THE PUBLIC PROTECTOR'S ADVISORY REPORT ON ISSUES AFFECTING SERVICE DELIVERY IN THE PUBLIC HEALTH SECTOR
INDEX

1. INTRODUCTION 3

2. POWERS AND JURISDICTION OF THE PUBLIC PROTECTOR 5

3. ISSUES RAISED WITH THE PUBLIC PROTECTOR BY MEMBERS OF THE PUBLIC AND HEALTH OFFICIALS 6

7. RECOMMENDATIONS 39

8. MONITORING 39
THE PUBLIC PROTECTOR’S ADVISORY REPORT ON ISSUES AFFECTING SERVICE DELIVERY IN THE PUBLIC HEALTH SECTOR

1. INTRODUCTION

1.1. The report is a culmination of a stakeholder engagement and dialogue by the Public Protector and her team (the Team) in 2013. The Public Protector visited all nine provinces and paid surprise visits to at least one healthcare facility in every province. At the healthcare facilities, the Public Protector engaged with both members of the public and officials working at the healthcare facilities. At all times, the Public Protector was also accompanied by officials from the national Department of Health.

1.2. The team visited the following healthcare facilities:

1.2.1. **North West**- Mafikeng Hospital on 4 July 2013;

1.2.2. **Mpumalanga** -Thubelihle clinic on 16 July 2013 and Themba Hospital on 17 July 2013;

1.2.3. **Western Cape**- Paarl Hospital and Phola Park clinic on 23 July 2013 and Brooklyn Clinic on 24 July 2013;

1.2.4. **Eastern Cape**- Butterworths Primary Healthcare Clinic on 30 July 2013 and Frere Hospital on 31 July 2013;

1.2.5. **Gauteng**- Leratong and Chris Hani Baragwanath hospitals on 5 August 2013;

1.2.6. **KwaZulu Natal** - Edendale Hospital on 13 August 2013, Konjeni Hospital on 14 August 2013, and Ngwelezane Hospital on 16 August 2013;

1.2.7. **Northern Cape** - Postmasburg Hospital on 20 August 2013 and Kimberley Hospital and Betty Gaetsewe Clinic on 21 August 2013;

1.2.8. **Limpopo** - Tshilidzini Hospital on 27 August 2013 and Mankweng Hospital on 28 August 2013; and

1.2.9. **Free State**- Bloemfontein National Hospital on 4 September 2013 and Mangaung University Community Partnership Project Clinic (MUCPP) on 5 September 2013.
1.3. In 2014 follow up visits were made to some of the healthcare facilities visited in 2013 in order to verify if some of the issues identified had been addressed. Interviews were also conducted with Heads of Department in provinces after the follow up visits to the healthcare facilities in 2014. During the follow up visits to the healthcare facilities in 2014, interviews were conducted with Chief Executive Officers of hospitals and their teams as well as healthcare workers in clinics.

1.3.1 In the main, the respondents raised issues relating to the state of public healthcare facilities such as cleanliness, infrastructure, and lack of equipment and peripherals and overcrowding in wards.

1.3.2 They also raised issues relating to quality of service such as long queues to consult and access medication, shortages of medication, delays relating to ambulances, staff shortages, especially healthcare professionals, (nurses in the main, as well doctors), and overcrowding in wards, operation hours of primary healthcare facilities, and staff attitudes.

1.4 During the surprise visits, members of the public and officials at healthcare facilities raised a myriad of complaints such as dilapidated and inadequate infrastructure, shortages of medication and other peripherals, queues to consult medical practitioners and to access medication, shortages of staff, shortages of ambulances, operating hours of primary healthcare centres, shortages of equipment, etc.

1.5 Most of the issues raised were common across all provinces and at all times, the Team was accompanied by officials from the National Department of Health. The officials from the Department indicated that none of the issues that were being raised were new, and that the Department was already aware of them. This is borne out by a report\(^1\) of an audit commissioned by the Department in 2011 that looked at two critical areas, namely:

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\(^1\) The Report is entitled *National Health Care Facilities Baseline: National Summary Report* and the audit commenced in May 2011 and was finalised in May 2012.
1.5.1 an audit of facility infrastructure, including the condition of land and buildings, access to water and electricity, condition of medical equipment, condition of surrounding roads and access to transport routes; and

1.5.2 an audit of services including operational times, workload, allocation and availability of personnel, and compliance to quality standards in the six priority areas identified by the Department which are:

a) Positive and caring attitudes;
b) Waiting times;
c) Cleanliness;
d) Patient safety;
e) Infection control and prevention; and
f) Availability of medicines and supplies.

2 POWERS AND JURISDICTION OF THE PUBLIC PROTECTOR

2.1 The Public Protector is an independent constitutional body established under section 181(1)(a) of the Constitution to strengthen constitutional democracy through investigating and redressing improper conduct in state affairs.

2.2 Section 182(1) of the Constitution provides that:

"The Public Protector has the power as regulated by national legislation –

(a) to investigate any conduct in state affairs, or in the public administration in any sphere of government, that is alleged or suspected to be improper or to result in any impropriety or prejudice;
(b) to report on that conduct; and
(c) to take appropriate remedial action".

5
2.3 Section 182(2) directs that the Public Protector has additional powers and functions prescribed by legislation.

2.4 The Public Protector is further mandated by the Public Protector Act to investigate and redress maladministration and related improprieties in the conduct of state affairs. The Public Protector is also given power to resolve disputes through conciliation, mediation, negotiation or any other appropriate alternative dispute resolution mechanism. Inherent in this legislative mandate, is the power to also determine and identify possible systemic deficiencies that warrant a systemic investigation.

2.5 The Department of Health is an organ of state and its conduct amounts to conduct in state affairs, as a result the matter falls within the ambit of the Public Protector’s mandate.

3 ISSUES RAISED WITH THE PUBLIC PROTECTOR BY MEMBERS OF THE PUBLIC AND THE OFFICIALS

3.1 Common issues

3.1.1 On analysis of the issues raised by members of the public and healthcare workers and officials, the issues were categorised into the following common themes:

3.1.1.1 Whether the state of some public healthcare facilities is impeding the optimal provision of healthcare services to the public; and

3.1.1.2 Whether services in public healthcare facilities are being provided in an optimal manner.
3.1.2 The issues were identified from the following interviews conducted with the officials:

3.1.2.1 Meeting with the Chief Executive Officer of Postmasburg Hospital on 4 February 2014;
3.1.2.2 Meeting with Mrs GE Matlaopane, Head of Department, Northern Cape on 5 February 2014;
3.1.2.3 Meeting with the Sister in charge at Butterworths Clinic on 12 February 2014;
3.1.2.4 Meeting with Dr Wagner, Chief Executive Officer of Frere Hospital and her team on 13 February 2014;
3.1.2.5 Meeting with Ms Ni Kwadjo, Eastern Cape Department of Health (Head of Maternal and Child Health project at the time) on 13 February 2014;
3.1.2.6 Meeting with Mrs Ndwendwe, the Chief Executive Officer of Edendale Hospital and her team on 17 February 2014;
3.1.2.7 Meeting with Dr S Zungu, Head of Department, KwaZulu Natal, and her team, on 17 February 2014;
3.1.2.8 Meeting with officials from Ngwelezane Hospital on 18 February 2014;
3.1.2.9 Meeting with Mrs M M Mkhize the Chief Executive Officer of Nkonjeni Hospital and her team on 19 February 2014;
3.1.2.10 Meeting with Mr GJ Dube, the CEO of Leratong Hospital and his team on 3 March 2014;
3.1.2.11 Meeting with Mr AE Lourens, the Chief Executive Officer of Mafikeng Hospital and Financial Officer, G Mahlangu, on 3 March 2014;
3.1.2.12 Meeting with the Head of Department team, Gauteng Province, led by SD Khosana, Deputy Director General; Legal Services on 4 March 2014;
3.1.2.13 Meeting with Mrs BS Ramodula, the Chief Executive Officer of Bloemfontein Hospital and her team on 13 March 2014;
3.1.2.14 Meeting with Mr Khumalo, Head of MUCPP, and team on 13 March 2014;
3.1.2.15 Meeting with team from the Head of Department's office, Free State on 14 March 2014;
3.1.2.16 Meeting with MJ Shabangu, Chief Executive Officer, Themba Hospital and team;
3.1.2.17 Meeting with Dr J Dlamini, Deputy Director General: Clinical Services and Acting Head of Department, Mpumalanga and team on 26 March 2014;
3.1.2.18 Meeting with Mr Mufamadi, Chief Executive Officer of Tshilidzini Hospital and his team on 13 May 2014;
3.1.2.19 Meeting with Dr RN Mongwe, Chief Executive Officer of Mankweng Hospital and team on 14 May 2014;
3.1.2.20 Meeting with Dr S Kabane, Head of Department, Limpopo on 14 May 2014;
3.1.2.21 Meeting with Sister Sibunzi, Operational Manager at Phola Park Clinic, Paarl, on 19 and her team on 27 May 2014; and
3.1.2.22 Meeting with Mr A Kyereh, Acting Head of Department, North West and his team on 28 May 2014.

3.2 Whether the state of some of the healthcare facilities is impeding the optimal provision of healthcare services in the public sector:

3.2.1 From the interviews conducted with some Head of Department, Chief Executive Officers of hospitals and healthcare workers in healthcare facilities, it can be taken as common cause that some of the public healthcare facilities are in need of urgent infrastructure repair and require additional equipment. This is evidenced by the fact that the Department has a Revitalisation Programme that seeks to renovate aging infrastructure. The Team were able to observe this in some of the hospitals they visited, such as Tshilidzini and Frere Hospitals.

3.2.2 The need to improve on turnaround times Emergency Services can also be regarded as being common cause.

3.2.3 It is further common cause that in some healthcare facilities, there is a need for better management of processes such as triaging and management of queues to get files, consult with doctors and to get medication from the pharmacy.
3.2.4 EASTERN CAPE

3.2.4.1 On 30 July 2013, the Team paid a surprise visit to the Butterworth Primary Healthcare Clinic. No major issues relating to the building infrastructure were identified, save for a wall that needed painting.

3.2.4.2 However, issues were raised relating to lack of equipment, (for example the consultation room had no equipment), delays in repairs and maintenance of equipment, and no proper security at the clinic.

3.2.4.3 A meeting with the Head of Department in the Eastern Cape in 2014 did not take place. He delegated the Head of Maternal and Child Health Project, Ms N Kwadjo, and another official and the meeting did not proceed as they could not address all the issues raised by the Team.

3.2.4.4 On 31 July 2013, the Team visited Frere Hospital in East London. The issue raised by the Chief Executive Officer and her team related to infrastructure, which the Team observed, was a leak in the filing room that has the potential to damage patient files.

3.2.4.5 Members of the public also raised issues relating to long response times to calls for ambulances.

3.2.4.6 At a meeting with members of the public in Nqamakwe Community Hall on 30 July 2013, lack of water at some healthcare facilities was raised as an issue. This is an issue that was also identified in the National Audit Report.

3.2.4.7 During the follow up visit on 13 February 2014, Frere Hospital was in the midst of extensive renovations, and the issue relating to the filing room had been addressed.
3.2.5 FREE STATE

3.2.5.1 The Team visited the Bloemfontein National Hospital on 4 September 2013. No major issues relating to infrastructure were picked up or raised. The one issue that was raised relating to infrastructure pertained to lack of heating.

3.2.5.2 On 13 February 2014, the Investigative team met with the Chief Executive Officer of Bloemfontein National Hospital. The Chief Executive Officer indicated that the hospital was about 137 years old, and that a decision had been taken by the Free State Department of Health to build a new hospital, but that never materialised. It was further indicated that two clinics were also planned but not built, one in Botshabelo B Section, and the other in Thabanchu.

3.2.5.3 A meeting was held with the team at MUCPP on 13 February 2014. On the issue of infrastructure, the team indicated that the building was shifting and there were roof leaks. As a community healthcare centre, they have very small allocations for maintenance. In 2013, they had received approval from the Head of Department for maintenance, but they might not be able to implement as the budget had been cut.

3.2.5.4 On the issue of equipment, they indicated that this was sourced in terms of their acquisition plan. The challenge is that the delegation to approve the acquisition plan rests with the Head of Department, and this takes time. Some equipment has to be sourced from overseas, and such delays may result in payment going over to the next financial year.

3.2.5.5 On 14 March 2014, the investigative team met with the Head of Department. He indicated that they had established Facility Improvement Units in all five districts in the province.
3.2.6 GAUTENG

3.2.6.1 On 5 August 2013, the Team paid a surprise visit to Leratong Hospital. The one issue relating to infrastructure raised by the Chief Executive Officer and his team, was that they required more beds in the maternity ward.

3.2.6.2 Further, they were of the view that a community healthcare centre was needed in Kagiso to relieve pressure on the hospital. As it is, the hospital was already struggling to cope as it served a large catchment area. They did indicate however, that the Mogale City Municipality had indicated that a healthcare centre in Kagiso would be completed in 2014.

3.2.6.3 On the same day, the Team paid a surprise visit to Chris Hani Baragwanath Hospital. The issues raised by doctors at the hospital relating to infrastructure related to Ward 21, which was overcrowded and the corridor had to be converted to a ward. Another issue raised related to the roof in the ward which was made of asbestos, and posed a health risk.

3.2.6.4 The doctors also indicated that there was only one toilet in the cardiac care unit and they needed more equipment in the medical admissions ward. They further indicated that the repair and maintenance of equipment takes long.

3.2.6.5 At a follow up meeting with the Chief Executive Officer of Leratong Hospital on 5 March 2014, he indicated that the opening of Kagiso Healthcare Centre was not yet definite but that Jabulani Hospital would be opening in April 2014.

3.2.6.6 He indicated that bed shortage was no longer an issue. Regarding equipment, he indicated that they had received equipment such as a sonar machine, two anaesthetic machines, and were approved for two more machines, in addition to three ventilators and laparoscopic equipment in April of that year.

3.2.6.7 Finally, he mentioned challenges with the Gauteng Department of Infrastructure Development, which he indicated was responsible for statutory maintenance of
infrastructure. He was of the view that that they took long to finalise projects, with the result that institutions sometimes end up losing their infrastructure budget.

3.2.6.8 On 3 March 2014, the Investigative team held a meeting with the Executive and Baragwanath Hospital team. They raised the quality of equipment as an issue.

3.2.6.9 They also had problems with isolation wards, which has implications for cross infections. They did however indicate that there were plans to revitalise the hospital and reduce it to a 1800 bed capacity. The so called Ward 21 which was not a real ward but a passage with beds still existed.

3.2.6.10 They also indicated that Gauteng Province relies on the hospital and there is too huge a demand on its services. This is exacerbated by the unavailability of regional and district hospitals to support it.

3.2.6.11 They further indicated that they needed a functioning air conditioning system. On the issue of equipment, they indicated they had been given a budget of R69 million.

3.2.6.12 Another meeting was held with the Head of Department team in Gauteng, led by Mr SD Khosana: Deputy Director-General: Legal on 4 March 2014. Regarding the infrastructure, it was indicated that there was a conditional assessment that was done some time back and that the Gauteng Department of Health had funded items identified in the conditional assessment. Further, they received requests from districts and hospitals almost daily, and funded them. They also indicated that the conditional assessment had been done by professional bodies in the building sector who looked at every aspect of buildings, including Chris Hani Baragwanath hospital. Finally, they indicated that the Department of Infrastructure Development was going to identify the immovable assets at the hospital and conduct an assessment of how the facilities are.

3.2.6.13 They conceded that they receive complaints regarding the quality of equipment. According to them, there were challenges because contracts were centralised to achieve economies of scale.
3.2.6.14 On the issue of issue of shortage of Intensive Care Unit beds, they indicated that there will never be enough beds, and also regarded the statement as a generalisation, as some healthcare facilities had the beds, but not the staff, especially specialised skills nurses.

3.2.6.15 Finally, they indicated that they had a turnaround strategy with eight strategic issues to be addressed. One of the eight is Health Infrastructure Management and Development, and aims at infrastructure refurbishment and rehabilitation, improvement on capital expenditure, ensuring accountability for infrastructure project planning, and managing critical stakeholders such as the Department of Infrastructure Development.

3.2.7 **KWAZULU NATAL**

3.2.7.1 On 13 August 2013, the Team visited Edendale Hospital. The hospital complained of shortage of physical space. They also complained about aging equipment, and shortage of blood pressure machines for each station, as well as a general shortage of equipment.

3.2.7.2 On 14 August 2013, the Team paid a surprise visit to Nkonjeni Hospital. The staff complained about shortage of physical space. The maternity ward was being used as a Gateway clinic. They also indicated that there was a shortage of suitable accommodation for doctors. They also complained about lack of security. The facility was not properly fenced, and it was indicated that patients would just walk out of the hospital and disappear.

3.2.7.3 On 16 August 2013, the Team paid a surprise visit to Ngwelezane Hospital. Staff indicated that they need 5 extra beds in the Intensive Care Unit. Patients complained about ambulance shortages.

3.2.7.3 A follow up meeting was held with the Chief Executive Officer of Edendale Hospital, Mrs Ndwandwe and her team on 17 February 2014. Regarding ambulances, they
indicated that they now had inter-facility ambulances, which had improved the situation. Obstetrics also had ambulances.

3.2.7.4 The Chief Executive Officer indicated that they had problems with theatre times, as they only had 10 theatres. This speaks to the issue of them not having a regional hospital.

3.2.7.5 A follow up meeting was held with the Ngwelezane Hospital team on 18 February 2014. They indicated that the hospital was part of the Revitalisation Programme, and a meeting was held on 14 February 2014, to discuss further revitalisation.

3.2.7.6 They also indicated that their supporting clinics, have new services but old infrastructure, and no confidentiality for patients, for example Thokozane Clinic. They further indicated that although on paper they are a tertiary hospital, in practice they operated as a regional, district and tertiary hospital. As a result, they need more community healthcare centres to support them. Finally, they indicated that two of the districts do not have hospitals.

3.2.7.7 On 17 February 2014, the investigative team held a meeting with the Head of Department, Dr S Zungu and her team. She indicated that they had a shortfall on the budget for infrastructure. She further indicated that the revitalisation grant had now been combined with other grants.

3.2.7.8 She also mentioned that there was a regional hospital that was supposed to have been built. They could not find the master plan for the hospital, and were not sure when it would be built because of budget constraints. They required R3 billion for the hospital, even if it’s from donors.

3.2.7.9 Dr Zungu’s team also indicated that revitalisation in Ngwelezane Hospital had begun, and Lower Mfolozi Hospital had been revitalised.
3.2.7.10 A follow up meeting was also held with the Chief Executive Officer of Nkonjeni Hospital and his team on 19 February 2014. He indicated that they wanted assistance with creating a TB ward. Although they had engaged the Head of Department on the issue, they were not making any headway.

3.2.7.11 He further indicated that he had a budget of R2.7 million for infrastructure maintenance, including for clinics. As Chief Executive Officer, he has to facilitate clinic infrastructure maintenance since that is the model followed in KwaZulu Natal.

3.2.7.12 Regarding the Gateway clinic, he indicated that they would be using mobile homes in St Francis, where a clinic was being built. They envisaged having them in about 6 months. He however still felt that they still needed a proper Gateway clinic with a visitor’s waiting area.

3.2.8 LIMPOPO

3.2.8.1 On 27 July 2013 the Team paid a surprise visit to Tshilidzini Hospital. The Chief Executive Officer complained about the infrastructure, and the Team was able to observe for itself the state of the hospital. The filing room was full, with very limited room for movement between filing rows, and posed a fire hazard both to files and workers.

3.2.8.2 Regarding equipment, they indicated that they used old equipment, which is not serviced (for instance, the anaesthetic machine in use had been bought in 1994). Further, they indicated that in theatre, they required a new anaesthetic machine, a suction machine, patient monitor, autoclave machine, diathermy machine, and tourniquets.

3.2.8.3 In the Outpatient Department, they indicated that the space was not enough to handle the capacity of about 5000 patients visiting the hospital daily. They also did not have monitors, ECD, sonars, and stethoscopes. This equipment was out of order and they had to loan them from casualty. There was also no privacy, as the cubicles
for consultation and counselling were not enough. The sliding doors were also broken and had not been fixed for five years.

3.2.8.4 On 28 August 2013, the Team paid a surprise visit to Mankweng Hospital. In the maternity ward, staff complained about equipment. No other serious infrastructure issues were picked up by the Team.

3.2.8.5 At a Stakeholder Consultative Dialogue meeting at Bolivia Lodge on 28 August 2013, complaints were raised about non-operational facilities. Examples were given of a healthcare centre in Thabaleshoba that had been completed two years previously, and a hospital near the Botswana border which was not operational.

3.2.8.6 On 13 May 2014, a follow up meeting was held with the Chief Executive Officer of Tshilidzini Hospital and his team. They indicated that the hospital was not yet part of the Revitalisation Programme. They further indicated that they had been given a budget of R3 million for maintenance for that financial year, which is not enough.

3.2.8.7 They also indicated that the psychiatric section that had been burnt down, was still not rebuilt. They would welcome even a temporary structure in this regard.

3.2.8.8 They also stated that the pharmacy cold room was not working because of heat due to it having a tin roof and being next to the boiler. This has an adverse effect on medication. An inspection by the investigative team bore this out.

3.2.8.9 Regarding equipment, it was indicated that the theatre still had no equipment. They were therefore confined to doing emergency and not elective procedures.

3.2.8.10 A follow up meeting was held with the Chief Executive Officer of Mankweng Hospital and her team on 14 May 2014. She indicated that the psychiatric ward had been closed at some point by the Minister, including other wards as well. The filing room had also burnt down after the visit by the Team in 2013. She felt that that there were a lot of areas where there were improvements in infrastructure, although there were others which were above their capacity such as lifts which were not working, which they had escalated to Province.
3.2.8.11 She also indicated that they were doing level 1, 2 and 3 work (regional, district and tertiary) and could not cope with the workload as they do not have regional and district hospitals in the region.

3.2.8.12 Regarding equipment, she indicated that they still did not have a mammogram machine.

3.2.8.13 On 15 May 2014, a meeting was held with the Head of Department and his team. On infrastructure, he indicated that they had a backlog, and some of the facilities were inherited. He stated that there was a project, aimed by the Minister, to replace the existing facilities especially in the Vhembe and Mopani districts. He said the idea is not to over invest in old facilities. For now, the aim is to make sure that hospitals can run.

3.2.8.14 He was of the view that given their historical context, their equitable share was not fair. According to him, they have hundreds of projects that were dormant and not complete, and could not start any new projects but just complete unfinished ones. He was also of the view that they were not in the business of building healthcare facilities, but of providing quality healthcare.

3.2.9 **MPUMALANGA**

3.2.9.1 On 16 July 2013, the Team paid a surprise visit to Thubelihle Clinic. There were no issues raised relating to infrastructure. However patients complained about the operational hours of the clinic, it was supposed to be a 24 hour facility but was operating on normal working hours.

3.2.9.2 On 17 July 2013, the Team visited Themba Hospital. No issues relating to built infrastructure were raised.

3.2.9.3 Issues were raised however relating to delays in equipment repairs. Equipment is sent to Rob Ferreira hospital for repairs but the turnaround times were very long. It was also indicated that there was a need for more incubators in the Post Natal
Care Unit. The response of the Provincial Department was that a clinical engineering system was being developed so that repairs and maintenance of equipment can be done in the hospital within each unit. The system would start operating in September 2013.

3.2.9.4 A follow up meeting was held with the Chief Executive Officer of Themba Hospital, Mr Kgororo and his team on 26 March 2014. He indicated that regarding built infrastructure, they still had the same issue with the triage room as in 2013, which was just a closed off passage. They also had challenges with consultation rooms. Sometimes two doctors have to consult with two patients in the same room. Finally, they had a theatre that is not functioning.

3.2.9.5 However, the main issue he raised regarded the water supply. Regarding equipment, he indicated that they were better off since they fell under the Revitalisation Programme.

3.2.9.6 On 26 March 2014, a meeting was held with the Acting Head of Department, Dr Jabu Dlamini. Regarding infrastructure, he indicated that they had gone around districts asking them about their needs. They had set aside a budget for maintenance and equipment.

3.2.9.7 He indicated that they had problems with the Department of Public Works (the DPW) in respect of facilities. The Limpopo Treasury had allowed them to appoint their own contractors. According to him, the DPW sometimes builds multi-story buildings for the Department which should not happen, unless the top blocks are for administration. He also said they had been underspending because of the DPW. He indicated that they were only starting to get involved in planning when the DPW plans the building of their facilities. The Chief Financial Officer, indicated that the money for infrastructure is available; the only problem is internal capacity to spend it.

3.2.9.8 The Head of Department further indicated that the major problem is when it comes to appointing service providers to build healthcare facilities. The DPW needs to
appoint service providers who are proficient in building healthcare facilities which are specialised facilities. He also said that the DPW does not monitor what is being built and leaves everything to the builder.

3.2.9.9 He indicated that he would want to see the Revitalisation Programme extended to Primary Healthcare Facilities as well. In Mpumalanga, they had taken over municipal healthcare centres, some of which were just rooms. They would want to see standardisation of clinics. The rooms would then become health posts. He sees the major problem with the Revitalisation Programme being that it was handed over to the DPW. Finally as a province, they would fix, maintain and upgrade existing facilities, and not build new ones.

3.2.10 NORTHERN CAPE

3.2.10.1 The Team paid a surprise visit to Postmasburg Hospital on 20 August 2013. Regarding infrastructure, it was indicated that one of the local mines planned to renovate the hospital, and to build a primary healthcare centre a few metres away. The mine had also promised to provide equipment for the hospital.

3.2.10.2 One of the challenges raised, related to accommodation for doctors.

3.2.10.3 On 21 August 2013, the Team paid a surprise visit to Kimberley Hospital. Generally, it was indicated the hospital had all the equipment they required. However, they indicated a need for more space, and the establishment of a Cardiothoracic Unit.

3.2.10.4 On 21 August 2013, the Team paid a surprise visit to Betty Gaetsewe Clinic after a complaint was lodged about the clinic by a patient at Kimberley hospital. The only issue raised pertaining to the built infrastructure, was the lack of waiting rooms for patients who arrive early before the clinic opens. There was a general complaint about insufficient equipment, without mentioning any specifics.
On 4 February 2014, a meeting was held with the Chief Executive Officer at Postmasburg Hospital. He indicated that the hospital still had 30 beds as in 2013. It was not clear when the upgrade to 60 and 70 beds would be done, although there was going to be a meeting later that week to discuss the upgrades. The investigative team observed however, that the Primary Healthcare centre had been upgraded.

3.2.10.5 On 5 February 2014, a meeting was held with the Head of Department. She indicated that the one area where as a province they were not doing well was security at healthcare facilities. She also indicated that they had established a Quality Assurance Unit. She further indicated that they had an issue with mines in the province. Sometimes they funded projects for two years, after which it became the province’s problem. She would seek the Premier and Minister’s intervention for the mines to extend these periods. Finally, she indicated that operational hours of primary healthcare facilities were a sore point in the province.

3.2.11 NORTH WEST

3.2.11.1 The Team paid a surprise visit to Mafikeng Hospital on 4 July 2013. The Team observed that there was serious overcrowding in the female ward. The toilets were also in a bad state. The air conditioners had also not been working for the previous month. The hospital is also situated next to a rubbish dump.

3.2.11.2 There were also complaints about clinics not operating for 24 hours, an example given being the one in Molelema village.

3.2.11.3 On 27 May 2014, a follow up meeting was held with the Chief Executive Officer of Mafikeng Hospital and his team. They indicated that the structure was too small for the patient numbers that they serve. Additional services also kept being added. The Chief Executive Officer said they were not coping with patient numbers. They end up having beds in the corridor. They often have a 100% bed occupancy in
most wards. Smoke detectors keep going off because of the rubbish dump next to the hospital.

3.2.11.4 Although they were a level 2 hospital they provided level 1 and 3 services as well. Their estimation was that about two thirds of their patients should be at a level 1 hospital. There is no level 1 hospital in Mafikeng and they were not aware of any plans to build one.

3.2.11.5 Regarding Emergency Services, they indicated that they only had 2 ambulances. One had been written off. They transport patients as far as George Mukhari and Chris Hani Baragwanath hospitals in Gauteng. They also have to cope with district hospital patients who get transferred to them. Because of the shortage of ambulances, the previous year they had to hire taxis to transport patients.

3.2.11.6 Their boiler was not working and had been down for three months, as a result, and they had to use cold water. This has implications for patients' hygiene, washing of instruments and autoclaves. They had three boilers but two had become unserviceable. There had been no time to service the one that had been working. The ideal situation would be electrification, but that would be expensive as other equipment would have to be converted for electrical use as well.

3.2.11.7 They had identified a boiler at Thusong Hospital which was being repaired, and would be transported and installed at Mafikeng Hospital, so that they will have two functioning boilers, including the one that has been down for three months.

3.2.11.8 According to them, the biggest problem they had were water interruptions. Although they have a borehole, the challenge is to make the water safe for personal use.

3.2.11.9 On 28 May 2014, a follow up meeting was held with the Head of Department, Mr Kyereh and his team. Regarding infrastructure, they indicated that they had R8
billion of irregular expenditure because the DPW failed to keep proper records. They also indicated that they had 5 to 6 year old projects that were finalised but no final accounts submitted. They were of the view that they needed a concerted effort to improve the DPW performance in the province. They cited a Primary Healthcare Centre in Rustenburg, the construction of which started in 2010, but by the time of the meeting had not yet been completed. They further stated that there were a lot other examples. Their view was that the DPW was not properly equipped to deal with capital projects.

3.2.11.10 He also stated that the building of new facilities does not correspond to the budgetary needs, and gave an example of a new hospital in Brits which is high tech but the budget is not expanding proportionately. He was of the view that this affects service as they were overextending themselves.

3.2.11.11 With regard to the revitalisation of Mafikeng Hospital, the Head of Department indicated that there were issues with the awarding of tenders, and they ended up losing their budget. He indicated further that they could not undertake new projects, until they got their budget back. When that happens, they would build a level 1 hospital for major cities in the North West.

3.2.11.12 With regard to the rubbish dump next to Mafikeng hospital, he indicated that things would only get worse.

3.2.11.13 On the issue of response times for ambulances, he stated that response times were not always up to scratch. He further stated that they do not have enough ambulances and had to divide them between patient transport and ambulances. The management of ambulances was done by the DPW. They want direct management of the fleet. The ambulances had been fitted with a tracking system which was sabotaged. They had however bought new ambulances which still needed to be fitted for use.
3.2.12 WESTERN CAPE

3.2.12.1 The Team paid a surprise visit to Phola Park Clinic on 23 July 2013. There were no issues raised with respect to the built infrastructure. However, nursing staff raised issues of shortage of equipment such as HB monitor, HB Machine and scale.

3.2.12.2 On the advice of patients at Phola Park Clinic, the Team proceeded to Paarl Hospital, where staff attitudes were reported to leave a lot to be desired. No issues relating to infrastructure were raised by patients, or staff.

3.2.12.3 On 24 July 2013, the Team paid a surprise visit to Brooklyn Clinic. Patients indicated that there was only one toilet for 70 to 80 patients. Staff also raised an issue about ambulances, which they said did not arrive on time.

3.2.12.4 At the Stakeholder Consultative Dialogue meeting, the Department’s representative, Ms Theron, indicated that they were constantly trying to achieve national core standards. She further indicated that the national Department had identified key areas that posed a challenge. These include shortage of facilities, uncaring staff, and the cleanliness of facilities. Further, the national Department has established teams in each province to deal with these issues.

3.2.12.5 The issue of waiting times for ambulances, being too long, were raised at the Public Participation hearing.

3.2.12.6 On 19 May 2014, a follow up meeting with Sister Sibunzi took place at Phola Park Clinic. Regarding infrastructure, she indicated that there seemed to be plans to enlarge the clinic, as the Provincial Department was planning to get them a container for use as a building. She indicated however that space was the biggest problem for them. All consulting rooms were occupied.
3.2.12.7 She indicated that they still have problems with turnaround times for ambulances which sometimes arrive late.

3.2.12.8 The meeting with the Head of Department did not take place as he was not available.

3.2.12.9 Finally, the Department had established the Office of Health Standards Compliance, which incorporates the Health Ombudsman, which has a mandate to look at the kind of issues picked during this investigation.

Conclusion:

3.2.12.10 The Department has an obligation to properly structure nationally, the measures it has put in place to provide progressive realisation of the right to access to healthcare.

3.2.12.11 While it cannot be denied that the Department is providing access to healthcare within its available resources, it is the attendant processes that can be improved such as management of healthcare facilities, procurement processes and planning including digitalisation of systems to assist with interventions and management of processes at healthcare facilities.

3.2.12.12 The response of the Department to infrastructure needs of healthcare facilities, and the time it takes to complete new ones, needs improvement and has shortcomings.

3.3 Whether services in public healthcare facilities are being provided in an optimal manner and with the requisite quality.

3.3.1 As already indicated, the issues being considered are as a result of observations made by the Public Protector and her team, employees of the Department in
healthcare facilities and Provincial Departments of Health, as well as members of the public. The observations are broken down per Province hereunder.

3.3.2 EASTERN CAPE

3.3.2.1 At Frere Hospital, patients complained about long queues to consult and get medication. The same issue was raised at a Stakeholder Consultative Dialogue meeting in Nqamakwe about long queues at healthcare facilities in general.

3.3.2.2 At a meeting in East London on 31 July 2013, stakeholders raised the issue of staff attitudes towards patients as being one that required attention.

3.3.2.3 In 2013, in Nqamakwe, the MEC for Health indicated that there was a general shortage of staff at healthcare facilities. According to him, part of the problem was caused by the fact that on retirement, staff posts were not filled. Regarding the shortage of doctors, he indicated that the challenge was not primarily the number of doctors, but the management of schedules, which was not seamless. He also indicated that doctors were running private practices when they were supposed to be at public healthcare facilities. He further indicated that the matter was receiving attention, and disciplinary action was being taken against such doctors. Further, there was no pay parity between doctors in different provinces because some provinces did not adhere to the regulatory framework regarding salary increases, which made it difficult to attract doctors to some provinces.

3.3.2.4 The MEC was also of the view that there was mismanagement of healthcare facilities. On the issue of ambulances, he indicated that the provincial department was experiencing challenges getting ambulances to patients. He attributed this to the fact that they had a system that centralised calls for ambulance services, and not a shortage of ambulances. The department was working on making staff aware of the changes. Another challenge related to the rural nature of the province, where some houses were not numbered, there was poor road infrastructure, and poor network coverage which led to further delays.
3.3.2.5 On the issue of staff attitudes, he indicated that that needed to be raised with hospital Chief Executive Officers so that they could deal with the complaints.

3.3.2.6 At a follow up meeting at Butterworths Gateway Clinic on 12 February 2014, it was indicated that they still had a problem with cleanliness and infection control. The problem was the unavailability of cleaners.

3.3.2.7 Regarding waiting times, they indicated that it was still a challenge when patients have multiple medical conditions.

3.3.2.8 The issue of cleanliness was also raised as a challenge at Frere Hospital on 13 February 2014. The Chief Executive Officer, Dr Wagner, and her team indicated that they had lost 75 cleaner posts which had become redundant. Besides cleaners, she indicated that they also required porters.

3.3.2.9 Regarding shortage of doctors, Dr Wagner indicated that there was a general shortage of surgeons and specialist surgeons in the country.

3.3.3 FREE STATE

3.3.3.1 At Mamello Clinic, patients raised complaints about a shortage of doctors and nurses. The same complaint was raised at both Bloemfontein National Hospital and MUCPP.

3.3.3.2 At the latter two institutions, there were also complaints about long queues and shortages of medication.

3.3.3.3 A follow up meeting with the Chief Executive Officer of Bloemfontein National Hospital on 13 March 2014, it was indicated that they had huge shortages of lower category nurses due to funding problems. This was mostly in rural districts.

3.3.3.4 Regarding waiting times, the Chief Executive Officer indicated that they have a queuing system and had appointed a queue marshal to monitor queues.
3.3.3.5 Regarding staff attitudes, it was indicated that they had conducted a team building exercise, as well as a survey, and the survey had identified common problems. Attendance of the team building exercise had been, however, poor.

3.3.3.6 On the issue of shortages of medication, they indicated that they have a problem with one particular drug that was out stock, called Amlodipine.

3.3.3.7 On the issue of an electronic record system, there were of the view that it was long overdue. Their facilities were already overwhelmed, and such a system would assist with waiting times as well.

3.3.3.8 A follow up meeting was held with the head of MUCPP on 13 March 2014 and his team. They indicated that they were struggling to fill the position of pharmacist, even after headhunting. They indicated that the high staff turnover was also affecting lower categories such as pharmacy assistants. Regarding doctors, they indicated that their emergency rooms had become very busy because ambulances drop off patients who can be triaged at other centres and sent straight to hospital. As a result, they were in need of at least two doctors. They also felt that there is no review of the organogram to meet the needs required.

3.3.3.9 On the issue of staff attitudes, they indicated this had been addressed and a survey was conducted.

3.3.3.10 A follow up meeting was held with the Head of Department on 14 March 2014. On the issue of medication shortages, it was indicated that the medication contract was an issue. Sometimes the Department fails to pay suppliers and supply is stopped.

3.3.3.11 On the issue of filing, the Head of Department indicated that they had appointed an IT Manager to address this. Their primary healthcare centres have never been digitally linked, and the data is unreliable. The province had established a Provincial Health Committee to deal with health digitalisation. They also indicated that the national Department had placed a moratorium on electronic systems sourcing.
3.3.3.12 On the issue of staff shortages, it was indicated that there was a critical shortage of nurses. Most of the nurses are generally advanced in age. There is a plan to address this, in the form of a long term strategy. They also set aside bursaries for nurses accompanied by a strategy to retain them after they qualify. There was also a time when nurses were removed from nursing to programmes, but this was being reversed.

3.3.4 GAUTENG

3.3.4.1 During the unannounced visit by the Team at Leratong Hospital, the Chief Executive Officer indicated that they had a vacancy rate of 11% of mostly administrative and support staff which needed filling. He further indicated that they needed more nursing posts.

3.3.4.2 He indicated that the average waiting time was three hours due to the manual process of opening files. He also indicated that the provincial department was in the process of procuring an electronic system. There were also delays in patients receiving their files, but the hospital wanted to automate the system to alleviate the problem. Patients also indicated that they queued for medication for up to three hours.

3.3.4.3 During the surprise visit to Chris Hani Baragwanath Hospital on the same day, one of the doctors indicated that they ran out of cardiac medication on a daily basis.

3.3.4.4 The Team also came across a patient at 18h30 who indicated that she had been waiting since 8h30 in the morning and had not yet been assisted. The same issue of waiting times was raised concerning Carletonville Hospital and clinics at a public hearing at Mogale City Municipal Hall on 5 August 2013. At the Stakeholder Consultative Dialogue meeting held at City Hall, Johannesburg, complaints were raised about the attitudes of nurses and doctors at the maternity ward at Charlotte Maxeke Hospital.
3.3.4.5 A follow up meeting was held with the Chief Executive Officer of Leratong Hospital and his team on 3 March 2014. He indicated that there was still a moratorium on administrative staff positions although they had employed a lot of nurses and doctors since the Team’s visit in 2013. They however had a challenge attracting special skills nurses. When the staff moratorium began, posts were removed from the Persal system. He further indicated that staffing norms were last revised in 2006, although there was a study done using Workload Indicators of Staffing Need (WISN) and they were still awaiting feedback on that with respect to doctors and support staff.

3.3.4.6 On the issue of filing, he indicated that automation was a provincial competency, although they had employed 8 additional clerks in the meantime. They had also implemented a 24 hour shift for records management from 1 February 2014. He did however indicate that they had a serious problem with x-ray files that they wanted to archive but space was limited. This was compounded by the fact that they only had one or two x-ray machines that were digital.

3.3.4.7 Regarding waiting times, they had a tracking system to manage queues. He however felt that the sourcing of an electronic record keeping system needed to be expedited.

3.3.4.8 A follow up meeting was held with the team at Chris Hani Baragwanath Hospital on 3 March 2014. Regarding the cardiac medication that was indicated in 2013 to be in short supply, it was indicated that there was an improvement. In the past they used to have a 6 to 8% out of stock rate, but not at that point. They could also borrow medication from other facilities.

3.3.4.9 Regarding staff shortages, they indicated that they still had a shortage in Paediatric High Care which is specialised, as they have to compete with the private sector.

3.3.4.10 They further indicated that they need an IT system to help run interventions.
3.3.4.11 On 4 March 2014, a meeting was held with the Head of Department team. On the issue of staffing, they indicated that institutions present their staffing needs every year. The staffing norms process was undertaken in 2010/2011. They however look at affordability. They mentioned further that WISN then took over. According to them, WISN is a pilot for the National Health Insurance system and only concentrated on certain provinces. The National Department had identified Kalafong Hospital for WISN, after which they would target another institution. The provincial department also indicated that they could not just release staffing norms, without taking into account national processes.

3.3.4.12 In response to the issue raised by Leratong Hospital on the automated queuing system, they indicated that they had done studies, and were in the process of drawing up specifications. A tender would be advertised in the first quarter of the new financial year for the whole province.

3.3.5 KWAZULU NATAL

3.3.5.1 During the Team visit to Edendale Hospital in 2013, they had raised the issue of a shortage of both nurses and doctors. This was also raised at Nkonjeni Hospital. At Edendale Hospital, they indicated that they had a vacancy rate of 30% for doctors, and 10% for nurses. They also indicated they needed more pharmacists and radiographers. Nkonjeni Hospital also raised the issue of shortage of administrative staff. The Gateway clinic contained within the Nkonjeni Hospital complained about not having any computers to do data capturing, no data capturers, and inadequate nursing staff.

3.3.5.2 Patients at Edendale Hospital also raised the issue of long queues to collect medication.

3.3.5.3 Patients at Nkonjeni Hospital raised the issue of long queues to consult.
3.3.5.4 At Ngwelezane Hospital, patients complained about a shortage of doctors, and long waiting periods (sometimes having to return home without being assisted). The complaint about long waiting periods was repeated at Ulundi Community Hall during the Stakeholder Consultative Dialogue meeting on 14 August 2013, as well as one regarding a shortage of doctors at the clinics.

3.3.5.5 At a follow up meeting with the Chief Executive Officer and team at Edendale Hospital, it was indicated that to deal with the congestion (waiting times), they had introduced a booking system for stable patients, and had also recruited staff. At a follow up meeting at Ngwelezane Hospital, they indicated that waiting times posed a special challenge as they have patient buses from Zululand and Mkhanayakude which arrive as early as 4h00 in the morning. They indicated at the time that they were engaged in an intensive programme that monitors waiting times and also identified bottlenecks.

3.3.5.6 On the staffing issue, they indicated that the hospital had been assessed using WISN although the Chief Executive Officer indicated that she did not even know who implements WISN.

3.3.5.7 At a meeting with the Head of Department and team on 17 February 2014, she indicated that there were different projects to shorten queues. On the issue of medication that is about to expire, she indicated that the depot itself tracks medication and removes expired medication. They were exploring a new system of first in first out to deal with this.

3.3.6 LIMPOPO

3.3.6.1 In 2013, the Chief Executive Officer of Tshilidzini hospital raised issues relating to staffing, especially specialist doctors. He indicated that they transferred patients to George Mukhari Hospital due to lack of specialists. He also indicated they needed 4 Assistant nurses, 5 professional nurses and 10 staff nurses.
3.3.6.2 At Mankweng Hospital the Chief Executive Officer indicated that the hospital was encountering a dire shortage of staff such as specialist doctors, medical staff and cleaners (although they had advertised 15 cleaner posts). The same issue was raised by nurses at the Obstetrics Unit, and they felt that inadequate human resources often left incumbents overwhelmed, and resulted in slow service to patients. There was a similar complaint at the maternity ward, and nurses were of the view that with 36 beds, understaffing meant that they struggled to attend to high-risk and surgery patients.

3.3.6.3 At the Outpatient Department, patients complained about long waiting periods. The filing system was also identified as a serious issue in this department.

3.3.6.4 Dr Kabane, who was part of the Stakeholder Dialogue meeting at Bolivia lodge, had been in his position as Head of Department for three weeks but responded to some of the issues. He indicated that he was aware of some of the issues raised pertaining to Mankweng Hospital, and acknowledged that positions needed to be filled. He indicated however, that the department was already spending 72% of its budget on human resources. He also confirmed that surgical supplies in the province were in short supply and that the department was short on funds and no new consumables and stock were procured as a result.

3.3.6.5 Mr Morewane, from the Department who accompanied the Team on all the visits responded on the Thabaleshoba Clinic. He indicated that it was underutilised but was prioritised for revitalisation in 2014.

3.3.6.6 During the follow up meeting in 2014, the Chief Executive Officer of Tshiliidzini Hospital indicated that they still had staffing problems although they had filled 26 posts. In 10 posts they used Further Education Training colleges (FET) students. He indicated that shortage of support staff was still a problem, since posts had not been filled in the previous five years.
3.3.6.7 Regarding waiting times, he indicated that they had done a time-flow study to monitor same.

3.3.6.8 He also indicated that filing was still an issue. Sometimes files were lost; in some instances human error was to blame. Patients also took away files for motor vehicle accident claims. Patients have to sign for files though. He was of the view that an electronic filing system would greatly assist.

3.3.6.9 On the issue of medication shortages, he stated that they had some shortages. He indicated availability as being up to 70%. He indicated however that they were still running short of surgical supplies. He was of the view that the problem was with contract servicing which is done at province and nationally.

3.3.6.10 During the follow up meeting with the Chief Executive Officer of Mankweng Hospital, she indicated that staffing was still an issue. They shared doctors with Polokwane Hospital, which created problems. She indicated however that the provincial department was at the time busy with the separation of clinical staff, and it was at approval level. One of the team members, indicated that as a level 1 hospital, they struggled to attract doctors, especially the young. Being a poor and rural province, they felt that they needed a special incentive in order to attract specialists and doctors, which they required.

3.3.6.11 Regarding waiting times, the Chief Executive Officer indicated that they had extended the filing space, and rearranged sitting. The triage area had also improved. They however had old and slow computers which affected turnaround times, although they had received 20 computers from the national Department, including 10 printers and 3 network printers, and were in the process of acquiring 50 computers themselves.

3.3.6.12 At the follow up meeting with the Head of Department, he indicated they would be watching very closely whether the Minister’s decision to man hospitals with doctors would bear fruit. He was of the view that the Occupation Specific Dispensation (OSD) has not allowed provinces to expand their own staff bases as it created a
lot of disincentives. He stated that because of OSD, they now had specialists whose salaries had almost doubled, but who still want to work outside the Public Service. According to him OSD treats provinces as if they are all the same. He was of the opinion that a new dispensation was required which would look at the situation holistically. Even rural allowances did not seem to work.

3.3.6.13 He was of the view that digitalisation would help, even linking it to a unique identifier for patients. A moratorium was placed by the Minister because provinces had different systems which were costly, some of which did not even function properly. He said the national department had done a lot of groundwork on standardisation, but that such a system should not be given to the Department of Health to manage.

3.3.7 MPUMALANGA

3.3.7.1 When the Team visited Thubelihle Clinic in 2013, there was a complaint raised about a shortage of professional nursing staff as well as a pharmacist. At Themba Hospital they complained about a shortage of permanent staff in the paediatric ward. The ward was manned by interns. They further stated that there was a shortage of doctors. They headhunted doctors, and even when shortlisted, they did not show up for interviews. And when appointed, they do not stay long. A contributory factor was lack of accommodation for doctors.

3.3.7.2 A concern was raised by patients about the long queues at the hospital. They indicated that sometimes they have to wait up to four hours before being attended to by a doctor. After that, they have to wait in another queue to get medication at the pharmacy.

3.3.7.3 The response of the provincial department regarding issues raised at Themba hospital was that a dashboard system had been introduced to monitor and improve the service rendered by the hospital and staff in order to address the problem of long queues amongst other issues.
3.3.7.4 At the follow up meeting with the Chief Executive Officer of Themba hospital in 2014, he indicated that with regard to staff issues, they still had problems with turnaround times. The Head of Department had only recently begun to delegate appointments to Chief Executive Officers. His delegation was to appoint up to level 5. The advertisement process was however still centralised at the provincial office although applications were sent directly to the facility. He indicated further that they were facing a serious crisis with regard to doctors who are specialists. They were still struggling to attract them, and centralisation was making matters worse. Sometimes doctors would be available but the delays in appointment would scupper the process. They also had problems with specialised skills nurses. There is only one facility in Kabokweni which trains them. The problem is exacerbated by the fact that a lot of nurses resigned in order to access their pensions.

3.3.7.5 On the issue of waiting times, he indicated that they had conducted a patient survey. The survey indicated that there are areas where queues are long such as admissions. At the pharmacy, there was an improvement, but he was not sure if that had been sustained. The responsible manager had also resigned after two months on the job.

3.3.7.6 When it came to filing, he was of the view that an electronic system was required. With paper based files, patients sometimes take them for litigation purposes. Some files just disappear and cannot be accounted for.

3.3.7.7 With regard to medication, especially critical drugs, he felt that where there were shortages, Chief Executive Officers should have an option to purchase outside of contracts.

3.3.7.8 At a follow up meeting with the Head of Department, she indicated that although Human Resource delegations were given to Chief Executive Officers in the past, it would assist if they were also given delegations to appoint specialists. On the issue of medication, she indicated that Chief Executive Officers had the option to buy out of contract. The challenge lies where the supplier buys on contract, and approval has to be obtained. On the issue of staffing, she indicated that they have a shortage
of specialised nurses. They want to start advertising for people who want specialised training. With other nurses, it is matter of proper distribution and not shortage.

3.3.8 NORTHERN CAPE

3.3.8.1 During the Team visit to Postmasburg Hospital in 2013, they raised an issue about shortage of nurses and doctors. This issue was also raised at Betty Gaetsewe Clinic. They indicated that they served a large catchment area and required more doctors. The MEC’s response was that they were training 105 doctors in Cuba. Once they completed their training, a fair allocation would be made within the province. He also indicated that the Western Cape had provided 22 surplus nurses who would be deployed throughout the province.

3.3.8.2 Patients also complained about long queues.

3.3.8.3 During the follow up meeting with the Chief Executive Officer of Postmasburg Hospital in 2014, he indicated that the situation with regard to staffing was still the same. The Head of Department also confirmed staffing as a challenge, especially in some healthcare facilities. She indicated that there were some clinics with only one nurse. She also indicated that the previous year the Minister had measured the workload versus the number of personnel using WISM.

3.3.8.4 The Head of Department also indicated that there was an issue with medication that was about to expire and the Minister was aware of this. They were exploring using pharmacists at a fee.

3.3.9 NORTH WEST

3.3.9.1 When the Team visited Mafikeng Hospital in 2013, they had raised the shortage of nurses as an issue. They also indicated a shortage of linen and bedding, with patients sometimes bringing their own.
3.3.9.2 At the Stakeholder Consultative Dialogue, staff attitudes were also raised as an issue, especially at Utiwanang Clinic.

3.3.9.3 At a follow up meeting with the Chief Executive Officer of Mafikeng Hospital and his team in 2014, they complained that there was a total moratorium on appointments, and they had to motivate for appointments. They have a shortage of nurses and there was a problem with the number of posts on the organogram and some posts were not funded. Staff accommodation is outside the institution, and that was where most of the expenditure was.

3.3.9.4 They also indicated patients were still required to bring their own bedding and linen.

3.3.9.5 At a meeting with the Head of Department and his team in 2014, they indicated that digitalisation was the way to go. They referred to it as a Comprehensive Health System. They were of the view that the benefits were huge, and that the national Department was moving very slowly on this.

3.3.9.6 On the issue of staffing, they were of the view that the rural allowance was not beneficial in attracting healthcare specialists. They asked for example, what is rural within a rural setting. They were of the view that there should not be a common definition. They also indicated that nationally, nursing schools were supposed to be reopened but had been put on hold. They felt that not enough nurses were being produced nationally.

3.3.10 WESTERN CAPE

3.3.10.1 When the Team visited Phola Park Clinic in 2013, staff at the clinic complained about shortage of nurses (there were three instead of four nurses). They also complained about the absence of a pharmacy as well as a pharmacist. Staff at Brooklyn Clinic also raised the issue of shortage of nurses with the result that nurses have to work even when they are sick because no one can relieve them.
3.3.10.2 Patients complained about long queues before being attended to. Patients at Brooklyn Clinic also raised the same issue of long queues before being attended to by a nurse or doctor. The issue of long queues was also raised at the Stakeholder Consultative Dialogue meeting. Patients at Brooklyn Clinic also complained about the attitude of nurses. This was also raised at Paarl hospital. At Phola Park Clinic patients also indicated that there is a language barrier as most nurses cannot speak isiXhosa and some patients who speak isiXhosa have a problem conveying their ailments to the nurses, who are mostly Afrikaans speaking.

3.3.10.3 During the Stakeholder Consultative Dialogue, the MEC indicated the general challenges in the province are waiting times and staff attitudes. Regarding staff attitudes, they had engaged Ernst and Young to conduct a behavioural modification project which would be a long term project, and the first in the province.

3.3.10.4 On the issue of medication shortages he indicated that there were low rates of stock outs as medicines were procured through a national tender, and if there was a shortage, stock was procured from the private sector.

3.3.10.5 At a follow meeting at Phola Pak Clinic in 2014, Sister Sibunzi indicated that they used a system of queues in terms of which they took 10 patients at a time except when they have new antenatal patients. They therefore have a fast-tracking system.

3.3.10.6 With filing however, they were still struggling as they had one clerk. Sometimes the data capturer assisted, but they required another clerk and a container for extra space.
4. ADVISORY RECOMMENDATIONS (NON BINDING)

4.1 In the light of the above observations the Public Protector is making the following recommendations for consideration by the Minister:

4.1.1 That the Minister of Health consider putting together a comprehensive and holistic Strategy to deal with the observations in this report, and the findings in the National Healthcare Facilities Baseline Audit – National Summary Report- 2012.

4.1.2 That the Department considers strengthening the Office of Health Standards, in particular as it relates to its independence and the enforceability of its remedies through legislative amendments.

4.1.3 That the Department consider the feasibility of sourcing a comprehensive Healthcare Management system that will address electronic filing, tracking patient medical history, and queue management.

5. MONITORING

5.1 The Minister of Health to provide feedback to the Public Protector with an implementation plan on addressing the observations indicated above.

ADV BUSISIWE MKHWEBANE
PUBLIC PROTECTOR OF THE
REPUBLIC OF SOUTH AFRICA
DATE: 07/06/2018