

PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

WEDNESDAY, 15 DECEMBER 2021

ANNOUNCEMENT

The Speaker:

Referral of document to standing committee in accordance with Standing Rule 92:

Standing Committee on Community Safety, Cultural Affairs and Sport

Appointment of new member of the Governing Board of the Western Cape Liquor Authority.

COMMITTEE REPORTS

- 1 Report of the Standing Committee on Health on its oversight visits to the vaccination sites at the Cape Town International Convention Center (CTICC) and the Wellness Bus at Fair Cape Dairies Farm in Durbanville on 4 August 2021.**

The Standing Committee on Health having conducted oversight visits to the vaccination site at the CTICC and the Wellness Bus at Fair Cape Dairies Farm in Durbanville on 4 August 2021, reports as follows:

The delegation

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

Democratic Alliance

Allen, RI

Botha, LJ

Philander, WF (Chairperson)

African National Congress

Windvogel, R

Additional Member

Bans, AP (ANC)

Apology

Xego, M (EFF)

Bakubaku-Vos NG (ANC)

1. Background

The Standing Committees on Health conducted oversight visits to the Cape Town Convention Centre (CTICC) Mass Vaccination Centre of Hope and the Wellness Bus at the Fair Cape Dairies Farm in Durbanville on 4 August 2021.

The purpose of the visits was to determine how the COVID-19 vaccination was administered at these sites and to observe the turnout of community members and farm workers from Durbanville and the surrounding communities for the vaccination rollout.

2. Salient points that emanated from the vaccination site at the Cape Town International Convention Centre (CTICC) Mass Vaccination Centre of Hope

- 2.1 Sister Saville, Facility Manager and Sister Riuters, Operational Manager for the CTICC Mass Vaccination Centre of Hope welcomed the Committee.
- 2.2 Sister Riuters accompanied the Committee on the walkabout of the facility. She informed the Committee that the CTICC Mass Vaccination Centre of Hope was a collaboration between the provincial Department of Health and Discovery Health.
- 2.3 The Committee was informed that the Department of Health was responsible for the overall coordination, supply of vaccination and facilities management, whilst Discovery Health was responsible for the administrative functions, client experience and the technological aspects.
- 2.4 The vaccination rollout at the CTICC started on Wednesday, 7 July 2021 with a target to vaccinate 2800 persons daily, and this figure could be scaled up to 4000.
- 2.5 The site operates on weekdays from 08h00 to 16h00.
- 2.6 The site was vaccinating persons with appointments and walk-ins, no person is turned away without being vaccinated. Onsite registration was done for persons who had not registered.
- 2.7 The CTICC Mass Vaccination Centre of Hope was reported as one of the largest vaccination sites in the country. The site had 50 vaccination stations.
- 2.8 The vaccination was free of charge for everyone visiting the site and there was zero wastage of vaccines.
- 2.9 It was reported that after vaccination, people are expected to wait for 15 minutes to check their reaction or side effects of the vaccination before leaving the vaccination site.
- 2.10 The site offers the Pfizer vaccine and some of the persons that were vaccinated during the visit were getting their second vaccination doses and there were referrals from Karl Bremer Hospital, Clicks, Khayelitsha and Langa.
- 2.11 The officials at the site reported that the vaccination process had been smooth and hassle-free.

- 2.12 In terms of staff capacity for the CTICC Mass Vaccination Centre of Hope, the Discovery Health allocated support staff and the Department provided clinical staff. In addition, there were 32 interns, final year nursing students from the UWC that were assisting at the CTICC vaccination site.
- 2.13 During the visit, the Committee interacted with Mrs. Wilhelmina Jansen a 100 year old woman who was at the site for her second Pfizer vaccine jab. She praised the 15-20 minutes turnaround time of the vaccination process.
- 2.14 During the visit, the only challenge that was highlighted by officials at the CTICC vaccination site was the staff shortage which was caused by staff transport due to the taxi violence.

The Committee was very impressed with the way the health workers were handling the vaccination process at the CTICC Mass Vaccination Centre of Hope. The vaccination process was well organised and the vaccination process was quick.

The Committee departed from the CTICC Mass Vaccination Centre of Hope to the Wellness Bus at Fair Cape Dairies Farm in Durbanville.

3. Visit to the vaccination site in Fair Cape Dairies Farm in Durbanville

The Committee proceeded to conduct an unannounced visit to the Wellness Bus at Fair Cape Dairies Farm in Durbanville. On arrival, the Committee was welcomed by Mr. Du Preez, Human Resources Director for the Fair Cape Dairies in the Western Cape and Mr. Marcus from the Department of Health, Community Liaison for the Northern Tygerberg Sub-Structure.

- 3.1 Mr. Du. Preez reported that a total of 1 379 farm workers were vaccinated, 250 was the daily target for the vaccination of farm workers at the Fair Cape Dairies Farm in Durbanville.
- 3.2 It was reported that farm workers from the surrounding farming communities and farms in Malmesbury were vaccinated at the Fair Cape Dairies.
- 3.3 The vaccination site at the Fair Cape Dairies Farm was a partnership between Fair Cape Dairies Farm and the Durbanville Clinic to vaccinate farm workers and their family members on the farm.
- 3.4 Mr. Marcus reported that the vaccination on the wellness bus was the best way of bringing health services closer to the people in remote areas.
- 3.5 It was reported that the farm workers were getting the Johnson & Johnson vaccination, a once-off jab.
- 3.6 The vaccination wellness bus begins at 06:30 in the morning until 16:00 on weekdays until the bus moves to the next site.
- 3.7 There were six nurses on site from the Department, two nurses from Fair Cape, one Sister from the Department and one departmental Community Liaison Officer.
- 3.8 The Committee noted that the vaccination rollout was progressing well at the Wellness Bus at Fair Cape Dairies Farm in Durbanville, no challenges were reported.
- 3.9 The Committee praised the partnership between Fair Cape Dairies Farm and the Department of Health.
- 3.10 Mr. Du Preez reported that the Fair Cape Dairies Farm has an onsite clinic for the farm workers to assist those with chronic and other health-related illnesses. The Fair Cape Dairies farm employed two clinical staff one Sister and one nurse.
- 3.11 Mr. Du Preez indicated that the Department used to supply the Fair Cape Dairies Farm Clinic with family planning supplies, however, this has stopped.

3.12 He requested the Committee to engage with the Department of Health and request the Department to reconsider supplying the Fair Cape Clinic with the family planning supplies for female farm workers.

The Committee thanked the health workers and the management of the Fair Cape Dairies Farm in Durbanville for their sound partnership in bringing the health services closer to the people.

The Committee successfully concluded its visit.

2. Report of the Standing Committee on Health on its oversight visits to health facilities in Swellendam on 11 August 2021.

Report of the Standing Committee on Health on its oversight visits to health facilities in the Swellendam area on 11 August 2021, reports as follows:

The delegation

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

Democratic Alliance

Allen, RI
Botha, LJ
Philander, WF (Chairperson)

African National Congress

Windvogel, R

Additional Member

Bans, AP (ANC)
Bakubaku-Vos NG (ANC)
Mackenzie, RD (DA)
Makamba-Botya, N (EFF)

Apology

Xego, M (EFF)

3. Background

The Standing Committees on Health conducted oversight visits to the health facilities in Swellendam on 11 August 2021.

The purpose of the visits was to inspect the safety protocols and the services that were offered at these health facilities. In addition, the Committee wanted to determine the progress made in administering and rolling out the COVID-19 vaccination in Swellendam and the surrounding areas.

2. Salient points that emanated from the visit to the Railton Clinic in Swellendam

2.1 Sister Van Wyk, the Operational Manager for the Railton Clinic (The Clinic) welcomed, briefed and took Members to a walkabout of the facility.

- 2.2 She informed the Committee that the Clinic operates on weekdays only, Monday to Friday from 07:00-16:00.
- 2.3 The Clinic offers primary healthcare services such as women's health, child health, mental health, oral health, and rehabilitation services, as well as infectious disease treatment, and curative and chronic care.
- 2.4 On arrival, the Committee noticed a long queue of people standing outside the Clinic waiting to gain entry to the Clinic. It was reported that patients start queuing from 6 o'clock in the morning.
- 2.5 Sister Van Wyk informed the Committee that due to insufficient space at the Railton Clinic, unfortunately, patients had to queue outside.
- 2.6 She reported that there was a shortage of space, the main waiting room was small, could accommodate 10 patients and with the rise of the COVID-19 positive cases in Swellendam, it becomes a challenge to maintain the social distance inside the Clinic due to lack of space.
- 2.7 Sister Van Wyk informed the Committee that she was grateful for the new prefab structure at the back of the Clinic. The new prefab structure was used for the curative care.
- 2.8 The Committee noticed that there was no exit from the new prefab structure at the back of the Clinic, this could pose a danger if fire could erupt within the facility, and there will be no exit for the officials and patients in the new prefab structure.
- 2.9 Sister Van Wyk further mentioned that due to the shortage of space and the long queues, the facility was giving preference to sick children, older persons and persons living with disabilities, however, children were mostly seen in the afternoon.
- 2.10 It was reported that the Clinic attends to about 150-200 patients per day and the number has greatly increased since the closure of the Swellendam Clinic.
- 2.11 The shortage of staff was reported as a challenge at the Railton Clinic. Due to the shortage of staff, it was difficult for the Sister to attend training.
- 2.12 The staff complement for the Clinic consists of one Professional Nurse, two Clinical Nurses, three Staff Nurses, one Contract Nurse, one Receptionist, and one Intern. In addition, a Sessional Doctor visits the Clinic once daily.
- 2.13 The Committee was informed that the Clinic was not a vaccination site, the vaccination rollout for the area was done in the Town Hall.
- 2.14 It was reported that the clinical staff from the Clinic also do relief work in the mobile clinics.
- 2.15 Parking was also reported as a challenge, the Clinic does not have a designated parking area.
- 2.16 Sister Van Wyk indicated that all the challenges that were discussed with the Committee were reported in 2012 to Ms van der Westhuizen, District Manager for the Overberg Region.
- 2.17 The Committee observed that there was no social distance amongst the people that were queuing outside the Railton Clinic.

2.2. Recommendation

The Committee Recommended that:

- 2.2.1 The Railton Clinic should build a relationship with the Municipality and request permission to utilise the Municipality Hall next to the Clinic to accommodate patients queuing outside the Clinic especially during the rainy season.
- 2.2.2 The Clinic should introduce a manual card or electronic system to control the queues and to maintain social distance.

- 2.2.3 The Department should engage with the library next to the Clinic to seek permission to convert the space behind the library as an exit point from the prefab structure at the Railton Clinic.

2.3. Resolutions

The Committee Resolved to:

- 2.3.1 Schedule an in-person meeting and engage with the departmental officials and officials from various Municipalities from all the areas that the Committee had visited thus far to find ways to address some of the challenges noted by the Committee during its visit to different health facilities across the province. The Committee will engage with the programming authority to secure a date for this meeting.
- 2.3.2 Visit the Swellendam Clinic to inspect the health services offered since it was alleged that the Clinic was no longer providing health services to the community members of Swellendam.

2.4 Information requested

The Committee requested that the Department should furnish the Committee with copies of correspondences between the Clinic and the Department since 2012 to see the progress made in addressing the challenges of the Railton Clinic.

The Committee departed from the Railton Clinic to the Swellendam Hospital.

3. Visit to the Swellendam Hospital

The Committee proceeded to conduct an unannounced visit to the Swellendam Hospital. On arrival, the Committee was welcomed by Sister Whittles in the absence of Dr. du Toit, the CEO of the Hospital, who was in Bredasdorp Hospital during the Committee visit in Swellendam.

- 3.1 Sister Whittles reported that the Swellendam Hospital was a 24-hour Emergency and in-patient services health facility.
- 3.2 The Hospital was a District Provincial Hospital that offers out-patient and in-patient services to the community of Swellendam and the surrounding areas.
- 3.3 The health services that are offered at the Swellendam Hospital includes x-rays, maternity services, doctor, sonographer, trauma, and emergency care, dermatologist, dentist, psychiatric nurse, optometrist, ear, nose, and throat, occupational therapist, dietician, physiotherapist, psychologist, and speech therapist.
- 3.4 It was reported that all clinical staff at the Swellendam Hospital can attend and care for trauma patients.
- 3.5 During the visit, the Committee was informed that elective surgery was suspended due to the COVID-19, however, the Hospital was attending to the emergency cases.
- 3.6 It was reported that there was a rise in cases of stab wounds, drunk and driving, and birth cases in Swellendam and the surrounding areas.
- 3.7 The Committee was informed that there was a low neonatal and mortality rate in Swellendam Hospital.
- 3.8 The optometrist and gynecology services at the Hospital were outreach services from Worcester Hospital.

- 3.9 The Emergency Medical Services are stationed within the Hospital premises. The Committee was informed that the waiting times for the ambulance was 30 minutes to 2 hours due to a shortage of ambulances and distance.
- 3.10 It was reported that there was high absenteeism of nurses at the hospital due to staff burnout and COVID-19. The majority of nurses were reported to be in isolation for longer days due to being in contact with COVID-19 positive persons.
- 3.11 The Committee was informed that 95% of staff at the Hospital were vaccinated.
- 3.12 The Committee posed questions about the allegations of poor communication at the Hospital and the panic buttons that were reported not to be working.
- 3.13 Sister Whittles indicated that the Hospital was working on improving the response time to attend to the patients. The panic buttons in different hospital wards were reported to be fully functional during the visit.

The Committee thanked the health workers and the management of the Swellendam Hospital for the good work during the pandemic and the upkeep of the hospital. The Committee noted that Swellendam Hospital was very clean and neat.

The Committee departed from the Railton Clinic to the Swellendam Clinic within the premises of the Swellendam Hospital.

4. Visit to the Swellendam Clinic

The Committee proceeded to conduct an unannounced visit to the Swellendam Clinic. Swellendam Clinic is situated on the Swellendam Hospital grounds.

The Committee resolved to visit the Swellendam Clinic after the visit to the Railton Clinic where the Committee observed long queues, inadequate space, and shortage of staff. Upon engaging with Sister Van Wyk at the Railton Clinic, the Committee was informed that the long queues were caused by the closure of the Swellendam Clinic. It was alleged that the Swellendam Clinic stopped providing health services and it was only vaccinating people. The patients from the Swellendam Clinic were assisted at the Railton Clinic, this was contributing to the long queues and the challenge of space at Railton Clinic.

On arrival, at the Swellendam Clinic, the Committee was welcomed by Sister. Slyne the Operational Manager for the Swellendam Clinic. She informed the Committee that the Swellendam Clinic offers primary healthcare services such as women's health, child health, mental health, oral health, and rehabilitation services, as well as infectious disease treatment, and curative and chronic care.

Sister Slyne reported that the Swellendam Clinic was rendering all health services, however, during the visit, the Clinic was closed to prioritise the COVID-19 testing. She mentioned that people who were tested for COVID-19 at the Swellendam Clinic were referred to the Clinic by doctors and by the tracing team.

Sister Slyne reported that, due to the closure of the Swellendam Clinic, all the health services that were previously offered at the Swellendam Clinic were offered at other facilities including the Railton Clinic. She mentioned that some of the staff members from the Swellendam Clinic were assisting at these facilities and some were relieving in Bredasdorp.

The Committee departed from the Swellendam Clinic to the Buffeljagsrivier Clinic.

4.1. Request for the information

The Committee requested the Department of Health to provide the following information:

- 4.1.1 A detailed information on the reasons that informed the closure of the Swellendam Clinic.
- 4.1.2 What are the time lines for the reopening of the Swellendam Clinic?
- 4.1.3 The copy of the letter that authorised the closure of the Swellendam Clinic.
- 4.1.4 A status update on the functioning of the Clinic Committees at the Swellendam Clinic and Railton Clinic.
- 4.1.5 A Report on the correlation between the number of active COVID-19 cases versus the number of COVID-19 tests conducted and the number of vaccination cases in the area.

4.2 Recommendation

The Committee recommended that the Department should consider reopening the Swellendam Clinic to take off service pressure from the Railton Clinic.

5. Visit to the Buffeljagsrivier Clinic

The Committee proceeded to conduct an unannounced visit to the Buffeljagsrivier Clinic. On arrival, the Committee was welcomed by Sister. Frankland, Operational Manager for the Buffeljagsrivier Clinic.

- 5.1. Sister. Frankland informed the Committee that the Buffeljagsrivier Clinic offers primary healthcare services such as women's health, child health, mental health, rehabilitation services, as well as infectious disease treatment and curative and chronic care.
- 5.2. The Clinic operates on weekdays from Monday to Friday from 07:30 - 16:00.
- 5.3. The Committee was informed that the COVID-19 cases were on the rise in Buffeljagsrivier and surrounding communities due to people that were not adhering to the COVID-19 regulations such as wearing of face masks and keeping social distancing.
- 5.4. It was reported that the majority of community members in Buffeljagsrivier refused to isolate when tested positive for COVID-19 and this contributed to the rise in the number of positive COVID-19 cases in Buffeljagsrivier.
- 5.5. Inadequate space was reported as a challenge at the Clinic.
- 5.6. The Committee observed that the waiting room was very small and this makes it difficult for patients to keep a social distance when visiting the Clinic. It was reported that due to the shortage of space at the Clinic, patients queue outside and this becomes a challenge during the winter season.
- 5.7. The Clinic needs a proper space for waste management. In addition, the Clinic needs a sluice room.
- 5.8. The Committee was informed that the waiting times for the ambulance was 2 hours due to a shortage of ambulances and distance.
- 5.9. It was reported that the Clinic had two clinical staff that consists of one Sister and one Staff Nurse. The Committee was informed that the Clinic needs an additional Neonatal Nurse.
- 5.10. Mr. Jacobs, a Community Leader from Buffeljagsrivier requested the clinical staff at the Buffeljagsrivier Clinic to be sensitive when dealing with patients. He reported that some of the community members had anxiety due to the COVID-19 and the

clinical staff needs to be thoughtful when dealing with people, this will improve patient experience when visiting the Clinic.

The Committee successfully concluded its visit.

3. Report of the Standing Committee on Health on the oversight visit to the Klapmuts Clinic in Stellenbosch on 18 August 2021.

The Standing Committee on Health having conducted an oversight visit to the Klapmuts Clinic in Stellenbosch on 18 August 2021 reports as follows:

The Delegation

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

Allen RI (DA)
 Philander, WF (DA) (Chairperson)
 Windvogel, R (ANC)

Apologies

Bans, AP (ANC)
 Bakubaku-Vos, NG (ANC)
 Botha, LJ (DA)
 Xego, M (EFF)

The following parliamentary official accompanied the delegation:

Ms N Jamce

Background

The Standing Committee on Health conducted an oversight visit to the Klapmuts Clinic in Stellenbosch. The visit was a follow-up to a visit conducted in September 2020. The purpose of the visit was to check if the Department managed to address some of the challenges that were raised by the Committee during the September visit. In addition, the Committee resolved to visit the Klapmuts Clinic to assess the service pressure that the Clinic was experiencing during the COVID-19 pandemic and the progress made in rolling-out the COVID-19 vaccinating in Klapmuts and the surrounding areas.

On arrival, the Committee was welcomed by Dr. Williams, Acting Medical Manager, Ms. Johnson, Primary Health Care Manager, Sister Muller, Assistant Nursing Manager Clinic, and Sister Adams, the Operational Manager. Dr. Williams proceeded to brief the Committee on the services offered by the Clinic, staff component, the vaccination rollout programme and the challenges of the Klapmuts Clinic.

1.2 Salient points that emanated from the visit to the Klapmuts Clinic

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

- 1.2.2 It was reported that the community of Klapmuts was growing at a rapid speed and the size of the Clinic was small. The Clinic provides health services to an estimated 22 584 community members and surrounding communities.
- 1.2.3 The staff complement of the Clinic consist of one Operational Manager, two Professional Nurses, two Enrolled Nurses, two Clinical Nurse Practitioners, and two Administrative Staff. In addition, the Clinic has eight Community Workers who are assisting.
- 1.2.4 Sister Adams informed the Committee that she has tendered her resignation and was leaving the Clinic on the 31 August due to the challenges at the Klapmuts.
- 1.2.5 She indicated that the shortage of staff was one of the contributing factors for her resignation. According to Sister Adams, there was a dire shortage of staff at the Clinic. She reported that as the Operational Manager, she had to perform duties that are supposed to be carried out by three people and this made it impossible for her to even perform her administrative work as the Operational Manager.
- 1.2.6 Sister Adams highlighted that one Clinical Nurse Practitioner at the Clinic had to do Triage duties, COVID-19 screening, and testing, and curative services. Additional clinical staff is urgently needed. Some of the duties are neglected when there are staff was on leave.
- 1.2.7 The Committee was informed that the post of the Operations Manager will be vacant from 1 September. It was reported that the position has been approved to be filled, recruitment and selection process was underway.
- 1.2.8 It was reported that the Clinic has requested an additional Clinical Nurse Practitioner. The request was submitted to the Stellenbosch Sub-District in 2020 but it was not approved.
- 1.2.9 During the visit, it was reported that the patient headcount for the Clinic in quarter 1 and 2 was 15 225, an average of 7 613 per quarter, and 2538 monthly.
- 1.2.10 The TB treatment default rate was reported to be on the rise and it was difficult to trace patients due to various factors that include amongst other things, patients not having fixed residential addresses, change in contact numbers and interprovincial migration.
- 1.2.11 It was reported that 2% of the patients at the Clinic were not collecting their chronic medication within the required timeframes.
- 1.2.12 The Committee was informed that the Clinic was conducting the COVID-19 testing and the vaccination was rolled out from the *Van der Stel Sports Club*, a central vaccination site for the Stellenbosch sub-district.
- 1.2.13 The Stellenbosch sub-district has administered 18060 vaccination doses as of 2 August 2021 and it was reported that the vaccination drive was completed in old age homes, Department of Education, Social Development including Early Childhood Development and Department of Correctional Services.
- 1.2.14 In addition, it was reported that the vaccination for the homeless, bedbound, disabled and farming community was underway in the Stellenbosch Sub-District.
- 1.2.15 During the visit, the Committee was informed that the appointment for the Clinic Committees members for the Clinic was underway. Seven nominations were received and the people have been vetted. It was reported that the Clinic Committee will be operational before the end of 2021.
- 1.2.16 Inadequate space was also reported as a major challenge at the Clinic, people queue outside even in rainy seasons. However, the Committee noted a new VTU container within the premises and it was reported that it was utilised as a COVID-19 testing unit.
- 1.2.17 The Clinic was in urgent need of an extra consultation room for children. Due to the shortage of space and consultation rooms, sick children at the Clinic were treated in the TB room.

- 1.2.18 The Clinic has successfully implemented an electronic appointment system with time slots for patients to reduce the waiting times and overcrowding.
- 1.2.19 During the 2020/2021 financial year, the Clinic obtained a Gold Status for Ideal Clinic.

The Committee successfully concluded its visit at the Klapmuts Clinic and thank the officials for their hard work and dedication in providing quality health services to the residents of Klapmuts and surrounding areas.

The Standing Committee on Education having deliberated on the Assessment of the Western Cape Education Department's response to emergency repairs at schools, Investigative report: complaint case 9920200731161606 / 1920/02/28/003: Western Cape Education Department: Chere Botha School, and the Investigation into allegations of maladministration and misappropriation of funds at Rhodes High School, submitted by the Public Service Commission (PSC), referred to the Committee in accordance with Standing Rule 92, reports as follows:

Introduction

The Standing Committee on Education invited the Public Service Commission (PSC) to brief the Standing Committee on the above mentioned three investigative reports on 24 August 2021. The Western Cape Education Department (WCED) was also invited to provide further input and an update on the investigative reports.

Overview and the legislative mandate of the Public Service Commission (PSC)

The PSC is an independent institution established in terms of Chapter 10 of the Constitution. It derives its mandate from Section 195 and 196 of the Constitution, 1996, which set out the values and principles governing public administration, which should be promoted by the PSC, as well as the powers and functions of the PSC. The PSC is required by the Constitution to exercise its powers and to perform its functions without fear, favour or prejudice. The Constitution links the PSC's independence firmly with its impartiality and no organ of state may interfere with the functioning of the PSC.

The PSC is vested with custodial oversight responsibilities for the Public Service and monitors, evaluates and investigates public administration practices. It also has the power to issue directions regarding compliance with personnel procedures relating to recruitment, transfers, promotions and dismissals. The PSC is accountable to the National Assembly and to Provincial Legislatures and must report annually on its activities and performance to these two institutions.

The PSC is a constitutional oversight body, established in 1996, primarily to promote "a high standard of professional ethics in the public service". The PSC operates in terms of the PSC Act, 197 (Act 46 of 1997).

1. Briefing on the Assessment of the Western Cape Education Department's response to emergency repairs at schools report

Mr L Goosen, the Public Service Commission (hereafter the PSC): Commissioner briefed the Committee on the Assessment of the Western Cape Education Department's response to emergency repairs at schools. He stated that the PSC undertook this investigation after there had been numerous media reports about the lack of routine maintenance of

infrastructure at schools in the Western Cape. There were a number of incidents in the news where complaints were logged about the poor response to emergency repairs had resulted in either injury or loss of life.

The PSC, conducted a study targeting 82 schools that had logged at least three requests for emergency repairs, and had at least one of them approved. The sample was spread across the province and included both high and primary schools in the urban and rural areas. From the 82 surveys conducted, 58 schools responded.

The PSC found that 20 out of 58 school principals in the WCED were not familiar with the Standard Operating Procedures (SOP) for emergency maintenance. Approximately half of the principals interviewed stated that some of the emergency repairs requested were a result of maintenance not being done in the first place.

The Western Cape Education Department's (hereafter the WCED) data set from September 2017 to September 2019 shows that there were 2344 requests for emergency repairs logged on the CEMIS system by 809 schools. Of those, only 880 requests were evaluated, approved and closed.

He said the PSC found that 81.8% of the respondents indicated that they had not been contacted within two days of logging an emergency request, despite the SOP for emergency maintenance classifying the response time for two of the highest levels of emergency repairs to be 12 and 72 hours, respectively.

He said 54.1% of the approved emergency maintenance requests had resulted in the contractor starting the repair work within two months of approval and that 31% of the principals were completely dissatisfied with the quality of the work. The principals were also dissatisfied with the fact that there was no number they could call to get assurance about the maintenance request but had to rely on a digitised system. They had also indicated that they had the capacity to undertake their own emergency repairs with the support of their School Governing Bodies (SGBs).

1.1. The PSC recommendations in the survey conducted

After the survey, the PSC recommended the following to the WCED:

- 1.1.1. The definition of emergency repairs needs to be more detailed and a specific criteria needs to be communicated to principals. The risk professionals should be engaged to produce a workable non-professional's assessment tool that allows for principals to objectively assess the emergency repair situation at their school.
- 1.1.2. The stipulated timeframe to undertake site inspections should be adhered to, but most importantly, they should also be monitored for performance.
- 1.1.3. There needs to be a specific and intentional role assigned to the principal during delivery of infrastructure. This role should include the ability of the principal to oversee the repair work, to interact with the contractor, to raise issues of concern with the project manager, and very importantly, to be able to finally express levels of satisfaction with the repair work that has a material impact as to whether the contractor is paid or not paid.
- 1.1.4. For the sake of accountability, principals are to be informed of the repair specifications before work commences, as well as the full value of the repair contract.

1.1.5. The WCED must have a system that guarantees first contact with principals once an emergency repair has been logged, irrespective of the nature, extent and severity of the repair required.

1.2. Amongst others the WCED's responses to the PSC's recommendations were as follows:

The WCED agreed that its improvement actions will include:

- 1.2.1.1. Providing a clearer definition of what constitutes an emergency request, including the description of risk or impact in standard terms.
- 1.2.1.2. There needs to be a specific and intentional role assigned to the principal during delivery of infrastructure.
- 1.2.2. The WCED will clarify the role and responsibilities for principals as facility managers and support the principle.
- 1.2.3. The productivity of the department's works inspector unit will be strengthened with more effective communication tools and training so that it may discharge its responsibility to better keep the principal and all other school stakeholders (including governors, teachers, learners and community) informed of progress of decisions and works approved to proceed, but not as a pre-requisite for works to commence.
- 1.2.4. Works inspectors will retain the responsibility and also be strengthened to deliver on its responsibility to communicate the findings of site inspections and work assessments, direct the project manager and contractors on the scope and sign-off of works.
- 1.2.5. Financial information on the full value of repair contracts will not be made available, as this requires further contextualisation around procurement arrangements in place by the implementing agent.
- 1.2.6. That an alternative delivery model (SGB-managed repair work) be considered by the WCED and Department of Transport and Public Works (DTPW) as part of their differentiation in delivering repair work in the most efficient and effective manner. To this end, the PSC proposes that the WCED, based on existing data in respect of the functionality of schools, the functionality of SGBs, the financial reports submitted to the WCED, and any other relevant data which speaks to the competence of the governance of a school be used in assessing the accreditation of an SGB for the specific purpose of infrastructure delivery.
- 1.2.7. For minor corrective works below a defined financial expenditure threshold, schools are already expected to hire contractors and effect repair works using school maintenance funds, and therefore hold some competence as regards procurement and contractor management.
- 1.2.8. The proposal to implement a solution that includes SGBs within the delivery model for larger infrastructure repairs will be evaluated within the framework for Infrastructure delivery in the province, which is governed by a cabinet decision and provincial treasury instruction.
- 1.2.9. The sheer volume of emergency requests will necessitate a reflection on the extent to which the WCED's central monitoring oversight capacity might need to be expanded to support this proposal.
- 1.2.10. The major considerations for schools being assigned the responsibility to effect corrective maintenance with funding allocated for this purpose by the WCED, are expected to include: (1) The classification of the emergency request, (2) the urgency to repair facilities and (3) an assessment of local school operating circumstances in terms of strength of general management and governance, as validated by the District.

- 1.2.11. Furthermore, implementing an incentive and reward mechanism in which schools are rewarded with being entrusted with infrastructure delivery on the basis of successfully completing works projects and proving competences with corrective maintenance will be explored.
- 1.2.12. WCED to support, on the basis that this is continuously being improved and evidence of such contact being retained.
- 1.2.13. The stipulated timeframe to undertake site inspections should be adhered to, but importantly should also be monitored for performance.
- 1.2.14. WCED to support, under the strict condition that the Chief Programme Manager for Maintenance (recently appointed in the WCED and with full delegated authority by the Director: Infrastructure Delivery) leads the discussion with district, school and community stakeholders, and that the sharing of the assessment reports will be accessible via a registration and download process.

2. Response by the WCED on the Assessment of the Western Cape Education Department's response to emergency repairs at schools report

Ms L McGlenatendolf, Chief Director: Physical Resources, WCED, welcomed the presentation by the PSC, She informed the Committee that it was an accurate representation of the events that took place. She informed the Committee that the Central Education Management System (CEMIS) for logging in required emergency maintenance from schools was responsive and provided feedback to the school principal on the status of the logged emergency. The WCED did try as much as possible to follow up with the school principals either by email or phone call, although this was not always the case due to a low number of WCED officials as opposed to the number of reported cases. The WCED was working to improve on this and ensure that it provides better communication between itself and the school principals, but the CEMIS was efficient enough to deal with the emergency maintenance logs.

Ms McGlenatendolf stated that the reported 30% of principals who were not satisfied with the CEMIS were mostly those that expected any problem they logged into the system to be attended to immediately even if the cases were not regarded as an emergency. The WCED had a limited budget for making the repairs and could not fix all the cases logged into the system. An SOP document was sent to all the principals to be used to determine what could be classified as an emergency

Ms McGlenatendolf further stated that the contract for effecting the required repairs was between the Department of Public Works and the contractors, there was no contract between the contractor and the principal of the school, there were no funds being directed from the Department of Public Works to the school or its principal. However, the WCED was collaborating with the Provincial Treasury to empower those schools that had the capacity to do their own emergency maintenance repairs.

Ms McGlenatendolf informed the Committee that the WCED was always working towards improving its response time to emergencies, it aimed at getting an official to inspect the damage to prevent further damage or likely injury to anybody on the premises. She recommended the implementation of feedback between the WCED and the PSC for reporting on what needed to be improved in the overall system and for particularly improving the WCED's response time to emergencies.

3. Briefing on the alleged corruption/fraud and/ or maladministration at Chere Botha School

Mr L Goosen, Public Service Commission: Commissioner briefed the Committee on the findings of the PSC on the alleged corruption/fraud and maladministration at Chere Botha School. He informed the Committee that the allegations were anonymously reported on 20

February 2020 and were found to be substantiated. The allegation was that an amount of R26 000 was paid into the incorrect bank account over a period of five years was substantiated and the PSC was satisfied with the disciplinary action the Department took disciplinary action against the principal, but there had been no evidence of a disciplinary action against the Financial Officer of the school, which the PSC recommended.

Funds unaccounted for - an amount of R26 000 was paid into an incorrect bank account over a period of 5 years.

- (i) Service providers, with links to the school were utilized.
- (ii) Preference was given to certain service providers.
- (iii) No full disclosure of financial affairs.
- (iv) High staff turnover.
- (v) Employment Equity was not applied when making appointments.
- (vi) Union representatives were involved in short-listing of interviewed candidates, as opposed to only observing.
- (vii) During short-listing and interview processes, Western Cape Education Department (WCED) representative forms part of the deliberation process, as opposed to only observing.
- (viii) Intimidation of staff by the principal.
- (ix) Disciplinary hearings were held without the knowledge of the School Governing Body (SGB).
- (x) A post level 1 educator was given preference above experienced Heads of Department (HODs) to act as a Deputy Principal.

Methodology used by Chere Botha School: Interviews were conducted with the principal, chairperson of the SGB, the parent component members of the SGB and randomly selected staff members at the school. The PSC obtained documentary evidence based on the allegations. Transactions were sampled and tested against financial policy.

3.1. Findings obtained by the PSC

- 3.1.1. The allegation that an amount of R26000 being paid into the incorrect bank account over a period of 5 years is substantiated. The PSC is satisfied with the disciplinary action taken by the department against the principal. There is no evidence that the school or the department took disciplinary action against the financial officer, as “*capturer*” for her role in the transgression. The PSC recommended that the financial officer be disciplined.
- 3.1.2. The allegation that service providers with links to the school are utilized is not substantiated.
- 3.1.3. The allegation related to the fact that preference is given to certain service providers is not substantiated.
- 3.1.4. The allegation of no full disclosure of financial affairs is substantiated as the principal only informs the SGB about financial matters after the fact.

- 3.1.5. The allegation of high staff turnover is found to be substantiated, however, it cannot conclusively be stated that the reasons for the turnover is poor working conditions at the school.
- 3.1.6. The allegation that employment equity is not applied in appointments is substantiated and the school is encouraged to put in place a plan to ensure transformation of staff as regards to race in particular.
- 3.1.7. The allegation that union representatives be involved in short-listing of interview candidates, as opposed to only observing, is found to be substantiated.
- 3.1.8. The allegation that WCED representatives are involved in the selection of staff is unsubstantiated.
- 3.1.9. The allegation that disciplinary hearings are held without the knowledge of the SGB is substantiated.
- 3.1.10. The process followed by the principal in the appointment of a level 1 educator to act as deputy principal was procedurally correct. However, the PSC concluded that the provisions in WCED 0002/2018, Paragraphs 2.1 (d) was not intended to be used by schools in the manner that it was utilized by the principal at Chere Botha school. One would imagine that such a deviation is necessary in the case of no Head of the Department in the school being available due to illness, leave, incapacity, etc. It would be helpful for the Department to unpack the circumstances under which a deviation is valid.

3.2. The recommendations of the PSC to the WCED

The PSC recommended the following to the WCED:

- 3.2.1. The principal of Chere Botha School should be re-orientated regarding her role and function *viz* the role and function of the SGB. The Circuit Manager should oversee this process.
- 3.2.2. The principal and SGB must ensure that the financial control measures at the school are reviewed and that all financial transactions are governed by the appropriate authorities and delegations. The principal should also timeously inform the SGB of all financial matters.
- 3.2.3. The financial officer be disciplined. In addition, the amounts incorrectly paid to the administrative clerk must be recovered.
- 3.2.4. The principal must follow the normal procurement process in obtaining three quotations from service providers when goods and services are procured. It would be necessary to source entirely new service providers occasionally in order to promote competitiveness and openness.
- 3.2.5. The principal must pursue employment equity targets in new appointments at the school as a matter of principle and in accordance with policy.
- 3.2.6. The principal must inform the SGB when formal disciplinary action is being contemplated in accordance with the governance arrangements involving SGBs.
- 3.2.7. The WCED must clarify the circumstances under which a deviation is valid in terms of the provisions in WCED 002/208, Paragraph 2.1 (d).

3.3. The WCED's implementation of PSC recommendations

- 3.3.1 The Superintendent General (SG) for the Western Cape Education Department, Mr B Schreuder, instructed the Metro East District to ensure that:

- 3.3.1.1 The roles and responsibilities of the Principal and SGB are brought to their attention with emphasis on the following: (a) the normal procurement process in obtaining three quotations from service providers when goods and services are procured. It would be necessary to source entirely new service providers on occasion in order to promote competitiveness and openness.
- 3.3.1.2 The Principal pursues and applies the employment equity targets in new appointments at the School as a matter of principle in accordance with relevant policies. The Recruitment and Selection Minute 0004/2018 and the Employment Equity Plan, 01 April 2018 to 31 March 2023 will be brought to the attention of the Principal and SGB.
- 3.3.1.3 The roles and responsibilities of the Principal and SGB are brought to their attention with emphasis on the following: (a) the Principal should inform the SGB when formal disciplinary actions is being taken in accordance with governance arrangements involving SGBs.
- 3.3.2 The SG for the WCED instructed the Chief Directorate: People Management Practices to clarify the circumstances under when a deviation is valid in terms of the provisions in WCED minute 0002/2018 paragraph 2.1 (d).
- 3.3.3 The SG for the WCED wrote to the SGB requesting them to ensure the efficient and effective implementation of PSC recommendations.

4 Briefing on the investigation into allegations of maladministration and misappropriation of funds at Rhodes High School. NACH Case Number 9920171026112601

Mr L Goosen, Public Service Commission: Commissioner briefed the Committee on the findings of the PSC after its investigation into the allegations of maladministration and misappropriation of funds at Rhodes High School. The investigation was launched after an anonymous call was logged on the National Anti-Corruption hotline (NACH) on 26 October 2017. The anonymous caller alleged that:

- (i) Mr K Long, the Principal of Rhodes High School and Ms Le Walters, the Chairperson of the School Governing Body (SGB) were misappropriating schools funds and were responsible for appointment irregularities.
- (ii) The caller also alleged that Mr Hatting, a Superintendent of the Circuit, was requested to intervene in the matter. Mr J Daries was appointed to investigate the matter and he alerted Mr Long that there was going to be an investigation. Mr Daries and Mr Long Subsequently “cooked the books” before the investigation took place.

He informed the Committee that the PSC found that the principal’s son had been appointed as an IT Technician for the school despite having no formal qualifications in the related field. When the son vacated the post in 2015, a teacher at the school recommended the appointment of the principal’s friend as an IT Technician and was seconded. The SGB proceeded to unanimously accept the recommendation. During interviews, the SGB found that the principal’s friend had studied IT but never completed his second year of studies, but he was appointed to the position.

He said the school had established the Rhodes High School Trust in 1985 and the school principal, who served on the board of trustees, had received R546 025 in payment from the trust in the period 01/2012 to 12/2016 while the SGB chairperson had not received any payment from the trust account. The District office had confirmed to the PSC that the trust account did exist and was being administered by the school.

He stated that the minutes of the trust meeting, dated 10 November 2015, indicated that the Section 38A payments that were made available to the school were approved by the trustees. The SGB chairperson's son was a learner at Rhodes High and during the year 2015 has received a backdated exemption of R26 368.35 in respect of school years 2012 - 2014 and an exemption of R9 960.00 for the fees in 2015. During 2016, he received exemption to the amount of R10 956.00. The PSC recommended that the backdated exemption of R26 368.35 must be recovered from the previous chairperson of the SGB.

He said the investigation showed that a bursar of the school had received payments of R10 500 and R7 000 in respect of the 2013 and 2014 financial year directly from the trust account. Upon investigation there was documentation that authorised an annual allowance, however, it indicated that the bursar was authorised to receive R7 000 in respect of 2013 and R9 500 in respect of 2014 and the contract did not allow for receipt of other forms of allowance. The principal's son had received an amount of R7 500.00 from the trust fund in respect of a raffle on 4 December 2012.

He reported that a criminal case, number 81/09/2020, had been opened at SAPS Mowbray and the case had since been transferred to the Commercial Crimes Unit. The SGB had recovered an amount of R81 730 from the bursar for theft and misappropriation of school funds for the period 2014 to 2017. The recommendations regarding taking further action against the principal had not been implemented because he retired on 31 December 2020.

4.1. The PSC's investigation included the following:

- 4.1.1. All relevant persons were interviewed – complainants, principal, SGB members, financial officer, members of staff, and deputy principals.
- 4.1.2. The PSC consulted two previous Metro Central Education District Office reports on the matter.
- 4.1.3. The report that was approved by the Commission on 2 December 2020.
- 4.1.4. The inordinate delay in concluding this investigation must be noted. The matter was reported in 2017. Commissioner Goosen impressed on the department to expedite the investigation (during 2018 and 2019).
- 4.1.5. The PSC and Western Cape Education Department conducted a joint investigation during August to September 2020.

4.2. Findings and recommendations

Allegation	Findings and recommendations	PSC assessment of findings and recommendations
<p>The principal's son was appointed as IT Technician and later as Security Officer of the school.</p> <p>The principal's friend was appointed as IT Technician when he vacated the post.</p>	<p>(a) Principal's son was appointed by the SGB as IT technician. He had no formal qualifications but were able to do the job.</p> <p>(b) During 2015 the SGB decided to appoint a full time security officer at the school. At SGB meeting on 14/09/2015 Ms X (Teacher) proposed the principal's son for the position. It was seconded by Ms Y and</p>	<p>The PSC agrees with the recommendation under (d) regarding the SGB reviewing its recruitment and selection policies.</p> <p>The PSC agrees with the recommendation under (e) regarding more stringent evaluations being conducted.</p> <p>The PSC agrees with the recommendation under (f) that the SGB chairperson</p>

	<p>unanimously accepted by the SGB.</p> <p>(c) At SGB meeting on 16/11/2015 the appointment of Mr Z (friend) IT maintenance person for the school was endorsed (by the SGB). Mr Z was interviewed - he studied IT but never completed his second year of studies. He was employed for 5 hours per day. Agreement between Mr Z and the school was authorised by the principal and witnessed by staff members.</p> <p>Principal's son was then appointed as Security and Safety Officer.</p>	<p>should sign all employment contracts.</p> <p>The investigation does not give any sanction whether a warning or advice or comment on the desirability of principals employing their own family members.</p> <p>The PSC is of the opinion that it is undesirable for principals to appoint family members and this matter needs to be addressed when setting policy.</p>
<p>The school established a trust, Rhodes High School Trust (the Trust), in 1985 and continues to manage the Trust to date.</p> <p>The principal is unduly benefitting from the Trust Fund (he is being paid a management fee that was never approved by the SGB).</p>	<p>(a) The District Office verified that the Trust Account does exist and that it is administered by the school.</p> <p>(b) The report clearly advises that the Trust Account be closed with immediate effect.</p> <p>(c) The school operates a current account, a call account and a trust account.</p> <p>(d) The principal, who serves on the board of trustees for the school, received R546 025.00 in payment from the Trust for the period 01/2012 until 12/2016.</p> <p>(e) In terms of the section 38A approval the principal was permitted to receive R178 750.00 during 2016.</p> <p>(f) The school obtained approval for Section 38A payments for the years 2012, 2013 and 2015.</p> <p>(g) The SGB Chairperson, has not received any payments from the Trust Account.</p> <p>The prescribed budgeting and Section 38A procedure must be strictly adhered to and implemented.</p>	<p>The District Office and PSC investigation in August established that the Trust account was dormant and that is not operational any longer.</p> <p>The Section 38A payments relate to the SGB making payment to the principal for additional duties. This is approved by the Department. It would appear that the source of the funds was from the trust account and not from the school's bank account. What is important was that the Section 38A process was followed. The investigation reveals that the year 2014 Section 38A approval is absent in the documentation.</p> <p>The minutes of the Trust Meeting of 10 November 2015 indicates that the Section 38A payments were approved by the trustees. In an interview with the principal he confirmed that the payments for his additional duties was made via the trust account.</p> <p>The PSC agrees with the recommendation in (f) that Section 38A approval process needs to be strictly adhered to</p>

Allegation	Findings and recommendations	PSC assessment of findings and recommendations
<p>The chairman of the SGB is unduly benefitting from the trust fund whether monetary or not payment school fees for the past few years.</p>	<p>(a) Chairperson' son was a learner at Rhodes High and during the school year 2015. The Chairperson received backdated exemption of R26 368.35 in respect of school years 2012 - 2014 and exemption of R9 960.00 for year 2015's school fees. During 2016 he received exemption to the amount of R10 956.00.</p> <p>It was recommended that the backdated exemption of R26 368.35 in respect of school years 2012-2014 must be recovered from the previous Chairperson.</p>	<p>In an interview conducted with the principal (18 November 2020) he explained that the previous Chairperson's account at the school was running in arrears over a few years. During 2015 the SGB made a decision to write off the amount of R26 385.35 (this was the arrears amount). The SGB assessed that this debt would not be recovered and therefore made the decision to write this off. This is not an unusual practice as many other accounts of parents are also written off where this is deemed necessary. The principal was asked to produce evidence of this decision (minutes of a SGB or Finance Committee meeting). However, the principal could not provide documentary evidence by the time it was requested.</p> <p>The PSC agrees with the findings and recommendations in (b) only in the event that proof of the administrative decision is not forthcoming.</p>
<p>The bursar is unduly benefitting from the trust account as she is doing the payments and receiving compensation whether in salary increases and / or monthly/yearly payments. The principal's son is unduly benefitting from the trust as he was promoted without cause.</p>	<p>(a) The bursar received payments of R10 500 and R7 000 in respect of the 2013 and 2014 financial year directly from the trust account.</p> <p>(b) She produced documentation that authorised an annual allowance during the investigation. However, according to the documentation the Bursar was authorised to receive R7 000 in respect of 2013 and R9 500 in respect of 2014. The Bursar's contract does not allow for the receiving of other allowances.</p> <p>(c) It was recommended that the over payment of R3 500 to the Bursar be recovered.</p> <p>(d) Principal's son received an amount of R7 500.00 from the Trust Fund in respect of a raffle on 4 December 2012.</p>	<p>The Principal failed to provide documentary proof of Trustee minutes approving the payment to the Bursar by the time it was requested.</p> <p>The PSC agrees with the findings and recommendations in (b).</p> <p>The payment was for duties connected to his appointment as a safety officer. The PSC is satisfied with the finding.</p>

4.3. Overall findings

- 4.3.1. The Bursar committed fraud and theft whilst in the employ of Rhodes High School. The school fees of parents with learners at the school were stolen.
- 4.3.2. The principal was negligent in his supervisory duties in that he did not institute proper controls and detect any of the fraudulent activities over a number of years.
- 4.3.3. The SGB failed on their oversight duty to perform appropriate auditing of the finances of the school and to ensure that fraud and corruption is prevented.
- 4.3.4. The Principal and the SGB as a whole failed in their duty to investigate complaints about financial irregularities.
- 4.3.5. The WCED failed in their duty to investigate complaints about financial irregularities at Rhodes High School.

4.4. The recommendations from the PSC to the WCED

- 4.4.1. A case needs to be lodged with SAPS regarding fraud committed by the Bursar. The PSC has established that the case was lodged and the case number is 81/09/2020.
- 4.4.2. The PSC notes the resignation of the Bursar.
- 4.4.3. A full investigation needs to be taken by the SGB to determine the extent of fraud and theft committed by the Bursar over the past three years.
- 4.4.4. The Department needs to determine whether further action must be taken against the Principal for lack of oversight in financial matters, which resulted in a financial loss to the school.
- 4.4.5. A full forensic investigation needs to be conducted under the auspices of the WCED and the PFS spanning the tenure of the principal.

4.5. The PSC provided the following updated on its recommendations

- 4.5.1. Case number 81/09/2020 opened at SAPS Mowbray. The case has since been transferred to the Commercial Crimes Unit.
- 4.5.2. The Bursar resigned.
- 4.5.3. The SGB recovered an amount of R81 730.00 from the Bursar for the theft and misappropriation of school funds for the period 2014 – 2017.
- 4.5.4. The recommendation regarding taking further action against the principal was not implemented as he retired on 31 December 2020.
- 4.5.5. The Department has requested Provincial Forensic Services (PFS) to perform a full forensic investigation spanning the tenure of the principal. The investigation is currently being conducted.

4.6. The PSC requested that the WCED scrutinizes the ethical issues and policy considerations

- 4.6.1. A competent and experienced SGB Treasurer is an invaluable resource to a school. Has the WCED scrutinized the competence of school Treasurers?
- 4.6.2. With regards to the Section 38A payments to principals, no proper regulatory framework and a free-for-all situation prevails.
- 4.6.3. Principal and their family members on staff there is no regulatory framework and there is a hands-off approach from department.

4.7. The WCED input on the investigative report of Chere Botha School and Rhodes High School

Mr Redewan Larney, Deputy Director: Physical Resources, WCED, addressed the issues relating to the Chere Botha School, He informed the Committee that the WCED was grateful for the support it received from the PSC in terms of highlighting corrupt activities at schools. The WCED had implemented few strategies for dealing with the issues raised. The first being the introduction of quarterly meetings between the Department and the Provincial Forensic Services to provide updates to both the WCED and the districts. The second, for highlighting potential risks and suggesting preventative measures that can be undertaken to avoid those risks.

In addition to the quarterly meetings, there were also bi-annual meetings being held between Forensic Services, Directorate Internal Control and district staff which were responsible for investigating financial mismanagement. The Department had informed the Forensic Services that its district officials were not forensic investigators and hence sometimes it was not easy for them to be able to detect financial mismanagement.

He stated that the Directorate for Internal Control was looking into the cases of financial mismanagement that had been detected and the WCED had vacant posts for handling financial mismanagement which were prioritised so that there could be available resourced staff to attend to schools and figure out what was going on in terms of financial misappropriation.

There had been a new SGB cohort among the schools which was elected in April 2021 and the WCED had been actively providing training to them on financial management and how to detect fraud and corruption within their schools. The management team of Chere Botha School had attended that training in May 2021 and an upcoming training session was scheduled for 9 September 2021. The training was designed to enable SGBs to be able to figure out what was “fraud, corruption and theft”. The WCED was also planning to implement continuous monitoring of the schools’ financial record officers and the circuit manager; however, it was noted to be of importance that there were annual financial statement reviews of the schools.

With specific reference to Chere Botha School, the circuit manager developed a management plan to address all the recommendations that were made by the PSC. The management plan was on track although there had been delays associated with the election of the new SGB and the fact that schools had to close early as a result of the COVID-19 pandemic. The WCED hoped to implement all the key recommendations made by the PSC before the end of the year.

He said that the Directorate Employee Relations of the Department could not institute any disciplinary hearing for the implicated finance officer of Chere Botha School, as she was found to be a member of the SGB. The Circuit Manager was actively guiding the newly elected SGB in terms of what actions it could take against her.

The WCED has taken the following steps in respect of Rhodes High School to action PSC recommendations, the district actioned the Interim PSC recommendations wherein in the SGB were informed to take action to determine the extent of the misappropriation of funds.

The actions taken by school includes: The SGB holding back an amount of R81 730.00 from the bursar's pension. This amount was uncovered to have been mismanaged during the investigation by the District Office and the PSC. The SGB of Rhodes High School reported the financial mismanagement on the part of the bursar to SAPS, Mowbray. Case number: CAS 81/9/2020. Steps were being taken by the new SGB to change the school auditors

The action taken by the WCED includes those based on the PSC's recommendations and district findings, Provincial Forensic Services (PFS) was requested on 26 May 2021 to perform an investigation to determine the extent of fraud and theft committed by Ms Powell. This investigation is currently in progress. No further action could be taken against the principal as he resigned at the end of December 2020

5. Request for information

Committee requested the following information:

- 5.1. The WCED to provide a report on the fee increase at Rhodes High School from 2019 to 2021.
- 5.2. The PSC to provide the National Anti-corruption and the PSC's maladministration hotline numbers.

6. Committees observations

The Committee noted the three reports submitted by the Public Service Commission, the committee also notes the responses and remedial actions implemented by the Western Cape Education Department. The Committee further wishes to encourage further cooperation between the PSC and the WCED.

7. Conclusion

The Committee successfully concluded its briefing and took cognisance of the work of the Public Service Commission.

4. The Standing Committee on Education having conducted unannounced oversight visits to the Masakheke Combined School in Robertson, Worcester Sekondêr Skool and Esselenpark Sekondêr Skool in Worcester on 7 September 2021, reports as follows:

The delegation

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

Allen, RI (DA)
 Botha, LJ (DA) (Chairperson of the Committee and the delegation)
 Brinkhuis, K (Al-Jamah)
 Sayed, MK (ANC)

Apologies

Bosman, G (DA)
Christians, FC (ACDP)

The following parliamentary official accompanied the delegation:

Ms. W Hassen-Moosa, Procedural Officer

1. Overview

The Standing Committee on Education resolved to conduct unannounced oversight visits to three schools that achieved less than 60% on their National Senior Certificate (NSC) results during the 2020 academic year in the Cape Winelands Education District. The visits were unannounced however the committee requested officials from the district to be present during the visit.

2. Visit to the Masakheke Combined School in Robertson

Mrs. J. Treurnicht, the Principal of the school and Mr. L.H. Rousseau, the Circuit Manager for the area received the Committee.

2.1 Key aspects discussed at the school

2.1.1. Mrs Treurnicht briefed the Committee on the basic functionality of the school, she reported that:

- 2.1.1.1. The school adheres to the Code of Conduct for Educators, Learner Educators, and learner conduct;
- 2.1.1.2. The principal maintains high visibility by walking around during contact time to ensure that education is taking place, to prevent loitering and vandalism, and that all staff members are productive;
- 2.1.1.3. The school management is encouraged to take time and talk informally with learners and educators during breaks;
- 2.1.1.4. The head of each grade visits classrooms to observe and discuss school issues with learners and educators;
- 2.1.1.5. All learners attend and participate in extra- and co-curricular activities; and
- 2.1.1.6. Post establishment educator vacancies are filled as soon as possible to ensure that there is a full staff complement at the school.

2.1.2. With regards to Leadership, management and communication, she reported that:

- 2.1.2.1. The Job descriptions of each member of the senior management team of the school are clear and all understand their roles and responsibilities, as per their signed job descriptions. A formal discussion is held with all staff members at least once a year regarding the link between their job descriptions and the performance standards which are per their post levels. All tasks assigned to them (e.g. to implement the School Improvement Plan action plans) are opportunities to enhance their performance;
- 2.1.2.2. The principal monitors the work done by the departmental heads of the school and aligns the decisions made in meetings with classroom practices; and
- 2.1.2.3. One-on-one discussions are held with each departmental head to track progress with the implementation of Subject Improvement Plans.

2.1.3. The impact on school operations in 2020 saw challenges in the Learner Transport Scheme during the Covid-19 pandemic in the Cape Winelands Education District. 155 Routes were affected from the period 16 June 2020 to 30 October 2020.

2.1.4. The school had no additional preparation for the NSC exams from 04 November 2020.

2.1.5. The Cape Winelands Education District office is continuously monitoring the school.

2.1.6. As motivation, the school has designed a Matric uniform as a method of encouragement for learners for 2021.

2.1.7. Breakdown of the number of learners, subjects and average obtained:

Masakheke Combined School – GRADE 12									
SUBJECT	TOTAL WROTE	SUBJECT AVERAGE	0-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80-100%
Business Studies	68	64,6	2	3	7	6	5	40	5
Computer Applications Technology	8	39,3	1	2	3	1	1	0	0
English First Additional Language	77	72,4	1	0	1	10	19	22	24
Geography	68	55,9	5	7	10	18	15	7	6
History	21	60,5	0	0	4	6	6	5	0
IsiXhosa Home Language	77	53,0	6	9	17	18	17	5	5
Life Orientation	77	64,9	2	0	5	12	29	21	8
Life Sciences	56	54,1	2	6	11	16	13	8	0
Mathematical Literacy	66	26,1	41	15	8	2	0	0	0
Mathematics	11	14,4	8	3	0	0	0	0	0
Physical Sciences	7	33,3	2	3	2	0	0	0	0

3. Visit to the Worcester Sekondêr Skool in Worcester

Mr. A.D. Neethling, the Principal of the school and Ms. J. Harker, Circuit Manager for the area received the Committee.

3.1. Key aspects discussed at the school

3.1.1. Mr Neethling briefed the Committee. He reported that the principal and senior management team's supervision and evaluation of instruction includes:

- 3.1.1.1. Lesson observations, using Performance Management instrument: Review learner work when evaluating classroom instruction;
- 3.1.1.2. Conducting informal observations in classrooms regularly (informal observations are unscheduled, which last at least five minutes, and may or may not involve written or formal feedback);
- 3.1.1.3. Indicates specific strengths in educators' instructional practices in post-observation feedback (e.g. in discussions or written evaluations);
- 3.1.1.4. Highlights specific weaknesses in educators' instructional practices in post- observation feedback (e.g. in discussions or written evaluations); and
- 3.1.1.5. Follow-up done on recommendations to address weaknesses and to build on strengths.

Tourism	78,2	1	0	10	10	18	18	96
Visual Arts	40,6	3	1	19	5	1	0	0

4. Visit to the Esselenpark Sekondêr Skool in Worcester

Mr. F.W. Beukes, the Principal of the school and Ms. J. Harker, Circuit Manager for the area, received the Committee.

4.1. Key aspects discussed at the school

4.1.1. Mr Beukes briefed the Committee on areas for improvement at the school, which are:

- 4.1.1.1. Positive relationships with all staff members and learners;
- 4.1.1.2. Encouraging of educators to use available opportunities to improve teaching practice; and
- 4.1.1.3. Teachers attending development workshops to improve maximum learner potential.

4.1.2. He stated that the school aims to improve learners' performances, (both academically as well as on extra-curricular levels). Assessment is conducted regularly to provide evidence of learner progress.

4.1.3. The school requires that all parents, teachers, and community members must be more involved to guide the learners in the right direction.

4.1.4. Leadership Skills Development has been implemented and closely monitored.

4.1.5. The school is upgrading its resources and provides workshops for teachers to learn how to use technology effectively. Schools in the district are encouraged to share resources.

4.1.6. The school utilises e-learning to expand their knowledge and understanding and increase learner engagement.

4.1.7. The school needs to develop strategies to increase learner participation. Learners in the deep rural areas miss out due to transport issues

4.1.8. The school aim's to improve learners' performance.

4.1.9. Breakdown of the number of learners, subjects and average obtained:

Esselenpark Sekondêr Skool – GRADE 12								
SUBJECT	SUBJECT AVERAGE	0-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80-100%
Accounting	57,8	1	0	6	12	13	5	0
Afrikaans Home Language	49,6	17	18	98	65	45	14	1
Business Studies	73,2	7	2	3	6	10	9	56
Civil Technology (Woodworking)	52,3	0	0	7	1	3	1	0
Computer Applications Technology	51,3	2	8	5	10	4	4	2
Consumer Studies	53,3	4	6	14	19	10	7	3
Economics	61,3	0	3	8	14	30	9	7
Engineering Graphics and Design	77,0	0	0	0	0	0	30	0
English First Additional Language	50,4	10	42	82	59	47	19	3
Geography	58,6	16	7	13	22	17	17	25
History	49,6	2	10	13	20	13	2	1
Life Orientation	45,6	31	41	79	38	30	11	8
Life Sciences	55,5	0	8	15	21	11	8	3
Mathematical Literacy	36,6	59	64	39	21	12	4	0
Mathematics	59,7	2	0	4	3	2	1	6
Mechanical Technology (Welding and Metal Work)	61,4	0	0	0	1	17	0	0

Physical Sciences	44,5	0	2	8	1	1	0	0
Technical Mathematics	44,4	11	2	3	3	4	2	4
Technical Science	84,9	0	0	0	0	1	4	24
Tourism	68,2	0	1	5	14	40	39	15
Accounting	76,9	0	0	0	0	2	3	4
Afrikaans Home Language	61,0	17	8	29	34	47	36	39
Business Studies	68,3	0	0	5	8	15	27	10
Computer Applications Technology	31,4	22	7	10	3	1	0	1
Consumer Studies	70,3	0	0	1	0	18	14	4
Dance Studies	36,3	1	7	1	2	0	0	0

5. Cape Winelands Education District priorities for 2021

5.1. The WCED informed the Committee that the schools in the district are preparing for the 3rd and 4th Wave of COVID-19 by focusing on:

- 5.1.1 Development of online teaching and learning content and support;
- 5.1.2. Mobility resourcing (data cards and laptops for school-facing staff);
- 5.1.3. Lesson streaming (e.g. St. Marks Primary School);
- 5.1.4. Teacher development in online lesson planning and delivery;
- 5.1.5. Promotion and monitoring of learner and teacher wellness and trauma-informed care;
- 5.1.6. School safety; and
- 5.1.7. Senior Management Team resilience.

5.2. The WCED also informed the Committee that there is focused support to primary and high schools that includes:

- 5.2.1. Diagnostic discussions based on 2020 NSC results as an "outlier" and historic trend;
- 5.2.2. Review of management and leadership culture (principal, senior management team, school governing body using tools);
- 5.2.3. Lesson streaming and Online Tutoring;
- 5.2.4. Learner-directed support (MicroSD cards);
- 5.2.5. Compulsory use of School Based Assessment as a learner tracking tool;
- 5.2.6. Psycho-Social Support Programme for Grade 12s;
- 5.2.7. Awareness and training on assessment accommodations; and
- 5.2.8. All educators and Grade 12's participation in Growth Mindset (T2P)

5. Conclusion

The Committee successfully concluded its unannounced oversight visits and took cognisance of the challenges experienced by the various schools that were visited. The Committee would also like to acknowledge the outstanding initiative taken to prepare teachers, learners and parents for Grade 12 learners at the schools.

6. Acknowledgments

The Committee thanks the WCED, principals, and teachers of all three schools visited.

5. Report of the Standing Committee on Health on its oversight visits to the health facilities in Worcester on 25 August 2021.

The Standing Committee on Health having conducted oversight visits to the health facilities in Worcester on 25 August 2021, reports as follows:

The delegation

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

Democratic Alliance

Allen, RI
Botha, LJ
Philander, WF (Chairperson)

African National Congress

Windvogel, R

Additional Member

Bans, AP (ANC)

Apologies

Xego, M (EFF)
Bakubaku-Vos NG (ANC)

4. Background

The Standing Committees on Health conducted oversight visits to the health facilities in Worcester on 25 August 2021.

The purpose of the visits was to determine how the COVID-19 vaccinations were administered and the impact of the COVID-19 pandemic on the health services offered by these facilities.

2. Salient points that emanated from the visit to the Worcester Community Health Centre

- 2.1 The Committee visited the Worcester Community Health Centre and Sister Frantz welcomed the Committee in the absence of Sister Olivier, the Facility Manager.
- 2.2 She informed the Committee that the Centre operates on weekdays from 08h00 to 16h00.
- 2.3 This facility offers health services that includes Acute Services, Mother and Child Health, Chronic Diseases Care, Women's Health, HIV and TB Care, Men's Health and Allied Health Care such as Physiotherapy, Mental Health Services and Oral Health.
- 2.4 This facility has a total of 37 health workers that consists of one Operational Manager, 15 Clinical Nurse Practitioners, four Staff Nurses, two Assistant Nurses, and nine resident Doctors who also work in the farms and other facilities. In addition, the Allied Workers visit the facility on specific days to provide the Allied Health Care Services.
- 2.5 On arrival, the Committee noted that there were long queues of patients that were standing outside and inside the facility.
- 2.6 Sister Frantz informed the Committee that there was a Triage Sister who was responsible for fast-tracking frail patients, older persons and persons living with disabilities. There were Community Based Care Workers who were ensuring that patients kept social distancing whilst queuing.
- 2.7 It was reported that the health facility was providing health services to approximately 2000 patients per week.

- 2.8 She informed the Committee that the health facility has an appointment system and a triage system in place to manage the long queues, however, some patients missed their appointments and chose to visit the facility on a different date.
- 2.9 The Committee was informed that sometimes the health facility is not able to attend to all patients due to the high number of patients, however, the facility was prioritising the overflow patients the next day.
- 2.10 Sister Frantz indicated that chronic patients were collecting their chronic medication from a central site outside the facility. In addition, the chronic medication was delivered to patients on request.
- 2.11 The Worcester Community Health Center was not testing for COVID-19 nor vaccinating any persons. It was reported that when the Triage Sister suspects COVID-19, she refers patients to the Worcester Hospital and patients were vaccinated at the Worcester Town Hall.
- 2.12 Sister Frantz accompanied the Committee to a walkabout of the facility, the Committee inspected a card machine scanner at the entrance of the facility where patients scan their cards on arrival. In addition, the Committee also visited the maternity ward, the dentistry section, the wound section and the TB section.

3. Oversight visit to the COVID-19 testing site at the Worcester Hospital

On arrival at the Worcester Hospital, the Committee observed that the screening and testing site was within the yard of the hospital but away from the normal health services. Sister Venter, the Coordinator for the site welcomed the Committee. She reported that the site operates from 07h00 to 15h00 on weekdays, from 09h00 to 12h00 on Saturdays and closed on public holidays.

According to Sister Venter, the site has a dedicated Medical Doctor who was responsible for testing the coronavirus by taking a swab from the throat and nose. The doctor was working with two Medical Interns from the University of Stellenbosch. She further mentioned that the majority of persons that were tested were referred to the site by doctors and health facilities around the Breede Valley Municipality and the surrounding areas. She indicated that the results were available within 24 to 48 hours. During the visit, the site was empty, no persons were being tested.

4. Oversight visit to the COVID-19 vaccination site at the Worcester Town Hall

The Committee visited the Worcester Town Hall, a central vaccination site in Worcester. Sister Daries welcomed the Committee. She reported that the site was vaccinating about 300 to 600 persons per day.

According to Sister Daries, the waiting period was 10 to 15 minutes and the site had three vaccination stations. She mentioned that the majority of people that were vaccinated were walk-ins. It was reported that there was sufficient stock of the *Pfizer vaccine and the J&J vaccine was out of stock.*

The Committee noted that the flow of people was properly managed and there were no issues with the vaccination process at the Worcester Town Hall.

The Committee thanked officials at the Worcester Town Hall for their hard work and dedication during the COVID-19 pandemic.

The Committee successfully concluded its visits.