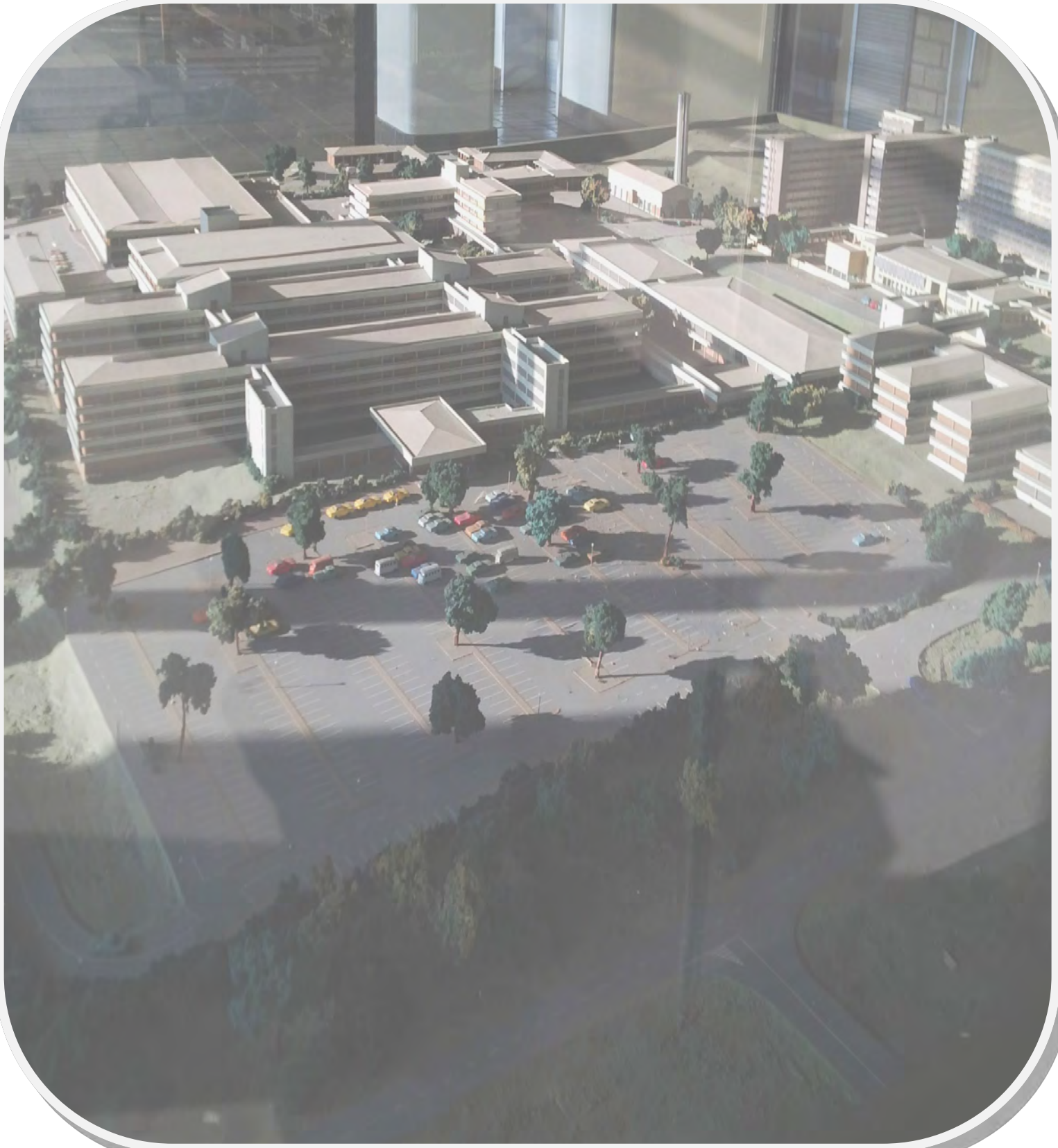




KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

GREY'S HOSPITAL ANNUAL REPORT 2020/2021



KwaZulu-Natal Department of Health



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INTRODUCTION

Grey's Hospital is a 530 bedded hospital, but currently there are only 505 usable beds. It is situated at 201 Town Bush Road, Northern Park in Pietermaritzburg. Grey's Hospital provides 100% Tertiary services to its patients. We provide Tertiary Services to a population of 3.5 million in the Western area of KwaZulu – Natal, which includes the following districts: UMgungundlovu, UThukela, UMzinyathi, Amajuba and Harry Gwala.

OUR VISION:

The provision of optimal tertiary level of health care, to the population of the western area of KwaZulu-Natal.

OUR MISSION:

We the staff of Grey's Hospital are committed to service excellence through sustainable and coordinated levels of care, by establishing partnership without communities, and through ensuring innovative and cost effective use of all available resources.

CORE VALUES:

Human dignity, respect, holistic healthcare and caring ethos

Innovativeness, courage to meet challenges, to learn and to change

Cost effectiveness and accountability

Open communication and consultation

GREY'S HOSPITAL SERVICE COMMITMENT CHARTER

1. ATTITUDE:

We are committed to provide the highest quality of service and meeting our customers' needs with the utmost care and courtesy.

2. PERSONAL APPEARANCE:

We will present ourselves in a professional manner. Always smiling and greeting patients, visitors and employees. We will follow our respective departmental dress code policies to reflect our respect for our customers. We will wear our employee badge at all times to facilitate communication and allow for easy identification of staff and designation, thus promoting our corporate identity.

3. COMMUNICATION:

We will communicate with others in a positive and understandable manner, making use of translators and interpreters where possible in an attempt to bridge any language barrier. We will listen attentively to our customers whether they are patients, family members or colleagues in order to fully understand their needs. We will pay close attention to both our verbal and non-verbal communication. We will identify ourselves when answering the telephone, provide the correct information or requested number and get the caller's permission before transferring their call. We will answer all calls as quickly as possible. We will take initiative to express concerns and suggestions to the respective persons to benefit both the customers and the team as a whole.

4. COMMITMENT TO PATIENTS:

We will acknowledge patient's questions and concerns immediately. We will always address the patient by their name and will introduce ourselves by name and position. We will strive to treat the patient with respect and dignity while making their need first priority. We will provide a pleasant environment to promote healing, keeping a holistic perspective and provide continuity of patient care by handing over to co-workers before change of shift. We will assist patients and visitors who have disabilities and special needs.

5. COMMITMENT TO CO-WORKERS:

We will welcome all new employees to Greys Hospital in an attempt to make their adjustment as a team player as pleasant as possible. We will demonstrate strong work ethic by showing that we care enough about ourselves, our job and our co-workers by being on time and lending a helping hand whenever possible. We will treat our co-workers as professionals deserving courtesy, honesty, respect and cooperation in the same manner, as we would expect to be treated.

6. CUSTOMER WAITING:

We will acknowledge the patient or families that are waiting, by checking in on them periodically, according to department policies. We will offer an apology if the wait is longer than anticipated, always thanking the customer for waiting. We will strive to provide our customers with a prompt service, always keeping them informed of delays and making them comfortable while they wait.

7. HALLWAY ETIQUETTE:

We will extend courtesy and professionalism to patients, visitors and colleagues in the hallways. We will make eye contact and friendly greet visitors, patients and co-workers. We will never be too busy or involved in what we are doing to overlook a visitor needing help. We will assist any person who is lost by walking customers to where they need to be. We will strive to place clear directions and easy to follow signs in our hallways to assist our customers to reach their respective departments without difficulty. We will continually strive to exceed the expectations of others as we pass through the halls.

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8. PRIVACY:

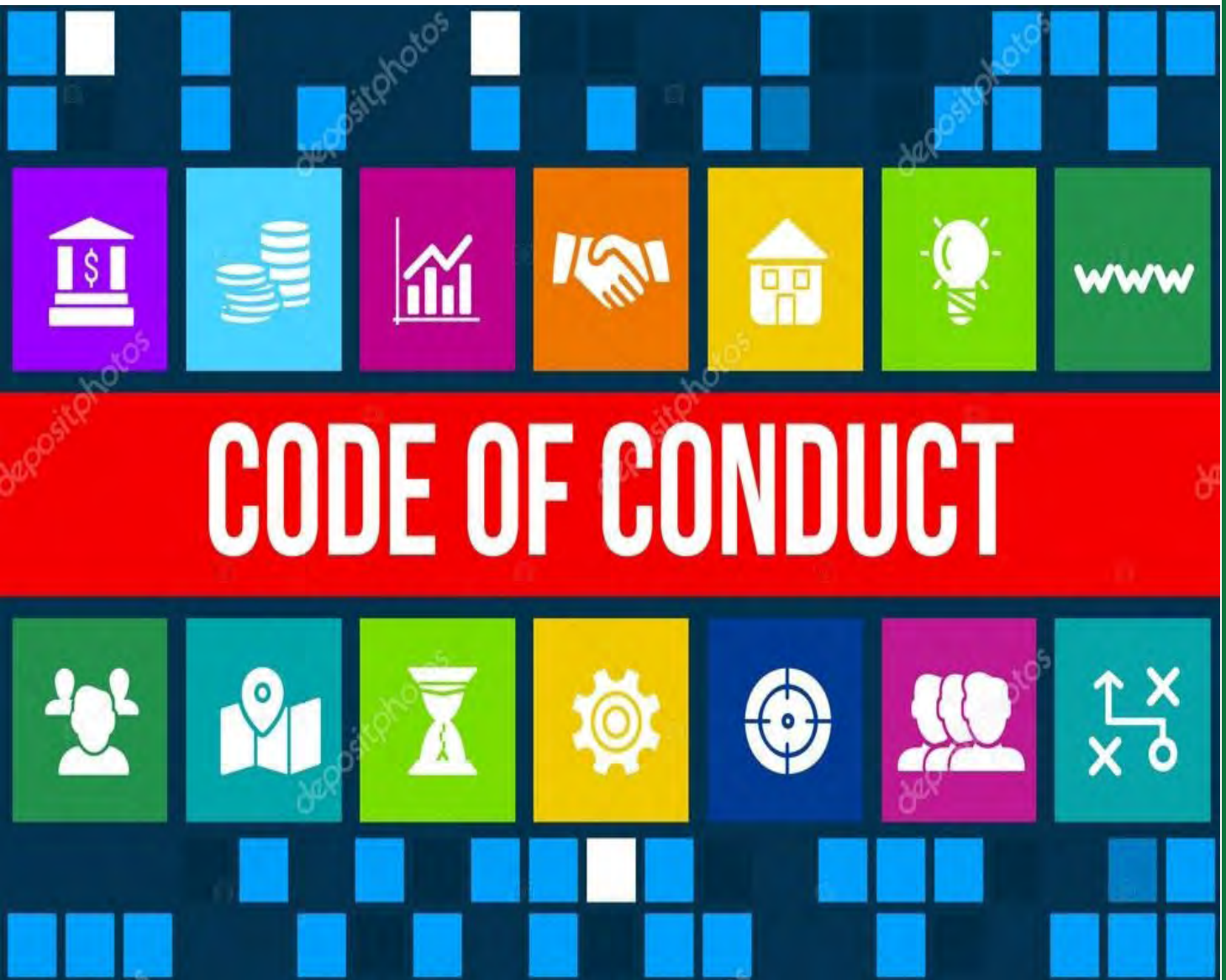
We are committed to the protection of our fellow employee's, as well as customer's rights to personal and informational privacy. We completely understand that we have the responsibility to ensure that all communications and records inclusive of demographic, clinical and financial information, be treated and maintained confidential. We are committed to the value of providing care and communication in an environment that respects privacy. We will be considerate in all interactions as well as in the provision of care at all times and under all circumstances with the highest regard for a customer's personal privacy and dignity. We expect from ourselves and other employees, behaviour that represents the expressed value in honoring and protecting everyone's right for privacy and personal safety.

9. SAFETY AWARENESS:

We will complete all health and safety in-services, as well as familiarize ourselves with our respective departmental safety policies and procedures to ensure an accident free environment. If we observe any unsafe condition or safety hazard, we will correct it if possible or report it to the appropriate person immediately. We understand the importance of reporting all accidents or incidents promptly.

10. SENSE OF OWNERSHIP:

We will accept all the rights and responsibilities of being part of the hospital team by living the hospital vision, mission and core values, thus strengthening our corporate identity. We will be an example to others, taking pride in our work and providing an excellent customer service. We will strive at all times to keep the people and property of the hospital at high regard, also taking the necessary responsibility for our individual work areas. We will create a sense of ownership towards our profession, taking pride in what we do, feeling responsible for the outcomes of our efforts, and recognizing our work as a reflection of ourselves.



GREY'S HOSPITAL IS RENDERING THE FOLLOWING SERVICES ON REFERRAL BASIS ONLY, EXCEPT FOR EMERGENCY AND TRAUMA CASES:

<p><u>ORTHOPAEDIC AND SUB-SPECIALITIES</u></p> <ul style="list-style-type: none"> • General Orthopaedics • Hand Unit • Spinal Unit • Arthroplasty Services • Tumour, Sepsis & Reconstruction • Paediatric Orthopaedics 	<p><u>DEPARTMENT OF RADIOLOGY</u></p> <ul style="list-style-type: none"> • General x-rays • Theatre radiography and Mobile Units • Fluoroscopy / Screening • CT Scans • MRI Scans • Mammography / Breast Imaging • Ultrasound • Interventional Radiology • Cardiac Catheterisation Laboratory <p>radiography</p>
<p><u>DEPARTMENT OF INTERNAL MEDICINE</u></p> <ul style="list-style-type: none"> • Neurology • Cardiology • Infectious Diseases • Pulmonology • Nephrology • Endocrinology • Gastroenterology • Rheumatology • Dermatology • Clinical Haematology 	<p><u>OBSTETRICS AND GYNAECOLOGY</u></p> <ul style="list-style-type: none"> • High Risk Obstetrics • Feto-Maternal Medicine • Oncology • Uro-Gynae / Pelvic Floor Dysfunction • Gynae-Endocrine / Reproductive
<p><u>SURGERY & SUB-SPECIALITIES :</u></p> <p>GENERAL SURGERY :</p> <ul style="list-style-type: none"> • Hepatobiliary • Breast & Endocrine • Upper GIT • Colorectal • Trauma <p>Sub-Specialty in Surgery:</p> <ul style="list-style-type: none"> • ENT • Urology • Ophthalmology • Paediatric Surgery • Plastics & Reconstructive Surgery • Dental & Maxillo-facial 	<p><u>PAEDIATRIC OUTPATIENTS RUNS THE FOLLOWING GENERAL & SUBSPECIALTY CLINICS</u></p> <ul style="list-style-type: none"> • Asthma • Cardiology • Child Abuse • Endocrine • Foetal anomaly • General paediatrics • Haemophilia clinic • HIV clinic • Learning disorders • Neonatal • Neurology & neurodevelopment • Psychology • Renal <p>Ward follow up clinics</p> <p>NB Dermatology, Surgery & orthopaedics all run a paediatric clinic within their specialty</p>
<p>OCCUPATIONAL THERAPY</p>	<p>SPEECH AND AUDIOLOGY</p>
<p>SOCIAL WORK SERVICES</p>	<p>PHYSIOTHERAPY</p>
<p>LABORATORY SERVICES</p>	<p>ACCIDENT & EMERGENCY SERVICES</p>
<p>DIETETICS DEPARTMENT</p>	<p>CLINICAL PSYCHOLOGY</p>
<p>PHARMACEUTICAL SERVICES</p>	<p>ANAESTHETICS & PAIN MANAGEMENT</p>
<p><u>RADIOTHERAPY AND ONCOLOGY:</u></p> <ul style="list-style-type: none"> • New Breast & Cervical Cancer • New Head & Neck Cancer • New GIT & Uro Cancer • New General Cancer <p>Chemotherapy suite</p> <p><u>RADIOTHERAPY SECTION:</u></p> <ol style="list-style-type: none"> 1. Simulator 2. Planner 3. Linear accelerator 4. Brachytherapy 5. Mould Room 	

EFFICIENCY INDICATORS

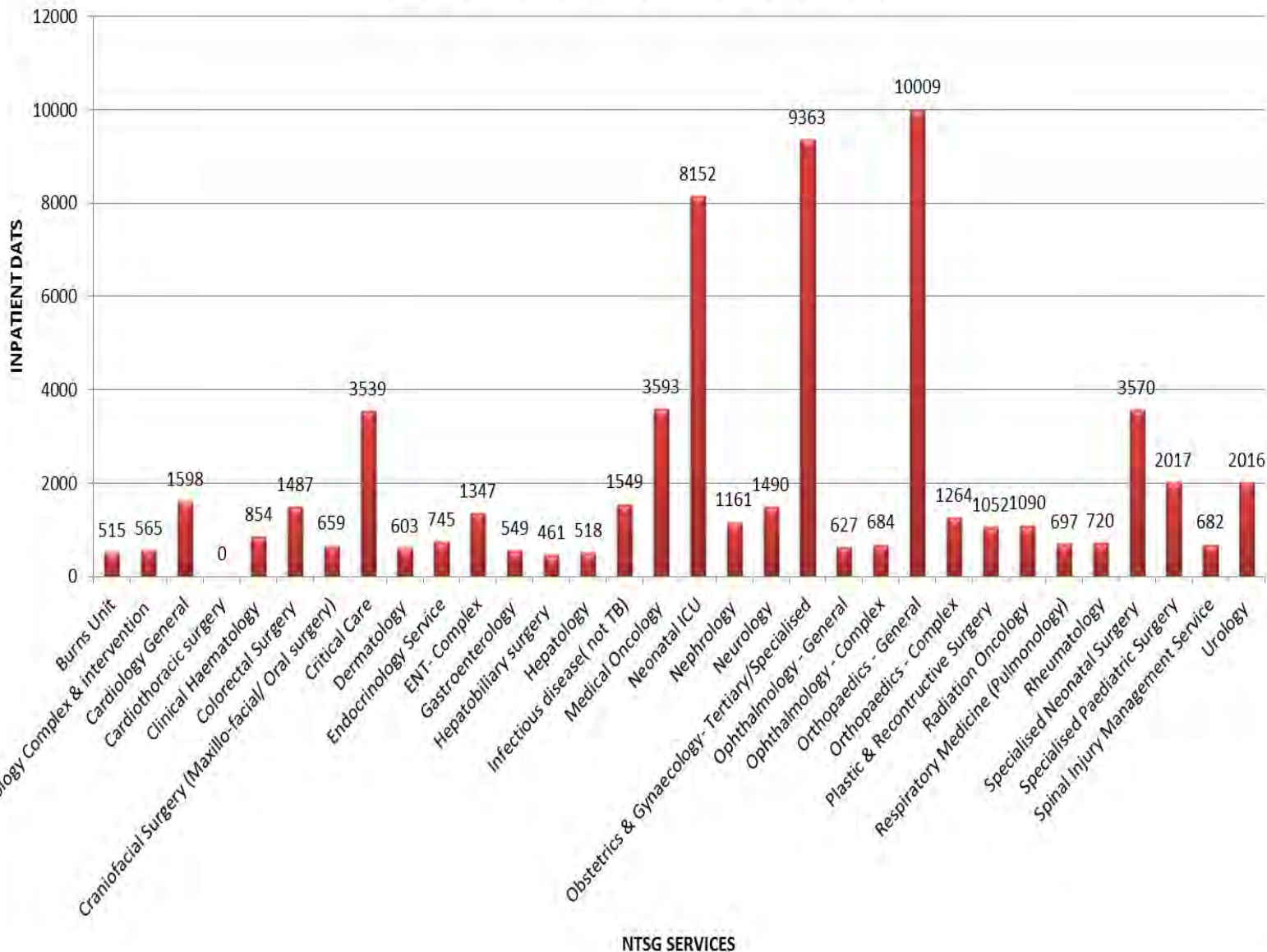
INDICATORS	Prov. Norms (Annual)	Hospital Targets 2020/2021	AVERAGE	20-Apr	20-May	20-Jun	20-Jul	20-Aug	20-Sep	20-Oct	20-Nov	20-Dec	21-Jan	Feb-21	March 2021
COMMISSIONED BEDS			530	530	530	530	530	530	530	530	530	530	530	530	530
USABLE BEDS			505	510	510	510	510	510	468	485	485	487	447	447	447
INPATIENT DAYS			8580	7718	8560	8562	7989	7522	8751	9721	9304	8925	8814	8514	9726
ADMISSIONS	N/A		603.18	467	586	1052	497	431	499	722	669	557	544	611	737
DISCHARGES	N/A		679.18	537	711	695	720	527	654	813	791	748	557	718	885
INPATIENT DEATHS	N/A		63.54	39	45	47	71	62	65	46	68	82	116	58	62
TRANSFERS IN	N/A		236.18	137	265	263	204	230	272	250	259	260	244	214	263
TRANSFERS OUT	N/A		141	104	124	112	138	140	176	177	138	167	140	135	152
BED OCCUPANCY RATE	79%	≥ 75%	56%	49%	54%	54%	50%	47.57%	57.19%	61.48%	63.70%	57%	63.70%	60.20%	63%
AVERAGE LENGTH OF STAY	9.4 DAYS	≤ 9.4 DAYS	9.6 DAYS	11.6	9.8	10	8.5	10	9.77	9.3	9.3	9	10.8	8.6	9
BED TURNOVER RATE		2	1.7	1.3	1.7	1.7	1.8	1.4	1.75	2.04	1.9	1.9	1.8	2.2	2
DEATH RATE		5%	7.49%	5.29%	4%	3%	9.88%	9.37%	8.60%	4.73%	7.20%	8.60%	14.70%	7.03%	6.2%
INTERWARD TRANSFERS	N/A		522.81	456	426	344	434	535	672	601	520	668	553	575	550
DAY PATIENTS	N/A		1049	1015	1013	1085	999	1125	989	1200	1149	997	1010	966	994
OPD HEADCOUNT			7450	5114	7063	7068	6016	7359	8553	8515	8714	5512	9123	8917	8762
CASUALTY HEADCOUNT	N/A		579	445	476	608	629	553	596	663	708	641	551	507	611
SECTION/TOTAL DELIVERIES				78/91	69/96	107/129	94/114	74/102	82/108	80/94	61/82	77/105	76/102	77/101	95/119
CAESERIAN SECTION RATE	71%	≤ 69%	78%	86%	70%	83%	82.40%	72.50%	75.90%	85%	74.30%	73.30%	74.50%	76.20%	80%
PATIENT DAY EQUIVALENT	N/A		11063	9423	10914	10918	9994	9975	11602	12559	12209	10762	11855	11486	12647
EXP. PER PDE	R 4,239.50	R 4,503	R 9,688	R 12,072	R 9,473	R 9,792	R 10,630	R 9,682	R 9,648	R 9,324	R 9,265	R 9,733	R 8,634	R 8,319	R 9398



CLINICS REPORT 2020/2021

CLINICS	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	TOTALS
MEDICINE	889	1514	1264	1209	954	1060	1497	1340	942	1396	1458	1776	15299
SURGERY	1181	1692	1766	880	1509	2683	2450	2560	1913	1871	2056	2580	23141
PAEDIATRICS	338	399	471	427	451	571	453	505	377	382	562	586	5522
OPHTHAL	381	548	588	522	505	592	788	852	558	432	493	706	6965
ORTHOPAEDICS	394	526	614	550	593	593	701	765	573	580	553	765	7207
GYNAE	332	616	663	664	520	544	674	896	523	582	672	736	7422
ONCOLOGY	1599	1761	1874	883	1719	1991	1290	1431	1138	1158	1224	1427	17495

NTSG INPATIENT DAYS DATA: 2020/2021



REPORT BY THE FINANCE DEPARTMENT ANNUAL REPORT 2020/201

HOSPITAL STATISTICS 2020/21 FINANCIAL YEAR

POPULATION (TERTIARY)	3,500,000
POPULATION (GENERAL)	1 000,000
BED OCCUPANCY RATE (BOR)	56%
AVERAGE LENGTH OF STAY	9.6days
PATIENT DAY EQUIVALENT (PDE)	R9 688
BUDGET	R1 388 173,00
EXPENDITURE	R1 341 280
BAS PAYMENTS	R 328 948
REVENUE COLLECTIONS	R 10 729
WRITE OFFS	R 909
DEBT ACCOUNT	R 2 041 346

ACCRUALS & COMMITMENTS	R47 663 407
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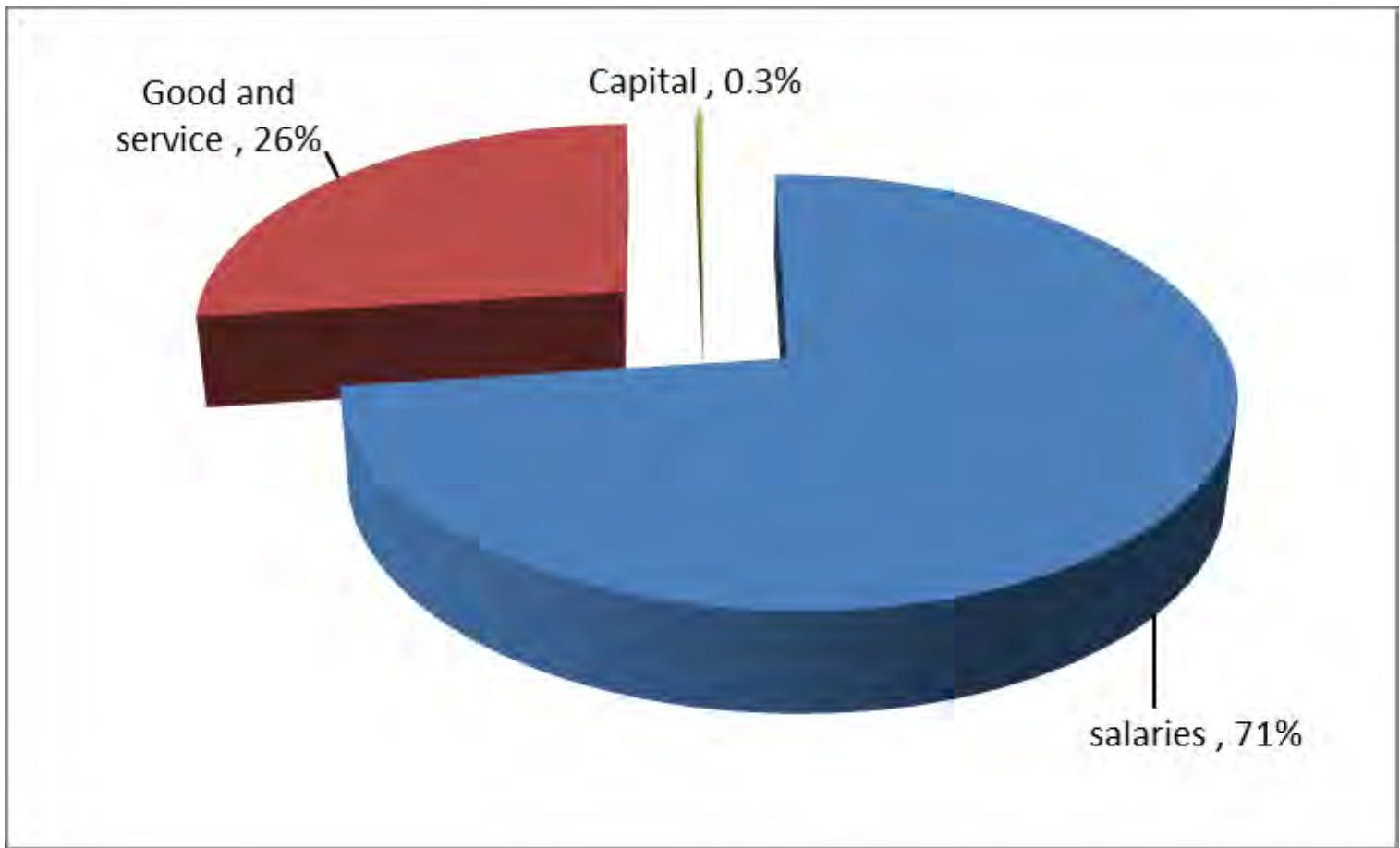
SUMMARIZED BUDGET AND EXPENDITURE UNDER DIFFERENT FUNDING:

	BUDGET	EXPENDITURE
EQUITABLE SHARE	R 834 154 000	R 790 488 815
NTSG	R 495 175 000	R 495 106 105
HIV/AIDS	R 4 140 000	R 5 418 767
MAINTENANCE	R 11 212 000	R 8 558 459
COVID 19	R 30 410 000	R 28 235 015
STATUTORY HR	R 13 082 000	R 13 472 891

SUMMARIZED AS PER ECONOMIC CLASSIFICATION

	BUDGET	EXPENDITURE
COMPENSATION OF EMPLOYEES	R 980 832 000	R 971 365 631
GOODS & SERVICES	R 360 691 000	R 328 948 723
HOUSEHOLD	R 6 590 000	R 7 680 509
MACHINERY & EQUIPMENT	R 40 060 000	R 33 286 109
TOTAL	R1 388 173 000	R 1 341 280 052

(PER STANDARD ITEM)



REVENUE COLLECTIONS FINANCIAL YEAR 2020/21

TOTAL	R10 729 121
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Submitted by Deputy Director-Finance: Mrs G. Anderson

NURSING DIVISION ANNUAL REPORT 2020/2021

INTRODUCTION

The Nursing component vision is to provide quality patient care of the highest standard at all times. Our achievements, challenges and future plans are outlined in this report. It also needs to be noted that 2020 was the 'International Year of the Nurse' plans for celebrations throughout the province were planned. However God had a different plan for us as we were in the front lines fighting the COVID – 19 Pandemic. In many ways other colleagues and the public could see the worth of the nurse as we worked together to reduce the transmission, prevent death and save lives.

A. ACHIEVEMENTS

1. HUMAN RESOURCES DEVELOPMENT AND TRAINING:

- Training of Nurses

This period saw the end of the nursing courses as we know them, they were now called legacy courses. All legacy courses stopped at the end of 2019 and in the beginning of 2020 the new approved course for nursing started (R171) which is a 3 year diploma. The number of remaining legacy students was less than 100.

The first group started in January of 2020 and the plan for this course was for the students to start in the community and not the hospitals so they will only be in our wards and departments in July 2021.

Another new concept for nursing is imminent. The SANC is planning to commence CPD points for nursing. The process has been explained and in-service training has been conducted in readiness for this process. We at Grey's have elected to conduct a pilot project in order to be ready for the SANC. Northdale and Townhill hospitals have done a pilot project in 2018 – 2019.

- Number of Staff on training

Nil

2. QUALITY PROGRAMMES

- The hospital sustained its MBFHI status and training is ongoing.
- ESMOE, ETAT and HBB projects have been implemented.
- EPI is being monitored to ensure an improvement in the immunization campaign
- PMTCT, TB Screening and pregnancy testing have improved.
- Ideal Hospital Initiative has been conducted in preparation for the Norms and Standards

3. QUALITY IMPROVEMENT:

- The 'Ethics and Professionalism in Nursing' provincial programme is going well under the guidance of Mrs. A Dlomo. The committee meets on a quarterly basis and monthly ethics and professionalism in nursing audits are conducted using the new Provincial Nursing audit tool. Provincial reports are submitted to the District Ethics and Professionalism Champion. White Wednesdays are being practiced. Reciting of the Nurses Pledge is done throughout the nursing component every Wednesday. The development of a memorial garden has been done, which was used to celebrate Nurses Day on the 12th May.
- Monthly documentation audits are being conducted in all nursing areas and are monitored by Nursing Management which proves that the standardized Provincial nursing records have been implemented well.
- Risk Management in the nursing division is being monitored on a monthly basis
- Monthly Waiting Time Survey is being conducted in OPD.
- Due to COVID – 19 some IPC / Quality / Waste Management audits were omitted due to restrictions yet standards remained high.

B. CHALLENGES

- Staff shortage due to the moratorium has worsened every year and is becoming critical, the Pandemic has allowed for more than 100 nurses to be employed on a 6 month contract to help us with the crisis we are all facing. The resignation rate and the cumbersome system to fill posts is severely hampering nursing care.
- Not enough security personnel stationed outside Pediatric and Maternity wards is still an issue.
- Absenteeism specifically for Professional Nurses is a concern, this may be due to burnout and the severe shortages of Enrolled Nurses and Enrolled Nurse Auxiliaries in each ward and department, who have now got less than 50 % of their establishment.
- Providing staff for the Vaccination site was a challenge and this has lead to further shortages in the nursing areas. However the vaccination site is doing an excellent job and has had many compliments from the public.

C. CONCLUSION

Staff continue to provide consistent, quality patient care to the best of their ability despite the severe shortages and the Pandemic. If there were more posts available this would ultimately improve service delivery.

Submitted by Nursing Manager: Mrs KT Mckenzie

Remarks from the Deputy Director: Human Resource Management

Suffice to primarily introduce myself as Mr. Jackson M Khumalo. I joined Grey's Hospital as the Deputy Director: Human Resource Management (HR Manager) on 03 August 2020 from KwaDabeka CHC. I found it breathtaking to become a member of Grey's Hospital staff considering the warmth, exuberance and hospitality bestowed to me from the first day of joining this mammoth tertiary health establishment that strives to provide the best possible tertiary level of healthcare services to all the people of the Western area of KwaZulu-Natal.

The previous financial year had many challenges attached to it. Some of the challenges include moratorium on the filling of non-clinical posts, Covid-19 challenges, insufficient budget, moratorium on training and development of staff, high staff turnover rate, employment equity target challenges, difficulty to attract and retain staff, etc. again, there were bottlenecks with the appointment of investigating and presiding officers which resulted to prolonged finalization of disciplinary cases.

Amidst all the challenges, the human resource management team, under the leadership of Mr. Gary Stoffel's (then acting Deputy Director: HRM and Assistant Director: Human Resource Practices), was able to ensure effective and efficient management of Human Resource Planning, Development and Performance Management and Development System in support of service delivery imperatives, management of Human Resource Provisioning and Practices in line with prevailing legislative prescripts and policies, management of Labour Relations matters to promote effective employment relations, management of Employee Health and Wellness Programme in order to enhance employee productivity, safety and morale, including effective, efficient and economical management of allocated resources in the component.

It is for the abovementioned reasons that I wish to applaud all Human Resource staff for their sterling contributions toward service delivery at Grey's Hospital. I am also grateful to the Executive Management for their continued support to me and the entire human resource management team. I take my hat off to Grey's Hospital employees for being reasonable, understanding and co-operative with the HR staff when odds were against everybody due to Covid-19 restrictions. I declare 2020 a year of great achievements amidst the scourges of Covid-19.

PART A: HUMAN RESOURCE PLANNING, DEVELOPMENT AND EPMDs

The Human Resource Planning, Development and EPMDs Office is managed by Ms. NV Zuma who is the Assistant Director: HR Planning, Development and EPMDs.

Functions

This Office is entrusted to manage the day-to-day functioning of the Human Resource Planning, Development and PMDS sub-component to ensure that high quality services are being provided, provide the regulatory framework for Human Resource Planning, Development and PMDS within the institution, ensure that Human Resource Planning, Development and EPMDs initiatives demonstrate close alignment and integration with the Departmental policies and procedures, champion the development and implementation of Human Resource Plan, Employment Equity Plan and Workplace Skills Plan, provide means for the institution to align Human Resource Planning, Development and PMDS strategies with technology to achieve goals and desired outcomes, establish policies, strategies and operational processes for developing capable and high performing employees, develop and maintain a database for the training development programme, evaluate the effectiveness of training as far as the performance of staff and cost is concerned, facilitate the establishment of the Institutional Health Education, Training and Development Committee, administer programmes like learnership, bursary scheme, induction, internship, ABET and in-service, experiential training, monitor and evaluate the Workplace Skills Plan and report thereon in the prescribed manner to stakeholders and monitor implementation of Employee Performance Management and Development System in the entire hospital.

Achievements

Our Human Resource Plan was developed and implemented from 01 April 2018 – 31 March 2021. The plan is due for renewal. However, the KZN Department of Health is still waiting for DPSA to conduct workshops on the new HR Plan Templates to cover the MTEF period 01 April 2021 – 31 March 2024. It was great achievement that certain Orientation and Induction Sessions were implemented during the 2020 period when Covid-19 complications were at their highest peak. It is also amusing that some of the Institutional Health Education, Training and Development Committee (IHETDC) meetings we held amidst the challenge. This was critical for the sake of deliberating bread and butter issues around human resource development. Skills Audits were successfully done in 2019/2020 season and the records remain relevant. The Workplace Integrated Learning Programme remained lively as we managed to accommodate more learners than previous years. Quarterly and Annually Training Reports were compiled based on the scanty training sessions we were able to facilitate during the 2020/2021 period. All employees reflecting on the staff establishment of Grey's Hospital as of 31 March 2020 managed to submit their Performance Agreements and Half-Yearly Performance Reviews within deadlines of 31 May 2020 and 31 October 2020 respectively. The submission of Annual Performance Assessments, Performance Improvement Plans and Probationary Reviews as of 31 March 2021 was done timeously. The processes for the Intermediate Reviews, Committees District Moderating Committee Reviews, including ratification and unfreezing of posts went all well..

Challenges

The Human Resources Plan Implementation Report for 2020 was developed but couldn't be implemented due to budgetary constraints and Covid-19 restrictions. The Employment Equity Plan was developed for period 01 October 2019 – 30 September 2022. The challenge with it is that it couldn't be presented to the Employment Equity Consultative Forum due to Covid-19 restrictions. The institution is still struggling to achieve 2% of People with Disabilities in its workforce due to diverse challenges. The Workplace Skills Plan was developed but couldn't be implemented due to Covid-19 protocols. Attendance to training courses and workshops, conferences, standardized In-Service Training and Bursary Programme were not possible under the Covid-19 tribulations. There were notable challenges regarding the holistic management of Pay Progressions and Grade Progressions, including the submission of Job Descriptions and Quarterly Performance Reviews. The identified gaps will be addressed during the 2021/2022 performance cycle.

PART B: HUMAN RESOURCE PRACTICES

The Human Resource Planning, Development and EPMDs Office is led by Mr. GH Stoffels who is the Assistant Director: Human Resource Practices.

Functions

This Office is assigned to manage the day-to-day functioning of the human resource practices sub-component in the institution to ensure that high quality services are being provided, manage development and implementation of relevant policies and procedures in line with human resource strategies of the KZN Department of Health, ensure effective and efficient management of recruitment and selection processes so as to facilitate attraction and retention of competent employees in accordance with laid down policies and procedures, ensure effective and efficient management of leave management processes so as to attain unqualified audits from the Auditor General South Africa, ensure effective and efficient management of incapacity leave processes in tandem with the PILIR, ensure effective and efficient management of human resource records and documents so as to accomplish unqualified audits from the Auditor General South Africa, identify, analyse and prioritise training needs of supervisees and submit them to the Human Resource Planning, Development and EPMDs Sub-Component for further processing, manage compensation system to ensure timeous processing and payment of allowances and benefits to in-service staff and out-of-service staff, ensure effective and efficient management of service termination processes (especially #4.5.8 report) to follow-up on service termination dates, salary recalls, full or partial reversals, payment of leave gratuities, payment of pro-rata service bonus and availability of debt clearance forms and submission of Z102 pension documents, draw and analyze Persal reports to follow-up on captured transactions and timeously take action on detected overpayments and underpayments, implement progressive discipline against sub-component staff in quest of regulating wayward/poor performance and ensure effective, efficient and economical management of resources allocated to the human resource practices sub-component..

Achievements

The Human Resources vacant posts have been filled through internal transfers considering the moratorium on the filling of non-exempted posts. This Office was able to ensure compliance to the OSD policies for medical, nursing, allied health and engineering and artisan cadres during recruitment and selection. We were able to cope with the recruitment challenges OSD occupations as the demand for these workers far exceed their availability in the employment market. We were able to act speedily in order to fill vacancies from the scarcity that existed. The outbreak of the Covid 19 pandemic impacted significantly in the retention of human resources. We managed to recruit and retain 128 employees on contract basis purely for managing Covid-19 pandemic. These Covid-19 contracts commenced from 01 May 2020 to 31 October 2020, but extended to 31 March 2021 and also extended to 30 September 2021. Greys hospital has been appointed as one of the Covid-19 site within the KZN Metropole Complex and as such it was assigned to appoint more employees on contracts and ensure renewal of the same on an ongoing basis. Overall, we managed to recruit the following new employees (both OSD and -OSD) from 01 April 2020 to 31 March 2021 .

Occupations	Quantity
Nursing	71
Medical	50
Allied Health	25
Other	27
Total	173

Challenges

Although we have been successful in recruiting the scarce skills personnel, however we were confronted by the challenge of retaining our new recruits considering that the market is continuously evolving in terms of opportunities being offered to these categories of staff. Consequently, we ended up seeing 52 personnel exiting the service in the past financial year. However, we have been trying to recruiting more officials than those leaving the service. The component itself has not experienced a huge number of personnel leaving thus ensuring that there is continuity in the services being provided. Covid-19 pandemic increased personnel deaths additional to early retirement cases in the institution. This ended up processing approximately 400 IOD cases of employees who contracted Covid 19 whilst on duty due to the Covid 19 related injuries and diseases. All vacant human resource posts in the HR Practices Office were filled, except the Records Clerk post which has been vacant since November 2020. Subsequently, this Office ended up making use of human resource officer trainees to ensure the smooth running of records management as this is a crucial function to ensure the smooth flow of correspondence and files. With the ongoing advertising of clinical post, it is of paramount importance that the applications are received, sorted and recorded correctly. For many employees, the number of PILIR cases immensely increased as a result of having exhausted their sick leaves. Thus PILIR applications continued piling up and leading to the adjustment of our submission methods to the Health Risk Manager. PILIR processes ended up being crisis situations as their started putting huge demands on our thin human resource allocation.

PART C: LABOUR RELATIONS

Our Labour Relations Office is spearheaded by Mrs. NC Dimba who is the Assistant Director: Labour Relations.

Functions

This Office is assigned to manage the day-to-day functioning of the labour relations office in the institution to ensure that high quality labour relations services are being delivered, manage grievances submitted by employees, manage disciplinary processes, manage dispute resolution processes, manage negotiation processes, manage strike action fiascos, manage labour relations training, manage development of labour relations policies, manage communication and information, manage assessment of workplace behavior and provide labour relations advise to managers, supervisors and employees. The summarized labour relations statistics cover the following cases:

Labour Relations Case	Total	Finalized	Outstanding
Formal Misconduct	10	06	04
Informal Misconduct	09	09	0
Grievances	19	11	08
Abscondment	03	03	0
Appeals	03	03	0
Disputes	04	03	01
Grand Total	48	35	13

Achievements

The Labour Relations Office managed to ensure that finalized cases are more than the outstanding cases as we are encouraged to finalize our cases timeously. Most finalized arbitration and appeal cases were in favor of the employer.

Challenges

The mind-bottling challenges confronting labour relations office is difficulty to timeously find suitable investigating and presiding officers to assist with the investigation and presiding over our cases. This therefore made concluding them beyond prescribed timeframes. As a result of the change in the abscondment procedure, teething problems were experienced when a staff member rotates from day duty to night duty, or a student moves between the nursing college and wards. The issues were addressed through consultation and guidance between this office and the various Departments concerned and the problem has diminished considerably. It was highlighted that it is imperative that there is no break in communication between our office and the source office if the staff member returns to work.

PART D: EMPLOYEE WELLNESS MANAGEMENT

The Employee Wellness Management Office is headed by Mr N Madlala who is the Employee Wellness Practitioner/EAP Practitioner .

Functions

This Office is mandated to manage the day-to-day functioning of the Employee Wellness Management Office to ensure that high quality services are being provided, monitor the development and implementation of policies and procedures, promote principles or values that help give direction to spiritual, emotional, social, physiological and intellectual needs of employees, monitor and evaluate issues relating to the Employee Wellness Programme in order to enable managerial intervention and guide policy development, ensure that individual maintains appropriate remedial practices in the management of their conditions, provide consultation and assessment in terms of PILLIR, Sick Leave Abuse and Absenteeism Management, establish and coordinate healthy lifestyles programmes within the institution, conduct Financial Education Programmes including Garnishee Management within the institution, conduct Health Awareness and facilitate health screening including needs assessment for employees within the institution, monitor and evaluate indicators related to the Employee Wellness Programme in order to identify and resolve trends in the field, ensure that follow up interviews are conducted to evaluate the effectiveness of professional external suppliers.

Achievements

The number of employees relapsing after rehabilitation decreased significantly. A psychosocial team was formed to support staff through workshops, debriefing and individual counselling. This team comprises of the Employee Health and Wellness, Psychology and Social Work Components/Departments. Also, were able to offer orientation workshops for clinical staff, notwithstanding that Covid-19 pandemic outbreak interrupted our Work and Play activities and subsequently causing workshops to be negated. The abridged employee wellness management statistics cover the following cases.

Wellness Programme	Quantity
Counselling	165
Referral to SANCA and Rehabilitation Centers	51
Referral for Debt Review/Counselling	38
Referral for Gambling	7
Covid-19 Workshops	15
Total	276

Challenges

Some employees reported to be abusing substances are unable to complete SANCA Programme due to financial constraints. Maybe we may have to consider sponsoring these employees from our own budget so that they can complete the programme without any hindrances. The outbreak of the Covid-19 pandemic disrupted our Work and Play activities and subsequently some workshops had to be cancelled.

Submitted by Deputy Director: Human Resource Management: Mr JM Khumalo



GREYS CAMPUS ANNUAL REPORT 2020/2021

“Nurses: A Voice to Lead – A Vision of future healthcare”

BACKGROUND

Grey's Campus remains focused and committed in producing competent Nurses and Accoucheurs, who are able to work independently in the clinical health care settings and some with minimal support from the experienced Professional Nurses.

2020/2021 was very hectic and with some challenges as the college was preparing to submit relevant documents and meet the requirements for accreditation by South African Nursing Council (SANC) and Council of Higher Education (CHE) to offer the new nursing qualifications. An unprecedented airstrike of Covid -19 Pandemic which resulted to National Lockdown in different stages as its restrictions affected the nursing education and training of programmes offered. Survived through embarking on National Guidelines, adjusted calendar accompanied by academic recovery plans hence the semester and year period content was completed.

New Developments in Nursing Education

New Nursing Qualification

Task teams were developed to fast track the development of the curricular, policies and micro curricula for the following undergraduate and post graduate programmes to be offered by a Nursing Education Institution (KwaZulu-Natal College of Nursing).

Basic Programmes.

1. Diploma in nursing (R171) (368 credits) L6
2. Certificate in Nursing (120 credits) L5
3. Advanced Diploma in Midwifery (R1497) (120 credits) L7

Post Graduate Programmes L8

1. Diploma in Mental Health (120 credits)
2. Critical Care Nursing Science (120 credits)
3. Primary Care (120 credits)
4. Midwifery (120 credits)
5. Nephrology Nursing Science (120 credits)
6. Perioperative Nursing Science (120 credits)

The KwaZulu-Natal College of Nursing (KZN CN) has proposed that Grey's Campus shall offer the following courses:

1. Diploma in nursing (R171) (368 credits)
2. Advanced Diploma in Midwifery (120 credits)
3. Critical Care Nursing Science - Adult (120 credits)

STUDENT MATTERS

The processes of offered programmes have been disrupted by COVID-19 pandemic, however 2020/2021 has been yet another year of continued endeavours to embrace the changes in Nursing Education and training embarking on remote modal teaching and learning of students, the following statistics **reflect the students' performance on the previous year.**

Pass rate – R425

Group 1/2017, fourth year first semester, August/September 2020 Examination and Supplementary Examination, we had 100% pass rate.

Group 1/2018, third year second semester November/December 2020 Examination, we had 100% pass rate.

Group 1/2019, second year January/February 2021 Examination, we had 100% pass rate.

Pass rate – R171

Group 1/2020, first year first semester September 2020 Assessment and Supplementary Assessment, we had 100% pass.

Group 1/2020, first year second semester February 2021 Assessment and Supplementary Assessment, we had 100% pass.

Pass rate – R880

Group 6/2019, first year first semester October 2020 Final Examination, we had 83% pass.



Total number of students of legacy and new nursing qualifications as 31st March 2021

R 425 - 4 year Diploma in Nursing (General, Psychiatric & Community) and Midwifery)	50
R 880 - (Diploma in Psychiatric Nursing)	05 Re- entries
R 171 - (3 year Diploma in Nursing)	50
Total	105

Student Intakes 2021

Month	Year	Programme	Total number
January	2021	R171 (three years)	23
Total			23

Student Completed 2020/2021

Month	Year	Programme	Total number
February	2021	R425	36
January	2021	R880	17
Total			53

COMMUNITY SERVICE

Due to COVID-19 pandemic and the President pronounced the National Lockdown Regulations, all student nurses went for early recess in March 2020. The students only wrote their final examination in January 2021 and commenced Community Service on the 1st of March 2021.

2020 ANNUAL GRADUATION CEREMONY

Due to COVID-19 pandemic and the President pronounced the National Lockdown Regulations, Nurse's graduation ceremony was not held last year and deferred to the time when the restrictions are uplifted but the College certificates were awarded.

STUDENT ATTRITION

Terminations

One (1) student - R425 four year programme
Two (2) students - R171 three year programme.
One (1) student - R880 Diploma in Psychiatric Nursing Science,
Two (2) students - R254 Diploma in Midwifery.
Two (2) students - R683 Bridging course for enrolled nurses.

STAFF MATTERS

Establishment as 31st January 2020

Campus Principal	: 1
Vice Campus Principal	: 1
Head of Departments	: 5
Lecturers	: 20
Clinical Lecturers	: 2
Registrar	: 1
Administrative Clerks	: 2
General Orderlies	: 4
Total	36

Staff developments

They have attended various meetings such as Curriculum Development workshops, RPL, and received an in-service education on online innovative teaching strategies and covid-19 vaccination. Task teams were developed to manage the various processes of new qualifications implementation.

New appointment

One (1)

Retirement

Five (5)

Resignation

Nil

Staff Achievements:

Mrs. S. Chandramohan obtained her PHD in Nursing at Durban University of Technology

Mrs. L. Maharaj obtained her PHD in Nursing at Durban University of Technology

Mrs. B.P. Madziba obtained her Masters in Nursing at the University of KwaZulu-Natal.

Mr. M.A. Smith obtained his Masters in Nursing at Durban University of Technology.

Mrs. S. Mahadeo obtained her Masters in Nursing at Durban University of Technology.

Acknowledgement

Grey's Campus would like to thank all the stakeholders involved in Nursing Education and Training for the support even in this challenging time to maintain the vision and mission status of the nursing campus. The academia and support staff efforts was recognized and appreciated for a quality nursing education and training strategies applied to produced safe and competent nurse practitioners.

Submitted by Campus Principal: Mrs B.E. Shezi



We would like to welcome the following new staff to our department

HCU Cardiology: Dr C. Chishala

HCU Rheumatology: Dr S. Deosaran

Internal Medicine Registrars: Dr S. Duma, Dr M. Ismail, Dr K. Manichund, Dr K. White

Medical Officers: Dr N Madonsela, Dr A Sishange

1. CLINICAL SERVICES

The COVID-19 pandemic has made 2020-2021 a challenging time. To develop a tertiary COVID service, there has been a need to reduce the number of non-COVID beds from 97 to 56 beds. This has meant a reduction in non-emergency work with a large backlog that will take a long period to overcome.

1.1. Cardiology :

One subspecialist and two trainees. The new HCU, Dr C. Chishala joined in December 2020. He brings some much needed technical expertise to the Cardiology service. He is supported by sessional subspecialists. Two cardiology trainees are based at IALCH. In-patients: 7 beds with high turnover. Out-patients: Weekly outpatient clinics – general cardiology, device clinic (checking pacemakers etc.); obstetric cardiac clinic. Echocardiography services are extremely busy as echo services currently do not exist at Edendale and Northdale Hospital. There is also currently a moratorium on employing “non-critical” staff and this has limited our ability to replace technologists who have left the department. Outreach: Currently limited to telephonic support

1.2. Dermatology:

Two Dermatologists. In-patients: 1 bed, Outpatients: Daily Dermatology clinic; dermatology surgical slate in minor theatre weekly. Outreach: Dr Chateau runs a paediatric dermatology clinic at KEH.

1.3 Endocrinology:

One Endocrinologist. In-patients: 5 beds. Includes dynamic diagnostic studies. Out-patients: Weekly Endocrine Clinic and Diabetic Clinics. Monthly Pediatrics Endocrinology Clinic and multidisciplinary Transgender Clinic. Outreach: Currently limited to telephonic support and occasional visits to regional level hospitals

1.4 Gastroenterology:

Recruitment of a subspecialist gastroenterologist has been unsuccessful. A general physician with an interest in Gastroenterology, Dr S Temmers runs the medical aspects of the GIT department supported by IALCH subspecialty consultation. The Greys Department of Surgery have also assisted by performing endoscopies on medical patients requiring these procedures. Their assistance has been invaluable in keeping the service going while staff recruitment efforts continue.. In-patients: 5 beds -patients: Weekly GIT clinic. Outreach: Telephonic support.

1.5 Haematology:

One Haematologist assisted by a sessional haematologist. There is a large clinical load at Greys due to insufficient staffing at IALCH Haematology. In-patients: Average 5 – 6 in-patients. A large part of the service is investigation of cytopaenias and haematological malignancies before referral to Durban haematological services for therapy. Out-patients: Weekly Haematology clinic and monthly Haemophilia clinic. Outreach: Telephonic support and guidance.

1.6. Infectious Diseases:

One Infectious Diseases specialist. A large proportion of the workload of this department consists of consultations. In-patients: Referred patients for in-patient care, service limited by staffing – one medical officer. Monthly antibiotic ward rounds involving Infectious Diseases, Microbiology and Pharmacy are continuing. Isolation facilities are available but inconveniently situated in Antenatal clinic. Weekly infectious disease journal club. Out-patients: Weekly ID clinic. Outreach: Caprisa, Vulindlela.

1.7. Nephrology:

One nephrologist assisted by one nephrology fellow. In-patients: 13 beds. Acute dialysis of patients in ICU – 12-15 sessions per month. Patients initiated on dialysis (haemodialysis and peritoneal dialysis) – 20-40 per month. Initiation of peritoneal dialysis is done in co-operation with the Department of Surgery for abdominal placement of Tenckhoff catheters. Out-patients: Weekly Renal clinic with 35 patients; weekly Low Clearance clinic (patients with impaired renal function who are likely to require dialysis services in the near to medium-term future; weekly Peritoneal Dialysis clinic seeing 10-15 patients per clinic with a total of about 76 patients on the peritoneal dialysis programme of Grey's. Out-patient haemodialysis services are provided daily in shifts which include night time and weekend shifts – about 100 patients receiving regular haemodialysis. Dialysis frequency is limited due to travelling distance for many patients and dialysis services need to be decentralised to improve access for these patients. Renal Transplant Service: The renal unit presents about 10 fully worked up patients for transplant assessment each month. The average acceptance rate is about 2 – 3 out of those presented but only 3-4 total transplants are done at IALCH per year. Outreach: Preparation for peritoneal dialysis services in Edendale, Madadeni and Ladysmith Hospitals have been started but services not yet started. Madadeni and Edendale ICU provide acute haemodialysis for emergency cases prior to transfer to Greys Hospital. All haemodialysis services and consumables are currently provided by a contracted service provider but the clinical burden far exceeds the resources currently available at Greys.

1.8. Neurology:

Three full time specialists. In-patients: 6 beds. Out-patients: Weekly Neurology clinic; weekly Epilepsy clinic; combined Neurology and Ophthalmology for weekly Neuro-Ophthalmology clinic. Outreach: Neuro-ophthalmology service provided to IALCH.

1.9. Pulmonology:

One Pulmonologist. In-patients: 7 beds. Out-patients: Weekly Pulmonology clinic. Lung function testing provided, excluding diffusion testing. The equipment in the lung function lab is outdated and is due for replacement. Outreach: Telephonic support.

1.10. Rheumatology:

Dr S Deosaran joined the department in February as the Head Clinical Unit of Rheumatology. Her expertise has added immense value to the Rheumatology service and to the Dept as a whole. In-patients: 2 beds. Out-patients: Weekly Rheumatology Clinic. Outreach: Telephonic support.

1.11. General and Acute medicine:

In-patients: 10 beds in Medical Admission Ward. Because of the continuous doctor presence, this service is able to provide augmented care and monitoring for 3 beds. The nursing staff-to-patient ration is still the same as in general wards. Out-patients: Doctors in MAW assist Casualty/Emergency Medicine department with medical cases that arrive in Casualty. In-patients referred from out-lying hospitals for CT scans have increased dramatically because of persistent problems with the CT machine at Edendale Hospital. Outreach: Off-site outreach is not a function of Acute Medicine. Telephonic referrals from external sources constitute a large portion of the workload of Acute Medicine

1.12 Outreach

There have been challenges to the Medicine outreach program. A new air transport services provider has not yet been contracted to facilitate long distance outreach to Area 2. The ongoing pandemic has limited staffing ability to go off site to provide outreach services. Outreach support is thus predominantly virtual and telephonic.

2. CHALLENGES

2.1. COVID-19 Pandemic: The pandemic stretched the Department of Internal Medicine beyond its capacity and support by other clinical departments in the hospital has been critical in ensuring a sustainable COVID service. We would like to thank all of these departments for their support and hard work in the COVID service – it has been very much appreciated!

2.2. Tertiary services development has not been possible due to the small numbers of sub-specialists in each sub-discipline (in many cases, only one sub-specialist. Efforts to attract applicants from the private sector or larger centers have been unsuccessful and are mirrored by similar problems in Durban.

2.3 Additional challenges include the growing clinical, administrative and teaching workloads on our clinicians. Burnout is a real and growing problem in the health care sector.

3. ACHIEVEMENTS

3.1 Despite the unprecedented challenges of the pandemic, the Department of Medicine has worked well as a team and grown as a department. Thanks to our very dedicated staff as well as for the outstanding support received from nursing and other departments, we have weathered the first year of the pandemic successfully.

3.2 Congratulations also go to the following individuals for their successes in CMSA exams in the last year: FCP(SA) Part 1 – Dr K White and Dr L. Musson.

Submitted by Head of Clinical Department: Dr Carolyn Lee



OBSTETRICS AND GYNECOLOGY ANNUAL REPORT 2020/2021

Despite the absolute detrimental effect of the Covid-19 pandemic from 2020, the Department of O&G continues to ensure excellent **service delivery in Women's health**. We continue to provide tertiary services and subspecialties within the department and to the district we serve. Equally important to service delivery we continue to provide training of a high standard to undergraduate students, intern doctors and registrars. Challenges that remain to halt progress and contribute to slower than envisioned expansion of our department are the creation of new posts, recruitment of and acquisition of new staff, procurement of new equipment and infrastructure and sourcing of funding for department and community projects.

Developments

Consultants

Dr. MJ Titus has retired as chief specialist and metropolitan head. We wish him a rewarding and well deserved retirement and await his post to be filled.

Dr S Lubelwana has moved to King Edward hospital in Durban and we wish her all the best.

Professor TD Naidoo was awarded his professorship from the University of Kwa-Zulu Natal at the beginning of 2021.

Dr BS Makhathini has completed both his Gynae Oncology fellowship and his MPhil and is now a registered sub-specialist in Gynaecological Oncology.

Dr S Foolchand continues to expand the Feto-maternal and high risk obstetric units.

Dr NV Tsibiyane is involved with the daily management of the general gynaecology patients, infertility and gynaecological endocrine clinics.

Dr S Naicker joined our department in February 2021 and shows a keen interest in the field of Uro-Gynaecology.

Dr BG Goldman joined our department in April 2021 and is currently exploring his interest in the Gynae-Oncology department.

Dr SB Amod continues to perform sessions in the feto-maternal clinic with dr Foolchand and she contributes to the after our on-call services.

Dr P Sing and N Moran continues to provide after hours on-call services in our department.

Medical Officers

Dr Navarro-Ricardo JC completed his FCOG qualification in 2021.

Dr Hammond RK was appointed in 2020 and has since completed his FCOG and MMED(O&G).

Dr Ludwaba C was appointed in 2020 and also since completed her FCOG.

Dr Magubane BT completed her FCOG qualification in 2020.

Dr T Gwetu continues to grow as a junior MO in our department and is hoping to start in a registrars position in 2022.

Dr Depestre-Menejias JA, Govender L and Lawal-Solarin TR continue to provide senior clinical services in the various clinics, theater and after hours on-call services.

Dr Bilenge KB continues to offer after hours on-call services

Registrars

Currently the department has 12 registrars and 3 supernumerary registrars.

We had 7 registrars complete their clinical component of their training in 2020 and we welcomed 3 new registrars in January 2021, unfortunately we did not receive any registrars for the July 2021 intake, but expect to receive new registrars in January 2022.

Drs Hammond, Goldman and Ludwaba completed their FCOG qualification in 2020.

Interns

Currently there are 29 interns and they rotate through Grey's, Edendale and Northdale Hospitals. The change in the intern rotation schedule has resulted in a more junior pool of interns as the entire group is in their first year. The interns are also struggling to complete their minimum required number of procedures as their rotation is now only 3 months. Our department actively encourages training and exposure under supervision. The interns who do not manage to complete their minimum required number of procedures in their 3 months rotation with us are encouraged to do so in the 1 month that they spend in O&G during their family medicine rotation.

Under graduate Students

The department is responsible for the obstetric rotation of the 4th year medical school students from the Nelson R Mandela School of Medicine. Our students rotate through **Grey's, Edendale and Northdale hospitals. These students have their mid block and end of block assessments done at Grey's. Our consultants and senior medical officers** are also involved in lecturing and examining 4th and final year students at medical school.

Outreach Programme

The outreach programme had to evolve and is further evolving to a more virtually based system. We are in the process of setting up a Microsoft teams platform and will conduct scheduled outreach meetings via this platform. The advantage of teams is that it is available on DOH computers and therefore is not dependent on data or network signal.

Physical visits to hospitals are becoming more and more difficult as our staff are required on site due to our ever expanding **tertiary services and the difficulties with the Grey's** hospital transport fleet. In-reach is an available option, especially where surgical skills need to be taught, this however is dependent on the staffing compliment at the base hospitals. Problems that are identified are investigated and necessary steps are taken to resolve them. All our referring hospitals have been assigned a dedicated consultant to facilitate easier and more efficient communication and training.

Perinatal Meetings

Our PNMR meetings will also be incorporated onto the Teams platform, so the facilities in the district will be able to join these meetings and we will be able to join their meetings virtually. Currently the Zoom platform is being used within the metropolitan.

Theater

We currently have a daily caesarean section (C/S) slate, this slate currently accommodates emergency C/S, elective C/S and minor oncology cases. This often leads to elective cases being postponed. This increases hospital bed occupancy and hospital stay for these patients.

There is one gynaecology slate per week, this is shared by general gynaecology and Uro-gynaecology. The unfortunate impact of Covid-19 in 2020 has dramatically enlarged our waiting list to over a 100 patients awaiting surgery.

There is also a Gynae Oncology slate once per week, this slate is used to accommodate both pre-malignant and malignant disease. Oncology waiting lists are longer than what we are comfortable with.

Our department would most definitely benefit from another full surgical slate per week for both gynaecology and oncology and a half slate per week for the minor gynae-oncology cases.

Clinics

We currently offer:

- Two high risk Ante-natal clinics per week
- One Fetal Anomaly clinic per week
- One Fetocide clinic weekly
- Two Colposcopy clinics per week
- One hysteroscopy clinic per week
- One Gynae-Endocrine clinic per week
- One Uro-Gynae clinic per week
- One Gynae-oncology clinic per week
- One post LLETZ clinic per week
- One DSD clinic every 3 months

All of these clinics are run from the GOPD department and some run concurrently. We struggle with space to accommodate all the patients, staff and equipment required to offer these essential services. Social distancing regulations worsened this pre-existing problem significantly.

We plan to introduce additional services to these clinics, but we are hampered by the infrastructure at the moment.

Publications in 2020/2021

In addition to the 7 FCOG qualifications, the certificate in gynae oncology, the 4 MMed (O&G) qualifications and the MPhil qualification our department also managed to publish 6 articles in 2020/2021.

They Include:

- Discrepancy between preoperative endometrial sampling and hysterectomy diagnosis in endometrial cancer – South African journal of Gynaecological Oncology
- The perception and knowledge about episiotomy: A cross-sectional survey involving healthcare workers in a low-and middle-income country – African Journal of Primary Health Care & Family Medicine
- Obstetric-associated lower urinary tract injuries: A case series from a tertiary centre in a low-resource setting.
- Healthcare worker compliance with cervical cancer screening guidelines. An audit at district and regional level of care in the Pietermaritzburg Metropolitan area of KwaZulu-Natal – Southern African Journal of HIV Medicine.
- Formal training in cardiocotograph interpretation of healthcare practitioners improves interpretation: A prospective descriptive analytical study in a resource constrained setting – **International Journal of Gynecology & Obstetrics. (Editor's pick June 2021)**
- Prosthetic heart valve thrombosis in pregnancy: a case series on acute management – Cardiovascular Journal of Africa.

2020/ 2021 Conclusion

Our department continues to grow and expand in order to serve our community. We have had an excellent year in terms of academic achievements and are very proud of our staff. Currently infrastructural restraints, theater time and staffing restraints remain the major obstacles hampering further expansion. We continue to serve our patients and improve our services to the best of our ability within these restraints, but hope that we will be further enabled with the help of hospital management.

2021/2022 Goals

We hope to increase our registrar number and to build on the academic achievements of 2020/2021. We are also moving towards a more integrated metropolitan service and hope to establish tertiary outreach clinics and theater days in Edendale hospital. We hope to start fellowship training through our department in maternal-fetal medicine, uro-gynaecology and gynae-oncology.

We look forward to our promised infrastructural and staffing support from management as to expand our high care unit.

The 2022/2023 building project for maternity is a dire need and we can only hope this does not get postponed again.

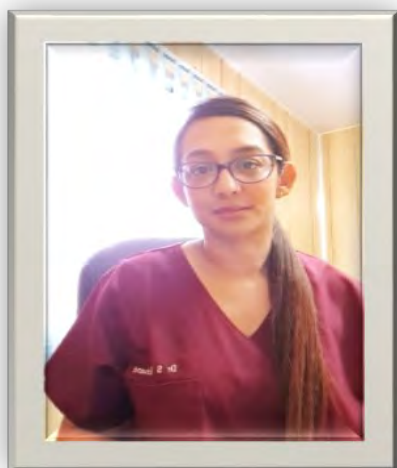
Continued improvements in patient services, quality of care and academic excellence, despite the challenges posed by the Covid-19 pandemic, infrastructural and staffing constraints is our motto for 2021/2022.



Prof. TD Naidoo
Head Of Clinical Unit
Acting Head of Department
Uro-Gynaecologist



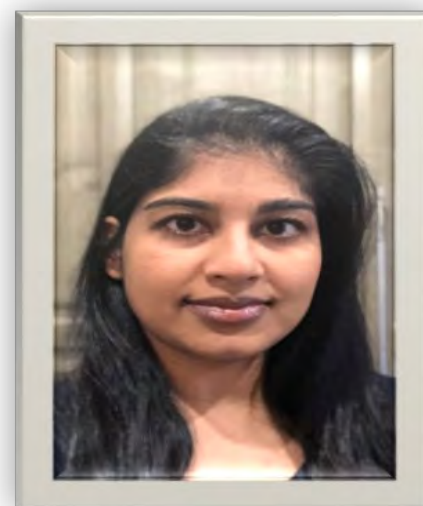
Dr. BS Makhathini
HCU Gynaecology
Gynaecological Oncologist



Dr. S Foolchand
HCU Obstetrics
Maternal-Fetal medicine
specialist



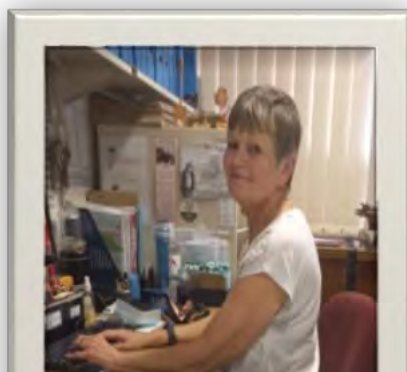
Dr. NV Tsibiyane
Medical Specialist Grade 1



Dr. S. Naicker
Medical Specialist Grade 1



Dr. BG Goldman
Medical Specialist Grade 1



MRS. J Erasmus
PA Obstetrics and Gynaecology



ORTHOPAEDICS ANNUAL REPORT 2020/2021

The year of 2020/2021 has been a challenging one for the Department of Orthopaedics, as with every other department. The worldwide Covid19 pandemic has wreaked havoc in every aspect of clinical and academic orthopaedic medicine. Dr ME Senoge retired at the end of 2020 after many years as Head Clinical Department. A vivid, Covid appropriate farewell was well-attended by many from within the department and outside. Regardless of the challenges, the Orthopaedic Department looks forward to a New Dawn (in the words of our president), building on a strong foundation laid by Dr Senoge.

Successes during 2020/2021

- Completion of FC(Ortho) final & MMed – Drs Thato Mniki & Sandile Mwelase
- Completion of Intermediate exams – Drs Schalk Vd Merwe & Chris Makita
- Completion of Primary exams – Dr Wellington Magutshwa
- Multiple peer review articles published

Challenges faced in 2020/2021

- Appointing new Head of Department
- Filling of vacant Specialist posts
- Increasing registrar numbers
- Increasing theatre time to decrease elective waiting lists and acute patient waiting times

We wish Sr Carol Marcus well in her retirement and Sr Stephanie Ramsamy all the best in her new career as article clerk after having completed her LLB through UNISA. Both have been pillars of strength and joy in the Orthopaedic Outpatient Department. Dr Thato Mniki has entered a 1 year fellowship program in Tygerberg Hospital from July 2021. **We also wish him all the best and hope he returns to Grey's Hospital with new-found skill and knowledge.** Dr Vuyisa Mdingi is preparing for his final examination and we trust this will be successful.

Despite the trials faced in 2020 and 2021, we look forward to building a unified, stronger, better department for the future - one which will be able to withstand and overcome challenges - thus, enabling us to serve our patients better and continuing to develop personally.

Submitted by Acting Head of Orthopaedics Department: Dr Alberto Puddu



RADIOLOGY DEPARTMENT ANNUAL REPORT 2020/2021

SERVICE PROVISION

Greys Hospital is still able to provide services across the full range of diagnostic Imaging modalities, but there are challenges due to staffing and equipment issues. Waiting times for some services have increased due to inadequate staffing and increased patient load. The danger of future service collapse due to equipment failure has been highlighted extensively, particularly PACS and plain films.

EQUIPMENT

Considerable progress has been made during the past 2 years with replacement of several major items. The following equipment is in satisfactory condition (Year of procurement in brackets):

⇒ MRI (2019), CT (2019), Multiplanar fluoroscopy / DSA (2019), General fluoroscopy (2020), Panorax X-Ray (2020), Ultrasound (2006-2020), Digital Mammography (2016)

However, some critical items remain un-replaced, in some cases after several years on procurement plans. The following equipment is either significantly under-capacity for service load, or at high risk of failure (Year of procurement in brackets):

⇒ PACS (2010), 3 Bucky Units (1997, 2003, 2004), 3 Mobile X-Ray units (Oldest unit 1995) 2 Mobile C-arms (2009-2013), Cardiac cath. lab (2013), CT (2nd Diagnostic scanner required)

The most critical equipment replacement requirements are digital bucky units. The plain film service is at risk of failure. The PACS servers and software are over 10 years old, no longer fully supported and at high risk of failure. No imaging services can be provided if the PACS fails.

STAFFING

Simply replacing equipment does not improve service provision unless there are sufficient numbers of appropriately skilled staff to utilise the equipment, and to provide the various clerical and I.T. support functions that are required to run an Imaging service.

The following staff categories are severely understaffed:

X-Ray clerks (3/10 posts vacant), Radiographers and Ultrasonographers (20/45 posts vacant)

The status of other post categories (some moderately understaffed) is as follows:

DD Radiography (1 post vacant). HCU (1/3 posts vacant), Specialist (1/3 posts vacant) and Medical Officers (1/6 posts vacant).

Casualty X-rays remains closed because we do not have enough clerical staff and radiographers to operate it. After hours emergency delays occur because of the inadequate radiography establishment.

OPD and general services cannot function properly without clerical support, yet the moratorium on filling these posts continues. Filling of critical funded posts regularly fails due to the withholding of permission to deviate from race and gender preference policies, even when there are less applicants than posts. MRI waiting lists are increasing, yet we were not permitted to employ an experienced MRI radiographer to supplement the service. CT waiting times remain unsatisfactory, yet we were not permitted to appoint an appropriately skilled and experienced CT radiographer to manage the CT department. Ultrasound services are chronically impaired, yet we were not permitted to appoint the only applicant we have attracted in over a year after multiple rounds of advertising.

Sister Sheila Mohamed, who has managed the nursing aspects of the interventional service for several years, retired. Her organisational abilities and experience will be missed. Sister Heshika Singh joined the department and is becoming a valuable member of the nursing team. Dr Nasr Timol transferred to Addington Hospital. Dr Nonpumelelo Mlambo was promoted to a consultant post where her skills will add to the strength and cohesiveness of the consultant body. Several medical officers and radiographers were appointed to replace exits that occurred due to normal staff turnover.



ACADEMIC ACTIVITIES, TRAINING AND OTHER ACHIEVEMENTS

Our core of dedicated consultants continues to provide comprehensive training across all sub-disciplines. Greys remains fully accredited by HPCSA for training. Two Greys registrars entered the FCRAD Part 2 exams, and both passed (Dr N Mlambo and Dr D Govender). Two previous Greys registrars who completed the majority of their training at Greys and subsequently transferred to IALCH entered the FCRAD Part 2 exams and both passed (Dr M Msomi and Dr P Leve). Two medical officers entered the FCRAD Part 1 exams and both passed (Dr A Strange and Dr S Motloun). Chief radiographer, Ms N Skweit, completed the post-graduate CT certificate.

Only 2 registrar posts were allocated to Radiology for the entire province of KZN in 2021. There was no response to motivations for a midyear intake. This undermines all the work done by our colleagues in Durban over the past few years to regain provisional training accreditation for the Durban training sites, and increases the risk of losing accreditation again. If we do not produce enough specialists, we are not going to have a functional public sector Radiology service in KZN in the future.

COVID-19

We were able to avoid staff cluster outbreaks at Greys during the first and second waves, but several individual staff members were affected. Mr Enock Nkalakata, AD Radiography in charge at EDH, recently succumbed to complications of Covid-19, and Mrs Yashika Govender, AD Radiography at EDH, lost her husband during the first wave. We extend our condolences to both families, and to others in the hospital and DOH community who have suffered losses amongst family and friends.

Submitted by HCD Radiology: Dr Deneys Reitz



UROLOGY DEPARTMENT ANNUAL REPORT 2020/2021

Greys hospital offers regional services to the Umgungundlovu district which has an approximate population on 1 million. Tertiary services are offered to the Western half of KwaZulu-Natal - this includes 5 health districts with a total population of 3.5 million. In addition we regularly see patients outside our drainage area (Durban, Eastern Cape) The department of urology at Greys Hospital, in addition to providing tertiary care to patients, also provides district and regional level care to patients, due to the fact that, with the exception of Edendale, there were no other hospitals with a functioning urology department.

As a result the department is tasked with providing care for patients, far beyond that available with the current staff and resources. However the department has still managed to provide efficient care for patients seeking medical care at Greys hospital.

Staffing

Greys Urology department is currently staffed with:

- 1 head clinical unit
 - Dr R Sathiram.
- 3 sessional consultants
 - Dr A.K Dada
 - Dr M. Conradie
 - Dr H.E Le Roux
- 3 medical officers
 - Dr K. Mahmood
 - Dr Z. Jogiat
 - Dr S.N Ouvane
- 3 registrars
 - Dr Frittella
 - Dr R. Johannes
 - Dr Sadhwani
- 1 Edendale medical officer
 - ◇ Dr T. Nkuebe

Dr Sadhwani has been rotating through the Durban Metropolitan complex since January 2021 as part of his training and will return to Greys Hospital on 1 July 2021.

Dr Munoo is a registrar who is based in the Durban Metropolitan complex. He has been rotating through the PMB complex as part of his rotation since 1 January 2021 and will return to Durban complex on 1 July 2021.

During their rotations in the other centres Drs Sadhwani and Munoo have been exposed to different pathologies and management styles and this has increased their knowledge and clinical exposure.

Greys urology department is facing extreme staff shortages, especially consultant wise. There is currently only 1 consultant employed in the hospital. Although we have advertised consultant posts, we have not been able to fill them because of the overall shortages of specialist urologists in the country. There is currently only 1 urologist servicing most of the Western half of the province in addition to other patients who regularly come to us from Durban and other areas that are not in our drainage area.

We do however have the expertise of 3 very experienced staff members in the department, Dr Mahmood, Dr Dada and Dr Conradie whose wealth of experience is beneficial to all staff members.

Furthermore, we are also thankful to Dr Smart, who although no longer a staff member still assists with the teaching program.



Daily activities

- Monday
 - Academic ward round
 - Clinic
 - Academic meeting
 - Teaching medical students
- Tuesday
 - Full day theater slate
 - Paediatric urology clinic combined with the paediatric surgeons
 - Ward round
 - Teaching medical students
 - Admission clinic at Edendale
- Wednesday
 - Full day theater slate at Edendale Hospital
 - Combined uro-oncology clinic
 - DSD clinic
 - Casualty theater
- Thursday
 - Academic meeting
 - Clinic at Greys
 - Medical student training
 - Clinic at Edendale
- Friday
 - Full day general slate
 - Half day local slate.
 - Academic meeting

In addition to this we do tele-medicine clinics and ward rounds to Madadeni Hospital up to 3 times per week.

Equipment

- We have repaired our ureteroscope during the last year. The ureteroscope is important for the management of patients with upper tract stones or tumours.
- We have repaired our flexible cystoscope. This is used in the assessment and follow up of patients with a wide variety of urological conditions including urethral strictures and bladder cancer.
- We have acquired 3 sets of endocavity and abdominal guides which will allow us to perform prostate biopsies, nephrostomy insertion and biopsy of abdominal masses.



Outreach

- A clinic is held every week at Edendale Hospital. Approximately 50-60 patients are seen every clinic.
- A full day theater slate is held every Wednesday at Edendale Hospital. This theater slate has brought down our waiting times for patients awaiting orchidopexies and hydrocoeles. Previously the waiting times for these patients were 8 years, however now these patients are being booked within a year.
- A pre-admission clinic is held every Tuesday at Edendale hospital.
- In addition to this advice and management plans are offered to the medical officer working at Edendale on the non-clinic days.
- Tele-medicine ward rounds and clinics are held every week with Madadeni Hospital.

Education and Academic Achievements

- ***Continuous medical education:*** An important part of clinical governance and improved service delivery is the need to continually assess the service that we provide for any deficiencies and to aim to improve them. This takes the form of continual assessment of adverse events, and regular inpatient and outpatient file audits. We also conduct weekly academic ward rounds with senior urologists in order to discuss complicated cases. In addition, we are constantly identifying areas of quality improvement and acting upon these.
- In order to provide ongoing high quality and current medical care to patients, we have a weekly academic program aimed at consultants, registrars and medical officers to keep our staff up to date with the current international trends.
- A weekly journal club is being held.
- Dr Sathiram, Dr Patel (Durban) and Dr Zietsman (Ngwelezane) gives weekly tutorials to the registrars. Registrars from KZN as well as those from other provinces are welcome to attend.
- Staff are also encouraged to attend conferences and undergo regular clinical training.
- Regular inter-departmental meetings are held: such as radiology meetings, oncology meetings.
- A countrywide teleconferenced meeting is held every week.
- Due to the COVID pandemic all meetings were cancelled and as a result most CPD lectures and activities are being performed online.

Medical student and registrar training:

- Greys Hospital being an academic hospital, is therefore is responsible for the training of medical specialists and medical students in the field of urology.
- During the past year, the following registrars have undergone part of their training at Greys Hospital:
 - ◇ Dr Frittella
 - ◇ Dr Johannes
 - ◇ Dr Sadhwani
 - ◇ Dr Munoo

In addition there were supernumerary registrars that are receiving their training at Greys Hospital. They include:

- ◇ Dr A. Maher (Botswana)
- ◇ Dr Jermy (Libya)

Medical students receive all their training at Greys Hospital for their entire undergraduate program. The students normally spend 3 days in urology. They are taught urological emergencies, cancers, infections and other common urological conditions. We are very pleased to announce that Dr Maher and Dr Jermy who were training at Greys urology department have passed their final examinations in urology via the CMSA during the past year. They are currently completing their MMeds via UKZN before being registered as urologists. The training of foreign registrars is very important for both countries and we are able to provide valuable training for specialists who will then be able to take their new expertise to their countries and build up the services. This cements good relations between the different countries. The SAUA congress was due to be held in 2020. However due to the COVID pandemic, this event was cancelled and therefore none of our registrars were able to present any posters or topics at this forum. Ongoing dry lab laparoscopic training is occurring.

Publications and Academic achievements

- Dr Sathiram presented at the chronic pelvic pain forum.
- Dr Frittella presented HIV in urology at the urology academic forum.

Due to the COVID pandemic we have faced many challenges. Some of these include:

- Decreased inpatient beds as we have had to convert many of our general wards to COVID wards. We faced a severe bed shortage and were not able to admit many patients that needed treatment and investigation and we managed them as out patients or admitted them at other hospitals.
- Decreased operating time as we were not able to run a full complement of theater slates due to many staff contracting COVID and being unable to come to work; as well as staff being re-routed to work in other COVID areas. As a result of this our waiting list for elective surgery has grown considerably longer.
- Staff from all departments have had to assist with the COVID response that including treating inpatients, swabbing patients and screening patients.
- Staff had to undergo vaccine training.
- Many staff members have lost family members to the COVID pandemic. We offer them our deepest condolences and the strength to face this difficult time.
- The COVID pandemic has been very taxing on health care workers. In addition to the constant anxiety of treating COVID patients and witnessing the demise of many of our colleagues, many staff members have had to stay away from family members for fear of infecting their loved ones.
- All staff members have received the COVID vaccine .

Although Greys urology is experiencing a staff shortage, and we are managing district to tertiary level care patients, we are still able to provide patients with care in line with international guidelines. We hope that the following year will see us able to continue our levels of service, as well as see an improvement in the staffing and equipment situation at Greys.

Submitted by Head Clinical Unit: Dr R. Sathiram



KIDNEY TRANSPLANT ANNUAL REPORT 2020/2021

The Transplant Program at Greys is managed by the Multi-disciplinary team expertise that provide the holistic care to patients who are accepted on a Renal Transplant program consistently throughout the different phases of transplant process. The team comprises of Nephrologist, Renal Surgeon, Nephrology nurse, dietician, Social worker, Psychologist and a Transplant Coordinator. The main role of the Transplant Coordinator is to Liaise with the Recipient's families, Transplant team, Living donors, cadaveric donors, and the recipients.

PATIENTS ON TRANSPLANT LIST

ACCEPTED	WORKED UP-compatible	ACTIVE	INACTIVE	TRANSPLANTED	DIED
09/106	5	54	52	1	16

ACHIEVEMENTS

- * Transplant program has been resumed at IALCH
- * In March 2021 ,1 transplant commenced successfully at IALCH(Live related donor)

OBSTACLES/CHALLENGES

- * Transplant program withhold due to COVID 19
- * Unable to sensitize communities through Awareness campaigns due to COVID restrictions.
- * Patient's condition deteriorates while awaiting kidney transplant because of delayed work-up process.
- * Limited in-service training performed to ICU's, Emergency departments.

Submitted by Transplant Coordinator: Ms Z. Koloane



SOCIAL WORK DEPARTMENT ANNUAL REPORT 2020/2021

A. Achievements:

Despite the stress of the COVID-19 pandemic, it has been a year of overcoming unprecedented challenges and making fruitful progress during the “new normal”.

1. Posts and changes in the Social Work team:

- Cross transfer of social workers: Sphelele Ngongo transferred to Dept. of Social Development in Richmond and Ntandokazi Gcabashe from the same service office joined our department on 1st June 2020. She provides Social Work services to the tracheostomy programme, Orthopaedic & Surgical depts.
- Smangele Bhengu, a social worker joined our dedicated team on 1 November 2020 to provide services to medico-legal cases and currently assists with Adult & Paeds Oncology & Haematology.
- We bid farewell to Phindi Cebisa, a Social Work Supervisor (2nd in charge) who was a part of our team for 9½ years and transferred to a hospital in eThekweni on 1 April 2021. We are seeking a candidate to fill this post.

2. Patient care:

- Social Service professionals provide services largely to vulnerable groups, including older persons, people with disabilities, women and children facing various social issues in order to improve their quality of life and empower them to cope. During COVID-19 pandemic and lockdown, these groups faced the toughest impact, including higher rates of gender-based violence, poverty, stress and substance abuse. Our team had navigated challenges effectively in terms of: addressing the needs of patients and employees who tested positive for COVID-19, particularly those who lost family members, in facilitating contact with families who were unable to visit and in accessing community resources that had worked part-time or remotely.
- Social Work services continued to be provided to all wards, clinics and multidisciplinary team programmes, e.g. Foetal Anomaly, Chronic Renal Failure Programme, Tracheostomy Homecare & Paeds Diabetic Programmes, among others. New Medico-legal services have commenced. More complex cases with ethical dilemmas are being seen. Socio-economic assistance in terms of hampers & meals were sought for Adult & Paeds Oncology patients

3. GROUPWORK:

- Social Work Department (Lekha and Freda), EAP (Njabulo Madlala) and Clinical Psychology Department (Delysia Pillay) provided at least 20 Psychosocial Support Groups to ease anxiety and build resilience among various categories of employees, mainly front-line health care professionals.
- The Oncology Support Group stopped for the first few months of COVID-19 had but resumed from Aug 2020 and has continued to run twice per month to date. The group provides cancer patients with support and coping skills.

4. OFFICES & INFRASTRUCTURE:

Social workers had moved into the 2 offices at the new Oncology section on the second floor. Trellidor gates were installed at Social Work Dept. and old gym offices.

5. Staff Development & Training:

- In order to increase knowledge and skills, social service professionals attended 10 In-service training programmes that were CPD accredited.
- Three On-line/Zoom courses were attended by staff. E.g. Family Interventions & Addictions; Mental Health Resilience during COVID-19 and the Maternal Mental Health Course.

6. QUALITY MANAGEMENT:

- The National Core Standards tool designed by the UMgungundlovu Health Social Workers' Forum was submitted to OHSC, with full compliance.
- Clinical and Documentation audits continued to be implemented on a quarterly basis to ensure a high standard of patient care and record-keeping.
- Social Work and Management Policies were reviewed timeously.
- All Departmental plans were implemented; EPMS, Health & Safety monthly audits and Supervision are in place.

7. HEALTH AWARENESS PROGRAMMES: IN AND OUTREACH PROGRAMMES:

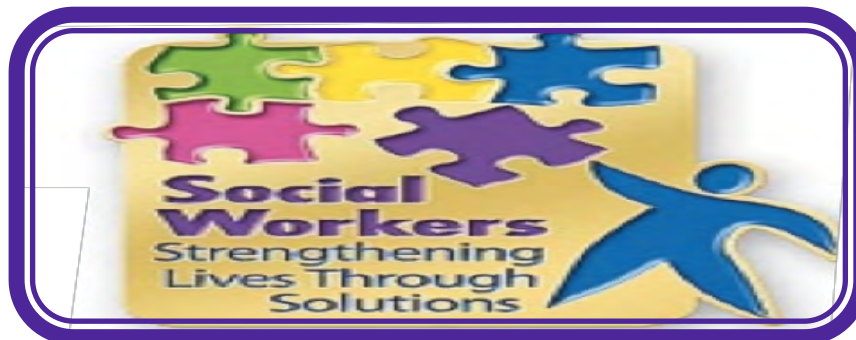
⇒ There was active involvement by all Social Service professionals in at least 15 health promotion programmes that were conducted within the hospital over the past financial year, i.e.: Child Protection Week, Burns Awareness Week, Drug Awareness & Youth Month, World & National Epilepsy Day, Mental Illness & Disability Month, World Kidney Day & Kidney Awareness Week, Mental Health month, World Hospice and Palliative Care Day and International Day for Older persons, International Day for People with Disabilities and 16 Days of Activism on No Violence against Women & Children, International Childhood Cancer Day, World Social Work Day & International Women's Day. Community outreach programmes were withdrawn and home visits were reduced to complex/urgent cases only due to COVID-19 risks.

B. CHALLENGES & PLANS TO ADDRESS THEM:

- i. The vacated post cannot be filled due to the moratorium; hence additional relief work by staff has increased the workload and burnout presently. Efforts are being made to recruit new employees via Intranet notices and transfer.
- ii. No funding is available for training courses and health promotion events that need to be conducted. Staff members used their personal funds.
- iii. Filing and storage space is congested –space is currently being utilized in the Mortuary and other offices.

Thank you to all staff for persevering during these trying times.

Keep safe & God bless.



Submitted by Social Manager: Ms L. Chirkoot

OCCUPATIONAL THERAPY ANNUAL REPORT 2020/2021

The OT department has had a significantly challenging year this reporting period. With a provincial moratorium on posts we have been unable to fill vacant or new posts, crippling the service significantly.

CLINICAL SERVICES:

- Inpatient and outpatient services as staffing permits.
- Assessments and reports for medico-legal, WCA, RAF and insurances with long waiting lists.
- Outreach support to all referral hospitals with CSOs.
- Planning and implementation of a medicolegal service.

Due to the severe staff shortages, staff are facing burn out and managing to provide a basic service.

NON – CLINICAL SERVICE:

Wheelchair repair and maintenance programme for Greys

STAFFING:

- 1 OTT
- 2 production therapists for the entire hospital
- 1 chief therapist - adult
- 1 AD - HOD and acting chief for paediatrics

PROFESSIONAL DEVELOPMENT:

We commenced a training programme for the drainage hospitals however this was harnessed by the COVID-19 pandemic. We were able to host 2 splinting workshops during the reporting period aimed at entry grade therapists for the drainage area.

STUDENT TRAINING

We continue to train UKZN final year students throughout the year. They attend on a 6 week rotation.

2021/2022

Staffing is critical to the service we provide. We hope that the moratorium on allied health posts are lifted and we are able to employ more staff to support all services optimally within the hospital.

Submitted by Occupational Therapy Manager: Mrs Angela Chetty



OCCUPATIONAL HEALTH AND SAFETY ANNUAL REPORT 2020/2021

Top 5 achievements	How did it positively impact on service delivery?
<p>1. Running 2 staff based clinics in the hospital (Addition of contract staff: 1 Professional Nurse, 1 Enrolled Nurse, 2 Admin Staff plus 1 Clerk on loan)</p>	<p>The Occupational Health Clinic: which still saw to ill Patients, Chronic treatment Management, Injuries on duty, Needle stick Injuries/Body fluid splashes, Medical Surveillances, Immunization and Family planning.</p> <p>The COVID Staff Tent: which dealt with both prophylactic swabs and Patients under investigation. To date this tent has done over 3000 swabs on staff.</p> <p>These clinics work simultaneously and as a result more staff were attended to, resulting in reduced COVID-19 spread and reduced absenteeism.</p>
<p>2. The commencement of the Vulnerable employee assessment and IRAC (Institutional Risk Assessment Committee)</p>	<p>At risk staff working in High Risk Areas for COVID-19: once the Vulnerability Assessment is completed and the Supervisor agrees, these staff members are then placed in a less risky environment or work conditions adapted. This protects staff and brings on a good working ethos.</p>
<p>3. Quarterly Risk Assessments done</p>	<p>Mitigated against safety risks to the employees and the public.</p>
<p>4. Submission of daily COVID statistics: all of this could not have been achieved without the assistance of the JOC doctors and Admin support staff. They informed staff of results, kept files and results in order, compiled an ever growing list of positive staff, phoned contacts, booked contact staff for testing and lastly compiled all this information into daily statistics.</p>	<p>As a result Head Office and District received daily statistics of all staff and their families that needed assistance. Which greatly reduced panic and fear, and most probably reduced the burden of disease.</p>
<p>5. Submission of over 500 COVID COID forms to HRD, all of this could not have been achieved without the assistance of the JOC doctors</p>	<p>COID forms were processed timeously.</p>

Objectives not achieved (List the top 5 objectives that were not achieved)	How did it impact on service delivery?	Challenges / Contributing factors (Why was objective not achieved?)
1. Difficulty in completing all Medical Surveillances (Baseline, periodic and exit)	Impact not immediately quantifiable.	1. OHC staff were thinly spread and at times, while some staff were on quarantine or sick there were no clinical staff to run the clinics. 2. Signing off by OHS on new appointees not enforced. 3. Lists of new appointees and exits not sent to OHS on a regular basis.
2. No Fire drills completed in 2020	Impact not immediately quantifiable.	Due to Lockdown level 3-5 and the need for social distancing,
3. External Health Risk Assessment not done	May have missed some risks during internal assessment.	Budgetary Constraints.

Objectives not achieved (List the top 5 objectives that were not achieved)	How did it impact on service delivery?	Challenges / Contributing factors (Why was objective not achieved?)
4. Poor submission of Health and Safety Monthly audits	Safety of staff and patients could be compromised.	No Safety Officer. Lack of motivation from some Safety Representatives.
5. Contractors not submitting Vicarious Liability forms	Impact on Safety.	No enforcement at SCM and Maintenance.

Submitted by OHS Dr B. Mkhize

SYSTEMS DEPARTMENT ANNUAL REPORT 2020/2021

SECURITY SERVICES:

Human Resources

Title	Number of post filled	Vacant
Security officer	12	04
Chief Security officer	01	00

ACHIEVEMENTS:

- implementation of scanners to record incoming and outgoing vehicles.
- Installation of mag touch and two way radios for strengthening of patrols in security department.
- Zero percent of vehicle theft (financial year 2020/2021).
- Negative incidences reported to security were all attended to.
- Timeous provision of uniform and PPE

CHALLENGES:

- Head Office contracts not renewed impacting on the institutional needs not being met.
- Insufficient number of personnel to cover all vulnerable areas

LAUNDRY SERVICES:

Title	Number of post filled	Vacant
Launderer	06	00
Linen Orderly	11	02
Sewing Orderly	01	02
Laundry manager	00	01

ACHIEVEMENTS:

- Outsourcing for washing of soiled linen.
- Review of linen specifications for the provincial contract bid has placed Grey's in an advantageous position for ordering linen
- Procurement of 2x tumble driers
- Timeous provision of uniform and PPE

CHALLENGES:

- Delayed procurement process of washing machines by Head Office impacting on washing of linen internally.
- Delays from Regional Laundry in washing of Linen due to various reasons.
- The moratorium on the filling of vacant posts.
- Exposure to Covid-19 infections.

WASTE MANAGEMENT:

HUMAN RESOURCES

Title	Number of post filled	Vacant
Environmental health practitioner grade 1	01	00

ACHIEVEMENTS

- General waste removal contract.
- General waste recycling contract.
- Well maintained waste storage area.
- Timeous provision of uniform and PPE

CHALLENGES

- Increased quantity of HCRW due to outbreak of Covid – 19 pandemic impacting on HCRW expenditure
- Exposure to Covid-19 infections

FOOD SERVICES:

Human Resources

Title	Number of post filled	Vacant
Food service manager	01	00
Food service supervisor	01	02
Food service aid supervisor	15	06
Food service aid	16	08

ACHIEVEMENTS

- Obtained Certificate of Acceptability from municipality.
- Air conditioner installed in the Diet kitchen.
- Painting of kitchen interior walls.
- Timeous provision of uniform and PPE

CHALLENGES

- Budget constraints hence no equipment was procured
- Exposure to Covid-19 infections.

CLEANING & HOUSEKEEPING:**HUMAN RESOURCES**

Title	Number of post filled	Vacant
CLEANING:		
General foreman	01	01
Cleaners	48	26
General Orderly	107	09
Senior General Orderly	17	00
Hospital Orderly	13	02
Porter	05	04
Covid contracted personnel	27	00
HOUSEKEEPING:		
Household Aid Supervisor	05	01

ACHIEVEMENTS

- Recruitment of Covid – 19 staff = 27 personnel
- Equipment procured: 2xhoovers
50 x muslim sweepers
- Extension of private contract to cover areas that was in need.
- Collection of general and HCRW waste timeously.
- Timeous provision of uniform and PPE

CHALLENGES

Vacancy rate is high due to moratorium.

Exposure to Covid-19 infections.

PATIENT ADMINISTRATION & MEDICAL RECORDS:**HUMAN RESOURCES**

Title	Number of post filled	Vacant
Patient Administration		
AD: SYSTEMS	01	00
Support management officer	01	00
Administrative Clerk	18	01
Medical Records		
Support management officer	01	00
Administrative Clerk	02	00
Registry clerk	01	01

Achievements

- Maternity and baby records were separated from normal filing and filed on new filing cabinets
- Improved revenue collection
- Implementation of electronic patient registration system
- Continuous disposal of inpatient and outpatient records as per schedule
- Procurement for Patient admin : 8xChairs and 10x 4 Drawer Steel filing cabinets
- Procurement for Medical Records: 4xChairs and 10x 4 Drawer Steel filing cabinets

CHALLENGES

- Shortage of space for filing for Maternity and baby records as they have to be kept for 21 years
- Inadequate lighting in filing area (medical records)
- Exposure to Covid-19 infections

LIBRARY SERVICES

HUMAN SERVICES

Title	Number of post filled	Vacant
Librarian	01	00
Library assistant	01	00

ACHIEVEMENTS

- Received 60% of new books

CHALLENGES

- Procurement of books is delaying.
- No promotional material and banner to promote the Library services due to budget constraints.

TRANSPORT:

HUMAN RESOURCES

Title	Number of post filled	Vacant
Administration clerk supervisor	01	00
Drivers	09	03

ACHIEVEMENTS

- Received new vehicles
 - 2 x Toyota Avanza
 - 1xToyota Etios
- Installation of trackers for all government vehicles.
- Painting of transport department.

CHALLENGES

- Insufficient staff to cover all shifts.
- Delays for services and repairs bookings from appointed agent.
- Timeous provision of uniform.

MORTUARY:

HUMAN RESOURCES

Title	Number of post filled	Vacant
Administration clerk	01	00
Mortuary services assistant	01	00

ACHIEVEMENTS

- Installation of CCTV surveillance cameras.
- Painting of mortuary department.
- Procurement of office: x01 office desk and x03 visitors chairs
- Timeous provision of PPE

CHALLENGES

- Insufficient staff to cover 24 hour shift.
- *No stainless steel shelving for cold-room.*
- Exposure to Covid-19 infections
- Reluctance of deceased family members to identify bodies due to Covid -19 outbreak

CRECHE SERVICES

HUMAN RESOURCE

Title	Number of post filled	Vacant
Household Aid Supervisor	04	00

ACHIEVEMENTS

- Registration of Creche with Municipality, received Certificate of Acceptability.
- Procurement of :
 - Kiddies tables x04
 - Kiddies chairs x16

CHALLENGES

- Erection of sick bay room.
- Exposure to Covid-19 infections

MAIN REGISTRY SERVICES

HUMAN RESOURCE

Title	Number of post filled	Vacant
Registry clerk supervisor	00	01
Registry clerks	02	00
Photocopier operator	01	00

CHALLENGES

- Replacement of photocopier machine.
- Insufficient staff.

SWITCHBOARD

Human Resource

Title	Number of post filled	Vacant
Switchboard operator	08	01

ACHIEVEMENTS

- Monthly telephone expenditure reports analyzed at Cash flow meetings.
- Installation of Perspex glass for the switchboard operators.
- Installation of blinds for the windows.
- Procurement of x05 new chairs

CHALLENGES

- Shortage of staff due to moratorium.
- Require 32 inch screen for visual impact staff.

MAINTENANCE:

HUMAN RESOURCES

Title	Number of post filled	Vacant
Administration clerk	01	01
Chief Artisan	01	00
Artisan Foreman Grade A	03	00
Artisan Foreman Grade B	02	01
Artisan Production Grade A	04	05
Artisan Production Grade B	01	01
Boiler operator	01	00
Handyman	10	03
Tradesman aid	16	02

ACHIEVEMENTS

Timeous provision of uniform and PPE.

The following Maintenance items were completed:

SERVICES:

- Monthly:
 - Central Air conditioning System
 - Lifts
 - Renal Osmosis Machines
 - Washing Machines, Tumble Driers & Press Machine
 - Fire Detection Service

- Quarterly:
 - ⇒ Autoclaves
 - ⇒ Chillers

- Annually:
 - ⇒ Boilers
 - ⇒ Instrument washers
 - ⇒ Particle Count & revalidation of Bio Hazard Bench
 - ⇒ Cooling Towers
 - ⇒ Compressors (Pneumatic & Medical Air)
 - ⇒ Generators
 - ⇒ UPS & Batteries
 - ⇒ Refrigerators (Kitchen, Mortuary & Pharmacy)
 - ⇒ Infrared Scanning
 - ⇒ Transformers
 - ⇒ Sampling of Transformer oil
 - ⇒ Hysters
 - ⇒ Fire Fighting Equipment
 - ⇒ Boom gates
 - ⇒ Battery chargers.
 - ⇒ Public Address System
 - ⇒ Dishwashing Machine
 - ⇒ Electronic Access Control Gate

PROJECTS

Due to COVID all the projects were on hold or carried over to the 2021/2022 book year except:

⇒ Replacement of underground Diesel Tanks at Maternity Block

Minor projects performed due to COVID-19 period:

- ◆ Convert ward E1 & E2 to be compatible with COVID requirements.
- ◆ Supply, install & commission PA sound system in Recreation Hall.
- ◆ Supply, install & commission water pump system at Borehole.
- ◆ Supply, install & commission electronic mag log system at the back of Admin Block & entrance door of 3rd floor door leading to Main board room.
- ◆ Supply & install double Meranti doors and a Meranti door frame **with heavy duty burglar gates at back of Mortuary.**
- ◆ Supply & install light duty aluminium double doors at ICU ward.
- ◆ Supply & install burglar guards to all windows & doors. Replace damaged Meranti external door & fit with a Chroma-Deck awning at Staff Clinic / Dermatology.
- ◆ Supply & install asphalt parking area 1 700m².
- ◆ Repairs / re-upholster damaged leather benches at Occupational Therapy / Speech Therapy.
- ◆ Revamp patient waiting area at Oncology.
- ◆ Replace broken windows throughout hospital.
- ◆ Supply & install light duty aluminium double doors at ICU.
- ◆ Supply & install LED fluorescent light fittings a Campus.
- ◆ Repairs to ED toilets.
- ◆ Supply & install burglar guard gates – made-up for Chatters entrance to Maternity basement.
- ◆ Supply & install extractor fans in ward M4.
- ◆ Install clear PERSPEX to separate student learning tables at Computer Lab Campus.
- ◆ Supply. Install & replace LED street light fittings, post top and high mast LED light.
- ◆ Supply & install double aluminium doors and frame work, semi-PERSPEX in wards H1 & C1.
- ◆ Replace faulty air conditioning units 12 000 BTU at park home 7 and 30 000 BTU at Main Kitchen Feeds room.
- ◆ Supply & install new storage facilities at Main Kitchen.
- ◆ Supply & install TRELLIDOORS & fixed guar panels at Ward D2.
- ◆ Supply & install office blinds for CEO, Secretaries & waiting area – UV protected blinds.
- ◆ Supply & install double aluminium doors & framework, semi-PERSPEX in wards H1 & C1
- ◆ Replace faulty air conditioning units 12 000 BTU at park home 7 & 30 000 BTU at Main Kitchen feeds room.



CHALLENGES

- Insufficient funds for planned projects for 2020/2021.
- Exposure to Covid-19 infections.
- Insufficient staff
- Lack of training for different disciplines

The following projects were not done due to various issues that arose due to Covid – 19 pandemic.

- ◆ Replace master panel air circuit breakers & cradles 1 600 AMP at Main Plant Room – SUB 1 and SUB 2 (4x Breakers). Replace fused circuit breakers with ACB in the Kitchen sub - station
- ◆ Renovation of two wards. (Nurse call system, paint, ceiling and lights)
- ◆ Convert 2 x toilets at Recreation Hall to toilets for disabled persons.
- ◆ Replacement of wooden doors with aluminium doors with electronic controls & intercom system for two wards.
- ◆ Upgrade of LV sub-station

Submitted by Deputy Director-Systems: Mr E. Madiba



QUALITY ASSURANCE ANNUAL REPORT 2020/2021 BY MS S ARENDS

Grey's hospital is continuously striving towards achieving National Core Standards compliance with the goal of obtaining accreditation for the institution. The Quality Assurance office was unfortunately not able to conduct a National Core Standard's inspection for the past financial year due to the Covid-19 pandemic.

Ideal Hospital Realization Framework:

Greys hospital conducted an Ideal hospital status determination inspection in January 2021, we achieved a Silver status of 95.68%.

Status	Silver: 95.68%
Vital Score	98.17%
Essential Score	95.07%
Important Score	96.29%

Functional Area	Performance	Functional Area	Performance
Systems Management	94%	Social Work	97%
Executive Management	84%	Eye health	98%
Accident & Emergency	99%	Podiatry	100%
Obstetrics	99%	Audiology	95%
Medical Wards	98%	Rehabilitation and Palliative care	98%
Surgical wards	99%	Radiology	98%
Pediatric	99%	Pharmacy	96%
Maternity wards	99%	Intensive care unit	99%
Nursery	99%	Food services	97%
Theatre	97%	CSSD	100%
Acute	98%	Laundry service	97%
Chronic	97%	Mortuary	99%
Oral Health service	98%	Supply chain management	89%
Physiotherapy	97%	Financial management	97%
Occupational Therapy	96%	Infrastructure	59%
Dietetics	97%	Human Resource management	91%
Speech Therapy	96%	Administration/reception area	98%



Patient Safety Incidents Management:

A total of 529 patient safety incidents were reported for the 2019/2020 financial year.

PSI's SAC 1 reported=10

PSI's SAC 2 reported=482

PSI's SAC 3 reported=37

89% of the total PSI reported has been patients referred to Greys' with pressure ulcers. There is evidence of both positive trends and areas of continued challenges.

Majority of the incidents are linked to root causes in one of the following:

Lack of adherence to policy and procedure

Lack of communication

Human error

Comorbidities

Medication errors, patient falls and incidence of hospital acquired pressure ulcers being the areas that remain a challenge. There has been a number of actions undertaken to improve patient safety. Identifying and implementing best practises for prevention has been key to the reduction of adverse health incidents.

Patient Safety Incidents reporting system which included centralizing reporting of incidents to the Office of the CEO

Feedback sessions at Risk committee meetings have provided a level of transparency and a culture of awareness

Multicomponent interventions to prevent falls

Care bundle interventions (Best Care Always) checklists to reduce infections

Training on Patient Safety Incident has encouraged voluntary reporting.

Patient experience of Care (PEC):

A Patient Experience of Care survey (PEC) was conducted in September 2020 with the objectives as per National Department of Health:

- Identifying problem areas that require focused intervention
- Resolving potential problems timeously
- Identifying matters that require a better explanation to patients
- Reducing variation in health services by creating a standard platform that could also ensure the efficient use of resources
- Guiding continuous education for all staff members

Strengthening consultative processes with patients and their involvement in health care

Out patient survey results

Indicator	Facility Result	NDoH Target
Access to Care	81.90%	100%
Availability of Medicines	94.0%	100%
Cleanliness	95.60%	100%
Patient Safety	87.20%	74.00%
Values and Attitude	79.90%	74.00%
Waiting Times	77%	74.00%
Overall Performance	85.90%	



PUBLIC RELATIONS/COMMUNICATION ANNUAL REPORT 2020/2021

Public Relations Office is situated at OPD. The responsibility of this office is to provide an effective two way communication service in ensuring a mutual understanding between the hospital and its various stakeholders and advise management on strategic communications matters. PRO's report will reflect number of complaints and compliments received in 2020 and health events celebrated.

COMMON COMPLAINTS RECEIVED IN 2020 = 34

CATEGORY	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUNE 2020	JUL 2020	AUG 2020	SEPT 2020	OCT 2020	NOV 2020	DEC 2020	TOTAL PER CATEGORY
Patient Care	01	01	01	02	00	00	00	01	01	01	00	00	08
Waiting Times	01	01	00	00	00	00	00	01	02	00	00	00	05
Staff Attitude/Respect & Dignity	00	00	01	00	01	00	00	01	00	00	01	00	04
Media Query	00	01	00	00	01	01	00	01	00	02	00	00	06
Continuity of Care	00	01	01	00	00	00	00	00	00	01	00	01	04
Denied Access to Health Service	04	00	00	00	00	00	00	00	00	00	00	00	04
Lack of Communication	00	00	00	00	03	00	00	00	00	00	00	00	03

COMPLIMENTS RECEIVED IN 2020 = 223

DEPARTMENT/WARD	NO. COMPLIMENTS
WARD F1	60
WARD M4	56
WARD M1	27
OPD	21
WARD M2	14
WARD E2	13
WARD H2	10
LODGER FACILITY	09
DERMATOLOGY	05
WARD B1	05
ONCOLOGY	04
WARD A1	04
WARD C1	02
WARD A2	02
WARD F2	02
WARD D1/X-RAY/MAW/CASUALTY/SOCIAL WORK	01

During 2020 the major effect was COVID-19 Pandemic but we managed to organize and celebrate the below health awareness events in line with the COVID-19 regulations.

HEALTH AWARENESS CELEBRATED IN 2020/2021

During 2020 the major effect was COVID-19 Pandemic but I managed to organize the below 18 Health Awareness:

- ⇒ National Burns Week – 06 – 12 May 2020
- ⇒ Child Protection Week – 01 – 26 June 2020
- ⇒ Mental Illness and Disability Awareness Month – 01 – 31 July 2020
- ⇒ Women’s Month – August 2020
- ⇒ Childhood Cancer Month – September 2020
- ⇒ Renal Awareness Week – 07 – 11 September 2020
- ⇒ Attention Deficit Hyperactivity Disorder Awareness - 22 September 2020
- ⇒ International Week for Older Persons – 01 – 05 October 2020
- ⇒ Mental Health Awareness – 28 October 2020
- ⇒ Trubeam Linear Accelerator Unveiling Ceremony – 10 November 2020
- ⇒ World diabetes and Child diabetes Awareness Day – 19 November 2020
- ⇒ 16 Days of Activism on No Violence against Women & Children – 25 Nov – 10 December 2020
- ⇒ International Day of Persons with Disabilities – 03 December 2020
- ⇒ International Childhood Cancer Day – 14 Feb 2021
- ⇒ National Epilepsy Day – 10 – 16 February 2021
- ⇒ International Women’s Day – 06 -08 March 2021
- ⇒ International Social Work Day – 15 March 2021
- ⇒ World Kidney Day – 11 March 2021
- ⇒ Due to COVID-19 pandemic I couldn’t organize all health awareness and bigger events like Healthy Staff Day, Quality Day, Long Service Awards Ceremony and Open Day.



GREY'S HOSPITAL
PLEDGE TO THE KWAZULU-NATAL DEPARTMENT OF HEALTH

We pledge our commitment to the achievement of optimal health status for all persons of the Province of KwaZulu-Natal, including meeting the strategic objectives of the KwaZulu-Natal Department of Health, within our scope of clinical practice, i.e. the provision of Regional and Tertiary services.

WE PROMISE TO:-

- ⇒ Deliver on the KZN Department of Health's strategic health priorities, by providing optimal regional and tertiary care at all times, within available resources
- ⇒ Support the Department in meeting the health needs of the catchment population
- ⇒ Live the spirit of a caring ethos and to implement the principles of Batho Pele
- ⇒ Provide good governance and effective leadership

SIGNED BY:

.....
DR K.B. BILENGE
Chief Executive Officer

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DR L. NAIDOO
Senior Manager -Medical Services

.....
MRS K.T. MCKENZIE
Manager - Nursing Services

.....
MRS BG ANDERSON
Deputy Director: Finance

.....
MR E. MADIBA
Deputy Director - Systems

.....
MR J.M. KHUMALO
Deputy Director - Human Resources

.....
MR J.Z. MNTUNGWA
Public Relations Officer

