

# **REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND SOCIAL DEVELOPMENT ON THE OVERSIGHT VISITS CONDUCTED AT KWAZAMOKUHLE COMMUNITY HEALTH CENTRE, MIDDLEBURG HOSPITAL AND KWAGGAFONTEIN COMMUNITY HEALTH CENTRE - DEPARTMENT OF HEALTH**

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## **1. INTRODUCTION**

The Legislature conducted oversight on the Department of Health as mandated by Section 114 of the Constitution of the Republic of South Africa, (Act 108 of 1996), to oversee the performance of the department and hold it accountable through various measures.

The Portfolio Committee on Health and Social Development conducted oversight visits to identified health facilities in two municipal areas in the Nkangala District, Steve Tshwete Local Municipality (30-31 July 2019) and Thembisile Hani Local Municipality (01 August 2019).

## **2. PURPOSE OF THE TLP OVERSIGHT VISIT**

The purpose of the oversight visits was to assess the health facility, infrastructure and performance against the National Core Standards (NCS).

## **3. METHOD OF WORK**

The Legislature notified the department and all stakeholders accordingly about the oversight visits to be conducted and the purpose thereof. Invitations were then sent to the respective departments including the Department of Health, management of the hospital, the CHCs and the municipalities, requesting them to be part of the programme.

- On 30 July 2019, the Portfolio Committee on Health and Social Development conducted its oversight visit to Kwazamokuhle Community Health Centre (CHC);

- On 31 July 2019, the Portfolio Committee on Health and Social Development conducted its oversight visit to Middleburg Hospital;
- On 01 August 2019, the Portfolio Committee on Health and Social Development conducted its oversight visit to Kwaggafontein Community Health Centre (CHC).

#### **4. OBSERVATIONS**

**The Committee observed the following:**

- The department implemented almost all the 2017 TLP House Resolutions on Kwazamokuhle CHC; except that of ensuring that the CHC operates 24 hours, citing that this is as a result of limited funding and shortage of personnel;
- There is little or no effort put in compliance with cleanliness at Middleburg Hospital in spite the ongoing infrastructure development project;
- Kwaggafontein CHC is clean and well kept, however very small.

#### **5. INTERACTION WITH THE MANAGEMENT OF THE HEALTH FACILITIES, THE DEPARTMENT OF HEALTH AND INVITED STAKEHOLDERS**

##### **a. KWAZAMOKUHLE COMMUNITY HEALTH CENTRE**

The Acting District Director: Dr Cheryl Nelson welcomed the oversight visits by the committee in the absence of the MEC and HOD due to other departmental work. She presented the progress report on behalf of the department and the following was noted:

- The Kwazamokuhle CHC was planned to operate as a 24 hour health centre, however due to the limited allocated budget and shortage of personnel, it operates for 8 hours daily. Community members are forced to go to Middleburg Hospital for health care from 16h00 onwards on emergency cases;
- With regards to the shortage of personnel, the CHC does not have an Operational Manager, a Pharmacy Assistant, a grounds man, and there is a need

of at least four (04) Professional Nurses, a Clerk and a Cleaner, to enable the CHC to operate for 24 Hours;

- The budget allocation is very limited, with records of over-expenditure in a number of programmes within the 1<sup>st</sup> quarter of the financial period;
- The maternity unit is not furnished, therefore also not in use. The CHC uses one of the consultation rooms equipped with a delivery pack for maternity health care;
- In the absence of a Pharmacy Assistant, Professional Nurses also assist with dispensing of medicine for patients;
- The CHC committee was recently appointed (May 2019), plans are in place for their induction and training in August 2019;
- Though the infrastructure of the CHC is fairly new, there is a challenge of dump walls;
- Six Priority Areas:

Priority Areas	Scores
Availability of Medicine	90%
Cleanliness	91%
Patient Safety and Security	89%
Infection Control and Prevention	89%
Staff Attitude	83%
Average Waiting Time	83%

### Operating Hours

The committee noted that Kwazamokuhle CHC was planned to operate as a 24 hour health centre, however due to the limited allocated budget and shortage of personnel, it operates for 8 hours daily. The department reported that it plans to operationalise the facility for 24hrs during the fourth quarter of 2019/20 following the procurement of furniture and basic essential medical equipment for the maternity unit, amongst other issues. The department has reportedly not prioritized the procurement of the equipment and furniture as the initial agreement was that the mine will procure. The department is reportedly liaising with Re-action consultants to assist in sourcing funds from local mines and hope to secure the equipment and furniture by the 4th Quarter 2019/20.

In addition to the above, the department also reported that the following staff categories (prioritized in the 2019/20 financial year (f/y) are required for the 24hour operation:

- Four (4) Professional Nurses
- Eight (8) Enrolled Nurses
- Four (4) Admin Clerks
- Seven (7) Cleaners
- Two (2) Grounds men
- One (1) Post basic Pharmacist Assistant

The department reported that the district implementing partner (Broad reach) has committed to assist with the appointment of one (1) Post Basic Pharmacist Assistant which will alleviate the workload from Professional Nurses who are authorized to administer and dispense medication. It was noted with appreciation by the committee that the CHC has a system in place that enables efficient dispensing of chronic medication – the medicine is pre- packed as per the patients' files prior to the collection date by the patients. The patients on chronic medication do not take long in the facility when collection their medicine, a positive effect on the waiting time.

The post of Operational Manager was reportedly advertised, and interviews were also conducted, recommendation for appointment has been submitted to the Accounting Officer for approval.

### **Finance**

The committee noted with concern that there is over expenditure on compensation of employees (COE) recorded already by the CHC, also mindful of the report that the budget allocated is very limited. The department reported that there has been appointment of seven additional Professional Nurses for the envisaged operationalizing of 24 hour services and this has impacted on the COE allocated budget.

### **National Core Standards**

The committee urged the department to be more objective when conducting the self-assessment on compliance with the NCS, for improved quality of health care services provided. The department reported that the six priority areas are assessed on an annual

basis using the Patient Experience of Care Survey Tool where patients are requested to complete a questionnaire. The survey is facilitated by Home Based Care workers for objectivity. The results are captured on the District Health Information System by Information Officers and completed tools (Source Documents) are kept as POE.

### **Home Base Care Services**

The department reported that Sibusisiwe Home Based Care group is funded by the department and assisting the facility, to monitor patient care and prevent defaulters.

### **Safety and Security**

The committee urged the department that safety is more than the number of security guards posted per shift, with guns and knobkerries, fencing and CCTV cameras; cited that it also included availability and implementation of policies and procedures. The department reported that it ensures safety of patients through the following:

- One physical security guard per shift has been allocated by Department of Community Safety, Security and Liaison (DCSSL);
- Protocols and policies have been developed and are being monitored on a monthly basis to ensure quality of care;
- Electronic Patients Safety Incident and Complaints management system is being implemented to report incidences and monitor prompt management of complaints;
- Patient experience of care survey, which is done annually whereby patients are given questionnaire related to how they experience safety in their clinic.

### **b. MIDDLEBURG HOSPITAL**

Dr Cheryl Nelson, the Acting District Director, requested the Hospital CEO, Mr. Maake Modise to present the profile and performance of the hospital as per the NCS. The following was noted from his presentation:

- On the executive management, the hospital does not have an Allied Health Manager, the post is vacant but not funded;

- The construction project of the new hospital is at 40 % overall, however set to be completed by September 2020;
- The washing machines in the laundry were not functioning on the date of the visit, with loads of clothing from most health facilities in the district yet to be washed. Hence the shortage of linen and patient clothing. The hospital has a total of 13 washing machines;
- The hospital does not have isolation wards;
- There is shortage of stationery, negatively affecting patients' files;
- Appointment of lower category posts are allegedly delayed by the lack of support by the Chief Director: Corporate Services, upon submission of recommendations by the Deputy Director General: Clinical Services;
- Six priority areas:

Priority Areas	Scores
Availability of Medicine	83%
Cleanliness	64%
Patient Safety and Security	71%
Infection Control and Prevention	75%
Staff Attitude	78%
Average Waiting Time	67%

The committee also noted the submission by one member of the hospital board. She reported the following:

- There is no good work relations between the hospital board and the hospital management;
- Both the hospital management and board seldom sit for meetings and reports are not forth-coming from the management upon request by the board;
- Interventions by the board for the benefit of the hospital governance were mostly rejected by the management.

### **Cleanliness**

Aware of the construction project on site at the hospital, the committee outlined to the department that the ongoing construction project should not be an excuse for non-

compliance with the NCS in terms of cleanliness. The department reported to have put the following measures in place to improve on cleanliness of the hospital:

- Appointed three (3) Cleaners and one (1) Supervisor effective from 01 August 2019;
- Prioritized the procurement of one (1) Scrubbing Machine and appointment of 10 cleaners out of the 30 vacant posts;
- procure one (1) kudu machine and will prioritize the appointment of three (3) grounds men;
- To approach corporate business for assistance with procurement of cleaning equipment and material and also garden equipment.

### **Kitchen**

The committee noted the reports by the kitchen staff that most of the stoves and fridges were not functioning, the lack of trolley – food is delivered using trays to patients with the limited personnel (affecting set schedule) and the shortage of protective clothing (inclusive of the uniform). The department reported that the process of procurement of new uniform is in progress and set to be finalized by 31 October 2019. Corporate business reportedly to be approached for assistance with procurement of food trolleys. With regards to the shortage of personnel, the following progress was reported:

- One (1) Supervisor and one (1) Food Aid were appointed as of 01 August 2019;
- Food Services Manager has been appointed, to assume duty on 01 September 2019;
- And the department has prioritized the appointment of one (1) Food Aid Supervisor, and two (2) Food Aid workers during the 2019/20 FY.

### **Over Expenditure**

The department reported that the recorded over expenditure on households and transfers is unpredictable as it is used for payment of leave gratuity, and last quarter accruals paid after April 2019.

### **Laundry**

With regards to the broken washing machines in the launderette, the department reported that the Contractor is refusing to repair the machines due to non-payment of

services rendered previously and the maintenance contract expired on 31 July 2019. The department is reportedly verifying invoices for payment to be done during August 2019. Department of Public Works, Roads and Transport has been alerted that the contract has expired and the department is waiting for feedback and way-forward on the matter.

### **Leaking Pipeline**

The committee noted the report by the department that the pipeline system is old and constantly break even after repairs, however, the new hospital project is also set to address the issue of steam pipeline.

### **Ambulance Bay**

Ambulance Bay in front of casualty is reportedly flooding always during rainy seasons. The department reported that the matter was referred to Department of Public Works, Roads and Transport, and awaiting for a response. With the reported allegation by the community that Emergency Medical Services personnel continually refuses to take critical patients on emergency calls. The department reported that it has prioritized the appointment of Advanced Trained EMS Personnel.

### **Safety and Security**

With the concern of the committee in terms of the poor safety and security at the hospital, the department reported that the Department of Community Safety, Security and Liaison has allocated twenty-nine (29) physical security guards, five (5) armed) for day and night shift, however, the hospital requires fifteen (15) additional guards to adequately secure the facility. Additionally, the department reportedly plans to activate CCTV cameras, prioritize appointment of a Security Manager (L8) and the installation of boom gates and the construction of three (3) proper guard houses.

### **Shortage of Personnel**

In addressing the challenge of shortage of personnel, the department reported that two (2) Operational managers, two (2) theatre professional nurses were appointed and assumed duties 01 August 2019, six (6) midwives nurse posts, were advertised, shortlisted and interviews conducted, awaiting appointment.



## Hospital Board

On the report by one of the hospital board members, the committee urged the Management of the District to facilitate a meeting between the hospital board and management as early as possible for improved hospital governance. The department reported that a meeting was facilitated and held on 01 August 2019.

### c. KWAGGAFONTEIN COMMUNITY HEALTH CENTRE

Dr Cheryl Nelson, the Acting District Director, presented the profile and performance of the health facility as per the NCS. The following was noted from her presentation:

- The facility has 18 Professional Nurses permanently employed by the department and one contracted by a company named Broadreach, two permanent Enrolled Nurses and one contracted by Broadreach and one permanent Data Capture and other contracted by Broadreach also. There is a need for two (2) Admin Clerks and six (6) Enrolled Nursing Assistants (ENA);
- Doctors visit the facility once weekly since January 2019;
- The most expenditure on goods and services is as a result of laboratory services and medicine;
- There is a functioning governance committee at the facility;
- Six priority areas:

Priority Areas	Scores
Availability of Medicine	95%
Cleanliness	63%
Patient Safety and Security	54%
Infection Control and Prevention	74%
Staff Attitude	83%
Average Waiting Time	86%

- The waste storage room does not have a door, a hard board is used to secure the room;
- The facility has a problem with the sewer.

### **Doctors' Weekly visits**

The committee urged the department to strengthen monitoring of the visits by the doctors for quality service delivery and compliance to set working hours. The department reported that it has developed a Doctors register to record the number of patients seen by the Doctor and the Doctors are expected to spend a minimum of two hours or more depending on the number of booked patients per visit.

### **d. FINDINGS MADE BY THE COMMITTEE**

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

- i. The Kwazamokuhle CHC was planned to operate as a 24 hour health centre, however due to the limited allocated budget, shortage of furniture (maternity unit) and medical equipment, it operates for 8 hours daily;
- ii. Kwazamokuhle CHC does not have an Operational Manager, a Pharmacy Assistant, a grounds man, and there is a need of at least four (4) Professional Nurses, a Clerk and a Cleaner, to enable the CHC to operate for 24 Hours;
- iii. Kwazamokuhle CHC infrastructure is fairly new, however there is a challenge of damp walls;
- iv. The construction project of the new Middleburg Hospital is at 40 % overall, however set to be completed by September 2020;
- v. All washing machines in the laundry room at Middleburg Hospital were not functioning on the date of the visit;
- vi. There is no good work relations between the hospital board and the hospital management at Middleburg Hospital;
- vii. In the kitchen of Middleburg Hospital, most of the stoves and fridges were not functioning, food is delivered using trays to patients in the absence of trolleys and there is a shortage of protective clothing (inclusive of uniform);
- viii. Ambulance Bay in front of casualty at Middleburg Hospital is flooding always during rainy seasons;
- ix. The waste storage room at Kwaggafontein CHC does not have a door, a hard board is used to secure the room;

- x. Kwaggafontein CHC has a problem with its sewer;
- xi. All three health facilities are not compliant with the National Core Standards.

**e. 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 30 September 2019:

- i. Ensure that the Kwazamokuhle CHC operates 24 hours daily as initially planned by reviewing the allocated budget to address the need and the procurement of the required furniture and medical equipment;
- ii. Fast-track the filling of the identified vacant and funded posts in all three health facilities;
- iii. Ensure that the structural defect of damp walls at Kwazamokuhle CHC is addressed;
- iv. Strengthen the monitoring and evaluation of the construction project for adherence with set timeframe for the completion of the ongoing project at Middleburg Hospital;
- v. Ensure that all laundry equipment at Middleburg Hospital are functional at all times with continuous maintenance for infection prevention and control in compliance with the NCS;
- vi. Strengthen the working relations between the hospital board and management for improved hospital governance;
- vii. Ensure that all the stoves and fridges are repaired and maintained continuously, sufficient kitchen trollies and protective clothing including uniform, are procured at Middleburg Hospital;
- viii. Ensure that the Department of Public Works, Roads and Transport addresses the challenge of the continuous flooding of the ambulance bay at Middleburg Hospital;
- ix. Ensure that Kwaggafontein CHC waste storage room is fitted with a secure door;
- x. Ensure that Thembisile Hani local Municipality addresses the challenge of the sewer at Kwaggafontein CHC;

- xi. Strengthen the implementation of the measures put in place as per the improvement plans of the health facilities for compliance with the National Core Standards.

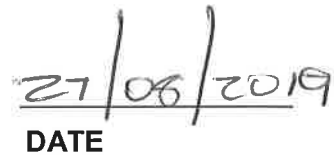
## 6. CONCLUSION

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 programme. She further wishes to thank the Department of Health including the management of the health facilities for the services rendered, Steve Tshwete Local Municipality, Thembisile Hani Local Municipality and the Legislature staff for providing support to the Committee.



HON. JL THABETHE

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



DATE