2015/16 HEALTH BUDGET VOTE SPEECH TABLED BY THE MEC FOR HEALTH MS QEDANI MAHLANGU AT THE GAUTENG LEGISLATURE ON 19 JUNE 2015

Honourable Speaker;
Honourable Premier;
Honourable Members of the Executive Council;
Honourable Members;
Members of the Mayoral Committees for Health from all the Municipalities of our Province;
CEO's of Hospitals;
Deans of Medical Schools;
Business people here present;
Distinguished Guests;
To the People of Gauteng listening to the 20 community radio stations covering the speech;
Family and Friends;
Ladies and Gentlemen;

I rise to table the Gauteng Health 2015/16 budget vote. The budget allocated to the Gauteng Department of Health, is **R34, 2 billion**.

Borrowing from the wise words of an Italian artist, poet and sculptor; Michelangelo:

"The greater danger for most of us lies not in setting our aim too high and falling short; but in setting our aim too low, and achieving our mark".

We owe it to the people of Gauteng to set the bar higher and every day we must strive to achieve our vision and take tough decisions that will ensure we provide high-quality efficient and accessible healthcare to transform the lives of our people who only hope is the public health care sector.

The National Development Plan (NDP): Vision 2030 calls on us to write a new story that works for everyone and produces positive health outcomes.

As we celebrate the 60th anniversary of the Freedom Charter we are reminded of the call for ***"Free medical care and hospitalisation shall be provided for all, with special care for mothers and young children"*** and the NDP goals through the roll out of National Health Insurance (NHI) as the vehicle to achieve the vision set out in the Freedom Charter.

There is clear disparity in our Health Care System as evidenced in the fact that 16, 088 beds serving are 79% of uninsured citizens of our Province and 16,276 servicing 21% of the medical insured population. The NHI is aptly aimed at strengthening the overburdened public sector by equitably allocating resources so that we could progressively realize universal access to quality health care services in line with provisions of our constitution

Madam Speaker; NHI does not only encompasses the creation of a national fund and regulatory framework but also includes the setting of National Core Standards (NCS), ensuring availability of service where our people live and work, access to medicines at all times and introducing healthcare infrastructure of the 21st century.

According to the assessments conducted by the National Office of Health Standards Compliance, Gauteng achieved the highest score and has been rated number one in the Country for the three consecutive years.

Showing increase performance of the hospitals this is attributed to the efforts of the department in the implementation of quality improvement plans towards closing gaps identified during the self-assessments. The National Core Standards assessments are based on four (4) dimensions for the health facilities to comply with:

- **Extreme Measures** (non-negotiable and the compliance is 100%) are those measures that ensure safety of patients and staff is safe guarded from harm or endanger patient life or might cause death.
- **Vital Standards** (90% compliance is required) are risk measures to ensure safety of patients and employees.

- **Essential Standards** (80% compliance) are risk measures that are considered fundamental to the provision of safe, decent quality care.
- **Developmental Standards** (60% compliance) are elements of quality of care to which health management should aspire to in order to achieve optimal care.

Out of the Five Central Hospitals, measured for compliance and three of these; i.e. **Steve Biko Academic Hospital (96%)**, Inkosi Albert Luthuli (89%) and Groote Schuur (88%), were found to be fully compliant with the National Core Standards.

The other Central Hospitals in Gauteng performed as follows: Charlotte Maxeke has slightly declined from 80% to 78%, Dr George Mukhari and CHBAH have both maintained same score 68% and 65% respectively.

- Three Tertiary hospitals – Helen Joseph, is leading with 81% and Tembisa is the lowest at 65%
- Nine Regional Hospitals performance is 64% and 82%. Leratong Hospital shows improvement from 71% to 81% lowest being Mamelodi from 61% to 65%
- Ten District hospitals – ranges between 68% - 79%. Pretoria West Hospital is the highest ay 79%
- 35 Community Health Centres- ranges between 58% and 61%. Discovery Health CHC is 81%
- 335 Clinics. Most are still struggling but there has been some improvement as compared to 2013/14 where performance ranged between 34% at worst areas to 56%. In the year 2014/15 improvement has been at 51% to 64%. Moroka Clinic in Johannesburg District at 64%

The standard set by Steve Biko must now be sustained and replicated in all our Health facilities in the Province. Improvement plans for the health facilities whose performance has declined or has to be improved which we will monitor quarterly.

Primary Health Care

In our ongoing commitment to increase the provision of **Primary Health Care, 33%** of the Departments total budget has been allocated to this level of care.

Primary healthcare, as we champion today, integrates Ward Based Care, Clinics, Community Health Centres and District Hospitals and focuses on the holistic care of each person in the household as well as the health and wellbeing of the broader community.

A wonderful example of the models success is the Chiawelo Community Practice where Dr Moosa and his team of community health care workers (CHW's) are going door to door daily enabling us to know the health profile of every member of the community in ward 11. They have to service 15 000 households and each of the CHW's has been allocated a specific number of households. Through this we will ensure that community members receive the appropriate care. There is a monthly follow up plan in place and most importantly the CHW's have been able to gain confidence of and build trust with the community they serve.

Dr Moosa shared with us a story of a patient who was scheduled for surgery but through daily exercise (walking clubs) managed by the CHW's the patient no longer requires surgery. They also ensure that PHC services are comprehensive and not fragmented and that they are effectively and efficiently delivered. Communities are able to raise issues not only related to health but broader issues that affect their community which are then referred to relevant departments through the Ntirhisano War Room.

Champions like Dr Moosa, Dr Victor in Sedibeng and Prof Hugo in Tshwane are evidence that strengthening Primary Health Care can have supportive and efficiency rewards, especially if working with functional Ward Based Outreach Teams.

Currently; 382 WBOTs have been established and have been placed in wards where there is greatest need. The impact of the outreach programme has most importantly enabled the identification and initiation of care for pregnant women who are not attending antenatal programme, children who have missed immunisation or individuals with communicable

diseases, such as TB, but not on treatment who may pose a public health risk and endanger their family members.

To support Community Health Workers they are being equipped with;

- Electronic handheld devices for data collection,
- Medical Kits with basics to assist patients, and
- Uniforms with embroidered name tags.

Madam Speaker; experienced Enrolled Nurses and retired Professional Nurses are playing a major role in this programme as they provide leadership and mentorship. The proposal to have Enrolled Nurses as team leaders was presented to the National Department of Health which was supported as an innovation from Gauteng.

Maternal Health

To quote from an article by Jenna Wilson entitled *The Importance of Maternal Health*; ***"Mothers are the forerunners to educated communities and improving maternal health not only saves mothers but entire communities."*** The prevention of any mother or child dying from a preventable causes continue to be a concern to us and the following key interventions are taking place:

- Maternal Homes will be established to improve maternal health outcomes. Giving pregnant women with medical conditions like uncontrolled diabetes and hypertension the required intensive care needed within a home environment rather than admitting them to hospital. Management of these conditions will contribute to improving the mothers' health, and minimizing complications during pregnancy and after delivery.

  The staff compliment at the maternal homes will comprise of 300 advanced midwives; to be trained in groups of 100 per year in the MTEF.

Other initiatives include:

- Intensifying management of HIV positive pregnant women and mothers by providing ART and provide mechanism to manage HIV/TB co-infection in pregnancy,
- The goal of zero HIV positive in babies is within our reach with less than 1.5% of babies being born HIV positive,
- Improve child survival through promotion of exclusive breastfeeding, provide facilities for lactating mothers (mothers lodges) in health facilities where children are admitted, promotion of Kangaroo Mother Care (KMC) and provision of immunisation every day at all PHC facilities,
- Develop a Provincial Paediatric Package of Services Model, and
- Training of doctors on the Management of Small and Sick New-born (MSSN).

Rolling-out the Ideal Clinic

The Department has approved a prototype of a health care facility. The use of the prototype will allow us to standardise the clinic infrastructure in the Province. It is our intention that the prototype will also be used by the Municipality in the planning and construction of municipal funded health infrastructure.

In July 2013, the National Department of Health (NDOH) embarked on a comprehensive programme to strengthen primary care clinics. Eleven clinics in the NHI pilot districts were selected as model or 'ideal clinics'. They were expected to meet clear standards in service provision, infrastructure, and supply chain management and other key domains.

There are three rankings for an ideal clinic 80% Gold; 90% Platinum and above 90% Diamond. To meet any of the criteria there are 10 components and 32 sub-components that have to be complied with.

Since the launch of this programme, the Doornpoort, Rosslyn, Karenpark, Hercules and Soshanguve clinics are the best performing (i.e. scoring above 80% score). In the 2015/2016 financial year, the Department will ensure that all 375 clinics will score above 80% to meet the ideal clinic status.

Pharmaceutical logistics chain

Madam Speaker; it is common cause that there is a global shortage in the supply of medicines. This shortage is borne from the unavailability of some active pharmaceutical ingredients (API) without which there can be no manufacturing of medicines. Whilst this challenge is being addressed, the depot engages tirelessly with local suppliers. A committee has been established, called Pharmacy and Therapeutics Committees (CPTC), which advices on therapeutic alternatives.

Contracted suppliers are penalised for late delivery and for the price difference in cases where medicine, which is in short supply, is procured at a price that is higher than the contract price.

We will continue to work with all stakeholders who have an interest in ensuring that patients are not deprived of their medication. We are collaborating with the Stop Stock Out Campaign to prevent any patient leaving a facility without their medication. Patients must please report any facility where they are sent away without their medication and we will address the situation immediately.

In this financial year, we will start a process of ensuring that stable patients on chronic medication and patients on ARV treatment do not have to go to health facilities JUST to collect their medication. This process will see more than 2 million patients collect their medication or have their medication delivered at a place most convenient for them. The department is exploring various innovations with the private sector that will make this possible.

HIV and AIDS

In line with the NDP's call to have an AIDS free generation by 2030, we are consequently investing over R3 billion towards implementing education, clinical services and social initiatives that will help us turn the tide against HIV and AIDS.
Accordingly, we reported to this house that we shall revisit some of our targets to align with the UNAIDS 90-90-90 strategy. Through our vigorous and bold social mobilisation campaign,

PASOP, we have successfully created a buzz in Gauteng and rekindled a social discourse on risky behaviour and sexual practices which had disappeared for some time.

In Gauteng; 65% of the population know their status, 68% are on ART treatment and 81% of those taking HIV treatment have their viral load suppressed. We have to work hard to meet the UNAIDS 90-90-90 strategy.

It was clear from the inputs made at the recent Youth Submit at NASREC that we have a long way to go for people to change their risky sexual behaviour. This was further reinforced by the **National Student Sexual Health HIV Knowledge, Attitude and Behaviour Survey** conducted at 14 universities - in which more than half of the participants indicated they had more than one sexual partner and with 32% having had unprotected sex.

The disconnect between knowing the consequences of participating in risky sexual behaviour and taking personal responsibility for those actions needs to be addressed.

Decreasing the burden of TB

Minister Motsoaledi reported in his budget vote speech in the NCOP on 17 June 2015 that according to StatsSA TB is number one cause of death in South Africa. He said; “Of course we know that 80% of deaths of HIV positive people are attributable to TB. The fourth worst affected area in the country is Carletonville on the Westrand.”

Intensification of case-finding with an intention to treat is the latest strategy adopted in order to fight the epidemic. Over a million patients were screened in 2014 and the total number of cases decreased by 4 % from the previous year.

In the most affected area of Carletonville, as indicated by the Minister, a One Stop Centre will be established.

The expansion of *GeneXpert* technology, with its high sensitivity vs the conventional culture method, has proven effective and has improved MDR-TB treatment initiation.

Improvements in the revitalisation and refurbishment of hospitals

The Department managed to spend 100% of its infrastructure budget allocation for the 2014/15 financial year. The 2015/16 allocation is R1, 4 billion, of which R628 million is allocated for Capital Projects and R776 million for maintenance work.

- **Energy Efficiency Retrofit Programme**
    - The department initial partnered with ESKOM to conduct energy audits for all GPG owned facilities i.e. Hospitals, Community Health Centres, Provincial Clinics, and other health facilities. To date; 237 clinics, CHCs and all hospitals were audited. The department has replaced 105 381 lighting systems with LEDs out 282 333 across the province which accounts for 37.3%. It expected that all facilities will run on LEDs in 3 years' time. GDID together with DoE and GIZ using the V-NAMA programme installed 37 smart-meters in six health facilities to enable accurate baseline measurements.

- **Gas Supply Programme**
    - The gas pipeline network of 186 km is required to supply health facilities with natural gas. Work has been done to determine the distance between the hospital and the pressure reducing stations. Where the gas pipeline passes through the hospital, like Helen Joseph, the construction period will be 3 weeks and the distance is more than 5km from the hospital we will put gas tanks which requires EIA's which will prolong construction up to 8 months.

- **Cogen/Trigen/Quattrogen Programme**
    - Six hospitals were earmarked for this programme, i.e. Chris Hani Baragwanath Academic Hospital, Charlotte Maxeke Academic Hospital, Dr. George Mukhari Academic Hospital, Steve Biko Academic Hospital, New Natalspruit Hospital and Bheki Mlangeni District Hospital.

- **Khayalami District Hospital**

The installation of the fencing to ensure that the facility is secured and protected from further vandalism started in May 2015 with a proposed project duration of 6 months.

Khayalami Hospital is earmarked for a Level 1 and 2 Care Hospital. The project is currently on the planning Phase and professional team has undertaken the conditional assessment study and the results rated the existing conditions as very bad according to the Health Infrastructure Norms and Standards Guidelines - Infrastructure Unit Support Systems. The professional team is currently finalizing the cost analysis report to ascertain whether to demolish and rebuild or refurbish and upgrade existing facility.

The current proposal is to convert the existing building according to the Health Infrastructure Norms and Standards Guidelines - Infrastructure Unit Support Systems (IUSS), to accommodate 350 beds. The facility is planned to have general wards, pediatric care, high care, medico-legal and state of the art security and queuing system to ensure that the department delivers health care services effectively and efficiently. Green building concepts including energy efficiency lighting, air conditioning of solar panel are planned for implementation.

Refurbishment of Hillbrow Hospital

The project brief for the project has been completed and the planning process will begin in next month.

The Department intends to commence the construction of five new health facilities in the NHI d istrict of Tshwane. The new clinics to be constructed in this district are New Kekana Clinic, N ew Inner City Clinic, New Dewagendrift Clinic, New Bophelong clinic and New Kekanastad clini c. Furthermore, there are planned refurbishment and extensions to 20 existing health facilities i n the NHI district area.

The Department will be prioritising the planning of 11 new clinics in the current financial year. The new 11 clinics are Lehae, Kokosi, Cosmo City, Finetown, New Bophelong, Boikhutsong, Lakeside, Khutsong, Albertina Sisulu, Braamfischerville and Kwa-thema CHC.

It is the intention of the department to finalise all planning so that construction can take place fr om the beginning of the next financial year. The following clinics have been prioritised for plann ing in the current financial year.

- For the new Daveyton District Hospital the project Brief has been completed
- The new Lilian Ngoyi District Hospital is at design stage and we hope to have the projec t in construction in the next financial year, and
- The Ladium health facility is currently not utilised and we are planning to get the facility t o be activated in order to serve the community of Olivenhoutbosch.

The conversion of Discoverers, and Lenasia currently used as CHC's have been upgraded to a ccommodate 46 and 96 beds, respectively immediately. Major renovations are underway to co nvert both Discoveres and Lenasia South to District Hospitals.

Health Care Waste

The Department is planning a project for this financial year on health care risk waste reduction through the investigations of possible recycling projects and alternative treatment technologies with a priority of waste to energy as part of the green economy. Municipalities are being engaged in projects for the reduction of general waste from our facilities through improved segregation and recycling processes of generated waste as part of the reduction in carbon emissions.

In addition, due diligence studies will be done with the support from DED specifically for alternative treatment of our generated health care risk waste to align with national environmental targets from GDARD and DEA also in an effort to reduce our carbon footprint.

We will engage with DAE to raise our concerns about current legislative challenges preventing introduction of new technology in the waste management sector.

Our health education and promotion strategies for management of health care waste include; improved training on reduction strategies such as less generation and safe handling. The provisions of National and Provincial statutory requirements demand that we target health professionals who generate health care risk waste, including the medical doctors.

Medical Equipment

Steve Biko

We have made substantial investments in medical equipment. About R35 million has been committed in the Picture Archiving and Communication Systems (PACS), which is currently being installed. This is meant for the storage of digital X-ray images. About R3.6 million was spent in purchasing the Lodox machine which is used for screening the whole body. About R8.8 million was also spent on amongst others neonatal oscillators, operating theatre tables and patient monitors.

CHBAH

We have spent R69 million excluding the Cathlab.

- Amongst the major equipment bought is the state of the art Cathlab which will assist with, amongst other things, interventional cardiology which benefits other provinces as it is an academic service,
- Recently, an NGO (IIrosa) is planning a mission to operate on children with heart defects within SADC because of this state of the art Cathlab machine at CHBAH,
- New technology of negative pressure ventilator (that was only in CHBAH ICU then) that is non-invasive,
- 3 GIT endoscopy equipment which assist in the simultaneous diagnosis and treatment of GIT related problems,
- Ophthalmology equipment (that help in reliable diagnosis) to decrease the waiting times and assist in meeting national targets on priorities,

- Bought 45 CTG machines because CHBAH has the biggest maternity hospital and delivers in excess of 22 000 babies annually,
- 56 biphasic defibrillators (latest technology) because CHBAH is a bigger cluster and most institutions and clinics refer patients here,
- 12 high frequency ventilators (disease specific ventilator) for all our ICUs',
- Modernised the neonatal ICU (monitors, central monitoring, infant warmers which are the state of the art),
- 5 new equipped beds in the adult (advanced beds with integrated scales, modular monitors with integrated transport module).

In this financial year, the hospital has finalised a collaborative agreement with WITS and HAIFU company on a non-invasive technique of treatment of diseases especially women's health.

Our team will, with time, be able to treat fibroids and endometrioses using this non-invasive technique to support Women's Health.

The department has procured an advanced MRI to support the women's and children's health in line with the commitment towards increasing life expectancy.

CMJAH

We are also happy to say that a Dual head Gamma Camera for nuclear medicine Department at R 6,384,000.00 and three MRI Scanners in Radiology to be used by all hospitals in the CMJAH Cluster at a value of R13 million.

DGMAH

A total of 211 Bio-Medical equipment and support equipment was procured for the DGMAH to the value of R48 million in the 2014/15 financial year.

Laundries

A comprehensive plan is being implemented to ensure that the Provincial Laundries: Improvement of Systems Efficiencies are realised. There are two key components to the planned turnaround of the Provincial laundries: Infrastructure upgrades and Human Resources.

Planned infrastructure upgrades include - R56 million is allocated for new equipment installation; and R66 million for new ironer installations across all laundries,

With regards to Human Resources, the staff establishment and evaluation of Management posts has been reviewed; fill vacant funded posts has started and Training and Development of all levels of staff members is ongoing.

Our laundries are currently operating at a combined capacity of just over 65 % as compared to 34% in the previous year; our efforts will be focused on ensuring that individual laundries are fully functional and that there is adequate and clean linen available to all our facilities.

To align laundry equipment to health care demands, by replacing laundry equipment;

- During the 2013/14 financial year equipment to the value of R 78,7 million was spend on laundry equipment,
- While R 54,8 million was allocated for 2015/16, a tender at the five laundries has already been awarded and expected completion of the project is December 2015.

It is envisaged that R 188 million would be allocated for the MTEF period to finalize the project on upgrading of laundry equipment. Tender documents are in process to be finalised to invite suppliers to tender for the required equipment.

Service Level Agreements were implemented at the Dunswart and Masakhane Laundries to maintain service and repair laundry equipment, also to mobilise the service provider within a short space of time to attend to breakdowns and to minimise the downtimes!

Emergency Medical Services

Madam Speaker; an additional 160 ambulances, of which 40 are new obstetric ambulances, as part of the EMS recapitalisation will be procured for the current financial year as part of the multi-year EMS recapitalisation project; this is the final year of the three year recapitalisation plan.

We will, from September this year, repair and maintain our fleet through township hubs in Winterveld; Katlehong; Soweto; and Kagiso, as part of the bigger provincial TMR strategy of revitalising township economy. We are finalising a new system to monitor and ensure that our ambulances are used to serve the people of our Province.

I want to say to the public we have heard your concerns about delays in response times and the new solution will offer the following:

- A simple to use computer aided call taking and dispatch system,
- Integratable with voice logger, bed bureau, paging and messaging system,
- Live monitoring of all vehicles,
- Flexible reporting lines and reports, and
- We will continue conducting public awareness on trauma and injury prevention, also providing first aid level one training in selected communities.

The role of Emergency Medical Services in the continuum of care is under rated. We pride ourselves with these men and women for the role they play in preventing deaths, save lives and give hope to our people.

We will soon be implementing a public awareness programme to call on the community to support our EMS personnel, help prevent acts of crime against EMS personnel while on duty and, most importantly, put a stop to hoax calls as they deny those in urgent need of emergency care.

On our recent visit to Brazil we saw Emergency Medical Centres called UPA's. In the Gauteng context; these have the potential to manage trauma patients who mainly visit our facilities over weekends and peak seasons. They will also be able to see other medical conditions that can

be managed at that level and will function as intermediary facilities between clinics and hospitals.

In terms of the National Health Act, 2003 as amended (act no.61 of 2003), Emergency Medical Services (EMS) regulations will provide for a co-ordinated mechanism to inspect, control through licences and regulate the public and private emergency services operations within Gauteng.

The regulations also extend to all facets in the EMS industry, which is emergency medical service operation, aeromedical services, medical response services and event medical services. The regulations will also improve service delivery for Emergency Medical Services, in that all communities in Gauteng will have minimum EMS services within their geographical location, in line with prescribed response times. The awarding of licences will be at the recommendation of an advisory committee, made up of diverse subject matter experts, who will advise the HOD & MEC of Gauteng Health. The regulations also apply to South African Military Health services providing a civilian service.

Partnership with Private Ambulance Services

We will use the regulations to partner with Private ambulances services that meet the criteria set in the regulations to expand our reach of EMS in specific geographic areas in order improve access to EMS, improve response times and complement our services accordingly. We have agreed with Netcare to share resources, skill and information in order to reduce duplication of resources improve response times in area were their well-established or invested. This partnership will be expanded to other private providers who meet the criterion set in the regulations

Forensic Medical Services

Madam Speaker, an amount of R194 million has been allocated for the 2015/2016 financial year. The Forensic Pathology Service (FPS) that is regarded as among the best in the world.

The purpose of this service, among other things, is to investigate the cause of any unnatural, sudden or unexpected deaths. We are supporting the justice cluster in their chain of evidence and in resolving legal cases.

Forensic Pathology has completed postmortem backlog in excess of 3 years adversely impacting on the judiciary system. While the physical postmortem report can be instantly available the complete report can only be filled if both histology and toxicology results are available. Toxicology currently has a backlog in excess of 3 years and histology in excess of a year.

It is with this realization that the department is in an advanced process of procuring histology equipment to wipe out the backlog and reducing histology results to 1month and later 2 weeks. We are further preparing for acquisition of toxicology equipment for the same reasons finally targeting a 2 weeks waiting period.

A new FPS mortuary will be officially opened in Carletonville (Westrand) to improve Forensic service delivery and access to all citizens of Gauteng. Forensic Medical Services will increase the number of Clinical Forensic Medical Services facilities in Bekkersdal, Heidelberg and Alexandra. This will be accompanied by increasing the number of relevant professionals and a drive to expose and attract the youth to the profession. To this end, we will conduct roadshows and awareness campaigns showcasing the importance of the service to our citizens.
The planning of a new Johannesburg Forensic Laboratory is at an advanced stage.

Waiting times

The reduction of waiting times has been achieved in the five hospitals; Charlotte Maxeke Johannesburg Academic Hospital; Chris Hani Baragwanath Academic Hospital, Sebokeng, Leratong and Kopanong Hospitals where the Lean Management Programme has been introduced. The areas of focus have been Pharmacy, Patient Records and out-patients clinic as well as the Theatre (for Charlotte Maxeke only).

The long term view is to extend the project to all the 'value streams' in every facility; and impact on the patient experience, build capacity within GDoH, and ensure the improvements are internally sustained.

Some examples of results achieved thus far are a 69% reduction in patient waiting time from 143 minutes down to 43 minutes in the Leratong Hospital Patient Records; a 64% reduction in patient waiting time from 233 minutes down to 83 minutes in the Sebokeng Hospital Medical Out-Patients Department; and a 67% reduction in patient waiting time from 6 hours down to 2 hours in the TTO section - this is the process of dispensing drugs to discharged patients - of the CMJAH Main Pharmacy; and the patient only vacates the bed upon receipt of medication.

Surgical Case Management

To address the long waiting times for the Cataract Surgery, we will implement the following measures to eliminate the **5 800** backlog by the end of October 2015;

- The establishment of the Bheki Mlangeni dedicated cataract surgery centre to reduce pressure from Chris Hani Baragwanath Academic Hospital (St. John's eye hospital). Surgery will be performed at Bheki Mlangeni hospital from Monday to Thursday.

- Procurement of equipment for centres that are functioning below capacity due to lack of and breakages of old equipment. These include Lenasia South Community Health Centre, Mamelodi Hospital and Pholosong Hospital

- Allocation of a dedicated budget for consumables in these centres and strengthening monitoring of performance on a monthly basis. A total budget of R 4, 7 million will be allocated to equip and improve cataract surgery in the Province

We are confident that after we have implemented the plan, together with educating the public on basic eye care and regular check-ups. We hope to launch the Bheki Mlangeni centre by end of **next month.**

The province currently has an elective waiting list of 3479 cases of which **3 048 (87.6 %)** are arthro plasties in central 2438 (70%), tertiary 840 (24.4%) and regional hospitals 191 (5.5%), and 431 (12.3%) are spinal surgery in central hospitals.
We have reduced the backlogs because too many people have endured pain for a very long time and some have lost mobility. A high impact action plan to reduce the above includes:

- Efficient management of theatres (starting time, cancellation rates)-dedicated Senior Manager
- Increase supply of Specialist Nurses through Agencies and overtime while exploring aggressive production
- Dedicate 24hr Orthopaedic Theatre
- Consistent supply of consumables and Linen
- Efficient management of ICU/HC, Rehab and Level1 beds.
- Dedicated Artisan to maintain functionality of theatres

In the short-term we will consider holding continuous surgery blitzes' consisting of public and private partnerships for short term reduction. This will be spread through central, tertiary and regional hospitals,

On the 3rd of March 2015 the Cardiothoracic Unit at Charlotte Maxeke was granted full accreditation for 5 years. Through the hard work and dedication of the team, theatre utilisation has increased from 50 to 100 cases a month and backlogs have been eliminated. The number of Registrars have been bolstered from one to five, while consultants have increased from 5 to 7. ICU and high care capacity was also improved. This is truly an example of how collective partnerships between all stakeholders can bring about improved efficiencies and deliver quality care to patients.

Furthermore:

- Theatre capacity to be expanded (theatre 25).
- Minimally invasive theatre to be established (as per international trends).
- Transplantation to be considered (as per service needs).
- Collaboration with other Gauteng units and international units (if needed) to be established.

Strengthening Nursing

Following the adoption of the Nursing strategy and the appointment of the Chief Nursing Officer at National office, we have also established a nursing Directorate. This office is tasked; ***"To develop, reconstruct and revitalize the profession to ensure that nursing and midwifery practitioners are equipped to address the disease burden and population health needs in a revitalized healthcare system in South Africa"***

The fundamental role is to restore the essence of nursing – which is caring. This can be done through improving nursing practice which three core competences; clinical nursing practice (providing high quality nursing care), quality of care (quality improvement) and ethics and professionalism (nurses to be advocates of ethical practices provided to patients). The office of Nursing must drive these fundamentals directed by the national policy on Nursing.

A Framework for the establishment of a Nursing Ethics Committees for Nurses and Midwives was developed, and workshops have been held throughout the Province to address Reflective Practice. The clinical education and training is being strengthened by re-establishing **clinical teaching departments** (CTD) at all health institutions with collaboration between clinical areas and the Nursing Colleges for nursing students and all nurses. A Continuing Professional Development (CPD) system for all nurses and midwives has been introduced including professionalism and ethics to improve clinical and knowledge competence linked to professional progression with workshops held at health facilities.

An initiative to mentor newly qualified midwives in the clinical setting is to be piloted at Chris Hani Baragwanath and Jubilee Hospitals during this financial year. This programme will offer

support, guidance and will strive to develop confident and highly skilled midwives. This will in turn result in job satisfaction and staff retention with improved care of mothers and babies.

We intend empowering operational managers in health facilities and academic heads of Departments at Nursing Colleges so as to create the necessary leadership core at ward and academic school levels.

There is a need to improve nursing care, which can will be addressed by:

- Short training courses for nurse managers to improve nursing supervision and – management
- Implementation of Clinical Teaching Departments and continuation of initiatives on Continuous Professional Development, of which South African Nursing Council has been benchmarking with our efforts
- Capacitating Midwives and Enrolled nurses working in maternity units with skills needed to prevent Mother and Child mortality
- Support Nurse Managers at institutions to address attitude- and ethical issues
- Providing nurses (and doctors) with the necessary equipment to make their work easier, and improve quality of care

Nurse Education and Training:

- Modernization of libraries at all the Nursing Colleges in the province
- 70 Computers for Chris Hani Baragwanath Nursing College; 30 Computers for Bonalisedi Nursing College – with MTN who is providing connection.
- Internet facilities at all 6 Nursing Colleges, to access information and textbooks; as well as interactive software to help students to improve on Anatomy and Physiology comprehension
- Provision of the posts and budget to absorb newly qualified professionals in order to cut nursing agency costs and fill the generation gap with young graduates
- Recruitment drives to attract the right people to the nursing profession, and specifically young school completers from the minority groups

Human resource

The Department will continue to strengthen leadership and management in Gauteng Health.

At this point Madam Speaker and Honourable members; I would like to congratulate Dr Barney Selebano on his appointment as the Head of Department of Gauteng Health. Dr Selebano has been Acting in the position for the past eight (8) months and brings with him extensive experience from both the public and private sector.

It also gives me great pleasure to announce the appointment of the Chief Financial Officer and Chief Director: Supply Chain management; Messrs. George Mahlangu and Malakia Mashiloane, respectively.

Performance contracts

We need to move away from mediocre performance contracts which have numerous vague Key Performance Indicators (KPIs) which merely tick administrative boxes. To ensure we can hold ourselves accountable, we will improve our contracts:

We will highlight 10-15 priority KPI's which will be meticulously tracked and monitored on a monthly basis

We will ensure that KPI's are cascaded throughout the organisation to ensure that we align targets and are all working towards the same goal

We will ensure that all KPI's are linked to our objectives and are specific, measurable and time bound

Encouraging a culture of innovation

I often meet passionate employees who have amazing ideas to help improve the way we work.

As an example I received an email from a young doctor – allow me to read you an extract - Dr White who is an intern in Gauteng. He had this to say in an email he sent; **"I have long held a desire to be involved in a change, and consequent improvement, in our healthcare sector, with most of my passion still lying with Chris Hani Baragwanath Academic Hospital. I had spent my two years of internship at CHBAH, and hence, I've experienced many of the problems the hospital faces first hand. As I mentioned, many people believe that 'you don't change Bara, Bara changes you', but I hope that we can be a part of the generation that reverses that belief."**

We need to harness the energy of these individuals in order to progress. To help do we will establish and online platform for idea generation and sharing. To ensure these ideas are implemented I am setting aside a dedicated innovation budget to fund these ideas and make them a part of the way we work at the Gauteng department of health.

ICT Modernisation

The Gauteng Broadband Network project is underway and will make sure that all our facilities are connected. Converged infrastructure in the form of V-Blocks has been procured and the deployment of the infrastructure will be completed by the end of next month. This would mean that all sites will be able to connect with each other and share common applications like Patient Archiving Communications System (PACS) mobile application, the Electronic Health Records and the Bed Bureau Management System.

The roll out of a hospital wide bed management system will allow us to dynamically allocate patients to hospitals with spare capacity based on real time data linked to EMS, Trauma and Emergency, Theatre and ICU.

The cost of scanning of patient records has proven to be very high and lessons have been learnt with projects conducted at Charlotte Maxeke, Natalspruit, Southrand and Edenvale Hospitals. The complete solution for the Province will be completed by the end of this financial year.

Revitalisation of the Township economy

In line with the Gauteng Township Economy Revitalization Strategy (TER) the Gauteng Department of Health is going leveraging its goods and services budget to the value of **R1 billion** to purchase and make use of the services provided by Township Enterprises.

To quote Futurist Jim Carroll "**we have started small, thinking big and scaling fast!'**

Madam Speaker; Gauteng Health also commits to create employment opportunities to 10 000 young people as part of the Tshepo 500 000 initiative.

Medico Legal

Medico legal poses a financial risk to the fiscus due to the size of the contingent liability. Therefore; we must do everything in our power to eliminate the causes that lead to litigation against the department.

In line with the Medico Legal Conference, held at the beginning of this year, the Department has evaluated risks and has started with the implementation of an action plan to address Medico-Legal challenges. We have appointed a team of competent and reputable law firms to audit all the case files which we have in our system. This team will verify whether money has been paid to the rightful beneficiaries and also if lawyers have not paid themselves more than what was due to them.

With the assistance of Retired Judge Classen, we are introducing alternative dispute resolution mechanism, namely mediation to manage cases where we have genuinely made a mistake. Furthermore, the Department of Justice has indicated that mediation as a first option to resolve disputes between parties before lawyers are brought on board.

We have conducted workshops with some of our institutions to capacitate clinical heads of departments in central hospitals.

Focusing on the priority causes of Medico legal cases:

- Obstetrics
- Neurosurgery
- Orthopaedics

- Anaesthesiology

We have established Redress Committees in all our health facilities to pay particular attention in meeting with families who need answers and not to be send from pillar to post.

In cases where it is found that lawyers have unduly benefit from the claims the Department will report them to the Law Society.

Finance

Honourable Speaker; the Department aims to save and generate Revenue of **R1 billion** that can be redirected to implementation of essential services.

We have started with cost-containment initiatives by reviewing outsourced services; in particular those with Selby Park - for step-down bed facilities - and Life Esidimeni - for long-term psychiatric beds.

The contract with Clinix Selby Park expired in May 2015 and the R102 million budgeted funds have been redirected to be used to improve bed capacity at other institutions.

The down-referring of all step-down patients has now been successfully re-integrated within our district hospitals. This re-directing began in a phased manner in mid-April 2015 up to 31st May 2015.

This process has resulted in 441 additional beds being activated as of the 1st of June.

With regard to Life Esidimeni, the Department has already commenced with the reduction of the number of beds by 20% in the 2015/16 with a view to exit this arrangement at the end of the 2016/17 financial year.

Electronic gate-keeping (EGK) is a system that uses the Laboratory Information System (LIS) to approve or reject laboratory tests based on the protocols for patient management developed by clinicians in the hospital.

EGK is being maintained at twenty hospitals whose monthly laboratory expenditure is above half a million rand and more. To ensure improved compliance to EGK, meetings are held quarterly with EGK gate-keepers and clinical managers of the twenty hospitals.

The current method of calculating EGK savings is under review to obtain a more accurate perspective of the savings realised.

30 Day Payment

To improve the payment of invoices Provincial Treasury has bought scanners which have been placed at facilities and this has reduced the amount of time it takes for invoices to be processed.

The introduction of e - invoicing for voluminous suppliers allows for invoices to be sent electronically and instantly places them into the payment run which is equates to the invoice being paid within 4 days.

For small invoices less than R10, 000 the Department has been issued with P - card (which is a purchasing order system on SAP) which allows for invoices to be paid within a period of 7 working days.

There are still old invoices awaiting payment, accruals, but the number has been drastically reduced in the financial year that has just passed. The Department has achieved a huge milestone of sorting out its cash flows and this will assist in having 3 to 4 payment runs in one month.

In the 2015/2016 financial year the department will release payment runs on a weekly basis and suppliers who adhere to the terms and conditions of the contract will receiving payment within 30 days.

Achieve an Unqualified Audit

The Department comes from the era of the maximum of 8 matters affecting the audit outcome in the past 5 years to 1 matter in 2013/14. This is a clear sign of commitment from the Department to achieve an unqualified report. Several measures has been Implemented over the past 5 year to ensure that the Department maintain the improvements made.

Particular actions have been taken to deal with the audit qualification regarding the completeness of accrued Departmental Revenue:

- Additional resources were allocated to ensure that all outstanding information is captured
- And included in the financial statements

The preliminary audit for the 2014/15 reflects that the action plans put in place are working as intended to reducing and eliminating recurring findings.

Based on the work done during the past financial period the Department is confident that the issues of the qualification have been properly addressed during the 2015/2016 financial year.

Activity based Costing

The growing demands on public healthcare and the fast changing disease profile militates that we seriously work towards sustainable financial efficiency, with a view to achieving our vision of 'universal coverage'.

We will therefore improve efficiencies in our spending by generating activity-based costing in all our central and tertiary hospitals. This will be coupled with a roll-out of functional business units for purposes of assisting in assessing and estimating the actual cost of services.

Costing of healthcare services

The service package delivered at a majority of our hospitals includes services of either a more or less complex level than indicated by the official designated category. A particular concern is the provision of Level 1 services at hospitals other than District Hospitals. A quantification of services provided at regional, tertiary and central hospital beds that are currently being used for Level 1 care has been done. Preliminary results of the costing of services at these hospitals show that between 26.42% and 49.71% of budgets are used to treat Level 1 patients.

The treatment and care of Level 1 patients must ideally occur at district hospitals to ensure efficiency in resource use. The reality that these patients do in fact get treated at regional, tertiary and central hospitals is indicative of inefficient use of these hospitals' budgets. The budget for these hospitals in 2014/15, combined, amounted to R15.1 billion, after adjustment. Between R3.9 billion and R7.5 billion of this budget was used for Level 1 care, which would have been more efficiently delivered at district hospitals. There is a case to be made therefore, for improved budget allocations to district hospitals to increase their capacity to accommodate Level 1 patients, whilst making sure that they are able to refer seamlessly upwards for much sicker patients.

Cost-Centers

The implementation of cost-centers or functional business units commenced in 2014/15. Implementation started at three hospitals, namely, Charlotte Maxeke Johannesburg Academic, Dr George Mukhari Academic and Kalafong hospitals with a focus on a single clinical department at each hospital. The lessons learnt from this initial implementation will be used to roll-out the creation of cost-centers to other clinical departments, and more hospitals will be added. We will conclude this process by the 31st March 2016.

To quote from the Gauteng City Region Accelerated Social Transformation Strategy; **"The GCR Accelerated Social Transformation Strategy focuses the Cluster Department on a common course in terms of beneficiaries of services. It is a common definition of a GCR child, a GCR Family and a GCR community that will drive the vision & mission of the**

Social Transformation Cluster as encapsulated in the GCR Accelerated Transformation Strategy."

As Gauteng Health, we form part of the broader collective within the Social cluster and we must continue to build partnerships between departments, the private sector, NGO's and the broader community to achieve the vision set down in the Freedom Charter "of a South Africa that belongs to all who live in it."

As the population of Gauteng increases, so do the demands on our healthcare system. To continue proving quality care for our patients we must use our resources more effectively and efficiently.

I have no illusions that the road ahead is arduous, complex but not insurmountable. I believe in the men and woman that I lead in each and every one of our health facilities and to you I say we dare not fail the patients who solely depend on us. With partnerships and strong oversight we will overcome and emerge stronger than ever before. The people of our Province are smart and deserve the best quality health care delivered 24/7 in a dignified manner.

Let me take this opportunity to thank our Honourable Premier, Mr David Makhura for being a tough master and pushing to achieve more with less. I also want to thank my colleagues in the Executive Council, in particular the MEC for Finance, Ms Barbara Creecy; for their continued support.

I would like to express our sincere gratitude to the Health Portfolio Committee led by Honourable Nompi Nhlapho for their robust engagements and oversight role.

Thank you to the officials in the Department for their hard work and dedication led by the newly appointed HOD, Dr Barney Selebano, and the entire management team.

Lastly; I would like to express my utmost appreciation and gratitude to my family mainly my children for their understanding, love and care who bear the brunt of my absence whilst serving my country. **I Thank You.**