

**COMMITTEE REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND SOCIAL DEVELOPMENT IN RELATION TO THE 4<sup>th</sup> QUARTER PERFORMANCE REPORT FOR 2018/19 FINANCIAL YEAR - DEPARTMENT OF HEALTH**

---

**1. INTRODUCTION**

As stated in Rule 218 of the Rules and Orders of the Mpumalanga Provincial Legislature, the Member of the Executive Council (MEC) responsible for a provincial Department must table quarterly reports of the Department to the Speaker, within 30 calendar days after the end of a quarter.

The Portfolio Committee on Health and Social Development (the Committee) considered the 4<sup>th</sup> quarterly report of the Department of Health (the department) for the 2018/19 financial year, reporting period January – March 2019. Interaction with the department was aimed at assessing the department's performance for the quarter, in relation to its 2018/19 Annual Performance Plan (APP) as approved by the committee.

**2. METHOD OF WORK**

The Speaker referred the department's fourth (4<sup>th</sup>) quarter performance report to the committee for consideration and report back to the Legislature, as contemplated in rule 218 (4) of the Rules and Orders of Mpumalanga Provincial Legislature (the Rules).

On 21 June 2019, the committee met with the department to deliberate on the 4<sup>th</sup> quarter performance report; the committee also met to consider and adopt the draft committee report.

### 3. GENERAL OBSERVATIONS

The Committee observed that:

- The department had a total budget of **R 13 278 174 000**, its adjusted budget was **R 13 119 591 000** and incurred expenditure of **R 13 098 692 000** which translate into **99.3%**;
- The department **had 89 planned targets** for the period under review and **achieved only 41 of those targets**, this translates into **46% achieved targets for the quarter**;
- **Programme 3** had **six** planned targets and achieved **none of the set targets**, a continued recurrence of poor performance.

### 4. POLITICAL OVERVIEW BY THE MEC

MEC, Ms SJ Manzini, could not attend the committee meeting due to another political deployment (attended the State of the Nation Address). However, she did submit her written political overview, the following were noted in her written political overview statement:

- ❖ The department is available and affirms its commitment to clean and transparent governance, as servants of the community of Mpumalanga;
- ❖ And the department has identified key goals of the public health system which are to help the people stay healthy and to enable the department to provide access to timely, high quality and patient friendly health care facilities. Therefore, the department commits to employ the following as their core values: Collaboration, Openness, Respect and Empowerment for improved service delivery.

### 5. DELIBERATIONS ON THE 4<sup>th</sup> QUARTERLY REPORT

The Head of Department briefed the committee on the 4<sup>th</sup> quarter performance report. Thereafter the committee interacted with the department. The Committee based its interactions on the committee question sent to the department. The presentation of the HOD was limited to the responses of the questions that the committee has sent to the department.

## 5.1 PERFORMANCE AND EXPENDITURE ANALYSIS

| PROGRAMME                    | PLANNED TARGETS | TARGETS ACHIEVED | % TARGETS ACHIEVED |
|------------------------------|-----------------|------------------|--------------------|
| Administration               | 7               | 3                | 42.9%              |
| District Health Services     | 44              | 19               | 43.3%              |
| Emergency Medical Services   | 6               | 0                | 0%                 |
| Provincial Hospital Services | 10              | 5                | 50%                |
| Central Hospital Services    | 6               | 3                | 50%                |
| Health Science and training  | 2               | 2                | 100%               |
| Health Care Support          | 7               | 4                | 57%                |
| Health Facility Management   | 7               | 5                | 71%                |
| <b>TOTAL</b>                 | <b>89</b>       | <b>41</b>        | <b>46%</b>         |

| PROGRAMME                    | ADJUSTED BUDGET<br>000' | ACTUAL EXPENDITURE<br>AT THE END OF<br>MARCH 2019<br>000' | % EXPENDITURE<br>at the end of Q4 |
|------------------------------|-------------------------|---|-----------------------------------|
| Administration               | 268 369 000             | 297 700 000   | 110.9 %                           |
| District Health Services     | 8 007 074 000           | 8 059 469 000   | 100.7                             |
| Emergency Medical Services   | 364 097 000             | 363 504 000   | 99.8%                             |
| Provincial Hospital Services | 1 362 723 000           | 1 373 553 000   | 100.8                             |
| Central Hospital Services    | 1 228 932 000           | 1 227 484 000   | 99.9                              |
| Health Science and training  | 375 435 000             | 367 570 000   | 97.9%                             |

|                            |                       |                       |              |
|----------------------------|-----------------------|-----------------------|--------------|
| Health Care Support        | 155 080 000           | 153 293 000           | 98.8         |
| Health Facility Management | 1 357 881 000         | 1 256 119 000         | 92.5         |
| <b>TOTAL</b>               | <b>13 119 591 000</b> | <b>13 098 692 000</b> | <b>99.3%</b> |

### Financial Commitments

The Accounting Officer was asked to indicate why the department had financial commitments more than the available budget and to further outline if this can be considered as unauthorized expenditure. In response, the Accounting Officer indicated that 95% of the commitments are due to ongoing multi-year infrastructure funded projects and does not consider commitments as unauthorised expenditure or as the violation of the PFMA Section 38(2), 39 (1) (a) and (b), section 39 (2) (a).

### Accruals

The committee requested the department to outline the total accruals of the department and to specify the total accruals accrued in the 2018/19 financial period. The Accounting Officer reported that the total accruals and payables incurred by the department amounts to R 581 336 million, at the end of the 2018/19 financial year (FY). And further outlined as per the table below:

| Classification | 2018/19 FY R'000 | 2017/18 FY R'000 | 2016/17 FY R'000 |
|----------------|------------------|------------------|------------------|
| Accruals       | 204 538          | 265 446          | 218 334          |
| Payables       | 376 798          | 585 625          | 576 348          |
| <b>Total</b>   | <b>581 336</b>   | <b>851 071</b>   | <b>794 682</b>   |

### Litigations

The committee requested the Accounting Officer to indicate the total litigations of the department, to outline the facility where the litigation emanates from, the section, the amount and to also outline all litigations paid in the 2018/19 financial year. The Accounting Officer

reported that the department recorded a total of R 10 091 Billion on litigations, and a total amount of R 25 111 861.83 has been paid to date, as detailed in the table below:

| NAME OF PARTIES         | AMOUNT CLAIMED | AMOUNT PAID         | NATURE OF CASE         | HOSPITALS              |
|-------------------------|----------------|---------------------|------------------------|------------------------|
| Hyletta Naude           | R 515 000      | <b>R 308 000</b>    | Maternity              | Lydenburg Hospital     |
| Cynthia Motha Nee Ntuli | R 500 000      | <b>R 225 000</b>    | Maternity              | Kwa Mhlanga hospital   |
| Jeleki Pule             | R 1 500 000    | <b>R 594 890</b>    | Mental Health care     | Sabie Hospital         |
| S Nkonde                | R 500 000      | <b>R 440 117.50</b> | Head injury            | Klarinet Clinic        |
| Zolile Mhlanga          | R 3 000 000    | <b>R 1 229 060</b>  | Maternity              | Shongwe Hospital       |
| Emily Ngobeni           | R 19 847 000   | <b>R 16 125 000</b> | Maternity              | Mmametlhlake Hospital  |
| Mabunda S               | R 1 500 000    | <b>R 100 000</b>    | MDR TB                 | Bongani TB Hospital    |
| Vilakazi                | R 5 000 000    | <b>R 4 109 273</b>  | Maternity              | Witbank Hospital       |
| Mbozi                   | R 200 000      | <b>R 238 829</b>    | Maternity              | Rob Ferreira Hospital  |
| S Khumalo               | R 200 000      | <b>R 140 000</b>    | Gun shot               | Mapulaneng Hospital    |
| Monwabisi Themba        | R 27 683.82    | <b>R 17 000</b>     | Motor vehicle Accident | Embhuleni Hospital     |
| Magdalene Visser        | R 16 055.76    | <b>R 6 355 00</b>   | Motor vehicle Accident | Lydenburg Hospital     |
| Lian Dryer              | R 31 342.88    | <b>R 30 608.84</b>  | Motor vehicle Accident | Provincial Office      |
| Pierre Cotzee           | R 9 682.57     | <b>R 5 000</b>      | Motor vehicle Accident | JS Moroka Sub District |
| Riska Le Roux           | R 9 173.42     | <b>R 6 000</b>      | Motor vehicle Accident | Witbank Hospital       |
| Makuwa                  | R 42 288.54    | <b>R 21 728.49</b>  | Motor vehicle Accident | Middelburg Hospital    |

|                     |             |   |                        |                  |
|---------------------|-------------|---|------------------------|------------------|
| Solly Albert Mavuso | R 27 204.54 | <b>R 25 000</b>                                   | Motor vehicle Accident | Witbank Hospital |
| Bongwe L            | R21 500 000 | <b>R 1 440 000.00</b><br>- <b>Interim payment</b> | Maternity              | Shongwe Hospital |
| <b>TOTAL</b>        |             | <b>R25 111 861.83</b>                             |                        |                  |

## **PROGRAMME 1: ADMINISTRATION**

This programme provides overall management of the Department, strategic planning, legislative, communication services and centralised administrative support through the MEC's Office and administration.

### **Delegation to hospital Chief Executive Officers (CEOs)**

The committee wanted to know the delegation(s) given to Hospital CEOs and Hospital Executive Management Teams if any. The Accounting Officer was also asked to indicate the bottle-necks experienced by the hospital CEOs and their Executive Management Teams that negatively affects the process of public health service delivery and to further outline if the Accounting Officer intends to increase the delegation given thus far. The Accounting Officer reported that hospital CEO's and their Executive Management Teams have been given Supply Chain Management and Finance and Human Resources delegations. The bottle-necks reportedly experienced by the hospital CEOs and the Executive Management of the Hospitals are in the main inadequate skilled healthcare workers, limited budget, inadequate equipment and dilapidated infrastructure. The Accounting Officer further reported that the Supply Chain Management and Finance delegations were recently reviewed, the HR delegations are reportedly being reviewed.

### **Compliance with the National Health Act**

The committee asked when the Executive Authority was going to comply fully with the National Health Act, 61 of 2003 particularly section 31 (5) and Section 42 (3) and asked why the delay in compliance. The department reported that the Executive Authority has already started with a draft of the two Bills that will guide the establishment and functioning of the District Health Council and the establishment of the Governance Structures. The department has also

reportedly benchmarked from the Department of Health in Cape Town, the plan is to have the two pieces of legislations to be approved by the Provincial Legislature before end of the second quarter 2019/20 F/Y. The department reportedly did not have the capacity to draft the legislation, hence it took time to initiate the process.

### **Reclassification of Health Facilities**

The committee asked if the Accounting Officer has contemplated the following, and enquired on the processes put in place if any; reclassifying other hospitals into CHCs, reclassifying Sifuba into Ermelo Hospital, the exchange between Witbank TB and Impungwe Hospital (relocation) and the relocation of Standerton TB Hospital. The Accounting Officer has reportedly contemplated on the issues as follows:

- The NDoH has established a Steering Committee for reclassification of hospitals consisting of all provinces. This process will afford the department to reclassify some of the hospitals after wide consultations with all stakeholders when the gazette is reviewed;
- Reclassification of Sesifuba TB hospital is part of the process undertaken by the National Steering Committee, however, currently Sesifuba TB is managed under Ermelo hospital, until the national process is completed and it is removed from the Government Gazette as a hospital;
- The exchange of Witbank TB and Impungwe hospital is no longer continuing due to Hon. Premier's pronouncement in the construction of the new Witbank Tertiary hospital;
- Standerton TB hospital is no longer relocating as the department has recently procured the SANTA TB hospitals which are Standerton TB and Barberton hospital.

### **PROGRAMME 2: DISTRICT HEALTH SERVICES**

The purpose of programme 2 is to render comprehensive primary health care services to the community using the District Health System Model.

#### **Performance**

The committee has noted that the Accounting Officer has done an analysis on the contributory factors that makes the program not to reach its planned target, and the main contributory

factors are reportedly inadequate skilled Health Care Workers and inadequate medical equipment and a plan has since been developed to improve performance thereof.

**Alignment of WISN and the Organizational Structure**

The committee wanted to know when the Accounting Officer was going to align WISN and the organizational structure. The department reported that the Accounting Officer has conducted a WISN exercise for Primary Health Care (PHC) facilities during 2018/19 financial period and has appointed a task team to develop staffing norms for Hospitals using WISN tool during the 2019/20 financial period.

**Cataract Surgery waiting List**

The committee asked the Accounting Officer to indicate the current status of the waiting list for patients awaiting surgery to restore their eyesight and to also indicate mitigation measures put in place. The department has reported that there is a backlog of 6 703 patients waiting for cataract surgery, however, the department has entered into a Memorandum of Understanding with the Bureau for the Blind and Tshepa Foundation, this will assist to clear the backlog during the 2019/20 FY.

**Orthopaedic Surgery waiting List**

The committee noted the report by the department outlined as follows:

| Name of Hospital | Patients Operated on (4 <sup>th</sup> Quarter) | Patients to be operated | Reasons for the delay to operate   |
|------------------|--|-------------------------|--|
| Rob Ferreira     | 131  | 33                      | The hospital is currently having three (3) full time specialists and operations for all inpatients are done within four (4) weeks of admission, however, the reason for the delays is competing theater time for different operations. |



|            |     |     |   |
|------------|-----|-----|---|
| Witbank    | 140 | 116 | The reasons for the delay is the limited operating theatre time, and also new trauma cases are attended first to avoid deformities and complications - further delaying the waiting time. |
| Ermelo     | 91  | 36  | The reason for the delay is that the Orthopaedic department has no specialists, it is headed by a senior Medical officer, supported by specialists from Witbank hospital.                 |
| Mapulaneng | 58  | 08  | None, following the appointment of the Orthopaedic Specialist.  |
| Themba     | 129 | 33  | The reasons for the delay is that the hospital has only one Orthopaedic Specialists and limited theatre time as new trauma cases are prioritised.   |

### **PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)**

This programme provides pre-hospital medical services, inter-hospital transfers, rescue and Planned Patient Transport to all inhabitants of Mpumalanga within the national norms of 15 minutes in urban areas and 40 minutes in rural areas.

#### **Performance**

With concern, the committee asked if the department has the capacity to improve the performance of emergency medical services considering that all measures reported to the committee for the past five years and mitigating efforts are not achieving any improvement in performance. The Accounting Officer reported that the department does have the capacity to improve the programme performance. However, the Accounting Officer acknowledges that measures and mitigating efforts that have been applied previously have not been adequate to achieve the set targets though there has been some positive improvements in certain aspects.

The EMS Turnaround plan that has been presented seeks to improve the performance of the programme by focusing on the following areas:

- Increasing the number of EMS personnel;
- Improving management capacity through the appointment of Shift Supervisors, and Training of Managers;
- Integrating Planned Patient Transport Services (PPTS) into EMS by 2019/20;
- Improving information management during 2019/20;
- Improving EMS communication centres system during the Medium-Term Expenditure Framework (MTEF).

The Accounting Officer reportedly acknowledges that some of the interventions cannot be achieved in a single financial year due to budgetary constraints and will need to be implemented over the MTEF period.

#### **PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES (REGIONAL AND SPECIALIZED)**

This programme renders level 1 and 2 health services in regional hospitals and TB specialized hospital services.

#### **Compliance with the National Core Standards (NCS)**

The committee has noted with concern that the hospitals continuously fail to comply with the NCS. The department reported that the Accounting Officer does have a plan to ensure that all hospitals comply with National Core Standards, outlined as follows:

- Hospitals conduct annual National Core Standards assessments to evaluate the compliance status;
- Develop Quality Improvement Plans (QIP) to address the identified gaps
- Monitor the implementation of the QIP on a monthly basis.

The cost associated with for procurement of medical equipment is as follows:

- Ideal Clinic R 10 530 000;
- Hospitals R 21 275 000.

The department further reported that the maintenance budget of R 154 million has been set aside to address infrastructural challenges such as inappropriate isolation wards, shortage of basic medical equipment and inadequate security measures in sensitive areas.

## **PROGRAMME 5: TERTIARY HOSPITALS**

The purpose of this programme is to render secondary and tertiary health care services and to provide a platform for training of health care workers and to conduct research.

### **Hospital Bypass**

The committee wanted to know how the Accounting Officer plans to curb the bypass of district hospitals and regional hospitals by patients, noting that Mbombela City does not have a district hospital. The department reported that it has put the following plans in place to curb the bypass of district and regional hospitals by patients:

- Regarding Rob Ferreira tertiary hospital, the department plans to down refer level one patients to Nelspruit Community Health Centre (CHC)
- Patients who bypassed will be transported to the Nelspruit CHC for consultations;
- Family Physicians from Rob Ferreira hospital will be allocated to the Nelspruit CHC to screen patients;
- The regional and tertiary hospitals are to conduct outreach services to the district hospitals and CHCs, especially the Family Medicine departments.

### **Challenges**

The committee enquired on the challenges faced by the tertiary hospitals and the mitigating measures put in place. The department acknowledged the following challenges faced by tertiary hospitals:

- Shortage of specialists;
- Inadequate medical equipment;
- By pass of level one and two patients;
- None availability of certain tertiary services.

The Accounting Officer has reportedly put the following interventions in place:

- Headhunting of specialists for the core disciplines;
- Partnerships with academic institutions, i.e.: signing a Memorandum of Understanding (MOU) with the University of the Witwatersrand;
- Training of Medical Officers through the Registrar programme to increase the number of specialists in the province;

- Partnering with the University of the Witwatersrand to provide outreach services by specialists.

## **PROGRAMME 6: HEALTH SCIENCES AND TRAINING**

The purpose of this programme is to ensure the provision of skills development programmes in support of the attainment of the identified strategic objectives of the Department.

### **Training for Hospital CEO's**

The committee noted that the department offered training to the following Hospital CEO's through the Albertina Sisulu Management Programme in the 4th quarter:

- Mr. T Mashaba – CEO Embuleni Hospital
- Ms. M Ndlovu – CEO Carolina Hospital
- Dr. T Baloyi – Clinical Manager Barberton Hospital

### **Graduations**

The committee enquired on the graduation rate or completion rate of bursary holders. The department reported that with regards to nursing students - 182 students wrote final year exams and only one student didn't pass, making the pass rate to be 99, 9%. And on the Cuba Medical Programme – nine (09) students wrote the exam and one (01) failed, again making the pass rate to be 99, 9%.

## **PROGRAMME 7: HEALTH CARE SUPPORT SERVICES**

This programme aims to improve the quality of and access to healthcare services through:

- The availability of pharmaceuticals and other ancillaries;
- Rendering of credible forensic health care which contributes meaningfully to the criminal justice system;
- The availability and use of the appropriate health technologies;
- Improvement of quality of life by providing needed assistive devices;
- Coordination and stakeholder management involved in specialized care;
- Rendering in-house services within the health care value chain.

## **Availability of Medicine**

The committee wanted to know why the Accounting Officer failed to ensure 95% availability of medicine and surgical sundries at the medical depot and how this has affected availability of medicine in hospitals and clinics. The department reported that the availability of medicine was below 95% due to shortage of medicines from suppliers due to challenges with Active Pharmaceutical Ingredients which affected the production of medicines. The impact of this shortage, is that hospitals and clinics will not have all the required medication that should be prescribed to patients. However, facilities are reportedly issued with alternative items to ensure that patients care is continued.

## **PROGRAMME 8: HEALTH FACILITIES MANAGEMENT**

The purpose of this programme is to build, upgrade, renovate, rehabilitate and maintain health facilities.

### **KaNyamazane Community Health Centre**

The committee requested for progress report on the construction project of KaNyamazane Community Health Centre. The department reported that it is waiting for Mbombela Local Municipality to complete platform and access road to the site, however, the department has allocated R15 million to start with construction in 2019/20 financial year. The department was urged to follow up continuously with the local municipality to enable the commencement of construction and avoid unnecessary delays.

## **6. COMMITTEE FINDINGS FROM THE INTERACTION WITH THE DEPARTMENT**

After the interaction with the department, the committee made the following findings:

- (a) The department still has a challenge of accruals, however, the department reportedly managed to reduce them, the recorded value of accruals by 31 March 2019 was R 581 336 000-00

- (b) The department recorded a total of R 10 091 Billion on litigations, and a total amount of R 25 111 861.83 has been paid to date;
- (c) The department reported that there was a backlog of 6 703 patients waiting for cataract surgery;
- (d) The department reportedly has 226 patients waiting for orthopaedic surgery;
- (e) The department is reportedly waiting for Mbombela Local Municipality to complete the platform and access road to the construction site of the new KaNyamazane CHC.

## 7. RECOMMENDATIONS IN RESPECT OF THE FINDINGS

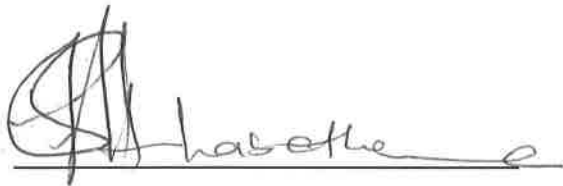
Based on the findings, the committee recommended that the department must implement the following and **submit a detailed progress report by 15 August 2019:**

- a. The department must submit a plan and an updated and detailed progress report on the settlement of accruals;
- b. The department must submit an updated and detailed progress report on the settlement of litigations;
- c. The department must submit a detailed updated progress report on the performance of cataract surgeries in addressing the reported backlog;
- d. The department must submit a detailed updated progress report on the performance of orthopaedic surgeries;
- e. The department must submit a detailed progress report on the completion of the platform and access road to the construction site of the new KaNyamazane CHC by Mbombela Local Municipality.

## 8. CONCLUSION

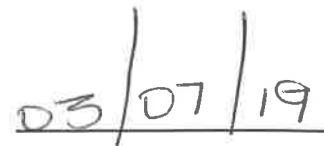
The Chairperson wishes to express her gratitude to the MEC; the HOD and the senior officials of the Department of Health for their active involvement during deliberations on their 4<sup>th</sup> Quarterly Performance Report for 2018/19 financial year.

The Chairperson further wishes to thank the Hon. Members of the committee for their sterling participation and inputs during the deliberations and also thanked the Legislature staff for their support and contribution towards the production of this report.



**HON. J.L THABETHE**

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



**DATE**