

**REPORT OF A COMMITTEE SET UP BY
THE HONOURABLE MINISTER FOR
HEALTH TO INVESTIGATE
ALTERCATION AT THE GREATER ACCRA
REGIONAL HOSPITAL (GARH) RIDGE,
ON SUNDAY 17TH AUGUST, 2025.**

27/08/2025

Background

Following the unfortunate incident that occurred at the Greater Accra Regional Hospital (GARH) (RIDGE) on Sunday 17th August 2025 which resulted in the alleged assault of some health professionals and vandalization of hospital property, the Ministry of Health constituted an investigative committee to ascertain the circumstances surrounding the matter.

Committee Members

^N o .	Name	Position	Designation
1	Dr. Lawrence Ofori-Boadu	Chairman	Director, Institutional Care Division - GHS
2	Mr. Wilfred Addo	Member	Head Internal Audit, Ministry of Health
3	Mr. Lawrence Lawson	Member	Human Resource, Ministry of Health
4	Mrs. Evelyn Amoako	Member	Deputy Director-N&M, Ministry of Health
5	Mr. Abubakar Mutiu-Rahaman	Member	Legal Practitioner, Ministry of Health
6	Mr. Tony Goodman	Member	Deputy Directors Head of

Terms of Reference/Objectives

The mandate of the committee was to investigate among others:

1. The circumstances that led to the alleged delay in providing care to the patient brought under emergency.
 2. The events and factors that escalated into an alleged assault of a health professional.
 3. The state of security at the hospital at the time of the incident.
 4. The number of nurses and doctors who were on duty at the time of the incident.
- The committee was expected to submit its findings and recommendations to the Minister of Health by Wednesday 27th August 2025 for necessary action.

Period of Work

The committee commenced its work immediately after their inauguration on Wednesday 20th August, 2025 and ended on Tuesday 26th August 2025. During the period, the committee had four (4) formal seating and interview 13 individuals and the GARH management ,to investigate and submit its report.

Methodology

- The committee sat at the Greater Accra Regional Hospital on Wednesday 20th and Thursday 21st August 2025 and engaged the underlisted in the table below. The Committee again met at the ICT conference room of the MoH to finalized the report.
- The idea behind the engagement was to obtain untainted details of all facts and material evidence to the matter under investigation to enable the committee to obtain unbiased findings and make recommendations per our assigned TOR

No.	Name	Position
1	Ms. Pamela Aninagyei-Bonsu	Nursing Officer - Emergency Ambulance
2	Mrs Bertha Akpabey	PNO & Ward-in-charge/Nurse Manager of Emergency Department
3	Dr Nana Afia Boateng	Emergency Physician Specialist and Head of ED
4	Ms. Valentina Afoakwa	Senior Staff Nurse - Trauma Room at ED
5	Dr. Johnson Dekor	MO- Trauma and Orthopaedics Dept.
6	Ms. Rejoice Borteihocho	Rotation Nurse at ER, and assault victim
7	Dr. Esther Sadiku	First Year House Officer - Trauma & Orthopaedics
8	Dr. Princess Tari Morkor Lamptey-Puddicombe	Senior HO - Surgical Trauma and Ortho
9	Mercy Perpetual Welbeck	SNO-Public Health/RCH - Night Supt
10	Dr Leslie Issa Adam-Zachariah	Ag. Medical Director, GARH

2.1 Findings in Relation to Terms of Reference

- 2.1a The circumstances that led to the alleged delay in providing care to the patient brought in an emergency.
- The committee found that:
- There was no delay in attending to the patient with suspected head injury, who was the reason behind the agitation by Mr. Ralph Williams and the motorbike riders that, he had been abandoned.
- However it was found that all the diagnostics imaging equipments -Xray, CT-scan, MRI-at the ED were faulty and non-function. Thus all images requested at the ED ought to be done outside of the GARH and this has been a contributing factor to delay in disposition from or initiation of definitive care

2.1b The events and factors that escalated into the alleged assault of Health Professionals.

- Although there is video evidence of a verbal/word altercation between Ralph, his colleagues and staff members of the hospital, we are yet to receive any video evidence or a witness account of the alleged physical altercation or attack. There is however documentation in the hospital health information management system that the alleged victim (Ms. Rejoice Tsotso Bortei) reported her injuries on the left hand on the next day, 18th August 2025, and was further treated. There was no evidence of fracture to her left wrist or dislocation of her right shoulder joint as documented in her medical records. She was treated with pain relief, bed rest recommended

2.1c The state of security at the hospital at the time of the incident.

- The committee finds that security at the Emergency Department was grossly inadequate at the time of the incident.
- The hospital security arrangement of private 1 security personnel per 12hrly shift at the ED , is inadequate considering the volume and human traffic at the GARH emergency.
- A police post found on the premises is situated far away from the emergency department Adabraka Police Command, is usually called upon to the ED to help restore calm and order when altercation such as the matter at hand occurs

2.1d The number of nurses and doctors who were on duty at the time of the incident-1/2

The committee found that the number of staff on duty per shift and in the hospital is woefully inadequate.

The number of medical officers in the months of August is one(1) per shift , thus three officers per day and one Emergency Specialist per day. Any other doctors visit the ED as a team on call per day-Trauma , medical, etc.

2.1d The number of nurses and doctors who were on duty at the time of the incident-2/2

A total of 7 medical officers and 2 specialists were available for duty in August at the emergency room permanently.

Eg. Out of 88 Nursing staff who routinely work at the Emergency department every month, only 54 are currently at post with about 34 already vacated post without replacement. This has brought extreme shortage in the number of nursing staff at the emergency.

Other Findings/Observations-

1/2

- The staff (rotation nurse—Ms. Rejoice) who was allegedly physically attacked was receiving treatment at the hospital and had been discharged. Medical records indicated she did not suffer any fracture or dislocations and was treated with pain relief and offered psychosocial support. She was recommended to rest. The trauma specialist that had attended to her was met at the ward during our visit.
- The emergency department of the hospital is an extremely busy place with a lot of human traffic/clients seeking care at a time, thus almost 100% bed occupancy all the time. It also receives most of the trauma and acute medical referrals across the Greater Accra region, including La, which has no health facility serving the community now.
- Mr. Oppong, the client who was knocked down and led to the gathering of the mob/motor riders, had been treated and discharged on account of Basal skull fracture, to be reviewed on OPD basis. He was fully conscious and

Other

Findings/Observations-2/2

- The committee invited **Mr. Ralph St. Williams** on Thursday 22nd who agreed to have a hearing on a phone with his Lawyer Oliver B. Vormawor, but later declined to discontinue the interview on phone and resorted to submitting a written report with video exhibits as evident to the committee. Report was received with videos evidence as promised. His statement a copy attached to report spelt out the following:
That
- his distress or frustration was escalated by a nurse who made provocative remarks in the context of Emergency and this triggered his responses
- at no point did he physically assault any medical staff or witnessed any person from the group of bikers lay hand on any hospital staff
- no patient was intentionally filmed or targeted but his recordings were focused on the conduct of an alleged delay which was a matter of urgent concern.
- he submitted 4 video exhibits including Facebook live video as evidence to assist the committee into the event that

Recommendations by the committee-1/2

Specific to the Emergency Department GARH

It is imperative that the following measures be taken as a matter of urgency to forestall any future recurrence :

- Improve **security presence** at the emergency ambulance/triage area, by adding on other personnel at the gate and ensuring other gates at the ED are manned by security personnel and door locks repaired . **Additional CCTV** needs to be installed to cover other care given areas in the emergency for monitoring and provide evidence for any investigation.
- Also, a police officer present at ED post 24/7 in addition is a necessity for GARH

4.1 Recommendations by the committee-2/2

2. Take immediate steps to **recruit additional clinical staff** for the Greater Accra Regional Hospital (GARH), with a focus on staff working in the emergency department.

3. Take steps to restore the capacity of the GARH to provide imaging services (X-ray, CT scan, MRI), since the lack of this equipment contributed significantly to the **delay** in providing care by the staff.

4. Recruit additional administrative managers to serve as **client service officers/customer care staff** at the emergency department, and ensure a

General Recommendations related to the health system -1/2

1. Build human resource capacity for holistic Emergency Care in Ghana at all levels especially district hospitals in highly populated cities and regions to minimize preventable deaths, reduce referrals and minimize delays in caring for emergencies.

2. Increase the number of **secondary level hospitals** in the country, especially Greater Accra, Ashanti and Northern regions to increase the capacity of Ghana Health Service facilities to provide care for critically ill patients.

3. Put in mechanisms to enable health facilities acquire **reasonably priced diagnostic and radiological equipment (PPP**

General Recommendations related to the health system-2 /2

4. Immediately provide **avenues for continuous engagement and sensitization of the public** on how health facilities operate, especially in relation to emergency response to care.

Thus - The GHS must with immediate effect embark on **nationwide Emergency Care capacity building exercise** including, establishing continuous **customer care training** for all health staff and revive measures to address apathy and complacency/fatigue among some staff in critical care and emergency care facilities/areas. This will bring back the perceived loss of confidence by community members on emergency care delivery in primary health care areas.

Conclusion-1/2

- **That the above-mentioned observations/recommendation be addressed to prevent any such occurrence in any health facility in Ghana including GARH:**

Thus:

- There must be trained security presence in adequate numbers (including Ghana Police Service personnel where applicable) in ALL emergency care areas in health facilities. This urgent action is needed to protect staff and property of health facilities nationwide.
- The Government/MoH address shortage of health staff especially critical staff who work in Emergency and other specialized care areas, to support timely delivery of quality care at all

Conclusion-2/2

- Government/MoH Re-tool health facilities with diagnostic equipment (x-rays, CT scans, USG scans, ECG machines, Laboratory diagnostic equipment) to support timely quality healthcare delivery. Absence of this essential equipment contribute to delay in diagnosing, trans out from ED and initiating of definitive care. An arrangement for nationwide re-tooling is urgently needed.
- **The Committee is grateful to the Honorable Minister of Health for the opportunity to serve**

Acknowledgement

- THE HONORABLE MINISTER OF HEALTH
- THE DEPUTY MINISTER OF HEALTH
- THE CHIEF DIRECTOR -MOH
- THE DIRECTOR GENERAL -GHS
- THE RDHS-GAR
- MANAGEMENT AND STAFF -GARH
- THE COMMITTEE MEMBERS
- ALL WITNESSES

THANK YOU