health
Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

NORTH WEST DEPARTMENT OF HEALTH

SECTION 100 (1)(b) INTERVENTION

HANDOVER REPORT

JUNE 2022

FOREWORD BY THE MINISTER OF HEALTH

DR MATHUME JOSEPH PHAAHLA

The North West Department of Health (NWDoH) was placed under Section 100(1)(b) Administration by the Cabinet of South Africa at the end of April 2018 (referred to as “the Administration” or “the Intervention”). This was done to ensure that the NWDoH continues to live up to the prescripts of Section 27 of the Constitution of the Republic of South Africa. Section 27, amongst others, communicates that “Everyone has the right to have access to - (a) health care services” and that “The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.” It was thus in the interests of the rights of the citizens of the North West Province that the NWDoH was placed under Administration.

The Administration began in May 2018 in an environment of turmoil as community members and staff of the NWDoH made their frustrations felt through violent protests. One of the first and key achievements of the Administration was to establish labour stability and get the staff to return to work, as well as to get community members to raise their dissatisfaction through communication with the Department. Once the labour situation was stabilized, the Administration team from the National Department of Health, could, together with the efforts of the management team of the NWDoH, start the process of improving the functioning of key support services needed to ensure health service delivery for the people of the Province.

This report describes the achievements of the Administration. These achievements would not have been possible without the support and cooperation of my colleagues in the Cabinet, the Premier of the North West Province and the members of the Executive Council of the Province, and I thank them sincerely. I extend my gratitude as well to the leadership of the labour unions for their contribution to the success of the Intervention. A special word of appreciation to the Chairperson of the Inter-Ministerial Task Team on North West Province, Dr NC Dlamini-Zuma for leading us to a successful conclusion of the Intervention.

OVERVIEW BY THE MEMBER OF EXECUTIVE COUNCIL FOR HEALTH

HON MADODA SAMBATHA

In 2018 I was the Chairperson of the Portfolio Committee on Health and in this capacity, led the body responsible for oversight of the functioning and outputs of the North West Department of Health (NWDoH). As the representatives of the people of the North West Province, it was in the interest of the Committee that the NWDoH be returned to stability to deliver the required health services to the North West communities. The committee therefore welcomed the Section Administration and supported the work of the national Administration Team.

I was appointed as the Member of Executive Council responsible for Health in the North West Province in December 2019 and it has been my honour to work closely with the Administration Team and the management and staff of the Department in their efforts to return this Department to one that is capable of responding to the health needs of the people of the province.

As is evident from the content of this report, we have successfully improved the functioning of both clinical and support services. Through the Administration we have appointed a Superintendent General, key senior managers, clinical and administrative staff who will continue the journey of keeping the Department on the right track.

We were supported in our efforts by the Premier, the Executive Council of the North West Province, oversight committees of the Legislature, organized labour, traditional leaders, the Provincial and District Health Councils, academic institutions as well as non-governmental organisations (NGOs) and Private Sector and we remain eternally grateful for this support.

We invite the communities of the Province to continue to provide us with constructive feedback with regard to areas where we can improve.

STATEMENT BY THE DIRECTOR GENERAL NATIONAL DEPARTMENT OF HEALTH

DR SANDILE SS BUTHELEZI

Towards our objective to achieve universal health coverage, South Africa is in the process of establishing a National Health Insurance (NHI) Fund. Optimal functioning of the NHI Fund is dependent on the prudent use of resources such that resources are focused on health service delivery and further strengthening of the health service delivery environment. Under the NHI Fund, the National Department of Health (NDoH) will, amongst others, be responsible for co-ordinating health care services rendered by provinces, districts and municipalities, to avoid duplication while ensuring integrated and comprehensive health service provision.

In 2018 when the Intervention was implemented, South Africa was (and still is) in the process of implementing health system strengthening initiatives to ensure that the public health sector is ready to merge with the private sector to form geographic units from which the NHI Fund can purchase quality health services on behalf of the people of the country. The activities undertaken as part of the Intervention's workplan were aimed not only at establishing good governance but also at health systems strengthening initiatives that will advance the goal of universal health coverage through the NHI Fund in the NW.

This handover report describes the reasons for intervention and what was achieved during the four years (2018 to 2022) of the Intervention. The achievements of the Intervention in the North West Department of Health (NWDoH) represent a deliberate investment by the NDoH to put the NWDoH on a better footing with regard to its readiness to provide universal health coverage for the population of the province.

The Superintendent General For the NWDoH was appointed and commenced duty on 6 April 2021, and has been part of the management team supporting the Administration. During this time, the SG has developed good knowledge and understanding of the operational activities that support the strategy of the NWDoH. We therefore foresee that he will without difficulty take over the reigns as Accounting Officer and continue to steer the Department on the desired course.

ACKNOWLEGEMENT BY THE ADMINISTRATOR

MS JEANETTE REBECCA HUNTER

It has been my honour to serve the National Health System as Administrator and Accounting Officer of the North West Department of Health (NWDoH) during the period of the Intervention in the Department.

The Administration, while effecting systems improvements in six focus areas, also ensured that daily operations continued, such that the NWDoH could live up to its core mandate of providing health services to the NW communities. The statistics below indicate the numbers of people who were assisted in the health facilities of the North West Province.

- 2018/19 financial year the Department enabled 7 445 963 visits to primary health care (PHC) facilities and 1 339 307 visits to hospitals
- 2019/20, the Department facilitated 7 708 405 visits to PHC facilities and 1 445 303 visits to hospitals
- 2020/21 financial year, 6 300 025 persons were assisted in our primary health care facilities while 1 376 839 persons passed through hospital services.
- 2021/22 financial year, 6 605 539 persons were assisted in our primary health care facilities while 1 486 875 persons passed through hospital services.

Additionally, the Department has to date successfully navigated through the COVID-19 pandemic.

The achievements of the Intervention, described in this report were made possible by solid teamwork between the National Department of Health (NDoH) Intervention Team and the managers of the NWDoH. The Intervention team consisted of persons with technical expertise in labour relations, human resource management, finance, pharmaceutical services and primary health care services management. This team worked long hours with diligence to get the Intervention off to a good start and to keep momentum going until their respective tasks were completed. In this regard, sincere appreciation to:

- **National Department of Health Intervention Team**: Mr Thathi Tau, Ms Milly Bok, Ms Kenelwe Modise, Mr Aron Mokoana, Mr Selby Mosupi, Mr Kolobe Kgomo
- **National Department of Health additional team members from finance**: Mr Matome Madia, Mr Mawande Skenjana, Mr Ernest Rakubu, Ms Ruth Dube, Ms Funeka Machitela, Mr Marlon Wessels, Ms Linda Wright and Mr Mahlathini Baloyi

At the outset of the Intervention, the Intervention Team in collaboration with the management of the NWDoH, assisted by the Office of the Premier, Department of Public Service and Administration (DPSA) and the Department of Planning, Monitoring and Evaluation (DPME) in the Presidency did a rapid assessment pertaining to what worked in the Department and what the problem areas were. This assessment led to the workplan with 111 activities which remained our compass over the past 4 years.

It was equally important at the outset to re-establish discipline in the NWDoH through consequence management and to win back the confidence of our communities through honest and timely communication. In this regard we thank Dr Madipuo Tlhogane, Mr Thathi Tau, Mr Matome Madia, Advocate Thelvi Mmako, Advocate Pogiso Monchusi and Mr Tebogo Lekgethwane for their sterling contributions.

The dedication of logistical support staff went a long way in facilitating the work of the Intervention Team. Here, Mr Molosiwa Seitisho, Mr Hennie De Bruin, Mr Matshidiso Moilwa, Mr Kagiso Dibodu, Mr Edwin Maela, Mr Charles Mapomane, Ms Nomasonto Chabangu and Ms Reshoketswe Mashabela must be recognised.

Mr Thulani Masilela, Deputy Director General in the DPME and Evaluation (Outcomes facilitator Health) contributed greatly to the development of the action plan and provided valuable critique on the first draft of this handover report.

Mr Sibusiso Mpanza, Administrator in the Office of the Premier, calmly provided direction and support, while being insightful and understanding about the pressures resulting from the multiple conflicting priorities in the health system.

Mr Jonathan Timm, the Coordinator from the DPME, embodied the true spirit of team work by not only raising flags about imminent reporting deadlines, but actually assisting Administrators to meet such deadlines with relevant content. The camaraderie from my fellow Administrators remain priceless.

We acknowledge and are grateful for the contributions of the following departments and organizations to the success of the Intervention in the North West Department of Health:

- The National Treasury and Provincial Treasuries – the Superintendent General of the Provincial Treasury, Ms Mary Majeke and Mr Ndlela Kunene provided much needed guidance and support;
- The Aurum Institute provided us with the services of Mr Selealo Rakabu and Mr Renier Botha;
- The Health Systems Trust provided us with the services of Ms Corry van der Walt and Ms Bongi Maposa;
- Clinton Health Access Initiative (CHAI) provided us with the services of Ms Natasha Salant and Mr Nikhil Khanna;
- Organized Labour Unions are recognized for their tireless strive towards better working conditions for their members.

We thank MEC Masike for supporting the Intervention Team in getting its work going in 2018. MEC Sambatha took over the role of executing authority in December 2019 and selflessly shared with us his insights and knowledge with regard to active, results driven public service.

Importantly, I thank the Ministry of Health for their confidence in me and for providing me with the privilege of this assignment.

The frontline workers of the NWDoH were always, and remain the heroes with regard to the turnaround of the Department. From February to May 2018, while some of their colleagues and community members barricaded and violently blocked the entrances

to hospitals, they found innovative ways to still show up and be present for their patients. Again, when the Covid-19 pandemic struck South Africa and the North West Province, our frontline workers stepped in boldly with both preventative and curative measures. All of us, as health service managers, and as the community of the Province, owe them immense gratitude.

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Executive Summary

This report covers the period 1 May 2018 to 31 March 2022.

The National Executive of the Republic of South Africa invoked section100(1) of the Constitution in the North West Province on 9 May 2018, following widespread unrest, strikes and protest against corruption and maladministration. The decision to put the entire province under administration followed a decision on 25 April 2018 to place the North West Department of Health (NWDoH) under administration in terms of section 100(1)(b) of the Constitution of the Republic of South Africa (1996).

The Section 100(1)(b) Administration or Intervention began with a diagnostic assessment that was conducted by investigating the root causes of issues in the NWDoH. Subsequently, the Intervention Team took a multipronged approach attending to weaknesses in six key areas namely:

1. Labour Relations and Consequence management;
2. Human Resources Management;
3. Finance and Supply Chain Management;
4. Service Delivery:
    - Availability of medicine and surgical sundries
    - Availability of essential equipment
    - Records management
    - Emergency Medical Services (EMS) and Planned Patient Transport (PPT)
    - Resuscitation of services in Mafikeng Provincial Hospital
    - Address key weaknesses in other hospitals
    - Infrastructure
    - Security services
5. ICT Infrastructure; and
6. Governance and Leadership

The Intervention Team strove to make sustainable changes through problem diagnosis, planning and implementing, recording interventions, and continuous

communication with NWDoH managers and staff, through existing governance structures.

The Intervention Plan had a total of 111 actions. To date, the intervention has achieved 94% of the Intervention Plan's activities. The remaining 6% are activities that require additional resources and time, and should be addressed by the Head of Department (HoD) and the executive management team.

Key Issues that Remain to be Completed

I. *Facilitate the approval of the Ideal Organisational Structure for NWDoH:* This entails the provision of an adequate budget for compensation of employees.

II. *Correcting the budget baseline for the Department to eliminate the on-going problem of accruals:* In this regard the work done by Clinton Health Access (CHAI) and the report with recommendations from the current Public Finance Management Review of operations within the NWDoH (conducted in cooperation with National and Provincial Treasury) must be used to complete the motivation to the Treasuries to improve annual funding to the NWDoH. The NWDoH has been able to keep the annual accrual amount constant at around R1.2 billion and at the end of the 2020/21 financial year even effected a decrease to lower than the accrual amounts for the 2018/19 and 2019/20 financial years. The NWDoH would be greatly assisted even if it only received a once-off injection of R1.2 billion to bring the accruals down to zero.

III. *Stabilisation of the pharmaceutical section*: This directorate, at the beginning of the Intervention, was plagued by an array of problems. See Section 4.4.1. These problems have been addressed within the limitations imposed by the fact that two senior managers of this service area are still undergoing a disciplinary process. The Mmabatho Medical Store however remains unable to seamlessly manage its stockholding and payments. Payments to suppliers are late resulting in supplier deliveries to the Stores being put on hold with subsequent stockouts. This problem is currently being addressed with support from the chief financial officer's branch.

In addition, the district pharmacists are not controlling stock evenly across facilities in their districts. This is evident from the fact that within the same district a certain medication will be out of stock at some facilities while other facilities will have an abundance of the same medication. This issue has been repeatedly raised with district managers, yet the problem continues to crop up periodically.

IV. *Improve spending on infrastructure budget:* This entails filling vacancies in the infrastructure unit and removing barriers to spending.

V. *Automation of Records Management:* Funds must be obtained to incrementally automate both administrative and patient records in the NWDoH

VI. *Conclusion of key misconduct cases:* The cases of alleged misconduct, of the Chief Financial Officer, the Director SCM, the Chief Director Pharmaceutical Services and the Head of Pharmaceutical Services must be completed.

Summary of impact

The labour environment has been stabilized and discipline is slowly returning to to the NWDoH in both the areas of financial misconduct and dereliction of duty.

Key management vacancies were filled and over 5000 permanent appointments were made with regard to frontline staff. Many NWDoH officials who were promoted to higher level positions. This contributes to staff satisfaction, stability and loyalty toward the Department.

The dismissal of the previous Head of Department sends a strong message that public service laws and regulations must be respected an adhered to. A Head of Department has been appointed and started working on 6 April 2021.

The interventions have directly touched the lives of the people of the province in a positive way. A few examples that are evident in the NWDoH's annual reports for the past four years are:

- Health professionals per 100 000 population have increased, rendering health facilities more responsive than what they were in 2018.

- Operating theatres were fixed, equipment was procured and specialists were appointed assisting hospitals to reduce their surgical backlogs:
    - This resulted in amongst others more hip and knee replacements;
    - More MRI scans were done, thus improving access to sophisticated diagnostic procedures;
    - The renal unit at Klerksdorp-Tshepong was upgraded assisting the province to have more people on renal dialyses
    - Orthopaedic surgeons were appointed leading to reduced backlog of operations and reduced waiting periods for orthopaedic operations;
- An Ophthalmologist was appointed at Mahikeng Hospital. This specialist performed more than 200 cataract operations in less than two months after her appointment in 2019, giving eyesight back to our older generation.

- Additional Internal Medicine specialists were appointed, resulting in improved clinical management processes and elimination of persons, in some of the large hospitals, sleeping on the floor while waiting for treatment. These specialists led COVID-19 management in the seven large hospitals.
- Other key appointments that were made to achieve a positive impact on service delivery include obstetricians, a dermatologists, a paediatricians, general surgeons, psychologists, speech and audiology therapists and family physicians.
- Administration clerks were appointed and this improved the functioning of the registries at the seven large hospitals.
- Managers were appointed for Quality Assurance in the seven large hospitals and this added further impetus to the hospitals' quality improvement drive.
- Administrative and support functions were also strengthened by appointing managers for corporate services and food service aids.
- To support key clinical processes and to ensure that our facilities live up to infection prevention and control principles, additional administrative staff, groundsmen and cleaning staff were also appointed.
- Space at primary health care facilities have been improved through infrastructure projects.
- Community health worker stipends were updated, and their contract was standardised.

- The department has made strides in addressing medicine stock shortages in public health facilities as evidenced through the following:
    - The overall provincial medicine availability has reached 81% as per national essential list in the 3rd quarter of 2021/2022 and that has been maintained until the end of March 2022.
    - Availability of Antiretrovirals (ARVs), vaccines for the Extended Programme on Immunization has been maintained above 92%, and Tuberculosis (TB) medicines above 82% since the 3rd quarter 2021/2022.
- The above was achieved by:
    - The department has spent the total R1,1 billion medicine budget that was allocated in 2021/2022, including the settling of 98% of the accruals (R278million).
    - Furthermore, a total of 57 medicines accounts with suppliers that were put on hold (with limited or non-deliveries) in the beginning of the 2021/2022 financial year were all reactivated, resulting in the immediate improvement of medicine availability.
- Through the NWDoH's process for lodging general complaints at clinics and hospitals, persons who experience medicine shortages are informed on how to escalate this should they believe they do not get cooperation from the health facility which they are visiting. The Province will experience shortages of specific items from time to time when there is a national problem with that specific medicine.
- The Department during the time of the Intervention purchased 191 EMS vehicles (100 ambulances, 44 patient transport vehicles, 20 forensic pathology vehicles, 25 response vehicles and 2 rescue vehicles). This greatly improved the responsiveness of EMS services in the province. As a control measure towards better use of resources, the number of vehicles with tracking devices were increased from 0 in 2018 to 193 in 2022.

- The audit outcome of the NWDoH reflects an improvement when compared to the prior years, reflected in an unqualified opinion. This improvement was made possible through the NWDoH:
    - Intensifying the review of the financial statements and timely submission to governance structures for review prior to submitting for audit;

- Submitting all the information to address the prior years' qualification areas.

Key amongst continued weaknesses that still need to be addressed by the NWDoH is to obtain a budget that will fully address its mandate, as well as an improved records management system.

Lessons Learned

I. At the outset, take the time to assess the scope of work as accurately as possible and plan accordingly. This will ensure that realistic timeframes and deadlines are set. Planning must go down to the level of an activity list with clearly assigned responsibility.

II. Prioritise the interventions because you will not be able to do EVERYTHING and address ALL weaknesses in the Department being placed under Administration.

III. Expect that there will be resistance and denial of service delivery collapse/maladministration from those who are placed under Administration. Focus on facts that are supported by evidence and the objectives to be achieved with the Intervention.

IV. The resistance may result in an unhealthy environment and security risks for the Administration Team. Mitigation of the security risk comes at a financial cost but the safety of the Team needs to be secured.

V. The department that assumes responsibility for the department being placed under Administration, should ensure that the Intervention Team is adequately resourced. The composition of the Intervention Team as well as availability of staff from the national department may pose a challenge. Specific Intervention skills may have to be sourced through contracting individuals or teams.

VI. The Intervention team should ideally be composed of individuals who are 100% assigned to the Intervention. It should not be officials who still have duties in the national department.

VII. As prescribed by the Constitution of the Republic of South Africa, government departments have a duty to provide specified services to the communities they serve. The Administration cannot simply be about balancing expenditure

against current budget but has to ensure that services are delivered within policy prescripts. As a key starting point, ensure that the organisation being placed under Administration has the structure required for it to adequately perform its functions. Obtain funding for key vacancies and fill those posts with adequately skilled persons.

VIII. Underfunding makes it very difficult for NWDoH to fulfil its mandate and leads to an inability to have a suitable post structure, hampering the Department's ability to be as responsive as required to deliver a comprehensive health service.

IX. In a Health Department many challenges are budget related. This is a matter that cannot be resolved over a short period, leading to lingering staff shortages and less than optimal infrastructure (buildings and equipment). In this regard meaningful support from national and provincial treasuries is key.

X. While core business units are the backbone of the department, the competence and integrity of finance and SCM managers is equally critical. Weaknesses in these areas must be prioritised from the start of an Intervention.

XI. Ensure that instructions and recommendations are valid and in writing. Do not act hastily on verbal or unwritten instructions. Make sure that policy prescripts and relevant regulations are followed.

XII. Constant, complete and honest communication is key. We found it useful to employ the NWDoH's current official communication forums and tools. A regular written update from the Administrator to all staff is also important.

XIII. Functional Governance Structures are important. Governance structures represent the communities and serve as one of the important channels of communication to communities.

XIV. Provincial Departments of Health need a strong Labour Relations Unit, otherwise staff grievances and misconduct cases will be delayed, creating a belief that the employer does not care about employees' wellbeing. This can create a culture of ill-discipline in the department.

XV. Progressive discipline and consequence management is key to orient employees appropriately, to restore discipline and to create a good work ethic. Consequence management has to be embarked on after thorough deliberation and consideration of other options. Consequence management becomes difficult in a department where the Labour Relations Unit does not have the resources to perform their function. This should not be allowed to hamper the required consequence management activities as staff who are inclined to undertake activities relating to misconduct will take advantage of such situations, further threatening stability in the organization. This was the case in the NWDoH and, while we were working on capacitating the Labour Relations Unit of the NWDoH, we obtained assistance from other national and provincial government departments. We also retained external legal services to deal with complex cases that involved senior managers.

XVI. Tardiness with regard to consequence management will lead to:

(i) The inability of the department to instil discipline in the organization;

(ii) An increased likelihood that employees will commit acts of misconduct, as a result of them knowing that there might not be consequences;

(iii) Selective discipline, as a weak Labour Relations Unit may prioritize certain cases considered important or particularly serious, which may lead to the neglect and delay of other cases;

(iv) A delay in prosecuting cases, which may arm employees implicated in misconduct with a defence that the employer has waived its right to discipline them. This is a defence in law that arises when an employer takes an unreasonably long time to charge employees.

(v) Adverse effects on service delivery, as employees may be more likely to not perform their duties as required;

(vi) General lawlessness in the organisation.

XVII. A range of different types of delaying tactics employed by those who are undergoing a disciplinary process significantly slowed down consequence management.

XVIII. The fact that good relations with organized labour (unions) should be maintained cannot be overemphasized. This should be based on openness and sincerity in the interest of fair labour practice and service delivery.

XIX. Law enforcement agencies were found to be slow to respond. If this is because of a lack of capacity, it needs to be addressed.

XX. To ensure the sustainability of the Intervention the department must be left with a strong management and leadership team which will continue to implement the health system strengthening measures and ensure continuity. The competence, assertiveness and coherence of the senior management team is a key ingredient in preventing a collapse of discipline and due process of the type that was seen in the NWDOH prior to 2018.

Conclusion

The NWDoH has been stabilised. Staff now use formal channels of communication instead of agitating in the streets. Strong governance practices are beginning to materialise and a solid foundation has been laid to prevent fraud, corruption and financial irregularities. Key vacancies have been advertised and filled. The process of consequence management has been commenced and will continue. The process of overhauling supply chain management has commenced. Firm and specifically costed plans are in place for infrastructure improvements and for improved records management. The process of overhauling pharmaceutical services has been commenced, but effective reform is hampered by the ongoing disciplinary process of both the Director and Chief Director for Pharmaceutical Services as well as by the shortage of budget for pharmaceuticals.

Underfunding makes it very difficult for the NWDoH to fulfil its mandate. This leads to inability to have a suitable post structure and hampers the Department's ability to be as responsive as required to deliver a comprehensive health service. However as communicated in the introduction, these are processes that can be taken forward by a capable executing authority, Head of Department and executive management. The North West Province has many dedicated, skilled and competent frontline workers. They should continuously be supported by a stable NWDoH with well-functioning support services.

1. Introduction

This document serves as the handover report (Report) for the Administration/Intervention in the North West Department of Health (NWDoH). The report covers the period 1 May 2018 to 30 March 2022 (47 months) and describes activities and achievements based on the implementation of the Intervention plan submitted to the Inter-Ministerial Task Team (IMTT) in July 2018. Its intended audience is the IMTT, National Ministry of Health, Office of the Premier North West

Province, Ministry of Health North West Province, the Provincial Executive, National and Provincial Portfolio committees on Health, National and Provincial Treasury, the Department of Planning, Monitoring and Evaluation (DPME) as well as the managers and staff of the NWDoH.

The Report structure is as in accordance with the requirements of the Inter-Ministerial Task Team on the Intervention and is arranged into seven sections:

- ***Background:*** The section outlines the administration arrangements regarding the Intervention in the NWDoH;
- ***Approach to the Intervention:*** The key areas that were addressed and the approach taken are briefly outlined in this section;
- ***Key Areas of the Intervention:*** This section presents the situation appraisal for each of the areas of the Intervention at the start of the Intervention in May 2018, the actions that were scheduled to be completed by 31 March 2020, and the remaining actions that still need to be taken by the NWDoH;
- ***Dealing with the Covid-19 Pandemic:*** This section serves as a reminder that in the Covid-19 pandemic reached the North West Province in the third year of the Intervention and that the prevention and management of Covid-19 had to be attended to together with the activities required by the general scope of work of the NWDoH;
- ***Key Issues that need to be Completed:*** Some of the Intervention's activities need more time and require resources that have not been available over the past 41 months. These need to be attended to and completed by the Head of Department and the management team;
- ***Summary of Impact:*** This section highlights key outputs;
- ***Lessons learned:*** This section shares the lessons learned, with the intention of assisting future interventions of similar nature; and
- ***Conclusion and Way Forward:*** This is presented as a conclusion to the report summarising the main points of the report and putting emphasis on salient features of the report, including outstanding issues that still need to be addressed.

2. Background

The National Executive of the Republic of South Africa, invoked section100(1) of the Constitution in the North West Province on 9 May 2018, following widespread unrest, strikes and protest against corruption and maladministration. The decision to put the entire province under administration followed a decision on 25 April 2018 to place the North West Department of Health under administration in terms of section 100(1)(b) of the Constitution of the Republic of South Africa (1996).

Prior to placing the entire province under administration, an IMTT under the leadership of Minister N.C. Dlamini Zuma, conducted extensive consultations in the province, which informed the recommendation to invoke section 100(1) in the province. Following the 9 May 2018 decision, assessment teams from national departments were deployed to conduct a rapid diagnostic of all provincial departments. Cabinet then placed five departments, namely the Office of the Premier, Health, Education, Public Works and Roads and Community Safety and Transport Management under section100(1)(b), with Administrators from the national sphere of government deployed to manage these departments. A further five departments were issued with Ministerial directives to be implemented under the supervision of officials from their corresponding national departments, in terms of section 100(1)(a) of the Constitution. These departments were Provincial Treasury, Cooperative Governance and Traditional Affairs, Human Settlements, Social Development, Agriculture and Rural Development.

The following are the factors that led the Minister of Health to request that Cabinet place the NWDoH under the Administration:

- Strike action by labour unions in the North West Province from 26 February 2018 to 21 May 2018 negatively affected health care service delivery in the province;
- Facilities in Ngaka Modiri Molema and Dr Kenneth Kaunda districts were affected while conditions were stable in most facilities in Dr Ruth Segomotsi Mompati and Bojanala districts;
- In an attempt to resolve the standoff between the North West Department of Health (NWDoH) and the labour unions, the Director General of the National

Department of Health (NDoH) called a meeting with NEHAWU, civil society and the NWDoH on 15 April 2018.

- This meeting did not materialize since NEHAWU informed NDoH that they will be intensifying the mass action.
- Cabinet, on 25 April 2018, approved that the NWDoH be supported through the Intervention..
- The Minister of Health therefore appointed an intervention team to assist the province to develop and implement an intervention plan. The Intervention Team consisted of persons with technical expertise in labour relations, human resource management, finance, pharmaceutical services, primary health care services management, hospital services management.

It is important to note that while some clinical staff participated in the strike action, they were a minority. Most of the striking workers were administrative and support services staff. Remaining clinical staff took the following measures to prevent human rights violations and to ensure the continuation of priority services:

- At Klerksdorp-Tshepong Hospital, hospital staff were entering the hospital premises from as early 04:00 in the morning to avoid barricades at entrance roads and gates;
- Transport was arranged for staff on duty, who were picked up at their homes in the early hours of the morning;
- A private ambulance service helicopter was used to airlift staff to Tshepong Hospital in Klerksdorp;
- Some Professional Nurses and Doctors from primary healthcare (PHC) facilities that were closed assisted in hospitals;
- On-site accommodation (nurses' residences) was arranged for staff that were prepared to sleep-in;
- Clinical staff were sensitized to limit admissions to very ill patients and to discharge active patients;

- Management from district and sub-district offices assisted with service delivery at hospitals;
- Food services staff in hospitals prepared food early in the morning and distributed this food to patients before the daily disruptions started;
- Hospital management made sure that the maternity, intensive care unit, pre-natal and renal units were always operational;
- Private ambulance services were used in areas where needed;
- In Ngaka Modiri Molema District, stable chronic patients were provided with 2 to 3 months' medication. Lehurutse and Mahikeng hospitals became additional pick-up points for chronic medication;
- The South African Military Health Service (SAMHS) assisted with service delivery at Mahikeng Provincial Hospital and guarded the Mmabatho Medical Stores (MMS);
- The South African Police Service (SAPS) was requested to assist with securing the safety of staff, patients and buildings;
- District pharmacy staff came to collect medicines from the MMS;
- SAPS escorted medicine delivery trucks to the different districts;
- Pharmaceutical suppliers were requested to do direct deliveries to hospitals in the districts;
- Arrangements were made with Gauteng, Northern Cape and Free State provinces to transfer patients, when needed;
- The NWDoH services in the two affected districts resumed full operation on 21 May 2018. However, unrest continued in Tswaing Sub-District beyond 21 May 2018. On 23 May 2018, a service delivery protest broke out in Koster, which affected Koster Hospital.

The actions described above limited negative impact on patients. However the period of the strike resulted in severe emotional strain on the non-striking workers.

It should be noted that the labour organisations' grievances were found to be valid and related to severe weaknesses in the NWDoH, specifically relating to issues of

governance and leadership, human resource management, finance management, supply chain management, service delivery and infrastructure.

At the outset of the Intervention, the Intervention Team, in collaboration with the management of the NWDoH, assisted by the Office of the Premier, DPSA and the (DPME did a rapid assessment pertaining to what worked in the NWDoH and what the problem areas were. This rapid assessment resulted in a detailed Intervention Plan containing a large number of activities. During the initial stages of implementing the agreed-upon activities (May to December 2018), a number of additional problematic issues that were not identified during the rapid assessment, became visible. The following issues emerged after commencing with the Intervention:

- Some managers in the NWDoH behaved as if the rioting lower-level workers were untouchable and had to be simply left to continue causing mayhem;
- Suspension and subsequent dismissal of the Head of Department (HoD);
- Supply chain management (SCM) irregularities were found to be worse, and more frequent, than expected from the initial assessment, with numerous expired contracts linked to key services, extensive flouting of regulations, the hiring of unsuitable staff, and hiding incapacity;
- Corruption was found to be pervasive throughout the NWDoH, at all levels, not just at senior level;
- Good human resources (HR) practice was routinely flouted. Some staff held a belief that they were entitlement to particular posts, leading to the initiation of grievances about the filling of posts. Additionally, there was a sense of entitlement that staff members would act in higher level role, and this had become so common that many staff members expected to use this to supplement their salaries;
- Health facility infrastructure was worse than initially assessed;
- Some “whistle blowers” were found to have their own agenda, seeking only to advance their own causes - for example, irregular meddling in procurement and appointments;

- Harassment and attempted extortion by community members posing as service providers;
- Additional disease burden brought on by COVID-19.

The complexity and extensive span of these weaknesses, as well as the weak capacity found in management of the NWDoH in May 2018, made the process of addressing these weaknesses slow. Despite this, significant strides forward were taken in the past 48 months.

3. Approach to the Intervention in the NWDoH

Ms Jeanette R. Hunter was appointed to be the Administrator in the NWDoH. The Minister and the Member of the Executive Council for Health (MEC) signed a Protocol Agreement. Ms Hunter was subsequently appointed as the Accounting Officer for the NWDoH by the MEC for Finance in the North West on instruction from the National Minister of Finance. The Administrator was supported by The Intervention Team from the NDoH and reported to the National Minister of Health in consultation with the MEC . The MEC and the Administrator also reported to the Premier and the Executive Council of the Province as well as to the relevant portfolio committees of the Provincial Legislature.

The top priorities of the Intervention into the NWDoH, were to (i) stabilize the service delivery environment in terms of the relationship between organized labour and management, and to (ii) restore and improve the health service delivery environment across the province. To achieve (ii), both the Intervention team and the management of the NWDoH had to agree and be clear about the scope of the work of the NWDoH, in terms of its legislative and policy mandates. We developed the diagram depicted at Figure 1, below, in May 2018, to have a concise picture of the key constituent parts of a functional provincial health department. This diagram has been our compass ever since. As made clear in the diagram, the NWDoH fulfils several functions, namely:

I. Community-based services through environmental health, community health workers and school health services;

II. Health facility services in clinics, community health centres (CHCs) and different levels of hospitals;

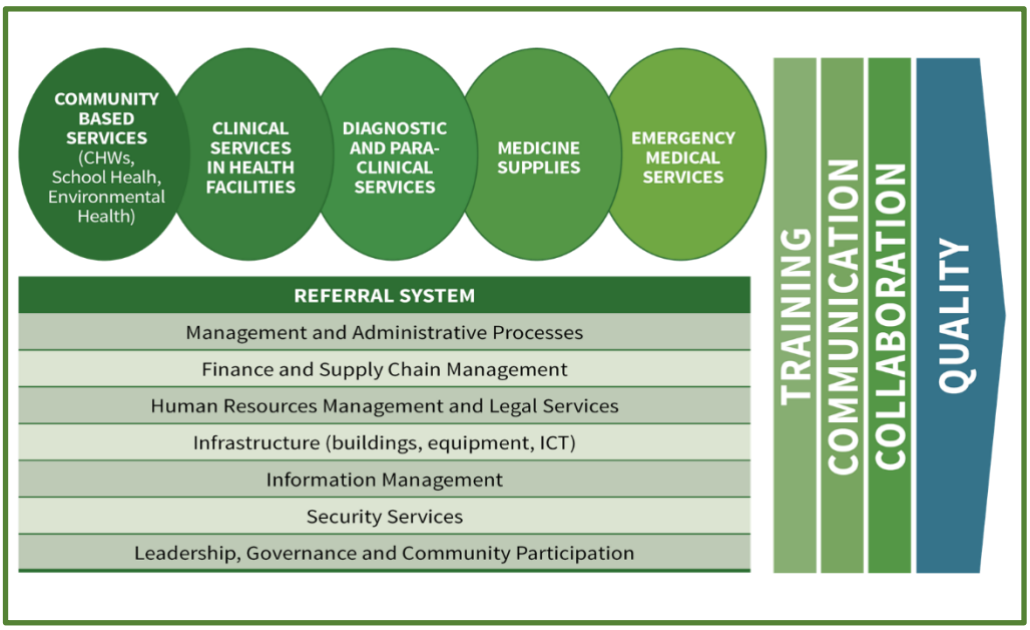
III. Clinical support services (pharmaceutical, laboratory and blood products);

IV. Forensic pathology services;

V. Emergency medical services; and

VI. Training of health workers in colleges and hospital settings.

These core functions (health services) are supported by corporate functions and management services in finance, supply chain, transport, and infrastructure. Information and communication technology services contribute towards enabling the business architecture of the Department. Figure 1 below illustrates the interdependence of the various components.



<u>Figure 1:</u> The core and support components of the service delivery platform in NWDoH

The Intervention began with a diagnostic assessment that was conducted by investigating the root causes of issues in the NWDoH. Subsequently, the Intervention Team took a multipronged approach, attending to weaknesses in six key areas namely:

1. Labour Relations and Consequence management;

2. Human Resources Management;
3. Finance and Supply Chain Management;
4. Service Delivery:
    - Availability of medicine and surgical sundries;
    - Availability of essential equipment;
    - Records management;
    - Emergency Medical Services (EMS) and Planned Patient Transport (PPT);
    - Resuscitation of services in Mafikeng Provincial Hospital;
    - Address key weaknesses in other hospitals;
    - Infrastructure;
    - Security services;
5. ICT Infrastructure; and
6. Governance and Leadership.

The Intervention Team strove to make sustainable changes through problem diagnosis, planning and implementing, the recording of interventions, and through continuous communication with NWDoH managers and staff, both directly and through existing governance structures.

4. Progress with regard to Key Areas of the Intervention

The detailed intervention plan (Intervention Plan) had a total of 111 actions. The Intervention Plan is attached as **Annexure A,** showing the activities that are complete as green. Those that are in progress are marked yellow, those behind schedule are orange and those that are stalled are red. Activities that, for various reasons, are yet to commence are depicted in white. To date, the intervention has achieved 95% of the Intervention Plan's activities (104/111). The remaining 6% are activities that require additional resources and time, and should be addressed by the HoD and the executive management team.

4.1 Labour Relations and Consequence Management

The problems in the NWDoH were brought to light by organized labour in two memoranda of demands, one to the NWDoH, in 2017, and one to the Inter-Ministerial

Task Team on North West Province, in May 2018. The problems and dissatisfaction of government officials spilled over into communities. At the start of the intervention, the Intervention Team had regular meetings with organized labour to agree on the approach to resolving the list of items on the memorandum of demands.

4.1.1. Labour Relations and Consequence Management Challenges before the intervention

There was a breakdown in labour relations in the NWDoH, resulting in labour unrest. This was negatively impacting the delivery of services. Initial meetings with both organized labour and management of the provincial office and various institutions revealed that the unstable labour environment was due to poor communication between management and staff members, and between management and organized labour.

A huge backlog, of more than 2 years, in completing staff grievances and misconduct cases existed.

The Intervention Team agreed to address these formally back to 2016 and deal with older grievances based on new queries.

The Labour Relations Unit was poorly staffed and the head of the unit (on Deputy Director level) was perceived to be obstructive, with a concomitant poor relationship between him and supervisors. The inefficiency in this unit was evidenced (amongst other issues) by the fact that quarterly grievance and misconduct reports were not submitted on time – for example, the 3rd quarter report for the 2018/19 year, which was due in January 2019, was only submitted in May 2019. Even worse, reports had not been submitted for 2017/18. This fact was corroborated by an email from the Office of the Premier.

There were multiple and continued transgressions of fraud, corruption, misconduct and dereliction of duties by staff, as evidenced from disciplinary process outcomes and investigations into irregular financial transactions.

4.1.2. Labour Relations and Consequence Management Actions taken through the Intervention

Through a negotiated agreement with organized labour, labour peace was restored in the NWDoH.

All outstanding items in the North West Bargaining Chamber were negotiated by labour and the employer.

Quarterly staff meetings and regular engagements with organized labour were instituted from the beginning of the Intervention. At the beginning of the Intervention, the staff meetings, chaired by the Administrator, were held with all provincial office staff in attendance. In 2020 the Administrator directed that the mass meetings with staff be replaced with regular meetings of chief directorates and directorates with all their staff. To ensure that these meetings take place, the minutes of monthly meetings with staff forms part of the portfolio of evidence for managers' PEOPLE MANAGEMENT key performance area in their performance agreements. The institutions of the NWDoH, including hospitals, sub-districts and nursing colleges were directed to hold formal meetings with unions at least quarterly. The provincial Labour Relations Unit needs to assess the functionality of these to ascertain where support is required in this regard.

The Labour Relations Unit was upgraded to a directorate within the structure approved in October 2019 and four posts were filled at deputy director level. See Table 1 below for total posts that were filled since the intervention started.

Table 1: Total posts filled in the Labour Relations Unit since the intervention started

Financial Year	Permanent		On Probation		Contract		Tot no	Total Cost
	No	Cost	No	Cost	No	Cost		
2019/20	6	R 2537169			6	R 4247862	12	R 6785031
2020/21	6	R 3272454	2	R 1466514	4	R 3257097	12	R 7996065
2021/22	4	R 2198466	4	R 3028695	4	R 2494137	12	R 7721298

A director for labour relations was appointed on contract to spearhead the resolution of staff complaints and grievances and started on 22 July 2019. The person was

appointed on contract because, at that stage, the organogram was not yet approved by the DPSA. After the organogram was approved, this post was formally advertised and filled.

The strengthening of the Labour Relations Unit improved the grievance resolution rate from 6% at the end of the 1st quarter of 2018/19 to 47%% at the end of the 2021/22 financial year. The misconduct resolution rate improved from 13% at the end of the 1st quarter of 2018/19 to 29% at the end of the 2021/22 financial year. The strengthening of the Labour Relations Unit also enabled the NWDoH to start investigations into irregular expenditure. The size of this unit is not yet ideal for the scope and amount of labour Relations issues in the NWDoH

A service provider was sourced that provided training to senior managers on case initiation and the role of presiding officers.

A technical review team was appointed to assess all contracts for cost effectiveness against performance and market prices, to implement recommendations and to address compliance. The review has been completed and investigations have commenced for suspicious cases. Eight (8) cases have been handed to the HAWKS and the Special Investigation Unit (SIU).

Cases where contracts/business opportunities were awarded to employees/relatives of employees without disclosure, are continually identified through the Computer-aided audit tests (CAATS) report and handed to labour relations for investigation. These cases will be monitored by the Consequence Management Committee.

The High Court OSD Case of Nurses working at the provincial office was resolved.

The implementation status of the DPSA directive for grade progression of support service personnel was established.

A recommendation on the resolution of the dispute about post levels at the pharmacy depot was developed**.** In order to move towards the implementation of the recommendation, an appropriate organogram was developed and approved by the MEC. The salary levels of 21 employees at the Medical Depot were corrected.

4.2 Human Resources Services

Human resources, especially at management level, were a key concern including compliance with personnel performance appraisals.

4.2.1. Human Resource Challenges before the Intervention

High vacancy rates

For more than four years before the Intervention, posts that became vacant were not filled . This resulted in an overall vacancy rate of 19% in general and of more than 30% at managerial level when the Intervention commenced. This high vacancy rate resulted in significant numbers of non-managerial staff working more than 30% overtime, with payment to staff for this overtime not done.

A total of 734 employees were in acting positions. Employees were sometimes appointed to act two or more levels higher than their official substantive posts.

Performance Management and Development System Staff members were dissatisfied with the manner in which the Performance Management and Development System (PMDS) was implemented.

Generally, there were backlogs from the 2015/16 financial year, while individual cases went back even further.

The PMDS Policy in the Department at the time was not consistent with the principles of *audi alteram partem* (to hear the view of the other party). This situation was corrected.

Organizational Structure

The NWDoH Organisational Structure was approved in 2007 and was thus outdated and not in line with the growing mandate of the department.

Occupational Health and Safety

There were poor occupational health and safety (OHS) practices within the NWDoH. At provincial level OHS was located in the Employee Health and Wellness Programme with an appointed Occupational Health Coordinator at Deputy Director level, who was responsible for coordinating all OHS activities in the province.

The province did have a provincial OHS policy for health workers and there was a lack of a Standard Operating Procedures to guide OHS services.

There was no allocated budget for OHS services at a provincial level and only a limited budget at facility level and OHS services was therefore neglected.

There were no posts for OHS in districts and sub districts and, Occupational Health Nurses were not, and still are not, recognized as a speciality according to the Occupation Specific Dispensation (OSD). This contributed to difficulties in the recruitment of qualified personnel to provide occupational health services. Staff responsible for OHS were therefore not trained in OHS and available nurses were delegated to the OHS service at hospitals. At the Primary Health Care level, Environmental Health Practitioners (EHPs) performed functions such as health risk assessments. Reporting lines from district to provincial level were not clear and although OHS employees reported to their supervisors at district level, reports were directly sent to the provincial office.

All hospitals did have designated OHS representatives and although some hospitals had health and safety committees, many of them were not functional.

There was no electronic OHS information management system at any level, except for the District Health Information System (DHIS), which is not designed to accommodate OHS, and so has not been useful in managing occupational health information. Compensation for Occupational Injuries and Diseases Act (COIDA) submissions within the province were submitted electronically, but these claims were not regularly monitored.

Although facilities did not have formal health risk assessments performed every two years, the province did have a system in place to monitor employees exposed to hazards in the workplace, especially those involved in cleaning activities, laundry services, health care services and administrative services. The hazards of concern

includes biological (needle stick injuries), airborne infections (tuberculosis), infrastructure challenges, poor ventilation, stress and burnout.

Interventions aimed at decreasing some of the work-related issues were in place - for example, interventions to decrease occupational tuberculosis included healthcare worker awareness of hazards and risks, patient isolation, installation of ultraviolet germicidal irradiation (UVGI) equipment, medical surveillance of healthcare workers, provision of personal protective equipment, and the provision of additional resources to address health effects, including audiograms by the Speech and Audiology departments and assistance with ergonomic issues by the Physiotherapy Departments.

There were unsatisfactory interventions to address occupational stress, as there was no systematic provincial level programme to attend to this very important exposure. Additionally, very few psychologists and social workers had been appointed. Those that were assisting were not designated to OHS and served both employees and the community, resulting in them being overworked as well.

With regard to medical surveillance, although there was a system to identify hazards, systems used to identify workers for medical surveillance varied widely across different districts and facilities. Surveillance activities that took place included pre-employment medicals and periodical medicals.

Community Health Worker Contracts

There was dissatisfaction over the contracts of Community Health Workers (CHW). Contracts were not standardised and some contracts had expired. The agreed stipend of R3500, as per Resolution 1 of 2018, had not been implemented.

4.2.2. Human Resources Management Actions taken through the intervention

High vacancy rates

An Acting Policy for NWDoH was developed.

A PERSAL staff establishment on vacancies and acting appointments was sourced and a priority list for vacancies to be filled within the available budget was developed, together with management.

A total of 222 posts were identified as an immediate priority. Advertisements were place in June 2018 and these posts were filled. Since then, to date, the NWDoH has filled an average of 7000 posts per annum (see Table 2.1 to Table 2.4 below). Over the 4 years of the Administration this amounts to more than 28000 posts, of which 7245 are permanent appointments.

"Total Health Related Posts" refers to core health cadres. The rest of the posts would be administrative and support posts. The overall vacancy rate decreased from 20% in May 2018 to 14.8% by the end of January 2021. The vacancy rate for management positions decreased from 30% in May 2018 to 27.4% by the end of January 2021. The slow pace of reducing the vacancy rate is due to the following:

- Only funded posts could be filled. The reduction in the baseline funding for compensation of employees that was effected from the 2020/21 financial year further exacerbates this problem;
- Opening of new health facilities increased the post establishment thus increasing the denominator;
- Normal turnover due to deaths, resignations, transfers and retirements;
- A human resource management unit with below optimal capacity having to deal with backlogs stretching back more than 4 years. This relates to both recruitment and PMDS functions.

Table 2.1 to Table 2.4 below show how the turnover rate of the NWDoH reduced since the Intervention began.

Table 2: Turnover rate from 2018 to 2021

Table 2.1 Annual turnover rates by salary band, 1 April 2018 to 31 March 2019						
Service Band	**Total employees as on 1 April 2018**	**Appointments and transfers into the department**		**Terminations and transfers out of the department**		**Turnover rate**
Lower skilled (Levels 1-2)	2442	4	1	63		3
Skilled (Levels 3-5)	6293	582	5	230	17	4

Highly skilled production (Levels 6-8)	4512	309	9	296	13	7
Highly skilled supervision (Levels 9-12)	2701	198	1	240	21	10
Senior Management Service Band A (Level 13)	29	3		4		14
Senior Management Service Band B (Level 14)	9			1	1	22
Senior Management Service Band C (Level 15)	2					0
MEC & Senior Management Service Band D (Level 16)	3	1		1		33
Contracts	1553	1468		1365		88
Periodical Remuneration	43	308		311		723
Abnormal Appointment	5413	2821		4786		88
TOTAL	**23000**	**5694 (1096 Permanent)**	**16**	**7297**	**52**	**32**

Table 2.2 Annual turnover rates by salary band, 1 April 2019 to 31 March 2020

Service Band	Total employees as on 1 April 2019	Appointments and transfers into the department		Terminations and transfers out of the department		Turnover rate
Lower skilled (Levels 1-2)	2309	1230	5	54	3	3
Skilled (Levels 3-5)	6588	1125	11	238	9	4
Highly skilled production (Levels 6-8)	4380	639	10	285	18	7
Highly skilled supervision (Levels 9-12)	2953	360	1	247	25	9
Senior Management Service Band A (Level 13)	34	6		5		15
Senior Management Service Band B (Level 14)	8	3				0
Senior Management Service Band C (Level 15)	2					0
MEC & Senior Management Service Band D (Level 16)	3	1		2		67
Contracts	1627	1382		1389		85
Periodical Remuneration	96	277		297		309
Abnormal Appointment	4473	3782		3079		69
TOTAL	**22473**	**8805 (3363 Permanent)**	**27**	**5596**	**55**	**25**

Table 2.3 Annual turnover rates by salary band, 1 April 2020 to 31 March 2021

Service Band	Total employees as on 1 April 2020	Appointments and transfers into the department		Terminations and transfers out of the department		Turnover rate
Lower skilled (Levels 1-2)	3323	163	1	71	1	2
Skilled (Levels 3-5)	7387	796	4	281	12	4
Highly skilled production (Levels 6-8)	4827	319	8	352	20	8
Highly skilled supervision (Levels 9-12)	3186	318	1	322	19	11
Senior Management Service Band A (Level 13)	38	6		9		24
Senior Management Service Band B (Level 14)	11	1				0
Senior Management Service Band C (Level 15)	3			1		33

MEC & Senior Management Service Band D (Level 16)	2			1		50
Contracts	1567	3131		1987		127
Periodical Remuneration	70	349		192		274
Abnormal Appointment	4754	2792		478		10
TOTAL	**25168**	**7875 (1603 Permanent)**	**14**	**3694**	**52**	**15**

Table 2.4 Annual turnover rates by salary band, 1 April 2021 to 31 March 2022				
Salary band	**Number of employees at beginning of period - 1 April 2021**	**Appointments and transfers into the department**	**Terminations and transfers out of the department**	**Turnover rate**
Lower skilled (Levels 1-2)	3321	294	76	2
Skilled (Levels 3-5)	7754	321	280	4
Highly skilled production (Levels 6-8)	4843	275	433	9
Highly skilled supervision (Levels 9-12)	3333	285	356	11
Senior Management Service Band A (Level 13)	34	8	5	15
Senior Management Service Band B (Level 14)	13	0	2	15
Senior Management Service Band C (Level 15)	2	0	0	0
MEC & Senior Management Service Band D (Level 16)	1	0	0	0
Contracts	2788	3067	3202	115
Periodical Remuneration	291	235	247	85
Abnormal Appointment	6408	1753	1262	20
Total	**28788**	**6238 (1183 Permanent)**	**5863**	**20**

The staff turnover rate decreased from 32% in 2018/19 financial year, to 20% in the 2021/22 financial year. There is a 5% increase between 2020/21 and 2021/22 because according to a new template issued in 2021, the Department had to, for the first time, include learnerships and nursing students (bursary holders) in the turnover statistics.

See Table 3 below for a reduction in the vacancy rate over the time of the Intervention. This table shows that posts closer to direct patient care were prioritized.

Table 3: Reduction in Vacancy Rates

Category Description	**Vacancy rate May 2018**	**Vacancy Rate March 2022**

Senior Management (levels 13-15)	32,2%	19,4%
Middle Management (levels 11-12)	23,2%	14,6%
Junior Management (level 9-10)	27,7%	17,0%
Production (level 1 to 8)	16,5%	9,5%
Total vacancy rate	**18,7%**	**10,8%**

Table 3.1 below shows the extent to which clinical posts at service delivery level were prioritized.

Table 3. 1 Clinical appointments vs total appointments

Permanent health related appointments vs permanent total appointments						
Fin year	**Total Appointments**	**Total Cost**	**Total Health Related Appointments**	**Total Cost**	**% Health related against total appointments**	**% Cost against total cos**
2018/19	1055	R 272 672 898	1019	R 257 603 703	96,6	94,5
2019/20	3330	R 711 694 281	1352	R 442 208 268	40,6	62,1
2020/21	1566	R 412 780 857	1010	R 311 612 700	64,5	75,5
2021/22	1121	R 352 033 965	600	R 263 595 237	53,5	74,9
Total	**7072**	**R 1 749 182 001**	**3981**	**R 1 275 019 908**	**56,3**	**72,9**

PMDS

The NWDoH adopted the newly reviewed provincial PMDS policy to ensure good practices in line with DPSA directives.

Training of staff and managers on the revised PMDS policy took place.

Performance Agreements of all senior managers were reviewed.

The database on PMDS status in the NWDoH for 2015/16 and 2016/17 performance cycles were sourced and a template to determine the status of PMDS for 2015/16 and 2016/17 was developed and completed.

A template that determined which employees were eligible for possible performance incentives was developed and populated to obtain the required information. A performance moderation schedule for outstanding assessments was developed and implemented. The backlog assessments from 2015/16 were completed and relevant incentives were awarded to employees. PMDS assessments and payment of rewards have been concluded up to 2017/18, with a few remaining backlogs that are being addressed. Assessments and moderation for 2018/19 and 2019/20 cycles were concluded and payments were done. This means that the Intervention has eradicated the backlog and brought the PMDS process in the NWDoH up to date.

Individual cases of backlog incentive payments that went back many years were dealt with on a case by case basis.

For the 2020/21 performance cycle, significant progress has been registered as 97% of assessments have been completed and rewards have already been processed, except for a few facilities/institutions which had exceeded their budgets for performance bonuses. Approval and processing of any outstanding rewards will be finalized during the 1st quarter of the 2022/23 financial year. Engagements are underway with trade unions to resolve any disputes arising from the outcomes of assessments processes.

Review of Organizational Structure

Engagements with labour and management on the revised structure's implications on personnel were completed. The business case for consideration by the Minister of Public Service and Administration was compiled. The revised organizational structure was approved by the MEC and the Minister of Public Service and Administration.

Non-OSD employee grade progression

Implementation of the Public Service Co-ordinating Bargaining Council (PSCBC) grade progression for non-OSD employees was established.

Overtime exceeding 30% of salary

An application to the Minister of Public Service & Administration (MPSA) for permission to deviate from the 30% limit for working overtime was approved for the 2018/19, 2019/20 and 2020/21 financial years.

Occupational Health and Safety

The occupational health and safety situation at the provincial office as well as at the Mmabatho Medical Stores was reviewed and reports, with recommendations, were compiled and implementation thereof started.

- *Occupational Health and Safety Risk Assessment*

  The department ensured that all its offices and facilities developed risk assessments and plans, which are monitored quarterly by compliance officers. As the COVID-19 pandemic hit South Africa, the government increased efforts aimed at strengthening workplace health and safety conditions so that employees are protected. To this effect, the Department of Employment and Labour and the DPSA published guidelines on how workplaces should prepare for COVID-19.

- *Leadership and Governance*

  The Occupational Health and Safety Act (Act 85 of 1993) (Act) is one of the acts that regulates compliances in workplaces and is based on the principle that work related hazards, risk and dangers should be addressed by good communication and cooperation between management and employees. The Act promotes a culture of health and safety and includes the appointment of health and safety representatives and the establishment of health and safety committees for workplaces with 20 or more employees. Employers and health and safety committees have legal duties and functions that must be complied with.

  The NWDoH has, to this effect, established the provincial Occupational Health and Safety Steering Committee headed by the Deputy Director General for Hospitals and Clinical Support Services. Other members are two senior

managers within the NWDoH and the four recognized provincial trade union's secretaries and chairpersons. The Administrator has further appointed 7 Compliance Officers for tertiary hospitals and colleges, head office and four districts. All districts have appointed committees from the district level to the clinic level, as have all hospitals with 20 or more employees. Standard Operating Procedures have been developed and approved for:

- Hazard identification and risk management;
- Compensation for occupational injuries and diseases management;
- Housekeeping;
- Contractor Management
- Waste Management.

- *Human Resources*
  The sub-directorate Employee Health and Wellness was upgraded to a directorate OHS and Employee wellness.
- *Health Information*

  To ensure proper OHS data management and to avoid the loss of data, a request for approval for the procurement of an Occupational Health and Safety information system (OHASIS) was made in March 2020. This process is currently being steered by the Chief Director Corporate Services in cooperation with the Chief Director Systems.
- *Training*
  OHS representatives, first aiders and fire fighters were trained by an accredited service provider in 2019, and in-house training is also offered to newly appointed officials. CPR training was offered to all employees in both 2019 and 2021. The OHS Indaba facilitated by the National Institute for Occupational Health (NIOH) held in 2018 and NIOH also trained professional nurses on HIV/TB management for HCW. Employees are also encouraged to join the training Webinars on OHS by NIOH, that have been held since 2020.

<u>CHW Contracts</u>

A one-year fixed contract for CHW was drafted. These contracts are renewable after 1 year. The validity of the UIF deductions was verified. The agreed stipend, as per Resolution 1 of 2018, was implemented. The NDoH, as well as the NWDoH, commits

to the principle that community health workers need to be formally employed. To this end, the NWDoH developed a costed proposal for such formal employment. This proposal has been approved in principle by the North West Provincial Executive Council. The NWDoH and the provincial Treasury, with the support of the NDoH and the National Treasury, must secure funding that will enable the formal employment of community health workers.

4.3 Finance and Supply Chain Management

Preliminary assessments at the start of the Intervention indicated that there was widespread collapse of internal governance structures and administrative processes. There was no effective SCM or expenditure and financial controls within the NWDoH. There was, evidence of insufficient performance monitoring and accountability structures, including poor records management. The findings of this preliminary assessment by the Intervention Team are supported by findings of the Auditor General of South Africa.

4.3.1 Finance and SCM Challenges before the Intervention

There was a high vacancy rate within the Finance Branch (18%), especially at middle management (22%) and senior management (78%) levels, which lead to weak internal controls. There was a lack of dedicated staff for contract management which lead to the irregular extensions of contracts.
There was no Inspectorate Directorate/pre-audit checking to enforce SCM legislation compliance.

The lack of consequence management and implementation of investigation recommendations contributed to non-compliance with finance and supply chain regulations.

The Intervention found that the NWDoH had an accrual of about R1.2 billion for the 2017/18 financial year. Accruals had been carried over for many years.

Budgets for specific line items was misallocated during loading in the new financial year (2018/19). NWDoH ran out of budget for key items by August 2017. There had been substantial increases, year-on-year, of accruals resulting in an accrual of R992m at the end of the 2017/18 financial year.

A large amount of payments to suppliers were made after the prescribed 30-day period Irregular expenditure going back to 2006 could not be resolved due to missing records, mainly related to infrastructure projects linked to five hospitals.

Supply chain regulations were frequently violated or circumvented by outsourcing the procurement function to third parties, rendering relevant officials in the Department ineffective. The Moepathutsi and Raliform contracts are examples of this.

Key service contracts (security, doctors' accommodation, pharmaceutical deliveries, maintenance of medical gas reticulation) were expired or about to expire, while the waste management contract was declared invalid by the North West High Court. These services could not be stopped and, accordingly, over the period of the Intervention, the irregular expenditure incurred by the NWDoH increased.

The NWDoH was failing to effectively manage its contracts, including outsourced services, with significant increase in allocations for outsourced services. Major contracts, such as Mediosa and Buthelezi, were already being scrutinised by the office of the Chief Procurement Officer.

4.3.2 Action taken through the intervention.

An Ideal Structure for Finance and Supply Chain was developed and implemented which lead to the advertisement and filling of posts in the finance unit. See Table 4 below for posts filled in the Finance Unit since the intervention started.

Table 4: Total posts filled in the Finance Unit since the Intervention started

FIN YEAR	CONTRACT		PERMANENT		Total Number	Total cost
	Number	Cost	Number	Cost		
2018/19	10	R 1 624 929			10	R 1 624 929
2019/20	4	R 94 812	12	R 3 851 682	16	R 4 546 494

2020/21				4	R	778 617	4	R 778 617
2021/22	4	R	700 026	6	R	1 974 441	10	R 2 674 467
Grand Total	**18**	**R**	**3 019 767**	**22**	**R**	**6 604 740**	**40**	**R 9 624 507**

A Situation Analysis of available skills for Supply Chain Management was done and a skills improvement plan developed and implemented.

The CFO established a forum with all units to confirm the correctness of budget allocation. A standard operating procedure (SOP) for payments was developed to put in place a system to ensure payments were made within 30 days. The department started the implementation of an automated invoice tracking system to assist with payments within 30 days.

An accrual payment strategy was developed and implemented and an invoice verification team from NDoH assisted in this regard. The verification process corrected invoices with adjustments amounting to R21.5m in favour of the NWDoH for the 2018/19 year alone. Ninety-six percent (96%) of accruals in the 2018/19 financial year were paid and there was no growth in accruals for 2018/19. This achievement was aided by weekly cash flow meetings and the verification of invoices over R200 000. There was an increase in accruals at the end of 2019/20 due to the understatement of accruals in prior years. An example of this is the July 2019 discovery (in a desk drawer) of pharmaceutical services invoices dating back to 2016. Table 5 below shows that accruals decreased in the 2020/21 financial year but increased in 2021/22. Table 6 reflects the specific areas contributing to the accrual for the 2021/22 year.

Table 5: Accruals in the NWDoH over the past four years

Table below sumarises the increase on accruals for the past four years

ECONOMIC CLASSIFICATION	2018/19 R'000	2019/20 R'000	2020/21 R'000	2021/22 R'000
Goods and Services	1 066 252	1 172 143	1 081 945	1 270 181
Interest and Rent on Land	4 585	5 970	2 495	4 302
Transfers and Subsidies	12 012	120	400	96
Capital Assets	115 761	61 847	30 137	48 335
GRAND TOTAL	**1 198 610**	**1 240 080**	**1 114 977**	**1 322 914**

Table 6: Areas Contributing to Accruals in the 2021/22 Financial Year

Analytical Review of Accruals

ITEM	2021/22 R'000	2020/21 R'000	VARIANCE R'000
Laboratory Services	299 497	199 932	99 565
Municipalities	47326	56 238	-8 912
Pool vehicles /Log sheets	98 061	74 292	23 769
Repairs and Maintenance	27 897	26 069	1 828
Medicine and Medical Supplies	221 796	278 943	-57 147
Interdepartmental claims	62 960	3 068	59 892
Capital Asset	48 335	30 137	18 198

The increase in the cost of laboratory services and cost associated with traveling are due to the management of Covid-19.

The NWDoH runs out of budget for its total medicine and security bill on a yearly basis. The pharmaceutical and security budget runs out in December/January of each financial year, causing a backlog in payments for orders and deliveries made (pharmaceuticals) and services provided (security) over the course of January, February and March of each year. When the NWDoH receives its new budget each April, the backlogs for January, February and March combine with current payments to form a bottleneck. This problem will only be solved when the NWDoH receives an additional amount to cover its full pharmaceutical budget.

We have had two negative experiences with the appointment of external companies to investigate irregular expenditure, these companies providing final reports were not usable. One of these companies made improvements to their final report, but consultation with the second company is ongoing at the time of thie Handover Report. Two investigators have been appointed on contract (level 12) to focus on irregular expenditure. This is going more slowly than desired because the workload is substantial.

The NWDoH has strengthened its internal control function to continue the work of the NDoH verification team.

The contract management process was reviewed, a SOP for whistleblowing was drafted (and was approved in 2021), investigations and disciplinary action commenced, and criminal cases were opened, where required.

For the 2021/21 financial year, the audit outcome of the NWDoH, an unqualified opinion, reflects an improvement when compared to the prior years. This is the first time in five years that the NWDoH received and unqualified audit opinion. This improvement was made possible through the NWDoH:

- Intensifying the review of the financial statements and timely submission to governance structures for review prior to submitting for audit;
- Submitting all the information to address the prior year qualification areas.

Table 7 below displays the audit outcomes for the NWDoH over the past three financial years.

Table 7: Audit Financial Year

2018/19 FY QUALIFIED	2019/20 FY QUALIFIED	2020/2021 FY UNQUALIFIED
Compensation of Employees	Compensation of Employees	-
Goods and Services	Goods and Services	-
Expenditure for Capital Assets	-	-
Commitments	-	-
Movable Tangible Capital Assets	-	-
Immovable Tangible Capital Assets	-	-
Contingent Liabilities	-	-

Key amongst ongoing weaknesses that still need to be addressed by the Department is to obtain a budget that will fully address its mandate as well as an improved records and document management system.

4.4 Service Delivery

The frontline workers of the NWDoH, although under the strain of shortage of staff equipment and supplies, continued to deliver services to the best of their ability to the communities of the Province. While attending to interventions required to strengthen the health system of the NWDoH, the following numbers of patients were taken care of in the health facilities of the North West Province:

- 2018/19 financial year the NWDoH enabled 7 445 963 visits to primary health care (PHC) facilities and 1 339 307 visits to hospitals
- 2019/20, the NWDoH facilitated 7 708 405 visits to PHC facilities and 1 445 303 to hospitals
- 2020/21 financial year, 6 300 025 persons were assisted in our primary health care facilities while 1 376 839 persons passed through hospital services.

- 2021/22 financial year, 6 605 539 persons were assisted in our primary health care facilities while 1 486 875 persons passed through hospital services.

Service delivery areas that were identified as needing urgent attention by the Intervention were:

a) The availability of medicine;
b) A lack of essential equipment;
c) Poor records management (administration and patient records);
d) Poor emergency medical services;
e) Poor quality of services at Mahikeng Provincial Hospital;
f) Poor infrastructure at specific hospitals; and
g) Suboptimal security services at facilities.

4.4.1 Service delivery challenges before the Intervention

The key challenges pertaining to these specific service delivery areas were:

a) Less than optimal availability of medicine and surgical sundries.

The Mmabatho Medical Stores were found to be severely mismanaged with regard to staff, stock and financial management.

Suppliers of medicines and surgical sundries were dissatisfied with the backlog in payments.

b) Lack of essential equipment in health care facilities

PHC facilities and hospitals lacked essential equipment.

c) Poor records management (administrative and patient)

Administrative and patient records were poorly managed. Staff responsible for the management of medical records did not have the necessary skills.
The Auditor General of South Africa, in its 2019/20 report, raised a number of findings on records management in the North West department of Health, highlighting that:

- Medical records issued from the filing system were not tracked to monitor the return and filing back of records;

- Annual clean-up procedures of medical record storage areas were not implemented;
- Poor storage practices in the storage rooms;
- Shortage of official stationary for medical records resulted in poor records management practices;
- Non-adherence to procedures for the archiving of eligible dormant medical records;
- Lack of training for staff members responsible for the management of medical records; and
- Lack of human resources to manage medical records.

d) Poor Emergency Medical Services (EMS) and Planned Patient Transport (PPT).

The EMS service in NWDoH was severely understaffed and short of vehicles. In addition, the staff qualification distribution was 50% Basic Ambulance Assistant (BAA), 31% (Ambulance Emergency Assistant (AEA) and 19% Emergency Care Technician (ECT). There were no operational Paramedics as posts had not been filled for last 3 years.

The average call rate for EMS was 615 calls per day, serviced by 62 provincial operational ambulances and 48 private EMS ambulances.

There were two contractual agreements with private service providers for aspects of EMS: A *Helicopter EMS contract* provided by Buthelezi EMS that was opted into through a Free State contract after the province declined to participate in the RT79-2015. The cost of the contract was R1,6 million per month, for the provision of 30 flying hours. Any flying time in excess of the 30 hours was billed at a fixed rate of R50 000 per hour.

An *order-based Contract for Inter-Facility Transfers* awarded to Highcare EMS for Kagisano Molopo sub-district and to Buthelezi EMS in the rest of the province.

EMS attended to 46% of urban P1 patients in 15 minutes and 56% of rural P1 patients within 40 minutes. That was against a national norm of 75% in both urban and rural settings.

There was no provincial structure, and the provincial head office only fills a high level coordination role.

The total ambulance fleet was 126 from which 89 ambulances were functional, with the remaining 37 ambulances dormant due to accidents and breakdowns. Despite 89 functional ambulances being available, only 62 were in operation due to the lack of staff.

None of the EMS vehicles had tracking devices installed, and this may have contributed to the inefficient use or the abuse of EMS vehicles, resulting in fruitless expenditure. This was exacerbated by the lack of digital communication with ambulances.

The EMS communication centres did not use a computer aid dispatch system.

There was no centralized budget for PPT except for vehicle purchases.

There were 44 vehicles available for PPT use but these were not in operation due to a lack of staff.

The PPT call rate was unknown due to the fragmented nature of the service. PPT staff members are either employed as PPT drivers in EMS or by the different hospitals or sub-districts. There was poor coordination of patient movement between facilities. The provincial policy did not adequately address coordinated patient referrals.

e) Poor quality of services at Mafikeng Provincial Hospital

Mafikeng Provincial Hospital was in an unbearable state and reports showed that service delivery had deteriorated. Staff morale was very low, and communities had lost trust in services provided at the hospital.

HRM: The hospital did not have an appointed CEO and there was a lack of substantive skilled managers in general/support and clinical management.

There was a severe shortage of staff (clinical and support) in the hospital.

Infrastructure: The hospital buildings, including the nurses' home and houses for doctors, were in a dilapidated state.

Some areas lacked space, including maternity, orthopaedics, OPD, casualty, renal unit, paediatric and adult ICU, CSSD, and change rooms in theatre. There were no rooms for doctors.

The kitchen, laundry and mortuary were in a poor state.

Only one of the 3 boilers was operational (and this was sporadic) and autoclaves were poorly functioning.

The chiller plant was not connected to maternity, theatre, labour ward & the neonatal unit.

Voltage feed to power points (plugs) was too low in wards and there were insufficient wall connection points for medical gases and vacuum suction.

Equipment: There was a lack of essential equipment required to render the hospital a suitable training platform. Office furniture was dilapidated and there were no lockable cupboards for staff.

Transport: The PPT vehicles had exhausted their lifespan and there was no ambulance for stretcher cases (P3). The laundry truck and administrative cars had exhausted their life span.

Poor records management: Records were poorly managed in the hospital.

Referrals: Poor referral from district impacted negatively on the hospital.

No intercom system: There was no intercom system in the hospital.

f) Poor Infrastructure of health facilities

(i) Hospitals

Infrastructure for both PHC and hospitals was poor, with some buildings in a dilapidated condition, and a lack space to accommodate all services and staff.

At Job Shimankana Tabane Hospital casualty experienced problems with air-conditioning and space limitations, severe problems with electrical supply resulting in a notice from the Department of Labour, non-functional operating theatres, non-functional boiler, and no space for the management of obstetric cases.

Klerksdorp Hospital experienced serious problems with the renal dialyses unit as well as their boilers.

Christiana Hospital was generally dilapidated, with a particular sewerage disposal problem.

Schwiezer-Reneke Hospital had problems with the operating theatre and the flooring throughout the hospital.

Lehurutshe Hospital had problems with the operating theatre and water supply.

Potchefstroom Hospital had leakages in the roof of the theatre.

Witrand Hospital did not have a perimeter fence at the back which lead to electrical cables been stolen repeatedly.

Medical gas reticulation needed attention at all hospitals.

All of the above problems were exacerbated by a shortage of staff in the Infrastructure Unit. The vacancy rate for this unit was 51% in 2018.

(ii) PHC facilities

Adequate clinic space is a challenge in all districts in North West province. A report from the Ideal Clinic Realisation and Maintenance software indicated the total infrastructure areas that facilities were lacking out of 27 areas needed to deliver a quality health care service. The report showed that items relating to exterior space, such as parking areas, waste storage and drying areas, were the most common problems. Other areas that were not available included multipurpose meeting rooms, laundry, dirty utility room, facility manager's office, surgical store-room and treatment room.

A total of 125 facilities lacked 1 to 7 areas, 98 facilities lacked 8 to 14 areas, 34 facilities lacked 15 to 21 areas and 8 facilities lacked 22 to 27 areas.

g) Less than optimal security services at facilities

Strike actions from security guards because of non-payment left facilities at risk, and there was a general lack of security services at some facilities. Some Sub-districts experienced a number of security risks as a result of the strike – especially in Moses Kotane Sub-District and Ditsobotla Sub-District. During the period in question, the security budget was decentralized in Districts, Sub-Districts and Hospitals which was coordinated within 41 pay points in the Province. Security companies had not been paid for more than three months. At the sub-districts level no official was appointed or delegated to manage security services.

4.4.2 Action taken on service delivery through the Intervention

a) Availability of Medicine and surgical sundries

At the beginning of the Intervention (May 2018), medicine supply to the facilities of the NWDoH was already being managed by the NDoH as the Mmabatho Medical Stores (MMS) personnel had been on strike since February 2018. In addition, the MMS was guarded by the SAMHS because the safety of stock bad been threatened by striking staff and delinquent community members. The Intervention stabilised the situation, staff returned to work and the SAMHS guard was discontinued. The Administrator was inundated with phone calls from pharmaceutical suppliers complaining that they had not been paid for a long time, with several suppliers claiming that payment had been outstanding for more than a year. Following an investigation it was discovered that there were payments outstanding for more than four years. In February 2019, four NWDoH managerial staff members within the NW Pharmaceutical Services (the Chief Director, the Head of Pharmaceutical Services (HoPS), the MMS Manager and the Warehouse Manager) were suspended pending an investigation into misconduct. An acting HoPS, acting MMS Manager and an acting Responsible Pharmacist were appointed in March 2019 to maintain operational continuity at the MMS. The Administration commenced the process of sustainable pharmaceutical services management with the assistance of experts from two NGOs (The Health Systems Trust and The Aurum Institute).

A major achievement during the reporting period was the approval of the NW Provincial Pharmaceutical and MMS Organizational Designs by the Intervention Team. The proposed structure was presented to the MEC with recommendations on correcting staffing level anomalies. The proposed pharmaceutical organizational design was incorporated in the provincial departments overall structure and circulated by the Office of the Premier to provincial staff for input before finalization.

Right from the start, in May 2018, the Intervention, prioritized the correction of human resource and labour relations anomalies at the MMS and at provincial level, more broadly. This was especially important to strengthen the implementation of the 21 required processes (8 at the provincial level and 13 at the MMS). The NW Provincial Pharmaceutical and MMS's organograms were redesigned in accordance with DPSA

requirements, and financial resources were aligned to the new structures. Fifty-seven (57) job descriptions were assessed, revised, and submitted to better align roles and responsibilities within each of these organizational structures. An assessment to measure the existing and required qualifications for each position on the recommended structure was conducted.

Advertisements for vacant positions were finalised and posts were filled over the intervention period. The posts of an Assistant Director Finance, Deputy Director Pharmacy Manager, 4 Pharmacists, 4 Community Service Pharmacists, 9 Finance Interns, 2 Human Resources Interns, and 8 Auxiliary Officers who were on contract for many years had also been appointed permanently) have been appointed to strengthen processes at the MMS.

See Table 8 below on posts filled from 2018/19 to 2021/22.

Table 8: Post filled at the Mmabatho Medical Stores (2018/2019 – 2021/2022)

FIN YEAR	CONTRACT		PERMANENT		TOTAL NO.	TOTAL COST
	NO.	COST	NO.	COST		
2018/19	25	R 3 967 566			25	R 3 967 566
2019/20			12	R 4 163 112	12	R 4 163 112
2020/21	27	R 3 747 093	18	R 3 366 348	45	R 7 113 441
2021/22	1	R 316 791	2	R 1 085 052	3	R 1 401 843
Grand Total	**53**	**R 8 031 450**	**32**	**R 8 614 512**	**85**	**R 16 645 96**

A thorough situation analysis was done that resulted in a report that showed that the 13 key process pillars required for a medical depot to function optimally, were all missing in the operation of MMS.

The 13 key process pillars, which are essential to management of a medical depot, were consequently implemented. A Quality Management System (QMS) approach was used to address all non-compliant areas ranging from management responsibility, resource management, product realization, monitoring, measurement, and analysis. A Pharmaceutical Services Operational Plan aligned to the NW Annual Performance Plan (APP) was developed, approved and submitted to the NW Acting Chief Director

for Emergency and Clinical Services. The terms of reference of the Provincial Pharmaceutical Therapeutic Committees (PTC), which is responsible for the development of a provincial medicine formulary, was developed for the North West Province.

A training program and proposed framework aligned to the North West Human Resource Development (HRD) Guidelines was developed. The training program and proposed framework, approved by the HRD Deputy Directors and MMS management, strived to improve workforce skills and competencies. Training was conducted in the following areas: OHS, SOPs, good warehouse practice, change management, National Surveillance Centre (NSC) usage, stock-take processes, and HR administration.

A SOP (with specifically assigned tasks) for payments of pharmaceutical and surgical supply invoices were completed.

Medicine availability in hospitals improved from 65% in May 2018 to an average of 82% in 2019 to 77% in March 2020. Medicine availability in PHC facilities improved from 76% in April 2018 to 85% in February 2020. At the time of the finalisation of this report, the North West Province did not have a problem with medicine availability. Through the NWDoH's process for lodging general complaints at clinics and hospitals, persons who experience medicine shortages are informed on how to escalate this problem should they believe they do not get cooperation from the health facility which they are visiting. Of course, the Province will experience shortages of specific medications and medical equipment from time to time, when there is a national problem sourcing that specific medicine.

The NWDoH through the Administration developed and implemented an intervention plan based on an in-depth diagnostic assessment, conducted in 2018. The NWDoH has made strides in addressing medicine stock shortages in public health facilities as evidenced through the following:

a) The overall provincial medicine availability has reached 81% as per national essential list in the 3rd quarter of 2021/2022 and that has been maintained until end of March 2022.

b) Availability of Anti Retro Virals (ARVs), Vaccines and EPI has been maintained above 92% and Tuberculosis (TB) medicines above 82% since the 3rd quarter 2021/2022.
c) The department has spent the total R1,1 billion medicine budget that was allocated in 2021/2022 including settling of 98% of the accruals of R278million.
d) Furthermore, a total of 57 medicines accounts with suppliers that were put on hold (with limited deliveries or non-deliveries) in the beginning of the 2021/2022 financial year, were all reactivated, resulting in immediate improved medicine availability.

The NWDoH's efforts are focused on improving timeous supplier payments, invoice management (through reconciliation), proper stock management and timeous deliveries to facilities.

The Warehouse Management System (Oracle) were reviewed and optimized.

A SOP for Disposal of Expired and Unusable Medicines was developed.

To relieve pressure from the MMS in order to render it more capable of delivering medicines to its clients, a process of empowering the 7 large hospitals and two of the districts in the province, to obtain their medication directly commenced.

The NWDoH started the Basic Pharmacy Assistant Learnership project, through which 120 learners were trained to obtain a National Certificate in Basic Pharmacy Assistance. The duration of the training is twelve months.

b) <u>Essential equipment</u>

Health Technology Unit at provincial level

A Director for Health Technology (HT) was appointed on 1 February 2020 to manage equipment purchases for infrastructure projects. The NWDoH also appointed two Chief Clinical Engineering Technicians in acting positions in HT, while the formal recruitment process is in progress for three Biomedical Engineers, four Chief Clinical Engineer Technicians, six Clinical Engineering Technicians, seven Maintainers, and

six Administration Clerks.

Equipment lists for four facilities, were approved by the NDoH . Procurement of HT equipment commenced during the 2018/19 financial year and continued into the 2020/21 financial year. NDoH agreed with the NWDoH to utilize the previously approved equipment list for Brits Hospital to procure the outstanding equipment to enable the hospitals to operate to its full design capacity. The said equipment was procured during the 2018/19 financial year for Boitekong CHC, Brits Staff Accommodation, Bophelong Staff Accommodation, and
Jouberton CHC.

In the 2019/20 financial year equipment lists for various facilities were compiled and approved by the NDoH. Procurement of HT equipment for the seven facilities took place during the 2019/20 financial year and did continue into and overlap with the 2020/2021 financial year. These were Brits Staff Accommodation furniture (completion), Bophelong Hospital Staff Accommodation, Jouberton CHC, and
Boitekong CHC, Sekhing CHC, Mmabatho Nursing College and Excelsius Nursing College.

The HT Unit also developed four (4) Health Technology policies and send for approval to Policy and planning unit namely , Procurement of medical equipment policy, Receiving, installation and commissioning of medical equipment policy, Maintenance of medical equipment policy and Condemning and disposing of medical equipment policy.

List of essential equipment needs for PHC facilities was developed. Equipment for PHC facilities were purchased and the province also received donations from the NDoH.

c) Document and Records Management

The department is currently looking at affordable options for automating both patient and administrative document and records management. In the meantime, the following areas have been attended to.

Classification systems

The department has an approved file plan, however, it has to be reviewed to align it to the new structure. A file plan for MEC's office and the records control schedule were developed and approved. These file plans will assist with easy filing, retrieval, retention and disposal of specific records.

Policy, procedure manuals and standard operating procedures

A record management policy was developed and approved. Records management procedures, were reviewed and updated. All relevant stakeholders were represented during these reviews.

Training

The records management sub-directorate has conducted records and registry management courses to officials working with records in the department. Competent candidates are awarded certificates and those who are not yet competent are offered an opportunity to re-attend. The sub-directorate together with HRD has, since 2019, afforded over 200 employees an opportunity to attend a five-day SETA accredited records management course conducted by external service providers.

Compliance Monitoring

The sub-directorate has been inspecting more than one hundred facilities per financial year except for 2020/2021 owing to COVID-19 pandemic, written reports with recommendations were submitted to inspected facilities' management and relevant officials for implementation. Identified discrepancies (e.g. misfiling, missing registers, unavailable tools) that could be addressed during inspections were attended to immediately. Meetings were held with facilities' managers before and after inspections to address all issues that needed management intervention.

Disposal

The department has the programme in place to securely dispose of its ephemeral records, this programme involves an ongoing three year records disposal project that

employs contract workers in the departmental health facilities and offices. Inactive clinical records were successfully identified and appraised in ten (10) hospitals and 28 clinics. Two hundred and fifty three (253) linear metres of ephemeral records were destroyed from Tshepong hospital, and twenty eight (28) clinics from Mahikeng and Ramotshere Moilwa Sub-Districts. Retrieval and filing of files became easier and quick as more filing space was created as a result of the project, and as such patient waiting time was reduced in some facilities. Identified misfiling was also corrected during the process.

Departmental records management forum

The sub-directorate established a functional department records management forum which consists of officials from hospitals, districts and sub-district offices. Forum members serve as the link between facilities and the sub-directorate. The forum meets four times a year and discusses all issues relating to records management in facilities and offices, but could not meet in 2020/2021 due to COVID-19 pandemic. The forum has over the years established task teams whose focus were to attend to specific activities and provide feedback. The forum has also been responsible for the development and review of the records management policy and procedure manuals.

Information sessions and records management awareness

Change and awareness must happen on all levels within the department. Managers, supervisors and other leaders in the department needs to be well informed and enthusiastic about records management for their subordinates to be likely follow suit. In an attempt to address this the sub-directorate initiated information session campaigns. The campaigns were developed for and attended by officials in supervisory and managerial positions including health professionals to make attendees aware of the importance of their buy-in and support in records management programmes and activities. The sub-directorate further held one on one information sessions with facility managers when conducting inspections. Records management awareness campaigns were also held and attended by departmental staff in general and presentation slides were disseminated to all departmental employees.

<u>d) Emergency Medical Services (EMS) and Planned Patient Transport (PPT).</u>

This situation has not been perfected but the Intervention improved the resources for EMS significantly.

A functional organogram for EMS was developed and essential posts were filled. See Table 9 below.

Table 9: Total Emergency Medical Services posts filled from 2018/19 till 2020/21

FIN YEAR	CONTRACT		PERMANENT		TOT NO	TOTAL COST
	NO	COST	NO	COST		
2018/19			12	R 2 738 235	12	R 2 738 235
2019/20	6	R1 063 650	148	R 29 612 793	154	R 30 676 443
2020/21	23	R 3 367 869	18	R 5 177 778	41	R8 545 647
2021/22	2	R 291 534	32	R6 432 441	34	R 6 723 975
Grand Total	**31**	**R 4 723 053**	**210**	**R 43 961 247**	**241**	**R 48 684 300**

The tender for a comprehensive EMS Communication Solution, which includes digital telephone, computer aided dispatch and vehicle tracking components, was advertised in July 2020, however, in January 2021 the departmental bid adjudication committee had recommended that it be re-advertised due to non-responsive bids received, and has also recommended that a proper market analysis be done and the project be moved to IDTS.

An EMS communication system was implemented. A vehicle tracking system for vehicles was installed. New EMS vehicles were procured and the NWDoH made a deliberate effort to decrease basic ambulance assistants (BAAs) while increasing the number of more skilled categories of EMS officers. See Table 9 below for progress from 2018 to 2021 in this regard.

Table 9: Progress on EMS

Total Operational staff	May 2018	May 2021	May 2022
Basic Ambulance Assistant	50%	47%	53%
Ambulance Emergency Assistant	31%	36%	18%

Emergency Care Technician	19%	13%	10%
Operational Paramedic	0	4%	2%
Average Call rate per day	615	800	910
Total Ambulances	126	163	160
Total Operational Ambulances	62	82	77
Forensic Services Vans	17	28	27
Operational Patient Transport Vehicles	0	44	32
Urban persons reached within 15 minutes (National Norm)	46%	(revised to 30min) 67%	60%
Rural Persons reached within 40 minutes (National norm)	56%	(revised to 60min) 77%	89%%
Vehicles with tracking devices	0	47	193

e) Mafikeng Provincial Hospital

The Minister of Health seconded a member of the Intervention Team to Mafikeng Provincial Hospital as an Acting CEO, for six months from April to September 2019 whiles the process of filling the post of CEO was on its way.

An Action Plan was developed and implementation thereof started, to restore the facility to optimal functionality and thus improve the quality of care. The action plan focused on five areas, namely; human resources including management and labour relations, infrastructure, equipment, transport, and medicine availability.

Human Resources:

Management meetings including clinical management meetings, staff meet management meetings as well as regular meetings with the labour unions were revived which stabilises the labour environment in the hospital.

Backlog on OSD translations especially for professional nurses commenced.

The process of reviewing the performance agreements of all categories of employees commenced.

The recruitment process for advertised posts were started and appointments were done. See Table 10 below.

Table 10: Total Mafikeng Provincial Hospital posts filled

FIN YEAR	CONTRACT		PERMANENT		PART TIME 5/8		SESSION	
	NUMBER	COST	N0	COST	NO	COST	NO	COST
2018/19	12	R 8 585 178	8 0	R 16 640 028			2	R 784 160
2019/20	23	R20 157 648	1 4 3	R 31 365 216	1	R 691 275	3	R 1 874 912
2020/21	141	R46 903 371	5 2	R 21 678 951			3	R 1 477 968
2021/22	10	R 9 029 832	1 2 1	R 36 443 637			3	R 1 769 664
Grand Total	**186**	**R84 676 029**	**3 9 6**	**R 106 127 832**	**1**	**R 691 275**	**1 1**	**R 5 906 704**

Infrastructure

The casualty of the hospital was revamped and collapsed ceilings in some wards were replaced. Maintenance material and equipment were purchased, and small-scale maintenance (internal) commenced. Two autoclaves where fixed and a reverse osmoses plant was installed at theatre. Non-functional oxygen points were repaired, and additional oxygen points were installed where needed. The process of replacing two of the three boilers commenced.

Equipment

The hospital required and purchased the following equipment: 7 incubators, 2 colposcopies, 4 delivery beds, 5 suction machines, 22 cardiac monitors,2 blood gas analysers, 1 fluid warming cabinet and 2 diathermy machines. A tractor for garden services was also purchased.

Transport

Two Planned Patient Transport vehicles were secured.

Medicine availability

Appointment of Pharmacist were done to secure and improve medicine availability in the hospital.

f) Infrastructure of health facilities

A ten-year maintenance and refurbishment plan for infrastructure has been completed. Infrastructure priorities change from time to time and therefore the plan has to be updated in cooperation with the hospital and district health services branches on an annual basis.

The SCM guideline for procurement of infrastructure related services were reviewed to align with a revised Standard for Infrastructure Procurement and Delivery Management (SIPDM).

The Maintenance Policy for infrastructure was reviewed and the allocated budget for maintenance will be monitored by Director: Engineering & Maintenance.

Infrastructure Achievements:2018/19

The NWDOH started the 2018/19 financial year with accruals of R156 676 720.21 from the 2017/18 financial year and at the end of the financial year R156 149 917.94 (99.7 %) of accruals was paid.

At the end of the financial year the NWDOH spent 93% of its Infrastructure budget. The shortfall was mainly caused by under spending on medical equipment and compliance queries raised and not resolved during the financial year.

Projects (Capex) which were under construction for the 2018/19 financial year included Boitekong CHC (upgrade), Jouberton CHC (new), Mmabatho College of Nursing (upgrade), Sekhing CHC (new), Mmakaunyane Clinic (replacement), Excelsius College of Nursing (upgrade), Moses Kotane Hospital Sewer Treatment Plant (replacement).

Projects that have been completed during 2018/19 financial year included Brits Hospital Staff Accommodation (new), JST Hospital Repair and Maintenance – HVAC, Madikwe Clinic.

Maintenance projects which were under construction included Schweizer Reneke Hospital and Mafikeng Provincial Hospital. Maintenance projects which were completed during 2018/19 financial year included Moses Kotane Hospital, Lehurutshe Hospital and Gelukspan Hospital.

The Department ring-fenced statutory maintenance budget through boilers and stand-by generators term contracts and has entered into a Protocol Agreement with National Department of Health (NDOH) which assisted in terms of procuring 8 new boilers for facilities in Ngaka Modiri Molema and DR Ruth Segomotsi Mompati Districts during the beginning of financial year 2019/20. Boilers in Klerksdorp/ Tshepong Complex will also be fully refurbished according to the signed Protocol Agreement, Boilers in Bojanala will be assessed in the financial year 2019/20. Furthermore, the maintenance of boilers in the Province will be covered for the next three years starting 2020/21 financial year under the Protocol Agreement.

The posts of Director Infrastructure Delivery was filled (1 April 2018) and Director Engineering Services (01 June 2018). Other posts that were approved and accepted by the candidates are those of Chief Mechanical Engineer and Chief Electrical Engineer. The Department experienced the resignation of one (1) Chief Architect and one (1) site Project Manager due to the market pressure.

Infrastructure Achievements 2019/20:

Accruals of R87 776 797.85 (98.7%) relating to infrastructure projects from the 2018/19 financial year were paid. The Department spent 86% of its infrastructure budget in the 2019/20 financial year. The shortfall was mainly due to poor contractor performance in respect of projects under implementation, including maintenance and a delay in finalizing projects under planning.

Projects (Capex) which were still under construction included the upgrade of Mmabatho College of Nursing, the construction of new Sekhing CHC, the upgrade of Excelsius College of Nursing, and the replacement of Moses Kotane Hospital Sewer Treatment Plant.

Projects that have reached practical completion during 2019/20 financial year included Madikwe Clinic, Boitekong CHC (upgrade), Jouberton CHC (new), Mmakaunyane Clinic (replacement) and Moshana Clinic (replacement).

Posts that were approved and accepted by the selected candidates in the 2019/20 financial year included Chief Construction Project Manager, Construction Project Manager, Chief Architect, Architect, Chief Quantity Surveyor, Chief Electrical Engineer and Deputy Director Finance.

The Department experienced the resignation of one (1) Chief Electrical Engineer, who cited family matters as a=their reason for resignation.

Infrastructure Achievements 2020/21:

The NWDoH started the 2020/21 financial year with accruals of R88 776 797.85 regarding infrastructure projects, and at the end of the financial year R86 593 441.89 (98.7%) of accruals were paid after the legitimacy of the invoices was established. NWDoH spent R431,630,663.43 of the total budget allocation of R678,467,000.00 (64%) for the 2020/21 financial year. The shortfall was caused by SCM processes which, due to lockdown restrictions, delayed the award of contracts. Accordingly, projects had postponed start dates, resulting in under-expenditure.

Projects (Capex) which were still under construction included the upgrade of Mmabatho College of Nursing, the construction of New Sekhing CHC, the upgrade of Excelsius College of Nursing, creation of an additional 32 beds' space at JMMH, Ventersdorp CHC Bulk Pharmacy, and Delareyville CHC Bulk Pharmacy.

Projects that have reached practical completion during 2020/21 financial year included General De La Rey Hospital HVAC, Lehurutshe Hospital heating, ventilation and air-conditioning (HVAC), Schweitzer Reneke Hospital HVAC, Mahikeng Provincial Hospital HVAC and Moses Kotane Hospital Sewer Treatment Plant.

Maintenance and refurbishment of facilities across the province for the 2020/21 financial year:

- Borakalalo CHC - water leakage;
- General De La Rey District Hospital - plumbing and borehole;

- Atamelang CHC - roof refurbishment;
- Lehurutshe Hospital - replacement of palisade and repair of main gate;
- BPH - repair of shutter roller;
- MPH and Gelukspan - maintenance of water sewage;
- Tlhapeng Clinic - partitioning and fitting of reception;
- Mmasebudule Clinic - repairs and maintenance;
- Ganyesa Hospital, JMMH, Taung Hospital, MPH and JST - repairs and maintenance; refurbishment of medical gas reticulation for medical wards dedicated for the treatment of COVID-19. .

District Infrastructure forums were established to discuss all related infrastructure issues and to allow for information sharing.

At provincial level, posts in the Infrastructure Unit were filled to strengthen the capacity of this unit (ee below Table 11).

Infrastructure Achievements 2021/22:

Planning for the following projects was concluded in the 2021/2022 financial year and were submitted for procurement of construction services:

- Construction of new Motswedi Clinic;
- Gelukspan Hospital upgrade;
- Construction of Bophelong Hospital Phase 3;
- Potchefstroom Hospital Casualty Ward upgrade;
- JST ICU upgrade;
- JST Mental Health Unit refurbishment;
- Boitekong CHC Mental Health Unit refurbishment;
- Itsoseng CHC Water Supply.

Projects that were completed during 2021/22 financial year include the following:

- JST Gynaecology ward upgrade;
- Provision of park home in Health Facilities in the North West Province (5 out the 11 park-homes reached practical completion).

Maintenance projects that were under planning in the 2021/2022 financial year, and where planning was concluded and plans submitted for procurement of construction services include following:

- Taung Hospital;
- Ganyesa Hospital;
- Sesobe Clinic;
- Lehurutshe Hospital phase 2;
- Koster Hospital.

Maintenance projects which were completed during 2021/22 financial year include:

- Witrand Hospital maintenance;
- Brits Hospital chillers; and
- Nic Bodenstein Hospital chillers.

Additionaly, generators were installed at the following facilities:

- Pudumoe CHC;
- Morokweng CHC;
- Schweizer Reneke Hospital;
- Mafikeng Provincial Hospital;
- Manthe CHC;
- JST Hospital;
- Huhudi Clinic;
- Pella CHC;
- Motlhabe Clinic;
- Madibeng District Pharmacy;
- Segametsi Clinic;
- Tselelopele CHC;
- Boikhutso Clinic;
- Mokgola Clinic;
- Kgotso Clinic;
- Goedgevonden Clinic;
- Lonely Park Clinic;
- Mogopa Clinic;
- Welgevonden Clinic;

- Ramatlabama CHC;
- Boikhutsong Clinic
- Kgakala Clinic;
- Mabeskraal CHC;

Table 11: Total Infrastructure Unit posts filled

FIN YEAR	CONTRACT		PERMANENT		TOT NO	TOTAL COST
	NO	COST	NO	COST		
DIR:CAPITAL PLANNING	**1**	**R173 703**	**3**	**R1 396 248**	**4**	**R 1 569 951**
2018/19			1	R 762 144	1	R 762 144
2019/20	1	R 173 703	2	R 634 104	3	R 807 807
DIR:HOSP REVITE	**2**	**R 2 907 792**	**17**	**R14 303 637**	**19**	**R 15 211 429**
2018/19	1	R 1 278 444	4	R 3 924 186	5	R 4 202 630
2019/20	1	R 1 629 348	8	R 6 519 918	9	R 8 149 266
2020/21			1	R 733 257	1	R 733 257
2021/22			4	R 3 126 276	4	R 3 126 276
Grand Total	**3**	**R3 081 495**	**20**	**R 15 699 885**	**23**	**R 18 781 380**

Table 11 above shows that 20 permanent posts were filled over the past 4 years. This brought the vacancy rate for this unit down, from 51 % in 2018 to 45% in 2022. The filling of posts in this unit still needs attention. The low decrease in the vacancy rate over the 4 years (6%) is an indication of how difficult it is to attract and retain skills in a rural province like North West.

An ideal structure for maintenance personnel at all levels was part of the organisational structure approved in 2020.

A report from the Ideal Clinic Realisation and Maintenance software shows a decrease in the number of PHC facilities that lack space to deliver a quality health care service. Table 12 below shows the improvement.

Table 12: Comparison of space unavailability in 2018 against 2021

No. of Fac with item not available	Bojanala Platinum			Dr K Kaunda			Ngaka Modiri Molema			Ruth Segomotsi Mompati			North West		
	2017	2020	2021	2017	2020	2021	2017	2020	2021	2017	2020	2021	2017	2020	2021
Facilities with 1-7 items not available															
1	13	12	15	4	2	3	4	4	6	4	7	10	25	25	34
2	6	9	12	5	2	3	8	3	3	4	7	5	23	21	23
3	4	11	10	3	3	2	7	7	7	2	3	3	16	24	22
4	4	11	11	3	3	16	9	8	5	3	5	2	19	27	34
5	2	6	7	6	4	1	3	5	4	3	3	3	14	18	15
6	9	6	8	2	4	2	5	6	7	1	1	2	17	17	19
7	6	7	6	2	2	1	1	5	8	2	2	1	11	16	16
TOTAL	44	62	69	25	20	28	37	38	40	19	28	26	125	148	163
Facilities with 8 - 14 items not available															
8	8	7	7	3	4	9	5	6	2	5	1	3	21	18	21
9	6	2	2	0	2	1	4	3	1	4	1	0	14	8	4
10	3	2	6	1	3	1	5	4	5	3	1	2	12	10	14
11	7	4	3	0	0	1	3	0	3	4	2	1	14	6	8
12	7	1	2	2	2	1	2	1	3	4	1	1	15	5	7
13	3	1	2	2	2	0	6	1	2	0	1	0	11	5	4
14	6	0	1	0	1	0	4	3	1	1	0	0	11	4	2
TOTAL	40	17	23	8	14	13	29	18	17	21	7	7	98	56	60
Facilities with 15 to 21 items not available															
15	3	1	1	0	1	0	0	2	4	1	2	0	4	6	5
16	0	2	1	2	0	0	4	2	3	0	0	0	6	4	4
17	5	1	1	0	0	1	3	1	0	0	0	0	8	2	2
18	1	1	0	1	0	2	3	1	0	1	1	0	6	3	2
19	2	1	0	0	0	0	0	1	1	2	0	0	4	2	1
20	0	0	0	0	0	1	1	0	0	2	0	1	3	0	2
21	2	0	1	0	0	0	0	1	0	1	0	0	3	1	1
TOTAL	13	6	4	3	1	4	11	8	8	7	3	1	34	18	17
Facilities with 22 to 27 items not available															
22	0	0	1	0	0	0	2	0	0	0	0	0	2	0	1
23	1	0	0	0	0	0	1	0	0	1	0	0	3	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	2	0	0	0	0	0	0	0	0	0	0	0	2	0	0
26	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0
27	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0
TOTAL	4	0	1	0	0	0	3	0	0	1	1	0	8	1	1
Grand TOT	**101**	**85**	**97**	**36**	**35**	**45**	**80**	**64**	**65**	**48**	**39**	**34**	**265**	**223**	**241**

The Ideal Clinic Realisation and Maintenance (ICRM) programme was developed and implemented to systematically improve PHC facilities and the quality of care they provide. The quality of care provided at PHC facilities is measured through the Ideal Clinic (IC) framework that sets out the standards for PHC facilities to provide good-quality health services. An IC is defined as a clinic with good infrastructure, adequate staff, adequate medicines and supplies, good administrative processes, and sufficient adequate bulk supplies. In an IC, applicable clinical policies, protocols and guidelines are adhered to, and the clinic harnesses partner and stakeholder support. In 2014, the Presidency added a further dimension, of client satisfaction, and defined it as a facility that the majority of its users are satisfied with. The IC framework is used to conduct status determinations at PHC facilities. PHC facilities go through four different assessments in a year to see progress on Ideal Clinic. The four assessments are:

1) A self-assessment;
2) Assessment by a district Perfect Permanent Team for Ideal Clinic Realisation and Maintenance (PPTICRM);
3) Cross district Peer Reviews (PR); and district
4) Peer Review Update (PRU).

Since the start of the IC assessments, in the 2015/16 financial year, there has been an improvement in the total number of PHC facilities that achieved IC status. With the update of the Ideal Clinic Manual and Framework, some facilities lost their IC status. Over time, most of the facilities that lost their status after the update regained it. With the introduction of the Version 19 for PHC Clinics and Version 1 for CHCs and the alignment with the norms and standards used by the Office of Health Standards Compliance (OHSC) as regulated, non-negotiable vital elements were added to the IC framework. The outcome of status determination by PPTICRM for the 2020/2021 financial year shows a total of 26 facilities in the NW province lost their IC status because of not achieving 100% for non-negotiable vital elements. The province will therefore have to work on the identified areas to regain their ideal status. Table 12.1 below shows progress on IC for the 2017/18, 2018/19, 2019/20 and 2020/21 financial years.

Table 12.1: IC status for 2018/19, 2019/20 and 2020/21.

NW PHC Facilities with IC Status				
	2017/18	2018/19	2019/20	2020/21
Total number of Facilities	308	308	308	310
Number of IC	121	141	173	147

% of IC	39,00%	46%	56%	47%

g) Security services at facilities

Security services have been stabilised after centralising the payment of security companies at the provincial level. Sub-district Security Committees were established to ensure Security Attendance Registers are submitted to Head Office to enable the prompt processing of invoices.

An SOP for Reporting of Security breaches was developed. Implementation commenced in the 2021/2022 financial year, aimed at ensuring that all security breaches are reported and dealt with appropriately.

The Department developed a three-year insourcing plan which will be implemented incrementally, in collaboration with Provincial Treasury.

4.5 ICT Infrastructure

4.5.1 ICT Infrastructure challenges before the intervention

There was a shortage of staff in the ICT unit at provincial level and in districts. The ICT infrastructure was outdated, causing poor connectivity at health care facilities.

Key processes in the department were not automated.

4.5.2. Action taken on ICT Infrastructure through the intervention

While the NWDoH is still in the process of completing its framework for renewing ICT infrastructure and its strategy for process automation, the following have been achieved with the unit's limited budget, aimed at ensuring the maintenance of key operations:

Posts filled

The NWDoH commenced with the process of filling the posts of Assistant Director Projects, Chief Network Controller and 2 Network Controller posts. See Table 13 below for the total posts filled across financial years 2018/19 and 2020/21.

Table 13: Total ICT services posts filled

FIN YEAR	CONTRACT		PERMANENT		TOTAL NO	TOTAL COST
	No	COST	NO	COST		
DIR:INFORMATION COMMUNICATION TECHNOLOGY	**4**	**R 809 982**	**3**	**R 625 752**	**7**	**R 1 435 734**
2018/19	2	R 392 814			2	R 392 814
2019/20	-	-	-	-	-	-
2020/21	2	R 417 168	3	R 625 752	5	R 1 042 920
2021/22	-	-	-	-	-	-
Grand Total	**4**	**R 809 982**	**3**	**R 625 752**		**R 1435 734**

Patient Administration and Billing To ensure maintenance of Patient Administration and Billing (PAAB) at the hospitals, uninterrupted power supplies (UPS) were procured and installed for the PAAB servers.

The support and maintenance contract for the PAAB system needs to be renewed. The NWDoH has advertised a tender which has passed through evaluation. The evaluation was completed, and a service provider was appointed.

Computer Hardware

The National Department of Health (NDoH) supplied 123 computers with printers to run the Pharmaceutical Dispensing system (Rx Solutions). These computers were also configured to do offsite backups daily. All sites were upgraded to the new Rx Solution version 1.3, which enables the export of orders in an electronic format.

A total of 19 computers were configured and delivered to Sub-district offices for Tier.net to consolidate and export TB and HIV data to the District Health Information System (DHIS). Tier.net at Provincial, District and Sub-district offices were upgraded from version 1.12.6 to 1.12.8 to enable separate exporting of TB and HIV data to DHIS. Integration of TB and HIV data from platinum mines with Tier.net was conducted. Support for Tier.net remains inadequate and the NWDoH has to find a solution in cooperation with the NDoH.

The Drug Supply Management System (DSMS) contract has expired The Drug Supply Management System (DSMS) contract expired. A tender process was undertaken, and after the Departmental Bid Evaluation Committee approved the Bid Evaluation Committee's final report, the appointed service provider commenced work in April 2020. There is thus an active DSMS contract, and this is due to expire in 2023.

An electronic COVID-19 surveillance system was implemented to manage Covid-19 data. An electronic document tracking system to track incoming and outgoing correspondence was developed and implemented. A task management system to track tasks given to managers was developed and implemented. An invoice tracking system to monitor progress of payments was implemented. A database of unemployed health care workers was developed and is in the process of being activated. A debt management module at facilities, to improve collection of revenue, was introduced. The Department improved the network infrastructure at the Nursing College, installing North West Provincial Government wifi, that will assist staff and student to access network services using mobile devices. Aging equipment at Moses Kotane Hospital was replaced to improve network communication. Active Directory (AD) to enhance network security was implemented. Video conferencing platforms (Zoom and Microsoft Teams) were introduced to reduce direct human interaction during the Covid-19 pandemic.

4.6 Governance and Leadership

4.6.1 Governance and Leadership before the intervention

As evidenced by completed and current disciplinary cases, a number of inefficiencies occurred that bordered on dereliction of duty by managers.

There was a lack of clarity with regard to HR delegations and a number of technical positions reported directly to the MEC, leading to role conflict and problems with performance management.

There was a lack of clarity with regard to roles and responsibilities of Clinic Committees and Hospital Boards.

There was a lack of clarity with regard to risk identification and management.

4.6.2. Action taken on Governance and Leadership through the intervention

The Administration continues to work in line with existing NWDoH and NW Province's governance and leadership forums. A governance framework was developed. The newly appointed Director for Risk and Ethics Management will use this framework to evaluate governance practices within the NWDoH and findings will be implemented.

5. Dealing with the COVID-19 Pandemic

- The Administration, while effecting systems improvements in the six focus areas, also ensured that daily operations continued enabling the NWDoH to live up to its core mandate of providing health services to the NW communities:
    - 2018/19 financial year the Department enabled 7 445 963 visits to primary health care (PHC) facilities and 1 339 307 visits to hospitals;
    - 2019/20, the Department facilitated 7 708 405 visits to PHC facilities and 1 445 303 to hospitals;
    - 2020/21 financial year, 6 300 025 persons were assisted in our primary health care facilities while 1 376 839 persons passed through hospital services;
    - 2021/22 financial year, 6 605 539 persons were assisted in our primary health care facilities while 1 486 875 persons passed through hospital services.

For 2020/21 and 2021/22, these health services were provided against a backdrop of the NWDoH navigating its way through the COVID-19 pandemic, which it has, to date, done successfully.

Improvements that were brought about by the Intervention, especially with regard to appointing additional staff and infrastructure improvements, greatly assisted the NWDoH in managing the Covid-19 pandemic through three surges while still attending to other health needs of the North West communities. These improvements are also assisting the NWDoH in the implementation of its Covid-19 vaccination programme.

6. Key Issues that Remain to be Completed

I. *Facilitate the approval of the Ideal Organisational Structure for NWDoH:* This entails the provision of an adequate budget for compensation of employees.

II. *Correcting the budget baseline for the Department to eliminate the on-going problem of accruals:* In this regard the work done by Clinton Health Access (CHAI) and the report with recommendations from the current Public Finance Management Review of operations within the NWDoH (conducted in cooperation with National and Provincial Treasury) must be used to complete the motivation to the Treasuries to improve annual funding to the NWDoH. The NWDoH has been able to keep the annual accrual amount constant at around R1.2 billion and at the end of the 2020/21 financial year, even effected a decrease to lower than the accrual amounts for the 2018/19 and 2019/20 financial years. The NWDoH would be greatly assisted even if it only received a once-off injection of R1.2 billion to bring the accruals down to zero.

III. *Stabilisation of the pharmaceutical section*: This directorate, at the beginning of the Intervention, was plagued by an array of problems. See Section 4.4.1. These problems have been addressed within the limitations imposed by the fact that two senior managers of this service area are still undergoing a disciplinary process. The Mmabatho Medical Store however remains unable to seamlessly manage its

stockholding and payments. Payments to suppliers are late resulting in supplier deliveries to the Stores being put on hold with subsequent stockouts. This problem is currently being addressed with support from the Chief Financial Officer's branch. In addition, the district pharmacists are not controlling stock evenly across facilities in their districts. This is evident from the fact that within the same district a certain medication will be out of stock at some facilities while other facilities will have an abundance of the same medication. This issue has been repeatedly raised with District managers, yet the problem continues to crop up periodically.

IV. *Improve spending on infrastructure budget:* This entails filling vacancies in the infrastructure unit and removing barriers to spending.

V. *Automation of Records Management:* Funds must be obtained to incrementally automate both administrative and patient records in the NWDoH

VI. *Conclusion of key misconduct cases:* The cases of alleged misconduct of the Chief Financial Officer, the Director SCM, the Chief Director Pharmaceutical Services and the Head of Pharmaceutical Services must be completed.

7. Summary of impact

The labour environment has been stabilized and discipline is slowly returning to to the NWDoH in both the areas of financial misconduct and dereliction of duty.

Key management vacancies were filled and over 5000 permanent appointments were made with regard to frontline staff. Many NWDoH officials who were promoted to higher level positions. This contributes to staff satisfaction, stability and loyalty toward the Department.

The dismissal of the previous Head of Department sends a strong message that public service laws and regulations must be respected an adhered to. A Head of Department has been appointed and started working on 6 April 2021.

The interventions have directly touched the lives of the people of the province in a positive way. A few examples that are evident in the NWDoH's annual reports for the past four years are:

- Health professionals per 100 000 population have increased, rendering health facilities more responsive than what they were in 2018.
- Operating theatres were fixed, equipment was procured and specialists were appointed assisting hospitals to reduce their surgical backlogs:
    - This resulted in amongst others more hip and knee replacements;
    - More MRI scans were done, thus improving access to sophisticated diagnostic procedures;
    - The renal unit at Klerksdorp-Tshepong was upgraded assisting the province to have more people on renal dialyses
    - Orthopaedic surgeons were appointed leading to reduced backlog of operations and reduced waiting periods for orthopaedic operations;
- An Ophthalmologist was appointed at Mahikeng Hospital. This specialist performed more than 200 cataract operations in less than two months after her appointment in 2019, giving eyesight back to our older generation.

- Additional Internal Medicine specialists were appointed, resulting in improved clinical management processes and elimination of persons, in some of the large hospitals, sleeping on the floor while waiting for treatment. These specialists led COVID-19 management in the seven large hospitals.
- Other key appointments that were made to achieve a positive impact on service delivery include obstetricians, a dermatologists, a paediatricians, general surgeons, psychologists, speech and audiology therapists and family physicians.
- Administration clerks were appointed and this improved the functioning of the registries at the seven large hospitals.
- Managers were appointed for Quality Assurance in the seven large hospitals and this added further impetus to the hospitals' quality improvement drive.
- Administrative and support functions were also strengthened by appointing managers for corporate services and food service aids.

- To support key clinical processes and to ensure that our facilities live up to infection prevention and control principles, additional administrative staff, groundsmen and cleaning staff were also appointed.
- Space at primary health care facilities have been improved through infrastructure projects.
- Community health worker stipends were updated, and their contract was standardised.
- The department has made strides in addressing medicine stock shortages in public health facilities as evidenced through the following:
    - The overall provincial medicine availability has reached 81% as per national essential list in the 3rd quarter of 2021/2022 and that has been maintained until the end of March 2022.
    - Availability of Antiretrovirals (ARVs), vaccines for the Extended Programme on Immunization has been maintained above 92%, and Tuberculosis (TB) medicines above 82% since the 3rd quarter 2021/2022.
- The above was achieved by:
    - The department has spent the total R1,1 billion medicine budget that was allocated in 2021/2022, including the settling of 98% of the accruals (R278million).
    - Furthermore, a total of 57 medicines accounts with suppliers that were put on hold (with limited or non-deliveries) in the beginning of the 2021/2022 financial year were all reactivated, resulting in the immediate improvement of medicine availability.
- Through the NWDoH's process for lodging general complaints at clinics and hospitals, persons who experience medicine shortages are informed on how to escalate this should they believe they do not get cooperation from the health facility which they are visiting. The Province will experience shortages of specific items from time to time when there is a national problem with that specific medicine.
- The Department during the time of the Intervention purchased 191 EMS vehicles (100 ambulances, 44 patient transport vehicles, 20 forensic pathology vehicles, 25 response vehicles and 2 rescue vehicles). This greatly improved the responsiveness of EMS services in the province. As a control measure towards

better use of resources, the number of vehicles with tracking devices were increased from 0 in 2018 to 193 in 2022.

8. Lessons Learned

I. At the outset take the time to assess the scope of work as accurately as possible and plan accordingly. This will ensure that realistic timeframes and deadlines are set. Planning must go down to the level of an activity list with clearly assigned responsibility.

II. Prioritise the interventions because you will not be able to do EVERYTHING and address ALL weaknesses in the Department being placed under Administration.

III. Expect that there will be resistance and denial of service delivery collapse/maladministration from those who are placed under Administration. Focus on facts that are supported by evidence and the objectives to be achieved with the Intervention

IV. The resistance may result in an unhealthy environment and security risks for the Administration Team. Mitigation of the security risk comes at a financial cost but the safety of the Team needs to be secured.

V. The national department that assumes responsibility for the department being placed under Administration, should ensure that the intervention team is adequately resourced. The composition of the intervention team as well as availability of staff from the national department may pose a challenge. Specific intervention skills may then have to be sourced through contracting individuals or teams.

VI. The Intervention team should ideally be composed of individuals who are 100% assigned to the Intervention. It should not be officials who still have duties in the national department.

VII. As prescribed by the Constitution of the Republic of South Africa, government departments have a duty to provide specified services to the communities they serve. The Administration cannot simply be about balancing expenditure

against current budget but has to ensure that services are delivered within policy prescripts. As a key starting point, ensure that the organisation being placed under Administration has the structure required for it to adequately perform its functions. Obtain funding for key vacancies and fill those posts with adequately skilled persons.

VIII. Underfunding makes it very difficult for a department to fulfil its mandate and leads to an inability to have a suitable post structure, hampering the department's ability to be as responsive as required to deliver a comprehensive health service.

IX. In a health department many challenges are budget related. This is a matter that cannot be resolved over a short period, leading to lingering staff shortages and less than optimal infrastructure (buildings and equipment). In this regard meaningful support from national and provincial treasuries is key.

X. While core business units are the backbone of the department, the competence and integrity of finance and SCM managers is equally critical. Weaknesses in these areas must be prioritised from the start of an Intervention.

XI. Ensure that instructions and recommendations are valid and in writing. Do not act hastily on verbal or unwritten instructions. Make sure that policy prescripts and relevant regulations are followed.

XII. Constant, complete and honest communication is key. We found it useful to employ the NWDoH's current official communication forums and tools. A regular written update from the Administrator to all staff is also important.

XIII. Functional Governance Structures are important. Governance structures represent the communities and serve as one of the important channels of communication to communities.

XIV. Provincial Departments of Health need a strong Labour Relations Unit otherwise staff grievances and misconduct cases will be delayed creating a belief that the employer does not care about employees' wellbeing. This can create a culture of ill-discipline in the department.

XV. Progressive discipline and consequence management is key to orient employees appropriately, to restoring discipline and a good work ethic. Consequence management has to be embarked on after thorough deliberation and consideration of other options. Consequence management becomes difficult in a department where the Labour Relations Unit does not have the resources to perform their function. This should not be allowed to hamper the required consequence management activities as staff who are inclined to undertake activities relating to misconduct will take advantage of such situations, further threatening stability in the organization. This was the case in the NWDoH and so, while we were working on capacitating the Labour Relations Unit of the NWDoH, we obtained assistance from other national and provincial government departments. We also retained external legal services to deal with complex cases that involved senior managers.

XVI. Tardiness with regard to consequence management will lead to:

(i) The inability of the department to instil discipline in the organization;

(ii) An increased likelihood that employees will commit acts of misconduct, as a result of them knowing that there might not be consequences;

(iii) Selective discipline, as a weak Labour Relations Unit may prioritize certain cases considered important or particularly serious, which may lead to the neglect and delay of other cases;

(iv) A delay in prosecuting cases. which may arm employees implicated in misconduct with a defence that the employer has waived its right to discipline them. This is a defence in law that arises when an employer takes an unreasonably long time to charge employees;

(v) Adversely affect service delivery, as employees may be more likely to not perform their duties as required;

(vi) General lawlessness in the organisation.

XVII. A range of different types of delaying tactics employed by those who are undergoing a disciplinary process, significantly slowed down consequence management.

XVIII. The fact that good relations with organized labour (unions) should be maintained cannot be over emphasized.

XIX. Law enforcement agencies were found to be slow to respond. If this is because of a lack of capacity, it needs to be addressed.

XX. To ensure sustainability of the Intervention the department must be left with a strong management and leadership team which will continue to implement the improvement measures and ensure continuity. The competence, assertiveness and coherence of the senior management team is a key ingredient in preventing a collapse of discipline and due process, of the type that was seen in the NWDOH prior to 2018.

9. Conclusion and Way Forward

The NWDoH has been stabilised. Staff now use formal channels of communication instead of agitating in the streets. Strong governance practices are beginning to materialise and a solid foundation has been laid to prevent fraud, corruption and financial irregularities. Key vacancies have been advertised and filled. The process of consequence management has been commenced and will continue. The process of overhauling supply chain management has commenced. Firm and specifically costed plans are in place for infrastructure improvements and for improved records management. The process of overhauling pharmaceutical services has been commenced, but effective reform is hampered by the ongoing disciplinary process of both the director and chief director for pharmaceutical services.

Underfunding makes it very difficult for the NWDoH to fulfil its mandate. This leads to inability to have a suitable post structure, and hampers the NWDoH's ability to be as responsive as required to deliver a comprehensive health service. However as communicated in the introduction, these are processes that can be taken forward by a capable executing authority, Head of Department and executive management. The

North West Province has many dedicated, skilled and competent frontline workers. They should be continuously be supported by a stable NWDoH with well-functioning support services.