

OVERSIGHT VISITS REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND SOCIAL DEVELOPMENT CONDUCTED ON IDENTIFIED POOR PERFORMING HOSPITALS IN THE THREE DISTRICTS (GERT SIBANDE, NKANGALA AND EHLANZENI) ON 17,19 AND 26 APRIL 2018 RESPECTIVELY- DEPARTMENT OF HEALTH

1. INTRODUCTION

The Committee conducted unannounced oversight visits to identified hospitals in the three districts – Ehlanzeni, Gert Sibande and Nkangala on poor performing hospitals on 16, 25 and 28 November 2017 respectively.

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 identified hospitals in the Ehlanzeni District, Gert Sibande District and Nkangala District on 17, 19 and 26 April 2018 respectively.

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:

- Bongani TB Hospital
 - The management of the hospital is only comprised of males, no females – raising a question on gender equality;
 - The hospital was clean and well-kept however small;
- Matikwana Hospital
 - The hospital's infrastructure is dilapidated and has a serious challenge of leaking roof;
 - The filing at the hospital is a complete mess and having an effect on waiting time;
- Embhuleni Hospital
 - The hospital has a challenge of staff attitude;
 - The hospital uses a cubicle to accommodate mental health patients for the observation period just next to the medical wards;
- Carolina Hospital
 - Most wards do not have air-conditioning, including the theatre.
- KwaMhlanga Hospital
 - The structural arrangement does not promote infection prevention and control
- Witbank Hospital
 - The hospital has gross shortage of staff.

5. EHLANZENI DISTRICT

5.1 Bongani TB Hospital

The hospital Chief Executive Officer (CEO), Mr. Sifiso Khumalo welcomed the committee together with the management team of the hospital; Mr. Veli Khoza – Nursing Services Manager, Mr. Shadrack Gazide – Corporate Manager, Mr. Elvis Mthimkhulu – Finance Manager and Mr. CM Zungu – Clinical Manager.

The committee conducted in loco inspections with the hospital management and the following were noted:

- 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	95	95
Cleanliness	67	80
Improve patient safety and security	73	100
Infection prevention and control	84	90
Positive and caring attitudes	38	80
Waiting times	67	80

- The hospital CEO reported that the hospital has been assessed on compliance with the National Core Standards only from year 2017, and the hospital has noted improvement since then. Staff Attitude is reportedly lacking behind in terms of the six priority areas, however, the hospital indicated that there are measures in place to address the challenge. In January 2018, the hospital held a staff meeting whereby code of conduct was emphasized and have planned to conduct wellness workshops on a quarterly basis to build staff morale;
- Mr. Khumalo reported that the hospital currently has only two doctors, it initially had one, the other recently resumed work in March 2018;
- The hospital has only one pharmacist and a Comm-Serve assisting in the pharmacy. The hospital CEO also reported that the pharmacy is not registered;

- The hospital is approved for 100 beds but only 77 are usable;
- The hospital has a challenge of shortage of medical equipment. Just to emphasize the challenge; according to the National Core Standards, the hospital must have specific medical gas machine and pipes, the hospital does not comply because it uses portable gas machine with pipes. Application for the relevant medical gas machine has been made, the hospital is reportedly awaiting approval from the provincial office. It was also reported that the hospital has been allocated only R 80 000-00 for medical equipment for the 2018/19 financial year;
- The hospital does not have municipal water supply, they rely on the nearby dam for water through water pumps, however, the hospital reported that they were in the process of erecting a borehole;
- There is a shortage of filling space;
- The hospital does not have in-house laundry services, uses other hospital for laundry services;
- There is no nurses accommodation, the structure that was used for nurses residence has since been used as Human Resource Offices;
- The Hospital reported that their limited budget allocation negatively affect patient nutrition services;
- There in inadequate security at the hospital, key areas do not have security personnel on guard;
- The hospital started offering outreach services to Tintswalo, Matikwana, Themba and Mapulaneng Hospitals;
- Hosanna and Phaphamane Home Based Care groups assists the hospital with home calls to encourage patients to follow their recovery programme and to discourage defaults;
- Only two out of five machines are functional in the laundry room;
- The hospital has transport challenges from the feeder hospitals;

5.2 Matikwana Hospital

The hospital Chief Executive Officer (CEO), Mr. Marondo Malaza welcomed the committee together with the management team of the hospital; Ms. Joyce Barden – Nursing Services Manager, Mr. Herbert Zitha – Corporate Manager and Ms. Florence Mgiba – Finance Manager, and Mr. Malaza indicated that the Clinical Manager was on leave.

The committee conducted in loco inspections and was later joined by the hospital management. The following was noted during the inspection and also in 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	67	95
Cleanliness	51	80
Improve patient safety and security	58	100
Infection prevention and control	66	90
Positive and caring attitudes	64	80
Waiting times	64	80

- The Pharmacy Manager, Mr. Rhongano attended to the committee at the pharmacy;
 - The pharmacy entrance was packed with books full of medical supplies;
 - The medical supplies in the pharmacy itself were not neatly stocked and one of the air –conditioners is not functional, however it was reported;
 - The pharmacy had expired drugs at the value of R 27 904-56 for the 2017/18 financial year;
 - The pharmacy has six pharmacists, four assistants and two learners and it operates from 07h45 to 19h15 (it previously operated till 21h15);

- Patients tend to wait longer for their files to be sent to the pharmacy from the doctors rooms for processing of medication, some patients must return the following day just for their medication;
- The filling room is small and messy, the cabinets are not neatly packed and tracing of patient files is evidently difficult – attributing to the lengthy waiting time;
- The hospital is reportedly in the process of moving the old and inactive patient files to Hoxane Sub-District Offices for archiving;
- The hospital's infrastructure is old and dilapidated;
- The hospital CEO reported that the by-passing of clinics for the hospital has effect to the long waiting time, however have plans in place for the improved usage of primary health care centers (clinics);
- The hospital needs at least another two more doctors for the catchment population and lower category personnel in terms of addressing the level of vacancies. The hospital has in total fourteen doctors (inclusive of sessional doctors);
- The hospital CEO reported to have asked the Clinical Manager to refer the Pharmacy Manager for Employee Health and Wellness Programme, after noting a number of concerns that also affects the management and operation of the pharmacy;
- The hospital recently appointed a Dentist and a Speech Therapist, and yet to appoint a dental Assistant. The Dental Care section is set to resume operation shortly;
- The hospital received new washing machines on Friday, 14 April 2018, to improve laundry services;
- The nurses residence does not have geysers;
- The hospital has serious infrastructure challenges, a number of the wards (maternity and nursery to mention but a few), the pharmacy and the administration buildings have leaking roof;
- Some challenges in the kitchen have been addressed but there is still concern;
- The hospital has a challenge of staff attitude and high absenteeism,
- The post for Allied Health Manager is still vacant and reportedly not budgeted for;
- The maternity ward also does not have air conditioning;
- The slues machine not working.

6. GERT SIBANDE DISTRICT

6.1 Embhuleni Hospital

The hospital Chief Executive Officer (CEO), Mr. TWC Mashaba welcomed the committee together with the management team of the hospital; Nkosi TS – Nursing Services Manager, Mr. SL Nyamane – Corporate Manager, Mr. NY Mudau– Assistant Director: Finance, Dr. RA Ejike – Clinical Manager and Dr. Omogbai - Acting Clinical Manager.

The committee conducted in loco inspections with the hospital management and the following were noted:

- 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	83	95
Cleanliness	53	80
Improve patient safety and security	84	100
Infection prevention and control	81	90
Positive and caring attitudes	87	80
Waiting times	91	80

- The infrastructure is very old and dilapidating and also not clean;
- The hospital still uses the old cabinet filling system, however, the files are neatly packed and traceable;
 - The filling section does not have a printer for payment slips and other documents;
 - The only one Registry Clerk registers files manually after they have been issued by the filling unit. And patients queues a number of times before being attended to by the doctor, this extends the waiting time;

- Ms. SP Nkosi stationed at the Vital Signs section, an official at the hospital demonstrated the reported challenge of bad staff attitude, to the committee;
- The pharmacy has 18 personnel (10 pharmacists (of the 10, only 4 are qualified) and 8 assistants), operating from 07h00 to 19h00. There is always a pharmacist on call after operation hours;
 - The hospital does not have a challenge of expiry of drugs, those reported to have expired were returned from the wards in cases of mortality (patient) and were condemned as per the requirement;
 - All air-conditioners at the pharmacy are functional and stock is neatly packed;
 - The bulk storage section of the pharmacy has a leaking roof for three years now, however it was reported;
- The kitchen has enough space and neatly kept. All equipment were reportedly functional except for the stove that broke during the committee's inspection;
- The kitchen has seven officials at a time but constitute of fourteen officials in total. The kitchen was clean, however a concern of shortage of cleaning material was raised;
- The laundry room is small and messy. There is no iron, there is only one tumble dryer and one washing machine working. The other washing machine has not been working for eleven years now but still stationed – accumulating rust;
 - The hospital reported that the procurement of the following was in process - an iron, a tumble dryer and a washing machine;
 - The laundry has a challenge of leaking pipes;
- The hospital CEO reported that he, together with the management team, conduct rounds every morning throughout the hospital to identify issues and challenges before meeting as management to go through their daily plan and address the identified challenges;
- The hospital has nine doctors (6 permanent and 3 comm-serve) and nine sessional doctors, the hospital needs 32 doctors according to the catchment population – the hospital also services individuals from Swaziland. The appointment of three additional doctors was reportedly underway;
- The hospital uses a cubicle to accommodate mental health patients for the observation period just next to the medical wards. Security in this case had to be

improved (24 hour security personnel in the reported section) for the safety of both the staff and patients;

- In efforts to addressing the challenge of acute malnutrition that contributes to the child mortality rate, the hospital has partnered with the South African Social Security Agency (SASSA) for grants and food parcels to identified beneficiaries and this has reportedly yielded positive results;
- There is no staff packing area and the staff residence is small – was constructed to accommodate seven doctors.

6.2 Carolina Hospital

The hospital Chief Executive Officer (CEO), Ms. MG Ndlovu welcomed the committee together with the management team of the hospital; TD Zwane – Deputy Manager: Nursing Services, Ms. Sbenzile Vilane – Assistant Director: Corporate and HB Masina – Assistant Director: Finance.

The committee conducted in loco inspections and was later joined by the hospital management. The following was noted during the inspection and also in 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	85	95
Cleanliness	71	80
Improve patient safety and security	74	100
Infection prevention and control	68	90
Positive and caring attitudes	80	80
Waiting times	70	80

- Patients files are neatly packed and traceable, however the space is very small; some files are placed on the corridor in the administration block;
- The pharmacy is also small but neatly kept;
 - The pharmacy has limited personnel (three permanent and qualified pharmacists, one comm-serve and one basic assistant), there were previously eight personnel, the other two - their contract lapsed;
 - There is always a pharmacist on call after operation hours;
 - There is a leaking roof in the pharmacy;
 - The air-conditioner in the pharmacy is not working, it was reported but yet to be attended to;
 - One of the fridges in the pharmacy is not working (since 2014, and was reported repeatedly), the pharmacy relies on the two vaccine fridges available;
 - The hospital recorded expired medication to the value of over R 50 000-00 for 2017/18 financial year;
- The hospital has four laundry personnel, however uses Bethal hospital for laundry services;
- The kitchen has three personnel, keeping a neat kitchen;
 - The conventional oven not working in the kitchen;
- There is infrastructure development project in progress;
- The hospital needs the lower categories personnel and at least two doctors in terms of vacancies, the hospital currently has six doctors;
- One of the boiler machines not functional;
- The hospital does not have staff residence, using private accommodation for doctors;
- The available fleet of vehicles is old and constantly breaking;
- The food contract and the leasing of doctor's accommodation is reportedly the biggest contributor to irregular expenditure;
- The hospital does not have medical waste storage;
- The hospital reportedly needs cleaning material;
- Most wards do not have air-conditioning, including the theatre.

7. NKANGALA DISTRICT

7.1 KwaMhlanga Hospital

The Corporate Manager, Mr. NN Masilela welcomed the committee together with the Nursing Services Manager, Ms. Zandi Mabuza and Ms. NB Phokute.

The committee conducted in loco inspections and was later joined by the hospital management. The following was noted during the inspection and also in the interaction with the hospital management:

- The hospital is generally not clean
 - There is shortage of cleaning material
- The structural arrangement does not promote infection prevention and control
- The kitchen is still located next to the mortuary
 - The kitchen is also small
- The laundry room is dirty, dusty and inadequate
 - There was a hip of dirty laundry by the door, reportedly more than a month old with molds already growing on them
 - There is no ventilation (a serious concern in terms of infection prevention and control)
 - Only three out of five machines functional
 - No ironing machine function
 - There is no sorting section
- The filling space is very small – some files are stored openly in the casualty area
- High vacancy rate in both the high and lower category posts (no Finance Manager, Allied Manager, Infection Prevention and Control Practitioner, Enrolled Nurses, just to mention a few);
- Limited budget allocation – shortage of stationery (doctor's note pads and pens for patients information per consultation);
- The hospital is using a prefab to accommodate mental health patients for the observation period before referral to another hospital – there is no psychiatric ward;

- The maternity ward is very small with limited beds – against the influx of maternity patients
- 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	56	95
Cleanliness	70	80
Improve patient safety and security	64	100
Infection prevention and control	43	90
Positive and caring attitudes	69	80
Waiting times	94	80

7.2 Witbank Hospital

The hospital management was not available to welcome the committee. The committee however was met by Dr. Khan who could not account on management issues. The committee conducted in loco inspections and the following was noted:

- The hospital has a challenge of shortage of linen and lack of blankets, patients bring their own blankets in cases of admission;
- The hospital does not have in-house laundry services – washing is done at Middleburg hospital, no ironing is done at all and this has a negative effect on infection prevention and control;
- The hospital has a gross shortage of personnel – very high vacancy rate. The hospital has 27 nurses serving 20 wards, most wards are reportedly operating without area managers;
- The hospital infrastructure is dilapidated and the roof is leaking;
- The three available auto cleaves are nonfunctional;
- Management raised a concern on the limited budget allocation, said to be affecting overall operations;
- Most personnel on acting capacity are acting without the acting allowance – affecting staff morale and staff attitude;

- Theatre times are continuously cancelled as a result of shortage of personnel;
- The filling space is very limited;
- Nurses and doctors residents is reportedly being renovated;
- 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	86	95
Cleanliness	74	80
Improve patient safety and security	79	100
Infection prevention and control	77	90
Positive and caring attitudes	79	80
Waiting times	85	80

8. REPORT ON FINDINGS BY AUDITOR GENERAL

Mr. DK Nemavhidi, Stakeholder Liaison Manager from the Office of Auditor General presented their findings on the health sector.

The focus on management of pharmaceutical and the maintenance of medical equipment was driven by the understanding that it is one of the crucial goals of the South African health system and has huge potential to improve the performance of health institutions.

The following transversal shortcomings in relation to Embhuleni and Carolina hospitals were highlighted to the committee:

a. Management of Pharmaceuticals

- Most health institutions experiences stock-outs of essential medicines, including Embhuleni hospital - but except for Carolina hospital. Stock-outs at health institutions negatively affects service delivery as patients are sent home with no medicine or are provided with alternative medicine.

- Shortage of pharmacists and pharmacist assistants are experienced in health institutions including both Embhuleni and Carolina hospitals.
- Most health institutions do not have large store rooms or sufficient shelving to carry the stock on hand and to allow for its orderly arrangement, including both Embhuleni and Carolina hospitals.
- Pharmaceuticals are not always stored in secure environment in our health institutions including Embhuleni and Carolina hospitals.
- Stock is lost at the health institutions as it expires before it could be dispensed to the patient, Embhuleni and Carolina hospitals also experiences high volume of stocks expiry.

b. Use and maintenance of medical equipment

- Health institutions experiences delays during the procurement of new medical equipment including both Embhuleni and Carolina hospitals.
- Health institutions continues to use the medical equipment that was not in good working environment.

10. FINDINGS MADE BY THE COMMITTEE

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

- a) All six hospitals are not compliant with the National Core standards, particularly the six priority areas – of the six priority areas, the following three are the most not complied with – cleanliness, staff attitude and infection prevention and control;
- b) The challenge of the high vacancy rate in all the hospitals persists, much relief is needed in the lower category levels. Witbank Hospital is grossly short staffed of all the six identified hospitals;
- c) The non-availability of medical equipment is a challenge in most hospitals and this has a negative effect on the quality of health care services rendered – Bongani TB Hospital does not have the required medical gas;

- d) Procurement of cleaning material in most hospitals is not done accordingly, shortage of funds is reportedly a factor in this regard;
- e) The filing system used in the hospitals is not user friendly nor traceable and the shortage of filing space worsens the matter;
- f) The following hospitals have water supply challenges – not supplied by the local municipality, Bongani TB,
- g) The following hospitals do not have in-house laundry services, Bongani TB, Witbank, Carolina hospitals. The launderette at Embhuleni and KwaMhlanga Hospitals are not fully functional – some machines are not available while some are not functional;
- h) Staff accommodation is a challenge for most hospitals, some do not have (using private accommodation for doctors and nurses) while some hospitals have small and dilapidated nurses residence, this has a negative effect of staff retention;
- i) The geyser in the nurses residence and slues machine in Matikwana Hospital are not working;
- j) The hospitals' infrastructure is old and dilapidating – in need for revitalization. The following hospitals have serious leaking roof – Matikwana Hospital (most wards, administration block, nursery, theatre) Embhuleni and Carolina Hospitals (pharmacy) and Witbank Hospital (most wards);
- k) Matikwana and Carolina Hospitals are not keeping their medicine in the required temperature for quality and life span due to nonfunctional air conditioning units in their pharmacies;
- l) The CEO for Matikwana Hospital has requested the Corporate Manager to referred the Pharmacy Manager for employee health and wellness sessions;
- m) The Dental Care Section at Matikwana Hospital was reportedly scheduled to open for operation after the appointment of a Dental Assistant – a Dentist and Speech Therapist have already been appointed;
- n) Mental health care patients are kept in prefabs/cubicles (temporary shelter) in the following hospitals, Embhuleni and KwaMhlanga, for the observation period – this is a concern in terms of patients and staff safety and security;
- o) In efforts to addressing the challenge of acute malnutrition that contributes to the child mortality rate, Embhuleni hospital has partnered with the South African Social Security Agency (SASSA) for grants and food parcels to identified beneficiaries and this has reportedly yielded positive results;

- p) kwaMhlanga Hospital's maternity ward is very small with limited beds, there is reportedly an increase in the influx of maternity patients serviced;
- q) Witbank Hospital has a shortage of linen and blankets, patients bring their own blankets incases of admission;
- r) The auto cleave machine in Witbank hospital is not working.

11. 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 June 2018:**

- a) Effectively implement the quality improvement plans in place for improved compliance with the National Core Standards with continuous monitoring and evaluation;
- b) Outline and prioritize the department's detailed plan to address the high vacancy rate in the hospitals, inclusive of set timeframe;
- c) Allocate budget accordingly for medical equipment per hospital and ensure procurement thereof;
- d) Ensure that each health facility procure the required cleaning material periodically with continuous monitoring and evaluation;
- e) Fast-track the roll-out of the electronic filing system (e-health) currently piloted in the Gert Sibande District, also encourage health facilities to establish a systematic filing method in the interim, for a user friendly and traceable filing space that will improve patient's waiting time;
- f) Ensure that relevant local municipalities supply water to the identified hospitals;
- g) Plan and accordingly budget for adequate launderettes in the identified hospitals and also improve on the maintenance of the laundry machinery;
- h) Plan and accordingly budget for the construction and revitalization of nurses' residences;
- i) Ensure that the geysers are repaired or replaced at Matikwana Hospital – nurses residence;
- j) Prioritize the repair of leaking roof in the identified hospitals with improved monitoring and evaluation on the infrastructure development projects in progress;

- k) Prioritize the repair or replacement of air conditioning units in the identified hospital pharmacies;
- l) Apprise the committee with progress report on the recommended employee health and wellness sessions for the Pharmacy Manager of Matikwana Hospital;
- m) Provide progress report on the operations of the Dental Care Section at Matikwana Hospital;
- n) Fast-track the construction of a psychiatric ward at the KwaMhlanga hospital as per department's infrastructure development plan and also ensure that the mental health patients are in a secure ward in Embhuleni Hospital;
- o) Outline in detail the impact of the SASSA partnership on the acute malnutrition and child mortality rate, in case of a formal evaluation;
- p) Consider and plan accordingly for the extension of the maternity ward at KwaMhlanga Hospital;
- q) Ensure procurement of additional linen and blankets and also fact-track the issue of a fully functioning launderette at Witbank Hospital in addressing the noted shortage;
- r) Ensure that the auto cleave machine is repaired or replaced, urgently.

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 June 2018.

13. 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