

PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

TUESDAY, 23 FEBRUARY 2021

COMMITTEE REPORTS

1. **REPORT OF THE PARLIAMENTARY OVERSIGHT COMMITTEE ON THE ANNUAL REPORT OF THE WESTERN CAPE PROVINCIAL PARLIAMENT FOR THE YEAR ENDED 31 MARCH 2020, DATED 8 DECEMBER 2020.**

1. **Introduction**

The Annual Report of the Western Cape Provincial Parliament (WCPP) was tabled for the 2019/20 financial year in terms of section 60(1) of the Financial Management of Parliament and Provincial Legislatures Act [Act No.10 of 2009], (FMPPLA) and referred to the Parliamentary Oversight Committee (POC) on Wednesday, 30 September 2020 (refer to “ATC 78-2020”). The Annual Report (AR) of WCPP serves to provide a record of the activities and performance of the administration of WCPP and to promote accountability for decisions made during the financial year under review. The performance of WCPP is measured against the performance targets and budget outlined in the WCPP Strategic Plan 2015/16 - 2019/20; including the Annual Performance Plan of WCPP for the 2019/20 financial year.

The purpose of FMPPLA is to regulate the performance and financial management of the legislatures in South Africa in a manner consistent with its status in terms of the Constitution; to ensure that all revenue, expenditure, assets and liabilities of Parliament and provincial legislatures are managed efficiently, effectively and transparently; to provide for the responsibilities of persons entrusted with financial management; and to provide for matters connected therewith. In compliance with the spirit of Section 4 of the Act, the Committee considered the AR of the WCPP to maintain oversight of the performance indicators and financial management of the WCPP for the specific financial year under review. In addition to regulating the financial management of the WCPP, the FMPPLA mandates the POC to conduct oversight over the performance information, governance and human resource functions of the Institution through its annual reports. Section 4(1)(b) of the FMPPLA provides the Committee with this mandate.

The members of POC deliberated on the various sections of the Annual Report of the WCPP for the 2019/20 financial year, as follows:

1. Part A: General Information,
2. Part B: Performance Information,
3. Part C: Governance,
4. Part D: Human Resource Management, and
5. Part E: Financial Information.

The Annual Report of the WCPP 2019/20 was tabled on time, according to Provincial Treasury and other prescripts. The Annual Report programme for the 2019/20 financial year was advertised in newspapers, inviting stakeholders and members of the public to attend and participate in the discussions.

2. Overview

The Committee met on 8 December 2020 at 08:00 where it was briefed by the Auditor-General of South Africa (AGSA) on the audit outcomes of the 2019/20 financial year for WCPP. After the briefing by the AGSA, the Committee was briefed by the Audit Committee (AC) whose role is to ensure that the WCPP functions according to good governance principles, complies with accounting and audit standards and monitors that appropriate risk management arrangements are in place. The AC also monitors the adequacy and reliability of the financial information provided by the WCPP.

The methodology of the Committee was to meet with these stakeholders to benefit from their findings and possible concerns with the aim of assisting the Committee to have a constructive oversight engagement with the WCPP.

The Committee met with WCPP and commenced with introductory comments made by the Speaker, Deputy Speaker and the Secretary of the WCPP.

A section by section oversight discussion ensued with the management of the WCPP on the aforementioned parts which comprise the AR of the Institution.

3. Audit Opinion

The Committee noted the audit opinion of the AGSA regarding the annual financial statements for the 2019/20 financial year of the Institution, having obtained a clean audit report. This audit opinion remains unchanged from the 2018/19 financial year.

The AGSA raised no findings with the Institution on compliance with laws and regulations, predetermined objectives nor internal control deficiencies.

4. Corporate Governance

- 4.1 Corporate Governance regulates the exercise of power within an Institution with the aim to ensure that the Institution's purpose is achieved, which encompasses:
 - 4.1.1 the creation and ongoing monitoring of an appropriate and dynamic system of checks and balances to ensure the balanced exercise of power within a company;
 - 4.1.2 the implementation of a system to ensure compliance with legal and regulatory obligations;

- 4.1.3 the implementation of a process to identify and manage risks to the sustainability of the company's business; and
- 4.1.4 the development of practices which make and keep the company accountable to the company's identified stakeholders and the broader society in which it operates.
- 4.2 During the 2019/20 financial year, the Audit Committee completed the following Security Management (Assurance),
 - 4.2.1 Security Management (Assurance),
 - 4.2.2. Enterprise Resource Planning (Assurance),
 - 4.2.3. Occupational Health and Safety (Assurance),
 - 4.2.4. Human Resource Strategy (Assurance), and
 - 4.2.5. Public Outreach and Education (Assurance).
- 4.3 The Institution settled two invoices outside of the required 30- day payment period. The value of the invoices amounted to R101 660,77. The delayed payments were due to the breakdown of internal controls in submitting the invoices timeously for payment. All invoices were paid within the financial year under review. The Institution provided an assurance that the root causes for both cases were investigated and identified. Remedial steps and additional controls were implemented to eliminate the reoccurrence of such future incidences.
- 4.4. The Institution has developed a Whistle-blowing Policy, which was approved on 16 March 2020.
- 4.5 No fraud and corruption activities were detected or reported during the 2019/20 financial year.

5. Performance Information

63 targets were planned for the 2019/20 financial year of which 45 of these targets were achieved (71%). In relation to 14 targets that were not achieved, 8 emanated from Programme 1: Governance, Leadership and Administration; while 2 emanated from Programme 2: Parliamentary Support Services; 3 occurred in Programme 3: Public Engagement; while 1 occurred in Programme 4: Members' Support. The reasons for the non-achievement of the targets are reflected under Section B: Performance Information of the 2019/20 Annual Report of the Institution. A further 4 targets were either not applicable or not achievable by the Institution (3 emanated from Programme 1: Governance, Leadership and Administration; while 1 emanated from Programme 4: Members' Support).

6. Financial Management

- 6.1 The Western Cape Provincial Parliament spent R145,7 million of an appropriated budget of R158,5 million. This resulted in an under-expenditure of R12,8 million (8% underspending). The under-expenditure of R12,750 million occurred under the following programmes:
 - 6.1.1 Programme 1: Governance, Leadership & Administration (R6,106 million);
 - 6.1.2 Programme 2: Parliamentary Support Services (R1,511 million);
 - 6.1.3 Programme 3: Public Engagement (R1,435 million); and
 - 6.1.4 Programme 4: Members Support (R3,698 million).

6.2 In addition, the Institution's total estimated revenue budget of R67 000 was over-collected by R540 000, which resulted in a departmental receipt of R607 000. The over-collection on revenue occurred under the following line items:

- 6.2.1 Sale of goods and services other than capital assets (R99 000);
- 6.2.2 Interest, dividends and rent on land (R408 000);
- 6.2.3 Sale of Capital Assets (R87 000); and
- 6.2.4 Financial Transactions in assets and liabilities (R13 000).

6.3 As reflected under Note 35 on page 191 of the WCPP's AR, the Institution incurred irregular expenditure of R3,415 million. The analysis of expenditure awaiting condonation, as well as the details of the irregular expenditure which has been condoned during the year under review is also included under Note 35.

6.4 The Institution did not incur any fruitless and/ or wasteful expenditure during the 2019/20 financial year.

7. Emerging Risks

7.1 New pronouncements

The Committee notes the inputs of the AGSA that new pronouncements were issued by the Accounting Standard Board which might be considered as emerging risks to the following standards of GRAP:

<u>GRAP pronouncements</u>	<u>Effective date</u>
GRAP 34 - Separate financial statements	1 April 2020
GRAP 35 - Consolidated financial statements	1 April 2020
GRAP 36 - Investments in associates and joint ventures	1 April 2020
GRAP 37 - Joint arrangements	1 April 2020
GRAP 38 - Disclosure of interests in other entities	1 April 2020
GRAP 104 on <i>Financial instruments</i> (revised)	To be determined
GRAP 110 - Living and non-living resources	1 April 2020
IGRAP 20 <i>Accounting for adjustments to revenue</i>	1 April 2020
Guideline on <i>Accounting for landfill sites</i>	To be determined
Guideline on <i>The application of materiality to financial statements</i>	Voluntary
Improvements to the Standards of GRAP (2020)	To be determined

8. Recommendations by the Committee

The Committee passed no recommendations to the Institution, based on the contents of its 2019/20 Annual Report, including the discussions the Committee had with the AGSA and AC.

9. Information requested from WCPP

- 9.1.1 The Committee REQUESTED that WCPP provide the Committee with the following information by 1 March 2021:
- 9.1.1 A detailed report on the work which has been done by WorkDynamics and the Assessment Toolbox during the 2019/20 financial year.
 - 9.1.2 A Report on the vacancies, including all posts that were created and abolished during the 2019/20 financial year.
 - 9.1.3 A Report on how the Deputy Secretary's post has been phased-out with the passing of Mr R Hindley.
 - 9.1.4 A copy of the Ministerial Handbook which guides the Administration on the use of ministerial vehicles.
 - 9.1.5 A copy of the recruitment policy of WCPP which was enacted during the 2019/20 financial year.
 - 9.1.6 A Report on the members of WCPP who owe the Institution monies, including an action plan on how the monies will be recovered.
- 9.2 The Committee further RESOLVED that the WCPP supplies it with a bi-annual report on the compliance and action plans of the Institution in terms of the new GRAP Pronouncements which were made by the AGSA.

10. Inputs received from the public

Members of the public were provided an opportunity to pose questions or make oral submissions, based on the contents of the 2019/20 Annual Report of the WCPP. However, no members of the public were present in the meeting to pose questions or to make oral submissions.

11. Conclusion

The Committee commends the WCPP for maintaining an unqualified audit with no findings on predetermined objectives nor compliance with laws and regulations.

The Committee will continue to engage with the Institution on its budget, performance indicators and the implementation of legal requirements and outstanding matters that were identified in the aforementioned sections, which contains the Committee's request for information, including any resolutions.

12. Acknowledgments

The Chairperson expressed the appreciation of the Committee for the inputs of the various role-players, such as the Auditor-General of South Africa and the Audit Committee, to enhance the oversight work of the Committee which relates to the Annual Report of the WCPP for the year ending 31 March 2020. In addition, the Committee thanked the presiding officers and the WCPP administration for their efforts and contributions in this regard.

2. Report 9/ 2020

Ref: Health Update/'Adjusted' Alert Level 3 lockdown

Report of the Ad Hoc Committee on COVID-19, in performing oversight over the work of the provincial executive authority as it responds to the COVID-19 pandemic, including oversight over any part of the provincial executive authority, any provincial department, any organ of state and any provincial entity involved in activities dealing with the pandemic, on the themes/meetings covered for December 2020, as follows:

The Ad Hoc Committee on COVID-19 consists of the following members:

Mr RI Allen (DA)
 Mr D America (DA)
 Ms DM Baartman (DA)
 Mr G Bosman (DA)
 Mr FC Christians (ACDP)
 Mr CC Dugmore (ANC)
 Mr BN Herron (GOOD)
 Ms PZ Lekker (ANC)
 Mr PJ Marais (FFP)
 Mr DG Mitchell (DA)
 Ms WF Philander (DA)
 Mr AP van der Westhuizen (DA)
 Ms MM Wenger (DA)(Chairperson)
 Ms R Windvogel (ANC)
 Mr M Xego (EFF)

Alternative Members:

Ms LJ Botha (DA)
 Mr RD MacKenzie (DA)
 Ms LM Maseko (DA)
 Ms ND Nkondlo (ANC)
 Mr MK Sayed (ANC)
 Mr D Smith (ANC)

Procedural Staff:

Ms L Cloete, Senior Procedural Officer
 Mr M Sassman, Manager: Committees

1. Introduction and Background

The Ad Hoc Committee on COVID-19 (the Committee) was established by the Speaker of the Western Cape Provincial Parliament on 14 April 2020 in accordance with Standing Rule 119(1)(b) of the Standing Rules of Western Cape Provincial Parliament. The Committee was tasked with the responsibility to perform oversight over the work of the provincial executive authority as it responds to the COVID-19 pandemic, including oversight over any part of the provincial executive authority, any provincial department, any organ of state and any provincial entity involved in activities dealing with the pandemic.

The meetings have been held virtually, so as to comply with COVID-19 lockdown regulations issued by National Government, as well as a decision of the Programming Authority, to enforce social distancing rules.

2. Election of Chairperson, Adopted Themes and the Rules of Engagement

On 17 April 2020, Member M Wenger (DA) was elected to serve as the Chairperson of the Committee in accordance with Standing Rules 82(1) and 85. The Committee adopted 12 themes around which it would address the COVID-19 pandemic, also agreeing to hold two meetings per week, given the urgency of the matter. Each meeting would primarily focus on one theme. The 12 adopted themes were as follows:

1. Health Department Responses and Preparations
2. Policing, Security and Police Brutality
3. Food Security
4. Protection of the Vulnerable
5. Disaster Management and Local Government Oversight
6. Economic Recovery, Support and Livelihoods
7. Transport and Infrastructure
8. Schooling and Education
9. Human Settlements
10. Citizen Surveillance
11. Intergovernmental Relations and Community Cooperation
12. Government Finance and Budgets

Additionally, the Rules of Engagement during virtual meetings were indicated as follows:

1. All meetings would be open to members of the public and media via livestreaming;
2. All Members microphones must be muted at the beginning of the meeting to avoid background noise;
3. Members are to flag Points of Order in the Chat Function of Microsoft Teams (the application through which virtual meetings are held);
4. All videos and audio must be switched off to improve the quality of the connection; however, if a Member/Minister/HOD/Official is speaking, they may put on their audio and video;
5. Participants must switch off their microphones once they are finished speaking;
6. In terms of maintenance of order, in accordance with the “Directives for Sittings of the House and Meetings of Committees by Electronic Means”, ATC’d on Friday, 17 April 2020, Section 8 states that “when a Member is considered to be out of order by the presiding officer, the presiding officer may mute the microphone of such a Member and call such a Member to order”; and
7. Section 10 of the Directives ATC’d on 17 April 2020 speaks to the application of Standing Rules. Section 10 states that “in instances where these directives are not clear or do not cover a particular eventuality in respect of sittings of the House or meetings of the committees by means of videoconferencing, the Standing Rules must apply as far as this is reasonably and practically possible and, in instances where they cannot be applied, the ruling by the presiding officer must be final”.

Background - Resurgence/Second wave of the COVID-19 virus:

The WCPP was on recess during mid-late December when the province experienced a second surge/ wave in cases which were increasing daily. There were substantial increases in daily new cases, which were almost two and a half times higher than during the first wave, and hospitalisations and deaths continued to increase sharply. For this reason, the chairperson of the Committee, wrote to the Speaker of the WCPP on 23 December 2020 to request permission for the committee to meet during recess. The Speaker granted the request and members of the committee agreed to meet on 28 December 2020.

The themes/meetings covered in December 2020 included:

- An update by the Premier of the Western Cape and the Provincial Minister of Health on the COVID-19 pandemic, in light of the resurgence/second wave of the COVID-19 virus.
- An update by the Premier of the Western Cape and the Director-General of the Department of the Premier on the 'adjusted' Alert Level 3 lockdown
- An update by the Provincial Minister of Health and the Head of the Provincial Department of Health on the situational analysis of the pandemic in the Province, which focussed on the following:
 - The latest figures and expected peak;
 - Oxygen management;
 - Hospital capacity;
 - Fatality and mortuary management; and
 - Vaccine roll-out readiness.

3. THEMES: Health Update and 'Adjusted' Alert Level 3 lockdown

3.1 Overview and background

The Committee requested a briefing from the Premier, the Provincial Minister of Health and the Western Cape Department of Health for an update on the COVID-19 pandemic in the Western Cape, on 29 December 2020.

The purpose of the meeting was to receive information on the situational analysis of the pandemic in the Province in the light of the aggressive resurgence of the COVID-19 virus in the Western Cape Province, including information with respect to the progression of the pandemic, hospital capacity and staff capacity, projections for the next peak and preparedness, including staffing, oxygen supplies and communication with residents.

3.2 Observations and challenges

A. Background and statistical information:

- 3.2.1 The Premier, Mr Alan Winde, informed the Committee that the Province submitted a COVID-19 resurgence plan for the Western Cape to the President of South Africa on 4 December 2020, to enable the National Command Council to deliberate on the input of the Western Cape.
- 3.2.2 The President adopted a differentiated approach and declared the Garden Route a hotspot on 14 December 2020 and consequently closed all beaches and parks since an increase in infections was experienced in most municipalities in the Western Cape at

the time. On 28 December 2020 the President declared the whole of the Western Cape a hotspot.

- 3.2.3 The Premier's Coordinating Forum (PCF) management system was established for the Province. The PCF's overall objective was for political and administrative leadership to engage in order to address matters of interest to the communities of the Western Cape.
- 3.2.4 The Department of the Premier continued to engage with Minister Mbombo, the entire health team as well as the advisors and epidemiologists to try to build a revised model since the Province was informed that a different strain of the COVID-19 virus had been detected. The teams then had to understand the implications of this new strain for the current model of the Province.
- 3.2.5 Regular meetings with Faith-based Organisations (FBOs) arranged by Ministers Meyer, Fernandez and Marais, continued to address the issues of reducing crowds and gatherings, which the FBOs agreed to. The Premier met with the agricultural sector as well to address the movement of seasonal workers, which poses a challenge as well to curb the movement of persons.
- 3.2.6 The Premier informed the Committee that as at Monday, 28 December 2020, the cumulative number of confirmed cases of COVID-19 in the Western Cape was 196 474. The total number of COVID-19 related deaths was 6 332, and there were 151 261 recoveries. 1 005 085 tests had been completed and there were 3 064 hospitalisations with 363 of these cases in the Intensive Care Unit (ICU) or high care.

B. Health Update:

- 3.2.7 Dr Cloete further briefed the Committee on the 5-point COVID Resurgence Strategy, which translated into the 5-point COVID Containment Strategy, focusing on the following:
 - Changing community behaviour to prevent infection;
 - Surveillance and outbreak response;
 - Scaling up the health platform COVID capacity;
 - Maintaining comprehensive services; and
 - Safeguarding and protecting the well-being of health care workers.
- 3.2.8 The Province, as a whole, continued to see substantial increases in daily new cases, which were 2.4 times higher than in the peak during the first wave, despite limited testing due to public holidays and restricted testing criteria.
- 3.2.9 Hospitalisations and deaths continued to increase sharply. New hospital admissions were 50% higher and the number of deaths were 22% higher than the first wave.
- 3.2.10 With reference to the Resurgence in the different areas, the Metro continued to see steep increases in cases with nearly a double the amount of new daily cases compared to the first wave peak. Rural districts had nearly 2.5 times more cases in December 2020 than in the peak of the first wave. In respect of rural districts, the second wave peak had more than double the amount of cases than the Province had in the first wave peak, except for Central Karoo, which showed a 64% increase in cases compared with the first wave peak. The Garden Route continued to show a stabilising pattern but this was being monitored closely given the large numbers of visitors to the district.
- 3.2.11 At 29 December 2020, 3 131 COVID-19 patients were in acute Western Cape hospitals where 1 885 patients were in public hospitals and 1 246 patients were in private hospitals. Metro hospitals had an average occupancy of 103%, George hospitals were at 90% capacity, Paarl hospitals were at 101% capacity and Worcester was at 94% capacity.

- 3.2.12 The Primary Health Care (PHC) facilities were facing an increasing demand for COVID-19 testing and provided triaging for confirmed cases.
- 3.2.13 Hospital capacity at the time had 7 464 acute operational public sector beds, which excluded beds at psychiatric hospitals, Tuberculosis (TB) hospitals, Red Cross hospitals and Mowbray Maternity hospital, but was inclusive of 135 critical care public sector beds for COVID-19 patients.
- 3.2.14 613 Additional field hospital beds were made available in the Metro, 336 beds in Brackengate and 90 at Lenteguur, as well as an additional 187 intensive care beds at Lenteguur and 59 intermediate care beds at Sonstraal. Depending upon staff availability and if the needs existed, an additional 136 intermediate care beds would be made available across the metro and rural regions.
- 3.2.15 The Hospital of Hope (Brackengate), at the time, had 299 patients, and Sonstraal had 20 COVID-19 patients and 27 TB patients.
- 3.2.16 The mass fatality centre in the Metro has the capacity to hold 240 bodies. The mass fatality centre has admitted 106 bodies. The Province has a Mass Fatality Work Group that coordinates in respect of capacity across the Province.
- 3.2.17 Oxygen utilisation is running at 68.92% of the available daily capacity.
- 3.2.18 Temporary tents have been commissioned at Khayelitsha and Wesfleur Hospitals and would be ready for use from 30 December 2020 for admissions and discharges, which in turn will create additional capacity. Tents will be erected at Mitchells Plain Hospital and Brackengate by 31 December 2020, as well as at Eerste River, Helderberg and Karl Bremer hospitals, which will be ready by 8 January 2021.
- 3.2.19 The biggest challenge that remained was the impact of alcohol-related trauma on the health facilities, especially in emergency centres and in critical care units.
- 3.2.20 A daily oxygen need and oxygen utilisation dashboard has been established to monitor demand versus supply across all hospitals. The hospitals with the highest oxygen availability and utilisation pressures are Worcester, Mitchells Plain, Karl Bremer and Victoria hospitals.
- 3.2.21 AFROX is currently producing 65 tons of oxygen per day and the Province is currently using 52 tons of oxygen per day. AFROX agreed to make an additional 5 tons of oxygen per day available to hospitals.
- 3.2.22 The biggest challenge currently in the health sector is the increasing COVID-19 infection rate amongst health care workers and the impact on staff members in respect of isolation and quarantine. Additionally, the availability of additional staff members for contract work and via agencies poses a significant challenge. The number of persons volunteering their services has also decreased significantly.
- 3.2.23 At 29 December 2020, 926 Health Care Workers across 92 institutions were infected with COVID-19, which equates to 2.8% of the total staff complement of 33 062. A cumulative total of 7 215 staff members took COVID-19 related leave since March 2020.
- 3.2.24 There was sufficient Personal Protective Equipment Clothing (PPE) across all the health facilities, and in central storage, with additional orders being placed.
- 3.2.25 The Department has scaled up its system of on-site support for frontline staff in respect of mental health and well-being.
- 3.2.26 A pro-active strategy has been embarked upon to access the South African Health Products Regulatory Authority (SAHPRA) approved vaccines in the Western Cape and the National Minister of Health has been officially engaged on this matter. Technical experts will conduct a formal option appraisal of all available candidate vaccines in terms of efficacy, safety, affordability etc.

- 3.2.27 Prioritisation in the administering of the vaccine will be given to Health Care Workers and other essential workers, then vulnerable groups such as elderly persons and persons with co-morbidities.
- 3.2.28 The timelines provided and way forward regarding the vaccine includes SAHPRA approval and the sourcing and distribution strategy to provide vaccines in early 2021.

C. Governance arrangements, Law Enforcement, Communications response and Fatalities Management:

- 3.2.29 Dr Malila informed the Committee that the Premier convenes a weekly strategy meeting and the PCF meetings were held weekly over the holiday period.
- 3.2.30 The Provincial Disaster Management Committee (PDMC) remains activated for the COVID-19 pandemic and is monitoring the second wave. The PDMC Joint Operations Committee (JOC) briefing meetings take place every Tuesday.
- 3.2.31 Western Cape Provincial Traffic Services implemented a total of 274 integrated roadblocks, vehicle check points and speed control operations during the period 21 to 27 December 2020, and 22 685 vehicles were checked.
- 3.2.32 There have been 320 investigations into contraventions of the National Disaster Management Regulations since 27 March 2020. Of these 320 matters, 91 Section 71 matters were placed on the Liquor Licensing Tribunal case roll, of which 53 licenses were suspended.
- 3.2.33 The Western Cape Government has run extensive communication campaigns in all languages, using a variety of different media channels so that all communities were able to get the messages needed to stay safe. This was in addition to daily media statements, and the Premier's weekly DigiCons.
- 3.2.34 The City of Cape Town and all five districts revisited their Mass Fatality Plans and associated support plans with a view to ensure their readiness for implementation on short notice. All plans were shared with the District JOC and Joint District and Metro Approach (JDMA) structures.

5. Acknowledgements

The Chairperson thanked the Department of the Premier and the Provincial Department of Health for its hard work in the sector so far during the COVID-19 pandemic. The Chairperson also thanked the Members for their participation in the meetings held so far.

3. Report of the Standing Committee on Health on its oversight visits to the health facilities in the West Coast region conducted on 28 and 29 October 2020.

Report of the Standing Committee on Health on its oversight visits to the health facilities in the West Coast region conducted on 28 and 29 October 2020, reports as follows:

The delegation

The delegation of the Standing Committee on Health included the following Members:

Philander, WF (DA) (Chairperson and leader of the delegation)
 Botha, LJ (DA)
 Xego, M, (EFF)
 Windvogel, R (ANC)

Additional Member

Bakubaku-Vos, NG (ANC)

Apology

Allen RI (DA)

The following parliamentary official accompanied the delegation:

Ms N Jamce

Background

The Standing Committee on Health conducted unannounced oversight visits to the health facilities in West Coast. On Wednesday 28 October 2020, the Committee conducted unannounced visits to the Saldanha Clinic in Saldanha, Hanna Coetzee Clinic in Vredenburg, Vredenburg Hospital and Hopefield Clinic in Hopefield. The Committee also conducted unannounced visits to the Sandy Point Clinic in St Helena Bay, Paternoster Clinic in Paternoster and Langebaan Clinic in Langebaan on Thursday 29 October 2020.

The Committee resolved to conduct the unannounced visits in the West Coast following the Cluster A visit week which took place from 10 until 14 February 2020. During the cluster visit week, community members and councillors raised a lot of issues including poor customer service at these facilities. The visit to the health facilities in the West Coast region was also part of the Committee Programme for the 2020/21 financial year. The Committee resolved to visit these health facilities to assess services offered by these facilities to their communities and to scrutinise the alleged poor customer service at some of the facilities. The Committee also wanted to assess the service pressure experienced by these health facilities especially with the outbreak of the COVID-19 pandemic in South Africa.

1. Visit to the Saldanha Clinic in Saldanha Bay

The Committee visited the Saldanha Clinic in Saldanha Bay on Wednesday 28 October 2020. Sister Van Wyk, the Operations Manager at the Clinic welcomed the Standing Committee and gave a brief summary of the services offered by the facility, the service pressure that the Clinic was experiencing during the COVID-19 pandemic, the challenges and successes of the Clinic.

1.1 Tour of the facility

The Committee conducted a brief tour of the facility. The areas visited included the waiting room, reception area, two consultation rooms and the pharmacy.

1.2. Salient points that emanated from the unannounced visit to the Saldanha Clinic

- 1.2.1 The Saldanha Clinic (the Clinic) is a Primary Health Care facility that operates from 07:30 to 16:00 from Monday to Friday.
- 1.2.2 The Clinic offers services such as mother and child health, chronic diseases care, women's health, HIV and TB care, men's health and acute services.
- 1.2.3 The Clinic attends to about 100-200 patients per day and all patients from the Diazville Clinic were being referred to the Saldanha Clinic until further notice.
- 1.2.4 On arrival, the Committee observed that the gate of the Clinic was locked and a security guard at the gate informed the Committee that Sister Van Wyk was the only person responsible for the screening of persons visiting the Clinic. The persons

visiting the Clinic had to wait for Sister Van Wyk outside the facility before the security could allow patients and visitors inside the facility.

- 1.2.5 Sister Van Wyk informed the Committee that she was responsible for scanning people at the gate because the security guard was not medically trained to screen patients and visitors.
- 1.2.6 The Committee observed that there was no social distancing outside the parameters of the Clinic for the patients who were waiting to gain entry to the health facility.
- 1.2.7 During the visit, some of the patients were seated outside the clinic, due to insufficient space. It was reported that TB patients were prioritised to minimise the infection of TB.
- 1.2.8 The Committee was informed that due to the size of the facility, it was difficult for patients to keep the social distance when they visit the clinic, some of the patients have to wait outside before they could be assisted.
- 1.2.9 The Clinic had a total of 10 staff members that consists of two clinical nurse practitioners, one general nurse, one staff nurse, one pharmacist assistant, one clerk and one intern, two counsellors and one cleaner. A doctor visits the facility on Mondays, Tuesdays, and Thursdays for chronic patients and every 2nd week for HIV positive patients.
- 1.2.10 The Clinic reported that it had a total of five COVID-19 deaths of patients that had folders at the Clinic. It was reported that patients that presented COVID-19 symptoms were taken to an isolated room within the facility for testing and all patients who tested positive were referred to the Vredenburg Hospital for medical treatment.
- 1.2.11 The waiting times at the Clinic were reported as a challenge due to the lack of staff.
- 1.2.12 The Committee noted that there was no designated area for the medical waste at the Clinic. The Committee observed that the medical waste was kept in a corner next to the entrance of the reception and it was collected every Thursday.
- 1.2.13 There were no sanitising stations inside the Clinic, patients were only sanitised at the gate.

1.3 Recommendations

The Committee recommended that:

- 1.3.1 The Ward Councillor of the Saldanha Bay Municipality should attach at least two persons from the Expanded Public Works Programme (EPWP) to the Saldanha Clinic to assist the facility in insuring that patients keep the social distancing inside and outside the Clinic.
- 1.3.2 The Committee deemed the lack of social distancing at the gate of the Clinic as a concern that needed urgent attention by the Department of Health. It is recommended that the Department of Health should ensure that there are markings inside and outside the parameters of the Clinic for social distancing.

2. Visit to the Hanna Coetzee Clinic in Vredenburg

The Committee visited the Hanna Coetzee Clinic on Wednesday 28 October 2020. Sister Coraizin, the Operations Manager at the Clinic welcomed the Standing Committee and gave a brief summary of the services offered by the facility, the service pressure that the Clinic was experiencing during the COVID-19 pandemic, the challenges experienced by the Clinic.

- 2.1 The Hanna Coetzee Clinic (the Clinic) is a Primary Health Care facility that offers services such as mother and child health, chronic diseases care, women's' health, HIV and TB care, men's' health, and acute services.

- 2.2 It operates at Louwville in Vredenburg from Monday to Friday from 07:30 to 16:00.
- 2.3 It was reported that the Clinic provides health services to people from three wards, ward 2, 9, and 13 and attends to about 13 000-20 000 patients per month.
- 2.4 The Clinic has a total of 13 staff members that includes a security guard for the entire facility.
- 2.5 Sister Coraizin informed the Committee that the Clinic has a total of three Clinical Nurse Practitioners including herself. She was an Operations Manager and also a Clinical Nurse Practitioner, however, during the visit, she was the only Clinical Nurse on duty. She reported that the other two nurses were on leave and one of the two nurses has been on leave for over a month without a replacement.
- 2.6 The Committee noted that Sister Coraizin was working under severe pressure, the waiting room was full of patients who were waiting for her assistance, and some of the patients were waiting outside within the facility and some people were in a long queue outside the gate waiting to gain entry to the Clinic.
- 2.7 According to Sister Coraizin, the Clinic had an appointment system, however, patients start queuing in the early hours of the morning with the hope of getting help early. Unfortunately with only one Sister on duty, it was reported that some of the patients were turned back without getting assistance.
- 2.8 The Committee was informed that the Sister took at least one hour to help one patient due to language barriers. The majority of the patients who visits the facility were foreigners from the surrounding farms.
- 2.9 The Clinic had a total of 120 patients who were on ARVs. It was reported that the Clinic has only one Assistant Pharmacist and when she is on leave, the Operations Manager has to perform her duties in addition to her management responsibilities and also assist patients.
- 2.10 It was reported that staff shortage and office space were the major challenges at the Clinic.
- 2.11 The Committee noted that there was no privacy at the Clinic due to inadequate space. The Clinic only has one consultation room. The Operations Manager reported that she shares the consultation room with the Doctor when the Doctor visits the Clinic on Mondays and Thursdays.
- 2.12 Security was also reported as a challenge. There was only one security guard at the Clinic and it was mentioned that the security guard started working at the Clinic a week before the Committee visit.
- 2.13 The Committee was informed that vandalism was also a challenge at the Clinic. In most cases, staff vehicles were allegedly stretched by patients who were turned away by the Clinic. In addition, it was reported that there was no security at the Clinic after hours.
- 2.14 It was reported that psychiatric patients also present a major challenge at the Clinic. It was alleged that one Sister was almost killed by a psychiatric patient inside the Clinic and when the police are called they take long to arrive.
- 2.15 The Committee observed that there was no designated space for waste management at the Hanne Coetzee Clinic.
- 2.16 During the visit, the Committee noticed that the medical waste was kept in the toilet that was used by patients.
- 2.16 The patients' files at the Clinic were kept in the filing cabinets that were broken and not locked in the passage. The Committee raised this as a concern as there was no privacy for patients' files.
- 2.17 The Committee was further informed that it was an everyday battle to work at the Clinic. The officials mentioned that the Clinic had a lot of challenges which were communicated to the Senior Management of the Department of Health, however, there was no response and the challenges were not addressed.

2.2 Input by Mr. Thulani Khune, a Ward Councillor in the Saldanha Bay Municipality

During its visit to the Clinic, the Committee was joined by Mr. Khune, a Ward Councillor in the Saldanha Bay Municipality. He informed the Committee that he used to be an official at the Hanna Coetzee Clinic. He informed the Committee that the Clinic experienced many challenges for many years and the challenges were submitted to the Vredenburg Health District of the West Coast Region as far back as 2018, however, they had not been addressed. Mr. Khune highlighted that the size of the Clinic was inadequate for the people of Lowville and the surrounding areas, including farms. He informed the Committee that the Clinic assists approximately 20 000 patients per month and there were no mobile health services in the area.

According to Mr. Khune, absenteeism was very high at the Clinic. Officials were reported to be burnt-out due to the high number of patients and shortage of staff. He informed the Committee that staff members at the Clinic were not coping with the workload, resulting in some patients being turned away from the Clinic without getting medical help. He informed the Committee that during the peak of COVID-19, it was difficult for patients to comply with social distancing when visiting the Clinic. He mentioned that he visited the Clinic on many occasions to assist the Clinic in complying with social distancing amongst patients within the parameters of the Clinic. Mr. Khune urged the Committee to intervene.

2.3 Recommendation

The Committee recommends that the Ward Councillor of the Saldanha-Bay Municipality should attach at least two persons from the Expanded Public Works Programme (EPWP) to the Hanna Coetzee Clinic to assist the facility in insuring that patients keep to social distancing inside and outside the parameters of the Clinic.

2.4 Resolution

The Committee resolved to

- 2.4.1 Schedule a follow-up engagement with the officials of the Hanna Coetzee Clinic in 2021.
- 2.4.2 Invite health stakeholders from the area, the councillors and management of the Saldanha Bay Municipality and the officials of the Department of Health responsible for the West Coast District and share its findings on this visit.

2.5 Request for Information

The Committee REQUESTED the Department of Health to provide it with the following information by Friday 15 January 2021.

- 2.5.1 Copies of the correspondence that was sent to the Vredenburg Health District of the West Coast Region from 2008 highlighting the challenges faced by the Hanna Coetzee Clinic and requesting the departmental interventions.
- 2.5.2 A progress report on the appointment of the Clinic Committee for the Hanna Coetzee Clinic.

3. Visit to the Vredenburg District Hospital

The Committee visited the Vredenburg District Hospital in Vredenburg on Wednesday 28 October 2020. Sister Lester, the Operations Manager for the Casualty Unit at the hospital welcomed the Standing Committee and indicated that Dr Perez was attending a meeting outside the hospital. Sister Lester gave a brief summary of the services offered by the Casualty Unit, the service pressure that the Unit was experiencing during the COVID-19 pandemic, the challenges and successes of the Casualty Unit in the Vredenburg Hospital.

- 3.1 The Committee was informed that there were 10 beds in the Casualty Unit with a staff complement that consists of two Sisters, three nursing staff, and a doctor. During the visit, there were 35 patients that were admitted to the Casualty Unit.
- 3.2 Sister Lester indicated that there was a shortage of staff in the Casualty Unit and more staff, which includes the Medical staff, Marshals, and Porters, were urgently needed.
- 3.3 According to Sister Lester, the entire Vredenburg Hospital has two Porters who work until 16h00 and after-hours the medical staff have to push patients.
- 3.4 It was reported that there was also a shortage of security officers in the Hospital and there was a need for a security guard to be placed within the Casualty Unit to handle psychiatric patients.
- 3.5 The Committee was informed that the Unit had a triage system that was reported to be adequate.
- 3.6 It was reported that there was a shortage of beds within the Unit.
- 3.7 The Committee visited the resuscitation area and they were informed that patients who were critically ill were resuscitated and then transferred to the Tygerberg or Paarl Hospitals for admission to the ICU.
- 3.8 The Casualty Unit in the Hospital does not have an ICU Unit. The Committee was informed that critical patients were transported to the Hospitals in the Cape Metropolitan Area by ambulance or helicopter.
- 3.9 It was reported that sometimes the critically ill patients wait for more than six hours for the ambulances to transport them to the Hospitals. The long waiting time was due to the shortage of ambulances in the West Coast region.
- 3.10 The signage for the entire hospital was reported to be a challenge. It was reported that due to the size of the hospital patients get confused and lost.
- 3.11 It was further reported that the Vredenburg Hospital had a total of 42 COVID-19 deaths.

4. Visit to the Lalie Cleophas Clinic in Hopefield

The Committee visited the Lalie Cleophas Clinic (the Clinic) in Hopefield on Wednesday 28 October 2020. The Clinic operates in the Saldanha Bay Sub-District of the West Coast District. It provides health services to the community of Hopefield and the surrounding farms from Monday to Friday. Sister Bester, the Operations Manager at the Lalie Cleophas Clinic welcomed the Standing Committee and gave a brief summary of the services offered by the facility, the service pressure and the challenges and the successes of the Clinic.

4.1 Salient points that emanated from the unannounced visit to the Lalie Cleophas Clinic

- 4.1.1 The Lalie Cleophas Clinic (Clinic) is a Primary Health Care facility that offers services such as mother and child health, chronic diseases care, women's health, HIV and TB care, men's health, and acute services.

- 4.1.2 The Clinic offers health services to about 8000 patients per month from the Hopefield communities and 34 surrounding farms.
- 4.1.3 Sister Bester informed the Committee that every Wednesday, a Sister from the Clinic visits five routes which consist of 17 farms through the Mobile Clinic services. However, when one of the Sisters is on leave, the remaining Sister cannot visit the farms due to the shortage of staff in the Clinic.
- 4.1.4 The chronic medication for patients in farm areas is distributed two months in advance.
- 4.1.5 It was reported that due to COVID-19, few patients visited the Clinic. The Clinic had an adequate appointment system, patients were visiting the Clinic on appointment to minimise the COVID-19 infections.
- 4.1.6 The staff compliment of the Clinic consist of two Clinical Nurses Practitioners, one Enrolled Nurse, one Counsellor, one Pharmacist Assistant, and one Cleaner. In addition, an Occupational Therapist from Vredenburg visits the Clinic once a month.
- 4.1.7 It was reported that one nurse has retired from the Clinic and the position has not been filled, due to the lack of interest from people to work in the rural areas. The Clinic had motivated for an additional Professional Nurse, however, the sub-district was reported to be struggling to get Clinical Nurses in rural areas.
- 4.1.8 The Clinic has two Community Based Carers. They assist in the waiting room to test the temperature of patients on arrival at the Clinic, ensure that patients adhere to social distancing and that patients wear their masks. Furthermore, the Community Base Carers assist with the distribution of chronic medication.
- 4.1.9 It was reported that a private doctor was visiting the Clinic for one hour every day to offer a second opinion to the patients of the Clinic.
- 4.1.10 It was reported that there were no ambulances in the Clinic, patients wait for more than two hours to be transported to the Vredenburg Hospital.
- 4.1.11 The Clinic did not have any patient that tested positive for COVID-19. There was only one staff member who tested positive and she has fully recovered.
- 4.1.12 It was reported that there was no Clinic Committee in the Lalie Cleophas Clinic.
- 4.1.13 Shortage of staff, inadequate office space and long waiting times for the Emergency Services were reported to be the major challenges at the Clinic.
- 4.1.14 Due to the shortage of space, the prepacked chronic medication was kept in boxes in the garage, the medical waste was also kept in the garage.
- 4.1.15 The Clinic was running a successful sanitary project, the Tracy Sanitary Project. The Clinic collects and contributes the sanitary towels to the young girls in various schools in the area.

4.2 Resolution

The Committee resolved to engage with the management of the EMS services in the West Coast region regarding the EMS services in Hopefield and the surrounding areas. This discussion will form part of the items for discussion during the planned engagement between the Committee, Saldanha Municipality and the Sub-District Health management of the West Coast region.

5. Visit to the Sandy Point Clinic in St Helena Bay

The Committee visited the Sandy Point Clinic in St Helena Bay on Thursday 29 October 2020. Sister Nel, the Operations Manager at the Sandy Point Clinic welcomed the Standing Committee and gave a summary of the services offered by the facility, the service pressure and the challenges and the successes of the Clinic.

5.1 Salient points that emanated from the visit to the Sandy Point Clinic

- 5.1.1 The Sandy Point Clinic (the Clinic) is a satellite Clinic that is operating from a Municipality building on Tuesdays, Thursdays and Fridays from 7:30 am to 4:30 pm.
- 5.1.2 The Clinic is a Primary Health Care facility that offers services such as mother and child health, chronic diseases care, women's health, HIV and TB care, men's health, and acute services.
- 5.1.3 The Clinic is assisting more than 30 patients per day.
- 5.1.4 The Committee observed that office space was a major challenge at the Clinic, patients were queuing outside and the Committee was briefed outside the facility due to the lack of space in the Clinic.
- 5.1.5 It was reported that when a doctor visits the Clinic, the Sister has to attend to the patients and draw blood samples in the corridors also due to the lack of space.
- 5.1.6 A site to build a new Clinic was identified in Laingville, however, it is not clear when the building project will commence.
- 5.1.7 The Clinic only has three staff members. Sister Nel indicated that she was the only Clinical Nurse Practitioners responsible for all the patients and for the management of the facility.
- 5.1.8 A doctor visits the Clinic on Tuesdays and sometimes on Fridays and the Pharmacist only visits the Clinic on Fridays.
- 5.1.9 Community Care Workers assist the Clinic with the distribution of chronic medications, house screening, care for the severe wounds, and tracing the TB patients that were defaulting from TB treatment.
- 5.1.10 Inadequate office space, shortage of staff, and the waiting times for the EMS services were reported to be the challenges at the Clinic.

5.2 Resolution

The Committee RESOLVED that the challenge of office space at the Sandy Point Clinic should form part of the items for discussion during the planned follow-up Committee engagement with the Saldanha Bay Municipality, Vredenburg District Health and other relevant stakeholders.

5.3 Request for Information

The Committee REQUESTED the Department of Health to provide it with the following information by Friday 15 January 2021.

- 5.3.1 A report on the progress made by the Department in acquiring the site for the building of the new Sandy Point Clinic in St Helena Bay and the possibility of keeping the current clinic as a satellite clinic due to the distance from St Helena bay to Laingville.
- 5.3.2 Detailed information on the criteria the Department uses to allocate staff to health facilities in comparison with the population capacity.

6. Visit to the Paternoster Clinic in Saldanha Bay

The Committee visited the Paternoster Clinic in Saldanha Bay on Thursday 29 October 2020. The Paternoster Clinic is situated in Saldanha Bay in the Vredenburg Health District of the West Coast region.

On arrival, the Committee was informed that the Clinic was operating from the Saldanha Bay Municipality building due to the renovations in the Clinic. The Committee visited the Municipality building and was informed that officials of the Clinic were not available on the day of the unannounced visit. The Clinic was operating only on Mondays, Wednesdays and Fridays from 7:30am to 4:30pm.

6.1 Request for Information

The Committee REQUESTED that the Department of Health provides it with detailed information on the operations of the Paternoster Clinic and its staff capacity by Friday 15 January 2021.

The Committee departed from the Paternoster Clinic and drove to the Langebaan Clinic for an unannounced visit.

7. Visit to the Langebaan Clinic

The Committee visited the Langebaan Clinic (the Clinic) in Saldanha Bay Sub-District of the West Coast District on Thursday 29 October 2020. Sister Swart, the Operations Manager at the Langebaan Clinic welcomed the Standing Committee and gave a brief summary of the services offered by the facility, the service pressure and the challenges and the successes of the Clinic.

7.1 Salient points that emanated from the unannounced visit to the Langebaan Clinic

- 7.1.1 The Langebaan Clinic operates on weekdays from Monday to Friday from 07:30-16:30.
- 7.1.2 The Clinic is a Primary Health Care facility that offers services such as mother and child health, chronic diseases care, women's health, HIV and TB care, men's health and acute services
- 7.1.3 The Clinic has a total of five staff members. In addition, a Pharmacist visits the Clinic two days in a week.
- 7.1.4 It was reported that a Doctor visits the Clinic every Friday to attend to the chronic patients on appointments. Sister Swart indicated that an additional day for the Doctor's visit for chronic patients was needed due to the high number of patients that were presenting chronic illnesses.
- 7.1.5 It was reported that Dr. Engelbrecht, the former Head of the Department of Health was visiting the Langebaan Clinic every Wednesday to assist with acute patients.
- 7.1.6 The Clinic informed the Committee that it needs additional staff members.
- 7.1.7 Before the COVID-19 pandemic, the Clinic used to assist 170 people per day and due to the COVID pandemic, the numbers dropped to 70 a day, however, the Clinic provides outreach health services to various communities.
- 7.1.8 It was highlighted that there was an influx of people moving to the Langebaan communities due to employment opportunities in factories and farms in the area. Furthermore, it was reported that the majority of people were moving to Langebaan for retirement and some of these people present lifestyle diseases.
- 7.1.9 During the peak of COVID-19, the Clinic only assisted emergency patients due to the shortage of space and staff and patients with COVID-19 symptoms were referred to the Vredenburg Hospital for testing.
- 7.1.10 The Committee noted that there was no designated space for waste management at the Clinic.

- 7.1.11 Sister Swart suggested that the Clinic needed to be closed with a fence to prevent the public from having direct access to medical waste. She further accompanied the Committee to a walkabout outside the Clinic within the facility and pointed out a small space at the back of the Clinic that could be converted to a designated space for the medical waste for the Clinic.
- 7.1.12 There were no security issues at the Langebaan Clinic. It was reported that the Clinic had an alarm system. The Clinic also had a good partnership with the Municipality Law Enforcement and SAPS.
- 7.1.13 It was reported that there was a shortage of computers at the Clinic, the administration and pharmacists share one computer and this was a challenge. There was an urgent need for additional computers.
- 7.1.14 The filing storage at the Clinic was insufficient, more storage space for files was needed due to the influx of people to the area. In addition, office space was a challenge.

7.2 Recommendations

The Committee RECOMMENDS that the Department of Health should:

- 7.2.1 Assist the Langebaan Clinic to enclose with a fence the general waste space to prevent the public from having direct access to medical waste.
- 7.2.2 Assist the Clinic to build a space for the medical waste at the back of the Clinic within the facility.
- 7.2.3 Share information on the plans made to extend the dispensary area at the Langebaan Clinic.

The Committee successfully concluded its visits to the health facilities in the West Coast.