Strikers, professionals and patients

Negotiating essential services on the ground

The Surgical Division at the Chris Hani Baragwanath Hospital in Soweto signed an innovative minimum services agreement with unions before the public sector strike in June. **Karl von Holdt** gives a day-by-day account of its progress in the unit, and despite problems brings out some exciting possibilities for managing strikes in essential services.

MID-MAY 2007

A public sector strike looks increasingly likely. The Executive Committee (Exco) of the Surgical Division at Chris Hani Baragwanath Hospital (CHB) is meeting, and the strike is on the agenda.

Professor Martin Smith, the head of the division (see box on p7), reminds the meeting that the strike must be considered from the point of view of patient care, and suggests that the division should adopt an 'empty bed' policy for the strike. This means managing non-critical and non-emergency patients out of the division, closing as many beds and wards as possible, and concentrating on providing essential services to patients who really need them. The aim is to avoid patients becoming victims of the battle between the employer and trade unions.

Exco endorses the 'empty bed' policy and decides to take it to the unions. It may provide the basis for an agreement on essential services.

The doctors and matrons estimate how many beds to close. Normally, the Surgical Division has 752 beds in 23 wards, and there are about 410 nurses on duty. They decide to reduce the number of patients by 30%, allowing the closure of 218 beds. The remaining patients can be consolidated in 16 wards. They estimate the need for a skeleton staff of 60% of nurses to provide adequate care.

This is the proposal that Smith and the surgical matrons, Lindiwe Mzwakali, Victoria Makalima and Khaya Mbewu take to the unions. The shop stewards are enthusiastic. They want to see an agreement on essential services. However, they ask questions. How many of the nurses are hospital employees and how many are agency nurses? They oppose the use of agency nurses as they are traditionally strikebreakers, scabs, *amagundane* (rats). This information is not readily available in the hospital. The matrons will have to investigate.

In the meantime, elective surgery is cancelled and nurses and doctors prepare patients for discharge, arrange medications, and explain to family members what to do.

TUESDAY, MAY 29

The strike will start on 1 June. Smith tells his management meeting that he is putting pressure on doctors to get the patients out. He wants two wards closed by tomorrow. Mbewu says he thinks Ward 47 can be closed tomorrow. Smith asks about Ward 5. This still has 20 patients. "Move them into the other wards and close it," says Smith. Mzwakali reports that they are down to 554 patients.

They are close to the target of 534 patients and work through the new staff figures. On an average day the division has 251 permanent nurses and 159 agency nurses. This is a shock. It means that permanent staff is only 60% of daily needs – it is, in fact, a skeleton staff. This will create a problem for the unions. If they ban agency staff, the requirement of a 60% skeleton staff will mean that no permanent nurses can strike.

WEDNESDAY, MAY 30

A group of men claiming to be union activists round up nurses in the Burns Unit and march them off to a meeting. No one recognises them. In the paediatric burns ICU babies are left unattended on ventilators. If a baby moves and dislodges the ventilator tube it will take three minutes to die. Even

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Chris Hani Baragwanath strikers greet Minister Fraser-Moleketi with their demands

worse, a shorter period without the tube could cause permanent brain damage. Fortunately one nurse manages to slip away from the group and come back to the ICU. In the adult ICU one of the nurses hides and stays behind. Luckily there are no crises. The norm for ICU care is one nurse per patient because of the critical nature of illness.

THURSDAY, MAY 31

Management meets with labour again. Smith raises the Burns Unit incident of last night. The shop stewards condemn violence and intimidation. They are worried about the lack of security, and insist that the CEO must ensure proper security. Management presents the staffing figures. Labour calls for a caucus.

The shop stewards return and propose that 70% of permanent nurses should remain on duty, and management should use agency nurses to close the gap. They reach agreement that 30-35% of support staff such as clerks, cleaners and porters, should remain on duty.

They also agree to form a joint Surgical Division strike committee with representatives from management and unions to monitor the agreement and solve problems. The tone of the discussion between shop stewards and management is focused, urgent, serious, with the emphasis on resolving problems.

Smith and the matrons are elated. This is a pathbreaking agreement, one which may serve as a template for future negotiations over essential services. But questions remain. The strike starts tomorrow. How will the agreement be implemented? How will staff decide who strikes and who remains on duty? How will the picket lines know who is on skeleton duty and who is a strikebreaker?

In the afternoon the matrons convene a meeting of ward managers and nurses with the shop stewards. The shop stewards explain the agreement. Everyone is excited. The shop stewards shake hands with Mrs Mzwakali.

FRIDAY 1 JUNE

Seven wards are closed as planned and patient numbers are below target. There are about 30 people on strike in the division, the first day of the strike. Morale is high. When the work pressure is low, some of the nurses go to the picket outside the administration block and join toyi-toying strikers, and then return to work.

The strike is hitting the rest of the hospital hard. The CEO calls the unions to receive a copy of the court interdict against striking in essential services, which has been faxed by the Department of Public Service and Administration to public service institutions. Staff in the medical wards and radiography are scared. The kitchen has been shut down.

Surgeons need access to emergency x-rays, but the radiography department is in another division of the hospital where there is no essential services agreement. Smith finds the shop stewards, and they go and arrange for the radiographers to take x-rays.

SUNDAY 3 JUNE

Government announces that essential service workers must be back on duty by 10am the next day. This includes all hospital staff. It will dismiss any essential service workers still on strike at that time.

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Nursing staff and cleaners on the march around Chris Hani Baragwanath

MONDAY 4 JUNE

Exco meets to assess the impact of the strike. There is a low turnout of support workers in the division, but a good turnout of permanent nurses. The agencies have been able to provide very few nurses over the weekend. Today there are only two professional nurses in the trauma ward, with seven patients on ventilators. Normally each ventilated patient requires a nurse.

Hospital management has called in the army medical corps to run the kitchen, deliver food and linen, and provide cleaning services. White administrative staff are helping deliver food. Professor Gopal points out that this could become a racial issue.

The problem with emergency x-rays keeps recurring. Radiographers are scared to walk across to casualty to do x-rays of trauma patients.

Last night Ward 6 was disturbed by people knocking on the door. Nurses received a threatening phone call earlier. Nurses panicked, turned off lights and ran into the stockroom. A patient tried to follow and fell, cutting his face. Nurses called 10111 and the police arrived quickly. They discovered it was hospital security doing its rounds.

Dr Golub asks whether to operate on a patient who needs to go onto a ventilator afterwards, when there is a shortage of ventilators and nurses. Smith advises that if an operation will save a life, they must proceed, and then move on to solve the next problem.

It is 10am. Strikers start toyi-toying up and down the roadways and passages between wards, pulling non-strikers out to join them. They do this at the surgical wards as well. This is their response to the government ultimatum.

There is a big crowd of strikers toyi-toying outside the administration block, filmed by the police. Shop stewards make speeches. There are several tense meetings with management. The surgical nurses return to wards.

In the corridors groups of soldiers from the medical corps are moving up and down. Two white women push a heavy food trolley. They cannot fully control it going down a ramp and a couple of metal pots fall off, spilling mince meat over the road.

THURSDAY 7 JUNE

Some nurses were assaulted on Wednesday night, one from the Surgical Division. It is very difficult to get agency nurses. Staff shortages are getting worse. Last night public services minister, Geraldine Fraser-Moleketi, said that they will remove picket lines from hospitals and other institutions. Today Cosatu (Congress of South African Trade Unions) general secretary, Zwelenzima Vavi, addressed a rally at CHB and called on workers to shut government down.

FRIDAY 8 JUNE

The hospital is swarming with police and soldiers, now no longer just medical corps but also armed units. The police move the strikers through the gate to the street outside the hospital.

Exco is meeting when the surgical wards get intimidating phone calls: we know where you live, we know where your children go to school. The nurses panic. Exco decides that if nurses fear for their safety they must be allowed to leave. Virtually all the nurses leave. Exco makes the decision that ventilator and other critical patients must be moved into private hospitals; arrangements had been made for this by the CEO earlier in case of emergency.

Only a handful of matrons, senior nurses and doctors are left with hundreds of patients. Ventilated patients are left unattended. It is a day of crisis as they identify patients for transfer and prepare them, at the same time trying to provide minimum care for everyone else. Management has promised to provide ambulances to transfer patients, but there are delays of hours. The last of the critical patients is moved late at night. More wards are closed, and the remaining patients consolidated into open wards.

MONDAY 11 JUNE

There are notices all over the hospital listing 40 strikers who have been dismissed. All tertiary hospitals have been instructed to dismiss 40 strikers per day, while regional hospitals must dismiss 30 strikers per day.

The agreement has collapsed, and there is no more contact with the unions as strikers have been expelled from the premises.

In Exco there is great anxiety about how to respond. There are more nurses on duty, but Cosatu has called a national strike for Wednesday. Should high priority patients be admitted, or referred elsewhere? Will there be night staff which is when intimidation is worst? "Listen to the singing," says a

matron, "they have just heard about the dismissals."

There are arguments. One surgeon says the minister is right, hospitals are essential services and the unions are unethical, they don't care about the death of patients. Another replies that government has taken morality away from us, nothing has improved for poor patients in the hospital. He says you cannot blame unions for striking in essential services but not discuss the morality of ministers.

MID-JUNE

The number of nurses coming to work slowly increases and stabilises. The agencies provide more nurses too. The strike is weakening. Incidents of violent intimidation continue with nurses targeted and beaten at taxi ranks. Later more support workers appear on duty. The main discussions in Exco are whether and when to transfer critical patients back from the private hospitals, and when to start elective surgery again. Gradually wards are reopened, until only seven wards are closed as at the beginning of the strike.

The strike ends on 1 July with unions winning significant concessions from the employer.

THE AFTERMATH

Some doctors and nurses say that patients died because of the strike. Smith says it is difficult to say conclusively, because staff shortages, lack of equipment and delays take place every day under 'normal' conditions, and patients suffer the consequences. He adds that many patients they discharged early because of the strike came back after the strike with complications.

But everyone agrees that the 'empty bed' policy was effective in reducing the impact of the strike on patients. Everyone is proud of the way Exco managed the strike, and contrasts it with the poor strike management in the rest of the hospital.

Some of the clinicians and matrons feel betrayed by the unions. One senior nurse says: "My dream was that we would show management and the rest of the health sector what could be done. The agreement allowed people working inside under difficult conditions to know that they were at one with those marching outside. Nurses did support the strike and its goals – we were only working because of professional responsibilities. In the wards we were allowing staff to go after the morning routine and join the demonstrations to show our support. But the unions failed to honour the agreement, or to meet us about the breakdown."

A shop steward responds, "We are like kids, trying a new thing, trying to learn. It is not as easy as you think. It was very difficult to control people."

After long discussions, Exco concludes that, despite disappointments, negotiating the agreement was an important step forward. It could provide lessons for essential service negotiations both at CHB and more widely in future. LB

Karl von Holdt was the project leader for hospital transformation at Naledi, and has now moved to the Sociology of Work Unit at the University of the Witwatersrand.

Surgical transformation project

Naledi, Cosatu's policy institute, has been assisting management and labour at Chris Hani Baragwanath with a hospital transformation project for several years.

The Surgical Division, consisting of about a quarter of the hospital, was chosen as the pilot. Exco is an innovation of the project. It brings together the clinical heads (doctors), nursing heads and managers. Unlike the rest of the health service, the head of the Division is a doctor, thus ensuring that the clinical process is a reference point for all management decisions. The CEO has delegated significant powers to the head to manage the Division according to its needs.

The aim is to roll out transformation to the rest of the institution once it has been piloted. Exco was able to manage the strike proactively, unlike the rest of the hospital.

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