

# PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

## ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

WEDNESDAY, 29 AUGUST 2018

### ANNOUNCEMENT

The Speaker:

**Referral of bill to committee in accordance with Rule 220:**

**Standing Committee on Finance**

Draft National Gambling Amendment Bill, 2018 (NCOP) (proposed section 76 Bill).

### COMMITTEE REPORTS

#### 1. REPORT OF THE STANDING COMMITTEE ON COMMUNITY DEVELOPMENT ON AN OVERSIGHT VISIT TO THE SALT RIVER MORTUARY ON TUESDAY 8 MAY 2018.

The Standing Committee on Community Development (Health), having conducted an oversight visit to the Salt River Mortuary on 8 May 2018, reports as follows:

#### **Delegation**

The delegation included the following Members:

#### **Democratic Alliance**

Botha, LJ (Chairperson)

Mitchell, DG

#### **Additional Members**

Gopie, D (ANC)

Lekker, PZ (ANC)

## **Apology**

Makeleni, P (ANC)

Wenger, MM (DA)

The following parliamentary official accompanied the delegation:

Ms N Jamce, Committee Coordinator

### **1. Introduction**

The Standing Committee as part of its oversight mandate over the Department of Health and complying with its programme resolved to embark on an oversight visit to the Salt River Mortuary.

### **2. Overview**

The delegation visited the Salt River Mortuary on Tuesday 8 May 2018. Following media reports about the backlog and security issues at the mortuary in 2017, the Committee resolved to visit the Salt River Mortuary as part of its oversight mandate over the Department of Health.

The purpose of the visit was to assess the operations of the facility that include the admission processes, the backlog challenge and the security measures that are in place. This visit was scheduled as part of the committee programme for the 2018/19 financial year.

### **3. Committee observations on the activities of Salt River Mortuary**

- 3.1. The Salt River Forensic Pathology Laboratory (Salt River Mortuary) was built in 1957 and was initially operated by the South African Police Service (SAPS) before being transferred to the Department of Health in April 2006.
- 3.2. The Forensic Pathology Service is a specialised service rendered by forensic pathologists and forensic pathology officers with a quantum of level 1, 2, 3 and 4 activities being provided.
- 3.3. The forensic pathology facilities are classified according to its caseload and the type of care they provide.
- 3.4. The Salt River Mortuary is classified as a level 3 or level 4 facility according to its caseload with additional specialised support services such as neuropathology, histopathology, paediatric pathology, odontology, toxicology, molecular scientists, entomology, anthropology and any other functions related to case admission.
- 3.5. The operational geographical service of the Forensic Pathology Service is aligned with that of the SAPS and National Prosecuting Authority (NPA) as key strategic partners.
- 3.6. The scope of the Forensic Pathology Service is, among others, to conduct death-scene investigations, to transport the deceased, to assist the SAPS with the identification of deceased people, including the identification of disaster victims. Furthermore, the mortuary is responsible for conducting autopsy and post-mortem examinations, for collecting and the safe custody of evidence and specimens,

- for the preparation of judicial reports and statements and for providing training of doctors, registrars, undergraduate students and forensic pathology officers.
- 3.7. The Salt River and Tygerberg forensic pathology laboratories are two of the 17 forensic laboratories in the Western Cape that serve the Cape metropolitan area.
  - 3.8. The Western Cape Forensic Pathology Service also renders assistance to other provinces and countries, e.g. Cameroon.
  - 3.9. In addition, the Forensic Pathology Service in the province assists in the processing of blood-alcohol and toxicology samples for the Forensic Chemistry Laboratory of the national Department of Health, the processing of DNA for scientific identification for the SAPS Forensic Science Laboratory and the processing of blood and tissue samples for microbiology, virology, chemistry, immunology and haematology.
  - 3.10. The Committee was informed that strict measures are in place to prevent the theft of the belongings of the deceased on admission. During the process of admission, a forensic pathology officer signs and SAPS countersigns the FPS002 form on receiving the deceased which includes a record of all the belongings of the deceased.
  - 3.11. The SAPS also completes a SAPS 180 form that captures the property found. This form is also signed by a forensic pathology officer. These two forms should correlate.
  - 3.12. It was reported that the forensic vehicle sometimes collects more than one deceased body due to the high number of deaths in the metropolitan area. To prevent confusion while collecting on multiple scenes, the deceased receives a body tag on the scene and this is photographed.
  - 3.13. At Salt River Mortuary the deceased are checked for additional property and this is captured in the FPS009 property-collection form and in the R004 property register. Thereafter, the property is sealed in a property bag and the seal number is recorded in the property register and property form. The property is then dropped into the drop safe and this is recorded by CCTV cameras.
  - 3.14. On release, the tag is double checked to ensure correlation and to ensure that correct cases are released. In addition, the sealed property bag is handed over to family or to the undertaker under signature.
  - 3.15. It was reported that some of the security features at the Salt River Mortuary include: CCTV cameras throughout the facility, records, a 24-hour security at access points, dispatch fridges that are kept locked, and the drop safe that has been installed for all valuables belonging to the deceased. Only one person has the authorisation to open this safe.

## **4. Challenges**

### **4.1 Backlog within the Western Cape Forensic Pathology Service**

- 4.1.1 With regard to the recent strike activity, consultation was conducted at national level and certain issues were resolved by the implementation of danger allowance, special allowances and the implementation of the regulations regarding the rendering of forensic pathology services in terms of the National Health Act, 2003 (Act 61 of 2003).
- 4.1.2 An increase in caseload and case complexity were reported.
- 4.1.3 It was reported that three forensic pathology officers, nine forensic pathology assistants and two data captures were appointed in 2017.

- 4.1.4 Long-standing backlogs of toxicology results for suicide and drug cases are preventing finalisation of post-mortem reports, and thus preventing emotional and legal closure for families.

## **4.2 Backlogs on toxicology results at the Forensic Pathology Service**

- 4.2.1 Delays in releasing post-mortem reports is a direct result of backlogs being experienced at the **Forensic** Chemistry Laboratory (FCL), with the processing of toxicology specimens. A decision was taken by the Western Cape Forensic Pathology Service to issue interim post-mortem reports while laboratory results from FCL are awaited.
- 4.2.2 The Western Cape Forensic Pathology Service reported that it was still awaiting toxicology results from as far back as 2006. The results will more than likely be unreliable or the samples will be lost or degraded to a point of not warranting an analysis.
- 4.2.3 It was reported that many of the cases of the Forensic Pathology Service were still under investigation and no findings have been made to the courts.

## **4.3 Muslim cases**

- 4.3.1 The Committee was informed that complaints were received with regard to the delay of releasing Muslim deceased bodies.
- 4.3.2 The Western Cape Forensic Pathology Service held a meeting with the Muslim Judiciary Council and Muslim burial organisations. Furthermore, cases were monitored, resulting in cases being released within two days after admission and direct communication with families.
- 4.3.3 It was reported that the Salt River Mortuary is currently on admission-to-identification rate of 1, 55 days, admission-to-post-mortem rate of 2,41 days and 3,05 days for admission-to-release rate.

## **4.4 Challenges experienced with the Birth and Deaths Registration Act**

- 4.4.1 The Birth and Deaths Registration Act, 1992 (Act 51 of 1992), basically excludes forensic pathology service processes as the Act deals mainly with natural deaths and is silent on other forms of deaths.
- 4.4.2 The prioritising of cases based on religious beliefs has severe challenges for forensic pathology services, especially when other cases are removed from the post-mortem role to accommodate this practice. It was reported that officials of Forensic Pathology Service in the Western Cape are often verbally abused and threatened with violence. The Salt River Forensic Pathology Service reported that it has stopped this practice as a routine, and a triage system, according to international forensic pathology principles, is the only criterion that is applied which is of medico-legal investigation of unnatural death.
- 4.4.3 The triage system for cases is adhered to and cases are prioritised based on the NPA prioritisation needs, evidence collection needs, case complexity and case mix, admission date and whether a case has been identified.

#### **4.5 Backlog in relation to the SAPS**

- 4.5.1 It was reported that the SAPS detectives are refusing to take fingerprints of the deceased. This is causing lengthy delays in identifying the deceased. The deceased being buried as unidentified has a major impact on the storage capabilities of the Salt River Mortuary due to the increased number of unidentified bodies in storage.
- 4.5.2 The SAPS is not conducting proper investigations into the identity of the deceased or the whereabouts of the family of the deceased.
- 4.5.3 The knowledge of the SAPS regarding scientific identifications is lacking and has an impact on the processes of the forensic pathology services.
- 4.5.4 Numerous DNA samples are not yielding profiles that leads to the Forensics Pathology Service to continually extract DNA samples for the Forensic Science Laboratory of the SAPS.

During the visit it was reported that the Salt River Mortuary has a total of 302 cases of those deceased that were not identified due to waiting for fingerprints and feedback from the investigating officers. The forensic officials also indicated that a public-private partnership with insurance companies will be appreciated and would benefit all the relevant stakeholders.

#### **5. Acknowledgments**

The Committee wishes to express its appreciation to the entire staff of the Salt River Forensic Pathology Service for their dedication and hard work in providing the communities of the Western Cape with best forensic services in times of need and under trying conditions.

#### **6. Conclusion**

The Committee successfully concluded the oversight visit to the Salt River Mortuary.

## **2. REPORT OF THE STANDING COMMITTEE ON COMMUNITY DEVELOPMENT ON AN OVERSIGHT VISIT TO THE SWARTLAND DISTRICT HOSPITAL IN MALMESBURY ON TUESDAY 12 JUNE 2018.**

The Standing Committee on Community Development (Health), having conducted an oversight visit to the Swartland District Hospital in Malmesbury on 12 June 2018, reports as follows:

#### **Delegation**

The delegation included the following Members:

##### **Democratic Alliance**

Botha, LJ (Chairperson)

Mitchell, DG

##### **African National Congress**

Makeleni, P

**Additional Members**

Gopie, D (ANC)

Lekker, PZ (ANC)

**Apology**

Gillion, M (ANC)

Wenger, MM (DA)

Ms N Jamce, Committee Coordinator, accompanied the delegation.

**1. Introduction**

The Standing Committee as part of its oversight mandate over the Department of Health and complying with its programme resolved to embark on an oversight visit to the Swartland District Hospital in Malmesbury.

**2. Overview**

The delegation visited the Swartland District Hospital (the Hospital) in Malmesbury on Tuesday 12 June 2018. Following the fire damage that resulted in the budget allocation of R18 260 000 from the Provincial Revenue Fund, authorised in terms of Section 25 of the Public Finance Management Act, 1999 (Act 1 of 1999).

The Committee resolved to visit the Hospital to conduct an inspection of the facility, assess the progress of the project followed by a briefing session with the Department and the hospital management on the repairs of the Hospital and the services that it will be able to offer after the erection of the new hospital. This visit was scheduled as part of the committee programme for the 2018/19 financial year.

**3. Committee observations during the visit**

- 3.1 Before the fire, the Hospital had 85 beds, namely, 24 hours emergency services, X-rays and antenatal sonar, outpatients departments, maternity services including emergency cesarean sections, elective service including emergency cesarean sections, elective surgery and pediatrics and medical in-patient services.
- 3.2 The clinical services that consist of 52 in-patient beds such as the rape survivor room, two theatres, sterilisation department, radiography services including x-rays and sonography and four calming rooms for acute mental health admissions were lost due to the fire damage.
- 3.3 The non-clinical services such as the kitchen services, patient administration service points as well as the telecommunication operating systems were among the infrastructure that was damaged by the fire.
- 3.4 It was reported that the Hospital lost equipment to the value of R23 296 400. Most of the equipment in the affected areas of the hospital was destroyed to the extent that it was dimmed beyond repairs to deliver safe clinical services. However, some of the equipment saved during the fire from the emergency center is used in the relocated temporary casualty department.
- 3.5 During the 2017/18 financial year, the year in which the fire occurred at the hospital, an emergency funding was made available by the Department of Health for the purchase of essential equipment needed for the healthcare service delivery.

- 3.6 A total funding of R8, 27 million was spent. Essential items purchased included an ultrasound imaging unit, patient monitors, and equipment required to make the kitchen fully operational.
- 3.7 For the current financial year another R9, 0 million was allocated to the Hospital for the Health Technology.
- 3.8 The fire significantly impacted on the ability of the clinical staff to deliver full health services. Some equipment was procured to minimize inconveniences in the delivery of the health services. Medical equipment was also lent from the Department.
- 3.9 Currently, the Hospital has 41 beds for the pediatric male and female patients. The hospital also offers services such as pharmacy, physiotherapy and all non-clinical support services.
- 3.10 It was also reported that after the fire, some of the services of the Hospital were transferred to other surrounding hospitals. Services such as the day theatre, X-rays, and inpatient mental health care services were transferred to the Radie Kotze Hospital, the Paarl Hospital is providing services such as the maternity, emergency surgical, daily X-rays and taking level 2 referrals, whilst the Wesfleur Hospital provides the emergency services to patients from Darling and the surrounds areas.
- 3.11 The Swartland District Hospital does not have a Clinicom System to store patient's folders, some of the patient's folders that were in the wards during the fire were completely destroyed. The Department undertook to roll out the Clinical System after the completion of the infrastructure renovations.
- 3.12 The Department reported that asbestos was found in the structure of the Hospital and strict restrictions were in place to restrict entry to the affected building. The building would be demolished in December 2018.
- 3.13 After the infrastructure renovations, the hospital will consolidate all clinical services, extend and strengthen local infrastructure to deliver the full package of care and restore service platform.
- 3.14 The Western Cape Government Health (WCGH) is planning to build a new hospital replacement with 130 beds in accordance with the 2030 vision. The preferred site has been identified in consultation with the Swartland Municipality and the Department of Transport and Public Works.
- 3.15 The details of portion configuration and procurement are ongoing and the Detailed Site Investigation Report by the Department of Transport and Public Works for the new Swartland Hospital was completed in May 2018.
- 3.16 The business case of new the hospital was submitted to the National Department of Health on 12 January 2018 and the provincial department received a formal confirmation of business case approval on 6 June 2018.
- 3.17 The new Swartland Hospital is estimated to cost R600 million and the provisional practical completion date is 31 March 2026.
- 3.18 The current site of the Swartland Hospital will be used for the forensic laboratory services and for the Emergency Medical Services after the completion of the new hospital.
- 3.19 It was further reported that the hospital management and the hospital board members have a good professional working relationship. After the fire, the hospital board sponsored a staff lunch and the Recognition Team Award to acknowledge and show appreciation to the Hospital employees for their dedication and sacrifices during the fire outbreak.

**4. Acknowledgments**

The Committee wishes to express its appreciation to the entire staff of the Hospital for their dedication and hard work in providing the communities of Malmesbury with health services under trying conditions.

**5. Conclusion**

The Committee successfully concluded the oversight visit to the Swartland District Hospital.