# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 1271**

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**(INTERNAL QUESTION PAPER NO. 13)**

**Mrs M O Clarke (DA) to ask the Minister of Health:**

(1) Whether each hospital in the Republic has a blueprint; if not, what is the position in this regard; if so, what are the minimum norms and standards for each hospital in each category of hospital;

(2) (a) how often are quality assurance checks conducted in each hospital and (b) what are the outcomes thereof;

(3) what (a) is the human resource (HR) component in each hospital, (b) shortages of staff are experienced, (c) number of funded vacancies are still vacant, (d) period have the positions been vacant for and (e) is the HR capacity plan in each hospital in each province compared to the population capacity?

###### NW1529E

**REPLY:**

(1) In a 2013, the Department developed a Policy Guideline for Tertiary Services which provides guidance or a blueprint for the minimum health workforce categories required at each category of hospital. These category of hospitals ranges from the Regional, Tertiary, Central, National Referral Hospitals to Specialised Hospitals.

Regional/Secondary (R) hospitals require the permanent presence and input of a general specialist in each of the TEN core specialties listed below, or *at least* ***two*** *full time specialists per core specialty*:

* Medicine
* Surgery
* Psychiatry
* Obstetrics & Gynaecology
* Orthopaedic Surgery
* Paediatrics
* Anaesthetics
* Diagnostic Radiology
* Laboratory Medicine
* Emergency Medicine

Tertiary Hospitals (T1) provide services with more specialists than is generally available at Regional hospitals. T1 services are centred on a strong **core of specialists in the main specialties**, supported by other specialist and **sub-specialists**.

Central Referral Hospitals (T2) represents a set of highly specialist services, delivered by **sub-specialists that require unique, highly skilled and scarce personnel**.

National Referral Hospitals (T3) offer services that are provided by **super-specialist** at national referral units only, each linked to a Central Hospital.

Specialised Psychiatric Hospitals (SP) offer services that may be provided in general hospitals (usually acute psychiatric wards only) but are mostly provided at specialised facilities designed for care of mentally ill patients.

**Further considerations:**

* In all regional and tertiary hospitals, consideration is given to the number and complexity of supporting clinical departments and allied clinical support services required to deliver the service. For instance, cardiothoracic surgery requires the support of a cardiology service, intensive care, cath lab, Clinical Technology personnel, etc.
* The skills and competencies required to deliver the service will depend not only on the level and scarcity of skills and competencies of specialist doctors but on the level and scarcity of skills and competencies of all of the allied professionals whose inputs are required to deliver the service.
* The caseload required to sustain these skills and competencies must be optimal to ensure the patient’s safety and to justify the investment in the units.

(2) (a) Informal quality checks should be done on a daily basis in hospitals. According to the Norms and Standards Regulations applicable to different categories of health establishments (Feb 2018) all health establishments must conduct an annual self-assessment (formal quality assessment) against the Norms and Standards Regulations. The measures for District and Regional hospitals for the Norms and Standards Regulations were published by the Office of Health Standards Compliance in August 2021. The Central Hospital tool is in draft format.

 (b) Currently the Ideal Hospital Framework is used by public hospital to conduct a self-assessment. The framework has been aligned with the published measures for the Norms and Standards Regulations and will come into effect in the 2022/23 financial year. The result of the assessments conducted by hospitals for the 2021/22 financial year is set out in the table below. From the 394 public hospitals, 257 (64%) hospitals have conducted an assessment.

|  |  |
| --- | --- |
| **Outcome of self- assessment for 2021/22 financial year** | **Number of Hospitals** |
| Silver | 116 |
| Gold | 6 |
| Platinum | 6 |
| Not achieved | 129 |
| **Total assessments conducted** | **257** |

(3) (a) The attached table indicates the (HR) component in each hospital recorded on PERSAL as at 31 March 2022.

(b) The current overall shortage of staff for all job categories, which provide both health related, and administration functions are 26 444 posts, in the public health sector (Hospitals) (i.e. in all 9 Provinces) recorded as on the 31 March 2022 PERSAL System date set.

(c) Due to general budget cuts introduced by National Treasury, the Cost of Employment (CoE) is negatively affected and therefore not all posts can be filled simultaneously. It is therefore impossible to confirm total funded vacancies as all posts are placed in the same pot and stringent measures are implemented to control filling of positions including key line function posts to avoid over expenditure on CoE.

(d) The period that the positions has been vacant for is immaterial as on a monthly basis, Provinces are pprioritizing filing of posts in accordance with the Annual Recruitment Plan, where funding permits.

(e) Each hospital in each Province does have a Human Resources capacity plan compared to the population capacity, however, as mentioned above, due to budget cuts, it is not always possible for the hospital to employ to full capacity but mechanisms are in place to ensure that service delivery is adequately provided at all times.

To mitigate the above, the Department has introduced several interventions to address the shortage of health workers in health facilities, which amongst others includes:

* Prioritisation of the posts in the Annual Recruitment Plan – where funding

permits

* Prioritisation of the posts for conditional grant funding
* Filling of replacement posts considered and approved weekly
* Advertisements published National wide through print media
* A dedicated Registrar Programme to train and produce in-house Medical

Specialists

* Provision of internship and community service programmes.

END.