INVESTIGATION REPORT

INTO ALLEGATIONS AGAINST POOR MANAGEMENT AT HELEN JOSEPH TERTIARY HOSPITAL GAUTENG PROVINCE

OHO
Ihhovisi Lokulandela Amaqophelo Ezempilo
Office of the Health Ombud
Kantoro ya Mosekaseki wa Maphelo

2025

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ACKNOWLEDGEMENTS

The Health Ombud gratefully acknowledges the contributions made by all individuals during this investigation. We thank all who contributed to the finalisation of the investigation report by providing comments, clarifications or confirmation of the facts.

1. Executive summary

1.1 Mandate and background

1.1 This is the Final Investigation Report of the Health Ombud (the Ombud) issued in terms of Section 81A (11) of the National Health Amendment Act (NHAA), 12 of 2013 to inform the complainant and the health establishment of his findings and recommendations.

1.2 Section 27 (1)(a) of the Constitution of the Republic of South Africa, 1996 provides that *"Everyone has the right to have access to health care services."*

1.3 The Ombud derives his/her powers in terms of Section 81A (1) of the NHAA. The mandate of the Ombud stipulates that: *"the Ombud may, on receipt of a written or verbal complaint relating to norms and standards, or on his or her initiative, consider, investigate, and dispose of the complaint in a fair, economical and an expeditious manner."* Section 81B (2) of the NHAA provides that: *"When dealing with any complaint in terms of this Act, the Ombud including any person rendering assistance and support to the Ombud''*

- is independent and impartial; and
- must perform his or her functions in good faith and without fear, favour, bias, or prejudice"

1.4 On 11 September 2024, the Health Ombud received an email from the Minister of Health, Dr Aaron Motsoaledi (Dr A Motsoaledi) requesting the Ombud to investigate allegations made against Helen Joseph Tertiary Hospital (HJTH) that were prompted by a video recorded and published on 3 September 2024 by Mr Thomas Alan Holmes (Mr TA Holmes) aka Tom London whilst admitted at HJTH. The video went viral on social media and was followed by other videos and media interviews from Mr TA Holmes.

1.5 In the video, Mr Holmes alleged that doctors at HJTH treat patients as cockroaches, and doctors do not respect their patients. Mr TA Holmes complained about the attitude of doctors, the care provided at HJTH, poor infrastructure maintenance, poor ablution facilities, and the dead body of a patient who was left in the ward for long period before being removed. He further alleged that HJTH changed his doctor without alerting him and his CT scan investigation was cancelled because the staff "forgot to give him dye"/contrast medium.

1.6 Mr TA Holmes alleged that patients were treated with disdain as doctors would write in their files without acknowledging their presence or greeting them. Mr TA Holmes further said that doctors had no compassion towards their patients

1.7 HJTH is a public health establishment, and its investigation falls within the scope of the Ombud's mandate as the Ombud has jurisdiction to investigate all HE's in South Africa, both private and public.

2. Methodology

2.1 On 13 September 2024, the Health Ombud issued a notice of investigation to Mr A Malotana, the Head of Department (HoD) for the Gauteng Department of Health, and Dr A Manning, the acting CEO of HJTH. The notice served to inform them of the complaint, the Ombud's intention to investigate the matter, and the request for relevant information in preparation for the investigation. Additionally, the notice outlined the Ombud's plan to conduct an onsite investigation commencing on 16 September 2024.

2.2 On 16 September 2024, the investigators requested documents, policies, Standard Operating Procedures (SOPs) and other evidentiary material from the Acting Chief Executive Officer (ACEO) of HJTH. All requested documentation was received by the OHO except for the Occupational Health and Safety (OHS) Certificate of compliance, as HJTH does not have one.

2.3 The Health Ombud in terms of Section 81A (3) (a)(b)(i)-(iv) of the NHAA authorised Ms M. Masemola (Lead Investigator) and Adv. N. Govender to gather the necessary information and peruse any documentation that has a bearing on the complaint at HJTH. Ms M Masemola, Adv N. Govender, Dr D. Jacobs, and Professor T. Mokoena held a briefing meeting on 17 September 2024 with the HJTH Senior Management Team to outline how the investigation would unfold. Professor T. Mokoena explained the process of the investigation and indicated that there would be a need to do walkabouts in key areas of the hospital to identify any systemic issues.

2.4 Walkabouts were conducted between the 17 and 19 September 2024, in the following wards to compare and check if the challenges cited by Mr TA Holmes in his video were systemic. After the briefing session on 17 September 2024, walkabouts in the Emergency Department (ED) and Ward 8 (Female Medical Ward) where Mr TA Holmes was admitted. Walkabouts were conducted on 18 and 19 September 2024 in Ward 8, Ward 5 (Orthopaedic Ward), Ward 15 (Male Medical Ward) and Ward 16 (Surgical Ward). Walkabouts were also conducted on 16 October 2024, in the kitchen, laundry, and mortuary, to determine the level of services provided.

2.5 The OHO team reviewed and discussed the documents and other relevant evidentiary documents. The Investigators provided the Quality Assurance Manager, Mr ND Xaba, with a list of staff to be interviewed.

2.6 Between 19 September 2024 and 05 November 2024, the investigation team interviewed Mr TA Holmes, some of the patients admitted in the wards, nurses and doctors who treated Mr TA Holmes, and senior staff of the Gauteng Department of Health (GDoH) to obtain further clarity regarding the complaint.

3. Investigation findings

3.1 The video posted by Mr TA Holmes cited ten (10) allegations. The issues ranged from poor care, waiting times, non-functional electrical plugs, peeling ceiling, broken water tap, doctors challenges, stolen cell phone, and a dead patient left in the ward for over four (4) hours before being removed. Allegations regarding infrastructure challenges were grouped. Ultimately, the Ombud investigated seven (7) allegations as cited in the video.

3.2 The allegation regarding the stolen cell phone could not be probed as there was no tangible evidence. Mr TA Holmes did not report the incident to any staff member in the ward. Furthermore, during interviews, Mr TA Holmes could not provide names or witnesses to the incident.

The following findings were made:

Allegation 1: Whether Mr TA Holmes was kept in the ED for three (3) days due to the unavailability of admission beds in the medical wards

aa) The allegation that Mr TA Holmes was kept in the ED for three (3) days due to the unavailability of beds in the medical wards is substantiated.

bb) The investigation found that HJTH breached Regulation 22 of the Norms and Standards Regulations applicable to different Categories of Health Establishments, 2018 (Norms and Standards Regulations) which provides that: *"The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa".*

Allegation 2: Whether the doctors and student doctors disrespect patients as they treat them as "cockroaches"

aa) The allegation that doctors and student doctors treated patients disrespectfully or as "cockroaches" was unsubstantiated.

bb) The investigation established that Mr TA Holmes was unhappy with the way Dr JT Gerber treated him on 06 September 2024 in that Dr JT Gerber arrived at his bedside and started going through his notes without introducing herself or greeting him. Mr TA Holmes felt he was disrespected. During interviews, Dr JT Gerber indicated that she apologised to Mr TA Holmes on 07 September 2024 and further explained that the reason she did not speak was that she did not want to disturb an ongoing bedside tutorial for medical students nearby but started by reading Mr TA Holmes' clinical records to familiarise herself with the patient's history.

cc) The investigation found that Mr TA Holmes' claims were based on his perception of how doctors treated patients in the ward. This view was not shared by any of the other patients interviewed who were in the same ward at the same time. The allegation by Mr TA Holmes was not based on factual information and was expressly disputed by all the patients interviewed by the investigators. The patients indicated that they were happy with the care provided by the doctors at HJTH.

Allegation 3: Regarding whether the X-ray department staff forgot to give contrast medium (dye) during the initial scan

aa) The allegation that the X-ray department forgot to give a contrast medium with the initial CT scans was unsubstantiated.

bb) On 03 September 2024, Dr Van Urk ordered a High- Resolution Computed Tomography (HRCT). Ms TM Seoketsa, the radiographer who did Mr TA Holmes' CT scans indicated that the request form was for an HRCT non-contrasted CT scan. Ms TM Seoketsa explained that after the CT scans were taken and sent to the radiologist for reporting, Dr Reyneke, the radiologist, then identified the need for a contrasted CT scan. Dr Reyneke recommended that a contrasted CT scan be done on Mr TA Holmes, and this was done the same day.

Allegation 4: Whether Mr TA Holmes' claims of not being seen by a doctor for 48 hours in the ward were accurate

aa) The allegation that Mr TA Holmes was not seen by a doctor over 48 hours was unsubstantiated.

bb) The investigation found that Mr TA Holmes was seen and examined 23 times while admitted to HJTH for eleven (11) days, excluding the initial and ongoing consultations that were performed in the ED. The investigation established that Mr TA Holmes was seen by a doctor every day.

Allegation 5: Whether Mr TA Holmes was provided with poor clinical care

aa) The allegation that the clinical care provided to Mr TA Holmes was of poor quality was unsubstantiated.

bb) Mr TA Holmes said during interviews "*I don't look at my time at HJTH and the clinical care I received as inadequate.*" The investigation found that Mr TA Holmes was generally satisfied with the clinical care provided while in the hospital and he further said, *"I have no criticism of the clinical care I received at HJTH."*

cc) Furthermore, Mr TA Holmes indicated that he holds nurses in high regard as they work very hard to assist patients. The investigation found that Mr TA Holmes was managed appropriately while in the hospital. Radiological investigations were done on admission which shore up pleural effusion. This was drained and Mr TA Holmes was put on antibiotics treatment. The CT scans demonstrated Empyema which required surgical treatment, but Mr TA Holmes chose to leave the hospital for private hospital treatment.

dd) The investigation concluded that Mr TA Holmes was attended to in a manner consistent with the nature and severity of his condition as required by Regulation 5 (1) of the Norms and Standards Regulations.

Allegation 6: Infrastructure challenges at HJTH.

aa) The allegation that HJTH had poor infrastructure that was not up to standard was substantiated.

bb) The investigators conducted a walkabout in five (5) wards including Ward 8 where Mr TA Holmes was admitted and the ED. The purpose was to evaluate the status of the infrastructure to determine if the complaint raised by Mr TA Holmes was isolated to Ward 8 or systemic in HJTH. The walkabouts conducted revealed several significant infrastructure challenges indicating a systemic problem.

i) Peeling Paint from Ceilings at HJTH.

aa) The allegation that the painting from the ceiling in the Ward where Mr TA Holmes was admitted at HJTH was peeling off was substantiated.

bb) The ceiling in the ward where Mr TA Holmes was admitted had paint peeling off. This was not an isolated issue as the same problem was identified in one other ward visited. Ms B Avheani, the Facility Manager at HJTH, indicated that after Mr TA Homes's social media outburst, a request was made to upgrade Ward 8. The investigation found that HJTH breached Section 20 of the Norms and Standards Regulations which provides: *"The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993".*

ii) Broken hand basins and taps at HJTH

aa) The allegation that the ward in which Mr TA Holmes was admitted at HJTH had a broken hand basin and taps, was substantiated.

bb) The investigation found that two (2) taps were not working in Ward 8 and one (1) was leaking. Water was leaking onto the vinyl as the basin was not properly affixed to the wall. This posed a risk of bacterial growth.

cc) The investigation found that HJTH breached Section 8 (1) (a) of the Norms and Standards Regulations, which provides that *"the health establishments must maintain an environment which minimises the risk of disease outbreaks, and the transmission of infection to users, healthcare personnel and visitors, by ensuring that there are hand washing facilities in every service area"*

iii) Non-functioning electrical plugs at Ward 8

aa) The allegation that the ward in which Mr TA Holmes was admitted at HJTH had non-functioning electrical plugs was substantiated.

bb) During the investigator's walkabouts, it was confirmed that the plug close to Mr TA Holmes's bed was not working. The investigation found that HJTH breached Section 20 of the Norms and Standards which provides: *"The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993".*

Allegation 7: Whether a patient who died in the cubicle where Mr TA Holmes was admitted was left for hours before the body was removed

aa) The allegation that the patient who died was left for hours before the body was removed in the cubicle where Mr TA Holmes was admitted is unsubstantiated.

bb) HJTH Guidelines on: Care of a Dying Patient /Last offices No:10 Cause 5 (5.2) indicate that *"the body may not be in the ward for longer than two hours"*. In the video that Mr TA Holmes published, he indicated that the patient died 20 minutes ago, but when he was interviewed on 18 September 2024, he said the body was in the ward for 4 hours, contradicting his initial statement.

cc) The investigation established that the patient 'John Doe' died on 07 September 2024 at 06h30, and the time logged in the Mortuary Register was 09h00, 2 hours and 30 minutes after his death.

4. Additional findings

4.1 Human resources

4.1.1 The investigation found serious issues within the HJTH HR unit, as good working relations between the HR manager and some subordinates were non-existent.

4.1.2 The investigation found that there were outstanding labour issues which were delayed because the HR manager and the LRO were not working together.

4.1.3 When interviewed, Dr A Manning stated that the HR manager from CMJAH was asked to assess the HR unit functions at HJTH and advise management about the corrective action that should be taken to improve the HR unit at HJTH.

4.2 Leadership problems

4.2.1 The investigation found that there was no integration of leadership at HJTH. The investigation observed a siloed approach with a glaring lack of teamwork prevalent at HJTH. The investigation established that problems such as overcrowding in the ED, lack of admission beds and unavailability of porter services could be alleviated if all staff worked together as a team with a common purpose.

4.2.2 The institution has not had stable leadership for a long time. The posts of CEO and other senior managers were occupied by acting personnel. The investigation established that HJTH was experiencing problems before Mr TA Holmes recorded and posted his video. In a bid to improve the situation, the Gauteng Provincial Government deployed an acting CEO, two clinical managers, and a Nursing Service Manager (NSM) to HJTH from other institutions within GDoH.

4.3 Support services department

4.3.1 Hospital linen

4.3.1.1 HJTH linen is washed at Johannesburg laundry. The investigation found poor linen management in the hospital and no linen control systems in place. Frequent washing machine breakdowns at Johannesburg laundry lead to shortages of clean linen and stacks of soiled linen at HJTH laundry. The investigation found that HJTH breached Regulation 8 (2)(c) of the Norms and Standards Regulations, which provides that *"a health establishment must ensure there is clean linen to meet the needs of users".*

4.3.2 Patient food

4.3.2.1 The investigation established that there had been challenges procuring some food items at HJTH in the 2023/2024 financial year. Mr ML Ngoasheng and Mr M Khopo explained that the service providers refused to deliver the food items ordered because the GDoH had not paid their previous invoices. Ms P Mabuza, the kitchen supervisor, indicated that non-delivery of food items sometimes led to repetition of meals per day. The investigators could not verify the patient's protein portions as there was no system in place.

4.3.3 Security

4.3.3.1 The investigation established that there was a challenge with **vandalism and theft at HJTH** regarding infrastructure.

4.3.3.2 While security guards are posted at all entrances, there was laxity regarding searching people/vehicles entering or leaving HJTH. When checking visitors and/or staff bags/laptops, no due diligence is exercised as the security never verified the laptop serial numbers as required.

4.3.3.3 The investigation found that HJTH **breached Regulation 17(1) of the Norms and Standards Regulations** which provides that: *"the health establishment must have a system to protect users, health care personnel and property from security threats and risks."*

4.4 Staff shortage

4.4.1 The investigation established that there were **staff shortage**s at HJTH, as the 2006 organisational structure is still being utilized. She explained that although HJTH is gazetted as a tertiary hospital, **the staff establishment was never revised to that of a tertiary hospital**. Ms RO Kubayi indicated that while the proposed organizational structure has been approved, it remains unfunded.

4.4.2 The investigation found that **about a third (30.2%) of the funded nursing posts** were **vacant**, especially PNs, PNs speciality in particular, and lower nursing categories. The nurse shortages placed a strain on the already short-staffed PN population.

4.5 Finance and supply chain management

4.5.1 The investigation established that there was **no clear segregation of duties** in the unit due to staff shortages. There is no supervisor responsible for managing stock in the stockroom as the same people receiving stock also manage the stock, creating a risk.

4.6 Nursing challenges

4.6.1 The investigation established that there were challenges within the nursing services at HJTH. A 2023 South African Nursing Council (SANC) report highlighted glaring problems within nursing services e.g.:

a. Emergency trolleys were not locked;
b. Defibrillators not checked;
c. student nurse inductions and the macro programme were not available;
d. Drug counting is not done in operating theatres
e. Shortage of linen and linen lying on the floor; etc needing urgent attention.

4.7 Governance challenges

4.7.1 The investigation found a **lack of governance** at HJTH as staff did not follow protocols when performing functions, or there were no protocols to direct practice. In five (5) wards and support service departments where walkabouts were conducted, SOPs had passed their review date, or there were no SOPs at all.

4.7.1 The investigation found that poor governance at HJTH is compounded by chronically unstable leadership, as sometimes no one takes accountability. For several years, the CEO position had no permanent appointee and was occupied mostly by acting personnel.

5. Conclusion

The investigation reached the following conclusions:

a. The clinical care provided to Mr TA Holmes was adequate and appropriate despite the challenges at HJTH.

b. HJTH, as a tertiary hospital, is inadequately resourced and thus not fit for purpose. The hospital is understaffed and unable to meet the patients' demands. There is an urgent need to address staff shortages as skilled nursing professionals resign due to heavy workloads.

c. The infrastructure is old and should be refurbished. The ablution and hand washing facilities must be urgently attended to prevent the spread of disease. Extra artisans will be appointed to assist with day-to-day maintenance in the hospital.

d. The absence of a permanent CEO in the hospital has left a vacuum leading to staff working in silos without taking accountability. There is a leadership crisis in the hospital. The clinical and support services staff should work as a team to ensure quality service provision at HJTH.

e. The acts of vandalism and theft in the hospital should be reported to the police. Security at all the exits needs to be increased and CCTV cameras be strategically positioned in the hospital to deter patients/staff from vandalising/stealing hospital property.

f. The hospital must introduce proper control systems at their laundry services to control the movement of hospital linen. Linen should be accounted for before being sent to Johannesburg Laundry. This will ensure all linen is accounted for at the hospital. An inventory of all hospital linen must be kept.

g. The food contracts must be streamlined to avoid food shortages. The patients must be given adequate portions to avoid families bringing food to the hospital that may be inappropriate for the patient's medical conditions and may lead to infestation with flies and other pests. The food dished must be appetising to the eye.

6. Recommendations

Given the complexity of the findings uncovered by the investigation team, the following recommendations are made at several levels:

6.1 Gauteng department of health

6.1.1 Review HJTH staff establishment

6.1.1.1 The HoD and DDG: Corporate Services must prioritize the review of the staff establishment of HJTH to be in line with a tertiary health establishment.

6.1.1.2 This will ensure that HJTH complies with Regulation 19 (2) (a) of the Norms and Standard Regulations.

6.1.1.3 A report detailing progress in this regard should be sent to the CEO of the Office of Health Standards Compliance and the Health Ombud within six (6) months of the release of the Ombuds report.

6.1.2 Filling of vacant posts

6.1.2.1 All key priority positions at HJTH must be filled as soon as possible to ensure ongoing quality care and governance. The CEO, whose remuneration should be pegged at the tertiary level must be appointed within six (6) months of the report.

6.1.2.2 All potential candidates for the CEO post must undergo pre-employment reference checks and vetting before being appointed.

6.1.2.3 On appointment, the CEO should develop a two (2) year turnaround strategy for HJTH. The GDoH should provide ongoing support to the CEO and monitor progress, which should be documented and shared with the CEO of the Office of Health Standards Compliance and the Health Ombud.

6.1.2.4 The key clinical posts in the Neurology and Dermatology units are to be prioritized to ensure continuity of care within the Internal Medicine Department. The Department should enter into reasonable concessions to attract candidates to the public service.

6.1.2.5 The GDoH should advertise all funded vacant posts at HJTH, and get the staff appointed within three (3) months after the release of the report by the Ombud.

6.1.2.6 This will ensure that HJTH complies with Regulation 19 (1) and (2) (a) of the Norms and Standard Regulations.

6.1.3 Address Leadership and Management Problems

6.1.3.1 The Gauteng HoD for Health must urgently appoint an independent forensic and audit firm within two (2) months to:

6.1.3.2 Conduct a competency assessment of the leadership and management staff at HJTH to check if they are fit for purpose.

6.1.3.3 Assess the need for upskilling and refer managers to accredited institutions for capacity building or source an accredited service provider to offer in-house training.

6.1.3.4 The HoD and DDG: Corporate Services to facilitate a Team Building Workshop for the HJTH leadership and managers within four (4) months after the appointment of the CEO.

6.1.4 Prioritisation of HJTH infrastructure refurbishment

6.1.4.1 The Premier of Gauteng Province should ensure that HJTH is prioritized for refurbishment within six (6) months.

6.1.4.2 The HoD and DDG: Health Infrastructure request/negotiate placement of an additional one (1) artisan per category from DID within one (1) month. The additional artisans will be delegated bi-weekly to assist with the day-to-day maintenance backlog at HJTH.

6.1.4.3 The DDG: Health Infrastructure with the help of the HJTH facility manager to make an audit of what needs to be replaced/fixed and ensure all physical resources are supplied to enable the work of the artisans. In particular, urgent attention should be paid to the provision of water including provision of adequate borehole reserve water, and upgrading of ablutions/ sewage system within eight (8) months.

6.1.4.4 This will ensure that HJTH complies with Regulations 8 (2) (a), 14(1) and 20 of the Norms and Standards Regulations.

6.1.4.5 The GDoH must furnish progress on infrastructure refurbishment to the CEO of OHSC and the Health Ombud.

6.1.5 Reclassification of CHCs to District Hospitals

6.1.5.1 To ensure compliance with Regulation 5 (1) of the Norms and Standard Regulations, the Premier of Gauteng should prioritise the reclassification of Hillbrow and Discoverers CHCs to District Hospitals within twelve (12) months, to alleviate the patient load at HJTH.

6.2. Helen Joseph Tertiary Hospital

6.2.1 Patient Food

6.2.1.1 The CEO of HJTH should develop a tracking system to identify the total number of patients that are at HJTH, including patients who are still awaiting beds. In turn, these patients' dietary requirements need to be established and menus appropriately planned. The kitchen needs to implement control measures to monitor its inventory.

6.2.2 Security Services

6.2.2.1 To ensure compliance with Regulation 17 (1) of the Norms and Standards, a security plan must be implemented to protect the patients, health personnel, and hospital property.

6.2.2.2 CCTV cameras should be placed in strategic areas to enhance security. This must be done within six (6) months of the report, and progress shared with the OHSC CEO and Health Ombud.

6.2.3 Hospital linen

6.2.3.1 To comply with Regulation 8 (2) (c) of the Norms and Standards, a set of SOPs must be put in place to regulate the operations of the laundry within one (1) month of the report, and shared with the OHSC CEO and Health Ombud.

6.2.4 Governance issues

6.2.4.1 To comply with Regulation 18 of the Norms and Standards Regulations., all SOPs are to be developed and/or reviewed, and an SOP Review Committee be constituted within three (3) months of the report. Progress is to be shared with the OHSC CEO and Health Ombud.

6.2.5 South African Nursing Council Report

6.2.5.1 The recommendations of the SANC report must be implemented, and the progress update report submitted to the CEO of the OHSC and Health Ombud.

6.2.6 Finance and supply chain

6.2.6.1 The CEO of HJTH should conduct a skills audit to determine if the employees appointed in the Finance and Supply Chain units are adequately skilled and meet the requirements of these posts.

6.2.6.2 There must be segregation of duties between the goods/services procurement team, those receiving stock and managing the stock. This must be effected within two (2) months of the report. Progress reports should be submitted to the OHSC CEO and Health Ombud.

The recommendations made in this report are meant to encourage compliance with the prescribed Norms and Standards Regulations and ensure that health professionals act in a manner consistent with the ethics and codes of good practice. All implemented recommendations are to be communicated to the CEO of the Office of Health Standards Compliance in accordance with Section 81A(9) of the NHAA read with Regulation 48(b) of the Procedural Regulations Pertaining to the Functioning of the Office of Health Standards Compliance and Handling of Complaints by the Ombud, 2016.

BREACHES OF NORMS AND STANDARDS

No	Investigation Findings	Related Norms and Standards
1	Mr TA Holmes spent 3 days in the ED as there were no admission medical beds.	Breached Regulation 22 of the Norms and Standards Regulations provides that: *"The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa".*
	Infrastructure Challenges.	
2.	Peeling of paint from ceilings and exposed electrical plugs.	Breached Regulation 20 of the Norms and Standards provides: *"The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993".*
3.	Leaking taps and water forming mould on the skirting that can cause disease.	Breached Section 8 (1) and (2) (a) of the Norms and Standards provide that *"health establishments must maintain an environment which minimises the risk of disease outbreaks, and the transmission of infection to users, healthcare personnel and visitors, by ensuring that there are hand washing facilities in every service area".*
4.	Shortage of clean linen due to machine breakdown at Johannesburg Laundry.	Breached Regulation 8 (2) (c) of the Norms and Standards which provides that *"a health establishment must ensure there is clean linen to meet the needs of users".*
5.	Staff shortages due to the staff establishment not being reviewed in line with the gazetted tertiary level for HJTH.	HJTH breached Regulation 19 (1) and (2) (a) of the Norms and Standards provides: *"The health the establishment must, as appropriate to the type and size of the establishment and implement a human resource plan that meets the needs of the health establishment."*
6.	Poor security within the HE and vandalization of HJTH infrastructure.	Breached Regulation 17(1) of the Norms and Standards Regulations which provides that: *"the health establishment must have a system to protect users, health care personnel and property from security threats and risks."*

List of abbreviations / acronyms

ACEO	Acting Chief Executive Officer
CCTV	Closed Circuit Camera
CEO	Chief Executive Officer
CHC	Community Health Centre
CIU	Complaints Investigation Unit
CMJAH	Charlotte Maxeke Johannesburg Academic Hospital
CT-SCAN	Computed Tomography Scan
DDG	Deputy Director General
DID	Department of Infrastructure and Development
ED	Emergency Department
Exco	Executive Committee
GDoH	Gauteng Department of Health
HE	Health Establishment
HJTH	Helen Joseph Tertiary Hospital
HoD	Head of Department
HR	Human Resource
HRM	Human Resource Manager
HRCT	High-Resolution CT-Scan
NHA	National Health Act
NHAA	National Health Amendment Act
NSM	Nursing Service Manager
MoU	Memorandum of Understanding
OHO	Office of the Health Ombud
OHSC	Office of Health Standards Compliance
OPM	Operational Manager
POPIA	Protection of Personal Information Act
PPE	Personal Protective Equipment
PN	Professional Nurse
QIP	Quality Improvement Plan
RAF	Road Accident Fund
RHT	Refusal of Hospital Treatment
SCM	Supply Chain Management
SOP	Standard Operating Procedure.
TB	Tuberculosis

Definitions

Health Establishment (HE): refers to a whole or part of a public or private institution, facility, building, or place, whether for profit or not, that is operated or designated to provide inpatient treatment, diagnostic or therapeutic intervention, nursing, rehabilitative, palliative, convalescent, preventive or other health services.

Minister of Health: refers to the Cabinet member responsible for Health.

National Health Act: refers to the National Health Act, 2003 (Act No 61 of 2003)

National Health Amendment Act: refers to the National Health Amendment Act, 2013 (Act No 12 of 2013).

Norms and Standards Regulations applicable to different categories of health establishments: refers to the Norms and Standards Regulations published on 02 February 2018.

Office of Health Standards Compliance (OHSC): refers to a regulatory body established in terms of Section 77 (1) of the National Health Act.

Ombud: refers to a person appointed as the Ombud in terms of Section 81 (1) of the National Health Act.

Procedural Regulations Pertaining to the Functioning of the Office of Health Standards Compliance and Handling of Complaints by the Ombud: refers to the Procedural Regulations published on 02 November 2016.

1. Background and introduction

1.1 As of 30 September 2024, HJTH had 639 approved beds with 604 usable beds. With an average bed occupancy rate of 95%. It serves a catchment population of 1,500,000 individuals. Helen Joseph Tertiary Hospital HJTH has 22 feeder clinics and Community Health Centres, four feeder district hospitals, six feeder provincial hospitals and one upward referral hospital 10kms away. On a six-month average, HJTH has an 84.7 average bed occupancy rate per month, an average length of stay of 10.2, an average of 1 661 admissions per month, an average of 36 866 outpatients per month, an average number of 3 947 patients seen in the Emergency Department and an average of 508 theatre cases per month.

1.2 The HJTH medical and nursing staff complement comprises 1655 staff members, with 437 vacant posts. The current HJTH staff establishment dates to 2006. HJTH is an important healthcare institution in Johannesburg, South Africa. Situated in Auckland Park, it has a long history, having been established in 1962 under the name JG Strydom Hospital and later renamed in 1997 to honour Helen Joseph. As a public hospital, HJTH serves a large and diverse population, including both South African and non-South African citizens who flock to Gauteng for better economic opportunities.

1.3 The situation at HJTH is complex, with several challenges impacting its ability to meet the healthcare needs of the local population. Despite its strong affiliation with the University of Witwatersrand Medical School and its role as a major teaching hospital, HJTH faces significant issues related to infrastructure, bed shortages, and resource management.

1.4 The allocation of 280–300 beds for the Internal Medicine Department, with a shortfall of 30 beds due to the reassignment of a ward to the Surgery Department, highlights one of the hospital's critical issues: overcrowding and insufficient resources to meet the demand. Furthermore, the absence of a district hospital nearby to provide district-level services, with Rahima Moosa Mother and Child Hospital situated just 1 km away, exacerbates the pressure on HJTH, particularly in terms of providing comprehensive care to the population.

1.5 The hospital's situation became a public topic when a video recorded by a patient named Mr TA Holmes (aka Tom London) went viral on social media. The video led to allegations about the healthcare quality of services and patient care at HJTH, prompting the Minister of Health, Dr Aaron Motsoaledi, to formally request an investigation by the Ombud's office as the Health Ombud was preparing an own-initiative investigation. This development came at a time when Dr. Arthur Manning, who had assumed the role of Acting Chief Executive Officer (ACEO) in July 2024, was tasked with addressing these ongoing challenges. **(Annexure A)**

1.6 Compounding the situation, a new hospital structure had been proposed, but it had yet to be approved and funded, pending authorisation and sign-off from relevant authorities. This delay in the approval process for new infrastructure exacerbates the hospital's ability to address the increasing demand for services.

1.7 The Ombud's office investigation examined the specific allegations made in the viral video, including any potential shortcomings in patient care, facility conditions, or other operational challenges that may have been highlighted. This investigation is expected to play a key role in determining the next steps for HJTH, both in terms of accountability and the improvements needed to enhance patient care and hospital operations.

I1.8 In the video, Mr TA Holmes, aka Tom London, alleged that HJTH treats patients as cockroaches and doctors do not respect their patients. Mr TA Holmes complained about the attitude of doctors, the medical care provided at HJTH, poor infrastructural maintenance, dismal ablution facilities, and a corpse being in the ward for a long period before removal. He further alleged that HJTH changed his doctor without alerting him. Mr TA Holmes also alleged that the Xray department forgot to administer appropriate contrast with his initial CT scan.

1.9 Mr TA Holmes alleged that patients were treated with disdain as doctors would write in their files without acknowledging their presence or greeting them. Mr TA Holmes said doctors had no compassion towards their patients.

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1.10 The investigation established a longstanding practice of shifting patients from one ward to another to address the lack of space in the event of high demand. While the practice was useful in the short term, it offered a non-sustainable solution, as often all wards were full, with no vacant beds to shift patients around. In this case, patients admitted without access to a hospital bed would have to remain in the Emergency Department (ED) for extended periods, waiting for their turn to get a bed. As shifting patients from ward to ward was an informal, albeit well-known and accepted practice, there was no documented Standard Operating Procedure (SOP) to guide the process.

1.11 HJTH, at the time of the investigation, had an interim management structure seconded by other hospitals within the Province to address the challenges and provide leadership. Dr M Edoo, the clinical manager of Internal Medicine, was the only appointed personnel among the strategic leadership, while others had been seconded. Dr Rufus Thoka and Dr Michael Malaka are assisting as clinical managers. (Names to be verified) Ms Azwimbavhi Tshitereke, the Nursing Service Manager (NSM) of Charlote Maxeke Hospital, is the interim NSM at HJTH, while the HJTH permanently appointed NSM has been sent to Charlote Maxeke Hospital for mentorship.

2. Powers and Jurisdiction of the Health Ombud

The Ombud derives his/her powers in terms of Section 81A (1) of the NHAA, 2013 (Act No.12 of 2013). The mandate of the Ombud stipulates that: *"the Ombud may, on receipt of a written or verbal complaint relating to norms and standards, or on his or her initiative, consider, investigate, and dispose of the complaint in a fair, economical and an expeditious manner."* Section 81B (2) of the NHAA provides that: *"When dealing with any complaint in terms of this Act, the Ombud including any person rendering assistance and support to the Ombud - (a) is independent and impartial; and (b) must perform his or her functions in good faith and without fear, favour, bias, or prejudice,"*

HJTH is a public health establishment, and its investigation falls within the scope of the Ombud's mandate as the Ombud has jurisdiction to investigate all health establishments in South Africa, both private and public.

3. The complaint

3.1 Dr A Motsoaledi, the Minister of Health requested the Ombud to investigate the allegations made by Mr TA Holmes aka Mr Tom London in a video that went viral on social media. The request came through email on 11 September 2024. The complaint was allocated reference 49682. The complaint was risk-rated Extreme and assigned to the Complaints Investigation Unit (CIU) from the Complaint Centre and Assessment on 12 September 2024.

In the video, Mr TA Holmes alleged the following:

a) He was in the Emergency Department (ED) for three (3) days due to the unavailability of admission beds in the medical wards.

b) The doctors and University of Witwatersrand student doctors disrespect patients as they treat them as "cockroaches".

c) The staff in the X-ray department forgot to give him a contrast medium (dye) during an initial CT scan on 06 September 2024, so he had to go for another CT scan with contrast on the same day.

d) He was not seen by a doctor for 48 hours while admitted in Ward 8.

e) The health care provided at HJTH is of poor quality.

f) His mobile phone was stolen in Ward 8 and was found in another ward cubicle.

g) The tap at one of the basins in Ward 8 was not working.

h) The ceiling in the ward where he was admitted was peeling off.

i) The electric plug close to the bed he was sleeping in was rusted and not working.

j) A patient who died in the ward was left for several hours before his body was taken to the mortuary.

The following issues were identified for investigation:

a) Whether Mr T London was in ED for three (3) days due to the unavailability of admission beds in the medical wards.

b) Whether the doctors disrespect patients and treat them as "cockroaches."

c) Whether the X-ray department staff forgot to give contrast medium (dye) during an initial CT scan on 06 September 2024 and he had to go again to the X-ray department for a contrast CT scan.

d) Whether Mr TA Holmes' claim of having not been seen by a doctor for 48 hours in the ward was accurate.

e) Whether the health care provided at HJTH was of poor quality.

f) Whether there are infrastructure challenges at HJTH.

g) Whether the patient who died in the ward was left for several hours before his body could be taken to the mortuary.

4. Methodology and approach to the investigation

4.1 On 13 September 2024, the Health Ombud issued a notice of investigation to Mr A Malotana, the Head of the Department (HoD) for the Gauteng Department of Health, and Dr A Manning, the CEO of HJTH. The notice served to inform them of the complaint, the Ombud's intention to investigate the matter, and the request for relevant information in preparation for the investigation. Additionally, the notice outlined the Ombud's plan to conduct onsite investigations commencing on 16 September 2024. (Annexure B)

4.2 On 16 September 2024, a list of required documentation was sent to the CEO of HJTH, for submission on 18 September 2024 to enable the investigators to start the analysis of evidentiary documents. All requested documentation was submitted on 18 September 2024 except for the Occupational Health and Safety (OHS) Certificate of Compliance as HJTH does not have one.

4.3 In accordance with Section 81A (3)(a)(b)(i)-(iv) of the National Health Amendment Act, Act 12 of 2013, the Health Ombud authorized Ms. M Masemola (Lead Investigator) and Adv. N Govender to gather the necessary information and review any documentation relevant to the complaint. Upon their arrival at HJTH on 17 September 2024, Ms. Masemola, Adv. Govender, Dr. D Jacobs, and Professor T. Mokoena proceeded to the CEO's office for a scheduled briefing meeting. During the session, the HJTH Senior Management Team (SMT) was briefed on the investigation process. Prof. T. Mokoena outlined the investigative procedure and noted that walkabouts in key hospital areas would be necessary to assess whether any systemic issues existed.

4.4 After the briefing session, a walkabout was conducted in the Emergency Department and Ward 8 (Female Medical Ward) where Mr TA Holmes was admitted in one of the cubicles allocated for males as there were no beds in the male medical wards. Furthermore, walkabouts were conducted in Ward 15 (Male Medical Ward), Ward 16 (Surgical Ward) and Ward 5 (Orthopaedic Ward). The walkabout was extended to other wards in HJTH to compare with the ward where Mr TA Holmes was lying.

4.5 The OHO team reviewed and discussed the documents and other relevant evidentiary documents relating to this matter and mapped an approach to adopt a way forward for the investigation. The approach was principled but flexible and continually reviewed as more evidence was gathered and emerged. The Investigators provided the hospital with a list of staff to be interviewed, which the Investigators indicated was not exhaustive.

4.6 On 20 September 2024, face-to-face interviews were conducted with 1 patient who was admitted with Mr TA Holmes in Ward 8, and four patients who were admitted in Wards 5, 15, and 16 to determine their patient experience of care while in the hospital. The HJTH staff were interviewed from 30 September 2024 to 29 October 2024 at the HJTH. The acting CEO Dr A Manning was interviewed on 30 October 2024, and the Deputy Director General (DDG) of Corporate Services Ms B Baloyi and DDG Infrastructure and Technical Services, Mr Xolisani Galada were interviewed on 05 November 2024 at the Office of Health Standards Compliance in Pretoria.

4.7 On 16 October 2024, walkabouts were conducted in the kitchen, laundry, and mortuary, to determine the level of services provided.

4.8 Between 18 September 2024 and 09 December 2024, forty-one (41) interviews were conducted. The interviewees comprised HJTH staff, patients, and GDoH leadership. **(Annexure C).**

5. Engagements with complainant

Mr Thomas Alan Holmes "Aka" Mr Tom London

Mr TA Holmes was interviewed on 19 September 2024 at his house as he was weak and about to go for an operation at Morningside Clinic Hospital on 20 September 2024. Mr TA Holmes is a former radio talk host on 702. Present during the interview were: Mr TA Holmes' brothers Mr Gregory Ross Holmes and Mr Nicolas Mark Holmes. They had observer status. The Ombud and Dr D Jacobs accompanied the investigators.

Mr TA Holmes indicated that before being admitted at HJTH, people around him were not well. He consulted a general practitioner (name not stated), who prescribed medication but he did not become better.

Mr TA Holmes indicated that he was admitted to HJTH on 25 August 2024 for having trouble breathing the whole night at home. He was brought to the hospital by an ambulance. Mr TA Holmes said the doctor who treated him in the ED did everything properly. Mr TA Holmes said he had an X-ray of the chest which indicated that he had a pleural effusion. The doctor at the ED drained 600ml of fluid from his chest. He was diagnosed with Pneumonia.

Mr TA Holmes said because there were no available admission beds in the male wards, he was forced to be in the ED for three days. During that time, he had no bed to sleep in and relied on the examination couch used to examine patients when unoccupied. He said at some stage he found a stretcher in one of the rooms and slept in it, only to be told that it was a room used to accommodate mentally ill patients.

Mr TA Holmes said while awaiting beds in the ward, there were no nurses to attend to their health needs in the ED. Mr TA Holmes said food was not provided on the first day he was in the ED, but only given on the second day, was on intravenous fluids.

Mr TA Holmes said one of the toilets in the ED next to the room where he was accommodated was not working, and the patients had to share one filthy toilet which was not cleaned often. Mr TA Holmes said at some stage he had a running stomach and because the one toilet where he was stationed was occupied, he ended up soiling his pants as the other toilets were far away. He said one had to go through the security guard to access the other toilet in the next wing of the ED. Mr TA Holmes said after the incident, he complained to the nurses in the ED and the doctors moved him to Ward 8.

Mr TA Holmes stated that upon his arrival in Ward 8, there was mutual respect from the nurses as they were eager to help. Mr TA Holmes found nothing wrong with the nurses in the ward but had a problem with how doctors treated the patients. He stated that the doctors treating patients in the ward had no respect for them but treated the patients with disdain.

Mr TA Holmes shared an incident of a doctor who he identified as the 'blond doctor' who came to his bed and started writing in his clinical file without explaining anything or greeting him. Mr TA Holmes said after 10 minutes, he asked the doctor where Dr B Pillay was and was told that Dr B Pillay had allocated his stable patients to other doctors as he was writing exams.

Mr TA Holmes said on Saturday (date not mentioned) no doctor came to evaluate him. He said he spent 48 hours without being seen by a doctor. Mr TA Holmes said the way doctors conducted themselves was terrible. Mr TA Holmes cited an incident where doctors were performing a lumbar puncture on a patient, and during the procedure, they were talking loudly about their cars, restaurants to visit and their overtime bonuses without showing any compassion towards the screaming patient they were supposed to be attending to.

Mr TA Holmes said the food at the hospital was not appetising as some days patients were given the same type of food during lunch and dinner. Mr TA Holmes said he often did not eat as the food was not palatable. Mr TA Holmes said the bathroom tub was not working. The mattress of the bed where he was sleeping was thin.

Mr TA Holmes said that while he was happy with the clinical treatment provided at HJTH, his main issue was the attitude of the doctors. Mr TA Holmes said the cubicle where he was admitted in Ward 8 had a peeling ceiling and was infested with flies. He said that on the day that one of the patients in the ward died, the flies descended on his body as he was left in the ward for four hours. Mr TA Holmes said the flies were all over, and that was when he decided that he was going to sign a Refusal of Hospital Treatment (RHT) as he could not live under such terrible conditions.

Mr TA Holmes said the doctors told him he had no cancer, but none of the doctors explained what was wrong with him. Mr TA Holmes confirmed that after he was told he had no cancer, he felt he could deal with anything else himself. Before he left the hospital, he met with Dr B Pillay, who advised him that his Empyema condition needed hospitalization.

6. Interviews

6.1 Random patient interviews

On 20 September 2024, 5 patients were interviewed to determine their experience of care at HJTH. The selected patients were male or female and from different race groups to ensure equity and diversity. The patients were selected from different wards. One of the patients was admitted to the same ward as Mr TA Holmes and was hospitalized at the same time. The patients whose names are known to the Ombud but are coded to protect their identity in line with the Protection of Personal Information Act, 2013 (POPIA). Patient A's account provides further context to the situation at Helen Joseph Tertiary Hospital (HJTH), specifically in relation to the concerns raised by Mr TA Holmes (Tom London) in the viral video. Patient A, who was admitted in the same ward (Ward 8) as Mr TA Holmes, described the poor conditions of the ward, noting the presence of flies, and the peeling ceiling in particular. This aligns with the complaints made by Mr TA Holmes in the video, where he mentioned the flies descending on a deceased's body.

However, Patient A's testimony offers a different perspective on the care provided at the hospital. Unlike Mr TA Holmes, who frequently expressed dissatisfaction with the staff, Patient A reported being satisfied with the medical care he received. He stated that the doctors and nurses in the ward were always willing to explain and offer counsel regarding his treatment. This contrast between Patient A's experience and Mr TA Holmes' complaints could suggest a variety of factors influencing patient perceptions, including individual experiences with staff and the severity of their health conditions.

The mention of the deceased patient in Ward 8, who struggled to feed himself and dropped food on the floor, which attracted flies, highlights the challenges faced by the hospital in maintaining proper hygiene and ward conditions. The issue of flies, coupled with the peeling ceiling, points to possible infrastructural shortcomings that could contribute to patient dissatisfaction, as observed by Mr TA Holmes.

The fact that Patient A was not aware of whether Mr TA Holmes raised his complaints directly with the staff is notable. It raises questions about whether formal channels for feedback and complaint resolution are being fully utilized at HJTH, or if patient concerns are instead being aired publicly, as seen with Mr. TA Holmes' viral video. Patient A's statement about being satisfied with the care provided suggests that there may be a disconnect between the experiences of different patients in the same ward.

The interviewed patients, including Patient A, indicated the following:

a) That they were happy with the care provided by the clinical staff at HJTH.
b) All interviewed patients said doctors were cordial and gave daily updates regarding their health progress.
c) They all felt the nurses went the extra mile despite sometimes being short-staffed and willing to help.
d) While they had no problem with the food provided, some felt the portions were sometimes small.
e) No patient had been left unattended for over 24 hours.

6.2 Ms Louisa Basani Baloyi

Ms Louisa Basani Baloyi (Ms LB Baloyi) is the DDG Corporate Services at the GDoH. She is also responsible for HR in the Province. Ms LB Baloyi was interviewed on 05 November 2024. Ms LB Baloyi has a background in HR and specialises in Labour Relations.

Ms LB Baloyi shared that the HJTH CEO post was advertised twice, and there were no applications were received. The Department decided to headhunt a candidate for the position. Ms LB Baloyi said that in October 2024, a potential candidate was interviewed but did not accept the position as the salary was low.

Ms LB Baloyi said she was leading the delegation that went to HJTH after a memorandum was received from the staff of the hospital before the incident. She said the HJTH staff complained of many issues including the filling of vacant posts. (Annexure D)

Ms LB Baloyi said that clinical posts have been prioritised, irrespective of a moratorium on posts. The problem is with the HR at HJTH which cannot perform its core function. Ms LB Baloyi said that recently the GDoH wanted to advertise posts, and the Department of Treasury told them they would overspend.

Ms LB Baloyi said HJTM has a big challenge as there is no teamwork, and a report was submitted indicating that there was bullying of nurses, especially in ward 17 leading to resignations. She said most of the administration staff and clinical staff do not work the required hours.

Ms LB Baloyi said the staff establishment for HJTH has been revised and is waiting to be signed off and funded. Ms LB Baloyi further indicated that the GDoH is busy with the verification of staff in the Province. She said some of the staff is not yet positively verified.

Ms LB Baloyi indicated that the GDoH has procured the services of a contractor to do suitability checks for newly appointed employees. The contractor was appointed in October 2024.

6.3 Mr Xolisani Galada

Mr Xolisani Galada (Mr X Galada) is the DDG Infrastructure and Technical Services at the GDOH. Mr X Galada was interviewed on 05 November 2024. He is a quantity surveyor and holds an advanced diploma in Project Management from Stellenbosch University.

Mr X Galada explained that HJTH is experiencing infrastructure challenges as it is very old. He said that during the visit to the hospital, they had challenges with the boilers, theatre and autoclaves, which were addressed to ensure continuity of care, but aesthetics issues in the hospital could not be covered due to budget constraints. Mr X Galada said the budget allocated yearly was not adequate to meet the infrastructure maintenance needs as it has been decreased since 2018.

Mr X Galada said systems were not in place at most HEs as managers did not have Maintenance Plans, there was poor record keeping, and there were no control systems in place. He said a lot has been done as the infrastructure office has standardised processes within the Province.

Mr X Galada said the maintenance control systems being used at the moment are not assisting as sometimes the Department of Infrastructure and Development (DID) will commit budget for projects without the DoH. He said the DoH as the custodian needs to decide which project to prioritise based on needs within the Province.

Mr X Galada said the model presently used where the artisans allocated at the hospital report to DID is problematic, there is a need for them to be managed by HEs they are allocated to ensure flow and control. He said what will work is to employ internal people who attend to the day-to-day maintenance needs of the HE, and in case the work is big to contract a service provider capable of doing the work. He said refurbishing HEs comes with its challenges as there are patients involved in the process.

6.4 Dr Stephen Mankupane

Dr S Mankupane is the acting DDG Clinical and Hospital Services. Dr S Mankupane was interviewed on 05 November 2024. Dr S Mankupane has been acting in the position for over two (2) years. He explained that while adverts for the position of the DDG Clinical and Hospital Services had been advertised four (4) times, there was no interest.

Dr S Mankupane said HJTH has been attracting many patients leading to overcrowding in the ED as there is no district hospital nearby. Dr S Mankupane said before the incident raised by Mr TA Holmes, GDoH deployed a team to HJTH to deal with challenges raised by the staff.

He said the team was to identify problems and develop immediate solutions to ensure clinical systems at HJTH function.

Dr S Mankupane said while some of the HEs might not have the budget to buy necessary equipment, the utilization of the cluster system (few hospitals grouped) assists in ensuring HEs with budget to buy for others within their cluster or share. He said in cases of shortage of posts, borrowing of posts and rotation of staff is done within clusters.

Dr S Mankupane said the overcrowding at HJTH is worsened by the absence of a district hospital in the vicinity. He said although there are Community Health Centres (CHCs) eyed to be upgraded to district hospitals, everything is on hold due to budgetary constraints. Dr S Mankupane said discussions are still taking place at the national level.

Dr S Mankupane said water interruptions at HJTH are a problem as they affect service delivery and plans to build a holding reservoir at the hospital are in the pipeline.

6.5 Dr Arthur Manning

During the time of the investigation, Dr Arthur Manning (Dr A Manning) was the acting CEO of HJTH. He is the CEO of RMMCH. Dr A Manning is a medical doctor who qualified at the University of Witwatersrand (Wits) in 1988. He also holds postgraduate qualifications in Public Health and Hospital Management. He was interviewed at the Office of Health Standard Compliance (OHSC) offices on 30 October 2024.

Dr A Manning said he was deployed at HJTH by the GDoH to deal with challenges at the Health Establishment (HE). He said what was evident was the lack of leadership and management at HJTH leading to many problems as no one took responsibility. Dr A Manning explained that the overcrowding in the ED was due to poor leadership. He explained that most of the challenges found had been partially corrected as beds had been placed in the ED to ensure patients awaiting beds were comfortable. He also said extra staff had been allocated.

Dr A Manning said the NSM brought in from Charlotte Maxeke Johannesburg Academic Hospital (CMJAH) has assisted with the coordination of beds in the wards as an inventory is done frequently to determine bed availability. Regular clinical rounds have also been improved to ensure doctors see and discharge patients on time to ensure timeous vacation of beds.

Dr A Manning said the main reason for HJTH problems is that there was a serious lack of teamwork between clinical staff and support services leading to non-accountability. The doctors would see patients in the ED and there would be no one taking the patients to the wards as porters are nowhere to be found, prompting nurses and doctors to do the portering themselves.

Dr A Manning said there is no fixed plan to deal with the infrastructure issue. He indicated that in the meantime a service provider had been secured to refurbish Ward 8 before the end of 2024.

Dr A Maning further highlighted the challenges with linen in the hospital. He said most of the linen is lost at HJTH, as the laundry personnel does not count how many items are sent to Johannesburg Laundry. He said the laundry personnel also does not know the numbers sent vs numbers received as no logbook is kept to control.

Dr A Manning said there were challenges within the Nursing, SCM, HR and clinical departments which need urgent attention as governance processes are not followed. He said an updated report on what the team found was sent to the GDoH with recommendations regarding what needs to be done to correct the situation at HJTH. (**Annexure E)**

6.6 Dr Zaheer Bayat

Dr Zaheer Bayat (Dr Z Bayat) is the HoD of Internal Medicine at HJRH. Dr Z Bayat obtained his MB BCh degree at Wits University in 2001. In 2007 obtained his FCP (SA), and in 2010 completed Cert in Endocrinology and Metabolism.

Dr Z Bayat said Mr TA Holmes' issue was brought to his attention by the consultant who explained that Mr TA Holmes wanted to sign a Refusal of Hospital Treatment (RHT). He said he asked the consultant to write a report regarding the incident.

Dr Z Bayat said after the incident with Mr TA Holmes, all levels of doctors were addressed regarding Batho Pele Principles to remind them of the responsibility they have towards their patients. He said it was difficult to trace which student doctors Mr TA Holmes was referring to in his video but explained that based on the shortages they are experiencing in his department it was impossible to have a group of doctors attending to one patient who would be discussing their bonuses while attending to a patient. He said after the talks there was a great improvement.

Dr Z Bayat said the challenge with admission beds is a long-standing issue. He explained that the internal medicine department was running short of beds because one ward which used to admit medical patients was allocated to the Surgery Department. Dr Z Bayat said this has been a challenge as they do not have adequate medical beds. Dr Z Bayat said in some instances when the hospital is full, the patient will be diverted to another hospital, but in the case of HJTH, this diversion does not alleviate the problem as most patients admitted at HJTH are self-referred.

Dr Z Bayat said his department was experiencing staff shortages due to the freezing of posts. He said some of the sub-specialities have one consultant and if the consultant is on leave the services suffer.

Dr Z Bayat said since the arrival of Dr A Manning, a lot has improved as he is very firm with the clinical departments.

6.7 Dr Patricia Mary Saffy

Dr Patricia Mary Saffy (Dr PM Saffy) has been the HoD of the ED since 2018. Dr PM Saffy obtained her MBBCh at Wits University in 1996. She also holds the following qualifications, DipPEC (SA) 1998, DA (SA) 1991, FCEM (SA) 2004 and MSc Med in EM 2017 at Wits University.

Dr PM Saffy said the ED is experiencing a high number of boarders awaiting admission beds in the medical wards. (Annexure F)

Dr PM Saffy explained that the problem is compounded by the lack of a district hospital in the district. Dr PM Saffy stated that after the fire at CMJAH, patients were rerouted to HJTH which led to overcrowding. Because there were no extra nurses allocated to assist in the ED, HJTH lost ten (10) specialist PNs who resigned sighting inconducive working conditions due to the overcrowding.

Dr PM Saffy indicated that lack of stability within management is a causal factor since there have been different acting CEOs at HJTH over the years.

6.8 Dr Marian Edoo

Dr Marian Edoo (Dr M Edoo) has been the Clinical Manager responsible for Internal Medicine since May 2024. Dr M Edoo obtained an MBChB degree from the Medical University of Southern Africa (MEDUNSA) in 2010, now known as the University of Limpopo. Sefako Makgatho.

Dr M Edoo said following the incident with Mr TA Holmes, the Internal Medicine team analysed the records of Mr TA Holmes and nothing amiss was found. She explained that the care provided was up to standard.

Dr M Edoo said, *"Most of the issues shown in Mr TA Holmes's video were true"*. Most of the issues about infrastructure shown by Mr TA Holmes in the video are true because that was also captured on the GEMBA walk the management did through the hospital. One of the problems identified was that the toilet in the ED was always blocked and the suspicion is that the drainage system is not adequate. **(Annexure G)**

Dr M Edoo confirmed that the overcrowding in the ED was a challenge. She said the diverting of patients to other health establishments was not assisting as many of the patients treated at HJTH are self-referrals. She said while sometimes the patients are down referred to Southrand Hospital when the wards are full, there is a need for HJTH and Southrand Hospital to sign a Memorandum of Understanding (MoU) to make the arrangement official.

Dr M Edoo indicated that the food portions given to patients are not ideal. She said the challenge with the patient's food is not the quality, but how the food is prepared and presented to the patients in the wards. Dr M Edoo explained that there was a period when the kitchen experienced food shortages because the contracted service provider failed to deliver food due to non-payment of invoices by the GDoH. She said HJTH had to resort to the Request for Quote (RFQ). Dr M Edoo said because the RFQ process takes several days before the food can be delivered, HJTH sometimes experiences food shortages. Dr M Edoo indicated that the food shortage problem had been remedied as new service providers had been appointed at the beginning of the 2024/205 financial year.

Dr M Edoo highlighted that water shortages remain a problem at HJTH as Rand Water is experiencing water shortages. She explained that there was a borehole at HJTH, but the borehole was unable to supply water to the entire hospital during water cuts. She explained that there is a Jojo tank located on the seventh floor of the hospital, because of where the Jojo tank is located, the borehole pressure pump is not powerful enough to pump the water into the Jojo tank at the rate water is needed in the hospital.

Furthermore, Dr M Edoo highlighted that the attitude of HJTH 's staff is a big problem. She said to ensure that HJTH provides quality health services, the attitude of HJTH staff needs to change for the better.

6.9 Mr Mzuvukile Mayekiso

Mr Mzuvukile Mayekiso (Mr M Mayekiso) is the current NSM of HJTH. Since the appointment of Dr A Manning as the acting CEO at HJTH, he has been redeployed to CMJAH for mentorship for three months as the acting CEO felt the HJTH nursing services were fragmented and unstable. Mr M Mayekiso is a PN and holds a Nursing Diploma in Critical Care (Adult).

Mr M Mayekiso said HJTH was experiencing challenges with porter services in the ED as the porters are sometimes inaccessible. He said this causes overcrowding in the ED as patients must wait long periods before they are transferred to the wards.

Mr M Mayekiso said the ED experienced a high rate of PN resignations. He explained that the PNs who resigned from the ED are nurse specialists. Mr M Mayekiso said the main reason given by the PNs for resigning was the patient overcrowding in the ED. He said since the PN's left, their posts had not been filled.

Mr M Mayekiso highlighted that HJTH had a shortage of linen. He said if there is no clean linen in the wards, it is impossible to admit patients as one cannot place the patient on a mattress without linen. Mr M Mayekiso said this is also one of the causes of overcrowding in the ED.

Mr M Mayekiso highlighted that most of the electric plugs in the wards are not functional. He stated that when Operational managers (OPMs) were provided with computers in their respective areas, the computers could not be utilized because there were no functional electric plugs. Mr M Mayekiso said these impacted the work of the OPMs as they are expected to draft and submit statistical data online to the Province every month.

6.10 Mr Ngaka Doctor Xaba

Mr Ngaka Doctor Xaba (Mr ND Xaba) is the Quality Assurance Manager (QAM) at HJTH appointed in 2020. He is a PN and has an advanced certificate in Public Health from the University of Stellenbosch.

Mr ND Xaba said teamwork at HJTH remains a challenge as people work in silos and always protect their turf. He said staff attitudes remain a challenge as there is no cooperation among colleagues. Mr ND Xaba said there is always a challenge when doing self-assessments as managers are uncomfortable being assessed by others.

Mr ND Xaba said the managers fail to attend meetings when called, citing staff shortages. This impedes progress, as Quality Improvement Plans (QIPs) cannot be developed without getting buy-in from all stakeholders.

Mr ND Xaba said the Patient Experience of Care (PEC) score for 2023/2024 was 76% as patients complained of cleanliness and how food was prepared. He said the two issues were dealt with as the food service drafted new menus

6.11 Ms Belphia Avheani

Ms Belphia Avheani (Ms B Avheani) has been the Facility Manager of HJTH since 2019. She holds a Diploma in Mechanical Engineering from Ekurhuleni West College in 2016.

Ms B Avheani acknowledged that the hospital infrastructure needed attention but said there is a plan to upgrade the ablution facilities in the hospital. Ms B Avheani said a request order had been done on 19 June 2024. The investigation established that requests had been made for the ablution upgrade at HJTH from 2023, and none had been done to date. **(Annexure H)**

Ms B Avheani indicated that the project that Infrastructure Health did was to replace the vinyl walls in the ward passages, and it is still supposed to be extended to the ward cubicles.

Ms B Avheani indicated that she has an artisan plumber, electrician and painter working with her, but the staff is under the Department of Infrastructure Development (DID) in Gauteng. Ms B Avheani said it is difficult to manage the artisans as they report to the chief artisan at DID. Ms B Avheani indicated that in the case of high workload, the DID does provide extra artisans to deal with emergencies but that is only done during the night as during the day they would be busy in the area they are allocated to.

The investigation established that no SOP was in place to guide the staff in the wards on how to report infrastructural problems. This made it difficult for the facility manager to be aware of problem areas. There are no scheduled inspections, which is a problem.

In the 2024/2025 financial year, a budget of R2 million was allocated for maintenance. By September 2024, R1.7 million was utilized to pay accruals incurred in the past financial year and to buy hand basins and boilers. **(Annexure I)**

6.12 Mr Monwane Cyprian Khopo

Mr Monwane Cyprian Khopo (Mr MC Khopo) has been the Deputy Director of Finance and Supply Chain at HJTH since 2022. He completed his National Diploma in Financial Information Systems at the University of Johannesburg in 2002. Mr MC Khopo has a professional certificate from the South African Institute of Chartered Accountants in 2018. Mr MC Khopo said he supervises 5 supervisors who supervise a total of 55 staff members in their respective units.

Mr MC Khopo indicated challenges in the SCM. He said there was no separation of power, leading to policy transgressions. Mr MC Khopo said in the stockroom where stock is kept, the same people who are receiving the stock also manage the stock as there is no supervisor assigned to manage the stock.

Mr MC Khopo indicated that Inventory Management remains a challenge as there are no electronic systems. He said assets/stock are counted manually. Mr MC Khopo said manual counting delays procurement processes as verification takes a long time. He said the problem is perpetuated by the fact that there is no Asset Supervisor.

Mr MC Khopo indicated that his department is unaware of the linen quantities at HJTH but is worried that yearly a request is made to buy new linen. Proof of linen procured from 2020 - 2023 was submitted to the investigators.

Mr MC Khopo further explained that the HJTH debt book is made of 85% foreign patients who owe the hospital and patients who were involved in road accidents but never approached the Road Accident Fund to claim. The remaining 15% are South African patients who failed to pay. He said tracing foreign patients remains a challenge as they do not have genuine addresses. Furthermore, HJTH cannot claim from RAF if the injured patient did not report the accident to RAF. He explained that patient files from the departments and wards are supposed to reach the Patient Administration Department within 7 days of discharge, but that is not happening thus impacting the revenue collection as claims cannot be submitted to the medical aids.

The investigation found that there is no coordination or teamwork between the wards and the patient administration department. There was no SOP to guide the process flow of patient files after the patients were discharged.

6.13 Ms Tlhalefang Martha Seoketsa

Ms Tlhalefang Martha Seoketsa (Ms TM Seoketsa) is a radiographer working at HJTH.

Ms TM Seoketsa obtained her BSc in Radiography at the University of Johannesburg in 2021.

Ms TM Seoketsa indicated that she assisted Mr TA Holmes when he arrived at the X-ray department for his CT scan on 06 September 2024. Ms TM Seoketsa stated that she was working with Mr Vumani Mzimela. Ms TM Seoketsa was positioning, allaying the patient's anxiety and explaining the procedure to the patient to ensure that the patient cooperated during the CT scan procedure. Mr Vumani Mzimela's responsibility was to do the CT scans.

Ms TM Seoketsa indicated that Mr TA Holmes' requisition X-ray forms indicated that a non-contrasted CT scan was to be taken, which was duly done. The porter took Mr TA Holmes to Ward 8 while the radiologist analysed the scans. **(Annexure J)**

Ms TM Seoketsa said after the radiologist had analysed the CT scans, he recommended a contrast scan for Mr TA Holmes to isolate any suspicions that were inconclusive with the first scan. Ms TM Seoketsa said Mr TA Holmes was asked to return to the X-ray department for the contrast scan.

On arrival at the X-ray department, Ms TM Seoketsa said she verified whether Mr TA Holmes had any iodine allergies or any untoward conditions that may be a contraindication to the contrast. Mr TA Holmes reportedly had no allergies and the contrast CT scans were then done.

Ms TM Seoketsa said it was not often that when the radiologist suggests that a contrast scan be taken that is done immediately as in Mr TA Holmes' case. She indicated this would only happen if the radiologist thought it was urgent. Ms TM Seoketsa said Mr TA Holmes was prioritised. Ms TM Seoketsa explained that the second scan was not done because the radiographers forgot to give Mr TA Holmes a contrast medium (dye) with the first scans as alleged.

Ms TM Seoketsa said each patient who came to the X-ray department to do scans had to sign a consent form and there would be a requisition form indicating the type of procedure to be done. She said Dr Reyneke signed at the bottom of the original requisition form to request the contrast CT scan to be performed. Ms TM Seoketsa noted that Mr TA Holmes's contrast scans were done immediately, indicating that HJTH took his condition seriously.

6.14 Dr Nthabiseng Chaane

Dr Nthabiseng Chaane (Dr N Chaane) is the AHoD Clinical Unit Radiology. Dr N Chaane obtained her MBChB from the University of Cape Town in 2008, an FC Rad Diag (SA) in 2021 and an MMed in 2024 both from Wits University.

Dr N Chaane indicated that she was not directly involved with Mr TA Holmes while in the X-ray department. She said the procedure is that the doctor treating the patient would come to the X-ray department to discuss with the registrar the type of scans to be taken. Dr N Chaane explained that the X-ray department would then decide to accept or reject the request.

Dr N Chaane indicated that Mr TA Holmes had already had a chest X-ray done which showed that he had Pleural Effusion. She said the doctors were concerned that he either suffered from infection or a benign lesion as he had a history of being a smoker. Dr N Chaane said a non-contrasted CT scan was requested. She said on the request form it was stated High-Resolution CT Scan (HRCT) which is a non-contrasted CT scan.

Dr N Chaane said on review of the CT scan, the radiologist recommended a contrasted CT to exclude other diagnoses. She said the treating doctors did not forget to give contrast medium (dye)as alleged.

Dr N Chaane explained that it is the job of the radiologist to look at everything and not just the pathology that doctors are looking for. She said through the contrasted CT scan they were able to confirm that Mr TA Holmes had Empyema.

Dr N Chaane explained that the type of CT scan to be done will depend on the pathology the treating doctor is trying to ascertain, and inputs from the radiologist to ensure the CT scans assist the team with a diagnosis. She said there is no prescribed procedure but cases are dealt with on a case-by-case basis as it can be determined that the patient needs more imaging. (contrast or non-contrast)

6.15 Ms Ashla Veronica Norkee

Ms Ashla Veronica Norkee (Ms AV Norkee) is the PN and Operational Manager (OPM) of the ED. She was appointed in 2011. Ms AV Norkee obtained her nursing diploma at Ann Latsky Nursing College in 2007, and in 2012 achieved her diploma in Accident and Emergency Trauma Sciences.

Ms AV Norkee said they usually experience challenges with the medical beds as patients admitted had to wait 2-3 days in the ED for an open admission bed. She indicated that a patient awaiting admission would be accommodated in a room until a bed is available. Ms AV Norkee said because there are no proper patient beds in the ED rooms, it is difficult for the patients, but nurses do provide all the necessary clinical care.

Ms AV Norkee could not say why Mr TA Holmes was not provided food on the first day in the hospital but indicated that all patients in the ED are provided with food as the kitchen is notified of the total number of patients in the ED before meals are dished up.

Ms AV Norkee said there is a shortage of linen in the ED as patients sometimes are treated on examination beds without linen.

6.16 Ms Kganyisile Ramathoba

Ms Kganyisile Ramathoba (Ms K Ramathoba) is the OPM of Ward 8 appointed on 01 May 2024. Ms K Ramathoba holds a Diploma in Nursing and a Diploma in Critical Care (Adults) obtained at Chris Hani Baragwanath Nursing College in 2016 and 2020 respectively.

Ms K Ramathoba said some of Mr TA Holmes' allegations were correct. The bath in the bathroom had not been working for a long time, and there was no hot water. Patients were given bathing water in basins at their bedside. Ms K Ramathoba said some of the hand basins in cubicles were broken, and the ward was sometimes infested with flies. Ms K Ramathoba said the problems were reported to the Facility Manager but were never addressed.

Ms K Ramathoba confirmed that after Mr TA Holmes' incident in Ward 8, HJTH management addressed some of the problems including the falling curtain rails, but the curtain rails are already falling apart.

6.17 Dr Louisa Van Niekerk

Dr Louisa Van Niekerk (Dr L Van Niekerk) is a doctor in her final year of community service at HJTH. She completed her MBChB degree at the University of the Free State in 2021.

Dr L Van Niekerk confirmed seeing Mr TA Holmes in the ED yellow area on 25 August 2024. She explained that she was covering in the ED as she was allocated to work in the Infectious Diseases unit under Dr Rahul Sajeev.

Dr L Van Niekerk said baseline blood tests and a chest X-ray were done and the chest X-rays revealed a Pleural Effusion. Dr L Van Niekerk said Mr TA Holmes consented to the Pleural Effusion procedure, and +/- 600mls fluid was tapped from his chest.

Dr L Van Niekerk said doctors work very hard under difficult circumstances, and to hear Mr TA Holmes say doctors have a bad attitude was unfortunate.

6.18 Dr Tafadzwa Mavuwa

Dr Tafadzwa Mavuwa (Dr T Mavuwa) is an Internal Medicine registrar at Wits. She was working at HJTH at the time of the incident. Dr T Mavuwa completed her MBBCh at Wits.

Dr T Mavuwa confirmed treating Mr TA Holmes from the time he was in the ED until 30 August 2024, when the rotation of registrars took place. Dr T Mavuwa said Mr TA Holmes' condition after the Pleural Effusion tap procedure was stable, and after being in the ED for 3 days, he was referred to Ward 8 for admission.

Dr T Mavuwa said there was a cordial relationship between her and Mr TA Holmes as he was comfortable discussing his issues with her. Dr T Mavuwa said it seemed like Mr TA Holmes was conversant with public health as he often suggested which treatment he should be given. Mr TA Holmes stated that his former girlfriend was a doctor.

6.19 Dr Bavinash Pillay

Dr Bavinash Pillay (Dr B Pillay) is a third-year registrar in the Internal Medicine Department at HJTH. Dr B Pillay completed his MBBCh at the University of the Witwatersrand in 2016.

Dr B Pillay said he took over the patients of Dr T Mavuwa after the rotation on 01 September 2024 including Mr TA Holmes who was in Ward 8. Dr B Pillay said Mr TA Holmes complained of epigastric pain on 02 September 2024, and treatment was given. He said Mr TA Holmes never complained of diarrhoea while under his care.

Dr B Pillay said Dr Van Urk (a colleague of Dr B Pillay and in the same firm as him) requested that the CT scan of Mr TA Holmes be prioritised, as they wanted to establish what was wrong with him. Dr B Pillay said the initial CT scan ordered was a non-contrast scan. Dr B Pillay said a contrast scan was suggested immediately after the radiologist decided there was a need to exclude something after the first CT scan.

Dr B Pillay said he was preparing for his examinations, thus some of his patients including Mr TA Holmes were allocated to other doctors.

On 07 September 2024, while covering in Ward 8 Dr Jessica Taryn Gerber (Dr JT Gerber) notified him that Mr TA Holmes wanted to sign a Refusal of Hospital Treatment (RHT). Arriving at Mr TA Holmes' bedside with Dr JT Gerber, he tried to explain and counsel Mr TA Holmes about the consequences of leaving the hospital in his condition, but Mr TA Holmes seemed adamant about leaving. Dr B Pillay said he was worried that Mr TA Holmes was a heavy smoker who claimed to have quit smoking three days before his admission at HJTH. Dr B Pillay explained to Mr TA Holmes that if the CT scan indicated cancer it would need to be treated with urgency. Dr B Pillay said, irrespective of what was explained to Mr TA Holmes he chose to leave the hospital.

6.20 Dr Neeltjie Jannetjie Van Urk

Dr Neeltjie Jannetjie Van Urk (Dr NJ Van Urk) is a community service doctor at HJTH. She completed her MBBCh degree at Wits University in 2021. Previously she did a BSc degree in Genetics in 2014 from the University of Pretoria and in 2017 completed an Honours degree in Bioethics and Health Law at Wits University.

Dr NJ Van Urk said he saw Mr TA Holmes in Ward 8 although it was for a short period. She said she was allocated to Dr B Pillay. She said Mr TA Holmes had a problem with his lungs and epigastric pain which was managed adequately.

Dr NJ Van Urk explained that she ordered the CT scans for Mr TA Holmes, and then went to the X-ray department to discuss with the X-ray department personnel whether the CT scan would be done or the date it was going to be done. Although she could not remember the date that was given, she said she got a call from the X-ray to bring Mr TA Holmes to the X-ray department to do the CT scans, and she relayed the message to her colleague immediately. While Dr NJ Van Urk ordered the CT scan of Mr TA Holmes, she could not remember whether it was a contrast scan or not.

Dr NJ Van Urk said she was not aware of the X-ray process if the patient who had been done a CT scan had to be rescan.

6.21 Dr Jessica Taryn Gerber

Dr Jessica Taryn Gerber (Dr JT Gerber) is a medical intern doctor who completed her MBBCh at Wits University in 2023.

Dr JT Gerber said she treated Mr TA Holmes after he was added to their group of patients as Dr B Pillay was preparing for his exams. On 06 September 2024, she went to check on Mr TA Holmes in Ward 8. Upon arrival at Mr TA Holmes' bedside, she realised there was a student tutorial/teaching lesson in progress in the same cubicle. In order not to disturb the teaching routine she decided to familiarise herself with the patient's condition by reading through his file before introducing herself to Mr TA Holmes. Dr JT Gerber said she told Mr TA Holmes that Dr B Pillay had a high patient load and some of his patients had been reallocated to other doctors. Dr JT Gerber said, Mr TA Holmes raised no issues with the reallocation.

Dr JT Gerber said she was unaware of Mr TA Holmes' unhappiness on 06 September 2024 when she read through his file beforehand. She only became aware of Mr TA Holmes' dissatisfaction on 07 September 2024 when he told her and did not greet him. Mr TA Holmes told her it was one of the issues that made him unhappy in the hospital, hence wanting to sign RHT. Dr JT Gerber said she apologised to Mr TA Holmes. Dr JT Gerber then called Dr B Pillay to the ward to address Mr TA Holmes and irrespective of Dr B Pillay explaining the disadvantages of leaving the hospital, Mr TA Holmes was adamant to leave and signed the RHT and left.

7. Mr TA Holmes Clinical Records

7.1 Mr TA Holmes was admitted to HJTH on 25 August 2024. His patient registration number is 9397395. Mr TA Holmes presented with shortness of breath, cough, blood-stained green sputum, and pleuritic pain. The Blood pressure (BP) was 113/74, pulse 106, respiration 15, oxygen saturation 91% on room air, temperature 36,5 0C, and blood glucose 9,0 mmol. Mr TA Holmes was categorised as a yellow patient, meaning the doctor must see him within an hour based on the HJTH Emergency Department Triage SOP.

7.2 Dr Van Niekerk evaluated Mr TA Holmes in the ED. Mr TA Holmes gave the history that he was allergic to penicillin, had a tonsillectomy as a child (Removal of the tonsils), was a heavy smoker smoking over a packet of cigarettes per day, and occasionally smoked marijuana. After examining Mr TA Holmes, the doctor sent him for chest X-rays and Electrocardiogram investigations. The X-rays revealed a loculated left pleural effusion with associated left lower lobe volume loss. Blood for Full Blood Count, urea and electrolyte, C- reactive protein and Bicarbonate Blood Test & Carbon Dioxide Level were taken. Further sputum for microscopy culture and sensitivity was ordered. All tests were done and Mr TA Holmes underwent a pleural tap to drain the fluid from his chest. Oxygen was provided through nasal prongs. Dr Raul Sanjeev evaluated Mr TA Holmes (time not stated) and ordered Clexane 40mg twice daily subcutaneously, Panado 1g when necessary, orally and Rocephin 1g 6 hourly intravenously.

7.3 On 26 August 2024, Mr TA Holmes was seen by Dr Qwabe working in the ED. He indicated that there were no features of Tuberculosis (TB) observed, or obvious malignancy observed. Dr Qwabe ordered urine for drug screening, Voluntary Counselling and Testing for Human Immunodeficiency Virus and blood for hepatitis B and C. Mr TA Holmes was treated at the ED as there was no admission bed in the male wards. An intravenous drip was inserted as he was getting Rocephin 1g intravenously.

7.4 On 27 August 2024, Mr TA Holmes was still nursed in the ED and at 18h35 was handed over to Ward 8 (female medical ward) as there were no beds in the male medical wards. He was accommodated in a cubicle allocated to males.

7.5 From 28 August 2024 to 01 September 2024, Mr TA Holmes was seen by doctors in the ward. A chest X-rays were repeated as the doctors suspected Pneumonia and a possible mass on the left lung. The intravenous infusions (Ringers Lactate) were given and intake and output were recorded daily. The Rocephin 1g ordered on admission was stopped as it was on day 5 and switched to Augmentin injection intravenously. Mr TA Holmes' condition was said to be stable and vital data observations were BP 114/70 mmHg, Pulse 88 and oxygen saturation of 95% on oxygen through nasal prongs.

7.6 On 02 September 2024 at 01h15, he was seen by Dr Klaasen complaining of epigastric pain which started after he took a red tablet. Mr TA Holmes was diagnosed with Gastritis, and Lansoprazole 60mg was given stat and 30mg ordered daily. Later in the day, Mr TA Holmes was re-evaluated by Dr B Pillay. Tramal 50mg and Slow K 2 tablets were ordered orally, and Pentaloc 40mg was prescribed intravenously.

7.7 From 03 to 05 September 2024, Mr TA Holmes was seen by Dr B Pillay in the ward. Tramal 50mg orally was stopped. The sputum was negative for TB. Dr B Pillay advised that the haemoglobin (Hb) of Mr TA Holmes be monitored as it decreased from 15g/dl to 13g/dl. Mr TA Holmes was weaned off the oxygen. Dr B Pillay planned for a gastroscopy and would confirm the date with the ward staff. On 05 September 2024, Dr B Pillay requested that Dr Reyneke (Radiologist) expedite the high-resolution CT scan (HRCT) for 06 September 2024. Dr B Pillay asked the ward to monitor Mr TA Holmes and if there was any deterioration in his condition recommended that Dr Sonil who was taking over from him be notified.

7.8 On 06 September 2024, Dr Van Urk ordered an HRCT for Mr TA Holmes and it was done in the X-ray department on 06 September 2024 in the morning. A large pleural effusion with a maximal depth of 55mm with a split pleura sign in keeping with Empyema was noted. The MCS/GXP/TB culture results were correlated. No endobronchial lesions or pulmonary parenchymal lesions were found.

7.9 At 12h40, Mr TA Holmes was seen by Dr J Gerber. Mr TA Holmes was clinically stable, with BP 123/74 mmHg, pulse 99 and saturation 94% on room air.

7.10 On 07 September 2024 at 10h03 Dr J Gerber indicated that Mr TA Holmes wanted to RHT and was advised extensively against leaving the hospital and refusing further care. Dr J Geber indicated that Mr TA Holmes wanted to be admitted to a private hospital.

7.11 Mr TA Holmes indicated that the reasons he was leaving the hospital were due to the treatment he witnessed doctors giving to other patients, unhygienic conditions and that he did not feel safe at HJTH. Mr TA Holmes indicated that he was fully aware of his health condition.

7.12 Dr B Pillay, Dr J Gerber and Ms H Zungu counselled Mr TA Holmes on the disadvantages of signing an RHT. Mr TA Holmes was told his condition was severe and needed inpatient care but despite all the advice given, he decided to sign the RHT form. Dr B Pillay, Dr J Gerber and Ms Zungu signed as witnesses to the decision.

8. Statements/Interviews published in the media

Analysis of Mr T London's initial video and the two interviews (Cape Talk and Newzroom Afrika) to assess the consistency of his complaints.

The objective is to highlight commonalities and contradictions.

Commonalities between the initial video and subsequent videos

Allegation	Initial video	Subsequent video 1	Subsequent video 2
1. Poor Facilities & Infrastructure	Tom discusses broken bathroom facilities, non-working taps, peeling ceilings, and rusted areas. He also mentions a non-functional electrical plug next to his bed.	He again mentions lying on a thin mattress that caused discomfort, faulty plugs and flies hovering around.	He confirms that the infrastructure issues (broken beds, peeling paint) were not his main complaint but noted them as background discomfort.
2. Unsatisfactory Care from Doctors	He accuses doctors of treating patients like experiments, showing disrespect, and failing to communicate. He details how doctors ignored basic manners like greeting or showing empathy.	He criticises most doctors for being unprofessional and insensitive, citing the same behaviour (ignoring patients and discussing bonuses while performing procedures).	He reiterates that doctors lacked compassion and respect, failing to introduce themselves or treat patients with basic decency.
3. Security Issues	Tom reports that his phone was stolen while he was sleeping, though he managed to retrieve it with help from a fellow patient.	He recounts the phone theft and expresses concerns about his safety after the incident.	He mentions the theft again, noting his growing fear of sleeping due to security lapses inside the ward.
4. Death of a Fellow Patient	He shows frustration over a fellow patient's death, criticizing the doctors for laughing afterwards. He also mentions the delay in removing the body.	He repeats the story about the patient's death and the flies that descended onto the body and around the ward.	The story remains consistent as he recalls flies infesting the ward and his discomfort, leading to his decision to leave the hospital.
5. Main Reason for Complaining	The primary grievance is about the lack of compassion and respect from doctors rather than infrastructure or clinical care.	He emphasizes that his main issue was the behaviour of doctors and not the poor infrastructure.	Tom repeats that the doctor's lack of care, rather than infrastructure, drove him to make the video and leave the hospital.

Contradictions between the initial video and subsequent videos:			
Allegations	**Initial video**	**Subsequent video 1**	**Subsequent video 2**
1. Clinical Care Quality	He seems critical of the care he received, stating that he was left in casualty for days without proper treatment. He expresses dissatisfaction with the delay in being seen by doctors.	He clarifies that he does not have any complaints about the clinical care itself, stating that he was treated well medically, especially by some doctors like Dr. Pillay.	He again confirms that he received correct clinical care, but his main issue was how doctors treated him and other patients personally.
2. Blame Toward the Hospital or the System	He directs much of his anger towards the hospital and its staff, suggesting they were largely responsible for his poor experience.	He begins to touch on broader systemic issues, questioning how the National Health Insurance (NHI) would be implemented given the current failures in hospitals like Helen Joseph.	His focus expands, criticizing not just the hospital but the entire healthcare system, questioning whether the same people responsible for current hospital failures could effectively manage the NHI.
3. Tone and emotional response	His tone and response were of an angry and unsatisfied patient and this can be referenced by the choice of words like "cockroaches" and "animals".	He was nuanced as compared to how he was in the initial video, although still stressed out about his disappointments with the doctors at HJTH.	He was calmer as he was speaking from Morningside Private Hospital and was selective in his choice of words as he noticed that people misinterpreted what he said in his initial video.
4. New information.	He generally spoke about flies in passing without quantifying the amount as he was commenting on the infrastructure.	He specifies the number of flies at the ceiling and that more flies came through the window after a fellow patient (diagonally opposite him) died.	Tom introduces new details about the fly infestation during the patient's death, which wasn't explicitly detailed in the initial video.

Mr TA Holmes' complaints appear largely consistent across his initial video and the subsequent interviews, particularly regarding:

a. His perception regarding the unprofessional behaviour of doctors.

b. Inadequate hospital infrastructure, though he downplays this as a secondary issue.

c. Safety & Security issues, at HJTH.

d. The death of a fellow patient and the ensuing hygiene issues.

The only noticeable contradiction lies in his evaluation of clinical care, while the initial video hints at dissatisfaction, the interviews clarify that his primary concern was the lack of respect and compassion rather than the medical treatment itself.

9. Audit of inpatient files

9.1 Four (4) inpatient files were randomly selected for auditing to determine the clinical care provided. The investigation found that patients were seen a minimum of three (3) times per day, all patients had a provisional diagnosis, investigations were conducted, and because all patients were discharged, they had a discharge summary in their files.

9.2 Although doctors wrote all interventions in the progress report, the times of interventions were not written, and some doctor's signatures were not legible.

9.3 The nursing notes were written, prescription charts were in place and signed, treatment sheets indicated when medications were administered and signed for, and intake and output charts were recorded.

10. Walkabouts

10.1 Wards

10.1.1 On 18 September 2024, walkabouts were conducted in the ED, Wards 5, 8, 15, and 16. The purpose of the walkabouts was to compare the structural conditions, condition of amenities, and other issues that could place patients and staff at risk. The investigation found that:

a) There were medical patients in the ED seen by the doctor but had to wait as there were no admission beds.

b) The condition of the ceiling in Ward 8 where Mr TA Homes was admitted was worse than in other wards.

c) The basins in all the wards were clean, though rusted due to age. No broken basins were found.

d) The majority of the showers in the wards were not working.

e) One of the two (2) toilets close to the unit where Mr TA Holmes was in the ED was not working, and the exposed faeces in the broken toilet attracted flies into the ED.

f) In Ward 16 a leaking tap was fastened with a rubber glove. (Annexure...)

g) Most of the electric plugs in the wards were not working. Some had exposed electric wires posing risks to patients and staff.

h) In Ward 8 and Ward 15, the passage window panes were broken and the holes were covered with paper hardboard. The staff reported the window pane broke around 2022.

i) Some patient beds were not made. The wards reported a shortage of linen. Most of the patients were wearing their private clothes. The only ward with stock in the linen room was Ward 15. The OPM of Ward 15 explained that she ensured that what was handed over to the laundry was controlled and accounted for on return.

j) The screening curtains around patient's beds were falling off the rails.

k) The medicine rooms and storerooms were left unlocked except in Wards 5 and 15.

l) Some Emergency Trolleys in the wards were not controlled according to HJTH SOP as the medications and dry stock were haphazardly arranged, labelling of items for easy access was not done, and the medicine trolley was not locked. Only the Ward 15 Emergency Trolley complied with the HJTH SOP. (Annexure K)

10.2 Support Service Department

Walkabouts were conducted at the laundry, mortuary and the kitchen. The investigation observed the following:

10.2.1 Laundry

a) There were stacks of dirty linen in the laundry. Johannesburg Laundry did not collect dirty linen for two (2) days. Linen was packed in bags but not segregated according to type of item.

b) Two (2) sluice and two (2) washing machines were out of order for over two (2) years.

c) There was no clean stock of bed linen in the laundry.

d) There was no inventory monitoring system in place in the laundry. Linen is not counted when it is collected from the wards or sent to the Johannesburg Laundry. (Issues of staff shortages were cited for the failure to count).

e) There were no SOPs in place to guide practice.

f) Although the floor of the HJTH laundry was clean, there was a funny smell lingering in the air and the staff could not explain the source.

g) The HJTH laundry personnel cited frequent machine breakages at the Johannesburg Laundry which impacted HJTH's ability to provide clean linen.

10.2.2 Mortuary

a) The stretchers transporting the corpses from the wards were filthy.

b) There were 17 missing pans/shelves in the mortuary and the supervisor could not explain what happened to them.

c) One of the fridges providing three pans/shelves has not been working for over a year (No job order provided).

10.2.3 Kitchen

a) Ms Patience Mabuza, the supervisor in the kitchen indicated areas where food is being prepared, one area is solely for Halaal food prepared by a Muslim cook. The kitchen looked neat and clean and all food service personnel were wearing Personal Protective Equipment (PPE).

b) The freezers containing meat were blood-stained and dirty. The staff explained that cleaning entailed hosing the floor area to remove blood stains, and the drainage system from the fridge area drained into the storage area below. Thus, hosing and cleaning of freezers do not take place.

c) The night snack is delivered with dinner, as there are no staff at night to serve the patients during the night. The food service supervisor could not confirm if the nurses gave the night snack to the patients, as they had other functions.

d) The food service has a menu drafted and in place (Annexure L)

e) While Ms P Mabuza said there was always a security guard when stock was taken out of the fridges and storerooms, none signed anywhere to account for stock taken.

f) There were no functional CCTV cameras.

11. Investigation findings

After weeks of investigations, the Health Ombud established the following findings

11.1 Regarding whether Mr TA Holmes was in ED for three (3) days due to the unavailability of admission beds in the medical wards

11.1.1 The allegation that Mr TA Holmes was in the ED for three (3) days due to the unavailability of beds in the medical wards is substantiated.

11.1.2 The investigation established that Mr TA Holmes was brought to HJTH on 25 August 2024 and was only transferred to Ward 8 on 28 August 2024 late in the afternoon.

11.1.3 Dr Saffy indicated that there are problems with medical admission beds as patients seen in the ED would wait for three (3) days on average for admission beds. During the walkabouts conducted by the investigators on 18 September 2024, there were patients in the ED awaiting transfer to the wards as there were no admission beds. The patients were accommodated in a room sitting on chairs and others sleeping on the examination couches which are not ideal for the patient.

11.1.4 During interviews, Dr A Manning indicated that the problem has since been attended to although there are still challenges as the issue is a management issue.

11.1.5 The investigation found that HJTH breached Regulation 22 of the Norms and Standards Regulations provides that: "The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa".

11.2 Regarding whether the doctors and student doctors disrespect patients as they treat them as "cockroaches."

11.2.1 The allegation that doctors and student doctors disrespected patients as they treated them as "cockroaches" was unsubstantiated.

11.2.2 In the video published on 07 September 2024, Mr TA Holmes said doctors at HJTH treated their patients as "cockroaches" as they disrespected them. He further said patients were treated experimentally by the doctors.

11.2.3 In the same breath, while painting the HJTH doctors as vile and evil, Mr TA Holmes said the doctors who treated him in the ED and Ward 8 were very good. For example, Dr R Sajeev, Dr B Pillay and Dr NJ Van Urk as the "best doctors.

11.2.4 The investigation established that Mr TA Holmes was unhappy with how Dr JT Gerber "the blonde doctor" treated her on 06 September 2024. Dr JT Gerber arrived at the bedside of Mr TA Holmes and started going through his notes without introducing herself or greeting Mr TA Holmes. Mr TA Holmes felt he was disrespected. During interviews, Dr JT Gerber indicated that she apologised to Mr TA Holmes on 07 September 2024, and further explained that the reason she did not speak was because she did not want to disturb the bedside medical student's tutorial nearby but rather first start by reading Mr TA Holmes' clinical records was to familiarise herself with the patient history

11.2.5 The investigators interviewed five (5) patients and said they were happy with how doctors treated them. One of the patients 'MRDS' was asked:

Interviewer: Do you have any complaints?
MRDS: *"Hai no."*
Interviewer: Do you like being here?
MRDS: *"Yeee, I love being here, I'm waiting for the results. People help me nicely and tell me what is what."*

A patient who was admitted in the same ward as Mr TA Holmes said:

Interviewer: Do you have a complaint with the doctor?
MRJM: *"No I don't."*
Interviewer: In your opinion what are the doctors like?
MRJM: *"If I'm sleeping, they will wake me and greet me. Then talk to me and I'm attended by five to six doctors per day."*

11.2.6 The investigation found that Mr TA Holmes' claims were based on how he perceived doctors in the ward treating their patients and had not verified with those patients how they experienced the doctor's behaviour. The allegation of Mr TA Holmes was not based on facts and was further disputed by the patients interviewed who indicated that they were happy with the care provided by doctors at HJTH.

11.3 Regarding whether the X-ray department staff forgot to give contrast medium (dye) during the initial scan

11.3.1 The allegation that the X-ray department forgot to give a contrast medium with the initial CT scans was unsubstantiated.

11.3.2 On 03 September 2024, Dr NJ Van Urk ordered a High-Resolution Computed Tomography. (HRCT). Cleveland Clinic defines an HRCT as " A more detailed than a standard scan, which is important in evaluating certain lung conditions, and done without contrast."

11.3.3 Dr NJ Van Urk explained that when she booked a CT scan for Mr TA Holmes, the date given was far due to the long list of patients on the waiting list for CT scans. Dr NJ Van Urk said when she was notified by the X-ray department on 06 September 2024, to bring Mr TA Holmes, she was happy as the X-ray department prioritised Mr TA Holmes irrespective of the long waiting list as they needed to provide Mr TA Holmes with a diagnosis.

11.3.4 Ms TM Seoketsa, the radiographer who did Mr TA Holmes' CT scans indicated that the request form was for an HRCT non-contrasted CT scan. Ms TM Seoketsa explained that after the CT scans were taken and sent to the radiologist for reporting, Dr Reyneke, the radiologist, then saw the need for a contrasted CT scan. Dr Reyneke then recommended that a contrasted CT scan be done on Mr TA Holmes. During interviews, Dr N Chaane explained that a non-contrasted CT scan was requested and done initially. The radiologist saw the need for a contrasted CT scan to provide a diagnosis.

11.3.5 Ms TM Seoketsa indicated that Ward 8 was immediately asked to bring Mr TA Holmes back for a contrasted CT scan for further investigations. An arterial phase contrast-enhanced multi-slice helical imaging of the chest revealed a large Pleural Effusion with a split pleura sign in keeping with Empyema. **(Annexure M)**

11.3.6 The investigation found Mr TA Holmes's claims that the X-ray department "forgot" to give him contrast medium (dye) initially, to be unfounded.

11.4 Regarding whether Mr TA Holmes' claims of not being seen by a doctor for 48 hours in the ward were accurate

11.4.1 The allegation that Mr TA Holmes was not seen by a doctor over 48 hours was unsubstantiated.

11.4.2 The investigation found that Mr TA Holmes was seen and examined 23 times while admitted to HJTH for eleven (11) days excluding consultations done in the ED. All evaluations are written in the doctor's progress notes. [TPH 3 (b) (81/501111)].

11.4.3 During interviews, Mr TA Holmes said, "I have not seen Dr Pillay in 24 hours. It was a Saturday, and on that morning the new doctor had not come around. I know they don't come around in the afternoon. They come around in the morning, that is the pattern. I said, here we go, 48 hours without a doctor."

11.4.4 The investigation found that what Mr TA Holmes alleged was not true as on 06 September 2024, he was taken to the X-rays and was seen by Gerber.

11.4.5 In the medical wards, the doctor's visits include medical consultants, medical registrars, medical community service doctors and medical interns. In tertiary hospitals, the medical registrars are accompanied by community service doctors or intern doctors when conducting rounds.

11.5 Regarding whether Mr TA Holme was provided with poor clinical care

11.5.1 The allegation that the clinical care provided to Mr TA Holmes was of poor quality was unsubstantiated.

11.5.2 Mr TA Holmes was brought by ambulance to HJTH on 25 August 2024. At 09h15 Mr TA Holmes was triaged. Based on the documented vital data observations and full history, the health personnel categorised him as a "yellow" patient. According to the HJTH SOP, [Ref No: HJTH ED 04], "yellow" patients are seen by a doctor after an hour depending on the clinical condition and how busy the ED is. Mr TA Holmes was seen by Dr Vika at 11h50 after being triaged as the ED was very busy. Dr Vika made a provisional diagnosis of Upper Respiratory Tract Infection (URTI) and ordered a chest X-ray, and blood tests for FBC, U&E and CRP. The blood tests were done and the results were received at 12h40. A chest X-ray was ordered and done and revealed a Pleural Effusion in the left lung. Panado was ordered for pain. Dr Vika referred Mr TA Holmes to the Internal Medicine unit.

11.5.3 Dr L Van Niekerk attended to Mr TA Holmes at 14h30 and tapped Mr TA 600mls of fluid was drained. During admission to HJTH, Mr TA Holmes was given medication which was recorded daily on the [HJ 501 form].

11.5.4 Mr TA Holmes said during interviews "I don't look at my time at HJTH and the clinical care I received as inadequate." The investigation found that Mr TA Holmes was generally satisfied with the clinical care provided while in the hospital and he further said "I have no criticism of the clinical care I received at HJTH." Furthermore, Mr TA Holmes indicated that he holds nurses in high regard as they work very hard to assist patients.

11.5.5 Dr M Edoo confirmed that after Mr TA Holmes' incident, his clinical file was analysed by management to check for any inconsistencies that could have caused his unhappiness, and it was found that all medical intervention provided were in line with national and international practices.

11.5.6 The investigation found the assertion by Mr TA Holmes to use HJTH's failures to predict the possible failure of the National Health Insurance (NHI) to be very unfortunate as one hospital cannot determine the outcome of a national programme.

11.5.7 The investigation concluded that Mr TA Holmes was attended to in a manner consistent with the nature and severity of his condition as provided by Section 5 (1) (a) of the Norms and Standards.

11.6 Infrastructure challenges

The allegation that HJTH had poor infrastructure that was not up to standard was substantiated.

On 17 and 18 September 2024, the investigators conducted a walkabout in five (5) wards including Ward 8 where Mr TA Holmes was admitted and the ED. The purpose was to evaluate the status of the infrastructure and compare it to determine if the complaint raised by Mr TA Holmes was widespread. During the walkabouts few infrastructure challenges were observed.

11.6.1 Peeling Ceilings

11.6.1.1 The ceiling in the ward where Mr TA Holmes was admitted was peeling off. This was not an isolated issue as the same problem was identified in one other ward visited. No problems were found in the ED as the renovations were completed in the 2023/2024 financial year.

11.6.1.2 Dr M Edoo agreed that during a management walkabout before Mr TA Holmes' incident, the team observed the peeling ceilings in several wards especially those positioned directly below or above Ward 8.

11.6.1.3 Ms B Avheani indicated that after Mr TA Homes's social media outburst, a request was made to upgrade Ward 8. Dr M Edoo attested to what Ms B Avheani said and shared that plans were underway to revamp Ward 8 before the end of the year.

11.6.1.4 The investigation found that HJTH breached Regulation 20 of the Norms and Standards which provides: *"The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993".*

11.6.2 Broken hand basins and taps

11.6.2.1 During the walkabouts, the investigation found two (2) taps not working in Ward 8 and one (1) leaking water. The water was leaking onto the vinyl as the basin was not properly affixed to the wall. Dr M Edoo confirmed that the basins in Ward 8 were far from the wall thus water leaked onto the skirting.

11.6.2.2 Ms B Avheani, the Facility Manager shared that the hospital is experiencing a high level of vandalism as taps and toilet flushing systems are stolen from the wards. She indicated that maintaining the plumbing system is a challenge as the hospital has one plumber artisan. A leaking tap in Ward 16 was fastened with a rubber glove to stop the leak.

11.6.2.3 The basins in wards 4 and 8 were cracked. Ms HI Van Der Haer, the IPC coordinator indicated that her unit conducted a survey, to determine the availability of hand-washing facilities at HJTH. The survey found that 30% of the basins were broken thus affecting hand washing in the hospital. Ms B Avheani indicated that 10 basins had been procured at the beginning of the 2024/2025 financial year but could not be fitted due to a lack of manpower.

11.6.2.4 The investigation found that HJTH breached Section 8 (1) (a) of the Norms and Standard which provides that *"health establishments must maintain an environment which minimises the risk of disease outbreaks, and the transmission of infection to users, healthcare personnel and visitors, by ensuring that there are hand washing facilities in every service area".*

11.6.3 Electrical plugs

11.6.3.1 During the investigator's walkabouts, it was confirmed that the plug close to where Mr TA Holmes' bed was not working. The investigation found that an average of 5 out of 12 electric plugs in the ward were not working. Some of the electric plugs in the wards were exposed, pre-disposing patients and health personnel to danger. (Annexure N)

11.6.3.2 During interviews, Ms VM Hlongwane shared that the 2022 OHS Risk Assessment Report highlighted the risks exposed electrical plugs and wires pose to patients and staff but they were never addressed.

11.6.3.3 The investigation found that HJTH breached Section 20 of the Norms and Standards which provides: "The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993".

11.7 Regarding whether a patient who died in the cubicle where Mr TA Holmes was admitted was left for hours before the body could be removed

11.7.1 The allegation that the patient who died was left for hours before the body was removed in the cubicle where Mr TA Holmes was admitted is unsubstantiated.

11.7.2 Ms K Ramathuba confirmed that the body of the patient 'John Doe' was kept in the ward for two hours. Ms K Ramathuba said the reason was to allow the body to go through the mortis process before the body could be dressed/prepared.

11.7.3 HJTH Guidelines on: Care of a Dying Patient /Last offices No:10 Cause 5 (5.2) indicate that "*the body may not be in the ward for longer than two hours*". In the video that Mr TA Holmes posted, he indicated that the patient died 20 minutes ago, but when he was interviewed on 18 September 2024, he said the patient was in the ward for 4 hours, contradicting his initial statement.

11.7.4 The investigation established that the patient 'John Doe' died on 07 September 2024 at 06h30, and was logged in the mortuary register at 09h00 indicating that the body reached the mortuary in 2 hours and 30 minutes after death. **(Annexure O)**

11.7.5 The HJTH Last Offices SOP provides that "*the body of a patient be kept for an hour after death to allow the mortis process to take place before it could be dressed/prepared".* The corpse should be screened from the view of other patients, as it was done in the case of patient 'John Doe'. This is highlighted in Mr TA Holmes' video. After an hour, the body would be bathed and put in a shroud before it could be taken to the mortuary.

11.7.6 Ms K Ramathoba, the OPM of Ward 8 highlighted that they sometimes experience challenges with porters who are unavailable to take the body to the mortuary. She explained that the delay on 07 September 2024 was because there was a shift change. The day staff nurses had to take over reports from the night nurses before they could start laying the corpse of 'John Doe'.

11.7.7 The investigation found the allegation by Mr TA Holmes to be **unfounded**.

12. Additional findings

12.1 Human Resource Function

12.1.1 The investigation found that there were serious issues within the HJTH HR unit as the working relations between the HR manager and some of her subordinates were non-existent. Ms RO Kubayi explained that the situation in the unit is counterproductive as it affects productivity in the unit. Dr A Manning and Ms LB Baloyi indicated that they were aware of the challenges in the HJTH HR unit but indicated that management capacity was also to blame.

12.1.2 Ms LB Baloyi said the HJTH HR unit was unable to do the ordinary functions an HR unit is expected to do, due to their lack of capacity and poor working relations prevailing within the HR unit.

12.1.3 The investigation found that there were outstanding labour issues which were delayed because the HR manager and the LRO were not working together. The investigators questioned the ability of the HR manager to exercise her functions as a supervisor as during interviews she complained that her supervisees did not obey her instructions.

12.1.4 Furthermore, the investigation established that the GDoH does not have a service provider to offer suitability checks to newly appointed employees. Ms RO Kubayi indicated that candidates within the GDoH were appointed without being vetted since 2021. She explained that a disclaimer clause was provided in the appointment letter to protect the department in case the appointed person had a criminal record or fraudulent qualifications

12.1.5 Ms LB Baloyi confirmed that a new service provider had been appointed in October 2024 to conduct vetting of new appointees.

12.1.6 When interviewed Dr A Manning stated that the HR manager from CMJAH was asked to assess the HR unit functions at HJTH and advise management about the corrective action that should be taken to improve the HR unit at HJTH.

12.2 Leadership Problems

12.2.1 The investigation found that there was no integration of leadership at HJTH as they worked in silos. During interviews, the investigation observed the lack of teamwork prevailing at HJTH. The investigation established that problems like overcrowding in the ED, lack of admission beds and unavailability of porter services could be alleviated if all staff worked together as a team.

12.2.2 The investigation established that HJTH was experiencing problems before the incident with Mr TA Holmes hence the deployment of the acting CEO, two clinical managers, and the NSM to HJTH. The GDoH gave the team the mandate to diagnose and address immediate issues. Ms LB Baloyi and Dr S Mankupane said the deployment was done after the GDoH received a memorandum of complaints from the HJTH staff complaining of several issues at the hospital.

12.2.3 Dr A Manning confirmed that their immediate finding was that HJTH was plagued by poor management, and the clinical leaders either failed to guide or were physically absent when needed by subordinates. He said in the past, leaders did not understand their roles. Dr A Manning said a lot has been achieved and corrected by the team.

12.3 Support Services Department

12.3.1 Hospital Linen

12.3.1.1 During walkabouts in the wards and ED, the investigators found beds, and examination couches without linen. The linen rooms where linen is stored in the ward were empty.

12.3.1.2 The investigation found that there was poor linen management in the hospital as there were no linen control systems in place.

12.3.1.3 Ms Granny Tiyiselane Simba (Ms GT Simba), the supervisor in the HJTH laundry explained that linen is not counted when collected from the wards, and when sent and received from Johannesburg Laundry where HJTH linen is washed.

12.3.1.4 Ms GT Simba said her staff couldn't count the linen and categorise the linen as their staff is not adequate.

12.3.1.5 Ms GT Simba indicated that because the Johannesburg laundry machines frequently broke down, the hospital ended up having no clean linen. During the walkabouts, there were stacks of unwashed linen waiting to be picked up by Johannesburg laundry. Johannesburg Laundry did not collect dirty linen for two days as it was reported that only one washing machine was in commission and the others were broken.

12.3.1.6 The investigation further established that the faecal/bloody soiled linen from the ward was not sluiced onsite but sent to Johannesburg Laundry in that state. HJTH does not have a clear directive as to who is supposed to sluice dirty linen.

12.3.1.7 Ms K Ramathuba and Ms A V Norkee indicated that lack of linen delayed patient admission to the wards, this was confirmed by the NSM Mr M Mayekiso.

12.3.1.8 The investigation found that HJTH breached Regulation 8 (2) (c) of the Norms and Standards which provides that *"a health establishment must ensure there is clean linen to meet the needs of users".*

12.3.2 Patient Food

12.3.2.1 The investigation established that there had been challenges in procuring some food items at HJTH in the 2023/2024 financial year. Mr ML Ngoasheng and Mr M Khopo explained that the service providers refused to deliver the food items ordered since their previous invoices were not paid by the GDoH.

12.3.2.2 Ms P Mabuza, the supervisor indicated that while there might be a patient menu in place, in case of non-delivery of food items they are forced to repeat the same meals in a day. Ms P Mabuza said this usually happens towards the end of the financial year when the budget is depleted.

12.3.2.3 While quantities of protein taken out of the fridge were equated to the number of patients in the hospital per day, the investigation could not verify whether the portions given to the patients were indeed according to the stipulated portions **(Annexure P)**

12.3.2.4 HJTH breached clause 5 (5.3) of the Policy for Food Service Management in Public Health Establishments which provides that "*Provincial policies should be followed with regard to procurement procedures".*

12.3.2.5 Furthermore, HJTH breached 7 (&.2) of the Policy for Food Service Management in Public Health Establishments which in part provides that *"The meal plan is prescribed in order to ensure uniform meals and portion sizes in hospitals to meet the clients nutritional requirements".*

12.4 Staff Shortages

12.4.1 Ms RO Kubayi, the Human Resource Manager at HJTH indicated that there were staff shortages at HJTH, as the 2006 organisational structure is still being utilized. She explained that although HJTH is gazetted as a tertiary hospital, the staff establishment was never revised to that of a tertiary hospital.

12.4.2 Ms RO Kubayi indicated that while the proposed organizational structure has been approved, it remains unfunded. She said the challenge is that posts vacated cannot be filled due to the moratorium. **(Annexure Q)**

12.4.3 Mrs RO Kubayi indicated that HJTH experienced a high turnover of PN specialists in the ED after the fire at CMJAH. The PNs cited heavy workload and overcrowding as the reason for resigning. Ms LB Baloyi placed the blame on the HJTH HR unit, she said their inadequacy and lack of foresight caused the shortages as they failed to advertise the clinical posts in time. She explained that the Treasury department put a hold on advertising of posts as they indicated there would be an over-expenditure but said that did not mean that hospitals could not advertise key clinical posts that were vacant.

12.4.4 Dr Z Bayat explained that staff shortages are a serious challenge in his department as some sub-specialities work with limited staff. He said of the seven (7) sub-specialities, only endocrinology and nephrology had adequate staff. He said the Infectious Disease and Cardiology sub-specialities are overstretched. If any of the staff is on leave, the departments are near collapse and clinical services sometimes need to be cut off completely.

12.4.5 Dr Mankupane explained that the cluster system sometimes assists during staff shortages as doctors can be rotated to address shortages and lack of service delivery in key areas.

12.4.6 Dr Z Bayat explained that Infectious Diseases, Cardiology, Rheumatology, and Pulmonology sub-specialities need a ratio of three consultants to two fellows (3:2), while Geriatrics need a ratio of two consultants to two fellows (2:2) for quality services to be provided without overstretching staff.

12.4.7 Furthermore, Dr Z Bayat said if the Neurologist or Dermatologist go on leave, the service collapses in those departments. Dr Z Bayat indicated the dire need to fill the following critical post in the Internal Medicine Department.

- Medical Officer- 5 posts.
- Registrar posts-1 post.
- Consultant posts - 3 posts - (Pulmonology, Rheumatology, Nephrology).
- Fellow posts- (Infectious Disease, Cardiology, Rheumatology, Nephrology).

12.4.8 The investigation found that HJTH breached Regulation 19 (1) (a) of the Norms and Standards provides: "The health establishment must, as appropriate to the type and size of the establishment have and implement a human resource plan that meets the needs of the health establishment."

The current HJTH Internal Medicine Department Structure.

The figure below indicates the human resources complement in the Internal Medicine Department. The ratios in each sub-specialty indicate the number of consultants to fellows.

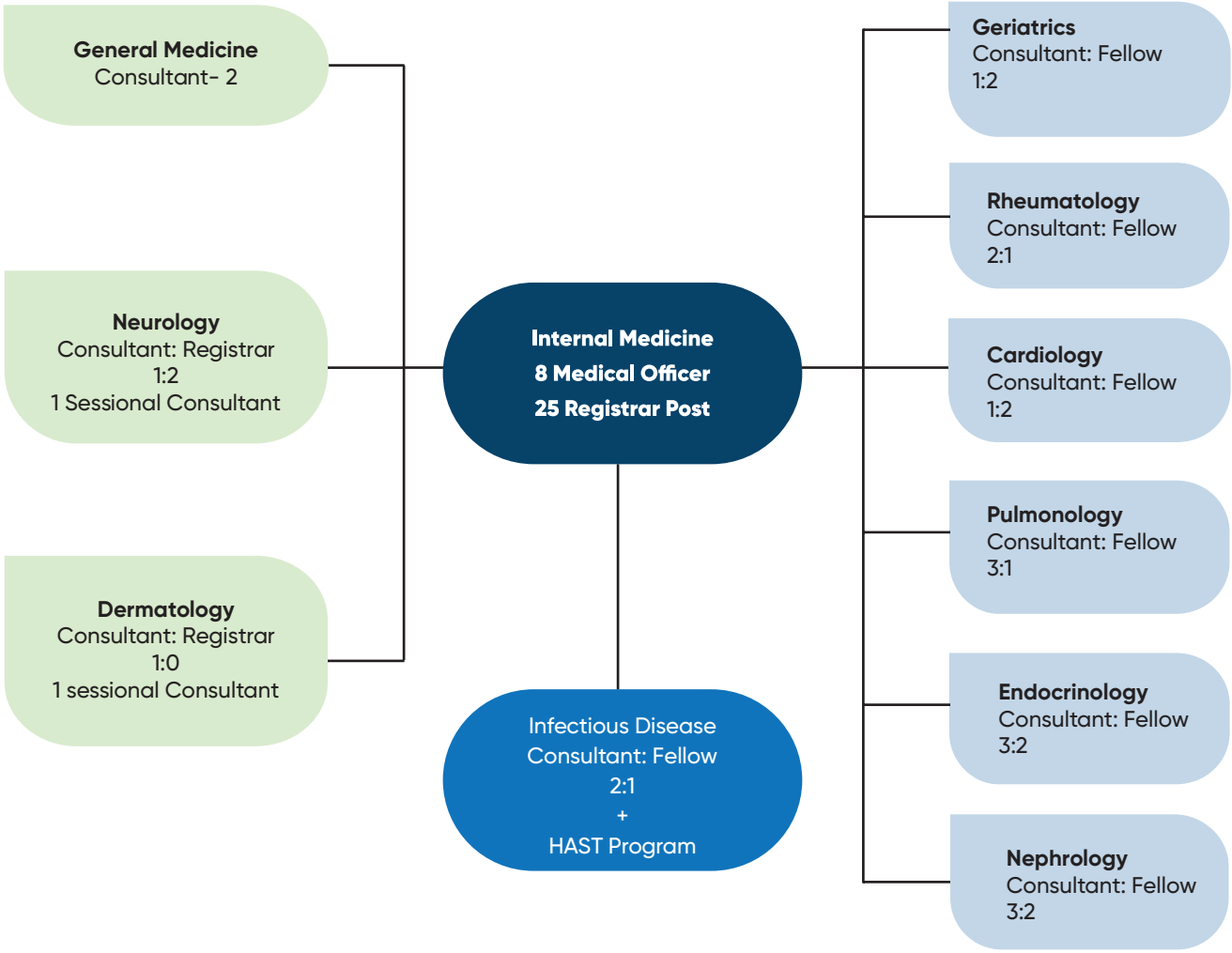

Figure: 1 Allocation of human resources in the Internal Medicine Department

12.5 Security

12.5.1 The investigation established that there was a challenge with vandalism and theft at HJTH regarding infrastructure. Ms B Avheani and Ms K Ramathuba indicated that most of the toilet systems and taps in the hospital were vandalised. While this was attested, there was no police report or incident report to support the statements.

12.5.2 HJTH has security guards posted at the gate, the entrance of the hospital and strategic areas inside the hospital to protect human and physical resources. During the investigations, the investigators observed some laxity regarding searching to determine what a person brings in or takes out of the hospital. There was no consistency when searching vehicles at the main gate. Clients/ patients pedestrians were not searched. When checking visitors and/or staff bags/laptops, no due diligence is exercised as the security never verified the laptop serial numbers as required.

12.5.3 The investigation found that the HJTH has seven (7) exit doors. Mr ML Ngoasheng highlighted that the CCTV cameras in some areas of the hospital were not working. This was confirmed by Dr A Manning, the acting CEO of HJTH. The investigation found that the security at HJTH is very poor.

12.5.4 The investigation found that HJTH breached Regulation 17(1) of the Norms and Standards Regulations which provides that: *"the health establishment must have a system to protect users, health care personnel and property from security threats and risks."*

12.6 Finance and Supply Chain Management (SCM)

12.6.1 The investigation established that there was no clear segregation of duties in the unit due to staff shortages. There is no supervisor responsible for SCM. This creates a risk as the same person who is procuring services is also making payments.

12.6.2 Dr A Manning said it was difficult for the DD Finance and SCM to give a definite answer when asked about the HJTH budget indicating that his knowledge and financial acumen are not on par for a tertiary-level hospital and related functions.

12.7 Nursing Challenges

12.7.1 The investigation established that there were challenges within nursing at HJTH. The current NSM of HJTH, Mr M Mayekiso was deployed to CMJAH for mentorship as the acting CEO, Dr A Manning felt he was a party to the nursing problem. Dr A Manning indicated that the NSM did not provide leadership, which led to the fragmentation of nursing services at HJTH.

12.7.2 The NSM, Mr M Mayekiso never spoke of any challenges facing nursing. He highlighted shortages of staff in the ED and the challenges OPMs are facing without computers. Mr M Mayekiso omitted to mention nurses being bullied leading to resignation. **(Annexure R)**

12.7.3 During Mr M Mayekiso's interviews, it was clear he lost touch with what was happening within his scope of control. He failed to highlight weaknesses or strengths in the nursing services apart from mentioning that everybody is against him and not supported within the nursing services department.

12.7.4 Dr A Manning highlighted to the OHO that there is a South African Nursing Council (SANC) report after they inspected HJTH in 2023, which identified glaring problems in nursing services. The report indicated shortcomings regarding emergency trolleys, drug control, student inductions, Infection Prevention and Control etc. **(Annexure S)**

12.7.5 The investigation established that Mr M Mayekiso developed the Quality Improvement Plan (QIP) to address the SANC findings, but he never mentioned that during his interaction with the investigators. **(Annexure T)**

12.7.6 The investigation found that over a third (30.2%) of the funded nursing posts were vacant, especially PNs, PNs speciality in particular, and lower nursing categories. The nurse shortages placed a strain on the already short-staffed PN population.

Table 2: The Nursing Services staff status at HJTH.

Category	No of posts	Filled	Vacant
Professional Nurse (Specialty)	87	66	21
Professional Nurse (general)	540	315	225
Staff Nurse (EN)	325	250	74
Assistant Nurse (ENA)	345	273	72
Total	**1297**	**904**	**392**

12.8 Governance Challenges

12.8.1 The investigation found a lack of governance at HJTH as staff did not follow protocols when performing functions or there were no protocols to direct practice. In five (5) wards and support service departments where walkabouts were conducted, SOPs had passed their review date or there were no SOPs at all.

12.8.2 Talking to the supervisors within the support services departments, the investigation established the need for capacity building as most did not know how to develop SOPs.

12.8.3 Mr ND Xaba, the QAM at HJTH indicated that it was difficult to coordinate the review of SOPs in the hospital as supervisors do not cooperate citing staff shortages in their respective departments.

12.8.4 The investigation found that the poor governance issues at HJTH were compounded by a chronically unstable leadership, as sometimes no one took accountability. The CEO position had no permanent appointee for several years and was occupied by acting personnel most of the time.

13. Responses to the provisional report

13.1 Following the completion of the investigation, a provisional report was sent by the Ombud to three (3) individuals (Mr A Malotana, Dr A Manning and Mr TA Holmes) on 31 January 2025, with a request to submit comments. All parties were given seven working days to submit their comments.

13.2 On 02 February 2025, Mr TA Holmes indicated through email commending the Ombud on a good report. He further indicated that he would send comments but never did.

13.3 On 11 February 2025, Dr A Manning submitted comments on behalf of the HJTH management team. In his submission, he indicated that the report accurately reflected the discussions held with the Ombud. Dr A Manning then proposed four amendments to provide more accuracy to the report.

13.4 The Ombud considered all the amendments submitted by Dr A Manning and included the comments in the report to provide proper context.

13.5 No comments were received from the HoD of the Gauteng Department of Health, Mr A Malotana.

14. Conclusions

The investigation reached the following conclusions:

a) The clinical care provided to Mr TA Holmes was adequate and appropriate despite the challenges at HJTH.

b) HJTH, as a tertiary hospital, is inadequately resourced and thus not fit for purpose. The hospital is understaffed and unable to meet the patients' demands. There is an urgent need to address staff shortages as skilled nursing professionals resign due to heavy workloads.

c) The infrastructure is old and should be refurbished. The ablution and hand washing facilities must be urgently attended to prevent the spread of disease. Extra artisans are to be appointed to assist with day-to-day maintenance in the hospital.

d) The absence of a permanent CEO in the hospital has left a vacuum leading to staff working in silos, without taking accountability. There is a leadership crisis in the hospital. The clinical staff and support services staff should work as a team to ensure quality service provision at HJTH.

e) The acts of vandalism and theft in the hospital should be reported to the police. Security at all the exits needs to be increased and CCTV cameras be strategically positioned in the hospital to deter patients/staff from vandalising/stealing hospital property.

f) HJTH must introduce proper control systems at the laundry to control the movement of hospital linen to and from HJTH laundry to the Johannesburg Laundry. This will ensure all linen is accounted for at HJTH. An inventory must be kept of all linen in the hospital.

g) The food contracts must be streamlined to avoid instances where there are shortages of food. The patients must be given adequate portions of food to avoid families bringing food to the hospital which may be inappropriate for the patients' medical conditions and may lead to infestation with flies and other pests. The food dished must be appetizing to the eye.

15. Recommendations

Given the complexity of the findings uncovered by the investigation, recommendations are made at several levels:

Gauteng Department of Health

15.1 Review HJTH staff establishment

15.1.1 The HoD and DDG: Corporate Services must prioritize the review of the staff establishment of HJTH to be in line with a tertiary health establishment declaration within eight (8) months.

15.1.2 A report detailing progress in this regard should be sent to the CEO of the Office of Health Standards Compliance and the Health Ombud within six (6) months after the release of the Ombuds report.

15.1.3 This will ensure that HJTH complies with Regulation 19 (2) (a) of the Norms and Standard Regulations.

15.2 Filling of vacant posts

15.2.1 The HoD should urgently fill key priority positions at HJTH within six (6) months to ensure ongoing quality care and governance.

15.2.2 The CEO's post should be pitched at the level of a tertiary health establishment to ensure that the appointee can manage the day-to-day affairs of HJTH. The CEO should be a team player to bring stability and harmony within the health establishment.

15.2.3 The HoD must ensure that potential candidates for appointments undergo pre-employment reference checks and proper vetting before being appointed to positions.

15.2.4 On appointment, the CEO should develop a two (2) year turnaround strategy for HJTH. The GDoH should provide ongoing support to the CEO and monitor progress, which should be documented and shared with the CEO of the Office of Health Standards Compliance and the Health Ombud.

15.2.5 The key clinical posts in the Neurology and Dermatology units are to be prioritized to ensure continuity of care within the Internal Medicine Department. The Department should enter into reasonable concessions to attract candidates to the public service.

15.2.6 The GDoH should advertise all funded vacant posts at HJTH, and get the staff appointed within three (3) months after the release of the report by the Ombud.

15.2.7 This will ensure that HJTH complies with Regulation 19 (1) and (2) (a) of the Norms and Standard Regulations.

15.3 Address Leadership and Management Problems

15.3.1 The Gauteng HoD for Health must urgently appoint an independent forensic and audit firm within two (2) months to:

15.3.1.1 Conduct a competency assessment of the leadership and management staff at HJTH to check if they are fit for purpose.

15.3.1.2 Assess the need for upskilling and refer the managers to accredited institutions for capacity building or source an accredited service provider to offer in-house training.

15.3.2 The HoD and DDG: Corporate Services to facilitate a Team Building Workshop for the HJTH leadership and managers within four (4) months after the appointment of the CEO.

15.4 Prioritization of HJTH Infrastructure Refurbishment

15.4.1 The Premier Gauteng Province should ensure that HJTH is prioritized for refurbishment within six (6) months.

15.4.2 The HoD and DDG: Health Infrastructure requests/negotiates placement of an additional one (1) artisan per category from DID within one (1) month. The additional artisans will be delegated bi-weekly to assist with the day-to-day maintenance backlog at HJTH.

15.4.3 The DDG: Health Infrastructure with the help of the HJTH facility manager to make an audit of what needs to be replaced/fixed and ensure all physical resources are supplied to enable the work of the artisans. In particular, urgent attention should be paid to the provision of water including the provision of adequate borehole reserve water and upgrading of the ablution/sewage system within eight (8) months.

15.4.4 This will ensure that HJTH complies with Regulations 8 (2) (a), 14 (1) and 20 of the Norms and Standards Regulations.

15.4.5 The GDoH must furnish progress on infrastructure refurbishment to the CEO of OHSC and the Health Ombud.

15.5 Reclassification of CHCs to District Hospitals

15.5.1 The Premier of Gauteng should prioritise the reclassification of (Hillbrow and Discoverers) CHCs to District Hospital within twelve (12) months, to alleviate the patient load at HJTH.

15.5.2 This will ensure compliance with Regulation 5 (1) of the Norms and Standard Regulations.

15.5.3 The GDoH must submit a progress report to the CEO of OHSC and the Health Ombud.

Helen Joseph Tertiary Hospital

15.6 Patient Food

15.6.1 The CEO of HJTH should develop a system to trace how many patients are to receive meals including the designation of special diets according to patient diagnoses within one (1) month.

15.6.2 The HJTH should develop a system to communicate the total number of patients in the wards to receive food within two (2) months. The system must enable frequent updates logged to the kitchen in case there are more admissions.

15.6.3 The kitchen to develop a logbook to control and indicate quantities taken out of the storeroom and fridges within one (1) month.

15.6.4 The CEO of HJTH to identify staff that can assist with the distribution of the evening/night snack within one (1) month while awaiting the review of the HJTH staff establishment.

15.7 Security Services

15.7.1 The CEO of HJTH and HoD must develop a security plan to protect the patients, health personnel, and hospital property within two (2) months, to prevent ongoing vandalism within the hospital.

15.7.2 The plan must clearly outline security processes to be followed at the entrance and exit gates entry by staff and clients into the hospital building, how the multiple exits from the hospital are to be manned, and the location of CCTV cameras.

15.7.3 The plan should be submitted to the CEO of OHSC and the Health Ombud within one (1) month after completion.

15.7.4 This will ensure that HJTH complies with Regulation 17 (1) of the Norms and Standards.

15.8 Hospital Linen

15.8.1 The CEO and Support Services Supervisor of HJTH must conduct a linen audit to determine the inventory of linen within two (2) months.

15.8.2 All linen collected at the wards should be consolidated according to items before being sent to the Johannesburg Laundry for washing.

15.8.3 The two sluice machines in the HJTH laundry are to be fixed or replaced within six (6) months to enable the linen to be sluiced before it is sent to Johannesburg Laundry for washing.

15.8.4 The CEO and the HR manager of HJTH should conduct a need analysis in the laundry within one (1) month to determine a suitable staff complement to deal with the linen challenges in the laundry.

15.8.5 The CEO and Quality Assurance Manager must facilitate the generation of SOPs in the laundry to ensure proper control and governance within one (1) month.

15.8.6 This will ensure that HJTH complies with Regulation 8 (2) (c) of the Norms and Standards.

15.8.7 A progress report must be submitted to the CEO of OHSC and the Health Ombud.

15.9 Governance issues

15.9.1 The CEO of HJTH should ensure that SOPs are reviewed/developed within three (3) months of the release of this report.

15.9.2 The CEO and QAM of HJTH to organize an in-service within one (1) month after the review of these SOPs to capacitate supervisors on how to draft SOPs.

15.9.3 The CEO is to formulate an SOP Review Committee within two (2) weeks to oversee and adjudicate all SOPs drafted in the hospital.

15.9.4 A list of all trained supervisors is to be kept for future reference.

15.9.5 This will ensure that HJTH complies with Regulation 18 of the Norms and Standards Regulations.

13.6.1 A progress report must be submitted to the CEO of OHSC and the Health Ombud.

15.10 South African Nursing Council Report

15.10.1 The CEO and NSM of HJTH should implement the recommendations made by the SANC within three (3) months.

13.10.2 A comprehensive implementation plan with detailed realistic strategies, timelines, names, designation, and contact details of persons responsible for implementation is to be submitted to the CEO of OHSC and Health Ombud within one (1) month.

15.11 Finance and Supply Chain

15.11.1 The CEO of HJTH should conduct a skills audit to determine if the employees appointed in the Finance and Supply Chain have adequate skills to discharge their responsibilities within three (3) months.

15.11.2 The CEO must ensure that the Finance and Supply Chain post is pitched at the level of a tertiary hospital.

15.11.3 The CEO must employ adequate staff and restructure the Finance and Supply Chain Unit staff to ensure there is segregation of functions.

14.11.4 A progress report must be submitted to the CEO of the OHSC and the Health Ombud.

The recommendations made in this report are meant to encourage compliance with the prescribed Norms and Standards and ensure that health professionals act in a manner consistent with the ethics and codes of good practice. All implemented recommendations are to be communicated to the CEO of the Office of Health Standards Compliance in accordance with *Section 81A(9) of the NHAA read with Regulation 48(b) of the Procedural Regulations Pertaining to the Functioning of the Office of Health Standards Compliance and Handling of Complaints by the Ombud, 2016.*

15. List of references

16.1 Department of Statistics South Africa. Improving lives through data ecosystem. 2024 mid-year population estimates. Republic of South Africa.

16.2 National Health Act No 61 of 2003. Pretoria: The Republic of South Africa. Government Gazette.

16.3 National Department of Health. (2018). Norms and Standards Regulation Applicable to Different Categories of Health Establishments. Government Gazette.

16.4 National Department of Health. (2010). Policy for Food Service Management in Public Health Establishments.

16.5 National Department of Health. (2016) Procedural Regulations pertaining to the functioning of the Office of Standards Compliance and Handling of Complaints by the Ombud. Pretoria: Government Gazette.

16.6 National Department of Health. National Complaints Management Protocol for the Public Health Sector of South Africa. 2013.

16.7 Protection of Personal Information Act, 4 of 2013

16. List of annexures

Annexure A	Minister of Health letter regarding the complaint.
Annexure B	Notice of Investigation.
Annexure C	List of interviewees.
Annexure D	HJTH memorandum of complaints submitted to the GDoH
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Annexure S	South African Nursing Council Report Findings.
Annexure T	Quality Improvement Plan addressing SANC findings.

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