Report of the Portfolio Committee on Health dated 02 December 2022, as follows:-

1. Terms of reference

The terms of reference of the Committee were to conduct pre-visits In Joe Gqabi in preparation for the Taking Legislature to the People, with a view to check on challenges and successes encountered by the institutions. The visits were also meant to ensure that budget which was allocated to the Department was utilised for the intended purposes as passed by the Legislature, make findings and recommendations, and report to the House,

2. Method of Work

The Committee met with the Head Office, District officials, sub-district Managers, Hospital Boards, Clinic Committee Forums and Organised Labour from 10-14 October 2022.

3. The following institutions were visited

Sub-District offices, Tayler Bequest, Jamestown Hospital, Burgersdorp Hospital, Aliwal North Hospital, Maclear Hospital, ST Francis Hospital, and Steynsburg Hospital.

3.1 <u>District Office</u>

(1) Findings

(a) Joe Gabi District has since been battling with leadership crisis even at a time of the visit there was no permanent District Manager.

(b) The Department persists with the tendency of allowing people to act in positions for long periods and without acting allowances. Out of 21 clinics in the Sub-District only 7 have permanent Operational Managers

(c) Shortage of staff cuts across all categories of the sub-district, hospitals and clinics.

(c) Elundini sub-District has been operating without an HR personnel for the past nine (9) years and the post has been affected by the so called baseline and that has resulted to backlogs regarding benefits of the employees.

(d) Unavailability of a District Manager at Elundini has resulted to delays in appointments.

(e) The contract of the 9 clinics with pharmacy assistants is coming to end in March 2023 and those clinics would be left without anyone to dispense medicines.

(f) The Committee learnt with much disappointment the transfer of a General Director to Nelson Mandela Hospital.

(g) Sub-Districts will fall under hospitals but there is no implementation to that effect and there is no feedback from the Head Office so as to ease the stress on the affected officials.

(h) Most of the clinics do not have space and patients have to wait outside even on rainy and very hot days.

(i) There are Clinic Committee Members who have not been paid stipend and that dates back from those who were replaced by the election of new Clinic Committee Members.

(2) Recommendations

(a&d) The Department must urgently ensure that the vacant funded positions are permanently filled and further ensure that acting allowances that are due are paid to the deserving officials.

(e) The Department must start the processes of ensuring that these posts are permanent as non-availability of this category of officials will negatively affect the smooth running of the clinics.

(f) The Department must present a plan regarding Joe Gqabi General Director post, noting that the post was permanently filled.

(g) The Department must strengthen its communication strategy and must constantly report on progress made so as to ease the tensions on the affected officials.

(h) The Department must provide the facilities with park homes in the meantime it is in the process of coming up with permanent solution to the matter.

(i) The issue of stipend is legitimate and therefore it is illegal for the Department not to implement its own policies. The Clinic Committee Members must within two months be paid what is due to them.

3.2 <u>Hospitals</u>

Taylor Bequest, Maclear Hospital, Empilisweni Hospital, Burgersdorp Hospital Jamestown Hospital, Steynburg Hospital and Aliwal North Hospital.

(1) Findings

(a) There is no dentist at Tayler Bequest and patients have to travel to Matatiele or Maclear to access dental services.

(b) Most of the facilities have no nurses with specialities and the process of employing this category of officials takes too long such that the

facilities end up losing those to KwaZulu- Natal before the process is finalised.

(c) There are delays in delivery of the diesel as it is procured from Johannesburg.

(d) There are no X-Ray services in Taylor Bequest and patients have to be ferried 2 times a week to Maclear Hospital which also puts the burden on Maclear and also exposes patients to danger.

(e) Maclear Hospital was identified as a District Hospital but the Department does not treat it as such and that negatively affects the attitudes of the employees at the hospital. The organogram is not the same as other Districts.

(f) Failure of the Department to resource Maclear Hospital as the District Hospital has a ripple effect on the absorption of doctors due to unavailability of such posts in the organogram, one doctor left for Cape Town and the remaining one is willing to work at Maclear but there are no posts.

(g) The issue of unavailability of professional nurses at Maclear Hospital results to patients having to stay at the hospital without being given medicines.

(h) Maclear Hospital does not have a data capturer and that negatively affected the budget allocation as the statistics do not reflect the correct Bed Utilisation Rate.

(i) There is no proper fence at Maclear and as such the burglary is very rife.

(j) There is an unresolved land issue of Empilisweni Hospital and Dutch Reformed Church.

(k) There is absolutely no leadership at Burgersdorp Hospital such that at the time of visits the report was not ready.

(l) The pharmacist is acting as a CEO at Jamestown Hospital.

(m) Furthermore, the pharmacy at the same hospital is operating without a licence.

(n) There are serious infrastructural challenges such that the male ward is opposite the maternity ward.

(o) The mortuary at Aliwal North Hospital is non-compliant.

(2) Recommendations

(a) The Department must as a matter of urgency ensure that the hospital is provided with the dentist so as to maximise access to health care services.

(b) The Department must make sure that the process of recruitment is efficient and within the stipulated time frames.

(c) The Department must consider the option of utilising service providers within the Province to avoid all the unnecessary delays.

(d) The Department must ensure that there is an X-ray machine that is in working order at Taylor Bequests so as to avoid the inconvenience that emanates from the unavailability of such.

(e&g) The Department must ensure that the hospital is properly resourced as a District Hospital.

(h) The Department must urgently provide the hospital with the data capturer.

(i) The hospital must be provided with proper fencing so as to curb the burglary.

(j) The Department together with the municipality must ensure that the land issue is speedily resolved.

(k) The Department must ensure that there is leadership at the hospital in order to maintain stability.

(l) A permanent CEO must be employed as a matter of urgency so as to relieve the pharmacist from the burden.

(m) The Department must furnish the Committee with corrective measures that are aimed at ensuring that the pharmacy is operating with a licence.

(n) Urgent interventions must be made to address the challenge and restore dignity to patients.

(o) The Department must address the infrastructural challenges for the mortuary to meet the environmental standards.

3.3 Clinics

Ugie, Queen Noti, Ncembu, Maclear Town, St Augastine, Sonwabile, Empilisweni, Gqaqhala, Umnga Flats Clinics, Macacume, Venterstad, Tembisa, Khayamnandi Clinics.

(1) Findings

(a) Most clinics are still confronted with serious infrastructural challenges, which include inadequate space, non-availability of proper fence and unreliable water supply and dilapidated structures.

(b) The access road to Maclear clinic is in a very bad condition.

(c) Shortage of staff in most of the clinics resulted to patients having to wait a long time in queues.

(d) At Ugie there is only one toilet for females and males staff and is also shared with the patients.

(e) Medical waste is kept next to the toilet due to unavailability of store room at Ugie.

(f) Ugie community was promised in 2006 by the then State President of South Africa (Mr T Mbeki) that a proper CHC would be built but that never came to fruition.

(g) Empilisweni clinic is manned by an acting manager which makes it difficult to take decisions.

(h) Shortage of space at Ncembu Clinic has negatively affected privacy of the patients, as the clinic is utilising screens.

(i) Macacume Clinic is currently operating from a school.

(j) There are only four bulk fillers for all clinics in Burgersdorp.

(k) There is no visiting doctor and no basins for new babies at Venterstad.

(l) There are serious challenges at Tembisa raging from non-availability of structure, oxygen trolleys and gas refrigerators.

(2) Recommendations

(a) The Department must ensure that infrastructural challenges facing the clinic are addressed with immediate effect.

(b) The Department must make use of intergovernmental relations with a view to addressing the access road challenge.

(c) The Department must ensure that the challenge of staff is addressed as a matter of urgency for the smooth running of the government institutions.

(d) The Department must look at the option of providing Ugie with mobile toilets.

(e) The Department must ensure that proper waste storage is provided so as to uphold health standards.

(f) The Department must follow-up and ensure that this comes to effect given the fact that the municipality had already identified the land.

(g) The Department must ensure that there is a permanent manager at the clinic so as to avoid service delivery being compromised.

(h) The Department must furnish the Committee with a plan on how it intends to address the challenge of patient's privacy.

(i) The Department must as a matter of urgency address the issue of non-availability of the structure at Macacume.

(j) The Department must urgently provide clinics with sufficient bulk fillers to mitigate the risks of losing files.

(k&l) The Department must urgently address challenges at both clinics to improve the situation.

3.4 Emergency Medical Services

(1) Findings

(a) Due to serious staff shortage the EMS service is still reliant on overtime to maximise service delivery.

(b) Only 6 ambulances out of 13 are operational and this is attributed to serious delays in garage repairs.

(c) EMS officials have no cell phones as part of tools of trade and as such they utilise their own cell phones.

(d) There is no advanced life support and as a result a child passed away due to non-availability of the said skill.

(e) There is no Manager at Barkly East as a result the staff is managed by the Sterkspruit Management.

(2) Recommendations

(a) The Department must urgently address staff shortages in the EMS to alleviate the burden.

(b) The Department together with fleet must find a way of prioritising ambulances for repairs.

(c) The Department must display its commitment to service delivery by ensuring that the EMS staff is provided with cell phones.

(d) The Department must fast track the training and roll out of advanced life support personnel so as to avoid unnecessary litigations.

(e) The Department must as a matter of urgency ensure that there is a manager at Barkly East within 30 days.

4. General Findings

(1) Staff shortages cuts across all categories in most of the facilities including EMS.

(2) There is a challenge of medico-legal claims which are centralised at Head Office but the budget for the payment of such is taken from the allocation of the facilities and as such that negatively affects budget allocated to the facilities.

(3) The Department has a tendency of deferring replacement when an official has resigned, died or retired whilst the posts are funded. The delays result to these posts hitting "baseline".

(4) There is a serious challenge of stipends which are not paid to Clinic Committees and Hospital Board Members whilst these Members have worked for such.

(5) The infrastructure of most of the facilities is dilapidated and therefore poses a health hazard to both staff and patients which in turn will also lead to litigations.

(6) There is a challenge of accruals which are spiralling every year and therefore negatively affects budget allocated to all facilities.

(7) Most of the officials in most of the facilities are in acting capacity which makes it difficult for the decision making in those facilities.

(8) The Department is still using the 2007 organogram which no longer talk to current needs of facilities.

(9) Unavailability of network results to transversal systems being compromised.

(10) There are serious poor relations between the organized labour and the District Management.

(11) Joe Gqabi District is operating without ICU beds.

5. General Recommendations

(1) The Department must ensure that all facilities are provided with adequate staff for the smooth running of the facilities.

(2) The task team must fast track its processes of resolving the medico-legal claims as these are the biggest cause of the insufficient budget allocated to the facilities

(3) The Department must fast track the replacement of officials who have died, resigned or retired with a view to take off the burden of high vacancy rate from facilities which is emanating from the non-replacement of such officials.

(4) It is unacceptable and tantamount to unfair labour practice for a person to work without being remunerated and therefore they should be paid what is due to them.

(5) The Department must liaise with the Department of Public Works to assist in this regard so as to avoid being litigated whilst the Department is already over-burdened by medico-legal claims.

(6) The Department must ensure that accruals are attended to as a matter of urgency and service providers are paid within the stipulated timeframes so as to curb the issue of recurring accruals that negatively affect the budget allocated to facilities.

(7) All the vacant funded posts must be permanently filled within this financial year.

(8) The Department must ensure that there is a new approved organogram for the smooth running of the facilities.

(9) The Department in conjunction with OTP must speed up the broadband connectivity.

(10) The Department must facilitate sessions which are aimed at improving the relationship between the Department and the organised labour.

(11) The Department must ensure that ICU beds are available at Joe Gqabi.