

Tuesday, 1 April 2025]

No 25 - 2025] SECOND SESSION, SEVENTH PARLIAMENT

PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

TUESDAY, 1 APRIL 2025

TABLINGS

The Speaker:

Submission of annual reports 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):

1. Hessequa Municipality

- a. Annual Report 2023/24 and Oversight Report 2023/24.
- b. Annual financial statements for the year ended 30 June 2024.

2. George Municipality

Annual Report 2023/24 and Oversight Report 2023/24.

3. Central Karoo District Municipality

Annual Report 2023/24 and Oversight Report 2023/24.

4. Overstrand District Municipality

- a. Annual Report 2023/24 and Oversight Report 2023/24
- b. Annual Financial Statements for the year ended 30 June 2024

Copies attached.

COMMITTEE REPORT

Report of the Standing Committee on Health and Wellness on its oversight visit to the Karl Bremer District Hospital on Friday 14 February 2025

The Standing Committee on Health and Wellness, having conducted an oversight visit to the Karl Bremer District Hospital on 14 February 2025, reports as follows:

Delegation

The delegation consisted of the following Members:

Democratic Alliance

Booyesen, M (Chairperson)

Van Minnen, B M

Van Wyk, L D

Walters, T C R

African National Congress

Windvogel, R

Patriotic Alliance

Stephens, D R

National Coloured Congress

Jacobs, D G

1. Introduction

The 2024/25 strategic objectives of the WCPP linked to the Speaker's priorities, which have an impact on committees, are as follows:

Priority 1: Building a credible WCPP; and

Priority 3: Strengthening the core business.

In line with its mandate, the Standing Committee on Health and Wellness conducted an unannounced visit to the Karl Bremer District Hospital in Bellville on Friday 14 February 2025. This unannounced visit was part of the Committee's ongoing efforts to assess the hospital's operational effectiveness, quality of care and overall healthcare environment. The aim was to ensure that the hospital meets high standards of care, adheres to regulatory guidelines and effectively serves the district's diverse and growing patient population.

2. Overview and background

The Karl Bremer District Hospital is one of the key healthcare providers in the Western Cape, playing a critical role in serving the community by providing emergency care, maternity services and specialised treatments, particularly for under-served populations. With a history dating back to 1956, the hospital has evolved from a small academic facility for medical students to a major district referral hospital. It is now an important provider of healthcare services in the region, treating over 4 000 patients monthly.

The unannounced visit to the Karl Bremer District Hospital was an effort by the Standing Committee on Health and Wellness to assess the facility's operations in real time, without any prior alterations to daily routines. This approach allows the Committee to evaluate the hospital's functioning under normal conditions and to identify areas for potential improvement.

The visit also allowed for direct interaction between committee members, hospital staff and the management, facilitating a deeper understanding of the hospital's strengths and challenges.

Mr J Lucas, Chief Executive Officer of the Karl Bremer District Hospital, welcomed the Standing Committee and provided an overview of the hospital's services, challenges and achievements. He also highlighted the hospital's commitment to continuous improvement and its focus on enhancing the patient's experience. During the visit, the Committee conducted a walkabout of the hospital where they visited key service areas under pressure, including the emergency care (EC) department, the antenatal ward and the psychiatric wards. The Committee observed firsthand the conditions in these areas, as well as the hospital's response to patients' care demands. The walkabout provided valuable insights into the functioning of these critical departments where demand for services is high.

3. Key findings

- 3.1 The Karl Bremer District Hospital is a district general hospital that plays a central role in the Western Cape's healthcare system.
- 3.2 With a bed capacity of 311, the hospital manages a substantial patient load, with an estimated 4 000 individuals receiving care each month.
- 3.3 The hospital employs a dedicated team of 821 permanent staff members, excluding contract workers, who are committed to providing high-quality healthcare services.
- 3.4 The hospital offers a variety of specialised services, including stroke care, through the prestigious Angels Initiative, aimed at improving stroke treatment and patient outcomes. Other specialised services include internal medicine, which provides comprehensive care for adult patients with a wide range of medical conditions, obstetrics and gynaecology, which provides expert care for women during pregnancy, childbirth services and 24-hour casualty (emergency) services for urgent care.
- 3.5 The Karl Bremer District Hospital is internationally recognised for its excellence in stroke care, particularly through the Angels Initiative, which focuses on enhancing stroke treatment and patient recovery.
- 3.6 In 2023, the hospital was awarded Gold Status in Stroke Care by the World Stroke Organisation (WSO) Angels Awards, becoming the first hospital in the Western Cape to earn this prestigious distinction. This recognition highlights the hospital's unwavering commitment to delivering exceptional care and to improving outcomes for stroke patients.
- 3.7 This achievement underscores the hospital's commitment to delivering high-quality care and improving patient outcomes, particularly for stroke patients.
- 3.8 During the walkabout, the Committee visited the emergency centre (EC) and noted significant issues with space limitations and congestion.
- 3.9 Dr Le Roux informed the Committee that the EC at the Karl Bremer District Hospital was originally designed to accommodate only 10 cubicles. However, it is currently serving up to 60 patients, and the ward has added four resuscitation beds. The EC is consistently overcrowded, especially on weekends, at month-ends and during the winter months due to a spike in respiratory illnesses.
- 3.10 Overcrowding in the EC was identified as a critical issue during the visit. The section is frequently overwhelmed, leading to long waiting times and overcrowded treatment areas. This situation not only causes significant distress to patients but also increases the risk of medical errors, delays in treatments and a general decline in care standards.

- 3.11 High patient volumes, combined with inadequate space and staffing, have resulted in significantly high patient-to-nurse ratios.
- 3.12 Many patients are left waiting in the reception areas for extended periods, sometimes with worsening conditions, due to the lack of available space in the EC.
- 3.13 It was reported that there is a pressing need for additional resources and an expansion of the EC's capacity to meet the growing demand for services.
- 3.14 During the visit, Members observed patients sleeping on the floor in service corridors, and the nebulisation room was being used as an overflow area due to a shortage of beds and space. The hospital is in urgent need of a dedicated resuscitation room.
- 3.15 It was reported that the digital security door in the EC has been broken for several days, and the urgency staff budget has been exhausted.
- 3.16 A significant shortage of staff, especially medical professionals, was one of the most pressing issues identified. The shortage of doctors, nurses and support staff has a severely impact on the quality and efficiency of patient care.
- 3.17 This staffing shortage is particularly acute in critical departments, such as the emergency centre, maternity and general wards, leading to increased pressure on the existing staff. As a result, staff burnout, treatment delays and compromised patient outcomes have become more prevalent.
- 3.18 The EC at the Karl Bremer District Hospital utilises the Hospital and Emergency Centre Tracking Information System (HECTIS), a web-based platform that tracks patient processes, including triage system scores, diagnoses and dispositions.
- 3.19 The EC uses a triage system to prioritise patients based on medical urgency. Red patients are seen immediately, orange patients are very urgent but may wait up to 12 hours, yellow patients are urgent with a waiting time of 24 hours, and green patients are non-urgent with a waiting period of up to 38 hours due to staff shortages.
- 3.20 The overnight ward has 14 beds but often accommodates 26 patients. Additionally, in the outpatient department (OPD), patients are frequently required to wait outside due to a lack of space.
- 3.21 The OPD is housed in a prefabricated structure due to space constraints, and there are plans to replace it. The observation area in the OPD serves around 80 patients daily, with the majority being antenatal patients from 4 to 5 clinics in the surrounding catchment areas.
- 3.22 A Renovations and Repairs Project at the Karl Bremer District Hospital is scheduled to begin in November 2025 and may extend to 2027, depending on whether the project starts on time.
- 3.23 Rising staff turnover rates have worsened the staff shortage, and recruitment efforts have been hampered by inadequate budget allocations for salaries. Temporary staff solutions have proven ineffective in addressing long-term staffing gaps.
- 3.24 The hospital's infrastructure is in a state of disrepair, with areas showing clear signs of neglect. The dilapidated condition of the infrastructure and poor ablution facilities in the EC contribute to an unpleasant environment for both patients and healthcare workers.
- 3.25 The hospital has two psychiatric wards: one for male patients and one for female patients, each with 18 authorised beds. However, both wards are frequently overcrowded, with an additional seven beds in each ward to meet the high demand for psychiatric services.
- 3.26 Psychiatric patients are often admitted for up to 15 days at the Karl Bremer District Hospital, rather than the standard 72-hour observation period, due to the lack of bed space at the Stikland Psychiatric Hospital.
- 3.27 It was reported that 80% of psychiatric patients discharged from the Karl Bremer District Hospital are readmitted, largely due to a lack of family support and socio-economic challenges. The hospital struggles with a "revolving door" situation, where psychiatric patients frequently return. Only 20% are successfully referred to Stikland.

- 3.28 One elderly psychiatric patient was admitted to the Karl Bremer District Hospital for 300 days because NGOs for older persons are reluctant to accommodate older patients with psychosis. This highlights the lack of community and family support.
- 3.29 Budget cuts have had a significantly impact on the hospital's ability to address staffing shortages, maintain infrastructure and provide essential medical supplies.
- 3.30 The reduced funding has compromised the hospital's ability to maintain optimal service levels, further straining its already limited resources.
- 3.31 Due to the staff shortage, the hospital has been forced to reduce certain services in the theatre. The waiting time for some surgeries is reported to be as long as 11 months, with general surgeries waiting three months and emergency surgeries being prioritised daily.
- 3.32 Teenage pregnancy is a growing social and health concern in the hospital's catchment areas. The increasing number of teenage pregnancies is placing additional strain on the maternity and paediatric departments, contributing to a rise in high-risk pregnancies that require specialised medical care.
- 3.33 The Committee was informed that the Karl Bremer District Hospital has an active and fully functioning Hospital Board. The board's hands-on approach plays a crucial role in improving patient care, fostering innovation and ensuring that the hospital continues to provide high-quality healthcare.

4. Request for information

The Committee requested the Department to submit the following information by Friday 21 March 2025:

- 4.1 A comprehensive outline of the Department's strategies to address vacancies, to minimise overtime expenditure and to reduce reliance on agency staff at the Karl Bremer District Hospital.
- 4.2 Detailed information on the Department's approach to mitigate the effects of budget cuts while optimising the utilisation of the existing budget allocation in response to these reductions.

5. Recommendations

The Committee recommended that the Department should:

- 5.1 Prioritise recruitment of essential staff, including nurses, doctors and support personnel, specifically for the EC, to alleviate the pressure on existing staff.
- 5.2 Secure funding for the repair and modernisation of hospital facilities, ensuring that all areas are up to health and safety standards.
- 5.3 Increase the size of the EC and provide additional resources to reduce overcrowding and waiting times. The ablution facilities in the EC section and the broken security door need urgent attention.
- 5.4 Engage with other government institutions to secure a more stable and increased budget allocation to address the hospital's operational challenges, in particular staff shortages.
- 5.5 Collaborate with local schools, community organisations and healthcare providers for raising awareness campaigns to tackle the burden of diseases and substance abuse in various communities across the province.
- 5.6 Collaborate with local schools, community organisations and healthcare providers to educate teenagers on sexual health and family planning.
- 5.7 Formulate and implement preventive health strategies to promote healthier communities across the province.
- 5.8 Introduce educational awareness programmes to encourage behavioural changes aimed at reducing the pressure on the Karl Bremer District Hospital and other health facilities.

- 5.9 Develop solutions to address the issue of homeless individuals frequenting the hospital for food. A whole-of-society approach should be considered to address these challenges.

6. Conclusion

The unannounced visit by the Standing Committee on Health and Wellness to the Karl Bremer District Hospital provided an in-depth look into the hospital's day-to-day operations, the quality of care provided and the challenges it faces. The hospital's commitment to excellence, especially in stroke care, as well as its leadership's proactive approach to improving patient services, was evident throughout the visit. The insights gained from this unannounced visit will contribute to ongoing efforts to improve healthcare delivery and will guide future policy decisions and funding allocations. The visit also highlighted areas where additional support is needed, particularly in high-pressure service areas, to ensure that the Karl Bremer District Hospital can continue to meet the needs of its diverse patient population.

7. Acknowledgements

The Committee expressed its sincere gratitude to Mr Lucas, CEO of the Karl Bremer District Hospital, for his exemplary leadership, deep understanding of the healthcare system and effective management style. The Committee also extended its gratitude to the Karl Bremer staff for their unwavering dedication, hard work and commitment to providing quality health services under challenging conditions.

The Committee successfully concluded its visit.