HEALTH OMBUD

PUBLIC SERVICE COMMISSION
PSC
Custodian of Good Governance

THE HEALTH OMBUD AND PUBLIC SERVICE COMMISSION:

JOINT INVESTIGATION REPORT INTO A SPATE OF DEATHS OF DOCTORS AND OTHER HEALTHCARE PROFESSIONALS IN PUBLIC HOSPITALS IN KWAZULU NATAL PROVINCE

THE HEALTH OMBUD AND PUBLIC SERVICE COMMISSION JOINT INVESTIGATION REPORT INTO A SPATE OF DEATHS OF DOCTORS AND OTHER HEALTHCARE PROFESSIONALS IN PUBLIC HOSPITALS IN KWAZULU-NATAL PROVINCE

CASE REFERENCES:

56381 – Prince Mshiyeni Memorial Hospital

56696 – Addington Hospital

56700 – Port Shepstone Hospital

56701 – Ngwelezane Hospital

56998 – Benedictine Hospital

55686 – Vryheid Hospital

REPORT OF THE OFFICE OF THE HEALTH OMBUD IN TERMS OF SECTION 81A (11) OF THE NATIONAL HEALTH AMMENDMENT ACT, 2013 (ACT NO.12 OF 2013)

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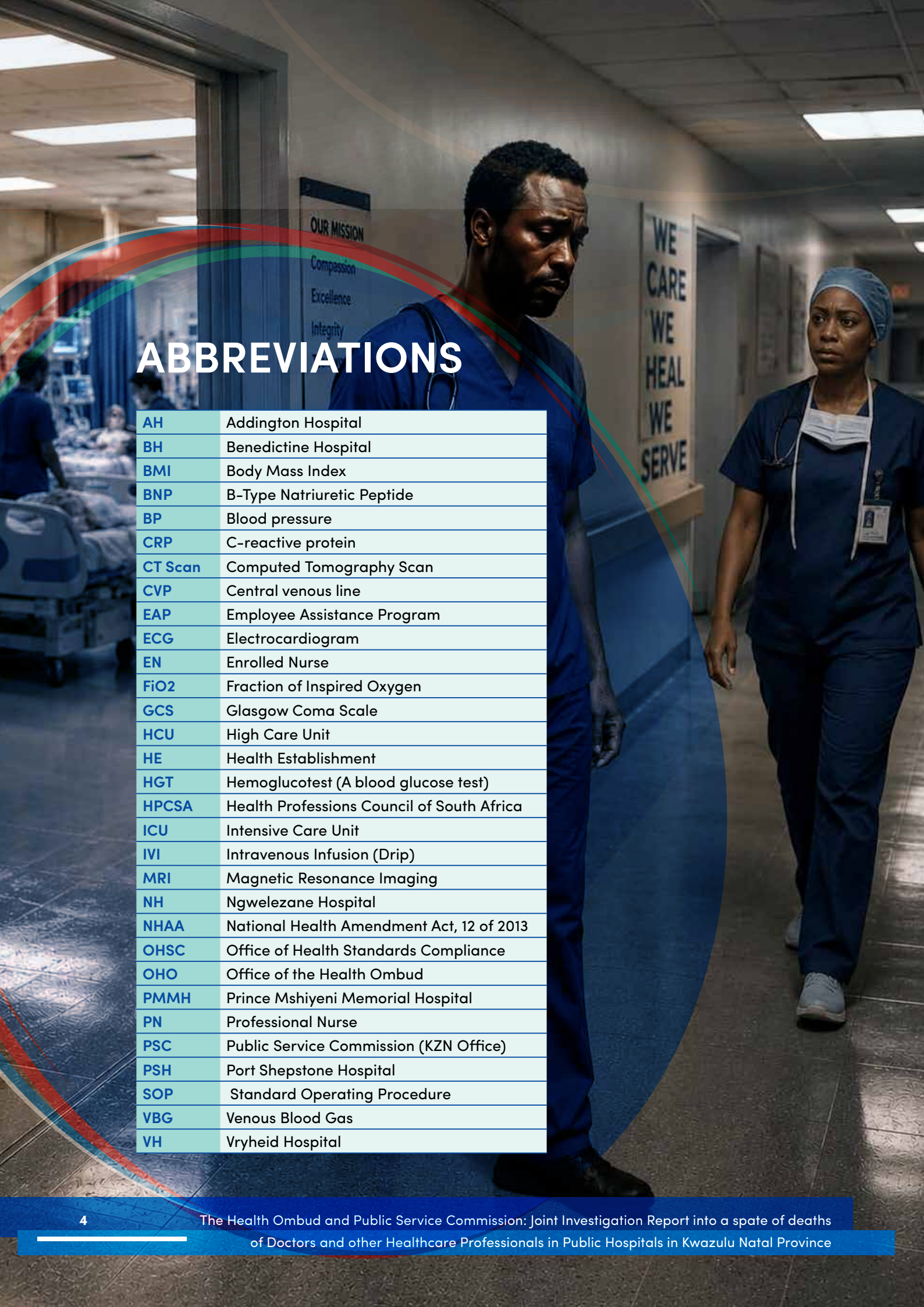

ABBREVIATIONS

AH	Addington Hospital
BH	Benedictine Hospital
BMI	Body Mass Index
BNP	B-Type Natriuretic Peptide
BP	Blood pressure
CRP	C-reactive protein
CT Scan	Computed Tomography Scan
CVP	Central venous line
EAP	Employee Assistance Program
ECG	Electrocardiogram
EN	Enrolled Nurse
FiO2	Fraction of Inspired Oxygen
GCS	Glasgow Coma Scale
HCU	High Care Unit
HE	Health Establishment
HGT	Hemoglucotest (A blood glucose test)
HPCSA	Health Professions Council of South Africa
ICU	Intensive Care Unit
IVI	Intravenous Infusion (Drip)
MRI	Magnetic Resonance Imaging
NH	Ngwelezane Hospital
NHAA	National Health Amendment Act, 12 of 2013
OHSC	Office of Health Standards Compliance
OHO	Office of the Health Ombud
PMMH	Prince Mshiyeni Memorial Hospital
PN	Professional Nurse
PSC	Public Service Commission (KZN Office)
PSH	Port Shepstone Hospital
SOP	Standard Operating Procedure
VBG	Venous Blood Gas
VH	Vryheid Hospital

1. EXECUTIVE SUMMARY

1.1 This is the investigation report of the Health Ombud (the Ombud) in terms of Section 81A (11) of the National Health Amendment Act 12 of 2013 (NHAA) read in conjunction with Regulation 48(a) of the Procedural Regulations Pertaining to the Functioning of the Office of the Health Standards Compliance and Handling of Complaints by the Ombud (Procedural Regulations), to inform the complainant and the health establishment of his findings and recommendations.

1.2 The report communicates the Ombud's findings and recommendations, pursuant to a joint investigation into complaints and media reports regarding the spate of deaths of doctors and other healthcare professionals in KwaZulu-Natal Province. The reference complaints were lodged on 16 May 2025 by the Minister of Health, the Honourable Dr Aaron Motsoaledi and by the Chairperson of the Parliamentary Portfolio Committee on Health, the Honourable Dr Sibongiseni Dhlomo, on 22 April 2025, subsequent to his oversight visit at Vryheid Hospital.

1.3 The investigation was conducted in terms of section 81A (1) of the National Health Amendment Act (NHAA), 12 of 2013, which grants the Ombud the powers to consider, investigate and dispose of the complaint relating to norms and standards in a fair, economical and expeditious manner and read in conjunction with Regulation 42 of the Procedural Regulations Pertaining to the Functioning of the Office of Health Standards Compliance and the Handling of Complaints by the Ombud (Procedural Regulations).

1.4 In conducting this investigation, the Ombud was assisted by Adv. Daniel Ndlovu (Lead Investigator), Dr Donna Jacobs and Mr Douglas Mapheto, who are designated and seconded by the Office of Health Standards Compliance (OHSC) with the concurrence of the Ombud, in terms of Section 81 (3)(c) of the NHAA.

1.5 Furthermore, the Ombud was assisted by a team of investigators from the Public Service Commission (PSC) KwaZulu-Natal, led by Commissioner Yasmin Bacus and the PSC investigators Ms Pumziwe Kwanini, Mr Sabelo Kheswa and Mr Clement Dlamini.

1.6 The PSC is empowered in terms of Section 196 of the Constitution of South Africa, 1996, to exercise its powers and ensure that there is an effective and efficient administration and a high standard of professional ethics in the public service. Furthermore, Section 196(4)(b) of the Constitution empowers the PSC to investigate, monitor and evaluate the organisation, administration and personnel practices in the Public Service.

1.7 The allegations of a spate of deaths of doctors and other healthcare professionals were linked to the following hospitals within the KwaZulu-Natal Department of Health:

1.7.1 Dr Alulutho Mazwi (Intern Doctor) from Prince Mshiyeni Memorial Hospital (PMMH) was alleged to have died while on duty at the hospital despite reporting to his supervisor that he was not feeling well.

1.7.2 Dr Tumelo Kgaladi, a Registrar in the Obstetrics and Gynaecology unit at Addington Hospital, was found dead at his home.

1.7.3 Mr Mvelo Cele, a Radiographer, died while on duty at Port Shepstone Hospital.

1.7.4 Dr Siyabonga Zulu, a Medical Doctor in the Anaesthetic unit in Ngwelezane Hospital, died in a motor vehicle accident.

1.7.5 Dr I. Ngidi from Benedictine Hospital allegedly committed suicide on 16 February 2024.

1.7.6 Dr Idika from Vryheid Hospital allegedly committed suicide due to bullying by his seniors.

1.7.7 The aim of the investigation was to determine the circumstances surrounding the spate of deaths of doctors, including Dr Mazwi, in KZN public hospitals. To further determine whether there were any systemic issues or adverse working conditions that might have affected doctors, intern doctors and other healthcare professionals at various public hospitals.

1.8 DR ALULUTHO MAZWI: PRINCE MSHIYENI MEMORIAL HOSPITAL

1.8.1 There were various social media reports and news articles regarding the death of Dr Alulutho Mazwi, a 25-year-old male Intern Doctor at Prince Mshiyeni Memorial Hospital (PMMH). It was alleged that Dr Mazwi died while on duty at the hospital despite telling his supervisor that he was not feeling well.

1.8.2 Dr Alulutho Mazwi joined the internship programme at PMMH on 01 July 2024. During the first week of his internship, Dr Mazwi collapsed while he was on a telephone call with his mother. The family members rushed to Durban and advised him to take sick leave, but he refused. The family consulted with Dr M. Aung, a Medical Manager at PMMH and requested that Dr Mazwi be released for a few days to assess his medical condition. Dr Mazwi was taken to Dr Osikwe's practice, where he was assessed and diagnosed with diabetes, he was initiated on oral treatment.

1.8.3 Dr Mazwi presented with swollen legs and consulted with healthcare professionals at the PMMH Staff Clinic. On 18 July 2024, Dr Mazwi was diagnosed with Type II Diabetes Mellitus at PMMH. Furthermore, his hemoglucotest (HGT) was recorded as 31.5 mmol/l (diabetes is diagnosed on symptomatic individual with a fasting glucose ≥7.0mmol/L or random blood glucose of >11mmol/L). Medical treatment was commenced to control his condition, and he was due for review on 01 August 2024.

1.8.4 The investigation found that, on 18 July 2024, the PMMH Staff Clinic became aware of Dr Mazwi's chronic illness (Type II Diabetes Mellitus) and his overweight status, which was a high-risk factor for a person with his chronic illness. However, Dr Mazwi was not enrolled in any Employee Health and Wellness Programme nor Employee Assistance Programme to support him and mitigate the impact of his chronic illness and keep it under control.

1.8.5 PMMH has one Employee Assistant Programme Coordinator (EAP Coordinator) who looks after the entire 900 hospital employees' wellness and referrals from the 17 clinics that are attached to PMMH. The investigation found that the EAP Coordinator is unable to perform his duties diligently and provide adequate services to all PMMH employees, including the 17 clinics, due to insufficient human resource capacity.

1.8.6 On 7 May 2025 at 09h30, Dr Mazwi reported that he was feeling tired and went to consult at PMMH Staff Clinic, as a known diabetic patient. He was seen by Dr Lurai from Internal Medicine after 12h00. Dr Mazwi indicated that he was feeling weak, nauseated and vomiting. His HGT was 17.5mmol/L (blood glucose) and he was treated accordingly. Dr Lurai changed his treatment from oral medication to insulin and granted him three days' sick leave. However, Dr Mazwi declined and only took one day of sick leave, stating that he needed to return to work.

1.8.7 On 8 and 9 May 2025, Dr Mazwi reported for duty in the paediatrics ward P3 and managed to work both shifts. According to Ms Phathekile (Dr Mazwi's girlfriend), Dr Mazwi was not feeling well, but he opted to report for duty to ensure that his logbook was signed and to avoid prolonging or repeating his rotation. Ms Phathekile indicated that Dr Mazwi had a swollen leg and was limping and he would take breaks while walking as he was feeling tired.

1.8.8 The investigation established that Dr Mazwi was constantly worried about returning to work even when he was sick, overlooking his own well-being due to fear of prolonging or repeating his internship rotation. This is evidenced by Dr Mazwi's conduct, when he declined sick leave, stating that he would not be allowed to take it. Furthermore, Dr Mazwi insisted on returning to work despite being sick and limping from a swollen leg.

1.8.9 The investigation found that the PMMH Paediatrics Department is very strict with all interns regarding completion of the internship rotation strictly in accordance with the Health Professions Council of South Africa (HPCSA) requirements. Other interns confirmed that they are reluctant to take sick leave due to fear of prolonging or repeating the rotation. Other interns indicated that if one takes sick leave, one tends to worry about the increased workload for the remaining interns, due to staff shortages.

1.8.10 On 11 May 2025, Dr Mazwi collapsed on his way to work and he was taken to the PMMH Medical Emergency Room (MER) at about 12h45, complaining of not feeling well. Dr Mazwi was seen by Dr Mncwango, who advised him that he should be admitted due to the nature of his condition. However, Dr Mazwi declined to be admitted, stating that he is obliged to return to work or face repeating the internship rotation. His exact words were: *"I cannot miss another day"*. Dr Mazwi indicated that he has medical aid, and he will go to a private hospital for further treatment.

1.8.11 On 12 May 2025, Dr Mazwi reported for duty in the morning at PMMH ward P3, under the supervision of Dr Hariram who was the intern curator. The investigation established that Dr Hariram was on duty on 12 May 2025 and conducted her ward rounds in the morning. According to Dr Hariram, no complaints or reports of ill-health were reported by Dr Mazwi during his shift.

1.8.12 According to Ms Phathekile, Dr Mazwi worked his entire day shift on 12 May 2025 despite not feeling well. At the end of his shift, after 16h00, he returned to his place of residence at the PMMH Doctors Quarters (DQ). Upon arrival Dr. Mazwi wanted to lie down and rest. At about 18h00, he woke up and had something to eat. At about 20h00, Dr Mazwi had his medication as prescribed and checked his blood glucose, which was reportedly normal. Dr Mazwi went back to sleep.

1.8.13 At about 22h00, Dr Mazwi informed Ms Phathekile that his body was shutting down. She immediately went to help him and noticed that his body was becoming rigid, he was foaming at the side of his mouth, he passed out, and he was making agonising sounds. Ms Phathekile then called for help, and neighbours who were also intern doctors came to assist. Dr Mazwi was taken to the PMMH Medical Emergency Room.

1.8.14 Dr Nzama confirmed that on 12 May 2025 at approximately 23h45, Dr Mazwi was brought to PMMH Medical Emergency Room (MER) with a history of having collapsed and being unresponsive. Dr Mazwi was declared dead on arrival. His mother, Ms Maqoqa and his partner, Ms Phathekile, were notified accordingly. **The investigation found that Dr Mazwi did not die while on duty; instead, he became very ill late in the evening while he was at his place of residence, and he was certified dead on arrival at MER.**

1.8.15 According to Mrs Msimango, the Acting HoD KZN Health, their internal investigation revealed that the WhatsApp message that was circulated on social media containing a message that was purportedly from Dr. Mazwi *"requesting to be excused from work because he was not feeling well"* and the alleged response from the supervisor stating that, *"I expect you to be at work",* were false. A forensic investigator traced the WhatsApp message and linked it to an unnamed journalist from a certain media house. **The investigation found that the WhatsApp message circulated on social media was fabricated and not sent from Dr Mazwi's phone.**

1.8.16 The investigation found that the intern doctors are subjected to a very strict and rigid training culture. Consequently, interns fear taking sick leave when not feeling well but rather prioritise reporting for duty. **Furthermore, the investigation found that the interns are reluctant to complain due to fear of victimisation by their senior doctors.**

1.8.17 The investigation found that most PMMH doctors, interns and other healthcare professionals were feeling overworked due to staff shortages that were worsened by the KZN Health policy to freeze all vacant posts due to budgetary constraints. Furthermore, the investigation found that a shortage of equipment and medical supplies negatively affected the service delivery and quality of healthcare at PMMH. **The investigation found that the practice of freezing vacant posts was inconsistent with Regulation 19(2) of the Norms and Standards,** which states; *"The health establishment must, as appropriate to type and size of the health establishment, (a) have and implement a human resource plan that meets the needs of the health establishment".*

1.8.18 Doctors indicated that due to budgetary constraints, there is a shortage of ECG machines in emergency rooms. The CT scanner has not been functioning for 12 months, and there is only one blood gas machine in the hospital. **The investigation found that the shortage of medical equipment is inconsistent with Regulation 13(1) of the Norms and Standards,** which states; *"The health establishment must ensure that the medical equipment is available and functioning in compliance with the law".*

1.8.19 It is regrettable that Dr Mazwi died and this resulted in the subsequent allegations that went viral in the news and on social media about his death while on duty, having been forced to work despite him feeling ill. However, the investigation found that Dr Mazwi was a known diabetic patient at the PMMH staff clinic but he was never referred to the EAP Coordinator. During the time surrounding his death, he had not been feeling well and was erratically managed for uncontrolled diabetes. **The investigation found that Dr Mazwi did not die while on duty; instead, he became very ill late in the evening while he was at his place of residence, and he was certified dead on arrival at MER.**

1.8.20 The family declined postmortem examination on Dr Mazwi's body which could have established the exact cause of death. However, the raised D-Dimer, shortness of breath, collapsing, unilateral leg swelling and the final agonal gasp strongly suggest deep vein thrombosis complicated by pulmonary embolism. It is unlikely that he died directly from complications of diabetes (hyperglycaemia or hypoglycaemia) because his peri-mortem blood glucose levels were not at levels consistant with his manifested complications.

1.9 DR TUMELO KGALADI: ADDINGTON HOSPITAL

1.9.1 Dr Tumelo Kgaladi (Dr Kgaladi), a 31-year-old male Doctor, joined the Addington Hospital (AH) Obstetrics and Gynaecology Registrar Rotation Programme in January 2025, as part of his second year academic specialist training. The investigation found that when Dr Kgaladi joined AH, he was not taken through the entry medical examination, which is a comprehensive health assessment performed before a new employee, student or registrar commences their role or programme, to ensure that they are fit to perform their duties.

1.9.2 During the time of his rotation at AH, it was not disclosed to his supervisor or hospital management that Dr Kgaladi was a mental health user. However, during his time in the Obstetrics and Gynaecology Department, a consultant doctor engaged Dr Kgaladi in conversation in an effort to support his integration into the team. In the course of this discussion, Dr Kgaladi mentioned that he has mental health issues, but did not provide further details. The investigation found that during January 2024, Dr Kgaladi was admitted to another hospital due to depression.

1.9.3 The investigation found that Dr Kgaladi was a diligent and competent doctor. He appeared to be a well-balanced but a very quiet individual. In February 2025, he was admitted to the hospital for ten days to undergo a surgical procedure. In April 2025, Dr Kgaladi was allocated to the labour ward, which is a very busy ward at AH.

1.9.4 On 23 April 2025, while Dr Kgaladi was allocated at the Gynae Clinic, he indicated at about 10h00 that he was not coping and requested to leave work early and the request was granted. The investigation found that the Gynae Clinic receives about 20 – 30 patients and it is linked to Antenatal Care Clinic which receives about 85 – 120 patients in one day. The AH does not have enough interns to adequately cover the clinic. Normally, these patients are allocated two or three doctors per day.

1.9.5 The investigation found that Dr Kgaladi was the only doctor on duty responsible for over 100 patients on 23 April 2025, because the other doctors were attending to academic commitments. **This practice of having one doctor being responsible for over 100 patients was found to be inconsistent with Regulation 19(2)(a) of the norms and standards.** which states that: *"The Health Establishment must, as appropriate to the type and size of the establishment, (a) have and implement a human resource plan that meets the needs of the health establishment".*

1.9.6 On 26 April 2025, Dr Kgaladi did not report for duty as scheduled at AH. Multiple attempts were made to contact him telephonically, but to no avail. Dr Kgaladi was scheduled to return to work on 29 April 2025, after the long weekend, but he still failed to report for duty. The AH management sent a colleague to Dr Kgaladi's residential address in Clare Estate. Upon arrival at the house, it appeared there was no one at home. Further attempts were made to contact Dr Kgaladi's family, who are based in the Limpopo Province.

1.9.7 On 1st May 2025, after all attempts to locate Dr Kgaladi had been exhausted, the AH Obstetric Department formally opened a missing person's case with the South African Police Services (SAPS). The Department's consultant, Dr Legoabe, accompanied police officials to Dr Kgaladi's place of residence. During this visit, they noticed that the sliding door was unlocked and used it to gain entry to the house. After a diligent search, no one was found inside the house. However, Dr Kgaladi's motor vehicle was found parked inside the garage.

1.9.8 On 6 May 2025, prior to the arrival of the family, the police returned to Dr Kgaladi's home, and they were informed by a neighbour that there was an adjoining room at the back of the house. The police looked through the window, and they noticed Dr Kgaladi's body on the floor. Dr Legoabe (Obs & Gynae Specialist) and Dr Pithipal (Head of Clinical Unit: Obs & Gynae Dept) were requested to come and identify the body. They went to Dr Kgaladi's home, and they were joined by Professor Sebitloane (Head of Department: Obs & Gynae, UKZN) and Dr Mfolozi (Head of Department: Forensic Pathology, UKZN).

1.9.9 Upon entering the back room, which was forcefully opened by the police, Dr Kgaladi was found dead, his body in a state of decomposition, lying on the carpet, and there was a generator in a nearby room with a tube leading to the closed room where his body laid. Preliminary observations pointed towards a possible suicide by carbon monoxide poisoning. An inquest docket was opened by the South African Police Services to investigate the circumstances and cause of Dr Kgaladi's death, in terms of the Inquest Act 58 of 1959.

1.9.10 The Obs & Gynae Department offered counselling and psychological support services to Dr Kgaladi's family, but they declined as they had to travel back to Limpopo. On 9 May 2025, the AH Obs & Gynae Department held a memorial service attended by the family. Dr Kgaladi's brother delivered a eulogy and indicated that his brother had been admitted more than once and had previously gone missing prior to commencing with the registrar training programme.

1.9.11 The investigation found that Dr Kgaladi had a history of suffering from depression, but that information was not brought to the attention of the AH management upon commencement of his registrar rotation programme. Furthermore, the investigation found that Dr Kgaladi did not go through the Entry Medical Assessment when he joined AH. If he had undergone the Entry Medical Assessment or Medical Surveillance, his past medical history and treatment could have been documented in AH records and he could have been referred to the Employee Assistance Program (EAP) for further assistance and support.

1.9.12 The investigation found that Dr Kgaladi's death occurred outside the hospital, and while he was not involved in the execution of his official duties. The investigation could not establish any causal link between Dr Kgaladi's death and his working conditions or systemic issues at AH, considering that he had an underlying mental health condition. However, the exact cause of death will be confirmed by the SAPS inquest outcome.

1.9.13 The investigation found that AH does not have a permanent Employee Assistant Program (EAP) Coordinator; the post has not been filled since 2022. Instead, the Human Resources (HR) Manager (Mr Sipho Mdleko) was appointed as an Acting EAP Coordinator. Furthermore, Mr Mdleko was appointed as an Acting Labour Relations Officer (LRO). The investigation noted with concern that one person is practically occupying three key positions at AH. This arrangement has the potential to compromise service delivery and the quality of care.

1.9.14 It is common cause that Mr Mdleko is a diligent and competent HR Manager. The investigation found that he does not possess any clinical qualifications that would render him competent and effective in the position of EAP Coordinator responsible for the health and wellness of all employees at AH. The lack of clinical skills makes it impossible for the Acting EAP Coordinator to conduct initial assessments of employees and refer them appropriately to ensure adequate care and support.

1.9.15 The investigation found that AH has an additional Psycho-Social Team (PST), which assists all staff members with mental health and psychosocial issues. Over the period of May 2024 to December 2024, the PST managed to see 79 staff members. From January to May 2025 the team managed to see 64 staff members. The investigation established that AH has a total of 1376 staff members.

1.9.16 The investigation found that AH has a Health and Wellness Occupational Clinic (Occupational Clinic), which is staffed by a sessional doctor from 08h00 till midday, an occupational health nurse from 08h00 – 16h00 during the week. All employees are allowed to access care directly from the clinic or the psychosocial team, or through their supervisors. The investigation established that this practice ensures that there are no barriers to accessing care or employee health and wellness services.

1.9.17 The AH complex consists of four hospitals: Addington Hospital, Dr Pixley Ka Seme Memorial Hospital, Mahatma Ghandhi Memorial Hospital and Osindisweni Hospital. AH complex has a total of 116 interns: 66 first-year and 50 second-year. Half of these interns are placed at AH, and the other half are placed at other hospitals within the AH intern complex.

1.9.18 The investigation found that AH has a comprehensive Interns Orientation Programme, which duly prepares the interns before they commence the internship programme. The AH does not have an intern curator due to staff shortages, but the Medical Manager (Dr Green) is acting as an intern curator and holds regular meetings with interns to assess and address their needs within the programme.

1.9.19 The investigation found that all interns are expected to complete the internship rotation in accordance with the Health Professions Council of South Africa (HPCSA) requirements, as follows:

(a) Four (04) months each rotation in general medicine, general surgery, obstetrics & gynaecology and paediatrics.

(b) Three (03) months each rotation in family medicine and primary care,

(c) Two (02) months each rotation in anaesthesiology and orthopaedics.

(d) One (01) month rotation is psychiatry

1.9.20 The AH rules are strict regarding compliance with internship rotation timeframes. If an intern misses 20% of the rotation block, he/she will have to repeat the rotation. The interns provide a supervised service at AH as part of their training programme. Alternative measures are in place to help interns accrue more hours by allocating additional on-call slots.

1.9.21 A group of interns indicated that teaching and learning is good in the AH internship programme. However, staff shortages seem to limit the number of doctors available to supervise interns and this negatively affects the quality of the internship programme. There is some work or tasks that are strictly assigned to the interns, and at times they would work an extra 2 to 3 hours to complete those tasks.

1.9.22 The investigation established that the interns end up working long hours because they are short-staffed and thus overworked. Most interns are overwhelmed with working long hours and do not have time to take lunch breaks, which is stressful and impacts their mental health. As a result, some interns resort to substance abuse as a coping mechanism. Nonetheless, most interns asserted that they receive adequate supervision at AH and have access to senior doctors if they need help.

1.9.23 Furthermore, Interns are expected to be on the call roster which is drawn up by their respective departments. When on call, the interns work longer hours from 08h00 to 16h00 thereafter, start their on-call period and they work the whole night (24-hour on-call shift). They continue to work the following morning and can only leave once their work is completed. The investigation noted that, due to staff shortages at AH, interns play an important role in closing gaps and ensuring the continuity of care. Furthermore, the investigation established that if one or two interns are on sick leave, the remaining interns will have to share the extra workload.

1.9.24 The investigation found that no incidents of bullying by senior doctors were reported by the interns at AH. However, there have been instances of clashes of personality with senior doctors. Interns are treated with respect at AH and have access to care while on duty. Regarding sick leave, the interns indicated they are allowed to take it, however, it is discouraged due to staff shortages. Interns are expected to inform the senior doctors of their medical conditions if they are on sick leave. This is to enable the senior doctor to determine whether they needed to be off sick.

1.9.25 The investigation found that AH interns have undergone a comprehensive intern orientation programme under the leadership of Dr N.S. Green, the Acting Intern Curator and Medical Manager. The first session is on 31 December, during which all issues pertaining to human resources, accommodation, and an overview of the hospital are discussed. Furthermore, interns are given the opportunity to meet and greet with hospital management and the clinical heads of various units. The second compulsory session is hospital orientation, held in January at AH.

1.9.26 The third session is the AH departmental orientation, which is conducted at the commencement of every rotation block. This part of the orientation ensures that interns are familiar with department-specific operational issues. The investigation found that as part of orientation, the issue of 40 working hours per week (8 hours per day and 1 hour lunch), excluding on-call duty time, is discussed with the interns.

1.9.27 Furthermore, sick leave periods longer than two (02) days must be substantiated by a doctor's certificate. However, it is the Head of the Unit's discretion to request a certificate for any leave taken, even if it is less than two days, if a pattern of abuse is suspected. AH management confirmed that there were instances of sick leave abuse, prompting the intervention of scrutinising medical certificates to ensure accountability.

1.9.28 The investigation noted that the orientation programme deals with the issue of professionalism in the workplace and classifies bullying, harassment, discrimination and any form of unprofessional conduct as unacceptable conduct, which may result in disciplinary action. The investigation found that the interns were made aware during orientation that bullying, harassment and discrimination are classified as misconduct at AH. However, the AH internship guidelines do not address the issue of Grievance Management for the interns.

1.9.29 AH is broadly affected by the KZN Department of Health budget cuts, where vacant posts are automatically not funded the following year after being vacated. As a result, there are staff shortages across all departments, a lack of resources and building maintenance issues due to ageing infrastructure. Medical Doctors feel overworked due to staff shortages resulting from the KZN Health policy to freeze all vacant posts. The investigation found that approximately 60% of Registrars have stress-related issues and have to be put on medical treatment.

1.9.30 The investigation found that the AH orientation programme includes the issue of Mental Health, by which interns are informed that the internship is a demanding part of medical training and practice. As a result, interns may encounter work-related challenges that affect their mental health. As part of Dr Green's presentation, interns are encouraged to build resilience and master preventative skills and seek early intervention if they experience any mental health-related issues. Furthermore, all interns are advised that if they feel overwhelmed or notice any signs of burnout, they should reach out to the EAP confidential support services.

1.9.31 The investigation found that there was a complaint that came through the unions regarding a consultant doctor in the Department of Surgery who was accused of unprofessional behaviour and disrespectful towards the nurses. The AH management took this matter seriously and the accused doctor appeared before the disciplinary hearing which resulted in his dismissal. The AH management confirmed that the hospital has a low tolerance for any form of unprofessional behaviour. All complaints are directed to the Labour Relations Officer (LRO), who receives about 4 incidents per week.

1.9.32 According to Dr A. Aron, the AH Senior Medical Manager, the KZN Health budget cuts resulted in a shortage of required equipment, a shortage of medical supplies and staff shortages. Furthermore, the positioning of AH in the coastal region presents additional, unique problems, such as corrosion, which severely affects medical equipment and incurs additional maintenance costs. Cumulatively, these challenges affects the work environment of all healthcare professionals, as they are understaffed and under-resourced, yet still expected to provide quality healthcare services to their patients. If budgetary constraints were resolved, it would solve many problems for AH management and healthcare professionals.

1.9.33 It is regrettable that Dr Kgaladi died. **The investigation found that Dr Kgaladi's death occurred at his place of residence, outside the hospital and not involved in the execution of his official duties.** The investigation could not establish any causal link between Dr Kgaladi's death and his working conditions or systemic issues at AH, considering that he had an underlying mental health condition. However, the actual cause of death will be confirmed by the SAPS inquest outcome.

1.10 MR MVELO CELE (RADIOGRAPHER): PORT SHEPSTONE HOSPITAL

1.10.1 Mr Mvelo Cele (Mr Cele), a 40-years-old African male, was permanently employed as a Radiographer at the X-Ray Department in Port Shepstone Hospital (PSH), KwaZulu-Natal. According to Mr Johannes Jwara (Mr Jwara), the X-Ray Department Manager, Mr Mvelo was a competent and diligent professional who had not reported any concerns about ill health.

1.10.2 On 13 May 2025, Mr Cele was working a day shift at the X-Ray Department, and he did not report any complaints. At about 16h00, he remained at work because he was scheduled to be on call to provide X-Ray Department services outside normal working hours.

1.10.3 On the same day at approximately 22h20, PSH porters received a telephone call from Mr Cele to urgently bring a stretcher to him. The stretcher was immediately taken to the X-Ray Department from the nearby Casualty Department.

1.10.4 Upon arrival at the X-Ray Department, the porter found Mr Cele lying in the passage with his head facing down and blood-stained vomitus was observed. Mr Cele was rushed to the Casualty Department. He was unresponsive and resuscitation was attempted, but he showed no signs of life. The doctors declared him dead on arrival.

1.10.5 The incident was reported to the South African Police Services (SAPS), and an inquest docket was opened by the SAPS to investigate the circumstances and cause of Mr Cele's death, in terms of the Inquest Act 58 of 1959. Mr Cele's body was collected by the Forensic Pathology Services for storage and further processing.

1.10.6 At about 22h55, Dr Ngubo from the PSH Casualty Department phoned Mr Jwara and informed him that Mr Cele collapsed at the X-Ray Department and that he had died. Mr Jwara urgently went to PSH to attend to this incident in his capacity as the X-Ray Department Manager. Mr Cele's family was traced and informed about the incident.

1.10.7 On 14 May 2025, a meeting was convened with the family members and they reported no history of medical condition or recent illness. An autopsy conducted by the forensic pathology services on 14 May 2025 confirmed that Mr Cele's cause of death was due to a cardiac arrest.

1.10.8 **The investigation found that Mr Cele died due to natural causes, as evidenced by the autopsy report which confirmed cardiac arrest as the cause of death.** The investigation could not establish the causal link between Mr Cele's death and his working conditions or other systemic issues with the KZN Department of Health.

1.10.9 The investigation found that PSH has got both the Staff Clinic and Employee Assistance Programme (EAP) services to cater for employees' healthcare needs. Mr Thami Ncanana is the EAP Coordinator at PSH, responsible for providing EAP services and awareness programmes. All staff members, including healthcare professionals, are eligible to access healthcare services at the Casualty Department after normal working hours.

1.10.10 The working conditions for the radiographers were evaluated during the course of the investigation. It was noted that radiographers are working alone after hours. Furthermore, there is no security in the X-Ray Department. This poses a security risk to professionals working alone, especially women.

1.10.11 The investigation found that PSH is faced with a serious problem of staff shortages. This is evidenced by a large number (about 8) of specialist doctors who left PSH and were not replaced. Furthermore, medical officers are also resigning from PSH and vacant posts remain unfilled due to budget cuts. The nursing department is also facing a serious challenge of losing many of its staff members, without the possibility of hiring new nurses due to budget cuts. These staff shortages negatively impact the quality of healthcare services at PSH.

1.10.12 Dr Madikane, the Acting Medical Manager at PSH, confirmed that the hospital is losing specialist doctors from all departments, and this affects the quality of healthcare services at PSH. Two radiologists (specialist doctors) from the radiology department left the hospital in 2024. The CT Scan machine is malfunctioning, resulting in delayed or missed investigative procedures. In the Surgery Department, three specialist doctors left the hospital, affecting the department's surgical coverage. In the Orthopaedic Department, all three specialist doctors left the hospital and PSH is currently being assisted by Durban institutions to provide orthopaedic specialist services.

1.10.13 The Internal Medicine Department is only left with two specialist doctors because other doctors have resigned from PSH. The issue of staff shortages is exacerbated by the KZN Department of Health policy of not filling vacant posts due to budget cuts. The Psychiatric Department's specialist doctor will retire in the very near future.

1.10.14 Medical Officers are also leaving PSH with an intention to further their studies to become specialist doctors. PSH management has reported the issue of staff shortages to the KZN Department of Health Head Office and the Office of the Premier, requesting the unfreezing and filling of the vacant posts.

1.10.15 According to Dr Pana, the Medical Manager for Allied Professionals who also serve as the Interns Curator for the past 13 years at PSH, the main issue for the interns at PSH is the allocation of sufficient interns. According to the Health Professions Council of South Africa (HPCSA) guidelines, PSH should allocate 8 interns per domain. However, the Provincial Office allocated only 27 first-year interns, which works out to 6 to 7 per domain. Furthermore, only 20 second-year interns were allocated to PSH.

1.10.16 The investigation found that the resignation of specialists from different clinical disciplines without replacement would hamper the intern rotation due to shortage of specialist doctors at PSH and thus indirectly affects the internship programme. HPCSA requires that interns be trained under the supervision of specialists.

1.10.17 It is regrettable that Mr. Cele died, **but investigation found that Mr. Cele died due to natural causes while on duty as the confirmed by the autopsy report which showed that the cause of death was cardiac arrest.** The investigation could not establish any causal link between Mr Cele's death and his working conditions or systemic issues at PSH.

1.11 DR SIYABONGA ZULU FROM NGWELEZANE HOSPITAL

1.11.1 Dr Siyabonga Zulu (Dr Zulu), a 28-year-old male Medical Doctor worked in the Anaesthetics unit at Ngwelezane Hospital (NH). According to Dr Selina Sewpersad, the Clinical Head of the Anaesthetics Unit at NH, Dr Zulu joined NH as a bursary holder, and he was in his second year of specialist training in anaesthetics. He was an exceptionally bright and well-motivated doctor in the department.

1.11.2 On 11 May 2025, Dr Zulu was involved in a motor vehicle accident and died during the early hours of the morning, following an attendance at the Nedbank Cup Soccer Final at Moses Mabhida Stadium in Durban. According to witnesses, the accident occurred about 25 km away from Ngwelezane Hospital. There were three people in the vehicle and two, including Dr Zulu, died instantly, and the other passenger survived severe injuries.

1.11.3 Dr Zulu was travelling with another male colleague who survived and was able to give an account of the version of events. Colleagues and the Head of Department expressed their sadness and indicated that Dr Zulu was a dedicated professional with a passion for teaching other junior doctors.

1.11.4 There were no allegations levelled against NH, but the Ombud sought to determine the circumstances surrounding Dr Zulu's death. Whether there was a causal link between Dr Zulu's death and his working conditions. Furthermore, the Ombud sought to determine whether there were any systemic issues or working conditions that might have affected doctors, including intern doctors, or other healthcare professionals at NH. This was due to recent reports of the deaths of doctors in KZN public hospitals within a short space of time.

1.11.5 The investigation team conducted an on-site visit at NH to determine the circumstances surrounding Dr Zulu's death and to assess the doctors and other healthcare professionals' working conditions and systemic issues, if any. The investigation team interviewed NH personnel from various departments, including doctors, interns, the Employee Assistance Programme Coordinator (EAP), the Labour Relations Officer, the Human Resource Manager, the Clinical Manager, the Intern's Curator, the CEO, and other members of senior hospital management team.

1.11.6 The investigation found that there were no registered complaints or grievances from Dr Zulu in the labour relations office. Furthermore, there were no complaints or grievances reported to the NH regarding any work-related matters or his working conditions. However, the investigators received positive feedback from colleagues, interns, and the head of department regarding Dr Zulu as a diligent and motivated professional.

1.11.7 The investigation found that all NH employees are informed about the Staff Clinic during the orientation session for newly appointed intern doctors, senior doctors and other healthcare professionals. Furthermore, the investigation established that employees are encouraged to report any health-related problems to their supervisors or go for consultation at the staff clinic. This practice ensures that there are no barriers to accessing healthcare services while on duty.

1.11.8 The investigation found that NH has a Health, Wellness and Occupational Clinic (Staff Clinic), which is staffed by one doctor and two occupational health nurses from 07h00-15h00 weekdays. Employees with psychosocial issues such as occupational stress, mental health, substance abuse and socio-economic stressors are referred to the EAP Coordinator for further management and referral. If any employee requires medical attention after hours, such employee is seen at the NH Casualty Department which is open 24 hours a day.

1.11.9 The investigation found that intern doctors, doctors, nurses and other healthcare professionals have adequate access to healthcare services while on duty at NH. This is consistent with Regulation 5(1) of the Norms and Standards regarding Access to Care, which states, "The Health Establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition".

1.11.10 The Employee Assistance Programme (EAP) is a confidential, employer- sponsored service which offers employee assessments, counselling, mental health support and referrals for personal or work-related issues, such as stress, financial problems and substance abuse. The EAP Coordinator provides early interventions to improve employee well-being and productivity before problems get worse and unmanageable.

1.11.11 According to Ms Mthethwa, she provides EAP services to 1500 employees at the hospital and from the 16 clinics which are attached to NH. Approximately 20 patients are seen by the EAP Coordinator each month, most of whom are referred by the staff clinic or supervisors.

1.11.12 The investigation established that one EAP Coordinator is unable to adequately service all NH employees and the other employees from the sixteen clinics attached to NH without any assistance.

1.11.13 The investigation found that this practice of having an EAP Coordinator working without assistance to oversee the entire hospital and 16 attached clinics is inconsistent with Regulation 19(2)(a) of the Norms and Standards, which states that, *"The Health Establishment must, as appropriate to type and size of the establishment, (a) have and implement a human resource plan that meets the needs of the health establishment.*

1.11.14 The EAP Coordinator confirmed that there were a few incidents of bullying and conflict in the workplace. One reported bullying incident was reported in the Oncology Department where the affected doctor was so traumatised by that incident and ended up being admitted to Akeso Clinic. Another incident occurred in the Theatre Department where the affected doctor decided to resign after that incident as the working environment became unbearable.

1.11.15 The investigation found that NH has a comprehensive Interns Orientation Programme which duly prepares the interns before they commence the internship programme. Dr Nwachuku has been the intern's curator for the past 19 years, and he applies a hands-on approach in managing Intern doctors.

1.11.16 The investigation found that all interns undergo the compulsory provincial intern orientation programme. Furthermore, interns attend an NH orientation programme, which covers all aspects of the internship in line with the HPCSA internship guidelines. All interns are informed about disciplines to be covered, their responsibilities, lines of communications and how to access healthcare services while on duty. It is compulsory for new employees, including interns, to undergo medical surveillance.

1.11.17 According to Dr Nwachuku, there are 39 first-year interns and 43 second-year interns at NH. In instances where an intern has been absent from work due to ill health, the interns curator schedules a meeting with the affected intern and arranges additional work hours by allocating one weekend call duty of 24 hours, which is equivalent to three 8-hour shifts. NH also applies the HPCSA rules regarding compliance with internship rotation timeframes.

1.11.18 A group of interns indicated that teaching and learning is good at NH, and they knew the late Dr Zulu because he had a passion for teaching junior doctors. There are sufficient medical officers to supervise interns in various departments. However, between 14h00 and 18h00, most doctors are not in the hospital, and the interns remain unsupervised. **The investigation found that the practice of leaving interns unsupervised was inconsistent with the HPCSA internship guidelines, which require interns to work under the supervision of qualified doctors at all times.**

1.11.19 The investigation found that five specialist doctors left NH two years ago and the hospital is unable to employ new specialist doctors due to budget cuts. Furthermore, the shortage of specialist doctors at NH indirectly affects the internship training programme. The investigation found that the shortage of specialist doctors at NH affects the quality of healthcare and deprives patients at NH of access to specialist care.

1.11.20 The investigation found that there are safety concerns regarding the condition, position and security of the doctor's call rooms, as a result, female interns prefer to sleep in their cars! There are major security risk concerns at NH, as evidenced by the reported two stab knife incidents and one firearm incident within the hospital premises. **The investigation found that any exposure of personnel to dangerous weapons incidents and serious harm to healthcare professionals is inconsistent with regulation 17(1) of the Norms and Standards,** which states that, *"The health establishment must have systems to protect patients, healthcare personnel and property from security threats and risks".*

1.11.21 Furthermore, NH is affected by personnel and resource shortages, and this increases the workload for the interns when allocated in busy places, such as the surgical unit. Some interns have exceeded their overtime hours. Most interns feel overworked and find their working conditions stressful due to staff and resource shortages at NH. The investigation noted with concern that NH management is unable to fill vacant posts by employing more healthcare professionals due to budgetary constraints.

1.11.22 The investigation found that similar complaints from nurses, they reported that a certain matron and an operational manager are difficult and unprofessional towards the nurses. To ensure procedural fairness, the names of the accused matron and operational manager are withheld and will be escalated to the hospital management as part of the Health Ombud's recommendations for disciplinary hearing to hold the accused individuals accountable, within the framework of the Labour Relations Act.

1.11.23 An isolated incident of a doctor who was stabbed by the patient and referred to the EAP Coordinator for counselling and further management was reported. The investigation found that bullying incidents and serious harm to healthcare professionals while on duty are inconsistent with regulation 17(1) of the Norms and Standards, which states that, *"The health establishment must have systems to protect patients, healthcare personnel and property from security threats and risks".*

1.11.24 It is regrettable that Dr Zulu died, but **the investigation found that Dr Zulu died as a result of a motor vehicle accident, which occurred 25 km away from Ngwelezane Hospital.** Furthermore, during the time of the motor vehicle accident, Dr Zulu was officially off duty. The investigation could not establish any causal link between Dr Zulu's death and his working conditions or any systemic issues at NH.

1.12 DR S.I. NGIDI FROM BENEDICTINE HOSPITAL

1.12.1 Dr SI Ngidi (Dr Ngidi), an African male Community Service Doctor, commenced his community service on 01 January 2024 at BH. He worked in the maternity and labour unit at BH. There were no complaints raised regarding the standard or quality of Dr Ngidi's clinical work at BH. Dr Ngidi initially resided at the doctor's quarters in BH and subsequently relocated to a private rented apartment outside the hospital premises.

1.12.2 On 8 February 2024, a case was brought to the attention of Dr Mabaso, the medical manager at BH, regarding a fraudulent registration of the birth of a baby by an unknown female who was carrying a Birth Notification Form with a signature and particulars of Dr Ngidi. The medical manager addressed this matter with Dr Ngidi and informed him that a case of fraud had been opened at the Nongoma SAPS Police Station by officers from the Department of Home Affairs.

1.12.3 On 12 February 2024, Dr Ngidi was working a day shift and at around lunch time he reported that he was not feeling well. He was allowed to go home to rest. Dr Ngidi left the hospital premises and went to his place of residence. At about 17h00, Dr Ngidi called and informed his colleague and friend, Dr ST Masondo, that he had ingested a rat poison. Dr Ngidi was urgently taken to the hospital for medical resuscitation. Unfortunately, resuscitation efforts were unsuccessful, and Dr Ngidi died.

1.12.4 The investigation team conducted an on-site visit at BH to determine the circumstances surrounding Dr Ngidi's death and to assess the doctor's and other healthcare professionals' working conditions and any systemic issues present. The investigation team interviewed NH personnel from various departments, including doctors, interns, the Employee Assistance Programme Coordinator (EAP), the Labour Relations Officer, the Human Resource Manager, the Clinical Manager, the Intern's Curator, the CEO, and the rest of the hospital senior management team.

1.12.5 The investigation found that there were no registered complaints or grievances from Dr Ngidi in the labour relations office register. He had only spent one month at BH. Furthermore, the investigators received positive feedback from colleagues and the medical manager regarding Dr Ngidi's competence and professionalism.

1.12.6 The investigation found that there was a long-standing practice at the BH labour and maternity ward, where the doctors would sign and write their MP numbers (a unique HPCSA registration number for doctors) on a few blank birth registration forms to be completed by the midwife once a baby was born. The aim of this practice was to avoid the doctor's frequent movements between the high-risk clinic and the postnatal ward.

1.12.7 Furthermore, the investigation found that the signed blank birth registration forms were kept with other general administration documents and were accessible to anyone in the postnatal ward. A medical doctor's signature and an MP number on a birth registration form served as proof of birth and notice to the Department of Home Affairs officials confirming that a child was born at a healthcare facility in South Africa.

1.12.8 The investigation found that the signed blank birth registration forms were valuable and confidential documents which should have been kept in a safe place and strictly controlled. **The practice of keeping signed blank registration documents in an unsecured filing cabinet was found to be inconsistent with Regulation 6(2) (c) of the Norms and Standards,** which states that; *"The health establishment must secure health records with appropriate security control measures in the records storage area and in the clinical service area in accordance with the Protection of Personal Information Act, 2013 (Act No. 04 of 2013)".*

1.12.9 The Acting Medical Manager at BH (Dr Dludla) confirmed that subsequent to the fraudulent registration of a birth incident, **BH has improved its security measures regarding the handling and safekeeping of birth registration forms to prevent unauthorised use.** The birth registration forms are now kept locked in a specific manager's office and are controlled. Furthermore, the hospital no longer keeps signed blank forms. A midwife or a doctor may only request the form once a child is born, and it must be completed and signed by the attending midwife or doctor.

1.12.10 The investigation found that the handling of the fraudulent registration of birth incident at BH did not afford Dr Ngidi, as an accused person, an opportunity to be presumed innocent until proven otherwise. Instead, Dr Ngidi was merely informed of the fraudulent registration of birth with a form bearing his signature and that a case of fraud has been opened at the SAPS police station.

1.12.11 However, the investigation found that BH management did not afford Dr Ngidi procedural fairness when they were dealing with the fraudulent registration of the birth incident. The incident was first reported to Department of Home Affairs officials, who then opened a fraud case with Kwa Nongoma SAPS. As a result, Dr Ngidi faced a foregone conclusion of being the main suspect in a fraud case already in the hands of the police with the potential to end his career as a doctor.

1.12.12 The investigation found that a certain professional nurse (Nurse X) was identified as the person who gave out the signed registration of birth form to an unknown woman for fraudulent registration of birth. The identity of Nurse X is withheld because the matter is currently being investigated by the Kwa Nongoma SAPS. The reason behind the fraudulent registration of the birth of a non-existent baby was to register for a child support grant to augment family income.

1.12.13 Furthermore, the investigation found that Nurse X was reportedly also involved in similar incidents that were reported at the labour ward. It is alleged that Nurse X was involved in the illegal sale of BH medication used for the induction of labour and termination of pregnancy for her own personal gain.

1.12.14 The attending doctors and midwives in the labour ward noticed that some mothers who were coming to give birth as BH had a pill to induce labour already inserted in the vagina. When the attending doctor asked about the origin of these pills, the mothers were reluctant to speak out, but they eventually disclosed that Nurse X gave them the pills to induce labour. These tablets were also used in facilitating backstreet abortions.

1.12.15 The investigation found that Dr Ngidi was not directly involved in the fraudulent registration of birth at BH. However, Dr Ngidi was implicated because his signature appeared on the form following a flawed system of keeping signed blank birth registration forms easily accessible. This gave Nurse X the opportunity to fraudulently complete the blank birth registration form.

1.12.16 The hospital management conceded that the practice of signing blank forms was irregular, and it had the potential to be misused. As a result, security measures have been implemented to safeguard and control important documents as stated above.

1.12.17 The investigation found that Dr Ngidi committed suicide by ingesting rat poison at his rented apartment outside the BH premises while he was off duty. Furthermore, there was no suicide note found at the scene which could have shed some light on the reasons behind the suicide.

1.12.18 The investigation could not establish any causal link between Dr Ngidi's death and his working conditions or systemic issues at BH. However, it should be noted that Dr Ngidi was recently accused of being involved in the fraudulent registration of a birth at BH, as his signature and MP number appeared on the fraudulent birth registration form. **The investigation found that Dr Ngidi was not directly involved in the fraudulent birth registration at BH. Instead, Nurse X was identified as the person behind the fraudulent registration of birth and illegal sale of scheduled drugs to patients at BH.**

1.12.19 The investigation found that BH has a Health, Wellness and Occupational Clinic (Staff Clinic) which is situated within the Out-Patients Department, and is staffed by one doctor and an occupational health nurse from 10h00-12h00 weekdays. Employees with psychosocial issues, such as occupational stress, mental health, substance abuse and socio-economic stressors are referred to the EAP Coordinator at Ceza Hospital, for further management and referral.

1.12.20 Should any employee require medical attention after hours, such employee wi be seen at the BH Casualty Department which is open 24 hours a day. All employees are allowed to access care directly from the staff clinic. However, most healthcare professionals prefer to use private healthcare facilities for confidentiality reasons. All newly appointed employees, including interns, undergo medical surveillance upon arrival at BH.

1.12.21 The investigation found that doctors, nurses and other healthcare professionals have adequate access to healthcare services while on duty at BH. This is consistent with Regulation 5(1) of the Norms and Standards regarding Access to Care, which states, *"The Health Establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition".*

1.12.22 There are notable staff shortages in the social services department, with only two social workers servicing the entire hospital. Most executive management positions are filled by acting incumbents, including the CEO, medical manager, deputy nursing manager, and monitoring and evaluation manager. This regular acting arrangement seems to affect the stability, continuity and quality of services at BH.

1.12.23 BH management is unable to fill any vacant posts due to KZN Department of Health austerity measures. Motivations for additional staff were submitted. The nursing department is also affected by staff shortages to the extent that they have had to move from team-based to non-team-based methods to ensure ward coverage. The finance department is also affected by staff shortages. Most employees in areas that are affected by staff shortages feel overworked and under-resourced.

1.12.24 Furthermore, BH is seriously affected by staff shortages in the administration department, cleaning department and hospital kitchen services. The shortage of support staff negatively affects the provision of quality healthcare services to patients. This has been exacerbated by austerity measures.

1.12.25 The investigation found that the shortage of doctors, nurses, other healthcare professionals and support staff is inconsistent with Regulation 19(2)(a) of the Norms and Standards, which states; *"The Health Establishment must, as appropriate to type and size of the establishment, (a) have and implement a human resource plan that meet the needs of the health establishment".*

1.12.26 According to Mr Ndlela, the FMU Manager, BH has a long-standing problem of frequent water supply disruptions, dating back to November 2023. The municipality applies a schedule to limit water supply to the community, and BH is also affected by that schedule, despite being an essential services provider. The hospital has three backup boreholes, but only one is working. There is a need for a sustainable water supply to the hospital.

1.12.27 The investigation found that regular water supply disruptions to the hospital affect the quality of healthcare services, sanitation, and promote the spread of infection. This was found to be inconsistent with Regulation 8(1) of the Norms and Standards, which states that, *"The health establishment must maintain an environment, which minimises the risk of disease outbreak, transmission of infection to users, healthcare personnel and visitors".*

1.12.28 The Out-Patients Department (OPD) has structural defects, including loose ceiling boards in the waiting area. There are no ablution facilities. The FMU has been trying to maintain the building, but it is an old structure. It is difficult to maintain the old hospital buildings due to budgetary constraints. Plans are underway to build a new OPD soon. The investigation found that a dilapidated waiting area in the OPD poses a risk of injury to patients.

1.12.29 The investigation found that there are no records of bullying incidents at BH, but there is a culture of subtle victimisation and threats directed at certain staff members who disrupt the status quo. Threats involve verbal abuse, threats with firearms, removal of parked car tyres and attempted hijacking. All affected staff members are leaving BH by resigning or transferring to other health facilities. Most staff members are aware of this culture of victimisation and tend to avoid involvement in cases of misconduct for peace's sake.

1.12.30 The investigation found that BH is affected by the KZN Department of Health budgetary constraints. Healthcare professionals' vacant posts are frozen and automatically not funded once vacated. As a result, there are staff shortages across all departments, including doctors, specialists, nurses and support staff. This shortage affects the quality of healthcare services provided to the public.

1.12.31 Doctors and nurses feel overworked due to staff shortages, as a result of the KZN Health policy to freeze all vacant posts. This challenge is worsened by a lack of adequate medical supplies and medical equipment at BH, resulting in poor working conditions, increased workload, and chronic fatigue. **The investigation found that staff shortages in a healthcare facility are inconsistent with Regulation 19(2)(a) of the Norms and Standards,** which states that: *"The Health Establishment must, as appropriate to the type and size of the establishment, (a) have and implement a human resource plan that meets the needs of the health establishment".*

1.12.32 It is regrettable that Dr Ngidi died, but **the investigation found that Dr Ngidi died as a result of the reported suicide which occurred at his rented apartment outside BH premises.** Furthermore, there was no suicide note found on the scene, which could have shed some light on the reasons for committing suicide. It is concluded that the investigation could not establish any causal link between Dr Ngidi's death and his working conditions or any systemic issues at BH.

1.12.33 A possible case of systemic fraudulent registration of births in order to access a child support grant will be referred to the relevant law enforcement agencies for further investigation.

1.13 DR FRANCIS IDIKA FROM VRYHEID HOSPITAL

1.13.1 Dr Francis Sunday Chkwuemeka Idika (Dr Idika), an African male medical doctor was born in Nigeria. He completed a Bachelor of Medicine and Bachelor of Surgery (MBChB) at the University of Lagos. Furthermore, Dr Idika completed a Master of Medicine degree with Specialisation in Family Medicine in 2010, and he was duly registered with the Health Professions Council of South Africa (HPCSA).

1.13.2 According to Dr N Xhakaza, the CEO, Dr Idika worked at Vryheid Hospital (VH) as a medical manager since 2007 until his untimely death on 30 March 2025. Dr Idika was found unresponsive in the doctor's call room by the community service physiotherapist at 09h00.

1.13.3 The VH management responded to this incident by calling the SAPS for forensic investigation in terms of the Inquest Act 58 of 1959. Furthermore, VH management called his family members and assisted them to the forensic department. They were also taken to the human resources department for further assistance.

1.13.4 Subsequent to the death of Dr Idika, there was public outcry and unrest from labour unions and the South African National Civic Organisation (SANCO). There were allegations on various media platforms that Dr Idika's death was due to suicide as a result of stress and bullying from his supervisors. Claims were also made that Dr Idika was unfairly subjected to multiple disciplinary charges and was arbitrarily removed from the hospital accommodation.

1.13.5 On 11 April 2025, the Honourable Dr Sibongiseni Dhlomo (Dr Dhlomo), the Chairperson of the Parliamentary Portfolio Committee on Health, visited VH to enquire about Dr Idika's death and the allegations in various media platforms. Dr Dhlomo was furnished with responses regarding the circumstances surrounding Dr Idika's death. Furthermore, SANCO met with the hospital's executive and board members to discuss media reports and their concerns were addressed accordingly.

1.13.6 The Ombud sought to determine the circumstances surrounding Dr Idika's death. Whether there was a causal link between Dr Idika's death and the allegations that he committed suicide as a result of stress or bullying from his supervisors.

1.13.7 Furthermore, the Ombud sought to determine if there were any systemic issues or working conditions that might have affected the doctors, intern doctors or any other healthcare professionals at VH. This was due to similar incidents involving the death of doctors occurring in KZN public hospitals within a short space of time.

1.13.8 The investigation team conducted an on-site visit at VH to determine the circumstances surrounding Dr Idika's death and to assess doctors and other healthcare professionals working conditions and systemic issues, if any. The investigation team interviewed VH personnel from various departments, including doctors, interns, the Employee Assistance Programme Coordinator (EAP), the Labour Relations Officer, the Human Resource Manager, the Clinical Manager, and the hospital senior management team.

1.13.9 Considering that Dr Idika is dead, he will not be able to exercise his rights and challenge the allegations levelled against him and the findings of this investigation, the investigation team used only relevant evidence presented and challenged during the disciplinary hearings, internal investigations, appeals, and arbitration proceedings, to ensure fairness and to base its findings on admissible evidence.

1.13.10 The main purpose of the investigation was to answer the allegations levelled against VH. However, in doing so, the investigators had to scratch the surface and uncover the true version of events. Furthermore, the Health Ombud's findings will form recommendations to the affected health establishments.

1.13.11 The investigation found that Dr Idika had multiple disciplinary charges of misconduct and clinical mismanagement recorded at the VH Labour Relations Office over the period 2017 to 2025. Furthermore, formal grievances were lodged with the Labour Relations Office regarding allegations of bullying and victimisation of employees by Dr Idika in his capacity as the Medical Manager.

1.13.12 The investigation found that Dr Idika allowed private doctors to perform surgical procedures on their patients at VH for personal gain, without any Service Level Agreement. All private doctors involved in this practice had their names and cell numbers listed on the rotation schedule of Vryheid Hospital Medical Officers Certified to Perform Surgical Operations and Anaesthesia, for the years 2017 to 2020. The rotation schedule had Dr Idika's name on the signature block in his capacity as a Medical Manager

1.13.13 The investigation found that while there were multiple disciplinary charges against Dr Idika, he was duly represented by the Public Servants Association of South Africa (PSA Union). As a result, Dr Idika was found guilty of only a few less serious charges. The remaining disciplinary charges and/or sanctions were set aside on appeal or through arbitration.

1.13.14 The investigation noted that the employer failed or omitted to support their case with the expertise of a healthcare professional to assist the presiding officer of the disciplinary hearing, with the much-needed healthcare professional perspective to determine the issues of liability and medical negligence in each case and whether the charged officer deviated from the appropriate standard of care in each case.

1.13.15 Furthermore, Dr Idika was afforded both substantive and procedural fairness, as evidenced by the procedures followed during the disciplinary hearings, the opportunity to be represented by a union representative and that he was afforded an opportunity to appeal the sanctions. There were compelling reasons to subject Dr Idika to disciplinary hearings regarding allegations of misconduct and clinical mismanagement of patients. The allegations that Dr Idika was subjected to multiple unjustified disciplinary charges is unsubstantiated.

1.13.16 The investigation further noted with concern that while there were multiple disciplinary charges against Dr Idika, the employer failed or neglected to refer him to the Employee Assistance Programme Coordinator (EAP Services) to assess and determine if there were any other underlying issues, which might have caused him to be involved in so many disciplinary hearings.

1.13.17 Furthermore, the investigation found that all senior staff members who had long-term access to the departmental housing were requested to vacate in order to make space for interns and community service professionals. This departmental accommodation policy was communicated in 2024 and applied to all senior staff members to prioritise interns and other newly appointed staff members.

1.13.18 The investigation found that Dr Idika had spent about 17 years residing in the VH accommodation. Furthermore, it was a reasonable decision for the VH management to prioritise placement of interns and newly appointed employees in the hospital accommodation, to assist them with relocation and to adjust to the new environment. The allegation that Dr Idika was arbitrarily removed from the hospital accommodation is unsubstantiated.

1.13.19 Dr Dika has been a medical manager at VH since 2007. He had three clinical managers reporting to him. Dr Idika was reporting to the CEO as his immediate supervisor. There were no recorded grievances from Dr Idika regarding any form of victimisation or bullying from his supervisor. However, the investigation found that various grievances had been lodged against Dr Idika by doctors, nurses, a clinical associate and the NEHAWU labour union, regarding Dr Idika's bullying and victimisation of medical and allied staff.

1.13.20 The investigation found that the above-mentioned cases of misconduct and various formal grievances lodged against Dr Idika were Prima Facie unlawful. During 2020 and 2021, a group of doctors wrote a formal complaint outlining 10 cases of clinical mismanagement by Dr Idika. That was followed by a bilateral meeting between VH management and NEHAWU, regarding clinical mismanagement of patients, and alleged victimisation of medical and allied staff members by Dr Idika.

1.13.21 However, the VH management failed, neglected or omitted to seek legal advice regarding Dr Idika's misconduct cases and act accordingly in holding him to account. Furthermore, the VH management failed, neglected, or omitted to remove Dr Idika from direct patient care and to reasonably accommodate him in a more administrative capacity while they investigate the alleged cases of clinical mismanagement of patients.

1.13.22 The investigation found that the VH management failed, neglected or omitted to protect healthcare professionals who testified as witnesses in Dr Idika's disciplinary hearings, by allowing the same employees to work under his direct supervision. This arrangement resulted in a continued culture of bullying and victimisation of witnesses and employees.

1.13.23 The Health Professions Council of South Africa (HPCSA) is the regulatory body for the medical profession and is empowered in terms of the Health Professions Act, 56 of 1974. The mandate of the HPCSA in protecting the public and guiding medical professionals includes ensuring that health practitioners are fit to practice their profession with reasonable skill and safety. The HPCSA is also empowered to handle complaints lodged against the health practitioners registered with the HPCSA.

1.13.24 The situation which affected patients' safety and patients' right to access safe healthcare, and emergency treatment raised an obligation for the VH management to urgently intervene and resolve it, or alternatively, report the problematic doctor to the HPCSA. The investigation found that the VH management allowed Dr Idika to continue working at VH, despite having a list of disciplinary charges and formal grievances over the period 2017 to 2024.

1.13.25 The investigation found that VH is affected by the KZN Department of Health budgetary constraints. Healthcare professionals' vacant posts are frozen and automatically not funded once vacated. As a result, there are staff shortages across all departments, including doctors, specialists, nurses and support staff. This shortage affects the quality of healthcare services provided to the public.

1.13.26 Doctors and nurses feel overworked due to staff shortages, as a result of the KZN Health policy to freeze all vacant posts. This challenge is worsened by a lack of adequate medical supplies and medical equipment at VH, resulting in poor working conditions, increased workload, and chronic fatigue. Staff shortages in a healthcare facility are inconsistent with Regulation 19(2)(a) of the Norms and Standards, which states that: *"The Health Establishment must, as appropriate to type and size of the establishment, (a) have and implement a human resource plan that meets the needs of the health establishment".*

1.13.27 There were no recorded formal grievances lodged by Dr Idika against VH management regarding bullying, victimisation or working conditions. However, there were multiple grievances of bullying and victimisation that were lodged by other healthcare professionals against Dr Idika.

1.13.28 It is regrettable that Dr Idika died, but **the investigation found that Dr Idika died due to natural cause - a ruptured aortic aneurysm, while he was off duty but within the hospital premises.** It is concluded that the investigation could not establish any causal link between Dr Idika's death and his working conditions or any systemic issues at VH. The allegation that Dr Idika committed suicide because of stress, victimisation and bullying from his superior at VH is unsubstantiated.

1.13.29 The postmortem examination on Dr Idika's body found a ruptured aortic aneurysm as the cause of death. A copy of the report is kept at Vryheid SAPS Police Station.

2. INTRODUCTION AND BACKGROUND

2.1 The investigation report of the Health Ombud is in terms of Section 81A (11) of the National Health Amendment Act (NHAA), 12 of 2013. The report communicates the Ombud's findings and recommendations pursuant to a joint investigation with the Public Service Commission (PSC) into complaints regarding the spate of deaths of doctors and other healthcare professionals in KwaZulu-Natal Province. One was lodged on 16 May 2025 by the Minister of Health, the Honourable Dr Aaron Motsoaledi, and another on 22 April 2025 by the Chairperson of the Parliamentary Portfolio Committee on Health, the Honourable Dr Sibongiseni Dhlomo, following his oversight visit to Vryheid Hospital.

2.2 The aim of the investigation was to determine the circumstances surrounding the spates of deaths of doctors and other healthcare professionals, including Dr Mazwi, in KZN public hospitals. The investigation further sought to determine whether there were any systemic issues or working conditions that might have affected doctors, intern doctors and other healthcare professionals at various public hospitals.

2.3 In conducting this investigation, the Ombud was assisted by Adv. Daniel Ndlovu (Lead Investigator) and investigators Dr Donna Jacobs and Mr Douglas Mapheto, who are designated and seconded by the Office of Health Standards Compliance (OHSC) with the concurrence of the Ombud, in terms of Section 81 (3)(c) of the NHAA.

2.4 Furthermore, the Ombud was assisted by a team of investigators from the Public Service Commission (PSC) KwaZulu-Natal, led by Commissioner Yasmin Bacus and comprising the PSC's investigators, Ms Pumziwe Kwanini, Mr Sabelo Kheswa and Mr Clement Dlamini.

2.5 The PSC is empowered in terms of Section 196 of the Constitution of South Africa, 1996, to exercise its powers and ensure that there is an effective and efficient administration and a high standard of professional ethics in the public service. Furthermore, Section 196(4)(b) of the Constitution empowers the PSC to investigate, monitor and evaluate the organisation, administration and personnel practices in the Public Service.

3. SUMMARY OF THE COMPLAINT

3.1 On 16 May 2025, the Minister of Health, the Honourable Dr Aaron Motsoaledi lodged a complaint with the Health Ombud (the Ombud) regarding the spate of deaths of doctors and other healthcare professionals at various public hospitals in KwaZulu-Natal Province. The Minister of Health wanted to establish the circumstances surrounding the spate of deaths of doctors and other healthcare professionals in public hospitals. The Chairperson of the Parliamentary Portfolio Committee on Health, the Honourable Dr Sibongiseni Dhlomo, on 22 April 2025, lodged a complaint with the Ombud regarding the death of doctors, after his oversight visit to Vryheid Hospital on 11 April 2025.

3.2 The reported spates of deaths of doctors and other healthcare professionals were linked to the following hospitals within the KwaZulu-Natal Department of Health:

(a) Dr Alulutho Mazwi (Intern Doctor) from Prince Mshiyeni Memorial Hospital, was alleged to have died while on duty at the hospital despite reporting to his supervisor that he was not feeling well.

(b) Dr Tumelo Kgaladi, a Registrar Doctor in the Obstetrics and Gynaecology unit at Addington Hospital, was found dead at his home.

(c) Mr Mvelo Cele, a Radiographer who died while on duty at Port Shepstone Hospital.

(d) Dr Siyabonga Zulu, a Medical Doctor in the Anaesthetic unit in Ngwelezane Hospital, died in a motor vehicle accident.

(e) Dr I. Ngidi from Benedictine Hospital is alleged to have committed suicide on 16 February 2024.

(f) Dr Idika from Vryheid Hospital is alleged to have committed suicide due to bullying by his seniors.

DR. ALULUTHO MAZWI: PRINCE MSHIYENI MEMORIAL HOSPITAL

3.3 Prince Mshiyeni Memorial Hospital is situated in Umlazi township, South of Durban. It is a key regional referral facility which offers comprehensive healthcare services, with 1,200 approved beds and 1,066 usable beds (HSDAS, 2025). It serves a catchment population of approximately two million people, including many from informal settlements, and it is supported by 17 clinics. Primary referral hospitals affiliated to PMMH are Clairwood Provincial Hospital, Charlse James Hospital and Ekuhlengeni Sanatorium. (KwaZulu-Natal Department of Health [KZN DoH], 2025).

3.4 There were various social media reports and news articles regarding the death of Dr Alulutho Mazwi, a 25-year-old male Intern Doctor at Prince Mshiyeni Memorial Hospital (PMMH). It was alleged that Dr Mazwi died on 12 May 2025 while on duty at the hospital despite reporting to his supervisor that he was not feeling well. In order to substantiate the allegations levelled against PMMH, the Ombud and his investigation team interviewed Dr Mazwi's biological mother, Ms Thabisa Maqoqa (Ms Maqoqa), Dr Mazwi's partner, Ms Lindokuhle Phathekile (Ms Phathekile), PMMH personnel and the senior management team.

3.5 Furthermore, the Ombud and his team interviewed the MEC for Health in KZN (Ms Nomagugu Simelane), KZN Health Acting Head of Department (Mrs T.P. Msimango) and Acting Deputy Director General for District Health Services (Dr Teboho Moji) and his team. The Ombud sought to determine the circumstances surrounding the spate of deaths of doctors and other healthcare professionals in public hospitals within the KZN Department of Health. Whether there were any systemic issues that could have affected the working conditions and health of doctors, intern doctors, and other healthcare professionals.

3.6 Observations / Reports made by Ms Maqoqa:

(a) That Dr Mazwi insisted on going back to work despite being very ill due to fear of his supervisor at PMMH.

(b) That Dr Mazwi declined to take sick leave, citing work pressures and fear of repeating his internship at PMMH.

(c) That Dr Mazwi complained about his working conditions at PMMH.

3.7 Observations / Reports made by Ms Phathekile:

(a) That on few occasions, Dr Mazwi went on duty while he was very ill due to fear of repeating his internship if he took sick leave.

(b) That Dr Mazwi collapsed while on duty and was treated at PMMH emergency unit, but declined to take sick leave and returned to work.

(c) That Dr Mazwi was not provided with adequate healthcare treatment and employee support for his chronic condition at PMMH.

3.8 The allegation on social media and news articles:

That Dr Mazwi died while on duty at the hospital despite reporting to his supervisor that he was not feeling well.

3.9 The following issues were identified for investigation:

(a) Whether Dr Mazwi insisted on going to work despite being very ill due to fear of his supervisor and the possibility of repeating his paediatrics internship at PMMH.

(b) Whether Dr Mazwi complained about his working conditions at PMMH.

(c) Whether Dr Mazwi was not provided with adequate healthcare treatment and employee support for his chronic condition at PMMH.

(d) Whether Dr Mazwi died while on duty at the hospital despite reporting to his supervisor that he was not feeling well.

(e) Whether doctors and other healthcare professionals were experiencing any work-related challenges or incidents of bullying at PMMH.

(f) Whether the health establishment's practices are consistent with the norms and standards applicable to various health establishments, departmental policy and legislation.

DR TUMELO KGALADI: ADDINGTON HOSPITAL

3.10 Addington Hospital is situated in central Durban and is one of the province's oldest healthcare facilities. It is a combined district and regional hospital (South African Health Review, 2021; KZN DoH, 2024). It has 571 approved beds, of which 468 are currently usable, and serves a catchment population of about 334 000 (HSDAS, 2025). This is because of its position in a major metropolitan area, meaning it indeed serves a dense urban population and faces the healthcare demands typical of a large city.

3.11 Dr Tumelo Kgaladi, a 31-year-old male Registrar in Obstetrics and Gynaecology rotating at Addington Hospital (AH). According to the AH management, Dr Kgaladi was last seen at work on 25 April 2025 and did not report for duty as scheduled on 27 April 2025. Attempts were made to contact him telephonically, but to no avail. On 6 May 2025, a decision was taken to go and check him at his place of residence. The police were notified, and they accompanied hospital staff. Dr Kgaladi was found dead in the backroom.

3.12 No allegations were levelled against AH, but the Ombud sought to determine the circumstances surrounding Dr Kgaladi's death. Whether there was a causal link between Dr Kgaladi's death and his working conditions. Furthermore, the Ombud sought to determine whether there were any systemic issues or working conditions that might have affected the doctors, intern doctors, or other healthcare professionals at AH.

3.13 The Ombud and the investigation team conducted an on-site visit at AH to assess the healthcare professionals' working conditions and systemic issues. The investigation team interviewed AH personnel from various departments, doctors, interns, the Employee Assistance Program Coordinator (EAP), the Labour Relations Officer, the Human Resource Manager, the Clinical Manager, the Intern's Curator, and the hospital's senior management team.

3.14 Furthermore, the Ombud and his team interviewed the MEC for Health in KZN (Ms Nomagugu Simelane), KZN Health Acting Head of Department (Mrs T.P. Msimango), Deputy Director General: District Health Services (Dr Teboho Moji) and his team. The Ombud sought to determine the circumstances surrounding the spate of deaths of doctors and other healthcare professionals in public hospitals within the KZN Department of Health. Whether there were any systemic issues that could have affected the working conditions of doctors, intern doctors, and other healthcare professionals.

3.15 The following issues were identified for investigation:

(a) Whether there was a causal link between the death of Dr Kgaladi and his working conditions or other systemic issues at AH.

(b) Whether the health establishment has a functioning and effective Staff Clinic.

(c) Whether the health establishment has an effective Employee Health and Wellness Program (EHWP) or Employee Assistance Program (EAP).

(d) Whether the doctors and other healthcare professionals were experiencing any work-related challenges or incidents of bullying at AH.

(e) Whether the health establishment's practices are consistent with the norms and standards applicable to various health establishments, departmental policy and legislation.

MR. MVELO CELE (RADIOGRAPHER): PORT SHEPSTONE HOSPITAL

3.16 Mr Mvelo Cele (Mr Cele), a 40-year-old male Radiographer at Port Shepstone Hospital (PSH), died on 13 May 2025 while on duty at the PSH Radiography Department. The PSH X-Ray Department Manager (Mr Jwara) indicated that Mr Cele collapsed and died while on duty during a night shift. According to Mr Jwara, the department has lost a diligent, friendly and valuable member of the team.

3.17 There are no allegations levelled against PSH regarding the death of Mr Cele. However, the Ombud sought to determine the circumstances surrounding Mr Cele's death. Whether there was a causal link between Mr Cele's death and his working conditions. Furthermore, the Ombud sought to determine whether there were any systemic issues or working conditions that might have affected Radiographers, doctors, intern doctors, or other healthcare professionals at PSH.

3.18 The investigation team conducted an on-site visit at PSH to assess radiographers' and other healthcare professionals' working conditions and systemic issues, if any. The investigation team interviewed PSH personnel from various departments, the X-Ray department manager, doctors, interns, the Employee Assistance Program Coordinator (EAP), the Labour Relations Officer, the Human Resource Manager, the Clinical Manager, the Intern's Curator, the CEO, and the hospital's senior management team.

3.19 The following issues were identified for investigation:

(a) Whether there was a causal link between the death of Mr Cele and his working conditions or other systemic issues at PSH.

(b) Whether the health establishment has a functioning and effective Staff Clinic.

(c) Whether the health establishment has an effective Employee Health and Wellness Program (EHWP) or Employee Assistance Program (EAP).

(d) Whether radiographers, doctors, intern doctors and other healthcare professionals were experiencing any work-related challenges or incidents of bullying at PSH.

(e) Whether the health establishment's practices are consistent with the norms and standards applicable to various health establishments, departmental policy and legislation.

DR SIYABONGA ZULU: NGWELEZANE HOSPITAL

3.20 Ngwelezane Hospital in Empangeni is a 516-bedded regional and designated Tertiary facility, serving over 2.1 million people in northern KwaZulu-Natal, including the King Cetshwayo, Zululand, and Umkhanyakude Districts. Uniquely, it functions as a Level I, Level II, and Level III hospital within the uMhlathuze Sub-District, indicating its capacity to handle a broad spectrum of medical cases, from basic to highly specialised. The hospital provides a wide range of services, including trauma care, internal medicine, paediatrics, and specialised surgeries. It also operates an intensive care unit (ICU) and offers CT and MRI imaging services (NDoH, 2025).

3.21 Dr Siyabonga Zulu (Dr Zulu), was a 28-year-old male Medical Doctor who worked in the Anaesthetics unit at Ngwelezane Hospital (NH). Dr Zulu was involved in a motor vehicle accident on his way from Durban and regrettably died. He was travelling with other colleagues who survived and were able to give an account of the events. Colleagues expressed their sadness and indicated that Dr Zulu was a dedicated professional with a passion for teaching junior doctors.

3.22 There were no allegations levelled against NH, but the Ombud sought to determine the circumstances surrounding Dr Zulu's death. Whether there was a causal link between Dr Zulu's death and his working conditions. Furthermore, the Ombud sought to determine whether there were any systemic issues or working conditions that might have affected the doctors, intern doctors, or other healthcare professionals at NH.

3.23 The investigation team conducted an on-site visit at NH to assess the doctors' and other healthcare professionals' working conditions and systemic issues, if any. The investigation team interviewed NH personnel from various departments, including doctors, interns, the Employee Assistance Program Coordinator (EAP), the Labour Relations Officer, the Human Resource Manager, the Clinical Manager, the Intern's Curator, and the CEO, as well as the hospital's senior management team.

3.24 The following issues were identified for investigation:

(a) Whether there was a causal link between the death of Dr Zulu and his work- related conditions or other systemic issues at NH.

(b) Whether the health establishment has a functioning and effective Staff Clinic.

(c) Whether the health establishment has an effective Employee Health and Wellness Program (EHWP) or Employee Assistance Program (EAP).

(d) Whether the doctors, intern doctors and other healthcare professionals were experiencing any work-related challenges or incidents of bullying at NH.

(e) Whether the health establishment's practices are consistent with the norms and standards applicable to various health establishments, departmental policy and legislation.

DR I. NGIDI: BENEDICTINE HOSPITAL

3.25 Benedictine Hospital (BH) is a district hospital with 385 beds located in Nongoma, which falls within the Zululand Health District. The hospital serves the population of Nongoma and the surrounding rural communities. In 2005, the hospital achieved Baby-Friendly Status. BH offers comprehensive healthcare services, it is supported by eleven clinics and three mobile clinics.

3.26 The KZN Provincial Office of the Public Servants Association of South Africa (PSA) formally requested the Ombud to investigate a case of Dr S.I. Ngidi's death, a male Community Service Doctor who was stationed at BH, who committed suicide on 12 February 2024. Furthermore, the PSA stated that it had received various complaints from doctors and other healthcare professionals who were unhappy with their working conditions in the KZN Department of Health.

3.27 The Ombud considered the PSA's request, which fell within his mandate in terms of section 81A (1) of the National Health Amendment Act (NHAA), 12 of 2013, which gives the Ombud the powers to consider, investigate and dispose of the complaint relating to norms and standards in a fair, economical and expeditious manner. Considering other reports regarding the spate of deaths of doctors and other healthcare professionals in KZN public hospitals, the Ombud included Dr Ngidi's case in the investigation.

3.28 The Ombud sought to determine the circumstances surrounding Dr Ngidi's death. Whether there was a causal link between Dr Ngidi's alleged suicide and his working conditions. Furthermore, the Ombud sought to determine whether there were any systemic issues or working conditions that could have affected doctors, intern doctors, or other healthcare professionals at BH.

3.29 The following issues were identified for investigation:

(a) Whether there was a causal link between the death of Dr Ngidi and his work- related conditions at BH.

(b) Whether the health establishment has a functioning and effective Staff Clinic.

(c) Whether the health establishment has an effective Employee Health and Wellness Program (EHWP) or Employee Assistance Program (EAP).

(d) Whether doctors, intern doctors and other healthcare professionals were experiencing any work-related challenges or incidents of bullying at BH.

(e) Whether the health establishment's practices are consistent with the norms and standards applicable to various health establishments, departmental policy and legislation.

DR IDIKA: VRYHEID HOSPITAL

3.30 Vryheid Hospital (VH) operates as a Level I hospital within the Abaqulusi Sub-district of the Zululand Health District in the northern town of Vryheid. This regional hospital has 359 approved beds and 338 usable beds. It serves a catchment population of approximately 230 474 (HSDAS, 2025) and supports 15 fixed clinics, one youth centre, and three mobile clinics (KZN DoH, 2024). Vryheid Hospital is the main referral hospital in the Abaqulusi Local Municipality, a largely rural and otherwise underserved area.

3.31 Dr Francis Sunday Idika, a 54-year-old male, was employed at Vryheid Hospital as a Medical Manager since 2007. According to the media reports, it was alleged that Dr Idika committed suicide due to abuse and pressure from his manager. On 30 March 2025, Dr Idika was found unresponsive by a colleague in the communal area of the doctor's on-call rooms. The VH management confirmed that there were ongoing disciplinary cases against Dr Idika at the time of his death. In addition to Dr Sibongiseni Dhlomo's request to investigate the case, the PSA from their KZN Provincial Office requested that the Ombud investigate a case of Dr Idika, who allegedly committed suicide.

3.32 The Ombud sought to determine the circumstances surrounding Dr Idika's death. Whether there was a causal link between Dr Idika's alleged suicide and his working conditions. Furthermore, the Ombud sought to determine whether there were any systemic issues or working conditions that could have affected doctors, intern doctors, or other healthcare professionals at VH.

3.33 The following issues were identified for investigation:

(a) Whether there was a causal link between the death of Dr Idika and his working conditions or other systemic issues at VH.

(b) Whether the health establishment has a functioning and effective Staff Clinic.

(c) Whether the health establishment has an effective Employee Health and Wellness Program (EHWP) or Employee Assistance Program (EAP).

(d) Whether doctors, intern doctors and other healthcare professionals were experiencing any work-related challenges or incidents of bullying at VH.

(e) Whether the health establishment's practices are consistent with the norms and standards applicable to various health establishments, departmental policy and legislation.

4. POWERS AND JURISDICTION OF THE HEALTH OMBUD AND PSC

4.1 The Ombud derives his 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 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."*

4.2 The Public Service Commission's (PSC) constitutional mandate in terms of section 196 of the *Constitution of the Republic of South Africa 1996* (the Constitution) determines that the PSC must exercise its powers to ensure maintenance of an effective and efficient administration and high standards of professional ethics in the public service.

4.3 In terms of section 196(4)(b) of the Constitution, the powers and functions of the PSC are to investigate, monitor and evaluate the organisational administration and the personnel practices within the public service.

4.4 The complaint regards a spate of deaths of doctors, intern doctors and other healthcare professionals in KZN public hospitals, including cases of suspected suicide. The nature and gravity of the complaint prompted the Health Ombud to form the joint investigation team with the Public Service Commission (PSC). This was to ensure that the investigation of all six complaints or incidents covered all aspects of provision of healthcare and complaints management in terms of section 81(A) of the NHAA, while the PSC team focuses on the issues of Good Governance in Public Administration and Unfair Labour Practices within the framework of section 195(1) of the Constitution of South Africa, 1996.

5. SCOPE OF THE INVESTIGATION

5.1 The investigation was conducted pursuant to the Minister of Health, the Honourable Dr Aaron Motsoaledi and the Chairperson of the Parliamentary Portfolio Committee on Health, the Honourable Dr Sibongiseni Dhlomo, who lodged complaints with the Ombud regarding the spate of deaths of doctors and other healthcare professionals at six different public hospitals in KwaZulu-Natal Province. The Ombud also received a similar request from the Public Service Association (PSA).

5.2 Furthermore, the Ombud considered a PSA's request to investigate the death of Dr Ngidi from Benedictine Hospital (BN) and Dr Idika from Vryheid Hospital (VH), already identified by Dr Dhlomo. The investigation period covered the 12th of February 2024 until the 14th of May 2025, when an autopsy was conducted on Mr Mvelo Cele, confirming the cause of death as natural causes.

6. INVESTIGATION

METHODOLOGY AND APPROACH

6.1 The investigation was conducted pursuant to allegations made by the Minister of Health, Dr Aaron Motsoaledi, the Chairperson of the Parliamentary Portfolio Committee on Health, Dr Sibongiseni Dhlomo, and the KZN Provincial Office of the PSA. The investigation was conducted by obtaining information and documentary evidence in terms of section 81A (3)(b)(iii) of the NHAA. The findings were determined through the analysis of all available relevant documentary evidence, including clinical records, and interview sessions with witnesses were recorded and analysed to establish the circumstances surrounding the death of doctors, intern doctors and other healthcare professionals within the KZN Department of Health.

6.2 Furthermore, the MEC for Health the Honourable Ms Nomagugu Simelane, the Acting Head of Department for KZN Health: Mrs Penelope Msimango and the Deputy Director General for KZN District Services: Dr Teboho Moji were interviewed to provide the KZN Department of Health's official response to the allegations levelled against the affected six health establishments. All Chief Executive Officers and senior managers of the affected health establishments were also interviewed to provide a clear picture to the Ombud investigation regarding the circumstances surrounding the spate of deaths of doctors and to determine if there were any systemic issues affecting the healthcare professionals' working conditions and the quality of healthcare services.

INVESTIGATION FINDINGS

PRINCE MSHIYENI MEMORIAL HOSPITAL

REFERENCE NUMBER: 56381

7. FINDINGS: DR MAZWI'S DEATH AT PRINCE MSHIYENI MEMORIAL HOSPITAL

The investigation of the allegations levelled against PMMH established the following:

7.1 Regarding whether Dr Mazwi insisted on going to work despite being very ill due to fear of his supervisor and the possibility of repeating his Paediatrics internship rotation.

7.1.1 The investigation found that Dr Alulutho Mazwi, a 25-year-old male Intern Doctor, joined the internship programme at PMMH on 01 July 2024. He completed his rotation at some clinical units. At the time of his death, he was rotating in the Paediatrics unit under the supervision of Dr Hariram, who was acting as the intern curator for the Paediatrics Department. Dr Mazwi was staying at the Doctors' Quarters within PMMH during his internship programme.

7.1.2 The investigation found that during the first week of his internship, Dr Mazwi collapsed while he was on a telephone call with his mother. The family members rushed to Durban and advised him to take sick leave, but he refused. The family consulted with Dr M. Aung, a Medical Manager at PMMH, and requested that Dr Mazwi be released for a few days to assess his medical condition. One week's leave was granted, and Dr Mazwi was taken to Dr Osikwe's practice where he was assessed and diagnosed with diabetes and commenced his treatment. Dr Mazwi's partner, Ms Lindokuhle Phathekile (Ms Phathekile), requested permission to stay at PMMH to look after Dr Mazwi, and thus it was granted.

7.1.3 Dr Mazwi presented with a swollen leg and consulted with healthcare professionals at the PMMH Staff Clinic. On 18 July 2024. Dr Mazwi was diagnosed with Type II Diabetes Mellitus at PMMH, which is a chronic condition where the body is unable to properly use insulin, leading to high blood sugar levels. Furthermore, his hemoglucotest (HGT) was recorded as 31.5 mmol/l (diabetes is diagnosed on symptomatic individual with a fasting glucose ≥7.0mmol/L or random blood glucose >11mmol/L). Medical treatment was administered to control his condition, and he was due for review on 01 August 2024. Dr Mazwi had a high body mass index (BMI), and his weight was 153 kg.

7.1.4 The investigation found that, on 18 July 2024, the PMMH Staff Clinic became aware of Dr Mazwi's chronic illness (Type II Diabetes Mellitus) and his overweight status which was a high-risk factor for a person with his chronic illness. However, there were no hospital records which indicated that Dr Mazwi was enrolled in any Employee Health and Wellness Programme or Employee Assistance Programme to support him mitigate the impact and keep his chronic illness under control.

7.1.5 PMMH has one Employee Assistance Program Coordinator (EAP Coordinator) who looks after the entire hospital's 800 employees' wellness and referral aspects, in addition to all employees from the 17 clinics that are attached to PMMH. The investigation found that the EAP Coordinator is unable to perform his duties diligently or adequately provide service to all PMMH employees, including the 17 clinics, due to insufficient human resource capacity.

7.1.6 The investigation found that during the period 23 April 2025 to 4 May 2025, Dr Mazwi was on annual leave, and he visited his family in the Eastern Cape. On 1 May 2025, Dr Mazwi became seriously ill and he was taken to a general practitioner. The doctor informed the family that he had fluctuating diabetes. On the same day, Dr Mazwi contacted the PMMH Interns Group Leader and reported that he may not be able to report back on time due to his ill-health. Dr Mazwi was referred to his Consultant Mentor for the rotation, Dr Appalsamy and was instructed to report back on duty as scheduled.

7.1.7 Dr Mazwi sent a WhatsApp text message to Dr Appalsamy on 5 May 2025 requesting to be excused from duty, citing that he was not feeling well. The WhatsApp messages as reflected in Dr Mazwi's cell phone were:

At 06h37, Dr Mazwi said, "Good morning, Doc. *"I kindly ask to be excused today, I am not feeling well. I have a medical condition, which started on Thursday".*

At 07h05, Dr Appalsamy responded via text and said, "Who are you, can you call me?"

At 13h19, Dr Mazwi responded via text and said: "Afternoon, Dr Appalsamy, this is *Dr Mazwi*". This message was followed by a 1-minute voice call to Dr Appalsamy.

The investigation found that Dr Mazwi contacted PMMH twice on 5 May 2025 to report that he would not be able to return on duty as scheduled, due to ill-health.

7.1.8 While her son (Dr Mazwi) was seriously ill at home during his annual leave, he kept on saying that he needed to go back to work at PMMH, according to Ms Maqoqa. He insisted that if he does not return to work, they will not sign his logbook which might result in him repeating his internship rotation. Ms Maqoqa pleaded with her son telling him he was too sick to travel back to Durban. Furthermore, Ms Maqoqa indicated to Dr Mazwi that she did not want to lose him.

7.1.9 On 7 May 2025 at 08h30, Dr Mazwi reported for duty at PMMH and had a meeting with Dr Hariram to discuss what had transpired in the past few days regarding his ill-health. Furthermore, Dr Hariram emphasised the importance of notifying his supervisor if he was unable to report for duty. Dr Mazwi indicated that he was unable to report for duty due to ill-health, as he was experiencing uncontrolled diabetes. According to Ms Phathekile, Dr Mazwi had a medical certificate (sick note) from his general practitioner from home, but the PMMH staff did not want to recognise it for the period 5 – 7 May 2025. Dr Mazwi was directed to go and consult at the PMMH Staff Clinic instead.

7.1.10 Dr Mazwi reported that he was feeling tired and went to consult at PMMH Staff Clinic on 7 May 2025 at 09h30 as a known diabetic patient. He was seen by Dr Lurai from Internal Medicine after 12h00. Dr Mazwi indicated that he was feeling weak, nauseated, and vomiting. His HGT was 17.5mmol/L (blood glucose), and he was treated accordingly, and full blood count specimen was also taken. Dr. Mazwi was reviewed again at 14h00 and he indicated that he was feeling better.

7.1.11 Furthermore, Dr Lurai had a discussion with Dr Mazwi regarding his diabetic condition and what can be done to control it. Dr Lurai indicated that he wanted to optimise diabetes medication and discussed the option of changing Dr Mazwi's medication to insulin, as oral medication did not help in controlling his condition. Dr Lurai reassured Dr Mazwi that he should not be under pressure to return to work while still ill. Dr Mazwi was then booked off sick for 7 May 2025, and the doctor intended to grant him additional sick leave days, as he had recently changed his medication to insulin and was still not fit for duty.

7.1.12 However, Dr Mazwi declined to take two more sick leave days, stating that *"he will not be allowed not to come to work, he will go to work the following day"*. Dr Mazwi informed the doctor that he will visit the staff clinic for further reviews. According to Dr Lurai, if you change the patient's diabetic treatment from oral medication to insulin, it is recommended that you grant sufficient sick leave to allow their body to adjust to the new medication and to monitor for hypoglycemia (low blood sugar).

7.1.13 On 8 and 9 May 2025, Dr Mazwi reported for duty in ward P3 and managed to work both shifts. According to Ms Phathekile, Dr Mazwi was not feeling well, but he chose to report for duty to ensure his logbook was signed and to avoid prolonging or repeating his rotation. Ms Phathekile indicated that Dr Mazwi had a swollen leg and was limping. He would take breaks while walking as he was feeling tired. She would bring him his lunch, and he would eat it in the hospital corridors, stating that there was no time for a lunch break and he had to return to work.

7.1.14 On 11 May 2025, Dr Mazwi collapsed on his way to work and he was taken to the PMMH Medical Emergency Room (MER) at about 12h45 complaining of not feeling well. According to medical records, Dr Mazwi presented with a syncopal attack episode, which is described as a sudden brief loss of consciousness, fainting and loss of muscle tone caused by a temporary drop in blood flow to the brain. Vital observations were done and ranged within normal limits, full blood count sample was taken, an ECG was done, and an echocardiogram test was booked for 12 May 2025. Dr Mazwi was seen by Dr Mncwango, who advised him that, due to the nature of his condition, he should be admitted. However, Dr Mazwi declined the option to be admitted, stating that he is obliged to return to work or face repeating the internship rotation. Apparently, his exact words were: *"I cannot miss another day"*. Dr Mazwi indicated that he has medical aid and he will go to a private hospital for further treatment.

7.1.15 The only recorded abnormal blood test results were those of elevated D-Dimer at 5.1g/mL (normal range in adults is 0.50 mg/L). A D-Dimer blood test is used to detect, a protein fragment produced when the body breaks down blood clots. This test is used to diagnose or rule out any serious blood clots, such as deep vein thrombosis (DVT) or pulmonary embolism (PE). A positive or elevated D-Dimer test result may indicate a blood-clotting condition that may require further testing.

7.1.16 The investigation found that Dr Mazwi had an elevated D-Dimer of 5.1 mg/L as tested on 11 May 2025. These abnormal blood results were only retrieved by PMMH at 17h33 on 12 May 2025. Furthermore, the investigation found that on 12 May 2025, Dr Mazwi was on duty for his day shift at ward P3. There were no recorded plans or interventions to adjust Dr Mazwi's treatment or provide him with prophylactic anticoagulation medication to mitigate the risk of venous thromboembolism. Based on Dr Mazwi's clinical presentation when he was seen at the PMMH Staff Clinic and Medical Emergency Room with unilateral leg swelling, it is probable that he suffered from deep vein thrombosis.

7.1.17 The investigation established that Dr Mazwi was constantly worried about returning to work despite being sick for fear of prolonging or repeating his internship rotation. This is evidenced by Dr Mazwi's conduct in which he declined sick leave and insisted on returning to work despite being sick and limping from a swollen leg.

7.1.18 The investigation found that the PMMH Paediatrics Department is very strict with all interns regarding the completion of the internship rotation in accordance with the Health Professions Council of South Africa (HPCSA) requirements which are as follows:

(a) Four (04) months rotations in general medicine, general surgery, obstetrics & gynaecology and paediatrics.

(b) Three (03) months rotations in family medicine and primary care,

(c) Two (02) months rotations in anaesthesiology and orthopaedics.

(d) One (01) month rotation is psychiatry

If any intern does not comply with the set requirements or timeframes, the intern may have to repeat the rotation or be granted an extension to fulfil the HPCSA Internship requirements.

7.1.19 Other interns also confirmed that they are reluctant to take sick leave due to fear of prolonging or repeating the rotation. Some interns indicated that if one takes sick leave, one tends to worry about the increased workload for the remaining interns due to staff shortages. The investigation found that Dr Mazwi repeatedly went back to work even after he had collapsed and consulted with the healthcare professionals due to ill-health. **The allegation that Dr Mazwi insisted on going on duty despite being sick due to fear of repeating his internship rotation was substantiated.**

7.2 Regarding whether Dr Mazwi complained about his working conditions at PMMH.

7.2.1 Ms Maqoqa alleged that Dr Mazwi complained about working conditions at PMMH when they had a telephonic conversation. Dr Mazwi said that if possible, he could leave PMMH and complete his internship in the Eastern Cape, closer to his home. Dr Mazwi complained of being overworked as an intern, with no time for lunch breaks. Furthermore, Dr Mazwi complained that they are not allowed or encouraged to take sick leave during the internship programme. According to Ms Maqoqa, Dr Mazwi informed her that, due to his medical condition, he sometimes feels weak. During the doctor's rounds, he would go to the bathroom just to take a break.

7.2.2 Ms Phathekile stated that when she took lunch to Dr Mazwi while he was on duty, he would eat while standing in hospital corridor. When she asked him why he was eating while standing in the corridor. Dr Mazwi will simply say, there is no time to sit and eat. One must rush and get back to work. There is a lot of work for interns to do at this place. According to Ms Phathekile, Dr Mazwi would go to work even when he was sick, sweating and limping from a swollen leg. He would take breaks along his way to work just to catch his breath, as he was not well. Dr Mazwi would say, "I have to go to work; otherwise, *they will not sign my logbook, and I might end up repeating the rotation".*

7.2.3 The investigation established that when Dr Mazwi was seen by the doctors at PMMH Staff Clinic and MER, but he was reluctant to take sick leave as advised by the treating doctors. It is alleged that Dr Mazwi declined to take additional sick leave, stating that *"he will not be allowed not to come to work, he will go to work the following day"*. The inference that could be drawn is that Dr Mazwi's working conditions were hostile, forcing him to neglect his own health, decline sick leave and prioritise reporting for duty while sick. **The allegation that Dr Mazwi complained about his working conditions is substantiated.**

7.3 Regarding whether Dr Mazwi was not provided with adequate healthcare treatment and support for his chronic illness at PMMH.

7.3.1 The investigation established that section 3(1)(e) of the Public Service Act of 1994 as amended, provides that the Minister is responsible for establishing norms and standards relating to the health and wellness of employees. Furthermore, the Public Service Regulations of 2016, specifically Regulation 54: Employee Health and Wellness, require that every department establish a policy promoting the health and well-being of employees.

7.3.2 In terms of the Wellness Management Policy for Public Service 2023 (Wellness Management Policy), **Wellness** is defined as an active process through which the organisations become aware of and make choices towards a more successful existence. For both the individual and the organisation, the concept of wellness is one in which active steps can be taken to reduce the impact of chronic illness and mitigate its debilitating effects on personal lives and organisational productivity.

7.3.3 In terms of the Employee Health and Wellness Strategic Framework for the Public Service, 2019 (EHWSF 2019), Health and Productivity Management in the workplace is defined as the integrated management of health risks for **chronic illness**, occupational injuries & diseases and disability to reduce employees' total health-related costs, including direct medical expenditures, unnecessary absence from work and lost performance. The investigation found that PMMH had a duty to plan and implement an integrated management of health risks for Dr Mazwi's chronic illness (diabetes).

7.3.4 The investigation found that, on 18 July 2024, the PMMH Staff Clinic became aware of Dr Mazwi's chronic illness (Type II Diabetes Mellitus) and his overweight status, which was a high-risk factor for a person with his chronic illness. However, Dr Mazwi was not enrolled in any Employee Health and Wellness Programme or Employee Assistance Programme to support him, to mitigate the impact of his chronic illness and keep it under control.

7.3.5 PMMH has one Employee Assistant Program Coordinator (EAP Coordinator) who looks after PMMH's over 800 employees' wellness and referral aspects, including all employees from the 17 clinics that are attached to PMMH. The investigation found that the EAP Coordinator is unable to perform his duties diligently or adequately serve all PMMH employees, including the 17 clinics, due to insufficient human resource capacity.

7.3.6 The investigation found that Dr Mazwi was provided with adequate medical treatment and health education at PMMH Staff Clinic, MOPD and MER. He was duly treated in accordance with the severity of his medical condition. Dr Lurai went further and changed oral medication to injectable insulin to ensure therapeutic effect. However, Dr Mazwi declined additional sick leave days due to his work pressures and indicated that he will continue his treatment at a private healthcare facility. It can be noted that PMMH healthcare professionals can only provide healthcare services to a patient who is willing and gives consent to be treated as prescribed. However, Dr Mazwi was never made to sign a refusal of hospital treatment form. **The allegation that Dr Mazwi was not provided with adequate healthcare treatment at PMMH is unsubstantiated.**

7.3.7 Furthermore, the investigation found that Dr Mazwi was not provided with adequate Employee Health and Wellness support or Employee Assistance Program services for his chronic illness and other work-related challenges. More especially, when an employee (Dr Mazwi) with a chronic medical illness was repeatedly falling ill while on duty and seen at PMMH Staff Clinic, MOPD and Medical Emergency Room, PMMH failed to refer or enrol him on EAP Program. **The investigation found that this practice was inconsistent with Regulation 5(1) of the Norms and Standards,** which states, *"The Health Establishment must*

ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition". Given Dr Mazwi's health condition and personal circumstances at work, he should have been referred to the EAP Coordinator for assistance, but the investigation found that PMMH failed, neglected or omitted to refer Dr Mazwi to EAP services.

7.3.8 It was noted that one (01) EAP Coordinator could not adequately provide EAP services to over 900 PMMH employees due to staff shortages and the vast area to be covered, including all employees from the 17 clinics attached to PMMH. **The investigation found that this practice was inconsistent with Regulation 19(2)(a) of the Norms and Standards,** which states, *"The Health Establishment must, as appropriate to the type and size of the establishment, (a). Have and implement a human resource plan that meets the needs of the health establishment.* **The allegation that Dr Mazwi was not provided with employee support for his chronic illness is substantiated.**

7.4 Regarding whether Dr Mazwi died while on duty at PMMH despite reporting to his supervisor that he was not feeling well

7.4.1 On 12 May 2025, Dr Mazwi reported for duty in the morning at PMMH ward P3, under the supervision of Dr Hariram who also acted as the interns' curator. The investigation established that Dr Hariram was on duty on 12 May 2025 and conducted her rounds in the morning. According to Dr Hariram, no complaints or reports of ill health were reported by Dr Mazwi during his shift. During the ward rounds, there was another medical officer, four medical students and three intern doctors, but Dr Hariram did not observe any abnormalities in Dr Mazwi. During the doctor's rounds, the focus was on reviewing the 29 babies admitted to the ward.

7.4.2 According to Ms Phathekile, Dr Mazwi worked the whole day on 12 May 2025. He was not feeling well, sweating, had lost a lot of weight and was walking like a toddler due to his swollen leg. Another intern doctor recalled seeing Dr Mazwi that day, and he had sunken eyes. It was apparent to other intern doctors that Dr Mazwi was not well that day. It can be noted that Dr Mazwi had collapsed on his way to work the previous day and was seen at PMMH Medical Emergency Room, complaining of not feeling well.

7.4.3 According to Ms Phathekile, Dr Mazwi worked his entire day shift on 12 May 2025 despite not feeling well. At the end of his shift, after 16h00, he returned to his place of residence at the Doctors Quarters (DQ). Upon arrival Dr. Mazwi wanted to lie down and rest. At about 18h00, he woke up and had something to eat. At about 20h00, Dr Mazwi had his medication as prescribed and checked his blood glucose, which was normal. Dr Mazwi went back to sleep.

7.4.4 At about 22h00, Dr Mazwi informed Ms Phathekile that his body was shutting down. She immediately went to help him and noticed that his body was becoming rigid, he was foaming at the side of his mouth, he passed out, and he was making agonising sounds. Ms Phathekile then called for help, and the neighbours, who were also intern doctors, came to assist. Dr Mazwi was taken to the PMMH Medical Emergency Room.

7.4.5 Dr Nzama confirmed that on 12 May 2025 at approximately 23h45, Dr Mazwi was brought to PMMH Medical Emergency Room with a history of having collapsed and being unresponsive. Dr Mazwi was declared dead on arrival and his mother, Ms Maqoqa and his partner, Ms Phathekile, were notified accordingly. The investigation found that Dr Mazwi did not die while on duty; instead, he became ill late in the evening while he was at his place of residence. **The social media allegation that Dr Mazwi died while on duty at PMMH despite reporting to his supervisor that he was not feeling well is unsubstantiated.**

7.4.6 According to Dr Hariram, she learned about the death of Dr Mazwi on 13 May 2025, and that he had died at his place of residence (Doctors Quarters). However, due to social media allegations that Dr Mazwi died while on duty, despite having reported to his supervisor that he was not feeling well, Dr Hariram was then placed on precautionary suspension in her capacity as the Intern Curator to allow PMMH to conduct its investigation. Dr Hariram cooperated with the Ombud's investigation and provided her version of events and proof of WhatsApp messages between herself and Dr Mazwi. The investigation found that there was no telephonic or WhatsApp communication between Dr Hariram and Dr Mazwi on 12 May 2025.

7.4.7 The investigation found that Dr Mazwi's mother (Ms Maqoqa) did not give permission for a postmortem examination. **However, based on Dr Mazwi's medical history, clinical interventions and clinical presentation of a swollen leg with a limp, the raised D-Dimer, the shortness of breath opens the possibility of deep vein thrombosis (DVT) with pulmonary embolism as a cause of death,** which could have been investigated post-mortem, had the family consented to a postmortem examination.

7.4.8 It can be noted that the atmosphere in the Paediatrics Department was very strict, bordering on the oppressive, such that intern doctors feared taking leave, including sick leave. This, in part, contributed to Dr Mazwi erratically submitting to his medical treatment.

7.4.9 According to Mrs Msimango, the Acting HoD KZN Health, their internal investigation revealed that the WhatsApp message that was circulated on social media containing a message that was purported to be from Dr Mazwi "requesting to be excused from work because he was not feeling well" and the alleged response from the supervisor stating that, "I expect you to be at work". The forensic investigator traced the WhatsApp message and linked it to an unnamed journalist from a certain media house. The investigation found that the fabricated WhatsApp message circulating on social media did not originate with Dr Mazwi's cellphone, and that the response thereto was not from his supervisor. **Therefore, the allegation that Dr Mazwi was compelled to report for duty despite reporting that he was not feeling well is unsubstantiated.**

7.5 Regarding whether the doctors, intern doctors and other healthcare professionals were experiencing any work-related challenges and incidents of bullying at PMMH.

7.5.1 The investigating team interviewed other intern doctors from different departments at PMMH. The intern doctors co-operated with the investigators and provided the required information regarding their working conditions, challenges and learning objectives at PMMH. Some of the intern doctors have worked with Dr Mazwi in various other departments.

7.5.2 The investigation found that most intern doctors are satisfied with the internship programme at PMMH. The interns confirmed that the internship programme meets their learning objectives in line with the Health Professions Council of South Africa (HPCSA) requirements. They are confident that upon completion of the internship programme, they will be competent doctors.

7.5.3 However, the interns indicated that there is a *'Toxic Internship Training Culture'* at PMMH. The interns' working conditions have certain challenges in various departments, including victimisation of interns when they complain. According to the interns, there is a culture or practice that discourages interns from taking sick leave at PMMH. In most instances, you must give compelling reasons to be on sick leave, and you have the responsibility to organise your replacement while being on sick leave. They are normally warned that if one takes more leave or sick leave days, one will not meet the HPCSA requirements, and one will have to prolong or repeat the internship rotation. As a result, most interns are inclined to prioritise reporting for duty over taking sick leave or focusing on their healthcare needs.

7.5.4 According to an intern who worked at the Paediatrics Department, the intern's working conditions are not conducive. Most interns are afraid to take sick leave, fearing it will prolong or make them repeat the internship rotation. Another intern confirmed that at the Paediatrics Department. They are constantly reminded that, *'You will repeat the block'.* This corroborates that Dr Mazwi did not want to take a long sick leave due to fear of prolonging or repeating his internship. It can be noted that interns' identities are protected due to the nature of this investigation and their current placement at PMMH.

7.5.5 The investigation found that the intern doctors are subjected to a very strict and rigid training culture. Where interns fear taking sick leave when not feeling well, and rather prioritise reporting for duty. Furthermore, the investigation found that the interns are reluctant to complain due to fear of victimisation by their senior doctors.

7.5.6 Furthermore, the interns indicated that due to staff shortages, they feel overworked and, at times, they work without supervision. This is due to most work being classified as interns' work, and they have a lot of patients to assist with clinical assessments, investigative procedures, patients' treatment and attending the doctor's rounds. Due to being overworked, coupled with staff shortages and limited resources, most interns tend to prioritise work, and they do not even have sufficient time to take breaks and eat. Most interns view lunchtime as a luxury, and they have learned to eat on the go.

7.5.7 The interns indicated that there is a tendency from certain senior doctors to address or communicate with interns in an unprofessional manner in front of other healthcare professionals. There are documented incidents of senior doctors addressing or communicating with interns in an unprofessional manner. This issue was reported during the interns' meeting with the PMMH CEO, Mr Khawula. This issue and other complaints from interns were discussed in the interns' representatives meeting on 27 May 2025 at Inkosi Albert Luthuli Central Hospital (IALCH) with KZN Health, Acting Deputy Director General: Clinical Services, Dr Moji.

7.5.8 Healthcare Staff Shortages

Table A: Number of vacant posts for Doctors and Specialists

Hospital	Job Title	Number of Posts	Status
PMMH	Medical Specialist	03	Vacant Posts
PMMH	Medical Specialist	03	Vacant Posts
PMMH	Medical Officer	03	Vacant Posts
Total		**09**	**Vacant Posts**

7.5.9 The investigating team also interviewed the PMMH doctors to determine whether they are experiencing any work-related challenges or incidents of bullying at PMMH. The first issue that was raised by doctors was that of being short-staffed, which was further exacerbated by the KZN Department of Health policy to freeze all vacant posts due to budget cuts. This practice leaves the remaining doctors and interns overworked and under-resourced. **The investigation found that this practice of 'Freezing Vacant Posts' was inconsistent with Regulation 19(2)(a) of the Norms and Standards, which states, "The Health Establishment must, as appropriate to the type and size of the establishment, (a). Have and implement a human resource plan that meets the needs of the health establishment.**

7.5.10 Medical Equipment Shortages

Hospital	Medical Equipment	Remarks
PMMH	Blood Gas Machine	Only one functional machine
PMMH	CT Scan Machine	Non-functioning for 12 months
PMMH	ECG Machines	Shortage of ECG machines in the hospital

7.5.11 Furthermore, the doctors indicated that due to budgetary constraints, there is a shortage of medical equipment and other medical supplies at PMMH. The CT Scan machine was not functioning for twelve (12) months, and there is a shortage of ECG machines in emergency rooms. Some of the medical equipment is poorly maintained. There is only one (01) functional blood gas machine in the hospital. **The investigation found that this practice was inconsistent with Regulation 13(1) of the Norms and Standards, which states that, "Health Establishments must ensure that the medical equipment is available and functional in compliance with the law".**

7.5.12 The investigation found that most PMMH doctors, interns and other healthcare professionals were feeling overworked due to staff shortages that were worsened by the KZN Health policy to freeze all vacant posts due to budgetary constraints. Furthermore, the investigation found that a shortage of equipment and medical supplies negatively affected the service delivery and quality of healthcare at PMMH.

7.5.13 The investigation learned through the office of the CEO (Mr Khawula) and the Head of Human Resources Department (Ms Ngcobo) that PMMH has sent multiple requests to fill vacant posts on a yearly basis. However, the KZN Department of Health declined their requests due to budgetary constraints. The investigation found that PMMH management's failure to fill vacant posts was beyond their control. As a result, PMMH could not comply with Regulation 19(2)(a) of the Norms and Standards as stated in paragraph 7.5.9 above.

7.5.14 The allegation that the doctors, intern doctors and other healthcare professionals were experiencing any work-related challenges and incidents of bullying at PMMH is substantiated.

7.6 Regarding whether the health establishment's practices are consistent with norms and standards, departmental policy and legislation

7.6.1 The Health Ombud invited the MEC for Health in KwaZulu-Natal, The Honourable Ms Nomagugu Simelane, Acting Head of Department for KZN Health: Mrs T.P. Msimango and the Acting Deputy Director General for Clinical Services: Dr Moji. The purpose of this interview was to determine whether the health establishment practices were consistent with departmental policies and legislation. Furthermore, the Health Ombud sought to determine the departmental heads' version of events regarding the spate of deaths of doctors and other healthcare professionals at public hospitals in KwaZulu-Natal Province.

7.6.2 Mrs Msimango (Acting HoD) confirmed that due to budgetary constraints, the KZN Department of Health has resorted to freezing vacant posts. If a doctor or any healthcare professional resigns or retires, the vacant post will not be filled; instead, it remains frozen in the system. This inevitably results in staff shortages and affects service delivery. Dr Moji confirmed that, due to budgetary constraints, even pay progression is not included in the 2025 budget. The practical solution to this predicament is to increase the KZN Department of Health's budget.

7.6.3 The MEC for Health (the Honourable Ms Nomagugu Simelane) provided an overview regarding the allegations and circumstances surrounding the death of doctors in various hospitals. Furthermore, the MEC for Health confirmed that there were five disciplinary cases of medical negligence against Dr Idika at Vryheid Hospital, where some patients under his care died. The allegations that Dr Idika committed suicide due to bullying by his seniors were incorrect. There were other allegations that Dr Idika was poisoned at the hospital due to victimisation. In fact, there were complaints from other doctors about Dr Idika, whom they claimed was ill-treating them. The postmortem report indicated that Dr Idika died due to natural causes.

7.6.4 According to the MEC, Mr Mvelo Cele, a Radiographer from Port Shepstone Hospital, collapsed while on duty, and he was rushed to the emergency department. Attempts to resuscitate him were unsuccessful, as there were no signs of life, and he was declared dead. The postmortem was conducted, and it indicated that Mr Cele died due to natural causes. The MEC was surprised that Dr Siyabonga Zulu from Ngwelezane Hospital was added as part of the investigation because he died in a motor vehicle accident on his way from Durban to Ngwelezane after a soccer match, while he was off duty.

7.6.5 Dr Tumelo Khaladi was a Registrar at Addington Hospital. When he did not report for duty as scheduled, the hospital tried to contact him telephonically, to no avail. A diligent search for him was done at his place of residence away from the hospital, and he was found dead in an outside building.

7.6.6 According to the MEC, Dr Mazwi was off duty with his partner, and he died at his place of residence (doctor's quarters) and was rushed to the PMMH Medical Emergency Room, where he was declared dead on arrival. However, due to allegations that he died while on duty despite reporting to his supervisor that he was not feeling well. The MEC instituted an investigation and agreed with the Acting HoD that Dr Hariram should be placed on precautionary suspension to allow the investigation to take place.

7.6.7 The Minister of Health contacted the MEC and advised her that, due to the nature of this case and its sensitivity, the Health Ombud is best suited and impartial to conduct this investigation. The MEC confirmed that Dr Mazwi came to PMMH with a chronic illness that he was not managing well. There were instances where he was expected to attend a clinic arranged for him, but he failed to present himself for assistance.

7.6.8 The MEC indicated that they were not aware of Dr Ngidi's death at Benedictine Hospital. But they have recently received a report in that regard. The Acting HoD confirmed that the KZN Department of Health has lost a total of 78 staff members who lost their lives over the period 1 January 2025 to June 2025.

7.6.9 The MEC requested that when it comes to the issues of shortage of equipment, it is better to specify which hospitals are affected. Regarding the issue of hospital staff shortages, the MEC affirmed that she has raised it on various media platforms and with the Premier's Office. The KZN Department of Health has been subjected to budget cuts totalling R14 million over the past six years. Such budget cuts make it impossible to employ new healthcare personnel. In 2024, the KZN Health Department had to suspend all non-core activities to hire the staff needed.

7.6.10 According to the MEC, the department lost about 1400 nurses between September and October 2024 due to the two-pots system, as there was confusion regarding that system. There was another contributory issue of active recruitment of our nurses for Saudi Arabia. The department had to reallocate the budget from transport to Compensation of Employees (CoE) to employ more staff. A meeting was held with the President and Minister of Health to address the impact of budgetary constraints. Afterwards, there was a promise from the Treasury to employ 800 new doctors for the entire country.

7.6.11 The Ombud investigation found that the PMMH practice of freezing vacant posts aligns with the KZN Health departmental policy to save costs due to budgetary constraints. Furthermore, the investigation found that the issue of shortage of equipment is intrinsically linked to KZN Health budget cuts. While there is an expectation for the department to fill vacant posts and replace medical equipment, the investigation noted that without allocation of additional budget, it is objectively impossible for PMMH management to fulfil its obligations.

7.6.12 The investigation found that intern doctors are left unsupervised at times by medical officers due to staff shortages. **This practice is inconsistent with the HPCSA requirement that intern doctors work under the supervision of a qualified doctor. This practice is also inconsistent with Regulation 5(1) of the Norms and Standards pertaining to Access to Care, which states, *"The Health Establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition".*** Due to interns' limited scope of practice and experience, if they are not under direct supervision, they are likely to miss certain conditions, leading to the omission of appropriate treatment or mistreatment. The investigation found that the health establishment's practices are inconsistent with norms and standards, departmental policy and legislation.

7.6.13 The allegation that the health establishment's practices are consistent with norms and standards, departmental policy and legislation is unsubstantiated.

8. COMMENTS

8.1 The preliminary investigation report was issued to the complainants, KwaZulu-Natal Department of Health and the Health Establishment for inputs or comments, within seven days of receipt of this report. However, 07 days have elapsed, and no input or comments were received from the above-mentioned parties. The HoD of the KZN Department of Health furnished the Ombud with a written acknowledgement of receipt of the Joint Investigation Preliminary Report and indicated that the department will comply with the Ombud's recommendations, within the available budget.

9. CONCLUSION

9.1 It is regrettable that Dr Mazwi died, and subsequently, allegations went viral in the news and on social media about the circumstances of his death. However, the investigation found that Dr Mazwi was a known diabetic patient at the PMMH staff clinic but was never referred to the EAP Coordinator due to his personal circumstances. During the time surrounding his death, he had not been feeling well and was erratically treated for uncontrolled diabetes.

9.2 He had a swollen leg, shortness of breath, raised D-Dimer levels consistent with DVT. The investigation found that Dr Mazwi did not die while on duty at PMMH, as it was alleged. The family declined a postmortem examination of Dr Mazwi to establish the exact cause of death. It is concluded that based on his clinical presentation Dr Mazwi most probably died as a result of pulmonary embolism from deep vein thrombosis associated with poorly controlled diabetes.

9.3 The intern's working conditions at the Paediatrics Department are very strict, and as a result, interns are reluctant to take sick leave; instead, they would rather report for duty while sick to avoid prolonging or repeating their internship rotation. Furthermore, most interns, doctors, and other healthcare professionals feel overworked and under-resourced due to budget cuts by the KZN Department of Health. This results in prolonged staff shortages, a shortage of medical equipment and medical supplies.

10. RECOMMENDATIONS: PRINCE MSHIYENI MEMORIAL HOSPITAL

10.1 Involvement of EHWP or EAP Coordinator

It is recommended that the PMMH Staff Clinic develop a Standard Operating Procedure (SOP) on when and how to refer employees with chronic illnesses for health and wellness support or to the EAP Coordinator for monitoring and support, within three months of receipt of the final investigation report. Proof of the approved SOP regarding the involvement of the EHWP or EAP Coordinator is to be submitted to the Health Ombud.

10.2 Intern Doctors' Grievance Management

It is recommended that the KZN Department of Health develop a centralised and independent grievance management procedure for the intern doctors and junior doctors. This is due to the challenges that remain unreported due to doctors' fear of victimisation. This will ensure that all doctors' grievances are resolved without any fear of victimisation. The KZN Department of Health should distribute the information regarding the centralised grievance procedure within three months of receipt of the final investigation report. The proof of in-service training or workshops for intern doctors and junior doctors shall be submitted to the Health Ombud within three months of submission of proof of a newly developed centralised grievance management procedure.

10.3 Disciplinary Hearings

It is recommended that all healthcare professionals who were reported to the health establishment by intern doctors, doctors or other healthcare professionals for unprofessional conduct should be afforded an opportunity to appear before a disciplinary hearing, within three months of receipt of the final investigation report. A list of identified healthcare professionals to appear before the disciplinary hearing should be submitted to the Health Ombud.

10.4 Capacitate the EAP Coordinator

It is recommended that the EAP Coordinator be supported by additional staff, as this will enable the EAP Coordinator to adequately cover most PMMH employees, including all employees from the 17 clinics attached to PMMH. The allocation of additional support staff to the EAP Coordinator should be done within six months of receipt of the final investigation report; the proof thereof should be submitted to the Health Ombud.

10.5 Psychosocial Support

It is recommended that PMMH should provide or organise with another public health facility in the Eastern Cape to provide psychosocial support to Ms Maqoqa (Dr Mazwi's mother) and Ms Phathekile (Dr Mazwi's partner). This will assist the above-mentioned close family members to be provided with support and professional assistance in dealing with the circumstances surrounding Dr Mazwi's death. Psychosocial support should be provided within 3 months of receipt of the final investigation report; proof of this should be submitted to the Health Ombud.

10.6 Mediation

It is recommended that PMMH Management and Ms Maqoqa should embark on a mediation process, as an alternative dispute resolution, to address any unresolved issues regarding the circumstances surrounding Dr Mazwi's death. Both parties are advised to be guided by their respective legal representatives as necessary before and during the mediation process. **The KZN Department of Health should fund the mediation proceedings.** The mediation should take place within four months of receipt of the investigation report.

10.7 Budget Allocation

It is recommended that PMMH and the KZN Department of Health be allocated sufficient budgets to enable the health establishment to have sufficient healthcare personnel, required medical equipment, and medical supplies. This will assist the health establishment in complying with the norms and standards in respect of human resources, medical equipment, and medical supplies. A reasonable budget allocation process or proposal should be finalised within twelve months of receipt of the final investigation report.

10.8 Record Keeping

It is recommended that PMMH should develop a Standard Operating Procedure (SOP) on Record Keeping, wherein all healthcare professionals and support staff are provided with in-service training on Record Keeping, within three months of receipt of the investigation report. The proof of approved SOP and attendance register for in-service training should be submitted to the Health Ombud.

11. RESOLUTION

11.1 Regulation 41(1)(a)(iv) of the Procedural Regulations states that: *"at any time, the Ombud may decide to take no further action on a complaint if the Ombud reasonably considers that the complaint has been resolved or otherwise appropriately finalised by the Ombud."* This complaint is considered finalised and will be closed in Ombud's complaints management system, as no further action needs to be taken on this complaint, which has been resolved and appropriately finalised by Ombud.

12. REFERENCE LIST: PRINCE MSHIYENI MEMORIAL HOSPITAL

12.1 National Health Amendment, 2013 (Act No 12 of 2013).

12.2 Norms and Standards Regulations Applicable to Different Categories of Health Establishments (No. 67 dated 02 February 2018, issued under section 90(1A) of the National Health Act of 2003).

12.3 Procedural Regulations Pertaining to the Functioning of the Office of the Health Standards Compliance and Handling of Complaints by the Health Ombud (No. 1365 dated 02 November 2016, issued in terms of section 90(1) of the National Health Act of 2003).

12.4 The Constitution of the Republic of South Africa, 1996 (Act 108 of 1996).

12.5 Inquests Act, 1959 (Act 58 of 1959).

12.6 Basic Conditions of Employment Act, 1997 (Act 75 of 1997).

12.7 Labour Relations Act 66 of 1995: Code of Good Practice.

12.8 Health Professions Act, 1974 (Act No. 56 of 1974).

12.9 Health Professions Council of SA Guidelines for Internship Training: 2017 edition.

12.10 HPCSA Ethical Guidelines for the Healthcare Professions: Booklets 1 and 2.

12.11 Determination & Directive on Leave of Absence in the Public Service: Aug 2021

12.12 Prince Mshiyeni Memorial Hospital: Training Workshops Attendance Register.

12.13 Prince Mshiyeni Memorial Hospital: Grievance Management Procedure and Register and Incident Reports.

12.14 Prince Mshiyeni Memorial Hospital: Human Resources Department Documents Regarding on leave, Recruitment, Employee Assistance Program, Motivations for Filing of Vacant Posts and Logistics.

12.15 Prince Mshiyeni Memorial Hospital: Compliments, Complaints and Suggestions Register.

12.16 Prince Mshiyeni Memorial Hospital: Interns Orientation Programme and minutes

12.17 Public Service Act, 1994 as amended.

ADDINGTON HOSPITAL

REFERENCE NUMBER: 56696

13. FINDINGS: DR TUMELO KGALADI'S DEATH AT ADDINGTON HOSPITAL

The investigation of allegations levelled against Addington Hospital (AH) established the following:

13.1 Regarding whether there was a causal link between Dr Kgaladi's death and his working conditions or other systemic issues at AH.

13.1.1 Dr Tumelo Kgaladi (Dr Kgaladi), a 31-year-old male Doctor, joined the Addington Hospital (AH) Obstetrics and Gynaecology Registrar Programme in January 2025, as part of his second year academic postgraduate training.

13.1.2 The investigation found that when Dr Kgaladi joined AH, he was not taken through the entry medical assessment, which is a comprehensive health assessment performed before a new employee, post graduate student or registrar commences in their role or programme, to ensure that they are fit to perform their duties.

13.1.3 During the time of his allocation at AH, it was not disclosed to his supervisor or management that Dr Kgaladi was a mental health user. However, during his time in the Obstetrics and Gynaecology department, a consultant doctor engaged Dr Kgaladi in conversation in an effort to support his integration into the team. In the course of this discussion, Dr Kgaladi mentioned that he has mental health issues, but did not provide further details. The investigation found that in January 2024, he was admitted to another hospital due to depression.

13.1.4 In April 2025, Dr Kgaladi was allocated to the labour ward at AH, which is a busy unit. The investigation found that Dr Kgaladi was a diligent and competent doctor. He appeared to be a well-balanced and a very quiet person.

13.1.5 On 23 April 2025, while Dr Kgaladi was allocated at the Gynae Clinic, he indicated at about 10h00 that he was not coping and requested to leave work early, that request was granted by his supervisor. The investigation found that the Gynae Clinic receives about 20 – 30 patients, and it is linked to the Antenatal Care Clinic, which receives about 85 – 120 patients per day. The AH does not have enough interns to adequately cover the clinic. Normally, these patients are allocated 02 to 03 doctors per day.

13.1.6 The investigation found that Dr Kgaladi was the only doctor on duty responsible for over 100 patients on 23 April 2025, because the other doctors were attending to academic commitments. **This practice was found to be inconsistent with Regulation 19(2)(a) of the norms and standards. which states that: "The Health Establishment must, as appropriate to the type and size of the establishment, (a). Have and implement a human resource plan that meets the needs of the health establishment". The allegation that Dr Kgaladi was not coping on 23 April 2025 is substantiated.**

13.1.7 On 26 April 2025, Dr Kgaladi did not report for duty as he was scheduled to be a doctor-on-call at AH. Multiple attempts were made to contact him telephonically, but to no avail. Dr Kgaladi was scheduled to return to work on 29 April 2025, after the long weekend, but he failed to report for duty. The AH management sent a colleague to his residential address in Clare Estate. Upon arrival, the house appeared as if there was no one at home. Further attempts were made to contact Dr Kgaladi's family, who are based in Limpopo Province.

13.1.8 On 1 May 2025, after all attempts to locate Dr Kgaladi were exhausted. The AH Obstetric department formally opened a missing person's case with the South African Police Services (SAPS). The department's consultant, Dr Legoabe accompanied police officials to Dr Kgaladi's place of residence. During this visit, they noticed that the sliding door was unlocked and used it to gain entry into the house. Upon diligent search inside the house, there was nobody inside the house. However, Dr Kgaladi's motor vehicle was found parked inside the garage.

13.1.9 On 6 May 2025, prior to the arrival of the family, the police returned to Dr Kgaladi's home, and they were informed by a neighbour that there was an adjoining room at the back of the house. The police looked through the window, and they noticed Dr Kgaladi's body on the floor. Dr Legoabe (Obs & Gynae Specialist) and Dr Pithipal (Head of Clinical Unit: AH Obs & Gynae Dept) were requested to come and identify the body. They went to Dr Kgaladi's home, and they were joined by Professor Sebitloane (Head of Department: Obs & Gynae UKZN) and Dr Mfolozi (Head of Department: Forensic Pathology UKZN).

13.1.10 Upon gaining entry into the back room, which was opened by the police, Dr Kgaladi was found lying on the carpet dead with his body in a state of decomposition, and there was a generator with a tube connected to it nearby in the room. Preliminary observations point towards a possible suicide by carbon monoxide poisoning. An inquest docket was opened by the South African Police Services to investigate the circumstances and cause of Dr Kgaladi's death, in terms of the Inquest Act 58 of 1959.

13.1.11 The Obs & Gynae Department offered counselling and psychological support services to Dr Kgaladi's family, but they declined as they had to travel back to Limpopo. On 9 May 2025, the AH Obs & Gynae Department held a memorial service attended by the family. Dr Kgaladi's brother delivered a eulogy and indicated that his brother had been admitted more than once and had previously gone missing prior to commencing with the registrar programme.

13.1.12 The investigation found that Dr Kgaladi's death occurred outside the hospital and while he was not involved in the execution of his official duties. **It is concluded that the investigation could not establish any causal link between Dr Kgaladi's death and his working conditions or systemic issues at AH, considering that he had an underlying mental health condition.** However, the actual cause of death will be confirmed by the SAPS inquest outcome.

13.2 Regarding whether the health establishment has a functional and effective Staff Clinic.

13.2.1 The investigation found that all employees are informed about the Staff Clinic during the orientation session for newly appointed interns, doctors and other healthcare professionals. Furthermore, the investigation established that employees are encouraged to report any health-related problems to their supervisors or go for consultation at the staff clinic. This practice ensures that there are no barriers to accessing healthcare services while on duty.

13.2.2 The investigation found that AH has a Health and Wellness Occupational Clinic (Staff Clinic), which is staffed by a sessional doctor from 08h00 till midday, an occupational health nurse from 08h00 to 16h00 during the week. If any employee requires medical attention after hours, such employee will be seen at the AH Casualty Department, which is open 24 hours a day. All employees are allowed to access care directly from the staff clinic or the psychosocial team or through their supervisors.

13.2.3 The investigation found that AH intern doctors, doctors and other healthcare professionals have adequate access to healthcare services while on duty. This is consistent with Regulation 5(1) of the Norms and Standards regarding Access to Care, which states, "The Health Establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition". The investigation found that the availability of an effective Staff Clinic at AH guarantees the employee's section 27 Constitutional right of access to healthcare services.

13.2.4 The allegation that the health establishment has a functional and effective Staff Clinic is substantiated.

13.3 Regarding whether the health establishment has an effective Employee Assistance Programme (EAP).

13.3.1 The Employee Assistance Programme (EAP) is a confidential, employer-sponsored service which offers employee assessments, counselling, mental health support and referrals for personal or work-related issues such as stress, financial problems and substance abuse. The EAP Coordinator provides early interventions to improve employee well-being and productivity before problems get worse and unmanageable.

13.3.2 The investigation found that Dr Kgaladi had a medical history of suffering from depression, which falls within the category of mental health, but that information was not brought to the attention of the AH management upon commencement of his registrar programme. **Furthermore, the investigation found that Dr Kgaladi did not undergo the Entry Medical Assessment when he joined AH.** If he had undergone the Entry Medical Assessment or Medical Surveillance, his past medical history and treatment could have been documented in AH records, and he could have been referred to the Employee Assistance Programme (EAP) for further assistance and support.

13.3.3 **The investigation found that AH does not have a permanent Employee Assistant Programme (EAP) Coordinator; the post has not been filled since 2022 due to budget cuts.** Instead, the Human Resources (HR) Manager (Mr Sipho Mdleko) was appointed as an Acting EAP Coordinator. Furthermore, Mr Mdleko was also appointed as an Acting Labour Relations Officer (LRO). The investigation noted with concern that one person (Mr Mdleko) was practically occupying three key positions at AH. This arrangement has the potential to compromise service delivery and the quality of care to the employees. **The investigation found that this practice is inconsistent with Regulation 19(2)(a) of the norms and standards, which states that:** *"The Health Establishment must, as appropriate to the type and size of the establishment, (a) have and implement a human resource plan that meets the needs of the health establishment".*

13.3.4 The investigation found that the Labour Relations Officer (LRO) left the hospital at the end of March 2025, but that post has not been filled. Mr Mdleko, the HR Manager, was then appointed as the Acting LRO. However, this arrangement did not provide adequate labour relations functions, such as conducting awareness workshops and handling grievances, because the incumbent was simultaneously working in three key positions. **This practice is inconsistent with Regulation 19(2)(a) of the norms and standards, which states that:** *"The Health Establishment must, as appropriate to the type and size of the establishment, (a). Have and implement a human resource plan that meets the needs of the health establishment".*

13.3.5 It is common cause that Mr Mdleko is a diligent and competent HR Manager, but the investigation found that he does not possess any clinical qualifications, which will enable him to be competent and effective in the position of an EAP Coordinator responsible for the health and wellness of all employees at AH. The lack of clinical skills makes it impossible for the Acting EAP Coordinator to conduct initial assessments of employees and refer them appropriately to ensure adequate care and support.

13.3.6 The investigation found that AH has an additional Psycho Social Team (PST) which assists all staff members with mental health and psychosocial issues. Over the period of May 2024 to December 2024, the PST managed to see 79 staff members. From January to May 2025, the team met with 64 staff members. The investigation established that AH has a total of 1376 staff members, but only 143 were seen by the PST.

13.3.7 **The investigation found that there is limited access to EAP Coordinator services, despite the availability of the PST.** The investigation found that AH does not have an adequate and effective Employee Assistance Program. **This is inconsistent with Regulation 5(1)** of the Norms and Standards regarding Access to Care, which states, ***"The Health Establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition".*** Furthermore, the investigation found that **there was an omission, failure, or neglect to subject a newly appointed Registrar (Dr Kgaladi) to an Entry Medical Assessment or Medical Surveillance prior to his commencement of duties at AH.**

13.3.8 **The allegation that the health establishment has an ineffective Employee Assistance Programme (EAP) is substantiated.**

13.4 Regarding whether doctors and other healthcare professionals are experiencing any work-related challenges or incidents of bullying at AH.

13.4.1 The AH complex consists of four hospitals: Addington Hospital, Dr Pixley Ka Seme Memorial Hospital, Mahatma Ghandhi Memorial Hospital and Osindisweni Hospital. AH complex has a total of 116 interns; of these, 66 are first-year interns, and 50 are second-year interns. Half of these interns are placed at AH, and the other half is placed at the other hospitals within the AH intern complex.

13.4.2 The investigation found that AH has a comprehensive Interns Orientation Programme, which duly prepares the interns before they commence the internship programme. The AH does not have an intern curator due to staff shortages, but the Medical Manager (Dr Green) is acting as an intern curator and holds regular meetings with interns to assess and address their needs within the programme.

13.4.3 The investigation found that the AH orientation programme includes the issue of Mental Health, where interns are informed that the internship is a demanding part of medical training and practice. As a result, interns may encounter work-related challenges that affect their mental health. As part of Dr Green's presentation, interns are encouraged to build resilience, master preventive skills, and seek early intervention if they experience any mental health-related issues. Furthermore, all interns are advised that if they feel overwhelmed or notice any signs of burnout, they should reach out to the EAP confidential and support services.

13.4.4 The investigation found that all interns are expected to complete the internship rotation in accordance with the Health Professions Council of South Africa (HPCSA) requirements.

13.4.5 The AH rules are strict regarding compliance with internship rotation time frames. If an intern misses 20% of the rotation block, they will have to repeat the rotation. The interns provide a supervised healthcare service at AH as part of their training programme. Alternative measures are in place to help interns accrue more hours by allocating additional on-call slots.

13.4.6 A group of interns indicated that teaching and learning is good at AH. However, staff shortages appear to limit the number of doctors available to supervise interns, negatively affecting the internship programme. Some tasks are strictly assigned to interns, and at times, they may have to work an extra 2 to 3 hours to complete them. The interns end up working long hours because they are short-staffed and overworked. Most interns are overwhelmed by long hours and do not have time for lunch breaks, which is stressful and impacts their mental health. As a result, some interns resort to substance abuse as a coping mechanism, in some instances they were referred to the EAP Coordinator for assistance. Most interns concurred that they receive adequate supervision at AH and have access to senior doctors if they need help.

13.4.7 Interns are expected to be on the call roster, which is drawn up by their respective departments. Interns work longer hours when on call from 08h00 – 16h00; thereafter, their on-call period starts at 16h00 and they work the whole night (24-hour on-call shift). The following morning, they can only leave once their work is completed. The investigation noted that, due to staff shortages at AH, interns play an important role in closing gaps and ensuring the continuity of care. Furthermore, the investigation established that if one or two interns are on sick leave, the remaining interns will have to share the extra workload.

13.4.8 No incidents of bullying by seniors were reported by the interns at AH. However, there have been instances of clashes of personality with senior doctors. Interns are treated with respect at AH and have access to care while on duty. Regarding sick leave, interns indicated they are allowed to take it, but due to staff shortages, it is discouraged. Interns are expected to inform their senior doctors at AH of their medical conditions if they are on sick leave. This is to enable the senior doctor to determine whether they need to be off sick.

13.4.9 The investigation found that AH interns undergo a comprehensive intern orientation program under the leadership of Dr N.S. Green, the Acting Intern Curator and AH Medical Manager. The first session is on 31 December, during which all issues pertaining to human resources, accommodation, and an overview of the hospital are discussed. Furthermore, interns are given the opportunity to meet and greet with hospital management and the clinical heads of various units. The second compulsory session is hospital orientation, held in January at AH.

13.4.10 The third session is the departmental orientation, which is conducted at the commencement of every block rotation. This part of the orientation ensures that interns are familiar with department-specific operational issues. The investigation found that as part of orientation, the issue of 40 work hours per week (8 hours per day and 1 hour lunch), excluding on-call duty time, is discussed with the interns.

13.4.11 Furthermore, sick leave periods longer than two (02) days must be substantiated by a doctor's certificate. However, the Head of the Unit may exercise discretion and request a medical certificate for any sick leave taken, even if it is less than two days, if a pattern of abuse is suspected. AH management confirmed that there were instances of sick leave abuse, prompting the intervention of scrutinising medical certificates to ensure accountability. **The investigation found that this practice of healthcare professionals scrutinising sick leave is consistent with the South African Leave Policy, as set out in** the Basic Conditions of Employment Act (BCEA). **In terms of section 22 of the BCEA:** *"The employer can require a medical certificate for absence over two (02) days or if there is a pattern of absence".*

13.4.12 The investigation noted that the orientation programme deals with the issue of professionalism in the workplace and classifies bullying, harassment, discrimination and any form of unprofessional conduct as unacceptable conduct that may result in disciplinary action. The investigation found that the interns were made aware during orientation that bullying, harassment and discrimination are classified as misconduct at AH. However, the AH internship guidelines do not address the issue of Grievance Management for the interns.

13.4.13 The AH was broadly affected by the KZN Department of Health budget cuts policy, which renders vacant posts frozen and automatically not funded the following year after being vacated. As a result, there are staff shortages across all departments, a lack of resources and poor building maintenance issues of the ageing infrastructure. Medical Doctors feel overworked due to staff shortages resulting from the KZN Health policy to freeze all vacant posts. The investigation found that approximately 60% of Registrars have stress-related issues and have to be on medical treatment. **This practice is inconsistent with Regulation 19(2)(a) of the norms and standards,** which states that: ***"The Health Establishment must, as appropriate to the type and size of the establishment, (a). Have and implement a human resource plan that meets the needs of the health establishment".***

13.4.14 Staff Shortages

Table B: Number of vacant posts by staff category

Hospital	Job Title	Number of Posts	Status
AH	Head Clinical Unit	03	Vacant Posts
AH	Medical Specialists	02	Vacant Posts
AH	EAP Coordinator	01	Vacant Post
AH	Labour Relations Officer	01	Vacant Post
AH	Clinical Psychologist	03	Vacant Posts
AH	Professional Nurse	31	Vacant Posts
Total		**41**	**Vacant Posts**

13.4.15 The investigation found that there was a complaint that came through the labour unions regarding a consultant doctor at the Department of Surgery who was accused of unprofessional behaviour and being disrespectful towards the nurses. The AH management took this matter seriously, and the accused doctor appeared before the disciplinary hearing, with the outcome being dismissal.

13.4.16 The AH management confirmed that the hospital has a low tolerance for any form of unprofessional behaviour. All complaints are directed to the Labour Relations Officer (LRO), who receives about 4 incidents per week. **The allegation that some healthcare professionals experienced incidents of bullying or unprofessional behaviour is substantiated.**

13.4.17 According to Dr A. Aron, the AH Senior Medical Manager, the KZN Health budget cuts result in a shortage of required equipment, a shortage of medical supplies and staff shortages due to frozen vacant posts. Furthermore, the positioning of AH in the coastal region comes with additional and unique problems, such as corrosion, which severely affect medical equipment and require additional maintenance costs.

13.4.18 The shortage of equipment, medicines and medical supplies was found to be inconsistent with Regulation 10(2)(b) of the norms and standards, which states that: ***"The health establishment must ensure the availability of medicines and medical supplies for the delivery of services. Furthermore, it is inconsistent with Regulation 13(1) of the Norms and Standards,*** which states that: ***"The health establishment must ensure that medical equipment is available and functional in compliance with the law".***

13.4.19 The collective of these challenges affects the work environment of all healthcare professionals, as they are understaffed and under-resourced, but are still expected to provide quality healthcare services to their patients. If budgetary constraints were resolved, it would solve a lot of problems for AH management and healthcare professionals.

13.4.20 The allegation that the doctors and other healthcare professionals at AH are experiencing work-related challenges is substantiated.

13.5 Regarding whether the health establishments' practices are consistent with norms and standards, departmental policy and legislation

13.5.1 The Public Service Commission's (PSC) constitutional mandate in terms of section 196 of the *Constitution of the Republic of South Africa 1996* (the Constitution), determines that the PSC must exercise its powers to ensure maintenance of an effective and efficient administration and high standards of professional ethics in the public service.

13.5.2 In terms of section 196(4)(b) of the Constitution, the powers and functions of the PSC are to investigate, monitor and evaluate the organisational administration and the personnel practices within the public service.

13.5.3 The PSC noted with deep concern the media reports regarding the death of Health Professionals at various public hospitals within the KwaZulu-Natal Department of Health. The PSC agreed to provide necessary support within the PSC's mandate to the investigation conducted by the Health Ombud.

13.5.4 The investigation found that there was a lack of adequate workshops for medical officers and intern doctors regarding leave policy and grievance procedures. As a result, some healthcare professionals were unaware of the procedure for lodging a grievance.

13.5.5 There were no formal grievances lodged by the intern doctors at AH, and as a result, the trends of grievances could not be analysed for investigation purposes. **This was found to be inconsistent with Rule C6 of the Grievance Rules for the Public Service (PSCBC Resolution 14 of 2002),** which states that: ***"A grievance must be lodged in writing and all decisions taken during this process must be in writing".***

13.5.6 It was noted that 103 beds were not usable in the hospital, and there was a shortage of resources such as medicines, equipment and medical supplies. This negatively affected the quality of healthcare services provided to the members of the public. The investigation found that KZN Health budget cuts made it impossible for the AH management to mitigate or resolve these issues.

13.5.7 The shortage of equipment, medicines and medical supplies was found to be inconsistent with Regulation 10(2)(b) of the norms and standards, which states that: ***"The health establishment must ensure the availability of medicines and medical supplies for the delivery of services. Furthermore, it is inconsistent with Regulation 13(1) of the Norms and Standards,*** which states that: ***"The health establishment must ensure that medical equipment is available and functional in compliance with the law".*** The investigation found that the health establishment's practices are inconsistent with norms and standards, departmental policy and legislation

13.5.8 The allegation that the health establishments' practices are consistent with norms and standards, departmental policy and legislation is unsubstantiated.

14. COMMENTS

14.1 The preliminary investigation report was issued to the complainants, KwaZulu-Natal Department of Health and the Health Establishment for inputs or comments, within seven days of receipt of this report. However, 07 days have elapsed, and no input or comments were received from the above-mentioned parties. The HoD of the KZN Department of Health furnished the Ombud with a written acknowledgement of receipt of the Joint Investigation Preliminary Report and indicated that the department will comply with the Ombud's recommendations, within the available budget.

15. CONCLUSION

15.1 It is regrettable that Dr Kgaladi died, but the investigation found that Dr Kgaladi's death occurred at his place of residence, outside the hospital, he was not involved in the execution of his official duties. **The investigation could not establish any causal link between Dr Kgaladi's death and his working conditions or systemic issues at AH, considering that he had an underlying mental health condition.** However, the actual cause of death will be confirmed by the SAPS inquest outcome.

15.2 The intern's working conditions are well managed at AH, but the issue of staff shortages, equipment and medical supplies shortages negatively affect the intern's working conditions at AH. Furthermore, most interns, doctors, registrars, and other healthcare professionals feel overworked and under-resourced due to budget cuts by the KZN Department of Health. The investigation noted with concern that key positions, such as the Employee Assistance Program Coordinator and Labour Relations Officer, remain vacant, negatively affecting healthcare professionals and other employees' welfare and their health and wellness at AH.

16. RECOMMENDATIONS: ADDINGTON HOSPITAL

16.1 Appointment of an EAP Coordinator

It is recommended that the AH management should motivate for the appointment of a suitably qualified and experienced Employee Assistant Program Coordinator (EAP Coordinator), within four months of receipt of the final investigation report. Proof of an appropriately filled EAP Coordinator post to be submitted to the Health Ombud, within one week of filing the vacant post.

16.2 Appointment of Labour Relations Officer

It is recommended that AH management should motivate for the appointment of a suitably qualified and experienced Labour Relations Officer (LRO) to provide impartial grievance management and awareness programs at AH within four months of receipt of the final investigation report. Proof of an appropriately filled LRO post to be submitted to the Health Ombud, within one week of filing the vacant post.

16.3 Intern Doctors Grievance Management

It is recommended that the KZN Department of Health develop a centralised and independent grievance management procedure for the intern doctors and junior doctors. This is due to the challenges that remain unreported due to doctors' fear of victimisation. This will ensure that all doctors' grievances are resolved without any fear of victimisation. The KZN Department of Health should distribute the information regarding the centralised grievance management procedure within three months of receipt of the final investigation report. The proof of in-service training or workshops for intern doctors and junior doctors shall be submitted to the Health Ombud within three months of submission of proof of a newly developed centralised grievance management procedure.

16.4 Budget Allocation

It is recommended that AH and the KZN Department of Health be allocated sufficient budgets to enable the health establishment to have sufficient healthcare personnel, required medical equipment, and medical supplies. This will assist the health establishment in complying with the norms and standards in respect of human resources, medical equipment, and medical supplies. A reasonable budget allocation process or proposal should be finalised within twelve months of receipt of the investigation report.

16.5 Develop a Standardised Clearing-In form

It is recommended that the AH Human Resources department develop a standardised Clearing-In Form for all newly appointed employees and transfers, including all healthcare professionals, nurses, intern doctors, doctors, and registrars. The Clearing-In Form will guide all employees on how to be fully processed into AH, starting from HR Department, orientation sessions, entry medical assessments, administrative, logistics, accommodation and Head of Unit (Supervisor's Signature) and next of kin details. The purpose of this form is to ensure that all newly appointed employees are properly processed by the HR department during placement at AH. Each Head of Department or supervisor is to sign the clearing-in form during the introductory orientation. Proof of the developed Clearing-In-Form is to be submitted to the Health Ombud within two months of receipt of the final investigation report.

16.6 Entry Medical Assessments

It is recommended that all newly appointed employees and transferred employees should undergo an Entry Medical Assessment (Medical Surveillance) at AH as part of the compulsory clearance procedures. This will assist AH in medically assessing all new employees and identifying any risk factors or employees who might need support due to chronic conditions or mental health problems. AH management should develop a Standard Operating Procedure

(SOP) on Entry Medical Assessments (Medical Surveillance). The proof of an SOP on Entry Medical Assessments should be submitted to the Health Ombud within two months of receipt of the final investigation report.

16.7 Training Workshops

It is recommended that bi-annually training workshops provided to staff members, including healthcare professionals at AH, should include Grievance Management, Leave-taking (all types of leave), Bullying and Unprofessional Behaviour in the Workplace, Mental Health, and the Employee Assistance Programme. A revised schedule for the training workshops or awareness programme should be submitted to the Health Ombud within three months of receipt of the final investigation report.

16.8 Disciplinary Hearings

It is recommended that all healthcare professionals who were reported to the health establishment by intern doctors, doctors, or other healthcare professionals for unprofessional conduct be afforded an opportunity to appear before the disciplinary hearing within three months of receipt of the final investigation report. A list of identified healthcare professionals to appear before the disciplinary hearing should be submitted to the Health Ombud.

16.9 Record Keeping

It is recommended that AH should develop a Standard Operating Procedure (SOP) on Record Keeping, wherein all healthcare professionals and support staff are provided with in-service training on Record Keeping, within two months of receipt of the investigation report. The proof of approved SOP and attendance register for in-service training should be submitted to the Health Ombud.

17. RESOLUTION

17.1 Regulation 41(1)(a)(iv) of the Procedural Regulations states that: *"at any time, the Ombud may decide to take no further action on a complaint if the Ombud reasonably considers that the complaint has been resolved or otherwise appropriately finalised by the Ombud."* This complaint is considered finalised and will be closed in the Ombud's complaints management system, as no further action is required on this complaint, which has been resolved and appropriately finalised by the Ombud.

18. REFERENCE LIST: ADDINGTON HOSPITAL

18.1 National Health Act No 61 of 2003

18.2 National Health Amendment Act No 12 of 2013

18.3 Norms and Standards Regulations Applicable to Different Categories of Health Establishments (No. 67 dated 02 February 2018, issued under section 90(1A) of the National Health Act of 2003).

18.4 Procedural Regulations Pertaining to the Functioning of the Office of the Health Standards Compliance and Handling of Complaints by the Health Ombud (No. 1365 dated 02 November 2016, issued in terms of section 90(1) of the National Health Act of 2003).

18.5 The Constitution of the Republic of South Africa, 1996 (Act 108 of 1996).

18.6 Inquests Act, 1959 (Act 58 of 1959).

18.7 Basic Conditions of Employment Act, 1997 (Act 75 of 1997).

18.8 Labour Relations Act 66 of 1995: Code of Good Practice.

18.9 Health Professions Act, 1974 (Act No. 56 of 1974).

18.10 Health Professions Council of SA Guidelines for Internship Training: 2017 ed.

18.11 HPCSA Ethical Guidelines for the Healthcare Professions: Booklets 1 and 2.

18.12 Determination & Directive on Leave of Absence in the Public Service: Aug 2021.

18.13 Addington Hospital Intern Complex: Internship Guidelines for 2025/2026.

18.14 Addington Hospital: Training Workshops Attendance Register.

18.15 Addington Hospital: Grievance Management Procedure and Register.

18.16 Addington Hospital: Human Resources Department Documents on leave, Recruitment, Employee Assistance Program, Motivations and Logistics.

18.17 Addington Hospital: Compliments, Complaints and Suggestions Register.

18.18 Addington Hospital: Serious Adverse Events Register and Incident Reports.

18.19 Addington Hospital: Human Resources Report on Staffing.

18.20 Public Service Act, 1994 as amended.

PORT SHEPSTONE HOSPITAL

REFERENCE NUMBER: 56700

19. FINDINGS: MR MVELO CELE RADIOGRAPHER'S DEATH AT PORT SHEPSTONE HOSPITAL

The investigation of allegations levelled against Port Shepstone Hospital (PSH) established the following:

19.1 Regarding whether there was a causal link between Mr Cele's death and his working conditions or other systemic issues at PSH.

19.1.1 Mr Mvelo Cele (Mr Cele), a 40-year-old African male, was permanently employed as a Radiographer at the X-Ray Department in Port Shepstone Hospital (PSH), situated on the south coast region of KwaZulu-Natal. According to Mr Johannes Jwara (Mr Jwara), the X-Ray Department Manager, Mr Mvelo was a competent and diligent professional who had not reported any concerns about ill health.

19.1.2 On 13 May 2025, Mr Cele was working a day shift at the X-Ray Department, and he did not report any complaints. At about 16h00, he continued at work for his scheduled on-call duty to provide X-Ray services after normal working hours.

19.1.3 On 13 May 2025 at approximately 22h20, PSH porters received a telephone call from Mr Cele to urgently bring a stretcher to him. The stretcher was immediately taken to the X-Ray Department.

19.1.4 Upon arrival at the X-Ray Department, Mr Cele was found lying on the passage with his head facing down and blood-stained vomitus was observed. Mr Cele was rushed to the casualty department, but he was unresponsive. Resuscitation was attempted, but there were no signs of life, and the doctors declared him dead on arrival (DOA).

19.1.5 The incident was reported to the South African Police Services (SAPS), and an inquest docket was opened by the SAPS to investigate the circumstances and cause of Mr Cele's death, in terms of the Inquest Act 58 of 1959. Mr Cele's body was collected by the Forensic Pathology Services for storage and further processing.

19.1.6 At about 22h55, Dr Ngubo from the PSH Casualty Department phoned Mr Jwara and informed him that Mr Cele had collapsed at the X-Ray Department and that he died. Mr Jwara urgently went to PSH to attend to this incident in his capacity as the X-Ray Department Manager. Mr Cele's family was traced and informed about the incident.

19.1.7 On 14 May 2025, a meeting was convened with the family members, and they reported no history of medical condition or recent illness. An autopsy conducted by the forensic pathology services on 14 May 2025 confirmed that Mr Cele's cause of death was due to a cardiac arrest. The Employee Assistance Program Coordinator conducted a debriefing session for the X-Ray Department staff members.

19.1.8 The investigation did not find any causal link between Mr Cele's death and his working conditions or other systemic issues at PSH.

19.1.9 The investigation found that Mr Cele died due to natural causes, as evidenced by the autopsy report, which confirmed the cardiac arrest as the actual cause of death. The allegation that there might be a causal link between Mr Cele's death and his working conditions or other systemic issues at PSH is unsubstantiated.

19.2 Regarding whether the health establishment has a functional and effective Staff Clinic.

19.2.1 The investigation found that the PSH Human Resource Department conducts an orientation and induction programme for all newly appointed employees. During the orientation session, all new employees are informed about the availability of a Staff Clinic and how to access healthcare services after hours at the casualty department. Furthermore, all new employees are informed about the availability of the Employee Assistance Program Coordinator and the services he provides within PSH.

19.2.2 The PSH has a formalised Wellnes Clinic (Staff Clinic) which is run by an Assistant Director, Professional Nurse Thompson. The staff clinic has a sessional doctor and permanent occupational nurses who provide healthcare services to all staff members. The staff clinic operates during normal office hours. Any employee who requires medical attention after normal working hours is directed to the casualty department.

19.2.3 The investigation found that all categories of employees have access to healthcare services at the staff clinic. Employees with psychosocial issues, such as occupational stress, mental health, substance abuse and socio-economic stressors are referred to the EAP Coordinator for further management and referral. No staff members raised complaints about the inability to access healthcare services at the staff clinic. **This was found to be consistent with Regulation 5(1) of the Norms and Standards regarding Access to Care, which states, *"The Health Establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition".* Furthermore, the investigation found that the availability of an effective Staff Clinic at PSH guarantees the employee's section 27 Constitutional right of access to healthcare services.**

19.2.4 All newly appointed employees are subjected to Entry Medical Assessment (medical surveillance) at PSH. This is done to ensure that the health status of employees is assessed, ensure the fitness of employees for duty and to identify employees with chronic illnesses for close monitoring and support. However, there were no known or reported heart condition concerns or chronic illnesses for Mr Cele.

19.2.5 Considering the staff clinic operating hours, professional staffing, resources and services rendered to the PSH employees. **The investigation found that PSH has a functional and effective staff clinic to cater for the employees' healthcare needs.**

19.2.6 The allegation that PSH has a functional and effective staff clinic is substantiated.

19.3 Regarding whether the health establishment has an effective Employee Assistance Programme (EAP).

19.3.1 The Employee Assistance Programme (EAP) is a confidential, employer-sponsored service which offers employee assessments, counselling, mental health support and referrals for personal or work-related issues such as stress, financial problems and substance abuse. The EAP Coordinator provides early interventions to improve employee well-being and productivity before problems get worse and unmanageable.

19.3.2 The investigation found that Mr Thami Ncanana is the EAP Coordinator at PSH responsible for the provision of EAP services and awareness programmes to all staff members. Mr Ncanana is a qualified social worker with 10 years experience as an EAP Coordinator. It was noted that Mr Ncanana is working alone as the EAP Coordinator.

19.3.3 According to Mr Ncanana, he provides EAP services to 800 employees at PSH and to all employees from the eight clinics which are attached to PSH. Approximately 30 patients are seen by the EAP Coordinator each month; most are referred by the staff clinic or their supervisors. Mr Ncanana confirmed that he tends to focus his awareness programmes on support units, such as the linen department, kitchen, security, and other general support staff, because they lack knowledge of EAP services.

19.3.4 The investigation found that the EAP Coordinator did visit the X-Ray Department to have a session with the employees and outline his services. According to Mr Ncanana, no concerns were raised by X-Ray Department employees regarding their working conditions or any psycho-social problems. Furthermore, the EAP Coordinator has affixed posters in various departments to inform all employees about the EAP services and how to access them.

19.3.5 The investigation found that when there are EAP awareness sessions, there is poor attendance from the doctors and intern doctors, due to staff shortages. However, some intern doctors are referred to the EAP Coordinator when need arises due to work or stressful situations. There were a few incidents of substance abuse amongst healthcare professionals that were referred to the EAP Coordinator. The nursing department has more concerns and complaints about working conditions.

19.3.6 The investigation found that the nursing department is also affected by staff shortages and as a result most nurses feel overworked for the need to close the staff shortages gaps. In most instances, if a nurse requests two weeks' leave, their supervisor will negotiate with them to take at least one week's leave due to staff shortages at PSH. The PSH management confirmed that the hospital has lost many nurses through resignations and retirements. The staff shortages issue is worsened by the KZN DoH practice of freezing vacant posts due to budget cuts.

19.3.7 The investigation found that one EAP Coordinator is unable to adequately provide EAP services to all PSH employees, including employees from the eight clinics which are attached to PSH, without any assistance in his office, considering the number of employees, awareness programmes, individual cases, and the eight clinics attached to PSH needing attention.

19.3.8 The investigation found that **this practice was inconsistent with Regulation 19(2)(a) of the Norms and Standards, which states, "The Health Establishment must, as appropriate to the *type and size of the establishment, (a). Have and implement a human resource plan that meets the needs of the health establishment."*** The investigation found that there PSH has a functional and effective EAP services.

19.3.9 The allegation that the health establishment has functional and effective EAP services is substantiated, but there is room for improvement to enhance service delivery and quality of healthcare to employees, as outlined in the recommendations.

19.4 Regarding whether the doctors and other healthcare professionals are experiencing any work-related challenges or incidents of bullying at PSH.

19.4.1 The investigation found that PSH has a comprehensive Interns Orientation Programme, which duly prepares the interns before they commence the internship programme. Dr Pana is the medical manager for allied professionals, and he has been the intern's curator for the past 13 years.

19.4.2 The investigation found that all interns undergo a compulsory provincial intern orientation programme. Furthermore, interns attend a comprehensive PSH orientation programme that covers all aspects of the internship in line with the HPCSA internship guidelines. All interns are informed about lines of communication and how to access healthcare services while on duty.

19.4.3 The investigation found that all interns are expected to complete the internship rotation in accordance with the Health Professions Council of South Africa (HPCSA) requirements, as follows:

(a) Four (04) months rotations in general medicine, general surgery, obstetrics & gynaecology and paediatrics.

(b) Three (03) months rotations in family medicine and primary care,

(c) Two (02) months rotations in anaesthesiology and orthopaedics.

(d) One (01) month rotation is psychiatry

19.4.4 The PSH rules are strict regarding compliance with internship rotation time frames. If an intern misses 20% of the rotation block, they have to repeat the rotation. Interns provide a supervised healthcare service at PSH, as part of their training programme.

19.4.5 A group of interns indicated that teaching and learning is good at PSH. However, staff shortages limit the number of specialist doctors available to support the internship programme. There are sufficient doctors to supervise interns in various departments. The investigation found that intern doctors were working extra hours to cover for medical officers.

19.4.6 The investigation found that the shortage of specialist doctors at PSH indirectly affects the internship programme. This is due to prioritisation of patients who require specialist doctors' intervention over the internship programme. However, the interns have adequate access to medical officers for supervisory purposes, because each department has at least six medical officers.

19.4.7 This practice of interns replacing medical officers was found to be inconsistent with HPCSA internship guidelines, which state that interns should work under the supervision of qualified doctors. The HPCSA came and assessed PSH and made recommendations to stop this practice; and the issue of interns replacing doctors was resolved. However, some intern doctors feel overworked and under-resourced due to staff shortages. As a result there were cases of alcohol and substance abuse as a coping mechanism among some interns.

19.4.8 According to Dr Pana (Interns Curator), the main issue regarding interns at PSH is the allocation of sufficient interns. According to the Health Professions Council of South Africa (HPCSA) guidelines, PSH should allocate 8 interns per domain. However, the provincial office allocated only 27 first-year interns, which works out to 6 to 7 per domain.

19.4.9 The investigation found that in 2024, there was a serious shortage of interns at PSH; only 18 interns were allocated to be distributed to four departments. As a result, the interns' workload was overwhelming due to staff shortages. Intern doctors had to make about 8 to 9 calls per month, whereas, according to the HPCSA, an intern doctor should make about 4 to 5 calls per month to complete their 80 hours. However, interns at PSH had to complete double the required hours due to staff shortages. This resulted in chronic fatigue and work-related stress amongst interns.

19.4.10 The investigation found that this practice was inconsistent with the HPCSA internship guidelines, which state that PSH should allocate 8 interns per domain.

19.4.11 Furthermore, the investigation found that interns are experiencing the shortage of resources at the paediatric unit and neonatal ICU, such as gloves, blood gas syringes, and non-functional blood gas machines. This makes it difficult for the interns to do their work properly. The lack of adequate patient transport makes it difficult for patients to access certain procedures at other facilities.

19.4.12 The investigation found that a shortage of medical supplies and equipment affects the quality of healthcare services and results in a stressful working environment for healthcare professionals.

19.4.13 The issue of increased workload has caused some interns to break down and take time off in a procedure room or in an on-call room to cry due to stress. Other interns have experienced mental health issues due to work-related stress and end up questioning themselves whether medicine is for them due to these difficult working conditions.

19.4.14 The investigation found that when an intern takes sick leave due to ill health, it is frowned upon at PSH because of staff shortages.

19.4.15 The interns indicated that in certain departments, there is no support offered to them regarding their well-being and mental health. The hospital is using an efficiency-based approach, as long as the intern is competent in their work. No one looks into interns' well-being and mental health aspects. The EAP Coordinator raised concerns about the interns' and doctors' failure or inability to attend EAP awareness sessions due to staff shortages. **The investigation found a gap in the provision of mental health awareness and support to interns and other healthcare professionals at PSH**

19.4.16 Healthcare Staff Shortages

Table C: Number of vacant posts by staff category

Hospital	Job Title	Number of Posts	Status
PSH	Radiologist (Specialist Doctor)	02	Vacant Posts
PSH	Medical Specialists (Surgery)	03	Vacant Posts
PSH	Medical Specialists (Orthopaedic)	03	Vacant Posts
PSH	Radiographer	01	Vacant Post
TOTAL		**09**	**Vacant Posts**

19.4.17 Dr Madikane, the Acting Medical Manager at PSH, confirmed that the hospital is losing specialist doctors from all departments, and this affects the quality of healthcare services at PSH. Two radiologists (specialist doctors) from the radiology department left the hospital in 2024. This deprives the hospital of all the specialist radiology services.

19.4.18 In the surgery department, three specialist doctors left the hospital, depriving patients of specialist care. In the orthopaedic department, all three specialist doctors left the hospital; currently, PSH orthopaedic patients are being assisted in Durban healthcare facilities to access orthopaedic specialists' services.

19.4.19 The investigation found that at the radiology department, there is a problem with the CT Scan machine, which is 13 years old and has reached its life expectancy. The CT Scan parts are scarce, and maintaining it has become very costly, with repair costs up to R400 000.00. The old CT scan often breaks down, resulting in delayed or missed investigative procedures, which impacts the quality of healthcare services.

19.4.20 The investigation found that the unavailability of a functional CT Scan machine at PSH is inconsistent with Regulation 13(1) of the Norms and Standards, which states that, "The health establishment must ensure that the medical equipment is available and functional in compliance *with the law.*

19.4.21 Furthermore, a non-functional CT Scan machine causes delays or hinders access to essential diagnostic procedures. This is inconsistent with Regulation 5(1) of the Norms and Standards regarding Access to Care, which states, ***"The Health Establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition".***

19.4.22 The internal medicine department is only left with two specialist doctors, due to resignations. The issue of staff shortages is exacerbated by the KZN Department of Health policy of not filling vacant posts due to budget cuts. The psychiatric department's specialist doctor will retire in the near future. It is noted that there are three private hospitals within the vicinity of PSH, and they offer attractive opportunities to specialist doctors.

19.4.23 Some medical officers left PSH with the intention to further their studies and become specialist doctors. PSH management has reported the issue of staff shortages to the KZN Health Head Office and the Office of the Premier, with an intention to unfreeze and fill the vacant posts.

19.4.24 The investigation found that the issue of budget cuts within the essential services, more especially **the issue of vacant healthcare professionals' posts, negatively affects the quality of healthcare services provided to the members of the public. This practice is found to be inconsistent with Regulation 19(2)(a) of the Norms and Standards, which states, "The Health Establishment must, as appropriate to the *type and size of the establishment, (a). Have and implement a human resource plan that meet the needs of the health establishment.***

19.4.25 The investigation found that PSH is faced with a serious problem of specialist staff shortages. A large number of about eight (08) specialist doctors who have left PSH. Furthermore, medical officers are also resigning from PSH; vacant posts remain unfilled due to budget cuts. The nursing department is also facing a serious challenge: losing many of its staff members, with no possibility of hiring new nurses due to budget cuts. These staff shortages negatively impact the quality of healthcare services at PSH. The investigation found that intern doctors, doctors and other healthcare professionals are experiencing work-related challenges at PSH.

19.4.26 The allegation that doctors and other healthcare professionals are experiencing any work-related challenges at PSH is substantiated.

19.5 Regarding whether the health establishments' practices are consistent with norms and standards, departmental policy and legislation

19.5.1 The Public Service Commission's (PSC) constitutional mandate in terms of section 196 of the *Constitution of the Republic of South Africa 1996* (the Constitution) determines that the PSC must exercise its powers to ensure maintenance of an effective and efficient administration and high standards of professional ethics in the public service.

19.5.2 In terms of section 196(4)(b) of the Constitution, the powers and functions of the PSC are to investigate, monitor and evaluate the organisational administration and the personnel practices within the public service.

19.5.3 The PSC noted with deep concern the media reports regarding the death of Health Professionals at various public hospitals within the KwaZulu-Natal Department of Health. The PSC agreed to provide necessary support within the PSC's mandate to the investigation conducted by the Health Ombud.

19.5.4 The investigation found that there was a lack of adequate workshops for medical officers and intern doctors regarding leave policy and grievance procedures. As a result some healthcare professionals were not aware of the procedure to follow in lodging a grievance and they were exposed to vulnerable and unfavourable working conditions.

19.5.5 There were no formal grievances lodged by the intern doctors at PSH, and as a result, no trends of grievances could be analysed for investigation purposes.

19.5.6 This was found to be inconsistent with Rule C6 of the Grievance Rules for the Public Service (PSCBC Resolution 14 of 2002), which states that: ***"A grievance must be lodged in writing and all decisions taken during this process must be in writing".***

19.5.7 The investigation found that the practice of having one EAP Coordinator, working alone to provide EAP services, awareness programmes and administrative duties to 800 PSH employees and still provide services to eight clinics which are attached to PSH, **it is inconsistent with Regulation 19(2)(a) of the Norms and Standards,** which states that: ***"The Health Establishment must, as appropriate to type and size of the establishment, (a). Have and implement a human resource plan that meets the needs of the health establishment".*** The investigation noted that there is a need to capacitate the office of the EAP Coordinator to ensure its effectiveness.

19.5.8 It was noted that interns and doctors do not attend the bi-monthly training workshops that are conducted by the human resources department, due to their busy schedule and staff shortages.

19.5.9 The shortage of medical equipment, medicines and medical supplies was found to be inconsistent with Regulation 10(2)(b) of the norms and standards, which states that: ***"The health establishment must ensure the availability of medicines and medical supplies for the delivery of services.*** **Furthermore, it is inconsistent with Regulation 13(1) of the Norms and Standards,** which states that: ***"The health establishment must ensure that medical equipment is available and functional in compliance with the law".*** The investigation found that KZN Health budget cuts made it impossible for the PSH management to mitigate or resolve these pertinent issues.

19.5.10 The investigation found that PSH is affected by the KZN Department of Health budget cuts, where vacant posts are frozen and automatically not funded the following year after being vacated. As a result, there are staff shortages across all departments, including doctors, specialists, and nurses, which affects the quality of healthcare services provided to the public.

19.5.11 Doctors and nurses feel overworked due to staff shortages, as a result of the KZN Health policy to freeze all vacant posts. This challenge is worsened by a lack of adequate medical supplies and medical equipment at PSH, resulting in poor working conditions, increased workload, chronic fatigue and mental health issues. **Staff shortages in a healthcare facility are inconsistent with Regulation 19(2)(a) of the Norms and Standards,** which states that: ***"The Health Establishment must, as appropriate to the type and size of the establishment, (a). Have and implement a human resource plan that meets the needs of the health establishment".*** The investigation found that the health establishment's practices are inconsistent with norms and standards, departmental policy and legislation

19.5.12 The allegation that the health establishments' practices are consistent with norms and standards, departmental policy and legislation is unsubstantiated.

20. COMMENTS

20.1 The preliminary investigation report was issued to the complainants, KwaZulu-Natal Department of Health and the Health Establishment for inputs or comments, within seven days of receipt of this report. However, 07 days have elapsed, and no input or comments were received from the above-mentioned parties. The HoD of the KZN Department of Health furnished the Ombud with a written acknowledgement of receipt of the Joint Investigation Preliminary Report and indicated that the department will comply with the Ombud's recommendations, within the available budget.

21. CONCLUSION

21.1 It is regrettable that Mr Cele died, but the investigation found that Mr Cele died due to natural causes while on duty. This is evidenced by the autopsy report which confirmed that the cause of death was due to a cardiac arrest.

21.2 The investigation could not establish any causal link between Mr Cele's death and his working conditions or systemic issues at PSH.

21.3 The intern's working conditions at PSH are not ideal, and there is room for improvement on identified concerns, but the issue of staff shortages, equipment and medical supplies shortages negatively affect the intern's training and their working conditions at PSH. Furthermore, most interns, doctors, nurses, and other healthcare professionals feel overworked and under-resourced due to budget cuts by the KZN Department of Health.

22. RECOMMENDATIONS: PORT SHEPSTONE HOSPITAL

22.1 Appointment of Specialists Doctors

It is recommended that the PSH management should motivate for appointment and replacement of adequate specialist doctors in the affected departments, within six months of receipt of the final investigation report. Proof of an appropriately filled specialist doctors' post to be submitted to the Health Ombud, within one month of filing the vacant posts.

22.2 Procurement of CT Scan Machine

It is recommended that the PSH management should motivate for replacement and procurement of the CT scan and other key medical equipment required for the provision of quality healthcare services to patients, within six months of receipt of the final investigation report. Proof of replaced CT scan and other key medical equipment to be submitted to the Health Ombud within one month of delivery at PSH.

22.3 Appointment of an Assistant to the EAP Coordinator

It is recommended that the PSH management should motivate for the appointment of a suitably qualified and experienced person to assist the EAP Coordinator to adequately execute his EAP duties at PSH and at eight clinics which are attached to PSH. Proof of an appropriately filled post to be submitted to the Health Ombud, within one week of filing the vacant post.

22.4 Intern Doctors Grievance Management

It is recommended that the KZN Department of Health develop a centralised and independent grievance management procedure for the intern doctors and junior doctors. This is due to the challenges that remain unreported due to doctors' fear of victimisation. This will ensure that all doctors' grievances are resolved without any fear of victimisation. The KZN Department of Health should

distribute the information regarding the centralised grievance management procedure within three months of receipt of the final investigation report. The proof of in-service training or workshops for intern doctors and junior doctors shall be submitted to the Health Ombud within three months of submission of proof of a newly developed centralised grievance management procedure.

22.5 Budget Allocation

It is recommended that PSH and the KZN Department of Health be allocated sufficient budgets to enable the health establishment to have sufficient healthcare personnel, required medical equipment, and medical supplies. This will assist the health establishment in complying with the norms and standards in respect of human resources, medical equipment, and medical supplies. A reasonable budget allocation process should be finalised within twelve months of receipt of the investigation report.

22.6 Develop a Standardised Clearing-In form

It is recommended that the PSH Human Resources department develop a standardised Clearing-In Form for all newly appointed employees and transfers, including healthcare professionals, nurses, intern doctors, doctors, and registrars. The Clearing-In Form will guide all employees on how to be fully processed into PSH, starting from the HR Department, orientation sessions, entry medical assessments, administrative, logistics, accommodation and Head of Unit (Supervisor's Signature) and next of kin details. The purpose of this form is to ensure that all newly appointed employees are properly processed by the HR department during placement at PSH. Each Head of Department or supervisor is to sign the clearing-in form. Proof of the developed Clearing-In-Form is to be submitted to the Health Ombud within two months of receipt of the final investigation report.

22.7 Entry Medical Assessments

It is recommended that all newly appointed employees, transferred employees, or those on clinical placements should undergo an Entry Medical Assessment (Medical Surveillance) at PSH as part of the compulsory clearance procedures. This will assist PSH in medically assessing all new employees and identifying any risk factors or employees who might need support due to chronic conditions or mental health issues. PSH management should develop a Standard Operating Procedure (SOP) on Entry Medical Assessments (Medical Surveillance). The proof of the SOP on Entry Medical Assessments should be submitted to the Health Ombud within two months of receipt of the final investigation report.

22.8 Disciplinary Hearings

It is recommended that all healthcare professionals who were reported to the health establishment by intern doctors, doctors, or other healthcare professionals for unprofessional conduct be afforded an opportunity to appear before the disciplinary hearing within three months of receipt of the final investigation report. A list of identified healthcare professionals to appear before the disciplinary hearing should be submitted to the Health Ombud.

22.9 Training Workshops

It is recommended that bi-annually training workshops provided to staff members and healthcare professionals on clinical placement at PSH include Grievance Management, Leave (all types of leave), Bullying and Unprofessional Behaviour at the Workplace, Mental Health, and the Employee Assistance Program. A revised schedule for the training workshops or awareness programme should be submitted to the Health Ombud within two months of receipt of the final investigation report.

22.10 Record Keeping

It is recommended that PSH should develop a Standard Operating Procedure (SOP) on Record Keeping, wherein all healthcare professionals and support staff be provided with in-service training on Record Keeping, within two months of receipt of the investigation report. The proof of approved SOP and attendance register for in-service training should be submitted to the Health Ombud.

23. RESOLUTION

23.1 Regulation 41(1)(a)(iv) of the Procedural Regulations states that: *"at any time, the Ombud may decide to take no further action on a complaint if the Ombud reasonably considers that the complaint has been resolved or otherwise appropriately finalised by the Ombud."* This complaint is considered finalised and will be closed in the Ombud's complaints management system, as no further action is required on this complaint, which has been resolved and appropriately finalised by the Ombud.

24. REFERENCE LIST: PORT SHEPSTONE HOSPITAL

24.1 National Health Act No 61 of 2003

24.2 National Health Amendment Act No 12 of 2013

24.3 Norms and Standards Regulations Applicable to Different Categories of Health Establishments (No. 67 dated 02 February 2018, issued under section 90(1A) of the National Health Act of 2003).

24.4 Procedural Regulations Pertaining to the Functioning of the Office of the Health Standards Compliance and Handling of Complaints by the Health Ombud (No. 1365 dated 02 November 2016, issued in terms of section 90(1) of the National Health Act of 2003).

24.5 The Constitution of the Republic of South Africa, 1996 (Act 108 of 1996).

24.6 Inquests Act, 1959 (Act 58 of 1959).

24.7 Basic Conditions of Employment Act, 1997 (Act 75 of 1997).

24.8 Labour Relations Act 66 of 1995: Code of Good Practice.

24.9 Health Professions Act, 1974 (Act No. 56 of 1974).

24.10 Health Professions Council of SA Guidelines for Internship Training: 2017 edition.

24.11 HPCSA Ethical Guidelines for the Healthcare Professions: Booklets 1 and 2.

24.12 Determination & Directive on Leave of Absence in the Public Service: Aug 2021.

24.13 Port Shepstone Hospital: Internship Orientation Programme.

24.14 Port Shepstone Hospital: Training Workshops Attendance Register.

24.15 Port Shepstone Hospital: Grievance Management Procedure and Register.

24.16 Port Shepstone Hospital: Human Resources Department Documents on leave, Recruitment, Employee Assistance Program, Motivations and Logistics.

24.17 Port Shepstone Hospital: Compliments, Complaints and Suggestions Register.

24.18 Port Shepstone Hospital: Serious Adverse Events Register and Incident Reports

24.19 Public Service Act, 1994 as amended.

NGWELEZANE HOSPITAL

REFERENCE NUMBER: 56701

25. FINDINGS: DR SIYABONGA ZULU'S DEATH AT NGWELEZANE HOSPITAL

The investigation of allegations levelled against Ngwelezane Hospital (NH) established the following:

25.1 Regarding whether there was a causal link between Dr Zulu's death and his working conditions or other systemic issues at NH.

25.1.1 Dr Siyabonga Zulu (Dr Zulu), a 28-year-old male Medical Doctor worked in the Anaesthetics unit at Ngwelezane Hospital (NH). According to Dr Selina Sewpersad, the Head Clinical of the Anaesthetics Unit at NH, Dr Zulu joined NH as a bursary holder, and he was in his second year of specialist training. He was an exceptionally bright and well-motivated doctor. His untimely death has affected his other colleagues in the department, and he has left a huge gap.

25.1.2 On 11 May 2025, Dr Zulu was involved in a motor vehicle accident and died during the early hours of the morning, following his attendance at the Nedbank Cup Soccer Final at Moses Mabhida Stadium in Durban. According to witnesses, the accident occurred about 25 km away from Ngwelezane Hospital. There were three people in the vehicle, two people, including Dr Zulu died instantly, and the other passenger sustained severe injuries.

25.1.3 Dr. Zulu was travelling with another male colleague who survived and was able to give account of version of events. Colleagues and the Head of Department expressed their sadness and indicated that Dr Zulu was a dedicated professional with a passion for teaching junior doctors.

25.1.4 There were no allegations levelled against NH, but the Ombud sought to determine the circumstances surrounding Dr Zulu's death. Whether there was a causal link between Dr Zulu's death and his working conditions. Furthermore, the Ombud sought to determine whether there were any systemic issues or working conditions that might have affected the doctors, intern doctors, or other healthcare professionals at NH. This was due to similar incidents involving death of doctors in KZN public hospitals within a short space of time.

25.1.5 The investigation team conducted an onsite visit at NH to determine the circumstances surrounding Dr Zulu's death, and to assess doctors' and other healthcare professionals' working conditions and systemic issues, if any. The investigation team interviewed NH personnel from various departments, doctors, interns, Employee Assistant Program Coordinator (EAP), Labour Relations Officer, Human Resource Manager, Clinical Manager, Interns' Curator, CEO and the overall hospital senior management team.

25.1.6 The investigation found that there were no registered complaints or grievances from Dr Zulu in the labour relations office. Furthermore, there were no complaints or grievances reported to the NH regarding any work-related matter or his working conditions. However, the investigators received positive feedback from colleagues, interns, and the head of department regarding Dr Zulu as a diligent and motivated professional.

25.1.7 The investigation found that Dr Zulu's death occurred as a result of a motor vehicle accident, 25 km away from the hospital while he was not involved in the execution of his official duties.

25.1.8 The investigation found that there was no causal link between Dr Zulu's death and his working conditions or systemic issues at NH,

25.2 Regarding whether the health establishment has a functional and effective Staff Clinic.

25.2.1 The investigation found that all NH employees are informed about the Staff Clinic during the orientation session for newly appointed interns, doctors and other healthcare professionals. Furthermore, the investigation established that employees are encouraged to report any health-related problems to their supervisors or go for consultation at the staff clinic. This practice ensures that there are no barriers to accessing healthcare services while on duty.

25.2.2 The investigation found that NH has a Health and Wellness Occupational Clinic (Staff Clinic), which is staffed by one doctor and two occupational health nurses from 07h00-15h00 weekdays. Employees with psychosocial issues, such as occupational stress, mental health, substance abuse and socio-economic stressors are referred to the EAP Coordinator for further management and referral.

25.2.3 If any employee requires medical attention after hours, such an employee will be seen at the NH Casualty Department, which is open 24 hours a day. All employees are allowed to access care directly from the staff clinic and the EAP Coordinator. However, most healthcare professionals prefer to use private healthcare facilities for confidentiality reasons. All newly appointed employees, including interns, undergo medical surveillance upon arrival at NH.

25.2.4 The investigation found that there is no Standard Operating Procedure (SOP) in place regarding medical surveillance as a result some interns do not undergo medical surveillance, and they do not disclose chronic conditions. Dr Moeketsi, a medical manager, confirmed that there were three cases of interns with substance abuse challenges, and they were given medical assistance and suspension of the internship programme until they were declared fit to practice medicine.

25.2.5 The investigation found that interns, doctors, nurses and other healthcare professionals have adequate access to healthcare services while on duty at NH. This is consistent with Regulation 5(1) of the Norms and Standards regarding Access to Care, which states, ***"The Health Establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition".*** The investigation found that the availability of an effective Staff Clinic at NH guarantees the employee's section 27 Constitutional right of access to healthcare services.

25.2.6 Considering the staff clinic operating hours, professional staffing, resources and services rendered to the NH employees. The investigation found that NH has a functional and effective staff clinic to cater for the employees' healthcare needs.

25.2.7 The allegation that NH has a functional and effective staff clinic is substantiated.

25.3 Regarding whether the health establishment has an effective Employee Assistance Programme (EAP).

25.3.1 The Employee Assistance Programme (EAP) is a confidential, employer-sponsored service which offers employee assessments, counselling, mental health support and referrals for personal or work-related issues such as stress, financial problems and substance abuse. The EAP Coordinator provides early interventions to improve employee well-being and productivity before problems get worse and unmanageable.

25.3.2 The investigation found that Ms Nokuthula Mthethwa (EAP Coordinator) is responsible for the provision of EAP services and awareness programmes to all staff members at NH. Ms Mthethwa holds a Bachelor of Arts in Social Sciences and has been working at NH since 2020. She has worked in other health facilities as an EAP Coordinator before joining NH.

25.3.3 According to Ms Mthethwa, she provides EAP services to 1500 employees at the hospital and from the 15 clinics which are attached to NH. Approximately 20 patients are seen by the EAP Coordinator each month; most are referred by the staff clinic or supervisors. Ms Mthethwa was, somewhat, reluctant to answer questions or disclose more information to the investigators. She was reassured and encouraged to cooperate with the investigation.

25.3.4 The investigation found that **one EAP Coordinator is unable to adequately cover all NH employees and the other employees from the sixteen clinics which are attached to NH,** without any assistance in her office. Considering the number of employees, awareness programmes, individual cases, and the 15 clinics attached to the NH.

25.3.5 The investigation found that the EAP Coordinator conducts awareness programs at NH, but due to budget constraints, she is unable to conduct all planned awareness programs, one per quarter. Most healthcare professionals are referred to the EAP Coordinator for abuse of sick leave due to psychosocial problems and substance abuse cases, due to work-related stressors at NH.

25.3.6 **The EAP Coordinator confirmed that there were a few incidents of bullying and conflict in the workplace.** One bullying incident was reported in the Oncology Department, whereby the affected doctor was so traumatised by that incident and ended up being admitted to Akeso Clinic. The other incident occurred in the Theatre Department, and the affected doctor subsequently resigned, as the working environment became unbearable, even though the matter was also reported to the labour relations office. The identity of the affected doctors is withheld to protect their dignity and ensure procedural fairness when the accused individuals appear before the disciplinary hearing, as recommended by the Health Ombud.

25.3.7 The investigation found that some nurses have reported a matron and an operational manager as being difficult and unprofessional to employees. In order to ensure procedural fairness, the names of the accused matron and operational manager are withheld and will be escalated to the hospital management as part of the Health Ombud's recommendations for a disciplinary hearing to hold the accused individuals accountable within the frame of the Labour Relations Act of 1995.

25.3.8 Furthermore, it was reported that there is a lack of support from the human resource management to assist employees who were seen by the EAP Coordinator. The main role of the EAP Coordinator is to identify, assess and assist or refer employees who are affected by psycho-social issues resulting in poor work performance. Once that process is completed, the EAP Coordinator shares the required information with the human resources department to enable them to adjust their records and further assist affected employees.

25.3.9 The investigation found that most employees who are seen by the EAP Coordinator and then referred to rehabilitation due to substance abuse tend to relapse and return to EAP within a few months of being apparently rehabilitated. The investigation found that most healthcare professionals resort to substance abuse as a coping mechanism, due to prolonged exposure to a stressful working environment and at times they witness traumatic events when dealing with patients.

25.3.10 There is another reported incident of a doctor who was stabbed by a patient and referred to the EAP Coordinator for counselling and further management due to the traumatic experience.

25.3.11 The investigation found that bullying incidents and harm to healthcare professionals are inconsistent with regulation 17(1) of the Norms and Standards, which states that, ***"The health establishment must have systems to protect patients, healthcare personnel and property from security threats and risks".***

25.3.12 The investigation found that one EAP Coordinator is unable to adequately cover all NH employees and the other employees from the 15 clinics which are attached to NH, without any assistance in his office. Considering the number of employees, awareness programmes, individual cases, and the fifteen clinics attached to the NH.

25.3.13 Furthermore, the investigation found that there are limitations with regard to the qualifications and personal circumstances of the EAP Coordinator, as she holds a Bachelor of Arts in Social Sciences, with just a module in psychology. The critical component of her work involves the initial assessment of patients and determining the type of intervention needed for each patient. **The Human Resource Manager should reassess the suitability of the EAP Coordinator** and determine whether she has adequate capacity and training to assess, diagnose, and support affected employees.

25.3.14 The investigation found that the practice of having an EAP Coordinator working without assistance to oversee the entire hospital and 15 attached clinics is inconsistent with Regulation 19(2)(a) of the Norms and Standards, which states, ***"The Health Establishment must, as appropriate to the type and size of the establishment, (a). Have and implement a human resource plan that meets the needs of the health establishment".*** There is a need to augment staff at EAP to enhance service delivery and quality of healthcare to employees, as outlined in the recommendations.

25.3.15 The allegation that the health establishment has functional and effective EAP services is unsubstantiated.

25.4 Regarding whether the doctors and other healthcare professionals are experiencing any work-related challenges.

25.4.1 The investigation found that NH has a comprehensive Interns Orientation Programme, which duly prepares the interns before they commence the internship programme. Dr Nwachuku has been the intern's curator for the past 19 years, and he applies the hands-on approach in managing Intern doctors. There are meetings with interns every three months to discuss their working conditions and well-being. However, the interns are allowed to contact the intern curator at any time when they need assistance.

25.4.2 The investigation found that all interns undergo the compulsory provincial intern orientation programme. Furthermore, interns attend an NH orientation programme, which covers all aspects of the internship in line with the HPCSA internship guidelines. All interns are informed about disciplines to be covered, their responsibilities, lines of communications and how to access healthcare services while on duty. It is compulsory for new employees, including interns, to undergo medical surveillance.

25.4.3 The investigation found that all interns are required to complete the internship rotation in accordance with the Health Professions Council of South Africa (HPCSA) requirements, as follows:

(a) Four (04) months rotations in general medicine, general surgery, obstetrics & gynaecology and paediatrics.

(b) Three (03) months rotations in family medicine and primary care,

(c) Two (02) months rotations in anaesthesiology and orthopaedics.

(d) One (01) month rotation is psychiatry

25.4.4 According to Dr Nwachuku, NH is accredited for 88 intern doctors per year, but the allocated number varies per year. Currently, there are 39 first-year interns and 43 second-year interns on clinical placement at NH. In instances where an intern has been absent from work due to ill-health. **The intern curator schedules a meeting with the affected intern and arranges additional work hours by allocating one weekend call duty of 24 hours, which is equivalent to three 08-hour shifts.** NH also applies HPCSA rules regarding compliance with internship rotation time frames. If an intern misses 20% of the rotation block, they will have to repeat the rotation. The interns provide a supervised healthcare service at NH as part of their training programme.

25.4.5 **A group of interns indicated that teaching and learning are good at NH, and they are provided with sufficient resources and support to do their work.** The surgery department rotation was difficult due to excessive workload, trauma cases, and a shortage of doctors. The investigation found that the situation at the surgery department has improved. One of the interns knew the late Dr Zulu from the anaesthetics department and stated that he was a good doctor with a passion for teaching junior doctors.

25.4.6 The paediatrics department at Queen Nandi Hospital (QNH), which is part of the NH intern complex, was also reported as a difficult rotation for some interns. The investigation found that, in the paediatrics department, interns were given the responsibility to accept outside calls and decide whether to admit the patient. There was a reported incident of an intern who did not accept a patient for admission to the paediatric department, and the patient died. The interns felt that it was inappropriate for them to take outside calls and complained to the paediatrics department.

25.4.7 The investigation found that the responsibility to take outside calls and decide on whether to accept patients to the paediatrics department should only be done by qualified doctors. The interns are doctors in training, working under supervision, and not yet ready to make such decisions. They may miss certain diagnoses, resulting in poor patient outcomes or even death. **The practice of allowing interns to take outside calls was found to be inconsistent with Regulation 5(1) of the Norms and Standards regarding Access to Care,** which states, ***"The Health Establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition".***

25.4.8 It was reported that there are sufficient medical officers to supervise interns in various departments. However, between 14h00 and 18h00, most doctors are not available within the hospital for the Out-Patients Department services, leaving interns unsupervised. **The investigation found that leaving interns unsupervised was inconsistent with the HPCSA internship guidelines, which require interns to** work under the supervision of qualified doctors. Most interns indicated that there is room for improvement in their supervision by qualified doctors and the appropriate division of call duties to reduce workload.

25.4.9 The investigation found that there are safety concerns regarding the condition, position and security of the doctor's call rooms as a result, female interns prefer to sleep in their cars. There are major security risk concerns at NH, as evidenced by reported two knife injury incidents and one firearm incident within the hospital premises.

25.4.10 The investigation found that exposure of personnel to dangerous weapons incidents and serious harm to healthcare professionals is inconsistent with regulation 17(1) of the Norms and Standards, which states that, ***"The health establishment must have systems to protect patients, healthcare personnel and property from security threats and risks".***

25.4.11 Furthermore, NH is affected by personnel and resource shortages, and this increases the workload for the interns when allocated in busy units, such as the surgical unit. Some interns have exceeded their overtime hours. Most interns feel overworked and find their working conditions stressful due to staff and resource shortages at NH. The investigation noted with concern that NH management is unable to fill vacant posts by employing more healthcare professionals due to budgetary constraints.

25.4.12 The investigation found that personnel and resource shortages are inconsistent with Regulation 19(2)(a) of the Norms and Standards, which states, ***"The Health Establishment must, as appropriate to the type and size of the establishment, (a). Have and implement a human resource plan that meets the needs of the health establishment".***

25.4.13 According to Dr B.S. Madlala, the CEO of NH, the health establishment is gazetted as the tertiary hospital with its area of responsibility comprising the King Cetshwayo District, Zululand District and Umkhanyakude District. There are about 18 district hospitals that feed into NH, covering a radius of 500km up to Manguzi Hospital. As a result, **NH is a busy hospital with an average daily bed capacity of 85% - 90%.**

25.4.14 According to Dr B.S. Madlala, the CEO of NH, the health establishment is gazetted as the tertiary hospital with its area of responsibility comprising the King Cetshwayo District, Zululand District and Umkhanyakude District. There are about 18 district hospitals that feed into NH, covering a radius of 500km up to Manguzi Hospital. As a result, **NH is a busy hospital with an average daily bed capacity of 85% - 90%.**

25.4.15 The NH operating at full capacity increases the workload on doctors and other healthcare professionals. The issue of healthcare professionals feeling overworked is exacerbated by the KZN Department of Health's austerity measures, which froze all vacant hospital posts. Therefore, NH management is unable to employ doctors and other healthcare professionals to fill vacant posts.

25.4.16 The hospital receives about 10 community service doctors, and the facility is accredited for 88 intern doctors. The health establishment also receives a handful of allied healthcare professionals, such as physiotherapists, speech therapists, occupational therapists and radiographers, but the numbers vary per year.

25.4.17 According to Dr Moeketsi, the hospital organogram has not been reviewed since 2012 when the hospital was gazetted as a developing tertiary hospital. As a result the organogram does not meet the requirements for the services provided at NH. The hospital is unable to handle the patient load due to limited bed capacity. The investigation found that most doctors are complaining about the staff shortages. This situation results in an increased workload for the available doctors and specialists.

25.4.18 Healthcare Staff Shortages

Table D: Number of vacant posts by staff category

Hospital	Job Title	Number of Posts	Status
NH	Medical Specialist	19	Vacant Posts
NH	Medical Officer	05	Vacant Posts
NH	Dentist	01	Vacant Post
NH	Pharmacist	01	Vacant Post
NH	Psychologist	01	Vacant Post
NH	Nurses (Operating with 55% staff complement due to shortages)	45%	Vacant Post
TOTAL		**22**	**Vacant Posts**

25.4.19 The investigation found that the nursing department is severely affected by staff shortages and currently operating with a 55% staff complement. Furthermore, about 40 nurses, most of them had speciality training, resigned over the period June to August 2024. The KZN Department of Health's austerity measures have resulted in the allocation of at least 2 professional nurses to care for 36 to 40 patients per shift in a ward. The investigation noted that **there are no clearly defined nurse-patient ratios** in South Africa. However, the allocation of nurses within the ward or any unit should ensure that it is practically possible for them to provide safe and quality healthcare to their patients.

25.4.20 According to the CEO, **the key challenges at NH are a shortage of staff in all departments, coupled with the inability to fill vacant posts.** The shortage of resources, such as the unavailability of implants in the orthopaedic department due to non-payment of suppliers, results in a long waiting list for surgical operations. Despite the challenges, NH has embarked on a strategy to ensure that it fully manages patients in the hospital and reduces the need for referral to other hospitals.

25.4.21 This is done to reduce the financial burden on patients' relatives who have to travel for over 3 hours to visit their patient in Durban hospitals. This is consistent with the patient's rights under section 27 of the Constitution, which states that *"Everyone has the right to access healthcare services".*

25.4.22 Furthermore, NH has been subjected to budget cuts since 2018 to date. Management is faced with the dilemma of either not approving the procurement of *much-needed* medical resources or not employing doctors and other healthcare professionals in *critical* posts, due to a lack of funds. This situation affects the quality and accessibility of healthcare services at NH. There is a backlog across all surgical disciplines, and there is no clear indication of when it will be cleared due to funding constraints.

25.4.23 The investigation found that there are only two radiologists at NH and they have to provide specialists' reports on mammography, fluoroscopy, MRI scans, and CT scans. This means that despite patients having access to radiological investigations, it might take them over a month to get their reports due to the limited number of radiologists compared to the hospital's vast area of drainage. Radiological findings are used to determine the patient's diagnosis and appropriate treatment. Delays in issuing radiologist's reports negatively affects the speed and quality of healthcare services provision.

25.4.24 The CEO reports that management has conducted a needs analysis and noted that NH requires about 4 to 5 specialist doctors in total per discipline. However, the internal medicine department has only one specialist physician, which is impractical and inadequate for provision of healthcare in that discipline. There is only one specialist per department in urology, ophthalmology, and ENT due to budgetary constraints. The investigation found that the shortage of specialist doctors at NH results in an untenable increase in workload for the few available specialist doctors.

25.4.25 Dr Sewpersad, the Clinical Head in Anaesthesia, confirmed that there are 05 vacant posts for doctors in her department, but they are unable to employ anyone due to austerity measures. **The shortage of doctors results in an increased workload for the few available doctors.** In her experience, stress and fatigue are great predictors of outcomes. Therefore, when doctors are over-worked due to shortage of staff, they will present with stress and fatigue, which may result in poor quality of healthcare services and poor patient outcomes. Some doctors have fallen asleep while driving from work due to being overworked, stress and fatigue.

25.4.26 The investigation found that five specialist doctors resigned from NH two years ago, and the hospital is unable to employ new specialist doctors due to budget cuts. Furthermore, the shortage of specialist doctors at NH indirectly affects the internship programme. This is due to prioritising patients who require the specialist doctors' intervention over supporting the internship programme.

25.4.27 The investigation found that the serious shortage of specialist doctors in various departments at NH negatively affects the quality of healthcare and deprives the patients of NH access to specialist care. **This is inconsistent with Regulation 5(1) of the Norms and Standards regarding Access to Care,** which states, ***"The Health Establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition".***

25.4.28 Furthermore, **the investigation found that the shortage of specialist doctors and medical officers is inconsistent with Regulation 19(2)(a) of the Norms and Standards,** which states, ***"The Health Establishment must, as appropriate to type and size of the establishment, (a). Have and implement a human resource plan that meets the needs of the health establishment".*** The investigation found that intern doctors, doctors and other healthcare professionals are experiencing work-related challenges at NH.

25.4.29 The allegation that the doctors and other healthcare professionals are experiencing any work-related challenges at NH is substantiated.

25.5 Regarding whether the health establishments' practices are consistent with norms and standards, departmental policy and legislation

25.5.1 The Public Service Commission's (PSC) constitutional mandate in terms of section 196 of the *Constitution of the Republic of South Africa 1996* (the Constitution), determines that the PSC must exercise its powers to ensure maintenance of an effective and efficient administration and high standards of professional ethics in the public service.

25.5.2 In terms of section 196(4)(b) of the Constitution, the powers and functions of the PSC are to investigate, monitor and evaluate the organisational administration and the personnel practices within the public service.

25.5.3 The PSC noted with deep concern the media reports regarding the death of Health Professionals at various public hospitals within the KwaZulu-Natal Department of Health. The PSC agreed to provide necessary support within the PSC's mandate to the investigation conducted by the Health Ombud.

25.5.4 The investigation found that there was a lack of adequate workshops for medical officers and intern doctors regarding leave policy and grievance procedures. As a result, some healthcare professionals were unaware of the procedure for lodging a grievance and they were exposed to vulnerable and unfavourable working conditions.

25.5.5 There were no formal grievances lodged by the intern doctors at NH, and as a result, no trends of grievances could be analysed for investigation purposes. **This was found to be inconsistent with Rule C6 of the Grievance Rules for the Public Service (PSCBC Resolution 14 of 2002),** which states that: ***"A grievance must be lodged in writing and all decisions taken during this process must be in writing".***

25.5.6 The investigation found that the practice of having one EAP Coordinator, working alone to conduct administrative duties, awareness programme and provide EAP services to 1500 employees, including employees from 15 clinics which are attached to NH, **it is inconsistent with Regulation 19(2)(a) of the Norms and Standards,** which states that: ***"The Health Establishment must, as appropriate to type and size of the establishment, (a). Have and implement a human resource plan that meets the needs of the health establishment".*** The investigation noted the need to equip the EAP Coordinator's office with an administrative assistant to ensure its effectiveness.

25.5.7 It was noted that interns and doctors do not attend training workshops that are conducted by the human resources department due to their busy schedule and staff shortages.

25.5.8 The shortage of medical equipment, medicines and medical supplies was found to be inconsistent with Regulation 10(2)(b) of the norms and standards, which states that: ***"The health establishment must ensure the availability of medicines and medical supplies for the delivery of services.*** **Furthermore, it is inconsistent with Regulation 13(1) of the Norms and Standards,** which states that: ***"The health establishment must ensure that medical equipment is available and functional in compliance with the law".*** The investigation found that KZN Health budget cuts made it impossible for the NH management to mitigate or resolve these pertinent issues.

25.5.9 The investigation found that NH is affected by the KZN Department of Health budgetary constraints. Healthcare professionals' vacant posts are frozen and automatically not funded once vacated. As a result, there are staff shortages across all departments, including doctors, medical specialists, and nurses. These shortages affect the quality of healthcare services provided to the public.

25.5.10 Doctors and nurses feel overworked due to staff shortages, as a result of the KZN Health policy to freeze all vacant posts. This challenge is worsened by a lack of adequate medical supplies and medical equipment at NH, resulting in poor working conditions, increased workload, chronic fatigue, substance abuse and mental health issues.

25.5.11 Staff shortages in a healthcare facility are inconsistent with Regulation 19(2)(a) of the Norms and Standards, which states that: ***"The Health Establishment must, as appropriate to type and size of the establishment, (a). Have and implement a human resource plan that meets the needs of the health establishment".*** The investigation found that the health establishment's practices are inconsistent with norms and standards, departmental policy and legislation.

25.5.12 The allegation that the health establishments' practices are consistent with norms and standards, departmental policy and legislation is unsubstantiated.

26. COMMENTS

26.1 The preliminary investigation report was issued to the complainants, KwaZulu-Natal Department of Health and the Health Establishment for inputs or comments, within seven days of receipt of this report. However, 07 days have elapsed, and no input or comments were received from the above-mentioned parties. The HoD of the KZN Department of Health furnished the Ombud with a written acknowledgement of receipt of the Joint Investigation Preliminary Report and indicated that the department will comply with the Ombud's recommendations, within the available budget.

27. CONCLUSION

27.1 It is regrettable that Dr Zulu died. The investigation found that Dr Zulu died as a result of a motor vehicle accident, which occurred 25 km away from Ngwelezane Hospital and Dr Zulu was officially off duty. **The investigation could not establish any causal link between Dr Zulu's death and his working conditions or any systemic issues at NH.**

27.2 Interns are satisfied with the standard of teaching and learning at NH. However, interns have work-related concerns regarding the shortage of resources, increased workload, lack of adequate supervision in certain departments and security risks within the hospital. Furthermore, most interns, doctors, nurses, and other healthcare professionals feel overworked and under-resourced due to budgetary constraints within the KZN Department of Health.

28. RECOMMENDATIONS: NGWELEZANE HOSPITAL

28.1 Management of Outside Referral Calls

It is recommended that the NH Interns Curator and Medical Manager develop a Standard Operating Procedure (SOP) regarding the handling of outside calls in various departments and clarify the role of interns in dealing with outside calls. No interns should be placed in a position to take a final decision on outside consultations. Proof of an approved SOP regarding the handling of outside calls to be submitted to the Health Ombud within one month of receipt of the final investigation report.

28.2 Security and Risk Management

It is recommended that NH management conduct a security risk assessment of the hospital premises, develop and implement a Security and Risk Management Plan to ensure that all employees, including healthcare professionals and patients, are protected from security risks while on the premises. It is unacceptable and dangerous for interns, especially females to sleep in their cars during their on-call duty. Proof of an approved Security and Risk Management Plan to be submitted to the Health Ombud within two months of receipt of the final investigation report.

28.3 Disciplinary Hearings

It is recommended that all healthcare professionals who were reported to the health establishment by the intern doctors, doctors, nurses or other healthcare professionals who are mentioned in this report for bullying incidents or unprofessional conduct, should be afforded an opportunity to appear before a disciplinary hearing, within three months of receipt of the final investigation report. A list of identified healthcare professionals to appear before the disciplinary hearing should be submitted to the Health Ombud.

28.4 Appointment of Specialists Doctors

It is recommended that NH management should motivate for the appointment and replacement of adequate specialist doctors in the affected departments within two months of receipt of the final investigation report. Proof of an appropriately motivated funding process to fill specialist doctors' posts to be submitted to the Health Ombud, within one month of submission to KZN DoH.

28.5 Appointment of Professional Nurses

It is recommended that the NH management conduct a needs analysis within the nursing department, which is currently operating at 55%, and motivate for the appointment of professional nurses and nurses with speciality training in critical posts within two months of receipt of the final investigation report. Proof of an appropriately motivated funding process to fill nursing posts to be submitted to the Health Ombud, within one month of submission to KZN DoH.

28.6 Appointment of an Assistant to the EAP Coordinator

It is recommended that NH management should motivate the appointment of a suitably qualified and experienced person to assist the EAP Coordinator in adequately executing her EAP duties at NH and at the 15 clinics attached to NH within three months of receipt of the final investigation report. Proof of an appropriately filled post to be submitted to the Health Ombud, within one month of filing the vacant post.

28.7 Intern Doctors' Grievance Management

It is recommended that the KZN Department of Health develop a centralised and independent grievance management procedure for the intern doctors and junior doctors. This is due to the challenges that remain unreported due to doctors' fear of victimisation. This will ensure that all doctors' grievances are resolved without any fear of victimisation. The KZN Department of Health should distribute the information regarding centralised grievance management procedure within three months of receipt of the final investigation report. The proof of in-service training or workshops for intern doctors and junior doctors shall be submitted to the Health Ombud within three months of submission of proof of a newly developed centralised grievance management procedure.

28.8 Budget Allocation

It is recommended that the NH and KZN Department of Health be allocated sufficient budgets to enable the health establishment to have sufficient healthcare personnel in critical posts, as well as the required medical equipment and medical supplies. This will assist the health establishment in complying with the norms and standards in respect of human resources, medical equipment, and medical supplies. A reasonable budget allocation should be finalised within six months of receipt of the investigation report.

28.9 Develop a Standardised Clearing-In form

It is recommended that the NH Human Resources department develop a standardised Clearing-In Form for all newly appointed employees and transfers, including all healthcare professionals, nurses, intern doctors, doctors, and registrars. The Clearing-In Form will guide all employees on how to be fully processed into NH, starting from the HR Department, orientation sessions, entry medical assessments, administrative, logistics, accommodation and Head of Unit (Supervisor's Signature) and next of kin details. The purpose of this form is to ensure that all newly appointed employees are properly processed by the HR department during placement at NH. Each Head of Department or supervisor is to sign the clearing-in form. Proof of the developed Clearing-In-Form is to be submitted to the Health Ombud within two months of receipt of the final investigation report.

28.10 Entry Medical Assessments

It is recommended that all newly appointed employees, transferred employees, or those on clinical placements should undergo an Entry Medical Assessment (Medical Surveillance) at NH as part of the compulsory clearance procedures. This will assist NH in medically assessing all new employees and identifying any risk factors or employees who might need support due to chronic conditions or mental health issues. NH management should develop a Standard Operating Procedure (SOP) on Entry Medical Assessments (Medical Surveillance). The proof of an SOP on Entry Medical Assessments should be submitted to the Health Ombud within two months of receipt of the final investigation report.

28.11 Training Workshops

It is recommended that bi-annually training workshops provided to all staff members, including healthcare professionals on clinical placement at NH, include Grievance Management, Leave (all types of leave), Bullying and Unprofessional Behaviour in the Workplace, Mental Health, and the Employee Assistance Program. A revised schedule for the training workshops or awareness programs should be submitted to the Health Ombud within two months of receipt of the final investigation report.

28.12 Record Keeping

It is recommended that NH develop a Standard Operating Procedure (SOP) on Record Keeping, in which all healthcare professionals and support staff receive in-service training on Record Keeping within 2 months of receipt of the investigation report. The proof of approved SOP and attendance register for in-service training should be submitted to the Health Ombud.

29. RESOLUTION

29.1 Regulation 41(1)(a)(iv) of the Procedural Regulations states that: *"at any time, the Ombud may decide to take no further action on a complaint if the Ombud reasonably considers that the complaint has been resolved or otherwise appropriately finalised by the Ombud."* This complaint is considered finalised and will be closed in the Ombud's complaints management system, as no further action is required on this complaint, which has been resolved and appropriately finalised by the Ombud.

30. REFERENCE LIST: NGWELEZANA HOSPITAL

30.1 National Health Act No 61 of 2003

30.2 National Health Amendment Act No 12 of 2013

30.3 Norms and Standards Regulations Applicable to Different Categories of Health Establishments (No. 67 dated 02 February 2018, issued under section 90(1A) of the National Health Act of 2003).

30.4 Procedural Regulations Pertaining to the Functioning of the Office of the Health Standards Compliance and Handling of Complaints by the Health Ombud (No. 1365 dated 02 November 2016, issued in terms of section 90(1) of the National Health Act of 2003).

30.5 The Constitution of the Republic of South Africa, 1996 (Act 108 of 1996).

30.6 Inquests Act, 1959 (Act 58 of 1959).

30.7 Basic Conditions of Employment Act, 1997 (Act 75 of 1997).

30.8 Labour Relations Act 66 of 1995: Code of Good Practice.

30.9 Health Professions Act, 1974 (Act No. 56 of 1974).

30.10 Health Professions Council of SA Guidelines for Internship Training: 2017 edition.

30.11 HPCSA Ethical Guidelines for the Healthcare Professions: Booklets 1 and 2.

30.12 Determination & Directive on Leave of Absence in the Public Service: Aug 2021

30.13 Ngwelezana Hospital: Internship Orientation Programme.

30.14 Ngwelezana Hospital: Training Workshops Attendance Register.

30.15 Ngwelezana Hospital: Grievance Management Procedure and Register.

30.16 Ngwelezana Hospital: Human Resources Department Documents on leave, Recruitment, Employee Assistance Program, Motivations and Logistics.

30.17 Ngwelezana Hospital: Compliments, Complaints and Suggestions Register.

30.18 Ngwelezana Hospital: Serious Adverse Events Register and Incident Reports.

30.19 Public Service Act, 1994 as amended.

BENEDICTINE HOSPITAL

REFERENCE NUMBER: 56998

31. FINDINGS: DR SI NGIDI AT BENEDICTINE HOSPITAL

The investigation of allegations levelled against Benedictine Hospital (BH) established the following:

31.1 Regarding whether there was a causal link between Dr Ngidi's death and his working conditions or other systemic issues at BH.

31.1.1 Dr SI Ngidi (Dr Ngidi), an African male Community Service Doctor commenced his community service on 01 January 2024 at BH and he worked in the maternity and labour unit at BH. There were no complaints raised regarding the standard or quality of Dr Ngidi's clinical work at BH. Dr Ngidi first resided at the doctor's quarters in BH and subsequently relocated to a rented apartment outside the hospital premises.

31.1.2 In a South African context, a Community Service Doctor is a newly qualified medical professional who has successfully completed his or her six-year undergraduate medical degree (MBChB), then underwent an internship doctor's programme for two years. Finally, it is required by law to complete a twelve-month remunerated Community Service Doctor programme in the public sector. Once the individual completes the Community Service Doctor programme, the individual qualifies to be an independent medical practitioner and to be registered as such with the Health Professions Council of South Africa (HPCSA).

31.1.3 On 08 February 2024, a case was brought to the attention of Dr Mabaso, who was the medical manager at BH, regarding the fraudulent registration of the birth of a baby by an unknown female individual who was carrying a Birth Notification Form with a signature and particulars of Dr Ngidi. The medical manager addressed this matter with Dr Ngidi and informed him that a case of fraud had been opened at Kwa Nongoma SAPS Police Station by officers from the Department of Home Affairs.

31.1.4 On 12 February 2024, Dr Ngidi was working a day shift, and around lunch time, he reported that he was not feeling well. He was allowed to go home and rest. Dr Ngidi left the hospital premises and went to his place of residence. At about 17h00, Dr Ngidi called and informed his colleague and friend, Dr ST Masondo, that he had ingested a rat poison overdose. Dr Ngidi was urgently taken to the hospital for medical resuscitation. The resuscitation efforts were unsuccessful, and Dr Ngidi died.

31.1.5 The investigation team conducted an on-site visit at BH to determine the circumstances surrounding Dr Ngidi's death and to assess the doctor's and other healthcare professionals' working conditions and systemic issues, if any. The investigation team interviewed BH personnel from various departments, including doctors, interns, the Employee Assistance Program Coordinator (EAP), the Labour Relations Officer, the Human Resource Manager, the Clinical Manager, the Intern's Curator, and the CEO, as well as senior hospital management team.

31.1.6 The investigation found that there were no registered complaints or grievances from Dr Ngidi in the labour relations office register. He had only spent one month at BH. Furthermore, the investigators received positive feedback from colleagues and the medical manager regarding Dr Ngidi's competence and professionalism. However, the incident on the 8th of February 2024, regarding the fraudulent registration of the birth of a baby by an unknown female individual who was carrying a Birth Notification Form with the signature and particulars of Dr Ngidi, remained unsolved.

31.1.7 The investigation found that there was a long-standing practice at BH labour and maternity ward, whereby the doctors would sign and write their MP numbers (a unique HPCSA registration number for doctors) on a few blank birth registration forms to be completed by the midwife once a baby was born. The aim of this practice was to avoid the doctor's frequent movements between the high-risk clinic and the postnatal ward. The investigation found that signing a blank birth registration form in anticipation of a baby's birth was equivalent to signing a blank cheque, as the doctor had no control over whose details would be added to the form.

31.1.8 Furthermore, the investigation found that the signed blank birth registration forms were kept with other general admin documents and were accessible to everyone in the postnatal ward. A medical doctor's signature and an MP number on a birth registration form served as proof and notice of birth to the Department of Home Affairs, confirming that a minor child was born at a healthcare facility in South Africa and is eligible to be registered in terms of the Births and Deaths Registration Act 51 of 1992. If these signed birth registration forms fell into the wrong hands, they could be used for fraudulent registration of birth by illegal immigrants, among others.

31.1.9 **The investigation found that the signed blank birth registration forms were valuable and confidential documents that should have been kept in a safe place and strictly controlled.** The practice of **keeping signed blank birth registration documents in an unsecured filing cabinet** was found to be **inconsistent with Regulation 6(2) (c) of the Norms and Standards,** which states that; ***"The health establishment must secure health records with appropriate security control measures in the records storage area and in the clinical service area in accordance with the Protection of Personal Information Act, 2013 (Act No. 04 of 2013)".*** More especially, documents such as birth registration forms, which had the potential to be misused and mislead the Department of Home Affairs, could be used fraudulently to register an illegal immigrant's child as a South African national.

31.1.10 The Acting Medical Manager at BH (Dr Dludla) confirmed that, subsequent to the fraudulent registration of the birth incident. **BH has improved its security measures regarding the handling and safekeeping of birth registration forms to prevent unauthorised use.** The birth registration forms are now kept in a specific manager's office in a controlled locked space. Furthermore, the hospital no longer keeps signed blank forms, but a midwife or a doctor will only request the form once a child is born and when the form needs to be completed and signed by the attending midwife or doctor.

31.1.11 According to Dr Dludla, the previous medical manager informed Dr Ngidi that the case of a fraudulent registration of the birth of a non-existent baby by an unknown female, who was carrying a Birth Notification Form with a signature and particulars of Dr Ngidi. Furthermore, a case of fraud has been opened with the Kwa Nongoma SAPS by officials from the Department of Home Affairs.

31.1.12 The investigation found that the handling of the fraudulent registration of birth incident at BH did not afford Dr Ngidi, as an accused person, an opportunity to be presumed innocent until proven otherwise. Instead, Dr Ngidi was merely informed of the fraudulent birth registration, with the form bearing his signature, and that a case of fraud had been opened at the SAPS police station. It is common cause that the implications of any fraud case in the hands of the police may result in an arrest, and if the accused person is a doctor, such an offence may result in the practitioner's name being struck off the HPCSA's roll.

31.1.13 Other material factors were not considered regarding the involvement of another person and the apparent mistakes that were recorded during the fraudulent registration of the birth of baby Ayamile Dlamini, as follows:

(a) Incorrect facility code in a proof of birth form.

(b) Two different facility stamps.

(c) Two different dates recorded as 07/02/2004 and 19/12/2004.

(d) Road to Health Booklet: patient delivered on 04/02/2004 and discharged on 09/02/2004.

(e) Reason for long hospitalisation not stated in the immunisation booklet.

(f) No mode of delivery recorded in the immunisation card.

(g) Three different signatures from the same person.

31.1.14 The investigation established that a reasonable and prudent doctor could not have made so many obvious administrative mistakes regarding one patient, as stated at (a) to (g) above. The contents of the report do not mention Dr Ngidi, but Nurse X was mentioned as the person involved in this matter.

31.1.15 The Labour Relations Act 66 of 1995, provides, through the Code of Good Practice, that **the employer should adhere to a fair procedure (procedural fairness) when handling employees' disciplinary issues,** as follows:

(a) Conduct an internal investigation of the alleged offence/s.

(b) Notify the employee of the allegations and the date of the disciplinary hearing in writing.

(c) Inform the employee of the right to be represented by a fellow employee or a union representative.

(d) Afford the employee a reasonable period of time to consult and prepare and make representations on both the misconduct allegations and the appropriate sanction.

(e) If the findings of the internal investigation or the disciplinary hearing confirm that the employee's conduct amounts to a crime. Such cases can be referred to the appropriate authority, the SAPS, for further management.

31.1.16 **However, the investigation found that BH management did not afford Dr Ngidi procedural fairness when they were dealing with the fraudulent registration of the birth incident.** The incident was first reported to Department of Home Affairs officials, who then opened a fraud case with Kwa Nongoma SAPS. As a result, Dr Ngidi faced an apparent foregone conclusion: being the main suspect in a fraud case that was already in the hands of the police and had the potential to end his career as a doctor.

31.1.17 The investigation found that the practice of opening a case at the police station before the employer conducts an internal investigation and affords the accused employee an opportunity to make representations in a disciplinary hearing was **found to be inconsistent with the principle of fair procedure in terms of the Labour Relations Act: Code of Good Practice. Furthermore, this practice was found to be inconsistent with section 35(3)(h) of the Constitution,** which states that, *"Every accused person has a right to a fair trial and a right to be presumed innocent until proven otherwise".*

31.1.18 **The investigation found that a certain professional nurse (Nurse X) was identified as the person who gave out the signed registration of birth form to the unknown woman for fraudulent registration of birth.** The identity of Nurse X is withheld because the matter is currently being investigated by the Kwa Nongoma SAPS. The reason behind the fraudulent registration of the birth of a non-existent baby was to register for a child support grant to augment family income. **Furthermore, the investigation found that Nurse X was also involved in other incidents that were reported at the labour ward.** It is alleged that Nurse X was involved in the illegal sale of BH medication used for the induction of labour and termination of pregnancy, for personal gain.

31.1.19 The attending doctors and midwives in the labour ward noticed that some mothers who were coming to give birth as BH had a pill to induce labour already inserted in the vagina. When the attending doctor asked about the origin of these pills, the mothers were reluctant to speak out, but they eventually disclosed that Nurse X gave them the pills to induce labour. These tablets were also used in facilitating backstreet abortions. The investigation established that Nurse X resigned from BH, giving a 24-hour notice, but her involvement in the illegal sale of scheduled drugs was reported to the SAPS.

31.1.20 However, there was no follow-up on Nurse X's SAPS case by the BH management. The investigation found that Nurse X's conduct to facilitate **illegal sale and administration of scheduled drugs** was found to be **inconsistent with Regulation 5(1) of the Norms and Standards** regarding access to care, which states that; **"Health Establishments must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition".** Nurse X should also be reported to the South African Nursing Council (SANC) as the overall regulatory body for the nursing profession in South Africa.

31.1.21 Considering the BH long-standing practice of keeping signed birth registration forms and the findings of the investigation regarding Nurse X. **The investigation found that Dr Ngidi was not involved in the fraudulent registration of birth at BH.** However, Dr Ngidi was implicated because his signature appeared on the form, following a flawed system of signing blank birth registration forms. **The hospital management conceded that the practice of signing blank forms was an oversight, and it had the potential to be misused.** As a result, security measures have been implemented to safeguard and control important documents as stated in paragraph 27.1.10 above.

31.1.22 The investigation found that Dr Ngidi committed suicide by ingesting rat poison at his rented apartment outside the BH premises, while he was off duty. Furthermore, there was no suicide note found at the scene, which could have shed some light on the reasons behind the suicide. The investigation considered all available evidence and the circumstances surrounding Dr Ngidi's death.

31.1.23 **Due to a lack of evidence, the investigation could not establish any causal link between Dr Ngidi's death and his working conditions or systemic issues at BH.** However, it should be noted that Dr Ngidi had been recently accused of being involved in the fraudulent registration of a birth at BH, as his signature and MP number appeared on the fraudulent birth registration form. The investigation found that Dr Ngidi was not involved in the fraudulent registration of birth at BH. Instead, Nurse X was identified as the person behind the fraudulent registration of birth and illegal sale of scheduled drugs to patients at BH.

31.1.24 **The allegation that there was a causal link between Dr Ngidi's death and his working conditions or systemic issues is unsubstantiated.**

31.2 Regarding whether the health establishment has a functional and effective Staff Clinic.

31.2.1 The investigation found that all BH employees are informed about the Staff Clinic during the orientation session for newly appointed interns, doctors and other healthcare professionals. Furthermore, the investigation established that employees are encouraged to report any health-related problems to their supervisors or go for consultation at the staff clinic.

31.2.2 The investigation found that BH has a Health and Wellness Occupational Clinic (Staff Clinic) which is situated within the Out-Patients Department, which is staffed by one doctor and an occupational health nurse from 10h00-12h00 weekdays. Employees with psychosocial issues, such as occupational stress, mental health, substance abuse and socio-economic stressors are referred to the EAP Coordinator at Ceza Hospital, for further management and referral.

31.2.3 Should any employee require medical attention after hours, such employee will be seen at the BH Casualty Department, which is open 24 hours a day. All employees are allowed to access care directly from the staff clinic. However, most healthcare professionals prefer to use private healthcare facilities for confidentiality reasons. All newly appointed employees, including interns, undergo medical surveillance upon arrival at BH.

31.2.4 The investigation found that doctors, nurses and other healthcare professionals have adequate access to healthcare services while on duty at BH. This is consistent with Regulation 5(1) of the Norms and Standards regarding Access to Care, which states, ***"The Health Establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition".*** The investigation found that the availability of an effective Staff Clinic at BH guarantees the employee's section 27 Constitutional right of access to healthcare services.

31.2.5 Considering the staff clinic operating hours, professional staffing, resources and services rendered to the BH employees. The investigation found that BH has a functional and effective staff clinic to cater for the employees' healthcare needs.

31.2.6 The allegation that BH has a functional and effective staff clinic is substantiated.

31.3 Regarding whether the health establishment has an effective Employee Assistance Programme (EAP).

31.3.1 The Employee Assistance Programme (EAP) is a confidential, employer-sponsored service which offers employee assessments, counselling, mental health support and referrals for personal or work-related issues such as stress, financial problems and substance abuse. The EAP Coordinator provides early interventions to improve employee well-being and productivity before problems get worse and unmanageable.

31.3.2 The investigation found that BH, with an employee complement of 833, does not have an Employee Assistance Programme Coordinator (EAP Coordinator); the post has been vacant for three years due to budgetary constraints. According to Mr Zulu, the Assistant Director in the HR Department (Mr Zulu), all employees who require EAP services are supported by the EAP Coordinator from Ceza Hospital (CH), which is 45 km away. This arrangement has logistical and time constraints challenges, as it involves transportation of employees to another health facility for assistance.

31.3.3 The investigation found that it is not practical for one EAP Coordinator at CH to adequately render services to all employees from two hospitals and to all employees from their attached clinics. This arrangement places the one EAP Coordinator in a difficult position, requiring focus only on referred cases and neglecting other EAP Coordinators' proactive duties, such as awareness programmes, monitoring, and support.

31.3.4 The investigation found that one **EAP Coordinator at CH is unable to adequately cover all BH and CH employees and the rest of the employees from the attached clinics,** without any assistance in her office, considering the number of all employees in two hospitals, awareness programmes, individual cases and administrative duties.

31.3.5 The investigation found that the practice of having one EAP Coordinator working without assistance to oversee all employees from the two hospitals and attached clinics is inconsistent with Regulation 19(2)(a) of the Norms and Standards, which states, *"The Health Establishments must, as appropriate to the type and size of the establishment, (a). Have and implement a human resource plan that meets the needs of the health establishment.* The investigation found that the health establishment lacks functional and effective EAP services. BH management should expedite the motivation and recruitment of an EAP Coordinator.

31.3.6 The allegation that the health establishment has an effective Employee Assistance Programme (EAP) is unsubstantiated.

31.4 Regarding whether the doctors and other healthcare professionals are experiencing any work-related challenges or incidents of bullying at BH.

31.4.1 The investigation found that all community service doctors and other healthcare professionals undergo a comprehensive Induction Programme for the province and BH. Once they are allocated to various wards, a further induction is done to ensure that they are familiar with the unit protocols. All doctors are eligible to occupy the doctor's quarters accommodation at BH. Dr Ngidi was allocated an accommodation in the doctor's quarters, and he later relocated to a rented apartment in town.

31.4.2 Dr Dludla confirmed that the clinical department is better covered with doctors this year, but there is still a need for more doctors and specialist doctors. The investigation found that no intern doctors or registrars were allocated at BH over the past two years. The hospital does not have ultrasound technicians, and they are unable to fill the vacant posts due to budgetary constraints. However, not all patients who require ultrasound services are sent to the nearby private hospitals, but are referred to other public hospitals.

31.4.3 There are notable staff shortages in the social services department, with only two social workers servicing the entire hospital. Most executive management positions are filled by acting incumbents, including the CEO, medical manager, deputy nursing manager, and monitoring and evaluation manager. This regular acting arrangement seems to affect the stability and continuity of services at BH.

31.4.4 BH management is unable to fill any vacant posts due to KZN Department of Health austerity measures; motivations for additional staff were submitted. The nursing department is also affected by staff shortages to the extent that they have had to move from team-based to non-team-based methods to ensure adequate ward coverage. The finance department is also affected by staff shortages. Most employees in areas that are affected by staff shortages feel overworked and under-resourced.

31.4.5 Furthermore, BH is seriously affected by staff shortages in the administration department, cleaning department and hospital kitchen services. The shortage of support staff negatively affects the provision of quality healthcare services to patients. This has been exacerbated by austerity measures, whereby the filling of vacant posts only focuses on critical healthcare professionals posts.

31.4.6 The investigation found that the shortage of doctors, nurses, other healthcare professionals and support staff is inconsistent with Regulation 19(2)(a) of the Norms and Standards, which states; ***"The Health Establishment must, as appropriate to type and size of the establishment, (a). Have and implement a human resource plan that meet the needs of the health establishment".***

31.4.7 According to Mr Ndlela, the FMU Manager, BH has a long-standing problem of frequent water supply disruptions, dating back to November 2023. The municipality applies a schedule to limit water supply to the community, and BH is also affected by that schedule, despite being an essential services provider. The hospital has three backup boreholes, but only one is working. A new borehole has not yet been commissioned due to non-payment from the public works department. Furthermore, water tankers do not fulfil the hospital's water supply needs. There is a need for a sustainable water supply to the hospital.

31.4.8 **The investigation found that regular water supply disruptions to the hospital affect the quality of healthcare services, sanitation, and promote the spread of infection.** This was found to be inconsistent with Regulation 8(1) of the Norms and Standards, which states that, ***"The health establishment must maintain an environment, which minimises the risk of disease outbreak, transmission of infection to users, healthcare personnel and visitors".***

31.4.9 The Out-Patients Department (OPD) has structural defects, including loose ceiling boards in the waiting area and no ablution facilities. The FMU has been trying to maintain the building, but it is an old structure. It is difficult to maintain the old hospital buildings due to budgetary constraints. Plans are to build a new OPD in the near future. The investigation found that a dilapidated waiting area in the OPD poses a risk to patients. **This is found to be inconsistent with Regulation 14(1) of the Norms and Standards regarding management of buildings and grounds,** which states that, ***"The health establishment and its grounds must meet the requirements of the building regulations".***

31.4.10 The investigation found that while there are no recorded bullying incidents at BH, there is a culture of subtle victimisation and threats directed at certain staff members who disrupt the *"status quo".* Threats involve verbal abuse, threats with firearms, removal of tyres from parked staff cars and attempted hijacking. All affected staff members are leaving BH by resigning or transferring to other health facilities. Most staff members are aware of this culture of victimisation and tend to avoid involvement in cases of staff misconduct for peace's sake. **The investigation found that the practice of victimisation and threats is a security risk to staff members and it is inconsistent with Regulation 17(1) of the Norms and Standards,** which states that, *"The health establishment must have systems in place to protect users, healthcare personnel and property from security threats and risks".* The investigation found that doctors and other healthcare professionals are experiencing work-related challenges and incidents of bullying at BH.

31.4.11 **The allegation that the doctors and other healthcare professionals are experiencing any work-related challenges or incidents of bullying at BH is substantiated.**

31.5 Regarding whether the health establishments' practices are consistent with norms and standards, departmental policy and legislation

31.5.1 The Public Service Commission's (PSC) constitutional mandate in terms of section 196 of the *Constitution of the Republic of South Africa 1996* (the Constitution), determines that the PSC must exercise its powers to ensure maintenance of an effective and efficient administration and high standards of professional ethics in the public service.

31.5.2 In terms of section 196(4)(b) of the Constitution, the powers and functions of the PSC are to investigate, monitor and evaluate the organisational administration and the personnel practices within the public service.

31.5.3 The PSC noted with deep concern media reports regarding the death of Health Professionals at various public hospitals within the KwaZulu-Natal Department of Health. The PSC agreed to provide necessary support within the PSC's mandate to the investigation conducted by the Health Ombud.

31.5.4 The investigation found that there was a lack of adequate workshops for medical officers and intern doctors regarding leave policy and grievance procedures. As a result, some healthcare professionals were unaware of the procedure for lodging a grievance.

31.5.5 There were no formal grievances lodged by community service doctors at BH, and as a result, no trends of grievances could be analysed for investigation purposes. **This was found to be inconsistent with Rule C6 of the Grievance Rules for the Public Service (PSCBC Resolution 14 of 2002),** which states that: *"A grievance must be lodged in writing and all decisions taken during this process must be in writing".*

31.5.6 It was noted that doctors and other healthcare professionals do not attend training workshops that are conducted by the human resources department, due to their busy schedule and staff shortages challenges.

31.5.7 Healthcare Staff Shortages

Table E: Number of vacant posts by staff category

Hospital	Job Title	Number of Posts	Status
BH	Dentist	01	Vacant Post
BH	Dental Therapist	01	Vacant Post
BH	Social Worker	02	Vacant Posts
BH	Nurse (05 Per Ward)	60	Vacant Posts
TOTAL		**64**	**Vacant Posts**

31.5.8 The investigation found that BH is affected by the KZN Department of Health budgetary constraints. Healthcare professionals' vacant posts are frozen and automatically not funded once vacated. As a result, there are staff shortages across all departments, including doctors, specialists, nurses and support staff. This shortage affects the quality of healthcare services provided to the public.

31.5.9 Doctors and nurses feel overworked due to staff shortages, as a result of the KZN Health policy to freeze all vacant posts. This challenge is worsened by a lack of adequate medical supplies and medical equipment at BH, resulting in poor working conditions, increased workload, and chronic fatigue. **Staff shortages in a healthcare facility are inconsistent with Regulation 19(2)(a) of the Norms and Standards,** which states that: *"The Health Establishment must, as appropriate to the type and size of the establishment, (a). Have and implement a human resource plan that meets the needs of the health establishment".* The investigation found that the health establishment's practices are inconsistent with norms and standards, departmental policy and legislation

31.5.10 The allegation that the health establishments' practices are consistent with norms and standards, departmental policy and legislation is unsubstantiated.

32. COMMENTS

32.1 The preliminary investigation report was issued to the complainants, KwaZulu-Natal Department of Health and the Health Establishment for inputs or comments, within seven days of receipt of this report. However, 07 days have elapsed, and no input or comments were received from the above-mentioned parties. The HoD of the KZN Department of Health furnished the Ombud with a written acknowledgement of receipt of the Joint Investigation Preliminary Report and indicated that the department will comply with the Ombud's recommendations, within the available budget.

33. CONCLUSION

33.1 It is regrettable that Dr Ngidi died, but the investigation found that Dr Ngidi died as a result of a suicide, which occurred at his rented apartment outside BH premises. Furthermore, there was no suicide note found on the scene, which could have shed some light on the reasons for committing suicide.

33.2 The investigation could not establish any causal link between Dr Ngidi's death and his working conditions or any systemic issues at BH.

33.3 However, the doctors, nurses and healthcare professionals have work-related concerns regarding the shortage of staff, increased workload and security risks within the hospital. Furthermore, most doctors, nurses, and other healthcare professionals feel overworked and under-resourced due to budgetary constraints within the KZN Department of Health.

34. RECOMMENDATIONS: BENEDICTINE HOSPITAL

34.1 Restoration of Adequate Water Supply to BH

It is recommended that the BH management should conduct a water supply needs analysis and formulate a plan to restore an adequate and continuous water supply to BH. A motivation should be sent to the KZN Health Department for the restoration of an adequate water supply to the BH. Proof of a needs analysis, plan to restore adequate water supply, and submission to the Health Ombud, within three months of receipt of the final investigation report.

34.2 Security and Risk Management

It is recommended that the BH management conduct a security risk assessment of the hospital premises and develop and implement a Security and Risk Management Plan to ensure that all employees, including healthcare professionals and patients, are protected from security risks, including threats, while on the hospital premises. Proof of an approved Security and Risk Management Plan to be submitted to the Health Ombud within two months of receipt of the final investigation report.

34.3 Disciplinary Hearings

It is recommended that all healthcare professionals who were reported to the health establishment by the community service doctors, doctors, nurses or other healthcare professionals who are mentioned in this report for misconduct or threatening incidents or unprofessional conduct, should be afforded an opportunity to appear before a disciplinary hearing, within three months of receipt of the final investigation report. A list of identified healthcare professionals to appear before the disciplinary hearing should be submitted to the Health Ombud.

34.4 Appointment of Doctors and Specialists Doctors

It is recommended that the BH management should motivate for an appointment and replacement of adequate doctors and specialist doctors in the affected departments, within six months of receipt of the final investigation report. Proof of an appropriate motivation for funding for filling of the critical posts, including specialist doctors' posts, to be submitted to the Health Ombud, within four months of receipt of the final investigation report. A follow-up submission should be made within one month of filling the vacant posts.

34.5 Appointment of Professional Nurses

It is recommended that the BH management conduct a needs analysis within the nursing department and motivate for the appointment of professional nurses and nurses with speciality training in critical posts within six months of receipt of the final investigation report. Proof of an appropriately filled nursing post to be submitted to the Health Ombud, within one month of filling the vacant posts.

34.6 Appointment of the EAP Coordinator

It is recommended that BH management should motivate the appointment of a suitably qualified and experienced person as the EAP Coordinator and admin assistant to adequately execute the EAP duties at BH and at all attached clinics. Proof of an appropriately filled post to be submitted to the Health Ombud, within one month of filling the vacant post.

34.7 Intern Doctors' Grievance Management

It is recommended that the KZN Department of Health develop a centralised and independent grievance management procedure for the intern doctors and junior doctors. This is due to the challenges that remain unreported due to doctors' fear of victimisation. This will ensure that all doctors' grievances are resolved without any fear of victimisation. The KZN Department of Health should distribute the information regarding centralised grievance management procedure within three months of receipt of the final investigation report. The proof of in-service training or workshops for intern doctors and junior doctors shall be submitted to the Health Ombud within three months of submission of proof of a newly developed centralised grievance management procedure.

34.8 Budget Allocation

It is recommended that the BH and KZN Department of Health be allocated sufficient budgets to enable the health establishment to have sufficient healthcare personnel in critical posts, as well as the required medical equipment and medical supplies. This will assist the health establishment in complying with the norms and standards in respect of human resources, medical equipment, and medical supplies. A reasonable budget allocation should be finalised within six months of receipt of the investigation report.

34.9 Develop a Standardised Clearing-In form

It is recommended that the BH Human Resources department should develop a standardised Clearing-In Form for all newly appointed employees, transfers, including all healthcare professionals, nurses, intern doctors, community service doctors, doctors, and registrars. The Clearing-In Form will guide all employees on how to be fully processed into BH, starting from the HR Department, orientation sessions, entry medical assessments, administrative, logistics, accommodation and Head of Unit (Supervisor's Signature) and next of kin details. The purpose of this form is to ensure that all newly appointed employees are properly processed by the HR department during placement at BH. Each Head of Department or supervisor is to sign the clearing-in form. Proof of the developed Clearing-In-Form is to be submitted to the Health Ombud within four months of receipt of the final investigation report.

34.10 Entry Medical Assessments

It is recommended that all newly appointed employees, transferred employees, or those on clinical placements should undergo an Entry Medical Assessment (Medical Surveillance) at BH as part of the compulsory clearance procedures. This will assist BH in medically assessing all new employees and identifying any risk factors or employees who might need support due to chronic conditions or mental health issues. BH management should develop a Standard Operating Procedure (SOP) on Entry Medical Assessments (Medical Surveillance). Proof of an SOP on Entry Medical Assessments should be submitted to the Health Ombud within four months of receipt of the final investigation report.

34.11 Training Workshops

It is recommended that bi-annually training workshops be provided to all staff members, including healthcare professionals on clinical placement at BH, include Grievance Management, Leave (all types of leave), Bullying and Unprofessional Behaviour in the Workplace, Mental Health, and the Employee Assistance Programme. A revised schedule for the training workshops or awareness programme should be submitted to the Health Ombud within two months of receipt of the final investigation report.

34.12 Record Keeping

It is recommended that BH should develop a Standard Operating Procedure (SOP) on Record Keeping, wherein all healthcare professionals and support staff are provided with in-service training on Record Keeping, within two months of receipt of the investigation report. The proof of approved SOP and attendance register for in-service training should be submitted to the Health Ombud.

35. RESOLUTION

35.1 Regulation 41(1)(a)(iv) of the Procedural Regulations states that: *"at any time, the Ombud may decide to take no further action on a complaint if the Ombud reasonably considers that the complaint has been resolved or otherwise appropriately finalised by the Ombud."* This complaint is considered finalised and will be closed in the Ombud's complaints management system, as no further action is required on this complaint, which has been resolved and appropriately finalised by the Ombud.

36. REFERENCE LIST: BENEDICTINE HOSPITAL

36.1 National Health Act No 61 of 2003

36.2 National Health Amendment Act No 12 of 2013

36.3 Norms and Standards Regulations Applicable to Different Categories of Health Establishments (No. 67 dated 02 February 2018, issued under section 90(1A) of the National Health Act of 2003).

36.4 Procedural Regulations Pertaining to the Functioning of the Office of the Health Standards Compliance and Handling of Complaints by the Health Ombud (No. 1365 dated 02 November 2016, issued in terms of section 90(1) of the National Health Act of 2003).

36.5 The Constitution of the Republic of South Africa, 1996 (Act 108 of 1996).

36.6 Inquests Act, 1959 (Act 58 of 1959).

36.7 Basic Conditions of Employment Act, 1997 (Act 75 of 1997).

36.8 Labour Relations Act, 1995 (Act No 66 of 1995).

36.9 Health Professions Act, 1974 (Act No. 56 of 1974).

36.10 Health Professions Council of SA Guidelines for Internship Training: 2017 edition.

36.11 HPCSA Ethical Guidelines for the Healthcare Professions: Booklets 1 and 2.

36.12 Determination & Directive on Leave of Absence in the Public Service: Aug 2021

36.13 Benedictine Hospital: Internship Orientation Programme.

36.14 Benedictine Hospital: Training Workshops Attendance Register.

36.15 Benedictine Hospital: Grievance Management Procedure and Register.

36.16 Benedictine Hospital: Human Resources Department Documents on leave, Recruitment, Employee Assistance Program, Motivations and Logistics.

36.17 Benedictine Hospital: Compliments, Complaints and Suggestions Register.

36.18 Benedictine Hospital: Serious Adverse Events Register and Incident Reports.

36.19 Public Service Act, 1994 as amended.

VRYHEID HOSPITAL

REFERENCE NUMBER: 55686

37. FINDINGS: DR FRANCIS IDIKA'S DEATH AT VRYHEID HOSPITAL

The investigation of allegations levelled against Vryheid Hospital (VH) established the following:

37.1 Regarding whether there was a causal link between Dr Idika's death and his working conditions or other systemic issues at VH.

37.1.1 Dr Francis Sunday Chkwuemeka Idika (Dr Idika), an African male medical doctor, was born in Nigeria. He completed a Bachelor of Medicine and Bachelor of Surgery (MBChB) at the University of Lagos. Furthermore, Dr Idika completed a Master of Medicine with Specialisation in Family Medicine in 2010, and he was duly registered with the Health Professions Council of South Africa (HPCSA) to practice as a medical doctor in South Africa.

37.1.2 According to Dr N Xhakaza (Dr Xhakaza), the CEO at VH, Dr Idika worked at Vryheid Hospital (VH) as a medical manager since 16 August 2007 until his untimely death on 30 March 2025. Dr Idika was found by the community service physiotherapist in the doctor's call room at about 09h00, unresponsive. The investigation established that Dr Idika was not on duty on 30 March 2025.

37.1.3 The VH management responded to this incident by calling the SAPS for forensic investigation in terms of the Inquest Act 58 of 1959. Furthermore, VH management called the family members, and they arrived at the hospital the following day. Family members were assisted in going to the forensic department, and they were also taken to the human resources department for further assistance. In accordance with the departmental policy, the family of Dr Idika was provided with R10 000.00 in financial support towards funeral arrangements. A postmortem examination was done to determine the cause of death, and the results thereof are available at Vryheid Hospital.

37.1.4 Subsequent to the death of Dr Idika, there was public outcry and unrest from labour unions and the South African National Civic Organisation (SANCO). There were allegations on various media platforms that Dr Idika's death was due to suicide, as a result of stress from his supervisor. Claims were also made that Dr Idika was unfairly subjected to multiple disciplinary charges and was arbitrarily removed from the hospital accommodation.

37.1.5 On 11 April 2025, the Honourable Dr Sibongiseni Dhlomo (Dr Dhlomo) the Chairperson of the Parliamentary Portfolio Committee on Health visited VH to enquire about Dr Idika's death and the allegations in various media platforms. Dr Dhlomo was furnished with responses regarding the circumstances surrounding Dr Idika's death. Furthermore, SANCO met with the hospital's executive and board to discuss media reports, and their concerns were addressed accordingly.

37.1.6 The Ombud sought to determine the circumstances surrounding Dr Idika's death. Whether there was a causal link between Dr Idika's death and the allegations that he committed suicide as a result of stress or bullying from his supervisor. Furthermore, the Ombud sought to determine if there were any systemic issues or working conditions that might have affected the doctors, intern doctors or any other healthcare professionals at VH. This was due to similar incidents involving the death of doctors in KZN public hospitals within a short space of time.

37.1.7 The investigation team conducted an onsite visit at VH, to determine the circumstances surrounding Dr. Idika's death and to assess doctors' and other healthcare professionals' working conditions and systemic issues, if any. The investigation team interviewed VH personnel from various departments, doctors, interns, Employee Assistant Programme Coordinator (EAP), Labour Relations Officer, Human Resource Manager, Clinical Manager, CEO and the rest of senior hospital management team.

37.1.8 Considering that Dr Idika has died and he will not be able to exercise his rights and challenge the allegations levelled against him and the findings of this investigation, the investigation team only used relevant evidence that was presented and challenged during the disciplinary hearings, internal investigations, appeals and arbitration proceedings to ensure fairness and make findings based on admissible evidence. The main purpose of the investigation is to answer the allegations levelled against VH. However, in doing so, the investigators had to scratch the surface and expose the true version of events. Furthermore, the Health Ombud's findings will inform recommendations to the affected health establishments.

37.1.9 The investigation found that Dr Idika had multiple disciplinary charges recorded in the labour relations office over the period 2017 to 2026, as follows:

37.1.9.1 On 08 August 2017, Dr Idika was charged with an improper, disgraceful and unacceptable behaviour while on duty, whereby Dr Idika was charged for displaying disrespectful, abusive and insolent behaviour towards Ms S.S. Mkhize and Mrs S.H Myeza (her supervisor). This was found to infringe regulation 4.2.8 of the Public Service Code of Conduct. Dr Idika's sanction in this regard was a demotion and two months' suspension without pay. However, this matter was taken on appeal, and his submissions were considered, but the appeals authority took a decision to confirm the sanction of a two-month suspension for the period 25 January 2018 until 24 March 2018.

37.1.9.2 On 6 August 2021, Dr Idika was charged with dereliction of duty due to his failure to allocate medical officers accordingly and arrange continuous coverage of clinical work. A second charge was that of gross negligence, an act or omission that has or may detrimentally affect the health of patients and bring the hospital into disrepute and medico-legal litigation. In respect of clinical mismanagement of a respiratory distress patient, a maternal death case, and denying patient access to appropriate healthcare.

37.1.9.3 Furthermore, Dr Idika was charged with dishonesty and/or fraudulent action, in that he was doing a double call duty for call rosters of 31/10/2019, 28/12/2019 and 28/01/2021, whereby he was locuming for a sessional medical officer, while Dr Idika was scheduled to be on call duty himself. **The investigation found that the practice of doing a double on-call duty for a doctor is detrimental to the provision of safe and quality healthcare services,** because it is impossible for a doctor to respond to two medical emergencies in different wards **at the same time.** He was further charged with misrepresentation of facts in the EPMDS/Performance Agreement (on HRD file Dr Idika).

37.1.9.4 The presiding officer of the disciplinary hearing found Dr Idika guilty of dereliction of duties, gross negligence and dishonesty, and **imposed a sanction of Permanent demotion from Medical Manager to Medical Officer Grade 3 and a Final Written Warning, which was kept in his file for six months.** Dr Idika appealed his sanction but, on 01 July 2022 the appeals authority considered his submissions and confirmed his demotion to Medical Officer Grade 3 and a final written warning.

37.1.9.5 On 12 October 2022, the matters at paragraph 32.1.9.3 and 32.1.9.4 above were taken to an arbitration hearing, which was held at VH in terms of the Public Health and Social Development Bargaining Council (PHSDSBC). The purpose was to determine whether the employer committed an unfair labour practice against Dr Idika in respect of his disciplinary sanction.

37.1.9.6 The arbitrator considered representations, all relevant evidence and found that Dr Idika managed to defend his case. As a result, **the arbitrator found that the employer committed an act of unfair labour practice against the applicant, when the employer imposed a sanction of demotion from Medical Manager to Medical Officer Grade 3,** and a final written warning which will last for six months. Therefore, the sanction was set aside, and Dr Idika was reinstated to his position of Medical Manager Grade 2.

37.1.9.7 On 28 April 2022, Dr Idika was charged with misconduct in terms of the PSCBS Resolution 1 of 2003. Dr Idika was charged with wrongful use of state property without permission, in that, in his capacity as the Medical Manager, he permitted private doctors to use the government hospital to perform a hysterectomy, and R15 000.00 was paid directly to the private doctors. Furthermore, Dr Idika was charged with performing work for a private entity without permission, namely assisting private doctors during the surgery of private patients at the government hospital.

37.1.9.8 The investigation found that there was a patient, Skhakhane, who was admitted at VH on 24 March 2022, on behalf of Dr Neuman, and the patient underwent a surgical operation on 25 March 2022. According to Mr Xaba, who admitted the patient, he was informed that Dr Idika approved the admission. The investigation found that there was a long-standing practice at VH in which private doctors use public hospital facilities and resources for their private patients, but no permission was given to assist private patients.

37.1.9.9 The investigation found a memo dated 19 August 2016, requesting Ms Mthethwa to reinstate Dr Neuman's speed dial at VH. That request was signed by Dr Idika in his capacity as a Medical Manager. It can be noted that Dr Neuman is a retired former VH Medical Superintendent, who now works as a private General Practitioner in Vryheid town.

37.1.9.10 Dr Neuman confirmed in an email dated 28 March 2022 that he told Dr Idika he would be performing surgery, but did not ask Dr Idika for permission to do so. Furthermore, Dr Neuman confirmed that he has been performing surgical procedures in VH for 39 years, while employed by the Department of Health, **and continued to perform surgical procedures at VH for 7 years as a private doctor.**

37.1.9.11 The investigation found that the names and cell numbers of Dr Neuman and other private doctors were listed on the rotation schedule of Vryheid Hospital Medical Officers Certified to Perform Surgical Operations and Anaesthesia for different years from 2017 to 2020. All theatre doctors' rotation schedules had Dr Idika's name on the signature block in his capacity as a Medical Manager.

37.1.9.12 The allegation that private doctors were using VH to perform surgical procedures and were assisted by Dr Idika is substantiated.

37.1.9.13 The investigation found that there is no Service Level Agreement authorising the private doctors to use public hospital resources for personal gain. This practice was found to be highly irregular and it amounts to fruitless expenditure and contravenes section 38(1)(c)(ii) and (iii) of the Public Finance Management Act, which states that; *The accounting officer for a department must take effective and appropriate steps to prevent unauthorised, irregular, fruitless and wasteful expenditure and losses resulting from criminal conduct, and manage the available working capital efficiently and economically".* **The Health Ombud has decided to refer the issue of private doctors using public healthcare facilities without permission to the appropriate law enforcement agency for further investigation** and to determine if this practice still affects VH and/or affects other health establishments in the province.

37.1.9.14 Dr Idika was further charged. It was stated in his charge sheet that on 18 July 2023, he failed to call or arrange the doctor's team to assist a patient to deliver a baby, which resulted in the death of the infant at VH. The disciplinary hearing concluded that the employer's case lacked substance. **As a result, Dr Idika was found not guilty on both charges.**

37.1.9.15 On 12 December 2024, Dr Idika was once again charged by the employer with multiple offences of recurrent absenteeism on ten occasions, spanning from 02 April 2024 to 21 October 2024. As a result, he was found guilty, and R8 685.79 was deducted from his November 2024 salary as leave without pay for 2 days.

37.1.10 In the premise, the investigation found that while there were multiple disciplinary charges against Dr Idika, **he was duly represented by the Public Servants Association of South Africa (PSA Union). As a result, Dr Idika was found guilty only on less serious charges.** The other serious disciplinary charges and/or sanctions were set aside on appeal or through arbitration.

37.1.11 The investigation noted that the employer failed or omitted to support their case with expertise of a healthcare professional to assist the presiding officer of the disciplinary hearing, with the much needed healthcare professional perspective to determine the issues of liability and medical negligence in each case, and whether the charged officer deviated from the appropriate standard of care in each case, and establish if there was a causal link between the charged officer's act or omissions and the poor patient outcome. However, the employer relied only on the versions of a few witnesses.

37.1.12 Furthermore, Dr Idika was afforded both substantive and procedural fairness, as evidenced by the procedures followed during the disciplinary hearings, including the opportunity to be represented by a union representative and to be afforded an opportunity to appeal the sanction. The investigation found that there were compelling reasons to subject Dr Idika to disciplinary hearings, but the employer lacked the ability to adequately support their allegations with relevant evidence.

37.1.13 The allegations that Dr Idika was subjected to multiple unjustified disciplinary charges are unsubstantiated.

37.1.14 The investigation further noted with concern that while there were multiple disciplinary charges against Dr Idika, the employer failed or neglected to refer him to the Employee Assistance Programme Coordinator (EAP Coordinator) to assess and determine if there were any other underlying issues, which might have caused him to be involved in so many disciplinary infractions.

37.1.15 Furthermore, the investigation found that all senior staff members who had long-term access to the departmental housing were requested to vacate in order to make space for interns and community service professionals. This departmental accommodation policy was communicated in 2024 and applied to all senior staff members in order to prioritise interns and other newly appointed staff members.

37.1.16 The investigation found that Dr Idika had spent about 17 years residing in the VH accommodation. Furthermore, **it was a reasonable decision for the VH management to prioritise the placement of interns and newly appointed employees in hospital accommodation to assist them with relocation and adjustment to the new environment.** The investigation found that the decision to remove Dr Idika from the VH accommodation was reasonable and rational.

37.1.17 The allegation that Dr Idika was arbitrarily removed from the hospital accommodation is unsubstantiated.

37.1.18 Dr Dika was appointed as a medical manager at VH on 16 August 2007. He had three clinical managers reporting to him. Dr Idika was reporting to the CEO as his immediate supervisor. Furthermore, the investigation found that there were multiple omissions and acts of misconduct that led to multiple disciplinary hearings over the period 2017 to 2024, as stated at paragraphs 32.1.9.1 to 32.1.9.14 above. **The investigation found no recorded grievances from Dr Idika regarding any form of victimisation or bullying from his supervisor.**

37.1.19 However, the investigation found that there were various grievances lodged against Dr Idika by the doctors, nurses, clinical associate and the NEHAWU labour union, regarding bullying and victimisation of medical and allied staff by Dr Idika, as follows:

37.1.19.1 On 20 February 2017, Ms Mkhize lodged a formal grievance with the VH Labour Relations Office and stated that Dr Idika insulted her at the labour ward, in front of patients and her supervisor. Furthermore, Ms Mkhize complained that Dr Idika vilified her educational qualifications.

37.1.19.2 On 02 June 2020, there was a bilateral meeting held between the National Educational Health & Allied Workers Union (NEHAWU) and VH Management, wherein the NEHAWU voiced its members concerns regarding clinical mismanagement of patients and victimisation of medical and allied staff members allegations by Dr Idika. Furthermore, the NEHAWU indicated that they were deeply concerned because hospital management was not taking this matter seriously, and this could lead to further problems as doctors threatened to stop working and embark on a tools-down campaign unless the matter is addressed with the urgency it deserves.

37.1.19.3 On 08 February 2021, a group of doctors working at VH wrote a collective complaint to report about the unspeakable, unprofessional and unethical behaviour displayed by Dr Idika in his capacity as a Medical Manager. Furthermore, the medical manager has poor managerial skills, resulting in unbearable, toxic working conditions under his supervision. Dr Idika, as a health practitioner, is a grossly hazardous doctor who poorly managed numerous patients.

37.1.19.4 On 26 April 2021, Dr Mdlalose lodged a formal grievance with the VH Labour Relations Office and stated that she is subjected to unfair discrimination, victimisation, and defamation of character by her supervisor, Dr Idika, in his capacity as a Medical Manager.

37.1.19.5 On 25 March 2022, the Vryheid Hospital Branch of the NEHAWU lodged a formal grievance of bullying and victimisation of medical and allied staff by Dr Idika. The NEHAWU, in its capacity as a labour union, made submissions to the VH management that it was not appropriate to allow the accused official to continue and supervise witnesses who testified against him in a disciplinary hearing. Furthermore, one of the victims, Dr Mdlalose, was bullied and victimised to an extent that she opted to apply for a protection order in terms of Section 5(2) of the Domestic Violence Act, 1998 (Act no 116 of 1998) against Dr Idika.

37.1.19.6 On 14 November 2023, Mr Zulu, a Clinical Associate, lodged a formal grievance with the VH Labour Relations Office of discrimination against Dr Idika. According to Mr Zulu, he requested the medical manager to sign his quarterly probation forms. However, the medical manager advised him to return to school and study to become a doctor or something better than a Clinical Associate. The forms were not signed because it was not the medical manager's priority.

37.1.19.7 During this investigation, the CEO listed other complaints that were not processed through the disciplinary hearings or formal grievance procedure. The list of complaints regarding Dr Idika included lack of accountability, increased absenteeism, and failure to attend to patients who needed urgent medical care.

37.1.20 The investigation established that Dr Idika was accused of misconduct as a healthcare practitioner (doctor). Furthermore, multiple formal grievances have been lodged with the VH Labour Relations Office against Dr Idika. Some grievances were lodged by doctors, nurses, a clinical associate, and NEHAWU in its capacity as a labour union.

37.1.21 The investigation found that the above-mentioned cases of misconduct and various formal grievances lodged against Dr Idika were Prima Facie unlawful. **During 2020 and 2021, a group of doctors wrote a formal complaint outlining 10 cases of clinical mismanagement by Dr Idika.** That was followed by a bilateral meeting between VH management and NEHAWU, regarding clinical mismanagement of patients and victimisation of medical and allied staff members' allegations by Dr Idika.

37.1.22 However, the VH management failed, neglected or omitted to seek legal advice regarding Dr Idika's misconduct cases and act accordingly in holding him to account. Furthermore, the VH management failed, neglected, or omitted to remove Dr Idika from direct patient care and to reasonably accommodate him in a more administrative capacity while they investigate the alleged cases of clinical mismanagement of patients.

37.1.23 The investigation found that the VH management failed, neglected or omitted to protect healthcare professionals who testified as witnesses in Dr Idika's disciplinary hearings, by allowing the same employees to work under his direct supervision. This arrangement resulted in a continued culture of bullying and victimisation of witnesses and employees.

37.1.24 The Health Professions Council of South Africa (HPCSA) is the regulatory body for the medical profession and is empowered in terms of the Health Professions Act, 56 of 1974. **The mandate of the HPCSA in protecting the public and guiding medical professionals includes ensuring that health practitioners are fit to practice their profession with reasonable skill and safety.** The HPCSA is also empowered to handle complaints lodged against the health practitioner registered with the HPCSA.

37.1.25 The investigation noted that section 27 of the Constitution of South Africa provides that ***"Everyone has the right to have access to healthcare services and that no one may be refused emergency medical treatment".*** The investigation found that complaints of clinical mismanagement of patients and Dr Idika's inability to avail himself and attend to patients who needed urgent medical treatment were inconsistent with section 27(1) and (3) of the Constitution. The situation, which affected patients' right to access healthcare and emergency

treatment, created an obligation for the VH management to urgently intervene and resolve it, or, in the alternative, report the problematic doctor to the HPCSA. The investigation found that the VH management allowed Dr Idika to continue working at VH, despite having a long list of disciplinary charges and formal grievances over the period 2017 to 2024.

37.1.26 There was no suicide note found where Dr Idika died which could have shed some light on the reasons behind the suspected suicide. A postmortem was conducted to determine the cause of death, and it was reported that he died due to natural causes.

37.1.27 The investigation could not establish any causal link between Dr Idika's death and his working conditions or bullying incidents.

37.1.28 The investigation found no recorded grievances from Dr Idika regarding any form of victimisation or bullying by his supervisor. Instead, the investigation found that there were multiple formal grievances lodged against Dr Idika for bullying and victimisation of healthcare professionals entrusted to him in his capacity as a Medical Manager.

37.1.29 Therefore, the allegation that Dr Idika committed suicide because of stress, victimisation and bullying from his supervisor at VH is unsubstantiated

37.2 Regarding whether the health establishment has a functional and effective Staff Clinic.

37.2.1 The investigation found that all VH employees are informed about the Staff Clinic during the orientation session for newly appointed interns, doctors and other healthcare professionals. Furthermore, the investigation established that employees are encouraged to report any health-related problems to their supervisors or go for consultation at the staff clinic.

37.2.2 The investigation found that VH has a Health and Wellness Occupational Clinic (Staff Clinic) which is staffed by an occupational health nurse and two doctors allocated to assist the staff, operating from 07h30 - 16h00 weekdays. The staff clinic provides services to all 841 permanent employees and 262 contract employees. Employees with psychosocial issues, such as occupational stress, mental health, substance abuse and socio-economic stressors are referred to the EAP Coordinator.

37.2.3 Should any employee require medical attention after hours, such employee will be seen at the VH Casualty Department, which is open 24 hours a day. All employees are allowed to access care directly from the staff clinic. However, most healthcare professionals prefer to use private healthcare facilities for confidentiality reasons. All newly appointed employees, including interns, undergo medical surveillance upon arrival at VH and must undergo yearly medical assessments. However, medical surveillance and yearly medical assessments are not strictly monitored, and some employees have not complied.

37.2.4 The investigation found that doctors, nurses and other healthcare professionals have adequate access to healthcare services while on duty at VH. This is consistent with Regulation 5(1) of the Norms and Standards regarding Access to Care, which states, *"The Health Establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition".* The investigation found that the availability of an effective Staff Clinic at VH guarantees the employee's section 27 Constitutional right of access to healthcare services.

37.2.5 Considering the staff clinic operating hours, professional staffing, resources and services rendered to the VH employees. The investigation found that VH has a functional and effective staff clinic to cater for the employees' healthcare needs.

37.2.6 The allegation that VH has a functional and effective staff clinic is substantiated.

37.3 Regarding whether the health establishment has an effective Employee Assistance Programme (EAP).

37.3.1 The Employee Assistance Programme (EAP) is a confidential, employer-sponsored service which offers employee assessments, counselling, mental health support and referrals for personal or work-related issues such as stress, financial problems and substance abuse. The EAP Coordinator provides early interventions to improve employee well-being and productivity before problems get worse and unmanageable.

37.3.2 The investigation found that Ms Dudu Ncube (Ms Ncube) is the EAP Coordinator responsible for the provision of EAP services and awareness programmes to all staff members at VH. Ms Ncube is a Social Worker by profession and holds an Honours Degree in HIV/AIDS Social Behavioural Studies. Ms Ncube has been working at VH as an EAP Coordinator for the past 10 years.

37.3.3 The EAP Coordinator confirmed that she works alone to provide EAP services and awareness programmes to about 1103 employees. According to Ms Ncube, she is coping with her workload because she normally consults with about 07 to 10 employees who require EAP services, per month. Furthermore, the EAP Coordinator conducts at least one awareness programme per month. However, attendance at the awareness programmes is low despite her efforts to inform all departments of the scheduled programmes.

37.3.4 The investigation found that the most common challenges that are often referred to the EAP Coordinator are substance abuse cases, financial-related stressors and conflict issues. Dr Idika was never referred to the EAP services, and he had no history of substance abuse. Most affected employees are initially assessed by the EAP Coordinator, provided with appropriate intervention and referred accordingly for further management.

37.3.5 The investigation found that the EAP Coordinator is not getting adequate support from the VH management. At the moment, the EAP Coordinator does not have a computer to do her work. Instead, the EAP Coordinator relies on other colleagues' computers. **The practice of using other people's computers to process highly confidential patient information was found to be inconsistent with Regulation (6)(1) of the Norms and Standards,** which states that; "The health establishment must ensure that health records of healthcare users are protected, managed and kept confidential in line with section 14, 15 and 17 of the National Health Act, 2003 (Act No.61 of 2003).

37.3.6 The investigation found that the EAP Coordinator is suitably qualified and coping well with her work of providing EAP services to all employees at VH, this was found to be consistent with Regulation (5)(1) of the Norms and Standards, which states; *"The Health Establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.* The investigation found that VH has a functional and effective EAP services.

37.3.7 The allegation that the health establishment has functional and effective EAP services is substantiated, but the EAP Coordinator needs support from the Management and to be provided with a computer or laptop to properly do her work, which is highly confidential.

37.4 Regarding whether the doctors and other healthcare professionals are experiencing any work-related challenges or incidents of bullying at VH.

37.4.1 The investigation found that VH is seriously affected by staff shortages due to KZN Department of Health austerity measures which limit the recruitment efforts. The nursing department is experiencing severe staff shortages to the extent that Management has had to close a ward. Most nurses who resign or retire leave a huge gap and an increased workload for the remaining nurses. The issue of staff shortages affects both speciality and general nurses at the hospital.

37.4.2 Furthermore, the investigation found that the clinical department is also affected by a severe shortage of doctors, due to KZN Department of Health austerity measures which limit the recruitment efforts. Due to staff shortages, doctors sometimes cannot complete their rounds. This affects the quality of care provided to patients.

37.4.3 According to the CEO, sometimes doctors work till late in order to see more patients, using the few available doctors. Some patients are turned away if they require services after 16h00 when the outpatients department and pharmacy are closed, due to a shortage of doctors. Most doctors normally exceed the overtime limit due to staff shortages. The investigation found that doctors who work long hours regularly get sick and are booked off. Most doctors feel overworked and under-resourced due to austerity measures.

37.4.4 The investigation found that clinical managers, including the CEO, are actively involved in seeing patients at VH. This is done to augment the few available doctors at VH, but this practice forces doctors in management positions to neglect their supervisory duties including quality assurance duties.

37.4.5 There were discussions to upgrade VH to a regional hospital over many years, but that has not materialised due to budgetary constraints. The investigation found that if VH were to be upgraded to a regional hospital, it would benefit the hospital by providing additional funds, increased staff capacity, and additional resources. However, this decision can only be taken by the KZN Department of Health.

37.4.6 Furthermore, the investigation found that there are bullying and victimisation grievances at VH. **There are various grievances lodged against Dr Idika by the doctors, nurses, clinical associates, and the NEHAWU labour union,** regarding bullying and victimisation of medical and allied staff by Dr Idika, as follows:

37.4.6.1 According to the Labour Relations Officer's records, there are bullying incident grievances that were lodged against Dr Idika. **However, the investigation found that there were various grievances lodged against Dr Idika by the doctors, nurses, clinical associate and the NEHAWU labour union,** regarding bullying and victimisation of medical and allied staff by Dr Idika, as follows:

37.4.6.2 On 20 February 2017, Ms Mkhize lodged a formal grievance with the VH Labour Relations Office and stated that Dr Idika insulted her at the labour ward, in front of patients and her supervisor. Furthermore, Ms Mkhize complained that Dr Idika vilified her educational qualifications.

37.4.6.3 On 26 April 2021, Dr Mdlalose lodged a formal grievance with the VH Labour Relations Office and stated that she is subjected to unfair discrimination, victimisation, and defamation of character by her supervisor, Dr Idika, in his capacity as a Medical Manager.

37.4.6.4 On 25 March 2022, the Vryheid Hospital Branch of the NEHAWU lodged a formal grievance of bullying and victimisation of medical and allied staff by Dr Idika. The NEHAWU, in its capacity as a labour union, made submissions to the VH management that it is not appropriate to allow the accused official to continue supervising witnesses who testified against him in a disciplinary hearing. Furthermore, one of the victims Dr Mdlalose was bullied and victimised to an extent that she opted to apply for a protection order in terms of Section 5(2) of the Domestic Violence Act, 1998 (Act no 116 of 1998) against Dr Idika.

37.4.7 The investigation noted with concern that VH management is unable to fill vacant posts by employing more healthcare professionals due to budgetary constraints.

37.4.8 The investigation found that healthcare personnel (doctors and nurses) and resource shortages are inconsistent with Regulation 19(2)(a) of the Norms and Standards, which states that; ***"The Health Establishment must, as appropriate to type and size of the establishment, (a). Have and implement a human resource plan that meets the needs of the health establishment".*** The investigation found that doctors and other healthcare professionals are experiencing work-related challenges and incidents of bullying at VH.

37.4.9 The allegation that the doctors and other healthcare professionals are experiencing any work-related challenges or incidents of bullying at VH is substantiated.

37.5 Regarding whether the health establishments' practices are consistent with norms and standards, departmental policy and legislation

37.5.1 The Public Service Commission's (PSC) constitutional mandate in terms of section 196 of the *Constitution of the Republic of South Africa 1996* (the Constitution), determines that the PSC must exercise its powers to ensure maintenance of an effective and efficient administration and high standards of professional ethics in the public service.

37.5.2 In terms of section 196(4)(b) of the Constitution, the powers and functions of the PSC are to investigate, monitor and evaluate the organisational administration and the personnel practices within the public service.

37.5.3 The PSC noted with deep concern the media reports regarding the death of Health Professionals at various public hospitals within the KwaZulu-Natal Department of Health. The PSC has agreed to provide necessary support to the investigation conducted by the Health Ombud within the PSC's mandate.

37.5.4 The investigation found that there was a lack of adequate workshops for medical officers and intern doctors regarding leave policy and grievance procedures. As a result, some healthcare professionals were not aware of the procedure to follow in lodging a grievance and they were exposed to vulnerable and unfavourable working conditions.

37.5.5 There were formal grievances lodged by doctors, nurses, clinical associate and labour union at VH and as a result, the trends of grievances could be analysed for investigation purposes.

37.5.6 This was found to be consistent with Rule C6 of the Grievance Rules for the Public Service (PSCBC Resolution 14 of 2002), which states that: *"A grievance must be lodged in writing and all decisions taken during this process must be in writing".*

37.5.7 The investigation found that the use of other people's computers by the EAP Coordinator to process highly confidential patient information was found to be inconsistent with Regulation (6)(1) of the Norms and Standards, which states that; ***"The health establishment must ensure that health records of healthcare users are protected, managed and kept confidential in line with section 14, 15 and 17 of the National Health Act, 2003 (Act No.61 of 2003).***

37.5.8 It was noted that interns and doctors do not attend training workshops that are conducted by the human resources department, due to their busy schedule and staff shortages challenges.

37.5.9 **The shortage of medical equipment, medicines and medical supplies was found to be inconsistent with Regulation 10(2)(b) of the norms and standards,** which states that: ***"The health establishment must ensure the availability of medicines and medical supplies for the delivery of services".*** **Furthermore, it is inconsistent with Regulation 13(1) of the Norms and Standards,** which states that: ***"The health establishment must ensure that medical equipment is available and functional in compliance with the law".*** The investigation found that KZN Health budget cuts made it impossible for the VH management to mitigate or resolve these pertinent issues.

37.5.10 The investigation found that VH is affected by the KZN Department of Health budgetary constraints. Healthcare professionals' vacant posts are frozen and automatically not funded once vacated. As a result, there are staff shortages across all departments for doctors, specialists' doctors and nurses, this shortage affects the quality of healthcare services rendered to the members of the public.

37.5.11 Doctors and nurses feel overworked due to staff shortages, as a result of the KZN Health policy to freeze all vacant posts. This challenge is worsened by a lack of adequate medical supplies and medical equipment at VH, resulting in poor working conditions, increased workload, chronic fatigue, substance abuse and absenteeism.

37.5.12 **Staff shortages in a healthcare facility are inconsistent with Regulation 19(2)(a) of the Norms and Standards,** which states that: ***"The Health Establishment must, as appropriate to type and size of the establishment, (a). Have and implement a human resource plan that meets the needs of the health establishment".*** The investigation found that the health establishment's practices are inconsistent with norms and standards, departmental policy and legislation.

37.5.13 **The allegation that the health establishments' practices are inconsistent with norms and standards, departmental policy and legislation is substantiated.**

38. COMMENTS

38.1 The preliminary investigation report was issued to the complainants, KwaZulu-Natal Department of Health and the Health Establishment for inputs or comments, within seven days of receipt of this report. However, 07 days have elapsed, and no input or comments were received from the above-mentioned parties. The HoD of the KZN Department of Health furnished the Ombud with a written acknowledgement of receipt of the Joint Investigation Preliminary Report and indicated that the department will comply with the Ombud's recommendations, within the available budget.

39. CONCLUSION

39.1 It is regrettable that Dr Idika died. The investigation found that Dr Idika died due to natural causes, while he was off duty within the hospital premises. There were no recorded formal grievances lodged by Dr Idika against VH management regarding bullying, victimisation or working conditions. However, there were multiple grievances of bullying and victimisation that were lodged by other healthcare professionals and labour unions against Dr Idika.

39.2 The investigation could not establish any causal link between Dr Idika's death and his working conditions or any systemic issues at VH. The postmortem established that Dr Idika died from a fatal aortic aneurysm rupture.

39.3 The hospital is experiencing severe staff shortages in both the clinical department and the nursing department. As a result, most healthcare professionals feel over-worked and under resourced at VH, due to KZN Department of Health austerity measures. Moreover, these challenges affect the safety and quality of healthcare services provided to the members of the public.

40. RECOMMENDATIONS: VRYHEID HOSPITAL

40.1 Management Support to the EAP Coordinator

It is recommended that the VH management should provide adequate support to the office of the EAP Coordinator. Furthermore, the VH management should supply the EAP Coordinator with a computer (desktop or laptop), to enable her to manage and safeguard confidential healthcare records, within two months of receipt of the final investigation report. Proof of being issued with a computer (desktop or laptop) should be submitted to the Health Ombud, within one month of being issued with the equipment.

40.2 Security and Risk Management

It is recommended that the VH management should conduct a security risk assessment within the hospital premises and develop and implement a Security and Risk Management Plan, to ensure that all employees including healthcare professionals and patients are protected from security risks including threats while within the hospital premises. Proof of an approved Security and Risk Management Plan to be submitted to the Health Ombud, within two months of receipt of the final investigation report.

40.3 Inservice Training on Medical Negligence and Patient Safety Incidents

It is recommended that the VH management should develop a Standard Operating Procedure (SOP) regarding in-service training on Medical Negligence and Prevention of Patient Safety Incidents. This in-service training should be rolled out to all employees who are involved in patient care. Proof of approved SOP and signed training attendance registers should be submitted to the Health Ombud within three months of receipt of the final investigation report.

40.4 Inservice Training on Misconduct and Disciplinary Issues

It is recommended that the VH management should develop a Standard Operating Procedure (SOP) regarding in-service training on Misconduct and Disciplinary Issues in the Workplace. This in-service training should be rolled out to all employees at VH. Proof of approved SOP and signed training attendance registers should be submitted to the Health Ombud within four months of receipt of the final investigation report.

40.5 Disciplinary Hearings

It is recommended that all healthcare professionals who were involved in misconduct and the practice of allowing private doctors to admit patients and perform surgical procedures at VH for personal gain, should be afforded an opportunity to appear before the disciplinary hearing, within four months of receipt of the final investigation report. A list of all identified healthcare professionals and support personnel to appear before disciplinary hearing should be submitted to the Health Ombud.

40.6 Appointment of Doctors and Specialists Doctors

It is recommended that the VH management should conduct a needs analysis and motivate for an appointment and replacement of adequate doctors and specialist doctors in the affected departments, within six months of receipt of the final investigation report. Proof of an appropriately motivated budget allocation request for filling of critical posts including specialist doctors post to be submitted to the Health Ombud, within five months and proof of filing the vacant posts to be submitted within one month.

40.7 Appointment of Professional Nurses

It is recommended that the VH management should conduct a needs analysis within the nursing department and motivate for an appointment of professional nurses and nurses with speciality training in critical posts, within six months of receipt of the final investigation report. Proof of an appropriately filled nursing posts to be submitted to the Health Ombud, within one month of filing the vacant posts.

40.8 Intern Doctors' Grievance Management

It is recommended that the KZN Department of Health develop a centralised and independent grievance management procedure for the intern doctors and junior doctors. This is due to the challenges that remain unreported due to doctors' fear of victimisation. This will ensure that all doctors' grievances are resolved without any fear of victimisation. The KZN Department of Health should distribute the information regarding the centralised grievance management procedure within three months of receipt of the final investigation report. The proof of in-service training or workshops for intern doctors and junior doctors shall be submitted to the Health Ombud within three months of submission of proof of a newly developed centralised grievance management procedure.

40.9 Budget Allocation

It is recommended that VH and KZN Department of Health should be allocated sufficient budget to enable the health establishment to have sufficient healthcare personnel in critical posts, required medical equipment and medical supplies. This will assist the health establishment to comply with the norms and standards in respect of human resources, medical equipment and medical supplies. A reasonable motivation for budget allocation should be finalised within six months of receipt of the investigation report.

40.10 Develop a Standardised Clearing-In form

It is recommended that VH Human Resources department should develop a standardised Clearing-In Form for all newly appointed employees, transfers, including all healthcare professionals, nurses, intern doctors, community service doctors, doctors, registrars. The Clearing-In Form will guide all employees on how to be fully processed into VH, starting from HR Department, orientation sessions, entry medical assessments, administrative, logistics, accommodation and Head of Unit (Supervisor's Signature) and next of kin details. The purpose of this form is to ensure that all newly appointed employees were properly processed by HR department during placement at BH. Each Head of Department or supervisor to sign on the clearing-in form. Proof of the developed Clearing -In Form to be submitted to the Health Ombud, within two months of receipt of the final investigation report.

40.11 Entry Medical Assessments

It is recommended that all newly appointed employees, transferred or on clinical placements, should undergo an Entry Medical Assessment (Medical Surveillance) at VH, as part of the compulsory clearing in procedures. This will assist VH to medically assess all new employees and identify any risk factors or employees who might need support due to chronic conditions or mental health issues. VH management should develop a Standard Operating Procedure (SOP) on Entry Medical Assessments (Medical Surveillance). The proof of an SOP on Entry Medical Assessments should be submitted to the Health Ombud within two months of receipt of the final investigation report.

40.12 Training Workshops

It is recommended that bi-annually training workshops be provided to all staff members, including the healthcare professionals on clinical placement at VH, should include Grievance Management, Leave (all types of leave), Bullying and Unprofessional Behaviour in the Workplace, Mental Health and Employee Assistance Programme. A revised schedule for the training workshops or awareness programme should be submitted to the Health Ombud within two months of receipt of the final investigation report.

40.13 Record Keeping

It is recommended that VH should develop a Standard Operating Procedure (SOP) on Record Keeping, wherein all healthcare professionals and support staff be provided with in-service training on Record Keeping, within three months of receipt of the investigation report. The proof of approved SOP and attendance register for in-service training should be submitted to the Health Ombud.

41. RESOLUTION

41.1 Regulation 41(1)(a)(iv) of the Procedural Regulations states that: *"at any time, the Ombud may decide to take no further action on a complaint if the Ombud reasonably considers that the complaint has been resolved or otherwise appropriately finalised by the Ombud."* This complaint is considered finalised and will be closed in the Ombud's complaints management system no further action needs to be taken on this complaint.

41.2 The Health Ombud has noted the issue of allowing private doctors to admit private patients and perform surgical procedures at VH for personal gain, without any Service Level Agreement or permission. This will be referred to the appropriate law enforcement agency for further investigation and prosecution.

41.3 Furthermore, all healthcare professionals who were implicated in unprofessional conduct in this report will be referred to the regulatory bodies such as, the Health Professions Council of South Africa (HPCSA) or the South African Nursing Council (SANC), for further management and disciplinary action.

42. REFERENCE LIST: VRYHEID HOSPITAL

42.1 National Health Act No 61 of 2003

42.2 National Health Amendment Act No 12 of 2013

42.3 Norms and Standards Regulations Applicable to Different Categories of Health Establishments (No. 67 dated 02 February 2018, issued under section 90(1A) of the National Health Act of 2003).

42.4 Procedural Regulations Pertaining to the Functioning of the Office of the Health Standards Compliance and Handling of Complaints by the Health Ombud (No. 1365 dated 02 November 2016, issued in terms of section 90(1) of the National Health Act of 2003).

42.5 The Constitution of the Republic of South Africa, 1996 (Act 108 of 1996).

42.6 Inquests Act, 1959 (Act 58 of 1959).

42.7 Basic Conditions of Employment Act, 1997 (Act 75 of 1997).

42.8 Labour Relations Act, 1995 (Act No 66 of 1995).

42.9 Health Professions Act, 1974 (Act No. 56 of 1974).

42.10 Health Professions Council of SA Guidelines for Internship Training: 2017 edition.

42.11 Determination and Directive on Leave of Absence in the Public Service: Aug 2021

42.12 Vryheid Hospital: Internship Orientation Programme.

42.13 Vryheid Hospital: Training Workshops Attendance Register.

42.14 Vryheid Hospital: Grievance Management Procedure and Register.

42.15 Vryheid Hospital: Human Resources Department Documents on leave, Recruitment, Employee Assistance Program, Motivations and Logistics.

42.16 Vryheid Hospital: Compliments, Complaints and Suggestions Register.

42.17 Vryheid Hospital: Serious Adverse Events Register and Incident Reports.

42.18 Public Service Act, 1994 as amended.

Notes

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RP84/2026

ISBN: 978-1-77997-693-2

Title of Publications: The Health Ombud and Public Service Commission: Joint Investigation Report into a spate of deaths of Doctors and other Healthcare Professionals in Public Hospitals in KwaZulu-Natal Province