



Wes-Kaapse Provinsiale Parlement
Western Cape Provincial Parliament
IPalamente yePhondo IeNtshona Koloni

WCPP: 11/4/9

COMMITTEE REPORT

**Report of the Standing Committee on Health and Wellness on its oversight visits to health facilities
in Robertson and Ashton on 21 April 2023**

The Standing Committee on Health and Wellness having conducted oversight visits to health facilities in Robertson and Ashton on 21 April 2023, reports as follows:

The delegation

The delegation included the following Members:

Democratic Alliance

Pretorius, G (Chairperson)

Fry, C

Plato, D

African National Congress

Bans, A

Kama, M

Windvogel, R

Economic Freedom Fighters

Klaas, TM

1. Background

The Standing Committee on Health and Wellness conducted oversight visits to the Cogmanskloof Clinic, Zolani Clinic, Nkqubela Clinic and Robertson Hospital on Friday 21 April 2023.

The purpose of the visits was to assess the full package of health services to various health facilities offered to communities post the COVID-19 pandemic. In addition, the Committee visited the facilities to assess the high service pressure in the health facilities in the Boland Region. Members also conducted a walkabout of the facilities and posed questions. The health officials answered all questions posed during the visit.

2. Salient points that emanated from the visit to the Cogmanskloof Clinic

Sister. C Rossouw welcomed the Committee. She reported that the Operations Manager was out assisting at Bonnytoun. She informed the Committee that the Clinic was operating on weekdays from 7:30 to 16:00, excluding public holidays.

Cogmanskloof Clinic provides health services to 2000 patients a month. The waiting time for patients was approximately two hours. There was an appointment system in place and the Clinic attends to school children from 14h00 on weekdays. The Clinic provides a comprehensive package of services such as mother and child health, chronic diseases care, women's health, HIV and TB Care, men's health, acute services, allied health care, physiotherapy, and mental health services.

The Committee was informed that a sessional doctor visits the Clinic twice a week and the same doctor provides services at the Browcare facility, a step-down and short-term stay facility that provides care for elderly and terminally ill people. In addition, a dentist visits the Clinic once a month and attends to patients on an appointment basis. It was reported that there was a waiting list for dental services, and the dentist was going on retirement at the end of April 2023.

Some of the challenges that were reported during the visit includes inadequate office space. The Committee noted that the size of the Clinic was small, and the population has increased tremendously since the Clinic became operational. In addition, the Committee noted that there was a container donated by the Friends of Care on the premises of the Clinic. The container was converted into office space, a TB consultation and filling room, a kitchen, and an office for physiotherapy. The pharmacy, and reception area are very small. Patients wait outside and this was raised as a major challenge during the winter season. Shortage of security was also highlighted as a challenge. A shortage of staff, especially the nursing staff and admin staff were reported. Interpersonal problems and long queues were highlighted. Abuse and violence against staff by patients were reported as prevalent in the facility. The Clinic had a burglary in April 2023, and computers were stolen. The Clinic has a high default rate for chronic conditions such as TB, HIV, etc. It was reported that Home Community Based Carers follow up with chronic patients, and unfortunately, the default rate was still high. There was a fire at the Clinic in July 2022, because of cable theft. Storage is a huge challenge. Office space is urgently required at the Cogmanskloof Clinic, especially a TB room with ventilation.

The Committee was informed that staff shortage was a challenge in the Region, for eight years there was no Operations Manager at McGregor Clinic. The Cogmanskloof Clinic urgently needs a professional nurse or intern nurse to assist with the demand for health services due to population growth and the high migration of farm workers into the area. It was reported that there was no Clinic Committee at the Cogmanskloof Clinic.

2.1 Recommendation

The Committee recommended that the Department of Health and Wellness should expedite the facilitation of the appointment of Clinic Committees and Hospital Boards for all health facilities in the Boland Region.

2.2 Request for information

The Committee requested the Department of Health and Wellness to provide it with the following information on or before Friday, 26 May 2023.

- 2.2.1 A detailed report on the progress made to appoint a Clinic Committee for the Cogmanskloof Clinic.
- 2.2.2 Detailed information on how the Department addresses the violence against staff at the Cogmanskloof Clinic.

The Committee commended the staff for providing services to the people of Ashton and for answering all questions posed by Members during the Visit.

3. Visit to the Zolani Clinic

The Committee conducted an unannounced visit to the Zolani Clinic in Ashton. On arrival, Sister Carolus, the Operations Manager, welcomed the Committee. She reported that the Clinic was a primary healthcare facility that provides a comprehensive package of services including, Mother and Child Health; Chronic Diseases Care; Women's Health; HIV and TB Care; Men's Health; Acute Services; Allied Health Care, specifically Physiotherapy; and Mental Health Services. The Clinic has an appointment system in place.

3.1 Salient points that emanated from the visit to the Zolani Clinic

It was reported that a sessional doctor visits the Clinic once a week on Thursdays and sees 25 patients on appointments. The doctor also transfers patients through the Vula bookings, a system used by doctors in the region to refer patients to secondary hospitals, namely, Worcester Hospital, etc. The Clinic does not have a permanent pharmacist. A pharmacist visits the Clinic twice a week on Tuesdays and Thursdays.

Some of the challenges that were reported during the visit include, long waiting periods, and staff shortages, especially, professional nurses. It was reported that the Clinic had two interns during the COVID-19 pandemic, however, their contracts expired. The Clinic has one Clinical Nurse Practitioner and an Operations Manager. She reported that she was the only one who is qualified to examine and write prescriptions in the absence of a doctor, and this was a contributing factor to long queues. TB in children under 5 years was reported as a major challenge in Ashton. The Committee was also informed that HIV was prevalent in the area, and more than 20 children were on ARVs.

The Committee noted that the walls in some of the rooms inside the Clinic were damaged. Storage was reported as a major challenge. The Clinic has a Clinic Committee that was operational.

The Committee concluded its visit at Zolani Clinic and proceeded to the Lingelihle Old Age Home at the request of Member Plato, the Chairperson of the Standing Committee on Social Development. The Committee resolved to visit the Lingelihle Old Age Home because the Home was in the vicinity of the Zolani Clinic. The Committee visited the Old Age Home to assess how things have been turned around by the new board and management after the home was almost closed due to poor management by the previous manager.

3.2 Visit to the Lingelihle Old Age Home in Ashton

Upon arrival at the Old Age Home, Mr K Klass, Board Member at the Old Age Home welcomed the Committee. Mr. Klaas indicated that the Lingelihle Old Age Home was an initiative of the late Sister Jantjies and a group of people who saw the need for an Old Age Home in Ashton. They managed to build the Lingelihle Old Age Home with the help of the Lotto fund.

It was alleged that a lady who used to manage the home misused the funds including funding from the Lotto fund and she was subsequently dismissed. The home was dilapidated and was about to be closed, and the community members of Ashton intervened and appointed a caretaker board and management. During the visit, it was reported that the home had 18 staff members. The Committee was informed that due to the state of the home, many residents were removed from the home and taken to other facilities and only seven old aged persons reside at the Lingelihle Old Age Home.

According to Mr. Klaas, the new board was busy reorganising the home. He mentioned that he was not compensated for his involvement at the Old Age Home. He got involved to leave a legacy. The Committee was informed that the Department of Social Development has been assisting the Home with R1.2 million and the funds are transferred on a quarterly basis.

He indicated that the Old Age Home has an interim board and management whose objective was to ensure that clients get quality service. The home was reported to have a good relationship with the Department of Health and Wellness. A doctor from the Department of Health and Wellness visits the Home once a month and the Home has appointed a permanent nurse.

Some of the challenges reported at the Lingelihle Old Age Home included the need for new bedding, furniture, and funding for additional staff and renovations.

The Committee was very impressed with the upkeep and turnaround strategy of the Home. The Chairperson of the Standing Committee on Social Development commended the new board and management for turning the conditions of the home around and for their dedication and hard work.

4. Visit to the Nkqubela Clinic in Robertson

Sister N Forosi, the Operations Manager and Clinical Nurse Practitioner, welcomed the Committee at the Clinic. She informed the Committee that the Clinic offers primary healthcare a comprehensive package of services that include, Mother and Child Health; Chronic Diseases Care; Women's Health; HIV and TB Care; Men's Health; Acute Services; Allied Health Care, specifically Physiotherapy; and Mental Health Services. The population of Nkqubela and surrounding communities has increased over the years, and it was reported that the headcount of the Nkqubela Clinic was 2000 patients monthly.

On arrival, the Committee observed patients queuing outside the facility, there was load-shedding, and it was dark inside the Clinic. Sister Forosi reported that there was no backup generator, however, the Department promised to install inverters and people came for assessment and the Clinic was still waiting for the installation of the power backup generator or inverters. The Sister mentioned that it was difficult to work during load-shedding.

It was reported that inadequate space was a major challenge at the Clinic. The Clinic was small and congested, resulting in some patients queuing outside the premises because the yard was also small. It was reported that in winter, it becomes a challenge for patients to queue outside the Clinic with no shelter. Shortage of staff was also highlighted as a huge challenge. It was reported that inadequate space has a direct impact on staff shortage because even if more staff get appointed there would be no space to accommodate them at the Clinic.

A sessional doctor visits the Clinic on Tuesdays and Thursdays from 12:00-14:00. There is no pharmacist at the Clinic. A pharmacist assistant visits the Clinic on Mondays and Wednesdays. The Clinic does not have a proper consultation room. One of the rooms in the container was used as a consultation room and as an emergency room. The waiting room was very small, and the storeroom was also functioning as a kitchen. It was reported that there were discussions about the Nkqubela Clinic being swapped with the Nkqubela Library due to the size of the library. The library building was reported to be bigger and not busy like the Clinic. The officials reported that the Municipality refused the switch of buildings because the library building belongs to the Department of Sports, Arts, and Culture and the discussions were ongoing. It was reported that the Department was looking for land to build a new Community Day Centre (CDC). The new CDC project in Robertson was planned to start in 2030.

The Clinic needs two more clinical nurse practitioners and a permanent doctor due to the high demand for health services and the population growth. HIV was reported to be prevalent in Nkqubela and surrounding communities. The high default rate of chronic medication was reported as a challenge. It was reported that migration was the contributing factor to the high default rate of chronic medication as some of the patients on treatment were farm workers from Lesotho and Zimbabwe. During the visit, it was reported that there was a high number of sick babies in the area due to diarrhea season. Most of the complaints received by the Clinic were related to waiting times and long queues due to the shortage of staff. Staff burnout and low staff morale were also reported. The consultation rooms in the container do not have ventilation and this was reported as a concern, specifically in the TB room as proper ventilation is essential. Ward Councillors who joined the Committee during the

visit indicated that community members have been complaining about the Clinic for years. The recurring complaints were mostly about long queues and inadequate space. The Councillors indicated that they were assisting the Department of Health and Wellness to get land within the community for the new Nkqubela Clinic. Unfortunately, the pockets of land available were situated in the flood line area.

5. Visit to the Robertson District Hospital

Matron SM Kortjie welcomed the Committee at the Hospital. She reported that the Hospital was a District Hospital with 50 beds, with 20 beds being allocated to maternity and 30 beds to generic patients. The Hospital offers in-patient services that include, general surgery, maternity services, and mental health services. The hospital has an emergency centre from Mondays to Fridays.

Some of the challenges that were reported by the Hospital included inadequate space for mental patients. It was reported that mental patients are mixed with other patients in the generic ward. Inadequate space for TB patients was also reported as there were only two beds in the isolation room. The Hospital has vacant positions for a specialist, a theatre supervisor, theatre staff, and medical manager position. It was reported that the specialist post has been vacant since November 2022. The post was advertised and there was no suitable candidate. The theatre is supposed to attend to 10-15 patients and due to bed shortage, it can only accommodate four patients. The new casualty unit has been put on hold until 2026. The term of the Hospital Board at Robertson District Hospital was reported to be coming to an end and the board was not functioning.

It was reported that two officials were assaulted by mental health patients and the affected staff were referred to ICARES for support. It was reported that mental health patients are admitted at the Robertson Hospital for the 72-hour observation, however, due to the shortage of bed space in Worcester Hospital, they are admitted to Robertson Hospital for longer whilst waiting to be transferred. Separate rooms for mental patients are needed and it was reported that nine patients were reported to be waiting for admission daily. The safety of patients was reported as a concern to the hospital. Some of the service pressure areas at the Hospital include causality, maternity, and the generic ward.

6. Recommendations

The Committee recommended that:

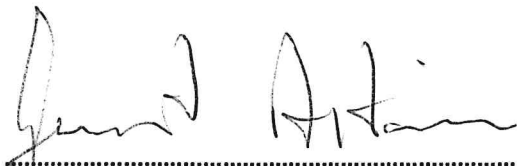
- 6.1 The Department of Health and Wellness expedites the facilitation of the appointment of Clinic Committees and Hospital Boards in the Boland region.
- 6.2 The Department should investigate the possibility of swiping the Nkqubela Clinic and Nkqubela Library as an interim measure whilst the Department is still looking for land to build a new Nkqubela Clinic, since there is sufficient space at the library and the library was not as busy as the clinic.
- 6.3 The Department should consider finding a separate ward for mental health patients and separate them from other patients. The admission of mental health patients with other patients could pose a danger to other patients.

7. Request for information

The Committee REQUESTED the Department of Health and Wellness to provide it with the following information by Friday, 19 May 2023.

- 7.1 A progress report on the appointment of the Clinic Committee for the Cogmanskloof Clinic.
- 7.2 A plan in place to address the violence and verbal abuse against staff at the Cogmanskloof Clinic.
- 7.3 Criteria in place to identify Clinics for the installation of backup power supply such as generators and inverters and the progress in supplying Zolani Clinic in Ashton with a generator.
- 7.4 A detailed report on the progress made in filling all vacancies at Zolani Clinic in Ashton, Cogmanskloof Clinic in Ashton, Nkqubela Clinic in Robertson, and Robertson Hospital.
- 7.5 Update on the building of the new Nkqubela Clinic in Robertson.
- 7.6 Progress on the building of the causality ward at the Robertson Hospital.
- 7.7 An update on the filling of vacancies for theatre specialist and admin positions at the Robertson Hospital.
- 7.8 A detailed report on the renovations of the Robertson Hospital.

The Committee successfully concluded its visit.



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MR G PRETORIUS, MPP
CHAIRPERSON: STANDING COMMITTEE ON HEALTH AND WELLNESS
WESTERN CAPE PROVINCIAL PARLIAMENT