

Tuesday, 14 October 2025]

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PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

TUESDAY, 14 OCTOBER 2025

ANNOUNCEMENT

The Speaker:

Awareness Program: Recommendations

Western Cape Provincial Parliament (WCPP): West Coast District Awareness Program

Copy attached.

COMMITTEE REPORT

Report of the Standing Committee on Health and Wellness on its unannounced oversight visit to the Ceres Hospital on Wednesday, 10 September 2025.

The Standing Committee on Health and Wellness, having conducted an unannounced oversight visit to the Ceres Hospital on 10 September 2025, reports as follows:

Delegation

The delegation consisted of the following Members:

Democratic Alliance

Booyesen, M (Chairperson)

Johnson, P (Alternate)

African National Congress

Windvogel, R

Apologies

Stephens, D R (PA)

Van Minnen, BM (DA)

Walters, TCR (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.

In accordance with its oversight responsibilities, the Standing Committee on Health and Wellness conducted an unannounced visit to the Ceres Hospital on 10 September 2025. The primary objectives of the visit were to assess the hospital's operational efficiency, evaluate the quality of healthcare services provided, and identify any infrastructural or systemic challenges affecting service delivery.

Unannounced visits are a crucial oversight mechanism, providing an authentic insight into conditions within public health facilities. They enable the Committee to interact directly with staff, observe patient care, inspect infrastructure, and ensure that healthcare services meet the standards expected by both the community and government.

2. Overview and background

On Wednesday, 10 September 2025, the Standing Committee on Health and Wellness conducted an unannounced oversight visit to the Ceres Hospital as part of its ongoing mandate to monitor the quality, accessibility, and efficiency of healthcare services across the province. The visit formed part of the Committee's broader responsibility to ensure that public healthcare facilities operate in accordance with the standards set by the Department of Health and Wellness and respond adequately to the needs of the communities they serve.

Unannounced visits are a key oversight tool used by the Committee to gain an unfiltered view of daily hospital operations, including staff performance, infrastructure conditions, patient care, and service delivery challenges. This approach allows the Committee to engage directly with healthcare workers and patients, observe conditions on the ground, and identify any areas requiring urgent intervention or long-term support.

Ceres Hospital, a district-level facility serving the Witzenberg municipal area, was selected for this visit based on both strategic oversight priorities and reports received from local stakeholders concerning service delivery pressures. The Committee's objectives for this visit included assessing the general state of hospital infrastructure and cleanliness; evaluating staff capacity and morale; reviewing the availability of essential medicines and medical equipment; engaging with hospital management regarding operational challenges; and listening to the concerns of patients and officials, where possible.

On arrival, the Committee was welcomed by Dr Titus, the CEO of Ceres Hospital. He gave a brief overview of the services offered at Ceres Hospital, highlighting challenges, and accompanied the Committee on the walkabout of the facilities. The CEO gave points of clarity and answered questions posed by the Committee during the visit. This report outlines the Committee's key findings, recommendations, and resolutions based on the observations made during the oversight visit.

3. Key findings

- 3.1. Ceres Hospital is a Level 1 District Hospital with a baseline capacity of 86 beds. During the COVID-19 pandemic, 14 additional contractual beds were added, temporarily increasing capacity to 100 beds. Despite this, the hospital experiences full bed occupancy, particularly during the farming and festive seasons, highlighting the pressing need for expanded capacity.
- 3.2. During the most recent visit, bed utilisation was reported at approximately 60%, with a notable decrease in Emergency Centre (EC) presentations as well.
- 3.3. Situated in the Witzenberg Sub-district of the Boland Region, Ceres Hospital serves a predominantly rural population of around 160,000 people. The catchment area includes towns such as Ceres, Wolseley, Tulbagh, and Op-die-Berg.
- 3.4. The region is characterised by low per capita income and a high number of seasonal and migratory farm workers, primarily from the Eastern Cape and Lesotho. These demographics present distinct and ongoing public health challenges.
- 3.5. Ceres Hospital operates 24/7 and delivers a comprehensive District Hospital package of care. Core services include an Emergency Centre, General Surgery, Maternity and Mental Health Services, In-Patient Wards (Paediatric, Male, and Female), an Out-Patient Department (Monday to Friday), and a fully operational Theatre.
- 3.6. The hospital functions as the referral centre for eight fixed primary healthcare clinics, six mobile clinics, and local private general practitioners. Patients requiring higher levels of care are referred to Worcester Hospital, the designated regional referral facility.
- 3.7. Ceres Hospital is widely recognised for its collaborative, community-focused approach. Strong partnerships exist with local NGOs, community health workers, and allied services, which together address both curative and preventative healthcare needs.
- 3.8. Local general practitioners maintain an active role in the public health system, including after-hours support, contributing to an integrated and responsive healthcare environment.
- 3.9. The hospital fosters a strong learning culture, supported by outreach and academic partnerships with Worcester Hospital. Additionally, it participates in the Ukwanda Rural Clinical School of Stellenbosch University, which places undergraduate medical students in rural clinical settings. This initiative not only enhances the quality of care but also promotes continuous professional development among staff.
- 3.10. The current medical team comprises 16 Medical Doctors, two Family Physicians, six Community Service Medical Officers, and five Clinical Nurse Practitioners. The Nursing Manager position was vacant at the time of reporting but was in the process of being filled. In addition, the Operational Manager post for the Maternity Ward has remained vacant for eight months due to a shortage of qualified candidates.
- 3.11. Support services are provided by a multidisciplinary team, including one Physiotherapist, two Dietitians, one Social Worker, two Psychiatric Nurses, an Occupational Therapist, one Dentist and one Dental Hygienist.
- 3.12. Despite the presence of a dedicated multidisciplinary team, staffing shortages remain a significant challenge, particularly in retaining qualified doctors and nursing staff.

4. Challenges Identified

During the oversight visit, the following key challenges were noted:

- 4.1. Prolonged waiting times in the Emergency Centre (EC)

After-hours waiting times in the EC remain a significant concern. Typically, only two doctors are on call, with just one clinical staff member available for the first call, making it difficult to manage the high patient volume, particularly over weekends, month-ends, and during the

festive season. Additionally, with only two doctors on theatre call, turnaround times are further delayed.

4.2. Extended patient waiting time

On high-demand days, patient waiting times can reach up to 14 hours, while on quieter days, the average wait is approximately 3 hours.

4.3. Vacancy for a Primary Health Care Specialist

The hospital currently has an unfilled position for a Primary Health Care Specialist, impacting service delivery.

4.4. Clinical staff shortage

Ongoing staff shortages, particularly in clinical roles, are attributed to austerity measures and lengthy recruitment processes due to Department of Public Service and Administration (DPSA) regulations.

4.5. Housing constraints affecting staff retention

A lack of affordable housing in Ceres was identified as a major barrier to staff retention. The high cost of rent contributes to the high turnover rate at the hospital.

4.6. Budget constraints and agency staff dependence

While agency staff are used to mitigating the impact of staff shortages, limited budget availability hinders consistent staffing relief.

4.7. Commuting challenges for staff

Many staff, including Dr. Titus, reside in Worcester and commute approximately 110 km daily (55 km each way) to reach Ceres Hospital, which adds strain to their work-life balance.

4.8. Over-reliance on hospital services

Limited staffing at primary health care (PHC) facilities results in an over-dependence on Ceres Hospital by community members from Ceres and the surrounding areas.

4.9. High patient load from seasonal workers

The hospital manages a significant monthly influx of approximately 2,700 seasonal farm workers seeking care.

4.10. Prevalence of teenage pregnancy

Teenage pregnancy is a persistent concern, with reports indicating pregnancies among girls aged 12 to 18 years in the region.

4.11. Maternity service demands

Ceres Hospital attends to approximately 110–134 maternity patients per month, with the majority being between 18 and 19 years old, and the youngest being between 12 and 18 years old. The Department is working with the Western Cape Education Department to gain access to schools to promote family planning and reproductive health awareness.

4.12. Expansion of services through new facilities

To ease the burden on Ceres Hospital, the Department of Health and Wellness has acquired the former Netcare building, which is being repurposed as the new Witzenberg Community Day Centre. The Annie Brown Clinic will also be relocated to this new facility, expected to open by the end of 2025.

4.13. Inadequate PHC Facility Infrastructure

Several clinics, including Bella Vista and Nduli, face space constraints amidst growing populations. Overcrowding is common, and Tulbagh Clinic specifically reported shortages in staff and ambulances.

4.14. Non-functional Hospital Board

The Hospital Board is currently non-operational. Recruitment efforts are ongoing but face delays, with potential board members losing interest due to the voluntary nature of the role. Clinic Committee recruitment was reported to be at 50%, and efforts are underway to improve participation.

4.15. Mental health care bottlenecks

The hospital faces an increasing burden of psychiatric patients, who often experience extended stays due to referral delays to Worcester Hospital, largely caused by limited bed availability.

4.16. Rise in pediatric malnutrition and Gastrointestinal (GI) Illnesses

An increase in cases of malnutrition and gastrointestinal illnesses in children has been observed, especially during the summer months. Severe cases are referred to Worcester Hospital for specialised care.

4.17. Leading Causes of Mortality

The primary contributors to mortality in the area include HIV, stroke, hypertension, chronic obstructive pulmonary disease (COPD), diabetes, and tuberculosis (TB).

4.18. Increased stroke cases and chronic medication defaults

The hospital has seen a rise in stroke cases and a high rate of patients defaulting on chronic medication treatment plans.

5. Visit to Nduli Clinic

Due to specific concerns raised during the visit regarding Nduli Clinic, the Committee conducted a visit to the facility, located approximately 6 km from Ceres Hospital. Dr. Titus accompanied the Committee, and Members were welcomed by Sister Dumzela, the Clinic's Operations Manager.

Upon arrival, the Committee observed a large number of patients, particularly mothers with infants, seated outside the clinic due to limited indoor space. The clinic infrastructure was deemed inadequate for the area's growing population. The clinic currently manages a monthly headcount of approximately 2,800 to 3,200 patients. The majority of cases involve non-communicable diseases, HIV, and TB.

6. Conclusion

Ceres Hospital continues to play a critical role in healthcare delivery within the Witzenberg Sub-district, despite facing numerous systemic and resource challenges. With ongoing investments in infrastructure, staff retention, and improved primary health care services, the hospital is positioned to improve service delivery and health outcomes in the region. The Committee successfully concluded its oversight visit.

7. Acknowledgements

The Committee extends its appreciation to Dr. Titus, CEO of Ceres Hospital, for his leadership and commitment to providing quality health care services. Members noted significant improvements compared to previous visits and commended Dr. Titus and the hospital team for their dedication and ongoing efforts to enhance healthcare delivery.