

# **OVERSIGHT VISIT REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND SOCIAL DEVELOPMENT CONDUCTED AT KWAMHLANGA HOSPITAL ON 24 OCTOBER 2018 - DEPARTMENT OF HEALTH**

---

## **1. INTRODUCTION**

The Committee conducted an unannounced oversight visit at KwaMhlanga hospital on 24 October 2018.

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

The purpose of the visits was to check:

- Status quo against the reported rage by the community over the level of health care services provided and the protest action embarked by doctors, on print and audio-visual media;
- Progress post the oversight visit of 26 April 2018 on compliance with the National Core Standards, inclusive of the progress report on the implementation of the hospital improvement plan;
- Vacancy Rate;
- Governance Structures;
- Expenditure.

## **3. METHOD OF WORK**

KwaMhlanga hospital was one of the poor performing hospitals visited in April 2018 with numerous identified challenges. When reports from both print and audio-visual media surfaced about the rage/dissatisfaction of community members on the “poor” level of health care services received from the hospital and the protest action embarked on by doctors that allegedly had dire consequences, the committee decided to visit the hospital unannounced to get a status report and check on measures put in place by the department in addressing the noted challenges.

#### **4. OBSERVATIONS**

**The Committee observed that:**

- The structural arrangement still does not promote infection prevention and control, there is however a revitalization project reportedly underway.

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

The committee met the management of the hospital, comprising the following: the CEO – Mr. SV Luhlanga, the Clinical Manager – Dr LK Ndlovu, the Nursing Service Manager – Ms. NB Phokose, the Corporate Manager – Mr. EE Mahlangu and Ms. MP Kunene – Monitoring and Evaluation Manager from the district office.

The committee outlined that the purpose of the visit was to get a status report on the overall performance of the hospital in compliance with the National Core Standards against the noted reports by the community members and media, and went on to emphasize the necessity of quality health care services.

The hospital CEO reported that there are two pressing issues that have negatively affected service delivery recently at the hospital amongst others; the issues being:

- The protest action embarked on by doctors as a result of poor management of policies and;
- The administration of psychiatric services at the hospital.

##### **5.1 The protest action embarked on by doctors as a result of poor management of Policies**

The challenge in this regard reportedly started when the hospital personnel were presented with an incorrect policy on performance management (employee performance management development system) for the assessment process. The sequence of events was reported as follows:

- The hospital personnel noted that the assessment process was halted, reportedly as a result of the lack of portfolio of evidence by the hospital management upon submission to the district and subsequently to the provincial office. The hospital management advised its workforce to lodge a grievance on the matter with the district office for intervention;
- On Thursday, 11 October 2018, the Clinical Manager, Dr. Ndlovu met with the aggrieved personnel, where they outlined their grievance (in writing) for the first time, he then advised the personnel to submit the grievance formally to the hospital CEO. On Friday, 12 October 2018 a formal grievance was then lodged with the hospital. In the formal grievance, it was requested that the hospital management must have responded to the aggrieved personnel by noon, Monday, 15 October 2018;
- In the absence of a response from the hospital management on Monday, 15 October 2018, Doctors, Pharmacists, Psychologists, Clinical associates and Dental department personnel engaged on an illegal and unprotected strike from Tuesday, 16 October 2018; citing their grievance on the processing of EPDMS. Officials from Human Resources and Labour Relations in the district office met with the aggrieved personnel on the same Tuesday to address the matter, an agreement was then made in that meeting for a follow-up meeting on Friday, 19 October 2018. However, the planned Friday meeting was later rescheduled to Wednesday, 24 October 2018. The strike went on from Tuesday, 16 – Thursday, 19 October 2018;
- The plan was reportedly for that payment for the qualifying personnel be effected from 01 November 2018. The plan reportedly changed on Wednesday, 17 October 2018 after the Mr. Aphane and Mr. Letlalo from the district office visited the hospital. This was as a result of the presentation of an incorrect policy;
- The provincial office was called in for intervention. Mr. Vincent Mahlabane from provincial office met with the aggrieved personnel on Thursday, 18 October 2018 on the subject matter. Mr. Mahlabane reportedly misinterpreted the policy, that led to miscommunication and mistrust – between the province, district and the KwaMhlanga workforce, the meeting had to be adjourned;
- On Friday, 19 October 2018, Mr. Mahlangu, hospital Corporate Manager, was instructed by provincial office to check for the right policy, familiarize himself with the policy before presenting it to the aggrieved personnel. Immediately after

doing as instructed by the provincial office, the aggrieved personnel refused to accept the presentation on the policy by the Corporate Manger, questioning why that policy was not presented in the first place if it really is the correct one and the interpretation thereof. Ms. Sipho Motau, the DDG in the department later joined the meeting. A common ground was found after clearly outlining the assessment process as per the policy regulations;

- Ms. Motau then reported to the hospital management that after moderation, out of 20 personnel only four (4) qualify for performance incentives, the moderation outcomes are yet to be communicated to the workforce;
- The aggrieved personnel reportedly returned to their workstations on Monday, 22 October 2018.

The committee noted with concern the lack of communication within the department, limited flow of information – new or revised policies and other prescripts; and cited that this constitute poor management and poor governance. The committee also indicated that the department was wrong to place incompetent officials in the EPMDS assessment process, and urged the department to continuously communicate any new/revised policy/prescript and/or other information to the workforce.

The committee also noted that the MEC submitted a written apology on the matter to the workforce.

### ***Effects of the Strike on Service Delivery***

The hospital reported that during the strike (16-19 October 2018) only the following sections were affected - Doctors, Pharmacists, Psychologists, Clinical associates and Dental department, the other staff members were on their normal duties and services were rendered. The kitchen, mortuary and other nursing and auxiliary services were rendered as per norm. The strike mostly affected the day patients, from 8: 00 AM to 16:00 PM, however, sessional and those doctors on call honored their duties as usual.

It was noted by the committee that attempts by the department to get agency staff failed due to the short notice.

Recorded mortalities during the strike (16 -19 October 2018)

Emergency unit/casualty

DATE	NO. OF DEATHS
16/10/2018	1 (PTB with pleural effusion)
17/10/2018	0
18/10/2018	0
19/10/2018	1 DOA (Dead on arrival)

Maternity

DATE	Fresh Still Births	Macerated Still Births	NVD	C/Section
16/10/2018	0	0	7	0
17/10/2018	0	0	6	1
18/10/2018	0	0	12	2
19/10/2018	0	0	6	3

There was reportedly no record of mortalities in the paediatric and nursery and male and female wards for the period of the strike.

The number of patients who signed Refusal of hospital Treatment (RHT) forms or taken away by their families during the strike:

DATE	PAEDS	NURSERY	MALE	FEMALE
16/10/2018	0	0	0	1
17/10/2018	0	0	0	1
18/10/2018	6	0	0	3
19/10/2018	2	0	1	0
<b>TOTAL</b>	<b>8</b>	<b>0</b>	<b>1</b>	<b>5</b>

***Death of new born twins***

The committee enquired on the alleged death of new born twins as a result of the strike (unavailability of doctors – monitored health care services by doctors). The hospital management reported that on Saturday, 20 October 2018, a 33 year old P1G2 arrived in

the maternity ward fully dilated, she delivered twin A at 02:25 am, weighing 1.5kg with an apgar score of 5/10 – 7/10 and delivered twin B at 02:40 am, weighing 1.8kg with an apgar score of 5/10 – 7/10. Unfortunately the twins did not survive, twin A died at 14:00 pm and twin B at 14:24 pm on Sunday, 21 October 2018. The hospital management emphasized that the 33 year old patient is from a place called Dark City, in Bronkhorstspuit (part of Gauteng Province). It was reported that she initially went to Mamelodi Hospital for health care services, however, could not get a bed in Mamelodi Hospital. Mamelodi Hospital then called KwaMhlanga Hospital to transfer the patient, the hospital concurred and the patient was then transferred. Upon arrival, she was fully dilated as reported earlier and already in the process of child birth. As a result of her condition upon arrival, a number of tests could not be done – including the necessary monitoring of the labor process before delivery.

#### ***Patient (pregnant with dead fetal) allegedly refused health care services***

The committee also enquired about the alleged refusal of health care services to a pregnant patient with dead fetal upon arrival by the hospital. The hospital management reported that the patient was seen and admitted at the hospital on Friday, 19 October 2018, but because there was no bed in the female ward, she was expected to wait in casualty until a bed was made available. However, her family decided that they will rather go back home and come back to the hospital on Saturday 20 October 2018, but never came back and instead went to Philadelphia Hospital.

The committee noted that damage was done on the ailing image of the hospital and that the MEC, Ms. SJ Manzini submitted a written apology to the local community through print media.

#### **5.2 The administration of psychiatric services at the hospital**

The hospital management outlined that mental patients are supposed to be kept in the hospital for 72 hours for observation before they could be admitted and referred/transferred to a hospital with psychiatric services. However, it is not the case in

KwaMhlanga hospital; mental patients find themselves at the hospital for over six months at a time before transfer/referral. The mental patients are kept in a prefab structure and not a brick and mortar structure – this has a negative effect on security. As a result of the above, most if not all admitted mental patients find themselves roaming around within the hospital – a safety and security threat to all in the premises. It was alleged that on the weekend from Friday, 19 October to Sunday, 21 October 2018, one mental patient in particular assaulted and attempted to rape other female patients and hospital personnel.

A community meeting was reportedly held on Sunday, 21 October 2018. It was reportedly resolved that the community must march to the hospital for a shutdown by the department or immediate improvement of the quality of health care services - starting with that of mental patients, that will subsequently have an effect on the overall safety and security at the hospital for all.

All affected during the incidents over the weekend were traumatized; the hospital personnel requested management to arrange for counselling to be done on Monday, 22 October 2018. Unfortunately the counselling was not done on the Monday, the workforce then on Tuesday, 23 October 2018, requested the hospital management to refer that one mental patient in particular to a hospital with psychiatric services as per requirement. The hospital managed to secure a bed for the mental patient at Witbank Hospital and was set to be transferred. The nurses then requested for all mental patients to be transferred, however it cannot be done just like that. In spite the requested counselling not done, all personnel are back working in their workstations.

## **6. INPUT BY NEHAWU – LABOUR FORMATION**

The following represented NEHAWU within the Nkangala district: Mr. AS Skhosana – Branch Chairperson, Ms. KP Motsepe – Deputy Chairperson, Ms. Mary Nkosi – Deputy Secretary, Mr. Lucky Nkosi – Deputy Secretary and Ms. Lindiwe Mnguni – Treasurer.

The following was noted from their presentation:

- Safety and security at the hospital in general is of serious concern, this need to be urgently addressed to avoid circumstances that may lead to unnecessary litigations;

- On the hospital personnel and patients' assault and attempted rape cases by a mental patient, that happened on the weekend of 19-21 October 2018, 34 officials were reportedly affected;
- The labour formation is aware of the local community's resolve to shut the hospital down;
- Nepotism is allegedly a factor during recruitment processes;
- There is continuous lack of communication or information sharing within the hospital – this also includes the district and provincial offices. This was evident when the hospital personnel only knew that there is an appointed Coordinator for Psychiatric Services when the safety and security incident involving a mental patient happened on the weekend of 19-21 October 2018;
- There is a serious need of strong management and governance team in the hospital, the current management allegedly lacks the skill and commitment required, propose they be redeployed;
- Staff morale at the hospital is very low, staff is overworked and not appreciated accordingly. There is no motivation to doing more with less and no staff retention;
- The hospital does not have adequate resources – furniture, medical and clinical resources amongst others.

## **7. MATTERS RISING FROM THE OVERSIGHT VISIT OF 26 APRIL 2018**

### **Vacancy Rate**

There is still a high vacancy rate, the hospital currently has three full-time doctors assisted by sessional doctors. There are three doctors manning the hospital per shift and two on call at night. However, the posts of Finance Manager and Infection Prevention and Control Manager have been filled recently. The recruitment process was just concluded and the candidates were set to resume their duties on 01 November 2018. The post of Quality Control Manager was set to be advertised shortly whilst the post of Allied Manager is yet to be decided upon – only two out of all hospitals in the province are said to have appointed Allied Services Managers (Tintswalo and Mapulaneng Hospital), both hospitals were formerly in the Limpopo provincial administration.



### **Filling**

The filling space has improved – it is bigger and secure, however, the filling system used is not user friendly nor traceable – this affects patient waiting time.

### **Infrastructure Development**

The hospital revitalization project is reportedly underway – however in the very early stages. Phase 01 is said to bring a lot of possible changes in compliance with the National Core Standards, it is however set to commence in the year 2019;

- starting with the kitchen in January 2019,
- laundry room still does not have any ventilation, sorting area and the slues and ironing machines are still not working.

### **Assistive Devices**

The hospital out-patient department wheelchairs are not adequate, they are very old and do not have feet rest elements, of which this is a requirement for the safety of patients particularly.

### **Limited Budget**

There is reportedly a task team established to identify and develop a detailed report on the budget pressure items, for additional budget to be sort during the budget adjustment process.

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

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

- a) There is poor management and governance overall at the hospital, as a factor to this, there is no free flow of information/ continuous communication on changes on policies/prescripts or any other within the hospital, and occasional misinterpretation of policies/prescripts;

- b) Only four out of twenty personnel in the following sections qualify for performance incentives: Doctors, Pharmacists, Psychologists, Clinical Associates and Dental services;
- c) Mental patients are still kept at a prefab structure and not a brick and mortar structure, this type of structure is not that secure; patients manage to get out and find themselves roaming freely within the hospital premises which is another security threat;
- d) One mental patient in particular was secured a bed at Witbank Hospital and up for transfer;
- e) The hospital revitalization project is reportedly underway, however still in the early stages;
- f) The wheelchairs available at the hospital are not user friendly nor safe – there is no element of foot rest on the wheelchairs.

## **9. 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 15 December 2018:**

- a) Ensure that overall management and governance is improved through capacity development and monitoring and evaluation, with continuous communication for information sharing;
- b) Provide a detailed progress report on the EPDMS process inclusive of re-moderation outcomes if any and reflect if payments were processed already or not;

- c) Provide the department's plan of action on the issue of psychiatric services within the Mpumalanga Province, inclusive of progress report on the noted cases at KwaMhlanga Hospital;
- d) Submit a status report on the one mental patient set to be transferred to Witbank Hospital;
- e) Provide a detailed progress report on the hospital revitalization project, outlining the scope of work, set timeframes and financial implications;
- f) Ensure procurement of adequate wheelchairs for the hospital is done.

**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, 15 December 2018.**

## **10. 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**

07.10.2018

**DATE**