

**OVERSIGHT VISITS REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND SOCIAL DEVELOPMENT CONDUCTED ON POOR PERFORMING HOSPITALS IN THE EHLANZENI DISTRICT (MATIBIDI AND SABIE HOSPITALS) ON 08 JUNE 2018  
- DEPARTMENT OF HEALTH**

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**1. INTRODUCTION**

The Committee conducted unannounced oversight visits to identified hospitals in the Ehlanzeni District on poor performance on 08 June 2018.

**2. PURPOSE OF THE OVERSIGHT VISITS**

The purpose of the visits was to check:

- Compliance with the National Core Standards, inclusive of the progress report on the implementation of the hospital improvement plans;
- Compilation of Executive Management;
- Vacancy Rate;
- Performance on the Annual Performance Plan;
- Governance Structures;
- Expenditure.

**3. METHOD OF WORK**

After noting the non-compliance by the Department (the health facilities) with the National Core Standards and challenges as per reports presented by the Hospital Chief Executive Officers supported by the Hospital Boards in the meetings held in November 2017 in all the three districts, the Committee resolved to conduct the unannounced oversight visits to better identify and understand the challenges and to make recommendations for improved health services provided to the communities of the Mpumalanga Province.

The Committee conducted the unannounced oversight visits to Matibidi and Sabie hospitals in the Ehlanzeni District on 08 June 2018.

The Committee only invited the following stakeholders since the visits were scheduled as unannounced; Public Service Commission (PSC), Auditor General's Office, SALGA and Provincial Treasury to be part of the oversight visits.

#### **4. OBSERVATIONS**

##### **The Committee observed that:**

- Both hospitals were aware of the scheduled unannounced oversight visits, this somehow defeated the purpose of the visits being unannounced;
- Maybe that also contributed to both hospitals being clean on the day of the visits.

#### **5. INTERACTION WITH THE HOSPITAL MANAGEMENT**

##### **5.1 Matibidi Hospital**

The hospital Acting Chief Executive Officer (CEO) who is the appointed Nursing Services Manager, Mr. KK Mashego welcomed the committee together with the management team of the hospital; Mr. Deon Swigelaal – Corporate Manager, Mr. Ephraim Mawela – Chief Accounting Clerk and acting as Finance Manager, Mathebula B – Food Service Manager and other officials including a member of the hospital board.

The committee conducted in loco inspections before meeting with the hospital management for a brief interaction. The following were noted from the in loco inspection and the interaction with the hospital management:

- The table below outlines the hospital's performance in terms of compliance with the National Core Standards, particularly the six priority areas:

Priority Areas	Scoring %	Target %
Availability of medicines and supplies	57	95
Cleanliness	40	80
Improve patient safety and security	41	100
Infection prevention and control	30	90
Positive and caring attitudes	47	80
Waiting times	46	80

- The scores as per the table above does not relate to the actual performance, however the department emphasized that the scores were for the 2017/18 financial period and since the beginning of 2018/19 financial period, there has been great improvements;
- The hospital has a very high vacancy rate, both on the management level and lower categories. There is no appointed CEO, Finance Manager, Allied Services Manager nor Clinical Manager – in the executive team. The hospital also does not have a Social Worker, Information Officer, Quality Assurance Practitioner nor Ward Clerks. The hospital does not have a Human Resource Management section;
- The Acting CEO has been acting for six months already without the acting allowance;
- On the date of the oversight, the hospital was very clean and seemed well kept overall;
- All equipment in the laundry are functional and the linen and blankets were neatly packed;
- The kitchen was also clean and well packed. All other kitchen equipment are functional except for the mixing pot – it has not been working for three months already;
- The hospital has a problem with waste management, both medical and general waste are disposed together – no compliance with the NCS;
- The hospital qualifies for twelve doctors but currently have two permanent doctors and four sessional doctors;

- The hospital tends to keep mental patients longer (than the set 72 hours) as a result of unavailability of beds in the referral hospitals;
- Overall security is a concern, patients tend to come in awkward times, at times in groups and threaten the health professionals when they are not assisted to their satisfaction. The number of security guards is very limited that some vulnerable areas as left unguarded;
- The hospital reportedly has three litigation cases in process;
- There is no Pharmacy Manager and the pharmacy is very small, the size also affects the quantity of drugs procured which also has an effect on the availability of medicine.

## 5.2 Sable Hospital

The hospital Chief Executive Officer (CEO), Mr. RE Dibakwane welcomed the committee together with the management team of the hospital; Ms. Mu"ke Van Maanan – Allied Services Manager, Ms. Hellen Thembe – Nursing Services Manager, Ms. Paulette Strydom – Corporate Manager and Ms. Pricilla While – Information Officer.

The committee conducted in loco inspections before meeting with the hospital management for a brief interaction. The following were noted from the in loco inspection and the interaction with the hospital management:

- The table below outlines the hospital's performance in terms of compliance with the National Core Standards, particularly the six priority areas:

Priority Areas	Scoring %	Target %
Availability of medicines and supplies	89	95
Cleanliness	82	80
Improve patient safety and security	69	100
Infection prevention and control	70	90
Positive and caring attitudes	84	80
Waiting times	88	80

- The out patients department was very neatly kept and the filling system was also neat and traceable;
- The pharmacy is fairly sized and well-kept and medicine well packed, it is also attached to the storage section for additional medicine and also fairly sized and neatly packed;
- The hospital reportedly has a functional hospital board;
- The cold room in the pharmacy was not working on the day of the visit, it needed a gas refill, it was however, reportedly refilled within a week after the oversight visit and the cold room is now functioning well;
- The hospital has expired medicine valued at R 22 000-00;
- Pest control is needed in the kitchen;
- The laundry is very small and almost none of its equipment are functional. The washing machines and dryers are not functioning, the hospital washes its laundry at Matikwana hospital but does its own ironing – with only one iron machine;
- The hospital has a designated lockable waste management area and an Infection Prevention and Control Coordinator;
- The hospital does not have adequate cleaners and grounds men, there is a high vacancy rate, particularly on the lower categories;
- Security personnel not sufficient;
- The hospital has six comm serve doctors, five permanent doctors and eight sessional doctors;
- It is reported that the department plans to appoint two assistant nurses and two clerks using the overtime budget and also to appoint three cleaners and three porters using the budget that was allocated for the doctor that resigned;
- The posts for Finance Manager, Food Service Manager, Food Service Supervisor and Stores Assistant are reportedly advertised – the recruitment process is underway.

## 6. FINDINGS MADE BY THE COMMITTEE

After the interaction with the management of the health facilities, the Committee found that:

- a) Both hospitals are not compliant with the National Core Standards, however there is improvement;
- b) Both hospitals have a high vacancy rate, in both management and lower categories;
- c) The department plans to appoint two assistant nurses and two clerks using the overtime budget and also to appoint three cleaners and three porters using the budget that was allocated for the doctor that resigned;
- d) The posts for Finance Manager, Food Service Manager, Food Service Supervisor and Stores Assistant were advertised – the recruitment process is underway;
- e) The Acting Chief Executive Officer for Matibidi hospital has been acting for six months already without an acting allowance;
- f) Some equipment in the kitchen and laundry for both the hospitals needs repairs and continued maintenance - the washing machines and dryers at Sabie hospital are not working, washing is currently done at Matikwana hospital;
- g) Matibidi hospital does not have a designated medical waste disposal area, both medical and general waste are mixed for disposal;
- h) Matibidi hospital has three litigation cases in process;

## 7. RECOMMENDATIONS MADE BY THE COMMITTEE

Based on the findings, the Committee recommended that the Department must implement the following and submit a detailed progress report by 31 August 2018:

- a) Effectively implement the quality improvement plans for improved compliance with the National Core Standards with continuous monitoring and evaluation;
- b) Plan and budget accordingly for the filling of the identified vacant and funded posts: Matibidi hospital – CEO, Finance Manager, Allied Services Manager, Clinical Manager, Pharmacy Manager, Social Worker, Information Officer, Quality Assurance Practitioner, Ward Clerks and other lower category posts. Sabie hospital – Finance Manager and other lower category posts;
- c) Provide progress report on the appointment of two assistant nurses and two clerks using the overtime budget and the appointment of three cleaners and three porters using the budget that was allocated for the doctor that resigned;
- d) Provide progress report on the recruitment process of the aforementioned posts;
- e) Ensure that the Acting CEO receives the acting allowance as per regulation;
- f) Ensure that the equipment in the kitchen and laundry for both the hospitals are repaired and maintained continuously;
- g) Ensure that Matibidi hospital has a designated medical waste area for improved infection prevention and control and also for compliance with the National Core Standards;
- h) Provide progress report on the three litigation cases in process for Matibidi hospital;

The Chairperson requests the House to adopt the report with its findings and recommendations and that a progress report on the implementation of House resolutions be provided on or before, 31 August 2018.

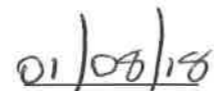
## 8. CONCLUSION

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 visits. She further wishes to thank the Legislature staff for providing support to the Committee.



HON. DP MANANA

CHAIRPERSON: PORTFOLIO COMMITTEE ON HEALTH  
AND SOCIAL DEVELOPMENT



DATE