Don’t crucify the Gauteng Health MEC

The deaths of 94 mentally-ill patients in Gauteng and the nation’s response to this reeks of an old-style blame culture that needs to be shifted if we want to prevent this kind of tragedy from happening again.

The deaths of 94 mentally-ill patients in Gauteng during the course of 2016 is a medical Marikana and an appalling example of the failure of leadership.

These patients died of hunger and neglect. They died because maybe someone in an office was waiting for three signatures on a document thus delaying payment of invoices; maybe because people behind computers were completely disconnected from the patients whose carers needed to buy food.

But the resignation of the Gauteng Health MEC Qedani Mahlangu – symbolic as it might be – will do little to address these kinds of issues, as Mahlangu was not the person actually making the transfers and organising the welfare of the patients.

The national response to the situation reeks of an old-style blame-culture. In such a corporate culture people hide problems and hope their superiors won’t find out; this is where problems are seen as bad things to be covered up instead of opportunities for learning and improvement.

Managers and leaders should be helped to take charge of their workplaces in a different way: by building relationships with their employees and co-workers, fostering trust and respect in the service of value to customers and patients. He convenes a new GSB short course in collaboration with the Centre for Coaching, like LIA, also located at the GSB. The Lean Leadership programme shows how lean leaders can transform their organisations, leading to bigger profits, healthier workplaces and more sustainable businesses.

The work is influenced by the philosophy of lean, which is founded on the Toyota Production System and the Toyota Way employed by the hugely successful Japanese car manufacturer. It represents a way of thinking and being for all members of a company or organisation and has already been successfully deployed in companies across the world. The Lean Institute Africa has worked across many industries, including the health department at national level – successfully intervening at state facilities across the country to improve service delivery and dramatically cut waiting time in hospital clinics.

The philosophy calls for a shift away from focusing purely on production efficiencies, to developing and empowering the people in teams, be that in a factory, an office or a hospital clinic. Enabling people to come up with solutions to the problems they face and helping them to voice them so that change can happen, is what the lean philosophy is all about.

All too often in the case of big business failures or, as in the case of the patient deaths in Gauteng, a disconnect happens between the managers at the top and the officials transferring patients to facilities without proper licencing or staff. The disconnect leads to cumbersome administrative processes that take weeks to conclude, and are far removed from the patients who suffer as a result.

The core of lean leadership is the necessity of adopting a different way of behaving. It is both a leadership and a management system. This involves learning new behaviours and tools; like how to learn from mistakes instead of a knee-jerk disciplining of those who are seen to make them.

The resignation of the Health MEC may look like action is being taken to address the issues that gave rise to this tragedy. But this is not where people should be looking. It is the line of command that needs examination, looking at who did what and why, where the hold-ups were and why red flags were not raised in time to prevent this tragedy.

Crucifying the MEC does not bring us closer to preventing this kind of disaster from happening again. That is where the focus should be now, not on pointing fingers but on finding solutions.

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