

MEC Closing Remarks - Departmental Lekgotla

30 January 2025

ACKNOWLEDGEMENTS

The Superintendent General of the Department – Obakeng Mongale

District Chairpersons of the Provincial Health Council

Boitumelo Setlhabetsi – Mokone in Dr Ruth Segomotsi Mompoti

Boitshoko Selepanyane – Ngaka Modiri Molema

Tebogo Kibini – Bojanala

Chairperson of the Mahikeng Hospital Board – Golda Gaobepe

Deputy Director General – Mr Polaki Mokatsane

Acting Deputy Director General – Mr Pule Monale

All Chief Directors, Directors and Deputy Directors

Chief of Staff – Mr Ntshimane Lebogo

Officials present today, in your designated portfolios,

MEC Support Staff Present

Ladies and Gentlemen

Good afternoon

Thobela – ke – Rea lotsha

Preamble

Yesterday and today, you deliberated on strategies that will take the department forward. These are key targets that will be, for the next five years, utilized to assess the performance of the department on the effective delivery of quality healthcare services.

It is important that we commit ourselves to work hard towards a common goal as this will ensure that each day, when we each go home, we go knowing that we have done our best.

INTRODUCTION

Ladies and gentlemen, I stand before you to deliver my concluding remarks for the Departmental Lekgotla as I will not be able to join you tomorrow. It is important that I do this, in preparation for us to work together going forward. Yesterday, I alluded that there are a few matters that I need to address with

you, and I will, but before that I want to mention a few administrative issues that in my observation, are lacking.

HR matters

There are many funded, vacant posts in the Department. For the Department to efficiently perform, we need to fill these posts. This needs to be done within the next six (06) months. This will also address the issue of officials having to act on vacant positions.

The visibility of the Department in the province

As one of the biggest Department in the province, we need to be visible. We need to showcase and promote the department so much that the Premier notices. During Thuntsa Lerole programmes, we must lead by contributing the most activities, the most devices and any other contribution we can make.

Advertisements of projects

When I presented the budget speech last year, I made a commitment that the department will construct and refurbish 34 clinics, and 6 CHC's and hospitals. We are currently struggling to complete these projects. Therefore, in the next cycle we need to advertise of time, appoint on time and upon completion of all processes, management in the IDTS directorate must take the service provider to the site so work can commence. If the project

is for 18months, it must be completed within the 18months. If there are challenges, they must be addressed promptly, and when my intervention is required, I will avail myself.

Monitoring of projects

We need to have stringent measures where monitoring of projects is concerned. The department's monitoring of projects is not strong. When I speak of a project, I mean something that can be defined as a series of tasks that must be completed to attain a certain outcome, and has a starting time and an end time.

SG, through IDTS, needs to develop a monitoring tool that will assist to monitor all projects. The tool must, amongst others, clearly indicate the start time of a project and when it should be completed. This tool must followed as such, from start to finish.

The importance of working with municipalities

As a Provincial Department we need to work well with municipalities. We need to remember that it is their people that we are servicing. Be in constant communication with officials of municipalities, avail yourselves to them, intervene when they need assistance and update them. We are blessed to have MMC's, who also chair district health councils, that are available, so I implore on you to work with them.

For the benefit of those that were not here yesterday, I had indicated that there are the thirteen (13) cardinal points that I committed to elaborate on in my keynote address yesterday. It is crucial that you take note of this, as this is my strategy, as the Executive Authority, to build a healthy working relationship with the entire department. This is not for only this august house, but for each and every employee that walks the corridors of the North West Department of Health.

1. A clear directive on how we deal with acting positions.

- The MEC needs to be consulted timeously...and not be caught off guard. You further need to engage him on who will be acting when the substantive official goes on leave. Acting should be vertical. For example, when the Director goes on leave, the Deputy Director assumes the acting position.

2. How to handle departmental cases for both litigation and disciplinary hearings.

- From level 11 to 16 it is the prerogative of the MEC, so the MEC must be briefed, and he will decide. The lower

levels are the responsibility of the SG, however the MEC still needs to be briefed.

3. How to deal with the outstanding appeals.

- The MEC will call a person, and the legal of the department for a briefing, and will involve a neutral person to deal with the appeals. All the appeals must be done by end of February 2025. Henceforth, any appeal that comes forward, must be dealt with in a month's time.

4. The reasons why hospital CEOs should remain in their key responsibilities as opposed to being hoisted to other positions.

- As of 1 February 2025 no CEO should act outside his / her jurisdiction. He / she must remain an overseer of the hospital. The CEO is the SG of a facility.
If CEO's are interested in senior positions, they should wait for the right time when there is a vacant post, they must apply.

5. The importance of forging a strong relationship with unions.

- Unions play a very important role in the workplace. Unions are the voice of workers. They advise and resolve workplace issues. They are the representatives of workers. They ensure that workers meet their minimum obligations. They contribute to the development of workers. We need to build, and maintain relationships with unions, for the benefit of the workers, and for serving our people. Different branches must meet the unions quarterly, and the MEC will meet the unions monthly or when the need arises. This will assist dealing with labour issues, before they become a problem.

6. The directive on how the department should deal with leaves.

- Leave management is a key tool in any institution. It cannot be correct that all employees go to leave at the same time. It needs to be properly regulated. We can't run a department when the entire management is on leave, and we are left with junior officials. We all know that we are all entitled to go on leave, but we need a system in place to manage leaves. With all level 11 to 16 officials that intend on going on leave, the MEC must be briefed. The lower levels, the SG must be briefed. For example, if DDG Mokatsane goes on leave, I need to be consulted on when he intends on taking the leave,

and who will be acting on his behalf. In this way when I approve his leave form, I know what to expect.

7. The best way to efficiently fast-track service delivery.

- Service delivery can only be fast tracked, when we all work together as a department. When we communicate, and share information on time.

8. The relationship between SCM and other directorates – how they interact with other directorates.

- A department cannot function if the SCM directorate is dis-functional. There has to be proper management in this directorate. SCM as a Chief Directorate is a cornerstone of procurement services in the Department. All branches needing to fast-track services, need SCM, and it is for this reason a great deal of harmony and synergy need to be forged. You want a service, it has to go through SCM. For instance, when you want a tent as Special Programmes - you abide by all requisites needed by SCM processes. So, I am imploring on all of you, take this to heart - if you want anything to be done, and done efficiently, let us all work well with SCM for

procurement services, by supplying them with necessary documentation on time, specifications and the likes, and making follow-ups. This is not just a relationship, it's a necessary relationship for you to perform your duties.

9. The difference between directives and pronouncement.

- **Directive** - an official or authoritative instruction. I give direction so to achieve a certain goal effectively and timeously. A directive is not questioned. MEC will make his research within the prescripts of the law.
- **Pronouncements** – a formal or official authoritative announcement or declaration. When you make a pronouncement, you are certain about what you are saying, and you say it with authority. It is the same as a decree. It must be implemented.

When to question and when to advise the Executive Authority.

- A good leader always listens to the people that he or she leads. It is good practice. I did not get this far in life and in politics, ka go nna mmusa-esi. However, as

much as the advice is appreciated, it needs to be honest and forward-thinking. Some advice is misleading and at times you can see that this person has bad intentions. Officials are allowed to advise the Executive Authority, but the decision is that of the EA, ultimately.

- Questioning the MEC or any other person that is senior to you should not come in a form of disrespect. It is acceptable to question, especially when you need clarity, but do not do it with a pompous or condescending tone. We are all here with two common goals, to work for our loved ones, and to ensure delivery of quality services.

10. The difference between briefings, consultations and One on One sessions.

- A **briefing** is sharing of information. This is a session where information is shared or provided about pressing matters or current developments. This serves as a concise forum to share vital information, providing a short, yet impactful interaction.

- **Consultation** – A meeting in order to seek advise, to give more details or insight. MEC should be briefed in everything, and consulted. Many MEC's were reshuffled because officials in the department failed to consult them on matters of governance.
- **One on One sessions** are when I, together with you, engage in discussions to assess progress on pronouncements and directives previously made. We also meet to resolve issues that need intervention, and overall conversations that take the department forward.

11. I will advise on how to handle report items to cluster, ExCo and legislature through the SG and MEC from Chief directorates.

- Cluster – report items / points for noting. These are progress / update reports. To inform the cluster on the progress registered by the Department. The reports that go to ExCo, must pass by the cluster. Submissions of these items must be done religiously.
- At ExCo we submit reports and / or items for discussion and for noting. These reports are extensive and elaborative. These reports get deliberated on by all

members of the Executive Council. These reports or items must also be submitted once a month.

- Legislature - the APP, the Annual Report, the Strategic Plan are all submitted for tabling at the NWPL. The department is later called before the portfolio committee and/or SCOPA to account. Each word captured in the 3 documents is scrutinised and we need to explain, and take responsibility, and self-correct.

12. I will define the meaning of Team Health.

- Team Health is a simple concept. It is a team of professional people that work together, in harmony. They may differ in opinions but have a common goal in mind, that is to deliver quality healthcare services to the people. Ga e na ditshele, ga ena dintwa, we trust each other and treat one another jaaka bana ba motho. This is my vision of what team Health is, and a kind of team I want to be a part of, and lead. Team Health work as a family, as friends and colleagues. Support one another, assist each other. Complement each other, and not compete. Avoid gossips and rumour mongering. Speak in one voice.

13. I will also advise management on who can speak on behalf of the MEC at all times.

- Your line of communication in the office of the MEC is the Chief of Staff and PA. He is the manager of the office. When you have spoken to the manager in the office of the MEC, it is as good as talking to the MEC. There are times when I am not reachable, for reasons beyond my control, but the Chief of staff is there. If the Chief of staff is not there, the PA. When the Chief of staff speaks, it is the voice of the MEC.

CONCLUSION

Ladies and gentlemen, I believe the two days we spent together in this Lekgotla will bear fruit in the foreseeable future. Everything that has been said and done in this period must be implemented timeously, and monitored every step of the way. In the words of the late former President Nelson Mandela,

I quote

“Everyone can rise above their circumstances and achieve success if they are dedicated to and passionate about what they do.”

Unquote

Team Health.

I thank you.