

PRE-TLP OVERSIGHT VISIT REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND SOCIAL DEVELOPMENT CONDUCTED AT WITBANK HOSPITAL AND SIPHOSENSIMBI COMMUNITY HEALTH CENTRE (CHC) ON 30 JANUARY 2015 - 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 six priority areas:
 - a) values and caring attitude of staff
 - b) Waiting times
 - c) Cleanliness
 - d) keeping patient safe
 - e) Infection prevention and control
 - f) Availability of medicine and supplies

3. METHOD OF WORK

In preparation for the Pre- TLP, the research section conducted pre-site visits at Emalahleni Municipality during November 2014. Comprehensive research reports were compiled that informed the Committee's programme for the Pre-TLP. The Social Cluster was briefed on the findings by the researchers on 27 January 2015.

After the approval of the Legislature programme, the Committee informed the Department about the oversight visits to be conducted and the purpose thereof. Invitations were sent to the Department, management of Witbank Hospital and the Municipality requesting them to be part of the visit.

On 30 January 2015, the Committee conducted an oversight visit at Witbank Hospital and Siphosensimbi CHC.

4. OBSERVATIONS

The Committee observed the following:

- The hospital was clean as compared to how it was during the first visit conducted on 8 July 2014;
- The nurses' home at the hospital is in a terrible state; it poses a lot of health and safety hazards;
- The CHC was clean and very neat.

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

The Committee appreciated the improvement made on compliance with the National Core Standards *on the six priority areas* with reference to findings made during the first visit conducted on 08 July 2014. The progress report was reported as follows:

(a) Values and caring attitude of staff

The hospital has reported that staff attitude was still a challenge in certain areas; however, the Human Resource Development section conducts quarterly in-house courses to address the challenge to staff members. Staff attitude is monitored daily and is a standing item in all meetings of all sections.

(b) Waiting time

With the implementation of Operation Phakisa, the hospital reported that the waiting time has been reduced from 4-5 hours to 2-3 hours and this was commended by the Committee.

(c) Cleanliness and (e) Infection prevention and control

The Committee noted that cleanliness has improved significantly at the hospital as compared to how it was during the Committee's first visit on 8 July 2014. The Committee appreciated the improvement made in keeping the hospital clean and requested the department to ensure that the status core is maintained.

The hospital reported that a supervisor for cleaners has been appointed and resumed work as of 01 December 2014, equitable reallocation of cleaners was done, cleaning schedules were reviewed, monthly meetings are conducted and daily monitoring is conducted by Multi-Disciplinary

Team including Infection Control, Quality Assurance and Auxiliary Services.

❖ **Laundry Services**

The hospital had reported during the first visit, that Middleburg and Bethal Hospitals were assisting them in terms of laundry services, this challenge remains unresolved as the hospital still rely on Middleburg and Bethal Hospitals in this regard.

❖ **Maintenance Plan**

During the first visit, the Committee noted a challenge on hospital maintenance. It was then indicated that the department will benchmark with Mapulaneng hospital on this matter. Having conducted the benchmark, it was discovered that Mapulaneng hospital is using their in-house maintenance team that has been used by the Limpopo Department of Health. It was then resolved that the department will adopted this plan and their maintenance team will be appointed before the end of the first quarter, 30 June 2015.

The Committee also resolved that the hospital (department) should consider approaching Mpumalanga Regional Training Trust regarding their trained Artisans for maintenance. It was reported that this resolution was not implemented due to financial constraints. However, the appointment of Artisans will be considered in the 2015/2016 financial year.

The Committee noted that repairs and renovations were also not yet done. The hospital reported that Atile Invesments was appointed by the department as the contractor to attend to repairs and renovation. During the second visit by the Committee, it was reported that the contactor was already on site.

(d) Keeping Patients Safe

The Committee noted during the first visit that the hospital had a serious challenge on security. A resolution on the appointment of CCTV Operators by 30 September 2014 was taken by the Committee, but it has shown that the decision was not implemented by the department as there were still reports about burglaries in the hospital. The department had acknowledged the concern and indicated that the reason for not appointing the CCTV Operators was also due to budgetary constraints. It was reported that the appointments will be made during the 2015/16 financial year.

Attached is a turnaround strategy on the hospital's security: Annexure 1

(f) Availability of medicine and, supplies

❖ **Deep Zinc and Sterilization Zone**

The Committee noted that the deep zinc and sterilization zone is not functional and has a negative impact on the daily operation of the hospital. The Committee enquired on the measures that have been put in place to remedy the situation. The department reported that the deep zinc and sterilization zone is not functional because structurally; the design did not make provision when the Sterile Supply Department (SSD) was constructed. To remedy the situation, the department will involve the end-users when the hospital is revitalized in order to make provision for a zinc and sterilization zone.

❖ **Electricity**

During the first visit, the Committee noted problems on the hospital electricity and the generator. The Committee resolved that the hospital should consult the municipality in order to address the issue of electricity and also secure a generator with a large energy capacity in cases of emergency. During the follow-up visit, it was reported that the electricity has been restored by the municipality and the standby generator has not

failed to kick in during load shedding. The Committee commended the positive progress made by the department.

The hospital further reported that the management building, the X-Ray services and the Laboratory are not covered by the standby generator during load shedding, only the sections on emergency services. The hospital is, however, looking into linking the administration building, the X-ray services and the Laboratory with the generator of the new building as it has bigger energy capacity. The Committee expressed its appreciation on the new plan and request the department to fast track it for better service delivery.

Shortage of Specialists

The Committee noted during the first visit the challenge of shortage of professional staff and specialists. The department reported that the challenge still persists. Appointments were made but some appointees failed to report for duty, only a Dermatologist reported for duty. The hospital alleged that this might be caused by the salary scale and the duration of the appointments.

Overtime Payments

The Committee noted during the first visit that the hospital's personnel were dissatisfied with the payment of overtime work; the Committee asked the department for progress in this regard. In responding, it was indicated that overtime was paid for the period from April 2014 to July 2014. The remaining overtime is from August 2014 until February 2015. Approval was granted and payments are being processed. The Committee requested the department to fast track the payment of overtime because it has a negative impact in service delivery.

Personnel Resignations

The Committee noted that personnel was resigning for pension pay-out and enquired on the negative impact caused by this act. The department reported

that personnel resignations add on the workload and burn-out of staff. For this reason, out of eight professional nurses that resigned; the hospital appointed five professional nurses in December 2014, to reduce the workload. The other three professional nurses will be appointed during the first quarter of the 2015/16 financial year.

6. FINDINGS MADE BY THE COMMITTEE

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

- a) Staff attitude still a challenge to some sections;
- b) Some House resolutions were not implemented due to budgetary constraints by the department, namely:
 - Laundry services still not yet resolved;
 - CCTV Operators not yet appointed
- c) The administration building, X-ray and Laboratory were not connected to the standby generator;
- d) There is no adequate security at the hospital;
- e) The deep zinc and sterilization zone is not functional
- f) Shortage of professional staff and specialists still a challenge.
- g) Payments of outstanding overtime(August 2014-February 2015) not yet been finalised;
- h) There is a challenge on resignations of personnel;
- i) The nurses residence is in a bad state

7. RECOMMENDATIONS MADE BY THE COMMITTEE

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

- a) Ensure that staff attitude is addressed through capacity building and working with Labour Forums;

- b) Ensure that Witbank Hospital budget for its launderette and CCTV Operators;
- c) Fast-track the connection of the administration building, X-ray and Laboratory services to the standby generator;
- d) Fast-track the implementation of the turn-around strategic plan on security and its monitoring thereafter;
- e) Ensure that the deep zinc and sterilization zone is functional;
- f) Fast track the appointment of the professional staff and specialists
- g) Ensure that the payments of outstanding overtime(August 2014- February 2015) is addressed before the end of the first quarter (30 June 2015);
- h) Develop a plan to address this challenge;
- i) Ensure that an alternative residence is secured for the professional nurses to prevent escalating of more health hazards;

8. INTERACTION WITH THE MANAGEMENT OF SIPHOSENSIMBI COMMUNITY HEALTH CCENTRE (CHC) AND DEPARTMENT OF HEALTH

Brief background by the department

The department (CHC) briefed the Committee on the main objective of the CHC (24hr Community Health Centre rendering maternity and primary health care services) and also outlined the progress made on the six priority areas. It was further reported that the CHC was sponsored by Highveld Steel and Vanadium.

After the short presentation, the Committee commended the work done by the CHC and raised the following comments:

(a) Values and caring attitude of staff

The CHC reported that they have a dashboard (for rating stickers by patients) and a suggestion box in place, opened monthly; and complaints are addressed within 25 working days. The CHC also conducts client satisfaction study annually to measure staff attitude and to address identified gaps. The Committee appreciated the positive report presented on staff attitude by the CHC. The Committee also welcomed the feedback process made by the patients using ratings on the services they've received.

(b) Waiting time:

The CHC reported that the average waiting time was 5 hours; it has since decrease to 3-4 hours. The Committee commended the CHC in reducing the waiting period from 5 hours to be between 3-4 hours, though were encouraged to decrease more.

(c) Cleanliness

The CHC indicated that; they identified that they did not have a cleaning schedule, had a challenge with the supply of cleaning material and hence the internal and external CHC environment was not clean. A cleaning schedule and a checklist were then developed, cleaning material and equipment procured and cleanliness is a priority. The Committee noted with appreciation that the CHC is doing well in terms of cleanliness.

(d) Keeping Patients Safe

The CHC reported that the Centre has a palisade fence around it and would like to have razor rings on top of the palisade fence for increased security. The Committee noted with appreciation the use of palisade fencing as a basic security and welcomed the need for razor rings to tighten the security.

(e) Infection prevention and control (IPC)

The non-existence of the storage for medical waste was noted with disappointment by the Committee and encourage the department to ensure the implementation of the waste management plan, IPC Policy and ensure effective monitoring thereof.

(f) Availability of medicine and, supplies

The Committee welcomed the report that the medicines are ordered twice a month and monitored continuously, however a progress report was enquired regarding the challenge of the Mebendazole drug being out of stock and with no alternative drug; as this challenge affects mostly children for immunization and deworming. The Department reported that they are aware of the challenge and the matter is being addressed provincially.

Other services rendered within the Centre

The Committee expressed its appreciation on the rendering of the Integrated Management of Childhood Illnesses; the timeous availability of Department of Social Development (DSD) on social services within the premises of the CHC and the presence of Social Workers as this is beneficiary for both patients and health personnel.

Shortage of Staff

The Committee noted the high vacancy rate at the CHC, as it does not have Pharmacists nor Pharmacy Assistants, it has only one Enrolled Nurse against the requirement of eight, no Medical Officer, no Oral Hygienist, no Dental Therapist, no Dietician and 50% vacancy in administration. The absence of Pharmacists/Pharmacy Assistants has led to single drugs dispensed in the consulting rooms whilst multiple drugs are dispensed from the dispensary. Professional nurses are allocated in the dispensary. The Department has reported that a NGO partner, FPD, is currently Training 45 basic and post basic

pharmacist assistants. The 1st group of 21 students commenced in 2013 for completion in December 2015 and the 2nd group of 24 students commenced in 2014 for completion in 2016.

Oral Services

The Committee was concerned that oral services are no longer offered at the Centre due to shortage of dental assistants, patients were being referred to Witbank Hospital. The Department reported that Witbank Hospital would release 2 Dentists, 2 Dental Assistants and 1 Oral Hygienists to conduct outreach services at eMalahleni Municipality with effect from the 01 March 2015 and with improved budget allocation; also consideration will be made to appoint 1 Dental Therapist and 1 Oral Hygienist and 2 Dental Assistants.

Medical Waste Storage

The Committee noted that the CHC has no Storage facilities for medical waste; a lockable room is being used for storage of medical waste. The Department reported that the Construction of waste storage facilities will be included in the 2015/2016 financial year.

The closure of Hlalanikahle CHC and its impact on Siphosensimbi CHC

The Committee noted with concern that Hlalanikahle CHC was recently closed for renovation and its closure is contributing towards the overcrowding of patients at Siphosensimbi CHC. The Department reported that Hlalanikahle Clinic was provincialized on the 01st of September 2014 and subsequently shut down by the Department of Labour on the 4th of September 2014 due to electrical faults, cracked wall, leaking ceiling, UV lights not maintained and medical surveillance of staff not done. The Department further indicated that one (01) Enrolled Nursing Assistant from Hlalanikahle clinic was transferred at Siphosensimbi CHC and mobile services are provided at Hlalanikahle clinic for chronic diseases. A Contractor was appointed and currently addressing all maintenance challenges

and medical surveillance of staff is completed. Hlalanikahle clinic is scheduled to be re-opened by the 28th of February 2015.

Budget allocation and expenditure

The Committee enquired on the current available budget and challenges. . The Department reported that there was overspending on Compensation of Employees and Goods and Services because Goods & Services was underfunded and the budget was not allocated according to cost per head.

9. FINDINGS MADE BY THE COMMITTEE

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

- a. There is great improvement on staff attitude, waiting period, keeping patients safe and cleanliness;
- b. The CHC Does not have medical waste storage;
- c. Mebendazole drug is out of stock with no alternative drug;
- d. The CHC has a very high vacancy rate;
- e. Oral services are no longer offered at the centre, only centralized at Witbank Hospital;
- f. There is an overcrowding at Siphosensimbi CHC due to the dilapidated infrastructure of Hlalanikahle clinic;
- g. There was an under budgeting on the Siphosensimbi CHC for 2014/15 financial year, as a result 90% of the CHC budget was already spent.

10. RECOMMENDATIONS MADE BY THE COMMITTEE

The Department should:

- a. Ensure that there is continuous improvement on finding (a);
- b. Provide a detailed plan for the medical waste storage facility;

- c. Develop and submit a provincial drug management plan;
- d. Prioritize the filling of all vacant funded positions before the end of the 1st quarter of 2015/16 financial year ;
- e. Prioritise the appointment of the necessary personnel to deal with oral services before 31 March 2015;
- f. Fast track the renovations at Hlalanikahle CHC in order to alleviate the overcrowding at Siphosensimbi CHC;
- g. Ensure that enough budget is secure for the CHC for 2015/16 financial year;

The Department should provide a progress report on the implementation of House resolutions on or before 26 June 2015.

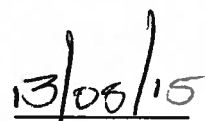
11. CONCLUSION

The Acting 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, the CHC management and Councilors for attending the meeting and the Legislature staff for providing support to the Committee.



HON. P NGOBENI

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



DATE