GAUTENG HEALTH TURNAROUND STRATEGY: “TOWARDS EFFECTIVE SERVICE DELIVERY, STRENGTHENING PRIMARY HEALTH CARE AND A CLEAN AUDIT IN 2014.”
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1 INTRODUCTION

The challenges, solutions and plans identified and acknowledged throughout this Turnaround Strategy reflect the inputs of the Gauteng Provincial Government, the Memorandum of Agreement with National Government, and the contribution of GDoH employees and stakeholders. They reflect the realization that the department is facing a serious situation entering the new financial year, and that there are challenges, particularly related to financial management. The Gauteng Department of Health (GDoH) seeks to intensify the realization of the objectives articulated in the Department’s Strategic Plan for the Fiscal Years 2009-2014.

The Department has achieved considerable success in recent years through health-related interventions focussed on specific high-priority areas:

- An increase in life expectancy (56.9 in 2005 to 60.5 in 2011) attributable to the roll out of antiretroviral drugs since 2004
- A substantial reduction in AIDS-related deaths;
- A fall in the rate of increase in HIV infections;
- HIV-related maternal mortality is 15% below the National average in 2008-2010; and
- TB cure rates are improving
Previous turnaround strategies of the Department have focused on improving these outcomes and have borne some fruits. The recently adopted Provincial Strategic Plan for HIV, TB and STIs should ensure sustained and improved progress regarding these diseases.

However, there has been less progress nationally and in the province on improving health system effectiveness. It is clearly the area where the GDoH is facing challenges.

These challenges are outlined in the Auditor General’s (AG) reports of 2009/10 and 2010/11. In 2009/10, the AG’s report returned a disclaimer on a broad range of issues.

The AG audit opinion improved in 2010/11 to a qualified audit with 3 qualifications, focused on finance and financial management:

- Tangible assets
- Revenue and Receivables
- Employee benefits.

In addition, an opinion on the Audit of Performance Information (2010/11) identified serious challenges:

- The reported performance information was deficient in respect of validity, accuracy and completeness
- Sufficient appropriate evidence in relation to the selected programmes could not be obtained.
- Sufficient appropriate evidence to support the reasons for major variances between the planned and the actual reported targets could not be obtained.

The Gauteng Provincial Government analysed these challenges. The Premier’s Budget Council (PBC) and the Provincial Executive Council (EXCO) approached the National government with a request for assistance in the areas mainly of finance management to ensure adherence to the Public Finance Management Act (PFMA) and to ensure availability of resources for Health in the Province. Engagements on the situation of the Health Department within the Province and with the National government pointed to the urgent need for the development and vigorous implementation of a Turnaround Strategy for Health in Gauteng. The Turnaround Strategy is to cover 2012 to 2014 of the current Medium Term Expenditure Framework (MTEF) period and should be implemented from June 2012.

The Turnaround Strategy will address the challenges identified by the Department, the AG, the PBC and the Provincial EXCO. The 8 core problem areas that the strategy is focused on are:

1. Finance and financial management;
2. Human resources Management and Development;
3. District health services for Primary Health care;
4. Hospital management;
5. Medico-legal services and litigation;
6. Health information management and health information systems;
7. Communication and social mobilization; and
8. Health infrastructure Management and Development

A provincial consultation conference on the Turnaround was held on 1 and 2 March 2012 in order to understand the specific challenges in each of these problem areas in more detail. This conference was attended by service providers, services users and other critical partners, whose input has enhanced the content and direction of this Turnaround Strategy. Implementation of the interventions described in this document should provide a common vision, introduce internal discipline, ensure a stronger, healthier, more efficient organization, and ultimately improved service delivery for even better health outcomes in the Province.

The on-going support of the Gauteng Provincial Government in this process is acknowledged. The Executive Authority through the Accounting Officer takes personal responsibility for implementation of the measures outlined in this document, and will ensure regular reports.
2 OBJECTIVES

The Turnaround Strategy coincides with the appointment of the new Head of Department (HoD) for Health and the Provincial EXCO decision to demerge the Departments of Health and Social Development.

The interventions outlined in this turnaround strategy should lead to more effective utilization of available resources by the department; the clearing of debt and accruals; delivery within allocated budgets; improvement of health outcomes, entrenchment of the desired organization culture and enhanced internal discipline throughout the organization; and improved public and partner confidence.

The Turnaround Strategy will build on work that is already under way through the Departmental Strategy 2009-2014 to tackle some of the issues described in this document, including work resulting from:

- A Memorandum of Agreement (MOA) between the GPG and the National Government’s Departments of Health and Finance to address issues relating to Health in Gauteng Province
- The decisions of the Premier’s Budget Council (PBC) meeting of October 2011; and
- The Provincial Finance Lekgotla held in December 2011.

The detail of these agreements and the work that has resulted from them is in Appendix 1 to this document.

3 THE EIGHT CORE CHALLENGE AREAS ADDRESSED THROUGH THE GAUTENG HEALTH TURNAROUND STRATEGY

1. Finance and Financial management

- Effective Budget implementation and management.
- Clearing Accruals and debt.
- Ensure adequate funding for Health Services.
- Efficient and effective contract management.
- Value for money / Cost containment.

- Efficient Revenue / debt collection.
- Improving management of assets.
- Adherence to PFMA requirements for risk reduction.
- Re-engineering of the Medical Supplies Depot (MSD) to address procurement and management concerns
- Effective management of Conditional grants.

2. Human Resources Management and Development

- Rationalisation of staff establishment to management expenditure on employees and provide good quality health services.
- Accelerate filling of vacant funded posts in key health professional categories (e.g. professional nurses, doctors, pharmacists, and pharmacist assistants).
- Increase productivity and accountability through effective performance management.
- Tighten management of overtime and RWOPS for best value for the organisation.

3. District Health Services for Primary Health Care

- Align budget and human resources to priorities to support District Health Services.
- Standardisation of levels of management in PHC facilities including district hospitals.
- Effective integration and standardization of Community Health Workers.
- Provide supportive health infrastructure development for District Health Services.
- Streamline the provision of Primary Health Care across all spheres of government.
- Ensure responsive Emergency Medical Services and infrastructure systems including for Planned Patient Transportation.
- Train more PHC clinicians, advanced midwives and pharmacy assistants.

4. Hospital Management

- Strengthen management of resources (human, financial and material) in hospitals.
- Intensify public education for appropriate utilisation of health services and establishment of effective district-based referral systems.
- Build Health Information Systems (management programme and infrastructure).
- Provide and maintain the necessary hospital physical infrastructure.
5. Medico legal services and litigation

- Reduce rates of adverse events and medical negligence, especially in Obstetrics and Gynaecology, Surgery, emergency units and Orthopaedics.
- Reduce contingent liabilities from litigation costs.
- Reduce work environment related risk - source constraints (e.g. breakdowns of equipment, unavailability of commodities or equipment); human resources issues such as high patient / health professional ratios, health professional burnout and low morale, health professionals (nurses) ignorance of patients and the seriousness of patients medical condition; increased patient volume and disease burden, and utilization of junior staff (Interns and Community Service Doctors) with poor supervision and Support.
- Command necessary support from the Office of the State Attorney.

6. Health Information Management and Health Information System

- Update technology equipment and LAN, and provide support and maintenance on equipment.
- Enhance connectivity in all facilities to improve efficiency.
- Streamline systems for unified Health Information System.
- Develop and implement a unified Patients’ records across the system.
- Mainstream Information Management and accountability.
- Overhaul MEDSAS to improve efficiency of Pharmaceutical Services throughout the system.

7. Communication and Social Mobilisation

- Clearly articulated communication strategy
- Mainstreaming of communication management throughout the organization.
- Access to credible and reliable information to reduce the risk of miscommunication.
- Streamline responses to complaints from the public for positive media publicity.

8. Health Infrastructure Management and Development

- Health infrastructure refurbishment and rehabilitation.
- Improve expenditure on capital projects (construction and maintenance).
- Ensure accountability for infrastructure project planning to reduce the risk of delays and scope and budget increases.
- Raise capacity for effective project management.
- Manage critical stakeholders such as the Department of Infrastructure Development (DID) to improve performance on health infrastructure.

The detailed interventions to address these challenges are described in detail in [Chapters 3 to 10].

Work done with KPMG on Change Management will support the implementation of the Turnaround Strategy.

Recommendations will cover the following work streams:

- Strategic leadership as it pertains to;
  - The relationship between the Department’s corporate leadership and the leadership of the healthcare delivery organizations throughout the system; in particular;
    - Delegation and decision making
    - Support and trust
    - The impact of these factors on service delivery
  - Monitoring mechanisms for organisational performance and management
  - The culture and values of the Department and how they translate to service delivery organisations

- Organisational performance and HR management
  - Workforce analysis focused on absenteeism, replacement cost and overtime
  - HR processes relating to appointments, payroll, overtime and budgeting
  - A high-level HR function delivery plans and Departmental strategic goals
  - Performance agreements
  - An assessment of how cultural challenges impact upon patient care.

- Finance
  - The ability of the Finance Unit to focus on key priorities
  - Challenges identified by the AG and in the Turnaround consultative conference
  - Annual Financial Statement preparation report, inclusive of supporting schedules
  - Transaction controls involving revenue
  - Budget support.
• Supply Chain and procurement
  o Analysis of the supply chain as an end-to-end process and existing procurement processes
  o Assessment of value for money achieved on the highest impact procurement items
  o Analysis of the current procurement strategy and supply chain management policy.

4 THE FIVE PILLARS OF THE GAUTENG HEALTH TURNAROUND STRATEGY

- Strategic Leadership and desirable organisational culture
- Environmental controls for good governance
- Communication and Social Mobilisation
- Human resources management and development
- Health Infrastructure development and rehabilitation.

5 TEN POINT ACTION PLAN FOR THE GAUTENG HEALTH TURNAROUND STRATEGY (2012 -2014):

1. Provide Strategic Leadership
2. Resource Health Services with intensified focus on Primary Health Care Services
3. Manage finances and people
4. Effective management of contracts and partners
5. Provide Information Communication and Technology Infrastructure
6. Manage Information
7. Rehabilitate and Revitalise Health Infrastructure
8. Communicate and Mobilise Communities
9. Generate Revenue
10. Improve Health Outcomes

6 CONTEXT

6.1 The profile of health in Gauteng and the priorities impacting on this Turnaround Strategy

Gauteng is the largest province with a population estimated at 11.1 million people, or 22% of the South African population, with 19.3% (3 million) being younger than 15 years of age. While Gauteng has a comparatively large proportion of people who have private health insurance (25%), 7.7 million are uninsured and depend entirely on the public health sector.

Gauteng is highly urbanised, with 97% of the population living in urban centres, and is characterised by high levels of inequality, with (formal) unemployment at 23%, and 22% of the population living in informal housing. Gauteng has a high proportion of migrants and immigrants, and provides services to thousands from other provinces and countries.

The province is faced with a quadruple burden of disease: illnesses of poverty (communicable diseases) existing side by side with illnesses of developed countries (non-communicable diseases). The burden of disease is exacerbated by the impact of the HIV and AIDS epidemic and TB, including MDR and XDR TB, and also by injuries resulting from violence and trauma.
Health services in the Province are provided through regional, district, tertiary, specialised and central hospitals; across five health districts, both rural and urban; and through community health centres and clinics run by both the Department of Health and by local government.

The challenges described in this document and the initiatives to tackle them must all be considered in light of the priorities set for the Department by:

- The Millennium Development Goals;
- The National Health System Priorities 2009-14 (the 10-point plan);
- The Negotiated Service Delivery Agreement (NSDA) of the NDoH;
- The Draft Service Transformation Plan (2010-2020); and
- The Gauteng Provincial Government outcomes 2009-14

Healthcare delivery in the province is therefore complex and making significant performance improvement throughout the whole system requires the collaboration of all of the organisations involved in the system, as well as a range of important stakeholders.

Further details about the profile of the health system in Gauteng and the details of the priorities that shape the strategic direction of the Department are set out in Appendix 2.

7 GAUTENG HEALTH TURNAROUND STRATEGY

7.1 FINANCE AND FINANCIAL MANAGEMENT

7.1.1 Challenge

- Maximisation of outputs and deliverables with the limited inputs and available resources - Target cost savings to the value of R2bn in 2012/13
- Avoid Accruals and debt.
- Ensure adequate budget for Health in 2013/2014
- Effective and efficient revenue and debt management
- Improving Asset Management
- Risk Reduction Management

7.1.2 The plan

<table>
<thead>
<tr>
<th>CHALLENGES</th>
<th>ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximisation of outputs and deliverables with the limited inputs and available resources - Target cost savings to the value of R2bn in 2012/13</td>
<td>Ensured an effective and efficient revenue and debt management.</td>
</tr>
<tr>
<td>- Avoid Accruals and debt.</td>
<td>Effective implementation of Cost containment measures especially with regard to drug usage.</td>
</tr>
<tr>
<td>- Ensure adequate budget for Health in 2013/2014</td>
<td>Effective implementation of Cost containment measures especially with regard to drug usage.</td>
</tr>
<tr>
<td>- Effective and efficient revenue and debt management</td>
<td>Effective implementation of Cost containment measures especially with regard to drug usage.</td>
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<td>- Improving Asset Management</td>
<td>Effective implementation of Cost containment measures especially with regard to drug usage.</td>
</tr>
<tr>
<td>- Risk Reduction Management</td>
<td>Effective implementation of Cost containment measures especially with regard to drug usage.</td>
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### CHALLENGES

<table>
<thead>
<tr>
<th>Activity</th>
<th>Activities</th>
<th>Enablers/Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoiding accruals and debt during the 2012/13 MTEF.</td>
<td>Demand Plans that are informed by cost centres for all institutions and districts.</td>
<td>Identification of and expanding best practices (such as P-card) in the province.</td>
</tr>
<tr>
<td>Ensure adequate Budget for Health Services and Grants in 2013/14</td>
<td>Commission a study on Gauteng funding for Health in order to answer the question: &quot;Is the Gauteng Health Department adequately funded to meet its constitutional imperatives, statutory mandates and strategic objectives?&quot; The outcomes of the study should inform budget processes for 2013/14 MTEF process.</td>
<td>Available information on Health Financing, especially from the National Health Insurance (NHI) processes currently underway.</td>
</tr>
<tr>
<td>Efficient and effective management of revenue and debt.</td>
<td>Identify and establish strategic partnerships, e.g. with medical schemes, private hospital groups, SARS, Department of Home Affairs (DoHA) etc.</td>
<td>No HIS in the province and in the country.</td>
</tr>
<tr>
<td>Ensuring that controls are in place for the safeguarding of assets.</td>
<td>Develop and implement a comprehensive Asset Management Plan for the 2012/13 MTEF.</td>
<td>Lack of culture of responsibility, custodianship and accountability for assets.</td>
</tr>
<tr>
<td>Compliance to the PFMA's requirements for risk management.</td>
<td>Run quarterly internal campaigns to increase awareness of risk management strategy and disciplinary processes.</td>
<td>Collusion of staff with service providers.</td>
</tr>
</tbody>
</table>

### ENABLERS/ RISKS

- Streamlined
- Packaged
- Evaluated
- Standardised
- Clarified
- Work-shopped
- Communicated
- Implemented
- Reported

### ACTIVITIES

- Streamlined
- Packaged
- Evaluated
- Standardised
- Clarified
- Work-shopped
- Communicated
- Implemented
- Reported

### CHALLENGES

- Rationalisation of staff establishment to manage expenditure on employees and provide good quality health services.
- Accelerate filling of vacant funded posts in key health professional categories (e.g. professional nurses, doctors, pharmacists and pharmacist assistants).
- Increase productivity and accountability through effective performance management of overtime and RWOPS for best value for the organisation.
- Align Human Resource Development Plans with the Strategic Direction of the Department.
### 7.2.2 The Plan

<table>
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<tr>
<td>Rationalisation of staff establishment to manage expenditure on employees and provide good quality health services. Accelerate filling of vacant funded posts in key health professional categories (e.g., professional nurses, doctors, pharmacists, and pharmacist assistants).</td>
<td>- Persal clean-up (verification of employees, perform payroll based post-to-person matches and confirmation of numbers). - Ensure adequate budgeting forwarm bodies and funded vacant posts. - Monitor by Institution, Chief Directorate and District CoE expenditure through monthly reporting to align it to allocated budget. - Implement affordable elements of the NSDA-aligned organisational structure. - Develop and implement a comprehensive HRH Plan per Institution, District and Central Office.</td>
<td>- General shortage of Health professionals - Uniformed public expectations.</td>
</tr>
<tr>
<td>Tighten management of overtime and RWOPS for best value for the organisation.</td>
<td>- Roll out Biometrics clocking system to 20 top spending hospitals - Clinical Heads to also be held accountable for abuse of Overtime and RWOPS by their staff.</td>
<td>- High demands for health services with insufficient workforce. - Fairly good relations with worker's unions. - No supportive ICT system.</td>
</tr>
<tr>
<td>Increase productivity and accountability through effective performance management.</td>
<td>- Ensure comprehensive Induction, Coaching and mentoring for newly appointed Health professionals and managers. - Communicate the Departmental Code of Conduct clearly to all staff. - Act decisively on cases of poor performance and maladministration. - Establish an Office for ethics and discipline in the Department. - Ensure effective implementation of employee wellness programs (EWP).</td>
<td></td>
</tr>
<tr>
<td>Human Resources Development Plans not linked to needs and Strategic Direction of the Department.</td>
<td>- Evidence-informed and targeted five-year HRD plan to be developed for implementation in April 2013. - HRD Plan for Pharmacy Assistants and Midwives to be developed for implementation September 2012. - Policy and budget support for midlevel workers and community health workers. - Revise, revise actively implement the MOU with the Three Academic Health faculties in the Province.</td>
<td>- Good access to credible and accredited training institutions with a wide and accessible service platform for training. - National demands and expectations.</td>
</tr>
</tbody>
</table>

### 7.3 District Health Services for Primary Health Care

### 7.3.1 The Challenge

Align budget and human resources to prioritise District Health Services and implement the Primary Health Care Re-engineering programme. Use evidence and data to prioritize district health services and implement the Primary Health Care Re-engineering programme.

Ensure responsive Emergency Medical Services and Infrastructure Development.

Mobilise and Support Leadership Structures of Society and Communities.

- Streamline the provision of Primary Health Care across all spheres of government.
- Ensure Effective Implementation of Employee Wellness Programs (EWP).
- Provide support for Planned Patient Transportation and pharmacy assistants.
- Effective Integration and Standardisation of Community Health Workers.
- Train More PHC Clinicians, advanced midwives, and pharmacy assistants.
- Ensure responsive Emergency Medical Services and Infrastructure Development for District Health Workers.
- Mobilise and Support Leadership Structures of Society and Communities.
### 7.3.2 The plan

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</table>
| Accelerate development of District Health Systems. | • Re-organise the three regions and six health districts office (staff and budgets) into Five Health Districts.  
• Appoint District Managers for the Five Provincial Health Districts.  
• Appoint a DHS manager at Central Office.  
• Develop and implement Health District Referral Policies (including data management, patient transport, patient tracking systems, etc) for the Five Health Districts.  
• Social mobilization and campaign on District Health services for each Health District.  
• GSSC migration to follow a District-based model. | • ICT software and necessary data available on all five districts.  
• Local municipalities organized into the geographic demarcations.  
• Unsupportive ICT interconnectedness and/or HIS.  
• National district strengthening programmes, the NHI and PHC re-engineering. |
| Streamline the provision of Primary Health Care across all spheres of government. | • Develop and implement a provincial PHC rationalisation plan. | • National District strengthening plans and information systems is an enabler.  
• Unsupportive regulatory frameworks.  
• Labour issues. |
| Align budget and human resources to priorities in order to support District Health Services and implement the Primary Health Care Re-engineering programme. | • Budget 2012/13 to increase allocation to the Districts.  
• Review funding model for district health services to inform 13/14 Budget.  
• Development and implement of a costing Provincial Single PHC package.  
• Five year Provincial Business and Operational plan for the implementation of the Primary Health Care re-engineering programme as part of the NHI.  
• Implement a business and operational plan for the Tshwane NHI Pilot and the related conditional grant. | • Weak ICT systems.  
• National processed advanced. |
| Implement National Facility Improvement Programme. | • Conduct a comprehensive assessment of compliance with all the National quality indicators and develop quality improvement plans for all institutions and facilities in all health districts.  
• Implement quality improvement plans for all District Hospitals and all the CHOs. | • Availability of support services. |
| Ensure responsive Emergency Medical Services and infrastructure systems including for Planned Patient Transportation. | • Develop and implement a EMS and PPT improvement plan (to cover norms, personnel, budget, communication systems, transportation, etc).  
• Appoint EMS – CEO. | • Budget availability |
| Mobilise and support leadership structures of society and communities | • Ensure that all Hospital Boards and Clinic Committees are in place and fully functional. | • Careful selection and identification of community representatives. |
### 7.4 HOSPITAL MANAGEMENT

#### 7.4.1 The challenge

- Strengthen governance and environmental control systems in hospitals.
- Build facilitative relationships among all cadres of Health Service Providers.
- Pay special attention to challenges confronted by nurses.
- Intensify public education for appropriate utilisation of health services and establishment of effective district-based referral systems.
- Build Health Information Systems (management programme and infrastructure).
- Provide and maintain the necessary hospital physical infrastructure.

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<td>Strengthen governance and environmental control systems in hospitals.</td>
<td>Improve adherence to the PFMA and implement accountability measures in this regard.</td>
<td>No ICT support.</td>
</tr>
<tr>
<td>Build facilitative relationships among all cadres of Health Service Providers.</td>
<td>Ensure effective implementation of the cost containment plan by all hospitals.</td>
<td>Lack of technical skills for infrastructure development.</td>
</tr>
<tr>
<td>Pay special attention to challenges confronted by nurses.</td>
<td>Ensure effective implementation of the cost containment plan by all hospitals.</td>
<td>Dependence on National contracts especially for medical supplies.</td>
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<tr>
<td>Intensify public education for appropriate utilisation of health services and establishment of effective district-based referral systems.</td>
<td>Ensure effective implementation of the cost containment plan by all hospitals.</td>
<td>General shortage of nurses in the country.</td>
</tr>
<tr>
<td>Build Health Information Systems (management programme and infrastructure).</td>
<td>Ensure effective implementation of the cost containment plan by all hospitals.</td>
<td>Batho Pele principles and the District Health Services.</td>
</tr>
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#### 7.4.2 The plan

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<td>Strengthen governance and environmental control systems in hospitals.</td>
<td>Improve adherence to the PFMA and implement accountability measures in this regard.</td>
<td>No ICT support.</td>
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<tr>
<td>Build facilitative relationships among all cadres of Health Service Providers.</td>
<td>Ensure adherence to and compliance with National norms and standards; viz., National Essential Equipment List, National Essential Drug List, National Essential Laboratory Services List.</td>
<td>Lack of technical skills for infrastructure development.</td>
</tr>
<tr>
<td>Pay special attention to challenges confronted by nurses.</td>
<td>Medical supplies norms and standards to be developed and implemented for all hospitals.</td>
<td>Dependence on National contracts especially for medical supplies.</td>
</tr>
<tr>
<td>Intensify public education for appropriate utilisation of health services and establishment of effective district-based referral systems.</td>
<td>Ensure effective implementation of the cost containment plan by all hospitals.</td>
<td>General shortage of nurses in the country.</td>
</tr>
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</table>
7.5 MEDICO-LEGAL SERVICES and LITIGATION.

7.5.1 The Challenge

Reduce rates of adverse events and medical negligence, especially in Obstetrics and Gynaecology, Surgery, emergency units and Orthopaedics.

Build capacity for effective management of medico-legal cases.

Command the necessary support from the Office of the State Attorney.

7.5.2 The plan

<table>
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<tr>
<td>Reduce rates of adverse events and medical negligence, especially in Obstetrics and Gynaecology, Surgery, emergency units and Orthopaedics.</td>
<td>• Reduce work environment related risk - source constraints (e.g. breakdowns of equipment, unavailability of commodities or equipment); human resources issues such as high patient/health professional ratios, health professional burnout and low morale, health professionals (nurses) ignorance of patients and the seriousness of patients medical condition; increased patient volume and disease burden, and utilization of junior staff (Interns and Community Service Doctors) with poor supervision and Support.</td>
<td>• National Health Act.</td>
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<td>• Office of Standards Compliance</td>
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<td>• High risk procedures undertaken.</td>
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<td>• Public Service Code of Conduct.</td>
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<td>• HPCSA support</td>
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<td></td>
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<td>• Lack of supervision especially of junior health care providers</td>
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<td></td>
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<td>• High workloads</td>
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Build capacity for effective management of medico-legal cases.

• Enter into appropriate settlement negotiations and institute disciplinary measures immediately on confirmation of medico-legal negligence by employees of the Department.
• Report cases of proven medical negligence to the HPCSA
• Utilise the Public Service Code of Conduct to consider restraint of trade in contract of employment on employees who testify against the State.
• Develop and implement a proposal on the use of an ombudsman.
• Commission a reputable service provider to conduct targeted training on leading of medico-legal evidence.
• A formal evidence-based, quantified impact complaint on challenges with the State Attorney Services to be lodged with the Minister of Justice.
• Establish a multidisciplinary Case Review Committee of experts.
• Conduct a skills audit and implement an appropriate organisational structure for legal services.

• High demand for services and shortage of health professionals
• Availability of experts
• High risk procedures undertaken.
## 7.6 HEALTH INFORMATION MANAGEMENT AND HEALTH INFORMATION SYSTEMS

### 7.6.1 The Challenge

- Provide strategic direction for Health Information Systems
- Update technology equipment and LAN, and provide support and maintenance on equipment.
- Enhance connectivity in all facilities to improve efficiency.
- Streamline systems for unified Health Information System.
- Develop and implement a unified Patients’ records across the system.
- Mainstream Information Management and accountability.
- Overhaul MEDSAS to improve efficiency of Pharmaceutical Services throughout the system.

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<tbody>
<tr>
<td>Ensure availability of adequate ICT skills (HR).</td>
<td>Ensure availability of skilled ICT personnel.</td>
<td>Adequate ICT skills (HR).</td>
</tr>
<tr>
<td>Update technology equipment and LAN, and provide support and maintenance on equipment.</td>
<td>Conduct full ICT audit on existing technology and develop an ICT upgrade plan.</td>
<td>Conduct a full ICT audit.</td>
</tr>
<tr>
<td>Streamline systems for unified Health Information System.</td>
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<td>Through GDF, enforce Telkom to meet contractual obligations.</td>
</tr>
<tr>
<td>Mainstream Information Management and accountability.</td>
<td>Establish a Provincial Health Information Systems Committee as required by NIHSSA.</td>
<td>Pockets of good practice in GPG and other provincial government departments.</td>
</tr>
</tbody>
</table>

### 7.6.2 The Plan

#### CHALLENGES

- Develop and implement a comprehensive long-term ICT Strategy for Health.
- Ensure availability of skilled ICT personnel.
- Conduct a full ICT audit on existing technology and develop an ICT upgrade plan.
- Streamline systems for unified Health Information System.
- Establish a Provincial Health Information Systems Committee as required by NIHSSA.

#### SOLUTIONS

- Draft proposal for staffing in place.
- National e-Health Strategy.
- Budget Availability.
- Existing programme at local training institutions.

#### ENABLERS / RISKS

- Draft proposal for staffing in place.
- National e-Health Strategy.
- Budget Availability.
- Existing programme at local training institutions.
### 7.7 COMMUNICATION AND SOCIAL MOBILISATION

#### 7.7.1 The challenge

- Clearly articulated communication strategy
- Mainstreaming of communication management throughout the organization.
- Access to credible and reliable information to reduce the risk of miscommunication.
- Streamline responses to complaints from the public for positive media publicity.

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<td>Positioning of communicators in facilities and regions is a risk.</td>
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<td>Government Communication and Information Service can do the training for free.</td>
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### 7.8 HEALTH INFRASTRUCTURE MANAGEMENT AND DEVELOPMENT

#### 7.8.1 The Challenge

- Health infrastructure refurbishment and rehabilitation.
- Improve expenditure on capital projects (construction and maintenance).
- Ensure accountability for infrastructure project planning to reduce the risk of delays and scope and budget increases.
- Raise capacity for effective project management.
- Manage critical stakeholders such as the Department of Infrastructure Development (DID) to improve performance on health infrastructure.
- Mainstream economic opportunity identification for localization, benefaction and ownership of local communities.

#### 7.8.2 The plan

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<tr>
<td>Identify partners to establish strategic partnerships to improve infrastructure management</td>
<td>Develop and begin to implement 5-year Health Infrastructure Plan</td>
</tr>
<tr>
<td>Establish a departmental infrastructure regulatory committee for proper prioritisation, planning, implementation and maintenance</td>
<td>Conduct a skills audit and capacity improvement plan for the Health Infrastructure</td>
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<td>Lack of requisite skills.</td>
<td>Scarcity of skills</td>
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<td>Ensure accountability for infrastructure project planning to reduce the risk of delays and scope and budget increases.</td>
<td>Ensuring capacity for effective project management.</td>
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<td>Prioritise local procurement and economic participation in health infrastructure maintenance and building projects.</td>
<td>Infrastructure projects to comply with the new Provincial Procurement Policies</td>
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**Enablers/Risks**

- Lack of requisite skills.
- Scarcity of skills
- Monitoring by the BAC

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**Table notes:***

- **ROOT CAUSES / DEPENDENCIES:** Health infrastructure refurbishment and rehabilitation.
- **SOLUTIONS:**
  - Ensure accountability for infrastructure project planning to reduce the risk of delays and scope and budget increases.
  - Develop and begin to implement 5-year Health Infrastructure Plan.
  - Conduct a skills audit and capacity improvement plan for the Health Infrastructure.
  - Infrastructure projects to comply with the new Provincial Procurement Policies.
- **Enablers/Risks:**
  - Lack of requisite skills.
  - Scarcity of skills.
  - Monitoring by the BAC.
# WAY FORWARD

The Gauteng Health Turnaround Strategy will be introduced to a broad stakeholder workshop for buy-in. Performance agreements of all senior managers, CEOs of hospitals, district and facility managers will include result areas for the implementation of the Turnaround Strategy. It will be made available on the intranet to all employees. Road shows will be conducted in all districts and central hospitals.

All operational plans will mainstream the implementation of the Gauteng Health Turnaround Strategy.

A Monitoring and Evaluation Framework to track progress and report on outcomes is being developed.

Quarterly reports will be provided to the Gauteng Provincial Government Executive Council.

## Appendix 1

There are a number of important agreements and resolutions that have informed this Turnaround Strategy:

- **From the MOA, obligations of the GPG are to undertake to;**
  - Restructure the Provincial DHSD and establish the Provincial Department of Health as a standalone Provincial Department,
  - Put special measures in place to ensure that the Provincial DoH does not contravene the PFMA when planning and implementing the budget,
  - Ensure that there is a comprehensive turnaround strategy by the end of March 2012, ready for implementation in 2012/13,
  - Recover all debts owed to the provincial DHSD within the 2012/13 financial year and develop a sustainable reimbursement mechanism.

- **From the MOA, obligations of the National Government are to undertake to;**
  - Assist the provincial department of health with appropriate analysis of the base data for problem diagnosis and intervention,
  - Support the provincial department of health with appropriate institutional and procedural arrangements for the intervention areas identified,
  - Support the provincial department of health with the efficient administration of central hospitals,
  - Provide support for the efficient administration and management of central hospitals and their transition towards an integrated national approach consistent with the National Health Act
  - Assist the provincial department of health with the development and implementation of a migration plan of the Health Information System (HIS),
  - Provide integrated support to the provincial department of health and strengthening primary health care (PHC) services as preparation towards National Health Insurance (NHI).
  - National Treasury to provide assistance and guidance in areas of supply chain management in the provincial department of health.
• **PBC Decisions (October 2011)**
  - Increase delegations for CEOs to manage maintenance at hospital level
  - Resolve procurement and management concerns at the Medical Supplies Depot
  - Strengthen management and outcomes of Emergency Medical Services
  - Address medico-legal and litigation issues
  - Provide a plan around continuing with the provincialisation process
  - Act on corruption
  - Address Human Resources issues, including rationalization and strengthening controls of overtime.

• **Extended Finance Lekgotla Decisions (11 November 2011)**
  - GDF to identify possible under spending and ensure surrender to Provincial Revenue Fund for possible reallocation to Health
  - Infrastructure slow spending to identify projects that can be fast tracked and show quick wins
  - GDF should develop a process to clear and minimize accruals within the current budget and over the MTEF
  - Allocation of infrastructure budget only to project that are ready
  - 5% top slice health personnel budget 2012/13
  - GDF and Health to collaborate the ensure that the central hospitals are functional
  - 3% top slice (hair –cut) in provincial Equitable Share budget to finance, and set aside in the Provincial Revenue Fund (PRF) for paying accruals
  - DGF and Health to manage debt and collect about R800 million owed
  - GDF and Health to formulate an action plan for clearing accruals
  - Engage service providers with regards to their payments and negotiating uninterrupted supply of goods and services
  - Stringent conditions to be put in place to ensure that no further accruals are incurred after the intervention
  - Clearing of accruals will be managed with Treasury.

### Appendix 2

#### The context of health in Gauteng

**Vital statistics**

- Life expectancy at birth: 60.5 (2011)
- Maternal mortality rate: Preliminary data for the period 2008-2011 shows an improvement in the maternal mortality rate, suggesting it is now 147 per 100,000 live births for the triennium 2008 -2010 (compared to 167/100,000 in the previous Triennial Report 2004-07)
- Perinatal Mortality Rate: 33.5 / 1 000
- Neonatal Mortality Rate: 11.7 / 1 000
- Under five mortality Rate: 34 / 1000
- HIV prevalence: 15.2% among 15-49 years old (HSRC 2008)
- TB cure rate: 82%.

**Non-communicable diseases: top 11 diagnoses upon admission to hospital in Gauteng:**

- Respiratory conditions, such as bronchopneumonia, pneumonia and lower respiratory tract infection (18.4%)
- Carcinoma (15.8%)
- Cardiac disease (14%)
- Renal disease (11.2%)
- Hypertension (7.6%)
- Epilepsy (6.9%)
- Diabetes (3.2%)
- Mental health conditions (2.8%).
- A quarter (23.3%) of adult women and 8.3% of adult men were found to be obese (Dept of Health & MRC 2008).

**Service Platform**

Health services in the Province are provided through:

- 137 provincial and 180 local government clinics (with mobile units in some instances)
- Thirty five Community Health Centres
- Five Health Districts
- Eleven District hospitals
- Eight Regional Hospitals
- Three (3) Tertiary Hospitals
- Four Central Hospitals
Six specialised hospitals (4 Psychiatric, 1 Rehab and 1 MDR)
Three (3) Oral Health Centres.

Additional project-based work is done by various not-for-profit organisations the province.

The priorities informing the strategic direction of the Department

The strategic direction of the department is shaped by the following priorities:

Millennium Development Goals (MDGs)

All the eight MDGs and in particular;

- **Goal 4: Reduce Child Mortality**
  - Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate: **Targets:** Reduce child mortality from 43 per 1000 (2009) to 30 per 1000, and infant mortality from 34 per 1000 (2009) to 25 per 1000 by 2014.

- **Goal 5: Improve Maternal Health**
  - Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate **Targets:** Reduce the maternal mortality ratio from 167.6 per 100,000 (2009) to 100 per 100,000 by 2014.

- **Goal 6: Combat HIV and AIDS, malaria and other diseases**
  - Have halted by 2015, and begin to reverse the spread of HIV and AIDS
  - Have halted by 2015, and begin to reverse the incidence of malaria and other major diseases
  - **Targets:** Reduce new HIV infections by 50% by 2014, and increase the TB cure rate from 76% in 2009 to 83% in 2014.

National Health System Priorities 2009-14 (10 Point Plan).

1. Provision of Strategic leadership and creation of Social compact for better health outcomes.
2. Implementation of the National Health Insurance.
3. Improving the Quality of Health Services.
4. Overhauling the health care system and improve its management.
5. Improvement of Human Resources.
6. Revitalization of infrastructure.

7. Accelerated implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases.
8. Mass mobilisation for the better health for the population.
10. Research and Development.

Negotiated Service Delivery Agreement (NSDA) of the NDOH.

All the four agreed priorities and in particular the focus of the current financial year on improving health system effectiveness.

- Increasing life expectancy (reducing mortality rates)
- Combating HIV and AIDS
- Reducing the burden of disease from TB
- Improving health system effectiveness.

Draft Service Transformation Plan (2010-2020)

- The Draft STP sets out the infrastructure and human resource requirements that would be necessary to re-engineer Primary Health Care and shift the focus from a hospice-centric model to a focus on PHC;
- The STP aims to increase utilisation of PHC services through extended hours, offering the full package of services, providing additional clinics and extra consulting rooms, and improving quality.
- It also aims to implement referral systems, provide and/or expand PHC and level 1 hospitals in under-serviced areas, and increase ‘outreach’ from hospitals to other facilities to take services to where people are.

Gauteng Provincial Government outcomes 2009-14

1. Quality basic education.
2. A long and healthy life for all South Africans.
3. Decent employment through inclusive economic growth.
4. All people in South Africa are and feel safe.
5. Vibrant, equitable, sustainable rural communities contributing towards food security for all.
7. Responsive, accountable, effective and efficient Local Government system.
8. An efficient, effective and development oriented public service and an empowered, fair and inclusive citizenship.
The Strategic Plan of the Gauteng Department of Health and Social Development 2009-2014

Vision

To be the best provider of quality health and social services to the people in Gauteng.

Mission

The GDHSD aims to provide excellent, integrated health and social development services in partnership with stakeholders to contribute towards the reduction of poverty, vulnerability and the burden of disease in all communities in Gauteng.

Values

- Batho Pele principles
- Excellence
- Integrity
- Humility
- Selflessness
- Respect
- Social Justice

Goals and Strategic Objectives

1. Improved health and well being with an emphasis on vulnerable groups.
2. a) Reduce the rate of new HIV infections by 50% in youth, adults and babies
   b) Reduce deaths from TB and AIDS by 20%
3. Increased efficiency of service implementation.
4. Human Capital management and development (for better service delivery outcomes).
5. Organisational excellence.