Annual Report 2024/25

OFFICE OF THE HEALTH OMBUD
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ANNUAL REPORT
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GENERAL INFORMATION

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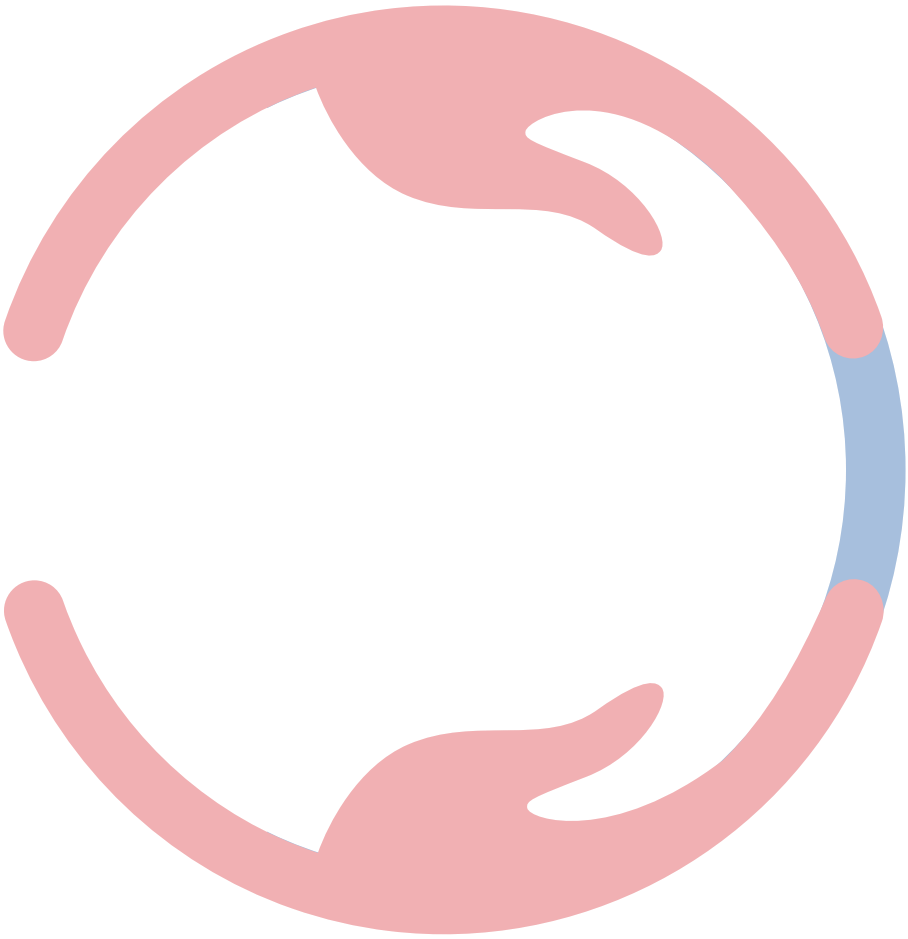
GLOSSARY OF TERMS

CAU	Complaints Assessment Unit
IPID	Independent Police Investigative Directorate
JICS	Judicial Inspectorate for Correctional Services
NDoH	National Department of Health
NHAA	National Health Amendment Act 12 of 2013
NHI	National Health Insurance
NPM	National Preventative Mechanism
OHO	Office of Health Ombud
OHSC	Office of Health Standards Compliance
OPCAT	Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
SAHRC	South African Human Rights Commission
SLA	Service Level Agreement



FOREWORD

It is with great pleasure that I present this 2024/2025 Financial Year Annual Report on the operations and activities of the Office of the Health Ombudsman (OHO) during my second year of tenure as the Health Ombudsman of the Republic of South Africa.

One of the main highlights for the 2024/2025 Financial Year was the translation of temporary contract investigators into dedicated permanent positions within the Office of Health Standards Compliance (OHSC) after Treasury granted the Health Ombud funding for this purpose. The appointment of these investigators into permanent positions has brought stability within the ranks.

There was a sharp increase of 59.5% in number of complaints lodged with OHO during this reporting period. This was accompanied by 57.3% increase of acuity and complexity of the cases, necessitating a more complex and thorough investigation exercise in pursuit of the Health Ombud's mandate to "protect and promote the health and safely of users of health services by considering, investigating, and disposing of complaints in a fair, economical and expeditious manner without fear or favour" as directed by the National Health Act Amendment, 12 of 2003 81A(1).

Despite these increases, the number of appeal cases remained static, reflecting the thoroughness and accuracy of the investigations and ensuing recommendations.

The legacy backlog cases remain a vexing problem. The planned special project "Letsema" to address this issue during the reporting period could not be carried out because of lack of funding within the National Austerity environment. Despite these strictures, the OHO staff is steadily chipping away at the numbers of these backlog cases while resolving the current ones as well, without letting them fall into the backlog lot.

The OHO consolidated the participation in the National Preventative Mechanism (NPM) of the United Nation's Optional Protocol to the Convention against Torture and other Cruel, Inhumane or Degrading Treatment or Punishment (OPCAT) under Article three (3) of OPCAT. The participation of Health Ombud in the NPM process is crucial since it is the only member of the multiple institution NPM organ that has special professional expertise to monitor detention of people in psychiatric mental hospital custodial treatment.

The Health Ombud continues to engage different stakeholders in the health industry, civil society groupings and the communities as part of general education about healthcare as a human right as enshrined in the Bill of Rights in the Constitution of the Republic of South Africa and collaborating with other State entities to address problems and difficulties in accessing safe, quality healthcare. In this regard, the Health Ombud is planning to host a conference in September 2025 with the theme "Healthcare as a Human Right" to tease out mechanisms and means by which the health system could provide universal access to safe quality healthcare to all citizens regardless of the ability to pay at the point of service.

Professor Taole Mokoena
Health Ombud of South Africa

2. MANDATE

2.1 Legislative Mandate

The Health Ombud is appointed by the Minister of Health in terms of section 81 of the NHAA and is supported by staff designated and seconded by the OHSC, with the concurrence of the Ombud.

The functions of the Ombud are set out in section 81A, wherein the Ombud may, on receipt of a written or verbal complaint relating to norms and standards, or on his or her own initiative, consider, investigate and dispose of the complaint in a fair, economical and expeditious manner. These statutory provisions enable the Ombud to investigate complaints, request documents or any evidentiary material, whilst maintaining his independence and impartiality.

2.2 Vision, Mission and Values

VISION

Promote and protect against infractions of the quality of healthcare

MISSION

To consider, investigate and resolve complaints or infractions

VALUES

Accountability	**Effectiveness**
Independence	Professionalism
Honesty	Confidentiality
Advocacy	Results-driven

3. SUMMARY

This summary forms the synopsis of the activities and results on the performance of the Office of the Health Ombud for the 2024/2025 Financial Year.

There was a sharp increase of 59.5% of complaints lodged during this reporting year compared to the prior years. This increase was accompanied by a similar increase in high acuity and complexity (57.3%) of the cases. Gauteng Province was once again the predominant region for complaints (61.2%), and this had increased by 5.3% from the previous year (55.9%). These high numbers from Gauteng are by far higher than the proportionate number of recorded population and number of beds in Gauteng. The Western Cape (11.0%) and KwaZulu-Natal (9.1%) reported the next highest number of cases, albeit far lower than Gauteng. There was no significant increase

in cases lodged from the latter two provinces from the prior year.

The overall increase in complaints lodged during the reporting period is mainly attributed to the increase in complaints lodged from Gauteng (75.4%).

The Complaints Call Centre continued to surpass the set target for resolution of complaints at that level (95.6% vs 90.0%).

The Complaints Assessment Unit received nearly double the number of referrals of cases from the Call Centre compared to the prior year (110 vs 63). The Unit continued to miss its target performance (69.1% vs 75%) compared to the prior year (69.1% vs 54%).

Complaints Investigation Units

There was an equally sharp increase of new cases (27) compared to prior years (13,8). Like the prior year a few legacy backlog cases (7 vs 24) were resolved.

The Health Ombud continued to participate in the National Preventative Mechanism (NPM) as part of the Multiple Institution NPM option adopted by the South African Government toward the United Nations' Optional Protocol to the Convention against Torture and other Cruel, Inhumane or Degrading Treatment or Punishment (OPCAT) under Article three (3) of OPCAT under the leadership and co-ordination of South African Human Rights Commission (SAHRC).

However, the Government reconfigured the NPM in December 2024 and designated only the SAHRC as the NPM following criticism by the UN Association for the Prevention of Torture (APT), and the other members of the previous multiple-institution NPM will continue as implementation agents for the SAHRC in their specific areas of expertise.

Unannounced NPM inspection visits were undertaken in the Western Cape, KwaZulu Natal and Limpopo during the reporting period. The Northern Cape Mental Hospital demonstrated the most defects in its infrastructure, principally the lack of sufficient electricity supply, where it used a diesel generator set because of constant theft and vandalism of the electricity infrastructure. Although the hospital was relatively new, the roofs, ceilings and the sanitary infrastructure were already crumbling as a result of de novo poor workmanship during its construction. The hospital was operating at half capacity due to staff shortage. This under-utilisation mirrors that of the new Bophelong Psychiatric Hospital in North West Province due to staff shortage as well. If these two mental institutions were fully commissioned, they could take on a number of psychiatric state patients languishing in prison cells, especially from Mpumalanga, which does not have psychiatric hospitals.

The OHO continued to collaborate with other oversight institutions, including a joint investigation of Dora Nginza Hospital led by the Public Service Commission.

The legislative amendment of the National Health Amendment Act, 12 of 2003 to create a free-standing Office of the Health Ombud in the light of the stalled Health Ombud Bill is continuing.

4. ORGANISATION OF THE OFFICE OF THE HEALTH OMBUD (OHO) COMPLAINTS MANAGEMENT PROCESS

The overall mandate of the Health Ombud is to consider, investigate and dispose of complaints relating to breaches of prescribed norms and standards in a fair, economic and expeditious manner. The OHO Complaints Management comprises four (4) distinct but interrelated units, namely Complaints Call Centre, Complaints Assessment Unit, Clinical Complaints Investigation Unit, and Legal Complaints Handling and National Preventative Mechanism Unit.

4.1 Complaints Call Centre

Purpose: to receive complaints from the public through telephone calls, walk-in submissions , emails and written letters. The call centre staff register, record and screen all complaints received and refer to the next level as appropriate. All "*low-risk*" complaints

are addressed and resolved at the call centre level. All complaints that receive "*medium*" and "*high*" risk ratings may be referred to the Complaints Assessment Unit. Complaints that receive an "*extremely high*" risk rating may be referred directly to the Clinical Complaints Investigation Unit, while those with legal merit or from lawyers and other statutory bodies are referred to the Legal Complaints Unit.

Definition of risk ratings:

- **Low risk** involves no harm to patients, staff or visitors, no loss of service and minimal financial loss. There is minor damage to customer service relationships.
- **Medium risk** involves limited patient complications from treatment but requires no further treatment. A staff member was injured and required treatment, with loss of time or restricted functionality and reduced or disrupted services, significant financial loss or some loss of services.
- **High risk** involves significant patient complications from treatment otherwise not expected from usual patient management; permanent injury to staff members or visitors; loss of service capacity, major financial loss and breakdown of customer service relationships.
- **Extreme risk** involves death of patient from treatment otherwise not expected from usual patient management; death of staff member or visitor, complete loss of service capacity; major financial loss, and serious threat to customer service relationships.

4.2 Complaints Assessment Unit

Purpose: to screen/assess the *medium*, *high* and *extreme* risk-rated complaints. The Complaints Assessment Unit disposes of the medium risk-rated complaints and refers the *high* and *extreme* risk-rated complaints to the Complaints Investigation Unit for onsite investigation following the receipt of information from the Health Establishment and/or Complainant.

4.3 Clinical Complaints Investigation Unit

Purpose: to investigate high and extremely-high-risk-rated complaints involving allegations of clinical mismanagement or perceived negligence across public and private health establishments in all nine provinces.

Conducts comprehensive on-site investigations by gathering evidence through witness interviews, issuing subpoenas when necessary, and requesting and analysing evidentiary materials to ensure a comprehensive case review.

Investigates matters initiated by the Ombud's own initiative, as well as cases escalated from the Office of the Minister of Health.

Exercises statutory powers to access all relevant records and conduct in loco inspections of areas pertinent to the investigation.

Refers findings indicative of professional misconduct to the appropriate statutory bodies for further investigation.

4.4 Legal Complaints Investigation and National Preventive Mechanism Unit

Purpose: to investigate complaints with legal merit or from lawyers and other statutory bodies. The Unit also provides legal advice and expertise to the Health Ombud, liaises with the legal units in the Office of Health Standards Compliance (OHSC) and National Department of Health and investigates extremely high-risk rated complaints. The Unit further coordinates the input and participation of the Health Ombud and the OHO in the National Preventive Mechanism (NPM).

The unit investigates legally related complaints, such as complaints lodged by lawyers, difficult or unreasonable complainants, and complaints from Chapter 9 institutions. The Ombud's NPM functions include monitoring places of deprivation of liberty and examining the treatment of persons deprived of their liberty by conducting regular, unannounced visits to such places.

5. ANNUAL PROGRAM PERFORMANCE

5.1 Complaints Call Centre

During 2024 – 2025, the Office of the Ombud (OHO) received 3,938 new complaints. Of these, 3,734 were rated low risk, 100 medium risk, 69 high risk and 35 extremely high risk. One hundred and three (103) complaints were assigned for assessment, while 07 (seven) cases were referred to the Complaints Investigation units (Clinical and Legal). A total of 3,848 complaints were resolved/ closed in the call centre.

Table 1: All complaints received by the Complaints Call Centre

Total new complaints	3938				
• Low risk	3734				
• Medium risk	100				
• High risk	69				
• Extreme risk	35				
Assigned for Assessment	85				
Assigned for investigation	16 (8 Medium-risk, 4 high risk, 4 extreme-risk)				
Closed in the Call Centre	**Low**	**Medium**	**High**	**Extreme**	**Total**
	3705	41	32	7	3785

The common reasons for the closure of Medium, High, and Extreme cases in the call centre include the fact that:

- Complainants fail to respond to requests for the documentation required to escalate the matter.
- Complaints are submitted both to the OHO and directly to the facility at the same time, thereby resulting in duplication of processes.
- Some complaints withdraw the complaints for different reasons
- The individuals who lay the complaint are not the next of kin and are unable to obtain consent from the next of kin to act on their behalf.

Table 2: All Complaints Received and Resolved Per Province

	NC	**EC**	**NW**	**FS**	**MP**	**LP**	**WC**	**KZN**	**GP**	**Total**
Received	58	161	112	122	109	201	432	382	2361	3938
Closed	56	151	104	115	106	182	413	347	2311	3785

Table 3: Mechanism Of Receipt of Complaints

Mechanism	**Number**
Email	3806
Telephone	106
Walk-in	25
Post	01
Total	**3938**

5.2 Complaints Assessment Unit

The Assessment sub-unit received 85 new cases from the Call Centre between 01 April 2024 - 31 March 2025. The Unit further carried 25 complaints from the previous financial year. Therefore, the Unit had a total of 110 complaints requiring resolution in the 2024/25 financial year. 78 complaints were resolved by the end of the financial year. Of the 78 complaints resolved, 76 were resolved within 30 working days, and 2 were resolved after 30 working days. The unit achieved 69.1% against the set target of 75%.

Table 4: Complaints Resolved by Complaints Assessment Unit (Three previous years' Annual Performances)

Reporting Period	**2022/23 (Target) & performance**	**2023/24 (Target) & performance**	**2024/25 (Target) & performance**
Annual performance for previous financial years	Target = 65% Performance = 42/69 (60.9%) Deviation of -4.1	Target = 70% Performance = 34/63 (54%) Deviation of -16	Target = 75 % Performance = 76/110 (69.1%) Deviation of -5.9%
2024/25 financial year	Target = 75% Performance = 76/110 (69.1%) Complaints Assessment Unit has a deviation of -5.9%		

In the 2022/2023 financial year, the Complaints Assessment Unit (CAU) received 69 complaints and resolved 42 complaints within 30 working days. The CAU achieved 60.9% against the set target of 65%, leading to a deviation of -4.1%.
In the 2023/2024 financial year, CAU received 63 complaints and resolved 34 complaints within 30 working days. The CAU achieved 54% against the set target of 70%, with a deviation of -16%.

In the 2024/2025 financial year, CAU received 110 complaints and resolved 76 complaints within 30 working days. A total of 69,1% was achieved against the set target of 75%, with a deviation of -5.9%.

The following reasons contributed to the Complaints Assessment Unit missing the Service Level Agreement (SLA).

1. Shortage of staff: In all three financial years, the Complaints Assessment Unit did not have a full staff complement. In 2022/2023, the unit was working with 5/10 funded staff. In 2023/2024, the unit was working with 4/10 funded staff, whereas in 2024/2025, the unit was working with 6/10 funded staff.

   Furthermore, in the same 2024/2025 financial year, two assessors joined the unit in Quarter 3 and 4.

2. The short timeline to resolve complaints: all complaints are expected to be concluded within 30 working days.

   This includes the analysis of information from the complainants and the health establishment, report writing by the Assessor, and the report review by the Deputy Director, Director and Executive Manager and amendment of comments from the reviewers, sharing of the reports with the complainants and health establishments, and integration of the comments and quality assurance of all the processes.

3. An increased number of new complaints assigned to the Unit in quarter 4 of the 2024/2025 financial year.

   Twenty one (21) complaints were received in Quarter 4. Notably, 13 of these were assigned from the Complaints Call Centre to the Complaints Assessment Unit during the last two weeks of the quarter and were pending supporting documentation, which precluded their resolution within the reporting period.

Table 5: Complaints resolved within 30 days during the 2024/25 financial year

Financial Quarters	Complaints resolved through assessment	Complaints referred to the Complaints Investigation Unit	Total
Quarter 1	11	16	27
Quarter 2	11	8	19
Quarter 3	8	6	14
Quarter 4	7	9	16
Total	**37**	**39**	**76**

In the 2024/2025 financial year, the Complaints Assessment Unit resolved 27 Complaints within 30 working days in Quarter 1. In Quarter 2, 19 complaints were resolved in SLA. The unit resolved 14 complaints in Quarter 3, and 16 complaints were resolved in Quarter 4. A total of 76 complaints were resolved cumulatively within 30 working days.

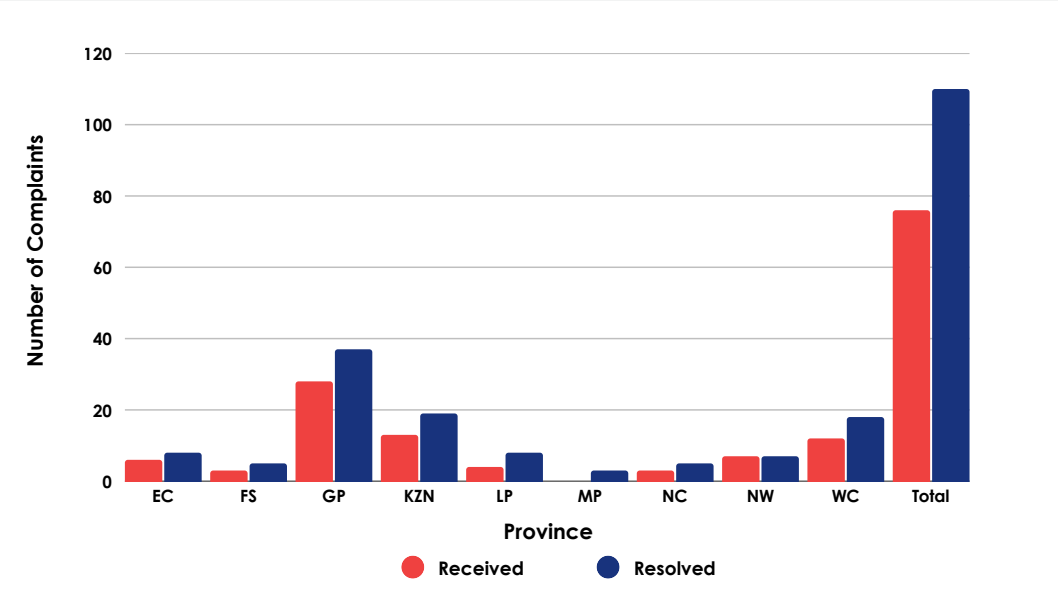


Figure 1: Complaints received and resolved per province for 2024/25

The highest number of complaints was received (37) and resolved (28) from Gauteng Province. KwaZulu-Natal Province was the second highest with 19 complaints received and 13 resolved and Western Cape Province third highest with 18 complaints received and 12 resolved. Eastern Province and Limpopo Province lodged 8 complaints each; however, six complaints were resolved from Eastern Cape Province, while four complaints were resolved from Limpopo Province.
All 7 complaints received from the Northwest province were resolved. Free State Province and Northern Cape Province lodged (5) and resolved (5) each. The province with the lowest number of complaints lodged (3) and resolved (0) is Mpumalanga Province. A total of 110 complaints were received, whereas 76 complaints were resolved within 30 working days after receipt of information from either the complaints or the health establishment

Table 6: Cumulative Performance on the Complaints Assessment Unit (CAU) for the financial year 2024/25

Denominator		Numerator	
Complaints carried over from the previous financial year	25	All complaints closed in the Complaints Assessment Unit	37

Denominator		Numerator	
Newly assigned cases	85	Referred to the Investigation Unit In SLA	39
Total	110	Complaints that were cleared in SLA	76 (37 Complaints cleared in SLA+39 Complaints referred to the investigation Unit

The Complaints Assessment Unit carried 25 complaints from the previous financial year. The Unit further received 85 complaints from the Complaints Call Centre. A total of 110 (complaints carried over and newly assigned) were used to calculate the denominator. of the complaints received for the 2024/2025 financial year.

The Complaints Assessment Unit cleared 39 complaints through desktop assessment.

Of the 39 complaints resolved through desktop assessment, 37 complaints were resolved within 30 working days, whereas two (2) complaints were resolved outside 30 working days. The Unit further referred 39 complaints to the Complaints Investigation Unit within 30 working days. A total of 76 (complaints resolved through desk assessment and complaints referred to the Complaints Investigation Unit) were used to calculate the numerator of the complaints resolved for the 2024/2025 financial year.

5.3 Complaints Investigation Unit

5.3.1 Health Care Cases

Between 01 April 2024 – 31 March 2025, a total of 27 new cases were received, with the public sector representing the majority (78%), in line with the country's healthcare distribution, while private health facilities contributed 22%. Figure 2 illustrates cases received for investigation by the Clinical Investigation Unit during the 2024/25 financial year.

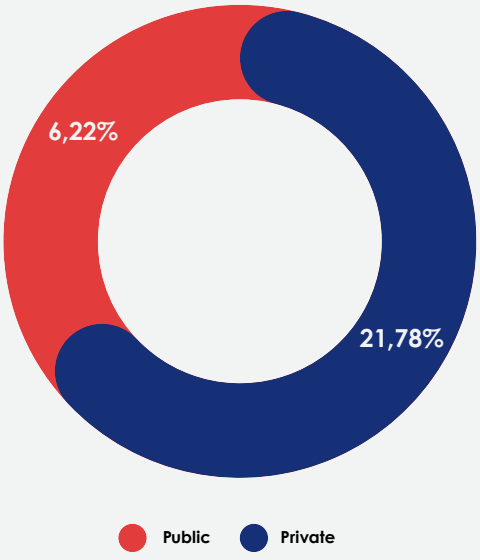


Figure 2: Cases received per facility type (01 April 2024 - 31 March 2025)

Table 7 presents the categorisation of complaints received, investigated, and resolved by province and health discipline from 01 April 2024 to 31 March 2025. During this period, six (6) cases were resolved, representing 22% of the cases received within the same financial year. It was noted that a total of seventeen (17) cases were resolved during the reporting period, including cases that were carried over from previous financial years.

Table 7: Number of new cases received for investigation and resolved by classification of discipline and province (01 April 2024 - 31 March 2025)

Discipline	Gauteng	KwaZulu Natal	Western Cape	Eastern Cape	Northern Cape	Free State	Northwest	Mpumalanga	Limpopo	Total
Surgical including Theatre	0	0	0	0	0	0	0	0	0	0
Surgical including Gynaecology, Obstetrics, Orthopaedics	0	0	0	0	0	0	0	0	0	0
Accident and Emergency	0	01	0	01	0	0	0	0	0	02
General Internal Medicine and OPD	01		01	01	0	0	0	0	0	03
Paediatrics, Perinatal	0	0	0	0	0	0	0	0	0	0
ICU	0	0	0	0	0	0	0	0	0	0
Psychiatry, Oncology, Ophthalmology	0	0	0	0	0	0	01 Oncology	0	0	01
Total	**01**	**01**	**01**	**02**	**00**	**0 0**	**01**	**0 0**	**00**	**06**

CLINICAL COMPLAINTS INVESTIGATION RESOLVED CASES PER PROVINCE

Table 8: Complaints Resolved through Investigation relative to SLA indicator

Cases resolved (01 April 2024 - 31 March 2025)	Disaggregated per Province
Resolved within **6** months: **Total: 03**	01 North West 01 Western Cape; 01 Gauteng
Resolved within **24** Months: **Total: 11**	04 Western Cape; 01 Mpumalanga 02 Eastern Cape; 02 KwaZulu Natal 01 Free State 01 Gauteng
Resolved beyond **24** months: **Total: 03**	02 KwaZulu Natal 01 Gauteng
TOTAL	**17***

* Total Complaints resolved include legacy/backlog cases.

Table 9: Clinical Complaints Investigation Sub-unit: Incidence of cases per type of Health Establishment (2024/25)

HEALTH ESTABLISHMENT CLASSIFICATION	TOTAL CASES RECEIVED FOR INVESTIGATION
Public Regional Hospital	25 (26%)
Private Hospital	21 (22%)
District Hospital	21 (22%)
National Central Hospital	07 (7%)
Provincial Tertiary Hospital	06 (6%)
Clinic	06 (6%)
Community Health Centre	04 (4%)
Centre for Disease Control	02 (2%)

HEALTH ESTABLISHMENT CLASSIFICATION	TOTAL CASES RECEIVED FOR INVESTIGATION
Laboratory Services	01 (1%)
Maternity Services	01 (1%)
Specialised hospitals	01 (1%)
Total	**95**

The analysis of the distribution of 95 clinical investigation cases reveals a clear hierarchy, as presented in Table 9 above. The highest share of cases came from Public Regional Hospitals, accounting for 26% (25 cases) of the total. Private Hospitals and District Hospitals each contributed 22% of the cases (21 cases each). National Central Hospitals accounted for 7% (7 cases), followed by Provincial Tertiary Hospitals and Clinics, each with 6% (6 cases each). Community Health Centres provided 4% (4 cases), while Centres for Disease Control, Laboratory Services, Maternity Services, and Specialised Hospitals each contributed between 1% and 2% (1-2 cases).

Overall, higher-level and more centralised hospitals (Public Regional, Private, and District) contribute the majority of cases received for investigation, highlighting their critical role in the health system.

5.3.2 Legal Cases Investigation Sub-Unit

5.3.2.1 Comparison of Complaints Received and Resolved per Province over three years

Table 10 below illustrates the total number of complaints received and resolved by the Legal Cases Investigation sub-unit over three financial years (2022/23, 2023/24 and 2024/25), disaggregated by province.

Table 10: Provincial Comparison of Complaints Received and Resolved (2022 – 2025)

Province	Received 2022/23	Resolved 2022/23	Received 2023/24	Resolved 2023/24	Received 2024/25	Resolved 2024/25
EC	03	02	05	04	05	10
FS	01	02	0	02	01	03
GP	05	05	01	08	12	09
KZN	0	0	02	05	02	02
LP	03	01	0	04	01	01
MP	01	0	0	01	0	03
NC	0	0	0	0	03	03
NW	0	0	0	03	02	01
WC	0	01	0	02	01	02
TOTAL	**13**	**11**	**08**	**29***	**27**	**34***

Note* include legacy backlog cases

Analysis and Narrative of the Complaints Received and Resolved per Province (2022/23 – 2024/25)

Over the three financial years, the unit experienced notable shifts in both complaints received and resolved. Complaints received declined from thirteen (13) in 2022/23 to eight (8) in 2023/24, before surging to twenty-seven (27) in 2024/25, reflecting an overall upward trend.

In parallel, complaints resolved demonstrated consistent growth, increasing from eleven (11) in 2022/23 to twenty-nine (29) in 2023/24, and further to thirty-four (34) in 2024/25.

5.3.2.2 Comparison of complaints received per Discipline (2022/23 -2024/25)

Table 11: Complaints received by Discipline (2022/23 -2024/25)

Discipline	2022/23	2023/24	2024/25	Total
Accident & Emergency	**01**	**03**	**02**	**06**
Gynaecology, Obstetrics, Orthopaedics Surgical and	**04** Gynaecology	**01** Gynaecology	**05 (03** Gynaecology, **01** Orthopaedics and **01** Surgery)	**10**
General Internal Medicine, OPD	**06** General Internal Medicine	**03 (2** General Internal Medicine and **1** OPD	**09** General Internal Medicine and **1** OPD	**19**
ICU	**01**	**0**	**03**	**04**
Paediatrics Perinatal	**01** Perinatal	**0**	**01** Paediatrics	**02**
Psychiatry, Oncology	**0**	**01** Oncology	**04** Psychiatry	**05**
Theatre	**0**	**0**	**02**	**02**
Total	**13**	**08**	**27**	**48**

Over the three financial years, complaints to the Health Ombud showed both fluctuations and diversification across medical disciplines. General Internal Medicine consistently recorded the highest volumes, peaking at 9 in 2024/25. Complaints in Gynaecology declined sharply in 2023/24 before rebounding in 2024/25.

Several disciplines, including Paediatrics, Psychiatry, Orthopaedics, and Surgical/ Theatre, only emerged in 2024/25, indicating either new areas of concern or improved reporting. Accident and Emergency complaints rose in 2023/24 but dropped slightly thereafter, while ICU cases reappeared and increased in 2024/25.

The overall trend reflects both recurring problem areas, particularly in General Internal Medicine, and an expansion of complaints into a broader range of disciplines in recent years. The surge in the number of complaints from 13 in 2022/23 to 27 in 2024/25 could be attributed to the increased awareness about the Health Ombud's role and services, which resulted in more people coming forward with complaints.

Also, the systemic weakness in the healthcare system, such as poorly skilled management teams, inadequate infrastructure, and poor governance, may have contributed to the surge in complaints.

5.3.2.3 COMPARISON OF COMPLAINTS RECEIVED PER FACILITY TYPE (2022/23, 2023/24 AND 2024/25)

Table 12: Legal Investigation Unit: Complaints Received Per Facility Type (2022 - 2025)

FACILITY TYPE	2022/23	2023/24	2024/25	TOTAL
Public Regional Hospital	03	02	02	07
Private Hospital	02	0	08	10
District Hospital	04	01	06	11
National Central Hospital	0	0	03	03
Provincial Tertiary Hospital	01	04	02	07
Clinic	02	0	0	02
Community Health Centre	01	0	0	01
EMS	0	01	0	01

FACILITY TYPE	2022/23	2023/24	2024/25	TOTAL
Specialised Psychiatric Hospital	0	0	02	02
Private Correctional Services Hospital	0	0	01	01
Other	0	0	03	03
TOTAL	**13**	**08**	**27**	**48**

Private Hospitals recorded a sharp increase in 2024/25 (8 complaints) after two low years (2 in 2022/23 and none in 2023/24).

District Hospitals experienced fluctuating volumes, with a low of 1 complaint in 2023/24 and a jump to 6 in 2024/25.

Overall, 2024/25 saw an expansion in the range of facility types generating complaints, possibly due to the broader public awareness, enhanced complaint capture mechanisms, or increased healthcare utilisation in previously underrepresented sectors.

Appeals Against the Decisions of the Ombud

Any person and/or health establishment may appeal against the findings and recommendations in the Ombud's Final Report, as provided in section 88A (1) of the National Health Amendment Act of 2013. The Minister of Health appoints an ad hoc Tribunal consisting of two medical experts and one legal expert.

Table 13: Appeals Lodged (2022 – 2025)

Appeals lodged	2022/23	2023/24	2024/25	Total
Total	03	02	02	07

Two (2) appeals were adjudicated in favour of the Health Ombud, and two (2) against the Health Ombud. Three (3) appeals are awaiting the appointment of an independent ad hoc Tribunal by the Health Minister.

6. THREE-YEAR OVERVIEW OF CASES

6.1 Complaints Call Centre

Table 14: Cumulative Complaints Call Centre: Cases received and resolved (2022 – 2025), including carried over from the previous financial year.

Received in 2022-23 (+111)	Resolved in 2022-23	Received in 2023-24 (+26)	Resolved in 2023-24	Received in 2024-25 (+72)	Resolved in 2024-25
Q1: 721	Q1: 571	Q1: 568	Q1:503	Q1:831	Q1:744
Q2: 1466	Q2: 1300	Q2:1107	Q2:1042	Q2:1646	Q2:1514
Q3: 2151	Q3: 1982	Q3: 1553	Q3:1481	Q3:2655	Q3:2494
Q4: 2647	Q4: 2476	Q4: 2389	Q4: 2308	Q4:3806	Q:3644
Annual perf. 2476/2647*100 =93.53 % (Annual Target = 80%)		Annual perf. 2308/2389 =96.60% (Annual Target = 85%)		Annual perf. 3644/3810=95.74% (Annual Target = 90%)	

The Complaints Call Centre achieved the annual targets in the previous 03 financial years. In the financial year 2024-25, an increase of 59.5% in complaints was noted; this increase was accompanied by a similar increase in the acuity and complexity of the cases (57.3%). However, the team still managed to achieve the annual target and exceeded it by 5.47%. The increase may be due to the publicity the office is receiving and people's awareness of the office and its mandate.

Table 15: Mechanism of Receipt of Low risk rated Complaints (2022-2025)

Mechanism	2022-23	2023-24	2024-25
Email	2321	2140	3615
Telephone	199	178	96
Walk-in	14	14	22
Post	01	01	01
Totals	**2,535 (Excluding the carried-over complaints)**	**2,333 (Excluding the carried-over complaints)**	**3,734 (Excluding the carried-over complaints)**

The OHO introduced the SMS (Short Message Service) mechanism for lodging complaints in February 2025; however, by the end of the financial year, no complaints were received via SMS.

Table 16: Risk Rating of Complaints received (2022 – 2025)

Risk Rating	2022-23		2023-24		2024-25	
Extreme	05	1.04%	03	1.49%	35	3.42%
High	22		33		100	
Medium	30	1.16%	48	1.99%	69	1.75%
Low	2535 (97.8%) (Excluding the carried-over complaints)		2333 (96.52%) (Excluding the carried-over complaints)		3734 (94.83%) (Excluding the carried-over complaints)	
TOTAL	2692	2417	3938			

The office noted an increase in the number of extreme and high-risk complaints in the financial year, 3.54% vs 1.51% in the previous financial years. This could be because the office received more complaints in the financial year. Extreme and high-risk complaints are escalated to the Complaints Investigation Unit, which then increases the workload in that unit.

Table 17: Complaints Received and Resolved Per Province

Province	Received in 2022-23	Resolved in 2022-23	Received in 2023-24	Resolved in 2023-24	Received in 2024-25	Resolved in 2024-25
NC	47	46	51	50	52	46
EC	155	158	138	137	150	145
MP	83	89	63	63	103	97
NW	92	87	99	101	101	99
FS	131	141	95	92	111	107
LP	104	106	84	83	182	172
KZN	260	267	244	239	341	323
WC	273	256	256	254	409	400
GP	1389	1423	1303	1298	2285	2255
TOTAL	**2335**	**2590**	**2333**	**2317**	**3734**	**3644**

Gauteng Province was once again the predominant region against which complaints were lodged (61.2%), and this showed an increase of 5.3% from the previous year (55.9%). These numbers from Gauteng are by far higher than the proportionate number of recorded population and the number of beds in the province. Western Cape (11.0%) and Kwa-Zulu Natal (9.1%) showed the next highest reported cases, albeit trailing lower than Gauteng. There

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About 30% of the complaints from Gauteng were out of scope (e.g. CMS, HPCSA, DSD). Of the remaining 70% which were against actual health establishments, 45% were in Gauteng province. The higher number of complaints in Gauteng is proportionally far more than the total population, which is about 16 million people, which amounts to a quarter of the total South African population.

There are over 405 public and over 170 Private health establishments as reported by the Gauteng Department of Health during the Ideal Clinic progress report and the Private Licencing seminar 2022.

The Northern Cape generated the lowest number of complaints (58). The population of the Northern Cape was below two million (2022 figures).

6.2 Complaints Assessment Unit

Table 18: Comparison of Complaints received and resolved in the Complaints Assessment Unit

Complaints Received 2022-2023	**Complaints Resolved 2022-2023**	**Complaints Received 2023-2024**	**Complaints Resolved 2023-2024**	**Complaints Received 2024-2025**	**Complaints Resolved 2024-2025**
69 (57 Received + 12 Carried over)	42	63 (54 Received + 9 Carried over)	34	110 (85 Received + 25 Carried over)	76
Annual performance 42/69=60.9 % Annual Target: 65%		Annual performance 34/63=54% Annual Target: 70%		Annual performance 76/110=69.1% Annual Target: 75%	

In the 2022/2023 financial year, the Complaints Assessment Unit (CAU) received 69 complaints and resolved 42 complaints within 30 working days. The CAU achieved 60.9% against the set target of 65%, leading to a deviation of -4.1%.

In the 2023/2024 financial year, CAU received 63 complaints and resolved 34 complaints within 30 working days. The CAU achieved 54% against the set target of 70%, with a deviation of -16%. In the 2024/2025 financial year, CAU received 110 complaints and resolved 76 complaints within 30 working days. A total of 69,1% was achieved against the set target of 75%, with a deviation of -5.9%.

The contributory factors for missing the Service Level Agreement (SLA) are detailed in section 5.2 above.

Table 19: Medium, High and Extreme-Risk Rated Complaints escalated to the Complaints Investigation Unit

Financial Years	**Medium**	**High**	**Extreme**	**Total**
2022/2023	0	17	4	21
2023/2024	1	13	3	17
2024/2025	8	25	6	39
Total	**9**	**55**	**13**	**77**

In 2022/2023, the Complaints Assessment Unit (CAU) referred zero (0) medium, 17 high and four (4) extreme risk-rated complaints within 30 working days. A total of 21 complaints were referred to the Complaints Investigation Units during the 2022/2023 financial year.

In 2023/2024, one (1) medium, 13 high and 3 extreme risk-rated complaints were referred for onsite investigation within 30 working days. A total of 17 complaints were referred during the 2023/2024 financial year.

In 2024/2025, eight (8) medium, twenty-five (25) high and six (6) extreme risk-rated complaints were referred for onsite investigation within 30 working days. A total of 39 complaints were referred during the 2024/2025 financial year.

6.3 Complaints Investigation Unit

Table 20: Complaints received and resolved (2022 – 2025)

	2022/23		2023/24		2024/25	
	Received	Resolved	Received	Resolved	Received	Resolved
CC	11	8	10	6	27	6
LC	13	11	08	29	27	34
Total	**24**	**19**	**18**	**35**	**54**	**40**

*CC (Clinical Cases Investigation) * LC (Legal Cases Investigation)

Between 2022 – 2025 a total of ninety-six (96) new cases were received by both the Complaints Investigation sub-units (Health & Legal). Of these, 94 (ninety-four) cases were resolved. Forty-six cases remain pending investigation. The pending cases include legacy backlog cases lodged prior to 2022/23 financial year.

Specifically, the Clinical Complaints Investigation sub-unit received 11 new complaints in 2022/23, ten in 2023/24 and 27 in 2024/25. This data reflects an overall upward trend, with 2024/25 showing the highest number of new cases received. The Clinical sub-unit resolved 8 complaints in 2022/23, 6 in 2023/24 and 6 in 2024/25. The Legal Complaints Investigation and National Preventive Mechanism sub-unit received 13 new complaints in 2022/23, which declined to 8 in 2023/24 before rising sharply to 27 in 2024/25. This data reflects an overall upward trend, with 2024/25 showing the highest volume, more than tripling the previous year's caseload.

The sub-unit resolved 11 complaints in 2022/23, rising significantly to 29 in 2023/24 and further to 34 in 2024/25. This reflects a consistent upward trend in resolution capacity and performance over the three years.

7. INVOLVEMENT OF THE OFFICE OF HEALTH OMBUD IN THE NATIONAL PREVENTIVE MECHANISM (NPM)

7.1 Background of the NPM

South Africa ratified the United Nations' Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) of persons deprived of liberty. Under Article 3 of OPCAT, States or parties must designate, maintain, or establish a National Preventive Mechanism (NPM) to strengthen the protection of persons who are or may be deprived of their liberty.

South Africa adopted a multibody mechanism where five (5) pre-existing constitutional and statutory institutions were designated for the NPM process. The rationale is that designating multiple bodies, the NPM process benefits from

existing monitoring infrastructure, and each NPM member institution focuses on its thematic field of expertise.

The South African Human Rights Commission (SAHRC) is designated to play a coordinating role in a cooperative model that includes four (4) other independent oversight institutions: the Judicial Inspectorate for Correctional Services (JICS); the Military Ombud (MO); the Independent Police Investigative Directorate (IPID), and the Health Ombud (HO).

7.2 NPM Mandate

The mandate of the NPM is to strengthen the protection of persons who are or may be deprived of their liberty in places of deprivation of liberty. This mandate is realised through proactive and preventive monitoring of places of deprivation of liberty and examining the treatment of persons deprived of their liberty by conducting regular unannounced visits to places of deprivation.

7.3 Oversight Visits

The National Preventive Mechanism (NPM) Unit undertook a series of unannounced visits to various places of deprivation of liberty across selected provinces. These visits are a core component of the Unit's mandate to monitor the treatment of individuals deprived of their liberty and to ensure that such environments continue to uphold human rights standards.

Table 21: NPM Oversight Visits (2024/25)

Provinces	Dates	SAPS	Old Age Home	Psychiatric Facilities	Correctional Centres	Secure Care Centres	Magistrate Court Holding Cells	Total
Gauteng	16-19 July 2024	4	0	1 (Sterkfontein Psychiatric Hospital)	2	1	0	8
Western Cape	23-27 Sept 2024	5	1 (Oasis Care Centre)	1 (Lentegeur Psychiatric Hospital)	1	2	0	10
KZN	14-18 Oct 2024	7	0	1 (Ekhuruleni Psychiatric Hospital)	1	1	0	10
Limpopo	18-22 Nov 2024	6	1	1 (Evukakeni and Hayani Psychiatric Hospital)	1	1	0	11
TOTAL		**22**	**02**	**5**	**05**	**5**	**1**	**39**

The Health Ombud's participation in the NPM began in 2023. During the 2023/24 financial year, thirty-four (34) unannounced visits were conducted in places of deprivation of liberty, including four (4) psychiatric hospitals. In the 2024/25 financial year, thirty-nine (39) unannounced visits were conducted, including an old-age home and five (5) psychiatric hospitals.

8. HUMAN RESOURCES AND FUNDING

8.1 Human Resources

Over the 2024/25 financial year, there were 34 staff in the Complaints Management program. Over this period, the OHO had 31 permanent staff, two contract staff and one intern.

Table 22: Human resources capacity in the Office of the Health Ombud

Staff Category	# Permanent	# Contract	Total
Health Ombud	0	1	01
Executive Assistant	1	0	01
Executive Manager	1	0	01
Personal Assistant	1	0	01
Director / Senior Investigators	3	0	03
Deputy Directors	10	0	10
Assistant Directors	7	0	07
Complaints Officers	5	1	06
Administration Officer	1	0	01
Administration Clerks	2	0	02
Interns	0	1	01
Total	**31**	**3**	**34**

8.2 Linking Performance with Budgets

Table 23: Budget and Expenditure (2023/24 – 2024/25)

Programme	2024/2025			2023/2024		
	Budget	Actual Expenditure	(Over) / Under Expenditure	Budget	Actual Expenditure	(Over) / Under Expenditure
Complaints Management and Office of the Ombud	34,480,304	29,547,894	4,932,411	21,403,802	29,387,818	(7,984,016)

The total expenditure for the Complaints Management division (the Office of the Health Ombud) was defrayed using the original budget of R29,547,894.00. An additional allocation of R10 million was approved by the National Treasury during the reporting period.

9. OFFICE ACCOMMODATION

9.1 Background

The Office of Health Standards Compliance (OHSC) entered into a lease agreement for an office space with Mergence Africa Property Investment Trust, a Dipula Income Fund Limited subsidiary, at 79 Steve Biko & Soutpansberg Road, from 01 October 2018 to 31 October 2023. However, before the expiry date, the OHSC board successfully re-negotiated the current lease agreement, which commenced from 01 November 2023 to 31 October 2024. This was extended for a further one (1) year while the OHSC planned for the move to a new building.

9.2 Challenges

The current office space has the following limitations that negatively impact on attaining the effective execution of the Health Ombud's work:

9.2.1 The Health Ombud and senior staff members are placed in previous storerooms with no windows for fresh air or natural light.

9.2.2 The Call Centre operates in an open space that is prone to noise disruptions. There is no confidentiality while interviewing complainants.

9.2.3 Complaints Assessors and Investigators also work in an open space and experience some distractions when doing their work.

9.2.4 All these offices have poor ventilation; they do not have any form of fresh ventilation, and do not comply with the space planning norms and standards for the office buildings as gazetted. The Occupational Health and Safety Act, 85 (OHSA) of 1993 sets out norms and standards and sets out how offices occupied by a specific number of people should be constructed.

10. ENGAGEMENT WITH EXTERNAL STAKEHOLDERS DURING THE 2024/2025 FINANCIAL YEAR

10. 1 Meeting with the Public Service Commission

The Health Ombud met with the Chairperson of the Public Service Commission (PSC), Professor Somadoda Fikeni on 03 April 2024. The purpose of the engagement was to officially sign the Memorandum of Understanding (MoU) between the Office of the Health Ombud (OHO) and the PSC. The two (2) Regulatory Authorities have established a working relationship which has since developed over the past years and contributed to strengthening the health system in the Republic of South Africa.

10.2 Monitoring Privately Run Detention Centres Symposium

The Health Ombud and one member of the OHO staff attended the Symposium on monitoring privately run detention centres which was held in Cape Town on 22 April 2024 and also attended by other statutory monitoring institutions among others, Notre Dame Law School (NDLS), African Policing Civilian Oversight Forum (APCOF), South African Human Rights Commission (SAHRC), Judicial Inspectorate for Correctional Services (JICS), Independent Police Investigative Directorate (IPID) and some Civil Society Organisations. The purpose of the session was to ensure compliance with human rights standards and best practices among private companies running Correctional and Immigration Centres, including small and/or charitable enterprises. This is often achieved through regular, unannounced visits and the use of independent monitoring mechanisms. Key areas of focus include preventing torture and ill-treatment, ensuring adequate living conditions, and upholding detainees' legal rights. This activity was an endeavour to strengthen the South African National Preventive Mechanism (NPM).

10.3 Status Update Session regarding the Health Ombud Report Recommendations on Rahima Moosa Mother and Child Hospital

The Health Ombud attended a meeting regarding the Health Ombud Investigation March 2023 Report recommendation on Rahima Moosa Mother and Child Hospital (RMMCH) in Johannesburg on 09 May 2024. The purpose of the meeting was to update the Health Ombud on the progress made regarding the implementation of the recommendations from the Ombud's Investigation Report. The Gauteng Provincial Department of Health (GPDoH) made significant progress on the refurbishment of infrastructure, including the sewerage system and improving Human Resources Systems at the Hospital

10.4 Joint Inspections between the OHO, PSC and the Department of Labour

The OHO led by the Health Ombud, PSC led by Commissioner Searle, and the Department of Labour undertook inspection at Dora Nginza Regional Hospital (DNRH) in Gqeberha, Eastern Cape on 14 June 2024. During the inspection at DNRH, the team noted that the hospital and ground were poorly maintained and filthy. The toilets, bathrooms, and showers in the visited areas were in an unhygienic condition with thick dust that had accumulated on almost all the windows. Infrastructural damages, such as damaged roofs, doors, and damage caused by rainwater when the hospital recently experienced flooding, were noted.

Other challenges included staff shortage, due to staff leaving the service when reaching retirement age, resignations, stoppage of COVID–19 contract workers, failure by management to replace them or fill vacant posts, lack of technical services and budget constraints.

Security in the maternal unit was particularly lax, constituting a risk for newborns to be stolen /kidnapped.

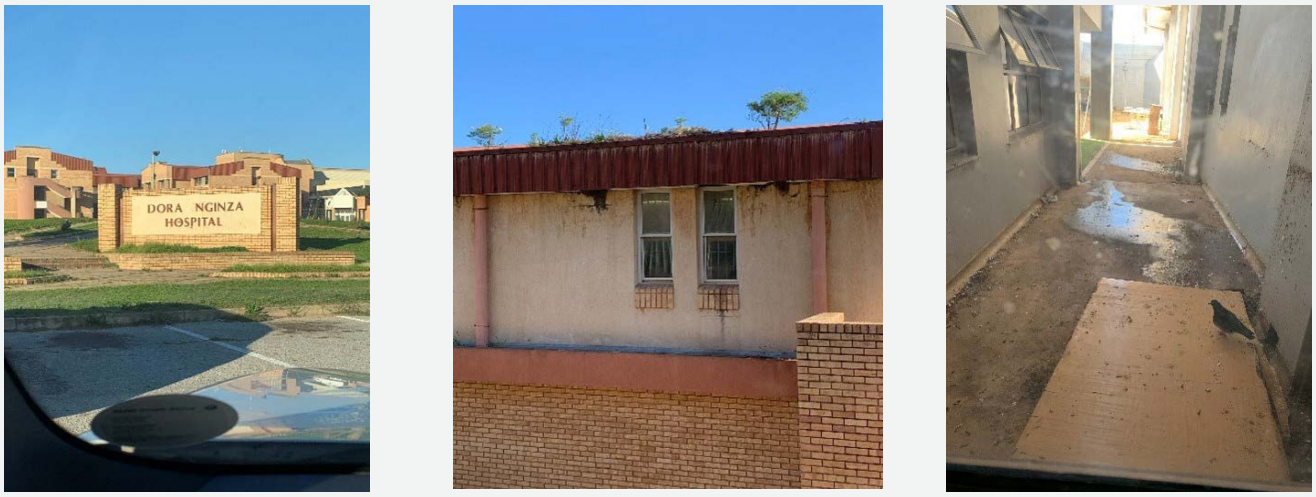

Figure 3: Dora Nginza Hospital: entrance, exterior medical and mental care

10.5 Meeting with the South African Human Rights Commission

The Health Ombud met with the Commissioner of the SAHRC, Dr Henk Boshoff on 19 June 2024. The purpose of the engagement was to establish rapport and collaboration on matters of common interests such as conducting joint operations in investigations, inspections, sharing best practices, lessons learnt and information dissemination. The OHO and the SAHRC must have a good working relationship that ensures promoting and protecting the human rights of the healthcare users receiving healthcare services in the Republic of South Africa. A memorandum of understanding was drawn.

10.6 Meeting with the South African Pharmacy Council

The Health Ombud met with the Registrar and the Chief Executive Officer (CEO) of the South African Pharmacy Council (SAPC), Mr Vincent Tlala, on 22 July 2024. The meeting was intended to gain insight into matters of common interests such as complaint resolution, inspections, outreach campaigns and the sharing of best practices.

10.7 Second International Ombud Expo

The Health Ombud attended the Second International Ombud Expo as a Speaker in Gaborone, Botswana from 29 July – 02 August 2024. The Health Ombud was invited to give a talk at the Second International Ombud Expo on the topic: *"The Health Ombud – Role, Effectiveness and Case for African Countries."* The Office of the Health Ombud, by virtue of being a member of the International Ombudsman Institute, showcased initiatives and good practices of the Office of the Health Ombud among the international Ombudsmen.

10.8 Meeting with the Australian High Commission

The Health Ombud and his team met with His Excellency, Australian Deputy High Commissioner to South Africa, Mr David Geyer on 14 August 2024. The purpose of the meeting was to gain insight on the workings of the complex health system and the ombudsman functions in Australia.

10.9 Briefing to the Portfolio Committee on Health

The Health Ombud attended the Briefing to the Portfolio Committee on Health in Cape Town on 21 August 2024. The purpose of this engagement was to brief the new Portfolio Committee on Health on the mandate, role and function, key programmes and policies that underpin the work of the Health Ombud. Furthermore, it was to provide an interactive environment for the newly appointed Members of Parliament serving in the Portfolio Committee on Health to have extensive discussions on the different entities under the Ministry of Health including the Health Ombud.

10.10 Hospital Association of South Africa Conference 2024

The Health Ombud participated as a Speaker at the Hospital Association of South Africa (HASA) Conference 2024 in Sandton, Johannesburg on 03 September 2024. The Health Ombud presented on the topic *"Voice of the Patient."* The OHO was given an opportunity to exhibit the work of the Office amongst the hospital group Executives, and Facilities Management, Medical Practitioners, Medical Insurance Organisation Executives and Senior Management, Healthcare Academics, Legislators and Regulators, Medical Device Executives, and the Media.

10.11 MRI Handover Ceremony

The Health Ombud attended the Handover Ceremony of the Magnetic Resonance Imaging (MRI) Scan project to the Rahima Moosa Mother and Child Hospital on 20 September 2024. This is part of partnerships with Private Capital (First National Bank) assisting with procurement of appropriate modern equipment for the hospital.

10.12 Meeting with the Council for Medical Schemes

The Health Ombud met with the CEO and Registrar of the Council for Medical Schemes (CMS), Dr Musa Gumede on 23 January 2025. The purpose of the engagement was to officially sign off the MoU between the OHO and the CMS. The agreement should be beneficial to both institutions including the referral of complaints lodged which are not within the jurisdiction of the other party, share best practices, lessons learnt and information dissemination.

10.13 Meeting with the Health Services Safety Investigations Body

The Health Ombud attended a meeting with the Health Services Safety Investigations Body (HSSIB) and the British High Commission representatives on 05 February 2025. The purpose of the engagement was to discuss areas of collaboration on medico-legal and clinical governance. This initiative is part of the National Health System Consortium (NHSC) for Global Health deliverables under the UK Foreign, Commonwealth and Development Office (FCDO) Health Systems Strengthening Programme with South Africa, which focuses on medico-legal and clinical governance. These deliverables are also driven by the Clinton Health Access Initiative (CHAI).

10.14 COHSASA Hospital Show Conference 2025

The Health Ombud participated as a keynote speaker at the Council for Health Service Accreditation of Southern Africa (COHSASA) Hospital Show Conference on 05 March 2025. The Health Ombud presented on the topic *"When patient reported outcomes and experiences are far from satisfactory. The view from the Ombud."* The OHO was afforded an opportunity to exhibit the work of the Office among the leading suppliers and service providers in the hospital sector across South Africa, Southern African Development Community (SADC), and Africa.

Furthermore, the objective of the conference was to explore whether the healthcare sector can enhance safety for both patients and staff by integrating a broader sustainability framework through environmental, social and governance strategies.

10.15 Introductory Meeting with the Parliamentary and Health Service Ombudsman

The Health Ombud met virtually through a video conference with the Interim United Kingdom (UK) Parliamentary and Health Service Ombudsman (PHSO), Ms Rebecca Hilsenrath on 11 March 2025. The purpose of the meeting was to introduce the Health Ombud to the Interim UK Ombudsman and to continue the collaboration between the two institutions. It would be beneficial for both OHO and the PHSO to renew the twinning agreement to foster co-operation and the exchange of knowledge, experience, and skills in investigating and managing healthcare sector complaints.

11. STRATEGIC PLANNING REVIEW SESSION

The OHO held its strategic planning review session on 06 December 2024. The purpose of the strategic session was to reflect on the achievements and challenges for the period under review, celebrate improvements, team building, and plan for 2025. Advocate Lawrence Mushwana, former Public Protector and former chairman of South African Human Rights Commission, presented a talk on the mediation and reconciliation role of an Ombudsman in South Africa, sharing his extensive experience and insights into the challenges and strategies for effective mediation.

The session emphasised the following:

- The importance of team building and creating a family-oriented environment within the office.
- The need for additional personnel and resources to improve the office's efficiency and effectiveness.
- The appointment of nine (9) new investigators and support staff on permanent staff establishment, highlighting the importance of these additions in enhancing the capacity of the office to handle complaints and investigations.
- The need for a scientific language writer to assist with report writing.
- **Work restructuring:** Creation of functional units, such as the Complaints Call Centre, Complaints Assessment Unit, Clinical Investigation Unit, and Legal Investigation and NPM Participation Unit, each handling different types of cases based on their complexity and risk level.
- **Funding Challenges:** The challenges in securing funds from the National Treasury (NT), noting that their submissions were lost within the National Department of Health (NdoH), and it did not reach the NT on time.
- **Rebranding Efforts:** The successful rebranding efforts included the creation of a new logo and vision for the office.
- **Importance of New Logo:** The new logo represents the office's commitment to independence, honesty, efficacy, and resilience.
- Creation of the Office of Health Ombud as a juristic person. The current legislation created the Health Ombud without an office.
- It was noted that the Health Ombud is at risk of facing litigation in his personal capacity.
- Revision of the Appeals process.
- It was noted that the work of the Health Ombud is not known in rural communities, hence the need for community outreach programmes.
- The Minister of Health's suggestion of quarterly release of Health Ombud results to the public.
- There was a proposal for the usage of additional alternative methods to lodge complaints with Health Ombud, such as Short Message Service (SMS) and WhatsApp Chatbots.
- The importance of benchmarking with the Australian Health Ombudsman was discussed. It was noted that the OHSC based the design of norms and standards on the Australian Health Ombudsman.
- Concerns were raised regarding the policies and procedures within the Office of Health Standards Compliance. The delay in procurement of expert professionals, which took more than twelve (12) months. This delayed the finalisation of some case investigations.
- The delay of migration of the OHO email address, which, after nine (9) months, has not been implemented yet, was noted.
- It was discussed that there would be an Inaugural Biennial Health Ombud Symposium proposed for the 3rd Quarter of 2025/26.

12. HEALTH OMBUD BILL

12.1 Background

The creation of the post of Health Ombud emanates from section 81 of the NHAA.

Section 81(3)(b) stipulates that the Ombud is located within the OHSC, and section 81(3)(c) provides that the Ombud is assisted by persons designated and seconded by the OHSC with the concurrence of the Ombud – this effectively means that the Health Ombud has no staff, and the staff that are seconded to the OHO continue to be employees of the OHSC.

12.2 Challenges

These restrictive provisions have created various challenges for the functioning of the Office of the Health Ombud as the Ombud is unable to recruit and select employees, or procure goods or services from service providers, without the involvement of the OHSC.

To circumvent this and ensure an effective and independent office of the Health Ombud, a Health Ombud Bill was drafted with the intention of defining the functions of the Health Ombud, and to provide for the appointment, remuneration, powers and functions of the Health Ombud, which would extend to the staff of the OHO.

12.3 Status Quo

The Health Ombud Bill was previously scheduled to be tabled at the Forum of the South African Directors-General (FOSAD) in November 2022. The National Treasury rejected the Bill due to a lack of funds to establish another Schedule 3A Public Entity. The Minister of Health, Dr A. Motsoaledi, advised the Health Ombud to amend the current National Health Amendment Act, 12 of 2013 (NHAA). Following the Minister's advice, inputs have been made on particular sections of the NHAA that need amendment.

Some of the proposed amendments include, among others, the establishment of the Office of the Health Ombud as a Schedule 3A Public entity, the Health Ombud's participation in the NPM, and the monitoring of the implementation of the Ombud's recommendations.

13. HEALTH OMBUD COMMUNICATION INITIATIVES

The Communication and Stakeholder Relations unit is dedicated to enhancing the comprehension of the role and authority of the Office of Health Standards Compliance (OHSC), which encompasses the Health Ombudsman, among key stakeholders and the general public.

This objective is realised through strategic communication, active stakeholder engagement, and the cultivation of partnerships.

Outcomes, Outputs, Output Indicators, Targets, and Actual Achievements

Throughout the review period, the Health Ombudsman significantly bolstered its communication and stakeholder engagement efforts. The initiatives launched during this financial year were focused on fostering trust and deepening the understanding of the organisation's programmes. The communication strategy was crafted to support and promote the objectives of the entity across various platforms and methodologies.

During this reporting period, the Health Ombudsman not only met but also frequently surpassed its communication targets, contributing substantially to the overarching goal of enhancing stakeholder and public awareness of its responsibilities, as well as those of the OHSC, through effective communication and partnership development.

Key Achievements Include:

1. Successful Execution of Community Engagements

   In a bid to promote active user participation and empower communities in healthcare delivery and issue reporting, the Health Ombudsman, in collaboration with the Government Communications and Information Systems (GCIS) and other stakeholders, facilitated two-way communication. This initiative, aimed at enhancing the accessibility of government services to communities, resulted in 23 community stakeholder engagements aimed at raising public awareness about health establishments, elucidating the roles of the Health Ombudsman and informing stakeholders on how to leverage the entities' powers, including those of the OHSC, to address lapses in quality care. These engagements were conducted across Gauteng, KwaZulu-Natal, Mpumalanga, the North-West, Western Cape, and the Free State.

2. Strategic Public Sector Engagements

   To ensure regulatory coherence and alignment with the practical realities of healthcare service delivery, the Health Ombudsman and OHSC actively participated in numerous public sector conferences. This engagement led to 16 interactions with the private sector at various public sector conferences and exhibitions to increase awareness about the roles of the entities. Notable events included the Africa Nursing Conference, the Hospital Association of South Africa event, the South African Renal Congress, the Hospital Show, and the International Ombud Expo. These interactions resulted in a discernible enhancement in the understanding of the entities' regulatory roles among healthcare establishments and professionals, particularly during stakeholder engagement sessions focused on the development of the OHSC 2025/30 Strategic Plan.

3. Improved Media Coverage and Engagements

   Media engagement initiatives were implemented to bolster the visibility and credibility of the entities as regulators of healthcare services, effectively communicate the functions of the Health Ombudsman and OHSC to healthcare users, demonstrate accountability through the sharing of inspection progress and performance metrics, and encourage compliance with established norms and standards. Various mainstream media platforms were leveraged to highlight the Health Ombudsman and OHSC's programmes, including a media briefing for the release of the Health Ombudsman investigation findings and OHSC Risk-Based Inspection report related to allegations against Helen Joseph Tertiary Hospital. These reports garnered extensive media and public interest, resulting in numerous interviews with both broadcast and print media.

4. Strong Digital Communication through the OHSC

   - External Newsletter

   To enhance awareness, compliance, and quality improvement, the Health Ombudsman and OHSC continued the production and publication of a quarterly digital external newsletter titled The Bulletin, specifically targeted at healthcare establishments, medical professionals, and healthcare workers.

   - Enhanced OHSC Website and Improved Social Media Performance

   The Health Ombudsman and OHSC recognised the importance of websites

- Enhanced OHSC Website and Improved Social Media Performance

The Health Ombudsman and OHSC recognised the importance of websites and social media platforms in communicating and providing access to their programmes. In support of transparency, stakeholder engagement, and digital transformation, both the Health Ombudsman and OHSC undertook a comprehensive redesign of their official websites to improve accessibility and user experience. These revamped websites were officially launched in the third quarter of 2024/25. Additionally, the Health Ombudsman has actively utilised the OHSC's social media platforms, which have experienced substantial growth, achieving significantly enhanced engagement rates. These channels have been effectively employed for real-time communication and to showcase the impactful work of both entities.

14. FUTURE PLANS

Resolution of Legacy Backlog Complaints

The Health Ombud submitted a funding request from National Treasury through the National Department of Health to undertake a special project *"Letsema"* to address the legacy backlog cases. However, Treasury could not grant this owing to national budgetary constraints. The Health Ombud intends to make the request for funding *"Letsema"* Project again during the next round of budgets allocations.

Research on the Pattern of Complaints

It is imperative that the OHO conducts research on the pattern of complaints in order to identify trends that need intervention, if the Health Ombud is to realise part of the mandate to improve healthcare services/health system in the country. Therefore, the OHO needs trained and competent staff to undertake this research. Currently, the Health Ombud is using a Master of Public Health student to undertake some of the research.

Bench Marking the Work of the Health Ombud

The Health Ombud office is now in its 9th year since inception. It is the only one of its kind in Africa and one of the few dedicated health ombudsman in the world. The norms and standards that forms the basis for the Health Ombud's work were based on the Australian Health Ombud's norms and standards. It is desirable that the Health Ombud's team should visit Australia to study how the Australian Health Ombud navigates and applies these norms and standards in their day-to-day work.

Independence of the OHO

The Health Ombud argued for the independence of the OHO in the last Annual Report, seeking independence from the OHSC and the Ministry of Health in order to be seen to be independent, noting that the OHSC, being the regulator of the Health Establishments which the Health Ombud is directed to investigate, the subsuming of OHO within OHSC creates a potential for conflict. Likewise, the Ministry of Health is ultimately responsible/accountable for the provision of healthcare, albeit indirectly, in all spheres of government which deliver different aspects of healthcare viz., provincial and local governments.

The appointment of the Health Ombud by the Minister of Health and the Appeal process against the Health Ombud that rests with the Minister of Health creates a potential for conflict. It is in this regard that the Health Ombudsman Bill was crafted. However, National Treasury stopped its progression toward enactment. An alternative mechanism of partially addressing the need for palpable and demonstrable independence would be an amendment of the current National Health Act (NHA) to create a free-standing Office of the Health Ombud. The Health Ombud will work towards achieving such amendment of NHA to realise a free standing OHO.

Stakeholders Engagements

The Health Ombud is determined to rekindle and strengthen relationships with his international counterparts, including the UK Parliamentary and Health Services Ombudsman, and the Australian Health Ombudsman as already stated.

The Health Ombud should continue to strengthen as well as forge new relationship with other generic ombudsmen nationally and internationally. In this regard, the Health Ombud should maintain membership of national and international ombudsmen and mediators associations and institutes.

The Health Ombud should continue to explore and exploit different avenues and mechanisms of reaching out to communities, especially rural people.

HEALTH OMBUD

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