

# **TAKING LEGISLATURE TO THE PEOPLE (TLP) OVERSIGHT VISIT REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND SOCIAL DEVELOPMENT CONDUCTED AT MMAMETLHAKE HOSPITAL ON 18 SEPTEMBER 2018 - DEPARTMENT OF HEALTH**

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## **1. INTRODUCTION**

The Legislature conducted its Taking Legislature to the People (TLP) at Dr JS Moroka Local Municipality from 17-21 September 2018.

The Portfolio Committee on Health and Social Development (the Committee) visited Mmametlhake Hospital during the TLP programme on 18 September 2018.

## **2. PURPOSE OF THE TLP OVERSIGHT VISIT**

The purpose of the TLP visit was to assess the health facility, infrastructure and performance 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 clinic and the municipality, requesting them to be part of the programme.

- On 18 September 2018, the Portfolio Committee on Health and Social Development conducted its oversight visit to the project of the Department

of Health – Mmametlhake Hospital and later joined the Elderly and People with Disability Stakeholder Engagement

- On 20 September 2018, the Social Transformation Cluster jointly with the Economic Cluster conducted a public hearing at Vulture FC Sport Field.

#### **4. OBSERVATIONS**

**The Committee observed the following:**

- The hospital infrastructure is in the process of revitalisation;
- The hospital premises is not clean;
- The filling system is not neat and untraceable, negatively affecting patient waiting time;
- The hospital revitalization project is at 96% completion for phase one. The Department of Public Works, Roads and Transport (DPWRT) is reportedly busy with the procurement process for second phase;
- There is now stability in Siyabuswa CHC following the appointment of a Pharmacist Assistant, 2 Enrolled Nurses, a Cleaner and an Admin Clerk.

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

The absence of the MEC was noted, the apology stated that MEC SJ Manzini attended a Presidential Coordination Council on Health Issues, the HOD Dr S. Mohangi led the delegation.

The HOD welcomed the oversight visit by the committee and requested the hospital CEO, Ms. DI Konaite to make a presentation on the hospitals' compliance with the National Core Standards. The following was noted from the presentation by the hospital CEO:

- The hospital is on phase two of the infrastructure revitalization process;
- On the executive management team, there is no Allied Service Manager, and there is a high vacancy rate, particularly on the lower categories – assistant nurses, admin support, finance section and cleaners;
- The inpatient bed utilization rate is high, the approved bed utilization is far less than the population;
- The expenditure per patient day equivalent is very high due to the high expenditure on National Health Laboratory Services;
- The hospital is also not doing well on the extreme vital and measures;
- There is a shortage of linen, Middleburg hospital currently supplies the hospital as per demand;
- The hospital does not have budget available for protective clothing and stationery;
- The lack of maintenance budget negatively affects the maintenance of air conditioners and auto cleaning machines to mention just two;
- Only two washing machines out of four are functional as a result of the limited electricity supply;
- The hospital currently assists KwaMhlanga hospital with forensic services
- Six Priority Areas:

Priority Areas	Scoring			
	2014	2015	2016	2017
Availability of Medicine	75	80	69	70
Cleanliness	67	68	73	92
Patient Safety and Security	68	64	69	70
Infection Control and Prevention	58	66	76	86
Staff Attitude	79	73	51	83

Average Waiting Time	67	94	69	89
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### **Cleanliness**

The committee noted that there is a revitalization project underway (the contractor is busy doing landscaping), however cited that cleanliness within the premises of the hospital is a necessity for improved quality of health.

### **Safety and Security**

The committee emphasized the need to centralize safety and security within the Department of Health and not with the Department of Community Safety, Security and Liaison. The department reported that it is in continuous engagement with Department of Community Safety, Security and Liaison (DCSSL) and EXCO to address the challenges on security services in all health facilities. The department also reported that it has sent a team to benchmark in two (2) provinces (Gauteng and Free State) on management of insourced security services.

### **Limited Budget**

The department reported that it has challenges procuring protective clothing, food, linen and stationery due to the limited budget. The committee enquired on that the impact the budget limitation has on patient care. The department outlined the impact of budgetary constraints on patient care as follows:

- Protective clothing – cross infection and injury in both patient and personnel;
- Food – patient individual nutritional need is compromised;
- Linen – cross infection and exposure to discomfort and harsh weather condition;
- Stationary – litigations and poor management of patients due to no recording of clinical care.

The department has reportedly commenced with implementation of efficiency measures in all hospitals to address the challenge of limited budget for all non-negotiables e.g. food and protective clothing.

### **Pharmacists**

The committee requested for clarity on the number of pharmacists employed and serving at the hospital. The department reported that the presentation of five (5) pharmacists, consist of four (4) permanent pharmacist as per the organogram and one (1) community services pharmacist which is not part of the organogram.

### **Maintenance**

The committee emphasized the need of a maintenance plan and also proposed that maintenance teams must be rotated within the health facilities for improved service delivery. The department reported that it has a maintenance plan for Infrastructure and Medical equipment and that the maintenance team is rotating all the health care facilities for maintenance of medical equipment, however, the teams for Infrastructure maintenance are not having all the necessary skills which lead in the delays in maintaining. The department has reportedly signed a Service Level Agreement with Mpumalanga Regional Training Trust to provide Artisans to assist.

### **Human Resource Delegation**

The committee requested the department to decentralize HR delegations to hospitals for appointments in the lower categories to improve the recruitment/replacement turnaround. The department reported that it has decentralized delegations on the appointment of lower category staff. The delegation include shortlisting and interviewing while the Head of the Department of Health is only responsible for signing the final approval for appointment.

## 5.1 FINDINGS MADE BY THE COMMITTEE

After the interaction with the department and clinic management, the Committee found that:

- a. The hospital is not compliant with the National Core Standards;
- b. The hospital infrastructure revitalization project, phase one was reported at 96% completion and procurement for phase two was being processed by the Department of Public Works, Roads and Transport;
- c. The department reported that it has sent a team to benchmark in two (2) provinces (Gauteng and Free State) on management of insourced security services;
- d. The department has reportedly commenced with implementation of efficiency measures in all hospitals to address the challenge of limited budget for all non-negotiables e.g. food and protective clothing;
- e. Only two washing machines out of four are functional as a result of the limited electricity supply from Eskom and this has an effect on the availability of linen;
- f. There is no Allied Service Manager, and there is a high vacancy rate, particularly on the lower categories – assistant nurses, admin support, finance section and cleaners.

## 5.2 RECOMMENDATIONS MADE BY THE COMMITTEE

Based on the findings, the Committee recommended that the department must implement the following and submit a detailed progress report by 30 November 2018:

- a. Ensure efficient implementation of the quality improvement plan in compliance with the National Core Standards with continuous monitoring and evaluation to address the noted challenges;
- b. Provide a detailed progress report on the hospital infrastructure revitalization project inclusive of the financial report;
- c. Submit progress report with a plan of action on the benchmarking exercises undertaken in the two provinces (Gauteng and Free State) on management of insourced security services;
- d. Submit a detailed progress report on the implementation of efficiency measures in all hospitals to address the challenge of limited budget for all non-negotiables e.g. food and protective clothing;
- e. Ensure the increase of electricity supply to the hospital by Eskom for improved quality of health care services rendered;
- f. Make provision for the filling of all vacant and funded posts and also submit a progress report in this regard.

## **6. ELDERLY PERSONS AND PEOPLE WITH DISABILITY STAKEHOLDER ENGAGEMENT**

The following issues was raised by the stakeholders:

- Mr. Jacob Mothogwane from Vukuzenzele Protective Centre, asked for an enabling boot (assistive device) for his type of disability. The department acknowledged the request and committed to send a team to assess the request by 28 September 2018;
- Mr. Josia Magagula from Zenzeleni Stimulation Centre requested that department to assist the Centre with wheelchairs for children with disability. The department acknowledged the request and also committed to send a team to assess the health needs of the children of Zenzeleni Stimulation Centre by 28 September 2018.

### **6.1 Recommendation**

Attend to all the issues raised by the stakeholders accordingly and also provide a detailed progress report by **30 November 2018**.

## **7. PUBLIC HEARING**

The following issue was raised by the public:

- The mobile clinic visits to Ward 07, need to be revised for improved access to health services;
- The department must consider increasing the operating hours at Senotlelo, Madibadiba and Phake Clinics to 24 hours;
- The clinics at Ward 12, 08 and 01 have a challenge of shortage of staff;



- The clinic at Ward 27, Katjibane needs upgrading that will also requires more personnel. The mobile clinic services provided to the surrounding areas need also to be increased for improved access to health services;
- The clinic in Ward 14 is very small and there is a need for a wheelchair for cases of emergency. There is also a need for a shelter to serve as patients waiting area;
- Madibadiba Clinic is very small also;
- The department must strengthen monitoring of operating hours at Kameelrevier Clinic (alleged the officials abuse the lunch hour and tend to abscond before the knock off time);
- There is a need for a Pharmacist at Marapyane Clinic;
- Siyabuswa clinic has a challenge of shortage of medicine, there is no dispensary and no Data Capturer;
- Moretele Clinic in ward 31 also has a challenge of shortage of medicine;
- There is no water at Pankop Clinic (there is a tank but it is always empty);
- The department must consider building another Hospital in Siyabuswa due to the growing population.

### **7.1 Commitments by the Department of Health**

The department noted the inputs made and committed that it will address all the requests made by the public. The department stated that it acknowledges the request for a hospital in Siyabuswa, however, hospitals are build following a norm regarding the population size which is 300 000 per district hospital. And currently the population of Dr JS Moroka is at 279 743, which is below the norm. The department committed to ensure that a full package of comprehensive health services including oral health care is provided, noting that there is also a need to upgrade the casualty and short stay ward at Mmamethlake Hospital.

Additional to the above, the department has reportedly entered into an agreement with the Limpopo Province for the community to utilize Philadelphia Hospital to increase access to hospital services for people of Siyabuswa. Furthermore, a meeting is reportedly planned between the department and Philadelphia hospital to address the issues raised by the Community.

## **7.2 Recommendation**

Attend to all the issues raised by the public accordingly and also provide a detailed progress report by **30 November 2018**.

**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 2018.**

## **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. DP MANANA**

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

18/10/18

**DATE**