Wednesday, 25 June 2025]

No 63 - 2025] SECOND SESSION, SEVENTH PARLIAMENT

PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

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ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

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WEDNESDAY, 25 JUNE 2025

COMMITTEE REPORTS

1. Report of the Standing Committee on Health and Wellness on its unannounced oversight visit to the Paarl Regional Hospital on Friday 16 May 2025

The Standing Committee on Health and Wellness, having conducted an unannounced oversight visit to the Paarl Regional Hospital on 16 May 2025, reports as follows:

Delegation

The delegation consisted of the following Members:

Democratic Alliance
Booysen, M (Chairperson)
Van Minnen, BM
Walters, TCR

African National Congress
Windvogel, R

Apologies

Jacobs, DG (NCC)
Stephens, DR (PA)
Van Wyk, LD (DA)

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 oversight mandate, the Standing Committee on Health and Wellness conducted an unannounced oversight visit to the Paarl Regional Hospital. The primary aim of the visit was to evaluate high-pressure service areas, to assess the quality of healthcare delivery, and to identify operational challenges, particularly in the Emergency Centre (EC) and the referral process for mental health patients to psychiatric facilities.

Unannounced oversight visits are a vital component of the Committee's responsibility to ensure that public healthcare institutions meet their obligations to the communities they serve. These visits enable the Committee to gather firsthand insights into hospital operations, staff performance, patient care standards, facility capacity and overall infrastructure.

2. Overview and background

The Paarl Regional Hospital is a general specialist referral facility serving the West Coast and Cape Winelands districts. It is the only 24-hour healthcare facility in the Drakenstein subdistrict and plays a critical role in the regional healthcare system. The hospital serves a large catchment area in the Cape Winelands district and functions as a referral centre for multiple district hospitals. It also receives outreach and support from tertiary hospitals across the province. The facility provides a comprehensive range of services, including emergency care, maternity and paediatric services, surgery, internal medicine and outpatient clinics. Additionally, it acts as a referral hub for surrounding clinics and community health centres.

The Standing Committee on Health and Wellness is mandated to oversee the provision of health services in the Western Cape. In line with this mandate, the Committee conducts both announced and unannounced visits to healthcare facilities to evaluate service delivery and to ensure that health institutions are functioning efficiently and effectively. Unannounced visits, such as this one to the Paarl Regional Hospital, are particularly valuable as they allow the Committee to observe the hospital's day-to-day operations without prior notice or alterations to routine activities. This facilitates a more accurate and transparent assessment of the hospital's performance and its ability to meet community health needs.

The objective of the oversight visit was to gain a deeper understanding of how the hospital is managing service delivery pressures and operational challenges, and to identify areas where improvement or provincial intervention may be required. Specifically, the Committee aimed to assess the quality of patient care, to examine infrastructure and staff capacity and to determine whether any systemic issues need to be addressed by the Department of Health and Wellness.

Sister B Fourie, the Assistant Nurse Manager and Manager of Midwives at the hospital, welcomed the Committee. She informed the Committee that the senior management was attending a strategic planning session and proceeded to provide an overview of the hospital's services, current challenges and key pressure points. She also accompanied the Committee on a walkabout through various departments. 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. The Paarl Regional Hospital is a Level 2 referral facility that was refurbished under the national Hospital Revitalisation Programme, which commenced in May 2006.
3.2. The refurbishment, completed in 2010, expanded the hospital's bed capacity to 369. Of these, 331 beds are currently operational.
3.3. During the COVID-19 pandemic, an additional 54 beds were temporarily added to the EC, increasing the total bed capacity to 385 in order to manage increased demand.
3.4. The hospital serves vast catchment areas covering approximately 22 500 square kilometre, catering to a population of over 900 000 residents across the Cape Winelands and West Coast districts.
3.5. The hospital provides a comprehensive range of core clinical services, including emergency medicine, internal medicine, high care, dermatology, general surgery, urology, ophthalmology, ENT surgery, obstetrics and gynaecology, paediatrics and neonatology, orthopaedics, psychiatry, anaesthesiology and radiology.
3.6. In addition, the hospital offers essential clinical support services, such as social work, radiography, dietetics, physiotherapy, occupational therapy, audiology and pharmaceutical services.
3.7. Outreach services in all major disciplines are provided to surrounding district hospitals, thereby enhancing access to specialist care in more remote areas.
3.8. The hospital employs a total of 787 staff members, including 97 full-time doctors, 376 nurses and 93 administrative personnel. The remaining staff includes allied health professionals and general support staff.
3.9. Most patients are referred to the Paarl Regional Hospital from local clinics, general practitioners (GPs) or district hospitals.
3.10. Non-urgent cases are directed to the Outpatient Department, while urgent cases are admitted through the EC. Some patients also present themselves directly to the EC without a formal referral.
3.11. The EC operates on a triage system, which categorises patients on arrival based on the severity of their condition.
3.12. Colour-coded triage levels are used to ensure that critically ill patients receive immediate care while less urgent cases are managed according to available resources.
3.13. Although no patient is turned away, those presenting with non-life-threatening conditions may experience extended waiting times due to the prioritisation of critical cases.
3.14. Security personnel who are stationed in the EC also assist in directing patients to the appropriate service areas, thereby helping to maintain order and ensure efficient patient flow.
3.15. The EC is equipped with 16 trolleys designated for green and yellow triage-level patients.
3.16. The hospital employs an Emergency Discharge Strategy in both the EC and the Psychiatric Unit to optimise bed availability, and discharged patients are referred to their nearest community health centres or outpatient clinics for follow-up care.
3.17. A dedicated Psychiatric Unit was opened in September 2016, with a total capacity for 34 patients: 22 male and 12 female.
3.18. At the time of the Committee's visit, the unit was accommodating 27 patients (20 male and 7 female).
3.19. A need was identified for a larger surgical ward with an increased bed capacity to meet the growing demand.
3.20. The Committee was informed of the critical need for a Community Day Centre (CDC) hospital in Paarl. Such a facility would help alleviate the pressure on the

Paarl Regional Hospital, which currently remains the only 24-hour health service provider in the area, operating continuously on weekends and public holidays.

4. Challenges

The following challenges were noted and reported during the visit to the Paarl Regional Hospital:

4.1. Upon arrival at the EC, two security guards refused to allow Members to inspect the centre. Despite being informed of the unannounced visit as part of the Committee's oversight mandate, the guards insisted that Members report to the administrative building. This refusal of access substantiates public complaints previously reported to the Committee that alleged that security staff have been inappropriately denying entry to the facility. Members strongly emphasised that it is not in the security personnel's mandate to determine access to healthcare facilities; such responsibilities should rest with officials from the Department of Health and Wellness.

4.2. A general shortage of security personnel was noted throughout the hospital. Members expressed concern about staffing levels in the Psychiatric Unit, particularly the practice of assigning only female security officers per shift in a high-risk environment.

4.3. The Psychiatric Unit was reported to have high levels of violence. Incidents include a nurse being stabbed and a security officer being assaulted by patients.

4.4. Prolonged admissions of psychiatric patients were found to contribute significantly to bed shortages and bottlenecks in the EC.

4.5. Delays in the referral process for psychiatric patients to the Stikland Psychiatric Hospital were reported. As a result, some patients remain at the Paarl Regional Hospital for up to three to four months.

4.6. Overcrowding in several departments indicates a significant mismatch between patient volume and hospital capacity.

4.7. A critical shortage of healthcare personnel was noted, particularly nurses and emergency medicine specialists. The EC was especially affected by the lack of nursing staff, which had a severe impact on service delivery.

4.8. Although the High-care Unit has eight beds, only two were in use due to staff shortages.

4.9. Only two staff members (one sister and one nurse) were available per shift in the High-care Unit. It was reported that four additional nurses and another sister were required for full operational capacity.

4.10. The 16-bed overnight ward was closed due to a lack of staff.

4.11. On arrival at the EC, Members observed 36 patients waiting in the corridors, seated on chairs or in wheelchairs, many of whom were orthopaedic patients waiting for beds.

4.12. Members were informed that a minibus accident had occurred during the morning of the visit that increased the pressure on EC staff who had to prioritise critical cases.

4.13. The EC, originally designed for 100 to 120 patients, currently serves approximately 150 patients per day, or around 5 000 patients per month.

4.14. Although physical space was available in the hospital, patients waiting in the corridors could not be admitted to wards due to staff shortages and regulatory constraints. These patients were classified as outpatients while waiting as their formal admission would trigger higher standards of care that current staffing levels cannot support.

4.15. One of the hospital's theatres was non-operational due to a shortage of clinical staff.
4.16. A significant rise in orthopaedic cases in the Cape Winelands and Drakenstein sub-districts was reported. Many patients who presented with fractures due to accidents and malnutrition required complex procedures such as joint replacements, ligament and tendon repairs and spinal surgeries.
4.17. The orthopaedic ward lacked sufficient bed space, leading to some patients waiting up to seven days for admission.
4.18. Shortages of orthopaedic surgeons and theatre swipe nurses were cited as key challenges.
4.19. Chronic understaffing, particularly in critical-care areas, has led to staff burnout and compromised care quality.
4.20. Factors such as population growth, migration, immigration and the loss of medical aid cover were reported as drivers of increased patient demand.
4.21. Capacity constraints at the EC were identified as a major issue.
4.22. The hospital is struggling to meet rising service demands due to resource limitations, and additional support is urgently needed.
4.23. The postnatal ward is currently unused. Although plans were initiated to convert it into a labour theatre, the contractor failed to complete the work due to multiple issues and he was subsequently dismissed. The theatre remains incomplete.
4.24. Of the hospital's two lifts to the helipad, one was out of order at the time of the visit.
4.25. Budgetary constraints were reported to limit significantly the hospital's ability to recruit additional clinical staff, and high accommodation cost in Paarl makes it difficult for the hospital to retain clinical staff.
4.26. A shortage of cleaning staff was also highlighted as a concern, with the hospital requiring additional cleaners.
4.27. The existing EC is undersized and insufficient to accommodate the growing population. An expansion is urgently needed.
4.28. The absence of day hospitals and 24-hour facilities in Paarl contributes to the overwhelming demand. The Paarl Regional Hospital remains the only facility available after hours, on weekends and during holidays.
4.29. Members noted that the hospital's categorisation does not align with the health service demands observed on the ground.
4.30. While the Paarl Regional Hospital has available space, underutilisation persists due to insufficient staffing.
4.31. Staff shortages, particularly of nurses, were reported to have a direct impact on bed availability across the hospital.

5. Input by health stakeholders

Mrs Jacobs, Chairperson of the Hospital Board at Paarl Regional Hospital, and Mr J Aaron, former board member, joined the Committee during the walkabout of the facility. Ms Jacobs indicated that there was a good working relationship between the hospital's senior management and the board members to improve the quality of service offered by the hospital. She reported that the board was funding the posts for two people to work at two entrances of the hospital, and that process has been finalised through a recruitment agency, and these people will be paid by the board. Ms Jacobs reported that the population had grown and the influx of new people to Paarl were the contributing factors to the overcrowding at the Paarl Regional Hospital. Ms Jacobs further reported that capacity was a challenge at the Paarl Regional Hospital and at the surrounding clinics, as there was no day hospital. Ms Jacobs mentioned that the Department promised to build a CDC in Paarl, and land was already identified, but nothing has happened.

6. Resolutions

The Committee resolved to:

6.1. Conduct an oversight visit to the Brooklyn Chest Hospital to assess its operations, challenges and capacity in the management of TB and related conditions.
6.2. Request the WCPP's Research Unit to explore potential interventions in the Provincial Parliament's mandate to mitigate systemic challenges faced by public health facilities. This should include an analysis of the impact of the province's growing population, and strategies to attract private sector investment to support healthcare services for vulnerable communities.
6.3. Schedule a workshop with the WCPP's Legal Services to support the Committee in policy development and legislative drafting aimed at addressing persistent issues in the provincial healthcare system.

7. Recommendation

The Committee recommended that the Department of Health and Wellness conduct a comprehensive review of tuberculosis (TB) clinical coverage across the province to identify gaps and to improve service delivery.

8. Request for information

The Committee requested the Department of Health and Wellness to submit the following information by Thursday 26 June 2025:

8.1. A detailed report on staff shortages at the Paarl Regional Hospital, including the categories of affected staff, the extent of the shortages and the short-term, medium-term and long-term plans in place to address this challenge.
8.2. A comprehensive report on the company contracted to construct the labour theatre at the Paarl Regional Hospital. The report should include:
    a) The reasons why the company failed to complete the project;
    b) The total budget allocated to the project;
    c) The amount disbursed to the company before the termination of the contract; and
    d) The steps taken to ensure that the company is being held accountable and barred from future government contracts.
8.3. An update on the current status and plans for the construction of the new community day centre (CDC) in Paarl, including timelines, funding allocations and projected capacity.

The Committee successfully concluded its visit.

9. Acknowledgements

The Committee expressed its appreciation to the senior management of the Paarl Regional Hospital for its efforts in maintaining the facility. Members commended the overall cleanliness of the hospital, which was noted as exemplary. The Committee also extended special thanks to Sister Fourie who welcomed the Committee, briefed the Committee and addressed all questions raised by the Members during the visit.

2. Report of the Standing Committee on Health and Wellness on its unannounced oversight visit to the Grabouw Community Day Centre (CDC) on Wednesday 28 May 2025

The Standing Committee on Health and Wellness, having conducted an unannounced oversight visit to the Grabouw CDC on 28 May 2025, reports as follows:

Delegation

The delegation consisted of the following Members:

Democratic Alliance
Booysen, M (Chairperson)
Van Wyk, LD
Walters, TCR

Patriotic Alliance
Stephens, DR

National Coloured Congress
Jacobs, DG

Apology
Van Minnen, BM (DA)

Absent
Windvogel, R (ANC)

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.

The Standing Committee on Health and Wellness conducted an unannounced oversight visit to the Grabouw Community Day Centre (CDC), commonly referred to as the Grabouw Day Hospital, on Wednesday 28 May 2025. The unannounced visit followed numerous complaints from community members highlighting deteriorating service delivery, chronic staff shortages and operational inefficiencies at the facility.

The purpose of the visit was to assess the current conditions at the CDC, to identify the underlying causes of poor service delivery and to engage directly with staff to inform possible remedial action.

Grabouw CDC plays a vital role in the local healthcare system.

2. Overview and background

The Grabouw Community Day Centre was established in 1978 as a clinic. The health facility initially operated with a two-bed maternity ward supported by four midwives and two professional nurses who also provided family planning, tuberculosis (TB) services

and immunisations. In 1986, curative services were introduced, delivered by a doctor, a professional nurse and a nursing assistant. The clinic relocated to its current premises in 1995, while maintaining the existing staffing levels.

In 2005, it was reclassified as a community health centre (CHC), and Nutech homes were constructed behind the facility to support the delivery of antiretroviral (ARV) services. By 2023, the centre had significantly expanded its service offerings to include a dental clinic, an X-ray department, mobile services, emergency medical services (EMS) and ARV services. The increase in ARV patient numbers, combined with the absence of a dedicated waiting area, necessitated an expansion of the clinical staff to meet growing service demands.

The Grabouw CDC is a primary healthcare facility that provides day-to-day health services to large and diverse communities in the Theewaterskloof subdistrict in the Western Cape. The day hospital offers a broad spectrum of services aimed at delivering comprehensive community-based care. Key services include acute and emergency care, chronic disease management for conditions such as diabetes and hypertension, and extensive child and youth health programmes, including immunisations, growth monitoring and sexual and mental health support. Women's and men's health services are tailored to address gender-specific needs, while medical male circumcision and preventative dental care are also available.

The centre provides essential mental health services, physical rehabilitation and occupational therapy, as well as HIV and TB testing, treatment and support. Additional services include disability grant assessments, social work counselling, health promotion initiatives, contraceptive and sterilisation services, minor surgical procedures, pharmaceutical dispensing, nutritional counselling, radiography, physiotherapy and school-based healthcare. The facility serves as a critical health hub for the Grabouw community, ensuring accessible holistic care across all life stages. The CDC plays a vital role in delivering healthcare to a population with limited access to alternative services. However, concerns have grown over the quality, consistency and accessibility of the care provided.

Sister F Nama, Clinical Nurse Practitioner and Acting Operations Manager at the Grabouw CDC, welcomed the Committee. She also provided an overview of the services rendered by the facility, outlined the key challenges and led the Committee on a guided walkabout of critical areas. During the visit, the Committee conducted a walkabout of the facility, reviewed service records and held brief discussions with the Acting Operations Manager. This report presents the key overview, background, challenges, recommendations and resolutions of the visit.

3. Findings

3.1. The Grabouw CDC has evolved significantly since its inception in 1978. Originally a small clinic with limited services, it has expanded to include a maternity ward, ARV and TB treatment centres, dental and X-ray departments and emergency medical services.

3.2. In response to community protests in 2019, a 24-hour service was launched to address the lack of after-hours care, as the nearest hospitals are located in Somerset West and Caledon.

3.3. The 24-hour service has been successfully implemented, with medical staff available around the clock for emergency medical services and antenatal services in the Midwife Obstetric Unit (MOU).

3.4. Prior to the 24-hour service, delays in ambulance services posed serious risks. While the situation has improved, emergency response times remain a concern.
3.5. The clinic has undergone several upgrades, including the expansion of ARV and TB treatment facilities. However, the growing population, currently estimated at over 50 000, continues to strain the facility's capacity.
3.6. Despite expansions, the CDC struggles to meet the demands of a rapidly growing population.
3.7. While the clinic is understaffed for current operations, the increasing patient load and the growing number of antiretroviral therapy (ART) patients both highlight the need for further human resource investment.
3.8. Residents acknowledged the provincial government's efforts to respond to the growing demand for health services in Grabouw; however, there is an urgent need for a fully equipped public hospital in Grabouw.
3.9. The absence of a public hospital in Grabouw continues to be a major gap in the region's healthcare infrastructure.

4. Key challenges

4.1. The most critical issue noted was the shortage of clinical staff, especially nurses and doctors. As a result, the facility is often unable to meet patient demands.
4.2. Staff confirmed that, due to the unavailability of medical personnel, patients have been turned away and have been told to return after two to three days, even in cases requiring urgent care, thereby violating their right to timely medical care.
4.3. Routine and emergency care was compromised by insufficient staffing.
4.4. Patients reported excessive waiting times, ranging from four to eight hours, with some not receiving care at all on the day of their visit.
4.5. A high staff turnover, particularly among clinical personnel and management, was reported. The position of Operations Manager was vacant during the visit, with no permanent replacement in place.
4.6. The Committee was informed of ongoing issues with NetHealth transport services, resulting in delays and missed medical appointments at referral hospitals.
4.7. It was reported that the Grabouw CDC has a budget for agency staff; however, the challenge of attracting qualified clinical agency staff persists.
4.8. The facility reported to be facing frequent resignations and difficulties in attracting and retaining key clinical staff.
4.9. Low staff morale and staff burnout caused by significant pressure and workload due to staff shortages were reported as challenges.
4.10. The waiting areas across the facility were overcrowded, with some of the patients waiting outside the facility. There was no clear signage or triage system.
4.11. Several consultation rooms were locked due to an inadequate clinical staff.
4.12. Hygiene concerns due to dirty ablution facilities were noted.
4.13. In terms of patient care, numerous patients expressed dissatisfaction with the level of care provided, citing long queues, rushed consultations and poor communication from staff.
4.14. Several patients reported being turned away due to a lack of healthcare personnel.
4.15. The roofing at the Grabouw CDC is made of asbestos, and this was reported as a health concern.

5. Recommendations

In response to the critical issues identified, the Committee recommended that the Department of Health and Wellness should:

5.1. Fill all vacant positions at the Grabouw CDC, specifically doctors and nurses, to stabilise service provision, to prevent staff burnout, to improve staff morale and to reduce the risk of staff resignations.
5.2. Review staff allocation and recruitment plans for the subdistrict.
5.3. Expedite the appointment of the Operations Manager at the CDC.
5.4. Increase staffing levels, particularly in emergency care and ARV services, to match the growing patient base.
5.5. Resolve the HealthNet patient transport issues between the Grabouw CDC, the Caledon Hospital and the Helderberg Hospital to ensure timely access to care. In addition, the Department should improve the coordination of patient transport scheduling to ensure timely access to referral hospitals.
5.6. Implement incentives and support systems to reduce high staff turnover, especially among clinical staff.
5.7. Initiate a comprehensive feasibility study for the construction of a public hospital in Grabouw, with a projected timeline and funding strategy.
5.8. Implement a digital Health Information System to manage patient records, especially to track chronic patients who migrate seasonally between Citrusdal and Grabouw, thereby reducing default rates.
5.9. Upgrade and maintain ablution facilities at the Grabouw CDC to prevent potential health risks from poor hygiene conditions.
5.10. Develop and implement community-based prevention strategies to educate residents on disease prevention and to reduce the spread of infections in the Grabouw area.
5.11. Increase the number of home-based carers (HBCs) and to provide them with appropriate stipends to relieve pressure on the Grabouw CDC and to expand community health outreach.

6. Resolutions

The Committee resolved to:

6.1. Invite the Department to a briefing on the existing model and categorisation of health facilities in the province (district, regional, and provincial hospitals) to address mismatches between service demand, resource allocation and facility capabilities.
6.2. Schedule a follow-up announced oversight visit to the Grabouw CDC to assess the progress with the implementation of recommendations.
6.3. Explore innovative funding solutions, including corporate social investment (CSI) partnerships and BEE compliance initiatives, to mobilise private sector support for healthcare, education and social development programmes.
6.4. Investigate mechanisms to attract additional provincial revenue, particularly those that can be earmarked for essential health and social services.
6.5. Plan an unannounced visit to Red Cross Hospital to gain an accurate and unfiltered view of its conditions and service delivery.

7. Request for information

The Committee requested the Department of Health and Wellness to submit the following information by Friday 4 July 2025:

7.1. A detailed report on clinical staff and professional demographics at the Grabouw CDC.

7.2. A detailed report on the analysis of staff turnover causes and recruitment challenges at the Grabouw CDC.
7.3. Updates on infrastructure planning. This must include information regarding any new facility in Grabouw and plans for the expansion of or upgrades to the current CDC.
7.4. A report on the asbestos roofing issue at the Grabouw CDC, including the risks and the Department's mitigation plans.
7.5. Accurate data on the number of home-based carers (HBCs) currently operating in the Grabouw area, including deployment, roles and stipend structures.
7.6. A detailed report on the Grabouw CDC's patient statistics, specifically the daily and monthly headcount and the number of patients turned away without receiving care from January to May 2025.

8. Conclusion

The visit highlighted both the progress made and the ongoing challenges faced by the Grabouw CDC. While the 24-hour service has significantly enhanced healthcare access, the need for a public hospital remains a top priority for the community.

The Committee is deeply concerned about the state of service delivery at the Grabouw CDC. The challenges observed indicate systemic management and resource allocation issues that compromise the fundamental right to healthcare for the residents of Grabouw and the surrounding areas. Urgent and decisive action is required to restore the facility to a functional state and to rebuild community trust. The Standing Committee commits itself to lobbying for sustainable healthcare solutions in Grabouw and similar underserved areas.