# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 1305**

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**(INTERNAL QUESTION PAPER NO. 13)**

**Ms N N Chirwa (EFF) to ask the Minister of Health:**

What (a) action has he taken in relation to the recommendations by the Ombudsman at the Rahima Moosa Hospital that the Chief Executive Officer (CEO) should be released and a new CEO be placed at the specified hospital, (b) number of recommendations pertaining to the Rahima Moosa Hospital from the Ombudsman (i) has his department implemented and (ii) are still outstanding and (c) period was his department given by the Ombudsman to respond to the recommendations and concerns raised over the hospital? **NW1470E**

**REPLY:**

1. The Chief Executive Officer of Rahima Moosa hospital Dr Mkabayi has been transferred to the Provincial Department of Health for the duration of her contract. Dr Mkabayi is receiving professional support and training required and she is adapting very well in the new environment and her performance is good. There are no challenges experienced thus far as she has knowledge, skills and abilities required to execute her responsibilities at this office. She has also subjected herself to the Health Professions Council of South Africa(HPCSA) processes and the outcome of which is now the mandate of the HPCSA.

In a letter received on 15 May 2023 the Office of the Premier has advised that they have requested the SIU to conduct the respective investigations relating to some of the matters raised by the Ombuds.

The above encompass nine (9) of the Ombud’s recommendations specific to Dr Mkabayi.

1. (i)-(ii) Table 1 below represents a list of the other recommendations from the Ombudsman report and the status to date.

**Table 1: (i) Ombudsman recommendation and status to date**

|  | **RECOMMENDATION** | **STATUS** | **ACHIEVED** |
| --- | --- | --- | --- |
| **Human Resources Related** | | |
| 1 | Appointment of the new CEO for RMMCH is identified and appointed within 3 Months | In progress | * Post was advertised in the Sunday Times Newspaper of 23 April 2023 with a closing date of 5 May 2023. * The Selection Committee has been appointed. * Shortlisting will be conducted on 30 May 2023 |
| 2 | The advertisement for the CEO position should be in line with standardised requirements for CEOs of regional and tertiary level hospitals to ensure any potential candidates meet all relevant criteria and are 'fit for purpose' | Completed | Post was advertised in the Sunday Times Newspaper of 23 April 2023 with a closing date of 5 May 2023. Post was also placed on the GPG Jobs Portal |
| 3 | GDOH to consider using recommended CEO advert as outlined in the Ombuds report (pg 16 & 17) | Completed | Post was advertised in the Sunday Times Newspaper of 23 April 2023 with a closing date of 5 May 2023. The advert for the CEO is in line with the recommended KPAs. |
| 4 | Only candidates with relevant and proven expertise and experience should be shortlisted with detailed records indicating the reasons for shortlisting or rejecting each candidate | Not yet started | Shortlisting will be conducted on 30 May 2023 |
| 5 | An experienced CEO knowledgeable in management of regional level hospitals should be appointed. It would be critical that the new CEO is viewed as a leader who would have the ability to unite the health workforce with RMMCH | Not yet started | Advert closed on 5 May 2023  Shortlisting will be conducted on 30 May 2023 |
| 6 | To ensure success, the GDOH should provide ongoing regular support to the new CEO, which should be documented on a monthly basis | Ongoing | * The Acting Chief Director Hospital Services is receiving reports from the ACEO. * The Acting Chief Director: Hospital Services has conducted multiple visits to the institution |
| 7 | The Gauteng HoD for Health and DDG: Corporate Services must urgently review the Provincial HR processes for the appointment of CEOs and other senior staff within six (6) months. The review should evaluate provincial HR processes with regards to the advertised requirements and competencies required for the position, pre-employment reference checks and vetting for senior positions, especially those of hospital CEOs | In progress | * The HR processes have been reviewed for the appointment of CEOs . * An Supply Chain Management (SCM) process is underway to appoint a service provider to vet staff including CEOs in the Department |
| 8 | During the period of the investigation, it was noted that at least 2 Tertiary Hospital CEOs in Gauteng were suspended for maladministration and misappropriation of Funds (Tembisa & Kalafong Hospitals) raising questions about the calibre of individuals hired for these positions as well as HR processes followed | N/A | * The CEO of Tembisa has been charged. * The CEO of Kalafong was never suspended. |
| 9 | The Gauteng MEC of Health must urgently appoint an independent forensic and audit firm within two (2) months to conduct a competency, ‘fit for purpose’ assessment of the leadership and management staff at RMMCH | In progress | In a letter received on 15 May 2023 the Office of the Premier has advised that they have requested the SIU to conduct the respective investigations |
| 10 | The Gauteng MEC of Health must urgently appoint an independent forensic and audit firm within two (2) months to assess the need to upskill all RMMCH managers / EXCO members to ensure they are able to perform their functions in line with the expectations of RMMCH service delivery. | In progress | In a letter received on 15 May 2023 the Office of the Premier has advised that they have requested the SIU to conduct the respective investigations |
| 11. | The GDoH should prioritise the review of the RMMCH staff establishment and appoint staff in line with their skill sets in all departments to ensure compliance with Regulation 19 (2) (a) of the Norms and Standards Regulations. | In progress | This process forms part of the GDoH organizational structure review |
| 12 | A review of the utilisation of nurses from Nursing Agencies is also recommended to reduce the strain on the goods and services budget. | In progress | R 48 million has been allocated to permanently appoint nurses to complement services that are normally provided for by nursing agencies. Nurses appointed under COVID-19 grant contracts have currently been prioritised. |
| 13 | A report detailing progress on recommendations regarding the review of the RMMCH staff establishment should be sent to the Ombud within six (6) months. | In progress | The process of reviewing the organogram is at an advanced stage. The HR capacity challenges have been addressed in the new organogram; Over 800 new permanent posts will be created and filled in the current financial year. Rahima Moosa has been allocated 58 posts |
| 14 | The staff allocated to the MoUs should include Advanced Midwives to ensure support | Done | Hillbrow CHC = 5 advanced midwives (one per shift and the 5th one is the manager responsible for maternity) Discoverers CHC also has 5 advanced midwives. (two are managers) |
| 15 | The GDoH is to fast-track the establishment of a fully functional adult ICU at RMMCH within six (6) months. The ICU will ensure that patients are treated in a manner consistent with the nature and severity of their health condition as provided for in Regulation 5 (1) of the Norms and Standards Regulations and allow scheduled surgical procedures within the theatres to continue in an uninterrupted manner | In progress | Discussion initiated.  Propose a phased approach - convert an existing H/C bed to an ICU bed with the added nursing and medical resources required |
| 16 | The Gauteng Department of Health and RMMCH should institute a disciplinary inquiry within one (1) month following prevailing policy and compatible with the Labour Relations Act 66 of 1995 against the following personnel: 4.1.1. Sr T Goduka for using an unauthorized self-concocted solution in the maternity operating theatres during August and September 2022 by doing so she put the lives of patients at risk and the reputation of GDoH at stake. Her actions led to several adverse events (post-operative wound sepsis) which necessitated eleven 'relook' surgeries in theatre in August and September 2022; Done RMMCH initiated a disciplinary process for Sr T Goduka. |  | An independent advisory team completed and submitted recommendations to the Acting CEO.  Progressive discipline was undertaken  Disciplinary action taken and matter concluded - Official has been issued with a written warning |
|  | **Infrastructure related recommendations** | | |
| 14 | The Premier should ensure that RMMCH is one of the first hospitals to be refurbished, within six (6) months | In progress | * Project plan completed with input from GDID & RMMCH Management. A detailed Request for Service (RFS) was sent to GDID. GDID has responded and the GDoH is addressing the issues raised by them as per readiness matrix provided by GDID * ***It should be noted that the 6 months’ timeframe will not be met as all capex works are expected to take no longer than 608 days or 21 months at best.*** |
| 15 | Consideration should be given based on the collapsing sewage system, leaking steam pipes, dilapidated buildings and unkept surrounding areas within the hospital perimeter | In progress | * Project plan completed with input from GDID & RMMCH Management. Maintenance division of GDID has scoped some of the work that needs to be undertaken and which doesn't fall under capex. * The work of maintenance is being coordinated with that of capex to prioritise urgent works whilst the capex works is taken through the FIDPM stages. The sewer system is planned for medium term redirection to an alternative area until the final design of the sewer is designed and implemented. |
| 16. | The GDoH should provide additional maternity capacity within the district, including but not limited to the construction / refurbishment / repurposing of buildings suitable for a Maternity Obstetric Unit (MOU) to cater for the delivery of low-risk maternity cases within the region, within twelve (12) months. This will further alleviate the overcrowding experienced at RMMCH. | In progress | Management has planned the following to increase the maternity beds in the JHB District:  1. Operationalization of Florida Clinic and convert into a CHC by 2023/24. 2. Conversion of Westbury Clinic into a CHC by 2024/25.  The above plans however require availability of posts |
|  | A suitable HR Plan that meets the needs of the health establishment in line with Regulation 19(1) and (2) (a) of the Norms and Standards Regulations must eb developed and implemented within one (1) month | In progress | Draft HR Plan completed by RMMCH. Central Office to take over this task - it is linked to the finalisation of other processes such as the Dept organogram, and the Tertiary Services status of the hospital. |
|  | The HR department should be upskilled and capacitated to carry out the mandate of RMMCH within three (3) months | In progress | Audit completed. Initial training by GCRA commenced 8 May. GCRA committed to further analysis of HR skills. |
|  | **Finance and Audit Related** | | |
|  | GDoH should prioritise and fast-track the gazetting of RMMCH as a Tertiary hospital which would ensure that RMMCH receives a tertiary grant, within eight (8) months. | In progress | * The National Department of Health in collaboration with the Gauteng Department have started the review The process of classification of all hospitals is in progress. |
|  | In the interim, within two (2) months) GDoH should apply short-term interventions including the  application of PFMA section 16A to ensure allocation of additional funds for RMMCH. |  |  |
|  | The Gauteng MEC of Health must urgently appoint an independent forensic and audit firm within two (2) months to review corporate governance at the hospital in line with appropriate and applicable King IV corporate governance principles to promote and improve a culture of good corporate governance | In progress | * In a letter received on 15 May 2023 the Office of the Premier has advised that they have requested the SIU to conduct the respective investigations |
|  | In the interim, within one (1) month, a larger “Smart Fridge” should be procured to ensure the storage of adequate quantities of emergency blood at RMMCH. | Completed | * Fridge procured, delivered and in use |
|  | **2017 Rahima Moosa Maternal Child Hospital Coovadia report related** | | |
|  | The MEC and HoD for Health should revisit the 2017 RMMCH report with a view to implementing the recommendations as a matter of urgency. A comprehensive implementation plan is to be submitted to the Ombud within six (6) months including detailed realistic strategies, time frames, and names, designations and contact details of persons responsible for implementation. | In progress | * 2017 Report and recommendations are being reviewed by the Acting Chief Director Hospital Services in preparation for the development of a feasible implementation plan |
|  | **Hospital Administration , Management and Governance related specific to RMMCH** | | |
| 17 | The HoD’s office should be sufficiently strengthened to conduct comprehensive oversight of hospitals in Gauteng. A detailed implementation plan is to be shared with the Ombud within one (1) month. | In progress | It is proposed that the HOD establish a multidisciplinary Head of Department Advisory Committee (HODAC) tasked with oversight of hospitals |
| 18 | GDoH is to prioritise the reclassification of Discoverers CHC to a district hospital within six (6) months, to alleviate the patient load within the region. It will also ensure compliance with Regulations 5(1) and 8(1) of the Norms and Standards Regulations | In progress | The National Department of Health in collaboration with the Gauteng Department have started the review The process of classification of health facilities and all hospitals is in progress. |
| 19 | The GDoH should ensure that RMMCH, a specialist hospital, has Laboratory Services and Blood Bank Services available 24 hours a day, within two (2) months. | In progress | NHLS lab open on site during the day. After hours proposal to improve bloods turnaround time to be discussed.  Blood bank obtained 2nd smart fridge for afterhours blood availability. |
|  | The Gauteng MEC of Health is to diligently monitor that the appointed Hospital Board is adequately trained and able to discharge their functions to ensure compliance with Regulation 18 of the Norms and Standards Regulations. 12.2 This should be implemented with immediate effect. | Done | Board has been appointed and given training on their functions and responsibilities. |
|  | The Acting CEO of RMMCH must ensure that the Hospital has a system in place to manage healthcare personnel in line with relevant legislation, policies and guidelines within one (1) month | Carried out on an ongoing basis | Policy updating and distribution to staff is ongoing. Staff also now requesting policy changes which are being considered. Registers in place and checked by HR personnel for compliance  Ongoing rollout of policies - PMDS, Records, Absenteeism, Incapacity and Leave Management, R&S done. |
|  | The Acting CEO of RMMCH should identify a suitable area to create a Discharge Lounge, within one (1) month. This will cater for discharged patients who are waiting to return to their homes. | Completed | Completed |
|  | The Discharge Lounge should be allocated dedicated staff to ensure that patients are monitored until they leave the hospital premises | Completed | Completed |
|  | The Acting of RMMCH and HoD must within one (1) month submit to the Ombud a security plan to protect users, health care personnel, and hospital property from security threats and risks and ensure that security staff is capacitated to deal with security incidents, threats and risks | In progress | Security cameras all upgraded and functional.  SLA between facility and security company has been reviewed and given to company, which has failed to respond.  The on-site security manager has implemented SLA and is monitoring compliance.  Weekly reports will be sent to Central Office Security unit on their performance.  Security plan has been finalised |
|  | A clear plan is to be developed within one (1) month regarding the safety of healthcare staff over 24 hours, both within the hospital premises as well as within the immediate areas of the hospital periphery to ensure RMMCH complies with Regulation 17 (1) and (2) of the Norms and Standards Regulations | In progress | Security cameras all upgraded and functional.  SLA between facility and security company has been reviewed and given to company, which has failed to respond.  The on-site security manager has implemented SLA and is monitoring compliance.  Weekly reports will be sent to Central Office Security unit on their performance.  Security plan has been finalised |

(c ) The recommendations from the Ombudsman range from immediate to twelve(12) months.

END.