

OVERSIGHT VISIT REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND SOCIAL DEVELOPMENT CONDUCTED AT KWAMHLANGA, TINTSWALO, THEMBA AND ERMELO HOSPITALS ON 15, 21, 22 AND 24 APRIL 2015 RESPECTIVELY - DEPARTMENT OF HEALTH

1. INTRODUCTION

The Portfolio Committee on Health and Social Development (the Committee) has a mandate in terms of Rule 119 of the Rules and Orders of the Mpumalanga Provincial Legislature to conduct oversight over the Department of Health (the Department) by holding it accountable through various measures which the Portfolio Committee may undertake during the course of a financial year.

One of the instruments that enable the Portfolio Committee to execute its mandate is to conduct public hearings and oversight visits to health facilities in the Province.

2. PURPOSE OF THE OVERSIGHT VISIT

The purpose was to:

- ❖ To assess the quality of health services rendered against the National Core Standards.
- ❖ To assess progress post the 2012 and 2013 Taking Legislature to the People (TLP) Programme.

3. METHOD OF WORK

As per the Legislature programme, the Social Transformation Cluster had oversight visits planned from 15 – 17 April 2015 at Thembisile Hani Municipality, on 21 April 2015 at Bushbuckridge Local Municipality, on 22 April 2015 at

Mbombela Local Municipality and 23 – 24 April 2015 at Pixley ka Seme Municipality and Lekwa Municipality respectively. The Committee informed the Department about the oversight visits to be conducted and the purpose thereof. Invitations were sent to the Department, management of the Hospital and the Municipality requesting them to be part of the visit.

- On 15 April 2015, the Committee conducted an oversight visit at KwaMhlanga Hospital.
- On 21 April 2015, the Committee conducted an oversight visit at Tintswalo Hospital.
- On 22 April 2015, the Committee conducted an oversight visit at Themba Hospital.
- On 24 April 2015, the Committee conducted an oversight visit at Ermelo Hospital.

4. OBSERVATIONS

The Committee observed the following:

- The MEC and the HOD could not attend the visits due to other commitments.
- KwaMhlanga Hospital has a newly appointed CEO as of November 2014, Mr Mangena. The hospital is clean as compared to how it was during the visit conducted on 18 September 2013 and the building that was under construction during the previous visit is now fully functional.
- At Tintswalo Hospital, there was not much improvement since September 2012 visit, the hospital is not clean, has high grass and cracked walls.
- Cleanliness at Themba Hospital is lacking.
- There were no security personnel in both the entrances at Ermelo Hospital.

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

KWAMHLANGA HOSPITAL

Mr Mangena, the Hospital CEO presented on the hospital's compliance with the National Core Standards:

- The hospital has a high vacancy rate, with 49% vacancy on professional nurses, 82% vacancy on Doctors and 79% vacancy on Pharmacists to mention but a few.
- The CEO reported that the hospital was having a challenge recruiting and retaining scarce skills Doctors, the working and resident conditions are alleged to being contributing factors in this regard.
- The nurses' residential block is in a bad state, inhabitable.
- The hospital was in the process of procuring Continuous Positive Airway Pressure (CPAP) machine to support babies with difficulties in breathing.
- The hospital does not have its own Obstetric Ambulance; however it shares one with the Dr JS Moroka sub district.
- The CEO reported that the expenditure per patient was higher than the target, R 2,369-00 against the targeted R 1,700-00. He cited that there is a need for standardization of prices of goods and services.
- The hospital was experiencing an increase in the average length of stay as a result of the orthopedic backlog.
- Due to the shortage of vaccines, the hospital was conducting catch-up visits for vaccination at Early Childhood Development Centers and ward based outreach programme.
- The hospital reported that they needed security upgrade in a form of security/ Apollo lighting surrounding the hospital. The newly erected palisade fence was already being vandalized – there are openings in some parts of the fencing.

- Progress on the six priority areas post 2013 TLP programme:

Six Priority Areas	2013/14	2014/15:Progress to date
Cleanliness	36%	34%
Staff Attitude	64%	43%
Infection control and prevention	60%	52%
Waiting Time	50%	52%
Availability of Medicine	67%	46%
Patient & Staff safety	60%	48%

National Core Standards

The Committee noted a decline in the compliance with the NCS from 2013/14 ratings, the Committee wanted to know the contributing factors and plans to addressing this matter. The Department reported that in terms of **Cleanliness**: The assessment was done during the time of labour instabilities in the hospital. Due to the expansion of the hospital, management was unable to appoint more cleaners and the services were disorganized. On **Availability of Medicines**: the non-functionality of the air conditioner in the Pharmacy contributed and the Department does not have a system (electronic system) to monitor availability and unavailability of stock in our facilities. The Department further reported that there is a lot of improvement made on the hospital ground in terms of cleanliness. There is also an improvement in relation to staff attitude and the number of complaints recorded has reduced (from 18 in the first quarter, 16 in the second quarter, 9 in the third quarter and only 2 in the fourth quarter).

Expiry of Medicine

Noting that the value of expired medicine amounted to R573 807, 99 for the period between 2011 and 2014, the Committee wanted to know how the hospital was monitoring its stock and why the hospital was not exchanging medicine with other neighboring health facilities in their need prior to their expiry date. The Department indicated the following factors to have contributed to the expiry of medicine:

- The change of protocol from National Department of Health
- Lack of IT system that links the Depot to facilities to monitor the levels in all facilities, to allow them to rotate the drugs based on the needs. However, the hospital is already exchanging stock with nearby hospitals and clinics but this is not effective.

Security of Medicine

The Committee enquired on the safety measures put in place for the security of medicine in the pharmacy. The Department reported that there are security officers posted at the pharmacy at all times and Pharmacists are always on duty with subcategory staff in order to supervise the proper handling and control of stock. The air conditioner in the pharmacy will be connected to ensure that the temperatures are controlled. The air conditioning unit has already been delivered; follow ups have been made with the supplier and it will be installed on 15 May 2015.

Vacancy Rate

The Committee expressed concern with the high vacancy rate at the hospital, citing that the vacancy may be contributing to the staff attitude due to high work load and also was affecting the doctor-patient ratio. The Department reported that not all approved posts on the organogram are funded, and the hospital always has to prioritize when filling posts due to limited budget. Priority is also based on the workload of the area. The ratio of doctor – patient and nurse – patient differs according to the area where the official is working, e.g. the ratio in Outpatients Department will be different from the Wards. Utilizing the workload analysis on Human Resource Management, the doctor-patient ratio per day is 32 patients per doctor. The resignation of officials also contributes to the vacancy rate. The Department further reported that there is a new staffing method which the Department is currently in the process of adopting it, called WISN. This

method considers activities performed by different categories of staff on a daily basis and calculates how many of each is required.

Infrastructure Development

During the 2013 TLP programme, the Committee noted that a number of development projects were underway at the hospital; laundry services needed an upgrade, the mortuary was not in a good state, the ICU was being upgraded, construction of a casualty block and repairing of leaking roofs, to mention but a few. The Committee enquired on their progress. The Department reported that the construction of **ICU, Casualty, Out Patients Department and theatre** has been completed and the final hand over was planned for 29 May 2015. The **leaking roof** was only in the Administration building and it has been repaired. Other repairs are still in progress (Repairs to damaged roof, sanitary fittings and plumbing, carpentry and ironmongery, paintwork to walls and ceilings).

With regards to **laundry services**, the Department reported that the structure is still small and inadequate and has been listed under the infrastructure needs. There is a challenge of broken machine but the process of repairing them is under way.

Quotations for repairs were received on the 14th April 2015 and expired on 14 May 2015. A requisition and motivation was sent to infrastructure section for approval from the HOD to utilize infrastructure budget since the quotes are too high to be managed on equitable share.

The **mortuary** structure remains inadequate, there is a problem of two fridges which are too old and break from time to time. These fridges were installed very long ago and need replacement.

Litigation Cases

The Department reported on three medical negligence cases, stating that two of the three cases were resolved and the other one was referred to labour relations. The Committee enquired on the nature of the cases and their financial implications. The Department reported that the first case was about a known

epileptic patient who was admitted with dehydration. The patient had a fit and fell from a bed sustaining a laceration on his shoulder. When the family was informed that the patient had a 'wound' on the shoulder and was sutured, they took it that the patient's womb was removed (the patient is a male). It was a case of misunderstanding rather than a clinical mismanagement. The second case involved a boy who had an injured finger after being hit by a door. The child was seen and discharged with dressings. He later developed osteotitis and the injured finger had a fracture. The finger was damaged badly and requires amputation. The case is still with the lawyers and child is due for amputation. No financial implications/determination yet. The last case involved a boy who was brought in the Out Patients Department (OPD) with a medical condition. He was seen by a doctor who ordered blood tests and x-rays. There was a waiting times survey conducted on that day and the doctors in OPD were not happy with the survey exercise. They got angry and left the Department. When the mother came back with the boy, there was no doctor to review the patient. She went to Casualty but was referred back to OPD. The mother then left due to frustration and the boy died on the way home. The case is also still with the lawyers and Labour Relations is still investigating for misconduct on the part of the officials.

The Committee advised the Department not to regard the first case as a medical negligence case but a misunderstanding matter which was resolved.

Sexual Transmitted Illnesses (STI) partner treatment

The Committee noted that the STI partner treatment target was low. The Department reported that due to cultural believes, male partners are not coming forward for treatment.

In-facility Infant and Maternal deaths

The Committee enquired on the factors leading to in-facility infant and maternal deaths and the measures put in place to addressing this challenge. The Department reported the following as contributing factors:

Infant mortality:

- Pre- maturity.
- Limited neonatal services within the Province and Witbank hospital is the only referral hospital.
- Protocol of admission in the referral hospital which excludes babies below the weight of 1kg
 - Measures/Plans put in place:
 - Procure additional Continuous Positive Airway Pressure (CPAP) machines to assist the babies with difficulty in breathing.
 - Support of district specialist team in management of difficult cases.

Maternal mortality:

- Hypertension diseases in pregnancy and Post-partum hemorrhage.
 - Measures/Plans put in place:
 - Perinatal Problem Identification Program (PPIP) meetings inclusive and compulsory for the hospitals, Health centres and clinics.
 - Training and support by the District clinical specialist team.
 - Availability of senior doctor in maternity wards 24 hours.
 - Capacitation of clinicians by Witbank hospital.

Emergency Services (EMS)

The Committee raised its concern that most hospitals in the province do not have a functional emergency services unit with planned patient transport services. The Department reported that the hospital EMS unit has a total of five (5) ambulances, three (3) general ambulances, and one (1) obstetric and 1 Intensive Care Unit ambulance. The reason why the ambulances are used for general purposes is that there is no sufficient patient transportation.

Medical Male Circumcision (MMC)

The Committee noted that the hospital did not have a target for MMC yet recorded achievement. The Department reported that they have a challenge marketing MMC in the community because of the community's cultural belief and the preference on Ingoma. The Department further reported that the target for the hospital according to the Annual Performance Plan for 2014/15 is 300 clients per annum. The Committee advised the Department to strengthen its relations with the Ingoma Forum in this regard; the advice was welcomed by the Department.

Female Condoms

The Committee noted that female condoms are not widely used within the province hence the hospital did not have a target, and encouraged the Department to strengthen its campaigns on the use of female condoms. The Department reported that the female condom is costly than a male condom and people are not educated enough on how to use it and it also takes time to insert especially when the couple is already on heat. Husbands/men are not happy with their partners using it. The Department has committed to strengthening health education on the use of the female condom.

Safety and Security

The Committee noted burglary and robbery cases reported by the Department at clinics and the area around the hospital and requested that the Department must liaise with the municipality to install security lighting with areas around the hospital.

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 on the six priority areas;
- b. The hospital has a high vacancy rate;
- c. The nurses' residence is dilapidated and inhabitable;
- d. There is no security lighting around the hospital;
- e. The laundry services structure is small;
- f. The mortuary is small with old and failing resources;
- g. The hospital does not have planned patient transport services (PPTS)

RECOMMENDATIONS MADE BY THE COMMITTEE

After the deliberations and the in loco inspection, the Committee resolved that the Department should:

- a. Comply with the National Core Standards through hospital health improvement implementation plan;
- b. Prioritize the filling of critical posts and all vacant funded posts by the end of the 2015/16 financial year;
- c. Plan for the construction of new nurses residence in the 2016/17 financial year ;
- d. Liaise with the local municipality to install security lighting around the hospital within the 2015/16 financial year;
- e. Prioritize the upgrading of the laundry services structure in the 2016/17 financial year;
- f. Prioritize the upgrading of the mortuary services by the end of the 2015/16 financial year;
- g. Ensure the procurement of PPTS within 2015/16 financial year

TINTSWALO HOSPITAL

Ms TZ Madonsela, the Hospital CEO presented on the hospital's compliance with the National Core Standards:

- The hospital has a large number of patient files, most of the old inactive patient files; the hospital plans to move them to Elijah Mango for archive.
- The CEO reported that the hospital does not have an obstetric ambulance; they share the one that is located at Themba Hospital.
- The CEO reported that the hospital was having a challenge recruiting and retaining scarce skills Doctors, the working and resident conditions are alleged to be contributing factors in this regard.
- The hospital does not have a Planned Patient Transport Services Unit, it is planned to be established in the current financial year, 2015/16.
- The hospital has erected a fence separating the hospital premises and the nurses' residence. The separation attributes to the safety of both the patients and personnel.
- Filling cabinets were procured and fitted at the hospital, however, filling remains a challenge at the hospital and this challenge attributes to the long waiting time.
- Progress on the six priority areas post 2012 TLP programme:

Six Priority Areas	2014/15:Progress to date
Cleanliness	29%
Staff Attitude	78%
Infection control and prevention	67%
Waiting Time	62%
Availability of Medicine	82%
Patient &Staff safety	75%

Administration

The Committee wanted to know if the newly appointed hospital CEO was briefed of the challenges facing the hospital upon assumption of her responsibilities and measures put in place to addressing them. The Department reported that there was a briefing meeting with the CEO and a hand over report. A situational analysis was done and the hospital turnaround plan was developed and it's being implemented.

The hospital was advised to conduct community outreach programme led by the hospital CEO and the board, this to strengthen public relations and communication with the community serviced by the hospital. The Department welcomed the advice and committed to conduct open day twice a year, participation in Municipality Imbizos as per invitation, manage complaints individually and host health talks through the local radio station.

Human Resource Delegation

The Department reported that the challenge with the cleanliness of the hospital was attributed by the shortage of cleaning personnel. The Committee wanted to understand why the CEO does not appoint cleaners as she has the delegation to do so. The Department reported that hospital CEO's are in the process of being trained in finance and human resource delegations.

2012 House Resolutions

The Committee noted that the Department had not implemented the 2012 TLP house resolutions; most of the issues raised were still unattended. The Committee expressed dissatisfaction on the non-implementation of the resolutions, emphasizing that house resolutions are law and binding and are to be treated as such.

Cleanliness

It was noted by the Committee that the hospital was not clean and had high grass that posed both a health and a safety risk for both the staff and patients.

The Department reported that they were to repair the tractor and buy four brush cutters, to motivate for and prioritize the appointment of grounds men and cleaners from the provincial personnel list and to replace the grounds men and cleaners who are exiting the system.

Six Priority Areas

As per the report of the Department, the hospital is not compliant with the national core standards. Aware of their non-compliance, the Department has developed and currently implementing a quality improvement plan.

Medicine

The Committee noted with concern that the value for expired medicine amounted to R488 491- 00 for 2006/7 to 2013/14 financial years, the Committee further emphasized that this was a wasteful expenditure that could have been avoided. The Department reported that they will strengthen the control measures regarding pharmaceutical services and effectively implement pharmaceutical standard operative procedures.

The Department also reported that the hospital occasionally has a challenge with the shortage of diabetic drugs, in the case of sporadic shortage; patients are given substitute drugs/medication or referred to sister health facilities.

Community Unrest

The Department reported that there was a disruption in the progress of the hospital repairs, rehabilitation and refurbishment project as a result of community unrest. The Committee wanted to understand the reasons that led to the community unrest and the effects thereof. The Department reported that the local business people wanted to be part of the hospital infrastructure improvement project; the disruptions lasted for 30 days. The challenge was resolved through engagement between the hospital board, municipality and hospital management. The completion date was extended to 31 May 2015.

Litigation Cases

The Committee wanted to know if the hospital had litigation cases; their nature and also their financial implications. The Department reported that there were no reported cases of litigation for the period of 2014/15 financial year; however, there are three long-standing cases (all alleged medical negligence). Case 01: there is a letter of demand for the payment of R3.4 million rand for the death of Norman Mnisi, Case 02: there is also a letter of demand for the payment of R 1.5 million rand for Milazi M and Case 03: is an unresolved complaint from national Department of health for Stella Chiloane. The Department reported that the hospital conducts audits on maternal mortality on a regular basis and was in the process of reviewing and implementing standard operative procedures. The Department has compiled and submitted medical reports on the alleged litigations to Quality Assurance and Legal units.

Planned Patient Transport Services (PPTS)

The Committee noted that the hospital does not a functional PPTS unit. The Department reported that a PPTS Implementation plan was developed and will be implemented upon the establishment of the PPTS unit which will be under Emergency Services Section; this unit is planned for in the 2015/16 financial year.

Medical Male Circumcision (MMC)

The Committee enquired on the progress of medical male circumcision services. The Department reported that the hospital had targeted for 15 000 MMC and only achieved 484. The following attributes to the non-achievement:

- Upgrading of the MMC facility;
- Pulling out of developmental partner (ANOVA) and
- Preference by the local communities to use traditional initiation schools.

The Department will conduct educational and awareness campaigns on MMC.

Borehole

The Committee wanted to know what the Municipality was doing to assist the hospital with water supply. The Department reported that the Municipality recently assessed the current status of the boreholes in the hospital, nothing much has been done, however there hospital is still in interactions with the Municipality.

- The Committee advised the Department to discontinue the use of asbestos as this was a health hazard – inhaling particles from asbestos could lead to infections or sickness.
- The Committee also emphasized the need to comply with and implement house resolutions as they are law.
- The Committee condemned non-compliance by the Department/hospital with the national core standards. The Committee cited that stronger measures should be enforced against non-compliance.

FINDINGS MADE BY THE COMMITTEE

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

- a) The Department did not implement the 2012 TLP house resolutions;
 - I. The Department must develop a plan that would shorten the waiting time*
 - II. The Department must reprioritize Tintswalo Hospital in their infrastructure development plan for 2012/13 financial year*
 - III. The Department must ensure that the asbestos is removed as promised by the Department by the end of April 2013 and that a progress report be submitted to the Committee*
 - IV. The Department should perform electricity upgrade as a matter of urgency*

- V. *The Department should procure planned patient transport*
 - VI. *The Department should develop a plan in order to address the shortage of space for storing medication and personnel work stations*
 - VII. *The Department should develop a plan that would improve security management*
 - VIII. *The Department should ensure that filling cabinets are purchased in order to improve filling system*
- b) The hospital is not compliant with the national core standards, with emphasis on the six priority areas;
 - c) The hospital's filling system is not traceable, it's messy;
 - d) The hospital is not clean;
 - e) There is leakage in the pediatric ward;
 - f) The air con in the pediatric ward is not functional;
 - g) The hospital does not have PPTS

RECOMMENDATIONS MADE BY THE COMMITTEE

After the deliberations and the in loco inspection, the Committee resolved that the Department should:

- a) Fully implement the house resolutions and submit a progress report to the Committee;
- b) Comply with the national core standards through hospital health improvement implementation plan;
- c) Develop and maintain a traceable and user friendly filling system by the end of the end September 2015;
- d) Appoint the required cleaning personnel and ensure that the hospital is clean and tidy by the end of the end September 2015;
- e) Urgently repair the leakage in the pediatric ward by 28 August 2015;

- f) Urgently repair the air con in the pediatric ward by the end of the end September 2015;
- g) Establish the PPTS unit as reported on page 06 of this report

THEMBA HOSPITAL

Mr. Shabangu, the Hospital CEO presented on the hospital's compliance with the National Core Standards:

- The Department reported on the priority areas as per the table below:

Priority Areas	Compliance
Cleanliness	53%
Staff attitude	87%
Infection prevention and control	86%
Waiting time	55%
Availability of medicine	79%
Patient and staff safety	72%

- The Hospital reported that Doctors are sharing consultation rooms, compromising patient confidentiality and privacy;
- The CEO reported that there are damaged doors that were currently being fixed and CCTV cameras were being attended to;
- There was an extension of scope of work on the CE workshop and new general wards project, the project is underway but no expenditure has been recorded. Contractor Siphumelele was appointed for the extension project, the Department has already approved for the variation orders.
- The CEO reported that the hospital does not have a Financial Manager; a Medical Manager and a Pharmacy Manager.

Medication

Noting that the value of expired medication amounted to R561 296.30 for the past six financial years, the Committee wanted to know what the Department was doing to avoiding the expiry of medication, if the CEO does receive drug monitoring reports from the Pharmaceutical Manager. The Department reported that currently there is neither electronic monitoring system, nor drug monitoring reports done and information sharing on the drugs is also limited due to the absence of a Pharmacy Manager. The Department has committed to prioritize the appointment of a Pharmacy Manager, to increase communication with Primary Health Centers (PHC) because most of the expired drugs are from the PHC's; by law they are brought back to the hospitals for proper disposal. Also to strengthen outreach services to PHC facilities, to strengthen the principles of First to Expire First Out (FEFO) and First In First Out (FIFO) respectively. The Department will train all health care professionals in the work stations as per their work (wards, PHC & pharmacy) and also to strengthen communication with Mpumalanga Medicine Depot. The Department is in the process of introducing an electronic system to monitor the shelf life of drugs and to react accordingly.

Safety and Security

The Department has reported that they are in the process of engaging the Department of Community Safety Security And Liaison with regard to installation of CCTV cameras and also the upgrade of other security features.

Waiting time

The Committee expressed concern with the 55% compliance by the hospital with the National Core Standards. The Department reported that currently the waiting time at admissions is ranging from 1hr 22min to 2hrs 2min (as per last survey done in Sept 2014). The target is not more than 45 minutes in the Admissions Unit to issue a file, the Department is putting systems to reduce the average waiting time (Queuing systems, Booking system and installation of fast lane for the aged, children and disabled in the Admissions section). The Department will

also advertise posts for Admission Clerks and review the organogram to accommodate Queue marshals and Help desk posts.

Cleanliness

The Committee expressed concern on the lack of cleanliness at the hospital. The Department reported that the lack of cleanliness was as a result of the shortage of cleaning personnel, the Department is however going to replace all the lost cleaning personnel and grounds men by 30 June 2015, as indicated above.

Vacancies

The Committee noted that there was a number of officials on an acting capacity and the vacancy rate was high, the hospital does not have a Finance Manager, Clinical Manager and Pharmacy Manager just to highlight a few. The Committee wanted to know what the Department was doing to addressing the vacancy challenge. The Department reported that the following posts have been advertised: Finance Manager, Senior Clinical Manager, Pharmacy Manager and Risk & Security Manager; shortlisting for some of the posts is done whilst for some it's still underway. Appointment dates for these posts are set from 15 May 2015 to 31 July 2015. With the shortage of cleaners and ground men, the Department reported that they will urgently review the organogram to cater for new additional services and buildings (Clinical Engineering Work shop, Wellness Clinic, Male Medical Circumcision Clinic, Mortuary, Medical Interns block & other residences, General ward, Thuthuzela/ Rape survivors Centre, New Admin block and Laundry). The Department also reported that they will replace all lost cleaners and grounds men by 30 June 2015.

Accruals

The Department reported accruals on orthopaedic implants, Committee wanted to know for which period the accruals were accumulated. The Department reported that the accrued amount of R8 279 457 is for year to year (2009 to 2014) (6years). An amount of R 7 484 610 was paid during 2014/15 Financial

year, an outstanding amount of R 794 847 is carried over to the 2015/16 financial year.

Themba Hospital shall have access to the National Tertiary Services Grant (NTSG) based at Rob Ferreira Hospital.

Professional Nurses

Aware that the hospital is part of the nursing training college within its vicinity, the Committee enquired how the hospital could have a shortage of professional nurses. The Department reported that Mpumalanga Nursing College is training for the whole province with no preference for Themba hospital. Themba hospital same as other institutions is allocated a certain percentage of trained professional nurses fluctuating per year. The Department further indicated that the high vacancy rate for professional nurses is mainly caused by voluntary resignation, retirement, deaths and transfers, however, replacements are done for staff that exits the system within 3 months; the CEO has HR delegations to replace staff.

Infrastructure

The Department reported that there was an extension of scope of work on the CE workshop and new general wards project; the project is currently underway with no recorded expenditure. Contractor Siphumelele was appointed for the extension project.

With regard to the project on erection of palisade fence, renovation of a guard house and installation of new gate; the Committee noted that the start date of the project was December 2014 and by 22 April 2015 there was no recorded expenditure on the project. The Committee asked for clarity in this regard. The Department reported that the contractor had not submitted invoices at the early stages of the project and at the time of receipt, it was the last month of the financial year. However, the invoices were turned back because they had discrepancies which needed to be rectified. The invoices were returned late and

could not be captured in the previous financial year; this has formed part of the amounts to be rolled over and to be paid in the new financial year.

Litigation Cases

The Committee enquired about litigation cases the hospital has. The Department reported that the hospital has a high number of on-going litigation cases.

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. Doctors are shearing consultation rooms, compromising patient confidentiality and privacy;
- c. The hospital does not have CCTV cameras and current security features needs upgrading;
- d. There is a high vacancy rate at the hospital;
- e. The Department is in the process of introducing an electronic system to monitor the shelf life of medicine;
- f. The Department plans to replace all cleaning personnel and grounds men the hospital lost by 30 June 2015.

RECOMMENDATIONS MADE BY THE COMMITTEE

After the deliberations and the in loco inspection, the Committee resolved that the Department should:

- a. Comply with the national core standards through hospital health improvement implementation plan;
- b. Allocate Doctors individual consultation rooms end of September 2015;

- c. Fast-track the installation of CCTV cameras and the upgrading of security features at the hospital within the 2015/16 financial year;
- d. Prioritize and fast-track the filling of vacant posts at the hospital within the 2015/16 financial year;
- e. Submit a progress report on the electronic system to monitoring the shelf life of medicine;
- f. Submit a progress report on the replacement of cleaning personnel and grounds men the hospital lost

ERMELO HOSPITAL

Ms NG Hlathi, the Hospital CEO presented on the hospital's compliance with the National Core Standards:

- The Department reported on the priority areas as per the table below:

Priority Areas	Compliance
Cleanliness	52%
Staff attitude	80%
Infection prevention and control	79%
Waiting time	4 hours (acceptable)
Availability of medicine	85%
Patient and staff safety	67%

- The CEO also reported that the hospital has a problem recruiting scarce skills, a memorandum sent to the Department requesting for the hospital (Ermelo area) to be declared inhabitable and for review of financial allocation;
- Ms Hlathi reported that the hospital does not have an appointed CEO and a Clinical Manager;

- The hospital has a shortage of general workers; there are 53 general workers against the required 150. Within the 53 present general workers, some are being seconded for training as Auxiliary Nurses whilst others are on medical leaves;
- The CEO also reported that the hospital has two (02) specialists from other countries; they are however not classified as specialists in South Africa;
- And four (04) of the hospital's mobile clinics were written off

Vacancies

The Committee noted that most hospital personnel present at the meeting were on an acting capacity including the CEO and the hospital did not have a Corporate Manager. The Committee requested the Department to prioritize appointment in all the positions acted upon and all critical, vacant and funded posts. The Department reported that the CEO and Corporate Manager posts were advertised and appointments were planned to be done by end of June 2015.

Hospital Board

The Department reported that the hospital board was not functional. The board only had one active member, two members had recently resigned from the board and one was reported off sick on 24 April 2015 for the hospital visit. The Committee also noted that the hospital board and the hospital management did not have good relations. The Committee emphasized the need and importance of a hospital board and urged the Department to address this matter with urgency, capacitation of the board and its functionality and also to strengthen its relations with the hospital management. The Department reported that advertisement for the two vacancies was in progress, the procurement process was at its last stage for Sowetan Newspaper to advertise. The Mirror Newspaper order was signed for an advertisement as well. The Department reported that this process was expected to be completed by 22 May 2015.

Infrastructure Development

The Department reported on three (03) infrastructure development projects underway at the hospital; new stores and linen room, building maintenance and maintenance of life support equipment and facilities. The Committee enquired on their progress. The Department reported that the progress was good. Payments were no longer delayed, currently processing of payments takes only five (5) days to be paid. Contractors are monitored and the Project Manager has frequent meetings with Contractors. Progress at the kitchen was at 90% completion and expected to be completed by 25 June 2015, the stores were at 85% completion and electricity was currently being connected with internal finishes completed.

Foreign national health specialists

The Committee noted with concern that the hospital has two (02) foreign national health specialists serving at the hospital, however, the two are not recognized as specialists by the South African Health Council (Health Professional Council of South Africa) as reported by the Department. The Committee requested the Department to assist the two foreign national health specialists where possible to enable their accreditation with the South African Health Council; through further learned if required or registration with the necessary bodies.

Shortage of general workers

The hospital reported that the hospital was functioning with only 53 general workers against the requirement of 150 general workers. The CEO further reported that some general workers from the 53 were being seconded for training as Auxiliary Nurses while some were on medical leaves. This shortage was attributing to the lack of cleanliness in the hospital. The Committee requested the Acting CEO to urgently address this challenge by appointing the necessary number of general workers and she has HR delegation powers. The Department

reported that a request has been made to avail budget for the appointment of cleaners and grounds men by the end of the second quarter (September 2015).

Lack of security personnel

The Committee noted that both entrances at the hospital did not have security personnel. The Department reported that this was due to poor contract termination and appointment terms by the Department of Community Safety, security and Liaison. The Committee requested the Department to addressing this matter with urgency to avoid unnecessary security issues that may result in litigation cases; robberies, murder, missing corpse or any unforeseen circumstances. The Department further reported that they were in discussion with DCSSL to resolving this matter by end of April 2015.

Cleanliness and Infection Control

Noting the lack of cleanliness at the hospital, the Committee enquired how the Department was ensuring infection prevention and control as the two are related. The Department reported that procurement has been corrected and the correct materials are procured.

Hospital classification

The hospital reported to have submitted a memorandum at the provincial office requesting that the hospital be declared inhabitable, this to enable the hospital to benefit from the rural allowance. The Committee wanted to know why the hospital wanted the rural allowance. The Department reported that Msukaligwa is a semi-rural municipality which makes difficult to recruit Health Professionals because of the salary packages. The hospital believes that if Ermelo hospital is classified as a rural hospital it will benefit from the rural allowance, which could assist in staff recruitment and staff retention, more so specialists.

Mobile Clinics

The Committee noted that her presentation, the CEO reported that the hospital had four (04) mobile clinics which were written off. The Department reported that currently Msukaligwa as the sub-district has two mobile clinics serving the community.

Litigation Cases

The Committee enquired on litigation cases the hospital has. The Department submitted a list of the cases.

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 requested to change its classification status (from urban to rural hospital);
- c. There was no security personnel at the hospital on the date of the oversight visit;
- d. The hospital board is not fully functional;
- e. The hospital has a high vacancy rate with some personnel on an acting capacity;
- f. The hospital has two foreign national specialists, however they are not acknowledged as specialists by the Health Professional Council of South Africa.

RECOMMENDATIONS MADE BY THE COMMITTEE

After the deliberations and the in loco inspection, the Committee resolved that the Department should:

- a. Comply with the national core standards through hospital health improvement implementation plan;

- b. Consider the request and submit a progress report to the Committee on the outcome within the 2015/16 financial year;
- c. Fast-track the placement of security personnel in all the relevant sections within the hospital by end of September 2015;
- d. Fast-track the elections for the vacancies in the hospital board and also fast-track the training of the new members to capacitating the board to identify and escalate pressing matters by the end of September 2015;
- e. Fast-track the filling of all vacant and funded posts, prioritizing the critical posts within the 2015/16 financial year and submit a detailed report on the posts filled and those not filled and the planned date for appointment;
- f. Assist the two foreign national specialists where possible with their registration or affiliation with the Health Professional Council of South Africa and submit a progress report to the Committee.

The Department should provide a progress report on the implementation of House resolutions on or before 30 September 2015.

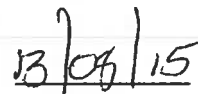
8. CONCLUSION

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 oversight visit. 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**



DATE