

OVERSIGHT VISIT REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND SOCIAL DEVELOPMENT CONDUCTED AT TONGA HOSPITAL ON 10 NOVEMBER 2016 - DEPARTMENT OF HEALTH

1. INTRODUCTION

The Portfolio Committee on Health and Social Development (the Committee) has a mandate in terms of Rule 119 of the Rules and Orders of the Mpumalanga Provincial Legislature to conduct oversight over the Department of Health (the department) by holding it 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 to conduct public hearings and oversight visits to health facilities in the Province.

2. PURPOSE OF THE OVERSIGHT VISIT

The purpose was to:

- ❖ To assess compliance with the National Core Standard
 - To assess the support provided by Department of Health with regard to the programmes offered by the Hospital;
 - Interact and deliberate on the overall functioning of Tonga Hospital

3. METHOD OF WORK

The oversight visit conducted at Nkomazi Local Municipality on 10 November 2016 was unannounced; hence the department and the hospital were not notified in advance.

4. OBSERVATIONS

The Committee observed the following:

- The kitchen and the mortuary are separated by a wall; this is against the National Core Standards - infection prevention and control.

5. INTERACTION WITH THE MANAGEMENT OF THE HOSPITAL

5.1 Progress report on compliance with the National Core Standards (NCS)

Mr. Mdluli, the District Director presented the report on behalf of the hospital and Department. He outlined the following in his presentation:

| Priority Area | 2015 | 2016 | Challenges |
|--|------|------|---|
| Availability of medicines and supplies | 88% | 90% | Insufficient storage space and there was no PTC |
| Cleanliness | 32% | 63% | Shortage of personnel and required cleaning material |
| Improve patient safety and security | 70% | 61% | Shortage of medical equipment(defibrillators) |
| Infection prevention and control | 51% | 63% | Infrastructure challenges, non-compliance with polices and overcrowding |
| Positive and caring attitudes | 63% | 66% | Burnout syndrome due to high workload |
| Waiting times | 57% | 69% | Difficulty in retrieving patients' files and shortage of doctors |

- The hospital capacity is 250 beds, usable beds have moved from 105 in 1999 to 172 in 2016 due to the increase of personnel and overtime work by available personnel;
- The hospital has a newly appointed hospital board (appointed 01 September 2016, term expired 30 August 2019);
- The hospital has a challenge with the average length of stay, currently the stay is at 4.7 days against the target of 3.7 due to the orthopedic backlog, however an arrangement has been made with Themba Hospital to addressing the orthopedic backlog;
- Overtime worked is effectively monitored and payment is up to date;
- Protective clothing is provided however, it is limited; it is procured in inadequate quantity due to the limited budget;
- The hospital has contracted two service providers for food supplies on a month to month renewal basis;
- The hospital laundry has inadequate machinery and relies on Barberton Hospital for assistance in terms of laundry services;
- The hospital has 12 available doctors against the required 46; there is shortage of personnel;
- There are no safety doors at the kitchen, pharmacy, maternity and neonatal wards;
- The hospital has the following infrastructure challenges:
 - Insufficient filling space;
 - Kitchen food loading zone next to the mortuary;
 - No loading zone for pharmacy;
 - No designated psychiatric ward;
 - No shelter for security personnel at the gate;
 - Damaged carpports;
 - Leaking taps and roofs;
 - Cracked walls and broken glasses (glazing);
 - Blocked toilet system.

5.2 Comments by the Committee

Air conditioning

The Committee requested for clarity on the number of split unit air conditioners installed. The hospital reported that a total of 101 air conditioners were procured, 90 have already been installed and 11 outstanding and will be finalized during the fourth quarter of 2016/17 financial year.

Overtime

Much as the hospital reported to be up to date with payment of overtime, the Committee noted that AGSA reported that hospital personnel especially Doctors do not sign attendance registers. The Committee then enquired if the hospital has an attendance register for Doctors and is monitored. The hospital reportedly has attendance registers for all Doctors including session Doctors. The attendance register is signed by Doctors and the department use it as a supporting document for overtime claims to ensure that overtime is paid on hours worked.

Laundry Services

The hospital has one dryer functional against the three available and one out of four washing machines is working. The Committee enquired on measures put in place to address the laundry services challenge. The hospital reported that the Department is currently working on a model that will address the issues of laundry problem in the province as the problem is not unique to Tonga hospital only but to the whole province. It is anticipated that the model will be approved during the fourth quarter of 2016/17 financial year.

Food Service Provider

With concern, the Committee asked why the hospital has two month to month renewal contracts for food supplies and also asked if this does not have a negative impact on the service delivery and administrative processes. The

hospital reported that the former contract has expired, however the department has reportedly finalized the Bid specification and the advert will be placed in January 2017. It is anticipated that the process will be finalized during the fourth quarter 2016/17 financial year.

Safety and Security

Noting that the hospital is not doing well in terms of patients and staff safety and security, the Committee asked what measures the hospital has put in place to improve the status. The hospital has reportedly started improving on lighting at the hospital, safety doors have been installed for the Nursery, and however safety doors for Pharmacy and post-natal wards are awaiting installation.

Staffing Needs

The Committee enquired on the staffing needs as per the number of beds in the hospital. The hospital outlined the following plan in response:

| Category | Total from structure | Filled | Vacant | Vacancy Rate | Required 2016/17 | Required 2017/18 | Required 2018/19 |
|------------------------|----------------------|--------|--------|--------------|------------------------|------------------|------------------|
| Allied Health Manager | 1 | 0 | 1 | 100% | 0 | 1 | 0 |
| Medical officers | 46 | 12 | 34 | 74% | 10 | 17 | 7 |
| Operational Managers | 14 | 6 | 8 | 57% | 3 (Already advertised) | 5 | 0 |
| Professional nurses | 168 | 86 | 82 | 49% | 15 | 15 | 15 |
| Nursing Auxiliary | 90 | 39 | 51 | 57% | 12 | 10 | 10 |
| Pharmacists Supervisor | 1 | 0 | 1 | 100% | 1 (already advertised) | 0 | 0 |
| Pharmacists | 13 | 5 | 8 | 62% | 0 | 2 | 0 |
| Chief Radiographer | 1 | 0 | 1 | 100% | 0 | 1 | 0 |
| Human Resource | 1 | 0 | 1 | 100% | 1 | 0 | 0 |

| | | | | | | | |
|---------------|-----------|-----------|-----------|------|----|----|----|
| Manager | | | | | | | |
| Risk Manager | 1 | 0 | 1 | 100% | 0 | 1 | 0 |
| Waste Manager | 1 | 0 | 1 | 100% | 0 | 1 | 0 |
| Admin. Clerks | 16 | 15 | 1 | 94% | 1 | 0 | 0 |
| Ward clerks | 6 | 2 | 4 | 33% | 0 | 4 | 0 |
| Cleaners | 85 | 44 | 41 | 48% | 16 | 10 | 10 |
| TOTAL | 59 | 67 | 42 | | | | |

5.3 FINDINGS MADE BY THE COMMITTEE

After the interaction with the Department and hospital management, the Committee found that:

- a. There is improvement on compliance with the National Core Standards with identified challenges and proposed action plans, however the performance is still not satisfactory;
- b. The hospital kitchen and mortuary are only separated by a wall, this is against infection prevention and control;
- c. Provision of protective clothing is inadequate due to limited budget allocation;
- d. The department has reportedly finalized the Bid specification and the advert will be placed in January 2017 (for food supplies). It is anticipated that the process will be finalized during the fourth quarter 2016/17 financial year;
- e. The Department is working on a model that will address the issues of laundry problem provincially, It is anticipated that the model will be approved during the fourth quarter of 2016/17 financial year;
- f. The hospital has a high vacancy rate;
- g. Safety doors have been installed in the Nursery, however safety doors for Pharmacy and post-natal wards are awaiting installation;
- h. The hospital has a number of identified infrastructural challenges.

5.4. RECOMMENDATIONS MADE BY THE COMMITTEE

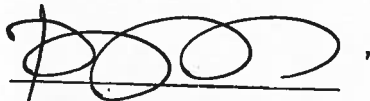
After the deliberations and the in loco inspection, the Committee recommended that the Department must:

- a. Ensure compliance with the National Core Standards through efficient implementation of the Quality Improvement Plan among other measures put in place with improved monitoring and evaluation. Also provide progress report by 13 April 2017;
- b. Prioritize a budget for the construction of a new mortuary separate from the hospitals' main building in 2017/18 financial year. Also provide progress report in this regard by 13 April 2017;
- c. Prioritize protective clothing when budgeting, and provide progress report by 13 April 2017;
- d. Provide progress report on the tender process for the food supplies service provider by 13 April 2017;
- e. A progress report be submitted on the interim measures put in place in addressing the laundry services challenge at the hospital by 13 April 2017;
- f. Prioritize the filling of all vacant funded posts in the hospital and provide progress report by 13 April 2017;
- g. Ensure that the safety doors for Pharmacy and post-natal wards are installed before 31 March 2017 and progress report be provided by 13 April 2017;
- h. Provide progress report on measures put in place in addressing the identified infrastructural challenges by 13 April 2017.

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 by 13 April 2017.

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 visit. She further wishes to thank the management of the hospital and the Legislature staff for providing support to the Committee.



HON. P NGOBENI

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

29/03/17

DATE