Address by the MEC for Health, Mr. M.N. Jack, at the Debate of Vote 10 in the Northern Cape Provincial Legislature on the 12th May 2015

Honourable Speaker,Mr Kenny Mmoiemang;

Honourable Deputy Speaker, Ms Juanita Beukes;

Honourable Premier,Ms Sylvia Lucas;

Honourable Members of the Executive Council;

Chairperson of the Portfolio Committee on Health, Hon. Dr Dithebe;

Honourable Members of the Provincial Legislature;

Invited Guests;

Managers from the Department;

Ladies and Gentleman.

1. It is an honour and a privilege to present to this Honourable House, the 2015/16 Vote 10 Budget Policy Statement of the Department of Health for your consideration and approval.

2. The National Development Plan merely reflects the exhortations from the real congress of the people in 1955, when people from all kinds demanded society that place human dignity above all and adopted the freedom charter.

3. The President of the Country rightfully declared the year 2015, as a year to celebrate the Freedom Charter and Unity in Action to advance Economic Freedom.

4. It is in this context that, we as custodians of Health in the province continue to be guided by what the Freedom Charter dictates that; 'free medical care and hospitalisation shall be provided to all, with special care for mothers and young children'.

5. This remains our ultimate dream as South Africans, as we strive towards providing quality health care to our people.

6. It was the ANC that said South Africa belongs to all who live in it, black and white, and today it's still the ANC that wants blacks and white and foreigners residing in South Africa to reside in harmony and peace.

7. Honourable Speaker, the elements of cultural change understandably brings fear, uncertainty and apprehension. However, no organization or structure, public or private, survives over the long term if it can't reinvent itself.

8. Successful change is based on re-defining and re-interpreting existing norms and values, and developing commitments to new ones. Ordinarily, culture doesn't change quickly, and certainly not overnight, but it becomes even more difficult where there is resistance.

9. In many ways our department has lost its direction and a culture of self-interest, laziness, corruption, nepotism, maladministration and confusion has set in. This culture has resulted in a situation where productivity declines, morale deteriorates, valued employees leave the department, and projects pass their deadline and go over budget.

10. There is increased absenteeism, general lack of enthusiasm, growing levels of conflict amongst team leaders, and obvious unhappiness. Morale and motivation can fall when people are unclear about what they should be doing or what their manager's expectations of them are. This lack of direction is disorienting and disheartening.

11. In my assessment of the situation, after proper diagnosis of the problems, I have come to realise that poor communication is one of the root causes of low morale and disunity amongst team leaders.

12. I have requested that all the necessary management structures and committees be activated and be fully functional. I am still of the view that the prognosis for this department is promising and it will fully recover if all the plans we have, are properly implemented.

Finances

Budget 2015/16

13. Honourable Speaker, Treasury has allocated R4 billion to the Department this year, increasing to R4.3 billion over the Medium Term Expenditure Framework. The anticipated growth in expenditure over this period is 5.2 per cent.

14. It is important to report that Treasury has managed to protect the Department from the budget cuts faced by most other Departments. An amount of R69 million was awarded to maintain the baseline and growth. However, the Department will have to realise savings internally to fund the Improvement in Conditions of Service not provided for in the budget.

Financial Challenges

15. The Northern Cape Department of Health is faced with a serious challenge of accruals which over crowd the budget of the Department causing cash flow shortages. The Department closed the 2013/14 financial year with accruals of R215 million and is again projecting significant levels of accruals for 2014/15.

16. A number of additional interventions have been developed in an effort to address this challenge. These interventions are meant to be sustainable and are highlighted below:

    i. Strengthen the finance unit to enable it to develop credible budgets and monitor the implementation to avoid unauthorised expenditure.

ii. Streamline the budget process to comply with National Treasury guidelines and prescripts

iii. Perform monthly assessment on the programmes monthly financial performance and make recommendations to the Department's Budget Committee each month.

iv. Implement and enforce National Treasury Instruction 01 of 2013/14 on "Cost containment measures" as well as our own additional measures.

17. The interventions above will assist the Department with the challenge of accruals in the following manner;

i. Ensure that the service delivery plans are aligned to the budget, with early warning and corrective action.

ii. The expenditure for Compensation of employees is managed within the approved budget.

iii. Only budgeted tenders will be awarded.

iv. Conditional grant will be managed within the conditions and budget specified

Records Management

18. Honourable Speaker, The major cause for repeated audit findings received by the Department over the years has been the consistent failure to provide timely and accurate information to the auditors. This can be attributed to a lamentable history of poor record keeping and document management.

19. This year the Records Management Unit at provincial level will be re-capacitated. The staff will be trained in theproper processes and systems of record management.

20. Amongst key activities planned over the medium term expenditure framework are the following:

i. Re-establishment of proper registries in all hospitals and district offices

ii. Training of records managers, particularly on the handling of patient, employee and management files and on the principles of safe-guarding of information.

iii. Enforcing protocols and procedures for the filing, archiving and disposal of official documents.

Human Resource Management

21. Honourable Speaker, the Presidency's Management Performance Assessment Tool (MPAT) for human resource management highlights this as a poorly performing area. Out of five standards, the Department was compliant in just two areas. In the other three areas it is partially compliant or improving its compliance, but is performing below expectations in terms of management practices.

22. One of the major reasons for the department's poor performance and frequent failure to attain set targets is the poor performance of employees and the general dysfunction of human resource management.

23. There has been no proper monitoring of employee performance. We have witnessed nepotism and deployment of officials to positions without the necessary qualifications or competence. The organisational culture and workplace ethics have dropped below acceptable levels.

24. These practices were unfortunately not confined to the administrative sphere, but are also present in the attitudes of clinical staff.

25. Radical measures were called for, and during the past year an unprecedented strategy to re-engineer and transform human resource systems was embarked upon. We are now seeing the results of these efforts. Just by restructuring our existing internal resources and implementing stricter controls, we have managed to significantly improve performance and productivity in the administrative sphere of the department.

26. The workforce is central to advancing health care. Developing capable, motivated and trained personnel is essential for overcoming bottlenecks to achieve our goals. Going forward the following activities will be conducted to strengthen performance in this area:

    i. Continuing with the restructuring of HR and re-deployment of officials with emphasis on proper alignment of skills to posts.

    ii. Appointment of competent HR practitioners to improve capacity in the districts.

    iii. Utilizing annual block advertisement for scarce and critical skills to minimise delays in the recruitment process for health professionals.

    iv. Continuing to work closely with the Mandela-Castro programme to rapidly increase the number of doctors we have, particularly in the rural areas. In addition to the 34 Northern Cape medical students being trained at home, we have a further 132 trainees in Cuba. Later this year we will be sending an additional 30 students to Cuba. All our students funded through bursaries have to sign a contract to work back their time in the province.

Information and Communication Technology

27. Ladies and Gentlemen, the Presidency's Management Performance Assessment Tool (MPAT) shows that the Department has shown some improvement in the corporate governance of information and communication technology.

28. In 2013, the department was scored as non-compliant with the standard. This improved last year but was still performing below expectations in terms of its management practices. For 2015, the Department has set itself a target of being fully compliant with performance that is adequate in terms of management practices.

29. ICT is a key enabler in service delivery and the Department is committed to leveraging the advantages of ICT to improve healthcare, particularly in the most rural areas.

30. For this goal to be achieved a number of critical interventions will be undertaken.

i. Firstly, the computer equipment of the Department, which is largely outdated, will be assessed for upgrading or replacement.

ii. Secondly, the ICT infrastructure needs overhauling. The desired technology is a virtual private network, but currently this is unaffordable. Work-around solutions will be implemented as we build up the business case for the preferred solution.

iii. Thirdly, a Central Information Repository will be developed to facilitate the storage and distribution of information electronically between facilities.

Eradicating Fraud and Corruption

31. Honourable Speaker, fraud and corruption feeds on the fabric of our society and it is our responsibility to root it out.

32. In 2013, the department was non-compliant with the MPAT standard on the prevention of fraud and corruption. In 2014, the score improved slightly but was still performing below expectations in terms of its management practices. For 2015, the Department has set a target of making it fully compliant with performance that is adequate in terms of management practices.

33. The Department has experienced losses through flawed lease management processes, collusion with vendors, undeclared employees interests, deviations on construction projects, fraudulent procurement of equipment, drugs and supplies, theft of clinical equipment and supplies, abuse and misuse of vehicles, telephone abuse, under-performance, abuse of leave, ghost employees and manipulation of BAS and PERSAL.

34. Activities that we are conducting as a priority include:

i. The integrity of employed staff will undergo continuous assessment to eliminate risk, and where indicated life-style audits will be conducted.

ii. The human resources directorate will be obligated to conduct a mandatory background check and verification of qualifications on all new appointments.

iii. Supply chain processes will become an area of key focus, and action will be taken promptly against any manipulation of treasury procurement processes.

iv. Where necessary, service providers will be subjected to vetting before being awarded contracts.

v. In the clinical arena, any employees, including doctors and nurses, found collaborating with legal firms to bring about bogus litigations or bring disrepute to the service will be made to account legally.

35. All of this will not be an easy task, but we are proud to announce that a Fraud and Corruption Prevention Unit is being finalised in the Department. We will cooperate closely with other institutions, law enforcement agencies and stakeholders, not least amongst them being the concerned citizens of our province..

Combating Disease

36. Honourable Speaker, let me move on to our core business, the provision of health care services to our citizens.

37. There is evidence that individuals are still ill-informed or lacking adequate information about diseases such as HIV, Sexually Transmitted Infections, Cancer, Hypertension, Diabetes and Foetal Alcohol Spectrum Disorders, that are ravaging our communities.

38. Through the integrated Advocacy, Communication and Social Mobilization Strategy, the Department will undertake major awareness campaigns at all Health Calendar Events. In addition, visible messaging will be created through branding of billboards, stationary, websites and vehicles with a range of health awareness messages.

39. The Province is reporting high rates of non-communicable diseases such as hypertension, heart disease, diabetes and FASD, directly caused by poor lifestyle practices such as lack of exercise, poor diet and alcohol misuse.

40. This year, the Department will strengthen non-communicable disease screening through our outreach programmes, including using the newly developed Ward Based Outreach Teams. I will say more about these primary health care teams shortly.

41. The HPV vaccination campaign is aimed at protecting women against cervical cancers caused by the Human Papilloma Virus. In this programme girls are vaccinated before they are sexually active. This is a new and important programme that started last year.

42. There has been an increase in the number of people diagnosed with cataracts who are in need of cataract surgery to restore their eyesight. The Department will be partnering with mining houses, the private sector, and charities such as the Bureau for the Blind and Rotary International, to address the rising demand.

43. A reduction in maternal and neonatal mortality is a priority for the Department. A research project to determine the reasons for high maternal mortality rate in the John Taolo Gaetsewe District will be completed shortly, and will inform the additional interventions that are required from us.

44. To improve the care of new-born babies, a Human Milk Bank and Kangaroo Mother Care unit will be established at Prieska hospital to supplement the services already provided at Kimberley Hospital and Dr Harry Surtie Hospital. This must become the norm in all our hospitals as we move forward. We will also create maternity waiting homes at Kuruman and Tshwaragano hospitals with funding from mining houses.

45. Training funded by the Medical Research Council on the Essential Steps in Managing Obstetric Emergencies (ESMOE) will be provided throughout the districts.

46. In September 2014, U.N.-AIDS launched ambitious new targets for the scaling up of Antiretroviral treatment initiative by 2020 known as the "90-90-90 targets". The National Department of Health has adopted these targets to significantly contribute to the goal of ending the global HIV epidemic.

    i. The "90-90-90 targets" stand for:

    ii. 90% of people with HIV should know their HIV status

    iii. 90% of people who know their status should be on ARV treatment, and

iv. 90% of people on ARV treatment should have suppressed viral loads.

47. In order to achieve the "90-90-90 targets", policy changes were effected in January. All children 5 years and older, adolescents and adults with CD4 count of 500 or less, and pregnant women irrespective of their CD4 count, are now eligible for antiretroviral treatment.

48. Early initiation of ARV treatment can significantly reduce mortality, morbidity and opportunistic infections. This year the provincial Department of Health will roll out access to ARV treatment to 13,800 clients.

49. To further achieve the new target for ARV treatment, new point-of care devices will be installed in an additional 16 facilities in Frances Baard and John TaoloGaetsewe Districts. These devices can determine the CD4 count within 20 minutes, dramatically speeding up the decision to start treatment.

Kimberley Hospital

50. Honourable Speaker, I am pleased to announce that Kimberley Hospital was visited this month by the Health Professions Council of South Africa. The purpose was to accredit our tertiary hospital for the practical component of undergraduate medical training. Next year, for the first time, Kimberley Hospital will provide this training platform for 10 medical student undergraduates from the University of the Free State Medical School.

51. The national policy on the management of public hospitals states that a tertiary hospital must render specialist and sub-specialist care in the fields of cardiology, cardiothoracic surgery, craniofacial surgery, diagnostic radiology, ENT, endocrinology, geriatrics, haematology, genetics, infectious diseases, general surgery, orthopaedics, general medicine, paediatrics, obstetrics & gynaecology, radiology and anaesthetics, as well as intensive care services.

52. Furthermore, it must serve as a platform for training of health workers and for research. Kimberley Hospital continues to work towards delivering the full complement of services required by legislation.

53. Kimberley Hospital is already a training platform for specialist doctors. We have 12 registrars in all disciplines except for cardio-thoracic surgery. This programme has been a vehicle for the Northern Cape to produce its own specialists. As a result, we have an orthopaedic specialist who super specialises in arthroplasty in hip and knee replacement.

54. We have also produced our own ENT specialist, a Trauma Specialist, four family medicine specialists to supplement the existing Family Physicians; and by the end of this year, we will have two ophthalmologists and two anaesthetists.

55. Last year, the CT scanner and Mammography machines were operationalised and they have already performed 430 CT scans and 370 mammographic examinations.

56. This year, R8M worth of height adjustable beds to replace the old fixed-height beds have been procured.

57. A low dose X-ray machine, known commonly as Lodox, has been ordered and will be operationalised this year. This state of the art South African technology creates a high resolution image of the entire body in 13 seconds. It provides the trauma team with immediate information on the precise location and severity of any internal injuries – vital information to treat a gunshot wound, stabbing or multiple fractures.

58. A range of smaller clinical equipment has also been ordered and will be put into use this year, including:

    i. New anaesthetic machines for the maternity unit;

    ii. Video-assisted laryngoscope for better airways management;

    iii. Mobile ultrasound machine to guide the needle during regional anaesthesia and pain blocks;

    iv. Specialised vital signs monitor for use when transferring patients to Intensive Care;

    v. Additional orthopaedic drills to reduce turnaround times in theatre; and

    vi. Ten fully equipped intensive care beds to replace the old ones.

59. Also this year, the adult High Care Unit will be operationalised to alleviate pressure on the Intensive Care Unit.

60. A major development for this year, is the improvement of service provision and quality by relocating some cramped surgical services into the building known to everyone as the Curomed building. This building is government property that was on long-term lease to the private sector. This move will allow for a growth in quality and efficiency without a growth in cost. Excitingly, it provides the opportunity to deal more systematically with the backlog in orthopaedic surgery.

Dr Harry Surtie Hospital

61. Honourable Speaker, the new regional hospital in Upington is beginning to settle into its stride. It is managing an increasing number of patients more locally, with less patients having to be transported to Kimberley for a specialist diagnosis, care or treatment.

62. However, this is not without teething problems. Recruitment into the new hospital was slower than planned, not just due to our sluggish processes, but also caused by difficulties in attracting professionals to Upington.

63. By the end of last year, recruitment was up to the budgeted level. This year, there will be another increase in staffing levels as we work towards having a fully staffed hospital by 2018.

West End Hospital

64. Honourable Speaker, as we wait for the opening of the Northern Cape Mental Health Hospital in Kimberley, the Department has undertaken an upgrade of an unused ward in the grounds of West End Hospital. With a rearrangement of existing inpatients, this will allow us to admit an additional 18 involuntary mental health patients and 18 low to medium risk State Patients.

65. The Department is currently identifying an additional R17M per annum that will be required to operationalise this 36-bed facility. We expect this upgrade to be ready in July 2015 and will increase mental health capacity from the current 106 clients to 142.

66. The 40 beds for the care and treatment of patients with drug resistant tuberculosis remain under pressure. There is a growing view that the next investment in additional TB beds should be in the decentralized TB units that have been identified for a number of hospitals in the districts, thereby allowing West End Hospital to develop into a true centre of excellence for the care and treatment of the most difficult cases.

Northern Cape Mental Health Hospital

67. Honourable Speaker, the Implementing Agent for the Department of Health for the construction of the Northern Cape Mental Health Hospital is the Department of Roads & Public Works.

68. The hospital is more than 60 per cent complete. The completion date according to the current construction contract is the end of May 2015. It will not be ready. Financial penalties will soon be charged against the contractor by the Department of Roads & Public Works.

69. At the current rate of construction, completion is more likely to be at the end of 2016. Initiatives have been undertaken over recent months to accelerate completion for December 2015. For the contractor to meet this revised deadline,we are told that additional budget will be required. Negotiations are underway between the Department of Health as client, the Department of Roads & Public Works as implementing agent, and Treasury as the financer, to determine the best way forward.

70. A costed staffing plan to operationalize the new hospital has been submitted to Treasury last year. Linked to the opening of the new mental health hospital, there is a critical need to open dedicated beds for less severe mental health clients within the District Hospitals, so that they can receive care closer to where they live at less cost.

De Aar Hospital

71. The construction of the new De Aar Hospital continues. It is our expectation that it will be complete and ready for occupation towards the end of this year or early next year.

Improvement to Clinic Infrastructure

72. Ladies and Gentlemen, this year we will be spending over R30M on the improving the quality of primary health care clinic infrastructure by ensuring that they are compliant with the National Core Standards. This exciting development will be happening across the province, starting with Breipaal, Vredesvallei, Logobate, Kuruman Hospital Forensic Mortuary, Alheit, Cillie, Garies, O'Kiep, Kagung, and Carnarvon.

73. Standby electrical generators to the value of R15M will be implemented at our Community Health Centres, starting with Olifantshoek, Kagisho, Alexander Bay, Nababeep, Fraserburg, Brandvlei, Louriesfontein, Prieska, Carnavon, Richmond, Noupoort, Hopetown, Pampierstad, Keimoes, Kenhardt.

Emergency Medical Service & Patient Transport Service

74. Honourable Speaker, the national standard for responding to emergency calls is within 15 minutes in an urban environment, and within 40 minutes is a rural environment. Currently this target is met 66% of the time, and although this is slightly higher than the locally set target, the Department still has a long way to go in order to meet the national standard.

75. The department placed orders for 100 ambulances last financial year, 60 of these vehicles were delivered and operationalized. The remaining vehicles are on back order to be delivered early this year.

76. This time last year the Department had 90 operational emergency ambulances. Today, this stands at 110 ambulances. Whilst this is an improvement, the Department still has a long way to go to reach its target of 184 operational ambulances.

77. The allocation of these new ambulances includes:

    i. For Namakwa: Sutherland, Calvinia, and Springbok

    ii. For Frances Baard: Jan Kempdorp, Barkly West, Richie and Kimberley

    iii. For ZF Mgcawu: Rietfontein, Upington, Keimoes and Postmasburg

    iv. For Pixley ka Seme: Van Wysvlei, Norvalspont, Prieska, and Noupoort,

    v. John Taolo Gaetsewe: Henningsvlei, Kuruman, Batlharos, Van Zylsrus, Kathu and Cassel.

78. Included amongst these new ambulances are obstetric ambulances which are highly specialised vehicles designed to transport and manage high risk maternity cases and newborn babies with complications. These ambulances will be placed at the hospitals in Springbok, Barkly West, Galeshewe, Upington and De Aar.

79. Last year, the Department procured storage services to safeguard decommissioned ambulance from theft of parts before they can be auctioned. Over the past two years, revenue to the value of R4 million has been achieved from the sale of old vehicles, we anticipate that this will increase with the secure storage of vehicles.

80. Last year, the Department employed an additional 100 emergency care practitioners with additional budget provided by Treasury. The Department also appointed an additional 10 non-emergency patient transport drivers with additional funds.Slow recruitment processes meant that this target was only achieved during the second half of the year, but never-the-less it was achieved. The Department now has 800 of the 1,800personnel required to achieve the two-person crew standard.

81. The Department recruited two paramedics that had been trained to the level of advanced life support using skills levy bursaries. Through a process of restructuring the Department was able to appoint ten station managers and ten shift leaders across the province to help address operational management problems in the Districts.

82. A new ambulance station will soon be opened in Kathu to provide emergency services in the Gamagara municipality. This was funded through a generous donation by Kumba. A purpose built EMS station has also been erected in Jan Kempsdorp.

83. Last year, a new regional base was operationalised within the grounds of the Dr Harry Suite Hospital in Upington. This base has its own call centre and operational offices. The new call centre adjacent to Kimberley Hospital has also been operationalised. Both facilities are using standard telephone and computer equipment and have yet to be equipped with modern computer-aided call taking and dispatch technologies.

National Health Insurance

84. Honourable Speaker, Ladies and Gentlemen, the National Health Insurance, commonly referred to as NHI, will ensure that everyone has access to appropriate, efficient and quality health services.

85. It is to be phased-in over a period of 14 years and entails major changes in the service delivery, administrative and management structures of our health system.

86. Within the province the NHI strategy consists of five majorwork streams aimed at re-engineering primary health care:

    i. Firstly, the deployment of primary health care ward based outreach teams, so that we bring health care services closer to the people;

    ii. Secondly, the strengthening of school health services, that measure growth, hearing and eyesight, as well as treating or referring other health concerns that may show in our school children;

    iii. Thirdly, the deployment of district clinical specialist teams aimed at improving maternal and child health,

    iv. Fourthly, improving the provision of medications to ensure that patients get their prescribed medicine on the same day, and

    v. Fifthly, the creation of the ideal clinic through the Ideal Clinic Realisation and Maintenance initiative

87. We continue to develop and pilot these in the Pixley ka Seme District – our NHI pilot site. But additionally, we are also undertaking smaller projects in the other Districts.

88. I will give you a brief overview of each of these work streams. But for the Ideal Clinic Realisation and Maintenance initiative, which is a major project under the ANC-led Government's Operation Phakisa, I will give you a little extra detail as it is a very exciting project.

Ward-based outreach teams

89. Honourable Speaker, Ward-Based Outreach Teams will form the backbone of the community based health care service delivery machinery.

90. The term "ward-based" refers to being located within the municipal wards, it does not mean in the wards in the hospitals. They play a vital role in the promotion of health and prevention of illnesses at community level.

91. The teams comprise of community health workers providing basic health education and making the necessary referrals to clinics.

92. To date, all wards in Pixley ka Seme have been covered with the Ward-Based Outreach Teamsand this is being rolled out to other districts.

School health programme

93. Ladies and Gentlemen, The Integrated School Health Programme was launched by the ANC-led government in late 2012. It aims to build on and strengthen existing school health services, albeit with some important changes.

94. These include:

i. Provision of services to learners in all educational phases, from Grades R to 12.

ii. Provision of a more comprehensive package of services, which addresses not only barriers to learning, but also other conditions which contribute to morbidity and mortality amongst learners during childhood and early adulthood.

iii. More emphasis being placed on provision of health services in schools, as opposed to simply screening and referral to clinic.

95. Although the programme will initially target the most disadvantaged schools, there will be sequenced plans for progressive implementation to ensure that all learners are reached.

District Clinical Specialist Teams

96. Honourable Speaker, the level of infant, child and maternal mortality are unacceptably high. To reverse this, the ANC-led government is establishing teams of clinical specialists in every health district.

97. The role of district clinical specialist teams, commonly referred to as DCSTs, is to strengthen clinical governance of maternal, neonatal and child health services at district hospitals and primary health care facilities. They will ensure that the correct treatment guidelines and clinical protocols are used and that essential equipment is available and being used correctly.

98. The full team in each District will comprise of four experienced medical specialists (a family physician, an obstetrician, a paediatrician and an anaesthetist) and three advanced nursing professionals (an advanced primary health care nurse, an advanced midwife and an advanced paediatric nurse).

99. The family physician and advanced primary health care nurse are to provide support, supervision and mentoring at midwifery obstetrics units, primary health care clinics, community health care clinics, primary health care outreach teams and communities. This also includes engaging with private sector facilities such as general practitioners and the mining sector.

100. We have received a donation of a mobile unit to improve and support training for maternal and infant care. This has been facilitated by the MRC Unit for Maternal and Infant Health Care Strategies. This state of the art unit will be stationed in the ZF Mgcawu District and all DCSTs will have access for training and support services to the facilities as required.

Improving the provision of medications

101. Ladies and Gentlemen, last year, a strategic plan was developed to enhance pharmaceutical services in the province. As a result, a range of projects have been initiated:

i. Firstly, the Stop-Stock Outs project started last year in order to monitoring medication stock, identify reasons for stock-outs, and put systems in place to prevent future stock-outs.

ii. Secondly, a computerised pharmacy stock management project was piloted in Dr. Harry Surtie Hospital. The pilot has now been completed and the system will be extended to the Pixley ka Seme NHI pilot site this year. Six health facilities have been identified for initial implementation and an IT infrastructure assessment is currently underway.

iii. And thirdly, the Central Chronic Medicine Distribution and Dispensing project aims to enable clinically stable patients to collect their chronic medicines at pick-up points nearer to their home or work. Qualifying patients are issued with a six-month repeat prescription and their medications are then distributed from the central pharmacy to local clinics or other accessible collection points.

102. In Pixley ka Seme, the project has been rolled out to include anti-retrovirals and other chronic medicines and covers almost 4000 patients in 30 facilities.

103. This year, the Department will establish a Chronic Dispensing Unit in the ZF Mgcawu District that will make up the patientprescriptions and send the packages to local clinics for easy collection by the patient. From June this will be piloted in the !Kheis sub-district before rolling out to other localities in the District.

104. The long-term plan is to put all patients qualifying for this service onto the Central Chronic Medicine Distribution and Dispensing programme, thereby improving the self-management of patients, decongesting clinics, making access to healthcare easier and cheaper for patients, and improving clinical outcomes.

Ideal Clinic Initiative

105. Honourable Speaker, in 2013, President Jacob Zuma undertook a State Visit to Malaysia. He was introduced to the Big Fast Results Methodology through which the Malaysian government achieved significant transformation within a very short time. Using this approach, they addressed national key priority areas such as poverty, crime and unemployment.

106. With the support of the Malaysian government, the Big Fast Results approach has been adapted to the South African context. To highlight the urgency of delivery the approach was renamed to Operation Phakisa – meaning “hurry up” in Sesotho.

107. This is a results-driven approach, involving setting clear plans and targets, on-going monitoring of progress and making these results public. The methodology consists of eight sequential steps. It focuses on bringing key stakeholders from the public and private sectors, academia as well as civil society organisations together.

108. These collaboration sessions are called laboratories. The results of the laboratories are detailed plans (also call 3 foot plans due to the thickness of the detailed documentation), with ambitious targets as well as public commitment on the implementation of the plans by all stakeholders.

109. In November 2014, the President launched the second Operation Phakisa initiative entitled “Ideal Clinic Realisation and Maintenance”. This intervention seeks to transform all our public sector clinics into Ideal Clinics, which provide good quality care to all our communities.

110. Over the last 21 years of democracy, our country has made major strides towards creating a unified health system rooted in Primary Health Care principles. Our National Health Act provides a framework for public accountability through community involvement in health issues, including through Clinic Committees, Hospitals Boards and District Health Councils.

111. Access to Primary Care services, measured in terms of visits to our health facilities, has almost doubled between 1998 and 2013. However, we cannot rest on our laurels. South Africa remains an unequal society because of the apartheid history of exclusion and marginalisation of the vast majority.

112. This societal inequality translates into inequality in health care services as well, with rural areas being more deprived. The National Development Plan talks about "A health system that works for everyone, produces positive health outcomes, and is not out of reach”. Operation Phakisa provides a key part of that vision of an ideal health care system.

113. This philosophy therefore continues to influence and guide us as we prepare for the realization of universal health coverage for all the people of South Africa, through the implementation of National Health Insurance.

114. The Ideal Clinic initiative is rooted in the ethos of Primary Health Care. It is not only about further enhancing access to good quality care in our clinics, but is also about fostering closer relations between our clinics and the communities they serve.

115. It also aims to foster relations between government and non-governmental actors and formations active in those communities. The question we are to ponder today is the following: If we were to ask the people of South Africa, ordinary citizens, to define an Ideal Clinic, what would they say?

116. But, what do we mean by an Ideal Clinic? The ideal clinic will provide community-based health promotion and disease prevention programmes in collaboration with the community. It provides a comprehensive package of good quality health services every day, and patients do not have to return on different days for different services. It has the basic necessities available, such as essential medicines. It refers people to higher levels of care timeously when this is required.

117. Late last year, a team of 164 managers and clinicians from the national, provincial and local government spheres of government, together with their counterparts from the private sector, organized labour, academia, civil society and our Public Entities, participated in this Operation Phakisa: Ideal Clinic laboratory. Our province was fully represented in the laboratory. Their task was to devise ways and means of making the concept a reality.

118. The work of Operation Phakisa: Ideal Clinic Initiative was organised into eight work streams focusing on the different building blocks of an ideal clinic capable of delivering good quality health services. These work streams were:

i. Service Delivery

ii. Waiting Times

iii. Human Resources

iv. Infrastructure

v. Financial Management

vi. Supply Chain Management

vii. Scaling up and Sustainability

viii. Institutional Arrangements.

119. The Service Delivery Work stream developed creative initiatives to ensure that the clinic delivers integrated, comprehensive, and truly holistic health services of optimum quality to ensure satisfactory patient experience and positive health outcomes.

120. The Waiting Times Work stream produced detailed plans to ensure that 80% of patients will have a positive experience of care, and that 90% of patients will be satisfied with their waiting time, and that no patient will spend more than 3 hours at the clinic, or more than 2 hours waiting for services.

121. The Infrastructure Team developed measures to ensure that by 2017, most of our public sector primary health care facilities will have world class infrastructure, which will result from quality construction, delivered on time, having been quality assured. These facilities will also be routinely maintained.

122. Health care delivery is a labour intensive industry. The Human Resources for Health Work stream has looked at developing measures to ensure that the necessary staff with the right skills is in place to properly deliver the service package in every primary care facility. Such services must also be provided in a caring and empathetic manner, which is the basic tenet of health care provision.

123. From the Financial Management Work stream, innovative proposals emerged for promoting equitable allocation of resources between districts and for improving accountability for public resources. This includes enforcing adherence to allocated budgets and minimising fruitless and wasteful expenditure.

124. The Supply Chain Management Work stream was informed by the fact that public sector clinics regularly run out of supplies. This team proposed measures to achieve complete and reliable availability of medical supplies and standard stock items in all clinics and to reduce the cost of procurement and distribution by at least 10%, while lowering the administrative work burden at clinic level, and speeding up the turn-around of non-standard stock items.

125. The Scale up and Sustainability Work stream developed a scale-up framework and an implementation plan for all primary care facilities to achieve sustainable Ideal Clinic status by 2018/19.

126. The final Work stream, which looked at Institutional Arrangements, looked at coordination between the three spheres of government, bearing in mind that there are also municipalities that provide some primary health care services.

127. A massive change management process is required to roll-out a programme of the magnitude of the Ideal Clinic initiative. The Department and the public will be informed of the outcomes once the process has been concluded.

Quality Improvement and Health Standards

National Core Standards for Healthcare Establishments

128. Raising the standards of clinical services, and the way that we provide health care, is central to implementing NHI.

129. In February this year, the Minister of Health gazetted for consultation the "Procedural Regulations Pertaining to the Functioning of the Office of Health Standards Compliance and its Board".

130. The purpose of these regulations is to set out procedures and processes for collection of information from health establishments by the Office, certification of health establishments, conducting of inspections, and dealing with non-compliance with prescribed norms and standards. The regulations also deal with the procedures and processes for the consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards, by the Ombud.

131. Gazetted at the same time for consultation was the "Norms and Standards Regulations in Terms of the National Health Act". The purpose of these regulations is to guide, monitor and enforce the control of critical risks to the health and safety of users by means of the required systems and relevant supportive structures, in order to provide safe, quality services to our citizens.

132. These two sets of regulations will have profound and far-reaching effects on the way we provide health care. They will raise the quality and reduce the risk of health care provision across the board by setting legislated standards that services must meet, as well as providing legislated procedures for complaints to be investigated and dealt with.

133. In the province, all of the Department's health establishments have been self-assessed against the National Core Standards. Over 50% of facilities are partially compliant or compliant to the National Core Standards. So we still have quite a way to go.

134. Tackling infection prevention and control within health establishments is critical to raising the quality of health care provision and improving health outcomes. This past year the Department has trained 50 personnel who have been placed within the sterile supplies units in an effort to improve the availability of sterile supplies for operative procedures.

135. The Department has also trained another 250 personnel in Basic Infection Prevention and Control. This year, we will be replicating this training programme across the province, with the best performing staff being awarded a Certificate in Infection Prevention and Control. Already our audits on Infection Prevention and Control have shown improvement on cleanliness and reductions is healthcare associate infections.

136. In the first half of last year the facilities were able to show an overall reduction in waiting times at clinics. Unfortunately, towards the end of the third quarter the waiting times started to rise again. The indications are that this resulted from a large number of resignations by nurses who had a misconception of their pension funds. Many of these nurses have now returned to employment, and with some internal reorganisations we are again seeing an improvement in waiting times.

137. The management of complaints from health service users continues to be a challenge. Complaints are a useful measure of quality and safety when managed honestly and transparently. Regretfully, we still have some hospitals and clinics that would rather try to hide serious complaints than investigate and respond to these in a positive and open manner.

138. The speed of responding to Complaints has improved with 60% of complaints now being resolved within 25 working days. The target is 100%, so we have quite a way to go.

139. The Department has established a provincial Complaints and Clinical Adverse Events Committee to which all serious complaints and adverse events must be reported for independent investigation. The new regulations will mean that a list of all complaints made to each facility must be submitted to the Ombuds nationally. No longer will our staff be able to ignore complaints with impunity. I know you will welcome this.

Centre for Health Care Excellence

140. Ladies and Gentlemen, the plans to establish a Centre for Health Care Excellence to help meet the rigorous demands of the National Core Standards continues apace. Preliminary talks have taken place with the major South African universities, the Council for Scientific and Industrial Research (CSIR) and Phillips Healthcare. We are receiving very favourable interest.

141. The principles behind the Centre for Health Care Excellence are that it will:

i. Provide an environment for developing and maintaining cutting edge clinical practice, for continuous professional development of clinical skills, and provide a knowledge bank of best practice;

ii. Act as a telemedicine and skills laboratory hub for all clinical professionals, linking to satellite units in the districts and main hospitals;

iii. Include a clinical practice library and media centre;

iv. Support health care research.

Nursing

142. Honourable Speaker, May 12th marks International Nurses Day, which is celebrated around the world on the anniversary of Florence Nightingale's birth. We will be holding our own provincial celebration in Kimberley on May 27th.

143. Nurses form the largest health care profession in the world. Nurses are often the only health care professionals accessible to many people in their lifetime. So nurses are particularly well placed, and often the most innovative, in reaching under-served and disadvantaged individuals and communities.

144. Nurses are trained to understand the complex nature of maintaining health and wellness, and the impact of psychosocial and socio-economic factors such as poverty, unemployment and ethnicity. They see the context for wellbeing and accordingly act in ways to reach beyond the immediate presenting problems.

145. Nurses have done much towards the achievement of the Millennium Development Goals and to help shape and deliver future sustainable goals and outcomes. They can be proud of their achievements. Yet there is still more that can and must be done.

146. Nurses must engage in advocacy and lobbying. They must be involved in the development of any programme introduced to improve health services as it is nurses who have the practical knowledge of how health service delivery can be designed, coordinated and effectively implemented.

147. In 2010, when the provincial Department established the Quality Management Directorate, it took the opportunity to create a nursing leadership presence at Director level. This was a first for our province.

148. Since then, we have established the Provincial Nurse Managers Forum where all district nurse managers, hospital nursing managers and other stakeholders are represented. This includes a Retired Nurses Forum.

149. Last year, the Department held its first Provincial Nursing Summit, which was attended by 500 delegates, ranging from student nurses, trade unions, associations, as well as all categories of nurses from all types of facilities across the province. Stakeholder from all sectors attended, including the Departments of Social Development, Correctional Services and Education, as well as from the private sector.

150. There were speakers from all over the country who spoke on a wide range of topics aimed at improving nurses and the nursing profession. There was a lot of excitement, energy and professionalism shown at that Nurses Summit. It was something we want to grab hold of and put to good use going forward.

151. Two years ago, the Department started a two-year Nursing Uniform Process to develop a uniform that is in line with the National Nursing Strategy. The task team comprised a wide range of stakeholders including nurses from all districts, trade unions, student nurses and retired nurses Over 1500 nurses were consulted. During the coming year, we will launch this new nursing uniform – it will be a white uniform!

Sister Henrietta Stockdale Nursing College

152. Ladies and Gentlemen, this year, the Department has erected prefabricated student classrooms in the grounds of the Nursing College on Memorial Road. For the long term the Department is developing plans for a permanent Nursing College that will be located close to the new Mental Health Hospital. This will require significant new funding from the national department and perhaps assistance from the private sector. The National Department will appoint technical consultants in the next few months.

153. In March this year, 94 nursing students graduated from the College. In January 60 nurse students were enrolled on the four year diploma,and in April and May 40 Auxiliary nurses commenced training.

154. The College is also building the capability of its teaching staff with two Doctoral graduates, a Masters graduate; three newly registered master's degree staff members and three masters students currently registered for their second year of study.

155. Last month, I attended the inauguration of the Nursing College Council – this was a splendid affair, also attended by the Chief Nursing Officer from the national Department of Health.

156. As announced last year, we are in the process of establishing satellite nursing colleges in Tshwaragano Hospital north of Kuruman and at the old Gordonia Hospital site in Upington. Once the De Aar Hospital transfers to its new building we will then create a satellite nursing college in De Aar.

College of Emergency Care (EMS College)

157. Honourable Speaker, the Department's EMS College that was established in 2005 is being transformed from a small facility lodging in theNIHE building and providing basic life support training, to one that can provide higher levels of emergency care training and development to all EMS personnel in the province.

158. New premises were identified last year next to the mental health hospital and prefabricated classrooms, simulation laboratory, library and offices are being finalized as we speak. Within the next month, we anticipate getting our HPCSA registration renewed and training will begin in earnest.

Northern Cape Health Bill

159. Honourable Speaker, Ladies and Gentlemen, This year, we will publish the Northern Cape Health Bill to give effect to certain provisions of the National Health Act of 2003).

160. This Bill will provide for the creation of a comprehensive provincial health system and for the repeal of certain provisions of the Northern Cape Health, Developmental Social Welfare and Hospital Governance Institution Act of 1997.

Closing remarks

161. The challenges and problems we are facing are not insurmountable, but they require a strong and vigilant team. A new culture of service excellence whilst remaining within budget must prevail in support of client needs and service demands.

162. We will enhance effective communication amongst the team, as well as improving collaboration with our clients and other stakeholders. I believe communication is at the heart of developing powerful client relationship. After all, health care is only about its clients and the people who deliver the services.

163. Let me conclude with thanking the Auditor General's Office, for all the support and guidance they have given the Department. Similarly, I must thank the Audit Committee and the Portfolio Committee on Health.

164. The strong leadership provided by our Honourable Premier, and her constant interest in all matters Health. I also want to thank Treasury for their unwavering support in helping us identify the problems and put in place interventions to solve the accrual problem once and for all.

165. Finally, let me thanks the Department itself. The cleaners and porters, the health care professionals, from nurses to pharmacists, doctors to therapists. And to the management teams, led by the Executive Managers and the Head of Department. You have come a long way, but there is still a long way to go.

166. We can do this, working together.

Ladies and Gentlemen, Honourable Members,

I thank you.