

Friday, 28 February 2025]

No 15- 2025] SECOND SESSION, SEVENTH PARLIAMENT

PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

ANNOUNCEMENTS, TABLING AND COMMITTEE REPORTS

FRIDAY, 28 FEBRUARY 2025

TABLING

The Speaker:

Submission of annual report for 2023/24 in terms of section 132(1)(a) and (b) of the Local Government: Municipal Finance Management Act, 2003 (Act 56 of 2003):

Witzenberg Municipality

- a. Annual Report 2023/24.
- b. Oversight Report 2023/24

Copies attached.

COMMITTEE REPORT

Report of the Standing Committee on Health and Wellness on its unannounced oversight visit to the Khayelitsha District Hospital on Friday, 31 January 2025,

The Standing Committee on Health and Wellness having conducted an unannounced oversight visit to the Khayelitsha District Hospital on 31 January 2025, reports as follows:

Delegation

The delegation consisted of the following Members:

Democratic Alliance

Booyesen, M (Chairperson)

Masipa, NP

Walters, TCR

African National Congress

Windvogel, R

Patriotic Alliance

Stephens, D R

The National Coloured Congress

Jacobs, DG

Apology

Van Minnen, BM (DA)

Van Wyk, LD (DA)

1. Introduction

The 2024/25 Strategic Objectives of the WCPP linked to the Speakers' Priorities which impact committees are as follows:

Priority 1: Building a credible WCPP; and

Priority 3: Strengthening the core business.

The Standing Committee on Health and Wellness, in line with the oversight mandate of the Western Cape Parliament, embarked on an unannounced oversight visit to the Khayelitsha District Hospital. The purpose of the visit was to assess the functioning of the hospital, the quality of healthcare services provided to the community, and to identify any challenges the hospital might be facing in its day-to-day operations, specifically, challenges around the referral of the mental health patients from the Khayelitsha District Hospital to the Lentegeur Psychiatric Hospital.

Oversight visits, especially the unannounced, are a key part of the Committee's role in ensuring that public health facilities uphold their responsibilities to the communities they serve. By conducting such visits, the committee can obtain firsthand information regarding the hospital's operations, staff performance, capacity, patient care, and overall infrastructure.

2. Overview and Background

Khayelitsha District Hospital serves a densely populated area with a diverse community, many of whom face socio-economic challenges. The hospital is an important facility in the region, providing essential healthcare services to thousands of residents. Over the years, Khayelitsha has been grappling with significant pressure on its healthcare services due to growing demand, limited resources, and high rates of communicable diseases.

As part of the Committee's oversight mandate over the Department of Health and Wellness in the province, the Committee conducts announced and unannounced oversight visits to health facilities. Unannounced visits like the one to the Khayelitsha District Hospital allow the committee to witness the day-to-day realities of the hospital's operations, without any preparation or adjustment to the normal functioning. This provides a more accurate assessment of how the hospital meets its obligations to the public.

The Khayelitsha District Hospital has faced challenges, such as overcrowding in emergency rooms, understaffing, and strained resources. The purpose of the oversight visit was to gain insights into how the hospital is managing these challenges and what improvements or interventions might be necessary. Through this visit, the Standing Committee sought to better

understand the hospital's operational challenges, review the quality of patient care, and determine if there are systemic issues that require attention from the provincial Department of Health and Wellness.

Dr. Martin welcomed the Committee and provided an overview of the services rendered at the Khayelitsha District Hospital, the challenges, and accompanied the Committee on a walkabout to observe key pressure areas. Dr. Martin reported that Mr. Binza, the hospital's CEO, was on suspension and Dr. Moodley, who was the Acting CEO during the visit was attending a meeting at Tygerberg Hospital. This report presents key findings, Recommendations, and resolutions of the visit.

3. Key findings

- 3.1. Khayelitsha District Hospital has a capacity of 340 beds but regularly accommodates around 450 patients. This issue stems primarily from rapid population growth and socio-economic challenges in the area, which have stretched the hospital's available resources.
- 3.2. The hospital provides essential district-level care services, including a 24-hour emergency centre, medical, surgical, obstetrics, and gynaecology, paediatric wards, and a nursery.
- 3.3. The hospital also offers regional-level services, such as emergency care, surgery, orthopaedics, obstetrics, gynaecology, paediatrics, psychiatry, and anaesthesiology. Additionally, it serves as a referral point and provides support to local clinics and community health centres.
- 3.4. An important addition to the hospital's services is the availability of a Computerised Tomography (CT) Scanner, which significantly benefits patients by eliminating the need for trips to Tygerberg Hospital for this service, thus saving time and transportation costs.
- 3.5. Khayelitsha District Hospital faces a complex array of health challenges, including a quadruple burden of disease: violence, trauma, and injury; mother and child health; communicable diseases like TB and HIV; and non-communicable diseases such as hypertension and diabetes.
- 3.6. The rapid population growth has contributed to overcrowding, further complicating the hospital's ability to meet demand.
- 3.7. The hospital, being the only one in the area, struggles with inadequate infrastructure designed for a much smaller population, and the need for a Regional Hospital was emphasised to address these growing demands.
- 3.8. In 2024, the hospital's Emergency Centre attended 45,000 patient visits.
- 3.9. Staffing shortages, particularly Specialty Nurses, Professional Nurses, Doctors, and Nurse Assistants were reported as a major challenge, and a notable lack of specialised staff in the theatre, psychiatric wards, and emergency services was reported. Furthermore, a shortage of cleaners was noted as another challenge.
- 3.10. Despite having four theatres, only three are operational due to staffing shortages. The hospital lacks high-care or intensive care unit (ICU) facilities, which further limits its ability to handle complex cases due to the shortage of staff.
- 3.11. These staff shortages are primarily attributed to funding constraints and austerity measures imposed by the Department of Health and Wellness.
- 3.12. High staff turnover, particularly among Specialty Nurses, is a persistent issue, exacerbated by the high crime rate in the area, which makes it difficult to attract and retain staff.
- 3.13. The hospital faces pressure in its trauma unit, especially on weekends, month-ends, and during large sporting events such as Kaizer Chiefs vs. Orlando Pirates derbies.
- 3.14. There is severe overcrowding in both trauma and psychiatric wards, with patients sometimes having to sleep on chairs or floor due to a lack of beds.

- 3.15. The hospital also struggles with a surgery backlog, which varies by service. For example, waiting times for procedures such as hysterectomy, gastroscopy, colonoscopy, and orthopaedics range from two to six months. The hospital has resorted to hiring agency staff to fill gaps, which costs approximately R2.8 million annually.
- 3.16. The ongoing staff shortages and bed capacity issues contribute to this backlog and overcrowding.
- 3.17. During a walkabout, the Committee noted that the psychiatric wards were severely overcrowded, with 36 female patients in one small room, some sleeping on the floor.
- 3.18. A similar observation was witnessed in the male psychiatric ward. Additionally, the absence of a designated seclusion area for psychiatric patients poses a safety risk for both patients and staff.
- 3.19. Doctors in the psychiatric ward were also found consulting patients in hallways due to inadequate office space.
- 3.20. The growing mental health burden in Khayelitsha, linked to factors like substance abuse and unemployment, has worsened following the COVID-19 pandemic.
- 3.21. Systemic challenges within the Department of Health and Wellness were identified, with mental health patients in the Emergency Centre often waiting from 15 to 22 days for a bed at the Lentegeur Hospital, despite the Mental Health Care Act (Act 17 of 2002) stipulating that psychiatric patients should only be held in general hospitals for up to 72 hours for observation.
- 3.22. Discussions about establishing overflow psychiatric beds at Lentegeur Hospital in 2021 were halted due to staff shortages and budget cuts.
- 3.23. It was reported that the newly constructed building at the Khayelitsha District Hospital designated for psychiatric patients is small and will accommodate 30 female and 30 male patients in separate areas.
- 3.24. Further challenges were reported regarding the Emergency Medical Services (EMS) team. Ambulances are often stretched thin, with a single vehicle picking up patients from multiple areas and arriving at the hospital with critically ill patients simultaneously. This creates additional pressure on the hospital staff, as they are forced to attend to these emergency patients immediately, leaving other cases unattended.
- 3.25. It was reported that the software in some ambulances was outdated, negatively impacting the overall performance of EMS services in Khayelitsha and surrounding areas.
- 3.26. The Khayelitsha District Hospital utilises the Triage System to prioritise patients based on the severity of their condition.
- 3.27. The major trolley area, which accommodates patients who cannot sit while waiting to be admitted or discharged, can only cater to a maximum of 16 patients at a time, further highlighting the limited capacity of the facility.

4. Resolutions

The Committee resolved to,

- 4.1 Conduct an oversight visit to the EMS Dispatch Unit to assess the ongoing challenges faced by EMS services across the province.
- 4.2 Revisit the Khayelitsha District Hospital in the upcoming winter season for further evaluation.

5. Recommendations

The Committee recommended that:

- 5.1. The Department of Health and Wellness should consider permanently appointing specialised Nurses and Doctors to reduce the reliance on agency staff, which incurs significant costs.
- 5.2. The Department of Health and Wellness, in collaboration with the Department of Police Oversight and Community Safety, SAPS, and the Liquor Board should enforce stricter regulations on illegal shebeens selling alcohol to minors.
- 5.3. The Department of Health and Wellness should prioritise addressing staff capacity in all health facilities throughout the province.
- 5.4. The recruitment process to fill vacancies at all health facilities should be expedited, following the same efficiency as the recruitment process for vacancies at Groote Schuur Hospital.
- 5.5. The Department of Health and Wellness should compare the patient influx at the Khayelitsha District Hospital with that of the Mitchells Plain District Hospital to ensure that the overall budget, staffing levels, and capacity align with each hospital's specific needs.
- 5.6. A Whole of Society approach is necessary to address some of the challenges faced by the Khayelitsha District Hospital, requiring the involvement of multiple government departments.
- 5.7. The Minister of Health and Wellness should consider selecting competent board members with diverse skills and experience when appointing the Khayelitsha District Hospital Board.

6. Request for Information

The Committee requested the Department of Health and Wellness to submit the following information by Friday, 21 February 2025.

- 6.1 A profile of the current board members for the Khayelitsha District Hospital.
- 6.2 A list of all hospital boards across the province, those that are functional and non-functional.
- 6.3 A detailed report on the progress made regarding the application to Eskom for exemption of the Khayelitsha District Hospital from load shedding.
- 6.4 A detailed report on how the theatres at Khayelitsha District Hospital manage load shedding, particularly in instances where doctors are operating on patients and electricity is interrupted before the generators activate. This report should include any instances where lives were lost during power outages before the generator kicked in.
- 6.5 A comprehensive report on the strategies within the Department of Health and Wellness designed to address bottlenecks and streamline the referral process of mental health patients from Khayelitsha District Hospital to Lenteguur Psychiatric Hospital.
- 6.6 A detailed list of funded and unfunded vacancies at Khayelitsha District Hospital.

The Committee successfully concluded its visit.

7. Acknowledgements

The Committee expressed its gratitude to Dr. Martin and other officials of the Khayelitsha District Hospital who welcomed the Committee, briefed and addressed all questions raised by the Members during the visit.