

## **CASE A**

### **WESTERN CAPE DEPARTMENT OF HEALTH**

#### **The Department**

The Department of Health (DoH) is responsible for providing patients in the Western Cape with appropriate and affordable health care. It does so with a staff of 24,000, almost half of whom are Coloured women, most in lower level jobs. The Department is currently in the midst of a strategic plan called Health Care 2010 which is intended to refocus health services onto community based care and preventative care. It is intended to strengthen regional hospitals to improve community access to general specialist services, supported with secondary and highly specialized tertiary services.

The framework for this strategy is contained in the Comprehensive Service Plan. That plan is designed to strengthen district health services. In doing so, it will reconfigure the current alignment of health care professionals, although the details of the Human Resource Plan component have not been released yet. For example, one objective of the Service Plan is to strengthen District Health Service which provides Primary Health Care. This plan calls for a significant reduction in the number of professional nurses and a significant increase in the number of clinical nurse practitioners. In that sense, the Comprehensive Service Plan may give the DoH the opportunity to alter the composition (and demographics) of its workforce.

The DoH also maintains a Human Resource Development Training Library and offers bursaries (scholarships) for full time study in areas where a skill shortage has been identified.

#### **Achieving Employment Equity**

The Chief Director for Human Resources, Bernadette Arries, has been under significant pressure by outside monitoring bodies, including the Department of Labour (Commission on Employment Equity), and, in Parliament, the Standing Committee on Public Accounts, the Portfolio Committees on Public Service and on Health. She reports that she has been "publicly flogged" and asked to explain why she hasn't met targets.

Bernadette believes these agencies don't understand the issue of training—it takes years to train a different profile of professionals and you can't just get rid of the ones you have in the meantime. They are committed to the transformation but the Employment Equity Act doesn't allow the kind of restructuring that would be required to make the kind of change these oversight bodies are expecting. You have to use attrition. There isn't the money to create new posts. You also have to be careful with the use of voluntary severance packages. In 1994/95 the Department offered them to anyone who wanted them and "it was a disaster for the country." Five thousand people left but they were the wrong people. They lost their skilled nurses.

Bernadette also wishes the overseers would understand the problems they have with recruitment and retention of nurses, especially specialist nurses. This is actually a problem worldwide. Overall, the Department's vacancy rate for nurses is only 12%, and that is because of the high loyalty nurses have to the department. But the vacancy rate for those trained in specialties is 21%. DoH has some shortages in other areas: HR, finance, pharmacy but the worst is still the specialty nurses. Much of this is driven by recruitment in South Africa from overseas. Nurses often leave because they can't earn enough to support themselves well here. There is also an issue of the differences among provinces. The Western Cape is a nice place to live but it is also more expensive than some others.

### How Affirmative Action Works

The hiring process begins with advertising positions with an indication that in general the department seeks to promote representivity. A broadly representative panel is put together to screen the applications. At the management level, the panels have to go to the Minister for approval. The panel interviews candidates and assigns a score based on their review of applicants' qualifications. Once there is a list of "appointable" candidates, equity targets are reviewed to recommend which one of the candidates should be appointed.

Bernadette also makes an effort to hold line managers accountable for achieving equity targets by giving them equity statistics on a quarterly basis. Any deviations from the targets have to be approved at the Deputy Director General level.

As required by law, the DoH has an Employment Equity Committee comprised of the Chief Director, Human Resources, the Director of Human Resource Management, the Director of Labour Relations, the Director of Human Resource Development, the Employment Equity Co-coordinator, and two representatives of trade unions.

The Employment Equity Committee is in the process of drafting its next five-year Employment Equity Plan. Bernadette is very concerned because they are long overdue in completing the plan, as the previous one expired at the end of June 2005.

As also required by law, as part of the process of developing the plan, the Directorate of Human Resources conducted information sessions and workshops throughout the Department to ensure the full participation of employees for purposes of consultation. Unfortunately, the sessions were poorly attended, especially by managers (see Appendix A-1).

At the EEC meeting, Lynn Bouwer, Assistant Director, Human Resources, reported on the barriers identified during the "road show," as she calls the series of workshops and information sessions.

## Identified Barriers

### Recruitment/Hiring

- The Department's recruitment methods are very outdated. Current recruitment strategies do not target designated groups, especially Africans. (Lynn pointed out that they rarely advertise in the African language Xhosa. More than 50% of their budget is spent on ads in the Afrikaans-language newspaper and the budget is in the millions.)
- Interviewing panels are not representative of the demographic profile of the Province due to the low representation of Indians and Africans in the Department
- There is inconsistency in the application of the minimum educational qualification required with regard to certain occupational groups

### Retention:

- Xhosa speaking nursing graduates are sent to majority English speaking hospitals, which affects their performance. Lynn added that nursing college lecturers reported to her that trainees who are sent to the Tygeborg medical facility for their practicum meet a language barrier. The managers speak and write in Afrikaans and claim that should be an "inherent job requirement" because doctors write their prescriptions in Afrikaans and nurses have to be able to read them. Diversity is not regarded as strength.

### Budget:

- Regions and Institutions have indicated that it will be impossible to successfully implement the EE Plan without additional funding. Specific financial expenditure will include such areas as psychometric testing to determine potential, equipment and for reasonable accommodation of the disabled group.

### Training

- Although a departmental bursary system (full time as well as part time scholarships) has been in operation for a number of years, it has not yet greatly contributed towards promoting representivity within the Department.
- Little has been done to implement learnerships and internships especially towards administrative and technical occupations.

### Climate

- Some managers believe Employment Equity is reverse discrimination, resulting in poor morale
- There is a very poor climate for diversity. There is no diversity training because there is no budget for it. The Cape Administrative Academy does a little. The environment is poor but it is covert..

The issue of recruitment naturally generated quite a bit of discussion. In Bernadette's opinion, universities are out of step with employers. They need to transform their curricula to provide the core values needed for service delivery. There needs to be more collaboration between primary and secondary schools and universities as well. Lynn suggested their internal Human Resource Development office also shares some of the

blame. If you have a post and the only applicants are white then the message should be sent to HR Development that there needs to be training of target population in that skill so next time there is a post those people will be able to apply. But that doesn't happen.

Speaking of training. Lynn noted that although units are required to spend 1% of their budget on skills development, it is clear they don't really want to send people to training as they count all the indirect costs (e.g., transport to training) as part of that 1%. In Lynn's view, the culture doesn't support training. Bernadette added that budgetary constraints make it difficult to implement many of the affirmative action measures they propose and so some of the ones they ultimately agree should be included in the plan won't be implemented for that reason.

At this point, Bongani Lose, a representative of the Democratic Nursing Organisation of South Africa (DENOSA) spoke up. He reminded the Committee that there is also a serious issue of tension between Africans and Coloureds in the Department. Their inability to work together is at least part of the reason that there are still so many Whites in leadership positions in the DoH. Moreover, the same people who need to make the efforts to achieve the targets (i.e., White men) are the ones that resist doing so because they will be affected. But, he added, the unions such as his are also to blame because they have not put enough pressure on the Department. They have not taken the achievement of equity targets seriously because of other priorities such as poverty. If they can make progress in that regard then there will be less pressure on hospitals. HIV also makes working conditions terrible and that makes people want to leave the profession and the country so that is why they focus on those issues. By the way, Bongani added, another disincentive for nurses to stay is the poor salaries.

### Next Steps

The Employment Equity Committee has already determined the numerical targets it needs to achieve. (See Appendix A-2 for the current profile of the workforce as well as the targets that the Committee has ascertained should be achieved by 2010). At this point it needs to decide what affirmative action measures should be taken; that is what steps they should commit themselves to undertake between now and 2010.

As Bernadette left the meeting, she considered what steps she might recommend when the Committee meets again. These are a lot of significant barriers that must be overcome if the Department is going to reach its targets and if she is going to escape the grilling at the next oversight hearing in Parliament. Just saying the Department should spend money on equity or that managers should send employees to training is not good enough. These good intentions fall by the wayside when other mission related priorities loom. Moreover, the poor attendance, especially by senior managers, at the forums provided to attain their input is especially troubling. What should be done about that? What specific measures can she suggest that the EEC consider for its five-year plan?

**APPENDIX A-1**

**SUMMARY OF ATTENDANCE AT THE INFORMATION SESSIONS FOR EMPLOYEES**

<b>DIRECORATE/REGION/INSITUTION</b>	<b>ATTENDANCE</b>	<b>TOTAL IN EMPLOYMENT</b>	<b>% OF ATTENDANCE</b>
CD:Financial Management	30	178	17%
CD:Health Programmes	4	79	5%
CD: DHS	0	16	0%
CD:Professional Support Services	26	56	46%
CD:Budget Administration and Business Development	4	38	10%
CD:Human Resources and WCCN	4 and 30	414	8%
Groote Schuur	0	3484	0%
Tygerberg	600	3954	15%
Red Cross	20	1055	2%
Regional hospitals and EMS	200 and 0	4469	4%
APH	360	1888	19%
Metro DHS	0	2614	0%
West Coast	0	1630	0%
Boland	50	1562	3%
Southern Cape	482	1737	28%

**SUMMARY OF ATTENDANCE AT THE WORKSHOPS FOR SENIOR MANAGERS**

<b>DIRECORATE/REGION/INSITUTION</b>	<b>ATTENDANCE</b>
CD:Financial Management	0
CD:Health Programmes	0
CD: DHS	0
CD:Professional Support Services	0
CD:Budget Administration and Business Development	0
CD:Human Resources and WCCN	0 and 10
Groote Schuur	0
Tygerberg	0
Red Cross	15
Regional hospitals	0
APH	43
EMS	20
Metro DHS	0
West Coast	0
Boland	50
Southern Cape	36



## APPENDIX A-2 Current and Target Representation

Department of Health: Western Cape: Workforce Profile: Dec. 15 2005

Status	Occupational Levels	Female				Male				Total
		African	Coloured	Indian	White	African	Coloured	Indian	White	
Perm/Non Perm	Occupational Levels									
Non-Permanent	Prof qualified & experienced spec & mid Man	5	16	11	147	2	32	15	404	632
	Skilled Tech & Acad qual workers		2		16				4	22
	Semi-skilled & discretionary decision making		1		1				1	3
	Unskilled & defined decision making	2	6			1				9
<b>Non-Permanent</b>	<b>Total</b>	<b>7</b>	<b>25</b>	<b>11</b>	<b>164</b>	<b>3</b>	<b>32</b>	<b>15</b>	<b>409</b>	<b>666</b>
Permanent	Top Management				1			1	2	4
	Senior Management		2		18	4	9	8	51	92
	Prof qualified & experienced spec & mid Man	51	193	45	492	53	273	51	582	1740
	Skilled Tech & Acad qual workers	748	4474	41	1494	203	1191	25	345	8521
	Semi-skilled & discretionary decision making	854	4446	8	496	345	1232	4	131	7516
	Unskilled & defined decision making	488	2157	2	14	392	912	2	52	4019
<b>Permanent Total</b>		<b>2141</b>	<b>11272</b>	<b>96</b>	<b>2515</b>	<b>997</b>	<b>3617</b>	<b>91</b>	<b>1163</b>	<b>21892</b>
Contract	Senior Management								2	2
	Prof qualified & experienced spec & mid Man	26	57	39	214	31	85	58	284	794
	Skilled Tech & Acad qual workers	29	129	35	177	16	43	18	71	518
	Semi-skilled & discretionary decision making	80	135	6	27	38	87	1	10	384
	Unskilled & defined decision making	14		4~1	8	18	26		6	121
<b>Contract Total</b>		<b>149</b>	<b>370</b>	<b>80</b>	<b>426</b>	<b>103</b>	<b>241</b>	<b>77</b>	<b>373</b>	<b>1819</b>
<b>Grand Total</b>		<b>2297~</b>	<b>11667</b>	<b>187</b>	<b>3105</b>	<b>1103</b>	<b>3890</b>	<b>183</b>	<b>1945</b>	<b>24377</b>

## Department of Health: Western Cape: Target Profile

Status	Occupational Levels	Female				Male				Total
		African	Coloured	Indian	White	African	Coloured	Indian	White	
Perm/Non Perm	Occupational Levels									
Non-Permanent	Prof qualified & experienced spec & mid Man	88	150	2	51	100	173	4	64	632
	Skilled Tech & Acad qual workers	3	5	0	2	3	6	0	2	21
	Semi-skilled & discretionary decision making	0	1	0	0	0	1	0	0	2
	Unskilled & defined decision making	1	2	0	1	1	2	0	1	8
<b>Non-Permanent</b>	<b>Total</b>	<b>93</b>	<b>159</b>	<b>2</b>	<b>54</b>	<b>105</b>	<b>182</b>	<b>4</b>	<b>67</b>	<b>666</b>
Permanent	Top Management	1	1	0	0	1	1	0	0	4
	Senior Management	13	22	0	7	15	25	1	9	92
	Prof qualified & experienced spec & mid Man	242	414	5	141	275	477	10	176	1740
	Skilled Tech & Acad qual workers	1184	2028	26	690	1346	2335	51	861	8521
	Semi-skilled & discretionary decision making	1045	1789	23	609	1188	2059	45	759	7517
	Unskilled & defined decision making	559	957	12	326	635	1101	24	406	4020
<b>Permanent Total</b>										<b>21894</b>
Contract	Senior Management	0	0	0	0	0	1	0	0	1
	Prof qualified & experienced spec & mid Man	110	189	2	64	125	218	5	80	793
	Skilled Tech & Acad qual workers	72	123	2	42	82	142	3	52	518
	Semi-skilled & discretionary decision making	53	91	1	31	61	105	2	39	383
	Unskilled & defined decision making	17	29	0	10	19	33	1	12	121
<b>Contract Total</b>										<b>1816</b>
<b>Grand Total</b>										<b>24376</b>

Note: Targets are based on the number required to achieve full representation based on representation in the economically active labour force (see Background, table 1)

## SOURCES

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