

TAKING LEGISLATURE TO THE PEOPLE (TLP) OVERSIGHT VISIT REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND SOCIAL DEVELOPMENT CONDUCTED AT TINTSWALO HOSPITAL ON 01 MARCH 2016 - DEPARTMENT OF HEALTH

1. INTRODUCTION

The Legislature conducted its Taking Legislature to the People (TLP) programme at Bushbuckridge Local Municipality on 29 February – 04 March 2016.

After the Pre-TLP oversight visits by the Portfolio Committee on Health and Social Development (the Committee) to Tintswalo Hospital and Arthurseat Clinic on 28 and 29 January 2016 respectively, the Committee then re-visited Tintswalo Hospital during the TLP programme on 01 March 2016.

2. PURPOSE OF THE PRE-TLP OVERSIGHT VISITS

The purpose of the TLP visit was to assess the progress made on the implementation of House resolutions, specifically on the improvement made on the National Core Standards (NCS) post the “Pre Taking Legislature to the People” which was conducted on 28 January 2016.

3. METHOD OF WORK

The Legislature notified all Departments 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 visits.

- On 01 March 2016, the Portfolio Committee on Health and Social Development conducted their oversight visit at Tintswalo Hospital.
- On 02 March 2016, the Social Transformation Cluster jointly with the Economic Cluster conducted a public hearing at Acornhoek Stadium.

4. OBSERVATIONS

The Committee observed that:

- There is improvement on compliance with the National Core Standards particularly on the six priority areas, however, cleanliness is still lacking. Grass cutting was being done on the date of the oversight visit;
- Critical areas in the hospital still does not have air conditioning, i.e.: pharmacy, maternity ward, paediatric ward to name but a few;
- Though the Hospital Board has been absent on two previous oversight visits by the Portfolio Committee, they were present on the oversight visit of 01 March 2016.

5. INTERACTION WITH THE MANAGEMENT OF THE HOSPITAL AND DEPARTMENT OF HEALTH

5.1 TINTSWALO HOSPITAL

Political Overview by MEC GP Mashego

- Since the first oversight visit by the Portfolio Committee, the Department has conducted its own in loco inspections, aware of the Portfolio Committee's findings and recommendations. Areas of concern and

challenges were noted and measures have been put in place to addressing them, and improvement since then has been noted.

- The Department will conduct competency tests on all senior management of hospitals – gap analysis will be conducted to enable the competency tests.

Progress report by Acting HOD S Mohangi

Dr S Mohangi, the Acting Head of Department presented the progress report as follows:

- A hospital Finance Committee has been established to improve requisitions and it meets once every week, expenditure has improved since the previous oversight visit. The expenditure was at 45% as reported in the oversight visit of 28 January 2016 and at 84% as reported on 01 March 2016, spending on goods and services is expedited;
- The ironing machine has been repaired on 15 February 2016 and its functional, after it broke for the second time since it was last repaired in June 2015;
- Since the previous oversight visit by the Committee on 28 January 2016, the Hospital Board met for the first time on 29 February 2016 after a failed meeting that was arranged for feedback on 22-26 February 2016;
- Air conditioning units for the identified areas in the hospital are being procured for installation by 31 March 2016;
- Planned Patient Transport Services (PPTS) vehicles have been procured and are at the government garage for the installation of tracking devices;
- The old and inactive files have been removed for archiving at Hoxani government office, the storage space is currently being prepared for active files;
- The progress being made on the six priority areas is as follows:

Six Priority Areas	Compliance
Cleanliness	29%
Staff Attitude	78%
Infection control and prevention	67%
Waiting Time	62%
Availability of Medicine	98%
Patient & Staff safety	75%

5.2 COMMENTS BY THE COMMITTEE

The Committee appreciated the progress reported and encouraged continued improvement on health services rendered to the public.

Air conditioning

With great concern the Committee noted that the hospital was still without air conditioning in critical areas within the hospital, i.e.: pharmacy, maternity ward, pediatric ward, to mention but a few. The Committee urged the Department to be proactive in terms of air conditioning; citing that air conditioning units should be maintained continuously to avoid damage that could render the units non-functional as this poses a threat on the life span of the medicine (in the case of the pharmacy) and that could have a negative effect on the patients. The Department reported that this matter was being prioritized and committed that by 31 March 2016, all air conditioning units at the hospital will be installed and functional.

Vehicles for Planned Patient Transportation Services (PPTS)

The Committee noted that vehicles for PPTS have been procured as reported by the Department; however they are still at the government garage for the installation of tracking devices. The Committee requested the Department to fast-track the process of installing the tracking devices for reduced response time and improved service delivery. The Department reported that there was a delay on

the installation of the tracking devices; however, after the intervention of the MEC in December 2015, there is improvement. The Department further reported that the hospital relies on the current fleet and it also gets assistance from other hospitals within the municipality if there is enough space to carry patients to referral hospitals.

Hospital Board

Noting that the Hospital Board met for the first time on 29 February 2016 since the previous oversight visit by the Committee on 28 January 2016, the Committee enquired as to how often the Hospital Board met. The Department reported that the Hospital Board should meet quarterly, however the last meeting prior to that of 29 February 2016 was held on 19 November 2015.

Expenditure

The Committee noted that a Hospital Finance Committee was established meeting weekly and spending on goods and services was being expedited, the Committee requested the Department to be more detailed on the budget and expenditure report. The Department reported that the hospital was at 45% expenditure in January 2016 and currently it is at 84 % in relation to 92% as a norm . Current commitments will ensure that the budget is spent at the end of the financial year. The Department further reported that in terms of internal monitoring, the hospital has weekly finance meetings to monitor the expenditure for each cost center and the district and the province implement the IYM (in year monitoring) process.

Grass cutting

The Committee noted that the grass was being cut on the date of the oversight visit. The Department reported that the size of the hospital yard is nine hectares and it's divided in two, the residential and the hospital area. It has 14 grounds men who are working on the ground every day. The Hospital has five brush cutters, during rainy season they cut every day and during winter they cut

according to the need as the grass is not growing fast. The Department further reported that on the date of the oversight visit, the ground men were doing their daily grounds maintenance routine.

5.3 FINDINGS MADE BY THE COMMITTEE

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

- a) The hospital is 68% compliant with the National Core Standards (NCS) on the six priority areas;
- b) The Hospital still does not have air conditioning (pharmacy, pediatric ward, maternity ward, nurses residence), the air conditioning units are reportedly being procured for installation by 31 March 2016;
- c) Vehicles for PPTS have been procured and delivered; however they are still at the government garage for the installation of tracking devices;
- d) A storage space at the Hospital is currently being prepared for active files;
- e) The hospital was at 84% expenditure by 01 March 2016;

5.4 RECOMMENDATIONS MADE BY THE COMMITTEE

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

- a. Ensure 100% compliance with the National Core Standards through effective implementation of the Quality Improvement Plans and strengthened monitoring and evaluation. A progress report be provided by 20 May 2016;
- b. Prioritize the procurement of the air conditioning units and ensure that the air conditioning units are installed and working in all the identified areas by

- 31 March 2016 and provide a progress report in this regard by 20 May 2016;
- c. Fast-track the installation of the tracking devices and ensure that the vehicles are fitted and in use by 31 March 2016 and provide a progress report in this regard by 20 May 2016;
 - d. Develop a user-friendly filling system in anticipation of the electronic patient record system to be implemented and provide a progress report on the storage space for the active files by 20 May 2016;
 - e. Provide a detailed budget and expenditure report by 20 May 2016;

5.5 ARTHURSEAT CLINIC

During the Pre-TLP programme, the Committee also conducted an oversight visit to Arthurseat Clinic; the Committee therefore welcomed the progress report presented by the Acting HOD on the Clinic. The Acting HOD reported that:

- Cleaning material and equipment are available, the challenge was the attitude of the male cleaner in relation to cleaning blood stained linen and floors. He has since been reallocated to grounds man as the facility didn't have a grounds man. A new cleaner has been appointed and has already resumed work. The facility currently has two cleaners as per norm; both cleaners will be oriented on cleaning procedures and infection control by the Infection Control Nurse.
- Consultations are currently conducted at the structure used by malaria section whilst the procurement of prefabs is underway in 2016/17 financial year.
- Electricity has been restored, broken cable replaced.
- The process of procuring air condition is in progress.

5.6

COMMENTS BY THE COMMITTEE

Cleanliness

Noting that the male cleaner who refused to cleaning blood stained linen and floors for traditional circumstances/reasons has since been reallocated to grounds man as the facility didn't have a grounds man, the Committee urged the Department not to promote gender stereotype in terms of cleaning. The Committee further stated that both males and females qualify as cleaners and when applying for the post, candidates are (or ought to be) aware that in the health environment, blood stains are inevitable (unavoidable).

Air conditioning

The Committee also noted with concern that the Dispensary at the clinic still does not have air conditioning. The Department reported that a new air conditioning unit will be installed by 15 March 2016; presently medicine is kept cool by a fan and opening of windows.

Generator

The Committee appreciated that electricity has been restored in the structure that was without electricity for over two weeks as reported in the previous visit – it was reported that the challenge was due to damaged cables after a storm. The Committee enquired as to how far the Department was on implementing the house resolution: *ensure that the clinic has a standby generator to kick-in upon electricity cut off for whatever reason*. The Department reported that currently all clinics in Bushbuckridge don't have backup system because priority is given to Community Health Centers as they operate 24hours. Clinics only operate during the day, for 7-16 hours, however the plan over the MTEF is to install generators in all clinics to comply with the Ideal Clinic Initiative.

Improvement plan for the Clinic

The Committee enquired if there were plans in place to improving the Clinic and if those plans were budgeted for. The Department reported that the facility is planned for minor maintenance in 2016/17; a budget of R 2 million has been set aside for this project.

5.7 FINDINGS BY THE COMMITTEE

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

- i. The air conditioning unit is planned to be installed at the Clinic by 15 March 2016;
- ii. The Department has budgeted R 2 Million for minor maintenance at the Clinic in 2016/17 financial year.

5.8 RCOMMENDATIONS BY THE COMMITTEE

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

- i. Ensure that the air conditioning unit is installed at the Clinic by 15 March 2016 and provide a progress report by 20 May 2016;
- ii. Provide the detailed plan for minor maintenance at the Clinic in 2016/17 financial year by 20 May 2016.

6. PUBLIC HEARING AT ACORNHOEK STADIUM

The public raised the following during the public hearing:

Clinics

The public requested for clinics in the following wards: Ward 1 – Mashonamini, Ward 11 – Violet Bank, Ward 18 – stand for the clinic already allocated by the local Chieftaincy, Ward 19 and Ward 35 – Cunningmore B. The also requested that the Department must honor its commitment to upgrading the Casteel Clinic in Ward 14. The Department reported that not all areas qualify for a clinic; norms are considered inclusive of the number of the population. However, the Department reported that the frequency of visits by the mobile clinics will be increased to those areas without clinics. The Department reported that the delay in the upgrading of Casteel Clinic is due to budgetary constraints; however it is prioritized for the Ideal Clinic initiative in the 2016/17 financial year. The Department further reported that plans were in place for the construction of a new Clinic just next to Tintswalo Hospital to alleviate pressure from the hospital and for improved service delivery. A stand has already been allocated by the local chieftaincy and the construction is prioritized for in 2019/20 financial year.

Shortage of Personnel

The public also raised a complaint on the shortage of personnel in the health facilities, particularly at Orinoco A clinic. The Department reported that Orinoco A Clinic has seven (07) Professional Nurses, however, the Department is aware of the challenge of staff shortage in other health facilities and the matter is being addressed in terms of budget availability.

Ambulances

The public further complained that when making emergency calls for an ambulance, they were told that there were no ambulances available for dispatch. The Department reported that they were still struggling to comply with the

emergency response time because of the limited resources. Currently the hospital also makes use of the three (03) ambulances in Matikwane Hospital and three (03) ambulances allocated at Dwarsloop. The Department further reported that thirty-two (32) ambulances were procured in the 2015/16 financial year; as from 01 April 2016, one (01) Ambulance will be stationed in Hluvukani to service the neighboring communities and also an Obstetric Ambulance will also be available as of 01 April 2016 to service communities in and around Bushbuckridge.

7. RECOMMENDATIONS MADE BY THE COMMITTEE

With regard to issues raised during the public hearing, the Committee recommended that the Department must:

- i. Provide a detailed plan on the upgrading of Casteel Clinic for the Ideal Clinic Initiative to be implemented in the 2016/17 financial year by 20 May 2016;
- ii. Provide a detailed report on the number of available ambulances in the area and the required ratio per population by 20 May 2016;
- iii. Ensure that the ambulances are available for use as from 01 April 2016 as per the commitment by the Department, inclusive of the ambulances awaiting fitment of the tracking devices at the government garage and provide a progress report by 20 May 2016.

The Department should provide a progress report on the implementation of House resolutions on or before 20 May 2016.

8. 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 hospital management and the Legislature staff for providing support to the Committee.



HON. P NGOBENI

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

20/04/16

DATE