

OVERSIGHT VISIT REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND SOCIAL DEVELOPMENT CONDUCTED AT-ELSIE BALLOT HOSPITAL ON 06 MARCH 2013 AND A PUBLIC HEARING HELD ON 07 MARCH 2013 AT VUKUZAKHE COMMUNITY HALL, DURING THE “TAKING THE LEGISLATURE TO THE PEOPLE” (TLP) AT THE DR PIXLEY KA ISAKA SEME MUNICIPALITY - DEPARTMENT OF HEALTH

1. INTRODUCTION

The Portfolio Committee on Health and Social Development (the Committee) has a mandate in terms of Rule 112(2) of the Rules and Orders of the Mpumalanga Provincial Legislature to conduct oversight over the Department of Health (the Department) by holding them 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 through public hearings and oversight visits to health facilities in the province.

2. PURPOSE OF THE OVERSIGHT VISIT AND THE PUBLIC HEARING

a. The purpose of the oversight was to:

- ❖ Ensure that the department provide progress report on issues that were raised during the pre - TLP oversight site visit;
- ❖ Interact and deliberate on the overall functioning of Elsie Ballot Hospital;
- ❖ Assess the conditions at Elsie Ballot Hospital as to whether it is in line with the National Core Standards (NCS)

- b. The purpose of the public hearing was to allow the department a platform to report back to the community on a range of service delivery concerns raised during the pre-TLP oversight visits conducted on 14 November 2012.

3. METHOD OF WORK

After the approval of the Legislature programme for the project, Taking Legislature to the People, the Committee informed the Department of Health about the site visit and the purpose thereof; the Department and management of the hospital were invited to be part of the visit. The Researcher briefed the Committee on 27 February 2013 on issues found on the Elsie Ballot Hospital. The oversight visit was conducted on 06 March 2013 at Elsie Ballot Hospital.

On 07 March 2013, a public hearing was conducted at the Vukuzakhe Community hall.

The Committee was represented by Honourable Members of the Social Cluster while, the Department was represented by the District Director, Acting CEO of the Hospital, Management of the Hospital, and District Officials from the Department of Health.

Other stakeholders who were part of the oversight visit were; Local Councillors, Community Development Workers, Ward Councillor, PR Councillor, Chief Whip of the Council and Traditional Leaders.

4. PROGRESS REPORT MADE BY THE DEPARTMENT OF HEALTH IN RELATION TO THE CONCERNS RAISED DURING THE PRE-TLP OVERSIGHT VISITS ON 14 NOVEMBER 2012

The MEC, Hon. KC Mashego - Dlamini, provided the following progress made by the Department of Health in relation to issues emanating from the public hearings as were raised to the Portfolio Committee on Health and Social Development during the pre-TLP Oversight Visits on 14 November 2012.

The MEC presented her progress report as follows:

Ward 1

- ❖ *Ms Zanele Sibaya, with ID number: 830528 0738 084, of Stand No 545, indicated that she is a volunteer in one of the Home base Care Organization at Vukuzakhe, however, she does not get a social grant owing to problems with her Persal number which makes her appear as if she is in the employ of government. She further indicated that, she got the Persal when she was appointed on a departmental programme as TB-Tracer, which was funded by European Union; from there she worked as a DOT supporter in 2008 – 2009. She indicated that the Persal in her name should have been cancelled long time but it was not, and it now causing problems for her.*

Progress report: In her response, the MEC reported that the Department of Health had investigated the matter also confirms that Ms Zanele Sibaya has been cleared from the problem she had with PERSAL System and that her grant matter was as well resolved, she will receive her grant.

Ward 2

- ❖ ***Mr Mandla E Thwala of Stand No 77, in White Location alleged that the services provided by the hospitals were of poor standards, and that there was rife nepotism in the employment of staff in both the clinics and the hospital in the area, wherein people struggle to get employment as only friends and relatives of officials get an employment opportunity.***

Progress Report: The MEC reported that, the Department was not aware of the alleged nepotism. Recruitment processes are implemented in line with prescripts. Posts for lower categories are advertised internally whilst those of level 7 upwards are advertised nationally.

The Department admits to have appointed Health Professionals from KZN due to scarcity within the Province, although preference is given to applicants from Mpumalanga.

Ward 3

- ❖ ***Ms. Tholi Hlophe, has been a volunteer of a home based care centre and indicated that there is shortage of drugs and medication in clinics. She wanted to know, how the National Health Insurance (NHI) will work in Gert Sibande District because there is shortage of nurses and doctors resulting in people going to KwaZulu Natal for HIV tests and medications.***

Progress Report: The MEC reported that Drugs are ordered from the Medical Depot. In cases where drugs are not available from the Depot, they are ordered through a contract. The aim of the Department is to have all essential drugs at the clinics and hospitals as per Essential Drug List.

The MEC further reported that the implementation of National Health Insurance (NHI), in Gert Sibande as a pilot District, requires amongst others that, there should be adequate Human Resources including but not limited to Professional Nurses, Doctors, Specialists and all other Allied Health Workers. In order to address this, the Department has identified all posts that need to be filled and has since advertised such posts, and that the recruitment process is still underway.

In response to the issue raised with regard to patients who go to KwaZulu-Natal (KZN) for HIV testing, the Department has no control over the issue; however this is attributed to the proximity of Dr Pixley Ka Isaka Seme Local Municipality to KZN.

Ward 7

- ❖ ***Mr. Mxolisi Zwane raised that Amersfoort has a small clinic which is congested and not in a good state.***

- ❖ ***Ms. Delisiwe Ngwenya of Stand No 1825, in an area known as China 2, reported that her three (3) year old child is not living a normal life after being put in an incubator in Elsie Ballot hospital (Amersfoort). She indicated that, the child was discharged with unexplained dark marks over the body, which was as a result of negligence of hospital officials who were on duty. She further indicated that the hospital is not in a good state and is generally known as the hospital of deaths resulting from the high level of mortality emanating from negligence.***

Progress Report: The MEC reported that processes are underway for the construction of a Community Health Centre at Vukuzakhe during 2013/14 financial year. Amersfoort clinic will be constructed in the coming financial years 2014/15.

The hospital management investigated the matter raised by Ms Ngwenya. The findings were that, baby Delisiwe “Daisy” Ngwenya was prematurely delivered and nursed in a temperature controlled incubator which was constantly monitored. The child is now three (3) years old and is healthy with no breathing and skin problems noted.

The MEC further indicated that, during June 2012, only two (2) children were admitted and they unfortunately died which makes it a 100% death rate. The two (2) children were admitted with broncho-pneumonia and pneumonia, and were critically ill and died within 24 hours of admission. The high mortality rate is attributed to the burden of disease especially HIV related disease.

Mortality rate on children under the age of 5 year was as follows:

FINANCIAL YEAR	DEATHS	CHILDREN ADMITTED
2009/2010	39	129
2010/2011	22	87
2011/2012	2	2

5. OVERSIGHT VISIT TO ELSIE BALLOT HOSPITAL

5.1 Background

Elsie Ballot Hospital was officially opened during 1931. On 22 April 1942, the Provincial Administration of the Transvaal took over the hospital. Elsie Ballot Hospital is a Level 1 District Hospital with 22 approved beds and 22 usable beds. The hospital rendered health services to approximately 32 929 people in 2007 and approximately 36 926 in 2011.

Elsie Ballot Hospital supports three (3) clinics: Daggakraal CHC; Ezamokuhle clinic; and Amersfoort clinic. The hospital refers patients to Witbank; Ermelo; Rob Ferreira and other hospitals in Gauteng.

5.2 Observations

The Committee observed that:

- The hospital never had a hospital board.
- There were no steps taken against a doctor who has been accused of ill treating patients.
- The Hospital has over 50% vacancy rate.

5.3. Services rendered by the hospital

The hospital is rendering the following services;

- Outpatient services
- Wellness clinic -Antiretroviral Treatment (ART), HIV Counselling and Testing (HCT) and Prevention of mother-to-child Transmission (PMTCT)
- Social Work service
- Pharmacy
- Casualty
- Obstetrics
- Male/Female medical
- Pediatric services
- X-ray services
- Emergency Medical Services
- Referral Services

6. INTERACTION WITH THE DEPARTMENT OF HEALTH AND THE MANAGEMENT OF THE ELSIE BALLOT HOSPITAL

The Committee has noted that the hospital is operating on the following organizational structure;

6.1. Organogram and Vacancy rate

Category	Approved posts	Filled posts	Vacant posts
Office of the CEO and Support	8	0	8
Medical and Clinical Services	23	8	15
Pharmacy services	2	1	1
Allied health & Dental services	11	4	7
Nursing services	52	18	34
Corporate services	75	23	52
Finance Management Service	17	6	11
Supply Chain	14	1	13

The Committee wanted to know on whether the organogram that is used by the hospital is an approved organogram and who approved it. The Committee was therefore concerned that the organogram of the Hospital might not be necessary, considering that the Hospital is coping well with the patient – nurse ratio.

In its response, the Department reported that they are using an approved organogram, but due to budget cut, most posts could not be filled due to overspending. However, the Department failed to respond on the questions of the Committee as to whether the organogram is necessary or just a wishful organogram.

6.2 Nursing Assistants

The Committee noted that the Department has only employed four nursing assistants considering the outcry of shortage of nurses and doctors in the hospital. The Committee was concerned that the non-employment of nursing assistant adds a burden to the current staff.

The Committee is of the view that it should not be difficult to recruit nursing assistants and this must be an issue that is attended, as it will create employment opportunities for the local people.

The Acting CEO, in his response, reported that there is still a challenge in recruiting nurses/health professionals.

6.3. Appointment of hospital board

The Committee noted that the Hospital never had a Hospital Board as required by the regulations. The Committee emphasized the need for a Hospital Board, as this is crucial for governance of the Hospital, and was more concerned that the Hospital operated without a governance structure which must hold the management accountable.

In its response, the Department reported that posts for the Hospital Board were advertised, but there were no applicants that showed interest in the posts.

The Committee raised a serious concern that the hospital seem not to have a good working relationship with other stakeholders within the community. The Committee wanted to know if there is any role that is played by councilors in assisting, in recruiting the hospital board members.

The Department must prioritize the appointment of the hospital board.

6.4 Referral to hospital

The Department reported that they refer patients to Witbank hospital because the hospital caesarean/theatre section was closed down, and it was built in 1932, as a result, it did not meet the required norms and standards.

6.5. Challenges faced by the hospital as presented to the Committee

The following are challenges faced by Ballot hospital:

- The theatre is not functional;
- The brain scan is not working, patients are referred to Rob Ferreira and Witbank hospital;
- The wellness clinic is not according to the standards. It is situated outside /separate from the hospital. It has incomplete toilets and no basins to wash the hands;
- There is limited accommodation. The nurse's home has five (5) rooms and one (1) flat. All rooms are occupied. Other staff members use private residence.

7. INTERACTION WITH THE MANAGEMENT OF THE HOSPITAL AND THE DEPARTMENT OF HEALTH WITH REGARDS TO COMPLIANCE WITH THE SIX PRIORITIES OF THE NATIONAL CORE STANDARDS (NCS)

Values and attitudes of staff

There have been complaints about negative staff attitude and ill treatment towards patients by doctors. The Department is supposed to be having a monitoring and evaluation tool in place to address staff attitude.

The hospital management indicated that, staff attitude will improve because they have a suggestion box that is available and is opened once a month. Complaints are registered and managed accordingly. The Department has also reported that a client satisfaction survey has been conducted and is awaiting results.

Reducing waiting times and queues for administration

Doctors are not reporting on-duty on time. One of the doctors arrives at work at 10 am and leaves early. This behavior influences other employees to neglect their work and patients during working hours.

The Department reported that, the waiting time is 2 to 3 hours and that there is no standardized waiting time tools. The waiting times are monitored, and the Department is planning on benchmarking for the tool from other facilities.

The Committee wanted to know on which facilities the Department wants to benchmark with. The Acting Chief Executive Officer (CEO) reported that, the benchmarking area they will utilize is Carolina Hospital because they have the best tool for monitoring waiting time.

Cleanliness

In terms of cleanliness, the hospital is not clean (*see Annexure A*). The department reported that there is a shortage of cleaners and grounds-men. The Committee wanted to know, why the hospital cannot appoint cleaners on time in order to keep the hospital clean.

In its response, the Department reported that posts were advertised and are awaiting approval of the appointment of the shortlisting and interviewing panel. It was further reported that the cleaning material and equipment is available.

Keeping Patients Safe

The Committee found that anyone can gain access to the Children's Ward and Labour Ward. Tuberculosis (TB) patients are mixed with other patients, and there is no security guard inside the Paediatric Ward.

The Department reported that, there are security officers assigned to these wards. The hospital has policy guidelines that are adhered to, for both medical and nursing programmes, and meetings are conducted on a monthly basis.

Preventing Infections

There is no female or male ward. When the hospital is full, the patients are mixed in the same ward depending on the influx and admissions. The Committee raised a concern on how does the hospital manages patients who have TB, fully blown AIDS in wards, are they not infecting each other?

The Department reported that it is difficult to separate the patients but they are closely monitored. It was further reported that they were not adhering to this National Core Standard due to the infrastructure challenges that is faced by the hospital.

The Department further reported that, there is a dedicated focal person for Infection Prevention and Control that has been seconded to monitor infection control, but she has not undergone formal training.

Availability of medication, supplies and equipment

The Committee noted that, essential drugs are available. The Committee wanted to know if there are no shortages of Antiretroviral Treatment (ARV's) since it is a high demand in our communities.

The Acting Chief Executive Officer (CEO) reported that they do not have any problems with regards to shortages of drugs within the hospital.

9. NEW HOSPITAL STRUCTURE

Elsie Ballot Hospital was also earmarked to be a Community Health Centre but this was later reconsidered. The hospital will still maintain its status as a hospital. The management indicated that there are plans for a new structure to be built by 2014. The new hospital will be a 72 bed health facility. It is currently a 22 bed hospital.

The Committee needed clarity on the new hospital, on what will the catchment be, its utilization rate, how many beds. How was the vacancy rate calculated, is it in line with the organogram.

The hospital management previously reported to Researcher that the current hospital is a 22 bed and the new hospital will be having 72 beds. The matter is with the provincial office. There is still no delegation of powers given to hospital in recruiting personnel.

10. FINDINGS MADE BY THE COMMITTEE

The Committee found that the hospital:

- 10.1** Has a shortage of health professionals and that critical posts are not filled
e.g. Nursing Assistants;
- 10.2** Does not comply with the National Core Standards;
- 10.3** Never had a hospital board;

- 10.4 Is not taking any disciplinary actions with regards to doctors and nurses who are ill treating patients;
- 10.5 Theatre is not functional;
- 10.6 Doctors do not report on time for duty;
- 10.7 Has limited accommodation for health professionals;

11. RECOMMENDATIONS MADE BY THE COMMITTEE

The Committee recommends that the Department should:

- 11.1 Come up with a recruitment strategy for health Professionals and fill all critical posts e.g. nursing assistants;
- 11.2 Ensure that the hospital complies with all the National Core Standards (NCS). The Department must provide a comprehensive report on the implementation and monitoring of the six (6) priority areas;
- 11.3 Ensure that a hospital board is appointed;
- 11.4 Ensure that necessary measures are taken against all professionals who are found to have been ill treating patients;
- 11.5 Ensure that it has an alternative mechanism to its patients who need assistance with an emergency service e.g. caesarean;
- 11.6 Revise the organogram of the Elsie Ballot hospital;
- 11.7 Ensure that doctors must report to duty on time;

11.8 Provide a comprehensive report on the investigation of all the cases of child mortality and still born babies at the Elsie Ballot Hospital. The department must provide a comprehensive report on the issue of negligence of staff monitoring the incubator which occurred on the 29 August 2009 as reported by the petitioner;

11.9. Ensure that accommodation for health professionals is addressed as a matter of urgency;

A comprehensive progress report should be submitted by 30 September 2013.

12. CONCLUSION

The Chairperson expressed 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 thanked the Mayor; Councillors; the management of the hospital and the Department of Health for cooperation and the Legislature staff for providing support to the Committee.

Lastly, the Chairperson requests, on behalf of the Portfolio Committee, that the House adopts the report with its findings and recommendations.



HON. P NGOBENI
CHAIRPERSON: PORTFOLIO COMMITTEE
ON HEALTH AND SOCIAL DEVELOPMENT

21/06/2013
DATE