

North West Legislature Health Committee Welcomes Health Department Administrator's Turn Around Strategy and Status Report on Section 100 (1)(b) Intervention

The North West Provincial Legislature's Portfolio Committee on Health and Social Development led by Hon. Madoda Sambatha has welcomed the Administrator of the Provincial Department of Health, Ms. Jeannette Hunter's turnaround strategy and status report on the Section 100 (1)(b) intervention. This follows the Cabinet's approval to place the department under full administration following a strike action by National Health and Allied Workers Union (NEHAWU) which brought healthcare services to a standstill in the province. The application of the Section means that the department will report directly to the National Minister of Health through the Administrator for a period of 18 months pending approval of extension of the time frame by the National Council of Provinces.

Hon. Sambatha said the administrator should find permanent solutions to ensure that the department healthcare system in the province is restored. "We can see that the suspended Head of the Department, Dr Thabo Lekalakala has almost collapsed the entire department through outsourcing most key functions such as the human resource management; finance and supply chain management and provision of basic healthcare in communities and not compensating staff accordingly.

"Dr Lekalakala did not only compromise the functions of the department's head office but affected district and tertiary hospitals and clinics through transversal contracts on coal; catering; laundry and emergency services. We urge the administrator to 'de-tenderise' the department," said Hon. Sambatha. He said basic procedural matters were not followed in supply chain management hence the emergence of the MEDIOSA and other emergency services contracts that compromised essential services such as the HIV/AIDS programmes.

Amongst others, the intervention team was tasked to restore trust and confidence between labour and government to stabilize the labour environment; restore sustainable service delivery; ensure safety of staff; improve financial management; assist the province to upgrade its systems and ensure compliance with legislation and regulations framework of government.

According to Ms. Hunter, some of the current challenges in the department include high accruals in operation budgeting running out as early as September 2017; discontinuation of certain healthcare services due to lack of budget; staff shortages including high vacancies in critical clinical, management and operational posts in hospitals and clinics and poor building maintenance in public healthcare facilities.

“In the finance directorate, there is poor financial controls and non-payment of suppliers and frequent violation of supply chain regulations. There is non-payment of performance incentives for staff and the departmental organisational structure is not in line with the service delivery package resulting in an unaccountable organisation,” said Ms. Hunter.

On facility based services, only 39 percent of the public healthcare facilities in the province are fully functional in terms of the Ideal Clinic Framework and there is poor management of patient records in facilities.

Ms. Hunter said critical remedies will include establishment of strong executive and senior management team that will lead in full implementation of the department’s mandate in healthcare facilities and revive all internal and external communication structures. The intervention team also aims to establish stable labour environment; implement an improved organisational structure for service delivery and investigate all the contracts in order to address irregularities. “The team will develop and implement an accrual management strategy; debt management strategy and complete costing of public healthcare and hospital package of service.

“We will also develop a strategy for proactive maintenance of hospital equipment and improve pharmaceutical services to ensure direct delivery of medicine to healthcare centres,” said Ms. Hunter.

On improving emergency medical services and planned patient transport, she said the intervention team will assist the department to develop a provincial structure with communication system and computer aided dispatch system; procure 40 new ambulances with staff complements and construct emergency medical services station that is closer to communities.

Hon. Sambatha said at the end of the term of the Intervention team, the department should have an electronic recording system for patients and organise a proper achieving system. “The delegation of powers on human resource in hospitals should be decentralised to management of these

hospitals so that critical positions can be filled. The department must also liaise with the National Department of Human Settlement to build local emergency services in rural communities,” Hon. Sambatha. He said the intervention team can make the Department of Health an ideal model for National Health Insurance scheme in the country.