



NEHAWU

National Education Health & Allied Workers Union

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To the NCOP
Private and Confidential

Re: Reply to the PSC investigative report of KDH

Category A

IMLC RESUSCITATION

The PSC investigative report acknowledge the important role of the IMLC platform as an interface between staff and management of KDH. Nehawu is not the only labour representative on the IMLC. Other labour representatives are Denosa, Hospersa and PSA. Such wide representation potentially enriches consideration and discussion of a wide variety of issues at the IMLC. Further, since Nehawu is not a craft union it not only raises labour related issues but also issues which affect the patients and the community of Khayelitsha. Such input can only be rewarding for the staff and community of Khayelitsha. We therefore find it strange that the Management of KDH went to great lengths to render the IMLC dysfunctional.

The PSC investigation failed to demonstrate the sequence of events which let to the collapse of the IMLC. The report minimizes the destructive and deceptive role played by management. It is biased and treats the deeds of management as unfortunate errors which must simply be corrected.

The sequence of events was as follow:

In IMLC meetings between Jun 2016 and June 2017 Nehawu requested the following:

- Answers to the irregular nature of staff appointments, recruitment and selection processes
- a list of all the posts at KDH together with the date of post occupation and the names of the people paid from those posts
- that management arrange for an independent assessment of KDH adherence to Occupational Health and Safety standards
- address employment equity to be more representative at both staff and management level
- evidence that the R60 000 CCAIRR award money was not abused or misused and that its use be agreed to in the IMLC since the reward was a direct result of staff achievement
- the development of a staff rotation policy to replace the hitherto severely unfair staff rotation practices -which occurred without a policy-at KDH.

The more KDH management failed to answer these questions the more worried they became in IMLC meetings. Management then tried different methods to prevent discussion of these items at IMLC meetings. When those efforts also failed they brought in an expert in labour relations from outside

KDH by the name of Kaizer Mbobo to assist them to deal with the unions and staff. It is worth mentioning that at the time KDH has had its own labour relations officer i.e. Marlon Van Rooyen.

Mr. Kaizer Mbobo went about his task efficiently. He spoke on behalf of management in IMLC meetings. Most of the interaction in subsequent IMLC meetings were between Mr. Mbobo and the unions. Kaizer convinced management that they should not have IMLC meetings with management because the unions did not constitute a quorum. He did this despite Nehawu protesting that as the majority union of more than 50% of membership the IMLC could continue without the attendance of the other unions. Subsequently, Nehawu got the other unions to attend the following IMLC meeting. With the other unions present Mr. Mbobo brought in reinforcements Mr. Brandt from KESS and a lady from KESS (name not known) to attend the KDH IMLC meeting. We were not sure who KESS authorized that mobilisation. Mr. Brandt and the lady from KESS sat smiling in the IMLC meeting on 13 Jul 2018 as management and Mbobo successfully ensured that the IMLC meeting got useless and counterproductive. Mr. Plaatjies was the chairperson of the IMLC. He was unbelievably biased. He was an assistant director at KDH who attended management caucuses during IMLC recesses. This rendered him ineffectual as chairperson in IMLC meetings. This role and behavior of Mr. Plaatjies was witnessed and tolerated by both experts Mbobo and Mr. Brandt. That was also the last attempt from the unions to have an IMLC meeting with management.

The PSC report states that there were certain procedural issues in the IMLC which were never discussed. That is not true. The procedural issues were the ones mentioned above. Nehawu referred these to the CHAMBER. The Chamber resolved that all that happened because management and unions needed training in how IMLC's should function. Such a simplistic solution is similar to the ones proposed by the PSC report. That CHAMBER training eventually occurred. The training speakers nominated only confirmed that Nehawu was correct in asserting that as the majority union it could have IMLC meetings with management without the attendance of the other unions. Thus, Mr. Mbobo was nefarious when he cancelled IMLC meetings due to "lack of a quorum".

It was clear that Kaizer Mbobo and Francois Brandt came to help management to hide something from the IMLC. Something about the posts and the names of those who occupied them frightened management.

We subsequently heard that these very same people from KESS Mbobo, Brandt etc., would be the future candidates to solve the problems at KDH. This implied that their careers would be boosted.

While this happened the staff and community of Khayelitsha had no insight into any of it and remained victims.

After the September 2017 lunch hour picket by KDH staff Dr G Perez had a meeting with Nehawu. He asked for the protest action to stop and promised that he would assist and resolve the issues raised. Dr Perez promised to convene a meeting with a provisional feedback a week later. Two weeks later no such meeting occurred hence Nehawu felt that Dr Perez used lame excuses not to have the promised timeous meeting. Meanwhile the staff at KDH were very anxious and desired to go onto further protest action. There was a need to minimize the trauma and protest actions which could have resulted in disciplinary action towards staff. Thus, Nehawu looked at alternative courses of action which did not include management or Dr Perez. Dr Perez subsequently asked for a meeting with Nehawu but by then Nehawu concluded that Dr Perez was playing a game and manipulating the situation. Hence, Nehawu had no further meetings with Dr Perez.

Subsequently Dr Perez unilaterally arranged and completed what was termed an "Environmental Scan" at KDH. The purpose of that scan was to assess the mood and opinions of staff at KDH. That scan proved to be another one of management schemes to hide things. The scan mainly interviewed the favorites of management. Staff members who were seen as problematic because they raised the questions were excluded. Such exclusion once again had hidden the truth. If that scan had cost money then we see that as Fruitless and Wasteful expenditure of public money.

It must be noted that during the September 2017 staff lunch time protest action the staff issued a memorandum to the MEC for health. The MEC for Health was also requested beforehand to come and receive it. The MEC never came to receive it personally. Instead, on the day of the protest we were told

that the MEC for Health delegated the Director of KESS to accept and deal with the memorandum on her behalf. This action of the MEC for Health had the potential to inflame the protest. However, Nehawu did its best to avoid that from happening.

Lastly, we must confirm that in June 2016 Nehawu informed the MEC for Health Minister N Mbombo that there were irregular appointments and financial mismanagement at KDH. Our correspondence was acknowledged by the MEC but nothing was done to resolve the matter. Some individual complaints were referred to the PSC but the PSC also failed the people of Khayelitsha. After several phone calls to their offices to request that they address the complaints their current excuse of insufficient time for not attending to those complaints is lame.

Thus, after exhausting all these channels Nehawu approached the NCOP for assistance. **The NCOP is the only institution who took the complaint seriously.**

For these reasons the IMLC resuscitation will be a far more complex process than what is currently stated by the PSC in their report.

POSTS

The PSC report is superficial. It only looked at matters on the surface and consequently missed important points. Nehawu heard through the media and verbally that the Province would implement austerity measures to cut cost and save money. No formal written document explaining the process of austerity and to what it was limited was provided to the IMLC. Thus, it became easy for management to be corrupt and unfair with post recruitment and selection under the disguise of austerity measures. The corruption and unfairness occurred long prior to any media announcements of post austerity measures. It started from a time before the doors of KDH even opened in 2012. One Deputy Director of Nursing was found guilty and transferred out of KDH to another institution as a solution to the problem. That did not solve the problem because it continued up until today. The mere transferring out of the guilty does not always solve the problem.

If management and the metropole management concede that they converted vacant funded posts to more rational posts as part of austerity then why the secrecy about whose posts got converted into which? Why not be transparent about what they considered to be “the demands and risks”? This secrecy could only imply corruption with posts, something which the PSC report partially admitted to. Thus, it is not true that what happened at KDH was simply due to provincial austerity measures.

Further, we question the rationality behind the posts conversions. What was the point of converting the posts of porters and clerks into that of clinical specialists and top managerial posts when subsequently there would be no porter to transport the patients around the hospital to X-rays, in between wards and theatres, when there would be no KDH driver to transport blood transfusion products between KDH and the Tygerberg hospital blood bank after hours, when money end up being spent on paying for private driver services afterhours? What was the point when the remaining clerks could not cope and became inefficient to the extent that the hospital lost revenue from uncaptured patient and other data? Or did management consider such financial losses and misrepresentation of hospital stats for budgetary planning as unimportant? After the cutting of posts, the same amount and quality of work was expected from the remaining staff i.e. there was no scaling down of less important activities e.g. the exclusive leave payout of senior managerial staff, the duplicate sending of senior and middle managers on the same courses year in year out. If there was transparency in the IMLC these pitfalls would have been pointed out to management by the representatives from labour.

One thing we can confirm is that subsequent to the disappearance of frozen vacant funded posts, vulnerable admin interns were increasingly used to work alone and unsupervised as admin clerks. Further, the vulnerable unemployed of Khayelitsha were made to work as volunteer porters for longer than 3 months including sometimes over weekends. These volunteer porters had to be on duty the same strict hours and carry the same workload as employed and paid KDH porters. Though unemployed, they had to find their own way and meals to work every day. Earlier this year Nehawu had to stop an attempt by KDH management to take this a step further by these unemployed volunteers as what they termed “generic interns” in the porter, cleaning and laundry services. We

enquired and determined that there was no such person by law as a “generic intern”. It was a term coined by KDH management to disguise and cover up for what they did wrong with the posts. Further, since EPWP does not fund such nonexistent “generic interns”, it was a mystery where the funding for what management called their “stipends” would have come from. Such behaviour and treatment of the poor and vulnerable of Khayelitsha cannot be explained by austerity measures alone.

The PSC report states that they agree with management decision that “Often a post is filled by outsourced staff who are familiar with the hospital”. What a contradiction by management. If PSC interviewed the nursing OPMS they would have found out that such an approach is not only discouraged but prohibited by the nurse agency system because historically it led to corruption and unfairness within the broader system of agency use. Now we hear that at KDH this has become standard practice? Once again, the PSC accepts these decisions by management as justified by what it terms a “in a financially constraint environment”.

It must be mentioned that the IMLC participants were repeatedly informed that all frozen VACANT funded posts at KDH could only be unfrozen or filled with the approval of Dr G Perez.

The common factor involved in the posts issue is MONEY and who would personally BENEFIT from these decisions. Be it Assistant Director Mr. Plaatjies who attempted to smuggle his brother into a post at KDH, an African nurse like Mr. Papena who did not get short listed so that a coloured nurse Mr. Kuiler could get the post, rules broken to push the two coloured nursing assistant directors into posts etc. it involves MONEY and BENEFIT. The PSC investigation was too superficial to reveal that these management decisions had nothing to do with austerity measures.

The PSC REPORT alerts against the danger of labour co-managing KDH with management but they don't warn against the fact that if labour did not exist in the IMLC then corruption would blossom beyond limits. It is uncalled for and a biased warning to give because if they looked through the IMLC minutes they would find that management never complained that they felt that labour wanted to co-manage KDH. Instead they would find evidence that labour repeatedly requested management to play their role as effective management of KDH. Further, they would find that labour always followed the agreed procedures as per ORA/IMLC agreement and managerial directives at KDH.

IRREGULAR APPOINTMENTS

The PSC concluded that only 2 out of the 14 complaints of irregular appointments were fully substantiated. They attribute these two cases as simply errors of calculation. If this was true then why was the same error of calculation not made in the case of African nurse Mr. Papena? There is a pattern of behaviour with recruitment and selection at KDH which cannot be explained by simple errors of calculation. Further, management- not just the HR Manager Mr. Pye- including the director of KESS Dr Hawkrige and Mr. F Brandt were made aware of these irregularities.:

Enquiries: Mr FG Brandt

Ms M Bennett
Clinical Programme Co-ordinator
Khayelitsha Hospital
Khayelitsha Eastern Sub-structure

Grievance Outcome

Your grievance dated 11 June 2014 has reference.

The matter has been investigated and the outcome is hereby presented to you.

You indicated that you are aggrieved about the inconsistencies around appointments and translations at Khayelitsha District Hospital. You proposed that your salary level be reconsidered as a solution.

The matter has been investigated and it has been found that there were inconsistencies around the recruitment processes and in the translations in rank.

The matter will now be dealt with by Human Resource Management, Khayelitsha Eastern Substructure (HRM KESS) where further investigations will be done and action will be taken accordingly. HRM KESS is overall responsible for the compliance in respect of policies and practices within KESS hence the need for them to handle the matter further.

The desired outcome can however not be met as one has to judge each case on its merits and correct it in the most appropriate way. By reconsidering your salary, the department will contravene its own policies hence an alternative solution will be put in place to address the issue.

Your grievance has been dealt with in terms of the Grievance Rules for the Public Service and is regarded as finalised.


AT MunkRidge.
DIRECTOR, KHAYELITSHA / EASTERN SUB STRUCTURE
Date: 2014-08-19

Khayelitsha Eastern Substructure Office, c/o Steve Biko & Walter Sisulu Drive, Khayelitsha 7784
Tel: +27 213604728 fax: +27 086 5596516

The PSC does not express concern that nothing was done to correct the wrongs. It cannot be adequate to blame all of it on one HR manager Mr. Pye. KDH management as well as KESS are responsible. As the snapshot above confirm i.e. KESS is ultimately responsible for ensuring compliance with post allocation and appointments. These are the same people who is currently seen as the solution to the HR problems of KDH. Further, these were only the posts which we were alerted to. There may have been others as well but because of the secrecy of management it will not be known who else occupies a post in an irregular manner.

Cases:

1	Mr. Stamper	The PSC found the claim unsubstantiated because according to them the OSD did not require SANC advance midwifery registration. The PSC came to the wrong conclusion. It is true that Mr. Stamper did not need to be registered as an advanced midwife with SANC at the time of appointment. However, MDHS CIRCULAR H3_2015 states clearly that such an appointee must submit proof of SANC registration within <u>no later than 6 months after appointment</u> failing which the appointment will be terminated. If the PSC timeline of Mr. Stamper's appointment is followed then it would be clear that he did not submit such minimum required documentation within 6 months. Further, the PSC states their satisfaction that Mr. Stamper was "demoted" by Mrs. Mashaba. Why continue to have Mr. Stamper as a "demoted" general prof nurse when KDH needed a specialist advanced midwife? KDH management has copious documentation which showed that even as a general prof nurse, Mr. Stamper was not safe around pregnant patients. It amounts to fruitless and wasteful expenditure and harm to patients. A grievance was lodged against the DDN Mrs. Mashaba for failing to adhere to the circular and failing to protect the patients. The staff member who lodged the grievance Mrs. Warnick subsequently ended up victimised by DDN Mrs. Mashaba. If DDN Mrs. Mashaba did not adhere and subsequently intimidated and victimised those who questioned her, how can the PSC conclude this as unsubstantiated? It
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		<p>seems that management conveniently only revealed the letter of Mrs. Mashaba's request to investigate Mr. Stamper but did not inform the PSC that there was documentation Mrs. Warnick of serious medical malpractice against Mr. Stamper. Further, Mr. Stamper was given extended leave – we do not know if it was paid or unpaid- to go sort out his SANC registration and still failed to sort it out. Management also did not inform the PSC that Mr. Stamper went AWOL after he was pressurised to submit his SANC registration. We found it strange that Mrs. Mashaba went to great length to protect Mr. Stamper while there were other candidates with qualifications. However, the PSC conclude such behaviour of Mrs. Mashaba as "objective" and "not cozy". Many newly qualified PNs who became qualified as advanced midwives at KDH as part of KDH upskilling were not given the advanced midwife posts. Instead they ended up leaving KDH and got such posts elsewhere. We find this very irregular. Nothing was done about the harm done to patients by Mr. Stamper. Finally, it was very mysterious that -as his qualifications eventually got confirmed- that a person with such highly specialist qualifications struggled to even be of safe practice as a non-specialist general nurse. The performance history of Mr. Stamper prior to his KDH appointment must be investigated. We have unconfirmed information that Mr. Stamper has a twin brother. If this is true it might explain the poor performance of Mr. Stamper at work but his brilliant performance in the job application interviews.</p>
2	Sister NM Gwanya Professional nurse general (PN general)	<p>The PSC did not consider the context of the event and hence came to the wrong conclusion. It is true that a general nurse without midwifery qualification is allowed by law to do termination of pregnancies (TOP). Although it is allowed by law it is far safer and better practice to employ a nurse with midwifery qualifications to do TOPs than a general nurse. That is why since the start of TOP's at KDH in 2012 the hospital only employed nurses with midwifery qualifications/ TOP trained in the Top unit. This was done because nurses with such qualifications have been available. We still state that there was favouritism towards Sr Gwanya because Sr Ndibaza was forced to exit the TOP unit to go work in the general medical ward which was known to be a ward where most nurses did not enjoy working. Sr Gwanya as a general prof nurse should have gone to work in the general medical ward in accordance with her qualifications.</p>
3	Mr. AP Kuiler Operational manager	<p>The PSC confirmed the irregular appointment but what will be done about it?</p>
4	Sister MM Dankers Operational manager	<p>Our issue is not that Mrs. Mashaba was acquainted but that too many people whom she knew or were acquainted with got top posts at KDH e.g. Mr. Plaatjies, Mr. Nxangana, Sr Laho. We did not question the skills of Sr Dankers because she has performed well as an OPM.</p>
5	Mr. IH Plaatjies Assistant Director	<p>The PSC appeared to not have scrutinized annexure 3F carefully. The annexure has Mrs. Mashaba listed as a Panel member. It also states that the panel members drafted the questions and the practical test. Further, it states that on the DAY OF THE INTERVIEW Mrs. Mashaba declared her close relationship with Mr. Plaatjies. Why did she not declare that beforehand? This means that she had access to, time, means and motive to provide Mr. Plaatjies with the PANEL QUESTIONS prior to the interview. It then states that the panel decided that Mrs. Mashaba would not be "allowed to score any of the interviewees". If she was not allowed to score them then why was she present during the interviews... PSC states that she was not a "silent observer". The correct procedure to follow would have been to stop the interviews on that day, create a new panel with new confidential questions and tests. Our suspicion originated from the coincidence of so many acquaintances of MR Mashaba getting appointed at KDH. In light of this evidence we still contest that the appointment of Mr. Plaatjies was irregular and nepotism.</p>

		<p>Further, the PSC concludes that Mr. Plaatjies was disciplined adequately with a written warning for attempting to be the chairperson of the Interview panel to interview his brother. The PSC states that Mr. Plaatjies tried this because he did not know that it was not allowed. We challenge this. Firstly, the recruitment and selection process and committee have its rules which goes against this, secondly Mr. Plaatjies is not a low-level employee, he is a Nursing Area Manager. This position ranks him above the Operational managers at KDH. He went through the Public service induction course. Even low-level employees know and will tell the PSC that it is nepotism to interview one's own family member. We do not accept such a flimsy excuse and believe that he was caught red handed trying to get his brother into a post at KDH at the expense of other candidates. Even the discipline he got... a mere written warning for something that serious shows that there has been favoritism between Mr. Plaatjies and Mrs. Mashaba. Mrs. Mashaba, as his manager, would have been the person to discipline Mr. Plaatjies. Just to demonstrate the corrupt nature of their relationship. Mrs. Mashaba gave Mrs. Warnick a written warning for late submission of a report on the nurse's day function held at KDH. Thus Mr. Plaatjies and Mrs. Warnick both got written warnings but the transgressions were miles apart in terms of seriousness.</p>
6	Sister F Bartlett OPM	The PSC confirmed the irregular appointment but what will be done about it?
7	Sr Ludidi	The PSC confirm that above average grade progression was applied for PNB2. Why are there no records of what the bonus payment based on? It involves MONEY so there must be a record. The PSC noted the absence of such a record but does not mention the need to investigate. Occupational Health and Safety (OHS) is one of the issues which led to the management avoiding IMLC meetings. How could there have been consistent above average performance when it has never been clear whether KDH conforms to the norms of OHS? There are <u>examples of poor quality OHS for staff</u> .
8	Eric Kweleta	The PSC does not criticise the fact that before Mr. Kweleta won his case, the KDH management appointed someone out of equity. Management must be held accountable for that because it also means that Mr. Kweleta had to be promoted into a post which did not exist prior to his grievance. This is also <u>financial mismanagement</u> because that money could have been spent on something more critical. This demonstrates the point under POSTS where the PSC agrees with KDH management [that management is justified] in that "They [management] explained that they needed to manage the demands and risks and make decisions on which posts to fill based on needs". This decision was not based on need and the only risk they had to manage was to prevent being exposed in public for financial mismanagement.
9	Sister Z Laho Operational manager	In Annexure 3L it appears but is not stated that Mrs. Laho was the sole candidate interviewed. As usual management may justify to state that there were no other applications but it has happened before that applicants' CV's were stacked away by management in order to have a sole candidate. Further, all other OPM recruitment and selection processes had a shortlist benchmark of 60% and an interview benchmark of 70%. In the case of Mrs. Laho, the interview benchmark is lowered to 60%. Further, she was employed out of equity and as a sole candidate. We did not even know this until we read the PSC report. The PSC does not confirm whether Mrs. Mashaba was close to Sr Laho but they saw it as important to note that Mrs. Mashaba was on the interview panel "only as a member but not as chairperson". Does this imply that there was an admission that they were closely acquainted? It is the second time that the PSC asserts that the panel chairperson-and not the panel members- is responsible for ensuring that the correct candidate is selected. This implies that the PSC views the fact that the other panel members can determine the outcome with their individual scores as less significant when actually their scores are very significant. Once again, the interview content

		could have been leaked to the interviewee. The PSC also confirms that her appointment was irregular because she did not meet the minimum requirements for the post. From inception until this report Sr Laho has struggled to perform. The inefficiencies had cost KDH a lot financially. Mr. Speelman lodges a grievance because Sr Laho concluded his final SPMS assessment without doing quarterly SPMS reviews. Nothing came of this grievance. This resulted in her manager Mrs. Warnick <u>extending her probation</u> beyond the normal one-year period. Subsequently to that Mrs. Mashaba and the CEO overrode that manager's decision and appointed Sr Laho as a permanent employee. Once again, "no close relationship"?
10	R Abrahams	From the PSC investigation it appears that Mrs. Abrahams has a Health-related qualification registrable but why was she appointed without the required documentation to verify her qualifications?
11	Mrs. E Van Tonder	Nehawu accepts the outcome of the PSC investigation.
12	Mr. Francios Brandt	Nehawu accepts the PSC outcome that the allegations of Mr. Brandt's qualifications are unsubstantiated however, the PSC could not verify the process of his appointment in 2013 including who constituted the Interview panel. Nehawu request that this be completed to be satisfied that there was no irregularity. Further the PSC ignores the allegation that Mr. Brandt was involved in the stalling of staff grievances arising from KDH because all unresolved KDH grievances gets transferred to Mr. Brandt at KESS for resolution. Why ignore this?
13	Sister R Jacobs	Nehawu cannot find any proof that ACTING in a post is officially recognized as an equivalent to that of someone who have worked in a similar post as a person appointed in that position. PSC adopts this in their report and consequently agrees that Mrs. Jacobs who did not have the minimum number of 3 years' experience as a manager could use her years of ACTING as a manger to make up for her shortfall of 2 years. It is not confirmed that she acted for 2 years, only a period is mentioned. Over such a period acting usually occurs in bits instead of over the entire period. The PSC did not provide any documentation which indicated that this has been official government policy. Other staff members e.g. Sister Ntlokwana acted as OPM at KDH and was the sole candidate in an interview process for an OPM post at KDH and still did not get the post. On this basis we contest that her appointment was irregular.
14	Godfrey Arendse Finance supervisor	We accept the PSC report that he met minimum qualifications. However, we only found out in this PSC report that he was appointed out of equity. What is worse is that there are 5 other equity targets listed which completely excluded him. Yet they continued with the appointment. No justifiable reason is given. They mention that he was the only one who passed a practical test. The passing of a practical test to get the job is not a requirement in the advert. The second-best candidate scored only 2% below the benchmark of 60% and she was in equity. The out of equity candidate scored 65%. The agreed benchmark is arbitrary and cannot be used as an excuse to make such an irregular appointment. As we mention with Mrs. Laho they lowered the benchmark without a reason. It appears like manipulation to ensure the appointment of a certain candidate for reasons unknown.

Employment Equity

We agree with the PSC finding that the current Employment Equity implementation has resulted in a skewed distribution such that key portfolios are not occupied by African employees. The PSC failed to emphasize the fact that a few staff members were appointed out of equity. This obviously contributed towards the skewed distribution. We must emphasize again that these irregular appointments are only the ones which we became aware of. There must be many more. Further, we agree that the current employment equity policy in the Cape MDHS must be revised. The over representation of African

employees and females in the region must be audited to determine where and in what post levels they are employed.

Service Providers

It is a surprise that the PSC investigators found nothing wrong with the service and performance of the outsourcing Service Providers. Having the tenders concluded at Head Office level does not mean that there cannot be irregularities.

The PSC report state that they inspected the ventilation system, security system, maintenance system, etc. and found them all to be in working order. At the meeting where the PSC gave the KDH staff feedback of their investigation, we asked the PSC how they checked these systems and whether they checked if any repairs were done prior to their inspection. The reply from the PSC was that they did not check such. How does the PSC know that KDH management did not fool them like they fool the National Core Standards annual inspections.? Every year, one week prior to the National Core Standards inspection of KDH, the KDH management in the form Dr Kharwa and Nursing Dep Director Mrs. Mashaba frantically fix all the deficiencies which they tolerated for 12 months prior to the inspection. Entities who do inspections at KDH have been fooled like this. It is clear that they fooled the PSC as well.

Staff cars got broken into as well as vandalized while there was security on duty. Due to the staff complaints it was found that the electric fences have not and continued to be inoperable. Also, the security cameras did not display minor problems like the PSC found but major problems. How did perpetrators break in and vandalize while there was security on duty? When the security cameras were checked after the burglaries and vandalism, the relevant cameras were either nonfunctional (the security admitted to this) or their resolution was so low that one could not see who the perpetrator was. It is very easy for a perpetrator to get onto the premises of KDH despite the presence of security. We can prove it. Staff get assaulted by patients despite the presence of security. Why did "someone" or "Head Office" as the PSC states agree to such low-resolution cameras for a hospital situated in an area with very high crime rate? Further, why did "Head Office" agree and accept to continue with the Service Providers when these recurrent problems occurred?

The PSC were fooled with talk of a great software system at KDH. In some wards there have been frequent power failures which made staff lose all the work which they were busy with on computers. It was subsequently found out that the cause of the frequent power failures was a direct result of poor electrical installation at KDH. The power failures would be corrected all the time by KDH maintenance but not caused by them. Since 2012 when KDH opened its doors for business, the Service provider responsible for this poor-quality electrical installation has not been held accountable. Somehow, the PSC missed this during their inspection.

The Private catering companies are not in the clear either. The initial company already did not have their contract renewed. Despite of a new catering company, many of the old problems were not corrected e.g. patients who are supposed to be starved to prepare them for operations are given food. This results in their operations being cancelled. Such cancellations of operations are financially costly and is tantamount to financial mismanagement. The performance of these companies is not corrected by the "Head Office" who gave them the contracts. Why could MDHS not provide and be in control of its own catering service for hospitals?

It is not true that the ventilation system at KDH is in good working order. Once again, the PSC was fooled. Did the PSC examine the financial statement for the major repairs which had to be done to the KDH ventilation system one year ago? Why were such major repairs done in such a new hospital? Did the original Service Provider appointed by "Head Office" not do a quality installation in the first place? If not, were they held accountable? Did KDH management provide a written list of staff who contracted TB while working at KDH?

People who visit KDH cannot see these flaws. One must work or be a patient at KDH to know about these flaws. But we are very disappointed that the PSC did not reveal these issues in their report.

The lifts in KDH have undergone major and frequent repairs within in less than two months of the hospital opening its door in 2012. Again, did the service provider appointed by “Head office” not do a good quality Lift Installation?

Since Head Office now takes responsibility for what we see have gone wrong with the quality of the work done by the Service Providers, we think that “Head Office” itself must also be investigated. It needs to be excluded that people in high office both at KDH as well as Head office do not have financial interests through some hidden connections with some of these service providers. Why else tolerate such prolonged poor quality of service?

Financial issues

R60 000 DONATION

Once again, the PSC was fooled. Dr Kharwa and Mrs. Mashaba informed the PSC that the money is still unspent and available. At the feedback meeting we asked the PSC if they saw a bank statement which proved this conclusion, the PSC admitted that they did not request or saw such proof. They merely took the word of Dr Kharwa and Sister Mashaba.

Further, if the money has always been available, then why is that when the staff in the IMLC asked for proof of its whereabouts did Management evade the question in recurrent meetings? From the PSC report the impression is created that management was always willing to disclose and make available. Yet, the IMLC minutes will reflect the opposite. In fact, this R60 000 donation was one reasons for the collapse of the IMLC.

What is meant by “the R60 000 was added to the baseline budget allocation of KDH”? The financial year during which this R60 000 was given to KDH had passed a few a years ago. Is this not financial mismanagement? Over the years, staff at KDH were made to believe that unspent budget money implies that KDH did not need the money in the first place.

UNUSED ANNUAL LEAVE PAYOUT FOR DR KHARWA

The PSC states that the correct procedure was followed to approve the leave payout for Dr Kharwa. We challenge this. What is meant by correct procedure? Why did Dr Kharwa not take his annual leave? He is not the only person who can perform the work that he has done. He has had capable people who could stand in for him. What were these tasks which Dr Kharwa had to do which could not be done by anybody else? Further, if hypothetically he was the only person in the entire Western Cape who could perform such tasks, why could the tasks not wait until he returned from leave?

The PSC stated above that KDH and Metropole management have faced Austerity measures and difficult financial times. They state so to justify why the community of Khayelitsha and staff of KDH had to make do with insufficient budgets and posts. Given these financial constraints, who do they justify paying out more than R250 000,00 of money to one person for untaken annual leave?

This smacks of collusion at the level of “Head Office”. It seems Dr Kharwa got his leave payout because he knew the right people at “Head Office”. This also explains why no lower level staff never get any leave payouts. They don’t have any friends and connections in “Head Office”. Its sounds very Corrupt.

We do not think that this was just an honest mistake in retrospect. It was deliberate because “Head Office” saw Dr Kharwa’s financial satisfaction as more important than the needs of the Khayelitsha Community and Staff of KDH.

Once again, we do not know if this is the first time that such a payout has happened. The information only got revealed because there was a dispute amongst different managers at KDH about whom should and shouldn’t get such payouts.

The person/s at “Head Office” as well as Dr who made such a decision must be held accountable. The money must be returned and Dr Kharwa must be given his leave to take even if it is overdue.

SKILLS COURSE PROCESS OF APPROVAL

Once again, the PSC was fooled by KDH management. The PSC never saw proof who paid the money. They took the word of management. In this case Mrs. Mashaba. Mrs. Mashaba has been hard at work and still is to undermine the KDH Skills committee. She and Mr. Plaatjies has been of the opinion that the KDH training Committee together with the Skills committee is a hindrance to their free reign to send those whom they personally favour to attend courses. The main culprit who has pushed for these managers to attend in defiance of the Skills Committee is Mrs. Mashaba. She and Mr. Plaatjies behaviour points towards them wants to exclusively own and control skills development. The two of them never rested on this issue. The KDH Training coordinator who brought this issue to the attention of the KDH Skills Committee subsequently got victimized by Mrs. Mashaba. Victimization of those who don't step in line is a frequent weapon used by Mrs. Mashaba to instill fear into staff members. There are at least two unresolved serious cases of such victimization against Mrs. Mashaba.

It is misleading for the PSC to conclude that "there must be a clear policy on training and attendance of conferences..." There has always been a clear policy and procedure but it gets subverted by Mrs. Mashaba and Mr. Plaatjies. Currently, these two are busy creating a rival committee to "assist" with skills development. How can Mr. Plaatjies utter a statement that [people like that (i.e. labour) cannot decide on course attendance for managers]? We see their new committee as a vehicle in disguise to subvert a government gazetted process. If they do then Labour will completely withdraw from the Skills Committee and declare a deadlock. Under the leadership of Mrs. Mashaba and Plaatjies, nursing managers have become the preferred candidates to be sent on courses. When it comes to low level staff the it is accepted that they cannot go or gets restricted because of operational requirements i.e. if the low-level staff member is at a course and not on duty, who will do the work? This is not only unfair, it is also corrupt.

We do not believe that there was adequate accountability for the above. Mrs. Mashaba should also have been disciplined for her involvement in the course attendance of the two managers. Proof of who paid the money must be given. It is also financial mismanagement because KDH had to pay for courses which it did not benefit from.

Availing a Staff Doctor and Occupational Health and Safety Act compliance

This is another issue which resulted in the collapse of the IMLC. In April 2018, when KDH management was asked in the IMLC whether -regardless of the excuse of financial constraints- KDH complies with the OHS ACT, the KDH Management through their leading spokesperson Mr. D Hopkins replied that KDH complied. We suspected that Mr. Hopkins was untruthful, hence we asked d Mr. Hopkins and the rest of KDH management to get such an answer in writing from "Head office". What followed was a long delay over two months to get an answer from Head Office. We were told verbally that "Head Office" agreed that KDH complied. We insisted on having it in writing. We never got it in writing. Granting such a confirmation in writing became such a big issue and failure form Mr. Hopkins that eventually it contributed to the collapse of the IMLC.

What is the "independent entity" which must investigate this matter at KDH? We first want the current policy with examples of how it has been applied in other hospitals in the Cape MDHS so that we can see whether the staff have been fooled all along. There is a clear pattern with this PSC investigation. Both KDH management and "Head Office" constantly pretended that they always wanted to resolve these issues when actually they tried to squash these issues. It's like" Don't tell them the truth, tell them what they want to hear so that they can leave you in Peace".

Lastly, is there a policy on TB screening and monitoring of radiation exposure from patient X-ray's for staff?

Quality Care Manager

Management told the PSC that the retired, pensioner who work as Quality Care Manager for 3 years was the sole candidate. How can we believe this when we know that applicant's CV's get stacked away when management has preferred candidates? How can a pensioner be the only person available in the entire South Africa to do this job at KDH?

Grievances

The PSC agrees with i.e. KESS (Mr. Brandt etc.) to provide training on the resolution of grievances. Yet, these are the very same people who are responsible for the habitual stalling of grievances. The government gazetted grievance procedure states that a grievance must be resolved in 30 days including the time "Head Office" takes to resolve them. Mr. Brandt and the rest of Kess were aware that grievances were stalled. Did they not enquire or get statistics of unresolved grievances from KDH? Mr. Brandt and Kess must also be held accountable for the stalling of grievances.

We challenge and still insist that Dr Witbooi's grievance was indeed a valid grievance which satisfies the definition of a grievance. It not being a grievance was the opinion of the Director of Kess who failed to resolve the matter amicably. The case was just dismissed by the Director of Kess. Prior to that Dr Kharwa told Dr Witbooi that he as CEO has the "power to unilaterally close people's cases".

It is not true that Dr Anyikwa's case was investigated and that feedback was given to him. PSC seem to have taken someone's word again. Did the PSC see the actual written feedback? If so, it must be made available to the NCOP. It was a case of xenophobia against Dr Anyikwa. Dr Anyikwa confirmed that he never received feedback and was never given any options. Why mention that Dr Anyikwa was not a public servant? Does it mean that locum doctors don't have rights when they work at public hospital? The PSC position is not accepted.

The reasons for Dr Anele and Xotyeni not lodging grievances was out of fear. Dr Anele already went through a very difficult time with both the CEO Dr Kharwa as well as the coloured and white managers in his department constantly looking for reasons to accuse him. The aim was clearly to get him to be so uncomfortable at KDH that he should leave KDH. Dr Anele eventually left KDH in pain from unresolved unsubmitted grievances. We would really request that his case be investigated as a special case because of the circumstances of fear.

The two managers at KDH who are responsible for most of the staff unhappiness, staff victimization, favoritism are Mrs. Mashaba and Mr. Plaatjies. There cannot not be cordial relationships between staff and management as long as these two are allowed to continue to do as they please. We believe in an improved employment equity but that does not mean that an African person must use the equity to gain personal power to victimize staff.

We are also curious, if KDH and KESS management performed so poorly, was this reflected in their SPMS? It would mean no notch progression let alone bonus payments for them.

In Conclusion, we are very disappointed with the manner in which this PSC investigation was done. The PSC did not interview staff and arrived at many conclusions based on their mere acceptance of the word of management.

Nowhere does the PSC recommend that those in management responsible for all the above i.e. the CEO, Mrs. Mashaba, Mr. Plaatjies and Kaizer Mbobo be disciplined. This would be the correct thing to do. If Mrs. Warnick received a formal written warning for late submission of a report about a nurse's day event then why can these managers not be disciplined on a just and comparable scale? Instead the action taken in response to this PSC report was for Provincial Head Office to **only move the CEO away from the staff and patients of Khayelitsha** to somewhere else. The CEO was given another Director's post i.e. **Director of Infrastructure and Health Impact**. This must be investigated. Where and when did such a post become vacant and did the filling of the post follow the correct procedure i.e. advertising, shortlisting and interviews with a credible recruitment and selection committee? Mrs. Mashaba, who together with Mr. Plaatjies generated the most grievances registered and unregistered (due to staff fears of them) is now instead **PROMOTED** to ACTING CEO of KDH. If this trend continues then we can guess right that the nepotistic Mr. Plaatjies will be next in line for a **PROMOTION to Acting Deputy**

Director of Nursing at KDH. Mrs. Warnick has been such a threat and got so victimized that Mrs. Mashaba removed her from her position as Nurse Manager to go and do something else outside KDH to keep her eyes and ears away from the corrupt management deeds which she exposed. Mrs. Bennett also victimized and seen as a threat to exposing corrupt deeds is now being threatened by Mrs. Mashaba with a demotion from Clinical Nurse training coordinator to a mere Clinical nursing trainer. So delighted is the KDH and Provincial Head Office management with the PSC report that Kaizer Mbobo already restarted crushing KDH staff grievances. This means the KESS office of Dr Phillips and Mr. F Brandt is aware and agrees with the grievance crushing and delays like they did as mentioned previously in this reply. They are all so relieved that the PSC did not recommend that they all be held accountable and disciplined. The staff of KDH have already asked for the restarting of public protests against KDH management. Nehawu has asked the staff to instead wait on the final outcome from the NCOP. We believe that the NCOP will really assist with the matters raised above.

We ask from the NCOP that a more robust investigation be done which involve staff interviews, scrutinization of financial records of KDH and Provincial Head Office.

We are also disappointed that the failure of the MEC to assist KDH was not mentioned. We include a letter to the MEC which mentioned the irregular posts and finances at KDH but we were ignored and did not even get a reply from the MEC.

The PSC not only had an unacceptable excuse for not handling the KDH grievances which we sent them but they failed yet again with this very superficial investigation which largely allows KDH management free reign to continue with their campaign against the staff and community of Khayelitsha. Why does the PSC play such a role?
