

TAKING LEGISLATURE TO THE PEOPLE (TLP) OVERSIGHT VISIT REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND SOCIAL DEVELOPMENT CONDUCTED AT EVANDER HOSPITAL ON 13 SEPTEMBER 2017 - DEPARTMENT OF HEALTH

1. INTRODUCTION

The Legislature conducted its Taking Legislature to the People (TLP) at Govan Mbeki Local Municipality from 11-15 September 2017.

The Portfolio Committee on Health and Social Development (the Committee) visited Evander Hospital during the TLP programme on 13 September 2017.

2. PURPOSE OF THE TLP OVERSIGHT VISITS

The purpose of the TLP visit was to assess the health facilities, infrastructure and performance of the hospital against the National Core Standards (NCS).

3. METHOD OF WORK

The Legislature notified the Department and all stakeholders accordingly about the TLP oversight visits to be conducted and the purpose thereof. Invitations were then sent to the respective Departments including the Department of Health, management of the hospital and the Municipality, requesting them to be part of the programme.

- On 12 September 2017, the Social Transformation Cluster jointly with the Economic Cluster conducted a public hearing at Emzinoni Stadium.

- On 13 September 2017, the Portfolio Committee on Health and Social Development conducted its oversight visits to projects of the Department of Health and the Department of Social Development.

4. OBSERVATIONS

The Committee observed the following:

- Evander Hospital is well-managed; it is very neat and clean and the staff attitude was generally good despite the reports of staff shortages.
- There is ample space in the waiting area and the reception area is clean.
- The hospital achieved Grade A award for best government pharmacy in national assessment; it is a National Health Insurance (NHI) pilot hospital.
- There is a high vacancy rate at the hospital, which the Department was in the process of addressing.
- In the last self-assessment report conducted in 2016, four of the six priority areas of the National Core Standards (NCS) were achieved; this is progressive in comparison to previous assessments.
- The Hospital Board was recently appointed and will shortly begin fulfilling all its statutory functions. The Board Chairperson was present at the visit.
- The electricity account is very high; reportedly due to the municipal billing system which is being used.
- The hospital has recently undergone major renovations in phases, which reportedly had not affected its functionality.
- The hospital is in need of an administration block and additional accommodation for doctors and nurses. The shortage of accommodation was impacting on the vacancy rate of the institution.
- The hospital is having a challenge in relation to poor document management; this situation posed a threat to possible litigations due to

unavailability of relevant supporting documentation (patient record files). The matter is however being addressed by the hospital management.

- There are some operational matters which need to be addressed in order to improve the hospital performance to optimal level. These matters are:
 - insufficient accommodation facilities for doctors and nurses;
 - lack of own laundry service;
 - lack of electronic document management system for patient records;
 - lack of proper financial management (irregular and fruitless expenditure).

5. INTERACTION WITH THE MANAGEMENT OF THE HOSPITAL, THE DEPARTMENT OF HEALTH AND INVITED STAKEHOLDERS

5.1. EVANDER HOSPITAL

Overview by the HOD of the Department of Health: Dr. S Mohangi:

- The hospital has 41 doctors, 134 nurses and 113 beds; the Department is addressing the mismatch of numbers in this regard.
- The Department will strengthen monitoring and evaluation of services rendered at the hospital, which will include appointment of five (5) nurses and a Clinical Manager with effect from 01 October 2017. These posts are part of the 551 funded posts which the Department has identified for filling in the 2017/18 financial year.
- The Department is moving towards eventually ensuring a separate organogram per hospital, which will cater for human resource needs.
- The hospital budget is declining in response to economic related factors.
- The National Department of Health is in the process of finalizing workload indicators for each hospital in the Province.

Presentation by the Hospital CEO:

- The CEO presented a detailed hospital profile, an improvement plan and a financial report to the Committee. The following issues were noted amongst others:
 - The hospital does not have a Clinical Manager, however, interviews were conducted on 08 September 2017;
 - Cleaning and gardening machines are old and are frequently out of order;
 - Backup generators are available and functioning well;
 - The designated medical waste storage area does not meet the required standards;
 - The water tank is not connected to the plumbing system of the hospital.

- The Committee raised clarity-seeking questions which are detailed under the Comments by the Committee below.

5.2. COMMENTS BY THE COMMITTEE

Infrastructure

The hospital building infrastructure was generally in good condition. It has recently undergone major renovations in phases, which reportedly did not affect the hospital's functionality or compliance with the National Core Standards (NCS). At the time of the Committee's visit, the renovations on the Paediatric ward had just been completed, whilst the newly renovated Casualty and OPD wards were already operational. During the site inspection the Committee verified the quality workmanship and pleasant atmosphere in these renovated wards.

It was noted during the discussions that the hospital needed an administration block and construction of doctors' and nurses' accommodation facilities.

Performance and Compliance with NCS

In the last self-assessment report conducted in 2016, four of the six priority areas of the National Core Standards (NCS) were achieved; this is progressive in comparison to previous assessments.

Despite the overall functionality of the hospital, the Committee noted the human resources constraints in relation to improving the hospital's performance.

Other operational matters such as insufficient accommodation facilities for doctors and nurses, lack of its own laundry service, inadequate document management system and unsatisfactory financial management were some of the main issues to be addressed in order to improve the hospital's performance. The Department had reportedly determined and costed the required staff to ensure that the hospital functions at optimal level.

In terms of the inadequate document management (archiving of patient record files) the Committee raised a concern about the potential risks in relation to litigations when supporting documents (patient record files) are required. The CEO assured the Committee that as an NHI pilot institution the hospital was managing this situation and was in the process of transferring to an electronic system. In the meantime patient record files were manually filed in a safe place.

Performance in relation to 2017/18 APP

In terms of the 2017/18 APP, Evander Hospital has been able to achieve the following performance indicators on Programme 2:

- Inpatient bed utilisation rate
- Complaint resolution within 25 working days

However, the hospital has failed to achieve the following performance indicators:

- Compliance with extreme and vital measures of the NCS,

- Patience experience of care survey
- Average length of stay
- Expenditure per Patient Day Equivalent
- Medical Male Circumcision

Hospital Board and management team

The Hospital Board was recently established and was beginning to carry out its functions. The hospital also had an appointed CEO but there was not a full complement of the executive management team. The HOD committed that the post of Clinical Manager would be filled with effect from 01 October 2017.

The Chairperson of the Hospital Board supported the concerns raised by the CEO and further indicated the following issues:

- The by-passing of clinics was still a challenge affecting the hospital;
- The human resource constraints were a challenge and the Department needed to fast track recruitment processes for the vacant posts;
- The hospital found it difficult to retain medical officers due to the shortage of accommodation facilities, despite there being ample space to build;
- She concurred with the CEO about the need for construction of an administration block and demarcated area for a helipad;
- The mental wards were too small and tighter security was needed due to frequent absconding of mental health care users.

Financial Management

The Committee noted the decreasing annual budget allocation of the hospital was due to economic situation of the country. The hospital is budgeted R 145 459 000 for the 2017/18 financial year. As at 21 August 2017 the Expenditure on Compensation of employees was at 39%; Goods and Services at 48%; Households at 40% and the overall expenditure was at 40% (15% above the 25% benchmark of the Provincial Treasury).

The hospital indicated that the high cost drivers are:

- Electricity bill (which is extremely high); the electricity bill is high because of other services that draw the electricity funds from the facility such as Forensic pathology, Leandra EMS, Evander gateway clinic and National Health Laboratory Services. The boiler of the hospital does not use coal but electricity to generate heat and this also contributes to the high bill.
- Overtime expenditure
- National Health Laboratory Services over spending
- South African National Blood Service (SANBS) overspending
- Limited budget for goods and services which, causes overspending

The Department reported that fruitless expenditure to the value of R662 was caused by the fact that the electricity bill could not be paid during March due to closure of books, this then caused accumulation of interest because payment was not within the 30 days prescribed period. The irregular expenditure of R1,5 million was reportedly caused by the food contract that has expired and extended on a month to month basis. The Department reported that it is in the process of appointing a new contractor.

The Committee raised concern about the R1, 5 million irregular expenditure the hospital incurred as well as the fruitless expenditure of R662-00, though it's minimal. The Department was asked to explain whether any consequence management steps were taken against the responsible officials in these instances. The Department reported to have established Financial Misconduct Committees for each District to strengthen consequence management and promote good financial management practices in all facilities.

The Committee noted that the hospital was not implementing proper financial planning and fiscal discipline; there was a lack of prudent financial oversight as the impact of budget cuts and accruals caused by over expenditure in the previous financial years rolled over and affected the current budget.

High vacancy rate versus high overtime expenditure

The hospital has a high vacancy rate. The following shortages were noted:

- No operational managers for Paediatric, Medical, OPD and Casualty
- Mortuary attendants
- Nurses

The Department reported that during this current financial year, the Department has targeted filling Executive Management posts in all hospitals. In Evander Hospital, the vacant post is that of the Medical Manager. Interviews were conducted on 08/09/2017 with a view of appointing by 01 October 2017. The Department also reportedly advertised posts and five Auxiliary Nurses will be appointed by 01 October 2017 as part of the approved 551 posts.

The CEO informed the Committee that although the overtime expenditure was currently high, it was still within the allocated budget. However, he indicated that over the coming months the expenditure could exceed the budget.

In relation to the high vacancy rate and high overtime expenditure, it was further noted that the lack of doctors' and nurses' accommodation had also contributed to the loss of staff, especially medical officers and nurses. The Committee noted that the hospital has a retention strategy.

Nursing unions input

The nursing unions HOSPERSA, NEHAWU and PSA were in attendance during the oversight visit. They indicated the following key concerns:

- The high vacancy rate was a concern; vacant posts needed to be filled;
- Need for doctors' apartments and additional nurses' accommodation;
- Need for specially demarcated area for sporting and recreational activities.

Nursing School

The Committee noted in the presentation made by the CEO that there were plans for a nursing school at the hospital. The CEO was urged to put a timeframe to this project and make relevant submissions to the Department for implementation by the Department of Public Works, Roads and Transport. The Department reported that the Nursing school in Evander Hospital is not prioritized in the MTEF because of other projects that have already commenced in the province. The Department has reportedly instead prioritized to establish Satellite Campuses at Witbank, Ermelo and Rob Ferreira with the aim of increasing the intake of Student Nurses.

Mental Health Patients

The Committee noted that the hospital needed more personnel specially trained to deal with mental health care users (patients). It was noted that the current staff is predominately females, thus more males are needed to fully support the needs of mental patients and ensure tighter security. In addition, it was reported that the mental wards were too small.

Emergency Medical Services (EMS) response time

The CEO informed the Committee that they were complying with the norm in this regard, although response times were determined by the level of the EMS service required per call logged. Obstetric ambulances were available to transport patients from the clinics to the hospital. The CEO indicated to the Committee that any delays were managed accordingly.

Linen shortage

The hospital reported a shortage of linen, including blankets. It was indicated by the CEO that Evander Hospital was dependent on Bethal Hospital for laundry services but the laundry machine at Bethal Hospital frequently broke down, causing Evander Hospital to not meet its targets in relation to supply of clean

linen. The Committee raised a concern about this matter, as the rights of patients to clean linen and blankets should not be undermined. The CEO assured the Committee that the hospital was managing the situation by using smaller in-house laundry machines and the regional laundry service.

Medical Waste disposal

The Committee was informed by the hospital management that the storage area for medical waste was found to be non-compliant with the sector required standards. To this effect, renovations to the storage area are underway to ensure sector compliance in this regard; the planned completion date is 31 December 2017.

Pharmacy

The hospital was proud of the fact that their pharmacy had obtained a Grade A award for best government pharmacy in the country. During the site inspection of the hospital, the Committee was impressed by the clean, highly organized, fully-stocked pharmacy and committed staff; it was even suggested that other hospitals should visit this pharmacy to benchmark with its standards.

Operating hours of clinics

The ward councillor disputed the statement by the hospital CEO that clinics in Evander operated 24 hours, citing that this was not the case in Extension 14, Ward 4 clinic. The Committee appreciated the input and urged the councillor to continue visiting all the clinics to verify their operationality. The CEO was also requested to ensure that the clinics were indeed operating as he had indicated.

The Department reported that not all Primary Health facilities in Govan Mbeki are operating on a 24hours basis. The Department also reported that Primary Health Care facilities are categorized into Clinics and Community Health Centers. Clinics operate 8 hours a day, five (5) days a week, whilst Community Health Centers are operating on a 24-hours basis, seven (7) days a week. The

Department further indicated that in Govan Mbeki Municipality, there are 12 Primary Health Care facilities and only four (4) Community Health Centres, Embalenhle, Paulina Morapedi and Lebohang CHCs including SEAD which refers to Bethal hospital are operating on a 24hours basis.

Helipad

The hospital management reported that there was no specially designated area for a helipad, despite there being ample space on the hospital grounds for this. This was a challenge for the hospital, especially for emergency helicopter landings at night. The Committee advised the Department and the hospital to look into this matter and designate the relevant ground space for this.

5.3 FINDINGS MADE BY THE COMMITTEE

After the interaction with the Department and hospital management, the Committee found that:

- a. The hospital is not compliant with the National Core Standards;
- b. The hospital has a high vacancy rate, particularly on critical posts;
- c. There is no administration block and adequate doctors and nurses accommodation facilities at the hospital;
- d. The hospital has no designated sporting grounds for staff;
- e. The hospital has no demarcated area for a helipad;
- f. The hospital has insufficient mental health care personnel who are specially trained to deal with mental health care patients; the mental wards are also too small.

5.4. RECOMMENDATIONS MADE BY THE COMMITTEE

After the deliberations, the Committee recommended that the Department must:

- a. Ensure efficient implementation of the hospital improvement plan and compliance with the National Core Standards with continuous monitoring and evaluation to address the noted challenges. Submit a progress report in this regard by 30 November 2017;
- b. Finalize all recruitment processes for the hospital to ensure that all funded vacant posts are filled before the end of the 2017/18 financial year; also ensure that the overtime budget is not exceeded. Provide a list of all posts filled and in process by 30 November 2017;
- c. Make provision for construction of the administration block and the doctors and nurses accommodation facilities at the hospital and provide progress in this regard by 30 November 2017;
- d. Ensure that the hospital management designates a suitable area for staff sporting activities and provide progress by 30 November 2017;
- e. Ensure that the hospital management designates a demarcated area for a helipad. Provide progress by 30 November 2017;
- f. Make provision for construction of additional mental wards and appoint more suitably trained personnel, to adequately deal with mental health care patients. Provide progress by 30 November 2017.

6. PUBLIC HEARING

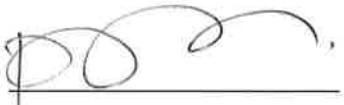
The following issue was raised by the public:

It was noted that a female patient was allegedly abused at Bethal Hospital when she was admitted after suffering a miscarriage. The Committee requested for clarity in this regard and wanted to know what the Department did to address the situation. The Department reported that it was a case of a misunderstanding, the patient was scheduled for theatre and upon the Doctor's arrival for the operation, he found that the nurses had not prepared the patient for theatre and she (the patient) had already eaten that day (the patient must have an empty stomach for the operation). The Doctor then scolded the nurses for not preparing the patient and the patient misunderstood this act as a result of language barrier. The patient was rescheduled for the following day. The patient then lodged her complaint with the hospital and district management, a meeting was held with the patient, her parents, South African National Civic Organization - SANCO representatives and the management of the hospital to resolve the matter. The hospital clarified to the house what had happened and apologized for the misunderstanding, the patient welcomed the clarification and the apology.

The Chairperson requests the House to adopt the report with its findings and recommendations and that a progress report on the implementation of House resolutions be provided on or before 30 November 2017.

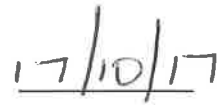
7. CONCLUSION

The Chairperson would like to express her heartfelt gratitude to all the Honourable Members of the Portfolio Committee on Health and Social Development for their attendance and active participation during the TLP Programme. She further wishes to thank the Department, the municipality and the management of the health facilities for the services rendered and the Legislature staff for providing support to the Committee.



HON. P NGOBENI

**CHAIRPERSON: PORTFOLIO COMMITTEE ON
HEALTH AND SOCIAL DEVELOPMENT**



DATE