

**PRE-TAKING LEGISLATURE TO THE PEOPLE (TLP) OVERSIGHT VISITS
REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND SOCIAL
DEVELOPMENT CONDUCTED AT TONGA AND SHONGWE HOSPITALS ON
26 JUNE 2015 - DEPARTMENT OF HEALTH**

1. INTRODUCTION

The Taking Legislature to the People (TLP) programme will take place at Nkomazi Local Municipality from 7 – 11 September 2015. As part of the preparations for the main TLP event, the Portfolio Committee on Health and Social Development (the Committee) undertook pre-TLP oversight visits from 24 and 26 June 2015.

Two (2) projects of the Department of Health (the Department) were visited and two (2) public hearings were held. The House resolutions emanating from this Committee report will be referred to the Department for the necessary interventions and report back to the Legislature before the TLP event.

2. PURPOSE OF THE PRE-TLP OVERSIGHT VISITS

The purpose of the Pre-TLP was to assess the quality of health services rendered against the National Core Standards (NCS); the visits were aimed at preparing for the "Taking Legislature to the People" programme which is scheduled to take place at Nkomazi Local Municipality from 07 – 11 September 2015

3. METHOD OF WORK

The Legislature notified all Departments accordingly about the Pre-TLP 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 and the Municipality requesting them to be part of the visits.

- On 24 June 2015, the Social Transformation Cluster conducted public hearings at Mgobodzi Community Hall and Mbangwane Thusong Centre.
- On 26 June 2015, the Portfolio Committee on Health and Social Development conducted oversight visits at Tonga and Shongwe Hospitals.

4. OBSERVATIONS

The Committee observed the following:

- Both the MEC and HOD for the Department were not present during the public hearings and at the oversight visits due to other commitments, however their apologies were noted.
- Both Tonga and Shongwe hospitals failed to comply with the National NCS on the six priority areas;
- The two hospitals have a high vacancy rate; there are 940 nursing professional posts to be filled within the current financial year.
- There is a serious shortage of necessary medical equipment to enable service delivery.
- The Department has lodged a programme called Operation Letsema to address the orthopaedic backlog in the province.

5. INTERACTION WITH THE MANAGEMENT OF THE HOSPITALS AND DEPARTMENT OF HEALTH

5.1 TONGA HOSPITAL

Brief Overview

Ms. Siphon Motau, Chief Director: Primary Health Care presented the Departmental overview whereby he acknowledged the non-compliance with the National Core Standards by the hospital and the high vacancy rate. However, he indicated that the Department has plans to appoint ten (10) general workers and three (3) grounds men within the current financial year.

Compliance to National Core Standards

Mr. Aphan, the Hospital CEO made a presentation on the hospital's compliance with the National Core Standards as follows:

- He also confirmed the non-compliance of the hospital with the NCS on cleanliness due to the lack of necessary cleaning resources; however, quotations for these resources have been sourced and in the process of procurement. There are 29 cleaners and four (4) grounds men; the workload becomes a challenge when one is off sick or on leave.
- Regarding professional staff, it was reported that the shortage of personnel is a serious matter as the hospital has a limited number of doctors with only three (3) mid-wives in the maternity ward. At times the hospital would help deliver 18 children in one night; the shortage of personnel poses a number of health risks for patients in the maternity ward. The shortage of personnel has a negative impact on staff attitude and waiting time. Most of the time, patients are complaining and threaten litigation on the treatment they receive.

The CEO also reported that the hospital has three (3) wards that are not functional due to shortage of personnel. These wards are currently being used to store patient's old files while one is designated for medical male circumcision. With the above mentioned challenges, it is difficult for the hospital to accurately prevent and control infections.

- He further indicated that the hospital does not have surveillance cameras and presented the progress made on the six priority areas which is as follows:

Six Priority Areas	COMPLIANCE
Cleanliness	63%
Staff Attitude	62%
Infection control and prevention	62%
Waiting Time	60%
Availability of Medicine	95%
Patient & Staff safety	75%

5.2 Infrastructure Development

Presentation by the Department of Public Works, Roads and Transport (PWRT)

Mr. Motha, the General Manager Infrastructure, represented the Department. He reported on the infrastructure development projects as follows:

- The scope of work on the building maintenance project was determined as the project was in progress, the consultant amended the scope of work as needs were identified. He also reported that building maintenance is a continuous process of repairs and replacements; and the project was completed on 11 May 2015.
- The security fencing project was extended from the initial 1800m scope and it was projected to be completed by 31 July 2015.

5.3 Comments by the Committee

The Committee appreciated the work done by the hospital against the identified challenges and they were encouraged by the continued commitment to resolve them. The Committee also noted with appreciation the progress on the infrastructure development projects.

Unutilized Wards

Noting that there are three (3) wards that are not being used as patients' wards but storing patients' old files, the Committee wanted to know what plans the Department has to address the challenge. The Department reported that the three (3) wards were never used since the launch of the hospital due to the shortage of personnel to man the wards; however, the Department plans to request funding of vacant unfunded posts within this current financial year to address the challenge. With regards to the filling, the Department has submitted a request to increase the size of the filling room.

Community Involvement

It was reported that there is high resignation of professional staff citing that some individuals tend to prefer working from or closer to home; as in most instances some are from other provinces. The Committee advised the Department to run campaigns to encourage community members (youth) to pursue nursing as a career. The Committee further urged the Department to prioritize admission of Mpumalanga Province applicants before considering applicants from other provinces.

Orthopedic Backlog

The Committee appreciated the newly established Letsema Operation in progress in addressing the backlog.

Maintenance

To ensure that the hospital infrastructures are always in good condition, the Department was advised to capacitate hospitals maintenance teams for the day to day maintenance of the hospital infrastructure.

Six Priority Areas

Noting that the hospital did not achieve its targets on the six priority areas, the Committee wanted to know the reasons for the failure and whether there are plans in place to ensure compliance with the National Core Standards (NCS). The Department responded per priority area as follows:

Cleanliness

The challenge is lack of necessary equipment and shortage of personnel. The Department is in the process of procuring some NCS compliant cleaning equipment including foot operated dust bins, Janitor trolley, washing machines, dryers for laundry, roller iron and others within the limited budget. The Department will also appoint ten (10) cleaners and three (3) grounds men within this current financial year.

Patient Safety and Security

The challenge is the shortage of security personnel and lack of surveillance cameras. The Department reported that, security is the mandate of the Department of Community Safety, Security and Liaison in the province. Early this year, the latter department reduced the number of security personnel in the facility, thus not all areas are covered. Security doors have been installed in the nursery and the board room in May 2015. The Department is in the process of procuring security doors to address part of the shortfall.

Infection Prevention and Control

The challenges are the sharing of beds; keeping patients with different ailments in one ward; lack of medical equipment; sufficient water supply and the

resignation of the Infection Prevention and Control nurse (IPC) in February 2015. In addressing this challenge, the Department would fast-track the appointment process of the IPC nurse as currently the post has been advertised. The shortlisting and interviewing process is envisaged to be done by end of July 2015. The Department will also ensure the procurement of extreme and vital equipment needed (defibrillators; emergency trolleys and medicine trolleys) for various wards and sections. The Infrastructure Unit has been engaged to bring a contractor from the Rapid Implementation Unit (RIU).

Staff attitude

The challenge is the high workload due to the shortage of personnel and the shortage of vehicles to do outreach services to clinics. The Department reported that it will prioritize the filling of vacant posts, continue with customer care in-service training and assist with counseling personnel using the service of a Psychologist and a Social Worker.

Waiting time

The Department reported that the Clinical Associates were helping with patient flow by screening patients and the filing has been rearranged. The Department further reported that currently, the waiting time for a file is less than ten (10) minutes.

Availability of Medicine

The hospital is doing well in this regard and made a commitment to sustain the status quo.

5.4. FINDINGS MADE BY THE COMMITTEE

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

- a. The hospital is not compliant with the National Core Standards (NCS) on the six priority areas;
- b. The hospital does not have surveillance cameras;
- c. There is a high vacancy rate that has a negative impact on the waiting time and left three wards unutilized;
- d. There was an extension on the initial 1800m scope on the security fencing project;
- e. The hospital lacks the necessary medical equipment and resources i.e: limited normal beds and orthopedic beds, standardized dust bins, emergency trolleys to mention but a few;
- f. The air condition was not functional in most wards during the time of the visit;
- g. The hospital struggles with water; cleaners and other officials rely on water from the water tanks that are not regularly filled.
- h. Patients in orthopedics have spent more than five months without any operation or referral.
- i. All the suggestion boxes in the Hospital were without papers and pens for patients to write on.
- j. The ex-ray was not working.
- k. Both men and women were sharing a ward.

5.5. RECOMMENDATIONS MADE BY THE COMMITTEE

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

- a. Ensure compliance with the National Core Standards;
- b. Prioritize the installation of surveillance cameras and ensure that there is sufficient and adequate security in the hospital;
- c. Fast-track the filling of all vacant funded posts;
- d. Ensure that the security fencing project is completed as projected;
- e. Prioritize the procurement of needed equipment and resources;
- f. Ensure the functionality of the air conditioner in all the wards
- g. Ensure the involvement of the local municipality in addressing the challenge of water;
- h. Ensure that all the patients at orthopedics wards who have overstayed in the hospital are operated within a month and submit a progress report on the Letsema Operation;
- i. Ensure that all suggestion boxes have papers/ forms and pens to fill compliments, suggestions, complaints and that are at appropriate places visible to patients;
- j. Ensure that the ex-ray is urgently fixed.
- k. Ensure that the sharing of wards by both men and women is addressed with immediate effect.

6. SHONGWE HOSPITAL

Brief Overview

Ms. Siphon Motau, Chief Director: Primary Health Care gave a Departmental overview on the hospital. She indicated that the hospital is classified as district hospital; however, it is different from other district hospitals. She further reported that the Medical Manager is the Acting hospital CEO. The hospital has a high vacancy rate and most of the vacant posts have been advertised and appointments are envisaged to be fast-tracked.

Compliance with National Core Standards (NCS)

Dr. Mathole, the Hospital Acting CEO briefed the Committee on the hospital's compliance with the National Core Standards. Firstly, he indicated that the hospital would be welcoming 19 newly appointed nurses and four (04) medical doctors on 01 July 2015. Regarding the compliance with the NCS, he acknowledged the non-compliance citing the following reasons that:

- The hospital mostly falls short on the availability of medicine and supplies due to limited stock in the depot;
- There is shortage of cleaning personnel and cleaning equipment; that compromises the cleanliness and the infection prevention and control of the hospital;
- Though the hospital is doing well on patient and staff safety, the CEO believes that the installation of a security fence around the hospital will improve the security at the hospital.
- The hospital is also improving on waiting time and staff attitude as there are ongoing in-service training sessions that are being conducted.

The progress on the six priority areas was presented as follows:

Six Priority Areas	COMPLIANCE
Cleanliness	55%
Staff Attitude	84%
Infection control and prevention	54%
Waiting Time	72%
Availability of Medicine	73%
Patient & Staff safety	75%

6.1 Infrastructure Development

Presentation by the Department of Public Works, Roads and Transport (DPWRT)

Mr. F Motha, the General Manager Infrastructure; represented the Department briefed the Committee on the infrastructure development projects. He indicated that the building maintenance project was completed on 25 March 2015 and it is on the defects liability period.

Regarding the security fencing project, it is reported to be at 90% completion and projected to be completed by 30 July 2015. It was reported that there were savings since the boundary fence is still in a good condition and the Department of Health had requested the DPWRT to utilize the savings for paving at the entrance gate and parking space. This work is also anticipated to be completed by 30 July 2015.

6.2 Comments by the Committee

National Core Standards Ratings

The Committee noted that the percentage rating on the NCS were different with those earlier submitted to the Legislature, the Committee wanted to the reason

Pre-TLP Oversight Visits Report of the Portfolio Committee on Health and Social Development conducted at Tonga and Shongwe Hospitals on 26 June 2015

for the variation. The Department reported that the ones earlier submitted to the Legislature were an on-going self- assessment and the ones presented at the oversight visit were those from the national assessment.

Safety and Security

The Committee raised a concern on the lack of burglar proof in the Pediatric Ward. In its response, the Department indicated that the Infrastructure Unit of the Department was engaged in addressing this challenge and it is envisaged to be addressed by 31 July 2015.

Medicine/Drugs

The Committee noted with concern that the hospital pharmacy is not connected to the standby generator, citing that this was bad for the cooling of medicine in cases of power outages. The Department reported that the Department of Public Works, Roads and Transport was given an order for the connection of the standby generator for all pharmacy cool rooms.

Infection prevention and control

The hospital reported on leakages and blocked drains that sometimes hamper the effective operation of the hospital. This seriously concerns the Committee and requested that this challenge be addressed with urgency to avoid infections. The Department indicated that the Infrastructure Unit of the Department was engaged to address this challenge and it is envisaged to be addressed by 31 July 2015.

The Committee wanted to know about the preparedness of the hospital in case of outbreak or burden of diseases. In responding, the Department mentioned that a unit in this regard has been identified. Motivation for the grant to procure the equipment for the Isolation Unit has been done.

Child friendly pediatric ward

Noting that the pediatric ward is similar to the other wards, dull and not child friendly, the Department was requested to liven up the ward with bright and playful colours, procure recreational toys and books for the children. The Department reported that a motivation for a grant to procure toys and decoration of the ward was done, a play room in the unit will be identified and furnished accordingly, procurement for baby friendly linen, and clothing and cutlery will be done by end of September 2015.

Staff Attitude

The Committee noted with appreciation that the hospital has achieved 84% on staff attitude in terms of NCS against their target of 80%. The Committee wanted to know the impact of the shortage of staff and workload on staff attitude. The Department reported that posts have been advertised to address this challenge and appointments will be made by end of October 2015. Staff members have been advised to always wear their name tags for ease identification.

Hospital Management

With the Medical Manager acting as the Hospital CEO, the Committee wanted to know when this post would be filled. In responding, it was indicated the post was advertised and was envisaged to be filled by 15 July 2015.

6.3 FINDINGS MADE BY THE COMMITTEE

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

- a. The hospital does not have an appointed Chief Executive Officer (CEO);
- b. There is no compliance with the National Core Standards on the six priority areas;
- c. There is a high vacancy rate;
- d. There is no burglar proof in the pediatric ward;

- e. The pharmacy is not connected to the standby generator;
- f. There are leakages and blocked drains, posing a high risk in terms of infections;
- g. The pediatric ward is not child friendly.

6.4 RECOMMENDATIONS MADE BY THE COMMITTEE

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

- a. Ensure the appointment of a CEO by the set date of 15 July 2015;
- b. Ensure compliance with the NCS. The Hospital must submit a report on the reasons for failure to comply with NCS and cost all the shortages in equipment, material, furniture and medicines that are causing non-compliant with the NCS and submit a report to the Committee.
- c. Ensure the filling of all vacant funded posts by the set date of 31 October 2015;
- d. Ensure the installation of the burglar proof in the pediatric ward by the set date of 31 July 2015;
- e. Fast-track the connection of the pharmacy to the standby generator;
- f. Ensure that the leakages and the blocked drains are attended to by the set date of 31 July 2015;
- g. Ensure the convention of the pediatric ward into a child friendly environment with the necessary resources by the set date of 31 September 2015.

7. PUBLIC HEARING AT MGOBODZI COMMUNITY HALL

The public raised the following during the public hearing:

Mgobodzi Clinic

The public reported that there is shortage of medicine/drugs at Mgobodzi Clinic and that they struggle to get medicine since the hospital is far. The public requested that a mobile clinic be made available. They further requested that the clinic be made a 24 hour clinic and that the Department should consider accommodating the personnel as a retention strategy. The public further complained that the ambulance is only dispatched when more than (03) three calls are logged.

In responding, the Department (the Chief Director: Primary Health Care, Ms. Siphso Motau) reported that, the community does qualify for a 24 hour clinic; however Mgobodzi Clinic is an 8 hour clinic. She committed that the Department would consider making the clinic a 24 hour clinic with the available personnel. She then reported that, as of 01 October 2015, the clinic would increase its operating hours to twelve (12) hours daily; three (3) nurses will be appointed to make this possible. The Department has a national challenge regarding the availability of medicine; however, measures have been put in place to address this challenge. The Department has committed to strengthening monitoring and evaluation in all health facilities, monitoring of availability of medicine will also be done weekly.

Mobile Clinic at Ward 18 Gommorah

The public also reported that in Ward 18 at Gommorah, the mobile clinic is not serving the community well, some areas are not visited and at times the mobile clinic does not arrive at all. Regarding the mobile clinic, the Department committed that they will monitor the mobile clinics routines

(timetable). It was further indicated that the Department has procured eight (08) mobile clinics for this current financial year for Ehlanzeni District and Nkomazi would benefit in this regard.

With regard to the late arrival of ambulances, the Department reported that they are in the process of installing tracking devices on the ambulances for monitoring purposes in order to strengthen service delivery.

KaMhlushwa clinic

A request was made that the Clinic at kaMhlushwa be extended since it was too small and that it be made a 24 hour clinic.

Health services at Aniva

The public complained that the Boschfontein clinic is far for residents at Aniva to access it. The Department acknowledged that there is no clinic at Aniva and committed to increase the number of visits by the mobile clinic

Magudu Clinic

The community of Magudu complained that they do not have a clinic in their area and that they travel as far as Tonga Hospital for health services. They further reported that at times they are turned back by the hospital in the absence of a clinic referral note. In responding, the Department indicated that Magudu is only 2km from Mgobodzi, therefore, it (Magudu) does not qualify to have its own clinic.

Learnerships

The youth complained and petitioned for assistance indicating that they had repeatedly applied for a learnership at the Mpumalanga Nursing College with no success. They also lamented that they passed grade 12 very well, they are wondering why they are not been considered. They

also indicated that they (as students from rural areas) felt disregarded by the government in this regard.

The Department requested the petitioners/ individuals to submit their names with the required documentation and committed that they (petitioners) would be considered for 2016 admission at the Mpumalanga Nursing College.

8. PUBLIC HEARING AT MBANGWANE THUSONG CENTRE

The public raised the following issues during the public hearing:

Non-availability of clinic at Thambokhulu

A request to build a clinic at Thambokhulu was made; the Department acknowledged that there is no clinic at Thambokhulu and that the area is isolated. It was indicated that there is a mobile clinic visiting the area once a month, and this has been changed, currently, the mobile clinic visits the area once a week. There is also a home base care Centre called Masiphephisane that visits the community for health assistance.

Hhoyi Clinic at Ward 11

The public also reported that the Clinic at ward 11 is operating less than the hours it is required to operate. Nurses are forced to start by cleaning the facility before tendering to the patients because there is no cleaning personnel. The clinic also has a challenge of shortage of medicine.

The Department acknowledged that the clinic operates 8 hours daily, with five nurses and no cleaner. The Department conducted interviews for cleaners on 23 June 2015; appointments will therefore, be fast-tracked.

Request for a clinic at Mandulo

A request for a clinic at Mandulo has been raised and the Department responded by indicating that there is a mobile clinic visiting the area once monthly.

9. RECOMMENDATIONS MADE BY THE COMMITTEE

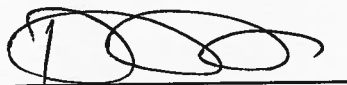
With regard to issues raised during the public hearings, the Committee recommended that the Department must:

- a. Ensure that the Mgobodzi Clinic operates as a 12 hour clinic as of 01 October 2015 as it committed and that the three said new nurses are appointed by 01 October 2015;
- b. Ensure weekly monitoring of the availability of medicine in all health facilities;
- c. Ensure the tracking and monitoring of ambulances on emergency services;
- d. Ensure that the mobile clinics regularly visit Aniva, Mandulo and Thambokhulu communities;
- e. Ensure that the petitioners for admission at the Mpumalanga Nursing College are considered for the 2016 academic year;
- f. Ensure that the cleaners at Hhoyi clinic are appointed.

The Department should provide a progress report on the implementation of House resolutions on or before 21 August 2015.

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 Pre-TLP Programme. She further wishes to thank the Department, the hospitals management and the Legislature staff for providing support to the Committee.



HON. P NGOBENI

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

17/07/2015

DATE