

**PRE-TAKING LEGISLATURE TO THE PEOPLE (TLP) OVERSIGHT VISITS
REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND SOCIAL
DEVELOPMENT CONDUCTED AT STANDERTON HOSPITAL AND
MORGANZONE CLINIC ON 24 AND 25 AUGUST 2016 RESPECTIVELY -
DEPARTMENT OF HEALTH**

1. INTRODUCTION

The Taking Legislature to the People (TLP) programme will take place at Lekwa Local Municipality from 12-16 September 2016. 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 23 - 25 August 2016.

Two (2) projects of the Department of Health (the Department) were visited. 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 Lekwa Local Municipality from 12-16 August 2016.

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 Standerton Hospital, Morganzone Clinic and the Municipality - requesting them to be part of the visits.

- On 24 August 2016, the Portfolio Committee on Health and Social Development conducted its oversight visit at Standerton Hospital.
- On 25 August 2016, the Portfolio Committee on Health and Social Development conducted its oversight visit at Morganzone Clinic.

4. OBSERVATIONS

The Committee observed the following:

- All the health facilities in the Lekwa Local Municipal area are not in compliant with the National Core Standards, particularly the six priority areas.
- Most clinics do not have pharmacists and pharmacist assistants because of the shortage of personnel,
- Standerton Hospital does not have a full complement of the management team; the CEO is newly appointed. The shortage of staff is creating a burden on the existing staff.
- The Department has recently introduced a new electronic filing system used in all the health facilities, it is reported to be effective, however; there are noted challenges that need to be addressed.
- Both the Hospital and the Clinic have active committees that offer strong support to the health facilities and the communities serviced.

- The Department has recently handed over a R 23 million hospital renovation project from the National Department, to commence soon;
- The hospital has two functional and recently installed boiler makers, one commissioned in April and another in July 2016;
- The hospital has a functional backup generator, tested weekly for efficiency;
- All the vacant posts at the hospital and at the clinic are not funded;
- Both health facilities are kept clean and tidy;
- The reception area at the clinic is being upgraded, new cabinets have been installed;
- Dentistry services are offered at the clinic once weekly, on Mondays;
- The dispensary services between 5-6 people hourly, this is reportedly attributed to the period spent to educate patients about the medicine and how to administer them and also to discourage defaulting on the medicine.

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

5.1 STANDERTON HOSPITAL

Presentation on compliance with the National Core Standards (NCS)

Ms. Nanana Hlatshwayo, the District Director, presented the report on behalf of the Department.

She outlined the following on her presentation:

Priority Area	2015 Scoring %	2016 Scoring %
Availability of medicine	89	93
Cleanliness	83	84

Patient safety and security	61	87
Infection control and prevention	75	75
Staff attitude	72	87
Average waiting time	61	85

- The Department reported that the hospital has in stock all the required essential drugs as per the requirement;
- it was reported that the hospital was not doing well as expected on cleanliness due to poor adherence to cleaning procedures – using of required cleaning material and cleaning schedule;
- The poor patient safety and security was reportedly attributed to poor adherence to policies, protocols and guidelines;
- it was further reported that the hospital was failing to segregate waste as per the requirement;
- The shortage of staff contributes to staff attitude, although the trainings are continuously conducted on customer care and national core standards.

Mr. ME Mphuthi, the Chairperson of the Hospital Board shared the following on behalf of the Hospital Board:

- The shortage of staff contributes on the long waiting time, patients at times would wait 4 hours before receiving health services;
- The hospital does not have any electricity nor water challenges, there is a back-up generator on stand-by serviced weekly and the water supply is sufficient to the hospital's needs;
- The boiler maker is currently functional after a long period of non-functionality;
- The hospital has a problem with staff retention, partly due to the lack of staff accommodation. The housing provided by the Department of Public

Works, Roads and Transport is dilapidated and not maintained, prone to vandalism;

- Most of the executive/senior management is newly appointed, the constant change of leadership results in non-stability in terms of management and leadership traits and this does not benefit the hospital and the community served;
- Since the appointment of the hospital Board last year on 26 August 2015, no training or capacity building was conducted on the committee members.

5.2 COMMENTS BY THE COMMITTEE

Progress report on resolutions from the Premier's Oversight visit Report in 2012

The Committee enquired on progress in the implementation of the resolutions of the report on the Premier's visit. The Department reportedly managed to complete the upper structure on top of the pediatric ward, installed the two new lifts and two new boilers that are functioning well.

Doctors Accommodation

Noting that the housing provided by the Department of Public Works, Roads and Transport for staff accommodation is dilapidated and not maintained, the Committee enquired on the condition and maintenance of the leased houses for accommodation and their financial implication. The Department reported that there are three (3) Leased houses of which two (2) are costing the Department R7000.00 per month and one (1) is R8000.00 per month; they are 3 bedroom houses with dining room, lounge, kitchen, bathrooms and single motor car garage. The Department further reported that the house provided by DPWRT has been assessed and awaiting quotations for the rejuvenation project.

Overtime Budget

Aware of the challenge of shortage of personnel that contributes to overtime work by available personnel, the Committee enquired on the management of the overtime budget. The Department reported to be managing the budget well, reporting that the budget allocated for overtime is R5 608 000 and the expenditure by 24 August 2016 was R2 287 355.13.

Acting Capacity and Supervision

The Committee asked if the Department was aware of officials acting in managerial levels without appointment letters. The Department reported that, there are two wards that do not have Operational Managers and officials have been delegated to oversee them. The Department further reported that other responsibilities have been assigned to three officials to oversee Quality Assurance, Infection and Prevention Control and Waste Management.

Consequence management

The Committee noted that the hospital staff was not compliance/adherent to the required procedures, protocols and requirement, hence not performing as required on the National Core Standards; enquiring if there is consequence management in place for non-compliance. The Department reported that the hospital conducts adherence meetings continuously to encourage adherence to procedures, protocols, policies and guidelines.

Nursing School

The Committee also noted that there is a nursing school in the hospital and enquired on its performance and effect to the hospital. The Department reported that the nursing school is doing very well, offering courses from a bridging level to the level of professional nurse.

5.3 FINDINGS MADE BY THE COMMITTEE

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

- a. The hospital has improved on compliance with the National Core Standards, however, there is a need for further improvement for compliance, particularly on infection prevention and control; as well as adherence to protocol, guidelines and policies on cleanliness and patient safety and security - to highlight just a few;
- b. The hospital is using new electronic system. It is reportedly efficient, however, not functioning as required and some few challenges were noted;
- c. The Department has recently handed over a R 23 million hospital renovation project from the National Department, for urgent implementation;
- d. All the vacant posts at the hospital are not funded;
- e. The Department is leasing three houses for Doctors accommodation, the dilapidated house provided by DPWRT that was not maintained has been assessed for renovation;
- f. The Department does not have a retention plan in place and the hospital does not have stable/consistent leadership traits because of the constant change in senior management;
- g. There are officials acting on managerial levels without appointment letters, having only the delegation of functions to oversee;
- h. Since the appointment of the hospital Board last year on 26 August 2015, no training or capacity building was conducted on the committee members.

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 in this regard by 09 September 2016;
- b. Ensure that the challenges noted with the new electronic system are addressed with urgency and also provide progress by 09 September 2016;
- c. Provide a plan on the scope of work for the renovation project inclusive of timeframes and progress if any has been recorded by 09 September 2016;
- d. Consider funding the critical vacant posts at the hospital;
- e. Provide progress report on Doctors accommodation particularly the assessed house by the DPWRT for renovation by 09 September 2016;
- f. Develop a provincial retention plan that can be adapted and used in all hospitals within the province by 09 September 2016;
- g. Ensure that all official on acting capacity are appointed and also supported accordingly for improved service delivery. A progress report be provided by 09 September 2016;
- h. Ensure that training for the hospital board is conducted within the 2nd quarter.

6. INTERACTION WITH THE MANAGEMENT OF THE CLINIC AND THE DEPARTMENT OF HEALTH

6.1 MORGANZONE CLINIC

Ms. Nanana Hlatshwayo, the District Director (representing the Department) briefed the Committee on the Clinic's compliance with the National Core Standards.

The District Director presented progress on the six priority areas for 2013, 2014 and 2015, outlined is only the 2015 scoring as reflected below:

Six Priority Areas	2015 Scoring %
Cleanliness	45
Staff Attitude	51
Infection control and prevention	25
Waiting Time	54
Availability of Medicine	50
Patient & Staff safety	41

Progress in term of compliance with the Ideal Clinic initiative:

Elements	Scoring %	Target
Vital	87	100
Essential	77	70
Important	70	65
TOTAL	75	
STATUS	Not achieved	

- It was reported that the Clinic Committee is active and supportive to the clinic's leadership. The committee is reported to assist with sourcing of funding and organizing of fund raising events. The committee meets quarterly and conducts complaint management with the clinic weekly;
- The following challenges were highlighted by the Department:
 - The clinic does not have proper fencing nor a lockable entrance gate;
 - There is a security guard present but no guard house;
 - The dispensary does not have air conditioning, however the air con unit has been ordered and will be fitted soon;
 - The clinic does not have a water back-up system nor electricity back-up in a form of a generator;

- There is no waste storage in the facility and no adequate staff parking area.
- The clinic currently does not have a cleaner, the previous cleaner is deceased and processes to appoint another are underway;
- The poor/long waiting hours is due to challenges with the new electronic system.

Ms. Juliet Khumalo, the Chairperson of the ward councilor and clinic board chairperson shared the following on behalf of the Clinic Board:

- The clinic is the only health facility in the area, it operates 8 hours Monday to Friday; it does not open on weekends. There is a need for a 24hr health facility operating 7 days weekly. It was further indicated that there is no mobile clinic visiting the areas during weekends.
- There is no resident doctor or a doctor serving at the clinic.

6.2 COMMENTS BY THE COMMITTEE

Cleaner

The Committee noted that the cleaner's post is funded and processes were underway to filling the vacancy. The Committee further noted that the Department was yet to process payment for leave gratuities to the family of the deceased cleaner.

Availability of a Doctor

The Committee proposed that the Department should formulate a conducive doctor's package for attraction and retention of doctors and must prioritise contracting of sessional doctors since Gert Sibande District is a National Health Insurance pilot project area and the clinic is within the district. As a short-term

goal, the Committee recommends that the Department should have a doctor visiting the clinic at least two – three times weekly. The Committee further proposed that the Department must mentor deserving student for bursaries on medicine from in and around Standerton in addressing the challenge of doctors and retention within their areas of residence. The Department reported that through the GP Contracting NHI Programme at the district, a process is underway of headhunting a Doctor that can be contracted to serve the clinic on a daily basis. Standerton Hospital was assisting the Clinic; however, the hospital is failing because it is also experiencing shortage of Doctors.

Operating hours and the Ambulance

Noting that the Clinic is the only health care facility in the area with limited operating hours and that there is one EMS vehicle stationed in Morgenzon Clinic but due to limited space, the vehicle is stationed at Morgenzon Fire Station and servicing the clinic, surrounding community and transferring patients to Standerton Hospital; the Committee proposed that the Department should consider increasing operating hours during weekdays to 12 hours (to operate 7am – 7pm) and the ambulance (and the driver) should be on stand-by during weekends for emergencies. The Department reported that the Clinic is strengthening the booking system and also a campaign on CCMDD Programme and referring clients to the local pharmacist to issue treatment for those working after hours. It was further reported that a mobile clinic will be allocated for the area around the farms. The Department also indicated that the shortage of staff negatively affect the extension of hours, however, the extension of hours will be considered as per the number of patients recorded in the Clinic's database.

Air Conditioning

The Clinic does not have air conditioning, however it was reported by the Department that the order for the air conditioning unit has been processed and awaiting delivery and fitment.

Fencing

Aware that the Clinic does not have proper fencing, the Committee noted that RoSwika Construction will address the fencing problem; this is part of the facility maintenance plan under the NHI In-kind Grant as reported by the Department.

6.3 FINDINGS MADE BY THE COMMITTEE

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

- I. The clinic does not have proper fencing, however Roswika Construction has been appointed to address the fencing problem as part of the facility maintenance plan under the NHI In-kind Grant;
- II. The Clinic does not have air conditioning, however it was reported by the Department that the order for the air conditioning unit has been processed and awaiting delivery and fitment;
- III. The Clinic is using a new electronic system, it is reportedly efficient however not functioning as required with some few challenges noted;
- IV. The Department is in the process of appointing a cleaner, due to the position of a cleaner currently vacant due to death. The Department is also yet to process payment of leave gratuities to the family of the deceased;
- V. There is no Doctor serving the Clinic.

6.4 RECOMMENDATIONS MADE BY THE COMMITTEE

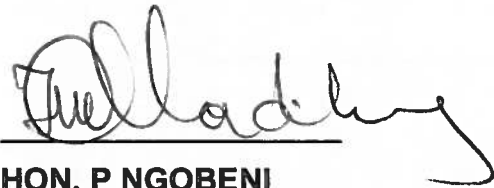
After the deliberations and the in loco inspection, the Committee recommended that the Department must:

- I. Provide progress on the fencing of the Clinic by 09 September 2016;
- II. Provide progress report on the fitment of the air conditioning unit by 09 September 2016;
- III. Ensure that the challenges noted with the new electronic system are addressed with urgency and also provide progress by 09 September 2016;
- IV. Provide progress report on the appointment of a cleaner and the processing of payment of the leave gratuities to the concerned family by 09 September 2016;
- V. Prioritize the contracting of a Doctor for the Clinic and provide progress report by 09 September 2016.

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 Friday, 09 September 2016.

7. 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 municipality and the management of the health facilities for the services rendered and the Legislature staff for providing support to the Committee.

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HON. P NGOBENI

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


DATE