

PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

THURSDAY, 29 JUNE 2023

COMMITTEE REPORTS

1. Annual Activity Report of the Standing Committee on Health for the 2022/23 financial year

The strategic objectives of the WCPP linked to the Speaker's priorities that has an impact on the committees are as follows:

Priority 1: Building a credible WCPP; and
Priority 3: Strengthening the core business.

Members:

Democratic Alliance

Pretorius, G (Chairperson)
Fry, C
Plato, D

African National Congress

Windvogel, R

Economic Freedom Fighters (EFF)

Klaas, TM

Alternate Member

Bans, AP (ANC)
Baku-Baku-Vos (ANC)
Baartman, D (DA)
Bosman, G (DA)
Cassiem, A (EFF)
Lekker, P Z (ANC)

Membership changes

In February 2023, Hon G Pretorius was elected as the Chairperson of the Committee following the election of Hon W Philander as the Chief Whip of the Provincial Parliament. The Economic Freedom Fighters (EFF) replaced Hon M Xego with Hon TM Klaas as the permanent Member of the Committee.

1. Introduction

The mandate of the Committee is to:

- 1.1 Maintain oversight over the Executive.
- 1.2 To keep the Department of Health and Wellness accountable to it.
- 1.3 To consider and report on legislation and other matters referred to it by the Speaker.
- 1.4 To monitor the implementation of legislation.

In the fulfilment of its mandate, the Committee:

- 1.5 Facilitated public participation in the legislative and other processes of the Committee.
- 1.6 Conducted its business in a fair, open and transparent manner.
- 1.7 Promoted cooperative governance.
- 1.8 Reported regularly to the House.

2. Reporting department

Department of Health and Wellness

3. Overview of committee activities

Number of committee activities	19
Number of public hearings	4
Number of oversight visits	6
Number of cluster visit weeks	2
Number of international study tours	0
Number of provincial bills considered	2
Number of NCOP visit weeks	0
Number of NCOP bills considered	0
Number of committee briefing meetings	5
Workshops or conferences attended	0

4. Committee activities

Between April and May 2022, the Committee conducted several unannounced oversight visits to various health facilities in the province to assess the vaccination rollout at various health facilities post-COVID-19 pandemic. The purpose of the visits was to determine how the COVID-19 vaccination was incorporated into the health services and to assess the service pressure experienced by various health facilities across the province.

In June 2022 the Standing Committee on Health and the Standing Committee on Social Development scheduled a joint visit to various health facilities and non-governmental organisations (NGOs) in the Overberg District from 22 to 24 June 2022. The joint visit

was scheduled after the cancelation of the Social Cluster Visit Week to the Overberg District in June 2022.

The purpose of the visits was to assess the quality of services offered by various health facilities and NGOs to the communities of the Overberg District. In addition, the Committees visited the facilities to assess the high service pressure experienced by the facilities, challenges, successes, and the impact of COVID-19 in the Overberg District. During the joint visit, the delegation held discussions with the Cape Agulhas Health Sub-district management, officials of the Department of Social Development (DSD), and the management of NGOs. Members also conducted a walkabout of the facilities.

In August 2022 the Committee conducted unannounced oversight visits to the Mitchells Plain and Khayelitsha District Hospitals on 3 August 2022. The Committee resolved to visit the two District Hospitals in the Cape Metropolitan area after various newspapers published pictures of patients sleeping on the floor and chairs due to a shortage of beds at the Khayelitsha District Hospital, and media articles that alleged patient abuse and neglect at the Mitchells Plain District Hospital. The Committee visited the facilities to assess the service pressure at these facilities, their capacity and to engage the management of the facilities on the reported allegations. Members also visited the facilities to assess the services offered, and to conduct a walkabout of the facilities.

In February 2023 the Department of Health and Wellness briefed the Committee on the Home Community Based Care Services in the province. The briefing was scheduled after Home Community Base Carers requested the intervention of the Committee to engage the Department on the long outstanding issue of the incorporation of the Home-Based Carers into the Department of Health and Wellness. During the meeting, the Department mentioned that in all provinces, Community Health Workers are the main drivers of community-based health services, and they are still not integrated into the Department of Health.

The Committee was also informed that the Sectoral Determination of Community Health Workers was addressed at the Public Health and Social Development Sectoral Bargaining Council (PHSDSC) and Resolution 3 of 2022 was reached in PHSDSBC where the stipend was agreed upon and implemented. Furthermore, the parties agreed that the modalities of the agreement must be concluded by not later than 31 March 2025. The Department's view is that the agreed-upon decision regarding the modalities will ensure uniformity pertaining to the position of Community Health Workers across the provinces and ensure the development of Standards. The issue of the HCBC was taken back to the Department of Labour for further deliberations and there has not been any clarity on the matter.

During the financial year under review, the Committee deliberated on the Annual Report of the Department of Health and Wellness, Vote 6: Health and Wellness in the Schedule to the Western Cape Adjustments Appropriation Bill [B 3–2022]. In addition, the Committee also deliberated on Vote 6: Health and Wellness in the Schedule to the Western Cape Appropriation Bill [B 2–2023].

5. Legislation

During the 2022/23 financial year, the Committee dealt with the following legislation:

6. Provincial bills

- 6.1.1 Vote 6: Health and Wellness in the Schedule to the Western Cape Adjustments Appropriation Bill [B 3–2022].
- 6.1.2 Vote 6: Health and Wellness in the Schedule to the Western Cape Appropriation Bill [B 2–2023].

7. Facilitation of public involvement and participation

In line with the Committee’s mandate to facilitate public participation as part of the legislative process, members of the public were invited to participate in the deliberations on:

- 7.1 The Annual Report of the Department of Health and Wellness.
- 7.2 The deliberations on Vote 6: Health and Wellness in the Schedule to the Western Cape Adjustments Appropriation Bill [B 3–2022].
- 7.3 The deliberations on Vote 6: Health and Wellness in the Schedule to the Western Cape Appropriation Bill [B 2–2023].

8. Financial particulars

The Standing Committee was allocated an amount of R63 176 and the adjusted budget amounted to R176 041. The Standing Committee spent R193 845 during the 2022/23 financial year. An overspend of R17 804 (expenditure after the adjusted budget) was reported. The budget was spent on the deliberations on Vote 6: Health and Wellness in the Schedule to the Western Cape Adjustments Appropriation Bill [B 3–2022], and on the deliberations on Vote 6: Health and Wellness in the Schedule to the Western Cape Appropriation Bill [B 2–2023], and the deliberation on the Annual Report of the Department of Health and Wellness in October 2022. In addition, the Committee spent some funds during the oversight visits to health facilities across the province. The other funds were spent during the Social Cluster Visit Week to the Kannaland municipal area from 29 January to 3 February 2023.

2. Report of the Standing Committee on Health and Wellness on its oversight visit to the Paarl Provincial Hospital on 5 May 2023

The Standing Committee on Health and Wellness having conducted an oversight visit to the Paarl Provincial Hospital on 5 May 2023, reports as follows:

The delegation

The delegation included the following Members:

Democratic Alliance

Pretorius, G (Chairperson)

Plato, D

African National Congress

Bakubaku-Vos, NG

Windvogel, R

Economic Freedom Fighters

Klaas, TM

1. Background

The Standing Committee on Health and Wellness conducted an oversight visit to the Paarl Provincial Hospital on Friday 5 May 2023.

This visit was a follow-up to the visit conducted by the Committee in November 2022. The Committee resolved to conduct the visit after receiving complaints about poor customer service at the Paarl Provincial Hospital. The complaints were predominantly about the poor service in the Hospital's Emergency Centre. Unfortunately, some of the questions posed by the Committee during its previous visit were not fully answered by the officials who were present during the visit.

The Committee also wanted to engage the management of the Hospital on the challenges that were reported and noted during the previous unannounced visit. In addition, the Committee visited the facility to assess the service pressure and the capacity of the Hospital. The Committee also visited the facility to understand better the reported challenges in the Emergency Centre (EC) of the Hospital.

2. Salient points that emanated from the visit to the Paarl Provincial Hospital

Dr F van der Watt, the Chief Executive Officer of the Hospital, Dr S Fourie, the Manager of Medical Services, and Mr S Brulners, the Deputy Director of Nursing, welcomed the Committee and accompanied them on a walkabout of the facility regarding the service pressure areas. They also briefed the Committee on the services offered and the challenges of the Hospital.

Dr van der Watt gave a brief history of the Hospital. He reported that the Hospital was a referral general specialist hospital for the West Coast, the Cape Winelands' Districts, and a district hospital for the Drakenstein subdistrict. The 331-bed facility caters for the medical needs of a vast geographical area of approximately 22 500 square kilometer and a population of over 1 000 000 citizens. The bed allocation to the Emergency Centre was 250 beds. It was reported that at the height of the COVID-19 pandemic, 54 additional beds were added and that took the total bed number to 385.

It was reported that Stellenbosch, Malmesbury, Piketberg, Porterville, Citrusdal, Clanwilliam and Vredendal hospitals were the drainage areas for the Paarl Provincial Hospital. The services provided at the Paarl Provincial Hospital include Emergency Medicine; Internal Medicine; High Care; Dermatology; General Surgery; Urology; Ophthalmology; ENT surgery; Obstetrics and Gynaecology; Paediatrics and Neonatology; Orthopaedics; Psychiatry; Anaesthesiology; and Radiology services. In addition, the Hospital provides clinical support services that include social work services; Radiography; Dietetics; Physiotherapy; Occupational Therapy; Audiology; and Pharmaceutical Services. Furthermore, the Hospital provides outreach services by all the major disciplines to District Hospitals in the region.

The Committee was informed that the Paarl Provincial Hospital was the only public health facility open after 16:00 in the Drakenstein sub-district with more than 530 000 citizens. The total number of personnel for the Hospital is 787. The medical unit has 97 full-time doctors, the nursing component consists of 376 nurses and 93 administrative staff. Others are allied workers and general staff members. The Hospital has maintained an average staff fill rate of 96%, funded for 95.8% of posts. It was reported that the staff turnover was very low at the Hospital, around 2%. The queue marshals for day shifts were reported to be funded by the Hospital Board and there are no queue marshals for

the evening shift. The security guards assist with directing patients to the Hospital's Emergency Centre.

The Committee was informed that the Hospital's Emergency Centre assists 150 patients per day although it was designed for 100 to 120 patients. The Emergency Centre provides services to approximately, 5 000 patients per month, and 30% of patients seen were green patients in terms of the Triage System. The green patients can be serviced in any health facility, however, because the Hospital was the only health facility open after 16:00, people came to the Hospital to seek help. The Hospital has an 85% optimal bed occupancy rate. The average length of stay for patients was reported to be 3 to 4 days, however, psychiatric patients with complex conditions and pre-mature babies stay up to three weeks. The long admission of psychiatric patients contributes to bed shortages and bottlenecks in the Emergency Centre. The long-bed occupancy rate for the victims of sexual violence was reported. The Committee was informed that there were plans in place to create a Thuthuzela Centre for rape survivors and that would be a partnership involving the Department of Health and Wellness and the National Prosecuting Authority. It was reported that the Hospital's death rate was stable due to the dedication and full commitment of staff.

The total budget of the Paarl Provincial Hospital for the 2023/24 financial year was R485 million assuming 5% inflation on the 2022/23 financial year budget of R467 million. The Hospital should have received R500 million in the current financial year, however, there was a R15 million budget cut. About 70% of the budget was spent on employee compensation and 30% was spent on goods and services and services and on equipment. It was reported that R9 million came from the Road Accidents Fund (RAF) and the Department of Correctional Services. However, the Road Accident fund has not paid any funds to the Hospital in the current financial year.

Some of the challenges that were reported during the visit include load-shedding. It was reported that stage 6 means that the Hospital does not have electricity for 12 hours. The Hospital has two generators, the primary and backup generators. They need 2,5 litres of oil and diesel every two hours. The cost for diesel was reported to be R40 000 per day during stage 6 load-shedding. The generator malfunction was reported to be causing clinical risk at the Hospital. It was reported that the available generators only cover high-risk areas. The load-shedding affects the daily operations of the Hospital. The Hospital's kitchen provides 1 200 to 1 500 meals per day for patients and during load-shedding, the service is negatively affected. The Hospital's storeroom cannot place orders and it becomes a challenge for doctors to get equipment from the storeroom during load-shedding. The Hospital needs to purchase 40 UPSs, and the purchasing of theatre batteries and UPS' will cost the Hospital R270 000. Damaged equipment because of load-shedding and staff burnout, especially in the Hospital's workshop and kitchen were reported as major challenges.

The chute system at Paarl Provincial Hospital was broken and there was no funding for it. It was reported that the chillers at the Hospital were broken and needed to be replaced. Delays were reported for the operating and gynae theatre room. Lifts replacement, the quality of service offered by the company that was replacing the lifts at the Hospital was reported to be shocking. Generator breakdown was reported as a challenge; water leaks due to flooding were reported. The Committee was informed that the Hospital spent approximately R200 000 to fix water leaks. Security challenges at the Hospital were highlighted, the Hospital does not have electric fencing and it was needed because people steal from the Hospital, including copper. Access control was reported as a challenge.

It was reported that safety in the Emergency Centre was still a major challenge, however, after the previous Committee visit in November 2022, there were security improvements in place such as cameras, a light, and a speaker at the entrance of the Emergency Centre. The Hector System that was reported in the previous visit has improved. The Hospital has a dedicated staff for patients who fall under yellow in terms of the Triage System and a dedicated Clinical Nurse Practitioner has been assigned to attend to the green patients during the week to fast-track the long queue. The Hospital has 16 trolleys in the Emergency Centre for green and yellow patients. Emergency discharge in the Emergency Centre and Psychiatric wards was highlighted to facilitate patient flow. The discharged patients are linked to community health centres or outpatient clinics. Factors such as population growth, migration, immigration, and falling out of medical aid were reported as the contributing factors behind the increase in the number of patients at the Paarl Provincial Hospital. The patient's transport was reported as a challenge.

The high-care unit ward at the Hospital has eight beds, however, due to the shortage of staff, the Hospital only has two beds that were utilised in the high-care unit. In addition, the short-stay unit within the Emergency Centre has 12 beds, and only one nurse works in the ward. It was reported that due to the shortage of staff, the unit cannot fully function, and only six patients can be accommodated.

Mr J Abraham, a member of the Hospital Board gave input during the visit. He reported that the Hospital Board was working with the hospital management to improve the quality of service offered by the Hospital. He indicated that the board was funding the posts for the queue marshals in the Emergency Centre.

He mentioned that the TC Newman Community Day Care Centre operates on weekdays from Monday to Friday, excluding public holidays and the operating times were between 07:30 and 16:00. He indicated that the Hospital closes early and the Department of Health and Wellness should consider extending the operating hours for the TC Newman Day Centre to close at midnight or to operate 24 hours. He further mentioned that the size of the Emergency Centre at the Paarl Provincial Hospital was small, and not adequate to accommodate the growing population. He suggested that the Department should consider making the Emergency Centre bigger, alternatively, get another space for the green patients and allow the Emergency Centre to only focus on the critical patients in red and yellow in terms of the Triage System. Furthermore, he reported that the Hospital was getting bad reviews on social media because of the security services personnel who were alleged to be mistreating patients. He advised that the posters displaying Hospital Board members must be visible and be placed at every entrance of the Hospital to make it easy for the patients to report poor patient experiences to them if not to the management of the Hospital.

Dr F van der Watt responded to the input made by the Board member. He mentioned that complaints about security personnel at Paarl Provincial Hospital comes up often. He added that the Hospital was not happy with DC Security Company and since they started, the Hospital has penalised the company a tune of R500 000 for not meeting its contractual obligations. He reported that the Hospital wants to terminate the contract and the matter was in court. Paarl Provincial Hospital requires additional sisters to deal with the green patients. He indicated that capacity is the issue at the Hospital's Emergency Centre. The Hospital was dealing with a lack of resources and increasing demand for health services and resources were needed to address the challenges experienced by the Hospital.

2.1 Concerns

The Committee raised concerns with

- 2.1.1 The lack of equity in the senior management of the Hospital, and
- 2.1.2 The delayed payment by the Road Accident Fund to the Paarl Provincial Hospital.

3. Recommendations

The Committee recommended that:

- 3.1 The Department should investigate the possibility of converting the TC Newman Community Day Care Centre to a 24-hour health facility to alleviate the service pressure of the Paarl Provincial Hospital.
- 3.2 The Department should monitor the equity of the Hospital's management in terms of race and gender.
- 3.3 The Committee recommended that the organogram of management at the Paarl Provincial Hospital should represent the region's demography.
- 3.4 The Department should engage the Road Accident Fund on the delayed payment for the Paarl Provincial Hospital.
- 3.5 The Minister of Health and Wellness should engage Eskom and apply for the load-shedding exemption for the Paarl Provincial Hospital.

The Committee commended the management of the Hospital for its excellent upkeep and the way it was managed.

The Committee successfully concluded its visit to the Paarl Provincial Hospital.

3. 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 07:30 to 16:00, excluding public holidays.

Cogmanskloof Clinic provides health services to 2 000 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 14:00 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 five 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 2 000 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 to 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 diarrhoea 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 to 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.