate

2.1 Regulated Norms and Standards

The norms and standards regulations applicable to different categories of health establishments were promulgated in February 2018. These regulations became into effect in February 2019 and are used to inspect and certify health establishments as compliant.

The purpose of these regulations is to promote and protect the health and safety of users and health care personnel. These norms and standards regulations are structured into 7 chapters which are the following:

Chapter 1 of the Regulations covers 1. Definitions, 2. Scope and application, 3. Purpose of the Regulations these areas are administrative component of the regulations, and chapter 2 -7 below covers the service delivery aspects and they are as follows:

Chapter 2 – User Rights

Chapter 3 – Clinical Governance and Clinical Care

Chapter 4 – Clinical Support Services

Chapter 5 – Facilities and Infrastructure

Chapter 6 - Governance and Human Resources

Chapter 7 – General Provisions

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

The procedural regulations were promulgated by the Minister of Health and published in the Gazette on 13 October 2016 to guide the exercise of powers conferred on the Office, the Board, the Chief Executive Officer, the Ombud and the Inspectors by the Amendment Act. The regulations elaborate on procedures and processes to be followed by the OHSC.

Areas covered in these Regulations are:

- Collection of information from health establishments and the designation and duties of the Person in Charge.



- Inspection strategy, indicating an approach to prioritising, scheduling and conduct of inspections as well as the resources for its implementation and its publication;
- Inspectors and inspections including their appointment, training, experience and conduct and the inspection approach and process including notice and additional inspections;
- Entry and search of premises including procedures to obtain prior consent or the application for a warrant, if required;
- Processes of certification, renewal and suspension;
- Compliance notice, enforcement process including formal hearing, revocation of certificate, fines, or referral to prosecuting authority, appeals, and reporting;
- Complaints handling, investigation and the resolution procedures, lodging of complaints, their screening, investigation and reporting, and time frames; and
- General provisions regarding the prescribed forms to be used (listed in schedule 1).

The procedural regulations are applicable to all categories of health establishments as per the NHA. The regulations refer to a notice of inspection to be issued to the establishment, the notice of inspection is issued by the OHSC to the person in charge seven days before the inspection, allowing the health establishment opportunity to prepare for the inspection. Administrative justice provisions for the person in charge of a health establishment are ensured through the annual distribution of the inspection strategy indicating the proportion of health establishments to be inspected for a particular year, without providing the names of such establishments.



PART B

OHSC STRATEGIC FOCUS





VISION

Our vision is: *"Consistent safe and quality healthcare for all."*



MISSION

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



VALUES

The OHSC's corporate values are shaped by ethical considerations and constitute guiding principles that govern the actions of all employees. OHSC staff members are always required to maintain the highest standards of integrity and our values – listed below – ensure there is no doubt of what is required of them.

- **Human dignity**
 - We will have respect for human individuality and treat each individual as a unique human being.
- **Accountability**
 - We will take responsibility for our results and outcomes.
- **Transparency**
 - We will operate in a way that creates openness between managers and employees.
- **Quality healthcare**
 - Quality healthcare means doing the right thing, at the right time, in the right way, for the right person and having the best possible results.
- **Safety**
 - Maintain a safe and healthy workplace for all employees in compliance with all applicable laws and regulations and promote a positive attitude towards safety.
- **Integrity**
 - We will conduct ourselves with openness, honesty and respect for all stakeholders.





Situational Analysis

6.1 External Environment Analysis

The OHSC was able to execute its functions during; the financial year 2021/22, however, there were some factors that affected operations which were beyond the Organisation's control. The OHSC ability to fully discharge its mandate was hampered by environmental factors such as civil unrests in Northern Cape and Eastern Cape provinces. Natural disaster like floods in KwaZulu-Natal and Eastern Cape provinces added to the challenges which made it impossible for the inspectors to reach some of the health establishments and had to increase the number of trips to the same areas to achieve planned coverage. Similarly, big renovation projects of health establishments and in some areas amalgamation of clinics services resulted in inspectorate being unable to implement its original inspection plan.

The above-mentioned external factors resulted in the disruption of scheduled inspections. Despite these factors, the OHSC met and exceeded the targets set for routine inspections. In addition, the OHSC continued to address the backlog of re-inspections from 2020/21 financial year.

6.2 Internal Environment Analysis

In order to increase efficiencies in releasing final inspection reports timeously, the Compliance Inspectorate unit seconded two (2) Person Assisting Inspectors the (PAI) to Certification & Enforcement Unit to assist with final review of inspection reports. A system to enhance release of reports to HEs sooner was developed using an in house developed You-Tube to guide facility managers to access and respond to inspection findings.

The Inspectorate Unit commenced with private acute hospital inspections in the 3rd quarter of FY 2022/23. Final inspection reports backlog of the previous financial year was cleared towards the end of the 2nd quarter of FY 2022/23. OHSC employed Persons Assisting Inspectors and the CEO subsequently appointed them to assist the Compliance Inspectorate Unit to increase inspection coverage. The health establishments designated as Quality Learning Centres by the Department of Health were incorporated in the inspection planning to assist in realization of the National Health Quality Improvement Plan.



In addition, stakeholder engagements were held with each province and relevant health district to discuss the preliminary inspection findings as well as to advise the inspected health establishments on how to improve their scores towards compliance.



PART C

MEASURING OHSC COMPLIANCE UNIT PERFORMANCE





Compliance Inspectorate Unit Performance Indicators

7.1 Outcomes and Indicators

Outcome	Outputs	Output indicators	Annual target
Compliance with norms and standards is effectively monitored.	Health establishments are inspected for compliance with the norms and standards	Percentage of public health establishments inspected for compliance with the norms and standards	18.4% (689 of 3741)
		Percentage of private health establishments inspected for compliance with the norms and standards	19% (100/526)
	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 (graded Excellent, Good or Satisfactory) that have completed the regulated reporting period where non-compliance was identified.	100%
	Regulated inspection reports are published.	Produce reports of inspections conducted with the names and location of the health establishments every six months.	2
	Regulated inspection reports are published	Produce an annual report that sets out the compliance status of all HEs and summarises the number and nature of the compliance notices issued.	1

7.2 Indicators and Quarterly Targets

Indicator	Reporting Period	Annual Target	Quarterly Targets			
			1 st	2 nd	3 rd	4 th
Percentage of public sector health establishment inspected annually by the OHSC.	Quarterly	689	172	173	172	172
Percentage of private sector health establishment inspected annually by the OHSC	Quarterly	100	25	25	25	25
Percentage of additional inspection (re-inspection) conducted in public and private health establishments(graded Excellent, Good or Satisfactory) that have completed the regulated reporting period where non-compliance was identified	Bi-Annually	100%	100%	100%	100%	100%
Produce reports of inspections conducted with the names and location of the health establishments every six months.	Bi-Annually	2		1		1
Produce an annual report that sets out the compliance status of all HEs and summarises the number and nature of the compliance notices issued.	Annually	1			1	



7.3 Coverage of health establishments in public sector per province

Public Sector FY 22.23	EC	FS	GP	KZN	LP	MP	NW	NC	WC	TOTAL
Health Establishments	155	47	72	124	96	58	60	31	45	689

7.4 Coverage of private sector health establishments

Name of Hospital Group	Total number of private health establishments per hospital group	Inspection Coverage per hospital group
Mediclinic	56	11
Intercare	22	4
Netcare	127	24
Life Healthcare	64	12
Clinix	8	2
National Hospital Network	249	47
Total	526	100

The collaborative approach between the NDoH and OHSC to conduct inspection in Quality Learning Centres (QLC) will enter its second year and will include the private health sector acute hospitals.

Limitation of the strategy and coverage.

The strategy is aligned to the approved 5 year OHSC Strategy Plan (2020/21 – 2024/25). The 5 year strategy plan reflects the financial resources allocated to each program and the set targets to be achieved based on the available funds. The inspection strategy has to be aligned to the 5 year strategic plan and imposes limits to what will be achievable with available resources. For FY2023/24 with the current available human and financial resources, the inspection strategy cannot cover 25% of health establishments in South Africa to ensure that all health establishments are inspected in every four(4) years as per Chapter 10 of National Health Act.



7.5 Selection of Health Establishments

The OHSC commenced inspections of health establishments (HEs) using the norms and standards regulations during 2019/2020 financial year. During this period, the inspected HEs were selected through clustering according to geographic proximity. This approach provided operational convenience to maximize the resources during inspections. In the FY 2022/23, a two-tier sampling methodology was adopted to accommodate inspections in both private and public health sector. A geographical clustering methodology was used to sample public health sector establishments. For the private health sector, a random sampling methodology was used due to the different network groups geographical spread. Health establishments which are due for re-inspections were targeted according to grading as outlined in the APP (Excellent, Good & Satisfactory).

To continue mitigating for the logistical and financial benefits, for FY 2023/2024, the same sampling methodologies for selection of HEs for inspection as stated above will be implemented. The geographic clustering provides an opportunity for HEs in the same district and under the same management team to be inspected around the same time, thereby highlighting common areas of non-compliance outside the control of the HEs where the district is required to intervene to ensure compliance.

Given the important role the OHSC is required to play in the implementation of the National Health Insurance (NHI), together with the financial and human resources constraints the office is experiencing, it is critical that the approach used to select HEs for inspection maximises resources and the ability to reach the most HEs with the least possible cost.

7.6 Annual Returns

In line with the provision of the Procedural Regulations Pertaining to the Functioning of the OHSC and Handling of Complaints by the Ombud, all health establishments are required to provide information relating to norms and standards, in terms of section 79(2)(b) of the Act, by 31 March of each year. The process of submission of such information, referred to as the Annual Returns (AR), enables the OHSC to collect information from health establishments on an annual basis. The AR serve the purpose

of maintaining the Health Register for Public and Private health establishments (OHSC), planning of inspections as well as to identify key contextual trends, commonalities, and discrepancies in available resources within the different types of health establishments. In this regard, information collected through the AR submissions forms an important component and consideration in the planning of inspections as it enables a better understanding of the operational context within which various health establishments exist. In addition, the AR together with other data collected within the Office assist in the profiling of health establishments to understand their performance in respect to the norms and standards regulations.



PART D

TYPES OF INSPECTIONS, INSPECTION PROCESSES AND INSPECTION METHODOLOGY





Types of Inspections

8.1 Types of Inspections

Routine Inspections

Every health establishment is to be inspected once every four years according to the National Health Act 61 of 2003, as amended.

Additional Inspections

Additional inspections are inspections conducted to monitor whether breaches identified during the routine inspections have been remedied. In terms of the Regulations, an inspector may, at any time, subject to section 82(1) of the Act, conduct an additional inspection, if he or she has reasonable grounds to believe that:

- a) Such an inspection is needed to establish whether non-compliance has been remedied within the health establishment;
- b) The health establishment is contravening the Act or any relevant regulations;
- c) There are serious breaches of norms and standards, based on the indicators of risk; or
- d) The Ombud findings demonstrate that continued exposure to the healthcare services provided by health establishments may pose a severe risk to users or health care personnel.

Risk-based Inspections

These inspections are triggered by the Early Warning System (EWS) and Ombud findings as per procedural regulation (5)(2)(b).

8.2 Inspection Process

- a) Distribution and circulation of the inspection schedule
- b) Sending Notice of Inspection - sent to health establishments to be inspected.
- c) Conduction of the inspection
- d) Team validations
- e) Post inspection interteam review
- f) Internal and external quality controls



- g) Issuing of reports
- h) Publishing of reports

8.3 Inspection Methodology

The methodologies utilised for the collection of data during inspections are the following:

- a) Observations;
- b) Document review.
- c) Patients record analysis;
- d) Staff interviews; and
- e) Collection of evidence (where necessary)

Verbal consent needs to be obtained from the users and health care personnel that will be interviewed.

Relevant information, documents, records, objects, and materials as produced should be reviewed and analysed for inspection purposes, to establish compliance as required in regulation 14(4)].

8.4 Estimated duration for inspections of different types of health establishments

- a) Clinic – one full day.
- b) Community Health Centre – one full day.
- c) Hospitals – three (3) to five (5) days depending on the size of the health establishment.

8.4.1 Distribution and circulation of the inspection allocation

The Director: Compliance Inspectorate will schedule inspections and circulate the schedule to inspection team leaders and other relevant stakeholders.

8.4.2 The inspectorate team leaders will:

- a) Arrange the pre-inspection planning meeting;
- b) Delegate the responsible inspector to assist with inspection planning.
- c) Allocate tasks to team members to fulfil the pre-inspection planning;
- d) Analyse the annual returns from health establishments;
- e) Monitor media alerts and complaints against the relevant health establishment;



- f) Check early warning system to identify areas of risk related to the health establishment to be inspected as well as the area;
- g) Identify the terrain in the areas to be inspected, note the distances to be travelled and identify the suitable mode of transport.
- h) Assign functional areas to be inspected to each inspector; and
- i) Allocate the Admin Officer to prepare all assessment tools in order of functional areas with the relevant checklist and give to the respective inspectors.

8.4.3 Notice of Inspection

- a) An inspector will, at any time, before commencing with an inspection contemplated in section 82 of the Act, issues a notice of inspection to the health establishment. The notice of inspection will be issued at least seven days before the date of the inspection.
- b) The notice of inspection referred to in sub-regulation (1), will be signed by the Chief Executive Officer or her delegate.
- c) In terms of regulation 13(4) of the Procedural Regulations Pertaining to the Functioning of the Office of Health Standards Compliance and Handling of Complaints by the Ombud, the Office may, if it has reasonable grounds to believe that compliance with the notification requirements referred to in regulation (1) may jeopardise user safety or quality of care, conduct an unannounced inspection of a health establishment.

The notices will include, at a minimum, the following information:

- a) The purpose of the inspection;
- b) The date of the inspection;
- c) The estimated duration;
- d) The inspection plan referred to in sub-regulation 12(4);
- e) The number of authorised personnel expected to take part in the inspection;
- f) The contact details of the inspector primarily responsible for the inspection; and
- g) The responsibilities of the health establishment.



8.5 Conducting an inspection at a health establishment.

Upon arrival at the premises in a health establishment, the inspector will identify himself / herself to the person in charge by presenting:

- (a) certificate of appointment as an inspector, issued in terms of section 80(3) of the Act; and
- (b) a letter of consent referred to in regulation 16(3), or an entry and search warrant issued in terms of section 84(5) of the Act, if applicable.
- (c) explain the purpose of inspection to the managers in relation to the National Health Act as Amended, Act 12 of 2013 and its procedural regulations.
- (d) describe the inspection methodology and process to be followed;
- (e) allow the health establishment to present a facility overview, and
- (f) the health establishment should ensure that staff is available to assist during the inspections and the working space should be provided.

Upon finishing the identification process by the inspector to the person in charge, the inspection process will commence, and the inspector will present himself or herself to the relevant functional area for inspecting:

- (a) Inspectors will introduce themselves in every unit and inform the unit manager about the inspection process;
- (b) The inspection process will not interrupt service delivery;
- (c) Standardised inspection questionnaires and checklists are used;
- (d) The inspector will score using the inspection tool by allocating 1 for compliant and 0 for non-compliant against the prescribed questionnaires and checklists;
- (e) Not applicable (N/A) findings are to be made only if the facility does not provide that service once it has been determined that it is not part of the health establishment package of services.





Post Inspection Processes

9.1 Inspection data verification and validation

The internal processes of inspection findings quality control include team leader validation, peer review, internal and final reviews.

9.1.1 Teams Inspection findings validations

- (a) The team leader and team of inspectors verify the inspection findings submitted and validate the correctness of the data and the quality of the reports.

9.1.2 Post inspection peer review

- (a) Peer review is conducted by the inspectorate unit post inspections.
- (b) Inspection findings are reviewed by an internal peer review team before issuing the preliminary report to health establishments.
- (c) Peer reviews are conducted one-week post inspections in accordance with the programme determined by the OHSC Inspectorate Director / Executive Manager.
- (d) The methods are employed to maintain standards, improve performance, and provide credibility.

9.1.3 Final Review of Inspection Reports

Final reports are reviewed by combination of External Panel Members and internal Directors/Executive manager of departments.

9.2 Issuing of individual HE reports.

The preliminary reports will be issued to the person in charge of a health establishment in writing within 20 working days post inspection.

The preliminary reports will:

- identify the main areas of non-compliance with norms and standards;
- set out the consequences of non-compliance as contemplated in section 82A (2) and (4) of the Act; and



- set out the steps that must be undertaken to achieve compliance and timeframes for corrective action.

The inspector will provide the person in charge not more than 20 working days to respond to the preliminary findings in writing.

The inspector shall consider such a response and issue a final report to the person in charge within 20 working days of receipt of the response. After issuing a final report contemplated in sub-regulation 8, the inspector may recommend to the Office the issuing of a compliance certificate to the health establishment, in terms of regulation 18(2); or (b) will issue a compliance notice to the health establishment, in terms of section 82A (1) of the Act, if any norms and standards have not been complied with.

Determination of Compliance

The health establishment compliance status is determined by using Compliance Status Framework (CSF). It is a tool designed to assist OHSC to consistently determine compliance. For more information, please refer to **Annexure A** for different level of care CSFs.

9.3 Publishing of reports

The OHSC is required to publish the following:

- a) inspections conducted with the names and location of the health establishments every six months (bi-annual report).
- b) On an annual basis, produce the Annual Inspection Report for publication on the OHSC public website and any other appropriate publication platform, a report which–
 - (i) sets out the compliance status of all health establishments; and
 - (ii) summarizes the number and nature of the compliance notices issued.





Costs for the implementation of the Inspection Strategy

Economic classification	Medium-term estimates				
	Audited outcomes 2021/22	2022/23	2023/24	2024/25	2025/26
CURRENT PAYMENTS	50,882,843	58,469,205	53,439,285	55,430,308	56,032,706
Compensation of employees	41,435,192	40,804,570	42,091,116	43,854,975	44,031,694
Goods and services of which:	9,447,650	17,664,635	11,348,169	11,575,333	12,001,012
Travel, subsistence and accommodation	9,438,733	17,652,744	11,335,752	11,562,364	11,987,461
Catering services	8,589	6,325	6,604	6,898	7,207
Inventory and consumables	328	5,566	5,812	6,071	6,343
TOTAL	50,882,843	58,469,205	53,439,285	55,430,308	56,032,706



CONCLUSION

The FY 2023/24 OHSC Inspection strategy is based on the available resources as per allocated budget for the financial year. **The set targets do not reflect the ideal or desired numbers of inspection (25%) that should be covered by the OHSC each year to be able to inspect all health establishments at least once in four years.** There is an urgent need for the OHSC to decentralize its functions and inspection coverage to all provinces in order to increase the number of inspections and re-inspections. This can be made possible with adequate funding allocated to the OHSC to increase its coverage. The OHSC will focus on activities for revenue generation as prescribed in the ACT to support its operations.





Switchboard:

012 942 7700

Physical address:

Office of Health Standards
Compliance 79 Steve Biko Road,
Prinshof, **Pretoria**

GPS Coordinates:

-25.737246, 28.202446

Postal address:

OHSC, Private Bag X21, Arcadia
0007