



**KWAZULU-NATAL DEPARTMENT OF HEALTH
SERVICE DELIVERY IMPROVEMENT PLAN:**

01 April 2018 to 31 March 2021

2018/19 – 2020/21 Service Delivery Improvement Plan

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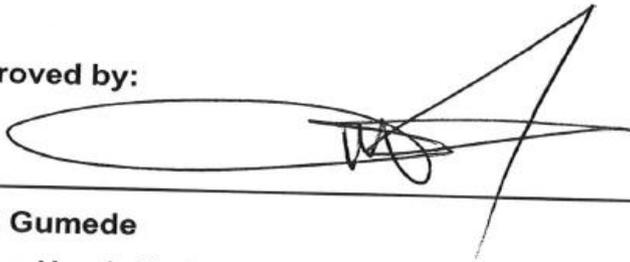
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Official sign-off

It is hereby certified that this Service Delivery Improvement Plan:

- Was in consulted with the management of the KZN Department of Health.
- Was prepared in line with the current Strategic Plan (2015-2019) and the Annual Performance Plan (2018/19) of the KZN Department of Health.
- Is compiled with the latest available information from departmental business units and other statutory sources.

Approved by:



Dr M Gumede

Acting Head: Health: KZN Department of Health

Date: 16/7/2018

Authorised by:



Dr S M Dhlomo,

MEC for Health

Date: 29/07/2018

Introduction

The 2018/19 – 2020/21 KwaZulu-Natal Department of Health Service Delivery Improvement Plan (SDIP) outlines the Service Delivery Improvement focus for the Department through the selection of key services.

This SDIP is a product of a process that involves a multi-disciplinary team.

Approach in developing the KZN Department's SDIP

The Department conducted a review of the 2016/17 – 2018/19 SDIP to identify the areas of improvement. A Service Delivery Improvement Programme Enhancement Plan (SDIPEP) was then developed in order to address the shortcomings in line with the Operations Management Framework. The SDIPEP is a multi-year project plan for ensuring that the SDIP basics are in place.

The following has been achieved so far:

- Service Delivery Model drafted
- Assessment of the Complaints , Compliments and Suggestions Management
- Appointment of the Service Delivery Improvement Task Team

Step 1

An interim SDIP Task Team was appointed in November 2016. The SDIP champion was the Deputy Director: Strategic Planning reporting to the Director: Strategic Planning. The main responsibility of this team was to ensure the development, and monitoring the implementation of the SDIPEP.

Table 1: The Interim SDIP Task Team Members

Name	Designation/Rank	Branch/Component/Functional Area	Contact Numbers
Mr ST Masondo	Deputy Director (Champion/Leading Person)	Head Office: Strategic Planning	033 395 2591
Mr CM Bhekiswayo	Ombudsperson	Head Office: Ombudsperson	033 395 2536
Ms PFF Zulu	Deputy Director	Head Office: Quality Assurance	033 846 7149

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Name	Designation/Rank	Branch/Component/Functional Area	Contact Numbers
Mrs J Ngubane	Deputy Director	Head Office: Quality Assurance	033 846 7527
Mrs NS Radebe (Gcina)	Director	Head Office: DHS (PHC)	033 846 7493
Ms PP Zungu	Deputy Director	Head Office: Monitoring & Evaluation	033 395 2756
Mr B Shezi	Director	Head Office: Hospital Services	033 846 7122

Step 2: Preparatory phase

Table 2: SDIP Developments steps

Steps toward development of the SDIP	Date	Purpose
Appointment of Task team members	12 December 2017	To ensure the development, implementation and monitoring of the Service Delivery Improvement Plan
Task team capacitation	30 January 2018	Empowerment of the SDIP Team
Meeting with District Quality Assurance coordinators	03 August 2017	To discuss the SDIP as well as to agree on what needed to be done in order to ensure a functional Service Delivery Improvement Programme in the Department.
Meeting with District Public Relations Officers	23 October 2017	To inform the PROs about what the Department is doing in terms of Service Delivery Improvement and to discuss the complaints, compliments and suggestions system.
Sourcing of complaints data	January 2018	To review complaints, compliments and suggestions management system. The review informed what the service beneficiaries are complaining about and the selection of the services for

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		improvement.
Problem Analysis	February 2018	Presentation of complaints mechanisms used by the departments
Allocation of tasks to the task team members	30 January 2018	To ensure that all tasks are conducted and all members of task team provides full participation in development of the SDIP
Development of the first draft SDIP	March 2018	To have the first draft where all task team members will make their inputs in preparation for the final SDIP
Compilation of the final SDIP draft	09 July 2018	For presentation to Manco, Official sign off and submission to OTP and DPSA
Presentation of the SDIP to ManCo	21 August 2018	To ensure Manco's buy-in and input
Official sign off	July 2018	Sign off by the Head of Health and the MEC for Health

Step 3

An Official SDIP Task Team was appointed in December 2017 by the Acting Head: Health to ensure the development, implementation and monitoring of the Service Delivery Improvement Plan. The SDIP champion is the Deputy Director: Strategic Planning reporting to the Director: Strategic Planning.

Table 3: The SDIP Task Team Members

Name	Designation/Rank	Branch/Component/Functional Area	Contact Numbers
Mr. ST Masondo	Deputy Director (Champion)	Head Office: Strategic Planning	033 395 2591
Mr. CM Bhekiswayo	Ombudsperson	Head Office: Ombudsperson	033 395 2536

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Name	Designation/Rank	Branch/Component/Functional Area	Contact Numbers
Ms. PFF Zulu	Deputy Director	Head Office: Quality Assurance	033 846 7149
Mrs. N S Radebe (Gcina)	Director	Head Office: DHS (PHC)	033 846 7493
Ms. PP Zungu	Deputy Director	Head Office: Monitoring & Evaluation	033 395 2756
Mr. VC Dlamini	Director	Head Office: Pharmaceutical Services	033 846 7262
Mr. KG Abrahamse	Director	Head Office: Organisational Efficiency Services	033 395 2181
Mrs. PJ Lallupersad	Director	Head Office: Corporate Services	033 395 2148
Mr. L Langa	Director	Head Office: Special Projects	033 395 2579
Ms. N Mafunda	Director	Head Office: Corporate Communications	033 395 2686
Ms. M Pillay	Deputy Director	Head Office: Tertiary services	033 846 7123
Mrs. R M Munro	Manager: Quality Assurance	UMgungundlovu District	033 897 1000
Dr A M E T Tshabalala	District Director	Amajuba District	034 328 7000

Step 4

Capacitation of the Task team members

The champion trained all task team members on:

- Operations Management Framework
- Balanced scorecard
- Business process mapping
- Understanding service
- Service Delivery Improvement Plan

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Step 5

Process of preparing the SDIP document

Step 6

Circulation of the SDIP document for comments

Step 7

Presentation of the SDIP document at the MANCO meeting

Step 8

Official sign-off

Communication Plan

Cascading the SDIP to frontline offices

The SDIP will be communicated to all the PHC facilities during the waiting time baseline assessment and during the complaints management process evaluation.

Cascading the SDIP to the employees within the department

The plan will be presented to Manco. After the official sign off of the plan it will be published on the departmental website.

Cascading the SDIP to citizens

The SDIP will be cascaded to the service beneficiaries during the Clinic Open days and KZN Provincial Health Council meetings.

Implementation Plan

The implementation plan will be agreed upon and drawn up by the task team by developing measurable activities for each indicator with specific time lines and responsible persons.

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Reporting plan

The progress in the implementation of this plan will be reported quarterly to KZN OTP. Annual report will be submitted at the end of each financial year to both OTP.

Monitoring Plan

Monitoring will be done quarterly and annually to track progress of all planned activities and actions outlined in this plan. Remedial actions will be effected where necessary and required.

Evaluation plan

Process Evaluation will be conducted in 2018/19 financial year on the implementation of Complaints management guidelines as part of assessing challenges with management of complaints in facilities.

The Impact Evaluation will be conducted in 2021/22, a year after the end of implementation of this SDIP.

Part A: Strategic overview

Vision of the Department

Optimal health for all persons in KwaZulu-Natal (KZN)

Mission

To develop and implement a sustainable, coordinated, integrated and comprehensive health system at all levels, based on the Primary Health Care approach through the District Health System, to ensure universal access to health care

Values

- Trustworthiness, honesty and integrity
- Open communication, transparency and consultation
- Professionalism, accountability and commitment to excellence
- Loyalty and compassion
- Continuous learning, amenable to change and innovation

Table 4: Strategic Goals

Strategic Goal:	Goal Statement
1. Strengthen Health System effectiveness	Identifying and implementing changes in policy and/or practice to improve response to health and health system challenges and any array of initiatives and strategies that improves one or more of the functions of the health system that improves access, coverage, quality, or efficiency and strengthen performance and interconnectedness of the WHO Health System Building Blocks including service delivery, health workforce, strategic information, commodities, health financing, leadership and governance.
2. Reduce the Burden of Disease	Reduce and manage the burden of disease to ensure better health outcomes and an increase in life expectancy at birth.
3. Universal Health Coverage	All people receive the full spectrum of the essential health services package including health promotion, prevention, treatment and clinical care, rehabilitation and palliative care.

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4. Strengthen Human Resources for Health	Develop and maintain a capacitated workforce with the capacity to deliver the appropriate package of health services at all levels of the health care system.
5. Improved Quality of Health Care	Rendering services that are (1) Effective (adherent to an evidence base resulting in improved health outcomes); (2) Efficient (maximizes resource utilisation and avoids waste); (3) Accessible (geographically reasonable, timely and provided in a setting where skills and resources are appropriate to medical need); (4) Acceptable and patient-centred (takes into account need and demand and the aspirations of users); (5) Equitable (services that do not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status); and (6) Safe (minimizes risks and harm to service users).

Legislative mandate for Health:

Constitutional Mandates

The Constitution of the Republic of South Africa (Act No. 108 of 1996): In terms of the Constitutional provisions, the Department is guided by amongst others the following sections and schedules:

- Section 27(1): “Everyone has the right to have access to ... health care services, including reproductive health care”.
- Section 27 (2): The State must take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of each of these rights.
- Section 27(3): “No one may be refused emergency medical treatment”.
- Section 28(1): “Every child has the right to ...basic health care services...”
- Schedule 4 list health services as a concurrent national and provincial legislative competence.
- Section 195: Public administration must be governed by the democratic values and principles enshrined in the Constitution.
- Section 195 (1b): Efficient, economic and effective use of resources must be promoted.

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- Section 195 (1d): Services must be provided impartially, fairly, equitably and without bias.
- Section 195 (1h): Good human resource management and career development practices, to maximise human potential must be cultivated.

Legal mandates

In carrying out its functions, the Department is governed mainly by the following national and provincial legislated Acts and Regulations. Some of the legislation has a specific or direct impact on the Department whereas others have a more peripheral impact.

- Basic Conditions of Employment Act (Act No. 75 of 1997): Provides for the minimum conditions of employment that employers must comply with in their workplace.
- Child Care Act, 74 of 1983: Provides for the protection, welfare and treatment of certain children and to provide for incidental matters.
- Choice of Termination of Pregnancy Act (Act No. 92 of 1996, as amended): Provides a legal framework for termination of pregnancies (under certain circumstances) and based on informed choice.
- Chiropractors, Homeopaths and Allied Health Service Professions Act, 63 of 1982: Provides for the control of the practice of the professions of Chiropractors, Homeopaths and Allied Health Professions, to determine its functions and matters connected therewith.
- Dental Technicians Act, 19 of 1979: Consolidate and amend laws relating to the profession of Dental Technician and to provide for matters connected therewith.
- Division of Revenue Act (Act 7 of 2003): Provides for the manner in which revenue generated may be disbursed.
- Health Professions Act (Act No. 56 of 1974): Provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.
- Human Tissue Act (Act No. 65 of 1983): Provides for the administration of matters pertaining to human tissue.

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- KwaZulu-Natal Health Act (Act No. 1 of 2009) and Regulations: Provides for a transformed Provincial Health System within framework of the National Health Act of 2003.
- Labour Relations Act (Act No. 66 of 1995): Provides for the law governing labour relations and incidental matters.
- Medicines and Related Substances Act (Act No. 101 of 1965 as amended): Provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy, and also provides for transparency in the pricing of medicines.
- Mental Health Care Act (Act No. 17 of 2002): Provides a legal framework for mental health and in particular the admission and discharge of mental health patients in mental health institutions.
- National Health Act (Act No. 61 of 2003) and Amendments: Provides for a transformed National Health System to the entire Republic.
- National Health Laboratories Services Act (Act No. 37 of 2000): Provides for a statutory body that provides laboratory services to the public health sector.
- Nursing Act (Act 33 of 2005): Provides for the regulation of the nursing profession.
- Occupational Health and Safety Act (Act No. 85 of 1993): Provides for the requirements that employees must comply with in order to create a safe working environment in the workplace.
- Public Finance Management Act (Act No. 1 of 1999 as amended) and Treasury Regulations: Provides for the administration of State funds by functionaries, their responsibilities and incidental matters.
- Preferential Procurement Policy Framework Act (Act No. 5 of 2000): Provides for the implementation on the policy for preferential procurement pertaining to historically disadvantaged entrepreneurs.
- Public Service Act (Act No. 103 of 1994) and the Public Service Regulations: Provisions for the administration of the public service in its national and provincial spheres, as well as provides for the powers of ministers to hire and fire.
- Pharmacy Act (Act No. 53 of 1974 as amended): Provides for the regulation of the pharmacy profession, including community service by pharmacists.

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- Skills Development Act (Act No. 97 of 1998): Provides for the measures that employers are required to take to improve the levels of skills of employees in the workplace.
- Traditional Health Practitioners Act (Act No. 35 of 2004): Regulates the practice and conduct of Traditional Health Practitioners.
- Promotion of Access to Information Act
- Promotion of Administrative Justice Act

Policy Mandates

- Clinical Policies and Guidelines: The Department is implementing and monitoring an extensive number of clinical health policies to improve management and clinical outcomes.
- National and Provincial Data Management Policies: Provides the framework for effective management of health information at all levels of reporting.
- Financial Management Policies: The Department generates financial management policies that are aligned with legislative and Treasury Regulations.
- Provincial Health Research Policy and Guidelines: Provides the policy framework and guidelines for health research.
- Human Resource Policies: The Department contributes to and develops numerous Provincial Human Resource Policies to ensure compliance to human resource imperatives.
- Policy on National Health Insurance: Provides for systems strengthening to ensure universal access to health care.
- Policy on Management of Hospitals: Provides the policy imperatives for management of Public Health Hospitals.
- Regulations Relating to Classification of Hospitals: Provides the policy framework for classification of Public Health Hospitals.
- Regulations relating District Health Services (DHS), Emergency Medical Services (EMS) and Forensic Pathology Services (FPS).
- Ideal Clinic Realisation and Maintenance
- National Core Standards

Stakeholders

- Office of the Premier
- Local Government
- Traditional leaders
- Provincial/District Health Councils
- Development partners
- Organized labour
- Hospital Boards, Community Health Centre and Clinic Committees
- Communities
- Health Portfolio Committee
- Private sector Organizations
- Operation Sukuma Sakhe Task Teams
- Other Government Departments
- Traditional Health Practitioners
- Community-Based Organizations
- Lesbian, gay, bisexual, transgender and intersex (LGBTI)
- Faith-Based Organizations
- KZN Department of Health employees
- Private Health practitioners

Service beneficiaries

The service beneficiaries for the KZN Department of Health (KZN DoH) are predominantly uninsured citizens of KwaZulu-Natal and citizens from neighbouring Provinces and other countries.

List of Services provided by the Department of Health

The National Health Act of 2003 outlines the services that the Provincial Department of Health is mandated to provide. These services include core, support and management. This SDIP, however, will be focusing on the core services which include:

- ***Provision of community – based services:*** These include services provided at community and household levels through Ward-Based Outreach Teams,

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School Health Teams, TB teams and Community Care Givers (CCGs), Nutrition advisors. Activities include health promotion; health education; screening for different health conditions; household level care; referral to health facilities and follow-up and support for patients on treatment.

- **Provision of Primary Health Care services:** These include services provided at fixed and mobile clinics such as prevention of diseases; promotion of health; minor ailments; communicable and non-communicable diseases; maternal, child and women's health; sexual and reproductive health services; oral and dental health and nutrition.
- **Provision of Hospital Services:** These include in-patient and out-patient services provided at District, Regional, Specialised, Tertiary and Central Hospitals. The range of services comprises General Practitioner, General Specialist and highly-specialized tertiary and quaternary levels.
- **Provision of Emergency Medical Services:** These include emergency response; special operations, communication/emergency management centres; air ambulance services and planned patient transportation
- **Provision of Forensic Pathology Services and Forensic Medicine:** These include specialised forensic and medico-legal services to establish the circumstances of unnatural death; ensure integrity in forensic evidence; provide an inspector of anatomy services and medico-legal services focusing on the management of survivors of violence.

Transversal services include:

- Provision of Planning, Monitoring and Evaluation of health services (Data Management services)
- Provision of Health Technology Services
- Provision of Infrastructure Management Services
- Provision of Transport/ Fleet Management Services
- Provision of Human resource management services
- Provision of Financial Services
- Provision of Epidemiology Services
- Provision of Health Research & Knowledge Management Services
- Provision of Provincial Health Research & Ethics Committee Services

Situation Analysis

Service delivery context

This section outlines the environment of the KZN DoH in terms of the demographic, socio-economic, epidemiological profiles and the service delivery platform, It attempts to depict performance according to the outcomes and service experience for the services rendered by the Department.

KZN is the second most populous Province in the country with a population density of 109/Km²¹. KZN has an estimated 88 % uninsured population and this comprise the main service beneficiaries for the public health services.

Table 5: Population figures per district²

District	Total Population	Uninsured Population
UGu	759 134	703 715
UMgungundlovu	1 104 912	931 436
Uthukela	702 395	667 274
Umzinyathi	527 386	490 467
Amajuba	530 447	467 322
Zululand	854 893	799 324
Umkhanyakude	655 617	629 390
King Cetshwayo	968 620	853 354
ILembe	662 413	614 055
Harry Gwala	492 203	461 195
EThekwini	3 548 516	2 821 067
Province	10 806 538	9 438 599

Source: 2016/17 KZN DOH Annual Report

¹ Census 2011

² 2016/17 KZN DOH Annual Report

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The Province of KwaZulu-Natal has a poverty rate of 56.6%, with 28% of people living in extreme poverty³. 36 % of the KZN population benefited from the social grant⁴ according to 2016 General Household Survey.

The Province of KZN reported the second highest proportion of deaths in 2014, with Tuberculosis as the leading natural cause of death and injury as the leading cause of unnatural death. There has been a decrease in maternal deaths between 2010 and 2015 from 353 to 223. The under 5 mortality rate decreased from 63 to 42 between 2010 and 2015⁵.

The KZN DoH has 592 fixed clinics, 173 mobile clinics and 21 Community Health Centres. There are 72 Hospitals which include: 39 District; 13 Regional; 3 Tertiary; 1 Central; 6 Specialized Tuberculosis, 6 Specialized Psychiatric and 2 Chronic/Sub-Acute.

Table 6: KwaZulu-Natal Public Health facilities

District	PHC			Hospitals						
	Fixed Clinics ⁶	Mobile Clinics	CHC's	District	Regional	Tertiary	Central	Specialised Tuberculosis	Specialised Psychiatric	Chronic/Sub-Acute
UGu	54	17	2	3	1	0	0	1	0	0
UMgungundlovu	50	16	3	2	1	1	0	2	3	0
Uthukela	36	14	1	2	1	0	0	0	0	0
Umzinyathi	51	13	1	4	0	0	0	0	0	0
Amajuba	25	8	1	1	2	0	0	0	0	0
Zululand	72	18	1	5	0	0	0	0	1	0
Umkhanyakude	57	18	0	5	0	0	0	0	0	0
King Cetshwayo	63	19	1	6	1	1	0	0	0	0
Ilembe	34	11	2	3	1	0	0	0	0	0
Harry Gwala	40	13	1	4	0	0	0	1	1	0
eThekweni	110	26	8	3 (+1) ⁷	6	1	1	2	1	2
KZN Total	592	173	21	39	13	3	1	6	6	2

Source: 2016/17 KZN DOH Annual Report

Patient Transport Services have been established in four Districts. 37% of the Emergency Medical Services' fleet is old, exceeding 250 000km on the

³ Provincial Poverty Eradication Plan

⁴ StatsSA: General Household Survey - 2016

⁵ 2017/18 KZN DOH Annual Performance Plan

⁶ Includes Provincial and Local Government clinics

⁷ Excluding McCords Hospital (Provincial Specialist Eye Care Hospital included under Regional Hospitals); including St Mary's (State Aided)

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odometer⁸and this results in an increase in breakdowns which negatively affect service delivery, and is costly. Emergency Medical Services responded to 343 875 P1 calls and carried out 199 869 inter-facility transfers.

The utilization of services in 2016/17 was as follows⁹: 29 200 948 people were seen in the clinics and community health centres, 5 515 453 people reported at the hospitals' outpatient departments and 17% (914 194) of them were not referred.

The Province has 39 mortuaries providing Forensic Pathology Services. FPS conducted 11 353 post-mortems. 11 466 new sexual assault cases were seen in 2016/17 and 0.4% (4 582) of those cases were offered prophylaxis

Performance environment

Identification and prioritization of problem areas to be included in this SDIP

Complaints were identified as one of clients perception of the departments service delivery to beneficiaries. In order to include the voice of the service beneficiaries the department decided to look into how complaints are being managed in our department and address areas where clients seem most concerned.

It was agreed that getting systems of how we do things right first was very crucial and also addressing customer concerns about how we render services to them.

Key services identified for this SDIP

Primary Health Care Services

Complaints were identified as carrying haviest weight in this context as they reflect clients perspective of the services rendered to them.

Complaints

The KZN Department of Health is currently implementing the National Guideline to Manage Complaints, Compliments and Suggestions in the Health Sector of South Africa . The districts are reporting on the number of complaints received and

⁸ 2016/17 KZN Department of Health's Annual Report

⁹ Please note that Community-based services have been listed as separate from the Primary Health Care services (see page 14). There was no complaints data specific to Community-based services at the time of drafting the SDIP

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resolved. The emphasis is more on complaints than on compliments and suggestions. Reporting on the categories of complaints received is still a challenge, yet this is essential in increasing the responsiveness to service beneficiary needs.

Table 7: 2016/17 Complaints data reported by Districts

	# Complaints received	Staff attitude	Access to information	Physical access	Waiting times	Waiting list	Patient care	Availability of medicines	Safe and secure environment	Hygiene and cleanliness	Other	Total per month
Month:												
April	317	69	20	3	74	6	68	7	4	7	10	268
May	275	60	13	8	52	3	42	2	3	4	50	237
June	256	76	14	11	105	18	52	2	7	7	12	304
Tot Q1	848	205	47	22	231	27	162	11	14	18	72	809
Jul	346	59	19	2	71	9	64	7	4	7	28	270
Aug	312	42	35	6	76	14	48	4	6	3	34	268
Sept	388	70	42	7	85	11	53	2	7	2	29	308
Tot Q2	1046	171	96	15	232	34	165	13	17	12	91	846
Oct	151	19	5	0	12	1	21	1	1	1	5	66
Nov	164	27	3	3	40	1	27	0	3	3	0	107
Dec	93	9	0	0	12	0	7	1	7	0	1	37
Tot Q3	408	55	8	3	64	2	55	2	11	4	6	210
Jan	218	37	12	3	14	3	31	2	6	2	8	118
Feb	157	33	5	0	29	5	14	2	1	3	6	98
March	109	38	1	2	9	14	14	2	0	1	3	84
Tot Q4	484	108	18	5	52	22	59	6	7	6	17	300
	2786	539	169	45	579	85	441	32	49	40	186	2165
% for financial year		24.9	7.8	2.1	26.7	3.9	20.4	1.5	2.3	1.8	8.6	

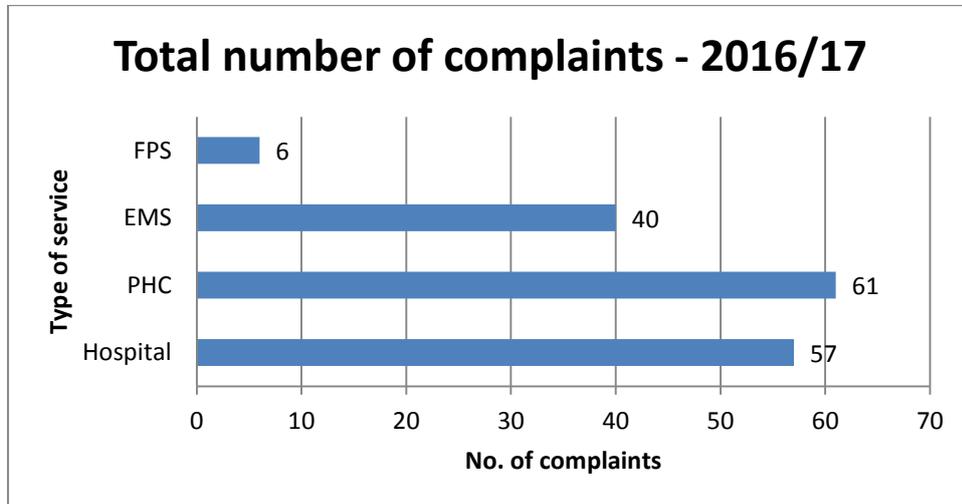
Source: 2016/17 Complaints, compliments and Suggestions report (once-off)

There is another system for collecting data on complaints managed by Provincial Health Operations Centre (PHOC). This system has slightly different categories of complaints to those that are in the National Guideline to Manage complaints, compliments and suggestions. The PHOC Complaints management system covers all core services and some of the support services.

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Complaints data used in this SDIP has been sourced from the PHOC Complaints management system.

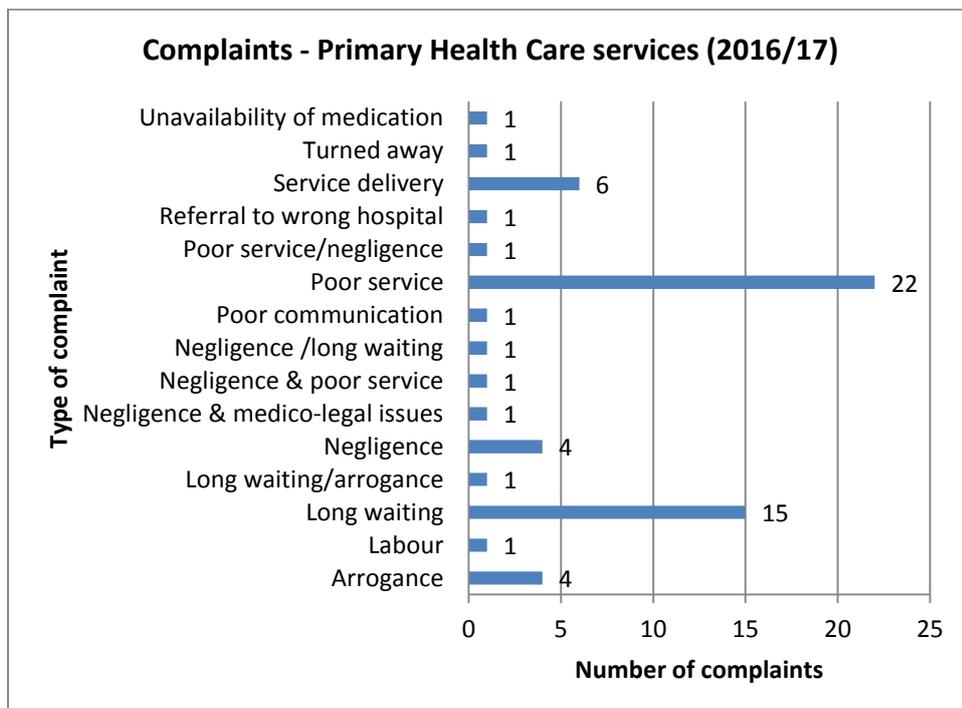
Graph 1: Total complaints per service



Source: Provincial Health Operations Centre complaints database

A total number of 164 complaints was reported in 2016/17. Most of these complaints were on Primary Health Care (PHC) services (37%) and the least number of complaints was on Forensic Pathology Services (3.6%).

Graph 2: Primary Health Care Services complaints

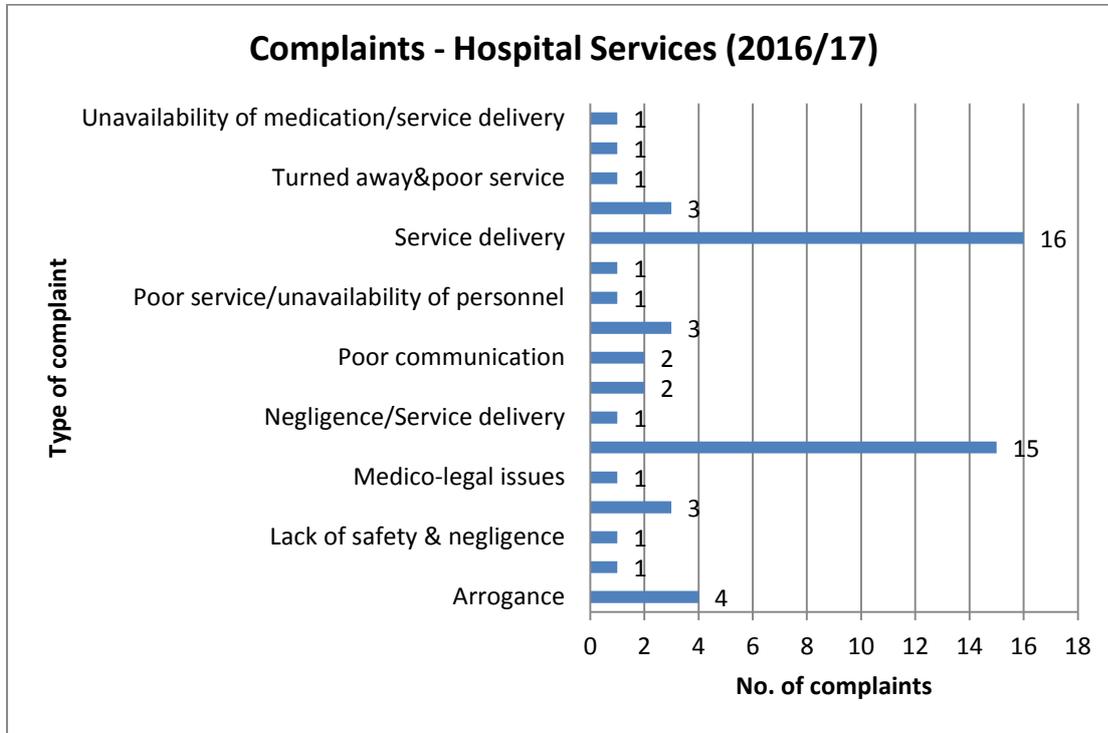


Source: Provincial Health Operations Centre complaints database

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54% (31/57) of the complaints reported on Hospitals was on Service delivery (16) and Negligence (15).

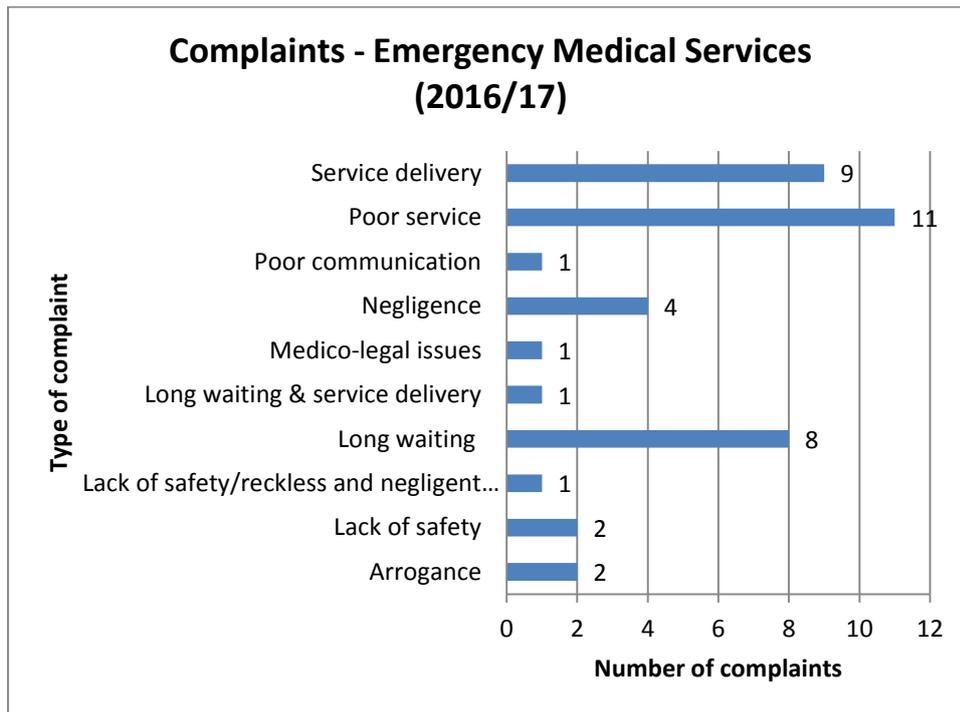
Graph 3: Hospital Services complaints



Source: Provincial Health Operations Centre complaints database

The complaints for Hospital services categorized as Service Delivery included the following: missing patients' files; patients and relatives receiving no assistance from the hospital staff; long waiting times for procedures; insufficient information given to patients' relatives, patients turned away without treatment and patients not receiving food.

Graph 4: Emergency Medical Services complaints

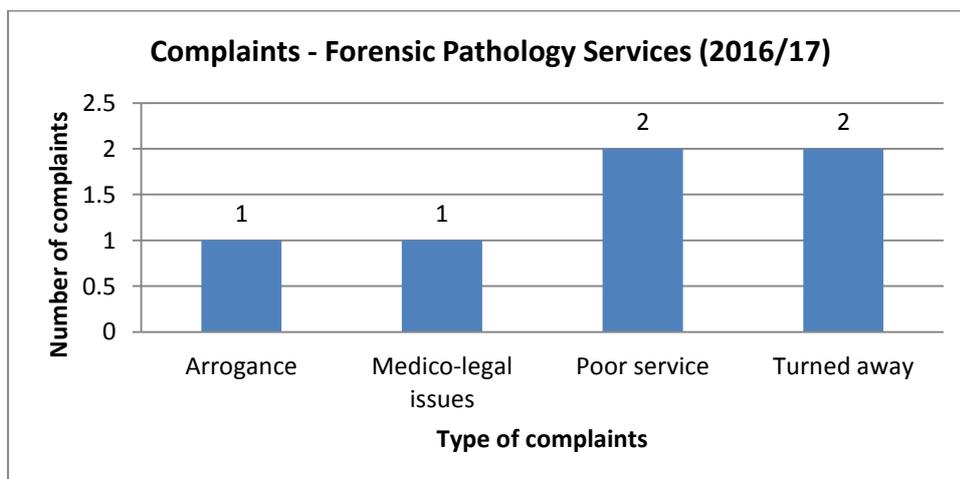


Source: Provincial Health Operations Centre complaints database

Complaints on Poor Service for Emergency Medical Services included the following:

EMS crew not following the protocol in terms of handing patients over to the facility staff; EMS staff leaving scene without being cleared; long response times and EMS control unreachable.

Graph 5: Forensic Pathology Services complaints



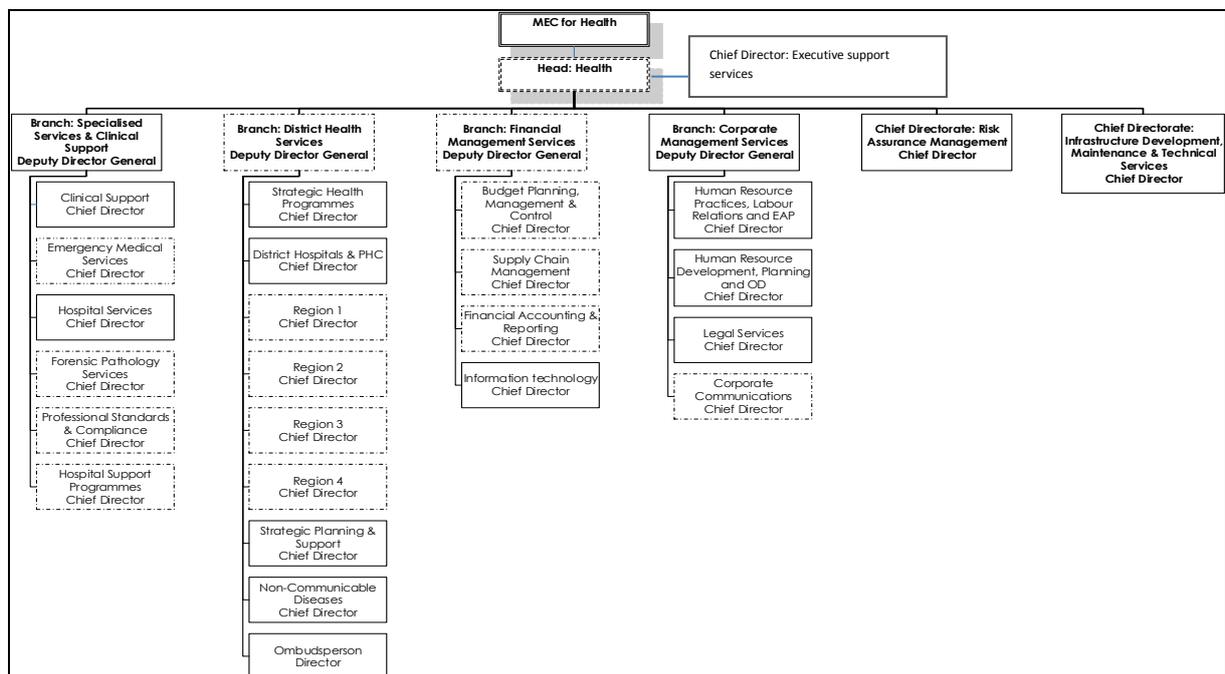
Source: Provincial Health Operations Centre complaints database

None of the complaints reported could be attributed to Community-based services.

Organisational environment

The KwaZulu-Natal Department of health is organized according to four Branches, namely: Specialized Services & Clinical Support; District Health Services; Financial Management Services; Corporate Management Services; as well Risk Assurance Management and Infrastructure Development, Maintenance & Technical Services (Medical Technology Services) Chief Directorates. All four Branches and the two Chief Directorates report to the Head of Health¹⁰.

Figure 1: Macro Organizational Structure



¹⁰ 2016/17 KZN Department of Health Annual Report

Part B: Improvement Planned

SDIP regulatory framework

The Public Service Regulations 2016, chapter 3; Paragraph 38 requires the executive authority to maintain a Service Delivery Improvement Plan (SDIP) that is aligned to the Department's Strategic Plan as contemplated in Regulation 25.

Regulation 36 of the 2016 Public Service Regulations:

An executive authority shall establish and maintain an Operations Management Framework which shall include:

- a) An approved Service Delivery Model
- b) A list of all core mandated services provided by the Department
- c) Mapped business processes for all services
- d) Standard operating procedures for all services
- e) Service standards for all services
- f) A Service Delivery Charter referred to in Regulation 37
- g) A Service Delivery Improvement Plan referred to Regulation 38

Identification of key services

The 2017 Service Delivery Improvement Planning Toolkit states that a minimum of 1 or a maximum of 3 services should be selected for every 3 - year SDIP period. Provision of PHC Services will be selected as the Key service that the Department will focus on in 2018/19 – 2020/21 SDIP period. The selection is based on the PHC services having the biggest number of complaints in relation to the rest of the services as evidenced by Graph 1.

Provision of PHC Services

Problem statement

Complaints on the provision of PHC services account for 37% (61/164) of all complaints reported through the PHOC complaint management system in 2016/17. 36% of the PHC services complaints are categorized as Poor service. Further analysis revealed that the following issues were reported under Poor service:

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patients waiting long for medication; patients waiting long for blood pressure checks, health care providers giving medication that is not sealed as well as broken tablets, health care providers giving wrong treatment, e.g. children given medication for adults, nurses lack of cooperation with patients' relatives and EMS staff; lack of vaccines and medication; lack of proper waiting areas, e.g. patients exposed to the elements; bad staff attitude; shortage of staff and health care providers not doing proper assessment of patients resulting to adverse events, e.g. fetal deaths.

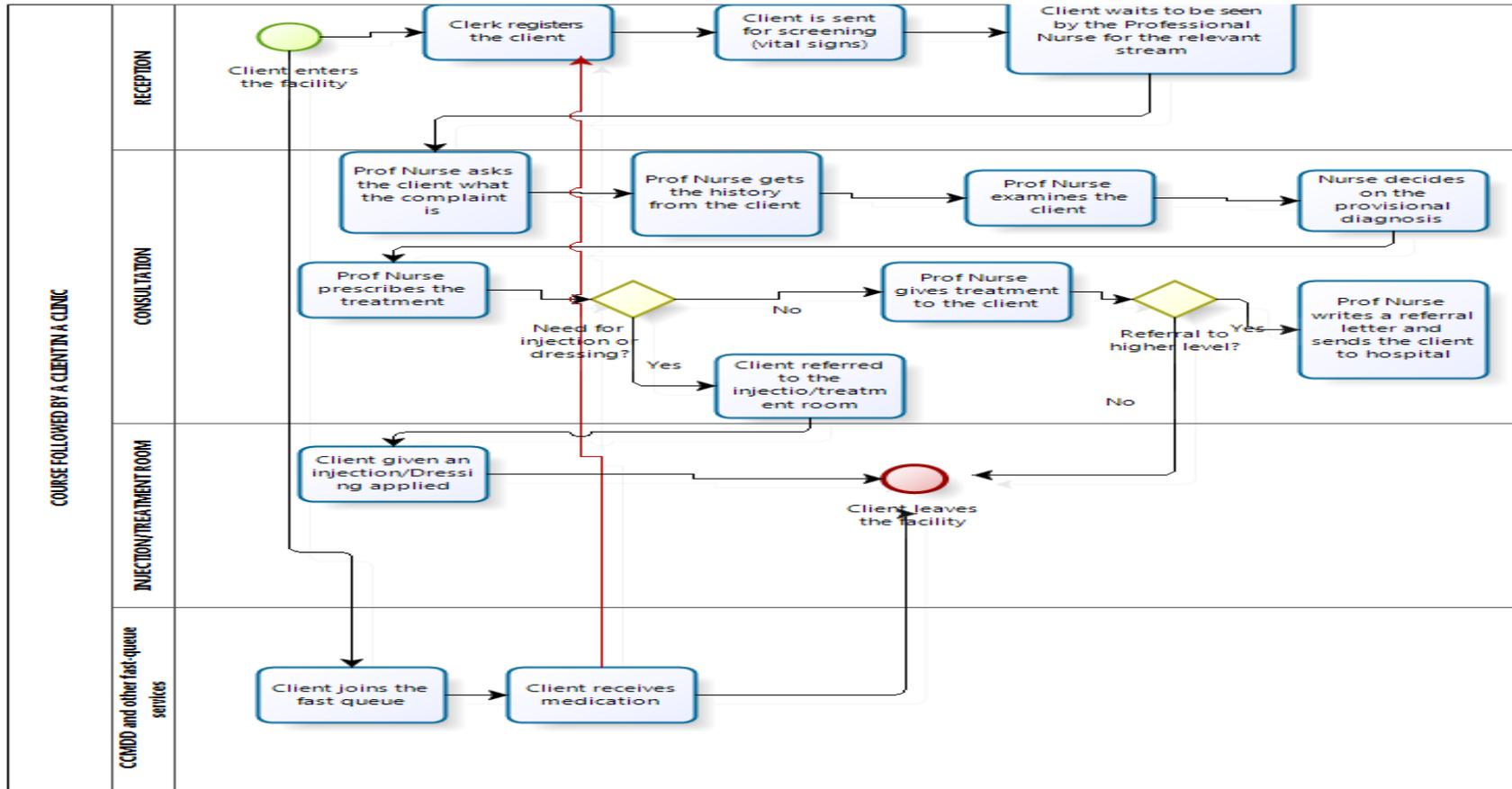
The complaint report reveals that most of the complaints reported by the public can be traced down to the poor support services when considering issues such as unavailability of medication; shortage of staff and bad staff attitudes.

Process mapping

The process map below (Figure 2) provides a summary of the steps that the service beneficiary goes through in a Primary Health Care Service facility.

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Figure 2: Process map for Primary Health Care Services



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Table 8: Improvement targets for 2018/19 – 2020/21: Provision of PHC services

Key Service	Service beneficiaries	Performance Area	Indicator	Current quantity Compliance level 2016/2017	Desired quantity Year 1 2018/2019	Desired quantity Year 2 2019/2020	Desired quantity Year 3 2020/2021
Provision of Primary Health Care services	Citizens of KZN, neighbouring provinces and other countries	All 3 streams (Acute, Chronic and Mother and Child)	Average waiting time for PHC Services	Baseline to be established in year 1	Establish baseline	Decrease by 10% from the baseline if above target or maintain status quo if on target	Decrease by 30% from the baseline if above target or maintain status quo if on target
			Waiting Time survey tool review	0 Waiting Time survey tool reviewed	1 Waiting Time survey tool reviewed	N/A	N/A
			Reviewed Waiting Time survey tool pilot	0 Waiting Time survey tool piloted	1 Waiting Time survey tool piloted	N/A	N/A
			Reviewed Waiting Time survey tool implementation	0 Waiting Time survey tool implemented	1 Waiting Time survey tool implemented	N/A	N/A
			Professional standards (if applicable)		Current professional standards	Desired changes (if applicable) Year 1	Desired changes (if applicable) Year 2

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Key Service	Service beneficiaries	Performance Area	Indicator	Current quantity Compliance level 2016/2017	Desired quantity Year 1 2018/2019	Desired quantity Year 2 2019/2020	Desired quantity Year 3 2020/2021
			Average waiting time for PHC Services	2-5 hours ¹¹	N/A	N/A	N/A
				Baseline: Year 0	Desired changes (if applicable and revised SOPs) Year 1	Desired changes (if applicable and revised SOPs) Year 2	Desired changes (if applicable and revised SOPs) Year 3
				No applicable legal standards – Standard Operating Procedures to be developed in Year 1	Development of the Standard Operating Procedures	To be determined based on the development of the Standard Operating Procedures in Year 1	To be determined based on the development of the Standard Operating Procedures in Year 1

¹¹ 2018/19 KZN DOH Service Charter

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Table 9: Activity based step by step process

Activity	Time Frame	Responsible Component
Development of business process map	2018/19 Quarter 3	OES
Develop One (1) Standard Operating Procedures aligned to the SOP framework	2018/19 Quarter 3	OES
Reviewing of the WTS tool	2018/19 Quarter 2	Planning, Monitoring & Evaluation
Piloting of the WTS	2018/19 Quarter 2	SDIP task Team
Conducting of baseline WTS assessment in all the PHC facilities	2018/19 Quarter 4	Quality Assurance and PHC
Analysis of WTS baseline results	2019/20 Quarter 1	Quality Assurance
Compiling Report and average waiting time	2019/20 Quarter 1	Quality Assurance
Alignment of PHOC and DHIS complaints classification	2018/19 Quarter 2	PM&E and Quality Assurance
Complaints governance structures established at all levels		
All district to submit comprehensive complaints report to QA with classifications of all complaints received	2018/19 Quarter 4	Quality Assurance and PHC
Presentation of trends report	2019/20 Quarter 1	Quality assurance and PHC
Quarterly reports to QA on Complaints QIP and implementation of the QIPs	Every Quarter	Quality Assurance and PHC

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Table 10: Batho Pele principles – Provision of Primary Health Care Services

	Current quantity Compliance level 2016/2017	Desired quantity Year 1 2018/2019	Desired quantity Year 2 2019/2020	Desired quantity Year 3 2020/2021
Consultation:	Consultation with stakeholders through Clinic committee meetings and Provincial Health Consultative Forum meetings	Consultation with stakeholders through Clinic committee meetings and Provincial Health Consultative Forum meetings	Consultation with stakeholders through Clinic committee and Provincial Health Consultative Forum meetings	Consultation with stakeholders through Clinic committee and Provincial Health Consultative Forum meetings
Courtesy:	<p>Facilities partially compliant in terms of :</p> <ul style="list-style-type: none"> Fixed PHC facilities scoring above 70% on the ideal clinic dashboard Hospital achieved 75% and more on National Core Standards self-assessment rate (District Hospitals) Complaint resolution rate 	<p>Facilities fully compliant in terms of :</p> <ul style="list-style-type: none"> Fixed PHC facilities scoring above 70% on the ideal clinic dashboard Hospital achieved 75% and more on National Core Standards self-assessment rate (District Hospitals) Complaint resolution rate 	<p>Facilities fully compliant in terms of :</p> <ul style="list-style-type: none"> Fixed PHC facilities scoring above 70% on the ideal clinic dashboard Hospital achieved 75% and more on National Core Standards self-assessment rate (District Hospitals) Complaint resolution rate 	<p>Facilities fully compliant in terms of :</p> <ul style="list-style-type: none"> Fixed PHC facilities scoring above 70% on the ideal clinic dashboard Hospital achieved 75% and more on National Core Standards self-assessment rate (District Hospitals) Complaint resolution rate
Access:	<ul style="list-style-type: none"> 80% of facilities adherent to operating times as per service board 	<ul style="list-style-type: none"> 85% of facilities adherent to operating times as per service board 	<ul style="list-style-type: none"> 90% of facilities adherent to operating times as per service board 	<ul style="list-style-type: none"> 95% of facilities adherent to operating times as per service board

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	Current quantity Compliance level 2016/2017	Desired quantity Year 1 2018/2019	Desired quantity Year 2 2019/2020	Desired quantity Year 3 2020/2021
Information	<ul style="list-style-type: none"> • 188 out of 613 facilities (30.7%) adherent to standardised signage requirements • Patients informed of medicine pick up points • 100% of facilities with relevant information Education Communication material in the form of posters, pamphlets, brochures and audio-visual facilities 	<ul style="list-style-type: none"> • 356 out of 610 facilities (58%) adherent to standardised signage requirements • Patients informed of medicine pick up points • 100% of facilities with relevant information Education Communication material in the form of posters, pamphlets, brochures and audio-visual facilities 	<ul style="list-style-type: none"> • 376 out of 610 facilities (62%) adherent to standardised signage requirements • Patients informed of medicine pick up points • 100% of facilities with relevant information Education Communication material in the form of posters, pamphlets, brochures and audio-visual facilities 	<ul style="list-style-type: none"> • 460 out of 610 facilities (75%) adherent to standardised signage requirements • Patients informed of medicine pick up points • 100% of facilities with relevant information Education Communication material in the form of posters, pamphlets, brochures and audio-visual facilities
Openness & transparency:	<ul style="list-style-type: none"> • Full disclosure on clinical conditions as per available guidelines • Clinic committees informed about operations, progress, management of complaints 	<ul style="list-style-type: none"> • Full disclosure on clinical conditions as per available guidelines • Clinic committees informed about operations, progress, management of complaints 	<ul style="list-style-type: none"> • Full disclosure on clinical conditions as per available guidelines • Clinic committees informed about operations, progress, management of complaints 	<ul style="list-style-type: none"> • Full disclosure on clinical conditions as per available guidelines • Clinic committees informed about operations, progress, management of complaints
Redress:	88.4% complaint resolution rate	93% complaint resolution rate	95% complaint resolution rate	95% complaint resolution rate
Value for money:	Primary Health Care cost per headcount of R 380 and slightly	Primary Health Care cost per	Primary Health Care cost	Primary Health Care cost

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	Current quantity Compliance level 2016/2017	Desired quantity Year 1 2018/2019	Desired quantity Year 2 2019/2020	Desired quantity Year 3 2020/2021
	higher than was targeted	headcount of R 405	per headcount of R 436	per headcount of R476

Operations Management and other elements

The development of an effective SDIP is dependent on how the Department is faring in terms of the other elements of the Operations Management Framework (OMF).

Currently the KZN Department of Health is working on developing Business Process Maps, Standard Operating Procedures, Service Standards and Service Charter for selected services. The work on other elements, not part of OMF, will include implementation of the Complaints, compliments & suggestions system, Patient Experience of Care surveys and Batho Pele principles.

Problem Statement

Despite the availability of the 2016/17 – 2018/19 SDIP, the KZN department of health has a lot to do in terms of the establishment and maintenance of the Operations Management Framework elements. The current situation is as follows:

- There is no record of the Business process maps for the listed services
- There is no reliable information on how many Business units have Standard Operating Procedures
- There are about four separate methods of recording and reporting on complaints and each has its own limitation
- There is no record of Service Standards per Business unit
- There is no record of Service Charter per service

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Table 11: Improvement targets for 2018/19 – 2020/21: Operations Management Framework/ Service Delivery Improvement elements

Operations Management Framework/ Service Delivery Improvement elements	Current status	Indicator	Baseline	Desired performance 2018/19	Desired performance 2019/20	Desired performance 2020/21
Business Process Mapping	No record of the Business process maps for the listed services	No. of Business units with Business Process Mapping done (cumulative)	0	1 (1)	1 (2)	1 (3)
Standard Operating Procedures	Current SOPs are not aligned to the framework for developing SOPs	No. of Business units with Standard Operating Procedures aligned to the framework for developing SOPs	0	3	4	4
Complaints, compliments & suggestions management system	There are different methods of recording and reporting on complaints, compliments and suggestions	One complaints, compliments and suggestions management system with a centralized database for all services/business units developed	No	Yes	Yes	Yes
Service Standards	No record of Service Standards per Business unit	No. of Business units with Service Standards (cumulative)	0	1 (1)	1 (2)	1 (3)
Service Charter	No record of Service	No of Business units with Service Charters	0	1 (1)	1 (2)	1 (3)

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Operations Management Framework/ Service Delivery Improvement elements	Current status	Indicator	Baseline	Desired performance 2018/19	Desired performance 2019/20	Desired performance 2020/21
	Charter per service	(cumulative)				

Conclusion

The KZN Department of Health commits to implement the 3 –year SDIP as prescribed by legislation.

Abbreviations

BPM	Business Process Mapping
CCGs	Community Care Givers
DHS	District Health Services
DPSA	Department of Public Service and Administration
EMS	Emergency Medical Services
FPS	Forensic Pathology Services
KZN	KwaZulu-Natal
KZN DOH	KwaZulu-Natal Department of Health
MANCO	Management Committee
M&E	Monitoring and Evaluation
MEC	Member of the Executive Council
OMF	Operations Management Framework
PHC	Primary Health Care
PHOC	Provincial Health Operations Centre
PROs	Public relations Officers
SDIP	Service Delivery Improvement Plan
SDIPEP	Service Delivery Improvement Enhancement Plan
OTP	Office of The Premier