

**PRESS STATEMENT**  
**HEALTH SERVICES IN THE EASTERN CAPE**  
**19 SEPTEMBER 2013**

Good Morning!

Last week the Eastern Cape Health Coalition brought to the attention of the media and the public, a lot of problems pertaining to the healthcare system in the Eastern Cape. In fact the document that defines the problem is poignantly entitled “Death and Dying in the Eastern Cape – an investigation into the collapse of the healthcare system”

I am not here today to challenge and contest whether this is true or not. I am rather here to confirm that both the Department of Health and the National Treasury have been aware of some of these allegations for sometime. And I want to assure the public that we have not been resting on our laurels. The fact that we have not yet implemented some of the mooted solutions is simply because the problems needed thorough understanding through deep investigation and diagnosis of the problems and application of appropriate and ever-lasting solution, not stop-gap measures as some people usually demand.

Though it did take sometime, we have luckily arrived at the situation where at this time when the Coalition is raising these issues publicly, we are also ready to announce some of the measures which we have learnt and planned over a period of time.

The summary of the issues raised by the Coalition are in page 3 of their document, entitled “Fix the Eastern Cape Health System” (*scan document page 3*)

To be systematic, I have arranged this presentation into four (4) sections, namely:

- Section A: Infrastructure
- Section B: The Report of the Investigation team
- Section C: Drug Supply and Strategies to improve hospital performance
- Section D: Procurement Reform

As I have said earlier, both National Health and National Treasury have been aware of the major health, financial and resource problems in the Eastern Cape Healthcare system in general, and OR Tambo District in particular.

Not surprising then, that 90% of this document titled “Death and Dying ....” is about the OR Tambo District. We have also arrived at the same conclusion.

### **SECTION A - Infrastructure**

You are aware that we have selected eleven (11) Districts for the piloting of NHI. One of these Districts, which we chose deliberately, was OR Tambo District. We chose it as a Pilot specifically because we wanted to take that opportunity to fix a multiplicity of problems the District is experiencing. Let me deviate a bit just to remind you what we said we would do in the Pilot Districts. We selected five (5) areas, viz:

- Infrastructure
- Human Resources (HR)
- Quality of Healthcare as determined by the Six (6) basic standards of Cleanliness, Drug Stock-outs, Infection Control, Attitude of Staff to patients, Waiting times, Safety and Security of staff and patients.
- Re-engineering of Primary Health Care (PHC) and lastly
- Contracting of GPs into public clinics.

We then decided that all the other four areas to be piloted will largely depend on proper execution of the first one that is appropriate infrastructure. We note the similarities between what we decided and what the Coalition has arrived at. We described it as Infrastructure and they defined it in their document as Facilities, whereby it is stated: *“the poor quality of many facilities hampers the delivery of healthcare. They often lack electricity and running water. Many are too small for the number of people served, and some are literally falling apart”.*

We have started 18 months ago to look exactly into this problem, after we received the facility audit report of all the 4 200 health facilities in the country conducted in 2010/2011.

In responding to the audit results, we decided to tackle the NHI pilot districts first. In this regard we sent in a group of Engineers from the DBSA, CSIR, and the National Department of Health to these areas. We call these teams Built Environment Experts. Over and above Geo-referencing all these facilities, their geographic information was captured and their conditions evaluated in terms of their infrastructure services status covering the following fields:

- **Infrastructure Support Services**

- Percentage of site development
- External water supply conditions
- External electrical supply conditions
- Sewerage conditions
- Waste disposal conditions
- Number of toilets

- **Buildings**

- External walls conditions
- Ceiling conditions
- Electrical conditions
- Plumbing conditions of toilets and basins
- Internal water supply conditions
- Internal walls conditions
- Roof material conditions
- Floor materials conditions

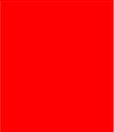
- **Space sufficiency**

- Waiting areas
- Service areas

- **Distance**

- Total catchment population
- Population more than 5 Km from the facility
- Weighted population more than 5 Km distance from the facility

I think it is important for me to show you the result of the work that took place over that 18 month period to date. I will just choose 4 of the pilot districts that were the most hard-hit in terms of infrastructure problems due to the fact that they reside within the former Bantustans. The following key was used to evaluate them:

<b>KEY:</b>		
<20		Very poor
20 - 40		Poor
40 - 60		Fair
60 - 80		Good
>80		Very good

And here are the results (Slide show)

You do not have to be one of these Built Experts to notice the massive infrastructural backlog in terms of both space and quality that the OR Tambo District is experiencing.

As you can see the key to the infrastructure evaluation is colour coded. It might be important for me to interpret the meaning of the colours. Red means total replacement because it has gone beyond the state of any renovations. i.e if the roof is red it means it must be totally replaced, if it is the walls that are red, it means the walls must be replaced. If on the other hand it is the whole building that is red, it means it is the whole building that must be demolished and be started afresh.

Amber means major refurbishment, and Green means minor maintenance.

I am sure you have noticed that most of the OR Tambo is Red in terms of the state of the buildings, electricity supply, water supply and overall space availability.

The profile of OR Tambo District is as follows: 197 health facilities, covering 167 clinics, 12 Community Health Centres (CHCs), 13 District Hospitals, 2 Regional Hospitals, and 3 Specialised Hospitals.

Using the criteria as mentioned above, the score in the OR Tambo District is as follows:

- (i) 8 clinics need to be completely demolished and will be rebuilt from scratch, and 5 of them will be built in this very financial year. Contractors will be on site by January 2014 and the contract period will be 8 months (layout plan);
- (ii) 2 hospitals (need to be completely demolished and will be rebuilt from scratch. The appointment of professional service providers will be finalized – 1 in December 2013 (Bambisana Hospital) and in January 2014 (Zithulele Hospital), while the contractors will be on site for Bambisana and Zithulele Hospitals in May 2014 and June 2014 respectively.

The duration of the contract will be 36 months. For St. Barnabas Hospital the whole psychiatric section will undergo major refurbishment.

- (iii) 30 clinics have a got a problem of space for the size of their populations. There are varying numbers of problems of water and electricity in this category. There is an urgent need for this additional space for doctors' consulting rooms and patients' waiting areas as well as toilets. Hence scientifically designed and manufactured Park Homes with technical and manufacturing specifications prepared by CSIR to minimize the operational cost of building in the areas of, thermo properties to avoid mechanical air conditioning thus saving on energy, durability and fitness for clinical purpose with minimum lifespan of 20 years will be installed. Installation has already been completed in 4 of them, and we hope the rest will be completed by the end of the year or early next year. This 20 year period will give us a chance to plan properly without being under pressure. I need to explain that the parkhomes won't just come naked, if there is a municipal water source in that area then the installers have to connect at the time of installation. If there is none the will have to put up a bore hole immediately.

If there is an electricity grid they will connect but if there is none the parkhome will have to be installed with a generator. If there is sewerage system it will be connected, if there is none then the septic tank will have to be installed. In other words all this are the specifications of the parkhome

depending on the population as small as they two consulting rooms, the medium four consulting rooms and the biggest six consulting rooms.

- (iv) 2 Nursing Colleges will be refurbished to full functionality. These are Butterworth Nursing College and Madzine-Ka-Zulu Nursing College. The contractors will be on site by October 2013 and the completion date is envisaged to be March 2014.
- (v) As you saw from the slides that show Red for total replacement, Amber for major rehabilitation and Green for minor maintenance, the costing work of what is indicated on the slides is being done and will be completed for all the NHI pilot districts by November 2014, but for OR Tambo because it is being given top priority, the costing will have been completed by the end of this year so that we can start appointing contractors.
- (vi) We are working around the clock with the Provincial Department of Health to improve infrastructure in the rest of the province. In this case we are implementing 287 projects covering new additions, upgrade, renovation and maintenance works in 132 facilities. 159 of these projects are at construction phase while the rest are at developmental phase. These facilities cover 106 PHC facilities, 8 Nursing Colleges, while the others are hospitals. The total amount of R1.045 billion has been budgeted for this work up to the end of the financial year.

## **SECTION B: The Report of the Investigation team**

Last week on hearing of the complaints, some of whom sounded urgent, I quickly dispatched an investigation team consisting of people experienced in hospital management, procurement systems, infrastructure, maternal and child health, as well as representatives from the Eastern Cape Provincial Health Department.

### **The purpose of the visit**

1. To investigate the state of affairs in Holy Cross Hospital following allegations from a report written by a suspended doctor, Dr Dingeman Rijken, who was an employee of the hospital

2. Find facts on allegations on state of health services in the Eastern Cape as stated in the document by the coalition titled: ' Death and Dying in the Eastern Cape' ,an investigation into the collapse of a health system
3. Investigate and make findings whether :
  - The rights of any patients were violated
  - Any health professional breached any professional health ethical or other code of conduct
  - The conduct of management of the hospital contributed in any manner to the state of affairs in the hospital
  - The oversight role of the district to the hospital was exercised adequately
  - The provincial support to the hospital was exercised adequately
  - Support services are functioning optimally
  - Procurement procedures are in place and compliance adherence thereof
  - The role supervisors played in bringing to the attention of Eastern Cape Provincial Department of Health, National Department of Health and the Health Professions Council of South Africa, the state of affairs in the hospital

### **Findings from interviews with Nurses, midwives and visits to Maternity Wards:**

Five nurses/ midwives were interviewed; all worked in the hospital on rotation basis in different units and had clear knowledge of the situation in the hospital. Most have been working at the hospital for more than 10 years.

1. Staffing: maternity
  - 8 Advanced midwives, one working as area manger
  - 9 Midwives
  - 5 Enrolled nurses
  - 3 Enrolled Nursing Assistants
2. Essential equipment for maternity ward

- There are no basic equipment to use for patient care
  - No Blood Pressure(BP) machines (Midwives contributed R17 each from own pockets and procured 1 Baumonometer / BP machines)
  - No fetal heart monitors (Three midwives has each their own fetoscope)
  - Few thermometers
  - No Glucometer
  - No baby warmers on the resuscitators with babies being resuscitated in cold rooms as there are no heaters
  - A lot of linen, green towels, gowns and sheets were used to cover chairs in the ward
4. Quality of care
- Most nurses interviewed believed that they are trying hard to provide optimal care to the patients but said there is no team work in the facility
  - All admitted that there are some practices by some colleagues that may contribute to sub optimal care
  - They are aware of some instances where charting of the vital signs, medicines and the partogram are recorded even though not executed
  - Most deliveries have records done after delivery
5. Attitude of staff
- All nurses interviewed acknowledged that staff attitude towards patients, relatives and even amongst themselves in the facility is not acceptable
  - The general feeling was that management had no power over the unacceptable behaviour as they are friends with the wrong doers
  - They feel that there is generally no leadership and guidance, as such, everyone does as they like
  - There are employees who are dedicated to their work but are discouraged by the actions of other e.g. Nurses will go for tea at their residence and take long to come back or some will sit in the duty room for hours having lunch.
6. Leadership and management
- The facility lacks quality leadership and management

- There is a potential for the facility to be the best in the district or EC should there be good management.

It should be noted that this hospital was part of the Hospital Revitalisation Programme and a sum of R105 million has been spent to refurbish this hospital, the work was completed in January 2012.

- No records of meetings, in service education or MMR/PMR including near misses meetings held
- Nurses and midwives not made aware of crucial policies, guidelines and targets and other directives that should be guiding their day to day practice. The 10 point plan, MDGs, Mission, Vision, Brand value were however, printed and pasted on the walls in the admin offices.

#### 7. Purchase of folders

Folders that could be purchased for R3000.00 have been found to have been purchased for R30 000.00, which means it was 10 times what it ought to cost.

#### 8. Recommendations

- In line with the recommendations of the team, it is my intention that the CEO should be suspended with immediate effect pending a full investigation into her role in respect of serious dereliction of duty, mismanagement and harm to patient care.
- Again in line with the recommendations of the team, it is my intention that the Nursing Services Manager should also be suspended with immediate effect pending a full investigation into her role in respect of serious dereliction of duty, mismanagement and harm to patient care.
- In line with the recommendations of the team, it is my intention that progressive disciplinary measures should be instituted against the Hospital Administrator.
- As both the CEO and the Nursing Service Manager are nurses by profession, it is my intention that they be reported to the South African Nursing Council (SANC) for breach of professional ethics.
- An urgent forensic audit to be done in this hospital in as far as the purchase of hospital files is concerned.

- As far as the District Management is concerned, the Deputy Minister of Health, Dr Gwen Ramokgopa visited the OR Tambo District in May this year. In interacting with the District Management, she concluded that the management of that District is grossly inadequate and recommended that the Province do something about it. When the Province started to take action in accordance with the Deputy Minister's recommendation, the District Manager resigned. The province is in the process of interviewing for a new District Manager and will advise that this be expedited.
- It will not be fair for me to take only action in order for people to take accountability without attempting to help the patients who use these facilities. Hence the following equipment have been purchased by the National Department of Health and dispatched to Holy Cross Hospital:
  - Baumanometers x20
  - Neonatal Ambubags x10
  - Paediatric Ambubags x10
  - Adult Ambubags x10
  - Pulse Oxymeters x10
  - Electric POP saw x2
  - Infusion pumps x8
  - Patient body warmers x5
  - Vacuum extraction x2
  - Disposable thermometers x5000 in boxes
  - Suction machines x10
  - Glucometers x5
  - Foetoscopes x10
  - ENT sets x5
  - Laryngoscopes
- Gloves, syringes, needles in various size

These equipment has been dispatched yesterday.

There was no time for the team to visit the other hospitals in the District, but to err on the side of caution, we believe they have got similar needs. And hence the equipment listed above will be purchased and dispatched to all other 13 District Hospitals, 2 Regional Hospitals and 3 Specialised Hospitals as from next week.

### **Other equipment for Eastern Cape**

According to information at our disposal, as of August 2013 the Eastern Cape has a backlog of 2 581 wheelchairs, and other assistive devices like hearing aids (703), prosthesis (707), cochlear implants (2). These will cost a total of R15.3 million and it is our intention that the National Department of Health will purchase them and dispatch them in the next coming weeks.

### **Ambulances**

Apart from shortages of ambulances in most of the Eastern Cape, the OR Tambo is once more the hardest hit and the rough terrain makes it even worse. Fortunately the Province has already been aware of this and a total of 100 ambulances have already been ordered and are busy being converted and we wish to thank the province for 26 of them will be dispatched to OR Tambo District as soon as the conversion has been completed.

### **Section C: Drug Supply and Strategies to improve hospital performance**

A few weeks ago you were invited here to a press conference to announce a Development Accord signed between the National Department of Health, the Gauteng Provincial Department of Health and the University of the Witwatersrand under the Vice-Chancellor. This Accord was aimed at improving hospital management, increase quality of care, ensure constant drug supply, minimize the shortage of equipment and other consumables. Due to lack of time, I would not want to repeat the Accord here but just to remind you in summary, it deals with:

- (a) Increasing delegations of CEOs
- (b) Allocation of contingency budget to CEOs

- (c) Direct procurement and delivery from suppliers to hospitals
- (d) Establish management structures to monitor and manage the process to ensure continuous availability of non-negotiables items
  - Vetting committee
  - Medicine and Therapeutic Committee
  - Clinical Department meetings
  - Hospital Executive Management meetings
  - Ward Management
- (e) Improving supply chain management/procurement processes
  - Develop a profile of all the essential needs of all the wards
  - Develop a minimum and maximum stock level in the stores for these items, monitors the stock levels in these items on a daily basis, place orders for the items in advance on a rolling 3 month basis
- (f) Improved management of essential equipment
  - Equipment Committee:
    - (i) In this new process, we will wish to order equipment from reputable suppliers which will come with a proper maintenance plan;
    - (ii) Essential equipment list should be developed by all hospitals. This Essential equipment list should be categorized according to level of care, i.e Central Hospital, Regional Hospital and District Hospital

After the above Accord was signed with Gauteng for hospitals falling under the following categories:

- All Central Hospitals;
- All Tertiary Hospitals;
- All Regional Hospitals; and
- Strategic District Hospitals

In the case of Gauteng, this will cover 20 hospitals.

In July this year, at the National Health Council, each province was asked to give the number of hospitals falling within these categories. Eastern Cape provided us with 16 hospitals.

**Progress thus far:**

The DDG: Hospital Services and HR, was tasked with the job of visiting all provinces, meet the provincial and district management as well as the CEOs of these particular hospitals, to outline this plan to them.

On 22 August 2013 such a meeting took place in the Eastern Cape. We will ask the DDG to follow up so that the formation of the Committees as mentioned above will be completed by the end of September.

**Section D: Procurement Reform**

In 2011 the Minister of Finance, being worried by the problem of Supply Chain Management in some provinces including the Eastern Cape, formed a Multi-Agency team consisting of SARS, SIU, Accountant General, and National Treasury. This team spent a long time in the Eastern Cape to establish problems, their origin, and possible solutions, in order to intervene on supply chain issues. Their work has been completed and cases in which fraud, corruption, and other misdemeanors were found, have been referred to the investigative agencies.

Early this year, the Minister of Finance established the Office of the Chief Procurement Officer (CPO). Procurement Transformation Initiative (PTI) has been established to develop procurement operations end to end.

In agreement with the Minister of Finance, this PTI will be urgently implemented within the Provincial Department of Health in the Eastern Cape, Gauteng and Limpopo. It is our intention that teams will be dispatched very soon especially to the Eastern Cape to start with implementation process.

The European Union (EU) has donated R40 million to assist with the implementation of this initiative.

The Memorandum of understanding has already been signed between Chief Procurement Officer in National Treasury and the Director General of the Department of Health to facilitate the implementation of the procurement reform in the Eastern Cape, Gauteng and Limpopo provincial health departments.

In conclusion, I wish to state that the work of rebuilding the Department of Health in the Eastern Cape has been going on for some time. In May 2013 I and the Deputy Minister spent four hours with the Executive Council in Bisho. Two weeks ago a new HOD has been appointed; he was working here at the head office with us. After along time of Acting position the Eastern Cape has got a permanent CFO and a permanent DDG for Human Resources. It is important to mention this because this where the special positions where serious weaknesses were observed in the past. I have just spoken to the new HOD this week to prioritise appropriate appointment in the directorate of Pharmaceutical services.

Lastly, the Eastern Cape regrettably delayed the appointment of the CEOs which have been going on in other provinces since last year. But I am happy to announce that the adverts for the new CEO positions in a number of hospitals are out and will start appearing in the media in the next few days.

I thank you